

Health Yahweh's Way

Books In The Holy Scriptures As Written In The Book Of Yahweh					
<i>If you are unfamiliar with The True Names of The Prophets and Apostles, this box will acquaint you. We also recommend Taped Sermons to help learn the correct pronunciation.</i>					
Volume One					
Genesis	<i>Genesis</i>	II Chronicles	<i>II Chronicles</i>	Daniyl	<i>Daniel</i>
Exodus	<i>Exodus</i>	Ezrayah	<i>Ezra</i>	Hosheyah	<i>Hosea</i>
Leviticus	<i>Leviticus</i>	Nehemyah	<i>Nehemiah</i>	Yahyl	<i>Joel</i>
Numbers	<i>Numbers</i>	Hadassah	<i>Megilla Esther</i>	Amosyah	<i>Amos</i>
Deuteronomy	<i>Deuteronomy</i>	Iyyob	<i>Job</i>	Obadyah	<i>Obadiah</i>
Yahshua	<i>Joshua</i>	Psalms	<i>Psalms</i>	Yahnah	<i>Jonah</i>
Judges	<i>Judges</i>	Proverbs	<i>Proverbs</i>	Micahyah	<i>Micah</i>
Riyyah	<i>Ruth</i>	Ecclesiastes	<i>Ecclesiastes</i>	Nachumyah	<i>Nahum</i>
I Samuyl	<i>I Samuel</i>	Song of Songs	<i>Song of Songs</i>	Habakkuk	<i>Habakkuk</i>
II Samuyl	<i>II Samuel</i>	Isayah	<i>Isaiah</i>	Zephanyah	<i>Zephaniah</i>
I Kings	<i>I Kings</i>	Yeremyah	<i>Jeremiah</i>	Chagyah	<i>Haggai</i>
II Kings	<i>II Kings</i>	Lamentations	<i>Lamentations</i>	Zecharyah	<i>Zechariah</i>
I Chronicles	<i>I Chronicles</i>	Yechetzqyah	<i>Ezekiyl</i>	Malakyah	<i>Malachi</i>
Volume Two					
Matthyah	<i>Matthew</i>	Ephesians	<i>Ephesians</i>	Hebrews	<i>Hebrews</i>
Yahchanan Mark	<i>Mark</i>	Philippians	<i>Philippians</i>	Yaaqob	<i>James</i>
Luke	<i>Luke</i>	Colossians	<i>Colossians</i>	I Kepha	<i>I Peter</i>
Yahchanan	<i>John</i>	I Thessalonians	<i>I Thessalonians</i>	II Kepha	<i>II Peter</i>
Acts	<i>Acts</i>	II Thessalonians	<i>II Thessalonians</i>	I Yahchanan	<i>I John</i>
Romans	<i>Romans</i>	I Timothy	<i>I Timothy</i>	II Yahchanan	<i>II John</i>
I Corinthians	<i>I Corinthians</i>	II Timothy	<i>II Timothy</i>	III Yahchanan	<i>III John</i>
II Corinthians	<i>II Corinthians</i>	Titus	<i>Titus</i>	Yahdah	<i>Jude</i>

Health Yahweh's Way

In the beginning Yahweh created all things. Yahweh created the Earth and all other planets. Yahweh set Laws in motion to keep in a set order all of His creation.

Yahweh Wanted A Family

The Earth was special to Yahweh, because from Earth it was Yahweh's plan from the beginning to create man in His own image. Yahweh wants a family of beings like Himself. Yahweh wants His family to be perfect in righteousness as He is. Yahweh wants His family to communicate with Him as their Heavenly Father and enjoy life with Him throughout all eternity.

The planet Earth is the proving ground to train man in the Laws of the Kingdom of Heaven. These Laws of Yahweh are a guide now, and will be a guide forever to perfect righteousness.

To become a member of the Yahweh family, one must understand these Laws! One must know how and why the Laws of Yahweh are vital to life—now and for all eternity.

Satan Rebelled

Satan rebelled against Yahweh's Laws! Satan did not have the perfect character which Yahweh has, which is the same character Yahweh wants and demands from each of His family members! Just as a loving father wants his son to be righteous and have a joyful life, Yahweh wants this for His children. If one is righteous, he will not bring harm to himself or others. He will want the best for others as well as for himself. He will be just as concerned for the well-being of others as he is concerned for his own well-being. This is Yahweh's character.

The name Yahweh means: I am what I choose to be. Yahweh chooses to be perfect in righteousness. Perfect righteousness is the only way all family members can live in peace and joy. When Yahweh's plan is finished, only those who choose by their own free will to be totally righteous as Yahweh is, will inherit eternal life. The totally righteous will be in the family that Yahweh planned for from the beginning. Yahweh's Family will have Joy and Peace as never before dreamed of by mankind.

Yahweh Set Laws In Motion

One can easily see Yahweh's Laws working today. These are the same Laws Yahweh created in the beginning.

The entire universe is governed by Laws Yahweh created. All living things operate according to the Laws Yahweh created. When these Laws are observed and kept there are definite beneficial results. But when these Laws are disregarded or disobeyed, there are certain, definite evil consequences.

To observe and keep Yahweh's Laws brings physical and spiritual blessings, joy, health and long life.

Yahweh's Laws are no respecter of persons. It matters not if one is rich, poor, black or white, the penalty comes when one breaks **ANY** of these Laws.

Yahweh blessed King Solomon, who wrote most of the Proverbs, with wisdom. Solomon wrote in:

● **Proverbs 26:2—**

As a fluttering sparrow, or a flying swallow *will alight*, so a curse causeless *will not come*.

As sure as life and death, the cause and effect of breaking the Laws Yahweh set in motion is the curse.

If one disregards the law of gravity and jumps off a ten-story building the curse would be effected by that one being suddenly drawn to Earth and more than likely his death! He would be reaping the consequences of breaking a law created for man's well-being. When he breaks this law, the consequence is an evil effect, which would be in this case, serious injury or more likely, death.

Laws of Agriculture, Electronics, Biology, Chemistry, etc., were all made for man's benefit, but if you break one of these established Laws you would bring harm to yourself or others around you. In the same context, think of the heartache, tears, sufferings and death that have

come to millions of people who have deliberately or ignorantly disregarded the Ten Commandment Laws given in **Exodus 20:1-17**.

If just these ten Laws were kept, think of the great change for mankind there would be—joy, preservation, conservation and blessings would abound!

Teaching Our Children

Yahweh gave all Laws of His creation for the benefit of His Family to be. By practicing Yahweh's Laws and letting them become a part of our daily lives, we will reap their benefits and learn our Heavenly Father Yahweh's way is far superior to man's or Satan's way.

If we love our children, we will want to teach them as Yahweh teaches us! As we train our children in the way of Yahweh, we are actually training our children for the New World to come! In this New World, which is the Kingdom of Yahweh, we will all live in perfect joy under the perfect government of Yahweh.

●Deuteronomy 6:7—

And you must teach them diligently to your children, and talk about them when you sit in your house, and when you walk on the road, and when you lie down, and when you rise up.

●Proverbs 22:6—

Train up a child in the way he should go, and when he is old, he will not depart from it.

●Yahchanan 1:12-13—

12 But as many; as received Him, to those He gave authority to become the sons of Yahweh to those who believe the testimony of Yahweh—

13 Who are begotten, not of blood nor of the will of the flesh, nor of the will of man, but of Yahweh.

●Hebrews 12:9—

Furthermore, we have had fleshly fathers who corrected us, and we gave them reverence; should we not even more be subject to Father Yahweh, and live?

We should teach our children to fear breaking any of Yahweh's Laws as you would teach them to fear a den of rattlesnakes!

Dietary Laws

When the Dietary Laws of Yahweh are mentioned, many people develop a frown on their faces. There has been

much deception about these Dietary Laws Yahweh set in motion. One may hear such comments as:

Those Laws were only for the Jews. The Messiah made all meat clean to eat. I have an iron stomach. I can eat anything as long as I give thanks for it before I eat it. It doesn't matter what you eat.

Those who would make these kinds of comments are deceived! At some later date these same ones may need and receive this information on the Dietary Laws of Yahweh from their own doctors when they may be living in pain or near death. And this is a true statement. One of the first things a physician will tell one of his patients with severe heart problems is that this person, in order to live, must alter his or her diet, and no longer eat the very meats forbidden in Yahweh's Dietary Laws.

Some will accept the information of these Dietary Laws and be saved from much of the misery and anguish that so many today are suffering because of their disregard of Yahweh's Dietary Laws.

I was at the point of death when Yahweh first revealed His Health Laws to me. Now I thank and praise Yahweh that I have the knowledge which has blessed me with health and strength for over 30 years since.

Too many people just half-heartedly read about the Dietary Laws given by Yahweh. If thorough research and study are put into these Laws of Yahweh, those of you who read this article will easily see why these Laws are so important for man's well-being. Please, don't just skim through these Laws, but study them deeply.

● **Ecclesiastes 12:13—**

Let us hear the conclusion of the whole matter: Reverence Yahweh, by observing His commandments, for this is the whole duty of man.

● **Isayah 8:20—**

To the Law and to the Prophecy: if they speak not according to this word, it is because there is no light in them.

● **Proverbs 28:9—**

He who turns away his ear from hearing the Law, even his prayers are an abomination.

The Law Of Clean And Unclean Foods

When Yahweh created all things, He created some

things clean for man to eat and some things unclean. Yahweh commanded man not to eat those things He called unclean. This Law is applicable to the vegetable and animal species. Many herbs are also poisonous to man.

● **Genesis 7:2—**

You shall take with you seven each of every clean animal, a male and his female; two each of animals that are UNCLEAN, a male and his female;

In this Scripture we see that certain beasts were created unclean. The word clean comes from the Hebrew word **tahor** which is listed as World #2891 in the Hebrew Dictionary of *Strong's Exhaustive Concordance* and means **pure in a physical, chemical, ceremonial, or moral sense.**

This means the clean foods are those foods that are physically and chemically fit for man to eat, as Yahweh created them from the beginning. After Yahweh led the Children of Israyl out of Egypt. He rehearsed these Laws to the people for their well-being.

● **Deuteronomy 4:40—**

You shall therefore keep His statutes and His commandments which I command you this day, that it may go well with you and with your children after you, and that you may prolong your days in the land which Yahweh your Father is giving to you for all time.

As stated previously, Yahweh's Laws are for man's well-being. Our well-being is Yahweh's desire for us.

● **III Yahchanan 1:2—**

Beloved, I pray above all things that you are successful and are in health; I know it is well with your soul.

In **Leviticus Chapter Eleven** and **Deuteronomy Chapter Fourteen** we find beasts that are physically, chemically, ceremonially, and morally clean for man to eat.

● **Leviticus 11:2—**

Speak to the children of Israyl, saying; These are the animals you may eat among all the beasts upon the land:

Leviticus 11:3 shows us how we can identify the clean beast from the unclean beast.

● **Leviticus 11:3—**

You may eat any animal that has a split hoof, completely divided, and which chews the cud; these you may eat.

Leviticus 11:4-7 lists some beasts by name that are un-

clean for man to eat, such as the camel, coney or rock badger, the hare (rabbit), and swine, which is the pig. These scriptures explain how these animals are unclean:

● **Leviticus 11:4-7**—

4 Nevertheless, there are some that only chew the cud, or only have a split hoof, you must not eat these: the camel, because it chews the cud, but does not have a split hoof, it is unclean to you.

5 The coney, or rock badger, because it chews the cud, but does not have a split hoof, it is unclean to you;

6 The rabbit, because it chews the cud, but does not have a split hoof, it is unclean to you;

7 And the pig, although it has a split hoof completely divided, yet it does not chew the cud; it *is* unclean to you.

Leviticus 11:9 shows how to identify fish and seafood that are clean for man to eat.

● **Leviticus 11:9**—

These you may eat of all that *are* in the waters: whatever has both fins and scales in the waters, whether in the seas or in the rivers, that you may eat.

Bass, crappie, perch, tuna, mackerel, trout—these are fish or seafood that have fins and scales. These are, of course, just a few examples. We are shown how to identify fish or seafood that are not clean for man to eat in:

● **Leviticus 11:10-12**—

10 But everything in the seas or in the rivers that does not have both fins and scales, whether among all the fish that school, or among all the other living creatures in the water: they are an abomination;

11 And they will be an abomination to you. You must not eat their flesh, but you shall regard their carcasses as an abomination.

12 Whatever is in the waters, not having both fins and scales, is to be abominable to you.

The fish and sea creatures that are unclean for man to eat are shrimp, clams, oysters, crabs, lobster, catfish (they do have fins, but they do not have scales), squid, and other similar sea life. Of course, these are but a few examples.

