

Letter published in HealthWatch Newsletter April 1998

Dear Sirs,

Your Expert View articles on the vitamin B6 controversy (issue No 28) contain some statements which show an incomplete grasp of the issues in question.

First, limits have not been set on the amounts of vitamin B6 which may be sold in food supplements. Limits have been proposed, and at the time of writing these proposals are being submitted to interested parties for comment.

Second, your readers may be misled by the statement that "for the first time a distinction has been drawn between nutritionally relevant levels of intake of a vitamin and levels of intake that are used to treat a medical condition, and which therefore should be considered like any other drug or medication." The Government's proposed placement of higher-range vitamin B6 products on prescription is not because these products are used to treat a medical condition but because the Government's Committee on Toxicity claims that they are too toxic to continue on sale as non-pharmaceutical consumer products. We note that your experts appear to agree with ours that the COT's conclusions are based on a linear-type model which is appropriate for xenobiotics rather than nutrients.

There is no legal provision to enforce medicines legislation on nutritional supplements simply because they are high in potency. The law states that medicinal products are substances administered for a medicinal purpose. In fact, unless it is sold with a medical claim, there is no proof that any consumer product placed on the market will be used for a given medicinal purpose. If the mere possibility that it might be used medicinally formed the basis of the law, then everything from whisky to coffee, glucose or bran tablets and carrot juice would have to be medicinally licensed before going on sale. Clearly this is nonsense, apart from the question "For what medicinal purpose would you license it?" For instance, there are dozens of high-potency multi-nutrient formulas on the market. Some women may take them to combat pre-menstrual syndrome, others simply because they feel more fit and well when they use them.

Finally, we doubt that the postal survey of vitamin B6 users commissioned by the Council for Responsible Nutrition (CRN) was a mere "counter-attack" against the flawed Dalton & Dalton study'. The Government and the COT have in fact repeatedly offered to consider any new evidence of the safety of vitamin B6. Dr Garrow omitted to mention that one of the conclusions of the CRN survey was that an equal number of women from the vitamin B6 and the control group reported symptoms of peripheral neuropathy. Since neuropathy is a common symptom of pre-menstrual syndrome, the lack of a control group in Dr Dalton's work is the reason most often given for discounting it.

At a meeting with MAFF and DH officials in March 1997, representatives of complementary medicine organisations reached a consensus that a limit of 100 mg of vitamin B6 per tablet sold as a non-pharmaceutical consumer product would be acceptable. We continue to reject reassurances that consumers could buy licensed products if others are banned, on the grounds (a) that the consumer would ultimately have to foot the bill for the massive costs of licensing, without gaining any particular benefits, and (b) that we are more concerned about the loss of multi-nutrient products containing 10-100 mg vitamin B6, few of which would survive, thus depriving the consumer of virtually all choice.

Yours faithfully

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Reference: Dalton K, Dalton MIT. Characteristics of pyridoxine overdose neuropathy syndrome. *Acta Neurol Scand* 1987; 76: 8-11.