Name(s): Pyridoxine.

Description: Vitamin B6 is a water-soluble vitamin that is sensitive to light and alkali. This vitamin plays a major role in the biological pathway called glycolysis. Pyridoxine is essential for RNA and DNA synthesis and is responsible for proper functioning of over 60 enzymes. The production of red blood cells and immune system cells is dependent upon this vitamin. The regulation of fluids by sodium and potassium is maintained by vitamin B6. This vitamin also acts like a coenzyme in the utilisation and breakdown of fats, carbohydrates and proteins.¹

Absorption/Storage: Pyridoxine is absorbed through the intestine and is exclusively found in the muscles. Since it is water-soluble it is excreted through the urine. Due to this, vitamin B6 must be replenished every 5-6 hours.¹

Recommended Dietary Allowance/Dietary Reference Intake: ²

Persons	U.S. (mg)
Birth to 3 years of age	0.1-0.5
4 to 8 years of age	0.6
9 to 13 years of age	1.0
Adolescent and adult males	1.3-1.7
Adolescent and adult females	1.2-1.5
Pregnant females	1.9
Breast-feeding females	2.0

Optimum Daily Allowance (Adult): 50-100 mg.³

Tolerable Upper Intake Levels: ²

Persons	U.S. (mg)
Birth to 3 years of age	ND-30
4 to 8 years of age	40
9 to 13 years of age	60
Adolescent and adult males	80-100
Adolescent and adult females	80-100
Pregnant females	80-100
Breast-feeding females	80-100

Principal Uses: Asthma,⁴⁻⁷ autism,⁸⁻¹³ carpal tunnel syndrome, ¹⁴⁻¹⁷ Chinese restaurant syndrome (high MSG intake), ¹⁸⁻²⁰ depression (especially in women on birth control pills and premarin), ²¹⁻²⁵ diabetes and gestational

(caused by pregnancy) diabetes, ²⁶⁻³¹ heart disease, high homocysteine and athrosclerosis (supplement with folic acid and vitamin B12), ³²⁻³⁹ kidney stone prevention (supplement with magnesium), ⁴⁰⁻⁴⁵ nausea of morning sickness, ⁴⁶⁻⁴⁸ and premenstrual syndrome. ⁴⁹⁻⁵⁴

Proposed Uses: Age-related cognitive decline, canker sores, depression (associated with premenstrual syndrome), low back pain (in combination with vitamin B1 and vitamin B12), schizophrenia and vertigo.⁵⁵

Traditional Uses: Acne, alcohol withdrawal support, Alzheimer's disease (in combination with iron and coenzyme Q10), amenorrhoea, attention deficit disorder, celiac disease, eating disorders (for bulimia), epilepsy, fibrocystic breast disease, heart attack, HIV support, hypoglycaemia, Osgood-Schlatter disease (in combination with manganese and zinc), osteoporosis (to lower homocysteine) Parkinson's disease (with Sinemet® or Eldepryl®), photosensitivity, pre- and post-surgery health, preeclampsia, cradle cap/seborrhoeic dermatitis, sickle cell anaemia, stroke and tardive dyskinesia. 55

Healthy Sources:

High (40%+ US RDA): Brewer's yeast, dry soybeans, sunflower seeds, torula yeast and toasted wheat germ.²⁹

Medium (25-39% US RDA): bananas, dry blackeye peas, brown rice, buckwheat flour, dry garbanzo beans, hazelnuts, dry lentils, dry lima beans, dry navy beans, dry pinto beans soybean flour and walnuts.²⁹

Contraindications: If you are taking this dietary supplement without a prescription, carefully read and follow any precautions on the label. For pyridoxine, the following should be considered:

Allergies--Tell your health care professional if you have ever had any unusual or allergic reaction to pyridoxine. Also tell your health care professional if you are allergic to any other substances, such as foods, preservatives, or dyes.

Pregnancy--It is especially important that you are receiving enough vitamins when you become pregnant and that you continue to receive the right amount of vitamins throughout your pregnancy. The healthy growth and development of the foetus depend on a steady supply of nutrients from the mother. However, excessive doses of pyridoxine taken

Updated: April 2002. Page 1 of 5

during pregnancy may cause the infant to become dependent on pyridoxine.

