

Cataplex® A-C-P

Combines Vitamin C With Vitamin A and Vitamin P Complex to Achieve Optimal Nutritional Benefit

The lack of vitamin C in the diet and its effects on human health dates back centuries to ancient Greece, Egypt, and Rome. Recorded health complaints and symptoms matched accounts from sailors in the 1500s who lacked fresh fruits and vegetables while on long ocean voyages and developed the same symptoms and chronic conditions. These symptoms, later referred to as a condition called scurvy, were found to completely resolve when foods such as citrus fruits and vegetables were introduced into the diet. Over the years, a growing body of research has revealed that the powerful impact vitamin C has on the human body extends far beyond the earlier association with scurvy, a disease that is virtually nonexistent in the United States. One of the many benefits of this water-soluble antioxidant is its natural ability to protect other antioxidants that might not be water soluble and are more vulnerable to oxidative damage. The vitamin A found in Cataplex A-C-P is protected by the vitamin C, while the vitamin P complex enhances the absorption of vitamin C, resulting in a formula positioned to deliver maximum bioavailability.†

How Cataplex A-C-P Keeps You Healthy

Maintains skeletal health

The primary skeletal-health role of vitamin C is to form collagen—the material that cements the cells of the body together and plays a primary role in all tissue growth and repair. Vitamin A is needed to synthesize RNA, which is essential to the normal growth process.†

Encourages healthy skin

The collagen generated by adequate amounts of vitamin C is also needed to maintain healthy skin. The vitamin P complex, also known as bioflavonoids, is often used to maintain capillary stability. Vitamin A helps support delicate epithelial tissue through proper protein synthesis.†

Enhances immune response

Vitamin C increases immune response in some cell lines. Both vitamin A and the vitamin P complex also help support and maintain the immune system.†

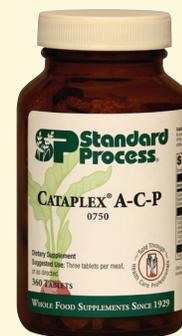
Keeps your eyes healthy

Vitamin A helps our eyes adapt to darkness. Adequate amounts of vitamin A are also needed to keep many of the parts of the eye healthy. The vitamin P complex also helps support eye health.†

Supports a healthy heart

Both vitamin C and the vitamin P complex work to maintain healthy cholesterol levels in the blood in individuals with healthy levels.†

Please copy for your patients.



Introduced in 1956

Content:

90 tablets
360 tablets

Suggested Use: Three tablets per meal, or as directed.

Supplement Facts:

Serving Size: 3 tablets

Servings per Container: 30 or 120

	Amount per Serving	%DV
Calories	4	
Vitamin A	2,250 IU	45%
Vitamin C	17 mg	30%

Proprietary Blend: 810 mg

Dried buckwheat (leaf) juice, buckwheat (seed), carrot (root), calcium lactate, nutritional yeast, bovine adrenal, bovine kidney, alfalfa flour, dried alfalfa (whole plant) juice, magnesium citrate, mushroom, bovine bone, echinacea (root), defatted wheat (germ), oat flour, soybean lecithin, veal bone, calcium acid phosphate, mixed tocopherols (soy), rice (bran), and carrot oil.

Other Ingredients: Honey, ascorbic acid, calcium stearate, arabic gum, starch, sucrose (beets), and vitamin A palmitate.

*Three tablets supply approximately:
250 mg buckwheat-leaf juice and
buckwheat-seed flour.*

Warning: Women who are pregnant, may become pregnant, or are lactating should limit their intake of vitamin A (retinol) and use vitamin A products only as directed by a qualified health care professional. Consumption of large amounts of vitamin A (retinol) has been linked to serious health problems.

Caution: Contraindicated in known allergy to plants of the daisy family.

Sold through health care professionals.



