

Dr. L. Ray Matthews Unleashes the Power of Vitamin D

By Jon Finkel, *Life Extension*



It's not often that you hear about an accomplished, mainstream trauma surgeon getting laughed at by his colleagues after presenting an innovative health idea. It is even less often that a doctor receiving that kind of response would admit to the laughter and even take it with a smile. But in the case of Dr. L. Ray Matthews, an assistant professor of surgery at Morehouse School of Medicine and the Surgical Critical Care Director at Grady Memorial Hospital in Atlanta, Georgia, he would also end up winning over those other surgeons who were skeptical of his cutting-edge thinking.

Now, you might be wondering, what was this radical idea that caused so much skepticism? It was simple: Dr. Matthews believed in the incredible healing power of vitamin D.

"People always ask me about how a surgeon could get involved in vitamin D research," Dr. Matthews says. "My answer is that being a surgeon, I'm very interested in wound infections and getting patients off of ventilators. I'm interested in helping my patients heal faster, and I want to decrease the incidence of pneumonia. Essentially, I want my patients healthy and out of the hospital as quickly as possible."

All of these desires led Dr. Matthews, who wanted to be a physician since he was four years old, to his renowned work with vitamin D.

Case in point, last summer, Dr. Matthews and a team of Morehouse doctors published a landmark paper in the *American Journal of Surgery* looking at the benefits of vitamin D's use in critically ill patients, such as decreased length of hospital stays, decreased hospital costs, and decreased mortality rates.¹ Dr. Matthews and his team also pioneered a medical therapy combination of vitamin D, omega 3-fatty acids, glutamine, and progesterone to treat patients with concussions and traumatic brain injuries.

Dr. Matthews is now writing a manuscript on vitamin D's use in reducing the incidence of congestive heart failure, which is expensive to treat because of the high readmission rate associated with the condition.

“We can cut the 30-day readmissions rate by at least 50% using vitamin D,” Dr. Matthews says. “Vitamin D is an inexpensive way to increase cardiac contractility because it increases calcium absorption.² Calcium makes the heart contract, or beat, better.”³

Cutting hospital readmission rates, he says, is a top priority of the Centers for Medicaid and Medicare.

Defining a ‘D’ Deficiency

Vitamin D is a steroid hormone that directly influences over 200 out of some 20,000 to 25,000 human protein-coding genes and notably binds to a number of genes associated with autoimmune disease and cancer.⁴⁻⁶

“You can’t achieve optimal health, athletic performance, or cognitive performance without adequate vitamin D levels. Vitamin D is a very powerful chemical in the human body,” Dr. Matthews says.

He strongly urges people to get their vitamin D levels checked on a regular basis, and he is careful to note that the government’s currently acceptable level of vitamin D in the bloodstream, with a lower limit of 30 ng/mL, is far too low.⁷

“For me, anything in the 50 to 55 ng/mL range is where you want to be,” he says. “All animals in nature are between 50 and 55 ng/mL in the wild, but once we bring them into captivity, they drop. This happens in its own way to humans as well. When you’re in an Intensive Care Unit or another room in a hospital, your vitamin D level drops 50% in the first 24-48 hours. If you come into the hospital at 30 ng/mL, or below, and you drop below 18 ng/mL, your risk of death increases by 30%. It is a serious problem.”

Since the government has been lagging on this issue, Dr. Matthews has taken it upon himself to educate officials and explain the science and importance of vitamin D. He also believes that insurance companies are going to soon be all over the importance of the vitamin because it can prevent a lot of the chronic injuries that plague otherwise healthy people.

“I’ve met with a lot of government officials who didn’t know about what vitamin D can do,” Matthews says. “I’ve been giving lectures to educate them. You have to have a passion for it. Most people, once they see the evidence, accept what I’m saying. For instance, in our hospital, our mortality rate is down 42% with critically ill patients for all traumas with our new vitamin D protocol.”

Of course, Dr. Matthews wasn’t able to simply walk into his hospital and declare a new strategy for using vitamin D on all patients. It took much convincing, and that convincing began with, of all people, the staff nutritionist.

“The best way I could explain what I was talking about was to show the nutritionist our patients’ vitamin D levels as they were admitted,” he explains. “I would order the test right away and as they’d come back, I’d walk over to the nutritionist and show her. We had some horribly low

levels. The average person coming into the ICU at Grady had a hydroxyvitamin D level of 15 ng/mL, which is very, very low. But we'd see people with single digit numbers. Four. Six. Once I showed the nutritionists these numbers, my question to them was, 'Why aren't you checking vitamin D levels?'"