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

Executive Summary:

I have a complex iatrogenic condition in which the pituitary takes over control of the salt/water balance in the body. In two sentences, my flesh is full of salts and my cells are almost universally shrunken and apoptotic - this includes most organs. The energy supplied to my body comes not from normal processes but from ketones processed by candidiasis. I inflicted this condition on myself using an improvised method to duplicate a human experiment from the early 20th century to save myself from another issue where the right atrium of the heart acts as suction causing a pinch in the inferior vena cava. That was in turn caused by an extended hyponatremic period. This all occurred in 1995. The condition is called Terminal Onset Diabetes Insipidus with Candidiasis Majeure. This is an attempt at documenting the condition. I'm not lying about what I read or what I have experienced. Knowing what I know now, I fully realize why the information has been essentially redacted from science. The condition is iatrogenic and introduces fundamental changes to human physiology that, while virtually undetectable to normal medical tests, create a very dangerous and fragile condition while also enhancing both stamina and mentual acuity. Basically, the ethics of modern science preclude dissemination of this information. This writeup is disjointed, I understand. It has been created (so far) over a period of 18 months, and I'm really not up for rewriting the whole thing when I have new insights from my experiences. To even begin to understand, you will need to be open to concepts that challenge the basic understanding of human physiology. If you cannot do that, you might as well stop reading.

The simplest explanation for how I have arrived at this state is that my kidneys were damaged long ago by a change in my circulation brought on by SIADH and candidiasis, such that they could no longer remove larger particles. These were first stored in my interstitial spaces, due to the change in my pituitary. Later, these were forced through the bowels into feces. Still later, the initial change in circulation, a backpressure on the venous system caused by a slight constriction in the inferior vena cava, was released. This caused rapid fluid and weight loss in early 2022. This led to a condition where gradually more and more fluid was lost. Eventually, ATP is supplied by the candidiasis inside cells. Finally, once circulation has been halted to the intestines and osmolality equalizes, they stop moving. Through this, the pituitary is failing, and function only continues as long as the plasma osmolality continues to increase, thus pushing harder on the pituitary. Obviously, there is a limit. I don't expect you to believe me; however, I am correct. The science for all of this was documented, but it has never been digitized publicly, most likely due to the Neuremberg standards. But I want you to think about what all this means. Basically, my body runs on a very different set of rules than anyone else's. Perhaps that is why the research is hidden. I find it all fascinating.

The combined conditions are very complex and interact through various phases over decades causing complications previously documented in the original write-up but apparently lost to science since that time. These complications arrive in staggered phases without impacting basic lab values as the pituitary goes into overdrive to keep the circulatory values in line by moving things to and from the interstitial spaces without regard to the volume of the spaces. Hence, over time, the volumes change dramatically while blood tests show negligible changes. In short, the interstitial volume gradually displaces the circulatory volume, slowly cutting circulation. Energy pathways are changed, with ATP being supplied by several different mechanisms over time.

The skin grows exceptionally thick as it is used to supply ATP through the apoptosis of cells from candidiasis **inside** the cell, eventually reaching 15% or more of total body weight. The layers build upon one another as they die and compact. This is most obvious in my legs.

Currently, my osmotic pressure is broken and solutes move freely into the intercellular spaces making medical management impossible while the pituitary drives my entire system. This is accomplished by a complex of hormones and changes in net charges all facilitated by a heart that sucks more than it pumps.

9/13/2022 I am currently in the final stage that involves a unique heart failure combined with continued volume loss (a theme of the condition) and high plasma osmolality (307 2 weeks ago) Due to previous changes introduced by the condition, my heart circulates volume through suction instead of pumping. This means that as the heart fails, less suction occurs, as less suction occurs, veins that formerly had enough suction to pull blood through them, no longer do. These arteries fail silently - collapsing. Eventually, this results in the death of the bowel. This was noted in the original article as typically the first documentable clinical symptom of note. Over the years, various things occur, but the usual monitored test results never show anything significant due to the complexity of the condition.

The final step of this phase will be abdominal pain and stopping of the bowels as the veinous flow closes off. This is exacerbated by the removal of insulin as the pancreas is also cutoff. From there, fluid loss continues, Pressors and vasoconstrictors, alternating adrenaline and dextrose injections with NO fluids are the only treatment. This will result in a hot/cold cycle with high blood pressure. Any IV fluids given will simply flow to the lungs causing shortness of breath and death as the flesh is all apoptotic and the heart cannot support additional volume. Head must be kept in an inclined position to support blood flow to the pituitary.

This write up was started in January of 2022. I recently found a version of this write-up that I did about 7 years ago. It has some things I've forgotten in it, I will link it at the end (ie, read this as your first priority). Please realize, it is very difficult to write this as a history while also going through things at the same time. My mind is not as sharp as it should be and my narration is crap.

And yes, I realize all of this sounds absolutely crazy. However, after 26 years of following the exact path laid out in the article I mention, I have 100% conviction. 100%. I have not one ounce of doubt left.

For the record, I write this for science. I've lived my life by logic and math and science, when not suffering from this, and someone should figure out how this science has been lost, and why…

My primary concern at this point is the timeline involved and how drawn out it will be. This is very hard on my family and me. I can take it, but they at least need something diagnosed so that they understand what is going on with me.

Dear ER Physician: I most likely showed up tachy, with dyspnea, excessive weightloss, but conscious and nice and pink. This is not a heart attack, per se. Do NOT give vasodilators. The heart is failing but in a unique way. The right atrium is the driver by suction through its expansion cycle. As the heart fails, volume is lost, as volume is lost, veinous flow collapses. Head must be kept inclined! Tests – Abdominal MRA (MIR only shows structures, you want the MRA) – I've likely already been in for a CT recently, insulin (not amylase or lipase), blood ketones, Blood gas, catecholamines, osmolality,. Meds - Pressors and Vasoconstrictors. NO Fluids whatsoever (please stop flushing the IV line repeatedly before and after meds with full syringes) as this will cause further volume loss through euglycemic ketoacidosis and/or the candidiasis (possible only due to pH and pressure changes shifting the curve). This is severe volume loss resulting in reduced circulation. ATP to the body is being supplied by candidiasis. It has caused apoptosis of virtually all cells in my body over the last 27 years, accelerating this year with a host of symptoms without clinical findings.I f I'm in your ER, my pancreas has finally succumbed and/or circulation to my stomach is cutoff. This is due to many, many things, but enabled by suction in the right atrium. The system is unlike any other you have seen. Injections of Dextrose followed by Adrenaline if time allows. Insulin will just create fluid resulting in further volume loss.

THE "ARTICLE"

In this writeup you will hear me 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. 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.

AN INTRODUCTION TO ME

First off, I have a great “medical” history. It’s what the tests never show that is the issue. All my tests are generally in line over the years. Historically, I am not diagnosed with anything other than some anxiety, LVH, acid reflux, and some polyps. I do not generally take any daily medications as they generally have strange effects on me. I have had a high BUN a few times, but blood sugars are always sub 100, BP is awesome. I exercise regularly — obviously not this month /(ed. Year)— (missing some months but at least 80% of the time, I have worked out 3–5 times a week). People would say I am fit. I generally eat well, have gone years between drinks (but maybe a couple a week over the last few years) and I have never done hard drugs. I do now regret my time with homemade THC brownies in the evenings over the last few years. Upon great reflection, I believe it contributed to my last two transitions, although it also helped me cope. During my transitions, the tests all come back normalish. But the tests are all wrong, or more precisely the tests are inadequate. EDIT – this year I have finally gotten abnormal results on IgG, IgA, and bone density with no followup.

I am absolutely happy in my marriage — I have the best wife in the world, I don’t even doubt that a bit. She is a catch, my friends. We have the best love on this earth. Although this recent month has been hard. My son is a brilliant, creative, happy individual who I know will go exactly wherever he sets his mind on in life. I’m so impressed by him. My mother and extended family love me. My wife’s kids are ridiculously funny and bright. Those that have known me in the last 10 years would probably universally agree I’m one of the happiest fun

guys they know (I hope). My new KIA EV6 First Edition actually just arrived in the middle of all this crap and it has been a nice diversion at times. My life is perfect — literally — and I love it.

I'm a smart guy. I'm one of those 98+ percentile guys on standardized tests. IQ 143 before getting this condition, and honestly this condition increases hormones, oxygenations, alertness, and nutrient supply to the brain. I'm also frank, honest, forthright, whatever you want to call it. I don't mince words or bend the truth. I have no reason to lie about any of this and every reason to tell the truth - I'm suffering and I can explain it. I've always maintained the same general explanation. I recall my first appointment after this started with my personal physician (who I still go to 28 years later) simply because I want someone to see the WHOLE condition. I went in trying to explain that my kidneys are working in reverse - exactly what was happening, btw, the problem being the pituitary accounts for it and basic blood tests come out normal.

I have had all of the common tests over the years where they should find anything wrong if there is something long-term wrong. I've had a glucose tolerance test, 3 or 4 echocardiograms, many ultrasounds, gallbladder tests, several colonoscopies, had my upper GI looked at a couple of times, and several CTs, and MRIs of my head. In general, I've tried to practice good preventative health measures while also trying to get someone to find this condition without something that explains the entirety of the illness in print for them (this is meant to be an attempt at that writeup) However, I believe I have a terminal illness, and I have believed that for 26 years when I faced a choice and decided on causing this condition over the most likely alternative at the time… death.

PROGRESSION OF THE CONDITION

I wrote this section up in March and have added to it in April and moved it here in the document flow. May 5, 2022, Adding the 6th phase, I think it is really a subpart of phase 5 but it is so distinct, that it should be listed separately.

Precipitating Condition — Change in Heart function and blood flows

Phase 1 — Initially, the patient has had a prolonged hyponatremic state accompanied by an inability to urinate where they have damaged their kidneys to such an extent it causes a change in the strength of the heart signals. From the article it spoke about how something about the buildup of potassium causes either the SA Node to take over the AV node's duties or, the other way around. This causes a change in HOW the heart beats and how hard it beats. This results in suction in the right atrium (explained much later) from the expansion of the muscle fibers as it opens. This would be terminal, as the damage to the kidneys through a reversal of the potential across the nephrons (due to the pressure change caused by the heart) causes sodium to be shed in great quantities with potassium being retained. This is one key to understanding the entire condition. The kidneys, unable to allow fluid to by due to SIADH cause a buildup of potassium. This causes the heart to beat harder until eventually the right atrium is sucking due to overexpansion. This pressure change, in turn, causes the change in potential at the nephrons. After this change, the patient can urinate again, but it is a vicious cycle - the kidneys try to retain fluids, but sodium passes right through, while potassium being larger is retained. This escalates, as the more sodium is lost the harder the system tries to retain it. Thus the term terminal onset diabetes insipidus.

However, the article discussed an experimental treatment. This was an induced pseudo-stroke leading to pituitary-driven changes. The pituitary would rest control of the salt and sugar balance away from the hypothalamus by controlling them through ACTH and other means. Anytime the values got too high, it would push salts into the intercellular space by increasing ACTH while slowly lowing aldosterone or keeping it constant at a low value (not sure). Salts are pushed into interstitial fluids, candidiasis into cells, net charge changes on blood cells, and ketones as the main energy source. Notably, in order to do accomplish all of this, the body turns off part of the immune system. This is whatever part that would directly attack the candidiasis. **What follows is a decades long battle between a weakened immune system empowered by the pituitary and candidiasis which has found an ideal host that supplies ATP without directly assaulting it. In such a circumstance, the candidiasis begins a very long journey of slowly conquering every obstacle the body puts in its path while the pituitary and body make incredibly novel and valiant efforts at preventing the candidiasis from spreading**. During this phase, giving blood is good, as replacement volume draws salts

from cells. I gave often, but not often enough. In theory, you could remain in this phase indefinitely, I think, with antifungals, nutrition, sweating from exercise, careful monitoring to avoid ketosis, and phlebotomy. (1995) The pituitary cannot sense the volume as the kidney can, so it does what it can and controls ONLY the salt balance, but by moving salts FROM the circulatory system into the intercellular spaces, the water follows due to the gradient in the electrolytes. Essentially, it turns down aldosterone and then varies ACTH as needed. While this controls the osmolarity, it does NOT control the volume. At the same time, it causes the candidiasis to move into cells. The blood sugar "set point" is moved lower in order to prevent the spread of candidiasis. Eventually, the problem becomes one of osmolality vs osmolarity. As the system keeps common electrolytes in balance, it loses control over osmolality. Over time, much volume is lost. Any dehydrated state would cause a permanent fluid shift. This is a very protracted process taking years. This leads to phase 2.

Phase 2 — The body reaches its capacity for potassium. At the limit, the potassium causes the heart to pump harder and harder until it is damaged. This damage causes the beginning of heart failure. However, the damage to the heart allows fluid to escape the circulatory system acting life a relief valve. I recall this moment very vividly. The pressure had been building in my chest all evening. I went to urinate and while doing so, suddenly the pressure went away and it felt like my socks were wet - but they weren't it was the release of fluid and it flowing to my feet. The fluid released into the tissues allows new state to be reached. Now, bicarbonate increases (due to the heart failure and somehow the next phase begins. This damage effectively increases the suction of the right atrium in order to make up for the decreased function of the left side. The suction pulls at the kidneys, damaging them. This effectively forces potassium through the kidney instead of filtering it and the kidneys suddenly lose the ability to force additional potassium into interstitial fluids and the gradient is reversed. The article alluded to this basically increasing the size of the hole that lets out salts. Now, potassium begins to flow OUT of the interstitial space and HCO3 flows in due to the inability of the lungs to regulate the increase in HCO3 from the effective decrease in the efficiency of the system. During this phase, fluid accumulates in tissues. I basically had small breasts and a what looked like an increase in fat around my abdomen. But feet legs and ankles don't swell because the tissues are apoptotic and tight. Part of this is also due to the pressure shift and how that impacts the oxygen hemoglobin dissociation curve. The decrease in pressure and increase in PH cause the entire curve to shift DOWN and to the right. Giving blood from this phase on out is bad. Thus my 2012 transition began after I donated blood.

Phase 3 —Eventually, the HCO3 and fluids create a condition allowing the candidiasis to return to the abdomen from the potential space between the layers of the abdominal lining. This results in abdominal pain, and various other symptoms. Ureters are eventually eaten through. You might say this is ridiculous. But, fluids simply fall towards the legs/feet and then are suctioned upwards toward the bladder which fills by some mechanism that I cannot recall. Muscle fibers are invaded at the cellular level by candidiasis and turn apoptotic. Kidneys now give an internal lavage to the abdomen, acidifying it, turning the bladder into a pseudo-kidney that fills from the suction effect of the heart and beginning journey back the other direction with all large salts being filtered into the abdomen. Some are forced out through feces. (2012)

Phase 4 — Salts reach maximum, again, pseudo-Addisonian crisis reached where BP is too low to force salts across the boundary. Pituitary stalk “cracks” allowing extra hormones to flow into the extracellular spaces. After significant weight loss, there is a lot of potential additional storage from gaining fluid weight. The extra hormones allow this space to be utilized. and additional salts to be forced into feces(2018). A high from vasodilating is sought after. The mechanism here is interesting. The extra hormones (adrenaline being one of them) cause constriction of the blood vessels. This reduces the flow of blood to the infected peripheral tissues. However, it also results in what feels like extreme stress. Exercise and drugs both cause a euphoric condition and encourage use. This vasodilation causes the heart to work harder, literally sucking harder than it pumps during such times or from exercise. However, it also allows more bloodflow to the affected tissues and raises blood sugar, and allows the candida to feed. Since blood is basically at maximum osmolality from overflowing hormones and salts, this causes circulatory fluid, at these times to overflow. This overflow moves toward the feet to be sucked up but creates a supportive environment for the candidiasis to remain hidden, as it cannot remain in the abdomen due to salts. Notably, during this time I developed a “neuroma” in my foot (2018).

Phase 5 — Heart grows weaker slowly. Pressure differential from a change in heart function is lost (1/17/2022). Vast changes occur from reduced volume. Kidneys lose most function. “Urine” is actually overflowing from the circulatory system mixed with kidney output filtered by the bladder.

As kidney failure continues due to volume loss and the restriction of blood flow, salts leave the body and the candidiasis reemerges. At this point the liver is under an extreme workload, having the blood pulled through it via the right atrium suction, delivering needed ketones to the system.

The heart is no longer strong enough to force salts into the flesh or through the intestines into feces and the urine specific gravity increases dramatically. However, kidney dysfunction cannot be easily diagnosed because muscle fibers are using ketones for fuel instead of glycolysis. So, no extra creatinine is found in the blood, ketones are not found in the urine, and all clinical personnel assumes kidneys are performing as needed. However, for a time, ketones can be found in the blood but are not commonly measured. As salts accumulate in the system, urine specific gravity is the only indicator climbing from 1.02 to values higher than 1.15. Once they reach this level, they do not come down until near the very end; however, most labs only test to 1.03. Finding a higher value requires diluting the urine and redipping until a value is measured and then multiplying the value by 2x, 4x, or 8x, depending on how many dilutions are required

The load, sandpaper-like quality of the blood due to unprocessed sugars (sucrose and fructose) and salts, and acidity are too much for the liver and eventually, it begins to fail. First, this sends bile salts into circulation. This presents with the chest, face, hands, and arms burning. Recall, flow through the liver is up not down (due to suction). Trust me, as those salts hit your flesh, it hurts. After this stops from the exhaustion of the salts, simply the flow through the hepatic portal vein is at such velocity with such high osmolarity due to the nutrient flow, that it causes great pain. The subject is highly likely to add to this with NSAIDs. The article mentioned that and I certainly did. It helped and hurt 2/28/2022. At this point, nephrotically sourced ketones are burned as the ONLY fuel source. I am certain of the failure as my THC now hit me much harder – so hard I stopped using it completely for a long period, any amount was too much even after 4 years of almost daily use.

Cycling from acidic to basic states so many times continues to damage the heart until it is also in failure. However, due to volume loss, and the suction effect of the heart pulling fluids from the abdomen and extremities, no additional symptoms exist. Eventually, daily swings in blood pressure are intensified. Mornings are very low with afternoons much higher. Eventually, any fluid intake causes the kidneys to have too high of a pressure differential and not function. This results in back pain, shortness of breath, and high blood pressure in the afternoons. (4/27/2022 date this is occurring). My current morning BP is 110/80 or so, about 20 pts lower than usual and my afternoon BP, when my kidneys hurt, is about 145/95. Prior to this, I have always maintained a stable bp of around 130/85.4/28/2022 and avoided fluids and the hurting but today urine ketones have returned in the high range.

As the pituitary continues managing osmolality it begins pushing sugars into the intercellular spaces. Eventually, ketoacidosis develops in this area. This begins a rapid process of volume loss in the mornings from polyuria followed by the exothermic reaction of ketoacidosis in the afternoons and evenings causing burning in the abdomen.

This last phase is very complex as everything that has gone in in the previous decades is unwound resulting in multiples mini-phases within this phase. The article said that everything from the preceeding decades was "rapidly unwound" or something to that effect.

Bowels slow, then stop. Candidiasis reoccurs, piercing the colon to allow fluids to enter. Bowels resume (very loosely) but ketones are the main energy supply for the brain. The bowels actually go through several additional multiple stops and starts as osmolality changes impact fluid balance throughout the body. Eventually, as the pituitary begins failing, the bowels slow, and plasma osmolality increases. As the plasma osmolality increases, the system can push harder on the pituitary. Each slowing of the bowel increases bowel osmolality which then increases plasma osmolality as salts are mainly being shed via feces. This results in pushing the osmolality higher and higher. Eventually, it is so high that the bowels stop completely, as everything hardens. The rest of the body is mostly apoptotic, requiring little energy which is supplied by the intracellular candidiasis as ketones are an excellent source of energy for candida with its mitochondria.

This part of the phase almost deserves to be phase 6, as everything has shifted again. The system begins using the increased solute concentration and decreased ph to rapidly digest the remaining muscles in the body. Rapid bone loss ensues, have a -2.1 measurement of bone density documented in 8/2022. The disease finally reached

my muscles in the first week of July, 2023. The article discussed how the candidiasis was attraced to the nerve impulses - seeking out the ATP. So, the patients would remain as immobile as possible. Mine started in my right shoulder and arm - caused my me playing a video game for long periods.

During the weeks, in 8/2022 and 9/2022, I have experienced a change in bowel movements as my bowels slowly begin to stop. Over the last week (9/13/2022) it has become quite dramatic with only a tablespoon or two of movement per day. I rectified that with Psyllium husk combined with Fluconazole. This has at least temporarily resolved the issue.

In November of 2022, I experienced a swelling of my pharanx and was hospitalized. It resolved before the endoscopy, but was very visible on preliminary imaging. Notably, this involved iodine, yet more salts my body cannot purge. After that, I had about a month of no real issues. It was glorious. Then, I had the flu and had to go on antibiotics - yet more salts. This resolved, but I began having some intestinal discomfort. In early February, I flew to the Cleveland Clinic. This was a period of extreme pain. I believe the altitude equilibration of the plan caused a dramatic worsening of my symptomes. I had incredible stomach pains while I was in Cleveland. I believe during this time, circulation was cutoff from the small intestines. Once again, this occurs through the suction of the heart, and is silent other than the pain it causes. I did not report the pain at the Clinic because I was there for a neurological evaluation only and any lengthening of the trip would have caused issues for family. After that trip, the stomach pain went from a 9 or so to no pain in less than an hour on a Saturday morning.

After that, I had several months of only minor issues - muscle pain, back pain, headaches occasionally. Then the week of July 4th, I suddenly had extreme pain and tightness with weakness as well as burning in my right arm and shoulder. At this point, I believe that either sugars are being pushed into the muscle of my arm. The overall condition causes veins and arteries to rise to the surface out of the muscle tissue as salts are pushed into it. The article discussed how this results in one set of conditions within the muscles (pH and oxygenation) and another set of conditions in the skin. It also mentioned how medications would be hampered by the lack of circulation to the muscles where the infection was thriving. The article also spoke about the difference in the effect on the long muscles versus the muscles supporting the ribs and chest. Something about how the resting state of long muscles is not tensed while the resting state of these other muscles is tensed and thus they cause great pain once affected.

