

The Root Cause Evidence Filter

Separating Real Functional Medicine from \$6,000 Scams — A Physician-Reviewed Guide

The \$6,000 Problem

The average functional medicine patient spends \$6,000–\$12,000 out of pocket before receiving a clear diagnosis — or giving up. Some of that money funds legitimate investigation that conventional medicine missed. Some of it funds pseudoscience dressed in lab-coat credibility.

This guide gives you a framework to tell the difference *before* you spend the money. It won't tell you what's wrong with you — but it will help you evaluate whether the person claiming to know is credible.

Who This Guide Is For: Anyone considering functional or integrative medicine who wants to separate evidence-based root cause investigation from expensive theater. Especially useful if you've been told you need \$3,000+ in specialty lab testing.

⚠ Important Nuance: This guide is not anti-functional medicine. Some functional medicine practitioners do excellent, evidence-based work that fills genuine gaps in conventional care. The problem is distinguishing them from practitioners who exploit patients' frustration with conventional medicine. That's what this filter is for.

The 4-Level Evidence Hierarchy for Functional Medicine Claims

Not all "root cause" claims are created equal. Use this hierarchy to evaluate any treatment, test, or diagnosis your practitioner recommends:

● Level 1: Strong Evidence — Conventional Medicine Agrees

What it looks like: Multiple randomized controlled trials (RCTs), systematic reviews, or meta-analyses support the claim. Mainstream medical organizations acknowledge the condition and treatment.

Examples:

- Thyroid dysfunction causing fatigue (TSH, Free T4, TPO)
- Iron deficiency causing brain fog (even without anemia — ferritin <30)

- Celiac disease causing GI symptoms (tTG-IgA + biopsy)
- Sleep apnea causing fatigue and cognitive issues (polysomnography)
- Vitamin B12 deficiency in patients on PPIs or metformin
- SIBO causing bloating (lactulose breath test, though imperfect)

Your action: Proceed with confidence. Request these tests from any physician. Insurance usually covers them.

● Level 2: Emerging Evidence — Plausible, Studies Exist, Not Yet Mainstream

What it looks like: Some RCTs or large observational studies support the claim. Mechanism is biologically plausible. Academic medicine is studying it but hasn't fully adopted it.

Examples:

- Gut microbiome dysfunction contributing to mood/cognitive symptoms
- Low-dose naltrexone for autoimmune conditions
- Elimination diets for autoimmune symptom management
- Subclinical hypothyroidism (TSH 3–5) causing symptoms in some patients
- Mast cell activation syndrome (MCAS) in complex multi-system presentations
- Methylation-related issues (MTHFR variants with clinical correlation)

Your action: Worth exploring with a qualified practitioner. Ask for the specific studies they're referencing. Be cautious about expensive interventions without clear endpoints.

● Level 3: Weak Evidence — Theoretical, Mostly Anecdotal

What it looks like: Mechanism is plausible but clinical evidence is limited to case reports, animal studies, or small uncontrolled trials. Often extrapolated from basic science to clinical practice without validation.

Examples:

- Adrenal fatigue as a clinical diagnosis (adrenal insufficiency is real; "adrenal fatigue" is not a recognized diagnosis)
- Chronic Lyme disease requiring months of antibiotics (controversial — ILADS vs IDSA)
- Hair mineral analysis for toxin exposure
- Systemic candida overgrowth causing diverse symptoms

- IV vitamin infusions for general wellness

Your action: High skepticism warranted. If pursuing, set clear outcome markers and a time/cost limit before starting. Don't open-end this spending.

● **Level 4: No Credible Evidence – Pseudoscience or Disproven**

What it looks like: No plausible mechanism. No quality studies. Often relies on proprietary tests, testimonials, or conspiracy theories about "what doctors don't want you to know."

Examples:

- Live blood analysis / darkfield microscopy for diagnosing disease
- Applied kinesiology (muscle testing) for food sensitivities
- Homeopathic remedies for any condition
- HTMA (hair tissue mineral analysis) as a primary diagnostic tool
- Ionic foot baths for "detoxification"
- IgG food sensitivity panels as diagnostic tools (IgE is valid; IgG is not)

Your action: Walk away. Save your money. If your practitioner recommends these, reconsider the entire relationship.

