BRIGHT WITHIN

the pcos starter bundle

The Main Guide

A root-cause starting point
for your PCOS label.
Written in plain language,
no fear, no hype.

Written by Dr. Bright
Education-based wellness • brightwithin.co

a note from dr. bright

Before we begin,

Friend,

If you are holding this guide, there is a good chance you were recently given a PCOS label, or you have been carrying one for years and are ready to understand it on a deeper level. Either way, I am glad you are here.

I walked through PCOS myself. For a long time, my standard labs read as "normal" on paper, and it was easy to write off what I was feeling as just life, or age, or stress. But my body was telling a different story, and I wanted real answers.

So I did what my background in the sciences had trained me to do. I read. I researched. I translated a wave of labs and clinical literature until the patterns began to become clear. I learned about root causes. I learned that PCOS is rarely just one thing, and that "normal on paper" is not the same as feeling like yourself again.

This guide is a starting point. It is educational, not a diagnosis or a treatment plan. My goal is to help you see the whole landscape of PCOS in plain language, so you can walk into your next appointment as an informed partner in your own care.

Come as you are. Wherever you are in your journey, you are welcome here. Let's dig deeper, together.

With care,

Dr. Bright

how to use this guide

Two gentle tracks.

This guide is written for two readers, in the same pages.

Start Here If your PCOS label is new, or you have never had it explained clearly, read this guide front to back. Every concept is defined in plain language. Take it slowly. One section a day is plenty.

Go Deeper If you have lived with PCOS for years, look for the Go Deeper callouts inside each section. They point to the nuances worth exploring once the foundations are in place.

What's inside

Your body is not the enemy. It is the messenger.

part one

What PCOS Actually Is

PCOS is one of the most commonly given labels in women's health, and also one of the most misunderstood. Before we talk about root causes and labs, we need a shared understanding of what the label actually means.

A syndrome, not a single disease.

PCOS stands for Polycystic Ovary Syndrome. The word syndrome is important. A syndrome is a cluster of signs and symptoms that often appear together, not a single disease with a single cause. That is why two women with the same PCOS label can have very different experiences, and very different labs.

In practice, PCOS is usually the name given to a pattern of hormonal and metabolic signals that show up together. The name points to the ovaries, but the root cause often lives elsewhere in the body, in how your insulin, inflammation, stress hormones, or thyroid are working.

The hopeful part: when you understand which pattern is driving your version of PCOS, the path forward becomes much clearer, and much more personal.

> *Go Deeper*
> Different women with PCOS can show up with very different lab patterns: some are insulin-driven, some are inflammation-driven, some are adrenal-driven. Part 2 of this guide walks through the four most common types.

The three diagnostic criteria.

Most providers use the Rotterdam criteria. A woman is typically given a PCOS label when she meets two out of the three following criteria.

1. Irregular or absent ovulation

This shows up as cycles that are longer than 35 days, shorter than 21 days, very unpredictable, or missing for months at a time. Your period is downstream of ovulation; when ovulation is off, cycles become irregular.

2. Signs of elevated androgens

Androgens are hormones like testosterone and DHEA. Elevated androgens can show up on labs (high total or free testosterone, high DHEA-S) or clinically (acne along the jawline, excess hair growth on the face or body, thinning hair on the scalp).

3. Polycystic ovaries on ultrasound

Despite the name, these are not true cysts. They are small follicles that did not fully mature. An ultrasound may describe this as "polycystic morphology" or count twelve or more follicles on one ovary.

> *Start Here*
> You only need two of the three to receive a PCOS label. That is why the label can feel confusing: two women can both "have PCOS" with completely different combinations of criteria.

A normal ultrasound does not rule it out.

This is one of the most common points of confusion, so it is worth sitting with.

Because a woman only needs to meet two of the three Rotterdam criteria, it is entirely possible to have PCOS with perfectly normal-looking ovaries on ultrasound. If your cycles are irregular and you show signs of elevated androgens, that meets the criteria. The ultrasound is not required.

The reverse is also true. A woman can have polycystic-appearing ovaries on ultrasound without meeting the full criteria for PCOS. Ultrasound findings alone are not enough to make the label.

What this means for you:

If a provider ruled out PCOS based on ultrasound alone, and you still have irregular cycles or signs of elevated androgens, the conversation may be worth revisiting. This is something you can bring up gently at your next appointment. The Lab Markers + Provider Questions PDF in this bundle gives you the exact phrasing to use.

