

ALLERGY, VITAMINS

NOT ALL THAT WHEEZES IS ASTHMA

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A new abstract at the recent ATS congress now clears the 2007 controversy between the Camargo and Gale studies on the effect of vitamin D: Wheezing is not asthma (as the atopy component is missing?).

[...] Frozen cord blood from 922 infants in the NZ Asthma and Allergy Cohort Study was tested for 25(OH)D. Parents were asked if their child had a history of respiratory infection at age 3m, or history of wheezing at age 15m and then annually thereafter. Current asthma was defined as doctor-diagnosis of asthma by age 5y, plus reported wheeze or inhaler use since age 4y [...] After adjustment for season of birth, cord blood 25(OH)D levels were inversely associated with wheeze by age 15m, 3y, and 5y (all $p < 0.05$). The adjusted odds ratio (95%CI) for wheeze by age 5y increased across categories of cord blood 25(OH)D (75+, 25-74, and <25 nmol/L): 1.0 (ref), 1.6 (1.1-2.3), and 2.2 (1.3-3.5). Odds of respiratory infection by age 3m showed a similar pattern: 1.0 (ref), 1.4 (1.0-2.0), and 2.2 (1.3-3.4). [...] By contrast, cord blood 25(OH)D had no association with current asthma at age 5y: 1.0 (ref), 1.2 (0.8-1.8), and 0.9 (0.5-1.6).

In case you still do not believe in suppressive effect of vitamin D, here is an older abstract:

Massive Doses of Vitamins A and D in the Prevention of the Common Cold.

Spiesman, Irwin G.: *Arch. Otolaryng.* 34: 787, 1941.

Spiesman reports his observations on the uses of massive doses of vitamins A and D in the prevention of the common cold. It was noted that vitamins A and D in massive doses did not produce immunity to the common cold when given separately. When massive doses of these vitamins, however, were given together, 80 per cent of the subjects showed a significant reduction in both the severity and number of colds per year. The number of colds per year dropped to three, and the average duration was five days, with but little elevation in temperature. It is not assumed that the use of vitamins in the treatment of the common infectious cold was offered as a panacea. It is emphasized that average susceptibility must be taken into consideration, as well as the emotional state of the subject as affected by any innately unstable vasomotor mechanism.
