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100% Effective Natural Hormone Treatment
Menopause, Andropause And Other Hormone Imbalances
Impair Healthy Healing In People Over The Age Of 30!

Acne, Women, Hormones and Polycystic Ovary Disease

By Naweko San-Joyz

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More frequently women are combating acne and wrinkles simultaneously. It's a hideous fight wrought with mysterious hormone signals and an even more baffling search for a cure.

Dermatologist Diane Thiboutot, MD, associate professor of medicine at the Milton S. Hershey Medical Center, Hershey, Pa., proposes to clarify acne options for women. Dr. Thiboutot explains that control of acne is an ongoing process and that all acne treatments work by preventing new acne. While most women suffering from adult acne seek standard treatments such as topical preparations or antibiotics, 60 percent of these femmes either do not respond to standard acne treatments or build up a tolerance to frequently prescribed medications such as antibiotics.

Causes of Adult Acne

It is not yet known exactly what causes adult acne, but several dermatologist link adult acne to hormone fluctuations. Acne in a woman is often linked to her menstrual cycle. Women with premenstrual acne outbreaks, such as pimples on the lower face and neck, seem to respond particularly well to treatment with medications that either reduce or block androgen production. Androgen hormones create male traits in women such as a deepening of the voice, an increased libido or hirsutism that causes excessive or abnormal growth of hair. They also stimulate the oil glands. The oil mixes with skin cells and bacteria, causing inflammation in the skin that can result in the arrival of zits. You can forgo the androgen blocking hormones by properly consuming essential fatty acids such as those found in salmon and olive oil.

Before your dermatologist prescribes hormone therapy, she may perform a standard screening that includes two hormones – testosterone and DHEAS (dehydroepiandrosterone sulfate). It is important that you stop taking oral contraceptives for at least one month before any tests are performed because birth control pills can suppress androgens.

The birth control pill is a centerpiece of hormonal therapy, albeit a bemoaned option. The medications most successfully employed in controlling acne contain a hormone called progestin with low androgenic activity (with generic pharmaceutical names such as norgestimate or desogestrel) combined with 35 micrograms of ethinyl estradiol, an estrogen.

Risk Factors with Hormone Therapy

Dr. Thiboutot counsels, "As with any therapy, there are risks and rewards. The risks of hormonal

therapy require regular breast and pelvic exams to guard against the increased risk of certain types of cancers. It is vitally important that dermatologists work with the patient's gynecologist to determine the most appropriate treatment and follow-up especially in women over the age of 40 or those who might be smokers,"

Polycystic Ovary Disease

Acne may also be an indicator of polycystic ovary disease, a hormonal imbalance characterized by irregular menstruation, obesity, infertility, acne and hair growth on the face, chest, and back (hirsutism).

Like acne, polycystic ovary disease is caused by an imbalance in androgen hormones. Dermatologists should work closely with the young patient's gynecologist to reduce the risks of infertility, cardiovascular disease and insulin-resistant diabetes. Identifying polycystic ovary disease is an

important contribution to the long-term health of these young patients, not to mention adults as well. Dr. Thiboutot concludes that, "Hormonal therapy is a good treatment for many teenage and adult women," and, "It is used less often than it could be because there are so many options to choose from. The patient should realize it is a good adjunct therapy." However, I strongly disagree with Dr. Thiboutot, hormones are immensely complex. Use of hormone therapy is riddled with enigmas. There are several well-written books available to help you can control of your hormones and acne condition without encountering the risks of hormone therapy. I'm listed some of my favorites below:

Reading Recommendations:

Androgen Disorders in Women: The Most Neglected Hormone Problem

by Theresa Cheung

Hormone Deception: How Everyday Foods and Products Are Disrupting Your Hormones—and How to Protect Yourself and Your Family

by D. Lindsey Berkson

PCOS: The Hidden Epidemic

by Samuel S. Thatcher M.D. Ph.D.