15 Red Flags Signaling Pseudoscience

Any one of these is a yellow flag. Three or more? You're probably looking at an evidence-free practice.

1 "We treat the root cause, not symptoms" — as an absolute claim

Legitimate functional medicine acknowledges that some conditions ARE managed with symptom control. Anyone claiming they can find THE root cause of everything is overselling.

2 \$3,000+ in lab tests ordered at the first visit

Good clinicians order targeted tests based on clinical history, not shotgun panels. If they haven't taken a thorough history before ordering labs, the labs aren't based on clinical reasoning.

3 Proprietary tests only available through their office

Legitimate lab tests can be ordered through any reference laboratory. Proprietary tests usually have no external validation.

4 Selling supplements directly from their office with high markups

This creates a massive conflict of interest. If your practitioner profits from the supplements they prescribe, their recommendations are compromised. Some markup is reasonable; 300%+ is a business model disguised as medicine.

5 "Conventional medicine doesn't want you to know about this"

Conspiracy framing is a hallmark of pseudoscience. The medical establishment has plenty of flaws, but the idea that effective treatments are being suppressed is almost always unfounded.

6 Testimonials as primary evidence

Patient testimonials demonstrate satisfaction, not efficacy. Regression to the mean, placebo effect, and selection bias make testimonials unreliable evidence.

7 One diagnosis explains everything

"All your problems are caused by leaky gut / candida / toxins / parasites." Single-cause explanations for complex, multi-system symptoms are almost always wrong.

8 No clear timeline for improvement or re-evaluation

Evidence-based practitioners set treatment goals and timelines. If the answer to "when should I expect improvement?" is vague or indefinite, the treatment isn't being monitored properly.

9 Dismissing your conventional medications

Telling you to stop prescribed medications without consulting your prescribing physician is dangerous and unethical, regardless of the practitioner's philosophy.

10 "Detox" protocols lasting weeks or months

Your liver and kidneys detoxify your body continuously. Extended "detox" protocols with supplements have no evidence base and can cause harm (dehydration, electrolyte imbalances, nutrient depletion).

11 Heavy social media presence with health claims, light on credentials

Board-certified physicians rarely need Instagram to build a practice. If the marketing budget exceeds the evidence budget, proceed with caution.

12 Required long-term supplement regimens (10+ daily supplements)

If you need 15 supplements to function, the diagnosis is probably wrong. Targeted supplementation of documented deficiencies is evidence-based. Megadose cocktails rarely are.

13 "Membership" or "concierge" fees on top of visit fees on top of lab fees

Layered fees (membership + visit + labs + supplements) can easily total \$1,000+/month. Legitimate concierge medicine exists, but triple-dipping on revenue streams is a red flag.

14 Refusing to share results with your primary care physician

Any practitioner who doesn't want other doctors reviewing their work has something to hide. Coordinated care is always better than siloed care.

15 "Healing crisis" or "die-off reaction" to explain worsening symptoms

Sometimes called Herxheimer reactions, these are legitimate in specific antibiotic treatments for syphilis and Lyme. In other contexts, "you're getting worse because it's working" is the oldest pseudoscience trick in the book.

