



# InterPlexus®

W H O L E B O D Y H E A L T H

## Potassium+Mag

**Bioavailable Potassium Complex\*  
(Magnesium Potassium Citrate & Trimagnesium Dicitrate)**

**Supports healthy musculoskeletal structure and function,  
cardiovascular function, and nervous system function\***

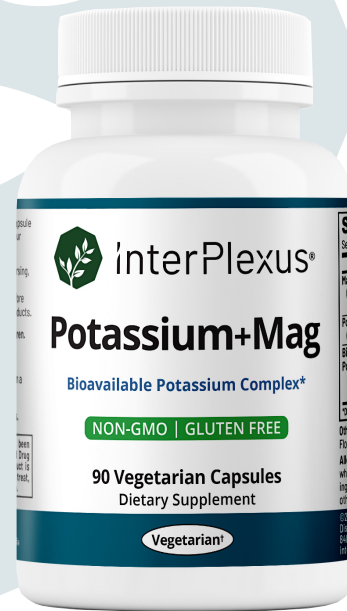
The potassium and magnesium compounds in this formulation are fully-reacted, organically bound salts known to have excellent bioavailability.

### Why “Non-GMO” is important:

InterPlexus is dedicated to providing the highest quality supplements available. Quality starts with the raw materials used to make our products. We have ensured that no genetically modified ingredients were used in manufacturing this product.

### Why “Minimal Excipients” is important:

Excipients or “other ingredients” in supplements are used as a part of the manufacturing process and are not considered nutritionally relevant. Some examples of excipients include bulking agents, coatings, colors, and flavors. This product is intentionally formulated with only minimal and natural excipients because InterPlexus is committed to producing supplements which are the safest and most beneficial for our consumers.



### Supplementation with Potassium+Mag:

- Supports healthy blood pressure\*
- Supports overall cardiovascular system health\*
- Supports healthy muscle function\*
- Supports bone density\*
- Supports electrolyte balance\*



Dairy Free



Soy Free



Egg Free



Gluten Free



Non-GMO



Vegetarian

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

For educational purposes only. Consult your physician for any health concerns.

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Potassium+Mag

MUSCULOSKELETAL SUPPORT

# Potassium+Mag

## Highly Bioavailable Potassium Complex

### How does Potassium+Mag work?

Potassium+Mag is formulated with two highly bioavailable and fully-reacted mineral salts to support the healthy functioning of the cardiovascular, musculoskeletal, and nervous systems. Many individuals do not consume the recommended daily intake of potassium from food. Potassium plays a crucial role in maintaining cardiovascular health, and many patients, particularly those with cardiovascular risk factors, may need to supplement potassium.

### Importance of formulation:

This formula is a safe option for those considering potassium supplementation. Potassium+Mag provides a moderate dose of highly bioavailable potassium that is paired with a highly absorbable form of magnesium, as magnesium is required to maintain normal potassium levels in the body. These chelated forms of minerals are fully-reacted, organic bound salts that have been shown to provide superior bioavailability and absorption.\*

### What the research shows:

Potassium, the most abundant electrolyte in the body, plays many crucial roles in human physiology. Notably, potassium is required to maintain nerve signal conduction and normal muscular function. Additionally, potassium is involved in maintaining bone strength.

Potassium helps to support healthy blood pressure levels. Research shows levels of potassium in the blood blunt increases in blood pressure caused by sodium intake.<sup>1</sup> Potassium supplementation has been suggested in the prevention of hypertension in patients unable to decrease their sodium intake.<sup>2</sup> The results of the DASH trial emphasize the importance of a heart healthy diet along with 4,100 mg of potassium daily in significantly lowering blood pressure.<sup>3</sup>

Potassium appears to help prevent stroke. In a large prospective study on men, higher intakes of potassium were correlated with lower overall incidence of stroke.<sup>4</sup> Studies on a variety of populations with and without cardiovascular risk factors show strong evidence supporting higher intakes of potassium as foundational in the prevention of stroke.<sup>5-7</sup>

Potassium supplementation also helps improve bone density. Research on bone mineral density shows an increase in bone density with potassium supplementation in elderly patients.<sup>8</sup> Postmenopausal

women, who are the highest risk for osteoporosis, benefited from potassium supplementation in several studies.<sup>9,10</sup>

Maintenance of healthy levels of potassium requires the presence of magnesium. Low magnesium status causes an increase in the loss of potassium through urine, and low potassium status cannot be corrected without the concurrent replacement of magnesium.<sup>11</sup>

## Supplement Facts

Serving Size: 1 Vegetarian Capsule Servings Per Container: 90

	Amount Per Serving	% DV
<b>Magnesium</b> (from Magnesium Potassium Citrate and Trimagnesium Dicitrate)	<b>15.75 mg</b>	<b>4%</b>
<b>Potassium</b> (from Magnesium Potassium Citrate)	<b>78 mg</b>	<b>2%</b>
<b>Bioavailable Magnesium &amp; Potassium Complex Consisting of:</b> Magnesium Potassium Citrate and Trimagnesium Dicitrate	<b>325 mg</b>	<b>*</b>

\*Daily Value Not Established

**Other ingredients:** Cellulose (from capsule), Organic Rice Flour, Nu-Mag and Nu-Flow.

**Allergen Information:** Not manufactured with yeast, wheat, gluten, soy, milk, egg, fish, shellfish or tree nut ingredients. Produced in a GMP facility that processes other ingredients containing these allergens.

**Suggested Use:** Take 1 capsule a day or as directed by your physician.

**Caution:** If pregnant or nursing, or taking any medication, consult your physician before using this or any other products.

**Keep out of reach of children.**

**Store in a cool, dry place.**

Manufactured in the USA in a GMP compliant facility.

**†Suitable for Vegetarians.**

### References:

- <sup>1</sup> Morris RC, Sebastian A, Forman A, Tanaka M, Schmidlin O. *Hypertension*. 1999;33(1):18-23.
- <sup>2</sup> Whelton PK, He J, Cutler JA, et al. *JAMA*. 1997;277(20):1624-1632.
- <sup>3</sup> Appel LJ, Moore TJ, Obarzanek E, et al. *N Engl J Med*. 1997;336(16):1117-1124.
- <sup>4</sup> Adebamowo SN, Spiegelman D, Flint AJ, Willett WC, Rexrode KM. *Int J Stroke*. 2015;10(7):1093-1100.
- <sup>5</sup> Iso H, Stampfer MJ, Manson JE, et al. *Stroke*. 1999;30(9):1772-1779.
- <sup>6</sup> Fang J, Madhavan S, Alderman MH. *Stroke*. 2000;31(7):1532-1537.
- <sup>7</sup> Bazzano LA, He J, Ogden LG, et al. *Stroke*. 2001;32(7):1473-1480.
- <sup>8</sup> Jehle S, Hulter HN, Krapf R. *J Clin Endocrinol Metab*. 2013;98(1):207-217.
- <sup>9</sup> Zhu K, Devine A, Prince RL. *Osteoporos Int*. 2009;20(2):335-340.
- <sup>10</sup> New SA, Bolton-Smith C, Grubb DA, Reid DM. *Am J Clin Nutr*. 1997;65(6):1831-1839.
- <sup>11</sup> Cohn JN, Kowey PR, Whelton PK, Prisant LM. *Arch Intern Med*. 2000;160(16):2429-2436.

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