TikTok Lymph Node Debate

I went on TikTok and engaged with this GI doctor and I talked about how there's a lymph node on a patient right here that she had it for a long time and it gave her a supplement and literally faded away within three days.

And this doctor had said if there is one thing you don't need to do for your health is flush out your lymphatic system. And I made this comment like, yeah, you do.

It's one of the most important things that you can do, but of course, she's relying on PubMed for her information, ignoring all the classical herbalism and apothecaries going back centuries in European culture and their focus on, and of, course Eastern, ancient Eastern medicine, talking about getting the lymphatic system flowing.

So I made this comment and then she responded with this video response. And I'm going to play this and it's going take us down a path because she says a thing about differential diagnosis, meaning you go to a doctor, they give you a diagnosis and they treat you.

It's like, why did she say that? And we're going explore this. Pretty interesting. Turns out to be the basis of medicine and why medicine drugs you so much and causes early death.

The first learning objective I want to go through is talking about getting a little bit more details on this lymph node so that we can form a differential diagnosis.

A differential diagnoses is something that will use in medicine to help determine all possibilities for an etiology of a complaint. Sometimes people in the world of wellness and chiropractics refer to that as a quote root cause.

But it's kind of the same idea. Why did she go down this path of, hey, in medicine, we do this thing. It's kind of a unique thing called the differential diagnosis.

The chiropractics and the wellness people, they call it root cause. Why is she even teaching me this? I've been at this 28 years.

Differential Diagnosis vs Root Cause

So I'm absolutely aware of differential diagnoses. I do that in my clinic myself. And the comments on the side are very condescending. And she agrees with these very kind ascending comments.

So she sounds really nice and stuff and pleasant, but in the background, she's kind of not. She's very covert and her condescending, like, simplistic talking that she does in this video is a way to talk down to me.

Then all of her supporters are cheering her on and she is agreeing with them. So the point here is that people can be like really nice, but in the back of their mind, they're trying to like stab you in back.

That's what she's doing. Now on TikTok, another person did the same thing and they brought up the differential diagnosis. Two in like one month. Why are these medical people so in love with the different diagnosis?

What is it? Okay, here's where it is. So you have a series of symptoms and you go to specialist usually or you know, family doctor, whatever, but you end up at a specialist and then you got through your symptoms.

Let's say you've got, I don't know 25 symptoms, and they said, no, No, i don' want to hear all of them. I just want you to here the ones related to your GI system.

And that's what she is. She's a GI doctor. So she's going to look at your bloating, constipation, bad breath, stuff like that. And she'll diagnose it.

Okay, she has got her differential diagnosis, a list of disease possibilities. she runs a bunch of tests, looks at you symptoms. It could be IBS, it could I. B. D., it can be ulcerative colitis.

Then she gives you a diagnosis. Okay, now you go to another doctor. And now, you have a skin rash. So you see a dermatologist. They look at the rash, and they may do a swab, they have differential diagnosis.

There's a whole series of possibilities. Then they bring it down to one thing. One disease name. The give you that disease, then they give a drug. Now you two drugs.

Okay. You're tired. Go to an endocrinologist, They take your symptoms, but just the ones related to endocaine organs. and they run some lab work, but only for endocrine organs.

And then they give you a diagnosis and then the give a drug. Now you have three specialists and three or four drugs. Okay, and you're depressed. So you see a psychiatrist, same thing.

Differential diagnosis, disease, drug, five drugs for five different parts of the body from five specialists. That's what you get when you have a differential diagnosis system in medicine.

That is not the holistic viewpoint. Now, I've seen doctors on social media say, if you want a holistic view point, go to a family practice doctor because they manage all your symptoms or they, you know, manage your drugs.

That's not a holistic viewpoint either, because it's still drug-based. So where am I going with this? Polypharmacy. Poly pharmacy means five or more medications.

And then extreme poly pharmacy is 10 or I'm going to go through some notes that I got from OpenEvidence AI.

Specialists, Diagnoses, and Polypharmacy

This is an AI service only available to clinicians and there's no AI hallucinations or AI slap because they only pull from medical journals. So I just type in polypharmacy.

What is it? How do you describe it and is a problem or not? And the AI said That's very prevalent. It says dramatic increases from 2000 to 2012. The number of people that were suffering from polypharmacy went from 24% to 39% with some estimates reaching 65% in adults age 65 and older.

So that's severe. 65 percent of Americans over the age of 65 are on too many medications. Now, if you were institutionalized, meaning you're in the government hands, that would be 57% of patients.

And then when you are in a hospital, we're talking 62% patients, the highest burden of polypharmacy is age 75 to 84 years old. with more than 50% of them taking five to nine drugs every single day.

And it's not just the United States. It's in Europe and it is in Australia, 42% in South Korea, 49% percent in India. Now it increases death. Mortality risk relationships follow a dose response pattern.