In short, this is a battle between candidiasis and the pituitary/immune system. It results in a irreversible Rube-Goldberg like cascade that takes decades to complete. The sheer complexity and yet inevitability of the steps makes me wonder if candidiasis and homo sapiens somehow evolved through a time when this was a common condition. I say that because of the adeptness and patience of the candidiasis to reach to most efficient outcome possible. It finds a host that has a whole in it's defenses and it doesn't cause an overwhelming infection that immediately results in death - instead, it slowly but surely sets off a sequence of events that eventually allows every cell to host candidiasis and be consumed for ATP. In phase 3 the muscles are all infected. They are turned apoptotic, but not fully consumed until the stages 5/6 - many years in the future.

In 2023, I started the year with an ok period of time. Nothing major or new. Then, in February, I flew to Cleveland to see a neurologist. The flight was not a good idea. I believe during this time that much of the circulation to my small bowels closed off. Realize, it closed off due to suction, and once closed, it never reopens. The pain was incredible, at times. Then, I had several months of peace. I had bouts of back pain, which comes as the muscles further tighten, but nothing major until early July. In early July, it finally began the process of effectively digesting my muscles - starting in my right shoulder and arm so far. As mentioned earlier, candidiasis is attracted to the ATP from nerve transmissions and my long computer game sessions rapid clicking over and over on my mouse were the cause. I still play though, because I need the distraction.

I don't know what is next, but I'm doing everything I can to get the problem recognized so that my family can know my prognosis.

A Note from 4/27/2023

I have been through so much over the last 15 months. I can now make much more sense of things. I am also in the very final phase of the disease and expect to pass quite soon.

Some thoughts:

- The keys to everything in this condition are ATP and salts
- When this Phase began on January 17 2022, the back pressure was removed. This resulted in a great loss of fluids and salts stored in the body. If you look at my values I recorded elsewhere. The value for input and output are too similar during this time. Input should be more than output unless you consume a lot of water heavy foods.
- As the system reached equilibrium, the bowels slowed and stopped with fluid in the abdomen. The tightness of of the apoptic lining and muscles and skin in the legs keeps this fluid from bulging or appearing evident.
- This resulted in more and more salts being pushed into the stopped foods until a small rupture was created, by design by the candididiasis, which allowed fluid to flow directly through the bowel wall from the abdomen. Bowels suddenly resume.
- Over much time, the kidneys continue concentrate salts in the body, not in the blood, but in the interstitial spaces through the use of a pH in the blood that should not exist. This pH pushes out the larger cations into the interstitial spaces.
- There are a lot of steps I don't recall, but, near the end, the fluid in the abdomen becomes extremely concentrated. Realize, so does the flesh in the bowels.
- Eventually, this disparity causes a RUSH of fluids to burst from the inside of the intestines through the walls into the abdomen. This happened to me due to wearing a belt on 4/20/2023. It felt like my belly was going to burst as all the fluid was pulled into my flesh outside of the abdomen.
- This rupture doesn't allow larger solids through but does allow equilibration of osmolality.
- Meanwhile, the sugars cause further tightening of the abdominal wall as they are released into the area. These sugars effectively digest all exposed areas. This resulted in backpain on the night of 4/20/23.
- Eventually, this fluid reaches the level of the liver and causes what is left there to be digested
- This results in dark urine and slight jaundice that I had on 4/26/2023 accompanied by a pain over my liver
- I'm not exactly sure what is next, but the article said that once the dark urine was gone, there was not a lot of time left, as that was generating the ATP by digesting proteins that were present
- It has been a LONG time since I read that article, even though I read through it carefully many times. What I do recall is that it said in a current day setting ALL of this would go unfound by clinicians due to a combination of current medical standard testing methods, and the insidiousness of the condition. The first time it would be observable on imaging was once the pancreas was attacked, something about how it would be blurred on imaging. I don't know if that has happened. But it said that was so near the end it wouldn't matter.
- I do know it said that if someone had this today they would likely just die in the middle of a sentence without any real sign they were in distress as the heart valve gave out from all the back and forth acid/base of the condition.
- Finally, realize how this all works out for the candida. The person's bowels have stopped and they aren't even able to pass fluids. So, the candida gets one last meal using the food and water. It is the perfect predator getting every bit of ATP out of the body over the course of decades instead of killing them off when it found a willing host. It really makes me think that there was a time when a predecessor to man was a willing host very frequently, or perhaps some other mammal with a very similar set of organs. It is such a specific and thorough attack vector that it cannot be just something that happens under experimental conditions.
- Ask yourself why this very in-depth research is not publicly available on the internet when I read it in a recent diagnostic manual in 1995? The article had pictures, went into great detail, discussed how the body was basically enhanced in many ways during the earlier phases and hat it had been at least considered for super soldier research.
- To me, the fact it IS hidden, even though I read it, recreated it, and lived it just makes it that much more fascinating. There is science here that could possibly save the lives of severely hyponatraemic patients. There is science here that honestly is ground-breaking
- I hope what I've written brings it into the light

- If I die from it, does that prove it hasn't been one big psychosis? And, if so, will someone make note of the science? I hope so.
- I know I will die from it. I knew 28 years ago, and every time it came back for a transition. So, did it make a difference? Did science take note?

Why do I think I have this Condition?

In short, because I treated myself for the initial condition of extreme polyuria and the treatment affected an immediate relief

At two months since I entered this last phase, I was down almost 30 pounds. The weightloss was almost all in my legs and abdomen. I had burning all over my torso skin (it looks totally normal) that worsened if you lay a hand on it and then remove it. I had not had a solid bowel movement in weeks and my nights were mostly about pain from the skin burning or the stomach hurting. And… I could feel fluid in my legs. All of that is equally true.

The next month saw some improvements. Once I began treating with fluconazole, all the burning went away. The problem is that the candidiasis was basically in an ALMOST symbiotic balance but not quite. It was slowly winning. But, removing it leaves a condition that is no longer balanced. Like a tug of war with only one competitor. My system has quickly destroyed itself. However, this would have been the result either way, as my whole adrenal system is in decline. Multi-organ, multi-system failure but with the pituitary in overdrive and the heart being super effective at keeping the pituitary running through increased flow and oxygenation.

(NOTE SKIP TO THE DISEASE ONSET if you just want to know how it all starts)

So, why do I think I am dying and why am I the only one that holds that belief (at least as of today). I have Terminal Onset Diabetes Insipidus with Candidiasis Majeure (hereafter TODICM). **This may have been reclassified into APECED type IV, but that's a horrible decision, if so, as it does not have a common cause, only similar outcomes. I've come to the decision that is the most likely diagnosis, whenever one finally comes.**

They may tell you I was septic, most likely because that gives them a nice bucket to place it in. But, it is so much more complicated. Or, perhaps they will say it was unexplained — I recall a story on the news about a woman admitted to Saint Francis screaming about the burning inside her and she died the moment they cut into her and gave off noxious fumes. Maybe she had something similar. In essence, this disease boils down to ATP and a decades-long fight between a fungal invader and its host, but that is a very short explanation of an impossibly complex situation.

Yes, I have read a lengthy article on this one — it was in 1995 in a medical manual. I believe it saved my life at the time(explained later). It spent several fine print pages going over the condition in a case study format. There were pictures — actually several pages of nothing but pictures, as well. It was an unusual case and the text devoted more to it than the average cases in the book. It delved into every aspect of the condition and there are many.

I have used the Internet Archive, Google Book search, called on a medical researcher at work, and everything I can think of to find that lengthy case study (originally seen in a thick diagnostic manual, I think). **I have not been able to locate it.** However, I will reference it here in my writings, as to not do so would imply I thought all of this up myself — I thought of none of it. I would put the date of the cited experiments at approximately 1905–1910, as it was not until 1900 that epinephrine was isolated and subsequently adrenalin. And honestly, while I am a very smart guy with a chemical engineering degree, I sucked at organic chemistry and my other pre-med elective genetics. So, I could not have made this stuff up if I tried. I'll add this one thing, the article said it was all about ATP — that isn't my line — and that it ended as it began with an unquenchable thirst and fire in the abdomen.

What the hell is TODICM you ask? Only the most insidious condition known to man, in my estimation. The article actually used that word, too. This is a decades-long condition starting with SIADH and at times

involving continual metabolic acidosis, alkalosis, ketoacidosis, and eventually respiratory alkalosis, changes in blood flow, changes in every glandular function, and more.

It is a volume-depleting disease that masks heart failure by a series of complex conditions that involve the Sodium Potassium pump, a change in the way the heart works, changes in veins and arteries, kidney failure more than once, the bladder acting as a kidney, acidosis of multiple types and alkalosis, and much more. I won't have time to cover it all here. However, I will put down as much as I can.

The disease involves transitions between distinct phases where conditions change dramatically. During these transitions, there are a lot of physical symptoms, polyuria, extreme nausea, stomach pains, chest pains, bladder issues, and digestive issues, but nothing obvious wrong with common tests. There are also a lot of psychological changes, because, at the heart of it, the endocrine system is going through huge swings. The polyuria is atypical and happens for every transition as each transition involves a dramatic shift in fluids. It is not dilute urine except in the first transition, after that, each time it has a very high specific gravity. I have fought through the previous transitions with the sheer force of will and, at times, antifungals. While those were useful in the past, at this late stage they are/were effectively gasoline on a fire.

The Basics

Specifics are listed later. However, in general, this iatrogenic condition goes through phases. During each phase, something quite different is going on, but the net result of all the phases is that the flesh is slowly filled with salts and MOST of the body's cells are shrunken.

Capillaries disappear, and only the most central veins are utilized. This process of storing salts changes, at first storing potassium (I think, I'm not sure on some specifics), then later when that limit is reached, neutralizing it with bicarbonate (I think as this is what is currently coming out in my urine to make the specific gravity so high, I presume). In actually doing so, the process releases ATP which is an insidious problem with the disease. It's replacing the energy production lost from the normal glucose/insulin process with something that works much the same but with drawbacks. Between the storage of salts and ketones and hemolysis (once again not sure exactly how the continual destruction and replacement of red blood cells is used to power the system during certain phases but it is, possibly through some change in electrical charge and or phagocytosis…) , normal energy pathways are a thing of the past. Essentially, someone with this has diabetes with normal blood sugar - the sugar is moved to interstitial spaces as needed. Insulin is present at most times but during some phases, it simply cannot be utilized due to net charges involved. Instead, the body processes the sugars in other ways, but those ways involve disastrous consequences of acidosis and alkalosis. And eventually, in each phase. the system decompensates.

The article mentioned a theory that the cannabinoid system was somehow involved, as the patients' pain indicators were never as high as the pain they reported or what damage was eventually found post-mortem. I would agree. The pain is intense but also stunted somehow by high cortisol levels and more.

I believe in the middle stages of the disease, the lining of the upper intestines is where most absorption takes place, as this lining replaces itself every 2–4 weeks. Later, much like the changes to the largest organ, the skin, this slows down and eventually stops, leaving apoptotic cells. Later, I believe this same process happens in the colon. The other changes involved create a silent liver failure. silent heart failure, and silent kidney failure.

The skin continually replaces itself and this process is used at one point to supply a constant stream of energy until the entire body is covered in a much thicker than normal, super tight wrapping of apoptotic skin.

At some point, after all the compensatory and decompensatory changes involving systemic, sequential assaults on organs and systems over years, you just run out of space to store the salts (Bicarb and Potassium I believe depending on the phase) and you can't survive. No more ATP is generated. Then the candidiasis returns or not depending on the decisions the patient makes around eating and drinking in those final days.

There is no cure, as you cannot replace an organ that has functioned for decades like no one else's, the organs would be similar but different. The article even mentioned that in most cases, even as blood volume approached virtually nothing, the subject could speak up until the last moment.

How can I prove something that doesn’t show up easily on lab tests?

The article mentioned that late in the course of the condition (after several of the transitions) due to the effects of the disease slowly removing circulation cut subjects would not bleed. It specifically mentioned you could cut off a finger and not lose a drop of blood. The only blood flowing around these areas is in the fine web of the skin. So, cuts to the skin still heal, as the blood fills in those cuts, but deeper cuts or burns are not an issue, as the skin just heals over the area without any deeper damage really occurring.

Obviously, people should bleed when cut. I don't really bleed from most cuts and I didn't bruise at all until just recently after something changed in my system. At this point, I can slice my skin open almost anywhere on my limbs, face, and chest, and not bleed. Horace making that cut is extremely difficult. The skin is very thick. No, I have not cut everywhere, I have only tried 3 limited places. I am not a cutter, do not believe in self-harm, and do not plan on harming myself. That said, in the name of science, when there is no other path to generate some thought of proof, the most obvious approach should not be discounted simply because it is socially frowned upon. If a small cut on oneself turns you off from a scientific problem, I don’t think you are a scientist. Further, on the question of how so little circulation could be present without gangrene, etc, these are not live cells, they are shrunken and dead held together by the largest gland in the body that continually replicates itself. The skin. Eventually, after years, even this skin is all but dead and finally (after copious shedding) it stops sloughing off and simply is.

Other physical symptoms mentioned in the article that I have experienced 1) cold sensitivity in most phases, 2) heat insensitivity in at least one transition where I was able to sit in a black car with the windows up in 100° weather and not feel hot or sweat (easily 135° in that car) 3) changes in hormones.. All of them pretty much. For example, I used to anger easily during one phase, I grew semi-breasts without gaining weight in another, and in yet another I was able to grow a beard whereas today you barely notice if I don’t shave for a few days 4) my toenails are vestigial… you can literally peel one away without very much pain at all and no bleeding, 5) in this final phase I have stopped being able to sweat from eccrine glands and can only sweat from apocrine glands (4/18/2022). This is a huge problem. I had a short walk recently and after I returned I kept getting hotter and hotter and had to strip and use a cold washrag on the back of my neck. Twenty minutes later, I was back to my normal for that week cold all over.

Testing Theories

No blood test will be definitive due to the management of solute by the pituitary. Urinary total catecholamines or other hormones might. Unless they are being filtered by the bladder, as well.

The condition essentially operates the Sodium Potassium Pump in reverse for most cells. How and why? When the Pituitary initially goes into overdrive it causes the candidiasis to move INTO the cells of the body. This disables part of the immune system. The Candidiasis sits in the cell. Once that cell is exposed to sugars, the Na/K pump starts running in reverse. Eventually, the cell shrinks and it apopoptotic. This is quite possible and yields ATP until the cell reaches a shrunken inactive state. This causes the cells to shrink, but as skin cells are constantly replaced (even apoptotic skin cells are replaced), it was noted that this would make the process less obvious. Also, it would prevent wrinkles in the face providing a younger appearance. I’m 52 google me and tell me how old I look. However, I can distinctly recall transitions where the skin was shed from my legs in huge amounts. So, test #1 — microscopic examination of skin and flesh samples. Should be a simple test to show the unusual.

The other test is already suggested above and is the gold standard, for me — simply cut me. I no longer bleed from surface cuts or even deep cuts on non-arterial areas (face, legs, arms, etc — not even a deep shaving cut). This is due to a combination of cells shrinking, salts being stored, and the negative pressure from the change in the way the heart operates.

I believe a muscle biopsy and skin biopsy would show apoptotic cells. The other test I think would show changes is an MRA. The article said that imaging would not show any significant changes until extremely late in the illness because the changes are all about circulation. An MRA would show these circulatory changes, I believe.

I believe a mri of the head should show a damaged pituitary at this point. This would be my preferred test. – NOTE This didn't work this summer

Any blood flow analysis of the abdomen should show it, as most organs have had venous and arterial flow mostly removed. That sounds impossible but my energy pathways are different and my waste paths are as well. These vessels are removed during the different transitions in a quite painful manner due to other changes.

One additional way might be to test the red blood cells, placing them in normal saline. In a normal person, this would result in no hemolysis. However, I believe the article discussed how it would lyse in an individual with this condition.

I will say that the article tried to give as many ways as possible of identifying someone with this condition, but as it said, most tests are not that helpful. The BUN is a great indicator showing kidney damage along with protein in the urine and ketones. However, none of these are enough to really warrant additional examination.

High specific gravity on urine is almost always dehydration and in the case of kidney failure, should be accompanied by high levels of creatinine… unless your muscles don't use the same energy pathway. So, an IVP or something would be required to know for sure about kidney function.

One commonality was that the second toe on each foot was broadened as one might expect with heart failure. Another was that the toenails were rather easy to remove without any real bleeding.

Problems with Modern Test Methods

The article I found discussed how during the transitions medical tests would appear relatively normal. Part of this was due to the transition being the time between the most extreme parts of the phases. Part of it was simply because blood tests are only an approximation of the state of your body. If something can induce a change in the intercellular, extracellular, and interstitial spaces, then all common assumptions about how these are related are rendered invalid. Get to kidney failure with a pituitary still using hormones to control salt balance and you have normal blood values being maintained despite the failure of organs while the extracellular space approaches and eventually reaches parity and then passes plasma becoming an unreachable, unmeasurable fertile ground for the candidiasis. Thus, the blood level of a hormone or salt does not accurately paint a picture of the state of the rest of the system. The pituitary cannot tell how much volume there is as it does not have access to both like the kidneys. So it maintains order, which works OK for a while until volume gets to a point where it impacts other things or the process is using stops working and it recompensates in a new way. The article also discussed how the creation of a new space for fluids in the potential space between layers of the abdominal lining causes an unaccounted for part of the total fluid balance.

Additionally, urinalysis does not include basic salts sodium, potassium, or bicarbonate. Why are these values not included? In the distant past, any urinalysis would have included sodium and potassium values, but for some reason (most likely cost), we have elected to remove them from the basic test. As a result, any imbalance in the urine in Sodium and or Potassium is missed. Why does it also just report 1.03+ for high specific gravity urine? Why not the exact value? Cost. You need a manual refractometer to get past that or a lot of urine and a hydrometer. In the past, "When the blood urine pCO2 difference was key to differentiating various forms of RTA, a clinician on occasion would measure urine PCO2 and Urine HCO3 under mineral oil that was itself pre-equilibrated with 5% CO2 to prevent loss of CO2 from the sample. The measurements had to be done ASAP (within an hour by the laboratory)" This is KEY to missing the diagnosis of acidosis with Alkalosis in the final phase when urine specific gravity skyrockets as DKA begins OUTSIDE of the circulatory system.

12/8/2022 - Today I figured out why my specific gravity measures so much higher on a test strip than at a lab. Sugars. NOT Glucose. Urinalysis checks for Glucose, but not fructose or sucrose. If the liver isn't doing it's job, then glucose isn't present and we have fructose or sucrose present in the urine. Machine-based urinanalysis is thrown off by the presence of sugars.

Given a high specific gravity in urine, the first, second, and third conclusion is likely dehydration. But, the next level check is going to be kidney function, specifically Creatinine Clearance. Therein lies a problem for

my body. In the early phases of the disease, most cells are turned apoptotic. This means they are dead and it includes muscle cells. HERE is an article that at least shows that the fungus attacks muscle fibers. That is to say, my muscle cells do not release creatinine during use. During all of my years working out, I have not had a high value. I don't think that is likely. For some of my years, I had intense workout weeks. This was one of the actual points laid out in the article as to why significant findings like kidney failure would go unfound.

My EKG has always been "normal" but with non-specific t wave changes. The original article even mentioned that the change in the strength of the chamber beats would appear close enough to a proper EKG - overtime. During my first year, I had tachycardia that would actually slow down if I started walking. Eventually, the heart adapted and I was able to stop taking my beta-blockers. Without them, I was at 120+, just standing.

Another reason was science. The article discussed how urine dipsticks are inaccurate due to ascorbic acid (evidently an issue late in the disease when the body is not utilizing it), and also don't go higher than 1.03 for specific gravity. Additionally, blood pools at the fingertips with no circulation, and some sort of chemical reaction produces CO.. O^2 sensors don't work accurately if CO is in the blood, due to a ph shift, CO is somehow used and is actually more efficient. Urine and blood osmolality is not a common measurement and anion gaps are largely ignored by medicine as a blood gas is rarely taken. These are important as trace minerals are collected in excess due to the changes to various processes. This one I only remember a little of — some other test I can't remember for something in the blood used to be done with a flame which would show a particular problem with a specific color but the electronic versions do not pick up that issue. I think this might be urine. The different minerals burn different colors and an imbalance would be noted.

Also, blood cell counters could mistake one type of cell for another in a person with this condition due to the changes in/(?) the charges on the blood cells. This, after much thought, was a key to the disease. Due to the change in blood flows created at onset, the charges on blood cells are different. It has something to do with hypertonic vs hypotonic and how with a different amount of potassium INSIDE the blood cells the tonicity is impacted. So, the total amount of Potassium in the blood is different than the expected amount because some is IN the cells and some is not. This was key and I wish that I remembered more about it but, among other things, this means that instead of shrinking in saline solution, the blood cells would lyse (I think, I admit I'm not sure here). In fact, it spoke about how while hypertonic saline is available, it is sodium in it that changes and not potassium. I'm guessing normal hypertonic saline is what I SHOULD have been given in 1995 when I experienced prolonged hyponatremia. I really think this is key to much of the disease — why acidic soda would pass through my system better than water, and much more.

Additionally, after the third transition (2012) the bladder acts as a filter, drawing in urine and fluids from the abdomen and circulatory system. This prevents bilirubin, blood, and other waste products from appearing in the urine. Instead, they are largely forced out into excrement or into the flesh.

Even when changes are presented (A high BUN during periods where blood is the fuel source via hemolysis) and a switch to extremely acidic and high specific gravity urine — no one really focuses on such minor indicators. My BUN has consistently been high during early transitions, was low under the last one, and is now again high.

Another problem — is due to circulatory changes created by this condition, even in the early phases, lab values do not reflect what you would expect. For example, instead of nutrients flowing from the stomach to the lower body, they do the opposite. This takes very nutrient-rich blood and sends it to the heart and head first, so they receive maximum oxygenation, nutrition, and pressure. . This is accomplished by having a lower pressure in the right atria caused by the stretching of the muscle fibers. This suction is critical to so much.

Values that should be impacted by passing through the veinous system are not impacted in the same way. Additionally, in the later stages, return flow from limbs is drastically reduced. These limbs are not the normal flesh and blood one would expect, but largely apoptotic cells require little or no nourishment or oxygen. And the tips of the fingers act like filters as flow goes thru the finest capillaries. So, sampling blood from a "vein" in the arm is actually taking blood from a rapidly circulating system (due to the higher pressure delta) with very little to no capillary flow. The article mentioned how upper body veins that would be normally prominent at the surface actually sink below the surface of the skin out of sight and how arteries rise to the surface. So, blood draws are not representative of core torso values — including blood gas and importantly blood sugars.

In the final stages, the pituitary cracks and sheds hormones into the extracellular spaces in addition to the circulatory system. These fluids are not accounted for by blood tests. A TSH level, for example, is not reflective of total TSH because it is drawn from plasma. Plus, these hormones are rarely checked. ACTH, ADH, etc…. 26 years and no one has tested those on me.

