

Calsol®

Provides a Source of Multifunctional Minerals—Calcium, Phosphorus, and Magnesium—Essential for Good Health

People of all ages require appropriate amounts of phosphorus, calcium, and magnesium in order to prevent bone loss, support nervous system function, and maintain normal muscle response. Numerous studies conducted over the past decade reveal low levels of calcium intake among those age groups that require increased calcium intake to grow properly or prevent bone loss. Fast food, fad diets, limited resources, and poor eating habits all contribute to many Americans failing to get their daily requirements of many essential vitamins and minerals.

How Calsol Keeps You Healthy

Promotes women's health

Menopausal and post-menopausal women are at increased risk for bone loss that often leads to osteoporosis. Research suggests that women who take in adequate amounts of calcium throughout their lives greatly reduce their risk of excessive bone loss later in life. It is never too late to increase calcium intake to meet the body's changing needs. Optimal calcium intake can also reduce monthly discomfort by helping to maintain the normal functioning of the parathyroid hormone.†

Maintains normal nerve functioning

Calcium is essential to the normal transmission of nerve impulses.†

Keeps your heart healthy

The heart requires phosphorus to continue regular heart muscle contractions. Calcium helps maintain regular heart rhythm and also helps maintain healthy cholesterol levels already within a normal range.†

Maintains cellular health

Calcium helps the walls of cells remain porous so that substances are able to come in and go out of cells easily.†

Supports kidney function

Phosphorus is needed for proper kidney function.†

Supports metabolic processes

Calcium supplies energy and is involved in activating many enzymes necessary for breaking down fats for the body. Phosphorus helps the body use vitamins and convert food to energy.†

Please copy for your patients.

GF This product contains less than 10 parts per million of gluten per serving size or less than 20 parts per million per the suggested use listed on each product label. **V** Vegetarian (Lacto-ovo)
†These statements have not been evaluated by the Food & Drug Administration. These products are not intended to diagnose, treat, cure, or prevent any disease.



Introduced in 1947



Content:
90 tablets

Suggested Use: Five tablets per meal, or as directed.

Supplement Facts:

Serving Size: 5 tablets

Servings per Container: 18

	Amount per Serving	%DV
Calories	3	
Total Carbohydrate	1 g	<1%*
Calcium	225 mg	20%
Phosphorus	170 mg	15%
Carbamide	165 mg	

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

Ingredients: Calcium glycerophosphate, calcium lactate, magnesium citrate, calcium stearate, and calcium acid phosphate.

Sold through health care professionals.



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Calsol®

What Makes Calsol Unique

Product Attributes

Provides minerals from a variety of sources

- › A balanced calcium-phosphorus supplement for long-term usage

Manufacturing and Quality-Control Processes

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 Calsol®.

- Baekgaard L., Andersen K.P., Hyldstrup L. 1998. Calcium and vitamin D supplementation increases spinal BMD in healthy, postmenopausal women. *Osteoporos Int* 8(3): 255-260.
- Balch J.F., Balch P.A. 1997. *Prescription for Nutritional Healing*, 2nd ed. Garden City Park, NY: Avery Publishing Group: 23, 27.
- Devine A., Dick I.M. 1997. A 4-year follow-up study of the effects of calcium supplementation on bone density in elderly postmenopausal women. *Osteoporos Int* 7(1): 23-28.
- Elders P.J., Lips P. 1994. Long-term effect of calcium supplementation on bone loss in perimenopausal women. *J Bone Miner Res* 9(7): 963-970.
- Ginty F., Flynn A., Cashman K.D. 1998. The effect of short-term calcium supplementation on biochemical markers of bone metabolism in healthy young adults. *Br J Nutr* 80(5): 437-443.
- Hyman J., Baron J.A. 1998. Dietary and supplemental calcium and the recurrence of colorectal adenomas. *Cancer Epidemiol Biomarkers Prev* 7(4): 291-295.
- Johnell O., Gullberg B. 1995. Risk factors for hip fracture in European women. *J Bone Miner Res* 10(11): 1802-1815.
- Kashket S., Yaskell T. 1997. Effectiveness of calcium lactate added to food in reducing intraoral demineralization of enamel. *Caries Res* 31(6): 429-433.
- Marcus P.M., Newcomb P.A. 1998. The association of calcium and vitamin D, and colon and rectal cancer in Wisconsin women. *Int J Epidemiol* 27(5): 788-793.
- Nordin B.E. 1997. Calcium and Osteoporosis. *Nutrition* 13(7-8): 664-686.
- Nowson C.A., Green R.M. 1997. A co-twin study of the effect of calcium supplementation on bone density during adolescence. *Osteoporos Int* 7(3): 219-225.
- Optimal calcium intake. NIH Consensus Statement. 1994. 12(4): 1-31.
- Optimal calcium intake. *Nutrition*. 1995. 11(5): 409-417.
- Ortega R.M., Requejo A.M. 1998. Implication of calcium deficiency in the progress of periodontal diseases and osteoporosis. *Nutr Hosp* 13(6): 316-319.
- Recker R.R., Hinders S. 1996. Correcting calcium nutritional deficiency prevents spine fractures in elderly women. *J Bone Miner Res* 11(12): 1961-1966.
- Thys-Jacobs S., Starkey. 1998. Calcium carbonate and the premenstrual syndrome: effects on premenstrual and menstrual symptoms. *Am J Obstet Gynecol* 179(2): 444-452.
- U.S.D.A. Continuing Survey of Food Intakes by Individuals. 1994.
- Zheng W., Anderson K.E. 1998. A Prospective cohort study of intake of calcium, vitamin D, and other micronutrients in relation to incidence of rectal cancer among postmenopausal women. *Cancer Epidemiol Biomarkers Prev* 7(3): 221-225.

