

Helps the body to metabolize carbohydrates, proteins and fat. Supports the development and maintenance of bones and teeth. Helps to maintain proper muscle function.

RxBalance™ Magnesium Bisglycinate, as an amino acid chelate of magnesium, is highly bioavailable. The Bisglycinate form is not dependent on stomach acid for absorption as it uses mechanisms similar to those used by amino acids. The absence of magnesium from processed foods and the depletion of magnesium from agricultural soils have contributed to the frequency of magnesium deficiency found today in North American populations. Magnesium supplementation can help with many conditions from palpitations, arrhythmias, leg cramps and fatigue, and restless leg syndrome to insomnia, nervousness, anxiety, endurance, and stamina.

Ingredients: Medicinal

Each capsule contains:

Magnesium
(magnesium bisglycinate, magnesium citrate) 200 mg

Ingredients: Non-medicinal

Cellulose, silicon dioxide, magnesium stearate, hypromellose.

This product does not contain corn, dairy, egg, gluten, shellfish, soy, sulfites, animal derivatives or artificial colours, flavours or preservatives.

Recommended Use

A factor in the maintenance of good health. Helps the body to metabolize carbohydrates, fats and proteins. Helps in the development and maintenance of bones and teeth. Helps in tissue formation. Helps to maintain proper muscle function.

Recommended Dose

Adults take 1 capsule daily or as directed by a health care practitioner.

Risk Information

Some people may experience diarrhoea.

Interactions with Drugs/Supplements

Antibiotics, bisphosphonates, calcium channel blockers, potassium-sparing diuretics, skeletal muscle relaxants^{4,7}

Dosage Form Description

Clear vegetable cellulose capsule with an off-white powder fill.

Packaging

Available in bottles of 90 vegetable capsules.

Stability

Shelf-life of three years if stored in a cool, dry place.

Ingredient Description

Magnesium is an essential mineral and a cofactor in more than 300 enzymatic reactions in the body. This mineral is needed for the formation of healthy bones and teeth, protein and fatty acid formation, activating B vitamins, muscle activity, nerve transmission, relaxing blood vessels, clotting blood, temperature regulation and intestinal motility. Magnesium also plays a crucial role in energy production (formation of ATP), and in the synthesis of DNA and RNA¹.



Research Synopsis

1. Patients with advanced atherosclerosis (symptomatic peripheral artery disease and intermittent claudication) were investigated with respect to the impact of Mg serum levels on the occurrence of neurological events (ischemic stroke and/or carotid revascularization). A total of 323 patients were followed for a median of 20 months. Neurological events occurred in 11% of patients. Patients with Mg serum values <0.76 mmol/L exhibited a 3.29-fold increased adjusted risk for neurological events. The study conclusions were that low Mg serum levels indicate an increased risk for neurological events in patients with symptomatic peripheral artery disease thus favouring Mg substitution therapy in those patients with advanced atherosclerosis².
2. A study was conducted to assess the impact of Mg supplementation on endothelial function and exercise tolerance in stable coronary artery disease (CAD) patients. In a double-blind, placebo-controlled trial, 50 stable CAD patients were randomized to receive either Mg (30 mmol/d) or placebo for 6 months. High-resolution ultrasound was used to assess both endothelium-dependent brachial artery flow-mediated vasodilation (FMD) and endothelium-independent NTG-mediated vasodilation. Results showed that Mg intervention resulted in a significant improvement in post-intervention FMD, better exercise tolerance and less ischemic ST-segment changes⁶.
3. A 24-hour oral Mg load test was performed to determine whether migraineurs have a systemic deficiency of Mg. The 20 patients with migraine and 20 healthy volunteers were given 3000 mg of Mg lactate during a 24-hour interictal period. Serum Mg concentrations were recorded (baseline and postload). Results of the study showed that the migraine patients had significantly lower Mg urinary excretions, thus suggesting a systemic Mg deficiency⁹.

References

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6 Commerce Crescent, Acton, ON L7J 2X3
1-877-929-2548

