

Using Nebulized Peroxide to Combat Respiratory Infections: 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 have a real treat for you. We're going to be interviewing Dr. David Brownstein, who is a physician, been around the block about as many times as I have, and he has a clinic just outside of Detroit with five clinicians in there, three physicians, one PA and one nurse practitioner. And they've treated a number of patients successfully, not successfully, very successfully with a regimen you're going to be incredibly excited about because it includes my absolute, without any micro-doubt or question at all, my favorite intervention for COVID and upper respiratory infections with this nebulized peroxide. But he has a far broader approach that we're going to go into detail, so welcome. Thank you for joining us today.

Dr. David Brownstein:

Thank you for having me.

Dr. Joseph Mercola:

I think we need to go back and to give us a little perspective historically as to how you arrived at this approach. I mean, you're really well-known for, I believe, your focus on iodine. And you've done a lot of work on there, published books on it. But this is a derivative work, and actually, iodine is included in your protocol, but I'm wondering if you can get down to more fundamental things. It appears, because you've published a study on your results, and your protocol involves something you've been using for about 20 years, it appears. So it's an oral intervention, and then you just recently this year, revised it for COVID-19, so give us a history as to how this came to be.

Dr. David Brownstein:

Well, I mean, the history goes back to about 28 years when I began practicing holistic medicine. Of course, we would see people with influenza and influenza-like illnesses every fall and winter, and so I started searching for things that would help people's immune systems take care of and recover from these viral illnesses that they got and make them stronger.

Dr. David Brownstein:

So we initially started with using vitamin C and vitamin D. I started to check vitamin D levels in 1992 and finding most of my patients were very low in vitamin D. And the-

Dr. Joseph Mercola:

Wow! You were an incredibly early adopter. '92, man, that's great! It was 25-

Dr. David Brownstein:

It was right around when you started doing it. We never ran into each other, but-

Dr. Joseph Mercola:

No, I don't think I understood it that early. It was probably later '90s, not the early '90s, so congratulations. That's fantastic.

Dr. David Brownstein:

So what I found was the vast majority of my patients, well over 90%, were deficient in vitamin D. And those who just had more chronic illnesses and were sicker, in general, they usually had lower levels of vitamin D. And then, the research was starting to come out with vitamin D supporting the immune system and having a whole bunch of pleiotropic effects on the body.

Dr. David Brownstein:

So I began initially using vitamin C and D, and then I came across vitamin A. And I originally read the research on vitamin A in measles and how much vitamin A helped Third World countries when they had measles infections and helped these children and adults have a mild case of measles and recover uneventfully if they had enough vitamin A, so I quickly added vitamin A to the regimen. And then, a few years later, I learned about iodine.

Dr. David Brownstein:

Iodine has direct virucidal effects. It has immune system effects. It helps the white blood cells produce hydrogen peroxide to fight viral and bacterial infections, and as well as its thyroid effects. But iodine got added to the regimen, and so the original treatment of our patients was vitamins A, C, D and iodine at high doses for about four days. And what we found was our patients did not develop pneumonia, did not get hospitalized, did not die from flu and other influenza-like illnesses at anywhere near the rates that they should have when you looked at the published rates of problems with these illnesses.

Dr. David Brownstein:

I went to an oxidative medicine course and learned about hydrogen peroxide. And we quickly initiated the use of nebulized hydrogen peroxide, which was one of the neatest therapies that we use. And you and I spoke about that earlier, and we'll get to that.

Dr. Joseph Mercola:

What year was that, that you went to this course and started-

Dr. David Brownstein:

It was somewhere in the mid-1990s.

Dr. Joseph Mercola:

Wow! Wow!

Dr. David Brownstein:

That was a Dr. Charlie Farr course, I think.

Dr. Joseph Mercola:

Yeah, he was the guy who started it.

Dr. David Brownstein:

And I don't think we learned it at that course. I think we learned it from a participant. One of the other doctors just was talking about it.

Dr. Joseph Mercola:

Dr. Shallenberger, Dr. Frank Shallenberger?

Dr. David Brownstein:

No, it wasn't Dr. Shallenberger then. I can't remember who it was at that point, but we started using nebulized and IV hydrogen peroxide. And everything we added to the therapy as we went along, patients seemed to get better. So a couple of years later from that, I was at a different course and talking to Dr. Robert Roland about, "Hey, what's working in your practice?" And he said, "Why aren't you using ozone yet?" And he said, "I've been reading what you've been writing, and you're not writing about ozone."

Dr. David Brownstein:

And I'm like, "You know, I've been reading about it. I just didn't really know about it." He goes, "Well, take my course." So my partner went and took his course and brought back ozone to our practice, and we started using that. That was the latest addition to it. What we found over 28 years of using this therapy is that our patients did well. I never made a claim that this cured any influenza or influenza-like illness. What it does is it supports the immune system in multiple ways, and people get over it just like they've gotten over it for eons of time.

Dr. David Brownstein:

Look, if we didn't get over these viral illnesses, we wouldn't survive as a human species, so it certainly makes sense we'd want a strong immune system in place when we get exposed to these pathogenic organisms. When COVID came around, was coming around, and the first case was in Washington or California, depending on which research you look at, but the first reported case really was outside of Seattle. We were all on edge as a country, and we saw COVID take off in the Seattle area, and then it was moving west to east across the country.

