

A Return To The Dark Ages:

Nutrition Board Confuses "Normal" With "Healthy" And Sets New Vitamin D Requirements To Levels That Condemn Americans To Chronic Illness

By Bill Sardi

30 November 2010

On a day that should have been heralded as "D-Day" for vitamin D's conquest over chronic disease, it is being called "disease day" by critics of new vitamin D guidelines issued by health authorities today.

Confusing the commonly-found range of vitamin D (20-30 nanograms per milliliter of blood serum) with the healthy range (50-80 ng/mL says the [Vitamin D Council](#)), the nation's Food & Nutrition Board (F&NB) ignored experts who have made strong appeals for higher doses in fortified foods and vitamin pills.

What the F&NB cannot fathom is how widespread vitamin D-related illness is. If 97% of Americans have a vitamin D level that falls within the 20-30 nanogram range as the F&NB says, and most of the people experience less than optimal health in this range, then this certainly cannot be assumed to be a normally healthy range.

Dr. William Grant of the Sunlight, Nutrition, and Health Research Center (SUNARC) in San Francisco, suggests hundreds of thousands of Americans would avert premature death if their blood levels of vitamin D extended beyond the F&NBs normal range. He calculates an [estimated 400,000 premature deaths per year could be avoided](#) if all Americans raised their serum vitamin D levels just to the 45 nanogram level. "This would reduce the mortality rate by 15% and extend life expectancy by about 2 years."

Adequate vitamin D food fortification would produce an unprecedented rise in life expectancy, greater than that achieved by the introduction of antibiotics. Since mean vitamin D levels in the US are around 26 nanograms, it would take an additional 2000 IU over and above what is produced by dietary and solar-generated vitamin D to achieve that 45 nanogram level.

Eighty-eight years after its initial discovery, this overlooked vitamin is still being shunned by modern medicine. Today is a day when the opportunity to triumph over maladies that have historically plagued mankind has been lost.

Instead of foods and vitamin pills being fortified with meaningful doses of this sunshine vitamin, which would have ensured that children, the infirm, the uneducated and disadvantaged would have obtained adequate levels of vitamin D, the Food & Nutrition Board chose to take a baby step when it should have taken a giant leap for mankind. Now, with this disappointing pronouncement from the Food & Nutrition Board, it's every man for himself.

Two years ago I wrote the Food & Nutrition Board a letter which indicated the current requirements for vitamin D were absurdly low – 200 international units (IU) as a minimum for young children, which would not prevent rickets in dark-skinned infants, and 2000 IU as a safe upper limit, an amount that wouldn't even raise blood levels.

A day of infamy

November 30, 2010 will go down in infamy in the history of modern medicine. It is the day the Food & Nutrition Board elected to marginally increase vitamin D requirements to 600 IU (that's just 15 micrograms or 15/1000ths of a milligram) and the upper safe limit to 4000 IU (100 mcg), the point where blood levels only begin to rise.

For comparison, 600 IU is equal to just 4 minutes of mid-day full-body summer sun exposure. About 30 minutes of sunshine would produce ~4000-5000 IU of natural vitamin D, what the new F&NB guidelines indicate may be an overdose. Of course, this is ridiculous since millions of Americans do this at the beach every summer without side effect. Knowledgeable health authorities have long recommended [at least 30 minutes](#) of sunshine daily.

Instead of throwing a game winning touchdown against chronic nutritional deficiency-related disease, the Food & Nutrition Board elected to kick a field goal and lose the battle against chronic ailments that burden the nation with mushrooming health care bills. Americans are big losers in this game while modern medicine drags its feet over implementation of any true disease prevention plan.

Maybe it was too much to ask of a disease-care system that masquerades as a healthcare system and addresses most health problems as a drug deficiency. It is maybe too difficult to fathom that something as cheap as solar radiation, or its stand-in – a 10-cent vitamin pill – is essential for human health.

