K Alkaline & K Alkaline+Mg



SUPPORT FOR HEALTHY ACID-ALKALINE BALANCE

K Alkaline

Supplement FactsServing Size: 1 Capsule Servings Per Container: 90

	Amount Per Serving	%Daily Value
Potassium	200 mg	4%

(as potassium bicarbonate)

Other Ingredients: Hypromellose (capsule), L-leucine, silicon dioxide. Does not contain gluten.

K Alkaline+Mg

** Daily Value not established.

Supplement Facts Serving Size: 1 Capsule Servings Per Container: 90		
	Amount Per Serving	%Daily Value
Magnesium 40 mg 10% (as Di-Magnesium Malate [Albion™] & Magnesium Bisglycinate Chelate [TRAACS™])		
Potassium (as potassium bicarbonate)	150 mg	3%

Other ingredients: Cellulose (capsule), microcrystalline cellulose, vegetable stearate, silicon dioxide. Does not contain gluten.

K Alkaline+Mg - Powder

Supplement Facts Serving Size: 5.1 g (approx. 1 scoop) Servings Per Container: 60		
	Amount Per Serving	%Daily Value
Magnesium 100 mg 24% (as Di-Magnesium Malate)(Albion™)		
Potassium (as potassium citrate)	1500 mg	32%

Other ingredients: Silicon dioxide. Does not contain gluten.

SUGGESTED USE (all products): 1 CAPSULE/1 SCOOP PER DAY, OR AS DIRECTED BY YOUR YOUR HEALTHCARE PROFESSIONAL.

WARNING: IF YOU ARE TAKING MEDICATION, HAVE A MEDICAL CONDITION OR AN UPCOMING MEDICAL PROCEDURE, OR ARE PREGNANT OR NURSING CONSULT A PHYSICIAN BEFORE USING. IF ADVERSE REACTIONS OCCUR, DISCONTINUE USE & CONSULT YOUR HEALTHCARE PRACTITIONER.

 $Albion^{{}^{\mathrm{IM}}} \ and \ TRAACS^{{}^{\mathrm{TM}}} \ are \ trademarks \ of \ Albion \ Laboratories, \ Inc.$

- · Promotes healthy alkalinity and systemic pH balance.*
- · Aids in the optimization of electrolyte balance.*
- Highly absorbable forms of potassium & magnesium.*
- Flexible dosing and delivery formats for different needs.*

To achieve optimum health, the body strives to maintain blood pH within an alkaline 7.4 range. Unfortunately, this task has become increasingly difficult due to the acid-promoting diets and lifestyles prevalent today. Stress, toxins, processed foods, inflammation, and illness itself all contribute to a silent epidemic of chronic, low-grade metabolic acidosis. Acidosis has been associated with many of today's prevalent health concerns, including osteoporosis, heart disease, diabetes, arthritis, and more.

Fortunately, chronic low-grade metabolic acidosis is easily reversible (in most cases), and is both time- and cost-effective to address. Identification of acidosis may be assisted by using Hydrion pH strips to measure the pH values of the first morning urine, several days in a row. An average reading of below pH 6.4 suggests the presence of metabolic acidosis. If acidosis is discovered, correction strategies may include stress reduction, dietary modification (e.g. increase intake of: alkaline-forming fresh fruits, vegetables and green foods; decrease intake of: acid-forming foods such as meat, flour, sugar and processed foods) and the use of alkalinizing nutritional supplements such as Moss Nutrition K Alkaline or K Alkaline+Mg.

K ALKALINE

K Alkaline is a unique potassium bicarbonate supplement designed to help promote and maintain healthy pH levels within the normal range. This product was developed by Dr. Jeffrey Moss in response to research suggesting that: 1) individuals eating diets high in refined carbohydrates and processed foods likely consume significantly less than the suggested 4.7 grams of potassium per day, and 2) many of these individuals also demonstrate suboptimal acid/alkaline balance. To correct these concurrent issues, potassium supplementation has been strongly recommended in the literature. Potassium bicarbonate—the same form of potassium yielded by

(continued on reverse side)

^{*} 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.





