

# SUPPLEMENTS & MENOPAUSE

An Evidence-Based Guide to What Works,  
What Doesn't, and What to Ask Your Doctor

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## Why Supplements Matter in Menopause

The Reality	What Changes	Where Supplements Help
Estrogen loss affects nutrient absorption	Calcium, Vitamin D, and magnesium utilisation all decline	Targeted supplementation bridges real physiological gaps
Indian diets often fall short	Low Vitamin D, calcium, and omega-3 — worsened by menopause	Food-first approach, with supplements where diet cannot compensate
Supplement industry is largely unregulated	Most products marketed to menopausal women lack evidence	Evidence-graded approach: know what works and what doesn't



Menopause changes how your body absorbs, uses, and depletes key nutrients. Falling estrogen affects calcium absorption, magnesium balance, Vitamin D metabolism, and the gut microbiome. These are not trivial changes — they have direct implications for bone density, sleep quality, mood, and heart health.

This guide takes an honest, evidence-first approach. Not every supplement marketed for menopause has good evidence behind it. We tell you what actually works, what is overhyped, and what questions to ask your doctor before starting anything.

**The Golden Rule:** Food first — always. Supplements are meant to fill genuine gaps that diet cannot cover, not replace a balanced plate. A woman eating dal, curd, ragi, and sesame seeds regularly will need fewer supplements than one eating mostly refined foods.

## How to Evaluate Supplement Claims

The supplement industry is worth billions — and much of what is marketed to menopausal women is not supported by robust evidence. Before spending money on any supplement, understand how to read the claims.

### Understanding Evidence Tiers

Evidence Tier	What It Means	Examples in This Guide
STRONG	Multiple high-quality RCTs; consistent results; well-established mechanism	Vitamin D3, Magnesium glycinate, Calcium
MODERATE	Some RCT evidence; results mixed or limited; promising but not conclusive	Omega-3, Ashwagandha KSM-66, Collagen peptides
LIMITED	Mostly observational; few RCTs; theoretical benefit; insufficient evidence	Maca root, Evening primrose oil, Black cohosh
AVOID	No meaningful evidence; potentially harmful interactions; not recommended	Unregulated 'hormone balancing' blends, high-dose phytoestrogens

### Red Flags — When to Be Cautious

- Claims like 'balances hormones naturally' with no cited evidence
- Products that list 20+ ingredients — dilution means none work at therapeutic dose
- No mention of dose — effective supplements have specific evidence-based doses
- Testimonial-heavy marketing with no peer-reviewed citations
- 'Clinically proven' without specifying the study, journal, or sample size
- Proprietary blends where individual ingredient doses are hidden

### Questions to Ask Before Buying Any Supplement

Question	Why It Matters
What is the evidence tier — RCT or observational?	RCTs are far more reliable than observational studies or anecdote
What is the specific dose used in the study?	Many products contain doses far below what the evidence supports
Does it interact with my medications or conditions?	Thyroid medication, blood thinners, and many conditions affect supplement safety
Is it third-party tested for purity?	Supplements in India are not required to prove what they contain
Do I actually have a deficiency to correct?	Vitamin D and magnesium should be tested before supplementing

## Core Supplements — The Evidence-Based Foundation

These are the supplements with the strongest evidence base for menopausal women. Most Indian women are genuinely deficient in at least two of these — which means supplementation addresses real gaps, not theoretical ones.

