

EVIDENCE DOSSIER

Magnesium Pure+: Ingredient Evidence Dossier

Formula facts, published research on each ingredient at the amount used, safety information, and lab testing.

Published by Stellar Health Labs about its own product. This dossier is published by Stellar Health Labs, the company that makes and sells Magnesium Pure+.

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pending

Applies to: formula V1, label revision TBD, lot MGL250923.

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Independent scientific review of this version: pending.

Scope. This dossier summarizes research relevant to normal structure and function in generally healthy adults. Research conducted for other purposes is outside the scope of this document.

Disclaimer — These statements have not been evaluated by the Food and Drug Administration. This product is not intended to diagnose, treat, cure, or prevent any disease.

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§1 Key points

- **What it is:** a single-ingredient capsule supplement — magnesium (as magnesium glycinate), 275 mg of elemental magnesium (65% Daily Value) per 3-capsule serving, 30 servings per container. → [§3](#)
- **This product itself has not been tested in a clinical trial:** the research described here was conducted on magnesium, sometimes at different amounts or in different forms (oxide, citrate, chloride) than the glycinate used here. → [§4](#)
- **Where the human evidence sits:** magnesium is an essential mineral with well-established roles in normal muscle and nerve function, energy-yielding metabolism and electrolyte balance (high certainty as a nutrient function); the human research on magnesium *supplements* for sleep quality and physical performance is limited and inconsistent (low certainty). → [§2](#)
- **Dose honesty:** our 275 mg per serving is a nutrient-level amount, below the 350 mg/day tolerable upper intake level for supplemental magnesium and close to the amounts used in the sleep and performance trials described

here; benefits in those trials were clearest in people whose dietary magnesium was low. → [§2](#)

- **Safety headline:** magnesium supplements most commonly cause loose stools or stomach upset; talk to a healthcare professional first if you have reduced kidney function, are pregnant or nursing, are under 18, or take prescription medication. → [§6](#)
- **Testing:** the current lot was third-party tested by an ISO/IEC 17025-accredited laboratory for magnesium content, heavy metals and microbial contaminants; measured results are summarized in [§7](#). → [§7](#)

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§2 At a glance

Ingredient (form)	Amount per serving	Research area in healthy adults	Certainty of human evidence	Amounts studied in people (daily)	Our amount vs studied
Magnesium (as magnesium glycinate)	275 mg elemental (65% DV)	Normal muscle and nerve function; energy-yielding metabolism; electrolyte balance; bone health*	High (as an essential-nutrient function)	Dietary Reference: RDA 310–420 mg/d (total intake)	Contributes 65% of the Daily Value; a nutrient-level amount
Magnesium (as magnesium glycinate)	275 mg elemental	Sleep quality*	Low	250–320 mg/d (glycinate, citrate; among cited trials)	Within range (250 mg studied for the same glycinate form)
Magnesium (as magnesium glycinate)	275 mg elemental	Physical/muscle performance*	Low	300–600 mg/d (oxide, chloride)	At/just below range; different forms; results mixed
Magnesium (as magnesium glycinate)	275 mg elemental	Magnesium status / repletion	Moderate	300–320 mg/d (oxide, citrate)	Just below (275 vs 300–320 mg); status rose most in low-intake people

Caption: "Certainty describes how confident we are in the published human research on **magnesium**, not the tested effect of this product. See [Methods](#) and the certainty scale (Appendix A of this document)."

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§3 Formula and label facts

Transcribed from the Supplement Facts panel (supplier label editor on file). Values marked TBD await confirmation of the physical label revision (see [Open Items](#)).

- **Serving size:** 3 capsules · **Servings per container:** 30 · **Directions (as on label):** "TBD — transcribe verbatim from label"
- Because the directions are one serving per day, per-serving and per-day amounts are the same. (Confirm directions at G1.)

