Polycystic ovaries - are the cysts due to phlegm damp and Kidney yang deficiency or to kidney jing deficiency? Should they be treated as cysts at all?----------By Rona Wang and Jenny Allison

From the clinical notes of Rona Wang

Recently I discovered that my patients with Polycystic Ovarian Syndrome (PCOS) responded well when treated with predominately Kidney jing tonics: more of the women became pregnant and their menstrual periods came more often. My treatment consisted of predominately Kidney jing and yin tonics, assisted by Kidney yang tonics and with the addition of 1-2 herbs for blood circulation. On the other hand when I used the principle of warming the uterus and adding blood moving herbs according to the conventional CM theory of PCOS, the periods tended to be prolonged and the pregnancy rate was much lower. I also noticed in clinic that more and more of my PCOS patients tend to be younger, jing deficient and of thin build. (Some even had a BMI of only 15, whereas 25 is normal).

Why is this occurring? With this question in mind I would like to review current PCOS theory in this article and share my ideas with other practitioners. I will illustrate my point of view with four recent case histories.

Aetiology and pathology of PCOS according to Western Medicine:

Polycystic Ovarian Syndrome (PCOS) is a serious disorder in women in which the ovaries become enlarged with many ‘cysts’ which are in fact small undeveloped follicles. Over time there is thickening and fibrosis of the ovarian casing which prevents any follicles which do ripen from being released.

PCOS is associated with anovulation and menstrual irregularities, infertility and insulin resistance. There may be acne, hirsutism and weight gain. As the condition progresses it may become associated with dysfunctional uterine bleeding, obesity, Type 2 diabetes, endometrial cancer, high cholesterol and cardiovascular disease.

PCOS is distinguished from PCO in that the hormone levels with PCO may still be normal, whereas in PCOS there are hormonal and metabolic abnormalities.
PCOS may be caused by genetic factors. There may be a normal autosomal (46xx) dominant inheritance which has an X-chain inheritance or gene mutation: most patients have chromosomal aberrations or chromosome mosaic type, such as 46xx, but some have 46xx/45xo or 46xx/46xxq. These changes may be caused by pollutants such as radiation. From a TCM view, genetic abnormalities are related to Kidney jing deficiency.

According to the Adrenal Germination Hypothesis, when a patient receives strong stimulation of the adrenals in childhood, after puberty the reticular zone of the adrenals secretes excessive testosterone which transforms into high levels of oestrone (however estradiol remains low). The hypothalamus-pituitary-ovarian (HPO) axis and low levels of dopamine are involved in this process. The rhythm of release of GnRH-GnH (the hormone responsible for the release of LH and FSH from the pituitary) is disrupted, resulting in excessive secretions. In addition, since high testosterone stimulates the production of multiple follicles and these also produce high estrogen, the pituitary receives the message from the ovary to lower FSH production and the LH /FSH balance becomes imbalanced, with LH higher than FSH. As the LH rises in relation to FSH, testosterone becomes raised further as more follicle cells are stimulated and secrete more testosterone themselves. In a vicious cycle the high testosterone in turn increases the sensitivity of LH to GnRH and it rises even further. Thus the ovary and the adrenals secrete testosterone together. Because the FSH is lowered the follicles cannot develop fully or be released from the ovary, there is fibrosis of the ovarian casing and the ovaries are chronically enlarged with multiple 'cysts'. A number of vicious cycles thus perpetuate the condition and it is very rare to have mature eggs develop.

Raised insulin levels as a result of insulin resistance are also implicated in PCOS. Insulin suppresses the sex hormone binding globulin which de-activates testosterone, so high insulin means more testosterone as well. It may be that as young women eat so much of a high fat and refined carbohydate diet of fast food that they are developing insulin resistance early in their reproductive lives and increasing their risk of PCOS. It could also be that an imbalance in maternal sugar metabolism while the baby girl is in utero could have an effect.

The contraceptive pill, especially its early use before the Chong and Ren are properly established may also be involved in the early development of PCOS. While the pill causes testosterone deficiency, it also upsets the balance of LH and FSH because exogenous hormones give negative feedback to the pituitary and anovulation means LH is raised, and induces insulin resistance and weight gain with an associated risk of diabetes. In this way it may be a contributing factor to PCOS. Although it is the most commonly prescribed drug to treat the menstrual irregularities associated with PCOS its use is now being questioned by Western doctors in light of this knowledge.

From the above analysis the key factor in understanding PCOS is that serum testosterone has the tendency to be too high and this inhibits follicle development. Initially the testosterone may not be high but will become increasingly elevated as the LH rises in
relation to the FSH. This is why it so important to treat this condition as early as possible, as
soon as cysts are detected and an LH/FSH imbalance is evident. An early warning sign to
investigate for PCOS is menstrual irregularities in young women.

Aetiology and pathology according to TCM:

In TCM theory the follicles are the responsibility of Kidney jing. If the follicles cannot develop
large enough (a mature egg is 16-20mm) because estradiol and FSH are lowered and
testosterone is high, this generally means that the Kidney yin-jing is deficient. Kidney yin
deficiency easily manifests with deficiency heat symptoms such as high testosterone levels,
acne and heavy growth of body hair. Disruption of the menstrual cycle relates to disturbance
of the Chong and Ren which are governed by the Kidneys. Fibrosis of the ovarian casing
represents blood stasis.

The question of why girls are more jing deficient than before is complex. It relates to their
mother’s health while they are in utero, including medications she may have taken, as well
as her age and how much her own jing has declined. It relates to the modern lifestyles of
adolescent girls who are staying up late, becoming sexually active too early, eating poorly to
try and stay slim, and are under high expectations to perform academically, socially and in
sport. These pressures also affect the Liver qi which must flow smoothly for the Chong and
Ren to function normally.

