

INTIMATE ROSE

Clinical Supplement Reference Guide

For Healthcare Providers

Products covered: 10 supplements across 5 clinical categories | intimaterose.com/collections/supplements

Quick Reference: Recommended Patient Profile & Clinical Benefits

Use this cheatsheet to quickly match a patient's concern to the right supplement.

Supplement	Recommended Patient Profile	Key Clinical Benefits
🌸 Vaginal Health		
Flora Bloom Probiotics	Women with recurring BV, yeast infections, UTIs, digestive issues, or persistent vaginal odor — especially after antibiotic use or hormonal changes	Rebuilds a healthy vaginal microbiome; restores and stabilizes vaginal pH; meaningfully reduces BV and yeast recurrence over time
Boric Balance	Women whose BV or yeast infections keep coming back despite standard treatment, or who need a simple weekly maintenance routine	Quickly corrects an off-balance vaginal pH; clears stubborn yeast infections that haven't responded to antibiotics or antifungals; prevents recurrence when used as ongoing maintenance
🔥 PCOS & Metabolic Health		
Myo-Inositol Capsules (40:1)	Women with PCOS — particularly those with irregular or absent periods, signs of insulin resistance, high androgens, or preparing for IVF/IUI	Supports regular ovulation and more predictable cycles; improves egg quality; helps lower androgen levels and improve insulin sensitivity — addressing PCOS at its metabolic root
Myo-Inositol Powder (40:1)	Same patient as the capsules — a better fit for those who prefer not to swallow pills, want flexible dosing, or are transitioning adolescent patients	Delivers all the same cycle-regulating, ovulation-supporting, and insulin-sensitizing benefits of Myo-Inositol in an unflavored powder that mixes easily into any drink
Myo-Inositol + Folate + Vitamin D	Women with PCOS who are actively trying to conceive, currently on metformin, or have a known or suspected vitamin D deficiency	Combines PCOS-targeted inositol support with preconception essentials — methylfolate for neural tube protection and D3 for implantation and hormonal health; ideal for IVF prep
Berberine + Ceylon Cinnamon	Women with insulin resistance, elevated fasting glucose or HbA1c, the metabolic PCOS phenotype, or high LDL — seeking a well-studied natural alternative to metformin	Lowers fasting blood sugar and insulin levels; improves LDL cholesterol; supports healthy weight; activates the same AMPK metabolic pathway as metformin without requiring a prescription
Dihydroberberine (GlucoVantage®)	Same indications as Berberine — the go-to option for patients who couldn't tolerate standard berberine due to GI discomfort (bloating, cramping, loose stools)	Delivers all of berberine's metabolic benefits at a fraction of the dose with approximately 5× greater absorption and dramatically fewer GI side effects

🌿 Hormonal Balance & PMS		
Supplement	Recommended Patient Profile	Key Clinical Benefits
Vitex Chasteberry	Women whose PMS symptoms — mood swings, breast tenderness, bloating, or irritability — cluster in the week or two before their period; also those with a short luteal phase or irregular cycles	Eases the most common PMS and PMDD symptoms; supports progesterone balance by modulating prolactin at the pituitary; helps lengthen and regulate cycles over time
🌸 Menopause Support		
Menopause Synbiotic	Peri- or postmenopausal women dealing with hot flashes, night sweats, sleep disruption, mood changes, or vaginal dryness — especially those who prefer or require a non-hormonal approach	Reduces frequency and intensity of vasomotor symptoms; supports the gut-hormone axis; promotes a healthy vaginal microbiome; helps stabilize mood and improve sleep quality
💎 Bladder & Urinary Health		
Freeze Dried Aloe Vera	People living with interstitial cystitis (IC), painful bladder syndrome, or a pattern of frequent UTIs that keep returning despite standard treatment	Soothes and helps repair the bladder's protective mucosal lining; reduces bladder pain, urgency, and post-void discomfort; D-Mannose in the formula blocks E. coli from adhering to the urinary tract wall

Vaginal Health

Vaginal microbiome disruption underlies many conditions seen in pelvic health practice — recurrent BV, yeast, UTIs, dryness, and post-antibiotic dysbiosis. These two supplements address both the bacterial and antimicrobial dimensions of vaginal health.

