



Vitamin D3 K2 Max

- Supports Healthy Calcium Balance
- Promotes Optimal Bone Health
- Supports Cardiovascular Health and Arterial Elasticity
- Boosts Immune Function

Emerging research highlights the importance of optimal intake of vitamin K and its critical role in maintaining bone and cardiovascular health. Composed of a group of naturally occurring and structurally similar, fat-soluble vitamins, vitamin K is required for the proper utilization of calcium and helps to bind newly absorbed calcium to the bone matrix. Vitamin K helps maintain bone mineral density by decreasing the activity of osteoclasts, cells that break down bone.¹ It also provides critical cardiovascular protection by activating matrix Gla protein (MGP), a potent inhibitor of circulatory calcification.^{2,3} Along with vitamin D, another key nutrient required for overall wellness, these two nutrients act in synergy to support and maintain bone and cardiovascular health. Current research has found high-concentration supplementation, at 180 mcg/day, results in improved clinical results compared to lower-dose supplementation.⁴ Vitamin D3 K2 Max provides 180 mcg of MenaQ7® PRO, the most widely studied form of vitamin K2 as MK-7, along with 5,000 IU of vitamin D3 for optimal support of bone and cardiovascular health.

Overview

Calcium and vitamin D are important mediators in bone growth, but vitamin K plays an equally important role. The synthesis of bone growth is dependent on vitamin K through its carboxylation of osteocalcin, a protein secreted by osteoblasts.⁵ Osteocalcin guides calcium into bones and prevents its absorption into organs, joint spaces and arteries. Vitamin K occurs in two main forms: K1 (phylloquinone), found primarily in the liver, naturally occurs in green leafy vegetables and is considered to be the main dietary source; and K2 (menaquinone), which is a group of related compounds differentiated by their side chains.⁶ MK-4 and MK-7 are the two subclasses of K2 most widely studied for their role in bone and cardiovascular health. MK-4 is primarily a metabolic byproduct of K1 while MK-7 is found in small quantities in liver mitochondria and other tissues.⁷ The MK-7 form is substantially more active, has a

longer half-life and accumulates to higher concentrations in serum than vitamin K1.^{8,9} The different degrees of bioavailability between K1 and K2 are due to differences in structure. The long side-chain of vitamin K2 (specifically MK-7) allows it to bind with fat particles in circulation. This process then allows easier facilitation to soft tissue, bones and arteries. More recently, research has shown that doses of 180 mcg of MK-7 provide greater results when supporting both bone and cardiovascular health.⁴ The addition of MenaQ7® PRO to this formula is backed by extensive research. Dr. Leon Schurgers, world-renowned expert in vitamin K2 as MK-7 research for cardiovascular and bone health, and his team of research scientists have conducted over 21 clinical trials on MenaQ7® PRO through the University of Maastricht.

Vitamin K Depletion†

Although most people consume adequate dietary amounts of vitamin K to maintain sufficient blood clotting, most do not consume enough MK-7 to meet cardiovascular and bone health needs. In fact, approximately 70% of the Western population is deficient in vitamin K2. Compromised intestinal absorption can also lead to insufficient K2 levels, leaving calcium available to be exported out of bone and into other tissues. Other medications, such as antibiotics, cholesterol-lowering medications and laxatives, have also been found to contribute to a deficiency of vitamin K.^{10,11}

Bone Health†

Supplementation of K2 has repeatedly been shown to help maintain bone density and strength among women.¹² Research conducted on Japanese populations has found superior bone health among women who more frequently consumed MK-7 rich nattō than those who did not.¹³ The positive effect of K2 on bone health is also evident among

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healthy children, among whom modest supplementation with MK-7 has been shown to increase osteocalcin carboxylation.⁹ In a randomized, placebocontrolled trial, 180 mcg of MK-7 or a placebo was given to 244 healthy post-menopausal women over three years. After at least two years, statistically significant benefits were seen in vertebrae, hip and femoral neck.¹⁴ Another ground-breaking, randomized, placebo-controlled trial gave 244 women aged 55-65 180 mcg of vitamin K2 or a placebo. The study found that those given the K2 were significantly better able to maintain their osteoclast to osteoblast ratio. Furthermore, levels of circulating osteocalcin, a marker related to tissue calcification in the body, were reduced by 50% among women taking K2 versus a 4% increase among the placebo group after two and three years.⁴

