

FEMALE ISSUES AND THE IDEAL PROTEIN DIET

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Preface

The female hormonal system is arguably far more complicated than that of the male. Changes in the concentrations of certain hormones can bring about various physiological changes. Common among these are: changes in the menstrual cycle, varying from missed periods, very light flows to very heavy prolonged periods. Post-menopausal women may notice 'spotting' as sometimes seen when these women begin HRT (hormone replacement therapy). Changes in estrogen levels may render birth control pills less effective while production and/or release of androgens (male hormones) may cause temporary hair loss. We must understand that our fat cells store excess hormones; estrogens and 'xeno-estrogens' (estrogen-like substances that mimic some of estrogens' effects) and male hormones such as testosterone and androgens (DHEA, androstenedione). As fat is lost these substances are released into the bloodstream and may cause certain ***temporary changes***. It must be stressed: THESE ARE TEMPORARY and when the weight loss is complete, the body will return to baseline and these effects will disappear. Furthermore these changes will only occur in a relatively small percentage of female dieters. Nevertheless the 'coach'/physician should make mention of these possible transient effects during the initial consultation so the client will not be alarmed should they appear.

Spotting in post-menopausal women

During peri-menopause the woman's periods will likely become erratic and light and once she enters menopause they will cease. In addition, during the peri-menopause and menopause itself, other unpleasant effects may occur. These include 'hot flashes', night sweats and trouble sleeping at night. Many times HRT (hormone replacement therapy) is prescribed by her GYN to alleviate these bothersome conditions. Many times, upon initiation of therapy, the woman will begin to spot (due to the estrogen or combination of estrogen/progesterone administered). When these women lose fat during the Ideal Protein Diet, stored estrogens in the fat cells are released and they may notice monthly spotting. While this may be annoying the good news is their 'hot flashes' and night sweats may also disappear....kind of HRT for free! Sometimes these ladies wonder: "if I'm like having periods again, can I become pregnant?". The answer is NO. This is an endometrial (lining of the uterus) process and has nothing to do with the ovaries....egg production is finished at menopause. If they have recently entered menopause, they may want to ask their PCP or GYN for a FSH level (follicle stimulating hormone). If this simple urine test shows high levels of FSH, then they are in true

menopause and pregnancy is impossible. It is always important for the woman to report any occurrence of spotting to her GYN (whether due to HRT or fat loss) so the physician can confirm it is due to these hormonal changes and not from another cause.

Birth control pills and contraceptive patches

These prescription methods of birth control work by altering the hormone levels of the woman so as to make fertilization impossible. Again, because estrogens (and other hormone-like substances) can be released by the fat cells during the weight loss phases of the Program, premenopausal women should be instructed to use a 'back-up' method of contraception if a pregnancy is not desired. It would be prudent to continue this practice until they have been in Phase 4 for at least one month.

Menstrual Irregularities

A few premenopausal women may notice changes in their monthly cycles. They may miss a period, have a very light flow or experience a heavy, prolonged flow or even (in very rare circumstances) have multiple periods per month. Again, this is due to temporary changes in hormone levels and will not become permanent nor is it dangerous. Basically these changes let us know that this dieter is doing the program perfectly.....she is losing her fat as expected (not 'cheating') and the release of these hormones is the proof! Should she miss a period, it may be wise to have her do a pregnancy test just to rule out that possibility if the circumstances warrant it. If she experiences heavy or prolonged flows and they are bothersome, refer her to her GYN who may prescribe a short course of progesterone to alleviate this condition.

Temporary Hair Loss

While this *temporary condition* only occurs in a relatively small percentage females, it can be very traumatic if the woman does not understand what is happening here. Any sudden change in certain hormone levels can "stun" the hair follicle (these are very sensitive to hormones) and sort of sends it into a period of 'hibernation'. This temporary state of 'dormancy' may last up to nine months but, more often than not, usually resolves within six months. Moreover it *only* affects the hairs that are in the *Telogen Phase (or final stage)* of the hair growth cycle and are in the process of eventually falling out. The new hair shaft that will replace the old hair is temporarily thwarted in its development. This phenomenon is known as '*Telogen Effluvium*' and is TOTALLY REVERSIBLE (unlike male pattern baldness, known as '*Androgenic Alopecia*', which is permanent). The latter condition also has a hormonal cause: high levels of the testosterone metabolite DHT (dihydrotestosterone) which actually 'kills' the hair follicle. The condition of *Telogen Effluvium* may also occur during

pregnancy or more commonly at post-partum. Again during pregnancy and right after delivery, the mother's hormonal balance changes significantly. This is why OB/GYNs employing the Ideal Protein Protocol in the practices never get concerned about this..it is relatively common in obstetrics. There is good news for the 'new mothers' and the Ideal Protein dieters experiencing this condition. Your new hair will be thicker, shinier and healthier when it comes in. Why? Hair is made of protein, primarily *keratin*. During pregnancy much of the mother's nutrition is used to "make a baby grow" so there might not be enough protein to keep the rest of her body in optimal repair. Similarly many of our dieters have had poor eating habits, commonly too many carbohydrates and not enough protein. Now with the adequate amount of these nutrients, she will not only love her 'new figure' but will also see positive changes in her hair, skin, and nails! Finally, Dr. Tran developed this diet over 20 years ago, If we caused women to lose their hair we would have not remained in business all of these years!

A word about PCOS (polycystic ovarian syndrome)

PCOS is a condition that affects approximately 10 to 15% of the females in this country and is on the rise. It is brought about abnormal changes in the women's hormones. Normally a woman's ovaries begin to develop about 20 eggs during each monthly cycle. These eggs begin to mature in little cysts. Over the course of the month one egg becomes dominant by receiving most of the "egg ripening hormones" the woman is producing. This egg will eventually be released to be fertilized or shed in the menses if no sperm is available. In PCOS the correct balance of estrogen is not produced in order for one egg to become dominant. What results is all 20 eggs develop somewhat but remain as cysts resulting in the production of *androgens* (male hormones including testosterone) and little to no production of progesterone to balance this. These cysts accumulate in the ovaries month after month and even more male hormones are produced causing a wide variety of symptoms.

Androgenic alopecia (the permanent 'male pattern baldness') can occur in women suffering from PCOS. Elevated levels of these male hormones may produce other symptoms, among them: acne, coarse facial and body hair (*hirsutism*), infertility, amenorrhea, 'skin tags' (usually on the neck, arm pit area or bra line) and a condition known as *Acanthosis Nigricans*...a darkening and thickening of the skin around the neck, underarms, groin and skin folds. It is interesting to note that while all women with PCOS may not exhibit hirsutism, 95% of women with this condition have PCOS!

Historically gynecologists and endocrinologists have used hormone supplementation as the main therapy to correct these imbalances. In recent years however, research has shown high levels of insulin coupled with insulin resistance to be one of, if not, the primary cause of this disorder. High levels of insulin and insulin resistance are *also accepted as the root cause of the disorder known as "Syndrome X or "Metabolic Syndrome"* which is increasing at an alarming rate in North America. A diet low in carbohydrates and saturated fat is rapidly becoming the new norm in dietary recommendations for people suffering from either disorder. Coupled with hormonal therapy, these new dietary guidelines are rapidly becoming the new standard of care for PCOS. The Ideal Protein Diet is based exactly on these dietary guidelines and our medical practitioners are very pleased with the results their patients are achieving.