

Ultra Osteo Support



DESCRIPTION:

At age 40, a woman starts to be concerned with osteoporosis and menopause. These are very genuine concerns due to the facts that osteoporosis starts in the mid-thirties, plus 8% of women are now entering menopause by the age of 38. The unfortunate rise in surgically induced menopause from ovary removal during hysterectomy is also lowering the onset age of menopause.

Other Reasons for Concern:

- During menopause estrogen levels drop, causing concern of osteoporosis, cardiovascular disease, hot flashes and mood swings.
- As many as one in two women and one in eight men will suffer a fracture due to osteoporosis.
- Every 5% decrease in bone density increases the risk of fracture by 40%.
- Half of all bone loss occurs pre-menopausally.
- Peak bone mass is achieved around age 30, after which bone loss may start to occur at a rate of 1% per year.
- Rise in number of surgically induced menopause.

ACTIVES:

Ipriflavone- Ipriflavone with calcium decreases bone loss and maintains or increases bone density. A number of double-blind, placebo-controlled studies have demonstrated that 600 mg. a day of ipriflavone, in combination with 1000 mg. calcium, decreased bone loss significantly and increased bone density, compared to the placebo group.¹¹ In a two-year study in Siena, Italy, 56 postmenopausal women with low bone density were randomly assigned to receive either 200 mg. of ipriflavone three times a day or a placebo. All subjects also received 1,000 mg./day of calcium. The women taking only the calcium showed a 5% decline in bone density. However, the women taking ipriflavone and calcium showed no bone density loss.¹²

Calcium-MCHC (Microcrystalline hydroxyapatite compound)- Studies have shown that MCHC is well absorbed and does not have the disadvantages of other calcium forms. In addition, MCHC was found to actually restore bone.²

Calcium Citrate- Test comparing the calcium forms of citrate and carbonate show that there is a hyper-absorption of calcium in individuals taking calcium citrate. Additional tests, which also were conducted on individuals with low levels of stomach acid, found that those using calcium carbonate produced an antacid effect in the stomach that interfered with digestion and thus calcium absorption.^{1,3,4,5}

Boron- a trace element, which is found in relatively high levels of apples, pears, grapes, nuts and leafy vegetables. A recent study has linked increased Boron levels to increased levels of estrogen. Estrogen replacement therapy has long been used as a means of preventing Calcium loss in postmenopausal women. The study confirms that 3.0 mg of Boron per day markedly reduces urinary excretion of Calcium, Magnesium, and Phosphorous.^{6,7}

Magnesium- Collective studies indicate that magnesium in combination with boron, phosphorus, silicon, and of course calcium is needed to maintain healthy bones. A 500 mg dosage of elemental magnesium is a sufficient amount not only to aid in calcium absorption and utilization, but also in the reduction of muscle spasms and cramps.^{8,9,10}

Copper- essential for growth and development of the skeletal system.

- Copper helps low bone turnover by suppressing osteoclasts (breaks down bone).
- Helps construct the protein matrix that builds bone.¹³

180 tablets per bottle

Six tablets provide:

Calcium (Citrate)	500 mg
Calcium (Microcrystalline Hydroxyapatite)	500 mg
Vitamin C	200 mg
Vitamin D3 (Cholecalciferol)	400 I.U.
Magnesium (from Oxide/Citrate Complex)	500 mg
Zinc (Citrate)	10 mg
Copper	2 mg
Manganese (Citrate)	5 mg
Ipriflavone	600 mg
Betaine HCL	30 mg
Glutamic Acid HCL	30 mg
Silicon	30 mg
Vitamin K1 (Phylloquinone)	3 mg
Boron (Citrate)	3 mg

Other ingredients: Stearic Acid, Dicalcium Phosphate, Magnesium Stearate, and Silica.

Vitamin K (phyloquinone)- derived exclusively from food. About 70% of the daily intake of Vitamin K is excreted making it important to get a daily supply to maintain adequate levels. Vitamin K, found in both hard and soft bone acts as a cofactor in synthesizing osteocalcin, an important compound involved in bone calcification.

- Has been shown to increase bone density in women with vertebral compression fracture due to osteoporosis.
- Increases bone formation in postmenopausal women.
- Deficiency in men associated with osteopenia.
- Postmenopausal women with low levels of Vitamin K have lower bone density than those with normal levels.¹³

Silicon- necessary for the formation of collagen in bone, cartilage and other connective tissues. Studies have shown that silicon increases the rate of bone mineralization. A 1993 study at the Center Hospital of Toulon, France, evaluated the effects of silicon, fluoride, magnesium and the etidronate on bone mineral density in women with osteoporosis. After one year, the women who received silicon supplementation showed a significant increase in the bone density of the thigh bone.

The typical American diet is low in silicon due to the fact that it is found primarily in whole unprocessed foods.¹³

Ultra Osteo Support continued...

CLINICAL INDICATIONS: *Osteoporosis*

SUGGESTED USAGE: Take 3 tablets at dinner and 3 tablets at bedtime

CONTRAINDICATIONS: Pregnancy

DRUG INTERACTIONS: Anticoagulant Drugs

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These statements have not been evaluated by the Food and Drug Administration.
This product is not intended to diagnose, treat, cure or prevent disease.