Cox® Technic Resource Center, Inc.

mailing address

429 East Dupont Road, PMB 98, Fort Wayne, IN 46825

phone 260-637-6609
toll-free: 800-441-L5S1 (5571)
fax: 260-637-7324

email: info@coxtechnicresourcecenter.com

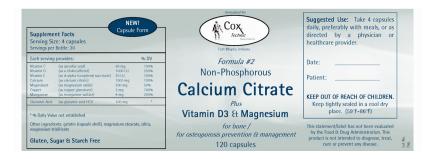
website: www.CoxTechnicResourceCenter.com or www.CoxTRC.com

Formula #2

Non-Phosphorous Calcium Citrate with Vitamin D3

for bone / for osteoporosis prevention & management

All American diets are deficient in calcium intake unless supplemented. The average intake is less than 75% of the more than 1,000 mg a day needed. 50% loss of bone mass occurs in a lifetime, so one should build and/or maintain as much as possible. One of three women will develop a hip fracture in elder life. Women's mortality rates from osteoporotic fractures are greater than the combined mortality rates from cancers of the breast and ovaries. Men lose bone mass at half the rate of women, so they must be concerned with calcium intake as well. Formula #2 contains hydrochloric acid to aid digestion of the calcium and provides calcium citrate, the most easily absorbed calcium known. Vitamin D3 is essential for the symbiotic absorption of calcium.



Each serving, in a base of alfalfa concentrate, lecithin, rose hips & soy protein, provides

Vitamin C 60 ma 1000 IU Vitamin D3 Vitamin E 30 IU Calcium Citrate 1000 mg Magnesium 200 mg Copper 2mg Manganese 4 mg Glutamic Acid HCl 100 mg

More information available on osteoporosis and nutrition at www.coxtrc.com.

dosage... 2 to 4 capsules daily or as suggested bottle size... 120 capsules/bottle

1-800-441-5571

Disclaimer: No claims are being made, either expressed or implied, that these products will cure disease, replace prescribed medications, or replace sound advice from a physician.



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Formula #2 Non-Phosphorous Calcium with Vitamin D3

RISKS for DEVEOPING OSTEOPOROSIS1:

- age,
- menopause,
- initial bone density,
- bioavailability of calcium, and
- sporadic factors like low weight, smoking,
- alcohol intake, physical activity

WOMEN'S INTAKE of CALCIUM IS TOO LOW:

- Middle-aged and elderly women intake only 550 mg of calcium per day; women with osteoporosis intake even less 1,2
- Calcium intake is critical in TEEN vears: low calcium intake in teen years leads to osteoporosis later in
- Teen girls absorb 326 mg and adult women absorb 73 mg of 1332 mg of calcium taken daily. 12
- A 5% increase in bone mass decreases fracture risk by 40%. 12

MEN & OSTEOPOROSIS6:

Men also develop osteoporosis, although less commonly than women, but it nevertheless can cause significant morbidity when present. A lowered testosterone hormone is to blame.

RESULTS of OSTEOPOROSIS1:

- a woman will typically lose 50% of her bone mass during her lifetime.
- 1 out of every 3 women will have a vertebral fracture after age 65.
- 1 out of every 3 women will have a hip fracture in extreme old age.

SPECIAL PROPERTIES of FORMULA #2:

the formulation - assures adequate levels of calcium in efforts to combat bone loss & osteoporosis

hydrochloric acid - aids in breakdown and absorption of calcium

synergistic co-factors and minerals - promote bone metabolism

no phosphorous - phosphorous is abundant in our diet and elevated levels of it can require even more calcium to be take from bone to maintain an equal balance cf calcium to phosphorous in

calcium citrate - provides greater assimilation and absorption properties than calcium carbonate

- 25% dietary calcium is absorbed from upper gut 11

- is best assimilated and doesn't increase oxalate levels which are shown to increase

- absorbs twice as well as hydroxyapatite and 20% to 66% greater than carbonate. 13

vitamin D3 - supports calcium supplementation and is considered a safe and effective agent for long-term use in osteoporotic patients.

No kidney stone formation from calcium!

New research reports that a high dietary calcium intake reduces the risk of symptomatic stone formation! 8

FDA / National Institute of Health RECOMMENDATIONS^{1,2}:

- 1000 mg of calcium daily for estrogen-normal (pre-menopausal) women
- 1500 mg of calcium daily for estrogendeprived (post-menopausal) women

These recommendations are made because

- middle-aged women cannot achieve calcium balance at intakes less than 1000 mg
- calcium absorption efficiency drops with age 4
- estrogen deficiency leads to decreased calcium absorption and decreased retention of absorbed calcium 5

*** NEW RESEARCH ***

- 1 in 4 women over 50 years and 1 in 8 men over 50 have osteoporosis 9
- Women's mortality rates from osteoporotic fractures are greater than the combined mortality rates from cancers of the breast and ovaries. Up to 20% of women and 34% of men who fracture a hip die in less than one year. 9
- Vitamin D increases calcium absorption in the gastrointestinal tract. 200 IU per day is recommended for persons over 50 and 400 to 800 IU per day for persons over 65 9
- 20% of women, 34% of men with hip fractures die in less than a year9
- Osteoporosis is usually symptomless until a fracture occurs 9
- Calcium intake slows bone loss by 43% ¹⁰
- In young adults with low back pain of unknown origin, doctors are recommended to look for osteoporosis as the etiology. 14

REFERENCES:

- Riggs BL: Pathogenesis of osteoporosis. American Journal of Obstetrics and Gymecology 1987;156:1342-6.

 Heaney RP: Osteoporosis: the need and opportunity for CA fortification. Cereal

- Heaney RP: Osteoporosis: the need and opportunity for CA fortification. Cereal Foods World (May 31, 1986):349–53.

 Heaney RP, Recker RR, Saville PD: Calcium balance and calcium requirements in middle-aged women. Amer J of Clin Nutr 1977; 22:85.

 Heaney RP, Recker RR, Saville PD: Menopausal changes in calcium balance performance. J of Clinical Nutrition 1986; 43:299.

 Heaney RP, Recker RR, Saville PD: Menopausal changes in calcium balance performance. J of J lab and Clinical Med 1918;32:953.

 Finkelstein JS et al: Osteoporosis in men with idiopathic hypogonadism. Annals of Internal Medicine 1987;106:354–361.

 Itoli E et al: Long-term treatment with 1 alpha-hydroxy-vitamin D3 with calcium supplement in spinal osteoporotic patients. Orthopedics (Dec. 1992); 15:1409–1414.

 Curhan G et al: A prospective study of dietary calcium and other nutrients and the risk of symptomatic kidney stones. New England J of Med 1993; 328:833.

 Scientific Advisory Board, Osteoporosis Society of Canada: Clinical practice guidelines for the diagnosis and management of osteoporosis. Canadian Medical Assoc J 1996; 155(8):1113-33.

 Reid: New England Journal of Medicine, February 18, 1993.
- Reid: New England Journal of Medicine, February 18, 1993
- Lane JM et al: Osteoporosis diagnosis and treatment. Jol Bone and Joint Surgery 1996; 78A:618-628 Purdue University News Services: Teens and calcium, May 1995. Contact Connie Weaver (317)494-8237.
- Cook A: Osteoporosis: review and commentary. J of the Neuromusculoskeletal
- System 1994; 2(1):9-18
 Look for osteoporosis in young men and women. Backletter 1997; 12(10):112

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