CAVADEX

The battle to save lives

(pre-book short)

I'm Kyle Hodgetts, 56, video game designer and electronics engineer from Melbourne, not a doctor. In January 2019, my world collapsed. My wife died of cancer, leaving me alone with our 13-year-old daughter. As if that wasn't enough, my cardiologist hit me with a death sentence: six months to live, maybe two years if I got lucky. My heart was a mess—five stents, some jammed inside others, clogging up again. My cholesterol was 7.5 (290 in US terms), triglycerides at 9.3 (823 is US terms), and my liver, wrecked from years of heavy drinking, was a fatty disaster on ultrasound. I couldn't die. Not now. My daughter needed me.

I threw myself into research, scavenging for anything to keep me alive. Years back, while hunting for cancer treatments, I'd found a 2016 study from Bonn University by Eicke Latz. It showed 2-hydroxypropyl-β-cyclodextrin (HPBCD), a sugar molecule, cleared cholesterol plaques in mice arteries in weeks. Another study, from 2012, used it for kids with Niemann-Pick Type C, pulling cholesterol out of cells. It was safe, FDA-approved for other uses, but because it was unpatentable no pharma company would invest money into developing it into a drug. To me, it was a lifeline.

By April 2019, I decided to experiment on myself. I wasn't a scientist, but I was desperate and good at solving problems. I was already financially exhausted after 4 years of cancer treatments for my wife, but I spent what's left on blood tests, angiograms, ultrasounds, and hearing tests to track everything. I got pharmaceutical-grade HPBCD (Cholrem brand) and learned to sterilize it for IV use. My sister owned a medical clinic in Melbourne and allowed me to set up a room to do my trial / experiment. Dr. Luke Vanderhoven, a GP working at my sister's clinic , thought I was nuts, but I managed to rope him into helping me after I showed him my research. He was nervous—my lipids were a nightmare—but he admitted HPBCD seemed safe.

My sister was a nervous wreck, worried I'd kill myself. She dragged me to her clinic's head doctor, Mark. I was excited, this is the first time I'm going to talk to a big doctor about what I was doing. I thought to myself "I'm going to blow him away with all this cool research". My sister had handed him my research papers a week earlier. I walked into his office, sat down and said, "what do you think?". He looked at me, and said, "You're fine. It won't work, but you won't hurt yourself." Ten seconds later: "Off you go." That was my big moment with the "big doctor". Well, at least he said it was safe.

That first day, I sat in the clinic, heart pounding, Luke put the cannula in my arm while nervously joking "Don't start the pump till I'm gone". He wasn't joking, he didn't want to lose his medical license, so I had to wait till he left the room before starting the infusion pump.

Staring with a saline bag with 8 grams of HPBCD (100 mg/kg). My girlfriend, Danae, was playing "nurse." She put on these comically oversized rubber gloves, the fingertips flopping around. Thirty minutes later, it was done. I felt nothing—good or bad. Then came the cannula removal. Danae, bless her little heart, started wiggling the cannula, causing all this blood to run out, down my arm and all over her glove. "pull it straight out in one go" I yelled. But instead of pulling it straight out, Danae yanked it upward at a 90-degree angle like she was starting a lawnmower. Blood sprayed everywhere—on the wall, my arm, her gloves. I yelled, "Get a bandage" as I put pressure on my arm to stop the bleeding. Poor Danae freaked out smearing blood all over her face and backing off into the corner. Luke rushed in, saw the chaos. It looked like something from a slasher movie, blood everywhere, Danae freaking out in the corner covered in blood. Luke burst out laughing then helped my bandage my arm. We got better at cannula removal after that episode and didn't have too many more mishaps.

Over 36 days, I ramped up the doses: 8g, 16g, 24g, 40g, up to 80g (1000 mg/kg) by day 8. I mixed the HPBCD every morning on my kitchen bench, like some mad scientist. Blood tests showed my cholesterol dropping to 4.3 (US 166), triglycerides to 5.3 (US 469). My kidney marker, UACR, went from 18.8 to 8.6. Even my battered liver started looking better. My blood pressure eased from 140/90 to 130/80 mmHg. I felt alive again—less angina, more energy. Weirdly, my eyesight got sharper. No idea why.

