



SALT MYTHS BUSTED

Dr David Brownstein



Unstress HEALTH

with Dr Ron Ehrlich



Podcast Transcript

Dr Ron Ehrlich [00:00:00] Hello and welcome to Unstress. My name is Dr Ron Ehrlich. I'd like to acknowledge the traditional custodians of the land on which I am recording this podcast the Gadigal people of the Eora Nation and pay my respects to their elders past, present and emerging. I'll do this because we have so much to learn from our First Nations people about connection and respect for people and country.

Dr Ron Ehrlich [00:00:31] Well, a few weeks ago I read an article in The Guardian which said that a low-salt diet would reduce heart disease and strokes by 20% and I know that is wrong. I know that is wrong. And yet there it is. Another piece of information in the mainstream media. I no longer call these news medias, but it is there. And when one explores the study and who is heads up, the study realised that you don't have to dig too deep to find industry-perpetuating myths about public health that is just simply not good for the public health. Now that may sound counterintuitive to many. Perhaps if you haven't listened to this podcast before, that might come as a surprise to you. But there are so many public health messages that demonise things like cholesterol, which is an integral part of every cell in our body, not to mention every hormone about sunlight, which for which there would be no life on earth in which we need a great deal of exposure to in moderation. But at the right time, the salt is another one. Animal fats is another one. The list goes on and on and on. And so when I heard that salt was another issue, I immediately contacted my guest today, who I know has written a book on salt, has written actually 14 other book of... 13 or 14 books on many other topics, including fats, on soy, on iodine, on B12, on stab wounds, on arthritis, on hormones. My guest is Dr David Brownstein, and David is a board-certified family physician. He's one of the foremost practitioners also of holistic medicine. In fact, he defines holistic medicine in this episode. He's the director of the Centre for Holistic Medicine in Westfield... In West Bloomfield, Michigan, in the United States. David has lectured internationally to physicians and others about his success in using natural hormones and using salt in iodine, a whole lot of other nutritional therapies in his practice. He's a graduate of the University of Michigan and Wayne State University School of Medicine. He's also a member of the

American Academy of Family Physicians and the American College for the Advancement of Medicine. Yes. David is a holistic practitioner, and I hope you enjoy this conversation as much as I did with Dr David Brownstein. Welcome to the show, David.

Dr David Brownstein [00:03:11] Thank you for having me, Dr Ron.

Dr Ron Ehrlich [00:03:14] David. I recently read an article in the Guardian newspaper and it said Salt free diet can reduce the risk of heart problems by 20%. It's a huge study done by the UK Biobank. And I just thought this is a controversy like so many others that we'll chat about today. But I just wondered what you... When you read something like that, having written about it in your books, one of your many books, what do you think? What's your response to that?

Dr David Brownstein [00:03:48] Well, you know, I've been practising medicine for over 30 years and... When I started practising medicine, I practised as I was taught. I was... I didn't very... I didn't go into medicine to do anything different from the conventional realm of what I was taught. I didn't grow up in a household where we saw it differently than whatever the doctor told us to do when we went. We didn't go to the doctor much but when we went, we didn't question anything. We took whatever he or she said to take and that was it. So I went to med school to sort of model myself after my family doctor. And I never took a vitamin and I never questioned anything questioning things. Right after I was done and about six months into practising medicine and, you know, the short version of that story is... It's going to answer your question in a second. But...

Dr Ron Ehrlich [00:04:46] No, no good. I... Because it is it leads to so many other directions, but keep going.

Dr David Brownstein [00:04:51] So I was practising conventional medicine for six months after my residency and I was doing what I was taught. I wasn't spending a lot of time with my patients. I was prescribing a lot of drugs. And first few months were okay. And then the next three months, I started to get this uneasy feeling and around that time, my father was really

sick with heart disease. And he was at on 12 different medications for blood pressure and coronary artery disease and diabetes. And he looked like he was going to die at any moment. He was pale and pasty-looking. He couldn't walk without popping nitroglycerine pills to control angina, which he's had continued for over 20 years. And we were all just waiting for the phone call that he had died. So I had that stress going on. And, you know, I was practising medicine. I was going to be a partner on this practice. And just I went through a couple of nights, sleepless nights for some unknown reason, first time in my life. And I remember getting up and getting ready to go to work after a couple of those nights. And I tell my wife I don't want to be doctor anymore and I was six months into it. She's seven months pregnant with our first child, and she's known me since I was 18 years old. And that's all I wanted to be was a doctor. And she, you know, she was like, what's wrong? You know, where's this coming from? I said, I don't know, but I can't do this for the next 30 years. I said, I'm not helping anyone and all I'm doing is treating people with drugs that don't treat the underlying cause of the problem most of the time. And then I'm having to put them on more drugs because of the problems with the first drugs. And I said I can't do this. This is... I didn't think medicine was like this. And she said, Well, why don't you do another residency? And I'm like, No, they're all the same. I'm not going to do that. And one was enough for that one. And so, you know, I was floundering a little bit. And right around that time, this patient of him bothering me to meet his chiropractor. I didn't want to meet a chiropractor at that point. I didn't know what he did. I didn't know who they were, philosophy or anything. I was just taught that chiropractors were bad and they were dangerous. And, you know, no one should refer to them and you should tell your patients to not go to them. So in that anxiety, sleepless time, my patient, who happened to be a friend of mine, was telling me that chiropractic did more than just the chest and we really helped him out. And he thought I should meet him. So, you know, I did call the chiropractor that time and set up a meeting for the following week. And the day comes around and I tell my wife that I'm going to cancel this, you know, like I came from work. I said, I'm tired going to go in and what's he going to you know, it's a waste of my time. So she said, That would be rude. You need to go and told me to be nice on my way out the door and I met him. He was super nice guy. His name was Dr Robert Radtke. He was using functional nutrition in his practice and he knew biochemistry way better than I did at that point. And I was blown away when he was talking about what he was treating his patients with and how they were doing. And, you know, here I was newly

