

FACT SHEETS

Grading Criteria

<p>A</p>	<p>Strong scientific evidence it works</p> <p>The A ranking is achieved when there are at least two double blind placebo controlled studies with similar methodology, or numerous studies of this quality that may have related but not similar methodology (most likely in the form of a meta-analysis). Studies conducted in animals and reviews that do not provide new evidence do not count, and for epidemiological evidence to receive an A ranking the effect must remain consistent across no less than 3 studies.</p>
<p>B</p>	<p>Good scientific evidence it works</p> <p>The B ranking is achieved when the body of evidence suggests benefit and is relatively cohesive but the parameters of A have not been met. This tends to be when multiple studies have been conducted but their methods varying widely (despite studying the same parameter) or when animal and in vitro evidence is convincing but human interventions are minimal yet present. The B ranking is also given to convincing epidemiological evidence that does not have accompanying interventions proving the mechanism of action.</p>
<p>C</p>	<p>Neutral scientific evidence; unknown if it works</p> <p>The C ranking is given to supplements that either show benefit from a single human study (of lacklustre design), exclusively from animal studies, or when numerous trials conducted on the topic show no cohesiveness as to demonstrate whether the supplement succeeds or fails.</p>
<p>D</p>	<p>Some scientific evidence it does not work</p> <p>The D ranking is given to supplements that have either one well controlled study (double blind placebo controlled trial) or numerous human studies of lesser quality that demonstrate a failure of the supplement to have an effect while simultaneously having either no human evidence to suggest benefit or evidence to suggest benefit of a much lesser quality.</p>
<p>F</p>	<p>Strong scientific evidence it does not work</p> <p>The F ranking is given to supplements that have numerous, well controlled, studies to suggest that the supplement fails to affect the target parameter while also having proven rationale as to why the supplement fails to affect the target parameter.</p>

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Evidence

A	<p>Cardiac Health</p> <p>Magnesium seems to greatly benefit overall cardiac health, mostly around how it can reduce blood pressure (to a mild degree) and how it can assist in reducing arterial stiffness. While nowhere near as potent as pharmaceuticals aimed for heart health, and not as good at reducing blood pressure as even some other supplements (such as garlic), it shows benefit on most tested parameters suggesting overall benefit (no influence on cholesterol levels).</p>
A	<p>Glucose Metabolism</p> <p>The effect appears to be small, and while some parameters are beneficially affected by magnesium supplementation (blood glucose and how well insulin in the body works) others, such as HbA1c, are not reliably affected. These benefits seem to only occur in people who are on the verge of type II diabetes or already have problems with glucose metabolism but are a small push in the right direction.</p>
B	<p>Sleep Quality</p> <p>While magnesium is very commonly recommended for assisting in sleep quality, which it appears to do, there is a surprisingly small amount of evidence on this topic. It shows benefit when taken by people who report bad sleep quality, with no studies on subjects with normal sleep quality existing at the moment.</p>
B	<p>Bone Mineral Density</p> <p>Magnesium has limited evidence to suggest an increase in bone mineral density, which may be related to magnesium itself being a major component of bone tissue alongside calcium, but the overall amount of evidence on this topic is surprisingly scarce (as calcium and Vitamin D tend to be the major research focuses for bone health).</p>
D	<p>Testosterone</p> <p>As magnesium is sometimes seen as a 'panacea' of sorts, it has been at times recommended for testosterone support in men. The limited evidence on this topic suggests that this property does not exist for magnesium.</p>

How it became a Supplement

Magnesium is thought to have first become a dietary supplement as, while there are many food sources of magnesium, there is no one food source that can be considered a 'great' source of magnesium like other vitamins and minerals; while fruit may easily provide all your required Vitamin C and good calcium sources have up to 40% of your requirements, a 'good' source of magnesium tends to only have a meager 15-20% and are not usually not the foods that people willingly eat (leafy greens and beans). As such, supplementation likely started out of necessity to get optimal levels in your diet.

Magnesium has since gained an abnormal amount of praise in alternative medicine as a near-panacea, with some recommending this supplement for purposes that it has no reason nor logic to assist in. While it is a good supplement for many to take there does appear to be a difference in its benefits and what is attributed to it at times.

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What's next?

Want to know what supplements work for which goal?

For example, you can see above that curcumin is great for inflammation. But what else is great for pain? Our [Supplement-Goals Reference](#) has the answers to that question and more. Referencing over 5000 human studies, it is the gold standard for unbiased supplement information.

It is the only unbiased analysis of supplement studies done on humans. No rat studies. No petri-dish studies. Just real studies done on humans.

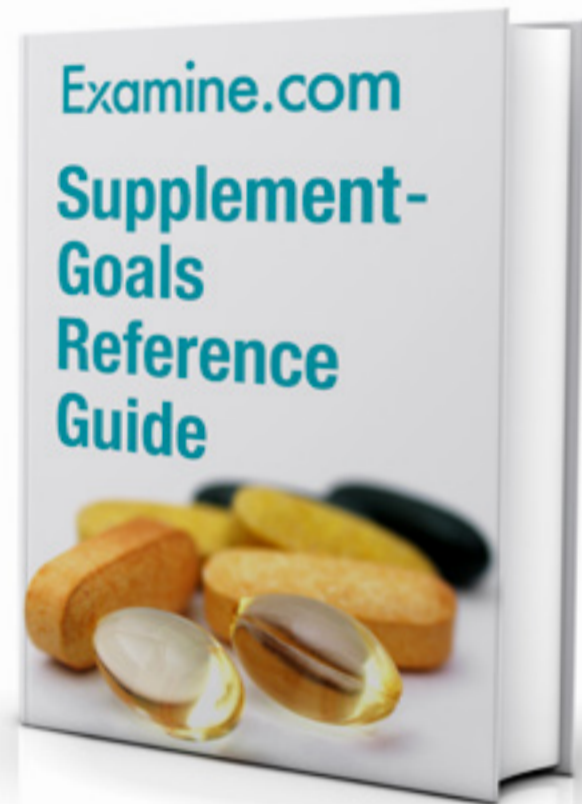
For example, supplements on pain:

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Pain

Pain is the adverse sensation associated with injury, arthritis, and various forms of nerve injury that impairs well being and day-to-day living. Supplements may either universally reduce pain, or may alleviate the pain associated with a disease state.

LEVEL OF EVIDENCE	SUPPLEMENT	CHANGE	MAGNITUDE OF EFFECT CHANGE	SCIENTIFIC STUDIES	COMMENTS
A	Glucosamine	↓	☆☆☆ Minor	8 studies	There appears to be a decrease in pain, with one meta-analysis noting that over the long term it account for "a 13 point reduction on a scale of 0-100". Although present, it is not as effective as most painkillers and may be exclusive to osteoarthritis
B	Serrapeptase	↓	☆☆☆ Minor	5 studies	When a decrease in inflammation occurs post surgery, there appears to be a concomitant reduction in pain; it tends to hover around a 1 point reduction on a VAS scale (scale of 1-10).
B	Curcumin	↓	☆☆☆ Notable	4 studies	There appear to be decreases in pain associated with curcumin at higher doses (400-500mg) which extend to post-operative, arthritic, and general pain symptoms. This does seem comparable to 2g acetaminophen in potency.
B	Horse Chestnut	↓	☆☆☆ Minor	1 study	The pain associated with chronic venous insufficiency may be alleviated when that condition is treated by horse chestnut extract.
B	Marijuana	↓	☆☆☆ Minor	4 studies	There appears to be a reduction in pain associated with the dose of marijuana which confers psychoactive effects.
B	Type II Collagen			5 studies	



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