It wasn't all smooth. On day 10, I tried a different brand of HPBCD at 56g. Hours later, my liver enzymes spiked—ALT, AST and GGT all went crazy. I felt fine, but I had to stop for six days until they normalized. Back to my original HPBCD, no problems. I went as high as 80g in one go, then went to get my daily blood test and the nurse drawing my blood said, "Your blood's thick as syrup." I grinned, maybe I got too cocky. I'd push the limits too far, sure, but I was learning.

I got reckless in other ways. During infusions, I'd wheel my IV pump outside to smoke. Luke caught me once, shaking his head. "You're insane," he said. Another doctor saw me through his window and slammed the blinds shut, probably to spare his patients the sight of a guy puffing cigarettes mid-IV.

Money was tight. The trial expenses wiped me out. Sometimes I'd wait by the clinic's escalators, waiting for my sister to come down and slip me cash for smokes and scotch. I felt like a kid begging for pocket money, laughing at myself—a grown man circling like a desperate puppy waiting for a treat.

In May, I emailed Dr. Latz, a big scientist from Germany that did that research paper about the mice clearing their arteries using cyclodextrin. I told him what I was doing, and he said he thought I was very courageous (that's science language for "You're a bloody idiot!) but he was intrigued and desperately wanting all of my data. I sent him my dosing plan and results, including images of my cloudy urine that I assumed contained cholesterol. He was curious but warned me about contamination risks and potential kidney or neuronal damage from high doses. He told me I should stop, stressing the need for proper trials. I wasn't fazed. My kidney and liver tests were improving, my hearing test was fine. I kept going.

By June, after the trial, my follow-up angiogram blew me away. The plaque in my right coronary artery had shrunk, the lumen wider. My cardiologist, who'd been pushing intervention, now said I just needed "medical management." I sent the images to Latz. He was impressed but cautious, saying plaque regression takes time and more trials were needed.

My trial, April to May, changed everything. My bloodwork was near normal, I had my energy back, and I wasn't going to die, at least not yet.

By the end of 2019, I was buzzing with hope. My crazy experiment with HPBCD—my Cavadex—had worked. I was alive, kicking, and ready to scream from the rooftops that this cheap sugar could save lives. All I had to do was convince the world.

I was so excited I tried to tell everyone that this treatment may be the cure for heart disease.

Easier said than done. I hit up every doctor I could find, waving my blood tests and scans like a madman. Most wouldn't give me the time of day. The ones who listened called it a fluke. A fluke! I was gutted. I'm just an electronics engineer, not some fancy scientist, but I knew I was onto something.

Doctors were skeptical—no TGA or FDA approval, no drug company interest in a cheap sugar that could cure heart disease and wipe hundreds of billions of dollars from their balance sheets. But Luke saw the potential. “This could change heart disease treatment,” he said.

Eventually after my trial, a doctor with bad heart disease reached out. He wanted Cavadex. This was my first customer, a doctor! I sold him four infusions for $1,200 each, setting him up at my sister’s Melbourne clinic over two weeks. A few days after his last dose, he called me. “Kyle, you notice anything weird with your eyesight?” My heart skipped. I *had* noticed my vision getting sharper during my trial but kept my mouth shut—thought it sounded nuts. He said he was reading without glasses now. That hit me like a lightning bolt. Cavadex was doing more than clearing arteries.

I threw everything into Cholrem, my company—short for “cholesterol removal.” I built a website, slapped my trial data, angiograms, and blood tests on it, and started hunting for investors. I valued Cholrem at $1 million, telling anyone who’d listen it’d be worth $10 million in a year. Eight people bought in, tossing me $60,000. Not a fortune, but enough to keep the lights on. I also started digging into easier ways to get Cavadex into the body. IVs worked, but they were a pain and too difficult. Oral delivery? No good—stomach acid wrecked it. Then I found rectal administration could work. Yeah, enemas aren’t sexy, but I ordered 10,000 plastic enema tubes and a 10kg barrel of cyclodextrin. When that barrel showed up, I just stared at it. So much bigger than the 100-gram jars I’d been using. It felt like I was gearing up for war.