Product	Key Ingredients	Dosage	Clinical Indications	Safety & Provider Notes
Flora Bloom Probiotics	Lactobacillus crispatus, L. rhamnosus, L. reuteri, L. acidophilus (30B CFU); Inulin (prebiotic) + Boric Acid 100 mg	1 capsule daily	Recurrent BV, post-antibiotic microbiome restoration, yeast prophylaxis, vaginal pH optimization, dyspareunia from atrophy/dryness	Generally well-tolerated. Start 1–2 days after completing antibiotics. Can be paired with Boric Balance for acute BV. No known drug interactions.
Boric Balance	Boric Acid 600 mg per capsule (vaginal suppository)	1 suppository vaginally at bedtime ×7–14 days (acute); 1–2×/week for prevention	Recurrent BV or yeast, pH imbalance, post-antibiotic or post-intercourse maintenance	FOR VAGINAL USE ONLY — never oral. Contraindicated in pregnancy. May degrade latex barrier methods. No systemic absorption at standard doses.

Clinical Pearl: For patients with recurrent BV: prescribe metronidazole/clindamycin, then Flora Bloom starting on the last day of antibiotics. Add Boric Balance 2×/week for maintenance. This combination significantly reduces recurrence rates.

PCOS & Metabolic Health

Insulin resistance is central to PCOS pathophysiology. Inositol signaling modulates insulin sensitivity, FSH signaling, and oocyte quality. Berberine compounds provide additional metabolic and anti-inflammatory support.

Product	Key Ingredients	Dosage	Clinical Indications	Safety & Provider Notes
Myo-Inositol Capsules (40:1 Myo:D-Chiro)	Myo-Inositol 1100 mg + D-Chiro-Inositol 27.5 mg per capsule (40:1 ratio); no fillers	2 capsules twice daily (4.4 g Myo + 110 mg DCI/day)	PCOS (insulin-resistant phenotype), irregular cycles, anovulation, elevated androgens, oocyte quality for IVF/IUI, gestational diabetes prevention	Safe for long-term use. Well-studied in pregnancy (NTD prevention). Takes 3–6 months for cycle-regulation effect. Best taken with food.
Myo-Inositol Powder (40:1 ratio)	Myo-Inositol 2050 mg + D-Chiro 51.25 mg per scoop (40:1); unflavored	1 scoop (2.05 g) 1–2×/day in water or smoothie	Same as capsules; preferred for pill-swallowing difficulty, dose flexibility, adolescent PCOS	Unflavored — mixable in any non-alcoholic, non-caffeinated liquid. Same safety profile as capsules. Dose can be titrated easily.

Myo-Inositol + Folate + Vitamin D	Myo-Inositol 1100 mg + D-Chiro 27.5 mg (40:1) + Methylfolate 400 mcg + Vitamin D3 1000 IU per capsule	4 capsules daily (split AM/PM)	PCOS with vitamin D deficiency, preconception planning, patients on metformin, MTHFR carriers, NTD prevention	Ideal for preconception patients. Methylfolate preferred over folic acid for MTHFR carriers. Monitor vitamin D if already supplementing.
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Clinical Pearl: Combine Myo-Inositol + Folate + VitD with Berberine or Dihydroberberine for patients with PCOS who are insulin-resistant AND planning pregnancy. Inositol improves oocyte quality while berberine compounds optimize metabolic markers — complementary mechanisms.

Product	Key Ingredients	Dosage	Clinical Indications	Safety & Provider Notes
Berberine + Ceylon Cinnamon	Berberine HCl 500 mg + Ceylon Cinnamon 250 mg per capsule	1–2 capsules twice daily with meals (max 1000–2000 mg/day)	Insulin resistance, type 2 diabetes adjunct, elevated FBG/HbA1c, PCOS metabolic phenotype, lipid support (LDL-lowering)	Interactions: cyclosporine, warfarin, metformin (additive — monitor glucose). Avoid in pregnancy. GI side effects common — start with food, titrate up.
Dihydroberberine (Glucovantage®)	Dihydroberberine (DHB) 200 mg per capsule (Glucovantage® patented form)	1 capsule daily	Same as berberine; use for patients with GI intolerance to standard berberine or needing lower dose	~5× more bioavailable than standard berberine; significantly reduced GI burden. Only clinically studied DHB form. Avoid in pregnancy.

