We use the term red flag symptom to indicate a symptom which requires a medical evaluation. The critical fact is that some symptoms which may appear to be minor or common may in fact indicate serious or even life-threatening disease. Once these symptoms are seen in a case, the “red flag” goes up, and a referral is required unless the individual has already had the symptom evaluated by a licensed health care provider. Care must be taken, for both legal and ethical reasons, not to diagnose based on the symptoms unless trained and licensed to do so. What follows are some common red flag symptoms, and some of the serious or life threatening conditions that may cause them. THIS IS NOT A COMPLETE LIST.

**Headache**
The symptoms of life-threatening causes of headache may be indistinguishable from minor causes.

- **Minor causes**
  - Stress, fatigue, hangover, tension

- **Non life-threatening causes associated with specific diseases**
  - Minor respiratory viral or bacterial infection, minor fever, migraine, cluster headache, sinus infection, trigeminal neuralgia, glaucoma, West Nile fever, past-head injury, medication side-effects, anemia

- **Glaucoma (with eye pain, blurry vision)**

- **Potentially life-threatening causes**
  - brain tumor, temporal arteritis, recent head injury, subdural hematoma, brain hemorrhage, high blood pressure, stroke, viral or bacterial meningitis, West Nile encephalitis or meningitis, dehydration

Key symptoms of meningitis: severe headache that occurs for no obvious reason, is persistent, and is accompanied by fever, nausea and a stiff neck.

Almost anything in any body system that goes wrong with a human being can cause headache. Very thorough and skillful questioning is often needed to have an idea of the cause.

Previously stable, chronically recurrent headaches that begin to worsen are a red flag and need a referral.

**Sore throat**
A sore throat is usually self-limiting and will respond to simple remedies. A sore throat that is unusually severe or that lasts longer that four days without responding to simple remedies and rest should receive a medical check-up.

The chief risk of a sore throat is that an untreated strep infection may have systemic consequences in the heart or the kidneys. Strep infection does not have any distinctive characteristic, such as severity or intensity, that would distinguish it from a viral throat infection, and the distinction must be made with lab testing. However if client has a fever >100, no nasal congestion, and has visible pus on tonsils, they are very likely to have strep throat.

Sore throat when accompanied by other symptoms such as swollen glands and fatigue may indicate a more serious illness of the immune system, such as mononucleosis or HIV infection.

Other possible causes:
- Viral infection (most common)
- Acid Reflux
- Diphtheria
- Gonorrhea or other sexually transmitted disease
- Peritonsillar abscess
Swelling and itching of lips
Allergic reaction. Can escalate to anaphylactic shock and death in minutes or hours.

Neck pain
The most common cause is muscular, sometimes secondary to subluxation. Other possible causes may not produce specific symptoms that the herbalist can distinguish from simple muscle spasm.
Other possible causes
Recent or older connective tissue injury
Disc injury or other spinal injury
Arthritis of the cervical spine
Chronic degeneration of the spinal bone material
Thyroiditis
Inflammation of the carotid artery
Enlarged glands secondary to infection or cancer.

Back Pain
Although most back pain is musculoskeletal in nature, such pain may be indistinguishable from much more serious causes such as abdominal or pelvic disease or cancer. Remember that the back is also the back of the abdominal, pelvic and thoracic cavities.
Causes
Injury
Compression fracture (underlying osteoporosis or cancer)
Muscle spasm
Disc disease – if accompanied by changes in bowel/bladder function (incontinence) or changes in extremity strength = immediate urgent evaluation, risk of paralysis. If radiates down leg, refer for eval for sciatica/nerve root compression.
Osteoporosis
Liver or gall bladder disease
Acute pancreatic disease
Kidney disease/infection – esp if recently “resolved” UTI
Prolapsed internal organs, including the uterus
Ovarian cancer
Abdominal cancers or cancer of the bone
Heart attack pain may radiate to the back

