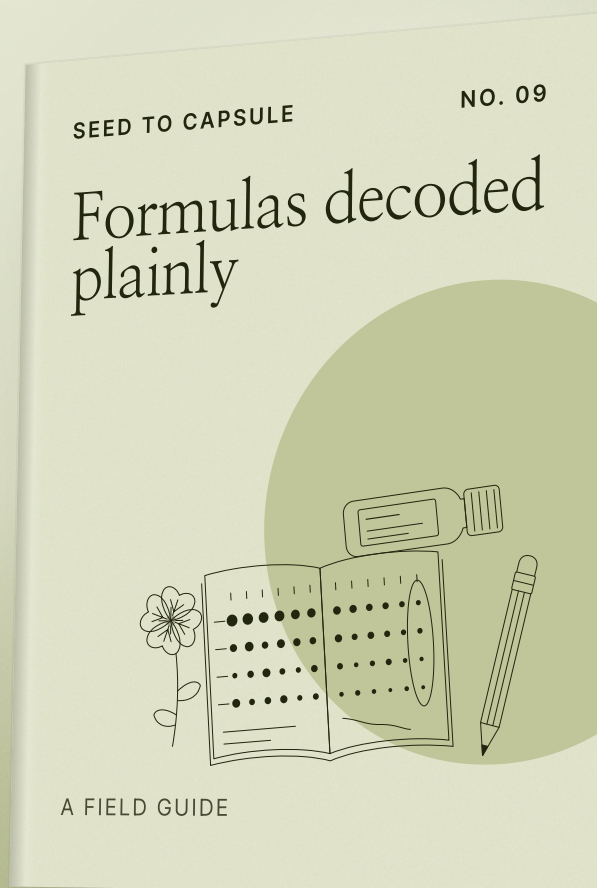




SOURCING GUIDE · LABELS

Choose menopause formulas with clearer dose notes

For careful buyers comparing period, perimenopause and menopause supplements for themselves or family. After reading, they will be able to read Supplement Facts panels, compare doses and serving costs, and keep notes for a clinician visit.

- Read first**
The panel must list names, quantities, serving size and Daily Value.
- Blend check**
Hidden amounts prevent comparison, so test one product at a time.
- Track well**
Eight to twelve weeks of notes supports a useful clinical follow up.

By Dana Kessler · Updated Jul 29, 2026 · 11 min read

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Two women can buy the same pink label and take home different amounts of everything. One panel lists each dose clearly, the other hides the mix behind a blend name, and only the first allows a fair comparison. Once the Supplement Facts panel becomes the starting point, marketing language loses its pull.

01

Read the Supplement Facts panel first

The capsule in hand began as a set of choices on a farm, in a fermentation tank or at a fishing dock, but the only place those choices become visible is the Supplement Facts panel. Federal rules require that panel to begin with the title Supplement Facts and to state serving size, servings per package, nutrient quantities and percent Daily Value. Dietary ingredients present must be listed with names and quantities, plus serving size and servings per container.

That structure matters because comparison depends on amount per serving. A label that states 100 mg magnesium per two capsule serving can be weighed against food intake or another product. Follow a label that names magnesium inside a 900 mg blend and the origin stays hidden. Dietary ingredients on the label are listed in descending order of weight, which gives a rough sense of what dominates a blend, yet order alone does not reveal whether any single herb reaches the amount used in a trial.

Two small details help at the shelf. Listing of servings per container is not required when it matches the net quantity statement, such as 100 tablets with a serving size of one tablet. Percent Daily Value shows how a serving relates to daily intake levels, which helps when B vitamins or calcium with vitamin D appear alongside food sources. When a structure or function claim appears, such as supports immune health, labels must add that the statement has not been evaluated by the FDA and the product is not intended to diagnose, treat, cure or prevent any disease. That disclaimer does not prove or disprove value. It marks the claim as a brand statement, not a regulatory finding.

Start with the other ingredients line and any third party seal as well, then return to the main table. If names and quantities are complete, keep the bottle in the comparison set. If amounts are missing, set it aside until the maker provides a certificate of analysis or a full breakdown by lot and batch.

Map the common ingredient groups

Cycle and menopause formulas tend to draw from the same groups, which makes it possible to map a label ingredient by ingredient. Common groups include magnesium, B vitamins, calcium with vitamin D, omega-3s, soy isoflavones, black cohosh and evening primrose oil. Food sources still count in this comparison, since diet supplies many of the same nutrients.

B vitamins are cofactors for enzymes involved in energy producing metabolic pathways for carbohydrates, fats and proteins and help maintain nervous system functions. A source for menopause lists the recommended amount of vitamin B6 as 1.5 mg daily and vitamin B12 as 2.4 mcg daily. Check the panel to see whether a formula meets, exceeds or falls short of those figures, and remember that food provides B6 and B12 as well.

