

Polycystic Ovary Syndrome

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Overview

Polycystic ovary syndrome (PCOS) is a common disease affecting around 5% of women of reproductive age. Because PCOS is a syndrome, there is no a single conventional medicine treatment that is used, Each case is evaluated on its own signs and symptoms and treated accordingly. Many women have ovaries that are polycystic, but do not have any of the symptoms usually associated with PCOS. Overall, around 20% of women of the general population have ovaries which are polycystic, what isn't known yet from current research is whether this is an early predictor of full polycystic ovary syndrome or a sign that symptoms are more likely to develop in the future. When no menses is present.

Causes

PCOS was first identified in 1935 yet the cause remains a mystery. The most likely cause is associated with insulin resistance, a condition in which the cells of the body become less sensitive to insulin. Insulin is responsible for controlling the body's level of sugar. When cells cannot use insulin, it accumulates in the blood and leads to several symptoms including obesity, menstrual cycle disruption and excessive androgens. This disturbance usually results in absent ovulation, and therefore infertility and very long menstrual cycles. This used to be termed "Stein Leventhal Syndrome" after the doctors who first defined the condition now referred to as PCOS.

Signs and Symptoms

Menstrual disturbance - PCOS often is first apparent during puberty signaled by a variety of menstrual problems. Infrequent, irregular or absent periods are all common signs. Many young women with PCOS experience particularly heavy periods from their very first menstrual cycle. These abnormalities are an early warning sign that ovulation is not happening regularly however sadly quite often teenagers are prescribed the contraceptive pill to control their irregular and heavy periods. This is commonly without any investigation into the cause and invariably leads to a delay in the diagnosis of PCOS. In many cases the condition is not properly diagnosed until the woman stops using contraception later in life when is ready to start a family and fails to conceive. Only then is PCOS accurately diagnosed.

Androgenic symptoms - Androgens are a group of hormones including testosterone found at high levels in men but present in women at much lower levels. PCOS sufferers usually have higher than normal levels of androgens which results in excess body hair, darker skin pigmentation in the arm pit area and poor facial skin are all common symptoms of high androgens with PCOS.

Infertility – This is a result of irregular or absent ovulation and is a common cause of infertility in women with PCOS. Some women with PCOS do however ovulate normally, although this is unusual, some will ovulate less frequently, leading to a delay to pregnancy and some will not ovulate at all.

Obesity-Around 40% of PCOS sufferers are overweight. This is a circular symptom as obesity itself will initiate anovulation and irregular cycles in some women who would not have otherwise suffered had they remained of normal weight. Weight gain will worsen the symptoms for those who do have PCOS and unfortunately, the hormone changes associated with PCOS make weight loss very difficult indeed.

Diagnosis

There are three steps to diagnosis of PCOS. The first is by examination, assessment and questioning and usually sufficient indicators become apparent (i.e., hair loss, unexplained weight gain, skin changes, irregular and or heavy periods) and lead the physician to move onto two further methods of diagnosis.

Blood tests – Two blood tests are used to further the diagnosis – firstly to check the level of androgens, particularly testosterone and SHBG. Secondly to measure the hormones involved in egg development (ie FSH, LH and oestrogen). With PCOS there is a characteristic rise in leutenising hormone (LH) and decrease in oestrogen levels. A third progesterone level blood test is carried out at day 21 in a 28 days cycle (or 7 days before menses is expected) will determine if ovulation has taken place in that cycle.

Ultrasound scan – If the blood tests further indicate PCOS then the final step in the diagnosis is to use ultrasound to obtain a direct picture of the ovaries. Usually a transvaginal scan is used, meaning a small ultrasound probe is placed inside the vagina, giving the best views of the ovaries and pelvic organs. In PCOS ovaries have multiple, small cysts (follicles) around the edge of the ovary. These follicles are only a few millimeters in size and do not in themselves cause problems and are partially developed egg capsules that do not complete their natural cycle of life.

Conventional Medicine Treatment - Irregular Periods

Irregular and heavy periods can occur due to problems with ovulation. Restarting ovulation would appear to be the best treatment, but there are good reasons why this is generally not used until a pregnancy is desired. The ovarian stimulation drugs to do this have significant side effects, making their long-term use undesirable and inappropriate.

Excess weight is actually a cause of irregular or heavy periods. This is because although ovarian oestrogen production is reduced actually extra oestrogen is made in fat tissues but not under the control of the pituitary gland which orchestrates the menstrual cycle and this interferes with ovulation and leads to over-stimulation of the lining of the uterus and heavier periods. Weight reduction will improve cycle control and reduce the heaviness of menstrual flow.

