

PCOS Challenge

E-ZINE

FEBRUARY 2014 | VOLUME 1 | ISSUE 2



PCOS AND Heart Health

MATTERS OF THE
PCOS HEART

CONTENTS



NEWS & HIGHLIGHTS

Letter from the Executive Director 1

Sasha Ottey Highlights 20,000 Member Milestone and Heart Month

Videos and Tips 4

Preventing Cardiovascular Disease; Natural Health for Your Heart and PCOS

Eating Disorders Awareness Week 5

PCOS, Eating Disorders and Body Image

Volunteers Needed 7

Upcoming Events

PCOS Research Spotlight 9

The New AEPCOS Guidelines on Sonographic Diagnosis of PCOs

Recipe of the Month 11

Vegan Quinoa Salad

Featured Radio Shows 13

Real Woman with PCOS: Monica Leftwich - My Battle with Excess Hair;
Natural Health for Your Heart and PCOS; PCOS and Improving Libido

ARTICLES

PCOS and Heart Health 2

Gregory Pokrywka, MD

You Are Worth All the Loving 6

Charmaine Flanagan

Living Hairy Girl Problems 8

Monica Leftwich

Wholistic Sexuality 10

Sheri Winston

Have You Seen My Libido? 12

Sonya, Hormone Soup

Letter from the Executive Director

We are happy to report that PCOS Challenge has hit yet another milestone this month reaching over 20,000 members at PCOSChallenge.com.

Thank you to everyone for your continued support, word of mouth referrals, and sharing of PCOS Challenge resources such as this e-zine, PCOSChallenge.com and the radio and television show episodes. We appreciate your efforts to help bring greater awareness to polycystic ovarian syndrome and to share answers with women seeking to overcome the condition and related symptoms.

Your efforts have directly contributed to our growth over the last few years and have helped us to become one of the most powerful voices and support resources for women with PCOS worldwide. Let us continue to spread the word and awareness about PCOS. Our vision is to make PCOS a public health priority!

The heart is usually a strong focal point during the month of February as we highlight Heart Month and celebrate Valentine's Day; however, this year we are also bringing attention to Eating Disorders Week, which is February 23 through March 1. These causes are all very relevant to women with PCOS.



In this *PCOS Challenge* E-Zine issue, we have included information about matters of the PCOS heart as well as strategies for combatting eating disorders. Read through, listen to the radio shows and share the information with all affected by polycystic ovarian syndrome.

In good health,

Sasha Ottey

Executive Director

PCOS Challenge, Inc.

501(c)(3) Public Charity

WE'RE NOW
20,000
MEMBERS
STRONG

DISCLAIMER

The contents of PCOS Challenge eZine including text, graphics, images and other material contained on the PCOS Challenge Websites ("Content") are for informational purposes only. The Content is not intended to be a substitute for professional medical advice, diagnosis, or treatment. Always seek the advice of your physician or other qualified health provider with any questions you may have regarding a medical condition. Never disregard professional medical advice or delay in seeking it because of something you have read in this eZine or on a PCOS Challenge Website!

If you think you may have a medical emergency, call your doctor or 911 immediately. PCOS Challenge does not recommend or endorse any specific tests, physicians, products, procedures, opinions or other information that may be mentioned on the websites. Reliance on any information provided by PCOS Challenge, PCOS Challenge employees, individuals appearing on the websites at the invitation of PCOS Challenge, or other visitors to the Websites are solely at your own risk. The Websites and Content are provided on an "as is" basis.

PCOS *and* CARDIOVASCULAR HEALTH



PHOTOGRAPH COURTESY OF B. SCHWEHN

With most women diagnosed with PCOS, the most common risks flagged by doctors are diabetes and insulin resistance but according to Dr. Pokrywka, women should also be aware of how these factors highly put women at risk for cardiovascular diseases.

Dr. Gregory Pokrywka, or Dr. P, as he's commonly known, is a Board-Certified Internist and Lipidologist from Baltimore/Towson. He is a member of numerous associations including the American Heart Association Council and the National Lipid Association (NLA). He is also an active participant of the Go Red for Women and WomenHeart campaigns in fighting heart disease in women.

