

THE SUPPLEMENTS YOU ACTUALLY NEED

A Guide to Understanding Your Body, Finding Your Gaps, and Building a Routine That Works

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CONTENTS 1/3

PART ONE:
WHY MOST SUPPLEMENTS FAIL

PART TWO:
UNDERSTANDING YOUR NEEDS

CONTENTS 2/3

**PART THREE:
MAKING SMART DECISIONS**

**PART FOUR:
YOUR PERSONALIZED ROUTINE**

CONTENTS 3/3

PART FIVE: MAKING IT STICK



INTRODUCTION

“The Supplement Aisle Is Lying to You”

Let me tell you something about supplements.

I’ve been in this game for more than fifty years. I’ve seen every miracle pill, every breakthrough formula, every “revolutionary” discovery. Most of them disappeared faster than they arrived.

The ones that stuck around? They’re boring. They’re basic. And they actually work.

Here’s what drives me crazy: Americans spend almost \$70 billion a year on supplements. Seventy. Billion. That’s more than the GDP of most countries. And yet — and this is the part that gets me — the same nutritional deficiencies we had twenty years ago? Still here. Sometimes worse.

How is that possible? How can people spend more money than ever on supplements and still be deficient in vitamin D, magnesium, and omega-3s?

I’ll tell you how: because most people are taking the wrong things, in the wrong forms, for the wrong reasons. They’re buying hope in a bottle instead of solving actual problems.

Continued - Introduction

This guide is different. It's like **SuppCo**, which is the best app we've found at helping you understand the supplements you need and the supplements that are a waste. And like SuppCo, we're going to give it to you all for free. We're not going to give you a shopping list of thirty products to buy. We're going to teach you how to think about supplements: how to figure out what you actually need, how to find products that work, and how to build a routine you'll stick with.

And what you'll find is that most of what you need won't be found in pills or powders. It's in the behaviors that consistently deliver.

With this guide, the goal isn't more pills. The goal is fewer — the right ones, taken consistently, actually making a difference — and more clarity about how your behaviors can either strengthen your body or leave you vulnerable.

Let's get to work.



CHAPTER 1

THE \$70 BILLION PARADOX

Walk into any pharmacy, grocery store, or big-box retailer, and you'll find an entire aisle dedicated to your health anxieties. Thousands of bottles. Vitamins, minerals, herbs, powders, pills, gummies. Each one promising something: more energy, better sleep, stronger immunity, clearer skin, sharper thinking.

It's overwhelming by design. The more confused you feel, the more likely you are to grab something—anything—that sounds like it might help.

Continued - The \$70 Billion Paradox

Here's the uncomfortable truth: most supplements people take aren't doing much of anything.

That's not my opinion. That's what the research shows.

In 2022, the U.S. Preventive Services Task Force published one of the most comprehensive analyses ever conducted on supplement efficacy. They reviewed 84 studies. It looked at more than 740,000 adults. And they looked for evidence that vitamins and minerals prevent heart disease, cancer, or extend life.

What did they find? For most supplements: nothing.

No solid evidence that the pills and powders people buy actually deliver the promises on their labels. The Task Force recommended against vitamin E and beta-carotene supplements entirely (beta-carotene actually increased lung cancer risk in smokers).

For multivitamins and most other supplements, they concluded the evidence was "insufficient," which is scientist-speak for "we can't tell if these do anything useful."

Now, I think a multivitamin can have its place. Here's what I saw, which is a bigger problem that the researchers pointed out:

Supplements are regulated as food, not drugs. Companies don't have to prove their products work before selling them.



Continued - The \$70 Billion Paradox

Labels can legally say “supports immune health” without a single clinical result. Independent testing has found products contaminated with heavy metals, containing less (or more) of ingredients than stated, or missing ingredients entirely.

So we have an industry where products don't need to work, don't need to be tested, and can make vague health claims with no accountability.

Is it any wonder that 74% of American adults take supplements, and yet the same nutritional deficiencies persist year after year?

NHANES data show that over 22% of Americans are still deficient or insufficient in vitamin D. About half don't get enough magnesium. Over 90% aren't hitting recommended levels of EPA and DHA. These aren't exotic nutrients. These are basics.

The paradox is clear: we're spending more than ever, and the needle isn't moving.

Now, before you throw out every bottle in your cabinet, we want to help you understand how to take what you need, find what works, and drop everything else.



Continued - The \$70 Billion Paradox

That USPSTF review looked at preventing disease in generally healthy people without known deficiencies. That's an important caveat. If you're actually deficient in something, supplementation can make a real difference.

The problem isn't that supplements never work. The problem is that most people are taking things they don't need while missing the things they actually do.

A handful of targeted, well-chosen products based on your actual needs will outperform a cabinet full of random bottles every single time.



CHAPTER 2

THE SIX REASONS YOUR SUPPLEMENTS AREN'T WORKING

You've been taking that multivitamin for months. You bought the fish oil capsules. You even remembered to take them on most days. But you don't feel any different. Nothing's changed.

This is more common than you'd think. And it's usually not because supplements don't work. It's because something in the equation is off.

Continued - The Six Reasons Your Supplements Aren't Working

Most supplement failures come down to one of six problems. Fix these, and your results change dramatically.

Problem #1: YOU'RE NOT ACTUALLY DEFICIENT

This is the big one. If your vitamin D levels are already healthy, taking more vitamin D won't make you feel superhuman. Your body doesn't work that way. You can't stockpile your way to better health.

Supplements fill gaps; they don't create advantages where none exist. Scientific reviews find no benefits for people without deficiencies for a reason: there was nothing to fix. repair is most active.

Problem #2: YOU'RE TAKING THE WRONG FORM

Here's where the industry gets sneaky. Magnesium oxide is inexpensive to produce and appears in most products. But your body only absorbs about 4% of it. Compare that to magnesium glycinate or citrate, which absorb four to five times better. Same label claim, wildly different results.

Vitamin D has a similar issue. D2 (ergocalciferol) and D3 (cholecalciferol) both show up on store shelves. But D3 raises blood levels more effectively and keeps them elevated longer. If you're taking D2, you may be leaving results on the table.



Continued - The Six Reasons Your Supplements Aren't Working

Problem #3:

YOUR TIMING IS SABOTAGING ABSORPTION

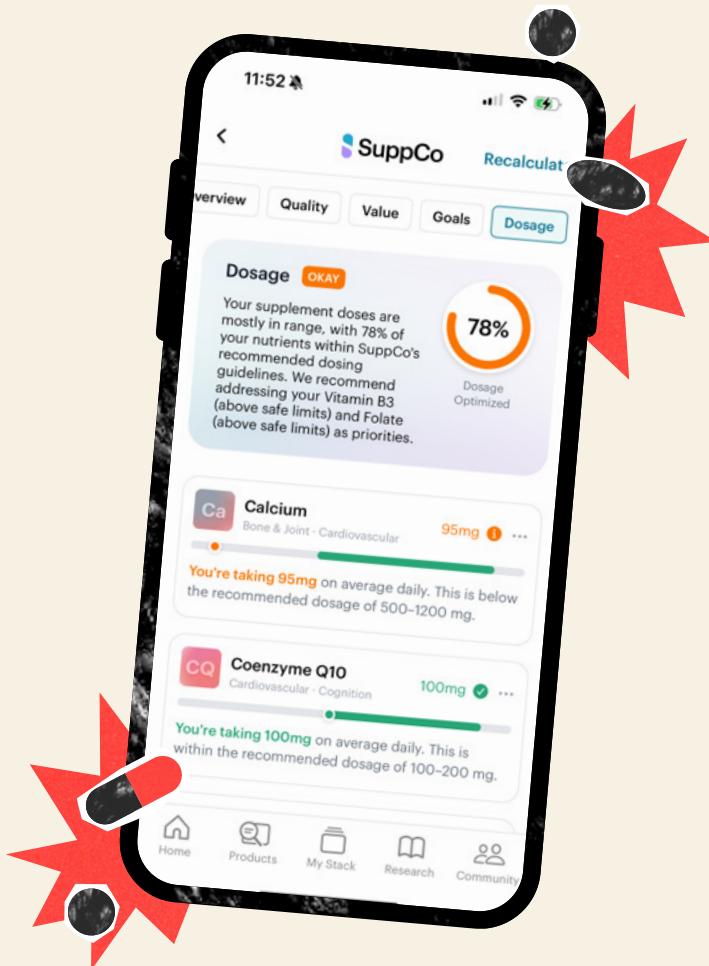
If you're taking lutein for your eyes, timing matters. These supplements need fat to be absorbed because it triggers bile release that helps your body actually use them. Pop it with your morning coffee alone? Largely wasted. Take it with avocado toast or a handful of nuts? Now we're talking.

And lutein isn't alone. Iron and coffee don't mix. Caffeine can cut iron absorption in half. Calcium and magnesium compete for the same absorption pathways, so taking them together could mean neither gets fully absorbed. These details matter more than most people realize.

Problem #4:

YOUR DOSE IS TOO LOW

Many multivitamins contain just enough of each nutrient to put a number on the label, but not enough to actually correct a deficiency. You'll see "100% Daily Value" and think you're covered. But if you're significantly deficient, you might need therapeutic doses for months before levels normalize. The bare minimum isn't the same as what you need.



Continued - The Six Reasons Your Supplements Aren't Working

Problem #5:

YOUR PRODUCT ISN'T WHAT IT CLAIMS

Unlike pharmaceuticals, supplements don't require FDA approval before hitting shelves. Third-party testing has found products containing less (or more) of the active ingredient than stated, contaminated with heavy metals, or containing ingredients not even listed on the label. Without third-party verification, you're trusting the manufacturer entirely.

Problem #6:

NUTRIENT INTERACTIONS ARE WORKING AGAINST YOU

High-dose zinc depletes copper over time. Calcium interferes with iron absorption. Too much vitamin E can affect vitamin K function. Your supplements might be fighting each other while you assume they're working together. (More on this soon—it's a bigger problem than most people realize.)

The fix isn't complicated: test first, choose quality products in absorbable forms, pay attention to timing, and don't overcomplicate your stack. Simple beats complex when it comes to supplements.



CHAPTER 3

THE REAL COST OF GETTING IT WRONG

“Beyond the Money You’re Wasting”

A cluttered supplement cabinet isn’t just a waste of money. It’s a daily source of decision fatigue, a false sense of security, and potentially a health risk you didn’t sign up for.

Open your cabinet. Count the bottles. If you’re like many people, there are a dozen products in there, some half-finished, some expired, some you can’t quite remember why you started. Every morning, you face that cabinet. And every morning, a small part of your brain has to process it.

