Why can Doctors not diagnose Medical Injuries?

A Midwestern Doctor
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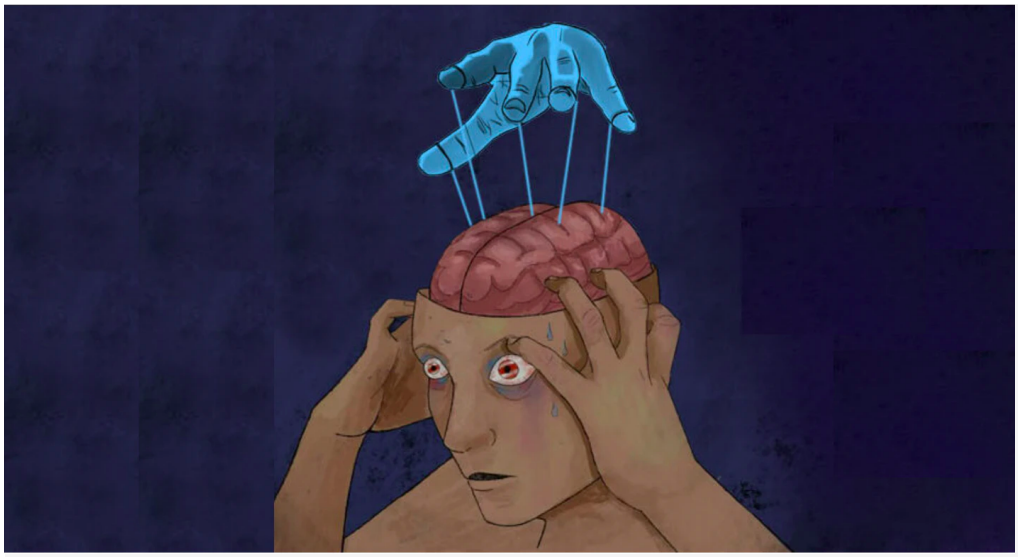
Years ago, I saw a comment on a forum that stated "Allopathic medicine gaslights you to death." Since then, one of my missions has been to bring that meme to the public consciousness.

Gaslighting refers to the phenomena first described in a 1944 movie, of having an abusive partner who continually alters things in your environment, but then tells you (or says other people are saying) what you are observing is not happening, so you begin to doubt your whole reality. This is an effective method for making people go insane and I've seen multiple cases of essentially sociopathic romantic partners gaslight a friend or patient.

The term has become well known in a relationship context that over the last few years and is now used frequently enough that I often see it flung around where I don't really feel it is merited (as certain people always like to pick the most offensive label and slap it onto everyone they don't like). However, medical gaslighting is still a relatively unknown, and in my opinion, just as important phenomenon.

Typically, when people have a disabling reaction to a pharmaceutical or a medical procedure (formally known as iatrogenesis), they are either told the reaction is not occurring (ie. they don't have fatigue and they are just being lazy or trying to get disability), or that the injury was not due to the medication and rather due to psychiatric problems the person has.



Unless you or someone you are very close to has gone through this, it's nearly impossible to even begin to describe how miserable of an experience this is for the person who experiences it. Every single authority figure tells you to doubt your own reality and submit to other toxic pharmaceuticals, and most of your family members and friends side with the authority figure's interpretation of reality. At the same time, you are falling apart and are in the most vulnerable and confused state possible which makes it very difficult to maintain your own reality.

When I review these cases, I find one of the greatest issues is neurologic damage that subsequently creates psychiatric symptoms is a very common side effect from the more toxic pharmaceuticals. This creates a cycle of circular logic where the neurologic damage is not recognized, and your psychiatric symptoms are cited as the cause of your entire illness (which is further worsened by the fact being gaslighted is a traumatic experience which will often make one appear "overly emotional"). The fact that neurologic damage can frequently cause psychiatric symptoms is fundamental to my medical practice but is not recognized by much of the medical fields, which views these two classifications as entirely separate entities.

Medical gaslighting is not new either; people pushing poisons will always want to blame the victims so they can stay in business. The

earliest example I have come across was in theAge of Autism. Mercury was one of the most commonly used, and most toxic medications from the early centuries of allopathic medicine. A common side effect was severe neuropsychiatric disturbances, which disproportionately affected women.

