Cholesterol

BACKGROUND: Researchers at the Biological Immunity Research Institute, Scottsdale, Arizona have developed a lab test using urine & saliva. The test is unique because it has its roots in soil chemistry rather than the traditional medical approach. The test is called the Biological Immunity Analysis® (BIA).

Phase 1 Determine if the various BIA factors are significantly related to a patient's health. If the BIA factors can be related to wellness, it may be possible to use this simple, non invasive 10-minute evaluation technique as a *pre-diagnostic* wellness modality to determine trends and tendencies of a patient long before the patient experiences symptoms, or before traditional medical testing is able to detect them.

Phase 2 Discover what positive affects the dietary and lifestyle regime suggested by the BIA has on the various states of wellness. This regime is referred to as the Biological Immunity System® (BIS).

FACTORS The test consists of 7 parameters; Sugar Brix, Urine pH, Saliva pH, Conductivity Cell Debris, Nitrate Nitrogen, Ammonia Nitrogen.

Sugar Brix (urine): (Goal: 1.5) A scale of 0-10 has been developed using a Sugar Brix refractometer.

Urine pH: (Goal: 6.4) A scale of 4.5-8.5 has been developed using a digital pH meter.

Saliva pH: (Goal: 6.4) A scale of 4.5-8.5 has been developed using a digital pH meter.

Conductivity (urine): (Goal: 7) A scale of 0-60 C-units has been developed using a Conductivity meter reading a scale of 0-40,000 micromhos. One micromho equals 1.5 C-units.

Cell Debris (urine): (Goal: 1) A scale of 1-4 has been developed using a visual measuring technique of the urine specimen.

Nitrate Nitrogen (urine): (Goal: 3) A scale of 1-14 has been developed using a color chart comparison to shape and color produced by the chemical reaction of the specimen with the specified reagents.

Ammonia Nitrogen (urine): (Goal: 3) A scale of 1-12 has been developed using a color chart comparison to color produced by the chemical reaction of the urine specimen with the specified reagents.

ENERGY CATEGORIES

Metabolism Efficiency (EM) : (Goal: 75%; Minimum Acceptable: 55%) A scale of 0-100 has been developed taking into account; 1) the value of each of the various factors and their respective scales and, 2) the position that each of the above factors have with regard to established acceptable ratios between the various factors.

In most cases, the higher the EM, the fewer symptoms and greater wellness the patient should exhibit, unless the number of Adverse Relationships (AR's) is excessive. In which case, it would indicate emotional stress, as opposed to physical or biochemistry stress, to be the cause of presenting symptoms. The EM may be used as a biofeedback tool to determine how well the patient is converting food into energy.

Reserve Energy (ER) : (Goal: 75%; Minimum Acceptable: 65%) A scale of 0-100 has been developed taking into account various factors identified as using the combined average of all previous EM's taking into account a Smoking Factor, Drug Factor and Surgery Factor. The Reserve Energy (ER) is designed to be a guide to the immunity and healing capacity of the patient. The EM can fluctuate much more rapidly than the ER, thus the ER gives an overview of progress made to date.

Biological Age (BA) : (Goal: Actual Age) A scale of 0-100 has been developed to furnish another biofeedback tool to measure the hypothetical effect of the present EM on the body. This serves as another measurement device to quickly assess the progress being made by the patient to restore balance and wellness to the body.

Adverse Relationships (AR) : (Goal: 0-4) A scale of 0-12 has been created by comparing the position of individual factors against each other. The greater the number of AR's, the more imbalanced and stressed the patient may be expected to be. The greater the AR's, the more emotional stress, as opposed to physical or biochemical stress, can be expected to be the cause of the presenting symptoms, unless the EM is also high, in which case emotional and toxin suppression may be expected. The greater the AR's, the deeper and more chronic the diagnosed problem is expected to be, and the longer it will take to bring balance and wellness to the body.

Speed of Decline: (SD) (Goal: 0-1) A scale of 0-4 has been developed by comparing the position of the Saliva pH on its scale relative to the position of the other factors. There are 4 relationships being observed. The Speed of Decline (SD) is determined by the number of Adverse Relationships involving the Saliva pH. The greater the SD, the greater the inertia behind the deterioration of the balance and wellness of the patient. It has been observed that a SD of 4 is very serious and almost impossible to treat. An SD of 3 is serious but seems to respond quite well to the proper regime.

