

Vitamin D: Government Should Have Promoted to Combat Pandemic

Medical evidence strongly justifies a proactive approach for using vitamin D

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There seems to be an endless refusal by the public health establishment to fight the pandemic with the best science-based tools. Instead, they keep pushing vaccines.

Great German [research](#) provides unequivocal medical evidence that the government should be strongly advocating two actions: 1. Take vitamin D supplements and 2. Have your blood tested for vitamin D.

The title for this October 2021 journal article says it all: “COVID-19 Mortality Risk Correlates Inversely with Vitamin D3 Status, and a Mortality Rate Close to Zero Could Theoretically Be Achieved at 50 ng/mL 25(OH)D3: Results of a Systematic Review and Meta-Analysis.” [25(OH)D3 refers to metabolite of the vitamin in blood]

In other words, there is clear evidence that the lower your vitamin D level the greater your risk of dying from COVID infection. Moreover, the data clearly show that you need a blood level of at least 50 ng/mL.

Odds are, however, that very, very few people have been tested for their vitamin D level. This is a situation where waiting for testing is not the prudent approach. Vitamin D pills are pretty cheap and it is perfectly safe to take a healthy daily dose to maintain a good immune system. I take 4,000 IUs twice daily.

Here are a number of highlights from this research and other sources; the discussion is aimed at informing people with information not provided by Big Media, Big Government and Big Pharma.

Vitamin D is an accurate predictor of COVID infection. Its deficiency is just as significant, and perhaps more so, than more commonly discussed underlying medical conditions, including obesity.

To be clear, there is a level of vitamin D for an effective strategy at the personal and

population level to prevent or mitigate new surges and outbreaks of COVID that are related to reduced vaccine effectiveness and new variants.

In the German study, fifteen other studies were cited that showed low vitamin D levels were related to cases of severe COVID infection, and seven studies that found positive results from treating ill patients with the vitamin.

The German study noted: “The finding that most SARS-CoV-2 patients admitted to hospitals have vitamin D3 blood levels that are too low is unquestioned even by opponents of vitamin D supplementation.”

The German study “followed 1,601 hospitalized patients, 784 who had their vitamin D levels measured within a day after admission and 817 whose vitamin D levels were known before infection. And the researchers also analyzed the long-term average vitamin D3 levels documented for 19 countries. The observed median vitamin D value over all collected study cohorts was 23.2 ng/mL, which is clearly too low to work effectively against COVID.”

Why does this vitamin work so well? The German study explained: A main cause of a severe reaction from COVID results from a “cytokine storm.” This refers to the body’s immune system releasing too many toxic cytokines as part of the inflammatory response to the virus. Vitamin D is a main regulator of those cells. A low level of the vitamin means a greater risk for a cytokine storm. This is especially pertinent for lung problems from COVID.

Other studies

On a par with the German study was an important US [medical article](#) from May 2021: Vitamin D and Its Potential Benefit for the COVID-19 Pandemic. It noted:

“Experimental studies have shown that vitamin D exerts several actions that are thought to be protective against coronavirus disease (COVID-19) infectivity and severity. ... There are a growing number of data connecting COVID-19 infectivity and severity with vitamin D status, suggesting a potential benefit of vitamin D supplementation for primary prevention or as an adjunctive treatment of COVID-19. ... there is no downside to increasing vitamin D intake and having sensible sunlight exposure to maintain serum 25-hydroxyvitamin D at a level of least 30 ng/mL and preferably 40 to 60 ng/mL to minimize the risk of COVID-19 infection and its severity.”

This confirms the German study and its finding of a critical vitamin level of 50 ng/mL.

Daniel Horowitz has [made](#) this correct observation about vitamin D supplementation: “An endless stream of academic research demonstrates that not only would such an approach have worked much better than the vaccines, but rather than coming with sundry known and unknown negative side effects.”

There are now [142 studies](#) vouching for the near-perfect correlation between higher vitamin D levels and better outcomes in COVID patients.

From Israel came work that [showed](#) 25% of hospitalized COVID patients with vitamin D deficiency died compared to just 3% among those without a deficiency. And those with a deficiency were 14 times more likely to end up with a severe or critical condition.

Also [from](#) Israel, data on 1,176 patients with COVID infection admitted to the Galilee Medical Center, 253 had vitamin D levels on record and half were vitamin D-deficient. This was the conclusion: “Among hospitalized COVID-19 patients, pre-infection deficiency of vitamin D was associated with increased disease severity and mortality.”

