
Magnesium and Collagen:

What Happens Inside Your Skin Cells, and Why the Form of Magnesium You Take Changes the Outcome

SCIENTIFIC FOUNDATION — INDEPENDENT PEER-REVIEWED SOURCE

This article is built on an independent peer-reviewed clinical paper: Chalupczak NV and Lipner SR, 'The role of magnesium in dermatology,' JAAD Reviews 2026;7:24–30. The authors are researchers at Rosalind Franklin University and Weill Cornell Medicine with no connection to EscapeMed. The paper is open access (CC BY licence).

The purpose of this article is: (1) explain what that research found in plain terms; (2) trace the biology of how collagen is actually made; and (3) show how EscapeMed Magnesium AM and PM were designed to address each of those biological steps. Independent research findings and EscapeMed product information are clearly separated throughout.

WHAT YOU WILL UNDERSTAND AFTER READING THIS

Why collagen loss is not a surface problem — it starts deep inside your skin cells

How collagen is actually made, step by step, and what your body needs at each step

Why magnesium matters for this process — and at which specific steps

Why Vitamin C is not optional — it is required for collagen to form at all

Why the form of magnesium and the time you take it changes what your body can do with it

01 · WHAT THE RESEARCH SAYS

A 2026 Clinical Review: What Scientists Now Know About Magnesium and Skin

In 2026, two dermatology researchers published the first comprehensive scientific review of magnesium's role in skin — covering everything from basic cell biology to clinical trials. It was published in JAAD Reviews, one of the leading dermatology journals in the world. This is an independent academic paper, not connected to any supplement brand.

Their conclusion, in their own words: magnesium 'influences keratinocyte proliferation, fibroblast migration, collagen synthesis, and barrier function' and is 'a mechanistically supported and clinically promising adjunct candidate in dermatology.' In plain terms: there is solid biological evidence that magnesium plays a meaningful role in how skin is built, maintained, and protected — and early clinical evidence to support this.

Below are the key findings from that paper, translated into plain language. Each one becomes important when we explain how the EscapeMed formula works.

Magnesium influences keratinocyte proliferation, fibroblast migration, collagen synthesis, and barrier function. — Chalupczak & Lipner, JAAD Reviews 2026

FINDING 1: MAGNESIUM HELPS SKIN CELLS MOVE TO WHERE THEY ARE NEEDED

Deep in your skin there are cells called fibroblasts. Their job is to produce collagen — the structural protein that keeps skin firm and dense. But before a fibroblast can produce anything, it first has to move toward the area that needs repair or maintenance. Think of them like construction workers who need to arrive at the building site before work can begin.

Research in cell cultures showed that magnesium actively drives this movement through a specific signalling pathway in the cell. When magnesium was added, fibroblasts closed a simulated wound nearly completely within 24 hours. Without it, they moved significantly more slowly.

FINDING 2: MAGNESIUM REDUCES THE INFLAMMATION THAT DESTROYS COLLAGEN

Your body produces inflammatory molecules — specifically proteins called TNF- α and IL-6 — in response to stress, pollution, UV exposure, and other daily pressures. These molecules, when elevated over a long period, actively break down collagen. Research shows that magnesium reduces the production of these inflammatory proteins by approximately 20–25%. It does this by blocking a molecular switch called NF-kB — the signal that turns on inflammation in the first place.

This means magnesium does not just help build collagen. It also helps protect the collagen you already have.

FINDING 3: MAGNESIUM POWERS THE ANTIOXIDANT ENZYMES THAT PROTECT SKIN CELLS

Your skin cells face oxidative stress every day from UV light, pollution, and normal metabolic activity. Two of the most important enzymes that protect against this damage — superoxide dismutase and glutathione peroxidase — both require magnesium to function. Without

enough magnesium, these enzymes work less effectively, oxidative damage accumulates, and collagen breaks down faster.

In laboratory studies, magnesium enrichment reduced reactive oxygen species (the molecules that cause oxidative damage) by 69%. In keratinocytes — the cells that form the outer layer of your skin — magnesium pretreatment significantly reduced damage after UV exposure.

