

SUPPLEMENTS GUIDE.

A guide to the key supplements commonly discussed in the context of PCOS & PMOS — what they do, why they matter, and general dosage guidance. Affiliate links for specific brands will be added via the app.

 **Important:** This is not medical advice. Always consult a healthcare professional before starting any new supplement, particularly if you are on medication or have an existing health condition. Dosages listed are general guidance only and individual needs vary.

 Placeholder document — content to be reviewed and personalised by Caitlyn Stock before publishing.

INSULIN & BLOOD SUGAR REGULATION

INOSITOL (MYO & D-CHIRO)

One of the most researched supplements for PCOS & PMOS. Improves insulin sensitivity, supports ovarian function, and has been shown to help regulate menstrual cycles. The 40:1 ratio of Myo-inositol to D-Chiro-inositol mirrors the body's natural ratio.

DAILY DOSE

2–4g Myo + 50–100mg D-Chiro

Split morning & evening

INSULIN SENSITIVITY

CYCLE REGULATION

OVARIAN FUNCTION

BERBERINE

Often referred to as nature's metformin. Activates AMPK, an enzyme that regulates glucose metabolism. Particularly useful for lean PCOS where insulin resistance may not show on standard tests but is present at a cellular level.

DAILY DOSE

500mg

2–3x daily with meals

BLOOD SUGAR

INSULIN RESISTANCE

METABOLISM

MAGNESIUM BISGLYCINATE

Many women with PCOS & PMOS are deficient in magnesium. Supports insulin sensitivity, reduces cortisol, improves sleep quality, and helps with anxiety — all of which are interconnected in hormonal health.

DAILY DOSE

300–400mg

Evening preferred

INSULIN SENSITIVITY

CORTISOL

SLEEP

ANXIETY

HORMONAL BALANCE

VITEX (CHASTEBERRY)

Supports the pituitary gland and helps regulate LH and FSH levels — two hormones critical to ovulation and cycle regularity. Particularly helpful in the luteal phase and for women with elevated LH relative to FSH.

DAILY DOSE

400–500mg

Morning, consistently

LH/FSH BALANCE

OVULATION SUPPORT

LUTEAL PHASE

ZINC

Supports healthy testosterone metabolism, reduces androgens, improves skin health (particularly hormonal acne), and supports immune function. Often low in women with PCOS & PMOS.

DAILY DOSE

25–40mg

With food

ANDROGEN REGULATION

HORMONAL ACNE

IMMUNE SUPPORT

VITAMIN D3 + K2

Vitamin D deficiency is extremely common in PCOS & PMOS and is directly linked to insulin resistance, irregular cycles, and mood disorders. K2 is essential to take alongside D3 to ensure calcium is directed to bones rather than arteries.

DAILY DOSE

2000–4000 IU D3

Test levels first ideally

HORMONE PRODUCTION

INSULIN SENSITIVITY

MOOD

CORTISOL & STRESS RESPONSE

ASHWAGANDHA (KSM-66)

An adaptogen that directly lowers cortisol levels. Elevated cortisol suppresses ovulation and disrupts the entire hormonal cascade. Particularly important for lean PCOS & PMOS where stress is often a primary driver of cycle disruption.

DAILY DOSE

300–600mg

KSM-66 form preferred

CORTISOL REDUCTION

STRESS ADAPTATION

OVULATION SUPPORT

B VITAMIN COMPLEX (B6, B9, B12)

B vitamins are essential for hormone metabolism, methylation, and nervous system function. B6 specifically supports progesterone production and reduces PMS symptoms. B9 (folate, not folic acid) is critical for those with MTHFR mutations — common in PCOS & PMOS.

DAILY DOSE

B-complex

Look for methylated forms

HORMONE METABOLISM

PROGESTERONE

METHYLATION

GUT HEALTH & INFLAMMATION

OMEGA-3 (EPA & DHA)

Reduces systemic inflammation — a key driver of PCOS & PMOS symptoms. Supports insulin sensitivity, lowers androgens, and improves mood. Fish oil or algae-based omega-3 (for non-fish eaters) are both effective.

DAILY DOSE

1–3g EPA/DHA

With a meal containing fat

ANTI-INFLAMMATORY

INSULIN SENSITIVITY

ANDROGEN REDUCTION

PROBIOTICS (MULTI-STRAIN)

Gut health is directly connected to hormone regulation — the gut microbiome plays a key role in oestrogen metabolism via the estrobolome. A diverse, multi-strain probiotic supports this pathway and reduces inflammation.

DAILY DOSE

10–50 billion CFU

Multi-strain, varied rotation

GUT MICROBIOME

OESTROGEN METABOLISM

INFLAMMATION