



When To Take What

Everything here changed a real blood level in a real study. The small gold word is the form worth buying, and page three has the rules you can safely ignore.

SUPPLEMENT	WHEN	PAIR IT WITH	KEEP APART FROM
Vitamin D D3	With your biggest meal of the day	Fat on the plate, and magnesium	Large doses of vitamin E or A
In a trial of 180 adults, magnesium raised vitamin D levels in the people who started out low, because the enzymes that switch D on run on magnesium. And with fat on the plate you absorb about a third more.			
Magnesium glycinate	Same hour daily. Evening if it suits you	Food, to save your stomach	Thyroid medication, antibiotics
Time of day does not change how much you absorb, so pick the hour you will actually keep. Oxide is the cheap one on most shelves and most of it passes straight through you.			
Iron bisglycinate	Every other day, one morning dose	A small snack, so you stay on it	Coffee and tea, by an hour
Alternate days beat daily. A dose spikes hepcidin, which shuts absorption down for about a day, so daily pills partly cancel each other. This is worth more than every pairing trick on this sheet combined.			
Calcium citrate	With food, split across the day	Vitamin D	Thyroid medication
You absorb about 36 percent of a 300 mg dose and only about 28 percent of a 1,000 mg one, so two smaller doses at two meals beat one big tablet. Carbonate needs food and stomach acid. Citrate does not.			
Zinc picolinate	With food	Copper, if you take zinc for months at a time	Nothing, once it is with food
40 mg a day is the ceiling for adults, and sitting above that on its own pulls your copper down within weeks. On an empty stomach it also makes a lot of women queasy inside the hour.			
B12 methylcobalamin	Morning	Folate, and test them together	Nothing
Folate can correct the anemia that would have flagged low B12, so a level checked on its own can read falsely calm. Metformin blocks B12 absorption in up to 30 percent of the people taking it.			
Omega 3 EPA and DHA	With a meal that has fat in it	Any fat already on the plate	Nothing
Fat is what carries it across, so the capsule you take with black coffee does less than the one you take with eggs. Split it across two meals, or keep the bottle in the freezer, and the burps mostly stop.			
Fiber psyllium	Its own slot, away from everything	A full glass of water, every time	All of your medications, by 2 hours
Psyllium turns into a gel and drags whatever is in the gel along with it, cutting absorption of some medications by 20 to 40 percent. Keep it 4 hours clear of thyroid medication.			

Taking D, E, K and A together? They share one absorption pathway and at larger doses cut into each other by 10 to 50 percent. Watch high dose vitamin E, which interferes with vitamin K and raises bleeding risk.



Your Day, Laid Out

The chart turned into a day. Three moments, so you are not deciding pill by pill every morning. Write in what you actually take, tape it inside the cabinet door, and stop wondering whether it is working.

MORNING

before coffee

- Iron, every other day
- B12
- Then give it an hour before the first cup

yours

BIGGEST MEAL

whichever one has fat

- Vitamin D
- Omega 3
- First calcium dose

yours

EVENING

with dinner

- Magnesium
- Zinc
- Second calcium dose

yours

Creatine and protein powder have no timing rule. Take them at whatever hour you will actually remember.

So do you still need a multivitamin?

Short answer

Probably not, if you are already dosing the things on the chart on purpose. The amounts inside a multi are too small to correct anything you have actually measured.

Where it earns a place

Eating in a deficit means less food, and less of everything in it. Weight loss studies show B12, folate, calcium, iron, magnesium and zinc all slipping as calories come down. A multi puts a floor under that.

What it will not do

Add years. Across 390,000 adults followed for two decades, daily multivitamin use showed no survival benefit at all.

This chart is educational and is not medical advice. Nothing on it is a reason to start, stop, or change a supplement or a prescription on your own. Bring it to your doctor or your pharmacist, who can see your labs and your full medication list.

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What You Can Ignore

Most of the do not combine lists you have read come from studies that measured one meal in a lab. Those exaggerate. When researchers follow people for months and watch actual blood levels, a lot of it washes out. Here is what did not survive the longer look.

It washes out over time

Calcium with iron	The blocking is real inside a single meal. Across a year of calcium supplements, iron status did not drop. Your body adjusts, and the meta-analysis says the same.
Zinc with iron	56 percent blocking when the two sat together in a glass of water, and none at all when the same doses came inside a meal. Food settles it.
Vitamin C with iron	It genuinely helps a single meal. But across 440 adults with iron deficiency, iron on its own raised hemoglobin just as well as iron plus vitamin C.
Inside your multivitamin	At the small amounts a multi carries, taken with food, minerals competing in the tablet is not the reason it underperforms. The amounts being small is the reason.

Sold harder than the evidence supports

K2 with your vitamin D	The bone chemistry is real. Whether adding K2 changes anything you would notice is unsettled, and the heart trials have come back mixed. Fine to take. Not worth stress.
Magnesium strictly at night	Time of day does not change how much you absorb. Take it at night if it settles you, and know that the hour you will actually keep beats the optimal one.

If you take any of these, ask your prescriber before you change a thing

Thyroid medication	Empty stomach, 4 hours away from calcium, iron, and magnesium, and give it an hour before coffee.
Metformin	Blocks B12 absorption in up to 30 percent of people on it. Ask for a level once a year.
Acid reducers	Long term you pull less B12 out of your food, and less magnesium along with it.
Antibiotics	Minerals bind them and then both lose. Ask whether to space them 2 hours or 6.
Blood thinners	Ask before you start fish oil, vitamin K, or high dose vitamin E.
Iron	Get labs before you start. Ask about every other day dosing too, which absorbs better than daily in women who are low.

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