

MCHC Earns Good Calcium Press

According to the National Institutes of Health, the average American woman gets less than half her needed calcium from her daily diet. Additionally, people who drink a lot of caffeine, drink



alcohol excessively or consume extremely high-protein diets are prone to reduced calcium levels because these are known to deplete the calcium in the body. The National Institutes of Health recommends daily health supplements with calcium for most adults.



Resources

Bone Maximizer III is available at natural health retailers nationwide. To find a store near you or for more information, please call 1-800-948-6296 or visit www.mrm-usa.com.

truth be told, everybody needs to supplement with calcium. Even teens. Especially teenaged girls—after all, the teen years are a key period for building a solid foundation of bone health.

But now that doctors around the world are recommending exercise, calcium supplements and vitamin D for bone health, many people buying supplements do so without knowing all of the facts or the science. Here's one fact that might surprise you:

A type of calcium most women probably don't even know about is receiving many good reviews in the medical press lately. It might even outperform typically available calcium.

Known as microcrystalline hydroxyapatite, this mineral-rich mixture might well outperform many of the most popular forms of calcium and actually help some of the commonly used prescription drugs for osteoporosis to do an even better job, according to the latest studies.

The November-December 2008 issue of *Menopause* (15;6:1132-8) featured an article by researchers from the Department of Gynecology and Obstetrics, Hospital Ramón y Cajal, Madrid, Spain, who wanted to compare the efficacy and safety of adding microcrystalline hydroxyapatite compound (MCHC) or calcium carbonate (CC) to raloxifene (RLX) therapy for controlling bone loss in postmenopausal women. (Raloxifene is an oral selective estrogen receptor modulator [SERM] that has estrogenic actions on bone and anti-estrogenic actions on the uterus and breast.) Ninety postmenopausal women were assigned to treatment with RLX plus MCHC or RLX plus CC for up to 3 years in an open-label, comparative study. Ultrasound measurement was used to evaluate mean changes in bone mineral density. The researchers concluded that the use of MCHC "appears to be more effective in controlling bone loss than RLX plus CC for the control of bone loss in postmenopausal women."

The long-term benefits of hydroxyapatite compounds, used in Europe for osteoporosis prevention, had not been previously reported widely until another recent study from *Clinical Drug Investigations* was published in 2007 (27;4:227-32).

The aim of this study was to assess the long-term efficacy of MCHC in postmenopausal women

with bone mineral density (BMD) in the osteopenia range. (Osteopenia is a pre-osteoporotic condition of rapid bone loss.) Some 112 postmenopausal women participated. Again, the researchers said that MCHC "could be an effective and safe agent for the prevention of bone loss in postmenopausal osteopenic women, with significant increases in BMD being observed in this group of patients."

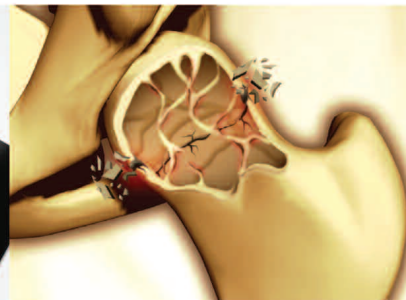
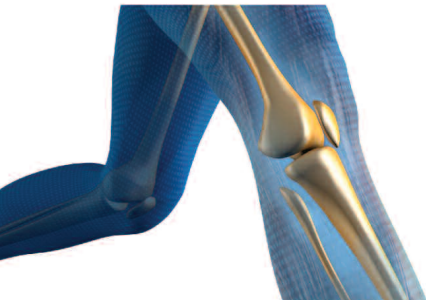
Even more convincing, we see the beneficial changes occurring within the body's own bone remodeling processes. In the March 2004 issue of *Climacteric* (7;1:33-40) in an article titled "Comparison of the effects of two different types of calcium supplementation on markers of bone metabolism in a postmenopausal osteopenic population with low calcium intake: a double-blind placebo-controlled trial," researchers from the Centre for Metabolic Bone Disease, University of Hull, Hull Infirmary, UK, compared the efficacy and tolerability of 500 mg/day of calcium in the form of MCHC versus 500 mg/day of tricalcium phosphate (TCP) and placebo in the prevention of postmenopausal bone loss. The researchers opined that while both MCHC and TCP "were well tolerated and significantly reduced bone turnover markers," the effect of MCHC "seems slightly superior to that of tricalcium phosphate."

"What we have found is that MCHC contains not yet well characterized proteins and peptide fragments that we believe are working with the bones' osteoblasts stimulating reuptake of calcium into the bones," says Mark Olson, CEO of Metabolic Response Modifiers (MRM).

If you're going to try MCHC, one rule of thumb is to avoid MCHC from China, due to potential lack of quality control. Seek MCHC from Australia and New Zealand. This provides an extremely active peptide-rich source of bone-building nutrients.

Bone Maximizer™ III from MRM supplies not only 4,000 milligrams of peptide-rich MCHC from Australia and New Zealand in only three capsules, but also supplies the sunshine vitamin D, which is absolutely essential for calcium absorption and overall immune health; magnesium, boron and zinc, major and trace minerals critical to bone and collagen health; glucosamine sulfate and methylsulfonyl methane for maintaining healthy flexibility and cushioning; and vitamins C and K, for building the bone matrix. ■

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