

Ultra B12-Folate



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Vitamin B12 (cobalamin) works with folic acid in many body processes including the synthesis of DNA, red blood cells, and the maintenance of the myelin sheath that surrounds nerve cells. A B12 deficiency results in pernicious anemia, impaired nerve function, and impaired mental function.

Folic acid is one of the most essential nutrients for all normal cell growth and replication. Folic acid has major role in DNA synthesis and without it cells do not divide properly. The benefit of folic acid (along with B12) supplementation is a result of reducing body concentrations of homocysteine. Homocysteine has a hand in a variety conditions, including atherosclerosis, multiple sclerosis, osteoporosis, and mental decline to name a few. Folic acid deficiency is linked to depression, atherosclerosis, and birth defects. Folic acid supplementation should always include B12 because folic acid can hide an underlying B12 deficiency, which can result in permanent nerve damage.

Multiple Sclerosis is an autoimmune demyelization disease. Myelin, the protective sheath around nerves, is destroyed and a common cause is a higher than average homocysteine level. Elevated homocysteine, as a result of folic acid and B12 deficiency, is toxic to the nervous system and has been linked to depression, schizophrenia, multiple sclerosis, Parkinson's disease, Alzheimer's disease and cognitive decline in the elderly. People with multiple sclerosis don't metabolize B12 properly¹, which leaves them more vulnerable to nerve damage. Several studies have shown that vitamin B12 levels in serum, red blood cells, and CNS are low in multiple sclerosis.

Hepatitis

A cobalamin deficiency impairs the immune system's ability to fight off germs and viruses. Viral hepatitis has been treated for years with vitamin B12 as it aids the immune system in decreasing viral damage.

Neuropathies/Bell's Palsy

Nerve damage created by diabetes or elevated homocysteine benefits from vitamin B12 and folate supplementation. Aggressive cobalamin therapy eases pain from nerve damage of diabetic neuropathy.² An insufficient intake of folic acid can result in numbing, tingling pain in the legs and arms.

Elevated Homocysteine

Hyperhomocysteinemia is due to enzyme dysfunction, lifestyle or nutritional deficiencies. A genetic disorder causing elevated homocysteine affects only 1:200,000 births. Homocysteine is an intermediate product of methionine metabolism. If this pathway for methionine metabolism is compromised by nutrient deficiencies (vitamin B12, folic acid) homocysteine levels rise and have been implicated in cardiovascular disease, neural tube defects, spontaneous abortion, renal failure, non-insulin dependent diabetes, rheumatoid arthritis, osteoporosis, and neuropsychiatric disorders. Here is the pathway of homocysteine methylation to produce methionine: Homocysteine → Coenzyme B12 → Methionine

Depression

Vitamin B12 and folic acid deficiency can cause depression which is most prevalent in the elderly.³ Vitamin B12 declines with age and deficiency is found in 3 to 42 percent in those 65 and over. However, anyone suffering from vitamin B12 deficiency can have symptoms of depression. Correcting an underlying vitamin B12 deficiency can result in improvement mood.

Conditions for B12-Folate

- AIDS
- Asthma
- Bell's Palsy
- Depression
- Diabetic neuropathy
- Hepatitis
- HIV
- Homocysteinemia
- Impaired mental function
- Mercury toxicity
- Sulfite sensitivity
- Low sperm counts
- Multiple Sclerosis
- Tinnitus

HIV/AIDS

Below normal B12 levels are common in HIV disease and continue fall in most in patients. B12 may help to predict those patients whose disease will progress most rapidly.⁴ Vitamin B12 deficiency is seen in ten to thirty-five percent of all HIV-positive patients, as a result of decreased intake, reduced absorption, or antagonism by the drug AZT.⁵

One of a Kind

Ultra B12 Folate was created by Designs for Health as the only supplement that contains Vitamin B12 in both of its coenzyme forms. These coenzyme forms offer unique nutritional support for MS, hepatitis, neuropathies, and Bell's Palsy.

Suggested Dose: 1-6 capsules per day with meals as recommended by a health practitioner

Each Capsule Contains:

Adenosylcobalamin	1,000 mcg
Methylcobalamin	1,000 mcg
Folic Acid	400 mcg



Common Questions about Ultra B12-Folate

Q: I heard B12 is helpful in mercury toxicity cases. Is this true?

A: Absolutely. Here's why. Mercury depletes Vitamin B 12. Many mercury toxicity symptoms are also B12 deficiency symptoms such as: numbness and tingling in the arms and legs, burning and/or red tongue, depression, fatigue, weakness, impaired mental function, and diarrhea. Pernicious anemia is the classic symptom of B12 deficiency which can be seen in chronic mercury overload. B12 is effective for getting rid of a mercury detox rash that is usually purple in color.

Q: Should I consider giving Ultra B12-Folate to my elderly patients?

A: Yes. Several investigators have found the level of vitamin B12 declines with age and that vitamin B12 deficiency is found in 3 to 42 percent of persons aged 65 and over. If this is left untreated it can cause impaired neurological and cognitive function.

Q: I have always believed that B12 needs to be given orally or by IV. Why is Ultra B12-Folate in capsule form?

A: B12 deficiency often occurs due to a lack of intrinsic factor in the gut. This is a common cause of B12 deficiency in the elderly. However, oral administration of an appropriate dosage of B12, even in the absence of intrinsic factor, results in effective elevations of B12 in the blood. An editorial entitled "Oral Cobalamin for Pernicious Anemia, Medicine's Best Kept Secret," appeared in the Jan. 2, 1991, edition of JAMA. This states that oral therapy produces reliable and effective treatment, even in severe cases of pernicious anemia.⁶ A Swedish study on 64 patients with pernicious anemia and other B12 deficiency symptoms were treated with 1000 mcgs. of oral B12 daily. In all patients studied over a 3 year period, the researchers observed complete normalization of serum levels and liver stores for Vitamin B12 as well as full clinical remission.^{7,8}

Q: What doses are best to use for the mentioned conditions?

A: The recommended dosage for oral B12 is 2,000 mcg daily for a minimum of 1 month. This would be just one capsule of Ultra B12-Folate daily.

References

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