Show Introduction and Episode Setup

Clearly what we're doing in our country is not working. It's just not work until our colleagues find their way. They're going to be lost in this because the patients are finding their ways.

And I think with this new MAHA, Make America Healthy Again plan that's coming, physicians better get on board with us because patients will hear very quickly some of the stuff you and I have been talking about and they're gonna be pissed.

Welcome to the Natural Heart Doctor show. I'm cardiologist Dr. Jack Wolfson. Heart problems don't come from a drug deficiency. They come root causes where cardiologists never look.

On this show, I sit down with experts who challenge the mainstream rhetoric and talk about what actually builds a heart built to last. Get ready for a dose of cardiac longevity.

All right, everyone, Dr. 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 a stroke.

Whatever it may be. And we do so in a natural way. I'm so honored to interview a friend. a colleague, a brother in arms. His name is Dr. David Brownstein.

And if you don't know him, I don' know where you've been, because he's interviewed all the time, and I better make this intro quick, cause he has another interview coming up, i'm sure.

He is a board certified family physician. He's the medical director of the Center for Holistic Medicine in West Bloomfield, Michigan.

Why Conventional Medicine Is Failing

Graduated University of Michigan, he's wearing Michigan swag right now. And I'm an Illinois guy, went to University Illinois, so that does bother me right out of this shoot.

But anyways, He still is my brother from another mother. He is a member of The American Academy of Family Physicians, serves on a board of International College of Integrative Medicine.

Has been integrated for a super long time. he has got two beautiful physician daughters. and he is also a retired soccer coach. So get that. in lectures internationally, 17 books, Iodine Why You Need It.

I think it was my first intro to you was reading about iodine, books on natural hormones, huge, thyroid experts, but all things health and wellness. Dr.

David Brownstein, welcome to the Heart Attack and Stroke Prevention Summit. Thank you for having me, Dr Jack. It's quite the honor coming from you. Hey, what?

How do we prevent heart attacks and strokes? Well, we certainly have a mess on our hands. When I went to med school in the 1980s, heart attack were the number one killer, car disease was our number killer and here I am 35 years later and heart disease is our no.

1 killer. 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.

I started running across these statistics from the WHO for the mortality statistics of the world. And now they have this new one, you know, how to maintain your health.

They call it something like health from age 60 and on. How many years you have of healthy life before you become ill with a chronic illness. When you pull up the map of The United States, this is a long map.

And there's little, you know, little countries mentioned with the barcode. And the U. S. is over to the right is Japan, the number one country. We are so far left behind all these second world countries and a couple of third world.

It's beyond belief. we spend 20% of our GNP and our health care. What do we get? We're the heaviest country, heavest, heavyest Western country in the face of the earth.

You know we don't live as long and we've declined our, our life span has declined over the last few years. And, you know, we just got a mess in our hands and heart disease 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 number 1, eat better. You know? Our diet is atrocious. We eat terribly.

Our food supply is a mass. You know, we've got all these chemicals in our food and these forever chemicals, in these food dyes made from petroleum products that have just screwed up our metabolism and our mitochondria.

And the response to our body, to this food is to get heavy, just 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. Almost 50% of the country are obese now. And type 2 diabetes is just skyrocketing.

You're seeing the same patients as I'm seeing. Either we change our habits and we eat better food or we don't make a dent in this. You know, the Make America Healthy Again program that's coming and you know Bobby Kennedy, 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, I would tell my patients, you don't have to… I wouldn't wait for the government to do anything because by the time you wait the for government doing anything, your lifespan will be over.

So you need take it into your own hands. When I lecture to holistic conferences, I look out in the audience, it's like a different species of people that I see out these conferences.

People are not overweight. There's hardly any obesity. They look healthier. And then when you go through the airports and you just go to the grocery store, you live life in America.

You know, these, it's two different species of people are inhabiting our country right now. And, um, 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. You now, 30% of kids are, or 30, 40% are overweight, 15% obese, something like those numbers.

Psych 2 diabetes is rampant in kids now. I never saw that when I started off in medicine, 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. Until we stop putting garbage in your bodies and expecting a better result, we're not going to get a result.

You know, and listen, you know you went to University of Michigan.

Brownsteinu2019s Medical Awakening

You went a very prestigious medical school, Wayne State University, in the Detroit area. Didn't they teach you this in all your medical training, right?

You're like your family medicine residency, didn't you go on all these nutrition? you know, conferences and lectures, and that's all the doctors who trained us taught about, right?

