

THE COW CONSPIRACY

How That Glass Of Milk Might Be Killing You

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Published by Galen White.

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CONTENTS

| | |
|--|----|
| Chapter 1: Stranger Than Fiction | 4 |
| Myth #1: Milk Is Good For Your Body | 5 |
| Myth #2: Osteoporosis Is Caused By A Lack Of Calcium | 6 |
| Myth #3: Disability Or Death By Fractures Are The Worst Thing That Can Happen To Someone With Osteoporosis | 7 |
| Chapter 2: Calcium Turns Your Heart Into A Time Bomb | 8 |
| Atherosclerosis..... | 8 |
| Chapter 3: Calcium Causes Cancer | 11 |
| Thyroid Cancer: Calcification In The Thyroid Glands Increases Incidence Of Malignancy | 12 |
| Breast Cancer: High Bone Density Increases Risk Of Breast Cancer | 13 |
| Kidney Cancer: Calcium Causes Kidney Stones Which Lead To Cancer | 14 |
| Risk Factors Of Developing Cancer From Calcium | 14 |
| Chapter 4: The Missing Ingredient..... | 17 |
| For Our Bones (And Teeth) | 17 |
| For Our Hearts..... | 18 |
| For Cancer Prevention | 19 |
| For Protection Against Diseases | 20 |
| For Your Own Good | 20 |

CHAPTER ONE: STRANGER THAN FICTION

If you're reaching for that glass of delicious milk...STOP. RIGHT. NOW. Chances are, for as long as you could remember, you've been told by your parents - or relatives, teachers, television commercials - that drinking milk is good for you. They tell you that milk makes you grow stronger and faster. But what they don't know is this: that glass of milk you're about to drink *can kill you*.



"No way," you exclaim, "everyone drinks milk; everyone knows milk is healthy!"

Well, let me break it to you. Everyone is *wrong*.

There is a conspiracy among the dairy industry that nobody wants to admit, and it involves cows, milk, and money. Cows can't hurt us, but their milk can. Specifically, the high calcium content in their milk can do irreparable damage to our bodies, and we're still praising it for doing so! From your parents to your doctors, the misconception that milk is good for us has been so ingrained in their minds that anyone who says otherwise must be crazy. In that case, the Cow Conspiracy should be certified insane.

Sometimes made-up things can sound much better than the truth, so people tend to conveniently forget the truth and start taking fiction as fact instead. But the irrefutable truth is that calcium, in excess, is not your friend.

Myth #1: Milk Is Good For Your Body

"Got milk?"

You've probably heard of that slogan if you're the least bit pop culture-savvy. It was an advertising campaign that began in 1993 and ended in 2014; over a decade's worth of milk mustaches and celebrity endorsements. Created by an advertising agency for the California Milk Processor Board (CMPB), much of the significant increase in milk sales in the United States are attributed to this campaign.

But what most fail to notice is that the CMPB is actually a non-profit marketing board, which sounds pretty good on paper, until you realize that they obtain their funding from California dairy processors, who depend on the sale of milk for survival.

It's not really a big leap to say that they're profiting after all. And on the misplaced trust of consumers, no less. Why would the ads mention the health risks that come along with excessive calcium intake? The dairy industry *lives* on people's belief that milk is an essential, everyday item that they can't live without.

Just by a slew of sentences and cleverly marketed ads, the dairy industry has the public eating completely out of their hands, thinking the world of milk and its necessity. We, as consumers, have been fed with this belief: Calcium is needed by our bodies for growth and strength. What the gargantuan dairy industry has failed to point out is that the calcium in milk is barely absorbed into our bones and instead may instead cause the calcium in our bones to leach, and the amount of calcium in our bones become substantially reduced.

In severe cases of calcium deficiency in our bones, osteoporosis develops. In fact, according to a 2014 published study, a milk-heavy diet is bad for your bones, and can even increase your risk of death by other causes like cardiovascular diseases and cancer.

"A higher consumption of milk in women and men is not accompanied by a lower risk of fracture and instead may be associated with a higher rate of death."

Source: Milk intake and risk of mortality and fractures in women and men: cohort studies by the *British Medical Journal*, 27 October

Myth #2: Osteoporosis Is Caused By A Lack Of Calcium

It's not entirely untrue, but the unabridged truth is that osteoporosis is caused by a calcium deficiency *in the bones*. For the rest of the body, there is actually an *excess* of calcium!