Dr. David Brownstein:

Just before it came to Detroit in the end of February, we were warned as a country that we're going to have millions of deaths, and this is going to be the biggest medical catastrophe in our lifetimes and could rival the flu epidemic from the early 20th century that killed millions. Everyone was on edge, and I had a meeting with my staff at the end of a workweek. I remember it. It was the last Thursday in February. And I told the staff that the first 28 years of our holistic practice was truly practice for this pandemic, this pandemic that there's no immunity to it known,

that we have a virgin population who's going to be exposed to this, that there's no treatment known. And I said, "I think we've got this covered."

Dr. David Brownstein:

I said, "I can't guarantee anyone anything, but we've treated coronavirus in the past years." Although, we didn't culture for it. I can't tell you exactly what strain of corona, but corona is known to be part of the influenza-like illnesses for eons of time. And our patients don't get-

Dr. Joseph Mercola:

Let me stop you there. You do a good job in your paper of describing this because there's a lot of confusion. So coronavirus, as you mentioned, has been around for time immemorial as far as we can know. But the difference is that, even though SARS-CoV-2 is a coronavirus, it's a new type. Why don't you differentiate that for us?

Dr. David Brownstein:

Coronavirus has been around human existence for thousands of years, so the recent corona pandemics or corona problems have been – the original SARS virus that hit China, and Toronto, and a few Asian countries, I think that was early in the 2000s.

Dr. Joseph Mercola:

2003, yeah.

Dr. David Brownstein:

Yeah, then we have MERS, Middle Eastern Respiratory Syndrome a few years ago that hit Saudi Arabia, and now we really have the third one, which is COVID-19 or SARS-CoV-2. So although it wasn't treated, I couldn't promise my staff that I knew this was going to work for SARS-CoV-2. I just said to them, "I don't see any reason why this wouldn't work for this illness as it has worked for the other viral/coronavirus illnesses that we've been treating."

Dr. David Brownstein:

And I told the staff that nobody had to work through this. I was going to work through this. My partners were going to work through this, and we felt like we needed our office open. The patients were going to need somewhere to go because I predicted that most doctor's offices were going to close, that if this thing really took off, people are going to be scared out of their minds. The hospitals could be overflowing with patients. And I said, "We actually have a therapy I think can help." Conventional medicine didn't know what to do with it at that point.

Dr. David Brownstein:

So we rolled into COVID in Detroit in March, just as it hit New York, New Jersey and Massachusetts. We were the four big hot spots in the country when it happened. At the beginning, we were, in March, going out to our parking lot to treat our patients from their car, where they put their arm out the window, and we'd do an IV of hydrogen peroxide and vitamin C in the middle of the snow.

Dr. Joseph Mercola:

Do you have pictures of that?

Dr. David Brownstein:

Oh, we have pictures of it in the middle of the snow, sleet.

Dr. Joseph Mercola:

Send me some. I want to put it in the article.

Dr. David Brownstein:

Alright. In the middle of the snow, and sleet, and cold weather, and the wind, I vividly remember the snow coming down on my face mask as I'm shaking my head like a dog trying to put the IV in. At the end of the treatment, we would do ozone. We didn't want to do IV ozone outside because the elements weren't good, and we weren't inside our office, so we decided to do intramuscular ozone. So we used the muscle in the butt, the buttocks. People who were sick, who couldn't breathe, we'd meet them in the parking lot. At the end of the IVs, we'd open their car door and have them stick their rear end out the car door. We'd put ozone in each cheek and send them on their way.

Dr. David Brownstein:

And what we heard routinely from patients was that after the therapies and after they started – we got them hooked up on a nebulizer too, nebulizing hydrogen peroxide and iodine. After they started the therapies, usually after the first nebulized treatment, their airways would open up, and they could breathe again because their big complaint was they couldn't breathe when they called us. We ended up treating 107 patients who I wrote in the study, the published, peer-reviewed study. We had one hospitalization, we had no ventilators, no deaths. And I was busy interviewing patients and letting them tell their stories, and publishing that online with titles of my interviews. There's still hope out there, number one, number two and number three.

Dr. David Brownstein:

I was interviewing my patients as well as my partner's patients and letting them tell their story. And I thought everything was going well until I received a warning letter from the FTC (Federal Trade Commission) telling me that because there's no prevention, treatment or cure for COVID, any mention thereof falls in violation of FTC law, and therefore, you've got 48 hours to remove it or else. So I complied with them. We removed it. I published the paper.

Dr. David Brownstein:

In their first letter to me, they said, "Because there's no human clinical studies documenting what you say works, you need to remove it." So after we published the study, my lawyer wife sent the FTC a letter saying, "Well, here's a published study. We'd like to put my study on my website without comments. We'd like to publish it without comment." And they said, "No, it's not randomized. We want a randomized controlled study."

Dr. David Brownstein:

So we felt like we had punched the ball in the end zone, and then they moved the goalpost back 30 yards after we did that, but that's where we stand right now with it. And we're still treating patients with it. The study was on 107 patients. We've probably treated 10 more patients since then, and with still good success with it.

