THE TUESDAY MINUTE

IT'S TIME TO FEEL GOOD AGAIN

THIS WEEK'S TOPIC

Vitamin D Under Fire In Treating Autoimmunity

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Even though approximately 10% of our genes are dependent on vitamin D and people with sufficient vitamin D have a decrease in overall mortality, vitamin D is under fire. The controversial position made by Waterhouse, Marshall, and colleagues advocates creating a further deficiency of vitamin D in the "treatment" of autoimmunity.

My thanks to Dr. Alex Vasquez and his article in the International Journal of Human Nutrition and Functional Medicine: "Iatrogenic Induction of Vitamin D Deficiency". He systematically dissembles the arguments while at the same time inviting further substantiating research. I wanted to alert you to this controversy in advance because at some point the pharmaceutically "biased" media may start releasing information about this.

When patients come to you for clarity, if you are well versed in the controversy, it will serve as one more reason that you are the wellness authority in your community. So here's the short version.

Based on several unpublished substantiations, Waterhouse, Marshall, and colleagues state "In autoimmunity, intracellular bacteria cause vitamin D receptor (VDR) dysfunction within phagocytes leading to a decline in innate immune function. This in turn causes susceptibility to additional infections which in turn contribute to inflammatory/autoimmune disease progression." The authors propose treatment aimed at "gradually restoring vitamin D receptor (VDR) function with the VDR agonist olmesartan and sub-inhibitory dosages of certain bacteriostatic antibiotics."

Olmesartan is an angiotensin II receptor antagonist used for the treatment of high blood pressure sold under the trade name Benicar. The authors' state: "Diseases showing favorable responses to treatment so far include systemic lupus, rheumatoid arthritis, scleroderma, sarcoidosis, Sjogren's syndrome, autoimmune thyroid disease, psoriasis, ankylosing spondylitis, type I and II diabetes."

The idea of using low dose antibiotics is not new, in fact Dr. Vasquez and others have discussed the therapeutic value of treating SIBO (small intestinal bacterial overgrowth) with low dose antibiotics and botanicals with great effectiveness, look below.

Over 30 years ago, Dr. Thomas Brown, a board certified rheu-

matologist from John Hopkins believed RA was caused by mycoplasma infections. The use of long term low dose antibiotic therapy like minocycline or doxycycline 100 mg twice daily had a marked effect on decreasing the symptoms in rheumatoid arthritis theoretically killing the microbes in the synovial fluid of inflamed joints. Dr. Brown and others also used low dose antibiotic therapy to treat many of the same conditions the Marshall protocol claims to treat: "SLE, ankylosing spondylitis, scleroderma, dermatomyositis, and polymyositis".

The controversial part of this Marshall protocol, however, is the iatrogenic induction of vitamin D deficiency. The authors' state, "Disease reversal using this approach requires limitation of vitamin D in order to avoid contributing to dysfunction of nuclear receptors..." In this protocol, patients are advised to strictly avoid all dietary vitamin D and to wear "protective" full-body clothing, hats, sunglasses, and sunscreen to block all possible consumption or production respectively of vitamin D3 with the proposed goal being that of specifically inducing profound vitamin D deficiency.

Followers of the Marshall protocol believe in autoimmunity and chronic illnesses, vitamin D is being converted by microbes into metabolites that actually cause immunosuppression by interfering with vitamin D receptor (VDR) function, thereby leading to the continuation of microbial colonization which promotes illness. Proponents state that induction of vitamin D deficiency is necessary to deprive microbes of the vitamin D that the microbes will use to create these immunosuppressive VDR antagonists.

The controversy is that the bulk of existing science shows vitamin D3 functions via the vitamin D receptor (VDR) to support innate and acquired immune responses. Several mechanisms have been identified including: regulating inflammation via modulation of NFkB, inhibiting viral replication and enhancing anti-viral defenses through the elaboration of antimicrobial peptides (AMP). These antimicrobial peptides actually enhance innate immunity against cancer, bacteria, fungi and other microbes. AMPs assist in the maintenance of gastrointestinal integrity, helping prevent intestinal hyperpermeability.

Dr. Vasquez is honest enough to say that not all clinical trials have shown benefit. However the bulk of clinical research shows improved outcomes in the prevention and treatment of inflammatory and infectious diseases when physiologically appropriate doses of vitamin D3 are used especially when supplementation guidelines are followed.

As many of you know, Dr. Vasquez is a big fan of Biotics Research's emulsified form of vitamin D, Bio-D-Mulsion Forte. Each drop contains 2,000 IU of emulsified vitamin D3 as a micro-emulsion for enhanced absorption and utilization. Each bottle contains over 700 drops making it the best value on the market.

We don't have time to go into the complete discussion, so I gave you Dr. Vasquez's article below. You can print it and save it for your files, even make copies for your most inquisitive patients.

Let's remember for a long time, the sun has been making vitamin D naturally without increases in autoimmunity. The fact the Marshall protocol claims success reinforces that microbes are a very real part of chronic disease. As wellness professionals we can take this knowledge and use it. Changes in diet to calm the immune system and botanicals like the ones in the SIBO protocol can make a profound difference.

So for me, in light of the research supporting vitamin D, let's not throw the baby (vitamin D) out with the bath water.

Thanks for reading this week's edition. I'll see you next Tuesday.