

# A new option for the management of polycystic ovarian syndrome ...in a soft-gel capsule!



# Introducing Inofolic®

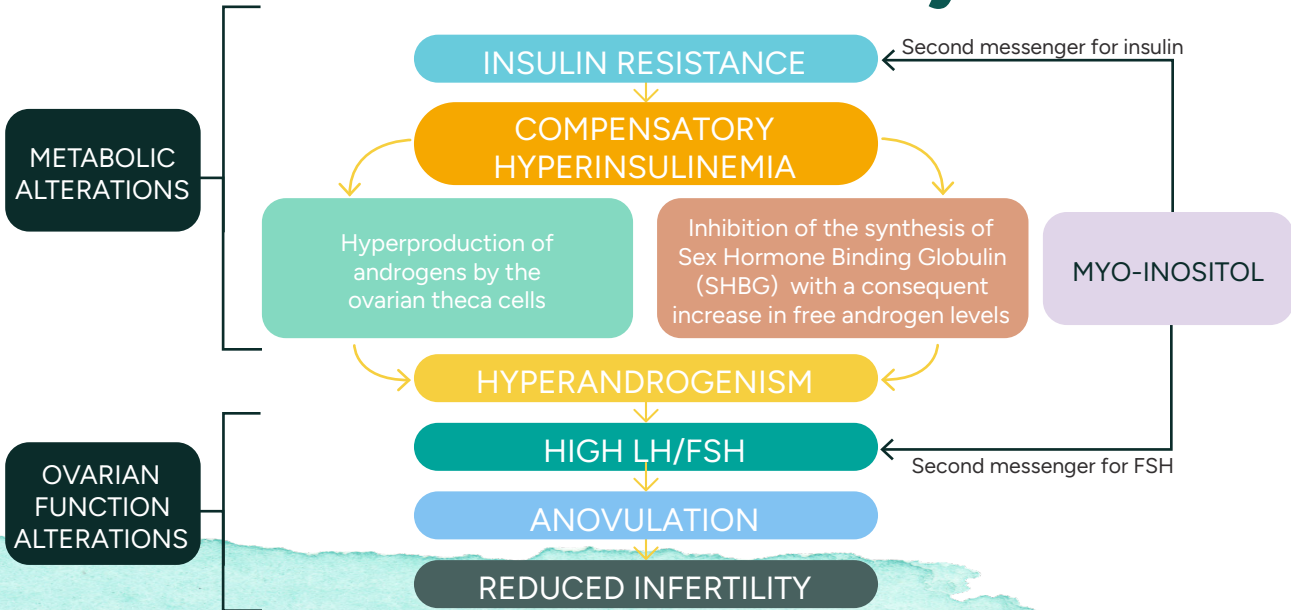
- ✓ Soft gel capsule (600 mg myo-inositol + 200 mcg folic acid)
  - ✓ 2 capsules once daily; or 1 capsule twice daily (preferably 12 hours apart) separated from meals.
- ✓ A 1200 mg of myo-inositol soft gel capsule is equivalent to 4000 mg of myo-inositol powder.\*
- ✓ Inofolic® is internationally recognized in providing support in the management of PCOS.
- ✓ Inofolic®, as a natural health product, does not require prescription



For full product  
information visit [inofolic.com/product](http://inofolic.com/product) page



# The pathophysiology of PCOS in the body



# Recommended uses for women with PCOS

Inofolic® helps:

- ✓ **Restore** ovulation and oocyte quality and normalize menstrual cycle irregularities
- ✓ **Improve** insulin sensitivity
- ✓ **Reduce** hirsutism and acne
- ✓ **Manage** hormonal and metabolic conditions
- ✓ **Promote/restore** pregnancy rates and fertility in women under 36 years of age, with PCOS who undergo in vitro fertilization (IVF)
- ✓ **Support** normal early fetal development

# Diagnostic Criteria for Polycystic Ovary Syndrome

Feature	Recommended Diagnosis	Considerations
Biochemical Hyperandrogenism	<ul style="list-style-type: none"> <li>Elevated total or free testosterone, or calculated indices of free testosterone (FAI, BioT)</li> <li>DHEAS and ANSD can be considered</li> </ul>	High-quality assays should be used for the evaluation of analysis
Clinical Hyperandrogenism	<ul style="list-style-type: none"> <li>A modified Ferriman-Gallwey score of <math>\geq 4</math> to <math>\geq 8</math></li> </ul>	Threshold level should be considered in the context of patient ethnicity
Oligo-anovulation	<ul style="list-style-type: none"> <li>Oligo-amenorrhea (cycles <math>&gt; 35</math> days apart or <math>&lt; 8</math> menses a year)</li> </ul>	If highly suspicious for PCOS, but does not have oligo-amenorrhea, consider serum progesterone or lutenizing hormone assessment
Polycystic ovarian morphology	<ul style="list-style-type: none"> <li><math>\geq 20</math> follicles per ovary in either ovary</li> <li><math>\geq 10\text{cm}^3</math> ovarian volume</li> </ul>	Based on transvaginal ultrasonography with a transducer frequency $\geq 8$ MHz

# PCOS Phenotypes

Adult Diagnostic Criteria*	Phenotype 1 <sup>†</sup> (Classic)	Phenotype 2 <sup>†</sup> (Essential NIH Criteria)	Phenotype 3 <sup>†</sup> (Ovulatory)	Phenotype 4 <sup>†</sup> (Non-hyperandrogenic)
Hyperandrogenism (HA) (Clinical* and/or Biochemical)	✓	✓	✓	✗
Oligo-ovulation or anovulation (OM)	✓	✓	✗	✓
Polycystic ovarian morphology features (PCOM)	✓	✗	✓	✓

- ✓ Insulin resistance
- ✓ Glucose intolerance
- ✓ Diabetes risk

\*Otherwise unexplained etiology †Alternatively Phenotype A, B, C, and D  
 Rosenfield RL, Ehrmann DA. Endocr Rev. 2016 Oct;37(5):467-520. Mancini et al., Int J Mol Sci. 2021 Feb 7;22(4):1667.

# A Useful Tool: HOMA2 Calculator

- Homeostasis Model Assessment (HOMA) estimates steady **state beta cell function** (%B) and **insulin sensitivity** (%S), as a percentage of a normal reference population.

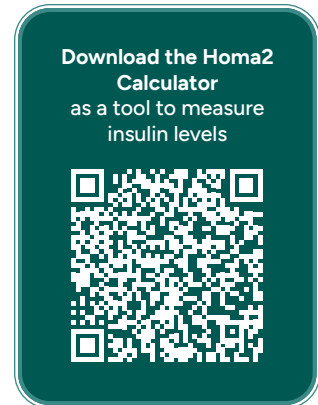
### HOMA2 Calculator

**Fasting values:**

Plasma glucose:   mmol/l  mg/dl

Insulin   pmol/l   $\mu$ U/ml

%B:  %S:  IR:



These values will be calculated based on Plasma glucose and Insulin



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purchase online.

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