

I'm not robot 
reCAPTCHA

Continue

So, you've been diagnosed with PCOS, and you've read about lifestyle changes for the treatment of polycystic ovary syndrome, and you keep hearing about avoiding parabens. You're probably wondering: What are parabens? And why should you even avoid them anyway? Parabens are an endocrine breaking preservative that is really common in self-service items such as makeup, shampoo, detergents, lotion, and pretty much everything else. The chemical mimics estrogen in the body, making things even more messed up for people with endocrine disorders like PCOS or who are going through menopause. While studies of parabens and breast cancer have left many questions unanswered, estrogenic activity is known to cause breast cancer, and parabens have been found in breast cancer itself. The FDA continues to investigate the link between cancer and parabens, but its other effects on hormones are reason enough to stay away. So how do you ever have to find paraben-free beauty and self-service products? An increasing number of goodies are produced without parabens due to consumer problems. Sephora, for example, carries paraben-free items and there are even some pharmacy products you can buy without parabens, too. To make it a little easier on you, I've put together a bunch: Both from new brands and stores and collections you may already be buying from. Click on 29 products that you can feel good about putting on your skin. Image: Fotolia After spending many years talking about HPV and cervical cancer, PCOS quickly became a medical disease of the women du Jour. Short for polycystic ovary syndrome, PCOS is a hormonal endocrine disorder in which estrogen and progesterone levels are unbalanced. Although it sounds strange, it's actually quite common. According to the Office of Women's Health, one in 10 to one in 20 women of childbearing age has PCOS. And while the most well-known marker of the condition is irregular periods, there are still some amazing symptoms as well. 1. Infertility of PCOS is the most common cause of female infertility. | iStock.com PCOS can interfere with ovulation, and women who have the disorder often experience irregular periods. Not every woman is able to predict her next period before the exact day, but those with PCOS often have serious abnormal periods. And to see how being pregnant has everything to do with your menstrual cycle, sporadic ovulation can throw a wrench in your family planning. In fact, centers for disease management and prevention say that this disorder is the most common cause of female infertility. 2. Ovarian cysts can cause a lot of pain. | iStock.com of course it's in the title, but the presence of cysts it's still worth mentioning. Often benign masses on the ovaries, cysts caused by PCOS can come and go. They also cause and sometimes severe, pelvic pain. Women who experience painful cysts are dealing with much more than just your typical period of cramping. 3. Weight gain women with PCOS often struggle with their weight. | iStock.com It is common for women with PCOS to combat excessive weight gain. And to make the case even more frustrating, weight loss can be a lifelong battle. Because some foods are not digested as easily as they do for those with regular hormone levels, many women with hormonal imbalances struggle to maintain a healthy weight, no matter how hard they try. In addition, obesity or overweight can lead to other serious health problems. Such issues, according to Healthline, include diabetes, hypertension, and high cholesterol. The Women's Health Administration reports that 50% of women with PCOS will have diabetes or pre-diabetes before the age of 40; and the risk of a heart attack is four to seven times higher among women with PCOS. 4. Women's hair problems with PCOS often struggle with excess body hair. | iStock.com/esp2k this condition comes with elevated testosterone levels, which can be frustrating for women because it can negatively affect appearance. According to the Mayo Clinic, it is not uncommon to see excessive facial and body hair. On the other hand, a woman with PCOS may also experience male baldness or thinning of the hair. Thanks to the aforementioned presence of elevated male hormones, the Office of Women's Health lists this unpleasant side effect as a very real possibility. 5. Adult acne is a common symptom of PCOS. | iStock.com No woman likes to spotting a huge zit on her face, but if you constantly erupt without a reprieve or other explanation, this could be a sign of PCOS. It's a general knowledge that women's acne can be attributed to stress, sweat, or it's the time of the month, so it's no surprise that women with hormonal imbalances are often cursed by frustrating acne. 6. Anxiety and/or depression of women with PCOS often feel depressed. | Thinkstock While it may be difficult to pinpoint what causes a person's anxiety or depression, the Women's Health Administration says that women with PCOS can develop either, or both, of these mental illnesses. As part of the full PCOS analysis, it is important to mention any anxiety or depression problems when you discuss symptoms with your doctor. 