

Chinese Herbal Medicine and Ovarian Dysfunction (PCOS)

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(1) The effectiveness of a Chinese formula called "Tian gui fang" in comparison with metformin was tested on patients with polycystic ovarian syndrome [PCOS]. The patients were divided into two groups and either Tian gui fang or metformin was administered for three months. After treatment, 4 out of the 8 patients on metformin had restoration of menstrual cyclicity, and two of them had a double phase BBT. The testosterone levels had decreased. No other measures changed. In the group that received the Chinese medicine, 6 patients out of 8 had a restored cycle as well as a double phase BBT. Testosterone and the body mass index (BMI) decreased significantly. The authors conclude that both therapies can induce ovulation but that Chinese herbal medicine has a higher efficacy in restoring ovulation and normal BBT measures.

Hou J, Yu J, Wei M. "[Study on treatment of hyperandrogenism and hyperinsulinism in polycystic ovary syndrome with chinese herbal formula "tian gui fang]". Zhongguo Zhong Xi Jie he Za Zhi. 2000; 20 (8):589.

(2) The effectiveness of a Chinese herbal formulary was tested on patients with high LH levels due to polycystic ovary syndrome. Eight weeks of treatment with Chinese herbal medicine significantly reduced plasma LH.

Ushiroyama T, Ikeda A, Sakai M, Hosotani T, Suzuki Y, Tsubokura S, Ueki M. "Effects of unkei-to, an herbal medicine, on endocrine function and ovulation in women with high basal levels of luteinizing hormone secretion." J Reprod Med. 2001 May; 46(5):451-6.

(3) In Japan, a Chinese herbal formulary was tested on patients with polycystic ovarian disease [PCOD] to find an effective treatment without side effects that could be used instead of clomiphene citrate or gonadotropin therapy. After a course of treatment, the FSH/ LH ratio had significantly decreased, and the ovulatory rate was 70.6%. Serum testosterone did not change during treatment. The authors conclude that the Chinese formula may be useful for the treatment of anovulation in PCOS patients.

Sakai A, Kondo Z, Kamei K, Izumi S, Sumi K. "Induction of ovulation by Sairei-to for polycystic ovary syndrome patients." Endocr J. 1999 Feb; 46(1):217-20.

(4) A case study from Taiwan discusses the effective treatment of premature ovarian failure using Chinese herbal medicine. Clomiphene citrate therapy over 8 months had not changed the FSH and LH levels from the postmenopausal range. A course of 4 months treatment with

Chinese herbal medicine based on Zuo gui wan induced an ovulation, and the patient fell pregnant. The authors conclude that Chinese herbal medicine can restore ovarian function effectively and promptly and offers another option for treating infertility in patients with premature ovarian failure.

Chao SL, Huang LW, Yen HR. "Pregnancy in premature ovarian failure after therapy using Chinese herbal medicine. A case study." Chang Gung Medical Journal 2003 Jun; 26(6): 449-52.

(5) At Shanghai medical university, the effectiveness of Chinese medical herbs from the category of yin supplementing were tested on 35 patients with polycystic anovulation. The patients were treated for three months, and a variety of tests were carried out before and after the course of treatment. Testosterone levels lowered significantly. In 59.7% of patients and a regular cycle was re-established. 41.2% of women became pregnant. The authors conclude that Kidney Yin nourishing herbs could provide a good micro-circumstance for ovarian follicular growth, which results in ovulation and pregnancy.

Zhou LR, Yu J. [Clinical observation on treatment of hyperinsulinemia and hyperandrogenism anovulatory patient with replenishing kidney-yin drugs] Zhongguo Zhong Xi Yi Jie He Za Zhi. 1996 Sep; 16(9): 515-8.

(6) Hachimijiogan, a Chinese herbal formulary (Liu wei dihuang wan + rou gui, yin yang huo, huang qi), was shown in one study to benefit female infertility due to pituitary dysfunction. Two infertile women (one with and one without a pituitary adenoma) who were resistant to medical treatment, were given Hachimijiogan which subsequently reduced the serum prolactin level, and resulted in a normal ovulatory cycle and pregnancy, without side effects.

Usuki S; Kubota S; Usuki Y. Treatment with hachimijiogan, a non-ergot Chinese herbal medicine, in two hyperprolactinemic infertile women'. Acta Obstet Gynecol Scand 1989, 68 (5) p475-8.

(7) In another study looking at pituitary dysfunction causing infertility, 27 women were given the same formulae as discussed above. 6 of the women had amenorrhea. In 15 patients, the prolactin levels dropped to a healthy range, and remained low 6 months after the course of treatment. Four patients with amenorrhea ovulated. Eleven patients conceived and delivered a healthy baby. In three women, the prolactin level did not lower. The authors conclude that a modification of Liuwei di huang wan can be a safe and effective treatment for hyperprolactinemic women.

Usuki S, Usuki Y. "Hachimijiogan treatment is effective in the management of infertile women with hyperprolactaemia or bromocriptine-resistant hyperprolactaemia." American Journal of Chinese Medicine 1989; 17 (3-4):225-41.

(8) In one study of female infertility, 53 patients with luteal phase defect (LPD) were treated with different Chinese medicinal herbs at different phases of menstrual cycle. The patients were treated for three menstrual cycles and there was significant improvement in the luteal phase of endometrium, and a tendency for normalization of the waveforms and its amplitude after the treatment. The findings suggested that Chinese herbal medicines are capable of replenishing the Kidney and regulate the hypothalamus-pituitary-ovarian axis and thus improve the luteal function. Among the 53 cases, 22 (41.5%) conceived but 68.18% of them required other measures to preserve the pregnancy.

Zhang HY; Yu XZ; Wang GL Preliminary report of the treatment of luteal phase defect by replenishing kidney. An analysis of 53 cases. Zhongguo Zhong Xi Yi Jie He Za zhi Aug 1992, 12 (8) p473-4, 452-3.

(9) Women with normal menstrual cycles but low basal body temperature and progesterone levels (luteal insufficiency) were effectively treated with a Chinese herbal formulary called Dang guishao yao tang, with no observed side effects.

Usuki S, Higa TN, Soreya K. "The improvement of luteal insufficiency in fecund women by tokishakuyakusan treatment". Am J ChinMed. 2002; 30(2-3):327-38.