Apr. 21, 2013

**Food Allergies: All Too Common, All Too Under-Diagnosed**

An article in Family Practice News was titled, “Food, Milk Allergies May Increase Growth-Impairment Risk.” (2.27.13) This article reported that after age two years, food-allergic children had lower mean percentiles for weight, height, and body mass index as compared to age-matched controls. Researchers reviewed medical records from 245 food-allergic patients to obtain the results.

The risk of growth impairment was greatest for children whose dietary restrictions required elimination of more than two foods and/or elimination of cow’s milk. Milk-allergic children younger than two years of age were at greatest risk for growth retardation. Over the years, I have found many children improve growth issues by eliminating food allergies.

I (along with my partners Drs. Nusbaum and Ng) have been testing every new patient for food allergies to dairy and gluten. We have observed that over 80% of patients have high antibody levels to the milk protein casein. Approximately 20% have high levels to the gluten antibody gliadin.

These numbers are astounding. Keep in mind, we see mostly adult patients, but I have no reason to believe the numbers would be any different in a pediatric population. Most doctors do not know how to check patients for food allergies. Food allergies are woefully under-diagnosed by conventional doctors.

I have witnessed the most astounding positive health changes when a patient eliminates food allergies. As stated above, the most common food allergy is to dairy. Dairy allergies are particularly common in patients who suffer with irritable bowel syndrome (IBS) and colitis—including Crohn’s disease and ulcerative colitis. In fact, I feel that anyone suffering with IBS or colitis should try a two-month trial of eating dairy free regardless of whether they have been tested or not. My mother suffered for years from IBS symptoms. For many of those years I advised her to eliminate dairy from her diet. Being my mother, of course, she refused. “A glass of milk calms my stomach,” she used to say. About two years ago, I checked her for antibodies to casein (anti casein IgG level from Quest labs). Her IgG levels were extremely high. I advised her (AGAIN) to avoid all dairy. This time she followed my advice. Now, two years later, my mother’s IBS symptoms are much better and only flare when she cheats on her diet and ingests something made with cow’s milk.

Eliminating dairy from the diet includes eliminating everything made from cow’s milk including cheese, yogurt, cottage cheese and ice cream.

Although I am focusing on dairy allergies here, gluten allergies are also common. Unfortunately, the blood tests do not pick up all of the patients who are suffering from gluten sensitivity. If you are suffering from an autoimmune condition including Hashimoto’s disease, you may want to consider a trial of eating gluten free. Again, a two month trial is the minimum time frame as it takes the body approximately 6-8 weeks to clear food antibodies.

Any health condition can be improved by diagnosing and removing food allergies from the diet. This includes childhood health problems such as growth issues as well as asthma, allergies, and even ADD. I have seen numerous children with asthma and eczema cure their illnesses or significantly improve them by eliminating dairy.

An acupressure technique known as NAET has proven very effective at diagnosing and treating many common food allergies. NAET has been very helpful for both dairy and gluten sensitivities/allergies. However, my experience has shown that although NAET helps gluten-sensitive patients, it is best for a gluten-sensitive patient to avoid all sources of gluten and not re-introduce it back into the diet. Many times a dairy-sensitive patient can reintroduce dairy back into the diet after NAET treatment. More information about NAET can be found at: www.naet.com.

Apr. 7, 2013

**Should Pregnant Women Receive the Flu Vaccine?**

I have written to you about the flu vaccine in past blogs. The CDC and all other mainstream organizations actively promote the flu shot for all pregnant women. In fact, the CDC states, “The flu shot is safe for pregnant women.” (1)

Getting the flu during pregnancy can cause complications such as dehydration as well as inducing premature labor. A recent study found prolonged fever due to the flu virus was associated with an increase in a diagnosis of autism. (2) The Powers-That-Be seized on this and reiterated their recommendations that pregnant women receive the flu vaccine.

Another study found that maternal inflammation during pregnancy increased the risk of autism being diagnosed in the child.(3) The scientists found that elevated C-reactive protein (CRP) was correlated with childhood autism risk. CRP can be ordered in a blood test. It is a marker of inflammation. Many things can raise CRP levels including infections, injuries and autoimmune conditions. The authors concluded that “…maternal inflammation may have significant role in autism (development).”

Now, let’ go back to the flu vaccine. All vaccines, the flu vaccine included, provoke an inflammatory response in the body. In fact, there are many substances added to vaccines in order to provoke an inflammatory response. The idea is that a robust inflammatory response will provoke the immune system to respond to the vaccine and produce antibodies.

Does the flu vaccine promote inflammation? You bet it does. The flu vaccine was found to cause a significant increase in CRP after vaccination. (4) To be fair, the authors of this study claim that the inflammatory response elicited by the flu vaccine was milder than seen in infectious illness.

Is the flu vaccine effective at preventing the flu? The answer is easy—‘No’. I posted a blog about this on March 10, 2013. At best, the flu vaccine is 17% effective at preventing the flu. (5) Of course this is not for pregnant women as there have been zero studies done to ascertain the effectiveness or safety of the flu vaccine in pregnant women. Let’s assume that the flu vaccine truly is 17% effective at preventing the flu. That means 6 pregnant women would need to be injected with the flu vaccine to prevent one case of the flu. In other words, the flu vaccine is 83% ineffective for preventing the flu since the other 5 patients received the vaccine without getting any benefit. Remember, those five other patients may have suffered adverse effects from the vaccine. With those odds, who would take the flu vaccine? Keep in mind, the study (5) that I am citing was biased to show a positive effect from the flu vaccine.

Before you make your final decision on whether to take a flu shot during pregnancy, keep in mind that flu vaccine contains mercury. How many studies do you need to ascertain whether it is safe to inject mercury into a pregnant woman? I don’t think we need any studies here—mercury should never be injected into any living being.

Let me sum this up: the flu vaccine contains toxic substances like mercury, provokes inflammation and is not very effective. Should a pregnant woman get a flu vaccine? I think the answer is clear—no. Should anyone ever get a flu vaccine? Well, if it doesn’t work for the vast majority that get it and it contains toxic substances, the answer is clear—no.

Final Thoughts

The Flu vaccine has never been shown to significantly prevent a large percentage of the population from contracting the flu. We waste too much money on ineffective therapies, the flu vaccine being a perfect case in point. We would do better to study natural therapies that augment the functioning of the immune system.

(1) <http://www.cdc.gov/flu/protect/vaccine/pregnant.htm>

(2) Journal of Pediatrics. December, 2012. VOl. 130, n.6

(3) Mol. Psychiatry. Jan 22, 2013

(4) Vaccine. 2011. Nov. 8;29(48)

(5) <http://www.cdc.gov/mmwr/preview/mmwrhtml/mm6297a2.htm>. Accessed 3.10.13

Mar. 31, 2013

**FDA Fails Alzheimer’s Patients**

**Alzheimer’s disease is a terrible illness. It is a type of dementia that causes progressive problems with memory, thinking and behavior. It is a serious, debilitating illness that is occurring at staggering rates in the elderly population. Presently, one in three seniors dies with Alzheimer’s disease.(1) Seeing someone with Alzheimer’s is heartbreaking. Many middle-aged and elderly patients tell me that their number one goal is to maintain optimal brain function as they age. This article was adapted from the Alliance for Natural Health’s article on Alzheimer’s disease and a New York Times article. (1)(3)**

**There are FDA-approved medications to treat Alzheimer’s disease. These include cholinesterase inhibitors Exelon and Aricept. My experience with these medications has not been good. I have yet to see a single Alzheimer patient significantly improve their brain function by taking a cholinesterase inhibitor.**

**As reported in the New York Times, the FDA plans to loosen the rules for approving new drug treatments for Alzheimer’s disease. (3) The article states, “Drugs in clinical trials would qualify for approval if people at very early stages of {Alzheimer’s disease} subtly improved their performance on memory or reasoning tests… Companies would not have to show that the drugs improved daily, real-world functioning.” Real world functioning includes such activities of daily living such as dressing or feeding. Furthermore, the new drugs do not have to show effectiveness in diminishing the number of patients developing progressive Alzheimer’s disease. After they have already been released into the market the FDA would then mandate that Big Pharma perform studies in order to determine whether the new drugs are effective at preventing late-state Alzheimer’s disease.**

**Wow. So, companies can bring Alzheimer’s drugs to market without initially showing they are effective at preventing late-stage Alzheimer’s disease. Keep in mind the drugs already available are expensive and ineffective at preventing the progression to or treating late-stage Alzheimer’s disease. And, the drugs don’t have to improve real-world functioning. Thank goodness the FDA mandated that these new drugs would have to result in ‘subtle’ improvement on memory or reasoning tests. (That last line should be read with sarcasm.)**

**Silly me. I thought the FDA was supposed to ensure the effectiveness of an FDA-approved medication.**

**Guess who has an Alzheimer’s drug ready to bring to market? Big Pharma cartel founding member Eli Lilly has one—solanezumab. This new drug was not showing improvement for end-stage Alzheimer’s disease. However, the new FDA guidelines will make it much easier to bring this drug to market.**

**Alzheimer’s does not form due to a cholinesterase inhibitor-deficiency syndrome. I believe Alzheimer’s forms from a combination of factors including toxicities such as exposure to mercury, nutritional deficits, and hormonal imbalances. What can you do to prevent developing Alzheimer’s disease? I think a holistic approach to your health care provides the best plan to prevent developing Alzheimer’s disease. Furthermore, I have found a holistic approach effective at treating and reversing early states of Alzheimer’s disease. By the time Alzheimer’s disease reaches a late stage, it may be too late. It is important to take care of yourself before signs of Alzheimer’s disease begins to manifest.**

**Here’s is what I have seen in my practice. I have witnessed early Alzheimer’s patients significantly improve their brain function through a holistic protocol that consists of eating a better diet, detoxification, hormonal balancing using bioidentical, natural hormones as well as nutritional support. More information about a healthy lifestyle can be found in my books. I have no doubt that following this approach will be beneficial for preventing the development of Alzheimer’s disease.**

**(1) http://www.anh-usa.org/fda-proposes-to-drop-the-effectiveness-test-for-alzheimers-drugs/**

**(2)Alzheimer’s Assoc. 2013 Alzheimer’s Disease Facts and Figures**

**(3) New York Times. 3.13.13**

Mar. 21, 2013

**Dr. Brownstein Interview Available Friday March 22, 2013**

I participated in an interview with Jonathan Willbanks from the New Mind-Body Spirit Summit which begins on Friday, March 22, 2013. This conference is free to register and listen to the talks. I covered many topics including:

* What is wrong with health in America right now?
* Demystifying unrefined salt
* Problems with processed foods (devitalized empty calories)
* Pitfalls of “white foods” offenders (refined sugar, flour, salt)
* The necessity of educating oneself about health
* Deceptive food marketing (fat free, sugar free, now with omega-3s!, etc.)
* How to shop consciously and healthily at the grocery store
* The importance of eating “real food”
* Nutrient depletion and supplementation
* Importance of water, and clean water sources
* Reservations about “Kangen” or alkaline/ionized water
* Iodine deficiency
* Iodine and thyroid health
* Optimal/safe iodine intake
* Purity problems with green superfood and iodine products
* Dr. Brownstein’s perspective on alternative energy-based healing modalities (acupuncture, homeopathy, Reiki, etc.)

You can access this conference by clicking here: <http://www.mcssl.com/app/?af=1526710>

Mar. 17, 2013

**Endocrine Disrupting Chemicals: A Major Health Problem**

A recent report by the United Nations Environment Programme (UNEP) and the World Health Organization (WHO) concluded that many common chemicals are disrupting the human hormone system and could have significant health implications. The report is titled, “State of the Science of Endocrine Disrupting Chemicals.” It can be found here: [*www.who.int/ceh/publications/****endocrine****/en/index.html*](http://uzsmr.nzmfo.servertrust.com/www.who.int/ceh/publications/endocrine/en/index.html)

The study calls for more research on endocrine disrupting chemicals (EDC’s). They are found in many common household and industrial products. In fact, there are over 800 known endocrine disrupting chemicals present in our environment.

We are exposed to EDC’s on a daily basis. In fact, our exposure to EDC’s has been increasing dramatically over the last 50 years. They are found in a variety of commonly used consumer products including pesticides, electronic products, cosmetics, prescription medications, and even in food. Examples of EDC’s include bisphenol A (BPA), DDT, polychlorinated biphenyls (PCB’s), polybrominated diphenyl ethers (PBDE’s) and phthalates from plastics. Synthetic hormones fed to animals can also be considered EDC’s since they block our own hormone receptors.

EDC’s disrupt the hormonal system. They can cause cancer, birth defects, lower the IQ in infants as well as cause developmental disorders in children. For many years, I have lectured and written about the growing problem with EDC’s . These chemicals bind to our own hormone receptors and can either stimulate or block hormone receptors. How does exposure to EDC’s translate into health problems?

I have no doubt that our increasing exposure to EDC’s is, in part, responsible for the epidemic increases in cancer of the endocrine glands which includes the breast, thyroid, and prostate. Furthermore, these chemicals are, in part, responsible for the obesity epidemic we are facing.

You can see the effect of EDC’s on our youth. Girls are developing secondary sexual characteristics at earlier and earlier ages. Furthermore, young girls are starting to menstruate at much earlier age as compared to 20 years ago. Both early breast development and early onset of menses increases a girl’s lifetime risk of developing breast cancer.

Synthetic hormones such as Premarin and Provera, which are commonly prescribed for menopausal symptoms, would fall into this category as they block the human body’s own natural receptors for estrogen and progesterone. In fact, synthetic hormones have been shown to be directly correlated with the breast cancer epidemic we are currently facing.

The UNEP/WHO report also reported on the problems that EDC’s have on wildlife. Specifically, the authors reported that wildlife in Alaska has been negatively affected by EDC ‘s. Deer have been reported to have reproductive defects, infertility and antler malformation. Unfortunately, we can relate the deer problems to our own issues. We have marked increase in reproductive defects—newborn boys with hypospadias and non-descended testes, increased infertility rates in the U.S., as well as more and more men suffering from erectile dysfunction (ED). (Ok, antler malformation and ED is a bit of a stretch, but just go with it!).

What can you do? Number one, don’t take synthetic hormones, for any condition. Women should NEVER be prescribed synthetic hormone replacement therapy when natural, bio-identical forms are readily available. This includes the commonly prescribed synthetic hormones Premarin and/or Provera . If your doctor prescribes synthetic hormone replacement therapy, I suggest that it is time to find a new health care provider.

My book, ***The Miracle of Natural Hormones***, describes why, when using any hormonal therapy, it is important to use natural, bio-identical hormones. Furthermore, in this book, I discuss specific ways to aid the detoxification pathways of the body. In our polluted world, it is important to ensure our detoxification pathways are functioning.

Next, eat organic food free of synthetic hormones. I know it is more expensive, but your health is worth it. Finally, educate yourself on EDC’s as our government is making no effort to limit our exposure to these items.

Supplements can also aid in detoxification. Take vitamin C—2-5,000mg/day along with alpha lipoic acid 300mg/twice per day. Also, Total Liver Care (TLC) is a product I (along with my partners) developed to aid the liver’s detoxification capabilities. I suggest taking 1 scoop two times per day. Finally, drink adequate amounts of water. It is impossible to detoxify if you are not hydrated. TLC can be ordered at my office or at: [www.centerforholisticmedicine.com](http://www.centerforholisticmedicine.com/).

It is important to educate yourself about how to adopt a holistic lifestyle in order to aid your body in its ability to detoxify EDC’s and other toxins.

Mar. 10, 2013

**More CDC Nonsense About the Flu Vaccine**

The CDC just released its latest numbers on the 2012-13 flu vaccine effectiveness. (1) The article was picked up by the mainstream media which reported that the flu vaccine was 56% effective against the flu. The CDC states, “Confirmation of the protective benefits of the 2012–13 influenza vaccine among persons aged 6 months–64 years offers further support for the public health benefit of annual seasonal influenza vaccination and supports the expansion of vaccination, particularly among younger age groups.” Is the flu vaccine really 56% effective and should it be expanded? Maybe in the Land of Oz it is effective and should be expanded, but on our planet this vaccine is virtually worthless, especially for those who need it most—the elderly.

I thought it would take me a few minutes to pour through the data to write this blog. I was wrong. Slogging through the fog of this article took me two hours. CDC’s articles are not for the faint of heart. Some Oompa Loompa CDC employee must be saying, “I can’t report that the flu vaccine is worthless. I have to manipulate the numbers to show the vaccine does work.” Manipulate the numbers is what they did. In fact, what the mainstream media reported was a vast misrepresentation of the actual data. Let’s take a look at what I found.

The CDC enrolled 2,697 adults in this study. Let’s first look at the first group—I will call them Group A– that did not get the flu. Group A consisted of 1,582 subjects who did not get the flu. In Group A, 793 were given the vaccine in this group—50%. So, the CDC can tout a 50% efficacy of the flu vaccine. However, the other 50% of the subjects did not get the flu vaccine nor did they contract the influenza virus. I say, these numbers show the ineffectiveness of the flu vaccine. Since 50% of the subjects did not get the vaccine or get the flu, where is the effectiveness of the vaccine? As the old Wendy’s commercials stated, “Where’s the beef?”

Let’s move to Group B—those that were diagnosed with the flu. The Group B data showed that of 1117 subjects who tested positive for the flu, 367 received the vaccine. That means that 33% of those vaccinated still became ill with the flu. If we take the 50% from group A who did not get the flu and had the flu shot and subtract the 33% from group B who got the flu vaccine and also became ill with the flu, we have a net benefit of 17%. So, the flu vaccine is, at best, 17% effective from protecting you against the flu! But, keep in mind, that 50% of the non-vaccinated subjects never became ill with the flu. Again, “Where’s the beef?” These numbers provide no information supporting the efficacy of the flu vaccine.

One final comment. This study reported that roughly 50% of the subjects contracted the flu. In the general population, only about 5-20% becomes ill with the flu. This study was suffering from a selection bias—it was studying a population that was more prone to get the flu as compared to the general population. This bias would only serve to show a false increased effectiveness of the flu vaccine.

What was not reported by the media was that the flu vaccine was totally worthless in the elderly. This is the population that the flu vaccine was originally developed for. Also not reported was that the flu vaccine still contains mercury—the third most toxic element known to mankind.

To mandate the flu vaccine for health care workers is idiotic. It is best to avoid getting any ineffective vaccine or any vaccine that contains toxic elements.

(1) Accessed 3.10.13. http://www.cdc.gov/mmwr/preview/mmwrhtml/mm6207a2.htm

Mar. 3, 2013

**Think Twice Before Undergoing A Biopsy**

Is it wise to sample a growth in the body to ascertain if it is cancerous? The standard of care in medicine believes it is. I am not so sure.

An article in Cancer Cytopathology (doi:10.1002/oncy.2120; Accepted June 18, 2012) reported that a commonly used biopsy method can result in complications. Fine needle aspiration (FNA) is a common medical procedure used to obtain tissue for pathological examination. It is used in thyroid biopsies. FNA is done by inserting a small needle into the tissue and aspirating a sample. The aspirate is then placed on a slide for pathological examination. Researchers studied 96 subjects who underwent a thyroidectomy—they had their whole thyroid gland removed. These same subjects had previously been subjected to a FNA of their thyroid gland.

The scientists reported that 68 of the 96 (71%) thyroidectomy specimens examined had needle tracks. That means that the previous biopsies–the FNA’s—were still visible after the whole thyroid gland was removed. The longest time between the FNA and the thyroidectomy surgery was reported to be >81 days. In this population, 74% were found to have needle tracks.

What is wrong with a needle track? Cancer becomes a bigger problem when it spreads. When you introduce a needle into a cancerous mass, upon withdrawal of the needle, cancer cells can be released into the needle track. Now, for thyroid biopsies, FNA might be an appropriate diagnostic procedure since thyroid cancer is (usually) a slow growing tumor. However, for other tissue such as the breast or the prostate, the answer is not so clear.

In fact, I think it is questionable whether we should be doing so many biopsies of the prostate and the breast. Breast and prostate biopsies are done with larger needles as compared to thyroid FNA. In fact, when the prostate is biopsied, it is done with multiple needles. A larger needle will, of course, leave a larger needle tract. Research has not been totally clear whether the risk of a biopsy—the possibility of spreading the cancer in a needle tract—outweighs the benefit. The benefit of FNA is that it is an easy procedure to do and recovery is faster for a patient as compared to a bigger surgery where the lesion is removed in total.

So what can you do? I say, if the lesion is small enough and looks suspicious enough to biopsy, forgo the biopsy and opt for a total excision (i.e., removal) of the mass. I see many women who develop suspicious masses on a mammographic examination. For a small mass, rather than a biopsy, I believe it is better to excise the mass. After excision, it can be pathologically examined. Are there complications to opting for a complete excision rather than a biopsy? Yes. The main complication would be that it is a more difficult procedure and the patient’s recovery will be prolonged since the surgery is more advanced. However, I think the risk of spreading a cancerous mass will be much lower. And, avoiding cancerous spread should be the primary focus of any diagnostic test.

Before blindly allowing a radiologist or a surgeon to biopsy a mass, it may be wise to step back and get a second opinion.

Feb. 19, 2013

**Cholesterol-Lowering Drugs Fail Again**

The headline in the New York Times on 2.15.13 stated, “Merck Settles Suits of Cholesterol Drug”. The article indicated that Big Pharma Founding Cartel Member Merck agreed to pay $688 million to settle lawsuits claiming that it had harmed investors by delaying the release of unfavorable study results for its cholesterol drug Vytorin. The study was known as ENHANCE.

ENHANCE(1) was designed by researchers to prove that the use of cholesterol-lowering drugs will lower the risk for atherosclerosis—heart disease. This study was designed not to fail—unless the drugs don’t work. They enrolled 720 familial hypercholesterolemic (FH) people. FH patients have very high cholesterol and LDL cholesterol levels. It is a genetic, inherited, condition that affects one in a million people. ENHANCE was a randomized, double-blind, 24 month trial that compared the use of Zocor with and without Zetia against a placebo. Zocor is a statin medication. Zetia is a cholesterol-lowering medication that works by blocking cholesterol absorption in the gut. Vytorin is the drug that combines both Zocor and Zetia. The subjects were followed by carotid ultrasound looking for changes in carotid artery thickness. The hypothesis was that lowering cholesterol would decrease atherosclerosis in the carotid arteries which would translate into a lowered risk for heart attacks.

What were the results? Well, it took a while to see the results. You see Merck knew, in 2006, that their drugs–Vytorin and Zocor–were failures from the ENHANCE study results. Yet, they did not release ENHANCE’s results so that they could continue to sell ineffective drugs. Only when faced with congressional action and mounting public pressure did Merck finally released the ENHANCE data in 2008—two years later! What happened in those two years? Merck sold a lot of Vytorin and Zocor, that’s what happened. In 2007, Zocor and Vytorin brought in a combined $5 billion.

Let’s look at the results of ENHANCE. Cholesterol levels fell in both treatment groups—those treated with Zocor alone and those treated with Vytorin. However, the end point of the study, carotid artery thickness, actually WORSENED in both treatment groups. You read that correctly—the treatments did lower cholesterol but failed to decrease the carotid artery thickness.

You would think that doctors upon seeing the failure of these drugs would stop prescribing them. Sorry, you would think wrong. In 2012, the combined sales of Vytorin and Zocor were $4.4 billion.

Cholesterol-lowering medications do not significantly decrease your risk of atherosclerosis, heart attacks or strokes. It is unbelievable how conventional medicine has been hijacked to erroneously believe that poisoning the enzyme that makes cholesterol will lower the risk for heart disease. In fact, cholesterol-lowering medications are the most profitable drug class for the Big Pharma Cartel. Cholesterol-lowering medications have never been shown to prevent a first cardiovascular event. The best these drugs have been shown to do is to lower the risk of mortality by about 1% in patients who have already had a cardiovascular event.

Feb. 15

**Prescription Medications: Not Suitable for Fish or Humans**

**An article in the New York Times today (2.15.13) reported, “Traces of a common psychiatric medication that winds up in rivers and streams may affect fish behavior and feeding patterns.” The Swedish researchers exposed perch to different concentrations of an anti-anxiety medication—Oxazepam. Oxazepam is a benzodiazepine drug similar to the U.S. drug Xanax.**

**The scientists found that fish exposed to low-dose Oxazepam became less social, more active, and ate faster. In humans, benzodiazepines are used to treat anxiety. They can cause the same adverse effects seen in the fish—social withdrawal, paradoxical excitement, and an increased appetite.**

**In the Swedish study, researchers found wild perch in the Fyris River near the city of Uppsala had high concentrations of Oxazepam in their muscle tissue.**

**Other researchers have found pharmaceuticals near waste water treatment centers in the water ways and in fish. Studies have reported that Prozac and Zoloft–two antidepressants–have been found in fish. Furthermore, commonly prescribed synthetic hormones have also been found in aquatic environments.**

**These studies should not surprise anyone. Doctors prescribe too many pharmaceutical medications. Patients take too many of these drugs. I should know. I was trained to prescribe the most common prescription medications. However, I woke up when I realized that the mechanism of action of nearly all prescription drugs is harmful to the body. Most drugs work by blocking important receptors or poisoning enzymes in the body. You cannot make a cogent biochemical argument that it is wise to block and poison things in the body. Over the long-term, most prescription drugs are bound to have serious adverse effects and they do.**

**Having said that, keep in mind there is a time and a place for anti-anxiety medications as well as other drug therapies. However, most times they should not be the first and only therapy prescribed by a doctor. It is important for you, the patient, to assume responsibility for your health care decisions. Remember, you are in charge of whether or not you take the drug prescribed for you. In my experience, the patients who get the best results are the ones who do their own research and are knowledgeable about the therapies they are using.**

**Let’s go back to the fish. Fish do not need anti-anxiety medication—at least I don’t think they do. And, patients do not need to take so many drugs. A better approach is to search for an underlying cause of an illness and use natural treatments and therapies which support the body’s biochemistry. This biochemical support is what leads to health and helps the body overcome illness. This is the holistic approach to diagnosing and treating illness. I can assure you, there is literally nothing that conventional medicine has to offer a patient on how to optimize their health. Again, I should know–I was taught nothing about health in my medical training.**

**What can you do? If you are prescribed a drug it is best to educate yourself about the drug before you ingest it. With the internet, it is not hard to do. If the drug does not treat the underlying cause of the illness, then search for what does treat it. If the drug does not optimize your biochemistry and help promote your optimal health, then search for what does. If your health care practitioner is not explaining how he/she is trying to help you achieve your optimal health, then find one who does.**

**More information on drug therapies can be found in my book, Drugs That Don’t Work and Natural Therapies That Do. In this book, I also discuss natural alternatives to drug therapies.**

Feb 6,2013

**Tdap Immunizations for Every Pregnancy?**

The Center for Disease Control and Prevention (CDC) immunization schedule was updated in January, 2013 to recommend that a dose of Tdap vaccine be administered to all pregnant women during each pregnancy whether or not they have received the vaccine previously. This is a new recommendation.

What is the reason for this change? The CDC changed its recommendations due to the pertussis (whooping cough) epidemic that affected more than 41,000 people in the U.S. last year. Whooping cough occurs as a result of an infection from the bacterium Bordatella pertussis. Signs of pertussis include paroxysmal cough, inspiratory whoop, and vomiting after coughing. It is fatal in 1.6% of hospitalized infants less than one year of age. In the U.S., approximately 5-30 children die per year due to pertussis. Pertussis is rarely fatal for older children and adults. Pertussis can be treated with antibiotics. However, in most cases it is a self-limited illness lasting a few weeks to six months.

Pertussis is a serious illness in an infant. We definitely want to minimize pertussis infections in very young children. However, is giving the Tdap immunizaition during every pregnancy the right thing to do?

The Tdap vaccine is a combination vaccine that is supposed to protect against tetanus, diphtheria and pertussis. Does the Tdap vaccine protect against pertussis? The answer is probably yes. What do I mean by probably? There have not been definitive studies on the efficacy and safety of this vaccine. There is no question that the incidence of pertussis has declined over the last 70 years. However, the CDC’s data shows that the pertussis illness was declining well before the onset of the vaccine.(1)

But, what is in the vaccine? The Tdap vaccine contains aluminum phosphate, formaldehyde, polysorbate 80 and may contain traces of thimerosal. Polysorbate 80 (also known as Tween 80) has been shown to cause infertility in animals. (2) Parenteral injection of aluminum has been shown to cause neurotoxicity.(3) Thimerosal contains 50% mercury by weight. Mercury is a known neurotoxin and carcinogen. Formaldehyde is a human carcinogen and highly toxic to all animals. If you add in all the recommended childhood vaccines, the total amount of polysorbate 80, mercury, formaldehyde, and aluminum can reach toxic levels. I will write more about that in a future blog.

We have an autism epidemic occurring as 1 in 88 children are now suffering with autism. Could this epidemic be fueled by too many vaccines? Unfortunately, nobody knows. Unbelievably, there have been no studies done to ascertain the safety of vaccines.

I have seen more than enough patients who report having a normal developing child until a vaccine was introduced. Then, after vaccination, normal development stopped and the child began regressing. Clearly, something happened to those children. Could it be too many vaccines? All vaccines cause inflammation of the brain. It would make sense that injecting too many toxic substances into a small body may lead to neurological problems.

Is it safe to infect Tdap in a pregnant female? Nobody knows. Again, no studies have been done to ensure that the vaccine is safe. Another important news item: There is a new strain of pertussis that may be causing the majority of the new cases of whooping cough. The present vaccine (Tdap) may not adequately cover this strain. Why? The appropriate studies have not been done. Big Pharma’s plan is to increase the frequency of the Tdap vaccine (which increases their profits) and hope for the best.

So, what do I recommend? I recommend that you do your own research. Study any drug before you allow it in your body. This advice is even more important for pregnant women since the fetus is very sensitive to whatever the mother is exposed to. When there are no studies that prove it is safe to do so, I find it difficult to justify injecting a pregnant woman with toxic chemicals.

Thanks to Dr. Kathy Erlich for editing and suggesting a blog on this topic.

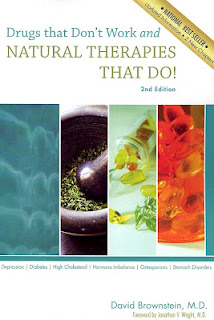
　(1)CDC, National Notifiable Diseases Surveillance System and Supplemental Pertussis Surveillance System and 1922-1949, passive reports to the Public Health Service

(2)<http://www.ncbi.nlm.nih.gov/pubmed/8473002?dopt=Abstract>

**Wednesday, February 8, 2012**

**Danger of Antacid Medications**

**The U.S. Food and Drug Administration (FDA) announced a safety alert for proton pump inhibitors (PPIs). PPIs are a class of medications commonly used to treat stomach and duodenal ulcers, reflux esophagitis, and other gastric problems. PPIs include:  
• AcipHex (rabeprazole sodium)   
• Dexilant (dexlansoprazole)   
• Nexium (esomeprazole magnesium)   
• Omeprazole (omeprazole) Over-the-Counter (OTC)   
• Prevacid (lansoprazole) and OTC Prevacid 24hr   
• Prilosec (omeprazole) and OTC   
• Protonix (pantoprazole sodium)   
• Vimovo (esomeprazole magnesium and naproxen)   
• Zegerid (omeprazole and Sodium bicarbonate) and OTC  
  
The FDA stated, “…the use of stomach acid drugs known as proton pump inhibitors (PPIs) may be associated with an increased risk of Clostridium difficile–associated diarrhea (CDAD). A diagnosis of CDAD should be considered for patients taking PPIs who develop diarrhea that does not improve.”(1)  
  
C. difficile is a bacterium that can infect the colon and cause severe, life-threatening diarrhea. It causes over three million cases of diarrhea per year in the U.S. Approximately 1-4% of patients with C. difficile die from the illness.   
  
Those who read my books don't have to wait years for the FDA to act. Three years ago in Drugs That Don’t Work and Natural Therapies That Do, I wrote about the consequences of long-term use of PPIs. I stated, “The reason we are seeing such a dramatic increase in C. difficile infections is clear; it is due to the overuse of powerful antacid medications.”   
  
What can you do? If you are prescribed a PPI, you should take it for the shortest possible time period. If possible, long-term use of this class of medications should be avoided. Also, taking a healthy probiotic along with a PPI can help avoid problems like C. difficile.   
  
More information about PPIs and how to use a holistic approach to overcome stomach and esophageal problems can be found in my book, Drugs That Don’t Work and Natural Therapies That Do.  
  
(1)http://www.fda.gov/Safety/MedWatch/SafetyInformation/SafetyAlerts  
forHumanMedicalProducts/ucm290838.htm**

**[](http://3.bp.blogspot.com/-avxizJOAK2o/TzMnqN0dUkI/AAAAAAAAABo/LDuPSEuiLdQ/s1600/drugs.jpg)**

posted by Dr. David Brownstein @ [**5:45 PM**](http://drdavidbrownstein.blogspot.com/2012/02/danger-of-antacid-medications.html) [**0 Comments**](http://drdavidbrownstein.blogspot.com/2012/02/danger-of-antacid-medications.html#comment-form)**[http://img2.blogblog.com/img/icon18_edit_allbkg.gif](http://www.blogger.com/post-edit.g?blogID=2907647712019182784&postID=7681271958886634832&from=pencil)**

**Thursday, January 19, 2012**

**A New Illness Strikes: Media-Iodophobia**

**Folks, a new illness is rampaging the country. It causes extreme anxiety and fear. What is the name of this illness? Media-iodophobia. Media-iodophobia occurs when the news media erroneously reports the results of a medical article which causes anxiety and fear in the lay public.   
  
I knew when I saw the headline in the Reuters article yesterday that I would be busy answering questions about the study. The headline read, “How much iodine is too much?” Even my publisher (whom I enjoy writing for) reported on the study today with the headline, “Too much iodine hurts thyroid function.” Does too much iodine hurt thyroid function?   
  
To answer the question, I pulled the article and dissected it. The scientists studied 256 normal-thyroid adults in a four week, double-blind, placebo-controlled, randomized controlled trial.(1) The patients were randomly assigned to 12 intervention groups with iodine supplemented at doses ranging from 0-2mg/day. The researchers studied the effects of the differing doses of iodine by measuring thyroid function, thyroid size, and urinary iodine.   
  
The authors found that, as compared with the placebo group, all the iodine- supplemented groups responded with significantly increased urinary iodine excretion. Furthermore, the thyroid size decreased in the iodine-supplemented groups. These effects are exactly what you would expect when supplementing with iodine. In fact, a decreased thyroid size is a good sign as iodine helps improve the architecture of the thyroid gland.  
  
The scientists also studied the thyroid function in the different treatment groups. They found that the subjects treated with higher amounts of iodine had slightly elevated TSH (thyroid stimulating hormone) levels. They termed the subjects who had increased TSH levels as suffering from subclinical hypothyroidism. They concluded, “This study showed that subclinical hypothyroidism appeared in the participants who {ingested 800ug iodine per day}… Thus we caution against a total daily iodine intake that exceeds 800ug/day…” This conclusion is the genesis of media-iodophobia as most people do not read research articles and just read the summary.   
  
The conclusion of the article makes it clear that the researchers were also suffering from iodophobia—medical iodophobia. Medical iodophobia is a term coined by my mentor, Dr. Guy Abraham. Unfortunately, in this case, medical iodophobia leads to media-iodophobia. How did I come up with these diagnoses?  
  
The authors of the study concluded that the slightly elevated TSH confers a diagnosis of subclinical hypothyroidism. Nothing could be further from the truth.  
  
Does iodine cause the TSH to rise? The answer is “yes”. Does the elevated TSH mean the thyroid gland is failing? The answer to this question is “no”. It is well known, or should be well known, that iodine is transported into the cell by a transport molecule known as sodium-iodide symporter (NIS). NIS is stimulated by TSH.(2) Therefore, when iodine supplementation is begun, one of the first effects seen is a slight elevation of TSH as the body is trying to produce transport molecules (NIS) to move iodine into the cell. After iodine supplementation begins, it is normal and expected for TSH to elevate slightly. I have been lecturing to doctors and lay people alike about this concept for nearly 10 years. In fact, I have written about this important concept in my book, Iodine: Why You Need It, Why You Can’t Live Without It, 4th Edition.   
  
In this study, subclinical hypothyroidism should not be the correct diagnosis if the other thyroid function tests (T3 and T4 levels) remain normal. In a true hypothyroid condition, TSH will increase and T3 and T4 levels will fall below the reference range.   
  
I have been teaching doctors how to properly use and monitor iodine supplementation in their practice. My experience has shown that many patients do experience a transient increase in TSH levels while maintaining normal levels of the other thyroid hormones—T3 and T4. Furthermore, a vast majority of patients feel significantly better with iodine therapy. In this article, the researchers did not report symptomatic changes with iodine therapy.   
  
The proper conclusion of this study should have read, “This study showed, as expected that iodine therapy resulted in a slightly elevated TSH. This would indicate that the subjects were properly producing NIS in order to transport iodine into the cell. Furthermore, as expected, iodine therapy appeared to improve the architecture of the thyroid gland by decreasing the thyroid gland volume as observed by ultrasonography measurement.”   
  
I have been using iodine effectively in my practice for nearly 10 years. More information about iodine can be found in my book and my newsletters. Please go to** [**www.drbrownstein.com**](http://www.drbrownstein.com) **for more information.   
  
  
(1) J Bioenerg Biomembr. 1998 Apr;30(2):195-206  
(2) AJCN. Published online ahead of print December 28, 2011 as doi: 10.3945/ajcn.111.028001**

posted by Dr. David Brownstein @ [**7:05 PM**](http://drdavidbrownstein.blogspot.com/2012/01/new-illness-strikes-media-iodophobia.html) [**1 Comments**](http://drdavidbrownstein.blogspot.com/2012/01/new-illness-strikes-media-iodophobia.html#comment-form)**[http://img2.blogblog.com/img/icon18_edit_allbkg.gif](http://www.blogger.com/post-edit.g?blogID=2907647712019182784&postID=6462304342276287508&from=pencil)**

**Sunday, January 15, 2012**

**Bromine Toxicity Passed from One Generation to the Next**

**An interesting article reported that fish exposed to low levels of common flame retardants pass the chemicals along to their progeny. Scientists found that while the parents’ health effects were minimal, the exposures reduced hatch rates and altered the thyroid hormonal system in the next generation.   
  
The effects were worse if the offspring were exposed to the same low chemical levels as their parents. What were the chemicals? Polybrominated diphenyl ethers (PBDE’s) were the chemicals studied. PBDE’s are used widely in our environment as a flame retardant. They are found in many consumer products such as clothing, furniture, mattresses, curtains, foam, and electronics. PBDE’s are found in large amounts in automobile seats and many children’s products. (Environmental Science and Technology. 2011. http://dx.doi.org/10.1021/es2026592).  
  
Comment:  
PBDE’s contain bromine as part of their molecular structure. Bromine is a toxic substance that is a known goitrogen. It has no known therapeutic value in the body. To date, I have tested over 500 patients for bromine levels. Unfortunately, I have found bromine toxicity occurring in a surprisingly large amount of my patients—nearly 100% of those that I have tested.   
  
If this study is replicated in humans, this could explain, in part, why we are seeing such a rapid rise in chronic health problems. Perhaps this rise in health issues is due to our increasing exposure to toxic agents such as bromine. In our modern society it is hard to avoid some sources of bromine. However, food sources of bromine can easily be avoided. Bromine is commonly found in food and drink. Food made with brominated flour or drinks with brominated vegetable oil can be avoided. Avoid baked products that contain brominated flour. Mountain Dew and AMP energy drink are examples of two sodas with bromine. Some Gatorade products also contain bromine.   
  
Supplementing with iodine can help the body release bromine. On the other hand, bromine exposure can cause the body to excrete iodine. It is important to ensure that your iodine levels are adequate so that your body can keep bromine levels to a minimum.   
  
Ingesting adequate amounts of unrefined salt is also helpful. Salt helps the body excrete bromine.   
  
More information about these therapies can be found in my books—Iodine : Why You Need It, Why You Can’t Live Without It and Salt Your Way To Health.**

posted by Dr. David Brownstein @ [**3:34 PM**](http://drdavidbrownstein.blogspot.com/2012/01/bromine-toxicity-passed-from-one.html) [**0 Comments**](http://drdavidbrownstein.blogspot.com/2012/01/bromine-toxicity-passed-from-one.html#comment-form)**[http://img2.blogblog.com/img/icon18_edit_allbkg.gif](http://www.blogger.com/post-edit.g?blogID=2907647712019182784&postID=1597899640355544917&from=pencil)**

**Sunday, January 8, 2012**

**Time to Detoxify**

**Researchers have found that adults over the age of 40 who have higher levels of bisphenol A (BPA) in their urine tend to be obese, have more abdominal fat, and are insulin resistant. Studies have shown these metabolic disorders can lead to serious health problems such as high blood pressure, diabetes, heart disease, and stroke.(1) (2)   
  
BPA is classified as an endocrine disrupter. Its chemical structure is similar to thyroid and estrogen molecules. This similarity can result in BPA binding to estrogen and/or thyroid hormone receptors. The result of a foreign substance binding to our hormone receptors is that the receptor can be either stimulated or inhibited. Either way, these endocrine disrupting substances wreak havoc with our hormonal system.   
  
BPA is used in the manufacturing of plastics, in epoxy resin linings of food cans and in thermal receipt paper. Furthermore, it has been found in baby bottles and used as part of dental sealant. It can contaminate food and enters the body easily through skin or by ingestion.  
Research has shown that BPA in rats can inhibit activation of thyroid hormone. In humans, this problem is known as T3 resistance syndrome. T3 resistance syndrome can lead to all of the signs of hypothyroidism such as weight gain, fatigue, diabetes, heart disease, and stroke.   
  
The study I cited above was done in China. BPA levels were measured in 3,390 adults over the age of 40. BPA was measured in urine samples. The researchers reported the highest BPA levels were associated with obesity and elevated concentrations of insulin. In fact, the scientists reported those in the highest quartile of BPA had a 50% increased risk in generalized obesity, 28% increased risk of abdominal obesity and 37% increased risk of insulin resistance.   
  
We presently have an epidemic of thyroid problems, diabetes, and obesity. I have no doubt that much of our health problems are due to the increasing toxic load we are exposed to. What can you do?  
  
First, it is important to exercise and sweat. This helps the lymph system drain into the liver. This drainage pathway facilitates toxin removal from the body. Second, drink adequate amounts of clean water. Avoid drinking water out of plastic water bottles. If you carry water, use a glass container. Keeping the body hydrated is a must for ensuring the body’s ability to detoxify.   
  
Next, it is vitally important to eat healthy food. Organic food, free of toxic pesticides and synthetic hormones, is a must. Try not to buy food wrapped in plastic. Finally, do not wrap your own food in plastic. Wrap food first in parchment paper, then place the plastic wrap around it.   
  
