

Interpretation of the “Guidelines for Integrated Traditional Chinese and Western Medicine Diagnosis and Treatment of Polycystic Ovary Syndrome (2024 Edition)”

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Abstract: Polycystic ovary syndrome (PCOS) is a common reproductive endocrine metabolic disease in women, which seriously affects women's quality of life, fertility and long-term health. The clinical characteristics of PCOS are continuous thin ovulation or anovulation, hyperandrogenism or hyperandrogenemia, and ovarian polycystic changes, often accompanied by insulin resistance and obesity. Currently, Western medicine focuses on symptomatic treatments such as reducing androgen, adjusting menstrual cycle, and improving insulin resistance. Studies have confirmed that TCM syndrome differentiation has characteristics and advantages in improving metabolic disorders, reducing body weight, restoring natural ovulation, etc. However, the classification of TCM syndrome differentiation is not uniform, and the diagnosis and treatment plan has not been recognized by the industry. Therefore, it is of great clinical value and guiding significance to establish a standardized diagnosis and treatment plan suitable for PCOS population in China.

Keywords: Polycystic Ovary Syndrome, Guidelines, Interpretation.

1. Introduction

In order to further standardize the diagnosis and treatment behavior of PCOS in China, in March 2007, Professor Wu Huiping of the obstetrics and Gynecology Department of Jingjiang People's Hospital drafted and published the article “Diagnosis and Treatment of PCOS with Integrated Chinese and Western Medicine”, which for the first time systematically summarized the pathogenesis, diagnosis and individualized treatment plan of PCOS from two aspects of Chinese medicine and Western medicine. It lays a foundation for the subsequent diagnosis and treatment of PCOS. In October 2011, Lian Fang and Sun Jinlong from the Reproductive and Genetic Center of Integrated Chinese and Western Medicine, Affiliated Hospital of Shandong University of Chinese Medicine, published in the Chinese Journal of Integrated Chinese and Western Medicine the Progress and Discussion on the Diagnosis and Treatment of Polycystic Ovary Syndrome with Integrated Chinese and Western Medicine, extensively summarized the previous literature on PCOS. From the perspective of pathophysiology, it is proposed that PCOS mainly consists of four aspects: ovarian polycystic change, albumen thickening, hyper androgen, IR and metabolic syndrome. It is also proposed that the treatment is divided into menstrual regulation therapy and ovulation promotion and pregnancy aid therapy according to clinical purposes, which provides a deeper understanding for later readers. In January 2024, the Professional Committee of Obstetrics and Gynecology of the Chinese Association of Integrated Traditional and Western Medicine published the Guidelines for the Diagnosis and Treatment of Polycystic Ovary Syndrome for the first time, and updated the guidelines in a timely manner according to the latest research progress. With the emergence of more research results of high evidence-based medicine in the diagnosis and treatment of PCOS, in March 2025, the Affiliated Hospital of Nanjing

University of Chinese Medicine was responsible for the whole process of formulating the guidelines, and the Chinese Society of Chinese Medicine initiated the project (project number: 20220808-BZ-CACM), and finally registered in the international practice Guide platform for the diagnosis and Treatment of Polycystic Ovary Syndrome of Integrated Chinese and Western Medicine (registration number: IPGRP-2023CN530), covering the diagnosis and classification of PCOS, PCOS treatment and other aspects.

The compilation of the Diagnosis and Treatment Plan of Integrated Chinese and Western Medicine for Polycystic Ovary Syndrome refers to the formulation method of the latest international and domestic clinical practice guidelines, and is carried out under the framework of guidance of relevant laws, regulations and technical documents. By searching and combing the literature and modern research results of traditional Chinese medicine treatment of PCOS, based on evidence-based medicine evidence and in line with the principles of traditional Chinese medicine theory, after extensive argumentation by relevant experts in the field of traditional Chinese and Western medicine PCOS, it was formed. This diagnosis and treatment plan aims to standardize the diagnosis and treatment of PCOS with integrated Chinese and Western medicine, provide clinicians with standardized treatment strategies and methods of integrated Chinese and Western medicine, comprehensively improve the clinical effect and scientific research level of integrated Chinese and Western medicine in the treatment of PCOS, and promote the integration with international academic development. This paper makes an in-depth analysis of these key recommendations, combined with the latest research results in the field of PCOS integrated Chinese and Western medicine diagnosis and treatment, and makes an in-depth interpretation of relevant literature. The purpose of this paper is to present the latest standard of diagnosis and treatment of PCOS, so as

to provide practical guidance for clinicians, so as to better serve PCOS patients and improve their therapeutic effect.

