



POLYCYSTIC
OVARIAN SYNDROME

Nisha Jackson, PhD

The Dr. Nisha Jackson Show: Polycystic Ovarian Syndrome

Rusty Humphries: Well, welcome to this edition of *The Dr. Nisha Jackson Show*. She is Nisha Jackson. I am Rusty Humphries. I am her worst student ever and I'm hoping to turn that around someday soon.

Dr. Nisha Jackson: This month.

Rusty Humphries: This month we're going to do it and things are going to get better, and then I'll have some things for you to listen to from me other than just the comic relief to the show. "Hey, thanks for coming!" Okay. Speaking of comic relief, and I don't want to make this sound funny because I think there is a medical thing to this, but I'm noticing something, and I don't want to offend anybody. I'm not trying to hurt anybody's feelings, but I am noticing more women with facial hair than I remember in the past. Is it just that I'm getting older and getting around women that are that age, or what is this and what causes this, or is it just a random thing?

Dr. Nisha Jackson: It is a real problem, and we definitely want to hit on this today. It's not your imagination. More and more women are growing pretty significant facial hair at a very young age, and it's also typically coupled with a couple of other things, which is acne and a lot of fat around the middle part of the body.

Rusty Humphries: Not a good combination.

Dr. Nisha Jackson: It's a really awful thing for women because they don't know why it's happening. And then, in addition, they have problems with their periods. They miss their periods, their periods are really heavy and really painful, and they can't get pregnant, and then they have a higher risk for diabetes and infertility. This syndrome is usually diagnosed as polycystic ovarian syndrome. And this is a ... I know, it's easier just to say it's PCOS.

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Rusty Humphries: Okay. And it's not just from eating too many Pringles, sitting on the couch. I mean, there's something to this, right?

Dr. Nisha Jackson: There is something to it. When I first started practicing in 1990, the thing that we were seeing at that point was women were not developing polycystic ovarian syndrome, PCOS, until later in life. They weren't developing it until later in their twenties or thirties. Now we see young girls getting PCOS. So, this is a real problem.

Rusty Humphries: I've got a ... I hate to say this, but my cousin's daughter who is in her teens has something like this. Do you see that, or is that just because she comes from bad genes?

Dr. Nisha Jackson: We're seeing young girls getting this, like starting their period really early — like age seven or eight — and getting this.

Rusty Humphries: Wow, wow, wow.

I call this syndrome the hormone hurricane.

— *Dr. Nisha Jackson*

Dr. Nisha Jackson: This is a real problem. When I first started practicing about 30 years ago, we thought this was an ovarian problem because poly means many, right? Cystic means cysts and ovaries mean ovary, so if you break the word down it means there are too many cysts in the ovaries. And when you have too many cysts in the ovaries, number one, it's painful. Number two, it completely messes up the hormone balance. So, I call this syndrome the hormone hurricane. And, it leads to all sorts of problems in relation to metabolism. When I first started practicing, we thought this was an ovarian problem, so that's why we call it ovarian syndrome.

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Dr. Nisha Jackson: But it's not; it's actually a metabolic problem. Now we know it's actually the other way around. This is what happens when somebody gets this. I want to talk about it because at least 20% – I think it's much higher than this – of women today that are menstruating have this problem. So, that's a lot. You know, that's one in five, right?

When women get this, their testosterone is elevated, which makes them have male effects like facial hair, more acne, more irritability, and problems with menstruation.

— Dr. Nisha Jackson

Dr. Nisha Jackson: Here's what we're seeing. When women get this, their testosterone is elevated, which makes them have male effects like facial hair, more acne, more irritability, and problems with menstruation, because women are not meant to have testosterone be the dominant hormone when they're menstruating. And then, we also see that they don't ovulate. When you don't ovulate – because you've got all these cysts cluttering up the ovaries – you can't make progesterone, and progesterone is the mood hormone. It keeps you from being anxious and depressed, and it's the hormone that keeps your periods regular.