The most common conventional medical treatment for PCOS for women under the age of 35 who also require contraception cover is the contraceptive pill. The other type of drug used is a chemical progesterone hormone. Progesterone is the main hormone of the second half of the menstrual cycle, maintaining its length and helping reduce the heaviness. Progestagens are taken as tablets between days 12-26, the exact type and timing depending upon the woman's individual cycle problem.

Conventional Medicine Treatment - Infertility

PCOS is found in around 70% of women who have ovulation difficulties leading to infertility. This is more common in women who are overweight, and as a first-line treatment, weight reduction can be very successful in restarting spontaneous ovulation. The amount that needs to be lost is less than most women might expect - around 5% of the current weight is associated with an increased number of ovulatory cycles.

Clomiphene citrate is the most commonly used drug to stimulation ovulation. It is taken in the early days of the cycle (usually days 2-6). When clomiphene is unsuccessful, there are two main approaches. The first is to use injectable hormones to stimulate the ovary to produce eggs. This is known as ovarian stimulation and, where there is an additional sperm problem, is combined intrauterine insemination (IUI). The hormone treatment must be monitored by blood tests and ultrasound scans to avoid over-stimulation as this can be dangerous and even life threatening..

Multiple pregnancy is always a risk with this type of treatment, but especially so for women with PCOS, whose ovaries are particularly sensitive to the hormones. If ovarian stimulation is unsuccessful, many women resort to in vitro fertilisation (IVF). Neither IVF nor ovarian stimulation is likely to be successful if a woman is overweight (body mass index greater than 30).

The alternative to ovarian stimulation is an operation known as 'ovarian drilling'. This involves a general anesthetic. The ovaries are identified and several small holes made in each ovary, either with a fine hot diathermy probe or via laser. It is not actually known how this works, but it in some cases it restore regular ovulation, however success is low with this procedure and because of it's highly invasive nature sound only be used as a last resort.

Conventional Medicine Treatment – Weight Loss

The very disease that is worsened by the excess weight conspires against them in this quest, making weight loss more difficult than usual. There is simple answer and the key is a combination of strict calorie reduction combined with aerobic exercise as part committed long term change in life style. Weight loss will regulate periods, lead to more ovulatory cycles, improve hairiness, reduce the risk of heart disease and lower insulin levels.. Getting weight into the normal range and maintaining it there should considered a lifelong process, rather than a short-term treatment.

Conventional Medicine Treatment – Excessive Body Hair

This is due to high levels of androgens which are normally present in women at low levels. Some women do not find the excess hair a problem, particularly if it does not affect their face, or it is blonde in colour. Initial treatments include bleaching and electrolysis. If these do not produce an acceptable result, drugs may be used to reduce the high androgen levels, if that is the cause. The contraceptive pill contains oestrogen, which counteracts androgen levels and will improve hirsutism. It is commonly used in a higher dose than contained in the contraceptive pill, but must be combined with adequate contraception, as it can cause fetal abnormality if taken during early pregnancy.

Spironolactone is another alternative, but this frequently causes erratic periods, so is often given with a low dose contraceptive pill. Side effects of the anti-androgens include tiredness, mood changes and reduced sex drive and causing problems with liver function, and so regular blood tests are required. All hirsutism treatments must be continued for 8-18 months before a response can be expected, due to the slow rate of hair growth.

Natural Medicine Treatment

PCOS treatment requires three simultaneous treatments. Change to a low carbohydrate diet to reduce insulin resistance, moderate frequent exercise to burn calories and a package of supplements and natural medicines that help ovarian activity and promote ovulation. Once a cycle is established then BBT charts are helpful in tracking ovulation times and luteal phase length. Usually once the ovaries are healed and a regular, ovulatory menstrual cycle is established treatment is no longer needed.

In TCM Polycystic ovarian syndrome is defined as enlarged ovaries or abdominal masses which are the result of water accumulating in the pelvic cavity which transforms into phlegm. The root cause is often kidney yang deficiency (usually constitutional from birth) which fails to transform, evaporate and transform fluids in the lower abdomen which accumulate and form phlegm and dampness. The result is anovulation and many patients also show symptoms of blood stasis and constrained Liver qi.

Our Female Healthcare Philosophy

At the Women's Natural Health Clinic, we specialise in providing comprehensive natural reproductive, gynaecological, obstetric and general healthcare for females from adolescence to post-menopause. Our approach is to integrate techniques in both oriental and western medical diagnosis to formulate a naturally oriented treatment plan combining acupuncture, herbal medicine, naturopathic medicine, nutritional therapy, exercise and lifestyle. Each treatment plan is tailored specifically to each individual woman maximizing results.

Please email us at enquiries@naturalgynae.com with questions, we are more than happy to provide any information via email that will assist you in deciding which treatment approach would be best for you.

For more information, contact details and appointments click here www.naturalgynae.com