

How can you be diagnosed with PCOS when you don't display all the symptoms?

I have a really great question here about polycystic ovarian syndrome. The question is, “How can you have some but not all of many of the regular symptoms yet be classified as having the condition?”

It's a really great question because polycystic ovarian syndrome accounts for probably about the highest reason as to why women of reproductive age are infertile. It's something why 15 percent of the population actually have polycystic ovarian syndrome.

What happens is that PCOS, it's a condition that I have personally overcome. I have also treated many, many patients over the years with PCOS and it's absolutely possible to overcome it. It's just that it requires effort and it requires actually doing quite a bit of work.

What's interesting about this question is because in the diagnosis of PCOS, there's a whole lot of criteria. It's called the Rotterdam Criteria for diagnosis of PCOS, and there are many, many things and I'm actually going to go through and read the different criteria that fall, that essentially if you have 2 of the things that I read out, you can have PCOS without necessarily having cysts in your ovaries or follicles, and/or any of the other symptoms. You might have 2 of the symptoms but not all of the other symptoms and still have polycystic ovarian syndrome.

Some of the symptoms are:

Anovulation or oligoovulation where you ovulate multiple times in a cycle as opposed to just 1.

Hyperandrogenism, which is basically where you have higher androgens, which are the male hormones in the body.

You can also have as a result of it male pattern hair growth or hirsutism or male pattern alopecia, which is hair loss in the male pattern type of way like most men have as they get older.

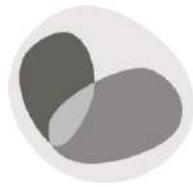
You can also have high levels of testosterone or raised FAI, which is the free androgen index.

Now you could have polycystic ovaries on an ultrasound.

You could also have things like irregular or absent menstrual cycles.

You could have one of the criteria is subfertility or infertility.

There's also psychological symptoms that can present—anxiety, depression, psychosexual dysfunction, eating disorders.



Then there are other metabolic features that could accompany PCOS like obesity and dyslipidemia, which is basically an imbalance in cholesterol levels or other lipids within the blood, as well as diabetes. In fact, it's said that polycystic ovarian syndrome is in some ways a precursor to diabetes. Insulin resistance is common in polycystic ovarian syndrome.

As you can see, it's really varied the types of symptoms that you can have. You can just pick two of those things as part of the criteria and you could actually have PCOS as a result of that.

That's really how it happens that PCOS is one of those unpredictable conditions. Some women who have PCOS are like pencil-thin and they still have insulin resistance and they still have perhaps follicles in their ovaries or they have male-pattern hirsutism.

Another thing that's not talked about in here but that will also make a difference, and it's one of the kind of telltale signs of polycystic diagnosis is where the LH, the luteinizing hormone, is 2 to 3 times higher than the FSH. Also, AMH levels that are above 30 typically indicate polycystic ovarian syndrome.

There are things that you can have a look at in blood. There are things that you can have a look in ultrasound, and there are symptoms that just happen throughout the month.

When I was diagnosed with PCOS, I basically did not have cycles at all. I had gone for a whole period of 6 months without a period. I was slightly overweight, and I think that was the –those are the 2 things happened in the first instance. Then I also developed, several years later, terrible acne. I was able to treat it naturally with the things that I tell my patients to do, but it was really quite bad really. Then just this not inability to lose weight necessarily, but it's very easy to put on weight. That's something that happens with PCOS as well. Those were the symptoms for me.

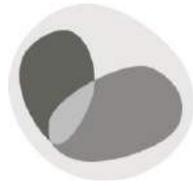
Now other women may have different symptoms altogether. When I then started to decide to start trying to have a baby, I had gone through a period of 2 years of not having a cycle at all.

That's why infertility is so prevalent in women with PCOS because you can end up with going through longstanding periods of not getting periods at all and/or this abnormal metabolic dysfunction that could happen as a result of the condition itself.

There are many things that you can do about it. Exercise is going to be key. It's going to be so important to balance the hormones throughout the body and exercise really does help to do that very, very well.

Eating well is going to be paramount and so crucial.

Now for me, the difference that happened when I started to ovulate regularly after having gone for almost 2 years of not having periods and doing my herbs and everything else, that did help. It helps to really condense and bring the cycles to a much more manageable length. Instead of 360 days or more,



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my cycles started to be about 70 days apart; then they went to 50 days apart. It was when I stopped eating sugar altogether and just really was eating super healthily and completely quit sugar that my cycles started to become very regular. Then it was a whole lot easier to conceive, and then I ended up carrying two beautiful healthy boys to term and the rest is history.

But it is definitely something that needs to be worked at. It's not something that just happens often, and doing the work is going to be key in this particular instance. Get in there, do the work.

I hope that helps. Until next time, bye for now!