The article also mentioned that up until near the very end, imaging would show normal. As what is going on is the organs are filled with salts. So, they appear normal, if a little shrunken. This shrinking also allows the person to push through Hepapatic Encephalopothy, as the brain has been shrunken and so when it expands during the encephalopathy, not as much pressure is put on it - plus the pituitary is working very hard to keep brain function normalized.

A final example — the article talked about how if someone in the final phases of this condition went to the ER, the doctor would be mystified. O2 monitors would show saturation (blood pooling at fingertips with CO in it), the person's face would be nice and pink (from salts, I believe, as mine has become over the last several weeks), and the doc would immediately begin IV fluids. In the final stage, this would simply fill the person's lungs as the rest of the body was no longer able to absorb any additional water (due to cellular apoptosis). Only in the last phase is this an issue, as I've required 2 liters of saline on at least 3 occasions in the last two decades. So, you can see how I might not want to go to the ER at any point or take on ANY IV fluids at this point, as I'm 100% certain I'm in the final stage.

What we need is a medical system/device that doesn't rely on blood to determine body chemistry. If you want to know the invention that can revolutionize so many types of care, that is it. Some type of bracelet that senses the composition of cells, blood, bones, everything.

Other Considerations of Reduced Volume

Everything in medicine is calculated for average volumes. Medicines, calories, vitamins, and especially contrast agents. Assume your volume is reduced by 1/2 or more AND you have a condition that is very sensitive to salts in your system. The article specifically mentioned contrast agents as a complicating factor. As the patient goes through so many transitions and is likely to have had a history of many tests. My Mri in March caused a dramatic change in my skin as the gadolinium was pushed into my flesh.

THE DISEASE ONSET AS DESCRIBED IN THE ARTICLE

I believe the disease that set off the issues for the patients in the experiment documented was Tuberculosis. Note, that these patients were uniformly male. I think this is due to how the bladder plays a central role in later phases and how that would be different for women. For me, I believe it was candidiasis and drinking too much water. Somehow these men damaged their adrenals causing them to have polydipsia/polyuria. Essentially these men had central diabetes insipidus which led to life-altering consequences. After sufficient polydipsia and eventual water retention due to exhausting the supply of ADH, the lining of the abdominal area separates. In between the layers was an infection. I believe this was candidiasis (for them and me) and I can say that at times when I have needed to push through a transition, antifungals worked wonders.

Here is a summary of the type of Candidiasis I believe I had from a website (this was never diagnosed, simply because no one would listen to me or test for it)

> Intra-abdominal candidiasis
>
> Intra-abdominal candidiasis can also be referred to as Candida peritonitis. It is an inflammation of the lining of your inner abdomen caused by a yeast infection. The condition is most commonly caused by Candida albicans although other Candida species can cause it as well.
>
> Some risk factors for developing intra-abdominal candidiasis include:
> a recent abdominal surgery or procedure
> undergoing peritoneal dialysis
> antibiotic therapy (Bingo!)
> conditions such as diabetes

> The symptoms of intra-abdominal candidiasis can be very similar, if not indistinguishable, from bacterial peritonitis. Symptoms can include: pain or bloating in your abdomen, fever, nausea and vomiting, feeling tired or fatigued, diarrhea, diminished appetite
>
> In order to diagnose the condition, your doctor will take a sample of abdominal fluid (peritoneal fluid). If Candida is causing the infection, yeast will be observed in the sample.
>
> Treatment can include antifungal drugs such as:
> Fluconazole, amphotericin B, caspofungin, micafungin, Catheters should be removed as well.

At extreme levels of low blood sugar, these men with a predisposition for a latent but typically non-harmful candidiasis presence would essentially cause the candida to change such that it would consume the fatty acids of the lining as food instead of the sugars it had been typically consuming (because the men had stopped eating as I had). The candida step in to create sugars for the blood from the flesh of the body. This results in huge burning sensations across the abdomen without the usual signs of an infection of the peritoneum because the parietal and visceral layers separate with the infection in between the layers (interestingly this space is called “potential space”). It also leads to more drinking of water to cool the burning, further hyponatremia, and eventually a disastrous sodium-potassium balance. It also leaves a place for that candidiasis to reside indefinitely. This is critical to the future path of the disease when the candidiasis emerges at different points, just long enough to weaken the next link in the chain long enough for the next transition it needs to begin. It can wait years between its jobs and then just go back underground waiting for the next task.

Eventually, over a course of days to weeks, these men would so dilute their system that the Potassium levels in their blood would become much too high compared to those of sodium. At a specific point, this would cause a fundamental shift in the function of the heart and kidneys. I’m unclear on the exact relationship of this next part but essentially the net charge differential between a vein and artery in the area of the kidneys is critical. The change in the Sodium potassium balance causes the differential to be opposite of the desired value. Somehow, this has a relationship to the signals sent to the electrical control center of the heart. EDIT 4/20/2022 This is the SA Node. So, the electrolyte imbalance affects the SA Node and causes a specific arrhythmia - I think the AV node actually takes over. **When this occurs, the heart changes the strength of its contractions**. This results in a suction effect. This happens due to the expansion of the right atria. The strength of the expansion causes suction as documented HERE. When this suction occurs, the descending vena cava pinches closed slightly at its longest point BELOW the kidneys. This narrowing causes a pressure drop there at that spot. That slight pinch causes the pressure to need to be HIGHER going into the lower body in order for the pressure to end up the same as it reaches the heart. It also causes a much larger pressure differential across the kidneys between the arterial and venous flow. For me, one way this manifested was a very tight sphincter due to the increase in blood pressure in the veins in that area. To maintain this, the left ventricle begins to work harder and maintains this larger pressure differential than would normally exist (my EKG has some unique properties my doctor can never explain, I think this is a misinterpretation). Thus, the final phase begins when this slight pinch is eventually released by the decline of the heart decades later (1/17/2022 for me). This appears to be called Inferior Vena Cava Syndrome, or IVCS. The adrenal injection workaround (or in my case Diet Coke) makes it possible to tolerate this condition but with dramatic side effects long term.

One cannot understate the significance of this small change. All blood exits the heart through the aorta at uniform pressure, whether going into the ascending or descending aorta. However, the vena cava has two distinct entry points. A pressure drop in one will be reflected in the other; but, the superior vena cava, having no pinch point sees an INCREASE in flow because the pressure differential between one end (the aorta) and the other end (the superior vena cava) has increased with no other changes. Meanwhile, the same pressure change occurs for the inferior vena cava, but the pinch is responsible for the change in its case.

So, the head and arms have increased flow. This is incredibly important, as it changes many things. This explains a lot of things in my life. With less blood flow, we know the mind loses focus. With more blood flow, the opposite happens. Additionally, things like the yellowing of the eye during jaundice don’t happen, because the pressure is LOWER at the atria. So, instead, bile is pulled back into circulation (to be pushed into the flesh) instead of building up. Additionally, pulmonary flow is affected as the net effect is for the flow to be sucked through the lungs, thus preventing any type of pneumonia and increasing oxygenation via the larger pressure differential between the pulmonary blood flow and atmospheric pressure. Another thing I noticed for me is that bruises on my legs would clear upwards instead of downwards. Finally, upper body strength is

enhanced by the additional blood flow. Obviously, such a significant pressure change would impact the extracellular spaces, as well. These spaces are the bridge between the atmosphere and the circulatory system and are where the real problem with salt deposition develops. Think of the increased pressure differential between veins and arteries and how that would impact the delicate balance of extracellular spaces.

As an aside, THIS change is why measuring the blood pressure in the legs would show the condition. At least in the early phases, prior to the pinch in the vena cava going away, the systolic/diastolic differential would be much greater when measured in the arms than when measured in the legs as the legs have a pinch downstream whereas the arms have no such pinch in their blood flow.

This sounds impossible — but let me describe what it was like when it all happened to me.

This all happened in the span of minutes. I had been unable to urinate for some time (days?), despite drinking huge amounts of cold water. Acute stomach pain was the beginning. Sitting on the toilet, I felt my penis grow hard along only one side and bend sideways, simultaneously, the testicle on one side felt like it was in a vise and the veins in my leg on that side were distended. This was acutely painful. Moments later, it happened on the other side (mirroring everything).I collapsed and began sweating profusely for a day or more upon awakening.

A note, while allowing urination to resume, this increase of pressure differential causes an issue with salts, the ionic radius of potassium is greater than that of sodium. As the body shifts to try and get the potassium out, it actually causes sodium to be shed and potassium retained. Think of it as a hole through which the potassium cannot pass. The increase in pressure differential literally shoves the smaller sodium through the hole, effectively damaging the kidneys permanently but the potassium doesn't fit through that hole. This condition is not supportive of life, the longer-term, as the body will continually shed sodium instead of retaining it. That's where the "so how did I survive" part comes in (below).

How I got to that Point

In 1995, I was prescribed some antibiotics for a UTI that didn't show up on the test (I had been having issues with urination) — this was probably a candida issue, as I was in a new job working 50–60 hours a week and drinking way too much sugary soda with no exercise and stress off the scale.

Anyway, the prescription caused diarrhea. So, I was prescribed an anti-diarrheal with a small amount of phenobarbital in it. Turns out my body reacts to that, but the amount was so low, that the reaction took a few days. Huge ulcerations all over my stomach when eventually looked at by a gastro ("Stomach of an 80-year-old with sores everywhere"). Interestingly, if you look up phenobarb and candidiasis there is a cytochrome p450 interaction I believe. It interferes with one way they feed or something. So, they shifted and ulcerated my stomach. I didn't know it was the pills so I kept on taking them. Obviously, things got worse.

Some backstory about me: In college, I had an episode where I had a hangover and everyone told me to keep drinking water, and pretty soon I was incoherent after just a day or two. This wasn't documented because it was fixed "off the books" by a fraternity member's dad taking me to a free clinic. I wasn't really coherent, I just remember some tubes taking my blood out, it going through a machine, and then put back in my body. Would love to know what process that is, btw. I most likely have some natural tubular acidosis — possibly explaining my nighttime incontinence into my teen years — which would mean polydipsia would acidify my system. I remember the doctor saying that I might have a problem with water and to only drink when thirsty.

Another backstory — After taking 1 "recreational" dose of phenobarbital at age 14, I left for the school dance, my stomach hurt the whole time and I had my appendix removed less than 12 hours later the physician said it was covered in sores. I was in the hospital for 4 days, as they could not figure out why I was not responding to antibiotics. Once again — phenobarbital changes the energy pathways of candida, from my research. You'll need to research that one yourself.

I would propose that I have a mutation in a gene (Aire?) that prevents my body from fighting candida on some levels but preserves other defenses. These other defenses are taken down during the processes described later.

Back to 1995

So, back in 1995, I was only drinking water (for well over a week), no longer eating, becoming hyponatremic, not sleeping, lost the ability to urinate due to no salts in my system, and the dipsomania from trying to cool off the burning in my stomach caused hypoaldosteronism. This may have caused further type 4 tubular acidosis plus the natural renal acidosis I likely already had. I am also a rare patient that has a concomitant predisposition for latent fungal infection — this might even be due to renal acidosis (as a kid or adult if I got overly tired I would get white sores on my throat). While this piece of data sounds unimportant — it is a rare genetic condition, evidently to have this latent but almost cooperative fungal infection. And yes, Yes, I feel the medical community failed me at this juncture.

My hyponatremia was prolonged (2+ weeks), and the body got very acidic… Acidosis while also losing all sodium and retaining potassium (also tried to replace salts with salt alternatives which are largely potassium. MY heart began an arrhythmia and heart block, the incorrect charge differential caused the heart to beat effectively incorrectly causing flow changes literally directionally. If the hypoaldosterone state is then rectified through rest and fluids the acidosis remains along with the heart issue.. Continuing to remove sodium and fluids thinking it's doing the opposite as it would be if blood flow was normal. I'm pretty sure that's how you get to phase 1.

Realize, blood flows have changed. This is not compatible with life. The body now sees the excess potassium and tries to remove it, but due to the reversal of the charges on the tubules, potassium is retained and sodium is lost. This results in huge water loss, which I tried to replace with drinking as much as possible. This caused my BP to skyrocket, at one point over 225/175 measured in the ER of Saint Francis in 1995.

So, why did I not die? I should have. The symptoms I was going through at that moment were huge amounts of urination especially right after eating, feeling intoxicated after eating, followed quickly by alternating extremely cold/extremely hot flashes (extreme and rapid swinging — for at least 15 minutes total each time I ate, perhaps 3–5 cycles back and forth over that 15 minutes). Generally, I would eat, feel intoxicated, urinate huge amounts, go through the hot-cold flashes, and then clean a yellow waxy substance off of my skin — mostly my face. Odd to say the least, however, at this point, I was in a mental institution (The Laureate) where I had placed myself because I had not slept for 2 weeks and I could get no one to listen to my physical complaints. Importantly, zero medical tests were performed on me prior to admittance, as I just wanted sleep and no longer trusted doctors. I believe this new set of symptoms in the Laureate was a complex interaction of the kidneys, the candidiasis hidden in my system, sugars, and more. I was losing fluid much faster than I could replace it. But, no one there was tracking it until AFTER I fixed it as below. I remember I was SO COLD in there, I could not get warm.

So, how did I survive? I found a description of exactly what I was going through in an old medical manual (no idea why they let me read them in the Laureate) — a total coincidence (I would say divine except I am not a believer) — that I was looking through for something (anything) to resolve or explain my issues. Realizing the article sounded exactly like my situation, I begged to be admitted to the hospital for tests. I was ignored. I threatened to leave…

The article was a lengthy case study of experimental procedures done in the early 20th century in the United States… of which I can find no record. It said there were two possible ways to fix the rapid fluid loss and one involved a methanol IV and stopping the heart and restarting it (I think, it definitely involved the methanol IV, hard to remember) — this was the preferred method. However, none of that was going to happen for me — given that I had placed myself into the Laureate where they just watch you and medicate you — very much daycare for adults.

The other solution which was much less desirable was to have the subject hold urination until their body was sufficiently acidified then inject adrenaline or epinephrine and cause a "pseudo-stroke" which would change how the pituitary functioned taking control from the hypothalamus to begin to control essentially every system (this might have involved some type of effect on the pineal gland.. That sounds right but I have never seen that article since and cannot recall everything). The article mentioned that this could add up to 20–25 years on average to the person's life, but that they would likely forget they had the condition and forget what to do about it at various points, and could easily die on the operating table from any incision (due to the pressure

differential created within the body cavity), and bleed to death in the earlier phases due to how thin the blood was or later from a serious injury due to how little blood there was on total at that point.

As I recall, in that moment of putting the pituitary into overdrive, part of the solution is that the candida passes into the cells. Thus, they now reside in the INTRAcellular space. Eventually, this results in the apoptosis of the cell. This was key to the process, I believe, but I cannot remember the details. By doing this, the body rids itself of most of the infection. However, I still battled it for years, as the process gives candida a free pass around remaining body defenses. The article was clear the suspected gene mutation was not enough for the candida to have free reign intracellular but that this shift gave it that pass. So, the course of this condition is essentially the body trying to keep the candida locked up in the cells and not let it into the bloodstream. Since it is IN the cells and there are no longer cellular defenses, no visible thrush is seen.

MY DILEMMA AND DECISION

Thus, I had a dilemma, check myself out of the Laureate and try the medical system again (I had zero faith in it at that point) or see if I could replicate the second path and give myself a "pseudo-stroke." The first path would have been best but every person was telling me not to leave.

So, I asked for two 2-liter bottles of Diet Coke (NO sugar for the candidiasis, More Acid and Adrenaline from the caffeine). I didn't urinate for half a day, it was incredibly difficult given how much my body wanted to. Then I drank as much of the diet coke as I could. Next, I did that push from the diaphragm thing we all learn as kids that makes our faces red. And I sat perfectly still.

What happened? Nothing right away. But, over a short time, I began to have the worst headache of my life. I found if I even tried to wiggle a finger, it felt like explosions in my head behind my eyes. I literally could not move. Every sound was like a gunshot. I could hear the smallest sounds and they felt like they split my head open. My teeth — every tooth in my mouth, ached so much I thought for sure they were falling out. Then, it slowly subsided. This might have taken 1–2 hours? Just guessing. Suddenly, I was warm. Suddenly, I didn't even need to urinate, despite the day-long hold and all the diet coke. And I had my first bowel movement in over a week a few minutes later (after making it to my room and restroom).

Please realize, after this I was still not ok. I went through months of inability to concentrate and always having weird symptoms. Until I got a doctor to prescribe Ketoconazole. Literally, the first dose cleared my head. It also gave me a really rapid heartbeat and a huge appetite. Subsequently, in the early years, I would need to take it again sometimes. However, during these last phases, I have determined it is effectively poison, and that may have led to the rapid changes I've had this last year, as I did take a dose sometime in the fall.

So, what took place? The pituitary goes into overdrive and PUSHES the potassium into the extracellular space (interstitial?) (out of the blood). Realize though, this is a permanent change — the article said it extended life for 20–25 years but would put the person through a LOT of wild periods and future transitions when the body had to change and recompensate, as things like extracellular spaces filled up.

From this point on, most energy is supplied by ketones sourced from proteins including red blood cells. Don't ask me how RBCs are consumed. I don't remember. I believe it is something to do with the tonicity of the blood cells and how they combine with water. However, the pressure change in the lower circulatory system enables the remnants of the hemolytic process to be forced into the digestive tract and OUT through normal fecal processes. That much I do remember, and it concurs with the extremely bulky and dry feces I had during this extended phase (years of bulky dry stools that stopped up toilets). I can also tell you I had oily skin, huge pores, and some strong body odor during this phase, especially upon sweating, and I have NO body odor in my recent phase, smooth skin, and no visible pores.

The complexity is off the charts. Salts and chemicals look normal but that is because where they are WRONG is not in the blood, but elsewhere in the extracellular space/intracellular spaces. As I understand it there are no tests that really look there. There is no(natural) reason to.

Realize everything this entails when the Potassium is too high, the NA/K pump operates in reverse — generating ATP but only until the cell is shrunken and essentially apoptotic. So, you would need less fluid in

your body, over time, as the salts increase, the cells shrink, etc.

So, why doesn't every cell die right away? This has to do with the body cavities and ionic charges and more. The body is well-defended.

The disease has 5 distinct phases. Obviously, the body starts out acidic, but years later, as the intracellular spaces fill, it switches to basic, and even later back to acidic. None of this shows up in the blood because it is in the extracellular spaces (and intracellular). The pituitary is totally doing its job of regulating the blood chemistries but it is doing it incorrectly by moving volume between the blood and the body instead of using just the excretory functions to help balance the chemistries. If you want to see what's wrong you have to either measure total blood volume (which I once considered, it can be done with isotopes) or figure out a way to measure the extracellular spaces… or at least not treat the practice of medicine like a checklist for a science test.

This is a long, long condition that is quite fragile and easily disturbed by illness, dehydration, medications, altitude, and a host of other factors. I've experienced each of those as instigators.

So, I think that is all I will write for now. It is a poor summary of just the initial portion of the disease.

Further Items from the Article

I cannot recall exactly how the body shifts during each transition, but as I recall, the main thing is that the body no longer burns sugars, but instead burns ketones. I also believe there is a hemolytic process involved but cannot recall it precisely.

I can say that phase 1 was supposed to be about shedding the salts via the increased blood pressure in the abdomen INTO the digestive tract and out through bowel movements. I did have the driest, hardest, hugest BM's for ages until the next transition.

After that, I believe the vessels are damaged from time or the pressure differential cannot be maintained, so things change, and the liver starts excreting extra salts to account for the salts being gained. This makes for a drastic change in BMs, darker and oily.

Next, I believe the body reaches a "full point", and somehow the conditions are now suitable again for insulin to be used by the body (previously it could not due to acid/base balance or something). The moment this started was the warmest, most relaxing moment I had ever experienced, sometime in the 2012 transition. (see below)

I am realizing I have left out huge important things from the article, so I want to include them here. One notable thing I am missing is that near the end, the heart is failing and the kidneys are not doing a great job, so fluid accumulates under the skin. This fluid isn't noticeable due to the tightness of the apoptotic skin cells and the flesh actually not being normal either due to stored salts. The article made it quite clear that the fluid was basically a fuel of sorts, as it combined with the cells in the body. I believe the issue is that the candidiasis is INSIDE the apoptotic cells. Essentially waiting for something to wake it up. As the fluid encounters these cells, they effectively react giving off some ATP and dissolving the cells generating more fluid which then continues the process. I saw a great short documentary once on the process of an invasive fungus killing a small mammal. It is a systematic process where, eventually, the body is slowly dissolved and what is left is just a mere remnant of the animal.

How the Article Represented the Final Stages

In the final phase, the pituitary literally is cracked open and spills its hormones. Somehow due to change in blood tonicity and the flesh, this overflows outside of the circulatory system. As it begins to wain, the article said that patients would experience pain starting in the afternoons into the evenings. This was due to some daily cycle of the endocrine system. In the mornings, the pain would be minimal, zero really, and increase

during the day. Eventually, the pain is constant. That puts me right in the middle somewhere, as I still wake feeling only minimal pain and it does not increase until the afternoon.

In the article, there were two groups of patients. One was called the “ketos” for ketoacidosis— these patients continued eating and drinking during the final phase. The other group did not drink anything and only ate protein. The advantage of being in the latter group was that when they chose to, they could exit gracefully. The ketos had no such graceful exit and ended their lives in great pain, fully aware, unable to sleep without the ability to be medicated as no veins are accessible at that point and medications don’t get processed due to organ failures. I would obviously fall into the keto group.

In the final phase, the bowels stop, the colon is perforated, its contents are leaked into the abdominal cavity, and eventually, the liver is releasing blood into the area to aid indigestion. Meanwhile, there is no fever or infection markers because in the weeks and years preceding this, the immune system has been decoupled piece by piece. The abdominal cavity itself is 100% apoptotic cells and basically immune.

Let me be clear, the men were all awake for this. There is no release. The pituitary keeps the person's heart beating and they suffer through it all. No peaceful sleep prior to death. Pain and awareness right up until the final moment. In fairly sure that in 2022 with no knowledge of this, however, the end will come from a simple bag of saline and drowning. The circulatory system won't hold any extra fluid and the body is also full. So, the one empty spot in the body is the lungs.