Life wasn’t all work. By June 2019, things with Danae fizzled out. Then, in September, I met Clare, a young Malaysian girl, sharp as a tack, and drop-dead gorgeous. She wasn’t like her other Asian friends, chasing rich old Aussies with “yellow fever.” She was happy, working on a small farm, earning way more than she could back home. We hit it off, I wasn’t into Asian girls, she wasn’t into gold-diggers’ games, and that made us click. By Christmas, we were a couple, and with enough investor cash, I planned to move to the Gold Coast for my next trial in 2020.

Then COVID slammed the brakes on everything. I moved to the Gold Coast in January 2020 with Clare and my daughter, but the pandemic screwed up my plans. Clinics shut down, supplies got stuck, and investors got cold feet. I spent the year buried in medical journals, learning about lipids, liver function, and vascular health. I was frustrated but kept at it.

I think this COVID time was an important turning point for me. I was, for the first time, seeing how the Pharmaceutical industry and Government regulators manipulate the population. I was never a conspiracy theorist, but I was starting to question a few things.

By early 2021, things were looking up. Clare and I got married, and by June, she was five months pregnant. We started calling the baby “Bruce,” joking about Bruce Lee because she’s Asian. It took Clare so long to come up with a proper name for him that it was too late, we got so used to calling him Bruce, we kept the name and when he was born, we called him Bruce, poor kid!

I was ready for my second trial, smarter this time. I set up an infusion room in our Gold Coast house, got all the gear, but hit a snag: no doctor or nurse would insert my cannula, they all thought I was crazy. Clare, bless her, said she’d learn and spent days watching YouTube videos and became an expert. First time she did the cannula, she nailed it, sliding the needle into the back of my hand like a pro. But after a few days of infusions, her pregnancy hormones would sometimes kick in. One session, she tried five times before getting it right—blood everywhere, her in tears thinking she’s hurting me, meanwhile I’m gritting my teeth, saying, “Doesn’t hurt, keep going!” I was lying through the pain, but we got there eventually.

The trial kicked off June 22, 2021, lasting 48 days. I tested Cavadex in five phases—6g twice daily, then 4g thrice daily, with breaks to see how my body reacted. I didn’t change a thing about my life: half a bottle of scotch a day, 40 smokes, eating whatever. I wanted Cavadex to prove itself. And it did. By July, my cholesterol crashed from 10.6 (US 409) to 6.4 (US 247), triglycerides from 20.0 (US 1771) to 8.1 (US 714), and GGT, a liver marker, from 102 to 83 U/L. By the end, cholesterol was 4.1 (US 158), triglycerides 4.8 (US 425), and urate—something I barely understood—dropped from 0.506 to 0.249 mmol/L. Carotid ultrasound showed my right carotid bulb plaque shrink—35.9% on the anterior wall, 27.3% on the posterior. My liver tests got better, ALT hitting a normal 37 U/L. I felt like I was 20 again—energy through the roof, skin clear, brain sharp. Weirdly, I kept getting flashbacks to my youth, like my mind was clearer than ever.

Halfway through my trial I got a call from some medical guy who was interested in what I was doing. We spoke on the phone and wanted me to send him some of my results. I googled his name and WOW! This was his CV:

Preeminent Consultant Cardiologist and Director of cardiovascular research at GCUH.

In addition I am Professor of Pharmacology and Therapeutics at Griffith University. I have over 230 peer reviewed publications principally in preventive cardiology and clinical cardiovascular pharmacology.

I have been a full professor of medicine for over 30 years. Over this time I have been an External Drug Evaluator for the TGA and constant to the pharmaceutical industry . I served on the South East Sydney Area Human Ethics Committee for 13 consecutive years

My main areas of research at present are multi centre clinical trials of novel cardiovascular drugs and the effects of nutraceutical mediated reduction of oxidative stress on vascular function.