minted out of med school and residency and I couldn't quote a biochemical pathway to save my life at that point.

Dr David Brownstein [00:08:07] So he brought me a book dealing with nutrition written by Jonathan Wright as a naturopathic physician. Took the book home, read it till 2: 30 in the morning, called my dad in the office and will call my dad before I left work. And I'll come in the office when I get some bloodwork. A few days later, I get his bloodwork back. I put him on two things natural thyroid hormone and natural testosterone. No one bothered to check his testosterone levels, which were below detectable limits, and his thyroid levels were in the lower part of the reference range. And once I put my dad in those two things, his 20-year history of angina melted away and never returned. A month later, his cholesterol. When I check it again, it's in the two... It's below 200 instead of the three hundreds without changing any of his bad dietary habits. He looked better. He was pink in the face instead of pale and pasty. He could do things without angina. Told me he was feeling so much better. Once I saw that, I'm like, That's what I want to do in medicine. I wanted a partner and said I need to leave. They said, Why? And I'm like, I'm going to go do holistic medicine. What's that? I said, I don't know, but I'm going to have to figure it out. And they said, Well, why don't you do it here? And I'm like, No, I need an office where everyone's on the same page and we're all people answering the phones and the chart people and nurses. We're all right under the same tent to do the same, same job, same call. And I left, and that's what I began doing. And so I started questioning everything at that point. Everything. And I any medical therapy, I decided I'd have to relocate because of what happened to my dad. You know, I wasn't taught and he was seeing the best doctors around. He was overmedicated. He was on 12 medications that got him down to less than half of that. And most of the rest of them were doses well lowered at least in half. And, you know, I start questioning everything. So, you know, after treating my dad, everyone got a hormonal evaluation in my practice, particularly for the thyroid hormone. But one thing led to another, and I can't... I do remember where salt came in. So to answer your question about that article, which is a long-winded, hopefully not too long-winded answer...

Dr Ron Ehrlich [00:10:15] No, no, no. And it's opened up a whole can of worms.

Dr David Brownstein [00:10:17] So I start every patient gets tested for hormone levels and thyroid hormone levels, particularly since that's where my dad was. I start finding all these hypothyroid patients. I started researching why so many people hypothyroid. I stumble across iodine. I start testing people for iodine. You know, I tested over 7000 people now between me and my partners and over 96% are low. Most significantly low on iodine. And then I was finishing up my iodine book and, you know, somewhere in the... Somewhere before this, I was using salt on people. And, you know, I was in med school. Salt's bad for you. Raises blood pressure. There's nothing good about it. We get enough salt in our food. No one should ever use any additional salt in salting our food because it's going to give you high blood pressure. But when I started holistically looking at people and looking at their biochemistry and their physiology and their lab tests in a little more detail and correlating their lab tests with their biochemical function, what I was finding was people were low in salt. The vast majority of people didn't have enough salt in the body. So I start doing research on salt. I find out salt, the second major constituent, the body next to water. We can't live without salt, we have so many hormones and control and counter mechanisms to make sure our sodium chloride levels stay within this tight little range. Because as soon as it falls out of that range, particularly the low part of the range, it rarely goes into that high part. You know, people's bodies fall apart or their whole... It's a mess. When you're low, when you're low in salt, particularly low in sodium, and it frequently happens in older people, it happens in people in diuretics. Happen to people who don't get enough salt in them start sweating. Either they get sick with a fever or they're exercising or it's hot outside or something like that. And it can be catastrophic.

Dr David Brownstein [00:12:16] People, you know, people die from my hyponatremia all the time and... Or at least hospitalised all the time. You know, you can die from that. And I saw that when I was a resident at the hospital. So I was just using salt in my practice and successfully using. And people were feeling better. Their levels were better. I was finishing my iodine book and I remembered there was an article in our local newspaper on Thursday... It was on Tuesday, and it was a health like a little health thing. And a dietician had written the article. She wrote it every Thursday. I'd read the article and as I got more and more in holistic medicine, I would find I

was disagreeing with probably 95 plus percent of what she was saying. But the question came in right at the end of my iodine book, finishing it. That said, is there any difference between unrefined sea salt and regular refined salt? And she said no. The answer was no, there's no difference. I guess they're both too high in sodium and you shouldn't use either product. So I remember I cut the article out and pasted it over my computer screen and it irritated me as I was finishing my iodine book. I knew my next book was going to be. So I wrote my book, Salt Your Way to Health. I don't think I have one handy with me.