Balanced Numbers: It has been observed that balance is related to wellness. The BIA is relative to each individual, as opposed to the usual method of comparing test results to accepted norms. This required a way of determining what each individual reading SHOULD BE relative to the remaining numbers. The discrepancy between what the actual reading is and what it should be becomes all-important in determining the nature of the imbalance and how it should be treated. This Balanced Numbers concept overcomes the difficulty presented by the urine becoming diluted or concentrated due to many factors occurring throughout the day.

Balance Chart: A Balance Chart was created to graph each BIA factor. Wellness may be depicted by a near horizontal line created by individual BIA components being plotted on the graph. It has been observed that the profiles exhibited by differing graphs can be associated with various presenting symptoms. It has also been observed that as the patient follows the proper regime resulting in the Balance Chart moving toward a horizontal line, the presenting symptoms disappear and the EM rises, ER rises, BA declines, AR's decrease and SD decreases.

CHOLESTEROL GROUP: Out of 1569 subjects (Control Group) aged 10-80 years, 96 subjects (Test Group) indicated having HIGH CHOLESTEROL.

FINDINGS

Sugar Brix
The Test Group (96) was 52% more likely to have a Sugar Brix reading of 3.3-5.0 and 6% more likely to have a Sugar Brix reading higher than the Balanced Sugar Brix reading.

Urine ph
The Test Group (96) was 83% more likely to have a Urine pH between 7.5 and 7.9 and 57% more likely to have a Urine pH reading higher than the Balanced Urine pH reading by as much as 19 points (1.9).

Saliva pH
The Test Group (96) was 38% more likely to have a Saliva pH between 5.5-6.0 and 15% more likely to have a Saliva pH between 7.0-7.5.

Both pH
The Test Group (96) was 78% more likely to have a Urine pH .9-1.1 higher than the Saliva pH.

Conductivity
The Test Group (96) was 58% more likely to have a Conductivity reading between 21-25 and 25% more likely to be 5-9 points higher than Balanced or 1-4 points lower than Balanced.

Salts/ Sugar Ratio
The Test Group (96) was 25% more likely to have a Salts (Conductivity) to Sugar (Brix) ratio less than 4.6 (4.6 is observed to be normal).

Nitrate/Ammonia Ratio
The Test Group (96) was 25% more likely to have Nitrate reading higher than the Ammonia reading by at least 6 points.

Total Nitrogens
The Test Group (96) was 15% more likely to have a Total Nitrogen reading between 15-30 and 11% more likely to have a Total Nitrogen reading greater than Balanced.

EM
The Test Group (96) was 18% more likely to have a Metabolism Efficiency (EM) reading of 25-44%.

AR's
The Test Group (96) was 33% more likely to have Adverse Relationships (AR's) between 2 - 3 and 18% more likely to have AR's in the range of 8 - 12.

SD
The Test Group (96) was 25% more likely to have a Speed of Decline of 0 and 21% more likely to have SD of 1.

Age
The Test Group (96) was 59% more likely to have an age of 51 - 60.

CONCLUSIONS

BRIX Interpretation

Because the Sugar Brix scale is sensitive to specific gravity, it is likely that as the patient consumes a diet high in fats, oils and sugars that the Sugar Brix scale will rise.

As the patient's blood cholesterol increases the urine becomes more concentrated, causing the Sugar Brix to rise. As the liver loses the ability to metabolize the cholesterol the Urine Sugar Brix may be expected to rise.

A diet high in Potassium, Chromium and Calcium may reduce this Sugar reading. In addition, a lifestyle including lymphatic stimulation, exercise and adequate pure water will assist in lowering this High-Over-Balanced Sugar reading.

Urine pH Interpretation

Because the Urine pH is supposed to be acid, the fact that the Urine pH is more likely to be over-balanced in people with high cholesterol may be because it is harder for the kidneys to filter to acids out of the blood as the cholesterol rises.

When the alkaline reserves become deficient, the acids, which require bonding and buffering with alkaline minerals, tend to remain in the body. The presence of these acids may be viewed as radiation from which the cells require protection. Fat is a buffer to radiation, therefore it is not surprising we find cholesterol rising as the Urine pH increases relative to Balanced as well as rising in concentration on its scale.

Observation indicates that increased Vitamin C, Calcium Lactate, lemon juice, Vitamin A and Trace Minerals as well as a diet high in Sulfur, Calcium, Sodium and alkaline minerals will restore the acid Urine pH and the ability of the kidneys to once again eliminate the acids.

Further research is expected to show that cholesterol levels decrease as we see balance once again restored to the Urine pH.