The connection between cardiovascular diseases and PCOS lies in the accumulation of body fat in the midsection – this causes a 'toxic stew' of plaque buildup in the lining of the arteries called the endothelium. This build-up pushes your heart to work harder and the heart becomes enlarged. This can lead to heart failure, stroke, or even death. As scary as this may all sound, the best weapon against fighting cardiovascular disease is prevention, and this can be done through identification at its early stages. The first step is as easy as educating yourself.

The following topics are discussed throughout the radio show and these are vital information that every woman – especially those with PCOS should know about:

Metabolic Syndrome – a cluster of conditions or risk factors that raises your risk for heart diseases and other health problems like diabetes.

Hypertension – a high blood pressure during your body's resting stage (ideally this should be around 120/80), a higher number increases risk for cardiovascular diseases as high blood pressure damages the arteries which results to plaque build-up.

Dyslipidemia – Basically lipids are fats. This condition is when these lipids or fats go into the wrong places.

The roles of **Triglycerides** in cardiovascular diseases – There are two types of fats that everyone should pay attention to: cholesterol and triglycerides. Triglycerides are the markers for the abnormal transportation of fat into the blood; the normal count should be around 130 to 150. Having a higher count can be an indicator of insulin resistance and this could mean that you have a lot of LDL (Bad Cholesterol) in your bloodstream.

Are you at risk?

A simple test suggested by Doctor P to know if you're at risk is the Waist to Hip Ratio. For the typical American woman, having a waistline of more than 35 inches (For Southeast Asian women with a smaller body frame, 32 to 33 inches) is already a sign that you are at risk for CVDs.

Article continued on page 3...

PCOS AND HEART HEALTH

He calls this 'the magic number' and is a very easy assessment tool to immediately identify your cardiometabolic Risk.

Another test he discussed is to identify if you are positive for metabolic syndrome or abnormal metabolism. Scoring 3 out of 5 of these symptoms is a tell tale sign of metabolic syndrome:

- Waist size measurement of more than 35 inches (For Southeast Asian women with a smaller body frame, 32 to 33 inches)
- Fasting Blood Sugar (FBS) count of more than 100
- Blood pressure equal or greater than 130/85 (normal levels should be around 120/80)
- A high triglyceride count (basically the amount of body fat) of more than 150
- HDL Cholesterol (the good cholesterol) level less than 50

Having metabolic syndrome dramatically increases risk for diabetes and cardiovascular diseases. This is alarming as 60 to 80% of women diagnosed with PCOS are most often positive for metabolic syndrome.

How to Prevent Cardiovascular Diseases

The key is to become your own advocate. Make sure you have the right diagnostic tools. This could be as simple as measuring your waist circumference, tracking your BMI (Body Mass Index), having a glucose tolerance test and paying attention to your blood pressure.

It's also important to get tested with at least some form of Lipid Panel – ask your doctor about this so you can calculate your total cholesterol using these easy steps:

Take your total cholesterol level, subtract your HDL cholesterol (good cholesterol) levels and the result would be your non-HDL cholesterol. This number should be less than 130. If you have PCOS and scored more than 130, this could be a potential problem and you should bring this to your physician's attention to get a more advanced Lipoprotein testing to effectively assess your risk for cardiovascular disease.

“Having a waistline of more than 35 inches (for South East Asian women a smaller body frame, 32 to 33 inches) is already a sign that you are at risk for cardiovascular disease.”



Treatment Options

Should you discover that you have elevated cholesterol levels or you tested positive for any of the tests above, don't worry, there are several ways to reverse this.

They can be as simple as incorporating 30 minutes of brisk walking into your life. The American Heart Association recommends at least a half hour a day of moderate intensity exercise through walking, this can evidently reduce the risk of diabetes and cardiovascular diseases dramatically.

Another component of preventing cardiovascular disease is through resistance training. Muscle chews up triglycerides and blood sugar.

If you can build and preserve your muscle mass, you'll be ahead of the game. This also helps in managing depression; a modest waist loss of 10-15% would have a tremendous effect on how you feel.

As it might be harder for some to lose weight despite having already tried lifestyle changes and exercise, and to significantly reduce the high risk for cardiovascular diseases, doctors would also suggest the use of cholesterol lowering drugs.

Dr. P clearly points out that these are safe. They do not harm the liver even for those with some liver dysfunction or fatty liver.

