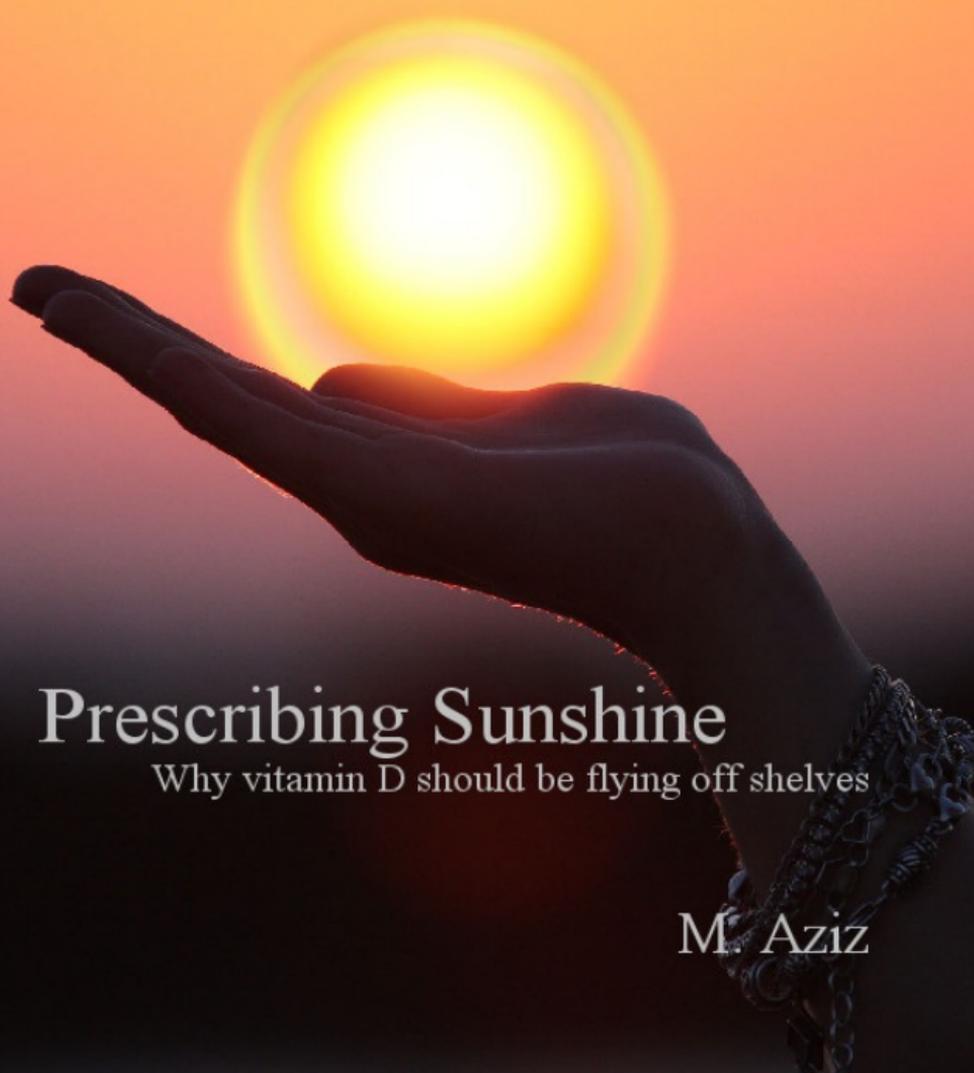


Possibly the most controversial book on the subject...
Written by a person with relevant familial experiences.



Prescribing Sunshine

Why vitamin D should be flying off shelves

M. Aziz

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Introduction: D & I

My younger brother cannot talk. He has severe learning difficulties. He is autistic.

Born on a February in the early 1980s, he was lucky to have survived as a premature arrival thanks to one available incubator. Though low in weight with a large head covered in translucent skin, the care provided helped him become a seemingly healthy newborn.

It wasn't until after the age he was supposed to speak that concern grew about his development. I was a late talker, but my brother did not utter anything significant beyond *mama* or *baba* at the same age. A hospital investigation soon confirmed my parents' worst nightmare. Adding to the blow was his diagnosis of knock knees, a condition where both legs turn inward and touch at the caps. This made walking problematic and uncomfortable.

For his autism he was offered speech therapy which yielded no progress. His knock knees persisted, leading to the diagnosis of rickets, a childhood bone softening disorder. It wasn't until his early teens that he was able to have corrective surgery, leaving him with two large scars down the sides of his legs; but this finally allowed him to enjoy walking and running. Prior to this, he was advised soya milk over cow's as doctors

believed his rickets may have been caused by an allergy...

As the years passed my brother's behaviour deteriorated. He turned from a boy that engaged in some play with me as a child to one that became self-absorbed and less co-operative. His days at a popular special school were a negative experience too, and he ended up residing entirely at home under the care of our mother.

