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Arthritis and Joint Pain with Thyroid and Autoimmune Disease
An Interview with David Brownstein, M.D.

by Mary Shomon

David Brownstein, M.D., a family physician who integrates conventional and alternative therapies in his practice, is the author of *Overcoming Arthritis*, and *The Miracle of Natural Hormones*. In this interview, he talks about relationship between arthritis, arthritis symptoms, and thyroid conditions, and treatments that can help.

He serves as the Medical Director for the Center for Holistic Medicine in West Bloomfield, Michigan. Dr. Brownstein is a Clinical Assistant Professor of Medicine at Wayne State University School of Medicine. He is a graduate of the University of Michigan and Wayne State University School of Medicine. Dr. Brownstein is Board Certified by the American Academy of Family Physicians. He is a member of the American Academy of Family Physicians, American Academy of Preventive Medicine, Acupuncture Society of Michigan, American College for the Advancement in Medicine and The American Academy of Medical Acupuncture. He has a website located at www.drbrownstein.com.

Mary Shomon: What arthritis-type symptoms do you hear frequently reported by thyroid patients?

David Brownstein, M.D.: Mary, I often hear patients with thyroid disorders complaining of soreness and swelling in their joints. Patients will describe difficulty in getting their joints to move freely, particularly in the morning. People also complain of swelling of their joints. I hear complaints like these over and over in my practice. For over 50 years, the link between thyroid problems and arthritis has been known.

Mary Shomon: In your book, *Overcoming Arthritis*, you describe how certain infections may be at the root of both autoimmune diseases-including Hashimoto's and Graves' disease-and arthritic disorders. Can you tell us a little bit more about that concept?

David Brownstein, M.D.: In conventional medicine, there is no explanation for why autoimmune disorders (e.g., Rheumatoid Arthritis, Hashimoto's, Graves, Thyroiditis, etc) occur. If you don't understand the cause of an illness, then how can you fashion an appropriate treatment regimen?

My experience has shown that many individuals suffering from autoimmune illnesses often have an underlying infectious component. The idea of an infectious cause of arthritis has been around since 1899, when a form of arthritis in cattle was diagnosed as being caused by a bacterium. In humans, this idea was further developed in the 1930's by a rheumatologist, Dr. Thomas Brown. Dr. Brown was able to isolate a bacterium, Mycoplasma Bacterium, from the joints of people suffering from rheumatoid arthritis. After isolating the bacteria, Dr. Brown began treating his patients with antibiotics directed against this bacterium, and he noticed an interesting phenomenon. His patients actually improved. At that time, people with rheumatoid arthritis did not improve with conventional medicine (which is similar to what happens today with rheumatoid arthritis patients treated with conventional medicine).

When I read Dr. Brown's research, I immediately began thinking about my patients who were suffering from autoimmune illnesses, including thyroid patients. I began testing my patients for bacterial infections 8 years ago, and I discovered a significant portion of these patients had signs of an infection. In the case of thyroid patients (i.e., those with Graves, Hashimoto's or thyroiditis), the infection was located in the thyroid gland.

In my experience, 80% of patients with autoimmune arthritic disorders (i.e., Rheumatoid arthritis, Lupus, Sjogren's, etc) and approximately 70% of those with autoimmune thyroid disorders (i.e., Graves, Hashimoto's, thyroiditis) have signs of an infection. This made perfect sense to me. Perhaps these individuals had a bacterial infection (e.g., Mycoplasma) that the body was not able to clear. Mycoplasmas are a very small bacterium that can actually get inside of the cells of the body. Because of this, the immune system cells are unable to directly attack the bacteria. In order to rid the body of the bacteria, the immune system cells will often resort to attacking the body's own tissue, which has been infected with the organism.

In the example of thyroid infections, in order to get at the infection, the body will produce antibodies against its own thyroid gland. This would explain why the thyroid gland becomes inflamed in autoimmune thyroid illnesses, as well as why the body would produce antibodies against a particular gland. I believe this hypothesis holds true for many autoimmune disorders.

