



Jane Doe

OsteoTest® Report
Test ID: 879026
03/25/2010





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



Your OsteoTest® Report

Introduction

Bone is a living tissue, constantly being broken down and reformed. For most people, bone is formed faster than it is broken down during young adulthood, reaching peak bone mass sometime between 30 and 35 years of age. After that, **bone metabolism balance can slowly start to reverse**. When that happens, bone formation begins to lag behind bone removal, leaving the bony structure increasingly porous and fragile.

Complications of osteoporosis are the 12th leading cause of death in America. More than 25 million Americans (about 80% of women and 20% of men) are at risk for osteoporosis.

Osteoporosis can be diagnosed only by a special type of X-ray. The OsteoTest does not diagnose osteoporosis, but it does tell you something that may be even more important. **It tells you your current rate of bone breakdown.** In fact, you don't want to wait for a diagnosis of osteoporosis before taking action to protect your bones. You need to know how quickly you are breaking down bone before significant

This OsteoTest Report provides vital information about your rate of bone breakdown. Here, you will discover how best to support your bone health.

bone fragility occurs. That is why we have made the OsteoTest available to you.

Many careful research studies have compared the levels of bone loss markers in both healthy persons AND in people who have experienced bone fractures. These studies have provided strong associations between the risk of fractures and the rate of bone loss as reflected by these markers. Bone metabolism changes show up much more quickly with these easily measured markers since **it can take from six months to a year for changes to show up on x-ray**. Measuring bone loss markers is a sensitive and convenient way to quickly evaluate interventions such as dietary changes, supplementation, and the addition of weight-bearing exercises.

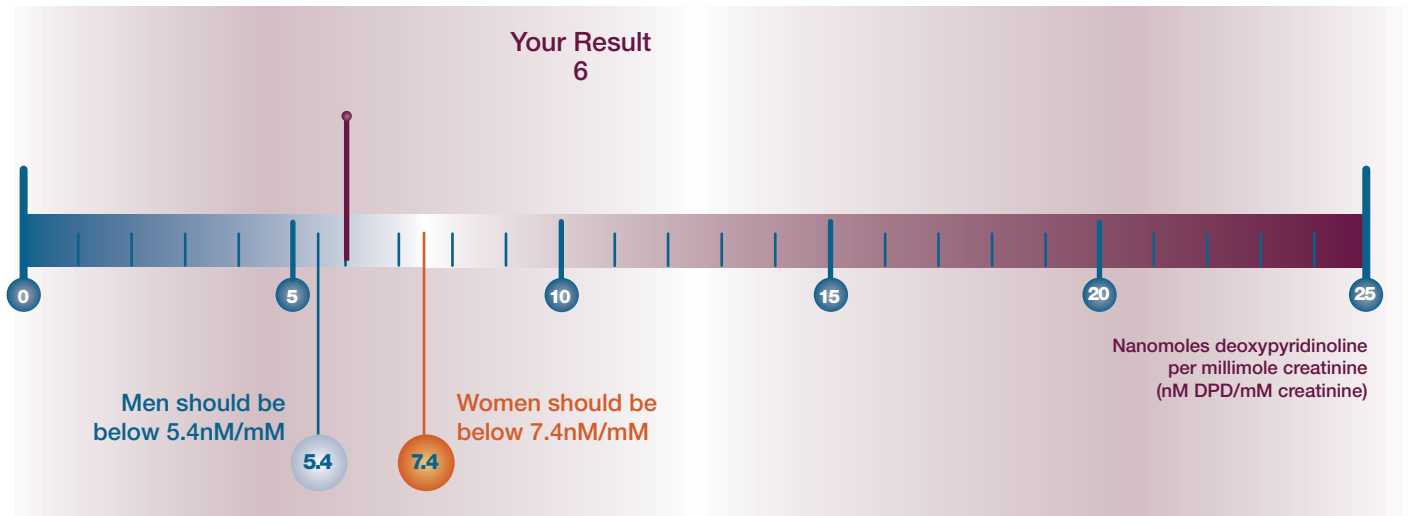
Now you know your risk of bone loss before it happens.



Your OsteoTest® Report

Your Results

Jane, here is your OsteoTest result:

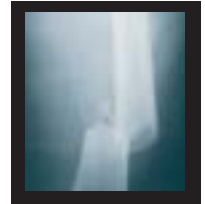


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What Your Result Means:

- When bone is broken down, certain breakdown products are released into the bloodstream and then excreted in the urine. One of the most specific bone breakdown products is called deoxypyridinoline (Dpd). Compared to other types of bone markers, which are also found in cartilage and skin, Dpd is found primarily in the bone; *therefore, measurement of Dpd is most specific for bone breakdown.*
- We have measured the level of Dpd in your urine sample. By comparing your number to the reference number given for your sex, you can determine your rate of bone breakdown compared to “bone-healthy” individuals.

