

HOW MODERN MEDICINE KILLED MY BROTHER

By Neurosurgeon Russell Blaylock, M.D.

Web Site: <http://www.russellblaylockmd.com>

With Forward By Dr. Betty Martini

Posted: 25 November 2004

Forward By Dr. Betty Martini:

I am so very sorry to hear about this. This is Dr. Blaylock who wrote about aspartame and MSG in the landmark book, "*Excitotoxins: The Taste That Kills*" and in his wonderful successor book telling you how to get well, "*Health & Nutrition Secrets to Save Your Life*" - <http://www.russellblaylockmd.com>. He can be seen in the new movie on aspartame, "Sweet Misery: A Poisoned World", visit the page at: http://www.wnho.net/sweet_misery_movie.htm

When we were in Washington, D.C. recently he gave an incredible, incredible lecture on aspartame, after which he was given the award, Integrity in Science. Dr Blaylock is retired now from practicing but if all physicians knew what he knows and treated patients like he does, we would have a healthy, educated America. His knowledge in his papers and books is really a gift to the world.

Incidentally, he has an excellent newsletter and his paper on <http://www.wnho.net> (click on aspartame). What To Do If You Have Used Aspartame should be read by all aspartame victims. Our deepest sympathy to this brilliant and compassionate physician who has done so much to help the anti-aspartame movement and educate the world on this toxin, and to his lovely wife, Diane (prouded Dione), and family. And may he see his brother again in the resurrection (*..there is going to be a resurrection of both the righteous and the unrighteous. Acts 24:15*). And a moment of prayer and silence for his brother.

Betty

How Modern Medicine Killed My Brother

Earlier this month, I traveled to Monroe, La., to bury my dear older brother, Charles. Charles was not only a wonderful brother, but he was a man with a heart of gold who always put the needs of others and his family before his own. Charles, unfortunately, began smoking when he was in law school, something I warned him about repeatedly.

Approximately four months ago, I noticed that he was getting horse. He brushed it off and continued his hectic schedule. When I again visited him a month later, he was still having the hoarseness. I advised him to see someone about it. He took my advice and saw a local physician group. The doctor was actually too busy to see him and had his nurse see him.

Before he went to the doctor, I told him it was critical that he have the doctor examine his vocal cords. The nurse looked in his throat, but wasn't trained to examine his vocal cords.

Two more weeks passed during which his doctors assured him that it was nothing more than bronchitis. They treated him with steroids and antibiotics, but no one examined his vocal cords.

Misdiagnosis After Misdiagnosis

I pleaded with him to see an Ear, Nose and Throat doctor, but he trusted his doctor. For the next two and a half months, he was treated with steroids and antibiotics. Finally, he developed pneumonia and was admitted to the hospital, what was supposed to be one of the best hospitals in the area.

At the time, I was on vacation in North Carolina. He told me the doctors told him he had a bruit in his carotid artery, a sign of atherosclerosis, and that they wanted to do an arteriogram. I advised him against it, suspecting he, in fact, had a cancer and attempting an arteriogram on someone with such poor pulmonary function would be disastrous. The arteriogram was cancelled. Still, no one had examined his vocal cords.

When I arrived, I called a friend of mine I had gone to medical school with, and asked him to see Charles. Prior to this, I asked the doctor in charge of his respiratory care to add vitamins and magnesium to his IV. While he promised he would, he didn't. Every attempt to get Charles' laboratory studies was met with obstruction based on the Patient Privacy Act. He soon signed the necessary forms and finally I was able to see this closely guarded data.

When I asked his doctor why the magnesium had not been added to his IV, word was sent back to me through the nurse that she had never heard of using magnesium. I sent copies of selected articles showing the immense value of magnesium on pulmonary and cardiovascular function. Still there was no response from the doctor. Not once did this doctor call me, or answer my pages.

Finally, The Diagnosis is Made

My ENT friend did a very good workup and discovered Charles had a large cancer in his left lower lung that was impinging on the nerve to his vocal cord, causing one cord to be completely paralyzed. At that point, a pulmonary physician did a bronchial biopsy and diagnosed a poorly differentiated lung cancer, with no evidence of spread. Once the diagnosis was made, an oncologist was naturally called, who wanted to start a complete course of chemotherapy drugs.

I advised my brother against it, knowing the cancer would not respond and the toxic drugs would dramatically increase his breathing difficulties, hastening his death. He took my advice. Then, a radiation oncologist suggested radiating the tumor to shrink it. I wasn't supportive of this treatment, but my brother wanted something done.

Soon afterward, he started five and a half weeks of radiation treatment. At that point, I started him on a nutrition program and he began to feel better, his breathing improved and he was able to go back to work.

However, the oncologist told Charles he was losing too much weight and he needed to eat more bread, pasta and even sweets to gain weight. Charles, at the time of his diagnosis, was grossly overweight and needed to lose the weight. I told him that losing the weight would make it easier for him to breathe. I had given him a copy of my book on the nutritional treatment of cancer and told him it was critical he follow the advice exactly.