Dr. Joseph Mercola:

It's interesting that they had that response, but to get approval by an institutional review board to do a study, knowing what we know now, they would probably deny that protocol. And this is done in many approaches. It's when you know that the therapy is so effective they have to stop the study because too many people are dying because they aren't getting the real treatment.

Dr. David Brownstein:

You know, I wrote in the article that the reason I didn't do a randomized study was it's unethical for me to withhold that treatment-

Dr. Joseph Mercola:

Yeah, absolutely.

Dr. David Brownstein:

-for people when I know that therapy or I'm as certain as I can be that therapy was going to work. There's no way I could sleep at night if I was randomizing people to get the therapy, and others to not get the therapy. And COVID was a new illness. We had never seen it. Nobody had ever seen it. There were no randomized studies. There's no reason to. Too many people were dying. We've already had over 100,000 deaths of this thing. It's just tragic and it's terrible, and it's really going to be a stain on medicine when the final autopsy is written on this.

Dr. Joseph Mercola:

Absolutely, and it's become progressively clear that the intention of this whole process was really an existential threat to our personal freedoms and liberties. And you can see it being manifested on a daily basis where the submission to wearing the mask, social isolation and forced shutdowns, which is probably going to gear up in full force in the fall. It's just tragic what they're doing. But I had a few questions on your approach. One, I'm surprised, and I was not aware of this mechanism of action, that iodine actually increased peroxides and peroxide production in the white blood cells, which is the body's-

Dr. Joseph Mercola:

That is the way our immune system works to kill infection, so maybe you can review that because independent of any medicine, natural therapy or herb, our body has this system designed to kill infecting pathogens, and it involved the lysosomes and the production of hydrogen peroxide through nitric oxide. Actually, not NOx. I forgot the enzyme. Why don't you review that for us because it's such an important critical element in getting people better?

Dr. David Brownstein:

Well, each of the therapies that we were doing, there's a whole bunch of basis for it. I mean, iodine has direct virucidal effects, so it kills viruses. But also, it has immune system-modulating effects. It helps the white blood cells to produce their hydrogen peroxide to fight infections and to produce other chemicals to fight infections. Every cell needs and requires iodine. It's one of the most efficient items I've seen in checking people of nutrients for 28 years. There's a lot of-

Dr. Joseph Mercola:

Even more so than vitamin D, right, from your perspective?

Dr. David Brownstein:

Even more so than vitamin – you know, vitamin D is fairly deficient too, out there. I don't know if I'd say more so, I'd say they're neck and neck there. But vitamin C is known to increase hydrogen peroxide production as well when used at high doses. I mean, all these things, vitamin A helps modulate the immune system and A, C and D. The effects of vitamin D, which you've been writing about for 20-plus years of stimulating and supporting the immune system, have been known for years.

Dr. David Brownstein:

I mean, you brought up the point of here we are wearing masks and social isolation and waiting for the vaccine. Well, while we do all of this, 150,000 are dead, and more are dying every day. Why is none of the powers that be talking about the immune system? I mean, how do people recover from this thing? I just wrote an article that was published on Children's Health Defense that said, I don't remember the exact numbers, 5 million or 6 million Americans have the illness, and 3 million have recovered or something like that. How do you think they recovered? They recovered because their immune system overcame the illness and neutralized it.

Dr. David Brownstein:

Perhaps instead of just relying on masks and social isolation, we should be talking about the immune system. How do we support it? And I'd like to throw out the question: since when did talking about supporting the immune system become illegal? And when do you have to be quiet about it? But unfortunately, in this time and age, this is where we're at right now, and it's a sad time.

Dr. Joseph Mercola:

Well, there is a simple and easy answer to that question, and it is because it interferes with the motivation and the goals of the people who have directed this “pandemic.” And it basically conflicts with some of the therapies they want, which would be primarily expensive antiviral therapies that don't work anywhere near as well, like Remdesivir, \$3,500 for a course of treatment. And then, of course, the immunizations that are lined up that have been accelerated through the system with Operation Warp Speed, putting them into production in under a year. Under a year, when it's almost physically impossible to do the appropriate safety studies in under five to six, seven, eight and nine years.

Dr. Joseph Mercola:

This is going to be one of the most catastrophic interventions ever when they have this vaccine program. And you and I both remember because it was about, I think it might have been the time right before we entered med school, was the swine flu epidemic, which was '76. And they rushed this vaccine to the market and literally given to nearly 50 million people. And then they started waking up. Even though the CDC (Centers for Disease Control and Prevention) had documented evidence of neurological complications, there were thousands of people who became permanently injured or even killed, resulting in awarding over \$3 billion in judgments against of this given to them, these patients.

Dr. Joseph Mercola:

And they had to stop it. They actually had to stop it. And these judgments were awarded because this was like 10 years before they passed the legislation for the Vaccine Compensation Injury Act. So that is going to be nothing compared to the consequences of the vaccine that's going to be released this fall, nothing. It's going to pale in comparison. It's going to take out tens of thousands of people, maybe more. And permanent injuries and complications from it are going to be devastating.

Dr. Joseph Mercola:

And they're going to be lining up to get this because they've engineered this and propagandized and brainwashed people to believe this is their only choice and that immune-supporting strategies like the ones you've been proposing are completely ignored.

