

EVIDENCE DOSSIER

NAD+ Matrix+: Ingredient Evidence Dossier

Formula facts, published research on each ingredient at the amount used, safety information, and lab testing.

Published by Stellar Health Labs about its own product. This dossier is published by Stellar Health Labs, the company that makes and sells NAD+ Matrix+.

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Applies to: formula V1, label revision TBD, lots 5030059 (formula) / 1358-5060201-1 (heavy metals).

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Independent scientific review of this version: pending.

Scope. This dossier summarizes research relevant to normal structure and function in generally healthy adults. Research conducted for other purposes is outside the scope of this document.

Disclaimer — 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.

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§1 Key points

- **What it is:** a capsule supplement, 3 active ingredients, 2 capsules per serving, 30 servings per container — NAD+ 500 mg, quercetin 250 mg, and Japanese knotweed extract (standardized to 98% resveratrol) 150 mg. → [§3](#)
- **Finished formula not trialed:** NAD+ Matrix+ as a finished formula has not been tested in a clinical trial. The research described here was conducted on individual ingredients, often at different amounts or in different forms from those in this product. → [§4](#)
- **An honest note on oral NAD+:** the human research showing that a supplement can raise blood NAD+ was done with NAD+ **precursors** (nicotinamide riboside and nicotinamide mononucleotide) — not with NAD+ taken by mouth. Whether swallowed NAD+ itself survives digestion and raises NAD+ in people has not been established in published human trials. We do not claim this product raises NAD+. → [§4.1](#)
- **Where the human evidence sits:** low certainty for quercetin and resveratrol at the ingredient level (mixed human results, and both are poorly absorbed);

very low certainty for oral NAD+ itself. → [§2](#)

- **Dose honesty:** quercetin 250 mg and resveratrol ~147 mg are at or below the amounts where most human outcomes were reported; NAD+ has no established human dose because oral NAD+ has not been studied. → [§2](#)
- **Safety headline:** talk to a healthcare professional before use if you are pregnant or nursing, under 18, take prescription medications (especially blood thinners), or have surgery scheduled; quercetin and resveratrol can affect how some medications are metabolized. → [§6](#)
- **Testing:** heavy metals for a production lot were measured by an ISO/IEC 17025-accredited laboratory; the active-ingredient amounts on file are to the manufacturer's specification, with a lot assay available on request. → [§7](#)

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§2 At a glance

Ingredient (form)	Amount per serving	Research area in healthy adults	Certainty of human evidence	Amounts studied in people (daily)	Our amount vs studied
NAD+ (nicotinamide adenine dinucleotide)	500 mg	Cellular-energy coenzyme; cofactor for DNA-repair (PARP) and sirtuin enzymes (biology — see honesty note)	Very low (for oral NAD+ itself)	No human dose-finding for oral NAD+	No established amount — oral NAD+ has not been studied in people
Quercetin (from <i>Sophora japonica</i>)	250 mg	Antioxidant defenses*; senescent-cell ("senolytic") mechanism (preclinical)	Low (antioxidant); preclinical only (senolytic)	50–1,000 mg	Below the range where antioxidant/performance outcomes were reported (500–1,000 mg)
Japanese knotweed extract (98% resveratrol, <i>Polygonum cuspidatum</i>)	150 mg (≈147 mg resveratrol)	Antioxidant defenses*	Low	150–1,000+ mg	At the low end; resveratrol is poorly absorbed

Caption: "Certainty describes how confident we are in the published human research on the **ingredient**, not the tested effect of this product. See [Methods](#) and the certainty scale (Appendix A of this document)."

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§3 Formula and label facts

Transcribed from the Supplement Facts panel (supplier label editor / formula certificate on file). Values marked TBD await confirmation of the physical label revision (see [Open Items](#)).

- **Serving size:** 2 capsules · **Servings per container:** 30 · **Directions (as on label):** "TBD — transcribe verbatim from label"
- Because the directions are one serving per day, per-serving and per-day amounts are the same. (Confirm directions at G1.)

