

e-ISSN: 2454-9141, p-ISSN: 2455-0779

Volume 09, Issue 12, December 2023

DOI: <https://doi.org/10.55640/ijmsdh-09-12-08>

A COMPREHENSIVE REVIEW OF VITAMIN D₃: METABOLISM, FUNCTIONS, AND CLINICAL IMPLICATIONS

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ABSTRACT

The current article examines the metabolism of cholecalciferol, its functions in body, and relevance within a clinical set up. Vitamin D₃ or cholecalciferol is important for many physiological processes and is essential for general health. The purpose of this review is to begin by providing extensive discussions about vitamin D₃ thereafter explain how it travels through the body in order to determine why its level varies from one human to another. The article is very precise describing the functions of vitamin D₃ which includes supporting bone strength, normalization of calcium blood levels, immunological regulation, and relation with the chronic disease incidence. The article also discusses how vitamin D₃ relates to musculoskeletal integrity, cardiovascular functioning, mental/psychological wellbeing, and tumor inhibition. Vitamin D₃ deficiency screening methodology including diagnosis, dietary sources and supplementation regime is assessed in detail. Lastly, the article touches on the potential of adding vitamin D₃ in clinical work. Safety assessments are performed while considering possible side effects in relation to vitamin D₃. This review underscored the critical role of vitamin D₃ in sustaining human life and its significance for population health management.

KEYWORDS: Vitamin D₃, metabolism, biological functions, clinical implications, bone health, calcium homeostasis, immunomodulation

1. INTRODUCTION

Cholecalciferol, or vitamin D₃, is essential for human wellbeing. It has regulatory effects on various physiological mechanisms including skeletal integrity, calcium balance, and immunity as a lipophilic vitamin. Scientific research gave a lot of attention to the role of Vitamin D₃ in the prevention of several chronic sicknesses ⁽¹⁻³⁾.

Environmental factors and genes controlling synthesis, activation, and physiological regulation affect the intricacy of vitamin D₃ metabolism. Knowledge of this makes it possible for us to realize that vitamin d acts more than just maintaining bone and regulating the amount of calcium in the blood ^(4, 5).

In view of this it is crucial to make a correct diagnosis given the fact that nutritional judgements are involved while at the same time administering low-dose regimes as part of supplementation approaches. Such

measures ultimately bring about positive consequences and may be investigated further with regard to policy making^(6, 7).

In summary, this review extends on views of wide knowledge that explain Vitamin-D extensively as it relates with metabolism processes and functional body roles. Moreover, it highlights the role of literature in current clinics and gives some insights that could help in the formulation of appropriate public healthcare policies.

2. Metabolism of Vitamin D₃

Metabolism for vitamin D₃ includes its formation as well as activation and effects on the human body. Vitamin D₃ is acquired either from ingesting substances such as fatty fish, egg yolk, and vitamin-fortified foods or from endogenous synthesis facilitated by UVB light exposure. Vitamin D₃ undergoes a series of metabolic conversions subsequent to the process of assimilation in order for it to achieve biological activity⁽⁸⁾.

The first stage of 25-hydroxyvitamin D₃ production in the hepatosystem results in the formation of a major serum product from the vitamin D₃ molecule. The tertiary hydroxylation occurs in the liver, which yields inactive vitamin D that is then transported to the kidney for secondary hydroxylation resulting in 1,25-dihydroxyvitamin D [1,25(OH)₂ PTH] along with other regulators such as serum concentrations of calcium and phosphorus controls the regulation of this conversion emphasized on the complexity of vitamin D₃ metabolic pathways^(4, 9).

Recent studies in addition show that there are some extra renal cells that possess the specific enzymatic equipment in need for synthesis of the 1,25-dihydroxyvitamin D [1,25 (OH) ₂D] beyond the traditional hep. This finding has widened our understanding about the effect of Vitamin D₃, pointing out that it may have autocrine and paracrine functions in different tissues⁽¹⁰⁾.