Finally, an occasional liver detoxification program can help. My partners and I have developed a product, Total Liver Care (TLC ) that is designed to ramp-up the detox pathways of the liver. We spent nearly 20 years trying different combinations of items until we came up with the formula for TLC. Take 1 scoop of TLC twice per day along with alpha lipoic acid 300mg twice per day. I suggest doing a liver detox protocol three or four times per year. Both TLC and alpha lipoic acid can be obtained from my office—**[**www.centerforholisticmedicine.com**](http://www.centerforholisticmedicine.com)**.  
  
Helping the body detoxify is a good thing. Detoxification can improve your metabolism, give you more energy, and help you lose weight. I highly recommend doing a detox program a few times a year.**(1) Journal of Clin. Endocrin. And Metab. Jc.2011. p. 1989  
(2) Environmental Health News. Jan 4, 2012

posted by Dr. David Brownstein @ [**5:49 PM**](http://drdavidbrownstein.blogspot.com/2012/01/time-to-detoxify.html) [**0 Comments**](http://drdavidbrownstein.blogspot.com/2012/01/time-to-detoxify.html#comment-form)**[http://img2.blogblog.com/img/icon18_edit_allbkg.gif](http://www.blogger.com/post-edit.g?blogID=2907647712019182784&postID=7141880668602062554&from=pencil)**

**Tuesday, December 27, 2011**

**Time for a New Year's Resolution**

**Since it is the holiday season, I would like to take a second and wish all my readers a healthy and happy holiday season and new year! Since many of us make new year’s resolutions, let me help you make one—to exercise.   
  
One of the biggest frustrations that I have is trying to convince my patients to participate in some form of daily or semi-daily exercise. Exercise does not have to mean going to a gym and taking a class. Exercise can be as simple as walking for twenty to thirty minutes per day.   
  
What can exercise do for you? Let me rephrase the question; what can’t exercise do for you?   
  
Literally any illness can be helped with exercise. Diseases improved or prevented from exercise are numerous and include heart disease, diabetes, hypertension, obesity, depression, fibromyalgia, and chronic fatigue syndrome.   
  
In the case of hypertension, diabetes, and heart disease, there are literally hundreds of studies showing that exercise can improve these illnesses. There is no question that exercise helps prevent and treat obesity and diabetes. In fact, it is nearly impossible for an overweight person to lose weight without some form of exercise.   
  
One in ten Americans are presently being treated for depression with an antidepressant medication. These numbers are unacceptable. There are many studies showing exercise outperforms the commonly prescribed antidepressants. Exercise certainly costs a lot less and has less adverse effects as compared to the antidepressant medications.   
  
In the case of fibromyalgia and chronic fatigue syndrome, studies have also shown the benefit of exercise. I know patients with these illnesses are very fatigued and don’t want to exercise. However, I can assure you, a mild exercise program will improve these illnesses. Patients can start with a short walk (five minutes or so) and increase the length of time by one minute per day.   
  
What prompted this article? A study from my alma-mater, The University of Michigan (playing in the Sugar Bowl January 3, 2012—GO BLUE!) found that patients with melanoma who had decreased core muscle density were more likely to see their cancer spread to distant parts of their body. In fact, the researchers reported that every 10 units of decreased muscle density was correlated with a 28% increase of recurrence of melanoma. (UofMhealth.org/news/cancer-mlanoma-0830). Furthermore, the scientists reported that frailer patients had more complications from surgery. Finally, the researchers said, “These new results distinguish that it’s the underlying vitality of the patient, not age that really matters.”   
  
What can you do? First, do not let your body become frail. Exercise daily with a program that you like—walking, cycling, aerobics, or whatever activity you like doing is fine. Twenty to thirty minutes every day or every other day is a reasonable goal.   
  
Finally, eat good food and keep your body hydrated. I call this “doing the basics”. Treating your body right can pay off in many ways, particularly when you are hit with a serious illness.**

posted by Dr. David Brownstein @ [**3:49 AM**](http://drdavidbrownstein.blogspot.com/2011/12/time-for-new-years-resolution.html) [**0 Comments**](http://drdavidbrownstein.blogspot.com/2011/12/time-for-new-years-resolution.html#comment-form)**[http://img2.blogblog.com/img/icon18_edit_allbkg.gif](http://www.blogger.com/post-edit.g?blogID=2907647712019182784&postID=5128553676737751617&from=pencil)**

**Monday, December 5, 2011**

**How to Treat Elevated Triglycerides with a Holistic Program**

**Ray is a 52 year old physician who has had high triglycerides his whole life. His triglyceride level would range from 500-1200mg/dl when normal triglyceride ranges are less than 150mg/dl. A triglyceride is a fat which contains three fatty acids and glycerol. There are many triglycerides normally found in nature including those found in vegetable oil and animal fats.   
Triglycerides are produced in the body by breaking down the fat we ingest. Furthermore, carbohydrates can be converted into triglycerides.   
  
Triglycerides are transported to the liver and packaged into lipoproteins such as LDL and transported to the tissues that need them. Fats, like   
triglycerides, can be used as a source of energy.  
  
Excess triglycerides can be taken up and stored by fat tissue. As previously stated, this storage of fat can be used for energy when needed. High triglycerides are a risk factor for heart disease and pancreatic disorders. Obesity, diabetes and metabolic syndrome have also been associated with high triglyceride levels. High triglyceride levels can be caused by eating a poor diet full of refined foods, hypothyroidism, kidney disease as well as genetic conditions.   
  
The most common cause of high triglycerides is eating a poor diet filled with refined carbohydrates such as bread, pasta, and cereal. Frequently, adjusting the diet by lowering the amount of refined carbohydrates effectively treats high triglyceride levels.  
  
Ray did not have any health issues. He ate well and ingested little refined carbohydrates. Although he tried eliminating carbohydrates, balancing his hormones with natural testosterone, as well as correcting nutrient deficiencies, his triglyceride levels stayed elevated.   
  
Two months ago, I asked Ray to undergo a liver detoxification program. I had him take TLC (Total Liver Care) powder--one scoop two times per day for six weeks. My partners and I (Drs. Ng and Nusbaum) formulated TLC to assist the liver’s detoxification pathways. It contains vitamins, minerals and herbal products that we have found to effectively support the liver's detoxification pathways. TLC contains such items as milk thistle, L-glutamine, and green tea extract.   
  
Ray’s response to this program was astounding. His triglyceride levels fell from 708mg/dl in August to 264mg/dl in November. The 708ng/dl reading puts him at risk for pancreatic problems. The 264mg/dl reading is not perfect, but it negates his risk for pancreatic problems. Ray assures me he did not change is diet or his habits during this time period.  
  
I have seen many patients improve their triglyceride, lipid and blood sugar levels as well as liver function tests with TLC. More information about TLC can be found at my website: www.centerforholsiticmedicine.com.**

posted by Dr. David Brownstein @ [**5:36 PM**](http://drdavidbrownstein.blogspot.com/2011/12/elevated-triglycerides-holistically.html) [**0 Comments**](http://drdavidbrownstein.blogspot.com/2011/12/elevated-triglycerides-holistically.html#comment-form)**[http://img2.blogblog.com/img/icon18_edit_allbkg.gif](http://www.blogger.com/post-edit.g?blogID=2907647712019182784&postID=1752888813766556061&from=pencil)**

**Wednesday, November 23, 2011**

**Lower Your Salt Intake? No Way!**

**For years, I have been lecturing and writing about the nonsensical argument the conventional powers-that-be claim that lowering salt in the diet will reduce your risk of cardiovascular disease. The data has never been shown that lowering salt intake to ridiculously low levels of 1,500mg/day will reduce your risk of heart disease. In fact, many studies show that lowering your salt intake to these levels will cause more heart attacks and mortality. Furthermore, low salt diets will lead to elevated insulin levels. Finally, low salt diets do not significantly lower blood pressure. More information about this can be found in my book, Salt Your Way To Health.   
  
A recent study in JAMA (November 23/30, 2011-Vol. 306, No. 20) looked at the association between sodium excretion and cardiovascular events in patients with established cardiovascular events or diabetes. The authors studied nearly 29,000 adults and found cardiovascular death was increased among those with the lowest and the highest sodium excretion.   
  
Sodium excretion is tied to how much sodium (or salt) is ingested. The more salt that is ingested the more sodium that is excreted in the urine. The reverse is true also; the less sodium ingested, the less sodium excreted. A crude estimate can be made that the amount of sodium ingested is equal to the amount of sodium excreted (as long as someone is not sodium deficient).   
  
We have been told we are ingesting too much salt. The Institute of Medicine (IOM) states, “Americans consume unhealthy amounts of sodium in their food, far exceeding public health recommendations. Consuming too much sodium is a concern for all individuals, as it increases the risk for high blood pressure, a serious health condition that is avoidable and can lead to a variety of diseases. Analysts estimate that population-wide reductions in sodium could prevent more than 100,000 deaths annually.”   
  
The IOM claims that Americans ingest more than 3,400mg of sodium per day which is about 1.5 tsp of salt per day. They claim that we should ingest no more than 1 tsp/day or 2,300mg/day. For those with hypertension, experts recommend less—about 1,500mg/day of sodium.   
  
The recent JAMA (November 23/30, 2011) study found the lowest rate of cardiovascular disease, cardiovascular death, heart attack, stroke, congestive heart failure and non- cardiovascular death occurred when the sodium intake was 4-6,000mg/day. Lower and higher intakes were found to increase a compositd of all the outcomes studied (in a near linear fashion). You read that right; lower and higher salt intakes were all associated with worse outcomes.   
  
In my book, I wrote about the dangers of a low-salt diet. Salt is a vitally important nutrient for the human body. We cannot live without adequate amounts of salt. Don’t believe the low-salt nonsense. However, you should educate yourself about which type of salt is a healthy salt.   
The healthiest salt is unrefined salt with its full complement of minerals. Celtic Brand Sea Salt, Redmond’s Real Salt and Himalayan salt are all good brands of unrefined salt.   
  
There are medical conditions where the body does not tolerate large amounts of salt. This can occur with those suffering from kidney failure or congestive heart failure. If you have these illnesses, please discuss your salt intake with your doctor.**

posted by Dr. David Brownstein @ [**7:53 PM**](http://drdavidbrownstein.blogspot.com/2011/11/dont-lower-your-salt-intake-yet.html) [**1 Comments**](http://drdavidbrownstein.blogspot.com/2011/11/dont-lower-your-salt-intake-yet.html#comment-form)**[http://img2.blogblog.com/img/icon18_edit_allbkg.gif](http://www.blogger.com/post-edit.g?blogID=2907647712019182784&postID=8718358975291027998&from=pencil)**

**Friday, November 18, 2011**

**Avoid Sucralose**

**Sucralose is an artificial sweetener found in many low-calorie, sugar-free products. Unfortunately, it has become a staple in our food supply. It is 600x as sweet as table sugar and over three times sweeter than aspartame (i.e., NutraSweet). I would venture a guess that a product that is 600x sweeter than table sugar is not be a healthy item for the human body.   
  
Sucralose contains three chlorine atoms in its structure. Heating sucralose can create a chemical reaction with the chlorine atoms where they are transformed into a toxic product.  
  
A recent study (Env. Sci. Techn. 2011; Aug 31.PMID:21879743) reported that water treatment plants were unable to fully remove sucralose from the finished drinking water. The researchers studied 19 U.S. water treatment plants serving more than 28 million people. The scientists reported that sucralose was found in the finished drinking water in 13 of 19 sites. What this means is that the water treatment plants were unable to remove sucralose from the end product coming out of your tap.   
  
Sucralose is not a healthy product. We eat more artificial sweeteners than any other people on the face of the planet. We also have more obesity than any other people on the face of the planet. I have found it nearly impossible for my obese patients to lose weight if they ingest artificial sweeteners. Besides the weight issues there is a whole host of adverse effects associated with artificial sweeteners including neurological and hormonal problems.   
  
The research behind sucralose has been largely funded by the industry that manufactures sucralose. Industry-funded research has been shown to be biased. I do not believe sucralose is a healthy product. It is best to avoid any food item containing sucralose.**

posted by Dr. David Brownstein @ [**7:14 AM**](http://drdavidbrownstein.blogspot.com/2011/11/avoid-sucralose.html)

**Vitamin Study Flawed**

**A study released a few weeks ago stated, “…dietary vitamin and mineral supplements may be associated with increased total mortality risk.” (Archives in Int. Med. Vol. 171. No. 18. Oct. 10, 2011). This article made the rounds in the media with headlines proclaiming, “Dietary Supplements Linked to Higher Mortality.” (Medicalnews.com).  
  
Are supplements dangerous? If you believe the media, the answer is “yes.” Let me sift through the study for you so that you can make an educated decision.  
  
The authors of the study looked at 38,772 older women in the Iowa Women’s Health Study. Their mean age at baseline, in 1986, was 62 years. The study participants self-reported their use of supplements three times over an 18 year period. The authors split the women into two groups; those that took dietary supplements and those that did not.  
  
Let’s go through the results. However, this is where things get tricky. In Table 2, the scientists reported that women who took dietary supplements such as vitamin B complex, Vitamins C, D, and E and calcium had a slightly decreased death rate as compared to nonusers of supplements. When the researchers adjusted the data for various factors such as educational level, place of residence, body mass index and others, the benefits of the supplements disappeared (except for calcium which still showed a benefit).  
  
In Table 3, comparing supplement users to non-users, the study found the risk of cancer mortality decreased in the vast majority of supplement users who used such items as a multivitamin, vitamins A, C, D, E an calcium. However, copper supplementation showed a higher cancer mortality rate. Most other nutrients studied showed a neutral effect. When the authors ‘adjusted’ the data for place of residence, diabetes, high blood pressure and other items, most of the beneficial effects disappeared.  
  
Table 4 looked at the risk of mortality from the use of supplements across the three time periods where the subjects turned in their questionnaires. The only supplements that showed an increased mortality rate were folic acid and iron.  
  
This was a very difficult study to read. The authors seem to have ‘adjusted’ the data to make supplement use appear to be problematic. However, even with their ‘adjustments’ I did not feel the study indicated that supplement use was detrimental. In fact, this paper found many different supplements (Vitamins C, D, E and calcium) actually decreased mortality rate. When the researchers began ‘adjusting’ the data, the positive numbers all began to look worse. However, the authors emphasized the negative results in the abstract and did not mention the positive results (except for calcium). This negative interpretation is what was picked up by the media.  
  
It is interesting to look at Table 4 where multivitamin users had a decreased mortality rate as compared to nonusers. I wonder why the media did not comment on this finding.  
  
This study can be faulted for many reasons. It looked at three surveys from 38,000 women over an 18-year time period. Think about that; these women were only surveyed three times in 18 years. No laboratory tests were ordered. Which supplements did the women take? Did they take them continually over the 18 years? Were the supplements doctor recommended? Did anyone check blood levels of these nutrients? No one knows. Data from surveys are notoriously problematic.  
  
The negative findings of this study occurred when the authors ‘adjusted’ the data. Even most of the negative findings were not significant. There was only a small increase in mortality—about 1% from those taking a multivitamin. This is a very small effect and could be due to chance.  
  
I say, “Forgetaboutit.” This study is a bunch of nonsense. If the authors had emphasized the positive aspects of nutritional supplementation found in this study it would never have been published in this journal.  
  
There are hundreds of articles on nutritional supplements every month. Some are positive, some are negative. My experience has shown the judicious use of supplements has many positive benefits.**

**Sunday, October 16, 2011**

**Should You Get A Flu Shot?**

**Fall is the time to consider whether you and your loved ones should get a flu shot. I see the advertisements in the pharmacies stating, “Flu shots given here.” So, let me present some data for you to decide if you should get a flu shot. Some of this article comes from my newsletter, “Dr. Brownstein’s Natural Way to Health.” More information about this newsletter can be found on my website homepage (www.drbrownstein.com).  
  
The CDC recommends that all children aged six months and older should get the flu vaccine. However, a review of over 51 studies involving 290,000 children reported, “…no evidence that injecting children 6-24 months of age with a flu shot was any more effective than a placebo. In children over two years, it was effective only 33% of the time in preventing the flu. Stated another way, the flu vaccine was useless for two-thirds of the children that received it. Another study found that the Flumist vaccine “…did not provide any protection against hospitalizations in pediatric subjects, especially children with asthma. On the contrary, we found a {300%} increased risk of hospitalization in subjects who did get the Flumist vaccine.”   
  
You would think that the flu vaccine would be effective in preventing the elderly from getting the flu. A review of 75 studies found that vaccinating the elderly was ineffective at preventing the complications from the flu. In fact, the researchers commented that the available evidence supporting the use of the flu vaccine in the elderly is of such poor quality the studies provide no guidance on the safety of the flu vaccine.   
  
Before you vaccinate for the flu, you should understand what is in the vaccine. The flu shot contains a mixture of egg proteins including bird contaminant viruses. It also contains polysorbate 80 (associated with infertility in animals), formaldehyde (a known carcinogen), Triton X100 (detergent), sucrose (sugar), and thimerisol (50% mercury by weight). The multi-dose flu vaccines still contain mercury which is the third most toxic item known to mankind. You should not ingest or inject any mercury containing products. Looking at this cornucopia of toxic ingredients should make it clear that it is best to avoid injecting the flu vaccine in any living being.   
  
Flulaval, the most commonnly prescribed flu vaccine on the market, contains 25ug of mercury per dose along with formaldehyde. Formaldehyde, as stated above, is a known carcinogen. In fact, this dose of thimerosol exceeds the EPA’s safety limit of mercury exposure by over 250 times. Mercury is a known neurotoxin and is the third-most toxic element known to mankind. Injecting mercury into any living being should be outlawed.   
  
How can you prevent becoming ill from the flu? Maintaining adequate vitamin A and D levels helps the immune system fight viral infections. Furthermore, ingesting daily amounts of vitamin C (2-5,000mg/day) can also help. Finally, drinking adequate amounts of water to maintain hydration helps the immune system ward off infection.  
  
References:  
Vaccines for preventing influenza in healthy children." The Cochrane Database of Systematic Reviews. 2 (2008).  
The American Thoracic Society’s 105th International Conference, May 15-20, 2009, San Diego. C94 VIRAL INFECTIONS IN CHILDHOOD RESPIRATORY DISEASE / Mini Symposium / Tuesday, May 19/1:30 PM−4:00 PM  
Cochrane Database of Systematic Reviews 2010, Issue 2. Art. No.: CD004876. DOI: 10.1002/14651858.CD004876.pub3**

posted by Dr. David Brownstein @ [**5:30 AM**](http://drdavidbrownstein.blogspot.com/2011/10/fall-is-time-to-consider-whether-you.html)

**Thursday, October 6, 2011**

**Just Say "No" to Dietician Nonsense**

**Folks, I posted a blog post in September, 2010 describing the American Dietetic Association's ploy to pass a law in all 50 states which mandates that only licensed nutritionists or dieticians (RD's) will be allowed to provide nutritional or dietary advice. Other licensed practitioners such as pharmacists, nurses, naturopaths, and CCN's would be prohibited from discussing nutritional and dietary advice. I know this sounds crazy, but my state legislature passed this law in 2006. Governor Granholm signed the law shortly afterwords.   
  
The good news is that the law has not been enforced yet. Furthermore, the new Governor (Snyder) has decided to review every occupational licensing law in the state.   
  
I just sent a letter opposing this law to the Office of Regulatory Regulation at the State of Michigan. I am encouraging each of my readers to send the Office of Regulatory Regulation (orr@mi.gov)your comments about this asinine law. Please reference Nutrition Licensing Law PA333.  
  
Here is what I sent them:  
  
To: The Office of Regulatory Regulation (orr@mi.gov)  
From: David Brownstein, M.D.  
Medical Director  
Center for Holistic Medicine   
5821 W. Bloomfield, MI 48323   
  
Re: Nutrition Licensing Law PA333  
October 5, 2011  
To Whom It May Concern,  
I am the Medical Director for a busy holistic medical practice which consists of three medical doctors and numerous support personnel. Our practice focuses on prevention, wellness and integrative medicine. We have been in practice for nearly 15 years and have been actively counseling our patients about diet since our inception.   
My partners and I strongly oppose the nutrition licensing law PA333. Restricting dietary advice to licensed dieticians is a recipe for disaster. Our experience has clearly shown that no single group, including resident dieticians, should be licensed to provide dietary advice.   
There are many qualified Nutritionists that are credentialed and certified through other programs. There are many health care practitioners that include nutrition recommendations in their care, such as nurses, pharmacists, naturopaths, etc. This respect for the value of nutrition among multidisciplinary healthcare professionals can only benefit Michigan citizens. I am imploring you to allow patients to have a choice of who they want to receive their dietary advice from.   
As previously stated, my partners and I have been providing dietary advice for patients for many years. Over the years we have utilized many different practitioners to aid us, including both RD’s and other Nutritionists. There is absolutely no justification to allow RD’s to be the only licensed practitioners able to provide dietary advice.   
The last thing we need in the state of Michigan is more barriers to patients seeking dietary advice. We have enough regulation; we do not need this law.   
Thank you for your consideration,   
  
David Brownstein, M.D.**

posted by Dr. David Brownstein @ [**5:34 PM**](http://drdavidbrownstein.blogspot.com/2011/10/just-say-no-to-dietician-nonsense.html) **[http://img2.blogblog.com/img/icon18_edit_allbkg.gif](http://www.blogger.com/post-edit.g?blogID=2907647712019182784&postID=5766026812330625833&from=pencil)**

**3 Comments:**

* At [**October 7, 2011 6:17 AM**](http://drdavidbrownstein.blogspot.com/2011/10/just-say-no-to-dietician-nonsense.html#c3616435014884129260) , AnonymousAnonymous said...

Not all doctors are like you, that believe in prevention. So does that make medical doctors not qualify to treat their patients?It is the same with all registered dietitians. We are not all the same. I recognized that a lot of Registered Dietitians do not believe in supplementation, homeopathy, etc. On the other end there are some of us, including myself that use supplementation, homeopathy, etc. I have attended your seminar, have all your books. I believe that as registered dietitian I can provide my patients with individualized meal plans to help them manage their medical condition along with nutritional supplementation, homeopathy. I have seen a lot of naturopath, homeopath that do not really know anything about nutrition. I believe we live in a free country and it is up to the public to decide what is best for their well being. whether they choose a Registered Dietitian or any other type of alternative doctor.

* At [**October 7, 2011 12:36 PM**](http://drdavidbrownstein.blogspot.com/2011/10/just-say-no-to-dietician-nonsense.html#c7728487959000260403) , AnonymousDr. Brownstein said...

I agree. There are many physicians who are not qualified to discuss diet with their patients. The purpose of the post was not to pick on RD's (well, maybe a little bit- but they brought it on themselves by promoting this asinine law). The purpose was to let the public decide who they want to see for dietary advice. There are qualified RD's, M.D.'s, N.D.'s, D.C.'s, nurses and others out there. We don't need a law limiting the discussion of diet to one group.

* At [**December 27, 2011 6:11 AM**](http://drdavidbrownstein.blogspot.com/2011/10/just-say-no-to-dietician-nonsense.html#c4996599380219644349) , AnonymousAnonymous said...

NO SALT??? I began working in the Dietary Service at LLU Hospital at 13 years of age doing special diets. Salt Free, Fat Free etc. So for 60 years, have avoided salt as much as possible. About 3 years ago, I began having Vertigo. Move head=vomit. Was given Antivert, which caused hives and vomiting. Doctor had me doing the head movement, which helped. Would have to get up very slowly to avoid falling. Your article on using Sea Salt, which is the only salt in my house, for Vertigo was interesting. So into a glass of water went some Sea Salt. The next morning, I got right up and didn't realize there was no dizziness upon standing. About an hour later, it dawned on me that I hadn't been dizzy. I have taken the Sea Salt everyday since, for the first time in over 3 years, there is not a hint of dizziness. Your newsletters have given me back my ability to get up, bend over and do everyday activities again. Thank you so much.

**Saturday, October 1, 2011**

**Avoid Taking Zetia**

**I received the latest National Geographic magazine with interest. The cover story is titled, “The New Science of the Teenage Brain.” With two teenagers at home, I was interested to read this article. Perhaps the magazine article could help to clarify what happened to my sweet children. But, that is not the purpose of this post.   
  
I decided to write this blog post after reading the advertisement for the drug Zetia. The headline for the ad page states, “If you take a statin, ZETIA can help lower LDL (bad) cholesterol even more.”   
  
Since when is LDL a ‘bad’ cholesterol molecule? We cannot live without LDL cholesterol. In fact, there are numerous studies showing neurological disorders such as Parkinson’s occur more frequently when LDL-cholesterol levels are too low. In fact, many of these studies show a direct, linear correlation between lowered LDL-cholesterol levels and the development of neurological problems.   
  
Does Zetia lower LDL-cholesterol levels? The answer is “yes”. Has Zetia been shown to lower the risk of developing a heart attack? The answer is “no.” In fact, in the advertisement, near the lower side it states, “…Zetia has not been shown to prevent heart disease or heart attacks.”   
  
I feel that the research is clear; Zetia should not be prescribed for any condition. It has not been shown to prevent heart attacks or strokes nor does it prevent atherosclerosis (i.e., plaque in the arteries). Zetia is a multimillion drug for the Big Pharma Cartel that should never have been approved. Furthermore, it should be removed from the market.   
  
If you are taking Zetia, I suggest talking with your doctor about stopping it. For more information about cholesterol medications and natural ways to treat high cholesterol levels I refer you to my book, *Drugs That Don’t Work and Natural Therapies That Do.***

posted by Dr. David Brownstein @ [**5:00 PM**](http://drdavidbrownstein.blogspot.com/2011/10/avoid-taking-zetia.html)

**Friday, September 23, 2011**

**New Drugs Cause Life-Threatening Infections**

**The FDA announced (9.7.11) a new warning for all tumor necrosis factor alpha (TNF-alpha) inhibitors to include a warning about the risk of “…serious and sometimes fatal infections from two bacterial pathogens Legionella and Listeria.   
  
TNF-alpha blockers (e.g., Humira, Enbrel, and Remicade) are used to treat many autoimmune disorders such as rheumatoid arthritis, Crohn’s disease, ulcerative colitis, psoriatic arthritis, and juvenile arthritis. How could these drugs predispose a patient to becoming ill with a life-threatening infection? This question is not a hard question to answer. One only needs to look at the mechanism of action of TNF-alpha drugs and realize that their use is bound to cause an increased risk of infection.   
  
Patients do not become ill with an autoimmune disorder due to producing too much TNF-alpha. TNF-alpha is a molecule produced in the inflammatory cascade. Inflammation is associated with pain. For example, if you sprain your ankle, the ankle becomes swollen and red. The swelling and red color are both signs of inflammation. In the case of an ankle sprain, the inflammatory response recruits white blood cells and other healing cells to the area of injury in order to start the healing process. Without this inflammatory response, a sprained ankle would not be repaired.   
  
In the case of an inflammatory autoimmune disorder such as rheumatoid arthritis, my clinical experience has shown that the inflammation of the joints is often the body’s response to an infectious agent. I discuss this concept in detail in my book, *Overcoming Arthritis*. Treating the infectious agent can eliminate the cause of the inflammation and allow the body to repair the damage. The worst thing you can do in this situation is to shut off the body’s inflammatory response with a drug like a TNF-alpha blocker. In the case of an underlying infection, blocking the production of TNF-alpha is bound to cause a dysfunction of the immune system. The end result is a lack of the immune system’s ability to fight or control an infection.   
  
Yes, blocking TNF-alpha can treat the symptoms of arthritis, but keep in mind, these drugs do not treat the underlying cause of the illness. In fact their long-term use is bound to cause problems with the immune system including the development of potentially life-threatening infections.   
  
What can you do if you have an inflammatory disorder? The first step is to ascertain the underlying cause(s) of the disorder. Eliminating inflammatory-provoking foods such as dairy and gluten can help. Furthermore, removing refined sugar is a must. Eating a healthy, whole-food based diet provides the body with nutrients that not only aid the immune system but provide the body with the raw materials needed to promote healing. Next, drinking adequate amounts of water helps the body overcome illness. Finally, correcting nutrient imbalances can further aid the body’s capability to overcome arthritis.   
  
There is a time and a place to use drugs like Remicade and Humira as TNF-alpha drugs can provide symptomatic relief from painful conditions. However, their use should be limited to patients who have failed all other therapies and for those in dire need of relief from pain. Adopting a holistic approach, as outlined above, can minimize or many times eliminate the need for these drugs. TNF-alpha drugs should be used with utmost caution and for the shortest period of time possible.**

**Monday, September 5, 2011**

**It is getting harder and harder for all of us to maintain our optimal health. Why is obtaining and maintain optimal health becoming more difficult? The answer is simple; our exposure to toxic chemicals is continuing to increase. In our modern world, we are continually exposed to toxins at ever-increasing numbers. In fact I frequently diagnose my patients with toxicity issues which include having elevated amounts of mercury, aluminum, arsenic, bromine, and lead. A proper diagnosis and treatment plan can help the body eliminate toxic substances.  
  
Even our clothing can contain toxic chemicals. In my book, *Iodine Why You Need It, Why You Can’t Live Without It*, I discuss the widespread problems with bromine toxicity. Bromine is a toxic halide that is used as a fire retardant in many consumer products such as clothing (and food). Bromine is the most common toxic item that I have identified in my patients. In my book, I discuss safe and effective ways to detoxify bromine including supplementing with iodine.   
  
It is not just bromine that we need to be concerned with. Greenpeace reported that samples of clothing from 14 top clothing manufacturers were contaminated with chemicals known as nonylphenol ethoxylates (NPE’s). NPE’s break down into nonylphenol which is considered a toxic, persistent organic pollutant. That means it is not easily broken down and it can last in the environment for a long period of time. NPE toxicity comes from its ability to mimic and bind to estrogen receptors in the body. These chemicals have been found to cause the feminization of male fish as well as to disrupt hormones in mammals (including humans).   
  
Greenpeace purchased 78 branded clothing samples from 18 countries including China, Vietnam, Malaysia, and the Philippines in order to complete their study. These clothes were manufactured by 14 different companies including Adidas, Uniqlo, Calvin Klein, H&M, Abercrombie & Fitch, Lacoste, Converse, and Ralph Lauren. (On a side note, I am writing this blog sitting at my computer wearing a Ralph Lauren polo shirt.)   
  
If our clothing contains toxic chemicals, what can you do? I believe the most important thing you can do is to ensure that your detoxification pathways are optimally functioning. How do you accomplish this? The first step to optimizing your detox pathways is to maintain adequate hydration. In other words, drink appropriate amounts of water. Water helps flush out toxins and optimal hydration helps lower the concentration of toxic items in the body. How much water should you drink? Take your weight in pounds, divide by two and the resulting number is the amount of water, in ounces, to ingest per day.   
  
Next, ensure that your detoxification pathways have optimal levels of antioxidants and nutrients. This includes taking vitamins C and E. Both Vitamins C and E help neutralize many toxins as well as aid in the removal of toxins from the body. Alpha lipoic acid is another important nutrient that can not only neutralize toxins but also aids in their removal. I frequently prescribe 300mg/day of alpha lipoic acid to aid in the detoxification process.   
  
Finally, I cannot emphasize the importance of periodically undergoing liver detoxification. One of the liver’s main responsibilities is to neutralize toxins so they can be eliminated in the urine or the stool. In our toxic world, the liver is often overworked and overstressed trying to keep up with the increasing toxic load we are exposed to.   
  
My partners and I have designed a product—Total Liver Care or TLC— which stimulates both phases of liver detoxification. This product took us over 10 years to develop. TLC supplies the liver with the vital nutrients it needs in order to improve its detoxification capabilities. Because we are exposed to multiple toxins on a daily basis, periodically detoxifying the liver can help the liver eliminate many of the toxic chemicals such as those described above.   
  
I generally recommend one scoop of TLC twice per day until the can is finished. Adding in alpha lipoic acid (300mg twice per day) enhances this process. These products can be found at my office website: www.centerforholisticmedicine.com.  
  
One last thought—there is no substitute for eating a healthy diet. Eating unrefined food supplies the body and the liver with the proper nutrients in order to optimize the detoxification pathways.**

posted by Dr. David Brownstein @ [**5:38 PM**](http://drdavidbrownstein.blogspot.com/2011/09/it-is-getting-harder-and-harder-for-all.html)

**Wednesday, August 17, 2011**

**Radiation Disaster in Japan Still Occurring**

**I just spoke with a Steven Thompson who is living Osaka, Japan. He called to inform me about what is truly going on in Fukushima, Japan. What he told me was chilling.   
  
Steven recently went to Fukushima city and found high radioactive background measurements at every site that he tested. Fukushima city is 60km (or about 37 miles) from ground zero—where the nuclear meltdown occurred. The Japanese government has stated that it is safe for residents to stay in Fukushima city.   
  
Steven used a handheld Geiger counter to gather his data. As previously mentioned, he found radioactive levels were consistently measuring high in every area that he tested. In fact, he found that the level of radioactivity measured over 100x the acceptable limits.   
  
He also told me that the Japanese government is discouraging its citizens from taking iodine supplements claiming that iodine supplementation is toxic. I guess radioactive iodine released from Fukushima is ok, but iodine supplements are somehow toxic. Sounds like up is down and down is up logic to me.   
  
Furthermore, Steven told me that it is literally impossible to get iodine supplements in Japan. He claimed that there are reports that iodine supplements are being confiscated. Shortly after the disaster occurred, I wrote to a Japanese friend and asked if I could donate iodine supplements for distribution. My friend told me the same thing; unless they are hand carried into the country, they will be confiscated.   
  
It is clear the Japanese government is not providing reliable information to its own citizens as well as the world. There are recent reports that Japanese beef, manure and feed for animals have been found to be contaminated with radioactive cesium.   
  
Folks, this nuclear disaster is still occurring. Radiation is still leaking. Although we are not directly connected to the mainland country of Japan, we will receive doses of radiation due to the jet stream. I have reported that to you on previous blogs. The most important thing you can do to protect yourself from radiation exposure is to eat a healthy diet full of whole foods, ensure adequate antioxidant nutrients such as vitamins C, E and iodine. In fact, it is vitally important to maintain optimal levels of iodine in your body so that radioactive iodine particles have nowhere to bind in your body. More information about iodine can be found in my book, Iodine: Why You Need It, Why You Can’t Live Without It.  
I will post more information about the Japanese disaster in future blog posts and in my newsletter.   
  
Steven went to Fukushima on July 25, 2011--over four months after the disaster--to measure the radioactivity with a Geiger counter. You can see the video by pasting the following link in your browser: http://www.youtube.com/watch?v=t0zDo-HYIT0. It is clear that the disaster is still occurring. There are nearly 300,000 citizens of Fukushima city still living there. I would not want to be living there, nor would I want my children there.**

posted by Dr. David Brownstein @ [**5:03 PM**](http://drdavidbrownstein.blogspot.com/2011/08/radiation-disaster-in-japan-still.html)

**Saturday, August 6, 2011**

**Mammograms Not Effective In Lowering Breast Cancer Mortality**

**Are screening mammograms effective in reducing deaths from breast cancer? The mainstream media and the medical-industrial complex would have you believe that mammograms are the best thing you can do to diagnose breast cancer at an early stage. The theory is that an early diagnosis leads to a better treatment outcome.  
  
In order to answer the above question, researchers compared the trends in breast cancer mortality within three pairs of neighboring European countries in relation to mammogram screening. The participants were grouped into three pairs; Northern Ireland (U.K.) v. Republic of Ireland, the Netherlands v. Belgium and Flanders, and Sweden v. Norway. Each paired group had one country that was using mammography screening since 1990 while the other country did not adopt screening recommendations until years later. The World Health Organization mortality database along with data sources on mammography screening and cancer treatment were used for analysis.   
  
From 1989-2006, the authors found breast cancer mortality similarly declined in all the countries. It did not matter which country was screening and which country was not screening via mammography. For example, in Northern Ireland (U.K.) over 70% of women aged 50-69 were screened yearly with mammography as compared to less than 30% of similarly aged women in the Republic of Ireland. Comparing the years 1998 through 2005, this study found the overall decline in breast cancer mortality between the two countries was virtually the same; a decline of 30% in Northern Ireland and 27% in the Republic of Ireland. Similar results were found in the other paired countries; mammography was not shown to decrease the mortality rate from breast cancer.  
  
In this study the authors conclude, “…that {mammogram} screening did not play a direct part in the reductions in breast cancer mortality.” I have written about the failure of mammograms in my monthly newsletter, Dr. Brownstein’s Natural Way to Health (information about this newsletter can be found on my website). Mammography does not prevent breast cancer; it is used as a diagnostic tool only. It makes no sense to radiate cancer-prone areas of the body on a yearly basis. In fact, 10 years of mammogram radiation provides a similar amount of radiation that women received who were one mile from ground zero in Hiroshima. Even though mammograms have been around for over 20 years, there is no research that shows conclusively that mammograms improve breast cancer mortality.   
  
It is unclear why breast cancer mortality rates have been falling. It may be due to better treatment or it may be due to differences in diagnosis. Certain non-aggressive breast cancers (i.e., DCIS—ductal carcinoma in situ) were only recently diagnosed as breast cancer in the mid 1990’s. Before then, women who had DCIS were not classified as having breast cancer. A woman diagnosed with this type of cancer would be expected to live a longer time versus a woman with a more aggressive cancer. Adding the commonly diagnosed DCIS to breast cancer statistics is bound to improve mortality rates.   
  
What can you do to prevent breast cancer? The number one thing you can do is to eat a healthy diet free of synthetic hormones. That means eating animal products that have not been fed synthetic hormones. Furthermore, ensure that you have adequate iodine levels as low iodine levels have been implicated in animal and human models as a possible cause for developing breast cancer. More information about iodine and breast cancer can be found in my book, Iodine: Why You Need It, Why You Can’t Live Without It.   
  
Instead of mammograms, perhaps consider thermography. A thermascan measures the heat off the breasts. Hot areas can be associated with increased blood vessels and cancer. Although thermascans do not prevent breast cancer, they do no expose sensitive areas of the body to dangerous ionizing radiation. More information about thermography can be found at: www.thermascan.com.  
  
Finally, in these tough financial times, our health care dollars could be better spent on true preventive measures such as educating people why it is so important to eat a healthy diet. We spend too much money on procedures and drugs that do not prolong our lives or improve our quality of living. Until there is data to the contrary, mammograms are one screening procedure we could do without.**

posted by Dr. David Brownstein @ [**2:11 PM**](http://drdavidbrownstein.blogspot.com/2011/08/mammograms-not-effective-in-lowering.html) **[http://img2.blogblog.com/img/icon18_edit_allbkg.gif](http://www.blogger.com/post-edit.g?blogID=2907647712019182784&postID=6565771473030022818&from=pencil)**

**3 Comments:**

* At [**August 6, 2011 6:15 PM**](http://drdavidbrownstein.blogspot.com/2011/08/mammograms-not-effective-in-lowering.html#c4617327532317518166) , AnonymousAnonymous said...

Please state your sources and the studies that support this. I happen to be a mammographer and a day does not go by when I don't see an early breast cancer found from a mammogram. I think these studies are hogwash. A thermagram is not as accurate as a mammogram and is not a diagnostic tool. If a thermagram shows an area of suspicion, guess what? The patient gets a mammogram. Digital mammograms are only 80% accurate, but there is nothing that is 100%. A womans best chance of finding an early breast cancer is by getting a doctor to do a yearly breast exam, the patient to check her own breasts monthly, and getting a yearly mammogram. Just ask the woman that are living today because their breast cancer was found early from a mammogram.

* At [**August 7, 2011 8:39 AM**](http://drdavidbrownstein.blogspot.com/2011/08/mammograms-not-effective-in-lowering.html#c1117122472472636369) , Anonymous[**Dr. Brownstein**](http://www.drbrownstein.com) said...

The source for the article is: BMJ. 2011;343:d4411.  
There is no question that mammograms detect breast cancer at an early stage. However, if early detection does not change the outcome of the illness, then should we be spending a lot of health care dollars on equipment/procedures which enhance early detection? Furthermore, if there is harm (e.g., ionizing radiation) with these procedures, then I feel patients should be fully informed of all of the data in order to make an appopriate decision whether to undergo screening.  
80 years of research has shown early detection has not markedly improved survival from breast cancer. Clearly what we are doing is not giving us the 'bang for the buck'.  
Again, keep in mind; mammograms do not prevent breast cancer. Mammograms are diagnostic. We need to spend more health care dollars (or at least some health care dollars)researching safe and effective ways to prevent breast cancer.  
David Brownstein, M.D.

* At [**September 25, 2011 5:43 AM**](http://drdavidbrownstein.blogspot.com/2011/08/mammograms-not-effective-in-lowering.html#c992672257685195524) , OpenID[**Jeffrey Dach MD**](http://profile.typepad.com/6p00e54ef66f7e8833) said...

Especially disturbing is that mammography screening generates large numbers of procedures, biopsies and surgeries, with little impact on the numbers of advanced breast cancers. This point was raised by Laura Esserman in her 2009 JAMA article. New studies by Karsten Juhl Jørgensen, M.D. and Philippe Autier in the BMJ are very supportive of Dr Esserman's conclusions.   
  
The basic problem is the large numbers indolent, non-aggressive lesions called DCIS (Ductal Carcinoma in situ) detected by screening mammography as small calcifications. DCIS is quite common in the population. A 1987 Danish study by Nielsen found DCIS in 20% of women randomly sampled at autopsy. Although DCIS is treated aggressively as an invasive cancer, it is really very indolent. Yet, DCIS has a 98% -10 year survival, and a NIH consensus conference recommends deleting the terminology "cancer" from its pathology description.   
  
For more: http://www.bioidenticalhormones101.com/Screening\_Mammography.html  
  
jeffrey dach md

**Friday, July 22, 2011**

**Why My Mother Refused To Eat Hospital Food**

**My mother was in the hospital this week for surgery. Thankfully, she came home today. However, I wanted to write to you about the diet she was placed on while in the hospital.  
  
Since she had bowel surgery, she was put on clear liquids immediately after the surgery. When the clear liquid tray was brought up to my mother she said, "I would rather starve than eat that mess."**

**[](http://2.bp.blogspot.com/-Zj29Pt_7q4w/Tina9KvWhRI/AAAAAAAAABU/ooPH48KEnx0/s1600/DSC01197.JPG)**

**There were five items given to my mother (see the picture on the right). Chicken broth from bouillon, diet sorbet, decaffeinated coffee, diet jello, and something labelled fruit ice. The ingredients from the bouillon cubes included partially hydrogenated soybean oil, sugar, hydrolyzed corn pectin,and silicon dioxide. There were a few other ingredients that I could not pronounce--I would assume they are not good things to ingest. In fact, I have been telling my patients for years to read food labels and only purchase items where you can prounounce all the ingredients.  
  
