

# Case Histories

## Case History – Remarkable effects of Vitamin B12 on Itching and Allergies

<b>Gender, Age, Occupation, Nationality, height and weight.</b>	<p>Ms B.M. is a 49 yr old single lady living in London, with a busy work and social life. She is 5ft 8 tall and weighs 10 stone 7 lbs (172 cm, 65.3 kg).</p>
<b>Presenting complaint – list and duration</b>	<p>Ms. B.M. has long been careful about her diet and lifestyle in order to be in the best of health. She keeps herself fit and rarely over-does things so that she can feel as well as possible. She maintains a gluten free diet to avoid gastrointestinal upsets and eats a wholesome diet without this discipline she feels unwell. She has a busy work life and social life and is almost always going out (and is forever watchful of what she eats when out).</p> <p>However, when she came to visit me in January 2010 she presented with never-previously-experienced symptoms of extreme itchiness on her forearms and allergies to make-up, pollens, soaps and fruit too. She was getting puffy lips and eyes and her face became swollen if she consumed fruits (of various kinds), and generally felt worse for wear. At night the itching of her forearms kept her awake, and she was sliding into fatigue for the first time in decades.</p> <p>There was nothing else new in her life with which to associate the onset of her symptoms.</p> <p>B.M.'s goals were to be free of the itching and to resolve the new allergies / intolerances.</p>
<b>Any Investigations</b>	<p>A detailed case history was taken, as usual, but no formal tests of any kinds were undertaken, although we did discuss the potential benefit of various allergy profile blood tests. B.M. felt that the cause of her symptoms was a new food intolerance.</p>
<b>Strategy</b>	<p>The first approach was to avoid those fruits that contribute to Oral Allergy Syndrome (OAS), combined with her existing gluten, alcohol and refined food free diet, and to avoid direct contact of soap on her forearms and to avoid make-up for a trial period.</p> <p>The second approach was to provide natural anti-histamine supplements including quercetin in addition to the above controlled diet and environment.</p> <p>The third approach was to support B.M.'s liver with a wide range of remedial supplements, given that itching and allergy / intolerance could be linked back to imbalanced liver detox.</p> <p>Each of these clinical experiments was for one month each. We were now 3 months into various different nutrition programmes.</p> <p>Since none of these approaches made any difference whatsoever, a fourth approach was required, which reflected the perseverance of B.M. This involved a brain-storming appointment with a complete review of her health history (for the 2<sup>nd</sup> time) with a a</p>

	<p>completely different approach being required. Ultimately, it was B.M.'s history of vegetarianism (for 10 yrs from aged 30 to 40) combined with her gluten sensitivity (for the previous 15 yrs) that led me to consider potential malabsorption and the need for vitamin B12. When we both checked for the classic signs of symptoms of B12 deficiency we could not find, at first, any reference to her specific symptoms. However, on more rarified internet sites we did find that in some few people, itching and increased allergies were positively correlated with a lack of vitamin B12 and responded to supplemented B12.</p> <p>Blood tests for B12 are very poor, and the most useful test is a urinary methyl malonic acid test, but these were NOT undertaken in this instance.</p>
<p><b>Diet &amp; Supplements: name and dose</b></p>	<p>B.M. stopped any existing supplement being taken (and she has taken a multitude of supplements over the years – which is another reason why the lack of B12 had not been considered before) and just took the one supplement, detailed below, in order to determine if this one variable could make a difference. This active B12 provides a useful dose of the vitamin, more than is found in any multi vit &amp; min.</p> <p>Body Bio – <b>Methylcobalamin 5 mg</b> – 1 at breakfast &amp; dinner</p> <p>(containing 5 mg of Vitamin B12 in oral absorption form)</p> <ul style="list-style-type: none"> <li>• Methylcobalamin is the active form of vitamin B12, which normally appears as hydroxycobalamin in supplements.</li> </ul>
<p><b>Duration</b></p>	<p>B.M. took the B12 and was vigilant with her diet and exposure to potential trigger foods. She reported back each week.</p>
<p><b>Outcome</b></p>	<p>By the end of the 7<sup>th</sup> day, B.M. reported that her itching was 90% diminished, her allergies had gone and her face was considerably less swollen than it had been.</p> <p>Her energy improved and she told me that she really felt quite different, and that everything seemed easier now. Only with hindsight could she confirm that everything in life had become more difficult to do and she had been driving herself rather than letting things flow as she had done in the past.</p> <p>By the end of the 2<sup>nd</sup> week, B.M. came back to see me to show me the difference and it was notable that she looked very different (almost as if she had had a face-lift, we agreed) and her forearms were no longer red with raised spots.</p> <p>She told me she could tolerate fruit again, not that she was eating much of it, and a small amount of make-up was also tolerated.</p> <p>We rechecked that there had been no other variables in her life, and concluded that the vitamin B12 was the only difference in strategy and one that produced a marked response.</p>
<p><b>Comments</b></p>	<p>B.M.'s case is the first of its kind that I have encountered. Whilst the symptoms and signs of a lack of B12 are very commonly overlooked, and a lack of B12 can be an insidious process which is often missed. This case represents a novel function of therapeutic B12. It has also highlighted all of the details surrounding a lack of B12 which may be much more widespread in the population than one might initially think.</p>

Restoring levels of B12 can also typically take some time, and whilst we do not know about the intricate status of B.M.'s B12 levels her symptoms responded rapidly.

Without the perseverance of B.M. in pursuing better health and a willingness to undertake months of experimentation we would not be in the position we are now in.

The mechanisms of how active B12 achieved these results must be within the confines of the known functions of vitamin B12 in the body – especially methylation. I did not measure B.M.'s homocysteine nor her MMA (urinary methylmalonic acid) prior to the introduction of the B12 to establish a gauge of her B12 status, so this case history only serves as just that, an anecdotal case history.

As for the possible reasons, B.M.'s vegetarian years then combined with her gluten sensitivity are probable factors that caused the need for B12, through a lack in the diet followed by malabsorption. Despite consuming animal products for some years now, it may have become all the more difficult for her to absorb B12 due to the gluten intolerance and its impact on her microvilli. Vitamin B12 remains the most difficult and complex to absorb of all nutrients. However, we have explanation as to why the symptoms appeared in January 2010.

It is hoped that this example, will keep us all in mind of the potential need for vitamin B12, particularly the active form in our patients, and particularly those with peculiar signs and symptoms that do not appear to make sense. In this case, there was no need for intra-muscular administration.

## Practitioner

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