Without the proper conditions for calcium to be absorbed into your bones, the calcium that you ingest daily are being directed to other parts of your body instead of going straight to where it's supposed to go (your teeth and bones).

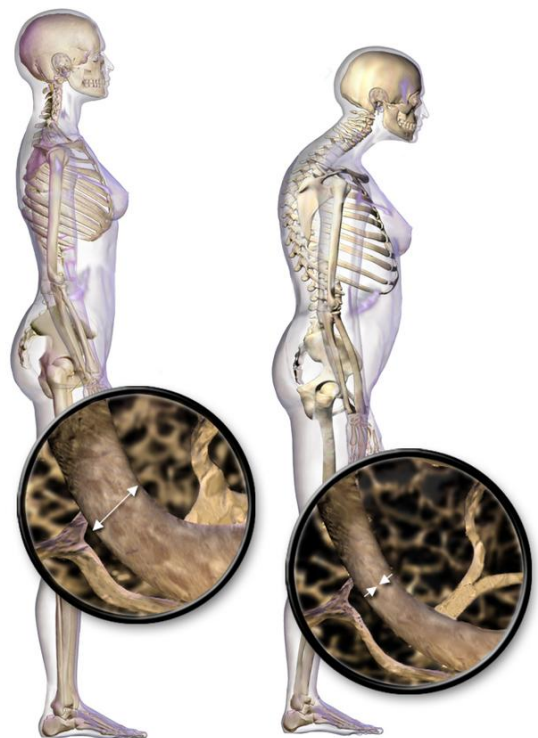
Unfortunately, the common mistake that everyone makes - including healthcare professionals - is the belief that a lack of calcium in the bones also means a calcium deficiency in the body generally. One of the main symptoms of osteoporosis is excessive bone resorption, which is the process where bone is broken down and its minerals are released - calcium in particular - into the blood. When bone resorption occurs at a faster rate than absorption of calcium into the bone, the calcium deficit in the bones causes the individual to develop osteoporosis.

Just by this fact alone can indicate that in patients with osteoporosis, there is calcium present in the blood, sometimes more so than the bone itself in severe cases. Hence there cannot be a calcium deficiency in the body.

People are increasing their intake of calcium in the form of calcium supplements, *as recommended by their doctors*, but even the doctors have been brainwashed into believing that those supplements are taking the calcium directly to the bones.

What they've failed to realize is the fact that these supplements do not contain the necessary ingredients needed by the body to activate the calcium they're carrying. So in addition to the consumption of milk causing our bones to leach calcium, these supplements are also the source of superfluous calcium that binds itself to our organ tissues, arteries, and blood vessels.

Calcium supplements are actually killing those with osteoporosis day by day.



Myth #3: Disability Or Death By Fractures Are The Worst Thing That Can Happen To Someone With Osteoporosis

Of course, a fracture would be no laughing matter to an osteoporosis-riddled person. It can lead to impaired mobility instantly, and in many cases, death follows rather quickly. A study in 2003 has shown that the highest mortality rate in 836 osteoporotic patients was within the first three months after a fracture of some kind. The risk of significant excess mortality can persist for up to two years after the fracture.

A 2009 study reiterated that conclusion, in regards to heightened risk of premature death from hip fracture.

"...hip fracture is associated with excess mortality (over and above mortality rates in non-hip fracture/community control populations) during the first year after fracture ranging from 8.4% to 36%. In the identified studies, individuals experienced an increased relative risk for mortality following hip fracture that was at least double that for the age-matched control population...and remained elevated for months and perhaps even years following the index fracture."

Source: Excess mortality following hip fracture: a systematic epidemiological review, Abrahamsen, B. et al, Osteoporosis International Volume 20 Issue 10, October 2009

But surely it isn't any better to die of cancer painfully, or suddenly from a heart attack, is it?

According to numerous research studies, there is an increased risk of all-cause mortality in persons with osteoporosis rather than death by fractures. The following chapters will cover more on this.