Besides these factors like time age, number of moles of melanin, latitude and periodic changes with season have impacts on the potency of cutaneous vitamin D₃ production. Furthermore, there is increased genetic variance particularly the polymorphism linked to vitamin D binding proteins and enzymes that contribute in the synthesis and breakdown of this molecule^(11, 12).

Understanding the metabolic pathways of Vitamin D₃ enables assessment of serum levels of vitamin D and reveals its overall role in health. As indicated by four, there are complex interactions between different elements involved in vitamin D₃ metabolism and they include environmental determinants, genetic variation, and enzyme mechanisms, proving their relevance to human health⁽⁴⁾.

3. Factors Affecting Vitamin D₃ Levels

The various determinants for bodily concentration levels associated with vitamin D₃ include UV irradiation exposure, dietary intake, age, gender, ethnic profile, obesity, and genetics^(13, 14). Sunlight exposure and geographical latitude are essential for skin synthesis of vitamin D₃. People living in higher latitude areas with less sun experience increased risks for vitamin D₃ deficiency in the wintertime. On the contrary, those living close to the equator have higher levels of sunshine and therefore manufacture their own vitamin D₃^(15, 16).

Vitamin D₃ is also consumed as another important factor in determining body volumes. Vitamin D₃ is a natural alimentary source including oily fish, egg yolks, and vitamin enriched dairy commodities. However, a dietary intake-based approach can be insufficient to ensure sufficient vitamin D₃ levels, especially across populations with poor access to such nourishing food products.⁽¹⁷⁾

Vitamin D₃ serum concentrations is influenced by chronological age, biological sex, and ethnic background. Skin based synthesis of vitamin D₃ is reduced with age, while gender related variations in metabolism are

identified. In addition, people with higher amount of melanin owing to dark skin synthesize lesser amounts of vitamin D₃ in the epidermis ⁽¹⁸⁾.

Vitamin D₃ status is also affected by other variables like adiposity and body composition. The adipose tissue can store vitamin D, which can decrease levels of 25(OH)D₃ in people with obesity ⁽¹⁹⁾.

The differences in vitamin D₃ plasma levels amongst different individuals may be attributed to genetic variations involving vitamin D binding protein, as well as various enzymes involved in Vitamin D₃ metabolism. Therefore, polymorphisms in these genetic sequences may contribute to susceptibility to vitamin D deficiency ⁽²⁰⁾.

The ability to predict this phenomenon in people with a high probability of developing vitamin D₃ deficit is very important. Therefore, multifaceted effects on vitamin D₃ status may facilitate development of specific ways of avoiding or curing vitamin D₃ deficiency for healthcare practitioners ⁽⁶⁾.

4. Biological Functions of Vitamin D₃

Vitamin D₃ is not limited to the usual functions of regulating calcium to ensure proper skeletal health but rather displays a comprehensive host of other biologic roles. It serves as a pleiotropic hormone controlling various physiological processes throughout the animal ⁽²¹⁾.

4.1 Importance of skeletal health and calcium equilibrium.

Central to sustaining bone integrity is vitamin D₃ that increases the uptake of calcium in the gut which also helps regulate the calcium and phosphorus blood levels. Bone mineralization and prevention of diseases like rickets in children and osteomalacia in adults are important roles played by calcium ⁽²²⁾.

4.2 Immunology effect of Vitamin D₃

Vitamin D₃ is immunomodulatory, working on both innate and acquired immune reactions. It has a role in controlling the inflammatory processes, affecting the functioning of the immune cells and assists in the body's fight against infections and autoimmunity ⁽²³⁾.

4.3 Correlation with Chronic Ailments

New results indicate that vitamin D₃ may be useful for protection against or as a remedy for different chronic diseases. Studies have researched about its probable links to illnesses such as heart diseases, diabetes, autoimmune diseases, and some types of cancer ⁽²⁴⁾.

