DR.VEGAN®

Foundational support for kid's

Supporting growing minds and bodies

Practitioner Paper • *For practitioner use only*

CHILD NUTRITITION

Children need more nutrition per kg of body weight than adults do. This is due to their rapid growth and development. This increased nutrient requirement, paired with social pressure and in some children, fussy eating habits, can leave children short of nutrients.

Macronutrients

The UK government recommends that no more than 10% of energy come from saturated fats. In a UK government study between 2019 and 2023, it was found that 85% of children did not meet the recommendation. The same survey also found that only 9% of children received no more than 5% of their energy from free sugars. With regard to fibre, 86% of those aged 4 to 10 years did not meet the recommended fibre intake for their age.[1]

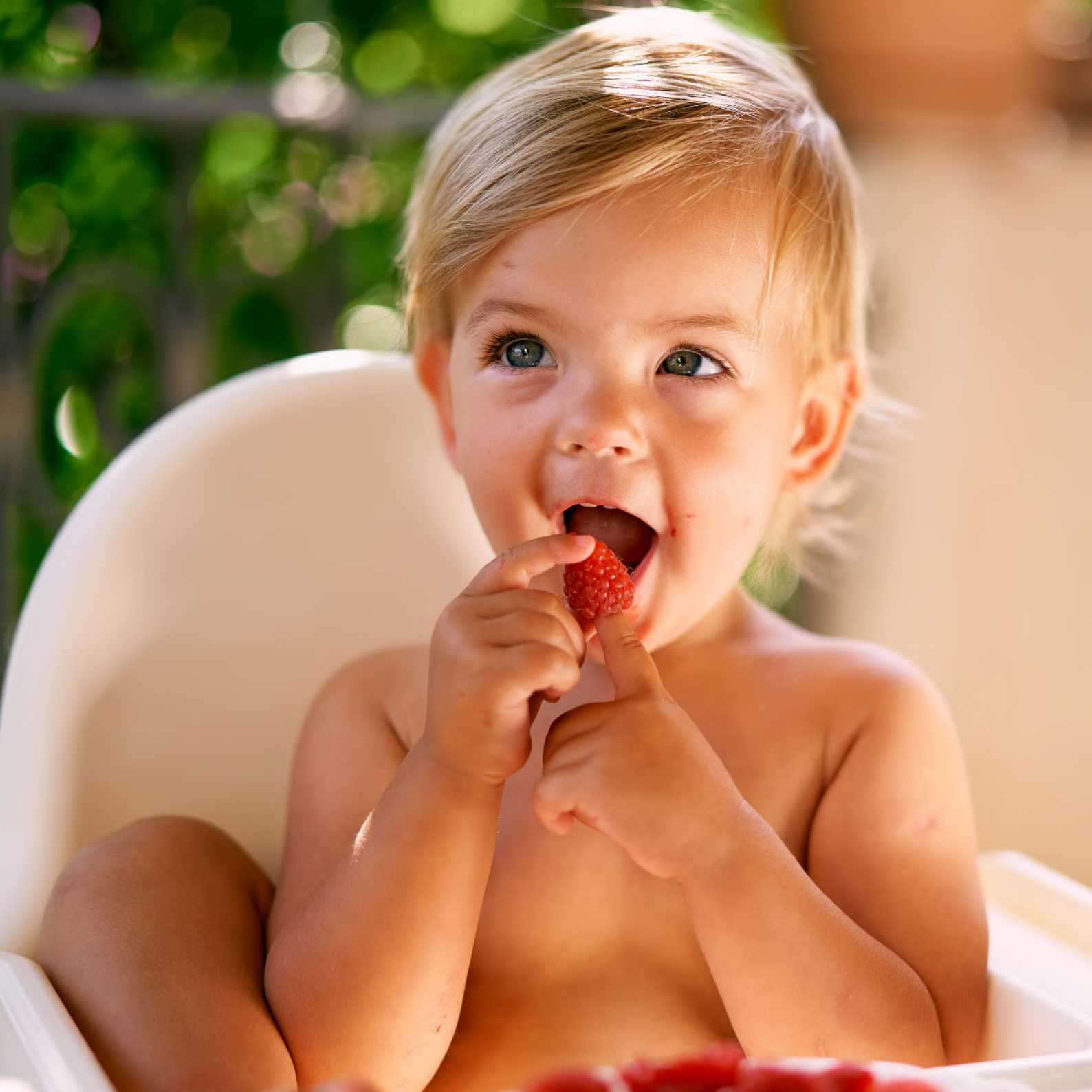
Micronutrients

From 2019 to 2023, the proportions of age groups that had low vitamin D status (defined as 25-hydroxyvitamin D concentration less than 25 nanomoles per litre (nmol per litre)) were 10% of children aged 4 to 10 years and 23% of children aged 11 to 18 years. 12% of children aged 11 to 18 had low folate. There was evidence of insufficient population iodine status for girls aged 11 to 18 years, defined as urine iodine below 100µg per litre.[1]

Special considerations and at-risk groups

- Fussy eaters / selective eaters
- Children with food allergies or intolerances
- Vegetarian or vegan children
- Children with chronic illness or on medication that affects nutrient absorption

These children may be particularly vulnerable to nutrient deficiencies if their diet is not well planned. Research concludes that a low intake of antioxidants (including vitamins C and E) in children can contribute towards asthma.[2] Low antioxidant status is also common in obese children.[3] Controlled trials have found low levels of vitamin E, C, copper and zinc in children with chronic rhinitis.[4]