Several [studies](#) have come from the University of Chicago. One found that a vitamin D deficiency (less than 20 ng/ml) may raise the risk of testing positive for COVID-19, actually a 7.2% chance of testing positive for the virus. And that more than 80% of patients diagnosed with COVID-19 were vitamin D deficient. And Black individuals who had levels of 30 to 40 ng/ml had a 2.64 times higher risk of testing positive for COVID-19 than people with levels of 40 ng/ml or greater.

On the good news side is a [new study](#) from Turkish researchers. They focused on getting people’s levels over 30 ng/mL with supplements. At that level there was success compared to people without supplementation. This was true even if they had comorbidities. They were able to achieve that blood level within two weeks. Those with no comorbidities and no vitamin D treatment had 1.9-fold increased risk of having hospitalization longer than 8 days compared with cases with *both* comorbidities and vitamin D treatment.

Another option

Some people may have absorption problems. The solution is to use the active form of D – either calcifediol or calcitriol – to raise their levels more quickly. This bypasses the liver’s metabolic process very effectively. [Studies have shown](#) that people hospitalized with low levels but given the active form of D did not progress to the ICU. Places that sell vitamin D often sell the concentrated active form.

I have a supply of cholecalciferol pills that provide 50,000 IUs, compared to ordinary D pills typically with 2,000 IUs. A reasonable use of the high concentration pills is in the event of coming down with a serious COVID infection. This may be a sensible strategy for those who do not know what their level is or have not taken the normal pills for some period. It can take months to raise a very low level to above the critical level the German study found necessary for the best protection.

Deficiency

Aside from dealing with COVID, two pertinent questions are: Is there an optimal level of vitamin D and are Americans deficient in it? For the first, this has been [said](#): “While blood levels of 30 ng/mL or higher are considered normal, the optimal blood level of vitamin D has not yet been established.” From the [Cleveland Clinic](#) is this: “Normal vitamin D levels are usually between 20-80 NG/ML. If supplementation is recommended, remember to take it with a meal and on a full stomach to help absorption. Unfortunately, about 42% of the US population is vitamin D deficient with some populations having even higher levels of deficiency.”

A Mayo Clinic [study](#) said this:

“Vitamin D deficiency is more common than previously thought. The Centers for Disease Control and Prevention has reported that the percentage of adults achieving vitamin D sufficiency as defined by 25(OH)D of at least 30 ng/mL has declined from about 60% in 1988-1994 to approximately 30% in 2001-2004 in whites and from about

10% to approximately 5% in African Americans during this same time. Furthermore, more people have been found to be severely deficient in vitamin D [<10 ng/mL]. Even when using a conservative definition of vitamin D deficiency, many patients routinely encountered in clinical practice will be deficient in vitamin D.”

Clearly, personal deficiency can only be determined by a blood test that prudent people will request their doctors to order for a lab test.

Conclusions

Seeing vitamin D as crucial to surviving COVID is supported by solid medical research. There is good data to support a desired level of 50 ng/mL. Whether a person has this level requires a blood test for the vitamin, not something that most physicians normally call for when ordering blood tests for other reasons.

As the US approaches 800,000 COVID related deaths it is reasonable to believe that perhaps hundreds of thousands of lives could have been saved if the government had strongly supported vitamin D blood testing and supplementation if needed. But in the absence of such a COVID policy, people have good reasons to use D supplements if they are not routinely exposed to sunlight without using sunscreen products.

Many physicians have issued protocols for preventing and treating COVID that include vitamin D supplements. For example, the esteemed Dr. Zelenko [uses the following](#): 5,000 IU 1 time a day for 7 days for low risk patients, and for high risk patients: 10,000 IU once a day for 7 days or 50,000 IU once a day for 1-2 days.

However, continuing its stupidity, NIH [maintains](#) that “There is insufficient evidence to recommend either for or against the use of vitamin D for the prevention or treatment of COVID-19.” This too was said: “Vitamin D deficiency (defined as vitamin D \leq 20 ng/mL) is common in the United States, particularly among persons of Hispanic ethnicity and Black race. These groups are also overrepresented among cases of COVID-19 in the United States. Vitamin D deficiency is also more common in older patients and patients with obesity and hypertension; these factors have been associated with worse outcomes in patients with COVID-19.” Sounds smart to fight deficiency for avoiding COVID health impacts.

Sadly, we cannot count on the public health establishment to take a science-based, aggressive policy on using vitamin D supplements as an alternative to COVID vaccines or expensive medicines. Its up to individuals to protect their own lives by being well informed and proactive.

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This article was originally published on [Pandemic Blunder Newsletter](#).

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