

# **A Holistic Approach to Viruses: A Special Interview With Dr. David Brownstein**

**By Dr. Joseph Mercola**

**Dr. Joseph Mercola:**

Welcome everyone. This is Dr. Mercola helping you take control of your health. And today we are joined by a repeat guest, Dr. David Brownstein, who we interviewed last year for his pioneering, absolutely pioneering work on the implementation of a very comprehensive protocol to effectively treat COVID-19. So he's finally written his book. It is out and we're excited to reconnect again and discuss the details of the book and get an update on what's happened since the last time we connected. So welcome and thank you for joining us again today. And wait, wait, the name of the book is "A Holistic Approach to Viruses."

**Dr. David Brownstein:**

Thanks for having me, Dr. Mercola.

**Dr. Joseph Mercola:**

Yeah. So, how have things been going since the last time we talked? I think you had published an anecdotal study, with 108 cases at that point and was 100% successful. No one had passed away. And I'm wondering what your stats are now and what's been going on since we last spoke.

**Dr. David Brownstein:**

So we're over 220 patients now. I don't have a direct number, but I'll bet it's actually over 230. Out of our patients, we've had no deaths. We've had a couple of hospitalizations, much smaller than should be for the reported statistics. And we're still using the same protocol of the same [crosstalk 00:01:34].

**Dr. Joseph Mercola:**

Imagine that.

**Dr. David Brownstein:**

We haven't changed. It's the same thing we've been using for 25 plus years for flu and flu-like illnesses. But our patients are still responding. Now we don't have as many right now because COVID is definitely in my area, in Michigan, has dropped off dramatically. We're pretty much have one patient I've been calling all weekend because we were calling all our patients throughout this whole time. So, we cleared them, and they were feeling better.

**Dr. David Brownstein:**

But a patient, I called over the weekend told me – I talked to him yesterday and he said, he's feeling much better. His breathing, he's back to normal. I said, "All right, I'm going to take you off my call list." And he said, "I want to tell you one thing, there are two things out of what you gave me that I could tell really made me feel better." I gave him the whole protocol of oral vitamin A, C, D and iodine and nebulized peroxide and iodine. And he said "It was when I added

that iodine in." And he said, "I forgot to use the iodine the first day or two, when you asked me about it. And I re-added it back in orally."

**Dr. David Brownstein:**

And he said, "That made the difference." And he said, "My mucus thinned out, my breathing was better, and I forgot to put the iodine and the nebulizer. And I did the both at the same time, the oral iodine and the nebulized hydrogen peroxide and iodine." And he said, "Everything cleared up after that." His breathing was 80%, 90% better shortly after the first or second dose of iodine. And he's another success story that we've had, which is supporting people's immune systems during these viral illness times.

**Dr. Joseph Mercola:**

Well, thank you for sharing that, because that was actually one of my questions, because I was always expecting to get a speculated answer because it would almost be irresponsible to conduct a study on this, but I was wondering what was the primary difference. And if iodine really made a significant difference, and obviously from that anecdotal observation, it appears to.

**Dr. David Brownstein:**

That's not the first one that's told me that. There were two things that I've heard since March of 2020 when we started treating COVID patients that really helped them feel better. One was nebulizing. So we mixed a diluted solution of hydrogen peroxide and iodine together. So I can't really parse it out which one was better, but when they nebulize the hydrogen peroxide iodine – and then a few patients have told me if they forgot to take iodine and they started using it orally, they felt much better with it. And I would implore my colleagues to add iodine into whatever regimen you're using to treating patients who are ill with flu-like illnesses such as COVID.

**Dr. Joseph Mercola:**

Excellent. So, I recently had a chance to interview Dr. Zelenko, I'm sure you're familiar with his work. His primary focus is on hydroxychloroquine. We didn't get a chance to discuss the nebulized peroxide, but I have a great respect for what he's done, especially in light of his personal illnesses. We had discussed the long-haul syndrome and I was surprised to understand his perception of it, but it makes perfect sense once you hear it. Is that in his view, he's basically not seeing any long-haul syndrome unless the person failed to get some type of effective intervention within the first five days. And his speculation was that the virus tends to replicate, five days you have a very high level of virus and it's this high level of virus that can literally, contribute to the higher risk of having this long-haul syndrome.

**Dr. Joseph Mercola:**

And I wonder what your experience has been, because my guess is that most of the patients you're seeing are very early on. You're not seeing people who have just been lingering out there and not knowing what to do.

**Dr. David Brownstein:**

That's true. We've had a few patients referred to us, who weren't our patients, and they were sick for a long period of time before they came to us. And out of our patients, the numbers hold true.

We had one patient die who was referred to us after he was sick for almost two weeks. And he was in his late 80s, got a bunch of comorbidities. And my partner treated him for two days and he died on the second day of his treatment. That was the only blemish in our protocol, but out of our patients who started early, we have very few hospitalizations, no deaths. And I would agree with Dr. Zelenko. Long-haulers are rarely minimal. When I looked at the first 107 patients, the long-haulers were 2%, now the reported numbers of them are somewhere averaging between 25% and 40% are developing long-haul symptoms. And that less than 5% number hasn't changed with the next 150 or so patients that we've treated with it.

**Dr. David Brownstein:**

And I agree that the huge disaster of COVID-19 that history will tell someday is the powers that be telling us, "There's nothing we can do, stay home, lock yourself in your basement, quarantine yourself from your family, wear your mask, social distance. And that's it. No therapies, no nothing, wait till the vaccine comes out." And this "no therapies" time has resulted in over 400,000 deaths. And however you look at it you can add the numbers up any way you want to add them up, and maybe the death numbers are exaggerated, which-

**Dr. Joseph Mercola:**

Yeah. I think that would be [crosstalk 00:07:15] understated.

**Dr. David Brownstein:**

[crosstalk 00:07:15] come out. But there are a lot of people who have died because the governments and the powers that be, and the AMA (American Medical Association) and everybody else out there has said, "There's nothing you can offer and don't offer anything because it hasn't been randomized, double blind, placebo-controlled, therefore, you can't do it. And if doctors do it, we're going to censor them and hold them accountable." And that's been the biggest disaster of this whole thing.

**Dr. Joseph Mercola:**

Yeah, I couldn't agree more. And I also agree that these numbers that they're quoting are seriously inflated, because all you had to do is die with the virus infection, not of the virus, and you're classified as a viral death. So, large numbers of people with comorbidities. And actually, if you look at the total death rate last year, it wasn't significantly different from previous years. So it wasn't like this influx of 400,000 new deaths that we would not have had. They were just being reclassified.

**Dr. Joseph Mercola:**

But be that as it may, even if it was only 50,000 or 100,000, this intervention that we're going to discuss in more detail that you've developed and pioneered is good for everything, because in normal years, we're having 10,000, 20,000, 50,000 people die from a viral infection. So it doesn't just work for COVID. This is not COVID-specific. This is a viral infection, generalized sort of like a shotgun therapy that's just absolutely works to improve your immune response. But why don't we start there with breaking down your description of the immune system and into the innate and the adaptive immune system, because you do a nice job of describing that in the book.

**Dr. David Brownstein:**

Joe, almost 30 years ago, I decided that I wasn't happy with what I was taught in medical school and my prescribing one drug to treat one diagnosis and nothing about nutrition and immune supports and correcting imbalances. I decided I would – it was from treating my dad with bad heart disease and tried a couple of natural things on him, and he got better and I realized that's a better way to practice medicine too, support people's physiology and biochemistry.

**Dr. David Brownstein:**

So I remember when I switched over and I left the practice I was at, and I'm reading book after book and going to conference after conference and moving forward with things and starting to check people's blood here in urine test for nutrient levels and finding nearly everybody is deficient in basic nutrients. And I started prescribing supplements and minerals and vitamins and things to correct them. And I remember when flu season came around, I was well aware that every year 20,000 to 80,000 people die from the flu on an average flu season, if it's a bad flu season, 100,000 will die.

**Dr. David Brownstein:**

And in the 1990s, when I was starting off that there were no therapies, there was no Tamiflu, not that I think Tamiflu was any great shakes for treating the flu. In fact, I've encouraged people not to take Tamiflu. It's a drug should never been approved. It should be pulled from the market and has a terrible, terrible, efficacy against viral illnesses. But we didn't even have Tamiflu available. We had nothing. So if you got the flu, you were told, stay home, hydrate, rest and get back out when you're feeling better.

**Dr. David Brownstein:**

Well, I don't want to see 20,000 to 80,000 people die a year, not that percentage in my practice. So I started looking what I was finding deficient in people. And then I started looking at those individual nutrients and seeing what supports the immune system up. And eventually it came quickly. The basic protocol came quickly that the vast majority of patients were either deficient or low in vitamin C. And all you had to do was check vitamin C levels to see where they fall. And on a reference range, the vast majority of people on the low end of that reference range. And there are 30%, 40% who are vitamin C deficient just on basic blood testing. Vitamin C helps both the innate and adaptive immune systems, which, we can go through. I was figuring, "I live in a Northern climate," I figured most people got to be deficient of vitamin D. So I went to order a vitamin D3 level and the lab doesn't offer it.

