



Dr. David Brownstein's

NATURAL WAY TO HEALTH

Achieving & Maintaining Your Optimal Health

July 2008

Vol. 1, Issue 3

Iodine, the Most Misunderstood Nutrient

I get asked by my patients if I had only one natural item to treat my patients with, which would it be? Though there are many natural items that provide such wonderful effects for the body, one nutrient stands head and shoulders above the rest — iodine.

In all my years of practicing medicine, I have yet to see one item provide such miraculous effects on the body as iodine does. In this month's newsletter, I will show you the wonders of iodine and why you need to take a close look at your supplement regimen to ensure you are getting enough iodine daily. I would like to dedicate this edition to my mentor on iodine, Dr. Guy Abraham.

There are so many myths about iodine. This issue will tackle the two most common. Myth No. 1 is that we get enough iodine in salt, and Myth No. 2, that taking iodine as a supplement will cause or worsen thyroid disorders.

Because of these myths, people have the mistaken idea that iodine is a toxic substance that needs to be avoided. How prevalent are these myths? Let me share with you an e-mail that was recently forwarded to me, originally sent by an endocrinologist in the United States.

"We only see iodine deficiency in Third World countries. We have never seen it here in my past eight years as a physician and the experience of other endocrinologists that I know as well. So, I don't trust books and information that are out there. Our salt is iodine fortified, so just eating a regular diet, we get about 10 to 20 times the recommended amount of iodine in the diet."

Busting the Iodine Myths

Unfortunately, this is the prevailing opinion of most endocrinologists and of mainstream doctors. The reason this doctor has not seen iodine deficiency in eight years

is that he has not tested for it. And, of course, he also mentions the salt myth. The history of iodine helps us understand why people are so confused about this nutrient.

Iodine was first used to treat goiter, or swelling of the thyroid, by Jean François Coindet (1774-1834). This was the first time a single item (iodine) was used to treat a specific illness (goiter). This discovery is cited as the birth of Western medicine. Doctors today still are taught to make a diagnosis and provide the single item — in most cases a pharmaceutical drug — to treat the illness.

In the early 1900s, there was a high prevalence of goiter in the Great Lakes area of the United States. The soil there is known to be very deficient of iodine. Nearly 40 percent of school-age children had goiter.¹

Ohio physician David Marine had been doing research on animals and their problems with iodine deficiency. Through his research, Dr. Marine found that iodine could rectify thyroid problems and goiter in a wide variety of animals. From those results, he estimated the amount of iodine necessary to treat the goiter epidemic that was

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occurring in vast areas of the U.S. in the early 20th century.

In Akron, Ohio, Dr. Marine conducted the first large-scale study on iodine therapy to reduce goiter in people. He chose Akron due to the high rate of goiter among school-age girls. In the early 1900s, approximately 56 percent of school-aged girls in Akron had goiter.

Marine studied a control group of 2,305 students who took no iodine and a treatment group of 2,190 students who were given 9 milligrams a day of sodium iodide (averaged daily) for 2 ½ years. This dose is nearly 100 times the recommended daily allowance (RDA) for iodine.

The results were stunning. The control group (which took no iodine) showed a 22 percent increase of goiter. The treatment group was significantly lower — just 0.2 percent incidence of goiter.² Dr. Marine reported his results and the U.S. quickly implemented the iodization of salt in the Great Lakes. The rest of the country adopted the policy of adding iodine to salt shortly thereafter.

The iodization of salt was hailed as the first public health miracle. However, I will show you the problems with the iodization of salt. Even though refined salt can prevent goiter in the vast majority of people, the miniscule amount of iodine found in it falls far short of the amount necessary for promoting optimal thyroid function. Furthermore, refined salt fails to provide enough iodine for the rest of the body's needs.

Iodine is added to table salt at 100 parts per million as potassium iodide, which amounts to 77 µg (micrograms) of iodide per gram of salt. The RDA for iodine is set at 150 µg per day for adults in the U.S. and slightly more during pregnancy and lactation.

Remember, the RDA was set to prevent goiter in the vast majority of people. The average American takes in 4 grams to 10 grams of refined salt per day. That's more than the recommended daily allowance. So, why don't we get enough iodine from salt?

