

Why SUPPLEMENTAL Vit D is not recommended by Mary Theresa Jurnack, ND, CNHP

John Hopkins University: "But new research from Johns Hopkins finds that blood levels of the so-called "sunshine vitamin" higher than the top of the range suggested by the Institute of Medicine (20-50 ng/ml) confer no additional benefit. This finding, combined with results of a previous study by the same group noting potential harm from higher vitamin D levels in healthy people, has urged investigators to prescribe caution."

"Above 21 ng/ml, the data suggest that the protective effect appears to wear off."

https://www.hopkinsmedicine.org/news/media/releases/vitamin_d_more_may_not_be_better

Dr. Bolland: "Lots of observational studies that measure vitamin D levels at baseline and compare health outcomes over time between groups with high levels and low levels have reported associations between low vitamin D levels and poor health outcomes.

These studies are not able to determine causality because of their design. It is possible that low vitamin D levels are simply a **marker** of ill health, rather than having a causal relationship."

<https://www.medicalnewstoday.com/articles/271589.php>

Study conclusion: Some authorities now believe that low 25(OH)D is a **consequence of chronic inflammation** rather than the cause. Research points to a bacterial etiology pathogenesis for an inflammatory disease process which results in high 1,25(OH)2D (**Calcitriol** is the active form of hormone D) and low 25(OH)D (**Calcifediol** is the storage form of hormone D). Immunotherapy, directed at eradicating persistent intracellular pathogens, corrects dysregulated vitamin D metabolism and resolves inflammatory symptoms.

<https://www.ncbi.nlm.nih.gov/pubmed/25048990>

Magnesium deficiency **PRECEDES** the inflammatory cascade.

<https://www.ncbi.nlm.nih.gov/pubmed/1384353>

Less Calcium, especially in a Magnesium deficient body, is **protective** against inflammation.

<https://www.ncbi.nlm.nih.gov/pubmed/12395213>

What is VITAL & CENTRAL to improving Hormone D status is Magnesium status.

"Magnesium plays an essential role in the synthesis and metabolism of vitamin D and magnesium supplementation substantially reversed the resistance to vitamin D treatment in patients with magnesium-dependent vitamin-D-resistant rickets."

<https://bmcmmedicine.biomedcentral.com/articles/10.1186/1741-7015-11-187>

It is IMPORTANT to understand that Vit A & D MUST be taken together.....Mother Nature knows best as they occur naturally **together**! Retinol is ESSENTIAL for making Iron Regulatory Proteins & Ceruloplasmin. HIGH supplemental D **CAUSES** low Vitamin A (Retinol)

<https://www.ncbi.nlm.nih.gov/pubmed/22154532>

When Retinol is compromised, Iron MISBEHAVES and becomes unbound and is increasingly found INSIDE Ferritin, which is an **inflammatory** disease marker.

<https://www.ncbi.nlm.nih.gov/pubmed/24549403>

“Vitamin D **supplementation**, without reference to the bigger picture (Magnesium status....MTJ added), can and often does result in serious degeneration and pre-mature death.”

“Some of the most extensive studies in relation to arterial and heart disease, cholesterol, dietary fat and Vitamin D were conducted by Dr. Fred Kummerow during a 70+ year career in medical research. His team found that when marginally excessive amounts of Vitamin D were supplemented, there was a subsequent initiation of arterial disease, followed by arterial calcification, irrespective of serum cholesterol or triglyceride levels. Noting the important role played by Magnesium in cholesterol metabolism, his team went on to study what happens when Vitamin D is supplemented to pigs presenting a deficiency in Magnesium. In all trials, the combination of low magnesium and excessive Vitamin D did indeed **promote** the progression of arterial disease. It was further observed that the disease was most pronounced in subject with the lowest protein status. Dr. Kummerow concluded that excess Vitamin D encouraged absorption of more calcium at a time when calcium was already depositing in the arteries and elsewhere due to low protein and Magnesium status.”

<http://www.lvs.com.au/vitamin-d-supplements-the-shocking-truth/>

<https://news.illinois.edu/blog/view/6367/204873>

Dr. Stephanie Seneff, who doesn't believe Vitamin D supplements convey the same benefits as sun exposure, “Both cholesterol and sulfur afford protection in the skin from radiation damage to the cell's DNA, the kind of damage that can lead to skin cancer. Cholesterol and sulfur become oxidized upon exposure to the high frequency rays in sunlight, thus acting as antioxidants to ‘take the heat,’ so to speak. Oxidation of cholesterol is the first step in the process by which cholesterol transforms itself into vitamin D3.” This process yields Vitamin D sulfate, which according to Dr. Seneff is **vastly different** than plant-based Vitamin D2 and animal-based Vitamin D3. “Upon exposure to the sun, the skin synthesizes vitamin D3 Sulfate, a form of vitamin D that, unlike unsulfated vitamin D3 (the supplemental form), is **water soluble**. As a consequence, it can travel freely in the blood stream rather than encapsulated inside LDL (the so-called ‘bad’ cholesterol) for transport. The form of vitamin D that is present in both human milk and raw cow's milk is vitamin D3 sulfate (pasteurization destroys it in cow's milk).”

<https://www.mommypotamus.com/vitamin-d-supplements/>

(on sulfur deficiency: <https://www.westonaprice.org/health-topics/abcs-of-nutrition/sulfur-deficiency/>)

“Allan and his colleagues reviewed 1,600 studies to examine evidence for 10 common beliefs about vitamin D. Their research, which looked at studies from the past decade, found little to no conclusive evidence that vitamin D supplementation offers any benefits.”

<https://globalnews.ca/news/2768206/vitamin-d-supplements-may-be-useless-alberta-research/>