Polypharmacy greater than or equal to five medications increases all-cause mortality risk by 28%. While excessive polypharmacy, 10 or more, increases risk of all-cause mortality by 44%. The more medications you're on, the sooner you die.

And I don't care what the medications are. See, you go to the cardiologist, they put you on a statin drug and a blood pressure drug. Okay, fine, that's two.

Then you are on an antidepressant. then you need an antibiotic, and now you needs something for your arthritis,

you're on a painkiller, something, for sleep, now on five or six medications.

It doesn't matter that that one medication has been well studied and it's like gold standard studies, it doesn' t matter if that medication alone tests it as the best drug for that symptom or disease.

It doesn't matter that it was paid for by insurance for free or very low cost on your part. It does not matter if the specialist is the best in the state or the country.

Its still drugs. And the more drugs you're on, the sooner you die. The longer you are on the drugs, you sooner die! Individual studies report hazard ratios ranging from 1.6 at 5 years to 2.37. So what is a hazard ratio?

Hazard ratio is a number above or below 1.0. So if your hazard ratio number is below one, that means it's beneficial to you. And if you hazard is above one that mean it is detrimental.

Now if it 1 point 1 or 1point 3, maybe not such a big deal. But if its 2 point 0, 3 point o, 4 point O, then yeah, thats a BIG deal! So, these hazard ratios can be 2.37 at one year of being on polypharmacy, with some other analyses showing 3.0 or 4.00 increases in hazard ratio.

Polypharacy increases hospitalization risk by 18-50% and emergency department visits by 32%. while excessive polypharmacy, meaning 10 or more medications, increases these risks by 85% and 92%. Now the solution to poly pharmacy is to never need to be on drugs.

So if you have some poor health and you're on some drugs, there are some really good things you can do that are quite profound. And I've gotten people off blood pressure medications and I got them off antidepressants and the need for recurring antibiotics goes away.

Nutrition, Dietitians, and Medical Training

So, when you do nutrition properly, with including herbal supplements and other dietary supplements, and detoxing and getting parasites out, then you can have a really major effect and then not need drugs.

If you need the drugs, take the drug. That's if you really need them. But our medical system ignores all the supplements and the correct nutrition and they use drugs, drugs drugs.

As a matter of fact, there's an overweight obesity doctor who has been promoting the Mediterranean diet his whole career. And I sent messages to him two years ago, three years saying the mediterranean diet isn't good enough.

He just made a video saying that you may have realized that I've lost weight over the last year. I'm taking a drug, a GLP-1 drug. So I made a comment, yeah, because your diet doesn't work.

The Mediterranean diet is not good enough for weight loss. Even though it's the most researched diet in the country, it doesn' t matter. It's just not a good diet.

t's too low in protein, too high in carbohydrates. So even the obesity doctor doesn t know what nutrition and diet he can recommend to his patients. As a matter of fact, I just made quick video about him.

He recommends Flintstones vitamins. I've never heard any medical or health professional ever recommend flintstone vitamins except for that one guy. I'm saying like MDs in general do not study nutrition.

Now maybe they took some courses in college or maybe even in medical school. But here it is 10, 20 years later they're not practicing nutrition, they are not studying nutrition because they were overwhelmed with their license requirements to drug people.

So she says this in this video. Doctors do learn and study nutrition from day one of medical school throughout the four years and throughout a minimum of three years of postgraduate training in residency and possibly even

fellowship, nutrition is essentially incorporated throughout that at all times.

And what I think when people have this perception that doctors don't study nutrition, is that it is true. Our application of nutrition Is limited because we really rely on the experts of that and that would be dietitians.

Now, dietitians are required, by law, to promote what the government tells them to, promote, buy their license, I should say. And that's been the food pyramid since 1980 or earlier.

Low meat, high carbohydrate, white bread is fine, White pasta's fine. Sugar, up to 10% of your daily calories is find. That's why we're so overweight now, because everything has been wrong about what dieticians have been teaching.

We do our best in the limited time that we have in office to talk about the nutritional implications and how that may improve outcomes for certain diseases or symptoms, etc.

But it is true, we could do a better job if we had more time. So they don't, there's not enough time because they're looking at the drugs, they are using drugs.

Yeah, she admits it, it's no good enough. If they were actually applying nutrition the way I do, their practice would look like mine. Unfortunately, that is a downside and we really rely on our dieticians who are the true experts in application of nutrition to help us with that.

So we definitely study nutrition, the ins and outs from biochemistry all the way up to practical application throughout our postgraduate training. But could we have more time to do it?

Absolutely, but we know nutrition. So there's a pediatrician doctor on TikTok. He has a shirt that says, stop Googling drink water. Drinking water is his only solution.

And I've had medical doctors tell my patients, oh, you need more water, and it's like, no, there are so many other things that this person needs to actually reverse their complex chronic illness.

I had a doctor once tell my high school track star runner, he would run a distance and then almost pass out. The doctor told him, eat more bread. Like that's not what that kid needed.