CHAPTER TWO:

CALCIUM TURNS YOUR HEART INTO A TIME BOMB

There's no dispute that our bodies require calcium. Calcium is good for a great number of things:

- Strengthens bones and teeth
- Triggers hormone release
- Regulates muscle contraction
- Signals nerve transmission
- Maintains cell membrane stability and permeability
- Helps in blood clotting

However, our body cannot control where the calcium goes. The problem with most calcium intake is that it settles in places where it doesn't belong. Instead of going to your bones and teeth, calcium floats around in the bloodstream, attaching itself to your arteries' walls and soft organ tissue. Eventually, the calcium will harden your tissues, in a process called calcification. Calcification may occur in arteries of the heart, brain, kidneys, liver, muscle tissue, you name it. It can also cause kidney stones and gall stones to develop.

The most pressing danger would be aortic calcification. The heart arteries are channels to provide sufficient blood flow to your heart, which keeps you alive. Long have people attributed heart attacks and cardiovascular diseases to a fat-rich diet and lack of exercise. However, alarming discoveries have been made in later research studies that prove calcium is a major factor in heart-related diseases.

Atherosclerosis

Calcium can build up in plaque, which is the pockets of cholesterol, fat and other substances that accumulate inside our artery walls. These arteries are narrowed (atherosclerosis), restricting normal blood supply and sometimes even obstructing the path of our bloodstream completely. Plaques can also burst open, resulting in sudden cardiac arrest or a stroke.

Usually, people don't realize that they have atherosclerosis until it's too late. That's because this condition doesn't really have any visible or palpable symptoms; only when blood flow is completely blocked by those calcium deposits in plaque and induces a heart attack or stroke, then is atherosclerosis diagnosed as the cause.

Atherosclerosis symptoms can differ by the types of arteries that are clogged up. If the coronary arteries (they supply blood to the heart) are the ones affected, chest pain, shortness of breath, abnormal heart rhythm, fatigue and lethargy can be experienced.

If carotid arteries (they supply blood to the brain) are affected, there might be weakness or numbness in your face or limbs, difficulty in speaking, confusion, disturbances in your vision, dizziness, and sudden headaches. Affected peripheral arteries (supply blood to limbs) might cause numbness or pain in your limbs, or even infection.

This condition is actually a precursor to other kinds of complications besides the plenty possibilities of cardiovascular diseases. An aneurysm, which is a bulge in the artery wall, occurring as a result of atherosclerosis, may also be fatal if ruptured.

In a 1990 study, it was revealed that in the various stages of atherosclerosis, there was an increased presence of calcium in coronary fatty streaks of the coronary artery walls. The calcium content of plaque in these artery walls increased 13 times in Stage I, 25 times in Stage II, and a whopping 80 times above the normal average in Stage III. Calcium salts were the main component of the advanced stages of coronary plaques, taking up approximately 50% of the total dry weight.

"The most dramatic calcium incrustation was found in coronary stage III plaques that had produced massive fatal coronary infarction. Here, the proportion of calcium salts (particularly hydroxyapatite) may amount to almost 50% of dry weight. Thus the most excessive accumulation of calcium seems to be correlated with the highest fatality."

Source: Excessive mural calcium overload--a predominant causal factor in the development of stenosing coronary plaques in humans, Fleckenstein, A. et al, August 1990

The study also further stated that in Stage III plaques, the total cholesterol weighed only 2.34% of the entire mass - even though the common belief is that cholesterol plays a major factor of heart disease.