Key words: polycystic ovary syndrome; Integration of traditional Chinese and Western medicine; Clinical practice guidelines; unscramble CLC Number: R711.75 DOI: 10.13288/j.11-2166/r.2025.06.017 Document identifier: A

2. Diagnosis and Typing

2.1 Terms and Definitions

Modern medicine: PCOS is a common reproductive endocrine metabolic disease in women, with clinical manifestations of abnormal menstruation, infertility, hyperandrogenemia, ovarian polycystoid manifestations, etc. At the same time, it can be accompanied by metabolic abnormalities such as obesity, insulin resistance, dyslipidemia, etc. Pcos is a high-risk factor for the onset of type 2 diabetes, cardiovascular and cerebrovascular diseases and endometrial cancer, and seriously affects the quality of life of patients.

According to TCM, there is no name for this disease in TCM. According to clinical manifestations, PCOS belongs to the categories of “amenorrhea”, “leakage” and “infertility” in TCM, and the complications of PCOS include some aspects of diseases such as “obesity”, “XiaoKe”, “fat turbidity”, “Zheng Jia” and “acne” in TCM.

2.2 Diagnostic Criteria for PCOS in Reproductive Age and Perimenopause: Medical History + Clinical Symptoms + Auxiliary Examination.

1) Medical history: There is a history of abnormal menstruation, which can be manifested as oligomenorrhea, amenorrhea or irregular uterine bleeding; Or a history of infertility; The family may have a history of diabetes, obesity, hypertension, excessive body hair, as well as female relatives of abnormal menstruation, abnormal fertility, gynecological cancer history.

2) Clinical symptoms:

① Abnormal menstruation: 1~3 years after menarche menstrual cycle < 21 days or > 45 days; 3 years after menarche to perimenopausal menstrual cycles < 21 days or > 35 days, or < 8 menstrual cycles within 1 year; Any menstrual cycle > 90 days after 1 year of menarche; Primary amenorrhea > 15 years of age, or who has not menstruated for 3 years after breast development.

② Hyperandrogen symptoms: acne, hypertrichosis, seborrheic alopecia.

3) Physical examination:

① Hairy: pubic hair is thick and even extends to the anal circumference, groin or to the midabdominal line, or thick hard black hair can be seen around the lip, areola, umbilical circumference, and inner thigh. The modified FerrimanGallway (mF-G) score of Chinese population > 4 points indicates hairy.

② Acne: Most of the acne is inflammatory skin lesions, mainly affecting the lower cheek, neck, chest and upper back.

③ Acanthosis nigricans: symmetrically distributed light-brown plush keratosis and hyperpigmentation in the skin folds of the back and side of the neck, armpit, underbreast, groin, anus, and genitals.

④ Obesity: Body mass index (BMI) $\geq 28\text{kg/m}^2$ (calculation formula: $\text{BMI} = \text{weight}/\text{height}^2$), or waist circumference $\geq 85\text{cm}$.

4) Auxiliary inspection:

① Serum reproductive hormone concentration determination. Hyperandrogenemia, characterized by normal or mildly elevated serum total testosterone (T) levels, usually not exceeding 2 times the upper limit of the normal range, may be accompanied by elevated levels of androstendione (A2), and normal or mildly elevated levels of dehydroepiandrosterone (DHEA) and dehydroepiandrosterone sulfate (DHEAS) ; (2) The level of anti-Mullerian hormone (AMH) was significantly higher than normal; (2) Other reproductive endocrine hormones, such as non-obese PCOS patients with luteinizing hormone (LH) /follicle-stimulating hormone (FSH) ratio ≥ 2 . 20%-35% of PCOS patients may be accompanied by a slight increase in serum prolactin (PRL) level.

