

PCOS

A New Dawn

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Cure PCOS in six weeks

Imagine, in as little as six weeks you could

- be fertile and rid yourself of endometriosis
- be in a position to carry a baby to full term
- experience regular and normal periods
- lose weight easily and wear anything you like even dealing with unsightly cellulite
- never use tweezers, depilatory creams or laser treatment for hair removal again
- enjoy a complexion free from painful acne
- never be depressed again, and
- never have to fill out another PCOS-related prescription

When you are suffering from all, or any combination of symptoms that include oligo-menorrhea, anovulation, polycystic ovaries, hyperandrogenism, hirsutism, excess weight, cystic acne, alopecia, mood swings/depression and insulin resistance, it is understandably difficult to give much credence to the claim that complete deliverance can be just a few weeks away. But that is exactly what a newly available book promises. If you are living this permanent nightmare, it is time to wake up to *A New Dawn* (Hourglass Publications).

This startling claim goes further, suggesting that the multiplicity of symptoms, which are normally treated by an array of drugs, are actually the result of a single, easily reversible, condition – chronic inflammation resulting from chronic immune activation. And, furthermore, that the inevitable progression to diabetes (type II) and CHD can be arrested - because these two conditions share the same cause. **Thus relief from symptoms can be gained in just six weeks, merely through the recognition and avoidance of cause.**

Diagnosing PCOS

It is estimated that as many as six million US women suffer PCOS. Arriving at a diagnosis can be a long and dispiriting experience as you are probably only too aware. But how you are eventually treated can depend on which particular ‘type’ of doctor makes the final diagnosis¹. If your gynecologist makes

the diagnosis, you will probably be started on Clomiphene but should it be your endocrinologist, the chances are that you will be given Metformin. It is quite possible, indeed highly likely, that you will may also get sidetracked into psychiatric ‘care’ only to be prescribed any of a range of ‘anti-depressants’.

Polycystic ovary syndrome describes a group of symptoms that can occur in any combination and include:

oligo-menorrhea; anovulation; polycystic ovaries, hyperandrogenism, hirsutism, excess weight, cystic acne, alopecia and mood swings/depression.

All these ‘symptoms’ are the product of chronic inflammation and, despite your experience to date, as such, are easily reversible.

A New Dawn will show you how you can take control of your life in as little as six weeks

It may come as a nasty shock to discover that, not only are these treatments largely ineffective but they are also potentially highly dangerous, even fatal – equally they are totally unnecessary. Ironically, a number of these ‘treatments’ have even been shown to stimulate the development of PCOS and make the symptoms of a pre-existing condition even worse.

Despite your experiences, it is likely that you still hold the medical community high esteem and are predisposed to trust their judgment. This loyalty may be sadly misplaced as the material on which *A New Dawn* is based has been overlooked in favor of treatments that are ineffective and potentially dangerous but highly profitable for the medical profession in general. IVF is a good example of how profit impacts on treatment choice.

¹ Cussons AJ, 2005

IVF in PCOS women is spectacularly unsuccessful. A recent study² reported that in 187 IVF ‘treatments’ with PCOS women a pregnancy rate of 21.9 percent was achieved. Of the 38 women who conceived, 36.8 percent miscarried, a further 13.2 percent experienced ‘pregnancy complications’. IVF treatments, of course, are hugely expensive – and profitable. *A New Dawn* will show you that fertility is restrained by chronic inflammation. With material available in the learned journals, to which all doctors have access, it is possible to identify the cause of chronic immune activation, the precursor to inflammation, and to avoid it, thus returning full fertility and saving thousands of dollar in unnecessary treatments.

But the problem is more insidious. Fertility treatments often include the use of Clomiphene but this particular drug is potentially harmful as it can increase your chance of developing periodontitis³ which, in turn, increases your chance of developing diabetes (type II)⁴, CHD⁵, stroke⁶ and, should you become pregnant, of producing pre-term, low birth weight babies⁷. The likelihood of developing periodontitis increases markedly over time, particularly if Clomiphene is used for more than three cycles – even the manufacturers admit that treatment may be required for at least four cycles!