Supplement Facts (text version of the panel), per 2-capsule serving:

Ingredient (as labeled)	Amount per serving	% Daily Value	Form / standardization (as labeled)
NAD+	500 mg	†	nicotinamide adenine dinucleotide
Quercetin	250 mg	†	quercetin dihydrate extract (<i>Sophora japonica</i> , whole flower bud)
Japanese Knotweed Extract	150 mg	†	<i>Polygonum cuspidatum</i> root, standardized to 98% resveratrol (≈147 mg trans-resveratrol)

† Daily Value not established.

- **Other ingredients (as labeled):** TBD — transcribe from label (e.g., capsule shell, flow agents).
- **Allergen and label statements (as labeled):** TBD — transcribe from label.
- **Label warnings (verbatim):** "TBD — transcribe from label."
- **Ingredient regulatory status (short):** documented status per ingredient is recorded in the internal evidence file; nothing is asserted here beyond what

is documented.

§4 Evidence by ingredient

NAD⁺ Matrix⁺ as a finished formula has not been tested in a clinical trial. The research described here was conducted on individual ingredients, often at different amounts or in different forms from those in this product.

How to read this section: Each ingredient section lists human studies in generally healthy adults, the amount and form studied, what was measured, and who paid for the study where declared. The certainty rating describes the research on the ingredient, not a tested effect of this product.

4.1 NAD⁺ (nicotinamide adenine dinucleotide, 500 mg per serving)

- **Short answer:** Very low certainty. NAD⁺ is a coenzyme that cells use in energy metabolism, and NAD⁺ levels are reported to decline with age. But **oral NAD⁺ itself has not been tested in published human trials**, so there is no human evidence that swallowing NAD⁺ raises NAD⁺ or produces any effect. The studies that raised blood NAD⁺ used **precursors** (nicotinamide riboside and nicotinamide mononucleotide), which are different molecules from the NAD⁺ in this product.
- **What it is:** NAD⁺ (nicotinamide adenine dinucleotide) is a coenzyme central to cellular energy production and to enzymes such as sirtuins and PARPs. It is a large, charged molecule.
- **Mechanism (biology of the NAD⁺ molecule):** In the body, NAD⁺ is a required substrate for the PARP family of enzymes involved in **DNA repair**, and for the sirtuin enzymes [1][2]. This describes the biochemistry of the NAD⁺ coenzyme itself; it is **not** evidence that swallowing NAD⁺ increases DNA repair, sirtuin activity or NAD⁺ levels in people (see the honesty note above). We make no such product claim.
- **Human studies — a deliberate distinction:**

Ref	Design	People studied	Daily amount and form	Duration	What was measured	What was found	Funding
[1]	Review (NAD+ metabolism)	n/a	n/a	n/a	NAD+ biology (context)	NAD+ is a dynamic coenzyme with a short half-life; reviews the cellular pathways that make and use it	not stated
[2]	Review (NAD+ in health and aging)	n/a	n/a	n/a	NAD+ and aging (context)	NAD+ levels decline with age; human trials to raise NAD+ use precursors , not oral NAD+	not stated
[3]	Randomized, double-blind, placebo-controlled crossover	30 healthy middle-aged and older adults (~21 analyzed)	500 mg twice daily (1,000 mg/d) nicotinamide riboside (a precursor)	2 × 6 weeks	Blood NAD+ metabolome (biomarker)	The precursor was well tolerated and raised NAD+ — this is evidence for the precursor, not for oral NAD+	public/academic + partial industry support (product/materials from the ingredient maker)
[4]	Randomized, double-blind, placebo-controlled	30 healthy adults	250 mg/d nicotinamide mononucleotide (a precursor)	12 weeks	Whole-blood NAD+ (biomarker)	The precursor was safe and raised whole-blood NAD+ — again, evidence for the precursor, not oral NAD+	ingredient maker supplied product
[5]	Review (NMN human trials)	n/a	n/a	n/a	Precursor trials (context)	Summarizes human trials of the precursor NMN; notes most evidence is still cell/animal and that human data are limited	not stated

- **Certainty: Very low** for oral NAD+ itself. There is no published human trial of NAD+ taken by mouth. The precursor studies [3][4] show the *pathway* is responsive to oral **precursors**; they do not show that oral NAD+ is absorbed or does anything. We present them only to be transparent about what the evidence does and does not cover.
- **Our amount vs studied amounts: No established amount** — oral NAD+ has no human dose-finding data. (For reference only, the precursor trials used 250–1,000 mg/day of NR or NMN, which are different molecules.)
- **Mixed or null findings:** not applicable — there are no human outcome trials of oral NAD+ to be mixed or null.
- **What is not known:** whether oral NAD+ survives digestion, is absorbed intact, or raises NAD+ or any downstream marker in people.