② Pelvic ultrasound. Polycystic ovary morphology (PCOM), at least one ovary with a diameter of 2~9mm ≥ 20 follicles; If the quality of ultrasound images is poor and the follicle count of the whole ovary cannot be accurately assessed, the standard of PCOM is that the volume (OV) of one ovary is $\geq 10\text{ml}$ [calculation formula of OV: $0.5 \times \text{transverse diameter (cm)} \times \text{long diameter (cm)} \times \text{anterior-posterior diameter (cm)}$] or the number of follicles of at least one ovary with a diameter of 2-9mm per transverse section is ≥ 10 . Transvaginal ultrasound is the most accurate way to diagnose PCOM. Transabdominal ultrasound is difficult to assess the follicle count of the whole ovary, and should mainly report $\text{OV} \geq 10\text{ml}$ or at least one ovary ≥ 10 follicles per transverse section diameter of 2 to 9mm. Ultrasonography for PCOM is not recommended in adolescents.

③ Screening for metabolic complications: oral glucose tolerance test (OGTT), insulin release test; Fasting blood lipids (triglycerides, cholesterol, high density lipoprotein cholesterol, low density lipoprotein cholesterol), liver function tests, etc.

④ Other endocrine hormones: thyroid function, cortisol, adrenocorticoid-releasing hormone (ACTH), 17-hydroxyprogesterone, etc. were selected as appropriate.

Suspected PCOS: Thin or amenorrhea or irregular uterine bleeding is a necessary condition for diagnosis. In addition, it meets 1 of the following 2 items: 1) Hyperandrogen clinical manifestations or hyperandrogenemia; 2) The ultrasonic manifestation was PCOM.

Diagnosis of PCOS: After the above diagnostic conditions for suspected PCOS are met, other diseases that may cause

hyperandrogen and cause abnormal ovulation must be ruled out one by one to confirm the diagnosis of PCOS.

2.3 The diagnostic criteria for PCOS in adolescence are: irregular menstruation and ovulation disorders + hyperandrogen clinical manifestations and/or hyperandrogenemia + exclusion of other disorders leading to ovulation disorders and hyperandrogen. For adolescent women, PCOM is more common in women within 8 years of menarche, and it is not recommended to diagnose PCOS based on ultrasonography during this period.

2.4 Differential Diagnosis of Different Categories:

2.4.1 Differential diagnosis of hyperandrogenemia or hyperandrogen symptoms.

① Cushing's syndrome (CS): Also known as hypercortisolism, is hypercortisolemia caused by various causes. It is a syndrome with clinical manifestations such as centripetal obesity, hypertension, abnormal glucose metabolism, full face, purple skin lines, and hypokalemia. About 80% of patients will have menstrual cycle disturbance, and often show signs of hypertrichosis. The diagnosis of Cushing's syndrome can be determined by the circadian rhythm of blood cortisol levels, 24h urine free cortisol, and low-dose dexamethasone inhibition test.

② Nonclassical congenital adrenal hyperplasia (NCCAH): The main clinical manifestations are elevated serum androgen levels and/or 17-hydroxyprogesterone and progesterone levels, and some patients may have ultrasound PCOM and menstrual disorders. When 17-hydroxyprogesterone > 300nmol/L (100ng/ml), it indicates typical congenital adrenal hyperplasia (CAH). 17-hydroxyprogesterone 6~300nmol/L (2~100ng/ml) is mainly found in NCCAH. When 17-hydroxyprogesterone is 6~30nmol/L (2~10ng/ml), further diagnosis should be made by ACTH stimulation test. NCCAH is diagnosed when 17-hydroxyprogesterone after excitation is greater than 31nmol/L (10ng/ml).

③ Androgen secreting tumors of the ovaries or adrenal glands: Patients show signs of masculinization and significantly elevated serum testosterone or DHEA levels, such as serum testosterone levels higher than 5.21 to 6.94nmol/L (i.e. 150 to 200ng/dl), or 2.0 to 2.5 times higher than the upper limit of the test laboratory reference standard. Ultrasound, MRI and other imaging examinations can assist in differential diagnosis.

④ Others: Drug-induced hyperandrogenemia must have a history of taking drugs, such as taking androgen drugs such as danazol or phenytoin sodium. There was a positive family history of idiopathic hypertrichosis, but serum testosterone levels and ultrasound of the ovaries were normal.

2.4.2 Differential diagnosis of ovulation disorder.

① Functional hypothalamic amenorrhea: usually serum FSH and LH levels are reduced or normal, FSH levels are higher than LH, E2 is equivalent to or lower than the level of early follicular stage, no hyperandrogenemia, and there are often rapid body mass loss, mental disorders, stress and other

causes before amenorrhea.

