Dr. David Brownstein's

NATURAL WAY TO HEALTH

Achieving & Maintaining Your Optimal Health

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59 Diseases Now Linked to Thyroid Imbalance, Millions Affected

What if I told you that four out of 10 adult Americans (more than 52 million people) have a serious medical problem that is not being diagnosed or treated appropriately? Furthermore, this same condition has been linked to the epidemic of heart disease, stroke, and cancer that is afflicting more and more people. I have found it impossible to treat many chronic illnesses, such as fibromyalgia, chronic fatigue syndrome, and arthritis, without appropriately diagnosing and treating this condition first.

The illness to which I am referring is hypothyroidism. In this issue of Natural Way to Health, I will show you how conventional doctors use the wrong diagnostic tests and do not treat hypothyroidism effectively to prevent many chronic illnesses. I will discuss how hypothyroidism is being misrepresented and poorly treated by conventional medicine, and what you can do to assure that your thyroid gland is functioning at optimal levels.

Judy, a 34-year-old attorney, tearfully told me her story: "I feel like I am an old person. I can't exercise since everything hurts, and I am always tired. I go to my doctor and she just wants to treat me with an antidepressant. Something is wrong with me."

Judy was diagnosed with fibromyalgia, a condition marked by pain in the muscles and fatigue. When I took Judy's history, she reported having irregular and painful menstrual periods, a feeling of coldness, constipation, hair loss, and dry skin. Each of these symptoms can be linked to hypothyroidism. Judy's thyroid blood tests were all within the normal range. She had low basal body temperatures, averaging 96.2 degrees Fahrenheit (normal is 97.8 degrees). And she had many physical exam signs that meet the diagnosis of hypothyroidism, including slow reflexes, dry skin, swelling under her eyes, and an enlarged thyroid gland.

Because of her symptoms and physical exam signs, I elected to give Judy a therapeutic trial of natural, desiccated thyroid hormone, Westhroid. When I saw Judy back for a follow-up visit two months later, she was ecstatic. "I feel so much better. Everything is better. I feel like I have my family and my life back," she said.

I hear stories like Judy's over and over in my practice.

Let's talk first about the thyroid gland. This gland sits in the lower part of the neck — below the Adam's apple — and weighs about 1.5 ounces. During a year, the thyroid gland produces approximately a teaspoon of thyroid hormone. This

In This Issue . . .

small amount of hormone drives the metabolic rate of each of the trillions of cells in the body every day. Little variations in thyroid hormone thus have big effects on the body.

I became very interested in thyroid problems about 18 years ago. A 61-year-old patient of mine was suffering from severe heart disease. He had his first heart attack at age 40 and suffered a second heart attack a few years later. Over the next 20 years, he had two bypass surgeries and two angioplasties. This patient was overweight, smoked cigarettes, and suffered from adult-onset diabetes. He did not exercise and ate a very poor diet. For nearly 20 years, he suffered from continual angina. This patient was my father, Ellis.

He saw the best doctors in the Detroit area. My father was on a host of medications to treat diabetes, angina, an irregular heartbeat, elevated cholesterol levels, and blood pressure. At the time, I had just finished my residency and I was practicing strictly conventional medicine. My father looked terrible, and I felt he was going to die at any moment.

At that point in time, I had no interest in holistic medicine and mocked those who believed in it. However, I eventually came across a book titled *Hypothyroidism, the Unsuspected Illness* by Broda Barnes, M.D. Dr. Barnes was a family doctor who dedicated more than 50 years of his medical practice to diagnosing and treating thyroid problems appropriately. When Dr. Barnes wrote this book in the early 1970s, he felt that most doctors were missing the diagnosis of hypothyroidism in patients who were clearly suffering from the condition.

In fact, he felt that the reliance on the common thyroid blood tests of that time was missing most of the people who had hypothyroidism. Dr. Barnes wrote, "Forty percent of the American people — four of every 10 children and adults — today are suffering needlessly and many are dying for lack of an ingredient vital for health. Is the ingredient unknown? No. Or unavailable? No. For years, medicine has recognized the role of iodine deficiency in some areas of health and disease and has had clues to its great importance in many other areas.

"But the knowledge too often has not been used — and still is not being used — because of the unreliability of laboratory tests that have failed to show iodine deficiency even when doctors could see its manifestations clearly enough in patients before them. And while laboratory tests have erred and have misled both doctors and patients, patients have suffered."[1] Unfortunately, history still is repeating itself. Thirty years later, the same problem continues to happen.