One other thing; she could have as much diet soda as she desired.   
  
As for the fruit ice, diet jello, and diet sorbet, I did not see any healthy ingredients in them. The diet sorbet and jello contained aspartame. Asparatme is a very toxic substance and should be avoided.   
  
You would think that a post-surgery patient, in the hospital, would be given healthy food to help heal the body. You can see what they gave my mother to eat was far from healthy. In fact, I would say what they tried to feed my mother would inhibit healing. The amount of refined sugar in these substances is bound to inhibit healing as studies have shown refined sugar actually disrupts the normal functioning of the white blood cells for a few hours. There was nothing nutritious in any of the items they served her.  
  
What did we do? I was tempted to call the dietician to her room, but I felt that would not go well. Instead, I brought my mother healthier chicken broth made from an organically-fed chicken. I had her drink a lot of water and avoid the 'food' that was served to her.  
  
My mother commented, "How do they expect you to heal with drinking unhealthy food?" It is truly amazing to me that patients do get better eating food like this.   
  
I am sure patients would heal better if served healthy food in the hospital. It makes sense; provide the body with the proper nutrients and it will take care of itself.**

posted by Dr. David Brownstein @ [**2:00 PM**](http://drdavidbrownstein.blogspot.com/2011/07/why-my-mother-refused-to-eat-hospital.html) **[http://img2.blogblog.com/img/icon18_edit_allbkg.gif](http://www.blogger.com/post-edit.g?blogID=2907647712019182784&postID=5637001066088911368&from=pencil)**

**Sunday, July 10, 2011**

**Why You Should Not Use Pesticides and Herbicides**

**In the Detroit Free Press today (7.10.11) the front page headline reads, “New lawn chemical chief suspect in mysterious deaths of trees.” The article describes how millions of dollars of Norway Spruce and white pines are dying this summer. The culprit is thought to be a new lawn chemical known as Imprelis. This chemical is manufactured by DuPont.   
  
Imprelis was promoted by DuPont to control weeds such as dandelions. The article quotes a landscaper as saying that he thought he was doing the right thing by switching herbicides to Imprelis.  
  
Doing the right thing? Sorry, I am not buying that one. We are polluting our environment by using herbicides and pesticides in order to have a green lawn. Pesticides and herbicides are bound to cause harm to humans and other animals as many of these chemicals are known as persistent organic pollutants. That means they are not easily broken down in the environment and their toxic effects can persist for a long period of time.   
  
Research has found medical problems such as non-Hodgkin Lymphoma, leukemia, cancer of the brain and prostate, birth defects, fetal death and neurodevelopmental disorders associated with pesticide use.   
  
All for a green lawn? No way. Not at my house. I would not want to expose my children or my dog to toxic chemicals. I don’t use pesticides and herbicides and I strongly encourage you to avoid these products. Pesticides and herbicides are much more than weed controllers; they are toxins to humans and other animals alike.**

posted by Dr. David Brownstein @ [**5:52 PM**](http://drdavidbrownstein.blogspot.com/2011/07/why-you-should-not-use-pesticides-and.html) **[http://img2.blogblog.com/img/icon18_edit_allbkg.gif](http://www.blogger.com/post-edit.g?blogID=2907647712019182784&postID=5369908385168269631&from=pencil)**

**2 Comments:**

* At [**July 10, 2011 6:33 PM**](http://drdavidbrownstein.blogspot.com/2011/07/why-you-should-not-use-pesticides-and.html#c1480190080305957720) , AnonymousAnonymous said...

If people are putting processed foods with chemicals in their bodies they will most certainly not care if they go on their lawns. Thanks for posting hope more people like us stop putting that nonsense on their lawns. I take pride in my not so perfect lawn and my three healthy kids running thru it...

* At [**July 10, 2011 6:52 PM**](http://drdavidbrownstein.blogspot.com/2011/07/why-you-should-not-use-pesticides-and.html#c2193324035482915225) , AnonymousDavid Brownstein, M.D. said...

I agree. I wouild like to say that my not-so-perfect lawn does have healthy crop of dandelions every year!

**Monday, July 4, 2011**

**Airport X-Ray Scanners Part 2: You Decide Who Is The Idiot**

**I dropped my daughter off at the Detroit airport this morning as she was on her way to a wilderness camping adventure. I want to come back as my daughter. However, reincarnation is not the purpose of this blog post.   
  
I wrote a recent post to you about saying “no” to airport X-ray scanners. I told Jessi about these scanners and I advised her to tell the TSA agent that she did not want to be irradiated. Actually, I told her to tell the agent that she did not want to go into the X-ray scanner machine.   
This morning, I forgot to remind Jessi about the X-ray scanner. About 30 minutes later I received a text from her. It said, “When I went through security, I told the agent that I did not want to go through the scanner. He asked ‘why?’ I told him my doctor told me not to go through the X-ray machine. He said, ‘Your doctor is an idiot’.”   
  
I assume that the TSA agent was referring to me as the ‘idiot’. Well, as the idiot involved in the story, I have a differing opinion.   
There is no known safe dose of ionizing radiation. None. These scanners use ionizing radiation. The amount of radiation used by these machines is unknown since the data is being hidden by the TSA. In fact, these scanners have not been properly tested to ascertain if they are indeed safe. In fact, there are no plans (that I have seen) to properly test these machines.   
  
There is no doubt that pregnant women and children are more vulnerable to ionizing radiation. I think everybody should avoid these X-ray machines, but pregnant women and children should be exempted from being irradiated.  
Just because you are thinking about the consequences of exposing your body to unnecessary ionizing radiation does not make you an idiot. An idiot is one who blindly follows orders from TSA agents who have little understanding about what they are exposing the public to.**

**Wednesday, June 29, 2011**

**Coronary CT Scans: Dangerous and Best Avoided**

**I am asked by many patients if they should get a coronary CT scan to evaluate the status of their coronary arteries. Coronary CT scans are a noninvasive way to visualize calcification in the coronary arteries. The only other way to visualize atherosclerotic changes in the coronary arteries is through an angiogram where a catheter from the groin is thread to the coronary arteries.  
  
It must be better to do a coronary CT scan--versus an angiogram-- since it is non-invasive—right? The answer to this question is easy; coronary CT scans should be avoided.   
  
As a population, we undergo too many CT scans. CT scans expose the body to a huge amount of radiation. A coronary CT scan can supply 100x the radiation of a chest X-ray. There are estimates that over two percent of all cancers in the U.S. are the result of too many X-ray procedures with CT scans being the leading radiologic cause of harmful medical radiation.  
You would expect an effective medical screening test would lead to early diagnosis in order to improve the outcome of the disease—correct? In the case of heart disease, coronary CT scans should be able to safely diagnose atherosclerosis before a problem develops. Furthermore, the treatment plan should result in a lowered cardiac event rate (i.e., less heart attacks and death).  
Researchers studied a group of 1,000 patients who underwent a coronary CT scan. In the 1,000 patients who had the coronary CT scan, 215 had a positive test indicating that they had advanced atherosclerosis. Compared to the group who did not test positive, the positive CT-scanned group were prescribed statins at a 700% higher rate. Furthermore, as compared to the negatively screened group, the positive CT-scanned patients also had four times as many secondary cardiac tests (including angiograms) as well as bypass surgeries at a 10x higher rate.   
Since the positive CT-scanned group received the various medical interventions, you would hope that they would have a better long-term outcome. However, the opposite occurred. The researchers found that there was no difference (at 18 months) in cardiovascular events (e.g., heart attacks, cardiac deaths, and angina requiring hospitalization) between the two groups.   
  
What can we conclude here? Coronary CT scans did not result in less cardiac adverse events but did result in more medication usage, surgery and testing. And, don’t forget, the positive coronary CT scans resulted in a lot of money being spent on therapies that did not change the outcome. Finally, all the patients who underwent the coronary CT scans were exposed to a large amount of damaging radiation.  
  
There is no place for coronary CT scans. They are used as a diagnostic modality only. Coronary CT scans expose patients to excess amounts of ionizing radiation and they have not been shown to improve the cardiac event rate. They are not worth the risk.   
  
Arch. of Int. Med. Online. May 23, 2011.**

posted by Dr. David Brownstein @ [**6:49 PM**](http://drdavidbrownstein.blogspot.com/2011/06/coronary-ct-scans-dangerous-and-best.html)

**Sunday, June 19, 2011**

**Just Say "No" to Airport X-ray Scanners**

**I just returned from lecturing in Florida. As I was going through the security line at the airport, I was watching my fellow passengers to see if they would opt out of going through the x-ray scanner. Almost nobody did. When it was my turn, I told the TSA agent that I did not want to go through the x-ray machine. I was taken aside and given a pat-down.  
  
When all of this was going on, I saw many people going through the regular metal detectors. I asked the agent if I could go through that instead and he said, “No. Those are for airport personnel only. Since they come and go frequently, they do not have to go through the x-ray machines.”  
  
I would not recommend going through the x-ray machine. All ionizing radiation is damaging. These machines have not been properly tested and we do not know the long-term effects of being exposed to the radiation given off by them. And, if the TSA thinks the pilots and stewardesses need to be protected, well, so do the rest of us.   
How much radiation are you exposed to from these machines? I have not been able to find a reliable source for this. In fact, I have seen information that the TSA is not doing the proper studies and is not releasing the information that would help us determine how much radiation is used by these machines.   
So, when you are at the airport, remember to just say “no” to the x-ray scanner. It isn’t worth the risk.**

posted by Dr. David Brownstein @ [**1:35 PM**](http://drdavidbrownstein.blogspot.com/2011/06/just-say-no-to-airport-x-ray-scanners.html) **[http://img2.blogblog.com/img/icon18_edit_allbkg.gif](http://www.blogger.com/post-edit.g?blogID=2907647712019182784&postID=5605689782258732879&from=pencil)**

* At [**September 15, 2011 9:19 AM**](http://drdavidbrownstein.blogspot.com/2011/06/just-say-no-to-airport-x-ray-scanners.html#c888362071436597510) , AnonymousAnonymous said...

When most people line up at Security, they put their bags on the conveyor and then walk through something to get their bags on the other side. Are they walking through a metal detector or is that an x-ray machine as well?

* At [**September 25, 2011 5:26 PM**](http://drdavidbrownstein.blogspot.com/2011/06/just-say-no-to-airport-x-ray-scanners.html#c5056412084773887942) , Anonymous[**David Brownstein**](http://www.drbrownstein.com) said...

The airport scanner you want to avoid is the one where you have to put up your hands and stand there while the machine takes a radiographic picture of you. The metal dectector machines do not emit any radiation. They are the machiners that you simply walk through.

**Wednesday, June 15, 2011**

**More ADA Nonsense**

**I posted an article to my blog (September, 2010) about how the dieticians—RD’s—are trying to pass a law in each state which mandates that only RD’s can legally discuss nutrition with patients. This effort is being promoted by the American Dietetic Association (ADA). In September, 2010, I wrote, “The ADA claims that it strives to improve the nation’s health and advance the profession of dietetics through research, education and advocacy. If only that were true. It makes you wonder, since their corporate sponsors/partners include Pepsi-Cola, Coca Cola, Mars, Hershey’s General Mills and others.”   
  
Well, I was being too nice to the ADA. As reported by the Alliance for Natural Health, the credentialing arm of the ADA has approved a program created by the Coca Cola Company Beverage Institute for Health and Wellness. This program will review the “urban myths” about the safety of food ingredients. RD’s who participate in the program will earn registered continuing professional education credits.  
This program will teach dieticians that fluoride, sugar, artificial colors and artificial sweeteners have been “carefully examined for their effects on children’s health, growth, and development.”  
  
Give me a break. The ADA is beyond repair. The ADA has sold out to corporate America and should not be trusted to provide any credible nutritional information. Unfortunately, the majority of RD’s toe the ADA corporate line. Thank goodness, there are a few (unfortunately, a very few) RD’s who think for themselves.   
  
The take home message is that the ADA should be ignored or better yet, disbanded. It is important for all of us to oppose the state legislative bills giving RD’s the sole power to discuss nutrition with patients. Since most RD’s have no knowledge of proper nutrition, they should be the last group solely licensed to discuss nutrition with patients.**

posted by Dr. David Brownstein @ [**3:42 AM**](http://drdavidbrownstein.blogspot.com/2011/06/more-ada-nonsense.html) **[http://img2.blogblog.com/img/icon18_edit_allbkg.gif](http://www.blogger.com/post-edit.g?blogID=2907647712019182784&postID=4073290706838275810&from=pencil)**

**1 Comments:**

* At [**June 15, 2011 7:05 AM**](http://drdavidbrownstein.blogspot.com/2011/06/more-ada-nonsense.html#c642498615383036311) , Anonymous[**Annette Presley RD**](http://www.findyourweigh.com) said...

I am a registered dietitian who thinks for myself. The local dietitians filed a complaint against me for that and I had to battle the ADA. They asked me to write a paper on LDL cholesterol and explain why I was going to go back to recommending vegetable oils instead of saturated fats.  
  
Instead, I wrote an 18 page paper with 99 references demonstrating that the science from the 1930s to the present does not support our fear of saturated fat and cholesterol, but does show that vegetable oils may be harming us. I told them that I would change my view if they could show me where I have incorrectly assessed the data.  
  
The ADA never addressed the science with me, but sent quotes of their "experts" who just attacked me personally. I was accused of "setting my own agenda and asking my own questions instead of relying on the questions that had already been asked and answered."  
  
Science will not progress if we don't allow questions or if we only allow certain answers. That's just not good science. This is just proof that the ADA is not science based like they say they are. I concur. The organization is useless to consumers, but of huge benefit to the food and drug industry (both are supporters of the ADA).  
  
I did get to keep my credentials but I agreed to use a disclaimer when I talk about fat that I am not sponsored, endorsed, recommended or approved by the ADA, FDA, USDA or NIH. I was already telling people that as I do not want to be associated with those organizations.

**Sunday, June 12, 2011**

**Low Magnesium Levels Increase Risk of Sudden Death**

**Magnesium is a mineral that is very important for the body. Unfortunately, research has shown that the majority of Americans do not ingest enough magnesium. Some reports state that 80% of Americans are deficient in magnesium. What is magnesium needed for?  
  
In fact, there are over 300 enzymes that are dependent on magnesium. Furthermore, magnesium is needed to maintain optimal bone health, as well as cardiac, neurologic, and immune system functioning. Both the thyroid and adrenal glands depend on adequate magnesium for optimal functioning.   
I have been checking magnesium levels for nearly 20 years and I am still amazed at how many patients are severely low in magnesium.  
  
A study in the American Journal of Clinical Nutrition (2011;93:253-60) found that, in women, the risk of sudden cardiac death was inversely related to magnesium intake and magnesium blood levels. In fact, there was a 37% increase risk of sudden cardiac death in women who had the lowest magnesium levels compared to women who had the highest levels.  
  
Magnesium is an inexpensive mineral. Magnesium is found in unrefined salt, green leafy vegetables such as spinach and nuts. The only side effect with magnesium supplementation is loose stools. This is easily treated by lowering the dose. Average doses of magnesium for supplementation range from 200-600mg/day.**

posted by Dr. David Brownstein @ [**3:38 PM**](http://drdavidbrownstein.blogspot.com/2011/06/low-magnesium-levels-increase-risk-of.html)

**Monday, May 30, 2011**

**Millions of Hospital Stays Due to Adverse Drug Reactions**

**An article in American Medical News (May 9, 2011) stated that, in 2008, there were more than 2.7 million hospital stays and emergency room visits due to adverse drug reactions. That is a lot of people harmed by prescription drugs and that is a lot of health care dollars being spent. With all this talk of Obama-care and how to save money in health care, I say start with the drugs. Americans take too many prescription medications that offer little benefit.   
  
I have written extensively about this in my book, *Drugs That Don’t Work and Natural Therapies that Do.* Big Pharma would have you believe that there is a pill for everything that ails you. However, nothing could be farther from the truth. Nearly all of the patented medications promoted by Big Pharma block receptors or poison enzymes in the body. I can guarantee you, for the long-term, it is not a good idea to block receptors or poison enzymes.   
  
What can you do? Avoid prescription medications if you can. Clean up your diet and exercise more. Make sure that you maintain good hydration. These simple ideas can help you avoid becoming sick and being prescribe medications.**

posted by Dr. David Brownstein @ [**6:17 PM**](http://drdavidbrownstein.blogspot.com/2011/05/article-in-american-medical-news-may-9.html)

**Saturday, May 14, 2011**

**Low Salt Diet Increases Death Rate Over 500%**

**An article in The Journal of The American Medical Association (May 4, 2011. Vol. 305, N. 17) looked at the influence dietary salt had in cardiovascular disease. The authors studied 3681 subjects for a median of 7.9 years. What the researchers found made headlines in major newspapers.   
  
The scientists reported that there was a direct, inverse linear correlation between the amount of salt ingested and the rate of cardiovascular deaths. What that means is that as salt intake went up, cardiovascular deaths went down. They stratified the subjects into three groups; a low, medium and high salt intake group. The death rates declined as the subjects ate more salt: from 4.1% in the lowest group to 1.9% in the medium group and 0.8% in the highest group.  
  
For those who have read my book, Salt Your Way to Health, there really wasn’t anything new in this study. However, the media (at MSNBC.com) had large headlines proclaiming, “Eating less salt doesn’t cut heart risks.” However, MSNBC missed it here. The headline should have read, “Eating less salt increases your cardiovascular death rate over 5x as compared to those who eat a high salt diet.”  
  
The human body was designed to crave and utilize salt. We have hundreds of grams of salt in our bodies at any one time. As I showed you above, eating a low salt diet does not decrease your risk for heart disease, it actually increases it—this has also been shown in many other studies. Furthermore, restricting salt to very low levels has almost no effect on blood pressure for the vast majority of people.   
  
Finally, it is important to eat the right kind of salt—unrefined salt. Unrefined salt contains over 80 minerals that are essential to the human body. I have successfully used unrefined salt in my medical practice for nearly 20 years. Unrefined salt actually helps to lower blood pressure. More information about salt can be found in my book, Salt Your Way to Health.  
  
What is the take home message? Use the right salt—unrefined salt. Examples of inexpensive, well-tested brands of unrefined salt include Celtic Brand Sea Salt and Redmonds Real Salt. I have Celtic Brand Sea Salt available at my office: www.centerforholisticmedicine.com.**

posted by Dr. David Brownstein @ [**12:55 PM**](http://drdavidbrownstein.blogspot.com/2011/05/eating-less-salt-increases-your-death.html) **[http://img2.blogblog.com/img/icon18_edit_allbkg.gif](http://www.blogger.com/post-edit.g?blogID=2907647712019182784&postID=5356955212625086837&from=pencil)**

**2 Comments:**

* At [**May 15, 2011 9:50 AM**](http://drdavidbrownstein.blogspot.com/2011/05/eating-less-salt-increases-your-death.html#c4088597781338439045) , Blogger[**LifeCoachAndy**](http://www.blogger.com/profile/17597002830856619094) said...

Dr. Brownstein, could you answer me the question. On low sodium diet kidney tubules stimulated by aldosteron have to reabsorb more sodium(to maintain its plasma concentration) at the expense of potassium, which is excreted. So could it be that low sodium intake leads to the loss of too much potassium. Low potasiusm intake has also been linked to CVD.

* At [**May 15, 2011 1:35 PM**](http://drdavidbrownstein.blogspot.com/2011/05/eating-less-salt-increases-your-death.html#c6168372304490974786) , Blogger[**Dr. David Brownstein**](http://www.blogger.com/profile/06017281984892565367) said...

You are right, Lifecoachandy. Low potassium is just one of the many problems caused by low-salt diets. The solution? Don't eat a low salt diet and ensure you have adequate potassium intake. Unrefined salt is a good source of potassium.

**Sunday, April 24, 2011**

**Vaccine Researcher Indicted for Fraud**

**According to CNBC, “Paul Thorsen, the principal coordinator of multiple studies funded by the CDC used to deny a vaccine/autism link was indicted April 13th on thirteen counts of fraud and nine counts of money-laundering. The charges relate to funding for work he conducted for the CDC which claimed to disprove associations between the mercury-based vaccine preservative, thimerosal, and increased rates of autism.” This was first reported by the consumer group, SafeMinds.  
  
I remember when these studies came out. They came out in rapid-fire succession just after previously-released studies began to show there was a link between autism and mercury-preserved vaccines. I was not surprised that the Thorsen articles came out so fast as Big Pharma had to do something to quiet the growing complaints about mercury in vaccines.  
  
Do I think that mercury-containing vaccines cause autism? Before I answer that, let me state a few points. I believe there is no justification for ever injecting in any living being the third most toxic element known to mankind. As the wise man Forrest Gump said, “Stupid is as stupid does.” What do you expect will happen when you inject a known neurotoxin, in large amounts, to a small baby?   
  
I have no doubt that mercury toxicity, in large part from vaccines, is probably one factor responsible for the rapid rise of autism. Even if mercury is not one of the underlying causes of autism, common sense as well as biochemical sense would dictate that mercury exposure is not a good idea. In fact, mercury toxicity is a common problem in many of the patients that I see. However, in our toxic world, there are many other items we are exposed to on a daily basis that can also disrupt the normal neurological development in a newborn such as lead, arsenic, nickel, cadmium and bromine.   
  
What can you do? Number one; don’t let anyone inject mercury in your body. Most of the flu vaccines still have mercury in them; they should be avoided. Next, don’t let any dentist put a mercury filling in your mouth. Any dentist that still defends the use of mercury does not understand biochemistry and does not deserve your business. Next, eat a healthy diet free of pesticides and other chemicals that are harmful to your body. Finally, take the appropriate supplements to ensure that your detoxification pathways are optimally functioning.   
  
Which supplements should you take? There are many items that aid the detoxification pathways including vitamins C and E, alpha lipoic acid, magnesium and glutathione. One product that I helped formulate (along with my partners Drs. Ng and Nusbaum) is Total Liver Care. Total Liver Care (TLC) was designed to provide the appropriate nutrients for both phase 1 and 2 liver detoxification. You can purchase TLC from my website: www.centerforholisticmedicine.com (look under detoxification at the website). The suggested dose is one scoop two times per day until the can is finished (about 3 weeks). I suggest using Total Liver Care every 4 months.**

posted by Dr. David Brownstein @ [**9:30 AM**](http://drdavidbrownstein.blogspot.com/2011/04/vaccine-researcher-indicted-for-fraud.html)

**Friday, April 15, 2011**

**Japanese Radiation Iodine Update 8: No More News Coming Our Way**

**The earthquake and tsunami hit Japan on March 11, 2011. Let’s take inventory of the situation. Is the nuclear situation under control? No. Are we being exposed to radioactive particles from this disaster? Yes. Are there things we can do to protect ourselves? Yes.  
  
What is amazing to me is how the media has stopped reporting on this story. Here we have a continuing melt-down and release of radioactivity from Japan and now there is literally nothing being said about it.   
  
Radioactive iodine has been found in water and milk samples throughout the U.S. In fact, many water supplies from Los Angeles to Detroit have tested positive for radioactive iodine. But, keep in mind, the authorities are not testing (or not reporting) for contamination with radioactive cesium, plutonium or uranium all of which have a longer half-life than iodine.   
I have stated before that the amount of radioactive iodine that we are currently being exposed to is not lethal, but it is not innocuous. The danger is greater for those who are iodine deficient. Compared to iodine sufficient people, those who are deficient (i.e., the majority of Americans) are more likely to absorb and bind radioactive iodine.   
  
Wherever radioactive iodine binds in the body, it destroys and damages cells. Where does this occur? Every cell in the body needs and utilizes iodine. However, iodine is concentrated in the glandular tissue—the breasts, thyroid, ovaries, and uterus are examples of tissue that concentrate iodine.   
  
I believe the reason we are seeing such an epidemic of disease of the breasts, thyroid, ovaries and uterus is due, in part, to iodine deficiency. I describe this in more detail in my book, Iodine: Why You Need It, Why You Can’t Live Without It, 4th Edition.   
One of the first steps that you can do to prevent problems with exposure to radioactive iodine is to become iodine sufficient. In our toxic world, my experience has shown that iodine supplementation in milligram amounts is necessary to accomplish this.   
  
However, as I stated above, the disaster in Japan is more than just radioactive iodine leakage. Radioactive plutonium, cesium and uranium are also being released into the atmosphere. These items have a much longer half-life than iodine and are much more dangerous. What can you do to protect yourself from these items?   
  
To protect yourself from radioactive toxins as well as other toxicities, it is important to ensure adequate hydration. I cannot emphasize enough the importance of drinking enough water. How much water? Take your weight in pounds, divide by two and the resulting number is the amount of water to ingest per day in ounces. My experience is that most new patients, especially those with chronic illness, are dehydrated. I always inform these patients they will not achieve their optimal health without maintaining adequate hydration.   
  
There is one nutrient that can help combat nearly any toxicity. That nutrient is vitamin C. Ensuring adequate vitamin C intake is important. Vitamin C is an essential nutrient in the diet as the body cannot manufacture vitamin C; therefore, we have to ingest enough in our diet. What are the best dietary sources of vitamin C? Fruits and vegetables are the best food sources of vitamin C. However, most people do not eat enough fruits and vegetables to maintain optimal vitamin C levels. Furthermore, our toxic environment has increased our need for vitamin C as it aids all the detoxification pathways. I suggest taking 3-5,000mg/day of vitamin C. Buffered vitamin C seems to be the most tolerated form for this large dose. If you get diarrhea with these doses of vitamin C, you can lower the dose.   
  
Other nutrients which help prevent damage from radioactivity include vitamin E—as mixed tocopherols at 200UI/day), alpha lipoic acid (300mg twice per day), and unrefined sea salt (1/2-1 tsp/day). Also, eating a healthy diet, free of refined foods, is a big help. Note: All of these supplements mentioined above can be found at my office; www.centerforholisticmedicine.com.**

posted by Dr. David Brownstein @ [**3:07 PM**](http://drdavidbrownstein.blogspot.com/2011/04/japanese-radiation-iodine-update-8-no.html)

**Sunday, April 3, 2011**

**Japanese Radiation Update 7: Why You Should Consider Iodine Therapy**

**I just wanted to give you a quick update on the Japanese nuclear disaster. It is clear that there has been a meltdown at the reactor core. The amount of radioactivity released into the air and the ocean is very large. This may surpass the amount released at Chernobyl.   
  
There is no question that radioactive particles will be carried by the jet stream and deposited over North America. In fact, there have been multiple reports of radiation spikes occurring in a number of states. Now, the amount of radiation reported has been low. But, do not let that fool you. If you are iodine deficient, your body will try to absorb iodine from whatever source it can get it from, radioactive particles from Japan included.   
  
As I mentioned in a previous post, it is important to ensure that you are iodine sufficient. How can you do that? The first step is to work with a health care provider who is knowledgeable about iodine. Next, you can get your iodine levels checked. Many labs will do this with a simple urine test. FFP labs and Hakala Labs do the most complete test on iodine, the 24 hour loading test. I describe this test in more detail in my book, Iodine Why You Need It, Why You Can’t Live Without It, 4th Edition. You don’t need a doctors order to complete this test.   
  
Finally, ensure that you are taking adequate amounts of inorganic, non-radioactive iodine in order to maintain whole body iodine sufficiency. Iodoral (Optimox), Iodozyme HP (Biotics) and Lugol’s solution are examples of this type of iodine that are effective for maintaining whole body iodine sufficiency. The amount of iodine needed to achieve whole body sufficiency, for most of my patients, varies between 6-50mg/day. What do I mean by ‘whole body sufficiency’?   
  
Many people and experts talking about the problems with radioactive iodine focus on the thyroid. The thyroid gland has the largest concentration of iodine in the body. However, every cell in the body needs and requires iodine to function optimally. The breasts, ovaries, uterus, prostate, and other tissues also contain large amounts of iodine. If the body is deficient, these tissues will take up radioactive iodine if given the chance. The whole premise of ortho-iodo supplementation that I discuss in my book is to ingest enough iodine in order for all the tissues of the body to be iodine sufficient. The consequences of iodine deficiency are severe—increases in cancer of the breast, ovary, uterus and thyroid. Radioactive iodine exposure in an iodine deficient state will increase the risk of cancer. Again, I discuss this in much more detail in my book.  
  
The best results with iodine therapy are when it is combined with a holistic treatment regimen. This includes taking vitamin C and salt. Furthermore, correcting nutrient imbalances and detoxifying will help. Finally, ensure that you stay hydrated.   
  
There is no need to panic over the Japanese disaster. You can use this situation as a wake-up call to ensure that you are doing all that is possible for maintaining your optimal health. Finally, remember to educate yourself about iodine so that you can make the best health care decisions.**

posted by Dr. David Brownstein @ [**5:11 PM**](http://drdavidbrownstein.blogspot.com/2011/04/japanese-radiation-update-7-why-you.html)

**Monday, March 28, 2011**

**Japanese Radiation Update 6: Worsening Crises**

**The news from Japan gets worse and worse. Now, reports show radioactive iodine has been found in rainwater in Massachusetts. Similar findings have occurred in California, Washington state and Pennsylvania. The bad news from Japan makes it clear that there will be more radiation coming our way.   
  
“The drinking water supply in Massachusetts is unaffected by this short-term elevation in radiation,” said Massachusetts Public Health Commissioner John Auerbach (www.msn.com). I don’t know about you, but this statement does not reassure me.   
  
For those low in iodine, this is a problem. Unfortunately, that is a lot of Americans. This is not a call to panic. I do not believe that people will get sick and die from the exposure to this amount of radiation. However, there is no doubt that individuals who are iodine deficient will take up this radioactive iodine in larger amounts as compared to someone who is iodine sufficient.   
  
As I have said in previous blog posts, now is the time to have your iodine checked and work with someone knowledgeable about iodine. Also, keep in mind that the average Japanese ingests approximately 12mg/day of iodine.   
My clinical experience has shown this dose safe for the vast majority of people. One Iodoral (Optimox) or Iodozyme HP (Biotics) tablet contains 12.5mg of iodine. Two drops of Lugol’s solution equals 12.5mg of iodine. This amount of iodine will result in a 95% decrease in radioactive iodine uptake by the thyroid gland. Children need to be dosed down for their size.   
  
Is iodine safe for everyone to take? As with any substance, there can be adverse effects. The best results with iodine occur when it is used in a comprehensive holistic treatment regimen. More information can be found in my book, Iodine: Why You Need It, Why You Can't Live Without It.  
  
One last thought. This needs to be your wakeup call. If you are already taking iodine, you have nothing to worry about. It is important to maintain adequate iodine levels not only to achieve your optimal health but to also be prepared for problems like the Japanese disaster.   
  
I have been asked many questions about pets. Pets should be our concern as they are outside and closer to the ground. My friend and holistic veterinarian Dr. John Simon said that pets can take iodine. He was not sure of the dosing but thought that they could take amounts similar to what I posted for children (0.08mg/pound). I would be open to any other advice about dosing iodine in pets.   
  
I will keep abreast of the situation and follow up with further blog posts.**

**Sunday, March 20, 2011**

**Japan Radiation Update 5: Question and Answer**

**Since the disaster in Japan began, I have been inundated with questions about supplementing with iodine. I apologize for not being able to answer all of your questions. I do try to read each and every question. Feel free to keep them coming (I may regret that statement). However, I will try and answer as many questions as I can. I will attempt to answer the commonly asked questions. Rest assured, in future books, newsletters, blogs, etc., I will try to answer all of your questions.  
  
1. Can those with Hashimoto’s or Graves’ disease take iodine?  
A: I explain this topic in much more detail in my book, but let me summarize the answer. M research has shown that both Hashimoto’s and Graves’ disease are caused, in part, from low iodine. In fact, nearly every new patient with either a diagnosis of Hashimoto’s or Graves’ disease has tested significantly low for iodine. My experience has shown that the vast majority of patients suffering with these illnesses improve their condition when iodine deficiency is rectified. However, some people (including those with and without Hashimoto’s and Graves’ disease) may have problems with iodine supplementation. Of course, there can be an adverse effect to anything, iodine included.   
The best results with iodine supplementation occur in those that have their levels checked and are followed by a health care provider who is knowledgeable about iodine. Furthermore, iodine supplementation works better when used as part of a complete holistic treatment regimen.  
  
2. My understanding is that the reactor in Japan did not release any  
radioactive gases into the atmosphere so no action is required of us here in  
the United States. Is this true?  
A: So far, the amount of radiation that has made its way to the North America has been small. However, if there is a nuclear meltdown, there will be much larger amounts released. This incident should be a wakeup call for Americans. If we eat better, exercise and maintain optimal whole body iodine sufficiency, there would be little concern about the amount of radioactive iodine that makes it to the U.S.  
One final note. Even small amounts of radioactive iodine can be detrimental to those who are iodine deficient. It is best to maintain iodine sufficiency.   
  
3. How many days should I take iodine?  
A: The best results obtained with iodine are seen in those who use it for the long-term. Over the last 30 years, due to the toxic world we live in, our iodine requirements have markedly increased. This is due to the increasing amounts of toxic halides bromide, fluoride and chlorine that have permeated our food supply and our consumer goods. If we maintain iodine sufficiency, we will not have to worry about radiation clouds from Japan. How much iodine is required to maintain body sufficiency? My experience has shown that, for most adults, 6-50mg/day will achieve sufficiency. However, there may be some people that need more and some that need less. Remember, it is best to work with a health care provider knowledgeable about iodine. He/she can test your levels and make the appropriate recommendations.   
  
4. Do children need iodine?  
A: Yes, children need iodine just as adults need it. However, children need lower doses. They need to be dosed down for their size. A good rule of thumb for children is 0.08mg I/pound. I am not suggesting that anyone supplement a child without seeking care from their health care provider (that also holds for adults).   
  
I will try to answer more questions in upcoming blogs.**

posted by Dr. David Brownstein @ [**4:37 PM**](http://drdavidbrownstein.blogspot.com/2011/03/japan-radiation-update-5-question-and.html)

**Friday, March 18, 2011**

**Japan Radiation Update 4**

**This is my fourth post about the Japanese nuclear disaster. First, I have to give credit to the U.S. government for suggesting that U.S. citizens move further away (50 miles) from the radiation danger. This action would serve to verify the severity of the crises.   
  
I believe this crisis should highlight the need for each of us to take a more active role in our own health care decisions. It is important to take the proper steps to achieve your optimal health before a crisis arises. Many times these steps include eating a healthy diet and taking the correct supplements. My experience has shown that ensuring an adequate iodine level is one piece of the puzzle to obtaining your optimal health.  
  
If the Japanese are not able to control the nuclear reaction that is occurring a true nuclear meltdown will occur. What will that mean to us? A nuclear meltdown could cause a large radiation cloud to leave Japan and deposit radiation over the U.S. However, that has not occurred yet. If that occurs, it is important to take precautions including ensuring that you and your family are taking iodine.   
  
Here is how it works. Iodine binds to receptors throughout the body. For example, there are receptors for iodine in the thyroid gland. When iodine binds to its receptors, thyroid hormone is produced. Individuals who are iodine deficient suffer the majority of problems when exposed to radioactive iodine. In these people, radioactive iodine will bind to wherever there are open or empty iodine receptors. After radioactive iodine binds to these receptors, the surrounding tissue will be destroyed due to the radioactive iodine. Furthermore, it will damage the DNA of the surrounding cells. Damaged DNA is one cause of cancer.  
  
Which tissues bind iodine? The largest concentration of iodine occurs in the thyroid gland. However, the largest amount of iodine is found in the fat tissue. Large concentrations of iodine are also found in many other tissues including the breast, ovary, uterus, and prostate. If radioactive iodine binds to any of these sites, it will destroy surrounding tissue and potentially damage DNA. This can lead to long-term problems such as cancer of these tissues.   
It is important to keep in mind that every cell needs and utilizes iodine. Therefore, radioactive iodine exposure can have a dramatic effect on the body.   
  
Exposure to radiation is cumulative. That means any exposure to ionizing radiation builds up in the body over time. We should all strive to minimize exposure to radiation. Some forms or radiation are unavoidable such as normal background radiation. However, radioactive iodine emitted from a nuclear disaster in Japan (or anywhere else) is largely avoidable if your body is iodine sufficient.   
  
If your body has enough iodine binding to its receptors in the thyroid, breasts, ovaries, etc., then the radioactive iodine has nowhere to bind. That is why it is so important to have your iodine levels checked before a disaster such as this occurs. If you are iodine deficient, you can rectify this problem by simply taking iodine.   
  
Due to our exposure to so many toxic items that inhibit or block iodine utilization in the body--fluoride, bromide and chlorine--our body’s need for iodine has dramatically increased over the last 30 years. My experience has shown that milligram amounts of iodine are necessary for achieving whole-body iodine sufficiency. In fact, any iodine supplementation program should strive for whole body iodine sufficiency, not just thyroid sufficiency.   
  
How much iodine is needed to achieve whole-body iodine sufficiency? My clinical experience has clearly shown that milligram amounts of iodine are needed to achieve whole-body sufficiency. These amounts can vary between 6-50mg/day for most people. Some may need more, some less.   
  
There is no doubt that the radiation cloud from Japan will pass over the U.S. This radiation exposure is a potential health risk. How much iodine should you take to ensure that your body will not absorb radioactive iodine? Without proper testing, it is impossible to say what dose is perfect for everybody. However, I have recommended that adults take 12-14mg/day of a combination of iodine and iodide. That amount will prevent nearly 95% of radioactive iodine from binding to the thyroid gland and still leave other amounts of iodine available for the rest of the body’s need. Children will need smaller amounts. You can dose a child down for his/her size. A general rule of thumb for children is 0.08mg I/pound of body weight. If a newborn is breast feeding, they do not need iodine supplementation if the mother is iodine sufficient. Iodine can be excreted in the breast milk.   
  
I generally recommend either Lugol’s iodine, Iodoral (from Optimox) or Iodozyme Hp (from Biotics). Lugol’s iodine dosage is 2 drops per day (12.5mg) or 1 tablet of each of either Iodoral or Optizyme HP (both products are 12.5mg/ tablets). When should people begin iodine supplementation? At this point, with the disaster still progressing, I would say it is time to begin supplementation with iodine.   
  
As with any substance, there can be problems with iodine supplementation. Before beginning supplementation, it is best to discuss this option with your health care provider. More information about iodine can be found in my books, *Iodine: Why You Need It, Why You Can't Live Without It and Overcoming Thyroid Disorders*.  
  
In the next few days, I will begin to answer some of the many questions sent to me.**

posted by Dr. David Brownstein @ [**4:53 AM**](http://drdavidbrownstein.blogspot.com/2011/03/japan-radiation-update-4.html) **[http://img2.blogblog.com/img/icon18_edit_allbkg.gif](http://www.blogger.com/post-edit.g?blogID=2907647712019182784&postID=2448365973775195218&from=pencil)**

**Tuesday, March 15, 2011**

**Japanese Radiation Update 3**

**As the news in Japan worsens, I am getting more and more questions about what to do. Let me try and address as many questions as possible. I will keep blogging about this until most of the questions are answered.   
  
First, I believe the Japanese government is not being truthful about the magnitude of the disaster. I believe they do not want to create a panic. This disaster is far from over. In Japan, I feel the situation will get much worse before it gets better. However, for those of us in North America, we will get a much smaller dose of radioactive iodine as compared to the Japanese.   
  
Therefore, the most important thing to keep in mind is do not panic. I do not believe that people will by dying in the U.S. due to the radioactive spread from Japan. However, depending on the amount of radiation released and weather patterns, it is not clear what our exposure will be. I may be wrong on my assessment. Time will tell.   
  
The good news is that there is a safe and effective treatment widely available that prevents harm from exposure to radioactive iodine. It is the use of nonradioactive, inorganic iodine. That is the form of iodine I have been researching and using in my practice for nearly 10 years.   
What dose of iodine will prevent damage from exposure to radioactive iodine? My mentor, Dr. Guy Abraham’s research answered this question. His research indicated that milligram doses (note: this is 1,000 times a microgram dose) are necessary to prevent radioactive iodine from damaging the thyroid gland. How much? Around 13mg/day prevents approximately 96% of radioactive iodine from binding to the thyroid gland. That is the approximate dosage of iodine ingested daily by the Japanese. This is over 100x the average daily dose ingested by Americans.   
  
Please keep in mind it is not just the thyroid gland that is at risk with exposure to radioactive iodine. The breasts, ovaries, uterus, prostate, skin, and other organs all bind and require iodine for optimal functioning. In fact, every cell in our body requires iodine for optimal functioning. Therefore, if we are iodine deficient, exposure to radioactive iodine can potentially result in damage to all the cells of the body. My experience has shown over 95% of patients are deficient in iodine.   
  
I believe iodine deficiency is one of the underlying causes of the epidemic of cancer of the breast, thyroid, ovaries, uterus and prostate. Furthermore, iodine deficiency is the underlying cause of thyroid disorders including Hashimoto’s disease, Grave’s disease, goiter, and hypothyroidism. Our iodine levels have fallen 50% over the last 30 years. During that time, all of the above conditions have been rising at near epidemic rates.  
  
I have written extensively about these ideas in my book, Iodine Why You Need It, Why You Can’t Live Without It.   
Who should supplement with iodine? If you don’t have a contraindication to iodine supplementation, I believe it should be a part of most people’s daily regimen. As with any substance, some people may not tolerate iodine. My experience has shown that most people can tolerate the doses I have written about. Before supplementing with iodine, I suggest discussing this with your health care provider.   
  
I will do my best to keep you updated on this situation. Let’s send our thoughts, prayers, and support to the Japanese.**

posted by Dr. David Brownstein @ [**6:42 PM**](http://drdavidbrownstein.blogspot.com/2011/03/japanese-radiation-update-3.html)

**Monday, March 14, 2011**

**Japan Radiation Update**

**I have received many questions from my post yesterday about the nuclear disaster in Japan. Unfortunately, there has been little information about the amount of radiation released from either Japan or the U.S. I find it hard to believe no one in the U.S. government has any idea on the amount of radiation that has been released and the amount of radiation that is predicted to fall over the U.S. in the next 3-7 days.   
  
What should we do? I still say that we have time to sit tight as there is still time to take enough iodine in order to prevent problems from radioactive iodine. How much iodine? As stated yesterday, the U.S. government recommends 130mg of potassium iodide in the event of a nuclear disaster. However, that amount is only necessary for those who are near a nuclear explosion.   
  
Thankfully, we are not near the explosion. As the cloud drifts over the ocean, the amount of radioactivity will dissipate. Although there is no sure amount that we know will prevent damage from this catastrophe, ensuring adequate iodine intake will minimize any exposure to radioactive iodine. How much iodine is that? Until we know what the exposure is going to be, no one can know what dose of iodine to take.   
  