② Thyroid disease: Diagnosis is based on thyroid function tests and anti-thyroid antibody tests. It is recommended that patients suspected of PCOS be routinely tested for serum thyrotropin (TSH) levels and anti-thyroid antibodies.

③ Hyperprolactinemia: serum prolactin levels continue to rise, LH, FSH levels are low, estrogen levels have decreased or lack of performance, pituitary MRI examination may show pituitary space occupying lesions.

④ Early-onset ovarian insufficiency: Abnormal menstruation (amenorrhea or oligomenorrhea) before age 40, increased gonadotropin levels (FSH > 25U/L, 2 tests, at least 1 month apart), and decreased estrogen volatility.

2.5 TCM syndrome differentiation is divided into three common witness types: phlegm-dampness syndrome, kidney-yang deficiency syndrome and liver-channel stagnation heat syndrome. The main points of syndrome differentiation are as follows.

① Syndrome of internal blockage of phlegm and dampness (most common):

Main symptoms: late menstruation, less menstruation, even amenorrhea, marriage long infertility, with more; Secondary symptoms: body fat, fatigue, hirsute, loose stool; Tongue and pulse: tongue light fat, white and greasy fur, pulse smooth.

② Kidney-yang deficiency syndrome

Main symptoms: late menstruation, less menstruation, even amenorrhea, marriage long infertility, with more; Secondary symptoms: body fat, dizziness, tinnitus, cold lower abdomen, decline in sexual desire, clear and long urine, loose stool; Tongue and pulse: the tongue is light or light fat, white fur, and the pulse is heavy and weak.

③ Stagnation heat syndrome of liver channel

Main symptoms: late menstruation, small amount of menstruation, even amenorrhea, or discontinuous leakage and dripping, marriage long infertility, breast tenderness before menstruation; Secondary symptoms: facial acne, strong body or obesity, irritability and irritability, hairy, bitter mouth and dry throat, two sides are stuffy and uncomfortable; Tongue and pulse: red tongue, thin yellow fur, pulse string number.

3. Treatment: Individualized Symptomatic Treatment, Stratified Treatment, Integration of Traditional Chinese and Western Medicine to Improve Efficiency.

3.1 PCOS Integrated Traditional Chinese and Western Medicine Treatment Principle: Individual + Specimen Treatment

Due to the large heterogeneity of age, treatment needs and clinical manifestations of PCOS patients, individualized symptomatic treatment measures should be taken in clinical management according to the patient's main complaint,

treatment needs and metabolic changes, and on the basis of adjusting lifestyle, combined with adjustment of menstrual cycle, adjustment of metabolism, treatment of hyperandrogen and induction of ovulation. For patients whose clinical symptoms or signs have been alleviated, long-term risks should still be paid attention to, and multidisciplinary cooperation is recommended to develop systematic long-term management plans. In this principle, the traditional Chinese medicine treatment to tonifying the kidney to treat its root, spleen regulating qi and phlegm, soothing the liver to relieve stagnation and fire, activating blood stasis regulating channel to treat its standard, specimen treatment. At the same time, it should be treated according to the different time of menstrual cycle and the patient's physical condition.

3.2 The Principle of Integrative Treatment of Adolescent PCOS: Attention to Social Psychology + Long-term Treatment + Specimen Treatment

Age, physiological characteristics and psychosocial factors of adolescent girls should be considered in the treatment, and standardized and individualized symptomatic treatment should be taken according to the main complaints, needs and metabolic changes of patients, such as adjusting lifestyle, adjusting menstrual cycle, alleviating hyperandrogen symptoms, improving hirsuteness and acne, reducing insulin, adjusting psychological state and other treatments. In order not to affect the normal growth and development of puberty as a principle, long-term treatment is needed to adjust the menstrual cycle and prevent endometrial lesions. TCM treatment to tonifying the kidney to treat its root, syndrome differentiation treatment, specimen treatment. But routine ovulation induction therapy is not recommended. Adolescent patients with mental health disorders are given specialized treatment when necessary.

