

Vitamins & Minerals

FAT-SOLUBLE VITAMINS

10000-50000 IU		400-600 IU	
A		D	
1875 5000 4000 4000/6500/6000	2000-3500 1000 800	300-400 400 400 400/400/400	400 400-200 400-200
Retinol/β-Carotene		Cholecalciferol	
200-800 IU		65-80 µg	
E		K	
4.5-6 15 12 15/18/16.5	9-10.5 15 12	5-10 45-65 45-55 65/65/65	15-30 70-80 60-65
D-α-Tocopherol		Phytonadione	

Optimum Daily Allowance¹

Symbol ²	10000-50000 IU	400-600 IU	Name(s) ¹⁰
A	1875 5000 4000 4000/6500/6000	2000-3500 1000 800	Retinol/β-Carotene
RDA: Infants (0-1) ³			
RDA: Male (11-18) ⁵			
RDA: Female (11-18) ⁷			
RDA: Pregnant/ Lactating (1st 6 months)/ Lactating (2nd 6 months) ⁹			
RDA: Child (1-10) ⁴			
RDA: Male (19+) ⁶			
RDA: Female (19+) ⁸			

1. Research has clearly shown that ingesting megadose quantities of vitamins and minerals can offer significant health benefits.
 2. The accepted symbol or short form is used wherever possible. Vitamin K and potassium share the same symbol; Vitamin P and phosphorus also share the same symbol. 3-9. The RDA is a dietary standard based on the quantities of certain nutrients believed to meet the nutritional needs of most healthy persons (source: Food and Nutrition Board of the National Research Council, 1989). These allowances should not be confused with requirements for a specific individual. RDA values for some nutrients have not been established — estimated safe and adequate daily intake levels (if they exist) are given instead. (The RDA for Vitamin A assumes more than half will be in the form of β-carotene. Therefore, the conversion factor is 1 RE = 5 IU.) 10. For some nutrients, several accepted names and/or forms exist (e.g., A, D, E, K, B3, B6, folic acid). Only the most common and/or the most important names are listed. Some commercial products use alternate or artificial forms of a nutrient in order to improve stability, after assimilation properties or reduce costs (e.g., the hydroxycobalamin or cyanocobalamin forms of B12).

Notes: Choline, Inositol, PABA, and Vitamin P are not classified as vitamins • α = alpha, β = beta, and µ = mcg = micrograms

MINERALS

1000-1500 mg		50-300 µg		15-30 mg	
Ca		I		Fe	
400-600 1200 1200 1200/1200/1200	800 1200-800 1200-800	40-50 150 150 175/200/200	70-120 150 150	6-10 12 15 30/15/15	10 10 15-10
Calcium		Iodine		Iron	
500-750 mg		200-400 mg		22.5-50 mg	
Mg		P		Zn	
40-60 270-400 280-300 320/355/340	80-170 350 280	300-500 1200 1200 1200/1200/1200	800 1200-800 1200-800	5 15 12 15/19/16	10 15 12 12
Magnesium		Phosphorus		Zinc	

WATER-SOLUBLE VITAMINS

B₁ 0.3-0.4 1.3-1.5 1.1 1.5/1.6/1.6 Thiamin	B₂ 0.4-0.5 1.5-1.8 1.3 1.6/1.8/1.7 Riboflavin	B₃ 5-6 17-20 15 17/20/20 Nicotinic Acid/Niacin	B₅ 2-3 4-7 4-7 Pantothenic Acid	B₆ 0.3-0.6 1.7-2.0 1.4-1.5 2.2/2.1/2.1 Pyridoxine
B₁₂ 0.3-0.5 2.0 2.0 2.2/2.6/2.6 Cobalamin	Folic Acid 25-35 150-200 150-180 400/280/260 Folacin/Folate	H 10-15 30-100 30-100 Biotin	C 30-35 50-60 50-60 70/95/90 Ascorbic Acid	P • No RDA established • Believed to be anti-oxidants (not considered vitamins) Bioflavonoids
Choline • No RDA established • Average adult diet contains 500-900 mg/day Choline	Inositol • No RDA established • Average healthy adult intake is 1000 mg/day Inositol	PABA • No RDA established • Typical doses often used are 100-300 mg three times a day p-Aminobenzoic Acid		

TRACE MINERALS

Cl 275-1200 1400-4200 1400-4200 Chloride	Cr 200-600 µg 10-60 50-200 50-200 Chromium (GTF)	Cu 0.4-0.7 1.5-2.5 1.5-2.5 Copper	F n/a 0.1-1.0 1.5-2.5 1.5-2.5 Fluoride	Ge n/a • No RDA established • As a supplement, recommended dosage is 30-150 mg/day Germanium
Mn 15-30 mg 0.3-1.0 2.0-5.0 2.0-5.0 Manganese	Mo 45-500 µg 15-40 75-250 75-250 Molybdenum	K 800-1500 mg 500-700 2000 2000 Potassium	Se 50-400 µg 10-15 40-50 45-50 65/75/75 Selenium	Na⁺ 2000 mg 115-750 900-2700 900-2700 Sodium

SPECIAL REQUIREMENTS

Athletes • Increase B-group and C vitamins • Deficiency in iron may also be an area of concern	Dieters • Supplements may be required if diet is 1200 kcal/day or less • Weight and activity levels may also be factors	Elderly • Vitamin supplementation is often required • Fe, Ca, Zn, folic acid, fiber, B ₂ , and B ₆ are areas of concern	Food Allergies • Eliminating certain food types may require specific supplementation and/or changes in other food groups	Infants • Vitamin K injection should be received at birth • Supplement Vitamin D if breast fed (Vitamin B ₁₂ if fed by strict vegetarians)	Lack of Sunlight • Increase Vitamin D supplementation • Low Vitamin D levels affect calcium metabolism
PMS • B ₆ supplementation may help reduce headaches, irritability, swelling, lethargy, depression, etc.	Pregnant/Lactating • Increase vitamin and mineral intake according to guidelines for pregnant women (e.g., B-group, A, D, E, Ca, Fe, Mg, P, Zn)	Smokers • Increased metabolic requirements for Vitamin C • Smoking irritates the digestive tract	Stress • Chemical, physical, and emotional stress increase the need for B ₅ , B ₆ , C, and E	Strict Vegetarians • Supplement diet particularly with B ₁₂ , B ₂ , and D	Teenagers • Rapid growth places high demands on nutritional resources • Supplement diet with A, C, Ca, Fe, etc.

• This reference guide is intended for general informational use only
 • Anyone considering a supplementation program should consult a health care professional beforehand