Understanding the Gaps in Thyroid Testing

In medical school, I was taught to diagnose a hypothyroid problem by drawing laboratory tests in a patient that was suspected of having a thyroid problem. What are those laboratory tests? T4, T3, and TSH (or thyroid stimulating hormone). To understand the meaning of these tests, you have to understand the physiology of the thyroid gland.

The thyroid gland is part of the endocrine system. It produces thyroid hormone. Most of the thyroid hormone produced is known as thyroxine or T4. The number "four" in T4 refers to the number of iodine molecules attached to the thyroid hormone. In this case, there are four iodine molecules attached to the thyroid hormone. T4 is considered the "inactive" thyroid hormone, and T3 is considered the "active" thyroid hormone.

At the cell, T3 is the hormone that increases the cell's metabolic rate. Research has shown that T3 (triiodothyronine) is 300 percent more active than T4.[2] T4 is released into the bloodstream and carried

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throughout the body to the tissues. At the tissues and individual cells, the majority of T4 is converted to the more active T3.

Back to the laboratory tests: Remember, in medical school, doctors are trained to order thyroid tests. The primary test ordered is the TSH test. This hormone is secreted from the pituitary gland in the brain, stimulating the thyroid gland to produce thyroid hormone. In times of need, the pituitary gland will produce more TSH to try to force the thyroid gland to produce more thyroid hormone. If the TSH is elevated, doctors are taught that it is a sign of an underactive thyroid.

Normal TSH ranges generally run from approximately 0.4 to 5.0 mIU/L. If the TSH is in the normal range, doctors are trained that everything is working well in the thyroid and that there is no thyroid problem present. This philosophy has been taught to every single doctor in every medical school since the TSH test became available in the 1970s.

In fact, in medical school, in order to evaluate the thyroid gland, we were taught to check only the TSH level. We were told that if that level is normal, the patient does not have a thyroid problem. Sadly, most doctors today still follow this protocol and deride their patients who ask for further thyroid testing.

My job is to educate you on how to make the best choices for your health. When you learn about thyroid testing, you will see why checking solely the TSH is a poor way to evaluate thyroid function.

The job of the TSH hormone is to stimulate the thyroid gland to release thyroid hormone. The major problem with the TSH test is that the "normal" range is much too broad. There has been a lot of controversy over the years about what the optimal normal range for the TSH test should be. Some groups claim the range should be from 0.3 to 3.0 mIU/L and others say the range should be 0.5 to 5.0 mIU/L.

Since you are reading my newsletter, I assume you would like to know what I think. (Did you think I was not going to weigh in here?) My clinical experience has shown that most people do the best with a TSH level between 0.3 and 1.5 mIU/L. Having said that, each patient should be considered a unique biochemical individual. Some may do better at higher TSH levels, some at lower levels. I do believe the TSH test is a valuable test. But the TSH test never should be the only thyroid test ordered.

To evaluate thyroid function fully, thyroid hormone levels need to be drawn — T3 and T4 levels. These levels provide information on how the thyroid gland is functioning. If the TSH test is normal and T3 and T4 levels are low, one might conclude that the thyroid gland is malfunctioning. You would never know this, however, if you did just the TSH test.

It is also important to look at thyroid antibody tests — antithyroglobulin and antimicrosomal antibodies. These are substances the body produces that attack the thyroid gland. Thyroid conditions such as Hashimoto's disease and Graves' disease may be diagnosed by having positive antibody tests. I will discuss these illnesses in a future newsletter.

Finally, it is important to do a reverse T3 test. Reverse T3 testing rarely is done in conventional medicine. If reverse T3 levels are too high, it is an indication that the body cannot convert inactive thyroid hormone (T4) into active thyroid hormone (T3). This is one of the most common causes of hypothyroidism, one that conventional doctors miss.

I hope I have convinced you that proper thyroid testing is much more than a TSH test. But what are the consequences of checking just a TSH level and missing a diagnosis of hypothyroidism? Let's go back to my father's case. He had a normal TSH level. For

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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*; *The Guide to Healthy Eating*; and *The Guide to a Dairy-Free Diet*. 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 www.drbrownstein.com.