Shoulder Pain
Although most shoulder pain is musculoskeletal in nature, serious potential causes are angina pectoris, heart attack, and some cancers, including lung cancer (Pancoast tumor).
Other specific possible causes
Injury
Bursitis
Tendonitis
Arthritis
Disc disease
Irritation of the diaphragm
Frozen shoulder (adhesive capsulitis)
Leg pain
Pains in the leg may reflect systemic disease of the circulatory, nervous system, musculoskeletal, or immune system (autoimmunity). Some leg pains caused by venous system disorders may lead to blood clots that can break free and cause pulmonary, embolism heart attack, stroke, or other serious problems. Other than simple muscle pains, some possible causes are:
Arteries blocked by atherosclerosis (intermittent claudication – pain occurs reliably after walking a specific distance, better with rest)
Varicose veins
Phlebitis
Arthritis or gout
Disc disease in the lower spine
Electrolyte or mineral imbalances
Nerve disorders secondary to autoimmune disease or diabetes

Chest Pain
Pain from disorders of the esophagus and stomach may be indistinguishable from cardiac pain. Remember that the heart is adjacent under the rib cage to both the esophagus and the stomach. Some causes of chest pain:
Muscle spasm
Dislocation of the rib
Fractured rib
Disc problems
Heartburn
Esophageal spasm
Hiatal hernia
Pheumonia
Pleurisy
Pneumothorax (collapsed lung)
Pulmonary embolus (blood clot in lung)
Angina pectoris
Heart attack
Pericarditis
Breast disorders

Abdominal Pain
Sudden onset of severe and unfamiliar abdominal pain is among the most potent red flag symptoms possible. Any severe, persistent, or worsening abdominal plan requires a referral for medical evaluation. This includes pelvic pain in the lower abdomen. Note that even among medical professionals, the differential diagnosis of abdominal pain is considered difficult, and there is no easy or infallible formula for diagnosis based on location in the abdomen or quality or radiation of pain. Some conditions are listed below by quadrant, but atypical cases may occur with the pain experienced in a quadrant other than its typical expression.

Right Upper Quadrant
Liver disease
Gall bladder disease
Pancreatic disease
Duodenal ulcer
Diverticulitis
Colitis (upper portions of colon)
Kidney disease
Pneumonia or pleurisy

Left Upper Quadrant
Hiatal hernia
Stomach disease, gastritis, ulcer, or cancer
Duodenal ulcer
Disorders of spleen, especially enlargement
Pancreatic disease
Pneumonia or pleurisy
Diverticulitis

Right Lower quadrant
Appendicitis
Bowel cancer
Ulcerative colitis or Crohn’s disease
Irritable bowel disease
Kidney disease
Ectopic pregnancy
Pelvic inflammatory disease
Ovarian cysts or tumors
Endometriosis
Uterine fibroid or cancer
Diverticulitis

Left Lower Quadrant
Same as for right lower quadrant, except appendicitis (although there are rare anatomical variants where the person has their appendix on the left, so even this can’t be ruled out completely without further investigation)

Rectal or anal pain
The most common cause is hemorrhoids, but the pain may be indistinguishable from that caused by some of the following:
Colitis
Polyps or ulcers
Diverticulitis
Tumor
Prostate disorders, including cancer
Pelvic inflammatory disease
Ovarian cyst
Appendicitis
Proctalgia fugax

Menstrual pain
Some menstrual pain is common, but excessive pain that interferes with normal activity requires a checkup.
Some medical conditions that may have menstrual pain as a symptom
Cervical obstruction
Endometriosis
Cervical or uterine polyps
Ovarian cysts
Some potentially life-threatening conditions which may have menstrual pain as a symptom
Pelvic inflammatory disease
Cervical, uterine, or ovarian cancer

**Increasing swelling, pain after injury**
Infection of tissue, tendon or bone (cat bites are particularly prone to osteomyelitis as they tend to be deeper)

**Pain worsening progressively over weeks to months**
Ongoing tissue damage – threat of irreversible tissue damage from serious medical condition (cancer, nerve damage, post-traumatic or post-surgical pain syndrome, inadequate blood supply to tissues).
Progressively worsening pain after surgery is never normal and should be referred back to the surgeon.

**Pain previously stable and chronically referring that worsens**
General red flag for new tissue necrosis, disease or injury. This can include headaches.

**Fever**
Fever is usually a healthy response to infection, and it is usually unhealthy to suppress it – suppression of fever with medications usually also suppresses overall immunity and may prolong illness. A dangerous complication of high fever may be dehydration. An otherwise normal fever rising higher than 104 is a red flag for possible dehydration. Chronic low-grade fever is always a red flag and requires medical investigation.

