



Supporting ovarian health: A whole person care approach

What is whole-person PCOS care?

Polycystic ovary syndrome (PCOS) is one of the most common hormonal conditions affecting up to 13% women of reproductive age. It is a complex disorder involving the ovaries, hormones, metabolism, and the immune system, with symptoms that can include irregular periods, acne, hair loss, and fertility challenges.

Rather than focusing only on symptoms, a whole-person approach to PCOS incorporates tools to support hormonal balance, metabolic health, and overall quality of life. This approach puts the patient at the center of care, recognizing that every woman's experience with PCOS is unique and that treatment should reflect her individual health goals and life circumstances.

Step 1: Personalized assessment

Because PCOS is a complex condition that affects multiple body systems, labs provide objective data that help your healthcare provider clarify the diagnosis, identify underlying imbalances, and monitor associated health risks.

Ovarian function: Anti-Müllerian hormone (AMH) and serum progesterone give information about whether you are ovulating, how many eggs are left in your ovaries (ovarian reserve), and whether your ovaries show features of PCOS.

Metabolism: Markers like blood sugar, insulin, cholesterol, and uric acid help assess the risk for insulin resistance, diabetes, and heart disease, which are more common in women with PCOS.

Inflammation: Inflammatory markers can quantify the low-grade inflammation that often underlies PCOS.

Hormones: A comprehensive hormone panel helps identify hormonal imbalances common in PCOS and rule out other possible causes of symptoms.

Gut microbiome: A comprehensive stool analysis can identify specific changes in the gut microbiome (the community of microorganisms living in the digestive tract) associated with PCOS.

Step 2: Lifestyle foundations for ovarian health

Nutrition

While there is no single “best” diet for everyone with PCOS, choosing a balanced, sustainable eating plan can help support a healthy weight, improve blood sugar levels, balance your hormones and menstrual cycles, and lower your risk of long-term health problems like diabetes and heart disease.

- Follow a whole foods, anti-inflammatory diet.



Include a variety of fresh, whole foods, like colorful fruits and vegetables, whole grains, nuts, seeds, legumes, lean proteins, and healthy fats.



Reduce sugars, refined carbohydrates, salt, trans/saturated fats, and processed foods.

- Focus on eating foods rich in the following essential nutrients.



Calcium

Dairy products, almonds, kale, and broccoli



Chromium

Fish, whole grains, nuts, and pulses



Selenium

Brazil nuts, seafood, meat, poultry, and organ meats



Magnesium

Leafy green vegetables, black beans, chickpeas, nuts, and chocolate



Omega-3 fatty acids Salmon, mackerel, sardines, flaxseeds, chia seeds, and walnuts



Vitamin D

Cod liver oil, fatty fish, ultraviolet (UV)-treated mushrooms, and fortified milk



Vitamin E

Sunflower seeds, peanuts, almonds, and vegetable oils



Zinc

Oysters, beef, lamb, chicken, and pumpkin seeds

Nutrition (cont'd)

- Embrace a food-as-medicine approach to managing PCOS by regularly incorporating these into your meals:



Cinnamon

Supports blood sugar, cholesterol, and menstrual regularity



Flaxseeds

Supports body weight, blood sugar, cholesterol, and inflammation levels



Spearmint tea

Supports healthy testosterone levels and may reduce excessive hair growth

- Dietary habits that can support a healthy weight include:

1. Eat balanced meals that include a mix of protein, complex carbohydrates, and healthy fats. General macronutrient targets are 20–30% of total daily calories from protein, 45–65% from carbohydrates, and around 20% from fats.
2. The glycemic index (GI) measures how quickly different foods raise your blood sugar after you eat them on a scale from 0–100. Swap high-glycemic foods (GI 70–100) for low-GI alternatives (GI 0–55). Examples include eating whole-grain bread instead of white bread or quinoa instead of white rice.
3. Avoid eating more calories than your body needs.
4. Address food cravings by eating regular meals and identifying potential triggers.
5. Practice mindful eating to develop a healthier relationship with food.