Hormonal Balance & PMS

Vitex (Chasteberry) has the strongest evidence base of any botanical for progesterone support, PMS, and luteal phase defects. It acts indirectly via dopamine receptor activity at the pituitary gland, reducing prolactin and supporting LH pulsatility.

Product	Key Ingredients	Dosage	Clinical Indications	Safety & Provider Notes
Vitex Chasteberry	Vitex agnus-castus 1000 mg + Ginger Root 200 mg per 2 capsules	2 capsules every morning (consistent timing essential)	PMS/PMDD (irritability, bloating, breast tenderness), luteal phase defect, irregular cycles, subclinical hyperprolactinemia	Takes 3–6 months for effect — set expectations clearly. Avoid with hormonal contraceptives. Contraindicated in pregnancy. Avoid with dopamine agonists/antagonists.

Clinical Pearl: Vitex works best for luteal phase symptoms (mood, breast tenderness, bloating in the 1–2 weeks before menses). Have patients track their cycle — if symptoms cluster days 15–28, this supplement is indicated. Counsel on 3-month minimum trial before evaluating efficacy.

Menopause Support

Menopausal symptom management increasingly relies on non-hormonal approaches. Botanical phytoestrogens and a targeted probiotic formulation can address vasomotor, mood, and vaginal/urinary symptoms in appropriate candidates.

Product	Key Ingredients	Dosage	Clinical Indications	Safety & Provider Notes
Menopause Synbiotic	5 probiotic strains (30B CFU) + Inulin + Black Cohosh 200 mg + Dong Quai 200 mg + Rhubarb Root 100 mg + Wild Yam 100 mg + Red Clover 50 mg + Vitex 50 mg	2 capsules daily	Hot flashes, night sweats, mood instability, vaginal atrophy (GSM), post-menopausal vaginal dysbiosis, sleep disruption	Black Cohosh: avoid in liver disease; limit to 6-month continuous use. Dong Quai: caution with warfarin. Contains phytoestrogens — caution in hormone-sensitive cancers. Not a replacement for MHT in severe symptoms.

Clinical Pearl: For patients with mild-moderate vasomotor symptoms who prefer non-hormonal therapy or are not MHT candidates, Menopause Synbiotic addresses gut-hormone axis AND botanical phytoestrogen support simultaneously. Pair with vaginal estrogen for GSM if patient is open to localized HRT.

Bladder & Urinary Health

Interstitial cystitis (IC), Bladder Pain Syndrome, and recurrent UTIs represent a significant proportion of pelvic floor caseloads. Aloe vera (freeze-dried) has emerging evidence for IC symptom management via glycosaminoglycan (GAG) layer support and anti-inflammatory mucosal effects.

Clinical Pearl: D-Mannose (included in the formula) prevents *E. coli* adhesion to uroepithelium — most effective as UTI prophylaxis taken consistently, not just during active infection. Counsel IC patients that improvement typically takes 4–8 weeks of consistent use.

Product	Key Ingredients	Dosage	Clinical Indications	Safety & Provider Notes
Freeze Dried Aloe Vera	Freeze-Dried Aloe Vera 200:1 (equiv. 1800 mg whole leaf) + D-Mannose 500 mg + Calcium Carbonate 100 mg per 3-capsule dose	1 capsule AM + 2 capsules PM	Interstitial cystitis (IC), Bladder Pain Syndrome, recurrent UTIs, post-void urgency, bladder mucosal healing	Well-tolerated. D-Mannose may modestly lower blood glucose — caution in insulin-dependent diabetes. Safe with most medications. Improvement typically takes 4–8 weeks.

Provider Pairing Guide: Supplement Combinations by Clinical Presentation

The following table provides evidence-informed supplement pairing recommendations for common clinical presentations encountered in pelvic health and women’s health practice. These combinations leverage complementary mechanisms of action for a more comprehensive approach.