Supplement Facts (text version of the panel), per 3-capsule serving:

Ingredient (as labeled)	Amount per serving	% Daily Value	Form / standardization (as labeled)
Magnesium (from 2,500 mg Magnesium Glycinate)	275 mg	65%	magnesium bisglycinate chelate

- **Other ingredients (as labeled):** TBD — transcribe from label (e.g., capsule shell, flow agents).
- **Allergen and label statements (as labeled):** TBD — transcribe from label.
- **Label warnings (verbatim):** "TBD — transcribe from label."
- **Ingredient regulatory status (short):** magnesium is an essential mineral nutrient with an established FDA Daily Value (420 mg) and Reference Daily Intake; it is a permitted dietary ingredient. Nothing is asserted here beyond what is documented.

§4 Evidence by magnesium (single active)

Magnesium Pure+ as a finished product has not been tested in a clinical trial. The research described here was conducted on magnesium, sometimes at different amounts or in different forms (oxide, citrate, chloride) than the glycinate used here.

How to read this section: This section lists human studies in generally healthy adults, the amount and form studied, what was measured, and who paid for the study where declared. The certainty rating describes the research on magnesium, not a tested effect of this product.

4.1 Magnesium (as magnesium glycinate, 275 mg elemental per serving)

- **Short answer:** Magnesium is an essential mineral required for normal muscle and nerve function, energy-yielding metabolism and electrolyte balance (high certainty as a nutrient function). Human research on magnesium *supplements* for sleep quality and physical performance is limited and inconsistent (low certainty), and benefits are clearest in people whose dietary magnesium is low.
- **What it is:** Magnesium is a mineral that acts as a cofactor for more than 300 enzyme systems, including those that produce and use ATP (cellular energy), and it takes part in nerve signaling, muscle contraction and relaxation, and electrolyte balance. The glycinate (bisglycinate chelate) form binds magnesium to the amino acid glycine.

Established nutrient functions (authoritative reference sources). Magnesium's roles in *normal muscle function, normal functioning of the nervous system, normal energy-yielding metabolism, electrolyte balance, normal protein synthesis, and the maintenance of normal bones and teeth* are recognized nutrient functions (European Food Safety Authority authorized health claims for magnesium; U.S. National Institutes of Health Office of Dietary Supplements

magnesium fact sheet). These are functions of magnesium **as a nutrient**; they describe what an adequate magnesium intake supports, not an added effect of a supplement in people who are already replete.

- **Human studies relevant to healthy adults (supplement trials and status data):**

Ref	Design	People studied	Daily amount and form	Duration	What was measured	What was found	Funding
[1]	Randomized, double-blind, placebo-controlled	155 healthy adults 18–65, self-reported poor sleep	250 mg elemental as magnesium bisglycinate	4 weeks	Insomnia Severity Index (subjective sleep)	Greater ISI reduction vs placebo (–3.9 vs –2.3); effect size small (d = 0.2); larger in those with lower baseline dietary magnesium	contract research org funded by nutraceutical firms
[2]	Systematic review of RCTs	adults (12 trials, sleep)	oral magnesium, various forms/doses	varies	Sleep, insomnia, poor-sleep outcomes	Findings inconsistent; certainty of evidence low to very low ; does not support magnesium as a routine treatment for insomnia; may give modest benefit for selected subjective outcomes in some adults	not stated
[3]	Systematic review and meta-analysis	adults (dietary supplements for sleep)	magnesium among several supplements	varies	Sleep quality	Significant pooled effects were found for amino acids, melatonin and vitamin D; magnesium had insufficient data to meta-analyze and was discussed only as a possible aid; further research on magnesium called for	not stated
[4]	Randomized, double-blind, crossover pharmacokinetic	40 healthy men and women	single doses of magnesium bisglycinate vs oxide, citrate and a microencapsulated form	acute (0–6 h)	Plasma magnesium after intake (biomarker)	The bisglycinate arm did not significantly raise plasma magnesium over 6 h in this study, whereas oxide and citrate did at some timepoints; the microencapsulated comparator performed best	funded by the maker of the comparator ingredient
[5]	Randomized controlled trial (open-label; untreated control, no placebo)	139 healthy elderly women in a weekly fitness program	300 mg/d as magnesium oxide	12 weeks	Short Physical Performance Battery, chair-stand, walking speed (functional)	Better physical-performance score, chair-stand time and walking speed vs control; effect clearer in those below the RDA for magnesium intake	public/academic
[6]	Randomized, placebo-controlled	100 adults >51 with poor sleep quality	320 mg/d as magnesium citrate	7 weeks	Magnesium status markers, C-reactive protein, sleep (biomarker)	Improved markers of low magnesium status; lowered CRP in those with elevated baseline CRP; sleep improved in both magnesium and placebo groups	USDA (public)
[7]	Randomized, double-blind, crossover	15 regular exercisers	600 mg/d as magnesium chloride	9 days	VO ₂ max, sprint power, 10-km time trial (functional)	Magnesium decreased VO ₂ max and sprint power vs placebo (an unfavorable/ergolytic result); time trial unchanged; authors advise exercisers without deficiency not to supplement	two industry funders; one participated in study-design discussions (per COI statement)
[8]	Cross-sectional population survey (NHANES)	5,682 U.S. adults ≥65	dietary magnesium intake	n/a	Proportion below recommended intake	83.3% of U.S. older adults were not meeting the recommended dietary magnesium intake	public

