

[54] METHOD FOR TREATMENT AND PREVENTION OF DEFICIENCIES OF VITAMINS B₁₂, FOLIC ACID, AND B₆

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[*] Notice: The portion of the term of this patent subsequent to Dec. 20, 2011, has been disclaimed.

[21] Appl. No.: 999,499

[22] Filed: Dec. 29, 1992

Related U.S. Application Data

[63] Continuation-in-part of Ser. No. 727,628, Jul. 10, 1991, Pat. No. 5,374,560, which is a continuation-in-part of Ser. No. 333,124, Apr. 3, 1989, abandoned, and Ser. No. 345,885, May 1, 1989, abandoned, which is a continuation-in-part of Ser. No. 933,553, Nov. 20, 1986, Pat. No. 4,940,658.

[51] Int. Cl. A61K 31/70; A61K 31/495; A61K 31/44

[52] U.S. Cl. 514/52; 514/249; 514/345

[58] Field of Search 514/52, 249, 345, 514/814

[56] References Cited

U.S. PATENT DOCUMENTS

Table with 3 columns: Patent No., Date, Inventor, and Page No. (e.g., 4,940,658 7/1990 Allen et al. 435/4)

OTHER PUBLICATIONS

Gilman et al. "The Pharmacological Basis of Therapeutics", Published 1980 By MacMillan (pp. 1333-1340). Barnes, American Journ. of Clin. Nutr. (20) 1967 pp. 573-577.

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[57] ABSTRACT

A method for orally administering vitamin preparations is described which combine vitamin B12 (B12, cobalamin) and folic acid (folate), with and without pyridoxine (B6), for preventing and treating elevated serum homocysteine (HC), cystathionine (CT), methylmalonic acid (MMA), or 2-methylcitric acid (2-MCA) levels. These metabolites have been shown to be indicative of B12 and/or folic acid deficiencies. Further, it is likely that a B6 deficiency may be present with a B12 or folate deficiency. The method of the invention is also for use in lowering serum HC, CT, MMA, or 2-MCA in patients with or at risk for neuropsychiatric, vascular, renal or hematologic diseases. One embodiment of the invention is the use of a non-prescription formulation containing 2.0 mg B12 and 0.4 mg folic acid, with and without 25 mg B6. Another embodiment uses a prescription strength formulation containing 2.0 mg B12 and 1.0 mg folic acid, with and without 25 mg B6. The method of the present invention eliminate the costly and time consuming steps of distinguishing between vitamin deficiencies once a deficiency is found by measurement of serum metabolite levels. The present invention is of particular benefit to the populations at risk for elevated serum metabolite levels, such as the people over the age of 65, and populations that have or are at risk for neuropsychiatric, vascular, renal and hematologic diseases.

