

LE Magazine January 2009

AS WE
SEE IT**Millions of needless deaths**

By William Faloon



Joseph Lister, British surgeon who discovered antiseptics.

It is hard to imagine, but it was not until 1867 that Joseph Lister published his findings about the critical need of using sterile procedures in the surgical setting. Back then, doctors seldom washed their hands prior to surgery, let alone sterilize the instruments they had used on the previous patient.

Before Dr. Lister's sterile techniques were adopted, patients frequently died from infections introduced during surgery.

Joseph Lister had little interest in financial or social success. These traits enabled him to endure the criticisms hurled by the medical establishment about the extra steps he took to ensure his surgical environments were clean.

One of Dr. Lister's greatest challenges was to persuade his colleagues that germs did in fact exist. Back then, most doctors still believed in the theory of *spontaneous generation*.¹

Convincing today's medical establishment about proven methods to save lives may be less daunting than what Dr. Lister encountered, but it is still nonetheless challenging.

TODAY'S BODY COUNT

Back in 2007, I urged the federal government to declare a national emergency. My rationale was that millions of Americans were going to needlessly die if the epidemic of vitamin D insufficiency was not immediately corrected.²

My article was based on irrefutable scientific evidence documenting how vast numbers of lives could be spared if everyone took at least 1,000 IU of vitamin D3 each day.²

I went a step further and showed how mandatory vitamin D supplementation could resolve today's health care cost crisis by slashing the need for expensive prescription drugs and hospitalizations.²

I took it two steps further and offered to donate 50,000 one-year-supply bottles of vitamin D3 so the government could give these away to those who could not afford this ultra-low cost supplement.²

It is now 16 months later. The federal government has done nothing to inform the public of the opportunity to radically reduce their risk of dying by taking a supplement that costs less than 6 cents a day!

VITAMIN D MORE EFFECTIVE THAN PREVIOUSLY KNOWN

A large number of new vitamin D studies have appeared in the scientific literature since I wrote my plea to the federal government. These studies don't just confirm what we knew 16 months ago—they show that optimizing vitamin D intake will save even more lives than what we projected.



William Faloon

For instance, a study published in June 2008 showed that men with low vitamin D levels suffer 2.42 times more heart attacks. Now look what this means in actual body counts.³

Each year, about 157,000 Americans die from coronary artery disease-related heart attacks.⁴ Based on this most recent study, if every American optimized their vitamin D status, the number of deaths prevented from this kind of heart attack would be 92,500.



To put the number of lives saved in context, tens of millions of dollars are being spent to advertise that Lipitor® reduces heart attacks by 37%. This is certainly a decent number, but not when compared with how many lives could be saved by vitamin D. According to the latest study, men with the higher vitamin D levels had a 142% reduction in heart attacks.³

This does not mean that you should stop taking medications if you can't get your cardiac risk factors under control by natural methods. It does mean that you should make certain you are not vitamin D-insufficient.

Please note that all forms of heart disease kill over 869,700 Americans each year.⁴ These lethal forms of heart disease include cardiomyopathy, valvular insufficiency, congestive heart failure, arrhythmia, coronary thrombosis (blood clot in coronary artery), and coronary atherosclerosis (narrowing or blockage of coronary arteries). There is reason to believe that vitamin D could help protect against most of these forms of cardiac-induced death.⁵

BILLIONS OF DOLLARS IN HEALTH CARE SAVINGS

There are 920,000 heart attacks suffered in the United States every year.⁴ According to the *American Heart Association*, the annual cost of health care services, medications, and lost productivity related to these heart attacks is over \$156 billion.⁴

The annual retail cost of all 300 million Americans (including children) supplementing with 1,000 IU of vitamin D per day is \$6.6 billion.

So if vitamin D's only benefit was to reduce coronary heart attack rates by 142%, the net savings (after deducting the cost of the vitamin D) if every American supplemented properly would be around \$84 billion each year. That's enough to put a major dent in the health care cost crisis that is forecast to bankrupt Medicare and many private insurance plans.

SPARING COUNTLESS NUMBERS FROM THE AGONIES OF CANCER

The evidence supporting the role of vitamin D in preventing common forms of cancer is now overwhelming.²

Vitamin D-deficient women, for example, have a 253% increased risk of colon cancer.⁶ Colon cancer strikes 145,000 Americans each year and 53,580 die from it.⁷ Based on these studies, if everyone obtained enough vitamin D, 38,578 lives could be saved and medical costs would be reduced by \$3.89 billion.^{8,9}



A study published in January 2008 showed that women with the lowest level of vitamin D were at a 222% increased risk for developing breast cancer.¹⁰ Most studies show that higher levels of vitamin D can reduce breast cancer incidence by around 30-50%.¹¹⁻¹⁴

Each year, approximately 186,800 women are diagnosed with breast cancer and 40,950 perish from it in the United States.¹⁵ This needless toll of suffering and death caused by insufficient intake of vitamin D is unconscionable.