So, you, know I grew up in a conventional, I called it conventional household. We didn't really consider ourselves what we ate. 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 with a bad case of asthma and I had numerous ER visits for asthma. I was, the one kid in my class who had bad asthma, I became fascinated with medicine as a kid because I spent a lot of time in front of doctors because, I was, couldn't breathe many times.

So that's why I went to med school too. I, went, to my family doctor a, lot I want to medical 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. Right. Without that was the best. And so when I went to med school, I had no leanings, no holistic lean-ings.

And I do remember we had one three-hour lecture on nutrition. That was it in four years. I remember being at that lecture and that was about vitamin C deficiency causes scurvy.

Thiamin deficiency, causes beriberi and all these severe diseases. You just kind of, you know, your 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. There was really no talk. The talk about food was the, the diabetic, uh, The ADA, American Heart Association and ADA diet plan, which was The Food Pyramid.

And, but I think also too, you know, it was a, 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, Hey, this is wrong here. So I finished my, finished, my med school training with no interest in anything other than what I was taught.

I thought that the, I, was fascinated by medicine. I still think it's a calling now. But I thought it was a call back then, but I though there was drug to treat everything.

Science is a new, I didn't quite feel this way, it presented to me that science was the new religion and the high priests were the researchers and doctors teaching the young doctors to follow along.

So what we learned in med school was to diagnose pathology and treat that pathologist with the one drug that was designed to cure that 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 the hospital and, and you, I thought it was a calling and was happy. And I, was doing all the work just as I was taught.

I didn't deviate from anything. It was one thing I deviated from in residency. And that was when the chicken pox vaccine came out, my second year of residency.

And I remember when that came, I questioned my advisor on it. I said, what do we need a chickenpox vaccine for? Chickenpox is a benign illness and people have lifelong immunity for it?

I remembered talking to her about this. How do know this vaccine is going to provide lifelong immunities? And she goes, well, we don't. Well, why would we prescribe this?

She said parents can go to work instead of the kids getting sent to a good chicken box. I'm like, well, parents going to work for a few more days and maybe not kids not having lifelong immunity.

I don't know if I, I didn't think I would prescribe this one. That was the only thing I ever deviated from in med school. Otherwise I followed along and then I went to go to war after my residency for busy family practice office in my area.

Again, my calling was excited and I was going be a partner in a year in this practice. And we, I start practicing just as I was taught in my residency and I, was well-trained for it.

And I'm starting off seeing, and don't remember 30, 50, probably 50 patients a day, spending five minutes with them and diagnosing pathology within 10 seconds of words coming out of the patient's mouth.

and then in 15 or 20 seconds, have already decided what drug I am going to treat them with. My brain shut off and that's pretty much how I trained to, treat patients.

I. Was in and out, of those rooms fast and thought I doing a good job and I had a lawyer to negotiate a binding for a partnership and then around six months into that practice, I suddenly developed anxiety out of nowhere and I stopped sleeping for 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. I said to my wife Alison, "I don't want to be a doctor anymore." She met me when we were 18 at the National Champion University of Michigan Wolverines and she mentioned it.

And I am 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 says to me, You got to be kidding.

she's known me since we were 18 years old. we met at orientation at Michigan. and by then I had a hundred thousand dollars 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 you're not help people?

I say, All I am doing is prescribing all these drugs. and I says most of the time these drug aren't treating the underlying cause of a problem unless there was some infectious cause that they were seeing me for, perhaps.

And I said, I'm having to use other drugs to treat the problems than the first drugs, and I can't do this for the next three or four decades. People aren't getting better.

I say, this kind of sucks. And she said what are you going to do? And they said I don't know. So that same day we had that discussion, see this patient at work, his wife carpooled with my wife to work.

We did 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 Chiroprector.

I used to tell my patients, don't go see chiropractors. Never knew what the philosophy was. never knew anything about them. But we were trained through word of mouth.

Don't send patients to chirapractors, they're dangerous. You know, that's how I was trained. So I used to, I followed

along with what I trained, so in that lack of sleep and anxious state, he gave me the chiropractor's phone number and I, at lunch that day, called that chiopracter and set up a dinner meeting for a few days, you know forward.

The date comes forward, get home from work, and told Alison I'm going to cancel that meeting with that Chiropractors. She said why? I said, because it's a chioropractor.

What am I going learn from a Chiorobractors? Wasted my time. I don't refer to him and I didn't believe in him. She said, it's too late, you already scheduled this.

He's going to be there. You got to go to dinner. And she, as I'm walking out to her, she said be nice. So I go dinner, his name, I meet him, His name was Dr.