FINDING 4: MAGNESIUM HELPS MAINTAIN THE SKIN'S PROTECTIVE BARRIER

Your skin barrier is what keeps moisture in and irritants out. It depends on a careful balance between calcium and magnesium in the skin. When this balance shifts in favour of magnesium, barrier recovery is measurably faster. Clinical studies — including a randomised trial using Dead Sea salt baths (which are high in magnesium) — showed a 19% reduction in water loss through the skin after six weeks, a direct measure of improved barrier function.

FINDING 5: THERE IS CLINICAL TRIAL EVIDENCE FOR WOUND HEALING

Two properly designed clinical trials — the gold standard of medical evidence — tested oral magnesium supplementation in patients with diabetic foot ulcers. After 12 weeks, wound length, width, and depth were all significantly reduced compared to placebo. This is Level I evidence: the highest quality available. It confirms that magnesium supplementation can make a measurable difference in how effectively the body rebuilds skin tissue.

FIGURE 1 — FIVE BIOLOGICAL ROLES OF MAGNESIUM IN SKIN

Fibroblasts move faster — magnesium drives cell migration to repair sites

Cell study

Less inflammation — magnesium reduces TNF- α and IL-6 by 20–25%

Clinical trial

Antioxidant enzymes work better — magnesium powers SOD and glutathione peroxidase

Cell study

Stronger skin barrier — magnesium restores the Ca²⁺/Mg²⁺ balance in the epidermis

Clinical trial

Wounds heal faster — Level I clinical trial evidence in humans

RCT

Five independent biological mechanisms — all documented in peer-reviewed dermatology research.

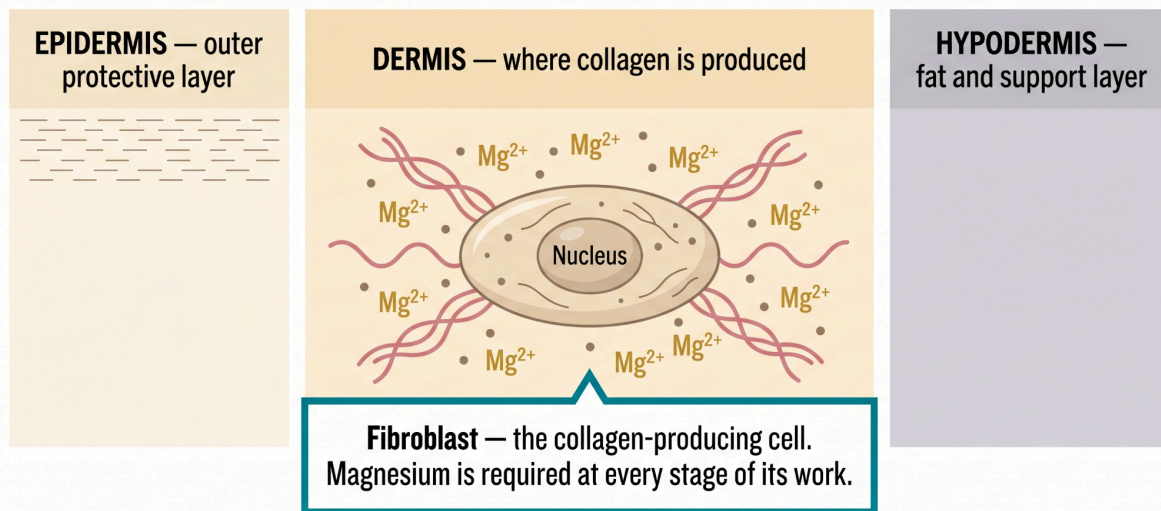
Figure 1. Five key biological findings from Chalupczak & Lipner, JAAD Reviews 2026. From top: fibroblasts move faster (cell study), less inflammation — TNF- α and IL-6 reduced by 20–25% (clinical trial), antioxidant enzymes work better (cell study), stronger skin barrier — 19% reduction in water loss (clinical trial), wounds heal faster (RCT).