Research, however, shows that just 10 percent of iodine

in salt is bioavailable, that is, completely absorbed by your body.^{3,4} If we go back to our original calculations, we see that iodized salt provides somewhere between 30 to 77 µg a day — markedly below the recommended amount. Additionally, approximately 70 percent of the salt used by commercial industry in the U.S. is not iodized salt.⁵

Not only is iodized salt a poor source of iodine, but we have been conditioned to avoid salt by the media and by mainstream medicine. Presently, less than half of U.S. households use salt. As a result, iodine levels have fallen by more than half over the last 30 years, reports the Centers for Disease Control. This is a recipe for making a whole population iodine-deficient. That is exactly what has happened in the United States.

If Myth No. 2 were correct — taking iodine will cause thyroid disorders — declining iodine levels would help prevent thyroid disease. Yet this has not been the case.

As iodine levels have fallen over the last 30 years, thyroid disorders, including hypothyroidism, Hashimoto's disease, Graves' disease and thyroid cancer, have been increasing at near-epidemic rates. We would expect the opposite to occur — thyroid illnesses on the decline — if iodine were the cause.

In fact, I find it impossible to treat thyroid illness if there is an inadequate level of iodine in the body.

The largest amounts of iodine occur in the oceans. Sea vegetables and ocean fish contain large amounts of iodine and are the foods that provide the most usable iodine for the body. Diets lacking in seafood can predispose one to iodine deficiency.

Bromine: The Toxin in Your Body

Diets high in refined bakery products, such as breads, pastas, and cereals, can cause or worsen an iodine deficiency problem.

One of the reasons I see so many iodine-deficient

‘Not only is salt a poor source of iodine, but the media has taught us to avoid salt.’

Dr. David Brownstein's *Natural Way to Health* is a publication of Newsmax Media, Inc., and Newsmax.com. It is published monthly at a charge of \$49.00 per year and is offered online and in print through Newsmax.com.

Our editorial offices are located at 560 Village Boulevard, Ste. 120, West Palm Beach, Florida 33409.

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patients is mismanagement by the food industry. It has provided refined, devitalized food that has left us, as a population, nutrient-deficient, obese and fatigued. Although there are many criticisms of the food industry (which I am sure we will discuss in future newsletters), we will concentrate on the food industry's biggest mistake — removing iodine from baked goods.

Up until the early 1970s, iodine was added to bakery products as a dough conditioner. Then the food industry began substituting bromine for iodine. It has never been made clear why. Since that time, iodine levels have been falling and bromine levels have been rising in our bodies. The consequence of this shift has been immense.

Bromine is in the chemical family of halides, of which iodine is a member. Bromine and iodine are very close to the same size and structure. Our body has receptors and needs for iodine. There is no known use for bromine in the body.

In fact, bromine interferes with iodine utilization in the thyroid as well as wherever iodine concentrates in the body.⁶ Bromine promotes the formation of goiter and is a known carcinogen. On the other hand, iodine prevents goiter and has anticarcinogenic properties.

Remember, iodine concentrates in the glandular tissue of the body — the thyroid, breasts, ovaries, uterus, and probably the prostate gland. Lowering the amount of iodine in them and replacing it with bromine is a recipe for problems in these glandular tissues. Is it any wonder that we are seeing epidemic rates of disease in the thyroid, breasts, ovaries, uterus, and the prostate, when bromine is so toxic?

The problem is this: iodine and bromine compete with one another. If we have too much bromine, iodine is released from the body — you actually lose this key nutrient. The receptors that are supposed to bind iodine now bind bromine instead. Thus hormones that are

supposed to contain iodine now contain bromine.

For example, the thyroid gland produces thyroxine, or T4. In the case of T4, there are four iodine molecules attached to it. If we ingest too much bromine and too little iodine, there is a good chance that our thyroid hormone will not contain iodine but bromine. Unfortunately, thyroid blood tests cannot distinguish between the two.

There are consequences to bromine toxicity. It has been shown to cause delirium, psycho-motor retardation, schizophrenia and hallucination. Bromine can make you feel dull and apathetic and have difficulty concentrating.

Bromine can also cause depression, headaches, and irritability.

It is important to ensure that you have adequate iodine levels in your body. Urinary testing is the easiest way to do this. I recommend two labs for iodine testing: FFP Labs (www.ffplab.org) and Hakala Research Labs (www.hakalalabs.com).

