GynoEssence

Myo-inositol and D-chiro-inositol (40:1) with shatavari · 60 vegetarian capsules

INDICATION

Women with PCOS/PMOS, irregular cycles or insulin resistance, including those preparing for pregnancy or IVF, alongside lifestyle measures and any prescribed treatment.

1.79×
as likely to regain regular cycles as on placebo (1)

2.3×
as likely to ovulate as on placebo (2)

90%
fewer stomach side effects than metformin (4)

2 caps
once daily, 30 minutes before food

01 COMPOSITION AND DOSE

Myo-inositol	**2,000 mg**
D-chiro-inositol	**50 mg**
Shatavari (*Asparagus racemosus*) extract	**100 mg**
Zinc	**10 mg**
L-methylfolate	**100 mcg**
Chromium (as picolinate)	**12.4 mcg**
Vitamin D3	**5 mcg (200 IU)**

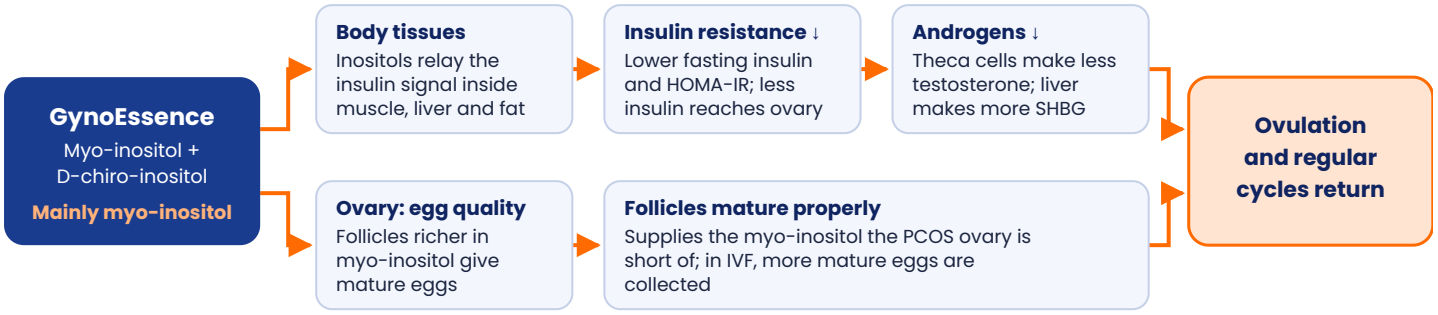
Amounts are per daily dose of 2 capsules. **Dose:** 2 capsules once daily, 30 minutes before food; 60 capsules last 30 days. **Label use:** nutritional support for women's health.

HOW IT WORKS

The inositols carry the insulin signal inside the cell; a shortage of D-chiro-inositol is a feature of insulin resistance (12).

In PCOS/PMOS, theca cells convert myo-inositol to D-chiro-inositol faster, leaving the ovary short of myo-inositol (13), while high insulin drives androgen production (14). Follicles richer in myo-inositol give mature eggs and better embryos (15).

GynoEssence is mainly myo-inositol, so insulin signalling improves while the ovary receives the myo-inositol it lacks.



02 EVIDENCE, WITH REFERENCES

Study	Design and women	Intervention	Main result
Greff 2023 (1)	Meta-analysis, 26 RCTs, 1,691 women	Inositols vs placebo or metformin	Regular cycles 1.79× as likely as on placebo; SHBG up, testosterone and glucose down; side effects 7% vs 53% on metformin
Pundir 2018 (2)	Meta-analysis, 10 RCTs, 601 women	Myo- or D-chiro-inositol vs placebo	Ovulation 2.3× and regular menses 6.8× as likely as on placebo
Zeng 2018 (3)	Meta-analysis, 10 RCTs, 573 women	Myo-inositol vs control	Insulin resistance lower: HOMA-IR down 0.65
Fitz 2024 (4)	Guideline review, 30 RCTs, 2,230 women	Myo-inositol vs metformin	No difference in insulin, HOMA-IR, testosterone, BMI, ovulation or pregnancy; GI side effects about 90% less likely (OR 0.09)
Costantino 2009 (5)	Double-blind RCT, 42 women	Myo-inositol + folic acid vs folic acid	Ovulation 70% vs 21%; testosterone 99.5 to 34.8 ng/dL; triglycerides 195 to 95 mg/dL; blood pressure lower
Genazzani 2008 (6)	Controlled trial, 20 overweight women	Myo-inositol 2 g + folic acid, 12 weeks (this dose)	Insulin, LH and testosterone fell; cycles restored in every woman with absent or infrequent periods
Zhang 2025 (7)	Meta-analysis, 11 studies, 981 women in IVF	Myo-inositol before stimulation	More mature (MII) eggs collected: OR 1.55
Motuhifonua 2023 (9)	Cochrane review, 7 RCTs, 1,319 pregnant women	Myo-inositol 4 g/day from 10 to 24 weeks	Gestational diabetes roughly halved (RR 0.53); no maternal adverse effects
Kondamudi 2025 (10)	RCT, 60 women with PCOS	Standardised shatavari extract 100 mg/day, 12 weeks	Smaller ovarian volume; testosterone 0.65 to 0.43 ng/mL; SHBG up

Guideline: the 2023 international PCOS guideline says inositol could be considered, noting limited harm and potential improvement in metabolic measures (11). **Evidence base:** most trials were small and many used 4 g/day; this combination has not itself been trialled; IVF live-birth data remain uncertain (8).