- *If your Dpd level is higher than the reference number for your sex, then you are experiencing accelerated bone breakdown, and you may be at increased risk for bone loss.*
- *If your Dpd level is lower than the reference number for your sex, your bone breakdown rate is in the same range as those without accelerated bone breakdown.*
- Note: A Dpd level that is lower than the reference number gives you valuable information about your rate of bone breakdown. However, there are many factors involved in bone metabolism, and this information is not intended to replace the advice of your health care provider. *We strongly recommend that your personal physician further evaluate any accelerated bone breakdown.*



Bone metabolism changes can take from six months to a year to show up on x-ray.



What do I do after learning my Dpd result?

(1) If your result is below the reference range for your gender.

Continue following your current health program, incorporating the universal suggestions on the following pages to ensure that your rate of bone breakdown remains in the acceptable range.

Monitor your bone breakdown metabolism by doing an OsteoTest® at least once per year.



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(2) If your result is above the reference range for your gender.

First, ***make an appointment with your personal health care provider*** to review the result of your OsteoTest®. They may recommend a bone density x-ray as well as further laboratory blood tests.

Second, ***continue or begin taking a high-quality multivitamin/mineral such as Custom Essentials®***. We strongly recommend Custom Essentials® since it is designed to work hand-in-hand with our specialty bone product, OsteoCaps®. These two products taken together will provide comprehensive nutrient support for bone metabolism.

Next, begin taking two capsules per day of the enclosed specialty product, OsteoCaps. Unless otherwise instructed by a health care professional, please make sure to take all 60 capsules every month.

Finally, incorporate the universal suggestions on the following pages for better bone health and ***do another OsteoTest in three months*** to determine your body's response to your bone-health program.



Your OsteoTest® Report

Recommendations

Universal Recommendations for Healthy Bone Metabolism

- **If you smoke, it's time to get some help so you can quit.**
- **Limit alcohol intake.**
- **Limit the intake of caffeine, sodium, and soft drinks.**
- **Get regular exercise.** Weight-bearing exercises are best for promoting bone strength. Do these types of exercises at least 3-4 times per week.
- **Increase the bioavailable mineral sources in your diet.** For calcium, adults need to shoot for a combined food/supplement amount of at least 1,000 mg per day. Postmenopausal women and men over 60 should get 1,000-1,500 mg per day. Good mineral food sources include kale, collards, turnip greens, almonds, parsley, dandelion greens, Brazil nuts, watercress, and broccoli. If you do not have a milk sensitivity, you may use dairy products as a limited calcium source. However, ounce for ounce, leafy greens such as kale and collards are higher in calcium than milk and provide other minerals essential for bone health.
- **Get enough vitamin D.** Aside from that found in your Custom Essentials® and in your OsteoCaps®, regular brief exposure to sunlight (15 minutes of early morning or late afternoon/evening sunlight exposure without sunscreen) can build your body's level of this important bone metabolism vitamin.
- **Vitamin K is vitally important for bone health.** However, many people need to restrict their intake of this vitamin in supplement form because they are on blood-thinning medications, such as Coumadin. Vitamin K is involved in blood clotting and can inhibit the blood-thinning effects of the medications; therefore, we have not added this vitamin to OsteoCaps. We do recommend a good dietary intake of vitamin K, especially for those whose Dpd level is elevated. These high vitamin-K foods are also some of the same foods that are high in calcium such as kale, turnip greens, leafy lettuces, and broccoli. Green tea is also a good source of this nutrient. As we always recommend, if you are on medications, consult your prescribing physician before making changes in your diet. Your health care provider will want to monitor your clotting times as you add more of these foods to your daily diet.
- **Keep this report handy and refer to it once per month.** Your health and well-being is worth it.



Calcium Content of Selected Foods, in Milligrams per 3.5 ounce (100 gram) serving

Kelp	1,093
Cheddar Cheese	750
Collard Greens	250
Kale	249
Turnip Greens	246
Almonds	234
Parsley	203
Dandelion Greens	187
Brazil Nuts	186
Watercress	151
Whole Milk	118
Broccoli	103

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Your OsteoTest® Report Questions

Q *Why should I see my doctor if my Dpd level is elevated? Can't I just take my supplements and get retested in a few months?*

A Many people will find that supplementing with OsteoCaps® and Custom Essentials® will slow their rate of bone breakdown very effectively. However, because there are other possible causes for rapid bone breakdown, it is prudent to rule them out. Additionally, your Dpd level indicates your current level of bone breakdown. It does not diagnose osteoporosis. Only a bone density x-ray can do that. Like other laboratory tests, your level of bone breakdown should be considered in the context of other health factors such as age, menopausal status, family history, and lifestyle. A high Dpd level may lead you and your doctor to seek further testing and/or additional therapeutic approaches to decrease the level of bone resorption.

