Sodium Free!



BEST GLUCOSAMINE SULFATE - SODIUM FREE

Best Glucosamine Sulfate Sodium Free
500mg: 150C & 300C — 750mg: 180c

500mg Label Info-Click Here

750mg Label Info-Click Here

Excipients: gelatine capsuel, rice powder, stearic acid, magnesium stearate, silica

Suggested Use: One capsule three times daily.

Ingredients

Best Glucosamine Sulfate contains pure glucosamine sulfate, as confirmed by HPLC testing. Glucosamine sulfate consists of glucosamine, an amino sugar extracted from shellfish skeletons. "Chitin", the resilient polysaccharide that forms the structural framework of animal shells, is a long-chain polymer consisting of many glucosamine molecules linked together. The purified glucosamine is then sulfated and stabilized with potassium chloride. Note: Best Glucosamine Sulfate is sodium-free. It contains 24-26% potassium chloride.

Benefits

Supplies the body with building material for cartilage*

Cartilage, a “connective tissue,” is composed of cells (chondrocytes), protein fibers (chiefly collagen) and clusters of complex molecules called “proteoglycans.” A proteoglycan consists of a long protein (polypeptide) with many side chains attached to it. (The structure of proteoglycan looks somewhat like a test-tube brush.) The attached side chains are polysaccharides-chiefly chondroitin sulfate and keratin sulfate.[1,2] Glucosamine is a key component of keratin sulfate.[2] Glucosamine is also a component of hyaluronic acid, another glycosaminoglycan found in cartilage and other connective tissues. Hyaluronic acid forms the backbone for the proteoglycan clusters.[2] Glycosaminoglycans have a strong attraction for water. The water-holding ability of proteoglycan clusters to hold water gives cartilage its strong, sponge-like quality. It also allows nutrients to flow into cartilage and wastes to flow out.[2]

Supports Joint Structure and Function*

Glucosamine sulfate is one the most important nutritional supplements for joint health ever developed. Glucosamine sulfate provides significant benefits for both the structure and function of joints. Many years of research have produced unequivocal evidence that glucosamine sulfate normalizes cartilage

metabolism, slows breakdown of cartilage, and improves joint function.[3,4,5]

Glucosamine sulfate has been thoroughly researched over the last 20 years. Experimental studies and human clinical trials convincingly demonstrate that orally consumed glucosamine sulfate improves joint function.

In one large open trial, over 1200 people took oral glucosamine sulfate for periods ranging from 36 to 64 days. 252 physicians participated in this multi-center study. 95% of the subjects experienced greater joint comfort and increased mobility. The physicians reported “good” results in 59%, and “sufficient” results in 36%. The improvements lasted for up to three months after the glucosamine sulfate was discontinued.[4]

The effectiveness of glucosamine sulfate for joint health has been shown in double-blind, placebo-controlled research. One study compared glucosamine sulfate to “ibuprofen,” a commonly used pain medication, over an eight week period. During the first two weeks, better results were seen with ibuprofen, but by the eighth week, glucosamine sulfate produced greater improvements in pain scores.[5]

Provides Sulfur, the Key Structural Mineral in Cartilage*

Sulfur, one of the body’s essential structural minerals, is incorporated into the structure of glycosaminoglycans such as chondroitin sulfate and keratin sulfate.[1,2]

Why Potassium-Stabilized Glucosamine Sulfate is Preferable

In order for glucosamine sulfate to be processed for oral consumption as a supplement, it must be stabilized with either sodium or potassium. Either mineral works for this purpose. Potassium is preferable for numerous reasons; many people are on sodium-restricted diets, and the Standard American Diet tends to be high in sodium and low in potassium. Moreover, studies have found people needing joint support to be low in both salivary potassium and total body potassium.[6,7,8]

Scientific References and Abstracts

1. Bland, J.H., Cooper, S.M. Osteoarthritis: A review of the cell biology involved and evidence for reversibility. Management rationally related to known genesis and pathophysiology. Seminars in Arthritis and Rheumatism 1984;14(2):106-133.

2. Hardingham, T. Proteoglycans: Their structure, interactions and molecular organization in cartilage. Biochemical Society Transactions 1981;9(6):489-97.

3. Vidal y Plana, R.R., Bizzarri, D., Rovati, A.L., “Articular cartilage pharmacology: I. In vitro studies on glucosamine and non-steroidal anti-inflammatory drugs,” Pharmacological Research Communications 1978; 10(6):557-569.

4. Macario , J. T., Rivera, I.C., Bignamini, A.A., ‘Oral glucosamine sulfate in the management of arthrosis: report on a multi-center open investigation in Portugal,’ Pharmatherpeutica 1982; 3 (3):157-68.

Abstract: An open study was carried out by 252 doctors throughout Portugal to assess the effectiveness and tolerability of oral glucosamine sulfate in the treatment of arthrosis. Patients received 1.5 g daily in 3 divided doses over a mean period of 50

±14 days. The results from 1208 patients were analyzed and showed that the symptoms of pain at rest, on standing and on exercise and limited active and passive movements improved steadily throughout the treatment period. The improvement lasted for a period of 6 to 12 weeks after the end of treatment. Objective therapeutic efficacy was rated by the doctors as 'good' in 59% of the patients, and 'sufficient' in a further 36%. These results were significantly better than those obtained with previous treatments (except for injectable glucosamine sulfate) in the same patients. Sex, age, localization of arthrosis, concomitant illnesses or concomitant treatments did not influence the frequency of responders to treatment. Oral glucosamine sulfate was fully tolerated by 86% of patients, a significantly larger proportion than that previously reported with other previous treatments and approached only by injectable glucosamine. The onset of possible side-effects was significantly related to pre-existing gastrointestinal disorders and related treatments, and to concomitant diuretic treatment.
5. Vaz, A.L., 'Double-blind clinical evaluation of the relative efficacy of ibuprofen and glucosamine sulfate in the management of osteoarthrosis of the knee in out-patients,' Current Medical Research and Opinion 1982; 8(3):145-149.
Abstract: A double-blind trial was carried out in 40 outpatients with unilateral osteoarthrosis of the knee to compare the efficacy and tolerance of oral treatment with 1.5g glucosamine sulfate or 1.2g ibuprofen daily over a period of 8 weeks. Pain scores decreased faster during the first 2 weeks in the ibuprofen than in the glucosamine treatment group. Although the rate of decrease was slower, the reduction in pain scores was continued throughout the trial period in patients on glucosamine and the difference between the two groups turned significantly in favor of glucosamine at Week 8. No significant differences were observed in swelling or any of the other parameters monitored. Tolerance was satisfactory with both treatments, with only minor complaints being reported by 2 patients on glucosamine compared with 5 patients on ibuprofen.
6. Siamopoulou, A. et. al. Sialochemistry in juvenile chronic arthritis. British Journal of Rheumatology 1989;28(5):383-5.
7. Syrjanen, S. et. al. Salivary and serum levels of electrolytes and immunomarkers in edentulous healthy subjects and in those with rheumatoid arthritis. Clinical Rheumatology 1986;5(1):49-55.
8. Sambrook, P.N., et. al. Bone turnover in early rheumatoid arthritis. 1. Biochemical and kinetic indexes. Annals of the Rheumatic Diseases 1985;44(9):575-9.

*This statement has not been evaluated by the Food and Drug Administration. This product is not intended to diagnose, treat, cure or prevent any disease.

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