

PCOS *Challenge* ^{E-ZINE}



MARCH
NATIONAL
NUTRITION
MONTH

DIRTY
12
ENDOCRINE DISRUPTORS

**NUTRITION
FOR PCOS**

NEW?
FOOD LABELS

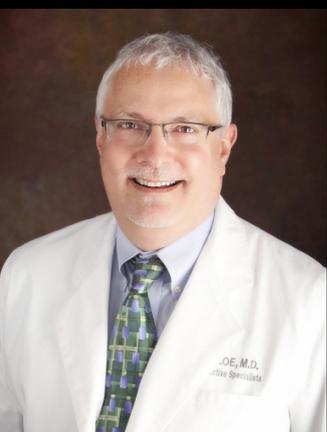
Q&A WITH
**ANGELA
GRASSI**

PCOS Nutrition Center Founder

Endometriosis Awareness: Are You at Risk?

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MARCH 2014



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LETTER FROM THE EXECUTIVE DIRECTOR

The month of March is filled with observances and celebrations that are relevant to us as women with PCOS. International Women's Day, National Nutrition Month and Endometriosis Awareness Month are all observed this month. They are reminders to nurture our health and to celebrate ourselves as women.

Regardless of how polycystic ovarian syndrome has affected you, whether it is hirsutism, hair loss, weight gain, infertility or subfertility, or in other ways, always remember that as women, we have innate strength and resilience that can keep us persevering when we feel knocked down. Women deal with a lot of pain and burden, but can also be fierce fighters. Take a moment to celebrate yourself as a woman, and whether it is yet to be fully realized, your importance and significance in your own life's story and for those with whom you choose to share your greatness.

We would also like to take the time to observe two days that are dedicated to thanking some of the health care professionals who have helped many women with PCOS to understand, manage and treat the condition. March 12th is Registered Dietitian Nutritionists Day and March 30th is National Doctors Day. If you have any of these professionals in your life who have helped you in your journey to wellness, why not send out a letter, a card or thoughts of gratitude to them on their respective days?

In this issue, we bring you information about nutrition for PCOS, the worst hormone disruptors that we are exposed to, endometriosis awareness, and one doctor's realization after working with PCOS patients and also being diagnosed with metabolic syndrome.

In good health,

Sasha Ottey

Executive Director

PCOS Challenge, Inc.

501(c)(3) Public Charity



A special thank you to the great folks at Hormone Soup for recognizing me as their most recent "Super Star."

Read my interview here:

<http://www.hormonesoup.com/souper-star-sasha-ottey-pcos-challenge-inc>

Disclaimer

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PCOS CHALLENGE

Celebrates



Registered Dietitian Nutritionist Day

Wednesday, March 12, 2014

Doctors Day

Sunday, March 30, 2014

Endometriosis Awareness

ARE YOU AT RISK?

What is Endometriosis?

Endometriosis is a painful, chronic disease that affects at least 6.3 million women and girls in the U.S., 1 million in Canada, and millions more worldwide. It occurs when tissue like that which lines the uterus (tissue called the endometrium) is found outside the uterus -- usually in the abdomen on the ovaries, fallopian tubes, and ligaments that support the uterus; the area between the vagina and rectum; the outer surface of the uterus; and the lining of the pelvic cavity. Other sites for these endometrial growths may include the bladder, bowel, vagina, cervix, vulva, and in abdominal surgical scars. Less commonly they are found in the lung, arm, thigh, and other locations.

This misplaced tissue develops into growths or lesions which respond to the menstrual cycle in the same way that the tissue of the uterine lining does: each month the tissue builds up, breaks down, and sheds. Menstrual blood flows from the uterus and out of the body through the vagina, but the blood and tissue shed from endometrial growths has no way of leaving the body. This results in internal bleeding, breakdown of the blood and tissue from the lesions, and inflammation -- and can cause pain, infertility, scar tissue formation, adhesions, and bowel problems.

What are the Symptoms?

- Pain before and during periods
- Pain with sex
- Infertility
- Fatigue
- Painful urination during periods
- Painful bowel movements during periods
- Other Gastrointestinal upsets such as diarrhea, constipation, nausea.

In addition, many women with endometriosis suffer from:

- Allergies
- Chemical sensitivities
- Frequent yeast infections

Diagnosis is considered uncertain until proven by laparoscopy, a minor surgical procedure done under anesthesia. A laparoscopy usually shows the location, size, and extent of the growths. This helps the doctor and patient make better treatment choices.

What Causes Endometriosis?

The cause of endometriosis is unknown. The retrograde menstruation theory (transtubal migration theory) suggests that during menstruation some of the menstrual tissue backs up through the fallopian tubes, implants in the abdomen, and grows. Some experts believe that all women experience some menstrual tissue backup and that an immune system problem or a hormonal problem allows this tissue to grow in the women who develop endometriosis. Another theory suggests that endometrial tissue is distributed from the uterus to other parts of the body through the lymph system or through the blood system. A genetic theory suggests that it may be carried in the genes in certain families or that some families may have predisposing factors to endometriosis. Surgical transplantation has also been cited in many cases where endometriosis is found in abdominal scars, although it has also been found in such scars when accidental implantation seems unlikely.

Another theory suggests that remnants of tissue from when the woman was an embryo may later develop into endometriosis, or that some adult tissues retain the ability they had in the embryo stage to transform reproductive tissue in certain circumstances.

Research by the Endometriosis Association revealed a startling link between dioxin (TCDD) exposure and the development of endometriosis. Dioxin is a toxic chemical byproduct of pesticide manufacturing, bleached pulp and paper products, and medical and municipal waste incineration. The EA discovered a colony of rhesus monkeys that had developed endometriosis after exposure to dioxin. 79% of the monkeys exposed to dioxin developed endometriosis, and, in addition, the more dioxin exposure, the more severe the end.

Article continued on page 4...

Endometriosis Awareness

TREATMENT OPTIONS

Although there is no cure for endometriosis, a variety of treatment options exist.

Goals may include: relieving/reducing pain symptoms, shrinking or slowing endometrial growths, preserving or restoring fertility, and preventing/delaying recurrence of the disease.

PAIN MEDICATION

Over-the-counter pain relievers may include aspirin and acetaminophen, as well prostaglandin inhibitors such as ibuprofen, naproxen sodium, indomethacin, and tolfenamic acid. In some cases, prescription drugs may be required.

PAIN RELIEF

ProSirona, a new product that targets endometriosis and fibromyalgia pain, is applied topically on the area of pain. The main ingredients in ProSirona are essential oils which have been combined in a technologically advanced way to make them optimally effective. (ProSirona can be used for other types of pain as well.)

