

B12 deficiency in India

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B12 deficiency is extremely common, especially so in India, as is vitamin D deficiency, folic acid, or iron deficiency, all because of wrong dietary habits and malnutrition which are extremely common, even among the rich. The reasons for these are too many, and are related to diet, lifestyle, social and cultural issues. The issues are further compounded by the fact that folic acid deficiency which is universally common is present here as well and that B12 cannot function without folic acid. There is another ignored fact that cobalamin has two active components with action on almost all organs and tissues in the body. Deficiency is primarily due to nutritional issues and malabsorption and the malfunction due to defects in any one of the various steps in its complex metabolisms, including at the receptor level. Deficiency by any mechanism can cause cytopenia, pregnancy related issues, cardiovascular, cutaneous, mucosal problems and neuronal dysfunction due to chronic demyelination. Any one of its varied manifestations can occur in isolation and can be coexisting with other comorbidities. In addition, the symptoms are modified also by the underlying disorders causing its deficiency. Despite being a very common disorder, its recognition is delayed or missed because the manifestations are diverse in nature, affecting all the organs and systems, and is often subclinical. To add to the confusion doctors, tend to use laboratory estimations alone for diagnosis, which are notoriously unreliable even from the best of centers. All these happen when it is easy to identify the disorder, in the vast majority, using a detailed dietary history and looking for all the clinical features and an automated

hemogram. In treatment also there are issues regarding the choice of the molecules to be used. Replacement would work only in the presence of diet and lifestyle and modification and folic acid supplementation. In this scenario doctors must sharpen their clinical skill to make a clinical judgment and initiate therapy and advocate a diet plan to give maximum benefit to the patients. The ways and means of picking up those with clinical or subclinical B12 deficiency and the reasons and solutions to the problem will be discussed using the findings from our original studies and observations.

Speaker Biography

PK Sasidharan is a Professor of Medicine and Former Head, Department of Medicine and division of Hematology, Government Medical college, Kozhikode, Kerala India; Former Chairman PG Board of studies, Kerala University of Health Sciences. Member, Editorial Board "Indian Journal of Hematology and Transfusion Medicine", PhD research Guide for University of Calicut, Was President Association of Physicians of India (API) Kerala State Chapter, was Scientific Advisory Committee Member, National Institute of Immuno Hematology, Mumbai, Former Dean Faculty of Medicine, University of Calicut; Was State President, Kerala Govt. Medical College Teachers Association and Former President Hypertension Society of India. MBBS from Calicut Medical College, best outgoing student, secured highest mark in General Medicine exam of the University of Calicut. MD General Medicine, from Post Graduate Institute of Medical Education and Research (PGIMER), Chandigarh and is cited in their website as one of its noted Alumni. Research in Medicine: Papers Published 96: Landmark studies on Vitamin D deficiency and SLE and developed the new criteria to diagnose SLE, "The Kozhikode Criteria".

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