**Dr. David Brownstein:**

So I called the lab and the representative comes to my office and she says, "Well, nobody's ordering this." I'm like, "Well, I want to order it." And she said, "Why do you want to order it?" I said, "Because, I don't know if people are vitamin D deficient or not."

**Dr. Joseph Mercola:**

What year was this?

**Dr. David Brownstein:**

1992.

**Dr. Joseph Mercola:**

Wow. You were so far ahead, man. That is great.

**Dr. David Brownstein:**

So I remember the conversation with her and she said, "Well, let me see what I can do." So she calls me up a week later and says, we can order a 25-hydroxy D3 level, we'll develop the test for you, we'll get that equipment in."

**Dr. Joseph Mercola:**

What lab was this?

**Dr. David Brownstein:**

This was at that time-

**Dr. Joseph Mercola:**

[inaudible 00:12:11]?

**Dr. David Brownstein:**

No. This was Detroit Medical Center Labs [crosstalk 00:12:14]. And so a week later I get a call, the kits are in, I can order the tests, I started ordering the tests. And, 90% plus of people are low in vitamin D. And there's a significant portion, probably a third to a half, with rickets levels of vitamin D. So I start prescribing vitamin D and the rep comes to my office about six months later and says, "We're following these numbers, we don't know what to do with them. Everybody's low." And she goes, "How'd you do that?" Well, I figured I'm in the Northern climates, and I'm seeing these other nutrients low, why wouldn't vitamin D be low? So I started prescribing vitamin D and-

**Dr. Joseph Mercola:**

What dose were you using? What dose?

**Dr. David Brownstein:**

I pretty much use the same dose that I've always used with it, 6,000 units a day for most people.

**Dr. Joseph Mercola:**

In 1992 you were using 6,000 units a day?

**Dr. David Brownstein:**

Nobody's gotten toxic.

**Dr. Joseph Mercola:**

I'm shocked that they didn't take your license away. Anyone [crosstalk 00:13:09].

**Dr. David Brownstein:**

The internet wasn't there. So censorship wasn't there, you can actually talk about things that were working and report your failures and successes without fear of reprisal.

**Dr. Joseph Mercola:**

You are so far ahead of the curve.

**Dr. David Brownstein:**

So people we're doing great. It was interesting that there were people with joint and bone pain who felt a lot better, especially older people when they had these really below 10 levels of vitamin D, when they took vitamin D they felt markedly better. So I looked at vitamin D and I'm looking at how it affects the immune system. And lo and behold, vitamin D has huge effects on the immune system. And there are receptors everywhere, for both the innate and adaptive immune systems. And vitamin D deficiency is associated with sepsis and poor immune system response to pathogens.

**Dr. David Brownstein:**

And so, I quickly added vitamins C and D. And same thing happens, vitamin A, I'm checking levels, and people are low. And reading about vitamin A, which, is a fascinating vitamin, and added vitamin A in. And I would put people on low-dose vitamin A, for a replacement. And then, if they got sick or the first sign of an illness, my doses of these three things were 100,000 units of vitamin A a day, for four days, 50,000 units of vitamin D3 a day, for four days. And then vitamin C, 1,000 milligrams an hour orally while you were awake, ascorbic acid, if you just took it until you either got bowel tolerance and you got loose stools, or you just kept taking it, so your symptoms went away. And generally people are sick, or they can take more vitamin C without getting the bowel stuff.

**Dr. David Brownstein:**

Those were my first three things that I did. And what I found was when people got the flu or flu-like illness, and they started taking these three things immediately they would come call me up and say, "I was better in 24 hours," a lot of times. It was amazing. "My sore throat went away, my cough went away, markedly better." A few years later, I learned about iodine and started testing iodine and find overnight 97% of people are deficient in iodine. And the vast majority markedly deficient, meeting WHO (World Health Organization) standards of severely deficient in iodine. And I had iodine into that protocol. And my average dose of iodine for most people is if they don't have glandular problems like problems with the breasts, prostates, thyroid, pancreas, ovaries, uterus, about 12 and a half milligrams a day. And if they had problems with those glands, it would be more.

**Dr. David Brownstein:**

But I would say the average dose of iodine over the years that I've had my patients on is 25 milligrams a day. And it's a combination of iodine and iodide, which is found in Lugol's solution. And that was quickly added into that four-part regimen. And that made a huge difference. People liked that. They felt better with it.

**Dr. David Brownstein:**

Iodine is one of those rare nutrients that you can put people on and a significant proportion just feel better right away, with iodine. And so that was my mainstay. And then somewhere in that first few years, I'm still researching iodine, and I find out in the early 20th century, doctors had written multiple case histories about nebulizing iodine for pneumonias and for lung problems and bronchitis and any lung irritation problems. And so I stumbled across nebulizing iodine, and I added that in.

**Dr. David Brownstein:**

And then maybe a few years after that, hydrogen peroxide came in my window. That one, I was a little leery about, using an IV (intravenous) or nebulize, just because, I couldn't wrap my head around, "How am I going to use this oxidative therapy? Isn't that going to make people worse?" But the more I learned about hydrogen peroxide and it's produced every cell in the body, it's produced in huge amounts throughout the body, every second, every minute, every day, I started using IV and nebulized peroxide and I mixed the nebulized peroxide with a nebulized iodine in one solution. And that really was a cool addition, for people who were developing lung problems or pneumonia or lung cancer or COPD (chronic obstructive pulmonary disease), coughing, and they can't breathe and they're wheezing and things like that, adding a nebulized dilute solution of hydrogen peroxide at 0.04% and one drop of 5% Lugol's solution, which supplies 6.25 milligrams of iodine really helped a lot of people out.

**Dr. Joseph Mercola:**

And then one drop is in a therapeutic dosage you put in nebulizer, like about 5 CCs?

**Dr. David Brownstein:**

Three CCs of saline.

**Dr. Joseph Mercola:**

Three CCs.

**Dr. David Brownstein:**

And 3 CCs total of this 0.04 solution of peroxide and normal saline. And then the one drop of Lugol's is added into that separately, and people would nebulize and they did great with it. And over the years, if 20,000 to 80,000 people are dying from the flu a year, times 30 years, that's a hell of a lot of people dying from the flu. Our practice should have a share of that. We have five practitioners, we're all busy. We're all seeing patients all day, it's was a full-time practice and we don't have people dying from flu in our practice. We don't have people hospitalized with pneumonia from the flu, not anywhere near the numbers. Have we had deaths and hospitalizations? I'm sure we have, none of us can recall death directly from the flu. And I'm sure we've had a few hospitalizations over the years, but nothing like 20,000 to 80,000 per year, times 30 years.

**Dr. David Brownstein:**

And as we were learning these therapies, it was gradual. As we learned things, we added in. And I started for people who needed a little bit more support or who were sicker, or especially those with chronic illness like smokers, or, if they have lung problems before getting sick, their lungs would get severely affected. And we added in IV and I was already doing IVs, but we added in doing IV, vitamin C, IV hydrogen peroxide pushes, IV pushes. And then ozone was my latest addition. I learned from Dr. Robert Rowan, maybe, I don't know, now 12, 13, 14 years ago about ozone. And we started adding in both IV and IM (intramuscular) ozone. And the only thing we changed during this COVID crisis was we didn't want those patients in our office that I was worried about my staff. And as I've grown older, for some reason, my staff seems to have grown older. And I didn't want COVID patients in my office.

**Dr. David Brownstein:**

Before COVID, we had people with flu, they were coughing, hacking come right in, we would maybe separate them in their own room, but they come in, wait for us and bring the box of Kleenex in the waiting room. And that's just how we did it. We walked in the room, I've never worn gloves to examine a patient. I never wore a mask before all this, and I would examine a patient.

**Dr. David Brownstein:**

And, so during this thing, since, everyone was scared, including me at the beginning, I was scared. I have my own health problems. I'm not the best patient to get these viral illnesses. And so we saw them outside. And so seeing them outside, we didn't really want to do ozone as an IV outside. We did the peroxide and vitamin C pushes outside out of their car door, but we did ozone in the rear end. And so COVID-

**Dr. Joseph Mercola:**

Is ozone a gas that you're administering?

**Dr. David Brownstein:**

We were just filling a syringe with ozone. It looked like air in that syringe. You couldn't see it, smell it. And we would just put the gas in the rear end, it was a butt shot. And it's wintertime, March and April in Michigan. And even through this winter, we've still been doing same therapy, for people who have COVID, we line them up outside in their cars and we go out there and we're putting their arms out the window. We're putting their IVs in. We have a whole system to do it in cold weather and dilate. We can get their veins dilated in cold weather from our – took us a little trial and error, but we got it right.

**Dr. David Brownstein:**

And then for the ozone butt shot, it was interesting. Here, it's 10 degrees outside, snowing and sleeting and all that stuff. And you're telling the patient, you got to come out of the car, or just open the car door and put your rear end out. These ladies, men, nobody seemed to care. They weren't feeling good. They wanted to feel better, stand up, drop their drawers. And I can tell you one thing, I've seen far too many rear ends in the last year. Now I'm tired of seeing rear ends, I just want to go back to regular medicine without people's rear ends out their car door, when I'm putting on ozone butt shot in each cheek.