Because the medical profession did not want to give up mercury, they made excuse after excuse to keep it in use. Freud arrived on the scene and (poorly) argued the debilitating illnesses being observed were due to unresolved sexual issues the patients had (ie. a daughter's towards her father she was caring for). As this gave the mercury pushers a get out of jail card, the medical field ate Freud's argument up and it became medical dogma.

Since this strategy is effective, there are many other historical examples. The movie Radium Girls focuses on womenworking at a factory who painted radioactive paint onto watches and were instructed to repeatedly lick the brushes. This created numerous issues in the mouth, cancers and ultimately the deaths of many worker. The company responded by insisting the paint was safe and having a company doctor diagnose each injured worker with syphilis. This effectively silenced these women since promiscuity was viewed in a very negative light by the culture of the time, leading the workers to hesitate to discuss their new illness.

Similarly, after hundreds of thousands of servicemen became severely injured by the anthrax vaccine, the military took the strategy of blaming all illness on "stress" from the Gulf War. The military funded large number of studies to provide this correlation, pressured the VA to only focus on PTSD as a potential cause and relentlessly pushed this message to the media. This explanation was recognized by many to be absurd since many of the Gulf War Syndrome veterans had previously been in much worse wars with no issues (the Gulf War was a quick massacre of the Iraqis primarily done from afar), and many individuals with Gulf War Syndrome never even deployed to the

Middle East.

This form of gaslighting has proven itself in the public relations field and is hence pushed by the manufacturers of many of the more toxic pharmaceutical drugs on the market. Pharmaceutical victims in turn periodically forward me literature they uncover of (industry funded) medical journals discussing psychiatric explanations for iatrogenic injuries.

Prior to the COVID-19 vaccines, while this issue was common enough that I frequently found myself shouting into the wind about it, it was rare enough that it could be easily swept under the rug and ignored. Since the COVID-19 vaccines have entered the market, it has become so common that on a daily basis I now hear stories (including from my readers) of significant iatrogenic complication from this vaccination followed by widespread gaslighting by friends, family and health care workers.

These stories are typically greeted with the shock and awe that something like this could possibly be happening in America. This I argue, is because until recently, the experiences of patients with iatrogenic injuries were relatively unknown and has only entered popular knowledge because it's become so common media censorship can't hide it anymore (normally pharmaceutical companies never allow stories critical of their products to make it to air).

My sincere hope is that this newfound public awareness of medical gaslighting will also bring awareness to the dozens of other medications that frequently injure patients who made the mistake of trusting the doctors who prescribed it to them (due to reduced time constraints for doctors, many medical visits just result in the prescribing of a medication to a patient).

Why do Doctors Gaslight?

I will admit there are some bad and some truly evil doctors out there (Fauci is not unique). However, while I frequently read or hear of them, unlike many of my colleagues, I've never crossed paths with these people (which is likely due to the fact I've stayed in rural areas and avoided the urban centers of power that trend to attract those types). All the doctors I trained under and have practiced with wanted the best for their patients and made a sincere effort to follow medical ethics.

This then raises the question: Why is medical gaslighting so common? From my own experience, I would say there are three primary reasons and two secondary reasons. *Henceforth for simplicity's sake, I will discuss "doctors" but these concepts also apply to other healthcare workers.*

The primary reasons are as follows:

- Doctors lack the training or ability to recognize iatrogenic injuries.

- Doctors who detect iatrogenic injuries will refuse to acknowledge them because it is psychologically challenging to do so.

- Many of the drugs and procedures used in Allopathic medicine are intrinsically harmful, so unless there are systemic biases against the existence of Iatrogenesis, the entire system cannot work. In the early 1900s when Carnegie and Rockefeller bought out the medical system, this was a serious concern for Allopathic medicine, and with the trends of that time, this toxic and ineffective system of medicine would have likely been discarded for a competing model had the market not been monopolized by those robber barons.

The secondary reasons are as follows:

• Sometimes very complex diseases emerge (such as those having spiritual origins) that are completely beyond the scope of most doctors to understand. Since Allopathic medicine is a faith based on being all-knowing and the best form of medicine, when diseases that challenge its supremacy emerge, many doctors will deny the disease exists rather than admit they don't understand what is happening. I grew up playing puzzle games, so I seek these puzzling cases out, but I'm a bit of an anomaly.

