

Home Defense of Your Family's Medical Care - a Primer in Common Ailments and Guide to the use of a Broken Healthcare System

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Healthcare in America has gone from decline to free fall in the last few years. I want to help you on the ride as best I can.

In November of 2019, a Chicago Hospital fired 15 (all) of their Family Physicians and replaced them with Nurse Practitioners! The last of the well trained FP's are retiring right now. FP training changed in 1977 and rather than being trained in the global 27 fields, it was reduced to 13. Four years later HMO's were invented and doctors no longer were protecting patients. Computerization soon followed.

The American innovation of the electronic medical record (EMR) has ruined record retention. The purpose of a record is now to misrepresent level of service, in return for excessive payment. Little in the record is medical and less is accurate. Doctors and nurses spend all day recording useless info (is there a gun in your home, are you abused?) and making up diagnosis, to reduce the likelihood of insurers rejecting the claim.

- You should demand a copy of every visit note, lab, x- ray, disc of studies, and consult after every single carepoint. IF they refuse, change clinicians.
- Make a 3-Ring binder and read each page and correct it, then sort and store it for use at other doctor's visits.
- Make your entire history (briefly), diagnosis with billing codes, Meds, Allergies, Surgeries, on a thumb drive and offer it to each new clinician at the first visit to save data entry time that can be used for communication.
- When it finally comes time to go to the doctor, be prepared! Arrive with a printout of your meds and allergies, a concise story of the illness, onset, symptoms in order of presentation, and your own differential diagnosis (list of possible causes), and hand it to the caregiver on arrival. Bring two copies, the first is a decoy that will be taken away from you by the nurse on instruction by the doctor. Give the second always direct to the doctor. Never forget the three most powerful words in primary care: "I'm not done" and point at the chair the doctor just rose from. It works, patients do it to me and I listen.

For more info on this and other care tips, visit my new website at <https://www.wellnessrx.org/>

My proposal for National Health Insurance: Provide all families with a \$10,000 HSA account, nationwide, replacing all insurance. All Money's spent from those accounts is at the discretion and direction of the total family, excluding routine dental and optical but including all other medical care. When \$10,000 is exceeded, the families' care will be by "Medicare for All" including all restrictions required to control cost. (remember 50% of all Medicare dollars are spent on patients in the last 30 days of their life). Death panels will be needed to control this part of care to control waste. The indigent can be provided a voucher for the HSA cost for part or the full amount. The average premium cost for a family in the U.S. is \$18,000 a year. Therefore, at no cost increase, the HSA, and the "Medicare for All" are fully financed. However, we have provided a powerful incentive to avoid care, do prevention and seek lowest costs.

If a family does not use the entire \$10,000, the remainder remains in the HSA, and if in the coming years, it exceeds \$25,000, the remainder is released untaxed for use in a separate retirement account or education account.

The affect of this process is that consumers are motivated to seek the most affordable care in a cash-competitive market and reduce waste. That cash market will reduce lab costs by 90%, MRI's by 85%, Office care by 30-40%, Drug costs by 80-

90%, Procedures by more than half. President Trump's new regulation to make Hospital Insurer deals open to the public will reduce hospital costs as well as open market choice.

The final cost of this entire program will insure everyone, control drug costs, reduce administration, add choice, and encourage the best and brightest to return to healthcare as a career choice. The final cost will be less than the coverage for the 60% of Americans we insure now.

Summary of Integrative Care for Common Disorders (in alphabetical order)

Allergy

Sadly, beyond allergy shots by an allergist, this field has changed little in 50 years. Today much that is called allergy is actually toxicity, infection, chemical injury, or trace mineral insufficiency.

The key to figuring out allergy is to JOURNAL all flareups and record what you swallowed, ate, drank, breathed, and wallowed in IN DETAIL and write it down. Next time, do it again and compare the two lists. Keep going and figure out the trigger. Remember antihistamines thicken mucous and are the number one cause of sinusitis. Smoking is second.