Treatment dangers

Material cited in *A New Dawn* reveals that similar issues of ineffectiveness, danger and profit exist with the proffered treatments for excess cholesterol (statins), insulin resistance (Avandia and Metformin), hypoxia (heparin and *even* aspirin), anti-hypertensives, excess weight and hyperandrogenism. **And yet, it may be timely to remind you, all these ‘treatments’ are completely unnecessary.**

Until recently, PCOS was considered an exclusively female problem but now research has uncovered the disturbing fact that male siblings of PCOS sufferers exhibit all of the same characteristics with the obvious exception of anovulation and amenorrhea⁸ suggesting that actual numbers of sufferers may be double current estimates.

But current concern is concentrated on the increase in the number of young women developing PCOS. This attention has uncovered an alarming and totally unexpected ‘cause’. Tens of thousands of US children are ‘diagnosed’ as ADHD and routinely prescribed amphetamines (Ritalin) by physicians and psychiatrists. It may come as surprise but there is actually no such disease as ADHD, it is, according to Dr Breggin ‘professionally discredited’ (www.breggin.com) and according

² Cha KY, 2005

³ Haytac MC, 2004

⁴ Pucher J, 2004

⁵ Buhlin K, 2005

⁶ Pussinen, PJ, 2004

⁷ Konopka T, 2004

⁸ Kaushal R, 2004

to Prof Vatz, ‘attention-deficit disorder (ADD) is no more a disease than is ‘excitability.’ It is a psychiatric, pseudomedical term.’ But this does not stop the prescribing of amphetamines.

As a direct result of using amphetamines, children can develop ‘depression, delusions, hallucination and other drug-induced reactions ... their physicians mistakenly [concluding] that the children suffer from ‘clinical depression’, ‘schizophrenia’ or ‘bipolar disorder’ that have been unmasked by the medications. Instead of removing the children from the stimulants, these doctors mistakenly prescribe additional drugs such as anti-depressants, mood stabilizers and neuroleptics.’

In a dramatic twist of the knife, ‘bipolar disorder’ is treated with the drug Depakote (valproate). This is potentially a massive problem in the making as:

- i. the American Academy of Child and Adolescent Psychiatry ‘estimates’ that one third of the 3.4 million children and teens in America with ‘depression’ may be showing signs of early ‘bipolar disorder’
- ii. Depakote (valproate) can *cause* PCOS

According to studies conducted in Finland in patients with epilepsy, Valproate [Depakote] may increase testosterone levels in teenage girls and produce polycystic ovary syndrome in women who began taking the medication before age 20. Increased testosterone can lead to polycystic ovary syndrome with irregular or absent menses, obesity, and abnormal growth of hair. Therefore, young female patients taking Valproate should be monitored carefully by a physician.

The National Institute of Mental Health.

In addition, amphetamines also increase the risk of the development of periodontitis⁹ in children, particularly with long-term use.

ADHD (or ADD), or poor or inappropriate behavior can be the result of cortical glutamate disturbance caused by the products of chronic inflammation. Similarly, those with ADHD and ‘depression’ show a marked lack of the mineral

⁹ Hasan AA, 2004

magnesium¹⁰. Hyperinsulinemia or insulin resistance, caused by inflammation, increases the excretion of magnesium¹¹.