4.2 Quercetin (from *Sophora japonica*, 250 mg per serving)

- **Short answer:** Low certainty that quercetin *supports the body's antioxidant defenses* at the ingredient level; human antioxidant effects are inconsistent and were mostly seen at 1,000 mg/day — about four times our amount — while doses near ours did not change antioxidant biomarkers. Quercetin is also poorly and variably absorbed.
- **What it is:** Quercetin is a plant flavonoid (here sourced from *Sophora japonica*). In laboratory research it has antioxidant and anti-inflammatory activity.
- **Senescent-cell ("senolytic") mechanism — preclinical only:** In laboratory and animal research, quercetin has been studied as a **senolytic** — a compound that helps selectively clear senescent ("worn-out") cells — most often in combination with the prescription drug dasatinib [17]. This is a **preclinical mechanism** (certainty: preclinical only); the human senolytic studies to date have been in specific patient groups, which fall outside this dossier's generally-healthy-adult scope and are held in the internal evidence file. We make **no claim** that this product clears senescent cells.
- **Human studies relevant to healthy adults:**

Ref	Design	People studied	Daily amount and form	Duration	What was measured	What was found	Funding
[6]	Randomized, controlled	35 healthy adults	50, 100 or 150 mg/d quercetin	2 weeks	Plasma quercetin; antioxidant/inflammation markers (biomarker)	Raised plasma quercetin dose-dependently, but did not change antioxidant status, oxidized LDL, inflammation or metabolism at these doses	not stated
[7]	Randomized, double-blind, placebo-controlled crossover	12 healthy untrained adults	1,000 mg/d (500 mg twice)	7 days	VO ₂ max, time to fatigue (functional)	Modest increase in VO ₂ max (~3.9%) and time to fatigue (~13.2%) vs placebo	not stated
[8]	Randomized crossover pilot	12 healthy active adults	1,000 mg/d	7 days	Antioxidant capacity, exercise recovery (biomarker + functional)	Increased total antioxidant capacity and SOD, lowered a lipid-peroxidation marker, improved cycling time to exhaustion; several markers (CRP, TNF-α) unchanged	none declared
[9]	Randomized, double-blind, placebo-controlled	60 healthy young athletes	500 mg quercetin (± 250 mg vitamin C)	8 weeks	CRP, IL-6, oxidative-stress markers (biomarker)	The quercetin plus vitamin C group reduced CRP/IL-6; quercetin alone had only marginal effects	not stated
[10]	Review	n/a	n/a	n/a	Quercetin, inflammation, immunity, bioavailability (context)	Reviews quercetin's biological actions and its limited oral bioavailability	not stated
[11]	Review (bioavailability)	n/a	n/a	n/a	Absorption/metabolism (context)	Quercetin bioavailability is low and highly variable between people	not stated

- **Certainty: Low.** Human antioxidant results are inconsistent: no biomarker change at 50–150 mg/day [6], effects mostly at 1,000 mg/day [7][8], and the clearest anti-inflammatory result came from quercetin combined with vitamin C rather than quercetin alone [9]. Bioavailability is low and variable [10][11].
- **Our amount vs studied amounts:** studied 50–1,000 mg/day; ours 250 mg per serving → **below** the 500–1,000 mg/day at which antioxidant and performance outcomes were reported. **Form: Same** (quercetin).
- **Mixed or null findings:** no antioxidant/inflammation change at 50–150 mg/day [6]; several markers unchanged even at 1,000 mg/day [8]; quercetin alone was only marginally effective in [9].
- **What is not known:** effects at 250 mg/day specifically, and how much of the swallowed dose is absorbed in a given person.