Some potentially dangerous causes of fever.
Strep throat: may have sequelae of heart disease/kidney damage.
Mastoiditis
Sinusitis (can form fatal abscess)
Chronic bacterial, fungal, or parasitic infection
Abscess
Autoimmune disease
Heatstroke
Blood clot in the lungs
Cancer
PID

**Nausea, Vomiting**
A medical evaluation is necessary in all cases of chronic rather than acute nausea. Even mild chronic nausea or appetite loss can be the symptom of a serious disease. Acute vomiting is usually from harmless causes, but may also be caused by serious conditions such as acute kidney infection or inflammation.

Common benign causes
Food poisoning
Motion sickness
***Pregnancy
Migraine
Drug side effects

Serious or life-threatening conditions
Peptic ulcer (common)
Pancreatic disorders
Hepatitis
Gall bladder disease
Inner ear disorders which may themselves reflect major systemic disease
Kidney disease
Heart attack (with sweating, chest pressure, shortness of breath
Cancer
Appendicitis
Bowel obstruction (can be secondary to cancers, hernias, diverticulitis)

Hematemesis (vomiting of blood)
Ulcer
Cancer
Ruptured blood vessels – eg. Esophageal varices (esp alcoholics) – can be fatal

Diarrhea
Chronic diarrhea in other than brief self-limiting infections requires a medical evaluation.
Some causes
Food poisoning
Viral, bacterial, or parasitic infection
Food Intolerance
Irritable Bowel Syndrome
Inflammatory Bowel disease
Malabsorption syndrome
Hyperthyroidism
Diabetes

   Acute bloody diarrhea with fever is a red flag for serious enteritis such as a dysentery infection or inflammatory autoimmune bowel disease (Crohn’s/UC). These need urgent evaluation even if of short duration.

Abnormal stool color
Red blood in stools
The usual cause is hemorrhoids. If feeling sick or feverish, a physician should be consulted immediately. Other causes: Ulcerative colitis or Crohn’s Disease; Colon cancer or polyps; Beets
Black, dark, or containing dark material
A possible sign of bleeding high in the digestive tract – ulcer or cancer – these can proceed to fatal hemorrhage
Pale, ash-colored, or white
A possible sign of biliary obstruction, especially if accompanied by dark urine and or yellowing of the whites of the eyes or the skin.

Abnormal Urine
Urine has a wide range of normal colors and consistencies.
Milky yellow - may be due to pus in the urine from an infection
Dark yellow - dehydration
Dark brown, tea-colored, “Coca cola urine” - may be a sign of liver disease
Red - blood may be a sign of infection, cancer, kidney stone, or other kidney disease

**Abnormal Sweating**
Sweating in response to exercise, heat, fever, stress, or during menopause is normal. Night sweats during normal weather and temperature, may be due to fatigue, exhaustion, or menopause, but may also a sign of serious illness, such as cancer or AIDS.
Some other possible serious causes:
Hyperthyroidism
Low blood sugar in diabetes
Heart attack – Sudden unusual sweating is sometimes the first sign of a heart attack.

**Fatigue**
Unusual fatigue is a common cause for a medical visit, when the patient perceives that their level of fatigue is not normal. Any chief complaint of fatigue requires a medical evaluation. Statistically, 50% or more of patients with fatigue as the reason for their medical visit receive a disease diagnosis after workup. Fatigue, for instance, is sometimes the first subjective symptom in diabetes or cancer.
- Chronic fatigue with shortness of breath and/or chest pain is a red flag for significant cardiopulmonary disease.
- Chronic fatigue with enlarged lymph node(s) and/or abdominal mass is a general red flag for the possibility of widespread cancer.
- Chronic fatigue with unexplained/unintended weight loss is a red flag for cancer.
- Chronic fatigue with jaundice is a red flag for serious liver disease.
- Chronic fatigue with weakness, muscle pain and sleep disturbance is a red flag for CFS/fibromyalgia.

**Lymphadenopathy – single/global**
While this can be benign, it is a red flag for cancer. A single painless node is equally or more ominous than many. Unilateral, painless lymph node swelling in neck, arm or groin is a red flag for lymphoma. Generally these are recommended to be biopsied for diagnosis. Early lymphoma usually has no other symptom than this.