HORMONAL THERAPY

Hormonal treatment aims to stop ovulation for as long as possible and may include: oral contraceptives, progesterone drugs, a testosterone derivative (danazol), and GnRH agonists (gonadotropin releasing hormone drugs). Side effects may be a problem for some women.

SURGERY

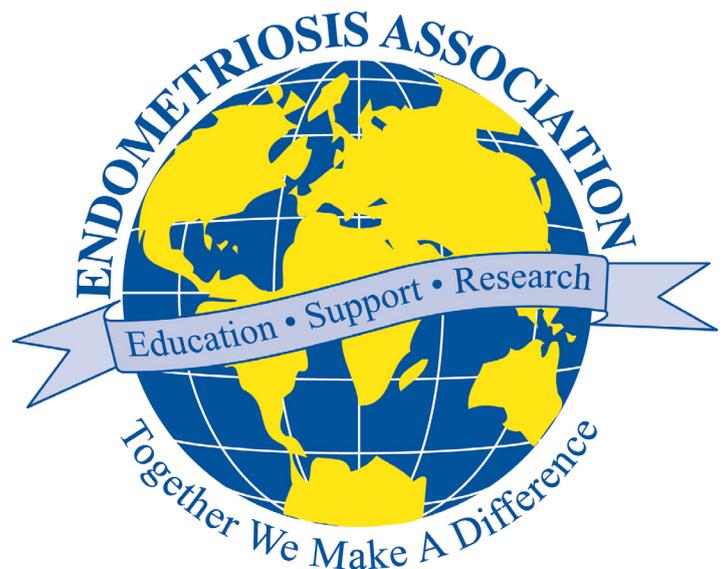
Conservative surgery seeks to remove or destroy the growths, relieve pain, and may allow pregnancy to occur in some cases. Conservative surgery can involve laparoscopy (outpatient surgery in which the surgeon can view the inside of the abdomen through a tiny lighted tube that is inserted through one or more tiny abdominal incisions. Also referred to as "belly-button" surgery.) or laparotomy (more extensive procedure, full incision, longer recovery period). Hormonal therapy may be prescribed along with conservative surgery. Radical surgery, which may be necessary in severe cases, involves hysterectomy, removal of all growths, and removal of ovaries.

WHAT IS ENDOMETRIOSIS?

Endometriosis is a painful, chronic disease that affects at least 6.3 million women and girls in the U.S., 1 million in Canada, and millions more worldwide. It occurs when tissue like that which lines the uterus (tissue called the endometrium) is found outside the uterus -- usually in the abdomen on the ovaries, fallopian tubes, and ligaments that support the uterus; the area between the vagina and rectum; the outer surface of the uterus; and the lining of the pelvic cavity. Other sites for these endometrial growths may include the bladder, bowel, vagina, cervix, vulva, and in abdominal surgical scars. Less commonly they are found in the lung, arm, thigh, and other locations.

ALTERNATIVE TREATMENT

Complementary treatment options may include traditional Chinese medicine, nutritional approaches, homeopathy, allergy management, and immune therapy.



For more information, visit EndometriosisAssn.org.

VOLUNTEER



WE NEED
YOU

YOU'RE

BRILLIANT
PASSIONATE
CREATIVE
AMAZING!

**TOGETHER WE CAN CHANGE THE
FUTURE FOR WOMEN WITH PCOS**



PCOS Challenge needs your leadership, skills, talent and passion to continue our mission and advocate on behalf of women with PCOS.

We have both "virtual" volunteer opportunities and opportunities in the Atlanta metro area. Virtual positions are open to individuals nationally and can be done online, by phone or email. Some of the areas where we need immediate volunteers include sales and fundraising, graphic design, publicity, volunteer management, and event planning and management.



**VOLUNTEER WITH
PCOS CHALLENGE**

CLICK HERE

PCOS

NUTRITION

By Angela Grassi, MS, RDN, LDN
Founder of the
PCOS Nutrition Center



Women with PCOS have unique concerns unlike any other medical condition due to the intersection of reproductive and metabolic hormones. With PCOS, there is an intrinsic insulin resistance seen in the majority of women. This increases the risk for diabetes and heart disease and contributes to infertility.

Diet and lifestyle modifications are the primary treatment approaches for PCOS. Improving your diet can prevent further medical complications, boost fertility, and optimize your health. Here's what you need to know about nutrition for PCOS.

SIMPLE CARBOHYDRATES are carbohydrates broken down into very refined or tiny glucose particles. This means the body doesn't have to work hard to break them down. Because of this, they enter the bloodstream immediately causing a rapid rise in blood sugar, which triggers a rapid increase in insulin. Eating simple carbohydrates worsens PCOS by raising insulin levels and contributing to weight gain.

Examples of simple carbohydrate foods include candy, baked goods, sweetened beverages (i.e., soda, iced tea, juice), honey and sugar. Simple carbohydrates wreak havoc in a PCOS body, so do your best to eliminate simple carbohydrates from your

REFINED CARBOHYDRATES

are similar to simple carbohydrates, but they require slightly more processing during digestion to be used as glucose. The first ingredient in these products typically reads "enriched wheat flour." Because refined carbohydrates don't contain fiber or the nutrient profile of a whole grain, they offer little nutritional value. Like simple carbohydrates, refined foods raise insulin levels as they enter the bloodstream rapidly causing a surge in insulin and worsening insulin resistance. Examples include white rice, white flour, white bread and low fiber sweetened cereals.

UNREFINED OR WHOLE-GRAIN CARBOHYDRATES

can improve insulin resistance by slowing the release of glucose and preventing large insulin spikes. Insulin levels also improve by consuming nutrients found in whole grains, such as chromium, magnesium and selenium. These nutrients along with dietary fiber, phytochemicals and antioxidants found in whole grains can also lower blood pressure and decrease the risk of heart disease and diabetes. Whole grains may also help with weight management as they are very filling. Examples of whole grains include wheat, corn, oats, spelt, millet, brown rice, kamut and quinoa.

FRUITS contain carbohydrates. They also provide important vitamins, minerals, antioxidants and fiber that help prevent cancer and lower blood pressure, insulin and cholesterol. Fruits eaten with the skin on them (apples, blueberries, strawberries) tend to have a lower glycemic index than fruits eaten without the skin (pineapple, watermelon). Be sure to avoid fruit juice which quickly spikes insulin.

VEGETABLES, like fruit, provide numerous health benefits, due to their high fiber content and a rich supply of vitamins and nutrients. These benefits include improving blood pressure, cholesterol, insulin and preventing cancer. There are two classifications of vegetables: Starchy and non-starchy.

Starchy vegetables have a higher content of carbohydrates and contribute to raising insulin levels more than non-starchy ones. Examples of starchy vegetables include corn, peas and potatoes.

