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YOUR COACH'S PLAN · FREE WITH THE ARTICLE

The Iron Energy Plan

For anyone who feels wiped out while their standard labs read normal. 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 · HARVARD T.H. CHAN SCHOOL OF PUBLIC HEALTH

1
Ferritin falls first
A standard blood count can read normal while ferritin, your stored iron, is already low. Ask for it by name. (MedlinePlus)

2
Low stores, low energy
In a randomized trial, non-anemic women with low ferritin and unexplained fatigue felt less tired on iron. (BMJ, 2003)

3
Iron is easy to overdo
Too much iron is harmful, and overdose is a leading cause of poisoning in young children, so test before you supplement. (NIH)

1. Ask for a ferritin test, not just a blood count

The number that falls first is the one most panels leave out.

WHY THIS WORKS

MedlinePlus notes a routine complete blood count can look normal while ferritin, the storage form of iron, is already low. Ferritin is the value that tracks how much iron you actually have in reserve.

DO THIS WEEK

☐ Request ferritin specifically at your next visit
☐ Ask for your number, not just the word normal
☐ Flag heavy periods, blood donation, or a plant-based diet as risk factors

SOURCE: MEDLINEPLUS

2. Feed iron in first, for free

Food is the foundation, whether or not you ever buy a supplement.

WHY THIS WORKS

The Harvard Nutrition Source lists red meat, lentils, beans and dark leafy greens as iron sources, and notes vitamin C improves how much non-heme iron your body absorbs. Coffee and tea at the same meal do the opposite.

DO THIS WEEK

☐ Put an iron food and a vitamin C food in one meal daily
☐ Keep coffee and tea away from that meal
☐ Give food-first a few weeks if you are only mildly low

SOURCE: HARVARD T.H. CHAN SCHOOL OF PUBLIC HEALTH

3. If you supplement, pick a form you can tolerate

The best iron is the one you can actually keep taking.

WHY THIS WORKS

MedlinePlus notes conventional iron often causes cramping and constipation, which is why many people quit within a week. A well-absorbed, low-dose chelated form is designed to be gentler, so the pills you buy get taken.

DO THIS WEEK

☐ Choose a well-absorbed, low-dose chelated iron
☐ Take it with a vitamin C food, not with dairy
☐ If your gut protests, try every-other-day dosing and ask your doctor

SOURCE: MEDLINEPLUS

4. Recheck, then stop when your stores are back

Iron helps only when you are low. More is not more energy.

WHY THIS WORKS

The NIH Office of Dietary Supplements is clear that iron only resolves fatigue tied to deficiency, and that excess iron is harmful. Once your stores are restored, continuing to supplement adds risk, not energy.

SOURCE: NIH OFFICE OF DIETARY SUPPLEMENTS

DO THIS WEEK

☐ Retest ferritin after about two to three months
☐ Stop supplementing once your stores are restored
☐ Never stack iron on a multivitamin without checking the totals, and keep it locked from children

EVERY CLAIM ABOVE, TRACED TO ITS SOURCE

NIH Office of Dietary Supplements, Iron · https://ods.od.nih.gov/factsheets/Iron-HealthProfessional/
Harvard T.H. Chan School of Public Health, The Nutrition Source: Iron · https://nutritionsource.hsph.harvard.edu/iron/
MedlinePlus, Ferritin Blood Test · https://medlineplus.gov/lab-tests/ferritin-blood-test/
Iron supplementation for unexplained fatigue in non-anaemic women, BMJ 2003 (PubMed) · https://pubmed.ncbi.nlm.nih.gov/12763985/

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