A Primer on Medical Gaslighting

Analysis by A Midwestern Doctor

February 06, 2023

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STORY AT-A-GLANCE

- The medical industry has a vested interest in concealing injuries from its products
- A cruel but common method for accomplishing this is medical gaslighting
- Two of the most common diagnoses used to gaslight patients severely injured by the COVID-19 vaccines are "anxiety" and "functional neurologic disorder"
- Most doctors do not intend to gaslight their patients, but this behavior is an almost inevitable consequence of of their training and the modern practice of medicine. A patient understanding their perspective helps make it possible for doctors to see that patient's medical injuries

One of the classic ways an abuser controls their prey is to manipulate the environment so that the abused individual begins doubting their own observations regardless of what is occurring in front of them.

In the 1944 movie, Gaslight, this was accomplished by the villainous husband (played by Charles Boyer) adjusting the intake to gas-powered lights (causing them to flicker) and simultaneously denying that any change was occurring to his mentally abused wife (played by Ingrid Bergman). The term gaslighting originated from this classic movie.

In modern times, this is accomplished by having medical providers all echo the same message that a patient's injury has nothing to do with the pharmaceutical (or other medical procedure in question). Most commonly, it instead is argued that the symptoms they are experiencing are due to pre-existing psychiatric issues the patient has (e.g., anxiety), which are treated with medications that often create additional issues.

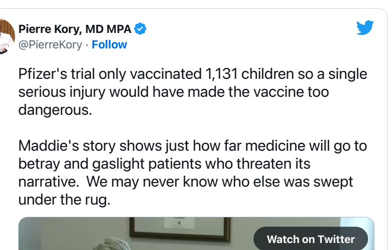
Before we go any further, I want to emphasize just how miserable this is to go through as an injured patient. Imagine what it would be like if (due to the medical injury) the world you had previously known collapsed around you and every single person you trusted (including your friends and family who defer to the judgment of "experts") told you that it was all in your head and you just needed psychiatric help. It's a perfect recipe for going insane.

For example, let's consider the recent experiences of Maddie De Garay in the pivotal Pfizer trial that was used to argue for the safety of the COVID-19 vaccines in the adolescent population:

Pierre Kory, MD MPA
@PierreKory · Follow

Pfizer's trial only vaccinated 1,131 children so a single serious injury would have made the vaccine too dangerous.

Maddie's story shows just how far medicine will go to betray and gaslight patients who threaten its narrative. We may never know who else was swept under the rug.



1:36 PM · Jan 11, 2023

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Note: This was clipped from episode 280 of the Highwire which we shortened (e.g., much of what she had to deal with in the hospital was cut out) so her story could reach a broader audience.

Although Maddie's experience was atrocious, it was sadly not unique and many others had similar experiences in the COVID-19 vaccine trials. Similarly, I have heard many similar stories from other people who were harmed by the medical system.

Pharmaceuticals are inherently toxic. For example, most medications work by inhibiting enzymes (which are essential for life) and because of how interconnected the body is, this inhibition will create a variety of unintended consequences.

Similarly, most vaccinations function by making the immune system (often with the aid of toxins that help provoke that response) have an unnatural and narrowly focused response to a target substance.

The creation of this immune response unfortunately also often creates dysregulation within the immune system as this provocation can cause the immune system to be diverted away from attacking things it is supposed to address (e.g., microbes and cancers), while simultaneously triggering it to attack the body's own tissue.

Since toxicity has always been inherent to the practice of allopathic (Western) medicine, the profession has gradually come up with a playbook to prevent its inevitable medical injuries from sabotaging business. This has essentially been accomplished by doing the following:

- Telling patients the adverse events they experienced either are not occurring or are unrelated to the toxic pharmaceutical.
- Developing an elaborate scientific apparatus that provides evidence refuting the link between these injuries and pharmaceuticals on the market, while concurrently training the population to defer to the scientific consensus rather than trusting their own observations.
- Making competing forms of medicine that lack a similar degree of inherent toxicity illegal, therefore making the only choice within the existing medical monopoly be a toxic form of medicine (similarly consider how allopathic medicine is always considered to be the best form of medicine every other approach must find a way to measure up to).

  This is also why we have the doctrine in allopathic medicine that every treatment has risks and the treatments are chosen because its benefits outweigh its risk (as opposed to just exploring systems of medicine without those risks).

All of this in turn results in the tragic phenomenon known as medical gaslighting, or as some like to put it "allopathic medicine gaslights you to death."

Why Can't Doctors Diagnose Medical Injuries

I have found numerous documented examples of medical gaslighting stretching back to the late 1700s and in each case, typically only a minority of the medical profession is willing to acknowledge the injuries that are occurring could be linked to their pharmaceuticals.

At the same time, it's rare for me to meet doctors I consider to be evil; on the contrary, most tend to be remarkably intelligent and well-intentioned individuals who genuinely want the best for their patients.