Mary Shomon: You talk about the use of antibiotics to tackle infectious aspects of these conditions. What type of antibiotic therapy have you found useful in your practice?

David Brownstein, M.D.: Mary I have been checking patients who have autoimmune illnesses for infections for years. When I isolate a particular bacterium, I will use very small amounts of an antibiotic that can effectively kill the bacterium. However, this is not like taking penicillin for a strep infection. The infections in an autoimmune illnesses are very deep in the tissues. The antibiotics cannot get directly at the infection. So, the antibiotics are not going to directly kill the bacterium, but, over time, will prevent the bacterium from reproducing.

By using nutritional support (i.e., vitamins, minerals, herbs) I have found very low doses of antibiotics can succeed in allowing the immune system to overcome the infection. In fact, I do not use the antibiotics every day. Usually 2- 3 days per week is sufficient. The bacterium that I most commonly isolate is Mycoplasma. The antibiotic that I have found the most successful are the tetracycline (or doxycycline) antibiotics, which effectively treat Mycoplasma infections. In my book, I talk about other infections that can occur, and treatments for such infections as well.

Mary Shomon: Personally, I have been on a fairly constant course of doxycycline for a number of months, and have found that if I stop taking it, a few days later, I start having a variety of achiness like symptoms, including knee and elbow pain, carpal tunnel, syndrome, forearm and shin pain, and flu-like total body aches. My doctor suspects an underlying infectious agent, but my herbalist is also working to try and eradicate that agent from my body. In a case like mine, how long can one stay on an antibiotic? I'm reluctant to stop, but my doctor and herbalist are both concerned about long-term use, due to antibiotic resistance, yeast over-growth and other side effects.

David Brownstein, M.D.: Those are excellent questions. I have many similar patients in my practice. I believe all of the autoimmune illnesses are related. As previously stated, I also believe there is an underlying infection in many of these illnesses. The illness will manifest in the weakest point of the body. In some cases, it is the thyroid gland; in others it is the joints of the body.

So, how long can one stay on an antibiotic? Dr. Brown, who treated patients successfully for 50 years, had some patients on low dose antibiotics for this entire time. He did not report side effects of yeast overgrowth and other common problems associated with antibiotics. I take many precautions to prevent this, including the use of probiotic supplements as well as the use of acupressure (NAET) to help prevent side effects. When you treat the whole body, you are able to use lower doses of antibiotics and the risk of adverse reactions is minimized. I have a Scleroderma patient who has been on various antibiotics for over 25 years (she was a patient of Dr. Brown) and she shows no signs of yeast problems or other side effects from the antibiotics. In fact, if she tries to stop the antibiotic, her Scleroderma symptoms worsen. The antibiotics can

periodically be changed to prevent resistance problems from developing. I have had patients come off the antibiotics when the immune system fully recovers. I think every patient must be treated as a unique individual and each therapy must be tailored to that unique individual. .

Mary Shomon: You are a proponent of natural hormones for some autoimmune disease and arthritis symptoms. Can you tell us a bit about how you would recommend patients get tested for hormonal deficiencies, and if deficiencies are found, what sorts of hormones you've found most helpful for these types of symptoms? .

David Brownstein, M.D.: Balancing the hormonal system is absolutely necessary for the immune system to function properly, as well as necessary for the individual to achieve their optimum health. I believe we should use hormones that are as closely related to the body's own hormones. Natural hormones, those that mimic our own hormones in structure, are preferred over synthetic versions of hormones. Examples of natural hormones include, natural progesterone, natural testosterone, melatonin, human growth hormone, DHEA, pregnenolone and others. I cover each of these hormones in my book. I test patients via serum (blood) testing and use different forms of natural hormones for the individual. Again, not one size fits all. This therapy needs to be individualized for the best results. I also believe the entire hormonal system needs to be balanced. Therefore, I will often use combinations of hormones instead of using the hormones individually. This is a much more effective treatment plan and allows the use of much smaller doses of the hormones. I include much more information about the use of natural hormones in my book, *The Miracle of Natural Hormones*, 2nd Edition.

