

Back To Chiropractic CE Seminars

Nutrition: Vitamin D ~ 2 Hours

- Presented by John B. Campise, D.C.-

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This course counts toward your California Board of Chiropractic Examiners CE. (also accepted in other states, check our website or with your Chiropractic State Board). The California Board requires that you complete all of your CE hours **BEFORE** the end of your Birthday month. We recommend that you send your chiropractic license renewal form and fee in early to avoid any issues.

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Please retain the certificate for 4 years. If you get audited and lose your records, I'll have a copy.

I'm always a phone call away... 707.972.0047 or email: marcusstrutzdc@gmail.com -Marcus Strutz, DC, Back To Chiropractic CE Seminars

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John B. Campise, Doctor of Chiropractic

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EDUCATION

- Doctor of Chiropractic, March 2001 – Life Chiropractic College West, Hayward, CA
- Undergrad 90 quarter hours, June 1997 – Santa Clara University, Santa Clara, CA

CHIROPRACTIC TECHNIQUE ADVANCED STUDY

- Neuro-Emotional Technique Certification, January 2006, Dr. Scott Walker, D.C., NET, Inc., Carlsbad, CA
- Applied Kinesiology Certification, May 1999, Tim Francis, D.C., ICAK USA, Sunnyvale, CA
- Carrick Institute Chiropractic Neurology Diplomate Course: 250 hours audited, May 1999

John B. Campise, Doctor of Chiropractic

CONFERENCE PRESENTATIONS

-Neuro-Emotional Technique “Success Seminars” 25th Anniversary. *24 hour clock acupuncture theory correlations to NET and homeopathic support of the chiropractic adjustment.*

CHIROPRACTIC PRACTICE

- Campise Chiropractic private practice, June 2001 - Present, Fresno, CA. General Practice with a focus on nutrition, wellness, and rehabilitation of traumatic brain injuries.
- Dr. Kotsonis, D.C., DACNB Chiropractic Office, Jan 2015 - Dec 2015, Clinton Township, MI. General practice with a focus on stroke rehabilitation. For 2 weeks every month Dr. Campise was trained by and filled in for Dr. Kotsonis while he recovered from lumbar spinal fusion surgery.

Nutrition: Vitamin D - 2 hrs

Definitions:

Deficiency: A state whereby the patient has such a low level of the nutrient in their body that it causes a disease state.

Insufficiency: A state whereby the patient does not have a frank nutrient deficiency disease, but has suboptimal levels of the nutrient in their body. Insufficient (suboptimal) levels of nutrients can cause various sets of symptoms or may aggravate existing conditions.

Vitamin D





Vitamin D: Testing



Blood test to order:

25(OH)Vitamin D

(Do **NOT** test 1,25 (OH) vit D, this is a test for kidney failure patients.

This is a common mistake that even medical doctors routinely make.)



Vitamin D: Testing



“Normal blood test range”:

According to Quest: 20-70 ng/ml,
According to Labcorp: 30-100 ng/ml



Vitamin D: Testing



“Optimal Level” for blood test,
according to the average vitamin D researcher:
40-60 ng/ml minimum



Vitamin D: Testing



“Optimal Level” of Vitamin D
according to Dr. Campise:
80 ng/ml



Vitamin D: Testing



How often to test:

Test every 30 days until the patient's blood reaches optimal level then...



Vitamin D: Testing



Ongoing testing routine for adults:

Test every 6 months,
(Spring and Fall)

to ensure optimal dosing and find differences between
summer and winter sun exposure.



Vitamin D: Testing

Testing for children:

Pinprick blood droplet testing is available:

<https://www.grassrootshealth.net/>





Vitamin D: How to Supplement

- Supplement with vitamin D3 orally, it is best to take it daily.
- Patients can take their vitamin D once per day, spreading out the daily dose over the day is **not necessary**.



Vitamin D: How to Supplement

-Anywhere from 2,000 to 20,000 iu of daily vitamin D may be needed to reach optimal blood test results, depending on each patient's unique situation.



Vitamin D: How to Supplement

- Dr. Campise starts patients with 4,000 iu daily then rechecks their blood in 30 days.
- If they are still below 80 ng/ml, then he increases their daily dose and rechecks in another 30 days.
- Repeat as needed.



Vitamin D: How to Supplement



- There is no way to know how much vitamin D a patient needs to take daily in order to reach a blood level of 80 ng/ml.
- There are some guidelines (skinny short patients tend to need less, and overweight tall patients tend to need more), but you never know, without testing the blood, whether the patient is taking the right dosage of vitamin D.



Vitamin D: How to Supplement

- Take vitamin D supplements with a fatty meal for best absorption.
- Any brand of Vitamin D should work fine.



Vitamin D: How to Supplement

- If patients forget to take their vitamin D one day, they should take a double dose the next day and so on.
- A large 7X dosage, once per week, can partially work, but for optimal health results, the best routine is daily intake.



Vitamin D: Alternatives to Supplementation

Sunbathing:

-Lay out with bare skin exposed at solar noon for 15 minutes face up, then 15 minutes face down. (Time varies depending on skin type and degree of tan).