At this point, I believe medical gaslighting is a natural consequence of our training. Since the therapeutic toolbox of allopathic medicine is quite limited, most doctors cannot practice their craft without administering unsafe pharmaceuticals to their patients, and thus for the sake of their self-identity, they must fully believe in their pharmaceuticals (this subject was discussed further here).

It is an enormous personal investment to become a physician and it is extremely difficult for someone who goes through that to acknowledge that much of what they learned is highly questionable.

Similarly, no well-intentioned doctor wants to harm a patient, and since they often do, the reflexive psychological coping mechanism is to deny the possibility of each injury that occurs (discussed further here).

This first dawned on me at the start of my medical education when one of our professors inserted a tirade against anti-vaxxers into his lecture and concluded his argument with "… and just think about it. Do you really think pediatricians would vaccinate their patients if they thought vaccines could harm them?"

Although widespread denial of the harms that Allopathy causes likely explains some of my profession's predilection for gaslighting, I do not believe it is the primary issue. Instead, I believe it is a result of the training doctors receive making them unable to recognize medical injuries.

The Origins of Medical Blindness

Because the human body is immensely complex, humans in every era face significant difficulties in being present to everything that is occurring within a human being. Most medical systems address this challenge by creating diagnostic models which simplify the immense complexity present in each patient down to the key things that must be focused upon to positively affect patient wellbeing.

The downside to this approach is that there will always be things in each patient that lie outside the diagnostic model being used to evaluate them. When this happens, those things understandably will not be recognized (unless the medical practitioner innately can perceive a complexity that transcends the limitations of their diagnostic model, something the majority of the population is not capable of).

In the case of allopathic medicine, we are taught a diagnostic model that is excellent for identifying many things (particularly indications for prescribing pharmaceutical drugs). However, our model also fails to notice many other things which are critical for health and wellness.

For example, much of medicine is taught by having a series of lists to memorize that are plugged into linear algorithms. Because this requires breaking many complex subjects into a binary "yes" or "no," many important things that lie between these two polarities get lost in translation.

This is the easiest to illustrate with the nervous system (but the issue is by no means exclusive to it). When evaluating it, one of the things we are all taught to do is quickly check if the twelve cranial nerves are functioning normally (e.g., can you swallow, make a smile, or follow a finger with your eyes).

Frequently, although the cranial nerves are "generally normal" they will have some difficulty firing (e.g., at some point in the motion arc as the eyes travel side to side, they will jump instead of moving smoothly). These "minor" deficits often have a significant impact on a patient's quality of life, but in most cases (except when evaluated by certain neurologists or neurosurgeons), the function of those nerves will be noted as normal and ignored.

One of the most common signs of a vaccine injury is a subtle cranial nerve dysfunction (discussed further here). While these are very easy to recognize if you are trained to look for them, that training does not exist within allopathic medicine, and as a result, most physicians simply cannot see the large number of vaccine injuries occurring around them.

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Simplifying Illness

The cranial nerve example unfortunately is only one of many areas where a complex presentation of symptoms is simplified into a box that excludes an inconvenient diagnosis from ever being recognized. Another common way this boxing occurs is when an authoritative diagnosis is used to define a complex phenomenon without actually stating what it is.

For example, many disorders in medicine are simply symptoms written in Latin. Dermatitis quite literally translates to "inflammation of the skin," and in most cases is simply treated with a cream that suppresses that inflammation.

Conversely, in many other medical systems, inflammation of the skin is recognized as an important sign of something being awry in the body, and the exact character and location of the inflammation are focused upon to identify and address the root cause of that inflammation (to some extent this is recognized in dermatology, but even there it occurs nowhere to the degree that it should).

Similarly, "migraine" headaches, although not exactly Latin, falls into a similar boat. While many things can cause migraines (e.g., they are very frequent after COVID-19 vaccine injuries) their cause is rarely focused upon, and instead, the standard medical approach is to throw pharmaceuticals at them until something improves the headache.

In my medical practice, I frequently treat migraines. In these patients, I find over and over that they have seen numerous doctors (including highly regarded specialists). Despite this, it is very rare anyone they saw was able to recognize the diagnostic signs or aspects of their history that point to the root actual cause of their headaches, and thus, not surprising that they will simply be prescribed more and more medications in the hope one will work.

Framing the Iatrogenic Debate

Iatrogenesis is the term for any type of illness or medical complication resulting from a bad reaction to medical care (e.g., a complication from a surgery or a pharmaceutical). A common pattern I've observed for decades is everyone denying a particular iatrogenic complication exists (e.g., "there is no evidence"), and then once overwhelming evidence exists that it does, it will be acknowledged.

Once this happens, the harm from the drug will be reframed so that only the accepted harm can be bad and an underlying assumption is created that nothing else is a possible complication.