Robert Radke. he's about 10 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, Jack, to get into med school, you got to take bio chemistry 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 bio-chemistry. 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 along.

These cofactors that are lacking, that perhaps that's why these path ways aren't working. And then he was talking to me about the functional aspects of this and the clinical aspects and how people improve their health with this.

I was blown away. Just out of four years of med school, three years in residency and never heard this before. So at that meeting, Dr. Radke brought me a book called Healing with Nutrition by Jonathan Wright, an NMD, you know, allopathic physician.

So in this book, Doctor Wright talked about using nutrition to treat various medical conditions. One of the chapters was on heart disease. at 10 o'clock at night or so.

I was so jacked up. Everything was moving through my body, I wasn't going to sleep. So I said goodnight to Allison, and I stayed up and read that book downstairs till 2, 2.30 in the morning.

And I really focused on the chapter on heart disease, because my dad had his first heart attack at 40, second heart at 42. By that time in my life where I at, he had two bypass surgeries, numerous angioplasties.

He was on 12 medications for cholesterol, heart diseases, hypertension, And you had diabetes and starting to develop renal failure. So at that point in my life, my dad had continual angina for 25 years.

He was popping nitros like they were, they're were candies. he looked terrible. It 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 two or three hours and getting ready to go to work. And I said, Hey, can you stop in the office?

I want to get some blood work before you go work? So he comes to. He gets the blood tests and I drew two things on him. I true his 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 simulating hormone level which comes from the pituitary gland is the only measure of thyroid hormone.

If that was normal, they don't have a thyroid problem. And if it's abnormal, you give them a prescription and you know, that's the end of that. So in talking with Dr.

Radke and some of what I read in that book that night, there were other thyroid tests. I know I'm aware of the other tests, but I just never drew them before because I wasn't trained to draw them.

I get the blood work back a few days later, his 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 in a lower part of the Reference Range.

So based on my dad's clinical history and symptoms, I diagnosed him with hypothyroidism and low testosterone, 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 nitrile today.

It's the first time in over two decades. And I said well, assume you haven't had chest pain. He goes no, no chest, because I feel better. My energy's better, you know, and I'm walking around better and so I call him every day after that, still no more nitros.

he never popped another nitro the rest of his life. 30 days later after that, and over this next 30, he started to lose a little weight, even though he never changed his bad habits.

And my dad could eat like the best of them smoked. And his face went from pale and pasty to pink and healthier looking. My mother's, my parents' friends, the women particularly, were asking my mother, what's he doing?

Because he looks better and they wanted to do that for their husband. And he was now doing some work outside and he feeling better. So 30 days later, I get his blood work.

I can recheck his, his cholesterol in the 300s, drop below 200 without changing any of his bad dietary habits. His testosterone went into a much healthier, you know, 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.

Natural Heart Health and Spiritual Perspective

So I went to the partners, literally that day that those blood tests came back and I said, i need a meeting with them. Now I got a lawyer negotiating a buy-in.

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

They said what's that? I don't really know, but I'm going to have to figure this out. Why don' you do it here? Because I like them and they liked me. I needed an office where a person answering the phones, the person filing, and the nurses were all on the same page.

We all are doing holistic things. But I didn't know what it meant at that point. So I left. You know, I remember I came home, well I mean I talked about this with Alison, and I was going to talk to them.

But after that I told Alison you know it's done. I'm going leave and they wanted a month worth of work out of me before I leave. And she said, she never gave me anything.

Just, this baby is ready to come. She didn't say how are we going do this. 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 wrote every paper anyone wrote And I have a better idea of what holistic medicine is now. I'm still figuring it out

and still working at it, but much more confident with it now and now I see the importance of diets and exercise and drinking water and mood.

how important it is in our toxic world to keep our bodies healthy. And, you know, it's been a good ride. It's a great ride, medicine is still a calling, but this is the way to practice medicine, I'll tell you that.

What if your heart could actually get better, not just managed? What is your recovery didn't depend on adding more? prescription drugs, but on finally understanding why your heart is struggling in the first place.

I'm Dr. Jack Wolfson, cardiologist at Natural Heart Doctor, and we believe heart disease isn't random, it's a message. It's message that inflammation, toxins, nutrient deficiencies, or lifestyle stressors are driving your symptoms beneath the surface.

That's why our approach goes far beyond the band-aid, typical cardiology approaches. What we do is if we want to prevent, treat and reverse cardiovascular disease, we help you develop a natural evidence-based plan to help your heart recover.