10 Claims, 11 Drawing Sheets

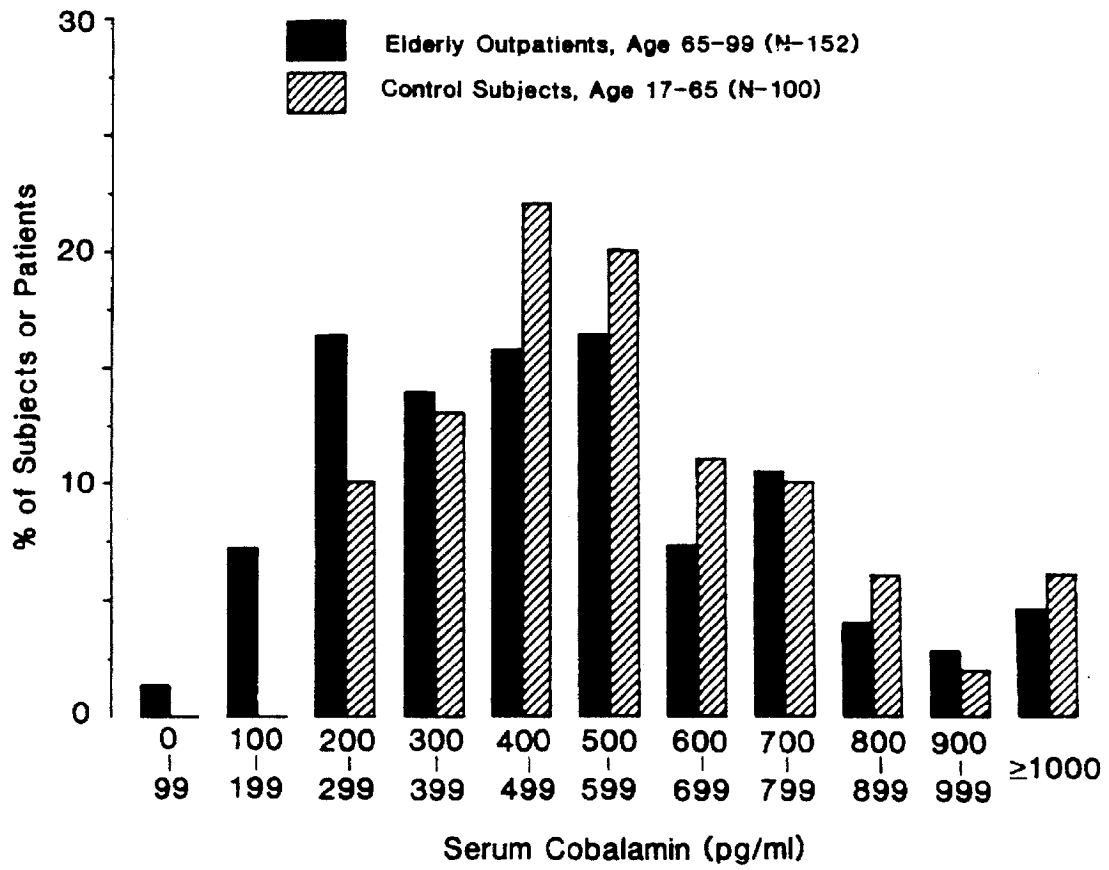


FIG. 1

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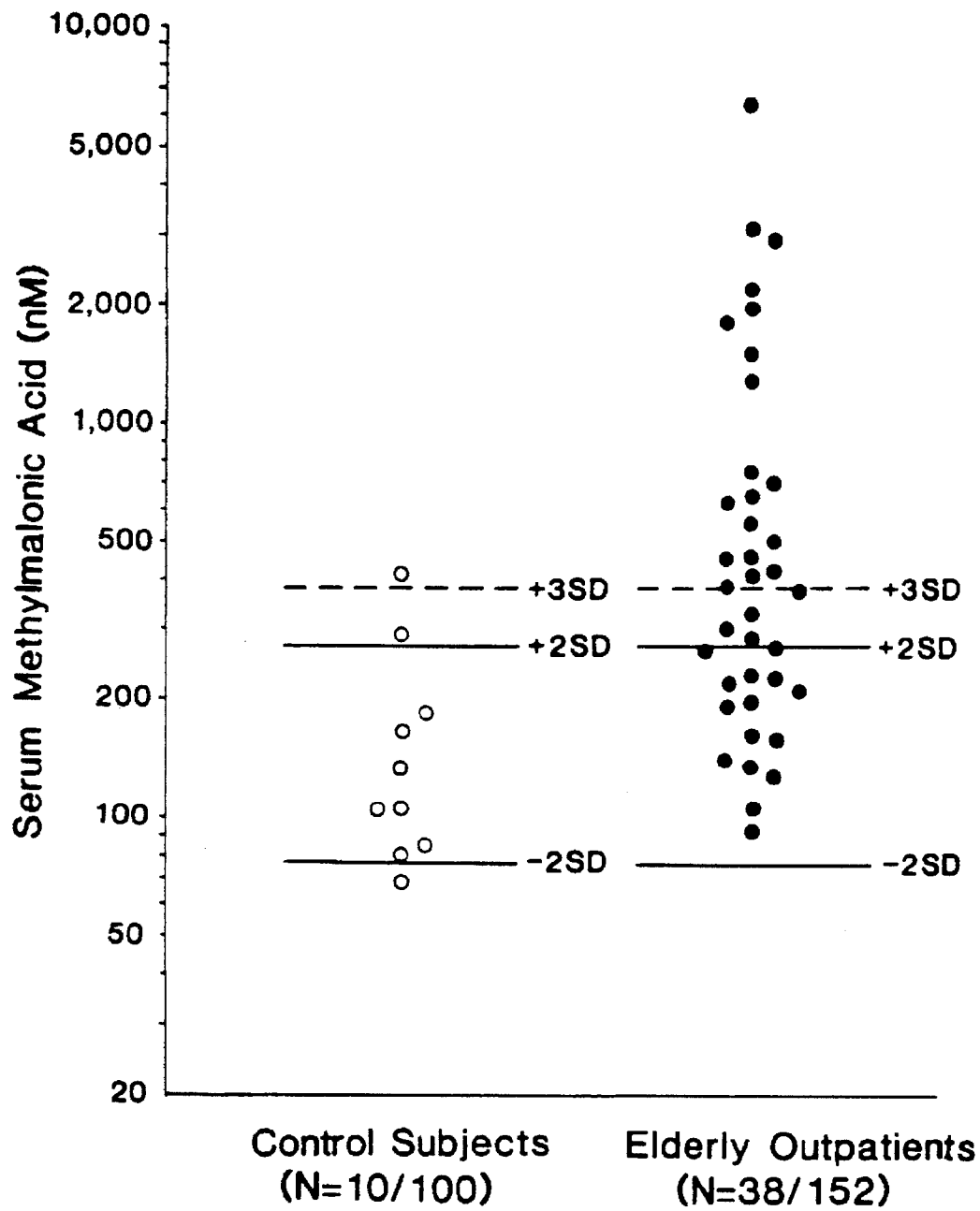