To get the best results, I suggest working with a healthcare provider knowledgeable about iodine deficiency. Two organizations that train doctors about the use of natural items that have lists of doctors are: the Broda O. Barnes, M.D. Research Foundation (www.brodabarnes.org, (203) 261-2101), and the American College for Advancement in Medicine (www.acam.org, (949) 309-3520).

When supplementing with iodine, I recommend using

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Dr. B's Case History of the Month

In each issue, I will share with you the story of one of my patients and how sometimes simple alternative approaches to their problems can solve major health problems. Names and some details have been changed for privacy's sake, but the problems and their resolutions are real.

— Dr. David Brownstein

Donna, 51, had been complaining of pain in her stomach and pain in the center of her chest. She went to a gastroenterologist, who performed an EGD, which is a scope inserted via the throat to visualize the esophagus and stomach.

Donna was told she had reflux esophagitis and that she had to take Nexium — an acid-blocking drug — for the rest of her life. If the condition worsened, he told her, she would need surgery.

Donna, however, just did not want to take the medication. “All medicines bother me. I cannot even take a Tylenol pill without feeling dizzy,” she said. She was told by her gastroenterologist that if she did not take the medication she would put herself at risk of esophageal cancer. He gave her six months to think it over and said he wanted to re-examine her esophagus when she came back.

During that period, Donna sought me out for a second opinion. She described a burning pain going up the front of her chest. She said her symptoms would come and go but worsen if she ate fast food.

She told me that her diet was not very good. “I don't eat well, I admit it. I eat fast food and drink lots of coffee. I also like to snack on chips,” she said. When I asked her if she drank water, she told me, “Maybe I drink one glass of water per day. I do drink two to three diet sodas per day.” After performing a physical exam on Donna, I found that she was very tender in her stomach at the point just below her rib cage, in the center.

I felt that Donna would benefit from a change in her dietary habits, chiropractic care and nutritional supplementation. First, I told her that she needed to improve her diet. She was approximately 20 pounds overweight and carried the excess weight in her stomach area.

Excess abdominal fat causes a lot of health issues, including increasing blood sugar and causing digestive issues. In Donna's case, I felt that the excess abdominal fat was literally pushing her stomach up too high into her abdomen, which can cause reflux esophagitis.

I sent Donna to a chiropractor, Dr. Robert Radtke, in Birmingham, Mich., who does visceral manipulation. He performed a gentle technique near her stomach and Donna felt immediate relief. “It was a miracle. I have had discomfort in my upper stomach for over 10 years. As soon as he performed that technique, I felt the change. All the

pressure was off. It was that quick,” she said.

I told Donna to clean up her diet and eliminate fast foods and the “whites” — sugar, flour and salt. I advised her to stop drinking sodas and to drink more water instead. Furthermore, I instructed her to take her weight, divide by two, and drink that many ounces of water per day.

Finally, I placed Donna on aloe vera juice, which has a wonderful healing capacity for irritated areas of the gastrointestinal tract. She added four ounces of aloe vera juice and drank it two times per day at the end of her meals.

Donna followed all the advice to the letter. Over the next six months, she ate a healthy diet, drank water and lost the 20 pounds of excess weight she was carrying.

“I felt so much better. My energy improved, and the pain that I was having in my abdomen is totally gone,” she told me happily.

‘I Can See the Difference’

Donna did not want the follow-up scope done on her stomach, but I advised her it was a wise move to visualize the area again. The gastroenterologist told her that all the irritation that he had previously seen had disappeared. Biopsies were negative. He told her that she did not need the acid-blocking medication and that surgery was no longer necessary.

Interestingly, he also thought Donna had been taking the acid-blocking drug he had previously prescribed.

“Well, just continue taking Nexium since it has done such a great job,” he told her. Donna replied, “No, I did not take Nexium. It was aloe vera juice that helped.” The doctor, a friend of mine, commented to his nurse, “I forgot. She's Dr. B's patient. The G.I. doctor also said to Donna, “Since you are doing so much better, you should continue whatever you are doing.”

Donna was thrilled at the results. “I really feel like I did a positive thing for my body. I can see the difference in how I look, but more importantly, I feel well now,” she said.

Donna's case is not unique. People who carry too much weight around their midsection are at risk for a whole host of medical problems, including reflux esophagitis. Eating a healthier diet, losing weight, and taking the right nutrients can make a world of difference.

