

## What We Have Learned About Vitamin D Dosing?

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BACKGROUND FROM DAN MURPHY

**The world standard uses nmol/l, while US standard uses mg/dl.**

**For vitamin D, to convert mg/dl to nmol/l, divide the mg/dl by 2.5.**

**For vitamin D, to convert nmol/l to mg/dl, just multiply by 2.5.**

KEY POINTS FROM THIS ARTICLE:

- 1) "Over the past several years, the surprising prevalence of vitamin D deficiency has become broadly recognized."
- 2) Vitamin D deficiency is linked to:
  - Osteoporosis
  - Cardiovascular disease
  - Cancer
  - Autoimmune diseases
  - Multiple sclerosis
  - Pain
  - Loss of Cognitive function
  - Decreased strength
  - Increased rate of all-cause mortality
- 3) "Deficiency of vitamin D is now recognized as a pandemic, with more than half of the world's population at risk."
- 4) Approximately 50% of the healthy North American population and more than 80% of those with chronic diseases are vitamin D deficient.
- 5) 80% of healthy Caucasian infants are vitamin D deficient. [And the rate of vitamin D deficiency tends to be greater in African American and Hispanic children].
- 6) Those with vitamin D deficiency experience 39% higher annual healthcare costs than those with normal levels of vitamin D.
- 7) Suggested levels of vitamin D as measured by 25(OH)D3 is:
 

|                   |                  |   |               |
|-------------------|------------------|---|---------------|
| Caucasians        | 125 – 175 nmol/l | = | 50 - 70 mg/dl |
| Hispanics         | 100 – 150 nmol/l | = | 40 - 60 mg/dl |
| African Americans | 80 – 120 nmol/l  | = | 32- 48 mg/dl  |

- 8) The minimum blood levels of vitamin D [25(OH)D3] is 80 nmol/l (32 mg/dl).
- 9) Prolonged intake of 10,000 IU of supplemental vitamin D3 "is likely to pose no risk of adverse effects in almost all individuals."
- 10) The maximum safe levels for vitamin 25(OH)D3 in the blood is 275 nmol/l (100 mg/dl).
- 11) Sarcoidosis patients (and other granulomatous diseases) should not supplement with vitamin D because it increases granuloma production increasing the risk of hypercalcemia.
- 12) A loading dose of supplemental vitamin D3 of 10,000 IU/day for 3 months and maintenance dose of 5,000 IU/day "is not enough for most people in northern climes."
- 13) The loading dose of supplemental vitamin D3 should be about 20,000 IU/day for 3 – 6 months with a maintenance dose of 5,000 IU/day. Those taking this amount of supplemental vitamin D3 should periodically have their serum 25(OH)D3 levels measured.

#### COMMENTS FROM DAN MURPHY

The lab we use to test blood vitamin D3 [25(OH)D3] uses a finger prick analysis:

ZRT Laboratory

8605 SW Creekside Pl

Beaverton, OR 97008

866-600-1636

[www.zrtlab.com](http://www.zrtlab.com)

Vitamin D Testing Finger prick

The vitamin D3 my family takes is ***Complete Hi D3***, from Nutri-West (5,000 IU):  
**800-443-3333**

The primary researcher on this product was Don Bellgrau, PhD. Dr. Bellgrau is a tenured Professor of Immunology and Medicine at the University of Colorado, Denver, where he is a Program Leader in Immunology and Immunotherapy at the Cancer Center on vitamin D3 supplementation. Dr. Bellgrau has conducted experiments with nutrients/vitamin D and immune cells. He has published in over 100 peer-reviewed articles, including the Journal of Neurooncology, Nature, Clinical Immunology, Cancer Research, Cancer Immunology and Immunotherapy, and Cell Transplantation.