Beyond the financial drain, supplement chaos creates adherence problems (you skip doses because it’s overwhelming), potential interactions (some combinations are harmful), and worst of all, a false sense that you’ve “got your health covered” when you may be missing what actually matters.

THE DECISION FATIGUE PROBLEM

Twelve bottles means twelve daily decisions. Do I take this one today? Did I already take it? Should I take it with food or without? Morning or night? With the other pills or separate?

Research on decision fatigue is clear: the more choices you face, the more your willpower depletes, and the more likely you are to default to doing nothing. A complex supplement routine isn't just hard to maintain; it's designed to fail. Every additional product is another opportunity to skip a dose, forget entirely, or eventually give up on the whole thing.

This is why people start January strong and fade by March. It's not laziness. It's cognitive overload. The routine was never sustainable in the first place.

THE FALSE SECURITY TRAP

Here's something nobody talks about: taking supplements can actually make you less healthy. Not because of what's in the pills, but because of what the pills represent in your mind.



Continued - The false security trap

Psychologists call it “moral licensing.” When you do something you perceive as healthy, you unconsciously give yourself permission to skip something else. Took your vitamins? Maybe you can skip the gym today. Swallowed your fish oil? That cheeseburger is fine.

The cabinet full of bottles creates a feeling of having your health “handled.” You’ve done the work. You’re covered. Except you’re not. Supplements don’t undo a sedentary lifestyle. They don’t fix poor sleep. They don’t compensate for a diet of processed food. At best, they fill in small gaps. At worst, they become an expensive substitute for the behaviors that actually matter.

The person sleeping seven hours, eating vegetables, and taking no supplements is almost certainly healthier than the person sleeping five hours, eating fast food, and taking twenty pills. But only one of them feels like they’re doing something about their health.

THE INTERACTION RISKS

Supplements interact with each other. They interact with medications. And most people have no idea which combinations are problematic.

High-dose zinc depletes copper over time. Calcium blocks iron absorption. Vitamin E in high doses can interfere with vitamin K and blood clotting.



Continued - The interaction risks

Fish oil at high doses affects bleeding time. St. John's Wort interacts with dozens of medications, including birth control and antidepressants.

A 54-year-old man takes high-dose vitamin D for years (10,000 IU daily) because he read somewhere that more is better. He develops hypercalcemia: too much calcium in his blood, pulled from his bones by all that excess vitamin D. Kidney damage follows. This was preventable with a simple blood test.

A woman trying to boost her energy adds iron to her routine. She's not anemic — she never checked. Over months, iron accumulates. Fatigue gets worse, not better. Joint pain develops. Her ferritin levels, when finally tested, are dangerously high.

These aren't scare stories to keep you away from supplements. They're reminders that even "natural" compounds are biologically active and taking them blindly carries real risk.

THE GI DISTRESS FACTOR

Try swallowing eight capsules at once. Your stomach will let you know how it feels about that.

Large quantities of supplements — especially on an empty stomach — can cause nausea, cramping, and digestive discomfort for many people. Iron is notorious for this.

Continued - The GI distress factor

Magnesium in certain forms causes loose stools. B vitamins on an empty stomach can trigger nausea. Zinc without food commonly causes stomach upset.

So people take their megadose of pills, feel lousy afterward, and eventually stop taking them—not because the supplements weren't working, but because the experience of taking them was unpleasant. The complexity of the routine created its own barrier to adherence.



THE OPPORTUNITY COST

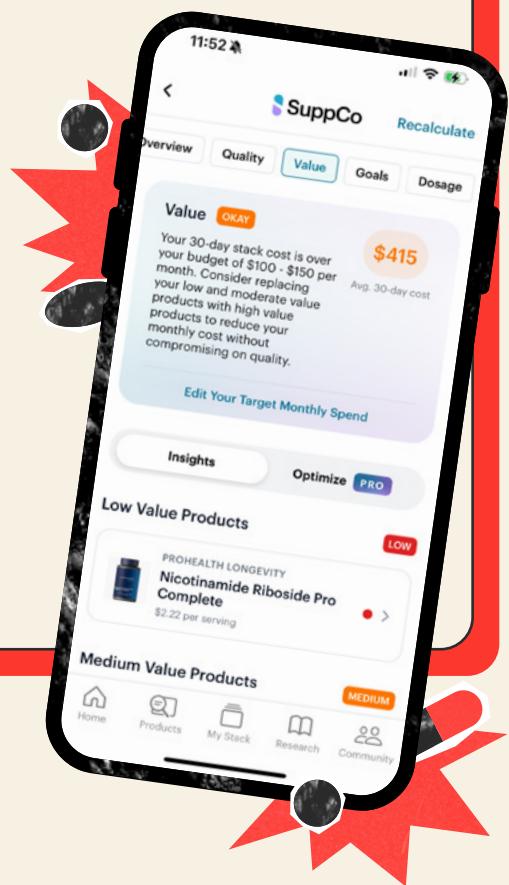
Let's do some math.

A TYPICAL OVERSTUFFED SUPPLEMENT ROUTINE MIGHT INCLUDE:

A multivitamin (**\$25/month**), fish oil (**\$20/month**), vitamin D (**\$10/month**), magnesium (**\$15/month**), probiotics (**\$30/month**), collagen (**\$35/month**), a greens powder (**\$40/month**), and a couple of trendy additions (**\$30/month**).

That's \$205 a month. Over \$2,400 a year. And many of these prices are for the bottom of the barrel products.

You can view how much you're spending [on your supps here](#). Our 30-day stack cost is within your budget of More than \$200 per month, but you have low or moderate value products where you may be over paying. Click into your products below to see higher value options.



Continued - The opportunity cost

What else could \$2,400 a year buy for your health?

- **A year of gym membership.**
- **Three months of personal training sessions.**
- **A high-quality mattress that improves your sleep for the next decade.**
- **A Vitamix blender and a year of organic produce.**
- **Six months of meal prep delivery.**
- **A comprehensive health panel and a session with a nutritionist.**

Every dollar spent on supplements you don't need is a dollar not spent on something that could actually move the needle. The opportunity cost is real.

DO THE EXERCISE

Calculate your current monthly supplement spend. Add up what you're actually paying. SuppCo can automatically do this for you if you don't want to do the math. Then ask yourself: if I could redirect half of that money toward something else for my health, what would have the biggest impact?

For most people, the answer isn't more pills. It's better sleep, more movement, higher-quality food, or stress management. The supplements should be the final layer—not the foundation.

This guide exists to help you strip away what isn't working, identify what you actually need, and build a simple routine that serves your health instead of draining your wallet and willpower. Not someone else's routine. Yours.



CHAPTER 4

THE NUTRIENT HIERARCHY

“Not All Nutrients Are Created Equal”

Your body has a priority list. Some nutrients are non-negotiable for survival. Others become critical only under certain conditions. And some, despite the marketing, your body handles fine on its own.

Continued - The Nutrient Hierarchy

Understanding the difference between essential, conditionally essential, and non-essential nutrients is the foundation of smart supplementation.

Essential nutrients are where deficiencies are dangerous; conditionally essential is where personalization matters most.

Think of it like a pyramid. At the base, you have nutrients your body cannot make: you must get them from food or supplements, or things go wrong. In the middle, nutrients that become critical in specific circumstances. At the top, compounds your body produces on its own.

Use the checklists below to categorize your current supplements and to understand where supplementation might actually matter for you.



ESSENTIAL NUTRIENTS

Required from diet or supplements. Your body cannot make these (with limited exceptions noted).

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ESSENTIAL VITAMINS

Vitamin A: vision, immune function, skin health

Vitamin C: antioxidant, collagen synthesis, immune support

Vitamin D*: bone health, immune function, mood regulation

Vitamin E: antioxidant, cell membrane protection

Vitamin K: blood clotting, bone metabolism

B Vitamins (B1, B2, B3, B5, B6, B7, B9, B12): energy production, nerve function, red blood cell formation

Continued - Essential nutrients

*Your body produces vitamin D from sunlight, but most people don't get enough sun exposure to meet their needs, making dietary sources important.

ESSENTIAL MINERALS

Macrominerals (needed in larger amounts):

Calcium: bone health, muscle contraction, nerve signaling

Phosphorus: bone structure, energy production, cell function

Magnesium: 300+ enzymatic reactions, muscle/nerve function

Sodium: fluid balance, nerve transmission, muscle function

Potassium: fluid balance, muscle contractions, nerve signals

Chloride: fluid balance, digestive acids, nerve function

Continued - Essential nutrients

TRACE MINERALS (NEEDED IN SMALLER AMOUNTS)

Iron: oxygen transport, energy production

Zinc: immune function, wound healing, protein synthesis

Copper: iron metabolism, connective tissue, nerve function

Manganese: bone formation, metabolism, antioxidant function

Iodine: thyroid hormone production

Selenium: thyroid function, antioxidant defense

Molybdenum: enzyme function, sulfur amino acid metabolism

Chromium: blood sugar regulation, insulin function



Continued - Essential nutrients

ESSENTIAL FATTY ACIDS:

Linoleic acid (LA, omega-6): cell membrane structure, skin health, inflammation signaling

Alpha-linolenic acid (ALA, omega-3): precursor to EPA/DHA for brain function, heart health, inflammation regulation

Your body converts ALA to EPA and DHA, but conversion is limited (<10%). Direct sources of EPA/DHA (fatty fish, algae) provide greater benefit.

ESSENTIAL AMINO ACIDS:

9 amino acids your body cannot synthesize — must come from protein in food (Histidine, Isoleucine, Leucine, Lysine, Methionine, Phenylalanine, Threonine, Tryptophan, Valine)

If you don't get enough of these essential nutrients, systems break down. This is where deficiencies cause real problems and where supplementation, when there's a genuine gap, makes a real difference.



CONDITIONALLY ESSENTIAL NUTRIENTS

Critical under specific circumstances.
Check if your situation applies.

GLUTAMINE

Consider if: **severe stress, injury recovery, intense athletic training, compromised gut health**

CHOLINE

Consider if: **pregnant or breastfeeding, PEMT gene variants, low egg/liver intake**

CREATINE

Consider if: **vegetarian/vegan (lower dietary intake), athlete seeking performance gains, over 50 (supports muscle and cognitive function)**

COQ10

Consider if: **taking statin medications (which deplete CoQ10), over 40 (natural production declines with age)**

VITAMIN B12 (HIGHER DOSES)

Consider if: **vegan or vegetarian, over 60 (absorption decreases), taking metformin or PPIs**

Continued - Conditionally essential nutrients

IRON

Consider if: **woman of reproductive age, vegetarian/vegan, confirmed deficiency via testing (never supplement without testing)**

VITAMIN D (HIGHER DOSES)

Consider if: **limited sun exposure, darker skin, live above 37th parallel, confirmed deficiency**

OMEGA-3S (HIGHER DOSES)

Consider if: **don't eat fatty fish 2x/week, elevated triglycerides, inflammatory conditions**

If your situation matches one of these categories, these nutrients move from “nice to have” to “probably need.” The key is to match your supplements to your actual circumstances, not to take everything “just in case.”

