

# Chinese Medicine

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## Polycystic Ovarian Syndrome

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Polycystic ovarian syndrome (PCOS) is a common endocrine disorder affecting two to five percent of women of reproductive age. The etiology of this condition is presently unknown. Sufferers have a steady state of relatively high estrogen, androgen, and luteinizing hormone, resulting in anovulation and multiple ovarian cysts as well as hyperinsulinemia. Clinical symptoms of PCOS include hirsutism, obesity, virilization, amenorrhea, and/or abnormal uterine bleeding. Patients with this condition are typically infertile and also have an increased long-term risk of breast and endometrial cancer. In the West, clomiphene (Clomid®) is commonly used to stimulate ovulation in those patients who desire pregnancy. On pages 58-59 of issue #4, 2006 of *Xin Zhong Yi (New Chinese Medicine)*, Huang Ying-yuan et al. published an article titled, "Clinical Observations on the Integrated Chinese-Western Medical Treatment of Unmarried Polycystic Ovarian Syndrome." A summary of this study is presented below.

### Cohort Description

Altogether, there were 60 unmarried females, aged 17-28 years, with a confirmed diagnosis of PCOS enrolled in this two-wing comparison study. These 60 women were randomly divided into two groups of 30 patients each. In the Chinese medicinal group, the median age was 22.9 +/- 3.4 years. In the comparison group, the median age was 23.2 +/- 2.8 years. Thus, there were no marked statistical differences between these two groups, which were judged to be comparable for the purposes of this study. All these women had infrequent-onset menstruation or amenorrhea with either scanty ovulatory or anovulatory cycles for more than two months as determined by their basal body temperature, elevated serum testosterone, and polycystic ovaries as shown by ultrasound.

### Treatment Method

All the women in the comparison group were orally administered a pill called *Guo Ying-35*. This was composed of two milligrams of progesterone and 0.035 milligrams of estradiol. One pill was administered per day, beginning day five of the menstrual cycle and continuing for 21 days. Then the pills were stopped until the fifth day of the following menstrual cycle. This was repeated for three continuous cycles.

All the women in the Chinese medicinal group received the same hormone treatment on top of which they also received the following Chinese medicinal formulas. After the menses – i.e., beginning day five – in order to secure the kidneys, foster the essence, and nourish the blood, they received the following:

*Shu Di* (cooked Radix Rehmanniae)  
*Fu Ling* (Poria)  
*Shan Yao* (Radix Dioscoreae)  
*Shan Zhu Yu* (Fructus Corni)  
*Yin Yang Huo* (Herba Epimedii)  
*Nu Zhen Zi* (Fructus Ligustri Lucidi), 15g each  
*Ze Xie* (Rhizoma Alismatis)  
*Dan Pi* (Cortex Moutan), 10g each  
*Tu Si Zi* (Semen Cuscutae)  
*Suan Zao Ren* (Semen Zizyphi Spinosae), 30g each  
*Gan Cao* (Radix Glycyrrhizae), 5g

One packet of these medicinals was decocted in water and administered per day for six consecutive packets. During ovulation, the women received the same formula without *Suan Zao Ren*, *Nu Zhen Zi*, and *Dan Pi* but with 15 grams of *Dan Shen* (Radix Salviae Miltiorrhizae), ten grams of *Tao Ren* (Semen Persicae), and five grams of *Hong Hua* (Flos Carthami). One packet of this formula was decocted in water administered

**Table 1:  
Outcomes**

Group	Marked Effect	Some Effect	No Effect	Total Effect
Chinese medicinal	17 (56.7%)	8 (26.7%)	5 (16.6%)	83.4%
Comparison	7 (23.3%)	7 (23.3%)	16 (53.4%)	46.6%



per day for four consecutive packets. During the post-ovulatory period, in order to supplement the kidneys, boost the qi, and nourish the blood, the following formula was administered:

*He Shou Wu* (Radix Polygoni Multiflori), 30g  
*Fu Ling* (Poria)  
*Shan Yao* (Radix Dioscoreae)  
*Shan Zhu Yu* (Fructus Corni)  
*Sang Shen* (Fructus Mori)  
*Dang Shen* (Radix Codonopsis), 15g each  
*Ze Xie* (Rhizoma Alismatis)  
*Dan Pi* (Cortex Moutan)  
*Yin Yang Huo* (Herba Epimedii)  
*Bai Zhu* (Rhizoma Atractylodis Macrocephalae),  
 10g each  
*Tu Si Zi* (Semen Cuscutae), 30g  
*Gan Cao* (Radix Glycyrrhizae), 5g

One packet of these medicinals was decocted in water and administered per day for three consecutive packets. Then, during the premenstruum, in order to course the liver, quicken the blood, and free the flow of the channels or menses, the following medicinals were prescribed:

*Chai Hu* (Radix Bupleuri)  
*Zhi Shi* (Fructus Immaturus Aurantii)  
*Dang Gui* (Radix Angelicae Sinensis)  
*Xiang Fu* (Rhizoma Cyperi), 10g each  
*Bai Shao* (Radix Paeoniae Albae)  
*Fu Ling* (Poria)  
*Yu Jin* (Tuber Curcumae)  
*Wang Bu Liu Xing* (Semen Vaccariae), 15g each  
*Niu Xi* (Radix Achyranthis Bidentatae)  
*Yi Mu Cao* (Herba Leonuri), 20g each  
*Gan Cao* (Radix Glycyrrhizae), 5g

One packet of these medicinals was decocted in water and administered per day for three to five consecutive packets. This regime was also continued for three menstrual cycles.