In my view of PCOS follicles are the source of TIANGUI: they come from Kidney jing. If the
soil is to be rich, it has to have good fertilisers. So if we want the follicles to develop well they
have to be given enough nutrition. This is largely with Kidney jing and yin tonics, with the
addition of some Kidney yang and blood moving herbs to promote and generate Qi and
blood (the movement of Qi helps to release the egg). Ovulation is then normalised, estradiol
goes up and testosterone goes down. Even if the diagnosis is Spleen deficiency with damp,
Liver qi stagnation or Spleen and Kidney yang deficiency, treating the Kidney jing must still
be the priority and the result is not as good if this is not done.

By contrast, however, many TCM texts and articles relate PCOS more to yang deficiency
with dampness and phlegm, largely because of the weight gain commonly associated with
the condition and the appearance of the cysts. I used to share this view and treat PCOS on
this basis, using formulae such as Cang Fu Dao Tan Tang, Qi Gong Wan and Dan Zhi Xiao
Yao Wan, but my results were not very satisfactory. On reflection I saw that the stasis of
damp, phlegm and blood were only the branches of the condition and that the root was
deficiency of the Kidney jing.

To investigate these two conflicting views, I divided my patients into two treatment groups,
although the numbers were heavily weighted in favour of Group One whose treatment was
to tonify Kidney jing in addition to treating what presented. The guiding formulae were as
follows:
**Group one guiding formulae**: (based on my theory and clinical practice - 21 patients).

I used either formula A. or B. followed the Four Phase Cycle Treatment.

**A.** The principle of treatment is to strongly nourish the Kidney yin, promote the circulation of blood and lightly tonify kidney yang using a few herbs only.

Shu Di (Radix Rehmanniae) 15, Shan Yao (Rhizoma Dioscoreae) 12, Tu Si Zi (Semen Cusutae) 9, Shan Zhu Yu (Fructus Comi) 9, Gou Qi Zi (Fructus Lycii) 9, Dang Gui (Radix Angelicae Sinensis) 12, Chuan Xiong (Rhizoma Chuanxiong) 6, Bai Shao (Radix Paeoniae Alba) 9, Chi Shao (Radix Paeoniae Rubra) 9, Fu Pen Zi (Fructus Rubi) 6, Xiang Fu (Rhizoma Cyperi) 6, Zhi Gan Cao (Radix Glycyrrhizae) 6. These are taken in granulated form in the evening.

**B. The four phase cycle treatment:**

I also used an adaptation of the four phase cycle treatment in many of the patients in the study. I find this approach effective in clinic generally. It is widely known and practised in the West as a result of the work of Jane Lyttelton in her text *Treatment of Infertility with Chinese Medicine*, which she bases on her studies with Dr Xia Gui Cheng. It involves using/changing herbs throughout the month to support the energetic changes, especially ovulation, that would occur assuming the cycle was a normal one. Herbs are also taken during the period once it establishes itself regularly, which helps regulate the blood flow and the endometrium shed itself evenly for a new cycle start again correctly.

The treatment principle is to nourish the Kidney jing and yin, but also to lightly tonify the Kidney yang and promote the circulation of blood. This principle applies throughout the whole cycle. However different herbs change the focus according to the time of the month.

**The guiding formulae are as follows:**

**Phase One: Day 1-5: During the period.** Tonify blood and promote blood circulation

Tao Hong Si Wu Tang jia wei

Dang Gui (Radix Angelicae Sinensis) 12, Chuan Xiong (Rhizoma Chuanxiong) 6, Bai Shao (Radix Paeoniae Alba) 9, Chi Shao (Radix Paeoniae Rubra) 9, Shu Di (Radix Rehmanniae) 15, Ji Xue Teng 9, Chong Wei Zi (Fructus Leonuri) 9, Xiang Fu (Rhizoma Cyperi) 6, Zhi Gan Cao (Radix Glycyrrhizae) 6.

**Phase Two: Day 6-11: The follicular phase.** Nourish blood, Kidney jing and yin primarily, tonify Kidney yang and add 1-2 herbs for blood moving:

Shu Di (Radix Rehmanniae) 15, Shan Yao (Rhizoma Dioscoreae) 12, Tu Si Zi (Semen Cusutae) 9, Shan Zhu Yu (Fructus Comi) 9, gouqizi(Fructus Lycii) 9, danggui(Radix Angelicae Sinensis) 12, chuanxiong(Rhizoma Chuanxiong) 6, baishao(Radix Paeoniae
Alba)9, chishao(Radix Paeoniae Rubra)9, fupenzi(Fructus Rubi)6, xiangfu(Rhizoma Cyperi)6, zhigancao(Radix Glycyrrhizae)6.

Note: One of the best medicinals to nourish Kidney jing here is Gui Ban, but its use is controversial for ethical reasons.

Phase Three: Day 12-16: Before and during ovulation. Use the follicular phase formula plus one kidney yang tonic and one blood moving herb), for example:

Xianglingpi(Herba Epimedii)3-6, zaojiaoci (Fructus Gleditsiae)9.

Phase Four: Day 17-28: The luteal phase. Nourish the Kidney yin and strengthen yang:

The follicular phase formula plus Erxiantang

Xian mao (Rhizoma Curculiginis)6, xianlingpi (Herba Epimedii)6.

Note: if these herbs are too hot, herbs such as Tu Si Zi and Ba Ji Tian may be substituted

In addition to protocols A. or B., Wu Ji Bai Feng Wan, one ball, is also taken with Gui Zhi Fu Ling Wan,12 pills, in the morning.

Wu Ji Bai Feng Wan consists of the following ingredients to tonify Qi, blood, Kidney yin and yang. It is important that this patent comes from the Beijing Tongren Tang. This ensures that there are the right quantity of good quality Kidney jing tonics.