So if you're ready to move past fear, past confusion and past just take this and wait, you deserve real answers. Visit naturalheartdoctor.com forward slash discovery and get the answers you've been searching for.

The answers that can help you achieve your best heart health. Your next chapter with a simple free discovery call should start now. Why don't more physicians have these epiphany moments, or do they, but they just kind of suppress them?

I don' think they do. I, I dunno if they d, it's an interesting question, you know. They didn't ask too many questions, but I would yak about it a little bit.

And then all of a sudden they start distancing themselves from me and they're gone. We call some of them to go to dinner and things we were friends with, and you just don't hear back from them.

Then you start hearing through the grapevine some the things they are saying. Why don' t they have it? I think that you are taught in med school that there's a hierarchy.

You get to the hospitals in your third year, the fourth year student is overseeing you. The intern oversees the forth year students. The first year resident oversees the intern, second year residents overseeing that, the chief resident overseas that the attending overseas, that.

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

You know, step on a light and you got slapped enough, no one likes to get slap and just kind of do it. The other thing is that they teach us with this authority that This is what it is.

Science is the new 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 has settled all these answers and medicine is The greatest thing on the earth. We got a drug for every disease that you diagnose and you are taught to diagnose these diseases ad nauseum and we got to drug reach one of these and that's the way it.

So, so by the time, if I'm talking to one my colleagues about whatever, you know, a different way to treat COVID. They just, they don't believe it. I mean, unless they just don'- A, They don"t believe and B, no one wants to put the time into it because I had to retrain my brain a whole new way of thinking.

And I'm sure you did too, whenever you had your epiphany and it rocks your world. It, I was able to let the ground

shake under me and be excited about that.

Other people, when the grounds start shaking, and they didn't like that, And they know how they were taught. The other thing is if you start coming out of that pecking order, There's no resonant over me now, but there's boards of medicine that send you 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 have met and we've talked and, you now I've seen you lecture and 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 there and make a healthier lifestyle for them.

And if I'm doing something that's not making a healthy lifestyle, for someone, I am not sleeping at night. You know? Clearly what we're doing in our country is not working.

It's just not work. I think most of us can agree to that. Until our colleagues find their way, they're going to lost in this because the patients are finding their ways.

And I think with this new MAHA, Make America Healthy Again plan that's coming, physicians better get on board with us because patients are going to hear very quickly some of the stuff you and I have seen and some stuff that you have been talking about, and they're going be pissed.

Look, people are already unhappy about what's going on politically in our country. Wait until they hear what is going out of medicine or what has been going under their noses.

Stomach Acid, Digestion, and Basic Health

No, totally, let me ask you this. So 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, I learned the truth, but it me time to extract myself from a situation like you made that pivot very and I applaud you for having the chutzpah to do that.

You're a spiritual guy. What role did God have in this whole thing? And what role does spirituality have and heart attack and stroke prevention? Oh, look, when you see, my dad's going to die.

I'm just waiting for the phone call that he died. And all of a sudden, 30 days later, he's not pushing nitros and he is losing weight even though he eats miserably.

He never changed that aspect of him. Never exercised a day in his life and smoked cigarette after cigarette his whole life. When you see that change, either you're blind or you got to see the change.

That made it easy for me. I always call him my first and my best patient. that I saw the changes 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 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 don't think it's too complex to form out of a soup.

And I think conventional medicine doesn't want that. usurped that side of our lives and said, hey, we're your new priestess, and 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 we've lost that spirituality side of ourselves. We've loss that, whatever that is, we need to recover that back. I think that if we can, if were designed as a perfect machine is not the right word, but I'm using that in a very light sense.

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. You know pretty well. and you know I think that whoever, designed didn't design us the crap and expect us to not have heart disease or cancer or, you know, other chronic illnesses from eating crap.

And, the American food supply is crap and that food pyramid was a pyramid of crap the way they presented it to us. We all learned about it in school. You think about the food Pyramid now, just flip it upside down and it would have been better.

It still was pretty lousy as it was, but I feel like times are changing. I think there's a different wind blowing right now, and I that we can make a better country out of this.

You know, really, you know people like you and I stand on the shoulders of absolute giants who really really fought the system, back then. But I remember when I was making this transition to Holistic, one of the first books that I saw and that 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 blockers are coming out, these antacids, and then of course that would go on to these proton pump inhibitors.

And you see something where the title, why stomach acid is good for you. Then you look at like, how did I miss this? We learned about digestion in medical school, we learned all about the cells and all of the physiology and pathophysiology going along with all this.

