

# Original Research Article

## Doctor Experiences on the Use of Multivitamin and Multimineral Supplement in their Daily Practice - A Retrospective Real-World Evidence from India

### Abstract

**Aims:** To capture valuable insights from healthcare professionals (HCPs) regarding their experiences with a multivitamin multimineral supplement (MVMS) in making evidence-informed decisions regarding the use, benefits, and integration into broader nutritional strategies in their clinical practice.

**Study Design:** A retrospective real-world data survey.

**Place and Duration of Study:** Across India, from September 10 to October 16, 2024.

**Methodology:** A total of 250 HCPs, including general practitioners, physicians, dermatologists, and ENT specialists, participated. Data was collected via a validated 23-question close-ended questionnaire focusing on the usage of a MVMS patient outcomes, and clinical practices. E-consent was obtained, and responses were logged in securely.

**Results and Discussion:** Calcium deficiency was reported in 61.2% of women, while fatigue emerged as the most common and debilitating symptom of iron deficiency, reported by 80.4% of HCPs. 98% of HCPs agreed that MVMS helps reduce fatigue and enhances energy within 2-3 weeks, while 95% confirmed its role in accelerating recovery from acute illnesses. Furthermore, 94.4% of HCPs acknowledged that MVMS helps boost immunity, reduces the frequency of illnesses, improves productivity and quality of life. Notably, 82% of HCPs recognised that MVMS helps in speeding the recovery from illnesses in their patients by 50%. 89.6% of HCPs believed that MVMS helps their patients gain energy in 2-3 weeks/a month of daily consumption by upto 50%. Beyond physical health, 87.6% of HCPs recognised that MVMS helps improve mental alertness, stress, enhances cognitive and mental health, and aspects of daily functioning by reducing mental fatigue and improving stamina. Additionally, 94.4% of HCPs affirmed that MVMS helps patients return to their normal routines faster, typically within 2-3 weeks, reducing infection rates and absenteeism.

**Conclusion:** MVMS has emerged as a scientifically validated intervention to address micronutrient deficiencies, helps contribute to improve immunity, accelerate recovery, improve energy levels, reducing fatigue, and support cognitive and mental health. The balanced composition of 12 vitamins, 2 minerals, 5 trace elements, and a amino-acid, is well-tolerated across diverse populations, making it an integral component of preventive and therapeutic healthcare strategies.

**Keywords:** *Multivitamins and multiminerals, acute illness, immunity, improved recovery, energy gain, reduce fatigue*

## **1. INTRODUCTION**

Nutrition is the strongest and most adjustable component in reducing the burden of disease throughout the lifespan of an individual. Adequate and balanced nutrient intake along with effective metabolism provide the substrates for the normal physiological functions of the human body (Kiani AK, et al., 2022). Micronutrient deficiencies occur when nutrient intake falls below the recommended dietary intake but remains above the level of clinical deficiency. Micronutrient deficiencies result in overt clinical symptoms and often cause hidden or subclinical symptoms, making them difficult to detect. An energy-rich but nutrient-deficient diet can exacerbate these deficiencies, leading to "hidden hunger" (Kiani AK, et al., 2022).

### **Prevalence and Consequences of Micronutrient Deficiencies**

Globally, approximately two billion people suffer from deficiencies in one or more micronutrients, such as iron, folic acid, and vitamin B<sub>12</sub>. In India alone, nutritional deficiencies contributed to 0.5% of total deaths in 2016. A staggering 70% of the Indian population consumes less than 50% of the recommended dietary allowance (RDA) for micronutrients.<sup>2-4</sup> Micronutrient deficiencies, caused by insufficient intake or impaired absorption due to infections or inflammation, are prevalent across all age groups in India (Maggini, et al., 2018; Gonmei, et al., 2018; Gombart, et al., 2020).

Vitamin B<sub>12</sub> deficiency is particularly concerning, with a prevalence reported as 35%, and it was found to be significantly higher among vegetarians (54%) compared to individuals on a mixed diet (31%). Additionally, only 40% of the population meets the 70% of the RDA for B<sub>12</sub> (Shivaprasad, et al., 2016). Approximately 80%–85% of the Indian population suffers from varying degrees of vitamin D deficiency, often coupled with widespread dietary calcium deficiency, despite adequate exposure to sunlight (Harinarayan, et al., 2021). Vitamin D plays a crucial role in pain regulation, influencing hormonal, neurological, and immunological factors, and its deficiency is linked to chronic pain conditions such as headaches, abdominal pain, musculoskeletal pain, back pain, fibromyalgia, and muscle weakness and spasms (Shipton, et al., 2015).

Iron deficiency is another major concern in the Indian population. As per the National Family Health Survey-5 (2019-2021), a staggering 57.2% of Indians aged between 15-48 years were reported to be anemic (Givens, et al., 2024).

Fatigue, lack of energy, lack of concentration, and dyspnea and/or weakness are the frequent manifestations of iron deficiency (Weckmann, et al., 2023). Subclinical deficiencies of essential vitamins and minerals are linked to impaired immunity, fatigue, and cognitive deficits and are frequently overlooked due to their non-specific nature, thus delaying clinical intervention (Tardy, et al., 2020).

Micronutrient deficiencies can accelerate the natural aging processes, reduce the immune defence, eyesight-hearing, and cognitive performance. Low plasma levels of vitamin B<sub>12</sub> and folate, accompanied by elevated homocysteine levels, are independent predictors of mortality risk in older adults. Vitamin B<sub>12</sub> deficiency could contribute to the development of peripheral nerve damage with numbness of the extremities, pain, restless legs, difficulty walking, balance problems, and diminished quality of life (Gombart, et al., 2020; Annweiler, et al., 2017; Tulchinsky, 2010).

At the onset of an acute infection, symptoms can manifest as fever, nausea, poor appetite, cough, abdominal pain, vomiting, diarrhea, and headache (Hulme, et al., 2017). Fatigue is a highly prevalent (63%) and debilitating symptom, often preceded by an acute infectious episode in certain patients (Hulme, et al., 2017; Bennett, et al., 1998). Sleep disturbances, pain, myalgias, arthralgias, and headaches are also commonly reported symptoms during the post-infectious stage (Tackey, et al., 2024). An observational cohort study revealed that 38% of individuals experienced long-term musculoskeletal pain, while 35% reported persistent headaches (Tackey, et al., 2024). In some cases, individuals may experience neurological symptoms and extended bouts of diarrhea (Hulme, et al., 2017). Infections can lead to a reduced intake of food, impairment of nutrient absorption, and increased nutrient requirements. This in turn reduces the caloric intake, and this caloric suppression can result in both decreased macro- and micronutrient intake. The interplay between nutritional status and the acute-phase response is particularly evident in regions where malnutrition and infectious diseases are widespread. The acute phase response triggered by infection elevates energy expenditure to generate fever and accelerates the catabolism of macronutrients. Additionally, infections suppress appetite, reduce nutrient absorption, and can increase nutrient requirements by promoting the direct loss of micronutrients. Conversely, malnutrition exacerbates vulnerability to infections by compromising both innate and adaptive immune responses. Addressing this bidirectional relationship necessitates integrated interventions aimed at improving nutritional status and mitigating the burden of disease in developing regions (Bresnahan, et al., 2014).

## **Micronutrient Deficiencies and Major Deficiency Disorders**

Vitamin B<sub>12</sub> deficiency, linked to *H. pylori*-induced gastric atrophy, causes megaloblastic anemia. Folate deficiency is associated with neural tube defects, cardiovascular diseases, and depression. Thiamine deficiency causes beriberi; riboflavin deficiency leads to fatigue and impaired iron absorption; niacin deficiency results in pellagra; and vitamin B<sub>6</sub> deficiency causes anemia,

neurological disorders, and elevated homocysteine (Tulchinsky, 2010). All B vitamins are vital for cellular energy production, where any deficiency disrupts metabolism (Tardy, et al., 2020). Vitamin A deficiency increases infection risk, alters immunity, and raises the likelihood of diarrhea (Huang, et al., 2018).

