

Willvite

A complete multivitamin multimineral supplement from Willner Chemists

60 Tablets - Code 30438 -

120 Tablets - Code 30439 -

Willvite is a unique, specially designed multivitamin-multimineral supplement, designed to satisfy the needs of those seeking to limit their supplement intake to as few products as possible, as well as those looking for the best "foundation" formula to which they can add specific nutrients relative to their individual health requirements.

There are many reasons for taking vitamins. These reasons usually fall into one of two categories: nutritional or therapeutic.

Nutritional Requirements

Vitamins and minerals are essential to life. These essential nutrients must be obtained from the foods we eat. They cannot be made in our bodies. If we do not obtain enough of any one of the essential vitamins, minerals or amino acids, we will develop what medicine calls a deficiency disease (such as scurvy, pellegra, beri beri, rickets, etc), and unless this deficiency is corrected, we will die.

From the standpoint of the prevention of clinical deficiency syndromes, one would hope that all that would be necessary would be to eat a well balanced diet, composed of a variety of fresh, nutritious foods, properly prepared to preserve nutrient value.

Unfortunately, this is not the case. Food is not what it used to be, our lifestyle is not what it used to be, and, just as important, our environment is not what it used to be.

"Today, fresh foods are often transported for several days across the country, so the nutrients are naturally reduced because of exposure to oxygen.... fruits and vegetables are [grown using chemical fertilizers and pesticide], meat and dairy products [are obtained from animals raised with] hormones or other growth-promoting drugs, and grain products [are] bleached or bromated.

"The processing of food to 'improve' taste and extend shelf life is a major cause of nutrient deficiency. When brown rice is processed by grinding, bleaching, and other processes to form white rice, 80 percent of many trace minerals like magnesium, manganese, copper, and zinc are lost.

"An equivalent loss occurs when whole wheat berries are reduced to bleached white wheat flour, one of the mainstays of the standard American diet.

"Nutrients can be lost in other ways. Various cooking techniques like microwaving can oxidize

nutrients in foods, resulting in lower nutrient content. So can some type of preservation, like canning fruits and vegetables.

"Nutrients are lost from the soil by repeated growing of crops, and they are not being replenished. Selenium, for example, is depleted in much of our soil..."

"Nutrients are lost as well when crops are harvested before they have naturally ripened. The produce, picked when it is still green, is then force ripened with chemicals, like ethylene gas..."¹

So even if we try to make an effort to eat well, it may not provide the amount of nutrition we think it does. How many of us can resist the marketing pressure to buy and eat the highly processed, empty calorie foods so heavily advertised by the food industry? How many of us, when we go to a restaurant, or grab lunch and breakfast "on the run" can avoid foods with too much fat and too few nutrients? Why do the foods that taste best always seem to those that at least healthful?

"Major national surveys repeatedly show that diets consumed by many Americans are not well-balanced. Inadequate intake of vitamins and minerals are frequently reported, including vitamin A, vitamin C, vitamin B1, vitamin B2, folic acid, vitamin B6, calcium, copper, iron, manganese, and zinc. In addition, 9 in 10 diets are estimated to be low in chromium, and magnesium intake is approximately half of the amount recommended in the RDAs."⁴

Avoiding clinical deficiencies is one thing. Avoiding "sub-clinical" deficiencies is another. Surely, we do not move from "adequate" to "deficiency" in the flash of an eye. Obviously, there is a situation where a person can be partially deficient in certain nutrients, but not sufficiently deficient such that overt signs of scurvy, pellegra or beri-beri manifest themselves. This "less-than-optimal" nutritional state can affect our ability to function properly, weaken our immune system, and increase our risk of disease.