3.3 The Integrative Treatment Model of PCOS: Stratified Individualized Treatment

① For PCOS patients with no fertility need, lifestyle intervention is the basic treatment, improving clinical symptoms, gradually restoring regular ovulation, and preventing and managing long-term complications are the main treatment strategies. According to the clinical manifestations of patients, according to the TCM syndrome differentiation and classification of treatment, combined with traditional Chinese medicine cycle therapy to adjust the menstrual cycle. If there is still no ovulation after 2 months of traditional Chinese medicine treatment, sex hormone therapy based on progesterone or compound oral contraceptives should be given regularly to protect the endometrium and prevent long-term complications. For PCOS patients with metabolic disorders, on the basis of improving lifestyle and TCM syndrome differentiation treatment, combined with metformin, thiazolidinediones (pioglitazone), orlistat and other drugs oral treatment.

② PCOS patients with fertility needs: Identify risk factors for fertility failure, such as obesity, uncontrolled glucose tolerance, diabetes, and hypertension. Reducing weight and improving metabolic disorders are basic treatments to promote fertility. TCM syndrome differentiation to regulate menstruation to assist pregnancy, combined with western

medicine to promote ovulation treatment. After the above treatment is ineffective or combined with other infertility factors (such as old age, fallopian tube factors or male factors, etc.), assisted reproductive technology support, such as artificial insemination, in vitro fertilization-embryo transfer (IVF-ET), etc.

3.4 Treatment Methods and Drugs: Lifestyle Improvement + Individualized Drug Symptomatic Treatment

3.4.1 Lifestyle improvement in PCOS patients: diet + exercise + human intervention

① Diet control: Monitoring caloric intake and healthy food choices is a major component of diet control. Long-term calorie restriction, choose a low-sugar, high-fiber diet, and replace saturated fatty acids with unsaturated fatty acids. For patients who are overweight or obese, caloric intake can be reduced by 30% from the standard intake, or by 2, 100-3100kJ /d (5, 000-6, 300kJ /d). Reduce mental stress, change bad eating habits, quit smoking, less alcohol, less coffee. Doctors, society, and families should give encouragement and support to patients, so that they can adhere to good habits for a long time without rebounding their body mass.

② Exercise: If the goal is to prevent body mass gain and maintain health, it is recommended to exercise at least 150min/ week at moderate intensity, suitable for adults aged 18-64 years; Or physical fitness allows for high-intensity exercise, at least 75min/ week; Or the equivalent combination of medium and high intensity exercise. These exercises should include non-continuous muscle-strengthening activities at least 2 days per week. Moderate to high intensity physical exercise is recommended for adolescents, with at least 60 minutes a day and at least 3 times a week of muscle strengthening activities. If the goal is to moderate fat loss, prevent body mass rebound and obtain more health benefits, it is recommended to exercise at least 250min/ week at moderate intensity. Or physical fitness allows for high-intensity exercise, at least 150min/ week; Or the equivalent combination of the two. Muscle strengthening activities involving the major muscle groups on at least 2 non-consecutive days per week. Avoid sitting. An individualized program should be developed according to the individual's wishes and physical limitations.

③ Behavioral intervention: including the adjustment of obesity cognition and behavior, is under the guidance and supervision of clinicians, psychologists, nurses, nutritionists and other teams, so that patients gradually change the lifestyle habits (no exercise, intake of alcohol and smoking, etc.) and psychological states (such as stress, depression and depression) that are prone to cause disease. Behavioral interventions can make traditional measures of diet control or exercise more effective.

3.4.2 For PCOS patients with no fertility requirements, traditional Chinese medicine or integrated Chinese and Western medicine treatment: COC, estrogen sequential treatment + TCM syndrome differentiation

(1) On the basis of lifestyle intervention, patients with

abnormal menstruation need to choose short-acting combined oral contraceptives (COC), periodic progesterone or estrogen progesterone sequential treatment according to the patient's age, endocrine and metabolic conditions. Short-acting COC was selected for patients with hyperandrogenemia, hyperandrogen manifestations such as hypertrichosis and acne during adolescence and reproductive age. Spironolactone was selected for short-acting COC patients with hyperandrogen who had short-acting COC contraindications or could not tolerate short-acting COC. Patients with metabolic disorders can be treated with metformin, thiazolidinediones (pioglitazone), acarbose, statins and other western drugs according to their specific conditions. The above drug use methods and precautions can be referred to the "Polycystic ovary Syndrome Chinese Diagnosis and treatment Guide".

