Vitamin B₃ (Niacinamide; Nicotinamide) Reduces Urinary Glucose in a Type-2 Diabetes Subject

Prof. Berislav Momčilović, MD, MSc, PhD;¹ Juraj Prejac, MD;² Višnjević Vjeran, Master of Physics-Geophysics;³ Prof. Ninoslav Mimica, MD, MSc, PhD⁴

¹Correponding author; Institute for Research and Development of Sustainable Ecosystems, Srebrnjak 59, 10000 Zagreb, Croatia, Tel: +385 1 2430288, Email: berislav.momcilovic@gmail.com ²University Hospital Centre Zagreb, Department of Oncology, Kiišpatićeva 12, Zagreb, Croatia Tel: +385 91 2027364, Email: juraj. prejac@gmail.com ³Institute for Research and Development of Sustainable Ecosystems, Srebrnjak 59, 10000 Zagreb, Croatia, Tel: +385 91 5368295, Email: vjeranv@gmail.com ⁴University Psychiatric Hospital Vrapče, Bolnička cesta 32, 10 090 Zagreb, Croatia, Tel: +385 98 350450, Email: ninoslav.mimica@bolnica-vrapce.hr

Abstract Vitamin B_3 in the amide form (i.e., niacianamide; nicotinamide) decreased the urinary glucose excretion in a diabetes type-2, 73-year-old, Caucasian male.

Introduction

The role of vitamin B_3 in control of glucose homeostasis in Diabetes 2 is poorly understood. Recently, a message from website claimed that vitamin B_3 may substantialy reduce the glucose blood levels. The aim of this case report was to test the role of vitamin B_3 upon a urinary glucose excretion.

Subjects and Methods

A Caucasian male, 73 years old, active MD, non-smoker, non-alcohol consumer, spending one hour on stretching exercises daily, on a standard mid-European mixed diet, with a height and weight of 178 cm and 75 kg, respectively, presented with a tenyear history of diabetes type-2 (never taking oral or any other antidiabetics). The patient started taking 200 mg vitamin B₃ (Junek Gmbh, Austria) in the amide form (i.e., niacinamide;nicotinamide) at midnight, i.e., about three hours after his usual supper meal at about 9:00 PM. One pill contained 100 mg

of niacinamide and was claimed to cover 62% of the Recomended Dietary Allowance. Next morning at 7:00 - 8:00 AM the urinary glucose level was tested by Keto-Diastix (Bayer, Germany) after the stick was exposed 30 second to the urine. The running-up period was nine days and showed a very constant level of urinary glucose identical to the random spot samples taken over the previous year. There were no changes in the diet or lifestyle before, during and after the study.

Results and Discussion

After starting oral niacinamide, the urinary glucose was steadily decreasing for two weeks, and thereafter stayed constantly reduced at these lower levels for the next thirteen days of the study.

The study revealed that a single midnight dose of 200 mg of niacinammide reduced the urinary glucose excretion by half. Under the continuous oral administration, niacinamide stabilized urinary glucose excretion, and

Table 1. Reduction of urinary glucose excretion following the oral administration of
200 mg of niacinamide.

	Urinary Glucose					
	Before Niacinamide			After Niacinamide		
	mmol/L	%	Intensity	mmol/L	%	Intensity
Running-up Jan 28-Feb 4	56(+)	10	+++			
Response period Feb 4-Feb 18						
Follow-up Feb 19-March 4				28(-)	5	++

the results remained unchanged during the subsequent fourteen days of administration. No adverse effects of niacinamide were observed. It should be noted that the suggested therapeutic doses of niacinamide are an order of magnitude greater (3 g/day) compared to those used in this case report.¹

Conclusion

Niacinamide decreased the urinary glucose excretion in a diabetes type-2 subject.

Competing Interests

The authors declare that they have no competing interests.

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