

The irreversible binding of carbidopa with vitamin B6 may induce a vitamin B6 hypovitaminosis condition

Fact #1: Carbidopa depletes vitamin B6. The U.S. Recommended Daily Allowance (USRDA) of vitamin B6 is about 2 mg per day. Carbidopa forms an irreversible bond with vitamin B6 in a 1:1 ratio (one mg of carbidopa will permanently remove one mg of B6). The maximum recommended dosing of carbidopa is 200 mg per day.¹ Administering 200 mg per day may remove one hundred times the B6 USRDA. A 2020 lab study reported 79.2% of patients taking carbidopa for more than three years had a vitamin B6 hypovitaminosis condition (vitamin B6 deficiency). The lab results documented almost half of these B6 deficiencies (47.3%) no detectable systemic vitamin B6.²

¹ Lodosyn prescribing information: https://www.accessdata.fda.gov/drugsatfda_docs/label/2014/017830s014s016s017s018s019s030lbl.pdf

² Rojo-Sebastián, A. et al. Vitamin B6 Deficiency in Patients With Parkinson Disease Treated With Levodopa/Carbidopa clinical Neuropharmacology Vol 43, Number 5, Sep/Oct 2020

Fact #2: Vitamin B6 deficiency increases the death rate (mortality). A ten-year prospective study (N = 134,480) concluded, "...dietary vitamin B6 consumption was inversely associated with risk of all-cause and CVD (cardiovascular disease) mortality." (Decreasing vitamin B6 increases the death rate).

Zhao, L. et al. Prospective cohort studies of dietary vitamin B6 intake and risk of cause-specific mortality, Clin Nutr. 2019 Jun;38(3):1180-1187

Fact #3: The Parkinson's disease death rate has increased by 561% since carbidopa sales started (1975).

Center for Disease Control National Vital Statistics Accessed from: <https://www.cdc.gov/nchs/products/index.htm>

PERSPECTIVE: As stated, Mucuna Medical Food™ (MMF™) is not indicated for Parkinson's disease; however, there are certain symptoms associated with Parkinson's that result from dietary needs that modification of the normal diet will not meet. MMF (active ingredient L-dopa) is specifically formulated to meet the dietary needs associated with **hypodopaminergic™** conditions. The carbidopa is not included with MMF as it is not deemed necessary through NeuroResearch's available literature. MMF is also not a replacement for Sinemet; as stated, physicians should continue the medicine they feel is necessary.

The carbidopa is not included in MMF as it depletes B6, and the majority of side effects can be managed through other means. The increased death rate statistic cited on this website is provocative, but this is not to suggest MMF will affect the death rate. The statistic is included as it was one factor in the development of MMF. The vitamin B6 depletion abilities of carbidopa are why it is not included in MMF. To be clear, MMF is making no claims that it will reduce the death rate, as there is no evidence of that. Such a claim would require a high level of evidence.

