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Vitamin D Council Newsletter

1 message

John J. Cannell, M.D. <webmaster@vitamindcouncil.org> **Fri, Jul 22, 2011 at 11:29 AM**
Reply-To: "John J. Cannell, M.D." <webmaster@vitamindcouncil.org>
To: texarc@gmail.com

Vitamin D Council Newsletter, July 22, 2011.
"Dear Dr. Cannell"
Dr. Cannell answers reader's questions and sheds light on some of the latest papers on vitamin D.

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Vitamin D Newsletter
A publication of the Vitamin D Council

July 22, 2011

Dear Dr. Cannell

Dr. Cannell answers reader's questions and sheds light on some of the latest papers on vitamin D.

On Autism

Dear Dr. Cannell:

My son James weighs 48lb, he is 7 yrs old. He had autistic symptoms for almost 5 years (first noticed when he was 2 yrs old). I initially started him on 2,000 IU last November after he caught the flu. Two weeks later, I noticed improvements in areas of social interaction, verbalization. I then increased his dosage to 5,000 IU per your recommendation, and he got better.

His progress has been so great that his kindergarten teacher and Speech Therapist have recommended that he exit the Early Intervention Program.

He is more social, making friends easily, participating in cooperative play, and soon to be in a regular classroom. I think it might be bad luck to say he is cured. Is that possible in a genetic disease? A friend told me he must never have had autism but whatever it was, I don't want it back. I remember what he was like, and me, too. No thanks.

I'm writing because my son's pediatrician just called and told me James's 25(OH) level was 122. He believes he must be toxic because of that level and wants me to stop giving him all vitamin D supplements and recheck his vitamin D level next month. James feels great and shows no signs of toxicity.

What should I do?

Mary, New York

Dear Mary:
That is wonderful news about your son. He is not toxic. However, he should reduce his vitamin D to 2,000 IU/day and recheck his blood level in a month. Some of his symptoms may come back; I don't know but do not fear, if the symptoms return the vitamin D will take care of them. It appears to me that high dose vitamin D controls, rather than "cures," some cases of autism. If his level in a month is below 100 ng/ml, the pediatrician will be happy as that is the upper range of normal vitamin D levels.

Yes, autism is a genetic disease, so how can vitamin D treat it? I suspect that one of vitamin D's many duties in the body is to protect your genome from mutations, organizing the correction of random and point mutations when they occur. Think of your son as having DNA that is unlikely to function properly with lower levels of vitamin D. How long his DNA will be sensitive to low vitamin D, I don't know.

An immediate question is how much vitamin D to give him now. You want to give him the lowest dose that controls his symptoms. I suspect that he will end up needing 3,000 to 4,000 IU per day to maintain his 25(OH)D around 80-90 ng/ml.

Dear Dr. Cannell:
I just read that someone discovered "geeks" are more likely to have children with autism. I know lots of geeks 'cause I'm one myself, and it's scary. I seldom see the sun. Your vitamin D theory of autism fits this geek discovery to a tee. Why can't other scientists see it?

Andy, Boston

Dear Andy:
One reason is that I'm not a real scientist, I don't practice science. I read, think, and write. I just came back from speaking for four hours at the American Association for the Advancement of Science (AAAS), and I understand some "real" scientists are upset the AAAS invited me. If I was a real scientist (practiced science, i.e. conducted studies, worked in a lab, etc.) I'd be upset as well. It is just that I saw what scientists did not, in part because my ignorance also meant I had no preconceived notions.

I am afraid that Occam's Razor is at work here, or "plurality should not be posited without necessity," which is to say, keep it simple. The autism experts are jumping on and sliding down the razor, theorizing multiple new theories that certain types of minds (math and computer brains) somehow are at more risk for autism. All the autism scientists have to do is stop, open their eyes, and look where the geeks are all day long (inside, out of the sun). It's that simple. Instead of riding the razor, they need to use Occam's razor to cut through to the simplest theory. The story below makes it clear that the simplest possibility never crosses their minds.

