NUTRITIONAL IMPLICATIONS IN NEUROLOGICAL DISORDERS Food For Thought

> Sreekanth Vemula Neurologist vrsreekanth_neuro@yahoo.com



OME PROPIE MAKE THEIR OWN MIRACLES.

LORENZO'S OIL

• 4:1 mix of erucic acid and oleic acid

- Extracted from rapeseed oil and olive oil
- Designed to normalise the accumulation of the very long chain fatty acids in the brain
- Thereby halting the progression of ADRENOLEUKODYSTROPHY
- Available to patients taking part in a clinical trial

Specific to ALD

- Does not repair myelin
- Doesn't affect other dysmyelinating disorders
- May prevent the disease in presymptomatic boys



medicalnutrition@nutricia.org



VITAMIN B12 DEFICIENCY

Can cause damage to CNS if not treated for longer than 6 months

 Humans obtain almost all B12 from dietary means

 Pernicious anemia is usually the result of insufficient secretion of intrinsic factor within the stomach

Till recently, it was widely believed that B12 deficiency was due to dietary factors

 Now, it is well known that improper absorption may be more important than low consumption

STORAGE AND LEVELS

Total B12 stored : 2-5mg

• 50% \rightarrow In the liver

0.1% lost each day

 Liver can store 3-5 years worth of vitamin B12 under usual conditions



METABOLISM

- 5 MTHF releases a methyl group for a reaction with homocysteine, resulting in methionine
- This reaction requires cobalamin as a cofactor
- Methionine > S-adenosyl methionine > aids in purine and pyramidine synthesis, neurotransmitter production, DNA methylation

Both B12 and folate are involved in homocysteine metabolism

Therefore hyperhomocysteinemia is a non-specific marker of B12 deficiency

 Methylmalonic acid is a more specific marker

PATHOMORPHOLOGY

Spongiform state of neural tissue, edema of fibers

Myelin decay, later axonal degeneration

• Later, fibrous sclerosis of nervous tissue

Dorsal cord and pyramidal tracts SACD

SUBACUTE COMBINED DEGENERATION



CLINICAL FEATURES

Anemia
Gl symptoms
Sensory and motor symptoms
Dementia
Psychiatric symptoms

MYELOSIS FUNICULARIS

Impaired perception of deep touch, pressure and vibration, abolishment of sense of touch, paresthesias

- Sensory ataxia
- Decreased ankle jerk
- Increased knee and other DTRs

IMPORTANCE OF EARLY DETECTION

B12 deficiency can cause severe and irreversible CNS damage

 The chance of complete reversal decreases with the length of time the neurological symptoms have been present

CAUSES OF B12 DEFICIENCY

Inadequate dietary intake

B12 occurs in animal products

In some algae (chlorella and susabi-nori)

Vegans at a high risk

IN CHILDREN

Children are at a higher risk

Due to inadequate dietary intake

Have fewer vitamin stores

 Relatively larger vitamin need per calorie of food intake

- Selective impaired absorption of B12 due to intrinsic factor deficiency
- May be caused by loss of gastric parietal cells
- Surgical resection of stomach
- Malabsorption syndromes, esp terminal ileum involvement

- Achlorhydria is an important cause in the elderly
- Prolonged use of ranitidine
- Bariatric procedures
- Blind loop syndromes
- Metformin
- Alcoholism

TREATMENT DILEMMAS

 B12 available in various forms ->
 cyanocobalamin, hydroxocobalamin, methylcobalamin, adenosylcobalamin

Usually given parenterally

Oral absorption poor



DIETARY SOURCES

Animal productsHigh B12 content

Mussels Mackerel Herring Salmon Crab Tuna Beef Lobster Lamb Swiss cheese

Eggs have a low bio-availability of B12 content



Some fermented foods contain B12
Kombucha cultured tea
Batabata-cha
Fortified foods with B12
Some algae

NUTRITIONAL NEUROPATHIES

- Thiamine deficiency
- Pyridoxine deficiency
- Niacin deficiency
- Pantothenate deficiency
- Alcoholism

NEUROCYSTICERCOSIS

 NCC is the result of accidental ingestion of eggs of Taenia solium

 Most common parasitic disease of the nervous system in developing countries

Main cause of acquired epilepsy

FEATURES OF NCC

Epilepsy
Headache, dizziness
Stroke
Neuropsychiatric dysfunction

CT findings

Vesicular stage
Colloidal stage
Nodular-granular stage
Cysticercal encephalitis
Active parenchymal stage
Calcified stage











TRANSMISSION

Ingestion of measly pork
Contaminated vegetables
Auto-ingestion (fecal-oral)

















THE ROLE OF DIET IN MIGRAINE HEADACHES

Foods that may trigger migraine attacks Aged or strong cheese Cured meats Citrus fruits Fatty or fried foods Chocolate, nuts MSG Ice cream sea food caffeine containing drinks Alcohol Aspartame

- The culprit chemicals are usually tyramine and other amines
- Phenylethylamine and histamine also play a role
- Tyramine > Cheese
 Phenylethylamine > Chocolate
 Octopamine > Citrus fruits
 Histamine > Red wine and beers

Caffeine addiction and withdrawal

Fasting or skipping meals



THANK YOU