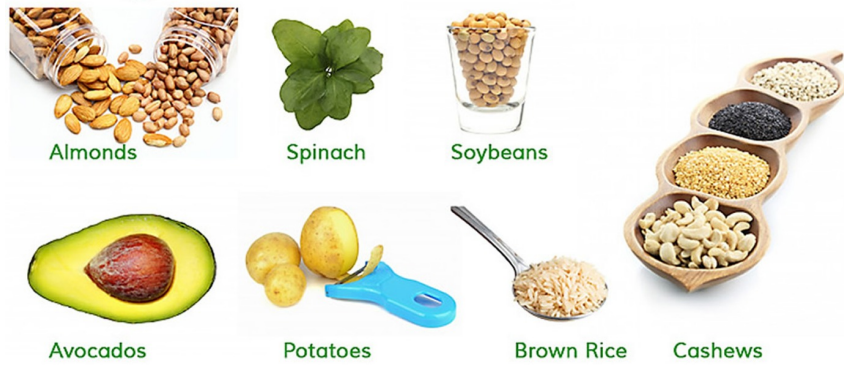
### Vitamin D3 + K2

Aspect	Detail	Evidence	Notes
Why it matters	Estrogen helps activate Vitamin D; its loss worsens deficiency rapidly	<b>STRONG</b>	Most Indian women are deficient — test levels first
Dose	1,000–2,000 IU Vitamin D3 daily; K2 (MK-7) 90–120 mcg daily	<b>STRONG</b>	K2 directs calcium to bones, not arteries — critical pairing
Evidence	Deficiency linked to poor sleep, depression, bone loss, and immune dysfunction (Lerchbaum E et al., 2024, <i>Endocr Rev</i> )	<b>STRONG</b>	Target serum level: >30 ng/mL — test before and after
Indian context	Paradoxically high deficiency despite abundant sunshine — sunscreen, clothing, and skin tone all reduce synthesis	<b>STRONG</b>	Supplement year-round; food sources insufficient alone

### Calcium

Aspect	Detail	Evidence	Notes
Why it matters	Bone density loss accelerates dramatically in the first 5 years after menopause; calcium is the primary structural mineral in bone	<b>STRONG</b>	Only supplement if dietary intake is genuinely low
Dose	500 mg calcium citrate twice daily (not more than 500 mg at a time)	<b>STRONG</b>	Citrate form absorbed better than carbonate, especially without food
Evidence	Reduces postmenopausal bone loss when combined with Vitamin D (Crandall CJ et al., 2024, <i>JAMA</i> )	<b>STRONG</b>	High doses (>1,200 mg/day) may increase cardiovascular risk — do not over-supplement
Indian context	Curd, paneer, ragi, and sesame seeds are excellent sources. Supplement only the gap — not the full requirement	<b>STRONG</b>	Target: 1,000–1,200 mg/day total (food + supplement)

# Magnesium Rich Foods



## Magnesium Glycinate

Aspect	Detail	Evidence	Notes
Why it matters	Magnesium regulates cortisol, supports sleep, and is essential for bone health. Estrogen loss accelerates magnesium depletion	<b>STRONG</b>	Most commonly deficient mineral in menopausal women
Dose	300–400 mg elemental magnesium at bedtime	<b>STRONG</b>	Glycinate form is gentlest on gut; oxide form is poorly absorbed
Evidence	Improves sleep onset, reduces anxiety, and supports bone mineralisation (Abbasi B et al., 2012; Zhang Y et al., 2024, Nutrients)	<b>STRONG</b>	Take 30 min before bed — sleep benefit is significant
Indian context	Dal, ragi, sesame seeds, and banana are excellent food sources — supplement fills the gap when dietary intake is low	<b>STRONG</b>	Food first; supplement if diet is poor or sleep is disturbed

### Why Magnesium Glycinate — not Magnesium Oxide?

Magnesium oxide is the cheapest and most commonly sold form — but it has very low bioavailability. Most of it passes through unabsorbed. Magnesium glycinate (bound to the amino acid glycine) is far better absorbed, is gentlest on the stomach, and the glycine component has its own mild calming effect. If you have tried magnesium before and it did not seem to work, the form was likely the problem.