FIG. 2

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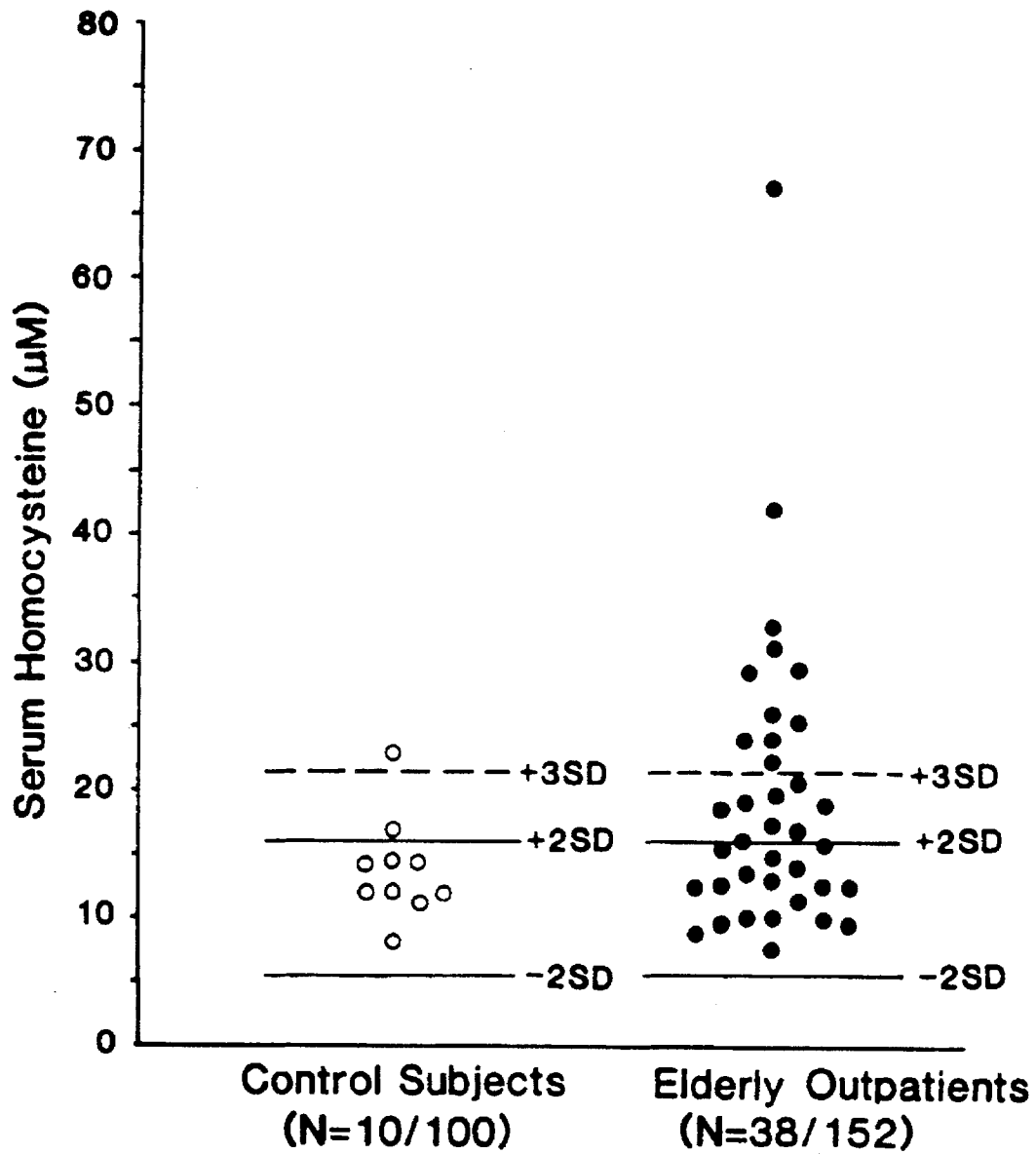


