RENAVIA

The wisdom within

RENAVIA GUIDES

Supplement Starter Guide

Evidence-Graded Phase Protocols

CLINICAL DOSAGES | SAFETY NOTES | HOLISTIC ALTERNATIVES

How to Use This Guide

Supplements are one lever among many. Sleep, food, sunlight, movement, and stress management have larger and more consistent effects than most supplements. That said, when nutritional gaps exist — and they commonly do in menstruating women — targeted supplementation can help.

Every recommendation below is based on published research. Where evidence is strong, we say so. Where evidence is emerging or mixed, we say that too. This is not a shopping list. It is a framework to help you make informed choices in conversation with your healthcare provider.

EVIDENCE TIERS USED IN THIS GUIDE

★★★ **STRONG**	Multiple RCTs, systematic reviews, or meta-analyses support use.
★★ **MODERATE**	Several supportive studies, but conflicting or limited evidence.
★ **EMERGING**	Some evidence, but larger trials needed. Reasonable to try; do not overpromise.

Safety First

Supplements can interact with medications. Common examples: SSRIs + St. John's Wort or saffron (serotonin syndrome risk); blood thinners + high-dose vitamin E or fish oil; thyroid meds + calcium/iron (take 4hrs apart). Always tell your provider what you are taking.

The Foundational Stack

These four supplements have the strongest evidence for supporting women's health across the cycle. Start here before adding phase-specific supplements.

Vitamin D3

★★★ STRONG

Dose: 2000–4000 IU daily (higher if deficient)

WHY
Critical for hormone production, immune function, bone health, and mood. Deficiency is extremely common.

TAKE WITH
A meal containing fat (or with vitamin K2 for bone/cardiovascular benefit).

NOTES
Test 25(OH)D level; aim for 40–60 ng/mL. Some people need higher doses.

Magnesium Glycinate

★★★ STRONG

Dose: 300–400mg elemental daily (evening)

WHY
Involved in 300+ enzymatic reactions. Strong evidence for PMS symptom reduction, sleep quality, and mood.

TAKE WITH
Evening, ideally before bed. Glycinate form is best absorbed with least GI upset.

NOTES
If constipated, magnesium citrate helps. If sensitive stomach, choose glycinate.

Omega-3 (EPA + DHA)

★★★ STRONG

Dose: 1000–2000mg combined EPA+DHA

WHY
Anti-inflammatory, supports mood, brain health, and reduces menstrual pain in RCTs.

TAKE WITH
A meal for best absorption. Refrigerate to reduce fishy burps.

NOTES
Check for third-party testing (IFOS, USP, NSF). Rancid fish oil is worse than none.

B-Complex

★★ MODERATE

Dose: One capsule of a quality B-complex daily

WHY
Especially important on hormonal birth control (which depletes B6, B12, folate). Supports energy, mood, and hormone metabolism.

TAKE WITH
Morning with breakfast. Look for methylated forms (methylfolate, methylcobalamin).

NOTES
B-complex often makes urine bright yellow — this is normal (riboflavin).

Menstrual

"Rest"

Replace iron lost through bleeding. Reduce cramping. Support the body's inward turn.

SUPPLEMENT	EVIDENCE	DOSE	NOTES
Iron (bisglycinate)	★★★	18–27mg elemental	If heavy flow. Take with vitamin C for absorption. Not near coffee/tea/calcium.
Ginger extract	★★★	500mg 3x/day during flow	Strong evidence for menstrual pain reduction (comparable to NSAIDs).
Vitamin C	★★	500–1000mg	Supports iron absorption; may reduce menstrual pain.
Magnesium	★★★	300–400mg	Continued from foundation; especially helpful for cramps.

Early Follicular

"Refresh"

Rebuild nutrient stores. Support energy return. Prepare for peak phases.

SUPPLEMENT	EVIDENCE	DOSE	NOTES
B-complex	★★	Standard dose	Continue foundation; especially important if you were depleted.
Zinc	★★	15–30mg	Supports immune function, skin, hormone production.
Vitamin D3	★★★	2000–4000 IU	Continue foundation.
Probiotics	★	As directed	Emerging evidence for gut-hormone connection.

Late Follicular

"Grow"

Support peak metabolic demands. Aid recovery from harder training.

SUPPLEMENT	EVIDENCE	DOSE	NOTES
CoQ10 (ubiquinol)	★★	100–200mg	Cellular energy production; supports egg quality if trying to conceive.
NAC (N-acetylcystein..	★★	600–1200mg	Antioxidant; may support PCOS and ovulation quality.
Vitamin E (mixed toc..	★★	200 IU	Antioxidant support during high-training phase.
Creatine monohydrate	★★★	3–5g daily	Strong evidence for strength gains, cognition, mood.

Ovulatory

"Connect"

Optimize the peak vitality window. Support high-output performance.

SUPPLEMENT	EVIDENCE	DOSE	NOTES
Vitamin C	★★	500–1000mg	Antioxidant support during peak activity.
Vitamin E (mixed toc..	★★	200 IU	Antioxidant support.
B6 (P5P form)	★★	25–50mg	Supports progesterone production for the coming luteal phase.
Omega-3	★★★	1000–2000mg	Continue foundation.

Early Luteal

"Nurture"

Support progesterone dominance. Prepare for potential PMS window.

SUPPLEMENT	EVIDENCE	DOSE	NOTES
Vitex (chasteberry)	★★	400mg extract	Evidence for cycle regulation; takes 3+ months for effect. Not with SSRIs.
B6 (P5P form)	★★★	50–100mg	Strong evidence for premenstrual mood support.
Magnesium	★★★	300–400mg	Continue and possibly increase for mood/sleep.
Chromium picolinate	★★	200mcg	If blood sugar swings or sugar cravings are prominent.

Late Luteal

"Restore"

Support the PMS window. Steady mood, reduce inflammation, promote calm.

SUPPLEMENT	EVIDENCE	DOSE	NOTES
Saffron extract	★★★	30mg (standardized)	Strong evidence for PMS mood support and mild-to-moderate depression.
Calcium	★★★	600mg	Strong RCT evidence for PMS symptom reduction.
Magnesium	★★★	300–400mg	Especially helpful for sleep disruption in this phase.
L-theanine	★★	200mg	Calming; helps with anxiety without sedation.

Evidence Sources

Recommendations in this guide draw from systematic reviews and randomized controlled trials. Key evidence bases:

- **Magnesium for PMS:** Multiple RCTs; systematic review by Facchinetti et al. and others
- **Calcium for PMS:** Thys-Jacobs et al. 1998 (Am J Obstet Gynecol) — landmark RCT
- **Vitamin B6 for PMS:** Wyatt et al. 1999 systematic review; multiple supportive RCTs
- **Ginger for dysmenorrhea:** Multiple RCTs; effect comparable to NSAIDs at 750mg–2g/day
- **Saffron for PMS/mood:** Agha-Hosseini et al. 2008; Kashani et al. — strong RCT evidence
- **Omega-3 for menstrual pain:** Rahbar et al. 2012; multiple RCTs support use
- **Vitex (chasteberry):** Van Die et al. 2013 systematic review; effect takes 3+ months
- **Iron in menstruating women:** WHO recommendations; multiple reviews on deficiency prevalence
- **Creatine in women:** Smith-Ryan et al. 2021; increasing evidence base
- **Vitamin D deficiency:** Extensively documented in reproductive-age women