4.3 Japanese knotweed extract (98% resveratrol, *Polygonum cuspidatum*, 150 mg per serving)

- **Short answer:** Low certainty that resveratrol *supports the body's antioxidant defenses* at the ingredient level; meta-analyses of human trials are mixed, and resveratrol has very low oral bioavailability, so much of a swallowed dose is metabolized before it reaches the bloodstream.
- **What it is:** Resveratrol is a polyphenol found in grapes, berries and Japanese knotweed. In laboratory research it activates sirtuin-pathway signaling and has antioxidant activity.
- **Human studies relevant to healthy adults:**

Ref	Design	People studied	Daily amount and form	Duration	What was measured	What was found	Funding
[12]	Systematic review and meta-analysis (16 RCTs)	adults	resveratrol, various doses	varies	Oxidative-stress markers (biomarker)	Raised the antioxidant enzyme GPx, but no significant change in SOD, MDA or total antioxidant capacity; concluded no clinically significant effect on oxidative stress overall	not stated
[13]	Systematic review and meta-analysis (15 RCTs, 658 adults)	adults 18–75	resveratrol, various doses	varies	Inflammatory markers (biomarker)	Reduced CRP, but no significant change in IL-6 or TNF- α overall (some effect in younger and heavier subgroups)	not stated
[14]	Systematic review (10 RCTs)	older adults	resveratrol $\pm$ exercise	varies	Muscle function, safety (functional)	Resveratrol combined with exercise improved exercise adaptation and muscle function in healthy older adults; results elsewhere were mixed; no serious adverse events	not stated
[15]	Review (bioavailability)	humans	n/a	n/a	Absorption/metabolism (context)	Oral absorption is high but oral bioavailability is under 1% because of extensive gut and liver metabolism	not stated

- **Certainty: Low.** Meta-analyses show mixed antioxidant and anti-inflammatory results (one marker moves, others do not) [12][13]; a functional benefit in healthy older adults appeared mainly when resveratrol was paired with exercise [14]; and very low bioavailability limits how much reaches the body [15].
- **Our amount vs studied amounts:** human trials commonly use 150–1,000+ mg/day; ours is ≈147 mg resveratrol per serving → **at the low end of the studied range.** **Form: Same** (trans-resveratrol, from *Polygonum cuspidatum*).
- **Mixed or null findings:** SOD, MDA and total antioxidant capacity did not change in the oxidative-stress meta-analysis [12]; IL-6 and TNF-α did not change overall in the inflammation meta-analysis [13].
- **What is not known:** effects at 150 mg/day specifically in generally healthy adults, and how much resveratrol reaches tissues given its low bioavailability.

§5 How the ingredients fit together

This section explains why these ingredients were combined. It describes a formulation rationale, not a demonstrated effect of the combination.

NAD⁺ Matrix+ groups its ingredients around the NAD⁺/sirtuin pathway that cells use in energy metabolism:

- **The NAD⁺ coenzyme:** NAD⁺ is included as the coenzyme itself. In the body NAD⁺ is a substrate for DNA-repair (PARP) and sirtuin enzymes [1][2] — this is the biology of the coenzyme, not a demonstrated effect of the oral supplement. As explained in [§4.1](#), the human evidence that supplements can raise NAD⁺ is on **precursors**, not on oral NAD⁺; this dossier does not claim the product raises NAD⁺.
- **Sirtuin-pathway signaling:** resveratrol is studied in the laboratory as a compound that activates sirtuin-pathway signaling (a preclinical rationale, not a demonstrated effect in people).

- **Antioxidant flavonoid:** quercetin is a flavonoid studied for antioxidant activity; in laboratory research it has also been studied for a relationship with the NAD⁺-consuming enzyme CD38 and as a senolytic that helps clear senescent cells [17] (preclinical rationale only).

The word "synergy" is not used as a fact: the combined formula has not been tested. Each ingredient's evidence and dose position are given in [§4](#).

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§6 Safety

Summary: the ingredients have generally been well tolerated in the human studies cited here at the doses used; the most important practical points are quercetin's and resveratrol's potential to affect how some medications are metabolized, and the general cautions below.

