

The Dangers of Vitamin D Treatment

In recent years a certain vitamin D frenzy has spread around the world. It has affected all areas of medicine: from internal medicine to oncology, and from natural healing methods to anthroposophic medicine. The media, especially the magazines of the tabloid press, have also joined in. Against tiredness and chronic infections, against cancer and declining performance: Vitamin D seems to have become a panacea.

But “vitamin D” is not a vitamin...

First, we have to know that what is commonly called “vitamin D” is not a vitamin at all. By definition, a vitamin is a substance that the human body cannot produce itself and therefore needs to be taken in externally, through our diet. Otherwise there will be a deficiency of this substance, resulting in disease. Vitamin C, for example, is found in all fresh fruit and vegetables. In earlier days, when sailors used to be on the high seas for months on end and could not eat fresh fruit or vegetables, they got scurvy. This illness comes from a lack of vitamin C, and among its symptoms are frequent bleeding and falling out of teeth. The disease was completely cured by eating fresh food.

At first it was thought that vitamin D was a vitamin, but later, medical science discovered that vitamin D is produced by the human organism itself. By definition, however, a substance produced by the organism itself with an effect on the metabolism is a hormone and not a vitamin; hence, vitamin D is a hormone, like cortisone and estrogen. Vitamin D was therefore renamed “D-hormone.” Yet this name remained unknown even to most doctors. The new, more abstract chemical name for vitamin D, “cholecalciferol,” completely conceals the essential point – namely, that we are dealing here with a substance that the organism itself produces. And this has serious consequences: if the organism produces a normal amount of a hormone, then any additional “prophylactic” intake is actually an overdose, and any overdose causes some minor or major damage. This has happened, for example with the prophylactic administration of estrogen after menopause, which turned out to promote breast cancer. Because of the importance of calling things by their true names, “vitamin D” will be referred to henceforth as *hormone D* in this article.

Where is hormone D made in the body?

Actually, the organism does not produce hormone D itself, but prohormone D, and this takes place in the kidneys. This *prohormone D* then reaches the skin, where it is there illuminated by light and converted into active hormone D. One would have to say that the real vitamin that has to come from outside and which we cannot produce ourselves, is actually light itself.

But what does this now activated hormone D do?

The function of hormone D

We ingest calcium in our diet particularly through milk and milk products. Activated hormone D stimulates the absorption of calcium in the intestine, from where it enters into the bloodstream. Some of it is then taken up by the bones, enabling them to become hard and thus to carry the weight of the body without bending.

But the organism protects itself from the excessive intake of calcium: only about 30% of the total dietary calcium intake is actually absorbed by the intestine. This is the case at normal levels of hormone D production. But what is a normal production level?

The “normal value” of hormone D in the blood

Medical books put the normal level of hormone D in the blood at over 30 pg/ml. If we compare this with the levels found in many people, however, we realize that in reality hardly anyone reaches this “normal” value, and that the true normal level is closer to 10 pg/ml. Even in summer, the value of 30 pg/ml is hard to reach, but particularly in the winter months the value is always lower because of the lower quantity sunlight in this season. Yet if the allegedly “healthy” value of over 30 pg/ml is hardly reached by anyone, then it cannot be a “normal” value. There is an urgent need to revise the statistical determination of the normal level of hormone D in the blood especially during the winter months. It cannot be compared to blood levels in the summer any more than one can compare normal estrogen values in women before menopause with values of women after menopause. The latter are of course lower.

This situation is similar to that of the “normal” value of cholesterol. Officially, the normal level of cholesterol has been set down at below 200 mg/dl (5.2 mmol) since the 1980s. However, most healthy people have a cholesterol level of 250 to 280 mg/dl (6.3 to 7.3 mmol), which is significantly higher than this official normal value and therefore “pathological.” The earlier normal level of below 300 mg/dl (7.8 mmol) used by physicians before 1980 matched reality better. In the meantime, many publications have appeared which draw attention to this fact, e.g. *Die Cholesterin-Lüge* (The Cholesterol Lie) by Walter Hartenbach and *Fette Irrtümer* (Fat Errors) by Paolo Colombani.