Don't Be Bullied Into a Statin Drug That Can Only Hurt You

In each issue, I will share with you the story of one of my patients and how sometimes simple alternative approaches 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

Andrea, my office supervisor, had been taking Lipitor for three years. I certainly voiced my opinion on Lipitor to her. However, like many of the women in my life (including my wife and two teenage daughters), my concerns often seem to fall on deaf ears. Over the years, Andrea and I argued about the Lipitor. I told her there were zero studies showing that statin drugs have been shown to prolong the life of a woman or even improve a woman's quality of life.

In fact, no studies show that giving a woman a statin drug will lower her risk for a fatal heart attack. Furthermore, there is little research in support of statins for the prevention of a nonfatal heart attack in women. Yet Andrea had been scared by her doctor (and her husband) and chose to take Lipitor anyway to treat her elevated cholesterol levels.

About a month ago, I saw Andrea getting acupuncture in my office. I asked her why. She said her knee hurt. When I queried her more, she admitted that she had no injury but that it had just started to hurt. In fact, it was hurting so much she had stopped exercising. Andrea complained of pain in her leg and arm muscles.

"I am having difficulty walking around the office. I feel like one of our arthritic patients," she said. Andrea was having problems sleeping, too. She was waking up a few times a night. She reported feeling nauseous every morning for the past two years. When she mentioned these symptoms to her doctor, he claimed it was not the Lipitor. "I stopped mentioning it to anyone because I felt like a whiner," she told me.

I told her the aches and pains, including the knee pain, probably were because of Lipitor. Andrea had said she had been experiencing muscle aches and pains for a long time. She thought it was just the aging process.

The past weekend she had to put her hands in a tub of ice cubes because they were so painful. At this point in our conversation I said, "Hello, McFly [Marty McFly is the sometimes-confused hero played by Michael J. Fox in the *Back to the Future* movies], it is the Lipitor." She replied, "I am stopping that medication right now."

It took only 12 days off Lipitor for Andrea to see a difference. All of her muscle aches and pains were much better. In fact, all her symptoms started to improve after just two days off the statin drug. She started sleeping better. "I feel so much better off Lipitor," she said. "I really felt my health going down the tubes. I wish I had never taken it."

Andrea's knee still hurts, but that is better as well — about 80 percent better. She asked me, "How long do you think the knee pain will last?" I told her I did not know. A recent article showed that 60 percent of the patients studied were still suffering from muscle degeneration three months after stopping statin medications.

So, how long can a statin user experience muscle breakdown? It could be three months or three years or even 30 years. We just don't know. As I have written in my book, *Drugs That Don't Work and Natural Therapies That Do*, when you poison an important enzyme for the long term, you cannot expect a good result. (Statins work by poisoning the HMG-CoA enzyme.)

Listening to Your 'Inner Voice'

Andrea had been taking CoQ10 all the while she was taking Lipitor. I advised Andrea to continue taking CoQ10 at 200 mg/day until the pain resolved. If you are taking a statin drug, my advice is to take CoQ10 with it. This vitamin-like substance is produced in the same metabolic pathway as cholesterol. Taking a statin drug ensures that CoQ10 levels will fall.

What does it do? It helps fuel the metabolic pathways for the muscles of the body. Without CoQ10, muscles will begin to break down. In fact, we cannot live without it. One illness that is a result of its deficiency is congestive heart failure, which is increasing at epidemic rates right now.

I have no doubt that a large part of this increase in heart failure is from statin use. Since statins are being used at increasing rates, we undoubtedly will continue to see increased rates of congestive heart failure.

What is the lesson here? Statin drugs are dangerous. They cause muscle breakdown, amongst other serious adverse effects. The research shows the best they can offer is a 1 percent decline in a nonfatal heart attack for men. For women, the research is pretty clear that there is little or no benefit in taking statin drugs.

In the future, I believe statin drugs will be exposed for the fraud that they are. Andrea told me that she will listen to her "inner voice" next time. I reminded her that I sometimes can help her inner voice speak a little more clearly.

50% of Americans Will Develop Alzheimer's

Is There A Memory Miracle Your Doctor Doesn't Know About?

Think about every single person you've known who has suffered from a decline in cognitive function. Their experience was devastating, wasn't it? And almost just as devastating was the horrified look on the face of their husband, wife, daughter, son, sister or brother when they realized that their loved one no longer recognized them and had made a frightening descent into a dark mental state.

Common Signs of Early Brain Decay

- ☑ Slow Recall
- ☑ Fuzzy Memory
- ☑ Confusion With Time
- ☑ Losing Things
- ☑ Low Mental Energy
- ☑ Withdrawal From Activities

The Latest Research Is Very Promising

Recent scientific breakthroughs prove that you and your loved ones can now grow older without the fear that one day you'll forget each other and all the years of memories you've made. And you never have to worry that you'll one day be a burden to each other or your children.