Vitamin D₃ plays a vital role in maintaining overall health because it is involved in a complex network of biologic activities. Understanding varied implications of inadequate vitamin D₃ and exploring its efficacy on various maladies relies on grasping these various roles.

5. Vitamin D₃ and Musculoskeletal Health

Therefore, vitamin D₃ plays an important role in musculoskeletal health contributing to bone density, muscle performance, and general soundness of the skeleton. It goes beyond the usual correlation with the skeleton and calcium ^(25, 26).

5.1 The Relationship between BMD and fracture susceptibility.

Maintaining optimum bone mineral density is essential because it is necessary to strengthen both the bones and resistance from breaking off of the bones. Sufficient levels of vitamin D₃ help prevent diseases like osteoporosis and reduce risk for fracture particularly at old age ^(27, 28).

5.2 Muscular Function and Potency

The importance of muscular function and strength in relation to vitamin D₃. It participates in muscle protein synthesis, neuromuscular function, and contractile muscle control. Deficiencies of Vitamin D₃ have been related with soft tissues, poor exercise capacity and higher chances of falls among the elderly ⁽²⁹⁾.

Understanding why vitamin D₃ is important in bone health, risk of fractures and muscle function is crucial for understanding the possible impact that it can have on bone density. Through understanding these connections, healthcare practitioners could form tailored remedies which facilitate musculoskeletal wellbeing and prevent D₃ deficits related complications⁽²⁵⁾.

6. Vitamin D₃ and Cardiovascular Health

Recent research has also pointed out the possibility of some association between Vitamin D₃ and cardiovascular health. In this regard, a study has demonstrated that Vitamin D₃ can assist the body to decrease certain risk factors related to cardio-vascular activities as well as improve the overall functionality⁽³⁰⁾.

6. 1. Hypertension as a risk factor for cardiovascular disease

Several investigations have examined the relationship of vitamin D₃ concentrations and the control of blood pressure, showing reduced levels of this vitamin relate to higher risk of hypertension. Furthermore, low vitamin D₃ levels increases one's vulnerability to cardiovascular complications such as coronary artery disease, failure of heart, stroke among others⁽³¹⁾.

6.2. Vascular Health and Endothelial function.

There is a possibility that vitamin D₃ takes part in the control of vascular function and endothelial viability. Nitric oxide has been associated with regulation of different physiological processes including of endothelial cells' function, vascular tone and arterial stiffness – that is three key indicators of cardiovascular health⁽³²⁾. Probing the role of vitamin D₃ in prevention and therapy of cardiovascular diseases demands understanding possible effects of this nutrition factor on heart health. There is need for additional studies to explain how these correlations are produced, and to ascertain whether raising the Vitamin D₃ levels will be beneficial to the heart⁽³³⁾.

7. Vitamin D₃ and Mental Health

Some researchers also note an association between Vitamin D₃ and mental health, assuming, that the Vitamin may be involved in cognition regulation, mood modification and some psychiatric diseases prophylaxis⁽³⁴⁾.

7.1 Depression and Mood Disorders

Many research works have been carried out that consider the connection between vitamin D₃ levels with depression and other mood disorders. It lowers likelihood of people getting depressed when vitamin D₃ is not in high concentrations, and vitamin D₃ supplement helps in management of depression⁽³⁴⁾.

7.2 Cognitive Function and Neurological Disorders.

Additionally, vitamin D₃ has been linked with cognitive functioning⁽³⁵⁾. and possibly preventing some forms of neurological disorders. There is some evidence which suggests vitamin D₃ sufficiency may correlate with better cognition scores, resistance to dementia, and Alzheimer's diseases.

It is very important to understand how vitamin D₃ may affect mental health as it relates to understanding its role in mood regulation, cognitive function and preventing mental illnesses. Additional studies are indispensable to shed light on the pathways and determine the importance of optimizing vitamin D₃ concentrations for psychiatry.