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PCOS NUTRITION

By Angela Grassi, MS, RDN, LDN
Founder of the PCOS Nutrition Center

Foods like broccoli, zucchini, spinach, green beans, and peppers are nonstarchy vegetables and contribute little to increasing insulin levels due to their low carbohydrate content. Non-starchy vegetables also contain a lot of fiber and are low in calories, so you can eat them to feel fuller and more satisfied with meals.

LEGUMES consist of lentils, beans and peas. Legumes are low in glycemic index, provide a good source of plant based proteins and are rich in fiber, folate, iron and other important vitamins and minerals that improve insulin.

MILK is a rich source of calcium and protein, and is also considered a carbohydrate due to its high lactose content. There is evidence that milk, in particular non-fat, can contribute to increasing androgen and insulin levels. For these reasons, it is recommended that milk intake be limited to two or fewer servings a day.

PROTEIN is essential. Protein foods mostly come from animal sources and include meat, poultry, pork, fish, seafood, eggs and dairy. Plant-based proteins include legumes, nuts and soy. Generally, proteins by themselves don't require much insulin to breakdown and don't raise insulin levels like carbohydrates. Eating protein with meals can add fullness and stabilize blood sugar levels.

FAT keeps us satisfied longer and prevents overeating. Eating some fat with a meal or snack slows the release of glucose, resulting in a lower glycemic index and better insulin management. Omega-3 fats are essential for women with PCOS. They help improve mood, cholesterol, insulin, inflammation and even provide better hair and skin quality. Good sources of omega-3s include fish, walnuts, and egg yolks.

More nutrition information for PCOS including meal planning and eating out tips, can be found in *The PCOS Workbook: Your Guide to Complete Physical and Emotional Health* and on the PCOS Nutrition Center website, www.PCOSnutrition.com.

Q&A WITH ANGELA

What personal PCOS struggles/issues do you still deal with?

I am fortunate not to have infertility or significant dermatological concerns but I struggle with intense cravings from time to time. Myo-inositol has helped curb my cravings immensely. Despite being overweight, all my blood work is really good. The focus of PCOS treatment should be on health rather than just weight.

How has your life experiences with PCOS shaped your nutrition practice?

Having PCOS, I know first-hand the struggles women with this syndrome face on a daily basis. The lack of reliable and credible nutrition information for PCOS and my personal experience with the condition led me to found the PCOS Nutrition Center, which provides science-based nutrition information and coaching to women all over the world. It's so rewarding to help women improve their health and get pregnant!

What is one thing that you wish every woman who struggles with PCOS knew about nutrition for the condition?

Nutrition and lifestyle modifications are the primary treatment approaches for PCOS. Improving your diet with or without weight loss can improve your health and prevent chronic diseases like type 2 diabetes and heart disease, which women with PCOS are at a higher risk for.

What motivates you to continue to advocate for yourself and others with PCOS?

My frustration over the lack of education and knowledge about PCOS motivates me to educate others. Like most women with this syndrome, I was misdiagnosed for years after seeing numerous doctors. When I did get my diagnosis and I told my dietitian colleagues about it, no one knew what it was. That's how my first book, *PCOS: The Dietitian's Guide* came to be. My goal is for every dietitian to know what PCOS is and how to treat it.

About the Author

Angela Grassi, MS, RDN, LDN is the author of *PCOS: The Dietitian's Guide* and *The PCOS Workbook: Your Guide to Complete Physical and Emotional Health* and is the co-author of the forthcoming *The PCOS Nutrition Center Cookbook*. Recognized this year as one of the Top 10 most influential dietitians by *Today's Dietitian*, Angela was the 2013 recipient for the Award in Excellence in Practice in Women's Health and is a past recipient of The Award for Excellence in Graduate Research, both from the Academy of Nutrition and Dietetics. Angela is the founder of The PCOS Nutrition Center where she provides evidence-based nutrition information and counseling to women with PCOS around the world. Having PCOS herself, Angela has been dedicated to advocacy, education, and research of the syndrome. For more information or to sign up for her PCOS Nutrition Tips Newsletter visit her website, www.PCOSnutrition.com.



ATRAZINE PHTHALATES LEAD PERCHLORINATED
DIOXINS FIRE RETARDANTS MERCURY

DIRTY DOZEN LIST OF ENDOCRINE DISRUPTORS

& How to Avoid Them

There is no end to the tricks that endocrine disruptors can play on our bodies: increasing production of certain hormones; decreasing production of others; imitating hormones; turning one hormone into another; interfering with hormone signaling; telling cells to die prematurely; competing with essential nutrients; binding to essential hormones; accumulating in organs that produce hormones.

Here are 12 of the worst hormone disrupters, how they do their dirty deeds, and some tips on how to avoid them:

BPA

Some may say that imitation is the sincerest form of flattery, but do you really want a chemical used in plastics imitating the sex hormone estrogen in your body? No! Unfortunately, this synthetic hormone can trick the body into thinking it's the real thing – and the results aren't pretty. BPA has been linked to everything from breast and others cancers to reproductive problems, obesity, early puberty and heart disease, and according to government tests, 93 percent of Americans have BPA in their bodies!

How to avoid it? Go fresh instead of canned – many food cans are lined with BPA – or research which companies don't use BPA or similar chemicals in their products. Say no to receipts, since thermal paper is often coated with BPA. And avoid plastics marked with a "PC," for polycarbonate, or recycling label #7. Not all of these plastics contain BPA, but many do – and it's better safe than sorry when it comes to keeping synthetic hormones out of your body. For more tips, check out: www.ewg.org/bpa/

DIOXINS

Dioxins are multi-taskers... but not in a good way! They form during many industrial processes when chlorine or bromine are burned in the presence of carbon and oxygen. Dioxins can disrupt the delicate ways that both male and female sex hormone signaling occurs in the body. This is a bad thing! Here's why: Recent research has shown that exposure to low levels of dioxin in the womb and early in life can both permanently affect sperm quality and lower the sperm count in men during their prime reproductive years. But that's not all! Dioxins are very long-lived, build up both in the body and in the food chain, are powerful carcinogens and can also affect the immune and reproductive systems.

How to avoid it? That's pretty difficult, since the ongoing industrial release of dioxin has meant that the American food supply is widely contaminated. Products including meat, fish, milk, eggs and butter are most likely to be contaminated, but you can cut down on your exposure by eating fewer animal products.

ATRAZINE

What happens when you introduce highly toxic chemicals into nature and turn your back? For one thing, feminization of male frogs. That's right, researchers have found that exposure to even low levels of the herbicide atrazine can turn male frogs into females that produce completely viable eggs. Atrazine is widely used on the majority of corn crops in the United States, and consequently it's a pervasive drinking water contaminant. Atrazine has been linked to breast tumors, delayed puberty and prostate inflammation in animals, and some research has linked it to prostate cancer in people.