- **Certainty by outcome:**
- *Normal muscle/nerve function, energy metabolism, electrolyte balance, bone:* **High** (established essential-nutrient functions; EFSA/NIH ODS). These are nutrient-adequacy functions, not a demonstrated supplement effect in replete people.
- *Sleep quality:* **Low**. One RCT of the same glycinate form at 250 mg showed a small effect [1]; a systematic review rates the overall evidence low to very low and inconsistent [2][3].
- *Physical/muscle performance:* **Low**. One RCT in older women (oxide) was positive, clearest below the RDA [5]; a crossover in trained exercisers (chloride, higher dose) was negative [7]. Results depend on baseline status, form and dose.
- *Magnesium status/repletion:* **Moderate**. Supplementation raises markers of magnesium status, especially where intake is low [6], and inadequate intake is common [8].
- **Our amount vs studied amounts:** ours is 275 mg elemental per serving (65% DV). The sleep RCT used **250 mg of the same bisglycinate form** → **Within range, same form** [1]. Performance and status trials used 300–600 mg of oxide, citrate or chloride → **at/just below range, different forms** [5][6][7]. Our amount is **below the 350 mg/day tolerable upper intake level for supplemental magnesium** (NASEM/IOM).
- **Mixed or null findings:** in a short-term pharmacokinetic study the **bisglycinate form did not significantly raise plasma magnesium acutely** [4]; magnesium **reduced** exercise performance in trained exercisers [7]; sleep improved in both arms (placebo effect) in one trial [6]; the sleep effect in [1] was small.
- **What is not known:** the effect of this specific product and amount on sleep or performance in generally healthy, magnesium-replete adults; long-term use; and how much of the acute-absorption difference between forms matters over weeks of daily use.

§5 About this single-ingredient formula

This section explains why the ingredient and form were chosen. It describes a formulation rationale, not a demonstrated effect of the product.

Magnesium Pure+ is a single-active formula: magnesium as the glycinate (bisglycinate chelate) form. The glycinate form is commonly chosen because it is generally well tolerated at the gut compared with some inorganic salts; a head-to-head pharmacokinetic study found the acute rise in blood magnesium differs between forms, and the bisglycinate arm did not raise plasma magnesium acutely in that study [4], so form differences are described here honestly rather than as a proven advantage. The amount, 275 mg elemental (65% DV), is a nutrient-level dose intended to help meet daily magnesium needs, which national survey data show are frequently not met [8].

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§6 Safety

Summary: magnesium is generally well tolerated at nutrient-level amounts; the most common effect of magnesium supplements is a laxative one (loose stools, stomach upset), and people with reduced kidney function should be cautious.

Per-ingredient safety table:

Ingr edi ent	Established upper limit (source)	Our daily amo unt	Side effects reported in human studies	Known interactions (by drug class / mechanism)
Magnesium (glycinate)	350 mg/day for supplemental magnesium (NASEM/IOM Tolerable Upper Intake Level; applies to supplements/medications, not food)	275 mg elemental	Loose stools, diarrhea, nausea, stomach cramps — most common and dose-related; glycinate is often chosen for better gut tolerability	May reduce absorption of some oral medications if taken together (e.g., certain antibiotics such as tetracyclines and quinolones, and bisphosphonates) — separate dosing and ask a clinician; people with reduced kidney function clear magnesium poorly and should consult a clinician before use

- **Talk to a healthcare professional before use if you:** have reduced or impaired kidney function; are pregnant or nursing; are under 18; take prescription medications (in particular the antibiotic and bone-medication classes noted above); or have a scheduled surgery.
- **Allergens:** TBD — transcribe from the label. **Label warnings:** TBD — transcribe verbatim from the label.
- **Report a problem:** contact Stellar Health Labs (contact TBD); adverse events can also be reported to FDA MedWatch (<https://www.fda.gov/safety/medwatch>).