**Dr. David Brownstein:**

But when we started this therapy, I told you in the last visit, I didn't know this was going to work. We hadn't treated COVID-19 or SARS CoV-2 and we haven't treated that virus, but we've treated – undoubtedly, we treated other coronaviruses since 30% of flu-like illnesses are coronavirus every year and they got better. And I didn't see any reason why this wouldn't work for this strain and it did work. And it just the whole thing, my whole experience, I was blogging about it. I was interviewing patients, I was writing about it. And I was titling these blog posts, “There's Still Hope Out There,” because back then there was no hope for anything. You recall, over 80% of people who got hospitalized and got ventilated died, there were freezer trucks to get the bodies. Especially in the beginning, New York city, Detroit, Massachusetts, New Jersey, the hot areas. And the headlines were terrible. Basically just lock yourself in the basement, nothing to do. And wait till we get this vaccine, eight or nine months later.

**Dr. David Brownstein:**

And I remember telling my staff, "We're not closing the office. I'm staying open." I told everyone, "You don't have to work. Nobody has to work. I don't want anyone working who was not comfortable." I said, "We've got a good therapy. We'll take care of you. If you get sick, we won't let a COVID patient in the office." And, I said, "We got to take care of these patients they've nowhere to go." This was the end of February. And I said, "They're going to close everything down." I said, "Most doctor's offices are going to close. Because what are they going to do for them? There's nothing they can do, except tell them, don't stay home." I said, "We've got therapies that we can do to support their immune system." And we worked with about 50% of our staff. The other 50% got scared and stayed home. And they came back eventually. But the interesting thing was through that first wave of COVID in March and April, no one got sick in my office.

**Dr. David Brownstein:**

Now we did get sick in the fall, we kept all those sick patients out of the office and we did great. And then I had one staff member come in sick and that triggered it. And most of us got COVID in the office. And right now we have a herd-immune office, 87% of us have antibodies to COVID.

**Dr. Joseph Mercola:**

Well, they were all treated-

**Dr. David Brownstein:**

All treated.

**Dr. Joseph Mercola:**

-so and support, enhanced their immune system and now they've got permanent immunity better than any vaccine could possibly do.

**Dr. David Brownstein:**

Yep. So they were all treated, but there's one caveat to that. So my study that I wrote was a consecutive case-controlled study of 107 patients. Well, in my office, I now have a single-blinded randomized controlled study because the one patient who came in my office sick, who I think started it. I was calling her every day, just like I call everyone every night after work. And I was saying, "Are you taking your vitamin A, C and D, are you nebulizing? Come in, we'll do an IV." Because she was clearly having breathing problems and wasn't getting better. And after like the sixth or seventh day, I'm like, "What is going on? Everyone's getting better. I don't understand why you're having problems." And so, what I found out later was she was hospitalized and for about seven or 10 days and came home and she wasn't taking anything, she took one vitamin C pill once, and that was it. And I don't think she was thinking clearly when she was sick. And I think that was it.

**Dr. David Brownstein:**

So I was blinded to that because she was telling me she was taking it. So that's a single-blinded. She's the control group who wasn't really treated with anything, except for that one pill of vitamin C, everyone else was given the whole protocol. So she was that N-of-1, so it was 100% hospitalizations for those who didn't take the protocol and less than 1% hospitalizations for those who took it. So that's my single-blinded, randomized controlled study and an N-of-1.

**Dr. Joseph Mercola:**

Yeah. So I want to get back to some of the things that we shouldn't take and you had alluded to the Tamiflu not being effective. And if it isn't, the studies I've read, suggest it might work, decrease the symptoms for an hour or two. The length of the disease, the course of disease by an hour or two, so it's nothing significant. But there's another thing, as you mentioned, your book that I'd like to emphasize, and you're likely to talk about it, because it's not typically looked at and viewed even in natural medical physicians, although they know it, they tend not to emphasize it. I think this is a point that needs to be majorly emphasized. And that is, you write in your book, do not take Tylenol or I'm assuming it extends to other antipyretics like aspirin or ibuprofen and you don't want to suppress the body's ability to mount a fever. So why don't you go into that, because I think it is so crucial. So sometimes, yes, it's great to have these nutrients, but you don't want to sabotage it with drugs.

**Dr. David Brownstein:**

Joe, a fever is there for a purpose. We were designed really pretty, perfectly, to survive viral illnesses, to live to old age and have a good brain function into old age. And, if we support the body, if we give it the basic nutrients that it needs and the basic raw materials and support that it needs, it can do really cool things. The problem we do is in the world we live in, the toxic world we live in, enzymes are poisoned and receptors are blocked. And we take all these drugs, the poisoned enzymes and blocked receptors. And it leads to problems. And when you look at the biochemistry and physiology of the human body, which they don't teach you in med school to really look at it in a way that we should be looking at it for how to support things, because drugs don't do that. Drugs block things in a body that, we've got people with problems.

**Dr. David Brownstein:**

And so what I saw with patients – my partner for years I've heard them on the phone, my partner, doctoring with his patients saying, “Fever is your friend,” and the fever's there for a reason, your body raises body temperature to – bacteria and viruses don't like a raised body temperature. That's why it does it. It's trying to make the environment inhospitable for foreign pathogens. So the worst thing you can do in that situation, unless the fever is too high, I mean a fever over 100 and maybe 103.5 or 104 can cause brain problems and seizures and you can die from a fever. But most people don't get fevers up that high when they're sick, low-grade fevers, 99.5 to maybe 101, 102.

**Dr. David Brownstein:**

I tell patients don't take anything for that, just support the body up, let it do its thing. I know you don't feel good. I've had my share of fevers, I know it hurts and you're aching. And you can control this temperature much better than using antipyretics like Tylenol or ibuprofen by taking a tepid bath or sponge bathing with just, tepid water. A bath with Epsom salts, I can tell you was very helpful for my COVID patients. They like that, and it's been helpful for these other viral illnesses over the years.

**Dr. David Brownstein:**

But Tylenol, in particular, is a bigger problem because it poisons the enzyme that makes glutathione and glutathione is produced intracellularly. It's a strong antioxidant. It's the strongest intracellular antioxidant that I know of. And when you get sick with viral illnesses, bacterial illnesses or stressed or anything, you want the body to make more glutathione to support these cells. You take Tylenol, you block that out.

**Dr. David Brownstein:**

And the Tylenol has a very short window of toxicity, meaning that if you go over those recommended doses on the label, but not by much, you can get Tylenol toxicity and the liver starts to break down and people die from this. Thousands of people die every year across the United States from Tylenol overuse. And the government recognized this because a few years ago, they started mandating Big Pharma to take Tylenol out of a lot of the pain medications because people were dying from Tylenol toxicity. The treatment for Tylenol toxicity is nebulized N-acetylcysteine, which is the precursor to making glutathione.

**Dr. David Brownstein:**

So I really tell my patients to avoid taking Tylenol. I really made a point of it with COVID, because they needed glutathione production. And as far as Motrin and ibuprofen and aspirin goes, at the beginning of the crisis, I saw three patients who told me when they took the first dose of Motrin for a fever, they collapsed, their system went to hell, they had trouble breathing. Everything got worse an hour or two after that first dose of ibuprofen.

**Dr. David Brownstein:**

There was an early article that hypothesized that taking ibuprofen and NSAIDs might make COVID worse because it can affect the H2 receptor and make the virus more likely to latch onto it. That hasn't really been proven out, but I think it's more – you're blocking the body's natural fever response and it's just not a good thing to do. Now if the temperature is too high, over 103.5

you got to lower the temperature, at that point, you either get in a bath and lower the temperature or you take some Motrin or ibuprofen and lower the temperature. Tylenol I would stay away from, unless that's the only thing you can take and you can't take ibuprofen for stomach ulcers or GI bleeding or kidney failure or something like that.

**Dr. Joseph Mercola:**

Yeah. So you mentioned nebulized n-acetylcysteine NAC for Tylenol overdose, but actually in the emergency room, this just shows you that it's even accepted by conventional medicine. That's the standard treatment for Tylenol overdose in the ER is intravenous NAC. That's what they use. It totally works, saves people's lives every single day. So with that understanding, and thank you for highlighting that, I'm wondering if you – did you integrate the NAC into your protocol?

**Dr. David Brownstein:**

You know what, I did say nebulized, but I meant intravenous with the [inaudible 00:32:12]. No, we never found the need for it. And our patients, they got better. So we didn't really use that. I do IV glutathione pushes in my office all the time, we use it as our – it's a standard part of our IV protocols, but for COVID we just didn't see the need for it. Our patients were getting better with what we were doing. So we've kind of stuck to our guns. We didn't use what Dr. Zelenko used, the medication.

**Dr. Joseph Mercola:**

Ivermectin, hydroxychloroquine.