Unfortunately, Charles decided he didn't like the taste of the blenderized vegetables and would do what the oncologist suggested. He began to eat ice cream, cookies and other items that cancer patients should never eat. Once he finished the radiation treatments, he developed fever, severe shortness of breath and had to be admitted to the hospital.

The "Evidence Based" Physicians Take Over

Sadly, he chose a hospital that was even more rigid in its control of the patient than his previous hospital. It was a local hospital affiliated with the Louisiana State University Medical Center. Charles was admitted to the intensive care unit, where he had to be intubated and placed on a respirator.

Again, I was out of town, in fact, giving a talk at the Westin Price Conference in Washington, D.C., on nutrition. As before, I could not pry any information about my brother concerning his laboratory test, chest x-rays or the reason he was deteriorating so rapidly. His doctor refused to call me, despite numerous attempts by my sister and me to have her call.

In all my 26 years of neurosurgical practice, I have never seen a situation where a doctor treating a gravely ill patient would not discuss the case with a family member who is a physician. It was as if my brother belonged to the hospital and his physician and the family was to be kept in the dark.

Finally, I was able to speak to one of the consulting doctors, who told me my brother had a very low hemoglobin count. I asked him if he was giving him blood.

After a long pause, he answered, "No." I responded, " Well, with him unable to breath, don't you think it would be a good idea to increase his oxygen-carrying capacity by giving him blood?" He mumbled in agreement. I told him that I wanted my sister and her son to give the blood and that they were in the process of doing that as we spoke. He agreed. Yet, before my sister could have the blood transferred to Charles, the doctors had already given him blood from unknown donors.

I rushed to my brother's side and found him awake, on a respirator and very frightened. He was receiving no magnesium in his IV and was getting a tube feeding-formula that contains significant doses of glutamate, something known to cause pulmonary deterioration. Again, his doctor never heard of that.

An Incredible Admission

At that point, Charles was lapsing into a coma. Still his doctor had not contacted me or communicated with me in any way. Disgusted, I told the nurse to have her come to the room and I didn't want any excuses. I asked to speak to her in private. She insisted a nurse remain with her. I told her of my absolute amazement that a treating physician would not speak to the family, especially when one of the family members was a doctor. She denied she had ever gotten a message, which was a bold-faced lie.

I then told her that I wanted my brother to have certain supplements that had been shown in careful medical studies to improve lung function. She had never heard of them, but agreed to give them if her superior, the Chief of Medicine, agreed. Therefore, I gave her a stack of medical abstracts and told her to let me know if there was a problem.

Within five minutes, she returned and stated that he would not agree to it and responded that the Chief of Medicine told her that he would not agree to change the treatment based on abstracts. I told her I wanted to talk with him that minute.

He arrived, looking very arrogant and self-important. I decided that I would try to calmly discuss with him my brother's case and why he needed the supplements. Again, I asked for a private meeting. He wanted Charles' doctor to be present.

I explained to him what I was asking for was backed up by peered-reviewed studies and that none of the supplements had ever shown any harmful side effects in any dose. In a very arrogant tone, totally unsympathetic to my concern for my brother, he stated that he only read and trusted four journals:

- * Lancet
- * New England Journal of Medicine
- * Annals of Internal Medicine
- * Journal of the American Medical Association

Shocked that anyone would admit to being so intellectually limited, I told him there were thousands of peer-reviewed medical journals, most of which were reputable. He responded that he didn't have time to read or look up additional material.

What an admission!

I reminded him I practiced neurosurgery for 26 years and was a hell of a lot busier than he had ever been. I also told him I had managed to write three books and 30 articles for peer-reviewed journals in addition to three chapters for medical textbooks. He had no comment.

I told him I found it inconceivable that a physician holding the position of Chief of Staff in a teaching hospital would:

- * Admit they read only four journals

- * Didn't have time to research material that would improve a patient's care

- * Would be so obstinate and filled with so much self-importance they would allow a patient to die rather than try something that had strong clinical evidence of benefit without any complications

The doctor still refused to change his mind.

I pointed out to him, for 20 years there was a mountain of evidence that magnesium offered tremendous protection to the heart and brain, but because of people like him, it was only recently that magnesium has been added to the "protocol" for heart patients. I, then, reminded both of them that tens of thousands of patients died during that 20-year period because of their unwillingness to use a harmless mineral like magnesium. Then I said, "Is my brother to die because of your narrow mindedness and arrogance"?

I pointedly asked him if he could see the logic, the reasoning behind what I was asking. He responded that he did up until to the point about all the people that must die because of waiting for the elite of medicine to make up their mind. I turned to the female physician and asked her the same question. She said she agreed with the logic but trusted her chief.