You read this simple book title and you're like It was just incredible to see that book title. That's interesting you brought up that. Jonathan Wright was my mentor as well.

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, ate horribly, as I said a few times, and he had all this stomach stuff, you 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. And so we had a Heidelberg machine in our office.

So a heidelburg 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 get an idea, are they producing too much, stomach, acid, not enough stomach. 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.

We hardly found anyone producing. They were all under producing, so my dad was one of them. So I put them on stomach acids. He was taken H2 blockers at the time, they didn't have the PPIs developed then.

As soon as he took a stomach acid pill, all his stomach pain went away and his reflux and stuff. So we get his dosing right. And now he takes, he was taking a 600 milligram hydrochloric acid with each meal.

All his bloating is gone. His digestive problems are gone, it feels a lot better and he's happier with that. He goes to his GI doctor. And he tells a GI doctor and the GI doctors says, well, you're producing too much stomach acid.

Fluoride, Iodine, and Thyroid Health

My dad says well I'm taking the stomach, acid pill now I am off the acid blockers. I feel better. Everything's gone. And the gi doctor says you can't feel that way.

You're, producing, too, much, stomach acids. That's why you need the H2 blocker. and my dad said you didn't hear me and he repeated himself. The guy says it a third time.

my Dad says my son measured my stomach. He goes, how did he measure it? Heidelberg machine. And he goes, I think you need to be on your antacid pills.

And my dad says, we're done with this visit. He just got up and walked out and never saw him again. Took stomach acid pills till the day he died and he never complained about stomach pain.

I've treated many, many patients with stomach pills or instead of using stomach acids pills, getting their diet in better shape. Getting all the seed oils and the forever chemicals.

out of their diet. And, you know, one of the things that helps out with 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, the basics is eating a good diet, drinking, water, exercise.

Those are three ways to help with heart disease and help prevent first heart attacks or second or third or fourth heart attack. All right. Let me throw this out there.

So half of this statin drugs, including atorvastatin, which is the best best-selling drug of all time. It's the most highest revenue generating drug all the time, which you already know.

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

You know, you can talk about statins, talk fluorid, your thyroid and iodine. I mean, Guru is just, I'm mean you're the father of iodines as far as I am concerned.

Talk to me about fluoride, iodine, statins. So let's split it up to, we'll talk about chloride first, since you brought that up first. And then definitely want to talk to about statin.

But so if we look at the periodic table of elements, group 17 on the right side of the table are the halides. In their order of size are fluorite, chloride, bromide and iodide.

Now these are organized because they have similar properties. And the human body, again, was designed by our maker, designed us to have iodine and chloride receptors throughout our body.

And every cell in the body needs and requires chloride and iodide to survive. We can't live without them. However, two of those halides, fluoride and bromide, we can live with out.

There's no receptors for them Now these halides are so close in structure that they can competitively inhibit one another. So if you get too much fluoride or too bromide, you can kick out chloride or you kick iodine and you become over fluoridated or over brominated and under chlorinated or under iodinated.

That's a problem. So in our country, we are exposed to too many halides, too much toxic halide, that's fluoride and bromide. Fluoride we're getting from our water supply and all the fluoridated drugs that are out in the market like atorvastatin and like many of the antidepressant medications and asthma medications.

And the asthma medication can contain either fluorides or bromides as part of their chemical makeup. Chloride we get from salt. There is deficiency of chloride out there, but the biggest deficiency in those halides that we're facing

right now is iodine.

You know, I started after treating my dad with thyroid hormone, every patient got a nutritional hormonal evaluation and still does to this day. And I was diagnosing a lot of thyroid problems initially in my practice.

In the first 10 years of my practicing, three quarters of patients on natural desiccated thyroid hormones thought I doing the right thing. They were feeling better.

Iwas happy. 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? We weren't designed, I don't think we were designed by our maker that we just have to have thyroid hormones because we're getting older.

Thyroid's designed pretty well. It sits right here in the lower part of our neck to produce enough thyroid, hormone, which is about a teaspoon through a whole year to rev the metabolic rate of every single cell in a body 24 seven, 365 days of the year.

So what I would do in those first 10 years, I will periodically get bothered why I was prescribing so much thyroid hormone. I looked at the biochemical pathways of thyroid production and I look at cofactors that are needed to make thyroid hormones.

Some of the cofactor are like magnesium, vitamin C, B vitamins. You can't make thyroid hormone without any of those cold factors. So I would test levels of people and put them on various amounts of all those cofactors and nothing worked like thyroid hormones.