Dr Ron Ehrlich [00:13:32] It's all right. We're going to have links to it in the show notes. I promise...

Dr David Brownstein [00:13:36] All right, you know, salt's been a huge part of my practice. My patients, if they kind of listen to this though, they'll tell you. I look at everybody's salt level at least twice a year. I comment to them, you know, many times you're too low in salt. You need more salt. There's a few people that are salt-sensitive. They can't take it and might get elevated blood pressure with salt. They're few and far between, but they're out there. But I'm telling you, 99.9% of people can, if they have normal kidney function, can tolerate a lot of salt, and the kidneys will regulate what their salt levels should be optimally. When there's enough... When there's adequate amounts of salt coming in. So when I see articles like that, that's incongruent with what I'm seeing in my practice. I can tell you after 30 years of practising medicine, there's a few things I'm certain of and salt is an important substance for the body, and there are some people that need to limit salt. If you have kidney failure, if you have congestive heart failure, sometimes those people can't regulate salt, particularly when they have kidney failure along with it. And if you have normal kidney function, the vast majority of people can handle huge amounts of salt. Let me know more than I would recommend, but their kidneys could handle it and excrete the excess and still maintain adequate levels. So for populations... Populations don't do well where there's not enough salt in the diet. And the whole salt research is biased for basically keeping us in a low salt environment. I think the reason for that is low salt levels lead to compensatory mechanisms in the kidneys and the adrenal glands which release hormones such as aldosterone, and renin and angiotensin that cause your blood pressure to

go up. And we have a bunch of medications to take... To tackle elevated levels of renin, angiotensin and kidney hormones and things like that, that are big sellers. And, you know, we put a lot of people on that and...

Dr Ron Ehrlich [00:15:32] Well, I think you actually when you say a low salt intake ends up having a population that's not doing very well. And if the evidence is anything to go by, that kind of advice, along with a lot of other bits of advice like low fat has kind of if the evidence stands for anything and I think the evidence is pretty clear, the population health is not doing really well, then something is wrong. It's so interesting to see the myth, though. Perpetuate, time and time and time again. I mean, I think you and I probably share a view of why that is so and maybe I've just hit on it that an unhealthy population is a great economic model, just not a very good health model.

Dr David Brownstein [00:16:16] You know, look, the best model for a big pharma is not to kill people, you gonna lose customers best is keep them sick keep them chronically sick. They're going to need medication their whole life. And you make more money that way and you know, you can keep people chronically sick by keeping them nutritionally deficient, hormonally deficient, and feed them bad food and convince them that bad food is good for them and it's a perfect model for selling your products and...

Dr Ron Ehrlich [00:16:43] It's interesting, David, because when I saw a UK Biobank, I wanted to learn a bit more about who they were, you know, and it turned out that they are a government organisation, but it is headed by a guy by the name of Professor Rory Collins, and I'll just quote here who the head of this organisation is. You know him already, I know. He has led the largest trials in the world showing the benefits of statins and has also had funding from cholesterol lowering drug manufacturers like AstraZeneca, Pfizer, Bristol-Myers Squibb, Merck, Sanofi in other studies. And that was kind of, Oh, okay, now I get it.

Dr David Brownstein [00:17:27] He's from that cholesterol trial. Is the CTT right? Cholesterol trial, there's another T in there is...

Dr David Brownstein [00:17:42] So he...

Dr Ron Ehrlich [00:17:43] The reason...

Dr David Brownstein [00:17:43] You know the article I'm talking about, he wrote that article defending the use of statins and then didn't publish the data behind the article. And it's an article cited all the time for why statins are beneficial. And yet you can't get the data to go through it to... They won't release it. They just say they won't release it. And you know it's just it's more nonsense and, you know.

Dr Ron Ehrlich [00:18:07] But back to salt and you know, and actually will come to the holistic medicine in your journey, because I think that resonated with me. This is so similar to my own story, but in a different area. What salt should we be having? Not all salt is the same. When that person said, ah, there's no difference between refined salt and the better quality salt. To me, that's an alarm bell which said this person clearly does not know what they are talking about. I remember hearing a PhD in dietitian saying that exact same thing and they said, no, look, the only thing in the other salts, it's so, so minor that it's insignificant. And I went that we call that trace elements. Yeah. Which, you know, tell us the difference between ordinary salt and what we should be having.