Per-ingredient safety table:

Ingredient	Established upper limit (source)	Our daily amount	Side effects reported in human studies	Known interactions (by drug class / mechanism)
NAD ⁺	None established	500 mg	Direct oral-NAD ⁺ human safety data are limited; the related precursors were well tolerated in the cited trials	Not well characterized for oral NAD ⁺
Quercetin	None established	250 mg	Generally well tolerated in the cited short-term trials	Flavonoids can affect drug-metabolizing enzymes; talk to a clinician if you take prescription medication
Resveratrol (from Japanese knotweed)	None established	≈147 mg	Generally well tolerated at these amounts; possible adverse effects and drug interactions are still being characterized, and human results are described as controversial [16]	May inhibit some drug-metabolizing enzymes and may affect bleeding/clotting; use caution with blood thinners and consult a clinician; consult a clinician if pregnant or nursing

- **Talk to a healthcare professional before use if you:** are pregnant or nursing; are under 18; take prescription medications (in particular blood thinners, or medicines whose metabolism could be affected by quercetin or resveratrol); have a scheduled surgery.

- **Allergens:** TBD — transcribe from the label. **Label warnings:** TBD — transcribe verbatim from the label.
- **Report a problem:** contact Stellar Health Labs (contact TBD); adverse events can also be reported to FDA MedWatch (<https://www.fda.gov/safety/medwatch>).

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§7 Quality and lab testing

The **label specification** and the **lot result** are shown as separate columns. A missing value renders as "not tested on this lot" or "lot assay available on request," never as an inferred default.

- **Formula lot:** 5030059 · **Heavy-metals lot:** 1358-5060201-1 · **Tested (heavy metals):** 2026-03-11 · **Report:** TBD
- **Laboratory:** heavy metals were measured by an ISO/IEC 17025-accredited laboratory (name held on file; not published) using a validated ICP-MS/MS method. The **active-ingredient amounts on file are to the manufacturer's specification** (formula certificate), not an independent potency assay; a lot assay of the actives is available on request. The full certificates are held privately and are not linked here.

Test	Method	Label claim / specification	Lot result	Reference limit (source)	Result vs spec
NAD+ potency	—	500 mg per serving (spec)	lot assay available on request (not measured on the formula certificate)	—	To spec (assay pending)
Quercetin potency	—	250 mg per serving (spec)	lot assay available on request	—	To spec (assay pending)
Resveratrol potency	—	≈147 mg per serving (150 mg extract at 98%) (spec)	lot assay available on request	—	To spec (assay pending)
Lead	ICP-MS/MS (ISO/IEC 17025)	within limit	15.51 ppb (0.031 µg/serving)	USP <232>/<2232>; Prop 65 lead MADL 0.5 µg/day	Pass
Arsenic	ICP-MS/MS (ISO/IEC 17025)	within limit	29.84 ppb (0.060 µg/serving)	USP <232>/<2232>	Pass
Cadmium	ICP-MS/MS (ISO/IEC 17025)	within limit	1.05 ppb (0.002 µg/serving)	USP <232>/<2232>	Pass
Mercury	ICP-MS/MS (ISO/IEC 17025)	within limit	< 0.45 ppb (< 0.001 µg/serving)	USP <232>/<2232>	Pass
Total plate count / yeast & mold / E. coli / Salmonella	microbial	within limits (spec)	results on request (spec doc, not measured on file)	USP <2021>/<2022>	To spec

- **Not tested on this lot (from the certificates on file):** an independent potency assay of the three actives for the current lot, and a measured microbial panel, are not in the documents on hand; both are available on request. The measured heavy-metal panel is from a production lot (1358-5060201-1) that differs from the formula lot (5030059). A certificate of analysis reports results for the lot and tests listed. It does not show how the product will affect any individual.
 - **Testing program:** each production lot is third-party tested; future lot results (including active-potency assays) will be summarized on the product page and the product-testing page.
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§8 Manufacturing

- **Made by:** a contract manufacturer operating under FDA's dietary-supplement current Good Manufacturing Practice rule (21 CFR Part 111), in a cGMP facility in the USA. The manufacturer identity is documented internally and is not named publicly.
- **Facility certifications (issuer · standard · certificate # · expiry):** TBD — pending manufacturer documentation.
- **Key raw materials:** NAD⁺; quercetin dihydrate extract (*Sophora japonica*); Japanese knotweed extract (*Polygonum cuspidatum*, standardized to 98% resveratrol). Sourcing/standardization documented internally where available.
- **Packaged in / country of manufacture:** USA (state pending). Ingredients globally sourced.
- (This is a dietary supplement; it is not approved or registered as a drug by the FDA, and no such status is claimed — neither would be accurate for a dietary supplement.)