Dr. Nisha Jackson: So if you're not making progesterone because you can't ovulate, then all of those things go wrong. You get more cysts, you have problems with the breasts, you have problems with your period, you get depressed, you can't sleep at night. So, and then, the other hormone that goes up is insulin. Well hello, insulin is a fat-storage hormone, right?

Rusty Humphries: Right, right.

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Dr. Nisha Jackson: When your insulin goes up, a lot of women can't figure out, and girls can't figure out, why am I wanting to eat everything in sight? And insulin, not only is a fat-storage hormone, it puts fat on the middle part of your body more than any other place on your body. So, it's a really awful thing for girls. I see this over and over again, Rusty, where they're going into their medical provider's office and they're not being diagnosed appropriately because they're not running the hormone tests.

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Rusty Humphries: And is this happening more and more often? It seems like, and it's rough because my daughter kind of falls into this. She doesn't have the [facial] hair, but it seems like girls today are heavier than when I was in high school. And it's more acceptable because everybody's PC and you don't want to hurt anybody's feelings. And so, it seems like we're doing our daughter's a disservice by not addressing this a little more. Or am I wrong?

Dr. Nisha Jackson: No, it's absolutely right. And instead of, you know, I don't know ... I raised my daughters to educate them. I think we should be educating. If this is where you're at 14 or 15 or 18, and you stay on this same trajectory, by the time you're 30 you're going to have all sorts of health problems because your body can't sustain this. I think education is the answer here. That's why I like to talk about things like PCOS, because whether you're a 30-year-old guy that's driving around in your car and you're listening to this show and you're like, "Oh, this has nothing to do with me," it actually does have something to do with you because someday, or maybe you already do, you have a daughter that might suffer from this exact problem.

Dr. Nisha Jackson: And more and more girls are suffering from it, so it *is* relative. Or, maybe your wife is suffering from it or your partner. PCOS starts out with too much insulin, and that starts from diet. So when you have the good old American diet, which means you're eating too much starch and sugar in your diet and not 50% of your diet is vegetables, which most kids and women and people today are not having 50% of their diet be vegetables, right?

PCOS starts out with too much insulin, and that starts from diet.

— *Dr. Nisha Jackson*

Rusty Humphries: You know what I'm seeing? I'm seeing ... I drove by a convenience store every day that's right by the high school. And the convenience store is packed with kids, and they all have the same lunch: It's a big old bag of Doritos and Mountain Dew. It might be Diet Mountain Dew, but Mountain Dew.

Dr. Nisha Jackson: Right. It's just the same because it affects insulin in the same way as regular Mountain Dew.

Rusty Humphries: I mean, now that does not seem like a balanced lunch.

Dr. Nisha Jackson: No, it's not because it's all carbohydrates and it's all chemicals. The problem is that when your glucose goes up from a processed carbohydrate like Cheetos or Doritos or whatever, or just bread or sugar or whatever you're eating, anything that raises glucose — which is mostly processed carbohydrates or carbohydrates period, and sugar — when your glucose goes up, your blood sugar goes up, then your insulin has to go up to kind of keep it under control. Well, if you're eating Doritos and bread and chips and starches all day long, your insulin is going up, up, up, up, up, up, right? Well, that causes too much fat storage around the middle.

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Dr. Nisha Jackson: But when that happens, what it does is it interferes — this is how it ties back to the ovaries — it interferes with the person's ability to ovulate. It interferes with their ability to ovulate to the point that they start developing these little tiny pearly cysts around the periphery of the ovary. And when you develop those cysts then you can't ovulate regularly. So, it just starts sort of the onslaught of problems with menstruation. And then when you're not ovulating, when your insulin goes up, it pushes the testosterone up. When the testosterone goes up, it interferes further with ovulation. So, that's the hormone hurricane that's happening.

