**TABLE 11.1** Best Supplements for Polycystic Ovarian Syndrome, Blood Sugar, Insulin, and Leptin

| Supplement | Suggested Dose | Key Benefits | Form and Timing | Clinical Notes |
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| Myo-inositol and D-chiro-inositol (40:1 ratio) | 2,000–4,000 mg/d myo plus 50–100 mg/d D-chiro | Improves insulin sensitivity, ovulatory function, and leptin signaling | Powder or capsules; take in 1–2 doses with or without meals. | Well-tolerated; especially effective in PCOS and insulin resistance with normal or high BMI. |
| Berberine | 500 mg 2–3×/d | Reduces blood sugar, improves insulin sensitivity, lowers inflammation | Take with meals to blunt glucose spikes. | Comparable to metformin in studies; avoid in pregnancy or long-term without breaks. |
| Chromium (as picolinate or GTF) | 200–600 mcg/d | Enhances insulin receptor sensitivity and glucose uptake | Take with meals. | Supports blood sugar balance; consider testing RBC chromium if long-term use. |
| ALA | 300–600 mg/d | Improves glucose metabolism, supports mitochondrial health | Best taken 30–60 minutes before meals. | May reduce symptoms of peripheral insulin resistance and postmeal crashes. |
| Magnesium (glycinate or citrate) | 300–400 mg/d | Supports insulin signaling, reduces cravings, calms the nervous system | Take in divided doses (morning and evening) or all at night. | Low magnesium is common in insulin-resistant states; magnesium also aids leptin sensitivity. |
| Vitamin $D_3$ | 2,000–5,000 IU/d | Modulates insulin receptor function and immune balance | Take with fat-containing meal; pair with $K_2$. | Maintain 25(OH)D levels between 50 and 70 ng/mL; consider testing before dosing. |
| Ceylon cinnamon *(Cinnamomum verum)* | 1,000–2,000 mg/d | Improves insulin sensitivity and postprandial glucose control | Capsule or powder; take before carbohydrate-heavy meals. | Do not confuse with cassia cinnamon, which may contain hepatotoxic coumarins. |
| Omega-3 fatty acids (EPA/DHA) | 1,000–2,000 mg/d | Reduces systemic inflammation and supports metabolic flexibility | Triglyceride form preferred; take with meals. | Particularly helpful when metabolic dysfunction overlaps with inflammation or autoimmune markers. |

ALA, alpha-lipoic acid; BMI, body mass index; DHA, docosahexaenoic acid; EPA, eicosapentaenoic acid; GTF, glucose tolerance factor, PCOS, polycystic ovary syndrome; RBC, red blood cell.