Saliva pH Interpretation

The fact that the Saliva pH is more likely to be very alkaline as well as very acid in this Test Group may be due to the observation that the more stressed an individual is the high the Saliva pH can be excepted to be.

The Saliva pH, relative to the rest of the BIA, is a measurement of the vitality level; the body's ability to respond, or resist the aggression in the patient's environment. This aggression produces an increased level of acid which needs to be neutralized. As the distress continues, whether due to environmental or poor dietary factors, the body loses the ability to effectively eliminate the acids.

The Test Group is more likely to have a Urine pH higher than the Saliva pH. This may indicate that the acids are not being eliminated (high UpH) and are building up in the system (SpH).

It has been observed that as the correct dietary and lifestyle regime is followed, the Urine pH and Saliva pH once again return to their correct positions.

Conductivity Interpretation

The Salts (Conductivity) reading being more likely to be mid-scale in the Test Group, as well as being just a little Over-Balanced to a little Under-Balanced can be explained in the same manner as the previous paragraph.

As fats in the diet increase, the Conductivity (Salts) reading also initially increases.

It also appears that the Salts reading is correlated to the alkaline reserves of the body. Stress causes the Conductivity to rise. As the patient gradually loses the vitality necessary to adequately respond to the stress, the Conductivity (Salts) reading has been observed to decrease or become Under-Balanced. As the Salts reading rises, anti-oxidants such as Vitamin A may assist in bringing this reading back under control.

As the Salts reading falls to Under-Balance, Trace Minerals, Electrolytes, Ascorbate C complexes with minerals will assist in bringing this reading back to balanced.

Salts/Sugar Ratio Interpretation

The Salts/Sugar Ratio being more likely to be decreased may be explained by the Sugar Brix climbing faster on its scale than the Salts reading. As the patient develops more chronic disease (cholesterol included), the Sugar Brix tends to become Over-Balanced and the Salts reading tends to become Under-Balanced.

Nitrate/Ammonia Ratio Interpretation

The Nitrate/Ammonia Ratio being more likely to be high in the Test Group may be explained by the observation that as dietary protein increases so does the Nitrate Nitrogen (NN) reading.

It has also been observed that in patients with Liver Disease, the NN climbs very rapidly. This may be due to the fact that valuable undigested protein is passing through the system unconverted by the digestive system, including the liver. It may also be due to a deficiency of Hydrochloric Acid and other digestive enzymes.

It has been observed that as the spread between the NN and Ammonia Nitrogen (AN) readings increases, to increase HCl and other digestive enzymes assists in bringing the readings back together and the patient's symptoms decrease.

EM Interpretation

The Test Group's high incidence of low Metabolism Efficiency (EM) is expected because observation indicates that the higher the cholesterol, the higher the stress level of the patient. The high the stress level, the lower the EM may be expected to be.

Observation indicated that the proper dietary and lifestyle alterations are made, the EM increases to more desirable levels and the patient's symptoms decrease. Further research is expected to prove that the cholesterol levels also decline as the EM increases to more acceptable energy production levels.

AR Interpretation

The Test Group's high occurrence of Adverse Relationships (AR's) is expected because observation indicates that the more chronic degeneration develops within the patient, the higher the # of AR's appear in the BIA. This is good news/bad news.

The good news is that the brain is aware of the imbalances, indicated by the fact that they appear in the BIA. The bad news is that this may indicate an intolerable situation for the immune system and requires alkaline reserves and other valuable nutrients to repair the damage being caused by the environmental and emotional stress.

It is our view that a high cholesterol level is an EFFECT, not a cause.

The explanation for the high incidence of low AR's relative to the EM reading may be explained once again by the observation that as chronic degeneration begins to slowly take over the body, the EM decreases and the AR's also decrease. This may indicate the body's immune system lacking the vitality to deal with the problem.

Our experience indicates and we expect further research to show that this type of BIA profile also indicates emotional suppression, which also is viewed by the body as radiation, causing a high cholesterol production for self-protection purposes.

Age Interpretation

The fact that the Test Group is much more likely to be between the ages of 51-60 is not surprising, since it takes most patients many years of environmental and emotional stress to accumulate a high cholesterol level

Further research is expected to show that Biological Immunity Analysis® and the accompanying Biological Immunity Analysis® are effective in indicating what type of dietary and lifestyle regime a particular patient needs to adopt in order to prolong life.

Studies have shown that over 1/3 of Americans need treatment for high cholesterol. It is a very serious problem that needs immediate attention by all.

Information

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