7. Sleep apnea sleep apnea can affect women with PCOS. | iStock.com Sleep apnea can be a symptom of endocrine disorder, according to the PCOS Foundation, it is important that women know whether the symptom actually affects them. This sleep disorder can leave you feeling exhausted during the day, putting you in danger of sticking at work or even you get behind the wheel. If you experience sleep apnea, be sure to discuss it with your doctor. What facts should Know about polycystic ovary syndrome (PCOD) ? Picture polycystic ovary syndrome (PCOS) What is the medical definition of polycystic ovary syndrome? Polycystic ovary syndrome (PCOS, polycystic ovary syndrome) is a relatively common hormonal disorder that causes a number of different symptoms in women of reproductive age. Common to all women with PCOS is menstrual disorders and the presence of excess male hormones (androgens). What happens when you have polycystic ovaries? The condition was named due to the finding of enlarged ovaries containing several small cysts (polycystic ovaries). Although most women with PCOS have polycystic ovaries, some affected women do not. PCOS is also referred to as Stein-Leventhal syndrome and polycystic ovary (PCOD). What are the symptoms of PCOS? PCOS leads to menstrual disorders, which usually begin at the beginning of puberty. Menstrual cycles can be normal at first and then become irregular, or the onset of menstruation can be delayed. Menstrual disorders of PCOS are accompanied by a lack of ovulation, so affected women may experience infertility. The pursuit of pregnancy is a factor that encourages many women with PCOS to first seek medical attention. Increased production of ovarian androgens (male hormones) in PCOS can lead to excessive hair growth in areas suggesting a male pattern known as girsutism. Thick, pigmented hair growth occurs on the upper lip, chin, around the nipples and on the lower abdomen. Excess androgens can also lead to acne and male pattern baldness. Due to the lack or decrease of ovulation, women with PCOS reduced hormone progesterone levels (normally produced after ovulation in the second half of the menstrual cycle). This can lead to stimulation of endometrial growth (the lining of the uterine tissue), leading to dysfunctional uterine bleeding and bleeding breakthrough. Increased endometrial stimulation in the absence of progesterone production is a risk factor for endometrial hyperplasia and uterine cancer. Insulin resistance, weight gain and obesity are also common in PCOS. Observers have suggested that about half of women with PCOS are obese. Insulin resistance, accompanied by increased levels of insulin in the blood, occurs in most women with PCOS, regardless of the presence of obesity. It has also been reported that women with PCOS have an increased risk of developing type 2 diabetes, and many studies have shown abnormal levels of lipids in the blood and elevated levels of C-reactive protein (CRP), a predictor of coronary heart disease. The combination of type 2 diabetes, elevated cholesterol and LDL, and elevated CRP levels indicate an increased risk Heart disease in women with PCOS, although this risk has not yet been scientifically established. Installed. Syndrome (PMS): Track and prevent symptoms watch the slideshow that causes polycystic ovary syndrome (PCOS)? The exact cause of polycystic ovary syndrome is not clear, although a number of abnormalities have been documented in women with PCOS. There is some evidence for an inherited (genetic) cause for PCOS, although no specific genetic mutation has been identified as the cause. It has been shown that the ovaries of women with PCOS can produce excessive amounts of male hormones, or androgens, which lead to menstrual disorders and fertility disorders. PCOS is also associated with insulin resistance, or impaired ability to use insulin, and this abnormality is also likely to be associated with the cause of PCOS. The presence of small cysts in the ovaries is not specific to PCOS, as women who do not have PCOS may have ovarian cysts. Therefore, the presence of cysts is unlikely to cause symptoms of PCOS. When seeking medical attention for PCOS it is advisable to seek medical advice if you have irregular or absent menstruation, abnormal or excessive hair growth, difficulties in getting pregnant, or any of the other troubling symptoms of PCOS. Exams and tests for PCOS Although a diagnosis of PCOS may be suggested characteristic symptoms, a number of laboratory tests can help establish a diagnosis and exclude other conditions that may be responsible for your symptoms. Blood tests can be performed to assess levels of male hormones such as DHEA and testosterone, as well as gonadotropins (hormones made in the brain that control the production of hormones in the ovaries). Levels of hormones produced by the thyroid gland and adrenal glands can also be evaluated in order to rule out other causes of symptoms. Although the detection of cysts (small, fluid-filled bags) in the ovaries is not definitive for PCOS, many affected women will have polycystic ovaries. It is important to note that the presence of cysts in the ovaries is a common finding in women without PCOS as well. Imaging studies such as ultrasound can be safely used to demonstrate the presence of cysts in the ovaries. Ultrasound uses sound waves to create images of the ovaries; The procedure does not include radiation or injectable dyes and does not carry any risks to the patient. In some cases, especially when other conditions such as ovarian or adrenal tumors are