Inside the Fibroblast: The Journey from Nothing to Collagen

Collagen does not appear from nowhere. It is manufactured inside your skin cells through a sequence of steps — and if any step fails, the process stops. Understanding this sequence is what makes the formulation argument make sense.

The following steps happen constantly in your dermis — the deep layer of your skin. The quality of collagen your body produces depends on whether each step has what it needs.

FIGURE 2 — WHERE COLLAGEN IS MADE



Collagen is not made on the surface. It is built deep in the dermis — inside fibroblast cells that depend on magnesium.

Figure 2. Cross-section showing the three skin layers: epidermis (outer protective layer), dermis (where collagen is produced — fibroblast shown with Mg²⁺ ions and collagen fibrils), hypodermis (fat and support layer). Collagen is built deep in the dermis inside fibroblast cells that depend on magnesium.

1

The fibroblast has to move first

Before a fibroblast can produce anything, it needs to travel to the area where collagen is needed. Magnesium drives this movement. Without enough of it, fibroblasts are slower to arrive — and the repair process is delayed before it even begins.

EscapeMed: Magnesium AM delivers Mg²⁺ across five salt forms, timed to the morning phase when fibroblast activity is highest.

2

The collagen chain is assembled from a precise sequence

Inside the fibroblast, a collagen chain is assembled like a long rope. The key structural rule: every third link in this rope must be glycine — a small amino acid that is the only one physically small enough to fit into collagen's tightly wound structure. There is no substitute. If glycine is in short supply, the chain cannot be completed correctly.

EscapeMed: Magnesium bisglycinate in both AM and PM formulas releases glycine alongside Mg²⁺ during absorption. This is a co-delivery advantage — both arrive together. Note: most glycine comes from food (protein in your diet). The glycine from bisglycinate is a supplemental contribution, not a replacement for dietary intake.

Vitamin C makes the chain stable — and this step cannot be skipped

3

After the chain is assembled, it has to be chemically treated before it can curl into the strong triple-helix structure that makes collagen useful. This treatment is called hydroxylation, and it is carried out by specific enzymes inside the cell. These enzymes have one absolute requirement: Vitamin C. Without Vitamin C, the enzymes stop working. The chain cannot be stabilised. The cell breaks it down and discards it — all the work up to this point wasted. This is not a 'nice to have' — Vitamin C is structurally required for collagen to exist. The EU recognises this with an authorised health claim: Vitamin C contributes to normal collagen formation for the normal function of skin.

EscapeMed: Magnesium L-ascorbate in the AM formula delivers Mg^{2+} and Vitamin C in the same salt — 93.5 mg at one capsule, 187 mg at two capsules (234% of the daily reference value). This is the most clinically grounded differentiator of the AM formula. No standard magnesium supplement contains Vitamin C.

Three chains wind together into the final structure

4

Once hydroxylated, three collagen chains wind around each other into the triple helix — the strong, stable rope-like structure that is the functional unit of collagen. This requires energy (ATP), and every ATP molecule in your body is produced in a complex with magnesium. No magnesium, no usable ATP. No ATP, the process stalls.

EscapeMed: Continuous Mg^{2+} delivery across both AM and PM formulas ensures the energy supply for this process is not interrupted during either the morning synthesis window or overnight repair.

The collagen is shipped out of the cell

5

The finished triple helix is packaged and transported to the cell membrane for release into the skin. This shipping process runs on ATP — again requiring magnesium. Once outside the cell, the collagen units link together into the dense fibril networks that give skin its structure.

EscapeMed: Mg^{2+} from both formulas supports this step continuously across the 24-hour cycle.