Cardiovascular Health and Blood Sugar Balance†

Vitamin K also plays a key role in supporting the cardiovascular system and healthy blood sugar balance. In a large population study, those who consumed high amounts of K2 had significantly improved cardiovascular markers compared to those given vitamin K1.² A cohort of over 16,000 women also linked higher intake of K2 with better maintenance of cardiovascular health.¹⁵ Studies have also shown vitamin K to support healthy blood sugar metabolism.^{16,17} In a 2021 study, a cohort of 68 people received 180 mcg of vitamin K as MK-7 twice daily for 12 weeks, and the results showed support for cardiovascular health.¹⁸ Another three-year study showed that long-term supplementation of 180 mcg of vitamin K2 as MK-7 was safe and effectively maintained healthy arterial elasticity and cardiovascular function.^{19,20} The same amount of MK-7 was also found to impart substantial benefits in arterial plasticity and blood vessel elasticity in healthy women, which had previously been shown only with “pharmacological doses” of up to 4,500 mcg of synthetic vitamin K.¹⁴

Triage Theory

The Triage Theory states that in the face of nutrient inadequacies, nature ensures the short-term survival of a cell is protected at the expense of long-term consequences.^{20,21} Vitamin K is an excellent example of this theory. Hypothetically, a short-term deficiency in vitamin K would lead to a reduction in blood clotting. This direct threat to survival does not happen because the body uses its metabolic reserve of vitamin K to ensure immediate needs are met. If prolonged, this dip into nutrient reserves leads to a long-term deficiency in vitamin K. Though not directly threatening immediate survival, long-term

deficiencies are linked to bone fragility, arterial calcification and genomic instability. These issues are related to a loss of vitamin K-dependent proteins that are not required for shortterm survival but nevertheless present long-term health challenges.²⁰

Directions

1 capsule per day or as recommended by your health care professional.

Does Not Contain

Gluten, yeast, soy, artificial colors or flavors.

Cautions

Do not consume this product if you are pregnant or nursing. All forms of vitamin K may interact with blood thinning medications. If you are taking such medicines, please consult your physician before taking this product.

Supplement Facts ^{V2}		
Serving Size 1 Capsule		
Servings Per Container 60		
	Amount Per Serving	% Daily Value
Vitamin D (D3 as Cholecalciferol)	125 mcg (5,000 IU)	625%
Vitamin K2 (as Menaquinone-7 (MK-7)) (MenaQ7®PRO)	180 mcg	*
* Daily Value not established.		