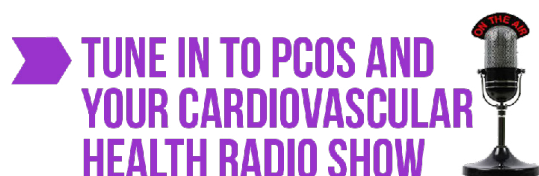
Article continued on page 4...

PCOS AND HEART HEALTH

Heart disease typically occurs later in life, but this is highly preventable through proper management and lifestyle change. It all sounds simple enough, although there are some people who are scared of finding out about this information, always remember that this is your life and these are serious illnesses that can rob you of that and your quality of life.

Having PCOS can be challenging and life changing but life does not stop there, and you should definitely not let it stop you there.

For more information about the topics discussed here and to know more about Dr. P, click the link below tune in to the PCOS Radio show – PCOS and Your Cardiovascular Health.



About the Expert



Dr. Gregory Pokrywka is a Board-Certified Internist from Baltimore/Towson, MD. He attended Duke University, worked as a biochemist, attended University of Maryland Medical School and was Chief Resident in Internal Medicine at Mercy Hospital, Baltimore.

He now serves as Assistant Professor for the Johns Hopkins University School of Medicine. He has been in private practice since 1987 and formed the Baltimore Lipid Center in 2001. Dr. Pokrywka is a member of numerous associations including the American Heart Association Council on Atherosclerosis and the National Lipid Association (NLA), and he participates enthusiastically in the Go Red for Women and WomenHeart campaigns to fight heart disease in women.

VIDEOS & TIPS

Preventing Cardiovascular Disease with Gregory Pokrywka, MD



Natural Health for Your Heart and PCOS with Dr. Fiona, ND



PCOS and Sexuality



Expert sex teacher and author, Sheri Winston discusses how to take charge of your sexuality as a woman with PCOS.

Sheri Winston is one of Canada and America's most respected teachers about sex and sexuality. She is the founder and executive director of the Center for the Intimate Arts. Her book, *Women's Anatomy of Arousal* won the 2010 Book of the Year from the American Association of Sex Educators, Counselors and Therapists (AASECT).

Many women with PCOS deal with low or high libido, body image and other issues that affect their sex lives and relationships with partners and themselves. Sheri has plenty of tips for becoming more comfortable and satisfied with your sexuality.

HIGHLIGHTED RADIO SHOWS

CLICK HERE TO LISTEN

EATING DISORDERS

FEBRUARY 23 - MARCH 1

NATIONAL EATING DISORDER AWARENESS WEEK



PCOS CHALLENGE Expert Series

CLICK TO ORDER

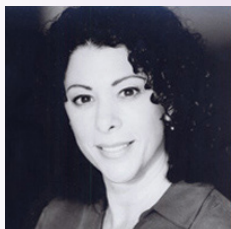
Eating Disorders and PCOS Ellen Reis-Goldfarb, RD



PCOS Challenge Expert Series Audio CD Bundle



PCOS, Eating Disorders and Body Image



Registered Dietitian Ellen Reiss-Goldfarb discusses eating disorders and the role they play in PCOS.

Ellen Reiss-Goldfarb, RD co-founded of "Through the Looking Glass," a support program for women with eating disorders and body images issues. Ellen has worked as a clinical nutrition consultant and nutritional educator for over ten years. She is currently in private practice in West Los Angeles, California.

In addition to specialized work with eating disorders, Ellen's practice also specializes in women's hormonal issues which include PCOS and problems with fertility.

HIGHLIGHTED RADIO SHOWS

CLICK HERE
TO LISTEN

You Are Worth All The Loving

By Charmaine Flanagan

Have you ever looked in the mirror, smiled at yourself and said I love you?

If not, please do. Give yourself the love that you're so willing give to others. It's healing. The national holiday celebrating love is now over but the act of love doesn't end there. Valentine's Day is one of those days like birthdays and anniversaries that's normally celebrated between lovers. It's a great way to show appreciation. However, it can be hard accepting the love shown to you when you don't feel comfortable in your own skin. Well, beautiful lady, yes I'm talking to you. You are worth all the loving (and wooing) your mate has to offer. While I may not know you personally, here's what I do know; we all have been blessed with the gift of love and the ability to share it with others. And through love we create beautiful memories. As a woman with PCOS, I've had to learn self acceptance and how to give and receive love. Let me tell you a little bit of my story. I must warn you, it starts and ends with love. Keep reading.