**Dr. David Brownstein:**

Hydroxychloroquine, we didn't use ivermectin. We didn't use those two things and we didn't really feel the need to. Now I think that doctors should be allowed to prescribe ivermectin and hydroxychloroquine. And I think that when you look at the literature around the world, for those two products, particularly for ivermectin literature is pretty clear that – it's pretty clear on the benefits of ivermectin and hydroxychloroquine, but I mean ivermectin, I've studied that, I'm sure you've seen those numbers, it's astounding how, well around the world they're reporting ivermectin is doing. And that the doses they're using, both of these drugs are particularly safe. There's no toxicity, we didn't use them. And would I use them now? I don't know. Why would I use them now? Our patients are still doing well with it.

**Dr. Joseph Mercola:**

Yeah. No need. No need.

**Dr. David Brownstein:**

I've had a few patients ask me for prescriptions, if they're traveling for prophylaxis and I'll prescribe it if they ask for it in low-dose, because I don't think there's any harm to it. But I always tell them, just take your nebulizer with you, take the hydrogen peroxide with you, take the iodine with you and nebulize when you get to a place. After you've on the airplane, get to the hotel room, nebulize, it'll kill – the theory is hopefully that it not only does it support the immune system, but it should kill foreign pathogens in the airways and the nose, in the throat where these viruses starts and they start replicating and start causing the problems.

**Dr. Joseph Mercola:**

Yeah. So with respect to the NAC, getting back to that for a moment, I'm sure you're familiar with Dr. Marik's protocol for IV sepsis, which I'm so grateful because he's a conventional medical physician with quite significant credentials and he's got academic appointment at his university. But part of his protocol, it's called MATH or the MATH+ protocol. The H stands for heparin. And the reason they're using heparin is because there's this tendency towards clotting. And NAC seems to be a magnificent alternative to heparin, probably almost as effective, because it tends to impair that ability to – or help limit the cascading effect of the platelet aggregation.

**Dr. Joseph Mercola:**

But if you're not getting sick by using your therapy, it's great. And it's interesting, too, that you haven't found the need to use hydroxychloroquine or others zinc ionophores like quercetin. So-

**Dr. David Brownstein:**

We never use zinc in anybody.

**Dr. Joseph Mercola:**

That's what I was going to get to, because it is astounding because your focus is on nutritional interventions. And yet you tended to ignore one of the most widely recommended nutritional interventions for this, is zinc, but with the zinc ionophore like hydroxychloroquine or quercetin and you didn't find a need for that. And yet very few or hardly any of your patients, went to the hospital, let alone die.

**Dr. David Brownstein:**

So I think the main reason we didn't use zinc, every new patient who I see gets tested for plasma zinc levels and hair zinc levels. So if they're zinc-deficient, when I see them – our patients might have done so well. Maybe my therapy doesn't work at all, but maybe they've done so well because look, we were doing a nutritional protocol and support and correcting imbalances and detoxifying for metals before COVID hit many of these patients.

**Dr. David Brownstein:**

Now, having said that, we've had enough patients referred to us from other doctors that they've responded as well too. And a lot of those ones were the who that I was doing the interviews on before I got censored by the FTC (Federal Trade Commission), and they had to take everything down and they responded as well to it. So I didn't have lab work on those patients beforehand, but I've been correcting zinc levels for 25 plus years now. And our patients hopefully are going into getting sick without low zinc levels, which I think is a better way to be than what's probably out there with the average person.

**Dr. Joseph Mercola:**

Yeah. When you do find lower zinc levels, what level of zinc are you using to augment them like 10 to 15 milligrams?

**Dr. David Brownstein:**

We never use nutrients individually, I think they work better as part of a holistic treatment regimen, but I don't use big doses of these things unless they're sick, but zinc, I would say 25 milligrams is the average dose they use, it's nothing fancy and it's a chelated form of zinc. So there's actually less ionic zinc because it's bound to something, but, as part of a holistic treatment regimen and look, we're also cleaning up their diet, getting sugar out of their diet. And I wrote that in my book that, it's not just taking these things, it's a holistic protocol. You got to clean up your diet. You got to exercise, eating better and getting sugar out of the diet is huge. Sugar paralyzes the white blood cells for up to five hours of function.

**Dr. David Brownstein:**

What I was really irritated about in the beginning of the crisis, here we are seeing patients and every COVID patient, whether they were new to us, referred by another doctor or their practice, as soon as we called, before we went outside in the parking lot, all five of us were on the phone saying, “Get sugar out of your diet, zero sugar, right now. You need your white blood cells functioning as 100%.” And the first thing we told them was, “You need to hydrate and you need to eat sugar – not eat sugar, no sugar.” So anything with added sugar in it, they were told to remove it. So, all these therapies work better as part of a holistic treatment protocol where you're supporting the body up.

**Dr. David Brownstein:**

And in the hospital, the few hospitalization patients we had, they would tell me the food they were getting, they told me they weren't going to eat it. And number one, they lost their sense of smell and taste so most of them weren't hungry anyways, but they were having their spouses bring food to them because they weren't going to eat the crap in the hospital, which is full of sugar and Jell-o and the juice. And it was terrible. I remember my mom was in the hospital a couple of years ago for diverticulitis and I was visiting her and they bring the food in. And I took a picture of the tray of food, which was loaded with sugar. I added up as much as I could come up with how much sugar was in it. And I wrote a blog post about it, surprised I didn't get censored on that one. And I just said, “This is ridiculous. Why are we feeding sick people lousy food when they need healthy food?”

**Dr. David Brownstein:**

And so there are things people can do at home to make themselves healthier. So if you get confronted with something like SARS CoV-2, you can respond appropriately because the vast majority of people aren't dying from this, even though they wanted us to think like it's Ebola or hemorrhagic fever, that 40%, 50% of people are dying from this. The vast majority of people are not dying from this. The vast majority of people aren't getting sick from this.

**Dr. David Brownstein:**

I'm not minimizing it, I have seen my patients who can't breathe. I've talked to them on the phone. It's scary and people are dying from this, but, we can do things. It's not that we have to wait for a vaccine. And as I said at the beginning, when history writes itself about this, the wealthiest country on the face of the earth that spends the most on health care, failed miserably. We have reached the bottom in our failure of this more than any other country, I think.

**Dr. Joseph Mercola:**

I agree. So it was a good protocol and strategy to have people limit sugar, but I think even the wider course is to limit processed foods. And, I think there's an element in processed foods that is even more pernicious than sugar. Unfortunately, removing it from the diet doesn't have the acute impact that sugar does. And that is the vegetable oils, which are just loaded with omega-6 fat, specifically linoleic acid, which is about 90% of the omega-6 fat. And that is just going to devastate your risk for – or radically increase your risk for COVID-19 because the SARS CoV-2 virus integrates that linoleic acid and it actually makes it – it is part of their strategy to infect the cell. So if you can limit that vegetable oil and linoleic acid intake, that's going to have a radical improvement too.

**Dr. Joseph Mercola:**

Just getting back down to the basics. I mean, we have 10 to 20 times as much linoleic acid as we did 150 years ago.

**Dr. David Brownstein:**

The basics is absolutely right, Joe. And my partners and I always talk after work, we're tired and seen a lot of patients who want to go home. We're making our phone calls and inevitably we start talking about it. People just did the basics, they just cut sugar down, cut the processed food, processed oils and refined carbohydrates out of their diet, drink water, keep enough salt on board and enough iodine on board. They should be able to get these viral infections with we've gotten for since the beginning of human existence, and get sick for a period of time and your immune system recovers. And it was probably better for it. You have lifelong immunity to it, even though they keep telling us sick people should get this vaccine, they have no scientific data to base themselves on that. The sick people should have lifelong immunity like they do for every other virus.

**Dr. David Brownstein:**

As I said, this has just been disaster. When the final story comes out, it's not going to be pretty.

**Dr. Joseph Mercola:**

Yes, indeed. So I want to get into some of the specifics now for some of your nutrients, just to make sure that people understand it because, let's start with vitamin A, which is interestingly has been used and there's no, absolutely no, disagreement with this even in the conventional medical community, is that it is useful for improving your immune response. And this nutrient has routinely been used in Africa, for children to prevent measles far more effective than the measles vaccine. All they did was give them vitamin A and so we know it works, but what are your recommendations with a type of vitamin A, because there's a variety of them. And I want you to go into this, you detail in the book too, like the difference between beta-carotene and vitamin A and whether the vitamin A should be emulsified.

**Dr. David Brownstein:**

So I made a point of really writing about that because over those years when I added vitamin A and I didn't really know the difference between – I knew the difference, but I didn't really know

the significance of the difference between beta carotene and vitamin A and those words are sort of batted around, like they're one in the same. Beta carotene is a water-soluble-

**Dr. Joseph Mercola:**

And that's mostly on nutritional labels. So if you look at the nutrition facts label on many foods especially vegetable oils, they'll say beta-carotene. They won't even say beta-carotene, they'll just say, vitamin A, just assuming that they're one and the same.

**Dr. David Brownstein:**

I've called companies on that when I see labels. And I call them and say, "What kind of vitamin A are you using? They say, "It's beta-carotene." I'm like, "Your label's wrong." And they'll change it. So beta carotene is a water-soluble form of vitamin A, but beta-carotene does not have the effects on the immune system. Vitamin A does, the fat-soluble form. So I made a point in my interviews online before they were pulled off saying, "Use vitamin A, not beta-carotene." And I made a point in that book, a few places of saying the same thing. It's important to use vitamin A and I like emulsified vitamin A and labels should clearly say that. Good companies label – especially nutritional companies should label what it is. And they do.