Among the key minerals, iron deficiency results in anemia, reduced learning and work capacity, and increased maternal and infant mortality, as well as low birth weight. Zinc deficiency contributes to impaired growth and decreased resistance to infectious diseases. Calcium deficiency can lead to decreased bone mineralization, rickets, and osteoporosis. Selenium deficiency is associated with cardiomyopathy and an increased risk of cancer and cardiovascular diseases (Tulchinsky, 2010). Fatigue, lethargy, staggering, muscle cramps, and loss of appetite are some of the common manifestations of magnesium deficiency and can have a substantial impact on physical performance (Tardy, et al., 2020). Individuals with acute illnesses may be prone to developing chromium deficiency, as, acute illnesses reduce the availability of circulating chromium, which may cause altered glucose metabolism (Berger, et al., 2022).

Inadequate intake of essential micronutrients such as vitamin C, zinc, and vitamin D has been associated with increased vulnerability to respiratory infections and impaired immune function. Low vitamin C intake is linked to a higher risk of pneumonia and severe infections of the respiratory tract , while zinc deficiency, compromises immune function. Similarly, low vitamin D levels are associated with a higher risk of acute respiratory tract infections (Fantacone, et al., 2020).

A cross-sectional study conducted in the elderly population found that deficiencies in folic acid, zinc, and vitamins C, D, B<sub>6</sub>, or B<sub>12</sub> were linked to recent episodes of the common cold or pneumonia. Additionally, lower levels of zinc levels were associated with increased vulnerability to infectious diseases such as malaria, diarrhea, and acute lower respiratory infections. Supplementation with multivitamins and minerals has been shown to reduce the frequency, duration, and severity of acute respiratory infections. Even mild micronutrient deficiencies can negatively impact the immune system of otherwise healthy adults (Wang, et al., 2019).

### The Role of Balanced Nutrition and Multivitamin-Multimineral Supplements in Optimizing Health

Optimal immune function relies on adequate nutrition, which ensures a steady supply of macro- and micronutrients vital for immune responses. Key micronutrients such as vitamins A, C, D, E, B<sub>2</sub>, B<sub>6</sub>, B<sub>12</sub>, folic acid, vitamin D, calcium, iron, selenium, magnesium, zinc, copper are essential for maintaining immune competence. Poor nutrition compromises immune responses, increasing susceptibility to infections (Maggini, et al., 2018; Gonmei, et al., 2018; Gombart, et al., 2020).

The complexity of the immune system necessitates multiple specific micronutrients, each playing synergistic roles in different stages of immune responses (Table 1) (Saboo, et al., 2024).

Table 1: Role Of Various Micronutrients in the Human Body	
Vitamin/mineral	Role in the human body
Vitamin B1	Antioxidant; inhibits oxidative-stress-mediated stimulation of NFκB.
Vitamin B2	Anti-inflammatory; cofactor for enzymes.
Vitamin B6	Regulates intestinal immunity; maintains NK cell cytotoxicity activity.
Folate	Maintains NK cell cytotoxicity activity.
Vitamin B12	Immunomodulator for cellular immunity.
Vitamin C	Maintains redox homeostasis; regenerates antioxidants to the active state.
Vitamin E	A fat-soluble antioxidant that protects against free radicals enhances IL-2 production, decreases prostaglandin production.
Vitamin D	Increases the oxidative potential of macrophages; reduces the expression of proinflammatory cytokines.

<b>Zinc</b>	Maintains/enhances NK cell cytotoxicity activity; plays a role in the growth and differentiation of immune cells; enhances phagocytic activity of peritoneal macrophages.
<b>Selenium</b>	Selenoproteins are important for antioxidant defence.
<b>Iron</b>	Bacterial killing by neutrophils, components of enzymes critical for immune cell functioning.
<b>Magnesium</b>	Co-factor for enzymes and stabilized nucleic acids, involved in DNA replication and repair.
<b>DNA, deoxyribonucleic acid; IL-2, interleukin-2; NFκB, nuclear factor kappa B; NK, natural killer</b>	

A growing body of evidence demonstrated significant correlations between nutrients and immunity, particularly that micronutrients can positively modulate immune responses. Micronutrients enhance resistance to illness and can help redirect the inflammatory response to benefit the individual. In humans with a single nutrient deficiency, the roles of certain vitamins, minerals, and trace elements (vitamins A, C, D, and E; folic acid; vitamins B<sub>6</sub> and B<sub>12</sub>; iron; riboflavin; selenium; and zinc) are essential for sustaining immunocompetence and have been well-established. Restoring deficient nutrients in the diet has been shown to restore immune function and increase resistance to infection (Alpert, 2017). A balanced combination of multiple vitamins and minerals offers numerous health benefits, including reducing fatigue, accelerating recovery from both acute and chronic illnesses, and enhancing mental health and physical stamina. These supplements help maintain consistent energy levels, ensuring productivity throughout the day. Additionally, their long-term use is associated with sustained health benefits, supporting overall well-being. Importantly, they are safe and well-tolerated, making them a reliable choice for individuals seeking to optimize their health and vitality (Tardy, et al., 2020; Saboo, et al., 2024).

The current National Institute of Nutrition Guidelines India for Micronutrient Supplementation has recognized the need for adequate intake of multiple vitamins, minerals, and antioxidants across age groups. The European Society for Parenteral and Enteral Nutrition recommends that patients receiving enteral/parenteral nutrition should receive adequate amounts of vitamins and all essential trace elements from the initiation of nutritional support. Micronutrient supplements shall be provided orally or enterally if this can be done safely and effectively (Alpert, 2017).

Evidence on the effectiveness of dietary supplements, particularly a multivitamin-multimineral supplement (MVMS), has been inconsistent, making it challenging for healthcare professionals to provide clear recommendations (Blumberg, et al., 2023). To address this, a survey questionnaire was formulated, drawing upon expert opinion, to clarify the potential role of a MVMS in supporting human health.

This survey aimed to capture valuable insights from healthcare professionals regarding their experiences with a MVMS in making evidence-informed decisions regarding the use of MVMS, highlighting its possible benefits, limitations, and considerations for different age groups of individualized patient care and the integration of MVMS into broader nutritional strategies where applicable.

## 2. METHODOLOGY

### Study Design and Setting

This was a retrospective Real-World Data (RWD) survey conducted through a questionnaire-based approach to gather comprehensive insights from healthcare professionals regarding their experiences with a MVMS (Supradyn daily). The study aimed to support the following objectives:

1. Gain deeper insights into how MVMS is integrated into clinical practice.
2. Identify areas of strength and potential for improvement for of MVMS based on the experience of the user.
3. Inform scientific and marketing strategies to better resonate with healthcare professionals and consumers by understanding the patient needs.

4. Enhance the scientific prospects of MVMS healthcare professional feedback and preferences along with patient requirements.

The mixed-method approach included quantitative components to provide a thorough understanding of the perspectives of healthcare professionals.

The survey was conducted from September 10, 2024 to October 16, 2024, using an online platform for ease of access and broad reach across India. The study used a validated, structured questionnaire designed to align with the survey objectives and capture the real-world experiences of healthcare professionals with MVMS.

**Study Population**

Participants included doctors with various levels of experience and specialization, ensuring a representative sample of healthcare practitioners (HCPs) who regularly engage in prescribing or recommending multivitamin supplements. The study approached HCPs from diverse specialties, including general practitioners, consultant physicians, dermatologists, and ENT practitioners. A total of 250 HCPs participated in the survey, providing feedback on their clinical experiences with MVMS in promoting faster recovery in patients and overall product satisfaction. The participating doctors were evenly distributed across the country, ensuring balanced and unbiased feedback that represents diverse regional practices and perspectives across various regions.

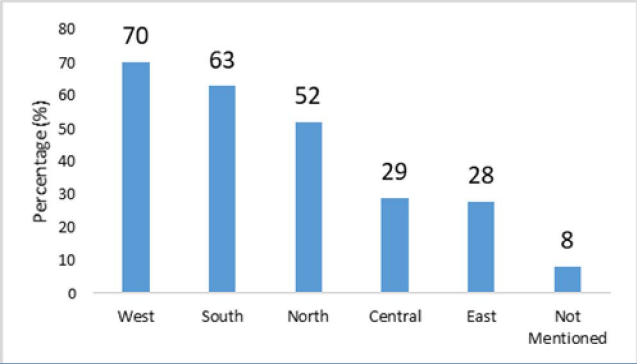
**Data Collection**

Data collection was conducted via a close-ended, 23-question online questionnaire. The survey questionnaire was developed by a panel of experts focusing on usage patterns, patient outcomes, efficacy, and suggestions for improvement. The questionnaire was contextually tailored to capture nuances of clinical practices and patient interactions specific to the Indian healthcare setting. Before participation in the survey, an e-consent was obtained from each HCP and logged on the e-platform for documentation. The survey link was accessible to participants between September 10, 2024 and October 16, 2024, and responses were collected and securely compiled by the research team.