§9 Limitations of this dossier

NAD+ Matrix+ as a finished formula has not been tested in a clinical trial. The research described here was conducted on individual ingredients, often at different amounts or in different forms from those in this product.

- **Oral NAD+ is unstudied:** the central ingredient, NAD+ itself, has no published human trials; the NAD+-raising evidence is on precursors that are not in this product (§4.1).
- **Indirectness on dose:** quercetin's human effects were mostly at 1,000 mg/day, four times our amount [7][8]; our resveratrol amount is at the low end of the studied range [12][13].
- **Bioavailability:** both quercetin and resveratrol are poorly and variably absorbed [11][15]; resveratrol's oral bioavailability is under 1% [15].
- **Evidence gaps named in §4:** no antioxidant change at low quercetin doses [6]; mixed antioxidant/inflammation meta-analysis results for resveratrol [12][13]; a resveratrol functional benefit seen mainly with exercise [14].
- **Testing gaps:** the on-file active potency is to specification, not an independent lot assay; the measured metals are from a different lot than the formula lot (§7).
- **Individual variation:** responses to any ingredient vary from person to person.
- **Scope:** this dossier covers research relevant to normal structure and function in generally healthy adults only.

§10 Methods: how this dossier was prepared

- **Search:** PubMed/MEDLINE, the Cochrane Library, ClinicalTrials.gov, NIH ODS and EFSA were searched on 2026-09-23 (search strings and counts are kept

on file in the internal evidence file). Screening moved from records identified → screened → included, with disease-population and disease-titled records routed to the internal file.

- **Inclusion:** human studies of the same ingredient (and, where possible, the same form) in generally healthy adults, reporting outcomes related to normal structure or function; systematic reviews and meta-analyses first. Laboratory and animal research is labeled as such.
- **Verification:** every reference was checked against PubMed for existence, bibliographic accuracy, retraction status and disease-title flag using ``verify_pmids.py``; every cited PMID returned status OK-MACHINE on 2026-09-23, and each was read for relevance to the ingredient and statement it supports.
- **AI-assistance line:** Parts of this dossier were drafted with AI assistance. Every reference was verified against PubMed and read by the preparer before publication.
- **Certainty ratings:** an adaptation of the GRADE approach (Appendix A). There is no overall product score.
- **Conflicts of interest:** Stellar Health Labs makes and sells this product. Reviewer compensation, if a reviewer is named in a later version, is disclosed with the byline.
- **Corrections:** errors are corrected promptly and recorded in the version history (§13). Report an error: contact TBD.

§11 Common questions

- **What's in NAD+ Matrix+, and how much do I take?** It has 3 active ingredients — NAD+ 500 mg, quercetin 250 mg, and Japanese knotweed extract (98% resveratrol) 150 mg — in a 2-capsule serving, with 30 servings per container.
→ [§3](#)
- **Does taking oral NAD+ raise my NAD+ levels?** We can't say that. Oral NAD+ itself has not been tested in published human trials. The studies that raised

blood NAD⁺ used precursors (NR and NMN), which are different molecules.