How to avoid it? Buy organic produce and get a drinking water filter certified to remove atrazine.

PHTHALATES

Did you know that a specific signal programs cells in our bodies to die? It's totally normal and healthy for 50 billion cells in your body to die every day! But studies have shown that chemicals called phthalates can trigger what's known as "death-inducing signaling" in testicular cells, making them die earlier than they should. Yep, that's cell death – in your man parts. If that's not enough, studies have linked phthalates to hormone changes, lower sperm count, less mobile sperm, birth defects in the male reproductive system, obesity, diabetes and thyroid irregularities.

How to avoid it? A good place to start is to avoid plastic food containers, children's toys (some phthalates are already banned in kid's products), and plastic wrap made from PVC, which has the recycling label #3.

Article continued on page 9...

Want to know more about PCOS and Nutrition?

VISIT WWW.PCOSCHALLENGE.COM

For more tips, articles, discussions and support for women with Polycystic Ovarian Syndrome (PCOS).

PERFLUORINATED CHEMICALS GLYCOL ETHERS
BPA ORGANOPHOSPHATE PESTICIDES ARSENIC

DIRTY DOZEN LIST OF ENDOCRINE DISRUPTORS



PERCHLORATE

Who needs food tainted with rocket fuel?! That's right, perchlorate, a component in rocket fuel, contaminates much of our produce and milk, according to EWG and government test data. When perchlorate gets into your body it competes with the nutrient iodine, which the thyroid gland needs to make thyroid hormones. Basically, this means that if you ingest too much of it you can end up altering your thyroid hormone balance. This is important because it's these hormones that regulate metabolism in adults and are critical for proper brain and organ development in infants and young children.

How to avoid it? You can reduce perchlorate in your drinking water by installing a reverse osmosis filter. As for food, it's pretty much impossible to avoid perchlorate, but you can reduce its potential effects on you by making sure you are getting enough iodine in your diet. Eating iodized salt is one good way.

FIRE RETARDANTS

What do breast milk and polar bears have in common? In 1999, some Swedish scientists studying women's breast milk discovered something totally unexpected: The milk contained an endocrine-disrupting chemical found in fire retardants, and the levels had been doubling every five years since 1972! These incredibly persistent chemicals, known as polybrominated diphenyl ethers or PBDEs, have since been found to contaminate the bodies of people and wildlife around the globe – even polar bears. These chemicals can imitate thyroid hormones in our bodies and disrupt their activity. That can lead to lower IQ, among other significant health effects. While several kinds of PBDEs have now been phased out, this doesn't mean that toxic fire retardants have gone away. PBDEs are incredibly persistent, so they're going to be contaminating people and wildlife for decades to come.

How to avoid it? It's virtually impossible, but passing better toxic chemical laws that require chemicals to be tested before they go on the market would help reduce our exposure. A few things that you can do in the meantime include: use a vacuum cleaner with a HEPA filter, which can cut down on toxic-laden house dust; avoid reupholstering foam furniture; take care when replacing old carpet (the padding underneath may contain PBDEs).

LEAD

You may or may not like heavy metal music, but lead is one heavy metal you want to avoid. It's well known that lead is toxic, especially to children. Lead harms almost every organ system in the body and has been linked to a staggering array of health effects, including permanent brain damage, lowered IQ, hearing loss, miscarriage, premature birth, increased blood pressure, kidney damage and nervous system problems. But few people realize that one other way that lead may affect your body is by disrupting your hormones. In animals, lead has been

found to lower sex hormone levels. Research has also shown that lead can disrupt the hormone signaling that regulates the body's major stress system (called the HPA axis). You probably have more stress in your life than you want, so the last thing you need is something making it harder for your body to deal with it – especially when this stress system is implicated in high blood pressure, diabetes, anxiety and depression.

How to avoid it? Keep your home clean and well maintained. Crumbling old paint is a major source of lead exposure, so get rid of it carefully. A good water filter can also reduce your exposure to lead in drinking water. And if you need another reason to eat better, studies have also shown that children with healthy diets absorb less lead.

ARSENIC

Arsenic isn't just for murder mysteries anymore. In fact, this toxin is lurking in your food and drinking water. If you eat enough of it, arsenic will kill you outright. In smaller amounts, arsenic can cause skin, bladder and lung cancer. Basically, bad news. Less well known: Arsenic messes with your hormones! Specifically, it can interfere with normal hormone functioning in the glucocorticoid system that regulates how our bodies process sugars and carbohydrates. What does that mean for you? Well, disrupting the glucocorticoid system has been linked to weight gain/loss, protein wasting, immunosuppression, insulin resistance (which can lead to diabetes), osteoporosis, growth retardation and high blood pressure.

How to avoid it? Reduce your exposure by using a water filter that lowers arsenic levels.

MERCURY

Caution: That sushi you are eating could be hazardous to your health. Mercury, a naturally occurring but toxic metal, gets into the air and the oceans primarily through burning coal. Eventually, it can end up on your plate in the form of mercury-contaminated seafood. Pregnant women are the most at risk from the toxic effects of mercury, since the metal is known to concentrate in the fetal brain and can interfere with brain development. Mercury is also known to bind directly to one particular hormone that regulates women's menstrual cycle and ovulation, interfering with normal signaling pathways. In other words, hormones don't work so well when they've got mercury stuck to them! The metal may also play a role in diabetes, since mercury has been shown to damage cells in the pancreas that produce insulin, which is critical for the body's ability to metabolize sugar.

How to avoid it? For people who still want to eat (sustainable) seafood with lots of healthy fats but without a side of toxic mercury, wild salmon and farmed trout are good choices.

Article continued on page 10...

DIRTY DOZEN LIST OF

ENDOCRINE DISRUPTORS

PERFLUORINATED CHEMICALS

The perfluorinated chemicals used to make non-stick cookware can stick to you. Perfluorochemicals are so widespread and extraordinarily persistent that 99 percent of Americans have these chemicals in their bodies. One particularly notorious compound called PFOA has been shown to be “completely resistant to biodegradation.” In other words, PFOA doesn’t break down in the environment – ever.

That means that even though the chemical was banned after decades of use, it will be showing up in people’s bodies for countless generations to come. This is worrisome, since PFOA exposure has been linked to decreased sperm quality, low birth weight, kidney disease, thyroid disease and high cholesterol, among other health issues. Scientists are still figuring out how PFOA affects the human body, but animal studies have found that it can affect thyroid and sex hormone levels.