Q *If I make changes to my lifestyle, diet, and regularly take my supplements, how do I know if it's affecting my level of bone breakdown?*

A That is what is so valuable about the OsteoTest and why we have made this test available to you. Changes in Dpd level can be seen in as quickly as three months, revealing the effectiveness of the steps you are taking to support bone health. It can take from six months to a year for bone changes to show up on x-ray. With serial OsteoTests, you and your doctor can monitor the effects of your bone health program quickly, conveniently, and more cost-effectively.

Q *I am a man. Do I really have to be worried about bone loss?*

A Women have always been the primary focus of this condition because it occurs more frequently in women—about one in four. However, osteoporosis occurs in one out of every eight men over the age of 50. By the age of 65-70, men and women are losing bone mass at the same rate. So determining your rate of bone breakdown is a good preventive step if you are between ages 45-50.

Q *I know that many people recommend soy for women because of the estrogenic effects of soy compounds such as isoflavones. Since I am a man, is it okay for me to take a supplement that contains these "phytoestrogens?"*

A That is what is so great about the isoflavone derivative ipriflavone, the active ingredient in our OsteoCaps. (See OsteoCaps Ingredients page.) This compound provides bone-building effects, but does not exert an estrogenic effect elsewhere in the body. (In fact, women who are concerned about estrogen deficiency should seek other sources of support since ipriflavone will not correct other symptoms such as uterine atrophy.) Ipriflavone's effects are limited to the bone and do not apparently affect sex organs. In fact, animal studies using male test animals and several human studies involving both men and women have shown beneficial effects for ipriflavone's use in Paget's disease and hyperparathyroidism, diseases that also promote rapid bone breakdown.

Your OsteoTest® Report

OsteoCaps™ Ingredients

Vitamin D – This fat-soluble vitamin is known for its ability to stimulate the absorption of calcium. It is valuable as part of a bone-health supplement and can also be formed in the skin upon exposure to sunlight. Vitamin D supplements can be found in several forms. The form of vitamin D in OsteoCaps is cholecalciferol, vitamin D3, the natural form of vitamin D.

Calcium – The most abundant mineral in the body, with more than 99% of the body's calcium being found in the bones. The calcium in OsteoCaps is bound to citrate, an organic chelate, which studies have confirmed as being highly absorbable, compared to the more common supplement forms such as calcium carbonate.

Magnesium – Another bone-building partner, magnesium is critical for bone health, with 60% of the body's magnesium being found in the skeleton. OsteoCaps' magnesium is bound to amino acids for enhanced absorption.

Zinc – This mineral is part of over 200 enzymes and is found in high concentrations in bone. Stress fractures have been associated with low levels of zinc. Amino acid chelated zinc has been included in the OsteoCaps formula as part of a full spectrum of vital trace minerals.

Boron – A relative newcomer to the bone-health arsenal, boron is necessary for the action of vitamin D in stimulating the absorption of calcium. Studies show that the average American diet is severely deficient in boron. We have added boron to your OsteoCaps formula in the bioavailable form of amino acid chelate.

Copper – Another vital trace mineral, copper is necessary for the proper cross-linking of collagen, which helps give strength to bone. OsteoCaps' copper is in the highly absorbable amino acid chelate form.

Manganese – Like copper, manganese is involved in the cross-linking of collagen. Deficiencies are associated with skeletal abnormalities. The manganese in OsteoCaps is also part of the amino acid chelate blend of trace minerals.

Ipriflavone – This exciting compound is an isoflavone derivative. Isoflavones have recently come under study for their effectiveness as “phytoestrogens,” plant compounds that exhibit estrogen-like effects. However, not all estrogen effects are desirable for all people. Studies on ipriflavone have shown a specific effect on slowing bone breakdown, without accompanying effects on sexual organs. A registered compound in Europe, Japan, and Argentina for the treatment of osteoporosis, ipriflavone provides additional cutting-edge bone support as part of the comprehensive OsteoCaps formulation.

Betaine HCl – In order for minerals to be absorbed effectively from the digestive tract, adequate stomach acid must be present. Studies show that people with insufficient stomach acid absorb only about 4% of an oral dose of calcium carbonate, while those with sufficient stomach acid absorb about 22%. Although the minerals in OsteoCaps are in the more bioavailable forms of citrates and amino acid chelates, we have added a small amount of betaine hydrochloride as a digestive aid for mineral absorption from both foods and supplements.



Serving Per Container 30

Serving Size 2 capsules

	Amount
Vitamin D (as cholecalciferol)	100 IU
Calcium (as calcium citrate)	150 mg
Magnesium (as magnesium amino acid chelate)	50 mg
Zinc (as zinc amino acid chelate)	6 mg
Copper (as copper amino acid chelate)	1 mg
Manganese (as manganese amino acid chelate)	1 mg
Boron (as boron amino acid chelate)	1 mg
Ipriflavone	300 mg
Betaine HCl	20 mg

Other ingredients:
gelatin, cellulose, vegetable
stearate, magnesium, silica.

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