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The Magnesium Check Plan

For anyone wondering whether low magnesium is behind restless nights, fatigue, or cramps. Every line below restates a claim verified against Tier-1 medical sources. Nothing here is invented, and nothing is for sale.

✓ CHECKED AGAINST NIH OFFICE OF DIETARY SUPPLEMENTS · CLEVELAND CLINIC · MAYO CLINIC PRESS

1
True shortfall is uncommon
The NIH notes symptomatic magnesium deficiency from diet alone is uncommon in healthy people, because the kidneys limit how much you lose. (NIH ODS)

2
The signs are real but broad
Early signs are appetite loss, nausea, fatigue, and weakness, which overlap with many everyday complaints. (NIH ODS)

3
Food first, then the right form
Greens, seeds, nuts, beans, and whole grains come first. If you supplement, the form is the decision that matters. (Cleveland Clinic)

1. Read the signs honestly

They point you to check, not to self-diagnose.

WHY THIS WORKS

The NIH lists early signs of low magnesium as loss of appetite, nausea, fatigue, and weakness, with cramps, numbness, tingling, and abnormal heart rhythm as it worsens. Every one of these overlaps with other causes, so treat them as a prompt to look at intake and risk, not a diagnosis.

SOURCE: NIH OFFICE OF DIETARY SUPPLEMENTS

DO THIS WEEK

- ☐ Note any ongoing fatigue or weakness
- ☐ Note muscle cramps or twitches
- ☐ Note numbness or tingling
- ☐ See a doctor for palpitations or a racing heart

2. Check your risk factors

Some groups genuinely run short.

WHY THIS WORKS

The NIH names the groups most likely to fall short: people with GI conditions such as Crohn's or celiac, people with type 2 diabetes, people with alcohol dependence, older adults whose absorption drops, and anyone on medications that increase magnesium loss.

SOURCE: NIH OFFICE OF DIETARY SUPPLEMENTS

DO THIS WEEK

- ☐ A long-standing gut condition
- ☐ Type 2 diabetes
- ☐ Regular heavy alcohol use
- ☐ Older age or medications that deplete magnesium

3. Fill the gap from food first

This is the cheapest and best-evidenced move.

WHY THIS WORKS

Cleveland Clinic and the NIH point to the same everyday sources: pumpkin seeds, spinach and other leafy greens, almonds and cashews, black beans and other legumes, and whole grains. Two weeks of these often closes a modest gap on its own.

SOURCE: CLEVELAND CLINIC

DO THIS WEEK

- ☐ Add pumpkin seeds or almonds to the day
- ☐ A serving of leafy greens daily
- ☐ Beans or legumes a few times a week
- ☐ Choose whole grains over refined

4. If you supplement, match the form and trial it fairly

Judge it over weeks, not one night.

WHY THIS WORKS

For a sleep and calm angle, Cleveland Clinic and Mayo Clinic Press describe magnesium as support for relaxation, not a sedative, so change is gradual. L-Threonate is the form studied to reach the brain. Anyone with kidney disease should ask a doctor first, since the kidneys clear the excess.

SOURCE: CLEVELAND CLINIC

DO THIS WEEK

- ☐ Pick a well-absorbed form, not oxide
- ☐ Take it 30 to 60 minutes before bed
- ☐ Give it a fair 4-week trial
- ☐ Clear it with your doctor if you have kidney disease

EVERY CLAIM ABOVE, TRACED TO ITS SOURCE

NIH Office of Dietary Supplements, Magnesium Fact Sheet for Consumers · https://ods.od.nih.gov/factsheets/Magnesium-Consumer/

Cleveland Clinic, Symptoms of a Magnesium Deficiency · https://health.clevelandclinic.org/feeling-fatigued-could-it-be-magnesium-deficiency-and-if-so-what-to-do-about-it

Cleveland Clinic, Why Magnesium May Help You Sleep Better · https://health.clevelandclinic.org/does-magnesium-help-you-sleep

Mayo Clinic Press, Magnesium for Sleep · https://mcpress.mayoclinic.org/living-well/magnesium-for-sleep-what-you-need-to-know-about-its-benefits/

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