### Omega-3 Fatty Acids (EPA + DHA)

Aspect	Detail	Evidence	Notes
Why it matters	Menopause increases cardiovascular risk and inflammation; omega-3 addresses both. Also supports mood and joint health	<b>MODERATE</b>	Particularly important for vegetarian women with no fish intake
Dose	1,000–2,000 mg EPA+DHA combined daily with food	<b>MODERATE</b>	Algae-based omega-3 is equally effective for vegetarians
Evidence	Reduces triglycerides, supports cardiovascular health, and may reduce hot flash frequency (Lucas M et al., 2024, Menopause)	<b>MODERATE</b>	Anti-inflammatory benefit is well-established; HF benefit is moderate
Indian context	Walnuts, flaxseeds, and chia seeds provide ALA (plant omega-3), but conversion to EPA/DHA is poor — algae supplement fills the gap	<b>MODERATE</b>	Flaxseeds daily + algae supplement is the ideal vegetarian approach

#### Vegetarian Indian women and Omega-3:

Most Indian women do not eat fish. While flaxseeds and walnuts provide ALA, the body converts less than 5% of ALA into the EPA and DHA your heart and brain actually need. An algae-based omega-3 supplement (the original source that fish get their omega-3 from) is the most effective and sustainable solution. 1,000 mg EPA+DHA daily from algae oil is equivalent to eating oily fish 2–3 times per week.

## Supplements for Sleep, Mood & Stress

Beyond the core nutritional supplements, several adaptogens and micronutrients have meaningful evidence for the sleep disruption, anxiety, and mood changes that menopause brings. These are adjuncts — not replacements — for the lifestyle interventions in the sleep guide.

Supplement	What It Helps	Evidence	Dose & Notes
Ashwagandha (KSM-66)	Cortisol reduction, sleep quality, mild hot flash reduction, energy	<b>MODERATE</b>	300–600 mg at bedtime. Check with doctor if on thyroid medication. (Salve J et al., 2024, J Ethnopharmacol)
Melatonin	Sleep onset, circadian rhythm disruption, jet lag	<b>MODERATE</b>	Start at 0.5 mg — not 5 mg. Higher doses don't work better and cause grogginess. 30 min before target bedtime.
L-Theanine	Anxiety, racing mind at bedtime, sleep quality	<b>MODERATE</b>	200 mg in the evening. Often combined with magnesium. No drowsiness effect. (Hidese S et al., 2019, Nutrients)
Saffron (Kesar)	Mild depression, mood, hot flash frequency	<b>MODERATE</b>	30 mg/day (15 mg twice daily). Indian saffron (Kashmiri) is the best quality. (Lopresti AL et al., 2024, Nutrients)
B-Complex (especially B6, B12, Folate)	Mood, energy, nerve function, homocysteine control	<b>MODERATE</b>	Full B-complex daily. B12 deficiency is extremely common in vegetarian Indian women — test before supplementing.

## Bone Health — A Special Focus for Indian Women



**A note on Ashwagandha:** Ashwagandha is one of the most evidence-backed adaptogens for menopausal women. However, it is contraindicated if you have hyperthyroidism or autoimmune thyroid conditions — always check with your doctor first. The KSM-66 standardised extract has the best evidence.

Indian women have among the highest rates of osteoporosis in the world — driven by smaller skeletal frames, lower baseline Vitamin D, lower calcium intake, and earlier menopause. Bone loss in the first five years after menopause can be 2–3% per year without intervention.

**The bone loss window:** The most rapid bone loss happens in the first 5 years after menopause. This is the critical period when targeted supplementation — combined with resistance exercise and adequate protein — has the greatest impact (*Marwaha RK et al., 2024, Osteoporosis International*).