A few years after he was born she herself began to complain of bodily pains which she attributed to the intense care she had to offer.

Unfortunately, it wasn't as simple as that, it was osteoporosis. Her bones were said to be paper-thin. At the time, and even now, it was unheard of for a woman in her mid-thirties to contract this disease. Resultantly, despite drug intervention which helped to prevent fractures, she developed

curvature of the spine that chopped down some height. Regardless of her painful condition and the development of further complications such as arthritis and iron-deficiency anaemia she continued caring for my brother.

It became clear that the cause of his rickets and her osteoporosis was *likely* one and the same. Though the link had never been clearly defined I was regardless kept an eye on due to being an at risk candidate.

While I have remained free of bone problems my brother hadn't seen the back of them. Shortly after his operation his legs returned to a slight knock-kneed position. At the time this was believed to be out of habit from his previous state. As it did not impact his ability to walk and he appeared to be in no pain no more was thought of it.

A decade later, however, my brother was unable to get up off the floor. Once leveraged into standing position he could walk, but sitting back on the floor would test my strength in getting him up again. Getting him seen to at A&E didn't help as the doctors focused on treating the thigh rash he developed in reaction to a muscle rub I believed would help him. They believed what resembled herpes was his underlying problem.

The fortunate misfortune was that weeks after he was seen he had two seizures. The result of that was for him to be given long-term what he was prescribed briefly after his legs operation. My brother's diagnosis was the adult form of rickets: osteomalacia. I recognised the given vitamin D and calcium as it formed part of our mother's repeat prescription.

This was the moment a light bulb appeared over my head, albeit dimly. Why was my brother not offered a permanent vitamin D and calcium regimen straight after his legs operation? Since our mother already took both in combined tablets it would have been a no-brainer to consider offering it to him too. The preoperative advice about soya over cow's milk is also unforgivable due to calcium *alongside* vitamin D being implicated in bone maintenance since the early 1920s.

Why did I not raise this issue back in the 1980s? I was just a child myself then and there was little or nothing available to the public to distinguish the sunshine vitamin.

The development of bone diseases in my brother and mother but not myself seemed strange. More so considering that there is no evident history

further up in my maternal or even paternal family trees. My maternal aunt, however, did develop severe arthritis, and one thing that links both sisters together is leaving their childhood home of Pakistan for the markedly less sunny England...

Not wanting to take any risks after my brother's diagnosis a doctor advised me to have a vitamin D test myself. It turned out that I too was severely deficient and likely had been for some time. The reason why I may have avoided bone problems could be due to simply treading a fine line or genetic blessings from my father who only suffers general back pain. Whatever the reason, I decided to pop common over-the-counter pills as suggested.

The light bulb above my head flickered a little brightly after a general GP check-up – just months after my vitamin D deficiency diagnosis –

revealed I had mildly high cholesterol levels. This did not result in a printout for cholesterol-lowering medication but if my levels remained that way it would've been considered.

While luck may have preserved my bones, my cholesterol reading was unsettling, because the one strong illness link in my maternal family history is indeed heart disease. It had taken my grandfather at a relatively young age, and my mother had developed heart failure just years before my brother's seizures. My father's genes could not provide a safety mat here as he, a long-term sufferer of high blood pressure and cholesterol, went on to develop diabetes in his late sixties. Interestingly though, my paternal family history of health is better than my maternal one; possibly because my poor, dark-skinned father, and those before him, played outside on the abundantly sunny streets of Multan, whereas

my comparatively pale mother was often sheltered within a haveli (mansion) in Lahore.

Being inquisitive and living in an era where information literally is at the fingertips, I pondered if the only two things *wrong* in my blood tests were connected in some way. I was surprised to be proved correct, but I thought I must be misinterpreting. At that point I had very little interest in healthcare and knew how easy it could be to link one thing to another by cherry picking.

A part of me, however, could not let it go, so I spilled my thoughts on the link between cholesterol and vitamin D in a personal blog site entry in hope that someone would read the post and tell me why I was wrong. Then I could drop the subject and be happy.

I proved unsuccessful.

Not long after I published the piece the

Vitamin D Council of America linked it on their news page, resulting in an extraordinary number of hits, elevating the post's ranking in the top search engines for associated keywords. Of the tens of thousands of hits to date not one person has disputed what I theorised. Or should I say what I thought I theorised.

Just a year prior to my post Dr. David Grimes of the Royal Manchester Infirmary created a small ripple in the medical world by questioning if cholesterol-lowering drugs called statins work by mimicking vitamin D. In my opinion this ripple should've been an earthquake, but perhaps the powerful aftershock has yet to arrive.