Like most children I grew up watching Disney movies and movies like Can't Buy Me Love. The prince courts the princess, the awkward boy ends up with the popular girl (and vice versa), "and they lived Happily Ever After." But wait, what does that happily ever after look like? It always left me wanting more. Yes, I wanted to fall in love and have my happily ever after, but I was no Belle, Cinderella, or Cindy Mancini. I believed I was living out the whole awkward ugly duckling phase during my pre-teen and teenage years, but this was on another level. Here's what happened. PCOS hit me early! It made my teenage years a bit of a challenge for me. I was chubby, had irregular periods, and found hair in places it shouldn't be; you know the story. Oh wait, I had acne too. Talk about a body image issue.

I have a large extended family and no one else seem to be dealing with my issues, so I had no one to relate to. I was very uncomfortable with my body. It was hard accepting myself because of all my perceived flaws. I was still a pretty outgoing person. I loved people, laughter, acting and singing. I dated a little but was so self conscious. It wasn't until I was 19 that I was officially diagnosed with PCOS.

About the Author



Charmaine Flanagan is the founder of Woo Forever™. It's through her passion about the art of love, showing appreciation and maintaining healthy relationships that guided her to creating the company. She spent the majority of her career in leadership roles in marketing, continuing education and event management. Charmaine has a B.S in Marketing from the University of Maryland University College. Her goal is to help lead the way to sustaining romance after the commitment is made. WooForever.com



My doctor simply handed me a pamphlet and told me to read it and wrote a prescription for birth control pills. After reading the pamphlet I felt hopeless. Can this be fixed? Am I going to be able to have children? Will the weight come off? How is this going to affect my life? I didn't remember this plot in the movies.

After being dismayed by what I read about PCOS I went through the motions for a couple of years. I was 23 when I became aware that I was letting PCOS define me. It was time to be proactive, care for myself, and stop being a victim. During this journey I met other women who also had PCOS so I knew I wasn't alone. I started working on managing my weight and searching for answers. One of the first lessons on my journey was learning to love myself. I was told by a very wise person that I needed to love myself. She said look in the mirror and smile, tell yourself you love you! I did; it was awkward at first, but it was healing. It made me want to take better care of me. That's where my self acceptance began.

And then it happened, while I was working hard on loving myself he showed up. This man loved all of me. There was no way I could deny feeling good about myself when he was around. He was wooing me and I loved it. I realized my love story was being written and it was beautiful. There was nothing superficial about it. Love is not superficial, it's real.

I encourage you to love deeply and woo freely. You are absolutely worth it (and so is your mate)! Life is too short to be defined by PCOS, be gracious with yourself every day. Make your happily ever after a beautiful story.

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**

HIRSUTISM

Living with Hairy Girl Problems



Dumped for Being Hairy?! I Think Not!

By Monica Leftwich, TheHirsutismHub.com

I've visited this topic before but it was heavy on my mind dealing with some of my own past failed relationships and those of other ladies dealing with hirsutism.

Are there shallow people in the world? Unfortunately, yes. Will guys (and girls) find ridiculous reasons to break up with people? Of course? Will they break hearts and hurt feelings? Absolutely. But these reasons and more are what make them funky...NOT YOU!

If you have opened up or tried to explain to your partner that you have hirsutism or PCOS or diabetes or insulin resistance or the laundry list of other potential causes to your extra fur, then it is not you. You've done your part. You were honest about a condition that causes you great annoyance.

Chances are, they probably don't much care about it. They see you are trying to control the condition, so why would they behave iffy because it? You cannot help it!

That's about as bad as you breaking if off with them because of their greasy hair or lop-sided toes or their knobby knee caps! How silly and immature does that sound!?

I hear from women all the time who are terrified of their husbands or boyfriend seeing their hirsutism in its full glory. Some of them are so scared of what their partners will think

of them, they make it a full time job to keep the hair away, while hiding their true frustration from it all.

