The Holistic Heart: How To Balance Hormones & Nutrients To Beat Disease Transcript

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Introduction and summit goals

All right, everyone, doctor Jack Wolfson, cardiologist, back with another episode of the Heart Attack and Stroke Prevention Summit, where our goal for everybody is to prevent first heart attack or stroke, second heart attack or stroke, whatever it may be.

And we do so in a natural way. And I'm so honored to interview, a friend, a colleague, a brother in arms. His name is Doctor David Brownstein. And if you don't know him, I don't know where you've been because he's interviewed all the time.

And I better make this intro quick because he's got another interview coming up. I'm sure he's a board certified family physician. He's the medical director of the center for Holistic Medicine in West Bloomfield, Michigan, graduate of University of Michigan.

He's wearing Michigan swag right now, and I'm an Illinois guy. I went to University of Illinois, so that does bother me right out of the chute. But anyways, he still is my brother from another mother.

He is a member of the American Academy of Family Physicians, serves on the board of the International College of Integrative Medicine. He's been integrated for super long time.

He's got two beautiful physician daughters. He is also a retired soccer coach. So get that, in lectures international, 17 books, 17 books. Iodine. Why you need it?

I think there's the my first intro video was reading about iodine. Books on natural hormones. Huge, huge, huge thyroid experts, but all things health and wellness.

Doctor David Bronstein. Bronstein, welcome to the Heart Attack and Stroke Prevention summit. Thank you for having me, doctor. Jack, I'm happy to be here.

Thank you for calling me doctor. It's it's so it's so, it's quite the honor coming from you. Hey. What? How do we prevent heart attacks and strokes? Well, we.

Certainly have a mess in our hands.

Medicine, nutrition, and Brownstein's turning point

When I. Went. To med school in the 1980s, heart attacks were the number one killer. Coronary disease was our number one killer. And here I am, 35 years later, and heart disease is our number one killer.

So we haven't done a very good job in our country. And I was just getting ready to prepare. This lecture that I do twice a year in my area for my patients.

And, you know, I started. Running across these statistics from the W. H. O. for. The the mortality. Statistics of the world. And now they have this new one.

You know, how to. Maintain your health, what they call it something like. Health from. From age 60 and on. How many years you have. A healthy life before you become ill with a chronic illness.

And when you pull out the. Map of the United States, this is long map. And there's little, you know, little countries.

Mentioned with the barcode. And the US is over. To the right is Japan.

You know, the number one country. And we are. So far left. Behind all these second world. Countries and a couple third world countries. It's beyond belief.

We spend 20% of our. GNP in our health care. What do we get. Where. The heaviest countries have heaviest western country? On the face of the Earth. We have less, more, you know.

We don't live as long and. We've. Declined our, you know, our life, our life span has declined over the last few years. And. You know, we just got a mess in our hands.

And heart disease is still our number one killer. So I guess. If we want to dive into it right off the bat, first thing we can do, is, is number one, eat better?

You know, we we our. Diet is atrocious. You know, we terribly. Our food supply is a mess. You know, we've got all these chemicals that are food and these forever chemicals and our food needs food dyes made from petroleum products.

That have just screwed up our. Metabolism and our mitochondria. And they're the response to. Our body, to this food, is to get heavy, to try and survive these rough times that it senses it's in.

And people can't. Get out of. It, and they're. Getting heavier and heavier. We have two thirds. Of our country. Overweight. We have. Almost. 50% of our country obese now, and type two diabetes.

Just. Skyrocketing. You know, you're seeing the same patients as I'm seeing. And. Either we. Either we change our habits. And we better food or we don't.

Make a dent in this. And, you know. You and I were talking off camera about. You know. Make America Healthy Again program that's coming. And, you know.

Bobby Kennedy, who's, who's up for HHS secretary, has been talking about this and that. We need to make our food better. And that should be a. Priority.

Of our government. But, you know, I would tell my patients, you know, you don't have to I wouldn't wait for the government to do anything because by time you wait for the government to do anything, your lifespan will be over.

So you need to take it into your own hands. You know, when I lecture to holistic. Conferences, you know, I look out in the audience. It's like a different species of people.

That I see at these conferences. People are not overweight. There's there's hardly any obesity. They look healthier. And then, you know, when you go through the.

Airports and you go. Just whatever, you go to the grocery. Store, you go just live life in America. You know, these, these. It's two different species of.

People are inhabiting our country right now. And. You know, I don't know what's happened over the years. When I, when I was a kid. There was maybe one obese.

Child in my grade, my entire grade of my school, maybe. And, you know, now the 30% of kids are 30 and 40. Percent of kids are overweight. You know, 15.

Percent are obese, something like those numbers. And it's just a type two diabetes. Is rampant. In kids now. I never saw that when I started off in medicine.

I never heard about it when I was growing up, I didn't know any diabetics, growing up. And now it's just become a

norm in our country. So the. First thing is.

We got to. Eat better food. And I know I've seen you lecture and your wife lecture about this. And, you know, until we start putting. Garbage in our bodies. And, you know, expecting.

A better results, we're not going to get a better result. You know, and listen, you know, you went to University of Michigan, you went to a very prestigious, medical school, Wayne State University, and, you know, in the Detroit area.

Didn't they teach you this in, oh, you know, medical training, right. Did you like your family medicine residency? Right. Didn't you go on all these nutrition, you know, conferences and lectures and that's all the doctors who trained us thought about. Right.

So, you know, I grew up in a. Conventional I call it a conventional. Household. We didn't really concern ourselves. What we ate. We we went to the. Doctor when we were sick.

We took what the doctor told us to take. We never questioned it. And I grew up with a bad case of asthma and I had numerous er visits for asthma. I was, I was the one kid in my class who had bad asthma. And.

I became fascinated with medicine as a kid because I spent a lot of time for the doctors. Because I was I couldn't. Breathe in the air many times. So that's why I went to med school, too, and I, I went to my family doctor.

Right? I went to med school to be a family doctor. But I had no holistic leanings. You know, my one of. My favorite meals back in the day was a Quarter Pounder without cheese, a large Coke, and a large right, because I thought that was the best.