Alcohol causes gut leak and increases absorption of food allergies (That's why sudden death is more common in restaurants). <https://www.youtube.com/watch?v=XEZuccw-ZRw&t=270s>

Arrhythmias

Every week, I see a patient who has palpitations (the feeling of an irregular heart beat), who is getting 24 hour holters, event monitors and finally no diagnosis because the test and palpitation were on different days. The Kardiamobile cardiac monitor is \$84 on Amazon, and after downloading the app, gives you real-time diagnosis that can save the EKG as a PDF file you can print or email to your doctor. Twice this month, I diagnosed a patient with my unit in the office and got the pacemaker approved when \$20-50,000 of workup missed the problem!

Arthritis

All of medicine is made up of medical/surgical pairings: Cardiology/Thoracic Surgery or Dermatology/Plastic surgery. So what happened to Orthopedic Surgery? Who is trying to avoid joint and spine surgery? You're Family Physician is ill-trained and offers knee-jerk referrals to physical therapy, then MRI and we end up with surgery that at best is 30% effective.

This has created a huge counter cultural effort to fix this. Chiropractors, Massage therapists, exercise physiologists, foot inserts, along with more. But where is the training for doctors to AVOID surgery. The answer is the American Association of Orthopedic Medicine, which has trained me for 20 years.

There I found a systematic approach to finding the cause of pain, and then treat it naturally. First, good lab rules in or out, Gout, inflammatory arthritis, Lyme disease etc. Plain old x-rays are invaluable in screening not just the joint that hurts, as to make sure that the knee pain is not really L45 lumbar disc disease or a bad hip. MRI's are overused and then mislead the surgeon to operate on asymptomatic disc bulges.

Most of my patients resolve their problem with simple regimens such as Glucosamine, Topical 1222 Natural relief, and Design for Health Arthroben peptides. If male or female hormones are corrected, gout is controlled, and insulin is lowered by a low carb diet. The remaining patients can see reversal of their arthritis, with Synvisc injections. Platelet Rich Plasma or Stem Cell Therapy injections with about 85% success. That fact makes us wonder why all patients don't get conservative care first.

Bronchitis, Sinusitis

If the American patient was taught how to stop viral infection on day one, the most common cause of antibiotic use, lost work, and hospital admission could be greatly reduced. If every American started Olive leaf, colloidal silver oral and nose spray would reduce length and severity of all head colds by 70-80%. All these tools are worth keeping at home to delay care. Recognizing wheeze and reversing is the second critical step.

- 1- Iodoral (iodine) one tablet per day supplement to thin secretions
 - 2- Avoid OTC antihistamines, they thicken secretions
 - 3- Mesosilver (Purestcolloids.com) nose spray, one each side four times a day
 - 4- Sudafed LA, one in AM, never night unless you don't want to sleep
 - 5- Afrin nose spray at bedtime, never more than Midday and bed, never three times a day, it's addicting and causes rebound congestion. Never use longer than 3 days.
 - 6- Sinus irrigation with Waterpik Sinusense. or NasoNeb
 - 7- Olive leaf caps, four caps four times a day for underlying virus and add Olive leaf Nose spray if needed.
 - 8- Antibiotics only if you get stuck
 - 9- Watch wheeze and if so, start an inhaler or nebulizer.
 - 10- Tessalon perles if you need it for cough but try to avoid as they make you retain secretions
- Tessalon perles 200 MG, one TID, #30, 1RF cough
ProvAir inhaler with Spacer (Disp - Stock) 2 puffs every 6 hours as needed for asthma (Refill - 10).

Dr. Nielsen's Tips for NasoNeb irrigation:

Instructions for the new NasoNeb 7070 with one prong: The new unit is intended to treat only one side of the nose completely with one half of the intended solution, and then repeat on the opposite side.

For those people who are switching machines, the old machine required deep inhalation repeatedly. The new machine allows you to breathe normally through your mouth the machine delivers the medication all the way to the back of the nose without inhaling.

One half of the solution in the cup, and place the tip start into your nose as is comfortable pointing the tip up towards the top of your head. Now you simply turn on the machine and let it run with your mouth open until the compass is empty. Refill the cup, do the other side.

You can experiment with moving the tip in different directions.

NasoNeb inhalator for secretions: dispense #1, with Nasoneb head x 1 or 2 depending on family member use, and supply one large bottle of Normal Saline (make 1.35% as needed), 5RF

To your custom compounding pharmacist: AmphoB 5mg/Tobra 0.4mg/12ml 1.35% Saline, Sig: use 12ml in the nasoneb device twice daily. 40 doses (=500ml), 3RF

Cancer

I watch my patients get a preliminary diagnosis of cancer, correctly or incorrectly and immediately they are ensconced with a new Oncologist who provides unbalanced choices of care much to their own benefit, but not the patient.