**Dr. David Brownstein:**

And beta-carotene do not provide the immune system effects vitamin A does. Vitamin A helps minimize cytokine storm. It helps minimize the inflammatory factors like IL-6, IL-10, IL-8 and IL-12, it helps to lower TNF alpha. And the white blood cells need vitamin A as an integral part of their functioning. So it helps both the innate and the adaptive immune systems fight back. And most people are deficient in vitamin – look, our food, the mineral and vitamin content of our food has dramatically decreased over the last 40 to 50 years. What's happened in our testing, is that – and I've seen this because I've now, unfortunately I'm a little – got a few decades behind me, but I've seen the reference range has changed when I check these levels. So the reference range is not a normal range. It's just there's a median in the middle where people fall, and then there's an upper and lower range, which is one standard deviation on either side. But what they're trying to capture is 95% of people when they test, like, let's say they test a hundred people at a lab, they'll come up with a reference range and say, the middle is here, the upper limit is here, and the lower limit is here.

**Dr. David Brownstein:**

What's happened over the years is that reference range has shifted down. It's shifted down for magnesium. It shifted down for zinc. It's shifted down for vitamin A, and it's shifted down for other things. And the reason it's shifted down is we've become more deficient. And so as a society, we are deficient in these basic nutrients. And if you work with a holistic doctor who is nutritionally literate, they can help do the right tests and the right advice and, work with you to correct these and just give your body the basic raw materials it needs. So when it's confronted with a stressful situation, such as a virus or bacteria or whatever, an emotional stress, it doesn't really matter, it can do what it's supposed to do to keep you healthy through it. Or allow you to – if you become the ill to fight back and to get over it, so we don't die from it.

**Dr. David Brownstein:**

I've been checking vitamin A levels, like I said before. So the form of vitamin A is emulsified vitamin A, not beta-carotene for this support.

**Dr. Joseph Mercola:**

Okay, good. And then you mentioned the, and started off with the strong anecdotal confirmation that the iodine when added to the nebulization mixture seems to work even more effectively. So the question I have is obviously peroxide, it's an oxidizing solution, although admittedly, it's a pretty low concentration. But when you add the iodine in there, is there any concern that you're going to oxidize that iodine and change the valence, or is it because of such a short time and would this be the reason why you added, just before you're going to use it and not in a storage solution with the peroxide?

**Dr. David Brownstein:**

You know what, I knew we were going to say it before you said it, but that's exactly why we did it separately because I didn't want it to mix with the peroxide and sit in that stored solution for three months, in the fridge. So we add it separately. Now, remember this is Lugol's solution. So Lugol's solution was designed in the 1820s by Dr. Lugol and it's potassium iodide, the reduced form of iodine plus iodine. And it's the oxidized form of iodine. So it's got both reduced and oxidized iodine in it.

**Dr. David Brownstein:**

And when I learned about iodine, I've tried different forms of iodine. I've tried just using straight iodine, the oxidized form, I've tried straight using iodide, the reduced form. I can tell you without a doubt, clinically, it works better when you use a combination of iodine and iodide, like good old Lugol's solution, which, now is almost 200 years behind it. And so I do add it separately each time they nebulize, I don't want to put it in the stock solution.

**Dr. Joseph Mercola:**

And then where do you get Lugol's? Is that something you can order online? Do you have to get it from a compounding pharmacist?

**Dr. David Brownstein:**

So Lugol's, for close to 200 years, was sold over the counter. You could just go into anywhere and, buy it, if they were selling it. And then the FDA (Food and Drug Administration), one of the FDA's edicts mandated that you couldn't have 5% Lugol's solution without coming from a prescription from a doctor. So they say Lugol's is used for making methamphetamine, I watched every episode of Breaking Bad. I don't recall Walter White using Lugol's solution, but I never really looked up the formula for methamphetamine. But anyways, so you can get 2% Lugol's solution over the counter. And if people get 2%, what they could do, they should do this with a healthcare practitioner. So I'm just giving general advice here. But if they want to nebulize it and get the same thing that I'm doing for my patients use two drops of that instead of one drop of 5%, and two drops of 2% is like getting a 4% solution, it's pretty close. And that you can get over the counter.

**Dr. Joseph Mercola:**

Okay, good. So, thanks for clarifying that, let's progress to the nebulized peroxide, which, prior to this interview, I thought that was one of your greatest contributions is pioneering this intervention, and making it clinically available. But I had no idea you were doing vitamin D in the early 90s. I didn't start with my vitamin D until like the late 90s. You beat me by a minimum of five years and probably more, and what really astounds me – I'm going to get back to the peroxide in a moment – but what really astounds me about your clinical experiences and most clinicians watching this probably don't understand that in the early 2000s, there was a study published in India, very small study, that showed potentially toxic effects at 2,000 units. So you ran the risk of losing your license since you prescribed a dose higher than 2,000 units. It must really have been hard to find because, I mean, it was just 400 units that you have to get those capsules. So-

**Dr. David Brownstein:**

I'm smiling because I saw that article, that article was nonsense. I've been using it for 10 years at that point, somewhere around there, I've been checking levels. Look, I see my patients back about twice a year when they're doing well.

**Dr. Joseph Mercola:**

I'm not criticizing you.

**Dr. David Brownstein:**

Oh, no. I'm not taking it as that.

**Dr. Joseph Mercola:**

I'm just saying, you're brave and courageous to do it.

**Dr. David Brownstein:**

I wasn't worried about losing my license because I had all the data on that one. I've made a couple of patients toxic in vitamin D because vitamin D, like vitamin A, can build up. These are fat-soluble vitamins.

**Dr. Joseph Mercola:**

What do you define as toxic?

**Dr. David Brownstein:**

Well, so I had a lady with multiple sclerosis who was in a wheelchair.

**Dr. Joseph Mercola:**

Vitamin D is essential part of that therapy, no question.

**Dr. David Brownstein:**

When I check her vitamin D level, it was like five or six or something. She was at rickets levels of vitamin D. So there were some older literature of using high-dose vitamin D in multiple sclerosis patients. And I read some of those cases trays, and I told her let's try 50,000 units a day.

And I said, "But if I do this on you, I have to check your blood every two weeks." And she said, "Why?" And I said, "Because this can build up, you can become hypercalcemic and you can get stones, bones and groans. You can get a problem with your bones. You can get kidney stones, gallbladder stones, you could die from that." And so I started checking her levels and we did 50,000 units a day. And I made her promise me, "You will get your blood drawn every two weeks. You'll hear from me every two weeks because I'll call you when the bloodwork is back to say, keep going, or, we need to stop."

**Dr. David Brownstein:**

So, I watched her vitamin D levels go up and about six or eight weeks, I see her back in the office. She comes in now, she came into the wheelchair the first time, she's got a cane and she's hobbling with a cane, but she's walking and she's thrilled. Her pains are better. Bones don't hurt anymore, and she's able to walk again. And her level was like, I don't actually remember, it was really high because at that point, the upper limit, this was a while ago was like greater than 100 nanograms per deciliter. So I don't even know how high it was, but 150 or something like that, or 200, but it was reading as greater than the upper limit. But her calcium levels were fine. So I said, let's keep going.

**Dr. Joseph Mercola:**

Why would you do that?

**Dr. David Brownstein:**

Because she was hobbling still. And she was feeling better and she didn't want to stop. And she had no hypercalcemia.

**Dr. Joseph Mercola:**

Oh, man. Okay. That's a good, that's a good rationale.

**Dr. David Brownstein:**

So I said to her, "I need to see you" – now I saw her in six weeks. I said, "I want to see you every two weeks. We'll do your blood." Because as I said, I was worried, look, I didn't want to hurt her. And certainly didn't want to hurt her and cause her any problems. So I see her two weeks. She's walking better every time I see her. And then four weeks, she's using the cane, but now she's not hobbling. She's kind of got a step to herself and she's feeling better. And she says, she's got her life back. And she doesn't even know if she needs the cane anymore. I told her to use the cane and I'm checking her calcium levels. And calcium was just rock solid, like 9.5, 9.6, right in the middle of the reference range, hadn't budged.

**Dr. David Brownstein:**

And then we did this for four months. Now, she dropped her cane a couple of weeks later than that and was walking without the cane. She said she's never felt better in her life. And four months, her calcium starts to rise over 10. Now it never got to a toxic level. I said, "Look, we've got to stop at this point, no more vitamin D, kind of let your levels come down, and your calcium is rising." And we kept checking it every two weeks or her levels never went high, and then calcium back down to 9.5. And once her vitamin D came back in the reference range, I put her

on 50,000 units a week. And I still see her. She said she felt better when that level was way higher than that. And she wants to go higher than that. I'm like, "We just can't risk a problem here." But I see this lady every three months, she's walking without the cane and she still tells me, she never felt as well as she did when that vitamin D level was really high.

