

# Astra-Vites™

## DESCRIPTION

Astra-Vites™ provided by Douglas Laboratories® is a great tasting, multiple vitamin-mineral-trace element supplement designed for children ages four and up. Each chewable orange-flavored tablet provides essential vitamins and minerals for healthy, growing children.

## FUNCTIONS

Studies show that a high percentage of children in North America and other developed countries eat less than the minimum daily allowance of many essential nutrients. Adequate amounts and proper balance of these nutrients are needed not only for maintaining good health, but also for satisfying the special nutritional demands of growth and development during childhood. Astra-Vites™ has been carefully designed and formulated to contain the right proportions of vitamins, minerals, and trace elements without danger of toxic build-up and without side effects. Each ingredient is selected in consideration of its absorbability, competitive relationship with other nutrients, taste, allergenic potential, and long-term safety.

## INDICATIONS

Astra-Vites™ is ideal for children that are at risk for vitamin, mineral and trace element deficiencies due to sub-optimal dietary intake, and life style.

## FORMULA (#7038)

### Two Tablets Contain:

Vitamin A (as Vitamin A Acetate) .....	5,000	I.U.
Vitamin D .....	400	I.U.
Vitamin E .....	15	I.U.
Vitamin C .....	60	mg
Vitamin B-2 .....	3	mg
Niacinamide.....	20	mg
Vitamin B-6 .....	2	mg
Vitamin B-12 .....	10	mcg
Pantothenic Acid .....	10	mg
Folic Acid .....	400	mcg

Iodine .....	30	mcg
Magnesium (as Magnesium Chelate) .....	0.62	mg
Manganese (as Manganese Chelate) .....	0.42	mg
Zinc (as Zinc Chelate) .....	0.12	mg
Calcium (as Calcium Chelate) .....	22	mg
Phosphorus (as Phosphorus Chelate) .....	10	mg

## SUGGESTED USE

Children 4 years and older take 2 tablets daily with meals or as directed by physician.

## SIDE EFFECTS

No adverse side effects reported.

## STORAGE

Store in a cool, dry place, away from direct light. Keep out of reach of children.

## REFERENCES

- Albertson AM, Tobelmann RC, Engstrom A, Asp EH. Nutrient intakes of 2- to 10-year-old American children: 10-year trends. *J Am Diet Assoc* 1992;92:1492-6.
- American Academy of Pediatrics, Committee on Nutrition. *Pediatric Nutrition Handbook*, Bames LA, 1993.
- Berenson GS, Srinivasan SR, Nicklas TA. Atherosclerosis: a nutritional disease of childhood. *Am J Cardiol* 1998;82:22T-29T.
- Breslow RA, Subar AF, Patterson BH, Block G. Trends in food intake: the 1987 and 1992 National Health Interview Surveys. *Nutr Cancer* 1997;28:86-92.
- Lee WT, Leung SS, Leung DM, Tsang HS, Lau J, Cheng JC. A randomized double-blind controlled calcium supplementation trial, and bone and height acquisition in children. *Br J Nutr* 1995;74:125-39.
- Lee WT, Leung SS, Leung DM, Wang SH, Xu YC, Zeng WP, Cheng JC. Bone mineral acquisition in low calcium intake children following the withdrawal of calcium supplement. *Acta Paediatr* 1997;86:706-710. (on reverse)
- National Research Council, Food and Nutrition Board. *Recommended Dietary Allowances*. National Academy Press, Washington DC, 1989.
- Nicklas TA. Dietary studies of children: the Bogalusa Heart Study experience. *J Am Diet Assoc* 1995;95:1127-33.
- Pennington JA. Intakes of minerals from diets and foods: is there a need for concern? *J Nutr* 1996;126:2304S-2308S.
- Pennington JA, Schoen SA. Total diet study: estimated dietary intakes of nutritional elements, 1982-1991. *Int J Vitam Nutr Res* 1996;66:350-62.
- Riordan DJ. Effects of orthodontic treatment on nutrient intake. *Am J Orthod Dentofacial Orthop* 1997;111:554-61.

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**These statements have not been evaluated by the Food and Drug Administration.  
This product is not intended to diagnose, treat, cure, or prevent any disease.**

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