Introducing The PCOS SOS Course: Your Post-Summit Path To Healing Transcript

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Introduction to the PCOS SOS Summit

Hi. I am Dr. Felice Gersh. The host of the PCOS SOS Summit. I thank you from the bottom of my. Heart for caring enough about taking charge of your own health.

To have access. This summit and hopefully listen to. All or. Many of my amazing. Guests who I had the. Pleasure of interviewing. Now, many of you may be thinking.

But what does. Dr. Gersh. Think. About all of this, and what is. Her approach. To PCOS? And how can I. Learn more from her? You know, I loved and enjoyed. All of her.

Guests, but I only. Got a smidgen. Of information from her directly. I mostly learned from. Her amazing guests. Well, I decided that I need to put. My $0.02 and then some.

Into a. Program, a special course. That I have designed. Just for. You. It is going to be a six. Part. Amazing. Course. That is going to do a deep dove into the six key issues that women with PCOS face.

And even if any of those issues are not ones that you. Are. Dealing with, I. Can assure you there'll be. So much information in. General.

PCOS as a Spectrum and Diagnosis of Exclusion

Because. As many of you know as integrative medicine and functional medicine. Teaches. Everything in. The body, is interconnected. With. Everything else.

So if you take. Steps to help one thing, the. Collateral is your helping other things. So no matter what your. Issues with PCOS may be, because it is a spectrum.

I can guarantee. That there will. Be much that you can gain in terms of knowledge and benefit from my. Six. Part course. And I want to take this moment.

To just introduce my take on PCOS because PCOS is polycystic. Ovary. Syndrome. Now, when the word syndrome comes in play, what does that. Tell you right out. The gate?

That there is a whole. Spectrum of. Presentations and may be. And the. Answer is. Yes to this etiologies for those. Symptoms. So PCOS. Is not just one thing and in.

Fact it is truly a diagnosis first of. Exclusion and. This is really important for everyone. To know. So that's a little bit about what I want to cover.

In this. Particular talk. That I'm giving. I want to say. How do you even know you have PCOS. And how can it be confusing or be confused. With. Other medical. Conditions?

So I told you PCOS is. A condition. Of exclusion. So what are you. Excluding or we call the rule outs? Okay, you. Have to rule out. That you have what's called.

Acquired or. Late onset. Adrenal hyperplasia. That is a. Condition where an enzyme is not working. Properly. In the adrenal gland and that leads. To the.

Overproduction. Of the androgen.

Core Diagnostic Criteria for PCOS

DHEA is a sole produced. Androgen by. The adrenal know no other organ, including the or reproduces. That particular. Hormone. And by androgen that means it's like a male type hormone.

Now it's present in women, but. It produces. Male. Type effects like. Facial hair and of course, in. Women. Terrible, often terrible acne. But how do you know what's going on?

Well, this is really. For a. Competent, very. Knowledgeable doctor, whether it's an ob. Gyn like myself or sometimes an endocrinologist. To rule out whether. You. Do or.

Don't have this condition. Acquired adrenal hyperplasia. But let me back up for a minute and just go over. The basic. Criteria for getting the label initially.

Of PCOS, because it's a label. Based on just presentations and findings, not on etiologies. That's why you have to. Rule out other. Etiologies like. Acquired or latent said adrenal hyperplasia.

So it's very simple. I don't know why there's so much confusion out there in the. Medical world. And so many women go to. Doctor after doctor before they actually.

Get even a diagnosis, let alone good treatment. So to. Get the diagnosis, you only need. To any two of. The following three. And and by the way, this is controversial.

One of the. Organizations I belong to, the Androgen Excess. PCOS Society. Believes that androgen. Excess or like an. Excess of male type hormone is an essential for this diagnosis.

I actually agree with them, but so. There's a difference in opinions here. But generally. Speaking, you would. Have irregular cycles or maybe. Absence cycles and they could come every month and a.

Half or maybe every year or every. Two months. So it's highly variable. So some form. Of irregular. Menstrual cycles and then there's androgen excess.

So androgen excess. Is excessive facial. Hair, we call that hirsutism or. A thinning of the scalp. Hair. That's called. Androgenic alopecia. And it can also be in excess of. Body.

Hair, for. Example, in places that women. Normally would never get body hair like on their back or on their chest. Now, let me. Tell you, if you have. Here in those areas.

It. Often is a sign of an adrenal. Problem. Okay. Women with just. Standard will call it. Standard. PCOS typically do. Not have. Hair on their back or on their. Chest.

But they may have excessive. Hair on their arms or legs or the bikini area. More so than the average woman.

Conditions That Can Mimic PCOS

Okay, so that's androgen excess. Now, it can also. Be. Thinning of the hair that I mentioned. And how is that working? Well, it's not because. The hair is.

