

VITAMIN D DEFICIENCY AND DISEASE.

Reports in the media and medical press indicate the rapid increase of interest in the part which chronic vitamin D deficiency may play in the creation of disease, including cancer. This interest was initially excited by statistical surveys which showed a definite increased incidence of diseases of the skin and other organs in northern latitudes.

Based on such research over the past decade Dr. C. Garland of the U.of C. in San Diego, Dr. David Trump of the Pittsburgh Cancer Institute, and others, have suggested that chronic vitamin D deficiency played a part in the genesis of cancer of the colon, breast, and prostate. Consequently these workers are now recommending the prescription of Calcitriol, an analogue of vitamin D, in the therapy of those forms of cancer.

In August of this year, 1995, researchers in New York have reported that chronic vitamin D deficiency played an important role in the creation of osteoporosis.

The vitamin D generated in fish, fowl, and other mammals which we ingest in our diet, and or the D vitamin which the ultra violet radiation present in daylight and/or sunshine generates in our skin has the potential of ionizing our ingested calcium. In that ionization the ultra violet energy stored in a vitamin D molecule strips two negative electrons

from an atom of calcium that it may contact in the living cell changing it into a double positively charged ion which is biologically in those sites.

For reason of man's evolution under a canopy of sunlight containing a band of invisible ultra violet radiation, I propose that the function of ionized calcium is to activate the energy transport mechanisms within the cell. Consequently, chronic deficiency of that ion created either by deficiency of calcium or vitamin D, or more likely by the combined deficiency of those factors, will give rise to "energy starvation" of all of the body's trillions of cells. This, in turn, will give rise to complaints and physical changes in different tissues or in the entire body. Examples of such complaints are chronic fatigue, headaches and nervous tension, joint pains, cramping pains in skeletal and intestinal muscle, and "allergies". Examples of such physical changes are the layering and cracking of fingernails, tenderness of muscle on only moderate pressure, and an acidic pH of saliva.

Concerning the causation of serious disease states, in 1958 after eight years of clinical research in office practice relating illness to autonomic nervous system imbalance, I proposed the theory of "mal-adaption". The basis of this theory is that disease such as chronic asthma, ileitis-colitis, arthritis, hypertension, diabetes, and others, may represent the breakdown of adaptive function of

those different organs. These are functions which were designed to effect biochemical compensation for deficiency of that most vital calcium ion.

In contrast to such organ related adaptive disease I propose that a cancer represents the progeny of a cell which adapted to the same deficient environment through mutation. By such genetic change a cell was produced which was "tailor made" to thrive in the deficient climate.

The adapting device in some of those organ functions is increased acidity which will facilitate the ionization of residual body calcium. A litmus paper test of the saliva of such deficient individuals, some of whom may be diseased, will reveal an acidic state in the range of pH 6.5 to 4.5 as compared to the normal neutral to slightly alkaline state with a pH in the range of 7.0 to 7.5. Each change of a factor of one in that pH range indicates a tenfold increase or decrease in the concentration of the acidic hydrogen ion of that fluid. Since the hydrogen ion is the smallest of all known ions with the ability of even penetrating solid copper tubing, the pH of saliva may be accepted as representative of the acidity of the body's cells.

Applying that concept to practice over the following thirty years, I treated approximately ten thousand chronic asthmatics most of whom were experiencing chronic sinusitis-rhinitis or "hay fever", and a number of ileitis-colitis and rheumatoid arthritic patients, with large doses of the

natural D-3 in fish liver oils and of the synthetic D-2, vitamin in a water soluble solution. In addition these patients received supplements of calcium and magnesium and a diet of alkaline producing foods. The results attained by such therapy utilizing largely natural nutritional factors, the synthetic D-2 is invariably discontinued as soon as possible, far exceeded that provided by orthodox therapy with drugs which have been shown to be frequently dangerous.

I also accepted that the combined presence of an acidic state of saliva and other physical changes in a patient with isolated complaints represented the indication for such therapy of those complaints. Moreover, as those findings in non symptomatic individuals indicated that they were prone to develop such ills, their presence indicated the need of those individuals of at least dietary change to resolve their deficiencies.

The means of preventing such symptoms and diseases which I attribute to chronic ionic calcium deficiency is to make the public aware of the lifestyle defects which will give rise to deficiency of dietary calcium and of the dietary and sun-on-skin generated D vitamins. Such prevention will be greatly enhanced by the routine annual survey of the salivary pH, i.e. of the acid-base balance, of captive populations such as students, workers, and those attending health professionals. Those showing an acidic pH would be advised of the diet and vitamin and mineral supplements to correct their deficiencies and so normalize their acid-base balance.

It is apparent that a large percentage of the population pursue lifestyle defects which lead to develop those deficiencies, to show an acidic state of their saliva, and to develop the "symptoms and diseases of ionic calcium deficiency". In contrast, those with a neutral to more alkaline salivary pH experience a far lessened incidence of those illnesses. On that basis I strongly recommend that lay associations concerned in the eradication of various disease states collaborate in the conduct of simple and non-super-scientific research. I refer to research which would be designed to reveal the relationship and non relationship of lifestyle, complaints, physical signs including the salivary pH changes, and disease, in large numbers of the particular patients they are interested in, and in smaller numbers of non deficient controls such as highly proficient athletes. The computer analysis of the data resulting from such collaboration would prove or disprove this thesis which represents one aspect of Complementary or Preventive medicine.

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