My principal clinical specialty is preventive cardiology.

I hit the jackpot! Professor Laurie Howes wasn't just a doctor. We started emailing in June 2020, and he got it. He saw Cavadex wasn't just about cholesterol—it was fixing my whole vascular system, reducing inflammation, even cutting urate, which he said was a big deal for heart disease. "This could change everything," he told me. We worked on all my data and even worked on a press release together in November 2021, and he helped shape a paper that got published later in *Cardiology Research and Cardiovascular Medicine*. It showed Cavadex shrinking carotid plaques, lowering lipids, and helping my liver, all without side effects like hearing loss. Laurie pushed for proper trials—randomized, controlled, the whole deal. I knew he was right, but man, his belief in me lit a fire.

Cholrem was picking up steam. The press release got attention, and by December, Dr. Joel Kahn, some big-shot U.S. cardiologist, emailed me, wanting to sell Cavadex through his network. I was also starting to sell RemChol, my enema version, to people and getting back results from patients, lipid levels dropping, angina pain reducing, blood pressure lowering and joint pain easing. Laurie warned me in May 2022 emails that anecdotes weren't enough—I needed "science!".

By late 2021, Clare gave birth to Bruce, and I was over the moon—married, a new son, my daughter doing great. Cholrem was getting noticed, even a Major in the US army, MAJ

Katharine Salyer, asking about trials for fatty liver disease. I wasn't that desperate guy from 2019 anymore, gambling on a sugar molecule to stay alive. I was building something real. Cavadex had saved me—my lipids were normal, my arteries clearer, my energy back. Now, I was ready to fight for the next step: proper trials, regulatory approval, and a shot at helping millions. I'd beaten the odds twice. I'd do it again.

By late 2021, I was electrified with purpose, my heart pounding with the kind of excitement that only comes from knowing you're on the cusp of something monumental. Cavadex—my 2-hydroxypropyl-β-cyclodextrin miracle—had yanked me back from the brink of disaster. My cholesterol had plummeted from a terrifying 10.6 (US 409) to a healthy (US 158), my carotid plaque had shrunk by over 30%, and at 56, I felt like I could outrun a teenager in a sprint. I'd poured my life into Cholrem, my company, to bring this game-changer to the world, and the results were pouring in. Patients were calling me, their voices trembling with gratitude—less joint pain, more energy, and, for the first time, real hope that heart disease could be reversed. I wasn't just saving lives; I was rewriting what was possible in cardiology. Professor Laurie Howes, now my mentor, was practically vibrating with excitement, his emails from June 2020 brimming with conviction: "Kyle, Cavadex is the greatest breakthrough since statins—maybe bigger!" He saw Nobel Prize potential, and his belief fueled my fire.

By August 2022, Dr. Jim Roberts reached out, his enthusiasm palpable even through email. A cardiologist running Comprehensive Heart Care in Toledo, he was itching to try Cavadex IV. I sent him samples and he dove in headfirst, treating himself and over 70 patients with results that left us both speechless—angina vanishing in weeks, no side effects, and early signs of plaque regression. "This could ruin the entire practice of cardiology!" he half-joked on August 7, his excitement infectious.

Dr. Roberts endorsement was unequivocal: Cavadex was "the most effective vascular treatment in the world." His patients, many with refractory angina or failed bypasses, reported relief within two weeks, and one with heavy coronary calcification showed less lipid-rich plaque after two months of RemChol.

The world was starting to notice, and I could feel the ground shifting beneath us.

I'd moved my family into a bigger house in November 2021. I built a team of people to get this company up and running. We were churning out RemChol, the rectal suppository version of Cavadex. It wasn't glamorous, but the feedback was electric. People were calling me sometimes their voices thick with emotion: "Kyle, I haven't felt this good in years—my knees don't ache, I'm walking further, I'm alive again!"