Prostate cancer will be diagnosed in an estimated 189,000 American men this year. Almost 30,000 will die from it.¹⁶ Men with higher levels of vitamin D have a 52% reduced incidence of prostate cancer.¹⁷

The first-year costs of prostate cancer treatment are approximately \$14,540.¹⁸ If all aging men achieved sufficient vitamin D status, about \$1.4 billion could be saved each year.

So as you can see, there is no real health care cost crisis. What the population suffers from is frighteningly low blood levels of vitamin D. During winter months in Canada, for instance, an estimated 97% of the population is vitamin D-deficient.¹⁹

VITAMIN D PROTECTS AGAINST STROKE

Stroke is the number three cause of death in the United States.²⁰ It is also one of the most feared diseases because of its high incidence of permanent disability.

In a study published in September 2008, blood indicators of vitamin D status were measured in 3,316 patients with suspected coronary artery disease. The subjects were followed for 7.75 years. For every small decrease in blood indicators of vitamin D status, there was a startling 86% increase in the number of fatal strokes.²¹

The doctors who conducted this study concluded: ***“Low levels of 25(OH)D* and 1,25(OH)2D* are independently predictive for fatal strokes, suggesting that vitamin D supplementation is a promising approach in the prevention of strokes.”***²¹

***Note:** 25 [OH] D and 1,25[OH]2D are blood markers that measure vitamin D status in one's body.

If all that vitamin D did was to reduce stroke risk, it would be critically important for every American to ensure optimal blood levels.

LOW VITAMIN D DOUBLES DEATH RATE

Vitamin D deficiency is a worldwide problem. Yet no conventional medical organization or governmental body has declared a health emergency to warn the public about the urgent need of achieving sufficient vitamin D blood levels.



According to John Jacob Cannell, MD, founder of the non-profit Vitamin D Counsel: ***“Current research indicates vitamin D deficiency plays a role in causing seventeen varieties of cancer as well as heart disease, stroke, hypertension, autoimmune diseases, diabetes, depression, chronic pain, osteoarthritis, osteoporosis, muscle weakness, muscle wasting, birth defects, and periodontal disease.”***

This does not mean that vitamin D deficiency is the only cause of these diseases, or that you will not get them if you take vitamin D. What it does mean is that vitamin D, and the many ways in which it affects a person's health, can no longer be overlooked by the health care industry nor by individuals striving to achieve and maintain a greater state of health.”²²

Vitamin D seems to reduce the risk of almost every killer disease of aging. In fact, a recent study shows that humans with low vitamin D status are twice as likely to die over a seven-year time period!⁵

Each year, the federal government spends \$1 billion in research aimed at finding ways to prevent or cure the killer diseases of aging.²³ Yet the government is oblivious to the most medically effective and cost-effective way of preventing needless death. This is analogous to how the establishment ignored Joseph Lister's pleas for a sterile environment in the surgical arena.

DIFFERENCE BETWEEN “DEFICIENCY” AND “INSUFFICIENCY”

Doctors are not trained to recognize a vitamin D deficiency until rickets develop in children or osteomalacia (softening of the bones) develops in adults. Clinical vitamin D deficiency is diagnosed when blood levels of a vitamin D metabolite (25-hydroxyvitamin D) drop below 12 ng/mL.

According to the world's foremost experts, however, optimal blood levels of vitamin D are between 30 and 50 ng/mL and higher.^{24,25} Those with blood levels below 30 ng/mL are considered to have insufficient vitamin D.

These widely varying numbers explain why mainstream medicine is at a loss to understand the widespread health problem created by less than optimal vitamin D levels. If physicians view a patient's medical chart and see a vitamin D blood level of 18 ng/mL, they will think this person has adequate vitamin D. The reality is that a vitamin D blood level this low predisposes this patient to virtually every killer disease of aging and may in fact be the reason that individual has become a “patient” instead of remaining healthy.

There clearly is a need for a new consensus in the medical community to redefine vitamin D deficiency as a blood reading below 30 ng/mL. As we at *Life Extension* long ago learned, it can take decades for the establishment to change its reference ranges to reflect scientific reality.

WHAT CAN BE DONE?

Despite the startling number of needless deaths, the federal government has done nothing to warn the public of the lethal dangers associated with vitamin D insufficiency.