**Dr. David Brownstein:**

And I've had a couple of multiple sclerosis patients who are in these relapsing remitting crises. And, I do this 50,000 units a day, check their levels. And usually that'll stop that crisis within a few days of that high dose. And I run those patients a little bit higher in vitamin D. Now the levels you can read them, the upper limit is greater than 500 nanograms per deciliter. But I don't like to run people that high and I do check them for toxicity with this. But they got to be cautious. And if you're going to do something like this, it should be done under guidance and [crosstalk 00:54:48] following.

**Dr. Joseph Mercola:**

For your MS patients, do you use LDN or low-dose naltrexone?

**Dr. David Brownstein:**

I do use it. I get frustrated with that because, there are the occasional patient it helps, but I'm telling you it's less than, I don't know, 5% who seem to get help with it. It's really a frustrating thing for me. I would say it's 1%. And so I kind of go on and off LDN and when it helps someone it's really neat, really rewarding and wonderful, but there's 99% people it doesn't seem to help and they don't get harmed with it.

**Dr. Joseph Mercola:**

No. Yeah, yeah.

**Dr. David Brownstein:**

I am willing to use it, I get frustrated with it because I just don't see the-

**Dr. Joseph Mercola:**

That's great then.

**Dr. David Brownstein:**

-clinical effects that are reported elsewhere.

**Dr. Joseph Mercola:**

Great clinical pearls. I wasn't anticipating that. That is a really useful piece of information to push the vitamin D high to very high levels in people with severe MS. Certainly something to consider and relatively safe.

**Dr. David Brownstein:**

[crosstalk 00:55:40].

**Dr. Joseph Mercola:**

It's really hard to overdose even at a – I mean, you definitely want to monitor the calcium levels to be safe, but it's really hard.

**Dr. David Brownstein:**

[crosstalk 00:55:47]. Don't let somebody become hypercalcemic. So everyone high in their vitamin D levels, if they're not hypercalcemic, they're not having issues. I only do this in a crisis situation for somebody. And I have not seen it fail, people feel better with that. They like that.

**Dr. Joseph Mercola:**

So I wanted to get back to peroxide because I've embraced that therapy and believe that it's the single most effective intervention. Not to disparage any of the other therapies you're using, but if I only wanted would do that, and I wasn't as convinced about the iodine, but you make a very compelling argument for that and probably am going to integrate that into what I'm recommending from the future. So the question I have on the peroxide, you have 0.4%. And I want to dialogue with this because-

**Dr. David Brownstein:**

0.04%.

**Dr. Joseph Mercola:**

I'm sorry, one-tenth of what I just said. So 0.04%, I've been typically recommending 0.1%, which is about two and a half times higher just because, we're both recommending the food-grade peroxide and the food-grade peroxide doesn't have stabilizers. So, and I want to discuss that too. I mean, how long do you think it's stable in the fridge? A few months less or how would you-

**Dr. David Brownstein:**

We mix it up for our patients in a bag of sterile, normal saline, and we put a mineral in there to activate it such as manganese. If you can get manganese.

**Dr. Joseph Mercola:**

Manganese to activate the peroxide?

**Dr. David Brownstein:**

You know, what? That's in some of the old literature.

**Dr. Joseph Mercola:**

Really?

**Dr. David Brownstein:**

And so we can't get manganese anymore. So we put a little bit of magnesium in there, just a tiny amount. And we dilute the peroxide down to 0.04% in that bag of saline. And then I tell patients,

keep in the fridge and they draw off that. And, clinically it seems to work for about three months and then it loses its potency.

**Dr. Joseph Mercola:**

So you're seeing that, you actually clinically observed this three months and then throw it away.

**Dr. David Brownstein:**

I have severe asthma. I've had it since I was a kid. I was on all those inhalers and steroids. And of course I wasn't eating great either, as a kid and a teenager. So I learned holistic medicine. Once I cleaned up my diet and started correcting vitamin D mineral deficiencies, my asthma got better, but I get asthma attacks still with colds. And so look, when COVID came around, I was worried, here I got lung issues and I'm going to be around these patients.

**Dr. David Brownstein:**

But anyways, so I've used the nebulized peroxide for me whenever I get sick. And I also used it prophylactically during the COVID crisis, where, when I come home from work, after seeing patients, I just nebulize, as soon as I get home from work to take care of whatever I was exposed to, but I can tell you from my experience – and then I realized that patients were experiencing the same thing. Those peroxide solution bags were lasting about three months in the fridge. And then they seem to lose – people didn't get as good of effect with it. And they would just throw it out, get another one, or, make your own [crosstalk 00:58:51].

**Dr. Joseph Mercola:**

So, two questions on that. The first is, this is one of the reasons why I was recommending a little higher dose, because if I double the dose, it's going to be pretty similar at least initially, but if it's twice as high as the concentration, you might, instead of getting three months or you might go to four or five, six months, and the person who doesn't know the difference or forgets to change it three months, you might get a longer life. And then the second before you respond that, the second part is, I'm wondering why you would use an IV bag because it's plastic and it's got plasticizers and phthalates and BPA (bisphenol A) that could potentially get diffused out into the solution. And I would just put it in glass like glass [crosstalk 00:59:33].

**Dr. David Brownstein:**

I agree with that. But I have two comments on that. Number one, you're right on that. Number two, keeping it cold will lessen the chance of that happening. Then when the osmolarity of that solution is up high enough, much less chance to pulling phthalates out. So because we add that mineral to it, because we have the peroxide to what I think the osmolarity comes up enough where you're not going to pull the phthalates out of there and so we don't want to heat it or keep it. But we mix it, we keep it cold, we send it home in an ice pack. And look, it certainly would be better to make it in glass than plastic, but-

**Dr. Joseph Mercola:**

Yeah, because you're not worried about contaminating I'm using the syringe take it out, but-

**Dr. David Brownstein:**

We're making a sterile solution, we keep it sterile.

**Dr. Joseph Mercola:**

No, I get it, but I don't know that you need a sterile solution.

**Dr. David Brownstein:**

I'm not sure either, but we've always done it that way. It's always worked that way and we've kept it that way.

**Dr. Joseph Mercola:**

Yeah. Yeah. And then the other thing too, is for those who are going to do this at home, they're not coming to your office to get this. We clearly understand the importance of making it normal saline, which is about a teaspoon of salt and a pint of water that gives you a 0.9% saline solution, which is about the concentration of salt in your body fluids. So to just to prevent damage from that. So you do not want to use this with distilled water. That's the last thing you want to do because that could be probably cause a physiological damage if you did that.

**Dr. David Brownstein:**

I agree normal saline is there for a purpose, that's what our body is running through our veins and our arteries. And that's why you do not want use distilled water. You can use the distilled water to make your normal saline solution-

**Dr. Joseph Mercola:**

Yeah. But you got to add salt.

**Dr. David Brownstein:**

You got to add salt to it. And salt's been an integral part to my holistic practice for years. I've written a book on salt and been encouraging my patients who don't have kidney failure to use salt in their diets and make sure they maintain adequate salt levels because most people are salt deficient and that puts a big stress on the body.

**Dr. David Brownstein:**

So absolutely, I agree with you. And I also would say your 0.1% solution, I can't see any harm with that. I've seen people nebulize 3% peroxide. They don't seem to have any harm with that either.

**Dr. Joseph Mercola:**

Yeah. Dr. Tom Levy recommends 3% and higher.

**Dr. David Brownstein:**

He does. I don't see any harm with that either. It's a little more drying on the throat, but beyond that, there's no real harm with that either.

**Dr. Joseph Mercola:**

Yeah, but I like [inaudible 01:01:58] that you use the lowest dose you can get away with.

**Dr. David Brownstein:**

My suggestion of people are going to do it at home since it's not a sterile solution, I would probably only use it for a day or two and then just make a new batch, just make a daily batch. So, what's going to grow in normal saline? not much, but, I would make a daily batch of it and it's not expensive and it just takes a little bit of work to do it.

**Dr. Joseph Mercola:**

Especially if it's in the fridge.

**Dr. David Brownstein:**

Yes.

**Dr. Joseph Mercola:**

All right. Because I'm so enamored with this therapy, I would just want to continue dialogue in about it and get your views on the mechanism of action. Obviously regular peroxide is a topical disinfectant, it's a virucidal on contact. It just decimates, they slip in envelopes of the viruses. But it also seems to have a secondary messenger effect. So why don't you discuss your understanding of the mechanism, because I think many people would be intrigued to hear that.

**Dr. David Brownstein:**

When I was started doing holistic medicine and I ran across hydrogen peroxide in the literature, and I thought, this is really interesting. That Indian doctor from the 1920s or 30s was using it to treat pneumonia IV hydrogen peroxide. They found that death rate from pneumonia was cut in half because it was for antibiotics at the time. So he recommended using a diluted solution of IV peroxide to treat pneumonia. And so, it's an oxidative therapy, we're kind of all conditioned that antioxidants are good and oxidants are bad, but really, you need a balance of them. It's called a redox. It's like a teeter-totter and you need oxidants to stimulate the breakdown of old cells and old tissue and injured tissue. And you need antioxidants to stimulate the repair of those old cells and old tissues and broken-down tissue.