Nutrition (cont'd)

Food group	Avoid	Enjoy
Fruits	N/A	Low-sugar fruit (e.g., berries, apples, oranges, plums) Avocado Other fruit in moderation
Vegetables	N/A	Non-starchy vegetables (e.g., asparagus, cauliflower, leafy greens, peppers) Other vegetables in moderation
Grains	Refined grains (e.g., white rice, white pasta)	Whole grains (e.g., brown rice, whole wheat)
Proteins	N/A	Beans and legumes Eggs Fish and shellfish Lean animal protein (e.g., poultry, meat)
Dairy	Most dairy products (e.g., cream, milk, yogurt)	Up to 1 oz of cheese per day Unsweetened plant-based milk alternatives (e.g., almond, coconut milk)
Oils & fats	N/A	Coconut oil Nuts and seeds Olive oil
Other	Sugar and sweeteners: Agave nectar, evaporated cane juice, fruit juice, high-fructose corn syrup, honey, raw turbinado sugar	Non-nutritive sweeteners (e.g., Stevia) in moderation

Movement

Regular exercise is associated with many health benefits pertinent to PCOS, including:



Blood sugar and cholesterol control



Lower risk of heart disease



Weight management



Better sleep



Improved mental health

Movement (cont'd)

Physical activity guidelines for adults



Aerobic exercise (cardio):

- Engage in at least 150–300 minutes of moderate-intensity, or 75–150 minutes of vigorous-intensity, aerobic activity spread throughout the week.
- If weight loss is a goal, aim for at least 250 minutes of moderate-intensity or 150 minutes of vigorous-intensity aerobic exercise per week.



Strength training: Incorporate muscle-strengthening exercises that target all major muscle groups on at least two non-consecutive days per week.

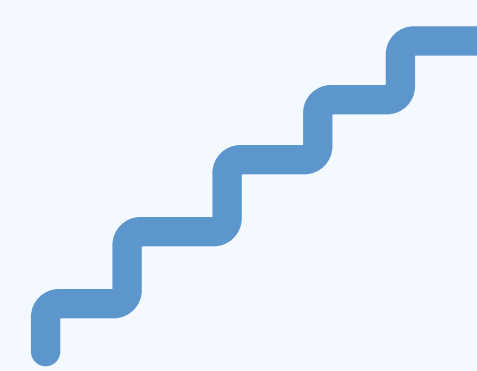
If you're not already physically active, start slowly, and gradually increase the duration and intensity of exercise. Simple ways to begin to reduce sedentary behaviors include:



Household chores
or gardening



Parking further
away from the door



Taking the
stairs instead of
the elevator



Playing outside
with friends,
family, or pets



Going for a short
daily walk

Stress

Managing PCOS should also involve addressing symptoms of anxiety and depression, body image concerns, and disordered eating patterns.

- **Build stress management skills:** Try setting small, realistic goals, tracking progress, and practicing problem-solving in ways that align with your values and lifestyle.
- **Daily relaxation:** Practice stress-reduction techniques like meditation, breathwork, or yoga for 10–20 minutes daily.
- **Focus on habits, not just weight:** Work on mindful eating—paying attention to hunger and fullness signals—and building a positive relationship with food and your body.
- **Seek support:** If needed, therapy or counseling can help you manage stress, improve body image, and develop healthier coping strategies.

Environment

Certain chemicals called endocrine disruptors can interfere with hormone balance. Research suggests that exposure to these chemicals may play a role in the development or worsening of PCOS.

Take steps to limit exposure to common endocrine-disrupting chemicals.