Andy Coghlan NewScientist 6/20/11 Childhood autism spikes in geek heartlands

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The Vitamin D Council relies heavily on the contributions of individuals. Please consider making a tax deductible contribution today.

Take Action

The Vitamin D Council is filing a complaint against the FDA. Please read our full complaint here and sign our petition here.

Visit

Check out our new website! Stay tuned as the new launch is the first of three phases.

Physical Trauma and the Metabolic Clearance of Vitamin D

Dear Dr. Cannell:
Ten days ago, my wife hit a semi-truck trailer t-bone. I know her vitamin D level was 70 ng/ml a week before the accident. Four days after the accident it was 32. Are there any studies on major trauma and severe sudden D loss, responses to fight-or-flight mechanisms?

Thanks,
Paul, Minnesota

Dear Paul:
I hope your wife is going to be okay. While no studies have examined the effect of massive trauma on the metabolic clearance of vitamin D, a recent study showed that having a knee replacement used up tremendous amounts of vitamin D. It is likely that the trauma of the surgery, and the acute inflammation the surgery caused, was the reason why so much vitamin D was used up. Be sure your wife gets 50,000 IU of vitamin D every day until she is out of the hospital.

Reid D, et al. The relation between acute changes in the systemic inflammatory response and plasma 25-hydroxyvitamin D concentrations after elective knee arthroplasty. Am J Clin Nutr. 2011 May;93(5):1006-11.

Vitamin D Blood Serum Levels and Cancer

Dear Dr. Cannell:
I am worried about the studies that show increased risk of cancer with both high and low levels of vitamin D. What should I do?

Sarah, Maryland

Dear Sarah:
Join the club, especially since a group of good scientists (FNB vitamin D Board) has recently said that vitamin D levels of 50 ng/ml (levels I recommend) may be dangerous. They based their warning on about a dozen studies that show a U-shaped curve, that is, increased risk with both lower and higher vitamin D blood levels. The studies that show this risk are almost all the same type of studies. Scientists take frozen blood samples drawn decades ago and test them for vitamin D in a group of subjects who doctors have followed closely, comparing them to a similar group who did not develop the disease.

However, in a very recent study, a meta-analysis of all such studies done on colon cancer, scientists showed what most studies suggest: there's a decreased risk with higher vitamin D levels, as the authors put it, "in a linear dose-response manner." That's important because it suggests levels of 40 ng/ml are better than levels of 30. However, not enough people have levels high enough to answer the next logical question, "Are levels of 50 better than levels of 40?"

Touvier M et al. Meta-analyses of vitamin d intake, 25-hydroxyvitamin d status, vitamin d receptor polymorphisms, and colorectal cancer risk. Cancer Epidemiol Biomarkers Prev. 2011 May;20(5):1003-16.

The studies that show a U-shaped risk (increased risk with low and high vitamin D levels) share several similarities. Many, but not all, were conducted in Scandinavian countries, where cod liver oil consumption is high and vitamin A toxicity will run hand in hand with high vitamin D levels. Virtually all were conducted at fairly high latitudes, where a steep fall-off of vitamin D levels occurs in the autumn, a decline that may – according to Professor Reinhold Vieth – cause repeated yearly episodes of intracellular deficiencies of vitamin D. Finally, virtually all the studies share the similarity that scientists measured the vitamin D levels in blood taken during the 1980s and '90s that had been frozen for at least a decade.

Most, but not all, of the studies in question are cancer studies, especially prostate and pancreatic cancer. If higher vitamin D levels are riskier, then perhaps those who develop cancer will die sooner if their vitamin D levels are high? The exact opposite is true. Studies show that the higher your vitamin D levels at the time of a cancer diagnosis, the longer you live. That is, higher vitamin D levels have a treatment effect in cancer.

Such studies exist for breast, colon, melanoma, lung, and prostate cancers. The higher the vitamin D level at the time of a cancer diagnosis, the longer you live. Similar findings were recently announced for a leukemia that is currently "incurable," chronic lymphocytic leukemia (CLL). To quote the authors, ""the association between 25(OH)D and survival increased consistently as 25(OH)D increased." The authors added, "these findings suggest that vitamin D insufficiency may be the first potentially modifiable host factor associated with prognosis in newly diagnosed CLL." In other words, vitamin D may be the first effective treatment for CLL. Way to go vitamin D!