Wu Ji (Pullus cum Osse Nigro), Ren Shen (Radix Ginseng) Huang Qi (Radix Austragali), Dang Gui (Radix Angelicae Sinensis), Chuan Xiong (Rhizoma Chuanxiong), Bai Shao (Radix Paeoniae Alba), Sheng Di (Radix Rehmanniae), Tian Dong (Radix Asparagi), YinChai Hu(Radix Stellariae), Bie Jia (Carapax Trionycis), Lu Jiao Shuang (Cornu Cervi Pantotrichum), Lu Jiao Jiao (Jelly of Cornu Cervi Pantotrichum), Dan Shen (Radix Salviae Miltiorrhizae), Mu Li (Concha Ostreae), Shan Yao (Rhizoma Dioscoreae), Qian Shi (Semen euryales), Xiang Fu (Rhizoma Cyperi).

Gui Zhi Fu Ling Wan consists of the following herbs to warm the uterus and promote blood circulation

Gui Zhi (Ramulus Cinnamomi), Mu Dan Pi (Cortex Moutan), Bai Shao (Radix Paeoniae Alba), Tao Ren Semen Persicae).

Modifications: If PCOS is accompanied by an immune system disorder, I usually add two Reishi mushroom (Lingzhi—Ganoderma Lucidum seu Sinensis) capsules once or twice daily
to strengthen the immune system and promote blood circulation in order to eliminate blood clots in the capillary vessels.

**Group two guiding formulae:** (based on the theory on PCOS in the TCM literature – 3 patients)

The principle of treatment is to tonify the yang predominately and move the blood.

Gui Zhi Fu Ling Wan, 12 pills, taken in the morning, and granulated herbs taken in the evening mainly to tonify Kidney yang, and secondarily the Kidney yin, as follows:

Xian Ling Pi 10 (Herba Epimedii), Xian Mao (Rhizoma Curculiginis) 6, Shu Di (Radix Rehmanniae) 12, Tu Si Zi (Semen Cusutae) 12, Gou Qi Zi (Fructus Lycii) 9, Zhi Gan Cao (Radix Glycyrrhizae) 6.

**Results:** After at least three months of treatment Group One had more regular periods (6) and a higher pregnancy rate (5) than Group Two, while Group Two patients experienced an improvement in energy but their periods tended to be delayed, acne worsened and there was scanty or spotting bleeding and no pregnancies. Obviously the results of 21 patients in Group One and three patients in Group Two cannot have statistical significance, but it is interesting nevertheless as an initial investigation. It would be worth investigating the results after a more long-term treatment, say 6-12 months.

**Discussion questions on PCOS:**

1. **Why do I use Wujibaifengwan in treating PCOS?**

   Some herbs and medicinals are difficult to import and/or expensive. However they are indispensable in certain conditions. Wu Qi Bai Feng Wan includes Bie Jia (Carapax Trionycis), Ren Shen (Radix Ginseng), Lujiaojiao (velvet of Cornu Cervi Pantotrichum) and Lujiaoshuang (Jelly of Cornu Cervi Pantotrichum) and is much cheaper.

   The aetiopathogenesis of PCOS is very complex: it is not only kidney jing and yin deficiency but also kidney yang deficiency, blood stasis and damp.

   Wujibaifengwan contains medicinals which:

   **Tonify Qi:** renshen- (Radix Ginshen), huangqi- (Radix Austragali)

   **Tonify blood:** dangguui(Radix Angelicae Sinensis), chuanxiong(Rhizoma Chuanxiong), baishao (Radix Paeoniae Alba), shengdi(Radix Rehmanniae),
Tonify Kidney jing, yin and Kidney yang: Bie Jia (Carapax Trionycis), lujiaoshuang(Frost of Cornu Cervi Pantotrichum), lujiaojiao(Jelly of Cornu Cervi Pantotrichum),

Promote blood circulation: danshen(Radix Salviae Miltiorrhizae),

Eliminate damp and tonify the Spleen: shanyao(Rhizoma Dioscoreae),

Reinforce yin and clear heat: tiandong(Radix Asparagi), yinchaihu(Radix Stellarianae),

Soothe the Liver and regulate the menses: Xiangfu (Rhizoma Cyperi).

Wu Ji (Pullus cum Osse Nigro) does almost all of the above: it tonifies qi and blood, nourishes yin and clears heat, regulates menstruation and invigorates the blood.

However for PCOS cases this formula does not contain strong enough blood moving herbs, so I like to add Gui zhi fu ling wan. Its ingredients Guizhi(Ramulus Cinnamomi), mudanpi(Cortex Moutan), baishao(Radix Paeoniae Alba) and taoren(Semen Persicae) are exactly what is needed to soften the thickened ovarian casing.

To tonify Kidney jing, yin and yang Wujibaifengwan is still not strong enough because PCOS follicles are too small and strong Kidney tonics are required to help them grow, so I like to add the Group One granulated herbal formula as well, mentioned above.

2. Why do I suggest it is better to have at least three months herbal treatment before IVF?

PCOS patients often do not respond well to Clomiphene, one of the drugs used particularly in the IVF cycle to stimulate follicle growth. From a Western perspective the cause of clomiphene resistance is not very clear but it relates to dysfunction in the hypothalamus-pituitary-ovarian axis which in PCOS patients is functioning poorly. On the other hand it can also cause overstimulation since there are so many follicles to stimulate in the PCOS patient.

In general the research shows that with Clomiphene, although more eggs are released the pregnancy rate is only 50%, and 20% of these miscarry. Why is this? It is evident that the egg quality is not good enough. Clomiphene reduces estradiol, reducing vaginal secretions and making the uterine lining too thin. This means it is hard not only for the embryo to implant but also to maintain its position. In CM terms any yin deficiency is exacerbated by the effects of Clomiphene. Clomiphene can also make the cervical mucus sticky which is then hard for the sperm to penetrate.