Rusty Humphries: Okay. This is ... I got ... this is very bad, I know, but part of me as a dad, and now tell me where I'm wrong, part of me of a dad of an 18-year-old goes, "Well maybe if she ain't ovulating, maybe there won't be any problems with anything else."

Dr. Nisha Jackson: Right. It does affect their ability to get pregnant, for sure.

Rusty Humphries: I mean —

Dr. Nisha Jackson: But this is not the answer.

Rusty Humphries: This is not the way I want to have it. That's not —

Dr. Nisha Jackson: It's not the answer because the problem is these girls and women that have PCOS — so hormone hurricane: too much testosterone, too much insulin, not enough progesterone, those are the three things that really go haywire — when they have that they are on the fast track to heart disease, diabetes, and infertility. It is the bad trifecta.

Rusty Humphries: Okay. Is it also why I can say, "Hey, good morning."?

"You hate me! Why are you so mean to me?"

Dr. Nisha Jackson: Exactly.

Rusty Humphries: Okay.

When they have that, they are on the fast track to heart disease, diabetes, and infertility. It is the bad trifecta.

— Dr. Nisha Jackson

Dr. Nisha Jackson: Yeah. So, when you —

Rusty Humphries: It's not just because she's 18?

Dr. Nisha Jackson: No, progesterone is a very calming hormone. It kind of keeps women being — I hate to say this — women being women, girls being girls. It helps keep your mood and your anxiousness under control. It's very calming. So without any progesterone, because you're not ovulating, it's a real problem for the mood, and your PMS is through the roof. So, there could be two weeks a month when you're flying off the handle like you're not even responding normally at all.

Rusty Humphries: Or, it's hard for her to get out of bed. She can't go to ... she's sick, she doesn't want to go to school or work or whatever it is.

Dr. Nisha Jackson: Right, right. And, there are so many things that can be done if this is tested appropriately.

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Dr. Nisha Jackson: So again, the symptoms of PCOS are infrequent periods or no periods at all or very irregular periods; infertility, inability to get pregnant. There are also so many women not able to get pregnant, and they still haven't been tested for this. It just makes me so mad. Acne, oily skin, dandruff – so like flaky scalp or itchy scalp. Pelvic pain, weight gain – especially carrying weight around the waistline – type two diabetes, high cholesterol, high blood pressure. Thinning of the hair is a big one; so not only do they have facial hair and acne and too much fat around the middle part of the body, but they're also losing their head hair.

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Rusty Humphries: Oh my gosh.

Dr. Nisha Jackson: So, this is a real, this is very –

Rusty Humphries: This is serious.

Dr. Nisha Jackson: This is disturbing for ... this is young women and women of all ages. So, skin tags, they also develop little skin tags. I don't know if you've noticed that more and more people are getting skin tags. It's not really very attractive.

Rusty Humphries: No, I mean I've had some before, and I had them taken off. They said it was just because your skin was rubbing up against you, so is that not true?

Dr. Nisha Jackson: No, it's insulin. When you make too much insulin, which again is tied right back to the diet, you can get skin tags in your armpit and in your neck. Some people get them on their eyelids. This is very, very common. And then sleep apnea, sleep apnea because what happens with PCOS and too much insulin is your neck gets bigger, and when your neck gets bigger, you start snoring. So, these are all of the ... these are not all of them.

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— Dr. Nisha Jackson

Rusty Humphries: I don't want to brag, but my body's like a symphony at night, so.

Dr. Nisha Jackson: No, that's not something to brag about.

Rusty Humphries: No? No, okay, I thought that was a ... it's musical.

Dr. Nisha Jackson: That's going to be taken care of when we treat you. So, how do we treat PCOS? We should talk about that because that's really important, because I think there's a lot of just mediocre testing and mediocre treatment out there, Rusty, for girls and women today. And, this is serious because I cannot stand the fact that girls go into their medical offices, and they're told that the reason why they have facial hair is, "Oh, it's just genetic. Your mom had it. Your grandma had it; it's just genetic." Or, "It's because of your heritage," or something crazy like that. That's not right. That's the wrong answer. The right answer is you need to have testing and get diagnosed from a hormone specialist, and then you need to be treated appropriately.

