

Treating Ovarian Disease

Most women who have polycystic ovary syndrome do not ovulate.

Question: I have polycystic ovary syndrome. I've gained a lot of weight and have pelvic pain. I've been told I may not be able to conceive. What do you recommend?

K.A., Kansas City, Kansas

Answer: Polycystic ovary syndrome (PCOS) is caused by an imbalance of the hormones in the brain and ovaries. The pituitary gland produces excessive amounts of the hormone LH, causing the ovaries to make an excess of testosterone.

Most women who have PCOS do not "ovulate," or release their eggs. The ovary follicles that contain the eggs begin to develop normally but do not rupture, and so the eggs do not release. Therefore, women with this condition develop multiple follicles and cysts on their ovaries.

In general, PCOS significantly decreases the amount of progesterone in the body. Because the ovaries do not get the proper hormonal signals to allow the monthly period to occur, menstrual cycles become infrequent or stop altogether.

Physical conditions that may develop as a result of the disease include:

- * Excessive coarse hair on the arms, face, legs and abdomen, and possible thinning of the hair on the head caused by elevated testosterone levels
- * Pelvic pain that lasts for longer than six months at a time
- * Weight gain, or the "apple shape" type of obesity, with weight increase occurring in the abdomen and trunk

- * Acne and oily skin, high triglycerides and cholesterol, elevated blood pressure, skin tags (usually in the arm pits or neck area)
- * An inability to get pregnant within six to 12 months of unprotected intercourse
- * Estrogen secretion that's unopposed by progesterone because progesterone is very low or absent in the body (this can lead to cancer of the endometrium).
- * Insulin-related problems such as insulin resistance or type 2 diabetes.

First, I recommend that any woman with PCOS be examined by her gynecologist or family physician and possibly by an endocrinologist. Generally the treatment for PCOS has been oral contraceptive pills, and if pregnancy is desired, usually ovulation induction is recommended. Contraceptive pills are definitely a way of treating polycystic ovaries, but usually the disease starts again after the pills are discontinued.

Because insulin resistance may be the root cause of polycystic ovary disease, some doctors are beginning to treat polycystic ovaries with medications that lower insulin levels. I recommend you have a blood-sugar check, insulin level test and a 4-hour glucose tolerance test.

However, a much simpler approach is the nutritional way. First, you need to start eating a balanced, low-carbohydrate diet. It is important that you choose carbohydrates with a low glycemic index and that you learn how to combine these foods properly. I strongly recommend my books *The Bible Cure for Weight Loss* and *The Bible Cure for Candida*, as well as *The Bible Cure for Diabetes*, because many people with PCOS have insulin resistance.

It is also extremely important for you to exercise at least three or four days a week for 30 minutes so you can lose weight. To help regulate your blood sugar, I strongly recommend you begin taking fiber supplements such as Perdiem Fiber (1 teaspoon with each meal) or Fiber Delights from Phyto-Pharmica (one to two chewable chocolate or vanilla wafers with each meal). Exercise and diet are the foundations for improving glucose tolerance, and a commitment has to be made to follow both.

Other supplements that are excellent for lowering blood sugar include Divine Health Lipoic Acid, 300 mg (milligrams) three times a day; Vana-Chrom from Nutri-West, one tab three times a day; nonrancid fish oil such as Divine Health Omega-3 fatty acid, one tab three times a day. Also, begin using natural progesterone cream, one-quarter teaspoon applied twice a day on days 12-26 of the menstrual cycle (day one is the first day of the period).

Finally, you should use the broccoli supplement Indolplex, which helps prevent breast or uterine cancer, because individuals with PCOS usually have been exposed for long periods of time to unopposed estrogens.

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