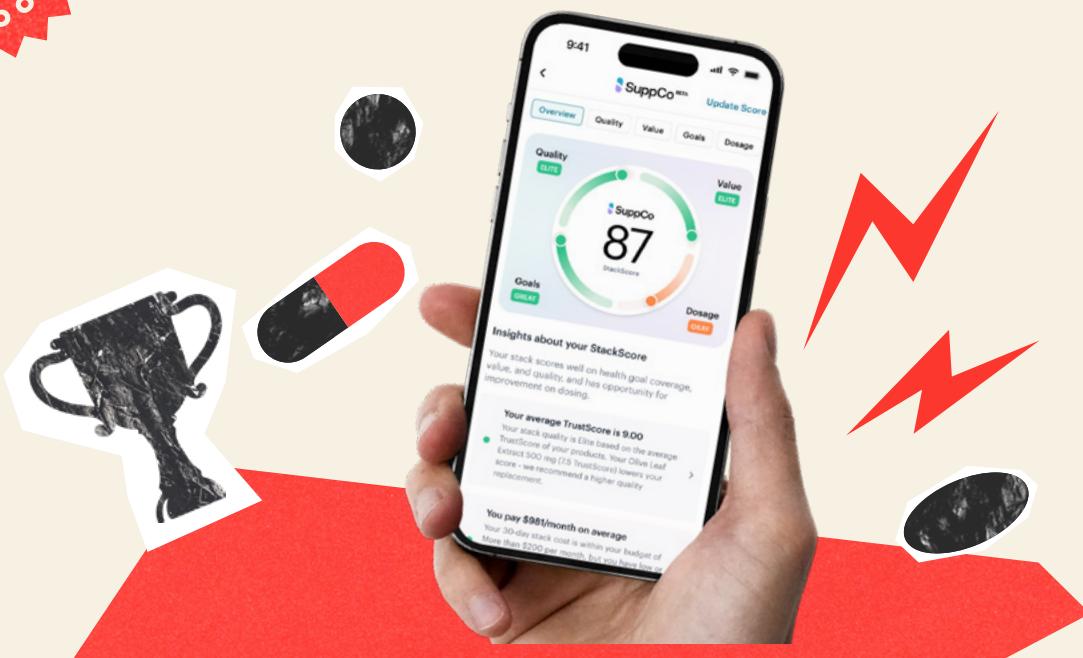
Your action step: Look at your current supplements. Can you categorize each one using these checklists? Is it addressing an essential gap? A conditionally essential need that matches your life? Or is it something your body already handles—a nice-sounding compound with aggressive marketing and thin evidence?

This hierarchy tells you where to focus. Essential nutrients with documented deficiency? Address them. Does your situation match a conditionally essential need? Consider it. Everything else? Probably not worth your money.

STOP GUESSING WITH YOUR HEALTH



Bring the same rigor to your nutrition that you bring to the gym.



Finding the right supplements should be free, and SuppCo helps you stop wasting time and money on bad products.

SuppCo is the app determined to bring order to a supplement cabinet full of chaos. We track our workouts and our sleep—so why are we still guessing with our nutrition?

SuppCo doesn't sell pills; they sell clarity. The app allows you to organize your inventory, optimize product quality via their TrustScore, and objectively see if your stack is actually moving the needle.

The app is free to use. But for deeper insights, we've secured a massive discount:

Click here to download SuppCo to save 50% on a PRO subscription.

CHAPTER 5

WHERE YOUR DIET ALREADY HAS YOU COVERED

“Stop Supplementing What You’re Already Eating”

Before adding another pill, look at your plate. Many people supplement nutrients they’re already getting plenty of, while missing the ones that diet rarely provides.

If you eat a reasonably varied diet, you’re likely covered on many vitamins and minerals. The common gaps aren’t where most people look, they’re in places like omega-3s, vitamin D, magnesium, and (depending on diet) B12 and iron.

The goal of this chapter is to help you see where food and lifestyle already handle your nutrient needs—and where supplementation might genuinely help. Because every dollar spent on redundant supplements is a dollar not spent on better food.

WHERE DIET TYPICALLY PROVIDES ENOUGH

If you eat a reasonably varied diet, you probably don't need to supplement these:

B VITAMINS

Food sources: Whole grains, meat, poultry, fish, eggs, legumes, leafy greens, nuts

A bowl of oatmeal, a chicken breast, and a handful of spinach gives you substantial B vitamins across the spectrum. Unless you're vegan, elderly, or on certain medications (covered in conditionally essential), you're likely fine. The B-complex supplements most people take just create expensive urine.

VITAMIN C

Food sources: Citrus fruits, bell peppers, strawberries, broccoli, tomatoes, kiwi

One orange provides your entire daily requirement. One cup of bell peppers provides nearly three times your daily needs. If you eat any fruits or vegetables at all, you're almost certainly getting enough vitamin C. The 1,000mg supplements you see in stores are massive overkill—your body excretes what it can't use.



Continued - Where diet typically provides enough

VITAMIN A

Food sources: Sweet potatoes, carrots, spinach, eggs, dairy, liver

One medium sweet potato contains over 400% of your daily vitamin A needs. Eggs at breakfast, carrots in your lunch salad, some spinach at dinner, then you're covered. In fact, supplementing vitamin A (the retinol form) carries real toxicity risk because it accumulates in your liver. This is one nutrient where food is clearly better than pills.

VITAMIN E

Food sources: Nuts (especially almonds), seeds (especially sunflower), olive oil, avocados, spinach

A handful of almonds provides about half your daily needs. Cooking with olive oil adds more. The USPSTF actually recommends against vitamin E supplements because studies showed no benefit and potential harm. Food-based vitamin E is a different story; it comes with the full complex of tocopherols your body knows how to use.

MOST MINERALS (WITH A VARIED DIET)

Food sources: Meat, seafood, dairy, legumes, nuts, whole grains, vegetables

Zinc from beef, selenium from Brazil nuts, potassium from bananas and potatoes, calcium from dairy or fortified alternatives—a varied diet covers most mineral needs. The exceptions (iron, magnesium) are addressed below.



WHERE DIET COMMONLY FALLS SHORT

These are the real gaps where supplementation often makes sense:

VITAMIN D

Food sources: Fatty fish (salmon, mackerel, sardines), egg yolks, fortified milk, mushrooms exposed to UV light

Non-food solution: Sunlight exposure (10-30 minutes midday, depending on skin tone)

The reality: Food provides very little vitamin D. You'd need to eat salmon almost daily to hit optimal levels from diet alone. Your body can make vitamin D from sun exposure, but this depends on latitude (above the 37th parallel, winter sun is too weak), skin tone (darker skin needs more exposure), time of day (midday is most effective), and sunscreen use (SPF 30 blocks 97% of UVB rays needed for vitamin D synthesis).

Practical approach: If you can get 10-30 minutes of midday sun on face and arms several times per week (without burning), your body may produce enough. If you work indoors, live in northern latitudes, have darker skin, or consistently wear sunscreen, supplementation is likely necessary. Test your levels to know for sure.



Continued - Where diet commonly falls short

OMEGA-3S (EPA/DHA)

Food sources: Fatty fish (salmon, mackerel, sardines, anchovies, herring), oysters, fish roe

Plant sources (ALA, which converts poorly): Flaxseed, chia seeds, walnuts

The reality: EPA and DHA — the omega-3s that matter most — come almost exclusively from seafood. Plant omega-3s (ALA from flax, chia, walnuts) convert to EPA and DHA at rates of only 5-10% for EPA and 2-5% for DHA. If you don't eat fatty fish, you're almost certainly deficient.

Practical approach: Two servings of fatty fish per week (about 8 oz total) provides meaningful omega-3 intake. If that's not realistic for your diet, supplementation makes sense. Vegans and vegetarians should consider algae-based omega-3 supplements—this is where fish get their EPA/DHA in the first place.

MAGNESIUM

Food sources: Pumpkin seeds, almonds, spinach, black beans, dark chocolate, avocados, whole grains

The reality: Modern farming has depleted soil magnesium by an estimated 20-30% over the past century. Food processing strips more. Stress increases your body's magnesium needs while causing you to excrete more of it. Even people who eat well often come up short.

Practical approach: Prioritize magnesium-rich foods daily: a handful of pumpkin seeds (37% DV), an ounce of almonds (19% DV), a cup of spinach (39% DV), an ounce of dark chocolate (16% DV). If you're not consistently eating these, or if you're under chronic stress, supplementation may help bridge the gap.

Continued - Where diet commonly falls short

VITAMIN B12

Food sources: Meat, fish, poultry, eggs, dairy, fortified nutritional yeast

The reality: B12 is found almost exclusively in animal products. For vegans and vegetarians, supplementation isn't optional, it's mandatory. For older adults, even with adequate dietary intake, absorption decreases significantly (stomach acid production declines with age, and B12 requires stomach acid for absorption).

Practical approach: If you eat animal products regularly, you're likely fine. If you're vegan, supplement 1,000-2,000 mcg daily or get regular B12 injections. If you're over 60, consider supplementation regardless of diet, and test your levels annually.

IRON

Food sources: Red meat, oysters, dark poultry meat, beans, lentils, spinach, fortified cereals

Absorption enhancers: Vitamin C (eat citrus with plant-based iron sources)

The reality: Heme iron from animal sources absorbs much better (15-35%) than non-heme iron from plants (2-20%). Women of reproductive age lose iron monthly through menstruation. Vegetarians get only the less-absorbable form. But iron is also dangerous in excess; it's one of the few nutrients where more is definitely not better.

Practical approach: Don't supplement iron without testing first. If you're a menstruating woman or a vegetarian, get your ferritin tested. If you're deficient, address it. If you're not, leave it alone. Pair plant-based iron sources with vitamin C (squeeze lemon on your spinach, eat bell peppers with your beans) to improve absorption.

Continued - Where diet commonly falls short

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THE PROTEIN QUESTION

Food sources: Meat, fish, poultry, eggs, dairy, legumes, tofu, tempeh, quinoa

Most people eating adequate protein don't need protein supplements, but many don't eat adequate protein. Research suggests optimal intake is 1.2-1.6g per kilogram of body weight for active adults, and you can go a little higher based on how often you train.