Now it is time to get off the fence. The average Japanese ingests around 13mg of iodine per day. This is 100x more than the average U.S. citizen. I have discussed this in my book, Iodine Why You Need It, Why You Can’t Live Without It. Since I have been recommending most people take 6-50mg of iodine per day, I would suggest taking the average Japanese dose of 13mg/day. This is one Iodoral pill or one Iodozyme HP pill or two drops of Lugol’s iodine. I do not believe microgram doses will do the trick.   
  
There is risk with taking iodine, just as there is risk with any substance, but my experience has shown this dose to be safe for the vast majority of people. Please discuss this dosage with your health care provider before beginning supplementation.   
  
In the next day or two, I will try to answer the questions that I have received about this crises. Also, I will keep you informed if any new information becomes available.**

posted by Dr. David Brownstein @ [**4:11 AM**](http://drdavidbrownstein.blogspot.com/2011/03/japan-radiation-update.html)

**Saturday, March 12, 2011**

**Japan, Radiation Fallout and Iodine Recommendations**

**With the terrible earthquake in Japan, let’s send thoughts, prayers as well as assistance to the Japanese.   
  
I have had inquiries about the use of iodine to prevent problems secondary to the nuclear fallout that will occur. As the Japanese nuclear reactors release radiation into the air, the jet streams will push this radiation to the Western U.S. and Canada. There are estimates that the radiation fallout will reach the Western side of N. American in six to ten days.   
  
Folks, potentially this is a lot of radiation. Fortunately, we have an item that can prevent this fallout from damaging us: iodine. If there is enough inorganic, non-radioactive iodine in our bodies, the radioactive fallout has nowhere to bind in our bodies. It will pass through us, leaving our bodies unharmed.   
  
It is important to ensure that we have adequate iodine levels BEFORE this fallout hits. How much iodine is recommended?  
  
The CDC recommends using iodine to prevent injury from radioactive iodine fallout. Adults and women who are breastfeeding should take 130mg of potassium iodide. Children who are between 3 and 18 years of age should take 65mg of potassium iodide. Children who are adult size should take the adult dose. Infants and children between 1 month and 3 years of age should take 32mg of potassium iodide. Newborns from birth to one month of age should be given 16mg of potassium iodide.   
  
When should you take iodine? For an acute exposure, you want to take iodine just before the exposure hits. Iodine is cleared out of the body within 24 to 72 hours after taking it. However, if you have been using ortho-iodosupplementation as I describe in my books and lectures (taking from 6-50mg/day of iodine and iodide), you should be covered. Remember, the goal is to not let the radioactive iodine bind in the body.   
  
Potassium iodide can be found in many health food stores. Combinations of iodide/iodine can be obtained from holistic physicians. Iodoral, Iodozyme HP, and Lugol’s solution are examples of this form of iodine. For long-term treatment, combinations are much more effective. More information about this can be found in my book, Iodine Why You Need It, Why You Can’t Live Without It, 4th Edition (available at www.drbrownstein.com).  
  
I do not recommend starting the first dose of iodine right now. It is important to follow the news reports and supplement accordingly. I would suggest starting iodine supplements within one to two days of the expected fallout. If the fallout is expected to continue, you may need to take more than one dose of iodine. I will keep you updated as I find out more information.**

posted by Dr. David Brownstein @ [**6:42 AM**](http://drdavidbrownstein.blogspot.com/2011/03/iodine-and-radiation-fallout-from-japan.html)

**Sunday, March 6, 2011**

**Problems with Antidepressant Medications**

**An article in Family Practice News (7.1.07) stated that antidepressant usage is correlated with the development of metabolic syndrome. Metabolic syndrome is presently affecting over 50% of the U.S. population. What is metabolic syndrome? It is a constellation of findings that can include at least three of the following:   
  
1. Central obesity (i.e., large waist) as measured by waist circumference in men of >40 inches and women> 35 inches.  
2. Fasting blood triglycerides (the fat in the blood) >150mg/dl.  
3. HDL cholesterol level less than 40mg/dl in men and 50mg/dl in women  
4. Blood pressure >130/85mmHg  
5. Fasting glucose > 110mg/dl  
  
This study found that taking an antidepressant medication increased the risk of developing abnormal lipid levels by:  
  
1. 80% in those patients that had schizophrenia  
2. 60% in those patients that had schizoaffective disorder  
3. 120% in those patients that had major depression  
  
It is well known that there is a relationship between having metabolic syndrome and developing depression.   
  
As I discuss in Drugs That Don’t Work and Natural Therapies That Do, there are many adverse effects from many commonly used prescription medications. People who have depression do not have an antidepressant-medication deficit. Often times they have multiple nutritional and hormonal imbalances that need to be corrected. When these items are rectified, many times their symptoms of depression will resolve. If you have depression, I encourage you to have your vitamin, mineral and hormone levels checked before you start on a medication. If you are on an antidepressant medication, do not suddenly stop taking it. Find a holistic doctor who can work with you and help you correct any imbalances and help you detoxify your body. This will allow you the ability to taper off the medication or lower the dose.**

posted by Dr. David Brownstein @ [**11:58 AM**](http://drdavidbrownstein.blogspot.com/2011/03/problems-with-antidepressant.html) **[http://img2.blogblog.com/img/icon18_edit_allbkg.gif](http://www.blogger.com/post-edit.g?blogID=2907647712019182784&postID=5540822938908870889&from=pencil)**

**0 Comments:**

**Post a Comment**

**Sunday, February 13, 2011**

**Cats, Hyperthyroidism and Bromine Toxicity**

**The U.S. EPA reported (Reuters, 8.15.07) a study that showed common chemicals (polybrominated diphenyl ethers-- PBDE's) found in nearly all our homes are contributing to a rash of thyroid problems in pets. This class of chemicals is used as a fire retardant. PBDE’s are also found in a variety of household items including computers, televisions, carpeting, furniture and mattresses. PBDE's are made from bromine.   
  
Bromine, is from the family of halides. This chemical family contains iodine, fluoride and chlorine as well. The reason we are seeing such a high prevalence of iodine deficiency and thyroid disorders in humans is due, in large part, to the excess exposure of bromine from our modern conveniences. Bromine exposure causes our bodies to excrete iodine. If we don't supplement with extra iodine, bromine will bind to receptors in the body that are supposed to be binding iodine. In effect, bromine will replace iodine throughout the body.   
  
What are the consequences of excess bromine levels? The consequences are severe; increased rate of cancer of the breast, thyroid, ovaries, uterus and prostate are due, in part, to bromine toxicity. Also, we are seeing dramatically increased rates of autoimmune illnesses including autoimmune thyroid disorders. My experience has clearly shown, as compared to those without a serious illness, those with a serious illness have markedly elevated bromine levels.  
  
In the study of pets, household cats were found to have high bromine levels. What is the consequence to cats? Unfortunately, cats are now suffering from an epidemic of hyperthyroidism. Hyperthyroidism in cats used to be a rare condition. The researchers found PBDE's in 100% of the cats studied (23 cats). In the cats with hyperthyroidism, their PBDE levels were much higher.   
  
So, what can you do? The main treatment for excess bromine is to avoid bromine exposure. Eat food that does not contain bromine such as organic fruits and vegetables. Avoid bread, pasta and cereal that contain brominated flour. Next, supplement with enough iodine to allow your body to detox from bromine. Finally, supplement with items that help your detoxification system function optimally. Vitamins C and E as well as unrefined salt and selenium can help.   
  
Bromine toxicity is occurring in a large number of patients. Educate yourself about bromine. Then take the proper steps to help your body detoxify from it. Much more information about this process can be found in my book, Iodine: Why You Need It, Why You Can’t Live Without It, 4th Edition.**

posted by Dr. David Brownstein @ [**5:29 PM**](http://drdavidbrownstein.blogspot.com/2011/02/cats-hyperthyroidism-and-bromine.html)

**Sunday, February 6, 2011**

**Perchlorate in Our Drinking Water**

**A recent article (2.3.11) in the New York Times was titled, “E.P.A. Standards for Drinking Water Single Out a New Group of Toxic Compounds.” The article stated that the Obama administration would impose limits on permissible levels of a new set of toxic chemicals in drinking water, including the first standards for perchlorate. Perchlorate is a dangerous compound, found in rocket fuel and fireworks, which has contaminated water supplies in 26 states.   
  
Perchlorate is a chlorinated compound that can cause problems with iodine uptake into the thyroid gland. In fact, perchlorate can bind to and inactivate the transport mechanism that moves iodine into the thyroid gland. In effect, perchlorate can cause/worsen iodine deficiency. Estimates are that from 5 to 17 million Americans are drinking water contaminated with perchlorate.   
  
The Obama decision reverses a Bush administration decision that there was no need to regulate perchlorate levels in the water supply. Overall, this is good news. We need clean drinking water. However, the E.P.A. has not yet set the standards for perchlorate. They estimate that standards will not be set for approximately two years.   
  
Two years to set a standard for a known toxin in our water supply? Hello, Mcfly! Anyone home? (I really like the movie Back To The Future).  
  
Perchlorate has been found to contaminate nearly all of the winter lettuce supplies in the U.S.—both organic as well as conventional sources. Folks, perchlorate toxicity is a big problem.   
  
I have written and lectured extensively on the iodine deficiency epidemic that is plaguing our country. I believe that iodine deficiency, driven in part from perchlorate contamination of our water supply, is responsible for the epidemic of breast, thyroid, ovarian, uterine and prostate cancer. Furthermore, perchlorate exposure may be driving the large numbers of patients suffering from thyroid and other hormonal problems.  
  
Overall, the E.P.A. announcement is good news. Finally the government is looking out for its citizens and setting standards to reduce our exposure to known toxins. However, we cannot wait for the government to do the right thing (two years???). We need to be educated about these toxins and how you can avoid them. In the case of perchlorate, the best advice I can give you is to ensure that you and your family are ingesting adequate amounts of iodine. My experience has shown that adequate amounts for most adults range from 6-50mg/day of a combination of iodine and iodide. More information about iodine and perchlorate can be found in my book, *Iodine: Why You Need It, Why You Can’t Live Without It, 4th Edition.***

posted by Dr. David Brownstein @ [**1:08 PM**](http://drdavidbrownstein.blogspot.com/2011/02/perchlorate-in-our-drinking-water.html)

**Sunday, January 30, 2011**

**The Diabetes Epidemic**

**The CDC reported that 26 million Americans have diabetes. That means that 1 in 12 U.S. citizens suffer from diabetes. This is a 9% increase from 2008. Are you surprised? I am not. Why should anyone be surprised when two-thirds of Americans are overweight and one-third is obese. If we do not change this trend, our standard of living will decline due to the large amount of health care dollars that will be spent in order to care for all of the diabetics.   
  
This should be a national emergency with the highest levels of Government trying to solve this problem. We all share blame in this. As a society, we eat too much food and much of the food is of poor quality. Refined carbohydrates in the form of bread, pasta, and cereal are the prime culprits of the diabetic crises. Don’t forget the ingestion of too much soda, both diet and regular. These food sources contain refined sugar, salt, flour and oils which do not provide our bodies with the proper nutrients to function optimally.   
  
How can we stop this situation? We need to be better educated on which foods are healthy and which foods to avoid. We should eat whole foods free of refined items. We should drink water and maintain hydration.   
For those already suffering from diabetes or obesity, lifestyle changes can make a big difference. Simply removing refined foods, drinking water and replacing depleted nutrients can turn the situation around. I suggest removing all soda (both diet and regular) and juices from your diet. Drink water as the beverage-of-choice. Take your weight in pounds, divide by two and the resulting number is the amount of water,in ounces), you should drink on a daily basis.   
  
I have found a higher protein and lower carbohydrate diet very helpful for losing weight. Exercise is also a key factor as exercise helps to improve insulin resistance. Finally, taking the right supplements and detoxifying can help fuel the metabolism and lower insulin resistance. I suggest taking a supplement that I (and my partners) formulated to help improve insulin sensitivity. The product is known as Gluc-Control (available at www.centerforholisticmedicine.com) . I suggest taking two tablets with each meal for six months. As things improve you can gradually lower the dose. Also, I recommend Total Liver Care (TLC) to help detoxify the liver and the colon, which improves blood sugar control. I (and my partners) also formulated TLC (available at www.centerforholisticmedicine.com) over a four year trial period.   
  
Folks, the CDC numbers are scary. We will not survive as a superpower with the majority of the adult citizens ill with obesity and diabetes. For the vast majority of people, obesity and diabetes is due to poor lifestyle choices. With the proper knowledge, these choices can be changed. You don’t have to live with obesity and diabetes; you just have to make some positive lifestyle changes. More information about how to make better food choices can be found in my book, “The Guide to Healthy Eating.”**

posted by Dr. David Brownstein @ [**1:08 PM**](http://drdavidbrownstein.blogspot.com/2011/01/diabetes-epidemic.html) **[http://img2.blogblog.com/img/icon18_edit_allbkg.gif](http://www.blogger.com/post-edit.g?blogID=2907647712019182784&postID=2769072629912066727&from=pencil)**

**1 Comments:**

* At [**January 30, 2011 5:51 PM**](http://drdavidbrownstein.blogspot.com/2011/01/diabetes-epidemic.html#c4856414991133980974) , AnonymousAnonymous said...

I disagree with your call to ask for help from the highest levels of government to find a solution to our nation's poor nutrition or eating habits. As you have pointed out in many of your writings government regulations have encouraged fluride in our water, allowed hormones in animal feed, etc., all with unintended consequences detrimental to health. Each individual must take responsiblity for his or her health by educating themselves and making good choices for themselves and their children.

**Friday, January 14, 2011**

**My Vitamin D Recommendations**

**Vitamin D is the sunshine vitamin. When the sun hits your skin, vitamin D is produced. Amongst many things, vitamin D has been shown to:  
  
• Maintain bone strength  
• Modulate the immune system  
• Have anti-infectious properties  
• Decrease the risk of cancer  
• Lower the risk of heart disease  
  
I have been checking levels of vitamin D and supplementing with vitamin D for almost 20 years. There are two sources of vitamin D available for supplementation: D2 and D3. D2, known as ergocalciferol is a plant-based vitamin D that has to be converted to D3. Vitamin D2 is not the natural form of vitamin D produced in humans. Vitamin D3 (cholecalciferol) is the form of vitamin D produced in the body when sunlight hits the skin.  
  
I have always recommended vitamin D supplements to be D3 since vitamin D3 is naturally produced in the human body. I have never understood why anyone would use vitamin D2 when vitamin D3 was available.   
A recent study looked at which form of vitamin D (D2 or D3) was better absorbed. Researchers studied 33 adults and gave them 50,000U of either vitamin D2 or D3 for 12 weeks. At the end of 12 weeks, Vitamin D levels were measured in the blood. The results showed that, as compared to vitamin D2, vitamin D3 was much more effective at raising serum vitamin D levels. In fact, the researchers wrote, “…D3 was from 56-87 percent more potent than D2 in raising {vitamin D levels}.”   
  
Vitamin D3 is more potent and less expensive than vitamin D2. This study provides further validation that there is no reason to use vitamin D2. Unfortunately, the prescription form of vitamin D is in the form of D2. As previously stated, I only recommend vitamin D3 when supplementing with vitamin D. My usual recommendations are from 2,000-6,000IU of vitamin D3 per day. It is important to periodically check your vitamin D levels.   
  
A well-absorbed form of vitamin D3 is Bio D Forte from Biotics Research Company. This product can be found at my office: www.centerforholisticmedicine.com.**

posted by Dr. David Brownstein @ [**2:49 PM**](http://drdavidbrownstein.blogspot.com/2011/01/vitamin-d-recommendations.html) **[http://img2.blogblog.com/img/icon18_edit_allbkg.gif](http://www.blogger.com/post-edit.g?blogID=2907647712019182784&postID=2864125130032676227&from=pencil)**

* At [**January 15, 2011 9:10 AM**](http://drdavidbrownstein.blogspot.com/2011/01/vitamin-d-recommendations.html#c2270256250425263203) , AnonymousAnonymous said...

Thanks for the great information. Your recommendation for daily supplementation are from 2000-6000IU of vitamin D3, so what do you consider an optimum level to be in a blood test? A 25 Hydroxyvitamin D2D3 test shows standard range of 30-80 in my records, do you feel this is adequate? (I was recently at 102 and they pulled me off supplements...?)  
  
Thanks!

* At [**January 15, 2011 9:47 AM**](http://drdavidbrownstein.blogspot.com/2011/01/vitamin-d-recommendations.html#c784590212642828730) , Blogger[**Dr. David Brownstein**](http://www.blogger.com/profile/06017281984892565367) said...

Optimal vitamin 25-hydroxy D3 levels are in the range of 40-80ng/ml. However, some patients with autoimmune or neurological disorders such as MS feel better with higher vitamin D levels--sometimes in the range of 100-150ng/ml. Following serum calcium levels can prevent problems from excess vitamin D supplementation. My experience has shown that vitamin D is extremely safe, even at higher doses.

**Sunday, January 9, 2011**

**Do We Need Less Fluoride In Our Water Supply?**

**In order to prevent further dental problems, the Department of Human Health Services and the Environmental Protection Agency released a joint announcement (January 7, 2011) stating the recommended level of fluoride in the U.S. drinking water supplies should be lowered. These two governmental agencies recommended that municipal water supplies should contain 0.7mg of fluoride per liter of water which replaces the current recommended range of 0.7 to 1.2mg/liter.  
  
Why the change? The U.S. government was concerned about the large number of children suffering from fluorosis. Excess fluoride consumption during childhood (the tooth forming years) can cause the teeth to become pitted and stained due to excess fluoride. Estimates are that at least 30% of U.S. children are suffering from fluorosis. There is no treatment for fluorosis as dentists must use crowns or bonding agents to cosmetically fix the problem. I have seen many young people with signs of fluorosis.   
If the U.S. government was concerned about our health, it would remove fluoride from our water supply. Ingesting fluoride through our water supply has never been shown to prevent cavities. In fact, most Western countries have removed fluoride from their water supply. The World Health Organization has shown that there is no difference in cavity formation in countries that fluoridate their water supply as compared to countries that do not fluoridate.  
  
There is no known medical or dental benefit to ingesting fluoride in the diet. In fact, there are zero studies that show ingesting fluoride has any large benefit at preventing cavities. However, there are many studies that show fluoridated communities have higher hip fractures, more cancer and elevated thyroid disorders. If the U.S. government was looking out for us, the citizens, it would undertake the proper studies to ascertain the safety and efficacy of fluoride.   
  
The form of fluoride added to our water supply is a byproduct of industrial manufacturing. It is a toxic form of fluoride. It should be handled as a toxic item and not be placed into our water supply.   
  
Fluoride is a very toxic substance that has been shown to cause problems with the thyroid gland and increase oxidant stress on the body. Fluoride interferes with the body’s usage of iodine. In fact, supplementing with iodine can help the body remove fluoride. Fluoride has been shown to poison over 200 different enzymes in the body. This does not sound like a substance that I would like added to the water supply. It doesn't make biochemical sense, hormonal sense, or common sense to add a known carcinogen and toxin (i.e, fluoride) to our water supply.   
  
My experience has shown that patients with chronic illness improve their condition when they remove fluoride from their diet. Finally, all patients suffering with thyroid problems should remove fluoride their diet.**

posted by Dr. David Brownstein @ [**4:45 PM**](http://drdavidbrownstein.blogspot.com/2011/01/less-fluoride-in-our-water-supply.html) **[http://img2.blogblog.com/img/icon18_edit_allbkg.gif](http://www.blogger.com/post-edit.g?blogID=2907647712019182784&postID=6228519947762315783&from=pencil)**

* At [**January 14, 2011 4:18 PM**](http://drdavidbrownstein.blogspot.com/2011/01/less-fluoride-in-our-water-supply.html#c4720045905638101413) , Anonymous[**John Campise**](http://www.drjohnusa.com) said...

I have been taking 50 mg of Iodine/iodide per day for several months in an attempt to bring my 24 hour urine iodine loading test to normal. I began to notice that my teeth were turning brown, the color of the iodine tablet, more so in the center of the front teeth than the edges. I stopped using the iodine for two months and the color returned 75% back to normal. Then I started the iodine again and a month later the teeth turned brown. So I decided to continue the iodine, but this time add in 400mg extra calcium in a tablet. The calcium has allowed my teeth to return to about 80% of there normal color.  
  
I'm wondering if flourosis can be reversed by repleating the body with iodine???  
  
-John

* At [**January 15, 2011 9:50 AM**](http://drdavidbrownstein.blogspot.com/2011/01/less-fluoride-in-our-water-supply.html#c2550342154560157816) , Blogger[**Dr. David Brownstein**](http://www.blogger.com/profile/06017281984892565367) said...

John,  
I had one patient complain of a similar problem. I sent her to the dentist who said she had porous teeth. He had her scrub her teeth with gritty toothpaste afer she took the iodine. This solved the problem. Also, patients with porous teeth should not take liquid iodine; they should take capsules only.

**Sunday, January 2, 2011**

**Medicating Too Many Children**

**An article in the Wall Street Journal (12.28.10) was titled, “So Young and So Many Pills.” This article pointed out that more than 25% of kids and teens in the U.S. take prescription drugs on a regular basis. In 2009, prescriptions for children included:   
  
• 24,357,000 ADHS medications  
• 9,614,000 antidepressant medications  
• 6,546,000 antipsychotic medications  
• 5,224,000 antihypertensive medications  
• 307,000 sleep aids  
• 424,00 diabetes medications  
• 94,000 statin medications  
  
When I look at these numbers I am not sure what to say. Does anybody really believe our society needs to medicate our children like this? Is anybody thinking about the long-term consequences of these medications? Does anybody think we are healthier because tens of millions of children are being medicated on a daily basis?  
  
I think these numbers are an indictment on the failure of our medical system. Children were not medicated in these large numbers when I was growing up. We have been raised to look for the ‘easy fix’. Take a pill for anything. That is good advice for the Big Pharma Cartel, but I can assure you it is not good advice for our children.   
  
Children’s bodies are constantly changing, particularly their brains. It is not a good idea to give them long-term medications that impact the neurological system. It is unclear how their neurological system will develop and mature when taking these medications.  
  
A better way to help children avoid illness is to feed them a healthier diet. This can be accomplished by eliminating refined foods and artificial sweeteners. Eating whole foods is a must. Encourage them to drink adequate amounts of water, eat unrefined salt, and exercise. Following a holistic dietary plan can be the best medicine for your child and help them avoid or minimize prescription medications. I can guarantee you that , as compared to prescription drugs, a holistic plan has fewer adverse effects.**

posted by Dr. David Brownstein @ [**5:40 PM**](http://drdavidbrownstein.blogspot.com/2011/01/article-in-wall-street-journal-12.html)

**Wednesday, December 15, 2010**

**Iodine Deficiency Still Occurring**

**Why does hypothyroidism strike women to men at an 8:1 rate? Also, why do all autoimmune disorders attack women at a much higher rate (approximately from 8-10:1) as compared to men? I believe women are more susceptible to these illnesses due to a common nutritional deficit: iodine.  
  
Women have a larger requirement for iodine as compared to men. It is well known that goiter strikes females (v. males) at a much higher rate. In fact, the difference in the gender rate of goiter becomes prominent at puberty. That is, girls begin having signs of goiter at puberty in much larger numbers as compared to boys. Why does this occur? The first sign of puberty in a girl is breast enlargement. The breasts are the second major site of glandular iodine storage next to the thyroid. Iodine is necessary to form the normal architecture and function of the breasts (as well as all the other glandular tissues). If there is iodine deficiency present, the different tissues of the body (e.g., thyroid, breasts, ovaries, etc.) will compete for iodine. The end result is that all of the tissue will have some form of iodine deficiency which can lead to iodine deficiency diseases. Iodine deficiency can lead to thyroid disorders including hypothyroidism, autoimmune thyroid disorders, and thyroid cancer. Furthermore, it can lead to autoimmune disorders as well as breast diseases such as fibrocystic breasts and cancer.   
  
My clinical experience has shown that it is impossible to treat the above conditions without ensuring adequate iodine levels. I believe that inadequate iodine ingestion is responsible for the rapid rise in these illnesses. It is known that iodine levels have fallen over 50% during the last 30 years. As compared to men, women (due to having a larger amount of breast tissue) have a higher iodine requirement and suffer the consequences of iodine deficiency in larger numbers as compared to men.  
However, there are other conditions that also exacerbate iodine deficiency. An article (Env. Health Persp. Vol. 115. N. 8. August 2007) pointed out that elevated pesticides in humans have resulted in lowered thyroid hormone levels. The authors of this study found that effects of the pesticides were stronger in women. Pesticides contain chlorine, fluorine, dioxins and other agents that interfere with iodine uptake and storage in the body. Therefore, the larger the exposure to pesticides, the more iodine is inhibited in the body.   
  
So, what can you do? First, ensure adequate iodine supplementation. I believe we will not turn the tide against the rising rate of thyroid disorders and autoimmune disorders without correcting the epidemic rate of iodine deficiency that is currently present. My experience shows that in this toxic world we live in, the RDA is woefully inadequate. Therapeutic doses of iodine vary between 6-50mg/day. Those with chronic illnesses generally require larger amounts of iodine as compared to healthy people. Next, eat organic food that does not contain toxic pesticides. Finally, ingest an adequate amount of unrefined salt to help your body detoxify from these toxic chemicals. More information can be found in my books, Iodine: Why You Need It, Why You Can’t Live Without It, 4th Edition and Salt Your Way to Health, 2nd Edition.**

posted by Dr. David Brownstein @ [**6:21 PM**](http://drdavidbrownstein.blogspot.com/2010/12/iodine-deficiency-still-occurring.html)

**Sunday, December 5, 2010**

**New Vitamin D Recommendations**

**Last week, the Institute of Medicine’s (IOM) Food and Nutrition Board released their recommendations on Vitamin D. The IOM is a non-governmental American organization founded in 1970 under the congressional charter of the U.S. National Academy of Sciences. The IOM provides U.S. citizens with advice on medicine and health.   
  
The IOM raised the recommended supplementation dosages of vitamin D from 400IU/day to 600IU/day. For infants and children, the IOM recommended a dosage of 400IU/day.  
  
What do I make of the IOM’s recommendations? Unfortunately, they cannot be given too much credence. How can you give the IOM’s recommendations any support when they recommend an eight pound child take a similar dose of vitamin D as a 200 pound adult? (Note: There is very little difference between 400IU and 600IU/day of vitamin D).   
  
The IOM’s concerns about supplementing with higher levels of vitamin D seem to focus on the increased risk of kidney stones developing secondary to vitamin D supplementation. The IOM also states that very high levels of vitamin D (over 10,000IU/day) are “known to cause kidney and tissue damage”. The IOM makes this statement about kidney and tissue damage but they do not provide any research which shows that 10,000IU/day of vitamin D causes damage.   
  
I have been checking vitamin D levels on my patients and recommending they take vitamin D supplements for over 18 years. My experience would clearly show that the vast majority of patients are very deficient in vitamin D. I can also assure you that supplementing with the IOM’s recommended dosages will do little to nothing to improve vitamin D levels in the vast majority of patients.   
  
There are many studies which show that more than 600IU/day of vitamin D is necessary to treat illness as well as promote health. Studies have shown that 600IU/day will not raise vitamin D levels in pregnant or lactating women nor would it provide their babies with the needed amounts of vitamin D to optimize their health.   
  
I have seen little problems with supplementing patients with 2,000-10,000U of vitamin D3/day. In fact, most report their health improves with vitamin D supplementation. In my career, I have seen one patient develop vitamin D toxicity. She is a 55 year old patient with multiple sclerosis who was having a MS flare and developed difficulty walking. Due to very low levels of vitamin D, I prescribed 10,000U/day of vitamin D3 daily for 30 days. At the end of thirty days, she was able to walk without a cane and go back to work (she was disabled due to MS problems). She continued to take 10,000U/day for three more months. I checked her calcium levels every two weeks. After taking 10,000U/day of vitamin D3 for a total of 120 days, her calcium level began to rise. At this point, I asked her to reduce her dosage to 10,000Units/week—my usual recommendations to my adult patients. She did not want to lower her dose since she was feeling so much better, but she followed my recommendations. Now, three years later, she is still doing well.   
  
So what do we make of the IOM’s recommendations? I say not much. My advice is to enjoy the sun (where you can get natural Vitamin D) and have your vitamin D levels checked. If low, supplement with therapeutic doses—generally from 2,000-6,000IU/day of vitamin D3. It is best to work with a health care provider knowledgeable about vitamin D.**  
posted by Dr. David Brownstein @ [**4:15 PM**](http://drdavidbrownstein.blogspot.com/2010/12/new-vitamin-d-recommendations.html) **[http://img2.blogblog.com/img/icon18_edit_allbkg.gif](http://www.blogger.com/post-edit.g?blogID=2907647712019182784&postID=261006261518236389&from=pencil)**

* At [**December 8, 2010 9:42 AM**](http://drdavidbrownstein.blogspot.com/2010/12/new-vitamin-d-recommendations.html#c4043631938838639867) , AnonymousAnonymous said...

Regarding the one patient who developed vitimin d toxicity, will you please explain what the toxicity symptoms were. I presume that they started after your vitimin D3 treatement. How did you proceed ?

* At [**December 15, 2010 5:36 PM**](http://drdavidbrownstein.blogspot.com/2010/12/new-vitamin-d-recommendations.html#c4464576276815692529) , Blogger[**Dr. David Brownstein**](http://www.blogger.com/profile/06017281984892565367) said...

The patient did not display any symtptoms--she was feeling better and better. However, her vitamin D levels were high (over 200) and her calcium level began to rise. Hypercalcemia can be a serious problem--causing kidney stones, tetany (muscle contractions), etc. It was the lab results that I acted upon. At this point, I had her stop the vitamin D supplementation and followed her levels as they declined. Once her levels fell to 50, I restarted the vitamin D (at lower amounts).

**Thursday, November 25, 2010**

**Epidemic of Bromine Toxicity**

**The U.S. EPA reported a study that showed common chemicals—polybrominated diphenyl ethers (PBDE’s) found in all our homes are contributing to a rash of thyroid problems in pets. This is a class of chemicals which are widely used in our modern society. PBDE’s are used in many common household items as a fire retardant. These items are found in a variety of consumer items including computers, televisions, carpeting, furniture and mattresses. PBDE's are made from bromine.   
  
Bromine, as I wrote in Iodine, Why You Need It, Why You Can't Live Without It, is from the family of halides. This chemical family contains iodine, fluoride and chlorine as well. Unfortunately, bromine is considered a toxic halogen as it has no known therapeutic use in the human body.   
  
The reason we are seeing such a high prevalence of iodine deficiency and thyroid disorders is due, in large part, to the excess exposure of bromine from our modern conveniences. Over the years, I have checked hundreds of patients for their bromine levels and I have found elevated bromine levels (with most patient having very high levels) occurring in 100% of patients.   
  
What does bromine do in the body? Bromine competitively inhibits iodine in the body. What this means is that bromine exposure will cause the body to excrete iodine and lead to iodine deficiency. If we don't supplement with extra iodine, bromine will continually replace iodine all over our bodies. Even in the thyroid gland, bromine can replace iodine. What are the potential consequences of this? The consequences of this include increased rates of cancer of the breast, thyroid, ovary, uterus and prostate. Other consequences of increased bromine exposure include autoimmune illnesses such as autoimmune thyroid disorders. My experience has clearly shown, compared to those patients who do not have a serious medical illness, those with health issues have much higher bromine levels.   
  
In the EPA study, household cats were found to have high bromine levels. What has bromine done to the poor cats? Cats are now suffering from an epidemic of hyperthyroidism. It used to be a rare condition with cats 35 years ago. In this study, the occurrence of hyperthyroidism was nearly 50%. The researchers found PBDE's in 100% of the cats studied (23 cats). In the cats with hyperthyroidism, their PBDE levels were much higher as compared to cats without hyperthyroidism. Unfortunately, I see the same results with my human patients who suffer from thyroid disorders.   
  
So, what can you do? Supplement with enough iodine to allow your body to detoxify from bromine. Furthermore, eat food that does not contain bromine such as organic fruits and vegetables. Stay away from bromine containing bread, pasta, cereal, and soda. Also, supplement with items that help your detoxification system function optimally. This can include Vitamins C, E, and selenium. Finally, ingest enough unrefined salt to help detoxify bromine from the body. Much more information about this can be found in my book, Iodine Why You Need It, Why You Can’t Live Without It, 4th Edition.**

posted by Dr. David Brownstein @ [**5:54 AM**](http://drdavidbrownstein.blogspot.com/2010/11/epidemic-of-bromine-toxicity.html)

**Friday, November 12, 2010**

**Type 2 Diabetes: A Lifestyle Disorder**

**According to a report by the Center for Disease Control, by the year 2050 one in three Americans will have Type 2 diabetes. Currently, one in ten Americans has Type 2 diabetes. Type 2 diabetes is often referred to as ‘adult –onset’ diabetes. It is the most common form of diabetes and occurs from a variety of factors including obesity, inactivity, and eating a poor diet.   
  
For the vast majority of people with Type 2 diabetes, I consider it a ‘lifestyle’ disorder. What do I mean by that? By far, the overwhelming majority of individuals with Type 2 diabetes are suffering from the illness due to their own lifestyle choices; they don’t exercise enough, eat a poor diet, and are overweight. Due to these poor lifestyle choices, Type 2 diabetes is seen much more frequently today as compared to 20 years ago.   
  
Unfortunately, we are now seeing Type 2 diabetes in children and younger adults. What is the solution for Type 2 diabetes? I am sure you can answer this question by now. The cure for the illness revolves around correcting the underlying causative factors: exercise, eating a healthier diet and losing weight.   
  
Exercise helps to make the insulin receptors more receptive to insulin. In other words, it can cure insulin resistance. Exercise also helps with weight loss. Eating a healthier diet is important for not only avoiding Type 2 diabetes, but also for overcoming it. Diets high in refined foods predispose to Type 2 diabetes. Diets free of refined foods (including refined sugar, salt, flour and oils) are a must. Furthermore, a healthy diet should contain good sources of protein and fat. Healthy sources of these items come from organic food sources free of pesticides and hormones.   
  
If you have Type 2 diabetes, supplements can help you overcome the illness. Cinnamon has been shown to help with type 2 diabetes by reducing insulin resistance as well as reducing blood glucose. I have formulated a product, Gluc-Control, which contains cinnamon, taurine, bitter melon leaf as well as other natural ingredients. This product has been very helpful at helping those with diabetes lower their blood sugar and overcome the illness. Gluc-Control can be found at www.centerforholisticmedicine**.com.

posted by Dr. David Brownstein @ [**6:51 AM**](http://drdavidbrownstein.blogspot.com/2010/11/type-2-diabetes-lifestyle-disorder.html)

**Sunday, October 31, 2010**

**Children and Statin Drugs**

**The headlines read, “American Heart Association Backs Statin Use for At-Risk Kids”. Revised guidelines by the American Heart Association now say that children (>8 years old) with high cholesterol and risk factors for heart disease should be treated with statin drugs. I can’t imagine a worse thing to do to a child. Yes, it is true, there is an obesity and diabetes epidemic among our children. However, these illnesses are not caused from a ‘statin-deficiency syndrome’. These illnesses are caused by poor eating habits and lack of exercise. As I describe in The Guide To Healthy Eating, eating healthier food can make a huge positive improvement in your health. In Drugs That Don’t Work and Natural Therapies That Do, I show that statins are an over-used class of medications that have not been shown to appreciably prolong anyone’s life, much less decrease one’s risk for heart attacks or strokes. Coupled with their high cost and side effect profile, there are safer and more effective options.   
  
The number one thing you can do to improve your health as well as your family’s health, is to eat a better diet. You need to educate yourself about which food is healthier and how to incorporate it into your diet. It is best to avoid the ‘whites’—white sugar, flour, and salt. Cut down on all refined foods. Eat organic foods and make sure you drink enough water and exercise. Following these simple recommendations is a safer and more effective treatment regimen than relying solely on the statin drugs. More information about how to incorporate a healthy diet can be find in my book, The Guide to a Healthy Eating.   
  
Children should never be prescribed statin drugs. Lifestyle changes should be the first therapy prescribed for elevated cholesterol levels.**

posted by Dr. David Brownstein @ [**4:32 PM**](http://drdavidbrownstein.blogspot.com/2010/10/children-and-statin-drugs.html)

**Sunday, October 17, 2010**

**Big Brother and the Flu Vaccine**

**Last week, I saw a patient, Nancy, who works at a local hospital. Nancy was told if she did not receive the flu vaccination, she would have to wear a mask for three months. Furthermore, Nancy would have a red sticker placed on her name badge telling all that she did not receive the flu vaccine. Has society gone mad? Being forced to wear a red sticker and a mask for choosing not to have a flu vaccination is utter madness. This is more Big Brother hogwash.   
  
The flu vaccine is recommended for nearly everybody over the age of six months. The U.S. Government claims the flu vaccine will save 36,000 lives per year. However, there are no statistics to back up this claim. In fact, there are no statistics to show the flu shot is effective at preventing the flu.  
  
The Cochrane Group (an independent medical research group designed to help physicians put evidence into practice) published a study which tried to answer the question, “Does seasonal influenza immunization of health care personnel reduce the incidence of influenza and its complications in older residents of long-term facilities?” The authors examined four randomized controlled trials and one cohort study. They found that vaccination of personnel had no effect on the incidence of laboratory-proven influenza, pneumonia, admissions to the hospital, and death from pneumonia. The authors concluded, “There is insufficient evidence to support the vaccination of health care workers as a measure to protect older patients from influenza.” (Am. Fam. Phy. Oct 1, 2010. Vol. 82, No. 7. Pg. 763-4)  
It is ridiculous to mandate anyone getting a flu vaccine. In fact, I think it is ridiculous for anyone to get the flu vaccine since the flu vaccine has never been shown to prevent the flu or decrease mortality from the flu. Finally, most flu vaccines contain toxic contaminants such as mercury. The best advice I can give you is to do your research and then make your own decision on whether the flu shot is right for you.**

posted by Dr. David Brownstein @ [**4:25 PM**](http://drdavidbrownstein.blogspot.com/2010/10/big-brother-and-flu-vaccine.html)

**Friday, October 8, 2010**

**More Controversy Over RD's Giving Nutritional Advice**

***Dear Blog Readers,  
I received a few ‘unhappy’ emails from RD’s (registered dieticians) concerning my article (Blog post 9/27/10) about how the State of Michigan is trying to put a licensing program in place which ensures that only RD’s can give nutritional advice. Please read below to see the controversy. The first letter was written by an RD. My response to her is below that. The third letter was written to the State of Michigan Board of Dietetics and Nutrition by another RD. I say, it is important to hear both sides of the story before choosing a side. I would be interested to hear your comments.  
David Brownstein, M.D. (10.8.10)*  
  
*This letter was written by: Nancy DiMarco, PhD, RD, CSSD.   
Re; On Big Brother Controls Nutritional Advice on 9/27/10*  
I take great offense to the comments by Dr Brownstein because it is clear he does not understand the difference between the registered dietitian and the certified clinical nutritionist. I train students to become registered dietitians and also to attain post graduate certifications and the majority of those students have been in school for 7-8 years by the time they complete their graduate degrees. In contrast, our university has admitted students with the CCN because once they get their credential and think they can practice, they quickly find out how woefully inadequate their training to be and they must then go back to school to get the proper training as the RD. To question the ADA would be like me questioning Dr Brownstein's credentials as an MD. There is no accredited credentialing agency that oversees the CCN, and it is not a member of the National Organization for Competency Assurance to tell potential members that the credentialing process meets national standards. There is no mandate by the CCN to have a bachelor's degree from an accredited academic institution that is recognized by the US Department of Education or CHEA. I could go on and on about the differences, and there are many - I would be more than glad to share an expanded version of these points, but more importantly, I would like to initiate a dialog so that all of your readers can know that the RD is the nutrition expert and there is reason for licensure in many states because the majority of nutrition information that gets passed on as credible is usually not. You can trust information from the ADA and RDs.   
  
  
Dr. DiMarco,  
You are well within your rights to question my credentials as a M.D. to give nutritional advice. In fact, you should. Just because I spent a long time in school getting an M.D. degree does not mean that I am qualified to give correct nutritional advice. It took me many years and much reading (after medical school) to allow me to properly discuss nutrition with my patients. I can guarantee you that M.D.'s are not (and have not been) trained to give proper nutritional advice. Unfortunately, the same holds true for the training RD's receive. It doesn't matter how many years you go to school if you are not taught the correct information. I do question the ADA and their teaching model as it has perpetuated the chronic health care problems we are facing today such as obesity, diabetes, heart disease and hypertension. As for trusting information from the ADA and RD's, I suggest looking at the food choices at any hospital and then deciding whether it is best to trust the advice from the ADA (who receives coroporate sponsorship from Pepsi-Cola, Coca-Cola, Mars, Hershey’s, General Mills, and others). It is clear that the ADA should not be in control of licensing who can and is not capable of giving correct nutritional advice.   
David Brownstein, M.D. 10.8.10   
  
4 October 2010  
Ms. Rae Ramsdell  
Director, Health Regulatory Division  
Michigan Dept. of Community Health Bureau of Health Professions  
611 West Ottawa   
P.O. Box 30670   
Lansing, MI 48909-8170   
  
Attention: Michigan Board of Dietetics & Nutrition  
  
Dear Director Ramsdell:   
  
I would like to express my concern about the rules being developed to implement Public Act 333 of 2006, §18351 (on Dietetics and Nutrition Licensing).  
I am a registered and licensed dietitian in the state of Texas and can testify to the inadequate training of dietitians. Most of our education and the majority of our exam is focused on food service, not nutrition counseling or wellness. We get basic biochemistry and learn one approach to feeding people in diseased states (usually in a hospital setting), but we do not learn how to use real food, vitamins, minerals, herbs or antioxidants to restore health. We are taught that these things are useless and that no one needs more than the RDA of a nutrient.  
I had a client who was going to have a hysterectomy. I had her take 25 mg of iodine (the RDA is 150 mcg) and 6 months later, she no longer needed a hysterectomy. I learned about iodine on my own, outside my formal education and using such a high dose of iodine goes against everything I was taught in school, yet it gave my client a better quality of life and she can still bear children if she so desires. It was in the best interests of my client to ignore what I was taught in school.  
While there are some very knowledgeable dietitians out there, having the credential of RD does not qualify someone to dispense accurate, sound nutrition information. Other credentialed nutritionists (CNS, CCN, chiropractors, etc) are just as qualified, if not more so, than a dietitian. It really depends on the person, rather than the credential. Anyone who is open to new ideas and keeps up with the latest research is better qualified to give out nutrition information than a dietitian who only does what they were taught to do in school.   
It will be a disservice to citizens in your state to only allow Registered Dietitians and nutritionists supported by the American Dietetic Association to dispense nutrition information. Consumers deserve to have a choice and many now prefer alternative approaches to health rather than what is promoted by the mainstream because they have not been helped by the mainstream advice. Dietitians do not have adequate training in alternative therapies, so we need other nutritionists who are qualified in alternative approaches. Above all, we need choice. That is what democracy is all about, the freedom to choose what is best for self and family.  
  
