

#### ACTA SCIENTIFIC NUTRITIONAL HEALTH

Volume 3 Issue 7 July 2019

**Short Communication** 

# Does Vitamin D deficiency call for global public health concern and policy making?

### Falah Fayaz<sup>1</sup>, Aisha Ashiq<sup>1</sup> and Sheikh Mohd Saleem<sup>2\*</sup>

- <sup>1</sup>Undergraduate MBBS Students, 3rd Semester, Government Medical College, Srinagar, J&K, India
- <sup>2</sup>Demonstrator, Department of Community Medicine, Government Medical College, Srinagar, J&K, India

\*Corresponding Author: Sheikh Mohd Saleem, Demonstrator, Department of Community Medicine, Government Medical College, Srinagar, J&K, India.

Received: May 03, 2019; Published: June 05, 2019

#### **Background**

About 80-90% Indians are vitamin D deficient according to most studies [1]. Vitamin D deficiency is homogenous; it isn't specific to any particular age group. In this context we shall discuss the role of vitamin D in the body and how to prevent deficiency of vitamin D especially among Indian population.

#### Role of vitamin D in the body

Vitamin D, a fat soluble vitamin, is needed for calcium absorption from the gut. This calcium is utilised for bone building, for muscle contraction and for nerve conduction. Besides these important functions, calcium is also necessary for the proper functioning of a number of enzymes and for normal cell division in the body. It follows that vitamin D is necessary for all these vital functions and for other miscellaneous actions at the cellular level.

#### Vitamin synthesis paradox in India

Vitamin D can be synthesised in the human body itself. Endogenous cholesterol in the presence of UV light, is converted to 1, 25 dihydroxycholecalciferol, the active form of vitamin D. In India, despite being a tropical country with abundant sunshine, vitamin D deficiency has reached epidemic proportions. This is largely due to prevalent cultural and religious practices like the purdah and vastly indoor lifestyle (particularly for women). Besides, a large portion of Indian population is vegetarian and therefore does not consume vitamin D rich foods like fish, beef liver, egg yolk etc. Vegetarian diets full of fibre are rich in phytates and phosphates; both of these cause further depletion of body calcium and vitamin D stores.

Vitamin D deficiency is defined by the following three criteria [2]:

- <20ng/ml serum 25(OH) cholecalciferol level</li>
- Consequent and consistent elevation of parathyroid hormone
- Decrease in intestinal calcium absorption

#### Manifestations Of vitamin D deficiency

Vitamin D deficiency causes a wide array of symptoms and diseases. Decreased calcium levels cause skeletal manifestations in the form of rickets (in children) and osteomalacia (in adults). Many studies have shown an association between vitamin D deficiency and an increased risk of fractures [3-6].

- Obesity and diabetes mellitus: Vitamin D deficiency has been associated with increased predisposition to develop obesity and type 2 diabetes [7-12].
- **Infections and autoimmunity:** Various groups of studies show individuals with hypovitaminosis D to have an increased risk of infections (tuberculosis, influenza) and of developing autoimmunity [13-18].
- Psychiatric manifestations: Vitamin D deficient individuals have been shown to have poor prognosis in depression. Besides studies have also demonstrated a link between Parkinson's disease and hypovitaminosis D [19-21].

## **Combating vitamin D deficiency**

Despite its vital functions, vitamin D deficiency is the most under diagnosed and undertreated nutritional disorder in the world [22,23]. Given that around 80-90% of the population is vitamin D deficient, it's imperative that radical measures be taken to address the problem. Vitamin D deficiency can be combated like Vitamin A deficiency has been. Just a few decades ago, one-third of all under five children were vitamin A deficient and at a very high risk of developing night blindness. Today vitamin A deficiency is very rare in India (<100 thousand cases per year). Food fortification and vitamin A supplementation in the National Immunisation Program have made great strides in reducing the number of vitamin A deficient individuals.

Similar methods can be adapted to alleviate hypovitaminosis D

 Food fortification (milk, curd, ghee) is perhaps the easiest way to provide vitamin D supplementation to the masses.

- Inclusion of vitamin D supplements in national nutritional initiatives will effectively address the problem of vitamin D deficiency in children and especially reduce the incidence if rickets.
- Besides, creating awareness about this deficiency is of paramount importance. Parents need to be educated about various vitamin D rich foods, supplements and the importance of proper sun exposure for their children.
- Informed people can get themselves tested for serum 25(OH) cholecalciferol levels. These testing facilities must be made cheaper and accessible to all to ensure that more people benefit from them.
- All primary health centres in the country should provide subsidised vitamin D supplements to the general population, especially pregnant women and children. This will ensure grass root level action in decreasing the prevalence of vitamin D deficiency in India.

