

Gallstones: The Body as Reservoir

An Essay



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Synopsis

Surgeons report zero percent success dissolving gallstones through dietary intervention. Dr. Tom Cowan achieved 60-80% dissolution—documented by ultrasound—by inverting the standard advice entirely: instead of fat restriction, he prescribed maximum raw animal fat

consumption over six months. A century earlier, Dr. Ulric Williams documented a woman passing over seven hundred stones through dietary change alone. The mechanism: saturated animal fats bypass the gallbladder during digestion, requiring no bile, triggering no attacks. The body stores cholesterol when it perceives fat deficiency. Flood it with usable fat, and it releases its reserves.

The surgeon's answer was zero percent.

Tom Cowan had asked a simple question. Of all the patients put on water fasts and no-fat diets to manage gallbladder attacks, how many had actually dissolved their stones?

Zero. The surgeon had never seen it. Never heard of it. Didn't think it was possible.

Cowan checked with other surgeons. Same answer. Fasting and fat restriction could manage attacks. The stones remained.

Yet a century earlier, Dr. Ulric Williams had documented something the surgical profession considered impossible. A 68-year-old woman, Mrs. R., had gallstones. Her heart was too weak for surgery—the conventional option was closed to her. Williams placed her on an eliminating dietary protocol. After six weeks, she passed over seven hundred stones.

Seven hundred. Without surgery. Without drugs. Through dietary change alone.

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The Fried Chicken Paradox

Cowan had worked as an ER doctor. He'd seen hundreds of gallbladder attacks—possibly thousands. The trigger was consistent enough to be an ER joke: fried chicken. Patient eats fried chicken, gallbladder contracts, stone gets pushed into the common bile duct, patient arrives in agony.

The standard management protocol was straightforward. Admit the patient, administer pain medication, put them on NPO—nothing by mouth. The gallbladder eventually relaxes, the attack subsides. Then the surgery consult. Out comes the gallbladder.

The standard reasoning follows: fatty food triggers attacks, therefore avoid fat. Patients who want to prevent future attacks get put on low-fat diets. Those who keep having attacks get referred for cholecystectomy.

But this creates a problem nobody in conventional medicine addresses. If fat causes stones, and hundreds of patients adopt low-fat diets, why doesn't the body stop producing stones? Why doesn't it reabsorb existing ones?

The surgeon's answer: zero percent dissolution. Fat restriction prevents attacks but

doesn't reverse the condition. The conventional approach manages symptoms while the underlying problem persists—until the gallbladder comes out.

Conventional medicine doesn't explain why stones form in the first place. The official answer: unknown. The organ produces stones for reasons that remain mysterious, and once symptomatic, removal is the definitive treatment.

Dr. Charles Mayo estimated ninety percent of operations could be dispensed with. Williams put the figure at eighty percent minimum, listing gallstones explicitly among conditions “usually regarded as surgical which have been shown to yield, sometimes very easily, to the simplest of natural methods.” Appendicitis, kidney stones, tumors, fibroids—all on his list of conditions resolved without surgery through dietary and elimination protocols.

The economic incentive runs the other direction. Williams observed: “Operations, unfortunately, are among the most lucrative items of the orthodox stock-in-trade. They must be sold, otherwise it is improbable that people will buy.”

Cowan asked a question surgeons weren't asking: Why would the body form stones in the first place?

Cholesterol Storage

Gallstones are cholesterol stones. Send them to a pathologist and the composition comes back as fat.

The body isn't depositing foreign material—it's depositing something it manufactures and needs. Cholesterol is essential for hormone production, cell membrane integrity, neurological function, vitamin D synthesis. The body doesn't make cholesterol by accident.

Cowan's hypothesis inverted conventional thinking. The body isn't malfunctioning when it produces gallstones. It's adapting to perceived scarcity.

If the body needs cholesterol and isn't receiving adequate usable fat from the diet, it creates a storage mechanism. The gallbladder, already involved in fat metabolism, becomes a cholesterol reservoir. The body preparing for lean times, not attacking itself.

Under this framework, fat restriction is precisely wrong. A body stockpiling cholesterol because it perceives inadequate supply receives even less supply. The signal: scarcity continues. The storage behavior continues. The stones remain. The stones grow.

Williams framed the same principle from the terrain medicine perspective: the body deposits material in non-vital locations to protect vital organs. When elimination pathways are overwhelmed or when the body cannot properly process incoming material, it stores that material where it will do the least immediate harm.

“Nothing but experience is likely to carry conviction as to the vast quantities of effete matter often stored in sick bodies,” Williams wrote. “Masses of it, deposited in all sorts of sites in an endeavour to protect vital centres and organs, can be both seen, felt, and smelt.”

