

GYSO Eps. 15 Dr. Dowd Vitamin D

Dr. Gould: All right, everybody. Hello, out there. I am Dr. Joel Gould, and this is Get Your Smile On. I'm coming to you broadcasting live from beautiful Manhattan Beach, California. Today, we are excited to be back on track with all of our technology, and I want to apologize to anybody who listened to our last podcast who had a difficult time because of some of the technical issues. We're back on track. Tonight, we are going back to the land of vitamin D, and I am pretty excited to bring this guest on. Actually, before I bring him on, I just want to remind all of you out there listening that we do have some international listeners. We've got people listening technically from around the world, and I encourage anybody who has any questions to ask to press 1 if you're actually live on this, and we will take any phone call or questions.

So, without further ado here, my guest tonight is Dr. James Dowd. He is the author of a book called *The Vitamin D Cure*, and he is a graduate of University of Texas Health Science Center for his medical degree. He also had completed internal medicine and pediatrics at the University of New York in Buffalo, and I have a feeling that that's where the Vitamin D interest came in. I've been to Buffalo. It's pretty dark and gray there, I'm going to tell you. And then, he also has fellowship in pediatric and adult rheumatology at the University of Texas, a lot more sunny. Tonight, I'm excited to have him on the show. Dr. Dowd, are you out there?

Dr. Dowd: Can you hear me?

Dr. Gould: I can hear you. I can hear you so loud and clear. This is awesome.

Dr. Dowd: Oh, good. Great. Yeah, I'm here.

Dr. Gould: How are you doing? Are you back on the East Coast, correct?

Dr. Dowd: I'm in Michigan.

Dr. Gould: Oh, okay. Very good. Very good. It's fall there, right?

Dr. Dowd: Michigan is not quite as cold and dark as Buffalo and New York, but it's not too far from that climate.

Dr. Gould: Okay. Well, I'm really excited to have you on the show. For all of our listeners, they've sort of seen me go down the vitamin D rabbit hole here. I've had many guests, just sort of discussing and discovering the different aspects of vitamin D. So, my listeners, they know it's not a vitamin, and they've had a lot of information based on what I've been speaking with them about and had some incredible guests on, but I was excited to have you on, because you're a boots on the ground medical doctor who discovered this at some point in your career and has, I guess, not only brought this into your medical practice, but you've written an incredible book to help so many people with all these

ridiculous issues about vitamin D, that apparently still very few people know about. Can you tell us a little bit about yourself and how you got to this point in your career, to be in Michigan, and what you're doing?

Dr. Dowd: Sure. I started out my career and I grew up in Houston, Texas in sunny climate, and most of my undergraduate training and my medical training was in Texas. I did my residency. Left to go to Buffalo, New York to do a residency in internal medicine and pediatrics and then quickly returned to the sunny climate and swore never to return to cold snowy climate again. Did my fellowship here and met someone from Michigan and followed her to Michigan and I found myself right back in the snow and dark weather. That was the serendipity that delivered me to vitamin D. I was seeing lots of patients as I started my practice and I stumbled across a handful of patients. I started my practice north of Ann Arbor, closer to Flint, and working for another group of rheumatologists, and there was a couple of African-American patients who came to see me. They had a specific type of arthritis that sort of the literature would suggest is rarely associated with vitamin D deficiency. I measured their D levels and they were undetectable, and I thought, "This is bizarre. I didn't know this was even possible. They didn't teach us this in medical school."

So, it was kind of a novelty finding to see patients who had no vitamin D, but it picked my curiosity. A year or so passed and I realized, "Okay, I've been living up here now for several years and I'm starting to feel like my patients and I'm kind of tired, I'm aching. My joints hurt. What is going on here and could there be a relationship between what's going on with my patients and what's happening to me?" I quickly realized that, "Hey, maybe I've got the same problems that my patients do, maybe my D levels." So, I started supplementing, started changing my diet, trying different things, and lo and behold in a few months, most of my aches and pains were gone, and I thought, "Okay. I'm onto something. I need to start measuring D-levels in all my patients." As I did that, I found that some 80%-90% of my patients, at least in the Michigan area, were vitamin D deficient, and this was tied to many of the complaints that they were bringing to me.

Dr. Gould: Yeah. It's pretty incredible. I want you to know it's not just Michigan because we tested a bunch of our employees here in beautiful sunny Southern California, and not only of course I was low, it's extremely low, but not one single person was above 20, and we had a lot of people in the low teens.

Dr. Dowd: Wow.

Dr. Gould: Yeah, this is happening right here in California. Let me tell you it's been a sunny year.

