

Rediscovering how a Healthy Diet and Lifestyle reduces the incidence of cancer, cardiovascular disease and type 2 diabetes mellitus is as simple as understanding the role of Inflammation, our body's reaction to injury; in some instances is self inflicted.

It is always interesting to read original investigations reporting on the significance of something, particularly when according to the publication [1] it is a new discover; despite the already published medical literature having shown how and why this new discovery – in this case that harmful dietary and lifestyle practices promote the inflammatory responses driving the development and progression of such inflammatory diseases, including but not limited to cancer, coronary artery disease (CAD), and type 2 diabetes mellitus – is not new, but has already been well established in the medical journals [2-6].

That being said, we can appreciate why this confusion continues to exist given some of the responses to the work of Li, et al, thereby necessitating a brief review of the science. We will focus on CAD however the same explanations apply to the other inflammatory diseases under consideration. For those who continue to resist the science explained infra, we can teach it to you but we cannot understand it for you.

The theories on "Inflammation and Heart Disease" [2] and "Angina" [3-5] were originally presented and detailed in the 1990s and more than adequately covered by 20/20 [6] in 2004 – making it somewhat hard to believe the authors [1] and those responding are unaware of them.

There has also been a rather extensive detailing of potential dietary and other treatment of these inflammatory risk factors for coronary artery disease (CAD), dating back into the 1930s and most recently published in 2019 in excruciating detail [7] – well before the publication of this current paper [1] – as well as the critically important published research showing only a mild to moderate correlation between serum surrogate blood tests and measurement of inflammatory CAD itself [8,9].

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True measurement of inflammatory tissue changes – i.e. including the regional inflammatory changes [9] responsible e.g. CAD and impaired coronary blood flow [9,10] – is the critical question one must ask when looking for the impact of any treatment, including drugs, dietary and lifestyle practices.

In an effort to reduce future new discoveries of that which has already been discovered, and to assist those who resist the scientific literature, we reiterate the risk factors responsible for the development of Inflammatory Coronary Artery Disease [2,11] and the need to actually measure CAD itself [9,12,13] if we wish to learn what treatments, diets and lifestyles, are or are not effective in treating CAD, cancer, diabetes, et cetera.

These risk factors as already established [2,6,11] include but are not limited to:

- 1) LDL-cholesterol,
- 2) HDL-cholesterol,
- 3) Triglycerides – saturated fats,
- 4) Lipoprotein(a),
- 5) Homocysteine,
- 6) Fibrinogen,
- 7) Growth factors including insulin growth factor 1,
- 8) Fibrinogen,
- 9) Cytokines and leukotrienes including interleukin-6,
- 10) Complement levels,
- 11) Increased levels of oxidative stress either through lack of anti-oxidants or through increased oxidative stress proper,
- 12) Infections agents including several identified bacteria, potential fungal and viral agents, and
- 13) Traumatic injury to the coronary artery walls themselves including rupture of inflammatory plaques and iatrogenic causes including but not limited to angioplasty, stenting, rotablator atherectomy, et cetera.

Future studies should now focus, not on rediscovering that which has already been discovered, but on determining which treatments, diets and lifestyles successfully reduce the inflammatory diseases - CAD, cancer, diabetes, et cetera - by measuring actual treatment outcomes following treatment of these risk factors and the results of that treatment at the tissue level.

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