SUPERHUMAN

The *supplement stack*

What I actually use, when I use it, and what I skip. A private breakdown of the Superhuman supplement stack, for every client's plate.

PRIVATE CLIENT EDITION

BEFORE YOU START

Food First, Always

A supplement's job is to plug a specific, identifiable gap. Not to compensate for a diet that isn't otherwise doing its job.

Cutting refined carbohydrates and ultra-processed food out of a plate removes some nutrients along with the things that were causing problems, whether that plate is built around meat, dairy, and vegetables, or built around paneer, legumes, nuts, and vegetables for a vegetarian client. A well-built plate closes most of those gaps on its own. What's left over is where supplementation earns its place.

Everything in this guide is written the way I actually use it with clients: what it is, when I reach for it, and just as importantly, when I deliberately don't. Not every supplement belongs in every protocol, and more pills is rarely the answer to a problem that's actually about sleep, stress, or how the diet itself is structured.

This guide reflects general coaching practice and is educational in nature, not a personal prescription. Doses and choices vary by individual history, medication use, and bloodwork. Anyone on prescription medication, pregnant, or managing a diagnosed condition should run any addition past their physician first.

HOW I DECIDE

Five Filters

Before anything makes it into a client's stack, it passes through the same five questions.

01

IS THERE AN ACTUAL GAP?

What is this fixing that the food itself isn't already covering? If I can't name the gap, I don't add the supplement.

02

SINGLE INGREDIENT OVER PROPRIETARY BLEND

I'd rather know exactly what's in the bottle and at what dose than trust a "complex" or "blend" label that hides the actual amounts.

03

THIRD-PARTY TESTED WHERE IT MATTERS

For anything ingested daily long-term, I look for independent testing (NSF, Informed Sport, USP) over marketing claims.

04

DOSE HAS TO MATCH THE EVIDENCE

A lot of products underdose their one useful ingredient so it looks impressive on the label. I check the actual milligram amount every time.

05

BLOODWORK DECIDES, NOT GUESSWORK

Where a marker exists (vitamin D, ferritin, B12), I'd rather test and confirm a real deficiency than supplement blind indefinitely.

01 — DAILY FOUNDATION

Electrolytes

Sodium, potassium, and magnesium, together. The single most impactful addition for almost anyone new to this way of eating.

Typical: 3–5g sodium, 1–3g potassium daily, split across the day

WHEN I USE IT

With every new client in their first two to four weeks, without exception. Lower insulin means the kidneys excrete more sodium, and everything else follows from there.

For anyone training hard, sweating heavily, or living somewhere hot, on an ongoing basis, not just during adaptation.

Anytime a client reports the classic early-adaptation symptoms: headache, fatigue, lightheadedness, or leg cramps.

WHEN I DON'T

For anyone on blood pressure medication or with kidney disease, without their physician's explicit sign-off first. Sodium needs shift the calculation entirely.

As a substitute for actually salting food. If a client is already generous with salt and eating enough vegetables for potassium, the powder becomes optional rather than essential.

COMMON QUESTION

"Isn't sodium supposed to be bad for me?" Standard low-sodium advice assumes a standard high-carbohydrate diet with high circulating insulin, where the body retains sodium more readily. On a lower-carbohydrate pattern the physiology changes, and most people need meaningfully more sodium, not less. This is exactly the kind of number worth confirming against your own bloodwork rather than taking on faith either direction.

02 — DAILY FOUNDATION

Magnesium Glycinate

The mineral most likely to be quietly running low even when a client's electrolyte sachet already includes some.

Typical: 200–400mg in the evening

WHEN I USE IT

For anyone reporting muscle cramps, restless legs, or trouble falling asleep, this is usually the first thing I add.

Alongside a general electrolyte mix, since most blends underdose magnesium relative to sodium and potassium.

Long-term for clients who train frequently, given how much magnesium is used up in muscle recovery.

WHEN I DON'T

In citrate or oxide form for a client who's already prone to loose stools. Glycinate is gentler on the gut for daily use.

At high doses right before travel days or important mornings, since it can loosen the bowels in some people at higher amounts.

WORTH KNOWING

A normal blood magnesium reading doesn't rule out a real shortfall. Serum levels reflect only a small fraction of what's actually stored in muscle and bone, so I trust symptoms and response to supplementation over the lab value alone here.

03 — DAILY FOUNDATION

Vitamin D3 (with K2)

The one nutrient that has almost nothing to do with what you eat and almost everything to do with sun exposure.