Magnesium appears in many blends for midlife buyers. About half of people in the U.S. are not getting enough magnesium through diet, and magnesium glycinate is a form that combines magnesium with the amino acid glycine. The panel should state the elemental amount and the form. Without both, it is hard to compare one product with another or with meals rich in beans, nuts and greens.

Calcium with vitamin D is commonly recommended for bone health during menopause, when rapid loss of estrogen causes significant bone density loss and raises risk of osteoporosis. In a cross sectional study of 198 menopausal Korean women, dietary vitamin C intake was positively associated with femoral neck and total hip T-score measured by DEXA. During a 12 week period before cognitive testing, 56 menopausal women in a prospective study received vitamin C at 50 mg daily or vitamin B12 at 0.5 mg daily. Those studies describe associations and small trial designs, not proof that a blend protects bone or thinking.

What sources say about modest or mixed effects

Soy isoflavones can modestly reduce hot flashes by roughly one fewer hot flash a day on average. Black cohosh shows mixed results across studies, with some showing slight improvement in quality of life and hot flashes and recent studies showing no difference from placebo. Phytoestrogens from soy, red clover and flaxseed show unclear or mixed effects on menopause symptoms and uncertain effects on breast cancer risk. Evening primrose oil reviews report efficacy for PMS and mastalgia in some trials but note small samples, modest effects and need for regular use up to four to six months.

In contrast evening primrose oil contains linoleic acid at 60 percent to 80 percent and gamma linoleic acid at 8 percent to 14 percent. A 1994 meta-analysis of seven placebo controlled trials reported safety of a 3 to 6 g daily dose of evening primrose oil in volunteers with PMS. In a trial of 80 women with PMS, a daily dose of 1.5 g evening primrose oil for three months reduced symptom severity scores from 53.2 to 33.62, compared with 53.38 to 50.27 with placebo.

Review authors state evening primrose oil should be regularly used up to 4 or 6 months and an immediate response should not be expected. Those numbers help explain why one month of use rarely settles the question.

FROM THE EDITORS

Perimenopause usually lasts around four years, though it can last for only a short time or stretch for up to a decade, and most women start it in their 40s. A formula bought during a short transition faces a different test than one used across several years, which is another reason written dates matter.

03

Spot blends that block comparison

A proprietary blend lists a total weight for several ingredients without giving each dose. The rule about descending order by weight still applies, so the first ingredient outweighs the second, yet the gap could be large or small. Whether a specific multi ingredient blend provides an effective dose of each listed herb or nutrient when amounts are hidden in proprietary blends is not shown in the evidence reviewed here.

That opacity blocks the two comparisons buyers want most. One is dose against trial amounts, such as 1.5 g evening primrose oil or 50 mg vitamin C. The other is product against product. Two labels can list black cohosh, soy and magnesium and contain very different quantities. Without individual amounts, extract ratio or standardisation details, and lot level paperwork, the buyer cannot tell which one matches the supply chain story on the front label.

Melissa Tharpe, womens health nurse practitioner, puts the cost plainly: "Heavily advertised supplements featuring a mix of ingredients are probably a waste of money." Her method advice is equally direct: "I always suggest trying one supplement at a time so you can see how your body responds." Trying one product at a time helps isolate response. Which ingredient in a blend explains any change in symptoms without testing one ingredient at a time remains unknown, and mixed blends leave that question unanswered.

Ask makers for what would allow comparison. A certificate of analysis from a third party lab can confirm identity and screen for heavy metals. A lot number ties the bottle to a harvest and an encapsulation run. Standardisation statements and fill weight clarify what the extract was meant to deliver. When a brand can name growers and show paperwork by batch, credit that transparency. When that step stays opaque, record it as opaque.

04

Track symptoms for eight to twelve weeks

Cycle and menopause symptoms shift by week, by stress and by season, so memory alone often misleads. Written tracking over eight to twelve weeks gives a steadier record than recall at a follow up visit. How long an individual needs to try a formula before judging response, beyond the three month and twelve week periods used in trials, is not established, but those trial windows offer a practical review point.

Choose a tool that will actually be used. Options include a tracker from a professional body such as ACOG, a phone app or a paper notebook kept beside the bottles. Daily entries work best, even when brief. Useful items to log include bleeding changes, hot flash count and minutes, sleep hours and interruptions, mood, vaginal and urinary changes, memory lapses and pain. Note serving size taken, time of day and any missed days. Note illness, travel, alcohol, new medicines and menstrual day where relevant.

Daily symptom tracking reduced reported symptoms and loneliness in a two week study, but authors note simply being in a study and knowing others share experiences may explain part of the effect. One study participant described that shared effect in plain terms: "I feel more normal that other women are doing the same survey and are probably experiencing similar issues, especially the emotional and mental ones." Expect some early change from attention alone. Longer records, kept the same way each day, make it easier to separate routine variation from a pattern worth discussing.