People felt better in thyroid hormon and their weight was better than thyroid and they just metabolically looked and acted better with a little bit of thyroid.

And then 10 years into my practice, I read this article in one of my journals of a doctor who developed an iodine loading test. Now in the first 10 of years of practice there was no great measure for iodines levels.

In the US, iodin levels have been falling steadily over the last 50 years. So our iodide levels now are about 50% lower than what they were 50 year ago.

And our food supply of iodides has gone down over that same time period. Our country is iodined 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 we're more iodide deficient now than our previous generations were, because our toxicity to the toxic hallides are higher. What happens with iodines deficiency?

You get problems in all the glandular tissue, the thyroid, ovaries, uterus, breast, prostate, pancreas. We have one in seven women with breast cancer, one and three 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 an iodide loading test. I called him up, you know, he became interested in my practice because I practice in Michigan, the national championship state right now, defending national champions.

for a few more weeks, at least. And he knew we lived in the Gordier Belt of the United States. Our soil was one of most iodine deficient areas of world.

He said, your patients have to be iodide deficients. I mean, so we started, I tested hundreds and hundreds of patients with him. At fly out to California every month, spend a long weekend of 14 to 16 hours in a lab with them,

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 9,000 people.

Same holds true today. So once I put patients on iodines, what they found is their cholangioid tissue did better. They didn't need as much thyroid hormone, and many of them didn' eat thyroid hormones in the first place.

I went from having three quarters of practice on thyroid to less than a quarter now. My average dose of thyroid hormone was 120 milligrams of natural desiccated thyroid.

It's now 30 milligrams. And I don't have as many people on thyroid hormones, but I have them all in iodine. Iodine not only helps thyroid, 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 diseases or atherosclerosis gets better on iodine.

There's animal studies showing that iodines helping to lower athroscleroses load in animals. You know, iodine also helps to push out the toxic halides, fluoride and bromide, which Dr.

Abraham and I showed in some of the research that we did. So that's how I got involved with iodide. And, you know I think that, our practice, we just got healthier patients because we're giving the human body what it needs.

You now, an iodines 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.

For that go ahead and get Dr Brownstein's book, iodine, why you need it, Why you can't live without it. 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've got children, you have a grandbaby on the way.

Statins, Risk Reduction, and Study Interpretation

By the time this airs, maybe you'll have the grand baby. Go ahead and bash statin drugs. Tell me if you agree or disagree. Well, all you have to do is look at a biochemical pathway of cholesterol production and where statins interact.

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, Which is how statin were made.

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 non-fatal strokes and heart attack if you use a statin drug.

Well the best of the studies show that's actually about a 1% reduction in non fatal strokes in heart effects if they don't have a history of heart disease.

And the better of those studies may be a 3% of reduction if we've had a first stroke or a heart. The other way to look at that is that it's a 99 to 97% chance you don' get any benefit from that.

When you look a the side effect profile of statins, which include congestive heart failure, Alzheimer's, Parkinson's dementia, neurodegenerative disorders and ALS and a whole bunch of other things that are terrible.

I don't know who the hell can prescribe that drug and sleep at night. You know, it's just, they don' work for 97 to

99% of people to prevent a non-fatal stroke or heart attack.

Do you get a mortality benefit from statin drugs? No. Did you got a longevity benefit for statins drugs. No, so I, I dont understand it. And it doesn't make sense to me.

One thing before we finish, years ago, a friend of mine who I trained with, who's the chairman of cardiology at the hospital I train with asked me to come lecture to his academic cardiologist about statin drugs.

And so I said, no. He said what do you mean no? I don't want to lecture it to him. I say 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've been sworn at when I lecture about this. I don't like doctors swearing at me. When I watch Michigan football, especially this year, we're now having a good year.

When I'm on a podium or I am 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 trained together. I was his daughter's soccer coach. Kids are friends. And I would do anything for him. He would anything do for I said I'll do this, but you got to be there and you can't leave.

and I say I do not want to sworn at. If they start swears, you have to calm them down. The biggest mistake I have made in my career was not taping this lecture.

It's the biggest mistakes I made. There were 150 people in the audience. There were probably a hundred academic cardiologists or practicing cardiologist and 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, you know, I can hear the grumbling as I'm doing it. And then that week, a study had come out comparing niacin to Zetia, which is a, not a statin drug, but it's a drug that blocks cholesterol in the gut.

Now, if you remember when Zedia came out, there were about 12 consecutive studies that showed Zadia never worked clinically. It lowered cholesterol levels.

it didn't do anything for clinical outcomes. and now there's probably 20 studies, it barely Maybe a 1% benefit in a clinical outcome. It's almost nothing.