And, So when I went to med school, I had no leanings, no holistic leanings. And I do remember we had one. Three hour lecture on nutrition that was it.

In four years. And I remember. Being at that lecture and that lecture was about. Vitamin C. Deficiency causes scurvy time. A deficiency causes beriberi, you know, all these.

Severe. Diseases. And you're just kind of, you know, you. Regurgitated back those answers on the exam and it was. Done. And they they were presented that all these diseases are things of the past.

That that's it. That was it for my nutrition. It was really. No talk to talk about. Food was the, the the diabetic. The Ada, American Heart Association and 88 diet plan, which was.

The food pyramid and but. But I think also too, you know, it was a, it was like this triumphant thing about how modern society conquered scurvy and beriberi.

Right? It was like science discovered that this was the missing nutrient. And science is always going to be the answer. So you're a young, impressionable, family medicine resident.

When does your epiphany, moment come in to, to show. Hey, this is wrong here. So I finished. My famous. My, med school training with no interest in. Anything. Other than what I was taught.

I thought. At the. I was fascinated by medicine. I thought it was a calling. I still think it's a calling now, but I thought it was a calling back then.

But I thought. There was a drug to. Treat everything. Science is. The new. And I didn't quite feel this way, but it was presented to me like science was a new. Religion and.

The high priests were the. Researchers. And the doctors teaching. The. Young doctors to follow along. And and so. What we learned in med school was to diagnose pathology.

And treat. A treat that path allergy was the one drug that was designed to to, cure that pathology. I mean, that's pretty much how medicine was for all of us.

So I started my residency. And. I am. You know. Working long hours and in a hospital. And and. You know, I thought it was a calling and I was happy and I.

I was doing all. The work just as I was thought I didn't deviate from anything. And it was one thing I. Deviated from in residency. And that was when the chickenpox vaccine came out, my second year, second year of residency.

And I remember when that came out. I questioned my advisor on it. I said. What do we need? I said, what do we need? A chicken pox vaccine for? Chicken pox is a benign illness.

And people have lifelong immunity. For it. I remember talking to her about this. I said, how do we know this vaccine is going to provide lifelong immunity?

And she goes, well, we don't. And I said, well, why? You know, why. Would we prescribe this? And she said, well, you know, people, parents can go to work instead.

Of the kids getting a chicken pox. And like, well, parents go to work for a few more days and maybe. Not kids not having lifelong immunity. I don't know if I'm I don't think I'm gonna prescribe this one.

That was the only thing I ever deviated from in med school. Otherwise. I, I followed along, and then I. Went to go to work after. My residency for a busy family practice office in my area.

I thought it. Was. Again my calling. I was excited and I was going. To be a partner in a year. In this. Practice. And we. I started practicing just as I was taught by my residency, and I was well trained.

For it. And I'm starting off saying I don't. Remember 30, 50, probably 50. Patients a day, spending five minutes with. Them and. Diagnosing pathology within 10s of words coming out of the patient's mouth.

And then in 15. Or 20s, I've already decided what drug I'm going to treat them with and my brain shut off. And that's pretty much how I was trained to treat patients.

And I was. In and out of those rooms fast and thought I was doing a good job. And, I had a lawyer to negotiate a buy in for a partnership. And then around six months into that practice.

I suddenly. Developed anxiety out of nowhere, and I stopped sleeping for a couple of nights in a row and. I'm getting ready to go to work. First time in my life I was feeling like this.

And I said to my. Wife, Allison, I don't want to be a doctor anymore. And she she met. Me when we. Were 18 at the national champion University of Michigan Wolverines.

And she mentioned. It. And I'm wearing the gear right now. And she, you know, we're getting ready to go to work. We're busy. She's working, I'm working.

And she stops and she says to me. You got to be kidding. She's not me. Since we were 18 years old, we met at. Orientation at Michigan, and by then I had $100,000 in student loans.

This is all I ever talked about since she knew me. She was pregnant with our first child. Who's now working in my office as a physician, and she said, what's wrong?

And I said, I'm not helping people. She goes. What do you mean, I help people? I said. Well, what I'm doing is prescribing all these drugs. And I said, most of the time these drugs aren't treating the underlying cause of the problem, unless there was some infectious cause that they were seeing before, perhaps.

And, I said, I'm treating more.

Dad's recovery and the move to holistic practice

I'm having to use other drugs to treat the problems in the first drugs. And I can't do. This for the next 3 or 4 decades. People are people aren't getting better.

I said this. This kind of sucks. And she said, well, what are you going to do? And I said, I don't know. So at that, that same day we had that discussion, I see this patient at work who.

Work has. His wife carpooled with my wife to. Work. So we were did some. Friends, you know, some things together. And he was bothering me to meet a chiropractor.

Now, at that point in my life, I never met a chiropractor, never went to a chiropractor. I used to tell my patients, don't go see chiropractors. Never know what the.

Philosophy was, never knew anything about them. But we were trained for the. Word of mouth. Don't go. Don't send patients to chiropractors. They're dangerous.

And you know, that's how I was trained. So I use them. I follow along with what I was trained. So in that lack and. That lack of sleep and anxious state, he gave me the chiropractors phone number and I ate lunch that day.

I called that chiropractor and set up a dinner meeting for a few days. You know, forward. So. So today's the day comes forward. I get home from work and.

I told Allison I'm going to cancel that meeting with that chiropractor. She said, why so? Because it's a. Chiropractor. What am I going to learn from a chiropractor? It's a waste of my time.

You know, the. I don't refer. To them and I don't believe in them. She said it's too late. You already scheduled this. He's going to be there. You got to go to dinner.

And as I'm walking out to her, she said, be nice. So I go to dinner. His name, I meet him. His name was Doctor Robert Radtke. He's about ten. Years older than me.

And number one, we. Hit off a friendship right away. Number two, he. Starts talking to me about functional biochemistry and how he uses it in his practice.

Now, as you know, Jake. To. Get into med school, you got to take biochemistry in undergrad. And once you're in med school, you take biochemistry again.

I got A's both times I thought I knew biochemistry. Talking to this. Chiropractor. I didn't know any biochemistry. He knew way more than I did. And he's talking about pathways.