8. Vitamin D₃ and Cancer Prevention

It is reported as having an association with prevention of cancers due to role of D₃ in regulation of cell replications, immunosystems and inflammations that could develop cancer cells⁽³⁶⁾.

8. 1 implication in cancer initiation and progression

Studies have also tried looking into ways in which vitamin D₃ may affect different kinds of cancer such as breast, prostate, colorectal and skin cancers. There is evidence, however, that vitamin D₃ may be anti-proliferative and anti-inflammatory with consequential inhibition of growth or spread of cancer cells (37).

8.2 Two mechanisms by which anti-cancer agents may act.

This has been linked to the effects that vitamin D₃ may have on cell differentiation, apoptosis, and angiogenesis which are considered as anticancer mechanisms. Furthermore, Vitamin D₃ could be involved in controlling immune and inflammation mediated mechanisms implicated in tumor initiation and progression (38).

9. Diagnosis of Vitamin D₃ Deficiency

Table 1. Diagnosis of Vitamin D₃ Deficiency

Diagnostic Indicator	Vitamin D ₃ Levels
25-hydroxyvitamin D (25(OH)D) Concentrations	Principal circulating form of vitamin D ₃ in the bloodstream
Threshold Values for Deficiency	Below 20 ng/mL (50 nmol/L) is considered insufficiency; 20-30 ng/mL (50-75 nmol/L) may be classified as deficient
Optimal Levels	Generally, above 30 ng/mL (75 nmol/L), although certain guidelines suggest higher benchmarks
Individual Factors to Consider	Age, gender, ethnic background, and underlying health conditions
Seasonal Fluctuations	Levels of 25(OH)D may vary throughout the year due to changes in sunlight exposure
Additional Biochemical Indicators	Parathyroid hormone (PTH) and calcium levels, as vitamin D ₃ insufficiency can affect secondary hyperparathyroidism and calcium equilibrium

This table summarizes review of the diagnosis of Vitamin D₃ deficiency, including the main diagnostic indicator (25(OH)D concentrations), threshold values for deficiency, optimal levels, factors to consider, seasonal fluctuations, and additional biochemical indicators (39-41).

10. Dietary Sources and Supplementation of Vitamin D₃

This table provides an review of nutritional sources, challenges with dietary intake, vitamin D₃ supplementation, considerations for specific populations, and the importance recommendations for vitamin D₃ intake (14) (17) (8).

Table 2. Vitamin D₃ Sources and Supplementation Overview

Aspect	Information
Natural Sources of Vitamin D ₃	- Fatty fish (e.g., salmon, mackerel, sardines) - Egg yolks - Liver - Fortified products (dairy items, orange juice, cereals)
Challenges of Dietary Intake	- Adequate vitamin D ₃ levels may be difficult to achieve solely through diet, especially in regions with restricted sunlight exposure
Vitamin D ₃ Supplementation	- Common approach to rectify deficiency and maintain optimal levels - Typically uses cholecalciferol supplements
Considerations for Supplementation	- Customized supplementation based on individual requirements, deficiencies, and clinical directives - Special attention to vulnerable populations (infants, elderly, expectant/nursing women, individuals with malabsorptive conditions or restricted sunlight exposure)

Personalized Recommendations	- Important to consider individual dietary patterns, sunlight exposure, and genetic influences - Healthcare practitioners should provide tailored recommendations for suitable and effective vitamin D3 supplementation
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11. Clinical Applications of Vitamin D3 Supplementation