**Dr. David Brownstein:**

So you want to get rid of old and injured tissue. You want to build new tissue. And for example, if everything is working right, and you're getting rid of old and injured bone cells, and rebuilding bone cells every eight to 10 years, you got a new skeleton. So, it's not just taking antioxidants and I've had patients and I've written newsletters over this, over the years that I see patients come in and they feel lousy and they're achy, and they're got all this fibromyalgia complaints and they're tired and really have a miserable life. And they're taking two bagfuls of supplements. So I always ask them the same question, "What in those bags makes you feel better?" And they look at me with a puzzle look and I'm like, "Tell me, you got three dozen things here you're taking, tell me what things you're taking, I know when I take this, I feel better." Most of the time they don't know, they're just taking things.

**Dr. David Brownstein:**

So I always tell them, your antioxidant/oxidant teeter-totter is imbalanced. You got too many antioxidants. And so you have to break down old, and injured tissue to repair it, to rebuild new tissue, you got to break down the old stuff. So the oxidants do have a benefit. And what the oxidants do is they stimulate the redox pathway. I wrote about this in depth in my ozone book. And what I think we're getting with this hydrogen peroxide and ozone and high-dose vitamin C, is that you're stimulating this redox pathway to move electrons around. When you move electrons around, you can make energy molecules, ATP, you can stimulate repair cells and stem cells and energy production and get things moving again.

**Dr. David Brownstein:**

And so the human body produces a tremendous amount of peroxide. It's produced all over the body in every cell, if this was such an oxidant therapy that's dangerous, we would see problems with it, why would we produce so much of it? So using small amounts of peroxide, either IV or nebulizer only has a good clinical effect. I do not see negative effects with it. I've seen some people they don't respond to it, but I can tell you, I don't see negative effects with it. And it's the oxidative therapies would be one of the most impressive things I've seen in my practice, when I include oxidative therapies, I'm saying high-dose vitamin C IVs, along with ozone and along with hydrogen peroxide.

**Dr. Joseph Mercola:**

Yeah. Most people don't classify vitamin C as oxidative therapy, but it is, because as I understand it, one of the metabolic breakdown products is peroxide.

**Dr. David Brownstein:**

You got it. It stimulates peroxide production when you use high-dose vitamin C. And so I can tell you clinically, it's really an amazing therapy. Now, can I give you one more anecdote with a-

**Dr. Joseph Mercola:**

Sure.

**Dr. David Brownstein:**

-nebulized peroxide?

**Dr. Joseph Mercola:**

Sure. Your anecdotes hitting out of the park.

**Dr. David Brownstein:**

All right. I call this man the "blue man." And he was about 80 years old, bad COPD. He's the [boyfriend] of my patient who's about 86 years old and they come in, they're this cute couple, she's in great shape. I still see her. She's in her mid-90s now, but she's in great shape. He's got an oxygen tank with them on wheels and he's all blue, his lips are blue. His nails are blue. He's huffing. He feels like he's going to die. And he's on all these inhalers and steroids and things like that, and he can't breathe. So I said to him, the first visit, I said, "You know, you got to nebulize

hydrogen peroxide and iodine." So he was game and got a nebulizer and mixed up the solution for him.

**Dr. David Brownstein:**

And he comes in two weeks later to go over his lab tests that I got with him. I told him to nebulize four times a day. He's no longer blue in his lips. He's no longer blue in his nails. He still got his oxygen on, he's got some gait now, he can move. He doesn't look like it's all hunched over. He's certainly not breathing like he was. And he tells me he's 70% better just by doing that. He didn't do anything else because I didn't go over his labs yet. So I went over his labs, corrected some nutrient imbalances, kept him nebulizing.

**Dr. David Brownstein:**

And this man nebulized for about 10 years, I saw him maybe three or four times a year. We would just adjust things. His breathing was fine. Sometimes he had the oxygen on, sometimes he didn't. He always had the tank with him.

**Dr. David Brownstein:**

And then he went to a nursing home near the end. He was in a nursing home for about a year and a half. And I went and made house calls to him at the nursing home. He's in this old nursing home with cinder blocks and looked like where he went to high school, public high school, building like that. And he had that nebulizer with him and those doctors wanted to take that away from that nursing home. And he said, "Over my dead, gripping blue hands" or whatever he said to them. And he said, "You're not taking this away. This has kept me alive for nine years-" or whatever he was there. And he nebulized up until his death around 90. And his girlfriend, I still see, and we still talk about him. And, he's my really famous peroxide nebulize story, the blue man who didn't turn blue after he started nebulizing that.

**Dr. Joseph Mercola:**

Yeah. That's a fascinating anecdote. So what do you believe was responsible for approving the oxygenation in this guy?

**Dr. David Brownstein:**

What I think peroxide does is it has like a detoxifying effect on the lungs and it must have some kind of cleansing effect where whatever was inhibiting his oxygenation – he was a long-term smoker who stopped, so whatever crud was there, or debris was there. I think that peroxide just kind of scrubbed it away. And now the peroxide breaks down in your body from enzymes like catalase. It does break down into water and oxygen. So maybe it's the direct peroxide effect, but he was feeling – after he did the peroxide for a couple of days, the first time, it's not like he needed to keep doing it to – he kept doing it because he felt good, but he couldn't notice the quite the good effect because he was already feeling good with it.

**Dr. David Brownstein:**

I think you get an oxygenation effect, I think you get a redox effect with that teeter-totter moving more energy molecules around and I think you'd get a detox effect with it.

**Dr. Joseph Mercola:**

It's just a fascinating story. I am saddened when I hear it because my mom ultimately died from complications from COPD for being a lifetime smoker. And I was not aware of it, even though you were doing it actively during that time and I could have used it. It just took me about 20 years longer to figure this thing out than it did for you. So, I want to highlight another important aspect of the nebulized oxygen therapy, which is the nebulizer. And you just discussed this in the book, but I want to hear it from you directly, and the difference between using the \$25, \$30 one, that battery-powered device that you can get on Amazon. Which almost, when people hear about this, that's the first one they buy, and how not to do that because it's a piece of junk and you really want to get the one you plug in. So can you expand on that with more details?

**Dr. David Brownstein:**

I'm glad you brought it up. I made a point of that in that as you know chapter on nebulizing. I made a strong point saying it's really important to buy the right nebulizer. Nebulizers are cheap. You can get them for 50 bucks, 50, 60 bucks.

**Dr. Joseph Mercola:**

The right one, the right one.

**Dr. David Brownstein:**

The right one. But you don't have to spend hundreds of dollars on a nebulizer. But what happened at the beginning of the COVID crisis was that, I had a couple of patients who were using our solution calling me, "My breathing's not better." I'm like, "Everyone's breathing is getting better from this, why isn't yours getting better?" And there were three patients calling me and I'm like, "Let's increase the frequency to every half an hour, instead of every hour, while [crosstalk 01:11:34]." Who wants to do that? Then you're just nebulizing your whole life.

**Dr. David Brownstein:**

And I was calling them twice a day because they weren't doing better. And finally I said to one of them, "What nebulizer do you have?" And she's described it to me. "It runs on batteries and it's a handheld one." And so I said, "Let me call another patient. I'll call you back." I called the other one, "What kind of nebulizer do you have?" The same thing. And I call them both back and I'm like, "Look, my other patients, aren't having this issue. Let's get you a real nebulizer, plugin, desktop." They're called – I got my book over here to look, but there it's in that book. I'll look as we're talking.

**Dr. Joseph Mercola:**

Jet nebulizers.

**Dr. David Brownstein:**

Jet nebulizers. And I said, "Let's get a jet nebulizer." And I show a picture of that in my book. And as soon as they got that, they were on their way. And so I made a point in that book of saying that, you got to use the right nebulizer and that's important for this therapy. The handheld ones just don't provide enough oomph to get deep enough into the lungs. That's my guess with it.

**Dr. Joseph Mercola:**

Yeah. Yeah. Yeah. Thanks for expanding on that. I found that the PARI Trek seems to be a useful one, used to be available easily on Amazon when they had an in stock and now they require a business account to get it, which makes it extraordinarily difficult. So people are getting them on eBay and other sites that sell them. And a common frustration that I hear from many people who seek to acquire one of these devices, whether it's PARI Trek or another, is that they require a doctor's order.

**Dr. Joseph Mercola:**

But interestingly, one of the person who said that, he said, "I just said, I saw Dr. Mercola's video and he said to use it." So he said, "They accepted that." He's just a legalist, but do you have any suggestions or recommendations for people who are seeking to get one of these? Because the key – and this is a huge point that I want to emphasize to you do not, you do not want to go out and run and get a nebulizer when you need it. You need to have this at home before you need it, because if you're not going to need it, someone you know or love is going to use it.

**Dr. David Brownstein:**

You are right on the money. You need all the supplies on hand because you don't know when you're going to get sick. You don't want to be scrambling for it. And look, maybe I'm beating my own drum here, but, I was writing about this and, nebulizers and vitamin A, went in short supply across the country. And I was pounding this drum hard. And so we started carrying it in our office for our patients. And that was our way around it because we had the same of problem of patients [[crosstalk 01:14:06](#)].

