

Mineral Factor



PURE ESSENCE

Center for Wellness and Aesthetics



CLINICAL APPLICATIONS

- Provides Broad Spectrum Mineral Support for a Variety of Protocols
- Supports Any Bone Building Protocol
- Increases Skeletal Strength and Promotes Healthy Bone Density

in partnership with



DR. JOHN P. SALERNO

SALERNO WELLNESS

ESSENTIAL MINERALS

Mineral Factor provides an ideal balance of highly-absorbed minerals combined with the benefits of betaine HCl to prime digestion and improve the absorption of vitamins and minerals. Mineral Factor provides mineral amino acid chelates in optimal ratios to help the body maintain mineral balance and avoid competition between minerals for absorption.

Overview

Numerous studies have reported that adequate mineral levels play an essential role in maintaining optimal health by supporting bone, muscle and cardiovascular health. It is a challenge for most individuals to consume the perfect variety of minerals through their daily diets and maintain mineral balance. Supplementation of a high-quality daily multimineral may provide benefits for those wishing to meet their recommended daily requirements of important macrominerals and trace minerals.

Bioavailability – The Mineral Chelate Difference†

Mineral bioavailability is essential because there is no reason to take a calcium supplement if it does not substantially improve the body's calcium balance. Signs of inferior mineral supplements include the use of cheap, poorly absorbed, rock-salt minerals like calcium carbonate and magnesium oxide (See Figure 1). These mineral forms slow and limit absorption, relying on adequate stomach acid to release calcium ions that then enter the body via passive diffusion. And, because they tend to remain in the intestines longer, these forms of mineral supplements can cause intestinal distress, such as constipation (calcium carbonate) or diarrhea (magnesium oxide).