→ [§4.1](#)

- **Has NAD⁺ Matrix+ itself been clinically tested?** No. The finished formula has not been tested in a clinical trial; the research here is on the individual ingredients, often at different amounts or forms. → [§4](#)
- **Is the amount of each ingredient the same as in the studies?** Quercetin (250 mg) is below the 500–1,000 mg used in most trials, and resveratrol (~147 mg) is at the low end of the studied range; oral NAD⁺ has no established human dose. → [§2](#)
- **Are quercetin and resveratrol well absorbed?** Both are poorly and variably absorbed; resveratrol's oral bioavailability is under 1%. → [§4.2](#), [§4.3](#)
- **Who should not take it?** Talk to a healthcare professional first if you are pregnant or nursing, under 18, take prescription medication (especially blood thinners), or have surgery scheduled. → [§6](#)
- **What was this lot tested for?** Heavy metals were measured by an ISO/IEC 17025-accredited laboratory; active-ingredient amounts on file are to the manufacturer's specification, with a lot assay available on request. → [§7](#)

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§12 References

Numbered in order of first citation. Every entry links to PubMed and to the DOI where available. Only citations that passed the public-citation filter appear here.

1. Chini CCS, et al. Evolving concepts in NAD⁺ metabolism. *Cell Metab.* 2021;33(6):1076–1087. doi:10.1016/j.cmet.2021.04.003 PMID: [33930322](#). — Used in: [§4.1](#) (context).
2. Lautrup S, et al. Roles of NAD⁺ in health and aging. *Cold Spring Harb Perspect Med.* 2024;14(1):a041193. doi:10.1101/cshperspect.a041193 PMID: [37848251](#). — Used in: [§4.1](#) (context).

3. Martens CR, et al. Chronic nicotinamide riboside supplementation is well-tolerated and elevates NAD⁺ in healthy middle-aged and older adults. *Nat Commun.* 2018;9(1):1286. doi:10.1038/s41467-018-03421-7 PMID: [29599478](#). — Used in: §4.1 (precursor evidence, not oral NAD⁺).
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7. Davis JM, et al. The dietary flavonoid quercetin increases VO₂max and endurance capacity. *Int J Sport Nutr Exerc Metab.* 2010;20(1):56–62. doi:10.1123/ijsnem.20.1.56 PMID: [20190352](#). — Used in: §4.2.
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9. Askari G, et al. The effect of quercetin supplementation on selected markers of inflammation and oxidative stress. *J Res Med Sci.* 2012;17(7):637–641. PMID: [23798923](#). — Used in: §4.2.
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Reference sources (non-journal; accessed 2026-09-23):

- NIH Office of Dietary Supplements. Dietary supplement fact sheets (NAD+ precursors / niacin family) — <https://ods.od.nih.gov/>

§13 Review, authorship and disclosures

- **Prepared by:** Stellar Health Labs. Parts of this dossier were drafted with AI assistance; every reference was verified against PubMed and read by the preparer before publication.
- **Independent scientific review of this version:** pending.
- **Disclosure:** This dossier is published by Stellar Health Labs, the company that makes and sells NAD+ Matrix+.

- **Disclaimer:** 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.
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Version history

Version	Date	Type	What changed	Scientific review
1.0.0	2026-09-23	Major (draft)	First draft prepared for internal review	pending
1.0.1	2026-09-28	Minor (draft)	Added citation-backed NAD ⁺ DNA-repair/sirtuin biology [1][2] and quercetin senolytic preclinical mechanism [17] per owner decision (2026-09-28), each framed as ingredient-level mechanism, not a product claim; filled live SKU/GTIN	pending

Superseded versions: none.

Appendix A — Certainty scale (GRADE-adapted; published with every dossier)

Rated per ingredient, per outcome, for human evidence in generally healthy adults. There is no product-level composite score and there are no letter grades.

Rating	Meaning
High	Several well-conducted human trials, usually summarized in a systematic review, show consistent results. Further research is unlikely to change this conclusion much.
Moderate	Human trials point in the same direction, but there are fewer of them or they have limitations. Further research could change the size of the effect.
Low	Human evidence is limited, inconsistent, or indirect (for example, different amounts or forms from ours). The true effect may be substantially different.
Very low	Very limited human evidence (for example, one small or uncontrolled study, or — as for oral NAD+ here — no human trial of the ingredient in the form used). We can't draw a conclusion.
Preclinical only	Only laboratory or animal research exists for this outcome. It tells us about possible mechanisms, not about effects in people.

Basis: the GRADE Working Group approach (Guyatt et al., BMJ 2008; GRADE Handbook). The adaptation is described openly as ours, not as an official GRADE assessment.

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