**Dr. Joseph Mercola:**

Right, right. Your patients didn't have a problem, but unfortunately not everyone in the country is your patient.

**Dr. David Brownstein:**

So you know what, Amazon has them. You can look around, they're out there now. The shortage has seemed to ease now, I don't hear it like I did before. So I can tell you, Joe, you're 100% right, have this stuff on hand. It should be in your first aid kit, just waiting to go if you get sick. And the other thing is, you need to practice to make your own solution up before you have to do it when you're sick. Because when you're sick, you're not thinking clearly. You want to know what you're doing. You want to know how to do it. You want to do it quickly. And the faster you get into this, the better. The patients who we had the most trouble with were referred to us by other doctors. And they were already sick for seven, 10, 14 days before they [[crosstalk 01:14:51](#)].

**Dr. Joseph Mercola:**

Yeah. You got get the first five days. You got to get the first-

**Dr. David Brownstein:**

They were sick. And that one who died, was referred to us after almost two weeks of being sick. And so like any illness, it's much better to treat it early than it is to treat it late.

**Dr. Joseph Mercola:**

Yeah. And I guess the last thing before we sign off is the – maybe you can discuss the dilution tables, because most of the time the food-grade concentration is about 12%, although you can get a 35% also, but typically it's 12%. So you have to dilute it down quite a bit to get to the 0.04% or 0.1%.

**Dr. David Brownstein:**

So the easiest thing I think to do is whether you get 30%, 12%, 10% dilute down to 3%, because 3% sort of what is over the counter. And from that you can easily just dilute it 101, you were 0.03%. So you can put a 100 CCs of saline. So I went through this with my cousin who was in Akron, Ohio and in the middle, February, March when people – when new viral illnesses start, they're always more severe at the beginning because they come, they kill the weak or some of the medical [inaudible 01:16:01] will call it tinder. They go through the tinder, that's built up, the older people, the sick people who are going to die of something. And then they tip them over and they die.

**Dr. David Brownstein:**

Once that's cleared out of the way, the virus usually will become just endemic and just, low-grade, the virus doesn't want to kill all of us because if we kill all of us, it would kill itself. So it just learns to live with us, which is what this thing is going to do. This thing ain't going away from this point on, every flu season, it's going to be there. And so we better learn to live with it and we better have healthy immune systems to deal with it. So I got a call from my cousin in Akron, his wife, he's a doctor and he can't breathe. He's lost a sense of taste and smell. He's got a fever. He can't breathe. She's telling me that he walks two stairs, two or three stairs up or down. He's got to sit on the stairs to rest. He's 50 years old, he's in good shape. Doesn't smoke. He's got COVID. It wasn't rocket science.

**Dr. David Brownstein:**

And so she said, "I don't have your nebulizer solution, but a neighbor had a nebulizer and I got it. I want to make my own." So over the phone I had her go get some unrefined salts. And I told her to get either Celtic salt, a Selina Celtic salt, Redmond's Real Salt or Himalayan salt. I've tested all three of those over the years-

**Dr. Joseph Mercola:**

[crosstalk 01:17:20].

**Dr. David Brownstein:**

-four times, they've all been cleaned from heavy metals. And I had her get food-grade peroxide and she found 12% food-grade peroxide. So over the phone we dilute, and she had a syringe. So the one thing I would tell the listeners is get syringes. You can get 20 CC syringes, 60 CC syringes so you know exactly what you're mixing up here. So we diluted the peroxide to make the normal saline, like you said, and a pint of water. And from that, we took 100 CCs out into a bowl, glass bowl.

**Dr. David Brownstein:**

So she also diluted the 12% peroxide, 4 to 1, in distilled water. So one part peroxide to four parts water. So we had them now a 3% food-grade peroxide solution. So I had her take 1 CC of that, mix it in 100 CCs of normal saline. Now we've got a 0.1% because she didn't have the syringes to go down to 0.04%, I used the Mercola method here. I had her do that. She had Lugol's solution. She found that at a health food store at 2%. I had her draw 3 CCs out of that normal saline peroxide mixture, put two drops of the 2% Lugol's in there. And he nebulized and he told – I was on the phone with him because I told her, "I'll drive, it's four hours from Detroit." And she goes, "You can't drive, you got to work tomorrow." I'm like, "You know what, I'll meet you halfway, or I'll meet somebody halfway." And it was already like nine o'clock at night when we were doing this.

**Dr. David Brownstein:**

So she said, "Let's just see how this goes." So he did the first nebulizer and was still short of breath and didn't really feel any better with it. And I said, let's do one in an hour. So he does another one in an hour. And I can tell you from treating patients majority of them tell me after that second nebulized treatment, they feel better. And his was the same thing. He said, as he was doing it he felt his lungs open up and he did it for a couple of days after that got much better and, got over this. And he said he was ready to go to the hospital. He was really sick. He didn't want to go because that was March of 2020 when the death rates were too high in the hospitals, they weren't doing anything except, trying to keep you off a ventilator. Because if you went on a ventilator, you were going to die, 88% chance you're going to die.

**Dr. David Brownstein:**

So I have had some patients make it up at home. You can do it, but practice before you do it and have all the supplies ready. And then when you're not feeling good or someone's sick, you're stressed, you can do it the right way. And it won't increase your stress to try and think about what you're doing.

**Dr. Joseph Mercola:**

Yes. All right. Well-

**Dr. David Brownstein:**

And you should always do this under a doctor's guidance and work with a holistic practitioner.

**Dr. Joseph Mercola:**

Ideally, ideally.

**Dr. David Brownstein:**

There's no question that's a better way to do this. And that's what I recommend you do.

**Dr. Joseph Mercola:**

Fortunately, thanks to the tyrannical interventions and people losing their jobs, having limited resources that may not be a practical alternative for a number of people, but for those who can, that would certainly be the wisest strategy. So I can't thank you enough. You've been a real,

unbelievable hero in this effort to find strategies that will alleviate this. And you really knocked it out of the park. I'm most impressed with your rapid adoption. Not rapid, but early adoption of this intervention. Really, one of the first clinicians in the country, as far as I'm aware of, to ever do this. So you can do-

**Dr. David Brownstein:**

I don't feel like a hero, I just feel like a doctor.

**Dr. Joseph Mercola:**

Yeah, yeah. But literally, for what you've done, you could have had your license reprimanded, taken it away from you. And you did a brave and courageous thing.

**Dr. David Brownstein:**

Almost happened, that was close to happening. And look, Joe, I got to sleep at night too. And I got to treat these patients and things were bad and I was doing what I was trained to do. And I remember when staff was sort of squawking a little bit, "We should close the office, we should close the office." I'm like, "No, I'm not closing this office. Patients are going to need us more than ever. I'm only closing the office if I get sick and I can't do it or they don't let me practice." But anyways, it's turned out well and it's, you can take things in – you don't have to wait, you have to have a strong immune system, a better immune system is going to fight whatever you're confronted with.

**Dr. David Brownstein:**

And look, SARS-CoV-2 is here now there's going to be SARS-CoV-3, or 4 or 5 or some other illness that's out there. So we got to have a strong immune system, we'll see if the vaccine works. We didn't get into that one, but we'll see.

**Dr. Joseph Mercola:**

Yeah, yeah. We don't have enough time for that, but that's a whole other issue. So, yeah, but your book is "A Holistic Approach to Viruses" and, get that on Amazon or at a minimum you need to listen to this interview again, slowly and carefully because most of the pearls in the book are here and even ones that aren't in the book. So-

**Dr. David Brownstein:**

Well, Joe, we don't have it on Amazon. I got mad at Amazon years ago.

**Dr. Joseph Mercola:**

Okay, I'm sorry. I'm sorry. That's my bad.

**Dr. David Brownstein:**

But it's just at my website. It's DrBrownstein.com.

**Dr. Joseph Mercola:**

DrBrownstein-

**Dr. David Brownstein:**

Amazon and I parted ways years ago. And I'm glad we did that.

**Dr. Joseph Mercola:**

Okay. D-R, DrBrownstein, no period there, DrBrownstein.com and you can get the book there and thank you for clearing up my misinformation there. I appreciate that.

**Dr. Joseph Mercola:**

I made some assumptions that weren't true. All right. So, you keep up the great work, man, always great connecting with you. I learn so much every time we talk and you've really helped modify my understanding of this because you're in the trenches, I'm not, I elected to remove myself from the trenches and educate the public more widely, and bring people who are in the trenches, bring your valuable clinical experience, because if the word got out what you were doing in the '90s, in the '90s, and it became standard of care, can you imagine the tens of thousands-

**Dr. David Brownstein:**

No.

**Dr. Joseph Mercola:**

-hundreds of thousands, millions of people whose lives could have been extended and didn't need to suffer needlessly.

**Dr. David Brownstein:**

It's so frustrating to me when [[crosstalk 01:23:41](#)] medicine.

**Dr. Joseph Mercola:**

So it's clear, we need people like you, but we also need people like me to help spread the information, because it's the combination, that synergy it's going to be so effective. So I really deeply appreciate everything you've done. I mean, I have great respect for your work and really, I'm thankful that you are out there doing it.

**Dr. David Brownstein:**

Thank you, Joe.