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A New Year's Resolution: Address Vitamin and Mineral Deficiencies



This topic covers a lot of information, and some of it tends to be detailed and complex, so instead of a monthly newsletter, this topic will be covered in the form of 4 short weekly newsletters. The next newsletter will discuss more details about magnesium, the 3rd newsletter will discuss vitamin D, and the 4th newsletter will discuss methylation

issues.

Why does this information matter for MC patients?

After reaching remission, most microscopic colitis (MC) patients attempt to balance their diet in order to accommodate the changes they've made to avoid their food sensitivities. Unfortunately, many of us discover that we have vitamin or mineral deficiencies. In fact, many individuals in the general public have vitamin or mineral deficiencies of which they're not aware. But of course deficiencies are significantly more likely among IBD patients due to the fact that IBDs, including MC, deplete magnesium and most water-soluble vitamins.



Our paleo ancestors never had to worry about such deficiencies.

They got more than enough vitamins and minerals from their food and drinking water. Back during the paleolithic period, most soils, and consequently, most bodies of water, also, contained very high levels of vitamins and minerals. These days, the levels of most of the



minerals we need are quite low in most soils, by comparison, and mineral levels in most water reservoirs are not only much lower, but virtually all minerals are filtered out as water processing plants attempt to filter out undesirable metals, contaminants, and other impurities. Unfortunately, the useful minerals, that are essential for good health, are also removed in the process.

Nutrient levels are much lower in foods available today.

These days, many foods do not provide the vitamin and mineral benefits that they did for our parents, and especially our grandparents. Many soils are becoming depleted of certain important nutrients due to natural erosion, as this planet ages, and the especially intensive farming techniques used during recent decades. Government regulatory agencies attempt to make up for these reduced nutrient levels by requiring some common commercially processed foods to be enriched with certain vitamins, but experience indicates that we don't absorb these added nutrients nearly as well as we absorb the nutrients that occur naturally in foods. And this is supported by research.

Most vitamins are in an inactive form.

The vitamins that occur naturally in foods, those added to processed products by an enrichment process, and those found in common vitamin supplements, are all in an inactive form. Our bodies can only use vitamins in an active form.



Medical research shows that magnesium is required in order to complete over 300 chemical conversion processes in the body, daily, and it's essential for coactivating the conversion of the inactive forms of vitamins into the active forms.

Note that no foods are enriched with magnesium.

Minerals seem to be totally excluded by most government regulations regarding food enrichment. Because the availability of magnesium in our diets is so much lower today than it was historically, many authorities estimate that about 70% of the general public is magnesium deficient. And unfortunately, medical research shows that, as mentioned above, IBDs (including MC) deplete magnesium, so that IBD patients as a group, tend to be more likely to be magnesium deficient.



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