### Complete Bone Health Supplement Stack

Supplement	Dose	Evidence	Why It's in the Stack
Vitamin D3	1,000–2,000 IU daily	<b>STRONG</b>	Essential for calcium absorption — useless without it
Vitamin K2 (MK-7)	90–120 mcg daily	<b>STRONG</b>	Directs calcium into bone, not arteries (Knapen MH et al., 2024, Nutrients)
Calcium citrate	500 mg twice daily	<b>STRONG</b>	Primary bone mineral — supplement the dietary gap only
Magnesium glycinate	300 mg at bedtime	<b>STRONG</b>	Essential bone mineralisation co-factor; also improves sleep
Collagen peptides (Type I)	10 g daily	<b>MODERATE</b>	Supports bone matrix and joint cartilage (Czajka A et al., 2024, Nutrients)
Boron	3 mg daily	<b>MODERATE</b>	Supports bone density; enhances Vitamin D and magnesium activity

### Indian Food Sources for Bone Health

Food	Key Bone Nutrient	How Much & How Often
Ragi (finger millet)	Calcium — 344 mg per 100g (higher than milk)	Ragi dosa or mudde 3–4x per week
Sesame seeds (til)	Calcium + magnesium + zinc	1 tbsp til chutney or til ladoo daily
Curd / Paneer	Calcium + Vitamin K2 (in fermented forms)	1 cup curd or 50g paneer daily

**Also rich in bone nutrients:** Moringa/drumstick leaves (sambar 2x/week) — calcium + Vitamin K. Almonds (10–12 soaked daily) — calcium + magnesium + Vitamin E.

## Overhyped Supplements — What the Evidence Actually Says

The menopause supplement market is filled with products that promise hormone balance, hot flash relief, and renewed energy — with little to no evidence. Knowing what to avoid protects both your wallet and your health.

Supplement	The Claim	Evidence	The Reality
Black cohosh	Reduces hot flashes naturally	<b>LIMITED</b>	Studies are small and inconsistent. Rare but serious liver toxicity reported. Not recommended without medical supervision.
Evening primrose oil	Balances hormones; reduces hot flashes	<b>LIMITED</b>	RCTs show no significant benefit over placebo for hot flashes. May thin blood — avoid before surgery.
Maca root	Increases energy and libido naturally	<b>LIMITED</b>	Small studies only. No large RCTs. Benefit appears modest at best. No known major harms but evidence is insufficient.
DHEA (oral)	Restores hormones, increases energy	<b>LIMITED</b>	Converts to testosterone and estrogen in the body — needs medical supervision. Not recommended as an over-the-counter supplement.
High-dose phytoestrogen blends	Natural hormone replacement	<b>LIMITED</b>	Soy isoflavones at food levels are safe; high-dose extracts are unregulated. Avoid in women with hormone-sensitive conditions.
'Menopause support' multivitamin blends	All-in-one menopause solution	<b>AVOID</b>	Proprietary blends with 20+ ingredients at sub-therapeutic doses. No evidence any single blend addresses menopause effectively.

**The 'natural' fallacy:** Natural does not mean safe, and synthetic does not mean harmful. Black cohosh is natural and can cause liver damage. Vitamin D3 is synthetic and is essential. Evaluate every supplement on its evidence, dose, and safety profile — not its marketing language.

## How to Talk to Your Doctor About Supplements

Many women take supplements without telling their doctor — and many doctors don't ask. This creates real risks, particularly for supplements that interact with medications or affect thyroid, liver, or blood clotting. Here is how to have an informed conversation.

What to Tell Your Doctor	Why It Matters
Every supplement you are currently taking, with doses	Many supplements interact with thyroid medication, blood thinners, and antidepressants
That you want to test Vitamin D and B12 before supplementing	Targeted supplementation based on actual levels is safer and more effective
That you are interested in magnesium for sleep	Magnesium is safe for most women but dose needs to be appropriate for kidney function
Any symptoms you think may be supplement-related	GI issues, headaches, and fatigue can all be supplement side effects



### Tests to Ask For

Key tests: Vitamin D (25-OH), B12, serum magnesium (especially for women with poor sleep or muscle cramps), bone density (DEXA — within 2 years of menopause), and a fasting lipid panel annually.