Dr David Brownstein [00:18:59] So when I started researching salt, you know, I didn't know. In other words, any difference. I would have told you the same thing that nutritionist wrote that article, that all salts bad for you. So I start researching salt. And what led me to it, when I started looking, questioning everything, you know, I started really looking at a patient's chemistry, the chemistry tests. And, you know, I'm noticing these lowered sodium levels, you know, during the reference range, reference ranges like this. But they're down here in the reference range. And I'm like, you know, is that right? You know, should people be down here in these salt? What's a normal what's that? You know, just because there's a reference range doesn't mean it's a normal range. I mean, what's the optimal level salt should be? So I start doing some research on it and I realise salt drives ATP production. You can't make energy molecules without salt. Salt, sodium is necessary for proper blood pressure control. Your blood pressure is too

low. When you get dizzy and you know, you get orthostatic changes where you stand up and you get dizzy if the salt levels are too low. And so I decided I want to put people on salt. So I kind of look at the constituents of refined salt because the thin white stuff, you know, it's white because a companies make it white and they bleach it white because they think white looks more pure and more appealing to us as consumers. And it's got sodium and chloride and then it's got ferrous cyanide, aluminium silicates, you know, and it's been bleached not a great product. So I'm like, what other kinds of salt are out there? And I start researching and there's unrefined salt. So I start looking at unrefined salt. It has trace amounts of, you know, over 80 minerals. It doesn't have aluminium silicate in it. It's, you know, doesn't have, you know, other things in it that, that salt shouldn't have in it. And I just said, you know, there's some articles that are saying it's healthier to use this unrefined salt than refined salt that I found in my card and I'll try this. And I started trying and my patients did better. They got more energy leg cramps went away. That was a big thing. That tips me off on what low salt levels are and the brain fog got better and, you know, so researching it more and then realise that, you know, they refines anything. Is that as good as any unrefined thing out there? The refining process is done so the product can stay on the shelves forever and they take out all the living ingredients. Like you said, the products and salt unrefined salt that it removes to make a refined salt they call impurities in the salt literature. So the minerals and magnesium, the potassium, you know, the other things, they remove it and they call those impurities in salt. So unrefined salts a much better choice. It's a much healthier choice. That's what I usually recommend. And there are versions out there. That, you know, I tested a bunch of versions of them. And I find that, you know, it's... It improves my patients health status. And, you know, it's particularly when you're sick, you need to make sure salt levels stay up because if you're sick with any viral bacterial parasitic illness going into an illness with marginal salt levels, that's a disaster. That's what ends up... That's what sends a lot of people to hospitals. You know what the consequences of having low sodium levels and then they get sick on top of that.

Dr Ron Ehrlich [00:22:28] So do you suggest things like what, Himalayan rock salt or sea salt?

Dr David Brownstein [00:22:33] So I've tested Celtic... I've tested Selina's Celtic Salt, Himalayan salt and Redmond salt four times for toxicity. They all tested clean. I think they're all three good products. And I you know, I think those are three pretty good products to use and use it all the time in our practice. And if you had any my patients and they would tell you that, you know if we if we've measured the dry weight for... The major constituent in the human body is water. About 70% of the body's water, about 80% of the brain is water. The next major constituent of salt, sodium and chloride, we should have you know, we have huge amounts of sodium and chloride in our body for a reason, because we can't live without them. And to put someone on a low sodium diet or low salt diet. For no particular reason. It's just it's been. Idiotic to me, you know, I mean, when I see patients in their complaining of leg cramps, they say, well, what's causing my leg cramp? I say, you know, it's salt. Period. Salt deficiency period until proven otherwise. And, you know, there's a couple other reasons you get like cramps, but the vast majority of them are from low salt levels.

Dr Ron Ehrlich [00:23:44] Mm hmm. I mean, this is where, I mean, for us, where we are aware of perhaps conflicts of interest and where ego and ignorance often go hand in hand when it comes to practitioners. But for the public being bombarded by this kind of a story in a reputable I call it now media outlet, not news outlet, a media outlet is really confusing isn't it?

Dr David Brownstein [00:24:11] There's not too many reputable media outlets these days and that's a problem. And I'm not sure there are any these days. So you've got to be look at this point. If we're not all question for not all. If we haven't taught ourselves, we should question everything. I don't know what's going to teach ourselves to do that because the media can't be trusted right now. And you have to trust yourself and you have to trust your own judgement here and you have to educate yourself on this stuff. And so why I started writing my books too, you know, maybe a little selfishly make my life easier so I wouldn't have to explain so much to my patients. And the selfish part of that was I needed patients on board with me that, you know, be willing to follow me down this path. And I wanted them educated to do it. That's why I started writing the books. And I cite everything. And, you know, I'm a try and make it readable for both physician and patient to get something out of it. And an educated patient is a better

patient in today's world. You have to educate yourself.

Dr Ron Ehrlich [00:25:15] And David, just out of interest, when did you write that iodine book? Because it was the very first time I'd heard of you. I bought that book and read it. When was that?

Dr David Brownstein [00:25:24] You know, it's in its fifth edition, and the first version was probably around early 2000s. And you know, that I kept doing updated additions to it because it was so much information. And, you know, and it's still the number one thing we do in our practice is correct iodine deficiency. It's the biggest bang for the buck that I see and it helps more people in an inexpensive way than anything else that I do. And I've seen that for over 20 years.