How to avoid it? Skip non-stick pans as well as stain and water-resistant coatings on clothing, furniture and carpets.

ORGANOPHOSPHATE PESTICIDES

Neurotoxic organophosphate compounds that the Nazis produced in huge quantities for chemical warfare during World War II were luckily never used. After the war ended, American scientists used the same chemistry to develop a long line of pesticides that target the nervous systems of insects. Despite many studies linking organophosphate exposure to effects on brain development, behavior and fertility, they are still among the more common pesticides in use today. A few of the many ways that organophosphates can affect the human body include interfering with the way testosterone communicates with cells, lowering testosterone and altering thyroid hormone levels.

How to avoid it? Buy organic produce and use EWG’s Shopper’s Guide to Pesticides in Produce, which can help you find the fruits and vegetables that have the fewest pesticide residues.

GLYCOL ETHERS

Shrunken testicles: Do we have your full attention now? This is one thing that can happen to rats exposed to chemicals called glycol ethers, which are common solvents in paints, cleaning products, brake fluid and cosmetics. Worried? You should be. The European Union says that some of these chemicals “may damage fertility or the unborn child.” Studies of painters have linked exposure to certain glycol ethers to blood abnormalities and lower sperm counts. And children who were exposed to glycol ethers from paint in their bedrooms had substantially more asthma and allergies.

How to avoid it? Start by checking out EWG’s Guide to Healthy Cleaning (www.ewg.org/guides/cleaners/) and avoid products with ingredients such as 2-butoxyethanol (EGBE) and methoxydiglycol (DEGME).

About the Environmental Working Group

The Environmental Working Group is the nation’s most effective environmental health research and advocacy organization. Our mission is to conduct original, game-changing research that inspires people, businesses and governments to take action to protect human health and the environment. With your help—and with the help of hundreds of organizations with whom we partner—we are creating a healthier and cleaner environment for the next generation and beyond.

For more information, visit <http://www.ewg.org>.





ENDOMETRIOSIS AWARENESS

MARY LOU BALLWEG

MARCH 5, 2014 | WED 6:30 - 7:00 PM EST

Mary Lou Ballweg is President and Executive Director of the Endometriosis Association, an organization she founded in 1980 after being bedridden with endometriosis and related illnesses. The non-profit organization provides support and information for families affected by endometriosis, educates the public and medical community about the disease, and promotes and conducts research.



TOP ENVIRONMENTAL HORMONE DISRUPTORS

RENÉE SHARP

MARCH 14, 2014 | FRI 3:00 - 3:30 PM EST

Renée directs EWG's toxics research program, working to educate consumers and policy makers about threats to public and environment health – and what we can do to avoid them. Renée joined EWG as a scientist in 2000 after earning her Masters and Bachelors degrees in Biology from Pennsylvania State University and Rice University, and has since authored dozens of reports and led the effort to get the toxic chemical BPA banned from baby bottles in California.



HEALING YOUR BODY NATURALLY

DR. CARRIE DAENELL, N.D.

MARCH 19, 2014 | WED 6:30 - 7:00 PM EST

Dr. Daenell is a licensed Naturopathic Doctor and an internationally recognized expert in raw materials and nutritional supplement formulation, she has designed dramatically affective protocols and targeted, physician-quality nutritional supplements in order to: OHeal the Aging Metabolism for increased energy, brain clarity and weight balancing, Conduct Sustainable Weight loss Programs that enhance health, vitality and prevent disease in a manner that preserves muscle mass, and reinstate the metabolism through enhanced cellular energy production long after the diet is over.

