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I strongly support any legislation or resolutions that would promote awareness of, and apply remedies to, Vitamin D deficiency which is rampant in Alaska.

We have become an indoor society. I have been checking Vit D levels routinely in my primary care practice for five years. Not one Alaskan who does not supplement with 3-6,000 IU's daily is replete. The fix is cheap: a year's worth of Vit D₃ drops costs about \$20.

Sincerely,

Dr Emily A. Kane

The FNB Has Failed Millions

After 13 year of silence, on Nov. 30, 2010, the quasi-governmental agency the Institute of Medicine's (IOM) Food and Nutrition Board (FNB) recommended that a 3-pound premature infant take virtually the same amount of vitamin D as a 300-pound pregnant woman. While that 400 IU/day dose is close to adequate for infants, 600 IU/day in pregnant women will do nothing to help the three childhood epidemics most closely associated with gestational and early childhood vitamin D deficiencies: asthma, autoimmune disorders, and – as recently reported in the largest pediatric journal in the world – autism. Professor Bruce Hollis of the Medical University of South Carolina has shown that pregnant and lactating women need at least 5000 IU/day, not 600.

The FNB also reported that vitamin D toxicity might occur at an intake of 10,000 IU/day (250 micrograms/day), although it could produce no reproducible evidence that 10,000 IU/day has ever caused toxicity in humans and only one poorly conducted study indicating that 20,000 IU/day may cause mild elevations in serum calcium, but not clinical toxicity.

Viewed with a different measure, this FNB report recommends that an infant should take 10 micrograms/day (400 IU) and a pregnant woman 15 micrograms/day (600 IU). As a single, 30-minute dose of summer sunshine gives adults more than 10,000 IU (250 micrograms), the FNB is apparently also warning that natural vitamin D input – as occurred from the sun before the widespread use of sunscreen – is dangerous. That is, the FNB is implying that God does not know what she is doing.

Disturbingly, this FNB committee focused on bone health, just as it did 14 years ago. It ignored the thousands of studies from the last 10 years that showed higher doses of vitamin D help: heart health, brain health, breast health, prostate health, pancreatic health, muscle health, nerve health, eye health, immune health, colon health, liver health, mood health, skin health, and especially fetal health. Tens of millions of pregnant women and their breast-feeding

infants are severely vitamin-D deficient, resulting in a great increase in the medieval disease rickets. The FNB report seems to reason that if so many pregnant women have low vitamin D blood levels then it must be OK because such low levels are so common. However, such circular logic simply represents the caveman existence (never exposed to the light of the sun) of most modern-day pregnant women.

Hence, if you want to optimize your vitamin D levels – not just optimize the bone effect – supplementing is crucial. But it is almost impossible to significantly raise your vitamin D levels when supplementing at only 600 IU/day (15 micrograms). Pregnant women taking 400 IU/day have the same blood levels as pregnant women not taking vitamin D; that is, 400 IU is a meaninglessly small dose for pregnant women. Even taking 2000 IU/day of vitamin D will only increase the vitamin D levels of most pregnant women by about 10 points, depending mainly on their weight. Professor Bruce Hollis has shown that 2000 IU/day does not raise vitamin D to healthy or natural levels in either pregnant or lactating women. Therefore supplementing with higher amounts – like 5000 IU/day – is crucial for the woman who wants her fetus to enjoy optimal vitamin D levels, and the future health benefits that go along with it.

For example, taking only two of the hundreds of recently published studies: Professor Urashima and colleagues in Japan gave 1200 IU/day of vitamin D3 for six months to Japanese 10-year-olds in a randomized controlled trial. They found that vitamin D dramatically reduced the incidence of influenza A as well as the episodes of asthma attacks in the treated kids, while the placebo group was not so fortunate. If Dr. Urashima had followed the newest FNB recommendations, it is unlikely that 400 IU/day treatment arm would have done much of anything and some of the treated young teenagers may have come to serious harm without the vitamin D. Likewise, a randomized controlled prevention trial of adults by Professor Joan Lappe and colleagues at

Creighton University, which showed dramatic improvements in the health of internal organs, used more than twice the FNB's new adult recommendations.

Finally, the FNB committee consulted with 14 vitamin D experts and – after reading these 14 different reports – decided to suppress them. Many of these 14 consultants are either famous vitamin D researchers, like Professor Robert Heaney at Creighton or, as in the case of Professor Walter Willett at Harvard, the single best-known nutritionist in the world. So, the FNB will not tell us what Professors Heaney and Willett thought of its new report? Why not?

Today, the Vitamin D Council directed our attorney to file a federal Freedom of Information (FOI) request to the IOM's FNB for the release of these 14 reports.

Most of my friends, hundreds of patients, and thousands of readers of the Vitamin D Council newsletter (not to mention myself) have been taking 5000 IU/day for up to eight years. Not only have they reported no significant side effects, indeed, they have reported greatly improved health in multiple organ systems. My advice, especially for pregnant women: continue taking 5000 IU/day until your 25(OH)D is between 50 and 80 ng/mL (the vitamin D blood levels obtained by humans who live and work in the sun and the midpoint of the current reference ranges at all American laboratories). Gestational vitamin D deficiency is associated not only with rickets, but a significantly increased risk of neonatal pneumonia, a doubled risk for preeclampsia, a tripled risk for gestational diabetes, and a quadrupled risk for primary cesarean section.

The FNB has failed millions of pregnant women whose as-yet unborn babies will pay the price. Let us hope that the FNB will comply with the spirit of "transparency" by quickly responding to our Freedom of Information requests.

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