**Difficulty breathing**
Any unusual shortness of breath may be due to heart, lung or metabolic (anemia etc.) disease and requires a prompt medical evaluation. Sudden appearance of shortness of breath requires immediate medical attention. Blueness of lips and nail-beds is a red flag for severe hypoxia – needs immediate attention. Sudden shortness of breath at night can be a red flag for CHF.

**DOE (dyspnea on exertion)**
Cardiopulmonary disease

**Numbness, Tingling**
The most serious cause of gradually developing numbness and tingling is neuropathy from causes such as multiple sclerosis or diabetes. They may also be caused by vitamin deficiencies or musculoskeletal misalignments putting pressure on nerves. Neuropathy in vegans due to vitamin B deficiencies can be serious and irreversible. Sudden onset of numbness or tingling accompanied by symptoms such as blurred vision, confusion, speech difficulties, or weakness or paralysis require an immediate call to a physician.
• An increasingly painful area that turns numb is a red flag for total sensory nerve destruction. This can occur in many conditions, commonly carpal tunnel, spinal nerve entrapment, etc. Can rapidly lead to irreversible loss of strength and function.

• Short episodes (15min) of unilateral tingling/numbness that resolves completely is a red flag for TIA (transient ischemic attack – a “mini-stroke”)

• Slow onset of patchy numbness and weakness in more than one body area is a red flag for MS (multiple sclerosis).

Hair loss
Most common cause is anemia
Also commonly caused by hypothyroid, fungus, idiopathic.

Skin
Dry or thickening skin can be a presenting sign of hypothyroid. Recurrent or non-resolving fungal or bacterial infections can be a sign of immune compromise. One very common cause of immune compromise is undiagnosed diabetes, but of course there are others. Rashes of unknown origin can also occur with GI parasitic infections and liver inflammation. Skin changes with intense pain persisting for many weeks after trauma is a red flag for complex regional pain syndrome. (10% of cases occur with no known trauma.) Growth or change in a dark skin lesion is a red flag for malignant melanoma. Any change in a mole in factors ABCD (asymmetry, border, color, diameter) should be evaluated by a diagnostician.

Joint pain
Besides the common arthritis or overuse injuries, these can be a sign of inflammatory bowel disease (ulcerative colitis/Crohn’s), many autoimmune diseases, systemic gonorrhea.

• Persistently inflamed joint is a general red flag- permanent joint and tissue damage may occur if not adequately treated.

• Autoimmune diseases such as lupus and RA can cause life threatening systemic attacks on the kidney and heart. (Lupus has a 15yr survival rate of 80% in the US – in other words, 20% of people with lupus die within 15yr of the diagnosis.)

• Acute joint pain or inflammation following surgery is urgent/serious – generalized sepsis and death can occur in 24hr.

• Joint inflammation without recent injury/trauma requires urgent referral as it is always due to a serious underlying condition.

• Persistent and chronic joint inflammation that worsens can lead to permanent destruction of bone and cartilage and need urgent attention.

• Progressive, non-inflammatory joint pain with or without abnormal joint motion or swelling is a red flag for serious joint degeneration.

• Severe pain and swelling in a joint immediately after trauma is a red flag for ruptured arterial vessels.

Bones
• Progressive and unremitting bone pain is a red flag for bone cancer.

• Unexplained fracture caused by minimal or unidentified trauma is a red flag for pathological deterioration of the bone (osteoporosis, cancer, other illness that weakens bone)

• Severe immediate pain, numbness, weakness and/or loss of function after trauma is a red flag for fracture or disruption of a vital structure. This remains a red flag even if the pain gets a little better over time.
• The idea that “if you can move it, it’s not broken” is a myth. However, fractures are always tender to palpation.

**Anemia**
If a client mentions that they have or have had this, you need to find out why and how severe. Anemia can become life-threatening, people can get to where they need a transfusion while walking and talking. It is also a marker for other dangerous conditions such as GI bleeding, cancer, etc. – important to remember that anemia is not a diagnosis, it is a symptom.