Breast-feeding--It is especially important that you receive the right amounts of vitamins so that your baby will also get the vitamins needed to grow properly. You should also check with your health care professional if you are giving your baby an unfortified formula. In that case, the baby must get the vitamins needed some other way. However, taking large amounts of a dietary supplement while breastfeeding may be harmful to the mother and/or baby and should be avoided.

Children--Problems in children have not been reported with intake of normal daily-recommended amounts.

Older adults--Problems in older adults have not been reported with intake of normal daily-recommended amounts

Medicines or other dietary supplements--Although certain medicines or dietary supplements should not be used together at all, in other cases they may be used together even if an interaction might occur. In these cases, your health care professional may want to change the dose, or other precautions may be necessary.⁵⁶

Interactions:

Decreases Vitamin Availability:	Carbidopa, erythromycin, gentamicin, hydralazine, neomycin, phenelzine, and sulfonamides, ⁵⁵ anticonvulsants, corticosteroids, cycloserine, isoniazid, levodopa, oestrogens, oral contraceptives, penicillamine, tetracyclines, ^{55,57} alcohol, cancer drugs, charcoal, individually supplemented B vitamins, fibre supplements, hydralizine, procarbazine, progesterone, theophylline, thiosemicarbizide and tuberculosis drugs. ⁵⁷
Increases Vitamin Availability:	Potassium, vitamins B complex and C, ³ magnesium and selenium. ⁵⁷
Is Decreased By Vitamin Availability:	Levodopa, phenobarbital, side effects of fenofibrate, fluorouracil, mixed amphetamines, risperidone, ⁵⁵ and side effects of disulfiram. ⁵⁷

Is Increased By Vitamin Availability:	Hydroxychloroquine, tricyclic antidepressants, ⁵⁵ calcium, copper, iron, magnesium, selenium and vitamin C. ⁵⁷
Adverse Reactions:	Phenytoin. ⁵⁷

Deficiency: People may become sensitive to insulin when deficient in vitamin B6, causing a decrease in the blood sugar tolerance. Hair loss, slow learning, neuritis, arthritis, and an increase in urination are all problems caused by the deficiency of pyridoxine. Vitamin B6 deficiency can cause impaired immunity, skin lesions, and mental confusion. 55

Toxicity/Side Effects: Along with its needed effects, a dietary supplement may cause some unwanted effects. Although pyridoxine does not usually cause any side effects at usual doses, check with your health care professional as soon as possible if you notice either of the following side effects:

With large doses (chronic use of >50mg/day)

• Clumsiness; numbness of hands or feet

Also check with your health care professional if you notice any other unusual effects while you are taking pyridoxine.⁵⁶

When pyridoxine is discontinued, symptoms will lessen. It may take 6 months for sensation to normalise. Drug dependence has been noted in adults withdrawn from 200 mg/day.⁵⁸

Treatment for Overdose: None. 59

Storage: To store this dietary supplement:

- Keep out of the reach of children.
- Store away from heat and direct light.
- Do not store the capsule or tablet form of this medicine in the bathroom, near the kitchen sink, or in other damp places. Heat or moisture may cause the dietary supplement to break down.
- Do not keep outdated dietary supplements or those no longer needed. Be sure that any discarded medicine is out of the reach of children.⁵⁶

References:

1. Dr. Morrow's Library of Vitamins, Minerals, Amino Acids, and Herbs: Vitamin B6. [Online] http://www.nutritiondynamics.com/cgi-