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Dr. Nisha Jackson: So, we do use birth control pills to treat this in some cases. What birth control pills do is they reset the cycle, even if it's short term; it resets the cycle and the estrogen in the birth control pills –

Rusty Humphries: Okay, I'm sorry, dad coming in here again. Does that ... see when you say ... it's scary for me when you say "I'm going to put them on birth control pills." Does that mean it's a license to be free and go do whatever you want? I don't know that I want that.

Dr. Nisha Jackson: We already know through research that's not true anymore. And we know that putting girls on birth control pills does not increase their promiscuity. So we know that's not true.

Rusty Humphries: Okay, I'm just being a dad here.

Dr. Nisha Jackson: But this is really important because what we use it for is resetting the cycle. So call it whatever you want, but it's one of the treatments for PCOS. But what birth control pills do is, the birth control pills help modify the high testosterone, which cleans up the acne and facial hair quickly. It doesn't ... You don't have to use birth control pills for treatment, but it's one of the things that helps work even in a short term, like three to six months.

Rusty Humphries: Okay. If I'm short on testosterone, what if I took the birth control pill? Would that help me?

Dr. Nisha Jackson: No. No, the problem here Rusty –

Rusty Humphries: You're stuttering.

Dr. Nisha Jackson: I can't even answer that question; it's so stupid.

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Rusty Humphries: So, it does not help guys at all?

Dr. Nisha Jackson: No.

Rusty Humphries: Okay. Just asking.

Dr. Nisha Jackson: Birth control pills are not something we want to give men, ever.

Rusty Humphries: Okay, just asking.

Dr. Nisha Jackson: Well, depending ... anyway.

Rusty Humphries: Some guys we got to put them on something. Yeah, okay.

Dr. Nisha Jackson: Diabetes medications we actually use, and I've been using this for years in my practice. I got so much garbage for using this early on, but there is a drug called Metformin. Metformin is also called Glucophage, and it's used to treat type 2 diabetes. And, it helps with the PCOS symptoms because it helps affect the way insulin regulates the glucose. It decreases testosterone production and sensitivity, so it allows for normal hair growth. There are a lot of benefits with Glucophage, and so we use that a lot to treat. But the primary thing is we want to reset the hormones. We want to get more progesterone in, so we use natural forms, plant-based forms of progesterone. Right away their moods turnaround, they start feeling better, they're sleeping better, their cycles are better.

Dr. Nisha Jackson: So, it's really... we treat all the levels over a three to six-month period of time. They lose weight, we get them off their sugar and flour as much as we can, load them up with a bunch of vegetables in as easy as a fashion as possible.

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Dr. Nisha Jackson: But again, most of this stuff that I'm saying here is relevant, Rusty, for men and women. Because if you can really understand how the diet can harm you: too much sugar, too much flour, eating Doritos for lunch, having a cupcake in the afternoon and all the things that we do, anything that you're doing when you eat processed carbohydrates and sugars.

Dr. Nisha Jackson: So basically, anything with flour in it or anything with sugar in it. And, I don't care what kind of flour it is, even gluten-free flour raises insulin. If you're eating that stuff on an empty stomach, you're going to raise your glucose abruptly and then raise the insulin, so you're going right into fat storage. So, think about what you're putting in your mouth because you don't want to keep making more and more insulin because you're going to get fatter and fatter, and it's going to lead to these other hormone imbalances.

So, think about what you're putting in your mouth because you don't want to keep making more and more insulin, because you're going to get fatter and fatter, and it's going to lead to these other hormone imbalances.

— *Dr. Nisha Jackson*

Rusty Humphries: You talked about progesterone and natural progesterone. How do I get that? Or, how would I give that to my daughter? Is that in a food? Is that a supplement? Is it a cream? What is it?