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References

1. Weber P. Management of osteoporosis: is there a role for vitamin K? *Int J Vitam Nutr Res.* 1997;67(5):350-6.
2. Geleijnse JM, Vermeer C, Grobbee DE, Schurgers LJ, KnapenMH, van der Meer IM, Hofman A, Witteman JC. Dietary intake of menaquinone is associated with a reduced risk of coronary heart disease: the Rotterdam Study. *J Nutr.* 2004; 134(11):3100-5.
3. Beulens JW. High dietary menaquinone intake is associated with reduced coronary calcification. *Atherosclerosis.* 2009;203(2):489-93. Epub 2008 Jul 19.
4. Kidd PM. Vitamins D and K as pleiotropic nutrients: clinical importance to the skeletal and cardiovascular systems and preliminary evidence for synergy. *Altern Med Rev.* 2010;15(3):199-222.
5. Plaza SM, Lamson DW. Vitamin K2 in bone metabolism and osteoporosis. *Altern Med Rev.* 2005;10(1):24-35.
6. Schurgers LJ, Teunissen KJ, Hamulyák K, Knapen MH, Vik H, Vermeer C. Vitamin K-containing dietary supplements: comparison of synthetic vitamin K1 and natto-derived menaquinone. *Blood.* 2007;109(8):3279-83. Epub 2006 Dec 7.
7. Shearer MJ. Vitamin K metabolism and nutriture. *Blood Rev.* 1992;6(2):92-104.
8. Unpublished clinical studies, NattoPharma. On file.
9. <http://umm.edu/health/medical/altmed/supplementdepletion-links/drugs-that-deplete-vitamin-k>
10. Knapen MH, Schurgers LJ, Vermeer C. Vitamin K2 supplementation improves hip bone geometry and bone strength indices in postmenopausal women. *Osteoporos Int.* 2007 Jul;18(7):963-72. Epub 2007 Feb 8.
11. Kaneki M, Hodges SJ, Hosoi T, Fujiwara S, Lyons A, Crean SJ, Ishida N, Nakagawa M, Takechi M, Sano Y, Mizuno Y, Hoshino S, Miyao M, Inoue S, Horiki K, Shiraki M, Ouchi Y, Orimo H. Japanese fermented soybean food as the major determinant of the large geographic difference in circulating levels of vitamin K2: possible implications for hip-fracture risk. *Nutrition* 2001; 17(4):315-21.
12. Van Summeren MJ, Braam LA, Lilien MR, Schurgers LJ, Kuis W, Vermeer C. The effect of menaquinone-7 (vitamin K2) supplementation on osteocalcin carboxylation in healthy prepubertal children. *Br J Nutr.* 2009 Oct;102(8):1171-8. Epub 2009 May 19.
13. Ushiroyama T, Ikeda A, Ueki M. Effect of continuous combined therapy with vitamin K(2) and vitamin D(3) on bone mineral density and coagulofibrinolysis function in postmenopausal women. *Maturitas.* 2002; 41(3):211-21.
14. Knapen MH, Drummen NE, Smit E, Vermeer C, Theuwissen E. Three-year low-dose menaquinone-7 supplementation helps decrease bone loss in healthy postmenopausal women. *Osteoporos Int.* 2013 Sep;24(9):2499-507.
15. Gast GC, de Roos NM, Sluijs I, Bots ML, Beulens JW, Geleijnse JM, Witteman JC, Grobbee DE, Peeters PH, van der Schouw YT. A high menaquinone intake reduces the incidence of coronary heart disease. *Nutr Metab Cardiovasc Dis.* 2009 Sep;19(7):504-10. Epub 2009 Jan 28.
16. Beulens JW, van der A DL, Grobbee DE, Sluijs I, Spijkerman AM, van der Schouw YT. Dietary phylloquinone and menaquinones intakes and risk of type 2 diabetes. *Diabetes Care.* 2010; 33(8):1699-705.
17. Choi HJ, Yu J, Choi H, An JH, Kim SW, Park KS, Jang HC, Kim SY, Shin CS. Vitamin K2 supplementation improves insulin sensitivity via osteocalcin metabolism: a placebocontrolled trial. *Diabetes Care.* 2011; 34(9):e147.
18. Rahimi Sakak F, Moslehi N, Niroomand M, Mirmiran P. Glycemic control improvement in individuals with type 2 diabetes with vitamin K2 supplementation: a randomized controlled trial. *Eur J Nutr.* 2021;60(5):2495-2506. doi:10.1007/s00394-020-02419-6.
19. Theuwissen E, Smit E, Vermeer C. The role of vitamin K in soft-tissue calcification. *Adv Nutr.* 2012 Mar 1;3(2):166-73.
20. Knapen M, Braam LA, Drummen NE, Bekers O, Hoeks A and Vermeer C. Menaquinone-7 supplementation improves arterial stiffness in healthy postmenopausal women. A double-blind randomised clinical trial. *Thromb Haemost.* 2015;113:1135-44.
21. Iijima H, Shinzaki S, Takehara T. The importance of vitamins D and K for the bone health and immune function in inflammatory bowel disease. *Curr Opin Clin Nutr Metab Care.* 2012; 15(6):635-40.