

Medical Content Review

A clinical accuracy review of live, published wellness content

Dr. Tolulope Ajidahun

Licensed Medical Doctor | Clinical Content Review

The report below is a real review, run on a live, publicly published wellness blog article, using the process applied to every paid engagement. The publishing brand's name has been withheld; the findings are unchanged.

Client	Direct-to-consumer supplement brand (name withheld for portfolio use)
Content Reviewed	Blog article, "Top 5 Supplements: How to Choose the Best Vitamins for Your Health Support" (~900 words, published to the brand's Shopify blog)
Scope	Clinical accuracy review, claims verification, patient-safety check, and citation check prior to continued distribution
Reviewer	Dr. Tolulope Ajidahun

1. Overall Assessment

The article is well organized and reads cleanly, and most general claims (B-complex vitamins supporting energy metabolism, vitamin D3/K2 supporting bone density, mullein's traditional use for respiratory comfort) are reasonably within the range of accepted evidence. The concern is not tone or structure. It is that three specific ingredient recommendations carry real, documented interaction or contraindication risks that the article does not mention anywhere, including in its single generic disclaimer at the very end. For a brand selling these products directly to consumers, that gap is the difference between an editorial opinion and a product recommendation with unmanaged liability exposure.

Recommendation: hold for revision before further distribution or paid promotion.

§ None of the underlying products need to be pulled. The fix is targeted language at three specific points in the article, detailed in Section 3 and drafted in Section 4.

2. Claims Check

Section	Claim as Written	Risk	Finding
Vitamin D3+K2	"Test your levels to find out your best individual dosage," no mention of anticoagulant interaction	High	Omission: vitamin K2 reduces warfarin efficacy
Cortisol / Adaptogen Complex	Recommended for stress, sleep, and energy support, no caution given	High	Omission: ashwagandha thyroid and sedative interactions
Lymphatic Drops	"Flush toxins," "gentle natural detox..."	Medium	Overstated mechanism;

	perfect for daily use”		echinacea contraindication omitted
Cortisol section, citation 4	“Helps boost energy and fight fatigue,” cited to a PMC study	Medium	Citation does not clearly support this specific claim as worded
Lymphatic drops dosing	“Start with 10–15 drops daily,” no caution at point of use	Low	Disclaimer exists but is disconnected from the dosing instruction

3. Patient-Safety Omissions (Detail)

3.1 Vitamin K2 and Anticoagulant Medication (High Risk)

The article recommends a D3+K2 combination supplement for “bones, mood, energy and immunity” and instructs readers to test their levels to find their own dosage. It does not mention that vitamin K2 directly counteracts warfarin and other vitamin K antagonist anticoagulants. Published clinical data shows this interaction is dose-dependent and clinically significant: doses above 20 mg have been shown to measurably lower INR, and even low daily doses can meaningfully interfere with anticoagulation control in some patients. Any reader on warfarin or a similar anticoagulant who follows this advice without medical supervision is at risk of destabilized blood clotting control.

Source: [Effect of vitamin K2 on the anticoagulant activity of warfarin, PMC](#)

3.2 Ashwagandha (Cortisol Complex) and Thyroid or Sedative Medication (High Risk)

The cortisol-support recommendation centers on ashwagandha alongside magnesium and L-theanine. Ashwagandha is documented to raise T3 and T4 while lowering TSH, a genuine contraindication in hyperthyroidism and Graves' disease, and there are published case reports of thyrotoxicosis developing in patients taking levothyroxine after starting high-dose ashwagandha. Separately, its GABAergic activity can potentiate benzodiazepines, Z-drugs, and other sedative or anti-anxiety medications. None of this appears anywhere in the section recommending it for stress support and focus.

Source: [Ashwagandha as a Cause of Thyrotoxicosis, PMC case report](#)

3.3 Echinacea (Lymphatic Drops) and Autoimmune Disease or Immunosuppressants (Medium Risk)

The lymphatic support formula is built on echinacea and calendula, marketed as suitable for daily, ongoing use. Echinacea's immune-stimulating action is a recognized caution in autoimmune conditions such as lupus, rheumatoid arthritis, and multiple sclerosis, and it has documented interactions with immunosuppressant therapies. A supplement marketed for daily use with no autoimmune-specific caution is a meaningful gap for exactly the audience most likely to be seeking immune support in the first place.

Source: [Echinacea: Usefulness and Safety, NCCIH](#)

4. Suggested Edits

Vitamin D3+K2 section, add after the existing paragraph:

“If you take warfarin or another vitamin K antagonist blood thinner, talk to your prescribing doctor before adding a K2-containing supplement. Vitamin K2 can reduce these medications' effectiveness and may require your dose or monitoring schedule to be adjusted.”

Cortisol complex section, add after the existing bullet list:

“Ashwagandha is not recommended for people with hyperthyroidism, Graves' disease, or autoimmune thyroid conditions, and it can increase drowsiness when combined with sleep aids, anti-anxiety medication, or other sedatives. Check with your doctor first if either applies to you.”

Lymphatic drops section, replace “perfect for daily use” with:

“best suited for short-term use unless directed otherwise by your healthcare provider, particularly if you have an autoimmune condition or take immune-suppressing medication.”

5. Summary and Recommendations

- Hold the article from further paid promotion or syndication until the three high and medium findings above are addressed in-line, not only in the closing disclaimer.
- Verify the citation attached to the cortisol section's energy claim, or remove it and soften the claim to match what the source actually supports.
- Move the existing “consult your doctor” disclaimer, or a version of it, to sit immediately next to each specific dosing instruction rather than once at the end of the article.
- Once revised, this piece is a reasonable candidate for a “Reviewed by a Physician” byline, which converts a compliance fix into a trust signal on the same page.

For engagement options and current pricing, see the accompanying Services & Pricing sheet, or write to contact@drtolu.com.