Acid-blocking drugs, meanwhile, are associated with a host of adverse effects, including increasing the risk of gastrointestinal cancer. More information on these drugs can be found in my book, “Drugs That Don't Work and Natural Therapies That Do.” These drugs should be used only as a last resort. Many times, a holistic approach as outlined in Donna's case can treat the underlying cause of the illness and help one to achieve optimal health.

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iodine supplements that contain both forms of iodine — iodide and iodine. Lugol's iodine and its tablet form Iodoral have proven effective. Lugol's iodine contains 6 ¼ milligrams of iodine/iodide per drop. Iodoral has 12 ½ milligrams of iodine/iodide (equal to 2 drops of Lugol's) per capsule. You can purchase the tablet at www.hakalalabs.com

My clinical experience has shown that the most effective doses of iodine vary between 6 ¼ milligrams and 50 milligrams a day. Generally, sicker patients — including those with cancer of the breast, prostate, uterus, ovaries and thyroid — require larger amounts of iodine. More information about iodine can be found in my book “Iodine: Why You Need it, Why You Can't Live Without It, 3rd Edition” or my DVD on iodine (available at www.drbrownstein.com).

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2 Marine, D. & Kimball, O. P. (1920) The prevention of simple goiter in man: Fourth paper. Arch. Intern. Med. 25:661-672.

3 Pitman, JA. Changing normal values for thyroidal radioiodine uptake. NEJM. 1969;280:1431-34

4 Abraham, G. The Concept of Orthoiodosupplementation and Its Clinical Implications. The Original Internist. June, 2004

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The Memory Supplement

What if I told you there was an inexpensive natural supplement which helps improve brain function? I can tell you that I have used this supplement for nearly 15 years and that it has little side effects and should be part of nearly any health regimen as you age. That supplement is pregnenolone.

Pregnenolone is a hormone produced in the adrenal glands of men and women. It is often referred to as the “mother hormone” since it is the precursor hormone to all the other adrenal hormones. In other words, the other adrenal and sex hormones, including DHEA, testosterone, and the estrogens are all produced downstream from pregnenolone.

Therefore, if pregnenolone levels are low, it can lead to a lowered production of all of the adrenal hormones. And, pregnenolone production declines as we age.

The benefits of physiologic doses of pregnenolone include the treatment of the following conditions: arthritis, depression, fatigue states, memory loss, and moodiness.

Pregnenolone also is produced in the brain. In fact, pregnenolone levels in the brain are much higher than they are in the peripheral tissues.¹ Pregnenolone has been shown to affect many of the neurotransmitters in the brain. Pregnenolone levels, like nearly all of the other adrenal hormones, decline with age. At age 75, there is a 65 percent reduction in pregnenolone production in the body compared to levels at age 35.² I have found pregnenolone particularly useful in treating memory problems, fatigue and depression.

Mary, at 67 years old, complained of fatigue. “I am tired all of the time. I wake up tired and I go to bed tired,” she said. Mary also complained of brain fog. “I used to be able to remember everything. Now, I have to write everything down. Even my husband is complaining about my brain function,” she said.

Mary said she noticed a decline in brain function over the last few years. She was joking about it to her friends, but she was beginning to get worried. “I don't want to lose my brain,” she told me. After performing a complete history and physical exam and drawing laboratory tests on her, I told her she did not have Alzheimer's disease. I did, however, find that her pregnenolone level was extremely low at less than 11 nanograms per milliliter (ng/ml). I supplemented Mary with a small dose of pregnenolone (10 milligrams a day).

Also, I recommended a good multivitamin to correct mineral deficiencies. Mary was also told to clean up her diet and remove the “whites” — white sugar, flour, and salt. Within two weeks she began to feel the improvement. She said to me, “My brain fog lifted overnight. It feels like I woke up. I can remember everything now. I feel back to my old self.”

As with most elderly people, memory loss is a primary concern. I can't imagine a worse scenario than slowly losing your brain function as you get older. However, there are many natural therapies that have proven effective for my patients. One of them is pregnenolone supplementation.

How Statins Destroy Brain Function

Pregnenolone is produced in the adrenal glands of men and women and also produced locally in tissue such as the brain. Pregnenolone is produced from the fat-like substance cholesterol.