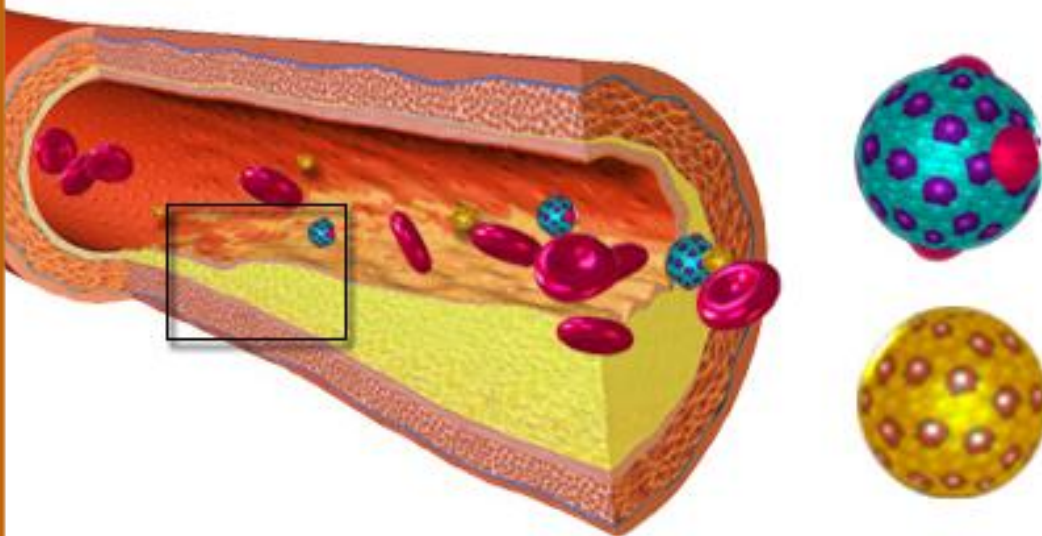
"...in coronary stage III plaques the proportion of free cholesterol was 1.37%, and of total cholesterol only 2.34% of the whole mass, certainly not enough for directly causing coronary occlusion."

In 2013, a 19-year-long study was published, and it showed that people who consumed more than 1400mg of calcium per day had a 40% increased risk of death from cardiovascular disease, and an appalling 114% increased risk of death from ischemic heart disease (restricted blood supply to the heart muscle).

From the same study, we find that individuals who were taking calcium supplements in addition to a high-calcium diet had an increased mortality rate of *more than 250%*. That is an astounding statistic that should not be taken lightly. To reiterate from the previous chapter, there is absolutely no need for unnecessary calcium supplements to complicate things in our body as a normal, varied diet is sufficient for our daily calcium intake.

Screening tests to diagnose whether you have atherosclerosis can be taken, called a coronary calcium score. It is a CT scan of your heart, telling you (and the doctor) the amount of calcified plaque in your coronary arteries. The results of this test can indicate your overall risk factors and how they contribute to the development of heart disease. The higher your calcium score (for your age), the greater the risk of getting a heart attack or stroke. If the test shows no calcium deposits or just a few of them, it is recommended that you need only retake the test in five years' time.

Common sense can tell us that a test, just to determine the amount of calcified plaque in your arteries, is sufficient to calculate your risk of heart disease, means that calcium is guilty of being the root cause of cardiovascular diseases.



CHAPTER THREE: CALCIUM CAUSES CANCER

Once again, calcium is the culprit of this deadly disease. It has been general knowledge for many in the healthcare industry that an excess of calcium, usually in the form of calcification, is found in malignant cancer cells. In scans and tests, these calcifications are easily spotted and yet the entire medical field is reluctant in acknowledging this glaring fact.

It's probably due to how calcium is perceived by the public as a miracle nutrient, and naysayers have to face vehement objections if they even say a negative word about it. Calcium is like a deceptive politician whose long-running marketing campaign is so brilliant that no one can ever believe anything that goes against it. So it goes on its destructive course, innocently *killing* everyone it inhabits, and gets away scot-free every time.

There has been several causal links between calcium and cancer. One study used susceptibility weighted imaging (SWI) - an enhanced form of magnetic resonance imaging (MRI) - and computerized tomography (CT) scans to detect prostatic calcification in patients with prostate cancer. Out of 23 patients, SWI managed to distinguish the presence of calcification in 22 of them.

"The calcifications were detected in 22 patients by CT, including 5 out of 23 patients with prostate cancer and 17 out of 53 patients with benign prostatic hyperplasia. When MRIs were used, the calcifications were detected in all the 22 patients by SWI whereas in only 3 by routine MRI."

Source: Susceptibility Weighted Imaging: A New Tool in the Diagnosis of Prostate Cancer and Detection of Prostatic Calcification, Bai Y. et al, published 7 January 2013

It doesn't necessarily prove that calcium is the root cause of cancer just because it was found in the place where the cancer is, but we have to take into consideration that cancers are indeed caused by a process called "oxidative stress".

All chronic diseases are derived from oxidative stress, and an increase in oxidative stress will only increase the possibility of their development. Oxidative stress happens when there is an imbalance between the production of free radicals and the body's ability to counteract their harmful effects via neutralization by antioxidants.

