Editorial

Journal of INDEPENDENT MEDICINE

Establishing an Independent Voice in Medicine: The First Year of the *Journal of Independent Medicine*

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As the year of 2025 has come to an end, we reflect on the first year of operations for the *Journal of Independent Medicine* (JIM). The journal stands tall after its inaugural year, having grown into a credible, durable, and increasingly visible venue for scientists, clinicians, and scholars to discuss issues that may be difficult—or at times impossible—to publish elsewhere, while maintaining a firm commitment to scientific rigor, transparency, and intellectual honesty.

The founding vision of JIM was never merely to create "another journal," but rather to establish a scholarly home for work that prioritizes patient-centered inquiry, critical evaluation of dominant narratives, and the open exchange of ideas without ideological gatekeeping. In an era when biomedical publishing has become increasingly centralized, politicized, and constrained by institutional orthodoxy, the need for an independent forum has never been more apparent. The first year of JIM has demonstrated that such a space is not only needed, but actively sought out by researchers and clinicians worldwide.

Growth, Output, and Reach

Over the past year, JIM released its first four issues, publishing a total of 40 articles that spanned original research, narrative and systematic reviews, editorials, letters to the editor, and case reports. Despite being a new journal without formal indexing in major bibliographic databases, JIM achieved meaningful readership, engagement, and citation activity—clear indicators of both relevance and resonance.

When measured by reader sessions, the five most influential articles published this year were: (1–5)

1. Marik P, Hope J. COVID-19 mRNA-induced "turbo cancers". *J Indep Med*. 2025;1(3). doi:10.71189/JIM/2025/V01N03A02. Available from: https://journalofindependentmedicine.org/articles/v01n03a02/
2. Marik P, Hope J. Preventing cancer: the ROOT protocols. *J Indep Med*. 2025;1(4). doi:10.71189/JIM/2025/V01N04A02. Available from: https://journalofindependentmedicine.org/articles/v01n04a02/
3. Halma M, Vottero P. Ivermectin, a molecular Swiss Army knife: a review of mechanisms, indications and safety concerns in drug repurposing. *J Indep Med Alliance*. 2025 Mar;1(1):1–34.
4. Lataster R. Metacritique of influential studies purporting COVID-19 vaccine successes: Part 1 – Watson et al. *J Indep Med*. 2025;1(2). doi:10.71189/JIM/2025/V01N02A07. Available from: https://journalofindependentmedicine.org/articles/v01n02a07/
5. Cormier M. Vaccine-induced viral reactivation and autism spectrum disorder: a review, hy-

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These articles share a common theme: they address questions that are widely discussed by clinicians and patients but often underexplored—or actively avoided—in conventional academic outlets. Their strong engagement reflects an unmet demand for scholarship that is willing to interrogate assumptions, revisit neglected data, and synthesize emerging evidence with clinical experience.

The composition of published articles also reflects JIM's commitment to intellectual breadth. Review articles constituted the largest category, with 16 of the 40 total publications. This emphasis on synthesis is intentional. In a rapidly evolving medical landscape—particularly in areas marked by uncertainty, controversy, or fragmented evidence—high-quality reviews play a critical role in helping clinicians make sense of complex and sometimes conflicting data.

Letters to the editor accounted for seven publications, demonstrating active scholarly dialogue and engagement with previously published work. Original research articles numbered six, while case reports and editorials were tied at four each. Together, this distribution underscores the journal's dual mission: to advance new knowledge while also fostering critical reflection, debate, and clinical relevance.

Impact Beyond Indexing

A common metric of journal legitimacy is inclusion in major indexing services. While JIM is not yet indexed, several of its articles have already been cited in the broader scientific literature. This is an important reminder that impact precedes indexing—not the other way around. Indexing is ultimately a lagging indicator, whereas citation and clinical uptake reflect real-world relevance.

More importantly, JIM's influence cannot be fully captured by citation counts alone. Many of its articles are being used directly by clinicians in patient care, by researchers developing new hypotheses, and by educators seeking materials that encourage critical thinking rather than rote acceptance of prevailing doctrines. In this sense, JIM's impact is both scholarly and practical.