Enthused by the fact that I shared an opinion with at least one medical professional my blog entry grew in size as I added new findings and shared some familial experiences. I received

many comments, one of which was from Dr. Grimes himself who gave the messy piece a thumbs up. As my knowledge grew so did my dissatisfaction with the status quo.

While it is true that doctors were instrumental in diagnosing and treating members of my family, I came to realise that not only were their epiphanies late in the case of my brother, they were also backed up by inadequate treatment guidelines. They have no consensus. Despite attending the same hospital, my brother and mother had different information on what a sufficient level is and how to achieve it.

By fortune my brother's endocrinologist was one of the rare breed of doctors who was more than happy to be flexible on treatment. I explained to him my understanding of vitamin D and presented

a short abstract of a study, to which he did not find the need to explain the error of my audacity. Had I presented something outlandish I would have gladly not forced the idea upon the provision of an explanation.

Convinced by everything I learnt I became tired of trying to prove myself wrong. I needed to do something with my fully lit light bulb. This book is that something.

I wrote what you're reading not just for a few people. This problem affects us all. Vitamin D deficiency is a major pandemic and addressing this health concern could result in a radical overhaul of healthcare worldwide. You may find this a bold claim, but if you're willing to read the rest of this book I am sure you will be won over. I can tell you right now that vitamin D is not even a vitamin. It would be more accurate to call it

hormone-like. It ranks as highly as food, water and the air we breathe.

To say vitamin D deficiency is connected to almost all ills *is* very audacious. But the truth of the matter is that your body is riddled with vitamin D receptors. You can think of these as solar panels waiting to relay energy to your body parts. The body, however, is very clever and can perform a number of tricks to compensate for deficiency – but only for so long; in the same way auxiliary power in a machine is not meant as a permanent replacement for main power.

Note too that the vitamin D you find in some shops and pharmacies is not the same as what you are able to make through sunlight exposure on the skin. You would also be shocked at the disparity between what's recommended and what nature could give you.

Just as I have observed some pattern of illness in my family it is likely you have too in your own. You may have attributed this to the lifestyles you lead or just bad luck. I believe, however, that what links you and your family's health problems could be the same thing that links me to mine. Why one vitamin D deficient person gets different illnesses to another is largely in the genes.

Of course though, I am not a doctor, so why should you choose this book over one by a white coat? This title, like any of theirs, lets the medical literature do most of the talking, but I add colour by relaying important personal experiences. I show and tell. You will need to trust me. I have adopted a semi-professional voice throughout here but only in order to appear polished, not to impersonate a scientist.

There are parts where I present *theories* by

others and myself, but the distinction is made clear. These are important to stimulate debate and to fill in areas where future studies will eventually have the final say.

I'm not shy about appearing as a search engine pundit and I believe I have the gall to say that I know more about vitamin D than many overworked but otherwise knowledgeable and caring healthcare practitioners, who aren't relayed the latest data on the subject. I care because this matters to me. You too will think as I do because this book isn't built on health supplement company press releases but actual scientific papers and review articles. You can look up abstracts and full texts for verification in the references section. Single references per a claim are mostly offered so as not to swell up the book.

I must disclose that due to the immense cost

required to read all the papers referenced, a number of sources were selected on the basis of their free summary text (abstract) alone. I defend this practice in that I often cite abstracts with clear, unambiguous statements that should not prove contrary to the full texts. Where feasible, I reference open access articles that are entirely free to the public, thus for that and other reasons it has not always been possible to cite *primary* sources over secondary ones. I leave it up to the reader to thoroughly investigate claims of deep interest; in fact I actively encourage that as you shouldn't just take my word. Could I be wrong somewhere? Yes. Any perception of cherry picking facts would be allowable too as I do not hide my bias towards vitamin D; after all, this book is about selling the subject. However, there has been no intentional dishonesty on my part. My approach may put me under crosshairs and

be a disservice to other proponents of vitamin D, but hopefully it is of consolation that I at least care to admit it. If anything, this should help to keep you on your guard. I would like to add that I am not affiliated to any vitamin-related company.

This book doesn't completely blow its own trumpet, though. It acknowledges orthodox arguments on the dangers of the sun and even an opinion that vitamin D is bad for you. If this small portion of the book makes more sense, so be it. But I would hedge that it's because you didn't read from cover to cover, which I strongly recommend.

A handful of interviews conducted in the latter half of 2010 with individuals well-qualified to comment on specific sub-topics feature after relevant chapters to add weight or extra

illumination to statements in this book. Responses have been edited for clarity and their inclusion does not necessarily imply mutual endorsement.

If you're thirsty for further commentary upon finishing the book I suggest following my blog at prescsun.com. News on vitamin D is appearing almost daily so some parts of the book may be behind the times if you're reading this long after its publishing.

The ironic thing, then, is that the future of medicine may not be exclusively linked to vaccines and powerful drugs, but to something that has been with us all along.

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