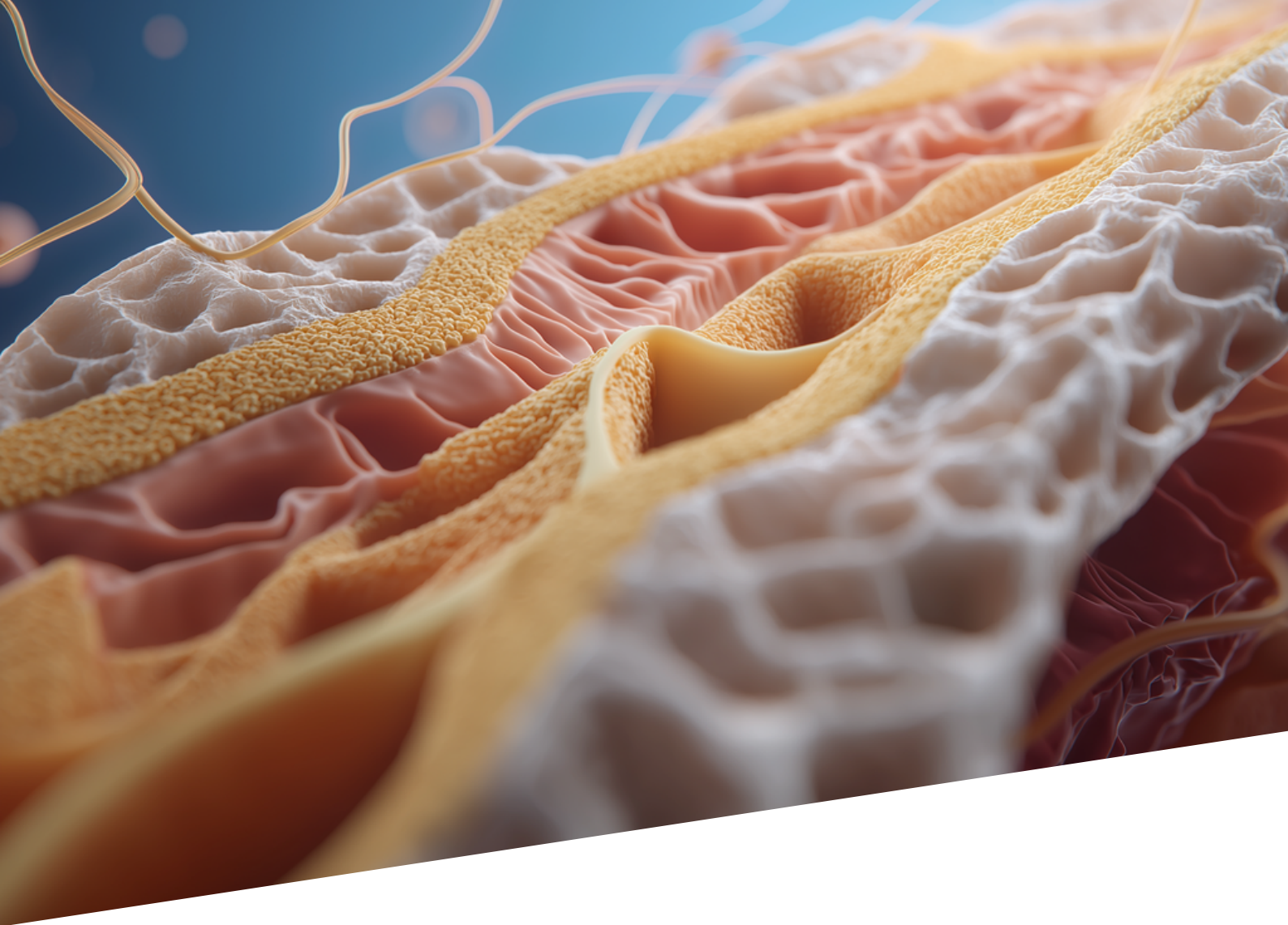




HIGH-RISK PATIENT
POPULATIONS

STRATEGIC MICRONUTRIENT
SUPPORT FOR BONE
REGENERATION

ORAGUARD[®]