**3. Results**

A total of 250 HCPs from India representing different medical specialties participated in the study with an aim to gain their perception and experience regarding the use of MVMS in their routine clinical practice.

The total responses collected in the study assured regional participation across the country. The highest participation was from the West Zone with 70 HCPs (28%), followed by the South Zone with 63 HCPs (25%), 52 responses from the North Zone (21%), 29 from the Central Zone (12%), and 28 from the East Zone (11%). A small proportion of HCPs (8 responses, 3%) did not specify their zone (Figure 1).



**Figure 1: Participation Across Various Zones in India**

## **Calcium Deficiency**

The survey responses indicated the presence of calcium deficiency among the patients and was observed by 44.8% of HCPs in 31-50% of their weekly patient load, while 24.8% observed it in 20-30% of their patients. Notably, 63.6% of HCPs reported that calcium deficiency was most commonly observed in patients aged 46-70 years. This indicates a higher prevalence of calcium deficiency in this age group, which might be due to age-related declines in bone density and higher calcium needs.

The survey findings showed that calcium deficiency was notably more prevalent among females, and reported by 61.2% of HCPs, while in male patients, it was reported to be 20%. In terms of symptoms, back pain emerged as the most frequently reported manifestation of calcium deficiency, affecting 50% of respondents (125 patients). This was followed by muscle weakness or spasms, reported by 46.8% (117 patients), bone pain in 31.2% of respondents (78 patients), and knee pain in 27.2% (68 patients) of respondents. Additionally, 7.6% (19 patients) mentioned other unspecified health concerns associated with calcium deficiency.

These findings indicate that women are at a higher risk of calcium deficiency, which could possibly be because they are prone to an increased risk of osteoporosis and other calcium-related conditions, including postmenopause. Furthermore, the presence of calcium deficiency in 20% of male patients emphasizes that men, although less frequently affected, also require attention in calcium-related healthcare interventions. The reported symptoms may be debilitating and stress the importance of proactive screening and tailored interventions to mitigate the health impacts of calcium deficiency across genders.

## **Iron Deficiency**

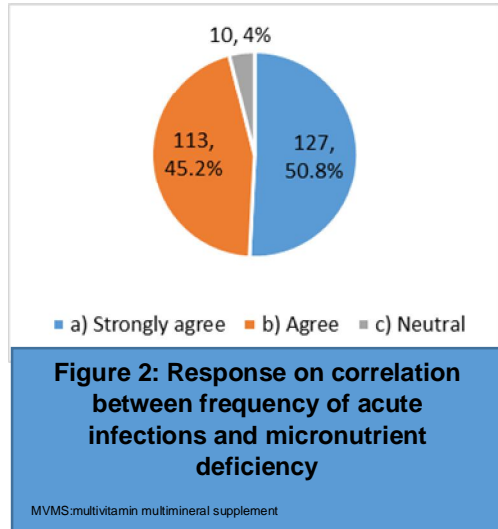
The survey responses indicated that iron deficiency was a prevalent concern and was observed by 45.2% of HCPs in 30-40% of their weekly patient load, while 34.8% reported it in 41-60% of cases. Notably, 57.6% of cases were identified among patients aged 36-55 years, and 19.6% of cases were reported among individuals aged 18-35 years.

A marked gender disparity was observed, with 70.4% of patients affected by iron deficiency being females while male patients accounted for 11.6% of cases. Regarding symptoms, unexplained fatigue or lack of energy emerged as the most frequently reported manifestation, affecting 80.4% of respondents (201 patients). Pale skin was the second most common sign, noted in 26% of cases (65 patients) followed by headaches, particularly during physical activity, were experienced by 17.6% (44 patients), a racing heart by 11.6% (29 patients) and 6.8% (17 patients) mentioned other unspecified symptoms.

These responses indicated that middle-aged individuals particularly the age group of 36-55 years are most vulnerable accounting for more than half of the patients. This could be possibly due to factors such as dietary habits or comorbid health conditions. Also, women represented a significantly higher risk of iron deficiency which could possibly be because of factors such as menstrual blood loss, pregnancy-associated demands, and insufficient dietary iron intake. Although the presence of iron deficiency was less frequent in male patients, but is not exclusive to females. The reported symptoms may be debilitating and impact the quality of life and emphasize on the importance of screening and tailored interventions to mitigate the health impacts of iron deficiency across genders and also for high-risk groups like women and middle-aged individuals.

## **Correlation Between Acute Infections and Micronutrient Deficiencies**

A significant majority (96% combined) of HCPs agreed that there was a strong correlation between micronutrient deficiencies, including vitamin and mineral deficiencies, and the frequency of acute infections (Figure 2). This high level of agreement suggests that practitioners are aware of the potential impact of nutritional status on immune function and the ability of the body to resist and recover from infections.



### Primary Indication for Prescribing MVMS to Patients

66% of HCPs (165 HCPs) selected all of the options reflecting the perceived benefits of MVMS across a broad range of health conditions (general weakness, old age, viral fever, upper respiratory tract infection [URTI], lower respiratory tract infection [LRTI], dengue, malaria, pneumonia, gastroenteritis, and others).

General weakness and old age were reported by 25.6% (64 HCPs), while 16% (40 HCPs) highlighted its use during viral fever. Other reported indications included URTIs and LRTIs (8.4%, 21 HCPs), dengue and malaria (7.2%, 18 HCPs), pneumonia (6.8%, 17 HCPs), and gastroenteritis (2.8%, 7 HCPs). A small proportion (1.6%, 4 HCPs) cited other unspecified indications (Table 2).

Response	Count	%
All of the options	165	66
General weakness, old age	64	25.6
Viral Fever	40	16
URTI, LRTI	21	8.4
Dengue, Malaria	18	7.2
Pneumonia	17	6.8
Gastroenteritis	7	2.8
Other indications	4	1.6

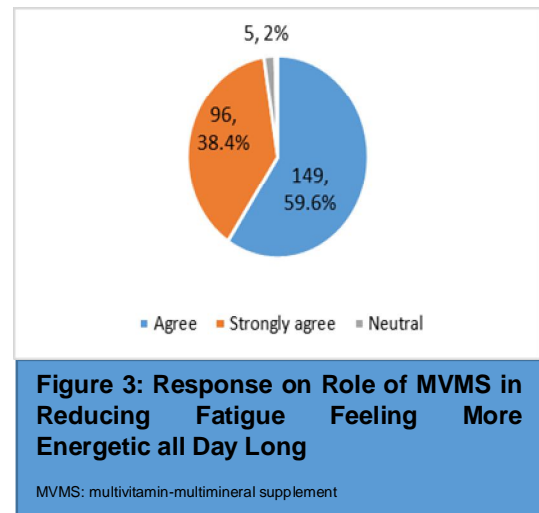
MVMS, multivitamin-multimineral supplement; URTI, upper respiratory tract infection; LRTI, lower respiratory tract infection.

These findings indicate that MVMS is used for a wide array of conditions and suggest that practitioners view it as a versatile supplement for supporting overall health, particularly in cases of general weakness or when patients are at risk of multiple conditions. This broad acceptance reflects confidence in the role of a MVMS in enhancing nutritional status and possibly improving patient outcomes across a range of indications.

