

Calcifood® Powder

Helps Provide Optimal Calcium Absorption

Our bodies require calcium in order to perform multiple physiologic tasks. While most people are aware of the need for calcium in building and maintaining strong bones and teeth, many remain unaware of the important role calcium plays in nerve transmission, muscle contraction, blood coagulation, cardiac function, and cellular structure. Unfortunately, a great percentage of the population fails to acquire adequate amounts of calcium from their diet—whether from choosing foods with little or low calcium content, from combining foods that compromise absorption, or from health conditions that prevent proper absorption. In addition, there are times in our lives when we need even more calcium. Female athletes and older women, for example, require greater amounts of calcium than other women. Getting enough calcium into the body is only half the battle. The more soluble the calcium, the better it is absorbed. And optimal calcium metabolism also relies on vitamin D, calcitonin, and parathyroid hormone. Calcifood Powder provides a whole food source of calcium, along with its complementary and synergistic nutrients, formulated to naturally enhance calcium metabolism and absorption.†

Powdered products offer many benefits. Powders are a valuable alternative for infants, children, and older adults who have difficulty swallowing tablets or capsules. Powders can be mixed with milk or fruit juice or sprinkled on fruits or vegetables. Calcifood Powder requires no tableting aids or excipients to bind its ingredients together, as does its wafer counterpart. Powders provide an easy solution for those who need to take multiple supplements.

How Calcifood Powder Keeps You Healthy

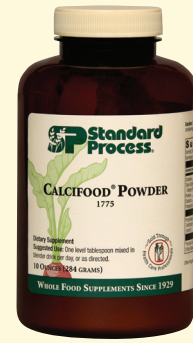
Keeps bones and teeth strong and healthy

Almost 90 percent of the body's total calcium store resides in the bones and teeth. Calcium is essential in keeping bones and teeth at the proper density to sustain daily wear and tear. Generally, during the first 20 years of life, growing bones keep pace with calcium accumulation. But somewhere during the next decade, the gentle balance changes, and bones begin to lose precious calcium. Between the ages of 30 and 50, bone-mass density begins a gradual decline. After the age of 50, bone-mass density loss accelerates. The veal bone in Calcifood Powder contributes multiple vital nutrients to help keep bones healthy. Carrots contain silicon to help strengthen connective tissue and promote calcium metabolism.†

Enhances calcium metabolism

Calcium cannot be absorbed properly and used by the body efficiently unless other vital minerals and nutrients essential for calcium metabolism are present. Calcifood Powder contains whole food cofactors that provide vitamins, minerals, amino acids, and enzymes, enabling the calcium to be absorbed and used by the body. This not only strengthens bones and teeth but also helps keep the heart healthy, maintain nerve transmission, promote normal muscle growth and contraction, and support proper cell-membrane structure.†

Please copy for your patients.



Introduced in 2000

Content:

10 ounces (284 grams)

Suggested Use: One level tablespoon mixed in blender drink per day, or as directed.

Supplement Facts:

Serving Size:

1 level tablespoon (approximately 9 grams)

Servings per Container: 31

	Amount per Serving	%DV
Calories	27	
Total Carbohydrate	4.6 g	1%*
Dietary Fiber	1.8 g	7%*
Protein	1.48 g	3%*
Calcium	600 mg	60%
Phosphorus	20 mg	2%
Potassium	40 mg	1%

*Percent Daily Values (DV) are based on a 2,000-calorie diet.

Proprietary Blend: 4.8 g

Defatted wheat (germ), oat flour, carrot (root), date powder, and rice (bran).

Other Ingredients: Bovine bone meal and veal bone.

One level tablespoon equals approximately: nine Calcifood® wafers.

Adequate calcium, as a part of a healthful diet, along with physical activity, may reduce the risk of osteoporosis in later life.

Sold through health care professionals.



800-558-8740 | standardprocess.com

†These statements have not been evaluated by the Food & Drug Administration. These products are not intended to diagnose, treat, cure, or prevent any disease.