Leviticus 11:13-19 lists the fowl (birds) that are unclean for man to eat, such as the eagle, buzzard, osprey, vulture, the kite species, the raven species, the ostrich, nighthawk, the cuckoo, the hawk species, the little owl,

the cormorant, the great owl, the swan, pelican, the gier-eagle, the stork, the heron species, the hoopoe and the bat:

● **Leviticus 11:13-19**—

13 These you shall regard as abominable among the birds: they shall not be eaten for they are an abomination: the eagle, the vulture, the buzzard,

14 The kite, and the falcon after their kinds;

15 Every raven after its kind,

16 The ostrich, the horned owl, the seagull, and the hawk after its kind;

17 The little owl, the fisher owl, and the screech owl;

18 The white owl, the desert owl, the osprey;

19 The stork, the heron after its kind, the hoopoe, and the bat.

Leviticus 11:20-23 shows the species of insects that are clean for man to eat, and the species of insects that are unclean for man to eat.

● **Leviticus 11:20-23**—

20 All flying insects that walk on all fours *will be* an abomination to you;

21 Yet, these you may eat of every flying insect that walks on all fours: those which have jointed legs above their feet for hopping on the ground.

22 These you may eat: the locust after its kind, the destroying locust after its kind, the cricket after its kind, and the grasshopper after its kind.

23 But every other flying insect which has four feet shall be an abomination to you;

Leviticus 11:44-47 shows us the reason these Laws were given. Man must become Holy as Yahweh is Holy!

● **Leviticus 11:44-47**—

44 I am Yahweh your Heavenly Father. You shall therefore consecrate and sanctify yourselves, and you shall be holy: for I am holy. Neither shall you defile yourselves with any creature that moves about on the ground.

45 I am Yahweh, Who brought you up out of the land of Egypt, to be your Heavenly Father. You shall therefore be holy, for I am holy.

46 This is the law of the animals, and the birds, and every living thing that moves in the waters, and every creature that moves about on the ground.

47 You must distinguish between the unclean and the clean—between the animal that may be eaten, and the animal that may not be eaten.

The Unclean Beast Called The Pig

The word unclean comes from the Hebrew word **tame** (taw-may). This word is listed as word #2930 of the Hebrew Dictionary of *Strong's Exhaustive Concordance* and means **foul in a religious sense; defiled, infamous, polluted, pollution, unclean.**

Since hog meat (pork) is people's #1 choice meat dish of all the unclean beasts (I don't know why they slight rats, skunks, dogs and cats, which are in the same class), let us consider the diet of this palate tickler.

It is said that swine in the state of Iowa are principally fed on corn, but will eat anything given to them. If anything dies it is thrown to these hogs. Hogs actually chew at the cancers of other hogs, and these hogs are shipped to market along with the hogs having the cancer! Many times cattle are infected from the incurable diseases of the hog called the mad itch. It is transmitted by the hog's saliva left on corn which cattle eat. The itching in the cattle becomes so intense they will run from stump to stump until they rub their skin from their mouths and soon die. When the saliva from the hog's mouth will poison cattle in this way, how can hogs be fit for man to eat?

It is customary for hog feeders to try to find the cheapest feed possible to fatten out pork for market, such as scrap barrels from restaurants, gooey, oozing, bloody, stinking, rotten, and dead chick eggs from hatcheries, guts from slaughter houses and so on.

What a hog eats is on its bones in four hours and ready for consumption by you? What a clean animal eats takes at least 12 hours to be utilized in its system and the energy that is utilized has the poisons and impurities filtered out of its system.

If swine are raised in a feed lot with other animals such as horses, cattle, etc., the swine will eat and drink the very refuse of these animals! This is a common occurrence on small farms where the animals are not separated.

The hog is unclean. Swine actually have running sores

under their hooves. Prove this to yourself. Visit a farm where swine are raised, lift up the front hoof of a hog, and apply a little pressure to the hog's toes. You will find greenish matter oozing out from between the toes. This is one small outlet for the various heinous, filthy poisons which that pig has taken into its body.

Quite frequently this oozing artery becomes stopped up and the poison backs up into the hog's system. When this befalls, the pig will have very sore feet to the point it can barely walk. Greenish growths are then formed on various parts of its body. At this point the feed lot operator takes this pig to market for slaughter before this pig dies on him. This is far more common than many may ever believe.

In the 1980's The Silver Moon Mink Farm of New Holstein, Wisconsin ordered a supply of beef livers from a meat packing plant for their mink. The packer shipped them pork liver instead, unknown to the mink farm owner. All the mink died after eating these pork livers.

As a matter of court record, the meat packer paid for many dead mink but let these mink teach us a lesson: don't eat pork at all.

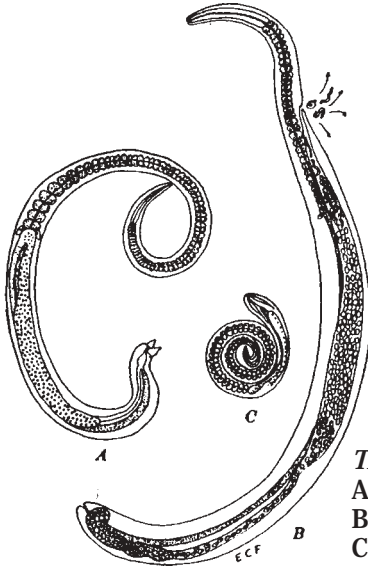
The late and former Prime Minister of the nation of Israyl, David Ben-Gurion, stated at the Jubilee Celebration of Israyl's Medical Association that Israyl has the lowest death rate in the world. This means Israyl has the highest life expectancy.

The nation of Israyl has prohibited the raising, keeping, or slaughtering of swine except at Nazareth and six other places which have a large Christian population that demands the unclean diet. Both Jewish and Moslem religious law forbid the eating of pork.

● **Exodus 15:26—**

And said: If you will diligently listen to the voice of Yahweh your Father, and do what is right in His sight, and will give ear to His commandments, and keep all His statutes, I will put none of these diseases upon you, which I have brought upon the Egyptians; for I am Yahweh Ropheka: Yahweh Your Healer.

Without question, it is because the people of Israyl as a whole observe the dietary Laws of Yahweh, that they are protected from untold physical affliction, disease, and premature death.



Trichinella spiralis.
 A. Adult male, x 90.
 B. Adult female, x 90.
 C. Muscle worm, x 660.

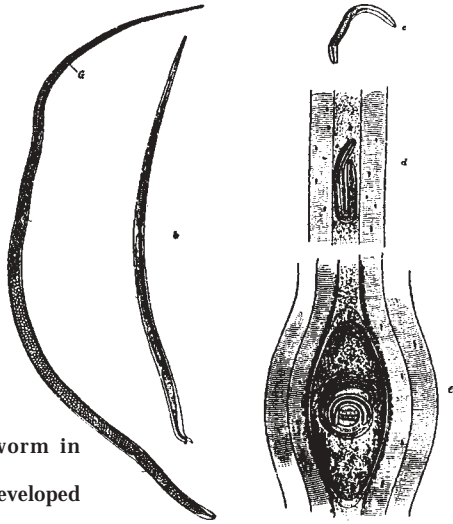
Trichinosis, The Subtle Killer

Trichinosis is the name of the disease that originates with the Trichina worm, which is scientifically named the diet chinella spiralis. The trichina worm is one the nineteen worms found in swine, not to mention lice on hogs or the various swine diseases such as rickets, thumps, mange, etc.

The Trichina worm is deadly. In the March 1950 issue of *Reader's Digest*, Laird S. Goldsborough writes:

In the pork which we Americans eat, there too often lurk myriads of baffling and sinister parasites. They are minute spiral worms which scientist call *Trichinella Spiralis*.

A single serving of infected pork, even a single mouthful, can kill or cripple, or condemn the victim to a lifetime of aches and pains.



Trichinella spiralis:

c. Blood worm.—

d. Young muscle worm in muscle fiber.—

Underneath, fully developed muscle worm

For this unique disease, Trichinosis, there is no sure cure, and no drug to stop it—not even in 1992. Dr. Goldsborough's article went on to say:

In the flesh of a pig, the trichinae are often so minute and so nearly transparent that, to find them, even with a microscope, is a task for expert scientific inspectors.

Remember this. When you see stamped on a pork product the words, United States Government Inspected and Passed, these words do not mean as to whether this pork is trichinous-free or not. It has merely passed the routine inspection given meat in general.

Sir James Paget, who discovered this parasite in 1835, wrote:

Fancy the body of a single individual supporting more separately existing creatures than the whole population of the world.

Dr. Maurice C. Hall as Chief of the Division of Zoology of the U.S. Public Health Service commented:

It appears to be a legitimate demand that, when a man exchanges dollars for pork, he should not do it on the basis that he may be purchasing his death warrant.

Senator Thomas C. Desmond, who served as chairman of the New York Trichinosis Commission, stated:

Physicians have confused trichinosis with some fifty ailments ranging from typhoid fever to acute alcoholism.

That pain in your arm or leg may be arthritis or rheumatism, but it may be trichinosis. That pain in your back may mean a gall bladder involvement, but it may mean trichinosis.

Does Cooking Kill The Worms?

Recent releases from the Associated Press have shown the tridangers of trichinosis from meat cooked in microwave ovens. The Texas Department of Agriculture has stated:

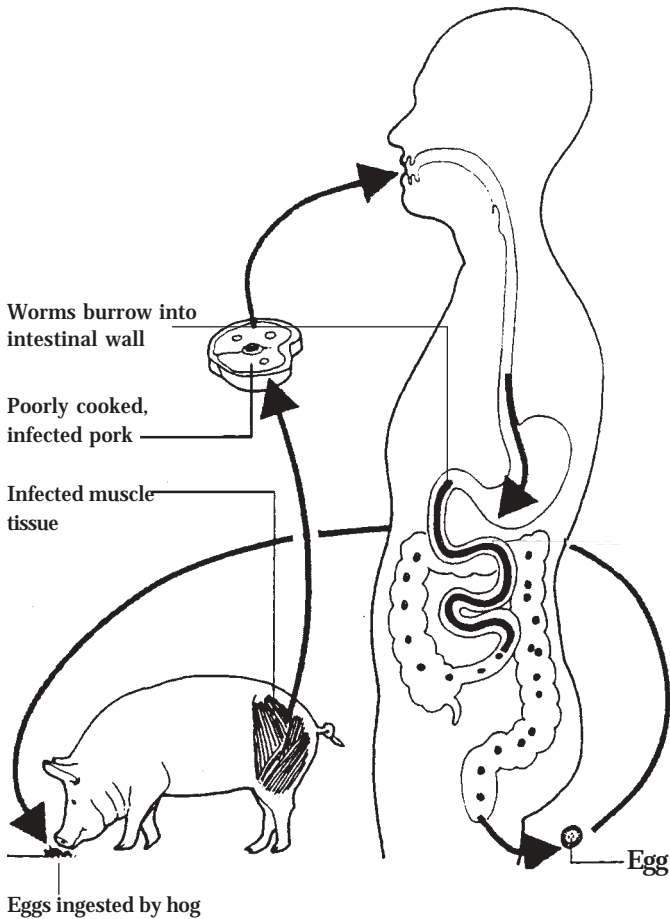
Pork cooked in microwave ovens must be heated thoroughly and uniformly to 170 degrees Fahrenheit to destroy any trichinae and other harmful micro-organisms that might be present.

The daily column "Dr. Lamb" from the Abilene Reporter News, states:

Trichinosis is caused by little worms, and these parasites are in pork. Routine meat inspection doesn't always tell you that it is infected, either. The skin tests that were tried to detect infected pigs haven't really been successful. The first stage of the trichinosis involvement is when the male and female worms unite in the intestine. The intestinal phase may cause diarrhea and digestive symptoms. The second phase is the migration of the larvae into the circulation and throughout the body, particularly causing little cysts inside the muscles. At this stage, there may be swelling around the eyes, muscle pain, and fever.

It has been reported from the laboratory of one of our northern Universities that trichinae-laden swine flesh was heated to an unbelievably high temperature and then put under a microscope. To the amazement of the technicians, some worms were still alive and moving about.

The supposition that all of these worms can be killed in cooking is not to be relied upon.



Other Dangers

The trichina worm is not the only parasite on the pig. There is a large round worm, the gullet worm, three kinds of stomach worm, a tiny hair worm, a hookworm, the thorn-headed worm, several species of nodular worms, one species of whip worm in the large intestine (Chit-terlings anyone?), and the kidney worm. *The Barnyard Doctor*, Drs. Hess and Clark, Ashland, Ohio.

In another scientific laboratory examinations were made

of the joints of arthritic swine. The exact formation and buildup of arthritic cells were found in the swine as is common on the arthritis in humans. Did the pigs get arthritis from people or did the people get arthritis from the pig?

The following article, by Sherwin B. Nuland, was printed in the February, 1995 issue of *Discover, The World Of Science* magazine entitled "Reversing Time," copyright 1995, The Walt Disney Company:

THE BEAST IN THE BELLY

By Sherwin B. Nuland

A SURGEON'S TALE OF MICROBES, MEDICINE, AND UNREASONABLE FAITH, OF NEW GUINEA AND NEW HAVEN AND A YOUNG WOMAN ON THE EDGE OF A MYSTERIOUS DEATH.