### Perspective of HCPs on the Role of MVMS in Reducing Fatigue Levels, thus Feeling More Energetic All Day Long



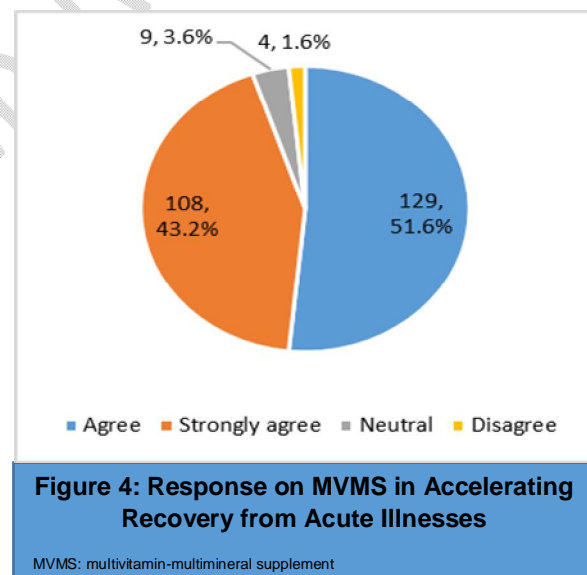
The survey responses highlighted strong agreement among HCPs regarding the efficacy of MVMS in reducing the level of fatigue. A significant 59.6% of HCPs agreed that taking MVMS for a period of 2-3 weeks alleviated fatigue and enhanced overall energy levels throughout the day. Additionally, 38.4% of HCPs strongly agreed with this statement, with the total positive responses at 98% (Figure 3).



These responses highlight the confidence of HCPs that MVMS improves the energy and vitality of patients over a short-term period. The high level of agreement reflected consistent patient outcomes, suggesting that the supplement was effective in alleviating fatigue, thus supporting MVMS as a potential adjunct in managing fatigue and promoting well-being.

#### Role of MVMS in Accelerating Recovery from Acute Illnesses like Viral Fever, Diarrhea, Pneumonia, RTI, Common Cold and Cough

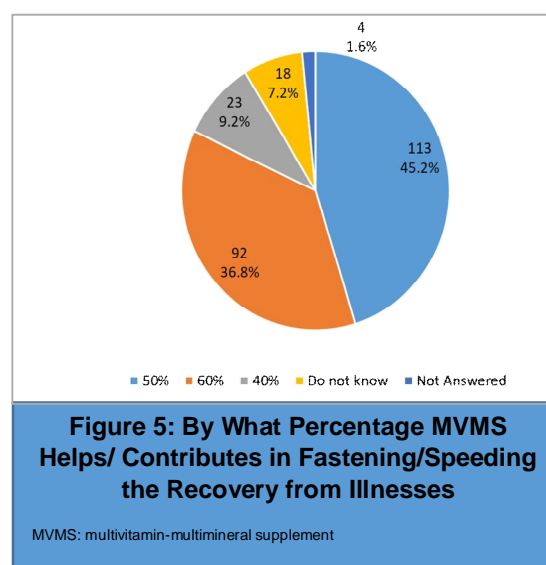
A substantial 95% of HCPs agreed that taking MVMS for a period of 2-3 weeks supports faster recovery from conditions such as viral fever, diarrhea, pneumonia, respiratory tract infections (RTIs), and common cold and cough (Figure 4).



#### MVMS as a Daily Supplement: Facilitating Recovery, Energy Gains, and Improved Immunity

##### *Fastening/Speeding the Recovery from Illnesses*

45.2% of HCPs agreed that MVMS helps/contributes in fastening/speeding the recovery from illnesses in their patients by 50%, 36.8% of HCPs agreed that MVMS



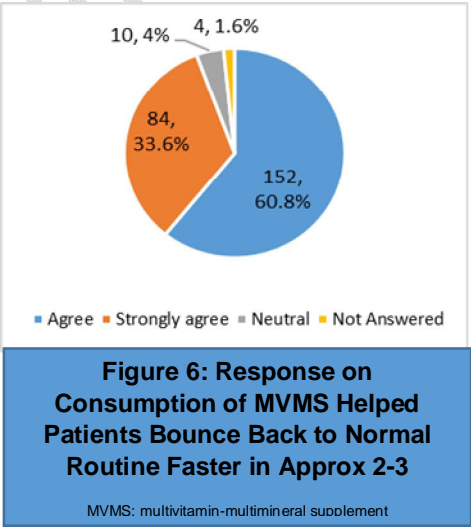
helps/contributes in fastening/speeding the recovery from illnesses in their patients by 60%, and 82% of HCPs acknowledged that MVMS helps/contributes in fastening/speeding the recovery from illnesses in their patients by 50% or more (Figure 5).

These findings suggest that HCPs widely perceive MVMS as a valuable adjunct in managing acute illnesses, with its micronutrient composition playing a critical role in enhancing patients' immune response and faster recovery process. This strong endorsement highlights its potential integration into treatment regimens for acute conditions.

**MVMS: Facilitating Recovery, Energy Gains, and Improved Immunity**

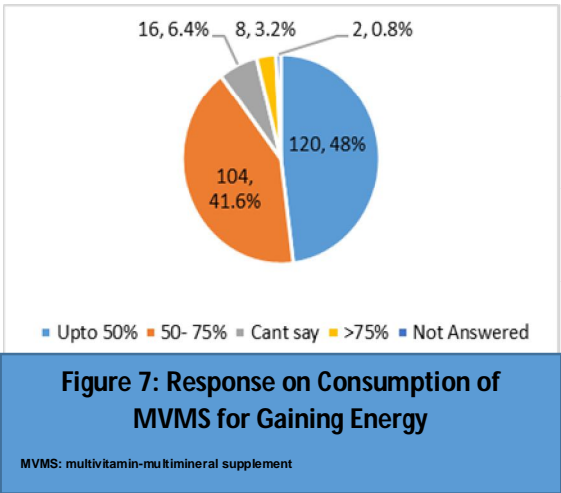
***Faster Return to Routine***

Survey responses revealed that 94.4% of HCPs believed that daily consumption of MVMS helped patients resume their normal routines faster, typically within 2-3 weeks. Of these, 60.8% agreed with the statement, while 33.6% strongly agreed (Figure 6). This overwhelming consensus reflects the confidence of HCPs for prescribing MVMS in expediting recovery and restoring well-being after illness.



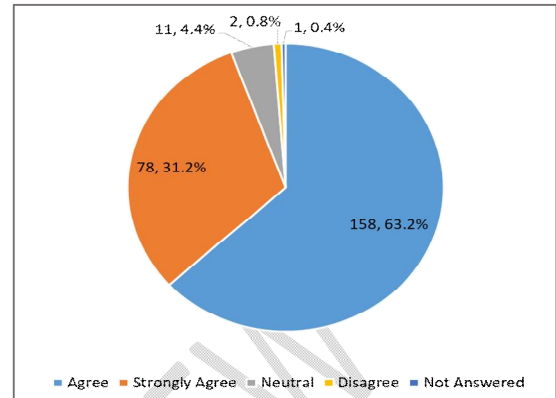
***Contribution to Energy Gains***

Nearly 90% of HCPs estimated that MVMS contributes at least 50% to their patients' energy improvements after 2-3 weeks of consistent use. This underscores the perceived efficacy of MVMS as a supplement for enhancing overall energy, further supporting its integration into recovery protocols (Figure 7). 48% of HCPs believed that MVMS helps their patients gain energy in 2-3 weeks/a month of daily consumption by up to 50%, 41.6% of HCPs believed that MVMS helps their patients gain energy in 2-3 weeks/a month of daily consumption by 50-75%. Hence, a total of 89.6% of HCPs believed that MVMS helps their patients gain energy in 2-3 weeks/a month of daily consumption by up to 50%.



### ***Boosting Immunity and Reducing Frequency of Illness***

The responses indicated a strong agreement regarding the role of MVMS in boosting immunity and reducing illness frequency. A total of 94.4% of HCPs acknowledged the positive effects of MVMS on immune function, of which 63.2% agreed and 31.2% strongly agreed. The high level of agreement suggests that a significant majority of HCPs believe in the role of MVMS, which contributes to fewer missed workdays and improved productivity among patients, making it a valuable adjunct in both preventive and curative healthcare settings (Figure 8).