In a public health pronouncement that defies the latest published studies, the Food & Nutrition Board increased vitamin D requirements by such a marginal amount as to condemn North Americans to certain levels of preventable chronic illness.

The advantage of modern humans is that, rather than waiting for weather to improve, sunshine can be acquired from a pill, or fortified in foods, when wintertime vitamin D levels are typically low and when there is a dramatic seasonal increase in cancer, heart and infectious disease. That modern man would shun the availability of vitamin D pills suggests lunacy or intentional misdirection.

Widespread vitamin deficiency burdens America

A prevalent shortage of vitamin D, which [cannot be corrected by the best diet](#), and which

is not likely to be prevented in a population that has been taught to be sun phobic over concerns of skin cancer, is now linked to [widespread morbidity and mortality](#).

There is not a chronic disease – ranging from heart disease to cancer, from the flu to tuberculosis, from diabetes to schizophrenia, from rickets in infants to osteoporosis among older women – that is not exaggerated by shortages of vitamin D. Vitamin D deficiency is a universal factor in all disease states, even for populations living in sunny areas where natural vitamin D production is expected to be high.

Savings in healthcare dollars

My guesstimation is that [\\$4 trillion of health costs could be averted over a decade](#) if adequate food fortification and/or supplementation program were to be implemented, which would save Americans ~\$1300 per person per year, or ~\$3900 per family of 3 annually. These savings won't be achieved now that the Food & Nutrition Board has only taken baby steps to remedy a widespread deficiency in a sun-deprived population.

Say again?

A report in The New York Times says the F&NB concluded a vitamin D blood serum "level of [20 to 30 nanograms is all that is needed for bone health](#), and nearly everyone is in that range." But there is so much more to vitamin D than bone health. What the level of vitamin D that is normally found is not the healthy range. Studies show the normally-found vitamin D levels in North Americans, even among those who live in sunny areas, is not sufficient to maintain year-round health. Many sun-phobic Americans enter the winter months with little or no vitamin D stored in their liver for wintertime protection from disease, especially those who live in northern areas where virtually no vitamin D is produced from sunlight exposure in winter months.

The hidden agenda

And we get a hint at modern medicine's real agenda in solving the vitamin D-deficiency health crisis – vitamin D-like drugs! Forget sunshine, it's bad for you and might cause skin cancer. Forget vitamin D pills, you might overdose on them. Instead, trust Big Pharma to bring you patentable man-made analogs of vitamin D, at a cost no one can possibly afford! If you think I'm being overcritical, search here to learn more about [vitamin D drugs](#) in Big Pharma's R&D pipeline. Glenville Jones PhD, a panel member on the 14-member committee that determined the new vitamin D guidelines, and who is quoted to say most people "[probably don't have vitamin D deficiency](#)," is a [scientific advisor for a company](#) developing drugs that mimic vitamin D.

Imagined risks of overdosing

An Associated Press news report quotes [Institute of Medicine authorities](#) who warn "the nation's health craze" for vitamin D "could be risky." Dr. J. Christopher Gallagher, director of the bone metabolism unit at the Creighton University School of Medicine in Omaha, Neb., [agrees](#), saying, "The onus is on the people who propose extra calcium and vitamin D to show it is safe before they push it on people."

But just how risky could vitamin D be? Toxicity doesn't begin till 40,000 IU is consumed for many weeks. That would be equivalent to ingesting forty 1000 IU vitamin D pills each day!

Reinhold Vieth, a noted vitamin D researcher, notes that it takes a blood concentration of [240 nanograms to produce hypercalcemia](#), a condition where there is too much calcium in the blood which results in headaches, nausea, constipation and vomiting. A person would have to ingest [1 million units of vitamin D to induce hypercalcemia](#). Physicians inject a quarter of a million units of vitamin D in a single day for wintertime bone health in their aged female patients without a reported side effect. The risk is overstated, while the consequences of deficiency are downplayed.