Blind Leading the Blind

I asked the Chief of Medicine if he would want the same treatment for his brother. He thought a minute and then said, "Yes." He again, appealed to the fact that he didn't have time to research all these things. I reminded him that his job was to do whatever was necessary to provide his patients with the best medical care, based on the latest medical evidence available no matter how much time he had to sacrifice. He could not fall back on time constraints or the fact that he trusted only four journals.

The Chief of Medicine left, a lot less openly arrogant and self-assured. He was not able to give a single argument to support his intellectually bankrupt concept of medicine.

It reminded me of the title of a book I had recently purchased: Intellectual Morons. He certainly fit the description. Before he left, I reminded him it was doctors like him who were the problem in modern medicine -- arrogant, condescending to patients and certain the medical care protocols

established by the elitist academicians were holy writ. Further, it was because of such an attitude that patients by the millions were leaving the medical care system, and seeking answers from so-called alternative medicine.

Patients were fed up with having drugs and treatments shoved down their throats that only led to more misery and rarely helped their disease.

The Danger of Regimentation

The practice of medicine has changed drastically in the world, especially in this country. When I first entered the world of medicine, doctors were able to practice independently, always maintaining a close relationship between themselves, the patient and the patient's family. Creative, caring doctors could alter their care to match new developments in medicine and nutrition to the greatest benefit of their patients. Third parties such as insurance companies, government and medical elite were held at bay.

Yet, the new thinking is that the practicing physician, and especially the patient, is unable to make these decisions. Instead, they are to follow a system of regimented medicine that assigns treatment protocols the physician is to blindly follow.

Elite boards appointed by medical associations, such as the American Medical Association, American Academy of Family Practice and others, design these treatment protocols and hand them down to the "ignorant automatons" making up the vast majority of treating physicians. They are to follow these regimented treatments without question and to the letter.

The new breed of doctor, like my brother's doctors, fits this new pattern well. They are convinced this "cookbook" medicine is superior and their elite journals and medical associations know best. Like members of the society Aldous Huxley described in *A Brave New World*, they are mere cogs in the wheel of the state's machinery. They do not question the authorities or the wisdom of their decrees. They do what they are told. They are unable to think for themselves.

In fact, I asked Charles' doctor, "Can you not think for yourself?" She looked at me sheepishly and said, "I just trust the Chief of Medicine."

I also reminded the arrogant Chief of Medicine these elite decision-making bodies have been racked with scandals that involved financial connections to pharmaceutical companies and other medical product manufacturers. In addition, similar scandals occurred among the editorial staff of one of his favorite journals, the *New England Journal of Medicine*.

This collectivist regimentation of medicine will only get worse. Families are now excluded from medical care decisions, doctors do not talk to families, the entire hospital experience is shrouded in secrecy and patients have no say in their care. While more innovative doctors can alter the protocols or even reject them, soon they will not have that option. To deviate from the collectivist plan is to invite the wrath of the legal system.

Fear of Financial Ruin

Litigation pushes many physicians into following elitist protocols out of fear of financial ruin. In fact, these protocols have become the "standard of care" used by the legal system. Unfortunately, doctors, like those who killed my brother, are being turned out of medical schools all over the country like robots. They repeat the mantra of collectivism as if they thought of it themselves. To this new breed of doctors, individualism and independent thought is to be discouraged and reviled. Dependence on elite leaders will be automatic.

As an example, I recently spoke to a large group concerning the harmful effects of glutamate, explaining it is now known that glutamate, as added to foods, significantly accelerates the growth and spread of cancers. I asked the crowd when was the last time an oncologist told his or her patient to avoid MSG or foods high in glutamate. The answer, I said, was never.

After the talk, a crowd gathered to ask more questions. Suddenly, I was interrupted by a young woman who identified herself as a radiation oncologist. She angrily stated, "I really took offense to your comment about oncologists not telling their patients about glutamate."

I turned to her and asked, "Well, do you tell your patients to avoid glutamate?" She looked puzzled and said, "No one told us to." I asked her who this person or persons were whose job it was to provide her with this information. I, then, reminded her that I obtained this information from her oncology journals. Did she not read her own journals?

Yet, this is the attitude of the modern doctor. An elitist group is in charge of disseminating all the information physicians are to know. If they do not tell them, then, in their way of thinking, the information was of no value. Of course, 10 or 20 years from now, it may be the new standard and on all the protocols.

How many cancer patients will have died during the long wait for the elitists to conclude the information was important? A million? Five million? Do they even care?

In my conversation with the two physicians responsible for my brother's "care," they obviously didn't care.

It is too late for my brother. But, maybe, just maybe, if enough people decide they do not care to leave their fate and that of their loved ones in the hands of these arrogant regimented physicians, something will change.

Russell L. Blaylock, M.D.

Neurosurgeon

Ridgeland, MS 39157

(Dr. Blaylock is author of *Excitotoxins: The Taste That Kills, Health & Nutrition Secrets to Save Your Life* and *Cancer Strategies*, <http://www.russellblaylockmd.com>)