Dr. David Brownstein:

It's a sad time. I mean, I've been writing a book on viruses, which I'm trying to finish up this week, a holistic approach to viruses. And in this book, I was actually just reviewing it before I came on the interview with you-

Dr. Joseph Mercola:

Yeah, maybe we'll have to have you back on for the book.

Dr. Joseph Mercola:

[crosstalk 00:20:05]

Dr. David Brownstein:

Thank you.

Dr. Joseph Mercola:

Yeah.

Dr. David Brownstein:

And I was just writing the section where I was saying that this illness is an example of what's wrong with our country. The health of our country is in such decline, we finish last or nearly last in every single health indicator when compared to other Western countries, and this is why we've

got hit so hard with this. And nobody talks about our health. All they're talking about is a mask, social isolation, and wait for a vaccine.

Dr. David Brownstein:

Until they talk about our health and our immune system, what about the next virus that comes around? What are they going to do about that one? And you're absolutely right about this [Operation] Warp Speed vaccine. My comments on this warp speed vaccine to the world is, I hope it's safe and effective, but I don't think I'd be first in line getting this thing, not when it's bypassing all the safety studies.

Dr. David Brownstein:

Safety studies on vaccines have been poor from the beginning of time since we've had vaccines, but this is really something to watch in real-time. So I wouldn't be first in line for this thing. What I'd be first in line with is trying to figure out how am I going to support my immune system, and how's it going to be strong so when I'm confronted with these different viruses, because after this one, there's going to be the next one next year, and the one after that, the year after, you're not going to depend on another [Operation] Warp Speed project. You're going to depend on yourself to get over these things. We can do it.

Dr. Joseph Mercola:

I know. We can. And that's what I want to dive into now because your study was absolutely magnificent. I can't applaud your work more gratefully and appreciatively because it really is a massive contribution to the literature. I want to help people understand the details of it, and I had some bordering questions around that, though. I'm wondering. What's in the news quite a bit now, largely because Trump promoted it, is hydroxychloroquine or Plaquenil, which has been an age-old drug used to treat primarily malaria, but also autoimmune diseases. And we've millions and millions of doses and very safe.

Dr. Joseph Mercola:

I mean, they report some cardiac arrhythmias, but that's in really unusual, bizarre scenarios. It's one of the most safest drugs out there, not that I'm a big drug proponent, but I'm just wondering from your perspective just to frame hydroxychloroquine. It works only with zinc. If you give it by itself, or if you give it too late in the illness, it's not going to work because it tends to prevent viral replication. If the virus is a horse out of the barn, you've got all the viruses replicated, it's not going to work.

Dr. Joseph Mercola:

But anyway, it has potential, and there's a number of countries like Sweden, whose health rate was plummeting. And then the study came out in Lancet, which was using falsified data by Surgisphere, I mean, one of the worst studies ever published. What a travesty. And they had to retract it. But that cost Sweden to stop using it, and then their death rate went up. And then when they retracted the study, they used it again, and the death rate went down, so clearly it works. So with that in context, I'm wondering if you encountered any patients of that 107 that were in your initial study who had been exposed or given hydroxychloroquine.

Dr. David Brownstein:

So hydroxychloroquine wasn't part of my 28-year therapy, so we didn't use it.

Dr. Joseph Mercola:

Oh, so these were only your patients. These weren't patients who had heard of your work, came down with COVID, and said, "Oh, I know Dr. Brownstein has got something that he could use," and they were doing something else already. So these were only your patients.

Dr. David Brownstein:

These were only my patients. We had a few, maybe eight to 10 who were referred by other doctors because they weren't getting better, and they were hospitalized. And they may have been given hydroxychloroquine, but they were not doing well when we saw them. I don't know if they were or they weren't. But my feeling with hydroxychloroquine is that number one, physicians should have the ability to prescribe it if they see fit, without a doubt.

Dr. David Brownstein:

Number two, I've used hydroxychloroquine for autoimmune disorders for 25 years. It is incredibly safe. When it's used appropriately, I don't concern myself with arrhythmias because you use low doses of it. The arrhythmias are the high doses of it that are the problem, so I think it should be out there. I can't speak to it professionally because I didn't use it.

Dr. Joseph Mercola:

Okay. I'm just curious. I'm just curious because it is one of the competing therapies out there. My view on it from, not personal experience, because obviously I'm not treating patients, but I think it's clearly effective. I mean, there's no doubt in my mind it's effective, but I think it pales in comparison to the protocol you've put together. It doesn't mean it's either-or. You can use them together. It could be added to yours.

Dr. Joseph Mercola:

Although, I think, personally, quercetin is a better strategy than hydroxychloroquine, the way it's less expensive, and less potentially toxic, and more effective. I think it clearly works more effectively, but I don't have any trials to show that. Just the mechanism of action supports that that would be the case.

Dr. David Brownstein:

You know, I saw-

Dr. Joseph Mercola:

You didn't have studies when you did your trial for SARS COV-2.

Dr. David Brownstein:

No. I saw an interview with Dr. Zelenko. Maybe it was on Del Bigtree. And here's a family doctor in New York who says he's used it in hundreds of patients and hit success with it. So what I felt like when I was watching this interview was I felt like I was watching me a little bit. He's a

family doctor. He's on the front lines. He's using this drug, reporting his findings, and he's getting censored for it. And he's getting pushback on it, and he's just reporting what he's finding.