When there is an excess of calcium ions in the body, it has to work harder and exhaust its supply of antioxidants. After which if there are still more free radicals in the body than antioxidants, the cells may become damaged or diseased, leading to apoptosis (cell death) or worse, mutated DNA. Certain studies have shown that the higher the concentration of intracellular calcium, the more the cancer invades cells, creating a metastatic spread.

The main reason for deaths by cancer is the metastatic dissemination from the original cancerous tumor to other tissues, according to a 2011 journal review. A cancer cell needs to be able to "escape" the original tumor in order to infect healthy cells. Calcium plays an important role in cell migration.

"Ca²⁺ overload is lethal to all cells"

Source: Nature Reviews Volume 11, August 2011

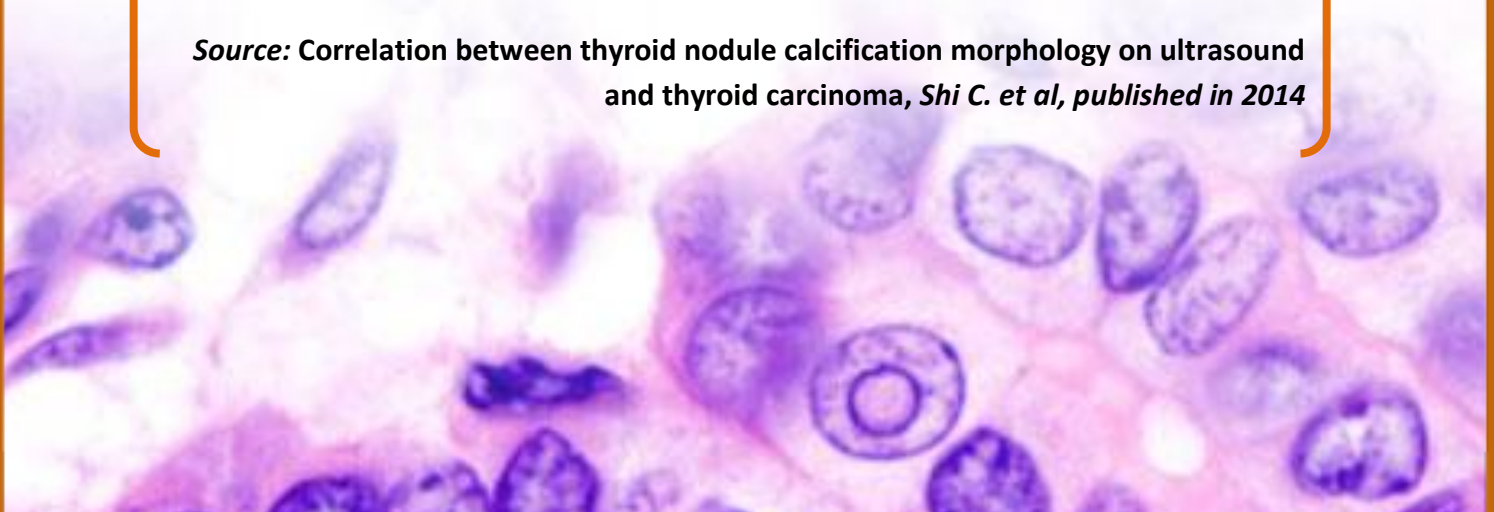
Thyroid Cancer: Calcification In The Thyroid Glands Increases Incidence Of Malignancy

Most practitioners who find calcification in thyroid nodules don't pay enough attention to it as it occurs in both malignant and benign disease. However, a research study in 2012 has shown that patients with diagnosed thyroid cancer were likelier to have micro- and macrocalcifications in their nodules than those with benign disease.

Microcalcifications serve as a red flag, with a terrifying rate of 96.5% for malignant carcinoma. In patients with papillary carcinoma, all of them had cervical lymph node microcalcifications detected in ultrasonography, hence it is a strong indicator of malignancy and requires immediate surgery.

"Thyroid microcalcifications are strongly associated with thyroid carcinoma, especially micropapillary carcinoma. When cervical lymph node calcification is present, immediate surgery is required."

Source: Correlation between thyroid nodule calcification morphology on ultrasound and thyroid carcinoma, Shi C. et al, published in 2014



Even back in 2002, a study has noted that when calcification is found in thyroid nodules, malignancy risk runs higher than for those without calcification.