WHO BENEFITS MOST

Irregular or absent cycles
PCOS/PMOS with infrequent or absent ovulation, any weight.
Expect: cycles regulate within about 3 months

Insulin resistance
Raised insulin or HOMA-IR, acanthosis, central weight gain, family history of diabetes.
Expect: lower insulin at 8 to 12 weeks

Trying to conceive, or before IVF
Planning pregnancy or IVF; myo-inositol gave more mature eggs at collection.
Start 3 months before; stop once pregnant

Metformin not tolerated
Stopped metformin for stomach upset, or prefer a nutritional start.
Expect: similar effect on insulin, far fewer side effects

HOW TO USE IT IN PRACTICE

- **Starting:** 2 capsules once daily, 30 minutes before breakfast, every day.
- **Monitoring:** record cycle dates, weight and waist; where available, fasting glucose and insulin (or HbA1c), and testosterone and SHBG if androgen signs. Repeat at 3 months.
- **Review:** cycles and insulin at 3 months; acne and hair at 6. No cycles by 6 months: refer for ovulation induction, continuing GynoEssence alongside.
- **With prescribed treatment:** can be used with metformin (monitor glucose), the combined pill, clomifene or letrozole.
- **With Draxer products:** Vitex for a short luteal phase, PMS or raised prolactin (zinc from both is about 27 mg a day: add no other zinc); Spearmint Tea for excess hair; Berberine for marked insulin resistance; Ubiquinol before IVF; Vitamin D3 + K2 when vitamin D is low.
- **Supporting nutrients:** zinc contributes to normal fertility and reproduction, and chromium to normal blood glucose levels (18).

SIDE EFFECTS AND SPECIAL GROUPS

Common	None expected at this dose.
Uncommon	Mild nausea, flatulence or loose stools; far fewer gastrointestinal effects than metformin (4). Take with food.
Shatavari	Mild adverse events at placebo-like rates in a PCOS trial (10).
Overdose	None reported. At 12 to 18 g/day, six to nine times this dose, side effects were minimal, with no change in blood, kidney or liver tests (16). Zinc is well within the 25 mg/day upper level (21).
Age 12 to 17	Included in the guideline's inositol advice (11); use on the clinician's advice.
Kidney, liver	Not studied; use on the prescriber's advice.

03 INTERACTIONS AND CAUTIONS

- **Insulin, sulfonylureas, metformin:** possible added effect on glucose; monitor when starting.
- **Tetracycline and quinolone antibiotics:** zinc reduces their absorption; give the antibiotic 2 hours before or 4 to 6 hours after (20).
- **Lithium, valproate, bipolar disorder:** inositol is involved in how mood stabilisers act, and mania has been reported at high doses; only with the psychiatrist's agreement (17).
- **Oestrogen-sensitive conditions:** shatavari is oestrogen-like in animal studies; caution after breast or endometrial cancer.

04 PREGNANCY AND BREASTFEEDING

Pregnancy: stop when confirmed. Myo-inositol alone has been given in pregnancy in 7 trials with no maternal adverse effects (9), but shatavari has not been studied in pregnancy. Continue folic acid 400 mcg to 12 weeks (19).

Breastfeeding: likely compatible. Inositol is a natural part of breast milk, and inositol and shatavari are both rated compatible (22). The label precaution is the standard one.

05 WHEN NOT TO RECOMMEND

- Pregnancy; children under 12 years
- Allergy to asparagus
- Bipolar disorder, unless the psychiatrist agrees (17)
- As the only folate source when trying to conceive (19)
- Absent periods, very heavy bleeding or bleeding between periods without a diagnosis: refer

PATIENT COUNSELLING CHECKLIST

- ☐ 2 capsules together, 30 minutes before breakfast
- ☐ Every day, even when cycles settle
- ☐ Keep a cycle diary for your review
- ☐ Expect change over about 3 months
- ☐ Healthy eating and activity work with it
- ☐ Trying to conceive: add folic acid 400 mcg
- ☐ Pregnant? Stop and tell your doctor
- ☐ Mild nausea: take it with food

Product details. 60 vegetarian capsules (30 days). Store below 30°C in a dry place, away from direct light; keep the lid closed. Shelf life 24 months from manufacture; see pack for expiry. Food supplement made for Draxer Therapeutics by a partner manufacturer. Keep out of reach of children.

References

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