FIG. 3

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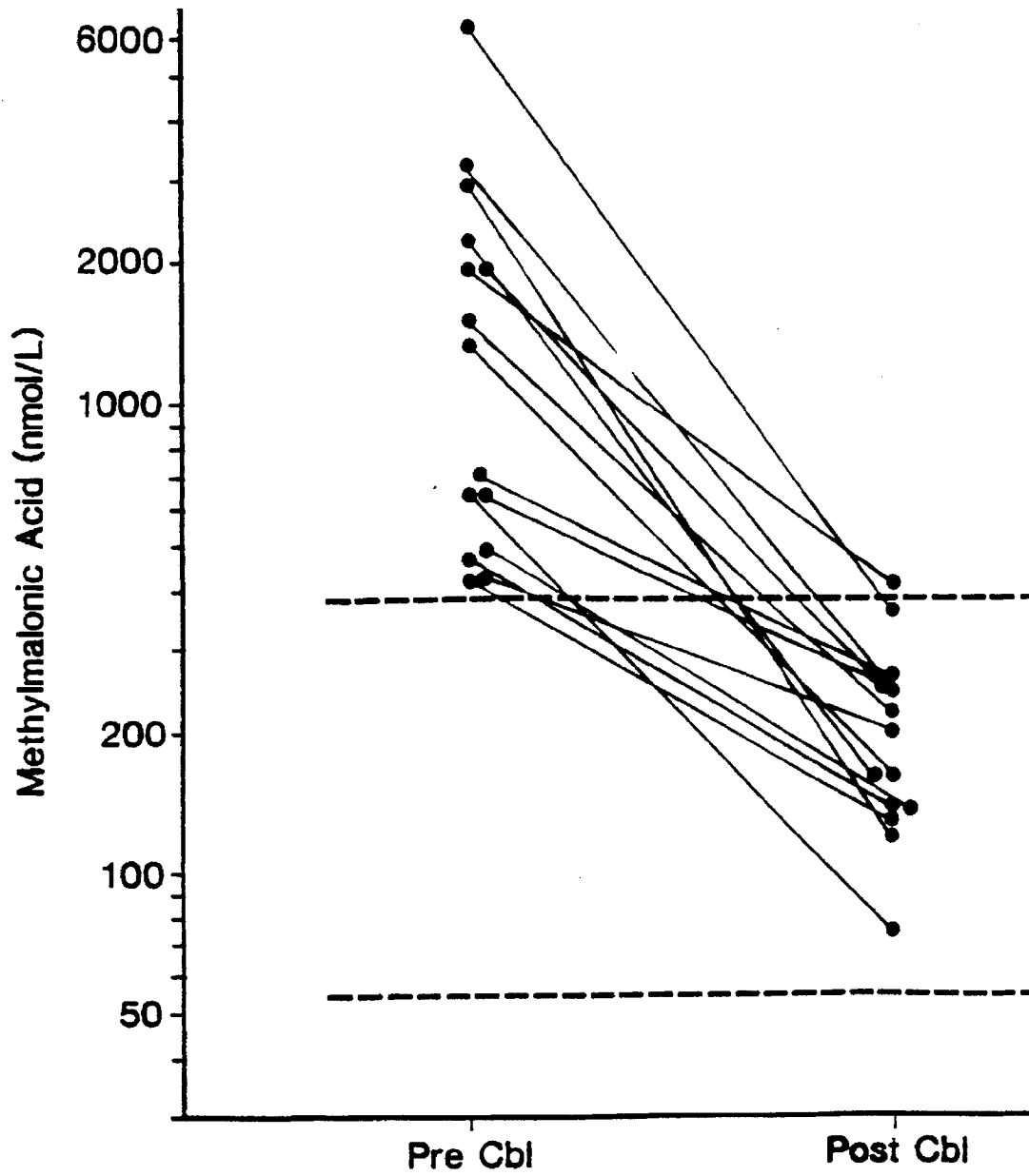


FIG. 4

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