So Zetia was a billion dollar drug, multi-billion dollar drugs for big pharma. And they used, cardiologists will use it in combination with statin drugs all the time.

There was graph, they looked at the carotid artery intimal thickness and I blew up the graph. I didn't change it. Just blew the size of it and the niacin, it was comparing Zedia versus niocin which is vitamin B3.

So the niacin group showed slight decrease in carotid artery thickness, you know, in thickness with it. The Zetia showed it increased. So I said, this is the, I don't remember now at that point, it was the 10th or 12th study that came out.

It showed Zedia fails clinically. This is a $1.4 billion drug that's being prescribed. I dunno why anyone would prescribe this drug. I said, the only thing better than Zettia's statins were a little bit better, maybe 1% better.

So the rumor erupts, swearing starts. I start being called an a-hole and I'm full of it and all this stuff. This guy just erupts. And so my friend comes up there, quiets everybody down.

In the front row, this head of the lipid department stands up and he says, he's looking right at me. You know, it was

a few feet away. He goes, you're wrong.

I said, why don't you come on up here? We can have a discussion. Apple, whatever slide up, here you want, let's have discussion and we'll talk about it.

Show me where I'm wrong now before this talk. I thought, I'm going into their specialty. They're going to teach me where I am wrong. I got to have something wrong here.

And I walked in there and I was all, palms are sweating even before it starts. He says, you're wrong and so I said, come up here and he goes, i'm not coming up there.

Turns his back to me, 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 he was wrong.

So he sits down, the room erupts again, swearing is coming my way. And I said to him, once it quiets down. Well, since you won't come up here, tell me where I am wrong, how about I'll come to the meeting tomorrow.

I will sit in the back. And that was it, you know, they start standing up and they started pointing their finger at me from the audience. And my friend gets up there and tells me how quiet I'm down, but you got to finish up.

and so I finish. I'm packing up and I looked down in this room in the hallway. I could see through the hall way. My friend was a tall guy was there and he's got this circle, semi-circle around him and they're all pointing at him.

And he is like this, he smiling. He's a nice guy. You know, I am watching this as I pack my computer up with my stuff. As I was leaving, three cardiologists came up to me and apologized, said you shouldn't have been treated that way and That's all they said.

So he gives me a call the next day. And he says, well, I call him the day and I said, you know, they were going to scalp you out there. I say, luckily you don't have any hair for them to scalp.

He laughed and he said I, said so what's the verdict? And goes, what do you want? The good news or bad news? I says give me the bad. Bad news is they're still talking about you.

What's good? They're talking. And he said, you know, I don't know if I believe in everything you said. But what I did, well, do you what they did Dr. Jack?

I talked to him about relative risk and absolute risk. And I said this 35% statin risk or lower reduction of non-fatal strokes and heart attacks is actually 1%. And show them that.

I say that's what you should be talking to your patients about, not 35%. And they don't like that. So he said, I don' know if I agree with everything he did, but you brought up things that we haven't thought about.

We need to be shaken up like this and it's good. And I want you to give another lecture in six months. I said we'll talk about that and he never asked me again.

Still friends with him. Never did it again and you know. Well, 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 reach somebody in this audience. There's some medical student who you impacted.

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

I dunno. I really did it because he asked me to do it as a friend would do. I do not like lecturing to conventional

doctors. Look, if you're… Well, for obvious reasons.

You don't want to be in those confrontations. If we can't even… Look. And I don' care. We don''t have to agree on everything. Democrats and Republicans, why can'''t you have a discussion on whatever?

And just shake hands when you''re done and move on. Like we used to able to and we cant seem to that now. It's interesting. I still send, we still sent patients at practice.

We sent a lot of patients there. They have learned to work with our patients because our patient's won't take statin drugs. And you know, We talked to them about it and they'll listen.

they still prescribe their statins drugs, my patients won´t take them or I'll take him 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.

It is full of side effects. If we were talking You know, vitamin C, let's just say vitamin c has a 1% benefit in 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 D can have other positive effects on the body and there's really no neurodegenerative disorders.

There's no congestive heart failure. It's none of that stuff that comes with it. So that's okay. And I might agree with that, whatever. But I could see some wisdom in that.

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 do not get why the FDA allows it on the market, why doctors are prescribing it, I'm hoping all that's gonna change now.

Now, when I take statins off the market, yeah, I probably would say statin, 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 wanna take it or not.

