

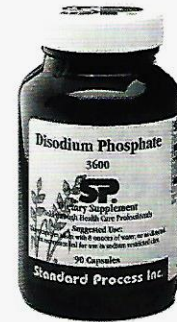
Disodium Phosphate

3600

Please Copy for Your Patients

Disodium Phosphate Supports Liver and Gallbladder Functions and Helps Maintain Proper pH Balance and Cholesterol Metabolism

The liver is the largest organ inside the body and bears responsibilities comparable to its size. It is divided into four lobes and receives two blood supplies—one from the hepatic artery and the other from the small intestine through the portal vein. While the liver's functions are many and varied, they can be grouped under three main categories: total body regulation, storage, and purification. In its regulatory role, the metabolically-active cells of the liver regulate blood levels of substances in the body intended to preserve homeostasis—a state of constancy in the internal environment. These liver cells take up glucose, minerals, and vitamins and store them. They also manufacture essential substances, such as clotting factors, transport proteins, cholesterol, and bile, and store them for release into the system as needed. The liver purifies the body by removing harmful materials and toxins from the blood, breaking down or changing them into less dangerous compounds. The liver also metabolizes many hormones and ingested drugs, thereby modifying their activity. The liver helps regulate cholesterol levels in the blood and manufactures bile, the fluid responsible for helping digest fats. Bile also contains cholesterol, a type of lipid found in cell walls needed to help maintain cell integrity. Bile leaves the liver and is stored in the gallbladder, a muscular bag-type structure that contracts to release bile into the intestine whenever fats are ingested.†



Introduced in:

1951

Content:

90 Capsules

Supplement Facts:

Serving Size: 3 capsules
Servings per Container: 30

| | | %DV |
|------------|--------|-----|
| Calories | 1 | |
| Phosphorus | 580 mg | 60% |
| Sodium | 150 mg | 6% |

How Disodium Phosphate Keeps You Healthy

Supports liver and gallbladder function

Disodium phosphate is considered a blood buffer salt, with properties that help stimulate liver and gallbladder activity.†

Maintains proper pH balance

pH, or “potential hydrogen”, is the scale used to represent the relative acidity or alkalinity of a solution. 7.0 is considered neutral, while any value below 7.0 is an acid and above 7.0, is an alkaline. The pH value reflects the relative hydrogen ion concentration in the medium being evaluated. Acids release hydrogen ions, and alkalines, or bases as they are called, accept them. Disodium Phosphate aids the metabolic processes that maintain the delicate acid-base balance in all bodily fluids. Sodium itself is essential for maintaining water balance and proper blood pH.†

Maintains cellular health

Phosphorus is required for normal cell growth. Phosphorus is necessary for proper bone and tooth formation and helps maintain a healthy heart. Phosphorus supports healthy kidney function and helps the body convert food to energy.†

Disodium Phosphate 3600



800-558-8740 • www.standardprocess.com

† These statements have not been evaluated by the Food & Drug Administration. This product is not intended to diagnose, treat, cure, or prevent any disease.

Disodium Phosphate

What Makes Disodium Phosphate Unique

Unique Product Attributes

Contains a unique combination of two different minerals—phosphorus and sodium

- Provide primary hepatic and biliary support

Unique Processing

Degreed microbiologists and chemists in our on-site laboratories constantly conduct bacterial and analytical tests on raw materials, product batches, and finished products

- Ensures consistent quality and safety

Vitamin and mineral analyses validate product content and specifications

- Assures high-quality essential nutrients are delivered

Whole Food Philosophy

Dr. Lee challenged common scientific beliefs by choosing a holistic approach of providing nutrients through whole foods. His goal was to provide nutrients as they are found in nature—in a whole food state where he believed their natural potency and efficacy would be realized. Dr. Lee believed that when nutrients remain intact and are not split from their natural associated synergists—known and unknown—bioactivity is markedly enhanced over synthetic nutrients. Following this philosophy, even a small amount of a whole food concentrate will offer enhanced nutritional support, compared to a synthetic or fractionated vitamin. Therefore, one should examine the source of nutrients rather than looking at the quantities of individual nutrients on product labels.

Ingredients: Disodium phosphate, gelatin, calcium stearate, water, and colors.

Suggested Use: Three capsules taken with 8 ounces of water, or as directed.

Caution: Not recommended for use in a sodium-restricted diet.

Sold to health care professionals.

Studies on nutrients generally use large doses and these studies, some of which are cited below, are the basis for much of the information we provide you in this publication about whole food ingredients. See the supplement facts for Disodium Phosphate.

Anderson L.E. 1998. *Mosby's Medical, Nursing, & Allied Health Dictionary*. 5th ed. St. Louis, MO: Mosby-Year Book Inc: 17, 235, 670, 950, 1258, 1303, 1509-1510.

Balch J., Balch P. 1997. *Prescription for Nutritional Healing*. 2nd ed. Garden City Park, NY: Avery Publishing Group: 27-28, 87.

Beers M., Berkow R., eds. 1999. *The Merck Manual*. 17th ed. Whitehouse Station, NJ: Merck Research Laboratories: 149-150.

Bennett P., Barrie S., Faye S. 1999. *7-Day Detox Miracle*. Rocklin, CA: Prima Publishing: 96-101, 108-110, 138, 153.

Carola R., et al. 1995. *Human Anatomy and Physiology*. 3rd ed. McGraw-Hill, Inc: 52, 65, 71, 273, 375, 851, 858, 859, 888-926.

Fournier A., et al. 1998. Renal osteodystrophy in dialysis patients: diagnosis and treatment. *Artificial Organs* 22(7): 530-557.

Gayton A., Hall J. 1997. *Human Physiology and Mechanisms of Disease*. 6th ed. WB Saunders Co: 224, 370, 617, 698.

Honscha W., Pezinger E. 1999. Characterization of the bile acid sensitive methotrexate carrier of rat liver cells. *Naun-Schmiedeberg Arch Pharmacol* 359(5): 411-419.

Kone B.C. 1989. Cellular pathways of potassium transport in renal inner medullary collecting duct. *Am J Phys* 256(4 Pt 1): C823-830.

Pitchford P. 1993. *Healing With Whole Foods*. Revised ed. Berkeley, CA: North Atlantic Books: 160-162.

Russell P., Tver D. 1989. *The Nutrition and Health Encyclopedia*. 2nd ed. New York: Van Nostrand Reinhold: 410-412, 425-426.

Saso L., et al. 1999. Inhibition of protein denaturation by fatty acids, bile salts and other natural substances: a new hypothesis for the mechanism of action of fish oil in rheumatic diseases. *Japanese Journal of Pharmacology* 79(1): 89-99.

Schonewille J.T., et al. 1999. Dietary potassium bicarbonate and potassium citrate have a greater inhibitory effect than does potassium chloride on magnesium absorption in wethers. *Journal of Nutrition* 129(11): 2043-2047.

Shils M., Young V. 1988. *Modern Nutrition in Health and Disease*. 7th ed. Philadelphia, PA: Lea & Febiger: 154-156.

Weger M., et al. 1999. Incomplete renal tubular acidosis in 'primary' osteoporosis. *Osteoporosis International* 10(4): 325-329.

Whelton P.K., et al. 1997. Effects of oral potassium on blood pressure. Meta-analysis of randomized controlled clinical trials. *J Am Ver Med Assoc* 277(20): 1624-1632.

Wilson E., et al. 1965. *Principles of Nutrition*. 2nd ed. New York: John Wiley & Sons, Inc: 150-154.