

Supplement Checklist

Common ranges cited in 7-OH / kratom recovery literature — for use with your physician or pharmacist.

■ Read This First — Not Medical Advice

This document is **not medical advice, diagnosis, or treatment**. The author is not a licensed clinician, physician, or pharmacist. The supplements and dose ranges below are compiled from publicly available recovery literature and community reports — not from a clinical trial. Individual response varies. Supplements can interact with prescription medications, pregnancy, and existing health conditions in ways that are unsafe. **Before starting, stopping, or combining any supplement, talk to a licensed pharmacist or physician.** A pharmacist consult is usually free and takes under 10 minutes. If you are in a medical or psychiatric emergency, call 911. If you are in crisis, call or text 988.

How to Use This Checklist

This is meant to be a starting point for a conversation with a healthcare professional — not a protocol to self-administer. Bring it to your doctor or pharmacist. Ask which items are safe given your specific medications and health history. Start slowly. Add one item at a time. Stop anything that makes you feel worse.

Before You Start — Medication Interactions

Even over-the-counter supplements can interact dangerously with prescriptions. This list is **not exhaustive**. Ask your pharmacist before adding any supplement if you take any of the following:

SSRIs, SNRIs, MAOIs, or any serotonergic medication

Blood pressure medications

Blood thinners or anticoagulants

Gabapentin, pregabalin, or other CNS depressants

Suboxone, methadone, or other MAT medications

Benzodiazepines or sedatives

Thyroid medications

Diabetes medications

Seizure medications

Any prescription you take daily

If you take anything prescription, the default answer is: ask your pharmacist first.

Tier 1 — Lifestyle (Free, Low-Risk)

These are general wellness practices with broad evidence behind them. Low risk of harm for most people, but confirm with your doctor if you have specific medical conditions.

Morning sunlight. 10–15 minutes of natural light within 30 min of waking. Supports circadian rhythm.

Grounding. 5 minutes barefoot on grass, dirt, or concrete. Often reported to reduce inflammation markers.

Hydration + electrolytes. Water with a pinch of sea salt + lemon. Withdrawal increases fluid/electrolyte needs.

Movement. 10–20 min walking daily. Cardio 3x/week if tolerated. Movement supports dopamine recovery.

Sleep hygiene. Cool, dark room. No screens 60 min before bed. Consistent wake time.

Nutrition. Protein with every meal. Leafy greens. Avoid alcohol 90+ days. Limit caffeine after noon.

Tier 2 — Supplements (Common Ranges in Recovery Literature)

■ Before Adding Any Supplement

The doses below reflect **ranges commonly cited in recovery literature and community reports**. They are not medical prescriptions. Individual response varies. Some supplements interact with prescription medications in unsafe ways. **Review this list with a pharmacist before adding anything.** If you take any prescription medication, are pregnant, or have a chronic condition, do not add supplements without professional guidance.

Commonly Cited First-Phase (Days 1–3)

Magnesium Glycinate — Commonly cited: ~300–400 mg, evening.

Often reported for sleep, muscle relaxation. Confirm with pharmacist if on BP meds.

L-Theanine — Commonly cited: ~200–400 mg as needed or evening.

Often reported for calm without sedation. Flag with pharmacist if on SSRIs or benzodiazepines.

Epsom salt bath — 1–2 cups in warm bath before bed.

Transdermal magnesium; generally low-risk.

Commonly Cited Second-Phase (Days 3–7)

NAC (N-Acetylcysteine) — Commonly cited: ~600–1,200 mg daily.

Studied for craving reduction in substance-use literature. Ask pharmacist if on any prescription.

Omega-3 Fish Oil — Commonly cited: ~2–3 g daily, 2:1 EPA:DHA.

Flag with pharmacist if on blood thinners.

Probiotics — Commonly cited: 50B+ CFU daily.

Gut health supports serotonin production. Low-risk for most.

L-Tyrosine — Commonly cited: ~500–1,000 mg AM, between meals.

Dopamine precursor. Flag with pharmacist if on thyroid, BP, or MAOI medications.

Commonly Cited Stabilization (Week 2+)

Vitamin D3 + K2 — Commonly cited: ~5,000 IU D3 + 200 mcg K2 daily.

Confirm dose with doctor via bloodwork if possible.

Lion's Mane — Commonly cited: ~1,000 mg daily.

Generally low-risk. Flag if on blood thinners.

Magnesium L-Threonate — Commonly cited: ~1,500–2,000 mg AM.

Brain-targeted magnesium form. Don't stack with other magnesium without pharmacist review.

Taurine — Commonly cited: ~1,000–2,000 mg daily.

Generally well-tolerated. Flag with pharmacist if on lithium.

Glycine — Commonly cited: ~3,000 mg at bedtime.

Often reported for sleep quality. Generally low-risk.

Apigenin — Commonly cited: ~50 mg at bedtime.

Mild anxiolytic. Flag if on blood thinners or BP medications.

Phosphatidylserine — Commonly cited: ~100 mg at bedtime.

May help with cortisol regulation. Flag if on blood thinners.

L-Glutamine — Commonly cited: ~5 g daily.

Gut-lining support. Flag with doctor if liver/kidney concerns.

Collagen Peptides — Commonly cited: ~15–20 g daily.

Generally low-risk.

If MTHFR Variant Detected (via Genetic Testing)

If bloodwork confirms an MTHFR variant, some practitioners replace standard B-vitamins with methylated forms. This is not a decision to make without your physician — methylation changes can have significant effects on mood and energy. Discuss with your doctor before switching.

L-Methylfolate — Commonly cited: ~7.5–15 mg daily (physician-guided).

Methylcobalamin (active B12) — Commonly cited: ~1,000–5,000 mcg daily (physician-guided).

TMG (Trimethylglycine) — Commonly cited: ~500–2,000 mg daily (physician-guided).

Tier 3 — Prescription Medications (Not Included in This Checklist)

Prescription medications commonly discussed in addiction-medicine literature for opioid-type withdrawal (e.g., clonidine, gabapentin, trazodone, low-dose naltrexone) are **not part of this supplement checklist**. They require a physician's evaluation and prescription. See the companion **Doctor Script** document for talking points to bring to a physician.

Approximate Cost

Tier 2 supplements, taken in full, typically run \$100–150/month. Many people do well on a partial stack (\$25–50/month) — you don't need everything on the list.

Final Reminder

The author of this document is not a licensed healthcare provider. No outcome is guaranteed. By using this document, you acknowledge that you are solely responsible for your own health decisions and that the authors, contributors, and operators of the 7-OH Recovery Project disclaim all liability for outcomes related to the information presented here. When in doubt: don't take it until a pharmacist or physician has cleared it for your situation.

Crisis Resources

988 — Suicide & Crisis Lifeline (call or text, 24/7)

1-800-662-4357 — SAMHSA National Helpline (free, confidential, 24/7)

911 — medical or psychiatric emergency

r/quittingkratom — peer community support