Second opinions should not just be with another oncologist but some primary care clinician to avoid misinformation.

Do not blindly accept the effectiveness of a proposed treatment without getting into Google Scholar (the ad-free research arm of Google) and finding ALL the studies on the proposed therapy. Take those studies back to your clinician and ask for comment. 98% of pancreatic cancer patients not cured by surgery will be dead in 5 years. I can elect to recommend a therapy to 100 patients and reduce the death rate to 96%. I can either claim that I doubled survival or I can claim to have helped on in fifty patients. Both are true, one is unethical.

The primary management of all cancer when possible is extensive first time broad aggressive surgical excision. Opt for removal rather than biopsy when appropriate, encourage your surgeon to 'keep going' at first surgery. Chemotherapy and radiation rarely cure. Both can make you much sicker while allowing you to live longer.

There has been a long history of non-prescription cancer therapies that are effective to some degree but not recommended such as Essiac Tea, PolyMVA, and IV Laetrile and Vitamin C.

Candida

Time does not allow the complete therapy of yeast infection here. I would like to warn people away from oversimplifying their plans.

First and foremost, Antibiotics cause candidiasis. My life's dream is to never take an antibiotic for good reason. This is the beginning of the destruction of the intestinal flora.

Second, The first and last treatment of yeast is eat ZERO! Carbohydrates, NONE! Yeast cannot digest fat or protein. Do not feed the yeast while giving it drugs or herbs.

Third, use only oral nystatin and not the azoles like Diflucan or Lamisal. The yeast will become resistant very quickly. These drugs should be the last therapy after diet is in place and herbs are exhausted.

Cholesterol and heart disease

For a thorough review of this issue, visit my YouTube video at <https://www.youtube.com/watch?v=c0ljDByZRTg>.

The American love affair with statins is misplaced. Independent research does not support the use of statins and the majority of efforts to prevent heart disease. Active disease is a different issue.

Hal Huggins, DDS, gained fame for proving that the mercury fillings in our heads are the single largest factor in high cholesterol and statins liberate mercury. Read "It's All in Your Head" by Huggins.

While Cholesterol is a marginal risk factor for heart disease, Blood pressure, Homocysteine, High Sensitive CRP, lpa, APO B, Hemoglobin A1c, and fasting insulin are far more important.

Keeping Vitamin D25 levels at 70, taking 400 units of Vitamin E, and taking an enteric coated 81 mg Aspirin tablet a day can reduce risk of heart disease with a lot less toxicity than drugs.

Dementia

There is a reason that all those women dying in nursing homes from Alzheimer's disease have no strokes, no head trauma, just shrunken brains while the men in the next room, have had strokes and head trauma. Why is that?

We have 13 published studies since 1965, done in many ways, that show that women who fix their hormones at menopause reduce their risk of Alzheimer's by 85%.....85%!! And we're looking for the cause, We know the cause.

The remaining 15% are from mercury toxicity or Small Vessel disease. I see an MRI of the brain once a month that suggests, 'evaluate for SVD' yet neurologists deny it's existence. Trust me, it exists and a low dose of Coumadin makes it stop. Read Durk Pearson and Sandy Shaw's book, Life Extension (yes, one and the same company). Also, good Ginkgo biloba, one twice a day by Pure, available on my website is very useful in early memory disturbance, not responsive to hormone repair.

Dental hygiene

Many studies show that tooth loss and retracting gums are associated with heart and intestinal disease.

I offer three observations: Waterpiks have and will always be the best single tool for all dental disease. The dentists have a vested interest in tooth loss so they recommend against them.

Mercury is the most toxic molecule on earth (Botox is second). Try to replace all fillings with white biological fillings. Do it with a dentist trained to do it. If you're dentist put in mercury, he thinks it's safe and is not qualified to remove it. Fight hard to not lose your first tooth. Get implants. Gaps cause the mouth to breakdown. Eliminate sinusitis with a NasoNeb. Sinusitis caused tooth loss and tooth loss causes sinusitis.