I've been there, done that. I've been dumped by guys who gave me the "I'm not ready" spiel countless times. I was hurt. I was disappointed that they could just, at the snap of a finger, decide I'm no longer important in their lives. And on top of it all, I could not help but to think if they noticed more facial hair than they cared to ever deal with and dumped me because they were so grossed out by me!

And at 31 years of age, it occasionally still gets me down that I cannot seem to keep a date for longer than a few weeks! What gives!? I know I don't look THAT bad!

While I know better, sometimes I think us women play as our own enemies when it comes to love. He (or she) probably couldn't care less about the hair on your face or bikini line...or back...or legs...or arms. They probably didn't even notice all the fur!

Ya know, if you stop bothering so much with yourself and your hair that no one but you notices anyway, maybe he would have felt a better connection with you. Not that I am excusing anyone's behavior to hurt you, but sometimes you have to be honest with yourself and what you could have done differently.

And if they choose not to go into detail about why they dissed you, you should choose not to care as well. Yes...go through your crying season...it's normal. You're human; you're allowed to have bruised feelings after someone you care about longer feels the same, especially if it came out of the blue.

Take up that exercise class you blew off to be with your partner more. Go to a spa. Take a ride to a museum out of town. Or just go out of town for the hell of it. Better yet, get that laser hair removal done or electrolysis so you can finally stop obsessing about all that hair. Make YOU happy for once so you will be twice as better to the next individual.

...And if this gives you comfort, know that 99% of the time, they find some way to show up again in your life RIGHT AT THE MOMENT you have found happiness in other people and things. Oh the irony of it all!

Bottom line, don't take your hirsutism so seriously. They probably don't even notice. Worry about them being a good person to you. Anything less you should be happy to get rid of anyway!

[Read more](#) about Monica's tips and tricks for excess hair removal. Also [listen to Monica Leftwich](#) on the PCOS Challenge radio show.

PCOS Research SPOTLIGHT

The New AEPCOS Guidelines on Sonographic Diagnosis of PCOs

One of the most commonly used methods to diagnose polycystic ovary syndrome (PCOS) is the Rotterdam Criteria, which was decided at a consensus meeting in 2003 in Rotterdam, Netherlands. With the Rotterdam criteria, women are diagnosed with PCOS after other conditions have been ruled out and they have two or three of the following:

- Oligoovulation or anovulation (irregular or no ovulation)
- Excess androgens (hirsutism, acne, hair loss, etc., or blood work showing elevated androgens)
- Polycystic ovaries

Given the fact that polycystic ovaries is often used to diagnose PCOS, it is imperative that there is also consensus about what are considered polycystic ovaries. There needs to be consistency. To diagnose polycystic ovaries, a transvaginal ultrasound is usually performed to check the size or volume of the ovaries as well as the number of follicles that give the “polycystic” appearance in the ovary.

With the Rotterdam criteria, the polycystic ovaries diagnosis is made if ovaries have 12 or more of these small follicles, measuring between 2-9 mm each, or increased ovarian volume of greater than or equal to 10 ml.^{1,2}

THE ISSUE

Many other women without PCOS were also found to have ultrasound evidence of ovaries with 12 or more of these follicles. Therefore that number is not specific enough to diagnose PCOS. Ultrasound technology has improved since 2003, and the newer machines have the capability to better visualize follicles, leading to a greater incidence of higher follicle counts. This also presents an

inconsistency between results derived from newer and older ultrasound technologies. Therefore, the 12 follicle count per ovary is obsolete.

THE NEW AEPCOS RECOMMENDED GUIDELINES

A special committee at the Androgen Excess and PCOS Society (AEPCOS) recently updated the criteria for polycystic ovaries morphology and published a review in Human Reproduction Update. The new guidelines for diagnosing polycystic ovaries in PCOS are:

- Increased ovarian volume (OV) (10 ml or more); and/or
- ≥ 25 follicles if using latest ultrasound technology (frequency ≥ 8 MHz)
- If using older technology, the OV is the preferred method to determine polycystic ovaries^{1,2}

THE FUTURE

With there being so many variables that cause a difference in polycystic ovarian morphology reporting, scientists have been calling for more reliable methods.