FROM THE EDITORS

Whether long term use of herbal blends is safe for people with hormone sensitive conditions or on blood thinners and other medicines is not settled. Keep a current medicine and supplement list with doses, and bring it to every visit.

05

Check serving cost before you commit

Price per bottle misleads when serving sizes differ. Cost per serving tells more truth about the field to capsule chain, from grower payment and extraction to testing, encapsulation and retail margin. To calculate, divide bottle price by servings per container. Then adjust for amount per serving. A bottle that looks costly may be reasonable by the day, while a low priced bottle taken as four capsules daily may cost more.

Use the panel for the math. Find serving size, such as two capsules, and servings per container. Divide to get daily cost at the suggested use. If the plan involves a twelve week review, multiply daily cost by 84 days. That total frames the trial the way researchers frame theirs. Twelve week trials for vitamin C and three month trials for evening primrose oil set a review window, and review authors for evening primrose oil point to four to six months before judging.

The reason to pause before a large cocktail is practical as well as financial. Multi ingredient products combine several unknowns at one price. When individual doses are hidden, the buyer pays for ingredients that may be present in small amounts. That concern sits behind the caution that heavily advertised mixes may waste money. A simpler label with full doses often costs less to test and leaves clearer notes.

Keep receipts and lot numbers with the symptom log. If a product changes colour, smell or fill weight between bottles, record the lot and ask the maker whether the grower, harvest or extraction changed. Place names, dates and quantities carry more weight than front label terms, and words like pure or natural need a document behind them to mean anything.

06

Bring clear questions to your clinician

Good notes support a better visit. Bring the symptom record, the bottles or clear photos of Supplement Facts panels, the daily cost and the dates used. Name what symptom or issue is targeted, what the maker states and what the label shows. Ask what the evidence base suggests, including that evidence suggests benefits of supplements are small and mixed compared with prescription options.

Ask about safety with personal conditions and medicines, including hormone sensitive conditions, blood thinners and other prescriptions. Therefore ask about alternatives, including lifestyle steps and prescription options. Systemic estrogen in pill, patch, spray, gel or cream form is described as the best treatment for hot flashes and night sweats, while vaginal estrogen releases a small amount for dryness, pain during sex and some bladder symptoms. Fezolinetant and elinzanetant are hormone free medicines that treat menopause hot flashes by blocking one or more pathways in the brain that help regulate body temperature. Some types of antidepressants called selective serotonin reuptake inhibitors may reduce hot flashes during menopause. Those options carry their own benefits and risks, which a clinician can weigh with history and preferences.

Report certain changes promptly rather than waiting for the twelve week review. Ask the practice when to call about bleeding changes, mood shifts, urinary symptoms or pain. Perimenopause can stretch across years, and plans may need revision as bleeding patterns, sleep and priorities change. A short list of written questions keeps the visit focused: what is the target, what has changed in the log, is the current product transparent enough to judge, should use continue, pause or switch, and what would signal a need for a different approach.

07

The checklist

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- ☐ Photograph the Supplement Facts panel and other ingredients line
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- ☐ Record serving size and servings per container
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- ☐ Write each dose and percent Daily Value in a notebook
-
- ☐ Flag any proprietary blend with hidden amounts
-
- ☐ Test one supplement at a time when possible
-
- ☐ Log bleeding, hot flashes, sleep, mood and pain daily
-
- ☐ Note dose time, missed days and cycle day
-
- ☐ Calculate cost per day and for an 84 day review
-
- ☐ Keep lot numbers and receipts with the log
-
- ☐ List all medicines and health conditions for the visit
-
- ☐ Ask about evidence, safety and prescription alternatives
-
- ☐ Set a review date at eight to twelve weeks
-

08

Sources and further reading

- Selected vitamins and quality of life in menopausal women · [pmc.ncbi.nlm.nih.gov](https://pubmed.ncbi.nlm.nih.gov/)
- Evening Primrose (*Oenothera biennis*) Oil in Management of Female Ailments · [pmc.ncbi.nlm.nih.gov](https://pubmed.ncbi.nlm.nih.gov/)
- Dietary Supplement Labeling Guide: Chapter IV. Nutrition Labeling · [fda.gov](https://www.fda.gov/)
- Perimenopause - Diagnosis and treatment · [mayoclinic.org](https://www.mayoclinic.org/)
- Should you take supplements during perimenopause and menopause? · [novanthealth.org](https://www.novanthealth.org/)
- How tracking menopause symptoms can give women more control over their health · theconversation.com
- Menopause Symptom Tracker · [acog.org](https://www.acog.org)

For information only, not medical advice. Statements about supplements have not been evaluated by the Food and Drug Administration, and no product here is intended to diagnose, treat, cure or prevent any disease. Ask a doctor or pharmacist before starting a supplement, especially if you are pregnant, nursing or taking medication.



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