NOT LONG AGO A 24-YEAR-OLD WOMAN named Grace Lopat* (This woman's name and the names of her relatives have been changed) registered for assignment as a substitute teacher in the elementary school system of a small town outside New Haven, Connecticut. Although Grace walks nowadays with a barely perceptible shuffle, in all other ways she presents the perfect image of vibrant good health. It comes as no surprise, for example, to learn that she placed third in a county beauty pageant a few years ago. Even forewarned with the knowledge that since the age of eight she has required twice-daily insulin injections to control her diabetes, anyone meeting Grace would have good reason to see in her the personification of that idealized image of a past generation's sketchers and artists, the American Girl. Certainly it is a great deal easier to think of her as a wholesome, smiling beauty contestant than it is to imagine her mottled and swollen, in a delirium of fever and near death, being rapidly wheeled toward an operating room one spring afternoon four years ago. She had been assessed a Class 5 risk for anesthesia, in the opinion of every physician who saw her. To this day, she's not sure whether to credit her survival to the flabbergasting marvels of modern scientific medicine or the spiritual intervention of her long-dead father, and even a few of her doctors sometimes wonder. Either way, it took a miracle to save her life.

The American Society of Anesthesiologists describes a person in Class 5 as “a moribund patient who is not expected to survive without operation.” No one, doctor or otherwise, seeing Grace Lopat just before those preoperative moments had reason to dispute that description, and most observers would have projected her survival period to be hours rather than days.

I was her surgeon, and I’ve now had four years to think about it. I’m absolutely convinced that I have never taken a sicker patient to the operating room, even if I include in my recollections those few who didn’t leave it alive.

THE REASON FOR GRACE’S SURVIVAL IS NO easier to pin down than is the origin of her sudden catastrophic illness. Although our clinical team was later able to trace the details of the process that made her so sick we’re still puzzled by the “why” of it. We know the culprit but have no idea how it managed to get as far as it did as fast as it did. Even the instructions we gave Grace after her recovery were based on guesswork: she was told never to eat pork again. The injunction had no scientific basis. In fact, it was nothing more than a kind of clinical rabbit’s foot that none of us were willing to throw away, probably because it was the only piece of advice we could think of. Grace never shared our concerns; I recently discovered that she eats pork whenever she can.

Actually, the amount of pig meat consumed by our patient in the days before the onset of her illness was not enough to indict it. She’d had a Chinese dinner about 40 hours before her first symptoms, and it included pork fried rice and spareribs. Other than that, she has no recollection of having eaten anything at all different from her usual fare.

Grace’s medical saga began in May, on the Monday of final-exam week at the state university where she was completing her sophomore year as an education major. She had just taken the performance exam for a dance course in which she’d been enrolled that semester. It was about three o’clock in the afternoon, and she was walking across the campus, feeling pleased with how well she’d done and thinking about the coming series of finals.

“All of a sudden, I was on the ground—I couldn’t imagine how I got there. I got up quickly because of course there were a thousand people around the campus, and I was thinking, ‘Dear God, I hope no one saw me fall.’ I looked around and there were no stones, no sticks, no cracks in the sidewalk—there was absolutely nothing that I could possibly have tripped on. It was like my legs gave out, and I thought it must have been because I’d just danced for an hour. My roommate said later that I was such an idiot I must have tripped over my own two feet.”

On the following morning Grace awoke feeling sick.

“I was vomiting. I was running to the bathroom with

diarrhea, and I was sweating. I thought, 'Oh great, I caught some kind of a grippe, some kind of a flu.' I went back to bed, but I kept going in and out of it. Finally, my roommates began to get worried because there had been several times in the past when I got dehydrated and had to go to the hospital because my diabetes went out of control. But when I tested my sugar, it wasn't any higher than usual."

"Finally, the girls started to get scared. They called my mother at work, and she took me home. I drank lots of diet ginger ale the rest of the day and used suppositories to stop the vomiting. That whole night I was dizzy and throwing up, and drinking water and vomiting again. By early the next morning, my abdomen was aching and I couldn't feel my arms and legs. I tried flapping my arms around and I still couldn't feel them. No matter how weak I'd been in the past, nothing like that ever happened before. I was in hysterics—it was like a nightmare."

Anne Lopat, Grace's mother, has been teaching elementary school for more than 20 years. After her husband, Bill, died suddenly of a coronary when her only child was ten, Anne became not only the small family's sole bread winner but Grace's entire support system. After Grace's juvenile diabetes was diagnosed in 1978, Anne took it on herself to learn all she could about the disease, and to become something of an expert in the various ways it manifested itself in Grace. Her job wasn't always easy. Like most diabetic kids, Grace had a way of breaking the rules, and it sometimes took all of Anne's accumulated diabetic wisdom to extricate her child from the consequences. Occasionally her efforts failed, and it would then be necessary to rush the dehydrated girl down to the Yale-New Haven Hospital emergency room. Over the years, actual admission had been necessary seven times, always to treat acidosis, the rapid buildup of metabolic products in the blood of diabetics, which can lead to air hunger, coma, and finally, if not reversed, death. The last admission had been only six weeks earlier.

But knowledgeable as Anne was about the way Grace's diabetes behaved, on that May morning she found herself facing an entirely new symptom. "When she woke me at about 5:30 and said she couldn't feel her arms or legs, I knew I had to get her down to the hospital right away. While I was helping her to the car, she told me she couldn't even feel her feet touching the ground."

There was not prolonged wait in the emergency room when the Lopats signed in at 6:19. As Grace recently told me, "Generally, you can come in holding your head in your hands and they tell you to wait. But when you're a diabetic, they take you right away."

Blood samples were drawn and intravenous fluids were started without delay. About an hour and a half after her arrival, Grace was told that her test results seemed reasonably satisfactory. But she couldn't be reassured, and she began to feel herself become increasingly panicky. Soon she was shouting.

“Nothing felt right. At that point, the doctors and nurses were changing shifts, and no one was paying any attention to this screaming person. I was yelling, ‘Won’t someone listen to me? There’s something wrong!’ My abdomen really, really hurt, like it was a tight, tight muscle spasm and everything was all squeezed together. That frightened me, but I tried to blame it on the 24 hours of vomiting. But what really scared me was that I had no body perception. I didn’t feel like I was there. It was that same spacey feeling I’ve had when I’ve had a tooth filled and been given gas. It’s like I have no body at all.”

“My mother kept talking to me all the time, trying to calm me down because I was yelling and thrashing around. And then she asked me if I knew I was going to the bathroom—I didn’t. Then I heard her yell, ‘My God, it’s blood!’ and she began calling out, ‘Nurse, Nurse!’ The nurse came right away, and after that my only perception was dribs and drabs of the faces of the doctors and nurses around me.”

In fact, Grace’s blood tests had not been normal at all. The most striking abnormalities were a markedly elevated white blood cell count of 28,500 per cubic milliliter (the normal level is about 5,000 to 10,000) and what is called a shift to the left, which refers to a large increase in the number of mature and immature granulocytes, cells that increase in number when an acute infection must be fought off. At 654 milligrams per deciliter, the blood sugar was elevated to some seven times its normal value, and a moderate degree of acidosis was present.

The entire picture was characteristic of the abnormalities that rapidly appear when a diabetic develops serious infection. Once the proper cultures had been taken, the emergency room physicians started Grace on several intravenous antibiotics.

The most unusual aspect of the blood studies was the extremely high white cell count, which was approximately twice what might be expected in the ordinary kind of infection. But far more worrisome than the laboratory results was Grace’s appearance. She was throwing herself around the gurney and shouting for help without seeming to be completely aware of what she was doing or that she had just passed half a pint of bloody stool. The skin of her entire body had become mottled, with great purple-gray blotches appearing everywhere, separated from one another by small patches of stark whiteness. Her body temperature was a full degree below normal and her blood pressure was beginning to fall.

The entire sequence of events added up to the clinical picture of sepsis, a massive bloodstream infection that leads rapidly to inadequacy of the circulation, often followed by organ failure and then death.

On the presumption that the bloody stool and abdominal pain might be clues to finding the infected site from which bacteria were being hurled into the circulation, the resident physicians sought consultation with Suzanne Lagarde, a gastroenterologist on the hospital staff. When they phoned the patient’s physician, Murray Brodoff, to

tell him their plan, he said he would also contact a surgeon, on the chance that some remediable intra-abdominal event might be the cause of his patient's strange symptoms. I was draping a middle-aged man for a hernia repair when Brodoff's message reached me. Because I was decked out in sterile regalia, the nurse held the phone to my ear, and Brodoff described what he had been told. I was committed to the operation about to begin, so I had the nurse page the resident on my surgical service, and I delayed the operation just long enough to ask him to go directly to the intensive care unit, to which Grace had by then been transferred.

Sue Lagarde is a slight, bespectacled woman in her late thirties whose stylish good taste in clothes seems pleasantly incongruous with her studious face. She is a skilled clinician, and so enthusiastic about her work that she approaches diagnosis with a certain cheerful ebullience, manifested most directly by a rapid verbal delivery in which the words tumble out so closely on one another that she seems always on the verge of stuttering. When Lagarde examined Grace, she saw a young woman with what she called a hysterical personality throwing herself around the intensive care unit bed, complaining loudly and sometimes incoherently of diffuse body pain. The girl's skin was cold and broken out with the blotchiness doctors call livedo reticularis. Although she shouted bitterly and above all about belly pain, there was no abdominal tenderness and only a mild degree of distension at the time of Lagarde's examination.

Of all the confusing, indeterminate findings, the most disquieting was the acidosis—it was worsening in spite of vigorous treatment. Whatever the obscure nature of the disease process might prove to be, it was obvious to Lagarde that she was dealing with a desperately ill young woman whose condition was deteriorating rapidly. The situation was not only dire, it defied diagnosis. Lagarde recommended what she called a fishing expedition, including a CT scan and a neurological consultation to help point out the proper diagnostic direction. Unless some sense could be made of Grace's bewildering set of symptoms, she would soon reach a point beyond retrieval.

BY THAT TIME I WAS COMPLETING THE HERNIA repair. As soon as the dressing was applied, I paged the surgical resident. He responded in less than a minute and assured me that the young woman had “no surgical problem.” His examination of her abdomen, he said, was without findings that might suggest the need for operation. “She’s a hysterical kid,” he said, “and whatever she’s got is medical, not surgical. You don’t have to see her.” He went on to describe Grace’s bizarre behavior, her blotchy skin, and the laboratory findings. It was clear that he was a bit irritated at being asked to consult on a patient who so obviously didn’t need to be seen by a surgeon.

I stopped by the waiting room to have a few words with my patient's wife, and then headed up to the medical intensive care unit (of the MICU, as such places are acronymically and universally called by those who work in them). One of the nurses quickly briefed me on Grace's condition; though it had already been very bad when Lagarde examined her a short time earlier, it was now worsening rapidly. Despite the attempted clinical detachment of the nurse's description, it was obvious that she was upset, even distraught. The best intensive care nurses never do become so inured to the daily tragedies they witness, and helplessness in the face of imminent catastrophe, especially when it involves a patient not much younger than oneself, is unbearable even for the most stoic of professional personnel.

After our brief discussion, I sat down with Grace's chart to run a quick eye over the lab reports and the previous medical and nursing notes. As I scanned the three pages of neurology consultation, my eye caught the word hysterical, this time used to explain the arm and leg symptoms, which fit into no clinical pattern that made sense. The overall impression of the neurologist was that the patient's symptoms were the effects of diabetic acidosis. His final recommendation was: "Suggest close clinical observation. Consider L-S [lumbosacral] CT if symptoms persist."

On the next page I found the surgical resident's note, describing his findings. At the end, under Impression and Plan, he had written, "Benign abdomen in setting of acute neurological event and GI bleeding suggest vasculitis [underlining his] though sepsis possible...possibly meningococcus. No evidence for acute abdominal process." There was a tone of finality in the note. Even the customary concluding words of the surgical consultation, "Will follow," were absent. In their place was "Will speak with Dr. Nuland."

I stood for a moment at the entrance to the glass-enclosed cubicle where Grace lay attached to electronic monitors, a nasal oxygen line, and a tangle of plastic intravenous tubing. As I observed her from the foot of the bed, I asked the nurse to pull the sheets away so that I might look at the patient's entire body from that perspective. Even to me, a case-hardened veteran of other people's affliction, the exposed sight was harrowing. The mottled object on the bed looked like a bloated corpse somehow preternaturally animated by the terror of yielding to eternal stillness. Its thrusting chest was straining up and down like a perverse bellows sucking air into itself, while the head and all four extremities were flinging about in a frenzy of attempted escape. In the glare of the brilliant MICU illumination, the skin looked almost eerie. Although I had been told of the livedo reticularis, I was unprepared to see the depth or extent of the large violaceous bursts, especially as they were so harshly revealed by the many foot-candles of piercing light. The pattern of blotch and pallor involved every visible inch of body and was much deeper in its purplishness than I had ever encountered, except on the freshly dead. The thing's legs were quite swollen from the knees downward, and even its face had be-

come puffy. Almost paradoxically, the swelling of the lids made the open, frightened eyes seem to bulge—very likely, the tissues behind them were also swollen.