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more than 20 years, this was the only thyroid level my father had checked.

When I became aware of the inadequacy of checking only a TSH level, I ordered his other thyroid tests. It turned out he had normal, but low in the normal range, T3 and T4 levels. He also had low basal body temperatures.

Basal Body Temperature and Your Health

One overlooked test for evaluating the thyroid gland is the basal body temperature test. This is the first temperature in the morning before you rise. It is thought to be an indirect measure of the metabolic rate of the body. Remember, the thyroid gland is the main control of the metabolic rate of the body; in a hypothyroid condition, the metabolic rate is lowered.

Normal basal body temperatures range from 97.8 to 98.2 degrees Fahrenheit, under the arm or orally. If you use a rectal thermometer, add one degree.

Dr. Barnes used the basal thermometer test on his patients. He felt that this test was the best indicator of thyroid function — better than any lab test that was available at that time. In fact, Dr. Barnes first reported on the efficacy of the basal test in 1942 in *The Journal of the American Medical Association*.

In a hypothyroid case, the body is not receiving adequate amounts of thyroid hormone. The basal metabolic rate will slow down in order for the body to try to conserve its dwindling energy supply and thyroid hormones. The end result is that the core body temperature drops.

Many doctors ignore the significance of the basal body temperature test. However, the core temperature of the body is a very important measurement. Enzymes, hormones, white blood cells, red blood cells, and other tissues of the body all function optimally at a narrow body temperature (97.8 to 98.2 degrees Fahrenheit, orally or under the arm). Too high or too low temperatures inhibit normal body function.

However, the basal thermometer test is not perfect. I have seen patients who feel great but have low basal body temperatures, and I have seen patients who feel terrible with low basal temperatures. It is just one measure of how the thyroid gland may be functioning. Just as with any thyroid test, it must be put into context with the other thyroid tests as well as the physical exam and history.

A lowered basal body temperature does not guarantee a thyroid problem. There are other conditions in which the basal temperature may be lowered, such as pituitary failure, low adrenal function, and starvation. However, a careful history, physical exam, and appropriate lab work can delineate these different conditions. Contrary to what conventional doctors claim, following your basal body temperature can provide you with useful information.

My father had a very low basal body temperature — 96.5 degrees Fahrenheit averaged over five days. When I put together all the information I had obtained on my dad — normal TSH, low-normal T3 and T4 levels, lowered basal body temperature, high cholesterol, obesity, and heart attack history — I decided to give him a therapeutic trial of natural, desiccated thyroid hormone.

Remember, conventional training would not give him a diagnosis of hypothyroidism, since his thyroid tests were in the normal range. What were the results of treating him with thyroid hormone? The response was astounding. It changed not only his life but also mine.

Within seven days, his 20-year history of angina melted away, never to return. Thirty days later, his cholesterol was below 200 mg/dl, and he was able to discontinue his cholesterol-lowering medication. In fact, he did not need the cholesterol-lowering medication at all; he needed his thyroid deficiency corrected. Ellis lost weight even without changing his diet. More importantly, my father looked better and acted better. At that point, I no longer felt he was

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In the News: Reading Between the Medical Headlines

A Cure for Childhood? Senseless Drug Debuts

A new drug is being advertised for attention deficit hyperactivity disorder (ADHD) called Intuniv. An ad for the drug claims patients with the condition may exhibit a range of behaviors, including:

- Inattentiveness/being easily distracted
- Running around or climbing excessively
- Arguing with adults
- Losing temper
- Deliberately annoying others
- Being excitable or impulsive

Regarding the above "symptoms," I have a few of those behaviors. In fact, as a child, I had even more of them. I was always climbing trees. (In my middle age, I have decided to give up climbing.) Perhaps I needed this drug when I was a child!

Seriously, why are more than 16 percent of public school-aged kids on a mood-altering drug right now? Do these kids have a mood-altering drug deficiency syndrome? I highly doubt that. In fact, these kids have hormonal and nutritional imbalances that can cause poor or inappropriate behavior.

When a diagnosis of ADHD is given, parents should focus first on lifestyle and diet. Clean up the child's diet by getting rid of refined foods, including refined sugar, salt, and flour.

