



# OsteoMatrix™ Dietary Supplement

A Unique Matrix of Bone-building Nutrients



## THE CHALLENGE

Osteoporosis remains a major health issue for more than 44 million Americans. Despite the fact that Americans consume more dairy products and calcium than any other population in the world, we still have one of the highest rates of this debilitating disease. One in two women and one in four men over age 50 will have an osteoporosis-related fracture in his or her lifetime. And while osteoporosis is often thought of as a disease that affects the elderly, it can strike at any age.

Calcium doesn't work alone to build and maintain strong bones. Think of calcium as the bricks in the bone-building process. Bricklayers know that a house is only as strong as the mortar that holds it together. And the nutritional mortar for building and maintaining strong bones includes vitamins D and K, magnesium, boron, zinc, copper and manganese.

## OSTEOMATRIX

MAY REDUCE THE RISK OF OSTEOPOROSIS\*\*

OsteoMatrix is more than just calcium. It contains a nutritional matrix with a perfect blend of "brick-and-mortar" nutrients to build a strong and healthy bone matrix:

- **1,000 mg (100% DV) of elemental calcium** from nature's most concentrated and easily absorbed sources
- **400 mg (100% DV) of magnesium** to help incorporate calcium into bone and help strengthen bones
- **400 IU (100% DV) of vitamin D** to stimulate calcium absorption
- **Boron** in a clinically supported amount to aid bone metabolism\*<sup>7</sup>
- **Vitamin K** to help bind minerals to form bone matrix<sup>3</sup>
- **Manganese, copper, and zinc** — co-factors that activate enzymes that help build bone mass

OsteoMatrix also helps retain normal blood pressure<sup>2</sup> and reduce symptoms of PMS.\*<sup>5</sup>

## THE SHAKLEE DIFFERENCE

- **More bone-building nutrients than leading brands:** 100% of calcium and magnesium, and vitamin D with additional critical nutrients for building bones<sup>†</sup>
- **Clinically proven** absorption and bioavailability
- **Easy-to-swallow** small, coated caplets. A daily serving is only four caplets.

## WHO MAY BENEFIT FROM OSTEOMATRIX?

- Anyone concerned about building strong bones<sup>1,6</sup> and maintaining long-term bone health<sup>4</sup>
- Anyone whose diet may be low in key bone-building nutrients, particularly women age 30 and older, teenagers, and the elderly
- Those who smoke, have high intakes of alcohol, or frequently drink soft drinks —lifestyle habits that can limit or interfere with the utilization of calcium
- Women who experience PMS symptoms\*
- Those concerned about retaining normal blood pressure\*
- Anyone who finds calcium supplements too chalky, too big, or hard to swallow

† Comparison is based on 1,000 mg of calcium. Source: Nielsen, FDMx, 52 weeks ending 10/8/05. This comparison of label ingredients was conducted on November 28, 2005 and is valid only for the named products marketed at that time.

\*\* Regular exercise and a healthy diet with supplemental calcium may reduce the risk of osteoporosis, especially in the elderly. Adequate calcium intake is important, but daily intake above 2,000 mg is not likely to provide any additional benefits.

\* 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.

## HOW SHOULD IT BE USED?

The recommended daily serving of OsteoMatrix is four easy-to-swallow caplets, preferably with food. For best results, take two caplets, twice daily. OsteoMatrix contains vitamin K. Ask your doctor before use if you are taking a blood-thinning medication (anticoagulant).

When ordering, use Item Code #20681 (120 caplets/30servings), #20682 (360 caplets/90 servings).

## SCIENTIFIC REFERENCES

1. Dawson-Hughes B, Harris S, Krall E, Dallal G. Effect of calcium and vitamin D supplements on bone density in men and women 65 years of age or older. *The New England Journal of Medicine*. 1997;337:670-676.
2. Allender PS, Cutler JA, Follmann D, et. al. Dietary calcium and blood pressure; a meta-analysis of randomized clinical trials. *Annals of Internal Medicine*. 1996;124:825-831.
3. Feskanich D, Weber P, Willett W, et. al. Vitamin K intake and hip fractures in women; a prospective study. *The American Journal of Clinical Nutrition*. 1999;69:74-79.
4. Chapuy MC, Arlot ME, Duboeuc F, et. al. Vitamin D3 and calcium to prevent hip fractures in elderly women. *The New England Journal of Medicine*. 1992;327:1637-1642.
5. Thys-Jacobs S, Starkey P, Bernstein D et. al. Calcium carbonate and the premenstrual syndrome; effects on premenstrual and menstrual symptoms. *American Journal of Obstetrics and Gynecology*. 1998;179:444-52.
6. Welton DC, Han CJ, Kemper G et. al. A meta-analysis of the effect of calcium intake on bone mass in young and middle aged females and males. *Journal of Nutrition*. 1995;125:2807-2813.
7. Neilsen FH. The justification for providing dietary guidance for the nutritional intake of boron. *Biological Trace Element Research*. 1998;66:319-330.

**DIRECTIONS:** Take 4 caplets daily, preferably with food.

| <b>S u p p l e m e n t F a c t s</b>  |                            |                 |
|---|----------------------------|-----------------|
| Serving Size: 4 Caplets   | Servings Per Container: 30 |                 |
|   | Amount Per Serving         | % Daily Value** |
| Total Carbohydrate  | <1 g                       | <1%**           |
| Vitamin D (as cholecalciferol)  | 400 IU                     | 100%            |
| Vitamin K (as phytonadione)   | 40 mcg                     | 50%             |
| Calcium (as calcium carbonate, calcium citrate, and calcium citrate malate) | 1000 mg                    | 100%            |
| Magnesium (as magnesium oxide, magnesium citrate, and magnesium gluconate)  | 400 mg                     | 100%            |
| Zinc (as zinc gluconate)  | 1.5 mg                     | 10%             |
| Copper (as copper gluconate)  | 0.2 mg                     | 10%             |
| Manganese (as manganese gluconate)  | 0.2 mg                     | 10%             |
| Sodium  | 5 mg                       | <1%             |
| Boron (as trace mineral protein hydrolysate)                                | 3 mg                       | †               |

\*\* Percent Daily Values are based on a 2,000 calorie diet.  
† Daily Value not established.

**OTHER INGREDIENTS:** MICROCRYSTALLINE CELLULOSE, HYDROXYPROPYL METHYLCELLULOSE, CROSCARMELLOSE SODIUM, TITANIUM DIOXIDE, SOY LECITHIN, CARNAUBA WAX.



## SUPPORT MATERIALS

OsteoMatrix Brochure #75278 (English), #75279 (Spanish)

2006 Winter Product Update #75306 (English), #75307 (Spanish)

We stand behind each and every one of our products. The ingredients, purity, safety, and performance of all our Nutrition, Healthy Home, and Personal Care products are 100% guaranteed.



**For more information, visit [Shaklee.com](http://Shaklee.com).**

**To learn more about OsteoMatrix, visit [ShakleeOsteoMatrix.com](http://ShakleeOsteoMatrix.com).**