Dr. David Brownstein:

So look, when I saw Dr. Zelenko, I thought, "Look, either he's lying about it. And why would he lie about it? Or he's telling what he's seeing professionally. And what he's seeing was – and so what do I think? I think it should be out there. I think doctors should use it if they see fit. Why don't we study it and do better studies than using too high of doses and using it too late, and when they're ventilated and hospitalized? Do it early, which is what we should be doing to keep them out of the hospital in the first place.

Dr. Joseph Mercola:

Well, what's happened to hydroxychloroquine is a really good reflection of the push towards the agenda, their primary agenda, which is any threat, any threat to what they want to do is essentially exterminate. They even spun off fake studies in prestigious journals and got people to sign off on it to discredit hydroxychloroquine, which is a drug. So they're discrediting FDA-approved drugs, imagine what they're going to do to non-drug therapies that are even more effective. Of course, they're slammed, but they're going to censor it. They're going to keep it out of the public's mind, and it's a very, very powerful and effective drug.

Dr. Joseph Mercola:

They know what they're doing. These people are not stupid. But anyway, we could go on for hours on this soapbox, but I want to get back into the details of what you're using now. I'm just so impressed that you've been using it for 25 years. It's just crazy good. I'm somewhat disappointed in myself that I missed this. I mean, the closest I got was hydrogen peroxide as a wash for the external ears, and it seems to work well there. I'm not sure of the mechanism, probably somewhat similar, but gets into the system and generates the reactive oxygen species somewhat similar to ozone, but it works far better if you nebulize it.

Dr. Joseph Mercola:

So you're using a surprisingly low concentration, and I want to get into the details in order to get people to understand how they can do this thing at home. You don't have to be a rocket scientist. You don't need a prescription. There's virtually – there are, essentially, no downsides. There are no side effects. First of all, let's get into the basics. So you need a nebulizer. I want you to talk about the nebulizer, and I want to talk about the concentration and how it's done because, typically, you're using 0.04%.

Dr. Joseph Mercola:

Now, the typical peroxide that you buy in the grocery store is 3% and neither of us recommend that 3% that you can get for a dollar at the local drugstore. We recommend you get food-grade because it has less stabilizers in it, which could be harmful. Although at the concentration you're using, I am wondering, I'd like you to comment on this too, that even though you're nebulizing these potentially toxic stabilizers that are in commercial-grade peroxide, there is such a low concentration I'm wondering how big of an issue is it because you're taking that 3% and diluting it by 100-fold or more.

Dr. Joseph Mercola:

And then when you dilute it, because I want you to go through the dilution process because you're diluting it with normal saline, not distilled water, not purified water, not tap water, normal saline so that you don't have an osmotic differential and cause damage to the cells in the lungs when you're nebulizing this if it was a distilled water preparation.

Dr. David Brownstein:

I have our staff take food-grade hydrogen peroxide. We dilute it down to 3% from, usually, we get it at 35%, I think, and dilute it 10:1 down to 3% with sterile water. We do this sterilely. And then we take 3 CCs of that 3%, and we put it in a 250CC bag of normal saline, and that's what we have people nebulize out of that bag. So it brings it down to a .04% hydrogen peroxide concentration.

Dr. David Brownstein:

[crosstalk 00:29:38]

Dr. Joseph Mercola:

How'd you come up with that concentration, by the way? I'm just curious.

Dr. David Brownstein:

Well, it's funny. When I started doing IV therapies, and especially the oxidative therapies with hydrogen peroxide and high-dose vitamin C therapies, I just was a little uneasy about some of the side effects. Particularly the IV hydrogen peroxide where they would say you would get phlebitis of the veins and the veins would get inflamed and then go away because it irritates the veins.

Dr. David Brownstein:

So I took whatever concentrations I learned in my courses and started diluting it down further, and I would start at 50% dilution and then move from there. And then we would try lower, and we'd see what seemed to work the best or not, and that's how we came up with this because we took the concentration, brought it down, and this was the lowest amount that seemed to work as well as the higher amounts. And we do the same thing with the IV-

Dr. Joseph Mercola:

You went to even lower concentrations, and lower concentrations didn't seem to help.

Dr. David Brownstein:

Lower didn't seem to help as much as this. This is the lowest we could go to. So when we got it down to this 0.04%, it worked, and there were no side effects. We never heard a complaint. Only complaint we ever heard is maybe it didn't help somebody, but there were no adverse effects that we heard.

Dr. David Brownstein:

And along with the nebulizing 3 CCs to this 0.04% hydrogen peroxide, we have them put a drop of 5% Lugol's solution in the nebulizer well. So they would nebulize this combination of peroxide and iodine, and it was really remarkable. There were patients who – the one patient who was hospitalized was an interesting patient. He's a 67-year-old man, a worker. He's a real muscular, strong guy who got COVID, didn't call me at the beginning, was taking the oral supplements that I was writing about before I had to pull all my blogs, and didn't get better. And after about seven or eight days, couldn't breathe, went into the hospital, they diagnosed him with bilateral pneumonia. And they treated him for a couple of days and gave him oxygen, and he's a little bit better.