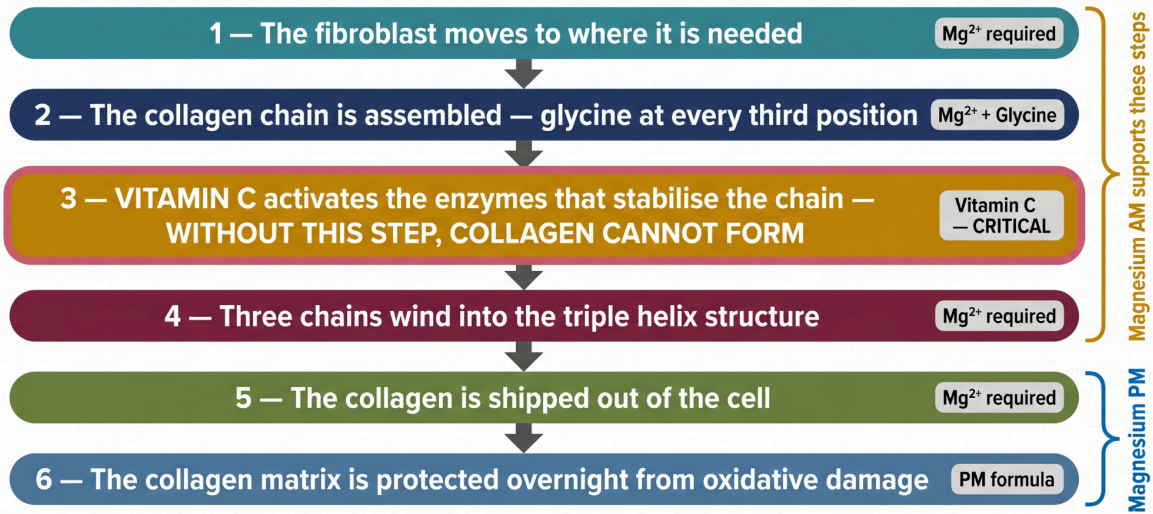
The collagen matrix has to be protected overnight

6

Once collagen is built and deposited, it still needs to be protected. Every day, your skin cells are exposed to UV light, pollution, and internal metabolic activity that generates oxidative stress. At night, your body works to repair and neutralise this damage using antioxidants — primarily glutathione, which needs to be recycled from its used-up form back into its active form. This recycling requires NADPH, a molecule the body produces through a specific metabolic pathway. The counterion in magnesium gluconate (in the PM formula) participates in this pathway. Important note: this mechanism is well-established biochemistry. Direct clinical evidence that magnesium gluconate specifically increases glutathione recycling in skin fibroblasts overnight has not yet been demonstrated in a clinical trial. The rationale is sound — the clinical confirmation is still needed.

EscapeMed: Magnesium PM places gluconate in the evening formula because this nocturnal antioxidant function has no role in the morning activation phase.

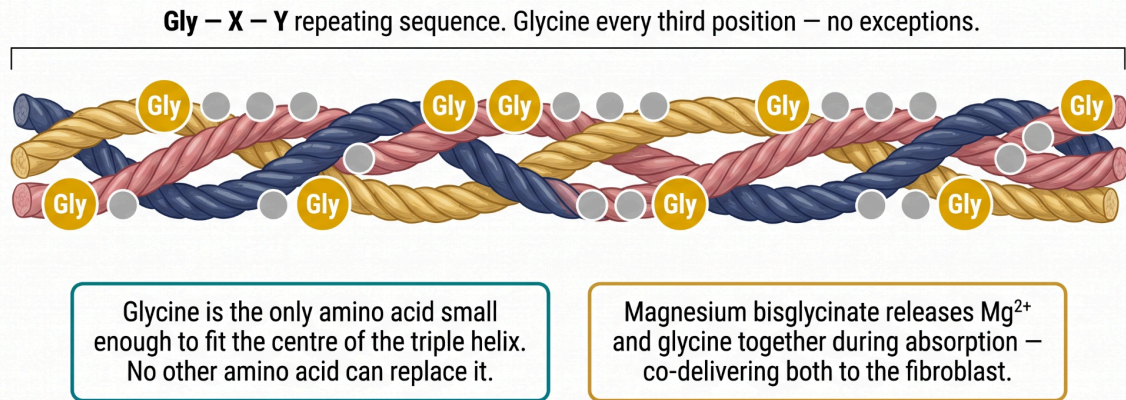
FIGURE 3 — HOW COLLAGEN IS MADE: SIX STEPS



If Step 3 fails, the entire chain is discarded. No Vitamin C — no collagen.