Research has shown that Chinese herbal medicine and acupuncture can improve the Clomiphene assisted pregnancy rate, since Kidney yin and blood tonic herbs enrich follicles, while blood circulation herbs make the ovary casing thinner and also help sperm to travel more easily to the cervix. For patients such as those with PCOS who do not
respond to Clomiphene well or for others who are overstimulated by the drug, our
treatment can help achieve a much better response than in previous cycles.

I strongly suggest at least three months of the ‘four phase cycle treatment’ before IVF is
attempted. During IVF, I no longer follow the four phase cycle treatment since the action of
the drugs is to intentionally stop the normal cycle. I simply give acupuncture treatment plus
an appropriate herbal formula or patent medicine.

3. When do I use ‘the four phase cycle treatment’? When do I only use the basic
formula? When do I combine herbs with acupuncture treatment?

The ‘four phase cycle treatment’ imitates a menstrual cycle in order to help the cerebral
cortex set up a normal cycle. It gives good results clinically in all gynaecological situations. In
PCOS it may be modified to eliminate Phase One (during the period) if either the period is
very infrequent or a pregnancy is possible. In these cases the herbal formula is changed at
the end of the luteal phase to encourage a period or help secure the pregnancy, respectively.

Whether it is because of distance from the clinic or busy schedules, not all patients find it
easy to comply with taking a formula which varies throughout the month. In these cases I
prescribe only the basic PCOS formula. This is taken consistently for at least three months.

Acupuncture is, of course, very successful in treating menstrual disorders. As an herbalist, I
use mainly herbs but find acupuncture treatment very important to help stimulate an
ovulation and also during IVF treatment.

4. How is obesity seen in PCOS patients?

The obesity of PCOS is different from other weight gain. It is due to high testosterone
initiated by a serious hormonal disorder. If patients are overweight we cannot only clear
damp and phlegm: we have to treat what causes the condition.

Once again the key factor in treatment is nourishing Kidney jing and yin, assisted by
tonifying Kidney yang and moving the blood. When the body metabolism reverts to normal
then the obesity will disappear.

5. Why are herbs for clearing damp-heat not so effective in treating PCOS?

The herbs for clearing damp and heat are dry and bitter in nature. When one uses these
kinds of herbs, acne may get better but the period may be delayed because the developing
follicles do not like dry herbs and they become even smaller. Therefore they cannot develop
properly to enlarge and mature.

6. How do yang tonic herbs delay the menstrual cycle in PCOS?
Yang tonic herbs are like Clomiphene which has energy but no nutrition. The follicles may develop but not contain good quality eggs. Also yang herbs in nature are warm or hot and if they are used long-term the follicles will lack yin/fluid. The opposite result to that intended can occur, with delayed menses and prolonged or spotting bleeding.

7. Why do some cases need treatment with both CM and WM?

PCOS is a very difficult condition to treat. It is often a manifestation of multi-gene mutations rather than a single gene mutation and there are profound pathological changes on the physical and hormonal levels.

It is better to treat PCOS in its early stages, as soon as polycystic ovaries have been diagnosed by ultrasound and/or an imbalance shows up in the LH/FSH ratio. It is then more amenable to treatment.

WM may be applicable if the patient has tried to conceive without success and feels it is time to try a more radical approach: CM benefits egg quality while Clomiphene raises the FSH to stimulate the ovaries to produce more follicles and release the egg at ovulation, although at a price to the yin and blood as we know.

If in some cases of prolonged spotting bleeding CM treatment is not effective after several months, then the patient may want to try the Contraceptive Pill for in order to control bleeding. As the benefits of the pill in PCOS are now questionable, however, there should be caution in using it. It only masks the symptoms and in the long-term can cause metabolic damage, as mentioned earlier. If the pill is used the patient should continue taking Kidney tonics to prevent the bleeding recurring when the drugs are stopped and should limit its use to a few months only. For patients who do wish to conceive, Metformin is sometimes prescribed to lower insulin levels and reduce weight in order to ‘kick start’ the ovaries again, although there is some evidence that CM is better than Metformin at increasing ovulation rates in this situation.

8. Why are diet and a good lifestyle so important for PCOS patients?

Pre-heaven Kidney jing from our parents cannot be changed, but the post-heaven jing can be improved by eating and living well. Diet and a good lifestyle are very important in treating PCOS.

1. **Diet** is extremely important for PCOS patients. They require a high protein, low fat and low glycaemic index diet to help reduce insulin levels, and supplementation with multi-vitamins and minerals to ensure optimal cellular function. Women who are overweight should aim to lose weight, as it appears that even the loss of just a few kilos can activate the ovaries.

2. Consistent **exercise** which is calibrated according to the patient’s strength of body condition so as not to deplete the jing further is very important to lower the insulin resistance
associated with PCOS, lose weight when necessary and to avoid secondary disease such as diabetes and heart disease.

3. Sufficient good quality **sleep** is important to replenish and maintain the jing, for rest and repair and the absorption of nutrients at a cellular level, ensuring optimum functioning. Adolescent girls and young women these days often go to bed very late and many live in a culture of chronic sleep deprivation.

4. **Bowels** should be regular to allow for the elimination of toxins and harmful cholesterol and help avoid diabetes, high blood cholesterol, obesity and heart disease.

5. **A positive attitude and regulated emotions** allows the Liver qi to flow correctly and the Heart qi to be calm. The hypothalamus-pituitary-ovarian axis is then regulated which allows the metabolic and reproductive systems to work as smoothly as possible.

