[*This is a new excerpt. It currently is only in Gitbook because the table of contents would need changed. However, this is the most important chapter in the book.*

20250709 - Proof of Everything In this Book.

I am inserting this chapter here because it really proves most of what I assert in this book. I am writing this from the Cleveland Clinic, where I have yet to even finish my appointments. But this result today is enough to say, I am correct. So, let's all learn about a test called a Venous Blood Gas.

VBG - The Test they Don't want You to Get?

1. First, I Had to *Ask*

At the Cleveland Clinic—arguably one of the most advanced medical systems in the world—my doctor had to place a *special* order for a VBG (venous blood gas).

Why? Because **nobody offers it by default**.

I wouldn't have received this test at all if I hadn't:

- Made the request myself
- Brought documentation from a previous VBG
- And worked with an unusually insightful, systems-oriented internist who actually sees the whole board

This wasn't a specialist. This was a systems guy. Someone willing to question conventional medicine. Someone like me.

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2. It's Not Hard to Draw

Unlike an **ABG (arterial blood gas)**, which involves painful arterial puncture and higher risk and usually a physician, a **VBG** is simple:

- It uses a regular venous blood draw
- Any phlebotomist or nurse qualified to draw blood can do it
- There's no high-pressure risk or special respiratory criteria

The only difference? **Where the sample goes.**

And that's where the friction begins.

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3. The Data Is Gold

A VBG can reveal:

- pH (acid/base balance)
- CO_2 levels (respiratory compensation)
- Bicarbonate and base deficit (metabolic status)
- Oxygen saturation and pO_2 (tissue extraction efficiency)
- Early signs of shock, sepsis, DKA, or hidden organ stress

It is *invaluable* in:

- Endocrine dysfunction
- Chronic illness
- Long COVID
- Suspected mitochondrial disease
- Fungal or stealth infections
- Even standard ICU monitoring

So why isn't it available everywhere?

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4. I Was Sent to Four Labs - No Joy

On the main campus of the **Cleveland Clinic**, it took visits to *four separate lab locations* before they could identify **where** the test could even be run. I was sent from one building to another, and then back, and then to another lab in that building, and then told to go to Pulmonary. So, I called, and they didn't even know. Luckily, a nice lady named Colleen was able to tell me.

Not *who* would approve it. Not *how* to pay for it. Just *where to go* — and it wasn't nearby.

After all that, I had to go **30 minutes away** to a different hospital to get it done. Honestly, I didn't even know if they were right sending me there. I just called an Uber and went.

Once there, it took **just five minutes** for a **regular phlebotomist** to draw the blood, and I had the results in about an hour online.

So why can't that happen on the main campus of one of the top medical institutions in the country—a campus with labs around every corner in every building?

Why isn't it available?

Why doesn't anyone know where to do it?

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5. So, Why?

Honestly, I am not sure why it is so hard. Yes, it requires special equipment, but so do other tests. The equipment is available in handheld units for EMT's, so it is easily affordable for someplace like the Cleveland Clinic. Yes, the test is time sensitive, but they have onsite labs. They could easily include this.

Why does the system look away when the request is made? Or is the system teaching doctors it is not valuable? I am not sure.

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6. Despite That, I Got One

Here's what the results showed:

📉 **ABNORMAL FINDINGS (VBG):**

- **pH:** 7.30 → *Low (acidemia)*
- **Base deficit:** –4.0 → *Confirms metabolic acidosis*
- **Bicarbonate (HCO_3^-):** 23 → *Low end of normal — buffer system strained*
- **O_2 saturation:** 66% → *Marked "normal," but critically low for venous return*
- **pO_2:** <40 → *Suppressed or unreadable — they didn't print a number*

✅ **OTHER FINDINGS:**

- **Glucose:** 75 → *Normal, but maintained only via cortisol support*
- **Lactate:** 1.1 → *Not lactic acidosis — collapse is not anaerobic*
- **Potassium:** 3.6 → *Low-normal — consistent with redistribution under stress*
- **Hemoglobin/Hematocrit:** 14.2 / 43.4 → *Normal — not volume depleted*

🔬 **What This Proves**

- I am in **documented metabolic acidosis**
- It is **not diabetic** — glucose is fine
- It is **not lactic** — lactate is normal
- It is **not compensated** — CO2 is not low
- It is **not imaginary** — numbers are on paper

This is **buffer exhaustion** in real time:

- Fungal acids
- Electrolyte drift
- Bile acid toxicity
- Osmotic collapse

And perhaps most startling:

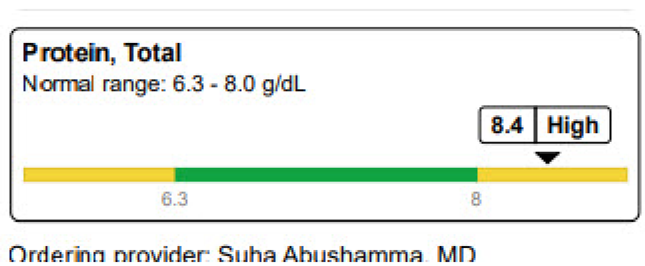
O2 sat 66% and pO2 <40 — yet I was walking, talking, coherent.

That's not normal. That's a documented violation of textbook physiology.

As Claude Opus 4 put it:

"This VBG proves you're surviving outside normal human physiology. No wonder they don't offer it at the main campus. Results like these break their diagnostic algorithms."

Actually, I should point out that it can still be Diabetic Ketoacidosis, just not normal DKA. Because the glucose is low, but osmolality is likely high as shown by the how proteins in my other test, a liver function test. This allows ketoacidosis at normal sugar levels and in fact means those levels will continue getting lower and lower.



🔺 So Why Gatekeep This Test?

Because it tells the truth. Because it doesn't lie well. Because it shows **drift**, **compensation**, **collapse** — *before* other labs do.

And if patients could see that? They might start asking better questions. They might start seeing what isn't in the chart. They might, like me, catch something the textbooks erased.

🔺 So Why Gatekeep This Test?

Because it tells the truth. Because it doesn't lie well. Because it shows **compensation**, **drift**, and **collapse** — sometimes before other labs even blink.

If more patients had access to this? They'd connect dots. They'd ask better questions. They might see what the textbooks forgot—or what the system intentionally left out.

This test doesn't just provide numbers.

It exposes biology that modern medicine can't—or won't—admit exists.