For example, fluoroquinolones (e.g., Cipro) are fairly toxic antibiotics that can severely harm people and are frequently given for many minor infections (e.g., urinary tract infections) where their corresponding toxicity is simply not justified.

In medical school, everyone learns that a tendon rupture (something unique and hard to ignore) is a side effect of these drugs, and as a result, when doctors evaluate for harms, they will look for that but not be able to recognize most of the other well-documented complications from them.

My favorite recent example of this reframing occurred with the J&J COVID-19 vaccine. At the start of Operation Warp Speed, I hypothesized that a major goal was to get mRNA technology onto the market since it held the promise of trillions of dollars in future revenue for the pharmaceutical industry (but since there were safety challenges with it, nothing short of an "emergency" would be able to break the barrier to human testing).

Because of this, I suspected that once vaccine safety concerns emerged, a non-mRNA COVID-19 vaccine would be thrown under the bus to make the mRNA technology look "safe." This is what then happened with the J&J vaccine when six cases of an extremely unusual blood clot being linked to that vaccine caused the FDA and CDC to pause its administration for 11 days.

By doing so, it created the perception the FDA was monitoring for vaccine side effects with a fine-tooth comb and was willing to pull the vaccine if it caused a rare side effect in a very small number of people.

Nothing could be further from the truth as the mRNA vaccines have caused far more blood clots than the J&J vaccine. Similarly, investigation after investigation shows the FDA is ignoring the endless deluge of red flags from the COVID-19 vaccines.

Unfortunately, this ploy worked, and in the odd instances where I hear a doctor willing to debate the safety of the vaccines, one of the most common arguments they still utilize is that if the FDA was willing to temporarily pause J&J after six blood clots, there is no possible way a larger unaddressed problem exists with the mRNA vaccines.

Psychiatric Complications and Iatrogenic Injuries

As the above points have shown, a variety of factors work against doctors being able to recognize the presence of medical injuries. The question then becomes, how will the injuries that inevitably occur be explained?

As you might imagine, the default strategy is to fold the injury into an amorphous diagnosis which (instead of allopathic medicine) can take the blame for the medical injury and then put that label on everyone with the injury. Typically this is done with psychiatric diagnoses, but recently COVID-19 infections have also been appointed to that role (both of these diagnoses were used to gaslight patients in the clinical trials for those vaccines).

The earliest references to this gaslighting I have found were at the time of Freud, where his new model of psychoanalysis was used to explain the complex symptoms observed within patients doctors otherwise had difficulty making sense of. However, as detailed in The Age of Autism: Mercury, Medicine, and a Man-Made Epidemic, an outside evaluation of Freud's case studies suggests those patients' problems actually arose from mercury poisoning.

Mercury, despite being extremely toxic, was used by the medical profession for centuries (and to some extent still is). Frequently, individuals with mercury poisoning would develop a wide array of complex diseases which included neurological and psychiatric complications (which like many other conditions were often attributed to "female hysteria").

Freud's message that these complications were the fault of the patient (e.g., as a result of unresolved sexual desires) rather than the physician was an immensely appealing message to the medical profession, and as a result, became the party line.

Ever since this time there has been a systemic failure to recognize that neurologic damage can produce psychiatric symptoms. Instead, neurologic symptoms are viewed as a manifestation of a pre-existing psychological illness that must be treated with psychological counseling and psychiatric medications.

One of the best examples of this issue is "Functional Neurological Disorder" (FND) which recognizes that something is wrong with the brain, but since **no explanation can be found**, it is assumed to have been due to pre-existing psychiatric conditions.

If you review the National Institute of Health's description of FND, you will see that the above description is no exaggeration, and it is extremely sad to hear about the experiences vaccine-injured patients go through since FND is one of the most common diagnoses they receive.

When I look at FND cases, the cause of the disorder (e.g., seizures) can frequently be found, but since neurologists (including friends of mine) do not want to consider the actual cause, the tests needed to diagnose it are often not ordered or even known about by the doctors attending to the patient.

If you review Maddie's story, you will note that this is also exactly what happened to her and her permanent paralysis from the vaccine was labeled as FND resulting from a psychiatric condition. Because of this gaslighting, she was not able to get appropriate care when her neurological reaction to the vaccine was occurring (that would have prevented permanent disability).

I believe this occurred because the chief investigator was fully aware that a severe neurologic reaction to a single participant would have made the vaccine too dangerous for children to take, so he decided to gaslight Maddie so her injury would not need to end up in the trial. Sadder still, Maddie's experiences were not unique, and their experiences that indicate systemic fraud in the vaccine trials were detailed here.

Another common symptom doctors place the blame for medical injuries on is "anxiety." The two major problems with this process are:

- Failing to recognize that having a life-changing injury will normally create distress, and similarly failing to recognize that being collectively gaslighted by medical providers is not good for anyone's mental health.
- Pharmaceutical injuries frequently cause tissue damage that will trigger anxiety.