The abdomen was so distended that it partially obscured my view of the heaving rib cage. In answer to my question, the nurse said that the abdominal girth had reached its grossly protuberant size over the previous two hours. When I stepped to the bedside and tapped on the belly in the diagnostic maneuver called percussion, the amphoric boomlet of resonance that filled the small cubicle had the pitch that might be produced by a felt hammer hitting a kettledrum. With good reason, clinicians call such a note tympanitic. Grace's tympanitic abdomen told me that her intestines were blown up with gas, and the absence of gurgles when I listened through my stethoscope meant there was no peristalsis, no rhythmic contractions that normally push along the intestine's contents. When I pressed down, as gently as I could, the abdominal surface, the grimace on Grace's puffy face let me know I was hurting her. She had stopped speaking some time earlier, but her bulging, uncomprehending eyes stared fearfully at me.

When an abdomen is expanded by a large volume of gas in a short period of time, it rises like an over-yeasted loaf of bread. Years ago clinicians used the word *meteorism* to refer to this rapid belly ballooning, which is encountered only in certain unusual circumstances. The word seems to be archaic these days—it is not to be found in my 1974 edition of *Dorland's Medical Dictionary*, although, curiously, it does appear in my much more recent *Webster's Unabridged*. Perhaps it has been preserved for literary use rather than clinical. In any event, I haven't met a medical student in at least two decades who knows what it means.

What it means, almost always, is a belly with dead bowel in it. In my clinical experience, almost no other acute abdominal disease will raise the white count as high as intestine does when it is in the process of dying. A drastically risen white count in a patient with a drastically risen belly is a surgical call to action. Unless something is done quickly, the patient will not survive.

The presence of dead bowel furnished a logical explanation for Grace's sepsis and also explained why all the vigorous measures being applied were not resulting in any improvement in her acidosis. As long as a major source of infection remains untreated, there is no way to stop the process of decline. Obviously, Grace needed an operation—soon.

As I was quickly writing my consultation note, Mike Bennick walked hurriedly into the MICU. Mike is an intense, fast paced young gastroenterologist who had trained with Sue Lagarde and was now her associate in practice. He hadn't seen Grace before, but Lagarde had described her condition to him. He instantly recognized how much had changed since his partner's

examination of a few hours earlier and concurred that immediate operation was mandatory. In that tone of euphemistic detachment that even the most caring doctors use in hospital charts, he wrote, "Emergent surgical intervention holds only valid option for this patient, whose risks for demise are severe."

When he had completed his note, Bennick and I went out to speak to our patient's mother. We found Anne Lopat standing with her two aunts and an uncle, just outside the door of the MICU. Bennick had recently treated Anne's mother, and he knew that she would have confidence in his recommendations. He also knew that this very forthright woman, frightened though she was, would be impatient with explanations redolent of chart jargon, or with any hint of evasiveness. As I would increasingly come to appreciate during the next few weeks, she wanted the truth flat out, and Bennick now gave it to her as directly as possible, softening the harshness of his message by the gentle tone in which he delivered it: "Anne, Grace is dying, and we don't know why. We have to look inside—it's her only chance."

DURING THE FEW SECONDS IT TOOK Bennick to speak and then to introduce me, I looked hard at my new patient's mother, trying to evaluate how she might respond to the details of what I would now have to spell out for her. Even when optimism is impossible, some measure of hope must be found, and it must be transmitted to those who will wait. In desperate circumstances, a surgeon speaking to a family facing the imminence of loss can usually point out that he has seen patients survive even though they were sicker than this one, but I couldn't say that to Anne with any honesty. In the atmosphere of futility that surrounded Grace's rapid decline, and the accumulating evidence of clinical helplessness, what was needed just at that point was some sense of equanimity, and perhaps even of control. I have children Grace's age, and I knew what Anne, without saying it, was expecting of me. If I could do nothing else, I would at least cloak myself in the aura of calm assurance that is the surgeon's armor against impending calamity.

Anne is a large woman, not only tall but roundly and firmly heavy. Even when she is distressed, there is stolidity and determination about her. She listened to me carefully, and her face revealed nothing. She kept her gaze fixed on me, and when she occasionally blinked, it was done very slowly, as though she were momentarily closing her eyes to keep her thoughts from being observed. She seemed by force of will to be separating herself from anxiety in order to focus her mind's entire attention on each successive detail of what she was being told. In a way, each of those long blinks closed a distinct file on a package of newly processed information and sealed it into her hidden mental store. She never looked away, even when I concluded by telling her that the operation would kill her daughter if we were wrong—if no source of sepsis was found in Grace's

abdominal cavity. When she had heard me out, she simply nodded, and the slight downward motion of her head punctuated my final word with a full stop. Then she said, "Please operate right away."

I called the OR and asked for the next available room. Within minutes an anesthesiologist was at Grace's bedside, trying to determine whether she was already too far gone to tolerate his gases and drugs. The last paragraph of his scrawled consultation note summarized the pessimism we all felt: "Class 5. Critically ill, undergoing resuscitation—insulin, fluids, oxygen. Plan rapid sequence intubation. Patient has poor prognosis—heroic measure to attempt to save life."

Fortunately, one of the hospital's 18 ORs was about to open up, and the nurses quickly got it ready for us. Grace was having few lucid moments by then, but she clearly remembers the brief period when she was in the holding area just before being wheeled in for the surgery. She was still thrashing about and trying to find some comfortable position on the gurney.

"I wanted to be on my side because I thought that would relieve some of the pain. I was thinking, 'I'm going to die—I'm 20 years old, and I'm going to die.' A priest came and was praying. He was making the sign of the cross, and I thought, 'Oh my God, this is the last rites'—that's a sure sign that you're on your way, you know. I began to say that to my mother, and she was crying—so were my uncle and my aunts, and they were trying to tell me I'd be okay, even though they were crying.

"I believe in the power of God, and I've always had some kind of relationship with my father even though he's not here on Earth—I feel his presence all the time, and I know when he's there. My uncle Ron passed away when I was five. I've always believed my father and my uncle Ron are in heaven. I've also always believed that someday when I die I'll go to them, just like I believe that the smile on my father's face when we found him dead was for my mother—I believe his parents greeted him in heaven. To me, that meant there's something good out there, and that his parents came to him. So I was lying there, and I felt like my whole body was being pulled. You know, when you vacuum a rug and you put your hand over the hose to be sure the suction's working, and you feel that pull—it felt like my whole body was being pulled forward. I thought, 'Here I come, this is it—I'm dying.'

"And then I saw my father and my uncle. They were just standing there, and I was thinking, 'Okay, God, I'm dead.' There weren't lights—I think you have to go all the way to get the lights. Well, I really believe that either they came to me or I came to them, and my mother tells me I was saying, 'Bill, Ron!' Of course, I never called my father Bill and I never called my uncle Ron when they

were alive, which makes me think things must be different in the afterlife. But I did say, 'Bill, Ron,' and my father put up his hand in front of him, and he said, 'No, not yet.' And I sat back. And then I looked up at my mother and said, 'I'm going to live,' and those were the last words I said."

True to their plan, the anesthesia team got Grace to sleep very rapidly. With the surgical resident and a medical student assisting me, I made a long up-and-down incision in the midline of Grace's very distended abdomen. As I opened the innermost layer, the peritoneum, a gush of malodorous yellowish fluid poured out onto the drapes. When we had finished sucking it into several large trap bottles, the nurse told us it amounted to some six pints. With Grace positioned on her back, the gas-filled gut had been floating on top of the fluid, explaining the drumlike resonance produced by percussion.

We inspected the small bowel. Although most of it was alive, there was a length of about 15 inches near its origin that was either dead or barely viable. It was suffused with a dusky bluish hue and was completely without peristalsis, even when I tried to stimulate it into some kind of action. The discoloration gradually faded out at the upper and lower margins of the involved segment, so that there was no definite line of demarcation between healthy and sick tissue. The vessels entering the darkened piece looked normal, and the arteries pulsated vibrantly. When the electronic listening device called the Doppler was applied, we heard the healthy whooshing sound of good circulation. And yet the bowel looked asphyxiated.

I explored every portion of the abdominal cavity, seeking an instigating factor for the imminent intestinal gangrene, but when I had concluded my probing and peering, I knew no more than I had at the onset. No obvious cause revealed itself that might explain the rapid death of an otherwise normal-appearing length of intestine in a youthful, pristine-looking abdominal cavity. The gut's blood supply appeared perfect, there were no adhesions or similar fibrous bands that might have pinched off the involved segment, and the bowel wall seemed free of inherent pathology—nevertheless, it was near death. My puzzlement is summarized in a sentence of the operative note I dictated shortly after the conclusion of the surgery: "It is very difficult to know the cause of this ischemic [lack of blood] pattern, which is a form that no member of the operating team has seen before."

There is only so much time to cogitate when the belly of a failing patient is wide open and begging that some action be taken. No encouraging words were heard from the head of the table, where three anesthesiologists were huddled, periodically issuing some glum summaries of Grace's dwindling condition. I fired a surgical stapler across the intestine an inch above and then an inch below the dying segment, divided its blood supply, removed the specimen, and handed it off to the pathology resident, whom I had summoned to the OR on the slim chance that he could add something of value. He looked at the piece of gut, made a few cuts into it, and pronounced himself as stymied as we were.

NOTHING WAS LEFT BUT TO REESTABLISH the continuity of Grace's digestive tract. In a brief series of steps, the surgical resident and I reconstructed the gut, again with staples. The entire sequence of removing and restoring took less than 15 minutes. Before stapling came into common use about a dozen years ago, this part of the procedure had to be done by hand, and it would have taken at least three times as long. I still prefer old-fashioned manual cutting and stitching, not only because I relied on it for two decades before the current mechanical era but for the simple reason that I love the way delicate steel instruments feel between my fingers. I find the technical sequences of cutting, suturing, and tying to be such aesthetically pleasing exercises that I've been loath to abandon them. Nonetheless, stapling provides the same result and is much faster. Grace's precarious condition required speed as much as it did technical precision, and in such a situation aesthetics must yield to expeditiousness.

As soon as I was satisfied that we had made a good reconstruction of the gut and its blood supply, we poured at least ten quarts of warmed antibiotic-laced saline into our patients gaping abdomen, in order to rinse out as much bacterial and other debris as possible. We sucked it clean and ascertained that we had stopped any oozing of blood. Then we removed all sponges and instruments and began to close. I passed a heavy polypropylene stitch through all layers under the skin of the topmost part of the incision, and then whipped it quickly all the way down the length of the wound until I reached the bottom. I stepped back from the table, and the resident placed a row of some 30 staples into the skin. Not until one of the nurses began untying my gown did I realize that I was exhausted.

I went out to the waiting room to tell Anne the operation had gone well, at least from the technical point of view. Grace was still septic and not much further from death than she had been when we wheeled her into the OR suite, but at least the source of her infection was removed, and she now stood some chance of recovery. When I was through speaking, Anne asked me the obvious question, and I had no answer for it. "No," I said, "we have no idea why this happened to her intestine. Maybe the pathologist will be able to tell us, after he puts it under the microscope."

The specimen I had handed to the pathology resident had the appearance of a segment of organ that had lost its blood supply, and yet I knew that the flow into it was normal right up to the very wall of the gut. I expected the explanation to be found in the microscopic vessels that traverse the bowel wall. For reasons yet obscure (but in some way related to Grace's diabetes), the tiny arteries, I supposed, must have become acutely occluded by an inflammation called arteritis, or vasculitis. That diagnosis provided a neat, all-inclusive package, because it would also explain the

livedo reticularis and neurological symptoms. If our patient could be proved to have some form of vasculitis, the surgical resident might still save some face, even though he had completely missed the diagnosis of dying bowel. Over the next 24 hours, vasculitis or one of its close nosological relatives became the fashionable diagnosis agreed upon by nearly every one of the doctors hovering around Grace's bedside in the MICU.

A consultation was obtained with the chairman of the dermatology department the next morning, because the livedo reticularis had not lessened as much as we might have liked. His list of possible diagnoses reads like a tabulation of esoterica, a group of diseases I've almost never encountered in any patient during my entire clinical career: livedo vasculitis; polyarteritis nodosa, Wegener's, cryoglobulinemia. He added a much more familiar entity at the end—collagen vascular disease—but obscured it beyond my recognition by parenthetically adding, "including Sneddon's syndrome," as though he expected anyone other than his own staff to know what he meant. Like the rest of us, the professor was looking for a rare disease to explain Grace's rare symptoms.

When it was finally revealed, the true diagnosis proved far more esoteric than even the dermatologist anticipated. While on rounds that afternoon, I received a phone call from Brian West, the pathologist in our hospital whose specialty is diseases of the gastrointestinal tract. West had been at our institution for less than four years, yet in that relatively brief period he had quite transformed his department's capabilities in the area of his expertise. With his arrival from the medical school of Dublin's Trinity College, Yale GI pathology had become what West's colleagues call world-class.

I find the lilting ups and downs of West's soft County Cork brogue to be one of the few reassuring sounds I ever perceive in the jumbled cacophony that is the background noise of a modern university medical center. If hearing could somehow be transformed to vision, it might be said that West speaks with a gentle smile. The first time I saw his voice, it was over the telephone, and I distinctly remember visualizing not only the smile, but his blue eyes and the reddish beard that makes his still-young face appear craggy and wise. Soft though it may be, West's smiling voice speaks with persuasiveness and the authority that comes from an impressive ability to interpret the arcane microscopic clues left in the gut by obscure diseases.