"When calcification is noted within a solitary thyroid nodule, the risk of malignancy is very high. Surgery should be recommended regardless of the result of fine-needle aspiration cytologic findings."

Source: Thyroid calcification and its association with thyroid carcinoma, Khoo ML. et al, published July 2002

Breast Cancer: High Bone Density Increases Risk Of Breast Cancer

When people consume calcium supplements or eat an excessively calcium-rich diet, our bone density may increase due to the higher calcium intake, but that does not mean that our bone's structural matrix has been improved. Bone density tests can indeed tell if we are suffering from osteoporosis since this condition depletes the bone of its calcium, but it doesn't improve our condition as we only add calcium in attempt to replenish what we've lost, not stop the bone from losing more calcium.

Moreover, ingesting more calcium to increase our bone density is like putting a fresh coat of paint on a weathered wooden chair. It will still be weak and prone to breakage - it just looks new on the outside now.



"Multivariate analyses that adjusted for age, obesity, and other covariates revealed that the risk of breast cancer for women in the highest quartile of BMD for all three skeletal sites was 2.7 times greater than that for women in the lowest quartile at all three skeletal sites."

Source: Bone mass and breast cancer risk in older women: differences by stage at diagnosis. Zmuda J.M. et al, Journal of the National Cancer Institute, June 2001

Numerous studies have concluded that women with a higher-than-normal bone mineral density (BMD) have a significantly higher possibility of developing breast cancer than those women with low to normal BMD. One such study, observing 8905 women (with no history of breast cancer) over the course of 6.5 years, told us that the *increased risk was 270%*.

Another study in March two years later called the Rotterdam Study concluded the same thing with 3107 women, resulting in a 210% risk for women with lumbar spine BMD in the upper tertile compared to women in the lower tertile.

Kidney Cancer: Calcium Causes Kidney Stones Which Lead To Cancer

Calcium doesn't cause kidney cancer directly, but it can contribute greatly to its development. People who have, or have had kidney stones are actually at a higher risk of getting kidney cancer - a 318% increased risk. Urinary tract cancers are also more likely, with a 2.5-fold chance of renal pelvis/ureter cancer, and 1.4-fold for bladder cancer.

Most kidney stones are formed by oxalate or phosphate combined with calcium (or all three combined). High levels of calcium in your urine is possibly due to calcium supplements, or when calcium leaks from your kidneys into your urine in excessive amounts, forming these stones and

"...we found that the combined kidney cancer patients had a 3.18-fold higher risk of having been previously diagnosed with urinary calculi."

Source: A population-based study on the association between urinary calculi and kidney cancer, Chung S.D. et al, Nov-Dec 2013

causing extreme discomfort and pain.

Although they seem like just a temporary discomfort, kidney stones are no joke if you take into consideration their blatant association with cancer.

Risk Factors Of Developing Cancer From Calcium

People with hypercalcemics are at especially high risk of developing calcium-induced cancers. Hypercalcemia is a condition where the amount of calcium in your blood is above the normal level. It stems most often from overactive parathyroid glands that produce a hormone called parathyroid hormone (PTH), which raises the blood calcium level by a number of methods:

- breaking down bone to cause calcium release
- increasing body's absorption of dietary calcium
- increasing kidney's ability to retain calcium instead of leaking it into urine

Parathyroid glands controls the release of PTH to regulate the blood calcium, so when the blood calcium is too high, PTH stops being released, and likewise if the blood calcium is too low, PTH is released to bring the blood calcium levels back up. Without this regulation of blood calcium, the functions of our body's nervous system, heart, kidneys and bones would be disturbed.

When parathyroid glands become overactive (most probably by a non-cancerous tumor on one or more of the four glands), too much PTH will be released, thus causing too much calcium to be in our bloodstream.

Hypercalcemia can also be caused by too much intake of calcium supplements over time. The amount of calcium in the blood will be gradually increased instead of being properly utilized by the body, leading to this chronic condition.