Remember, pregnenolone is a precursor hormone. It is necessary to produce the other adrenal hormones, such as DHEA, progesterone, testosterone, estrogen

In The News: Reading Between the Medical Headlines

Big Risk from Acid-Blockers

A recent headline blared, “C. Difficile rivals MRSA as the next deadly bacteria threat, experts say.”

The article describes a woman who nearly died after contracting C. difficile, a bacterium that can infect the colon. It causes more than 3 million cases of diarrhea and colitis per year in the United States.

Infections of this bacterium used to be seen primarily in hospitalized patients treated with intravenous antibiotics. That’s because antibiotics kill normal intestinal flora as well as pathogenic bacteria.

If enough of the normal, “good” flora are killed off, pathogenic bacteria like C. difficile can over-populate the intestines and wreak havoc. Approximately 3 percent of infected patients develop colitis, symptoms of which can include abdominal pain, ulcers, blood in the stool, and rapid weight loss. It can be fatal.

The article goes on to point out that the reason C. difficile is increasing at near-epidemic rates is the overuse of antibiotics. Thus, according to the writer, health officials have put C. difficile infections on par with MRSA — the so-called “superbug” that made headlines last year as it spread through public school systems — as one of the top two hospital-acquired infections.

The article is correct about the rate increasing as a result of overuse of antibiotics. Broad-spectrum antibiotics like fluoroquinolones (for instance, Cipro or Levaquin) are cited in this article as “problem antibiotics” because bacteria are developing resistance to them. Cleaning up hospitals is cited as a way to control C. difficile infections.

I agree that we need to clean up the hospital environment. But I believe that the main reason we are seeing such a huge rise in C. difficile infections is the use of the powerful acid-blocking drugs, such as Prilosec, Nexium, Zantac, and Acid.

One study, for instance, has shown

an increase of more than 200 percent in C. difficile infections in people who take acid-blocking drugs.¹

Yet you hardly ever find mention of the connection between the popular acid-blocking drugs and C. difficile infections. That’s because Big Pharma has a cash cow in these drugs. But, as I describe in my book, “Drugs That Don’t Work and Natural Therapies That Do,” you can’t poison a crucial enzyme over the long term and expect a good result.

These acid-blocking drugs poison the hydrogen/potassium adenosine triphosphatase enzyme system — H⁺/K⁺ ATPase of the gastric parietal cell. The end result is that the stomach-acid-producing cells are blocked from secreting that acid. Stomach acid is not only important for digesting food and absorbing nutrients, it also provides the correct pH to maintain normal bacterial flora.

When you stop acid production with an acid-blocking drug, the pH of the stomach and the intestines rises. This sets the stage for abnormal bacteria to overgrow in the gastrointestinal tract.

The overuse of acid-blocking drugs is fueling this huge rise in C. difficile infections. These medications should only be used for the short term, for instance, to allow healing of open wounds, such as ulcers.

If you are taking these drugs, I suggest working with a healthcare provider knowledgeable about how to use natural therapies to promote a healthy gastrointestinal tract. Do not submit to the long-term use of these medications unless it is a last resort.

If you have C. difficile, I have found good results using kefir, a fermented milk drink available at health food stores, and oregano oil (A.D.P. from Biotics Research, available from Viotron Intl. at (800) 437-1298). Organic apple cider vinegar (1 teaspoon to 1 tablespoon before meals) is also extremely helpful at normalizing acid production and pH of the stomach.

Fight Frailty with Vitamin B12

In a recent study, 703 elderly women were examined in an effort to find the relationship between frailty and vitamin B12 levels. Frailty was defined by five screening criteria that included weight, grip strength, endurance, physical activity, and walking speed measurements.

Those with low vitamin B12 were found to have between a 66 percent and 233 percent greater chance of being frail.²

I have been measuring vitamin B12 levels in my patients for nearly 15 years. There is no question that low B12 is a major cause of frailty, brain dysfunction, poor immune system function, and fatigue. A trial of natural vitamin B12 shots costs less than \$1 a shot, if you inject B12 at home. It is one of most cost-effective therapies at reversing the symptoms of frailty and has little risk of adverse effects.

The Power of Vitamin C

How much does vitamin C help a sick body? A recent study provides an interesting insight.