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§7 Quality and lab testing

The **label specification** and the **lot result** are shown as separate columns. A missing value renders as "not tested on this lot," never as an inferred default.

- **Lot:** MGL250923 · **Manufactured:** TBD · **Tested:** 2025-10-02 (heavy metals) / 2025-10-03 (minerals, microbial) · **Report:** TBD
- **Laboratory:** an ISO/IEC 17025-accredited third-party laboratory (name held on file; not published). Methods: ICP-MS for magnesium and heavy metals (USP <233>), USP <2021>/<2022> for microbials. The full certificate of analysis is held privately and is available on request; it is not linked here.

Test	Method	Label claim / specification	Lot result	Reference limit (source)	Result vs spec
Magnesium content	ICP-MS	≥ 91.6 mg per capsule (≈ 275 mg per 3-capsule serving)	96.91 mg per capsule (≈ 290.7 mg per 3-capsule serving)	—	Meets (measured ≈5.7% above the label claim)
Lead	ICP-MS (USP <233>)	within USP limit	0.023 ppm	USP <232>/<2232> (per-day µg vs Prop 65 lead MADL 0.5 µg/day pending serving-weight conversion — see Open Items)	Pass
Arsenic	ICP-MS (USP <233>)	within USP limit	0.019 ppm	USP <232>/<2232>	Pass
Cadmium	ICP-MS (USP <233>)	within USP limit	< LOQ (0.010 ppm)	USP <232>/<2232>	Pass
Mercury	ICP-MS (USP <233>)	within USP limit	< LOQ (0.010 ppm)	USP <232>/<2232>	Pass
Total aerobic plate count	USP <2021>	< 100,000 CFU/g	< 20 CFU/g	USP limit	Pass
Yeast / Mold	USP <2021>	< 1,000 CFU/g	< 20 CFU/g	USP limit	Pass
Coliforms	USP <2021>	< 100 CFU/g	< 20 CFU/g	USP limit	Pass
E. coli / Salmonella / S. aureus	USP <2022>	Absent	Negative	USP limit	Pass

- **Not tested on this lot:** a per-serving heavy-metal µg/day conversion is not printed on the certificate; the label warnings and other-ingredient identity assays are pending label transcription. A certificate of analysis reports results for the lot and tests listed. It does not show how the product will affect any individual.
- **Lot currency:** lot MGL250923 was tested in October 2025 (the current measured lot on file as of this draft). Confirm at G1 that this is the lot in active inventory; if inventory has turned over, update this table with the current lot before publishing.
- **Testing program:** each production lot is third-party tested; future lot results will be summarized on the product page and the product-testing page.

§8 Manufacturing

- **Made by:** a contract manufacturer operating under FDA's dietary-supplement current Good Manufacturing Practice rule (21 CFR Part 111), in a cGMP facility in the USA. The manufacturer identity is documented internally and is not named publicly.
- **Facility certifications (issuer · standard · certificate # · expiry):** TBD — pending manufacturer documentation.
- **Key raw materials:** magnesium as magnesium glycinate (bisglycinate chelate); sourcing/standardization documented internally where available.
- **Packaged in / country of manufacture:** USA (state pending). Ingredients globally sourced.
- (This is a dietary supplement; it is not approved or registered as a drug by the FDA, and no such status is claimed — neither would be accurate for a dietary supplement.)

§9 Limitations of this dossier

This product itself has not been tested in a clinical trial. The research described here was conducted on magnesium, sometimes at different amounts or in different forms than those in this product.

