

REVISED

NNEC Wellness Lifestyle Program “Requirements”*

1. Drink at least 6 - 8, 8-ounce, glasses of water daily, depending on your size.
2. Accumulate 2 ½ hours of moderate (or more vigorous) exercise per week. Get at least 30 minutes per week of this exercise outside during daylight hours if possible. Activities may include:
 - ❖ Walking, jogging, running
 - ❖ Gardening, snow shoveling
 - ❖ Aerobics, etc.
3. Follow a vegetarian diet, either lacto-oval or vegan.
4. Endeavor getting 7 to 8 hours of sleep per night.
5. Have daily spiritual devotions.
6. Read something on health each month, such as *Ministry of Healing* or *Vibrant Life*.
7. Ensure adequate Vitamin D and Vitamin B₁₂ status. (See Appendix for information about Vitamin D.)
8. Each year identify at least one health-enhancing behavior (such as avoiding caffeine, avoiding soft drinks, implementing a program for strength training, or spending additional time with a family member to enhance social health).

* You are not required to implement (and, indeed, are discouraged to follow) any of these “requirements” that your personal physician feels would be harmful to your health.

“Courage, hope, faith, sympathy, love, promote health and prolong life. A contented mind, a cheerful spirit, is health to the body and strength to the soul.” *Ministry of Healing* p. 241

“Nothing tends more to promote health of body and of soul than does a spirit of gratitude and praise. It is a positive duty to resist melancholy, discontented thoughts and feelings – as much a duty as it is to pray. If we are heaven-bound, how can we go as a band of mourner, groaning and complaining along the way to our Father’s house?” *Ministry of Healing* p. 251

“A merry (rejoicing) heart doeth good like a medicine.’ – Proverbs 17:22. Gratitude, rejoicing, benevolence, trust in God’s love and care – these are health’s greatest safeguard.” *Ministry of Healing* p.

Appendix: Vitamin D Considerations for Northern New England Residents

Importance of Vitamin D

Vitamin D is indeed a “vital” nutrient being necessary for optimal:

- calcium absorption and bone health
- muscle function (speed and strength—including fall prevention)
- cancer prevention (low vitamin D levels increase risk of colon, prostate, and breast cancer; and may contribute to risk of cancers of the pancreas and ovary as well as certain lymphomas)
- cardiovascular health (high blood pressure and congestive heart failure may both be worsened by poor vitamin D status)
- immune system function (for example, suboptimal vitamin D status has been linked to an increased risk of multiple sclerosis, rheumatoid arthritis, and type 1 diabetes; better vitamin D stores also appear to help prevent certain infectious illnesses)

Problems in New England

God apparently designed that our ancestors in Eden—and likely the pre-flood earth—would make all the vitamin D they required from judicious sunlight exposure. However, merely getting “some sunshine” is not sufficient. Our skin requires radiation in the ultraviolet B range (290-315 nm) to make vitamin D. During the winter months in locations far from the equator (such as New England), humans cannot get sufficient amounts of this critical UVB range sunshine.

Over twenty years ago researchers discovered that human skin exposed to sunlight on cloudless days in Boston, Massachusetts (42.2 degrees N) from November through February produced no vitamin D. In Edmonton, Canada (52 degrees N) this ineffective winter period extended from October through March. This winter UV-deficit occurs because the sun never rises high enough in the sky for sufficient amounts of vitamin D-stimulating UVB to pass through the atmosphere. (Similarly, early morning and late afternoon sun exposure—even in the middle of the summer—results in little, if any, vitamin D production.)

The important message is this: from mid-October to mid-March New Englanders cannot make vitamin D even if they are outside on a cloudless day. To maintain an adequate vitamin D level, many experts now suggest we take 1000 to 2000 IU of Vitamin D daily during this critical time of the year.¹ If you are deficient or have a suboptimal level of vitamin D you need considerable more.² Such intake should continue even during the spring, summer, and fall, unless a person is getting sufficient sun exposure.

¹ Vitamin D is available in two forms, D₂ or ergocalciferol—from a vegetarian source, yeast; and D₃ or cholecalciferol—from an animal source, sheep lanolin. As D₃ appears to be better absorbed than D₂, some experts recommend taking 3000 IU daily if you are supplementing with D₂.

² Alternately, a prescription dose of vitamin D₂ (50,000 IU per week) is typically prescribed for those deficient in vitamin D. Some individuals take 50,000 IU of D₂ per month year round to maintain their levels. (A high potency Vitamin D₃ supplement is not available in the U.S.)

How can I tell if my vitamin D level is too low?

The only accurate blood test for vitamin D status is 25-OH vitamin D. Although it sounds similar, do not let anyone charge you to run a “1, 25-OH vitamin D level.” This latter test is worthless for assessing your vitamin D status.

Optimal levels for 25-OH vitamin D are above 40 ng/mL. Levels below 20 ng/mL require high dose supplementation with 50,000 IU per week. However, some experts will prescribe high dose supplementation to anyone with levels below 30 ng/mL.

What is sufficient sun exposure?

To maintain vitamin D levels from the end of March through early October, you need to get what scientists call $\frac{1}{4}$ of a Minimal Erythema Dose (MED) of sunshine to your face, arms, and hands. 1 MED refers to the amount of sunshine that would turn your skin a light pink—and is obviously related to the time of day and time of year you are exposed to the sunshine. For example, if it takes 20 minutes at noon in mid June to turn your skin a light pink, you would only need to get 5 minutes of sunshine at that time to make sufficient amounts of vitamin D for that day. Note: you must not be wearing any sunscreen for this to occur. (SPF 8 reduces vitamin D synthesis by 92.5%, SPF 15 by 99%.)

References

- Holick MF, Chen TC. Vitamin D deficiency: a worldwide problem with health consequences. *Am J Clin Nutr.* 2008 Apr;87(4):1080S-6S.
- Holick MF. Vitamin D deficiency. *N Engl J Med.* 2007 Jul 19;357(3):266-81.
- Goldman EL. New Vitamin D guidelines expected to boost targets. *Internal Medicine News.* 2009 April 15; 42(8):1, 7.