I am concerned that this will affect a citizen’s choice to adequately protect their health and the health of their family. They should have the right to choose nutritional therapy from a variety of professionals coinciding with their personal health and nutritional philosophy. The rules seem to favor the Registered Dietitian without recognizing the value of other nutrition credentials or professionals with training in nutrition, and serve only to create a monopoly for them, and restrict choice for citizens.  
  
Please ensure that non-restrictive rules are put in place that protect the practice of nutrition and the rights of Michiganders. Thank you for your consideration.  
  
Sincerely,  
Annette Presley RD LD**

posted by Dr. David Brownstein @ [**6:08 AM**](http://drdavidbrownstein.blogspot.com/2010/10/more-controversy-over-rds-giving.html)

**Sunday, October 3, 2010**

**Baby Boomers Less Healthy Than Parents?**

**The headlines from MSNBC read: “ Baby Boomers May Be Less Healthy Than Parents (4.20.07).” How can this be? Boomers smoke less than their parents, seem to exercise more, yet have poorer health parameters. The article went on to report that boomers report more difficulty climbing the stairs, getting up from a chair and doing other routine activities. Furthermore, they report more problems with chronic medical conditions including high blood pressure, high cholesterol and diabetes.   
  
There is no question that the obesity epidemic is partly to blame-over two-thirds of adults are overweight and over one-third are obese. However, I think there is more to the story. We take more medications than ever before, yet our health is not improving. Perhaps we are taking too many medications.   
  
For many years, the declining health of successive generations has been discussed at many holistic medical conferences that I have attended. Many holistic doctors have predicted that the decline in health of subsequent generations would occur. How could many of us make this prediction? We (holistic practitioners) knew that too many toxic drugs were being prescribed for conditions that did not warrant them. Furthermore, these toxic agents were being prescribed for conditions where appropriate lifestyle changes were a much better approach.   
  
Holistic practitioners (including myself) have predicted that as the toxic load increased in our environment our health would suffer. We are exposed to an ever increasing load of toxic chemicals including bromine, fluoride, and mercury that are bound to affect our health and our children’s health and the health of future children. The consequences of this increased toxic load are the increasing array of chronic illnesses from cancer, diabetes and hypertension in adults as well as ADHD, autism and cancer in children.   
  
We’re relying too much on prescription drugs to treat these ailments. However, many of these drugs do nothing to treat an underlying cause of an illness and actually cause other problems. I have written all my books to give you an alternative view and to provide you with safe and effective natural therapies that treat the underlying cause(s) of illness.   
The news is not all negative. We can reverse this trend. Our health does not have to decline as we age. How do we prevent that? The answer is simple; go back to the basics; eat a healthy diet, optimize nutrition, and exercise. Finally it is important to periodically undergo detoxification.   
  
The human body is designed to function at a high rate if it is given the appropriate raw materials. Drugs do have their place; however, there are many natural ways to optimize your health without relying on expensive drug therapies that do not treat any underlying cause of an illness. More information on the problems with drug therapies and which natural therapies work can be found in my book, Drugs That Don’t Work and Natural Therapies That Do, 2nd Edition.**

posted by Dr. David Brownstein @ [**4:03 PM**](http://drdavidbrownstein.blogspot.com/2010/10/baby-boomers-less-healthy-than-parents.html)

**Wednesday, September 22, 2010**

**Big Brother Controls Nutritional Advice**

**How would you feel if the government controlled who can and cannot give you nutritional and dietary advice? I don’t think we want the government controlling nutritional information do you? Well, if you live in the state of Michigan, a law passed in 2006 makes it unlawful to give nutritional or dietary advice unless the practitioner is a licensed nutritionist or dietician. However, the rules of this law are still being decided upon and the law hasn’t been fully enacted yet. Unfortunately, Michigan is not the only state passing idiotic laws. Many other states have passed similarly idiotic laws. You may be thinking, this is not so bad. Why can’t a nutritionist or dietician simply apply for a license? Well, this is the really crazy part. In Michigan, the group that lobbied and pushed the bill (Public Act 333) to pass was the Michigan Dietetic Association (MDA) which is part of the American Dietetic Association. The American Dietetic Association is an organization of food and nutrition professionals. Approximately 75% of its members are registered dieticians (RD’s). The ADA claims that it strives to improve the nation’s health and advance the profession of dietetics through research, education, and advocacy. If only that were true. It makes you wonder, since their corporate sponsors/partners include Pepsi-Cola, Coca-Cola, Mars, Hershey’s, General Mills, and others.  
  
The Governor of Michigan appointed five Registered Dietitians (RD’s) to the Michigan Dietetics and Nutrition Board to write the specific rules of the law. Take a guess who the Board wants to allow to be credentialed to provide nutrition and dietary advice? You probably guessed right—RD’s, or those who obtain a nearly identical course of study.   
  
My experience with RD’s has not been good. Most are lacking in basic skills on nutrition and health. I have seen the educational requirements for obtaining an RD. I am not impressed at all. It is a very weak program with too much focus on food service management. RD’s are in every hospital in the United States in charge of developing the meal plans. When I worked in the hospital as a resident physician, I was amazed patients could get better with the poor quality food that was served to them. I could not believe there were professionals responsible for those poor food choices.  
  
As a holistic physician I have been terribly disappointed at the food and nutritional recommendations of the ADA. The ADA is partially responsible for the obesity epidemic we currently are suffering through. An article in the Journal of the American Dietetic Association (March 2005) was titled, “A look at the educational preparation of the health-diagnosing and treating professions: Do dieticians measure up?” After reading this article, the answer to the above question is clear; RD’s do not measure up. The authors stated, “Basic education requirements for dieticians were developed almost 80 years ago and remain largely unchanged.” I agree with this analysis. Now, this is not an indictment of all RD’s. Some RD’s, who have spent their own time to learn about nutrition (since they are not taught properly in their own training programs), are more than adequate to give appropriate nutritional advice.   
  
We do not want any one group, RD’s included, in charge of our nutritional advice at the expense of nutritionists such as Certified Clinical Nutritionist (CCN) or Certified Nutrition Specialist (CNS) or Holistic Health Counselor (HHC). All of these nutritionists took classes and passed exams to obtain their certification. Does having a certificate mean a person is well versed in nutrition? Absolutely not. That depends on the person. But, I can assure you, it is not wise to have one group (RD’s) control the whole process, especially if that group has suboptimal training in nutrition. My experience has shown that many CCN’s or other people with other certifying degrees can provide adequate nutritional advice. I say, let’s let the individual patient decide if they want to seek advice from anyone about diet and nutrition. We don’t need Big Brother deciding who we can and cannot see.  
  
So, what can we do? In Michigan, the Michigan Nutrition Association (MNA) has been formed to fight this law and positively influence the rule making process, or amend/repeal the law if necessary. The MNA is a non-profit group whose desire is to promote nutrition and healthcare through a competitive, open and transparent system. This sounds good to me. Please to go the MNA website to donate to help this group keep choices open to the public. Their website is: http://www.michigannutritionassociation.org/.  
  
Parts of this article was adapted from Sustainable Health (Sept-December, 2010) by Judy Stone, CN, MSW. And,thank you to Coco Newton, an enlightened and very knowledgeable RD, who helped me edit this article.**

posted by Dr. David Brownstein @ [**5:30 PM**](http://drdavidbrownstein.blogspot.com/2010/09/big-brother-controls-nutritional-advice.html)

**Monday, September 6, 2010**

**Anti-inflammatory Drugs and Heart Problems**

A study of 1,028,437 healthy Danish citizens found the nonsteroidal anti-inflammatory drugs Voltarin (or Cataflam), Vioxx, and ibuprofen were associated with an increase in cardiovascular morbidity and mortality. Voltarin use was associated with a 91% increased of cardiovascular death compared with patients with no nonsteroidal anti-inflammatory usage. Vioxx (withdrawn from the market in 2004 due to cardiovascular problems) had a 66% increased risk. Compared to nonusers of nonsteroidal anti-inflammatory medications, users of ibuprofen (Motrin) were found to have a 31% increased risk of coronary death or non-fatal heart attacks as well as a 47% increase risk of stroke. The authors of this study also found a trend for a higher increase in cardiovascular risk associated with the use of all the nonsteroidal anti-inflammatory drugs. (FP News. July, 2010 and Circ. Cardiovasc. Qual. Outcomes. 2010. June 8, 2010).  
  
Comment: For nearly 20 years, I have been lecturing, writing, and preaching to my patients that you can’t poison a crucial enzyme in the body for the long term and expect a good result. The nonsteroidal anti-inflammatory drugs poison an enzyme, cyclooxygenase. More information about the problems with nonsteroidal anti-inflammatory drugs in my book, Drugs That Don’t Work and Natural Therapies That Do, 2nd Edition.   
Is there a place for nonsteroidal anti-inflammatory drugs? The answer is “yes”, sort of. There is no question that these drugs can help patients reduce pain due to inflammation. If these drugs are used, they should be used for the shortest time possible in order to minimize the risk of developing an adverse effect. Are alternative, natural anti-inflammatory items available which do not increase your risk of cardiovascular problems? This answer is, unequivocally, “yes”.  
  
There are many natural anti-inflammatory herbs and vitamins that are very effective at relieving pain due to inflammation. I have found that oral enzymes can have a potent anti-inflammatory effect without the adverse effects associate with medications. Oral enzymes are derived from natural sources. In fact, my experience has shown that the long-term use of oral enzymes (i.e., over four weeks)have a superior anti-inflammatory effect as compared to nonsteroidal anti-inflammatory medications. Enzymes can be found in many health food stores. On enzyme product that is particularly effective at providing a strong anti-inflammatory effect is Excelzyme 2AF (taken as 2 pills twice per day without food).   
  
Other anti-inflammatory natural products include cherry juice concentrate (which contains enzymes). All fruits and vegetables contain enzymes which have anti-inflammatory properties. Now you can see why it is important to eat fresh fruits and vegetables as they can supply the body with the right anti-inflammatory nutrients.   
Intenzyme forte is another enzyme product (made from Biotics Research Company) that has potent anti-inflammatory effects. (All of the products mentioned here can be purchased at my office—www.centerforholisticmedicine.com. Just click the button for product catalogue, then click the anti-inflammatory tab).   
  
There are many different alternatives to prescription and over-the-counter anti-inflammatory medications. If you are using these medications for the long-term, I would suggest trying to switch to a natural product. Your long-term health will be better for it.

posted by Dr. David Brownstein @ [**10:09 AM**](http://drdavidbrownstein.blogspot.com/2010/09/anti-inflammatory-drugs-and-heart.html)

**Sunday, August 29, 2010**

**Antidepressant Medications and Osteoporosis**

**An article in the Archives of Medicine (Vol. 167 No. 2. Jan. 22, 2007) found that daily use of the most common antidepressants--SSRI's such as Prozac®, Zoloft®, Welbutron®-- were found result in a 2005 increase risk of bone fractures. This study examined a group of patients who were 50 years of age and older and they were studied for five years. This is the age group most commonly at risk for osteoporosis.   
  
Why would the use of antidepressants result in an increased risk of osteoporosis? In this study, daily SSRI use was found to be associated with a significantly increased risk of falling (2,100% increased) and a lowered bone mineral density of the hip and the spine. All of these effects were dose dependant, meaning the longer you took the medications, the more problems you may have with them.   
  
It is well known that SSRI’s can cause an increased risk of falls, which do increase the risk of fractures. Although the exact mechanism associated with a decreased bone mineral density in those that took SSRI’s is not clearly defined, this is one more study showing the adverse effects of taking a drug that poisons a crucial enzyme in the body.   
  
As I wrote in Drugs That Don’t Work and Natuaral Therapies That Do, 2nd Edition, the long- term use of a medication that poisons a crucial enzyme or blocks an important receptor is a recipe for future health problems. SSRI’s should be the last choice in treating depression. There are many safer and more effective strategies to managing depression than relying solely on SSRI’s, such as diet and exercise. In fact, there are many studies showing exercise has a better anti-depressant effect compared to SSRI drugs.**posted by Dr. David Brownstein @ [**6:02 AM**](http://drdavidbrownstein.blogspot.com/2010/08/antidepressant-drug-and-risk-of.html)

**Sunday, August 15, 2010**

**Why You Need to Avoid Fructose**

**A recent study (Cancer Research) reported that pancreatic tumor cells were found to use fructose to divide and grow. The researchers from UCLA found that tumor cells fed both glucose and fructose used the two sugars in different ways. Fructose was found to result in rapid growth of pancreatic cells. “These findings show that cancer cells can readily metabolize fructose to increase proliferation,” Dr. Anthony Heaney of UCLA’s Jonsson Cancer Center and colleagues wrote.  
The human body absorbs glucose and fructose using different pathways. It would make sense that there would be differing responses from cancer cells to glucose and fructose.   
We eat much too much fructose. Estimates are that Americans eat approximately 50gm/day. Many chronic diseases can be linked to the overconsumption of fructose such as diabetes, heart disease, and hypertension. Many (if not most) sweetened foods and beverages are sweetened with high fructose corn syrup. It is found in most bakery products, soft drinks, yogurts, as well as other foods.   
What can you do? Look at your food labels and, most importantly, think about what you are eating. Eat whole foods without added sugars. Do not drink soda (sugar-free soda is really no better). Drink water instead.**

posted by Dr. David Brownstein @ [**12:52 PM**](http://drdavidbrownstein.blogspot.com/2010/08/why-you-need-to-avoid-fructose.html) **[http://img2.blogblog.com/img/icon18_edit_allbkg.gif](http://www.blogger.com/post-edit.g?blogID=2907647712019182784&postID=8263462488465060791&from=pencil)**

* At [**August 16, 2010 11:28 AM**](http://drdavidbrownstein.blogspot.com/2010/08/why-you-need-to-avoid-fructose.html#c7394884793532041439) , OpenID[**guitarmom**](http://profile.typepad.com/6p00e54fed49808834) said...

Dear Dr. Brownstein -- Could you please clarify if we ought avoid actual fruits, like fresh peaches and fresh plums, due to their fructose content? Or is your recommendation to avoid fructose specifically as an additive?  
  
Thank you,  
Guitarmom

* At [**August 17, 2010 6:23 PM**](http://drdavidbrownstein.blogspot.com/2010/08/why-you-need-to-avoid-fructose.html#c2878544995001220545) , Blogger[**Dr. David Brownstein**](http://www.blogger.com/profile/06017281984892565367) said...

Hi guitarmom,  
I am not referring to naturally-occurring fructose. Naturally-occurring fructose occurs in food with other vitamins, minerals and enzymes which aid in its digestion. Also, man-made fructose can be contaminated with mercury.

**Monday, August 9, 2010**

**Shingles Vaccine? Think Again!**

I frequently get asked by my patients, “Should I take the shingles vaccine?” Shingles is a consequence of the chicken pox virus which becomes reactivated and causes a rash. Associated with the rash can be a painful condition called postherpetic neuralgia. A vaccine that avoids the onset of postherpetic neuralgia would be a worthy item.   
Zostovex is a vaccine that contains live, attenuated chicken pox virus (varicella-zoster). It is the same vaccine given to children to prevent chicken pox, only it is approximately 14 times stronger in the adult version. It has been approved by the FDA for the prevention of shingles in adults 60 years of age or older. The advisory council on immunization practices has recommended Zostovex as a prevention of postherpetic neuralgia.   
  
As previously mentioned, a vaccine to prevent postherpetic neuralgia sounds good. Is it effective? An article in The American Academy of Family Practice (6.15.07. Vol. 75, No. 12) summarized the research on this vaccine. The article reports a 50% decline in shingles and a 66% decline in postherpetic neuralgia with the use of Zostovex. The authors conclude that Zostovex “… is an effective vaccine that should be offered to patients who are 60 years and older.” But, further review of the data provides a much different picture.  
  
For the prevention of shingles, 3.3% of unvaccinated persons developed shingles compared to 1.6% of vaccinated people. The ‘50%’ claim that the article touted is the less-than-accurate ‘relative risk’ level (calculated by the following formula--1.6/3.3). The more accurate ‘absolute risk’ shows a 1.7% decline (3.3-1.6). (http://www.merck.com/product/usa/pi\_circulars/z/zostavax/zostavax\_pi2.pdf)   
  
For the prevention of postherpetic neuralgia, the manufacture of the vaccine, Merck, touts a 39% decline with the use of the vaccine. Further analysis of the data might lead you to a different conclusion. Approximately 0.4% of unvaccinated persons versus 0.14% of vaccinated people developed postherpetic neuralgia. The 39% decline is the less-than-accurate ‘relative risk’ (0.14/ 0.4). IF we looked at the more accurate absolute risk, we come up with a decline of 0.26% of postherpetic neuralgia in those that were vaccinated. The vaccine costs approximately $200.00.   
  
So, for $200.00, we get a 0.26% decline in developing postherpetic neuralgia. I don’t think a 0.26% decline is anything worth spending nearly $200.00. What can you do? Keep your immune system strong to prevent shingles in the first place. Eat a good diet free of refined foods. In my practice, I have found Vitamin C IV’s very helpful for those that develop shingles/postherpetic neuralgia. Also, NAET (www.naet.com), an acupressure treatment, has been very helpful for treating shingles and postherpetic neuralgia. Lastly, Vitamin B12 shots have also been very effective at eradicating postherpetic neuralgia.

posted by Dr. David Brownstein @ [**4:21 PM**](http://drdavidbrownstein.blogspot.com/2010/08/shingles-vaccine-think-again.html)

**Sunday, July 25, 2010**

**Thoughts About Conventional Hormones**

**I just returned from a lecture where I was teaching doctors about bioidentical hormones. I presented the data on the Women’s Health Initiative and I was thinking about the results of this study on the flight home. I thought I would share some of these thoughts with you.**

**The Women’s Health Initiative was a large study involving over 16,000 women who were randomly assigned to take the conventional, synthetic hormones Premarin and Provera or placebo. The study was supposed to last for 8.5 years, but was stopped early (at 5.2 years) because the women in the treatment group (those taking Premarin and Provera) developed serious side effects. Compared to women who took a placebo, those in the treatment group had a 26% increase in invasive breast cancer, a 41% increase in stroke, a 205% increase in Alzheimer’s disease and a 2100% increase in pulmonary embolism. Due to these problems, women were told to stop taking the hormones.**

**Those numbers were not a big shock to me. Those of us who had been writing and speaking out against the use of conventional hormones knew they were problematic. For nearly 25 years, before the completion of the Women’s Health Initiative, the powers-that-be assured women that conventional hormone replacement therapy was safe and would not lead to increased breast cancer rates. In fact, women were told that taking these synthetic hormones would prevent heart disease. At best, those statements were wishful thoughts, at worst they were lies. During this time there were many studies which pointed to problems with conventional hormones. However, doctors continued to prescribe conventional HRT to more and more women. Unfortunately, now we are left to deal with the side effects.**

**In my lecture, I presented data (from the Women’s Health Initiative) to the doctors about the numbers of women who developed breast cancer during the five years the subjects took the synthetic hormones. The data showed breast cancer rates increasing about 26% during this time (as compared to women who did not take synthetic hormones). Next, I showed the doctors a graph of the breast cancer rate for a 2.5 year period after the women were told to stop taking the synthetic hormones. Breast cancer rates were reported to fall 27% during the time women stopped taking the synthetic hormones.**

**So, let’s think about these numbers (as I was thinking about them on the flight home). Specifically, I was thinking about the 26% increase in breast cancer for those women given synthetic hormones and an almost identical decline in breast cancer rates after the women stopped taking them.**

**What conclusions can you draw from this data? A reasonable conclusion is that no woman should ever receive these items, under any condition. However, that was not the FDA or conventional medicine’s conclusion. They concluded that women should be still be treated with these medications if they need them, but they should only take them for the shortest time needed. What is the data that supports using conventional HRT for the shortest time needed? You can guess the answer to this question; there is no data supporting that statement.**

**I say the FDA should have removed these toxic hormones from the market. There is absolutely no indication to use these items when there are natural, bioidentical versions available. The bioidentical hormones are clearly safer. Furthermore, they are effective at treating the signs and symptoms of menopause. In the first edition of *The Miracle of Natural Hormones*, written in 1999 (before the Women’s Health Initiative), I advised women to avoid conventional hormone replacement therapy because there was an increased risk of side effects. My second edition of this book provides more information on the safety and efficacy of bioidentical, natural, hormones and a further analysis of the Women’s Health Initiative.**

**What can we take away from all of this? We need to go back to using science and common sense. Common sense would dictate that when there are natural, bioidentical versions of hormones available, there is no need to consider using a synthetic version. Science does support this common sense argument.**

[**Holistic Medicine**](http://www.centerforholisticmedicine.com/) | [**Natural Health Supplements**](https://www.purezenhealth.com/) | [**Natural Supplements**](http://www.chm-natural-supplements.com/)

posted by Dr. David Brownstein @ [**6:17 PM**](http://drdavidbrownstein.blogspot.com/2010/07/thoughts-about-conventional-hormones.html) **[http://img2.blogblog.com/img/icon18_edit_allbkg.gif](http://www.blogger.com/post-edit.g?blogID=2907647712019182784&postID=5983805899011282726&from=pencil)**

**Friday, July 16, 2010**

**Are Dental X-rays Dangerous?**

**Should you get x-rays at the dentist? Dentists will tell you that x-rays are necessary for diagnosing cavities at an early stage, before a tooth is severely injured. All x-rays have risk; they damage our genetic material, the DNA.**

**Do dental X-rays cause thyroid problems? A recent report in Acta Oncologica found a direct correlation with the number of dental x-rays and thyroid cancer. In other words, the patients who received more dental X-rays were found to have an increased rate of thyroid cancer.**

**Patients who received four dental X-rays had more than double the risk of developing thyroid cancer as compared to those who were not irradiated. As compared to those not exposed to X-rays, subjects given five to nine X-rays had a risk of developing thyroid cancer that was more than four times normal. Finally, those with ten or more X-rays had a five-fold risk as compared to someone who had not received an X-ray.**

**The thyroid gland sits in the lower part of the neck. It is very sensitive to radiation. Over the last 30 years, thyroid cancer as well as other thyroid disorders, has been increasing in the U.S. at epidemic rates.**

**So, should you have dental X-rays or should your children have dental X-rays? There is not a perfect answer here. Dentists rely on X-rays to identify cavities at an early stage. Many cavities are not able to be diagnosed visually. I have spoken to many dentists about this conundrum and they say that X-rays are a necessary and helpful tool in dentistry.**

**One solution to the problem is to have your dentist use the digital X-rays. Digital X-rays provide much less radiation as compared to conventional radiology equipment. Furthermore, your dentist should provide you with a lead shield in order to protect the thyroid gland. I don’t believe any dental X-rays should be given unless the thyroid gland is properly protected. If your dentist does not provide this protection to you (and, he/she should provide it without asking), it is time to find a new one.**

**I do believe periodic dental X-rays are necessary for dentists to accurately and quickly make a diagnosis about the health of the teeth. However, the best way to prevent dental disease is to eat a healthy diet free of refined foods and refined sugar. (Acta Onc. May 2010. Vol. 49, No. 4. P. 447-53)**

posted by Dr. David Brownstein @ [**7:23 AM**](http://drdavidbrownstein.blogspot.com/2010/07/should-you-get-dental-x-rays.html)

**Saturday, July 10, 2010**

**Synthetic Hormones and Early Puberty**

**I probably do not have to tell you that, as compared to ten years ago, young girls are reaching puberty at a much earlier age. It is readily apparent to any parent of a teenage girl. A study found that breast development began at an average age of nine years and ten months in a group of 1,000 Denmark girls. Furthermore, the researchers reported that the girls in the study were beginning puberty a year earlier as compared to a previous study fifteen years ago.**

**Folks, this a big problem. Girls are entering puberty earlier and earlier. The girls will have adolescent issues at an earlier age and, in later years, be more prone to serious illnesses like breast cancer. In fact, in our modern world, breast cancer and other hormone-sensitive cancers are now occurring in much younger people as compared to years ago.**

**Why is this happening? I have no doubt that a large part of accelerated puberty is being driven by the increasing exposure to synthetic hormones and other synthetic chemicals that mimic our natural hormones. Where are these items found? They are found in food (meat, milk, eggs, fish, etc.,) as well as many commonly used household items such as soap, toothpaste, plastics and electronic equipment.**

**Conventional farmers feed their animals hormones in order for the animals to grow to a larger size. These synthetic hormones are used to increase the profits from the animals. The problem is that these hormones make it into our food supply. This is a major reason why you need to eat organic food free of pesticides and hormones.**

**Children are very sensitive to these synthetic hormones, more so than adults. It is vitally important to keep these hormones out of the food supply of our children. Children should not be fed animal products tainted with synthetic hormones.**

**Chemicals such as bisphenol-A and triclosan have been added to so many consumer items that it has become nearly impossible to avoid being exposed to them. Both of these items have estrogen-like properties and can bind to and stimulate estrogen receptors. I would have to believe that nearly every one of us has significant amounts of these chemicals in our bodies. I believe this is a major part of the driving force of early adolescence as well as the epidemic of breast and prostate cancer we are currently experiencing.**

**What can you do? As mentioned above, eat organic foods and try to minimize your exposure to toxic chemicals. Furthermore, ensure that your detoxification pathways are functioning normally. I always encourage my patients to do a liver and colon detox at least twice per year. One product that I designed (along with my partners) is known as Total Liver Care (TLC). We designed this product to supply the liver with the proper nutrients that will facilitate detoxification. Just as we clean out our cars or closets every once in a while, the liver can also use a little help. TLC can be found at:** [**www.purezenhealth.com**](http://www.purezenhealth.com/)**, One scoop twice per day will do the trick!**

posted by Dr. David Brownstein @ [**4:47 AM**](http://drdavidbrownstein.blogspot.com/2010/07/synthetic-hormones-and-early-puberty_10.html)

**Friday, July 2, 2010**

**Problems With HPV Vaccine**

My daughter, Jessica, recently asked me why she wasn’t vaccinated with the HPV vaccine (Gardasil). Jessi told me all her friends have received the vaccine. I told her that there were two major reasons that I felt were important enough to not let her get this vaccine. Number one (the most important one), this vaccine is injuring and killing healthy young females. Nearly one young woman has died per month due to this vaccine. This fact alone should cause Congress to act and the media to question its use. The number two reason I don’t believe this vaccine should be given is that most women (over 90%) infected with HPV will overcome the illness without any therapy due to natural immunity.

Gardasil is promoted by Big Pharma Cartel Merck to prevent two types of HPV that are associated with cervical cancer and two more types that cause 90% of genital warts. Gardasil was designed to protect against two strains of HPV that cause about 75% of cervical cancer and two more strains that cause 90% of genital warts. Gardasil does not treat cancer or genital warts. It is given in three injections over six months. The monetary cost of Gardasil is very high—approximately $400 for the series of three vaccines.

Much of the following information is taken from a wonderful article on the Gardasil vaccine which can be found at:

[**http://healthfreedoms.org/2010/06/28/will-mercks-gardasil-hpv-vaccine-be-its-next-vioxx/**](http://healthfreedoms.org/2010/06/28/will-mercks-gardasil-hpv-vaccine-be-its-next-vioxx/). This article should be read by every parent who is considering vaccinating their child against HPV.

Gardasil was approved by the FDA in 2006. Since that time, it has been responsible for 66 deaths and over 17,700 medical injuries to young girls. Six percent of the reported events (1,100) were serious enough to require emergency care. Remember, only about 10% of all adverse reactions are reported to the CDC.

Other adverse effects associated with Gardasil (from PDR) are Guillain-Barre syndrome, lupus, seizures, anaphylactic shock, chronic fatigue, paralysis, blood clots, brain inflammation, blurred vision, and blindness. Furthermore, the following events have been reported after vaccination from Gardisil: blood and lymphatic system disorders, autoimmune hemolytic anemia, idiopathic thrombotic purpura, lymphadenopathy, pulmonary embolis, pancreatitis, vomiting, asthenia, chills, death, fatigue, malaise, autoimmune diseases, bronchospasm, urticaria (hives), arthralgia, myalgia (muscle pains), and transverse myelitis (inflamed spinal cord).

I say enough said. Who would give that vaccine to their child?

Dr. Diane Harper, a top expert on HPV claimed that the recommendation to vaccinate all young girls, “…went too fast without any breaks. We don’t know yet what’s going to happen when millions of doses of the vaccine have been given and to put in place a process that says you must have this vaccine, it means you must be part of a bit public experiment. So we can’t do that until we have more data.”**[[1]](#endnote-1)[i]**

So, what do you do? Number one, educate yourself. If the vaccine sounds right to you, then consider it. However, if there are concerns, I suggest continuing to educate yourself. Remember, you can’t take a vaccine back after it is given.

posted by Dr. David Brownstein @ [**12:26 PM**](http://drdavidbrownstein.blogspot.com/2010/07/problems-with-hpv-vaccine_02.html) **[http://img2.blogblog.com/img/icon18_edit_allbkg.gif](http://www.blogger.com/post-edit.g?blogID=2907647712019182784&postID=1104640193737443721&from=pencil)**

1. **[i]** <http://www.newsinferno.com/archives/3046>

   **Sunday, June 20, 2010**

   **Blood Pressure Medications Cause Increased Cancer Risk**

   **In my book, *Drugs That Don’t Work and Natural Therapies That Do*, I wrote, “You can’t poison a crucial enzyme or block an important receptor for the long-term and expect a good result.” This statement has led many to criticize me. However, as more and more research comes out about the toxicity of drugs I am more confident than ever that this statement is true.**

   **The headline blared, “Popular blood pressure pills linked to cancer.” [i] The headline referred to an important article in Lancet Oncology that found patients who took the popular angiotensin-receptor blockers--ARB inhibitors-- (e.g., Cozaar, Atacand, Micardis,) had a one percent higher risk of getting cancer as compared to patients not taking the drugs. Increases in cancers of the prostate, breast, and lung cancer were noted. There was no long-term study with these drugs. This study looked at the results of five studies that included 68,402 patients.**

   **In the U.S., cancer is the second leading cause of death. The authors of this study estimated that one extra cause of cancer will occur for every 105 patients taking the ARB inhibitors for about four years. But, patients generally take these drugs for much longer than four years. What is the risk of ARB inhibitors causing cancer in patients who take the medications for 10 years? Or 20 years? No one knows the answer. Furthermore, this class of drugs is taken daily by millions of Americans. If the study is true, the cancer numbers will be staggering.**

   **Hypertension is not a drug deficiency syndrome. It is a sign of a problem in the body. When hypertension is diagnosed, a thorough workup needs to be performed before a patient is reflexively placed on long-term ARB inhibitors (or any other hypertensive medication).**

   **What causes hypertension? That is a difficult question. The body elevates blood pressure to preserve perfusion to vital organs and tissues. Obesity and poor lifestyle choices (e.g., smoking and poor dietary habits) are the main cause of hypertension. Simply adopting a healthier lifestyle can help nearly anyone improve their blood pressure.**

   **Do blood pressure medications have a place? Are there appropriate times for using an antihypertensive medication? The answer to both of these questions is ‘yes’. Severely elevated blood pressure can cause serious adverse effects such as a stroke or heart attack. Antihypertensive medications can prevent these complications. However, my experience has shown a large percentage of patients treated for hypertension with antihypertensive medications can stop taking the medications if they make better lifestyle choices. I see it occur on a daily basis in my office. Furthermore, there are specific vitamin, mineral, and herbal remedies that can keep blood pressure from elevating to critical levels.**

   **This study is another warning on the long-term use of prescription medications that block receptors and poison enzymes. Natural therapies such as magnesium, unrefined sea salt, B-vitamins, vitamin C and cleaning up the diet of refined foods should be the initial treatment regimen in a patient with elevated blood pressure. Finally, drink enough water. In my experience, dehydration is the number one cause of elevated blood pressure.**

   posted by Dr. David Brownstein @ [**8:06 AM**](http://drdavidbrownstein.blogspot.com/2010/06/blood-pressure-medications-cause.html)

   **Saturday, June 5, 2010**

   **Failure of Mammograms**

   **Independent researchers (Cochrane Collaboration) have reported that tens of thousands of women who regularly get mammograms are wrongly told that they have cancer and undergo many unnecessary treatments and surgeries.[i] The Cochrane Collaboration is an international network of people helping healthcare providers, policy makers, patients, their advocates make well-informed decisions about human health care. I have found many of their reviews outstanding, including this one.**

   **The authors of ths study looked at eight randomized trials comparing mammographic screening with no mammographic screening. 600,000 women were included in the analysis. The Cochrane researchers found that after 10 years of mammographic screening, there was no effect of screening on cancer mortality, including breast cancer.**

   **There were four major points summarized in this study:**

   **1. It may be reasonable to attend for breast cancer screening with mammography, but it may also be reasonable not to attend, as screening has both benefits and harms.**

   **2. If 2,000 women are screened regularly for 10 years, one will benefit from screening, as she will avoid dying from breast cancer.**

   **3. At the same time, 10 healthy women will, as a consequence, become cancer patients and will be treated unnecessarily. These women will will have either part of their breast removed or the whole breast removed, and they will often receive radiotherapy and chemotherapy *which both cause cancer and other problems*. (my addition in italics)**

   **4. Furthermore, about 200 healthy women will experience a false alarm. The psychological strain until one knows whether or not it was cancer, and even afterwards, can be severe.**

   **This report is an indictment on the failure of the American Cancer Society (ACS). The American Cancer Society has beaten into our heads that mammograms save lives and, furthermore, every woman needs to have a yearly mammogram. The ACS does not tell women that having a mammogram every year for 10 years exposes a woman to the amount of radiation that a woman who lived one mile from where the atomic bomb was detonated in Japan.**

   **Breast cancer is a serious illness. One in seven women in the U.S. has breast cancer. These numbers are a national disaster. Mammograms do NOT prevent breast cancer; they are diagnostic for breast cancer. As I have written in my newsletter and in my books, the death rate from breast cancer is virtually unchanged over the last 75 years. We need a new direction.**

   **What is the new direction? I feel that looking at causative factors should be our focus. What are some of these causative factors? For over 100 years, iodine deficiency has been correlated with breast cancer. Animal studies have shown iodine deficiency results in a significantly higher rate of breast cancer. Correcting iodine deficiency should be the ACS’s priority. At least that is one therapy that has good science behind it (unlike mammography). More information about iodine can be found in my book, *Iodine: Why You Need It, Why You Can’t Live Without It, 4th Edition.***

   **Eating a clean diet, free of refined food and hormones are another preventative approach. Furthermore, it is important to maintain an ideal weight.**

   **Breast cancer does not form due to a lack of mammograms. In fact, mammograms cause breast cancer due to the radiation imparted to the breasts. I feel breast cancer is the result of a combination of hormonal and nutritional imbalances coupled with exposure to toxins in the environment. Cleaning up your diet, exercising and correcting for nutrient imbalances is your best shot at preventing cancer and achieving your optimal health.**

   **Thermal imaging of the breasts is a non-radiologic examination of the breasts. It is not a perfect test (nor are mammograms as stated above) but, it does not expose sensitive tissues of the body to ionizing radiation. My suggestion is to get yearly thermascans. If untoward changes are seen in a thermascan, it is a warning to you to make some changes. More information about thermascans can be found at: www.thermascan.com.**

   **Friday, May 28, 2010**

   **Everybody Can Benefit from Detoxification**

   **I am frequently asked by my patients if they need to detox. Unfortunately, the answer for all of us is a resounding “yes”. We live in a polluted environment. We are exposed to an ever increasing amount of toxic chemicals. One class of toxic items is known as ‘persistent organic pollutants’ (POPs). These are a wide range of chemicals that persist in the environment for a long time period. Since they last for a long time period, their toxicity to all living things can be magnified. Examples of POPs include chemicals in plastics, computers, televisions, bedding, clothing, automobiles, as well as fertilizers and pesticides.**

   **A study in Environmental Health Perspectives (Vol. 116. N.6. June 2008) looked at the effect of various POPs on thyroid function. Researchers looked at 232 young people of a native American tribe (Akwesasne Mohawk) who live near an area with a history of local pollution.**

   **The researchers found that the breastfed adolescents had higher levels of toxic agents (POPs) as compared to non-breastfed adolescents. They also found that high levels of POPs adversely affected long-term thyroid function.**

   **The thyroid gland is particularly sensitive to many pollutants. My research has shown that well over 40% of the population has thyroid dysfunction. I have no doubt that this high number is being driven, in part, from pollutants.**

   **I have found bromide toxicity in every patient that I have tested for it. Many POPs contain significant amounts of bromide. Other common pollutants include mercury, lead, cadmium, arsenic and nickel. My experience has clearly shown that helping the body detoxify from POPs as well as heavy metals and other toxic items is an important step to helping the body achieve its optimum health.**

   **How do you detoxify? Unfortunately, there is no set path for everyone. Each individual requires his/her own unique detoxification plan. This plan depends on what you are detoxifying from and the detoxifying abilities of the individual. The best results are achieved by working with a knowledgeable health care provider who is skilled in detoxification. Appropriate lab tests can help guide you on how to proceed to optimize your own detoxification system.**

   **Having said that, there are some simple steps we can all do to help our body’s own detoxification pathways function at its optimal level. Vitamin C can aid any detoxification plan. I suggest taking 3-10,000mg of Vitamin C/day or taking Vitamin C to bowel tolerance. Vitamin C is integral to nearly every detoxification pathway in the body. Drinking adequate amounts of water is another necessary step. Eating organic food, free of hormones, pesticides, and refine items is integral. Finally, exercise helps to rev the detoxification pathways of the body. Regular exercise for 30 minutes per day is a very inexpensive way to aid the body in lymph flow and detoxification. Jumping on a trampoline is a very effective method for improving lymph flow and detoxification.**

   **Finally, my partners and I have developed a detoxification product, Total Liver Care (TLC) which is designed to provide the liver with the correct raw materials for detoxification. More information about TLC can be found at: www. Purezenhealth.com. I suggest taking a scoop of TLC twice per day until the can is finished (approximately three weeks). Generally, it is helpful to detoxify twice per year.**

   **There are specific laboratory tests that can determine if the detoxification pathways are optimally functioning. I will order these tests on very ill patients to get a better picture of their liver’s ability to detoxify.**

   **Following the above steps can help anyone improve their detoxification pathways. In today’s world it is important to do all that you can to aid your own detoxification system.**

   posted by Dr. David Brownstein @ [**1:41 PM**](http://drdavidbrownstein.blogspot.com/2010/05/everybody-can-benefit-from.html) **[http://img2.blogblog.com/img/icon18_edit_allbkg.gif](http://www.blogger.com/post-edit.g?blogID=2907647712019182784&postID=5819989987988932897&from=pencil)**

   **Friday, May 14, 2010**

   **New Drug for Treating MS**

   **I receive letters weekly (sometimes daily) from Big Pharma Cartel promoting their newest drugs. This weeks announcement stated, “Acorda Therapeutics is pleased to announce the availability of AMPYRA (dalfampridine) Extended Release 10mg tablets. AMPYRA is the first in new class of approved multiple sclerosis agents indicated as a treatment to improve walking in patients with MS (multiple sclerosis).” The letter went on to state that AMPYRA improved walking in patients across all four major types of MS and was effective with or without the use of immunomodulatory drugs.**

   **MS is a very serious illness. It is characterized by demyelination of the nerve fibers. Essentially, the nerve fibers lose their outer coating of myelin and degenerate. Conventional treatment for MS has been dismal. High doses of steroids are helpful in acute exacerbations of M.S. However, steroids do not appear to have a significant impact on long-term recovery. Other treatments, to present date, have failed to show significant improvement in long-term recovery. Unfortunately, all of the M.S. therapies are fraught with very serious adverse effects. I have seen many M.S. patients on these different medications, and most of them are fairly miserable with the side effects.**

   **This new drug, AMPYRA, is touted as improving walking in MS patients. I am interested in any therapy that improves the ability of MS patients to walk. However, further reading of the mechanism of action and how this drug was studied has caused me concern.**

   **What is the mechanism of action of AMPYRA? According to the PDR, the mechanism of action “has not been fully elucidated. {AMPYRA} is a broad spectrum potassium channel blocker.” Potassium is an intracellular element that is crucial for brain and nerve function. Without adequate amounts of potassium, nerve cells die. In fact, potassium shortage can cause a fatal illness—hypokalemia which is characterized by cardiac abnormalities and respiratory paralysis.**

   **So, we now have a MS drug that blocks potassium channel receptors. I have written in Drugs That Don’t Work and Natural Therapies That Do, “you can’t block an important receptor for the long-term and expect a good result.” I would venture a prediction that the long-term use of this drug will be problematic. In fact, any drug that blocks potassium channels in the body, will most likely, have serious adverse effects. I guess we should assume that Big Pharma has done numerous studies with AMPYRA to ensure its safety and efficacy—right? Wrong.**

   **Further analysis of this drug found, “The effectiveness of AMPYRA in improving walking in patients with multiple sclerosis was evaluated in two *adequate* and *well controlled* (italics added)trials involving 540 patients.[i]**

   **The two “adequate” trials were one trial for 21 weeks (14 weeks of therapy with the drug) and a second trial for 14 weeks (9 weeks of drug therapy).**

   **The FDA has now approved a potassium channel blocker for use in MS patients based on two short studies that lasted approximately five months (drug use during study). MS patients will be advised to take this drug indefinitely to help them walk better.**

   **I say the idea of using a potassium channel blocker is not good. We are designed with potassium channels for a reason; we should not be using medications to block these important receptors. My best educated guess is that this drug will be associated with serious adverse effects the longer people take it. I would not advise any MS patient to rush off and try this drug. It has not been properly studied and its mechanism of action should cause any physician pause before prescribing it.**

   **There are many holistic treatments for MS that I have found effective. First, cleaning up the diet is paramount to helping the body reverse the damage from MS. This includes avoiding artificial sweeteners. Numerous studies have pointed to a correlation with artificial sweeteners and MS. Furthermore, there are many nutrient therapies that can help MS patients achieve remission as well as improve neurologic functioning including alpha lipoic acid, vitamin C, vitamin D. L-carnitine, and B-vitamins. Drinking adequate amounts of water and avoiding dehydration is a must for any MS treatment plan. Finally, detoxifying and removing toxic elements such as mercury from the body is very helpful.** posted by Dr. David Brownstein @ [**9:32 AM**](http://drdavidbrownstein.blogspot.com/2010/05/new-drug-for-treating-ms.html)