Interestingly, the article discussed how the patients, even though they knew they were dying remained in good spirits. After some research, I am going to attribute this to BHB (Beta-Hydroxybutyrate) which is the most common ketone in the mammalian body and an isomer of GHB. Since in this phase, ketones abound, and the body is burning ketones, I believe this accounts for both my increased energy level over previous transitions, good mood, and improved clarity of thought.

In the article, the men would lay with their heads in a raised position and their feet lower than their knees. Edit 4/20/2022 I have determined why. So, in the final phase, the pinch in the inferior vena cava has disappeared, as the heart can no longer maintain the pressure differential needed in place since the beginning. The immediate effect of this is a change in the kidneys of the pressure differential. So, now the kidneys are back to a normal differential, at least temporarily. However, the adrenal glands are also back to a normal pressure differential. One of the key hormones produced there is aldosterone, which helps regulate salts and blood pressure. Additionally, at least temporarily, the lower body now also has a higher delta of pressure due to the pinch dissipating. This increases the flow and effectively pulls fluid out of the lower body that has been pushed there during the previous phase. Thus I shed 20 pounds in a few weeks. The problem is that the increased load in fluid removal causes an increased load in salts pushed there as well.

This causes a cascading reaction. More salts are introduced into the system and have to be pushed somewhere. This somewhere is the flesh and urine. Including the heart. Recall that previous phases have already drastically reduced small vessels/capillaries, so now there is growing resistance to flow in the legs. The legs become a repository of this thicker fluid, with just a small amount of normal blood flow. This fluid in the legs eventually becomes a large repository of salts. Eventually, even sugars settle into this region.

The extracellular fluid in the legs becomes increasingly loaded with salts. I believe as the liver fails, it deposits bile into the abdomen. Due to the suction effect, this bile is pulled upwards resulting in major burning sensations in the chest. This happens when the heart rate is raised.

So, by maintaining this position they were able to keep the fluid confined to their legs or abdomen, as when it is drawn into the torso it feeds the candidiasis and causes further volume loss and muscle wasting. This was also to keep the intestines from being digested by the fluids. The article had two diagrams showing the improper way and the proper way. The goal was to maximize the vertical distance between the feet and the heart. This creates the least likely scenario for the fluid to be pulled into the body.

4/20/2022 If I even so much as walk much, this fluid is pulled into my upper body, and the flesh of my chest burns and aches. Additionally, it causes my gallbladder to hurt - a LOT. This started on 4/14/2022. 4/25/2022

well that ended and the liver was picked dry. It shows on the ultrasound but should prove to be just a "bag of blood" as the original article put it.

This last phase is basically a continuous change. Each week brings something different as the body continues to compensate and decompensate. It is really a nightmare.

My 2012 Transition

My 2012 transition was bizarre and the longest other than the first. I had been feeling unwell noticing changes. I would get so tired during the day. Then, I began to feel very manic. Any sugary liquid I consumed would set me off. Thinking I might be able to suppress it, I literally coated myself in hydrocortisone ointment. Right after doing that, I was able to be admitted to a regular hospital for observation. I felt good about that but the typical polyuria of transitions had started that day. They gave me a Klonopin and I managed to sleep and felt much better. But then, they insisted on giving me an injection of heparin — hospital policy. I knew it was a bad idea but had no idea how bad. In addition to thinning your blood, heparin largely equalizes concentrations of fluids and salts throughout the body. And here my body was trying desperately to maintain those differentials to keep the candidiasis out of circulation.

As usual, I was fairly fit but within 24 hours after the injection, all my muscles were de-toned. It felt like I was being turned to jelly. I could feel individual muscles lose their tone in little pops. Then, it started in my abdomen. My bowels made constant hyperactive noises for the next 24 hours. This was the apoptosis of the muscle fibers as they were invaded by the candidiasis.

The article discussed how during one transition, the muscle fibers would be consumed, producing wasting. Then during a later phase, the muscle fiber would be enlarged via loading with salts and water. This salt and water would then be dealt with in the final stage five transition, returning the muscle to its wasted state. This is how it felt again in February as the volume left my system.

It attacks one muscle fiber at a time. The article mentioned that too and feeling it, you understand how it does that. It’s still there, it’s still a muscle fiber, it’s just a dead muscle fiber, shrunken cells. Totally dead cells from one end to the other. Still able to transmit signals just no longer alive. Shrunken. This process actually results in hyper reflexivity due to how it shortens the distance between cells. My reflexes (such as hitting my knee) are VERY responsive. Then later, in stage four when salts are once again stored in the body, these fibers enlarge again. See the photo of me below in this article from 2019.

Next, they did a CT of my head with contrast (admittedly at my request). That’s when I stopped being able to urinate. My system does not clear large salts, it stores them. At this point, I was convinced I was dying right there in that hospital. I even asked to speak with their hospital minister. I was terrified of dying in that hospital and only wanted to get to my own house and die. So, I insisted I was OK and agreed to anything they wanted (medications, counseling, etc). I did not share that I could no longer urinate.

They released me and I went home, thinking I would die soon. However, I also vowed I would carry on as normally as possible. I immediately took fluconazole that I had at home. I had almost no strength, there was snow on the ground, and I distinctly remember forcing myself to do normal things like getting firewood. Needing to take the elevator at work because my legs didn’t have the strength. It took a week of eating and drinking before I was able to urinate for the first time. I was nauseated for a long time, weeks. Every morning I would force down food. My stomach just felt loose. I would use the OTC caffeine/energy shots to help.

At the end of my transition in 2012, my chest kept getting tighter and tighter. Let me say that when you have been to the doctor as many times as you go to the doctor with this illness, you eventually give up. So, my chest was growing tighter and tighter (imagine a steel band crushing your chest, this was not simple pressure) and when I went to urinate, all the pressure was released in my chest, and my feet felt like my socks were wet and my mind had an uplifting feeling it felt miraculous to go from the slowly accumulating pressure that evening to feeling uplifted and no pain. Suddenly, I was through the transition. I remember that suddenly my feet felt like my socks were wet and there was a slight euphoric feeling to the moment.

I believe that was a shift in heart function allowing some fluid to overflow from the circulatory system, more than likely due to salt balances, but as it was unattended, I have no evidence. This overflow bypasses the wall separating the extracellular space and the circulatory system, allowing some equilibration. So, salts are able to flow out of the extracellular space as fluid goes in. This fluid is important years later in phase 4 when the body begins to pull the fluids back into the abdominal cavity.

Thereafter was a LONG period of nausea. It was difficult to even smell food, and I would gag during and after every bite for several weeks.

My 2018 Transition

On February 2nd 2018, I donated blood for the first time in many, many years. The article I had originally read had suggested that donating blood would be a good way to prevent issues during some phases — I'm pretty sure they meant the initial phase when you are dealing with a lot of acid build-up. In fact, from 1996 to the early 2000's I did give blood fairly often. I looked at it as 1) a test to see if they would find anything wrong, and 2) possibly following the suggestions of the article. Perhaps that is why my initial phase lasted so long. Eventually, I started testing as borderline anemic and had to stop giving.

After giving blood that week, I felt rather manic for a day or two. Then on February 6th, I awoke and the room was spinning as if I had a hangover. After this did not resolve in 24 hours I went to the ER. Where they found nothing remarkable and said it would go away. I weighed 167lbs that day at the hospital. On 2/27/2018 I had my own tests run. Labcorp actually had to recheck my aldosterone, because it was 1.5. A low value is indicative of Addison's disease. While I didn't actually have Addison's I had a similar condition to one. I actually wrote my provider a note about it which he ignored. I believe this was the BIG MISS in this case. If ACTH had been measured then, I believe it would be found to be high. THIS is how I believe, the pituitary is able to control the salt balance by itself. Essentially, it turns down aldosterone and then varies ACTH as needed. While this controls the molarity, it does NOT control the volume. Over time, much volume is lost. Any dehydrated state would cause a permanent fluid shift. The pituitary cannot sense the volume as the kidney can, so it does what it can and controls ONLY the salt balance, but by moving salts FROM the circulatory system into the intercellular spaces, the water follows due to the gradient in the electrolytes. Following that same thought, bicarbonate is regulated via the lungs and the kidneys. However, since this condition creates a situation where large molecules cannot pass through the kidneys, the only regulation is the lungs. This effectively limits regulation and leads to phase 2. Phase 2 occurs after the body fills with Potassium. At the limit, the heart pumps harder and harder until it is damaged. This damage causes the heart to perform more poorly. In turn, the lungs cannot regulate the bicarbonate anymore on their own and begin to cause excess bicarbonate. This bicarbonate then overflows and begins to neutralize the stored Potassium. This leads to weight loss, as the Potassium is shed from the existing stores. Then, the body begins to accumulate bicarbonate in phase 3.

Two months and 3 total ER trips later, I took a small hit of thc I was using to relieve nausea, I felt suddenly ill, stomach cramped, almost vomited, then I fell into my 11-yr olds son's room unable to breathe, with my hands and feet going numb. He called 911. My BP was under 90/70 when the ambulance arrived. Here is the value it was when they eventually RELEASED me for stomach pain. They put saline in me and called it done, without a real diagnosis — but that is what it was. No explanation was ever provided by the doctors for my collapse. I weighed 157lbs on that day.

You might think — why does an Addisonian Crisis not kill him? Well, primarily because it wasn't a true Addisonian crisis the article specifically said "pseudo-Addisonian crisis". I would guess that some threshold was reached which started waking up the thyroid to begin controlling blood sugars again. The article discussed how the body would attempt to keep blood sugar lower and lower as this transition approached and eventually, it would go too low as mine did and precipitate an abrupt crisis. Basically, the increased oxygenation and energy of my heart's suction saved me.

The article talked about how patients in this stage would drug seek or drink, as the high they achieved was incredible. It even hypothesized this was to do with the endocannabinoid receptors somehow interacting with the candida. That same high served to increase blood sugars and slowly reawaken the candida, from its long

rest in the abdominal lining. I have to admit it is during this time and coincidentally with the THC laws in Oklahoma that I begin using THC in the evenings before bed.

Also, the original case study spoke about how after the initial transition, each transition would cause abrupt weight loss but that this was limited to fluids as burning fats is simply not possible — this was true in every one of mine. This also speaks to how the article said that any move into ketosis was possibly deadly as it would immediately trigger the next transition since the body has no way of burning fats while still supporting the unusual requirements of the pressure differential. Things like forgetting that small thing has made my life even more difficult than it should have been. If this condition could have been found in literature, I could have done better at never ever drinking alcohol, staying away from salts and THC, and avoiding over-exercising, even drinking plain water. Instead, I should have stuck to only caffeinated products which actually serve to remove salts and dilate the vessels in the kidneys. I did pretty well at the caffeinated products, actually, but still had the occasional lemonades, water (which almost always caused headaches even when I had caffeine that day), and electrolyte drinks. But I certainly craved Salt and Vinegar chips over the last few years — up until sometime in

My 2022 Final Transition

First, note that most of this was written early in the year 2022. I have not taken the time to update it during the latter months, as it has been depressing to focus on the condition any more than necessary.

In January, (1/17/2022), I think my body reached its storage capacity of that phase and it is now in the final stages of decompensating. How did it start this time? Well, I had the signs months ago but didn't even realize it. First, I started having acid reflux again after many years of not. The article had mentioned that as a sign, and that the person would likely take antacids, which just make it worse by adding more salts that need to be stored. Also, I had a slight return of dizziness in the mornings. Not nearly as bad as February 2018 mentioned above, just a little dizziness when laying down or sitting up at times. I was also tired. I still worked out but the mere thought of climbing the stairs or walking the dog was exhausting. The other sign was that I had been unable to concentrate well during the several months before, not enough that others would notice, but enough that I could tell. Also, I craved the relaxation from my THC brownies in the evening, increasing my dosage. The article mentioned how the patients would seek a high during this phase as it was so relaxing. It specifically mentioned drinking — which like THC dilates blood vessels. However, I don't drink much as I've always had bad hangovers and my 23andMe genetic testing results indicate I suffer 3x the normal damage from drinking alcohol. That said, I have enjoyed a bourbon one or two nights a week for the last couple of years. During all this time, I still worked out 4–5 days per week for 45 minutes to an hour gaining strength and size.

On 1/16/2022 I lay down in bed and had a feeling like I was going to pass gas, and a huge cramp occurred right at my perineum. It was painful, but not long-lasting — maybe 30 seconds. I believe this was the loss in the pressure differential (as it's the exact area that c cramped in 1995) and resulted in a return to normal blood flows in the lower half of the body. The next morning is when I had the stomach cramping and when this phase really began. Without that pressure differential, nothing in my body works like it has been working for the last 26 years. I will add that my sphincter has always been very tight. It is no longer tight. I believe the tightness was just an effect of the pressure change via an artery or vein that passes through that exact spot that originally started in 1995 as I cramped on the toilet and then passed out.

I've lost almost thirty pounds, but 10 of that was leading up to that day. Here is an ongoing record of everything I eat, drink, or excrete (sorry, about that but it's kinda important for those that might need the info). As I look at this data much later, I realize that the volume out was too high all along. It appears to closely resemble the volume in, but that doesn't account for volume lost through bowel movements and normal respiration and sweating. The reason for this weight loss is basicallly silent heart failure. As the heart sucks not pumps, instead of fluid accumulation during heart failure, there is a reduction in fluids. The larger pressure maintained below the IVC constriction allowed additional fluids to be pushed into the interstitial spaces. Without this pressure, the fluid is pulled out into circulation and passed out through urination. This is straight from the article and admittedly not anything you can find in literature due to the experimental and iatrogenic nature of the condition's origin.

In previous transitions, I have felt the same fluid in the legs as I do now, but it has always been short-lived. In those transitions, the pressure differential still existed such that the kidneys' inability to remove all the potassium would allow that extra potassium to be essentially injected into the body and due to the charge differential be pushed into the extracellular space, displacing the fluids. However, now that the pressure differential is removed and the kidneys are essentially allowing too much salt to exit my system, the fluids can return.

So, let me finally add that I do not expect to survive this condition. There were several routes that the disease could take at the end. None are good, all are fatal, and none would be recognizable to an ER physician. One possible but less likely outcome since I have continued eating and drinking (this was not on the preferred paths for the final phase the men in the article were taught not to eat any sugars and to stop drinking all fluids to prolong their lives), will be filling up that last bit of space of my heart with salts, this effectively having no ATPleft to even generate a heartbeat. The alternative is a painful course where my bowels fail (Last night I think), then my kidneys finish failing (after many years of this disease), which will be followed by inability to focus, abdominal burning, sepsis, and finally stroke. I think this is the most likely path. Since volume loss continues, eventually the blood volume will decrease to a minimal amount. At that point, I might have a vein pinch off and basically die instantly — another option listed in the article. The other alternative is worse — to die in a hospital in a tub of ice getting alternating injections of adrenaline and glucose until the pressure gets too high.

On the Overall Complexity of the Condition

I want to add that the complexity of this condition is literally off the charts. The real tragedy is that it has been removed from all medical literature — especially given the number of individuals involved in the original experiments I read about. I would guess that this has to do with some type of ethical dilemma where it has been swept under the rug by “reclassifying” it into a broader category. Or perhaps, to prevent idiots like me from venturing down that road. But I honestly didn’t think I had a choice at the time.

How complex? Well, the parts I have not gone into are almost fantastic/straight out of some horror novel. For example, during one transition, the ureters are literally eaten through by the candidiasis. This should cause huge problems and eventually does, but (and I forget how), the bladder still settles in like a seal at the bottom of the abdominal cavity and continues to fill due to gravity/pressure and ionic gradients, — from fluid in the abdominal cavity. Essentially, the kidneys begin giving the abdomen a lavage. Why is this not noticeable in smell? Because the flesh of the person is not normal — it has been filled with salts and the cells are super tight due to apoptosis.

Things like the acidic fluids finally getting drawn into these salts in later stages cause complete shifts in the way fluids are segregated in the body — that breakthrough moment being incredibly critical and a marker for the transition to the next phase. The entire focus during this condition is basically adapting to keep the candidiasis out of the circulatory system and trapped in the other possible places.. Inside the cells, etc. Meanwhile, the candidiasis fights to find another way.

I know the article spoke about osmolality differences between blood and urine and how that should be a red flag, but those values are not measured. Instead, we measure only what we consider to be the critical electrolytes and proteins — leaving out a huge number of “other” things that can accumulate in minor percentages which normally your kidneys would remove, but do not get removed in this situation. Additionally, in the “new” way of urination, the bladder filters the urine. This prevents proteins and blood from appearing in urine samples. Eventually, the bladder does get worn down, in the last few rapid shifts as going from acidic to basic and back a few times will wear just about anything out. The bladder also retains any larger chemicals, preventing them from exiting as they would normally. This causes an even faster accumulation of salts, including medications, larger elements, and more. As these accumulate, the blood becomes thicker, the body stores more, and eventually, the pituitary gets “cracked” open and begins pouring glucocorticoids into the system. Something it was trying desperately NOT to do, as that would raise sugars and make it more likely for the latent candidiasis to begin being a problem. I believe that event occurred in my 2018 transition. Here is a photo of me about 1 year after my 2018 transition — whatever the glucocorticoids did, they definitely added to the size of muscle cells. As described elsewhere — when I transitioned, I felt suddenly ill, stomach cramped, almost vomited, then I fell into my 11-yr olds son’s room unable to breathe,

with my hands and feet going numb. He called 911. My BP was under 90/70 when the ambulance arrived. No explanation was ever provided by the doctors for my collapse. In previous transitions, I have felt the same fluid in the legs as I do now, but it has always been short-lived. In those transitions, the pressure differential still existed such that the kidneys' inability to remove all the potassium would allow that extra potassium to be essentially injected into the body and due to the charge differential be pushed into the extracellular space, displacing the fluids. However, now that the pressure differential is removed and the kidneys are essentially allowing too much salt to exit my system, the fluids can return.

Eventually, after one of the last transitions, when the pressure differential is released as the heart grows weaker, the “failed” bladder effectively serves to lower the pressure in the abdominal cavity. The bladder forms a seal such that all liquid going out effectively lowers the pressure inside. This enables many things. First, it enables ketoacidosis at sugar levels where it should not be possible but is due to the reduced pressure. Additionally, it serves to pull at the body cavity separations, eventually weakening them until the protected portion of the liver is available to the fluids in the abdomen and from there it can reach the upper gi and chest. This also influences oxygen uptake, creates a negative effective blood pressure (relative to the atmosphere), pulls harder on the pituitary, and the pressure differential keeps the bowels moving during the final phase when they are not really functioning. I entered this stage last week on the day had my CT scan (2/7/2022). Having the stomach and intestines empty of food for too long resulted in the death of the bowels due to the nutrient-rich liquid surrounding them effectively digesting them. This was apparent with the entire night full of hyperactive bowel sounds. I have been able to continue eating but the first couple of days after the bowels moved everything out several times per day. That has slowed to only a small bm each day since 2/8/2022. Soon it will stop (See daily journal for when this happened and what came next). The article talked about how the bowels just stopping was often the first clinical sign that something was wrong. Despite numerous visits to doctors for other symptoms and complaints. The typical patient that made it this far loses faith in the medical system and tends to avoid it.

Why no ischemia in the bowels? In the 2012 transition, the first large volume reduction takes place. Prior to this, in the original transition, the arteries supplying blood to the intestines became veins, due to the original change in pressure. Similarly, the smaller veins became blood supply. In the 2012 transition after years of being veins instead of arteries, the former arteries are effectively pinched off one at a time as they get clogged with things absorbed from the digestive system. Without adequate flow, they are not large enough to let these particles pass, and they pinch off. I can describe this quite well. Basically, for about two weeks during that transition, I would eat a meal and then go sit in pain for an hour or two as the sections of my upper bowel had these veins pinch off. I could literally tell which area was being affected as it migrated across my bowels. So, from that point on, these bowels only have blood supply, supplying oxygen. All nutrient absorption is done lower in the colon. Later in the final phase, as volume is reduced even more dramatically, even this limited supply is cut off. This same process happens to the kidneys.

Jim In 2019

Jim In Dec 2022

If the heart is failing why no fluid accumulation? The skin is tightened, and the flesh is basically impervious to fluid from the shrinking of cells in previous phases. I have literally tried to cut myself with that “sharpest knife in the house” — pressing hard and barely made a 6" long scratch that didn’t bleed. Would love to submit a flesh sample for study. So, the legs basically are like cups holding any fluid that does accumulate.

The heart sucks instead of pumps. These three things make it impossible for fluid to accumulate, however, I can tell you that during the transitions, both urine fluid and later circulatory fluid are released into the

abdomen and make their way into the legs. In every case, I believe this is as intended by the candidiasis and its course of infection.

Finally, the article stated that every hormone possible is activated at the end. From adrenaline to cortisol to oxytocin to the thyroid hormones, mast cells producing histamine and heparin, and others I cannot even remember serving secondary purposes to their normal design… all working to keep the heart working, all primarily controlled by the pituitary.

A quick note on why candidiasis is so critical

1. it starts the process, and the person must have a genetic condition that supports the latent infection
2. It supplies the ATP needed at certain phases and moves INTO the cells enabling the Sodium Potassium pump to operate in reverse,
3. It literally attacks the thyroid, and other glands in a specific order in an effort to produce the outcome it desires
4. If you haven't read about how adaptable fungi are, especially candida, you should. They play the LONG game. This is a huge contest between the human body and a FAR from simple fungus, with hundreds of millions of years of evolution that systematically pursues weakening the host until it finally wins. In most cases, it knows it cannot win and produces more immediate infections, but in a host that shows absolutely no natural defense, such as me after inducing the pseudo-stroke in 1995, it pursues a more thorough approach.