Practical approach: Track your food for a week and calculate your protein intake. A 150-pound person aiming for the lower end would need to eat roughly: 4oz chicken breast (35g) + 3 eggs (18g) + 1 cup Greek yogurt (17g) + 1 cup lentils (18g) + 1 scoop whey protein (25g). If you're consistently falling short, protein powder is simply food in convenient form, not a magic supplement.



YOUR ONE-WEEK NUTRITION EXERCISE

Track your food for one week. Not forever, just seven days of honest recording. Use an app like Cronometer that shows micronutrients, not just calories and macros.

At the end of the week, look at the patterns:

- **Which nutrients are you consistently hitting through food?**
- **Which nutrients are you consistently missing?**
- **Could simple food swaps close the gaps?**
- **Where might supplementation actually be warranted?**

This exercise often reveals that people are supplementing with nutrients they already get plenty of, while missing the ones that actually matter. The data will be specific to your diet, and probably different from what you assumed.



CHAPTER 6

HOW TO FIND YOUR REAL DEFICIENCIES

“From Guessing to Knowing”

You can spend years supplementing based on symptoms and hunches, or you can test, know, and target. The tools exist—most people just don’t use them.

Continued - How to Find Your Real Deficiencies

Testing is the single most underutilized tool in supplementation. Blood panels reveal deficiencies you'd never guess, excesses you didn't realize, and conditions that make certain supplements either essential or potentially harmful.

Here's what to test:

VITAMIN D (25-HYDROXYVITAMIN D)

Aim for 30-50 ng/mL (75-125 nmol/L). Below 20 ng/mL is deficient. Many experts consider 40-60 ng/mL optimal. This test tells you exactly where you stand and whether supplementation is needed.

VITAMIN B12 AND FOLATE

Essential for energy, nerve function, and red blood cell production. Standard reference ranges are broad. Some practitioners look for B12 levels above 500 pg/mL. Particularly important for vegetarians, vegans, and anyone over 60.

IRON PANEL (FERRITIN, SERUM IRON, TIBC)

Not just total iron—you want the full picture. Low ferritin indicates depleted iron stores. High ferritin can signal excess or inflammation. Never supplement with iron without testing; too much can cause oxidative damage to organs. About 1 in 200 people has hemochromatosis (iron overload) due to a genetic mutation.

Continued - How to Find Your Real Deficiencies

COMPLETE METABOLIC PANEL

Includes magnesium and potassium along with kidney and liver function markers. Standard serum magnesium tests miss most deficiencies (your body maintains blood levels at the expense of tissue stores), but they're still a starting point.

OMEGA-3 INDEX

Measures EPA and DHA as a percentage of total fatty acids in red blood cell membranes. Optimal is 8-12%. The average American is around 4-5%. This directly shows how much omega-3 you have in your tissues—not just what you ate recently, but what's actually incorporated into your cells.

When to test:

Get a baseline before starting any new supplement protocol. Retest after 3-6 months of consistent use. This shows whether your approach is working. After that, annual testing keeps you on track and catches changes early.

Yes, testing costs money. But it's far less than years of supplements you might not need or that might be causing harm you don't realize. Consider it an investment in precision.



CHAPTER 7

THE SYMPTOM-TO-SUPPLEMENT CONNECTION

“What Your Body Might Be Telling You”

Your body sends signals when something’s off. Some symptoms have clear nutrient connections—others are more complex. Learning to read the signs (without playing internet doctor) is part of intelligent supplementation.

While symptoms can suggest deficiencies, they’re not diagnostic. Use them as clues that warrant testing, not as permission to self-prescribe. The symptom-supplement connection is a starting point, not an endpoint.

Here’s what the research tells us about common symptoms and their potential nutrient links, with the critical caveat that these connections are possibilities, not certainties.

COMMON SYMPTOMS AND POTENTIAL NUTRIENT LINKS

PERSISTENT FATIGUE

Possible nutrient connections: Iron deficiency (especially in menstruating women), B12 deficiency, vitamin D deficiency, magnesium deficiency

But also consider: Sleep quality, sleep apnea, thyroid dysfunction, chronic stress, depression, blood sugar dysregulation, dehydration. Fatigue is one of the most common complaints in medicine—and one of the least specific. It's rarely about a single nutrient.

MUSCLE CRAMPS

Possible nutrient connections: Magnesium deficiency, potassium deficiency, sodium depletion (especially after sweating)

But also consider: Dehydration, overexertion, inadequate warm-up, nerve compression, medication side effects. Many people assume cramps mean they need magnesium—and sometimes they're right. But the most common cause of exercise-related cramps is simple dehydration and electrolyte loss from sweat.



Continued - Common symptoms and potential nutrient links

MOOD CHANGES AND DEPRESSION

Possible nutrient connections: Vitamin D deficiency (strong seasonal pattern), omega-3 deficiency, B vitamin deficiencies (especially B12 and folate)

But also consider: Clinical depression requiring professional treatment, anxiety disorders, sleep deprivation, chronic stress, grief, life circumstances, hormonal changes, medication side effects. Supplements are not a substitute for mental health treatment. If mood changes are significant or persistent, see a healthcare provider.

HAIR LOSS, BRITTLE NAILS, SKIN PROBLEMS

Possible nutrient connections: Iron deficiency, zinc deficiency, protein deficiency, biotin deficiency (rare)

But also consider: Thyroid dysfunction, autoimmune conditions, hormonal changes (postpartum, menopause), stress (telogen effluvium), genetics, dermatological conditions. Despite marketing claims, biotin deficiency is extremely rare in people eating a varied diet. Taking biotin when you're not deficient won't improve your hair, skin, or nails.



Continued - Common symptoms and potential nutrient links

BRAIN FOG AND COGNITIVE ISSUES

Possible nutrient connections: B12 deficiency (can cause neurological symptoms), omega-3 deficiency, vitamin D deficiency, iron deficiency

But also consider: Sleep deprivation (most common cause), blood sugar instability, chronic stress, dehydration, medication side effects, undiagnosed ADHD, perimenopause, early cognitive decline requiring medical evaluation. Brain fog is incredibly nonspecific—it's a description of a feeling, not a diagnosis.

POOR EXERCISE RECOVERY

Possible nutrient connections: Inadequate protein intake, magnesium deficiency, omega-3 deficiency, vitamin D deficiency

But also consider: Overtraining, inadequate sleep, insufficient rest days, excessive training volume, age-related recovery changes. Before supplementing, examine your training program, sleep habits, and overall stress load. The best recovery supplement is often an extra rest day.



WHY SYMPTOMS ALONE ARE UNRELIABLE

MULTIPLE CAUSES FOR THE SAME SYMPTOM.

Fatigue could be iron deficiency. It could also be poor sleep, depression, thyroid dysfunction, chronic stress, or twenty other things. Treating a symptom with a supplement when the cause is something else means the symptom persists, and you've wasted money while missing the real issue.

PLACEBO EFFECTS ARE POWERFUL.

When you take a supplement expecting it to help, you often feel better, at least initially, regardless of whether the supplement is doing anything biochemically. Studies consistently show 20-40% of people report improvement from placebos. That “boost” you felt from the new supplement? It might be real. It might be expectation.

CONFIRMATION BIAS SHAPES PERCEPTION.

Once you decide a supplement is helping, you notice the good days and attribute them to the supplement. You explain away the bad days as something else. Over time, you convince yourself it's working—even if objective measures wouldn't show any change.

SYMPTOMS CAN MASK SERIOUS CONDITIONS.

Persistent fatigue, unexplained weight changes, significant mood shifts, and cognitive changes can all indicate underlying medical conditions that require proper diagnosis and treatment. Self-treating with supplements can delay getting help for something that matters.

WHEN TO TEST VS. WHEN TO SEE A DOCTOR

GET TESTING FIRST WHEN:

- Symptoms are mild and you suspect a specific deficiency
- You're in a high-risk group for certain deficiencies (vegan, elderly, menstruating)
- You want to establish a baseline before starting supplements
- You've been supplementing and want to know if levels have improved

SEE A DOCTOR FIRST WHEN:

- Symptoms are severe, sudden, or rapidly worsening
- You're experiencing unexplained weight loss or gain
- Fatigue is accompanied by other concerning symptoms
- Mood changes are affecting your daily functioning
- Cognitive symptoms are interfering with work or relationships
- You have numbness, tingling, or neurological symptoms
- Symptoms persist despite adequate sleep, nutrition, and stress management

The bottom line: symptoms are clues, not diagnoses. They tell you something might be off. Testing tells you what. And sometimes, the answer isn't a nutrient deficiency at all—it's something that requires medical attention, not a supplement.

CHAPTER 8

COMMON SUPPLEMENT MISTAKES

“The Traps Everyone Falls Into”

After years of helping people with their supplement routines, the same mistakes show up again and again. These aren’t obscure errors. They’re the common traps that catch most people.

Continued - Common Supplement Mistakes

Avoiding these twelve mistakes will save you more money and improve your health more than any single supplement you could add.

1. BUYING BASED ON MARKETING, NOT EVIDENCE.

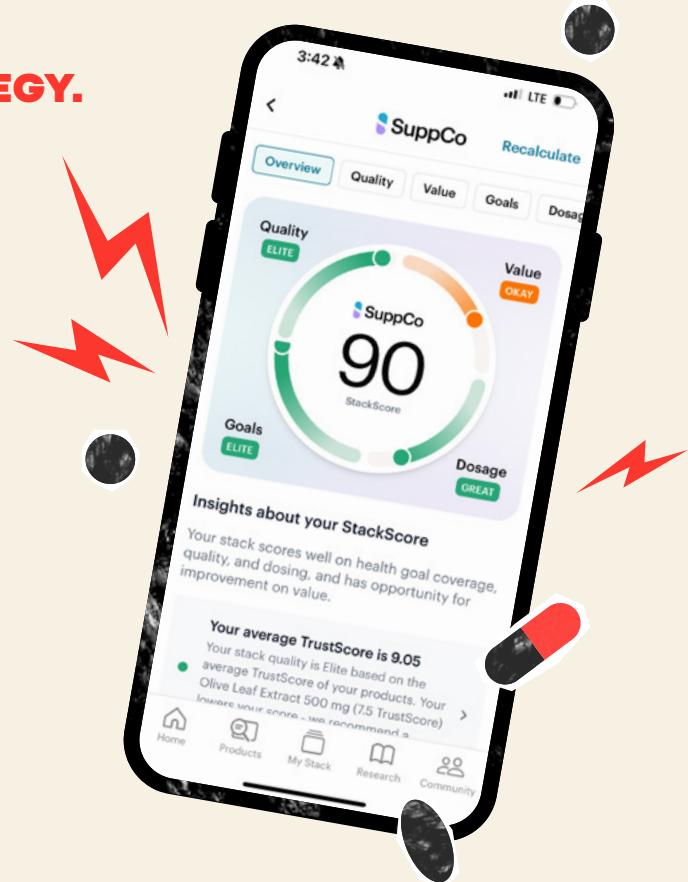
Celebrity endorsements don't equal efficacy. The supplement with the biggest ad budget isn't necessarily the best—often, it's the opposite. Marketing dollars have to come from somewhere.