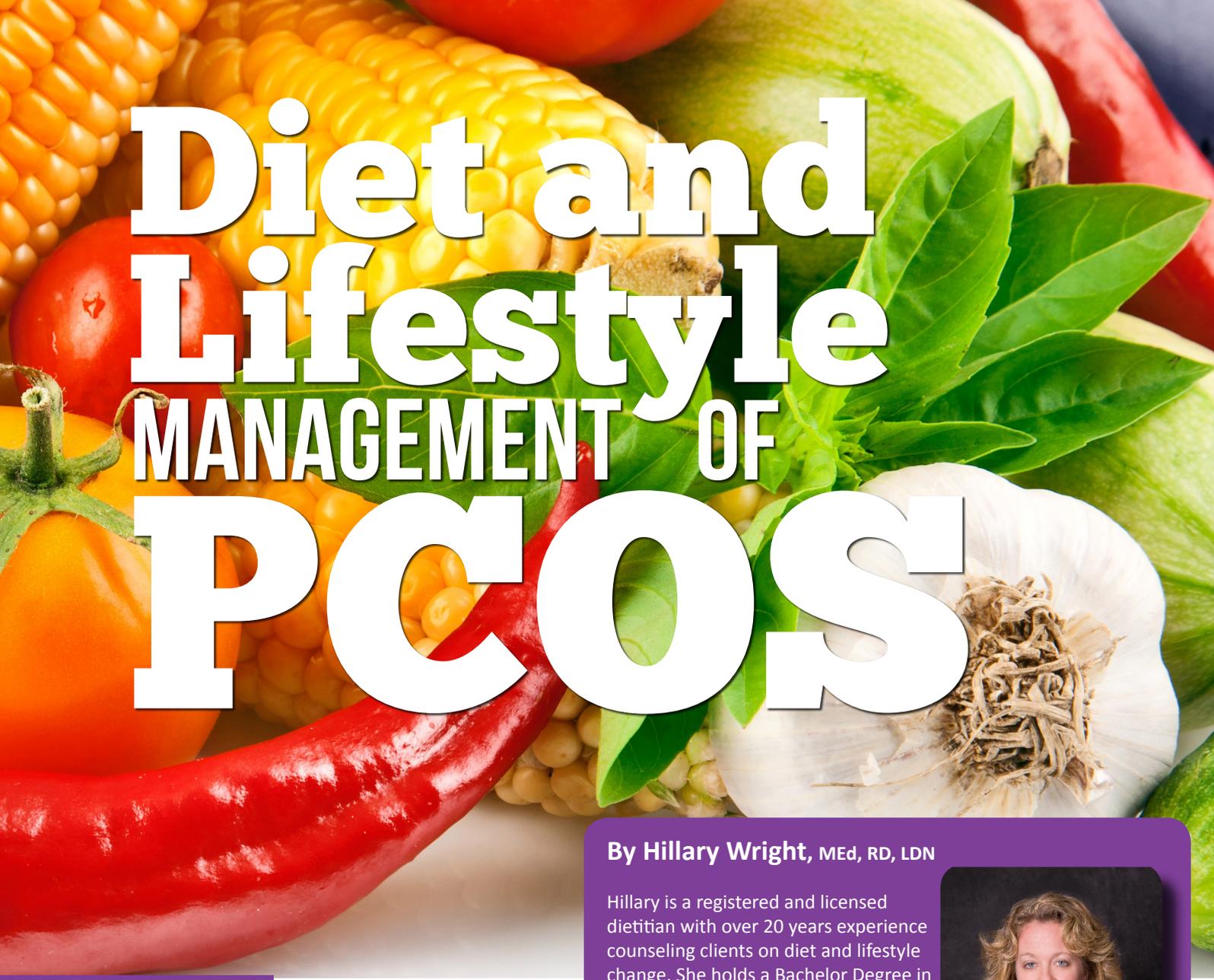


DISCUSSING HEALTHY HORMONES

SONYA OF HORMONESOUP.COM

MARCH 26, 2014 | WED 6:30 - 7:00 PM EST

Sonya Satveit is the creator of Hormone Soup, a blog she founded as an effort to raise consciousness around women's hormone issues. The blog was designed to spark conversation about the use of bio-identical hormones to treat issues such as miscarriage, infertility, postpartum mood disorder and PMS. The goal of Hormone Soup is to educate, empower and unite women with the knowledge and resources to act as their own health advocates.



Diet and Lifestyle MANAGEMENT OF PCOS

By Hillary Wright, MEd, RD, LDN

Hillary is a registered and licensed dietitian with over 20 years experience counseling clients on diet and lifestyle change. She holds a Bachelor Degree in Human Nutrition from the University of Massachusetts at Amherst, and a Master of Education in Health Education from Boston University. Hillary is the Director of Nutrition Counseling for the Domar Center for Mind/Body Health at Boston IVF, where she specializes in nutrition and women's health issues.



She is the author of *The Pre-Diabetes Diet Plan* and *The PCOS Diet Plan: A Natural Approach to Health for Women with Polycystic Ovary Syndrome*. For more information, visit: www.HillaryWright.com.

Polycystic ovary syndrome, or PCOS, is a common female hormonal disorder, the exact causes of which are still not fully understood. A primary player in PCOS is believed to be inefficient use of the hormone insulin (insulin resistance). Insulin is primarily secreted into the blood in response to the arrival of glucose after the digestion of carbohydrates — foods like grains, fruits, milk, yogurt, sweets, and starchy vegetables like potatoes, sweet potatoes, squash, yams, corn, peas and legumes. Once released, insulin travels throughout the body “unlocking” muscle, fat and liver cells so that glucose can enter the cells — where it is then either burned as fuel or stored as an energy reserve.

In most people, insulin activity works efficiently. But if the cells are resistant to the action of insulin, the pancreas becomes conditioned to over-secrete it in an attempt to keep blood glucose normal. This excess circulating insulin is thought to trigger many of the hormonal changes seen in PCOS, including excess testosterone that contributes to irregular periods, hirsutism and accumulation of excess “belly fat.”

Once diagnosed, many women with PCOS are grateful to hear there's a reason for their health and fertility woes, but may also feel overwhelmed by the steps needed to control it. In the end, the ultimate goal for any overweight woman with PCOS is to lose weight, but there are also some simple diet and lifestyle changes that can help manage the underlying insulin resistance, which may make weight loss easier:

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BY HILLARY WRIGHT



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Eat Fewer Carbohydrates. Because blood glucose and insulin go hand in hand — the more glucose in the blood, the more insulin you secrete — the main dietary treatment is to lessen insulin secretion by eating smaller portions of carbohydrates. Adjusting carbohydrate intake to about 25% to 30% of the plate (as opposed to the usual 50% or more), and choosing better-quality, less-processed carbohydrates (such as whole fruits instead of juice and whole grains over white flour) can help reduce insulin demand.

Eat smaller meals and snacks spread out over the day. This not only blunts the insulin response but helps avoid that feeling of being “over-hungry,” which often leads to overeating. Studies show that eating smaller amounts of food over day is a commonly reported pattern among people who lose weight and keep it.

Eat more plant foods. Eating more fruits, vegetables and whole grains (like whole grain breads and cereals, brown rice and whole wheat pasta) increases dietary fiber intake and helps you feel full on fewer calories. Fiber is not digestible, so it slows down the digestion process, and subsequently the release of glucose into the blood, blunting the insulin response. High-fiber diets are also linked to successful weight loss.

Pair carbs with protein. Eating smaller amounts of unprocessed carbs with lean protein and a little fat (think whole-grain crackers with reduced fat cheese) helps increase satiety and holds blood sugars steady —helping to avoid glucose dips that can trigger carb cravings. Opt for heart-healthy fats such as olive and canola oils, nuts, seeds and avocados. These “good” fats benefit both cholesterol levels and insulin sensitivity.

Budget in time for daily activity.

Exercising helps clear glucose out of the blood naturally and is absolutely necessary for lasting weight loss.

Of course, medications may also be needed to help manage PCOS, as well as diet and lifestyle counseling to help make these changes happen.



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Your gift will help PCOS Challenge, Inc. raise public awareness about Polycystic Ovarian Syndrome (PCOS) and related conditions as well as provide critical education and support resources to women with PCOS and the medical community. Our programs help women overcome their struggles with infertility, weight gain, anxiety and depression and reduce their risk for life-threatening related diseases.

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HEALING YOUR BODY NATURALLY

Ovarian Cysts Solutions by Dr. Louise Daenell, ND - LiveWell Center

Ovarian cysts can be uncomfortable, even painful. They are not typically considered a serious medical condition, and until they interfere with normal life activities or fertility, they most often go untreated. When they are treated conventionally, suppressive hormonal therapy is typically administered.

As a Naturopathic Doctor, whether “life-threatening” or not... an ovarian cyst is an indicator of a health imbalance. Bandaging that imbalance with suppressive therapy falls short of treating the cause and providing real health.

When cysts are simple, often the underlying cause is that of poor estrogen metabolism in the liver. Eventually estrogen reaches the liver and breaks down. It is the path that estrogen “chooses” in the liver that determines health or disease.

When a woman suffers from PMS, ovarian cysts, fibrocystic breasts, bad mammograms, uterine fibroids or endometriosis – she may be breaking her estrogen down in an unhealthy way in her liver. Re-directing

that activity can deliver health and reduce risk going forward.

Diindolylmethane, when properly absorbed, can completely re-direct those pathways toward good pathways. Further, targeted nutritional support for the liver can further enhance the health and function of those good pathways.

Diindolylmethane is tricky, though. I have worked with doctors all over the country where they are using various diindolylmethane (DIM) formulas that simply do not work in the clinical setting. I have always used a patented form of it that guarantees “bio-availability” or absorption and have had predictable and dramatically effective results. So quality matters in this case!