Falling out. It's because every time they hair naturally falls. Out and often. The growing phase of hair in women. With PCOS is. Somewhat. Shorter. Than typical.

And but each time they hair naturally falls. Out, their hair follicle shrinks a little. Bit. So the. Subsequent. Hair that grows out is thinner or finer.

So over time. You still have the. Same. Numbers of hair, but the hair themselves, each strand of hair. Is. Smaller

and smaller. So you. Have in terms of hair volume.

You. Have less hair volume. But ultimately a. Hair will fall out of the hair follicle. And then what happens is that. Hair follicle literally closes over and never again will any hair ever grow out of that hair follicle.

So over. Time, a woman with. PCOS. Androgenic. Alopecia will have both. Finer hair, less volume and actually fewer hairs. So this is obviously. Very. Distressing because we're talking about women in their prime.

We're talking about women in their twenties and thirties and forties. Oh, my goodness. So not easy. To deal with. Now, what. Else? What we call recalcitrant.

Or incredibly. Stubborn. Cystic or. Hormonal. Acne, typically. On the. Jawline. With deep. Painful. Cysts. Below the surface. And it's. Very. Difficult to treat with the typical.

Treatments that. Are given by. Dermatologists and even Accutane, which I'll deal. With, of course, much more in the program. Is does not have anywhere near the permanent success.

Rate. Unfortunately in women with. PCOS. Compared to others who have we'll call. It standard teenage acne. Because this is a. Different. Entity. Hormonal acne. Of PCOS.

It's not the same as standard teen acne and it's much. Harder to treat. So androgen excess also can involve elevated androgens on blood tests. And that would. Typically be DHEAS And also testosterone.

And we're going to deal much more in my course. With the. Differences. And the adrenal side and the ovarian side. So this is just. A little preview. And then.

The irregular cycles that.

PCOS Course Overview: Six Key Issues

I mentioned is part of the definition. And then. The other is. What PCOS. Ovaries on ultrasound. And this has also been somewhat. Controversial. Because like all.

Ultrasounds have improved in quality. So now the belief. Is that it should be at least 20 follicles seen. Around the rim of the ovaries. Sometimes. Called a ring of pearls.

Now, many. Radiologists are not even very familiar. With this. And they never. Count the follicles. So they just will. Often say many, well, you know. So.

You know, it's. Not really definitive the word. Many, but it gives you at least an idea when they say and they'll often say many small. Follicles around the cortex or.

Rim consistent with. PCOS. So in. Summary. The diagnosis of PCOS is any two of the. Following three irregular cycles. PCOS. Ovaries on ultrasound. And also.

Or. Androgen excess, which many of us think it should always include. Androgen excess. And then as well, you need. To know if you. Get a very. Young teen who's.

Recently starting to have periods like. Say, only in the. Last two. To three years and you get the ultrasound. Even teens who. Do not. Have PCOS will have PCOS.

Ovaries on the. Ultrasounds. Think of them as training ovaries. So the. Ultrasound. Is not useful in younger teens who only. Are. Within two. Three or so years of the original period that they had what we call menarche.

So getting back to all of these issues. We know that women. With PCOS have to be. Eliminated from having

something else. Before you officially. Get and keep the diagnosis of PCOS.

So I mentioned. There's. Acquired or late. Onset. Of adrenal hyperplasia. There are also. Such things as. Androgen producing adrenal tumors. There is also.

You. Can have even. Tumors of ovaries that produce too. Much testosterone. Older women can sometimes have. A problem where they. Produce excess testosterone.

And it's not. A tumor, but it's being produced from their ovaries. Often in very high quantities. So you. Really have to know other. Things that are going on in the person.

Another potential. Problem. Is if you have a. Pituitary overproduction. Of a hormone. Called. Prolactin, which.

Irregular Cycles and Why Birth Control Is Not a Cure

Can actually. Trigger the production. Of androgens in the adrenal. So what am I telling you? I'm telling you that every woman with. PCOS. Needs to have a knowledgeable physician.

Who actually does. The proper. Testing. In order to rule out the other. Issues that can be confusing with PCOS. In my course, I'm. Going to deal with, as I mentioned, the most common.

Six issues that women with PCOS face. Skin and. Hair issues as I've already touched. On a little bit with the acne and loss of hair on the scalp and facial.

Hair and body hair. What else we're going to deal with? Mood disorders. Women with PCOS have two to. Four. Times the incidence of depression and. Anxiety as.

The average non PCOS woman and what else? Infertility. Women with PCOS have the highest. Rate of infertility. In fact, PCOS is indeed the. Number one underlying cause of female.