Calcifood® Powder

What Makes Calcifood Powder Unique

Product Attributes

Adequate calcium as part of a healthful diet, along with physical activity, may reduce the risk of osteoporosis in later life

Provides calcium and bone marrow nutrients from bovine bone meal and veal bone—natural and complete, whole food sources

- › Bone contains important minerals, such as phosphorus, copper, manganese, and other important trace elements
- › Bone contains many different types of proteins, including amino acids, enzymes, and vitamins
- › The bone marrow taken from veal bone helps support healthy blood formation†

Multiple nutrients from a variety of plant and animal sources

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

Manufacturing and Quality-Control Processes

Low-temperature, high-vacuum drying technique

- › Preserves the enzymatic vitality and nutritional potential of ingredients

Not disassociated into isolated components

- › The nutrients in Calcifood Powder 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 Calcifood® Powder.

Abraham G.E., Grewal H. 1990. A total dietary program emphasizing magnesium instead of calcium. Effect on the mineral density of calcaneus bone in postmenopausal women on hormonal therapy. *Journal of Reproductive Medicine* 35(5): 503-507.

Anderson L.E. 1998. *Mosby's Medical, Nursing, & Allied Health Dictionary*. 5th ed. St. Louis, MO: Mosby; 246.

Balch J.F., Balch P.A. 1997. *Prescription for Nutritional Healing*. 2nd ed. Garden City Park, NY: Avery Publishing Group; 23-24.

Barger-Lux M.J., Heaney R.P. 1994. The role of calcium intake in preventing bone fragility, hypertension, and certain cancers. *Nutrition Journal* 12(4)(Suppl): 1406S-1411S.

Bythe S. Nutritionist. Dietary Calcium to Prevent Osteoporosis. *Breard Health Online*.

Bronner F. 1995. *Nutrition and Health, Topics and Controversies*. Boca Raton, FL: CRC Press; 114-121.

Guyton A.C., Hall J.E. 1997. *Human Physiology and Mechanisms of Disease*. 6th ed. Philadelphia, PA: W.B. Saunders Company; 87, 92, 300, 634.

Haas E. 1999. *Minerals*. HealthWorld Online.

Moon J., et al. 1992. Hypothesis: Etiology of atherosclerosis and osteoporosis: Are imbalances in the calcified endocrine system implicated. *Journal of the American College of Nutrition* 11(5): 567-583.

Northover B.J., et al. 1989. The involvement of lactate and calcium as mediators of the electrical and mechanical responses of the myocardium to conditions of simulated ischaemia. *British Journal of Pharmacology* 97(3): 809-818.

Pitchford P. 1993. *Healing with Whole Foods, Oriental Traditions and Modern Nutrition*. Revised ed. Berkeley, CA: North Atlantic Books; 177-187.

Seelig M. 1989. Cardiovascular consequences of magnesium deficiency and loss: pathogenesis, prevalence and manifestations—magnesium and chloride loss in refractory potassium repletion. *American Journal of Cardiology* 63(14): 4G-21G.

Shils M.E., Young V.R. 1988. *Modern Nutrition in Health and Disease*. 7th ed. Philadelphia, PA: Lea & Febiger; 142-188, 1566.

Tver D.F., Russell P. 1989. 2nd ed. New York, NY: Van Nostrand Reinhold; 86, 312.

Van Wynsberghe D. 1995. *Human Anatomy and Physiology*. New York, NY: McGraw-Hill, Inc; 598, 927.

Whitfield J.F. 1990. *Calcium, Cell Cycles, and Cancer*. Boca Raton, FL: CRC Press Inc; 7-32.

Willett W. 1990. *Nutritional Epidemiology*. Oxford, United Kingdom: Oxford University Press; 183-184.

Wilson E., et al. 1965. *Principles of Nutrition*. 2nd ed. New York, NY: John Wiley & Sons, Inc; 134-150.