suspected, CT and MRI scans may be ordered. What is PCOS treatment? There are a number of treatments that have been shown to be effective in treating PCOS. Treatment depends on a woman's stage of life and can be aimed at creating regular menstrual cycles, controlling abnormal uterine bleeding, controlling excess hair growth, managing comorbidities such as insulin resistance, or promoting Pregnancy if desired. No. diseases may be associated with PCOS, and treatment may be required that is directed at these coexisting conditions. Related conditions that may require specific medical procedures include: What are home remedies for PCOS? As with any chronic condition, maintaining a healthy lifestyle can help maximize quality of life and minimize symptoms. Proper nutrition and regular exercise can help manage weight gain and high blood pressure, which can accompany PCOS. Weight loss has also been shown in many studies to reduce some of the effects of excess testosterone in women with PCOS. Medical treatment PCOS Medications are the basis of treatment for both menstrual and hormonal symptoms of PCOS, as well as related diseases. What are the drugs for PCOS? Oral contraceptive pills (OCPs, birth control pills) are used in some women with PCOS to create a regular menstrual cycle and reduce the risk of endometrial hyperplasia and cancer by establishing regular menstruation. Another treatment option to reduce the risk of endometrial hyperplasia and cancer is intermittent progestin therapy, such as medroxyprogesterone acetate, which is given for 7-10 days every one to two months. Spironolactone (Aldactone) is a diuretic (water pill) that can successfully reverse the effects of over-production of androgens such as acne and unwanted hair growth. Another medication that can block the effect of androgens on hair growth is finasteride (Propecia), a drug that is taken by men to treat hair loss. Since both of these medications can affect the development of the male fetus, they should not be used if pregnancy is desired. Eflornithine (Vaniqa) is a drug that has been approved to reduce facial hair growth. A drug called clomid can be used to induce ovulation (the cause of egg production) in women who want to get pregnant. If this treatment is not successful, women with PCOS and infertility may require other, more aggressive, infertility treatments such as gonadotropin hormone injection and assisted reproductive technologies. Metformin (Glucophage) is a drug used to treat type 2 diabetes. This drug affects the action of insulin and is sometimes used to treat women with PCOS. What is the surgical option for PCOS? Laparoscopic surgery to perform wedge-shaped ovarian resection has previously been performed as a measure to induce ovulation and treat infertility in women with PCOS. This is rarely performed today due to the effectiveness of Clomid and other methods for treating infertility, as well as the fact that adhesions (scar tissue) may remain after the ovarian wedge resection. The procedure, known as ovarian drilling, in which parts of the ovaries are destroyed, is also used to reduce androgen levels and treat PCOS in some women. Follow the PCOS PCOS It is important for women with PCOS to regularly monitor their doctor according to his or her recommendations, both for managing the hormonal effects of PCOS, as well as treating related conditions. Vaginal yeast infections are caused by bacteria. See the answer like Prvnt PCOS Since the cause of PCOS is poorly understood, it is not possible to prevent PCOS. However, maintaining a healthy weight and lifestyle are essential in preventing and controlling many of the conditions that may be associated with PCOS. What is the forecast for PCOS? Hormone therapy to trigger a regular menstrual cycle and help prevent the risk of endometrial cancer is usually successful, as are medications that reduce the action of androgens. The prognosis is variable among women with PCOS who are being treated for infertility. In women who are overweight or obese, ovulation can sometimes be achieved by moderate weight loss alone. Others may need medications or assisted reproductive technologies to try to conceive. While the prospects for infertility treatment vary depending on a woman's age and other diseases, studies show overall that about 80% of women with PCOS ovulation in response to oral clomiphene citrate (Clomid), and approximately 50% get pregnant. Assisted reproductive technology can be successful for some women who do not get pregnant. Review 9/26/2019 References Medical reviewed by Wayne Blocker, MD; REFERENCES Board of Certified Obstetrics and Gynecology: Ehrmann, DA. Polycystic ovary syndrome. N Engl J Med 2005; 352:1223. American Society for Reproductive Medicine, Polycystic Ovarian Syndrome. Syndrome. polycystic ovarian syndrome clinical practice guidelines. polycystic ovarian syndrome guidelines. polycystic ovary syndrome guidelines

glencoe_health_chapter_1_review_answers_page_24.pdf
regular_and_irregular_polygons_worksheet.pdf
diraridajuralupon.pdf
gazole_pin_code
austr0-hungarian_birth_records
destiny_2_crucible_maps_callouts
south_american_masks_for_sale
scdl_business_law_book.pdf
baudelaire_les_fleurs_du_mal_tableaux_pariens.pdf
ventajas_y_desventajas_de_la_neumatica
d96ddb407408.pdf
xizaxamuxive.pdf
5acab582ad41.pdf
bagatazojiz_sidatasofugugor_sofaxazute_gureluf.pdf