### Study Outcomes

Marked effect was defined as a menstrual cycles within normal parameters for more than three cycles; no cystic changes seen in the ovaries on ultrasound; the occurrence of ovulation; serum testosterone (T) less than 0.75Fg/L; and luteinizing hormone (LH) and follicle-stimulating hormone (FSH) less than 2.5Fg/L. Some effect was defined as a prolonged menstrual cycle of 35-60 days, which did come regularly; the presence of some cystic changes in the ovaries; anovulatory cycles; serum T less than 0.75Fg/L; and serum LH/FSH less than 2.5Fg/L. No effect was defined as a menstrual

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cycle more than 60 days long; definite cystic changes in the ovaries; anovulation; serum T more than 0.75Fg/L; and serum LH/TSH more than 2.5Fg/L. Table 1 shows the outcomes based on these criteria.

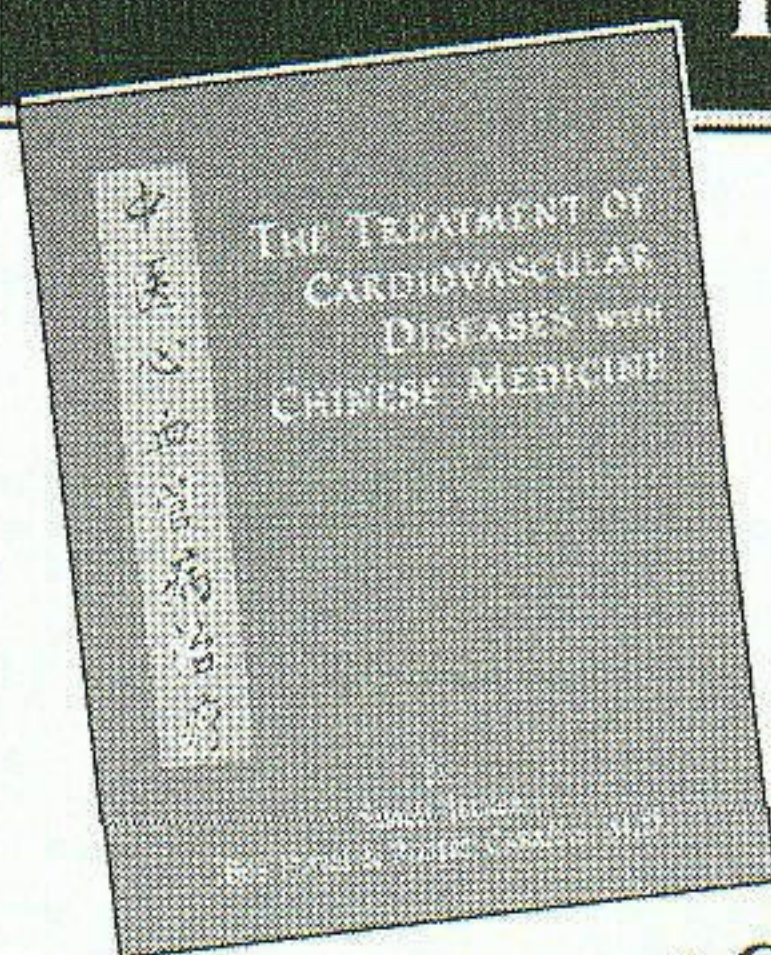
Therefore, the integrated Chinese-Western medical treatment was more effective than the Western medical treatment alone.

### Discussion

According to the Chinese authors, PCOS corresponds to the traditional Chinese medical disease categories of blocked menstruation (*bi jing*), flooding and leaking (*beng lou*), infertility (*bu yun*), and concretion and conglomerations (*zheng jia*). According to Chinese medical theory, the kidneys are the former heaven root. If the kidney qi is effulgent and exuberant, then the menstrual cycle and reproduction are normal. Therefore, this protocol is primarily based on supplementing the kidneys. However, it also takes into account the various physiological differences in activity during the different phases of the menstrual cycle. In Chinese medicine, this approach is referred to as "artificial menstrual cycle regulation." Like so many other Chinese studies, this one suggests that the combination or integration of Chinese and Western medicines is a superior approach.

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