Damage caused by hormone D

The damage caused by hormone D is best seen in extreme cases — cases of poisoning. This fact has been known since at least the 1960s. At that time, as prophylaxis against rickets new-born babies were given very high single doses of hormone D (called “vitamin D shocks”) several times each year until the second year of life. A single “vitamin D shock” was 400 times today's daily recommended dose of hormone D (500 I.U. = international units). Thus one “vitamin D shock” amounted to 200,000 I.U. all at once. This was repeated at intervals of three to six months, up to a total of six times (!) in the first two years of life. A number of deaths of small children resulted from this treatment. Autopsies performed on the children's corpses revealed pronounced calcification of the blood vessels (Prof. A. Beuren at the medical congress in Bremen, May 6-8, 1966. Quoted by Wilhelm zur Linden, *Erfahrungsheilkunde*, Volume XVI, Issue 2, 1967). This is not surprising, because hormone D promotes the absorption of calcium from the intestine into the blood. The vessels of the heart and lungs were especially affected. The exchange of gases was gradually no longer possible and the child slowly suffocated. Unfortunately, this

shattering result was only tentatively noted. Eventually this “vitamin D shock”-treatment was abandoned – but *only* the shock-treatment, not use of the hormone D itself.

Does low-dosage hormone D cause no damage?

As mentioned above, it is obvious that hormone D promotes the calcification of the blood vessels, because it promotes the absorption of calcium, which then enters the bloodstream. Calcium is a substance that has the property of depositing itself, as is seen for instance in the formation of stalactites in caves. In the body, calcium deposits itself on blood vessel walls, especially where there is already an unevenness, a plaque. Yet if even children who have no plaque have died from overdosage of hormone D due to severe calcification of blood vessels, then it is consistent to conclude that anyone receiving small but daily doses of it will be subject, though not to death, yet to steadily mounting calcification of the blood vessels. Especially with older people, but actually at any age, a general calcification is promoted. This calcification is especially devastating in the fine blood-vessels of the brain, where it increases the tendency to dementia and strokes. Even slight vascular calcification of the brain causes damage that does not appear as a visible physical illness like dementia, but “only” as a mental *tendency* that goes in the direction of general rigidification. This affects all those who regularly take small doses of hormone D, including children.

The “minor” damage from low doses of hormone D

Once again, this is easiest to see among children who have been treated with high dosages. Wilhelm zur Linden, who observed many such children, describes what others as well have called “...mental damage” or “...inhibitions of mental development” (Cook, Beuren, Taussig). Zur Linden himself describes the consequences of this mental damage as a decline in academic performance, lack of interest, the narrowing of mental horizons to purely technical interests and further as a “coarsening of the skeleton along with simultaneous shrinking of the breadth of consciousness and inhibition of mental agility” (ibid.). This means a general hardening of body and soul. He asks whether hormone D could even diminish the aptitude for learning altogether. These types of damage are far more serious than any ailments that hormone D could help with, because they change the whole personality in the direction of rigidity, lack of mobility of thought, in short: sclerotization. Zur Linden ends his article with the legitimate question whether these infants that have been treated with hormone D prophylactically – not for actual disease – have not been put on the path of calcification, which will significantly increase the numbers of dementia-afflicted elderly people in the future. But the decisive point is that zur Linden found these subtle changes in the psyche not only of children treated with high-dose “vitamin D shocks,” but also in those receiving hormone D treatment over many months in small daily doses of 500 to 1000 I.U. (zur Linden, ibid.)

What does real hormone D deficiency look like?

Since hormone D enables the absorption of calcium in the intestine, a deficiency of hormone D results in too little calcium being absorbed.

This is a problem not in adults, but in children – especially newborn babies up to the second year of life, whose bones are still composed of cartilage and are therefore soft. If the bones are too soft, the back of the head may

become flat through lying down, and the leg bones may bend when trying to stand and walk. Thus, hormone D deficiency manifests in bone deformation due to soft bones: this is the disease known as rickets.

Rickets of adults, also known as osteomalacia, exists but is an extremely rare disease. Normally, adults have bones that are already very well calcified. This relatively high degree of calcification would first have to be dissolved completely to produce a softening of the bones.

This is extremely rare in adults and, when it does occur, is due to a parathyroid disorder and not to a hormone D deficiency causing inadequate intake of calcium. Quite the opposite: earlier, it was known that precisely older people have to guard against calcium intake, because they already have a tendency to “calcification.” This does not mean that older people should not consume milk and dairy products, since as we have seen, any excessive intake of calcium is excreted through the stool. It does mean, however, that the elderly should not take additional hormone D, which forces their bodies to absorb more calcium than is good for them.

Who are all the people who take hormone D today?