   **Sunday, May 2, 2010**

   **Breakthrough for Prostate Cancer?**

   **Sometimes, I feel like we are living in the movie, Alice in Wonderland, where up is down and down is up.**

   **The article in USA Today (4.30.2010) is titled, “Breakthrough cancer therapy is a go-for $93K.” Last week, the FDA approved the first vaccine to treat prostate cancer. The vaccine is named Provenge and costs (hold your breath) $93,000 for a series of three shots. You would think with all the media headlines, this new therapy for advanced prostate cancer is a real step forward for treating this awful illness. Unfortunately, the only one to really benefit from this drug will be Big Pharma as it is estimated that Provengewill bring in $1.5 billion dollars per year for Big Pharma.**

   **Now, for that much money, you would assume that this new drug must cure (or at least prevent ) prostate cancer. Unfortunately, it neither prevents nor cures prostate cancer. If it doesn’t prevent or cure prostate cancer, then you might assume this expensive drug would act to put advanced prostate cancer into remission and significantly improve the life span of prostate cancer patients—right? Wrong.**

   **What does Provenge do? Patients with advanced prostate cancer who received Provenge were found to live an average of four months longer as compared to patients who did not have the vaccine. In other words, those that received the vaccine lived an average of 26 months and those without the vaccine lived an average of 22 months. Furthermore, Provenge was associated with serious adverse effects including an increased risk of stroke.**

   **The principal investigator claimed ”It’s significant for prostate cancer patients.” Hogwash. I say four extra months—at a cost of $23,000/month—is an obscene utilization of our health care dollars. For that amount of money, you can certainly do a lot of nutritional support including Vitamin C IV’s. Although I don’t have any studies to say that Vitamin C IV’s will out-perform this vaccine, at least the Vitamin C IV’s has very little side effects and I have seen many patients improve with these nutritional IV’s.**

   **What can you do? Prostate cancer, as similar to breast cancer, is occurring at epidemic rates. I believe these endocrine cancers are occurring in such large numbers due to hormonal and nutritional imbalances. True progress in cancer research must focus on prevention. A holistic treatment plan that emphasizes eating a healthy diet, detoxification as well as well as hormonal and nutrient optimization is where we need to focus our resources. The first step you can take is to get the refined foods out of your diet and eliminate animal products tainted with hormones, antibiotics and pesticides. More information about this approach can be found in my book, The Guide to Healthy Eating.**

   **We have already wasted our treasures and lost too many lives searching for the magic bullet treatment for cancer.**

   posted by Dr. David Brownstein @ [**9:32 AM**](http://drdavidbrownstein.blogspot.com/2010/05/prostate-cancer-advancement.html)

   **Sunday, April 18, 2010**

   **Make Better Lifestyle Choices!**

   **The major health problems affecting Americans and nearly all Western citizens are not due to a lack of prescription drugs. These health problems are primarily caused by lifestyle choices. I think the most critical lifestyle choice we face every day is what we will eat.**

   **Americans eat too many refined foods and not enough whole foods. Refined foods contain refined sugar, flour, salt, and oils. These foods not only lack basic nutrients, they contain items that are toxic to the body. Eating a standard American diet (SAD) ensures health problems as you age. How can I make that claim?**

   **After nearly 20 years of listening to my patients tell me what they eat, I have no doubt that educating patients about how to make better dietary choices should be the focus of all physicians. Sadly, most physicians do not even care what dietary choices their patients are making. If a patient continually eats devitalized food, how can they supply the body with the correct nutrients to not only heal but to achieve their optimal health?**

   **Let’s take adult onset diabetes (type II) as an example. Millions of Americans suffer from type II diabetes. In fact, if we do not reverse this trend, I believe our country will be in serious economic trouble. The health care costs associated with type II diabetes is enormous.**

   **What is the solution? The solution to curing and preventing type II diabetes is not difficult. The solution is to make better lifestyle choices, particularly with the food you eat. For the vast majority of individuals with type II diabetes, the primary cause is eating too many refined food products and not exercising.**

   **Conventional medicine would have you believe that type II diabetes is due to a deficiency of a prescription medication such as Metformin or Glynase. Now, to be fair, conventional medicine does recognize that obesity leads to type II diabetes, but their dietary recommendations (too many refined carbohydrates) often exacerbates the situation.**

   **What can you do? Number one, educate yourself about food. We are designed to eat healthy food which is full of vitamins, minerals, and enzymes in order to supply our body with the correct nutrients to maintain health and heal injured tissues. Food such as fresh fruit and vegetables as well as organic animal products including eggs and meat are examples of healthy food. Refined foods need to be avoided. More examples of food choices can be found in my book, The Guide to Healthy Eating.**

   **Supplementing with the appropriate vitamins and minerals can also help your body overcome diabetes and maintain health. If you have type II diabetes, I (along with my partners) have developed a supplement designed to help the insulin receptors work more efficiently. It is known as Glucontrol. Glucontrol can be found at: www. Purezenhealth.com. When Glucontrol (2 tablets twice per day with meals) is combined with alpha lipoic acid (1 tablet twice per day with meals—also available at** [**www.purezenhealth.com**](http://www.purezenhealth.com/)**) I have seen blood sugars lower and the metabolism of the body increase. Although the supplements are a help for type II diabetes, they are no substitute for eating a healthy diet and exercising.**

   **Finally, exercise is a must. Exercise helps nearly every condition including diabetes. I suggest doing 15-30 minutes per day. It does not have to be aerobic exercise. In fact, I think weight training or short bursts of exercise are more beneficial than aerobic training. I will write more about exercise in the future.**

   **We make hundreds of choices every day. Remember, the one choice we need to spend a little more time on is deciding what food we are going to eat today.**

   posted by Dr. David Brownstein @ [**6:16 AM**](http://drdavidbrownstein.blogspot.com/2010/04/make-better-lifestyle-choices.html)

   **Friday, April 16, 2010**

   **Avoid Birth Control Pills**

   **An article in Family Practice News contained the headline: Oral Contraceptives May Be Linked to Atherosclerosis. The article contained information from 1,301 Belgian women aged 35-55. Each 10 year use of oral contraceptives was associated with a 42% increase risk of bilateral carotid (the arteries in the neck) plaque. There was also a 34% increase risk of femoral artery (leg) plaque. This study also showed much higher markers of inflammation in oral contraceptive users as compared to non-users. The biggest shock of this report was the summary which stated, “The finding was quite a shock. But, there is no need to panic. The next step should be to look at other data sets that include women who used oral contraceptives to see if the finding is replicated.”**

   **Can you imagine if a supplement was found to cause a 42% increase risk of plaque in the carotid arteries? There would be an immediate call for the removal of the supplement and congressional hearings would commence. I am not quite sure what the “shock” is all about. Oral contraceptives totally disrupt the normal hormonal cascade, as I have discussed in *The Miracle of Natural Hormones, 3rd Edition.* When the hormonal system is disrupted, cardiovascular disease, cancer, fibromyalgia, chronic fatigue syndrome and other serious illnesses will increase. My clinical experience has clearly shown that it is impossible to adequately treat these illnesses if there is an imbalanced hormonal system.**

   **I do not recommend the use of oral contraceptives for any reason. There are other safer and effective methods of contraception that are available. I have seen many women who have overcome serious chronic illnesses by removing oral contraceptives and taking the appropriate supplements to help rebalance the hormonal system. Finally, the only hormones that should be used a bioidentical, natural hormones.**

   posted by Dr. David Brownstein @ [**1:23 PM**](http://drdavidbrownstein.blogspot.com/2010/04/avoid-birth-control-pills.html)

   **Sunday, April 4, 2010**

   **What You Can Do To Prevent Osteoporosis**

   **The headline in the New York Times is titled, “Researchers Puzzled by Role of Osteoporosis Drug in Rare Thighbone Fractures” (3.24.10). The article states that case reports of women breaking their thigh bone are being reported in the medical literature. Some of the women were young—in their 50’s—and did not have osteoporosis. However, all of the case reports of spontaneous thigh bone (femur) fracture thus far reported have one thing in common; all of the women were on osteoporosis drugs.**  
    **The femur is the largest bone in the human body. Folks, the femur should never spontaneously break. Ever.  
   Fractures of the femur can occur with trauma. However, the case reports cited above described women fracturing their femurs without a fall or any other trauma. Some women were just walking and felt the femur fracture.  
     
   I just returned from a cruise where I was lecturing about holistic ideas. I met a woman, Patty, who told me she was sitting on stool and moved her leg ever so slightly and heard a “crack” as her thighbone fractured. Patty said she barely moved her leg when the fracture occurred. As she was telling the story, I guessed what caused the fracture; bisphosphonate use. Patty had been on Fosomax for nearly 15 years. Now, she is having to walk with a walker, and is in constant pain.  
     
   How could this happen? The explanation for a spontaneous femur fracture is not that hard to ascertain. The reason this happens to women taking osteoporosis drugs is that these drugs (e.g., Fosomax, Boniva, and other bisphosphonates) inhibit normal bone remodeling. These medications work by poisoning important bone-building cells--the osteoclasts. These cells help to break down weakened and injured bone so that new bone can take its place. When a woman (or a man) takes an osteoporosis drug, the osteoclasts are poisoned, rendering them useless in the bone remodeling process.   
     
   The long-term use of osteoporotic medications can make the bones thicker on a bone mineral density test, but they do not make the bones stronger. In fact, due to their mechanism of action, they can be expected to make the bones weaker. Weaker bones will be prone to spontaneous fractures. I believe that the longer a patient takes these medications the more danger they are in from having weakened, unhealthy bones.  
   Bisphosphonates also decrease blood supply to the bones. Due to their mechanism of action, it can be predicted that osteoporosis drugs will result in bone problems. Minor (and major) trauma to the bones will not heal correctly if someone is taking a bisphosphonate drug.   
     
   If you have osteoporosis should you take an osteoporosis drug? No. I don’t believe anyone should take these medications for any condition. Their mechanism of action is harmful to the bones over the long-term.   
   What can you do for osteoporosis?  
     
   Exercise has been shown to improve bone strength. Cleaning up the diet and avoiding refined flour, sugar, and salt also helps. Avoiding soda and drinking adequate amounts of water further helps the bones maintain normal bone density. Finally, taking the right supplements helps bones stay healthy. Vitamin D and minerals are very important for bone density. I have developed a bone building supplement (along with my partners) which supplies the nutrients our bones need to maintain their strength. It is known as “Osteoelite”. More information about Osteoelite can be found at: www.purezenhealth.com.  
   I have described the problems with osteoporosis drugs in more detail in my book, *Drugs That Don’t Work and Natural Therapies That Do.* I have also written a newsletter on this subject. Information about my newsletter can be found at:** [**http://w3.newsmax.com/newsletters/brownstein/osteo.cfm?PROMO\_CODE=8983-1**](http://w3.newsmax.com/newsletters/brownstein/osteo.cfm?PROMO_CODE=8983-1) **I suggest doing your own research before taking an osteoporotic drug. If the mechanism of action of the drug makes sense to you, then consider using the drug. However, if the mechanism of action of the drug defies common sense and disrupts normal biochemistry, then consider alternatives. Once you read more about osteoporosis drugs, I am sure you will come to the same conclusion I have come to.**

   posted by Dr. David Brownstein @ [**1:56 PM**](http://drdavidbrownstein.blogspot.com/2010/04/headline-in-new-york-times-is-titled.html) **[http://img2.blogblog.com/img/icon18_edit_allbkg.gif](http://www.blogger.com/post-edit.g?blogID=2907647712019182784&postID=1885256535496042244&from=pencil)**

   **Wednesday, March 17, 2010**

   **FDA Clueless About Osteoporosis Drugs**

   **The FDA announced on 3.10.2010 that there was no “clear connection” between bisphosphonate (e.g., Fosamax, Zometa, Boniva, and Didroneo) use and femur fracture risk. The agency had no evidence to conclude that osteoporosis drugs increase the risk of femur fractures just below the hip joint. The FDA stated, “At this point, the data that FDA has reviewed have not shown a clear connection between bisphosphonate use and a risk of atypical subtrochanteric femur fractures.”**

   **I hope you feel better about the FDA’s statements. I don’t.**

   **The FDA is reacting to an ABC News story citing “mounting evidence” showing that long-term use of Fosamax could cause spontaneous femur fractures in women. The New England Journal of Medicine has reported case histories of spontaneous fractures of the femur in women taking bisphosphonate drugs. These case histories claimed the women who fractured their femur either had a minor impact to the leg or no trauma; the bone just fractured. Remember, this is the largest and strongest bone in the body. The femur should not spontaneously fracture—EVER!**

   **The FDA is clueless here. The most commonly prescribed osteoporosis drugs work by poisoning bone cells. As I wrote in my book, Drugs That Don’t Work and Natural Therapies That Do, “You can’t poison an important enzyme for the long term and expect a good result.” I say spontaneous femur fractures should be predicted in those that use bisphosphonate drugs.**

   **Here’s an idea for the health care plan; get rid of the FDA. They are not looking out for us, the citizens. They look out for the Big Pharma Cartel. We could save a lot of money just dismantling the FDA. That money could insure a lot of Americans.**

   **No one should take a bisphosphonate drug for any condition. If you have osteoporosis, there are many safe and effective natural therapies available to you.**

   posted by Dr. David Brownstein @ [**5:31 PM**](http://drdavidbrownstein.blogspot.com/2010/03/fda-clueless-on-osteoporosis-drugs.html)

   **Wednesday, March 17, 2010**

   **Low Cholesterol=High Mortality**

   **True or false:**

   **1. Low cholesterol levels are healthy.**

   **2. You will live longer if you have a low cholesterol level.**

   **3. If you have congestive heart failure, it is better to take a cholesterol-lowering drug.**

   **The answer to all three statements is easy: All are false.**

   **How can that be? Have we been mislead by the media, American Heart Association, AMA, and nearly everyone else out there? This time, the answer is yes.**

   **A study in the American Heart Journal (Dec. 2008) pointed out the problems with low cholesterol levels in those with congestive heart failure. This study looked at 17,791 hospitalized patients at 236 sites who were admitted for congestive heart failure. The researchers divided the patients into four quartiles:**

   **1. Total cholesterol of <118**

   **2. Total cholesterol of 119-145**

   **3. Total cholesterol of 146-179**

   **4. Total cholesterol of >180**

   **The most important number to look for in any study is the mortality numbers. Guess who lived the longest in the above four groups? If you guessed group one, you guessed wrong.**

   **Those in the lowest cholesterol group (quartile 1 above) had the highest death rate (3.3%). Those in the quartile 2 had a death rate of 2.5%. The next quartile (3 above) had a death rate of 2.0% and the group with the highest cholesterol levels had the lowest death rate at 1.3%.**

   **Other data from this study showed that those with lowered cholesterol levels had longer hospital length of stay and worse symptoms on discharge. Compared to those with the highest cholesterol levels (>180), those with the lowest cholesterol levels (<118) had a 65% higher risk of mortality.**

   **How can this be? Does it sound like Alice-In-Wonderland to you? It really isn’t that hard to understand when you understand the physiology of the body.**

   **It is well known that lowered cholesterol levels have been shown in many studies to be associated with a higher mortality rate. Cholesterol is a necessary and important substance in the body. It is necessary for proper mineral absorption and utilization, cell wall strength, immune system functioning and vitamin D production. There are many other important functions of cholesterol.**

   **My clinical experience has clearly shown that it is not wise to use a drug that blocks the production of cholesterol. It does not make physiologic sense and it does not make common sense. Cholesterol research studies do not prove that taking cholesterol-lowering medications prolong life. In fact, the best statin drugs have been shown to do is to lower the risk of a non-fatal heart attack by 1% over 2-3 years. This positive effect is seen only in the most favorable trials (i.e., those trials that Big Pharma Cartel decides to release for publication). However, there are many serious adverse effects of cholesterol-lowering medications including muscle and liver problems and an increased cancer rate.**

   **What should you do? Read and educate yourself about any drug or natural item that you are prescribed. Look at how the item works in the body and look at the possible adverse effects. Then, make your decision on whether it is in your best interest to take that substance. If it does not extend your lifespan or improve the quality of your life then perhaps you should avoid the substance. Cholesterol-lowering drugs have never been shown to improve longevity or quality of life.**

   **For more information on cholesterol and cholesterol –lowering drugs, I refer the reader to my book, *Drugs That Don’t Work and Natural Therapies That Do, 2nd Edition* where I review the cholesterol controversy in more detail.**

   posted by Dr. David Brownstein @ [**5:28 PM**](http://drdavidbrownstein.blogspot.com/2010/03/low-cholesterolhigh-mortality.html) **[http://img2.blogblog.com/img/icon18_edit_allbkg.gif](http://www.blogger.com/post-edit.g?blogID=2907647712019182784&postID=2993803949301361857&from=pencil)**

   **Friday, February 19, 2010**

   **Avoid Aspartame**

   **Over the years, I have written and lectured about the dangers of artificial sweeteners. One product seems to stand out from the rest: aspartame. Aspartame is used to provide a sweetened taste to food and drink. It is found in a wide range of food products including diet sodas and low fat foods. It is even found in most chewing gum products.**

   **Aspartame was first synthesized in 1965. The FDA approved aspartame for use in food products in 1980. The FDA has concluded that aspartame is safe for consumption. “Few compounds have withstood such detailed testing and repeated, close scrutiny, and the process through which aspartame has gone should proved the public with additional confidence of its safety,” the FDA claims. If only that statement were true.**

   **Aspartame is presently marketed under the names Equal and NutraSweet. It accounts for over 75% of the adverse reactions to food additives reported to the FDA per year. I see many patients adversely affected by aspartame. Patients have reported a variety of negative symptoms from aspartame exposure including headaches, seizures, muscle aches and pains, weight gain, rashes, depression, insomnia, hearing loss, palpitations, vertigo, memory loss, and numbness. I ask every new patient if they are eating/drinking food and drink containing aspartame. If they are, I counsel them to remove it from their diet. I have found it nearly impossible for overweight patients to lose weight when they continue to ingest aspartame.**

   **Aspartame is a known excitotoxin. It acts as a neurotransmitter in the brain and can kill brain cells by over-stimulating them. There are multiple illnesses associated with exposure to excitotoxins including: multiple sclerosis, ALS, Alzheimer’s disease, Parkinson’s disease, and dementia. I have successfully treated many patients, in part, by having them remove all aspartame from their diet.**

   **The maker of aspartame, Ajinomoto, has announced a new name for aspartame—AminoSweet. It has the same ingredients as aspartame. The company is trying to give the product a friendlier name. Don’t be fooled. There is no difference between NutraSweet and AminoSweet. Both products need to be avoided. Especially avoid aspartame if it is heated such as in coffee or tea as it changes its chemical structure to a formaldehyde-like product. Formaldehyde is a known carcinogen.**

   **If the FDA was truly looking out for us, the citizens, it would remove aspartame from the market place. I would advise you to avoid any food product (gum, soda, diet food, etc.,) which contains aspartame. And, remember, DO NOT use aspartame in any heated product.**

   posted by Dr. David Brownstein @ [**6:40 AM**](http://drdavidbrownstein.blogspot.com/2010/02/avoid-aspartame.html)

   **Friday, February 12, 2010**

   **No Cure for Heart Disease?**

   **The headline in today’s (2.12.10) Washington Post reads, “No cure for heart disease, Clinton’s case shows.” The article states, “Bill Clinton has a new lease on life, but there’s no cure for the heart disease that has twice forced the former president to get blocked arteries fixed.” Further in the article the writer states that bypass surgery grafts usually last around 10 years, on average.**

   **Bill Clinton was taken to the hospital yesterday for chest pain and found to have one of his bypass grafts blocked. The doctors performed a cardiac catheritization where they placed a catheter near his heart and injected dye to find the blockage. Once the blockage is visualized, they put a stent (a mesh tube) in the artery to open it up.**

   **Placing stents in blocked arteries have never been shown to prolong one’s life. But, stent placement can help with symptoms such as chest pain and fatigue. Furthermore, in an acute situation of an evolving heart attack or an impending heart attack, stent placement can be a life-saving procedure.**

   **Having said that I can assure you people do not have heart attacks due to a stent-deficiency syndrome. They have heart attacks for a variety of reasons, but the main reason heart attacks occur is due to oxidative stress of the coronary arteries. How do you get oxidative stress in the cells of the coronary arteries? You can get increased oxidative stress by becoming nutrient deficient, particularly vitamin C deficient. Research has shown that vitamin C deficiency can cause scurvy or sub-clinical scurvy in the arteries and result in the development of plaque. Eventually plaque can build up and lead to a heart attack.**

   **Other nutrient deficiencies can lead to oxidative stress in the coronary arteries including deficiencies of omega 6 fats, magnesium, vitamin E and CoQ10.**

   **I assume Bill Clinton is being treated with statin drugs. In the Washington Post article it states that since Mr. Clinton’s original bypass surgery six years ago, “he has really toed the line. This (the new stents) was not about his lifestyle or his diet.”**

   **Perhaps Mr. Clinton does not know that 50% of all heart attack patients have low cholesterol—below 200. This one statistic blows apart the whole theory that lowering cholesterol levels prevents heart attacks. That theory is nonsense. In order to decrease heart attacks, the most important idea is to lower oxidative stress. How do you do that? Eat whole foods, drink water and correct nutrient and hormonal imbalances. Exercise also helps to lower oxidative stress.**

   **My father was a textbook case of what holistic medicine can do for heart disease. In fact, he was my first heart disease patient treated with holistic medicine. He had his first heart attack at age 40 and a second heart attack a few years later. He was treated with two bypass surgeries and numerous angioplasties and drugs. At age 60 he was dying from heart disease. Unfortunately, my dad never took care of himself. He smoked cigarettes, was overweight and never exercised. When I began using holistic medicine, I treated him with bioidentical hormones and a nutritional regimen of vitamins and minerals. The change in his heart disease symptoms was astounding; 25 years of continual angina went away in a week. He lost weight (without changing any bad habits) and, more importantly, he looked better and felt better. His story is in my book *The Miracle of Natural Hormones.* After using a holistic approach, he lived another 10 years and had a good quality of life during that time.**

   **Heart disease can be helped and, in some cases, cured. However, heart disease is not cured from stents or prescription drug use. Poor lifestyle choices which lead to nutrient and hormonal deficiencies as well as oxidative stress lead to heart disease. I believe Bill Clinton needs a holistic evaluation to treat the underlying cause of heart disease. There is no reason he cannot get the same positive results that I see from my patients.**

   posted by Dr. David Brownstein @ [**3:15 PM**](http://drdavidbrownstein.blogspot.com/2010/02/no-cure-for-heart-disease-for-bill.html)

   **Tuesday, February 9, 2010**

   **Eat Your Vegetables**

   **Maybe your mother and grandmother were right when they told you, “Eat your vegetables.” A new study (Cancer Causes Control. 2009. 20:75-86) pointed out that among dietary factors, vegetables were the only food group shown to have a favorable effect on thyroid cancer.**

   **Thyroid cancer encompasses approximately 1% of all malignancies diagnosed worldwide. There were approximately 140,000 cases and 35,000 deaths worldwide occurring in 2002.[i] Thyroid cancer has been increasing in the U.S. at near-pandemic rates over the last 20 years. Fortunately, most people with thyroid cancer survive with appropriate treatment.**

   **The authors of this study looked at 42 original research papers that studied the relationship between thyroid cancer and dietary factors. The scientists compared two groups of vegetables—cruciferous and non-cruciferous vegetables. Cruciferous vegetables include cabbage, cauliflower, kale, Brussels sprout, broccoli and bok choy. These vegetables contain enzymes which can inhibit thyroid function. I have found people eating a raw food diet who consume large amounts of cruciferous vegetables usually have thyroid abnormalities. However, small amounts of these items eaten as part of a healthy diet usually do not interfere with thyroid function.**

   **The authors found that a diet that contains the largest amount of vegetables (non-cruciferous) as compared to a diet with the smallest amount of vegetables had a 20% lower risk (relative risk) of thyroid cancer. Those that ate cruciferous vegetables did not have a significant decline in thyroid cancer rate.**

   **Why would vegetables lower your risk for getting thyroid cancer? Vegetables contain many antioxidants and flavinoids which are known to inhibit cancer cells.**

   **What other things can you do to prevent thyroid cancer? Ensure that you have adequate iodine levels and avoid exposure to ionizing radiation. For more information on thyroid cancer, I refer the reader to my books*, Iodine Why You Need It, Why You Can’t Live Without It, 4th Edition,* and *Overcoming Thyroid Disorders, 2nd Edition.***

   **Friday, January 22, 2010**

   **Too Many Snacks for Children**

   **The article in the N.Y. Times is titled, “Snack Time Never Ends (NYT 1.20.2010).” The author of the article was complaining about the number of snacks she and the other mothers have to bring to her children’s school. She wrote, “Apparently, we have collectively decided as a culture that it is impossible for children to take part in an activity without simultaneously shoving something in their {mouths}.”**

   **When my children, Hailey and Jessi were in elementary school, I couldn’t believe how many snacks were brought to school. Every birthday, school event, soccer game, etc., there were snacks. Some mothers brought good snacks, fruit and vegetables, while others brought bad snacks full of refined carbohydrates (cookies, cakes, and such). I would estimate that the good snacks were brought about 10% of the time.**

   **I thought the snacks would be over as my kids got older. I was wrong. Even in high school, we get the dreaded snack notice. I don’t recall my mother bringing a single snack to high school. I don’t think anyone ever brought a snack to high school.**

   **From 1977 to 2002, the department of Health and Human Services has reported a nearly 400% increase in snacking by Americans. What do we have to show for this increase in snacking? Obesity, diabetes, and hypertension are all related to snacking on poor quality food and are occurring at epidemic rates. In fact, all of these illnesses are occurring in our children at epidemic rates.**

   **I believe this over-use of snacking is teaching our children how to eat poorly. They would certainly eat better if they were not snacking. Also, children should be conditioned to eat at mealtime. They do not need to eat constantly during the day, particularly high-calorie, low- nutritious food. We are bound to see more and more childhood illnesses such as obesity and diabetes if we keep up this practice.**

   **What can we do? For starters, the schools should limit the number of snacks brought in. Also, there should be guidelines about what kind of snacks should be allowed. What is wrong with fruit and vegetable snacks? Instead of fructose-flavored juice, what is wrong with serving water with snacks?**

   **I can assure you that if we do not change course with our children’s diet, we are in serious trouble. You can forget about healthcare reform if our young population becomes too fat and too ill to work. The looming health care debacle is the obesity epidemic. This epidemic is a lifestyle epidemic and we all share in the blame. Unfortunately, this epidemic is already here. On the other hand, we can all share in the cure for this epidemic; we can eat better and feed or children healthier food. So, if you get the dreaded snack letter, think about bringing fruit and vegetable snacks and water to drink. At least if they have to eat, let them eat healthy food.**

   posted by Dr. David Brownstein @ [**8:58 AM**](http://drdavidbrownstein.blogspot.com/2010/01/too-many-snacks-for-children_22.html)

   **Saturday, January 16, 2010**

   **Rise in Thyroid Cancer is Baffling?**

   **The article is titled, “Rise in thyroid cancer among young woman baffles experts.” (KHOU.com. Accessed 1.10.10). The article states that over 27,000 women will be diagnosed with thyroid cancer this year which is a six percent increase from 2009. The article also states that the reason the number of thyroid cancer rates is rising is a medical mystery and it is not understood why women are more likely to have thyroid problems as compared to men.**

   **I say, the rise in thyroid cancer should be no mystery nor should it be baffling. How can I make that statement?**

   **When you study the relationship between iodine and the thyroid gland the story becomes less mysterious. For over 100 years, Iodine deficiency has been linked to thyroid problems, including hypothyroidism and autoimmune thyroid illness as well as the development of thyroid cancer. Animal studies have clearly shown a relationship between thyroid cancer and iodine deficiency. My own studies and many other studies have confirmed this same relationship in humans.**

   **As compared to men, women have a much higher iodine requirement. Therefore, women will suffer iodine-deficiency illnesses at higher rates as compared to men. What are these illnesses? Diseases of the breast and thyroid as well as autoimmune illnesses are examples of iodine-deficient conditions. All of these problems occur in women at much higher rates as compared to men.**

   **Iodine levels have fallen over 50% over the last 30 years. As a population, we have suffered greatly for this decline in iodine. Children are diagnosed with ADHD and cancer at ever-increasing frequency. Adults are suffering from epidemic rates of chronic illnesses (e.g., autoimmune disorders and immune system disorders) as well as cancer (e.g., breast and prostate). All of these illnesses are related to iodine deficiency.**

   **Why has this not made media headlines? Why doesn’t the medical profession promote the use of iodine? The answer to those questions is not baffling at all. Iodine is a non-patentable substance. There is no reason for the Big Pharma Cartel to put any money behind iodine. The Big Pharma Cartel is only interested in patentable items that can generate income. Unfortunately, iodine does not fall into that category.**

   **The medical profession has lost its way. It primarily relies on toxic drug therapies that do not treat the underlying cause of most illnesses. Physicians no longer study biochemistry with the purpose of optimizing the physiology of the body. Modern physicians are only `knowledgeable about pharmacology and have little or no interest in working with their patients to optimize their health.**

   **However, the truth does not need the Big Pharma Cartel. When you study the biochemistry of iodine, the picture becomes clearer as to why iodine deficiency is related to such a wide array of illnesses. It is baffling to me why conventional medicine has not recognized iodine deficiency as a major public health crisis. In over 20 years of practice, I have yet to see a single substance -iodine- make such a profound positive change in the health status of the majority of my patients.**

   **What can you do? Educate yourself about iodine. Once you read about the effects iodine has on the body, I am certain you will come to the same conclusions I have come to. More information about iodine can be found in my book, Iodine Why You Need It, Why You Can’t Live Without It, 4th Edition.**

   posted by Dr. David Brownstein @ [**7:56 AM**](http://drdavidbrownstein.blogspot.com/2010/01/rise-in-thyroid-cancer-is-baffling.html)

   **Sunday, January 10, 2010**

   **U.S. Government Keeps Chemicals Secret**

   **An article in the Washington Post (1.4.2010) reported that of 84,000 chemicals in commercial use in the United States, nearly 20% are kept secret. Why the big secret? The Environmental Protection Agency, the government agency designed to protect us, the citizens, worked with industry to help them protect trade secrets.**

   **Why does industry need protection? Industry claimed it needed protection in order to protect trade secrets and their market share. I guess their market share is more important than the health of the U.S. citizens. “Even acknowledging what chemical is used or what is made at what facility could convey important information to competitors…,” said the president of the American Chemical Society.**

   **Of the secret chemicals, 151 are made of quantities of more than 1 million tons a year and 10 are used specifically in children’s products according to the EPA. Only a small number of EPA employees know the identities of the chemicals and they are legally barred from revealing that information.**

   **Folks, I can’t make this stuff up. Truth is truly stranger than fiction.**

   **What can you do? You can make sure your detoxification pathways are optimally functioning by eating a good diet (free of refined food), drinking adequate amounts of water (generally two liters per day for adults) and ensuring you have adequate amounts of vitamins and minerals on board. One vitamin that is particularly important is vitamin C. Vitamin C aids in many detoxification pathways and can help neutralize toxins in the body. I would suggest taking 3-5,000mg/day of vitamin C (assuming you don’t get diarrhea). When you are ill, you may need to increase your dose.**

   posted by Dr. David Brownstein @ [**6:06 PM**](http://drdavidbrownstein.blogspot.com/2010/01/us-government-keeps-chemicals-secret.html)

   **Sunday, January 3, 2010**

   **Toxic Chemicals in New Cars**

   **An article on MSNBC (**[**www.msnbc.msn.com**](http://www.msnbc.msn.com/) **on 3.21.07) reported on the toxic fumes found in new cars. Bromine and chlorine were the most common toxic elements reportedly found in automobiles. These elements are found in the seats, armrests, door trim and shift knobs and other areas of the car. Think about it, you spend perhaps two hours a day in your car, with the windows rolled up and little air circulating. It is any wonder that I have seen many patients who feel that they can become ill from exposure to the fumes in a new car? I refer to these patients as the ‘canaries’ of our population. Many of these patients have to undergo detoxification in order to help them cleanse from toxic items.**

   **Bromine and chlorine are members of the halide family. The halides are a group of elements which includes iodine. If we are exposed to excess amounts of one halide, it will cause our body to release other halides. My research has clearly shown that we are exposed to too much bromine and chlorine. These elements are found in many plastic products including computers, televisions, as well as other appliances. In addition, bromine is a fire retardant found in carpet, clothing, mattresses and many other consumer items. The consequence of this overexposure to toxic halides has been a depletion of iodine in our bodies. The end result of too much bromine and chlorine and not enough iodine is poorly functioning immune and glandular systems. I believe the high rates of thyroid disorders as well as cancer of the breast, ovary and prostate are directly related to the increasing exposure to toxic halides. I describe this in more detail in my book, *Iodine Why You Need It, Why You Can’t Live Without It, 4th Edition.***

   **Ann is a patient of mine. I had diagnosed Ann with Hashimoto’s Disease approximately three years ago. After we treated her thyroid problem she felt much better. I treated Ann with a combination of dietary changes as well as vitamins and minerals. She was also prescribed iodine. Approximately one year later, Ann came to my office complaining that all of her thyroid symptoms were back. “I feel like I am back to square one. I am tired, my muscles hurt and brain fog is back,” she said.**

   **Ann, complained that her health began going downhill when she purchased a new car. The car dealer would not believe that a new car could cause her health concerns. Testing found Ann severely deficient in iodine (nearly zero levels) and toxic with bromine. Previous testing found Ann’s iodine levels were near normal. Ann was detoxified from bromine with a combination of Vitamin C, unrefined salt, iodine, and magnesium. I also had her do salt baths. As Ann’s bromine levels fell and her iodine levels elevated, she began to feel better. About 1.5 years after starting therapy, Ann felt that she had regained her health. In fact, her thyroid blood tests now returned to normal, without the use of thyroid hormone. Ann said, “All of my symptoms have improved. I can’t believe how much better I feel,” she said.**

   **More information about bromine toxicity can be found in my book, Iodine: Why You Need It, Why You Can’t Live Without It, 4th Edition. Furthermore, I devoted a whole newsletter (Dr. Brownstein's Natural Way to Health) to bromine. For more information on my newsletter please go to:** [**http://w3.newsmax.com/newsletters/brownstein/bromine.cfm?PROMO\_CODE=8988-1**](http://w3.newsmax.com/newsletters/brownstein/bromine.cfm?PROMO_CODE=8988-1)

   **I have treated many patients for bromine toxicity. In fact, it is the number one toxic element that I find in the majority of my patients. Bromine toxicity can be treated with a combination of nutrients such as iodine and salt.**   
   **One statement I would make to those who are ill with chemical sensitivities: Don’t give up. You can overcome your illness by detoxifying and supporting the body’s normal physiologic function. Detoxification can be accomplished safely and effectively with a variety of natural substances. Appropriate pre- and post- testing can help guide the detoxification process.**

   posted by Dr. David Brownstein @ [**11:21 AM**](http://drdavidbrownstein.blogspot.com/2010/01/toxicity-from-new-cars.html) **[http://img2.blogblog.com/img/icon18_edit_allbkg.gif](http://www.blogger.com/post-edit.g?blogID=2907647712019182784&postID=3178136385192804150&from=pencil)**

   **Saturday, December 19, 2009**

   **Beware of Contaminated Supplements**

   **Ginger is a good herb, right? Good for many things including helping prevent motion sickness and improving digestion. Where do we get our ginger from? Nearly 78% of the ginger imported to the U.S. comes from China. In 2006, 53.8 million pounds of ginger was imported from China.**

   **Investigators in California found that ginger, imported from China, was contaminated with a dangerous pesticide—aldicarb sulfoxide. Symptoms of adicarb poisoning include nausea, headaches, blurred vision, muscle spasms and difficulty breathing. High doses of the chemical can be fatal.[i] The U.S. EPA has not approved the use of aldicarb sulfoxide for use on ginger. After discovering the contaminated ginger, California Department of Public Health ordered a recall of the tainted product.**

   **If that were the end of the story, it would not be so bad. However, ginger is used in many products including soups and frozen meals. Companies may unknowingly buy the tainted ginger and use it in the manufacturing of their products.**

   **So, should we just avoid ginger? No, ginger, properly grown and used is a healthy and safe product. The problem is the quality control of items made/grown in China. There have been a slew of reports of contaminated items from China including kitchenware, children’s toys and lunchboxes.**

   **Approximately one month ago, a sales representative from a vitamin company came to our office. She wanted me (and my partners) to use her supplements. The supplements she was detailing were mostly Chinese herbs, from China. Due to all the negative articles about items made/grown in China, I was skeptical. I asked her if the items were pure. She said, “Our Company would not sell anything that was not pure. We have checked these products. “ I was not reassured by her statements when we received her company’s analysis of the different products. The analysis showed no variation in the different products. In other words, all of the toxicity reports were exactly the same—essentially zero.**

   **I had my nurse send out samples of many of the products to a lab that does heavy metal testing. Our results showed that many of these products were contaminated with lead and other heavy metals. When we called the company to report our findings, they were not happy with the results. They questioned our testing and said they would do further testing. To date, we have not received any of their testing results.**

   **The take home message is to beware of what you are purchasing. You should only use companies that have a reliable track record. These companies should be able to provide certificates demonstrating that their products are safe. I have been testing nutritional supplements for years. I am continually amazed by the results. Many items contain toxic elements. We have not tested all of the supplements that we use in our office, but, we have tested a substantial number of them. If a product tests for a contaminated substance or does not meet the amounts of nutrients stated on the label, I will not use that product or any products from that company.**

   **Due to all the bad press out there, at the present time, I would suggest not using any supplements derived from China unless the product has been analyzed. Unfortunately, sometimes it is hard to find out where the raw ingredients come from. The best results are to rely on a reputable company that will provide you with an analysis of a product when you request one. There are many good supplement companies out there. However, there are many that are not the best.**

   **The take home message is to get the best result, work with a health care provider knowledgeable about natural therapies. Ask where the ingredients come from. Ask if the company will provide certificates of analysis. If you don’t get the answers to these questions that you would like, then it may be time to search for a new supplement company.** posted by Dr. David Brownstein @ [**2:47 PM**](http://drdavidbrownstein.blogspot.com/2009/12/beware-of-contaminated-supplements.html)

   **Tuesday, December 15, 2009**

   **I Want My Money Back!**

   As I am sitting home on a Tuesday morning (I have a bad cold) instead of seeing patients, I became incensed over the Big Pharma Cartel. No longer will I refer to them as Big Pharma as they have crossed a line. Big Pharma Cartel more accurately portrays what is going on these days.

   What am I so irritated about? No, not my cold, as that will pass (though, I am not happy about that either).

   If I buy something that is falsely advertised, I would expect when I take the item back to the store, the store would give me my money back. I would also assume the store would not be happy with the manufacturer of the product. In fact, the store would probably not buy future products from that manufacturer if enough people were unhappy with that particular product.

   Who do I want my money back from? Roche, the manufacturer of Tamiflu. By the spring of 2009, the U.S. government, MY government, OUR government bought 50 million doses of Tamiflu to combat the flu. In fact, since 2005, the U.S. government spent over $1.5 billion dollars on Tamiflu. Did we get our money worth for purchasing all that Tamiflu?

   The Cochrane collaboration is an international not-for-profit and independent organization that produces systematic reviews of healthcare information. I have found the Cochrane collaboration a very good source of information.

   An article in the British Medical Journal (published 12.8.09--BMJ 2009;339:b5351) from the Cochrane group reviewed 20 studies on the effectiveness of Tamiflu and other flu drugs at treating/preventing the flu. Cochrane reported that the flu drugs have “modest effectiveness against the symptoms of influenza in otherwise healthy adults.” However, they point out a “paucity of data” on these drugs. Cochrane further reported that only five trials out of the 20 trials that were reviewed were judged to be of sufficient quality. They tried to locate the original data from these five trials by contacting the lead authors of the five trials. However, the authors referred Cochrane to the manufacturer (Roche—Tamiflu). Roche could not supply them with the data. In fact, Roche “initially declined to provide the necessary data.” Furthermore, an accompanying editorial at the British Medical Journal (BMJ) claimed the biggest trial of Tamiflu had an academic author named in the abstract. This author told the BMJ that he was not involved in the trial. Sounds like ghost-writers are still at it for Big Pharma Cartel--see my earlier post in August, 2009 ( titled, “Fraud, Ghosts and Big Pharma”) about ghost writers.

   Why would Big Pharma Cartel not send them the data? I am sure they don’t want to send the data because it either does not exist or is of such poor quality it would expose Tamiflu to being the fraud that it is. Furthermore, all of the studies were co-authored by Roche employees and paid academic consultants. The Cochrane reviewers could not find any independently funded trials of Tamiflu in healthy adults.

   So, where are we? We, as U.S. citizens have spent billions of our dollars on a drug that, at best, decreases the duration of the flu for one day. At worst, it doesn’t work at all and has been associated with a host of adverse effects. The drug has never been shown to prevent deaths from the flu or prevent serious complications from the flu. More information about Tamiflu can be found in a previous post to my blog (4.29.09).

