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0.4 MG FOLATE SUPPLEMENTS ARE DESIRABLE IF THEY CONTAIN 25 OR MORE μ G VITAMIN B12 AND NO FOLATE- AND B12- DESTROYING REDOX AGENTS LIKE VITAMIN C AND IRON. V Herbert. The Mount Sinai & Bronx Veterans Affairs Med. Ctrs. & Quixote Associates, Inc. NYC, NY 10468.

At the July 2-6, 1995, First Internat Conference on Homocysteine Metabolism, Dromoland Castle, Ireland, we suggested that, to prevent vasculotoxic hyperhomocysteinemia, and protect blacks as well as whites, supplements of 0.4 mg folic acid should also contain 25 or more μ g of B12. Via genetic advantage, black women don't get low folate-related neural tube defect babies; via genetic disadvantage, black women in the child-bearing years do get B12 deficiency pernicious anemia (PA). PA strikes black men and whites of both sexes in a genetically predetermined age-dependent way sometime between ages 50 and 120. We now report that the folate-B12 supplement should be devoid of vitamin C, iron, or any other redox agents. We will present data showing that, when a supplement containing folate, B12, vitamin C, and iron dissolves in a normal stomach, the C makes the iron generate free radicals, converting the B12 to worthless-to-harmful B12 analogues, and destroying a substantial portion of the folate. To meet the need (and support our no-longer-govt-funded research) we have a patent pending on a folate-B12 food fortificant and supplement devoid of redox agents (without/ with optional B6).