



SUPPLEMENT

## The role of MTHFR polymorphism on hyperhomocysteinemia and folic acid and vitamin B metabolism

Rina Triana

*Product and Research Support Manager, Prodia Clinical Laboratory*

Received 19 September 2025  
Accepted 22 September 2025  
Published 29 September 2025

Link to DOI:

[10.25220/WNJ.V09.S1.0010](https://doi.org/10.25220/WNJ.V09.S1.0010)

**Citation:** Rina Triana. The role of MTHFR polymorphism on hyperhomocysteinemia and folic acid and vitamin B metabolism. World Nutrition Journal. 2025 September 29,9(S1): 14-15.



**Copyright:** © 2025 by the authors. This article is an open access article distributed under the terms and conditions of the Creative Commons Attribution (CC BY) license (<https://creativecommons.org/licenses/by/4.0/>).  
<http://www.worldnutrijournal.org>

### Abstract

Non-communicable diseases (NCDs) remain a leading global health concern, with hyperhomocysteinemia recognized as a contributing metabolic disorder linked to cardiovascular disease, neurodegenerative conditions, and developmental anomalies. This presentation explores the pivotal role of methylenetetrahydrofolate reductase (MTHFR) polymorphisms—particularly C677T and A1298C variants—in disrupting homocysteine metabolism through impaired folate and vitamin B pathways. These genetic alterations can reduce enzymatic activity and thermolability of MTHFR, resulting in elevated homocysteine levels and disturbed methylation processes central to the one-carbon cycle. A deficiency in critical B vitamins (B6, B9, and B12), whether dietary or genetically influenced, further exacerbates metabolic imbalance, with implications for DNA synthesis, epigenetic regulation, and oxidative stress. Understanding the biochemical and genetic landscape of MTHFR polymorphisms provides insight into targeted nutritional and clinical strategies for managing NCD risk and improving metabolic health

**Keywords:** NCD, Hyperhomocysteinemia, MTHFR Variant genotyping, vitamin B6, B9, and B12, Folic Acid Metabolism

### Corresponding author:

Rina Triana

Product and Research Support Manager, Prodia Clinical Laboratory

Email address: [rina.triana@prodia.co.id](mailto:rina.triana@prodia.co.id)



## References :

1. Raghubeer S, Matsha TE. Methylenetetrahydrofolate (MTHFR), the one-carbon cycle, and cardiovascular risks. *Nutrients*. 2021;13(12):4562. doi:10.3390/nu13124562
2. Araszkiewicz AF, Jańczak K, Wójcik P, Białecki B, Kubiak S, Szczechowski M, Januszewicz-Lewandowska D. MTHFR gene polymorphisms: a single gene with wide-ranging clinical implications—A review. *Genes (Basel)*. 2025;16(4):441. doi:10.3390/genes16040441
3. Savojardo C, Babbi G, Baldazzi D, Martelli PL, Casadio R. A glance into MTHFR deficiency at a molecular level. *Int J Mol Sci*. 2022;23(1):167. doi:10.3390/ijms23010167
4. Polymorphic mutations in 5,10-methylenetetrahydrofolate reductase. In: *Madame Curie Bioscience Database* [Internet]. Austin (TX): Landes Bioscience; 2000–2013 [cited 2025 Sep 17]. Available from: <https://www.ncbi.nlm.nih.gov/books/NBK6561/>
5. Jacobsen DW. Hyperhomocysteinemia and oxidative stress: Time for a reality check? *Clin Chem Lab Med*. 1998;36(6):431–4. doi:10.1515/CCLM.1998.072
6. Ueland PM, Refsum H, Stabler SP, Malinow MR, Andersson A, Allen RH. Total homocysteine in plasma or serum: methods and clinical applications. *Clin Chem*. 1993;39(9):1764–79. doi:10.1093/clinchem/39.9.1764
7. World Health Organization. Preventing noncommunicable diseases [Internet]. Geneva: World Health Organization; [date unknown; cited 2025 Jul 16]. Available from: <https://www.who.int/activities/preventing-noncommunicable-diseases>
8. Tinelli C, Di Pino A, Ficulle E, Marcelli S, Feligioni M. Hyperhomocysteinemia as a risk factor and potential nutraceutical target for certain pathologies. *Front Nutr*. 2019;6:49. doi:10.3389/fnut.2019.00049