It's hard to detect hypercalcemia, though. Its symptoms are similar to a great number of other ailments like the common flu, gastritis, diabetes, heat exhaustion, to name a few. Some of the symptoms are:

- Fatigue and lethargy
- Feeling of weakness
- Loss of appetite (anorexia)
- Constipation
- Loss of concentration and interest in activities
- Mild confusion



If hypercalcemia remains untreated, it can lead to more severe symptoms:

- Abdominal pain
- Nausea and vomiting
- Increased thirst and frequent urination
- Muscle pain, spasms, or weakness
- Bone pain
- Irregular heartbeat
- Confusion, disorientation, difficulty in thinking and speaking clearly
- Agitation

If these severe symptoms are not attended to properly, they can lead to a hypercalcemic crisis, which is a life-threatening emergency. The symptoms become more even more serious and can cause some other conditions to manifest, like pancreatitis and peptic ulcer disease. It's scary how calcium can induce such a violent reaction from our bodies and play such a huge role in malignancy.

The most common causes of hypercalcemic crisis are:

- Hypercalcemia of malignancy (70% of all cases)
- Previously undetected primary hyperparathyroidism
- Medication-induced hypercalcemia

Hence it's imperative that we become more alert to what we ingest daily, because we are all accumulating calcium in our bodies unknowingly. We don't know for sure how much of the calcium in our diet is going to the places it needs to be, such as our bones and teeth. Calcium supplements may be upping our bone density for no apparent benefit. You wouldn't want to give your body so much calcium that it decides to turn on you.



CHAPTER FOUR: THE MISSING INGREDIENT

For all intents and purposes, calcium is essential to our survival and can be beneficial in many ways. But it's definitely not enough to just include daily calcium supplements in our diets and think that we're getting what our body needs. Calcium needs to be activated, otherwise it's just useless ions floating around in our bloodstream until it gets deposited in places it's not supposed to be.

In spite of substantial evidence of the prowess of this missing ingredient, the healthcare industry is apathetic to its cause. Why? Because previous methods of treatment have included other factors and ingredients that were toxic at some level. This missing ingredient has, so far, no known toxicity at any dose, even at high doses of 120mg per day. It's been known to dissolve unwanted calcium deposits, reduce fracture risks by miles, and prevent the development of cancer.

For Our Bones (And Teeth)

In osteoporosis-riddled patients, bone calcification that is necessary for the strengthening of bones is not taking place, and instead abnormal calcification outside of the bones (ectopic calcification) happens frequently. This is also known as the "calcification paradox". A study conducted with rats, that had impeded activation of a protein needed to prevent calcification from occurring, showed that an intake rich with this missing ingredient could actually dissolve the arterial calcification that had built up.

This protein needed the missing ingredient in order to be activated, and without it, ectopic calcification would develop fairly quickly and without bounds. The brilliant thing about this missing ingredient is that it can differentiate between "good" and "bad" calcification, which means that it will prevent dissolution of calcification in our bones, and target just ectopic calcification. It also acts as a modulating agent to aid the remodeling of our bones. In order to prevent osteoporosis, our bones desperately need this ingredient.

Some studies indicate that with the implementation of this ingredient, bone structure can be improved even without increasing total bone mass or density. Unlike calcium supplements, which only serve to increase bone mineral density (BMD) and does not ameliorate the bone's structural matrix.

One of the studies revealed that while the decline in BMD of women with osteopenia (a state of lessened bone density that leads to osteoporosis) was unaffected, carboxylated osteocalcin was increased in percentage. This meant that osteoporotic activity in the bones had been reduced. Although the aim of the study was not yet proven, the data shows that this ingredient does help in strengthening bones and lessening the possibility of fractures.

A slight variant of the missing ingredient has been proven to increase BMD, and keeping in mind that the ingredient itself improves the bone's structure against fractures but doesn't increase BMD at all, this tells us clearly that relying on BMD tests to diagnose and treat osteoporosis is a foolish act. However, if BMD increases without calcium supplementation but with the missing ingredient, it means that the less dense, porous bone is being replaced with new, healthy bone. Which is naturally the case, because the ingredient improves overall bone health and thus stimulates the deposition of new bone tissue (osteoblastogenesis), while also regulating its resorption (osteoclastogenesis).

As mentioned in the earlier chapters, calcium is needed to keep our teeth healthy, too. But the calcium doesn't exactly go to our teeth without the missing ingredient's help. The ingredient directs and activates the calcium to be deposited into our teeth. Without it, the calcium would just be looking for soft organ tissues and vessels to latch on to.

