

Female Infertility A Wellness Approach

"Polycystic Ovary Syndrome is thought to be one of the leading causes of female infertility affecting 5 to 12% of women between the ages of 12 - 45."

Let's look at a short case study and see how it applies to Polycystic Ovary Syndrome, PCOS. PCOS is one of the most common female endocrine disorders and thought to be one of the leading causes of female infertility. It affects 5% - 12% of women in their reproductive years age 12 to 45. However, the prevalence of PCOS increases to 20% in women who are overweight or obese. Conventional treatment involves various synthetic hormones; however, more and more patients are asking for a natural approach.

One of my nutritionist friends shared this case study about her niece. The patient in her 30's was struggling with infertility. Her prior physician found her LH or luteinizing hormone level to be elevated as well as her estrogen level low, and said she was entering menopause early. Although the doctor recommended Clomid, a fertility drug, the patient



decided not to use the Clomid due to the side effects. The patient had short cycles and reported she was menstruating every two weeks.

My colleague started her on Cytozyme-O, 3 tablets 2 times per day and Equi-Fem, 3 tablets 2 times per day. These two supplements provide nutritional support for the ovaries as well as her entire endocrine system.

Equi-Fem was developed as a foundational product to

assure women have the cofactors necessary to make and sustain hormones. The combination of vitamins, minerals, botanicals and glandular support make Equi-Fem an excellent female multi-vitamin/mineral supplement.

She also recommended a natural progesterone cream. Progesterone helps balance the aberrant testosterone levels. Her dose was ½ tsp at bedtime or 40 mg applied topically.

Just as important as the supplements was the change in diet. She changed her diet to reduce insulin and regulate her blood sugar swings. After 2 months of following this regiment, she called with the happy news that she was pregnant. My colleague also mentioned that this approach has worked extremely well for other women who have struggled with PCOS.

Let's look at the clinical picture and some of the other symptoms associated with PCOS. PCOS is characterized by various combinations and severity of symptoms including:

- Irregular Menstrual Cycles - meaning they can be scanty or absent.
- Infertility - which can result from lack of ovulation and often causes first trimester miscarriage.
- Hyperandrogenism - resulting in Hirsutism or facial hair, oily skin, male pattern baldness and acne.
- Metabolic Syndrome - with midsection obesity, insulin resistance, sleep apnea and enlarged ovaries with multiple cysts.

PCOS occurs when a woman doesn't ovulate, which causes a disruption in the normal, cyclical interrelationship among her hormones, brain and ovaries. Some researchers believe xenobiotics to be the culprit. The exact mechanism is not well understood.

The ovaries are stimulated to produce excessive amounts of male hormones, particularly testosterone, either through the release of excessive luteinizing hormone by the anterior pituitary gland or through high levels of insulin in women whose ovaries are sensitive to this stimulus. Basically the follicle that

carries the egg does not release the egg and the follicle becomes a cyst.

Hyperinsulinemia, elevated lipid patterns (usually triglycerides), increased circulating androgens especially testosterone and homocysteine are higher in women having PCOS. Estrogen can be high or normal and progesterone tends to be low. So as you think about treatment options for your patients with PCOS always look to what may be causing the hormonal imbalance in the first place. Is it a lack of co-factors? Is the liver not breaking down the hormones and recycling them? What about the patients total toxic load? Maybe the hormonal feedback loops are awry?

As you think about the list of symptoms and lab results, you may want to reference many of our discussions about hyperinsulinemia. Insulin is a powerful hormone and it can dysregulate many hormone feedback loops. So we have to reduce the simple sugars in the diet and consume more nutrient dense foods as a foundation regardless of the treatment plan we engage.

My colleague chose to balance insulin, provide the cofactors necessary to make healthy hormones and normalize the estrogen/testosterone /progesterone balance. Although this protocol has worked very well for my colleague, we have to be prepared to look deeper because some of these hormonal cases can be very challenging. Below, I have prepared a more detailed summary called "PCOS Treatment Considerations." Print it out as well as save it in your files. I think it will come in handy.

Thanks for reading this week's Tuesday Minute. I will see you next Tuesday.