Typical: 2,000–5,000 IU D3 with 100mcg K2 (MK-7), with a meal containing fat

WHEN I USE IT

- For nearly everyone who lives somewhere with limited winter sun, works indoors most of the day, or has a confirmed low reading on bloodwork.
- Year-round for darker skin tones, since melanin reduces the skin's own vitamin D synthesis from sunlight.
- Paired with K2, to help direct the calcium that vitamin D helps absorb toward bone rather than soft tissue.

WHEN I DON'T

- Without ever having tested a baseline. This is one of the cheapest, most useful blood tests to run before guessing at a dose.
- At very high doses long-term without periodic retesting. More isn't automatically better with a fat-soluble vitamin that can accumulate.

COMMON QUESTION

"Can't I just get this from eating fatty fish and egg yolks?" You can move the needle, but rarely far enough on its own. Food sources contribute meaningfully less vitamin D than a day of real midday sun or a modest supplement dose, so for most people in most climates, this stays a near year-round addition.

04 — PERFORMANCE

Creatine Monohydrate

Arguably the most studied supplement that exists, and one of the very few with genuinely settled science behind it.

Typical: 3–5g daily, any time of day, taken consistently

WHEN I USE IT

- With almost any client doing resistance training regularly, regardless of their diet style.
- For clients eating less red meat than they used to, since creatine is otherwise concentrated in meat and fish.
- As a daily habit rather than a "loading phase," since consistent low-dose use reaches saturation just as reliably.

WHEN I DON'T

- For anyone with existing kidney disease, without a direct conversation with their physician first.
- As a substitute for eating enough protein. It supports training performance, it doesn't replace the meal.

WORTH KNOWING

Creatine raises blood creatinine as an expected, harmless side effect of how it's processed, which can make a kidney function estimate look worse than it actually is. This is worth mentioning to whoever reads your bloodwork so it isn't mistaken for reduced kidney function.

05 — DIGESTION

Betaine HCl & Digestive Enzymes

For clients moving from a lower-protein diet to a much higher one, digestion sometimes needs a temporary hand adjusting.

Typical: taken with the first bites of a high-protein meal, dose individually titrated

WHEN I USE IT

- For clients reporting heaviness, bloating, or a feeling that meat "sits" after meals, especially early in the transition.
- For anyone without a gallbladder, where fat digestion often needs extra enzyme support.
- Older clients, where natural stomach acid production tends to decline with age.

WHEN I DON'T

- For anyone on acid-reducing medication (PPIs, H2 blockers) without their physician's involvement, since betaine HCl works in the opposite direction.
- Long-term as a default. If digestion normalizes after a few weeks of adaptation, most clients no longer need it.
- For anyone with a history of ulcers or active gastritis.

06 — MICRONUTRIENT INSURANCE

Organ Meat / Desiccated Liver

The single most nutrient-dense food available, in a capsule for the clients who will never willingly eat the real thing.

Typical: 3–6 capsules daily, or a weekly serving of the real thing instead

WHEN I USE IT

For clients who won't eat liver directly but still want the iron, B12, copper, and vitamin A it provides.

As genuine insurance on a heavily meat-based protocol that otherwise skips organ meat entirely.

WHEN I DON'T

For anyone already eating liver or other organ meat directly once a week or more. The capsule is a substitute, not an addition.

For anyone with hemochromatosis or a confirmed iron overload condition, given the concentrated iron content.

COMMON QUESTION

"Can I just take a multivitamin instead?" Not really the same thing. Desiccated organ meat delivers nutrients in the food-bound form your body evolved to absorb efficiently, generally better utilized than the synthetic, isolated versions in a typical multivitamin. See the closing section of this guide for why I skip multivitamins for most clients.

07 — STRUCTURE & RECOVERY

Collagen / Gelatin

Muscle meat is heavy in one amino acid, methionine, and light on another, glycine. Collagen tilts that balance back.

Typical: 10–20g daily, in coffee, bone broth, or plain hot water

WHEN I USE IT

- For clients eating mostly muscle meat (steak, chicken breast, ground beef) with little skin, bone broth, or connective tissue.
- For joint discomfort or a history of tendon issues, where the evidence for connective tissue support is genuinely encouraging.
- As an easy way to add protein volume without adding more fatty cuts, for clients tracking intake closely.

WHEN I DON'T

- For clients already eating regular bone broth, oxtail, chicken skin, or other collagen-rich cuts. The gap's already closed.
- As a complete protein source on its own. It's a useful addition alongside muscle meat, not a replacement for it.

08 — GUT SUPPORT

Probiotic / Saccharomyces Boulardii

Less of a daily essential and more of a situational tool, for the specific windows where the gut is under real pressure.

Typical: started 2–3 days before travel, continued through the trip

WHEN I USE IT

- Around international travel, especially to a destination with different water or food handling standards.
- During or right after a course of antibiotics, to help rebuild gut flora.
- For clients navigating the first few weeks of a big dietary shift, where digestion is still recalibrating.