   This is total nonsense. As consumers, we would not put up with spending our hard-earned money on falsely advertised products. The U.S. government should investigate this and demand repayment from Big Pharma Cartel. How can we trust them on health care if they can’t get this right?

   posted by Dr. David Brownstein @ [**6:42 PM**](http://drdavidbrownstein.blogspot.com/2009/12/i-want-my-money-back.html) **[http://img2.blogblog.com/img/icon18_edit_allbkg.gif](http://www.blogger.com/post-edit.g?blogID=2907647712019182784&postID=112466935147471887&from=pencil)**

   **Sunday, December 6, 2009**

   **Speaking to Conventional Medicine**

   **A few months ago, I was invited to give a talk at the hospital that trained me. The chief of cardiology (Dr. David) asked me to give a talk on the holistic approach to the hyperlipidemic patient (or the high- cholesterol patient). Dr. David has been a friend and colleague for many years. He took excellent care of my father and to this day I rerfer him many patients. When he asked me to speak to the internal medicine/cardiology students, fellows and faculty, I told him I did not think it would be a good idea. Dr. David felt that since his group was seeing many patients who were using alternative modalities it was important to educate everyone about the different approaches that are available.**

   **As he was asking me to do this talk, my stomach started churning (a little). I have lectured to conventional doctors before and it is generally not a pleasant experience. I agreed to do this talk due to my relationship with Dr. David. I gave this talk two days ago.**

   **I would say that after five minutes into my talk, I could feel the tension building. I was glad they did not have metal silverware as that would hurt more than plastic silverware. By the way, the luncheon was sponsored by a pharmaceutical rep.**

   **By the end of my one hour talk, many in the audience were visibly and audibly agitated. One prominent doctor claimed that I was misleading the students and the fellows in my interpretation of the data (at least that is how I took his arguments). He claimed that the benefits for statin drugs (at best is 1% lowered risk of non-fatal heart attack over 3 years) will be borne out over time. He claimed that in 10 years, this benefit will be 3-10% better and in 20 years it may be higher yet.**

   **I asked him how could he make that claim? That is simply conjecture. I could just as easily make the claim that the long-term poisoning of an important enzyme (which statins do) will eventually result in more adverse effects and death (which is my educated guess). Furthermore, I believe the research is clear; statin drugs are largely a failure and a waste of money. They have never been shown to prolong anyone’s life. More information about statins and other drug therapies can be found in my book, *Drugs That Don’t Work and Natural Therapies That Do, 2nd Edition.***

   **I hope this talk at least opened some ears and eyes for the doctors and students and inspired them to look at these research studies with a more critical eye. I also hope I convinced them to look more closely at how these drugs are interacting with the biochemical pathways in the body. Finally, I hope I provided them with information about how to use safe and effective natural therapies to treat cardiovascular problems.**

   posted by Dr. David Brownstein @ [**12:54 PM**](http://drdavidbrownstein.blogspot.com/2009/12/speaking-to-conventional-medicine.html) **[http://img2.blogblog.com/img/icon18_edit_allbkg.gif](http://www.blogger.com/post-edit.g?blogID=2907647712019182784&postID=2503732736197952012&from=pencil)**

   **Monday, November 16, 2009**

   **Another Nail In The Coffin for Cholesterol-Lowering Medications**

   **How many studies have to be done which show a drug is a failure before doctors will stop using it? It is a very interesting question in light to the news headlines today about the block-buster cholesterol drug Zetia (Zetia is also part of the drug Vytorin).**

   **The New England Journal of Medicine (NEJM. 2009;361) released a study today (11.16.09) which showed Zetia, a drug that brought in over $3.5 billion for Big Pharma Merck in 2008, causes more harm than good. In fact, this study compared Zetia to the b-vitamin Niacin and its effects on atherosclerosis of the carotid arteries. The authors of the study reported that the Niacin-treated group had showed a 2% decline in buildup of the carotid arteries while those treated with Zetia had no effect. Furthermore, there were fewer heart attacks in the niacin-treated group (2) as compared to the Zetia group (9).**

   **You might guess that Zetia must have raised cholesterol and LDL-cholesterol levels. Wrong. Zetia lowered both cholesterol levels and LDL cholesterol more than the niacin-treated group. What is going on here?**

   **What happened in this study is explained in my book, *Drugs That Don’t Work and Natural Therapies That Do.* Cholesterol and LDL-cholesterol are not bad chemicals. They are necessary agents for the body. Chemically blocking their absorption (the mechanism of Zetia) is a recipe for disaster.**

   **This study is another nail in the coffin of the cholesterol=heart disease hypothesis. You must educate yourself about the mechanism of action of the most commonly prescribed drugs in order to make an appropriate decision if taking that drug is right for you. Thirteen million prescriptions for Zetia were written in the U.S. in 2008. This is a travesty. This is a drug that not only does no good, it causes harm. This drug should be removed from the market. If you are on Zetia or Vytorin I suggest you ask your doctor to reevaluate your situation.**

   posted by Dr. David Brownstein @ [**7:17 PM**](http://drdavidbrownstein.blogspot.com/2009/11/another-nail-in-coffin-for-cholesterol_16.html)

   **Saturday, November 14, 2009**

   **Big Pharma Misrepresents Studies**

   **A series of articles in JAMA (4.16.08) documented how Merck misrepresented the data on the early Vioxx trials and manipulated the clinical research. This series of articles came to light due to the litigation over the 50,000 people who died by taking Vioxx. The authors of this series were privy to the court documents during the ongoing trials for Vioxx.**

   **The authors found that published, peer-reviewed studies were written by Merck employees but given first authorship to someone else(the first name reported in the final published version). The first name on the final study is supposed to go to the researcher who was intimately involved in the project. However, Merck used ‘big name’ academicians to give the article more validity. The problem is that these ‘big name’ academically affiliated physicians often did little or no work on the study. Merck was using them (and paying them) for their name to give the article more merit. The consequence of doing business this way is that these ‘evidenced-based’ articles are taken as the gospel and physicians change their prescribing habits based on these articles. To add insult to injury, there was often no disclosure of the financial support from Merck in these articles.**

   **What is the consequence of this practice of hiring ‘big-name’ academic doctors to put their names as the lead authors in main stream journal articles? In the case of Vioxx, it became a multibillion dollar drug for Merck. Of course, in this case the downside was the deaths of 50,000 Americans who took this toxic drug. The accompanying editorial commented, “The profession of medicine in every aspect-clinical, education, and research- has been inundated with profound influence from the pharmaceutical and medical device industries. This has occurred because physicians have allowed it to happen, and it is time to stop.”**

   **It is time to stop. It will only stop when the patients take control of their health care. Patients can only do that with knowledge. I encourage you to study the mode of action of the drugs prescribed to you and to further study the mode of action of natural therapies. You need to make the right choices about the types of therapies you will take. I believe once you learn about the safe and effective natural therapies that are available, the choice will be an easy one.**

   **Sunday, November 1, 2009**

   **Dangerous Chemicals in Fast Food**

   **There is no question we are suffering an obesity epidemic in the United States. Nearly two out of three people are overweight and one out of three adults are obese. I have no doubt that the main reason there is so much obesity in the U.S. is due, in large part, to lifestyle choices. In particular, Americans eat too much fast food.**

   **Fast food products contain too many bad fats and a large amount of refined salt. These items supply little or no good nutrition in our bodies. I believe the body’s reaction to all this bad food that we are eating is to become heavier. Today, many people are actually malnourished from all this poor quality food.**

   **I believe the obesity epidemic can be explained by the body trying to compensate for this malnourished state it is in. In other words, becoming obese is a defense mechanism for the stress the body is in due to eating a poor diet.**

   **When I say malnutrition, what I am referring to is the food many of us are eating is not supplying the crucial nutrients our body needs to function. Malnutrition can either be caused by a lack of food or by eating poor quality food.**

   **What is an example of poor quality food? Unfortunately we have much to talk about here. Let me tell you about a recent study from the Physicians Committee for Responsible Medicine (Autumn 20009. VOl. XVIII, No. 4). The researchers went to six Kentucky Fried Chicken stores and obtained two samples of grilled chicken from each store. KFC was advertising their grilled chicken as “the better-for-you chicken for health-conscious consumers.”[i] Tests sent to an independent laboratory found that every piece of grilled chicken contained PhIP which is a chemical that has been shown to increase cancer risk.**

   **Presently there are no safe levels of PhIP consumption. Grilled chicken is the largest source of PhIP. PhIP’s can be found on all meats that are grilled. Pan frying and barbecuing can also cause PhIP’s to form on meat products. They are produced by long cooking times and high temperatures.**

   **The Physicians Committee for Responsible Medicine (PCRM) is suing KFC for not informing consumers of PhIP contamination in their products. KFC is not the only restaurant with this problem. PCRM also filed suit against McDonald’s, Chick-fil-A, Chili’s, T.G.I.Fridays, Outback Steakhouse, Burger King, and Applebee’s for knowingly exposing consumers to PhIP without warning them of the risk. Only Burger King has posted warnings to its customers that its grilled chicken products contain PhIP. The other restaurants are fighting the lawsuit.**

   **We have a right to know what is in our food. If there are toxic chemicals, we should be informed. Then we can decide if we want to ingest the product. Most importantly, don’t feed any of these toxic chemicals to our children. They deserve better. Fast food products should be minimized, or better yet, eliminated from their diet.**

   **What can we do? Become informed. Educate yourself about good food choices. Avoid food that has been grilled at high temperatures and for long periods of time. Remember, if you eat poorly, expect to feel poorly. More information on a healthy diet can be found in my book, *The Guide to Healthy Eating.***

   posted by Dr. David Brownstein @ [**3:17 PM**](http://drdavidbrownstein.blogspot.com/2009/11/dangerous-chemicals-in-fast-food.html)

   **Sunday, October 25, 2009**

   **Why Does Iodine Get a Bad Rap?**

   **I have received many emails this week asking me to comment about a recent article claiming that taking iodine causes/exacerbates thyroid problems.**

   **Let’s think about it. Thyroid problems have been increasing at epidemic rates over the last 30 years. Hypothyroidism affects from 13 million to 45 million Americans. Another 10-15 million Americans are affected with an autoimmune thyroid disorder. Clearly these numbers are unacceptable and we should be searching for the underlying cause of why thyroid illness affects so many people.**

   **When I lecture about iodine, I describe iodine as, “The most misunderstood nutrient.” Iodine has been vilified over the years as causing/exacerbating thyroid illnesses. In medical school I was taught that iodine supplementation was not needed by anybody. I can assure you that statement is incorrect.**

   **Over the last 30 years, as the rate of thyroid disorders has been increasing at epidemic rates, iodine levels have fallen by over 50% in the U.S. (NHANES--from cdc.gov). If iodine were the cause of thyroid disorders wouldn’t you expect thyroid disorders to be decreasing over the last 30 years? In fact, I believe it is iodine deficiency, coupled with the increasing exposure to toxic halides bromide and fluoride that is the driving force behind the epidemic rise of thyroid disorders.**

   **Let me ask you a question--what percentage of the American population has been taking iodine supplements over the last 30 years? I don’t have the exact numbers to quote here, but I would venture a guess that the number is pretty low. So, during the last 30 years, as iodine levels have fallen over 50%, what is the problem that is causing this new epidemic of thyroid problems? Maybe thyroid diseases have increased so dramatically because of televisions. Americans have more televisions now than in the past. Perhaps it is more televisions that are causing the increased thyroid problems. (As a side note—televisions do contain large amounts of bromine which can cause thyroid problems!).**

   **I know the above argument is ridiculous (except for the bromine info). But, so is the idea that iodine supplementation is responsible for exacerbating/causing all thyroid problems. Over the last 20 years of practice, I have seen thousands of patients who have presented with hyperthyroid or hypothyroid symptoms who were not taking iodine. What caused their symptoms? Why does iodine always get a bad rap?**

   **Now, that is not to say that iodine is safe for everyone to take. Just as drinking too much water can cause problems, iodine supplementation can also cause adverse effects in certain patients. By far, the most common adverse effect of iodine supplementation is due to the release of toxic halides bromide and fluoride. Iodine supplementation causes the release of bromide and fluoride from the body creating a detoxification issue for the body. If the body is not able to effectively release these toxic halides, the patient will experience a detoxification reaction. What are the signs of a detoxification reaction? A detoxification reaction can include fatigue, palpitations, nervousness, anxiety, and headaches. Sometimes you can even see elevated thyroid function tests associated with the detoxification reaction. Most of the time, these symptoms can easily be managed by supporting the body’s detoxification pathways.**

   **In my experience, I have found the proper use of iodine to be a safe and effective treatment for the vast majority of patients. In order to get the best results with iodine, it is important for iodine to be taken as part of a holistic treatment regimen. This minimizes detoxification reactions. I suggest getting your iodine levels checked before and after supplementation with iodine. More information about this can be found in my book, *Iodine Why You Need It, Why You Can’t Live Without It.***

   **Does iodine cause hypothyroidism? No. Iodine deficiency causes hypothyroidism.**

   **Does iodine cause goiter? No. The most common cause of goiter is iodine deficiency.**

   **Does iodine cause autoimmune thyroid disease? No. Autoimmune thyroid diseaes is caused, in part, from iodine deficiency. Does iodine cause thyroid cancer? No. Iodine deficiency is related to the development of thyroid cancer.**

   posted by Dr. David Brownstein @ [**5:40 PM**](http://drdavidbrownstein.blogspot.com/2009/10/i-have-received-many-emails-this-week.html)

   **Thursday, October 22, 2009**

   **How to Treat Inflammation**

   **Big Pharma is now making a push that cholesterol lowering medications should be used in anyone with signs of inflammation. The Jupitor study (NEJM. VOl 359; 2008) looked at the use of Crestor (a statin drug) in “healthy” individuals who had elevated laboratory tests showing inflammation (via a blood test known as the CRP test). The use of Crestor was reported to decrease CRP by 37%. Inflammation has been thought to be the underlying cause (or one of the underlying causes) of a wide variety of illnesses including heart disease, diabetes, and arthritis. The CRP test is a well-accepted laboratory measure of inflammation.**

   **Unfortunately, inflammation is occurring at epidemic rates in our society. I routinely check my patients for inflammatory markers and I am amazed at the numbers of patients suffering from elevated inflammation markers and inflammatory diseases.**

   **What are the signs of inflammation? Pain, swelling, and redness are the most common signs. A bloated abdomen, fatigue and even brain fog can be related to inflammation. You can see that inflammatory conditions can cause a wide range of problems.**

   **Why do so many suffer from inflammation? I have no doubt that diet is the main cause. Eating a diet full of refined foods markedly increases your chances of developing inflammation. The Standard American Diet (SAD ) ensures your body will be deficient in vital nutrients which prevent and heal inflammatory conditions. Obese patients suffer from more inflammation as compared to non-obese patients. Finally, failure to drink adequate amounts of water worsens any inflammatory condition.**

   **So, what can you do if you have signs of inflammation? A recent study showed that Vitamin C reduced CRP by 25% versus placebo (Free Rad. Biol. and Med. 46;2009). The authors of this study claimed that the effect of vitamin C was similar to those of statins.**

   **I say, take your vitamin C (2-5,000mg/day), drink adequate amounts of water and eat a diet full of unrefined foods. This is an inexpensive way to treat or avoid getting an inflammatory condition. Furthermore, this therapy is virtually free of adverse effects.**

   posted by Dr. David Brownstein @ [**6:16 PM**](http://drdavidbrownstein.blogspot.com/2009/10/how-to-treat-inflammation.html) **[http://img2.blogblog.com/img/icon18_edit_allbkg.gif](http://www.blogger.com/post-edit.g?blogID=2907647712019182784&postID=4642590546026214518&from=pencil)**

   * At [**October 27, 2009 8:04 PM**](http://drdavidbrownstein.blogspot.com/2009/10/how-to-treat-inflammation.html#c4968487968545755875) , Anonymous[**Dave Smith CES**](http://www.cfmfitnesstraining.com) said...

   Hello Dr. Brownstein,  
   I have enjoyed this article and the one on Iodine. I am a private personal trainer in the Seattle area that focuses on a holistic approach to health and fitness so i really appreciate it when a member of the medical community promotes "natural medicine". I believe most of our conditions today are "lifestyle" based and as such we have "chosen" to suffer from our ailments.   
     
   One area that I work in a lot is in nutrition guidance and in writing a blog and articles for my clients and those interested I came across an interesting fact regarding inflammation and diet. Omega 6 fatty acids are directly involved in airway constriction, inflammation, blood vessel constriction, blood clotting, pain ,etc.. All functions that are necessary for our body to function properly. Omega 3 fatty acids, on the other hand, are directly involved in the opposites; blood vessel dilation, anti-inflammatory effects, decrease in pain, airway dilation, etc.. The other side of the coin, so to speak.  
     
   Here is the part that I find interesting as a fitness proffesional, the ratio of omega 6 fats to omega 3 fats in our diet should be 1:1, thus balancing each other out. Typically though our diets have a 16:1 ratio, thus causing our bodies to lean excessively toward the painful, inflammatory effects of the omega 6 fatty acids.  
     
   By balancing these out, eliminating omega 6 rich fats and adding omega 3's into our diet it can have profound effects on those systems.  
     
   Thank you for writing on these topics with a more holistic approach to health.  
   Sincerely, Dave Smith CES

   * At [**November 1, 2009 3:19 PM**](http://drdavidbrownstein.blogspot.com/2009/10/how-to-treat-inflammation.html#c6110508029448246518) , Blogger[**Dr. David Brownstein**](http://www.blogger.com/profile/06017281984892565367) said...

   Thanks for commenting Dave,  
   One thing to keep in mind--we do get too many BAD omega 6's in our diet from refined vegetable oils. We do NOT get enough good omega 6's in our diet. Therefore, we have relative deficiency of good, healthy omega 6's in our diet.   
   Food for thought!

   **Thursday, October 8, 2009**

   **Why You Should Avoid The Flu Shot**

   **I decided a week ago that I was not going to write about the flu vaccine anymore. However, every time I see our Government spinning lies about the flu vaccine I get irritated. Due to this week's heavy media push about the flu vaccine, I feel the need to write one more article (or…perhaps a few more) about this vaccine.**

   **This is truly an unusual time we live in. The U.S. government is spending billions of our dollars promoting the mass vaccination of the U.S. population for the flu virus and the swine flu virus. The U.S. government is making the vaccines widely available and virtually free. They are spending our hard-earned money to ‘educate’ us that the flu vaccine should be taken by all, from babies to the elderly, and that it will save many thousands of lives. Furthermore, they have begun a major public relations blitz criticizing those of us that give a differing opinion on the value of these vaccines.**

   **Let’s look at some of their claims and the research behind them. The U.S. government and pretty much all mainstream groups claim that the flu shot prevents the flu in those that get the vaccine. However, the flu shots have not been shown to be effective in healthy babies, children with asthma, adults, and the elderly.**

   **In Children: A review of 51 studies which included more than 294,000 children found “no evidence that injecting children 6-24 months of age with a flu shot was any more effective than placebo. In children over two years of age, it was only effective 33% of the time in preventing the flu. (Chochrane Database of Systemic Reviews 2. 2008).**

   **In asthmatic children, the flu shot was found to not provide any benefit in preventing asthma exacerbations. The authors of this study compared 400 asthmatic children who were vaccinated with a similar number of asthmatic children who were not vaccinated. They found no difference between emergency visits, clinic visits, or hospitalizations in the vaccinated versus the non-vaccinated group. (Arch. Dis. Child. 2004. Aug;89(8):734-5). If this study wasn’t enough to get your attention a new study found that “Children who get the flu vaccine are three times more at risk for hospitalization than children who do not get the flu vaccine.” (American Thoracic Society 105th International Conference, May 15-20, 2009, San Diego, CA.).**

   **According the CDC, the elderly are a population at increased risk for acquiring the flu and developing complications of the flu. In nursing homes or for the elderly living in the community, researchers found the flu shot was ineffective for preventing the flu. (Chochrane Databse of Systemic Reviews. 3(2006). In fact, the flu shot has never been shown to lower the rate of mortality from the flu in any population, including the elderly.**

   **Clearly, there is NO reason to get the flu shot. It doesn’t prevent the flu and has not been shown to prevent complications from the flu.**

   **This article used information from “The Truth About The Flu Shot” informational sheet from Dr. Sherry Tenpenny. She has been lecturing about the problems with vaccines for years. More information about the flu vaccine can be found at www.drTenpenny.com.**

   **Sunday, October 4, 2009**

   **Bromine Toxicity**

   **An article on MSNBC (**[**www.msnbc.msn.com**](http://www.msnbc.msn.com/)**) on 3.21.07 reported on the toxic fumes found in new cars. Bromine and chlorine were the most common toxic elements reportedly found in automobiles. These elements are found in the seats, armrests, door trim and shift knobs and other areas of the car. Think about it, you spend perhaps two hours a day in your car, with the windows rolled up and little air circulating. It is no wonder that I have seen many patients who feel that they can become ill from exposure to the air in a new car. These are the canaries of our population. Many of these patients have to undergo detoxification for the buildup of dangerous chemicals in their body.**

   **Bromine and chlorine are members of the halide family which is a group of elements that includes iodine. If we are exposed to too much of one halide, it will cause our body to release other halides. My research has clearly shown that we are exposed to too much bromine and chlorine. These elements are found in many plastic products including computers. In addition, bromine is a fire retardant found in carpet, clothing, mattresses and many other consumer items. The consequence of this overexposure to toxic halides has been a depletion of iodine in our bodies. Clinically, the result of too much bromine and chlorine and not enough iodine are the high rates of thyroid disorders as well as cancer of the breast, ovary and prostate. I describe this in more detail in my book, *Iodine Why You Need It, Why You Can’t Live Without It, 4th Edition.***

   **One patient, Ann, complained that her health began going downhill when she purchased a new car. I diagnosed Ann with Hashimoto’s disease (an autoimmune disorder) of the thyroid gland. The car dealer would not believe that a new car could cause her health concerns. Testing found Ann severely deficient in iodine (nearly zero) and toxic with elevated bromine levels. Ann was detoxified from bromine with a combination of Vitamin C, unrefined salt and magnesium. I also had her do salt baths and she was treated with iodine. As Ann’s bromine levels fell and her iodine levels elevated, she began to feel better. About 1.5 years after starting therapy, Ann felt that she had regained her health. In fact, her thyroid blood tests now returned to normal, without the use of thyroid hormone. Ann said, “All of my symptoms have improved. I can’t believe how much better I feel. I never knew anything about bromine,” she said.**

   **One statement I would make to those who are ill with chemical sensitivity: Don’t give up. You can overcome your illness by detoxifying and supporting the body’s normal physiologic function.**

   posted by Dr. David Brownstein @ [**1:39 PM**](http://drdavidbrownstein.blogspot.com/2009/10/bromine-toxicity.html) **[http://img2.blogblog.com/img/icon18_edit_allbkg.gif](http://www.blogger.com/post-edit.g?blogID=2907647712019182784&postID=3436665542069470319&from=pencil)**

   **Monday, September 28, 2009**

   **Don't Blame the Flu Shots?**

   **In the New York Times today (9.28.09), the headline reads, “Swine Flu Officials’ Message: Don’t Blame Flu Shots for All Ills”. The article goes on to point out that when the swine flu vaccination program begins, some people will naturally die of strokes and heart attacks, therefore the flu vaccine should not be blamed for these deaths or other naturally occurring illnesses. Further in the article it states that every year there are 1.1 million heart attacks in the United States, 795,000 strokes and 876,000 miscarriages. Furthermore, 200,000 Americans will have their first seizure.**

   **“The government is right to expect coincident deaths, since people are dying every day, with our without flu shots,” said Dr. Harvey Fineberg, president of the Institute of Medicine. The article further states, “Government officials are particularly worried about spontaneous miscarriages, because they are urging pregnant women to be among the first to be vaccinated.” This year there is more pressure for pregnant women to get the flu shot.**

   **My wife brought this article to my attention. She said, “Can you believe this? On the one hand they are saying that people get sick and die every day, so the flu shot can’t be causing that. On the other hand, they seem to be saying if more people are going to become ill from the flu shot we are going to fight that tooth and nail and not admit any possible relationship to an increase in illness that may be related to the flu vaccine.”**

   **No one in their right mind would suggest that the yearly 1.1 million heart attacks are somehow related to the flu vaccine. However, perhaps there is a relationship between an illness, such as a seizure disorder that starts within a short period of time from the vaccination, and the flu vaccine. Governmental agencies have been loathe to admit any illnesses associated with any vaccine. I see parents in my office that have a normal, healthy child and shortly after a childhood immunization their child’s life has been suddenly altered. We know all vaccines cause changes in the brain associated with inflammation. Why is it so impossible that this inflammation cannot manifest as disease of the brain such as autism or seizures? Perhaps some (or many) of the 200,000 Americans who experience their first seizure each year are having problems with vaccines? We would not know because the studies have not been properly done.**

   **As for vaccinating pregnant women, I have a statement: “You have got to be kidding me.”. This new swine flu vaccine has been fast-tracked and has not been properly studied. There is no way I would recommend a pregnant women receive this vaccine. Why are we experimenting on anybody with a vaccine that has not been properly studied? And, for god’s sake, why would we be promoting experimentation on pregnant women? Sometimes I feel like we all live in Alice in Wonderland.**

   posted by Dr. David Brownstein @ [**5:29 PM**](http://drdavidbrownstein.blogspot.com/2009/09/dont-blame-flu-shots.html) **[http://img2.blogblog.com/img/icon18_edit_allbkg.gif](http://www.blogger.com/post-edit.g?blogID=2907647712019182784&postID=2712733885083226992&from=pencil)**

   **Wednesday, September 23, 2009**

   **Swine Flu Vaccine: To Vaccinate Or Not To Vaccinate?**

   **By far, the most frequent question I am asked is, “Do you think I should get the flu vaccine?” Of course, the question in present time refers to the swine flu (H1N1) vaccine. The CDC is recommending five target groups of individuals to be vaccinated including: pregnant women, persons who live with or provide care for infants aged <6 months—24 years, children and young adults aged 6 months to 24 years, persons aged 25-64 years who have medical conditions that put them at higher risk for influenza related complications, as well as health care personnel. Most people that have become ill with this strain of influenza have been between the ages of 5-24. The vaccine is expected to be released by mid-October.**   
   **The regular flu vaccine is not very effective at preventing the flu for those most vulnerable to flu-related complications—the elderly. In fact, the higher rate of immunization against the flu has never resulted in a decline of mortality from the flu. What about children under 2 years old? There is absolutely no evidence that the flu vaccine gives this age group any protection against the flu. In fact, the flu vaccine has never been shown to prevent either hospitalizations or death from the flu.**   
   **The regular seasonal flu vaccine, like other vaccines, contains contaminants such as mercury which can damage the neurological tissue including the brain. Although mercury has been removed from some vaccines, it has not been removed from the seasonal flu vaccine. I have seen patients who were in good health one day, received a flu vaccine and found their health in a decline. I say, it is not worth it, especially for the swine flu. The present-day swine flu has been shown to cause a mild strain of flu.**   
   **This new swine flu vaccine also contains an adjuvant known as squalene. Squalene has been shown to cause autoimmune disorders in animals that are injected with it. In humans, it has also been shown to be associated with an increased rate of autoimmune disorders. There has been little research on injecting squalene in humans. Squalene-containing immunizations were given to Gulf War soldiers in the first Gulf War. There were reports of many soldiers suffering from neurological disorders such as ALS (Lou Gehrig’s disease).**  
   **Furthermore, this swine flu vaccine has been fast-tracked by Big Pharma and the U.S. government. There are no safety studies being properly performed. The safety studies will be performed after-the-fact—after the population has been vaccinated. In other words, those that are injected will be guinea pigs for this vaccine.**   
   **I say there is no reason to receive the flu shot. Prevention is best achieved by eating better, maintaining proper hygiene, and taking correct nutrients. Vitamins A, C and D as well as iodine are incredibly helpful substances to prevent one’s risk of becoming ill from the flu. And, if you become ill from the flu, increasing your doses of these nutrients has been very effective. Also, my clinical experience has shown that Lauricidin, (containing the fatty acid monolauren) a great antiviral product. I suggest taking 1 scoop twice per day from fall until spring. This product is available at my office—www.centerforholisticmedicine.com.**  
   **Finally, it is best to do your research and make an educated decision about whether the flu vaccine is the right thing to do for you and your family.**   
   **I believe that once you do your own research, you are bound to come to the same conclusions about the flu vaccine that I have reached.**   
   **More information about the swine flu vaccine will be published in my October newsletter (Dr. Brownstein’s Natural Way to Health). This newsletter can be obtained from** [**www.brownsteinhealth.com/3reports**](http://www.brownsteinhealth.com/3reports)**.**

   posted by Dr. David Brownstein @ [**3:49 AM**](http://drdavidbrownstein.blogspot.com/2009/09/swine-flu-vaccine-to-vaccinate-or-not_23.html) **[http://img2.blogblog.com/img/icon18_edit_allbkg.gif](http://www.blogger.com/post-edit.g?blogID=2907647712019182784&postID=7612728019020917422&from=pencil)**

   * At [**September 28, 2009 5:26 AM**](http://drdavidbrownstein.blogspot.com/2009/09/swine-flu-vaccine-to-vaccinate-or-not_23.html#c7980983117926727211) , AnonymousAnonymous said...

   Should we avoid people who have had the swine flu vaccine? Would those who get the vaccine become carriers and increase the spread of the swine flu?

   * At [**September 28, 2009 5:38 PM**](http://drdavidbrownstein.blogspot.com/2009/09/swine-flu-vaccine-to-vaccinate-or-not_23.html#c7762930993825195713) , Blogger[**Dr. David Brownstein**](http://www.blogger.com/profile/06017281984892565367) said...

   No. People who get the vaccine should not be at any increased risk to spread the illness.

   * At [**September 29, 2009 6:45 PM**](http://drdavidbrownstein.blogspot.com/2009/09/swine-flu-vaccine-to-vaccinate-or-not_23.html#c2278873697498172019) , AnonymousAnonymous said...

   You are recommending Vit D, which one? D or D3? and how many IU's? Thanks!

   * At [**October 4, 2009 1:34 PM**](http://drdavidbrownstein.blogspot.com/2009/09/swine-flu-vaccine-to-vaccinate-or-not_23.html#c272433726162241637) , Blogger[**Dr. David Brownstein**](http://www.blogger.com/profile/06017281984892565367) said...

   I only recommend Vitamin D3 which is the natural version produced in the body. For maintenance, I generally recommend 2,000-6,000IU/day. For illness, I suggest taking 10-50,000IU/day for 2-5 days. It is important to have your vitamin D levels checked before and after a period of supplementing Vitamin D. The most absorbable form of vitamin D is Bio-D Mulsion Forte from Biotics research. This is available at my office: www.centerforholisticmedicine.com.

   **Thursday, September 17, 2009**

   **ADHD Medications: Over-Prescribed**

   **Can you believe it? How could 1 in 25 U.S. children be on a potent psychiatric medication? The U.S. presently leads the world in diagnosing and treating ADHD. We fill approximately 83% of the world’s prescriptions for ADHD (2007 Reuters. http://www.msnbc.msn.com/id/17503743).**

   **This report (cited above) is very disappointing. There is no objective test for ADHD. It is a compilation of symptoms that are viewed as abnormal including distractibility, hyperactivity, impulsiveness and other symptoms. How could we go from no children being treated with these medications when I was a child to 1 in 25 U.S. children currently being treated? Either we have some new major health crises that was not present in previous generations or there is a problem with over-diagnosing and over-treating unacceptable behaviors.**

   **What are the long-term effects of treating all these millions of children with potent psychiatric drugs? No one knows since long-term studies have never been done on these medications.**

   **Some years back, a close relative of mine, Conner, was told to go on a stimulant medication by the counselor at his school. The school called a meeting with the parents and told them they wanted to place Conner on Ritalin. The parents asked the counselor why she recommended it and the counselor claimed Conner needed medication in order to make him more attentive. When the parent asked the counselor if she did a psychological and neurological exam on Conner, she (of course) said “no”. I sent Conner to a psychologist who performed an exhaustive examination. The conclusion of the psychologist was that Conner did not need medication, he just needed to be challenged. The psychologist said he was bored at school. The parents chose another route and did not medicate him. I think they made the right decision.**

   **This case is repeated over and over in schools all over the country. Stimulant medications should be the last resort for our children--not the first thing given when there are problems. I think the report on the wide spread medical ‘drugging’ of our children is a travesty. There is a lot of blame to go around for this; doctors who prescribe too many medications without performing a thorough workup as well as parents who look for the easy fix.**

   **I advise you to not medicate your children without seeking a full evaluation and carefully considering all the options available. Perhaps many of these children have nutritional and/or hormonal imbalances that need attention. All children diagnosed with ADHD should have a complete nutritional, hormonal, and toxicity evaluation before instituting drug therapies.**

   posted by Dr. David Brownstein @ [**3:40 AM**](http://drdavidbrownstein.blogspot.com/2009/09/adhd-medications-over-prescribed.html)

   **Sunday, September 6, 2009**

   **The Desiccated Thyroid Hormone Mess**

   **I know I have been late to comment on the desiccated thyroid availability, but, I have been closely following the situation and trying to sort through the mess. Here is how I see it.**

   **Natural, desiccated thyroid hormone (NDT) comes in different brands such as Armour thyroid, Naturethroid, and Westhroid.**

   **The problem began nearly a year ago, when the supplier of raw thyroid changed their manufacturing process. This caused both major manufacturers of desiccated thyroid, Forest (Armour thyroid) and RLC Labs (Naturethroid and Westhroid) to have problems with their manufacturing process. This started the first wave of desiccated thyroid shortages. After this problem was rectified, Forest decided to alter the formula for Armour thyroid. This alteration caused a lot of patient problems as the drug was not having the same beneficial effect it was previously having. I had many patients report a sudden decrease in effectiveness with the ‘new’ form of Armour thyroid.**

   **The next problem began when Forest Pharmaceutical, the maker of Armour thyroid, recalled a large portion of their thyroid doses due to stability concerns and back-ordered all of their strengths. Forest currently is the largest manufacturer of NDT. This created an immediate nationwide shortage of NDT.**

   **When I asked if they can supply enough thyroid to make up for the shortage of NDT, RLC responded that they were not prepared to meet all of the current demands for NDT product, however, they are diligently working to fill it.**

   **As for Forest pharmaceutical, I am not sure what to say. Why a company that manufactures a product for over 80 years and suddenly changes the formulation is beyond me. It is unclear when or if Forest will begin producing Armour thyroid.**

   **So, where does that leave doctors prescribing and patients using desiccated thyroid? I say, don’t panic yet. First of all, panic serves no purpose. Secondly, RLC Labs is still producing NDT and will continue to produce NDT. I do not believe that NDT will be totally unavailable in the future.**

   **Right now, I suggest those patients who currently use Armour thyroid to try RLC labs’ Naturethroid or Westhroid. I have successfully used these products for years. In fact, with the recent formulation change of Armour, I have been successfully changing many of my patients to Naturethroid. I have personally found Naturethroid a very good product for my own thyroid condition. If Naturethroid or Westhroid are not available, a compounding pharmacist can temporarily fill your desiccated thyroid hormone needs.**

   **Finally, ensure that you have adequate iodine intake. I have found much fewer problems switching between thyroid medications when iodine levels are maintained at optimal levels.**

   **One final note. I have been in close contact with RLC Labs for a number of years. I believe this company to be fully supportive of supplying a sound medication to help thyroid patients. It is my personal opinion that RLC labs will stand with all of us, doctors and patients alike, in a time of crisis. This is the type of company I am proud to endorse.** posted by Dr. David Brownstein @ [**1:36 PM**](http://drdavidbrownstein.blogspot.com/2009/09/problems-with-desiccated-thyroid.html) **[http://img2.blogblog.com/img/icon18_edit_allbkg.gif](http://www.blogger.com/post-edit.g?blogID=2907647712019182784&postID=4021496896823295290&from=pencil)**

   * At [**September 7, 2009 6:41 AM**](http://drdavidbrownstein.blogspot.com/2009/09/problems-with-desiccated-thyroid.html#c1787433882759284239) , AnonymousAnonymous said...Thanks for posting this. It makes me feel a little better. I have a good supply of DT but can't help but worry what the future holds just as I am beginning to see hope for getting my health back.
   * At [**September 7, 2009 6:54 PM**](http://drdavidbrownstein.blogspot.com/2009/09/problems-with-desiccated-thyroid.html#c566144482147256355) , Blogger[**Dr. David Brownstein**](http://www.blogger.com/profile/06017281984892565367) said...Again, I would say, "Don't panic." There is no indication about pulling NDT from the market. If Armour is unavailable, there are alternatives (see article above).
   * At [**October 17, 2009 9:50 AM**](http://drdavidbrownstein.blogspot.com/2009/09/problems-with-desiccated-thyroid.html#c3558645138832010274) , AnonymousAnonymous said...I flew from Seattle area to MI to see Dr. Brownstein in Sept. 09, He switched me from Armour to Nature-Thyroid. He also added iodine along with some other great supplements. After a few weeks I'm doing 70% better most days of the week!   
     THANKS DR. BROWNSTEIN... ONCE AGAIN!!!!  
     Fondly, Patrice
   * At [**October 26, 2009 4:13 AM**](http://drdavidbrownstein.blogspot.com/2009/09/problems-with-desiccated-thyroid.html#c4120852875420627835) , Blogger[**Dr. David Brownstein**](http://www.blogger.com/profile/06017281984892565367) said...

   I did not put this comment here to praise myself (though it is nice to hear positive comments!). I put it here to tell those who are not feeling well to not give up. There are always alternatives available. Naturethroid may be good for some, Armour for others,as well as Synthroid for some. Sometimes it is trial and error.  
   db

   **Sunday, August 30, 2009**

   **Fraud, Ghosts, and Big Pharma**

   **What if 26 major scientific papers that shaped and guided medical therapies for over 10 years were not actually written by the authors stated in the papers? What if the papers only promoted the positive effects of a particular therapy and de-emphasized the negative effects in order to increase pharmaceutical sales? What if the scientific papers actually promoted a now discredited therapy that ended up causing tens of thousands of cases of breast cancer, heart attacks, stroke and deaths? Do you think there should be an investigation into these allegations? Perhaps that responsible need to be made held accountable for their actions. Maybe there should be a full congressional investigation into this billion dollar fraud that was perpetrated on millions of American women.**

   **Who committed this fraud? Wyeth pharmaceutical, the maker of the synthetic hormones Premarin and Provera, committed this act by paying for ghostwriters to write scientific articles (more about this below). For over 25 years, Wyeth has been promoting Premarin and Provera as the treatment-of-choice for menopausal symptoms in women. Wyeth has spread misinformation about these synthetic hormones including the use of these foreign substances will prevent heart attacks and not increase the rate of breast cancers. Unfortunately, this synthetic hormone combination has been proven to significantly raise the risk of heart attacks (29%), invasive breast cancer (26%), stoke (41%), Alzheimer’s (205%) and pulmonary embolism (2,100%).[i]**

   **According to a front-page article in the New York Times (8.5.09), while thousands of women were being harmed from these dangerous, synthetic hormones, Wyeth was paying ghost writers to author biased papers supporting the use of Premarin and Provera. Sales of these drugs rose to over $2 billion dollars in 2001. Ghostwriters were paid to promote the company line on these synthetic hormones and then prominent doctors were paid to put their name as the lead authors. The physicians had little or no input on these articles. These papers were published in many respected medical journals and certainly influenced medical opinion.**

   **It all fell apart for Wyeth in 2002 when the findings of the Women’s Health Initiative was announced. The results (see above) clearly showed the synthetic hormones were dangerous and needed to be avoided.**

   **How did Wyeth respond? The company responded by attacking natural, bioidentical hormones. Wyeth has filed a citizen’s petition with the FDA to remove a safe and effective bioidentical, natural hormone, estriol, from the market.**

   **What can we all do? We can write to our congressmen and the President and let them know how we feel. Also, please look at** [**http://www.bioidenticalhormoneinitiative.com/**](http://www.bioidenticalhormoneinitiative.com/)**, which is a group I co-founded to promote the education of natural therapies. Finally, we can educate ourselves about safe and effective natural therapies so that we can make the best medical decisions for ourselves and our family.**

   **Synthetic, foreign hormones like Premarin and Provera need to be avoided. For any therapy, a bioidentical, natural hormone is the safest, and most-effective approach. More information about these hormones can be found in my book, The Miracle of Natural Hormones, 3rd Edition.**

   posted by Dr. David Brownstein @ [**4:11 PM**](http://drdavidbrownstein.blogspot.com/2009/08/what-if-26-major-scientific-papers-that.html)

   **Sunday, August 23, 2009**

   **Fosamax and 'Dead Jaw'**

   **Fosamax is the 21st most-prescribed drug in the United States since 2006. It has generated billions of dollars in revenue for Merck. Fosamax works by poisoning an enzyme in one of the two bone cells of the body.**

   **A recent study (1.1.09 J. of the American Dental Assoc.) found that osteonecrosis of the jaw was occurring at a much higher rate than is reported by its manufacturer Merck. Osteonecrosis of the jaw is also referred to as “dead jaw”. This situation is where a portion of the jaw loses its blood supply and the bone dies. There is no cure and no great treatment for this condition. Signs of osteonecrosis include pain and loosening of the teeth. It is a devastating illness which used to be very rare but has become much more common with the use of bisphosphonates (e.g., Fosamax, Boniva, Actonel, Zometa). One of the adverse effects of bishposphonate therapy is osteonecrosis of the jaw.**

   **In fact Merck claims the risk of osteonecrosis of the jaw is “negligible”. The doctor who published the article reported that his clinic is seeing one to four new cases per week. In researching his records, he found that 4% of the patients who were taking Fosamax had osteonecrosis. Osteonecrosis usually appears after a trauma such as a tooth extraction.**

   **For years I have counseled my patients to avoid ever taking a bisphosphonate drug. Simply put, these have never been shown to prevent future fractures. Osteoporosis is not a ‘Fosamax-deficiency syndrome’. It is a nutritional and hormonal imbalance problem that can often be rectified by changing the diet (eliminate refined foods and dairy) and taking the correct supplements (including Vitamins K, D, and B12 as well as minerals). I have helped develop one product known as Osteo-elite. It contains the full complement of vitamins and minerals necessary for the body to produce and maintain healthy bone. It is available from** [**www.purezenhealth.com**](http://www.purezenhealth.com/) **or by calling 1.877.898.7873 begin\_of\_the\_skype\_highlighting 1.877.898.7873 end\_of\_the\_skype\_highlighting.**

   **More information about osteoporosis, Fosamax and bisphosphonates can be found in my newest book, *Drugs that Don’t Work and Natural Therapies that Do, 2nd Edition.***

   posted by Dr. David Brownstein @ [**5:35 PM**](http://drdavidbrownstein.blogspot.com/2009/08/fosomax-is-21-st-most-prescribed-drug.html)

   **Monday, August 17, 2009**

   **80% of Pregnant Women Are Iodine Deficient -**

   **In 2009, over 16% of public school-aged boys are on a moodaltering drug. ADHD is being diagnosed at epidemic proportions. Young girls (as well as boys) are being treated with antidepressant drugs at record numbers.As Ricky asked Lucy we should all be asking, “Wha’ happened?”**

   **A new letter to the Editor in the journal Thyroid (Vol. 19, N9, 2009, published ahead of print 8.13.09) reported that from 2001-2006, 80% of pregnant women and 80% of women of child-bearing age were not supplementing with iodine. During that same period, the authors reported that over 85% of lactating women were not taking a supplement containing iodine.**

   **I have lectured about the problem with prenatal vitamins for years. Most prenatal vitamins do not contain iodine and the ones that do contain iodine do not contain enough. This is truly a public health disaster.**

   **What happens when the pregnant mother is iodine deficient? Her baby has a significantly greater chance of developing mental retardation, thyroid problems, and behavioral problems such as ADHD.**

   **In my book, Iodine Why You Need It, Why You Can’t Live Without It I describe the infant’s need for iodine. However, it is not only the young that need iodine. It is all of us.**

   **Iodine deficiency is the number one nutritional deficiency affecting Americans. My research has shown over 96% of the nearly 5,000 patients I have tested deficient (and most severely deficient) in iodine. This should be a public health crisis. Forget about the health care bill, correct this problem and we will save untold amounts of money!**

   **What can you do? Have your iodine levels checked and work with a health care practitioner knowledgeable about iodine. Generally, most people need milligram amounts of iodine to achieve whole body iodine sufficiency. In today’s toxic world, our iodine requirements are much higher than our predecessors. More information about iodine can be found in my books.**

   posted by Dr. David Brownstein @ [**3:46 AM**](http://drdavidbrownstein.blogspot.com/2009/08/over-80-of-pregnant-women-are-iodine.html) **[http://img2.blogblog.com/img/icon18_edit_allbkg.gif](http://www.blogger.com/post-edit.g?blogID=2907647712019182784&postID=6133896202586549947&from=pencil)**

   **2 Comments:**

   * At [**August 18, 2009 11:21 AM**](http://drdavidbrownstein.blogspot.com/2009/08/over-80-of-pregnant-women-are-iodine.html#c6459698339182714251) , Blogger[**Carol**](http://www.blogger.com/profile/03139774239923863452) said...

