



What did the IOM do with my RDI?

By: Gary E. Foresman, MD

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Do we all need the same amount of air, water, and food? Do race, sex, and lifestyle play no role in determining the adequacy of any nutrient for any specific individual? Why, especially in a country of individuality and the pursuit of that which is best, do we have organizations such as the IOM (Institute of Medicine) distributing edicts regarding RDIs (Recommended or Reference Daily Intake)? Most importantly, who are these people from the IOM, and what is their agenda? Why do we listen to them? Where did the old RDAs (Recommended Daily Allowances) come from, and how did they transform into these RDIs, DRIs (Dietary Reference Intakes) and EARs (Estimated Average Requirements)? What is the relevance of an RDI, and why does it have any meaning in our life?

The Food and Nutrition Board (FNB), a subdivision of the US National Academy of Sciences (NAS), developed the RDAs in 1941 during a time of food rationing to ensure that people could survive on less and still be free of deficiency diseases. Knowing that 60 mg per day of Vitamin C could prevent scurvy was a good thing! While updated every 5-10 years, very little has changed in the direction of improving health, and only the continued goal of acute nutritional deficiency prevention has been maintained. The IOM, founded in 1970, the medical subdivision of the NAS, took over for the FNB and states its mission as “adviser to the nation to improve health”.

Here is a direct quote from the IOM website in reference to their “Dietary Reference Intakes for Calcium and Vitamin D” guideline published November 30th:

“The IOM finds that the evidence supports a role for vitamin D and calcium in bone health but not in other health conditions. Further, emerging evidence indicates that too much of these nutrients may be harmful, challenging the concept that ‘more is better’.”

Let me now ask you a series of questions and please, really ponder the answers. Why is the report a review of two completely different nutrients, in a singular “manifesto”? Why not a separate review of all minerals, not solely focusing on calcium? The entire last decade of research on vitamin D has focused on its role independent of calcium metabolism, why is the report on the steroid hormone known as vitamin D included with an evaluation of the mineral Calcium? Please note that there is not one valid scientific answer to these questions posed to our medical subdivision of the NAS.

I do know that the IOM is an organization of primarily research scientists. Every research scientist in the US has an existence based on the funding of the pharmaceutical

industry. Look at the report “Corporate Funding and Conflicts of Interest” <http://www.apa.org/pubs/journals/releases/amp-6291005.pdf>. It is worth reviewing the 11 pages so you can see how deeply the pharmaceutical industry goes to promote its own well-being. Please sit and ponder why the most powerful lobbying industry in the world would promote this current report as “marketing disguised as research.”

When the literature has nearly universally documented that calcium-only supplements increase stroke and heart attack, with the most recent review in the British Medical Journal documenting a 31% increase risk of heart attacks in women taking greater than 500mg of calcium supplements, why does the IOM promote calcium-only supplements? Please note that the leading sellers of Calcium: Caltrate (Pfizer), Tums (GlaxoSmithKline), and Roloids (McNeill) are all pharmaceutical companies that have infiltrated the supplement industry and relentlessly promote these products through your physician. If you have a heart attack or stroke, they also make the drugs used to treat them. Interesting.

On to vitamin D₃. Vitamin D₃ has absolutely no toxicity at dosages less than 10,000 IU per day, when monitored by a physician, to attain goal levels (tracked by blood work) at 60-100 ng/ml. And yet it is panned in the press. Why? D₃ is a supplement that no pharmaceutical company is making money on. I have never seen anything but excellent levels while dosing 4,000 IU per day. I would agree that the long term trials are lacking, and most likely will never be done, because the pharmaceutical industry is hard at work developing vitamin D receptor agonist drugs to replace that annoying, inexpensive, natural vitamin D. What we do know is we could potentially prevent 50% or more of prostate and breast cancers, as well as dramatically reduce the incidence of dozens of other cancers if we get everyone’s vitamin D to the optimal level (60-100 ng/ml). Think of the tens of thousands of lives saved yearly—and the money lost to the pharmaceutical industry. Why would the IOM want to promote that much cancer as well as autoimmune disease, and so many other diseases, by promoting the fear of one of the safest of supplements available? Interesting.

Don’t be heavy-hearted to find out that instead of being sold Coke or Doritos or Splenda or whatever other metabolic horror you are consuming, that the same basic marketing reason you buy these products is how the pharmaceutical industry is marketing you to buy disease (calcium supplements) and avoid buying a product (vitamin D), which would prevent the diseases which they make a living off treating. Please don’t let them fool you or blame the MDs who are just as easy to deceive as the general public.

Please look for the upcoming class on the “[Truth about Vitamin D](#)”. In the meanwhile, do yourself a favor and lift the veil shrouding the facts about nutritional medicine while seeking answers from those whose only interest is in the promotion of your health.

Your Journey to Health and Healing,
Gary E. Foresman, MD

Website: www.middlepathmedicine.com

E-mail: info@middlepathmedicine.com