• There are a significant number of patients who do have psychiatric issues they choose not to address that create their illness, and there are many patients with psychiatric issues or external motivations that lead to them fabricate false symptoms or histories of their disease. Because every doctor encounters these patients, and much of medicine is pattern matching, they will juxtapose these patients onto the current patient in front of them who has a legitimate (and often neurologic) iatrogenic injury. I personally find this scenario quite challenging, as while I am strongly opposed to gaslighting patients, I also recognize it is extremely important for a patient's wellbeing to not validate false delusions. It is hence understandable why doctors without my bias to avoid gaslighting are prone to label many things their patients report as delusions.

For simplicities sake though, for the remainder of this series, I will focus on the first two reasons and why doctors gaslight patients: they cannot see or will not see iatrogenic injuries.

The Complexity of Nature

Some people thrive in chaos and hate continual repetition. Typically though, people crave a solid box they can work within where everything is predefined, understandable and safe. When you take a more meta-approach within that dichotomy, you can argue most things

can actually be either order or chaos depending on the manner in which you choose to observe the phenomena.

The human body, mind and spirit is very similar. On some levels, people are all the same and they follow the same predictable repeating patterns. On other levels, the body, the mind, and the spirit are an incredibly chaotic dynamic living unit. When interacting with others, it thus becomes a question of which lens you want to see people through; homogeneity or diversity.

My own opinion is that each lens makes sense in certain circumstances and certain patients or diseases but not in others. However, in real life, people tend to default to using the same lens over and over, and strongly resist changing it. I've also found that most people who vocalize the importance of "*diversity*" tend to the be the ones who are the most focused in seeing the homogeneity in everything they encounter.

Nature in general is incredibly complex and the amount of data present within it is overwhelming. One of the largest stressors for the human mind is excessive data, and the typical response to excessive data is for the mind to contract and try to simplify reality into something the mind can comfortably contain (alternative responses do exist but they typically require spiritual training). In recent years, it seems the world has started to go insane, and a few of the wisest people I know attribute this to the internet making more data available than what much of the population can process.

In certain meditation traditions, this process is often referred to as "mental laziness." When something is hard for the mind to contain (which frequently comes up in meditation), mentally lazy individuals will shy away from it, while non-mentally lazy individuals will not. A key point is that smart people are not immune to mental laziness.

Modern education is based on creating a very specific pattern of

thought, which has the side effect of creating mental laziness to forms of thought outside that pattern. This form of mental laziness is often very difficult to recognize since the taught pattern of thought for the educated class on the surface represent a high degree of intelligence. It is only once you probe deeper or question parts of one's belief structure that the mental laziness and avoidance of thoughts "outside their box" makes itself evident (which many of you have observed in recent times as you questioned professionals espousing the COVID paradigm).

While mental laziness in the professional "expert" class is a significant societal problem, I believe the most problematic form of mental laziness relates to ones existential purpose. Most human beings cannot exist without some type of purpose to support and orient their minds, to the point they will adopt a bad one rather than choose to be without one. Exploitation of the existential laziness within the population has been used by countless despicable institutions to recruit lifelong adherents and within medicine, I frequently find one of the reasons why doctors will not challenge medical dogma is because so much of their existential worth (that they did not create prior to medical school) is tied to their identity as a physician.

In summary, to address this innate human need for simplicity, science always seeks to create models to simplify complex natural phenomena. While these models are often exceedingly useful, they always have short comings that arise from the section of reality they exclude. Most of the incredible (and often forgotten) medical or scientific discoveries I've come across for example, came from the minority who embraced complexity.

Complexity in Medicine

When you as a doctor are with another living human being, there is an

immense amount of data present. I am fortunate to have an aptitude for appreciating subtle details that often go unnoticed by other clinicians. Despite this, each day in clinical practice, I notice countless things I never spotted before, and to this day, I still feel I am only scratching the surface of what's really there during each patient encounter.

Embracing this complexity is one of the things that makes medicine a lifelong passion for me. However, for people who have resistance within their minds to their reality expanding, they reject that process and instead seek out models to simplify things.

The capacity to expand your awareness is directly linked to the health and current level of stress in the nervous system (a key part of my own self-care regimen focuses on my nervous system). When someone is tired, sick, fatigued, burned out or has a subtle (or overt) injury to their nervous system, this resistance to expansion always increases. Medical education and medical practice are both structured in a manner that regularly creates those states, and thereby radically decreases the number of doctors who have minds comfortable with following the path of complexity.