Updated: April 2002. Page 2 of 5

- bin/process.asp?product=Vitamin+B6
- National Academy of Sciences Food and Nutrition Board. (2000). Dietary reference intakes: Applications in dietary assessment. Washington, DC: National Academy Press.
- 3. Balch, P.A. & Balch, J.F. (2000). Prescription for nutritional healing (third edition). Garden City Park: Avery Publishing.
- 4. Collip, P.J., Goldzier III, S., Weiss, N., et al. (1975). Pyridoxine treatment of childhood asthma. Annals of Allergy, 35: 93-97.
- Reynolds, R.D. & Natta, C.L. (1985). Depressed plasma pyridoxal-5-phosphate concentrations in adult asthmatics. American Journal of Clinical Nutrition, 41: 684-688.
- 6. Shimizu, T., et al. (1994). Theophylline attenuates circulating vitamin B6 levels in children with asthma. Pharmacology, 49: 392-397.
- 7. Bartel, P.R. et al. (1994). Vitamin B6 supplementation and theophylline-related effects in humans. American Journal of Clinical Nutrition, 60: 93-99.
- 8. Lelord, G., Callaway, E. & Muh, J. (1982). Clinical and biological effects of high doses of vitamin B6 and magnesium on autistic children. Acta Vitaminol Enzymol, 4: 27-44.
- 9. Barthelemy, C. et al. (1981). Behavioural and biochemical effects of oral magnesium, vitamin B6 and magnesium, vitamin b6 administration in autistic children. Magnesium Bulletin, 3: 23-24.
- 10. Martineau, J. et al. (1985). Vitamin B6, magnesium and combined B6-magnesium: Therapeutic effects in childhood autism. Biological Psychiatry, 20: 467-468.
- 11. Lelord, G., Muh, J.P., Barthelemy, C. et al. (1981). Effects of pyridoxine and magnesium on autistic symptoms: Initial observations. Journal of Autism & Developmental Disorders, 11: 219–229.
- 12. Martineau, J., Garreau, B., Barthelemy, C. et al. (1981). Effects of vitamin B6 on averaged evoked potentials in infantile autism. Biological Psychiatry, 16: 627–639.
- 13. Rimland, B., Callaway, E. & Dreyfus, P. (1978). The effect of high doses of vitamin B6 on autistic children: a double-blind crossover study. American Journal of Psychiatry, 135: 472–475.
- Ellis, J.M., et al. (1982). Response of vitamin B6 deficiency and the carpel tunnel syndrome to pyridoxine. Proceedings of the National Academy of Science USA, 79: 7494-7498.
- 15. Folkers, K. & Ellis, J. (1990). Successful therapy with

- vitamin B6 and vitamin B2 of the carpel tunnel syndrome and need for determination of the RDAs for vitamin B6 and B2 disease states. Annals of the New York Academy of Science, 585: 295-301.
- 16. Ellis, J.M. & Folkers, K. (1990). Clinical aspects of treatment of carpel tunnel syndrome with B6. Annals of the New York Academy of Science, 585: 302-320.
- 17. Keniston, R.C., Nathan, P.A., Leklem, J.E. & Lockwood, R.S. (1997). Vitamin B6, vitamin C, and carpal tunnel syndrome. Journal of Occupational & Environmental Medicine, 39: 949–959.
- 18. Folkers, K., Shizukuishi, S., Willis, R., Scudder, S.L., Takemura, K. & Longenecker, J.B. (1984). The biochemistry of vitamin B6 is basic to the cause of the Chinese restaurant syndrome. Hoppe Seylers Z Physiol Chem. 365(3): 405-414.
- Ebadi, M., Gessert, C.F. & Al-Sayegh, A. (1982).
 Drug-pyridoxal phosphate interactions. Quarterly Review of Drug Metabolism and Drug Interactions, 4(4): 289-331.
- Folkers, K., Shizukuishi, S., Scudder, S.L., Willis, R., Takemura, K. & Longenecker, J.B. (1981).
 Biochemical evidence for a deficiency of vitamin B6 in subjects reacting to monosodium L-glutamate by the Chinese restaurant syndrome. Biochemical and Biophysical Research Communications, 100(3): 972-977
- 21. Murray, M.T. (1996). Encyclopaedia of nutritional supplements. Rocklin, CA: Prima.
- Wyatt, K.M., Dimmock, P.W., Jones, P.W. & Shaughn O'Brien, P.M. (1999). Efficacy of vitamin B-6 in the treatment of pre-menstrual syndrome: Systematic review. BMJ, 318(7195): 1375-81.
- Doll, H., Brown, S., Thurston, A. & Vessey, M. (1989). Pyridoxine (vitamin B6) and the pre-menstrual syndrome: A randomised crossover trial. Journal of the Royal College of General Practice, 39(326): 364-368
- 24. Bermond, P. (1982). Therapy of side effects of oral contraceptive agents with vitamin B6. Acta Vitaminol Enzymol. 4(1-2): 45-54.
- 25. Adams, P.W., Wynn, V., Rose, D.P. et al. (1973). Effect of pyridoxine hydrochloride (Vitamin B6) upon depression associated with oral contraception. Lancet, 1: 897–904.
- Jones, C.L. & Gonzalez, V. (1978). Pyridoxine deficiency: A new factor in diabetic neuropathy. Journal of the American Podiatry Association, 68: 646-653.