We will distribute my original 2007 article along with this editorial to every member of the new Congress and the President in January 2009. Hopefully someone will understand the urgency of declaring a health emergency and advise that every American maintain a vitamin D blood level of at least 30 ng/mL.

If the government continues to ignore our pleas, perhaps private insurance companies will consider sending free bottles of vitamin D supplements to all of their subscribers. The outlays for medical procedures and prescription drugs would be expected to plummet in groups who took their vitamin D supplement each day.

The media has done a good job in reporting on the numerous positive findings about vitamin D over the past two years. Sales of vitamin D supplements have been increasing, so at least some Americans are getting the message and taking steps to guard against vitamin D insufficiency.

In the meantime, *Life Extension* will continue to report on new findings about vitamin D. We have found that if we repeat a message long enough, much of the public will wake up to scientific reality and the desire for self-preservation.

ALL HOSPITALIZED PATIENTS SHOULD BE TESTED FOR VITAMIN D

The pioneer of antiseptic procedures in the hospital setting was a Hungarian physician named **Ignaz Semmelweis**. In one of the world's great detective stories, Dr. Semmelweis went back 100 years to find out why there was such an increase in puerperal fever (childbed fever) that had killed thousands of mothers in obstetric units.

Dr. Semmelweis correlated increases in autopsies performed at hospitals with greater incidences of lethal puerperal fever. It turned out that doctors would leave an autopsy room with their hands covered in decomposing human tissues (and lots of bacteria) and deliver babies with their fetid hands.

Semmelweis instructed his interns to wash their hands with chlorinated lime solutions and documented an immediate reduction in puerperal fever incidence.

Despite the logic of his arguments and concrete proof shown by the reduction in mortality when hand-washing procedures were followed, Semmelweis faced a wall of opposition. Back in those days, maternity hospitals had horrendous reputations and were sometimes referred to as deathtraps. Some suggested that lives could be saved simply by closing the clinics where people went in with minor problems and ended up dying agonizing deaths. Doctors of the day refused to accept that they were the ones responsible for the deaths of thousands of young woman. Semmelweis was eventually committed to an insane asylum where he died.

Move forward to 2009, and hospitals are still places to avoid. Medical errors, antibiotic-resistant infections, sleep interruption, pneumonia, and malnutrition continue to ravage those confined to the hospital setting.

An overlooked problem with institutional confinement is that patients admitted with insufficient vitamin D can rapidly develop severe vitamin D deficiency due to complete lack of sunlight and malnutrition caused by commotion in the hospital environment.

A strong argument could be made that every patient admitted to a hospital should have their blood tested for vitamin D and supplements administered to ensure that blood levels remain considerably above 30 ng/mL. The improvement in immune function along with reduced inflammatory responses alone could result in many more patients leaving via the hospital lobby rather than its morgue.

There are respected medical authorities today advocating universal vitamin D supplementation, but their pleas are all but ignored by most practicing doctors. Unlike the plight of women in childbirth exposed to puerperal fever by ignorant doctors in the past, no informed person has to suffer from lack of vitamin D. More and more people are taking their supplements with them when they go to the hospital because they know they will need them there more than in any other place.

WHERE TO PURCHASE VITAMIN D

Fortunately, the patent for synthesizing vitamin D expired long ago. It is an ultra-low-cost supplement available at any health food store, pharmacy, and most grocery stores. There is no economic impediment precluding immediate widespread supplementation.

I want to thank loyal *Life Extension* members for purchasing most of their supplements from our Buyers Club over the past 12 months. We use proceeds from these sales to fund critical research projects aimed at eliminating needless disease and death. We also support an ongoing campaign to reform incompetent government policies that deprive Americans of life-saving medical

therapies.

Just once a year, we discount the price of every product we offer. During our annual Super Sale, members stock up on our most advanced formulations and enjoy considerable savings.

Please know we remain relentless in tearing down the walls of medical ignorance that are by far the leading causes of disability and death in the United States.