To this day, hormone D remains *the* method of choice already for the *prevention* of rickets at a recommended “small” dosage: 500 I.U. daily for newborns from the second week of life until the second year of life. This recommendation is automatically carried out today on almost all babies. From the age of two, the infant’s own production is considered sufficient for the whole year, if its hands and face are exposed to the sun for two hours a week in spring and summer (*General Practitioner’s Guide: Praxisleitfaden Allgemeinmedizin*, Urban und Fischer, München, 2014. p. 867). Today hormone D is also given to the elderly, mostly women, as prophylaxis or therapy against osteoporosis (daily 500 I.U. for prophylaxis or 1000 I.U. for therapy).

In addition, hormone D is taken today by many people who believe they can benefit from it. As mentioned above, such people take hormone D on their own initiative or on their doctor’s orders for all sorts of complaints (tiredness, chronic infections, cancer, loss of performance, etc.). But they also take it even when they present no symptom at all, simply because the hormone D level in their blood is “too low.”

The use of hormone D in preventing or treating rickets

After everything that has been mentioned above, it should be evident that hormone D as a prophylactic leads to an unwanted hardening of the whole child. Hormone D forces the organism to absorb more calcium than is necessary. A potentized remedy from anthroposophic medicine, on the other hand, stimulates the organism's own production of prohormone D without this production exceeding the healthy amount. This prophylactic treatment consists in administering Apatite/Phosphorus comp. K (from the company Weleda): in the morning on an empty stomach *three* drops are given in some water to babies under eight months, or *five* drops to babies over eight months. Before the evening meal, babies (independent of age) are given a pea-sized portion of Conchae/Quercus comp. K (Weleda). Prophylaxis begins one month after birth and is performed until the second year of life; it is recommended especially in countries with low conditions of light during the winter months. A half-hour walk in the pram with indirect light three to four times a week complements the prophylaxis.

Even in the *treatment* of rickets, hormone D is not advisable because of its general hardening effect. Treatment is only necessary when real illness exists, i.e. when there are signs of soft bones, mostly starting on the back of the head. It consists in doubling the prophylactic treatment: a second dose of Apatite/Phosphorus is given before lunch, and a second dose of Conchae/Quercus at bedtime. This treatment is carried out for six months. If this is not sufficient and the bones remain deformed, then unprocessed cod liver oil can also be given once a day. Provided that the cod liver oil is left natural and not technically processed, which is very important, then the hormone D in the cod liver oil harmonizes with the vitamin A in it, which has an antagonistic effect on hormone D and by and large negates its side effects. This should be given for not more than four weeks.

What about hormone D in cases of osteoporosis?

Despite all opinions to the contrary, osteoporosis is not due to a lack of hormone D or calcium! (See Florian Horn, *Biochemie des Menschen* (Human Biochemistry), Thieme-Verlag, Stuttgart-New York, 2012, p. 393.) When we contemplate the phenomenon of osteoporosis, what is the problem that confronts us? Brittleness, the easy breaking of the bones. We have seen that calcium has a hardening effect, and so it also hardens bones. This makes them firm and able to sustain the weight of the body without bending. However, hard substances are rigid and they are therefore brittle, breaking easily. When a hard substance like glass falls on a stone floor, because it is rigid it breaks. This does not happen with a lump of damp clay. This is a law without exceptions: hard objects are brittle – they break easily. With calcium we make the bones harder, but precisely because of this ... more brittle. So the calcium actually makes the bones of osteoporosis patients even more brittle than they already are; it *worsens* the disease.

What do osteoporosis patients actually lack? Not calcium, but cartilage. In osteoporosis the elastic cartilage matrix that runs through the bone is lacking. This cartilage is the base on which the calcium can settle and build up. This cartilage base in the bones is lacking in osteoporosis patients. There is always less cartilage in the bones of older people, not only throughout the length of the long bones, but also at their ends, in the joints. This is called general osteoarthritis. What then is the therapy for both? Not calcium, but cartilage.

In X-rays, however, it looks as if calcium is missing, hence the name “osteoporosis.” The bone is porous; it has many holes. But this is only because the cartilage is missing, and the calcium has no basis on which it can build up. Cartilage itself is not visible in X-rays. However, if one could see cartilage on an X-ray, one would notice that the bone has markedly less cartilage than calcium. The lack of calcium is only secondary to the lack of cartilage on which to deposit itself. But because one sees calcium to be missing and does not think about the (invisible) cartilage, one arrives at the erroneous conclusion that it is the calcium which is missing and has to be replaced, not the cartilage.