Vitamin D: Alternatives to Supplementation



Sunbathing:

- Do not use sunblock while sunbathing:
it blocks vitamin D absorption.
- Be sure not to burn. Sunbathing is healthy
as long as you don't burn.



Vitamin D: Alternatives to Supplementation

Sunbathing:

-Depending on the time of day, latitude, time of year, altitude, smog levels, local ozone layer thickness, cloud cover, age, and skin color/darkness of tan, the amount of D produced in your skin varies between 0 and 10,000 iu per 15 minutes of sun exposure. (Natural upper limit is 20K iu, as UV light begins to break down the excess D in the skin).



Vitamin D: Alternatives to Supplementation



Diet:

Eat wild caught fish:

The vitamin D content of fish varies between 0 and 400 iu per 3 oz depending on type and source of fish.



Vitamin D: Alternatives to Supplementation



Diet:

Eat wild caught fish:

Farmed fish may not contain vitamin D depending on what the farmer fed the fish.



Vitamin D: Alternatives to Supplementation



Diet:

Eat wild caught fish:

Fish get their vitamin D from their food chain which starts with microalgae (which makes its D from sunshine).



Vitamin D: Alternatives to Supplementation



Diet:

Eat wild caught fish:

For most, trying to get all of your vitamin D from eating fish would be very hard to accomplish without eating fish at every meal.



Vitamin D: Alternatives to Supplementation



Bottom line:

-Order blood tests to definitely know the patient's vitamin D status and increase any combination of D sources until subsequent blood tests reach desired optimal level, then...



Vitamin D: Alternatives to Supplementation



Monitor the patient's blood levels with a blood test twice per year.

Spring and Fall

Quest: 20-70 ng/ml,

Labcorp: 30-100 ng/ml,

Scientists: 40-60 ng/ml,

Dr. Campise: 80 ng/ml



Vitamin D: High Risk Patient Profile

Obese Patients

-Adipose tissue traps vitamin D so that it's not available to blood and body tissues.



Vitamin D: High Risk Patient Profile

Darker skinned Patients

-Melanin can absorb Ultraviolet B (UVB) light so that it is not available to convert cholesterol metabolites into vitamin D as easily.



Vitamin D: High Risk Patient Profile



Elderly

-Aged skin produces less vitamin D during sun exposure than younger skin



Vitamin D: High Risk Patient Profile

Avoids sun exposure

- Pale skin
- Vampire look
- Regular sunscreen use





Vitamin D: Possible Symptoms of Insufficiency

joint pain

muscle pain

muscle twitches (fasciculations)

muscle cramps

bone pain



Vitamin D: Possible Symptoms of Insufficiency

fatigue

insomnia

jaw clenching or grinding

anxiety



Vitamin D: Conditions Made Worse by Insufficiency

- Recurring infections of any type (impaired immune function)
- Frequent colds and flus
- High blood pressure (hypertonic smooth muscles of arteriole walls)



Vitamin D: Conditions Made Worse by Insufficiency

- Too many Braxton-Hicks (“normal” /“practice” non-labor uterine contractions during pregnancy)
- “Premature” contractions of pregnancy
- Pre-eclampsia (high blood pressure during pregnancy)



Vitamin D: Diseases Caused by Deficiency

- Rickets (weak bones in children)
- Osteomalacia (weak bones in adults)



Vitamin D: Low D causes: Strong Evidence; No Consensus

- Autoimmune disease
- Cardiovascular disease
- Cancer

A nice paper by Dr. Hollick, MD, PhD, about this topic:

<https://pubmed.ncbi.nlm.nih.gov/28516265/>



“True prevention must include assessing and correcting vitamin D status.”

-Dr. Campise, D.C.



Vitamin D: Biochemistry



Cholesterol (manufactured by liver)→ travels to skin
7Dehydrocholesterol + sunlight (UVB + infrared)→
Cholecalciferol (vitamin D3) converted by Liver into→
25(OH) vitamin D (inactive form) converted by kidneys
into→
1-25 (OH) vitamin D (active form)



Vitamin D: Overdose Risk?

Very low risk

- No published cases of vitamin D toxicity below 200 ng/ml.
- All published cases of vitamin D toxicity resolved without complication after 2-4 months by simply avoiding sources of vitamin D.



Vitamin D: Overdose Risk?

- The worst symptoms of published vitamin D toxicity were muscle and joint pain.
- Often the cause of toxicity is manufacturing errors where the supplement capsule accidentally contained 1 million iu's instead of the labeled amount (usually around 1000 iu).



Vitamin D: Overdose Risk?

-No published cases of
vitamin D toxicity ever
causing death.



Vitamin D: Overdose Risk?

- Every year there are verified cases of death from drinking too much water (usually endurance athletes), so in that sense, vitamin D is safer than water!
- So don't let your patients be afraid to take vitamin D when the news reports that too much vitamin D is bad for you. Of course too much of anything can be harmful, but vitamin D is very very safe.



Vitamin D: Overdose Risk?

- That being said, make sure to order the blood test to verify that the patient is in the optimal range (mostly so that you can prevent them from being deficient).
- By my estimates, millions of deaths each year could be avoided if we brought everyone's D levels up to optimum.

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