For Our Hearts

Not only can this missing ingredient dissolve ectopic calcification, it can destroy the arterial plaque that is present in our arteries and inhibiting regular blood flow. The protein that is supposed to prevent ectopic calcification, as mentioned in the previous section, has also been found in arteries of people who have died from heart attacks. This means that the plaque build-up in our arteries have a close association to the activation of this protein. The missing ingredient is the link.

Recent research has concluded that this ingredient is indeed the key to preventing not just osteoporosis, but heart disease as well. In a 7-year research study with 4800 participants, people with the highest amount of this ingredient in their bodies were at 57% less risk of heart diseases as compared to the people with the least level of it.

Another study told us that this ingredient successfully lowered coronary artery disease by 75%, arterial calcium plaque by 52%, and overall mortality rate by an impressive 26%. Overall mortality rate stands for death from all causes, which means that this ingredient can prevent cardiovascular disease and even fatalities from basically any cause or diseases!

"During a median of 19 years of follow-up and 1 094 880 person years at risk, 11 944 women (17%) died; of these women, the underlying cause of death was cardiovascular disease in 3862, ischemic heart disease in 1932, and stroke in 1100."

Source: Long term calcium intake and rates of all cause and cardiovascular mortality: community based prospective longitudinal cohort study, *Micha ělsson, K. professor et al*, 13 February 2013

For Cancer Prevention

Doctors examined the relationship dietary intake of our missing ingredient and the development of prostate cancer in a study of 11,319 men over an 8.6-year follow-up. The men with the highest amount of this ingredient in their diets had a 63% reduction in advanced prostate cancer incidence, as compared to those with the least intake of the ingredient.

In Japan, this ingredient was administered to women with viral hepatitis in order to prevent it from developing into hepatocellular carcinoma - the most common kind of liver cancer. A daily dose of just 45g can reduce the incidence rate of its development to a mere 20%, compared to those patients who weren't ingesting any dosage of this ingredient. This amazing ingredient can suppress the growth and invasion of these cancerous liver cells, modifying their growth factors and receptor molecules so that their ability to stimulate tumor growth and progression is lessened dramatically. Cell cycles are frozen to prevent further replication, and programmed cell death (apoptosis) is triggered through its characteristic processes.

Formerly known as leukemia, myelodysplastic syndrome (MDS) is a disorder where the bone marrow produces various kinds of poorly formed young white blood cells rapidly. In a person with MDS, blood stem cells do not develop into healthy red or white blood cells or platelets as per normal. Instead, these immature stem cells called blasts, die in the bone marrow or after being filtered into the bloodstream. Less room for healthy blood cells and platelets to form in the bone marrow may cause an insufficiency and infection, anemia, or easy bleeding will occur.

MDS symptoms include:

- Shortness of breath
- Skin that is paler than usual
- Easy bleeding or bruising
- Weakness or lethargy
- Petechia - a small red or purple spot on the skin caused by hemorrhaging

A woman of age 80 was once successfully treated of MDS with the missing ingredient back in 1999. Before undergoing treatment with the ingredient, she had been relying on regular blood transfusions for her persistent anemia. Just a little over a year later, she didn't need the transfusions anymore. When she stopped the treatment, her anemia came back until they re-administered her dosage of the ingredient. Hence continued doses of this ingredient was necessary to keep MDS and leukemia at bay in her case, which was no trouble as again, this ingredient has no known toxicity at any dosage.

For Protection Against Diseases

This missing ingredient has demonstrated its multitude of abilities, but the list is still incomplete. Discoveries of its power are being made every day, and there is still no answer as to its limitations thus far.

Other than destroying plaque, strengthening our teeth and bones, preventing cancer and heart disease, the prowess of this ingredient includes the improvement of some other conditions as well:

- Arthritis
- Alzheimer's Disease
- Cerebral palsy
- Multiple sclerosis
- Diabetes



For Your Own Good

With so many benefits to our overall health and the ability to prevent all these diseases, there's no doubt that this missing ingredient is essential to our survival and healthy living. Who wouldn't want to eradicate disease and illness from their lives? We need to sit up and recognize this ingredient for its wonderful capabilities before mortality rates go any higher than they need to be.

To learn more about this incredible ingredient, [click here](#) and start educating yourself on how to lead a disease- and pain-free life.

Galen White