2. IGNORING FORM AND BIOAVAILABILITY.

Cheap forms look identical on the label but absorb completely differently. Magnesium oxide vs. glycinate. D2 vs. D3. The form matters as much as the dose. A cheaper product with poor absorption is more expensive per milligram that actually gets into your system.

3. STACKING WITHOUT STRATEGY.

More isn't more. Complex stacks create opportunities for interactions, redundancies, and wasted money. If you can't explain why you're taking each product, you're probably overcomplicating things.



Continued - Common Supplement Mistakes

4. CHASING EVERY NEW TREND.

This year's miracle supplement is next year's forgotten hype. The truly effective supplements have been around for decades—they're boring because they're proven. If something sounds revolutionary, wait for the research to catch up.

5. NEGLECTING TIMING AND PAIRING.

Fat-soluble vitamins without fat. Iron with coffee. Calcium and magnesium together. Zinc at the same time as copper. These combinations reduce absorption significantly. The when and with-what matters.

6. ASSUMING MORE IS BETTER.

Overdosing has real risks. Fat-soluble vitamins accumulate. Iron overload damages organs. High-dose zinc depletes copper. More isn't always better—sometimes it's actively harmful.

7. SUPPLEMENTING WHAT DIET ALREADY PROVIDES.

Redundancy isn't insurance. If you're eating varied foods, you probably don't need a B-complex or vitamin C supplement. You're just making expensive urine.

8. IGNORING MEDICATION INTERACTIONS.

Blood thinners and omega-3s. Thyroid medication and calcium. Certain supplements interact with medications or worsen health conditions. Always check with your doctor when medications are involved.



Continued - Common Supplement Mistakes

9. BUYING FROM UNTESTED BRANDS.

Third-party verification matters. Without USP, NSF, Informed Sport, or ConsumerLab certification, you're trusting the manufacturer's word entirely. Sometimes that trust is misplaced.

10. EXPECTING IMMEDIATE RESULTS.

Correcting a deficiency takes time, often 2-3 months for noticeable change, longer for full correction. Nutrient repletion doesn't happen overnight. Give your protocol time before declaring it doesn't work.

11. STARTING MULTIPLE SUPPLEMENTS SIMULTANEOUSLY.

If you add five things at once and feel better, which one helped? If you feel worse, which one caused it? Change one thing at a time so you can identify what's working.

12. ABANDONING TOO QUICKLY.

People give up before levels normalize, declare "supplements don't work," and move on to the next thing. Patience is required. But also: if something truly isn't working after adequate time (3-6 months) be willing to cut it.



CHAPTER 9

THE SURPRISINGLY SINISTER SUPPLEMENTS

“Where Brands Cut Corners Most Often”

Some supplements aren’t inherently bad. They’re just consistently abused by brands looking to cut corners. These are the categories where quality varies wildly, where cheap substitutes masquerade as premium products, and where even well-intentioned consumers get ripped off or exposed to contaminants they never signed up for.

Continued - The Surprisingly Sinister Supplements

These aren't supplements to avoid entirely. They're supplements where quality verification matters most. If you're buying any of these, third-party testing isn't optional. It's essential.

We've identified fifteen supplement categories where deception and corner-cutting are rampant. For each one, you'll learn what goes wrong, why it happens, and exactly what to look for so you don't become another victim of the industry's worst practices.

1. FISH OIL (OMEGA-3S)

The problem: Rancidity and oxidation

EPA and DHA are delicate fats. They oxidize easily during harvesting, transport, encapsulation, and storage. Once oxidized, they're not just ineffective; they may actually be harmful. And here's the troubling part: there are no regulatory oxidation limits in the U.S., and softgels hide rancidity beautifully. You can't smell what's inside until you cut one open.

A review of fish oil products in South Africa and New Zealand found that over 80% exceeded oxidation limits. That's not a typo. The majority of products tested were rancid. You might be swallowing oxidized fat thinking you're protecting your heart.

What to look for: Products tested for TOTOX (total oxidation) values (quality brands often publish these numbers). Dark bottles and refrigerated storage help preserve freshness. If you cut open a capsule and it smells strongly fishy or "off," it's likely oxidized. Fresh fish oil should have minimal smell.



Continued - The Surprisingly Sinister Supplements

2. PROTEIN POWDERS

The problem: Protein spiking

“Protein spiking” is a deceptive practice where manufacturers add cheap amino acids like glycine or taurine that inflate nitrogen-based protein tests without providing complete protein. The label says 25 grams of protein, but you’re getting something less useful than that number suggests.

What to look for: Look for amino acid profiles that match complete proteins. Be skeptical of brands that don’t publish testing data.

3. GREENS POWDERS

The problem: Heavy metals, pesticides, and microbial contamination

Multi-ingredient blends are contamination nightmares. You’re combining dozens of plant sources from global suppliers with variable sanitation and testing standards. Some products have tested positive for Salmonella.

You’re paying premium prices for a product that might contain more toxins than nutrients. And here’s the uncomfortable question: do you even need a greens powder? Actual vegetables don’t have these quality control issues.

What to look for: Brands that test every batch for heavy metals, pesticides, and microbial contamination. Transparent sourcing information. Or consider whether the \$60/month you’re spending on greens powder might be better spent on actual produce.

Continued - The Surprisingly Sinister Supplements

4. MAGNESIUM

The problem: Cheap, poorly absorbed forms substituted

Magnesium oxide is dirt cheap. It's also absorbed at only about 4%. Others list total magnesium without specifying what forms are included.

Oxide dominates the market because it's cheap and allows higher milligram claims on the label. Seeing "500mg of magnesium" sounds impressive until you realize only 20mg is actually absorbing.

What to look for: Products that clearly specify the form. Check "other ingredients" for hidden magnesium oxide. Be skeptical of products claiming high elemental magnesium in small capsules. The math often doesn't work unless they're using poorly-absorbed forms. Better options include magnesium threonate, magnesium glycinate, and magnesium malate.

5. MELATONIN

The problem: Massive label inaccuracy; undeclared serotonin

A study published in the Journal of Clinical Sleep Medicine tested 31 melatonin supplements and found 71% were more than 10 percent outside of their labeled dose. The actual content ranged from 83% to 478% of what was stated. Some products contained undeclared serotonin, a neurotransmitter that has no business being in a sleep supplement without your knowledge.

Gummies are especially problematic because the active ingredient is hard to distribute evenly through the gummy matrix. You might be taking nearly five times what you intended—or almost nothing.

What to look for: Consider tablets or capsules over gummies for more reliable dosing. Start with low doses (0.5-1mg). You may be getting more than the label claims anyway.

Continued - The Surprisingly Sinister Supplements

6. NAD+ SUPPLEMENTS

The problem: Poor oral bioavailability; precursors work better

Direct NAD+ supplements sound appealing: skip the precursor, get the real thing. But here's the biology: NAD+ is broken down in your gut before it can be absorbed. There's no strong human evidence that oral NAD+ actually increases NAD+ levels in tissues.

The precursors (NR and NMN) have human pharmacokinetic data showing they reliably raise NAD+ levels. Direct NAD+ products are often expensive marketing with little substance behind them, regardless of what delivery method they claim.

What to look for: If you're interested in NAD+ support, consider NR (nicotinamide riboside) or NMN, which have actual human evidence of raising NAD+ levels. Be skeptical of direct NAD+ supplements, especially expensive ones making bold claims.

7. GLUTATHIONE

The problem: Destroyed in digestion; near-zero bioavailability

Glutathione is your body's master antioxidant. Supplementing it sounds like a great idea. The problem: plain reduced glutathione in capsules breaks down into its component amino acids in your stomach before reaching your bloodstream. Research shows less than 1% bioavailability for standard oral reduced glutathione.

You're essentially paying premium prices for amino acids you could get from any protein source.

What to look for: If you want to support glutathione levels, consider liposomal glutathione (better absorption) or N-acetyl cysteine (NAC), which provides the rate-limiting amino acid for glutathione synthesis. Standard reduced glutathione capsules are largely a waste of money.

Continued - The Surprisingly Sinister Supplements

8. CREATINE GUMMIES

The problem: Extremely high failure rate for creatine content

Creatine is one of the most well-researched supplements with clear, proven benefits. Creatine gummies? An investigation tested six popular products and found four contained almost no creatine. One had approximately 0.005 grams versus the 5 grams claimed on the label. That's 0.1% of what you paid for.

Heat, moisture, and gelatin degrade creatine. Many brands underdose to maintain texture and reduce costs. You're paying gummy prices for essentially candy.

What to look for: Skip creatine gummies entirely. Creatine monohydrate powder is cheap, well-studied, and actually contains creatine. The convenience of gummies isn't worth it if they don't work. This is one case where the "boring" form is the only smart choice.

9. ASHWAGANDHA

The problem: Heavy metals; adulteration with toxic leaf material

Ashwagandha root is what's traditionally used and studied. But leaves and aerial parts are cheaper and often swapped in without disclosure. The problem: leaves contain much higher levels of withaferin A, a cytotoxic compound that you don't want in concentrated amounts.

The Botanical Adulterants Prevention Program has documented widespread leaf adulteration that creates products with concerning toxicity profiles. You can't distinguish root from leaf by looking at total withanolide percentages on the label—the deception is invisible to consumers. Low-quality materials also show higher heavy metal contamination.

Continued - The Surprisingly Sinister Supplements

What to look for: Brands using standardized root extracts from reputable sources like KSM-66 or Sensoril. These have documented supply chain controls and third-party testing for heavy metals. Be very skeptical of cheap ashwagandha products.

10. MEDICINAL MUSHROOMS

The problem: Starch fillers masquerading as mushrooms

Reishi, Lion's Mane, Cordyceps, in these popular mushrooms, the active compounds everyone wants are beta-glucans. But many products use “mycelium on grain”—mushroom mycelium grown on oats or rice, then ground up whole. The result: high starch content (alpha-glucans) and very low active beta-glucans.

Fruit body extracts contain 30-40% beta-glucans. Mycelium-on-grain products often contain only 5-7%. Products marketed as “full spectrum” often use this practice to hide the lack of actual mushroom content. You’re paying for mushrooms and getting rice flour with a dusting of mycelium.