For those who resist complexity, the practice of medicine is largely a process of learning models to describe individuals or diseases and then applying the applicable model to each patient they see. Most of the medical education process is designed to support this method: we are taught model after model to apply, list after list to memorize and as physicians in training, we are graded on how accurately we replicate them.

Many of the therapies we use are designed to fit within that paradigm. Pharmaceuticals for example, are typically prescribed on the basis of a matching symptom or diagnosis being present, a parameter it lowers being too high, or a parameter it raises being too low. I have some sympathy with this approach being chosen, as it is both the way most

people are conditioned to think by the American educational system, and when training medical students, it is much easier to standardize and teach. The problem is that it is in direct opposition to producing critical thinkers who can solve complex problems; a role society expects of doctors this is simultaneously opposed by many stakeholders in the healthcare industry.

To a large extent, this all mirrors the debate within science of reductionism vs. holism, where the dominant narrative seeks to break everything into individual variables to understand nature while the holistic camp argues necessary qualities only emerge when you move beyond the reductionist level. I side with the holists and argue that much of the practice of medicine, especially the interesting parts, is missed by taking the reductionist approach.

Treatment Algorithms

Sadly, as time moves forward, it always seem more and more lists or models are developed, and algorithms, believed to "optimize" medicine dominate a larger and larger portion of clinical practice. The main exception to this rule is psychiatry, where a large portion of the field is beginning to embrace the holistic biopsychosocial model since classical reductionist models often don't hold up once the human mind is involved.

One of the most frequent complaints from doctors (and their patients) is electronic medical records turning the practice of medicine into an exercise of asking questions to input enough data into an EMR to be able to bill insurance. As you would imagine, beyond this form of medical care making it challenging to develop a doctor patient relationship, or figure out the root cause of disease, it also makes it impossible for the physician to observe subtle details or the complexity of the patient in front of them.

Years ago, I was told by someone well connected to Congress that existing evidence showed EMRs worsened quality of care. However, since EMRs were also known to slow physicians down (hence making them less able to bill for medical procedures) they saved the government money, and thus they would never be abandoned. Medicare for example, has instituted a strong push towards EMRs and now pays significantly less for patient visits done by paper charts rather than EMRs (which is backbreaking for many medical facilities that operate on low profit margins).

In addition to the cost argument, I believe the health care industry has a vested interest in taking doctors out of the medical decision-making equation. While many doctors will follow the prevailing narratives of the medical field without question, the independent clinical judgement of physician is an ever-present challenge to these vested interests. There have hence been many converging trends that seek to prevent physician "non-compliance."

The first has been the gradual shift from private medical practice to corporate medical jobs. When physicians work for a corporate entity, they have significantly less freedom to practice medicine as they would like to and cannot advocate for basic labor rights. There has been a gradual top-down push in this direction for decades (for example regulatory requirements are put into place most independent practices cannot sustain) and I have seen numerous cases of excellent well liked and well regarded general practitioners having to close shop because they can't complete with the primary care providers at the local corporate medical system who provide significantly worse care.

Many of my colleagues believe our profession screwed up big time by surrendering our power to the corporate health care systems, and we sometimes discuss the creative way each of us has found to get out of this dilemma. However, we are few and far between; most doctors are forced into compliance by these systems.

The recent lawsuits by hospital physicians against their hospitals to prescribe ivermectin to patients who would otherwise die is one such example. Similarly, many doctors cannot speak out against the vaccine in any context or they risk losing their employment, and I have seen dozens of cases of doctors fired for doing so.

The second has been a shift to standardized medical practices, where (predominantly industry funded) research is assessed by committees (largely composed of physicians with pharmaceutical conflicts of interest) to produce medical guidelines or treatment algorithms physicians are "suggested" to follow. One of the most recent examples of this was Fauci personally nominating the NIH committee who decided the appropriate medical care for COVID-19, and for some reason primarily nominated individuals who had financial conflicts of interest with manufacturer of remdesivir. Not surprisingly, that committee mandated remdesivir and refused to approve safer and off-patent treatments with significantly greater evidence of efficacy.

Despite the "voluntary" nature of these guidelines (the only federal lawsuit I have seen on this subject declared they are suggestions and not law), they are treated as law by each other branch of the medical system. Insurance either requires or incentivizes you to follow these guidelines, hospitals require you to follow them, and legally, you are significantly more vulnerable to either being sued or losing your license if you fail to follow these guidelines.