> *Go Deeper*
> Anti-Müllerian Hormone (AMH) is sometimes elevated in PCOS and can be a helpful additional data point. It is not part of the formal Rotterdam criteria, but many women find it clarifying.

part one, continued

Why the name itself is misleading.

The name Polycystic Ovary Syndrome puts the spotlight on the ovaries. But the ovaries are usually not where the story begins.

For most women, the small follicles on ultrasound are downstream of something else: insulin resistance, chronic inflammation, a nervous system under constant stress, or a gut or thyroid that has been struggling quietly for years. The ovaries are often the messenger, not the message.

That is why two women with a PCOS label can benefit from almost opposite approaches. What helps an insulin-driven woman will do very little for a woman whose PCOS is primarily adrenal and stress-driven, and vice versa.

The shift worth making:

Instead of asking "do I have PCOS?" it is often more useful to ask "which kind of PCOS pattern is mine, and what is driving it?" That is the question the rest of this guide is built around.

The ovaries are often the messenger, not the message.

part two

The Four Common Types

PCOS research and functional medicine literature often describe four recurring patterns, or "types." Most women resonate strongly with one, though overlap is common. Read all four with curiosity, not self-diagnosis. Your provider, your labs, and your own sense of your body are the real guides.

Type 1. Insulin-resistant PCOS

The most common pattern, roughly seventy percent of cases.

When cells stop responding well to insulin, the body compensates by making more of it. Elevated insulin tells the ovaries to produce more testosterone, which disrupts ovulation and drives many of the signals women know best: irregular cycles, stubborn weight, acne, and cravings.

Signals often seen with this type:

- ☐ Cravings for sugar or carbs, especially after meals
- ☐ Feeling shaky, irritable, or foggy if a meal is delayed
- ☐ Unexplained weight gain, especially around the midsection
- ☐ Energy crashes in the afternoon
- ☐ Skin tags or darker patches of skin on the neck or underarms

type one, continued

Insulin-resistant PCOS, continued.

Labs often worth looking at:

- Fasting insulin, with a goal of a functionally optimal, not just "normal," range
- Fasting glucose and Hemoglobin A1C
- HOMA-IR, a calculation that uses fasting insulin and glucose together
- Triglyceride to HDL ratio, a simple metabolic signal
- Total and free testosterone, often elevated

Lifestyle levers that often matter most:

- Building meals around protein and fiber first
- A short walk, often ten to fifteen minutes, after meals
- Strength-style movement two to three times a week
- Prioritizing sleep, since one poor night raises insulin the next day
- Reducing sweetened drinks and refined carbs, not eliminating carbs entirely

> *Go Deeper*
> Insulin resistance is usually a slow, reversible process. It is not a character flaw. It responds gradually and consistently to the foundations above, especially when combined with restorative sleep and less chronic stress.

Type 2. Post-pill PCOS.

Sometimes seen after coming off hormonal birth control, especially pills that suppressed androgens.

Certain birth control pills actively lower androgens. When the pill is discontinued, the body can rebound and temporarily produce more androgens than usual. For some women this settles within several months; for others, it reveals an underlying PCOS pattern that was masked while on the pill.

Signals often seen with this type:

- ☐ Cycles went off the rails after stopping the pill
- ☐ Acne returned, often worse than before the pill
- ☐ Cycles had been regular on the pill for years
- ☐ Little or no insulin resistance on labs
- ☐ Normal-ish weight and body composition

Labs often worth looking at:

- LH to FSH ratio, sometimes elevated
- Prolactin, occasionally elevated post-pill
- Total and free testosterone, often elevated
- Fasting insulin, usually normal or near normal

Post-pill PCOS, continued.

Lifestyle levers that often matter most:

- Giving your body time. Many post-pill patterns calm down over three to nine months
- Rebuilding nutrient stores that the pill can deplete (B vitamins, zinc, magnesium, selenium)
- A nutrient-dense, minimally restrictive diet, rich in leafy greens, protein, and healthy fats
- Gentle, cycle-aware movement rather than punishing workouts
- Supporting the gut (more on that in the inflammatory section)

> *Start Here*
> If you suspect post-pill PCOS and your cycles have only been off for a few months, patience is part of the protocol. Track your cycles, support your nutrients, and give your body time to recalibrate before you conclude that something is wrong.