Weird Stuff I Have Experienced

1. So many periods of stomach pain — initially BURNING, later cramping, nausea, these were all during onset or transitions
2. The whole blood flow shift described elsewhere above (Phase 1)
3. Intoxication upon eating followed by excessive urination(Phase 1) I will admit that at times the intoxication also came from FROM urinating. In phase 1 I commonly had to just DECIDE to stop urinating, as the stream would increase in strength as I urinated.
4. At first, after my initial transition, I found that if I drank pure water, I couldn't urinate and would get a headache. However, if I drank sugared drinks, I urinated huge volumes. As in you think you have to go, and WHILE you are going you actually start needing to go MORE. Later, I found that unsugared soft drinks worked fine, but I could always get my BP up just by drinking water as it didn't seem to pass my kidneys easily.
5. The induced stroke
6. Months of inability to concentrate until starting ketoconazole in early 1996. This flipped like a switch.
7. Standing in the shower watching my body take on water under my skin (1996 or so) (phase 1). Followed by the need to urinate
8. After experience #7, I joined a gym and just hopped in the pool. I almost drowned in 4 feet of water before I even moved. I absolutely could not breathe. I then urinated huge amounts. Crawled out, made it to the restroom, and urinated more. Of course, being a stubborn idiot that no one would believe, I went back daily until things were in equilibrium and I could swim 40 laps. (phase 1)
9. Candidiasis under my skin, poking through my skin (little fleshy thread-like things) (phase 1)
10. My feet changing sizes at transitions (when your shoes suddenly are too big).
11. My fingers swelling up at night (usually just one finger) while I slept. Phase I. Strangely, as soon as I would wake, and have time to feel the finger it would almost instantly go back to normal-sized. This is evidently a circulatory thing.
12. Being so cold all the time after fighting back the candidiasis with antifungals in stage 1, until it would come back — I would feel the first moment when the heat blossomed under my skin on my back.
13. Dry pneumonia (suction instead of pumping from the heart prevents any and all fluid build up in the lungs).
14. Shedding 10–15 pounds or more at every transition — in DAYS (the least being this last one, as my body is mostly salts). This last transition actually started with a 10lb stealth drop in weight that I didn't notice followed by 15–20 more (so far)
15. Going to the top of Pike's peak — knowing it would cause significant issues due to the low pressure (it did). The article specifically mentioned mountain trips, airplanes, sea level, along with blood loss, infections, and dehydration as possible instigators.
16. Transition Years — 1995, 2010, 2012, 2018, 2022 — almost all in January to February months.

17. I was able to run a 15k 3 times, although one time I had to get fluids and I believe it set off a transition.
18. My weight has never been below 145 or over 183. It was 183 last fall and is now 160. The article actually mentioned that from the time the condition starts, while the person's weight would fluctuate, it would all be salts and fluid and they would never gain or lose large amounts of weight (50 pounds or more) — and that these fluctuations would lessen with each transition.
19. In 2017, I cracked two ribs simply by resting my weight on them while going over a wall in an obstacle race. While I was 48, bones should be much stronger than that. Unless the calcium has been affected by something. The original article mentioned something about leaching calcium. I've now cracked another one on 5/1/2022 just using loppers to cut a limb.
20. Being unable to get warm even after eating and covering up with blankets and wearing layers of clothes for over an hour. My cells just don't generate heat.

I finally started a daily log of my thoughts and what I am going through day to day because it changes so much. Please realize much of this from this point on is me thinking out loud and I have later come to think differently. It is more of a diary of my thinking and discoveries.

2/8/2022

Today, I drank fairly normally and had an output of about 25 ounces. What I found was that each time I urinated, I would get colder, and shortly after I would feel an increase in pressure around my abdomen — like a steel girdle.

2/9/2022

Things are currently changing daily.

I have determined how urination is related to the final stage. Since this began a couple of weeks ago, I have made sure to never completely empty my bladder. Why, you ask? Well, it was a huge focus in the original article. It really emphasized that completely emptying the bladder would create a condition where the kidneys could no longer deal with the differential (of what I am not sure, concentration I think the specific gravity is 1.03+ -my dipsticks only go to 1.03 so I cannot tell if it is higher).

Also, it talked about how in the final phase when the person was ready to give up, they would empty their bladder (which it termed their "cap") and lean their position back where their feet were above their head and they would go into a "Hyperosmolar coma" as the fluid in their legs went to their head and interacted with their pituitary.

During my 2012 transition, I also held back from emptying my bladder — a trip to Pikes Peak had started it. As soon as I made it back to Tulsa, I decided OK, time to empty it completely. It was actually quite painful. I believe at that point the bladder seated itself into a seal at the bottom, but it felt like someone stuck me with a stick in the perineum. The pain was acute and slowly faded over several minutes.

So, the relationship I have found is that if I urinate, I get very cold — even just releasing 3–4 ounces. However, if I hold it, I stay warm and more alert, and eventually, I don't need to go as bad.

So, as of 3PM, my total output is 10 ounces and I feel much better today. I do believe my adrenals are failing as I am very easily angered, today.

2/10/2022 weight 166

Interesting note, I was just moving some heavy items and skinned the back of my finger taking off the skin. No bleeding. There is a trace of very dark blood around the edge of the skin, but no bleeding occurred.

I believe I am in the ketone-burning phase. It was discussed in the article at length. This is difficult to explain, but with the normal energy pathways no longer working, the body turns to ketones. I had ketones to start a couple of weeks ago, then they went away — this was the body trying to use the former method of hemolysis but without a way to generate enough blood cells, volume was consumed quickly. This process was stopped by something — I believe it is when negative pressure from urination is enough to break the seal to the upper

portion of the liver. At this point, ketones begin again, but that portion of the liver is all that is left functioning. At some point, the fairly digested bowels will perforate, leaking into the abdomen — this will begin a feeding frenzy for the candida which will lead to the neutralization of the acids there and allow the candida to quickly consume the remaining portion of the liver. From there, the body will go back into hemolysis, and quickly consume most of the remaining volume in a very painful process that actually shrinks the heart quite substantially. This is paraphrased from the actual article. It mentioned that there wouldn't be any type of notice as this perforation occurred leading to the consumption of the last bit of remaining liver. Obviously, at that point, an abdominal CT would show at a minimum the issue with the bowels.

2/11/2022 weight 165

I have remembered something else from the article that jives with what I am experiencing. So, if I recall correctly, during this phase, the movement of the salts is actually correlated to bowel movements. Something about each BM forcing more salts across a boundary. I believe this is important because I have noticed that after a BM, I experience changes — for example, increase energy, pressure in my head, and tightness in my neck. I believe this is related to the condition as follows — the heart is failing and the system is trying to make it beat harder. Prior to the body reaching its capacity for salt storage, the body would store the salts, but now that it is at capacity, the salt is forced into the blood. This causes the heart to beat harder and should show up on basic blood tests (as the article indicated it would in the final stages). But even so, it will initially be just a minor deviation from "Normal" ranges. I was thinking about getting my lab values retaken today, but I have decided to wait until Monday. If I get there, which I think I will, the ranges should be further from normal.

I had arranged to go back to my doctor to have him rerun the blood and urine labs he ran, but it is a Friday. What happens if something shows up? Nothing until Monday, so we are waiting.

2/12/2022 weight 165

I've mentioned how every transition involves fairly rapid weight loss. This last one is different. Almost all my weight loss is below my waist. I think this has to do with the leaking fluids going there and reacting with the stored salts to produce energy. It is quite amazing and strange. I've lost 20 pounds, but my waist is only maybe an inch smaller. However, my underwear looks at least a full size too large with my complete lack of ass and skinny legs. But once again — other than recording my progress, I see no need to pursue medical intervention. One day at a time — until I can no longer do that. The doctors wouldn't know what they were looking at and I certainly would not be listened to.

I will say that, lately, I look as white as a ghost. How no one notices or says anything is beyond me. Maybe they do and don't say anything out of respect.

2/13

Made a mistake last night. I put my body in a horizontal position, letting the fluid in my abdomen reach higher. After a few minutes, I noticed a difference in the way my chest felt. Today, I have a fairly high-level pain over the lower rest of my ribcage, my sternum, and especially over my liver with some shortness of breath. I would rate it a 3 or 4. But, even if it wasn't Superbowl Sunday, I have no real alternatives to just dealing with it. Plus, tomorrow is Valentine's Day.

2/14 weight 165

Valentine's Day achieved. Superbowl watched. The pain returns over the liver, now around 1 PM. I believe it is related to activity level. The more active I am moving around, the more intense the pain. I was thinking about it and I want to be sure and note that as early as 1995, I went to doctors trying to explain my condition — insisting my heart and kidneys were not acting normally but that I could not explain it. Trying to reference the article but not having it and it not being common knowledge as a human experiment from the early 20th century. Even in 2012, when I was under observation I repeatedly tried to explain my condition and was rewarded with a visit from the psychiatrist. I feel, short of a trip to the MAYO or something, I have done what I can during my life to illuminate my condition, even though I forget/deny I have it between transitions. And make no mistake, I truly block it out and start making plans way out into the future. I guess that is the brain's way of dealing with trauma, but it is not very helpful in keeping you focused on what is best for your health.

Each afternoon, now, the pain starts over my abdomen. It doesn't feel that painful unless I bend my abdomen or it is pushed on. This is the candidiasis. It is suppressed in the morning and returns in the afternoon into the evening. Even THC doesn't help much anymore. It hurts, moreso each day. The first day I noticed it was about 10 days ago. The article mentioned that the authors believed this pain was somehow alleviated by two things — the fact it originates in the potential space between the layers of the abdominal lining and that somehow the candidiasis activates the cannabinoid system. I will say that THC itself doesn't do much. It helps some, but because it dilates the blood vessels putting extra strain on the heart, the pituitary sees fit to ramp up adrenaline which really dulls the high and makes every sound an annoyance. Basically, fight or flight type feelings. I get angry easily and notice every little sound and movement.

2/15

The pain tonight is easily a six and is spread over more of my body. In the evenings, THC has helped some, still. Tonight, I Increased my THC intake by vaping. It definitely helps make it bearable. I can't imagine how much I would be hurt. I can feel the undercurrents of it still, but it is so dull I'm able to persevere.

2\16 164 lbs

Well, I thought I had tests queued up with my family practice doc for whenever I was ready to retest. However, he back down from his commitment and instead said I should see a gastro. I've made the call to the gastro, but they just like to do procedures. Office appointments don't pay nearly as well. So, we will see where that leads (and when). I've gone ahead and ordered some labs (they are CHEAP at JasonHealth). I'll probably go get them done tomorrow. I'm thinking that the pain over my liver that comes is associated with a need for ATP. If I could get some insulin, I think that pain would go away. In the article, it referenced how dextrose and adrenalin injections could be alternated near the end as that combination releases less water which is a concern by then, but I think just some insulin would make a difference in pain level for me. The article mentioned how having a BM was the only thing that pushed things across the cellular membrane at this point, somehow causing shifts in sodium and potassium. Perhaps it has to do with there being no cells left that can really absorb the insulin due to apoptosis, so the adrenalin can react directly with the dextrose to release ATP.

I am trying an experiment today and not drinking. The guys in the article didn't drink because the reactions in their body were making enough water (seems true here so far) and any liquids removed are basically a loss of blood cells from hemolysis. If I recall correctly, once the pressure differential is removed (for me on 1/17/2022 when I first had the stomach cramps and the transition began), blood cells are no longer made the same way. This results in aging blood cells that eventually cannot do their job and new blood cells produced incorrectly that attack the body. Blood cells live an average of 90–100 days. So, that's my max timeline. That's about April 28th or so.

Strange how reduced the pain is tonight. I broke down and had some diet Dr pepper, so it's not fewer liquids. I still hurt, but even without THC, it's tolerable. I seem to recall there being mention of one last peaceful period as the last holdout, the thyroid, was finally taken down. I've had a lot of weird pains in that area today. Perhaps that's it.

2/17

After much thought, I believe the charges on the blood cells and the issue with making new cells after the pressure change is lost (for me on 1/17/2022) are the key to the condition and the key to how this progresses. I believe from here out it is basically an autoimmune story much like leukemia. The article specifically talked about how the new cells the body can make are not like the old cells and they attack it and this process literally generates ATP.

I'm noticing today that I get out of breath if I speak for very long.

Had an appt with a gastroenterologist today. Can't exactly throw this article at him he is at least trying labs and X-rays. He probed my abdomen. I've learned doctors expect either pain on probing or rebound tenderness. What I experience is a feeling like someone hit a bruise, but not until 30 seconds or more after being probed — and yes it hurts badly at that point. Doctors are not versed in that type of pain and do not find it important.

2/18

Well, the test results are all as expected. I am not sure how to move forward. It appears I just have to continue getting worse day by day without any medical confirmation.

At lunch, for the first time, I was unable to force much food down. I think my bowel has basically stopped.

At about four today, I felt a sharp stabbing pain in my lower right abdomen and much of the pressure in my chest /abdomen eased.

I think the fire in the belly may be next.

2/21

Well, it wasn't a fun weekend. The pain has eased some. It is mostly from mid-afternoon to late evening but is still better than last week. Today, about an hour ago, I finally got results on an IgA test the gastro had ordered. 20% above the reference range. That would indicate an ongoing infection or an auto-immune process. I don't need a test to tell ME what is going on, but hopefully, this is a path to the doctors finally figuring it out.

2/22

Still no call from the doctor on the IgA values. Last night was my worst night ever. I had yet another tiny BM this morning. Anything I drink makes it worse, now. I don't know if I should stop drinking or escalate the pain further. Last night was the first time I was moaning in bed. It felt like my entire abdomen had a fire inside it. Every gurgle in my stomach was causing pain. The skin of my abdomen felt like it was on fire. It is so sensitive to human touch that just resting my hand on it for 10 seconds causes several minutes of pain after removing the hand. I'm lost. In the morning I feel ok.

I'm also feeling something like pops under my skin in my muscles. For example, I will be sitting down and feel a little pop in my butt and then I settle just the tiniest bit lower like the muscle was just digested. I feel these in my arms, legs, and back mostly. Each time, I feel a little wet feeling, but of course, there is no moisture. They happen several times a minute, now.

2/23 — 161 lbs

I added some interesting lab values and links in the 2018 transition section.

Still no call for a follow-up appointment from the doctor, despite his nurse speaking with me yesterday saying she would call before the end of the day. I even called today at 1, the receptionist implied the nurse was at her desk and would transfer me, but no one answered. My family doctor has also decided not to answer my queries. This is in spite of me only having one appointment with him since this started in January and zero contentious conversations. I believe I have been purposefully abandoned. I am not sure how to proceed.

I bothered to get two tests of my own done. One was a Coombs test, aka Direct Antiglobulin Test. This tests for a specific type of auto-immune disorder having to do with the red blood cells. This came back negative. The other was a lactate dehydrogenase test (LDH). This tests for liver damage or myoglobinuria caused by rhabdomyolysis. If values are high, it can indicate liver damage. If values are low, it can indicate rhabdomyolysis. My value was 110 with the reference range being 120–250. So, that is definitely low. An indicator of myoglobinuria is dark urine — which I have had for weeks. However, the follow-up to determine rhabdomyolysis involves a filtrate of the urine. As described in my write-up, I believe my bladder is currently filtering my urine. So, the filtrate will not be present. However, this does generally follow the path I have outlined of my normal energy pathways are not working and my body is breaking itself down.

The article actually mentioned that when the urine got lighter during this phase that it meant something bad. I think it had to do with something about the liver. Something about the candida eventually attacking the remaining liver and the molecular remnants of that being the primary way food was being digested. But those remnants are used up or more appropriately diluted when the urine begins to get lighter, but I will admit on this one that I am uncertain. I believe this is why the patients drank absolutely nothing during this period.

Their body with the candidiasis was making enough liquid from the breakdown of itself and additional water only encouraged further breakdown.

I've also given thought to the extreme tightness in my abdomen I had last week. The tightness was my bowels stopping (See 2 paragraphs below for how they stop). However, on Friday at 4 pm, I felt a tearing in my lower abdomen area. This was painful but came in three short bursts while I spoke with someone. I now realize that was the fluids in my abdomen infiltrating the stopped bowel. I had forgotten this part of the article, but feeling it and the changes it brought, I now recall how that is the first step to the bowel detaching Xrays that so haunt my memory. The candidiasis does this intentionally. Once again, if you have never studied candida and how it systematically pursues taking down a compromised host, it is incredibly interesting. It is almost as if the fungus has an innate intelligence, but it doesn't, it just basically has pre-programmed genetic algorithms honed by millennia of evolution.

Anyway, here, it wants to keep me alive…it has not reached its objective yet which is to be active in the circulatory system because my body keeps doing things to prevent it (such as pushing salts into the body, etc). So, here it keeps the bowels moving by adding the liquids to the fecal flow. This resulted in a smallish BM yesterday that looked like fibrous pudding. This also allows some fecal matter to escape into the gut, eventually. This may be why I had a much better night last night, as the candida munch on my meals instead of me. Obviously, this means it can now multiply. It also won't touch me until all the nutrients are gone. It will use this time to grow and alter my chemistries, most likely raising my internal pH, to become a more suitable environment.

The article went into great detail on the chemistries involved. There was a LOT of organic chemistry in it. I specifically remember acetaldehyde, ammonia, and hydrogen peroxide all being mentioned. Acetaldehyde is a by-product of the breakdown of ethanol. Ethanol is a byproduct of any fungus and sugar (side note — I have the dipsticks that test for alcohol consumption). The liver breaks down ammonia into urea. Ammonia is alkaline and also a product of Candida. My assumption is that with enough food, the Candida can neutralize the acidity in my body. Candida breaks down hydrogen peroxide into Oxygen and heat. I am unclear about where the hydrogen peroxide is going to come from.

This path serves many things for the candida. It gains food, keeps me going, and serves as a frontal assault on the bladder. Now, in addition to being put through several back and forth PH changes (and ketone to no ketone), the bladder is now filtering this sediment. At some point, it will simply stop being useful. I think that once the bladder is compromised, the candida can use it as the entrance to the circulatory system.

In the original article, there were Xrays of the bowels at different points during this stage. Realize, blood flows to the bowel are atypical for someone with this condition so none of this would happen in a normal person. When the bowel first dies, it does so by getting tighter and tighter as blood volumes are reduced. The suction of the heart causes this tightening until eventually, it is so tight that blood flow and food movement stop. That was Friday. X-rays at that point look very normal, just a tight-looking bowel, which would look like no fecal matter as my x-ray presented from Thursday. However, from that moment on, it begins loosening. I distinctly recall an x-ray from the point at which the bowel totally detached. I think this was 17 days after the tightening. That might be wrong, but the X-ray was quite disturbing, so the number likely made an impression. Given that I am not doing the "ideal" things they had their patients doing in the article, I would say cut that by at least 30%. Call it 12 days (March 2nd). So, we will see.

2/24 160 lbs So, the nurse from my gastro finally called — he doesn't think I need a follow-up. I asked to be kept on the shortlist for cancellations and that I was at their disposal.

However, last night, my urine turned much lighter than it has been. I also feel a much greater need to go. I believe I have reached the "terminal onset diabetes insipidus" phase.

The goal of my body was to keep the candidiasis from winning. The candidiasis wants to consume. Ultimately, sugars are its thing and glucocorticoids from the adrenals and pituitary are ideal. The article talked about how the body tries to thicken the blood to prevent invasion into the circulatory system by the candida, whereas, ultimately it gets too think and causes the pseudo-Addisonian crisis leading to the pituitary taking full control

and moving the thickening minerals into the body. Until it cannot. Now, the pendulum is swinging the other way with very thin blood as my body produces liquids.

I had an online psychiatric appointment today. She evaluated me for medication and did not recommend anything other than counseling. I was honest and upfront about everything. Funny thing is that in my place you can be honest and upfront with a psychiatrist and they are fine with it but a physician thinks you are crazy if you say the same things.

The medical profession is plainly broken.

2/25 160 lbs

I slept like a baby last night. It was nice. I was hungry for the first time yesterday. Up until now, I would eat at mealtime, but not feel hungry. I ate a lot, yesterday. Of course, this morning, I saw it all again in liquid form, despite not drinking a lot yesterday. I can feel my bowels in my abdomen. Strangely, it is a familiar feeling from one of the previous transitions. I think it was 2012. If I remember correctly, from the article, in that transition, the blood flow away from the intestines is pinched off. However, after the bowels get loose, they then tighten, but differently than normal, and I'm not sure how or why. I think it had something to do with being able to pull all the liquid out via the kidneys or something.

Funny that we feel so powerful sitting in front of Google thinking it has all the answers when it really only has what it has been told. It has holes. I should have torn out that article and taken it with me before leaving the Laureate. Think of what that simple act would have accomplished.

In a surprise move, my Gastro's nurse called about 30 minutes ago and said the doctor WOULD like to do an MRI of my abdomen. So, I called to schedule it with Warren Clinic Imaging. The soonest available appointment for any of their three facilities is March 23rd. One month out. I didn't realize I lived in a third-world country. I guess COVID and the worker shortage are to blame? I know MRI's can break down and I would imagine getting parts is also difficult right now. The world is complicated.

2/26 159.4 lbs

I've decided I'll weigh myself at the same time each morning prior to breakfast.

Moving this to after the executive summary.

2/27 159.4

I want to discuss the transition and my desire to seek a high after the fourth transition. The article had mentioned this was almost uniformly true for patients. That most of them sought out the high of drinking and reported it was very different than being drunk. That the vasodilation effects of alcohol caused a high due to a metabolic process that reduced liquid in the body by causing the heart to work harder, increasing the suction effect while it worked.

Patients reported a one-time high that was completely unlike any other before or after. That once this high was reached, it was the beginning of an irreversible process.

Thing is, I recorded that high in 2018, it was so incredible. I called the recording, "look at the stars", and I tried to describe what I was seeing and feeling. I didn't hallucinate, I saw exactly what was in front of me, it just felt brighter. It was uplifting, hopeful as if a screen had been pulled away from my eyes. It only happened that one time, after I had just a tiny hit or two of THC — also a strong vasodilator of the heart while having vasoconstrictive properties elsewhere.

Things like that, where my experience so matches the original article, leave me no doubt about my condition. I don't have to convince anyone, since they can't actually do anything. I just have to persevere.

And wow, I just had a realization of something I have wrong in my writeup. The original change in the heart doesn't involve moving from pumping to sucking. It only involves a change in beat order. The sucking does

not begin until the second transition when the chest tightens. It causes a heart attack or series of heart attacks that damage the heart, this is what causes the subsequent reduction in volume that pinches of blood flow in the intestines. Not sure I'll go back and rewrite that.

2/28

FIgured out some things over the last 24 hours. The test that WILL show abnormality is serum osmolality. I have ordered it along with a normal chem panel and already had the draw this morning. This is complicated, but not overly so and the blood draw itself is a complicating factor. Here is how and why this is important.

So, with the bladder acting as a filter, over the last 3 years, many things have not been able to exit my system. Basically, anything that didn't get pushed out into the feces via the unusual pressure differential in my system was building up. These are ionic things. From food fortifications to medications, to weird chemicals, sugar replacements, etc. The article was clear to point out that even things like toothpaste with fluoride and multi-vitamins were sure to reduce the length of this phase. I look back on all the vitamins I took during COVID and get a little upset with myself.