"Do you have a minute to come over to the lab?" he asked, and there was a hint of expectant promise in his rising rhythm that told me it would be well worth my while to get there right away—the words weren't said with any sense of urgency but more in the tone he might have used to invite me in for a pint of some long-awaited brew just arrived. "I want to show you what I've found in the specimen you sent me yesterday." Anticipating his discovery, I burst in before he could continue: "What do the mi-

croscopic vessels look like?" His answer surprised me. "The vessels are fine. What I think she has is enteritis necroticans—the thing they call pigbel."

It was an embarrassing moment, and I was grateful to be on the end of a phone in a far-distant part of our sprawling medical campus. I'm sure there must have been a confused look on my face while I paused for just a second, uncertain of how to reply. But speaking to West, I knew I'd stumble over my tongue if I feigned familiarity with these abstruse terms, so I confessed my ignorance. "Okay, Brian, what's that?" He gave me a brief explanation, but it wasn't until I got down to the lab a few minutes later that I really began to understand what he was talking about.

Peering down the twin barrels of West's microscope, I could see that almost the entire mucosa—the inner lining—of the specimen was dead, although most of the main layer of encircling muscle, called the muscularis propria, was still within the definition of being viable. The most striking structures on the slide were the thousands upon thousands of rod-shaped bacteria forming a lengthy rank along the surface of the mucosa, palisaded like an irregular picket line of soldiers standing at attention. Their appearance and later lab tests showed that they were a genus of bacillus called *Clostridium*, closely related to the organisms that cause tetanus and gas gangrene. In fact, microscopic gas-filled spaces were visible within the layers of the bowel wall. The toxins produced by these particular microbes are capable of causing inflammation and necrosis (death and decay) of intestinal wall—hence the process is called enteritis necroticans. Grace's sepsis was caused by the clostridia, and all the bowel, neurological, and skin symptoms were the result of the bacterium and its toxins.

By this time I knew that Grace had begun to exhibit various signs indicating destruction of the cells of some of her voluntary muscle tissue, a process called rhabdomyolysis. This too was attributable to the toxins. The combination of massive clostridial growth in her intestine, sepsis, rhabdomyolysis, and the resultant diabetic chaos were the explanation for the entire spectrum of destructive events that our patient had been experiencing. We could only hope that the removal of the nonviable bowel and the consequent diminution in the volume of bacterial load would enable our antibiotic and other treatments to reverse the process.

Clostridia in moderate numbers are normal inhabitants of the gut. Ordinarily they live in harmony with other bowel organisms and with the various physiological substances with which they come into contact. Unless some event occurs to disrupt the balance among the gut's organisms and chemicals, the clostridia do not become sufficiently numerous to be a source of danger. For those of us involved in Grace's care, the clinical challenge was to pull her through; but the intellectual challenge was now

to figure out what had so upset the intestinal homeostasis that a massive overgrowth of clostridia occurred. For this, Brian West didn't have a definitive answer, but he had identified a disease model that so closely resembled Grace's that I was persuaded they were one and the same. Within a few days, and especially after West's diagnosis was confirmed by an expert in Southampton, England, the evidence had become inescapable.

DURING OUR DISCUSSION THAT AFTERNOON, West answered an important question without my having to ask it: How did he know that this huge increase in the population of clostridia had not occurred between the time I excised the gut during the previous afternoon and the time it was put into the germ-killing preservative, which was perhaps not until the next morning?

"The pathology resident was in a hurry. He had promised to take his fiancée to dinner and the theater that evening, and he had to finish the day's work quickly in order to pick her up on time. As soon as he got back from the OR, he dropped the gut into the formalin. If he hadn't done that, it might have putrefied overnight, and our finding all these clostridia would be meaningless. But this way, we can be sure that what we see here was the specimen's exact condition when you cut it out of the patient. This gut really does have all the earmarks of enteritis necroticans."

It's not easy to tell the mother of an attractive young American Girl that her daughter has a disease whose name is pidgin English for "pig belly," but no more likely diagnosis has appeared in the four years since Grace's narrow escape. Except for the complications added by diabetes, the clinical course of Grace's disease and the microscopic appearance of the excised tissue are exactly the same as they are in the thousands of New Guinea tribes—people who have died of the same process. Acute pigbel is a major cause of premature death in the highlands of Papua New Guinea, with a mortality rate among those contracting the disease of almost 85 percent. Second only to respiratory disease, it is a leading killer of children in the area. Its prevalence is highest at times of the year when ceremonial pig feasting takes place, and the disease has been so carefully studied that it is possible to describe its evolution with considerable certainty.

The pig feast is an integral part of many of the ceremonials attached to various kinds of highland celebrations and sacrifices. The meal is always prepared in a traditional manner. After the animals are clubbed to death, their intestines are removed, washed, and wrapped in leaves. Alternating layers of filleted carcass, guts, fern fronds, banana leaves, and breadfruit are placed into earth pits along with sweet potatoes or bananas, chopped greens, and stones that have been preheated. Tier by tier, a mound of the ingredients is fashioned, with insulation provided

by a final packing of pigs' quarters and flanks. After a large quantity of water is poured into the vapory, structured mass, more leaves and an outer layer of earth are added as a covering. In this way, a large steam oven is created whose internal mean temperature, when visiting health officers have tested it, has been 172 degrees Fahrenheit.

Not only does such a heating system result in inadequate cooking of the meat, it also provides plenty of opportunity for bacterial contamination. After all the festive cooking is completed, the banquet takes place under conditions that would throw a sanitation inspector into fits of apoplectic convulsion. Those conditions are ideal for the proliferation of dangerous organisms, particularly clostridia.

Ordinarily much of the clostridial toxin would be destroyed in the body by an enzyme called trypsin, to which it is very sensitive. Unfortunately, sweet potatoes contain a chemical that inhibits the action of trypsin, and sweet potatoes are not only a major constituent of the pig feast but also a staple of the high-land diet. The ingestion of large amounts of clostridia-rich meat accompanied by plentiful doses of trypsin inhibitor provides the perfect concoction to induce fulminating outbreaks of pigbel. The situation is made even more egregious by the common presence in local children of the intestinal roundworm *Ascaris lumbricoides*, a parasite that secretes its own brand of trypsin inhibitor, adding to what is already in the poisoned food.

As for the clinical aspects of the disease, they are precisely those that were exhibited some 10,000 miles away in New Haven, Connecticut, by Grace Lopat, absent of course the components attributable to diabetes.

If massive overgrowth of clostridia is the cause of enteritis necroticans, the disease might be expected to occur in places other than Papua New Guinea, and without the necessity for ingesting a witches' brew quite so potent as the one cooked up during pig feasting. This is in fact the case. An epidemic disease of identical nature made its appearance in northern Germany shortly after World War II. It was called Darmbrand, or fire bowels, and the doctors who studied it concluded that it was caused by unaccustomed intake of excessive amounts of protein-rich food by a malnourished population. Outbreaks of the same thing have been reported sporadically in several African countries, China, Bangladesh, the Solomon Islands, and at an evacuation site for Khmer children in Thailand.

A contributing factor in such areas is that chronically undernourished people do not ingest enough protein to make sufficient quantities of trypsin. When access to meat is suddenly provided, the meal may for one reason or another be contaminated, and then the levels of clostridial toxin become very high in the bodies of people with not enough trypsin to counteract it. This is consistent with an observation made by several of the first investigators

of Darmbrand, which was that it seemed to have made its appearance when the diet was suddenly changed.

The German patients were indeed chronically malnourished during the terminal phases of the war and for an extended period afterward. Those who became sick had very likely overeaten on occasions when meat, perhaps contaminated, was made available to them.

Although there have been scattered reports of individual patients dying of enteritis necroticans in prosperous Western countries, no real epidemics have occurred among populations living in areas where sanitation levels are high. But a few of the single cases are instructive because they illustrate some of the most dramatic aspects of the disease. In 1983, for example, a surgeon and a pathologist at England's Royal Liverpool Hospital described in the journal *Gut* (the British tend to be quite direct in their medical terminology, and this is the name of their most highly regarded gastroenterology journal) the case of a 23-year-old photographer's model who walked into their hospital's emergency room at eight o'clock one Sunday morning complaining of abdominal pain and bloating. She told the staff doctor that she ordinarily tried to remain very thin but periodically went on an eating binge. Between midnight and four that morning she had eaten the following: 2 pounds of kidney, 1½ pounds of poorly cooked liver, ½ pound of steak, 2 eggs, ½ pound of cheese, 2 large slices of bread, 1 whole cauliflower, 1 pound of mushrooms, 2 pounds of carrots, 10 peaches, 4 pears, 2 apples, 4 bananas, 2 pounds of plums, and 2 pounds of grapes. She had then gone to sleep for a few hours and been awakened by the abdominal pain.

AS THE MEDICAL STAFF TRIED UNSUCCESSFULLY to empty the young woman's stomach with a wide-bore tube, her condition rapidly deteriorated, and she had to be rushed to the operating room. On opening her abdomen, it was seen that a section of the upper small bowel appeared to have lost its blood supply. As the surgical team watched, doubtless horrified, the area of ischemia gradually extended until it involved most of the length of the gut. Soon small gas bubbles became visible in the intestinal wall. Their patient died shortly afterward. Autopsy revealed massive clostridial overgrowth in the esophagus, stomach, and upper portion of the small intestine.

The microscopic appearance of the young model's digestive tract fit exactly the description of enteritis necroticans. As the authors of the report state in their discussion, "The features of this case are strikingly similar to pigbel." They considered their patient to have been bulimic, and her chronic undernutrition to be the cause of a presumed inadequate level of the trypsin that might have counteracted her sudden huge intake of protein, at least some of which was undercooked and possibly contaminated.

The unanswered question about Grace Lopat is not whether she was the victim of enteritis necroticans—it seems almost certain that she was. What is not known is the underlying reason for the unchecked growth of clostridia in her intestine. The amount of pork she had eaten before her earliest symptoms was not excessive; she was not malnourished; she did not ingest any significant volume of food containing a trypsin inhibitor. The only possible clue is her diabetes. The disease is well known to be capable of causing a degree of immunodeficiency, which is one of the reasons diabetics are more infection prone than the rest of us. But any indictment of a diabetic immunodeficiency is weakened by the absence of previous or subsequent evidence that she is particularly susceptible to abscesses, inflammations, or other manifestations of decreased resistance to bacteria. In searching for some underlying cause, we were left with the succinct summarizing comment entered in Grace's chart by Ann Camp, one of the interns who took such good care of her in the MICU. She called her patient's disease "interesting and mysterious."

Another of the few individual case reports of pigbel in the medical literature describes a young diabetic nurse in the Netherlands who died 24 hours after being admitted with characteristic symptoms, in 1984. He had eaten an unspecified quantity of pork at a party the day before becoming sick, but no other guests were affected. As the paper's authors write, "It is well known that diabetic patients have a lowered resistance to infections. It is therefore tempting to speculate that this may have been a contributing factor." Neither the Dutch doctors nor those of us who treated Grace can go any further than that.

GRACE IMPROVED ONLY TRANSIENTLY IN the hours following her operation. At first her acidosis responded to treatment, and her blood pressure stabilized. She developed a sepsis-related condition of inadequate blood clotting, called disseminated intravascular coagulation, but it wasn't severe enough to cause serious trouble. Her subnormal temperature rose to 103, indicating a more appropriate response to infection. On the morning after surgery, we were cautiously hopeful, even though the mottling had decreased only slightly, and blood tests continued to show evidence of rhabdomyolysis. But it became increasingly difficult to maintain the balance of minerals and fluids in her body, and the generalized swelling of her tissues progressed as her kidneys began to fail. Dialysis was begun late that day, shortly after Brian West called me with the diagnosis.

The number of consultants was multiplying. By evening Grace had been seen by specialists in infectious disease, dermatology, neurology, kidney disease, gastroenterology, surgery, and anesthesia, and every one of us continued to monitor her condition closely. Besides the minerals added to her intravenous solutions, she was receiving five med-

ications, three of which were antibiotics. The intern's summary note takes up seven pages of closely written script in which 14 distinct problem areas are identified: sepsis, recent necrotic bowel, blood pressure, kidney failure, ventilation of lungs, rhabdomyolysis, low calcium, low magnesium, the effect of shock on the liver, disseminated intravascular coagulation, diabetes, pain control, skin mottling, and nutrition. The white blood count, which had dropped to 16,000 in the immediate postoperative period, was beginning to rise again and had reached 21,000. By the next morning, the evidence of worsening sepsis was mounting. Almost certainly, the process in Grace's bowel was extending to the area that had appeared uninvolved two days earlier. When I made the decision to reexplore her, there was universal agreement. Her belly had begun to distend again.

By then the kidney failure was rapidly worsening. Grace's tissues had retained so much fluid that her presickness weight of 125 had risen to 185—her entire body was blotted and swollen. It was decided to give her another dialysis treatment and then go directly to the operating room.