K Alkaline & K Alkaline+Mg (continued from reverse side)



fruits and vegetables after being metabolized by the body—is considered to be one of the most ideal forms of supplemental potassium, and is suggested by research to optimize bone physiology. Each capsule of **K Alkaline** contains 200 mg of potassium as bicarbonate.

K Alkaline is suggested for use by people with significant potassium deficiencies as determined by testing, and is intended to be taken along with additional magnesium in the form of highly absorbably **Magnesium Select**, which is available from Moss Nutrition in 150 mg vegetarian capsules. Detailed directions for use are outlined in the Moss Nutrition *K* Alkaline Literature Packet, available exclusively to healthcare professionals upon request.

K ALKALINE+MG

This combination formula in capsule form is intended for use by people with minor potassium deficiencies as determined by testing. Each capsule delivers 150 mg of potassium (as bicarbonate) and 40 mg of magnesium in well tolerated, bioavilable forms (malate and glycinate) which are added to the product for two reasons. First, published literature has demonstrated that potassium and magnesium must *both* be present for each to function optimally in various physiologic processes. Second, research suggests that magnesium malate and glycinate chelates offer superior absorption and bioavailability compared to other forms of magnesium, while being less likely to provoke intestinal distress at high levels. While the magnesium levels in **K Alkaline+Mg** capsules are not extremely high, the tolerability advantage will be appreciated by all patients, especially those taking additional supplemental magnesium.

K Alkaline+Mg Powder was introduced to help conveniently support the needs of patients who require higher levels of supplemental potassium. Each scoop contains 1500 mg of potassium as citrate, a well absorbed, non-irritating form that mixes easily in water, and 100 mg of magnesium as malate, researched for helping to promote muscle relaxation.

REFERENCES

- 1. Lynda Frassetto, MD, and Shoma Berkemeyer, PhD. "Osteoporosis. The Scientific Basis of the Alkaline Diet," In Food and Nutrients in Disease Management, ed. Ingrid Kohlstadt. (New York: Taylor & Francis Group, 2009), 503, 507.
- Frassetto L, et al. "Chronic Low-Grade Metabolic Acidosis in Normal Adult Humans: Pathophysiology and Consequences," in Women's Health and Menopause, ed R Paoletti, et al. (The Netherlands: Kluwer Academic Publishers, 1999), 15.
- 3. Lynda A Frassetto, et al. "Effects of Diet Acid Load on Bone Health," in Nutritional Aspects of Osteoporosis, Second Edition, ed. Peter Burkardt, et al. (Burlington: Elsevier Academic Press, 2004), 288.
- 4. Tucker KL, et al. Potassium, magnesium, and fruit and vegetable intakes are associated with greater bone mineral density in elderly men and women. *Am J Clin Nutr.* 2009 69:727-736.
- 5. Nathan W Shock, et al. "Patterns of Longitudinal Changes in Renal Function," in Recent Advances in Gerontology: Proceedings of the XI International Congress of Gerontology, ed. Hajime Orimo, et al. (Amsterdam: Excerpta Medica, 1979), 525-527.
- 6. Alpern RJ. Trade-offs in the adaptation to acidosis. Kidney Int. 1995 47:1205-15.
- 7. McSherry E, Morris RC Jr. Attainment and maintenance of normal stature with alkali therapy in infants and children with classic renal tubular acidosis. *J Clin Invest.* 1978 61:509-27.
- 8. Frassetto L, et al. Potassium bicarbonate reduces urinary nitrogen excretion in post-menopausal women. *J Clin Endocrinol Metab.* 1997 82:254-259.
- 9. Morris RC, et al. Differing effects of supplementary KCl and KHCO3: pathophysiological and clinical implication. *Seminars in Nephrology*. 2000 19, 487-493.
- 10. Papadoyannakis NJ, et al. The effect of the correction of metabolic acidosis on nitrogen and potassium balance of patients with chronic renal failure. *Am J Clin Nutr.* 1984 40:623-7.
- 11. Gougeon-Reyburn R, et al. Effects of bicarbonate supplementation on urinary mineral excretion during very low energy diets. *Am J Med Sci.* 1991 302:67-74.

* 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.

V.080922