Special Issues and Forward Momentum

Looking ahead, JIM will publish two special issues in the coming year. The first focuses on the diagnosis and treatment of Post-Acute COVID-19 Vaccination Syndrome (PACVS), a condition that remains underrecognized and frequently dismissed despite a growing body of mechanistic and clinical evidence. (6) The second special issue will address the use of repurposed drugs in the chronic disease epidemic, an area of enormous potential given the limitations of current pharmaceutical development pipelines and the rising burden of multimorbidity.
Both special issues reflect JIM's guiding principle: to prioritize patient outcomes, mechanistic understanding, and therapeutic innovation over institutional convenience or commercial interests. These issues aim not only to inform, but to empower clinicians and patients alike.

Research at the Independent Medical Alliance

The JIM's publishing efforts are closely aligned with the research mission of the Independent Medical Alliance (IMA). Over the past year, IMA's research activities have focused on three major tranches: the chronic disease epidemic, pharmacovigilance, and the treatment of post-vaccine complications.

The Chronic Disease Epidemic

Chronic disease represents the dominant healthcare challenge of our time, yet it is often approached in a fragmented and reductionist manner. IMA's research sought to address this gap through a series of articles examining musculoskeletal aging, (7) opioid use disorder, (8) chronic pain, (9) anxiety, (10) osteoporosis, (11) hypothyroidism, (12) and metabolic syndrome. (13) These publications emphasize integrative, mechanistically informed approaches that extend beyond symptom suppression to address root causes.

In parallel, several articles focused on practical tools for clinicians. These included models for COVID-19 risk stratification, (14) accessible blood biomarkers associated with mortality risk, (15) urine-based biomarkers for patient empowerment, (16) and frameworks for environmental risk assessment. (1,21–23) Additional work explored emerging and often misunderstood therapeutic domains, including psychedelic medicines, (17) repurposed drugs, (2,3) traditional Chinese medicine, (18,19) and intravenous therapy. (20)

Collectively, this body of work reflects a holistic vision of medicine—one that recognizes the interconnectedness of biological systems, environmental ex-

posures, and patient experience.

Post-Vaccine Complications and PACVS

One of the most challenging and sensitive areas of contemporary medicine is the recognition and treatment of post-vaccine complications. JIM and IMA have taken a leadership role in this domain by publishing foundational articles that explore the diagnosis, mechanisms, and treatment strategies for PACVS. (6,24–27)

These publications do not seek to undermine vaccination as a public health tool. Rather, they insist on a fundamental ethical principle: patients who experience adverse outcomes deserve recognition, investigation, and care. Ignoring or dismissing these patients not only violates clinical ethics, but erodes public trust in medicine itself.

Pharmacovigilance and Methodological Rigor

Effective pharmacovigilance is essential for patient safety, yet existing systems often suffer from methodological limitations. To address this, IMA researchers developed a novel framework for denominator-adjusted comparison of adverse event rates, (28) enabling more meaningful "apples-to-apples" evaluations of pharmaceutical safety signals. Complementing this work, a systematic assessment of models used to estimate vaccine-averted mortality highlighted key assumptions and uncertainties that warrant closer scrutiny. (29)

These contributions exemplify JIM's commitment to methodological rigor and transparency—particularly in areas where policy decisions have far-reaching consequences.

Broader Conversations in Medicine

Beyond disease-specific research, JIM has also provided a platform for examining structural and ethical issues shaping modern medicine. Articles addressing the use of artificial intelligence in medical education and training, (30) the pervasive culture of sleep deprivation among physicians, (31) and ethical controversies in transplant medicine (32) have sparked important discussions that extend well beyond traditional disciplinary boundaries. These topics underscore a central theme of JIM's mission: medicine is not practiced in a vacuum. Cultural norms, institutional incentives, and ethical frameworks profoundly influence patient care and professional integrity.

Looking Ahead to 2026

As we move into 2026, JIM and IMA are committed to expanding both research and publishing efforts. Our goal is not growth for its own sake, but meaningful impact—particularly for patients who have been marginalized, dismissed, or left without answers by the current healthcare system.

None of this work would be possible without the dedication of our authors, reviewers, donors, and readers. Their willingness to engage thoughtfully, critically, and courageously has shaped JIM's first year and will define its future. We are deeply grateful for their contributions and look forward to continuing this journey together.

The first year of the Journal of Independent Medicine has affirmed a simple but powerful truth: independent science is not fringe science. It is, increasingly, essential science.

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