DIET GUIDANCE TO INCREASE NUTRIENT INTAKE IN CHILDREN

Focus on whole, minimally processed foods

Offer a variety of fruits, vegetables, whole grains, legumes, nuts, seeds, and lean proteins daily. Encourage children to 'eat the rainbow' - different colours provide different nutrients and antioxidants.

Be a positive role model

Children need to have a positive role model with regard to eating healthy foods. Family meal times where healthy food is served and eaten by all are a great place to start.

Leave healthy snacks within reach

Leaving healthy snacks within reach of children, such as vegetable sticks, gives children plenty of opportunity to try new foods and explore new flavours and textures.

Find fun ways to incorporate fruit and vegetables

Finding fun ways to increase fruit and vegetable intake, such as making homemade pizza topped with plenty of vegetables, making pasta sauce with blended vegetables or adding fruit and vegetables to desserts.

Make food visually appealing

Present fruits and vegetables in fun shapes, patterns, or colours on the plate – children often eat more when food looks inviting.

Involve children in food preparation

Let them wash vegetables, stir sauces, or choose toppings for their own wraps or salads. When children help make food, they're more likely to taste it.

Offer variety without pressure

Place small portions of new foods alongside familiar favourites. Avoid forcing children to eat – repeated, gentle exposure builds acceptance over time.

Keep unhealthy foods out of easy reach

Limit high-sugar or high-salt snacks in the home so that healthy choices are the default.

Make hydration part of healthy eating

Encourage water or milk as the main drinks rather than fruit juices or fizzy drinks.

Celebrate seasonal foods

Rotate meals and snacks to match what's in season – it's often fresher, tastier and more nutritious.