When cysts are multiple and called “polycystic” this typically results from a completely different health system. Although it would seem hormonally based, because it affects the ovaries, you will have to dig a little deeper to get to the root cause. In this case it is unhealthy blood sugar metabolism.

In this case, supporting all aspects of healthy blood sugar metabolism (diet, exercise and nutritional supplements) is essential for success. In this case, the low-refined carbohydrate diet and the exercise is just as important as the targeted nutritional supplement support for every aspect of blood sugar biochemistry. I see the best results when they are all used in combination.

Read Dr. Daenell's recommendations at:
<http://www.drdaenell.com/blog/?p=37>



About the Author

About Carrie Louise Daenell, ND

I am a results-obsessed Naturopathic Doctor. I love what I do. Throughout my career I have also worked on the "raw-materials" side of the nutritional supplement industry. This gives me and my patients the advantage of knowing what works and more importantly, what doesn't. Our work is targeted, specific and dramatically effective. How fun is that? I focus my work on Hormones, Bones, Metabolism and Digestion.

I have a doctorate in Naturopathic Medicine from Bastyr University, am an author, speaker, frequent guest on PBS health programming and am always in volunteer service to the state, national and educational institutions of Naturopathic Medicine. You can find me on the Web at www.DrDaenell.com and keep up with me on Facebook at [Facebook.com/DrDaenell](https://www.facebook.com/DrDaenell).



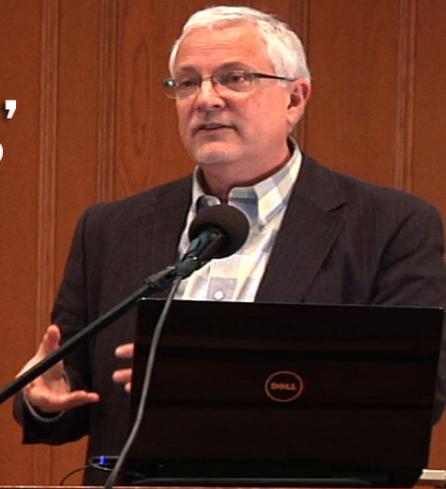
FEATURED VIDEO

PCOS HEALTH TIP: PORTION CONTROL

Registered Dietitian and PCOS Challenge Nutrition Coach Rebecca Mohning shares smart tips to prevent over eating.



“ IF I WERE A WOMAN,
I’D HAVE PCOS. ”



 **Mark Perloe, M.D.**
Georgia Reproductive Specialists
PCOS Awareness Symposium

PCOS, IT’S NOT JUST ABOUT WOMEN

I recently attended a PCOS conference where physicians argued whether the name PCOS best describes this condition that affects so many women. Over the years caring for women seeking solutions for their PCOS related symptoms, I’ve heard stories from women who’ve seen many physicians trying to find answers. They’ve gone to gynecologists, endocrinologists, internists, dermatologists, surgeons and reproductive endocrinologists seeking solutions to dealing with periods, pre-diabetes, blood pressure, acne, hair loss, obesity and infertility. Traditional medical care has drawn borders allowing each specialty to operate in isolation. If you wanted to deal with PCOS, you were required to have a team of medical experts to deal with each of the PCOS related symptoms. But PCOS has a mind of its own and does not recognize these borders and is happy to interfere where ever it sees fit.

Unless you have a personal Mayo Clinic at your beck and call, a new approach seems appropriate. In searching for this new approach, I’ve been fortunate to speak with many women who’ve shared their stories. I was convinced that in these stories, I’d find a common thread that would help me better serve my patients. Some of the things I’ve noticed:

- PCOS can be noted at the onset of puberty or following a delivery.
- For many women PCOS onset is associated with weight gain.
- Some women with PCOS present with a history of repeated miscarriage.

- Women with PCOS often have family members with Type II diabetes, hypertension or cholesterol abnormalities. These symptoms are not limited to female relatives
- PCOS is frequently diagnosed in women who have experienced gestational diabetes
- Some women with PCOS are lean; about 60% are obese.
- PCOS may be more prevalent in daughters and sisters or those with PCOS.

About this time, I saw my internist for a physical and was advised that my weight, blood pressure and cholesterol were creeping up and my insulin levels were dramatically elevated suggesting metabolic syndrome and insulin resistance. While fertility problems or menstrual disturbances were not an issue, I was struck by how the metabolic disturbances my physician reported seemed identical to what I was seeing in my PCOS patients. I realized that almost everyone in my family had to deal with hypertension, cholesterol abnormalities, diabetes or irregular menses. Whatever PCOS genes might exist, members of my family, both men and women likely carried these genes. So when it comes to managing my personal health, I needed to heed the advice I offered my patients.

My patients are advised that we can get the best results by treating the underlying factors contributing to this condition and focusing less on the symptoms. My first step was to evaluate my diet. I attended courses on nutrition at the Culinary Institute of America and I learned the necessary skills to plan and create healthy low glycemic alternatives.

PCOS, IT'S NOT JUST ABOUT WOMEN

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I learned that two hours per week participating in a high intensity interval strength training exercise program building muscle offered greater weight loss and cardio-protective benefit than spending hours doing aerobics. I incorporated the insulin sensitizer metformin into my personal metabolic syndrome-diabetes prevention-PCOS plan. A comprehensive management plan may also include nutritional supplements. Although well designed clinical trials are not yet available to support each of these supplements, research suggests that Maitake Mushroom Extract, Cinnamon, Myo-inositol, N-Acetyl Cysteine and low dose aspirin or fish oil may be useful.

Most women dealing with PCOS feel alone and frustrated finding the information and healthcare they desire. It's my hope that understanding that while PCOS affects only women, the underlying metabolic abnormalities are seen in both men and women, so PCOS is no longer just about women!

Mark Perloe, MD

As Medical Director of Georgia Reproductive Specialists, Dr. Perloe has expertise in treating conditions related to infertility including polycystic ovary syndrome, recurrent pregnancy loss, menstrual disorders, fibroids, male fertility problems and endocrine and other reproductive health problems. He also has extensive experience in in vitro fertilization, the use of donor eggs, donor sperm, and gestational surrogacy.



Dr. Perloe earned his medical degree from Pennsylvania State University, Hershey Medical Center, and served his residency in obstetrics and gynecology at the University of Wisconsin. Dr. Perloe completed his fellowship in reproductive endocrinology and infertility at the University of Minnesota and is board certified in Obstetrics and Gynecology. For more information visit www.IVF.com.