Dr. David Brownstein:

And that was in the middle of the crisis when there were no beds, and they just sent him home. And they sent him home on oxygen and told him, "Only come back if you can't breathe." So he goes home, and he calls me up on the phone, and he's crying. And this is a big strong guy, just weeping and saying, "I'm going to die. They sent me home to die." And I said to him, "You're not going to die. Do you have a nebulizer?" And he said, "No." And I'm like, "We need to start nebulizing right away. Why don't you come in? I'll meet you in the parking lot, we'll do our IV treatments, and give you a nebulizer."

Dr. David Brownstein:

And he said, "Doc, I can't get in the car. I'm going to die." So I said, "Send your wife over. We'll put a nebulizer in the car and tell you how to do it." And so we mixed up the solution for him, and she brings the nebulizer home. I called him up at the end of the day. That was in the morning. I called him up at the end of the day. He had done three nebulizer treatments because the wife drove an hour each way to come get that device. And he said after the second nebulizer treatment his lungs started to open up. He felt about 70% better and didn't feel like he was going to die at that point. He was still coughing and short of breath, but not like he was.

Dr. David Brownstein:

After the third treatment, he said he was even better. He was crying again on the phone saying, "I don't know what to say to you. I'm not going to die anymore. I don't know how to thank you." And I'm, "Well, you don't have to thank me, just keep nebulizing. And he never got the IV therapy, so this nebulizer thing really does work.

Dr. David Brownstein:

The one thing I'd like your readers or your listeners to know, the handheld nebulizers don't work as well. I had a handful of patients who were using a handheld nebulizer and trying it with the same solution. They were calling me back saying, "It's not working." And so when we got them the desktop model, a little stronger model, it worked. So I encourage people not to use a handheld nebulizer. Use a desktop model. It's a little bit stronger.

Dr. Joseph Mercola:

That was a question I had is to differentiate between those two, and that's been your experience, which I'm not surprised because that's been my experience too. But what really, really impresses the heck out of me is the story you just shared about that patient who thought he was going to

die. Why? Because it absolutely echoes my experience. I've only taken care of two people indirectly. The person who manages the outside of my property, takes care of the chickens and all the landscaping, his nephew initially came down with this. He became very, very sick, and had the exact same experience, thought he was going to die, could not go in the car.

Dr. Joseph Mercola:

So he asked, "What could I do?" I told him to use the nebulizer with – I used a little bit higher concentration, 0.1%. It's pretty similar to 0.04%, twice as strong, but essentially, really, really low, and he had the exact same experience. This is like a 45-year-old guy, metabolically inflexible and insulin-resistant, I'm sure. But his first treatment, he got a little better, second, but the third, he was a new man. He could breathe, and he knew he was not going to die. It changed his life, literally after the third treatment.

Dr. Joseph Mercola:

And then interestingly, his mother came down with it the following week and had the exact same experience, three treatments, done. That was it.

Dr. David Brownstein:

I'm smiling because that's the story that has been echoed in our practice. Look, all the therapies work, but the nebulizing of the peroxide and the iodine, well we used iodine too in there, so I can't say-

Dr. David Brownstein:

[crosstalk 00:35:26]

Dr. Joseph Mercola:

Yeah, yeah, yeah. I didn't know about it until we spoke recently, but if I had, I would have used the iodine, but I just didn't know about it.

Dr. David Brownstein:

But the nebulizing itself, we heard that same story. I mean, people were thinking they were going to die because they can't breathe. It causes anxiety. It's terrible. I have asthma. I know what it's like when you can't breathe. It's a horrible feeling. And I can't tell you how many of those 107, now 116 patients, called on the phone distressed and saying, "I can't breathe. I feel like I'm going to die." And once they started the therapy that just went away.

Dr. David Brownstein:

It's ironic that you get a warning letter from the FTC telling you to cease and desist. What I should have perhaps told the patients on the phone who said, "I can't breathe," is that, "Because there are no human clinical trials showing prevention, treatment or cure for COVID, nothing I can do for you. I can't recommend anything, aspirin, Tylenol. You shouldn't take those anyways because that makes it worse, but I can't recommend a bath. I can't recommend anything. Figure it out on your own, and when you get bad enough, you go to the emergency room." But that is not how I was trained as a physician. That's not what we should be doing as physicians.

Dr. Joseph Mercola:

No, absolutely not. No, you did the right thing. And down the road in the future, when people look back at this, they will recognize and understand that there were a handful of physicians who really understood the truth at a profoundly foundational level and were recommending therapies that were safe, effective, nontoxic and, in many cases, virtually free. I mean, the cost of that solution that you're recommending is literally pennies or less than a penny a treatment. I mean, it's almost free.

Dr. David Brownstein:

So you mentioned how cheap and easy peroxide is. My cousin, who I spoke to you before about, he was three hours away in Ohio, and I get a call one Thursday night that he can't breathe and he's been sick for a couple of days with COVID. And he can't walk to the bathroom without being short of breath. If he walks down the stairs, he's having to sit on the last step for a while. And walking up the stairs, he can go halfway and stop.