Sadly, very few doctors recognize that damage to the nervous system (which is a common toxicity of pharmaceuticals) can also create psychiatric disturbances. Instead, they only can recognize that psychiatric distress can often worsen neurologic symptoms, but do so without also realizing that it is much rarer for psychiatric distress to be the originating cause of a neurologic issue.

Similarly, many common psychiatric disorders have organic causes (e.g., chronic undiagnosed infections, traumatic brain injuries, or nutritional and metabolic deficiencies). However, in most cases, psychiatrists prescribe medications based on the symptoms a patient presents with (e.g., you are depressed so you need Prozac) rather than looking at the underlying cause.

I believe this is because doing the former pays well but the latter typically does not and is not emphasized in a psychiatrist's training.

In addition to neurological damage frequently creating psychiatric complications (e.g., vagal dysfunction creating anxiety), damage to other organ systems can as well (Chinese medicine does an excellent job of mapping these correlations out). One of the best examples I have seen with the COVID-19 vaccines relates to the heart and I have had variations of the following conversations multiple times since 2021:

> **Friend:** I have been having severe anxiety attacks since I got the vaccine. My heart starts beating rapidly, and I start to have pain in my chest. I never had this problem before, but now everything makes me anxious and it's so hard for me to be calm.
>
> **Me:** You should get your heart looked at.
>
> **Friend:** What do you mean? Everyone told me it was anxiety due to stress.
>
> **Me:** Trust me, you need to get your heart looked at.
>
> (Time passes)
>
> **Friend:** How did you know I had myocarditis?

Damage to the heart (or the vagus nerve) will often create an irregular heart rate and chest pain, and these palpitations often provoke anxiety. Unfortunately, since these symptoms are also triggered by anxiety, when they are observed, doctors will often default to a diagnosis of anxiety and look no further.

Conclusion

There are essentially two models of medical practice which are followed:

- The paternalistic model (where you are expected to unquestioningly trust and comply with everything the doctor tells you).
- The collaborative model where the physician is your partner in working towards health.

Although the paternalistic model was the standard for most of allopathic medicine's history, in recent times, there has been a push for the collaborative model. Presently, many patients are seeking out collaborative physicians (especially since system doctors have to spend so much time going through checklists that there is little time for actual engagement with their patients), and the market is economically rewarding physicians who are making this change.

A key misconception much of the public holds about doctors is that we are infallible beings (which is a key justification for the paternalistic model). In reality, once you peer behind the lab coat, we struggle with many of the same issues you all do too. Being able to genuinely recognize this and respectfully treat the physician you see as a fellow human being is one of the most effective strategies for initiating a collaborative doctor-patient relationship.

Although doctors sometimes gaslight injured patients for self-serving reasons (e.g., to protect Pfizer's vaccine in its clinical trials or under the misguided belief it will protect a doctor from a lawsuit), I believe the majority of cases occur because the doctors simply cannot see the injury occurred. As a result, these doctors believe they are doing the best for the patient when in reality they are just gaslighting them.

One of the largest issues in our modern era is how disconnected we have become from ourselves and others. Within the doctor-patient relationship, this disconnection makes it much less likely a physician will be able to recognize what is happening in a patient (e.g., a medical injury) or feel compelled to go to bat for them while every other healthcare provider is gaslighting them.

When people ask me for their best options to avoid being gaslighted, I thus suggest pursuing one of the following options:

1) See a physician who you pay directly (rather than one who takes insurance). This business model matters because it forces the doctor to have a collaborative doctor-patient relationship and stay in business (no one will pay to see them if they just get gaslit). I am a big believer in the statement "you get what you pay for" and if only see system doctors who base their practice around insurance payments, you often do not get a good outcome.

   For example, I had a patient recently who I felt exemplified this issue. He had what I felt was a relatively straightforward problem that had significantly impacted his life for **25 years**. When I reviewed his history, he told me he had seen a dozen (insurance-taking) doctors, many of whom promised they could fix the problems with elaborate procedures from their specialty (all of which did nothing or made his issue worse).

   What was striking about his story was that **only one of them** had ever even performed an extensive evaluation (e.g., talking with him about the history of his disease) to try to figure out what was causing the problem.

2) However, while seeing a private-pay physician often is an excellent investment, many patients simply cannot afford to do so. In this case, the ideal scenario is to find an insurance-taking physician through word of mouth who has earned a reputation for forging collaborative doctor-patient relationships. Unfortunately, these recommendations are hard to come across and typically these doctors will have full practices that are hard to get into.

3) The third (and often the only available option is to take the initiative to forge a collaborative relationship with the doctor through having a respectful demeanor where you treat the doctor as a fellow human being rather than "the doctor."