Dr. Dowd: Yeah.

Dr. Gould: I'm originally from Canada, so I wasn't surprised to find out this has probably been the root cause of all of my medical issues. I guess probably a lot of people in medical industry might argue, but in previous episodes, we did talk about my Crohn's disease. I do have sleep apnea, and I got a bunch of issues that really shockingly cleared almost completely when my vitamin D level doubled from under 20 to over 40. So I'm a firm

believer. While we're on the top, real quick, question for you – have you seen any correlation between vitamin D and toenail fungus?

Dr. Dowd: That was one sort of the shocking things I realized. Everybody was pretty familiar with – through our education – that D had something to do with calcium metabolism. It's critical for calcium and it has something to do with bone growth, formation of dentin and tooth growth and these sort of things, but I thought to myself how this have to do anything to do with immune system and it was a sort of revelation to me to start reading paper after paper showing there is a clear relationship between vitamin D and ability of our immune system to develop tolerance to things which was very important in allergy and autoimmunity, that it was important in fighting off infections of all types: fungus, bacterial, viral infections, and that they actually had in-vitro studies, studies in test tubes, linking vitamin D, pretty clearly through mechanistic actions, to fighting these different types of infection; and for cancer surveillance.

So I was like, "Wow, this is really important to what I do as a rheumatologist and I need to understand this better and so I really dove into the scientific literature and understand that. Yeah, there's clearly a link with infection, bacterial recondition proteins on the surface of cells, when they bind to coat proteins on viruses and bacteria, kicking it into the cell, they actually turn on vitamin D mechanisms that produce active forms of vitamin D and that stimulates the production of cathelicidin and other bactericidal proteins that actually killed bacteria, and these mechanisms particularly worked out well in tuberculosis. But we're pretty certain that similar mechanisms are present for viral infections and fungal infections as well.

Dr. Gould: Right. Okay. Well, that makes perfect sense. This is sort of my moment in time where you'll be the 100th person that I said this to: as a medical doctor, you have a really broad range of education, can you give me your elevator pitch, reason as to why this isn't more well-known and why more medical doctors just aren't aware of how critical that this non-vitamin is?

Dr. Dowd: Well, some of it is I think a lot of nutritional things in medicine, generally speaking, got short shrift during our education. My education, I think, is many doctors was dominated by pharmacology in understanding how drugs work, actually understanding less about how our body works and particularly how we interface with our environment with regards to food and more about how medicines work, and so our whole training was sort of revolved around pharmacology and mechanisms in pharmacology. I think we've developed very sort of trite ways of looking at nutrition, not much different than the My Plate program or the Food Pyramid, and we really didn't give it much more attention than that, and we still see vestiges of that.

I mean, this was only 10 years ago when I first started discovering these things about nutrition and micro-nutrients and hormones like vitamin D, I said, "Well, okay I may not be the expert. Let's have you go see a dietician." And the patients would with literally a piece of paper that had a food pyramid on it. They said, "Well, this is what they told me, Dr. Dowd. I learned more from you about nutrition in one visit than they told me in half an hour. All I got was the food pyramid." I'm thinking, "Oh, my god." This is how far the

medical community has gone in it. It's made no progress. So, I think some of that changing with the new food movement, now we see lots of people interested in growing their own food and knowing where their food comes from. This is a great thing. I think it's really pushing the medical field to give us more information and at shaking this sort of old vestiges of how we thought about nutrition and that's not that important and as long as you get the "food groups", everybody should be okay.

Dr. Gould: Right. Okay. Well, this leads to my question: when you started to incorporate this and obviously when you started bringing this forward, was anybody, any of your medical counterparts or any of your peers, did you get any kind of pushback or was there any kind of question like, "Hey, look, this is silly. This is a vitamin and it's not that important." Did you encounter any of that?

Dr. Dowd: Yeah. I encountered that actually quite a bit. I should say that at one point in time I thought my practice was going to go under because many of the doctors in the community sort of abandoned me. They said, "This guy has lost his marbles, and he only talks about to our patients is vitamin D and dietary changes, and we're going to start sending him to another rheumatologist who would put him on some drugs." So, there was actually more pushback from the physicians in the community than there was from the patients. I remember a patient came in and told me one day. She said, "Dr. Dowd, my primary care doctor said he's no longer sending patients to see you, and he would really like me to see another rheumatologist because all this doctor does is talk to his patients about dietary things and lifestyle changes and vitamin D. So, I have one question for you, Dr. Dowd, can you help me find a new primary care physician?"