   I'm wondering if iodine supplementation would help the kids with the ADHD. If it's in your book, I ordered it but it hasn't come yet...

   * At [**August 19, 2009 3:37 PM**](http://drdavidbrownstein.blogspot.com/2009/08/over-80-of-pregnant-women-are-iodine.html#c5419504447635663597) , Blogger[**Dr. David Brownstein**](http://www.blogger.com/profile/06017281984892565367) said...

   Carol,  
   Yes, iodine can help ADHD kids. Several studies have pointed out that mothers with low iodine have children who are more prone to developing ADHD. My experience has shown that iodine (as part of a comprehensive plan)is an effective treatment for ADHD.

   **Thursday, August 13, 2009**

   **Antacid Drugs Increase Risk of Hip Fractures**

   **There was an article in JAMA (12.27.2006 Vol. 296,No. 24) that reported on the elevated risk of hip fractures with the long-term use of antacid drugs (proton pump inhibiters such as Prilosec® and Nexium®) . This study showed a 59% increase risk if antacid medications are used for four years. The authors reported a steady increase in hip fracture rates the longer these drugs were used. Why would this happen? Antacid drugs are effective at blocking hydrochloric acid production of the stomach. But, the consequence of blocking acid production is that it leads to poor mineral absorption as well as poor digestion. The depletion of the body's mineral stores will lead to the body having to use the largest source of minerals, the bones, to supply it with necessary minerals that it needs.**

   **Now someone takes an antacid drug and they begin to develop osteoporosis. What happens next?You know the answer--they will need another drug, this time an osteoporosis drug to treat the problems from the first (antacid) drug. And, the beat goes on.**

   **All drugs have their time and place. However, drugs should not be the first-line treatment for many conditions. There are many natural therapies that can effectively treat stomach problems without side effects.More information on this can be found in my newest book, *Drugs That Don’t Work and Natural Therapies That Do, 2nd Edition.***

   posted by Dr. David Brownstein @ [**5:57 PM**](http://drdavidbrownstein.blogspot.com/2009/08/antacid-drugs-increase-risk-of-hip.html)

   **Sunday, August 9, 2009**

   **Antidepressant Use Doubles in Last 10 Years**

   **A recent study in the Archives of General Psychiatry (Vol. 66, No. 8, August, 2009) reported that the use of antidepressant drugs in the United States nearly doubled between 1996 and 2005.The rate of antidepressant treatment increased from 5.84% in 1996 to 10.12% in 2005. This translates to 13.3 million persons taking antidepressant medications in 1996 and 27 million U.S. citizens taking antidepressant drugs in 2005.That means that over 10% of our population is currently being treated with antidepressant medications.In 2008, more than 164 million antidepressant prescriptions were written in the U.S.This amounts to $9.6 billion in sales for Big Pharma.**

   **These numbers are depressing (sorry, I couldn’t resist!).Why did this rise in the use of antidepressants occur and are we better off for it?**

   **The main reason the use of antidepressants more than doubled over the last ten years was due to the advertising ability of Big Pharma. Between 1999 and 2005 Big Pharma increased direct-to-consumer advertising for antidepressants over four-fold.In 1999, Big Pharma spent $32 million on direct-to-consumer advertising of antidepressants.By 2005, Big Pharma spent $122 million promoting antidepressants.**

   **I have lectured to doctors for years about the perils of direct-to-consumer advertising.Studies have clearly shown the power of advertising drugs directly to consumers as the sales of medications increase in almost direct proportion to the numbers of dollars used in the advertising campaigns.The sales for the discredited cholesterol-lowering medications Zetia and Vytroin serve as a perfect example.In Canada, where direct-to-consumer advertising is not allowed, prescriptions for Zetia rose from 0.2% in 2003 to 3.4% in 2006.During that same time, in the U.S., sales of Zetia increased from 0.1% to 15.2%.Zetia and Vytorin were recently shown to be ineffective at preventing or even halting the progression of heart disease in the Enhance study.More information on this can be found in my newest book, *Drugs That Don’t Work and Natural Therapies That Do, 2nd Edition.***

   **Since antidepressant drug use has more than doubled over the last 10 years, are we better off?(Stop laughing at that question.)We have more suicides, more anxiety, and more depression despite the rapid increase of these medications.There is absolutely no data supporting the widespread use of these medications.In fact, studies have failed to show this class of medications is superior to exercise, psychotherapy or placebo.More information about this can be found in my book.**

   **In this time of budget crises and health care reform, we need real reformers who can critically look at the data and speak the truth.Big Pharma’s strangle hold on conventional medicine and our government is the force causing health care costs to be so high.Until we wake up and deal with this, health care reform will not be realized.**

   posted by Dr. David Brownstein @ [**5:04 PM**](http://drdavidbrownstein.blogspot.com/2009/08/antidepressant-use-doubles-in-last-10.html)

   **Thursday, August 6, 2009**

   **Arthritis Drugs and Cancer**

   **The headline in the Wall Street Journal (8.5.09) reads, “FDA Warns on Cancer Risk in Immune-System Drugs”. The article stated that the FDA declared there is an increased risk of lymphoma and other cancers associated with the arthritis drugs Remicade and Humira in children and adolescents.**

   **These drugs work by neutralizing the biological activity of an inflammatory molecule known as tumor necrosis factor (i.e., TNFα). TNFα does have pro-inflammatory capabilities. However, tumor necrosis factor also regulates the immune system. It has been shown to induce apoptosis (or cell death) and to inhibit tumor growth and viral replication. When you look at the varied capabilities of this molecule, perhaps we should not be blocking it with drugs like Remicade and Humira.**

   **When these drugs were first approved to treat arthritic conditions, I made a prediction at a lecture I was giving; within five to ten years of use, the rate of cancer would begin to rise in those that took this class of drugs. How could I make such a prediction? It wasn’t that hard. Looking at the mechanism of action of this class of drugs pointed out the potential problems with their long-term use.**

   **When you inhibit tumor necrosis factor, which blocks programmed cell death (apoptosis), you should expect cancer rates to rise. In fact, inhibiting apoptosis is one of the major ways cancer cells survive and propagate. Furthermore, inhibiting a substance (TNFα) which helps to regulate the immune system by inhibiting tumor growth is bound to cause serious problems such as cancer.**

   **The tumor necrosis factor inhibiting drugs are a top selling class of drugs in the U.S. bringing in over $6.5 billion in U.S. sales in 2008. It is not only cancer rates that are elevated with these drugs; increases in serious infections such as tuberculosis and serious liver injury have also been reported.**

   **Tumor necrosing factor drugs (Remicade and Humira) should only be used as a last resort and used for the shortest time period possible. There are many other safe and effective natural therapies for treating arthritic disorders. More information about how to implement a holistic approach to treating arthritis can be found in my book, *Overcoming Arthritis.***

   posted by Dr. David Brownstein @ [**7:07 PM**](http://drdavidbrownstein.blogspot.com/2009/08/headline-in-wall-street-journal-8.html)

   **Saturday, August 1, 2009**

   **Cholesterol-Lowering Medications and Inflammation**

   Big Pharma is now making a push that cholesterol lowering medications should be used in anyone with signs of inflammation.The Jupitor study (NEJM.VOl 359; 2008) looked at the use of Crestor (a statin drug) in “healthy” individuals who had elevated laboratory tests showing inflammation (via a blood test known as the CRP test).The use of Crestor was reported to decrease CRP by 37%. (NOTE:I discuss this study and others in more detail in my new book, Drugs That Don’t Work and Natural Therapies That Do, 2nd Edition).

   Inflammation has been thought to be the underlying cause (or one of the underlying causes) of a wide variety of illnesses including heart disease, diabetes, cancer, and arthritis.The CRP test is a well-accepted laboratory measure of inflammation.

   Unfortunately, inflammation is occurring at epidemic rates in our society.I routinely check my patients for inflammatory markers and I am amazed at the high number of patients suffering from elevated inflammation markers and inflammatory diseases.

   What are the signs of inflammation?Pain, swelling, and redness are the most common signs.A bloated abdomen, fatigue and even brain fog can be related to inflammation.You can see that inflammatory conditions can cause a wide range of problems.

   Why do so many suffer from inflammation?I have no doubt that diet is the main cause.Eating a diet full of refined foods markedly increases your chances of developing inflammation.The Standard American Diet (SAD ) ensures your body will be deficient in vital nutrients which prevent and heal inflammatory conditions.Furthermore, failure to drink adequate amounts of water worsens any inflammatory condition.

   So, what can you do if you have signs of inflammation? A recent study showed that Vitamin C reduced CRP by 25% versus placebo (Free Rad. Biol. and Med.46;2009).The authors of this study claimed that the effect of vitamin C was similar to those of statins.

   I say, take your vitamin C (2-5,000mg/day), drink adequate amounts of water and eat a diet full of unrefined foods.This is an inexpensive way to treat or avoid getting an inflammatory condition.Furthermore, this therapy is virtually free of adverse effects.

   posted by Dr. David Brownstein @ [**4:55 AM**](http://drdavidbrownstein.blogspot.com/2009/08/cholesterol-lowering-medications-and.html)

   **Wednesday, July 29, 2009**

   **Who Does The F.D.A. Work For? Not Us!**

   Unbelievable. The headline in today’s New York Times reads, "F.D.A. Deems Mercury Level in Fillings Safe". The article states that F.D.A. believes that silver dental fillings containing mercury are safe for use by adults and children ages six and above. The F.D.A. claimed they reviewed more than 200 scientific studies to make the conclusion "...that mercury vapor released by the filling was not enough to cause brain damage". Furthermore, the F.D.A. states that mercury released from the fillings will not harm patients. I say, they need to look at the hundreds of other studies showing the toxicity of mercury.

   Mercury is the third most toxic element known to mankind. I don't care if the F.D.A. looked at 2,000 studies to make the same conclusion. It is ludicrous to assume you can put a toxic substance (i.e., mercury) in someone's mouth and assume it will be safe.

   How much mercury is in a dental filling? Each mercury fillings contains approximately 50% mercury by weight. It is estimated that from 3.8-21ug of mercury from fillings per day is absorbed, depending on the number of fillings, amount of teeth grinding, amount of hot liquids ingested and other factors. (Nat. Acad. of Sc. 2000. Toxic. Effects of Methyl mercury).

   How much mercury is safe? That is an easy question to answer--**no** amount of mercury is safe. In fact, the amount of mercury absorbed from amalgam fillings is 60 times higher than the United Nation's recommendation on a safe exposure level for mercury. (Env. Toxic. 2003. March).

   It is clear that the F.D.A. does not work for us, the citizens of this great country. The F.D.A. works for and is controlled by corporate interests. You cannot depend on the F.D.A.'s recommendations to guide you in your health care decisions. You must educate yourself and come to your own conclusions.

   Mercury is a toxic substance. It needs to be avoided at all costs. It does not make common sense or scientific sense to put mercury anything in someone's mouth. If your dentist still uses mercury fillings, find a new one.

   I will be writing more about this topic in my ***Natural way to Health*** Newsletter (more information on this newsletter can be found at [**www.brownsteinhealth.com/3reports**](http://www.brownsteinhealth.com/3reports). Offer code for the newsletter is: 7AOB-1).

   posted by Dr. David Brownstein @ [**4:24 PM**](http://drdavidbrownstein.blogspot.com/2009/07/who-does-fda-work-for-not-us.html) **[http://img2.blogblog.com/img/icon18_edit_allbkg.gif](http://www.blogger.com/post-edit.g?blogID=2907647712019182784&postID=6689965348017039235&from=pencil)**

   **1 Comments:**

   * At [**July 29, 2009 10:16 PM**](http://drdavidbrownstein.blogspot.com/2009/07/who-does-fda-work-for-not-us.html#c1384599010742972982) , Blogger[**Debbie**](http://www.blogger.com/profile/06096351201453165974) said...

   I agree Dr. Brownstein - I had a mercury filling in every one of my molars since I was 13 years old. When I was 31 years old I was suffered from daily headaches with throbbing in my mouth and stiffness in my neck. I found a dentist who agreed that they needed to be removed and replaced with composite fillings. About 8 weeks following the procedures and after taking chlorella everyday I notice my symptoms lessening and eventually dissapearing all together. I am so glad I got them out of my mouth although I am not sure as to whether I got all of the mercury out of my system.

   **Thursday, July 23, 2009**

   **What Can You Do About Food Allergies?**

   A report in the Detroit Free Press (10.22.08) reported on the rising prevalence of food allergies in American children. The article states that food allergies are estimated to affect 3 million children according to a federal study. The Center for Disease Control estimates that 1 in26 children suffer from food allergies, which is increased from 1 in 29 kids in 1997—an 18% increase.

   The article states that nobody knows for sure what is driving the problem. The CDC estimates that 1 in 40 Americans have a milk allergy. Estimates are that nearly 1 in 100 has celiac disease. My clinical experience has shown that both dairy and gluten allergies (or sensitivities) are occurring at a much higher frequency. I would estimate that dairy allergies affect over 50% of my patients and gluten problems affect 25%.

   Why are there so many children and adults suffering with food allergies and what can you do about it? When I was a child, I do not recall anybody suffering from food allergies. Now, many schools prohibit children from bringing nuts or peanut butter to the school due to highly sensitive , allergic children being adversely affected by the nuts.

   I believe food allergies are more prominent for a couple of reasons. Now, people are more aware of food allergies causing problems in their children. But, the higher rate of food allergies awareness cannot explain the large numbers of children and adults suffering from severe food allergies. I think the large number of people suffering from food allergies is a direct result of the increased toxicity we have in our bodies. There is no question that we are all suffering from an onslaught of metals, pesticides and other toxic items. My clinical experience has clearly shown that mercury toxicity is the number one toxic item found in the majority of people. Where is mercury coming from? The two most common sources are amalgam fillings and vaccines (e.g., the flu vaccine).

   These toxic items are inhibiting the normal function of our immune system. A distressed immune system may over-react or inappropriately react to a substance that should be considered benign. My experience has shown that detoxifying the body improves the functioning of the immune system and lessons allergies. I see it occur every day in my practice.

   Besides detoxifying, there is a wonderful acupressure technique, NAET, which not only treats food allergies but also helps to diagnose which foods are causing problems. I have been doing NAET for nearly 10 years and have seen some of the most amazing results in my patients. NAET has proven successful for not only treating food allergies, it is effective for most environmental allergies.

   Marilyn, age 70, felt like she was allergic to many items. “Everything bothers me. I can’t eat anything without getting a headache and a foggy brain,” she said. When I began to do NAET with Marilyn, I found her to be allergic to almost anything I tested her for. After treating the first 10 food items, which includes sugar and grains, she began to feel much better. “It felt like a weight was lifted off of me. Even my other allergies improved. I used to be so sensitive to new smells and now I can go into stores and not be ill,” she claimed. Marilyn’s story is not unique; I see it occur over and over in my practice.

   At my office, I have two NAET practitioners; Hetty and Michelle. To make an appointment with either practitioner, please call my office; 248-851-1600 begin\_of\_the\_skype\_highlighting 248-851-1600 end\_of\_the\_skype\_highlighting. If you suffer from allergies, I encourage you to consider NAET.

   You can also find a practitioner near you by going to: www.naet.com.

   posted by Dr. David Brownstein @ [**7:27 PM**](http://drdavidbrownstein.blogspot.com/2009/07/what-can-you-do-about-food-allergies.html)

   **Friday, July 17, 2009**

   **The Bias Against Vitamin Supplements**

   Every few months, headlines in the newspapers will proclaim that vitamin supplements are a waste of time and money. For example, headlines in the Wall Street Journal proclaimed, “Vitamin Pills: A False Hope?”. The article asked the question, “Are vitamins worth it?” The article went on to describe a study showing the failure of vitamins at providing any benefits. The article also contained quotes from doctors and researchers who commented that there is no benefit from taking vitamins.

   The WSJ article was reporting on the data from the Women’s Health Initiative, which tracked eight years of multivitamin use in 161,000 women. The study found that there was no lowered risk for heart disease or certain cancers in those that took a multivitamin.

   There are so many flaws in this study, I don’t know where to begin. This study was done via a questionnaire which asked women if they took a multivitamin. No vitamins were given to women; it was up to the individual to purchase and take it themselves. This is not a way to do a study. Many people say they take a multivitamin when they actually do not. Furthermore, many of the most commonly used multivitamins in the market place are of poor quality and full of synthetic vitamins. I can look at a vitamin label in a few seconds and have an idea about the quality of the product depending on the source of nutrients the manufacturer is using. In fact, most of the reported negative outcomes related to specific vitamin therapies (such as beta carotene and vitamin E and lung cancer) are due to the use of these synthetic, toxic vitamins. Vitamins need to be from a natural source and have the same bioidentical structure as naturally-occurring vitamins found in the human body. Synthetic vitamins need to be avoided. Without controlling what form of vitamins these subjects were using, I don’t feel any valid conclusions can be drawn from this study.

   I wish these doctors and researchers would come to my office and observe my practice for a day. They can see the positive results I see from my patients taking the correct nutrients. In today’s world, with our food supply overloaded with devitalized, refined products, is it any wonder there are so many people suffering from nutrient imbalances? I routinely check vitamin and mineral levels and I am continually astounded by the numbers of nutrients that are imbalanced in my patients.

   I am constantly trying to keep up with the research on natural items. There are literally hundreds of studies each week reporting on the efficacy of natural items. The naysayers of natural items need to look at this research. Much of it shows positive results when the right supplements are used for the appropriate condition. I see the positive results in my practice every day.

   One final note. This study was poorly done. Why would it make headlines in every major newspaper? There is a bias against natural items. Big Pharma does everything in its power to discredit natural therapies in order to leave prescription items as the only available treatment for the consumer. Perhaps a multivitamin does not treat cancer or prevent heart disease. This question can only be answered by doing the appropriate study and employing a good supplement that contains natural, bioidentical supplements. Until this study occurs, I say taking a good multivitamin should do no harm and can provide a wide range of nutrients necessary for maintaining optimal health.

   posted by Dr. David Brownstein @ [**6:35 AM**](http://drdavidbrownstein.blogspot.com/2009/07/bias-against-vitamin-supplements.html)

   **Thursday, July 9, 2009**

   **Do Children Need Iodine?**

   One of the most frequent questions I receive from my patients is, “Do my children need iodine?”Over the last 30 years, iodine levels have fallen over 50% in the U.S. population (NHANES at [**www.cdc.gov**](http://www.cdc.gov/)).My research has shown over 95% of my new patients are iodine deficient by the WHO criteria.As I have discussed in ***Iodine, Why You Need It, Why You Can’t Live Without It,*** there are many reasons for this widespread deficiency including the overexposure to toxic halides such as bromine and fluoride as well as the decline in the use of iodized salt.Also, living in the Goiter Belt (i.e., Great Lake States) doesn’t help the situation either.Our soil is one of the most iodine depleted soils in the U.S.

   So, back to the original question about children needing iodine.An article in the Journal of Clinical Endocrinology and Metabolism (2007;92:437-442) claims that iodine repletion in a moderately iodine-deficient European school age children significantly improves height and weight gain.Children need iodine supplementation just as adults do.The WHO estimates nearly ***300,000,000 children world-wide are iodine deficient***.I can assure you that many of these children are located in the U.S., as I have been testing iodine levels in children for seven years. Iodine supplementation helps the thyroid gland work better and it helps the entire hormonal system to function at a higher level.Iodine has also been shown to help to improve the IQ.

   Children need adequate iodine supplementation from either their diet or nutritional supplementation.I would suggest working with a knowledgeable holistic practitioner to help you supplement your children with iodine.

   posted by Dr. David Brownstein @ [**2:54 PM**](http://drdavidbrownstein.blogspot.com/2009/07/do-children-need-iodine.html)

   **Sunday, July 5, 2009**

   **Dangerous Osteoporosis Drugs**

   The FDA releases a quarterly newsletter known as the FDA Drug Safety Newsletter.This newsletter gives information about problems with approved drugs.The latest newsletter (Vol. 2, N. 2, 2009) was recently released.

   This newsletter provided information about Zoledronic acid, marketed as Reclast and Zometa which are bisphosphonate drugs used to treat osteoporosis.These drugs have been approved for once-yearly intravenous administration infusion for the treatment of osteoporosis in postmenopausal men and women.

   This article reported that there have been 24 cases of renal failure associated with the use of Reclast.The median time form the onset of renal failure from the infusion until the event was 11 days.Seven deaths were reported and three patients required dialysis from the drug.

   Due to this problem with Reclast,FDA encouraged physicians to avoid the use of Reclast in patients with renal impairment, ensure patients are well hydrated, and report cases of renal problems to the FDA.

   I say the FDA should have included one other point; pull the drug from the market.I wrote about the problems with the osteoporotic drugs in Drugs That Don’t Work and Natural Therapies That Do.Why does Reclast cause this problem?All of the bisphosphonate drugs, Reclast included, are toxic substances to the body. They work by poisoning one of the main bone-building cells in the body—the osteoclasts.Furthermore, the half-life of these drugs is much too long.That is why you can give this drug once/year.The body has no way to detoxify from it.Remember, you can’t poison an enzyme for the long term and expect a good result.

   I say, eat a better diet, exercise, drink water and take the appropriate supplements you are lacking.That is a much more effective and safer approach for treating osteoporosis.

   posted by Dr. David Brownstein @ [**7:27 PM**](http://drdavidbrownstein.blogspot.com/2009/07/dangerous-osteoporosis-drugs.html)

   **Sunday, June 21, 2009**

   **Problems with Cataract Surgery and Medications**

   A recent article in JAMA reported that the commonly used drug, Flomax within 14 days of cataract surgery was significantly associated with postoperative adverse ophthalmic events.

   The authors of the study looked at all men (over the age of 65 years) who had cataract surgery in Ontario, Canada from 2002-2007. The total number studied was 96,128 subjects.The authors of the study looked at adverse effects within 14 days after cataract surgery.The risk of the adverse events were compared between men treated with Flomax or other medications in the same class as Flomax (i.e., α-blockers) and men with no exposure to these medications in the year prior to surgery.

   The researchers reported a 233% increased risk (relative risk) of adverse effects after cataract surgery in recent users of Flomax compared to those that did not use Flomax.In raw numbers, 7.5% of those taking Flomax had an adverse effect compared to 2.7% of the patients who did not take it.That would mean that the statistics for this study show that there would be an adverse effect in one in every 21 patients undergoing cataract surgery from the use of Flomax.

   Cataract surgery is the most common operation performed in the United States.Nearly 2 million cataract surgeries are performed per year.Flomax is a widely used drug for treating benign prostate hypertrophy, which affects millions of older Americans.

   This study is another in a series of warnings on the long-term use of drugs that poison enzymes or block receptors.Flomax can provide relief for those suffering with an enlarged prostate gland.However, older men do not get an enlarged prostate gland due to a lack of Flomax.My experience has shown that a holistic approach which emphasizes detoxification and hormonal balancing is very effective for treating an enlarged prostate gland.

   An enlarged prostate gland is a sign of inflammation.The holistic way to treat inflammation is to reduce the underlying cause.Many times the underlying cause includes eating a diet that promotes inflammation.What is this diet?A diet high in refined carbs as well as high in white sugar, flour and salt.A diet of unrefined, whole foods with plenty of water and good salt is an anti-inflammatory diet.

   If you are going to have cataract surgery and you are taking Flomax, please speak to your surgeon before the surgery.If you need a medication for an enlarged prostate, there are safer alternatives available than Flomax.

   posted by Dr. David Brownstein @ [**6:59 PM**](http://drdavidbrownstein.blogspot.com/2009/06/problems-with-cataract-surgery-and.html)

   **Wednesday, June 17, 2009**

   **Magnesium and Diabetes**

   I believe that adult onset diabetes is the illness that will bankrupt medicare and possibly the U.S. government. Over 50% of U.S. adults are obese and over two-thirds are overweight. What is the price we are paying for this obesity epidemic? Diabetes.

   Adult onset or Type II diabetes is a preventable illness. Nearly all of the time, adult onset diabetes is caused by poor lifestyle choices such as eating too many refined carbohydrates that are full of refined sugar, salt and oils. Each day in my practice, I am constantly amazed by the number of diabetic patients that I see in my office.

   The conventional approach to treating adult onset diabetes is a disaster. None of the oral medications treat the underlying causes of the illness. Furthermore, the worst thing that can be prescribed for a type II diabetic is insulin. These patients are not getting adult onset diabetes from lack of insulin; oftentimes they have too much insulin. Insulin promotes inflammation, weight gain and hunger.

   A holistic approach that emphasizes dietary changes—eating whole foods free of refined products while avoiding refined carbohydrates is a must. Drinking adequate amounts of water should be part of any holistic plan. Finally, correcting hormonal and nutritional imbalances can dramatically affect the course of the illness. I see the positive results of a holistic treatment regimen occur daily in my practice.

   Part of the nutritional side of the plan has to include looking at magnesium levels. Magnesium is a mineral that is woefully deficient in our diet and our food supply. Magnesium is a key ingredient in over 300 enzymes including the powerful antioxidant glutathione peroxidase.

   A recent study found that with every 100mg increase in magnesium intake, the risk of developing type II diabetes decreased by 15%. (Ohiroa, T. Am. J of Epidemiology. 16 April, 2009. Published online ahead of print).

   I have been checking red blood cell magnesium levels on every new patient for over 15 years. Over 60% of patients are significantly low in magnesium and another 25% are marginally low. Astounding numbers.

   Magnesium is inexpensive. I would recommend anyone to supplement with magnesium. Average doses are from 100-400mg/day. Side effects of magnesium are usually limited to loose stools. If you get looses stools, lower the dose. For those with very low magnesium levels, I recommend doing magnesium IV’s to enhance absorption. Finally, taking the B-vitamin PABA with magnesium will aid in its absorption. Paba doses range from 100-200mg/day. PABA can be found at [**www.purezenhealth.com**](http://www.purezenhealth.com/) (a company I founded).

   posted by Dr. David Brownstein @ [**5:14 PM**](http://drdavidbrownstein.blogspot.com/2009/06/i-believe-that-adult-onset-diabetes-is.html)

   **Friday, June 12, 2009**

   **Problems with Diabetic Medications**

   I received an email today (6.12.09) from industry alerts which is a company that sends a biweekly newsletter about the pharmaceutical industry. This email was “developed under the direction and sponsorship of GlaxoSmithKline, the Big Pharma company that makes Avandia, the diabetes drug.

   The headline from this email reads, “Data from the 2009 ADA Scientific Sessions: Large, long-term study shows AVANDIA has no increased overall cardiovascular risk compared to other commonly used diabetes medicines.”

   Reading the small print on the rest of the email shows the RECORD trial was a study of 4447 patients with Type 2 diabetes who were taking a regimen of Avandia plus metformin and/or sulfonylurea (2,220 subjects) compared to those taking a regimen of metformin and sulfonlylurea (2227 subjects) over a period of 5-7 years.

   The email goes on to state, “The cardiovascular hospitalization or death was not statistically different between the two groups after an average of 5.5 years of therapy.”

   So, I guess the purpose of this email was to counter all the negative press about Avandia’s problems. Avandia has been shown in other studies to cause an increase risk of death from cardiovascular disease. This email ‘blast’ was supposed to reassure the reader that Avandia was no worse than the other diabetic drugs.

   As I read further in the email, the results of the RECORD trial showed that there were 321 events—cardiovascular hospitalization or death—among the patients randomized to the Avandia group versus 323 events in the other group. Those numbers translate to 14.5% adverse events in the Avandia group versus 14.5% adverse events in the other group. Reading further down, there was an all-cause death rate of 6.1% in the Avandia group versus 7.0% death rate in the other group.

   I say this study should have concluded that the commonly used diabetic drugs are dangerous and result in an unacceptable number of deaths. All of these drugs should be avoided, or at least used as a last resort.

   Diabetes is not a drug-deficiency syndrome. It is an illness caused by poor lifestyle choices. Proper diet, supplements and exercise can help nearly all diabetics control their illness. Furthermore, a holistic treatment plan can help a diabetic patient come off their medications. What is a holistic treatment plan?

   This plan includes changing your diet by avoiding the “whites”—refined sugar, salt and flour. Also, limiting or avoiding bread, pasta, and cereal helps. Eating a whole food diet which includes fruit, vegetables, and good sources of organic protein is a must.

   If you have elevated blood sugar, pre-diabetes, or diabetes, taking the right supplements can help. I have found Glucontrol from purezenhealth.com (a company I founded with my partners) a big help for diabetic patients. Glucontrol supplies the correct nutrients to help the insulin receptors work better and to help the body naturally control blood sugar.

   A holistic treatment plan also includes detoxification. IF you already have diabetes, don’t give up. Making the changes I have outlined here and in my books can reverse diabetes and restore balance to the endocrine system. Remember, the best results are achieved by working with a knowledgeable health care provider.

   posted by Dr. David Brownstein @ [**11:17 AM**](http://drdavidbrownstein.blogspot.com/2009/06/problems-with-diabetic-medications.html)

   **Friday, May 15, 2009**

   **Rapid Increase in Thyroid Cancer**

   The headline from the American University School of Communication Investigative Reporting Workshop reads, "Thyroid Cancer Increase Baffles Researchers." The article points out that thyroid cancer is increasing at a pandemic to an epidemic rate and medical researchers do not know why. From 1997-2006, thyroid cancer increased at a rate of 6.5% a year. "We're all concerned about this increase," said Dr. Elaine Ron, a senior investigator at the National Cancer Institute. "We have set up a thyroid cancer working group to see what studies we're already doing on thyroid cancer, what studies can we do to try and find out more about this increase, but at the moment we can't really tell you." Researchers do not believe the rapidly increasing rates of thyroid cancer are solely due to better detection. They speculate that the increased rate could be due to environmental factors such as radiation exposure or genetic factors. I think the researchers are missing a big reason why thyroid cancer is increasing at such a fast rate. I believe that the reason thyroid cancers are increasing is due to a combination of Iodine deficiency coupled with increased exposure to the toxic halides bromine, fluoride and perchlorate. This creates the 'perfect storm' for thyroid cancer rates to increase. There is a reduced iodine accumulation detected in a majority of thyroid cancers. Furthermore, over the last 30 years, iodine levels have fallen over 50% while exposure to the toxic halides has increased. My clinical experience has shown that those with endocrine sensitive cancers (i.e., thyroid, breast, and prostate) often have lower iodine levels and higher levels of toxic halides as compared to patients who do not have cancer. So, what can you do? Maintain adequate iodine levels and minimize you exposure to the toxic halogens. This can be accomplished by taking adequate amounts of iodine and eating a diet free of halides. Don't eat brominated bakery products or drink sodas with brominated vegetable oils. Furthermore, avoid fluoride-containing products. I have been measuring bromide levels in hundreds of patients over the last 7 years. The clinical use of iodine can have positive effects of helping the body excrete bromide. More information can be found in my book, Iodine: Why You Need It, Why You Can't Live Without It.

   posted by Dr. David Brownstein @ [**10:31 AM**](http://drdavidbrownstein.blogspot.com/2009/05/rapid-increase-in-thyroid-cancer.html)

   **Friday, May 15, 2009**

   **Swine Flu Advice**

   My mother called me tonight (4.29.09) to ask if she should start taking Tamaflu for the swine flu. So, I told her that I would have to blog on this topic. I will give you my answer to her question below.  
     
   The swine flu is a respiratory disease caused by the type- A influenza virus which is a variant of the usual H1N1 flu virus. The H1N1 virus is the same virus that causes the flu in humans. What is different about this virus is that it contains DNA from bird and pig flu strains. How does a virus have DNA from a pig and bird and yet be able to infect humans? Scientists do not know how this mutation came about. Whether it is a man-made virus (created in a lab) or a spontaneous mutation is not known. However, a spontaneous mutation causing this virus is unlikely. I am not sure how this came about, but, hopefully, when the hysteria subsides, we can have a proper investigation which will point out how this mutation occurred.  
     
   But, let’s get to the basics. What should you do? Number one, don’t panic. The vast majority of the people ill with the flu have not died. Presently, no one in the U.S. has died of this flu. That is not to say it could not happen, but we must not let the media create a state of panic.  
     
   Next, ensure you are taking adequate amounts of vitamin C. If I had one nutrient available to me, it would be vitamin C. I suggest taking 3-5,000mg/day of vitamin C. If you are becoming ill or are ill, I would suggest increasing the vitamin C intake to bowel tolerance. That is, take as much as you can until you have diarrhea. Then, lower the dose until the diarrhea resolves. When you are ill, your vitamin C requirements dramatically increase. Usually, you can tolerate much higher doses of vitamin C when you are ill versus when you are feeling well.  
     
   In my office, we routinely do vitamin C IV’s when people are ill. These nutrient IV’s are a fantastic treatment for acute illnesses, especially the flu. If you have access to IV nutrient therapies, be sure to utilize these in times of need.  
     
   Ensure you are taking adequate amounts of vitamin D. I frequently have my patients take short-term, larger doses of vitamin D (10,000-50,000Units/day) for 2-5 days at the first sign of the flu.  
     
   Iodine is another nutrient that has potent immune stimulating capabilities to it. No virus has been shown to be resistant to iodine. It is important to achieve iodine sufficiency before you become ill.   
     
   Also, eating a good diet, free of refined food products helps every condition, including the flu. Lastly, make sure you are well hydrated by drinking adequate amounts of water.   
     
   These are the proper steps to take to prevent and treat the flu.  
     
   Back to mom’s question. What about Tamaflu? Tamaflu is fraught with side effects including diarrhea, nausea, vomiting, headache, fatigue and cough. Sounds like the flu to me. Furthermore, the FDA has put a warning label on Tamaflu stating that it can cause adverse effects such as delirium, hallucinations, or other related behavior. Tamaflu has been banned in Japan (for children 10-19 years of age) as it was shown to cause brain infections and psychiatric problems including self harm in some users.   
     
   My experience with viral illnesses, such as the flu has been clear; it is best treated with a nutritional and common sense approach. Rest, keep hydrated and take vitamin C.  
     
   That advice was similar to what I received from my mother when I was ill as a child. So, to answer my mother—I will recommend following her advice. Drink lots of fluids (preferably water), rest, and take vitamin C. It is a lot safer than Tamaflu and has worked great for my practice.

   posted by Dr. David Brownstein @ [**10:30 AM**](http://drdavidbrownstein.blogspot.com/2009/05/swine-flu-advice.html) **[http://img2.blogblog.com/img/icon18_edit_allbkg.gif](http://www.blogger.com/post-edit.g?blogID=2907647712019182784&postID=4691339172775086783&from=pencil)**

   * At [**May 18, 2009 3:19 PM**](http://drdavidbrownstein.blogspot.com/2009/05/swine-flu-advice.html#c2110320956386870379) , Blogger[**Angela**](http://www.blogger.com/profile/17279530484248447067) said...Thank you for the great information Dr. Brownstein!

   **Friday, May 15, 2009**

   **The Importance of Magnesium**

   Have you had your magnesium levels checked? Magnesium is a very important mineral that is used in over 300 different biochemical reactions. Unfortunately, magnesium levels have significantly declined in recent years. The best food sources of magnesium include green vegetables, legumes, nuts and seeds as well as unrefined grains. Eating a diet largely consisting of refined foods will ensure magnesium deficiency.  
     
   My clinical experience has clearly shown that magnesium deficiency is occurring at epidemic rates. Over half of new patients that I see are magnesium deficient on rbc magnesium testing (red blood cell testing). Serum magnesium tests are worthless.  
     
   A recent study showed low blood levels of magnesium had a 25% increased risk of stroke. The researchers studied over 14,000 subjects for nearly 15 years. The rate of stroke was highest among the subjects with diabetes and hypertension. What is a direct cause of diabetes and hypertension? You guessed it, low levels of magnesium.  
     
   What can you do? Number one, eliminate refined foods from your diet. You should eat unrefined foods with their full complement of minerals. I also think it is important to use a good multivitamin/mineral product since the mineral content of our food supply has declined over the last 20 years. Due to the poor quality of our food, I am not sure that it is possible to get adequate amounts of minerals and vitamins from eating a healthy diet. I think it is wise to supplement with a quality vitamin/mineral product.   
     
   It is best to work with a health care professional knowledgeable about nutrition. He/she can check your levels and provide the appropriate guidance on how best to achieve your optimum health. Ensuring adequate magnesium levels is a big step to helping you achieve that goal.  
     
   How much magnesium should you take? Generally 100-400mg/day of magnesium is adequate. MG-200 from Optimox or MG-zyme from Biotics Research are two good companies selling excellent magnesium products.

   posted by Dr. David Brownstein @ [**10:29 AM**](http://drdavidbrownstein.blogspot.com/2009/05/importance-of-magnesium.html)

   **Friday, May 15, 2009**

   **Why You Need A Healthy Oral Cavity**

   How is your oral health? Every new patient that see’s me gets an oral exam. I look at the tongue, examine the gums and look how many missing or filled teeth are present. I have found it extremely important to ensure that you have good oral health.  
     
   The relationship between dental diseases and body illnesses such as cardiovascular disease has been written about in both the medical and dental literature for over 50 years. I have found it virtually impossible to help my patients overcome heart disease (and many other illnesses) if they have poor dental health.  
     
   A recent analysis of seven studies found periodontal disease to be independently associated with an increased risk of heart disease. In fact, the authors reported a 24-34% increased risk of heart disease if there were signs of periodontal disease. (J.Gen. Int. Med. 23(12):2079. 2008).  
     
   It is very important to ensure that you don’t have periodontal disease. Seeing a good dentist (preferably one who is holistic and understands why he/she should not be using mercury in your mouth) and taking care of your teeth can help more than your teeth; it can help your entire body. I have seen patients with heart disease, cancer, autoimmune disorders and other illnesses that which are unresponsive to any treatment when there is periodontal disease present.  
     
   In my area, I work closely with the holistic dentists to ensure that our therapies are compatible. We frequently talk about our patients in order to coordinate our care as we are both trying to help the patient achieve the best outcome.  
     
   I know the value of having a healthy oral cavity. I had a tooth that was hurting a few months ago. I went to my holistic dentists (Drs. Leilas and Rousseau) and they told me I had gingivitis or inflammation of the gums. I wasn’t happy. I floss every day and thought I was taking good care of my teeth. He told me that if I didn’t reverse that I would be in for trouble with that tooth.  
     
   Dr. Leilas’ assistant, Mara, recommended that I start to use a water pick. I began to use a water pick with ‘Under the Gums Irrigant’ (form Dental Herb Company), which is an herbal product designed by a dentist to help with gingivitis. I also began oil pulling. Oil pulling is where you put one tablespoon of sunflower oil in your mouth and swish it around for 10 minutes and then spit it out. Oil pulling is an old ayurvedic remedy for periodontal disease. I have used oil pulling in many patients with good success.  
     
   After seven days of my new therapies, the tooth stopped hurting. When I went back to the dentist, I received a good report; no more signs of gingivitis.  
     
   It is important to have a ‘team’ approach for your healthcare. Finding the right physician, dentist, chiropractor, etc., is the correct approach. If you are not getting appropriate care from your health care providers, then find the right ones to work with you. I can never understand why a patient will continue to see a health care provider he does not particularly care for. Remember, you are in charge of your health care decisions. We (the health care providers) work for you.  
   Take good care of your teeth—it will help more than just your oral cavity.

   posted by Dr. David Brownstein @ [**10:28 AM**](http://drdavidbrownstein.blogspot.com/2009/05/why-you-need-healthy-oral-cavity.html) **[http://img2.blogblog.com/img/icon18_edit_allbkg.gif](http://www.blogger.com/post-edit.g?blogID=2907647712019182784&postID=2310000467975958476&from=pencil)**

   **2 Comments:**

   * At [**May 18, 2009 3:20 PM**](http://drdavidbrownstein.blogspot.com/2009/05/why-you-need-healthy-oral-cavity.html#c1742468598336190154) , Blogger[**Angela**](http://www.blogger.com/profile/17279530484248447067) said...

   Great advice Dr. Brownstein.

   * At [**June 1, 2009 6:40 AM**](http://drdavidbrownstein.blogspot.com/2009/05/why-you-need-healthy-oral-cavity.html#c2596798288419375991) , AnonymousAnonymous said...

   That dental and general health are closely related was on prominent display in Weston Price's book, Nutrition and Physical Degeneration, originally published in the 1930's. Sad that many physicians still don't have as integrated of a view as you do. Sad for the physicians/dentists, sad for their patients.  
     
   Thanks for this post.

   **Friday, May 15, 2009**

   **Safe Ways to Lower Inflammation**

   Big Pharma is now making a push that cholesterol lowering medications should be used in anyone with signs of inflammation. The Jupitor study (NEJM. VOl 359; 2008) looked at the use of Crestor (a statin drug) in “healthy” individuals who had elevated laboratory tests showing inflammation (via a blood test known as the CRP test). The use of Crestor was reported to decrease CRP by 37%. Inflammation has been thought to be the underlying cause (or one of the underlying causes) of a wide variety of illnesses including heart disease, diabetes, and arthritis. The CRP test is a well-accepted laboratory measure of inflammation.  
     
   Unfortunately, inflammation is occurring at epidemic rates in our society. I routinely check my patients for inflammatory markers and I am amazed at the numbers of patients suffering from inflammation markers and inflammatory diseases.  
     
   What are the signs of inflammation? Pain, swelling, and redness are the most common signs. A bloated abdomen, fatigue and even brain fog can be related to inflammation. You can see that inflammatory conditions can cause a wide range of problems.  
     
   Why do so many suffer from inflammation? I have no doubt that diet is the main cause. Eating a diet full of refined foods markedly increases your chances of developing inflammation. The Standard American Diet (SAD ) ensures your body will be deficient in vital nutrients which prevent and heal inflammatory conditions. Furthermore, failure to drink adequate amounts of water worsens any inflammatory condition.  
     
   So, what can you do if you have signs of inflammation? A recent study showed that Vitamin C reduced CRP by 25% versus placebo (Free Rad. Biol. and Med. 46;2009). The authors of this study claimed that the effect of vitamin C was similar to those of statins.  
   I say, take your vitamin C (2-5,000mg/day), drink adequate amounts of water and eat a diet full of unrefined foods. This is an inexpensive way to treat or avoid getting an inflammatory condition. Furthermore, this therapy is virtually free of adverse effects.

   posted by Dr. David Brownstein @ [**10:14 AM**](http://drdavidbrownstein.blogspot.com/2009/05/safe-ways-to-lower-inflammation_15.html) [↑](#endnote-ref-1)