

PCOS Supplement Considerations



GlucoBalance®

High blood sugar and insulin resistance is very common among patients with PCOS.¹ GlucoBalance® naturally regulates blood sugar and blood glucose levels.



PMS Hero®

Naturally regulates hormones to relieve symptoms of PCOS and help regulate periods.



Gut Works®

An imbalanced gut microbiome can influence the progression of PCOS through hyperandrogenism, gut-brain axis disorder, impaired epithelial receptor-mediated signalling and increased secretion of inflammatory cytokines. Synbiotics support the symptoms experienced by PCOS sufferers by rebalancing the gut microbiome and addressing dysbiosis.²



Vegan Omega 3

Dietary factors including essential fatty acids have an important role in improving metabolic disorders in PCOS patients, by influencing inflammatory and oxidative stress markers, namely a reduction in C-Reactive Protein and an increase in adiponectin.³



Vitamin D3 & K2

Correcting any underlying vitamin D deficiencies is important. High doses of vitamin D have shown to improve 25 (OH) D levels, decrease hirsutism scores and androgen levels of overweight women with PCOS. This could support reproductive health.⁴



Ashwagandha KSM-66®

As a temporary remedy over 1-3 months, Ashwagandha root could be a useful Ayurvedic remedy to provide support for PCOS individuals, who are feeling anxious or generally low.⁵

Dietary Considerations

+ Low glycaemic load diet

A diet rich in low-glycaemic-index foods (e.g. whole grains, legumes and non-starchy vegetables) helps regulate blood sugar levels and improve insulin sensitivity, which is essential in managing PCOS symptoms.⁶

+ Anti-inflammatory foods

Consume foods high in antioxidants, such as berries, leafy greens, nuts and seeds. These can reduce oxidative stress and inflammation associated with PCOS.⁷

+ Adequate protein intake

Incorporating lean protein sources supports satiety, helps balance blood sugar levels, and aids in weight management.⁸

+ Omega 3 fatty acids

Omega 3 helps reduce inflammation and regulate hormones which can reduce PCOS symptoms such as hirsutism and irregular periods.⁹

+ Vitamin D and Magnesium-rich foods

Consuming fortified foods, leafy greens and nuts supports hormone regulation, as deficiencies in these nutrients are common in women with PCOS.¹⁰

Lifestyle Considerations

+ Stress management

Stress worsens hormonal imbalances. Stress-reduction techniques including mindfulness, meditation and breathing exercises have been shown to lower cortisol levels, improving symptoms.¹¹

+ Sleep hygiene

Poor sleep can worsen insulin resistance and disrupt hormone levels. 7-8 hours of good quality sleep each night is needed to support blood sugar control, stress management and hormone balance.¹²

+ Weight management

Even modest weight loss (5-10% of body weight) can significantly improve ovulatory function and reduce symptoms like hirsutism and acne in overweight women.¹³

+ Quit smoking

Smoking is linked to higher androgen levels and worsens metabolic and cardiovascular risks in PCOS patients.¹⁴

Testing Considerations

TEST	MARKER	RATIONALE
Hormonal Panel	Total Testosterone and Free Testosterone	Raised androgen levels are a hallmark of PCOS and contribute to symptoms such as hirsutism, acne and alopecia. Measuring both total and free testosterone provides a comprehensive picture of hyperandrogenism.
	DHEA-S (Dehydroepiandrosterone Sulfate)	High DHEA-S levels may indicate an adrenal source of androgens, helping to differentiate between ovarian and adrenal hyperandrogenism.
	LH and FSH (Luteinizing Hormone and Follicle-Stimulating Hormone)	A high LH-to-FSH ratio is a classic finding in PCOS, though not universally present. It helps in confirming ovulatory dysfunction.
	Prolactin	Elevated prolactin can mimic PCOS by causing anovulation. This test helps rule out hyperprolactinaemia as a differential diagnosis.
	Thyroid Function Tests (TSH, Free T3, Free T4, Reverse T3)	Thyroid disorders, particularly hypothyroidism, can present with similar symptoms to PCOS (e.g. irregular periods, weight gain). These tests help rule out thyroid dysfunction as a contributing factor.
Glucose and insulin levels	Oral Glucose Tolerance Test (OGTT)	Women with PCOS are at a higher risk of insulin resistance and type 2 diabetes. An OGTT is more sensitive than fasting glucose in detecting impaired glucose metabolism and is recommended for comprehensive screening.
	Fasting Glucose and Insulin	Calculating the Homeostatic Assessment for Insulin Resistance (HOMA-IR) provides a direct assessment of insulin sensitivity.
Lipid profile	LDL, HDL, total cholesterol	Dyslipidaemia is common in PCOS due to metabolic dysfunctions and insulin resistance. Dyslipidaemia measurements including LDL, HDL, total cholesterol and triglycerides help assess cardiovascular risk and the need for dietary interventions.
Vitamin and mineral status	25-Hydroxyvitamin D	Vitamin D deficiency is common in women with PCOS and is associated with insulin resistance, inflammation and impaired reproduction. Keeping track of levels ensures optimal supplementation.
	Folate	Deficiency in folate can worsen insulin resistance and inflammation.
Inflammatory markers	High-sensitivity C-reactive Protein (hs-CRP)	Chronic low-grade inflammation is a feature of PCOS and contributes to its metabolic and reproductive complications. hs-CRP levels can guide anti-inflammatory dietary and lifestyle interventions.
Gut microbiome testing	Assessment of Dysbiosis	Gut dysbiosis has been linked to PCOS through mechanisms like increased gut permeability, systemic inflammation and altered metabolic function. Testing can identify imbalances and guide prebiotic, probiotic or dietary interventions.

REFERENCES

1. Fertility and Sterility Volume 77, Issue 6, June 2002, Pages 1095–1105.

2. Front Cell Infect Microbiol. 2023 Feb 24;13:1142041.

3. Br J Nutr 2021 Mar 28;125(6):657–668.

4. Clin Nutr 2021 Mar;40(3):870–878.

5. NIH Health Information > Dietary Supplement Fact Sheets > Ashwagandha.

6. Curr Nutr Rep. 2025 Jan 3;14(1):8.

7. Int J Womens Health. 2022 Apr 1;14:467–479.

8. Mo Med. 2014 Jan-Feb;111(1):54–58.

9. J Res Med Sci. 2017 May 30;22:64.

10. Maedica (Bucur). 2021 Sep;16(3):516–521.

11. Psychoneuroendocrinology. 2024 Jan;159:106415.

12. Cureus. 2023 Nov 3;15(11):e48228.

13. Clin Med Insights Reprod Health. 2019 Sep 9;13:1179558119874042.

14. Gynecol Endocrinol. Author manuscript; available in PMC: 2014 Jul 1.