For longer life,



William Faloon

References

1. Available at: <http://en.wikipedia.org/wiki/Abiogenesis>. Accessed September 4, 2008.
2. Faloon W. Should the president declare a national emergency? *Life Extension*. 2007 Oct;13(10):7-17.
3. Giovannucci E, Liu Y, Hollis BW, Rimm EB. 25-hydroxyvitamin D and risk of myocardial infarction in men: a prospective study. *Arch Intern Med*. 2008 Jun 9;168(11):1174-80.
4. Available at: www.americanheart.org/downloadable/heart/1200082005246HS_Stats%202008.final.pdf. Accessed October 29, 2008.
5. Dobnig H, Pilz S, Scharnagl H, et al. Independent association of low serum 25-hydroxyvitamin d and 1,25-dihydroxyvitamin d levels with all-cause and cardiovascular mortality. *Arch Intern Med*. 2008 Jun 23;168(12):1340-9.
6. Holick MF. Vitamin D and sunlight: strategies for cancer prevention and other health benefits. *Clin J Am Soc Nephrol*. 2008 Sep;3(5):1548-54.
7. Available at: www.cdc.gov/cancer/colorectal/statistics/. Accessed September 4, 2008.
8. Lappe JM, Travers-Gustafson D, Davies KM, Recker RR, Heaney RP. Vitamin D and calcium supplementation reduces cancer risk: results of a randomized trial. *Am J Clin Nutr*. 2007 Jun;85(6):1586-91.
9. Brown ML, Lipscomb J, Snyder C. The burden of illness and cancer: economic cost and quality of life. *Annu Rev Public Health*. 2001;22:91-113.
10. Abbas S, Linseisen J, Slanger T, et al. Serum 25-hydroxyvitamin D and risk of post-menopausal breast cancer--results of a large case-control study. *Carcinogenesis*. 2008 Jan;29(1):93-9.
11. Rossi M, McLaughlin JK, Laggiou P, et al. Vitamin D intake and breast cancer risk: a case-control study in Italy. *Ann Oncol*. 2008 Aug 18.
12. Giovannucci E. Vitamin D and cancer incidence in the Harvard Cohorts. *Ann Epidemiol*. 2008 Feb 19.
13. Abbas S, Linseisen J, Chang-Claude J. Dietary vitamin D and calcium intake and premenopausal breast cancer risk in a German case-control study. *Nutr Cancer*. 2007;59(1):54-61.
14. Robien K, Cutler GJ, Lazovich D. Vitamin D intake and breast cancer risk in postmenopausal women: the Iowa Women's Health Study. *Cancer Causes Control*. 2007 Sep;18(7):775-82.
15. Available at: www.cdc.gov/cancer/breast/statistics/. Accessed October 28, 2008.
16. Available at: www.cdc.gov/cancer/prostate/statistics/. Accessed October 28, 2008.

17. Li H, Stampfer MJ, Hollis JB, et al. A prospective study of plasma vitamin D metabolites, vitamin D receptor polymorphisms, and prostate cancer. *PLoS Med.* 2007 Mar;4(3):e103.
18. Wilson LS, Tesoro R, Elkin EP, et al. Cumulative cost pattern comparison of prostate cancer treatments. *Cancer.* 2007 Feb 1;109(3):518-27.
19. Available at: http://vitamins-minerals.suite101.com/article.cfm/the_sunshine_vitamin
<http://www.vitamindsociety.org/>. Accessed September 4, 2008.
20. Available at: www.cdc.gov/nchs/fastats/deaths.htm. Accessed September 4, 2008.
21. Pilz S, Dobnig H, Fischer JE, et al. Low vitamin D levels predict stroke in patients referred to coronary angiography. *Stroke.* 2008 Sep;39(9):2611-3.
22. Available at: <http://74.125.45.104/search?q=cache:fgZo6Q5-SO8J:www.vitamindcouncil.org/+Current+research+indicates+vitamin+D+deficiency+plays+a+role+in+causing+seventeen&hl=en&ct=clnk&cd=1&gl=us>. Accessed September 4, 2008.
23. Available at: www.nia.nih.gov/AboutNIA/NACA/MeetingInformation/DirStatusReportMay2007.htm. Accessed September 4, 2008.
24. Vieth R. Vitamin D supplementation, 25-hydroxyvitamin D concentrations, and safety. *Am J Clin Nutr.* 1999 May;69(5):842-56.
25. Holick MF. The role of vitamin D for bone health and fracture prevention. *Curr Osteoporos Rep.* 2006 Sep;4(3):96-102.

All Contents Copyright © 1995-2010 Life Extension Foundation All rights reserved.

LifeExtension[®]

These statements have not been evaluated by the FDA. These products are not intended to diagnose, treat, cure or prevent any disease. The information provided on this site is for informational purposes only and is not intended as a substitute for advice from your physician or other health care professional or any information contained on or in any product label or packaging. You should not use the information on this site for diagnosis or treatment of any health problem or for prescription of any medication or other treatment. You should consult with a healthcare professional before starting any diet, exercise or supplementation program, before taking any medication, or if you have or suspect you might have a health problem. You should not stop taking any medication without first consulting your physician.