One promising method is testing the blood levels of Anti-Müllerian Hormone (AMH). AMH is produced by the small follicles in the ovaries and levels are high in women with PCOS. The AMH levels correlate with high count of the follicles found in polycystic ovaries. AMH may also be useful in determining ovarian function and reserve.³

The AMH test is currently only being used in research settings, and not yet an option for your doctor in the clinical setting.



When the test does become available, it is expected to be a great diagnostic tool for PCOS and ovarian function.

WHAT THIS ALL MEANS

Polycystic ovaries are not necessary to make a PCOS diagnosis if there are other symptoms present such as irregular menstruation and high androgens or other classic hyperandrogenic signs such as hirsutism and hair loss; however, with many practitioners using polycystic ovaries to diagnose PCOS, there needs to be consistency in order to prevent misdiagnoses. Hopefully with improving the definition of polycystic ovaries and also with future advances in detection methods, there will be more consistency and better understanding about treating PCOS.

REFERENCES

1. Dewailly D. AEPCOS Guidelines on Ovarian Sonographic Diagnosis of Polycystic Ovaries. *AEPCOS Newsletter* January 2014
2. Dewailly D, et al. Definition and significance of polycystic ovarian morphology: a task force report from the Androgen Excess and Polycystic Ovary Syndrome Society. *Human Reproduction Update* (2013). <http://humupd.oxfordjournals.org/content/early/2013/12/16/humupd.dmt061.abstract?sid=e1f3baf2-1031-4766-ad6b-cb83ddd4ad0b>
3. What Does Anti-Müllerian Hormone Tell You About Ovarian Function? MedScape: <http://www.medscape.com/viewarticle/773052>

WHOLISTIC *Sexuality*

By Sheri Winston, Wholistic Sexuality Teacher and Counselor

Are You Craving Connection?

We long for a sense of union and yearn for attachment. Everyone yearns to feel deeply connected. Yet, so many people feel alone, and live shadowed by a sense of disconnection and isolation. Having sex is certainly one of the common practices that people use to feel, at least temporarily, united. Unfortunately, they often don't have the kind of sex they dream of and wind up feeling even more disengaged than ever. I believe that part of the problem is the way that we think about sex, about connection and about our selves. I offer you a new way to relate, a new model of sexuality, Wholistic Sexuality. In essence, Wholistic Sexuality is about connection, beginning with your connection to your Self.

It's All About You

That's right. I'm saying that at heart (or perhaps lower) sex isn't about what you do with other people behind a closed door. First and foremost, your sexuality is about your relationship with your Self.

And, let's face it, you're complicated. One way to understand your Self is to understand that you're made up of interconnected, overlapping spheres, the domains of your mind, body, spirit and heart, which are linked and surrounded by an energy matrix. You are your past, both all that you remember and all that you've forgotten, as well as your present and the myriad futures you imagine.

Your relationship with yourself is formed by genetics, upbringing, and experiences. It's an amalgam of your beliefs, assumptions, and values. Your sexuality is composed of fantasy and reality, dancing with your deep desires, permeated by needs and challenges.

Your sexuality is an inherent part of who you are, and all that makes you, uniquely you.

It's About Everything

Your sexuality is also about your connection to everyone and everything. It includes relationships with your intimate partners as well as your friends and family, influenced by media, history and culture. It's part of all aspects of your life including your work and your play, your communities and spiritual traditions. Like a hologram, your sexuality is a microcosm that reflects and manifests everything from the personal to the planetary.

Lifelong Learning Journey

We're on a lifelong journey of learning and discovery and that is especially true about our sexuality. Here's a key fact to comprehend about sex: much of our sexuality is learned, including our erotic capacities and responses. Like learning to play an instrument and make beautiful music, we learn how to play our selves to make sexual magic.

Practice Makes Access!

Each of us comes fully equipped with all the apparatus we need to access ecstasy. You can think of your self as having tools, of mind, body, spirit, heart & energy. We all have the equipment but not everyone learns how to fully operate it and really make it sing. Just like learning to play the piano, our sexual skills need to be learned, and then practiced if we want to develop mastery. The more you practice, the easier it gets.