And when the pathways get disrupted, you can use some nutrients to help these pathways alone, these co-factors that are lacking that perhaps that's why these pathways aren't working.

And then he's talking me about the. Functional. Aspects of this and the clinical aspects of this, and help. People improve. Their health. With this, I was blown away.

I was just out of four years of med school, three years of residency. And never. Heard this before. So at that meeting, Doctor Radtke brought me a book, bought me a book called healing with nutrition by Jonathan Rea and, and MD, you know, an ethics physician.

So in this book, doctor right. Talked about using nutrition to treat various medical conditions and. One of the. Chapters was on heart disease. So I got home from that dinner at 10:00 a night or so.

I was so. Jacked up by my everything was moving through my body. I wasn't going to sleep. So I said good night to Allison. I stayed up and read that book downstairs.

Till till 230 in the morning. And I really focused. On the chapter on heart disease because my dad had its first started, take it, 42nd heart attack at 42.

By that time in my life where I was at, he had to bypass surgeries, numerous angioplasty. He was on 12 medications for cholesterol, heart disease, hypertension.

And. Diabetes and starting to develop renal failure. So at that. Point in my life, my dad had continued angina for 25 years with Papa Nitros like they were.

They were candies. He looked terrible, looked like he. Was going to die at any. Moment. I was waiting for the phone call that he died. Actually, we all were.

So I called. My dad the next morning after sleeping 2 or 3 hours. And getting ready to go to work. And I said, hey, can you stop in the office? I want to get some bloodwork before you.

Go to work. So he comes. To work, he gets the blood. Test, and I drew two things at. Him. I choose testosterone levels, which no one had ever drawn, and I drew.

A. Full thyroid panel. Now in med school and residency, I was taught to check a TSH level. Thyroid stimulating hormone level, which comes from the pituitary gland, is the only measure of that rate hormone.

If that was normal, they. Don't have a thyroid problem. If it's abnormal, you. Give him a prescription. And you know that was the end of that. So in we're talking.

With Doctor Radtke and some of what I read in that book that night, there were other thyroid tests. Now I was aware of the other thyroid tests. I just never drove before because I wasn't trained to draw them.

So I drew a. Full thyroid panel on my dad and it's just astral level. And that was it. I get the bloodwork back a few days later. Its testosterone reads below detectable limits from the lab test near zero.

His thyroid levels were in the reference range, you know, somewhere, but they were all the lower part of the reference range. So based on my dad's. Clinical history.

And symptoms, I diagnosed him with hypothyroidism, low testosterone, testosterone, you know, testosterone deficiency. And I put him on. Some topical natural testosterone and some natural desiccated thyroid hormone.

Seven days later. He calls me up after doing that, and he said, I even popped a nitro today. It's the first time in over two decades. And I said, well, I assume you have.

It had just been it goes, no, I have no chest pain because I feel better. He knows my energy's better. You know, I'm walking around better. And so I call. Him every day after that.

Still no more nitro. He never popped another nitro all the rest of his life. 30 days later. After that. And over this next 30 days, he started to lose.

A little weight. Even though he never changed his bad habits. My dad could eat like the best of him, smoked, and his face went from pale and pasty to pink and healthier looking like his.

My mother's, my parents, friends. The women particularly. Were. Asking my mother, what's he doing? Because he looked better and they wanted to do that for their husband.

And he was. Now doing some work outside, and he was feeling better. So 30 days later, I get his bloodwork at

recheck. His bloodwork is cholesterol. In the three hundreds, drop below.

200 without changing any of his bad dietary habits? His testosterone. Went into a much healthier and. Middle part of the reference range. And once I saw those results, once I saw my dad's improvement, I decided that's what I want to do in medicine.

So I went to the partners literally. That day that those blood tests came back and I said, I need a meeting with him at nights. Now. I got a lawyer. Negotiating a buy in.

We got $100,000 in student loans and, my first child is ready to come in any minute, at any minute. And I said, I need to leave the practice. And they said, wait a second. I want to do holistic medicine.

They said, what's that? And I said, I don't really know. But I'm going. To have to figure this out. And they said, why don't you do it here? Because I like them and they liked me.

And I. Said, no, I need an. Office where the person answering the phones, the person filing the person, the nurses were. All on the same page. We all. Are doing holistic.

Things and I didn't I didn't know what it meant at that point, but I said, I need my own office where we're all sort. Of. Trying for the same thing. You know?

So I left and, you know, I remember. I came home, I mean, I talked about with the sales and I was going to talk to them, but I after that I came. Home.

Told they all said, you know, it's done, I'm going to leave. And they wanted a. Month worth of. Work out of me. Before I leave. And she said she she. Never.

Gave me anything. Just I mean, this baby's ready to come. She didn't say, how are we going to do this? You know, we she. She just said, I know you'll be able to do this.

And I didn't really know what I was doing, but I left and then began going to conferences and reading papers and books and just. You know. It was back that was 1992.

So there weren't a lot of conferences like there are now. But I read every freaking. Book anyone ever wrote. I read every paper anyone ever wrote. And, you know, I have a better.

Idea of what holistic medicine is now. I'm still figuring it out and still. Still. Still working at it, but, you know, much more confident with it now. And.

You know. Now I see the importance of diet and exercise and drinking. Water and, you know, mood and, you know, you know, how. Important it is in our toxic world to, to keep our bodies healthy and, and.

And, you know. It's been a good ride and it's been a. Been. A great ride. Medicine is still a calling, but this is the way to practice medicine, I'll tell you that.

Why don't more physicians have these epiphany moments? Or do they? But they just kind of suppress them? I don't think they do. I don't know if they do. Or they don't.

It's an interesting question. You know, I graduate med school, I had some friends from med school. And, you know, when I started doing this, medicine man, at first, then there's too many questions.

But, you know, I would yak about it a little bit, and then all of a sudden they start distancing. Themselves from me, and then. They're gone. And they clearly, you know, we call, we call some of them to go out to dinner and things we were friends with, and.

You just don't hear back from them. And, then you start hearing through the grapevine some of the things they're saying, and why don't they have it? I think that, you know, you are taught.

In med school. That there's a hierarchy. You get to the hospitals in your third year, the fourth year students overseeing you. The intern oversees the fourth year student.