And same, look, same goes with vaccines, the same go with everything. You and I talked right beforehand about freedom of speech and should we take things off the market?

I say educate people on it. People aren't dumb out there. Once they know what the positive benefits are, I think they can make a better decision. Should they take it or not?

Otherwise, they don't know. You know, and, I didn't know when I was in med school. I had no idea. You. It was interesting. 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 had at the time his cholesterol falls.

You know, and it was stuck in the three hundreds before that on medication. I'm like, how can this drug have a 35% benefit? That was that Jarvik ad that they used to be around all the time.

You lecture with it and I lecture that same ad. And I was like it can't be 35%. Now I went and looked at the study and in med school, to get into med you got to take statistics in undergrad.

I got an A. In med school, you take the same class again. I've got another A.'' I thought I knew statistics. But I didn't know squat. So I couldn't apply that information I learned in statistics to these studies and to my patients.

They don't teach it that way. You can't do it. 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 med student or 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 statin to get primary prevention indication. and that's why statins are the most prescribed drug and most profitable drug.

It was in 2002, I think it was. And the Crestor, it was Cresstor. And that study showed the headlines were 50% reduction in heart attacks if you took Cressstors for 1.9 years in healthy people.

Well, who's not going to want to take something that's a 50 percent reduction and heart attack when a number one killer in 1.9. However, when you go through the study, it's a 0.8% benefit.

That means 99.2% didn't get that benefit, you know? And then it is associated with the same side effects of the other statin drugs. So I had to retrain myself how to read studies.

Closing Thoughts on Prevention and Health Freedom

By the end of 30 days, I tell the med students the first day there, here's your article, take it home tonight, tomorrow, tell me how effective this drug was.

It's how I leave it with them. They come in the next day, they can just parrot what's in this summary, the abstract. They don't understand it. So I, so we go through it and we call 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 to any study, come up with the real numbers. so you can tell the patient, this is 0.8% effective.

and I said, when you get really good at it, and you do it like me, And I can do in 30 seconds or. And once they learn this, they're empowered. And I had one med student who was a fourth year student when I gave her that article.

Near the end, the fourth week she was with me, she finally got it. She says to me my God, I just blew four years of my life. I don't want to be a doctor anymore.

We didn't blow four years. Medicine is a wonderful thing. It's the best profession I could ever ask for. I would do it again in a second. But now you have the information available so you can make better choices for your patients and you could educate your patient so they can better make choices themselves.

And I said that's empowering and that is going to empower your patience and make you a better doctor. I think the other factor too with statin drugs is that it 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.

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

It is about, how did you get the 0%? And the zero percent is exactly how Dr. David Brownstein works with his people and of course how we do as well. So David, it's an absolute pleasure.

I could pick your brain about every litany of topic. And again, if you're interested in the work of Dr David brownstein, you should be again. He's got 17 books, he's go articles, videos.

speaks all around the world. I'll give you the final word, my friend. You know, it's a new era coming. The internet has good and bad stuff in it, but the good stuff is people can do some research and not get bamboozled.

Conventional medicine is like the Wizard of Oz scene where he's behind a curtain and you see that big green face telling them, do you How dare you come in front of me or whatever, whatever the words you use.

And it totally pulls the curtain aside and it's just that little man, you know, working the buttons. That's what we need to do with conventional medicine, is pull that curtain inside and say, hey, it is not 50%. It's 1%. Hey, this is disrupting the biochemistry of the human body.

Isn't that how we were designed? Was the poison this crucial enzyme and expect a good result for the long term? We need support the body, we to eat good food.

We need to get seed oils out of our diet. We needs to eat fruits and vegetables and healthy animal products, not contaminated animal product. And we need exercise, we needed to drink water.

When we do those things, people aren't gonna get strokes and heart attacks in a young age. They're gonna live a full life. they're going to be healthy into old age, they are going have good brain function into the old-age.

and we're not gonna have the autism epidemic in our kids. we are not going all these neurobehavioral disorders. Not gonna all of 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 gonna have a better country, a more productive country and a happier country because right now we ain't happy. And that's going change. I'm hopeful that that'll change I am hopeful as well.

Thank you Dr. David Brownstein, Dr Jack Wolfson. Another great episode of the Heart Attack and Stroke Prevention Summit. Will see you next time. Thanks for listening to the Natural Heart Doctors show.

If this episode challenged what you thought you knew about heart health, make sure you follow the show so you don't miss what's next. And if you're ready for a deeper personalized approach, you can schedule a complimentary discovery call at naturalheartdoctor.com forward slash discovery.