Figure 3. Six-step collagen synthesis cascade. Steps 1–5 supported by Magnesium AM (gold bracket). Step 6 supported by Magnesium PM (blue bracket). Step 3 — Vitamin C activates the stabilising enzymes — is the critical step: without it the entire chain is discarded. If Step 3 fails, the entire chain is discarded. No Vitamin C — no collagen.

FIGURE 4 — THE COLLAGEN TRIPLE HELIX: WHY GLYCINE CANNOT BE REPLACED



One third of all amino acids in collagen must be glycine. The structure physically cannot form without it.

Figure 4. Three intertwined collagen chains (gold, rose, navy) with glycine positions marked as bright gold circles at every third position (Gly–X–Y sequence). Left callout: glycine is the only amino acid small enough to fit the centre of the triple helix — no other amino acid can replace it. Right callout: magnesium bisglycinate releases Mg²⁺ and glycine together during absorption, co-delivering both to the fibroblast. One third of all amino acids in collagen must be glycine. The structure physically cannot form without it.

Why a Standard Magnesium Supplement Does Not Cover This

Most magnesium supplements — whether oxide, citrate, or bisglycinate — deliver one thing: magnesium. That is valuable for general health. But when the question is specifically about collagen and skin biology, three structural gaps appear.

Gap 1: No Vitamin C. The single most important step in collagen synthesis — the hydroxylation step where the chain becomes stable — requires Vitamin C as an absolute cofactor. Standard magnesium supplements contain none. You can take the best, most bioavailable magnesium supplement in the world, and if it does not co-deliver Vitamin C, Step 3 in the collagen cascade is still unsupported from that formula.

Gap 2: Everything at one time. Your body's collagen biology happens across 24 hours — fibroblasts are most active in the morning, repair processes are most active overnight. A single dose at one time of day is not matched to this rhythm. Delivering the same formula morning and evening, with different salt forms selected for different phases, is a fundamentally different biological strategy.

Gap 3: No overnight antioxidant rationale. The antioxidant recycling that protects your collagen matrix happens primarily at night. A once-daily morning supplement provides no support during this window. The evening formula's gluconate is placed specifically here — though as noted, clinical confirmation at this formulation level is still pending.

THE SIMPLEST WAY TO SAY IT

A standard magnesium supplement is like building a house with bricks but no cement. The Vitamin C is the cement. Magnesium and Vitamin C together, at the right time, is the complete action.

04 · HOW ESCAPEMED AM/PM ADDRESSES THIS

What Each Formula Does, and Why It Is Timed the Way It Is

The EscapeMed Magnesium AM and PM formulas were designed around the biology described above. Each salt form was chosen because of what it delivers alongside the magnesium — the counterion, the biological cofactor, the timing rationale. Below is a plain-language explanation of what each formula does and why.

MAGNESIUM AM — MORNING FORMULA

The AM formula is taken at 07:00, with your morning. This is when fibroblasts are most active, when your body's collagen synthesis machinery is running at its peak, and when your

cortisol awakening response drives metabolic activity. The AM formula is designed to provide everything the collagen synthesis process needs at this time.

Magnesium L-ascorbate: This is the most important salt in the AM formula for collagen. It is the only magnesium salt that co-delivers Vitamin C — the cofactor without which the collagen chain cannot stabilise. At two capsules, the AM formula delivers 187 mg of Vitamin C (234% of the daily reference value) in the same absorption event as the magnesium. This is the element that no standard magnesium supplement provides.

Magnesium bisglycinate: The primary and most bioavailable form. During absorption, it releases glycine alongside Mg^{2+} — providing a supplemental contribution of the amino acid that must appear at every third position in the collagen chain. Dietary protein is the main glycine source; this adds to it.

Magnesium malate and succinate: These provide the counterions for mitochondrial energy production — the fuel source for the ATP-dependent steps in collagen processing. Morning is when this energy demand is highest.

Magnesium citrate: A rapidly absorbed form that contributes to the morning Mg^{2+} pool through a different absorption pathway, ensuring broader tissue delivery.