Have the child avoid all artificial sweeteners. At my office, we have seen great success when a misbehaving child's diet is changed. Misbehavior may be a symptom of an imbalance in the body. Oftentimes, it does not require a mood-altering drug.

Back to Intuniv. This drug works on a different mechanism than the commonly prescribed ADHD drugs such as Ritalin. Since the drug is approved by the U.S. Food and Drug Administration (FDA) to treat ADHD, you would assume the mechanism of action of the drug would be known. And, you would be wrong. In the Physicians' Desk Reference (PDR), it states, "The mechanism of action of (Intuniv) in ADHD is not known."

Since it's not clear how the drug works in treating ADHD, you might assume reasonably that it at least has been well studied.

Yet the PDR states, "The efficacy of Intuniv is based on results of two eight- to nine-week studies in children and adolescents." Wow. Drug representatives will be visiting doctors pushing the newest drug that underwent two, two-month studies! How will patients do in six months on these drugs? In six or 60 years? No one knows.

I say, don't be a guinea pig here. I would recommend not taking this drug for ADHD until it has been further studied or has a longer track record. If we had an FDA that truly worked for us, it would not have approved this drug until longer studies had been completed.

> "Why are so many kids on mood-altering drugs?"

Kids Don't Need Cholesterol Drugs

A recent study evaluated 4,857 American Indian children born between 1945 and 1984 who did not have diabetes. They were assessed to find out whether body-mass index, or BMI (a measure of obesity), glucose tolerance (an early measure of diabetes), blood pressure, and cholesterol levels predicted premature death. The researchers reported a twofold increased death rate in children in the highest BMI quartile compared to children in the lowest quartile. Rates of death in children in the highest quartile of glucose intolerance were 73 percent higher than those in the lowest quartile.

Childhood hypertension was associated with a 57 percent increased likelihood of premature death. Finally, the authors reported no significant association between childhood cholesterol levels and the rate of premature death.[1]

This study shows a significantly higher death rate in children who suffer from obesity, glucose intolerance, and hypertension. All of these factors are the result of poor lifestyle choices. As a society, we have failed our children by what we are feeding them.

Children were not designed to eat refined food lacking in basic nutrients. Children need to be fed whole foods free of chemicals and hormones. Furthermore, kids need exercise.

There is a recent push to check children's cholesterol levels and to treat elevated cholesterol levels in children with medications. This is a dangerous therapy for children and inevitably will lead to serious health problems. The brain contains a large amount of cholesterol and the brain requires cholesterol for optimal brain function.

Today's children are having enough problems with their brains. They should never be treated with statin drugs no matter what their cholesterol levels are.

REFERENCES

1 New Eng. J. of Med. 2.11.10. Vol. 362: N.6. p. 485

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going to die at any minute.

Unfortunately, for 20 years, he was tested only for TSH levels. I believe his diagnosis of hypothyroidism was missed for those decades. In my father's case, I believe that the consequence was the acceleration of his severe heart disease because of the failure to diagnose and treat his hypothyroid condition properly.

The relationship between hypothyroidism and heart disease has been written in the medical literature for well over a hundred years. The first case reports of hypothyroidism causing heart disease were described in the 1800s. Dr. Barnes wrote about this relationship in his book. When I read that chapter, I remember getting a knot in my stomach. He was describing what had happened to my father.

Hypothyroidism and Heart Disease

How does hypothyroidism cause heart disease? For nearly a century, medical articles have been written linking the development of atherosclerosis with hypothyroidism. Animal studies have confirmed that hypothyroidism causes atherosclerosis.

Hypothyroidism is associated as well with elevated cholesterol levels. Again, this relationship has been known for more than 75 years. Any patient with elevated cholesterol levels deserves a thorough evaluation of the thyroid. This includes more than just checking the TSH level.

In my father's case, his cholesterol level was always very high — averaging 350 mg/dl. Much to my consternation, he never ate a good diet. Ellis loved fast food and loved to eat in general. Once he was diagnosed and treated for hypothyroidism, his cholesterol level fell dramatically.

My dad's response forced me to look at my practice of medicine differently. I had been taught to look at the TSH test as the only guide to diagnosing and treating hypothyroidism. Seeing the results in my father shook me to my core. In fact, it allowed me to look beyond my medical training to search for safe and effective natural therapies that treat the underlying cause of illness. I credit this experience for giving me my passion for holistic medicine.