Twenty-eight children hospitalized with acute lymphoblastic leukemia were compared to 30 healthy children. In the healthy kids, levels of vitamin C in their blood plasma were 1,000 percent higher. In their urine, it was 250 percent higher. This despite the fact that those with leukemia were consuming twice the vitamin C as the healthy children.³

What we learn from this is that the bodies of the children with leukemia were using more vitamin C than the control group. There is no question that illness increases the body’s need for this important vitamin. At the first sign of any illness, it is wise to increase your intake of vitamin C. It can be taken to bowel tolerance — that is, until your body passes it.

1 Dial, S. Use of gastric acid suppressive agents and the risk of community acquired clostridium difficile associated diseases. JAMA. 2005;294:2989-2995

2 J Nutr Health Aging, 2008; 12(5): 303-8.

3 Pediatr. Gastroenterol Nutr, 2007; 45(1): 141-4

and others. Therefore, if we have inadequate pregnenolone levels, we may have a condition where all of the other adrenal hormones have declined. This leads to a condition called adrenal exhaustion.

The clinical manifestations of adrenal exhaustion include fatigue, low blood pressure, headaches, inability to sweat, brain fog, and muscle aches and pains. Studies have shown that with aging, continued stress, or disease, pregnenolone production can be inhibited. This results in a decreased ability to respond to the demands of everyday life.³

Cholesterol is necessary to produce pregnenolone. How can you nearly guarantee a low pregnenolone level? Take a statin drug. Widely prescribed statin drugs such as Lipitor, Zocor, Mevacor, and Crestor block cholesterol production by poisoning an enzyme called HMG-CoA reductase, which will block the production of pregnenolone.

The poisoning of this enzyme results in a lower cholesterol level. However, the consequence of taking a statin is that pregnenolone levels are almost always severely depressed. Once pregnenolone levels are suppressed, it creates a cascading depressive effect on the rest of the adrenal hormones, including DHEA, testosterone, and estrogen. These hormones all help to maintain a healthy immune system and to keep the body strong by building muscle and bone and improving energy. Taking a drug that poisons an enzyme which helps the body make cholesterol is not a good idea for any long-term therapy.

Cholesterol and the Elderly

It is obvious why statin drugs are associated with so many memory problems once you look at the biochemical pathway of pregnenolone production.

Joe, 76, said, “My brain was melting away.” He was brought in by his daughter, who thought that Joe was losing his mind. “I went to my doctor, and he told me my cholesterol level was high. He put me on Lipitor and told me to take it for the rest of my life. About two weeks after starting the medication, I couldn’t remember things. I started losing my keys and I couldn’t remember talking to someone on the phone,” he said.

Joe’s daughter was very concerned. “My dad was sharp as a tack, now he seems to be elsewhere. He is slightly confused and gets irritable about forgetting things. He

never used to be that way before starting Lipitor,” she said.

I found Joe’s pregnenolone level to be very low, at 13 ng/ml, when normal for his age should be more than 40 ng/ml. I told Joe to stop Lipitor and retested his pregnenolone level two weeks later. It had improved to 30 ng/ml. Joe felt much better after stopping Lipitor.

“After one week off the drug, my brain began to work again. I felt my energy increase and the body aches I was feeling on the drug were starting to go away,” he said. I supplemented Joe with 10 milligrams per day of pregnenolone and he made a complete recovery. After two months of pregnenolone supplementation, he told me, “I feel back to normal.”

Unfortunately, Joe’s case is all too common. I see it repeated over and over in my practice. Too many people are being given statin drugs, even when they do not need them. There are no studies that show that long-term statin use will prolong the life of an elderly patient.

An elevated cholesterol level in a patient is a symptom of another problem. In many cases it is the body’s way of trying to stimulate the production of the adrenal and sex hormones such as pregnenolone. My clinical experience has shown repeatedly that by balancing the hormonal system with bioidentical, natural hormones such as pregnenolone, cholesterol levels will naturally fall, without the use of a toxic medication that has too many adverse effects. For more information, I refer the reader to my book, “The Miracle of Natural Hormones, 3rd Edition.”

Though pregnenolone is available over the counter at health food stores, I recommend using pregnenolone that is made by a compounding pharmacist or from a reputable company. I have found the doses of pregnenolone commonly available at health food stores too high, generally starting at 50 to 100 milligrams.

In addition, the dose is often inconsistent. A compounding pharmacist will use micronized pregnenolone, usually made from plant products. The average dose I find effective in my practice is 10 to 25 milligrams per day.