MAGNESIUM PM — EVENING FORMULA

The PM formula is taken at 18:00, in the early evening. This is when the body begins shifting from active mode to repair mode — and when the work of protecting and maintaining the collagen matrix that was built during the day becomes the priority.

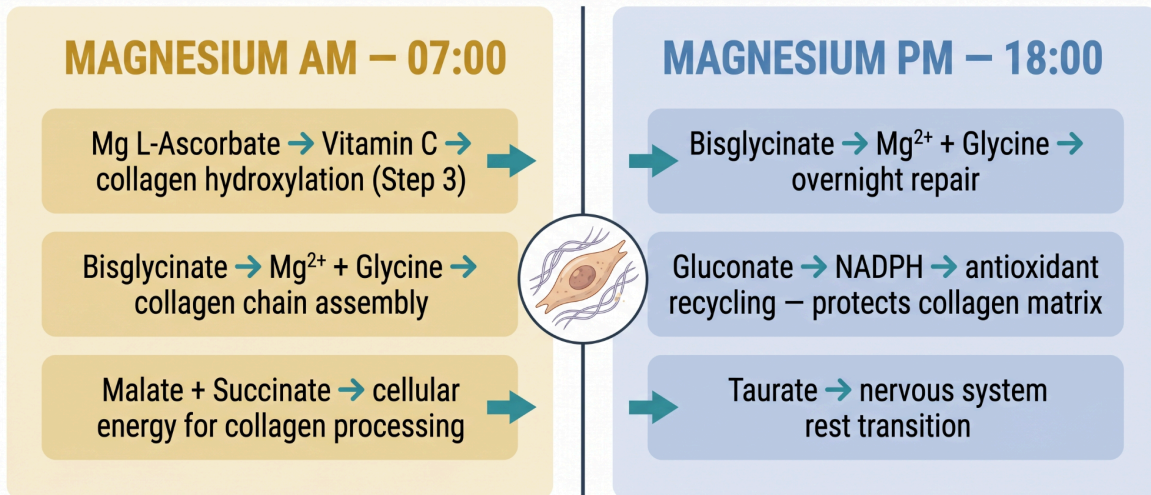
Magnesium bisglycinate: Also present in the PM formula — providing continued glycine co-delivery for the repair phase, and supporting neuromuscular relaxation through glycine's role as an inhibitory neurotransmitter. Same molecule, different biological function in a different phase.

Magnesium taurate: Taurine activates receptors in the brain that support the transition from active wakefulness to rest — without sedation. This supports the nervous system shift into the restoration phase that overnight skin repair requires.

Magnesium gluconate: The counterion gluconate participates in the metabolic pathway that generates NADPH — the molecule needed to recycle glutathione (the body's main antioxidant) from its used-up form back into its active form. This is a nocturnal function. The biochemical pathway is established; direct clinical evidence in skin fibroblasts specifically is not yet available. The rationale is mechanistic and sound.

Magnesium lactate: Provides lactate for overnight muscle glycogen resynthesis — relevant for the cellular recovery that supports continued fibroblast function the following day.

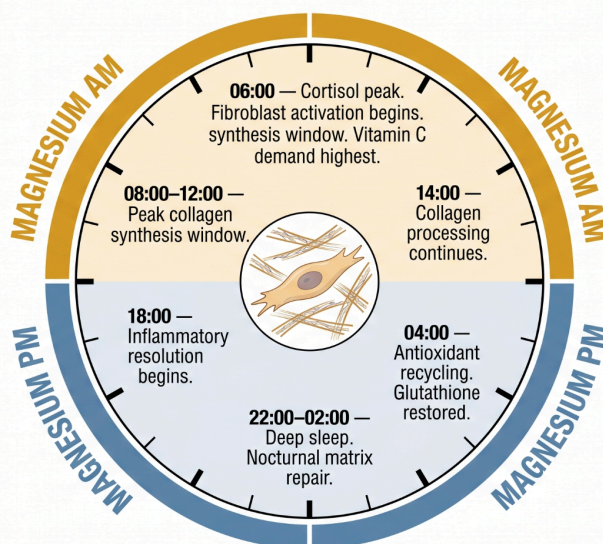
FIGURE 5 — WHAT AM AND PM EACH DELIVER FOR COLLAGEN



The AM formula builds collagen. The PM formula protects it. Neither formula alone covers both.