THE ORIGINAL ORAL HEALTH SUPPLEMENT

BRIDGING THE BIOLOGICAL GAP TO ACHIEVE PREDICTABLE BONE HEALING

Successful osseointegration is not a clinical guarantee. Genetic factors, chronic conditions, and medication use can drastically lower a patient's metabolic capacity for bone formation. For patients facing an increased risk of complications, Oraguard Bone Support serves as a strategic support system, creating the metabolic surplus needed to bridge the gap and ensure predictable surgical outcomes.

1. Patients with Diabetes Mellitus

Diabetic patients face a significantly higher risk of dental implant failure and post-operative complications.

- Research indicates that poorly controlled diabetic patients can have an implant failure rate 2 to 3 times higher than non-diabetics (Moy et al., 2005).
- Chronic hyperglycemia leads to the formation of Advanced Glycation End-products (AGEs), which chemically "cross-link" the bone's collagen matrix, making it brittle and resistant to remodeling (Oates et al., 2013).
- High doses of **Collagen** Peptides and **Vitamin C** help synthesize healthy, non-glycated collagen fibers. **L-Citrulline** counteracts diabetic microangiopathy by enhancing nitric oxide-mediated blood flow to the surgical site.



Host
modulation
to optimize
bone healing

2. The "Magnesium-Deficient" Population

An estimated 50% to 70% of the Western population has suboptimal magnesium levels (DiNicolantonio et al., 2018).

- Magnesium is the "key" that unlocks Vitamin D. Without sufficient Mg, Vitamin D remains inactive. Magnesium also regulates the size of hydroxyapatite crystals; deficiency leads to "stiff" but brittle bone prone to micro-fractures under load (Castiglioni et al., 2013).
- Adding a therapeutic dose of **magnesium and Vitamin D** to ensure Vitamin D activation and high-quality mineral maturation.

3. Proton Pump Inhibitor (PPI) Users

Millions of patients take daily acid blockers (e.g., Omeprazole, Pantoprazole) for reflux.

- A large-scale study found that PPI users have a significantly higher risk of implant failure (Hazard Ratio of 2.73) compared to non-users (Chrcanovic et al., 2017).
- Low gastric acidity prevents the ionization and absorption of standard inorganic minerals like calcium carbonate.
- Oraguard utilizes **Calcium Lactate and Magnesium Bisglycinate**. These organic forms are highly bioavailable and much less dependent on stomach acid, ensuring mineral uptake even during PPI therapy.

4. Smokers and "Vapers"

- Nicotine is a potent vasoconstrictor that starves the healing bone of oxygen.
- Smokers typically show an implant failure rate of 11%, compared to 4-5% in non-smokers (Kasat & Ladda, 2012). Smoking also depletes Vitamin C levels by 25-40% due to oxidative stress.
- A high-dose **Vitamin C** in Oraguard compensates for this depletion, while **L-Citrulline** promotes vasodilation to help restore the micro-circulation necessary for angiogenesis.

Nothing as
frustrated as a
non integrated
implant



5.The Elderly (Sarcopenia & Osteopenia)

Aging is often accompanied by "anabolic resistance," where the body becomes less efficient at building tissue.

- Intestinal absorption of proteins and minerals decreases with age. Specific **Collagen Peptides** act as signaling molecules that can "restart" osteoblast activity in aging bone, favoring bone formation over resorption (Zdzieblik et al., 2018).

Identifying these risk factors during the initial consultation allows for proactive mitigation of biological failure.

For patients facing a higher risk of complications, the 8-week Oraguard protocol provides a critical healing surplus.

It supports the biological recovery process at its most vulnerable stages, ensuring that their clinical outcomes are as predictable and successful as those of healthy patients.



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