**Case histories:**

1. Hong was 25 years old when she first visited me on 11/08/07.

**Main complaint:** Irregular and scanty menstruation for 12 years. She had been trying to conceive for 18 months without success.

**Symptoms:** Her menarche was at 13 years old, but her period was 4-5 days every 6 months-one year, with a medium flow. When she was 15, her period became increasingly scanty. At the time of her first visit had had a period one year previously and then another just prior to her visit after taking progesterone. She had been taking 200mg Clomiphene for five months (beginning with 50mg then increasing to 100mg, 150mg and then 200mg). However there was no ovulation or menstruation. Her vagina was very dry and itching with a little dry, yellow discharge. She was very sensitive and easily stressed, and her sleep was intermittent and could be very poor. She had a tendency to constipation and suffered from lower back pain and thirst.

The tongue was dark red with a thin, white, slightly dry coating and the pulse was thin and weak, especially on both chi pulses.

**Ultrasound:** Polycystic right ovary, complex cystic lesion on the left ovary and a small amount of pelvic free fluid.

Hong weighed 54kg (BMI=21), her prolactin was 143, LH 12.1, FSH 5.0, Oestradiol <150 and testosterone 4.0. Her husband’s sperm was normal and they had sex every 2-3 days.

**WM diagnosis:** primary infertility, Clomiphene resistance, PCOS-oligomenorrhoea, biochemical hyper-androgenism and a bicornate uterus.
**CM diagnosis:** Kidney and Liver yin deficiency

**Four phase cycle treatment:** In this case I omitted Phase One because her period was so infrequent. I changed her formula just before the end of her cycle to secure a pregnancy in case she had conceived, which she was actively trying to do.

Phase Two: after the period (assuming she was in the post-menstrual phase):

Gouqizi6 (Fructus Lycii), danggui9 (Radix Angelicae Sinensis), chuanxiong6 (Rhizoma Chuanxiong), nvzhenzi9 (Fructus Ligustri Lucidi), hanliamcao6 (Herba Ecliptae), tusizi6 (Semem Cuscutae), shanyao9 (Rhizma Dioscoreae), xiangfu6 (Rhizoma Cyperi), huangjiang9 (Rhizoma Polygonati), shenqu9 (Massa Medicata Fermentata), hehuanpi6 (Cotex Albizziae), zhigancao6 (Radix Glycyrrhizae).

Phase Three: before and during ovulation:

Chongweizi6 (Fructus Leonuri), tusizi6 (Semem Cuscutae), gouqizi6 (Fructus Lycii), fupenzi6 (Fructus Rubi), wuwhei6 (Fructus Schisandrae), huangjiang9 (Rhizoma Polygonati), xiangfu6 (Rhizoma Cyperi), nvzhenzi6 (Fructus Ligustri Lucidi), shinan teng9, chuanxiong6 (Rhizoma Chuanxiong), danshen6 (Radix Salviae Miltiorrhizae), zhigancao6 (Radix Glycyrrhizae).

Phase Four: the luteal phase:

Shudi12 (Radix Rehmanniae), tusizi9 (Semem Cuscutae), gouqizi6, (Fructus Lycii) baishao9 (Radix Paeoniae Alba), nvzhenzi9, (Fructus Ligustri Lucidi), wuwhei6 (Fructus Schisandrae), xiangfu6 (Rhizoma Cyperi), danggui6 (Radix Angelicae Sinensis), chuanxiong3 (Rhizoma Chuanxiong), shanyurou12 (Fructus Corni), jixueteng9 (Caulis Spatholobi) zhigancao6 (Radix Glycyrrhizae).

Before the period:

Danggui6 (Radix Angelicae Sinensis), (Rhizoma Chuanxiong), baishao18 (Radix Paeoniae), Ejiao6 (Colla Corii Asini), duzhong12 (Cortex Eucommiae), chuanxuduan9 (Radix Dipsaci), Sangjisheng12 (Rhizoma Sparganii), shudi12 (Radix Rehmanniae), zhigancao6 (Radix Glycyrrhizae).

In addition to this treatment she also took Wuqibaifengwan, one ball a day (although intermittently). She didn’t take Guizhifulingwan but I always added herbs for blood circulation to her formula, such as Jixueteng (Caulis Spatholobi), chongweiizi (Fructus Leonuri), chuanxiong (Rhizoma Chuanxiong), danggui (Radix Angelicae Sinensis), etc.

**Explanation:**
I concentrated on kidney jing tonics for this patient, and it took a very long time before she was ready to conceive. In the luteal phase I didn’t use the suggested Xian Mao or Xian Ling Pi as she was too jing deficiency with symptoms of Clomiphene resistance and vaginal dryness. Before her period I always used herbs such as Ejiao (Colla Corii Asini) to avoid miscarriage in case she was pregnant.

After taking a year of herbs she had had 6 periods but as she had not conceived naturally she decided to undergo IVF treatment and agreed to use Chinese herbs for support during the process.

Her formula was as follows:

Duzhong 12(Cortex Eucommiae), Chuanxuduan 12(Radix Dipsaci), shudi 9 (Radix Rehmanniae), huangqi9(Radix Astragali), Chaomaiya 6(Fructus Hordei Germinatus), Chaoguyä6(Fructus Oryzae Germinatus), shanyao 12(Rhizoma ) chenpi6, Ejiao6(Colla Corii Asini), yejiaoteng()12, xianhecao()6, zhigancao6(Radix Glycyrrhizae). The IVF was successful and she continued this formula until 13 weeks gestation. She had a threatened miscarriage at week five and week eleven with slight vaginal bleeding for a few days. After taking herbs the bleeding stopped.

The pregnancy has been without problem and she is due to deliver soon.

To conclude, the Kidney tonics nourished her ovaries and improved the egg quality. In her particular case, one year of Kidney tonics was very important for her to prepare for the IVF program.