Figure 5. Left panel (AM, 07:00): Mg L-Ascorbate → Vitamin C → collagen hydroxylation (Step 3); Bisglycinate → Mg²⁺ + Glycine → collagen chain assembly; Malate + Succinate → cellular energy for collagen processing. Right panel (PM, 18:00): Bisglycinate → Mg²⁺ + Glycine → overnight repair; Gluconate → NADPH → antioxidant recycling, protects collagen matrix; Taurate → nervous system rest transition. Centre: fibroblast with collagen fibrils. The AM formula builds collagen. The PM formula protects it. Neither formula alone covers both.

FIGURE 6 — 24 HOURS OF COLLAGEN BIOLOGY



Collagen is built in the morning and protected at night. One formula cannot do both.

Figure 6. 24-hour clock with gold arc (Magnesium AM, 06:00–18:00): cortisol peak and fibroblast activation at 06:00, peak collagen synthesis window 08:00–12:00, collagen processing continues at 14:00. Blue arc (Magnesium PM, 18:00–06:00): inflammatory resolution begins at 18:00, deep sleep and nocturnal matrix repair 22:00–02:00, antioxidant recycling and glutathione restored at 04:00. Collagen is built in the morning and protected at night. One formula cannot do both.

Standard Magnesium vs AM/PM: Side by Side

The table below translates the biology into a direct comparison. Each row represents one biological function that matters for collagen and skin. The question for each is simple: does this supplement actually deliver it?

What matters for collagen?	Standard magnesium (any single-salt supplement)	Magnesium AM	Magnesium PM	AM + PM together
Does it deliver Vitamin C? (required for collagen to form — absolute)	No <i>No standard Mg supplement contains Vit C</i>	✓ Yes — 93.5–187 mg <i>Magnesium L-ascorbate. EU collagen claim authorised.</i>	No — excluded from PM <i>Counter-indicated at night</i>	✓ Morning delivery <i>Timed to peak collagen synthesis</i>
Does it deliver Mg ²⁺ at the right time? (morning activation and overnight repair)	One time only <i>Same dose regardless of biology</i>	✓ Morning — 5 salt forms <i>Multiple absorption pathways</i>	✓ Evening — 5 salt forms <i>Overnight repair support</i>	✓ Both phases <i>24-hour Mg²⁺ availability</i>
Does it support fibroblast activity? (cells that produce collagen)	Partially <i>Mg²⁺ is present but untimed</i>	✓ Morning peak <i>Mg²⁺ for fibroblast activation</i>	✓ Overnight repair <i>Mg²⁺ for repair-phase activity</i>	✓ Full cycle <i>Continuous support</i>
Does it help protect collagen from breakdown? (antioxidant and anti-inflammatory)	Partially <i>Mg²⁺ has anti-inflammatory role but no phase timing</i>	✓ Vitamin C daytime <i>Direct antioxidant + anti-inflammatory</i>	✓ Gluconate overnight <i>NADPH support for glutathione recycling. Mechanistic rationale — not yet confirmed by clinical trial.</i>	✓ Day and night <i>Daytime Vit C + overnight antioxidant support</i>
Does it support the skin barrier? (hydration, keratinocyte regulation)	Partially <i>Mg²⁺ present, no phase alignment</i>	✓ Daytime support <i>Mg²⁺ for barrier maintenance</i>	✓ Overnight renewal <i>Mg²⁺ for nocturnal skin cell renewal</i>	✓ Full cycle <i>Day and night barrier support</i>

Table 1. What standard single-salt magnesium supplementation delivers vs EscapeMed Magnesium AM, PM, and combined system, across the five biological dimensions relevant to collagen synthesis and skin quality identified in Chalupczak & Lipner (JAAD Reviews 2026).