Laurie was over the moon, his November 21, 2021, email practically shouting: "These results are mind-blowing, Kyle! Cavadex could revolutionize heart disease treatment!" He wasn't

content with anecdotes, though, hammering me to pursue randomized trials. “This is bigger than statins—we need ironclad science!” he wrote, urging me to lock in funding and partnerships. Laurie was all in, spending late nights emailing professors across Australia, building a network to make Cavadex undeniable. His passion was my lifeline, especially as the world beyond our circle seemed maddeningly indifferent.

Laurie, thrilled by Dr. Robert’s September 27, 2022, email, shared the data with Dr. Luke van der Hoeven in Melbourne, writing, “This could end heart disease as we know it!” The excitement was building, and I started to believe we could save millions of lives.

While I now had doctors fully behind me, I wanted the rest of the world to know about Cavadex but the world wasn’t ready to listen. By 2023, I was slamming into walls. I’d found a way to reverse heart disease, and nobody cared. I couldn’t get any media attention. Reporters who’d been eager to cover Cavadex returned from their newsrooms deflated, their editors refusing to run the story. One journalist confided, “This is how regulators and big pharma kill discoveries—they starve them of attention until they disappear.” It was infuriating, but Laurie’s relentless optimism kept me grounded. He was out there, talking to professors, calling Cavadex “a once-in-a-generation discovery” in a May 2022 email.

I’d dreamed big pharma would buy Cholrem and take Cavadex global, but that fantasy was fading. I’d have to build a giant pharmaceutical company myself and take it to the world.

By now I was starting to realise the enormity of what I have done. Heart disease is the world’s number 1 killer. It kills more people than cancer. The financial repercussions are enormous! It’s estimated that around 100 million Americans have heart disease, and if just 1% of those people purchased a box of RemChol, that’s $250 million, A MONTH! This is when I realise, if I cure heart disease, the big pharma industry would lose almost a TRILLION dollars a year.

There not going to lay down for this, I’m in big trouble.

I also had other issues, who was going to recognition for the discovery? I’m not a doctor or a scientist. I started thinking about this after Laurie dropped a cryptic warning in a September 9, 2022, email: “Spy v spy.” His wife, Jan, was talking to other professors and was planning secretly to setting up her own cyclodextrin trial to claim credit for Cavadex’s heart disease application. I was stunned—Jan had always been controlling of Laurie, but this felt like betrayal. Laurie’s tone was half-joking, but his urgency was clear: we had to move fast. I brushed it off, focusing on the wins, trusting Laurie to handle the academic front while Dr. Robert’s data piled up.

Around this time, an old friend reentered my life, and it felt like a gift. Mike Saaranen, an electrician who'd worked for a solar company I had in 2012, messaged me on August 30, 2023. Back then, we'd been close and were good friends installing solar panels. But when my wife got cancer and I closed the solar company, we'd lost touch.

Mike showed up at my house the next day, looking rough—no car, no job, down on his luck. Over some scotches I told him about Cavadex and my problem getting the word out, he spun tales of knowing influencers like Mr. Beast and claimed he'd run a cola company in New Zealand with slick marketing chops. "I can help Cholrem get noticed," he said, his eyes bright with promise. I was thrilled to reconnect; Mike was sharp, capable, and seemed genuinely eager to join the mission. On September 4, I hired him. Mike slotted in easily and he came just at the right time. He started working on TikTok videos, brainstorming marketing ideas, and even secured a distribution deal to get Cavadex into chemists. At the end of long days, we'd share scotches at my kitchen bench, laughing like old times. Having Mike back felt like a stroke of luck, his energy a perfect complement to the company.

By September 30, 2023, regulatory pressure was mounting. The TGA and FDA were scrutinizing Cholrem's medical claims, threatening to embargo shipments. They wanted me to stop showing the science on my websites and stop telling people Cavadex reverses heart disease. Well, as far as I was concerned, Cavadex did reverse heart disease, doctors and Laurie were telling me it did, and I knew for a fact it was reversing heart disease and was totally safe. I wasn't going to stop.

