



However, because the insulin level is so high, it quickly metabolizes any calories from the glucose you cannot use into fat cells, thereby using up all the sugar in the bloodstream. Eventually, the cells get used to these high levels of insulin. In people who eat poorly, their insulin and blood glucose levels are high so their bodies get numb to these high levels of insulin, and the pancreas has to pump out ever-increasing amounts of insulin to get their cells to respond.

In the study at Queen's University, the women were asked to start exercising and eating better in order to lose weight and regulate their insulin and blood glucose levels. They lost the weight slowly over time, depending on the calorie deficit they sustained. However, it is interesting that their periods returned to normal quickly after only losing a bit of weight. It suggests that the weight is not the problem but that the high insulin and glucose levels is.

To the ovaries, levels of insulin are high. In trying to act on this, the ovaries over-respond, getting blocked up with too many immature eggs and becoming unable to function properly. To help these women start ovulating normally, it is critical to level out their glucose and insulin levels by getting them to eat properly and exercise regularly. Further confirming this is that metformin, a blood glucose regulating drug is the most commonly prescribed by Western clinicians. Most of the studies on PCOS focus on these heavier women because they are relatively easy to treat and some simple lifestyle modifications will often get everything working again.

Conversely, the thin PCOS patients tend to have lots of energy and have hyperthyroidism. They also tend to have not so much body/facial hair, be more constipated and have fairly normal blood glucose and insulin levels. The model of the ovaries hyperstimulating to high glucose and insulin levels does not work. They do have ovaries that are full of immature eggs and tend to have the skewed FSH/LH ratios. However, these women typically get put on metformin by their Western doctors, with usually not much change in their insulin/glucose levels or much change in their cycle regularity or how often they ovulate.

Can you guess which type of PCOS patient I see more in my clinic? By a massive margin, the thin type. Once they come to me, they are generally frustrated because the only thing that their Western fertility doctor has to offer them is an expensive IVF with less than usually success rates because of their finicky ovaries. I also find that it takes longer than the normal two to six months to treat these women, but rather anywhere from eight to 18 months. I will discuss the reasons for this and some treatment methods I have found effective next article.

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