Dr Ron Ehrlich [00:25:56] Well, I know we've done a program on it many years ago where I learned, surprisingly, that iodine deficiency is the biggest deficiency in the world.

Dr David Brownstein [00:26:09] Absolutely. And, you know, it's a worldwide problem. Iodine levels have fallen over 50% in the United States over the last 50 years. You know, you're in Australia, correct? I... You know, I was in Australia. I don't remember how many years ago now, ten years ago, 15 years ago. And, you know, I did some research on Australian levels. Australian iodine levels were also falling and were very low. As a country it's similar to the U.S. and you know, all the western world's island levels are not great and part of that is through the modern farming practices. They use these toxic halides in the soil and it pushes out iodine in the food and our iodine supply in our food is gone, way down from pollution and pesticides and insecticides and our food supply is lower in iodine. You know I can't quite speak to that in Australia because I can tell you what it is in the U.S. but I'll bet you it's a similar thing with all the refining of the food process.

Dr Ron Ehrlich [00:27:13] Yes. Yes. So what? I mean, remind us why end is so important. You mentioned underactive thyroid. Remind us. Give us iodine 101 and...

Dr David Brownstein [00:27:24] And... Quickly, every cell in the body .

needs and requires iodine. It's an essential element we can't live without. And it's if it's deficient, it sets the stage for a host of problems. And, you know, since every cell in the body needs it, every cell in the body is going to be deficient and be reactive to that. So, you know, if a pregnant mom is deficient in iodine, it can lead to low IQs of the baby, can lead to ADHD and autism symptoms. And, you know, those are exploding across all the Western world right now. It can lead to thyroid problems and it can lead to cancer problems, the Quadro tissue like cancer, the breast, prostate, ovaries, uterus, thyroid. In the US. Thyroid cancer is the fastest-growing cancer. Breast cancer affects 1 in 7 women. Prostate cancer affects 1 in 3 men. So it's been my premise that iodine deficiency is a great cause, is a large... it's a large piece of that pie what's causing all those accelerating cancers in our modern world. We're not getting healthier over time. You know, in my country and I know the same is happening in Australia and others. It's not happening. We're not getting healthier with our you know, we don't have to fight the temperatures. We live in controlled environments. We got refrigerators. We can go to the store and buy food which wants our food. We don't just go hungry and we're getting sicker, fatter, living less. You know, living a shorter lifespan and part of this issue is iodine deficiency. If... look, if there's one thing if the powers that be came to me and said, we don't like your type of medicine, you have to stop doing all that. Kovacs Conventional medicine. But we'll give you one thing to take with you. It would be iodine.

Dr Ron Ehrlich [00:29:11] Yes, I think I did this program with a professor of medicine quite a few years ago, Creswell Eastman in Sydney. And I asked him, do halogens because we got chloride, iodine, bromide fluoride. Does fluoride compete with iodine in the thyroid gland?

Dr David Brownstein [00:29:34] Are you asking me?

Dr Ron Ehrlich [00:29:35] Is there a... Yeah, I'm asking you. And I know what he said. You know, I said if you wanted to supplement the world with fluoride in the water or iodine, which would you choose?

Dr David Brownstein [00:29:44] What did he say?

Dr Ron Ehrlich [00:29:45] And he said... Well, he did a no-brainer. I mean he said, of course, you'd supplement with iodine. But the question really is can fluoride in the water supply displace iodine?

Dr David Brownstein [00:29:57] So fluoride... the iodine in the periodic table of halides. Group 17 so in those highlights there's four of them fluoride, bromide, chloride, and iodine two of those halides are essential. We can't live without them, which is chloride and iodine and two are toxic and have no known therapeutic value in the human body fluoride and bromide. The problem over the last 50 years in our Western world is we're getting too much fluoride and too much bromide. Now you guys get less bromide than we do because there are some limits out in your country. There's no limits here. Well, there's some limits, but we seem to get more bromide than you do. But fluoride is in our water supply. I don't think whoever's fluoridated water supplies we have too.

Dr Ron Ehrlich [00:30:40] No, no, we do. We do.

Dr David Brownstein [00:30:41] Oh you do I thought...

Dr Ron Ehrlich [00:30:44] And for our listener, I might just mention if I'm right that bromide is... Is in fire retardants. Very common.

Dr David Brownstein [00:30:50] It's a fire retardant and it's in it's in carpets and curtains and mattresses and clothing. And in the US it's in food. It's in drink is brominated vegetable oil and a lot of soft drinks. So we'd be, you know, in my testing with my mentor in iodine, Dr Guy Abraham we've... We would find high bromide levels and low iodine levels in patients. And if they were sick with one of the endocrine cancers such as breast ovaries, uterus, pancreas, prostate, thyroid, they would generally have more bromide and lower iodine than people who didn't have those diseases. And I did a study in my iodine book comparing... It was 9 subjects with breast cancer. The next nine people that came in the office. It's always screened for breast cancer. And the next nine, they were all women, of course, because, well, men can get breast cancer, too. But I did nine women with breast cancer, nine women without breast cancer measured 24 hours, iodine uptakes and iodine excretion tests in a time, zero, 24 hours and 30

days and everybody was low on iodine. The breast cancer patients were 50% lower than breast cancer patients and they were about 50% higher in bromide than the non breast cancer patients. So, yes, toxic halides can competitively inhibit iodine.