Again I went out to speak to my patient's mother, and again I described the situation to her exactly as I saw it. Anne had not left the hospital since Grace's admission, sleeping in the MICU waiting room and eating in the cafeteria. When it was permitted, she would stand at her daughter's bedside, holding her hand and stroking her face—speaking quiet words of encouragement, even though Grace didn't know she was there. In her thoughtful, analytic way, she listened to every consultant and always came to the right conclusion. Anne had added everything up, and before I said a word she knew what I had come to tell her. Our conversation was a reprise of the one we had had two days earlier, but the outlook was even worse. I had thought it impossible for Grace to have been any sicker than she was before the first operation, and yet the impossible had happened. Anne signed the consent form and took my hands in hers, just for a moment. This time nothing needed to be said.

When the abdomen had been sterilized and draped, we reassembled on each side of Grace exactly as we had 48 hours earlier, but now there was a larger group around the head of the table. When the patient is very sick, anesthesiologists cluster about, trying to help each other as much as possible. During 30 years of a surgical career, it has been my not quite tongue-in-cheek observation that a patient's chance of survival is inversely proportional to the number of anesthesiologists required to get the operation under way; a figure of six or higher is a virtual guarantee of death. As I looked up at the assembled group, I counted six. I made a wry comment that they seemed not to appreciate, and then went right to work.

Grace's abdomen was bulging so tightly that it strained

against the stitches holding it together. As soon as they were removed, the contained fluid and gut exploded out onto the drapes. Quickly, the surgical resident and I put everything in some approximation of order and assessed the findings. Starting just at the point where we had placed the staples to restore continuity, a bit beyond an anatomic point called the duodenal-jejunal junction, the next 18 inches of intestine looked exactly like the segment removed two days before. The preoperative impression was correct—the process of necrosis and clostridial overgrowth had extended and would require further excision. This time Brian West had come to the OR himself. When I completed the removal of the specimen, I handed it directly to him. He scrutinized it silently for a few minutes, and then we spoke briefly about its appearance before he took it off to his lab for further testing.

I carried out the operation much as I had done before, except that this time I closed the wound with a series of individual large stitches of heavy nylon, placed in such a way that they exerted a pulley effect—abdominal distension would bring the wound edges closer together. It's a time-consuming and not very pretty closure, but the strongest I know of, and I wasn't taking any chances with the possibility of a burst incision.

Afterward, Grace's improvement was more sustained. Within 24 hours the rhabdomyolysis had decreased, and her kidneys began to function better—she went from nearly zero urinary production to the beginnings of what would soon be a reasonable amount of output. Moreover, her clotting mechanism was satisfactory, the white count had dropped to 15,000, and the pH of her blood was normal. The evidence of sepsis was much less. The livedo reticularis had begun to recede, and within another day it would be gone. Twenty-four hours after the surgery, Mike Bennick wrote in his note, "Improvement on all fronts." For the first time, the campaign was beginning to look winnable.

There was to be one more scare, a few days later. Grace's fever began to rise in a sequence of ascending spikes, and her white blood count went up to 33,000 by the fourth postoperative day. I thought the problem was an infection in one of her many intravenous lines, but I couldn't find any proof of it. I then began to worry that leaking intestinal contents might be contaminating my surgical wound, but I couldn't find any evidence of that either. The most frightening concern was the possibility of yet another extension of the clostridial infestation, into the remaining length of bowel. To evaluate this, a radioisotope scan was done, of a type designed to light up areas of infection or necrosis. I looked forward to having my fears laid to rest by the absence of any troubling findings, but when I reviewed the study with the superspecialist who had done it, I felt my knees weaken. The entire length of remaining small bowel showed an irregular pattern of involvement with the process I had seen in two successive specimens of excised bowel. My mind's eye could now visualize the now-familiar carpet of clostridia lining Grace's gut.

Yet the study, scientifically precise as it was, seemed strangely inconsistent with what I kept finding each time I returned to examine Grace's abdomen, something I did over and over again. Despite the radiographic appearance of necrosis, her belly was flat and she didn't grimace or in any other way display evidence of pain when I pressed deeply inward. Through my stethoscope, I could hear the unmistakable and very comforting sounds of peristalsis. Most important, although she was still quite sick, Grace's general appearance was improving each day. My patient looked hardly at all like the deathly ill girl I had twice rushed to an operating room.

THERE WAS A GREAT DEAL OF PRESSURE ON me to open Grace's abdomen again. High-tech gadgetry is very impressive to young doctors, and has long since, in the hearts of many, usurped the revered place once reserved for the clinical skills of history taking and physical examination. Except for the senior infectious-disease consultant, I was by some two decades older than any of Grace's panoply of caregivers, and I decided it was time to pull rank. I went upstairs to the MICU and wrote a long note in Grace's chart, the gist of which was expressed in two sentences: "Her abdomen is simply not the abdomen of a person with necrotic bowel. I do not think she should be operated on." Then I got up to tell Anne. She was standing at the entrance to Grace's cubicle, deep in conversation with Mike Bennick.

Anne recalls that morning's events very well. She had followed every step of the previous days' evaluations and knew that all the doctors were talking about another operation. She also knew that the operator (she now tells me this is what she and her family called me during the first hectic day in the hospital) seemed reluctant. The operator was now leading her and Bennick into the only empty cubicle in the MICU.

I have no recollection of what I said, but Anne remembers the exact words. Thinking back on them now, they sound unnecessarily magisterial, but perhaps that was what was needed at the time. Anne tells me I looked directly at her and said, "I'm going to make a command decision," and then to Bennick, "Mike, come with me." What I do remember is that Bennick and I went to Grace's bedside and carefully reviewed the physical exam of her abdomen. Anne tells me we took a good long time to do it, but when we emerged from the cubicle, we were of one mind. Bennick had agreed that we should sit tight.

During my training years, I worked with a surgical resident who had been a star athlete at a large southern university, and he seemed to have a down-home Carolina bon mot for every clinical occasion. He would have said that this kind of decision making was "playing guts football"—we absolutely had to be right. Actually, Bennick and I were taking less of a chance with Grace's life than

some might have thought. She almost certainly would not have survived a third operation, in which I might have been forced to remove all of her remaining small bowel. I was betting that only the mucosa of her intestine was involved in the process of necrosis, and her present benign physical exam meant that she had already marshaled the forces necessary to overcome the infection and heal that layer.

Fortunately for all of us, that thesis proved to be right. By the next day Grace had improved sufficiently so that her breathing tube could be disconnected from the respirator. Twenty-four hours later, in her first fully alert moment since admission, she opened her eyes. Within minutes she saw her mother looking down at her, holding a large card printed with the alphabet, which Anne had made ready for just such use. Grace gestured for the card, and pointing very slowly to each letter, she spelled out, "I have a history exam on Friday." Eleven days had passed since her first operation, and she had lost every moment of them.

"My mother said, 'No, honey, that was two weeks ago.' I felt like 'Oh, my gosh'—you know, total amazement. Then she asked, 'How did you make it? You weren't supposed to.' And I spelled out, 'I got my strength from my daddy.'"

The improvement continued, although very slowly. It took almost three more weeks in the MICU before Grace was ready to be transferred to an acute-care floor. She stayed there an additional two months and then moved to the hospital's rehabilitation unit. She had lost a great deal of weight and considerable muscle mass in her legs, but she knew that everything was recoverable with hard work. She was finally ready for discharge from the hospital 18 weeks after she had entered it.

It would be another four months before Grace regained enough strength to return to college. Her mother considers her graduation two years later to have been the final step in a triumph not only of perseverance and luck but of Bill's protecting spirit, too. A few hours after Grace's return to wakefulness on that joyful morning four years ago, a rainbow appeared in the sky, even though there had been no rain. Anne remembers looking at it and being sure it was a good omen.

Cancer

Could it be, since physicians have confused their diagnosis of trichinosis with fifty different ailments, that this worm could be the cause of one of the great killers in America today? An article by Carlyle C. Douglas in *Money's Worth*, 1975, reads:

Think twice before you eat pork. Pigs kill more Americans every year than traffic accidents, murderers and all other accidents combined. Even wartime enemies have been

unable to kill as fast as our own docile, domestic beast. Guns and bombs have proved much less effective than the weapons carried by these hooved and snouted killers. From farms and feedlots, they stalk us, sniping with pork chops, sausages, hamburgers, (yes not all of them are 100% beef), hog dogs, liver and bacon. The fatal wounds they inflict include coronary heart disease, arteriosclerosis, colonic and rectal cancer.

These are not the unsubstantiated claims of wild-eyed vegetarian fanatics, but the carefully considered conclusions of accredited medical scientists. While few have gone so far as to suggest that every pork roast and ham hock be stamped with the kind of warning that a cigarette packages carry, a growing body of experts warn that in consuming more than 200 pounds of pork, every year the average American is eating himself to death.

According to the Laws of Yahweh one who eats pork or any other unclean food is bringing a curse upon himself!

● **Isayah 66:16-17—**

16 For by fire and by His sword will Yahweh plead with all flesh; and the slain of Yahweh will be many.

17 They who sanctify themselves, and purify themselves in the gardens, following after the priest in the midst of those who eat swine's flesh, that which is offered to gods (elohim) and the rodent—will be consumed together: says Yahweh.

Deception

Many preachers through the deception of Satan have followed the crowd in teaching you that you may eat all beasts. They claim our Savior cleansed the pig from its filth, while ignoring the **SUFFERING** their teachings bring.

● *The Arizona Republic*, 7-27-81 reads:

300 suffer from food poisoning at Baptist banquet More than 300 people suffered from food poisoning after they dined on baked ham, candied yams and green peas at a Baptist Conference banquet.

● *Healthwise*, 8-82, Volume 5, states:

Trichinosis, a parasitic infestation resulting from eating pork is estimated at 150,000 cases in the USA each year. Many cases are serious. In some cases trichinae spread throughout the body even into the brain. When

this occurs, victims may experience unusual drowsiness, clouded consciousness convulsive seizures, weakness and in some cases, paralysis or coma. Prevention is much surer than a cure. *The Journal of the American Medical Association* points out that even smoked pork sausage can contain live trichinae cysts.

● *The Saturday Evening Post*, 7-8-82, ran an article called “A Parasite Mystery”, showing the dangers of pork to mankind. We have quoted a small portion here for your study to show the many diseases that Trichinosis is generally diagnosed to be:

Trichinosis is generally believed to be a rarity. This view, though hallucinated, is not without explanation. Outbreaks of trichinosis are seldom widely publicized. They are seldom even recognized. Trichinosis is the chameleon of diseases. Nearly all diseases are anonymous at onset, and many tend to resist identification until their grip is well established, but most can eventually be identified by patient scrutiny. Trichinosis is occasionally impervious to bedside detection at any stage. Even blood counts sometimes inexplicably fail to reveal its presence at any stage in its development. As a diagnostic deadfall, it is practically unique. The number and variety of ailments with which it is more or less commonly confused approach the encyclopedic. They include arthritis, acute alcoholism, conjunctivitis, food poisoning, lead poisoning, heart disease, laryngitis, mumps, asthma, rheumatism, rheumatic fever, rheumatic myocarditis, gout, tuberculosis, angioneurotic edema, dermatomyositis, frontal sinusitis, influenza, nephritis, peptic ulcer, appendicitis, cholecystitis, malaria, scarlet fever, typhoid fever, para-typhoid fever, undulant fever, encephalitis, gastroenteritis, inter-coastal neuritis, tetanus, pleurisy, colitis, meningitis, syphilis, typhus and cholera. It has even been mistaken for beriberi. With all the rich inducements to error, a sound diagnosis of trichinosis is rarely made, and the diagnostician cannot always take much credit for it.

We are supposed to be an enlightened, Bible-believing, Heavenly Father reverencing nation and yet we reject the truths of the very book that many claim to believe. Many who profess to live holy lives would never defile Yahweh's Temple which is their bodies with cigarettes, but will take second-hand, disease-laden, maggot-infested garbage in the form of pork meat into these temples and still boldly contend they are keeping their temple clean. What thinking person can believe that all this vile refuse is sanctified and made clean because a hog has eaten it?

Other Unclean Beasts

I have dwelt on swine more in this article because pork is the most commonly eaten unclean beast. But this in no way means that other species of animals, sea life, fowl and insects that Yahweh created to be unclean for man to eat are any less dangerous to your health.

Over the years I have accumulated news-clipping and articles showing the uncleanness of these unclean animals when man tries to eat them.

One of the more emphatic clippings is from the 12-1-83 issue of the *Abilene Reporter News*.

Dr. John Wolf, Jr. and Dr. Lee R. Lumpkins III, skin specialists on the faculty of Baylor University said that a study of five leprosy patients suggests strongly that they all contracted leprosy as a result of handling armadillos.

In their paper prepared for publication in the 12-83 issue of the *Journal of the American Academy of Dermatology*, the physicians said the evidence supporting such a conclusion is quite strong.

The frequency and distribution of leprosy in Texas and Louisiana, coupled with the development of leprosy among armadillo handlers, suggest that armadillos may well serve as a reservoir for the disease.

Four of the leprosy patients spent years catching, cleaning and eating armadillos; and the fifth patient, a 17 year old, had been chasing and wrestling armadillos as a hobby for several years.

