THE FIRST HEALTH PLATFORM BUILT AROUND SOUTH ASIAN BIOLOGY

Merah

The South Asian Women's Health Guide

What your doctor isn't testing for.

A free, physician-reviewed guide to the labs and thresholds standard care often misses in South Asian women — and exactly what to ask for at your next appointment.

A NOTE BEFORE YOU START

You weren't imagining it.

If you've been told your labs are "normal" while something still feels off — the fatigue, the weight that won't shift, the cycles that aren't regular — you weren't imagining it.

Here's the quiet truth most people never hear in a 12-minute appointment: the "normal" ranges on your lab report were largely built from studies of **other** populations. South Asian bodies store fat differently, develop risk earlier, and show it in markers a routine panel often doesn't even order. So a result that reads "fine" against a Western baseline can be missing a real, early signal in **you**.

This guide won't diagnose you and it isn't medical advice. What it **will** do is show you the specific tests that matter for South Asian women, the thresholds calibrated to your biology, and the exact questions to bring to your next visit — so you can stop being measured against the wrong baseline.

How to use it: skim the markers, note the two or three that speak to you, and take the one-page checklist at the end to your doctor. Knowledge first. Then care that acts on it.

THE GAP THIS GUIDE IS ABOUT

Why "normal" wasn't built for *you*.

For two decades, the **MASALA study** (Mediators of Atherosclerosis in South Asians Living in America) has found a consistent pattern: we carry more fat around the organs and liver even at a lower body weight, we show higher atherogenic lipids, and our risk factors appear earlier — often by the mid-40s. VERIFIED

That has three consequences for how you should be tested:

1 · The cut-offs move.

For South Asians, the overweight threshold is a **BMI of 23**, not 25 — metabolic risk starts at a lower weight. (WHO 2004; ACC)

2 · The timeline moves.

Diabetes and heart-risk factors appear roughly a **decade earlier**. A Feb 2026 analysis found South Asian men at 45 had about **8× the prediabetes** of white peers; South Asian women roughly double. (JAHA, 2026)

3 · The markers change.

Standard panels miss two key South Asian signals — **Lp(a)** and **ApoB** — because they usually aren't ordered. (ACC/AHA; MASALA)

None of this is cause for panic. It's cause for **precision** — the right tests, read against the right thresholds.

THE MARKERS YOUR PANEL PROBABLY SKIPS

What to test — and why it matters for you.

Ranges below are for education; your clinician interprets your results in context.

01 Lp(a) — Lipoprotein(a)

An inherited, cholesterol-like particle that raises cardiovascular risk independently of LDL. Roughly **1 in 4** South Asians carry elevated Lp(a) — and a standard panel almost never checks it. Largely genetic, so usually a once-in-a-lifetime test.

Ask: "Can we test my Lp(a) once — given South Asian ancestry is a recognized risk-enhancing factor?"

02 ApoB — Apolipoprotein B

A direct count of artery-clogging particles — a truer read of risk than LDL alone. South Asians can carry a higher particle burden even when LDL looks "in range."

Ask: "Can we add ApoB to see my actual particle count, not just LDL?"

03 Fasting insulin + HOMA-IR

Reveals **insulin resistance** — often years before blood sugar rises. South Asian women can be insulin-resistant at a "normal" weight, so a normal glucose can look reassuring while risk builds.

Ask: "Can we check fasting insulin, not just glucose, to catch insulin resistance early?"

04 HbA1c — read against BMI 23

Your average blood sugar over ~3 months. Interpreted alongside the **BMI-23** cut-off and the earlier-onset pattern, a "healthy" HbA1c deserves a closer look — especially with family history.

Ask: "Given South Asian thresholds, is my HbA1c truly reassuring — or borderline for me?"

05 hsCRP — inflammation

A marker of low-grade inflammation linked to cardiovascular risk — it can be elevated in South Asians even with a healthy lifestyle.

Ask: "Can we add hsCRP to see if inflammation is part of my picture?"

06 Vitamin D & Vitamin B12

Deficiency in both is very common among South Asians — diet and lower synthesis contribute, and B12 especially with vegetarian diets.

Ask: "Can we check my Vitamin D and B12 — common deficiencies for us?"