Diabetes

I don't have many diabetics in my practice as I simply prohibit them. If you don't eat carbs, you don't have diabetes very quickly. Eating less than 30 grams (next to zero) makes diabetics stop meds very quickly. The only drug that doesn't

cause weight gain (insulin being the fastest way to get fat), is metformin and now we learn it causes low B12 and liver cancer. All the newer drugs either cause urinary tract infections or pancreatitis.

Edema

Leg swelling is a difficult exam and demands a rapid early complete workup. Most patients have more than one cause at the same time.

Be certain to think carefully about venous ultrasound doppler studies on both legs to rule out phlebitis and varicosities, evaluate thyroid levels, rule out anemia, evaluate the liver for toxicity, and get an echocardiogram to rule out heart failure. 90% of all edema will be found down these paths.

Fatigue

The short list of tests is TSH, Free T4, Free T3 for thyroid, a one day salivary cortisol test, CBC and ferritin for anemia, a sed rate for inflammation, a thorough evaluation of male and female hormones including FSH, Total and free testosterone, DHEA Sulfate, Progesterone, and finally a Vitamin D and Vitamin B12. In any patient who has a level under 600 should have 2cc of IM B12 once to test effectiveness.

Here is a link to a through discussion of fatigue, It is too large an issue to do more than a summary.

<https://www.youtube.com/watch?v=fTjdhkluMk>

Emotional disorders

I will soon do a three part YouTube on 1- depression, 2- anxiety, and 3- other psych disorders dealing with this in detail. America is quick to think that some pill is going to increase coping skills that we're not well-developed from birth. The first action of all patients with depression and anxiety is a combined medical workup and counseling by a well-trained Licensed Professional Counselor.

The quick transition to anti-depressants (SSRI's) and anti-anxiety drugs (Xanax, Ativan etc.) is a sad mistake. These drugs are ALL addicting and all SSRI's need to be slowly tapered 10% of dose every 2 weeks at the fastest or rebound will occur. SSRI's cause osteoporosis and are hormone disruptors that lower testosterone and elevate cortisol causing weight gain.

Gout

About 10% of all pain patients presenting to my office have gout. A uric acid test is cheap, \$6, and needs to be under 6.0, and better yet 4.5. Half of these patients have a family history of gout and if they get on Allopurinol (that works poorly) or Uloric (febuxostat), a better drug and over months it can resolve pain ANYWHERE in the body. Sadly this drug is \$700 a month in the U.S. and \$26 a month from Europe, <https://www.globalpharmacyplus.com/buy-uloric-purchase-febuxostat>.

The other half are iatrogenic (caused by the doctor) from water pills, especially HCTZ (hydrochlorothiazide). Finding a better water pill or finding another way to control edema can be life changing.

Headache

There are very few problems in practice that are harder to completely solve. The reason is that most patients have long standing headache of one cause and that pain caused tooth grinding, spasm, and drug use that cause more headaches. Unfortunately, most headache care is done by neurologist, who treat rather than diagnose. Careful exam is the center of headache care. Jaw joint (TMJ), Cervical disc, Sinusitis, dental pain, Trigeminal neuralgia, Upper cervical spasm, cervical ribs can all be clues to neck x-rays, Sinus CT, dental evaluation, etc.

Lab work can be useful if on any psych meds to evaluate Prolactin levels, a drug induced cause of headaches. Pain meds cause withdrawal and rebound headaches make the healing process more complex. Upper cervical brain compression known as Arnold Chiari can only be found on MRI. Even more difficult is the misalignment of Occiput (the skull) and the

first two cervical vertebrae, a common source of headache as well as vertigo. Migraine is a unique headache that may be food allergy but also commonly is responsive to Progesterone treating PMS.

Hypertension

Elevated Blood pressure is estimated to be the most common disorder treated in America (perhaps incorrectly). Dr. Ray Gifford of the Cleveland Clinic once said that sadly “one third of all patients with high blood pressure are undiagnosed but one third of patients in treatment do not have high blood pressure”.

The solution to this is simple. Do not allow dental or medical office blood pressures to determine therapy. Get a good cuff and take BP's in groups of ten, mark out the highest and lowest as outliers and average the other 8. Do that five times for a total of 50, and watch the last 20 fall as you get bored. Now what are the last 8? That is your BP. The panel that recommends endpoints for care is now staffed by Pharmaceutical Industry Reps. Period. Nothing has changed. You are trying to keep your averages under 140/90. Not 100/60.