> *Go Deeper*
> Post-pill PCOS and insulin-resistant PCOS can sometimes coexist. If labs show both elevated androgens and meaningful insulin resistance, the two root-cause lenses can be worked on together.

Type 3. Inflammatory PCOS.

Driven primarily by chronic, low-grade inflammation, often linked to the gut, food sensitivities, or environmental exposures.

Chronic inflammation raises androgen production and disrupts ovulation. It can show up with or without insulin resistance, and it often points back to the gut, where the majority of immune activity happens.

Signals often seen with this type:

- ☐ Digestive symptoms, such as bloating, constipation, or loose stools
- ☐ Skin issues: eczema, psoriasis, rashes, hives
- ☐ Headaches, joint aches, or unexplained fatigue
- ☐ Food sensitivities or a sense that "something I eat is making this worse"
- ☐ Autoimmune history in you or a close family member

Labs often worth looking at:

- hs-CRP, a general inflammation marker
- Homocysteine, indirectly related to inflammation and methylation
- Ferritin, can run high with inflammation and low with poor absorption
- Vitamin D, often low when inflammation is chronic

Inflammatory PCOS, continued.

Lifestyle levers that often matter most:

• Supporting gut health: fiber diversity, fermented foods, and, when appropriate, working with a provider on targeted support

• Prioritizing anti-inflammatory foods: fatty fish, colorful vegetables, olive oil, herbs, and berries

• Noticing and gently removing foods that clearly do not sit well with your body

• Reducing everyday environmental inputs where possible (fragrance, plastic in hot food, tap water without filtering)

• Protecting sleep, which is one of the most anti-inflammatory tools we have

> *Go Deeper*
> Gut health, food sensitivities, and inflammation are deep topics. This guide is an introduction, not a protocol. If inflammatory PCOS resonates strongly, working with a qualified provider on targeted testing (stool analysis, thoughtful food sensitivity work) can be worth the investment.

Type 4. Adrenal PCOS.

Driven primarily by the adrenal glands and a nervous system that has been in high gear for years.

In adrenal PCOS, androgens are produced by the adrenal glands rather than the ovaries. This pattern is often linked to chronic stress, long-term under-eating or over-exercising, and a nervous system that has forgotten what "rest" feels like.

Signals often seen with this type:

- ☐ Running on adrenaline: wired energy by day, unable to wind down at night
- ☐ History of chronic stress, trauma, or long-term hard training
- ☐ Thin or lean body type, rather than higher weight
- ☐ Anxiety, racing thoughts, or a sense of "always on"
- ☐ Morning fatigue despite a full night in bed

Labs often worth looking at:

- DHEA-S, elevated (the hallmark of adrenal-pattern PCOS)
- Total and free testosterone, often normal or only slightly elevated
- Fasting insulin, usually normal
- Cortisol, sometimes elevated or with a disrupted daily rhythm

type four, continued

Adrenal PCOS, continued.

Lifestyle levers that often matter most:

- Nervous-system work first: slower mornings, breathwork, a real lunch break
- Trading high-intensity cardio for walking, strength training, and restorative movement
- Eating enough, consistently. Under-eating is a stressor your adrenals register as danger
- Blood sugar stability. Yes, even in adrenal-pattern PCOS
- Prioritizing sleep and a protected wind-down ritual at night

> *Start Here*
> If you resonate with adrenal PCOS and have been pushing your body hard, the most powerful first step is often to do less, not more. Rest is not the opposite of progress here. It is the protocol.

> *Go Deeper*
> A DUTCH test (dried urine hormone test) can offer a fuller picture of adrenal and sex hormone metabolism. It is not always necessary, but for some women it brings real clarity.

part three

The Labs That Tell the Story

A standard appointment rarely has time to run, or explain, the full picture. These are the lab markers most often worth asking about. This section is educational; your provider is the one to order and interpret them in the context of your history.

Metabolic markers

Fasting insulin	One of the most telling markers in PCOS. Often runs high before fasting glucose does.
Fasting glucose	A snapshot of blood sugar after an overnight fast.
Hemoglobin A1C	A three-month average of blood sugar.
HOMA-IR	A calculation using fasting insulin and glucose, often used to assess insulin resistance.
Triglyceride : HDL	A ratio on a standard lipid panel that can hint at metabolic patterns.

> *Go Deeper*
> Fasting insulin is often the first marker to shift when insulin resistance begins to develop. It can be off for years before standard glucose and A1C start to move.