   In general, this approach will be the most effective on doctors who recently completed their medical training (everyone becomes more rigid with age, plus their practices are not yet full), and in medical settings where the doctors get longer per visit (you can't really build a collaborative relationship in 10-15 minutes).

Regardless of the option you choose, it is also often important to provide the documentation to support the occurrence of your medical injury. This includes records establishing a timeline of the injury following the medical therapy and scientific literature substantiating the link between the two.

Physicians in turn (especially younger ones) will be the most receptive to considering this link if it is presented in a composed and thoughtful way rather than a confrontational manner, because like every other human they tend to become defensive. Given how upsetting the process of being gaslighted is, maintaining this demeanor can be extremely challenging.

Sadly though, it is necessary because doctors are trained to see these injuries as being

psychological in nature, and a patient expressing their completely justifiable feelings about the situation will often feed into the doctor's erroneous perceptions about the patient's mental health.

About the Author

A Midwestern Doctor (AMD) is a board-certified physician from the Midwest and a longtime reader of Mercola.com. To find more of AMD's work, be sure to check out The Forgotten Side of Medicine on Substack.

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Almond
Joined On 2/26/2008 4:23:33 PM
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Yes, we have all seen this. In my case, it was many years ago, because I no longer feel safe seeing MDs. Too much harm has already been done and I do not want all my business recorded in the electronic system. (HIPPA is a farce.) It is none of the government's business. I recall feeling pretty miserable and running a temp of 103F only to be told that symptoms were all in my head and I should see a shrink--before later being diagnosed with a serious infection. Also, when a body part quits moving after an injury and a person who has been thru medical school cannot even guess there might be a neurological disorder?! Really? I took my husband back to the doctor when he complained of severe migraines after being medicated.

I told the doctor I believed he was having a drug reaction. I recall overhearing the doctor calling his colleague and making fun of me, "The wife thinks he is having a drug reaction--ha-ha." A day later, my husband told the doctor, "Remember those spots before my eyes? Now you can see them, too." His skin was all broken out--seems the sulfa drugs were given at a much too high and toxic dose. His brother who has a degree in animal science said that much could kill a cow if given 2 days in a row. The first (very prominent) naturopathic physician I saw was brilliant and I immed became enamored with natural medicine.

I was embarrassed and told her all the terrible things doctors said about me in the medical records, about being a bad patient, were untrue. I recall her response. She said not to worry about it, that she sees it all the time. She told me it merely reflects the incompetence of the doctor. She also told me she knew what was wrong with me, would run 2 tests to confirm it and expected I would heal fast. The jab is just one more reason to avoid standard medicine. I trust in my immune system and the body God gave me. I have been very healthy ever since I started avoiding MDs. If I need help, I consult a naturopath or other natural healer.

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eestherlev
Joined On 4/8/2013 3:43:13 PM
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Almond, I need T find a naturopath in New Jersey

Mark as Spam | Posted On 2/6/2023 2:34:23 AM
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Almond
Joined On 2/26/2008 4:23:33 PM
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eesther... I do not know whether this will be helpful. Please understand that I have no knowledge of these listed naturopathic physicians. You will need to check them out yourself. I also recommend that you ask for a referral from your local family-run health food store if you have one of good size near where you live. www.healthprofs.com/.../new-jersey I would prob first consider graduates of one of these schools... National College of Naturopathic Medicine. University of Bridgeport CT (School of naturopathic medicine). Canadian College of Naturopathic Medicine. Bastyr. Then, try to find a practitioner who is experienced in dealing with your needs. Also, inquire about cost for services. Check whether your uinsurance will cover and how much if you have insurance.

Mark as Spam | Posted On 2/6/2023 3:24:09 AM
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grulla
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"eesterlev", "You might start searching on this national homeopathic website. homeopathycenter.org/organizations ~~~ Integrative doctors are yet another possibility There are 20 integrative doctors in NJ listed on this following national website. If you live close to upstate NY, NYC, PA, DE, CT, or MD, that could open the door to many more options: fonconsulting.com/.../integrative-medicine-centers ~~~ fullscript.com/.../what-is-an-integrative-medicine-doctor ~~~ homeopathycenter.org/what-is-homeopathy

Mark as Spam | Posted On 2/6/2023 7:37:37 AM
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har1272
Joined On 3/6/2019 11:00:25 PM
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Same here. The day after receiving an MRI with contrast (which I found out later contains the toxic heavy metal "gadolinium"), my jaw began experiencing contractures, my right knee and the pad of my right foot formed edema. Not knowing what was wrong since I was told at the time of the MRI that the benign "dye" was safe and would be excreted within 24-48 hours (a lie), I went to my PCP to find out what was wrong. He called the head radiologist and was told it couldn't be the contrast because it was safe. He then offered me anti-depressants, which I refused.