- **Indirectness:** the performance and status trials used magnesium oxide, citrate or chloride, not the glycinate used here [5][6][7]; the one same-form (glycinate) trial measured only subjective sleep and found a small effect [1].
- **Form and absorption:** a pharmacokinetic study found the bisglycinate form did not raise blood magnesium acutely [4]; the practical significance of acute-absorption differences over weeks of daily use is unclear.
- **Evidence gaps named in §4:** magnesium reduced exercise performance in trained exercisers [7]; sleep improved in both arms in one trial [6]; the sleep effect in [1] was small; several benefits appear only in people with low baseline magnesium intake.
- **Funding concentration:** two of the cited human studies were funded by ingredient makers, as noted in the table.
- **Individual variation:** responses to magnesium vary from person to person and depend on baseline magnesium status and diet.
- **Scope:** this dossier covers research relevant to normal structure and function in generally healthy adults only.

§10 Methods: how this dossier was prepared

- **Search:** PubMed/MEDLINE, the Cochrane Library, ClinicalTrials.gov, NIH ODS and EFSA were searched on 2026-09-23 (search strings and counts are kept on file in the internal evidence file). Screening moved from records identified

→ screened → included, with disease-population and disease-titled records routed to the internal file.

- **Inclusion:** human studies of magnesium (and, where possible, the same form) in generally healthy adults, reporting outcomes related to normal structure or function; systematic reviews and meta-analyses first. Population intake data and authoritative nutrient-function sources (EFSA, NIH ODS, NASEM/IOM) are used for the essential-nutrient functions and safety.
- **Verification:** every reference was checked against PubMed for existence, bibliographic accuracy, retraction status and disease-title flag using ``verify_pmids.py``; every cited PMID returned status OK-MACHINE on 2026-09-23, and each was read for relevance to magnesium and the statement it supports.
- **AI-assistance line:** Parts of this dossier were drafted with AI assistance. Every reference was verified against PubMed and read by the preparer before publication.
- **Certainty ratings:** an adaptation of the GRADE approach (Appendix A). There is no overall product score.
- **Conflicts of interest:** Stellar Health Labs makes and sells this product. Reviewer compensation, if a reviewer is named in a later version, is disclosed with the byline.
- **Corrections:** errors are corrected promptly and recorded in the version history (§13). Report an error: contact TBD.

§11 Common questions

- **How much magnesium is in one serving?** 275 mg of elemental magnesium (65% of the Daily Value), from 2,500 mg of magnesium glycinate, in a 3-capsule serving; there are 30 servings per container. → [§3](#)
- **What form of magnesium is this?** Magnesium glycinate (a bisglycinate chelate), which binds magnesium to the amino acid glycine and is often chosen for gut tolerability. → [§3](#)

- **Has Magnesium Pure+ itself been clinically tested?** No. The product has not been tested in a clinical trial; the research here is on magnesium, sometimes at different amounts or in different forms. → [§4](#)
- **Is the amount the same as in the studies?** Our 275 mg is close to the 250 mg used in a same-form sleep trial and a little below the 300–320 mg used in some performance and status trials, which used different forms. → [§2](#)
- **Is it safe? How much is too much?** The tolerable upper intake level for supplemental magnesium is 350 mg/day; our serving is 275 mg. The most common effect of too much is loose stools. People with reduced kidney function should ask a clinician first. → [§6](#)
- **What was this lot tested for?** The current lot was third-party tested for magnesium content, heavy metals (lead, arsenic, cadmium, mercury) and microbial contaminants; results are in [§7](#).

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§12 References

Numbered in order of first citation. Every entry links to PubMed and to the DOI where available. Only citations that passed the public-citation filter appear here.

1. Schuster J, et al. Magnesium bisglycinate supplementation in healthy adults reporting poor sleep: a randomized, placebo-controlled trial. *Nat Sci Sleep*. 2025;17:2027–2040. doi:[10.2147/NSS.S524348](#) PMID: [40918053](#). — Used in: §4.1. Funding: nutraceutical-funded CRO.
2. Lopresti AL, et al. Magnesium supplementation for sleep in adults: a systematic review of randomized controlled trials. *J Diet Suppl*. 2026;23(5):553–581. doi:[10.1080/19390211.2026.2719670](#) PMID: [42661485](#). — Used in: §4.1.
3. Chan V, et al. Efficacy of dietary supplements on improving sleep quality: a systematic review and meta-analysis. *Postgrad Med J*. 2022;98(1158):285–293. doi:[10.1136/postgradmedj-2020-139319](#) PMID: [33441476](#). — Used in: §4.1.