800-558-8740 | standardprocess.com

Cataplex[®] A-C-P

What Makes Cataplex A-C-P Unique

Product Attributes

Combines synergistic and complementary vitamin complexes

- › To provide superior support to a multitude of physiological systems not found in single-nutrient products

Multiple nutrients from a variety of plant and animal sources

- › Bovine tissues provide nutrients and support to the corresponding tissues in humans
- › Vitamins, minerals, and nutrients from plants and animal tissues work synergistically for maximum effect[†]

Certified Organic Farming

A healthy ecosystem is created by using organic farming techniques, such as rotating crops, fertilizing the soil with nutrient-rich cover crops and byproducts from our processing, practicing strict weed-control standards, and continually monitoring the health of our plants

- › Assures the soil is laden with minerals and nutrients
- › Ensures plants are nutritionally complete and free from synthetic pesticides

Manufacturing and Quality-Control Processes

Upon harvesting, nutrient-rich plants are immediately washed and promptly processed

- › Preserves nutritional integrity

Low-temperature, high-vacuum drying technique

- › Preserves the enzymatic vitality and nutritional potential of ingredients

Not disassociated into isolated components

- › The nutrients in Cataplex A-C-P are processed to remain intact, complete nutritional compounds

Degreed microbiologists and chemists in our on-site laboratories continually conduct bacterial and analytical tests on raw materials, product batches, and finished products

- › Ensures consistent quality and safety

Vitamin and mineral analyses validate product content and specifications

- › Assures high-quality essential nutrients are delivered

Whole Food Philosophy

Our founder, Dr. Royal Lee, challenged common scientific beliefs by choosing a holistic approach of providing nutrients through whole foods. His goal was to provide nutrients as they are found in nature—in a whole food state where he believed their natural potency and efficacy would be realized. Dr. Lee believed that when nutrients remain intact and are not split from their natural associated synergists—known and unknown—bioactivity is markedly enhanced over isolated nutrients. Following this philosophy, even a small amount of a whole food concentrate will offer enhanced nutritional support, compared to an isolated or fractionated vitamin. Therefore, one should examine the source of nutrients rather than looking at the quantities of individual nutrients on product labels.

Studies on nutrients generally use large doses and these studies, some of which are cited below, are the basis for much of the information we provide you in this publication about whole food ingredients. See the supplement facts for Cataplex[®] A-C-P.

Anderson L.E. 1998. *Mosby's Medical, Nursing, & Allied Health Dictionary*, 5th ed. Mosby: St. Louis. 131, 193, 1716-1717.

Batch J.F., Balch P.A. 1997. *Prescription for Additional Healing*, 2nd ed. Avery Publishing Group: Garden City Park. 13-14, 18, 19, 20, 21.

Brown N.A., et al. Nutrition supplements and the eye. *Eye*. 1998; 12(P1): 127-133.

Chetyrkin S. V., et al. Retinol transport into the cell nucleus *in vitro*. *Ukr Biokhim Zh.* Mar-Apr 1998; 70(2): 15-21.

Christian P., et al. Night blindness of pregnancy in rural Nepal—nutritional and health risks. *International Journal of Epidemiology*. Apr 1998; 27(2): 231-237.

Christian P., et al. Working after the sun goes down: exploring how night blindness impairs women's work activities in rural Nepal. *European Journal of Clinical Nutrition*. Jul 1998; 52(7): 519-524.

Christian P., West K.P. Interactions between zinc and vitamin A: an update. *American Journal of Clinical Nutrition*. Aug 1998; 68(2 Suppl): 435S-441S.

Cyrlil F. Retinoids in lung development. *FASEB J*. Jul 1996; 10(9):986-992.

Cyrlil F. Safety aspects of vitamin A supplementation. *European Journal of Clinical Nutrition*. Jul 1996; 50 Suppl 3:S21-3.

Farquharson C., et al. Ascorbic acid-induced chondrocyte terminal differentiation: the role of the extracellular matrix and 1,25-dihydroxyvitamin D. *European Journal of Cellular Biology*. Jun 1998; 78(2): 110-118.

Farooq W.W., et al. A randomized trial of vitamin A supplements in relation to mortality among human immunodeficiency virus-infected and uninfected children in Tanzania. *Journal of Pediatric Infectious Diseases*. Feb 1999; 18(2):127-133.

Gitelsohn J., et al. Child feeding and care behaviors are associated with xerophthalmia in rural Nepalese households. *Social Science Medicine*. Aug 1998; 47(4): 477-486.