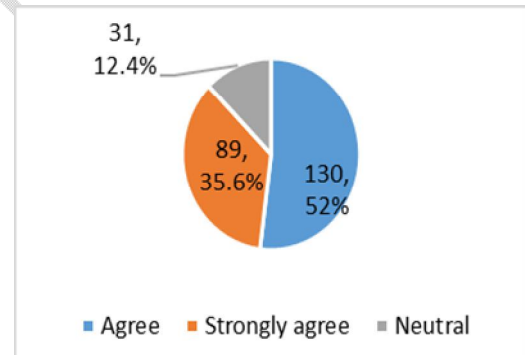
**Figure 8: Response on Consumption of MVMS for Boosting Immunity, Fewer Illnesses and Reduced Absenteeism from Work**

MVMS: multivitamin-multimineral supplement

### **Impact of MVMS on Mental Health and Physical Stamina**

#### ***Enhancing Mental Alertness, Mood, Focus, Decreased Stress Levels and Overall Mental Well-Being***

Survey results showed that 87.6% of HCPs believed that MVMS positively influences mental health. Of these, 52% agreed, and 35.6% strongly agreed that the supplement helped improve mental alertness, mood, focus, and overall mental health and reduced stress levels (Figure 9). The data suggests a strong belief among the HCPs in the mental health benefits of MVMS, particularly regarding its role in enhancing mental alertness and reducing stress. This positive perception indicates that practitioners recognize the importance of micronutrients, especially the vitamin B complex, in supporting cognitive function and emotional well-being.



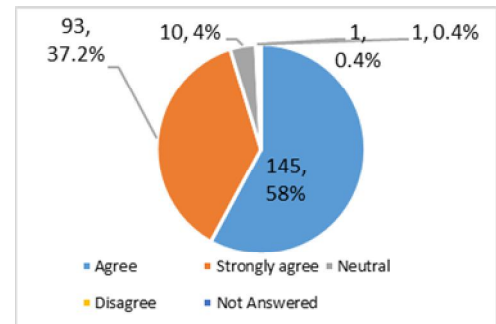
**Figure 9: Response on consumption of MVMS in improving mental alertness, mood, focus, and overall mental health**

MVMS: multivitamin-multimineral supplement

### **Practitioners' Perception of MVMS Daily Supplement: Recommendations, Versatility, and Safety**

### **Recommendations for a MVMS to Improve Stamina, and Stay Active and Productive All Day?**

Regarding physical stamina, 95.2% of HCPs confirmed that MVMS helps in enhancing their patients' ability to remain active and productive throughout the day. Of these, 58% agreed, while 37.2% strongly agreed (Figure 10). A significant majority of HCPs believed that MVMS significantly helps enhance stamina, which contributes to increased activity levels and productivity in their patients. This strong perception underscores the role of MVMS in supporting daily functioning, improving stamina and productivity all day.

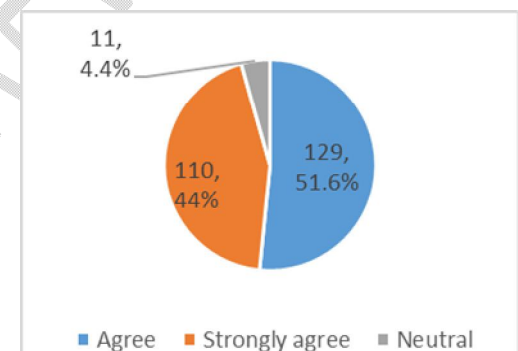


**Figure 10: Response on Consumption of MVMS in Improving Stamina for Daily Productivity**

MVMS: multivitamin-multimineral supplement

### **Strong Recommendation to Patients, Peers and Family**

The response indicated that 95.6% of HCPs expressed their willingness to recommend MVMS to their patients, peers, and families. Among these, 51.6% agreed, and 44% strongly agreed. Additionally, 96.8% of HCPs endorsed MVMS as their preferred choice for addressing micronutrient deficiencies (Figure 11). The high level of agreement suggests that HCPs have confidence in the effectiveness and benefits of MVMS. This indicates a strong belief in the efficacy of MVMS and the trust that practitioners place in its ability to deliver health benefits in clinical practice.

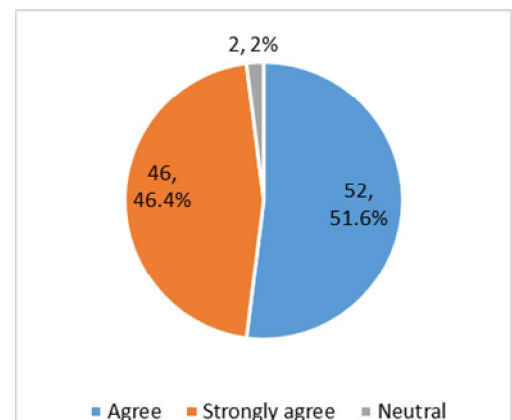


**Figure 11: Response on Recommendation of MVMS to patients**

MVMS: multivitamin-multimineral supplement

### **A Holistic Solution Across All Age Groups (18 to 80 years)**

A significant 98% of HCPs, of which 51.6% agreed and 46.4% strongly agreed, recognized MVMS as comprehensive and suitable for individuals aged 18 to 80 years. These responses highlight the versatility of MVMS in catering to the nutritional needs of a diverse age groups. The balanced composition of 12 vitamins, 5 trace elements, 2 minerals, and 1 amino acid in MVMS has positioned it as an all-encompassing solution for preventive and supportive care (Figure 12). The majority of HCPs view MVMS as a well-rounded multivitamin that can meet the nutritional needs of diverse population. This consensus underscores the product's perceived versatility and value in supporting health across different life stages.

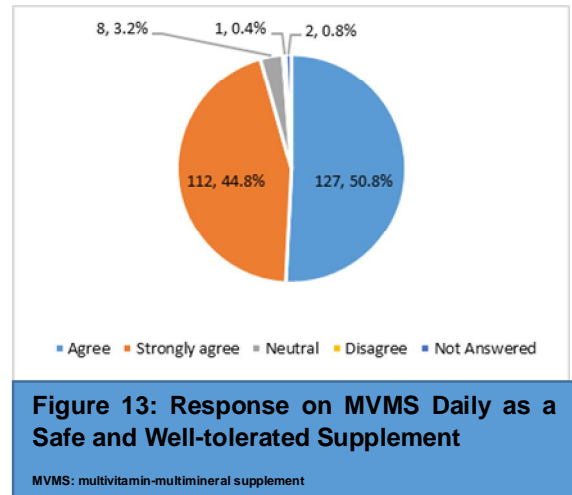


**Figure 12: Response on MVMS as a Holistic Solution for all Age Groups**

MVMS: multivitamin-multimineral supplement

### ***Well-tolerated and Safe Supplement***

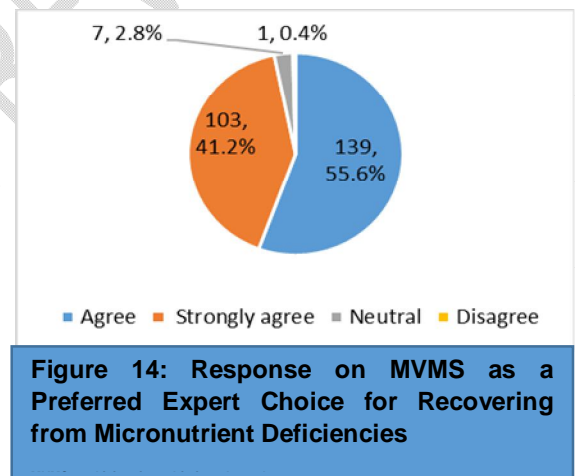
The safety and tolerability of MVMS are key factors influencing its widespread use. A total of 95.6% of HCPs affirm its good tolerability, with 50.8% agreeing and 44.8% strongly agreeing that the supplement is generally well-tolerated with minimal or no side effects (Figure 13). This positive feedback highlights MVMS as a safe and well-tolerated option for long-term use in patient care.



### **Practitioners' Perspectives on MVMS: Effectiveness and Long-Term Benefits**

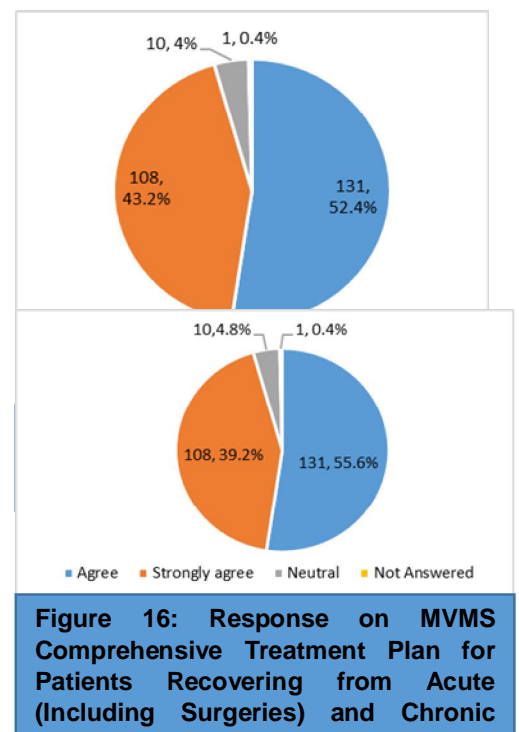
#### ***Preferred Choice for Reversing Micronutrient Deficiencies***

A substantial 96.8% of HCPs, of which 55.6% agreed and 41.2% strongly agreed and endorsed MVMS as their preferred choice for reversing micronutrient deficiencies (Figure 14). This high level of agreement reflects practitioners' confidence in the effectiveness of MVMS in addressing micronutrient deficiencies, positioning it as a reliable and trusted solution in clinical practice.