Shanafelt TD et al. Vitamin D insufficiency and prognosis in chronic lymphocytic leukemia. Blood. 2011 Feb 3;117(5):1492-8.

Please note one other thing. These studies clearly show that people with high vitamin D levels still can get cancer. That is, vitamin D only reduces the risk of getting and dying from cancer; it does not prevent it. This is important because we all know, or will know, someone who took vitamin D and died from cancer anyway. Humans being who they are, friends and relatives of such cancer victims will become dispirited; silently hoping vitamin D is a sure cure. Vitamin D is not that. As I say when I speak, everyone who takes vitamin D will die.

Vitamin D in ICUs

Dear Dr. Cannell:
Why don't they give vitamin D in the ICU in the hospital? I think they know it will hurt their business.

Jeff, California

Dear Jeff:
When I was young, I always suspected conspiracy. As I grow older, I see that it is usually incompetence. Things are beginning to change. For example, several months ago the journal Critical Care had just the kind of study you are implying the system will not do. They gave 540,000 IU to ten patients near death in an ICU. They gave it via a feeding tube and then compared those patients to ten patients given a placebo. They found that 540,000 IU as a single dose will achieve levels of around 40 ng/ml, but it takes three days to do so (the patients started with levels of around 12 ng/ml).

Amrein K, et al. Short-term effects of high-dose oral vitamin D3 in critically ill vitamin D deficient patients: a randomized, double-blind, placebo-controlled pilot study. Crit Care. 2011 Mar 28;15(2):R104

The overall death rate between the two groups was the same, 50%, but vitamin D patients who still had low blood calcium (common in an ICU) at day three were three times more likely to die than those who obtained normal blood calcium, but the numbers were not large enough for significance. However, the findings suggest that doctors need to give it earlier and give it either intramuscularly or intravenously. Larger doses probably won't help as the body can't deal with that much. I predict that eventually vitamin D will be available as an IV and that the most useful preparation will be intravenous 25(OH)D. Oral 25(OH)D was taken off the market several years ago, before the vitamin D revolution began.

The Latest on Vitamin D and Hepatitis C

Dear Dr. Cannell:
I have hepatitis C. Any new studies about vitamin D and hepatitis?

Andy, Florida

Dear Andy:
Last year, scientists announced an exciting development at a liver disease conference: vitamin D helped some people get rid of the infection.

Dan Evan. Haaretz.com Study: Vitamin D could help fight hepatitis C. Already heralded in battling cancer, Vitamin D may also be key to curing hepatitis.

This year a small study showed vitamin D improved the chance that standard treatment, interferon, helped reduce viral loads.

Bitetto D et al. Vitamin D supplementation improves response to antiviral treatment for recurrent hepatitis C. Transpl Int. 2011 Jan;24(1):43-50

My advice: if you have hepatitis, keep your vitamin D levels in the high normal range, 70-90

ng/ml.

Does vitamin D reverse gray hair?

Dear Dr. Cannell:
I want to thank you for your efforts to promote the benefits of vitamin D supplementation. It's amazing, that the risk factor "vitamin D-deficiency" could so easily, safely and cheaply be treated! But there's still a lot to do until this fact will be really accepted and realized by the public.

For a few months I have been reading every paper I find about vitamin D and supplementing vitamin D. Since then I hardly had any respiratory infections anymore and much less muscle aches after doing sports!

I also advised my mother to supplement vitamin D and she told me that since then she has less gray hair and the hair is getting colored again!

When I Googled this topic I found many comments and threads of people who had the same experience.

What do you think about it? I'm sure vitamin D helps against gray hair!

It's really interesting!
Heinrich, Germany

Dear Heinrich:
It would not surprise me as the hair follicle has a vitamin D receptor. However, If it gets rid of gray hair in some people, I'm not one of those people.

John Cannell, MD
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