Test	What It Tells You	Who Should Get It
25-OH Vitamin D (serum)	Your actual Vitamin D status	All menopausal women — target >30 ng/mL
Serum B12	B12 deficiency — very common in vegetarians	All vegetarian women; anyone on metformin

## Your 4-Week Supplement Starter Plan

Starting multiple supplements at once makes it impossible to know what is working — or what is causing a side effect. This phased approach introduces supplements one at a time, giving your body and your tracking the best chance to identify what helps.

Week	What to Start	Daily Actions	What to Watch
Week 1	Vitamin D3 + K2	Take with your largest meal (fat-soluble). Book Vitamin D blood test if not already done.	No immediate effects expected — this is a long game. Note energy and mood baseline.
Week 2	Magnesium glycinate	300 mg at bedtime. Note sleep quality each morning in a simple diary (scale of 1–10).	Loose stools mean the dose is too high or form is wrong — switch to glycinate if not already using it.
Week 3	Omega-3 (algae or fish oil)	1,000 mg EPA+DHA with lunch. Refrigerate the bottle to avoid oxidation.	Fishy aftertaste = take with food or switch to enteric-coated. Note joint comfort and mood.
Week 4	Review + add targeted supplement	Review sleep diary, energy, mood. Add ashwagandha or B-complex based on symptoms.	If sleep has improved: magnesium is working. If mood is still low: prioritise B12 testing.

### Your Supplement Quick Reference

- Morning with food: Vitamin D3 + K2, Omega-3, B-Complex
- Evening with food: Calcium citrate (500 mg)
- Before bed: Magnesium glycinate (300–400 mg), Ashwagandha (if using)
- Test first: Vitamin D and B12 before supplementing
- Always tell your doctor: Every supplement, every dose
- Want this plan personalised? [WhatsApp Dr. Suganya: wa.me/919940270499](https://wa.me/919940270499)

## A Note from Dr. Suganya



Every week I see women spending thousands of rupees on supplement stacks that will not help them — because they were sold on marketing, not evidence. And every week I see women who are genuinely deficient in Vitamin D or B12 who have never been tested, never been told, and are suffering consequences that are entirely preventable.

My philosophy is simple: test what you can, supplement what is genuinely low, eat as well as you can, and be sceptical of anything that promises to 'balance your hormones naturally' without citing a single study. Your money is better spent on a DEXA scan and a proper blood panel than on a proprietary menopause blend.

The supplements in this guide are not miracle cures. They fill real physiological gaps created by menopause. Used correctly — with the right doses, the right forms, and the right timing — they make a genuine difference to how you sleep, how your bones age, and how you feel every day.

### Get Personalised Guidance

- **WhatsApp us:** [wa.me/919940270499](https://wa.me/919940270499)
- Website: [menolia.in](https://menolia.in)
- Tell us your top symptoms and current supplements — we'll respond within 24 hours

### — Dr. Suganya Venkat

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*Because every woman deserves to know exactly what she's putting in her body — and why.*

## Ready to Build Your Supplement Plan?

### Book a Personalised Supplements Consultation with Dr. Suganya

Whether you want to know which supplements you actually need, review what you're currently taking, or get your blood tests interpreted — Dr. Suganya offers evidence-based, personalised guidance built around your health history and symptoms.

**WhatsApp: [Click here to chat with us on WhatsApp](#)**

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## Disclaimer

This guide has been prepared by Dr. Suganya Venkat, DNB OB-GYN, for general educational and informational purposes only. It does not constitute medical advice and is not a substitute for professional consultation, diagnosis, or treatment. Always consult a qualified healthcare provider before starting, stopping, or changing any supplement, medication, or treatment.

Supplements can interact with medications including thyroid hormone, blood thinners, antidepressants, and diabetes medications. Women with kidney disease, liver disease, hormone-sensitive conditions, or a history of breast cancer should seek personalised medical advice before using any supplement mentioned in this guide.

The evidence cited in this guide reflects the state of research as of 2024–2025. Supplement research evolves rapidly — always verify with your healthcare provider. Menolia Health accepts no liability for any adverse outcomes from use of this guide.

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