My earliest knowledge of the dangers of eating armadillo meat was when a whole family died when they killed and ate an armadillo which had just killed and eaten a centipede. The whole family died of centipede poisoning!

In Dell City, Texas in February, 1983, a national team of plague experts were trapping rodents and talking with residents about a young rancher who was killed by bubonic plague. Doctors said the young man apparently was bitten by diseased fleas as he skinned an infested fox about a week before he fell ill and died.

In Beaumont, Texas in 6-83, a 42 year old man con-

tracted cholera. He apparently came down with the disease after eating improperly cooked seafood which he had caught himself. The clipping did not specify which species of sea food, but more than likely it was the scavenger species which the man caught and ate.

These few articles prove that you might be killed if you would kill and/or eat the unclean things which Yahweh said are not to be eaten. But, preachers deceived by Satan continue to tell you to eat anything that can't eat you first.

The Deceitful Teachings Of Baal

What Scriptures do Baal's preachers use to justify the breaking of the Dietary Laws of Yahweh? Many of them twist the **Tenth and Eleventh Chapters of Acts** to their own destruction as Kepha said they would.

●II Kepha 3:16—

As also in all his letters, speaking in them about these things, in which are some things hard to be understood, which those who are unlearned and unstable twist, as *they* also do the other Scriptures, to their own destruction.

The Sheet Of Unclean Beasts

The deceived preachers of Baal would tell you that **Acts Chapters Ten and Eleven** was the time the Savior came and made all things clean, and now you can simply eat anything your heart desires because Yahshua Messiah came and cleansed the pig.

Do those scriptures really say that? Let us examine **Acts Ten and Eleven** to see what Yahweh actually meant in the vision which the apostle Kepha had. We find in **Acts 10:1-6** that Yahweh's Holy Spirit has just drawn a Gentile by the name of Cornelius:

●Acts 10:1—

There was a certain man in Caesarea called Cornelius, a centurion of the Italian Cohort:

Cornelius was a devout man.

●Acts 10:2—

A devout man and one who revered Yahweh, as did all his household; and he gave many alms to the people, and prayed to Yahweh continually.

The word **devout** comes from the Greek word **Eusebes**. It is listed as word #2152 in the *Strong's Greek Dictionary* and means: **reverent, pious, religious**.

What this means is that Yahweh's Holy Spirit had called Cornelius to reverence Yahweh, because no man can come to reverence Yahweh unless Yahweh's Holy Spirit draws him.

● **Yahchanan 6:44**—

No man can come to Me, unless the Father, Who has sent Me, draws him; and I will raise him up at the last day.

● **Acts 10:3-4**—

3 About the ninth hour of the day; *about 3:00 in the afternoon*, he clearly saw in a vision a malak of Yahweh coming toward him, and saying to him; Cornelius!

4 And when he looked upon him, he was afraid, and said; What is it, Ruler? And he said to him; Your prayers and your alms have come up as a memorial before Yahweh.

Verse Four shows this man's desire to be shown the way to salvation was met. Yahweh sent the malak to instruct Cornelius as to whom he should seek to be taught these things.

● **Acts 10:5-6**—

5 And now send men to Yaffo, and *have them* invite here *one Simon*, whose surname is Kepha.

6 He is lodging with one Simon, a tanner, whose house is by the seaside. He will tell you what you must do.

At this point I would like the reader to understand at that time no Yahdai would teach or have anything to do with a Gentile. The Yahdaim looked on Gentiles as unclean because the Gentiles did not regard or keep the clean food Laws in **Leviticus Chapter 11**, making themselves abominable.

● **Leviticus 11:43**—

You shall not make yourselves abominable with any creature that moves about on the ground. Do not defile yourselves by means of them, nor be made unclean by them.

Yahdaim were allowed to give or sell food to a stranger or alien that they would not eat themselves.

● **Deuteronomy 14:21**—

Do not eat anything you find already dead. You may give it to a foreigner in any of your towns, and he may eat it, or you may sell it to a stranger. But you are a people holy to Yah-

weh your Father. You must not boil a young goat in its mother's milk.

Gentiles were considered as **dogs or swine** because most Gentiles ate of all manner of **unclean beasts**.

● **Mattithyah 7:6**—

Do not give what is holy to the dogs, nor cast your pearls before swine; or they will trample them under their feet, then turn around and rend you.

But remember, Cornelius was not one who broke Yahweh's Laws. **Acts 10:2** says Cornelius was a man who had been called by Yahweh's Holy Spirit, and as a consequence, he was striving to reverence Yahweh and was practicing Yahweh's Righteousness, which is the keeping of Yahweh's Laws, including Yahweh's Dietary Laws (**Deuteronomy 6:25**).

Kepha was a Yahdai, brought up in the Laws of Yahweh, and he knew and kept the Dietary Laws of the clean and unclean.

The malak instructed Cornelius, who was a Gentile who had now been called by Yahweh's Holy Spirit, to go to this man who was a Yahdai, Kepha, for instruction and knowledge (**Acts 10:6**).

● **Acts 10:7-10**—

7 And when the malak who spoke to Cornelius had left, he summoned two of his household servants, and a devout soldier from among his own personal attendants.

8 And when he had explained the matter to them, he sent them to Yaffo.

9 The next day, as they went on their journey, and drew near the city, Kepha went up onto the housetop to pray about the sixth hour; *around 12:00 noon*.

10 Now he became very hungry, and wanted something to eat; but while they made ready, he fell into a trance,

This was a vision, for Kepha fell into a trance. Kepha saw in this vision:

● **Acts 10:11-14**—

11 And envisioned heaven being opened, and something like a great sheet lowered by the four corners, descending to the earth.

12 And within it were all kinds of four-footed beasts of the earth, and wild beasts, and creeping things, and birds of the air.

13 And there came a voice to him; Rise, Kepha; kill and eat.

14 But Kepha said; By no means, Ruler, for I have never eaten anything that is common or unclean.

Notice verse fourteen. At that time Kepha had never eaten anything unclean. This was some twenty years after the death and resurrection of Yahshua Messiah. If Yahshua taught Kepha to eat unclean flesh, why had Kepha not eaten it?

The fact is, Yahshua did not abrogate or break in any way the Laws of Yahweh, and he taught others these same Laws were to be kept.

●**Matthiyah 5:17-19—**

17 Do not *even* think that I have come to destroy the Law or the Prophets; I have not come to destroy *them*, but to establish *them*.

18 For truly I say to you; Unless heaven and earth passes away, one yodh—the smallest of the letters—will in no way pass from the Law, until all things are perfected.

19 Whosoever, therefore, will break one of the least laws, and will teach men so, he will be called the least in the Kingdom of Yahweh; but whosoever will do and teach *them*, the same will be called great in the Kingdom of Yahweh.

Yahshua clearly said in this Scripture the Law of Yahweh will not be done away, nor will even the least part of the Law of Yahweh be done away!

You may ask any one of Baal's preachers what Kepha's vision meant, and they will tell you it meant you can now eat anything, clean or unclean. They will tell you this vision showed the Laws of the Clean and Unclean meats were done away. They will tell you Yahshua Messiah cleansed the pig, and all other unclean things.

Remember **Acts 10:12**. The sheet contained all manner of creeping things—cockroaches, waterbugs, and dung beetles. Four-footed beasts and wild beasts were named—skunks, rats, mice, dogs, foxes, elephants, donkeys, horses, camels, the rhinoceros, etc. Fowls of the air are mentioned, the buzzard, vultures.

Did Kepha jump up and down and shout for joy that he could now eat all of these cleansed things? No! Absolutely Not!

How can Baal's preachers say **Acts 10** meant everything on that sheet was now clean to eat when Kepha did not even know at that time what the vision meant?

● **Acts 10:17**—

Now while Kepha was wondering within himself what this vision which he had seen meant, behold, the men who had been sent from Cornelius had asked where Simon's house was, and stood in front of the gate.

While Kepha wondered, Yahweh's Holy Spirit said to him, three men seek you (**Acts 10:19**). These three men were the men Cornelius sent to find Kepha (**Acts 10:8**). These three men said to Kepha:

● **Acts 10:22**—

And they said; Cornelius the centurion, a just man, one who reverences Yahweh and has a righteous reputation among the whole nation of the Yahdaim, was instructed by a holy malak to send *and have you brought* to his house, and to listen to your words.

Notice here, Cornelius had a righteous report among the Yahdaim. Anyone living contrary to all or any one of Yahweh's Laws, including the Dietary Laws of the clean and the unclean beasts, would not have any righteous report with any observant Yahdai.

What did Kepha do next?

● **Acts 10:22-25**—

22 And they said; Cornelius the centurion, a just man, one who reverences Yahweh and has a righteous reputation among the whole nation of the Yahdaim, was instructed by a holy malak to send *and have you brought* to his house, and to listen to your words.

23 Then he invited them in and lodged *them*. The next day Kepha went away with them, and certain brothers from Yaffo accompanied him.

24 Then the next day after *that*, they entered into Caesarea. And Cornelius waited for them, and had called together his kinsmen and close friends.

25 And as Kepha was entering, Cornelius met him, and fell down at his feet, and worshiped *him*.

In Acts 10:27 we find that many had come together to hear what Kepha had to tell them. We are told what Kepha's vision actually meant in:

● **Acts 10:28**—

And he said to them; You yourselves are aware how it is

not lawful for a Yahdai to associate with one of another nation, or to enter his house; but Yahweh has shown me that I must not call any man common or unclean.

As I said previously in this article, and **Acts 10:28** affirms my statement, it was considered unlawful for an observant Yahdai, even one who had accepted Yahshua as the Messiah and Savior by the will of Yahweh, to keep company with a Gentile, no matter how observant that Gentile was of Yahweh's Laws.

This vision was not to show Kepha that all manner of unclean beasts, creeping things, etc. were now clean; this vision was to show that any, no matter what race, color, or nationality he might be, when he turns to Yahweh and becomes clean, he is no longer to be considered common or unclean.

Acts 10:28 did not tell Kepha that he or anyone else could now eat anything that walked on the Earth as Baal's preachers would tell you. This vision showed Kepha that he should call no man common or unclean:

●**Acts 10:29**—

Because of this, I came without objection when I was sent for. So now I ask, for what reason have you sent for me?

Do you think Kepha, an observant Yahdai, would have gone with a man of another nation without Yahweh's guidance, especially without hesitation? Kepha then asked (**Acts 10:29**) "For what reason have you sent for me?" Cornelius then tells Kepha what the malak told him to do to contact Kepha (**Acts 10:4-6, 31-33**) We are then told why Kepha was guided by Yahweh to go to Cornelius in:

●**Acts 10:33**—

So I immediately sent for you, and you have done a kind thing by coming. Now, therefore, we are all present before Yahweh, to hear all the things commanded you by Yahweh.

Yahweh's way included the teaching of the clean and unclean foods Law as it is written in **Leviticus Chapter Eleven** and **Deuteronomy Chapter Fourteen**. Before this time, Yahweh's way had not been brought to the Gentiles. Only Yahweh can cleanse.

● **Acts 10:15-16**—

15 And the voice came to him again a second time; What Yahweh has cleansed, you must not call common.

16 This was done three times, then the sheet was taken up to heaven again.

● **Acts 10:34-35**—

34 Then Kepha opened *his* mouth, and said; Of a truth I perceive that Yahweh is no respecter of persons;

35 But in every nation he who reverences Him, and works righteousness, is accepted by Him.

Only those who reverence Yahweh, and who work righteousness, which means to do what Yahweh tells you to do (**Deuteronomy 6:25**) are accepted by Yahweh, be they Yahdai or Gentile. Kepha knew, through the teachings of Yahshua, that only Yahweh can draw a man to him:

● **Yahchanan 6:44**—

No man can come to Me, unless the Father, Who has sent Me, draws him; and I will raise him up at the last day.

Kepha then commanded Cornelius and the others to be immersed (baptized) by the authority of Yahshua Messiah (**Acts 10:48**). In **Acts Chapter 11** Kepha rehearses the revelation of Cornelius to the other Apostles and Brethren and in:

● **Acts 11:18**—

When they heard these things, they made no further objections, and glorified Yahweh saying; Then Yahweh has also granted to the Gentiles repentance to life.

Before this time, repentance was considered to have only been given to the Yahdaim. After this time, it was accepted that Yahweh had granted repentance to the Gentile Nations as well. The Gentile nations were to repent of their sins.

What Is Sin?

We are told what sin is in:

● **I Yahchanan 3:4**—

Whoever commits sin, transgresses also the Law; for sin is the transgression of the Law.

To those who were breaking any of Yahweh's Laws, including Yahweh's Dietary Law, Kepha told them to repent.

●**Yaaqob 2:10**—

For whoever keeps the whole Law, and yet offends in one point, he is guilty of all.

●**Yaaqob 1:21**—

Therefore, put away all filthiness and the superabundance of wickedness, and receive with meekness; *humility*, the engrafted word, which is able to save your souls.

We have proven from scripture that no unclean beast, fowl, fish, or creeping thing had been made clean.