It was a little bit of a shock to me. I mean I knew my new patient's volume had dropped off when I started really getting obsessed or passionate about this new way of seeing medicine because you get it to 7 or 10 years into a career, and you start, there's lots of patterns of developing and you might even get a little bored and you say, "Okay, either this is as simple as this career is going to get and it's the same old stuff over and over again or I'm just not seeing it the way it needs to be seen." So, this whole revolution in my mind, the vitamin D and diet and the importance of this interface with the environment was a critical paradigm shift in the way I saw health and disease. And I totally invigorated my practice. I now saw my patients and this is very interesting. People come in, I said, "Oh, I can help you with all of these stuff" and I would just dive right in whereas before, it was like, "Oh, another patient with fibromyalgia. Here is the medicine for this, and here's the medicine for that."

So, it was a dramatic shift from practicing medicine the way I was trained to finding a completely new way to practice medicine. I frankly said to myself, "Okay, if I'm going down in flames, I'm going down in flames with a smile on my face enjoying medicine more than I've ever enjoyed it my entire career." Lucky for me, I picked the topic that was in the public eyes as well, and study after study every week and this study would come out with vitamin D, and it was making the headlines and then when the book came out and I did well and there were more people talking about it on the doctor shows and things on TV, eventually, the community that I practice in, sort of the

microcosm I'm in, they came around and said, "Okay, maybe it wasn't a whack job after all. He was actually onto something."

Now, my practice is booming and I'm very busy and actually, thanks to the internet. It has helped with that, too because patients are actually shopping for their own doctors. It's no longer, "My primary told me to go to see this doctor" and then they just do it like autopilot. They actually say, "Okay, I'll take that name, but I'm going to go on the internet and I'm going to do some research and I'm going to see if that's the actual specialist I want to see or if I want to find my own rheumatologist." And I'd say 50% of my patients now say they found me on their own – "My doctor said to go see a rheumatologist. They wanted me to see someone over here, and I found you and you're the one I want to see because you have the same way of thinking about this as I do."

Dr. Gould: Right. That's so interesting. So, we're going to go for a break in one second, but I just sort of chime in here because it's a paradigm shift. It's a different way of looking at basically general health care. This is one of the things that I really focused on here. I claimed myself a wellness dentist, and I had to define what that means, and wellness is really all about prevention. We're stuck in this model of disease and pill, disease and prescription. I love the—my favorite thing to say is I'm a holistic dentist, and I want to look at the whole person. So, I love what you're doing and I love to hear it. Exactly, I would be a little worried in the small town that you might be, but might do this as a quack and see that you regained your stability there because your patients are the people; and no one wants to have two or three or five prescriptions every time they go to a doctor to get the prescription.

Dr. Dowd: Exactly. Okay.

Dr. Gould: All right, so hang on once second. We're going to take the short break to let some of our sponsors give their message. So, hang on. We'll be right back.

All right, everybody. We're back. There we go. We're back now and I just want to also thank one of our sponsors, Dimitri's Dental Studios. He is the co-creator with myself of this Supermodel crown and veneer. Thank you very much for your support of this program. All right, we're back talking with Dr. Dowd. Are you still there?

Dr. Dowd: I'm still here.

Dr. Gould: All right, great, okay. I really want that you talk about having a real practicing doctor, and at the end of the show, I want to make sure everybody knows how to get a hold of your book and how to look you up. What I love about the book – so many books, they talk about a lot of things but they don't give you any action plan, there's no real way to actually start to make a change – and I really like the aspect of your book that it sort of an informative book and it's a how-to book and it gives you recipes literally and figuratively. So, I want to talk just briefly about it.

To me, how I got into this was through sleep apnea. In my opinion, the two single largest public healthcare issues facing America and probably even western country is vitamin D

deficiency and sleep apnea because in my opinion, regardless of what's out there, I believe they're very, very highly-linked. Can you make any comments about sort of the sleep apnea and vitamin D connection in any way that you've seen? This is maybe something that I focused on it because I'm treating a lot of these, but go ahead.

Dr. Dowd: Right. The major risk factors for sleep apnea are age and obesity. Certainly, both of those have linked the vitamin D deficiency. As we age, our vitamin D levels tend to fall and this has several things: our liver makes less free vitamin D so there is less for conversion by sunlight; our skin is less efficient in that conversion process in twisting the molecule and then send it back to the liver for further activation to 25-hydroxy D; we tend to avoid the sun as we get older because we have problems with our skin and sun exposure with skin cancer rising after age 50 and some of that is just our mechanisms for serving and fighting off cancer; and repairing damage from UV light is impaired as we get older. So those several variables lead to lower vitamin D levels in people as they age.