That was five years ago and after multiple 24 hour unprovoked urine tests, I am still excreting the gadolinium and am having autoimmune issues which I never had prior to the MRI. I have since discovered some people have toxic reactions immediately and are like the canary in the gadolinium coal mine, while others experience adverse effects and symptoms/illnesses years later, but never relate it to the contrast because they are told it is safe and excreted quickly. Unfortunately, as of now, there is no safe and effective chelator that will remove this mammalian toxin.

Mark as Spam | Posted On 2/6/2023 8:00:09 AM
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Almond
Joined On 2/26/2008 4:23:33 PM
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har... I nearly had a friend die from similar circumstances. I have found that NDF+ is often helpful for chelation even when other types of chelation do not work. Briefly, the chemistry is very unique. In so many ways, it is much superior to IV chelation and has advantages for the comfort and convenience of the patient. Do some research, esp. if you have a science background. (I used this successfully to detox from uranium, even though this was sort of an off-label-use. As was discussed, "theoretically" it works for much more than stated use.) I recommend it's use under the supervision of a natural medical practitioner in your case.

Do a "challenge test after 1 week of use as a baseline and to make sure tightly bound elements get released show up on testing. I pursued a schedule of 2 weeks on and 2 weeks off so as not to overload emunctories (organs of excretion). Start at a low dose, increasing slowly until you reach about 60 drops a day or testing shows you are clear. (That is the reason for the baseline, to chart your progress.) No "heroics", please--do not rapidly overload your bloodstream with toxins by trying to detox too fast.

Any detox process can be unpleasant. Drink lots of water. On the 2 weeks off, esp. supplement with minerals to replace any you lose that were bound with the gandolinium. Buy an economy size of this product as you will need it for a long time (many months) and it is not cheap. If you can talk with the owner of the company, he is very knowledgeable and helpful. You are going to have to be your own guinea pig, try things and figure this out. As you prob already realize, the medical community will not likely be of much help if that is why you have the problem in the first place.

Mark as Spam | Posted On 2/6/2023 1:44:22 PM
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versatile
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Medical gaslighting doesn't just affect patients. It is also used against families when a patient dies. But there's more. It is also a weapon the medical systems uses to protect itself from blame - used against nurses and doctors who know the truth, so much so that most are afraid to speak. to your health, tracy

Reply | Mark as Spam | Posted On 2/6/2023 5:17:27 AM
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randor
Joined On 6/19/2006 8:54:15 AM
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Dr Healy in his book Pharmageddon describes one of the main methods of gaslighting. The doctors are gaslit by the Pharmaceutical industry. During a clinical trial the raw data is not released. It is considered "trade secrets". Only the massaged "data" is released. Statistics dont lie but statisticians do. As he states "And [pharma] companies can ensure their drug never causes anything by making sure that trials are organized so that important adverse events cannot become statistically significant." So busy doctors read the studies in the journals, that are written by pharma ghostwriters using this massaged data and conclude that the drugs are perfectly safe. Any adverse events must be unrelated to the drug, so they can gaslight the patient with a good conscience. During the Covid vax trials Moderna reported to the FDA that the paralysis of the de Garay daughter, was stomach pain. And they tabulated several deaths as "unrelated to the vaccine" without justification.

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bob_paddock
Joined On 3/19/2016 7:19:39 AM
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For about two decades the Medical Establishment told my late wife "it is all in your head". Doing her own research, since she was abended by the Medial Establishment, she eventually figured her excruciating headache was caused by Intracranial Hypotension due to Cerebrospinal Fluid (CSF) Leaks. A condition that is more common that many think. It is not rare. It is rarely diagnosed correctly. Often it is labeled as an "Afternoon Migraine". Karen's self diagnosis was confirmed by the top doctors in that field. In the end the Medical Establishment failed her and she took her own life to stop the Chronic Pain. See the documentary Pain Warriors for that whole saga.

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smiller352
Joined On 4/2/2012 11:02:04 PM
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Bob, thank you for sharing about your wife's experiences so others can be more vigilant and aware. You have my sympathy for what you and your wife endured, and her ultimate decision.

Mark as Spam | Posted On 2/6/2023 9:06:43 AM
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Jeremiah.8
Joined On 5/31/2022 10:37:50 AM
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From those of us who are still alive and wish for death everyday, many tears and embraces.

Mark as Spam | Posted On 2/6/2023 9:29:12 AM
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pecanroll
Joined On 7/2/2020 10:12:50 PM
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Except for the doctor helping with chelation, gaslit for years from deposition of gadolinium, a heavy metal in all MRI contrast medium. And the BONUS is you GET OTHER LANTHANIDES and horrific toxic metals they cannot separate out. It's on pubmed just look it up yourself. Love to see thorium coming out in my urine checks for heavy metals. The joke is on us, thorotrast destroyed the livers of those that received that contrast (thorium) and "took it off" the market and gadolinium "DYE" was born. Keep getting your MRI's!!! Your cardiac MRI's where they can see your heart glow from gadolinium sticking to your heart pubmed.ncbi.nlm.nih.gov/23930795 . pubmed.ncbi.nlm.nih.gov/16542800 . pubs.rsc.org/.../D1MO00267H Oh there are so many many more.

