

A SABLE + SAND PROTOCOL

# The Magnesium Protocol

Twelve weeks. Three phases.  
Built from the evidence.

*Researched. Practical. Honest.*

## SECTION 01

# Before you begin

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*Form, not dose, decides whether magnesium works. The mineral is the same on every shelf. The partner molecule it is bonded to is what changes everything.*

## What this Protocol is

A twelve week plan in three phases. Repletion (weeks one to four): bring tissue levels up using the form most women should start on, paired with the cofactor magnesium needs to actually do its work. Refinement (weeks five to eight): match a second form to your dominant symptom and layer the additional cofactors that decide whether magnesium can do its job intracellularly. Sustain (weeks nine to twelve): build the daily stack you keep and address the everyday inputs that quietly drain magnesium back out.

## Who it is for

Women who have tried magnesium and concluded it did not work. Women managing sleep disruption, background anxiety, perimenopausal tension, muscle cramps, or afternoon energy crashes. Anyone who has read a buyer guide and walked away with a bottle of oxide or citrate without being told why those forms are the wrong tool for sleep.

## Who it is not for

Anyone with stage four or five kidney disease, who should speak to a clinician before starting. Anyone on long term proton pump inhibitor therapy who has not had magnesium status checked. Pregnancy and breastfeeding require a clinician conversation on any new supplement.

## What is included

The full Protocol PDF you are reading. A seven day quick start companion to begin tomorrow morning. A form decision card on a single page that matches each symptom to the right form. A printable symptom tracker. Brand free supplement guidance with the doses and forms the trials actually used.

## How long it takes

Twelve weeks. Most women notice the first shift inside week two (sleep depth, evening tension). Tissue levels rise across phase one. The form refinement in phase two is what dials it in.

Read it once before you start. Then return to week one and follow the structure week by week.

## SECTION 02

## The science in one page

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*It is the form, not the dose, that decides whether magnesium works. Most women taking magnesium that 'does not work' are taking the wrong form for the symptom they have.*

Magnesium is not a single thing inside a capsule. It is a metal ion bonded to a partner molecule. The partner is what changes everything. Magnesium oxide is bonded to oxygen, has roughly 4% absorption, and ends up doing very little outside the digestive tract. Magnesium citrate is bonded to citric acid, absorbs well, but pulls water into the bowel and is closer to a gentle laxative than a sleep aid. These are the two cheapest forms. They are also the two most commonly sold. That is not a coincidence.

The forms that actually move sleep, anxiety, and tension are the chelates. Magnesium glycinate (bonded to glycine, a calming amino acid) is the workhorse. It absorbs cleanly, is gentle on the gut, and the glycine partner is itself a sleep cofactor. Magnesium threonate is bonded to a metabolite of vitamin C; it is the only form that crosses the blood brain barrier in any meaningful quantity, which makes it the form for cognitive symptoms and brain fog. Magnesium malate (bonded to malic acid, a Krebs cycle intermediate) is energising rather than sedating; it is the daytime form for fatigue and muscle ache. Magnesium taurate (bonded to taurine) is the form with the strongest cardiovascular evidence; it is for blood pressure, palpitations, and sleep that is disrupted by racing heart.

Form is half the story. The other half is whether magnesium can actually enter the cell once it has been absorbed. That step depends on cofactors. Vitamin B6 in its active form (pyridoxal 5 phosphate, P5P) escorts magnesium across the cell membrane. Vitamin D activates magnesium transporters. Potassium balances magnesium intracellularly; the two minerals are inseparable in cellular work. Insulin resistance depletes intracellular magnesium regardless of intake. So does chronic stress, alcohol, and prescription medications including proton pump inhibitors and some diuretics.

That is what this Protocol does. Phase one rebuilds tissue levels with the form that suits most women. Phase two refines the stack: match form to symptom, add the cofactors, address the depleters. Phase three is the daily stack you keep for the rest of your thirties, forties, and fifties. The body knows what to do with magnesium. Your job is to give it the right form, and stop pulling it back out the other end.

## WEEK 1 . PHASE 1

# Audit and the bedtime bedrock

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## This week

See what you are already getting from food. Begin the form most women should start on.

## What you do

- Write down everything you ate over the last two days. Highlight the magnesium rich items: leafy greens, pumpkin seeds, dark chocolate over 70%, almonds, beans, oats, oily fish.
- Estimate honestly whether you are reaching the daily 270 to 300mg target from food. Most women come in around half that.
- If you are taking a multivitamin or other magnesium product, note the form and dose on the label. Words to look for: glycinate, bisglycinate, threonate, malate, taurate. Words that mean a weaker form: oxide, citrate, sulphate.
- Begin 200mg of elemental magnesium glycinate (specifically glycinate, fully chelated bisglycinate) thirty to sixty minutes before bed.

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## Continued in the full Protocol

The full Protocol contains all twelve weeks plus the supplement card, the lab tests, the printable symptom tracker, and the form decision card. The seven day quick start sheet is included so you can begin tomorrow morning.

Available at [sableandsand.com/protocols/magnesium-protocol](https://sableandsand.com/protocols/magnesium-protocol). One payment of nineteen pounds. Lifetime updates included.