

# EndoAxis

## Formula 25

### INOSITOL

A 40:1 ratio of myo:d-chiro inositol, folate and B12 to support ovulatory health.

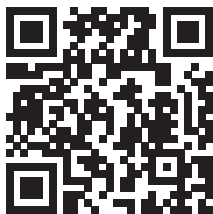
### AT A GLANCE

Polycystic Ovary Syndrome (PCOS) is a common endocrine disorder affecting reproductive-aged women, characterized by hyperandrogenism, ovulatory dysfunction, and polycystic ovarian morphology. The multifactorial etiology of PCOS involves insulin resistance, hyperinsulinemia, and hormonal dysregulation. Myoinositol and D-chiro-inositol, two stereoisomers of inositol, have gained attention for their potential therapeutic effects on the metabolic and reproductive aspects of PCOS.

By providing an individual blended inositol product for ovarian and reproductive support, we are able to achieve a higher therapeutic dose that can be altered over time as symptoms change.

### Meet **Optimize**

Products blended to support alignment to our HPA axis. Optimizing our circadian activity and adrenal balance.



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### KEY BENEFITS



Designed to support optimal hormone balance



Supports menstrual cycle regularity



Enhances ovarian health and follicular development

## FORMULA ANALYSIS

### Myo and D-chiro Inositol

Our formulation blends the recommended 40:1 ratio of Myoinositol to D-chiro-inositol[1] to help improve insulin sensitivity of the ovarian tissue, reduce hyper-androgen symptoms, and regulate the menstrual cycle by supporting follicular development and follicular release[2]. In clinical studies examining the benefit of inositol on fertility outcomes, the use of myo-inositol in conjunction with clomiphene had ovulation rates of 65.5% compared to clomiphene alone at 42%. This study also demonstrated improved pregnancy rates when myo-inositol was coupled with clomiphene vs clomiphene alone[3]. Inositol supplementation has been associated with improvements in hyperandrogenism, menstrual irregularities, and hirsutism. Furthermore, inositols may contribute to the restoration of normal ovarian morphology. These effects are attributed to the regulation of insulin-mediated androgen synthesis and the modulation of gonadotropin-releasing hormone (GnRH) secretion.[4]

## REFERENCES

1. Roseff S, Montenegro M. Inositol Treatment for PCOS Should Be Science-Based and Not Arbitrary. *Int J Endocrinol*. 2020 Mar 1 27;2020:6461254.
2. Merviel, P., James, P., Bouée, S. et al. Impact of myo-inositol treatment in women with polycystic ovary syndrome in assisted reproductive technologies. *Reprod Health* 18, 13 (2021).
3. Rolland AL, Peigné M, Plouvier P, Dumont A, Catteau-Jonard S, Dewailly D. Could myo-inositol soft gel capsules outperform clomiphene in inducing ovulation? Results of a pilot study. *Eur Rev Med Pharmacol Sci*. 2017 Jun;21(2 Suppl):10-14.
4. Akad M, Socolov D, Akad F, Covali R, Crauciuc E, Stan C, Stan C, Socolov R. Treatments in Patients with Polycystic Ovary Syndrome and Effects on Kisspeptin Serum Levels. *Maedica (Bucur)*. 2022 Dec;17(4):799-804.

## SUPPLEMENT FACTS

Serving Size 3 Capsules  
Servings Per Container 30

Amount Per Serving		% Daily Value
Folate (as calcium I-5-methyltetrahydrofolate)	400 mcg	100%
Vitamin B <sub>12</sub> (as hydroxocobalamin)	250 mcg	10417%
Myoinositol	2000 mg	†
D-Chiro-Inositol (Ceratonia siliqua) (pods)	50 mg	†

† Daily Value not established

**Other ingredients:** Vegetable capsule (hypromellose), microcrystalline cellulose and magnesium stearate.

## SUGGESTED USE

Take 3 capsules once a day with a meal or as directed by your healthcare practitioner.

**CAUTION:** Do not use if pregnant or nursing. Consult your physician before use if you have a medical condition, or taking any medication. Do not use product if the safety seal is broken or damaged. Keep out of reach of children.

## MADE WITHOUT

Corn, soy, or wheat.

\*These statements have not been evaluated by the Food & Drug Administration. These products are not intended to diagnose, treat, cure, or prevent any disease.