Every doctor seems to love ACE inhibitors like lisinopril and they are good drugs if they don't cause cough, (7%). Then we start treating BP with diuretics which cause dehydration, hepatitis, kidney failure, and syncope (loss of consciousness). We are much better off to try ARB's, Alpha Ganglionic blockers with higher success with one drug. Do not forget to monitor uric acid, Potassium, RBC magnesium, liver enzymes and Kidney function.

Irritable Bowel Syndrome

This global term is a disservice to America. Ask your doctor “why is my bowel irritable” and watch the anger. He doesn't know and isn't looking. That is the real question. Is this candida (yeast), bad bacteria (dysbiosis), pancreatic insufficiency with no good enzymes, low gastric acid, poor movement, mechanical kinking of the bowel (redundancy). The gallbladder and pancreas should always be evaluated by ultrasound and urine needs cultured to look for other causes. Once that is complete, simply taking a good digestive enzyme like Digest Gold™ by Enzymatics (available on the website) and take enlivened probiotics twice a day with the bulk powder probiotic Ortho Biotic 4000, take one scoop in 4 ozs. of almond milk with sugar, let sit for four hours at room temperature, then refrigerate and take four ounces twice a day for one month and observe. These two actions fix much of IBS.

It's beyond the scope today to do more than refer you to my YouTube video:

<https://www.youtube.com/watch?v=JnbDqYcfYKg> Gallbladder, GERD, and pancreatic insufficiency.

Infection control

With the exception of meningitis, almost every infection in the human body starts with a failure of drainage. Some are obvious. Dental abscess, sinusitis, acne, urinary tract infection, gallbladder, but then less obvious: pneumonia, swimmers ear, diverticulitis, leg ulcers and osteomyelitis.

If one accepts this premise, then the first action is not to give antibiotics which will result in an immediate recurrence once they stop, but to create drainage. This may be an inhaler, a dental extraction, sinus irrigation, removing ear wax, or avoiding nuts in diverticulosis.

Finally, as noted under Bronchitis, treating viral growth early, stops later bacterial invasion due to retained secretion. Antibiotics should not be used orally when they may be used in a nose spray, topical skin lotion and at least when possible use IV rather than oral drugs to avoid flaring yeast growth. Antibiotics should always be preceded by a bacterial culture, because once therapy starts, that valuable info is lost forever.

Osteoporosis

The scientific literature calls this disorder Postmenopausal Osteoporosis. It begins at menopause when hormones fall, it best responds to hormone replacement. Fixing Vitamin D is the second most important issue to fix. Let me refer you to a detailed analysis at <https://www.youtube.com/watch?v=RikhUKAAu6g>.

Under no circumstances should you start drugs until you stop the many drugs that cause osteoporosis. All psych drugs cause osteoporosis. All stomach acid pills do the same. But the most dangerous is Cortisone in any form.

As for therapy, do not take Biphosphonates like Fosamax or the many new IV's until you've tried a year of Strontium (at WellnessRx.org). Also, stop taking calcium in any form but green vegetables as oral calcium is proven to cause osteoporosis, not treat it.

Shingles

Shingles is a severe disorder that can cause lifelong pain once the rash is long gone, called post herpetic neuralgia. I have never seen a case of shingles not greatly improve in less than a week, IF I can see it in the first 3 days of eruption. This is an absolute emergency and I will meet any shingles patient at the office the day I hear of it.

My own management is full bore at the earliest hour. Four cc's of IM Vitamin B12. Lysine 4000 mg twice a day, Famvir, the anti-viral in full doses, and topical colloidal silver on the rash.

I will in severe cases, inject the lesion locally using the GE Stenoscop C-arm, for needle placement, at the affected ganglion, and put in 2.0 cc of B12, with Lidocaine 2cc with great results. If I don't see fast results, I will give one IV of 50,000 mg of Vitamin C once over four hours.

Begin Lyrica for pain relief, if needed. NEVER take cortisone in any form. Do not suppress your immune system.

Try to avoid narcotics but use if absolutely necessary, try to get Lyrica to work.

