

# **BRINGING HOMOCYSTEINE TO LESS THAN 7.0**

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# HOMOCYSTEINE

- Indicator of inflammation AND loss of synapse support
- **Optimal Level: <7.0 umol/L**
- Essential Action(s):
  - Bring **vitamin B12 (cobalamin)** to at least 500pg/ml, but, ideally, to 1500 pg/ml – use methyl-cobalamin (B12) to do it.
  - Bring **vitamin B9 (folate)** to at least 10 ng/ml, but, ideally, to 25 pg/ml – use methyl-folate to do it.
  - Bring **vitamin B6 (pyridoxine)** to at least 60 mcg/L, but, ideally, to 100 mcg/L – use pyridoxal-5-phosphate (P5P) to do it.

# HOMOCYSTEINE

- **Supplementation:**
  - **Pyridoxal-5-phosphate (P5P) form of B6: 20 – 50 mg/day**
  - **Methylcobalamin (methyl-B12): 1000 mcg/day – chew it**
  - **Adenosylcobalamin: 1000 mcg/day**
  - **Methyl-folate form of folate: start with 0.4 to 0.8 mg/day (and as high as 5 mg/day)**
  - **Recheck homocysteine (Hcy) in 3 months – if still > 6.0, add 500 mg of glycine betaine (trimethyl glycine) in capsule form**
  - **Recheck Hcy in 3 months – if still > 6.0, reduce methionine in the diet, namely, leave off nuts, beef, lamb, cheese, turkey, pork, fish, shellfish, soy, eggs, and dairy (including sheep's and goat's milk)**

If homocysteine  
is >7, start taking  
this supplement:



If after three months,  
homocysteine is not  
<7, switch to this  
supplement:



If after three months,  
homocysteine is not  
<7, TWO types of  
vitamin B12 could be  
taken:

