

The Right-Dose Sleep Plan

For anyone taking melatonin gummies on faith, waking up foggy, and wondering why the bottle number keeps climbing. Every line below restates a claim verified against Tier-1 medical sources. Nothing here is invented, and nothing is for sale.

✓ CHECKED AGAINST CLEVELAND CLINIC · JOHNS HOPKINS MEDICINE

1

Start at 1 milligram

Cleveland Clinic's sleep physician starts people at 1 mg, stepping up by 1 only if needed and never past 10. (Cleveland Clinic)

2

Less is more

The Johns Hopkins rule: 1 to 3 milligrams, taken about two hours before bedtime. Higher doses add side effects, not sleep. (Johns Hopkins)

3

It is a timing signal

Melatonin is not a sedative and will not knock you out. It tells your body the day is over; a louder signal is not a deeper night. (Cleveland Clinic)

1. Fix the light schedule first

This is the machinery the gummies try to imitate, and it is free.

WHY THIS WORKS

Your own melatonin rises about two hours before bedtime, per Johns Hopkins, and blue and green light from screens can neutralize it. Morning daylight and a fixed wake time program the other end of the cycle.

SOURCE: JOHNS HOPKINS MEDICINE

DO THIS WEEK

- ☐ Lights low for the two hours before bed
- ☐ Screens away or blue-light filtered in that window
- ☐ Morning daylight and the same wake time every day, weekends included

2. If you use melatonin, right-size it

The shelf sells up to 10 milligrams. The experts start at 1.

WHY THIS WORKS

Cleveland Clinic's guidance is to start at 1 milligram and increase by 1 only if needed, never exceeding 10, using the lowest dose for the shortest time. Taking too much or taking it late buys next-day drowsiness, sluggishness and delayed reaction times.

SOURCE: CLEVELAND CLINIC

DO THIS WEEK

- ☐ Start at 1 mg, stay inside the 1 to 3 mg range
- ☐ Take it about two hours before bed for timing problems
- ☐ Put the phone down after taking it; scrolling overrides the signal

3. Know when to stop

Melatonin has a stopping rule. Most people skip it.

WHY THIS WORKS

Johns Hopkins is explicit: if melatonin is not helping after a week or two, stop using it. If it does help, nightly use for one to two months is safe for most people, then stop and see how your sleep runs without it.

SOURCE: JOHNS HOPKINS MEDICINE

DO THIS WEEK

- ☐ No improvement after two weeks means stop
- ☐ Helping? Reassess at the two-month mark
- ☐ Sleep problems that persist belong with your doctor, not a bigger gummy

4. Match the tool to the problem

A racing mind is not a clock problem.

WHY THIS WORKS

Melatonin fits timing problems: jet lag, shifted schedules, night owls. Wind-down trouble runs on different machinery. Calming-pathway support such as magnesium L-Threonate, apigenin and L-theanine aims at relaxation rather than shifting the clock, judged over a fair 4-week trial.

SOURCE: JOHNS HOPKINS MEDICINE · CLEVELAND CLINIC

DO THIS WEEK

- ☐ Falling asleep too late but sleeping fine once down: timing, low-dose melatonin fits
- ☐ Mind racing at lights-out: wind-down, calming-pathway support fits
- ☐ Either way, the light schedule from step 1 stays in place

EVERY CLAIM ABOVE, TRACED TO ITS SOURCE

Cleveland Clinic, Melatonin: How Much Should You Take? · <https://health.clevelandclinic.org/melatonin-how-much-should-i-take-for-a-good-nights-rest>

Johns Hopkins Medicine, Melatonin for Sleep: Does It Work? · <https://www.hopkinsmedicine.org/health/wellness-and-prevention/melatonin-for-sleep-does-it-work>

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