(2) On the basis of the above treatment, combined with TCM syndrome differentiation treatment:

① Phlegm-dampness internal obstruction syndrome

Treatment method: removing phlegm and dampness, regulating channels and collaterals.

Recommended drugs: Cangfu Dao Tan Pill combined with ethinylestradiol cyproterone/ethinylestradiol cyproterone and metformin. If accompanied by cough and phlegm, chest distension and depression, nausea and vomiting, use Erchen pills; If accompanied by panting and coughing phlegm thick, constipation, use Mengshi Guntan pill combined with ethinylestradiol cyproterone; If accompanied by chest and abdomen congestion, head and body pain, shoulder and back tightness, use Wuji powder combined with metformin.

② Kidney-yang deficiency syndrome

Treatment method: warming kidney to assist Yang, tonifying Chongren.

Recommended drugs: Right GUI pills If accompanied by fatigue, mental weakness, waist and knees weak, use compound Xuanju capsule combined with ethinylestradiol cyproterone.

③ Stagnation heat syndrome of liver channel

Treatment methods: soothing liver and regulating qi, draining fire and regulating menstrual flow.

Recommended drugs: Danzhi Xiaoyao powder combined with ethinylestradiol cyproterone. If accompanied by pain, dizziness, fatigue, low food, umbilical distension pain, use supplemented Xiaoyao pills.

3.4.3 TCM or integrated Chinese and Western medicine treatment for PCOS patients with fertility needs: induction of ovulation + TCM syndrome differentiation

(1) In PCOS patients with persistent anovulation or thin ovulation, ovulation is induced according to the menstrual cycle, endocrine and metabolic conditions after lifestyle intervention and exclusion of other infertility factors and

diseases that are not suitable for pregnancy. Letrozole (LE) is the first-line treatment, clomiphene (CC) is the traditional first-line treatment, and the existing research evidence shows that letrozole has advantages in improving ovulation, clinical pregnancy rate and live birth rate for PCOS patients with infertility due to ovulation disorder alone. Gonadotropins can be used in combination with CC or LE, or as a second-line treatment. In cases where at least one fallopian tube is patency confirmed by laparoscopy or hysterosalpingography, the combination of IUI therapy with medically induced ovulation may be considered when ovulation induction is ineffective or when other intrauterine insemination (IUI) indications (such as male factors, cervical factors, unexplained infertility, sexual dysfunction, etc.) are combined. If the patient has failed the above treatment, or if there are other infertility factors (such as advanced age, fallopian tube factors or male factors), IVF-ET treatment should be used

(2) During ovulation promotion, combined with TCM syndrome differentiation treatment:

① Phlegm-dampness internal obstruction syndrome

Treatment method: removing phlegm and dampness, regulating channels and collaterals.

Recommended drugs: Cangfu Daotan pills combined with excretion promoting drugs; Qigong pill combined with excretion promoting drugs.

② Kidney-yang deficiency syndrome

Treatment method: warming kidney to assist Yang, tonifying Chongren.

Recommended drugs: Compound Xuanju capsule combined with excretion promoting drugs. If accompanied by lumbago pain, red and leucorrhea, use Nuangong Geizi pill combined with metformin.

③ Stagnation heat syndrome of liver channel

Treatment methods: soothing liver and regulating qi, draining fire and regulating menstrual flow.

Recommended drugs: Danzhixiaoyao powder/pill combined with metformin and excretion promoting drug / ethinylestradiol cyproterone after pretreatment with excretion promoting drug/ethinylestradiol cyproterone.

3.4.4 External treatment: appropriate selection of acupuncture, moxibustion, ear acupuncture, acupoint application, acupoint burying thread.

① Acupuncture methods: Select Tianshu, Qihai, Guanyuan, Zhongji, uterus (double), Zusanli (double), Sanyinjiao (double) and other points. Phlegm-dampness internal obstruction syndrome with Fenglong (double). Stab the needle directly or obliquously. After the qi is obtained from the acupuncture, use the flat supplement to flatten and reduce the feeling of heavy swelling in the local area. Leave the needle for 30min each time. Once every 1 to 3 days after the end of your period until your next period. If not pregnant, 3

menstrual cycles for 1 course. Precautions and contraindications comply with the provisions of the Technical Operation Code of acupuncture and moxibustion Part 20: Basic acupuncture Method.

