

A BRIEF ANALYTICAL DESCRIPTION OF CALPHONITE

Calphonite is a special blend of bentonite, di-calcium phosphate, manganese and magnesium. It is intended for use as a calcium supplement supported by phosphorus, manganese and magnesium.

This patented process produces several important chemical and physical changes in the raw materials used. For example: the bentonite takes on a complete negative charge, due to phosphate ionization. In fact, a new form of bentonite is produced. Dr. R.T. Martin (M.I.T.) refers to this new form of bentonite as phosphated bentonite.

The calcium crystals used as raw material are greatly reduced in particle size, thus increasing the solubility range of the solid phase. The calcium in Calphonite is approximately 50% more soluble than bone meal or regular di-calcium phosphate. In addition to the increased solubility range, a definite portion of the calcium goes into complete solution and is, therefore, immediately available.

To further enhance this availability, the finished product becomes acidic with a pH of 4.6. This is important because normal calcium metabolism depends on acidic stomach conditions. Calcium, in the usual form, is alkaline. Heavy doses of calcium may dilute the acid medium of the stomach and retard normal acid digestion. A normal hydrochloric acid content of the stomach is essential for mineral and protein digestion.

The combination of calcium and HCL forms calcium chloride, one of the more influential forms of calcium in the body. It is interesting to note that many chronic ailments may cause a lack of HCL and that a lack of HCL may influence the ailment. For example: an osteoarthritic shows a lack of HCL; a rheumatoid arthritic has no HCL.

Of further interest is the fact that with this process we supply as much immediately available calcium in 20% of the M.D.R., as would be available if we were to use a full 100% M.D.R. of the same calcium similarly processed. Calcium in large amounts tends to constipate and, if it does not go into solution, it remains unavailable and adds to the problem of elimination. If heavy doses seem indicated, it appears more logical to increase the amounts of available calcium rather than to ingest quantities of basically unavailable material.

As previously mentioned, when we speak of immediately available calcium, we refer to the calcium that is already in solution. The solubility range of a formulation, or the amount already in solution, is the only part of the formula that is basic; for we have no guarantee that the crystalline structures taken in the usual form will dissolve to any appreciable extent. Once we ingest the material, we must rely upon the normal or abnormal metabolic processes.

Calphonite presents several other considerations that will be covered at a later date. Currently, we have discussed the basics of calcium. I have hopes of preparing a full coverage of this unique formulation soon, but it will probably require a book to do so. I hope this brief analysis will be helpful.

What makes Calphonite the calcium of choice? It has been scientifically designed to meet basic metabolic requirements as follows:

1. CALPHONITE is a LIQUID calcium and phosphorus supplement intended for use as a source of calcium and phosphorus.
2. CALPHONITE is an immediately available source of calcium and phosphorus in partial solution. A 160 mg. dose (suggested daily ration) of Calphonite supplies as much immediately available calcium as does 800 mgs. (R.D.A.) of elemental calcium derived from di-calcium phosphate dihydrate similarly processed.
3. CALPHONITE is a well buffered acid suspension. The pH is 4.6.
4. CALPHONITE - The immediately available calcium and phosphorus in Calphonite can be absorbed without requiring or materially affecting the acid content of the stomach.
5. CALPHONITE - Radioisotope studies on rats indicate that the rate of uptake and the volume of absorption is considerably increased over that of di-calcium phosphate dihydrate.
6. CALPHONITE - contains a new form of adsorbent. The new term for this material is PHOSPHATED montmorillonite.
7. CALPHONITE does not produce the usual amount of constipation noted with calcium supplementation.
8. CALPHONITE contains a high ration of phosphorus in solution. Increased phosphate administration is believed to be effective in the prevention and control of dental caries in animal studies. (Drs. R.S. Harris and Abraham E. Nisel, Jr. of Dental Research, St. Louis. Vol. 38, No. 6- pages 1142-1147. Nov.-Dec. 1959).
9. CALPHONITE presents a marked change in the crystalline structure of the solid phase. Calcium crystals are deeply fissured and reduced in size - thus increasing the rate and extent of solubility of the solid phase.
10. CALPHONITE is a unique, scientifically formulated, time tested, effective means of supplementing calcium and phosphorus.

SUGGESTED RECOMMENDATIONS. One tablespoon of CALPHONITE with, or directly after each meal - three times a day. In addition, take two to three tablespoonfuls of "purified" bentonite (liquid), preferably between meals. Remember - you must not allow the elimination to "bog down". Use enemas or colonics, if necessary. Locate a supply of good water and drink freely. Exercise as much as possible.

V.E. Irons, Inc.
by C.W. Dahlin