Carole Baggerly Discusses Vitamin D Dosage

By: Dr. Mercola

http://www.youtube.com/watch?v=gaE_9yOb6dQ&feature=player_embedded

DM: Dr. Joseph Mercola

CB: Carole Baggerly

Introduction:

DM: Welcome everyone. This is Dr. Mercola. Today, I am joined with Carole Baggerly who is the director and founder of an organization called Grassroots Health which is primarily focused on educating and creating more awareness about the importance and the value of vitamin D and also developing and substantiating some research to support the use of that.

Carole, you got a really fascinating history personally and academically that sort of suits you really quite well for this role. I’m wondering if you can share with our viewers what your history is that makes you so appropriately suited for this task?

CB: As you were saying that the funny thought that came to mind most immediately was that which makes me most suited for this task is actually having been a mother taking care of all the things that one cares about with children and the intensity and the drive. Academically, I have a background in physics and mathematics.

DM: Hardcore science.

CB: I spent about four years running my own business in the aerospace industry. We were a software interface to help the aerospace companies become more efficient with doing business with their suppliers and their trading partners. That plays an enormous role in this because part of what we’re doing with the whole vitamin D project is running a massive information technology study which I know how to do. Also, there is an awful lot of interfaces with experts and people who have vested interest in making this work.

DM: Just as a little side tangent, what was your specific role in that aerospace company?

CB: I ran it. I owned it.

DM: So you’re responsible for all the moving parts making sure they worked.

CB: Yes. It’s still in existence. It’s a leading aerospace supplier of electronic data interchange services.
DM: Terrific.

CB: It still is.

DM: So you were running your business and doing very well and very happy and providing good value for many people including the aerospace industry and then something happened personally I would assume that redirected your efforts into this area.

CB: Actually in 2001 I had retired. I had started actually another business which both my husband and I have a big interest in which is various incendiary peace related activities and mediation. In 2005, I had breast cancer and that changed the world significantly.

DM: For those who don’t want to do testing – essentially I don’t think you can’t overdose from the sun. As far as I know, you can’t.

CB: That’s what the science says.

DM: There may be some people who will argue that but practically it’s almost impossible because the UVA will actually lower excess of vitamin D. You have just to be concerned about the sunburn of course.

If you’re going to take the pills, well, then you can’t do it without the testing but you’re going to need at least 4000 probably close 6000 and maybe 8000 to 10,000 for most people (indiscernible 27:57) test. It’s still even really low risk at those doses of overdosing. (indiscernible 28:04) because a few years ago even when Dr. Cannell was one of the leaders who started this. He was so careful. He tested hundreds of people before he would even go over 1000 units a day, you know, just stepping over because of the flawed research that most of us believed that was done in India that brought this concern about vitamin D toxicity from oral supplementation.

CB: Part of that research is something that Grassroots Health has now contributed to along with its thousands of people that are participating in the action study. We just published our very first paper thanks to all these beautiful participants in February. We have people in this study now that are taking 50,000 IU a day and they’re not reaching a potential toxicity level of 200 nanograms per milliliter. The study reported data on about over 3500 people.

DM: This is vitamin D3 orally?

CB: Yes. Not all orally because the people can tan as well. The message in the study is get your serum level up not how. We have quite a number of tanners in the study.

DM: But the 50,000 units you referenced was.

CB: Of course. The 50,000 definitely is a supplement.
One very significant thing shown by this research was that even with taking the supplement, the curve for the increase in the vitamin D level does not go linearly. It is curvilinear and it curves down which is why it’s even hard to get toxic with a supplement. We had the first level at which there were any impending signs was when somebody who was taking 40,000 IU a day.

One more thing, the Institute of Medicine has been under great attack for their curious recommendation about intake but they stated in their report....

DM: That was earlier this year?

CB: That was November of 2010.

DM: So last year. Their revised report on vitamin D.

CB: Yeah. They stated in their report that 10,000 International Units a day is called a no observed adverse event level. In other words, even the IOM didn’t see anything wrong. They couldn’t find anything. The process for going to well anybody can take is a little bit better than throwing a dart. But they’re throwing a dart said, any adult can take 4000 IU a day and that’s considered the upper limit.

DM: Even though there were no reported adverse effects for below 10,000?

CB: Right. But they added a safety factor. On the good side that means if somebody just is totally – you know, I’m not going to test. I’m not going to do any of these sorts of things. I can’t afford to. I don’t want to whatever, go take 4000 IU a day.

DM: But more or likely it should be closer to 8000 or 6000.

CB: If we’re aiming again at that serum level, our data showed that it’s going to take about 8000 a day for the majority of the population to get above 40.

DM: That’s interesting. This is the data from your study.

CB: It is.

DM: Is this still open?

CB: This is published.

DM: Is it still open?

CB: Sure. We’re running it ongoing. That was just the first paper. It was published in February.

DM: How many people are enrolled in the study currently?
CB: Currently, we have 8000.

DM: That’s a lot of people.

CB: Yes. We want lots of people.

DM: So this trial of 8000 people, you are able to provide some very beneficial data. I wasn’t aware that you had published that, that 8000 is the dose that most people need to a therapeutic level.

CB: To get to 40 nanograms. So that you can say it as a population level, don’t worry about testing almost everybody.

DM: That is a very profound recommendation maybe one of the highlights of this interview. The new dose is 8000.