The first year. Resident in New overseas. The intern. Second year resident. Oversees that. The chief resident oversees that. The attending oversees. That.

So there's a pecking order. Like a line of ducks. And if you step out of that pecking. Order for anything, you get slapped. And so you learn quickly. You can't step out of the line.

You know, you you step out of line. You know, you get. Slapped. Enough. You know. No one likes to get slapped and you just got to do it. And the other thing is that, you know, they teach us with this authority that this is what it is.

Science is the the no religion and the priests. The high priests are those wearing the long white coats because you're in a short coat at that time. And there's nothing else. To question.

Science is settled. All these answers. And medicine is the greatest thing on the earth. And, you know, we got a drug. For every disease that you diagnose.

And you are taught to diagnose these diseases ad nauseum. And we got a drug for. Each one of these. And that's the way it is. So, so by the time if I'm talking to.

One of my colleagues about. Whatever, you know, A different way to treat Covid.

Spirituality, stomach acid, and basic prevention

They just. They don't believe it. I mean, they just don't they they don't believe it. And B. No one wants. To put the time into it. Because I had to retrain. My brain.

A whole new way of thinking. I'm sure you did, too. Whenever you had your your epiphany and it's in your world and it. I was able to let. The ground shake under me. And.

Be excited about that. Other people, when the. Ground start shaking, they don't like that and they don't want the ground shaking. And they. You know, they know how they were taught.

And the other thing is. If you start, if you start. Coming out of that pecking. Order, there's no there's no resident. Over me now. But there's boards of medicine that send your letters and can try and make your life miserable and all that stuff.

And so it takes. Something to do it. But, you know, for me, the most. Important thing and I know. It is for you. Because you and I've met and we've talked and, you know, I've seen you lecture and I see the passion in you.

Look, I got to be able to sleep at night, and I got to be able to help. These patients. Try and, you know, get their make. A healthier lifestyle for them.

And if I'm doing something, if they'll make a healthier lifestyle for someone. I am not sleeping tonight. And, you know, clearly what we're doing. In our country is not working.

It's just not working. And I think. Most of us can agree to that. And, until our colleagues find their way, you know, they're. Going to be lost in this because the patients are finding their way.

And I think with this new major Make America Healthy Again plan that's coming, physicians better get on board. With this because. Patients are going to. Hear very quickly.

Some of the stuff you and I have seen and some of the stuff you and I have been talking about, and they're going to be pissed. And they're the people.

Are already unhappy, unhappy about what's going on politically in our country. Wait till they hear what's. Going on in medicine or what's been going on under their noses.

Now. Totally, totally. Let me ask you this. So, you know, you meet your, future wife at 18, you have this epiphany moment when you're in your, training.

You transition very quickly. Like, for me, it took, you know, I learned the truth, but it took me time to extract myself from a situation like you made that pivot very quickly.

And I applaud you for having the hot spot, you know, to do that. What? You're a spiritual guy. What role did God have in this whole thing? And what role does spiritual already have in heart attack and stroke prevention?

Well, you know, look, when you see, you know, my. Dad's going to die. And he was I'm just waiting for the. Phone call that he died. And all of a sudden, 30 days later. He's now pushing.

Nitros and he's. Losing weight, even though he eats miserably. You know, I never change that aspect of him. Never exercised a day in his life and smoked cigaret after cigaret his whole life.

And you know, when you see that change, either you're blind or you got to see that change. And so so that's that made. It easy for me. You know, I always call him my first and my best patient, that.

I saw the change. In my first and my best patient. And since the moment of. Treating my dad, every single patient gets a hormonal and nutritional evaluation.

And every, you know, everybody, this is 30 whatever. It is now. 32. 33 years later. At this point. So I do think that. The human body was designed perfectly.

I do think that some higher power designed us. I don't think. I don't think it's. It's too complex to, you know, format of a. Soup. And I think that, medicine, conventional medicine doesn't want that.

And they've, they've usurped that. Side. Of our. Lives and said. Hey, we're your new priestess. We are new priests. And we have we have what you need.

You don't need anything else. And what that's led us to is poor health, anxiety, depression, misery. Unhappiness. And. Disease that goes along with it.

And, you know, we've we've lost that. Spiritual side of ourselves. We've lost that, whatever that is. And, you know, we need to. Recover that back. And, I think that. If we can.

We were designed as a. Perfect. Machines, not the right word. But, you know, I'm using that in a very light sense. You know. We're designed as a perfect. Machine, and this machine can.

Work pretty darn well if we give it the basic raw materials that it needs that we were designed from, from whoever designed us to do it. And I do believe there was something or someone that designed us.

You know, pretty well. And. You know, I think that, whoever designed us didn't design us. To crap and. Expect us. To. Not have heart disease or cancer.

Or, you know. Other chronic illnesses from eating crap. And. You know, the American. Food supply is crap, and that that food pyramid was a pyramid of crap.

The way they presented it to us, we all learned about it in school. And, you know. You think about the food pyramid

now, you know, just flip it upside down.

And it would have been better. But, it still was pretty, pretty lousy. As it was. But I feel like times are changing event. There's a different wind blowing right now.

And I think. That, we can make a better country out of this, I hope. I hope you're right on that. You know, I do want to give kudos, to Jonathan. Right, as well, who you mentioned before. Jonathan. Right.

What a pioneer in our space, you know, really, you know, people like you and I stand on the shoulders of absolute giants who really, really, really fought the system, you know, back then.

But I remember when I was making this transition to holistic, one of the first books that I saw, and then I read by Jonathan Wright, and it's called Why Stomach Acid Is Good for You.

Right. And that was at the time when, this is all the, H2, you know, blockers, you know, are coming out these antacids. And then of course, that would go on to these proton pump inhibitors.

And you see something where the why stomach acid is good for you. And then you look at like, how did I miss this? How do you know? We learned about digestion in medical school.

We learned about, you know, all the cells and all the physiology and pathophysiology going along with all this. And then you read this simple book title, Y stomach and you're like, I, you know, it was just incredible to see that book titled the.