It's My Ovaries, Stupid!

by Elizabeth Lee Vliet

Hormonal Chaos: The Scientific and Social Origins of the Environmental Endocrine Hypothesis

by Sheldon Krinsky

Naweko San-Joyz writes health and beauty articles from her home in San Diego. She recently published "Acne Messages: Crack the code of your zits and say goodbye to acne" (ISBN: 0974912204). Naweko is presently working on title called "Skinny Fat Girls, Why we're still not getting this diet thing" (ISBN: 0974912212) for release in May of 2005. To challenge and verify her research, San-Joyz trains for figure competitions.

Polycystic Ovary Syndrome

By Kadence Buchanan

The Polycystic Ovary Syndrome (PCOS) is a hormonal disorder affecting between thousands of women worldwide. Since some women are asymptomatic, it is particularly hard for them to detect the condition. Only when it becomes problematic, such in cases of disability to conceive women turn to their doctors to ask for their expert advice and seek treatment. On the other hand, some women have quite pronounced symptoms, including obesity, acne and/or skin pigmentation, hirsutism, male-pattern hair growth or baldness, weight gain and insulin resistance. In addition, records of high blood pressure have also occurred, as well as dizziness, exhaustion and depression. Extremely important are also the psychosocial effects of PCOS, as suffering women tend to have poor body image and low self-esteem.

While PCOS is not a rare health case, the causes of PCOS are unclear. Recent studies indicate both genetic and environmental/lifestyle links. Specifically, doctors attest that about 25 percent of women have ovaries that can be diagnosed as polycystic on an ultrasound examination. This condition is called Polycystic Ovaries (PCO) and it can occur for a number of reasons. But women with polycystic ovaries (PCO) do not necessarily suffer from PCOS. Those having the syndrome have cysts that actually contain small follicles, which have not matured to release an egg.

In countries where special examinations exist, doctors are able to diagnose PCOS when other typical PCOS symptoms are present, but the ovaries appear to be normal. Most frequently, women with PCOS will have more than one of the following symptoms: irregular or only occasional periods, which may be very heavy when they occur; polycystic ovaries; difficulty becoming pregnant; problems with weight gain and increased upper body fat; excessive facial hair growth or occasional loss of head hair; acne or skin pigmentation; and increased blood lipids. As any one of these symptoms can be caused by other health conditions, it is important for women to investigate all the possibilities with their doctor before taking any form of medication.

Unfortunately, although research and knowledge is evolving rapidly, PCOS is not yet fully understood by practitioners. In particular, while doctors know that certain hormones are affected, they do not know where and how the changes begin or why some women will have different symptoms compared to others. In most cases, the hormones typically affected by PCOS are androgens—male-type hormones, such as testosterone—which are present in low levels in all women. But the women having PCOS have higher levels of androgens causing a variety of health problems like the ones mentioned above. Moreover, the hormone of insulin can be also affected. This is extremely serious, as women with PCOS may become insulin resistant, which can lead to weight gain and an increased risk of forming diabetes later in their life. Also, other hormones affected include the luteinising hormone (LH) and the follicular stimulating hormone (FSH). The outcome is that the follicles in the ovary do not mature and thus prevent the ovary from releasing an egg that will lead to a normal monthly cycle.

Oral contraceptives are usually subscribed by doctors since the chemical substances they release can be used to assist with irregular periods and will help protect women with PCOS against uterine cancer. But before taking any type of oral contraceptives, women found to have PCOS must consult with their doctor about the best form medicine for their specific case.

Finally, women with or without PCOS should focus on creating and maintaining a lifestyle that will keep them fit and healthy. Frequent diet changes and weight increase or loss due to irregular eating

patterns, should be definitely avoided. Furthermore, exercising should be one of the first priorities women with PCOS should have, as regular exercise can help reduce the insulin levels in the blood and encourage weight loss. However, some women with PCOS will find it very difficult to manage their weight. But, even in cases where weight loss is not necessary, symptoms are improved via a healthier diet and an exercise plan.

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