

How to Take Vitamins and Minerals for Best Absorption and Results

Core Principles

- Get nutrients from food first — Variety in your diet prevents deficiencies naturally. Supplements are temporary fixes for gaps, not long-term replacements.
- Multivitamins are generally not ideal — Doses are too low for real deficiencies (e.g., often only 180 mg vitamin C vs. needed 500–1,000 mg; tiny vitamin D amounts vs. 5,000 IU goal; low vitamin A equivalents). They're more for basic maintenance if diet is decent. Prefer targeted supplements or food.
- Food vs. supplements — Food nutrients are balanced at lower concentrations, so no major clashes (e.g., iron and calcium coexist without blocking). Body stores excess smartly. Supplements are concentrated, so timing and combos matter more to avoid wasting them (peeing out unabsorbed nutrients).
- Goal — Ensure absorption and storage to correct deficiencies. If not absorbed/stored, deficiency persists.
- Historical note — Ancestors got everything from food/sunlight (e.g., sailors used lemons/limes for vitamin C to prevent scurvy before pills existed).

Positive Combinations (Synergies for Better Absorption/Effectiveness)

- Iron + Vitamin C — Vitamin C boosts iron absorption (great for hemoglobin, thyroid, energy, immune support). Take iron with vitamin C-rich juice/food or supplement.
- Calcium + Magnesium + Vitamin D — Best trio. Magnesium activates calcium; vitamin D enhances intestinal absorption for bone health. Never take calcium alone—always include magnesium (ideal ratio ~2:1 calcium to magnesium). Vitamin D also helps overall.
- Vitamin A + Zinc — Zinc supports vitamin A transport/utilization (benefits immune system and eyes).
- Chlorophyll (liquid, aka "plant blood") — Excellent broad support; high in vitamin C, aids absorption overall, historically used for blood health.
- Vitamin K — Often from food (rare deficiency); pairs well with vitamin D for bone density/calcium use.
- General — Pair iron-rich foods with vitamin C sources (e.g., lentils/oysters + red bell peppers/broccoli/Brussels sprouts/kale/cauliflower).

Negative Combinations (Avoid or Space Apart)

- Iron + Calcium — Natural enemies; they block each other's absorption (calcium reduces iron uptake and vice versa). Space by 2+ hours. Challenging in conditions like Hashimoto's—use meal timing, sea veggies (kelp/Irish moss for iron), chlorophyll.
- Zinc + Copper — High zinc can interfere with copper (copper deficiency rare, so rarely supplement copper).
- High-dose Vitamin A + Vitamin D — Excess A can interfere with D absorption (uncommon unless mega-dosing A; space if concerned).
- Vitamin B12 + High Vitamin C — Space by ~2 hours; high C can reduce B12 absorption.
- General mineral competition — High doses of minerals (e.g., calcium, zinc, magnesium, iron) compete in gut—don't take together.

Timing & How to Take Specific Supplements

- Multivitamins / Prenatals — Always with food (helps the mixed nutrients absorb and avoids upset).
- Iron — On empty stomach (e.g., before breakfast) + vitamin C source. Avoid calcium/dairy/coffee/tea/high-fiber at same time. Prefer sea vegetables (Irish moss, kelp, coral) over pills.
- Calcium — With magnesium + vitamin D; take with food.
- Zinc, Calcium, Magnesium, Manganese — Always with food.
- Vitamin B12 — Always with food.
- Most B vitamins & Vitamin C — Flexible (with/without food), but space B12 from high C.
- General rule — Fat-soluble (A, D, E, K) often with fat-containing meal for absorption; water-soluble (B's, C) more forgiving.

Food Examples & Insights

- Baby spinach salad (with onions, carrots, olives, tomatoes, cucumbers) — Good for vitamin A (~2,800 IU), vitamin K (300+ mcg), potassium; low in iron, folate (B9), vitamin C. Eating it repeatedly leads to those deficiencies.
- High-iron meal idea — Oysters (high B12), lentils, red bell peppers, broccoli, Brussels sprouts/kale/cauliflower — Covers iron, B12, folate, vitamin C massively (e.g., 450%+ DV B12 from oysters).
- Variety tip — Use tools like AI/Google to check your meal's nutrient breakdown and add foods high in missing ones (e.g., search "foods high in iron").
- Preference notes — Full-grown kale/spinach often denser than baby versions; prefer kelp/sea veggies for iron over pills; liquid chlorophyll as safest broad supplement.

Final Advice

- Prioritize living, varied foods (more nutrient-dense and balanced).
- Use supplements short-term to correct deficiencies, then maintain via diet.
- Multivitamins often a "con" — under-dosed; if needed, targeted ones or chlorophyll better.
- Always consult bloodwork/symptoms; tailor to individual needs (e.g., heavy bleeding may need iron temporarily, but fix root cause).