Yahweh had also given repentance to the Gentile Nations if they turned to Him with all their hearts, keeping all of Yahweh's Laws including Yahweh's Clean and Unclean food Laws and then they would be clean to Yahweh.

Commanding To Abstain From Foods

Another scripture Baal's preachers twist to their own destruction is:

●**I Timothy 4:1-5**—

1 Now the Spirit speaks very plainly, that in the latter times some will depart from the faith, giving heed to seducing spirits and doctrines of demons (elohim);

2 Speaking lies in hypocrisy, having their conscience seared as with a hot iron,

3 Forbidding to marry, *and commanding to abstain from instruction* which Yahweh created to be received with thanksgiving by the believers—by those who fully know the truth.

4 For Yahweh founded; *established in His Law*, everything that is righteous *and suitable*; and no one is to condemn that *instruction* which can be received with thanksgiving,

5 For it is sanctified; *ordained*, through the word of Yahweh, and prayer.

We are told, in **I Timothy 4:1**, that some will depart from the Faith. What Faith are these people departing from?

●**Yahdah 1:3-4**—

3 Beloved when I gave all diligence to write to you about the common salvation, I found it necessary to write to you, and exhort *you* that you should earnestly contend for the faith which was once, for all, delivered to the saints.

4 For there are certain men who have secretly crept in, who were before of old ordained for this condemnation, unholy men,

who turn the undeserved pardon of our One Supreme Savior Yahweh into licentiousness, and deny Yahshua our Messiah.

These people are departing from the Faith once delivered by Yahweh.

The word **licentiousness** as written in Yahdah 3 is listed as word #766 in the *Strong's Greek Dictionary*, and means: **license to sin**. Sin is the breaking of the Law of Yahweh.

These people Shaul was describing to Timothy were teaching they had a license to sin, to break Yahweh's Laws, because they now had Yahshua and did not need the Law. In doing this, they were denying Yahweh and Yahshua, and did not have the truth in them.

● **Isayah 8:20**—

To the Law and to the Prophecy: if they speak not according to this word, it is because there is no light in them.

Doctrines of demons are spoken of in **I Timothy 4:1**. Satan and her demons were against Yahweh's Law from the beginning. Satan desires to destroy man because she knows one day men will become Sons of Yahweh.

● **I Yahchanan 3:1**—

Behold, what manner of love the Father has bestowed upon us, that we should be called the sons of Yahweh! Therefore, the world does not know us, because it did not know Him.

● **I Yahchanan 2:4,7**—

4 He who says: I know Him, but does not keep His law, is a liar, and the truth is not in him.

7 Brothers, I write no new commandments to you, but the old commandments which you had from the beginning: The old commandments are the word which you had from the beginning.

Certain strictly vegetarian groups forbid the eating of even the clean meats Yahweh created to be received.

● **I Timothy 4:5**—

For it is sanctified; ordained, through the word of Yahweh, and prayer.

We showed at the beginning of this article that Yahweh created many meats that were to be eaten. In **I Timothy 4:5**, The Holy Scriptures speak of things sanctified by the Word of Yahweh.

What meats are sanctified (set apart) by the Word of Yahweh? **Leviticus Chapter Eleven** and **Deuteronomy Chapter Fourteen** lists the meats that were set apart by the word of Yahweh. These meats that were set apart were made for man to eat.

The remaining beasts, fish, fowl and creeping things were not created to be eaten. They were created for a different purpose. The buzzard was made to keep the Earth free of dead animals, etc. The swine was created for this same purpose—garbage disposals for Earth.

The unclean fish were made like the buzzard and swine to keep the waters clean of garbage and human waste. That is why unclean sealife such as oysters, clams, lobsters, crabs, etc., are most plentiful where human waste is dumped.

Yahweh Made A Difference In The Digestive Systems Of Clean And Unclean Things!

You may notice that a chicken will eat anything a swine will eat, but the chicken is considered fit to eat, and the swine is considered unclean according to the Word of Yahweh.

The chicken has a crop and a stomach. The clean beasts are ruminants. They have two stomachs. The digestive system of the clean fish is made to filter poison out of its system, or die from the poison.

The clean beasts, etc. all have this distinctive digestive system. Their systems are designed to filter out anything that might be harmful to mankind.

The unclean beasts, etc. do not have a digestive system that filters out poisons, because they were never meant to be eaten by man, according to the Word of Yahweh.

We have now proven, according to Scripture, what creatures of Yahweh were sanctified by His word as fit to eat.

That Defiles A Man

I know someone will say: It is not that which goes into

the mouth which defiles a man, but that which comes out of the mouth, this defiles a man. **Mattithyah 15:11.**

Yahshua also promised if Yahweh's people drink any deadly thing it shall not hurt them. **Yahchanan Mark 16:18.** Does this mean we are to include poison in our diets? No! For we are not to tempt Yahweh.

●**Mattithyah 4:7—**

Yahshua said to her; It is also written: You must not test Yahweh your Father.

When we deliberately break Yahweh's Laws, knowing He has said these are unclean to you, eat them anyway, this comes from the heart, and this defiles a man because this was not done accidentally.

●**Mattithyah 15:18-20—**

18 But those things which proceed out of the mouth come from the heart, and they defile the man.

19 For out of the heart proceeds evil thoughts, murders, adulteries, fornication, thefts, false witness, blasphemies—the breaking of Yahweh's Law!

20 These are the things which defile a man—but to eat with unwashed hands does not defile a man.

The desire to break Yahweh's Law comes from the heart (**Mattithyah 15:18**). Yahweh tells us in **Leviticus 11:43-44** not to make ourselves abominable, unclean, and defiled by disobeying him. Yahweh tells us in:

●**Leviticus 11:46-47—**

46 This is the law of the animals, and the birds, and every living thing that moves in the waters, and every creature that moves about on the ground.

47 You must distinguish between the unclean and the clean—between the animal that may be eaten, and the animal that may not be eaten.

When we break any of Yahweh's Laws, we are committing sin, and sin brings death.

●**Romans 6:23—**

For the wages of sin is death; but the gift of Yahweh is eternal life through Yahshua Messiah, our Savior.

The Law of protection Yahshua Messiah spoke of in **Yahchanan Mark 16:18** applies only to those who strive diligently to live by every word that proceeds out of the mouth of Yahweh.

●**Mattithyah 4:4—**

But He answered, and said; It is written: Man does not live by bread alone, but by every law that proceeds out of the mouth of Yahweh.

The Apostle Shaul had this protection from accidents, because Shaul lived by and taught others all of Yahweh's Laws. Shaul said anything else was carnal.

●**Romans 7:12—**

Therefore the Law is holy, and the commandments *are* holy, and just, and righteous.

●**Romans 8:7—**

Because the carnal mind is enmity against; bitterly opposed to, Yahweh; for it is not subject to the Law of Yahweh, nor indeed can be.

●**Romans 8:13-14—**

13 For if you live according to the *desires of the flesh*, you will die; but if, through the Spirit, you put to death the works of the flesh, you will live.

14 For as many as are led by the Spirit of Yahweh, they are the sons of Yahweh!

This was Shaul's teaching in all of his Epistles. That is why he was protected. Yahshua said anyone who lived for Yahweh would be protected. We find a promise of protection from poison in:

●**Yahchanan Mark 16:18—**

They will take up serpents, and if they drink any deadly thing, it will not hurt them; and they will lay hands on the sick, and they will recover.

An example of this protection is found in:

●**Acts 28:1-6—**

1 And when they had escaped *to safety*, then they found that the island was called Malta.

2 And the barbarous people showed us no little kindness: for they kindled a fire and looked after every one of us, because it began to rain and was very cold.

3 And when Shaul had gathered a bundle of sticks and laid *them* on the fire, a viper came out because of the heat, and fastened on his hand.

4 Now when the barbarians saw the *venomous* creature hanging from his hand, they said to one another; No doubt this man is a murderer, whom, though he has escaped the sea, justice would not allow to live.

5 But he shook the creature off into the fire, and suffered no harm.

6 Despite this, they expected him to swell or to suddenly fall down dead; but after they had waited a long while, and saw no harm come to him, they changed their minds, and said that he was a god (el).

When we deliberately break the Laws of Yahweh, Yahweh turns his face and protection away from us; we have, as a result, cut ourselves off from him. Yahweh will not even hear our prayers, much less protect us from evil around us.

● **Deuteronomy 31:16-18—**

16 And Yahweh said to Mosheh: Behold, you are going to rest with your fathers, and these people will soon prostitute themselves to the gods (elohim) of the land which they are entering; they will forsake Me, and break the covenant which I made with them.

17 On that day I will become angry with them, and I will forsake them. I will hide My face from them, and they will be devoured. Many evils and troubles will then befall them, and on that day they will ask; Have not these disasters come upon us because our Father is not with us?

18 And I will surely hide My face in that day, because of all the evil they have done by turning to hinder gods (elohim).

● **Isayah 59:1-2—**

1 Behold, Yahweh's hand is not shortened, that it cannot save; nor His ear heavy, that it cannot hear.

2 But your *own* iniquities have separated you from your Father; and your *own* sins have *caused Him* to hide *His* face from you, so He will not listen.

Yahweh decreed His Dietary Laws. In order to please Yahweh, we should be obedient to Him:

● **Malakyah 3:6—**

For I *am* Yahweh, I change not...

Many of Baal's preachers continuously refer to the New Testament in their contention that the Laws of Yahweh were done away with. In order to make this contention they must **twist Scripture** to say things the New Testament never has said.

When we let Scripture tell us what scripture really says, without the deceitful interpretations of Baal's preachers, we see plainly that there is no Scripture in the entire book of the Holy Scriptures where any of Yahweh's Laws were ever changed or done away with. The Law is the fabric of the New Testament. Many Scriptures affirm the Laws of Yahweh and cannot be denied.

● **Mattithyah 5:17—**

Do not *even* think that I have come to destroy the Law or the Prophets; I have not come to destroy *them*, but to establish *them*.

● **I Yahchanan 2:4—**

He who says: I know Him, but does not keep His law, is a liar, and the truth is not in him.

● **I Yahchanan 3:4—**

Whoever commits sin, transgresses also the Law; for sin is the transgression of the Law.

● **Revelation 21:27—**

And there will by no means enter into it anything that defiles, nor works abomination, neither a lie; but only those who are written in the Lamb's Book of Life.

Compare the previous Scriptures to the following scriptures.

● **Leviticus 11:43—**

You shall not make yourselves abominable with any creature that moves about on the ground. Do not defile yourselves by means of them, nor be made unclean by them.

● **II Corinthians 6:17—**

Therefore: Come out from among them and be separate, says Yahweh. Do not touch the unclean *thing*, and I will receive you.

By now you have compared these scriptures, and you know that it is Yahweh's will that you now understand and it is Yahweh's will that you obey all His Commandments, including Yahweh's Commandment to eat only certain beasts, fowl, fish, and insects. To do otherwise is to make yourself abominable and unclean.

Only those who submit to our Heavenly Father Yahweh's Will, will become the Sons of Yahweh in the Family of Yahweh, and have right to the Tree of Life, which is eternal life.

● **Revelation 22:14—**

Blessed are those who do His Laws, that they may have right to the tree of life, and may enter in through the gates into the city.

Here is the instruction of King Solomon, one the wisest men who ever lived.

● **Proverbs 23:1-3—**

1 When you sit down to dine with a ruler, consider carefully what is before you;

2 And put a knife to your throat, if you are a man given to

appetite.

3 Do not be desirous of his dainties, for they are deceptive food; *offered with doubtful motives.*

In other words, when you go to buy your food, when you eat at a restaurant, or when you eat with someone else and you are not sure that this person is serving food that is clean according to Yahweh's Dietary Laws (especially if this person is not one who reverences Yahweh)—do not go ahead and eat this food. **Ask questions. Find out** whether or not this food is clean according to Yahweh's Dietary Laws before you eat it. Make sure that what is being served or sold to you is that which is clean according to Yahweh's Dietary Laws. If it is not, do not buy or eat it! The Apostle Shaul points this out clearly in:

● **I Corinthians 10:25,27-28—**

25 Everything that is being sold in the meat market, do not eat; ask questions on account of your conscience,

27 If any of those who are unbelievers invites you, and you want to go, everything that is being presented to you, do not eat; ask questions on account of your conscience.

28 And if anyone says to you: This was offered to gods (elohim); do not eat it, *not* only for the sake of the one who informed you, but *also* for your own knowledge.

The unclean things which Yahweh said are unclean, can be made to appear clean by cooks and preachers, but we know this is only deceit. What really lies hidden in these unclean things is all kinds of suffering, and even the second death in the lake of fire if you hear the words of Yahweh and then still refuse to heed them.

● **Revelation 21:8—**

But the fearful, and unbelieving, and the abominable, and murderers, and whoremongers, and sorcerers, and worshipers of gods (elohim), and all liars, will have their part in the lake which burns with fire and brimstone—which is the second death.

This whole world is deceived by Satan and his Baal preachers.

● **Revelation 12:9—**

And the great dragon was cast out, that old serpent, called the Devil, and Satan, who deceives the whole world. He was cast out into the earth, and his angels were cast out with him.

DON'T YOU BE!