Case two:

Katy was 30 years old when she first visited me on 01/07/2003. She had been diagnosed with PCOS many years previously. Because her period was irregular she took the contraceptive pill for a year, from 04/2002—03/2003. She has a Chinese background and was told that Wujibaifengwan could help her menstrual cycle, so she had been taking it on and off for many years. Also her family often cooked special soup for her, such as danggui lamb soup, Chinese red dates with Lychee …..etc. I am using her case as an example because she took Wujibaifengwan regularly for so many years, and this improved her constitution greatly, so that by the time of her first visit her blood tests were already much improved.

Ultrasound: in 2003 this showed polycystic ovaries with more than 11 small follicles on each side.

WM diagnosis: Her blood tests on 15/08/2003 were as follows: LH 8.0 FSH 5.8, Oestradiol 212, testosterone 1.5 (day 2) ;progesterone 67.3 (day 21). This indicated PCO rather than PCOS.

Symptoms: prolonged menstruation for almost 11 days, with spotting in the beginning for 3 days and large clots during the period accompanied by pain. Her energy was a bit low and
her sleep restless. She often complained of stomach pain if she ate something wrong and preferred soft, easily digested food. She also got diarrhoea easily, and tended to get upset and irritable. Her complexion was pale.

The tongue was dark red with a thin, yellow coating and slight teeth marks on the edge and the pulse was thin and wiry with weak chi pulses.

**CM diagnosis:** Liver Qi stagnation and blood stasis, Spleen deficiency and Kidney yin deficiency.

**Treatment:** I encouraged her to continue taking Wujibaifengwan, one ball per day, and gave her the following formula:

- Chaihu6 (Radix Bupleuri),
- Baishao12 (Radix Paeoniae Alba),
- Shanyao12 (Rhizoma Dioscoreae),
- Jixueteng15 (Caulis Spatholobi),
- heshouwu12 (Radix Polygoni Multiflori),
- hehuanpi 9 (Cortex Albizziae),
- Yejiaoteng (Caulis Ploygoni Multiflori) 18,
- tusizi9 (Semen Cuscutae),
- muxiang6 (Radix Aucklandiae),
- huangjing12 (Rhizoma Polygoniati),
- zigancao6 (Radix Glycyrrhizae). (Sometimes around ovulation I put Sangleng 6 (Rhizoma Sparganii) or Danshen 6 (Cortex Moutan) and xianlingpi3g (Herba Epimedii).}

She stopped taking herbs after four months as her periods were normal most of the time. She still continued to take Wujibaifenwan regularly.

**Her second visit was on 12/04/08.** She wanted to conceive with the help of Chinese herbs as she had been trying without success for some time. I concentrated on giving her Kidney yin tonics and moved blood stagnation, regulated Liver qi and tonified Spleen Qi.

I gave her the following formula:

- Shudi12 (Radix Rehmnnae),
- shanyao12 (Fructus Amomi),
- Huangjing12 (Radix Bupleuri),
- Chaihu9 (Radix Bupleuri),
- Baishao12 (Radix Paeoniae Alba),
- Tusizi9 (Semen Cuscutae),
- Chenpi6 (Pericarpium Citri Reticulatae),
- Jixueteng 12 (Caulis Spatholobi),
- sanleng3 (Rhizoma Sparganii),
- fuling 9 (Pori),
- Taizishen12 (Radix Pseudostellariae),
- zhigancao6 (Radix Glycyrrhizae). (Before period I take Sangleng (Rhizoma Sparganii) out and put shangjisheng15 (Herba Taxilli) in.

She became pregnant three months later. Her last period had flowed well and lasted four days. She now has a beautiful and healthy son.

Katy had been on the waiting list for IVF in November of 2008, but luckily fell pregnant before that!

**Explanation:** This patient had been diagnosed with PCOS for years but because she continued taking Wujibaifengwan for a long time, her qi, blood, Liver and Kidney yin and jing had all benefited, so that when she came to me her blood tests were not bad, indicating PCO rather than the full polycystic ovarian syndrome.

**Case three:**

Queen was 21 years old when she first visited me on 20/06/2007
**Main complaint:** Irregular and delayed menstruation for several years.

**Ultrasound:** both ovaries polycystic with approximately 17 small follicles on each ovary. Enlarged ovaries (9.9mm and 8.3mm)

**Symptoms:** Her menarche was at 13 years and her period came every 2-3 months and lasted 3-4 days.

When she began university she had become very stressed with a heavy work-load of study and examinations. Her sleep was not good and she had many dreams. She woke up feeling tired. Her bowel movement was once a day, her energy was low and she had lower back pain and cold extremities.

The tongue was dark red with a red tip and a thick, whitish, greasy coating, her right pulse was weaker than the left and both pulses were thin and slippery with weak chi pulses.

**WM diagnosis:** PCOS

**CM diagnosis:** Spleen and Kidney Qi deficiency with damp and blood stagnation. There was also underlying Liver and Kidney yin deficiency with some Heart heat.

**Treatment:** I gave her the following formula: Duzhong9 (Cortex Eucommiae), chuanxuduan 9 (Rhizoma Chuanxiong)Tusizi9(Radix Pseudostellariae), xiangfu6(Rhizoma Cyperi), Danggui6(Radix Angelicae Sinensis), chuanxiong6(Rhizoma Chuanxiong), chongweizi6(Fructus Leonuri), fuling 9(Pori), huangjing9(Rhizoma polygonati),sharen6(Fructus Amomi), shanyao12(Rhizoma Diocoreae), zhigancao6(Radix Glycyrrhizae).

Because her university was outside Auckland, I did not vary her formula according to the cycle.

**Explanation:** After taking the formula for five months her period came regularly once every five or six weeks. This continued for six months.