For me, the result was, that I began gaining weight as my system went from the 154 from 2018 to the 185 or so late last year. As long as this process is INCREASING, all is well. Essentially, the body keeps pushing a little more fluid into my interstitial spaces and also places ionic things in there — this is made possible by the charge differential on the blood cells overcoming the natural fluid/electrolyte gradient. However, if at any point I lose this fluid, through dehydration, significant weight loss, or even blood loss(possibly as simple as a blood draw), the gradient is now reversed, and the ionic substances begin flowing back into the circulatory system. This explains my weight loss prior to my appointment in January. So, unless the volume is rapidly replaced (unlikely), this begins a snowball effect. The system sees too high of osmolality and it secretes ADH to increase urination and in theory, remove salts, however, my system urine is of lower osmolality than my blood as the kidneys are damaged in the Phase 2 transition and no longer able to sufficiently concentrate urine.

Urination is thus really diabetes insipidus (even though the specific gravity of my urine is high and atypical, it is LOW compared to serum osmolality) and results in continued dehydration and further increases in serum osmolality. Eventually, the dehydration gets severe enough that the blood pressure differential established at onset in 1995 was lost (1/17/2022). Now, at this point, rapid dehydration begins, because even the salts that were being pushed out in feces are no longer being pushed out. Instead, circulatory fluid begins being drawn into the bowels. This explains the accelerated weight loss over the last 6 weeks.

The bowels stopped last Friday because an equilibrium was reached where the serum osmolality was too high for circulatory fluid to move into the bowels. Then, the osmolality of the fluid in my abdomen began to increase. At some point, it is high enough osmolality for the fluid to push INTO the colon from the free fluid in the abdomen. Then, bowels resume moving, aided by the fluid. As more liquid is consumed and urinated, the concentration continues because my urine is of lower osmolality than my serum. Thus the dehydration continues, volume is depleted, and serum osmolality continues to go up.

This is further genius on the part of the candidiasis. Doing this, it increases the pressure on the pituitary. Osmolality continues higher and higher until ultimately, a stroke occurs. This stroke will specifically target the pituitary. This leaves the mind fractured, the body alive, and the final defense against the candidiasis is removed. However, between where I am today and that stroke are some question marks. There should be additional damage from the continued volume reduction.

This is basically exactly what the article talked about at the end. I remembered it talked about osmolalities and urine vs serum, but I did not understand the overall interaction until yesterday. As to why the blood draw is a complicating factor, the article was clear to mention that any and all volume removed is replaced from the free fluids in the body. These fluids, in my abdomen, at this point, have a high osmolarity. So, any blood drawn complicates the situation. The article address that any patient with this condition was likely to have numerous blood draws, each impacting the course of the disease.

The article did discuss theoretical ways to avoid all of this from lavage, to diuretics, to chelation, to dialysis and peritoneal dialysis. Lavage might work if started early during the fourth phase, but at that point, nothing is

abnormal-looking to tests. Diuretics were also a possibility earlier. I do not remember the discussion on chelation, but for dialysis, it specifically said something about how the charges and or pressures would be opposite that of normal dialysis — as well as blood volume would likely be too low to support dialysis. Peritoneal dialysis had potential but would still have whatever the problem was with the charges involved.

3/1

And well, serum osmolality came back in the normal range, just barely at 294. My guess would be that the coffee I had that morning was taken up into circulation enough to reduce the osmolality. This would not happen in a normal person but in me, I think it is possible as the high osmolality would easily draw fluid from the intestines or from the fluids in my abdomen. I am at a loss for a path forward. Last night I had a new tightness in the area of my small intestines prior to dinner, then all night, my stomach made gurgling noises. These noises were most prominent when I would wake up from sleep. I have a theory about being awake vs asleep and what is going on inside me, but it is just a theory. The article talked about how the body goes through phases, at one it uses food to digest the blood (hemolysis), later it uses the liquid in the abdomen to aid in digesting the food, then later, as food is no longer digested, it uses food to digest the stomach. I think we are there, now.

There was an interesting part of the article that said as the salts are placed into the pancreas, insulin is available as the pancreas is effectively digested. This was obviously not a long period, and the patients would all eat a lot but while honeycakes (?) and other sweets were available, eating them was bad as the bowels would be just reaching their final stopping point shortly and any food eaten at this time would eventually be released into the abdomen. Anything that wasn't protein would cause rapid growth of the candidiasis. I would guess from the area hurting last night that we are basically there. Ketones are low today which would account for the possibility of insulin. So, perhaps we are still on the schedule I thought of a few days ago.

Literally, every day is different with the feelings in my stomach.

3/3

Virtually no ketones today for the first time in a long time. Interestingly, the pH was higher, this morning. Whereas I have been testing at the extreme end of the stick, suddenly, this morning, I am near neutral. I have spent a lot of time thinking about the inclined chairs the patients sat in. The diagrams were very specific with the head inclined, the knees below the waist, and the feet below the knees. This would trap the fluids in the legs. Not pulling those fluids into the body through an increased heart rate was the goal of the chair. The article mentioned how the patients would "shuffle" around during the times they were not in pain. When I sit in a chair, I can feel those fluids in my legs. It is a chilled feeling. The fluids are acidic. With the most recent phase being alkaline. So, each exposure of the fluids to the heart weakens it. This is what I have done, unknowingly over the last several years by working out in the mornings and consuming THC in the evenings. Eventually, the heart was weakened enough that it could no longer sustain the blood pressure differential initiated at the very beginning of the disease, and once that was gone there was no way to get rid of the salts the kidneys no longer filter adequately. So, now my body gets rid of them by pushing the abdominal fluid into my colon from the tonicity gradient and causing diarrhea.

Another interesting thing I have not noted is that I believe the fluid is digesting my body. Since I am upright virtually all the time (I even prop myself up from the waist up when sleeping), the first areas I lost weight were all below my waist. My butt, in particular, is very reduced, and it is actually uncomfortable to sit on any type of hard surface. I have actually felt this "collapse" on numerous occasions when I am sitting down, feel a tug or pop in my butt where my weight is resting and then feel a settling or collapse. However, I have also lost inches elsewhere. Shirts that used to pull at the buttons on my chest now hang loosely.

In previous transitions, I have felt the same fluid in the legs as I do now, but it has always been short-lived. In those transitions, the pressure differential still existed such that the kidneys inability to remove all the potassium would allow that extra potassium to be essentially injected into the body and due to the charge differential be pushed into the extracellular space, displacing the fluids. However, now that the pressure differential is removed and the kidneys are essentially allowing too much salt to exit my system, the fluids can return.

3/3 Noon

I decided to do an experiment. I have been eating almost no carbs since this started because that is what the patients in the article did. So, about an hour ago, I had some honey (glucose) and a single girl scout cookie (sucrose). When I urinated, just now, for the first time since this began, my urine specific gravity was UNDER 1.03 in fact it was 1.02 and the urine was the lightest it has been since this all started — MUCH lighter almost clear.

To me, this is 100% confirmation that I have candidiasis. It has taken the sugars and made them into water and alcohol.

This combined with the higher pH this morning tells me that Candidiasis is winning its battle. An alkaline pH would be the goal of the Candida. If it reaches that, it can easily affect the fluids in my abdomen and from there, my bladder.

In the article, it referenced that when the urine was no longer dark, it was bad. That the darkness was the remainder of the liver, and it allowed the partial digestion of foods. Without it, and no digestion, I would guess that the remaining course of the condition should accelerate. This would mean a rapid decrease in blood volume. That should mean the blood supply to the kidneys is pulled off first. which would leave those vessels (formerly veins now arteries), to either pull abdominal fluid into the heart or just close off due to suction. I'm also guessing the kidneys are next because the article it talked about the sighs of relief when the kidneys went. That would make sense, as I am sure the process of pulling those veins tight is painful, and also due to the lower back pain I am now starting to feel. Bending over HURTs around a couple of inches lower than my ribcage on either side of my spine.

The other option is that the kidneys can no longer deal with the differential in osmolality between the fluid in my abdomen and that in my kidney. That ionic gradient may be too much. The entire point of never emptying the bladder completely was to keep the osmolarities similar. Too far apart, and the kidneys cannot work right.

3/4

Last night I realized that the initial infection with Candidiasis in the potential space is critical. The article specifically mentioned that during that infection, the candidiasis, by separating the layers, creates space without nerve endings on the inside. The article specifically discussed how this allows the candidiasis to return, much later in other transitions and feed the process in phase 4 and 5 by continuous slow feeding all without causing the pain it did initially in the infection of 1995. Continuous feeding is needed as it turns sugars into water, thus reducing the concentration of the salts. This really shows the design in hundreds of millions of years of evolution. Each step is planned perfectly. Time isn't really a concern for a fungus.

Today is the first day I woke up with burning across my abdomen and chest like I usually have in the evenings.

3/5

It's bedtime, no bowel movement today.

I also remembered that the protein that's been showing on the dipsticks is actually some type of rogue white cell that consumes things… a macrophage. I've watched a bruise form and disappear in a couple of hours. Something about the charge and size on the cell makes it register differently on the CBC machines if I remember the article correctly. I can specifically remember references to this cell "picking clean" anything necrotic but due to its small size, it also infiltrates. This is a late-stage complication of the condition where the body cannot make blood cells the way it used to due to the changes in phase 5.

So, in essence, the candidiasis now has a cleaning crew. Anything it damages is picked clean.

3/6 157.4 lbs

Frequent stomach gurgles. I feel the popping/cool liquid feeling in various places as parts of me are attacked. No real bm today, either.

3/7

First real bm in 3 days. Semi formed. I have fluid in my legs all day. Evenings and nights are better, now. I get out of breath while talking.

Had a perfect demonstration of the macrophages at work this morning. I woke up with a sore bruised spot on the top of my foot near my pinky toe. More than likely this was a broken blood vessel from whatever is going on inside me. I even showed it to my wife. Two hours later, that spot was GONE. You cannot even tell it was even there now. It isn't even the slightest bit sensitive to the touch.

The whole reason for not drinking anything in the article was because fluid was being created internally and any circulatory volume lost to hemolysis and replaced would be replaced with the overflow in the feet. This is where the macrophages remain and gather. So, every urination pulls more macrophages into circulation. Perhaps it is time for another CBC? But what I really need is a CBC by hand/eyeball with each cell type clearly examined for irregularities.

3/8 155.5 lbs

My left hand and often half the arm go to sleep whenever I fall asleep.

As the salts continue to leave my body, my stomach grows increasingly sensitive to what I eat. At this point, I believe the lining of my digestive tract is most likely engorged with fluids and thin. The article talked about how it became like tissue paper before it eventually completely separates in the area of the descending portion of the colon.

One thing I haven't mentioned is how some of the patients would literally tie off limbs to preserve blood flow for their digestive system. While this sounds crazy, it worked, temporarily, because the macrophages (still unclear if these rogues are platelets or blood cells, but I think they are platelets with something wrong about them) prevent infection on the end still with circulation. The pictures of this were disturbing.

One more symptom I haven't mentioned that was discussed and I am experiencing. The article talked about how later in the final stage, all the patients reported a distinct smell in their noses. Mine started last week. I don't know what gas it is, but it's not unpleasant. It is slightly smoky, perhaps an amine. It originates in the nostrils. And, as I say "final stage", I don't mean to imply that things aren't going to change for the worse. I'm quite sure they will but I see everything after Jan 17 as the final stage, with the various changes going on all just part of that stage.

3/9

I lost some things I wrote last night. Yesterday was the worst day yet. The pain started in the morning and felt like scabs being pulled out of my back, sides, and stomach. Sunday evening, I had the same urgent need to urinate that has been happening since this started in January. As I've said, I have not been completely emptying my bladder as was emphasized in the article. Well, when I went to partially empty it that time, it suddenly stopped. This was mentioned in the article as hitting bottom and it could come as a surprise. I thought this might mean I would no longer be able to urinate. But instead, I've determined that is when the infection is able to spread to the bloodstream. This was obvious when the burning spread over the last couple of days from just my torso and back to my neck, arms, and face. Last night the sheets felt like fire when I got in bed.

I've also figured out more about why the patients didn't drink and held their urination, only partially emptying the bladder each morning. After the 2012 transition, when the digestive system gets so messed up and I gagged at every bite for weeks, the intestines are very waterlogged. In my case, the injection of heparin did this basically overnight. But, over time, the system, still unable to remove enough salts, injects salts back into the system and this slowly restores the intestines to be able to process food efficiently, removing the extra water. However, NOW, once the pressure differential is gone, the salts can no longer be pushed into the flesh.

What happens is that everything I drink removes these salts. THAT is why my urine-specific gravity is so high. The salts are being removed. That is also what the candidiasis has needed to be able to return.

So, where we are at is a thinning bowel – described as like tissue paper in the article now that I remember this. That allows anything IN the bowel to pass through into the abdominal cavity, Obviously, as this continues it will tear.

Another interesting phenomenon that I experienced yesterday was that my feet just wouldn't warm up. After an hour under a thick comforter with socks on in the afternoon, my feet were 75 degrees as measured with my forehead thermometer. So, I soaked them in warm water. Bad move. This was actually my system trying to keep the fluids in my feet via vasoconstriction and the candidiasis pushed there from long ago when I had the pressure in my chest and the sudden feeling of fluid in my feet.

After soaking my feet is when the extreme burning began all over my chest, arms, and back. I took a cool surface and placed it on my chest and I immediately felt a tingling that ran up into my neck and then into my head. It was as if the candidiasis said – no thanks to the cold I will move into your head. This should mean it is now perched at my pituitary, consuming the sugars. The article discussed this as the next to last place for candidiasis. Not until all other sugars are consumed does it invade and totally rupture the pituitary. This might explain why last night was the first night I've ever woken up multiple times gasping for breath as if I suddenly have sleep apnea.

I recently thought that the ankles were where these rogue blood cells or platelets are lingering. I was wrong. Hey, science is just whatever the best latest theory is. I now realize it is the candidiasis, which explains the broken blood vessel and bruise that only lasted a couple of hours. Candidiasis has phases. It prefers non-living flesh, but it can accommodate almost any energy source. So, as it likely caused the broken blood vessel, it then cleaned up after itself. I still believe there is a blood cell issue that has to do with macrophages, as that was definitely in the article.

3/10

Found a great summary of intra-abdominal candidiasis infection and added it to the write-up. This is precisely what I had and my Gastro at the time, in 1995, did not test for it properly. Also, added my LVH diagnosis to my list of issues. I had forgotten to include it and it seems kinda important given the emphasis on the backpressure held by the left ventricle.

3/11

Now that the infection is in my bloodstream, I have new symptoms. First, I can occasionally feel the hyphae or pseudo-hyphae under my skin. I can remember when, in phase 1, the hyphae would stick their little ends out of my skin, with the longer portion buried inside. It was so creepy. Pulling on one would just get you the end and enough visibility to know it continued inside. The most common place for this so far is my foot and my hands. The hyphae move around, but I think I have one at the site of my neuroma on my foot. This is in the area where the blood vessel broke, bruised, and disappeared earlier this week in the span of hours. See the diagram below to understand how the hyphae are the invading form, poking through layers like skin.

The pain today is at record levels. It is never the same twice. Today, it feels like someone is pulling little pieces of me off with tweezers from the inside. Like needle sharp pains above my ribcage on my right backside. There are deeper duller pains, as well as similar pains on the front. I have cried 3 times today.

The burning of my skin – I can now remember a partial explanation for this. Understand, burning skin is not a symptom of anything most doctors care about if the skin looks ok. My skin appears fine, intact, not inflamed.

Initially, the burning was only in the trunk of my body. This was the intra-abdominal infection. In it, the burning would really only be present when you touched it because the initial infection burned out all the nerves inside those layers. Touching it brings the top of the lining in contact with the bottom. This causes interaction between the nerves that aren't in the area that is infected and the infected area.

Now that the infection is in circulation, it has access to all my skin. However, because it is apoptotic and no longer shedding new layers, the candidiasis can take up position in a layer beneath it, somehow. The article discussed how all the layers of the skin become basically one layer on top of a thin blood supply. Below this is a layer of flesh that is also apoptotic. So, in between these layers, where the slight amount of blood supply flows, this is the layer in which the candidiasis causes the burning.

Making this realization, I can now recall more of the photos that show the more advanced stages of TODICM. The circulation layer will grow more and more inflamed. Eventually, the skin will be as thin as tissue paper. I'm guessing this is a result of the output of the candidiasis. As it digests, it puts out alcohol and water. Eventually, just putting on and taking off a heart monitor electrode on it will literally rip the skin off. Additionally, circulation will not return to any large damaged areas or anywhere that is iced. This is the slow digestion by the candidiasis.

Right now, the burning is not as bad as the explosions burning I had two days ago. But, it is more constant. It covers my back, neck, face, arms, and chest. Pressing anything against it hurts. Lying down hurts. I sleep sitting up so that my back is not in pain.

The candidiasis is also deeper. My back muscles and joints are all sore and stiff. My torn labrum in my hip aches (typically this only happens after exercise that strains it). It seems to go after irritation (eg, my hip and neuroma). I can remember how the article discussed the infection moved to any area that received irritation or even touch.

I had an abdominal ultrasound last night. I remember now that in the article they said everything on ultrasound would look normal up through when the pancreas was digested – even though the organs were basically not working. This is because they have now been filled with salts, or are apoptotic too (not sure which). I know that, in particular, sounds impossible, but the article was quite clear on it. The combination of the pituitary and the candidiasis are driving my body right now. It even mentioned that the kidney would still work for a while somewhat when in this form. Alternate pathways are a theme.

Additionally, the article discussed how an over-zealous ultrasound tech might actually hasten the progression by bringing the infected abdominal lining into contact with the various organs. Something about the condition causes the organs to be pulled away from the abdominal lining, where they have lingered in an acidic environment safe from the candidiasis (but not safe from being filled with salts), but the probing with the ultrasound can cause the spread of the candidiasis to the organs. It only takes one touch to spread the candidiasis from one internal surface to another.

The path forward involves a slow failure of the pituitary. The candidiasis is patient. It is in a very accommodative host and simply taking the most thorough path. This failure eventually is supposed to have very definite circadian patterns, reversed if I remember where nights are less painful than days.

After the burning fire of Wednesday, I have recorded several "moderate" ketones in a row. So, is this the DKA at low pressures and blood sugars the article discussed or not? I think it is, as I definitely could smell acetone on my breath and clothes. I made a decision last night that I will try to eat a lot more of the things I usually eat. That means explicitly more carbs. Hello McDonald's fries last night and honey on my French toast this morning. I expect this to be a "bad" decision medically; however, honestly, I would rather make things worse than linger indefinitely in this hell. It is very hard on my family to not have any answers and not be able to even say something is obviously wrong, because I continue to look healthy, if a bit underweight. So far, this morning ketones were only trace level.

3/12

I don't think I had enough carbs to really throw me out of ketosis (just some fries and some honey on bread). But the ketones dropped significantly yesterday and today. However, the total outflow volume also reached a low. I only need to go in the morning, basically. This is after a night's sleep when my kidneys can work all night. The article talked about how the patients would only go in the morning, but I thought that was by choice. However, it makes much more sense now to realize the kidney failure has progressed. All the dark

urine of the last two months almost with no blood in it due to being filtered by the bladder was the warning. I will continue tracking volumes diligently.

I have recalled even more of the article now that I had the realization, yesterday, of the slow process of candidiasis digesting everything. This realization is even scarier, but it explains a lot about the pains I am feeling in my back and ribs. My back and ribs currently feel tight, my shoulders and spine feel almost crunchy and it is difficult to sit for long periods – they kind of pop and grind when I move them. Whatever process removed the muscle in my butt and legs has progressed up. Anything with pressure on it is game. So when I lie down at night, my back and back of my ribs get worked on. Over time, this causes my ribs and spine to compress closer together. This process will continue – it spoke about the average person losing an inch or more in height – with compressed vertebra as a complicating factor; however, inflammation is handled by either the macrophages or the candidiasis attacking any inflammation and removing it. Eventually, this should result in near bone on bone.

I also remember how the article talked about how my organs have shrunken and pulled deeper into my torso by everything up until now, but this process of compression of my torso slowly brings them into contact with the lining of the abdomen. Thus, ensuring the spread of the candidiasis. The advanced photos of this showed men with shrunken-in chests, it was gruesome. Some men eventually had their chest skin sliced open so that they could breathe. You can imagine these cuts, which would never heal given the state of the epidermal layer. How long of a process that is, I don’t know. Obviously, I would prefer not to go through that.

Almost time for bed.. Since shortly after lunch today, the burning has returned and not relented. I also feel random focal points of lances of pain or sometimes rapid little popping feelings.

3/13

I'm essentially useless, now. I hurt so much that I don't want to get out of bed. My hip where I tore a labrum several years ago aches a lot. Everything burns, inside and out. I had another very low output day yesterday. I think the kidneys are done. The ketones got too high and it finished them off. They are still putting through a little urine, but the ketones are building in my system. A perfect environment for candidiasis. My brain can run on ketones and I don't have the other waste products that would typically show with kidney failure due to the alternate energy pathways.

So, basically, I am going to slowly liquify?

A note.. I do believe the ultrasound spread the candida to my organs. The pain was in all new areas over the last 24 hours. Also, the sudden end of ketones tells me the liver isn't doing anything anymore. In the article, it discussed how eventually, the last bit of the liver that has been acting to filter the blood along with creating ketones would get eaten up when the Candidiasis spread to it. This filtering was basically a side effect of all the changes to my system. The article said that after it's gone, the blood won't be filtered and all those things that were being removed would end up clogging the remaining usefulness of the kidneys. I think the suddenly very foggy urine that started today is a sign of this. Whatever they have left, won't last long.

For the record, the only two things I personally need to know this is all real are:

1. Blood pressure differential onset in '95 created a very tight sphincter due to the vein or artery in that area

2. Blood pressure differential ceasing accompanied by pain with immediate loosening change in my sphincter. You wipe something for 26 years and you notice when it's suddenly different.

Those two things are substantial and tangible changes and something I cannot doubt.

At some point, I have faith that something medically obvious will be apparent. At the rate it is worsening, I have to believe that's true.