The psychiatrist is not only a real and present threat to your children but to you, too. Assailed by multiple symptoms and the side effects of numerous drugs and possibly a less than supportive medical community, it is hardly surprising that you may be prone to depression – an entirely rational response to an impossible situation. Your doctor, in an attempt to be seen to be ‘doing something’ may refer you to a psychiatrist. You may also be labeled with the term ‘bipolar disorder’ and offered Depakote* or one of a seemingly endless variety of psychotropic drugs. None of these will help with your PCOS, many may induce dependency and behavioral changes necessitating further prescriptions and considerable expenditure on other highly dubious ‘therapies’ with little or no proven efficacy. But now research shows that depression, too, is a symptom of chronic inflammation and as easily reversible as any of the other symptoms.¹²

* Depakote is also used to ‘treat’ epilepsy and migraine; both conditions, when treated with Depakote, show an increase in PCOS. But inflammation increases the likelihood of epilepsy by impairing hippocampal neurogenesis¹³; migraine, too is, at last, beginning to be recognized as an inflammatory condition¹⁴. The removal of cause as described in *A New Dawn* can bring about the rapid diminution of the symptoms.

Excess weight provides another avenue for profit from PCOS sufferers. As little as a five percent reduction in weight can restart ovulation. Weight loss can also have a dramatic effect on hirsutism and hyperandrogenism but weight loss techniques can be fraught with dangers. There is probably no other branch of health ‘care’ where so many ‘treatments’ exist – this is a direct reflection on the profits to be made from despair. As a PCOS sufferer with a weight problem, you may be offered interventions from psychiatry through pharmacology to surgery. Before considering the issue it is as well to understand your doctor’s attitude to you; in a recent study of physicians’ attitudes to the obese ‘more than 50% of physicians viewed obese patients as awkward, unattractive, ugly, and noncompliant.’¹⁵

Surgical interventions such as ‘gastric by-pass’ could cost you more than \$20,000, while pharmaceutical interventions often border on the insane, e.g. Orlistat, which research has shown results in nearly a quarter of users developing ‘flatulence with

discharge’ – a recent research project suggested that PCOS users may like to use Orlistat instead of Metformin¹⁶.

Many women, you may be one of them, are relieved when they finally receive a diagnosis of PCOS. Armed with a disease title they can gain some recognition and escape from the suspicion of hypochondria. But a diagnosis is not a treatment and certainly not a cure, to paraphrase Churchill, it not the end, it is not even the beginning of the end but it can be the end of the beginning; for too many women though, it is just a continuation of the same nightmare. **However, the realization that PCOS is simply a systemic result of chronic inflammation can lead to a dramatic reversal of fortunes.**

A New Dawn describes the underlying role of inflammation in each symptom in detail. However, it is important to realize that inflammatory diseases are utterly dependent upon inflammation – they are not self-supporting.

In turn, inflammation, in the absence of physical injury, is entirely dependent upon immune activation. If immune activation ceases, inflammation ceases and inflammatory diseases immediately abate – thus the cure for PCOS lies in the detection and removal of the source of immune activation. Such a process is speedy, safe and does not require the use of a single drug.

To recap:

- i. each and every symptom of PCOS is caused and maintained by chronic inflammation**
- ii. inflammation, in the absence of physical injury, can only be created by an immune response**
- iii. chronic inflammation requires chronic immune stimulation**
- iv. it is axiomatic that all symptoms can be ‘cured’ simply by identifying and avoiding the immune stimulus**

Copies of *A New Dawn* can be purchased on-line at
www.epc-odx.com

¹⁰ Kosielec T, 1997

¹¹ Higashiura K, 2005

¹² O’Brien SM, 2004

¹³ Ekdahl CT, 2003

¹⁴ Sanchez-del-Rio M, 2004

¹⁵ Foster GD, 2005

¹⁶ Jayagopal V, 2005

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Chronic immune activation/inflammation and the symptoms of PCOS

Every symptom of PCOS is the end result of chronic inflammation, itself the result of chronic immune activation. The immune system is programmed to detect and respond to 'non-self' while ignoring 'self'. On detecting 'non-self' the immune system can generate and release a comprehensive array of pro-inflammatory chemicals including TNFalpha, Cox 1 and 2, free oxidizing radicals (FOR), cytokines including interleukins (IL), growth factors and interferons. Many of these factors play multiple roles in the body, for this reason, while they may be harmful when released over a protracted period, they cannot simply be blocked by the use of 'inhibitor' drugs. Where this has been tried (TNF alpha inhibitors and Cox 2 inhibitors) the outcome has been disastrous as the body is robbed of their positive and essential protective characteristics leading to catastrophic conditions such as heart attack and stroke.