Lab Test Validation Guide: What's Real vs. Expensive Theater

Test	Evidence Level	Typical Cost	Verdict
Comprehensive metabolic panel (CMP)	● Strong	\$20–\$50 (insured)	Standard. Always reasonable.
Thyroid panel (TSH, FT4, FT3, TPO)	● Strong	\$50–\$150	Essential if fatigue/cognitive symptoms
Vitamin D (25-OH)	● Strong	\$30–\$60	Validated. Widespread deficiency.
Ferritin	● Strong	\$20–\$40	Often missed. Ferritin <30 = functional deficiency.
hs-CRP	● Strong	\$20–\$40	Validated inflammation marker
Homocysteine	● Emerging	\$30–\$70	Useful for cardiovascular + methylation assessment
DUTCH hormone panel	● Emerging	\$300–\$500	More detailed than serum. Useful in specific clinical contexts.
GI-MAP stool test	● Emerging	\$350–\$500	PCR-based. Better than older stool tests. Not yet standard of care.
Organic Acids Test (OAT)	● Weak	\$300–\$400	Metabolic snapshot. Clinical utility debated.
Mycotoxin urine panels	● Weak	\$300–\$700	High false positive rate. Clinical significance unclear.
IgG food sensitivity panels	● No evidence	\$200–\$600	IgG indicates exposure, not allergy. Not clinically validated.
Hair mineral analysis	● No evidence	\$100–\$300	External contamination makes results unreliable.
Live blood analysis	● No evidence	\$100–\$300	Pseudoscience. Not a legitimate diagnostic tool.

💡 **The Smart Patient Rule:** Before agreeing to any lab test over \$100, ask three questions: (1) What specifically will this test tell us that changes my treatment? (2) What's the peer-reviewed evidence for this

test? (3) What happens if the result is abnormal — what's the next step? If your practitioner can't answer all three clearly, the test is probably theater.

7 Root Causes Conventional Medicine Genuinely Misses

Not everything in functional medicine is pseudoscience. Here are seven areas where conventional medicine has legitimate blind spots — and where a good integrative practitioner adds real value:

1. Subclinical Thyroid Dysfunction

The gap: Conventional medicine treats TSH >4.5 (or >10 for some guidelines). Many patients with TSH 2.5–4.5 have symptoms that respond to treatment. The TSH-only approach misses Free T₃ issues and Hashimoto's with normal TSH.

Evidence level: ● Emerging — growing body of literature supports treatment at lower thresholds in symptomatic patients.

2. Iron Deficiency Without Anemia

The gap: Hemoglobin can be normal while ferritin is critically low. Conventional cutoffs (ferritin >12) are far too low — symptoms often improve when ferritin reaches 50–100. Particularly missed in menstruating women and endurance athletes.

Evidence level: ● Strong — multiple RCTs show symptom improvement with iron repletion even without anemia.

3. Food-Symptom Connections Beyond Allergy

The gap: Conventional medicine tests for IgE allergies (immediate reactions) and celiac disease. Non-celiac gluten sensitivity, FODMAP intolerance, and histamine intolerance are legitimate conditions that don't show up on standard allergy panels.

Evidence level: ● Emerging — elimination diets with systematic reintroduction are the gold standard (not IgG panels).

4. Medication-Induced Nutrient Depletion

The gap: PPIs deplete B12 and magnesium. Metformin depletes B12. Statins may deplete CoQ10. Diuretics deplete potassium and magnesium. These interactions are known but rarely monitored proactively.

Evidence level: ● Strong — well-documented in pharmacology literature, poorly implemented in practice.

5. Chronic Stress as a Physiological (Not Psychological) Issue

The gap: Conventional medicine treats the downstream effects (hypertension, insomnia, IBS) without addressing the HPA axis dysregulation driving them. This isn't "adrenal fatigue" — it's cortisol pattern disruption with measurable effects.

Evidence level: ● Emerging — cortisol rhythm testing (4-point salivary) has growing evidence base. HPA axis research is robust.

6. Gut Dysbiosis Beyond Infection

The gap: Conventional gastroenterology excels at diagnosing structural issues and infections. It's less equipped to evaluate the microbiome's role in systemic symptoms. Post-antibiotic dysbiosis, SIBO, and motility disorders are underevaluated.

Evidence level: ● Emerging — microbiome science is advancing rapidly but clinical applications are still being validated.

7. Environmental Toxin Exposure

The gap: Occupational medicine screens for acute toxin exposure. Chronic low-level exposure to mold, heavy metals (through water, food, occupation), and endocrine disruptors is poorly evaluated in conventional practice.

Evidence level: ● Weak to Emerging — evidence for mold illness (CIRS) is growing but diagnostics remain controversial. Heavy metal testing via provoked urine is problematic.