Dr. David Brownstein:

He's a couple of years younger than me, and he's in good shape. He's scared, and he can't breathe. So he's three and a half hours away. First, I was going to meet his wife halfway with the solution and a nebulizer. I said, "See if you can get a nebulizer." So they procured a nebulizer from a neighbor, and because we were three and a half hours away, I gave him a formula to make it at home. And it's not my preferred way of doing this at all, but what I had him do was get a quarter cup of pure water, distilled water or filtered water, put a quarter teaspoon of Celtic salt in there, and let the salt dissolve, and they made their own saltwater.

Dr. David Brownstein:

And so from that, we took 3 CCs, and we added a drop of 3% food-grade peroxide to it, and that's what he nebulized. I was calling him about every hour to see how he was doing. After the second hour, because I told him to nebulize every hour, after the second hour, he said his lungs were opening up. He was better. He was about 50%, 60% better. And then every time he did it, he got better. And two or three days later, he was over this. He was taking the oral stuff along with it, so I don't quite know what worked, but it cost pennies for him to do that, and it's a truly remarkable therapy.

Dr. Joseph Mercola:

Yeah, virtually no side effects. The experiences you shared and the experiences I've had with it also suggests that it works literally within hours. Hours! Hours! So what seems to conflict with that in your paper is that there was the time duration on treatment before symptoms first improved, and I think that level was like two days or so. So I'm wondering how that data got – I mean, it's not lining up with what our experience is.

Dr. David Brownstein:

Oh, remember, this was 107 patients, and we had a few patients whose symptoms lingered much longer. And it just skewed the data a little bit, but there were a lot of patients who told me that same story that after a couple of nebulizer treatments they were better. The hospitalized patient

who I told you about earlier, the big burly guy, he was sick for seven, eight days before he started our therapy, so that was included in the timeframe from when symptoms started.

Dr. Joseph Mercola:

Oh, okay.

Dr. David Brownstein:

So everything got skewed a little bit, but I can tell you anecdotally, well, not anecdotally, what my patients told me was – multiple patients told me they felt better within a few hours of doing their nebulizer treatment. And the other thing was, we didn't hear from patients at first when they had symptoms, so I included the days of being sick from when the first symptoms started.

Dr. Joseph Mercola:

Oh, that's not fair. What would be a much better indicator for the study would be how long did it take for them to improve after their first nebulization therapy.

Dr. David Brownstein:

Yeah, I didn't track that, and you're right, that would be certainly a good thing to track. I just didn't track those numbers.

Dr. Joseph Mercola:

I know, and I'm not faulting you for it. I'm just thinking it gives people a better understanding of what they can expect when they implement the program. So my guess and experience is that you're going to have improvement that day, most likely within a few hours, by typically the second or third treatment. And that's been your experience.

Dr. David Brownstein:

Yes, that has definitely been my experience. And that has been my experience over decades of doing this therapy with – people that would get really short of breath, that wasn't a huge complaint with other flu-like illnesses, but they'd feel better. Their flu-like symptoms feel better. Everything feels better within a couple of hours of starting nebulizing.

Dr. Joseph Mercola:

Alright, so you clearly have demonstrated that you're a pioneer in this area. I personally don't know of any other practice that's doing this, so I'm curious as to what the response is in your local medical community up there. Are you ostracized? Are you viewed as a flake? Are other physicians recognizing your brilliance and actually referring themselves or others to you?

Dr. David Brownstein:

Brilliant, I'm not so sure about.

Dr. Joseph Mercola:

Don't underrate yourself. I mean, to have the insight and the wisdom to identify crucial, fundamental strategies to improving people's health at the core, basic level, and then the courage and the bravery to implement it is not something that should be underappreciated.

Dr. David Brownstein:

Thank you. It was interesting in the middle of the crisis as I was posting, I was doing a blog post about every other day, and I was posting the interview once, or twice, or three times a week as we got the patients better, and they were willing to talk about it. And I started hearing from doctors all over the country, and especially in New York and New Jersey. And they were hospital physicians saying, "They're dying. They're dying left and right." They don't know what to do. The therapies aren't working.

Dr. David Brownstein:

Number one, they want the therapy for their family, and number two, they want to help their patients. So I was hearing from doctors. They were interested. I heard from a couple of local doctors who sent patients to us, they couldn't help them, and they had nothing to offer them. I've had long-term relationships with them, and those were part of our 107 patients, a few of them, and they got better.

Dr. David Brownstein:

I heard from the head hospitalist at one of – well, two hospitalists called me from local hospitals who were treating patients, asking me, "Tell me about this nebulized iodine and peroxide." And so I told them it really needs to be done in the emergency room, not by the time they're ventilated. The hospitalists were going to use it on the ventilated patients. That's what they told me. I asked them to report back to me. I didn't hear anything back, so I don't know how they did either way with it.

Dr. David Brownstein:

But I said, "I don't know if it's going to help a ventilated patient at that point." And I said, "It really needs to be done the first thing when they hit the ER. They should be given an IV of vitamin C. They should be given the oral supplements, and they should be given a nebulized treatment. That's what I would do, and it kept our patients out of the hospital, but that wasn't done.

Dr. David Brownstein:

There was interest in it because there was nothing offered out there, so it was really the first time I got a bunch of emails, and messages, and phone calls from doctors saying, "Hey, tell me how it works. Tell me what you're doing."