Mary Shomon: Where does diet fit in to the equation? Is there an optimal "autoimmune diet" for patients with autoimmune diseases and/or arthritic symptoms?

David Brownstein, M.D.: A healthy diet is paramount to achieving one's optimal health as well as allowing one to overcome chronic illness. I included a whole section on diet in my book. It is impossible to achieve your optimal health eating the Standard American Diet. There is no optimal diet for every patient. I believe that getting the nutritionally deficient foods-trans fatty acids, refined sugars and flour and others-out of the diet is absolutely necessary for one to allow the healing process to begin. In addition, all artificial sweeteners (especially Aspartame) must be removed. I have seen many patients improve their health considerably by removing artificial sweeteners, such as Aspartame.

People with chronic illnesses must remove all processed foods from their diets. Examples of processed foods include cookies, cakes, donuts, etc. I think that autoimmune problems and infections may begin by ingesting poor diet. A poor diet leads to nutritional deficiencies and

immune system problems, which can set the stage for infections to occur. One must eat whole foods, foods that contain healing agents (vitamins, minerals, enzymes, etc.) and drink adequate amounts of water. Examples of whole foods include fruits, vegetables, meat (hormone and pesticide free), fish, etc. Organic food should be eaten.

Mary Shomon: You mention the importance of water in your book. Do you think most of us are drinking enough water?

David Brownstein, M.D.: Mary, I believe that dehydration is the number one health problem affecting Americans today. Our bodies are made of over 70% water. Without drinking enough water, the immune system cannot function normally and this will set the stage for infectious problems and autoimmune problems to develop. People (and even children) drink too much non-water sources such as soda and coffee. I can't tell you how many patients who complain of joint pain improve when they increase their water intake. In my experience, over 90% of those patients suffering from a chronic illness have had a long history of dehydration. The first step to providing the body with the necessary raw materials to heal itself is to hydrate it.

Mary Shomon: What sorts of nutritional supplements do you recommend for patients with arthritis symptoms? Many people who have arthritic symptoms, along with their thyroid conditions, have asked about glucosamine and chondroitin, and whether they are helpful. What are your thoughts about these popular supplements?

David Brownstein, M.D.: Nutritional supplements should be individualized. I don't think one size fits all. I evaluate each of my patients for their nutritional status. By looking at blood, urine and hair analysis combined with kinesiology, you can individualize one's nutritional regimen. I recommend people work with a doctor skilled in nutritional supplements. Helpful items can be Vitamin C, Niacinamide, Vitamin B6, Flax Seed Oil, Magnesium, Zinc, essential fatty acids, herbs, Transfer Factor and many others.

There is not one single nutrient that is helpful for everybody. These items have to be individualized. Glucosamine sulfate and chondroitin can be very helpful natural agents to help with inflammation and the rebuilding of injured cartilage in the joints. It is very important to take nutritional supplements from reputable companies. Many products sold over-the-counter are of very poor quality. However, nutritional supplements do not take precedent over drinking adequate amounts of water and eating a healthy diet.

Mary Shomon: Is there anything else you'd like to touch upon?

David Brownstein, M.D.: Mary, I would like to impress upon those that suffer with autoimmune problems, that you don't have to suffer with your illness. By giving the body the basic raw materials (vitamins, minerals, water, etc), true healing can occur. The reliance on drug therapies has been a failure in treating many of these ailments. Many drug therapies (i.e., NSAID's) actually cause autoimmune and arthritic illnesses to worsen over time. By using a holistic approach, one can overcome these illnesses and achieve their optimum health. I always tell my patients, "Don't give up hope." Patients need to take control of their health care decisions. They need to educate themselves and make their own informed decisions.

To get Dr. Brownstein's books, contact Medical Alternatives Press, at 888.647.5616, or visit www.drbrownstein.com.

You can also get both books at Amazon.com or Barnes and Noble online.