[Vieth suggests a safe upper limit of 10,000 IU for healthy adults](#), which is "likely to pose no risk of adverse effects in almost all individuals in the general population."

Michael Holick, a professor of medicine at Boston University School of Medicine, recommends that adults take 2,000 to 3,000 IUs per day – and notes that he had done studies giving subjects 50,000 IUs twice a month for six years and seen no harmful effects. ["There is no downside to increasing your vitamin D intake](#), and there are more studies coming out almost on a weekly basis," he said.

New York Times health reporter Gina Kolata, in [her report](#) on the new vitamin D guidelines, chose to quote dismissive doctors who claim vitamin D pills may cause kidney stones in older females. Had Kolata done her homework she would have found the biases of modern medicine. Since vitamin D is usually accompanied by calcium in bone-building supplements, [it is calcium, or the use of vitamin D drugs \(calcitriol\), not vitamin D](#), that induces stones. This is how wives tales regarding imagined fears of dietary supplement overdosing get started. The New York Times desperately needs fact-checking.

The buildup to the F&NB report

Follow along here in the scientific buildup to the long anticipated update of vitamin D requirements by the Food & Nutrition Board, released today (Nov. 30).

On Oct. 29 a report published in the [Journal of Internal Medicine](#) indicates individuals with vitamin D levels ~15 ng are 330% more likely to be diagnosed with high blood pressure.

This report was followed by a report published on Nov. 8 where researchers in Austria reported that [vitamin D supplementation reduces blood pressure by 2-6 points](#) (2-6 mg Hg systolic pressure). This is equal to or better than most blood-pressure lowering drugs.

On Nov. 23 investigators, reporting in the [Nutrition Journal](#), examined the records of 2198 cancer patients and found they were abjectly vitamin D deficient (their mean vitamin D level was 19.1 nanograms which rose to 36 ng with 8000 IU vitamin D supplementation per day). Low vitamin D levels are indicative of poor immunity to cancer.

On Nov. 25, researchers at the University of California, Davis, reported that 30% of North Americans with metabolic syndrome (overweight, elevated blood sugar and heart and blood vessel disease) [were deficient in vitamin D](#) (their blood serum levels were below 20 nanograms per milliliter of blood serum), compared to just 8% among healthy individuals.

In the November issue of the [Journal of the American Medical Directors Association](#), vitamin D researcher William Grant noted that the disparities in measurable health parameters between blacks and whites can largely be explained by differences in vitamin D levels. African Americans have a vitamin D level around 16 nanograms compared to 26 ng for Caucasians. (The lack of an impetus to correct this nutritional deficiency in African Americans may be explained by their misdirected focus on gaining greater access to high-technology medical treatments rather than preventive medicine.)

In Finland researchers [compared blood concentrations of vitamin D with death rates](#). The study population included 552 men and 584 women aged 53-73 years who were free of cardiovascular disease and cancer in 1998-2001. The study revealed dramatically decreased death rates as vitamin D blood concentrations increased.

Vitamin D levels are a life-and-death issue. Note that African Americans typically have vitamin D blood concentrations ~16 nanograms versus ~26 nanograms for Caucasians, and the difference in death rates is almost double.

Range of vitamin D blood concentration and mortality			
Vitamin D blood concentration, ng/mL	3.56-13.62	13.66-20.30*	20.31-45.19
Deaths, %	39 of 379 (44.8%)	31 of 378 (35.7%)	17 of 379 (19.5%)
* African Americans are typically in this range and experience nearly double the death rate compared to Caucasians.			
Source: European Journal Clinical Nutrition Oct 26, 2010			

While the Institute of Medicine report maintains that most Americans are sufficient for vitamin D, a [University of Tennessee Health Science Center study](#) contrary data, with 87% of patients being mildly to severely deficient.