Dr Ron Ehrlich [00:32:18] Yes. Which for a... Not just under iodine food supply but over fluoridated. It's a double whammy isn't it?

Dr David Brownstein [00:32:29] That's exactly the term I use when I lecture. I call the double whammy. It's just that you just described it perfectly.

Dr Ron Ehrlich [00:32:35] Hmm hmm. So with iodine hash, I mean, if the foods haven't got it or not, many well where do we get it? And we need...

Dr David Brownstein [00:32:46] The highest amount of iodine in the world in the oceans. So we can get it from ocean food and ocean vegetables. The problem is we polluted our oceans with halides, fluoride and bromide. So the same iodine uptake, it's called the sodium iodine transporter. I'm trying to think of a word, same mechanism that we uptake iodine from our food via the sodium iodine transporter. And guess what? You need to uptake iodine. You need about an atom of sodium, 2 atoms of sodium for one atom iodine to be... To shuttle it into the body into the glands or tissue. So you don't have enough salt you can't take enough iodine in but it's called the sodium iodine transporter. It's in humans and it's in seaweed and it's in fish and it's in sea vegetables. It's in many things. And so if there's toxic halides, it overloads the system and it competitively inhibits iodine out of there where those things don't work. So even though the highest amount of iodines in the oceans, if it's polluted and it can be higher in bromide and or fluoride causing, you know, more problems and I think that's why iodine levels of falling up was 50 years in much of the Western world.

Dr Ron Ehrlich [00:34:00] I mean it's so interesting there. I mean, opening another can of worms here because seafood is so often said to, well, stay away from red meat but have lots of seafood. And I used to be concerned about the mercury content in the larger fish and think the smaller fish were a better option. But now plastics, microplastics, not to mention fluoride and

bromide, I haven't included those, but you know, it's a toxic soup out there.

Dr David Brownstein [00:34:28] We've certainly made a mess of things and that's why it's important to try to adopt a holistic lifestyle where you detox and where you exercise and where you try and get rid of some of these things because it's really hard to avoid a lot of it these days before.

Dr Ron Ehrlich [00:34:45] I want to move on to... I want to talk about holistic, but let's just finish with iodine and just say what is some basic recommendation? You know, I mean, obviously, depends on levels and all of that, but what should the ordinary person, you know, at least be having?

Dr David Brownstein [00:35:02] You know, it's different for different people. But...

Dr Ron Ehrlich [00:35:04] Yeah.

Dr David Brownstein [00:35:04] It's best to work with an iodine-literate healthcare practitioner who can measure your levels and help you adjust your doses. And that's the best thing. But I will tell you, the average iodine dose most of my patients are 25 to 50mg. And if they have glandular problems, that includes the breast, ovaries, uterus, prostate, pancreas, thyroid sometimes more, if they have quadrolic cancer problems they're on more. But for the average patient, 25 to 50mg and there are a few people to have an autonomous functioning nodule in the thyroid they can run into problems with. Once you take iodine that makes a lot of thyroid hormone because I'm hypothyroid. I've only had a few patients over the decades with that. That can happen. That's why it's it's best to do this you know under someone's, you know help and guidance that can recognise that and just test for it and adjust things when it's needed.

Dr Ron Ehrlich [00:35:58] It's so interesting, isn't it? Because this is what prompted me... Again, I just so grateful that you got on for us to have a chat about because the salt issue is another... Is an example of so many other issues, you know, like fluoride in the water supply. For example, one of the greatest public health moves if you asked the dental community, they would say that and I'm a dentist, so I know that it's heresy to even question this,

you know, but for all the reasons we've already... And there are other reasons as well. We could go into why that's not a good idea. But there are other ones like cholesterol, which we're on the same. We're on a chat group that's been around for about 20 years online. The cholesterol sceptic cholesterol is another one, isn't it?

Dr David Brownstein [00:36:46] You know, again, when I started off, I wasn't questioning anything. Once I had my epiphany with my father, I started questioning every single thing out there and look Physicians have if you go back in time to the post-World War two, first decade or two after that, physicians were telling their patients to smoke cigarettes. It was okay to smoke cigarettes. It would calm you down. You know, there's ads, doctors, ads here, what cigarettes doctors prefer most, you know, And so medicine has been slow to change things over the years. And just because the herd is saying one thing doesn't necessarily make it right. And one of the ways that I usually judge when I think something's right or something's wrong. So I look at the biochemical pathways and I start thinking, well, if this statin drug works by poisoning HMG coa reductase enzyme, what is that going to do to the body? And I look at that pathway, see what's downstream from that, what you look downstream there, you see all these hormones and CoQ10 and some other essential metabolic items. It doesn't take a rocket science to realise that cannot be a good thing to do for people. And no matter what the studies are showing...