What to look for: Products made from fruiting bodies, not mycelium. Beta-glucan content listed on the label (should be 20%+ for quality extracts). Hot water or dual extraction methods. Avoid products that list “myceliated grain” or “mycelium biomass.”



Continued - The Surprisingly Sinister Supplements

11. GLUCOSAMINE + CHONDROITIN

The problem: Under-dosed or missing chondroitin

Glucosamine is cheap. Chondroitin is expensive. Guess what happens? Analytical testing has found widespread under-dosing of chondroitin in combination products. Many deliver full glucosamine but little to no actual chondroitin, while charging premium prices for the “joint support combo.”

You’re paying for an ingredient that isn’t there in meaningful amounts.

What to look for: Consider that the research on these supplements for joint health is mixed anyway. If you’re going to take them, at least ensure you’re getting what you’re paying for.

12. UROLITHIN A

The problem: Under-dosed products; mislabeled pomegranate extract

Urolithin A is an emerging mitochondrial health compound with legitimate research behind it. True Urolithin A is expensive to produce. Many supplements instead contain ellagic acid or pomegranate extract, marketed as if they’re equivalent but they’re not.

Your body has to convert ellagic acid to Urolithin A, and not everyone can do this efficiently (it depends on your gut microbiome). Independent testing found 6 of 10 Urolithin A supplements failed their label claims. You may be paying for a metabolite you’re not actually getting.

What to look for: Products containing actual Urolithin A, not just pomegranate extract or ellagic acid. The branded form Mitopure has the most clinical research. Be skeptical of cheap Urolithin A products. Real UA is expensive to manufacture.

THE PATTERN YOU SHOULD NOTICE

These twelve categories share common themes:

EXPENSIVE INGREDIENTS GET SUBSTITUTED WITH CHEAP ALTERNATIVES.

Chondroitin replaced with just glucosamine. Root extracts adulterated with leaf material. Mushroom fruiting bodies replaced with grain-grown mycelium.

CONTAMINATION GOES UNDETECTED WITHOUT THIRD-PARTY TESTING.

Heavy metals in turmeric, protein powders, and greens. Oxidation in fish oil. Microbial contamination in multi-ingredient blends. The FDA doesn't catch these before products reach shelves.

MARKETING CLAIMS OBSCURE WHAT'S ACTUALLY IN THE BOTTLE.

“NAD+ supplement” that doesn’t raise NAD+ levels. “Glutathione” that gets destroyed in your stomach. “Melatonin” at doses ranging from almost nothing to five times the label claim.

CERTAIN FORMS INVITE CORNER-CUTTING.

Gummies are particularly problematic—creatine gummies with no creatine, melatonin gummies with wildly variable doses. The format itself creates quality control challenges that many brands don’t bother solving.





BETTER RESULTS DON'T REQUIRE MORE PILLS

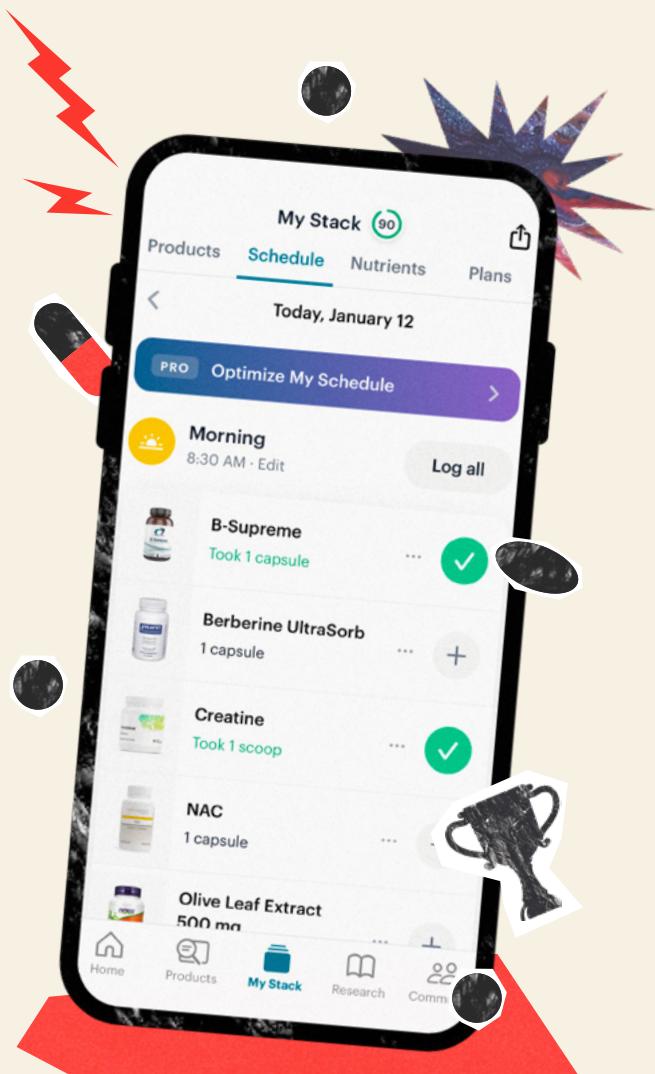
Stop chasing trends and start making smarter choices with the supplements you have.

Most people have a “supplement graveyard”—expired bottles, half-used powders, and forgotten habits. Stop chasing trends and start making smarter choices with what you already have.

That's why Arnold's Pump Club partnered with SuppCo.

It's the ultimate tool for mastering the basics, replacing messy notes and guesswork with a data-backed dashboard. They know that better results don't come from buying more products—they come from making smarter choices with the ones you have.

Transparency is free for everyone, forever. But for those who want to treat their body like a business, SuppCo PRO offers advanced personalization.



**Click here to download SuppCo
to save 50% on a PRO subscription.**

CHAPTER 10

HOW TO FIND PRODUCTS YOU CAN TRUST

“Why You Have to Do the FDA’s Job”

Here's something most people don't realize: supplements occupy a unique regulatory gray zone that puts the burden of proof entirely on you.

Unlike prescription drugs, supplements don't need to prove they work before they're sold. The FDA can only act after a product causes harm. This means quality verification is your responsibility — not the government's.

Understanding why this is the case (and what it means for you as a consumer) is essential to avoiding wasted money and potential harm. (Or just use this tool to help you know which supplements to trust)

THE 1994 LAW THAT CHANGED EVERYTHING

In 1994, Congress passed the Dietary Supplement Health and Education Act (DSHEA). This law fundamentally shaped how supplements are regulated, and it's why the industry operates so differently from pharmaceuticals.

What DSHEA established:

SUPPLEMENTS ARE CLASSIFIED AS FOOD, NOT DRUGS.

This single distinction changes everything. Drugs must prove safety and efficacy through clinical trials before reaching the market. Supplements face no such requirement. A company can formulate a new supplement today and sell it tomorrow without demonstrating that it works—or even that it's safe.

MANUFACTURERS ARE RESPONSIBLE FOR ENSURING THEIR PRODUCTS ARE SAFE.

The FDA doesn't verify this before products hit shelves. Companies are supposed to ensure their supplements are safe and that label claims are truthful, but the enforcement happens after the fact, if at all. It's essentially an honor system.



Continued - The 1994 law that changed everything

NEW DIETARY INGREDIENTS REQUIRE NOTIFICATION, BUT NOT APPROVAL.

Ingredients not in the U.S. food supply before October 15, 1994, require manufacturers to notify the FDA 75 days before marketing. But notification isn't approval. The FDA can object, but often doesn't have resources to review every submission thoroughly.

THE FDA CAN ONLY ACT AFTER PROBLEMS OCCUR.

Unlike drugs, which are reviewed before approval, the FDA's authority over supplements is largely reactive. They can issue warnings, request recalls, or take enforcement action—but only after a product has already caused harm or been found to violate labeling laws. By then, millions of bottles may have been sold.



WHAT THIS MEANS FOR YOU

Independent testing has repeatedly found problems across the supplement industry: products containing less (or more) of ingredients than labeled, contamination with heavy metals or other substances, pills that don't dissolve properly, and products containing ingredients not listed on the label.

This doesn't mean all supplements are sketchy. Many manufacturers take quality seriously and exceed basic requirements. But it does mean you can't assume a product is legitimate just because it's on store shelves. The regulatory system isn't designed to catch problems before they reach you.

If you don't want to fall for misleading marketing or risk your health on untested products, you have to take an extra step to verify safety and accuracy yourself.



THIRD-PARTY CERTIFICATION: YOUR FIRST LINE OF DEFENSE

Because the FDA doesn't test supplements before they're sold, independent third-party certification becomes critical. These organizations test products and verify that they contain what they claim, in the amounts stated, without harmful contaminants.

USP (UNITED STATES PHARMACOPEIA):

Tests for identity, potency, purity, and dissolution. If a product has the USP seal, it contains what it says, in the amount it says, and dissolves properly for absorption. This is one of the most rigorous certifications available. Look for the USP Verified Mark on labels.

NSF INTERNATIONAL:

Tests for contaminants and accurate labeling. NSF Certified for Sport also tests for substances banned in athletic competition, critical if you're a competitive athlete who could face consequences from contaminated products.

INFORMED SPORT:

Specifically designed for athletes. Tests every batch for substances banned in competition. Trusted by professional sports organizations worldwide. If you compete, look for this certification.



RED FLAGS ON LABELS

Beyond third-party certification, learn to read labels critically:

VAGUE INGREDIENT LISTINGS.

“Vitamin D” is less informative than “Vitamin D3 (cholecalciferol).”

“Magnesium” is less informative than “Magnesium glycinate.” Vague labels often hide cheap, poorly-absorbed forms.

PROPRIETARY BLENDS.

When you see a “proprietary blend” with a total weight but no individual ingredient amounts, you have no idea how much of each ingredient you’re getting. This is often used to hide underdosing of expensive ingredients.

MIRACLE CLAIMS.

If a supplement promises to “detox,” “melt fat,” “boost testosterone,” or “cure” anything, that’s marketing, not medicine. Legitimate supplements make modest claims because the evidence supports modest effects.

UNREALISTIC DOSES.

If a product claims to contain therapeutic doses of 20+ ingredients in a single capsule, the math probably doesn’t work. Effective doses of individual nutrients often require multiple capsules—that’s why serious supplements have “serving size: 3 capsules” on the label.