That's that's interesting. You brought up that book. Jonathan, right, was my mentor as well. He was a he became a good friend of mine later. And, you know, I still look up to him and I'm happy to stand on his shoulders as well.

And, So, so. My dad. Was overweight a horribly. As I said, a few times. And he had all this stomach. Stuff. You know. And and. He wouldn't. Change his diet around at all.

So I learned about stomach acid, probably from Jonathan Wright's book. I don't remember now, but I read that book as well. And so I we had a Heidelberg machine in our office.

So a Heidelberg machine, you swallow a pill, it's got a string on it, you put it in the stomach, and then you have people. Swallow. Acid and base things, and you see.

How much. Stomach acid they produce. And so you can. You can get an idea. Are they producing too much stomach acid? Not enough stomach acid. What we. Were finding when we started this Heidelberg.

Test was people. Not producing enough stomach acid. Were way. More common than those producing too much stomach acid. We hardly found anyone producing too much stomach acid.

They were. All all. Under producing. So my dad was one of them. So I put him on stomach acid. He was taken. He was taken H2 blockers. At the time. They didn't have the PPIs developed then. And as soon as he took a stomach acid pill, all of a stomach pain went away and has his, reflux and stuff.

So we get his dosing, right. And now he takes he. Was taking a. 600 milligram hydrochloric. Acid pill with each meal. And he's always bloating is gone.

The digestive problems are gone. It feels a lot better. And he's happier with that. So he. Goes to his GI doctor. And he tells. The GI doctor, and the doctor says, well, you're.

Producing too much. Stomach, too much stomach acid. My dad says. Well. I'm taking the stomach acid pill now. I'm off the acid blockers. I feel better, everything's gone.

And the doctor says, you can't feel that way. You're producing too much stomach acid. It's why you need the H2 blockers. And my dad says, you didn't hear me.

And he. Repeated himself. The guy says it a third time. My dad says, my son measured my stomach acid. Yours. How did you measure it? Heidelberg machine.

I don't know what that is. And he goes, I think I need to be on. Your antacid. Pills. And my dad says, I guess we're done with this visit.

Fluoride, iodine, and thyroid health

And he just got up and walked out and. Never. Saw him again. Took stomach acid. Pills till. The day he died. And never. Complained about stomach pain.

I've treated many, many patients with, you know, stomach acid. Pills or or instead of using. Stomach acid pills, getting their diet in better shape. You know, getting all the the.

Seed oils in the. The, the forever. Chemicals. Out of their diet. And, you know, one of the things. That helps that was stomach acid more than anything, it's just.

Drinking water. You know, people don't drink enough water. So I'm harping all the time on my patients about, you know, the basics is eating a good diet, drinking water.

You know. Exercise. You. Know, those are those are. Three ways to help with heart disease and help prevent first heart attacks, or second or third or fourth heart attacks.

All right. Let me throw this out there. So, half of the statin drugs, including atorvastatin, which is the best, best selling drug of all time? It's the most the highest revenue generating drug of all time, which you already know.

And you probably taught me that. And one of the times I listen to you, that drug in the molecular structure of atorvastatin is fluoride. So talk to me about fluoride.

You know, you can talk about statins, talk about fluoride. Your, thyroid and iodine. I mean, guru is just. I mean, you're the father of iodine, as far as I'm concerned.

Talk to me about fluoride, iodine, statins. So let's let's split it up. Two. We'll talk about fluoride first since you brought that up first. And then definitely we'll talk about standards. But so if we look at if we look at the periodic.

Table of elements, group 17 on the right side of the periodic table are the halides. And and their order. Of size. Are. Fluoride, fluoride, chloride, bromide and 18.

Now these are. Organized because they have similar properties. And the human body again well. Designed by our maker, designed us to have 18 and chloride receptors read our body.

And every cell in the body needs and requires chloride and 18 to survive. And we can't live without them. However two of those halides fluoride umbrella we can live without.

There's no receptors for them. Now, these halides are so close in in structure that they can. Competitively inhibit one. Another. So if you get too much.

Fluoride or too much bromide, you can kick out chloride, you can kick out iodine, and you become. You know, over fluoridated or over over. Brominated and under chlorinated and under eye.

Ordinated. That's a problem. So in. Our country. We are exposed. To too many halide, too many toxic halides. That's fluoride and bromide fluoride we're getting from our water supply.

And, and all the fluoridated drugs. That are out in the market like a tour of a and like many of the anti-depressant medications and asthma medications and the asthma medication can contain either fluoride or bromide.

It's part of. Their. Chemical makeup. And. Chloride we get from salt chlorides. And that is bigger. There is deficiency of chloride out there. But the biggest.

Deficiency of those halides that we're facing, when I was 18. You know, I started. After treating my dad with thyroid hormone, every patient got a nutrition hormonal evaluation and still does to this day.

And I was diagnosing a lot of thyroid problems initially in my practice. And the first ten years. Of my practice, three quarters of my patients had natural desiccated thyroid hormone.

Thought I was doing the right thing. They were feeling better, I was happy. And, they. Seem to be getting better, but it was bothering me. Why am I having to use so much thyroid hormone to get people to feel better?

I mean, we weren't designed. I don't think we were. Designed by our maker, that we just have to have that hormone because we're getting older. Thyroid is designed pretty well.

It sits right here in the lower part of our neck to produce enough hormone. Which is about. A teaspoon. For a whole year to, to, to. To rev the metabolic rate of every single cell in the body, 24 seven, 365 days of a year.

So what I would do in those first ten years is I. Would periodically. Get. Bothered why I was prescribing so much thyroid hormone. I looked at the biochemical pathways of thyroid production, and I looked at the co-factors that are needed to make thyroid hormone.

Some of the. Cofactors are like magnesium. Vitamin C, B vitamins, and iodide. You can make thyroid hormone without any of those cofactors. So I would test levels of people and put.

Them on various amounts of all those cofactors. And nothing worked like thyroid hormone. People felt better in thyroid. Hormone and their weight. Was better and thyroid hormone, and they just.

Metabolically looked. And acted better. With a. Little bit of thyroid hormone. And then ten. Years into my practice. I read this. Article in one of my journals of a doctor.

