

Vitamin D & Mood Disorders

“You will enjoy Dr. Vasquez’s discussion on 25 years of clinical evidence for **Vitamin D** and its use for **depression or mood disorders.**”

We have discussed in the past that Vitamin D is essential to calm a cytokine storm that our bodies may mount to fight a viral infection. In addition to its anti-inflammatory properties, Vitamin D has its own antimicrobial properties.

And let’s not forget our discussion of the direct correlation between people who died of COVID and low vitamin D levels. But now, Dr. Vasquez has taken us to a deeper understanding of vitamin D in his 3 part series.

The first part was on pain. This section focuses on brain dysfunction, Dr. Vasquez makes several astute statements. One is the reminder that a vitamin D deficiency does not occur in a vacuum.

Statistics show major nutrient deficiencies with magnesium, selenium, zinc, probiotics, and omega 3 fatty acids all of which have been associated with brain function. In other words, if someone is deficient in vitamin D they are probably deficient in one or more other related nutrients.



For example, we need magnesium and boron for vitamin D absorption and to function at peak performance. So, when a study is designed with one nutrient only, for instance vitamin D alone and significance results are seen, that is a really big deal.

In clinical practice we would never give one nutrient for depression. We would suggest a host of interventions such as Omega 3 fatty acids, magnesium, b vitamins for neurotransmitter and adrenal support, an anti-inflammatory diet, gut support, some form of movement which we call exercise etc, etc. But if a study is designed and

one factor shows promise, just think how much more effective it would become if multiple factors that increase one’s life quotient are applied.

You will enjoy his discussion on 25 years of clinical evidence for vitamin D and its use for depression or mood disorders. I appreciated that he shares two studies that did not yield significant results and how they are poorly designed almost as if they were designed to fail. But here is another major caveat.

Study results revealed the patients that showed the most benefits were those who were vitamin D deficient and the patients that got better were

the ones that were given enough vitamin D to be sufficient by the end of study. Remember that it takes time for vitamin D to be converted to 25 hydroxy vitamin D and then it takes time for the cells to become sufficient, then it also takes time to reduce inflammation and repair cellular structures.

So, the longer studies are generally the ones that show the best results. The take home message is to remind us to test and retest our patients to make sure they are sufficient in vitamin D. At the end of his presentation, you will almost want to cheer as he compares vitamin D therapy vs. a pharmacology approach. He covers cost, safety, collateral benefit, drug interactions, as well as onset of action.

Needless to say, vitamin D is superior on all fronts. It is clear, that a nutrient deficiency cannot be attenuated by using pharmacological agents. Nutrient deficiencies can only be addressed by giving the body what is deficient. By the way, you can still view his first presentation on pain with the link to the right. Thanks for watching I look forward to being with you again next Tuesday.