



Presents for your consideration:

Tri-Magnesium

- Supports bone health
- Beneficial effect on heart and cardiovascular systems
- Aids in healthy blood sugar metabolism
- Important for muscle health

When choosing a magnesium supplement for your patient, consider the use of Tri-Magnesium. Tri-Magnesium is formulated with the best carrier compounds available. By using Citrate, Malate and Glycinate carriers you can be sure Tri-Magnesium may have the highest level of absorption currently possible. Another added benefit of this product is the avoidance of alkaline carriers such as: oxides or carbonates. These forms of magnesium tend to be less absorbable and can interfere with healthy digestion by blocking the normal action of stomach acids on proteins.

Bone Health is positively benefited with supplemental magnesium. A two-year study on postmenopausal women showed that magnesium significantly protected from bone loss. Magnesium role in regulating calcium transport has made its role in bone health apparent. In this study women were dosed between 250-750 mg per day. The supplemented group was compared to the age-matched unsupplemented control

group. Women on magnesium had significantly increased bone density by the end of the study while control did not. Follow up is needed.

Cardiovascular Health: There is considerable epidemiological data associating low magnesium intake with an increased incidence in the decline of cardiovascular health.

Tri-Magnesium™	Amounts per serving
Serving size	1 capsule
Number of servings per container	120
Magnesium (Citrate, Malate, Glycinate)	100 mg.
Suggested Dose: Take 1-2 capsules twice per day or as directed by a health care professional.	

Blood Sugar Metabolism: Magnesium deficiency has been implicated in increased insulin resistance and a higher incidence of cardiovascular disease in patients with elevated blood sugar metabolism. In patients with chronic elevation of blood sugar not requiring insulin, magnesium at 2 grams per day was shown to improve insulin response and action compared with placebo. Further study is warranted.

Muscle Health: Smooth muscle, cardiac muscle and skeletal muscle have all been shown to be adversely affected in states of magnesium deficiency. Magnesium supplementation has been shown to reduce airway resistance and improve pulmonary function. Magnesium supplementation may be beneficial for those with constrictive airway conditions. Epidemiological data have also shown that higher dietary intakes of magnesium are associated with a lower incidence of airway reactivity and respiratory

symptoms. The smooth muscles of the blood vessels are also affected by magnesium. Those suffering from vascular related head pain have been shown to benefit from supplemental magnesium. These conclusions were drawn from two recent double-blind studies.

References:

PDR for Nutritional Supplements. Medical Economics/Thomson Healthcare. 2001; p.288-295.

Britton J, Pavord I, Richards K, et al. Dietary magnesium, lung function, wheezing, and airway hyper-reactivity in a random adult population sample. *Lancet*. 1994; 344:357-362.

Cassels W. Magnesium and myocardial infarction. *Lancet*. 1994; 343:807-809.

Christiansen CW, Rieder MA, Silverstein EL, Gencheff NE. Magnesium sulfate reduces myocardial infarct size when administered before but not after coronary reperfusion in a canine model. *Circulation*. 1995; 92:2617-2621.

Lim R, Herzog WR. Magnesium for cardiac patients: is it a valuable treatment supplement? *Contemp Int Med*. 1998; 10:6-9.

Martini LA. Magnesium supplementation and bone turnover. *Nutr Rev*. 1999; 57:227-229.

Mauskop A, Altura BM. Role of magnesium in the pathogenesis and treatment of migraines. *Clin Neurosci*. 1998. 5:24-27.

Peikert A, Wilimzig C, Kohne-Volland R. Prophylaxis of migraine with oral magnesium: results from a prospective, multi-center, placebo-controlled and double-blind randomized study. *Cephalalgia*. 1996; 16:257-263.

Paolisso G, Sgamabato S, Pizza G, et al. Improved insulin response and action by

chronic magnesium administration in aged NIDDM. *Diabetes Care*. 1989; 12:265-269.

Saris N-EL, Mervaala E, Karppanen H, et al. Magnesium. An update on physiological, clinical and analytical aspects (review). *Clinica Chimica Acta*. 2000; 294:1-26.

Sojka JE. Magnesium supplementation and osteoporosis. *Nutr Rev*. 1995; 53:71-80.

Tosiello L. Hypomagnesemia and diabetes mellitus. A review of clinical implications. *Arch Intern Med*. 1998; 156:1143-1148.

Werbach MR. Nutritional Influences on Illness: A sourcebook of clinical research, 2nd Edition. Third Line Press, Tarzana, CA. 1993.

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

*For Quality and Value without
Compromise*



Is the logical choice!