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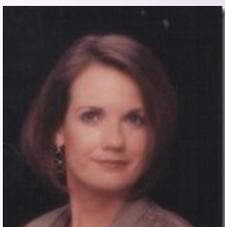
Nutrition Essentials for PCOS Monika Woolsey, RD



PCOS Challenge Expert Series Audio CD Bundle



Nutrition Essentials for PCOS



Registered Dietitian Monika Woolsey will share the basic nutrition concepts for managing PCOS--the weight gain, the depression, the insulin resistance...even the cravings.

Monika Woolsey is an expert in PCOS and nutrition for managing PCOS. Monika is President and Founder of After the Diet Network and inCYST Programs for Women with Polycystic Ovary Syndrome. She is a nutritionist and exercise physiologist with 25 years of experience in nutrition and exercise counseling.

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WHAT'S NEW?

CURRENT LABEL

Nutrition Facts	
Serving Size 2/3 cup (55g) Servings Per Container About 8	
Amount Per Serving	
Calories 230	Calories from Fat 40
% Daily Value*	
Total Fat 8g	12%
Saturated Fat 1g	5%
<i>Trans</i> Fat 0g	
Cholesterol 0mg	0%
Sodium 160mg	7%
Total Carbohydrate 37g	12%
Dietary Fiber 4g	16%
Sugars 1g	
Protein 3g	
Vitamin A	10%
Vitamin C	8%
Calcium	20%
Iron	45%
* Percent Daily Values are based on a 2,000 calorie diet. Your daily value may be higher or lower depending on your calorie needs.	
	Calories: 2,000 2,500
Total Fat	Less than 65g 80g
Sat Fat	Less than 20g 25g
Cholesterol	Less than 300mg 300mg
Sodium	Less than 2,400mg 2,400mg
Total Carbohydrate	300g 375g
Dietary Fiber	25g 30g

NEW LABEL

Nutrition Facts	
8 servings per container	
Serving size	2/3 cup (55g)
Amount per 2/3 cup	
Calories	230
% DV*	
12%	Total Fat 8g
5%	Saturated Fat 1g
	<i>Trans</i> Fat 0g
0%	Cholesterol 0mg
7%	Sodium 160mg
12%	Total Carbs 37g
14%	Dietary Fiber 4g
	Sugars 1g
	Added Sugars 0g
	Protein 3g
10%	Vitamin D 2mcg
20%	Calcium 260mg
45%	Iron 8mg
5%	Potassium 235mg
* Footnote on Daily Values (DV) and calories reference to be inserted here.	

FDA PROPOSED NEW FOOD LABELS

With obesity rates and obesity related illnesses on the rise, the Food and Drug Administration (FDA) has proposed a new way of labeling foods to hopefully better inform people about the nutrition content of the foods they consume, bringing greater attention to calories, serving sizes and added sugars.

The difference between the proposed labels and the current labels are:

- Bolder and larger type emphasizing the calories and information about the servings. The FDA also proposes to update the servings sizes to reflect what people actually eat and not what they should be eating.
- Sugars added during production will be also listed as "Added Sugars."
- Calories from fat will be omitted; but the type of fat will still be listed.

- The FDA also wants to update the Daily Values for some nutrients.
- Potassium and Vitamin D will be required on the labels due to potassium's role in lowering blood pressure and Vitamin D's role in bone health and protection against chronic illnesses.

What do you think about the proposed new labels? The FDA is also calling for input from the public about these changes. The deadline to submit written or electronic comments is June 2, 2014. See the links below for more information.

Serving Sizes: <http://www.regulations.gov/#!documentDetail;D=F-DA-2004-N-0258-0006>

Nutrition and Supplement Labels: <http://www.regulations.gov/#!documentDetail;D=FDA-2012-N-1210-0002>

Reference: <http://www.fda.gov/ForConsumers/ConsumerUpdates/ucm387114.htm>

FEATURED RECIPE

Spicy BLACK BEAN CAKES

INGREDIENTS

LIME SOUR CREAM

1/2 cup reduced fat sour cream
2 teaspoons fresh lime juice
1 small fresh jalapeno pepper, minced
salt to taste

BEAN CAKES

2 tablespoons olive oil, divided
4 green onions, thinly sliced
6 cloves garlic, pressed
2 fresh jalapeno peppers, finely diced
1 tablespoon ground cumin
2 (14.5 ounce) cans black beans, drained and rinsed
salt and black pepper to taste
2 cups grated raw sweet potato
1 egg, lightly beaten
1/2 cup plain dried bread crumbs



Recipe and photograph provided
courtesy of AllRecipes.com

NUTRITIONAL INFORMATION

SPICY BLACK BEAN CAKES
SERVINGS PER RECIPE: 8

AMOUNT PER SERVING

CALORIES: 219
TOTAL FAT: 6.7G
CHOLESTEROL: 32MG
SODIUM: 578MG
TOTAL CARBS: 31.3G
DIETARY FIBER: 8.9G
PROTEIN: 9.4G

DIRECTIONS

To prepare lime sour cream, mix the sour cream, lime juice, 1 small minced jalapeno, and salt together in a small bowl. Cover, and refrigerate.

Heat 1 tablespoon olive oil in a small skillet over medium heat. Cook green onions until softened, about 1 minute. Stir in garlic, 2 diced jalapenos, and cumin; cook until fragrant, about 30 seconds.

Transfer contents of skillet to a large bowl. Stir in black beans, and mash with a fork. Season with salt and pepper to taste. Mix in sweet potatoes, egg, and bread crumbs. Divide into 8 balls, and flatten into patties.

In the oven, set cooking rack about 4 inches from heat source. Set oven to broil. Lightly grease baking sheet with 1 tablespoon oil.

Place bean patties on baking sheet, and broil 8 to 10 minutes. Turn cakes over, and broil until crispy, about 3 minutes more. Serve with lime sour cream.

**VIEW MORE PCOS
FRIENDLY RECIPES**



PCOS Challenge

The Support System to Help Women Beat PCOS



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The collage displays various digital assets for the PCOS Challenge. On the left, a vertical strip shows 'PCOS.TV' branding and a 'TELEVISION EPISODES' section with thumbnails for topics like 'PCOS FERTILITY & OVARIAN DRILLING', 'PCOS DIET AND METFORMIN - GLUTEN INTOLERANCE', 'PCOS VIDEOS', and 'PCOS HEALTH TIP: BODY MIND'. The central image is a screenshot of the PCOS Challenge website, featuring the tagline 'The Support System for Women with Polycystic Ovarian Syndrome' and sections for 'GET STARTED', 'PCOS PROGRAMS', and 'DONATE'. The right side shows a 'PCOS CHALLENGE' social media page with a video player and text about 'PCOS Open Source Workshops'.

GET SUPPORT • STAY INFORMED • DONATE • VOLUNTEER • ADVOCATE