Who. Developed an 18 loading. Test. Now, in. The first ten years of my practice was no great measure. Friday levels. Now in the US, I didn't. Levels have been falling steadily over the last 50 years.

So all right, AA levels now are about 50% lower than what they were 50 years ago. And our food. Supply of iodine has gone down over that same time. Period.

So our country is iodine deficient. Now where it wasn't 50 years ago. And this iodine deficiency has been made. Worse by our exposure. To toxic halides, bromide and fluoride.

So actually were more iodine deficient now than our previous generations were. Because our. Toxicity. To the. Toxic halides are higher. So what happens with iodine deficiency?

You get problems in all the glandular. Tissue the thyroid, the ovaries, the uterus. Suppress the prostate, the pancreas. We have 1 in 7 women with breast cancer, 1 in 3 men with prostate cancer.

Thyroid cancer is the fastest growing cancer. We all know people. With pancreatic cancer these days. And ovarian. And uterine cancer. And I say one of the reasons for this is in large part due to iodine deficiency. So I saw this article that he.

Developed tonight, a loading test. I called him up. You know, he became. Interested in my practice because I practice. In. Michigan, the national championships right now, defending national champions.

For a. Few more weeks at least. And, he, he knew we lived in the. Goiter belt of the United States. Our soil was one of the most known deficient areas of the world.

And he said. Your patients, they have to be iodine deficient. I mean, so we started I tested. Hundreds and hundreds and hundreds of patients with him.

I fly out to California every month. Spend a long weekend of 14 to. 16 hours in a lab with him, and then come back and go. To work. The following. Week and, What I found was 97% of my patients were iodine deficient when I did the testing.

And to date, it's closer to 98% now because we've tested over, you know, 9000 people, you know, same same holds true today. So once I put patients that iodine.

What I found was the Android tissue did better. They didn't need as much thyroid. Hormone and many of them. Didn't carry hormone in the first place. So I went from having three quarters of my practice and thyroid.

Hormone to less. Than a quarter. Now, my average dose of thyroid hormone was 120mg of desiccated natural desiccated thyroid. It's now 30mg, and I don't have as many people on normal.

But I have my own iodine. And I not only helps thyroid, you. Know, look, hypothyroidism has been known to cause heart. Disease. It's been known for since the 1800s.

That it's a direct cause of heart disease. So what I'm finding is. Patients, congestive heart failure, cardiomyopathy, and just heart disease or atherosclerosis gets better in 18.

There's animal studies showing that 18 helping. To to. Lower atherosclerosis load in animals. So You know, 18 also helps to push out the toxic halides, lowrider bromide, which Doctor Abraham and I showed in some of the research that we did.

So that's how I got involved with iodine. And, You know, I think that. You know, our practice, you know, we just. Got healthier patients because we're giving the human body what it needs.

And when I is one of those things. Well, and I'm sure a lot of people are interested, obviously on different protocols and testing and stuff like that.

And for that, you know, go ahead and get Doctor Bernstein's book, iodine. Why you need a why you can't Live without it's already in the fifth edition.

All right, David, I want to be, cognizant of your time again. I know you got a lot of people who are. You're still helping, and you got, children. You got a grandbaby on the way.

By the time this airs, maybe you'll have the grandbaby. I don't know, go ahead and bash, Stanton drugs. I'm not written a prescription for stat and drugs in over ten years.

Tell me if you agree or disagree. So all you have to do is look at the biochemical. Pathway. Of. Cholesterol production and where Stanton's interactions text statins poison a crucial enzyme called HMG CoA reductase.

Which will lower cholesterol levels. I mean, that's what they do. And, you know, you can. Poison that same enzyme using red rice yeast extract, you know, which is how Stanton's were made.

And, you know. The question is, what's the outcome of that? Well, the, you know. Big pharma will tell you 30 to 50% less heart attacks, less than fatal strokes.

And our attacks, if you use a statin drug. Well, the best of. The studies show that's actually about a 1% reduction in non-fatal strokes and heart attacks.

If they don't have a history of heart disease and the best of the studies, maybe a 3% reduction if you've had a first stroke or a heart attack. The other way to look at that is.

That's. A 99 to 97% chance. You don't get any benefit from that. When you look. At the side effect profile, statins. Which include. Congestive heart failure, Alzheimer's, Parkinson's, dementia, neurodegenerative.

Disorders and ALS. And, you know, a whole bunch of other things. That are terrible. I don't know who the hell can. Prescribe their. Drug and. Sleep at night.

You know, it's just they don't work for. 97 to 99% of people to prevent a nonfatal stroke or heart attack. Do you get a mortality benefit from standard drugs now?

Do you. Get a longevity benefit from certain. Drugs? No. So I don't understand it. And, it doesn't make sense to me. One thing before we finished years ago, a.

Friend of mine who I trained with, who was the chairman of cardiology at the hospital I train with. Ask me to come lecture to us academic. Cardiologists about standard drugs.

And so I said no.

Statins, study interpretation, and patient education

He said, what do you mean no? I said. I don't want to lecture to them. I said, it's not going to go pretty. And he goes. What do you mean? I said, they're not going to like it.

And I said, I've been sworn it. You know, when I, when I lecture about this and I said. I don't like doctors swearing at me, I don't mind arguing, I don't mind debating.

But when they look at when I. Watch Michigan football, especially this year, we're not having a good. Year. I can swear. Like the best if I'm watching Michigan football.

When I'm on a podium or I'm in a lecture, I don't really. Need swearing at that point. So he said, Will you do it for me? And he's been a friend of mine.

We train together. I was a I was his daughter's soccer coach. Kids are friends and I would do anything for him. He would do anything for me. I said, I'll do this, but you got to be there and you can't leave.

And I said, I don't want to be sworn in. If they start swearing, you got to calm them down. So the biggest mistake. I've made in my career was not taping this lecture.

It's a biggest. Mistake I. Made. So I want to give a lecture. There were one. Hundred and 50 people in the audience. There were probably 100. Academic cardiologists, sort of practicing cardiologists. And, maybe. Maybe not that many or close to that.

The rest were residents. Fellows and medical students. And so I. Give this talk on statins, and I have a book called The Statin Disaster. And I start going through the data.