Dr Ron Ehrlich [00:38:04] Lowering them as in lowering cholesterol and...

Dr David Brownstein [00:38:07] Poisoning that enzyme, it can't be useful for the vast majority of people. Look at the biochemical pathways, we should be supporting those pathways and optimising those pathways, not poisoning them. So, you know, that's that's kind of how I practice medicine now. And, you know, look, I look at the studies and, you know, I just think when new things come out, but I generally don't think it's a good idea to poison enzymes and plaque receptors, which is how 99% of drugs work. Now, having said that, so I use drugs in my practice to poison enzymes that lack receptors. Absolutely. If you're in the middle of an acute heart attack or stroke, guess what you should do drugs that poison enzymes of like receptors because they've been proven to change the mortality rates for

that. But the long-term use of those medications is another story for most conditions out there, and that's where there's been problems. But look, everything has its place mostly. But I think we'd be better overall to be debating things, to questioning things and to make those that support their ideas, you know, answer to them. And, you know, during Covid, there was a whole thing to stifle debate and de-platform and delicense people that question things. It's not how I was taught in medical school. I remember my dean of medical school at a graduation told us report your findings, good or bad, and report what you did right, what you did wrong so others can learn from you either way. And you know that that was fine and dandy until Covid when all of a sudden you couldn't do that because the powers that be would, you know, de-platform you and delicense you if you did that.

Dr Ron Ehrlich [00:39:47] I was going to ask you how you reflected on the pandemic, the response and the lessons learned. I mean, the response, even for somebody who was always a little sceptical of the influence of big pharma on health care, I mean, this is a story that is easy...

Dr David Brownstein [00:40:06] You look... Your country was a big well, you know, look, my country was a mess. Your country was a bigger mess. And you guys, man, you guys stifle debate. You made us look like nothing and yeah. I couldn't believe that was happening in Australia and you guys were the perfect petri dish for what happened because you closed your borders and kept Covid away for a while. And then, you know, you were the perfect case study for whether vaccines were working or not because you guys got vaccinated before the virus even yet. And, you know, look what happened. You know, nothing different happened. You know, everyone still get sick and. All that stuff. So, you know, the worst thing we did during Covid was stifle debate. Stifle...

Dr Ron Ehrlich [00:40:54] Yeah, I read an article in the British Medical Journal in about April 2021 or maybe in 2022, talking about the influence of key opinion leaders and product champions. And I must say in my observation that those key opinion leaders and product champions occupied senior roles in health departments, both state and federal in Australia, and regulatory bodies as well.

Dr David Brownstein [00:41:22] Same here.

Dr Ron Ehrlich [00:41:23] So it was an amazing exercise. I mean, to me the whole thing can be very easily explained in two words, and that is it was a business model and it was a bit of, you know, it was an accident. I don't believe that it was purposefully started or anything like that. I think it was human incompetence in the laboratory that should never have been doing the research in the first place. But it was incompetence that leaked it. But the response was an incredible business model.

Dr David Brownstein [00:41:52] It'll be, you know, it'll be interesting. 20 years from now, maybe ten years from now, to when they start writing back about what we did during Covid. And, you know, it'll be looked at as the dark days of medicine and, you know, the biggest boondoggle. The biggest... What's the word I want to use? Just used in front of a patient earlier today. You know, the biggest medical disaster of my career was watching this thing unfold. And, you know, the fear they brought out to people and how many people died from fear, I don't really know. You know, it's you know, it's... You know, it was really a viral infection, not that dissimilar from the flu, although at the beginning, clearly people are having breathing problems. And I saw it and actually treated people and it was like I was scared, too. I was... You know, I had heard people breathe like this and seen pulse axis like this as well. But this could have been easily managed by early treatment, I think. Instead of telling people to stay at home so you can't breathe and then shot to the air and it was a disaster. It was a disaster of our own making. And I hope we hope we learn something or we don't do it again.

Dr Ron Ehrlich [00:43:12] Hmm. Yes, I hope so, too. Listen, you know, you mentioned that six months after your graduation, you had this epiphany and and moved into a whole new way of practising. And you've mentioned the word holistic a few times. And I'm just interested because holistic means so many things to different people. What does holistic mean to you? Holistic medicine. What is holistic medicine for you?

Dr David Brownstein [00:43:36] Remember, so I go to my partners was my friend, so he's my partner now. He actually left his practice and joined me later. But, you know, I said to him, Hey, I want to go to a holistic medicine. What's that? I'm like, I don't know, but I'm going to figure it out. So here I am 30 years later, I'm still figuring it out. But I do have a little better idea now.