How to Evaluate a Functional Medicine Practitioner

The 10-Point Practitioner Scorecard

Score each item 0 (no) or 1 (yes). Practitioners scoring 7+ are generally evidence-based.

#	Criteria	Score
1	Has an MD, DO, ND (from accredited school), or PA/NP with physician oversight	<input type="checkbox"/>
2	Board-certified in a recognized specialty	<input type="checkbox"/>
3	Takes a thorough history BEFORE ordering tests	<input type="checkbox"/>
4	Can explain the evidence level of their recommendations	<input type="checkbox"/>
5	Uses standard reference labs (Quest, LabCorp) for most testing	<input type="checkbox"/>
6	Sets clear treatment timelines and re-evaluation points	<input type="checkbox"/>
7	Doesn't dismiss conventional medicine entirely	<input type="checkbox"/>
8	Willing to coordinate care with your PCP	<input type="checkbox"/>
9	Doesn't require you to buy supplements from their office	<input type="checkbox"/>
10	Transparent about costs upfront (including lab estimates)	<input type="checkbox"/>

Score: _____ / 10

7–10: Evidence-based practitioner. Proceed with confidence.




4–6: Mixed. Use this guide to evaluate specific recommendations.

0–3: High pseudoscience risk. Consider a different practitioner.

Decision Tree: "Should I Try This Treatment?"

Step 1: What evidence level is this treatment? (Use the 4-level hierarchy above)

- Level 1 → Proceed. This is standard of care.

-  Level 2 → Go to Step 2.
-  Level 3 → Go to Step 3.
-  Level 4 → Stop. Don't spend money on this.

Step 2 (Level 2 treatments): Does the practitioner pass the 10-point scorecard?






- Yes (7+) → Set a clear trial period (30–90 days), budget cap, and measurable outcome. Proceed.
- No (<7) → Seek a second opinion from a board-certified physician before proceeding.

Step 3 (Level 3 treatments): Answer ALL of these:


- Have I exhausted Level 1 and Level 2 options? If no → Do those first.
- Is the cost under \$500 for a defined trial? If no → Too risky without evidence.
- Is the risk of harm low? If no → Don't proceed.
- Can I measure improvement objectively? If no → You'll never know if it worked.
- All yes → Try it with strict cost/time limits. Re-evaluate at 30 days.

Cost-Per-Outcome Comparison

What are you actually getting for your money? This comparison contextualizes functional medicine spending:

Approach	Typical Cost	Expected Outcome	Evidence Level	Value Rating
Sleep study + CPAP	\$200–\$500 (insured)	Resolves fatigue in 70%+ of OSA patients	 Strong	★★★★★
Thyroid optimization (full panel + trial)	\$150–\$400	Significant improvement if thyroid is the cause	 Strong	★★★★★
Iron repletion (ferritin + supplement/infusion)	\$50–\$500	Resolves fatigue in iron-deficient patients	 Strong	★★★★★
Elimination diet (self-directed)	\$0–\$50 (book)	Identifies food triggers in 40–60% of IBS patients	 Emerging	★★★★★
GI-MAP + targeted gut treatment	\$500–\$1,200	Improves GI symptoms in select patients	 Emerging	★★★☆☆

Full functional medicine workup	\$3,000–\$6,000	Identifies treatable cause in 30–40% of cases	Mixed	☆☆
Comprehensive supplement protocol	\$200–\$500/month ongoing	Variable; often addresses symptoms, not causes	● Weak	☆☆
IV vitamin infusions (wellness)	\$150–\$400/session	No evidence for benefit in non-deficient patients	● None	☆

 **The \$500 Rule:** Before spending more than \$500 on any functional medicine service, ask: "Has a conventional physician evaluated me for the Level 1 causes of my symptoms?" Sleep study, thyroid panel, ferritin, B12, celiac screening, and metabolic panel cost under \$500 total and catch the majority of treatable root causes. Do these first. Always.

Want the Interactive Version? Visit evidence-based-root-cause-navigator.wedgekit.com for the digital decision tree, practitioner finder, and lab test evaluator. Make evidence-based decisions about your health spending.