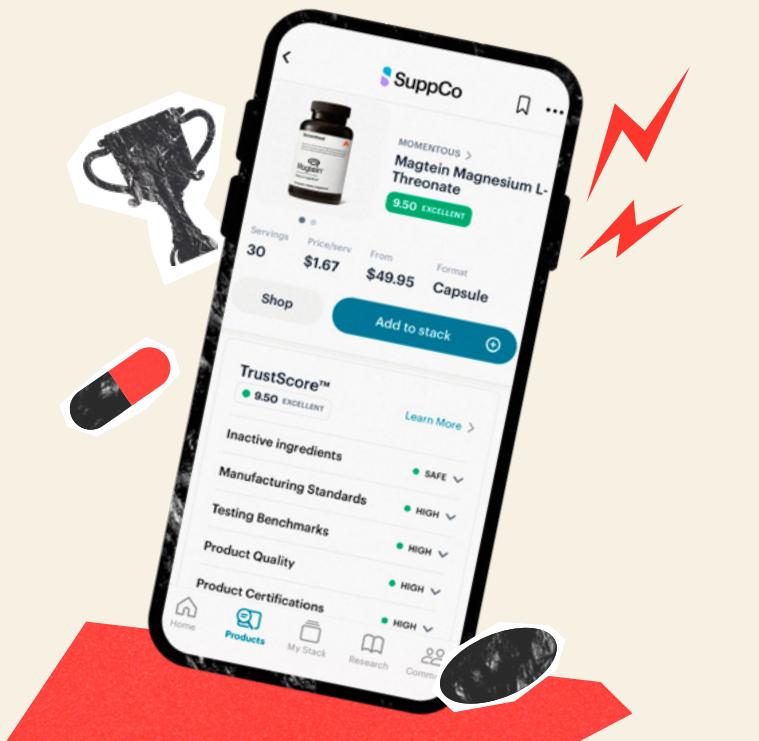
Continued - Red flags on labels

NO CERTIFICATIONS OR TESTING INFORMATION.

Quality manufacturers are proud of their testing protocols. If you can't find any information about third-party testing, batch testing, or certifications, ask why.

Price alone doesn't indicate quality. Some expensive products fail testing while some affordable brands pass. Certification and transparency matter more than cost. A TrustScore takes the thinking out of this.

SuppCo's TrustScore
takes the thinking
out of this for you,
analyzing 29 attributes
of how each product
is manufactured
including testing
and certifications.



CHAPTER 11

WHAT CAN YOU ACTUALLY TAKE TOO MUCH OF?

**“But it’s natural,
so it can’t hurt me.”**

Wrong. Plenty of natural things are dangerous in excess. Water can kill you if you drink too much. So can sunlight.

Supplements are no different. More is not always better, and some nutrients become toxic at high doses.

Understanding which supplements carry real toxicity risk—and which are relatively safe even at higher doses—helps you make smarter decisions.

Continued - What Can You Actually Take Too Much Of?

Higher-risk (fat-soluble vitamins and minerals that accumulate):

VITAMIN A (RETINOL)

The fat-soluble form accumulates in your liver. Chronic excess causes headaches, liver damage, and birth defects. Upper limit is 3,000 mcg/day. Beta-carotene (the plant form) is much safer—your body only converts what it needs.

VITAMIN D

Safe at moderate doses but can cause hypercalcemia at very high doses (typically 10,000+ IU daily for extended periods without monitoring). Symptoms include nausea, kidney stones, and calcium deposits in soft tissues. Always test if taking high doses long-term.

IRON

Excess iron causes oxidative damage to organs—heart, liver, pancreas. Hemochromatosis (iron overload) affects about 1 in 200 people genetically. Never supplement iron without a confirmed deficiency.

SELENIUM

Toxicity symptoms include hair loss, brittle nails, garlic breath, and nerve damage. Upper limit is 400 mcg/day. Most people get enough from food—Brazil nuts alone can push you over if you're also supplementing.



Continued - What Can You Actually Take Too Much Of?

Lower-risk (water-soluble and well-tolerated):

VITAMIN C

Excess is excreted in urine. Very high doses (multiple grams) can cause digestive upset and kidney stones in susceptible people, but toxicity is rare. Your body takes what it needs and eliminates the rest.

B VITAMINS (MOST)

Water-soluble and well-tolerated. Exception: high-dose B6 (over 100mg/day for extended periods) can cause nerve damage. Otherwise, excess B vitamins just make your urine neon yellow.

MAGNESIUM

High doses cause loose stools before reaching dangerous levels. Your gut provides a built-in safety valve—you'll know you've taken too much. That said, people with kidney problems should be careful.

OMEGA-3S

Generally safe even at high doses. Very high doses (3+ grams EPA/DHA daily) may affect bleeding time in people on blood thinners, so discuss with your doctor if relevant. Otherwise, risk is low.

The pattern: fat-soluble vitamins and minerals that accumulate require more caution. Water-soluble nutrients are generally safer because your body excretes excess. When in doubt, test. And stick to recommended doses unless you're working with a healthcare provider who's monitoring your levels.



CHAPTER 12

WHEN YOUR SUPPLEMENTS FIGHT EACH OTHER

“The Hidden Dangers of Stacking”

You’re taking a multivitamin, a B-complex, a greens powder, and a few individual vitamins. Ever add up how much of each nutrient you’re actually consuming across all of them?

Most people haven’t. And that’s a problem. There are easy ways to do it (which is why we use **SuppCo**), but if you don’t, you could be creating unnecessary risk.

Continued - When Your Supplements Fight Each Other

Stacking multiple products often leads to unintentional overdosing on some nutrients, dangerous imbalances, and wasted money on redundancy. Track your totals because the math matters.

THE ZINC-COPPER PROBLEM

This is one of the most underrecognized supplement dangers. During the pandemic, zinc supplementation exploded; people took it in hopes of boosting immunity. What many didn't realize: high-dose zinc depletes copper over time, and copper deficiency can be devastating.

When zinc intake is high, your intestinal cells produce more metallothionein, a protein that binds minerals. Metallothionein has a higher affinity for copper than zinc, so copper gets trapped in your intestinal cells and is lost when those cells are shed. Over months, your copper stores deplete.

The consequences are serious. One study found that among patients prescribed high-dose zinc, 62% received doses sufficient to cause copper deficiency. Nine percent developed unexplained anemia; 7% developed neurological symptoms. Case reports have documented people taking zinc supplements who developed anemia, nerve damage, and gait problems (sometimes irreversible) that were ultimately traced to zinc-induced copper deficiency.



Continued - When Your Supplements Fight Each Other

Here's how it happens with stacking: Your multivitamin contains 15mg zinc. Your immune-support formula adds another 25mg. Your prostate supplement throws in another 15mg. Suddenly you're at 55mg daily—well above the 40mg upper limit—and nobody's watching your copper levels.

CALCIUM VS. IRON AND MAGNESIUM

Calcium interferes with the absorption of both iron and magnesium. In single-meal studies, calcium doses of 300-600mg reduced iron absorption by 50-60%. While long-term adaptation may reduce this effect somewhat, taking calcium supplements at the same time as iron supplements defeats the purpose of the iron.

The fix is simple: separate them by 2-4 hours. Take calcium with one meal, iron with another. But if you're taking a multivitamin that contains both, you're getting compromised absorption of each every single day.

THE REDUNDANCY PROBLEM

Many products contain overlapping ingredients, and the totals add up faster than you'd think:

Multivitamin + individual B-complex = often 200-500% DV of B vitamins.

Multivitamin + greens powder = hidden vitamin A redundancy (often in retinol form).

Pre-workout + energy supplement + B-vitamin complex = B12 levels through the roof.

Protein powder with added vitamins + daily multivitamin = paying twice for the same nutrients.

Continued - When Your Supplements Fight Each Other

HOW TO AUDIT YOUR STACK:

- 1. List every supplement you take, including protein powders, greens powders, and anything with a “Supplement Facts” label.**
- 2. For each product, write out the doses of every nutrient it contains.**
- 3. Add up your total daily intake of each nutrient across all products.**
- 4. Compare it to the RDA (recommended daily allowance) and UL (upper limit) for each.**
- 5. Identify redundancies (paying for the same nutrient multiple times) and potential overshoots (exceeding the UL).**

This exercise takes 15 minutes and might reveal that you're wasting money, risking imbalances, or both. Do it before you add anything else to your routine.

Or, you can just [upload everything into SuppCo](#). They make it easy to see where you're taking too much and where you have gaps. Rather than taking time from your schedule, they make it easy to ensure your supplement stack works for you.



CHAPTER 13

THE CORE FOUR

If you're going to take supplements, these are the ones to consider first. They address the most common deficiencies, have strong research backing, and offer genuine benefits for most people.

Continued - The Core Four

Think of these as your foundation: the 80/20 of supplementation. Cover these, and you've addressed the biggest gaps for most people.

1. VITAMIN D

Why it matters: Vitamin D affects nearly every system in your body: bone health, immune function, mood, and muscle strength. It's more of a hormone than a vitamin, which is why deficiency causes such widespread problems.

Who's deficient: Most people. NHANES data suggest that approximately 22% of Americans are deficient, and another 40% are insufficient. If you live north of the 37th parallel (roughly a line from San Francisco to Richmond), work indoors, have darker skin, or consistently wear sunscreen, you're at higher risk.

What the research shows: A recent review found that supplementation doesn't provide dramatic benefits for people who aren't deficient. But avoiding deficiency matters significantly for immune function, reducing autoimmune disease risk, and maintaining muscle strength. The key is knowing your status.

What to take: Vitamin D3 (cholecalciferol), not D2. Most people need 2,000-4,000 IU daily to maintain optimal levels.

Target levels: 30-50 ng/mL (75-125 nmol/L). Test annually.



Continued - The Core Four

2. OMEGA-3 FATTY ACIDS (EPA/DHA)

Why they matter: EPA and DHA are structural components of cell membranes, especially in your brain and eyes. They influence inflammation, cardiovascular health, and cognitive function.

Who's deficient: Almost everyone who doesn't eat fatty fish regularly. NHANES data shows the average American gets only about 90mg of EPA+DHA daily from food—well below the 250-500mg minimum recommended.

What the research shows: A meta-analysis looked at 38 randomized controlled trials with over 149,000 participants.

Results: omega-3 supplementation reduced cardiovascular mortality by 7%, heart attacks by 13%, and coronary heart disease events by 10%. The benefits were dose-dependent; higher doses showed stronger effects.

What to take: Look for products listing EPA and DHA content separately, not just “fish oil.” Aim for a combined 1-2 grams of EPA+DHA daily. The triglyceride form is more readily absorbed than the ethyl ester form. Fish oil, krill oil, and algae oil (for vegetarians) all work.

Target levels: Omega-3 index of 8-12%.



Continued - The Core Four

3. MAGNESIUM

Why it matters: Magnesium is involved in over 300 enzymatic reactions: muscle contraction, nerve function, energy production, blood sugar regulation, blood pressure maintenance. It's foundational to how your body works.