#### ***Long-term Health Benefits***

The majority of HCPs (95.6%; 52.4% agreed, and 43.2% strongly agreed) believed that regular intake of MVMS for two to three months or even longer confers long-term health benefits (Figure 15). These findings reflect practitioners' confidence in the long-term value of MVMS, suggesting that it plays a key role in maintaining overall health and preventing future health issues.



MVMS in Recovery and Treatment Plans

Role in Recovery from Acute (Including Surgeries) and Chronic Illnesses

A significant 94.8% of HCPs, of whom 55.6% agreed and 39.2% strongly agreed (Figure 16), that MVMS is beneficial when included in daily treatment plans for patients recovering from both acute illnesses (including surgeries) and chronic conditions. This indicates the perceived value of MVMS in aiding recovery, particularly through its role in addressing nutritional needs during the recovery process.

Cost-Effectiveness Compared to Other MVMS Brands

MVMS was viewed as highly cost-effective by 88.4% of HCPs, with 51.2% of HCPs who strongly agreed and 37.2% who agreed (Figure 17). This response indicates that HCPs regard MVMS as an affordable yet valuable multivitamin supplement, offering a favorable price-to-benefit ratio when compared to other brands.

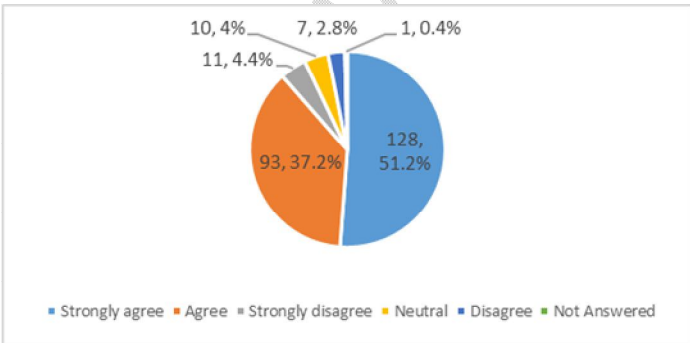


Figure 17: Response on cost-effectiveness of MVMS vs. other brands

MVMS: multivitamin-multimineral supplement

Effectiveness in Boosting Immunity, Helping Faster Recovery

Almost all HCPs (99%) agreed that MVMS was effective in boosting immunity and supporting faster recovery (Figure 18). This indicates that HCPs widely recognized that MVMS is a reliable choice for enhancing immune function and promotes quicker recuperation.

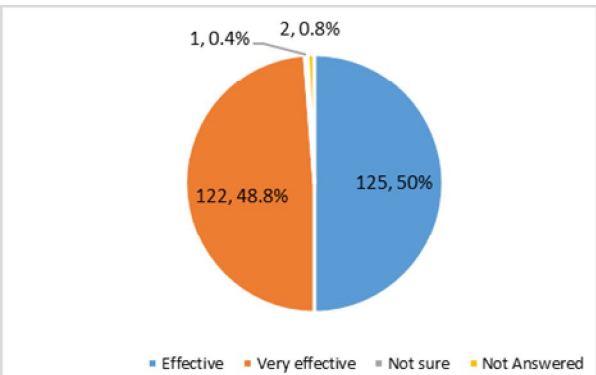


Figure 18: Response on Boosting Immunity and Helping in Faster Recovery with MVMS

MVMS: multivitamin-multimineral supplement

Satisfaction with Efficacy and Tolerability

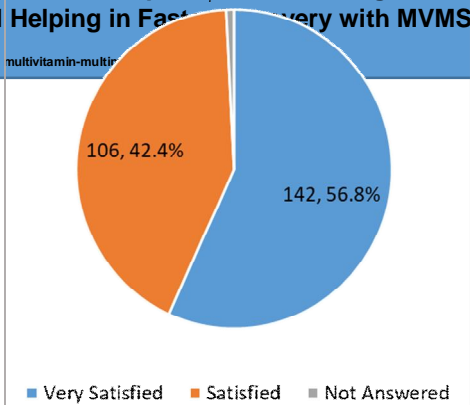


Figure 19: Response on Satisfactory Efficacy and Tolerability of MVMS

MVMS: multivitamin-multimineral supplement



Almost all HCPs (99%) reported strong satisfaction pertaining to the efficacy and tolerability of MVMS, indicating that the supplement consistently meets their expectations in terms of both performance and patient tolerance (Figure 19). This widespread satisfaction further validates the position of MVMS as a trusted and effective option in clinical care.

#### 4. DISCUSSION

Vitamins and minerals play a critical role in metabolism, supporting and enhancing metabolic processes, promoting muscle tone, maintaining healthy skin, and improving the function of the immune and nervous systems. By aiding red blood cell production and division, they also help prevent anemia. They also combat the effects of stress, depression, and cardiovascular disease, contributing to holistic well-being (Al-msaid, et al., 2023). Low serum levels of vitamins and minerals show a causal association with symptoms related to fatigue, temporary decline in physical performance such as muscle damage or impaired immune system, and impaired sleep quality. Supplementation with vitamins and minerals is effective in reducing fatigue symptoms, frequency of infections, muscle damage and in improving sleep quality (Erpenbach K, et al., 2020). Lee *et al.* showed that a 28-day supplementation with vitamins and minerals in healthy individuals showed a reduction in physical fatigue and improvement in physical activity, energy metabolism, and exercise performance (Lee, et al., 2023).

Dietary calcium deficiency is considered to be widespread globally, with published estimates suggesting that approximately 50% of the world's population has inadequate access to dietary calcium (Shlisky J, et al., 2022). Research has shown that vitamin D exerts anatomic, hormonal, neurological, and immunological influences on pain manifestation, thereby playing a role in the etiology and maintenance of chronic pain states and related comorbidity. Headache, abdominal pain, knee pain, back pain, persistent musculoskeletal pain, costochondritic chest pain, and failed back syndrome with fibromyalgia are some of the common manifestations of vitamin D deficiency (Shipton, et al., 2015).

A study by Goyal et al. showed that more women than men were found to be suffering with non-specific musculoskeletal pain. Our survey results also showed that calcium deficiency was highly evident in women and was reported by 61.2% of HCPs. Supplementation with multivitamins and multiminerals showed potential to significantly alleviate painful conditions, enhance physical activity capacity, and improve overall well-being, including physical, mental, and social health (Goyal, et al., 2021).

Before treatment, 64% of patients reported fatigue, which reduced to 34% post-supplementation. Sleep disturbances, experienced by 74% of patients, likely due to pain, reduced to 20% after supplementation with multivitamins and multiminerals, with over 52% reporting improved sleep quality. Additionally, mood disturbances such as anger, irritability, stress, low confidence, poor concentration, memory loss, and crying were reported by 72% (36 patients). Following supplementation, 48 out of 50 HCPs reported marked improvement in mood, demonstrating the benefits of addressing vitamin D deficiency in these set of patients (Goyal, et al., 2021). These findings emphasize the role of MVMS in maintaining bone and muscle health, with back pain, muscle weakness, and spasms being the most common indicators of calcium deficiency in clinical practice.

Fatigue, dyspnea, lack of energy and concentration are commonly interpreted as indicative of symptomatic anemia and may thus play a role in diagnostic and therapeutic decisions. In participants with anemia, fatigue was reported by 34%, lack of energy by 21%, lack of concentration by 19%, and

dyspnea and/or weakness by 38% (Weckmann G, et al., 2023). The high prevalence of fatigue as a symptom (80.4%) in our survey emphasizes its importance as a key indicator of iron deficiency. Other common symptoms, such as pale skin and headache, alongside fatigue suggest that patients may experience a range of symptoms, with fatigue being the most debilitating symptom. The lower percentages for other symptoms might indicate that they are less frequently reported or less commonly associated with iron deficiency in clinical practice.