I came up with an idea to protect our mission: create Atherocare, a separate retail brand to test marketing ideas without risking Cholrem's scientific integrity. I told Mike to set up Atherocare.com, and I manufactured Atherocare tubes with Cavadex, identical to RemChol but with flashy retail branding. To avoid FDA scrutiny, I kept Atherocare at arm's length. Mike suggested registering the trademark in his name to avoid linking it to Cholrem, I agreed. "If the FDA sees Cholrem's name, they'll block Atherocare too," he warned. I trusted him completely—he was my best mate, practically family.

Atherocare took off, its slick ads pulling in customers, and Mike proved his worth beyond marketing. An electrician by trade, he wired parts of the factory, fixed equipment, and tackled odd jobs with ease. He was a godsend, always at my house, always ready to help. We didn't tell many people about Atherocare—I kept it quiet to shield Cholrem from the regulators.

In April 2023, my sister with the medical Centre, Carla, moved from Melbourne to help with Cholrem, leaving her daughter to run her clinic. Her support was a lifeline as we scaled up. By October, a Facebook campaign exploded, wiping out our inventory with over 3,000 RemChol boxes shipped. I gave away heaps for free—to war veterans, single moms, anyone who couldn't

pay. Briana, my customer service rep, warned we'd go bankrupt, but I was adamant: "Cavadex saves lives. No one is ever refused Cavadex, no one, ever!" I would get phone calls from people so grateful, grown men sobbing in gratitude, "you've given me back my life, thank you".

Dr. Roberts October 22, 2023, email buzzed with excitement over "fantastic results" with rectal Cavadex. He proposed a low-budget pilot study with 10 patients, using calcium scores, EndoPAT, and IMT to track outcomes. Laurie was ecstatic, emailing on February 9, 2023, that Dr. Robert's "stunning" data was "the evidence that'll make the world take notice." The excitement was palpable—patients were being cured, and Laurie was more convinced than ever that Cavadex was a medical revolution.

March 2024 was a nightmare. The FDA started seizing RemChol shipments as they came into America, citing unapproved drug claims on the packaging. Patients were panicking, flooding my inbox with desperate pleas. Dr. Roberts leaped into action, writing a detailed letter to FDA Compliance Officer Derek Dodd on March 7, citing Beta-HCD's GRAS status and its use as a supplement. "I'm more than interested in the availability of Cavadex for my patients!" he wrote, his passion shining through. I reworked the labels, stripping out claims like "lowers cholesterol," and by March 13, Dodd gave the green light. We shipped 700 boxes that week, catching up on backorders. Dr. Robert's January 31, 2024, email to Dr. Yale Smith, sharing his patient brochure and IV protocol, showed his tireless advocacy, even convincing colleagues like Dr. Rod Poling to recommend RemChol.

But the joy was short-lived. Laurie came to my house, sitting at the kitchen bench, his eyes blazing with urgency. "Kyle, your science is Nobel Prize material—bigger than statins!" he said, his voice stern and with purpose. He warned that people could be scheming to claim Cavadex's discovery, telling me that "You're running out of time,". He knew something I didn't, and I think his wife Jan had something to do with it. He then said "I'm going to drop everything and write up all our science and get it published, this is important" he went on to explain to me that even though I discovered Cavadex, I wouldn't necessarily be given the credit. Apparently, it's the person that publishes the first paper that gets the credit, or as Laurie said, the noble prize. I was so excited! I was going to finally get a paper published is a scientific journal.

That was my last conversation with Laurie, he died suddenly a week later, with no cause of death found at autopsy. I was shattered—he'd been my mentor, my friend, the one who saw Cavadex as a world-changer when everyone else shrugged. Laurie's wife Jan ghosted me, even keeping me from his funeral. I later learned she'd deliberately excluded me to block me from meeting the professors Laurie had rallied. When I emailed them after the funeral, they never responded. Jan was pushing her own cyclodextrin trial, claiming *she* discovered its heart

disease application. Laurie's "spy v spy" warning echoed in my mind—her betrayal cut deep, threatening to steal the legacy I'd risked everything for.