Groneche M.O., et al. Evaluation of dietary vitamin A intake in children with and without growth retardation. *Arch Pediatr*. Sep 1996; 3(9): 847-853.

Harats D., et al. Citrus fruit supplementation reduces lipoprotein oxidation in young men ingesting a diet high in saturated fat: presumptive evidence for an interaction between vitamins C and E *in vivo*. *American Journal of Clinical Nutrition*. Feb 1998; 67(2): 240-245.

Hevia P., et al. [Serum lipids and vitamin A, C and E concentrations in an adult population of Caracas City]. *Arch Latinoam Nutr*. Jun 1998; 48(2): 112.

Humphrey J.H., et al. Impact of neonatal vitamin A supplementation on infant morbidity and mortality. *Journal of Pediatrics*. Apr 1996; 128(4): 489-496.

Humphrey J.H., et al. Neonatal vitamin A supplementation: effect on development and growth at 3 y of age. *American Journal of Clinical Nutrition*. Jul 1996; 68(1): 109-117.

Kobayashi T.K., et al. Effect of retinol palmitate as a treatment for dry eye: a cytological evaluation. *Ophthalmologica*. 1997; 211(6): 358-361.

Kodama M., et al. The value of the dehydroepiandrosterone-annexed vitamin C infusion treatment in the clinical control of chronic fatigue syndrome (CFS). II. Characterization of CFS patients with special reference to their response to a new vitamin C infusion treatment. *In Vivo*. Nov-Dec 1996; 10(6): 585-596.

Mahmoodian F., Peterkofsky B. Vitamin C deficiency in guinea pigs differentially affects the expression of type IV collagen, laminin, and elastin in blood vessels. *Journal of Nutrition*. Jan 1999; 129(1): 83-91.

Price K.D., et al. Hyperglycemia-induced latent scurvy and atherosclerosis: the scorbutic-metaplasia hypothesis. *Medical Hypotheses*. Feb 1996; 46(2): 119-129.

Rosales F.J., et al. Iron deficiency in young rats alters the distribution of vitamin A between plasma and liver and between hepatic retinol and retinyl esters. *Nutrition Journal*. Jun 1999; 129(6): 1223-1228.

Ross A.C., Stephensen C.B. Vitamin A and retinoids in antiviral responses. *FASEB J*. Jul 1998; 10(9): 979-985.

Sardesai V.M. 1998. *Introduction to Clinical Nutrition*. Marcel Dekker, Inc.: New York. 220-229.

Semba R.D., et al. Maternal vitamin A deficiency and infant mortality in Malawi. *J Trop Pediatr*. Aug 1998; 44(4): 232-234.

Simon J.A., et al. Relation of serum ascorbic acid to serum lipids and lipoproteins in US adults. *Journal of the American College of Nutrition*. Jun 1998; 7(3): 250-255.

Sugimoto M., et al. Impaired expression of noncollagenous bone matrix protein mRNAs during fracture healing in ascorbic acid-deficient rats. *Journal of Bone Mineral Research*. Feb 1998; 13(2): 271-278.

Tajima S., Pirrelli S.R. Ascorbic acid preferentially enhances type I and III collagen gene transcription in human skin fibroblasts. *Journal of Dermatology Science*. Mar 1996; 11(3): 250-253.

Tsuchiya H., Bates C.J. Vitamin C and copper interactions in guinea-pigs and a study of collagen cross-links. *British Journal of Nutrition*. Feb 1997; 77(2): 315-325.

Ward S.J., et al. A retinol-binding protein receptor-mediated mechanism for uptake of vitamin A to postimplantation rat embryos. *Biological Reproduction*. Oct 1997; 57(4): 751-755.

Xiao G., et al. Ascorbic acid-dependent activation of the osteocalcin promoter in MC3T3-E1 preosteoblasts: requirement for collagen matrix synthesis and the presence of an intact OSE2 sequence. *Molecular Endocrinology*. Jul 1997; 11(8): 1103-1113.

Zhou L., et al. Effects of ascorbic acid on levels of fibronectin, laminin and collagen type I in bovine trabecular meshwork in organ culture. *Current Eye Research*. Feb 1998; 17(2): 211-217.

Additional references available upon request.

