

# Polycystic Ovarian Syndrome (PCOS) or Ovarian Cyst

## Facts

1. Elevated Testosterone on a salivary or blood panel is diagnostic for PCOS or a single ovarian cyst in menstruating and post-menopausal women
2. Commonly shows on a salivary panel but not blood
3. Common reason for female infertility
4. Insulin resistance upregulates 17,20 lyase of the thecal cells of the ovary, driving androgen production by the ovaries
5. Insulin resistance drives testosterone and testosterone elevation drives insulin resistance, thus creating a cycle
6. The insulin resistance may be sub-acute, in other words the person does not have a multitude of symptoms or multiple changes on blood chemistry. For further information read:  
Eur J Clin Invest. 2005 Apr; 35(4): 265-70.  
*Does C-reactive protein identify a subclinical metabolic disease in healthy subjects?*
7. The person may present as a classic hypoglycemic but has spikes of insulin.

The following is an excellent summary (from [http://en.wikipedia.org/wiki/Main\\_Page](http://en.wikipedia.org/wiki/Main_Page)):

“A majority of patients with PCOS -some investigators may say all - have insulin resistance. Their increased insulin levels contribute to or cause the abnormalities seen in the hypothalamic-pituitary-ovarian axis that lead to PCOS. Specifically hyperinsulinemia increases GnRH pulse frequency, LH over FSH dominance, increased ovarian androgen production, decreased follicular maturation, and decreased SHBG binding; all these steps leading to the development of PCOS. Insulin resistance is a common finding in obese people.”

## Common Symptoms

1. Fatigue
2. Increase in weight gain even with low-calorie diet
3. Morning headaches that wear off as the day progresses
4. Depression
5. Constipation
6. Overly sensitive to cold weather
7. Poor circulation
8. Hair falling out, male pattern baldness
9. Acne, oily skin
10. Trunkal obesity
11. Infertility

Disclaimer: The entire contents of this handout are based upon the opinions of Rose Cole, unless otherwise noted. The information in this handout is not intended to replace a one-on-one relationship with a qualified health care professional and is not intended as medical advice. It is intended as a sharing of knowledge and information from the research and experience of Rose Cole and her community. Rose encourages you to make your own health care decisions based upon your research and in partnership with a qualified health care professional.

## What To Do

This condition must be managed as a multi-syndrome disorder

1. Insulin resistance
  - a. Diet – modified diet to include complex carbs, protein and beneficial fats
  - b. Exercise – imperative 3-5 days a week for 20 minutes, can start with walking
  - c. Supplements – Glysen, OmegaCo3, Adrenacalm, Adaptocrine, Protoglysen and Fibromin
2. Decrease androgens with Prosta-DHT – it has anti-androgen properties

Consider the following protocol, in layers:

1. LAYER 1 – Start with a minimum 3-5 day Limeade Fast, which can be found at [www.RoseCole.com/LimeadeFast](http://www.RoseCole.com/LimeadeFast) (or you can start the *31 Day Cleanse*).  
The most important thing is to drink the limeade every 10-15 minutes while awake.
2. LAYER 2
  - a. Do a Cleanse: *10 Day Biotics Cleanse* at [www.RoseCole.com/10DayCleanse](http://www.RoseCole.com/10DayCleanse), or the *31 Day Cleanse* at [www.RoseCole.com/31DayCleanse](http://www.RoseCole.com/31DayCleanse)
  - b. Supplements
 

i. Glysen	2-4 capsules, 3 x day with meals
ii. OmegaCo3	1 tablespoon, 3 x day
iii. Adrenacalm	Apply as directed, 3 x day
iv. Adaptocrine	2-3 capsules, 3 x day
v. Protoglysen	2 capsules, 3 x day
vi. Fibromin	2 capsules, 3 x day
vii. Prosta-DHT	2 capsules, 3 x day
  - c. Exercise
3. LAYER 3 – continue with supplements, dietary changes, exercise and re-introduce foods one at a time