Dr. Robert's unwavering excitement pulled me through the grief. In April 2024, he proposed a pilot study with 10-12 patients, using advanced imaging to measure plaque regression. "This will impress doctors and patients alike!" he wrote on April 18, his enthusiasm undimmed. I agreed to fund it, caring more about data than publication. By June, we were seeing incredible results, Calcium scores going from 720 down to 230 in just 3 months, this has never happened before, there isn't a drug in the world that will reduce calcium scores, Cavadex does!

Money was tight—I poured every dollar back into Cholrem, hiring scientists, video crews to film Dr. Roberts in the U.S., flying to Melbourne to interview Luke, and giving free product to those in need.

Shipments were starting to get seized at the American border again. By August 2024, I was desperate to get Cavadex noticed. I hired Dr. Keith Ablow, a high-profile psychiatrist who'd worked with Hunter Biden and appeared on Fox8, to pitch Cavadex to Tucker Carlson. Ablow said Tucker was excited, but his producers never followed up—big pharma's influence, I suspected. With Trump's 2024 win, I pinned my hopes on Robert F. Kennedy Jr., set to lead HHS. Ablow got word to Kennedy, and a customer even mentioned Cavadex to Trump in passing, but Kennedy stayed silent. Atherocare, meanwhile, was thriving, and by October, Mike was my right-hand man, I sent Mike $10,000 to buy a van for the factory, which he delivered. He'd received over $250,000 from me since starting to work for me, and I saw him as a brother-in-arms. Mike met a Brazilian girlfriend and was spending less time at my house, which I chalked up to his new romance.

By late November 2024, the FDA was now starting to seize Atherocare boxes, mistaking them for RemChol. I told Mike I wanted to send Atherocare to sleep while I sorted out these FDA issues. I told him to fulfill any outstanding orders and transfer the sales revenue to the Cholrem account.

I was getting frustrated with the FDA fiercely seizing RemChol, so I decided to shut the factory for Christmas, hoping to regroup. The FDA seizures were causing huge problems with my customers. They would get a seizure notice from the FDA, they'd email me and I would re-ship their package. Sometimes the FDA would hold the shipments for up to 10 weeks and then release them and the customers would eventually get their product. The problem was I was re-shipping (now the customers have 2 shipments) and before the product turned up some

customers were doing chargebacks on their credit cards and I'd be losing a fortune. Meanwhile Mike vanished, not answering calls or texts, and hadn't reported Atherocare's sales. I figured he was caught up with his girlfriend, but a nagging unease grew.

January 2025 was a breaking point. The FDA destroyed over 1,000 RemChol boxes in four weeks, crushing my business. Patients were suffering, some likely dying without Cavadex. Desperate to force Kennedy's attention, I hatched a wild plan: I shipped all the replacement boxes to Kennedy's HHS office, each labeled with a customer's address and every box had a letter addressed to Kennedy:

Order #

Att Robert F. Kennedy, Jr.

HHS Secretary

Department of Health and Human Services

200 Independence Avenue, S.W.

Washington, D.C. 20201

Dear Mr. Kennedy,

For over four years, our Australian company has supplied CAVADEX to thousands of U.S. citizens, providing a life saving treatment that has made a tangible difference in their lives. Throughout this time, the U.S. Food and Drug Administration (FDA) has been aware of our product and permitted its entry into the United States. However, approximately eight months ago, the FDA began intercepting and destroying shipments of CAVADEX as it entered the US.

I have since shipped millions of dollars worth of free replacement product to support affected U.S. citizens who rely on CAVADEX. Despite these efforts, the FDA persists in destroying most of our shipments. While some packages are inexplicably allowed to reach their destinations, the majority are stopped and destroyed, creating an inconsistent and distressing situation for those in need.

We have repeatedly sent legal correspondence to the FDA, demonstrating that CAVADEX is FDA compliant, yet we have received no response. This treatment is too vital to abandon, and I refuse to let down the American citizens who depend on it. To circumvent the risk of further destruction, I have made the decision to ship these packages directly to you, entrusting you to determine the best course of action.