Endocrine disruptor	Common sources	Tips to limit exposure
Bisphenols	Canned foods and beverages Plastic food storage containers Plastic utensils	Use glass, stainless steel, or ceramic containers instead of plastic for food and drinks. Avoid microwaving food in plastic, as heat can cause chemicals to leach out.
Parabens	Cosmetics Personal care products	Choose personal care products labeled “paraben-free.” Check ingredient labels on lotions, shampoos, and cosmetics for parabens (look for words ending in “-paraben”).
Phthalates	Detergents Food packaging Personal care products Vinyl flooring	Choose fragrance-free or naturally scented personal care and cleaning products. Limit the use of plastic wrap and vinyl (PVC) products when possible.
Triclosan	Liquid body washes Hand sanitizer Household products Mouthwash and toothpaste	Avoid buying personal care and household products that list triclosan as an ingredient on the label.

Advanced glycation end products (AGEs) are harmful compounds that form when food is cooked at high heat. They are associated with obesity and insulin resistance, and may worsen inflammation, hormonal imbalances, and menstrual cycle irregularities. To lower AGE exposure when cooking, use moist cooking methods like steaming, boiling, poaching, or stewing instead of frying or grilling. Cook at lower temperatures when possible.

Sleep

Sleep disturbances are common in women with PCOS and can negatively impact their ability to maintain positive lifestyle changes and health outcomes. If you experience sleep disturbances:

- Talk to your doctor about evaluation and treatment options for **possible sleep disorders, such as insomnia or obstructive sleep apnea.**
- **Establish healthy sleep habits to promote sleep quality and duration:**
 - Avoid smoking, alcohol, caffeine, and intense physical activity in the evenings.
 - Go to bed and wake up at the same time every day.
 - Practice mindfulness as part of an evening wind-down routine.

Step 3: Targeted supplement support

Your healthcare provider may recommend certain supplements as part of your treatment plan.

Hormone support	Chasteberry (<i>Vitex agnus-castus</i>) Saw palmetto (<i>Serenoa repens</i>)
Blood sugar support	Inositol Berberine Chromium picolinate Vitamin D
Inflammation support	Omega-3 fatty acids Alpha-lipoic acid
Fertility support	N-acetylcysteine
Microbiome support	Probiotics
Weight management support	Amarasate® Green tea

Always consult your provider before starting new supplements, especially if pregnant, breastfeeding, or taking other medications or supplements. Supplement plans should be personalized and monitored over time.

Final thoughts

Living with PCOS can be overwhelming and challenging, but it doesn't need to define you. Integrating complementary approaches like nutrition, mindfulness, and natural supplements into a whole person care approach can make a real difference in balancing hormones, supporting metabolism and weight management, regulating mood, and improving ovarian function. Taking small, consistent steps to build healthy daily habits can have a meaningful impact on your symptoms and long-term health.