In PCOS, and many other inflammatory conditions, the problem is often one of over-expression; treatment needs to reduce this over-expression rather than 'block' the factor. Over-expression can only be reduced by detecting and avoiding the cause of the chronic stimulation – this is the main thesis explored in *A New Dawn*. The following material shows how each symptoms is initiated and maintained by inflammation, the corollary is that if the source is removed the symptom, separated from essential maintenance, will rapidly abate.

Infertility

Inflammation plays a multiple role in infertility. (1) Failure to ovulate – insulin resistance, the result of TNF alpha over-expression (see insulin resistance) lowers SHBG (sex hormone binding globulin) increasing testosterone levels which, in turn leads to **anovulation** (the failure to release an ovum or egg). (2) TNF alpha can also directly affect the oocyte – the cells that develop into the ovum (3)The menstrual cycle is orchestrated by the hormones estrogen and progesterone but each is severely hampered by TNF alpha and interferon gamma leading to **amenorrhea** or a complete cessation of menstruation. (4) Many 'infertile' women are actually fertile but simply fail to successfully **implant** the fertilized ovum into the lining of the uterus – this essential process is dependant on progesterone but excess TNF alpha upsets this critical function, interfering with the hCG production of progesterone. (5) Endometriosis can block the fallopian tubes, preventing the ovum from reaching the uterus. This painful condition is initiated and maintained by excess TNF alpha.

Excess weight

Contrary to orthodox thinking, excess weight is not the product of over eating and a failure to exercise – these are the results of excess weight. TNF alpha destroys the transporters of glucose and fat (Glut4 and LPL respectively) with the result that the muscle cells is denied access to fuel, resulting in hunger, tiredness and the loading of adipocytes (fat cells) with excess glucose (the adipocytes then go on to create TNF alpha, too). FOR release damages the oxygen carrying capacity of the red blood cells decreasing oxygen availability and energy generation (ATP).

Hyperandrogenism

Hyperandrogenism is caused by insulin resistance (decreasing SHBG and raising testosterone levels) and results in **alopecia** (hair loss on the scalp), unwanted **hair growth** on the face and body and **cystic acne** (TNF alpha is also heavily implicated in the direct cause of acne).

Cholesterol/triglycerides

Raised cholesterol and triglycerides are caused directly and indirectly by inflammation. The white cells of the immune system, once 'activated', draw vitamin C into themselves to protect against internal damage by ROR. The resulting drop in vitamin C availability result in increased cholesterol levels. Damage to LPL by TNF alpha interrupts the transport/conversion of serum triglycerides, increasing triglyceride levels.

Hypertension

Elevated blood pressure (BP) is the result of damage to the endothelium (the lining of the blood vessels) caused by almost all the inflammatory factors and the reduction in vitamin C (which is involved in the essential generation of collagen that, in turn, keeps blood vessel flexible). The normal endothelium expresses vasodilators (nitric oxide and prostacyclin) to regulate blood pressure but the endothelium damaged by inflammation is unable to do this and blood pressure rises.

Depression

Depression may seem a perfectly normal response to such a comprehensive array of symptoms that are both painful and psychologically damaging. But depression itself is caused by inflammation – the interleukins 1 and 6 (IL-1, IL-6) and TNF alpha increase the generation of ACTH and cortisol both of which are elevated in depression (most modern anti-depressants work by generating the anti-inflammatory interleukin, IL-10).

Insulin resistance

Insulin resistance is the result of LPL and Glut4 destruction by TNF alpha. It is implicated in the development of diabetes, heart disease and even cancer.