Reply | Mark as Spam | Posted On 2/6/2023 8:42:25 AM
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fundamentalassumptions
Joined On 4/1/2009 12:17:58 PM
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Allopathic (Western)....a made up word from 1836, cobbling together Greek to wow the plebes, abra cadabra & hokus pokus. allo=other, pathic=symptoms....it means countering symptoms, & is by no means the whole of 'germ theory', nor the whole of the history of the accumulation of objective medical knowledge or practice before the dragons & snakes figured out how to highjack the whole & play their sophist games with whole truth for illegitimate gain & power. There are times when NOT countering symptoms can kill you whether or not you consider the whole of the matter, have a philosophical disagreement with truth, or some other conflict of interest.

I believe what we are seeing is the gatekeepers of the fortress desiring to change the narrative & to shift & relabel their tyrannical & deceitful hold, sacrificing a few of their own lower levels & expendables for a smokescreen to move to their next new thing that isn't new at all: just more serpent dragon vomit for dogs to scarf up & pigs to wallow in. Sharks & wolves, & beasts will be beasts, leviathan, leviathan.

Reply | Mark as Spam | Posted On 2/6/2023 7:00:59 AM
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randor
Joined On 6/19/2006 8:54:15 AM
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Dr Hahnemann created the term allopathy to contrast with homeopathy (like cures like). He was referring to the fact that there was no fundamental principle underlying conventional medicine and their ad hoc choice of medicines for the patient. I have realized that conventional allopathic medicine now is actually practicing bad homeopathy. EVery one of the conventional drugs I have investigated (75 so far) has side effects that match the symptoms for which they are indicated. e.g. Aspirin causes headaches. If they would prescribed them homeopathically - matching the entire constellation of symptoms, mental, emotional and physical - it would be curative.

Mark as Spam | Posted On 2/6/2023 5:02:02 PM
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fundamentalassumptions
Joined On 4/1/2009 12:17:58 PM
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Thank you for more background, Randor. I've only seen the term used in really poorly written & non-informative hit-pieces 'all-bad', 'all-good' dialectic type popping up more in recent years, & finally decided to try & find some etymology & history. 'Mental' and emotional are such relative terms, & so easily abused & manipulated, that I've come to wish docs would just focus on the physical & quit playing priest & preacher, hypno-specialist, spiritist...almost exclusively for antichrist the way they've 'evolved' & reshaped medicine & healthcare. Had a family member work in some psych-pharma testing & trials, too, professional end...and the 'grey areas' & horror stories drove her back to direct patient care, no psych, so soon as the staff shortages torpedoed the compulsory c-word push, bringing back exemptions, to both our relief. They can count me out there on both counts.

Mark as Spam | Posted On 2/6/2023 5:36:10 PM
Like Dislike

grulla
Joined On 1/17/2012 8:03:55 AM
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The next time you think you're being gas lighted by a doctor, light a match. :-)

Reply | Mark as Spam | Posted On 2/6/2023 9:49:27 AM
Like Dislike

eestherlev
Joined On 4/8/2013 3:43:13 PM
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You are funny

Mark as Spam | Posted On 2/7/2023 4:22:47 AM
Like Dislike

poplegendpop
Joined On 2/13/2012 3:18:26 PM
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Let's see. Congress is going to investigate the chaos and crminality they unleashed on the world by the passage of the 1986 exempt from liability bill they passed. Fortunately most of the "yea" votes are probably gone from congress. Maybe this bunch has some conscience. But judging by their performance during this debacle, probably not. Most are either bought,blackmailed or coersed. SNAFU.

Reply | Mark as Spam | Posted On 2/6/2023 9:28:12 AM
Like Dislike

goatherd0
Joined On 9/28/2017 6:04:14 PM
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My mother was a very healthy woman. She declined the flu vacc and her doctor had no problem with it as she never got the flu. Trouble started when her doctor retired and the new young doctor talked her onto getting the flu vacc. She was sick for three weeks after but of course it could not have been the vacc. Gaslighted ?

Reply | Mark as Spam | Posted On 2/6/2023 6:57:41 AM
Like Dislike

MollyMalone
Joined On 2/27/2011 2:12:09 AM
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To me, and I'm not a psychologist, it sounds less like gaslighting and more like coercion. She was talked into something she didn't really want, she was forced, perhaps bullied. Many doctors and dentists and even veterinarians do this because they really believe that they are right and that they know what's best. It's still wrong. My experience with gaslighting is that it is so subtle that you don't recognize it at first, or you don't recognize it easily. That's why it works so well. It is one of many tools of manipulation. It is how good doctors get conned into agreeing with Big Pharma, etc. I am sorry to hear about your mother, I hope she has recovered.