Thus, in osteoporosis it is cartilage that is lacking and not calcium. The most important component of cartilage is organic silica. *Organic* (not inorganic) silica has the property of binding to itself 330 times its own weight in water. Thus, this organic silica makes a substance that is neither liquid nor solid, but in between: something that is gelatinous/elastic. Therefore, as a prophylactic one should take a silica-rich diet. This means millet, barley and gelatin (e.g. aspic, jelly, and bone broth. People used to simmer bones to extract the cartilage from them, which makes a good base for soups. This dissolved cartilage is gelatin. Gelatin can also be bought in health-food stores and

put in any soup.) One can also ingest cartilage derived particularly from animals that form cartilaginous bones with hardly any calcium deposition. They have an extraordinarily strong power of cartilage formation. These are the so-called “cartilaginous fish.” A large representative of this family is the shark. So as a prophylaxis one can take shark cartilage capsules (readily available on the market), one capsule a day. If osteoporosis has already set in – that is, if there are already symptoms – one should take it twice a day (morning and evening). In this case, additional injections of potentized intervertebral disc cartilage (Disci) are necessary. This is Disci comp. cum Argento (from the company Wala), injected twice weekly under the skin in the back near the painful area. When the pack is empty, one takes Disci comp. cum Stanno. After this pack is empty, one again takes cum Argento, then cum Stanno, etc. This must be done for one to two years, together with the shark cartilage.

Does hormone D really help with all other ailments?

How about tiredness, recurrent infections, poor performance and their connection with hormone D? Is there in fact such a connection? Could these symptoms not have causes other than hormone D deficiency? There could be three very obvious reasons for these complaints which are at epidemic level today. These are lack of sleep, lack of exercise and lack of food that really contains life (see Otto Wolff, *What are we really eating?*). Also, the daily use of electronic media for hours on end must be mentioned here. But it is typical that people prefer to take a few pills rather than changing fixed bad habits that have become dear to them.

Is it possible to reverse the damage caused by hormone D?

It is easier to cause a soft, immature condition to harden and ripen than to reverse a premature hardening and aging process. Nevertheless, it has long been known that silica also has an antagonistic effect on calcium. That is why the name “Sclerosol” was given to an old medicine that consisted only of silicium dioxide. Silica was used in earlier times against any form of sclerosis. Sikapur® is a modern preparation that contains silica in colloidal form, i.e. finely dispersed in water, and is therefore easily absorbed by the organism. Adults should take one tablespoon on an empty stomach in the morning for at least one year and thereafter do a three-month cure twice a year. Even children can be treated with it if they have been given hormone D for a long time. If they are under five years old, then a teaspoon is sufficient instead of a tablespoon. Children are treated with it for only six months.

A final word

There are entire countries, such as the USA and Canada, where since the 1950s hormone D has to be added to milk by law (400 - 900 I.U. per liter). This tendency is starting to spread all over the world, for instance in some countries in South America. What does that mean for a whole people? The fact that humans are forced to take this hormone with milk has very evident consequences. To cite zur Linden: the shrinking of the scope of consciousness and the inhibition of mental agility.

Rudolf Steiner was already speaking about this modern human phenomenon in 1919. Hormone D was not even known at the time, yet the hardening tendency in people had already started. He wrote the following in a letter about his experiences after a lecture to a general audience about the most urgent problem of our time as well and its

solution – about new ways towards a harmonious living together of humanity. Here, Steiner describes what this hardening tendency looks like: “... *Such* a lack of ability to understand among people. Important things that I want to get across, *they simply do not hear*. It is as if they were only capable of understanding things in the exact phrasing that they have been used to for 30 years. Hardened brains, a paralyzed etheric body, an empty astral body, a completely dull I. This is the signature of the people of the present” (Thomas Meyer, Ed., *Helmuth von Moltke*, Volume 2, p. 240, Perseus-Verlag, Basel 2007). The inability to grasp subtle nuances – i.e. spiritual thoughts – this tendency which already started at that time is being reinforced by the intake of hormone D.

There is an urgent need to undertake long-term studies investigating this aspect of the chronic (not the acute) side effects of hormone D. Not only the rapid increase of dementia in the United States, but also the “minor” damages cited here should be taken into account.

May these thoughts have the effect of a wake-up call.

Daphné von Boch, M.D., psychologist and physician in general and anthroposophic medicine (Germany)

About the author

Daphné von Boch was born in Canada and has lived for many years in Basel, Switzerland. For fifteen years she worked as an anthroposophic physician and psychologist in two rehabilitation clinics for anthroposophic and psychosomatic medicine, the last three years as the chief physician. Now (since 2018) she has a private practice in Germany. For many years she has been active in teaching anthroposophic medicine to physicians in the East and Far East and in republishing the books of Otto Wolff.