Sex hormones.

Timing matters. Ideally these are drawn in the first week of your cycle (days two to five), or as directed by your provider if your cycles are very irregular.

Total testosterone	The overall level of testosterone in your bloodstream.
Free testosterone	The active form, often more revealing than total.
SHBG	Sex hormone-binding globulin. Low SHBG can amplify the effect of androgens.
DHEA-S	An adrenal androgen. Elevated levels often point to adrenal-pattern PCOS.
LH and FSH	Luteinizing and follicle-stimulating hormones. The ratio can be informative.
Prolactin	Worth checking to rule out other causes of irregular cycles.
Estradiol	An estrogen marker, interpreted in the context of your cycle.
Progesterone	Measured roughly a week after ovulation, if your cycle allows timing.
AMH	Anti-Müllerian Hormone. Can be elevated in PCOS, though not diagnostic on its own.

The full thyroid panel.

A standalone TSH rarely tells the whole story. Thyroid function overlaps with PCOS often enough that a full panel is worth requesting.

TSH	Thyroid-stimulating hormone. The most commonly ordered, but not enough on its own.
Free T4	The storage form of thyroid hormone.
Free T3	The active form of thyroid hormone, what your cells actually use.
Reverse T3	Can signal stress or under-conversion from T4 to T3.
TPO antibodies	Elevated in autoimmune thyroid conditions.
Thyroglobulin antibodies	Another autoimmune thyroid marker.

> *Go Deeper*
> Thyroid patterns and PCOS patterns can quietly overlap. A suboptimal thyroid can worsen insulin resistance and ovulation. If a full thyroid panel has never been run, it is reasonable to ask.

part three, continued

Inflammation and nutrients.

hs-CRP	A general marker of inflammation in the body.
Homocysteine	Linked to methylation and cardiovascular health.
Vitamin D (25-OH)	Often low in women with hormonal imbalances. Supports mood, immunity, and cycles.
Vitamin B12	Depleted by certain medications, including metformin and the pill.
Ferritin	The storage form of iron. Low ferritin affects energy and cycles; high ferritin can reflect inflammation.
Magnesium (RBC)	A more accurate measure of magnesium status than serum.
Zinc and selenium	Key nutrients for both thyroid and reproductive health.

Start Here

You do not need every lab on these pages at your next appointment. Start with the section that matches the PCOS pattern you resonate with most. The Lab Markers + Provider Questions PDF in this bundle helps you prioritize what to ask for.

part four

The Lifestyle Foundations

Every PCOS pattern benefits from the same quiet foundations. The emphasis shifts depending on your type, but none of these can be skipped. These are the practices that, over time, make every other intervention work better.

One. Blood sugar: the quiet anchor.

For most women with PCOS, stable blood sugar is the single most important lifestyle lever. Not a specific diet, not elimination, not weight loss. Just stability.

Practices that tend to matter most:

• A protein-forward breakfast within an hour or two of waking

• Protein and fiber with every meal, carbohydrates built around them, not the other way around

• Eating enough at each meal. Undereating is a blood-sugar stressor of its own

• A short walk after meals when possible (ten to fifteen minutes is plenty)

• Reducing sweetened drinks first; refined carbs second

> *Go Deeper*
> A continuous glucose monitor can be a helpful short-term teaching tool, not a permanent fixture. Two to four weeks of data is often enough to see your own patterns clearly.

part four, continued

Two. Movement: strength over suffering.

Women with PCOS are often told to "do more cardio." For many, the opposite is closer to the truth.

Strength-style movement (body weight, bands, dumbbells, machines) builds muscle, which in turn acts like a sponge for blood sugar. Long sessions of high-intensity cardio, especially in an already stressed body, can make cortisol and androgen patterns worse, not better.

Practices that tend to matter most:

- Two to three strength-style sessions per week, even if short
- Daily walking, especially after meals
- Gentle movement on lower-energy days, rather than skipping or pushing through
- Honoring cycle-aware rhythms when it feels helpful, not as a rigid rule
- Enough recovery between hard efforts, especially in adrenal patterns

> *Start Here*
> If you are starting from zero: a ten-minute after-dinner walk, and two short body-weight strength sessions a week. That is not a warm-up to a "real" plan. That is the real plan.

Three. Sleep: the quiet hinge.

Sleep is where the body recalibrates hormones, repairs tissue, and resets insulin sensitivity. A single night of poor sleep can raise next-day insulin, hunger hormones, and cortisol.