Realistic Outcomes and Timelines

Collagen biology does not produce overnight results. The processes described in this article are slow, continuous, and cumulative. This is what the biology supports and what preliminary observations from the EscapeMed 30D pilot study (20 participants, 30 days) suggest:

EXPECTED TIMELINE BASED ON THE BIOLOGY

Weeks 1–2: Sleep quality and muscle relaxation typically improve first — these are primarily driven by the PM formula's nervous system effects, which work faster than structural changes.

Weeks 2–4: Energy levels and morning readiness typically improve — driven by the AM formula's mitochondrial and Mg²⁺-replenishment effects.

Weeks 4–8: Skin quality changes begin to become noticeable. Collagen synthesis is a slow process. The improvements seen here reflect cumulative biological support, not a sudden shift.

Week 8 onwards: The structural benefits of continuous collagen synthesis support compound over time. Skin density and resilience changes observed in longer supplementation periods are consistent with the biological mechanisms described in this review.

A note on expectations: the AM/PM system supports the biology of collagen production. It does not override genetics, lifestyle, UV exposure, diet, or sleep quality. The most meaningful outcomes occur when supplementation is combined with adequate dietary protein (the primary source of the amino acids collagen requires), sufficient sleep, and basic sun protection.

07 · EVIDENCE TRANSPARENCY

What the Evidence Supports and What It Does Not

This platform operates on the principle that honest characterisation of evidence is more valuable than overstated claims. The following is a clear statement of what is known and what is not.

Strongly supported: Magnesium's role in fibroblast migration, anti-inflammatory signalling, antioxidant enzyme function, and skin barrier recovery — all with clinical trial or cell biology evidence cited in the independent JAAD review.

Strongly supported: Vitamin C as an absolute cofactor for collagen hydroxylation — established biochemistry, EU-authorized health claim.

Supported with qualification: Glycine co-delivery via bisglycinate as a timing and co-delivery advantage. The contribution is real; its scale relative to dietary glycine should not be overstated.

Mechanistic rationale, clinical confirmation pending: Gluconate's role in nocturnal NADPH generation and glutathione recycling in dermal fibroblasts specifically. The biochemical pathway is sound; the clinical trial confirming this at the formulation level has not yet been conducted.

Not yet tested: A randomised controlled trial directly comparing the AM/PM multi-salt system against single-salt magnesium with skin and collagen outcomes (serum hydroxyproline, skin elasticity, TEWL) as primary endpoints. This is the most important missing piece of evidence, and it represents the next planned research step.

08 · CONCLUSIONS

Conclusions

Collagen production is not a passive process. It requires a sequence of biological steps, each with specific requirements — and magnesium participates in more than one of them. The independent peer-reviewed evidence base for magnesium's role in skin biology is now sufficient to draw clear mechanistic conclusions.

The primary limitation of standard single-salt magnesium supplementation for collagen biology is not the mineral itself — it is the absence of Vitamin C co-delivery. The hydroxylation step in collagen synthesis has an absolute requirement for ascorbic acid. A magnesium supplement that does not provide it does not address this requirement, regardless of dose or salt form.

The EscapeMed AM formula provides both Mg²⁺ and Vitamin C in a single salt (magnesium L-ascorbate), timed to morning peak collagen synthesis demand. The PM formula extends Mg²⁺ and glycine delivery into the overnight repair phase and provides a mechanistically grounded nocturnal antioxidant support rationale via gluconate. Together they cover the full 24-hour collagen cycle in a way that no single-salt, once-daily supplement can.

The clinical trial testing this system directly against standard supplementation remains the next necessary step. The biological rationale is established. The evidence base is honest about what it shows and what it does not.

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Disclosure. *The author declares a potential conflict of interest as founder and formulator of EscapeMed d.o.o. This content is for educational purposes only and does not constitute medical advice. EU-authorized claims: Vitamin C contributes to normal collagen formation for the normal function of skin. Magnesium contributes to normal energy-yielding metabolism and reduction of tiredness and fatigue. Consult a medical professional before starting any supplementation, particularly with renal impairment or concurrent medication.*