Also worth asking about

Ferritin / iron — low iron is common in South Asian women (ask if fatigue could be iron-related). **Thyroid (TSH, free T4)** — common, and can explain fatigue, weight, and cycle changes. *(worth raising, especially with a vegetarian diet)*

OFTEN MISSED, OFTEN MISLABELED

PCOS in South Asian women.

Polycystic ovary syndrome is one of the most under-recognized issues for South Asian women — and it often looks different than the textbook picture.

Earlier & more severe.

South Asian women have been found to have around **2.6× the odds** of PCOS versus East Asian women. (Guo 2021)

VERIFIED

A visible skin sign.

Darkened, velvety patches (acanthosis nigricans) at the neck or underarms — reported in a large share of cases, and often overlooked. (Wijeyaratne 2011)

Tied to insulin resistance.

Closely linked to the insulin resistance on page 4 — which is why the metabolic markers matter for cycles, not just heart and sugar.

If irregular cycles, unexplained weight changes, hair changes, or those skin patches sound familiar, ask:

> "Could this be PCOS presenting the way it often does in South Asian women — and can we check fasting insulin and androgens, not just do an ultrasound?"

ONE MEASUREMENT YOU CAN DO AT HOME

BMI misses where fat sits. This doesn't.

BMI misses the pattern that matters most for South Asians: **where** fat sits. Truncal (belly) fat carries the risk — and it can be present at a "normal" BMI.

Waist-to-hip ratio (WHR)

Measure your waist at the narrowest point and your hips at the widest, then divide (waist ÷ hips). A higher ratio signals more central fat. Bring the number to your doctor — a simple, at-home screen BMI alone won't give you.

This is a screen, not a diagnosis — a conversation-starter for your visit.

TEAR-OUT CHECKLIST

What to ask your doctor.

- ☐ **Lp(a)** — *"Can we test this once, given South Asian ancestry?"*
- ☐ **ApoB** — *"Can we see my particle count, not just LDL?"*
- ☐ **Fasting insulin (+ HOMA-IR)** — *"Catch insulin resistance before glucose rises?"*
- ☐ **HbA1c** — *"Is mine truly reassuring using South Asian thresholds?"*
- ☐ **hsCRP** — *"Is inflammation part of my picture?"*
- ☐ **Vitamin D & B12** — *"Common deficiencies for us — can we check?"*
- ☐ **Thyroid & ferritin** — *"Could these explain my fatigue?"*
- ☐ **PCOS** — *"Could this present the way it often does in South Asian women?"*
- ☐ **BMI read at 23 + my waist-to-hip ratio** — *"What do these say about my real risk?"*

"My ancestry changes my thresholds. Can we test and read for that?"

WHAT CARE BUILT FOR YOU LOOKS LIKE

You've done the reading.

Now you know what to ask for. The harder part is getting these results **interpreted through the right lens** — and acted on.

That's what we're building at **Merah**: a South-Asian-calibrated lab panel and physician-led care, so your numbers are read against the baseline that's actually about you — and, where appropriate, treated. All clinical decisions are made by US-licensed physicians.

When you're ready, you don't have to *wait.*

Reserve your founding spot — founding pricing locked for life, early access to every launch, and a vote on what we build next.

Reserve your spot → merahhealth.com

Know someone who's been told "you're fine" one too many times? Send them this guide.

SOURCES & THE FINE PRINT

Where this comes from.

- MASALA study — Mediators of Atherosclerosis in South Asians Living in America (heart.org; PMC).
- JAHA, Feb 2026 — cardiovascular risk factors at younger ages in US South Asian adults (AHA newsroom / ahajournals.org).
- WHO (2004) & ACC — South Asian BMI cut-off (≥23); ancestry as an ASCVD risk-enhancing factor.
- Lp(a) & ApoB in South Asians — ACC/AHA guidance; MASALA lipid findings.
- Guo et al. (2021) — PCOS prevalence/odds across Asian subgroups.
- Wijeyaratne et al. (2011) — PCOS phenotype in South Asian women.
- Darling (2021) — Vitamin D status in South Asians. Stabler (2004) — Vitamin B12 deficiency.

Important: This guide is for education only and is **not medical advice, diagnosis, or treatment**. It does not create a doctor–patient relationship. Ranges and thresholds are general and must be interpreted by a qualified clinician in the context of your history. Clinical decisions on the Merah platform are made by US-licensed physicians. Merah is pre-launch; any examples are illustrative. This guide addresses **South Asian** populations specifically; its claims are not extended to other groups.