Practices that tend to matter most:

• A consistent sleep and wake window, even on weekends

• Morning light within the first thirty minutes of waking

• A wind-down ritual in the hour before bed (dim lights, book, warm shower, no screens if possible)

• A cool, dark, quiet room

• Avoiding caffeine after noon, and alcohol close to bed, when possible

> *Go Deeper*
> If sleep feels impossible to fix through lifestyle alone, it is worth a conversation with a provider. Undiagnosed sleep apnea, thyroid issues, and perimenopause can all show up here and deserve proper care.

part four, continued

Four. Stress and the nervous system.

Chronic stress keeps the nervous system in "alarm mode," which raises cortisol and androgens, disrupts sleep, and dysregulates blood sugar. For adrenal-pattern PCOS, this is the root. For every other pattern, it is the accelerator.

Practices that tend to matter most:

• Short, regular nervous-system resets: slow breathing, a walk outside, a few minutes of silence

• A real lunch break, away from screens when possible

• Limiting news, social media, and doom-scrolling, especially in the morning and at night

• Community, connection, and protected time with people who fill your cup

• Permission to rest without earning it

> *Start Here*
> You do not have to meditate for thirty minutes a day. Two slow breaths before you open your laptop, a quiet cup of tea in the afternoon, a walk without your phone. Small, consistent resets retrain the nervous system over time.

part five

What to Do Next

Here is a simple, unhurried framework for the coming weeks. Small, steady steps will always outperform a perfect plan you cannot sustain.

This week

• Read through the PCOS type that resonated most with you, one more time

• Open the 7-Day Lifestyle Starter PDF and begin Day 1

• Notice one signal your body gives you each day. Write it down.

This month

• Book a follow-up appointment with your provider, using the Provider Questions PDF to prepare

• Walk through the labs most relevant to your type, and request the ones you have not had

• Build the two or three lifestyle foundations that matched your type into your real routine

This quarter

• Give your body ninety days of consistency before making any big judgments about what is or is not working

• If you want deeper support, consider the Lifestyle Guide or a 1:1 consult

• Keep noticing. Your body is always telling you the truth in small ways

part five, continued

Your next appointment.

An informed patient is a better partner for her provider, not a harder one. Bringing a short, clear list of questions to your next appointment is one of the most respectful things you can do. It protects the appointment's time and gets you closer to the answers you need.

A few starter questions you can use today:

- *Given my cycle pattern and signals, would it be reasonable to look at a full PCOS panel?*
- *Could we add fasting insulin and a full thyroid panel next time I have labs?*
- *Based on my labs, which PCOS pattern do you think best fits my case?*
- *What lifestyle change do you think would help me the most in the next ninety days?*
- *What would you like to see change at my next appointment?*

> *Start Here*
> The Lab Markers + Provider Questions PDF in this bundle gives you the full list of twelve questions, with language that invites collaboration rather than defensiveness.

part five, continued

When to consider deeper support.

This bundle is designed to stand on its own. Many women do not need anything more than this guide, their provider, and consistent lifestyle foundations. If, after a few months, you want to go deeper, Bright Within offers two next steps.

The Lifestyle Guide

A grounded, season-by-season guide to the daily practices that support hormone health across a woman's life. Built for women who want to take the foundations in Part 4 and go deeper than a starter bundle can cover.

A 1:1 Education Consult

A personal education session where we sit with your specific labs, your history, and your questions, together. This is educational only, never a diagnosis or treatment plan. Many women book a consult before a big follow-up with their provider, to walk in feeling prepared.

You do not have to have it all figured out to start.

a closing note

Come as you are.

A PCOS label is not your identity. It is a starting point for understanding your body.

You do not have to do this perfectly. You just have to keep listening. Your body is speaking to you, and now you have a few more tools to listen well.

Wherever you are in your journey, you are welcome here.
No shame. No perfection required.
Just real education, real answers, and room to grow.

With care,
Dr. Bright

a note on this guide

Educational, not medical.

Bright Within provides education and wellness support only. This guide is not intended to diagnose, treat, cure, or prevent any medical condition.

The information in this guide is not a substitute for personalized care from a qualified medical provider. Please continue to work with your physician, nurse practitioner, or other licensed clinician as you explore anything you learn here.

Nothing in this guide should be interpreted as the creation of a provider-patient relationship with Dr. Bright or Bright Within.