"...As researchers learned more about vitamins and minerals and their chemical pathways and storage in the body, they recognized classical deficiency diseases to be one of the final stages in long-term depletion of vitamin or mineral status. Current laboratory tests can assess the vitamin or mineral concentrations in blood, urine, and more specifically in the cells or tissues. Marginal nutrient status is detected at this level long before overt symptoms are recognized. For example, iron deficiency anemia is the fourth or clinical stage of iron deficiency. Iron levels in the tissues slowly have been drained prior to the loss of red blood cells in anemia. Poor concentration and changes in personality or mood are likely to develop during the stages of marginal iron deficiency, although no signs of iron loss, indicative of the clinical stage of deficiency, are detected in routine blood tests.

"There is evidence that marginal nutrient deficiencies exist in the United States. Marginal nutrient deficiencies are found in all segments of the population, but especially in pregnant women, alcoholics and drug abusers, children, and the elderly. School children who consume diets low in zinc develop a marginal zinc deficiency and as a result are shorter in stature than children who consume optimal amounts of zinc. Marginal nutrient deficiencies are common in

hospitalized patients who consume inadequate diets during illness and stress, when nutrient needs are highest. Poor nutrition during times of illness can weaken the body's natural defense against disease and hamper the healing process. Vague discomfort and muscle weakness in the elderly has been attributed to marginal intake and status of vitamin C. The body is more susceptible to cold and infections when dietary intake of vitamins and minerals, especially iron, zinc, vitamin A, vitamin B12, vitamin B6, and folic acid, is marginal. Depression, anxiety, and nausea are reported long before the appearance of clinical signs of nutrient deficiency when people consume a diet marginal in vitamin B1.

"Long-term marginal intake of nutrients might be associated with the development of the degenerative diseases. Low intake of chromium is associated with high blood sugar levels and adult-onset diabetes... Suboptimal consumption of magnesium is linked to an increased risk for sudden death from heart attack, and the risk for experiencing a heart attack or irregular heartbeat associated with heart disease declines when adequate amounts of magnesium are consumed. Low dietary intake or blood levels at the low end of the normal range for vitamin A are associated with an increased risk for developing several forms of cancer..."⁴

Should we be satisfied with the absence of overt deficiency disease symptoms, or should our goal be optimal nutrition, and optimal function. The "RDA" values on food labels are not meaningful in this regard. Those are the amounts of vitamins and minerals estimated to be necessary to prevent overt deficiency states. The RDA's are not the amounts necessary to provide optimal tissue levels of these essential nutrients. The amounts of vitamins and minerals for optimal nutritional support of often many times higher, and when used therapeutically, even higher still.

For example, Dr. Robert Atkins, in his new book, Dr. Atkin's Vita-Nutrient Solution, makes the following comment when discussing the appropriate daily dose of vitamin C:

"And with that we touch upon the key to vitamin C: the right amount. Here's a clue for how much that should be: It's not the RDA, or double the RDA, or even quadruple it. The RDA was set long ago at 60 mg, but science has learned far more since then. As has been demonstrated over and over, we need a full gram (1,000 mg, or almost seventeen times the RDA) for prevention of illness and probably much more for dealing with it."²

Therapeutic Agents

In the previous section, we explained the role vitamins and minerals play in preventing deficiency diseases and promoting optimal health and cellular function. But there is another role for these nutrients, and that is as therapeutic agents, treating disorders rather than preventing them.

In higher doses, vitamins and minerals are important therapeutic agents. Often, they exhibit properties that should make them the preferred treatment of choice, but physicians are still reluctant to adopt this approach.

There is little question but that many vitamins and minerals exhibit valuable therapeutic properties, with a much higher "benefit to risk" ratio than most drugs.

In most cases, therapeutic uses of vitamins falls outside the function of multivitamin-multimineral preparations. When treating high cholesterol, for example, you would take additional pantothenic acid, or niacin beyond what is found in the multiple. Extra vitamin B6 is necessary when treating asthma, or carpal tunnel syndrome. Extra vitamin A, vitamin C and zinc are needed when there is an immune system problem.

Summary

In general, a good broad-spectrum multivitamin-multimineral supplement should represent the foundation of a good supplement program. Not only should it serve to prevent overt deficiencies of the essential nutrients, but it should also provide optimal levels of vitamins and mineral to ensure optimal health.