How You Learn

First you need to develop a foundation of basic skills. Once you become adept at the

essentials, you can go on to cultivate more advanced abilities. The foundational skill set is your solo-skills, that is, the ability to competently play your own instrument. Once you have facility with your own sexual self skills, you can master partner skills and play delightful duets with others. Everyone can learn these skills and become sexually adept. Of course, there's always more to learn on the journey to erotic mastery. Even virtuoso musicians always continually hone their craft.

Meaningful Models

In order to learn to be a sexual virtuoso you need to know what's possible, then how to get there. It's crucial to have accurate maps, usable guides and true templates for this journey. When you have functional and empowering models of what sex is and what it can be, then you can follow that path to reach your full sexual potential.

Language License

To begin with, we need to free our words and discover, create or reclaim luscious, comfortable and hot language. Then we can really start to talk about sex, learn about it and consciously create our sexuality.

Genital Reality

Believe it or not, our current understanding of female and male genitalia is incomplete and inaccurate. How you play your instrument or anyone else's if you don't even know what's really there and how it operates? We need to know the whole truth about our bodies. The lack of this fundamental information has myriad serious repercussions.

Continued at page 11...

WHOLISTIC *Sexuality*

Erotic Owners Operating Manual

After you get the picture of the basic equipment, then you need to know how it works, and how you can make it work better. For example, once you understand the process of arousal, and learn to fully utilize your innate tools, you can dramatically enhance your sexual experiences.

Celebrate Sex

We need to reclaim sex from the shame-mongers. Sex is the inherently sacred power that creates life. When you recognize your potential, you are unleashed to explore the vast and potentially transcendent realms of orgasm and ecstasy. Your sexuality is a powerful, transformative gift that's your personal manifestation of the universal life force. Sexual pleasure is your human birthright. Claim it! Free your sexuality and you'll tap into your very own vital wellspring of joy. After all, it's yours!

! IT COSTS A LOT TO BE FREE WHY DONATE TO PCOS CHALLENGE?

- 1 Your support will help us make PCOS a public health priority as millions of women are still going undiagnosed, untreated or unsupported. Please donate.
- 2 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.
- 3 Our programs help women overcome their struggles with infertility, weight gain, anxiety and depression and reduce their risk for life-threatening related diseases.

**CLICK HERE TO
DONATE NOW**

FEATURED

RECIPE

Quinoa Salad with Pears, Baby Spinach and Chick Peas in a Maple Vinaigrette

Quinoa adds vegan protein and heft to simple green salads- perfect for lunch or a light supper. Use pears or apples in this recipe- either one will work.

First you'll need to make the quinoa:

- 1 cup organic quinoa
- 2 cups water
- Sea salt



Place the quinoa in a saucepan or a rice cooker. Add 2 cups fresh water, and a pinch of sea salt. Cover and cook on a low simmer until all the water is evaporated and the quinoa is tender- roughly 20 minutes. Fluff with a fork and dump it into a large salad bowl.

For the salad you'll need:

- 2 good handfuls of organic baby spinach leaves, washed, drained
- 1 large ripe pear, washed, stemmed and cored, cut into pieces (I've also used craisins)
- 1/2 cup chilled chick peas, rinsed, drained
- 2 tablespoons fresh chopped parsley
- Sea salt and fresh ground pepper, to taste
- A handful of pecans, pan toasted and salted to taste

For the Maple Vinaigrette Dressing:

- 4 tablespoons extra virgin olive oil
- 3 tablespoons golden balsamic vinegar (I've used Rice vinegar once & White Balsamic both were good)
- 2 tablespoons pure maple syrup

Whisk together.

Add the baby spinach, pear, chick peas, and chopped parsley to the quinoa and fluff. Pour on the vinaigrette and toss gently to coat. Season to taste with sea salt and ground pepper.

Just before serving, add the toasted pecans and lightly combine. Makes four main course servings, six side dish servings.

This recipe was found on the GlutenFreeGoddess.com

By Sonya, Hormone Soup

Losing your libido isn't like losing your car keys.

First of all, there's rarely a frantic search for libido like there is with keys. You don't get your entire family to help you scour the house for it. And you certainly don't ask perfect strangers at the grocery store, "Excuse me, sir I seem to have misplaced my libido, have you seen it?"