Table 3. Clinical Applications of Vitamin D3 Supplementation

Clinical Applications of Vitamin D3 Supplementation	Description
Management of Vitamin D Deficiency	Vitamin D3 supplementation is a fundamental aspect of addressing vitamin D insufficiency, aiming to reinstate and maintain optimal serum concentrations. It helps mitigate musculoskeletal afflictions, immune system dysregulation, and bone health complications (42).
Skeletal Health and Osteoporosis	Vitamin D3 supplementation is commonly employed in orthopedics and endocrinology to promote skeletal well-being, prevent osteoporosis, and reduce the likelihood of fractures. It is often recommended in conjunction with calcium to fortify bone mineral density and minimize skeletal complications (43).
Musculoskeletal Disorders	Vitamin D3 supplementation is utilized in the treatment of various musculoskeletal disorders such as muscle weakness, myopathic conditions, and disorders linked to compromised neuromuscular function. It contributes to optimizing muscular performance and potency, particularly in aging cohorts (44).
Autoimmune Diseases	Research in immunology and rheumatology has explored the potential immunomodulatory impact of vitamin D3 supplementation in autoimmune diseases. Researchers believe that having a good amount of vitamin D3 in one's body can affect immune responses and inflammation processes that could be useful for some autoimmune disorders (45, 46).
Cancer Management	The research is based on recent evidence suggesting that vitamin D3 supplementation could be an option for cancer treatment. The role of this medication in terms of cancer prevention is currently under some clinical trials, as well as its potential adjunctive value for specific cancer treatment regimens (NCI).(47).

This table explains the clinical applications of vitamin D3 supplementation for managing vitamin D deficiency, bone health, prevention of osteoporosis, treatment of musculoskeletal disorders, influencing autoimmune diseases and cancer.

11. Safety and recommendations

Table 4. Safety Considerations, Potential Side Effects, and Recommendations for Vitamin D3 Intake

Consideration	Description
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Hypercalcemia	Excessive vitamin D ₃ supplementation can lead to heightened blood calcium levels, causing symptoms like nausea and weakness. In severe cases, it can result in kidney stones and decreased renal function. (48)
Renal Impairment	Individuals with kidney disease or reduced renal function are at higher risk of hypercalcemia with vitamin D ₃ supplementation. Regular monitoring is essential to minimize negative outcomes. (49, 50)
Drug Interactions	Vitamin D ₃ supplementation may interact with certain drugs, affecting calcium metabolism and increasing the risk of hypercalcemia. (51)
Hypervitaminosis D	Prolonged high vitamin D ₃ intake can cause hypervitaminosis D, characterized by persistently high vitamin D levels and potential poisoning symptoms. (52)
Interindividual Variability	Individual reactions to vitamin D ₃ supplementation vary due to genetic makeup, age, and pre-existing health conditions, necessitating personalized evaluation and monitoring. (53)
Pregnancy and Lactation	Surplus vitamin D ₃ supplementation in pregnant and lactating women may pose potential hazards, requiring interventions guided by tailored clinical directives. (54)
Recommended Daily Allowances (RDAs)	Health authorities designate RDAs or DRIs for vitamin D ₃ tailored to specific age groups to ensure sufficient physiological intake.
Special Population Considerations	Tailored guidelines are delineated for special populations, accommodating their distinctive vitamin D ₃ requisites based on age and health conditions.
Sunlight Exposure	Guidelines encompass directives on safe sun exposure to facilitate intrinsic production of vitamin D ₃ in the skin, accounting for geographical location and skin complexion.
Dietary Sources and Supplementation	Guidelines provide details on dietary origins of vitamin D ₃ and offer counsel on supplementation when necessary, including information on fortified foods and suitable schedules.

This table presents an overview of the safety, side effects, and recommendations for vitamin D₃ intake in an easy way.

14. CONCLUSION

The importance of Vitamin-D₃ in terms of well-being since several aspects of physiological processes are influenced by this element. This product not only had effects on the bones but may have benefits for different organs in the body like the heart, brain and some cancers. Hence, the impacts that vitamin-D₃ has on several aspects of human health can never be overstated.

An adequate level of vitamin D₃ is very important for the detection of vitamin D₃ deficiency, dosage determination, food assessment, application of supplements, and safety concerns. It is possible to verify the success of management programs that are aimed at changing behavior. Personalized intervention strategies encompass aspects of tailored recommendation, clinical applications on deficits, and different health problem management.

