

Why You Should Take Vitamin D

Vitamin D deficiency causes muscular pain and weakness. Supplementation of Vitamin D is known to reduce these symptoms. At this time, recognizing that Vitamin D deficiency is widespread and that it is associated with muscular pain and atrophy, it is reasonable to test serum 25-hydroxy Vitamin D level and to supplement when the level is 32 ng/ml or lower (Mense & Gerwin. 2010).

- Most pain is self limiting. When it becomes chronic we need to look deeper for answers. A major factor in the development and perpetuation of chronic pain that has been conclusively identified in numerous research studies is Vitamin D deficiency.
- Deficiency is associated with chronic, nonspecific musculoskeletal pain (Golan, et al. 2009). One study in a winter climate found that 58% of new patients were Vitamin D deficient (Bartley, et al. 2009). A review in different regions of the world found widespread deficiency (Mithal, et al. 2009).
- Muscle weakness develops with Vitamin D deficiency (Bischoff, et al. 2000, Jansen, et al. 2002), particularly at levels below 30 ng/ml. Unfortunately this level s is considered "normal" by most physicians; the official reference range for Vitamin D is 30 – 100. Obviously it makes much more sense to be in the middle of that range.
- Vitamin D deficiency also affects intracellular calcium levels, a factor that is related to the formation of trigger points. High serum levels of calcium may be caused by the leaching of calcium from the bones. This why the first line of defense against osteoporosis is Vitamin D – NOT calcium supplements, which also appear have other negative side effects.
- Levels over 100 ng/ml are toxic and those on high dose supplementation (over 1000 units) should have their level checked periodically. Repeat testing is best done in the winter and supplementation should be discontinued for 3 days prior to testing.