Infertility. And I've already. Mentioned this. Irregular cycles we want to talk. About. Why do women who. Have PCOS. Have irregular cycles. And. Then not just why.

But what to do about it. Naturally? I just want you to know taking birth control. Pills does not. Regulate. A woman's periods. What it does is it completely shuts.

Down her ovarian. Function. It's not healing her ovaries. It's taking. Them offline and replacing the hormones from the. Ovary, estradiol and progesterone.

With chemical. Sort of mimics in birth control. Pills, typically. Ethanol. Estradiol and. Some sort of progestin. And progestin is just a man made up.

Word for a. Mimic. Really. A. Progesterone endocrine disruptor. So it's not real progesterone and it's not real estradiol. And it gives. The. Illusion.

Insulin Resistance, Weight Loss, and GLP-1 Medications

Of having. Normal ovarian. Function. In normal ovaries and normal hormones. But in effect. It's all camouflage, it's all. Smoke and. Mirrors. And of course, it can. Give you.

Regular bleeding. But it doesn't. Give you regular. Periods because to. Have a real period. Means you have to have real. Ovarian. Functioning and you have to have a real.

Ovulation. So that's like a big deal. What I'm going to teach you in. My course is how to help your ovaries. To function. Properly, to ovulate. And make those. Beautiful life hormones.

I changed it from sex hormones to life hormones, and you'll know why when you take my. Course life. Hormones. To. Help your ovaries to ovulate. And make them.

Because that's what a human. Female actually needs to be optimally healthy. And what else are we going. To talk about? We're going to talk about. The real huge. Problem.

Sometimes the elephant. In the room. Which is glucose. Regulation. Women with PCOS. Have high rates. Of. Insulin resistance and insulin resistance. Is related.

To. Many. Problems in the body involving. Cardiovascular. Health and weight loss. Resistance. So I'm going to talk. About cardio. Metabolic health, insulin resistance, how to diagnose it.

What to do about it. And I'm going to do a whole. Separate program, a whole separate. One of my six segments on. Weight. Okay. Weight is such a common problem.

In fact, 80% of women with PCOS have weight loss resistance. And it links, of. Course. To. Insulin resistance. So we're going to deal with how can you lose weight when you have PCOS?

Now, I know. All of you out there have heard of. These new. They're really not. That new. They're been around for a while. The medications. That are in the category.

Of GLP1 agonist. So glucagon like peptide one agonist. Now these. Are not the real. McCoy. They're not. GLP1 They're agonist. That means agonist. Is a word for.

Mimic. Okay. So it's a. Chemical made by a pharmaceutical company that has similar. Sureties. To. Our real body. Produce GLP1 Now some. Women are losing. Weight with these.

I've given talk and I'm going to cover this more in my whole segment on weight loss. All about these drugs pros. And cons. But remember what the pharmaceutical.

Industry right now is promoting. Is? Number one. If you start on these drugs, you take them for life. Now, many of. You out there with PCOS. Are in your twenties and thirties.

I have. To tell you, there's no data on using such. Drugs for a life. And the cause can be out of. This world. And guess what else? You are not allowed to be on them when you're trying to get pregnant and they expect that when you go off of them, you'll just regain all the weight.

So this is a challenge. So we're going to. Cover.

Course Format and Final Invitation

These medications and. Other weight loss drugs. And even. More importantly. The natural. Approach. To helping. Women. With PCOS to. Really conquer their weight loss.

Resistance. Issues to successfully. And permanently. Lose weight. And not just. Weight to lose fat because you don't want to lose. Vital muscle. I'm going to tell you and.

Teach you how you can. Lose fat and maintain. Your. Lean body, mass, your muscle, and not. Lower your metabolic rate for life. But actually. Help to rev it. Up.

Not kidding. I'm going to share all my. Secrets with you. So once again, my course is not to be missed. I want you know, I have. Never given a course before like.

This one. Ever. On PCOS, it'll be six. Segments each one a. Separate week, and it will cover all. The key issues. That women. With PCOS deal with. And.

You get to submit. Questions. So the first round is completely live, so you get. To submit questions. It will be. Live. You get me, you know, flaws and all, and I'm going to give it my.

Best to deliver. For you the. Vital information about the whys and the what nows. The what to dos. Including pharmaceuticals. Surgical approaches. And the expand it therapeutics that I have.

Access to. As an integrative physician, including. Nutraceuticals. Herbals. Mind, body medicine, fitness. Exercise. Nutritionals. I have all of that in my therapeutic.

Toolbox and I. Will share it all with. You. So please, please, if you. Care about your future as a. Woman with. PCOS. Join me for my course. It's going to be something that, in addition to the summit, I certainly expect it'll be.

Life. Transformational. I hope you will take me. Up on my offer and I'll get. To see you soon.