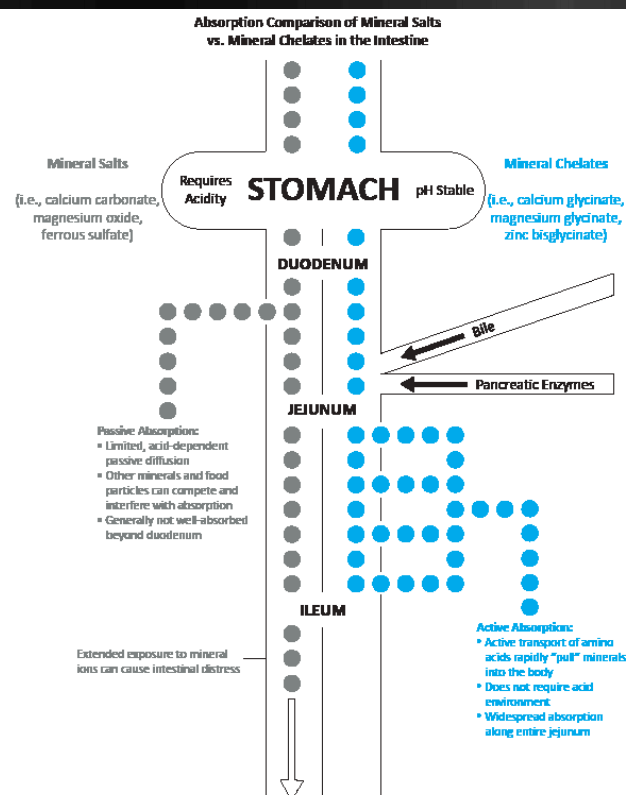


Figure 1

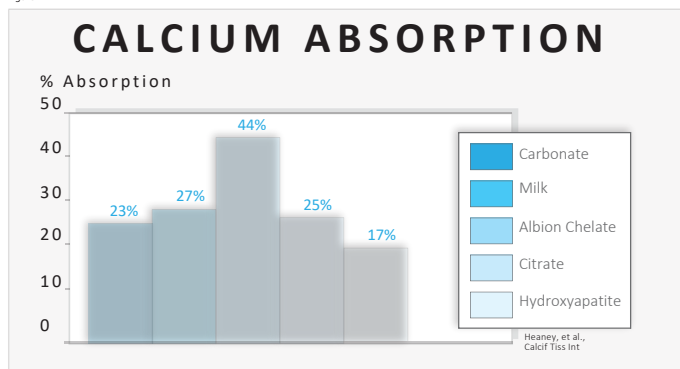
Mineral Factor provides the benefit of highly-absorbed, Albion® mineral chelates. Albion® is the world leader in manufacturing highly bioavailable mineral chelates, a specialized form of minerals bound to amino acids. This patented process creates organic mineral compounds that use active absorption mechanisms in the gastrointestinal tract to greatly enhance mineral absorption. Comparison studies have shown significantly superior absorption of mineral chelates compared to other mineral forms. In a clinical study specifically comparing calcium absorption in humans, the patented

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calcium chelate by Albion® delivered the greatest absorption of all calcium sources tested (See Figure 2).¹

- Calcium from calcium carbonate is often absorbed at very low levels (less than 10%).¹
- In a human clinical study, the patented calcium chelate formulation by Albion® averaged 44% absorption of the dose without the benefit of meal enhancement.¹ No other calcium form has an equivalent or higher rate of absorption.

Figure 2



In addition, mineral chelates are gentle, “gut-friendly” minerals that do not cause constipation and often accompany calcium carbonate and other rock-salt forms. Mineral chelates by Albion® have extensive clinical research proving their superior bioavailability, biologic activity, stability, and improved tolerance.

Calcium [†]

Calcium is required for heart health, muscle function, nerve transmission, intracellular signaling and hormonal secretion. Less than 1% of total body calcium that supports these critical metabolic functions.² Serum calcium is very tightly regulated and does not fluctuate with changes in dietary intakes. The body uses bone tissue as a reservoir and source for calcium to maintain constant concentrations of calcium in blood, muscle and intercellular fluids.² The remaining 99% of the calcium supply in the body is stored in the bones and teeth, serving as support for their structure and function.²

Magnesium [†]

More than 57% of the population does not meet the United States Department of Agriculture requirements for magnesium in their diet. Magnesium is a cofactor in over 300 enzyme systems and is integral to many processes in the body, including protein synthesis, muscle and nerve function, and maintaining blood glucose control and blood pressure regulation.³⁻⁵ It contributes to the structural development of bone and is required for the synthesis of DNA, RNA and the

antioxidant, glutathione. Magnesium also plays a role in the active transport of calcium and potassium ions across cell membranes, a process that is important to nerve impulse conduction, muscle contraction and normal heart rhythm.⁶

Zinc [†]

Zinc is fundamental to the activity of over 100 enzymes and supports immune function, protein synthesis, tissue regeneration and healing, DNA synthesis, and cell division.⁷⁻¹⁰ During pregnancy, infancy and childhood, the body needs zinc for proper growth and development.¹¹⁻¹⁵ Zinc also helps boost tissue repair and is important to adequate functioning of the senses of taste and smell. Daily intake of zinc is necessary to maintain adequate levels within the body because the body has no specialized zinc storage system.¹⁶

Selenium [†]

Selenium has structural roles as well as enzymatic functions. It is best known as an antioxidant and catalyst in the production of active thyroid hormone. Selenium is essential in the balance and support of immune system function. Selenium promotes sperm motility and supports positive mood, antioxidant status, inflammation balance and heart health.

Potassium [†]

Potassium is an electrolyte mineral that carries an electric charge. It is critical to maintaining electrolyte balance in the body. Potassium can contribute to heart and bone health and is an integral part of muscle contraction and muscle building.¹⁷

Directions

4 capsules per day or as recommended by your health care professional.

Does Not Contain

Gluten, yeast, artificial colors or flavors.

Cautions

If you are pregnant or nursing, consult your physician before taking this product.