② Moxibustion method (warm acupuncture): select Guan Yuan, Qi Hai and other points. Kidney-yang deficiency syndrome with life-gate, waist Yang pass (double), waist Shu (double). Stab the needle directly or obliquely, wait for the needle to get qi, warm moxibustion treatment, put moxa or moxa stick into the needle handle and light the tail base, 2 times each moxibustion, 30~40min; During the warm moxibustion process, when moxa wick burns, if the patient is unbearable, the cardboard sheet can be cut to an appropriate size and placed at the corresponding acupoints to weaken the fire and avoid skin burns. Once every other day until your next period. If not pregnant, 3 menstrual cycles for 1 course. Precautions and contraindications should be in accordance with the provisions of the “Technical Code of Practice for acupuncture and moxibustion Part 1: Moxibustion”.

③ Ear acupuncture method: Select kidney, adrenal, endocrine, ovary, Shenmen and other points in the ear. Use tweezers to hold Wang Weixing and apply to one ear point, press and fix as appropriate, local pain, fever is appropriate, self-press 3 times a day, retention for 2 to 3 days. Start after menstruation clean, treatment once every 5 days, alternating ears, until the next menstruation. If not pregnant, 3 menstrual cycles for 1 course. Precautions and contraindications should be in accordance with the provisions of the Technical Code of Operation for Acupuncture and moxibustion Part 3: Ear Acupuncture.

④ Acupoint application method: Select Guanyuan, Qihai, Zhongji, uterus (bilateral) and other points. The composition of the drug was 10g dried ginger, 10g Wang Buxing, 15g safflower, 15g angelica, 10g dandelion, 10g purple flower and so on. The drug was made into a fine powder and mixed with warm water to form a mud for use. The patient was placed in a supine position, exposed to the lower abdomen, disinfected the application site and the skin around 5cm with alcohol, then the drug was applied to the selected acupoints and covered with sterile application. Start applying medicine on the third day after menstruation, once a day, until the next menstruation. If not pregnant, 3 menstrual cycles for 1 course. Precautions and contraindications should comply with the provisions of “Acupuncture Technical Operation Code Part 9: Acupoint Application”.

⑤ Acupoint burying method: Select Zhongwan, Qihai, Guanyuan, Daheng (double), uterus (double), Dai mai (double), Shenshu (double) and other points. The “3-0” absorbable polyglycolic acid surgical suture was cut to grow 2~3cm and soaked in 75% ethanol for 0.5h. Put the suture line into the front end of the needle of the 10ml syringe, leaving the needle about 1cm in the thread body; After local skin disinfection, fix the skin of the acupuncture point with one hand, point a hand-held syringe needle at the acupuncture point to quickly penetrate the skin, withdraw the needle after obtaining gas, and leave the suture in the acupuncture point; After the needle is removed, press the needle hole with a medical cotton ball for a few moments, cover and fix it with a medical band-aid, and keep the needle hole away from water

for 24 hours. Start treatment after menstruation is clean, and treat once every 2 weeks until the next menstruation. If not pregnant, 3 menstrual cycles for 1 course. Precautions and contraindications should comply with the provisions of “Acupuncture Technical Operation Code Part 10: Acupuncture point embedding”.

4. Summary Outlook:

The diagnosis and treatment of polycystic ovary syndrome (PCOS) is developing rapidly. The Guide for the Diagnosis and treatment of PCOS with Integrated Traditional Chinese and Western Medicine is the first guide for the diagnosis and treatment of PCOS in China, which is based on the principles of modern evidence-based medicine and combined with the clinical characteristics of good curative effect and few side effects of traditional Chinese medicine. The release of the “Guide” marks that PCOS diagnosis and treatment has entered the era of “deep integration of Chinese and Western medicine”, and its value is not only to standardize the clinical path, but also to build a collaborative paradigm of “complementary advantages and superposition of curative effect”. In the future, more evidence of evidence-based medicine will further improve the quality of integrated Chinese and Western medicine diagnosis and treatment of PCOS, reduce the burden of patients, improve the prognosis of patients, enhance their quality of life, and provide a “Chinese solution” for the global integrated Chinese and Western medicine diagnosis and treatment of reproductive endocrine diseases.

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