Who's deficient: About half of Americans don't meet the recommended daily allowance. A review estimated that about 10 to 30% have a deficiency. The problem: standard serum tests underestimate deficiency because your body maintains blood levels at the expense of tissue stores.

Why deficiency is so common: Modern farming depletes soil magnesium. Food processing strips more. Chronic stress increases magnesium loss. Alcohol, caffeine, and certain medications (like PPIs and diuretics) deplete it further. Even people who eat well often come up short.

What to take: Form matters enormously. Magnesium glycinate is well absorbed and gentle on the stomach. Magnesium l-threonate crosses the blood-brain barrier. Magnesium citrate also absorbs well (slightly more laxative effect). Avoid magnesium oxide because absorption is as low as 4%.

Dose: 200-400mg daily of elemental magnesium. Take in divided doses if over 200mg. Evening dosing may support sleep.



Continued - The Core Four

4. PROTEIN (AS NEEDED)

Why it matters: Protein isn't a vitamin or mineral, but it's essential, and many people don't get enough. This is especially true if you're active, trying to lose weight (protein preserves muscle during calorie deficits), or older (protein needs increase with age as muscle-building efficiency declines).

What the research shows: A 2018 meta-analysis found that protein supplementation enhanced muscle mass and strength gains during resistance training. Benefits plateaued around 1.6 grams per kilogram of body weight daily, although some studies suggest benefits up to 2.2 grams per kilogram. Above that, additional protein didn't add much.

Who needs supplementation: If you're hitting at least 1.2-1.6g/kg body weight through food alone, you likely don't need a supplement. If you're falling short —common with busy schedules, appetite issues, or dietary restrictions — protein powder bridges the gap efficiently. It's food in convenient form, not a magic formula.

What to take: Whey protein is the gold standard for absorption and amino acid profile. Casein digests more slowly and can help you feel fuller. Plant proteins work but may need to be combined to provide a complete amino acid profile. Look for third-party tested products with minimal additives.



CHAPTER 14

CONDITIONAL SUPPLEMENTS

(WHAT YOUR SITUATION MIGHT REQUIRE)

Beyond the Core Four, certain supplements make sense for specific situations. Not everyone needs these, but if your circumstances match, they're worth considering.

Continued - Conditional Supplements (What Your Situation Might Require)

**Your life situation determines your needs.
Match your supplements to your reality, not to generic recommendations.**

IF YOU'RE VEGETARIAN OR VEGAN:

Vitamin B12: Non-negotiable. B12 comes almost exclusively from animal foods. Deficiency develops slowly but causes irreversible nerve damage. Take 1,000-2,000 mcg cyanocobalamin daily.

Algae-based omega-3s: Fish get their EPA/DHA from algae. Skip the middleman. Look for products that provide at least 250mg of combined EPA+DHA.

Iron: Plant iron (non-heme) absorbs less efficiently. Test your levels—some vegetarians need supplementation, others don't.

Zinc: Phytates in plant foods reduce zinc absorption. Consider 15-25mg daily, but remember the copper interaction.

IF YOU'RE PREGNANT OR PLANNING TO BE:

Folate: Critical for preventing neural tube defects. Start before conception. Methylfolate is better than folic acid for many people. 400-800 mcg daily.

Iron: Blood volume increases significantly during pregnancy. Your doctor may recommend additional supplementation based on your levels.

Choline: Important for fetal brain development. Often missing from prenatal vitamins. Aim for 450mg daily.

DHA: Essential for fetal brain and eye development. At least 200-300mg daily.

Continued - Conditional Supplements (What Your Situation Might Require)

IF YOU'RE OVER 60:

Vitamin B12: Absorption decreases with age. Consider 500-1,000 mcg daily.

Vitamin D: Skin produces less with age. Higher doses (3,000-4,000 IU) often needed.

Creatine: Research shows benefits for maintaining muscle mass and cognitive function. 3-10g daily.

IF YOU'RE AN ATHLETE OR VERY ACTIVE:

Creatine: The most studied performance supplement. Clear benefits for strength and power. 3-10g daily.

Electrolytes: Heavy sweating depletes sodium, potassium, and magnesium. Replace during and after intense exercise.

Higher protein: Athletes need 1.4-2.2g/kg body weight. Supplementation helps hit these higher targets.

IF YOU'RE ON CERTAIN MEDICATIONS:

Statins: Consider CoQ10

Statins reduce natural CoQ10 production. 100-200mg daily may help with muscle-related side effects.

Metformin: Consider B12

Long-term metformin use reduces B12 absorption.

PPIs: Consider B12, magnesium, calcium

Reduced stomach acid impairs the absorption of these nutrients.

Always discuss supplement additions with your doctor when medications are involved.



CHAPTER 15

WHAT'S PROBABLY NOT WORTH YOUR MONEY

“Cutting Through the Hype”

Some supplements have great marketing but mediocre evidence. Others work—but only for specific populations. Before spending money on the latest trends, let's do a reality check of what the research actually shows.

Many popular supplements fail to live up to their promises when studied rigorously. That doesn't mean they're worthless—but it means you should know the real evidence before buying.

Continued - What's Probably Not Worth Your Money

OVERHYPED BUT NOT WORTHLESS:

Collagen: Modest benefits for skin elasticity and minor joint improvements. But collagen is an incomplete protein. Your body breaks it down into amino acids. You can get the same building blocks from any protein source.

Probiotics: Effects are strain-specific. The general “gut health” claims are unsupported for most formulations. Unless you’re taking a specific strain for a researched purpose, you’re probably wasting money.

Turmeric/Curcumin: Absorbs terribly on its own. Enhanced versions with piperine are better absorbed, but the dramatic benefits observed in studies are achieved with doses that most supplements don’t provide.

PROBABLY NOT WORTH IT:

Biotin: True biotin deficiency is extremely rare. If you’re not deficient, more biotin won’t help hair, skin, or nails.

Most single-antioxidant megadoses: High-dose vitamin E and beta-carotene showed no benefits in major trials. The USPSTF recommends against both.

Testosterone boosters (OTC): Evidence is thin to nonexistent. From Tribulus to fenugreek, none reliably increase testosterone in healthy men.

Fat burners: Most contain caffeine, which has marginal effects. Not worth the cost or the stimulant load.

“Detox” supplements: Your liver and kidneys detoxify your body. They’re quite good at it. The concept is marketing, not biology. Save your money for what actually moves the needle.

THE PERFECT STACK IS THE ONE YOU ACTUALLY TAKE



Stop buying bottles that gather dust and start building a routine that works.



The “Perfect Stack” isn’t just about buying the right bottles—it’s about actually taking them.

Expert research shows that even the most effective supplements fail if the dosing is inconsistent or the habit is broken. SuppCo is the infrastructure that ensures your “Core Four” actually get into your system.

Used daily, this app helps you optimize your budget, improve your product quality, avoid negative interactions between ingredients, and maintain the schedule consistency required for long-term health and performance.

If you’re looking for the easiest way to drive the biggest impact on your healthspan, SuppCo helps you continue doing what you love for longer.

**Click here to download SuppCo
to save 50% on a PRO subscription.**

CHAPTER 16

BUILDING A ROUTINE THAT SURVIVES REAL LIFE

“From Chaos to Consistency”

The best supplement stack in the world is worthless if you only take it half the time.

Adherence is the biggest factor in supplement success. A simple routine you follow consistently beats a perfect protocol you abandon.

Continued - Building a Routine That Survives Real Life

THE SIMPLICITY PRINCIPLE:

Every additional supplement decreases your adherence probability. Fewer supplements, taken consistently, beat many supplements taken inconsistently.

ANCHOR TO EXISTING HABITS.

Morning supplements with coffee. Evening magnesium with brushing teeth. Attach to what you already do.

LOCATION MATTERS.

Morning doses by the coffee maker. Evening doses by your toothbrush. Out of sight becomes out of mind.

CONSOLIDATE WHERE IT MAKES SENSE.

Vitamin D + K2 in one pill. A comprehensive fish oil. Fewer products, fewer opportunities to miss.

HAVE A TRAVEL STRATEGY.

Pack a small weekly organizer. Keep it in your carry-on.

FORGIVE YOURSELF FOR MISSED DOSES.

If you miss a day, take tomorrow's dose tomorrow. Don't double up. Missing occasionally is normal.

START SIMPLE.

Add complexity only when you've proven you can maintain what you have.



CHAPTER 17

HOW TO KNOW IF IT'S WORKING

“Tracking and Testing Your Stack”

You've been taking supplements for months.
How do you know they're doing anything?

Continued - How to Know If It's Working

Meaningful supplement tracking combines subjective markers (how you feel) with objective testing (blood panels) over time.

OBJECTIVE MEASURES:

Test vitamin D, B12, iron, and omega-3 index before starting and again after 3-6 months. Did they improve?

SUBJECTIVE MEASURES:

Track sleep quality, energy levels, recovery, and mood on a 1-10 scale. Look for trends over 1-2 months.

BE PATIENT:

Vitamin D takes months to optimize. Omega-3s take 2-3 months to incorporate into cells. Give any supplement 8-12 weeks before evaluating.

RUN PROPER EXPERIMENTS:

Change one thing at a time. Control other variables. Consider cycling off to test whether you notice a difference.

KNOW WHEN TO STOP:

If, after 3-6 months, you see no improvement, and there's no documented deficiency being addressed, cut it. Supplements should earn their place.



CLOSING: THE SIMPLE TRUTH

**“Less Is More,
But the Right Less Matters”**

The supplement industry wants you confused.
Confused people buy more products.

The truth is simpler and cheaper.

Most people need fewer supplements than they think. But the ones they do need, they actually need. Vitamin D if you don't get regular sun. Omega-3s if you don't eat fatty fish twice a week. Magnesium if you eat processed foods or experience stress. Protein if you're not hitting targets through food.

Beyond that, it depends on you — your diet, age, activity level, medications, and test results.

The goal was never to take more pills. The goal was better health.

CLOSING: THE SIMPLE TRUTH

Your action plan:

- 1. Schedule baseline blood work: vitamin D, B12, iron panel, lipids. Add omega-3 index if available.**
- 2. Audit your current supplements (SuppCo makes this incredibly simple). Add up your totals—are you overdoing anything?**
- 3. Cut what isn't addressing a documented need.**
- 4. Address the Core Four if testing reveals gaps.**
- 5. Build a consistent routine: pill organizer, anchor habits, visible placement.**
- 6. Retest in 3-6 months. Adjust based on results.**

Fewer bottles. More clarity. Better health.

Now you know how to make supplements actually work for you. The next steps is doing, analyzing, adjusting, and watching as your health improves.

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