The gallbladder becomes a storage depot rather than a diseased organ. The stones become evidence of adaptive function rather than pathological breakdown. The question shifts from “how do we remove this malfunctioning organ?” to “what conditions created this response, and how do we change them?”

The Protocol

Cowan tested his hypothesis by reversing the prescription entirely. Maximum fat consumption—with two constraints.

The fat had to be animal fat. No plant oils. Not olive oil, not coconut oil, not canola oil. No plant-derived fats of any kind.

The fat had to be raw. No cooked animal fat.

This made for what Cowan calls “one of the most inconvenient diet strategies I know.” Conventional meat preparation was eliminated—cooking meat means cooking the fat. What remained: raw milk, raw kefir, raw cream, sushi, steak tartare, raw fat trimmed from steaks and consumed uncooked. For those concerned about safety, freezing first was acceptable; it made the fat easier to digest and addressed parasite concerns.

Patients could eat plant foods—vegetables, fruit, honey, soaked and sprouted grains. They could eat whatever good organic food they wanted. The single restriction on plants: no added plant fats.

The goal: flood the body with raw animal fat, as much as patients could tolerate.

Cowan called it “the opposite of the fried chicken diet.”

Three supplements accompanied the protocol, all from Standard Process: Cholacol (essentially bile salts), AF Betafood (beet juice and beet powder concentrate), and disodium phosphate (functioning as a detergent). No other supplements. No vitamins. No gallbladder flushes. No cleanses. No other interventions.

Duration: six months.

Cowan warned patients upfront that the diet wasn't easy. Six months without cooked meat, without conventional food preparation, with heavy reliance on raw dairy and raw animal fat. But he also noted the alternative: surgical removal of the gallbladder, which is permanent.

The Flush Question

Gallbladder flushes—apple juice followed by large quantities of olive oil—are popular in alternative health circles. People pass green pellets and identify them as stones.

Cowan performed ultrasounds on patients who had done these flushes. Every single one still had stones in their gallbladder.

His suspicion: the green pellets are congealed olive oil, not gallstones. Dramatic bathroom theater with no actual stone dissolution.

This doesn't contradict olive oil's value in sustained protocols. Williams identified olive oil as “the most powerful natural detoxicating agent we possess” and included it in all his elimination diets. But Williams' protocols ran for weeks—olive oil as one element alongside fasting, dietary change, and enemas. Mrs. R. didn't do an overnight flush. She spent six weeks on a comprehensive eliminating regime.

The overnight flush is a different intervention: acute, dramatic, and ineffective. Williams documented genuine stone passage over weeks of sustained change. Cowan documented zero ultrasound-confirmed dissolution from flushes.

Olive oil as part of sustained elimination works. Olive oil as one-night spectacle produces impressive visuals and nothing else.

Why Raw Cream Doesn't Trigger Attacks

The first result surprised even Cowan. Patients stopped having attacks immediately.

Standard teaching: fat triggers attacks. These patients had documented stones. They had histories of attacks triggered by fatty meals. Yet they ate bowls of raw cream with blueberries and honey—no attacks. Sushi, steak tartare—no attacks. The same patients eating fried chicken would still trigger an attack.

The difference lies in how different fats digest.

Polyunsaturated fats—the long-chain fatty acids found in most plant oils like flax, chia, sunflower—receive no breakdown in the mouth. No breakdown in the stomach. They pass through unchanged until they reach the small intestine, where they require bile from the gallbladder for emulsification, then pancreatic lipase for final breakdown.

This pathway triggers gallbladder contraction. The gallbladder squeezes to release bile into the duodenum. In patients with stones, that contraction can push a stone into the common bile duct, causing blockage, spasm, and the characteristic agony of a gallbladder attack.

Saturated fats take a different route entirely. Breakdown begins in the mouth through lingual lipase, an enzyme secreted by glands under the tongue. It continues through the stomach. By the time saturated fats reach the small intestine, they've already been substantially broken down. They don't require bile. They don't require pancreatic lipase. The gallbladder isn't called upon to contract.

Barbara O'Neill, drawing on Udo Erasmus's research in *Fats That Heal, Fats That Kill*, makes this point directly: people with liver, gallbladder, or pancreatic problems do better on saturated fats specifically because digestion begins in the mouth. Coconut oil, butter, animal fats—these bypass the bile pathway entirely.

Cowan's protocol—heavy in raw cream, raw butter, raw animal fat—is predominantly saturated fat. The raw requirement preserves enzymatic co-factors and structural integrity that assist digestion. Patients flood their bodies with fat while giving their gallbladders complete rest. No contraction signals. No stone mobilization. No attacks.