A meta-analysis by Vaucher *et al.* investigated the impact of iron on fatigue in young premenopausal women with nonanemic iron deficiency. The analysis demonstrated a significant effect of iron supplementation, leading to a reduction in complaints related to fatigue by over 60% (Vaucher P, et al., 2012). Anemia, while often linked to iron deficiency, can also result from inadequate levels of certain vitamins and minerals that are closely interconnected in metabolic and functional pathways, showing significant overlap and playing a supporting role. Deficiencies in these vitamins and minerals can disrupt red blood cell production and contribute to anemia (Tardy, et al., 2020).

The survey responses in our study revealed that 98% of HCPs agreed or strongly agreed that taking MVMS for a period of 2–3 weeks reduces fatigue and enhances daily energy levels. Additionally, 95% of HCPs confirmed its role in accelerating recovery from acute illnesses such as viral fever, pneumonia, and RTIs, highlighting the importance of micronutrients in strengthening immunity and facilitating faster recovery. When quantifying its recovery benefits, 82% of HCPs attributed a contribution greater than 50% to MVMS. Furthermore, 94.4% recognized its positive impact on boosting immunity and significantly reducing the frequency of illness, suggesting its role in improving productivity and quality of life. Practitioners recognized the potential of MVMS to accelerate recovery, enhance energy, and improve immunity, offering tangible benefits in improving patients' quality of life and daily functioning. The high level of agreement across these domains highlights the importance of micronutrient supplementation in clinical practice.

While healthy older adult males show lower incidence of micronutrient deficiencies, the use of MVMS can improve or prevent declines in the status of several vitamins and may prevent declines in cellular bioenergetic status. Although MVMS is regarded as a “one-size-fits-all” strategy and does not target specific micronutrient needs, it is a cost-effective approach to improve micronutrient status in older men and may have an unrecognized or unappreciated impact on maintaining metabolic function in cells (Michels, et al., 2023).

The result of our survey showed similar outcomes, wherein 98% of experts agreed that MVMS, when taken for a period of 2-3 weeks, leads to a reduction in fatigue levels and promotes a feeling of increased energy throughout the day, leading to faster recovery from acute illnesses, highlighting the potential in supporting the immune system and overall recovery. These findings emphasize the dual role of MVMS in supporting both mental and physical well-being. By improving mental alertness and stamina, the supplement addresses key aspects of daily functioning and quality of life. These benefits make it an important consideration in holistic patient care, particularly for those experiencing mental fatigue, stress, or reduced physical endurance.

The combined total of positive responses to 87.6% highlights a notable belief among HCPs in the potential mental health benefits of multivitamin and mineral supplementation. Specifically, practitioners recognize that MVMS may enhance mental alertness and alleviate stress, highlighting the significance of micronutrients, particularly the vitamin B complex, in promoting cognitive function and emotional well-being, reflecting a strong validation of the impact of balanced micronutrient intake in supporting cognitive function and emotional well-being. This strong belief highlights the recognized importance of micronutrients, particularly the vitamin B complex, in promoting cognitive function and emotional stability.

Clinical studies have demonstrated the potential benefits of MVMS in enhancing recovery and improving overall health. A study investigated the impact of multivitamins and multiminerals supplementation in individuals with micronutrient deficiencies and found improvements in fatigue levels and general well-being. Such supplementation may accelerate recovery time in patients, particularly those with deficiencies in key micronutrients, potentially aiding them in resuming normal activities within a period of 2 to 4 weeks (Fantacone, et al., 2020; Ghazzawi, et al., 2023).



The survey responses from this study revealed that 94.4% of HCPs believe that daily consumption of MVMS helps patients return to their normal routines faster, typically within 2–3 weeks. This reflected a strong endorsement of the role of MVMS in expediting recovery and restoring well-being post-illness. These responses suggest that HCPs trust MVMS as an effective supplement for improving recovery from illnesses.

Barringer *et al.* examined the effect of daily MVMS on infection rates and well-being among adults, with a focus on those aged 45 to 64 years and 65 years or older, including participants with type 2 diabetes mellitus. Over the course of a year, participants who received MVMS reported significantly fewer instances of infection (43% vs. 73%) and lower infection-related absenteeism (21% vs. 57%) compared to those taking a placebo. Notably, participants with type 2 diabetes mellitus saw a dramatic difference, with 93% of placebo users reporting an infection, compared to just 17% of those taking a supplement (Barringer, et al., 2003). These findings suggest that MVMS could reduce the rate of infection and absenteeism in healthy individuals as well as individuals at a higher risk of micronutrient deficiencies. Our study showed a very high agreement with the results of Barringer *et al.*, indicating that a significant majority (94.4%) of HCPs believed that MVMS may play a critical role in enhancing the immune function and reducing the frequency of illnesses, which can subsequently lead to improved productivity and fewer missed workdays.

The high level of agreement on the role and use of MVMS across key parameters, including recommendations, versatility, and safety, indicates that supplementation with multivitamins and multiminerals is viewed as a reliable and effective treatment by HCPs. Its ability to address micronutrient deficiencies, support health across a broader range of age groups and demographics, and offer a safe supplementation option makes it a preferred choice in both preventive and therapeutic settings.

## **5. CONCLUSION**

MVMS has emerged as a cornerstone in modern clinical practice owing to its proven efficacy in addressing micronutrient deficiencies and their multifaceted impact on patient health and related outcomes. A majority of HCPs recognize a strong correlation between micronutrient deficiencies and increased susceptibility to acute infections, underscoring the pivotal role of MVMS in immune modulation. This supplement is extensively prescribed for conditions such as general weakness, old age, viral fever, URTIs and LRTIs, dengue, malaria, pneumonia, and gastroenteritis. MVMS is also valued for its broad-spectrum utility, reflecting their perceived versatility in both preventive care and disease management. Practitioners report consistent benefits in enhancing energy levels, reducing fatigue, and accelerating recovery, with the majority agreeing that MVMS contributes significantly to patient health within 2 to 3 weeks of regular use. Additionally, the majority of HCPs affirm the role of MVMS in hastening recovery from acute illnesses and improving immune resilience, making it an indispensable adjunct in therapeutic management aimed at expediting recuperation.

The holistic benefits of MVMS extend beyond physical health, encompassing mental well-being and long-term health maintenance. HCPs also credited that daily supplementation with MVMS helped improve mental alertness and mood, and reduced stress, highlighting its critical role in enhancing cognitive function, emotional stability, and overall improved quality of life. Its balanced formulation, comprising 12 essential vitamins, 5 trace elements, 2 minerals, and 1 amino acid, ensures suitability across a broad demographic, from young adults to the elderly, thus comprehensively addressing the diverse nutritional needs. Safety and tolerability are key attributes, and HCPs endorsed MVMS as a well-tolerated supplement. Furthermore, its cost-effectiveness, coupled with its efficacy in improving stamina, productivity, and overall well-being, solidifies its position as a preferred choice among the HCPs. Nearly all practitioners agreed that MVMS not only addresses nutritional deficiencies but also confers long-term benefits, preventing future health complications and supporting recovery from acute, chronic, and postoperative conditions. This widespread consensus among HCPs underscores the critical role of MVMS in improving patient outcomes, offering a reliable, well-rounded solution to enhance health and quality of life across diverse patient populations. In conclusion, MVMS emerges as a trusted, effective, and versatile multivitamin-mineral supplement with proven benefits, suggesting it as a vital adjunct in both therapeutic and preventive healthcare strategies. As HCPs look for reliable

solutions to address micronutrient gaps and improve patient outcomes, MVMS continued to set a benchmark in delivering comprehensive health benefits.

**COMPETING INTERESTS DISCLAIMER:**

Authors have declared that they have no known competing financial interests OR non-financial interests OR personal relationships that could have appeared to influence the work reported in this paper.

**CONSENT:** Author consent was obtained prior to conducting the survey. As no patients were involved, patient consent was not applicable.