Then as far as obesity goes, the bigger we get and the bigger our fat stores are. So the more fat mass we have, the more our vitamin D is sequestered in that fat, because our vitamin D comes from cholesterol as steroid hormone and it's fat soluble. So, just as over 40 and 50 began to lose lean body mass and acquire more fat mass, these fat soluble nutrients like cholesterol-based like cortisol, testosterone, estrogen, vitamin D, vitamin K, vitamin A and vitamin E, all these things are sequestered to some degree in our fat stores and they're no longer found in adequate concentrations in our circulations where they're doing their thing.

So, you do see imbalances of vitamin D related. The question though then is: Is there cause and effect here or is this just an epiphenomenon that's occurring because all these other things are going out of the same time. I don't know that I can answer that directly. I'm not aware of direct studies looking at apnea. Maybe you can teach me something here between obstructive apnea and vitamin D. I can say that I probably have some degree of that. I know my wife said, "You know, you snore like a freight train, and so I ended up getting some bite splint that holds the jaw forward a little and that completely eliminated the snoring and my sleep did improve. I'm not fat. I'm 5'8" and 135 pounds. I'm about as skinny as you can get, and I exercise every day and my D level, at least for the last eight years, has been normal on supplementation. So, I don't know what the direct link is. I know there are these associations because of age and obesity being two risk factors for sleep apnea. There may very well be a direct link but I'm not familiar with it. So, tell me, do you know what that link is. Have you read some papers that I'm not familiar with?

Dr. Gould: Well, two of the experts that I had in my show, one of them, Dr. Steven Park, he's quite sure or he believes that sleep apnea will reduce your vitamin D, having to do with the hydroxyl group, and it's something too boring. Let's not talk about it for our listeners. We had Dr. Stasha Gominak who said vice versa. She basically said that low vitamin D will cause you to have sleep apnea. So, her thought process was the part of the brainstem that regulates airway and sleep, and everything is highly vitamin D dependent and that low vitamin D will affect sleep and so you actually get it.

Dr. Dowd: Some of that makes sense. You think vitamin D as a hormone that is tied closely to circadian rhythm, day-night cycles. During the day, you're making D, and then at night. So there probably are some day-night fluctuations with mechanisms or production of vitamin D just related to sun and so maybe clock genes that we have that are tied to pacemakers whether they be pacemakers in our respiratory center or otherwise, it could be influenced by the... I know there are some data. I haven't look at it recently but I know that some clock genes are influenced; their expression is influenced by vitamin D.

Dr. Gould: Right. Okay. Well, there's actually a lot of stuff that I'm working on. I'm not prepared to bring all my hypothesis out, but I got some interesting stuff that it's really fascinating being in the position I made because I get to see many people and I get to see them every six months for over many, many years. So, I've seen how people's health is either improving or deteriorating. I'm so excited about finding out about vitamin D as there are so many of my patients that are literally suffering from so many of the different things that you talked about in your book, that I'm so happy to be able to be at least one source of information where I'm helping them to actually supplement their vitamin D. A lot of them are getting reports from their doctors saying, "You're really low on your vitamin D." I asked them "What did you do?" and they said, "Well, I started taking 1000 international units a day," and then I have to say, "Okay, well, that's great. In 300 years, you might get your level up." It's very interesting. Okay, we're sort of running out of time here. I want to ask you what you think is sort of the most shocking or what do you think at your top 3 wow, I can't believe vitamin D deficiency could even be a part of this but it's kind of is. What do you notice out of all medicine or health in general?

Dr. Dowd: Well, some of the critical things I think are takeaways that you want to digest- vitamin D regulates gene expression through a variety of ways and it's particularly important from an epigenetic perspective and it influences gene expression early in human development so during fetal development and in early childhood where lots of things are still sort of adapting to the environment that you're born into or being born into if you will, that it's absolutely critical that pregnant women and children have normal vitamin D levels. I don't think that as much as it's hard enough to get adults to understand the importance of it and get it measured, I think it's getting even less attention in childhood.

For some reason, we think children are just sort of bulletproof and it doesn't matter what you do, they all are going to turn out fine, but I think that being a true cavalier and that we really need to focus on children and pregnant women because that's where genetics and epigenetics are heavily influenced in health or several generations after that can be influenced by normalizing vitamin D and this has to do with risks for diabetes and heart disease and obesity. The Barker hypothesis tells us that from studies during World War II that if you are starving during pregnancy, your risk for your offspring 40 years later was threefold higher for diabetes, hypertension and heart disease and that vitamin D early in life may increase your risk for a whole host of diseases in the same way. That's the time in our life when we can have the most impact on all of these variables that the effects is by normalizing bigger in pregnancy and early childhood for everything, in bones, teeth, immune system, cancer surveillance, risks, all of that stuff.