More bread, more water. That's the jail diet. I called it the prison diet, come on, give me a break.

Detox, Parasites, and Holistic Health Blueprint

And if you really understood nutrition, you would understand metabolism, how the mitochondria work, and how ketosis is more important than glycolysis, so therefore you promote meat over carbohydrates.

And you'd understand the nutrients that facilitate lactic acidosis that needs to be stopped. And you would understand without a doubt that you need to detox because you can have a ton of nutrients in your body.

Toxins prevent the proper utilization of nutrition, including vitamins and minerals, etc. So a true nutritionist knows step one, detox. Step two, nourish.

And she and I had a little bit of a debate about parasites. I told her that I've had people eliminate parasites since 2007. She didn't believe me because the studies show that parasites don't exist in the United States unless you travel to India or Mexico.

My response to her was, the parasite testing does not find parasites. Stool analysis for parasites? Don't find parasites. So, all these studies on PubMed were an analyzed duel for parasites and they say, oh, there's no parasites because the labs suck.

It's just another aspect of nutrition to know is cleansing including the gut, including parasites, ropeworms, heavy metals, chemicals, etc. As I described the differential diagnosis before, you go to one specialist and another, then another.

You get a new diagnosis, a knew one, and new one. A new drug. And you end up with many drugs. That is our current system without this idea of like, okay, how do you actually repair the body?

How do we actually first detoxify the bodies? There's a step-by-step process. Now in this step by step process, you can do a differential diagnosis and you find Lyme disease in step 7. You can find chemical toxicity in step six.

You could find parasites in Step four. you can other organisms like mold, parasites, virus, elsewhere in the body in steps five. Kidney dysfunction, liver dysfunction.

Lymphatic system dysfunction in three. Diagnosis of bad diet in one. Mitochondrial dysfunction step two. There's a lot of diagnoses that can occur in these seven steps right here.

And people that have complex chronic illness, they have most of these things. So you can go to a Lyme specialist in step 7. They do a differential diagnosis and say, oh yeah, you have babesia.

Okay, fine, but you didn't do step 6, 5, 4, 3, 2, or 1. You can to your dietitian in Step 1, and they say you need to change your but then you still feel just as bad.

A lot of people experience that. They go from vegan to carnivore and everywhere in between, and they still fell bad because they have toxins and organisms that need to come out in steps three through seven.

And before you do that, you got to do vitamin B1 and step two to enhance your mitochondrial function. So what I'm saying is that the differential diagnosis is a good system for people who are healthy and they have one problem.

I've been to dermatologists, they did this differential-diagnosis system, and then they froze something off my skin. Like, I am happy about that. And if you have a cancer tumor, you want to know exactly what kind of cancer that is.

Or if you have a heart problem and you want to know is it like an aneurysm style problem in the aorta maybe. Is it a valve problem? Is a nervous system problem.

So you get a differential diagnosis of the heart. Like that stuff is really valuable. But why did that happen in first place? There are people that don't eat enough meat in step one, the diet, and that makes their tissues weak.

And that's how they get an aeurism. There are people that never detox in step six and now they have cadmium, lead, and tin in their heart and their muscle is failing.

So just because you have a diagnosis doesn't mean you ignore these other things here that caused it in the first place. A lot of diagnoses end up with the same treatment, unfortunately too, so an autoimmune disease diagnosis can end with steroids and anti-inflammatories or antihistamines.

That's where a broader, more holistic viewpoint would come into play because a lot of autoimmune diseases could be reversed with getting parasites out or going on the carnivore diet or detoxing for a year all the metals and chemicals instead of just taking a drug to relieve the symptoms for the next 24 hours.

So I just want you to look bigger and broader more holistically with a bigger scope on your health because you'll go to the best best doctors and they're going to specialize in their system or their organ and They're gonna give you a diagnosis and then a treatment and Then what about all the other organs?

What about the all other systems? Everything's connected to everything and the big broad categories in the seven steps blueprint to optimal health That's the blueprint.

That the roadmap So when somebody comes to me and they say, oh I have psoriasis, they name a skin condition, a fatigue problem, an arthritis, and then they give me a diagnosis name, I'm like, okay fine, what's causing it?

How's your diet? how's you gut health? Are you toxic? And all these can be verified with blood tests and other types of testing. And a lot of these testing are not done in medical clinics or in hospitals.

Some of these tests are too new and hospitals are old school. They don't keep up with the latest and greatest technology. And I did learn that a new test would have to go through about 800 different studies before they're incorporated into a hospital system.

So some of the tests only have a few dozen or a hundred studies, not 800. If you go to a holistic practitioner, they might have newer tests that teach more data that the hospital would never be able to have access to.

Alright, I hope you enjoyed this information about the differential diagnosis and its role in medicine and how it can trick you into getting sicker and dying earlier as opposed to looking at your health holistically.

If you need our help with your heath, you can contact us at our office. Here's the information right here.