Hence future studies will be necessary for an effective clinical medicine implementation of different roles of the Vitamin-D₃. Healthcare providers may use a combination of nutrition, sufficient sun exposure, and/or target-specific methods for raising vitamin D₃ levels.

There is no doubt that looking back to this study which looks into the clinical implications of having high serum/vitamin D₃ will show how effectively we can use this high serum/vitamin D₃ as an intervention method for a few illnesses.

REFERENCES

1. DeLuca HF. The metabolism and functions of vitamin D. *Adv Exp Med Biol.* 1986;196:361-75.
2. Stöcklin E, Eggersdorfer M. Vitamin D, an essential nutrient with versatile functions in nearly all organs. *Int J Vitam Nutr Res.* 2013;83(2):92-100.
3. DeLuca HF. Overview of general physiologic features and functions of vitamin D. *Am J Clin Nutr.* 2004;80(6 Suppl):1689s-96s.
4. Bikle DD. Vitamin D metabolism, mechanism of action, and clinical applications. *Chem Biol.* 2014;21(3):319-29.
5. Laing B, Ferguson L. Genetic variations in Vitamin D metabolism genes and the microbiome, in the presence of adverse environmental changes, increase immune dysregulation. *Austin J Nutr Metab.* 2015;2(4):1026-37.
6. Kennel KA, Drake MT, Hurley DL. Vitamin D deficiency in adults: when to test and how to treat. *Mayo Clin Proc.* 2010;85(8):752-7; quiz 7-8.
7. Pludowski P, Takacs I, Boyanov M, Belaya Z, Diaconu CC, Mokhort T, et al. Clinical Practice in the Prevention, Diagnosis and Treatment of Vitamin D Deficiency: A Central and Eastern European Expert Consensus Statement. *Nutrients.* 2022;14(7).
8. Ross AC, Taylor CL, Yaktine AL, Del Valle HB. Overview of vitamin D. Dietary reference intakes for calcium and vitamin D: National Academies Press (US); 2011.
9. Anderson PH, May BK, Morris HA. Vitamin D metabolism: new concepts and clinical implications. *Clin Biochem Rev.* 2003;24(1):13-26.
10. Ren S, Nguyen L, Wu S, Encinas C, Adams JS, Hewison M. Alternative splicing of vitamin D-24-hydroxylase: a novel mechanism for the regulation of extrarenal 1,25-dihydroxyvitamin D synthesis. *J Biol Chem.* 2005;280(21):20604-11.
11. Matsuoka LY, Wortsman J, Haddad JG, Kolm P, Hollis BW. Racial pigmentation and the cutaneous synthesis of vitamin D. *Arch Dermatol.* 1991;127(4):536-8.
12. Slominski A, Postlethwaite AE. Skin under the sun: when melanin pigment meets vitamin D. *Endocrinology.* 2015;156(1):1-4.
13. Neville JJ, Palmieri T, Young AR. Physical Determinants of Vitamin D Photosynthesis: A Review. *JBMR Plus.* 2021;5(1):e10460.
14. Dominguez LJ, Farruggia M, Veronese N, Barbagallo M. Vitamin D Sources, Metabolism, and Deficiency: Available Compounds and Guidelines for Its Treatment. *Metabolites.* 2021;11(4).
15. Wacker M, Holick MF. Sunlight and Vitamin D: A global perspective for health. *Dermatoendocrinol.* 2013;5(1):51-108.
16. Mohammed ZJ, Sharba MM, Mohammed AA. THE EFFECT OF CIGARETTE SMOKING ON HAEMATOLOGICAL PARAMETERS IN HEALTHY COLLEGE STUDENTS IN THE CAPITAL, BAGHDAD. *European Journal of Molecular & Clinical Medicine*
17. Schmid A, Walther B. Natural vitamin D content in animal products. *Adv Nutr.* 2013;4(4):453-62.

