

## Vieth Q+A

Hello, Dr. Vieth. I am writing about your study in the European Journal of Clinical Nutrition and have some questions I'm hoping you will answer. Your comments may be included in my article, which is scheduled to run on [www.reutershealth.com](http://www.reutershealth.com) <<http://www.reutershealth.com>> (consumer wire) on Tuesday. Thank you in advance for your assistance.

Regards,

Suzanne Rostler [srostler@yahoo.com](mailto:srostler@yahoo.com)

1. How much vitamin D should be added to milk in order to boost serum levels in women?

My AJCN paper of earlier this year, pdf attached, showed that adults need 1000 IU to "ensure" that the vitamin D nutrition we can measure in blood is adequate by current clinical standards (i.e. serum 25(OH)D >40 nmol/L).

Think about it, the infant RDA is 200 IU/d; they weigh 1/10 of what adults weigh, thus, to give the adult the same dose as we think is appropriate for a baby makes no sense (but that is what we are doing), the adult would need 2000 IU to match the current baby recommendation per body wt.

2. Should daily intake levels be raised in Canada or in the US and Europe as well? What about countries where women are naturally exposed to more sunlight? Isn't Canada somewhat unique in its lack of sunlight year round?

Is Canada unique? No way! Even sunny countries have low 25D levels because of heavily-veiled, sun-avoiding cultures. Vitamin D levels of modern humans are far lower than farm workers or life guards, and far lower all other primates. Low vitamin D supplies are simply a side-effect of the modern lifestyle in most countries, whether people live in sunny places or not.

If you are concerned about the possible toxicity of giving a sun-rich person extra vitamin D, I do not see that as a problem, and the point is discussed in Vieth2001e Muskeit pdf file attached to this email.

3. Why do you suppose there were racial differences found in vitamin D levels during the summer months but not during the winter months?

In our EJCN paper, we explained that women who are not white have reported to us that they avoid the sun, because they don't want to get darker. Ironic, what? White women get the suntan and the vitamin D from it, but non-white women (and note, unlike the US reports on this that focus on blacks, our non-white women were middle-eastern and oriental) who have a built-in natural sunscreen (which blocks vitamin D forming sun rays), avoid it, making their diminished supply of vitamin D even worse.

4. What are the implications of your findings?

Nutritional laws have been grossly wrong about adult needs for vitamin D. The solid implications of raising vitamin D intakes are pretty much theoretical right now (look at the AJCN correspondence to Muskeit), but the implications could be huge:

If the diseases that correlate with latitude like, cancers of breast, prostate, colon, bowel, and diseases like osteoporosis and high blood pressure, multiple sclerosis and diabetes are contributed to by vitamin D (as many think they are), then the odds of people getting these diseases could be made less with proper nutrition (i.e. vit D).

The 400 IU/day dose of vitamin D in a quart of fortified milk or in multivitamins is the same amount of vitamin D that was in the teaspoon of cod-liver oil, used for 200 years, to treat rickets in babies (the severest form of vitamin D deficiency in the tiniest people). It is no surprise that the dose does practically nothing for adults.

If adults are worried about osteoporosis, they should be outraged that even the old, 1997 guidelines for the elderly (600 IU/day) are not yet matched by even the "high-potency" geriatric nutrition products on the market in both North America and Europe!

The present EJCN article is one more nail in the coffin that surrounds the thinking that 200-400 IU/day (10 mcg/day) of vitamin D suffices for adults.