**Weight loss/Underweight**
- Diabetes
- HIV
- Cancer
- Hyperthyroidism (this can be life threatening)
- Celiac
- Crohn’s/Ulcerative Colitis (Inflammatory Bowel Disease)
- Anorexia

**Weight gain/Overweight**
- Diabetes
- Hyper or hypothyroidism
- PCOS (Polycystic Ovarian Syndrome)

**Vision changes**
- Diabetes
- Cataract, glaucoma
- Retinal detachment
- Thyroid disease
- Autoimmune disease (MS, Sjogren’s, others)
- Inflammatory bowel disease (Crohn’s/UC)
- Brain tumor

**Tinnitus**
120 causes – clinics exist devoted solely to tinnitus.
- Age related hearing loss
- Medication toxicity
- Atherosclerosis
- Tumor
- Meniere’s
- Anxiety/overbreathing
- TMJ

**Hearing loss**
- Acoustic neuroma (tumor of cranial nerve) (usually unilateral hearing loss)
- Age-related hearing loss
- Ototoxic medication
- Atherosclerosis
- Impacted cerumen
**Dizziness/Vertigo**
This is another that can be caused by almost anything.
Arrhythmia (client or clinician may feel irregular heart rhythm)
Congestive heart failure (may have DOE, SOB, bilateral LE edema and chest pain concurrent)
Lung disease (COPD, bronchitis, pneumonia)
Depression
MS
Brain tumor or other intracranial mass (may have other neurological sx)
Diabetes
Hypoglycemia (may feel jittery due to compensatory catecholamine release)
Toxins in blood (medications, substances – may be episodic or long-lasting depending on half-life and adherence to dosing schedule)
Seizure disorder (may have subtle seizures such as absence seizure)
Head injury
Stroke
Inner ear disorder or tumor
Dehydration
Heat exhaustion/prostration
Pregnancy
General debilitation and malnutrition
Anemia (too few RBCs to carry sufficient oxygen to the brain – SOB/dizziness may be more chronic and less episodic)
Benign positional vertigo
Anxiety/overbreathing
Orthostatic hypotension (severe drop in blood pressure upon standing up, near fainting – mbdt dehydration, overmedication with antihypertensive meds, or many dysfunctions of cardiovascular, neurological, endocrine, or renal systems – drop in BP upon standing after lying (20+mmHg systolic/10+mmHg diastolic) needs full medical workup
Low blood pressure

**Cervical dysplasia/HPV**
If untreated/untracked, can progress to cervical cancer. Anyone with hx should be getting regular Paps each year (unless told by doctor they don’t need one x 3yr)

**Pain during intercourse**
PID
Endometriosis
Lack of arousal
Post-menopausal atrophy
Sjogren’s syndrome
Interstitial cystitis
Vulvar vestibulitis

**Pain on orgasm**
Prostate disorder
**Vaginal discharge**
Gonorrhea/Chlamydia cervicitis
PID
Candida/Bacterial Vaginosis

**Vaginal bleeding**
Miscarriage
Anovulatory bleeding
Uterine/Endometrial cancer (if >1yr after menopause)

**Amenorrhea (lack of menses)**
Pregnancy (check everybody!!) – clinic case of ectopic: n&v, chronic pelvic pain, bloody stool, “can’t get pregnant”, chronic irregular cycles -> MMJ.-> ER.
PCOS
- Amenorrhea, anorexia and athleticism in young women is called “female athletic triad” and is a risk for lifelong osteoporosis. Client should be referred for bone health screening.

**Nipple retraction and/or breast lump**
Breast cancer
Painful lump may be fibrocystic. Breast cancer is most commonly a painless lump.

**Testicular mass**
Painless: testicular cancer
Painful: can be secondary to STI

**Heart palpitations**
Anxiety
Hyperthyroidism
Arrhythmia – can be lethal
Valvular disorder

**Mouth sores**
Inflammatory bowel dz
Celiac
Pernicious anemia
Oral cancer

**Excess salivation**
Cholinergic toxicity

**Infrequent urination**
Kidney failure
Dehydration

**Frequent urination**
UTI/kidney infection
Diabetes
Prostate disorder

**Weak urinary stream, straining to begin urination, stop/start mid-urination**
Prostate disorder

**Incontinence**
MS
Spinal injury
Cancer

**Bradycardia (slow heartbeat)**
This may be benign in athletes
If heartbeat does not increase with activity, red flag for sick sinus syndrome (may also have dizziness, shortness of breath, fatigue, weakness, fainting) – can be fatal and often needs pacemaker.
Overmedication with beta blockers
Vagal neuropathy – can occur in DM, alcoholism, inflammatory bowel dz, celiac (may also have hoarseness, dysphagia, impaired GI motility, postural hypotension)

**Tachycardia (>100bpm)**
Hyperthyroidism
Atrial fibrillation (with irregular pulse): a life-threatening arrhythmia – needs immediate assessment
(decision would be whether you drive them to ER yourself or call 911)

**Increased appetite, Increased thirst**
Diabetes

**Constipation**
Colon ca (if lucky, causes sx. Any persistent change in bowel habits can be a sign of cancer, if accompanied by weight loss in a person over 50yo this is a severe red flag. Over 50yo is supposed to have routine screening for colon CA even if no sx.)