Natural, desiccated thyroid is a glandular porcine (pig-derived) thyroid hormone. It has been used in its current form for more than a century. (In fact, it is one of the oldest medications known to man.) The most well-known brand of desiccated thyroid is Armour Thyroid. However, over the last year the largest manufacturer of desiccated thyroid, Armour Thyroid made by Forest Laboratories, has not made its product readily available.

Thankfully, there are other manufacturers of natural, desiccated thyroid committed to keeping the product on the market. RLC Labs produces Nature-Throid and Westhroid (identical products), both natural, desiccated thyroid products. RLC Labs gets the raw thyroid for manufacturing from the same source as Forest Labs. I have found RLC's thyroid products of high quality and very effective for treating hypothyroidism.

There is no doubt that iodine status needs to be evaluated in anyone with a thyroid problem. In testing more than 5,000 patients, my partners and I clearly have found iodine deficiency occurring at epidemic rates. More than 96 percent of patients we have tested are deficient in iodine, with most significantly deficient.

Remember, the thyroid gland cannot manufacture thyroid hormone without adequate amounts of iodine available to it. If you are diagnosed with a hypothyroid condition, I suggest having your iodine levels checked before beginning thyroid hormone replacement therapy. If you take thyroid hormone and you are deficient in iodine, the thyroid replacement actually exacerbates the deficiency. Many patients can effectively treat their hypothyroid condition by correcting iodine deficiency.

Hypothyroidism is a common medical problem affecting between 10 percent and 40 percent of the population. It is, however, a treatable condition that can be managed. Untreated hypothyroidism leads to the development of many serious illnesses, including fibromyalgia, chronic fatigue syndrome, heart disease, and cancer. More information on a holistic approach to hypothyroidism can be found in my book, *Overcoming Thyroid Disorders*.

1 Barnes, Broda. Hypothyroidism, the Unsuspected Illness. Harper and Row. 1976

2 Harrison's Principles of Internal Medicine. 14th Edition. 1998

Ask Dr. Brownstein

Dear Readers,

I will try to answer as many questions as I can. However, because of 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 would love to know your opinion on feeding male infants soy formula. What is the best formula for male infants who have been recommended soy because of chronic "spitting up"?

— Kathryn B., Grand Blanc, Mich.

I do not recommend soy infant formula for any child. But my warning holds especially true for boys. Two forms of soy products are available: non-fermented and fermented. In the United States we generally eat non-fermented soy. This is the soy in soy milk, hot dogs, cheese, burgers, etc. The Japanese eat fermented soy, such as in miso and tempeh. Non-fermented soy contains chemicals (phytic acid) which block mineral absorption. Soy protein isolate, that is found in most soy foods mentioned above, contains aluminum, nitrates, and MSG.

Studies show ingestion of non-fermented soy products can deplete the body of vitamins D, E, K, and B12, and rob you of minerals. There is concern that soy consumption can have estrogenic effects as well as promote the formation of goiters. My clinical experience has been that my patients who ingest soy more often exhibit thyroid problems.

You write a lot about vitamin C. Does everyone need to supplement with it?

— Brad R., Tacoma, Wash.

Humans cannot manufacture vitamin C in their bodies. Vitamin C is an essential nutrient; we cannot live without it. Therefore, we have to get adequate amounts of it in our diet or supplement with it. Unfortunately, the vitamin C content of our food has declined over the years. Radiating food has made the situation worse. I recommend everyone to supplement with C, generally 2,000 to 5,000 mg/day. If you get loose stools with vitamin C, lower the dose.

What criteria should be used when trying to locate a holistic physician? I appreciate your guidance.

— R.M., Prescott, Ariz.

Lately, I have received a spate of questions regarding how to find a holistic doctor in different areas of the United States and Canada. The reason I write my books and newsletters is to educate you, the reader, about how you make better health choices. The most important point to make is that the first step to a holistic lifestyle is to eat healthy foods. Where can you find food like this? Whole Foods, Trader Joe's, and other stores carry an increasing variety of organic products. My book, *The Guide to Healthy Eating* (new, second edition just released), provides resources to find organic farmers who will ship food to you.

Now, on to your question: Just as there are many different brands of cars, there are many different doctors. Some good, some not quite as good. The same holds true for holistic physicians. It may take some work on your part, but there are resources to find a doctor near you. Please refer to the American College for Advancement in Medicine (www.acam.org) or the Broda O. Barnes M.D. Research Foundation at www.brodabarnes.org or (203) 261-2101 to find a physician near you.

To your good health,