The body receives the signal: fat is abundant. Usable fat is arriving in quantity. The perceived scarcity that triggered cholesterol storage no longer exists. The storage behavior becomes unnecessary.

The stones dissolve.

Results

The first three patients dissolved their stones completely. Ultrasound-documented before and after.

Cowan had never seen this outcome before. In all his years in the ER, in all his conversations with surgeons, no one had documented gallstone dissolution through any intervention. The standard answer was that it couldn't happen.

Across his career using this protocol, Cowan reports 60-80% stone dissolution. Nearly all patients achieved symptomatic relief—attacks stopped—even among those whose stones didn't fully dissolve. He continued using the protocol throughout his practice because nothing else produced documented results.

Mrs. R.'s case from a century earlier demonstrates the upper range of what's possible. After six weeks on Williams' eliminating dietary protocol, she experienced what Williams called a "healing crisis." She became severely ill—purging, vomiting, considerable distress lasting several days.

During this crisis, she passed over seven hundred stones.

Seven hundred. The number strains credibility until you consider that stones accumulate over years, possibly decades. Mrs. R. was sixty-eight. Those stones didn't form in six weeks—they represented a lifetime of deposition. The dietary change created conditions for their release. The acute illness was the release in progress.

Williams reported that three months later, "the lady gave every appearance of very good health."

The healing crisis concept reframes what patients and practitioners should expect during stone elimination. Williams distinguished sharply between disease and acute illness: "There is no such thing as Acute Disease. There is Acute Illness; but therein is a vital distinction."

Disease, in his framework, is the gradual degenerative process—the slow accumulation of material the body cannot process. Acute illness is the body’s attempt to eliminate that accumulation. The symptoms of a healing crisis—fever, purging, vomiting, malaise—represent elimination in progress, not treatment failure.

“Acute illnesses are not diseases,” Williams wrote. “They are Nature’s reactions, curative in intent, against existing disease. They are house cleanings—Healing Crises.”

Williams documented that crises often occur at predictable intervals: the sixth, thirteenth, or twentieth week after beginning an improved regime. Mrs. R.’s crisis came at week six, right on schedule.

Anyone attempting non-surgical stone resolution should expect this possibility. Acute discomfort may signal the body mobilizing stored material. The process can be intense. Mrs. R. was “very ill indeed.” But she emerged with seven hundred fewer stones and, by Williams’ account, excellent health.

The Surgical Default

The surgeon who told Cowan zero percent wasn’t wrong about his own experience. He was describing the results of standard care: fat restriction, symptom management, eventual surgery.

What he hadn’t tried was the opposite approach. What no one in conventional medicine had tried. The reasoning—fat causes attacks, therefore restrict fat—seemed so obvious that the inverse was never considered. Why would you flood a gallbladder patient with fat?

Because the reasoning, however obvious, was precisely backward.

Conventional medicine’s documented success rate for stone dissolution through dietary intervention: zero percent. Cowan’s protocol: 60-80% dissolution. Williams’ documented case: seven hundred stones passed without surgery.

The protocols differ in specifics—Cowan emphasizes raw animal fat; Williams emphasized elimination and olive oil over weeks—but address the same underlying principle. The body formed stones for a reason. Address the reason, and the body can reverse what it created.

The conventional approach removes the organ and never addresses the reason. The patient loses their gallbladder, suffers the downstream consequences of impaired fat digestion, and the underlying conditions that caused stone formation continue uncorrected.

Williams was direct about the surgical industry: “Operations, unfortunately, are among the most lucrative items of the orthodox stock-in-trade. They must be sold, otherwise it is improbable that people will buy. The people, rightly, fear operations. But they can be made to fear sickness more, and the fear-urge is widely employed.”

That was written nearly a century ago. The pattern continues. The surgical default exists not because it works better but because it bills better. The alternative requires months of difficult dietary compliance, produces no surgical fees, and challenges the assumption that organs producing stones must be defective rather than adaptive.

Gallstones are not a disease of excess. They are a disease of deficiency—the body storing cholesterol it isn’t receiving in usable form. Or a disease of accumulation—the body depositing material it cannot eliminate. Either way, the stone represents the body’s solution to a problem. Remove the gallbladder and you remove the solution while leaving the problem intact.

Change the conditions, and the body dissolves the stones itself.

Zero percent was the surgeon’s answer. It remains the answer for everyone who accepts the conventional framework and never tries the opposite approach.

Mrs. R. didn’t accept it. She was sixty-eight years old, her heart too weak for surgery, with no option but to try something different. Six weeks of dietary change. Several days of intense crisis. Seven hundred stones.

And then, by Williams’ account, very good health.

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