



Polycystic Ovary Syndrome (PCOS) - May 2009

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Introduction to Polycystic Ovary syndrome PCOS

Many women develop growths, known as 'cysts', in or on their ovaries. These cysts are fluid (water) filled sacs (rather like a blister). In some women cysts are completely harmless, requiring little or no treatment. These cysts are 'benign', or non-cancerous. Other cysts, however, can be cancerous, which is why a diagnosis is extremely important when ovarian cysts are suspected. Cysts can vary in size. They are normally small, which means that you may not even know you have one until a routine examination picks it up. However, some are large enough to cause menstrual irregularities or discomfort.

What is polycystic ovary syndrome? (PCOS)

In each menstrual cycle, follicles grow on the ovaries. Within those follicles eggs develop, one of which will reach maturity faster than the others and be released into the fallopian tubes. This is known as ovulation. The remaining follicles (sometimes hundreds) will degenerate. In the case of polycystic ovaries, however, the ovaries are much larger than normal, and there are a series of undeveloped follicles that appear in clumps, rather like a bunch of grapes.

Polycystic ovaries are not particularly troublesome and in many cases they will not even affect your fertility. Where the problem starts, however, is when the cysts cause a hormonal imbalance, leading to a series of other symptoms? These symptoms are the difference between suffering from PCOS and from polycystic ovaries.

What symptoms could you experience?

- Tend to be overweight
- Be prone to acne
- Have no or very few periods
- Grow heavy body hair; on the face, breasts and inside of the legs
- Be susceptible to mood swings
- Problems with fertility and miscarriages
- Prone to develop diabetes due to the problems with blood sugar balance
- How is PCOS diagnosed?

The diagnosis is based on the patient's symptoms and physical appearance. If the diagnosis seems likely because the patient's history contains many of the symptoms described already, certain investigations are done to provide confirmatory evidence or to indicate another cause for the symptoms.

These include:

1. Blood tests such as:

- Female sex hormones (at a certain point in the cycle if possible) estrogen, progesterone
- Male sex hormones (testosterone)
- Sex-hormone-binding globulin (SHBG)
- Blood glucose
- Thyroid function tests
- Other hormones, e.g. prolactin, lutenising hormone

2. Ultrasound examination by the GP

How can we improve the symptoms of PCOS?

Concentrating on a person's diet is very important in helping to improve the symptoms of PCOS. When women with PCOS start to lose weight, their hormone levels start to return to normal. Testosterone levels fall, serum insulin levels go down, SHBG levels go up and the symptoms of PCOS start to diminish, with significant improvements in the growth of excess hair as the women lose weight.

Along with the weight loss there appeared to be a remarkable change in ovarian function. In studies a number of the women who were not previously ovulating showed improvements and were successful in conceiving, even though many of these women had a long-standing history of infertility. In another study it was found that 11 out of 12 women who had been overweight and not ovulating conceived naturally after reducing their weight.

Tips for improving your symptoms

Follow a hormone balancing diet:

- Eat plenty of fruit and vegetables
- Eat complex carbohydrates - wholegrains like brown rice, oats, wholemeal bread
- Buy organic foods where possible to avoid Xenoestrogens*
- Eat phytoestrogens, including beans such as lentils, chickpeas and soya products
- Eat oily foods, including fish, nuts, seeds and oils
- Reduce your intake of saturated fat from dairy products and meat fats
- Drink enough fluids
- Increase your intake of fibre
- Avoid additives, preservatives and chemicals such as artificial sweeteners
- Reduce your intake of caffeine, alcohol
- Avoid sugar on its own and hidden in foods

Supplements

Supplements are recommended to correct the vitamin & mineral imbalance in the body and should be taken over a period of 3 months, at this point you should be reassessed in order to monitor improvements and changes in your symptoms and adjust the supplement programme accordingly.

- A good multivitamin and mineral tablet
- Chromium (200 mcg in total each day; take into consideration the amount in your multi-supplement)
- Magnesium (300mg in total each day)
- Co-enzyme Q10 (30mg three times a day)
- Vitamin B-complex (50 mg in total each day)

Herbs

- Agnus castus (Vitex/chastetree berry). This is one of the most important herbs for PCOS because it helps to stimulate and normalise the function of the pituitary gland, which controls the release of LH (luteinising hormone).
- Milk thistle - This is one of the key herbs for the liver, which acts as your waste disposal unit and it is therefore essential for the treatment of PCOS. It helps to protect your liver cells against damage and to promote the healing of damaged cells, so improving the general functioning of the liver and all its detoxifying properties.

Caution

If you are taking the Pill, Fertility drugs, HRT, other hormonal treatment or other medication please seek advice by a registered, experienced practitioner before taking these herbs.