Dr. Joseph Mercola:

So let me summarize this because I think it's important as the take-home message. This is my understanding and how I would treat myself or a family member. It would be at the very first sign, use this diluted, food-grade hydrogen peroxide in a desktop nebulizer, not the cheap \$25.00 ones you buy on Amazon. These are closer to \$100.00. You get one of those.

Dr. Joseph Mercola:

And the key here, folks, is to have it. Have it in your possession before you need it. An ounce of prevention is worth a pound of cure, so have it. Then get the peroxide. If you have to, you don't have to worry about the food grade. I mean, it would be, ideally, to get food-grade, but the other one is probably going to work too, and the toxins are going to be relatively minor because it's so diluted, and then you get that ready.

Dr. Joseph Mercola:

And I would do that the very first sign you have it. This is not something that needs to be done every day. I wouldn't do it every day. If you're healthy, don't do it. But if you're exposed to someone who's sick, or you have the signs and symptoms, then I would do it.

Dr. Joseph Mercola:

Now, here's where it gets confusing because there's so many different ways that you can approach this like your oral protocol. In my mind, the number one thing is nebulized peroxide and iodine. And then, well preventively, you want to make sure your vitamin D levels are measured above 40 to 50 nanograms, ideally, even 60 nanograms per milliliter by blood test and you multiply it by 2.5 if you're measuring nanomoles per liter. Get that before you're sick. Do that so you don't have to take this megadose like you're using in your protocol.

Dr. Joseph Mercola:

And Dr. Marik has done the work, Dr. Paul Marik. I acknowledged him in your paper doing IV vitamin C for sepsis, and clearly, it works. But I'm thinking vitamin C and intravenous vitamin C may not even be necessary for using this protocol if you've got the D optimized and you've got the peroxide on board. And then I would recommend quercetin and zinc early in the course, not late as an adjunctive therapy. -

Dr. Joseph Mercola:

I don't know, maybe in late-stage disease, another thing that seems to be really useful is NAC (N-acetylcysteine) because, in the MATH protocol developed by Marik, which is MATH stands for, M is methylprednisolone. A is ascorbic acid or vitamin C, T is thiamine, B1 and H is heparin. And heparin is administered because this is a vascular disorder too. There are clotting complications, and the heparin seems to improve that. But NAC will actually go in there and disrupt the sulfide bonds and the Von Willebrand factors that leads to the platelet aggregation, so you can dissolve those with something as simple as NAC, which also has a side benefit of reducing oxidative stress and increasing glutathione levels.

Dr. Joseph Mercola:

To me, zinc, glutathione, quercetin, vitamin D and the nebulizer, that is a home run. Now, I'm doing it intellectually and academically from all the literature I've reviewed, not in the trenches and in the clinics like you are, so I'm wondering what your feedback is on my approach or recommendation.

Dr. David Brownstein:

Look, I think there are many ways, I hate to use the words “skin a cat,” but there are many ways to – look, hydroxychloroquine should be open for prescribing-

Dr. Joseph Mercola:

Yeah, if they want to, but use quercetin, no prescription required.

Dr. David Brownstein:

Right. And-

Dr. Joseph Mercola:

I don't know if you're aware of it, but the FDA is actually looking at it right now from taking NAC off the market because it's useful for COVID.

Dr. David Brownstein:

Of course, of course. COVID is a whole new game, and we've never seen censorship like this. We've never seen draconian measures and lockdowns and whatever that they've done with this. And unfortunately, I think they were going to be in this boat until November 3rd.

Dr. Joseph Mercola:

November of what year?

Dr. David Brownstein:

I know, but I know. I think that if we could just put our intellectual hats on and think about this. And look, I am in the trenches. We were outside doing this work and talking to people, and I'm still talking to people. And I took a phone call this morning from a patient's daughter who was sent home from college because she had it. So I think that there's-

Dr. Joseph Mercola:

So we don't know.

Dr. David Brownstein:

-cheap and effective ways to treat this, and we should be studying this. We should be reporting on it. We should be allowed to report on it, and we should be allowed to study it, and we wouldn't have the travesty that's happened to our country.

Dr. Joseph Mercola:

Yeah, I couldn't agree more. I mean, I am so in awe of what you've done and the courage it took to do that, and the risks that you've taken. Obviously, it's exemplified by getting warning letters from the FTC because we need courageous physicians like you in the trenches. I chose a different route. We started pretty similarly, then I veered off into widespread education as opposed to treating patients in the trenches. But we absolutely need clinicians like you who can bring the science forward, who are willing to experiment rationally, not foolishly with these well-proven, safe and inexpensive therapies that can really address the foundational cause of the illness.

Dr. Joseph Mercola:

So you've done a magnificent job, and I really want to express my sincere gratitude and appreciation for helping others understand this and provide the evidence that yes, indeed, it does work.

Dr. David Brownstein:

Thank you.

Dr. Joseph Mercola:

So I want you to keep up the good work and I want you to send me a copy of your book because we'll probably have you on to interview about that too and maybe get an update on what your experience is with your protocols.

Dr. David Brownstein:

Sounds great. I would love to do it. And thank you for all your educational work. I read it every day. I look for the feed first thing in the morning and save a bunch of articles, and go back to them and appreciate everything.

Dr. Joseph Mercola:

Alright. Well, thanks for everything you're doing.

Dr. David Brownstein:

Thanks, Joe.