‘No studies show long-term statin use will prolong life for an elderly patient.’

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2 Roberts, Eugene. Pregnenolone — From Selye to Alzheimer and a Model of the pregnenolone sulfate binding site on the GABA Receptor. *Biochemical Pharmacology*, Vol. 49, No. 1. P. 1-16, 1995

3 *Biochemical Pharmacology*. Vol. 49, No. 1 p. 1-16. 1995

Ask Dr. Brownstein

Dear Readers,

I will try to answer as many questions as I can. However, due to the volume of questions, I cannot answer each letter personally. Please include your full name, city and state when submitting. If you have a question for me, please e-mail it to: askdrdavid@newsmax.com.

I have a doctor's appointment for blood work. How do we test for a vitamin D deficiency?

— Evelyn Moody, Lynchburg, Va.

Vitamin D is an important vitamin for our body. Adequate vitamin D levels are necessary for calcium absorption. It is known as the sunshine vitamin. That's because sun exposure on our skin starts the production of vitamin D in the body. Sunlight provides approximately 90 percent of the vitamin D the body needs. Small amounts of vitamin D are obtained from butter, meat, eggs, oily fish, and milk.

Presently, vitamin D deficiency is occurring at epidemic levels in the United States. Why would this be? The main reason is an irrational fear of the sun. The American Medical Association, dermatologists, and the media have spread falsehoods about sun exposure resulting in an excess of melanomas and other skin cancers.

In the case of melanoma, the research has never proven a link between sun exposure and this variety of cancer. Other skin cancers have been associated with sunburns. Most of these superficial cancers, however, can be easily treated by removing the lesion. I believe we are seeing an increase in these superficial cancers from a poor diet and, yes, vitamin D deficiency.

So why are we all deficient in vitamin D? Simply, we are using excessive amounts of sunscreen lotions. Lotions block ultraviolet light from penetrating the skin. As a result, when you wear sunscreen, you will not produce vitamin D in your skin. Interestingly, it is this lack of vitamin D that has been associated with a plethora of

cancers and chronic illnesses, including breast cancer, rheumatoid arthritis, fibromyalgia, and osteoporosis.

I counsel my patients to not use sunscreen and to get 15 to 30 minutes of sunshine daily. Do not, however, allow the sun to burn your skin. Cover up when necessary. Clearly, sunscreen use has not prevented nor lowered the incidence of skin cancer over the last 20 years, even though we use record amounts of sunscreen.

It is important to have your doctor check vitamin D levels at least once a year. A simple blood test which checks for 25-hydroxy D3 can be done by most laboratories. My clinical experience has shown that optimal vitamin D levels range from 75 to 125 nanomoles per liter (nmol/l).

What can I do about breast pain? I have been to six different doctors and have received no effective treatments.

— Barbara Truchan, Auburn Hills, Mich.

The most common cause of breast pain is fibrocystic breast disease. It affects more than 60 percent of women.

Fibrocystic breast disease is a condition where the breasts become dense, irregular and bumpy. The most common complaint with fibrocystic breasts is breast pain. It was once thought that this illness was benign. Newer research, however, has shown that fibrocystic breast disease is a precursor to breast cancer.

Conventional medicine has little to offer people with this condition. My experience has shown that the most common cause of fibrocystic breast disease is iodine deficiency. Medical research has known about this relationship for more than a century. Correcting iodine deficiency using a combination of iodine and iodide (please see the iodine article in this newsletter) has helped nearly everyone I know who has suffered from fibrocystic breast disease.

To Your Good Health!



David Brownstein, M.D., is a board-certified family physician and one of the foremost practitioners of holistic medicine. Dr. Brownstein has lectured internationally to physicians and others about his success with natural hormones and nutritional therapies in his practice. His books include "Drugs That Don't Work and Natural Therapies That Do!," "Iodine: Why You Need It, Why You Can't Live Without It," "Salt Your Way To Health," "The Miracle of Natural Hormones," "Overcoming Arthritis," "Overcoming Thyroid Disorders," "The Guide to a Gluten-Free Diet," and "The Guide to Healthy Eating." He is the medical director of the Center for Holistic Medicine in West Bloomfield, Mich., where he lives with his wife, Allison and their teenage daughters Hailey and Jessica. For more information about Dr. Brownstein, please go to his Web site at www.drbrownstein.com.