WHEN I DON'T

- As a permanent daily habit for clients with no digestive complaints. The evidence for indefinite use in an otherwise healthy gut is thin.
- As a fix for a digestive issue that's actually a food intolerance or a portion problem in disguise.

09 — VEGETARIAN CLIENTS

For Vegetarian Clients

A large share of clients on this protocol are Indian vegetarians, eating paneer, dairy, legumes, nuts, and vegetables rather than meat. The stack below is what actually changes for that plate.

Vitamin B12

Non-negotiable

B12 is found almost exclusively in animal foods, and a vegetarian plate built around dairy alone often still falls short. I treat this as a standing supplement for every vegetarian client, not something to wait on symptoms for, since deficiency can build quietly for years before it's noticeable.

Iron (with Vitamin C)

Test first, then supplement

Plant iron (non-heme) absorbs far less efficiently than the iron in meat, and is blocked further by the tannins in chai and the phytates in legumes and grains. Pairing an iron-rich meal or supplement with vitamin C, and spacing it away from tea or coffee, meaningfully improves uptake.

Algae-Based Omega-3

Typical: 250–500mg EPA+DHA daily

Fish oil is the usual source of EPA and DHA, both off the table for a vegetarian client. Algae oil delivers the same two fatty acids directly, without a fish source, and is the one I reach for whenever a client isn't eating fish.

Plant or Whey Protein

To close a daily protein gap

Paneer, dairy, and legumes can absolutely get a vegetarian client to target protein, but it takes real planning. A clean whey isolate (for anyone eating dairy) or a pea-and-rice blend (for anyone who isn't) is the simplest way to close the gap on a busy day.

Zinc

Worth checking, not always needed

Phytates in legumes, grains, and nuts bind zinc and reduce how much the body actually absorbs. Worth a look on bloodwork for any vegetarian client, particularly one eating a lot of lentils and whole grains as a protein base.

Creatine Monohydrate

Typical: 3–5g daily

Creatine is otherwise concentrated in meat and fish, so vegetarian clients typically start with lower baseline muscle stores. In practice, this often means a vegetarian client training regularly sees a more noticeable benefit from adding it than a client already eating red meat daily.

WORTH KNOWING

None of this requires giving up a vegetarian plate to make progress. It just means being more deliberate about a specific short list, B12 first, then iron and omega-3, rather than assuming a general multivitamin has it covered.

JUST AS IMPORTANT

What I Don't Bother With

Knowing what to skip saves as much money and confusion as knowing what to take. These come up often enough with new clients that they're worth addressing directly.

01

GENERIC MULTIVITAMINS

A well-built whole-food plate, whatever it's built from, already covers most of what a multivitamin claims to provide, usually at lower, less bioavailable doses than the real food it's trying to replace.

02

BCAAS

If you're already eating enough complete protein, branched-chain amino acids in a separate powder are largely redundant. The steak already contains them.

03

EXOGENOUS KETONES

They raise blood ketone readings without meaningfully replicating the metabolic adaptations of actually being in nutritional ketosis. A number on a meter isn't the goal in itself.

04

FAT BURNERS & APPETITE SUPPRESSANTS

Almost always a stimulant dressed up with a few extra ingredients. The appetite regulation this diet already provides tends to make these unnecessary and often just adds jitteriness.

QUICK REFERENCE

The One-Page Recap

SUPPLEMENT	TYPICAL USE	SKIP IF
Electrolytes	First 2–4 weeks, hard training, hot climates	On BP medication without physician sign-off
Magnesium Glycinate	Cramps, sleep issues, frequent training	Already prone to loose stools at high doses
Vitamin D3 + K2	Limited sun, confirmed low bloodwork	Never tested a baseline first
Creatine Monohydrate	Regular resistance training	Existing kidney disease, no physician sign-off
Betaine HCl / Enzymes	Heaviness after meals, no gallbladder	On PPIs or H2 blockers, ulcer history
Organ Meat Capsules	Won't eat liver directly	Already eating organ meat weekly
Collagen / Gelatin	Mostly muscle meat, joint concerns	Already eating bone broth or skin regularly
Probiotic / S. Boulardii	Travel, post-antibiotics, early transition	No digestive complaints, long-term daily use
B12 / Iron / Algae Omega-3	Standing for vegetarian clients	Rarely, these three are close to universal for this group

This reflects general coaching practice, not a personal prescription. Confirm any addition against your own history, medications, and bloodwork with your physician.

The right stack is smaller than most people expect.

Bring this list to your next session. We'll build yours around what your bloodwork and your plate actually need, not what's trending.

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