

GUIDE

# REGULATING YOUR CYCLE WITH PCOS

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A guide to regulating your cycle  
(ovulation) with PCOS

OVIE.IO

# Why is my period irregular?

**Getting a period is a result of your body ovulating. So if you're not getting a period regularly, it means that you aren't ovulating regularly.**

To understand this more, let's look at what happens in a normal length menstrual cycle. Your menstrual cycle is like a synchronized orchestra of hormones. None of the hormones that make up your menstrual cycle act alone—they are all perfectly linked to influence each other. So if one hormone is too high or too low, or is released at the wrong time, then it disrupts the whole cycle.

The first part of your cycle starts with estrogen rising. This signals the uterine lining (uterine bed) to start developing in readiness for a fertilized egg (called a zygote) to implant in it. Think about estrogen as a mother hen, nesting away.

As estrogen is rising, another hormone, follicle-stimulating hormone (FSH), starts to increase. FSH does what it says on the tin: It stimulates the follicles (the baby eggs) to grow. While hundreds of eggs are developing in your ovaries at all times, only the strongest and largest of them is chosen to go on and be the dominant egg. Your body doesn't want to waste a whole lot of energy developing eggs that are never going to grow to size; it literally wants to put all its eggs into one basket. Once the dominant egg is chosen, it is grown to full size so it can be released.

As FSH peaks, at the end of the follicular phase, our next hormone comes into play—luteinizing hormone (LH). LH is here for a good time, not a long time. Its job is to lay low for the first part of your cycle, not drawing too much attention to itself and just slowly creeping up; then, when the time is perfect, it shoots up rapidly.

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This massive spike of LH causes the dominant egg to be projected out of the ovary and into the fallopian tube, so that it's ready to meet any awaiting sperm. This is called ovulation, and is the start of what we call the luteal phase which is where progesterone is produced.

Progesterone is the last hormone in the mix. Progesterone is virtually non-existent until after ovulation, because it's mainly produced by the sac (corpus luteum) that the egg is encased in before being projected out. If the egg has been fertilized, it will make its way down the fallopian tube and into your uterus, where it burrows into your uterine lining, making a little nest for itself while it grows. Progesterone's job is to keep your uterine lining intact and to protect the fertilized egg, while also increasing your core body temperature to incubate the egg. If the egg hasn't been fertilized and so doesn't implant itself, after a couple of weeks your body detects this and your progesterone comes crashing down. This triggers the uterine lining to shed—and you get your period.

## HOW DOES HAVING PCOS AFFECT OVULATION?

In PCOS, there is often an increase in the androgen hormones and the consequence is that our synchronized hormonal team—estrogen, FSH, LH, and progesterone—gets very unsynchronized and your body struggles to ovulate, so instead of a 25-35 day long cycle, ours can be 45, 63, 97 or 182 days long.

When we have a long cycle like this it doesn't mean that our body is doing nothing, instead it's actually trying to ovulate every week or so, but just isn't quite able to because our hormones aren't synchronized.

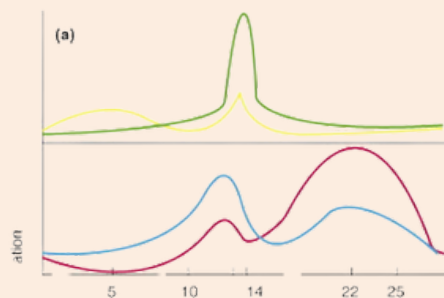
**But this can be fixed, quite easily for most people. This can be achieved via lifestyle changes or medication or both depending on your preferences.**

**Our job at Ovie is to design you a treatment plan to regulate your hormones to help you ovulate regularly and improve your other PCOS symptoms**

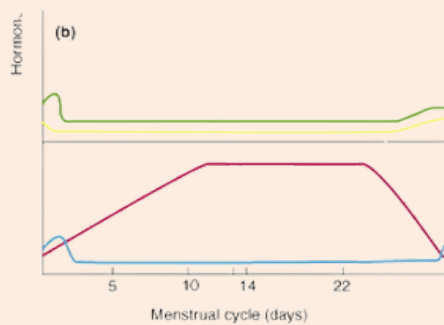
## DOESN'T 'THE PILL' REGULATE MY CYCLE?

No. Hormonal birth control actually does the opposite, it turns off your ovulation (that's how it works as a contraceptive, no egg= no baby). Instead the pill causes your natural hormones to 'flat-line' and then when you take the sugar pills, you get a withdrawal bleed from the synthetic hormones in the pill.

**Your hormones off the pill**



**Your hormones when on the pill**



*TRENDS in Ecology & Evolution*

## IS THE PILL 'BAD'?

No not necessarily, the pill can be the right choice for many women with PCOS. The pill can have other benefits for PCOS such as reducing acne and hair growth and give you a regular bleed to reduce your risk of endometrial cancer and of course it's a very effective contraceptive.

But it is not going to help you ovulate regularly. This means that when you stop taking the pill, your ovulation is going to be as irregular as it was when you went on the pill. This is important for many people as it can make it hard to conceive.

Ovulating regularly and good hormonal health isn't just important for getting pregnant though. It helps with reducing PMS symptoms, regulating your mood, and for breast health, health health and bone health

## HOW DO I OVULATE REGULARLY?

PCOS is a result of our genes not playing nicely with our environment. While we can't change our genes, we can change our environment and therefore what's driving our PCOS hormonal imbalance. We can change our lifestyle to work better with our bodies and/or use medications.

There is no silver bullet treatment for all women and people with PCOS, we are all individual and need a different approach.

If you took your car to a mechanic because the engine was making a clunking sound, you would expect them to identify the problem first and then find an appropriate solution, not just tell you that the entire engine will need to be replaced or in the case of PCOS that shutting down your entire ovulation and natural hormone production is the solution for everyone.

You should expect the same for your PCOS.

### **Your treatment plan should include**

- What medications will be helpful for you
- What food to eat
- What supplements to take
- What types of movement will be the most beneficial
- And what other lifestyle changes will be the most important for you- sleep, stress management, etc

You aren't expected to do this yourself. This is exactly what we do at [Ovie](#).

We first identify your goals and symptoms and then match you with a treatment plan which could be medication or lifestyle or a combination of both. Whatever you prefer!

**When this is done correctly, most women and people with PCOS can get back ovulating within 3 months.**