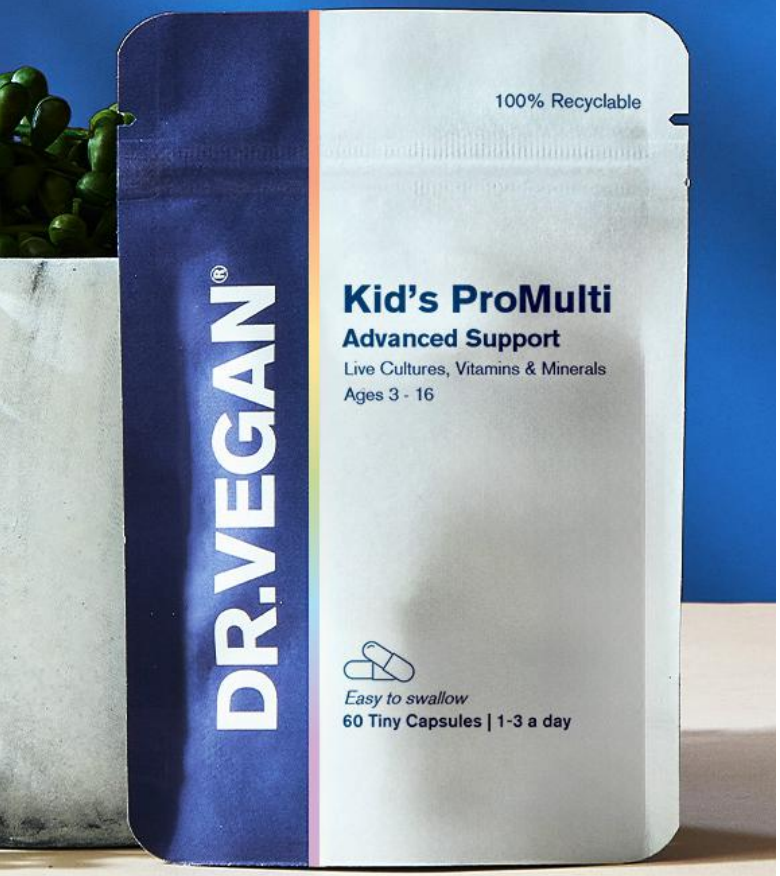
Create positive food associations

Avoid using sweets or treats as a reward for good behaviour – instead, reward with non-food activities like a trip to the park or a game together.

Kid's ProMulti

Kid's ProMulti is the most comprehensive multi-nutrient formula for children aged 3-16, optimising essential nutrient intake and helping protect against nutrient deficiencies. Kid's ProMulti is a pure formula, with zero additives and 25 active ingredients, including 2 strains of live, friendly bacteria. The tiny capsules are easy to take for children and can also be opened up and sprinkled onto food.

Formulated with experts, inspired by their own children.



	PER CAPSULE	EC %NRV*
Vitamin A	200 µg RE	25
Vitamin D3	7.5 µg	150
Vitamin E	4 mg α TE	33
Vitamin K2	25 µg	33
Vitamin C	80 mg	100
Vitamin B1	1.5 mg	136
Vitamin B2	1.5 mg	107
Vitamin B3	5 mg	31
Vitamin B6	1.5 mg	107
Folate	75 µg	38
Vitamin B12	2 µg	80
Biotin	25 µg	50
Vitamin B5	2 mg	33
Calcium	3.9 mg	0.5
Magnesium	8 mg	2
Iron	2 mg	14
Zinc	3 mg	30
Copper	0.25 mg	25
Manganese	0.33 mg	17
Zinc	15 mg	150
Selenium	20 µg	36
Chromium	15 µg	38
Iodine	50 µg	33
Choline	2 mg	**
Lactobacillus Acidophilus	1 billion CFU***	**
Lactobacillus Rhamnosus	1 billion CFU***	**

*NRV - Nutrient Reference Value
** No NRV Established
*** At time of manufacture

Ingredients

Magnesium L-ascorbate, Vitamin C (Calcium L-ascorbate), Magnesium Citrate, Zinc Citrate, Iron (Ferrous bisglycinate), Lactobacillus Acidophillus (LA11-Onlly), Niacin (Nicotinamide riboside chloride), VitaCholine®, Vitamin E (D-Alpha Tocopherol Acid Succinate), Selenium (L-selenomethionine), Lactobacillus Rhamnosus (GG), Vitamin D3 (Cholecalciferol), Vitamin A (Retinyl acetate), Vitamin B6 (Pyridoxal 5 -phosphate), Vitamin B5 (D-pantothenate, calcium), Vitamin K2 (Menaquinone-7), Vitamin B2 (riboflavin 5 -phosphate, sodium), Vitamin B1 (Thiamin hydrochloride), Manganese Citrate, Copper Citrate, Chromium Picolinate, Folate (Calcium-L-Methylfolate), Potassium Iodide, D-Biotin, Vitamin B12 (Methylcobalamin), Capsule Shell (Hydroxypropyl Methylcellulose).

Free from

Added Sugar, Starch, Sweeteners, Gluten, Wheat, Soya, Lactose, Dairy, Artificial Flavours, Colours and Preservatives.

Directions

Take one to three capsules with food. These capsules can be opened and the contents sprinkled onto food.

- Age 3 – 6 years: one capsule daily.
- Age 7 – 13: two capsules daily.
- Age 14+: three capsules daily.

Do not exceed the recommended dose.