Mark as Spam | Posted On 2/7/2023 1:40:06 PM
Like Dislike

prune unit
Joined On 6/20/2006 7:37:37 AM
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I've been going through this for a long time. A ten minute diagnosis cost me my nervous system when I was in my early 20s by thinking I was doing the right thing by going to the guy. He was on his phone for part of that 10 minute diagnosis, and I haven't been the same since I took that medication. It's always "anxiety", no matter what now. Even if it means contradicting another diagnosis by another doctor not aware of those particular (neurological) problems. Ruined my life, and I have to sit here and take it, or gamble more money to be treated the same way.

Reply | Mark as Spam | Posted On 2/6/2023 5:43:02 AM
Like Dislike

my_RNA_DNA
Joined On 4/26/2021 9:21:23 AM
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The entire medical mafia is based on creating fear using lies and propaganda. It's simple...you fear this or that happening and big pharma and the medical mafia tell you they have the cure. They trust that you will trust them and therefore that gives them an opportunity to scare the be-jabbers out of you and thus you rush to the doctor to get help...trusting that they have the "fix".

Reply | Mark as Spam | Posted On 2/6/2023 6:33:36 AM
Like Dislike

brodiebrock12
Joined On 9/18/2008 1:31:51 PM
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Exactly what has been going on for decades by Pharma and it's infiltration of various government agencies like the FDA and CDC This "create the need and provide the perceived solution" IS intentional and they know how easy it is to manipulate minds not truly attuned to critical thought making them highly susceptible individuals. Combine all this with the mafia like coercion by Pharma primarily used within hospitals where Doctors and nurses actually feel threatened losing a license, income or enduring peer ostracizing and voila!

Mark as Spam | Posted On 2/6/2023 8:21:09 AM
Like Dislike

MollyMalone
Joined On 2/27/2011 2:12:09 AM
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I agree. I know many young mothers whose biggest fear is that their kids will get sick. I never had that fear, nor did my sisters who had their children before I did. Get sick, not die, not be murdered, just get sick. Where did that fear even come from? I think that slowly parents have absorbed this fear, this false belief, from various sources including the idiot drug ads on TV. Do they listen to all the quietly read side effects? Death is often one of them, along with the exact same symptoms as the drug is supposed to treat. Nobody knows your own body like you do. Nobody. Nobody knows your kids like you do, either. Fear works, sadly, but not on all of us.

Mark as Spam | Posted On 2/7/2023 1:56:16 PM
Like Dislike

pecanroll
Joined On 7/2/2020 10:12:50 PM
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Dr. Mercola, Could you interview Dr. Brent Wagner? mobile.twitter.com/Wagner_Nephro

Reply | Mark as Spam | Posted On 2/7/2023 7:08:19 PM
Like Dislike

eestherlev
Joined On 4/8/2013 3:43:13 PM
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Grulla, thanks for taking the time to provide this valuable resources. Much appreciated.

Reply | Mark as Spam | Posted On 2/7/2023 4:38:29 AM
Like Dislike

mettalaw
Joined On 2/10/2014 1:57:28 AM
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Thank you for this courageous and farsighted essay. I have believed in the patient-centered approach since the Nineties (and integrated a discussion of same in my defended thesis on medical and legal causation theories). I imagine that patient-centered approach is moribund in the present circumstances but I nevertheless continue to implement it w.r.t. medical care for my own family. Luckily, I now consult with a bright, brave MD who has been coerced into getting the jab but grits the teeth and carries on as best one can: I use that doc for testing and diagnosis and use naturopaths and complementary med folk for treatment.

BUT...! Trouble cometh in our jurisdiction. The dunderhead provincial government has passed a bill to take over the boards of presently self-governed medical and paramedical professions. That is a pending disaster that will kill us off unless we find yet another run-around the tyranny. Again, the only solution--a partial one, granted--is the creation of simple, reparable, localized back-up systems of medicine, learning, business, banking, etc. This is the Hour of the Quiet Rebel, the Trickster, the Mother, the Seventh-generation Innovator, the True Teachers. Be one. Become one.

Reply | Mark as Spam | Posted On 2/7/2023 12:09:00 AM
Like Dislike

wmalav
Joined On 4/9/2014 11:21:55 AM
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Thanks, this is extremely helpful in understanding the current state of medical practices in America.

Reply | Mark as Spam | Posted On 2/6/2023 10:52:36 PM
Like Dislike

Cadville2
Joined On 4/6/2017 11:44:23 PM
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A very good article. Good to consider the doc's POV in order to get around the gaslighting issue. Also, good suggestions to find a practitioner who may not be so inclined to gaslight.

Reply | Mark as Spam | Posted On 2/6/2023 3:02:59 PM

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