And I think when I talk about holistic medicine, it's using the best of both alternative and conventional medicine, but it's looking at things that support the human biochemical pathways and human biochemistry in human physiology versus things of poison and black in the human body, such as drug therapies. So, you know, things that support the human physiology biochemistry include drinking water, salt, adequate amounts of salt, exercise, eating good food that's got nutrition in it that we can properly digest and take the nutrition and store it away for when we need it versus eating refined food. That has no nutrition in it. We have to use our own nutritional items up to try and break this mess down, and then we become nutritionally deficient from that. So, you know, what is holistic medicine? I think it's doing the things that support the human physiology and biochemistry and give it's best chance. And I think we were designed pretty darn well by our maker that if we just give the body its basic raw materials, it can do pretty cool things even to old age, and it can also keep you healthy. And if you get sick with some kind of viral illness or new viral illness to perhaps escape from a lab in Wuhan, China, that you can fight it back and recover from it like you should be able to. We if we couldn't fight back from viral illnesses, we'd all be dead thousands of years ago. So that's what I think holistic medicine is today.

Dr Ron Ehrlich [00:45:33] What's halt? I mean, it's growing. I think there are more people moving into that area in medicine, but it's certainly a long way off being the majority. What's holding the majority back?

Dr David Brownstein [00:45:46] Well, I don't know if they're held back so much anymore. I mean, if Covid didn't wake people up, I don't know what will. And I think at least here I am... You could tell me, I'm sure it's the same mood over there but everyone's irritated here and they are irritated with the public health authorities. They've totally... They've lost their trust. The CDC, which used to be the world leader and the world looked up to the CDC and their recommendations, and they're... They would jump in when there was a Ebola outbreak in somewhere in Africa. And, you know, we're looked up to them and that's gone now. They're going to have to work to get that back. And I you know, we'll see on that. And... Ron, I forgot what your question was.

Dr Ron Ehrlich [00:46:33] Well, what's holding them back?

Dr David Brownstein [00:46:35] So what's holding them back? So I think I think a lot of people have learned they have to educate themselves. And what's holding them back a lot of is fear. You know, they try and make you fearful that, you know, you shouldn't have to think, for example, tell you what to do. Well, people are starting to question that. The more people, the question of the better will be. And there doesn't have to be that fear out there when you have enough education that you can take care of yourself and, you know, not rely on bad advice from, you know, what's coming from the powers that be out there.

Dr Ron Ehrlich [00:47:04] Now that before, last thing I want to ask you just before we go because we didn't... I just wanted to ask come back to that original question about how much salt should we be having?

Dr David Brownstein [00:47:13] So, you know, again, you should work with your holistic health care provider who is salt literate and salt knowledgeable. But generally, I tell patients who don't have kidney failure or heart failure about a teaspoon a day, give or take of unrefined salt in addition to what's already in food. So that's separate. And I have lots of patients who need more than that teaspoon. I put on a couple of teaspoons a day, but generally a teaspoon a day of unrefined salt beyond what's in food and then sodium levels of around 141 mil equivalents per litre and chloride levels 100 and 103 mil equivalents per litre or a little bit higher or adequate or optimal for those people.

Dr Ron Ehrlich [00:48:00] David, thank you so much for joining me today. Your books are a great source of information, not just for practitioners, but for the public. Very readable, Very, very... So much information there. And we'll have links to all of those. Thank you so much for joining me today.

Dr David Brownstein [00:48:17] Thanks for having me, Ron. And let's tell the audience out there question everything. So don't believe what I'm saying either. Take a look at what I've written, you know, and then, you know, keep educating yourself. And, you know, we are literally unable to follow the powers that be recommendations with a blindly without thinking

about anymore. It's... We saw what happened there and Covid and that's not a good thing so that shouldn't happen again. But yeah the information is out there. You have to educate yourself and find a holistic practitioner to work with, that's what I believe everybody wins.

Dr Ron Ehrlich [00:48:54] Thank you, David.

Dr David Brownstein [00:48:55] Thank you.

Dr Ron Ehrlich [00:48:57] Well, we'll have links to David's website and his many books that he has written, which, as I said, the first book that I became aware of, David, was have to be in all or almost 20 years ago when I was exploring thyroid problems and iodine. And David's book was my first contact with him. And it's a great read, very accessible, both for practitioner and patient alike. So we'll have links to his website and those books in the show notes. I also want to remind you to join the Unstress Health community. As I have said, community is now more important than ever before. And as this episode reinforces in advice that is focussed on health, not on financial return, not industry-funded, is more important today than ever before. And the unstress health community has some great resources. We have live events regularly, Q&A's where we will have guests, where we will be exploring specific topics. Many of those guests will be coming from our Unstress Health advisory panel, which is growing as we speak. But if you visit unstresshealth.com, you will access that. And I encourage you to do that until next time. This is Dr Ron Ehrlich. Be well.

Dr Ron Ehrlich [00:50:17] This podcast provides general information and discussion about medicine, health and related subjects. The content is not intended and should not be construed as medical advice or as a substitute for care by a qualified medical practitioner. If you or any other person has a medical concern, he or she should consult with an appropriately qualified medical practitioner. Guests who speak in this podcast express their own opinions, experiences and conclusions.



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