And the, you know, I can hear the grumbling as I'm doing it. And then that week, a study. Had come out comparing niacin to. Zedillo, which is. A not a statin drug, but it's a drug that blocks cholesterol in the. Gut.

Now, if you. Remember, when Zedillo came out, there were about 12 consecutive studies that show Zedillo never worked clinically in. Lower cholesterol levels. It didn't do didn't do anything. Or, Clinical outcomes.

And now there's probably 20 studies that barely maybe. A 1% benefit in a clinical outcome. It's almost nothing. So Zedillo. Was $1 billion drug. Multi-Billion dollar drug for. Big pharma.

And they used cardiologist. We use it in combination with statin drugs all the time. So there was a graph. They looked at carotid artery into muscle thickness.

And I blew. Up the graph. I didn't change it. I just blew up the size of it. And the nice it was comparing Zedillo versus niacin which is vitamin B3. So the niacin group showed a slight decrease.

In carotid artery wall thickness, you know, in thickness with it. The Zedillo showed it increased. So I said this is the I don't remember. Now at that point it was a 10 or 12 study that.

Came out that showed Zedillo fails clinically. This is a $1.4 billion drug that's being prescribed. I don't know why anyone would prescribe this drug, I said.

I said the only thing better than Zedillo. Statins were a little bit better, maybe 1% better. So the room erupts, the swearing. Starts, I start being called an asshole, and I'm, you know, all of it and all this stuff. And so, this, this guy.

You know, just. Erupts. And so my friend comes up there, quiets everybody down. In the front row. This is head of the lipid. Department, stands up and he says.

He's looking. Right at me. And I was a few feet away. He goes, you're wrong. And I said, why don't you come on up here? We can have a discussion. I'll put whatever. Slide up here.

You went, let's have a discussion and we'll talk about it. Tell me where I'm wrong. Now, before this talk. I didn't sleep that night. I thought I'm. Going to their specialty.

They're going to teach me where I'm wrong. I got. To have something wrong. Here. And I walked in there and I'm all. Palms are sweating him before it starts.

And he he he says, you know, you're wrong and I'm going to I said, so I said, come up here. And he goes, I'm not coming up. There. Turns his back to me.

It's facing the audience. And he says. I want a meeting. With the medical students, residents and fellows when we're done, and. I'm going to show you. Where it was wrong.

So he sits down. The room erupts again. Swearing is coming my way. And I said to him, what's it quiets down. Well, since you won't. Come up here, tell me where I'm wrong.

How about I'll come to the meeting tomorrow? I'll sit in the back. I won't say a word. I want to hear where I'm wrong. And that was it. You know. They start standing up and they start pointing the finger at me from the audience.

And my friend gets up there and tells me I'll quiet them down. But you got to finish up. And so I finish up and I, You know, I'm packing up. And I look down the, you know, in this room in the.

Hallway, I could see through the hallway. My friend, who was a tall guy was there. And he's. Got this circle semicircle around him, and they're all pointing at.

Him, and he's like this. He's smiling. He's like, he's a nice guy. And he he's. You know, I'm watching this as I'm packing my computer up on my stuff.

And as I'm leaving. Three cardiologists came up to me and apologized, said, you shouldn't have been treated that way. And they that's all they said. So he gives me a call the next day and he says, I call him the next day.

And I said, you know, I, you know, I saw they were going to scalp you out there. I said, luckily. You don't have any hair for them to scalp. He laughed and he said.

I said, so what's. The verdict? And he goes, what do you want, the good news or bad news? And I said, give me

the bad news, because the bad news is they're still talking about you.

I said. What's the. Good news? And goes, they're still talking about you. And he said, you know, I. Don't know if I believe in everything you said. And what I did was, you know, when I did doctor.

Jack, I talked to him about relative risk and absolute risk. And I said this. 35% statin risk, lower reduction of non-fatal structure, heart attacks is actually. 1%.

And I show them that. And I said, that's what you should be talking to your patients about and that 35%, and they don't like that. So he said there's he said, I don't know if I agree with.

Everything you did, but you brought up things that we haven't thought about. As we need. To be shaken up like this. And it's good. And I want you to give. Another lecture in six months.

And I said, we'll talk about that. And he never asked me again. I'm still friends with him and never did it again. And, you know, What I think I would say, like, you know, again, like, I don't know the intention of what he was trying to do and you knew exactly what was going to happen.

But I think you went through and did it because you're like, you know what? I'm going to reach somebody in this audience. There's some medical student who you impacted.

There's undoubtedly medical students and doctors who, you know, and again, like you, even if you plant that seed, you know, maybe like a, you know, Joel Kahn was in that audience or something.

I don't know. I, you know, I really did it. Because he asked me to do it as a friend would do it. And I do not like lecturing to conventional doctors.

I don't, I don't, you know, look, if you're well, for. Obvious reasons, who wants I mean, yeah, you don't want to be in those confrontations. You know, you're going to be that. Close minded if we can't even look.

And I don't care. We don't have to. Agree on everything, you know. Yeah, I don't I don't understand, you know, Democrats I mean publicans. Why can't have a discussion, you know, on whatever, you know.

And just. Shake hands when. You're done and move on, you know, like we used to be able. To do. And we we can't seem to do that now. But it's interesting I still send we still send patients that practice.

We send a lot of patients there. They have learned to. Work with our patients because our patients won't stay on drugs. And, you know, we we. Talked to them about it and they'll. They'll listen.

They still prescribe. Their standard drugs. We my patients will take them or I'll take them off if they come in. And I don't see. Any wisdom of how you.

Can prescribe a drug that fails 99% to take it. And it's full of side effects. If we were talking. Yeah, you know, vitamin C, let's just say vitamin C as a 1%.

Benefit of non-fatal strokes or heart attacks. I'm just throwing out numbers here. Well, you might say, well, I'll take that risk. Vitamin C doesn't. Have too many side effects, and vitamin C can have.

Other positive. Effects in the body. And there's really no neurodegenerative disorders. There's no congestive heart failure. There's none of that stuff that comes with it.

So that's okay. And I'm you know, I might. Agree with that. Whatever. I might not agree with it, but I could see some wisdom in that. For for a statin with the.