Life is busy, stressful, tiring and really, fulfilling enough without it. In fact, at first you may not even notice it's gone. And if it's gone long enough eventually you don't even care if you ever get it back. Life goes on for you without it. It doesn't seem like you're missing much. It becomes a bit of a vicious cycle; you don't want sex so the idea of boosting your sex drive doesn't even appeal to you. Why would you care about having more of something you don't want in the first place?

One person who will notice it missing is your partner. He (or she) might search for it or try to help you find it. Your partner may even go to great lengths to help you. Your lost libido will definitely matter to your partner. He will try to get you to care about finding it.

When I embarked on my search to balance my hormones I don't think I even realized that my libido was missing. Well ok, maybe I did, just a little – my husband may have mentioned it once or twice. But that wasn't what made me seek help. PMS, now there was something to care about, but my libido, meh.

Little did I know that the resounding side effect of balancing my hormones was going to be a tremendous surge in my libido. I'm not talking just a slight shift here – more like going from zero to 60 in 2.9 seconds.

Trust me, if my husband had known that the side effect of curing my PMS with bio-identical hormones was such an incredible boost in my libido he would have put me in the car and driven me to my hormone doctor himself!

Most of the conversation pertaining to low sex drive, especially for women, is centered around factors such as stress, fatigue, poor

body image, the challenge shifting from mommy mode to sexy-wife mode, needing more attention from their partner, a normal part of aging, and so on.

And while some of it may be true, for the women I know who have balanced their

hormones all of those factors become pretty insignificant.

Even when you are tired, have a sink full of dishes, the kids have been driving you in circles all day, or your partner didn't bring you flowers you will still have the drive to have sex – and not just any sex, incredible sex. So if you accidentally or on-purpose find your libido again, and I hope you do, I assure you that you will wonder how you ever lived without it. And unlike your keys, it's something you'll be sure never to lose again.

Excuse me, have you seen my Libido?

“The thing about libido is that losing it sneaks up on you...”

About the Author

Sonya is the founder of HormoneSoup.com, she began advocating for herself about all things hormonal after spending years seeking answers to her miscarriages, infertility, PMS and PPMD but finding band-aid solutions. After hearing similar stories from other women, Sonya became concerned that women's issues aren't being properly addressed.

Her journey toward health has led her to nutritional support & bio-identical hormones through the assistance of some amazing doctors & practitioners.

More information can be found [here](#) at www.HormoneSoup.com



PCOS CHALLENGE RADIO



CLICK HERE TO TUNE IN
Real Woman with PCOS – My
Battle with Excess Hair



CLICK HERE TO LISTEN
Natural Health for Your
Heart and PCOS



CLICK HERE TO LISTEN
PCOS and Improving Libido



Real Woman with PCOS – My Battle with Excess Hair

FEBRUARY 26 2014 - WEDNESDAY | 6:30 PM - 7:00 PM EST

Monica Leftwich, PCOSChallenge.com member, hirsutism warrior, and founder of The Hirsutism Hub blog, speaks to Sasha Ottey about her battle with excess hair on this PCOS Challenge radio show episode.

Do you have a question that you want Monica to answer on the show? Send an email to media@pcoschallenge.com up to 1hr before the show and your question may be answered on air.



Natural Health for Your Heart and PCOS

Dr. Fiona, ND joins the PCOS Challenge radio show to speak about how to naturally prevent and heal your body from cardiovascular disease.

If you have a question for Dr. Fiona about how to improve your health with PCOS naturally, send in your questions now to media@pcoschallenge.com.



PCOS and Improving Libido

Alisa Vitti joins the PCOS Challenge radio show to discuss strategies to help women with polycystic ovary syndrome (PCOS) achieve a healthy hormone system and make painful periods, fertility issues, low libido, and weight gain things of the past. Alisa Vitti is a woman with PCOS and the founder of FLOLiving.com, a virtual health center that supports women's hormonal and reproductive health.



Alisa has been featured in various media including Dr. Oz, CBS News, Fox Business News, Huffington Post, Life & Style, Natural Health UK, and FertilityAuthority.com.

PCOS Challenge

The Support System to Help Women Beat PCOS



PCOSCHALLENGE.COM • PCOSCHALLENGE.ORG • PCOSCHALLENGE.NET • PCOS.TV



GET SUPPORT • STAY INFORMED • DONATE • VOLUNTEER • ADVOCATE