References

1. Aboeldalyl, S., James, C., Seyam, E., et al. (2021). International Journal of Molecular Sciences, 22(5), 2734. <https://doi.org/10.3390/ijms22052734>
2. Alberts, H. J. E. M., Thewissen, R., & Raes, L. (2012). Appetite, 58(3), 847–851. <https://doi.org/10.1016/j.appet.2012.01.009>
3. Alesi, S., Ee, C., Moran, L. J., et al. (2021). Advances in Nutrition, 13(4), 1243–1266. <https://doi.org/10.1093/advances/nmab141>
4. Colombo, G. E., Pirotta, S., & Sabag, A. (2023). Seminars in Reproductive Medicine, 41(1-02), 26–36. <https://doi.org/10.1055/s-0043-1777116>
5. Cowan, S., Lim, S., Alycia, C., et al. (2023). Lifestyle management in polycystic ovary syndrome – beyond diet and physical activity. BMC Endocrine Disorders, 23(1), 14. <https://doi.org/10.1186/s12902-022-01208-y>
6. Evron, E., Juhasz, M., Babadjouni, A., et al. (2020). Skin Appendage Disorders, 6(6), 329–337. <https://doi.org/10.1159/000509905>
7. Fernandez, R. C., Moore, V. M., Van Ryswyk, E. M., et al. (2018). Nature and Science of Sleep, 10, 45–64. <https://doi.org/10.2147/nss.s127475>
8. Grant, P. (2010). Phytotherapy Research: PTR, 24(2), 186–188. <https://doi.org/10.1002/ptr.2900>
9. Greff, D., Juhász, A. E., Váncsa, S., et al. (2023). 10. Reproductive Biology and Endocrinology, 21(1). <https://doi.org/10.1186/s12958-023-01055-z>
10. Guarano, A., Capozzi, A., Cristodoro, M., et al. (2023). Nutrients, 15(14), 3209. <https://doi.org/10.3390/nu15143209>
11. Haidari, F., Banaei-Jahromi, N., Zakerkish, M., et al. (2020). Nutrition Journal, 19(1), 8. <https://doi.org/10.1186/s12937-020-0524-5>
12. Heidari, H., Hajhashemy, Z., & Saneei, P. (2022). Scientific Reports, 12, 19927. <https://doi.org/10.1038/s41598-022-24467-0>
13. Ionescu, O.-M., Frincu, F., Mehedintu, A., et al. (2023). Life, 13(1), 125. <https://doi.org/10.3390/life13010125>
14. Maleki, V., Faghfour, A. H., Tabrizi, F. P. F., et al. (2021). Journal of Ovarian Research, 14, 130. <https://doi.org/10.1186/s13048-021-00870-5>
15. Mouanness, M., Nava, H., Dagher, C., et al. (2022). Nutrients, 14(17), 3578. <https://doi.org/10.3390/nu14173578>
16. Najdgholami, Z., Sedgi, F. M., Ghalishourani, S. S., et al. (2025). Frontiers in Endocrinology, 16, 1531762. <https://doi.org/10.3389/fendo.2025.1531762>
17. Piercy, K. L., Troiano, R. P., Ballard, R. M., et al. (2018). JAMA, 320(19), 2020–2028. <https://doi.org/10.1001/jama.2018.14854>
18. Sangaraju, S. L., Yopez, D., Grandes, X. A., et al. (2022). Cureus, 14(5), e25076. <https://doi.org/10.7759/cureus.25076>
19. Shahnazi, M., Farshbaf Khalili, A., Hamdi, K., et al. (2016). Iranian Red Crescent Medical Journal, 18(12), e37510. <https://doi.org/10.5812/ircmj.37510>
20. Shen, W., Pan, Y., Jin, B., et al. (2021). 736867. Frontiers in Endocrinology, 12. <https://doi.org/10.3389/fendo.2021.736867>
21. Shi, Y.-Q., Wang, Y., Zhu, X.-T., et al. (2022). Evidence-Based Complementary and Alternative Medicine, 2022, 5076306. <https://doi.org/10.1155/2022/5076306>
22. Srnovršnik, T., Virant-Klun, I., & Pinter, B. (2023). Life, 13(1), 138. <https://doi.org/10.3390/life13010138>
23. Sun, Y., Gao, S., Ye, C., et al. (2023). Frontiers in Cellular and Infection Microbiology, 13, 1142041. <https://doi.org/10.3389/fcimb.2023.1142041>
24. Szczuko, M., Kikut, J., Szczuko, U., et al. (2021). Nutrients, 13(7), 2452. <https://doi.org/10.3390/nu13072452>
25. Tay, C. T., Garad, R., Mousa, A., et al. (2023). Journal of Endocrinology, 257(3), e220232. <https://doi.org/10.1530/joe-22-0232>
26. Thakker, D., Raval, A., Patel, I., et al. (2015). Obstetrics and Gynecology International, 2015, 817849. <https://doi.org/10.1155/2015/817849>
27. Vega-López, S., Venn, B. J., & Slavin, J. L. (2018). Nutrients, 10(10), 1361. <https://doi.org/10.3390/nu10101361>
28. Walker, E., Lo, K., & Gopal, P. (2024). Obesity Pillars, 11, 100117. <https://doi.org/10.1016/j.obpill.2024.100117>