Updated: April 2002. Page 3 of 5

- Solomon, L.R. & Cohen, K. (1989). Erythrocyte 2 transport and metabolism and effects of vitamin B6 therapy in type II diabetes mellitus. Diabetes, 38: 881-886
- Coelingh-Bennick, H.J.T. & Schreurs, W.H.P. (1975). Improvement of oral glucose tolerance in gestational diabetes. British Medical Journal, 3: 13-15.
- Ellis, J.M., Folkers, K., Minadeo, M., VanBuskirk, R., Xia, L.J., Tamagawa, H. (1991). A deficiency of vitamin B6 is a plausible molecular basis of the retinopathy of patients with diabetes mellitus. Biochemical and Biophysical Research Communications, 179(1): 615-619.
- McCarty, M.F. & Rubin, E.J. (1984). Rationales for micronutrient supplementation in diabetes. Medical Hypotheses, 13(2): 139-151.
- Spellacy, W.N., Buhi, W.C. & Birk, S.A. (1977).
 Vitamin B6 treatment of gestational diabetes mellitus:
 Studies of blood glucose and plasma insulin. American Journal of Obstetrics and Gynaecology, 127(6): 599-602
- 32. Rimm, E.B., et al. (1998). Folate and vitamin B6 from diet and supplements in relation to risk of coronary heart disease among women. JAMA, 279(5): 359-364.
- 33. Lobo, A. et al. (1999). Reduction of homocysteine levels in coronary artery disease by low-dose folic acid combined with vitamins B6 and B12. American Journal of Cardiology, 83(6): 821-825.
- 34. Robinson, K. et al. (1995). Hyperhomocysteinemia and low pyridoxal phosphate. Common and independent reversible risk factors for coronary artery disease. Circulation, 92(10): 2825-2830.
- 35. Ellis, J.M. & McCully, K.S. (1995). Prevention of myocardial infarction by vitamin B6. Research in Community Molecular Pathology and Pharmacology, 89(2):208-220.
- 36. Boers, G.H. (1994). Hyperhomocysteinaemia: A newly recognised risk factor for vascular disease. Netherlands Journal of Medicine, 45(1): 34-41.
- 37. Glueck, C.J., Shaw, P., Land, J.E. et al. (1995). Evidence that homocysteine is an independent risk factor for atherosclerosis in hyperlipidaemic patients. American Journal of Cardiology, 75: 132–136.
- 38. Ubbink, J.B., Vermaak, W.J.H., van der Merwe, A. & Becker, P.J. (1993). Vitamin B12, vitamin B6, and folate nutritional status in men with hyperhomocysteinaemia. American Journal of Clinical Nutrition, 57: 47–53.