3/13

Yesterday, some things changed a bit. First, urine output went back up a little (especially considering how little I drank), but only the first of the day was typical. The other two were very foggy, and had a higher ph and lower specific gravity. Proteins did not test positive. I am not sure what caused the fogginess or other changes, but once again this morning, the first output was dark, not foggy, with a low pH and high specific gravity. The article mentioned that the patients would only pee in the morning after a point. I now think this was because overnight, the kidney works for hours to prepare that first urine output, but during the day, it has not been as processed. So, urinating during the day would clog the kidneys quickly and render them completely useless. I think they have already lost their ability to filter ketones but physical filtering is still possible, at this time. The article talked about how after the liver was finished off by the candidiasis it would stop working as a filter leaving the kidneys suddenly inundated with extra pollutants. 4/25 First thing I have accurately predicted about the future. I'm now here. I cannot urinate late in the day. Today, I drank one glass of water too many to try to get "rehydrated" and my pressure went higher than what my kidneys can work at. This extra fluid in my abdomen immediately gave rise to broadened pain. Whereas for the last week I have had gallbladder-like pain, now I have profuse burning across my abdomen and my brain feels increasingly wired. I'm certainly manic at this moment.

Essentially, in the earlier phases, the blood flows to and from the liver change. This actually started the day after I had the pseudo-stroke in the Laureate. That day, I went down to breakfast and wasn't feeling very hungry. My stomach was hurting some. I took a couple of sips of my water, and suddenly there was this pulsing/throbbing feeling over my liver. It persisted and I was able to place my fingers such that I could feel the pulsing. It very much felt like an artery of some type of ruptured and shooting blood into some part of my abdomen. Of course, no one would listen to me. Eventually, it subsided. My next bowel movement had something about the size of a deflated golfball in it that was bright red and encased in clear skin. I cannot describe it much better than that. I wanted to send it for analysis. They did not.

Anyway, the liver ends up working as a filter, however that supposedly stops after some point. So, my best guess is that the fogginess will persist for any output after the first of the day. I have a LOT of pain over the liver now. I am fairly sure the ultrasound is to blame for spreading the candidiasis to it.

Secondly, I got fed up with the pain and decided to try something. The pain in my abdomen had moved to the areas of the liver and the kidneys and my shoulder blades and lower back. The skin burning was less yesterday, but still very present. So, I took my Miconazole Nitrate 2% ointment (anti-fungal) and spread it all over any skin that was burning. After a few hours, I would say the skin burning was 80-90% less, so I went back and did any remaining burning areas. Interestingly, the pain in my abdomen also was reduced. Not nearly as much, maybe 60%, but that was enough that I could concentrate and watch television and not sit around moaning.

To me, this makes sense. That layer between my skin and the apoptotic flesh is not very deep and it has blood running through ALL of it in order to support the layer of skin. So, while in a normal person this would not be an efficient delivery mechanism, for me, I think it is. I have knocked down the candidiasis, but it is sure to rebound. I have some fluconazole tablets left, not many. I have delayed taking one because it would ruin any culture done on me for the foreseeable future, but I don't really feel like anyone is listening at this point. Plus, I probably ruined that culture with the miconazole, anyway. I will be taking one tonight if I have not heard from the one physician still reviewing my case for possible action.

I also wanted to discuss one other thing today. In the section on weird things, I've been through I briefly mention how in Phase 1 my body would take on water when I got wet and how I resolved that through repeated trips to the pool. I should really have spent more time on this because it was extraordinary. The first time I got in the pool, it was literally like I was drowning. I couldn't breathe, my heart just raced, and I barely was able to crawl out of the pool - just from jumping in. I only crawled out halfway, because I immediately had to urinate and I just left my lower half in and did so. I had to do so again when I finally struggled to the locker room. It took a lot of steel nerves, but I returned every day. At first, I would just jump in. Then slowly I would walk one lap. After many trips, I was swimming 40 laps. Each time - obviously more so at first, I would urinate a huge amount. This was my flesh turning apoptotic. This was the candidiasis in the cells absorbing the water and running the Sodium Potassium pump in reverse until the cells were apoptotic. This is why my flesh is harder to cut than leather and why I do not bruise or bleed. I wish someone would believe me about this. If I was to make a video, I think it would freak people out and I would be listened to even less. I have a very sharp

pin on my desk in front of me. I cannot force that pin through a thin fold in the skin of my belly. This is why a vacuum can be created in the abdomen and why other things are possible that should not be possible. Without this change to the skin, most of this disease is not possible. It also allows the primary symptom (other than stomach pain) to be something no doctor is really going to pay much attention to - the feel of burning skin. This just isn't something that sets off alarms, as it has no serious occurrence in common medicine other than hormonal things.

One more thing, this is also why my weight has stabilized. Much of my body weight is not flesh and blood - it cannot be lost through normal means. I went from 185 or 190 to 150 in a couple months, and as of 12/8/2022 - 11 months into this phase I'm right at 150. If this was all make-believe, that would be a really weird thing - to continually feel worse and worse and lose no more weight. I did lose 10 pounds when I couldn't eat or drink in November, but it all came right back once I could eat and drink.

3/15

Well, the combination of the ointment and the fluconazole made about 90% of the pain disappear. Sadly, I have only a few pills but I'll at least have a respite from the pain for a bit, it seems.

As a side effect, I couldn't sleep. Fluconazole does this to me. I think it is the potassium released when the Candidiasis dies off. I recall this effect from other times I've taken it. Usually, I'm very protective of my sleep, but receiving no pain for no sleep is a bargain. I could even hold my wife last night for the first time in a week.

No ketones this morning. After seeing moderate (actually a fairly high value overall) yesterday twice, to not see any today makes me wonder if they aren't there (doubtful) or if they just aren't being filtered (likely).

3/16

Almost 100% of the pain is gone now that I have taken the anti-fungal Fluconazole and combined it with the topical Miconazole.

This is a miraculous feeling.

I still have all the other issues with digestion and organ issues as well as my intestinal loosening, but to be pain-free (or 95% pain-free at times) - Is so nice.

I have enough pills for less than a week. After that, I have no idea where things will go, but I'm hopeful that I can get more pills somehow. I also know that the infection will return and that this is no long-term reprieve.

My current goal is to make it to my MRI next week. It is a week from tomorrow and that seems so far off, but if I can get there without pain, even with some of the other issues going on, I think I can make it. Then the question is about the gadolinium. I know my blood volume is extremely low - most likely lower than anyone would think is possible. So, the amount of contrast they use will be much too high. However, I'm not sure refusing the contrast is the right thing in this case. I have a while yet to decide.

Right now, my family needs me, so I'll focus on them.

3/17

The medication continues to help. I sleep, and I can mostly be normal during the day. Some activities I cannot do, eg. I cannot sit and play guitar because you have to lean over the guitar while playing and that makes my stomach bend over itself which hurts.

I asked my gastro for a follow-up date after the MRI in case something is or isn't found. They replied with a date 10 weeks in the future. They did give me 10 more days of the pills which was nice, but they appear to not want to see me anymore, despite the fact I have not been a burden on them. I don't understand our medical system anymore. What you see on TV is not what it is in real life. They appear only concerned with cost.

3/18

I've been doing some thinking. So the problem is that my body is no longer hanging onto fluids in my circulation system. This has resulted in the dilution of the salts on my body as everything I take in goes out along with a lot of salts, allowing the candidiasis to return. As the circulatory volume is removed, organs are cut off from the supply they once had. Previous transitions removed the venous flow, so no ischemia happens as the arterials supplies are pinched off.

But why? Why is the volume reducing? I believe that the veins and arteries that initially switched pressures in 1995 and reverted in January of this year are the issues. In the period between those dates, the body learned to use ADH differently. ADH meant get rid of salts, NOT conserving water. ADH would be triggered by high serum osmolality.

In the interim configuration, it could get rid of salts into the body using that pressure. During urination, salts and some fluid were pushed into the body. With the pressure gone theoretically because a saturation point was reached, it cannot. So, the pituitary keeps adding more ADH to push harder, this increases the osmolality even further which makes it add more ADH. So, in theory, my ADH value should be off, dramatically. Anything that increases osmolality should do the same thing… including contrast agents (6x blood osmolality) , salts, medications, sugars, artificial sugars etc. This explains why the last time I had an mri with contrast I had a mini Polyuria with about five or six trips to the bathroom within a couple of hours afterward.

There is no anti-adh, that I know of. So, it would appear that the most likely conclusion will be the one mentioned in the article where volume gets so low that eventually a vein or artery (I think it is mentioned in the leg) just pinches off resulting in a very rapid end. I have to admit, given all the possible endings that one is not all that horrible. It certainly beats the burning issues with candidiasis.

So, obviously, my Mri on Wednesday morning is a significant issue. It should show the circulatory issues, but to do that I have to accept the gadolinium contrast.

Or maybe, I'm all wrong. That would certainly leave a large number of bizarre unexplained things, though. I freely admit I don't understand my condition completely; however, I am evidently more of an expert on it than anyone I've come across.

3/21

More thinking.

This basically boils down to the damage done to the kidneys and the pressure differential, and the flow change. I believe what is going on right now is that the pituitary is controlling the salts in my blood by moving them to my extracellular spaces. This is obvious from the fact my skin is more and more sensitive even though I know the candidiasis is handled by the fluconazole.

So, right now, as I have guessed earlier, my serum osmolality should be high. What is keeping it that high? I think the ADH levels. I think with the pressure differential, my body got used to using the ADH to push out salts. Normally, this would conserve fluids, but my body had to figure out something new because that wasn’t working, so it learned to push salts into the body. The body reached saturation for normal osmolality, so it had to find a way to raise osmolality further. It has done so. How? That part is debatable. But, over the weekend, I had a black bowel movement. The article talked about how eventually the liver would just release blood into the digestive tract in order to digest food. This blood is extremely salty. So, that makes everything in my digestive track even saltier. I think that happened over the weekend.

If I’m right, osmolality should be very high. Also, a metabolic panel might be off at this point.

Nothing large and ionic - and I mean NOTHING would be making it past the bladder. Everything would get caught in the fluid in my abdomen (that the ultrasound didn’t see because it is getting pulled into the colon) causing fluid in that area to be even higher osmolality than the blood this would cause an osmotic differential allowing fluid to flow into my colon through what I believe is a small tear or thin point, more likely.

This means the contrast for the MRI will be a major aggravating factor. It will either cause a stroke, or it will push me so far that my skin will once again be on fire, but this time not from the candidiasis this will be

simply burns from the salts going into my body and digesting the flesh. This is why the people were on ice, it was literally the only thing that helped the condition. In the article, all the faces of people in the final phase were bright red. I've noticed mine reddening.

Notably, pain medication will be useless. Blood osmolality will be so high that anything pushed into the bloodstream will be quickly pushed out into the body because the pituitary is doing its best to keep the osmolality in the blood normal. The article talked about this, too. I don't even think a fentanyl patch will work because the skin will not be in good enough shape.

What this means is that the gadolinium at 6x normal blood osmolality is a huge mistake. However, the gadolinium in and of itself does not change the overall course of the condition, it would just speed it up. Overall, I cannot think of a more nightmarish scenario.

NOON

I didn't mention it earlier, but for the first time since this started, I had to pee in the middle of the night.. Then again when I woke as usual. Those were typical very high specific gravity and darker. Now, suddenly, urine is clear with very low specific gravity. This is a complete shift in function or lack thereof. Kidneys appear to have stopped removing any salts. I guess I don't have to worry about the contrast finishing them off.

I'm not sure how things will go from here.. Obviously, I'm scared but "I thank whatever gods above for my unconquerable soul. "

3/22

Still hanging right at 155lbs. The original article discussed how at each transition, the weight would return to the set point, where the person first entered phase 1. So, here I am.

MRI is tomorrow. I had a CBC/Chem/Osmolality drawn yesterday at my expense. Everything normal except osmolality is up from 294 to 297. I do believe this is the only indicator we can count on continuing in a bad direction. Well, that and my urine specific gravity is 1.04 which is not unheard of but it goes with the serum osmolality.

I feel pretty good today. Just pain over the liver and some other stomach discomfort.

I have no idea how the MRI will go. I have calculated my amount of Gadolineum, and it is a small volume, but I also know my system is super dehydrated (see osmolality) and that at 6x normal serum osmolality, the contrast is concerning.

I also think I finally figured out the TYPE of blood cells that are counted incorrectly with this condition. It is nRBCs. These are nucleated red blood cells. The only reliable method commonly used for nRBC enumeration is a manual count of smears. There are some very new CBC machines that can count them, but I doubt anyone in Tulsa has such a machine. Nucleated red blood cells indicate a very high demand for red blood cells which is the basic these for all the hemolysis I've mentioned about my condition. It is a little late in the game for this realization, but at least I finally figured it out. If anyone had checked this over the last two decades, they would have received a number much higher than anticipated.

That's it from me. I don't expect the MRI day to be a good day. But, it is where we are. It should be finished about 18 hours from now.

3/23

Mri is complete.

I learned, though, that I need an MRA to show circulation and blood flow. That's disappointing. I was counting on the Mri being able to show those. I'm not sure what the Mri might show, now. Possibly the issues with the liver, but I think that might be it. All the other issues might not be something typical enough to suspect, ie it might appear to be similar enough to some other thing to be overlooked.

It should be read today and available by tomorrow.

If the Mri doesn't show anything, I'm going to have to start working through this. After the pain of a week ago, I decided no more work until I have some type of official sign something is wrong, just focus on me. But if that something doesn't show up, I need a paycheck.

3/24

MRI came back normal.

I'm not sure what the path forward will be.

The gadolinium did cause some polyuria. That was my system pushing it into my flesh as it raised my osmolality.

I was totally exhausted yesterday. Rested all afternoon and went to bed at seven. With a short stint in the den from 9-9:45.

I think I need to focus on the things I can prove are still changing.

So

1. Serum osmolality continues up. This trend won't change. 297 Monday The article talked about the blood slowly turning into a flowing salt.

2) specific gravity will continue up. It's currently at least 1.04, but I believe it's more like 1.05 but this is difficult to discern given dipsticks max at 1.03. A 50% solution still tests at 1.025, so I'll bet it's 1.05+.

Those two are obvious indicators of increased dehydration and salt concentration. I have one more idea I'm going to check, but these are the only things I can track myself.

Tests that might show something :

1. Smear

2. ADH levels

3. Cortisol

4. ???

Yes, the kidneys work but they push the higher concentration into my system not out. It's been that way for 26 years, just the veinous/arterial pressure shift allowed the excess to be pushed out via feces for years or into the 30 pounds I gained over the 2018-2022 phase 4.. With it and the weight gone for the last two months, my system is slowly concentrating in order to push harder on the pituitary as it fails.

Tests I believe would show issues:

1. MRI of head w/o contrast - should show pituitary damage

2. MRA of chest/abdomen - should show reduced circulation to intestines and possibly organs

3/25

Well, the gadolinium definitely had an impact. All or most of it was pushed into my flesh. My skin burns again, but not like before (yet?). Now, it feels like a light sunburn over most of my body. My face is slightly pinker. I remember from the article that every patient's face was eventually bright red from all the salts. My arms and neck are also burning to some degree.

3/29

A couple of normal days in there. Great sleep at night, good appetite, might have even gained a couple of pounds, but the skin issue is very present. My arms from my elbows to my fingertips and my wrists are definitely too dark. Red/tan color. I have been snacking a lot and seemed to have gained weight, but a few more days will tell the tale. However, I am quite concerned about the darkening of my skin.

4/1 161lbs

Have gained some weight. But, the abdominal burning is back. Not bad, but more noticeable.

Headaches daily now. Still, very functional level of pain. Much more manageable than before the fluconazole.

4/15

I've stopped documenting. At first, it was because I thought it might make me feel better to change my focus. I was right, too. I have felt better, in general. But there have been a lot of changes and some really bad days mixed in there. Now, my reason for not documenting has changed. In short, it's going to get ugly, only the timeline can change. Why document the really ugly stuff? No one wants that.

4/20

Today, I have added a lot about how the pressure differential occurs. I am again in pain every day and really don’t expect that to ever change again.

4/22 After a week of gallbladder pain and waking up each morning progressively colder and unable to warm up except with exercise, I got my heart rate up to 162 yesterday during 40 minutes of walking with a few minutes of moving. Wow. To hit 162 at a 12-minute mile pace, I am in pretty bad shape. Anyway, it triggered the gallbladder pain but that didn't progress to the chest burning. I think I'm past that. Today, I was unable to get warm again without walking. Then I realized it might be low blood sugar possibly caused by too much insulin brought on as the pancreas is digested. The article mentioned a point at which this happened and ask the patients could eat what they wanted but the next step was the bowels stopping. . So I ate a lot of carbs. I got warmer, but now I have some type of pain directly below my sternum. Probably about to lose blood flow to something… or still digesting the pancreas.

4/24

Specific gravity was dramatically high this morning. Diluted 50% three times to get 1.02. That means well above 1.1. I've been taking Advil this week for the gallbladder pain and took Benadryl yesterday - half a tablet.

Mornings are now nausea even if I eat. Evenings are much better. I ate a great meal of steak and salad and corn on the cob last night. This is the circadian rhythm discussed earlier.

I'm in basically an adrenal crisis except due to my increased circulation and oxygenation in my upper body, I'm not passing out. There is no good choice at this point.

4/25

9am

The pain I feel around my liver can get extreme. I believe this is simply the suction of the heart. It is sucking harder when it needs energy from the ketones supplied by the liver. So,basically, my system tells it to pull harder and it does and that hurts. That is the source of the upper body burning I had previously. The burning was the bile salts from the liver being drawn into my body. Those salts then provided energy by digesting things (me) . In getting rid of the candidiasis, I put all the pressure on the liver for ATP. It could not handle that load, resulting in its failure. To compensate, my body, over the last week or two tried to keep blood sugar low; however, it go so low it was causing me issues with nausea and breathing in the morning. After eating, nausea

would go away but I believe my body enters Dka in the extracellular spaces. I think this because I can literally feel the tightening resulting from the destruction of volume. Each time I eat in the morning on the last several days, I have felt this tightening for multiple mornings, now. Imagine feeling your insides tighten. The path forward is not good. I can not eat and be nauseated until noon - that is what they did in the article. Or I can eat and lose volume. At some point that means losing the blood supply to my kidneys. For now, as I've stated below, it appears they might still work overnight.

2pm

BP in the morning is low now, 110/80 or so. BP In the afternoon is much higher 140-150/90 or so. This is due to the circadian rhythm of the failing pituitary. This disparity will increase resulting in the kidneys only really working at night and in the morning.

8pm

I wrote that in the early afternoon and now at night, I know I was right. I have had no need to urinate since a short walk around 3pm despite the extra fluids I took on that caused it.

Today I went to the urgent care for the first time during this phase. Blood tests and ultrasound of gallbladder, all normal except for high urine specific gravity. My specific gravity is so much higher than the test shows, though. They limit the test to 1.03. Why? Mine is 1.1 or higher, continuously. Want to know why? Sucrose, maybe? My liver is no longer converting sucrose into glucose. So, it spills out into my urine. This might conflict with my bladder filter stance though, and I'm certain on that. The other possibility is the bile salts - entirely possible. This is VERY hard on the kidneys (and other things like the heart) Basically, it is like sending liquid sandpaper through my veins. (updated next day) Damn, totally figured this one out…it is Bicarbonate. This was stored in my body in an earlier phase, and this is the process of removing it. I have a huge amount of bicarbonate in my body and this is quickly removing it. That is where all the weight loss went.

I successfully predicted more than a month ago something that happened today.

As stated elsewhere, I cannot urinate late in the day. Today, I drank one glass of water too many to try to get "rehydrated" and my pressure went higher than what my kidneys can work at. This extra fluid in my abdomen immediately gave rise to broadened pain. Whereas for the last week I have had gallbladder-like pain, now I have profuse burning across my abdomen and my brain feels increasingly wired. I'm certainly manic at this moment. I think from here, potassium will continue increasing. That's what the chain reaction would need for it to continue.

However, my evening cortisol level is so high that I cannot feel the pain. I mean I can disconnect the feeling of it from my mind. It's like a body high that dulls the burning. In the morning, that won't be possible. I will simply hurt. I am just now remembering this is exactly what happened to set it all off in 1995. I can remember now how I learned quickly if I drank a lot of water I could access this manic world but escape the pain that way by just drinking more water than I could urinate. Tomorrow morning is going to be horrible when the cortisol level hits a low.

If anyone believed me, I would stop documenting but no one does. I'll stop when that changes or when I can no longer focus on the evenings. I suspect daytime will no longer be a time I can focus. We will find out tomorrow.

All I can do is keep accurate documentation.

Bedtime

I'm in full lockup. Volume loss in the non-circulatory space. The pain is worsened by any movement.. So I remain motionless and silent and control my breathing just like in the article.

The morning will bring agony, nausea and shortness of breath.

4/26

8am

Well, I actually slept a couple of hours. No agony yet this morning, but it's still very early. I awoke with some flank pain, but it left after some controlled breathing that triggered my bladder. Specific gravity remains very high (1.1+). This day will be totally different, I think.

I thought about a lot of things. How this is a volume depleting condition, firstly. So every blood test I've ever had since the volume was locked in 2012, I think, has reduced my volume permanently. Also, no blood test will ever mean anything, because of the intercellular space expansion and everything going on there behind the scenes. So, no more blood tests. I wish I had known that long ago.

I took a hot shower last night at 9:20pm. It felt so good. When I got out I felt normal. Then, over the next hour, my body started locking up. I think this was the absence of ATP. Every motion was robotic. I could move smoothly if I concentrated but without that I was literally a robot. Thinking about moving requires extra thinking which requires extra ATP, so the body was optimizing. This is literally what they hypothesized in the article, as well. It makes sense. I think that will happen again tonight. I seem to recall it from the article now that I've experienced it. I also recall that in 1995, I had a similar experience but much more limited. That time it was limited in scope, my face was severely drawn and my shoulders stiff, but this time it involves every cell in my body. My whole body was drawn and taught. I could still talk and kind of walk, but both took concentration. I think a doctor needs to see me at night.

I'm restricting myself to protein to avoid the Dka, if possible, we will see. I also totally just realized what the high specific gravity is from - I mentioned earlier I thought it was bicarbonate that was getting stored in the body during one of the middle phases. It was. The bicarbonate is now coming out in HUGE quantities and my urine is still acidic. BAM. They CAN test for that. See HERE. “Urine bicarbonate is virtually never measured anymore as part of the work up for the RTAs. When the blood urine pCO2 difference was key to differentiating various forms of RTA, clinician on occasion would measure urine PCO2 and Urine HCO3 under mineral oil that was itself pre equilibrated with 5% CO2 to prevent loss of CO2 from the sample. The measurements had to be done ASAP (within an hour by the laboratory)” On same page: “we have measured urine pH and PCO2 using a clinical laboratory blood gas analyzer and calculated urine HCO3 from these results. The blood gas analyzer can be re-calibrated to a lower pH of the urine to give more accurate results; however there are some extremes of urine pH ie 4 or 9 not seen in blood and even with re-calibration, the blood gas analyzer results will not be close to these values giving some error. Also the warranty for the blood gas analyzer does not extend to testing urine samples with extreme pH deviation. So you might be best to use specific electrodes for pH and PCO2 that can be calibrated to the pH range of your samples rather than clinical-grade blood gas analyzers.” Current weight at 3pm is 151lbs. One more thing I predicted back last month “2) specific gravity will continue up. It’s currently at least 1.04, but I believe it’s more like 1.05 but this is difficult to discern given dipsticks max at 1.03. A 50% solution still tests at 1.025, so I’ll bet it’s 1.05+.” I was correct, well above 1.1 now. The prolonged acidosis wouldn’t even be possible without all the stored bicarbonate to compensate. The article talked about the ketones from the acidosis plus the bicarbonate, plus the reduced breathing creating even more bicarbonate. A very complex stew of things.

