

PCOS, what is it?

Polycystic Ovarian Syndrome, or PCOS, affects roughly 1 in 10 women in the UK of childbearing age. It is a condition where cysts appear in the ovaries and where a woman has high circulating levels of male hormones (Androgens) and irregular, painful, periods. These cysts of fluid develop along the outer edge of the ovary and contain immature eggs which fail to release the egg during the menstrual cycle. It can cause infertility, excess body hair, acne, hair loss and persistent pain. PCOS can be detected by testing your Follicle Stimulating Hormone (FSH), Luteinising Hormone (LH), Testosterone, Sex Hormone Binding Globulin (SHBG), Free Androgen Index (FAI), Testosterone:SHBG ratio. Early intervention can help effectively manage the disease and empower you towards positive lifestyle choices before they cause long term fertility and health consequences.

How do you test for and treat Polycystic Ovarian Syndrome?

The exact cause of the condition is unknown, though it does have a genetic element and tends to run in families. It is linked to abnormal hormone levels of the key sex hormones Oestrogen, Testosterone. As Oestrogen is made of fat, too high a body fat percentage can cause too high levels of Oestrogen, the female sex hormone, increasing the risk of PCOS. In the same way too low a body fat percentage can cause too low levels of Oestrogen, again affecting the risk of PCOS. Insulin resistance, caused by persistent too high dietary sugar levels (as Insulin reduces blood sugar, excessive high levels of dietary carbohydrates and sugars and fats can lead to Insulin resistance), can cause too high levels of Insulin. High levels of Insulin cause the body to produce too much Testosterone, which stops the usual ovary follicle egg development. Insulin resistance and type II diabetes can also be associated with obesity, which can increase the symptoms of PCOS.

As with many chronic fertility conditions, there is no treatment for PCOS other than to treat and manage the symptoms. As sex and fertility hormones are made of dietary cholesterol, improving nutritional and weight status and balancing hormone levels, can help to improve the condition. For those overweight, this can include reducing body fat percentage with improved lifestyle methods such as a healthier diet and more exercise. For those underweight, this can involve increasing body fat percentage with improved lifestyle methods such as a healthier diet and moderated exercise. A healthy diet is personalized to an individual's body and nutrition is prescribed medicine. Testing for PCOS can ensure you receive the necessary diagnosis to empower you towards positive health choices.

A GP or medical professional may refer a PCOS patient to a nutritionist or dietician to receive specific dietary advice. Metformin, a diabetes medication, may also be prescribed to help lower blood Insulin levels and improve insulin resistance. Metformin is a drug regularly prescribed to help treat type 2 diabetes as it works by lowering blood sugar levels by decreasing the amount of blood sugar absorbed by the intestines into the blood. Therefore, Metformin can have fertility promoting properties .

Stress also exacerbates the symptoms of disease, with the production of Cortisol stress hormone coming at the cost of fertility hormones. Cortisol "steals" the Cholesterol from sex hormone production, reducing fertility and causing hormonal imbalances and mood disturbances. Therefore, stress management is essential in the prevention of the progression of disease and management of symptoms. Stress management may involve leaving a stressful environment, improved sleep and more exercise, improved wellbeing and self-care and the adoption of methods to cope with stressors.



How can NPH Group help?

Want to improve your mental and physical health based on your own personal biochemical evidence and ensure you reach your optimum health capacity?

For more information, please get in touch info@nph-group.co.uk.