Because she didn’t feel hot at all after taking the above herbs and her tongue was no longer red either, I assumed that her condition must belong to the textbook’s typical PCOS type: Kidney yang deficiency with blood stasis. I wanted our result to be even better, so I decided to give her the Group Two formula (according to the TCM textbooks) which is for Kidney yang deficiency:

xianglingpi10(Herba Epimedii), xianmao(Rhizoma Curculiginis)6, shudi(Radix Rehmanniae)12, tusizi Semen Cusutae)12, gouqizi(Fructus Lycii)9, zhigancao(Radix Glycyrrhizae)6. She took these herbs in granulated form in the evening.

She also took Guizhifulingwang, 12 pills in the morning, although she sometimes forgot.

Unfortunately after taking these herbs she didn’t get her period for more than three months! Her mother called me and asked to change back to the original formula.

This I did, and after another three months her menses returned and then came every 5-6 weeks again.
Her mother was not too happy that I changed to Kidney yang herbs even when I explained to her that I had wanted a quicker result. Instead I had got a slower result!

It seems that Kidney yang tonic herbs are too dry for this condition and even when I returned to Kidney jing and Spleen tonics, it still took about 3-4 months for the Kidney to function properly again. This case made me consider why using Kidney yang tonics are not as good as using mainly Kidney jing tonic assisted by Kidney yang tonics and blood moving herbs in the treatment of PCOS.

Even though this patient didn’t take Guizhifulingwan regularly the result was still good as there were blood moving herbs in the Kidney jing tonic formula.

**Case four:**

Polly was 24 years old when she first visited me on 02/02/2008. She weighed 40kgs and her BMI was only 15.6.

**Main complaint:** Irregular, scanty and spotting menstruation for some years. She had been spotting for the last four months.

Her FSH was 6.5, LH 10.5 progesterone 0.6, estradiol 219 and testosterone 3.9

**Ultrasound:** polycystic ovaries.

**Symptoms:** Menarche was about 14 years old and from then on her period came every 4 weeks -3 months and lasted for five days. Whenever her period did not come for 3 months she went on the contraceptive pill for 3-6 months. This occurred many times. Her period was light in volume while she took the contraceptive pill.

Her last period was at the beginning of October, 2007 and hadn’t stopped, but there was no normal period blood flow either. Her face pores were large with lots of acne and her appetite was poor with only two small meals a day.

The tongue was swollen with a thin yellow coating, pale body and red tip, and the pulse was thin and rapid.

**WM diagnosis:** PCOS

**CM diagnosis:** Liver & Kidney yin deficiency with Spleen qi deficiency.

I decided to give her Spleen tonics initially to improve her appetite so that she could absorb the nourishing Kidney tonics for her ovarian function.

**Treatment:** I gave her the following formula:

Huangqi9(Radix Astragali), dangshen9(Radix Codonopsis), xiangfu6(Rhizoma Cyperi), chenpi3(Pericapium Citri Reticulatae), huangjiang9(Rhizoma ), shanyao12(Rhizoma Dioscoreae), muxiang6(Radix Aucklandiae), shanzha6(Fructus Crataegi), chaomaiya6(Fructus Hordei Germinatus), xianhecao9(Herba et Gemma Agrimoniae), zhigancao6(Radix Glycyrrhizae).
After taking this for two weeks her pimplies were worse and the appetite was still poor, but
the bleeding had stopped. I removed xianhecao (Herba et Gemma Agrimoniae) and added
zhizi 3g (Fructus Gardeniae) and jixueteng 12g (Caulis Spatholobi). I also gave her Wu Ji Bai
Feng Wan, one ball a day. She continued with this for another two weeks and a normal
period came on 19/03/08 for 4 days only, approximately a month after the bleeding had
stopped. During the period I gave her the basic Phase One formula, substituting Yi Mu Cao
and Chuan Niu Xi for Taoren and Hong Hua.

I told her to keep taking Wujiabifengwan. Her vaginal bleeding started again on 04/04/2008
with spotting for 12 days. I changed the formula to the four phase cycle treatment and
concentrated on Kidney tonics. The principle was to tonify the Liver blood and reinforce
Kidney jing, strengthen the Spleen qi and move blood stasis.

In this case I only used Phase One once because of her disturbed cycle, and instead
changed her formula just before the period was due. Usually I began with Phase Two.

Phase Two: the follicular phase:

Formula: Heshouwu 9 (Radix Polygoni Multiflori), Sangshenzi6 (Fructus Mori), Shudi12 (Radix
Rehmanniae), chenpi6 (Pericarpium Citri Reticulatae), nvzhenzi9 (Fructus Ligustri Lucidi),
hanliancao6 (Herba Ecliptae), baishao9 (Radix Paeoniae Alba), huangqi9 (Radix Astrageli),
shanyao9 (Rhizoma Dioscoreae), chuanxiong3 (Rhizoma Chuanxiong), xiangfu6 (Rhizoma
Cyperi), zhigancao6 (Radix Glycyrrhizae).

Phase Three: before and during ovulation:

Danggui6 (Radix Angrlicae Sinensis), chuanxiong 6,(Rhizoma Chuanxiong) Chongweizi6(Fructus Leonuri), tusizi9(Semen cuscutae), baishao9(Radix Paeoniae Alba), shudi9(Radix Rehmanniae), jixueteng9(Caulis Spatholobi), danpi6(Cortex Moutan),
chishao6(Radix Paeoniae Rubra) zhigancao6(Radix Glycyrrhizae).