Each package includes the intended recipient's name and address for forwarding. I implore you to ensure these shipments reach their destinations without delay. Furthermore, I respectfully urge you to personally review CAVADEX and take decisive steps to restore its availability to U.S. citizens. This is a matter of life and death, and your intervention is their last hope.

Thank you for your attention and I trust you to dive deep into the science and have no doubt you will realise the importance of this treatment.

Yours Sincerely,

Kyle Hodgetts

CEO Cholrem Pty Ltd

admin@cholrem.com

Kennedy couldn't ignore the pleas of his citizens that were suffering from heart disease, could he? I rallied customers to flood his office with calls and emails. When I called, a staffer snapped, "We know about Cavadex!" and hung up. Six weeks later, every box was returned, Kennedy didn't care. My heart sank, but worse was coming.

On January 15, 2025, I started up production again. My production manager asked about the factory van. Confused, I learned Mike had "borrowed" it before Christmas, claiming my approval, and never returned it. Then I discovered Atherocare was still selling product—Mike was operating it without me. I couldn't contact Mike and it looked like he just ran off with my Atherocare company! WTF! I raced to my lawyer, and the truth hit like a sledgehammer. It turns out that on the day I asked Mike to set up the Atherocare website, he also registered Atherocare as *his* company, with bank accounts and he even put the van I paid for in his name. I then discovered that Social media was ablaze with all these lies: Mike claimed we'd been partners since 2019, that he co-discovered Cavadex, and that he left Cholrem, because I was a "corrupt businessman" and a "scammer" and that Atherocare was his company that he setup alone. To make matters worse, he was using a different cyclodextrin, not Cavadex! I didn't know what cyclodextrin he was using, customers would buy Atherocare thinking they were getting Cavadex. Patients who'd been cured by Atherocare's Cavadex under my control were praising it online, unaware Mike's version wasn't Cavadex.

Mike's betrayal gutted me. For six years, I'd poured my heart, soul, and fortune into Cavadex—funding trials, giving free product to the poor, fighting regulators at every turn. Mike, my friend, had planned this for over a year, exploiting my trust to steal Atherocare. My lawyer said an injunction was impossible; the trademark, company, and van were in Mike's name. We would

have to lodge a lawsuit and would probably take 12 months to win. Mike's knockoff cyclodextrin risked tainting Cavadex's reputation, confusing customers and threatening the only treatment that reverses heart disease. Jan's betrayal had hurt, but Mike's could destroy everything—my legacy, Laurie's vision, and the hope of millions.

The world is closing in on me, but I'm not done. Dr. Roberts's data, with patients getting better and living longer, keeps me going. Laurie's words—"bigger than statins, Nobel Prize"—echo in my mind. Grown men still call me, sobbing with gratitude, and I hear Laurie's voice urging me forward. Mike's greed and Jan's scheming won't stop me. Cavadex is my crusade, backed by six years of science and thousands of lives changed.

Late May 2025 I notice that the FDA is starting to release all our product and it is turning up to the customers. The latest shipments are going straight through without any FDA interference. This is great! But I'm wondering why?

I've got the factory running with our new automated production line. Shipments are getting through to America again. Except for South Africa, our product enters all countries without any problems. More and more people are getting better, their heart disease is reversing, and we are saving lives.

I just need the world to find out about Cavadex.

I've been through the worst of it. What else could go wrong?

Oops, spoke too soon:

On the 12th of June I received several letters from the TGA.

I have just been fined $78,000 and I am facing 12 months jail for doing the unspeakable, I cured heart disease.

The TGA are demanding I remove all video interviews of Dr. Roberts and Professor Laurie Howes from the internet. It seems they don't want people knowing the science and facts about the cure for heart disease. These are medical professionals, why aren't they allowed to speak of the science?

This stinks of censorship and is reminiscent of the COVID days.

I’ve started the lawsuit against Mike.

I’ve sent emails to almost every politician in Australia. No response.

Over 2,500 Americans die EACH DAY from heart disease and I have the cure.

I’ll keep fighting to make heart disease history, no matter the cost.

Time to buckle up, this is not over yet……

Everything you just read is true.

Kyle

July 2nd 2025