The Right Stuff

Tips for choosing a good multivitamin/mineral tablet

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Wanna pop another pill? Yeah, *right*. But wait! We're talking a multivitamin/mineral tablet.

"A multivitamin with minerals is the most inexpensive, convenient and safe way to improve your health," says Eve Prang Plews, a licensed nutritional counselor in Sarasota, Florida. She has seen neurological, immune, digestive and nervous system improvements in people with HIV whose only daily supplement is a multivitamin. She recommends beginning a multi the day of diagnosis and adding individual nutrients if affordable.

But One-A-Day is not what the doctor ordered. Lark Lands, an HIV nutrition educator in Georgetown, Colorado, recommends shopping for a hypoallergenic, sugar-free multivitamin/mineral. Key features to look for:

Good absorption and metabolic function. Choose tablets with minerals that pass more easily through the intestinal wall-those with names ending in citrate, fumarate, malate, asparate, ascorbate, glycinate, picolinate, and those from vegetable culture sources. Avoid gluconates, carbonates, oxides and sulfates.

Important trace minerals (such as chromium, zinc, manganese, molybdenum and selenium) as well as **important macrominerals** (such as calcium, magnesium and potassium).

An extensive list of B vitamins, using advanced forms (coenzymes) to make up for an inability to convert the vitamins. For example, B-6 in the form of pyridoxal-5-phosphate, not pyridoxine; and B-2 in the form of riboflavin-5-phosphate, not just riboflavin.

Natural vitamin E (d-alpha tocopherol) rather than synthetic (dl-alpha tocopherol).

Very high potency. Even though there are no firm rules here, researchers have found people with HIV may need five to 25 times the RDA (recommended daily allowance) of such vitamins at B-6, B-12, C and E.

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