4. Pajuelo D, et al. Comparative clinical study on magnesium absorption and side effects after oral intake of microencapsulated magnesium versus other magnesium sources. *Nutrients*. 2024;16(24):4367. doi:10.3390/nu16244367 PMID: 39770988 . — Used in: §4.1, §5. Funding: comparator ingredient maker.
5. Veronese N, et al. Effect of oral magnesium supplementation on physical performance in healthy elderly women involved in a weekly exercise program: a randomized controlled trial. *Am J Clin Nutr*. 2014;100(3):974–981. doi:10.3945/ajcn.113.080168 PMID: 25008857 . — Used in: §4.1.
6. Nielsen FH, et al. Magnesium supplementation improves indicators of low magnesium status and inflammatory stress in adults older than 51 years with poor quality sleep. *Magnes Res*. 2010;23(4):158–168. doi:10.1684/mrh.2010.0220 PMID: 21199787 . — Used in: §4.1.
7. Bomar MC, et al. Short-term magnesium supplementation has modest detrimental effects on cycle ergometer exercise performance and skeletal muscle mitochondria: a randomized crossover clinical trial. *Nutrients*. 2025;17(5):915. doi:10.3390/nu17050915 PMID: 40077784 . — Used in: §4.1.
8. Jackson SE, et al. Ethnic differences in magnesium intake in U.S. older adults: findings from NHANES 2005–2016. *Nutrients*. 2018;10(12):1901. doi:10.3390/nu10121901 PMID: 30518025 . — Used in: §4.1.

Reference sources (non-journal; accessed 2026-09-23):

- NIH Office of Dietary Supplements. Magnesium — Health Professional Fact Sheet. <https://ods.od.nih.gov/factsheets/Magnesium-HealthProfessional/>
- European Food Safety Authority. Scientific opinions on magnesium health claims (Regulation (EC) No 1924/2006 authorized claims), EFSA Journal.
- National Academies of Sciences, Engineering, and Medicine (Institute of Medicine). Dietary Reference Intakes for Calcium, Magnesium — Tolerable Upper Intake Level for supplemental magnesium (350 mg/day).

§13 Review, authorship and disclosures

- **Prepared by:** Stellar Health Labs. Parts of this dossier were drafted with AI assistance; every reference was verified against PubMed and read by the preparer before publication.
- **Independent scientific review of this version:** pending.
- **Disclosure:** This dossier is published by Stellar Health Labs, the company that makes and sells Magnesium Pure+.
- **Disclaimer:** These statements have not been evaluated by the Food and Drug Administration. This product is not intended to diagnose, treat, cure, or prevent any disease.
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<https://stellarhealthlabs.com/pages/evidence/magnesium-glycinate>

Version history

Version	Date	Type	What changed	Scientific review
1.0.0	2026-09-23	Major (draft)	First draft prepared for internal review	pending

Superseded versions: none.

Appendix A — Certainty scale (GRADE-adapted; published with every dossier)

Rated per outcome, for human evidence in generally healthy adults. There is no product-level composite score and there are no letter grades.

Rating	Meaning
High	Several well-conducted human trials, usually summarized in a systematic review, show consistent results. Further research is unlikely to change this conclusion much. (For an essential nutrient, also used for established nutrient functions recognized by authoritative bodies.)
Moderate	Human trials point in the same direction, but there are fewer of them or they have limitations. Further research could change the size of the effect.
Low	Human evidence is limited, inconsistent, or indirect (for example, different amounts or forms from ours). The true effect may be substantially different.
Very low	Very limited human evidence (for example, one small or uncontrolled study). We can't draw a conclusion.
Preclinical only	Only laboratory or animal research exists for this outcome. It tells us about possible mechanisms, not about effects in people.

Basis: the GRADE Working Group approach (Guyatt et al., BMJ 2008; GRADE Handbook). The adaptation is described openly as ours, not as an official GRADE assessment.

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