

Q: I have heard quite a bit about Vitamin D lately. Doesn't my doctor already test my D?

A: Your doctor may have already tested your blood level of 25-D, the first of two critical blood tests. This test doesn't require specialized handling and results are generally accurate. Unfortunately, it only tells part of the story.

Typically for Th1 diseases, a 25-D test may register lower than normal if disease is rapidly converting that inert precursor to the active metabolite 1,25-D. If your diet is also supplemented with daily vitamins, D-fortified cereals, vitamin D milk, eggs yolks, fish or fish oils, or liver, the 25-D test may register in normal ranges or even skew high.

Much of recent research and press coverage claiming low "D" is related to disease makes sense when you understand it is often only the 25-D precursor cited. However, testing only the precursor 25-D and assuming a low level indicates a vitamin D deficiency may result in a mis-diagnosis with potentially hazardous results. That is why patients and doctors should insist on a complete set of accurate D tests.

Q: If the common 25-D test is only part of my D metabolites story, then what else must I do to have my D levels tested correctly?

A: The second, and probably the most important of the two critical blood tests is the 1,25-D assay (among other codes possible for this test, your doctor can use 733.0 for Osteoporosis, 733.90 for Osteopenia, or 780.9 00 for Fatigue).

The 1,25-D test is not routinely checked and blood requires specialized handling or results will be flawed. Blood must be drawn, clotted at room temperature for no more than 30 minutes before centrifuge, and the resulting serum must be frozen and remain frozen via transit to a lab with reliable testing practices for 1,25-D. After reviewing hundreds of test results from multiple labs, the Autoimmunity Research Foundation has found Quest Labs provide the best hope for accuracy. (No affiliation with Quest Labs.)

A typical Th1 patient may have a low 25-D (<20ng/ml) with a normal or high 1,25-D. A high 1,25-D (>45 pg/ml) is always reliable. If you are symptomatic and the 1,25-D result is low, the test may not have been handled or frozen correctly. Anything over 60pg/ml indicates a well established inflammation, probably close to the bloodstream. Anything over 80pg/ml is quite serious.



Vitamin D Blood Tests Chronic Illness & The Marshall Protocol

The Marshall Protocol was developed by Trevor Marshall, PhD, in 2002 to treat Th1 diseases that disrupt the immune system.

Dr. Marshall's published, peer-reviewed medical papers describe how numerous chronic conditions — including but not limited to Sarcoidosis, Fibromyalgia, Lupus (SLE), and Rheumatoid Arthritis — are caused by various cell wall deficient pathogens (pleomorphic bacteria, mycoplasma, borrelia, and others). Instead of being "digested" (killed) when invading the body, these pathogens are able to sequester themselves safely inside large white blood cells (phagocytes) in the body's immune system which are designed to engulf and digest foreign invaders. These pathogens behave similarly and respond to treatment similarly.

Detection can now be performed with two essential D blood tests (25 hydroxyvitamin-D and 1,25 dihydroxyvitamin-D) and/or a therapeutic probe.

The Marshall Protocol combines two strategies. The first involves reducing D levels elevated by the disease process, until the body can again regulate it normally. Avoiding supplements and foods containing vitamin D is essential.

The second strategy involves medication originally developed to treat high blood pressure — an angiotensin receptor blocker (ARB), Olmesartan (Benicar). Olmesartan is safely taken at triple or quadruple the hypotensive dose to block the functions of pathogens and to reveal pathogens to the immune system. After starting Olmesartan, pulsed minocycline is added. Later, other antibiotics are included. All antibiotics have excellent safety profiles and are taken at low, pulsed doses for extended intervals so medications can effectively partner with the immune system for a return to health.

Q: I want my D tests processed accurately, do you have some instructions I can take with me to the drawing lab?

A: Visit the Web page: www.marshallprotocol.com/forum2/366.html to read and print the full page. For instructions helpful for any lab, but required for Quest, pay special attention to the second post on that Web page: **"Quest Labs responds to questions about handling of blood for D-metabolites tests."**

Q: What if my D tests were not processed correctly, or do not show tell-tale markers?

A: D tests are not infallible. If symptoms indicate Th1 inflammation, the Marshall Protocol (MP) may be used as a therapeutic probe. That means your doctor can evaluate your symptoms clinically, then prescribe the MP Phase I medications and instructions to determine if you respond with a Jarisch-Herxheimer reaction (JHR or "Herx"). If you do, pathogens responsible for Th1 diseases are present and will respond to the MP.