- 39. Ubbink, J.B., Vermaak, W.J.H., ven der Merwe, A. et al. (1994). Vitamin requirements for the treatment of hyperhomocysteinaemia in humans. Journal of Nutrition, 124: 1927–1933.
- 40. Prien, E. & Gershoff, S. (1974). Magnesium oxidepyridoxine therapy for recurrent calcium oxalate calculi. Journal of Urology, 112: 509-512.
- 41. Gershoff, S. & Prien, E. (1967). Effect of daily MgO and vitamin B6 administration to patients with recurring calcium oxalate stones. American Journal of Clinical Nutrition, 20: 393-399.
- 42. Curhan, G.C., Willett, W.C., Speizer, F.E. & Stampfer, M.J. (1999). Intake of vitamins B6 and C and the risk of kidney stones in women. Journal of the American Society of Nephrology, 10(4): 840-845.
- 43. Watts, R.W., Veall, N., Purkiss, P. et al. (1985). The effect of pyridoxine on oxalate dynamics in three cases of primary hyperoxaluria (with glycollic aciduria). Clinical Science, 69: 87–90.
- Mitwalli, A., Ayiomamitis, W., Grass, L. & Oreopoulos, D.G. (1988). Control of hyperoxaluria with large doses of pyridoxine in patients with kidney stones. International Urology & Nephrology, 20: 353– 359.
- Balcke, P., Schmidt, P., Zazgornik, J., Kopsa, H. & Minar, E. (1983). Pyridoxine therapy in patients with renal calcium oxalate calculi. Proceedings of the European Dialysis and Transplant Assoc., 20: 417-421.
- Vutyananich, T. Wongtra-ngan, S. & Rung-aroon, R. (1995). Pyridoxine for nausea and vomiting of pregnancy. A randomised, double-blind, placebo-controlled trial. American Journal of Obstetrics and Gynaecology, 173: 881-884.
- 47. Jewell, D. & Young, G. (2000). Interventions for nausea and vomiting in early pregnancy. Cochrane Database Systems Review, 2: CD000145.
- 48. Sahakian, V., Rouse, D., Sipes, S., Rose, N. & Niebyl, J. (1991). Vitamin B6 is effective therapy for nausea and vomiting of pregnancy: A randomised, double-blind placebo-controlled study. Obstetrics and Gynaecology, 78(1): 33-36.
- 49. Barr, W. (1984). Pyridoxine supplements in the premenstrual syndrome. Practitioner, 228: 425–427.
- Gunn , A.D.G. (1985). Vitamin B6 and the premenstrual syndrome. International Journal of Vitamin & Nutrition Research, Suppl 27: 213–224 [review].
- 51. Kleijnen, J., Riet, G.T. & Knipschild, P. (1990).

Updated: April 2002. Page 4 of 5

- Vitamin B6 in the treatment of the premenstrual syndrome—a review. British Journal of Obstetrics & Gynaecology, 97: 847–852 [review].
- 52. Williams, M.J., Harris, R.I. & Deand, B.C. (1985). Controlled trial of pyridoxine in the treatment of premenstrual syndrome. Journal of International Medical Research, 13: 174–179.
- 53. Brush, M.G. & Perry, M. (1985). Pyridoxine and the premenstrual syndrome. Lancet, i:1399 [letter].
- 54. Wyatt, K.M., Dimmock, P.W., Jones, P.W. & Shaughn O'Brien, P.M. (1999). Efficacy of vitamin B-6 in the treatment of premenstrual syndrome: systematic review. BMJ, 318: 1375–1381.
- 55. Austin, S., Gaby, A., Appleton, J. et al. (2001). HealthNotes Online. [Online] http://healthnotes.com
- 56. National Library of Medicine. (1995). Pyridoxine (Vitamin B6 (systemic). [Online] http://www.nlm.nih.gov/medlineplus/druginfo/pyridoxinevitaminb6systemic202493.html
- Meletis, C. & Jacobs, T. (1999). Interactions between drugs & natural medicines. Sandy, OR.: Eclectic Medical Publications.
- 58. American Society of Health-System Pharmacists.

- (2000). AHFS drug information. Bethesda, MD: American Society of Health-System Pharmacists.
- 59. Facts and Comparisons. (1997). Drug facts and comparisons, 1998 edition. St. Louis, Missouri: Facts and Comparisons.

Information in this booklet is provided for informational purposes and is not meant to substitute for the advice provided by your own physician or other medical professional. You should not use the information contained herein for diagnosing or treating a health problem or disease, or prescribing any medication. You should read carefully all product packaging. If you have or suspect that you have a medical problem, promptly contact your health care provider. Information and statements regarding dietary supplements have not been evaluated by the Food and Drug Administration and are not intended to diagnose, treat, cure, or prevent any disease.

Compiled by: Michael John Nisbett, HBScN, RN MSc (Nutrition) Candidate

Updated: April 2002. Page 5 of 5