

September newsletter

Oct 4, 2026 · @Hugo Minney

Our next talk: Dr Asim Naqvi, Monday 9 November, 7pm GMT

Monday 9 November 2026, 7pm UK time (19:00 GMT), online. Join here: [Join B12d.org Webinar on Zoom](https://us02web.zoom.us/j/84920368930?pwd=6DDQlyagifcGyFHYaaOL1YNIT2nmSv.1). (in plain text <https://us02web.zoom.us/j/84920368930?pwd=6DDQlyagifcGyFHYaaOL1YNIT2nmSv.1>)

Dr Asim Naqvi is a GP (MRCGP) who qualified in 1996 and runs the B12 Metabolic Clinic in Reading, a private clinic that sees patients across the UK by phone or Zoom. His [clinic website](#) says he is Medical Adviser to The B12 Society and contributed to NICE guideline NG239 through the Society. His particular interest is the neurological effects of B12 deficiency, and he looks at B12 alongside other factors such as iron, folate, vitamin D and thyroid function. Like many of our speakers, Dr Naqvi has a commercial interest (his clinic), and we're open about that.

Please check the time where you live. UK clocks go back on Sunday 25 October, so on 9 November we are on GMT, not BST. Other countries change their clocks on different dates (the US on 1 November), so the gap between your time and ours may not be what it was in the summer. At 19:00 GMT it is:

- 20:00 in Paris and Berlin, and 21:00 in Athens
- 14:00 in New York and 11:00 in Los Angeles
- 00:30 on Tuesday 10 November in India
- 06:00 on Tuesday 10 November in Sydney

If you can't join live, we hope to share a recording on our YouTube channel afterwards; editing and permissions can cause a delay.

House of Commons reception: what happened, and what's next

On Thursday 10 September the B12 Alliance held its reception in the House of Commons. B12d is a member of the Alliance, and it is nearly 20 years since our last parliamentary reception.

The Alliance reports a strong turnout of MPs, policymakers, clinicians, researchers and people with lived experience. There were video displays, posters and four topic stations: patient stories, clinicians and diagnostics, research, and solutions. The discussion kept returning to [NICE guideline NG239](#) and getting it applied in practice, with three asks in particular:

- better access to MMA, homocysteine and other tests in primary care
- self-administration of B12, so people can have sufficiently frequent treatment
- easier access to injections for people with autoimmune conditions such as pernicious anaemia

The Alliance also made the case that this would save the NHS money, and one MP called these steps obvious ones to take.

Thank you for writing to your MPs. Carrie-Anne Carr, our Chair, tells us the Alliance said B12d members had sent more letters to MPs than any other group. Not every MP could come, but replies are arriving.

Several say they will raise your concerns with the Health Minister or their local NHS body, and some sent a member of staff to the reception. These are individual replies and none promises a specific action, but they are more encouraging than in the past.

What happens next. The Alliance's working group is due to meet to review the outcomes and agree next steps. Carrie-Anne will report directly after that follow-up meeting, and we will pass on what she tells us. In the meantime:

- Write to your MP if you haven't yet, using [the Alliance's template letter](#), and reply to this email with any answer you receive.
- Ask your GP to read NG239 itself, and point to it in appointments.
- If you can, [donate to B12d](#). We contributed £2,300 to the Alliance towards the reception.

The full write-up, with sources, is on our website: [LINK TO RECAP PAGE].

I'm on injections: why do I still have symptoms?

This is one of the questions we hear most often in the group. It has a few possible answers, and [NICE guideline NG239](#) speaks to most of them.

Recovery takes time, and it can feel worse before it feels better. NG239 tells clinicians to explain that symptoms may start to improve within 2 weeks but can take up to 3 months, that it can take much longer for them to go altogether, and that they may get worse at first before improving. Dr Chandy's practice observed something similar in about one in ten patients, which they called "reversing-out": nerve pain, twitches or shooting pains as nerves recover. That was an observation in practice, not a research study.

Symptoms that return before the next injection. NICE's explanation is that if symptoms haven't improved, have got worse, or are new, the effect of treatment is likely wearing off before the next injection is due. For anyone having injections, NG239 says the clinician should increase the frequency if needed (in line with the product's licence), think about other possible diagnoses, and agree a date to review. Patients' own comments in Dr Chandy's practice survey describe the same pattern: well on monthly injections, symptoms creeping back when the gap was stretched (although a minority required more frequent injections, including a very small number who needed daily or alternate day injections).

A blood test isn't the answer while you're on injections. NG239 says not to repeat the initial diagnostic test in people having injections, because the treatment itself affects the result. At follow-up the focus should be on your symptoms and signs.

It may not all be B12. NG239 also asks clinicians to think about other explanations when symptoms persist. Other things can overlap with B12 deficiency, or sit alongside it, and we will look at these properly in the next newsletter.

What you can do:

- Note when your symptoms return in relation to your injection dates. It gives your GP or prescriber something concrete to work with. You can print out weekly or daily copies of our [Symptoms Checker](#) to keep track (note: fill in the Symptoms Checker online; when you print it, it adds the date and time. Printing to PDF saves paper).

- Tell the person who prescribes or supervises your treatment. NG239 says to seek help without waiting for a scheduled appointment if symptoms haven't improved, have got worse or returned, or if you have new ones.
- Take NICE's [two-page visual summary of ongoing care and follow-up](#) with you. The injections page covers exactly this situation.
- If anything is sudden or severe, such as chest pain, fainting, weakness on one side of the body or new confusion, seek urgent help (NHS 111 or 999).

Our expert patients can help you prepare for that conversation; the address is at the foot of this newsletter.

A flowchart for NG239

Several of you have been drawing flowcharts to show how diagnosis and treatment should work. We understand why: a short, clear picture is what a GP or an MP can take in. But a flowchart carries weight only if every step can be traced back to NG239, rather than to one person's experience, because otherwise it is easy to set aside. NICE already publishes an official [two-page visual summary of follow-up care](#). We would like to create a one-page flowchart that sets out NG239 itself, probably with and through B12 Alliance, and we will share it when it is ready.

Injection technique and where to get B12

If you are learning to inject, Guy's and St Thomas' NHS Foundation Trust has an illustrated step-by-step guide: [How to self-inject intramuscular vitamin B12](#). It was written for patients treated for nitrous oxide-related B12 deficiency, but the technique is the same, and it is official NHS information.

If you need to buy B12 yourself, we suggest a UK source such as [Oxford Biosciences](#). Please check whether they deliver to your country. Oxford Biosciences ships the methylcobalamin dry and you make it up with saline at your end, which makes export more flexible. Check the manufacturers' instructions both for how much saline to add and for the volume you inject - it might not be 1mg/ml.