Severe (less than 7 ng/mL) - 17%
Moderate (7.0-20.9 ng/mL) - 53%
Mild (21-31.9 ng/mL) - 17%
Sufficient (more than 32 ng/mL) - 13%

The Nov. issue of [International Archives of Medicine](#) published a study showing persons with vitamin D blood concentrations below 20 nanograms were 85% more likely to experience mental depression compared to individuals with blood levels 30 nanograms.

So, in the face of these recently published studies cited above, how could the Food & Nutrition Board have come up with its errant conclusions? None dare call it what it is – modern medical racketeering, or what has been called [disease mongering, only in reverse](#) – there is disease everywhere except nutritional-deficiency diseases. All of this misinformation is delivered under the guise of authority by public health officials.

Researchers outside the US are not as conservative as the US Food & Nutrition Board. For example, while European researchers concede that more studies are needed to conclusively determine whether low vitamin D levels are related to strokes, they say "we do, however, believe that currently published data on the multiple health benefits of vitamin D and the easy and safe and inexpensive way by which it can be supplemented [already argue](#) for the prevention and treatment of vitamin D deficiency in order to reduce stroke associated morbidity and mortality." In other words, they aren't waiting for conclusive science that is years away.

More biases revealed

While the F&NB is said to have reviewed over 1000 scientific reports involving vitamin D before it drew its mistaken conclusions, one wonders how many of those published reports were like the blatantly biased report published in a recent edition of the *Annals of Internal Medicine*.

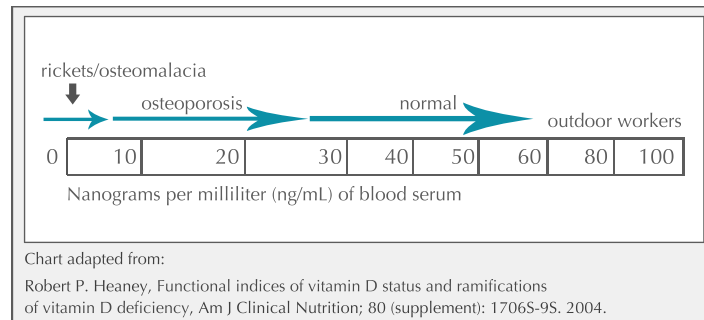
Robert P. Heaney MD, a noted authority on vitamin D at Creighton University, in a [letter](#) to the editor of that journal entitled "Does inconclusive evidence for vitamin D supplementation to reduce risk for cardiovascular disease warrant pessimism?," demanded to know how a journal of such prestige (the world's leading journal of internal medicine) could have published such a "poorly conceived systematic reviews of vitamin D's effects on the cardiovascular system."

Dr. Heaney points to a [review of six prior studies](#), only one of which used actual vitamin D. The review concluded that supplemental vitamin D only provided modest risk reduction for cardiovascular disease. The other five studies that were reviewed employed a vitamin D-

like drug (calcitriol), which is in some ways inferior to vitamin D itself. Ultimately, vitamin D converts to calcitriol in the body, but this requires that the prevalent form of vitamin D in the blood circulation (serum 25-hydroxyvitamin D) is in a 1000-fold greater concentration than calcitriol, explains Dr. Heaney. Then cells can naturally produce as much calcitriol as they need in local tissues, without inducing systemic toxicity.

Dr. Heaney dispels concerns about over-dosage and points to the fact that outdoor summer workers commonly exhibit blood levels between 48-80 nanograms, without report of sun poisoning. He **indicates** 4000 IU of oral vitamin D is required to produce blood serum concentrations of 48 nanograms. Dr. Heaney says these are not high doses since they are achieved by outdoor workers and should be considered within the natural physiologic range.

Requirements to raise blood concentrations of vitamin D	
Amount of vitamin D	Blood level increase
100 IU (2.5 mcg)	1 ng/mL
1000 IU (25 mcg)	10 ng/mL
2000 IU (50 mcg)	20 ng/mL



© 2010 Bill Sardi, Knowledge of Health, Inc. Not for posting on other websites.
Posted on the Vitamin D Council website with permission from author.