But the distinction between nutrient and therapeutic agent is a blurry one, and it would be a mistake to consider a good multivitamin-multimineral only as a "nutritional insurance policy." No better example of this could be found than the recent study published in The Journal of the American Medical Association.³

In this study, it was reported that women who increased daily intake of two B-vitamins, folate and vitamin B6 above current recommended levels reduced their risk of developing coronary heart disease by as much as 50%! "Our findings suggest that the daily intake of these two vitamins ought to be higher than currently recommended daily allowance" said the lead author. And he expects to see the same results for men. "We are doing a study of 50,000 men, and our preliminary results are almost identical."

This is truly a remarkable study. It is remarkable for two reasons. First, it was published in a conventional medical journal, and secondly, it is remarkable to consider the impact of taking a few extra vitamins on one of our most serious diseases, coronary heart disease.

And the amounts of folate and B6 involved would have easily been obtained from a good multivitamin-multimineral supplement.

References:

1. Hoffman M.D., Ronald. Intelligent Medicine. Fireside, Simon & Schuster. 1997.
2. Atkins M.D., Robert. Dr. Atkins Vita-Nutrient Solution. Simon & Schuster. 1998.
3. Rimm, Eric. JAMA. 1998;279:359-64)
4. Somer, Elizabeth & Health Media of America. The Essential Guide to Vitamins and Minerals. HarperPerennial.

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In designing Willvite, the following features were incorporated:

- a full 1000 mg of Calcium and 500 mg of Magnesium were included
- natural beta carotene, as mixed carotenoids from D. Salina was utilized
- 5,000 IU of vitamin A, with functions not provided by carotenes, was included
- 300 IU of natural vitamin E was incorporated—enough for those not taking additional vitamin E supplements, but not too much for those who do.
- only 9 mg of iron was included, one-half the current daily value
- chelated forms of trace minerals were utilized
- accessory nutrients (such as choline, inositol, PABA, boron, silicon) were included.
- 25 to 50 mg each of the B-complex vitamins, with 1000 mg of vitamin C
- glutamic acid HCl and Betaine Hydrochloride added for better absorption

Four Tablets Provide:

Vitamin A (acetate)	5,000 IU
Natural Beta Carotene (D. Salina)	15,000 IU
Vitamin C (ascorbic acid/calcium ascorbate)	1,000 mg
Vitamin D-3 (cholecalciferol)	400 IU
Vitamin E (d-alpha tocophneryl succinate)	300 IU
Vitamin K (phytonadione)	60 mcg
Vitamin B1 (thiamine)	25 mg
Vitamin B2 (riboflavin)	25 mg
Niacin (as niacinamide)	50 mg
Vitamin B6 (pyridoxine)	25 mg
Folic Acid (folacin)	400 mcg
Vitamin B12 (hydroxo-cobalamin)	100 mcg
Biotin	300 mcg
Pantothenic Acid (d-calcium pantothenate)	50 mg
Calcium (carbonate and citrate)	1000 mg
Iron (chelated ferrous fumarate)	9 mg
Iodine (from Norwegian kelp)	150 mcg
Magnesium (oxide and aspartate)	500 mg
Zinc (amino acid chelate)	30 mg
Selenium (L-selenomethionine & selenite)	200 mcg
Copper (chelated copper gluconate)	2 mg
Manganese (chelated manganese gluconate)	5 mg
Chromium (as picolinate)	200 mcg
Molybdenum	150 mcg
Potassium (amino acid chelate)	37.5 mg
Betaine Hydrochloride	50 mg
Choline Bitartrate	50 mg
Glutamic Acid Hydrochloride	50 mg
Inositol	25 mg
PABA (para amino benzoic acid)	10 mg
CoQ10	5 mg

Lutein	1 mg
Boron	1 mg
Silicon (from horsetail)	350 mcg
Vanadium (sulfate)	10 mcg

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