- Dr. Gould: Right. What funny is that I always ask... we got a lot of pregnant patients here in Manhattan Beach, this is a very young family area. I'm going to say that less than... about 40% of the people that I hear at my office, they are not giving their newborns or children any vitamin D supplements and they're not taking it themselves which is really shocking considering this is Los Angeles. This is no back to other place. If there is 40% of the doctors aren't even telling their new mothers to give it to their newborns, it's a huge issue and when I mention it every time, I feel terrible because the look on the mom's eyes like "What? No, we're not giving any vitamin D drops." I say, "Listen, I'm just a dentist, but I think that you should call the doctor and I think that you need to start to getting some supplementation."
- Dr. Dowd: I think the OB-GYN has a gap there with OB-GYN, and then there's a gap between the birth of the child and that first visit. There may be six weeks. Nobody is really paying attention and that's a critical time that we're missing.
- Dr. Gould: We've got a mom who's going to be D deficient after having a child and they're still taking... if they're taking a prenatal vitamin, they're getting their 500 international units of vitamin D which is doing nothing.
- Dr. Dowd: Study showed that breast-fed infants are notoriously low in D, and American Academy Pediatrics recommend supplementing the breast-fed infant but the real problem is the mother has extremely low levels while she's breastfeeding. And if you supplement the mother to get her D level up around 50, then there's enough D in the breast milk. Both, the mother benefits from this and the child benefits from this, and that's the ideal way to take care of that situation.
- Dr. Gould: This sort of reminds me. I had Dr. Canell on the show and he said something that kind of really got my attention. This is a question I usually ask as we're reaching the end here. It's like when do you think that the tide is going to turn? When do you think the general public is going to know this? When do you think all the medical professionals are going to know this? His basic answer – he tactically said it's going to take one or two lawsuits for the parents of autistic children to find out that their medical doctor did nothing supplementation-wise for pregnancy or for after. I kind thought, "Well, that's the world we live in. It either has to be a financial concern attached to otherwise, really nobody cares.
- Dr. Dowd: Yeah, I think we've come a long way at least in the microcosm of where I live, most of the patients that come to see me from the county that I'm in now or close by to the county I'm living in now, by the time they see me, they've already have their vitamin D level measured by their primary and they're on either on supplementation whether it's appropriate or not, they're on supplementation. You go a little bit further out from my practice so you get 25 or more miles away and it starts dropping off pretty quickly and then my new patients coming in and its' not even on the radar. So, all we can do is keep the noise up and keep shouting about it to keep it in the forefront of their mind.

Dr. Gould: Yeah. Okay. Well, I think that you did a great job in your book. Like I said, it's very simple and easy to read. So, I'm just going to go ahead and say: why don't you let our listeners know how they can find you or your book. I want you to tell us.

Dr. Dowd: Okay. So you can find me on the web at drjamesdowd.com. I'm also a regular guest on One Life Radio which you can hear on iHeartRadio which is broadcasts primarily out of Dallas, Texas but it's syndicated in a number of other cities. You can buy my book on Amazon, Barnes & Noble, or any other online retailer.

Dr. Gould: Okay. Great. Well, Dr. Dowd, thank you so much. I really appreciate your time and thanks for staying up late for us a little bit. I hopefully look forward to maybe having you on the show again when we gain a little bit more attention in notoriety about bringing this silly, simple and easy to fix major health issue to the forefront of modern medicine in America. Thank you so much.

Dr. Dowd: Yes. Thank you, Joel. Thanks for having me. I appreciate it.

Dr. Gould: Great. Have a great night. Thank you.

Dr. Dowd: You too.

Dr. Gould: Thanks.

All right, everybody, that was Dr. James Dowd. For my listeners, I've taken you through the different ways to view vitamin D. This is really great for me to hear about somebody, I guess, really still a huge trailblazer bringing this information to their general practice and just thinking about how many peoples have been helped and affected by just doing something as simple as supplementing the sunshine that we should be getting in our lives. All right, on that note, I would like to say thank you all for listening and for future episodes, we're going to talk about having more people call in and let you know how to actually do it because I'd love to hear some of your questions. And that's it for tonight. Thank you for listening to Get Your Smile On with Dr. Joel Gould. Have a great night and we'll see you next week. Thank you.