



Active Calcium™ ●●HP (M₃) & Body Rox™ Active Calcium™ Chewable ●●

Complete bone health formula for adolescents and adults

Throughout life, bones are in a constant state of reformation as calcium is continually removed from and re-deposited in the bones. Adequate levels of calcium are needed every day to ensure that bone mineral density is maintained. If people do not get enough calcium from their diets, the body will take it from bone structure, which results in a net loss of bone calcium.



Active Calcium and **Body Rox Active Calcium Chewable** are more than calcium supplements. They are carefully formulated, clinically proven bone-building formulas. Both contain calcium citrate and carbonate, magnesium, vitamin D, and silicon to optimize bone mineralization and to ensure proper calcium use.*

Calcium and Your Health

Deficiencies of calcium, magnesium, boron, and vitamin D can contribute to the development of osteoporosis, thinning of the bones that makes them prone to fracture. Although signs of osteoporosis usually don't occur until the later years of life, getting the proper amount of calcium in our diet when we're young helps build strong bones and reduces the risk of osteoporosis in the future, as long as dietary intake continues to be adequate. Adolescents who make even a five percent gain in bone mass in their teens may reduce the risk of osteoporosis by 40 percent.

In addition to maintaining healthy bones, calcium is critical to normal nerve conduction, muscle contraction, blood clotting (provided it is normal to begin with), cell division, and electrical conduction in the heart. It is also essential for producing and activating enzymes and hormones that regulate digestion, energy, and fat metabolism.*

Magnesium and Vitamin D

Magnesium is an essential mineral that accounts for about 0.05 percent of the body's total weight. Along with calcium, it is an important component of strong, healthy bones.

Vitamin D enhances calcium absorption in the small intestine and calcium utilization in bone formation. Vitamin D also influences the utilization of phosphorus, another mineral that is important for strong bones.*

Silicon

Silicon gives stability to all the connective tissues of the body and is essential for proper calcium utilization. Silicon is key to the calcium mineralization of the bone matrix.*

Why Active Calcium™?

USANA's **Active Calcium** is enhanced with boron and vitamin K. Boron reduces calcium excretion and increases deposition of calcium in the bone. Vitamin K influences the level of osteocalcin in the bone-forming cells and thus the rate of mineralization of bone.*

Why Body Rox™ Active Calcium™ Chewable?

A double-blind, placebo-controlled USANA study assessed the impact of **Body Rox Active Calcium Chewable** on bone development and bone mineralization in 81 preadolescent girls. Half of the group was assigned at random to receive **Active Calcium Chewable**, and half received a placebo supplement. After 12 months of supplementation, girls receiving **Active Calcium Chewable** showed a net gain (1.41 percent) in bone mineral density, while girls in the placebo group showed a net decline (-0.94 percent). Gains in bone mineral content were also greater in the active treatment group than in the placebo group (5.83 percent versus 0.69 percent respectively).

References

- Adams J, Pepping J. Vitamin K in the treatment and prevention of osteoporosis and arterial calcification. 2005. Am J Health Syst Pharm 62(15):1574-81.
- Bodnar LM, Simhan HN, Powers RW, Frank MP, Cooperstein E, Roberts JM. High Prevalence of Vitamin D Insufficiency in Black and White Pregnant Women Residing in the Northern United States and Their Neonates. 2007. J Nutr 137:447-52.
- Dodiuk-Gad RP, Rozen GS, Rennert G, Rennert HS, Ish-Shalom S. Sustained effect of short-term calcium supplementation on bone mass in adolescent girls with low calcium intake. 2005. Am J Clin Nutr 81(1):168-74.
- Dørup I, Clausen T. Effects of magnesium and zinc deficiencies on growth and protein synthesis in skeletal muscle and the heart. 1991. British Journal of Nutrition 66:493-504.
- Food and Nutrition Board, Institute of Medicine. Calcium. Dietary Reference Intakes: Calcium, Phosphorus, Magnesium, Vitamin D, and Fluoride. 1997. Washington, D.C.: National Academy Press; 71-145.
- Gennari C. Calcium and vitamin D nutrition and bone disease of the elderly. 2001. Public Health Nutr 4(2B):547-59.
- Kalkwarf HJ, Khoury JC, Lamphear BP. Milk intake during childhood and adolescence, adult bone density, and osteoporotic fractures in US women. 2003. Am J Clin Nutr 77(1):257-65.
- Kumar J, Muntner P, Kaskel FJ, Halpern SM, Melamed ML. Prevalence and Associations of 25-Hydroxyvitamin D Deficiency in US Children: NHANES 2001-2004. 2009. Pediatrics 124:e362-70.
- Lambert HL, Eastell R, Karnik K, Russell JM, Barker ME. Calcium supplementation and bone mineral accretion in adolescent girls: an 18-mo randomized controlled trial with 2-y follow-up. 2008. AJCN 87(2):455-62.
- Meacham SL, Taper LJ, Volpe SL. Effect of boron supplementation on blood and urinary calcium, magnesium, and phosphorus, and urinary boron in athletic and sedentary women. 1995. Am J Clin Nutr 61(2):341-5.



Contents Tested
& Certified

- Cardiovascular Health
- Cellular Metabolic Health
- Skeleton/Structural Health
- Endocrine Health
- Brain/Nervous Health
- Digestion/Detox Health
- Immune Health

HP In HealthPak™

My Available for MyHealthPak™

H Hybrid



*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.