18. MacLaughlin J, Holick MF. Aging decreases the capacity of human skin to produce vitamin D₃. *J Clin Invest*. 1985;76(4):1536-8.
19. Bennour I, Haroun N, Sicard F, Mounien L, Landrier JF. Vitamin D and Obesity/Adiposity-A Brief Overview of Recent Studies. *Nutrients*. 2022;14(10).
20. Enlund-Cerullo M, Koljonen L, Holmlund-Suila E, Hauta-Alus H, Rosendahl J, Valkama S, et al. Genetic Variation of the Vitamin D Binding Protein Affects Vitamin D Status and Response to Supplementation in Infants. *J Clin Endocrinol Metab*. 2019;104(11):5483-98.
21. Khammissa RAG, Fourie J, Motswaledi MH, Ballyram R, Lemmer J, Feller L. The Biological Activities of Vitamin D and Its Receptor in Relation to Calcium and Bone Homeostasis, Cancer, Immune and Cardiovascular Systems, Skin Biology, and Oral Health. *Biomed Res Int*. 2018;2018:9276380.
22. Khazai N, Judd SE, Tangpricha V. Calcium and vitamin D: skeletal and extraskeletal health. *Curr Rheumatol Rep*. 2008;10(2):110-7.
23. Aranow C. Vitamin D and the immune system. *J Investig Med*. 2011;59(6):881-6.
24. Wang H, Chen W, Li D, Yin X, Zhang X, Olsen N, et al. Vitamin D and Chronic Diseases. *Aging Dis*. 2017;8(3):346-53.
25. Laird E, Ward M, McSorley E, Strain JJ, Wallace J. Vitamin D and bone health: potential mechanisms. *Nutrients*. 2010;2(7):693-724.
26. Mendes MM, Botelho PB, Ribeiro H. Vitamin D and musculoskeletal health: outstanding aspects to be considered in the light of current evidence. *Endocrine connections*. 2022;11(10).
27. Reid IR. Vitamin D Effect on Bone Mineral Density and Fractures. *Endocrinol Metab Clin North Am*. 2017;46(4):935-45.
28. Al-Karawi AS, Rasool KH, Atoom AM, Kadhim AS. Correlation between H. pylori infection and serum levels of inflammatory markers: A retrospective study. *Al-Salam Journal for Medical Science*. 2023;2(2):20-4.
29. Rejnmark L. Effects of vitamin d on muscle function and performance: a review of evidence from randomized controlled trials. *Ther Adv Chronic Dis*. 2011;2(1):25-37.
30. de la Guía-Galipienso F, Martínez-Ferran M, Vallecillo N, Lavie CJ, Sanchis-Gomar F, Pareja-Galeano H. Vitamin D and cardiovascular health. *Clin Nutr*. 2021;40(5):2946-57.
31. He S, Hao X. The effect of vitamin D₃ on blood pressure in people with vitamin D deficiency: A system review and meta-analysis. *Medicine (Baltimore)*. 2019;98(19):e15284.
32. Kim DH, Meza CA, Clarke H, Kim JS, Hickner RC. Vitamin D and Endothelial Function. *Nutrients*. 2020;12(2).
33. Legartha C, Grimm D, Krüger M, Infanger M, Wehland M. Potential Beneficial Effects of Vitamin D in Coronary Artery Disease. *Nutrients*. 2019;12(1).
34. Menon V, Kar SK, Suthar N, Nebhinani N. Vitamin D and Depression: A Critical Appraisal of the Evidence and Future Directions. *Indian J Psychol Med*. 2020;42(1):11-21.
35. Sultan S, Taimuri U, Basnan SA, Ai-Orabi WK, Awadallah A, Almowald F, et al. Low Vitamin D and Its Association with Cognitive Impairment and Dementia. *J Aging Res*. 2020;2020:6097820.
36. Jeon SM, Shin EA. Exploring vitamin D metabolism and function in cancer. *Exp Mol Med*. 2018;50(4):1-14.
37. Jacobs ET, Kohler LN, Kunihiro AG, Jurutka PW. Vitamin D and Colorectal, Breast, and Prostate Cancers: A Review of the Epidemiological Evidence. *J Cancer*. 2016;7(3):232-40.
38. El-Sharkawy A, Malki A. Vitamin D Signaling in Inflammation and Cancer: Molecular Mechanisms and Therapeutic Implications. *Molecules*. 2020;25(14).
39. Hollis BW, Wagner CL, Drezner MK, Binkley NC. Circulating vitamin D₃ and 25-hydroxyvitamin D in humans: An important tool to define adequate nutritional vitamin D status. *J Steroid Biochem Mol Biol*. 2007;103(3-5):631-4.

