

OsteoGenesis

Serving Size 3 Capsules Servings Per Container 30

| | Amount Per Serving | |
|--|--------------------|--|
| Calcium (citrate/malate) | 300 mg | |
| Vitamin D3 (cholecalciferol) | 100 IŪ | |
| Vitamin K1 | 100 mcg | |
| Vitamin K2 (menaquinone-7) | 18 mcg | |
| Magnesium (glycinate, citrate) | 300 mg | |
| Zinc (picolinate) | 8 mg | |
| Copper (gluconate) | 0.5 mg | |
| Manganese (aspartate) | 0.5 mg | |
| Horsetail extract (Equisetum arvense, 4:1) | 100 mg | |
| Boron (citrate) | 2 mg | |
| Vanadium (amino acid chelate) | 50 mcg | |
| OTHER INGREDIENTS: Rice flour, magnesium stearate, cellulose, silica. | | |
| SUGGESTED USE: As a dietary supplement, take 1 capsule three times per day or as directed by your healthcare professional. | | |

050710

OsteoGenesis ES

Serving Size 8 Capsules Servings Per Container 30

| | Amount Per Serving | |
|--|--------------------|--|
| Vitamin C (ascorbyl palmitate) | 30 mg | |
| Vitamin D (cholecalciferol) | 800 IU | |
| Vitamin K (50 mcg vitamin K1 [phytonadione] & 40 mcg vitamin K [menaquinone-7]) | 90 mcg 2 | |
| Calcium (citrate malate) | 800 mg | |
| Magnesium (magnesium citrate) | 400 mg | |
| Zinc (zinc picolinate) | 10 mg | |
| Copper (copper gluconate) | 1 mg | |
| Manganese (aspartate) | 1 mg | |
| Horsetail extract (aerial parts) (Equisetum arvense)(4:1) | 50 mg | |
| Boron (citrate) | 4 mg | |
| OTHER INGREDIENTS: Gelatin, rice four, silica, titanium dioxide. | | |
| SUGGESTED USE: As a dietary supplement, take 8 capsules per day with food (dose may be divided) or as directed by your healthcare professional. | | |

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

OSTEOGENESIS/OSTEOGENESIS ES

VITAMINS, MINERALS, AND BOTANICALS PROVIDE COMPREHENSIVE BONE-DENSITY SUPPORT*

- Bioavailable micronutrients to support bone-building activity*
- Specialty nutrients to support optimal calcium metabolism*

OSTEOGENESIS AND OSTEOGENESIS ES provide a comprehensive blend of ingredients to support the maintenance and development of healthy bones. Contrary to popular belief, bone health is not only dependent on proper mineral intake. Maintenance of bone density is also heavily reliant on the numerous body reactions that support the balance between bone resorption and remodeling. The nutrients and botanicals in OsteoGenesis and OsteoGenesis ES are designed to not only provide the building materials for healthy bones, but also to support the endogenous pathways that favor maintenance of healthy bone structure.*

CALCIUM (CITRATE/MALATE) are the calcium salts of citric and malic acid. These chelated forms of calcium are water-soluble compounds and therefore are highly absorbable and bioavailable. Calcium is the most abundant mineral in the body with the majority of body reserves being in the bones and teeth. Depletion of bone calcium occurs when blood levels of calcium are below optimal level. This repeated borrowing of bone calcium can lead to porous bone tissues and increase the risk for fractures and breakage. Although much of bone mass is acquired during adolescence and early adulthood, maintaining adequate intake of calcium throughout life can have profound effects on enhancing bone density. In studies of post-menopausal women, oral calcium supplementation has been shown to reduce bone loss and fractures.*

MAGNESIUM (GLYCINATE/CITRATE) are chelated forms of magnesium and are also well absorbed and bioavailable. Magnesium is the fourth most abundant mineral in the body and supports numerous functions including enzyme regulation, calcium transport, and parathyroid hormone activity. Magnesium is also a critical component of the structure of the bone matrix, and deficiency is linked to an increase in bone brittleness and fracture risk. It is estimated that nearly 60% of the U.S. population does not meet the RDA for magnesium, leading to possible



REFERENCES:

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- 5. Kaneki M, et al. Japanese fermented soybean food as the major determinant of the large geographic difference in circulating levels of vitamin K2: possible implications for hip-fracture risk. *Nutrition*. 2001 Apr:17(4):315-21.
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OSTEOGENESIS/OSTEOGENESIS ES

negative effects on cardiovascular, neurological, and bone health. Studies have shown that magnesium supplementation among post-menopausal women can support bone density and suppress bone turnover.*

VITAMIN D3 (CHOLECALCIFEROL) is the biologically active form of vitamin D. Cholecalciferol is a pro-hormone that has multiple roles in maintaining bone mineralization and serum calcium levels. Active vitamin D induces proteins that serve to enhance calcium transport across intestinal mucosal cells. In response to low serum calcium, vitamin D also stimulates calcium resorption in the renal tubules to help maintain calcium levels.*

VITAMIN K2 (MENAQUINONE-7) plays an essential role in modulation of aberrant calcium metabolism. Abnormal deposition of calcium in arteries and heart valves is a major risk factor for both cardiovascular disease and osteoporosis. Vitamin K2 is a dependent cofactor for carboxylation of the human matrix GLA protein (MGP), a major inhibitor of arterial calcification. Vitamin K2 as menaquinone-7 has been shown effective for maintaining calcium balance by helping keep calcium in the bones and out of the vascular media. Among Japanese populations with high dietary intakes of vitamin K2, reduced incidence of bone fractures and bone density issues has been observed.*

BORON improves the metabolism of calcium, phosphorous, and magnesium. Boron supplementation has been shown to reduce urinary excretion of calcium and magnesium and support hormone balance in post-menopausal women.*

HORSETAIL (EQUISETUM ARVENSE) is a natural source of water-soluble colloidal silica. Silica has been shown to strengthen the bone matrix connective tissue by enhancing cross-linking of collagen strands. Aging and decline in estrogen levels can reduce absorption of silica, indicating that supplementation may be beneficial.*