FOLIC ACID IN HEALTH by Dr. John Fudens HMC DVM PH

Miracles do happen, every once in a while, in that health and consumer advocates, scientists, government regulators and industry representatives can reach agreement on an issue of importance to our health. One issue is the use of folic acid and the prevention of neural tube birth defects. Neural tube birth defects are malformations in spinal development in the growing fetus, so that at birth the spinal cord has defects ranging from incomplete growth of nerve fibers, incomplete closure of the distal end of the cord and other abnormalities that require surgery for correction. This usually leaves the newborn with the potential for early death and/or paralysis and certainly less than a normal life.

Unfortunately, even with the final acceptance of the Food and Drug Agency and the Center for Disease Control on the use of folic acid in women pre and during pregnancy, most women are still unfamiliar with folic acid supplementation for their baby’s health.

The last twenty years has resulted in vast amounts of information and scientific research that shows significant reduction in neural tube defects, heart disease, menopausal symptoms, anemia and clogged arteries with the use of folic acid. However, a Gallup poll shows only 15% of women were aware of the folic acid recommendation and only 20% of women who have given birth since January 1993 took a folic acid supplement.

Folic acid, also known as Folate or Folocin, is one of many B vitamins and works best when combined with vitamin B12. Folic Acid is needed for DNA/RNA production. A folic acid deficiency can result in symptoms of depression, mood swings, anemia, lethargy and fatigue.

The group of human most at risk are women in general, particularly of child bearing age, and who plan on becoming pregnant. Folic acid supplements should be started, by women, before pregnancy and continued up to birth, even though the first trimester is the most important period. This, of course, doesn’t mean the supplement should be stopped at child birth. All women, because of menstruation, should take folic acid/Vitamin B12 to counter the anemia that can occur in women because of their periods.

Folic acid tends to increase estrogen so is helpful for menopausal women whether they take estrogen hormone replacement or not. Over 80% of all seniors, male or female, are deficient in folic acid because of dietary imbalances and decreased absorption rates as the body ages. In the elderly, particularly, folic acid is needed for cell repair and mental function.

An interesting study was done in a group of women who had previously given birth to children with hare lips. The women, in their next pregnancy, who were given increased folic acid before pregnancy and in the first trimester of pregnancy had one harelip recurrence. In the non-supplemented group of women there were 15 recurrences.

Another study found a link between B vitamins and a relatively unknown amino acid called homocysteine, which is a major cause of clogged arteries. Although found normally in the body, high levels of homocysteine seem to disrupt the blood vessels. 25% of heart patients and 40% of stroke victims show elevated homocysteine blood levels. Homocysteine forms from the breakdown of another amino acid. To clear up these breakdown particles the body sends in B vitamins and enzymes. When there are not enough B vitamins the arteries become clogged. This condition has been found in all age groups including infants. Increased supplementation of B vitamins and especially folic acid combats this situation.

The recommended daily allowance (RDA) of folic acid is 180 mcg for women. Most holistic/nutritional physicians prefer 400 mcg which really makes better sense. It is almost impossible to overdose or cause harm with too much folic acid. Most folic acid is combined with the B vitamins although you can find it with liver, vitamin B12 and by itself.

It is possible to get your folic acid from foods which is really the best source. The following foods are excellent sources of folic acid listed in decreasing content: lentils, cereals, pinto/navy/black/garbanzo beans, okra, spinach, orange juice, wheat germ, peanuts, artichoke, asparagus, turnip greens, Brussel sprouts, romaine lettuce, avocado, white beans, sunflower seeds, pineapple juice, green peas, broccoli, oranges, corn, endive, sweet potato, yogurt, banana, skim milk and apples.

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