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Supplement Facts^{V6}

Serving Size 4Capsules
Servings Per Container 30

	Amount Per Serving	% Daily Value
Calcium (as Albion® Minerals Calcium Bisglycinate Chelate)	300 mg	23%
Magnesium (as DiMagnesium Malate, Albion® Minerals Magnesium Lysinate Glycinate Chelate)	150 mg	36%
Zinc (as Albion® Minerals Zinc Bisglycinate Chelate)	25 mg	227%
Selenium (as Selenium Glycinate Complex)	190 mcg	345%
Manganese (as Albion® Minerals Manganese Bisglycinate Chelate)	5 mg	217%
Chromium (as O-polynicotinate)†	190 mcg	543%
Molybdenum (as Albion® Minerals Molybdenum Glycinate Chelate)	45 mcg	100%
Potassium (as Potassium Glycinate Complex)	90 mg	2%
Betaine Hydrochloride USP	45 mg	*
Vanadyl Sulfate	3 mg	*
Boron (as Bororganic Glycine)	45 mcg	*
* Daily Value not established.		

Other Ingredients: Hypromellose (Natural Vegetable Capsules), Magnesium Stearate, Stearic Acid, Microcrystalline Cellulose and Silicon Dioxide.

ID# 249120 120 Capsules

References

1. Heaney, RP. Carbonate Milk Albion Chelate Citrate Hydroxyapatite. *Calcif Tiss Int* 1990;46:300-4.
2. Roussouw J, Brummelen R. The bioavailability of four magnesium preparations. Publication pending.
3. Committee to Review Dietary Reference Intakes for Vitamin D and Calcium, Food and Nutrition Board, Institute of Medicine. Dietary Reference Intakes for Calcium and Vitamin D. Washington, DC: National Academy Press, 2010.
4. Institute of Medicine (IOM). Food and Nutrition Board. Dietary Reference Intakes: Calcium, Phosphorus, Magnesium, Vitamin D and Fluoride. Washington, DC: National Academy Press, 1997.
5. Rude RK. Magnesium. In: Coates PM, Betz JM, Blackman MR, Cragg GM, Levine M, Moss J, White JD, eds. Encyclopedia of Dietary Supplements. 2nd ed. New York, NY: Informa Healthcare; 2010:527-37.
6. Rude RK. Magnesium. In: Ross AC, Caballero B, Cousins RJ, Tucker KL, Ziegler TR, eds. Modern Nutrition in Health and Disease. 11th ed. Baltimore, Mass: Lippincott Williams & Wilkins; 2012:159-75.
7. Sandstead HH. Understanding zinc: recent observations and interpretations. *J Lab Clin Med* 1994;124:322-7.
8. Institute of Medicine, Food and Nutrition Board. Dietary Reference Intakes for Vitamin A, Vitamin K, Arsenic, Boron, Chromium, Copper, Iodine, Iron, Manganese, Molybdenum, Nickel, Silicon, Vanadium, and Zinc. Washington, DC: National Academy Press, 2001.
9. Solomons NW. Mild human zinc deficiency produces an imbalance between cell-mediated and humoral immunity. *Nutr Rev* 1998;56:27-8.
10. Prasad AS. Zinc: an overview. *Nutrition* 1995;11:93-9.
11. Heyneman CA. Zinc deficiency and taste disorders. *Ann Pharmacother* 1996;30:186-7.
12. Simmer K, Thompson RP. Zinc in the fetus and newborn. *Acta Paediatr Scand Suppl* 1985;319:158-63.
13. Fabris N, Mocchegiani E. Zinc, human diseases and aging. *Aging (Milano)* 1995;7:77-93.
14. Maret W, Sandstead HH. Zinc requirements and the risks and benefits of zinc supplementation. *J Trace Elem Med Biol* 2006;20:3-18.
15. Prasad AS, Beck FW, Grabowski SM, Kaplan J, Mathog RH. Zinc deficiency: changes in cytokine production and T-cell subpopulations in patients with head and neck cancer and in noncancer subjects. *Proc Assoc Am Physicians* 1997;109:68-77.
16. Rink L, Gabriel P. Zinc and the immune system. *Proc Nutr Soc* 2000;59:541-52.
17. Weaver CM. Potassium and health. *Adv Nutr*. 2013 May 1;4(3):368S-77S.

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