**Bloating, dyspepsia, early satiety, gas pain**
Ovarian cancer

**Cough**
Lung cancer
Asthma
GERD (which over many years can lead to throat cancer)

**Hemoptysis (coughing up blood)**
Pneumonia
Lung cancer
Tuberculosis

**Edema (swollen legs, pitting or non-pitting)**
Congestive heart failure
Benign causes: heat, flying
Thyroid disease
Liver/kidney disease
- One-sided ankle/calf swelling or asymmetrical bilateral swelling is a red flag for deep vein thrombosis (a blood clot in a vein of the leg). If dislodged these can travel to the lungs and cause death within minutes from pulmonary embolism. If accompanied with chest pain/shortness of breath, call 911; if not, keep client from walking and arrange transport to ER.

Heartburn
Chronic esophagitis – can progress to cancer
Throat cancer (over longterm)

Liver inflammation/elevated liver enzymes/ “fatty liver”
Cancer
Cirrhosis
Hepatitis

Weakness of extremities
Stroke
Vertebrobasilar artery insufficiency

Depression
The chief health risk of depression is suicide, and a critical question on intake is whether there are thoughts of suicide or not. Up to 1/3 of patients reporting suicidal ideation will make an attempt if not treated effectively. It has been well determined that asking a person frank questions about suicidal thoughts will not plant ideas in their head or encourage them to commit suicide – on the contrary it can be a relief to discuss openly.
Depression followed by euphoria is a red flag for bipolar disorder.
Depression is often a sign of a systemic deficiency or disease, so with any report of depression (pessimistic, hopeless, helpless feelings), a medical evaluation is prudent. See fatigue above.

Panic attacks/anxiety
Hyperthyroidism
Adrenal tumor
Caffeinism
Panic disorder itself may be disabling.

Personality changes, social withdrawal, unstable relationships, evasiveness, decreased academic/work performance
Red flags for drug/alcohol problems

Hearing loss
Infection
Medication ototoxicity
Age-related
Impacted cerumen
Brain tumor

Night sweats
TB
AIDS
Cancer
Menopause
Hyperthyroid

**Syncope (fainting)**
Arrhythmia, sick sinus syndrome
Orthostatic hypotension
Seizure (client may not have, or may not be aware they had, tonic-clonic motion)
Alcohol/substance use/withdrawal
Metabolic abnormality (altered electrolyte status)
Narcolepsy

**Progressively decreasing mental function/confusion at any age**
Dementia
Alzheimer’s
Small strokes/TIAs
Tumors
Metabolic problems
Toxicity (drugs, substances)
Neurodegenerative disorders
Head injury (can occur after minor head injury that client has forgotten, can occur months after head injury, can have slow onset of sx due to bleeding in brain – may also have slurred speech, difficulty balancing/walking, headache or lethargy – elderly may be likely to write these off as age-related, and elderly vessels are particularly fragile and prone to injury)

**Inattention, hyperactivity interfering with daily function**
ADHD (can be dx in adult as well as child)
Bipolar
Conduct disorder
Oppositional-defiant disorder
Depression
Substance abuse

**Repetitive non-useful motions**
Autism (child)
Medication side effect
Parkinsonism

**Hallucination, delusions, tangential thinking**
Schizophrenia (risk of self-harm or harm to others)
Drug/alcohol use

**Slurred speech**
Stroke
Drug/alcohol
Other neurological disorder

**Snoring, gasping during sleep**
Sleep apnea (may also have fatigue – client may need to ask partner about sleep sx)
Unexplained or poorly explained trauma
Abuse or neglect

If people are reluctant to act on a referral, it’s a good idea to elucidate their resistance and problem-solve about it. Are they worried about money, worried about finding out something is really wrong, worried about their doctor not listening, worried about not wanting to take allopathic treatment?