

Supplement Facts

Serving Size: 1 Tablet

Serving Per Container: 60

Ingredient	Amount Per Serving	% Daily value
Vitamin C	60 mg	67
Vitamin D3	1000 IU	125
Vitamin B1	1.5 mg	100
Vitamin B2	2 mg	118
Vitamin B3	20 mg	100
Vitamin B5	5 mg	50
Vitamin B6	10 mg	500
Vitamin B12	2.4 mcg	40
Folic Acid	800 mcg	200
Biotin	30 mcg	100
Iron	8 mg	44
Zinc	8 mg	73
Selenium	55 mcg	100
Copper	0.9 mg	45

■ No Phosphorus and No Potassium

Dosing and administration:

One tablet daily with meal and a full glass of water.

References

1. Ikizler TA, et al. KDOQI Clinical Practice Guideline for Nutrition in CKD: 2020 Update. Am J Kidney Dis. 2020.
2. Xie Y, et al. Benefits and risks of essential trace elements in chronic kidney disease: a narrative review. Annals of Translational Medicine. 2022.



The Pulse Of Life,
The Power Of Kidney

RenalFact[®]



RenalFact®

Clinical Practice Guideline for Nutrition in Chronic Kidney Disease (CKD)

Kidney Disease Outcomes Quality Initiative (KDOQI): 2020 Update¹

• Vitamin B groups

In adults with CKD 1-5D or posttransplantation: Prescribe **folate**, **vitamin B12**, or **B complex** supplement to correct for folate or vitamin B12 deficiency/insufficiency based on clinical signs and symptoms.

• Vitamin C

In adults with CKD 1-5D or posttransplantation: Consider **vitamin C** supplementation to meet the recommended intake of at least 90 mg/d for men and 75 mg/d for women.

• Vitamin D

In adults with CKD 1-5D or posttransplantation: Prescribe **vitamin D** supplementation in the form of cholecalciferol or ergocalciferol to correct 25-hydroxyvitamin D [25(OH)D] deficiency/insufficiency.

Benefits of Essential Trace Elements in CKD

• Iron²

Anemia is common among patients with CKD. Anemia underlies many of the symptoms associated with reduced kidney function, as well as increased mortality and hospitalizations.

• Zinc²

- 64% of patients with CKD have a low serum or plasma Zn levels.
- Decreased plasma Zn levels in patients with CKD are due to decreased absorption of Zn from the gastrointestinal tract, limited Zn intake, higher urinary Zn excretion, and redistribution of Zn in the body.
- Zn deficiency is associated with anemia, fibrosis, and cardiovascular disease in CKD.
- Zn deficiency is a risk factor for end-stage renal disease (ESRD) or death.

• Selenium²

- Of all human organs, the kidney has the highest Se content.
- CKD patients are prone to Se deficiency due to low dietary intake, impaired intestinal absorption, decreased Se-binding protein, and increased urinary and dialysis losses.

- Se status is associated with impaired renal function.
- In hemodialysis patients, reduced serum Se levels may lead to immune dysfunction and are inversely associated with the risk of death, especially from infectious diseases.
- Se levels begin to decrease in the early stage of the disease, until the whole blood and plasma Se of ESRD are significantly reduced, suggesting Se reduction is proportional to the progression of CKD.

• Copper²

- Cu deficiency is associated with erythropoietin-resistant anemia in patients with CKD, and correction of its deficiency can improve erythropoietin non-response in patients with HD anemia.

RenalFact

Specifically formulated for people with kidney disease

Indications

- Supporting kidney health in patients with CKD or ESRD
- Providing the necessary nutrients for the kidney to function optimally
- Maintaining bone and heart health
- Contributing to the formation of red blood cells
- Reducing fatigue and increasing energy levels
- Promoting nutritional health with the right blend of vitamins and minerals at appropriate doses

