

How VLCC experts can help you manage your condition?

In obese patients with PCOS, weight reduction is often effective. A decrease in body fat will lower the conversion of androgens to estrone and thereby help restore ovulation.

Dietary modifications as for insulin resistance and diabetes type II should be followed.

Exercise has a major role to play especially because of insulin resistance. Hirsutism may be managed with epilation and electrolysis. Spironolactone and aldosterone antagonist is also useful for hirsutism.

As this condition affects the skin and hair there are special cosmetological and dermatological treatments available in VLCC with excellent results for acne and hirsutism. This condition is often worsened by stress, diet, smoking, alcohol and lack of exercise. Our team of experts comprising of counselors, doctors, cosmetologist, dermatologist and fitness experts ensure that special care is taken to improve your health status.

The diet for all facets of PCOS i.e. overweight, insulin resistance, acne, etc. is complicated and is pain stakingly organized and implemented by our dieticians. This is done after taking a meticulous history both dietary and medical. A BCA (Body Composition Analysis), BMI and waist hip ratio helps to decide the exact therapy for the individual.



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POLYCYSTIC OVARY SYNDROME

VLCC Health Information Series-I



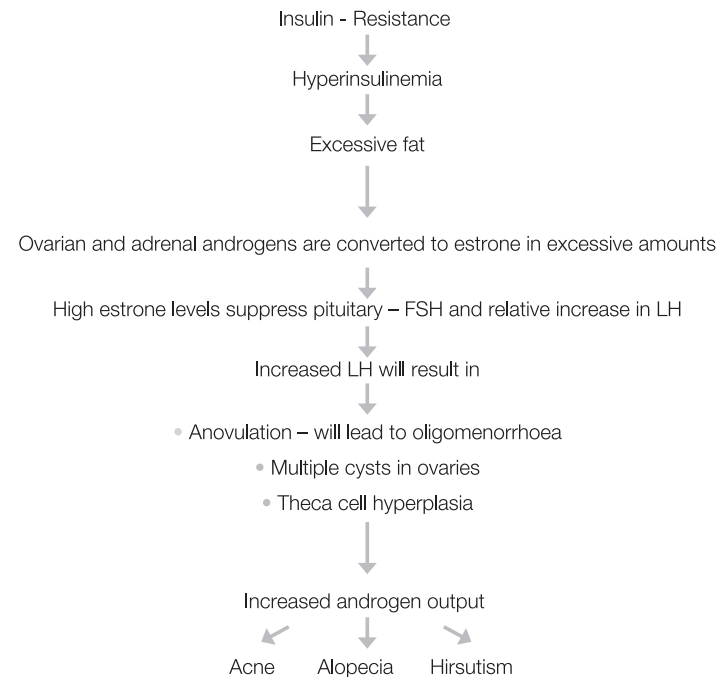
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What is Polycystic Ovary Syndrome (PCOS) and why does it occur?

PCOS is a common endocrine disorder. The primary lesion is unknown. Patients have a steady state of relatively high estrogen, androgen and Leutinizing Hormone (LH) rather than fluctuating condition seen in ovulating women. Increased levels of estrone come from conversion of ovarian and adrenal androgens to estrone in body fat (in obesity cases). The high estrone levels are believed to cause suppression of pituitary Follicle Stimulating Hormone (FSH) and a relative increase in LH. Constant LH stimulation of the ovary results in anovulation, multiple cysts and theca cell hyperplasia with excess androgen output.

In addition, there is insulin resistance leading to high levels of insulin in the blood which further leads to weight gain and obesity.



It is very important to distinguish between PCO (polycystic ovaries) and (PCOS) polycystic ovary syndrome. Having PCO does not necessarily mean you have PCOS. A syndrome is usually defined as a pattern of symptoms belonging to particular disease. Medical studies using ultrasound have found that around one in four women has polycystic ovaries (PCO), but most of them have none or few of the other symptoms associated with (PCOS) polycystic ovary syndrome.

- Excess hair on the body (hirsutism)
- Acne & other skin problems
- Scalp hair loss
- Irregular or missed periods
- Heavy periods
- Fertility problem
- Insulin resistance
- Weight issues

Did you know PCOS can lead to obesity and obesity leads to infertility?

Did you know people with a strong will power can lose weight and improve their PCOS – a leading cause of infertility?

Did you know the first line management includes diet modification, weight loss and stress reduction?

Are there any long-term effects if PCOS is left untreated?

Even if specific symptoms are not causing an immediate problem, PCOS can have significant long-term effects, including diabetes, heart disease and endometrial or breast cancer. This happens because of unopposed estrogen secretion. So seeking treatment is critical.

In addition they show hyperinsulinemia and insulin resistance which leads to early onset diabetes type II and therefore hyperlipidemia and its complications.

Investigations:

- FSH/LH Ratio
- Serum total and free testosterone
- DHEA
- E 2

These above investigations should be done on the second day of the menstrual cycle. Ultrasound Ovaries – many rely solely on this investigation not realizing that positivity alone for diagnosing PCOS by this method is only 30-60%.