Skin problems and Dermatitis

The most common approach to a rash, is to treat with a presumption of accurate diagnosis. The most common drug is cortisone which covers up the problem but leaves it unresolved. Don't start.

The objective of good dermatologic care is exact diagnosis first and treat second. The only exact diagnosis is punch biopsy. This is a lidocaine anesthetic, then a special tubular knife that drops easily through skin to fat 4mm wide. Be sure the specimen goes to a full time DermPath center like Pinkus Labs. Not the local pathologist. Now you know.

The second failure point is failing to correctly diagnose fungal and bacterial infection. Scraping the skin and doing a gram stain and culture is a huge benefit.

Finally, Zinc is the key element of collagen repair and immune stability. DermaZinc is a topical solution that makes Psoriasis and Eczema go away in days for pennies rather than those \$4,000 a month immune damaging drugs. You can test for zinc deficiency by tasting Zinc Sulfate called a Zinc tally. It takes zinc to taste zinc. If it's not awfully bitter, you are deficient.

Sleep Apnea

I've seen hundreds of Sleep studies in 43 years. I've only seen a handful of normals. Sleep apnea exists, but it's severe only rarely. If your CPAP isn't a miracle, which severe people always say, you're just buying equipment. Before you get your uvula and palate removed, look into the pillar procedure. NO recovery, Ten minutes and you get three rubberized springs in your soft palate. My patients who can find a vendor, love it.

The risk of sleep apnea in women goes up 800% (that's no typo) at menopause. Let me know if you ever see a pulmonologist order an estrogen and FSH? Finally, lose weight and get down to fighting weight. This IS about a fat throat.

The SonoClean machine is a wonderful tool. It stops sinusitis and assists in CPAP adjustment.

Testosterone failure (T)

The technical term for the cause of low testosterone is exposure to Endocrine Disruptors. If you Google that, you find PCB's and other chemicals.

Unfortunately, the most common causes are common. Anti-depressants, alcoholism, Plastic water bottles, Soy, Air fresheners, cortisone, and opioids.

Do good lab and that includes Total and free testosterone, SHBG, Total estrogens, LH, Baseline PSA, thyroid levels, DHEA's (sulfate). There are many good supporting drugs and supplements that should be exhausted because once you go on replacement for 2 months and quit, You will be worse for life. It's a commitment.

Taking Cialis 10 mg once a day, DHEA 25mg, L carnitine can build testosterone in some men.

Replacement comes in many forms: The worst is shots, they last 7-10 days and day 2 is too high and day 9 is too low. Cremes, gels, trocoche (lozenges), are all twice a day but both of these 'aromatize' to estrogen which blocks the testosterone affect. The ideal replacement is Sottopelle. They put testosterone in a diamond making machine and press the pure hormone into rocks. They are 4mm x 12 mm and you put 4-6 in the fat of the buttocks. They last 6 months and no estrogen formation. Always monitor PSA at 3 months, 10% of men can't do testosterone in any form.

Toxicology

The future of longevity is detoxification, but better yet, is those who never 'toxify'. Here comes the TOP TEN.

Birth Control is the ultimate hoax. We've known for 40 years that it causes breast cancer and ovarian cancer but it was covered up Get a Paragard® Copper 7 IUD.

For 30 years, NutraSweet was the biggest toxin in our food supply, but now it's Stevia. It causes high PSA's, vertigo, arrhythmias, irritable bowel, enlarged prostates and the list is growing. Don't buy the 'natural line'. It's a drug found in plants just like Taxol, the chemo agent. There are no fake foods.

Don't eat foods that lower thyroid: Soy, Walnuts, Peanuts, and also Broccoli.

Genetically modified foods, GMO's are to be avoided at all cost. They permanently alter gut flora while making your gut bacteria learn to make it themselves.

Mercury (Thimerosal) is the preservative in 30 vaccines. Don't get silver fillings, and Don't do unnecessary vaccines.

Urinary tract infection

Not all burning on urination is bacterial infection, not that you'd know it from watching doctors. NEVER start antibiotics until you drop the culture off at the lab. Then 3 days later you know you can stop the antibiotic OR that you're on the wrong drug.

Ask the question WHY? Remember it's about bladder drop or tite prostate. Drain the bladder and it stops.

Finally, six weeks later, reculture and prove it's permanent.