**ETHICAL APPROVAL:** Not Applicable

**REFERENCES**

- Kiani, A.K., Dhuli, K., Donato, K., Aquilanti, B., Velluti, V., Matera, G., *et al.* (2022). Main nutritional deficiencies. *Journal of Preventive Medicine and Hygiene*, 63(2 Suppl 3), E93.
- Maggini, S., Pierre, A., Calder, P.C. (2018). Immune function and micronutrient requirements change over the life course. *Nutrients*, 10(10), 1531.
- Gonmei, Z., & Toteja, G. S. (2018). Micronutrient status of Indian population. *The Indian journal of medical research*, 148(5), 511–521.
- Gombart, A. F., Pierre, A., & Maggini, S. (2020). A Review of Micronutrients and the Immune System-Working in Harmony to Reduce the Risk of Infection. *Nutrients*, 12(1), 236.
- Sivaprasad, M., Shalini, T., Balakrishna, N., Sudarshan, M., Lopamudra, P., Suryanarayana, P., *et al.* (2016). Status of Vitamin B12 and Folate among the Urban Adult Population in South India. *Annals of nutrition & metabolism*, 68(2), 94–102.
- Harinarayan, C. V., Akhila, H., & Shanthisree, E. (2021). Modern India and Dietary Calcium Deficiency-Half a Century Nutrition Data-Retrospect-Introspect and the Road Ahead. *Frontiers in endocrinology*, 12, 583654.
- Shipton, E. A., & Shipton, E. E. (2015). Vitamin D and Pain: Vitamin D and Its Role in the Aetiology and Maintenance of Chronic Pain States and Associated Comorbidities. *Pain research and treatment*, 2015, 904967.
- Givens, D. I., Anitha, S., & Giromini, C. (2024). Anaemia in India and Its Prevalence and Multifactorial Aetiology: A Narrative Review. *Nutrients*, 16(11), 1673.
- Weckmann, G., Kiel, S., Chenot, J. F., & Angelow, A. (2023). Association of Anemia with Clinical Symptoms Commonly Attributed to Anemia-Analysis of Two Population-Based Cohorts. *Journal of clinical medicine*, 12(3), 921.
- Tardy, A. L., Pouteau, E., Marquez, D., Yilmaz, C., & Scholey, A. (2020). Vitamins and Minerals for Energy, Fatigue and Cognition: A Narrative Review of the Biochemical and Clinical Evidence. *Nutrients*, 12(1), 228.
- Annweiler, Cédric, and Olivier Beauchet, 'Micronutrients: their roles in health and diseases in older people', in Jean-Pierre Michel, and others (eds), *Oxford Textbook of Geriatric Medicine*. 2017. 3 edn.(Oxford, 2017; online edn, Oxford Academic, 1 Dec. 2017),
- Tulchinsky, T.H. (2010) Micronutrient deficiency conditions: global health issues. *Public Health Reviews*, 32, 243-55.

Hulme, K., Hudson, J. L., Rojczyk, P., Little, P., & Moss-Morris, R. (2017). Biopsychosocial risk factors of persistent fatigue after acute infection: A systematic review to inform interventions. *Journal of psychosomatic research*, 99, 120–129.

Bennett, B. K., Hickie, I. B., Vollmer-Conna, U. S., Quigley, B., Brennan, C. M., Wakefield, D., *et al.* (1998). The relationship between fatigue, psychological and immunological variables in acute infectious illness. *The Australian and New Zealand journal of psychiatry*, 32(2), 180–186.

Tackey, C., Slepian, P. M., Clarke, H., & Mittal, N. (2024). Post-Viral Pain, Fatigue, and Sleep Disturbance Syndromes: Current Knowledge and Future Directions. *Canadian journal of pain*, 7(2), 2272999.

Bresnahan, K. A., & Tanumihardjo, S. A. (2014). Undernutrition, the acute phase response to infection, and its effects on micronutrient status indicators. *Advances in nutrition (Bethesda, Md.)*, 5(6), 702–711.

Huang, Z., Liu, Y., Qi, G., Brand, D., & Zheng, S. G. (2018). Role of Vitamin A in the Immune System. *Journal of clinical medicine*, 7(9), 258.

Berger, M. M., Shenkin, A., Schweinlin, A., Amrein, K., Augsburger, M., Biesalski, H. K., *et al.* (2022). ESPEN micronutrient guideline. *Clinical nutrition*, 41(6), 1357–1424.

Fantacone, M. L., Lowry, M. B., Uesugi, S. L., Michels, A. J., Choi, J., Leonard, S. W., *et al.* (2020). The effect of a multivitamin and mineral supplement on immune function in healthy older adults: a double-blind, randomized, controlled trial. *Nutrients*, 12(8), 2447.

Wang, M. X., Koh, J., & Pang, J. (2019). Association between micronutrient deficiency and acute respiratory infections in healthy adults: a systematic review of observational studies. *Nutrition journal*, 18(1), 80.

Saboo, B., Gupta, A., Tiwaskar, M., Joshi, S., Maheshwari, A., Murthy, L. S., *et al.* (2024). Fortifying Micronutrient Supplementation in India: Expert Consensus by the American College of Physicians (India Chapter). *Journal of the Association of Physicians of India*, 72(4), 82.

Alpert, P.T. (2017). The role of vitamins and minerals on the immune system. *Home Health Care Management & Practice*, 29(3), 199-202.

Blumberg, J. B., Cena, H., Barr, S. I., Biesalski, H. K., Dagach, R. U., Delaney, B., *et al.* (2018). The use of multivitamin/multimineral supplements: a modified Delphi Consensus Panel Report. *Clinical therapeutics*, 40(4), 640–657.

Al-msaid, H.L., Khalfa, H.M., Ali, H.H. Vitamin B Complex and Body Weakness. (2023) InVitamin B and Vitamin E-Pleiotropic and Nutritional Benefits. *IntechOpen*. 1-11.

Erpenbach, K., Erpenbach, M.C., Mayer, W., Hoffmann, U., Mücke, S. (2020). Level of Micronutrients in Elite Sports: Impact on Muscle Damage, Infections, Sleep Disorders and Fatigue. *Advances in Orthopedics and Sports Medicine*, 9, 1-12.

Lee, M. C., Hsu, Y. J., Shen, S. Y., Ho, C. S., & Huang, C. C. (2023). A functional evaluation of anti-fatigue and exercise performance improvement following vitamin B complex supplementation in healthy humans, a randomized double-blind trial. *International journal of medical sciences*, 20(10), 1272–1281.

Shlisky, J., Mandlik, R., Askari, S., Abrams, S., Belizan, J. M., Bourassa, M. W., *et al.* (2022). Calcium deficiency worldwide: prevalence of inadequate intakes and associated health outcomes. *Annals of the New York Academy of Sciences*, 1512(1), 10–28.

Goyal, V., & Agrawal, M. (2021). Effect of supplementation of vitamin D and calcium on patients suffering from chronic non-specific musculoskeletal pain: A pre-post study. *Journal of family medicine and primary care*, 10(5), 1839–1844.

Vaucher, P., Druais, P. L., Waldvogel, S., & Favrat, B. (2012). Effect of iron supplementation on fatigue in nonanemic menstruating women with low ferritin: a randomized controlled trial. *CMAJ : Canadian Medical Association journal*, 184(11), 1247–1254.

Michels, A. J., Butler, J. A., Uesugi, S. L., Lee, K., Frei, B. B., Bobe, G., *et al.* (2023). Multivitamin/Multimineral Supplementation Prevents or Reverses Decline in Vitamin Biomarkers and Cellular Energy Metabolism in Healthy Older Men: A Randomized, Double-Blind, Placebo-Controlled Study. *Nutrients*, 15(12), 2691.

Ghazzawi, H. A., Hussain, M. A., Raziq, K. M., Alsendi, K. K., Alaamer, R. O., Jaradat, M., *et al.* (2023). Exploring the relationship between micronutrients and athletic performance: A comprehensive scientific systematic review of the literature in sports medicine. *Sports (Basel, Switzerland)*, 11(6), 109.

Barringer, T. A., Kirk, J. K., Santaniello, A. C., Foley, K. L., & Michielutte, R. (2003). Effect of a multivitamin and mineral supplement on infection and quality of life. A randomized, double-blind, placebo-controlled trial. *Annals of internal medicine*, 138(5), 365–371.

UNDER PEER REVIEW