EMRs are an excellent tool for enforcing this form of medicine. When charting, you often have to document the treatment algorithm, and since you have limited time to practice medicine, you are hence encouraged to follow each step of the treatment algorithm during your patient visit rather than having a complex human interaction.

The EMRs will also often suggest prescription options based on what you have entered into the EMR (which doctors, to save time, often follow) further establishing the practice of algorithmic medicine. The

best example I know of for this phenomenon occurring was when Practice Fusion (a free EMR service many doctors use because EMRs are expensive) was fined 175 million dollars. This was because they took a million dollar bribe from an opioid manufacturer in return for having the EMR suggest their opioid for a variety of cases where the opioid was not appropriate. This lawsuit arose because stopping the creation of lifelong opioid addictions has recently become a priority for the government due to the horrific societal damage they cause, and this algorithm change resulted in a significant number of unnecessary addicts.

Silicon Valley's vision for the future is to transform society into a pool of algorithmically managed data where AI can perform many of the jobs previously done by human beings, and the creativity and spontaneity of each living human being it replaced by a soulless collective algorithmic homogeneity. Beyond this fulfilling many of the longstanding goals of the ruling elite (complete control of the populace with minimal difficulty) there is also a religious zeal behind it, and I've spoken with numerous people who work in or are tied to Silicon Valley who believe this ascension into algorithmic AI represents the destined evolution of our species. I personally believe that shift is the single greatest mistake the human race could make.

During Clinton's presidency, a groundswell of hatred against the pharmaceutical industry emerged and many felt it was likely the industry would go into major decline. As best as I can tell, the industry at this time began to focus on prioritizing the mass administration of psychiatric medications, which tend to make populations more compliant both in general and towards pharmaceuticals (George Bush for example was a board member for Eli Lilly, the maker of Prozac). This trend has continually accelerated and has been enabled by the wide range of pharmaceuticals which create neurologic damage resulting in psychiatric symptoms requiring lifelong pharmaceutical management.

During Obama's presidency, a merger occurred between big tech and big pharma and these industries became the primary donors of the Democratic Party. This resulted in many changes to the Democratic party at odds with its traditional populist positions in support of the working class and a gradually increasing support of the transhumanist agenda worshipped by the previously mentioned sects within Silicon Valley. This merger is also why I believe big tech has so been so aggressive in censoring anything that challenges the COVID-19 narrative.

EMRs have the potential to radically improve the practice of medicine. For example, I have worked with individuals who**on their own** were able to produce AI systems that could comb through data collected by EMRs and identify proof of iatrogenic injuries or compare outcomes of different pharmaceuticals to determine ideal treatment algorithms. These are very simple to do (hence why small teams can pull them off), and yet despite a fanatical need to "acquire more data" are never done.

That said, I know of two cases where an AI system was made to analyze EMR data, found strong evidence of vaccine injury, and then was discarded. For example to quote the *Real Anthony Fauci*: "*In 2010, the federal Agency for Health Care Research Quality (AHRQ) designed and field-tested a state-of-the-art machine-counting (AI) system as an efficient alternative to VAERS. By testing the system for several years on the Harvard Pilgrim HMO, AHRQ proved that it could capture most vaccine injuries. AHRQ initially planned to roll out the system to all remaining HMOs, but after seeing the AHRQ's frightening results—vaccines were causing serious injuries in 1 of every 40 recipients—CDC killed the project and stowed the new system on a dusty shelf.*"

All of this has lead me to believe the purpose of collecting all this data no one is analyzing has nothing to do with improving medical care of medical outcomes. Rather, the focus on data and algorithm

driven medicine is to train the AI systems that will eventually replace doctors. There are a many preliminary signs this is happening, and I suspect it is unlikely doctors will oppose it until it is too late for them to do anything about it. The transition to AI doctors represents a holy grail for those seeking to control society and it is my hope this article provides a credible basis for that argument.

As most of you have now realized, there are many shortfalls in medical care that lead a large number of patients to seek care in the wild west outside the medical system. In my medical community, we treat many of those patients with complex medical issues. We have discussed this topic at length and while some aspects of medicine can be performed algorithmically, we do not believe it will ever be possible for an AI system to replicate many of the necessary therapeutic approaches we utilize. It will be very interesting to see exactly where medicine ends up 50 years from now.

Conclusion

Yesterday, Steve Kirsch posted an interview with a midwestern rheumatologist who has been one of the first to go on record with the large number of adverse responses to vaccinations he has observed throughout his clinical practice (click on the image to view)