Clinical Presentation	Recommended Products	Rationale	Provider Notes
PCOS – Anovulatory, Insulin-Resistant	Inositol + Folate + VitD + Berberine or Dihydroberberine	Dual insulin-sensitization via inositol signaling + AMPK pathway. Addresses oocyte quality and metabolic markers simultaneously.	<i>Start berberine with meals to minimize GI effects. Monitor FBG, HbA1c at 3 months.</i>
PCOS – Preconception / IVF Prep	Myo-Inositol + Folate + VitD (± Vitex if luteal phase short)	Inositol improves oocyte quality and FSH sensitivity; methylfolate essential pre-conception; VitD supports implantation.	<i>Begin 3–6 months before planned conception. Discontinue Vitex once pregnant.</i>
Recurrent BV – Active + Preventive	Boric Balance (acute) + Flora Bloom (ongoing)	Boric acid restores pH acutely; Flora Bloom re-establishes dominant Lactobacillus species for long-term protection.	<i>Boric acid during or immediately after antibiotic course; Flora Bloom starting last day of antibiotics.</i>
Recurrent UTI Prophylaxis	Freeze Dried Aloe Vera (+ Flora Bloom ongoing)	D-Mannose prevents E. coli adhesion; aloe vera supports mucosal barrier; probiotic may reduce dysbiotic overgrowth.	<i>Daily ongoing use. D-Mannose most effective as prophylaxis, not just during active infection.</i>
Perimenopause – Hormonal Transition	Vitex Chasteberry + Menopause Synbiotic	Vitex supports progesterone/LH balance during irregular perimenopausal cycles; Synbiotic addresses vasomotor, gut-hormone axis, vaginal health.	<i>Counsel 3-month minimum for Vitex. Avoid Vitex in surgical menopause (no ovarian function to modulate).</i>
PMS / PMDD (Luteal Phase)	Vitex Chasteberry (± Myo-Inositol if PCOS co-exists)	Vitex reduces prolactin, supports luteal progesterone; Inositol addresses insulin resistance that worsens PMS.	<i>Consistent daily dosing of Vitex is required — efficacy depends on steady pituitary signaling.</i>
IC / Painful Bladder + Vaginal Dryness	Freeze Dried Aloe Vera + Flora Bloom	Aloe Vera addresses mucosal inflammation; Flora Bloom supports vaginal microbiome and may reduce co-existing vaginal atrophy symptoms.	<i>Complementary pathways — often co-present in pelvic pain patients.</i>
Metabolic Syndrome / Insulin Resistance (non-PCOS)	Berberine + Ceylon Cinnamon or Dihydroberberine	Berberine compounds activate AMPK (mimicking metformin), support glucose uptake, and reduce LDL cholesterol.	<i>Use Dihydroberberine if patient has GI sensitivity. Monitor with diabetes medications.</i>
Post-Antibiotic Vaginal Restoration	Flora Bloom + Boric Balance (optional)	Broad-spectrum antibiotics wipe Lactobacillus; Flora Bloom with 4 strains re-seeds and Inulin prebiotics feed colonization.	<i>Begin Flora Bloom on the last day of antibiotics or the day after completion.</i>

Quick Reference: Key Safety Considerations

For full prescribing information, consult the product label. The following highlights the most clinically relevant safety considerations:

- **Boric Acid (Boric Balance):** VAGINAL USE ONLY. Never administer orally. Contraindicated in pregnancy. May degrade latex barrier methods.
- **Berberine compounds:** Drug interactions with cyclosporine, warfarin, and hypoglycemic agents. Avoid in pregnancy. GI side effects common — take with food.
- **Vitex Chasteberry:** Requires 3–6 months for efficacy. Avoid with hormonal contraceptives and dopamine-active medications. Contraindicated in pregnancy.
- **Black Cohosh (in Menopause Synbiotic):** Limit continuous use to 6 months due to rare hepatotoxicity risk. Avoid in liver disease and hormone-sensitive cancers.
- **Dong Quai (in Menopause Synbiotic):** Anticoagulant activity — use caution with warfarin and NSAIDs.
- **Dihydroberberine:** Superior GI tolerability vs. standard berberine; same metabolic indications at lower dose. Avoid in pregnancy.
- **Myo-Inositol:** Safe in pregnancy (evidence for GDM prevention). Long-term use well-tolerated. Best taken with food.
- **D-Mannose (in Aloe Vera):** May modestly lower blood glucose — monitor in insulin-dependent diabetes.

Additional Clinical Resources

Provider Resource Hub: intimaterose.com/pages/phn-resources

For clinical questions or sample requests, contact support@intimaterose.com