What customers can look forward to

1 - 7 days
Nutrient intake increases. Some parents may notice early signs like improved mood stability or fewer complaints of tiredness.

2 weeks
Improved focus, attention span, or reduced brain fog may be observed during learning or schoolwork.

3 weeks
IImmune-supporting nutrients like Vitamins C, D, Zinc, and others begin building resilience – fewer sniffles and faster recovery.

4 weeks
Continued support for digestion, with more balanced gut comfort.

5 weeks
Long-term support helps your child thrive mentally, physically, and emotionally - especially during busy school terms, seasonal changes and growth spurts.

KEY INGREDIENTS IN KID'S PROMULTI

Vitamin A

Vitamin A regulates immune cell differentiation, particularly in gut-associated lymphoid tissue.[5] In paediatric populations, subclinical deficiency is associated with increased susceptibility to respiratory and gastrointestinal infections.[6] Retinol is also critical for visual cycle function; deficiency can cause xerophthalmia and irreversible night blindness. A 2022 meta-analysis found global prevalence of Vitamin A deficiency in children under 5 to be ~29%.[7] Oxidative stress to the cornea, exacerbated by high screen use in children, may increase demand for adequate antioxidant protection.

Vitamin C

As a cofactor for numerous enzymatic reactions, Vitamin C maintains immune cell integrity by reducing oxidative stress.[8] Certain GPX1 polymorphisms can increase Vitamin C requirements.[9] Observational studies show that low plasma ascorbate correlates with higher incidence of gingivitis in school-age children.[10]

Vitamin D

Paediatric deficiency is common, with prevalence estimates ranging from 15% to 50% depending on latitude, skin pigmentation and sun exposure.[11] Vitamin D supports mucosal immunity and modulates inflammatory responses, making sufficiency particularly important in children with recurrent infections, asthma or atopic dermatitis.[12] The UK SACN and US Endocrine Society recommend supplementation in all children at risk of inadequate sunlight exposure.

Vitamin E

The primary lipid-soluble antioxidant, Vitamin E preserves membrane integrity and immune function. Lower α-tocopherol levels have been documented in obese children, those with asthma and those with chronic rhinitis.[13] Supplementation has shown benefit in reducing airway inflammation in asthmatic children.[14]

B Vitamins

Thiamine (B1): Essential for nerve conduction via incorporation into the myelin sheath.[15]

Riboflavin (B2): Maintains epithelial barriers; deficiency impairs mucosal defence.[16]

Niacin (B3): Crucial for ATP production through NAD/NADP; children's higher metabolic rate increases need.

Pyridoxine (B6): Required for neurotransmitter synthesis; low B6 is linked to mood dysregulation and learning issues.[17]

Folate (B9): Supports nucleotide synthesis and methylation reactions; methylated folate bypasses MTHFR polymorphism-related limitations.

Methylcobalamin (B12): Deficiency is prevalent in vegan / vegetarian children and can cause neurodevelopmental delay and megaloblastic anaemia.[18]

Iron

Iron deficiency remains the most common micronutrient deficiency worldwide. In school-aged children, low ferritin levels are associated with reduced attention span, lower test scores and impaired motor development.[19]

Zinc

Zinc deficiency impairs both innate and adaptive immunity. In children, it is linked to stunting, increased diarrhoeal disease, appetite loss and delayed cognitive development.[20]

Iodine

Iodine sufficiency is essential for thyroid hormone synthesis and neurodevelopment. Even mild deficiency in school-aged children has been associated with reduced IQ scores and poorer reading ability.[21]

Chromium

Supports glucose homeostasis; deficiency may exacerbate behavioural dysregulation secondary to glycaemic instability.[22]

Choline

A precursor for acetylcholine and phosphatidylcholine, Choline is essential for hippocampal development and memory consolidation in children.[23]

Selenium

Required for glutathione peroxidase activity; deficiency in children increases viral infection susceptibility and may impair vaccine response.[24]

Probiotics

Specific probiotic strains have demonstrated clinically relevant benefits in paediatric populations. *Lactobacillus rhamnosus GG* (LGG) has been shown in multiple randomised controlled trials to reduce the incidence and duration of antibiotic-associated diarrhoea in children by up to 60%.[27] LGG also reduces the risk of atopic eczema in high-risk infants when administered during pregnancy and early life.[28]