40. Spiro A, Buttriss JL. Vitamin D: An overview of vitamin D status and intake in Europe. *Nutr Bull.* 2014;39(4):322-50.
41. Fahrleitner A, Dobnig H, Obernosterer A, Pilger E, Leb G, Weber K, et al. Vitamin D deficiency and secondary hyperparathyroidism are common complications in patients with peripheral arterial disease. *J Gen Intern Med.* 2002;17(9):663-9.
42. Bordelon P, Ghetu MV, Langan RC. Recognition and management of vitamin D deficiency. *Am Fam Physician.* 2009;80(8):841-6.
43. Lips P, van Schoor NM. The effect of vitamin D on bone and osteoporosis. *Best Pract Res Clin Endocrinol Metab.* 2011;25(4):585-91.
44. Wintermeyer E, Ihle C, Ehnert S, Stöckle U, Ochs G, de Zwart P, et al. Crucial Role of Vitamin D in the Musculoskeletal System. *Nutrients.* 2016;8(6).
45. Yamamoto E, Jørgensen TN. Immunological effects of vitamin D and their relations to autoimmunity. *J Autoimmun.* 2019;100:7-16.
46. Al-Karawi AS, Alawssi YF, Khadhum MK. Immunological Insights into Rheumatoid Arthritis: A Comprehensive Review of Diagnosis and Assessment Approaches. *African Journal of Advanced Pure and Applied Sciences (AJAPAS).* 2023;151-9.
47. Young MRI, Xiong Y. Influence of vitamin D on cancer risk and treatment: Why the variability? *Trends Cancer Res.* 2018;13:43-53.
48. Tebben PJ, Singh RJ, Kumar R. Vitamin D-mediated hypercalcemia: mechanisms, diagnosis, and treatment. *Endocrine reviews.* 2016;37(5):521-47.
49. Vahdat S. Vitamin D and Kidney Diseases: A Narrative Review. *Int J Prev Med.* 2020;11:195.
50. Abdullah Salim A-K, Maha Khalid K, Yamama Farouk A. Immunological Approaches for Diagnosis and Treatment of Kidney Failure: A Systematic Review. *International Journal of Pharmaceutical and Bio Medical Science.* 2023;3(07):369-75.
51. Robien K, Oppeneer SJ, Kelly JA, Hamilton-Reeves JM. Drug–vitamin D interactions: a systematic review of the literature. *Nutrition in Clinical Practice.* 2013;28(2):194-208.
52. Asif A, Farooq N. Vitamin D toxicity. *StatPearls [Internet]: StatPearls Publishing;* 2023.
53. Slow S, Pearson JP, Florkowski CM, Elder PA, Lewis JG, Kennedy MA, et al. Effect of genetic factors on the response to vitamin D(3) supplementation in the VIDARIS randomized controlled trial. *Nutrition.* 2020;75-76:110761.
54. Thiele DK, Ralph J, El-Masri M, Anderson CM. Vitamin D₃ Supplementation During Pregnancy and Lactation Improves Vitamin D Status of the Mother-Infant Dyad. *J Obstet Gynecol Neonatal Nurs.* 2017;46(1):135-47.