## **Bibliography**

- 1. Arya SC and Agarwal N. "Vitamin D deficiency in adult tuberculosis patients". *International Journal of Tuberculosis and Lung Disease* (2011).
- Banda R., et al. "Prevalence of Vitamin D deficiency in adult tuberculosis patients at a central hospital in Malawi". International Journal of Tuberculosis and Lung Disease 15.3 (2011): 408-410.
- 3. Bener A., et al. "High prevalence of Vitamin D deficiency in type 1 diabetes mellitus and healthy children". Acta Diabetologica 46.3 (2009): 183-189.
- 4. Borkar VV., *et al.* "Low levels of Vitamin D in North Indian children with newly diagnosed type 1 diabetes". *Pediatr Diabetes* 11.5 (2010): 345-350.
- 5. Butler MW., *et al.* "Vitamin D receptor gene as a candidate gene for Parkinson disease". *Annals of Human Genetics* 75.2 (2011): 201-210.
- 6. Gangwar AK., *et al.* "Role of Vitamin-D in the prevention and treatment of Alzheimer's disease". *Indian Journal of Physiology and Pharmacology* 59.1 (2015): 94-99.
- 7. Hazell TJ., et al. "Vitamin D: An overview of its role in skeletal muscle physiology in children and adolescents". *Nutrition Reviews* 70.9 (2012): 520-533.
- 8. Holick MF., *et al.* "Evaluation, treatment and prevention of vitamin D deficiency". *The Journal of Clinical Endocrinology and Metabolism* 96.7 (2011): 1911-1930.
- 9. Holick MF and Chen TC. "Vitamin D deficiency: A worldwide problem with health consequences". *The American Journal of Clinical Nutrition* 87.4 (2008): 1080S-1086S.
- 10. Kaur S., et al. "Prevalence of overweight and obesity amongst school children in Delhi, India". Asia Pacific Journal of Clinical Nutrition 17.4 (2008): 592-596.

- 11. Mathieu C., et al. "Vitamin D and diabetes". *Diabetologia* 48.7 (2005): 1247-1257.
- 12. MF Holick. "The role of Vitamin D for bone health and fracture prevention". *Current Osteoporosis Reports* 4.3 (2006): 96-102.
- 13. Mithal A., *et al.* "Global Vitamin D status and determinants of hypovitaminosis D". *Osteoporosis International* 20.11(2009): 1807-1820.
- 14. P Aparna., et al. "Vitamin D deficiency in India". *Journal of Family Medicine and Primary Care* 7.2 (2018): 324-330.
- 15. Parameaswari PJ., *et al.* "A cross-sectional study on Vitamin D3 level in type 2 diabetes mellitus patients from Chennai, India". *International Journal of Basic Medical Sciences* (2012).
- Parikh SJ., et al. "The relationship between obesity and serum 1,25-dihydroxy Vitamin D concentrations in healthy adults". The Journal of Clinical Endocrinology and Metabolism 89.3 (2004): 1196-1199.
- 17. Pittas AG., et al. "The effects of calcium and Vitamin D supplementation on blood glucose and markers of inflammation in nondiabetic adults". *Diabetes Care* 30.4 (2007): 980-986.
- 18. Singh K., et al. "Association of mild cognitive impairment with serum Vitamin D level in type 2 diabetes mellitus". Indian Journal of Health Sciences and Biomedical Research 8.2 (2015): 120-124.
- 19. Trivedi DP, *et al.* "Effect of four monthly oral Vitamin D3 (cholecalciferol) supplementation on fractures and mortality in men and women living in the community: Randomised double blind controlled trial". *BMJ* 326.7387 (2003): 469.
- 20. Urashima M., et al. "Randomized trial of Vitamin D supplementation to prevent seasonal influenza A in schoolchildren". *The American Journal of Clinical Nutrition* 91.5 (2010): 1255-1260.
- 21. van Schoor NM and Lips P. "Worldwide Vitamin D status". *Best Practice and Research: Clinical Endocrinology and Metabolism* 25.4 (2011): 671-680.
- 22. Vimaleswaran KS., *et al.* "Causal relationship between obesity and Vitamin D status: Bi-directional mendelian randomization analysis of multiple cohorts". *PLoS Med* 10.2 (2013): e1001383.
- 23. Zipitis CS and Akobeng AK. "Vitamin D supplementation in early childhood and risk of type 1 diabetes: A systematic review and meta-analysis". *Archives of Disease in Childhood* 93.6 (2008): 512-517.

Volume 3 Issue 7 July 2019
© All rights are reserved by Sheikh Mohd Saleem., et