Lactobacillus acidophilus is a common commensal species in the paediatric gut microbiota and has demonstrated efficacy in reducing the duration of acute infectious diarrhoea, especially when combined with other probiotic strains.[29] Certain *L. acidophilus* strains may also support immune modulation and reduce respiratory infection incidence in school-aged children.[30]

DRUG INTERACTIONS

Interaction Severity

Major	Retinoids	Vitamin A may increase the risk of retinoid toxicity when combined with these drugs.
	Warfarin	Vitamin K may reduce the effectiveness of this drug. Selenium may increase the effectiveness of this drug.
Moderate	Tetracycline Antibiotics	Riboflavin may decrease the effects of these drugs. Vitamin A may increase the risk of pseudotumour cerebri when taken with these drugs. Iron reduces the absorption of these drugs. Zinc may decrease the effects of these drugs.
	Anticoagulant / Antiplatelet Drugs	Niacin and Chromium may increase the effects of these drugs.
	Antidiabetes Drugs	Niacin may decrease the effects of these drugs.
	Antihypertensive Drugs	Niacin and Vitamin B6 may increase the risk of hypotension when taken with these drugs.
	Bile Acid Sequestrants	Niacin may decrease the absorption of bile acid sequestrants.
	Gemfibrozil	Niacin may increase the risk of myopathy when taken with this drug.
	Hepatotoxic Drugs	Niacin may increase the hepatotoxicity effects of these drugs.
	HMG-CoA Reductase Inhibitors (statin)	Niacin may increase the risk of myopathy when taken with these drugs.
	Probenecid	Niacin may decrease the effects of this drug.
	Sulfinpyrazone	Niacin may decrease the effects of this drug.
	Thyroid Hormones	Niacin may decrease the effects of this drug.
	Amiodarone	Vitamin B6 may increase the photosensitising effects of this drug.
	Methotrexate	Folate may decrease the effects of this drug.
	Phenobarbital	Folate may increase the risk of seizures when taken with this drug.
	Phenytoin	Folate may decrease the blood level of this drug.
	Primidone	Folate may increase the risk of seizures when taken with this drug.

Interaction Severity

Moderate

Pyrimethamine	Folate may decrease the effects of this drug.
Alkylating Agents	Vitamin C and Vitamin E may reduce the effects of these drugs.
Aluminium-containing Drugs	Vitamin C and vitamin D increases the absorption of aluminium-containing drugs.
Antitumor Antibiotics	Vitamin C and E may reduce the effectiveness of these drugs.
Oestrogens	Vitamin C may increase the rate of side effects from oestrogen. Monitor these patients for oestrogen related side effects.
Calcipotriene	Vitamin D may increase the risk of hypercalcemia when taken with this drug.
Barbiturates	Selenium may affect the metabolism of these drugs. Take bisphosphonates at least 30 minutes before calcium.
Immunosuppressant	Selenium may reduce the effectiveness of these drugs.
Lithium	Iodine may increase the effects of this drug.
Quinolone Antibiotics	Iron may reduce the absorption of these drugs. Zinc may decrease the effects of these drugs.
Insulin	Chromium may increase insulin sensitivity.
Amiodarone	This drug contains iodine. Be careful not to cause excessive iodine levels when iodine is taken with this drug.
Antithyroid Drugs	Iodine may alter the effects of these drugs.
Cisplatin	Zinc may interfere with the effects of these drugs.
Integrase Inhibitors	Zinc may decrease the levels of these drugs.
Penicillamine	Zinc and Iron may reduce the levels of this drug.
Ritonavir	Zinc may reduce the levels of this drug.

Moderate	Dolutegravir	Iron may decrease the absorption of this drug.
	Integrase Inhibitors	Iron may decrease the absorption of this drug.
	Methyldopa	Iron may decrease the absorption of this drug.
	Mycophenolate	Iron may decrease the absorption of this drug.
	Immunosuppressants	Probiotics may reduce the effects of these drugs.
Minor	Levodopa	Vitamin B6 may increase the metabolism of this drug. Iron may decrease the absorption of this drug.

Drug-nutrient interactions have been taken from the Natural Medicines Database, April 2025. Please do your own due diligence before recommending this product to individuals taking medicines.

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