Which is Best For You?

Menatetrenone and Strontium are revolutionary new nutritional support for healthy bones. Each has its own specific advantages, and each works in a unique way, strengthening bone health in ways that common supplements and even osteoporosis drugs fails to support. Whether you use Menatetrenone or Strontium or both will depend on your unique bone health needs and concerns. Here we compare and contrast these two breakthrough nutrients with each other and with the bisphosphonate drugs.

Bisphosphonates

What is it?
- A class of drugs; eg. alendronate (Fosamax®), etidronate (Didrocal®), risedronate (Actonel®).

How does it work?
- Anti-resorptive. Prevents the body from tearing down old bone too quickly.

How has it affected bone mineral density (BMD) in clinical trials?
- Increases.

How does it affect bone "quality"?
- May decrease.

How has it affected fracture risk in clinical trials?
- Reduces by >40% in more severe osteoporosis; no consistent effect in milder cases.

What are the side-effects?
- *More common*: abdominal pain.
- *Less common*: difficulty swallowing; heartburn; irritation or pain of the esophagus; muscle pain; diarrhea; constipation; full or bloated feeling; gas; headache; nausea.
- *Rare*: skin rash

Who might benefit the most?
- Older persons with more severe osteoporosis (prevalent vertebral fracture).

Menatetrenone

What is it?
- A form of vitamin K (an essential nutrient), made on a limited, tissue-specific basis in the human body.

How does it work?
- Improves bone "quality." Also has mild effects on calcium retention, resorption, and osteoblasts (bone-building cells).

How has it affected bone mineral density (BMD) in clinical trials?
- Maintains.

How does it affect bone "quality"?
- Improves.

How has it affected fracture risk in clinical trials?
- Reduces by >60%.

What are the side-effects?

At standard (45 mg) dose:
- None reported.

At ultrahigh (90 mg) dose:
- "No serious adverse effects were observed."
- *Rare*: Nausea; full or bloated feeling; changes in liver enzymes which disappear after cessation.

Who might benefit the most?
- Younger persons with healthy bone or mild osteoporosis (no vertebral fractures).

Strontium

What is it?
- A mineral. Some research suggests that it may be essential.

How does it work?
- Bone-anabolic and anti-resorptive. Both reduces the excessive tear-down of old bone, and increases the formation of *new* bone tissue.

How has it affected bone mineral density (BMD) in clinical trials?
- Significantly increases.

How does it affect bone "quality"?
- Maintains.

How has it affected fracture risk in clinical trials?
- Reduces by ~40%.

What are the side-effects?
- None reported.

Who might benefit the most?
- Appears to be appropriate for all states of bone health.