Negative effects that it's associated with. And a 1% benefit, meaning a. 99% failure. Rate, I don't get it. And I don't

get why the FDA allows it on the market.

I don't get. Why doctors are prescribing. It. And. I'm hoping all that's going to change now. Now, when I take Stanton's off the market. Yeah, I probably would.

Say Stanton if they fail too many people. But I think at least patients should be educated. Here's the numbers. Now it's your. Choice whether you want to take it or not.

And same same goes with vaccines. Same go with everything. You and I. Talked to right. Beforehand. About, freedom of speech. And should we take things off the market?

I say educate people on that. People aren't dumb out there once. They're once they know what the positive. Benefits are, I think they can make a better decision.

Should they take it or not? You know. Otherwise they don't know, you know. And I didn't know when I was in med school. Right. I had no idea. You know, it's interesting. I when I started doing my.

Holistic stuff and my dad. All of a sudden his. Angina is gone, his. Cholesterol is below 200. Didn't change any of his bad habits. And I get him off.

The cholesterol medication. He's out at the time his cholesterol falls. You know, and it was. Stuck in the three hundreds before that. I'm medication.

I'm like, how can this drug have a. 35% benefit? That was that. Jarvik. Yeah, that. Used to be around all the time. You lecture with and I lecture with that same man.

And I'm like, it can't be 35% now. I went and looked at the study, and in med school to get into med school you got to take statistics. In undergrad I got an A.

In med school you take the same class again, I got another eight. I thought I knew statistics, I didn't know squat. I couldn't apply those to that. The information.

I learned in statistics, to my to the studies and to my. Patients, I. They don't teach it that way. So you can't do it. So I had to I had to go find a book like statistics.

For idiots or something like. That. And I had to call some people who knew statistics, knew how to do it. And then I. Just spent time with the articles and I. Started to go through it.

So every medical student who. Rotates with me, every medical student resident who comes. To me for a month, first thing. They get when they walk in the. Door is the Jupiter study.

The Jupiter study was the study that. Allowed Staton to get primary prevention education. And that's why Stanton's are the most prescribed drug and most profitable drug.

It was in. 2002, I think it. Was. And. The question that was Crestor and that study. Showed the headlines were 50%. Reduction. In. Heart attacks. If you took Crestor for 1.9 years and healthy people, well.

Who's not going to want to take something that's a 50%. Reduction in heart attacks when our number one. Killer. In 1.9 years. And, however, when you go through the study, it's a point 8% benefit.

That means 99.2% didn't get that benefit. You know, and then. It's associated with the same side effects of the other stat and. Drugs. So I had to retrain myself how to.

How to read studies. So by the end of 30 days I. Tell the med students the first day, they're here's. The article, take. It home. Tonight. Tomorrow, tell me how.

Effective this drug was. That's how we leave it with them. They come in the next day. They can. Just parrot what's. In the summary. They like the. Abstract, they can't.

They don't understand it. So I so we go through it and. We go through absolute risk. Relative risk number need to treat. And by the end of 30 days I told them my goal.

Is in one minute or less. You should be able to go through any study, come up with the real numbers so you. Can tell the patient this is point 8% effective.

And I said when you. Get really good. At it, you can do it like me, and I can do it in 30s or. Less. And once they learn this, they, they're empowered.

And I add one med student was a fourth year student. When I gave her that article. Near the end of the fourth week, she was with me. She finally got it.

And she says to me, oh my God, I just blew four years of my life. I went, I don't want to be a doctor anymore. I said, hold on, we didn't blow up for years.

Medicine is a wonderful thing. It's a it's the best profession I could ever ask for. It's it's. I would do it again. In a second, I said, but now you have the information available so you can make better choices for your patients, and you can educate your patients so they can make better choices for themselves.

And I said, that's empowering and that's going empower your patients and make you make you a better doctor. And I think the other factor, too, with stat and drugs is that it just gives people the false sense of security.

So even if it does work to the degree that they say it works, and we can go conspiratorial and say, you know, there's so much money in this, all the data is made up anyways.

But, you know, you can also look at it and say, it's not about how do we reduce your risk of having a heart attack, stroke and dying from 3% to 2% over many years?

Closing thoughts on reclaiming health

It's about how do you how do you get the 0%? And a 0% is exactly how Doctor David Brownstein works with his people, and of course, how we do as well. So, David is absolutely right.

I could pick your brain about every litany of topic and, again, if you're interested in the work of Doctor David Brownstein, you should be again, he's got 17 books.

He's got articles, videos, speaks all around the world. So, I'll give you the I'll give you the final word, my friend. You know, it's, it's a new era coming.

The internet has good and bad stuff in it, but the good stuff in it is. People. Can do some research. And that can bamboozle, you know. Conventional medicines like The Wizard of Oz seen.

Where, you. Know, he's behind the curtain. And you see that. Big green face telling them. You know, do you. How dare you come in front of me or. Whatever, whatever the words use.

And a Toto pulls the. Curtain inside, and it's just that little man. You know, working. The buttons. And that's what we need to do with conventional medicine is pull that curtain aside and say, hey, it's not 50%, it's 1%.

Hey, this is disrupting. The biochemistry of the human body. Isn't that how we were designing? Was the poison this crucial enzyme? And expect a good result for the long term?

We need to. Support the body. We need. Good food. We need to get seed oils. Out of our diet. We need to we

need to eat fruits. And vegetables and. Healthy animal products, net.

Contaminated animal products. And we need to exercise. We need to drink water. When we do those things, people aren't going to get strokes and. Heart attacks in a young. Age.

They're going to live a full life. They're going to be healthy into old age. They're going to have. Good. Brain function and old age, and we're not going to have the autism epidemic in our kids.

We're not going to have all these neurobehavioral disorders. They're going to have all these anxious kids that are on psychiatric medications at too young of an age.

And we're going to get. Our health back as a country. We're going to have a better country, a more productive country, and a happier country, because right now we ain't happy.

And, that's that's going to change. I, I'm hopeful that that'll change. I'm hopeful as well. Thank you, doctor David Brownstein, doctor Jack Wolfson, another great episode of the heart Attack and Stroke Prevention Summit.

We'll see you next time.