Phase Four: the luteal phase:

Danggui 6(Radix Angrlicae Sinensis), chuanxiong 6(Rhizoma Chuanxiong),
baishao12(Radix Paeoniae Alba), chishao6(Radix Paeoniae Rubra), tusiqi9(Semen
cuscutae), gouqizi6(Fructus Lycii), nvzhenzi9(Fructus Ligustri Lucidi), hanliancao 6(Herba
Ecliptae), shudi12(Radix Rehmanniae), jixueteng9(Caulis Spatholobi), xiangfu6(Rhizoma
Cyperi), zhigancao6(Radix Glycyrrhizae).

Before the period:

Yimucao15(Herba Leonuri), chuanniuxi6(Chuan Radix Achyranthis Bidentatae),
liujinu9(Herba Artemisiae Anomalae), danggu9 (Radix Angrlcicae Sinensis), chuanxiong
6(Rhizoma Chuanxiong), chishao9(Radix Paeoniae Rubra), taoren6(Semen Persicae),
baishao12(Radix Paeoniae Alba), heshouwu12(Fructus Polygoni Multiflori),
zhigancao6(Radix Glycyrrhizae).
After a few cycles of this treatment her period had normalised and came every month for seven months. Her testosterone was reduced to 2.5 (it was 3.9). At this point she stopped taking herbs.

The second visit was on 26/03/09. Her period was spotting continuously for 20 days once more. I tried to stop vaginal bleeding using the following herbs to promote uterine contractions:

Yimucao 12 (Herba Leonuri), chuanniuxi6 (Chuan Radix Achyranthis Bidentatae),
taoren6 (Semen Persicae), baishao9 (Radix Paeoniae Alba), chaihu3 (Radix Bupleuri),
chishao6 (Radix Paeoniae Rubra), honghua6 (Flos Carthami), huangjing12 (Rhizoma Polygonati), shanyao12 (Rhizoma Dioscoreae), chenpi6, zhigancao6 (Radix Glycyrrhizae). for 4 days. She bled heavily for one day and then the bleeding reduced to almost nothing except for a very tiny brownish discharge.

I then gave the following herbs to try and treat the root problem and stop bleeding as well:

Huangqi12 (Radix Astragali), Huangjing12 (Rhizoma Polygonati), jixueteng9 (Caulis Spatholobi), chuaxiong6 (Rhizoma Chuanxiong), shudih12 (Radix Rehmanniae),
chenpi6 (Pericapium Citri Reticulatae), Ejiao12 (Colla Corii Asini), hanliancao9 (Herba et Gemma Agrimoniae), chailhu3 (Radix Bupleuri), baishao9 (Radix Paeoniae Alba),
guizhi6 (Ramulus Cinnamomi), zhigancao6 (Radix Glycyrrhizae)., for two weeks.

She continued to bleed, however, and finally visited her doctor who suggested she take the contraceptive pill again until she was married and wished to conceive.

She sought my agreement on this, which I gave, but I encouraged her to take Wujibaifengwan at the same time to reinforce the Kidney (ovarian function) and told her to see me again when she wished to conceive using herbs. In hindsight, with the knowledge of the Pill’s adverse effects on PCOS, I might have encouraged her to continue with the herbs instead, or at least encourage her to limit the Pill to a few cycles.

**Explanation:** The four phase cycle treatment obtained a good result for this case of PCOS. When the BMI <25, it is important to reinforce Kidney essence and strengthen the Spleen. For these kinds of patients, it is fine if the woman’s doctor suggests the contraceptive pill but it is important at the same time to take Wujibaifengwan to strengthen ovarian function in case one day the patient wants to get pregnant. Then the ovary has already benefited from the Kidney tonics.

**Conclusion**

From this recent clinical experience, my conclusions are as follows:

1. The main pathological mechanism of PCOS is Kidney jing deficiency with stagnation of Qi, blood, damp or phlegm. The multiple ‘cysts’ on the ovaries are undeveloped follicles and are therefore not cysts from a CM clinical perspective. The reason behind their failure to develop into mature follicles must be addressed.
2. The treatment principle is predominately to tonify Kidney jing, and add Kidney yang tonics and blood moving herbs to assist. This achieves the best results. In general it is best to use herbs that are not too greasy or hard to digest because Spleen
deficiency with pathological dampness is common in PCOS. The dampness associated with PCOS is treated differently from other damp: hot and dry herbs cannot be used as they will obstruct egg maturation. Huang Jing may be used instead of Shu Di, or Shu Di used with Sha Ren and Chen Pi. Sang Ji Sheng is a useful herb as it dispels dampness while also tonifying the Kidneys. Other useful herbs are Rou cong Rong which can strengthen the yang without being too drying, and Shan Zha and Liu Ji Nu which help the digestion of the herbs while also moving the blood.

3. Wujibaifengwan, one ball daily, is a very useful patent as additional support for the Kidney for the patient to take in the long-term (Some yin deficient patients feel hot if they take two a day so it is safest to use only one ball).

4. PCOS can be cured or can revert to PCO only if Kidney tonic herbs are taken long-term. Even if the symptoms have resolved it is essential to consolidate the effect.

5. Using predominately Kidney yang tonics appears to have too drying an effect on PCOS patients. Even in the patient who is Kidney yang deficient with damp, the follicles still need to be nourished with jing tonics as the main emphasis of treatment.

6. Guizhifulingwan used alone is not very effective for PCOS as it focuses only on the branch and does not consider the root of the disease.

7. Wujibaifengwan and Guizhifulingwang used together are not as good as using ‘the four phase cycle treatment’.

8. Wujibaifengwan and Guizhifulingwang taken in the morning and the ‘four phase cycle’ formulae taken in the evening together seem to give the best results, (although some patients feel that this is too many herbs to take!).

Although I have so far only a limited number of case studies to support my theory, I wanted to share my thoughts with other practitioners as these cases show us, I think, that we need to analyse and give further thought to the theory and treatment of PCOS.

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