Dr. Nisha Jackson: Yeah, it is. That's a good question. I try not to prescribe birth control pills without the natural progesterone. I use it ... it's a prescription. You can buy a very low dose of it over the counter. It's just called micronized progesterone, and it just means it comes from a plant, and it's exactly the same molecular structure as what your body produces. So it kind of replaces what your body's not making until we can teach your body to make it on its own.

Rusty Humphries: So that's the bioidentical hormone, right?

We're replacing what the body's not making to kind of help restore the functioning of the hormone system. And it's super cool! It works.

— Dr. Nisha Jackson

Dr. Nisha Jackson: Yes. Bioidentical hormones. We're replacing what the body's not making to kind of help restore the functioning of the hormone system. And it's super cool! It works. And women just right away, they're so thankful that we can treat their hairy face, their acne, their skin tags, their, you know, too much fat around the middle part of the body. But we could just transform them when we figure out what the problem is and then put them on a treatment program. It does work, and it's really, really important because we don't want these girls and women to go on the fast-track to diabetes, infertility, and heart disease. It's not a good option for anyone, ever.

Rusty Humphries: No. So, the best way to do it, I would suggest, is get ahold of you, Nisha, and talk to somebody on your staff and see what we can do to help out the women in the audience. Right?

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Dr. Nisha Jackson: The other thing that you can do is you can go to the website, PCOSsupport – I'm going to make sure this is still working – dot.org. PCOS, polycystic ovarian syndrome, support.org, is another really great website to go to get more information, or just Google PCOS because you'll get a lot of information about what is happening with the body and the hormones. Or, you can go to my website nishajackson.com, and I did a whole article. I've written about it in all of my books. So, any of my books can give you deep information on PCOS.

Rusty Humphries: Speaking of books, you should go check out *Brilliant Burnout*. Is it in bookstores?

Dr. Nisha Jackson: It is; it is in some bookstores. It's easier to get it online. Amazon has it. It's a bestseller on Amazon, which I'm super excited about.

Rusty Humphries: Although, if they go to nishajackson.com, can they get an autographed copy?

Dr. Nisha Jackson: They can get it on nishajackson.com, and you can get some supplements to get balanced at the same time. I mean, who wouldn't want to do that?

Rusty Humphries: I sure as heck would. *Brilliant Burnout* is the book. *How Successful, Driven Women Can Stay in the Game by Rewiring Their Bodies, Brains, and Hormones*, by Nisha Jackson, PhD. All right, subscribe to the podcast. Let people know about it. Just click the subscribe button. It's very important; you don't want to miss any shows. And if you subscribe and you've got an iPhone, just go and there's a little podcast thing. It's this purple button there, and you just push it and type in Nisha Jackson, and you'll be able to find it and it's subscribed. It'll come right to your phone every time. Or, click subscribe on YouTube and it'll warn you every time that we go live. So go check it out, Facebook, all those places. Thank you very much. She's Nisha Jackson, I'm Rusty Humphries.



Nisha Jackson, PhD MS NP HHP

NISHA JACKSON, PhD, is a nationally known hormone expert and functional medicine specialist. Nisha founded and is the director of Peak Medical Clinics, which specialize in functional medicine, hormone balance, age management, and disease prevention. For 28 years, Nisha has subspecialized in hormone balancing for men and women. With in-depth testing and balancing of the adrenals, thyroid, brain chemistry, gut, and sex hormones, she has successfully helped thousands of men and women reverse chronic problems such as fatigue, brain fog, weight gain, and depression and regain focus, stamina, drive, and optimal mood and energy. Nisha is a renowned lecturer, motivational speaker, radio host, columnist, and author. She is the founder of Peak Medical Clinics in Oregon, Texas and California, and the founder/owner of Balance Docs Inc., a nutritional supplement company, and Peak Laboratories, a full-service laboratory for in-depth specialized testing and research.