



HealthWatchers®  
SYSTEM

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A photograph of a woman and a young girl sitting in a field of yellow daisies. The woman is wearing a white cardigan and a blue patterned skirt, and the girl is wearing a blue dress. They are both looking down at the flowers. The background is a dense field of yellow daisies.

Why HealthWatchers  
Refuses to Add DCP



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## ***Experience and Research***

This discussion is in response to the numerous questions from people wanting more information about DCP (Di-Calcium Phosphate or Dibasic Calcium Phosphate). Our position appears to be contrary to the majority of manufacturers and distributors of nutritional products. Our decision is based on research and years of experience watching results of dietary supplement intake on hair mineral analysis reports.

## ***The Origin of DCP***

Mined from deposits within the earth's crust, calcium phosphate is known by many synonyms such as "lime," "hardware lime," "calcium lime" or "dolomite". Mixed samples of the substance may have a high percentage of impurities imbedded in them which may be harmful. For instance, one of the compounds found in DCP may be lead. Dolomite, in particular, has been singled out as containing a high percentage of lead.

While we refer to DCP as Di-Calcium Phosphate, the term is used broadly to include all forms of calcium phosphate. Some deposits may be slightly higher proportionately as regards to particular ingredients. Whatever the differences, all are considered forms of calcium phosphate and act metabolically in a similar manner.

## ***Absorption and Breakdown Problems***

Incapable of breaking down completely, DCP is a poor source of maintaining or replacing calcium in your bones. Like all forms of calcium, it will dissolve in stomach hydrochloric acid (HCl). However, being

bound to phosphate, DCP is not totally soluble in stomach acid. When only partially reduced in HCl, it is reduced enough to absorb, but insufficiently for proper metabolism. As calcium collects in the arteries, it may cause arteriosclerotic heart disease. Should this element end up in the tissues, it may cause premature aging by encouraging excessive wrinkling of the skin. The problems DCP may cause in soft tissues deserve further discussion.

## ***Excessive DCP Found in Patients with Tendinitis, Weakening of Bones, Kidney Stones***

Analyzing the calcium, phosphorous, and salt content of muscle fiber patients, researchers have discovered that all patients suffering from calcifying tendinitis showed elevated levels of both calcium and phosphorous. The presence of these elements implies that they play a role in the development of calcifying, degenerating tendinitis.

A 1997 abstract from the National Kidney Foundation points the finger at abnormal calcium and phosphate levels (combined with calcitriol metabolism ensuing from renal failure) as causing secondary hyperparathyroidism (which can lead to weakening of the bones and the formation of kidney stones) as well as renal ostendystrophy. After 35 years of age, our calcium balance tends to become negative; however, current dialysis treatments provide renal disease patients — regardless of age — with excessive calcium. It seem that the current thrice-weekly renal replacement therapies fail to remove the daily absorbed phosphate. In order to reduce intestinal phosphate absorption, calcium carbonate has to be used as a primary phosphate-binding agent. According to the abstract, "the large calcium mass transfer and phosphate retention could lead to soft tissue calcification, especially in older end-stage renal disease patients."

## ***Facts to Remember About DCP***

In spite of its industry-wide use, DCP:

- is non-hygroscopic by nature (will not absorb water). This makes it nearly “insoluble” by those with a limited supply of hydrochloric acid (HCl). When sufficient HCl is present, the DCP tablets will break down; however, they can contribute to soft tissue calcification.
- contains inorganic calcium; not the best source of the element.
- is cited as a possible cause of kidney stones.
- is an alkalizer which could neutralize hydrochloric acid and conceivably hinder the absorption of minerals.
- is a mineral antagonist, particularly with such elements as manganese.

The most common kidney stones are made of calcium oxalate, a hard salt compound, or calcium oxalate mixed with calcium phosphate. It appears that 70 to 80 percent of kidney stones are made of these calcium salts. In *The Kidney Stones Handbook*, author Gail Colomb mentions that taking calcium-based supplements can increase the chance of stone formation in some people.

### ***Absorption Inhibiting***

A 1982 Science News article stated that if a child should swallow some liquid lead paint, the ingestion of a cola drink could possibly counteract the normal absorption processes and prevent the lead from being absorbed.

While the aforementioned story had a happy ending, phosphate’s non-absorbable character can also create problems. For instance, supplements containing dicalcium phosphate may form a nonabsorbable complex with tetracycline. When you consider that tetracycline drugs are commonly used to treat such conditions as bronchitis and certain types of pneumonia, this propensity could create an inconvenient situation, to say the least.


In some instances, DCP can seriously effect the absorption of other supplements. according to the June 1997 Journal of Clinical Nutrition, the zinc absorption by people ages 59-86 was reduced by 50% when a calcium-containing supplement was given with the meal.

### ***We Take Exception to DCP***

We have found it difficult to discover a single company which does not include DCP in either the tablet or capsule base in any of their products. Many companies use DCP in at least a few of their tablet products; some use it extensively.

Because we take exception to DCP, HealthWatchers is an exception to this trend. DCP is a phosphate, it may inhibit nutrient absorption even though tablets or capsule contents dissolve. For this reason, we believe that it is





foolish to add DCP to supplements. We also believe that this is the reason some people say they receive no benefits from taking various supplements.

### *DCP Alternatives*

We found a substitute for DCP, however, its cost is much higher. This increase was not due to the additional cost of the replacement ingredients as much as it was to the additional labor and care in preparation. The problem was that the tablets had a soft matrix which necessitated a coating process. Troublesome and laborious, this additional step involved a tendency towards “capping” and other problems not normally encountered, when DCP is used as the base. Due to the tendency to crumble and cap when DCP is not used, a higher percentage of tablets have to be discarded.

This cost factor would appear to be the principal reason why our competitors continue to use DCP in their preparation. If HealthWatchers System formulas had to compete with other “shelf” products, we would probably be forced to use DCP in order to remain price competitive.

### *By Avoiding DCP, We Increased Benefits*

Since HealthWatchers System avoided DCP, users have told us they have been getting beneficial results not received from other brands of supplements.

One of the great benefits HealthWatchers has initiated is reducing the antagonism DCP has to

most other minerals. In an earlier section, we pointed out the problems with zinc absorption.

For example, if we take a typical manganese supplement made with DCP, in most instances, the tablet will weigh approximately 700 mg., give or take 100 mg. The calcium portion of this DCP-based supplement will be approximately 300 mg. as compared to only 30 mg. of manganese. One can easily infer that taking this kind of product will result in the manganese levels not being raised, although the calcium levels in soft tissues are often raised.

### *Leave DCP to the Cats and Dogs*

According to the 12th edition (1996) of the Merck Index, one of the primary uses of DCP is in animal feed. A cursory examination of both dog and cat food labels will document its popularity in this area.

Remember, unless you have complete disclosure on a label, you may be getting DCP in a product without being aware of it. Our experience is that unless a container specifically states that it does not contain DCP, the use of this substance is so prevalent throughout the industry one has to almost auto-matically assume that DCP is present.

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