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4/27

Well, I appear to be back in DKA with polyuria. This is despite limited fluid intake over the last 24 hours and mostly protein. My blood sugars are in control. The polyuria continues to drain the bicarbonate from my system. If one assumes that my weight being back to where it was at all phase resets is an indication, then my bicarbonate storage is basically depleted. I need 36 hours to see my son in his musical. That is all. Then I will stop micromanaging this thing.

4/28

Yesterday was another turning point. It was my goal day. My son's performance in the high school musical. I made it, but it was eventful. The burning at the bottom of my rib area on both sides had gotten bad enough that I was using a wrapped ice pack off and on to relieve the pain. It works well. I still had the undesired need to urinate despite fluid restriction. This afternoon, suddenly my urine went from no ketones to high ketones. Additionally, blood ketones went from .5 to over 2. This is with limited activity levels. My resting pulse was at 95 (20pts high) with blood sugars testing around 95.

As the burning intensified I decided to try the ice cream method from the article. The theory here is that my osmotic pressure is already broken. That is, there are more solutes outside my blood than in it. Additionally, the pituitary can still push things across to keep them nice and regulated looking in the blood, because once again, that's all it can see and monitor, and as long as the blood looks good it thinks it's doing splendidly. So, adding sugars and salts from ice cream will take them outside the blood system. This continues filling these spaces and either turn off the reaction due to excess solutes or the reaction prefers sugars over proteins. Either way, it worked.

About half an hour before leaving for the musical, when I knew I couldn't sit still for three hours evert though I was bringing my huge hip gel cooling pad (18"x6"x2"), I ate a good amount of Haagen daaz coffee ice cream. The pain was gone before we left! My resting pulse was 100+ for the duration of the show and my nose started running for the first time since last year. Goal reached.

When I arrived home I had some more ice cereal to stave off the fire overnight and some water. Within minutes I noticed a very strong acetone smell. The taste in my mouth was horrible. Blood sugar testing in the 90s (thanks pituitary). But I slept better than I have in weeks. Upon waking, the entire ensuite smelled like acetone. no ketones in urine, resting heart rate closer to normal at 79. BP wasn't low as I feared it might be. After a protein breakfast, blood ketones are 1.8. But that's at the fingertip. I wonder what the levels are in and around the reaction.

So, it looks like the kidneys briefly could filter ketones again yesterday but stopped. My problem is that I cannot consume liquids without an amping up the reaction. This is because the increased solutes pull the fluid to the sugars and salts. In the article, the patients on this path eventually have too low of BP and die struggling for air. But how long is that process and did they just never drink? I'm still not sure if my bowels are stopped, but a day or two will let me know. If so, there is my clinical proof of something, finally.

I didn't pay much attention to this part of the article as it wasn't the main path. Most patients stopped consuming all liquids and ate only protein starting early on in order to avoid the keto ending, so their path was the main focus, not the "ketos. ". Another path was mentioned where the patients stayed submerged in tanks of water and only consumed alcoholic calories. They were the "toads" but I didn't pay much attention to that, either. Eventually, they were essentially pickled and the article specifically said they were so fragile you could stick your finger through their ribs by simpling pushing by accident.

So, what to do? I have days I didn't plan on but still cannot quickly prove my situation. I've ordered a digitally logged keto breath monitor from Amazon (not cheap) and can use it to track with a record, plus it should be more accurate than a finger prick which gives me no confidence due to my low volume.

I was feeling so bad last night with afib, tachycardia, and the ketone levels, that I thought I would be done, today. Turns out there is at least a little more to the story, plus I get to eat ice cream no matter if my bowels are stopped or not!

5/1

I have gained 4 pounds in just a few days.

Here is what is going on. First, I have gone into the keto phase which I had totally forgotten. I assumed that the previous transition was the last one. It isn’t. I also think I may have robbed myself of a few months in there.

The men in the article came around once a week to be checked to see if they had hit that transition where the pressure changes. This means they might not notice it. It was very noticeable for me, but assuming it could be missed, there was a reason to check. I remember there was an event that would kick off an extended binge for them. During this, they would eat, and drink to excess, including alcohol. I'm thinking it was the pressure change. But why? What would they gain from excess consumption? My thinking is that all those salts then compete and prevent the body from becoming acidic from ketosis, plus, they would be adding glucagon to their liver instead of depleting it.

So, whereas I drank mostly water and ate meat and quickly watched all my bicarbonate get pulled out, my body acidify and my cells shrink, they would have had a less acidified system, requiring less bicarbonate from their body to keep the ph in the desired range. Mine was very negative and dense.

When I first had the change on Jan 17 of this year, I assumed I was into the final phase and should immediately forgo carbs, as that is what the men in the article did At Some point. I may have been early on this. The net effect of going low carb was to put me into ketosis. This acidified me, which in turn started causing my body to lose copious amounts of the bicarbonate it had stored. If, instead, I had kept up a high-carb diet, I think I would have been better off.

The goal is to not ever have the salts build up in the system interstitial spaces. I am still getting to an understanding here, but for review: the intercellular spaces are inside the cells and the interstitial space is everything outside the cells except for plasma.

So, where was the bicarbonate? Was it getting stored in cells or in the interstitial space? I think interstitial. So, when it reached saturation, and the pressure to store it there went away, it would try to leave. By acidifying my system, I washed it out. I also shrank the cells themselves by immersing them in an acidic environment, losing further volume. This is why I have only lost 30 pounds but I've lost it everywhere. Even my forehead is pulled up and tight.

Instead, by doing what I did, I shed the bicarbonate quickly, brought the candida back, and then led into the liver failure stage.

Keto phase

This is what comes next for those that kept drinking fluids and eating. Eventually, the liver fails completely, which has been the source of ketones. Now, there is a transition where there is briefly no energy supply. What

steps in? Ketoacidosis in the abdomen.

I felt this start a couple weeks ago. I would wake nauseated. I learned if I ate something I would feel better but I could literally feel my gut tighten as fluids went into the reaction. This continued until it took the rest of my blood volume, pulling at my kidneys and intestines. Once the intestines were sufficiently isolated, the reaction continued there.

That started Thursday. I could literally smell the acetone and feel the warmth in my throat and the taste in my mouth. My wife asked why I smelled like watermelons.

This reaction has essentially reversed my osmotic pressures. Now, my interstitial space is denser in solute than everywhere else. So, how does my blood volume remain? Basically, it changed. It is now different. The net charge there must have changed. The article talked about how the blood of someone at this stage was not compatible with normal blood. I measured blood ketones a few times and they got up to 2.0 which is quite high but once again, a fingerpick is stated as not a good indicator for me. So the values must have been much higher.

The article also talked about how the stages go from the body pulling salts from foods to the body using salts on the body, to the body digesting foods with salts thru the intestines, to finally the body digesting the intestines with salts. This is because the salts keep getting denser. Thus, my urine is now very infrequent and the specific gravity is ridiculously high. Even when I drink more.

On Wednesday, I could only drink 12 ounces before my kidneys protested. Today, no such limit. Why? Because I hit that new transition where my interstitial space now pulls the water from my intestines and keeps it… for the ketoacidosis reaction. My urine looks more like yellow oil than water. I'm not sure what's in it, but I no longer have the 8 Oz pees I had earlier in the week. Typically only 4oz now.

If I just eat normally, the reaction catches up, I start hurting and burning. To fix that, I only need to eat some ice cream. This with the high solute concentration of sugars and salts stops the burning. But now, I'm gaining weight. Most likely from the fluids accumulating in the new solutes. As an aside, I noticed years ago that I could eat all the carbs I wanted without gaining much weight but if I ate ice cream… boom, I gained weight overnight.

However, the difference now is no liver and no insulin, I'm almost certain of both. I now have bruises that don't go away and that zit on my nose that looks as if it won't heal.

Eventually, the spaces will fill. Then, where does my energy come from? No insulin, no ketones being generated. But plenty of sugars and flesh. Is that when the candida returns. In force? Or do I just run out of ATP and fall over?

This also plays havoc with digestion. The solutes are higher outside my intestines than inside. So, my digestion actually pulls salts out. But, this can't last. The BMs are so thick in salts. Not like stage one where they were rock hard and huge. No, the walls have been weakened and they can't move something that hard anymore. Each night as I sleep, they risk getting more digested. As during sleep, when the body is prone and unconscious, the reaction kicks up.

In the article, the ketones never went to sleep for this reason. I can't do that. I don't want to do it. So, eventually, they will stop moving. How long does that take and what do I do to speed it up or slow it down? I would rather they stop today than in two weeks right before a family vacation. But if four weeks can be done, that would work, too.

What I need is the most effective way to get calories in that gets calories through. My system for the reaction without adding salts. Maybe this means juices and alcohol?

Time to try it.

Evening

I'm remembering now that the skin being so thick is crucial to the entire process. Somehow, the arteries down deep in flesh have a significantly different charge than the veins. This causes them to become separate systems, essentially. No wonder the kidneys have a hard time.

My daily BP has been dropping steadily. Today in the afternoon, it was 117/77. Perfectly normal, but low for me.

4/1

As I feel the veinous flow pull away from so many things internally, it has reminded me that the basic thing going on is the separation of the body from the skin. All veinous flow will be skin only at the end. Is that not freaky as hell? As the veinous flow is sucked away, the arterial flow just stops, it isn't being pumped, it is being sucked.

I also remembered that due to the acidity of the system, bones are being leached of the minerals, specifically calcium. The thing that reminded me of this was I was out cutting limbs on a tree with loppers yesterday. I went to cut a fairly thick one and I felt a pop under my left arm as I made the cut. It wasn't a muscle, as it hurts to press on and when I move it. This in turn reminded me of something rather terrifying about the ketos.

I recalled that they were kept OUTSIDE the main buildings near the very, very end. I was trying to remember why that was. I remember basically huge amounts of ice cream but WHY were they outside. Then I remembered, that all their ribs were broken from merely trying to keep themselves upright. Near the end, when the cortisol is extinguished, this results in huge amounts of pain. They would struggle to remain upright and moan and scream.

FWIW, the ice cream helps and hurts. What it does is put calcium into my system. My pituitary then regulates the calcium level by pushing into the cells. This calcifies the remaining things that are not apoptotic. What are those? Heart and other organs. This causes the heart to beat harder and the veins to contract. So, I can choose burning or less circulation. Not really a good choice. I choose less circulation because no one believes me about either and the burning hurts. This process will stop my bowels at some point as they become totally calcified. It will also continue reducing flow to my organs and cause pain as they are pinched off. However, that pain tends to come in little spikes and then dissipate. It isn't really bad and it stops. A few things pull and pull and ache. I think these are the major things like kidneys. I expect the stomach to hurt like a bitch when the veins are pulled from it as there are a LOT of veins there. But, nothing I can do about it, so I just eat ice cream when I start feeling burning. It doesn't take much. But I indulge, some.

The funny thing to me is, I think this means I have lived this long because I don't like milk and noticed some time ago that ice cream added weight like nothing else. I have eaten my fair share of yogurt and cheese over the years though, but more cheese than yogurt. I figure as fast as this thing progresses from step to step and me being on what would appear to be the last step before something very clinically obvious happens, the three weeks I have until family vacation should be enough to come to some sort of clinical diagnosis or worse.

4/3

Still feeling reasonably well. Actually working this week, as much as I am allowed. Obviously, my absence and extremes in my pain without any diagnosis while also being shunned by medical professionals have caused me some issues. So be it, I suppose. I still have ample leave to see this through if needed. Currently, I've been eating whatever I feel like, carbs, protein, candy. My mouth is a bit dry, not super dry but enough to make food less appetizing, but since the pyloric valve is stuck open, it is easy to get a lot of food into my stomach.

I literally have no idea how long until something significant happens.

What I have figured out is that while the additional pressure was in place - up until Jan 17, this allowed the pO2 to be higher in my lower body. As soon as it was removed, the pO2 decreased, but ONLY below my heart. Normally, that would produce acidosis, and perhaps it did to some extent, but I had all that bicarbonate built up. So, the bicarbonate comes out, prevents acidosis. Over time, it is depleted. The end game here is basically a separation of the upper body and the lower body (not totally just in a circulatory fashion). This is

one reason the skin is so loose and thick, the skin literally separates, becoming something wholly separate from the underlying body. The body loses more and more veinous supply as the heart suction becomes a greater part of the overall drive of the heart. Energy is supplied by ketones coming from the digestive tract. Eventually, the solutes in the interstitial spaces are denser than anywhere else. Even food in the digestive tract is less dense than the interstitial spaces. At this point, the system uses the food to digest the body. I think this is where I am today. UA shows specific gravity over 1.15 but is light-colored. Stools are dark and dense with salts and sugars. Thus, they work to dissolve me, while the pituitary keeps on doing its overdrive thing keeping the circulatory system in balance. Eventually, it will be a little off, but the article said that was only near the very end. I mean, I had everything run 8 days ago and it was normal (except the UA), so, "very near" was not last Monday. Is it today? Tomorrow? I have no idea. I would imagine, though, that it is soon.

It is all immensely frustrating. I sent a note to my doc to see if I could stop by their lab for a UA. They said, sorry, we are full this week and recommended Urgent care. Well, the Urgent care lab only goes to 1.03, once again, while the doc's lab goes higher (NO idea why, but I can see it in my historical values), so no luck there. Plus, they would just say "creatinine is normal, no kidney issues" without listening to me say that my muscles don't generate creatinine due to being attacked by candidiasis in my past and running on ketones. So. I don't have a plan. I don't have any real options. I just exist, knowing the truth, the lone sighted person in a world of the blind shouting warnings on deaf ears. It gives me no solace to know that I am right. It isn't about me being right, it is about the loss of science and the rigidity of the medical establishment. Physicians, it turns out, are not scientists. They are akin to religious zealots, espousing doctrine and rote.

4/4

Had a psychiatric appointment today. I don't doubt that people have mental issues and I don't doubt for a moment that the wild swings of hormones, adrenaline, etc during this disease have caused me mental issues. It said right in the original article that such would be the case. I'll be starting Citalopram tonight. I have been on it in the past, and perhaps it helped. But, I am so far along with so much of a difference in processing this time, that I don't know what it will do, if anything at all. I chew my klonopin, because I know it gets into my system that way and goes straight to my brain, but anything that goes into my stomach, I don't know what happens to it anymore. I know my edibles were always working, and they started hitting me 10x harder a few weeks ago when all the trouble with my liver started, so much so that I no longer go there. But, who knows what the Citalopram will do.

Anyway, loads of energy today. Still have that rib that I am quite sure is broken, but I think the high cortisol is helping a lot with that. I've broken ribs in the past (I think my acidic nature has left them a bit bendy, but easy to break if that makes sense) and they can really hurt. This one doesn't hurt nearly as much as it should, honestly.

I am eating a ton of food, since I know it isn't really getting processed. Breakfast was oatmeal and a hotdog (no bun) with coffee. Then a full sugar Dr Pepper (I could never drink full sugar before because it instantly gave me heartburn..it would only take one or two sips), then lunch was a chicken salad wrap, crackers, and other miscellaneous items. I'm assuming as this dissolves me I will become less able to move around. This is likely where the article talked about loss of height from spinal compression. I can already feel pain in my shoulders just sitting down.

The ketone meter was a bust. The super high ketones where I could smell it and feel it on my breath and in my eyes were just two days - Thursday and Friday. However, Friday, even my wife noticed the smell. The next day my meter arrived in the afternoon. I blew a 3.0 one time, and since then, it has been consistently under 2.0. As I have said, this thing moves so fast you cannot catch some of these things.

4/5

Not really much to update. The rib pain has grown worse. As this disease uses my circulatory system to digest the remaining viable parts of my body (basically those above my waist, as everything below is just apoptotic cells), it is causing more pain in my ribs and back. I'm not sure how much longer I will be able to function normally. Last night, I bent over to do something and when I went to straighten up, my entire back/ribcage let me know about it. I cannot imagine the pain if I didn't have high cortisol levels.

In the article, as the ribs shrink, the xiphoid at the bottom center of the ribcage eventually becomes an issue as it pokes into the flesh from the compression of the ribcage. The article talked about how calcium was leached over time but that other minerals were deposited.

This morning I thought of an analogy for the whole process. Basically, the pituitary is behind the scenes playing with all the dials of things people never really look at unless basic chemistries are off. Things like ADH, PHTH, Aldosterone, Catecholamines, etc. It plays a crazy game of keeping blood chemistry as close to correct as possible and it does so. However, there are a lot of consequences in areas other than blood chemistry to those things.

4/12

I have not updated in a week. Of course, it's been a weird week. I think that my ATP now comes from a reaction of some sort in the interstitial space. I think this probably began the night of the robot walk.

Yesterday, I took a soak in a tepid tub until wrinkly. I was worried that hot water might be bad. Afterwards, I was spacy and lightheaded.

I'm generally cold. If I eat a lot I get warmer but it's odd. My hands will get hot and sweaty and oily. I don't feel hungry, but I know when I have to eat. If I don't my stomach starts gurgling and I feel nauseated. So, that means I am nauseated when I eat.

I've decided not to pursue anything medical again. If I make it through family vacation this month, then I will. Until then, I'm too afraid of worsening the situation by removing further volume with any tests. The article mentioned that near the end the entire circulatory system contained only a cup or so of blood, so even one 8cc blood draw is significant. All removed volume is taken over by interstitial volume and I need the circulatory volume to breath.

I'm guessing the reaction is between ammonia and ketones or aldehydes. That would make it a Schiff reaction. The ammonia comes from the incomplete breakdown of proteins and the ketones from either my kidneys or my liver.

I sat outside today for 30 minutes in the sun. I no longer sweat. I'm afraid this vacation comes at a very bad time but the family is committed and I will give 100% to make it happen.

Third time now in my life I've experienced something. Drinking alkaline water really makes me lightheaded. My body is really acidic. No wonder I've always stuck to diet soda.

Anyway, it's very, very strange absolutely knowing you are dying.. And of something no one thinks exists and being almost normal in most capacities. Now that I'm past all the preliminary pain, it's just weird. But I continue to get new symptoms that I then recall from the article. The latest example are my hands. The article said they act as a filter after the liver is gone. Mine are now always warm and get oily and sweaty after I eat.

4/13

Light headed and cold today, despite eating a large breakfast. So I laid down. And this is where the terminal diabetes insipidus makes total sense. For the second time this week, after feeling cold and lightheaded, upon lying down I eventually need to urinate. I'm cold and tired though, so I wait a while. Finally, right after I relieve myself of more than I should really need to go given my fluid intake, I suddenly feel warm.

So basically, my system needed to concentrate my volumes by releasing some dilute fluids. Now that I have more solutes to push everything harder (mostly pituitary but also cardiac), I'm warmer. It might even have pushed me into whatever chemical reaction is going on.

4/16

I’m not writing anymore. Things will be obvious within the next week. Medical care has failed me and I’m quite certain their lack of knowledge on the subject will only hasten my end as it has to this point if I was to

return. Great example, when I expressed doubts about my creatine clearance being a good indicate of EGFR, there is another test that could have been run. Cystatin C with EGFR. I had NO idea, or I easily would have had this test run prior to my MRI. The gadolineum from the MRI really hastened the changes I went through.

So, this is my last entry. I hope science benefits from what I have written.

To my family - I am sorry to have put you through this over the years, especially over these last months and the week or two to come. It has impacted our relationships in a negative way and that is the last thing I would ever want. You are my everything. I would run into a burning building for any of you.

I do hold my medical providers responsible. I have been shouting what I have for 26 years. The tests you have run were the bare minimum. Is there one phosphate in my history? Is there one complete thyroid analysis, blood gas, or PTH? HGH? These are the things the pituitary uses to change the dials. You failed.

Lastly, the OLD writeup:

Old Write Up

Finally, On the mind and learning

Finally, how crazy is it that I can go through all of this and more and still let people convince me it isn't real? How was I so easily convinced by those without any direct knowledge? The things I went through are so bizarre, they leave a huge impression; however, life goes on and when no one believes or finds supporting evidence, the brain just starts focusing on the problems at hand not the ones in the rear-view mirror — until they return

Much of what I started with in this document has changed but not the direction, beginning, or ending. I've learned about science and the body and medicine. It's much too complex to expect me to remember it all. I wish I could, that would make it a lot easier. And yes, I'm not a physician and **I get even some basics totally wrong**. I've started removing what I know is wrong. Guess what, it doesn't really change much. I've also found sources I've linked to in a couple places of things I discussed before knowing exactly how it works and actually have been right about the possibility of it.

One more thought. In the last ten years there have been some new drugs released that might have saved me. ADH agonists. In theory, these would have enabled me to increase my solutes to hyper states. Then, I could increase volume by simply drinking or supplementing hydration. But I would have needed them long ago, as for years my system has contained only a fraction of the normal volume.

One Only Semi-Wild Thought: — Perhaps all original records have been expunged because in the article it mentioned the approach had possible super soldier considerations, as the soldiers could survive in extreme conditions, could survive conditions that would dehydrate most people, would be unlikely to bleed from wounds, bones would not break easily, even frostbite was impossible. That sounds nuts but, the article did mention it. I would guess that with proper monitoring, nutrition and medications, you could have a near normal life-span with this condition. Because with only the basics, and some prevention (but also plenty of stupid things like THC, antihistamines and other common drugs, too much sugar,too much salt, occasional alcohol) you could avoid the 2nd transition, I think. However, today's wars are economic and mechanical.

Randall James Craddock II

Links:

Health Log:
Health Log File Found HERE

Urine Bicarbonate
Urine Bicarbonate

Heart Suction from Right Atrium
NIH Article

IVCS
IVCS ARticle

Candida attack muscle fibers
Candida Attack Muscle Fibers