

Exploring the Treatment of Nonalcoholic Fatty Liver Disease and Polycystic Ovary Syndrome Based on the Theory of Treating Different Diseases with the Same Method

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Abstract: *NAFLD and PCOS represent two common chronic metabolic disorders in modern clinical practice. Epidemiological studies indicate a comorbidity rate reaching 35%-60% [1]. The pathogenesis of both conditions remains incompletely elucidated, with no targeted therapies currently available. Clinical management primarily relies on lifestyle interventions and symptomatic pharmacological treatment. Contemporary research reveals that although these disorders affect different organ systems, they demonstrate significant overlap in both pathological mechanisms and clinical manifestations. IR serves as the common pathological foundation for both diseases. This shared pathogenesis aligns with the traditional Chinese medicine principle of "treating different diseases with the same method," thereby offering a novel perspective for therapeutic intervention. Through systematic analysis of their pathogenetic similarities and differences, syndrome differentiation characteristics, and corresponding treatment strategies, this study explores the patterns of syndrome differentiation and treatment guided by the holistic concept of traditional Chinese medicine, aiming to provide references for new clinical treatment approaches.*

Keywords: Treating different diseases with the same method, Nonalcoholic fatty liver disease, Polycystic ovary syndrome, Traditional Chinese medicine treatment, Integrated traditional Chinese and Western medicine.

1. Introduction

Nonalcoholic fatty liver disease (NAFLD) refers to a clinicopathological syndrome characterized by diffuse hepatocyte steatosis and lipid accumulation in hepatic lobules, excluding alcohol consumption and other definite liver-damaging factors. The disease spectrum encompasses nonalcoholic simple fatty liver, nonalcoholic steatohepatitis (NASH), nonalcoholic fatty liver cirrhosis, and potential progression to hepatocellular carcinoma [2,3]. Polycystic ovary syndrome (PCOS) represents a common endocrine disorder in gynecology, characterized by oligo-ovulation or anovulation, hyperandrogenism, and polycystic ovarian morphology. The condition affects 5%-10% of reproductive-aged women and constitutes a significant cause of infertility. Modern research demonstrates that women with PCOS face increased risk of developing NAFLD, with frequent comorbidity observed between these conditions. Obesity (particularly central adiposity) and insulin resistance are recognized as primary factors linking PCOS to NAFLD [4], with insulin resistance (IR) representing the common pathological basis for both disorders. Within traditional Chinese medicine theory, although NAFLD and PCOS belong to different disease categories, they frequently present similar constitutional foundations and pathological mechanisms. Recent investigations indicate shared core pathogenesis elements including phlegm-dampness, qi stagnation, and blood stasis.

The theoretical framework of "treating different diseases with the same method" constitutes a fundamental principle of traditional Chinese medicine syndrome differentiation and treatment. This approach involves applying identical

treatment principles and methods when different diseases manifest similar pathological mechanisms or syndrome patterns during their progression. Although NAFLD and PCOS involve different anatomical locations and clinical presentations, both conditions belong to the category of chronic metabolic diseases caused by metabolic disturbances, thereby providing scientific rationale for this unified therapeutic approach. This examination will explore the therapeutic commonalities between NAFLD and PCOS from both modern medical and traditional Chinese medicine theoretical perspectives, aiming to provide novel references for clinical treatment strategies.

2. Modern Medical Research

2.1 Pathogenesis

The pathogenesis of NAFLD primarily involves several mechanisms: (1) The "two-hit" and "multiple-hit" hypotheses propose that initial triglyceride accumulation in hepatocytes relates to obesity and hyperlipidemia-induced insulin resistance [5], followed by reactive oxygen species-induced inflammatory responses in hepatocytes. (2) Adiponectin and fetuin A participate in anti-inflammatory and pro-inflammatory processes, with reduced adiponectin levels impairing mitochondrial free fatty acid (FFA) entry and oxidation, promoting cytoplasmic FFA deposition and eventual hepatic steatosis [6]. (3) Helicobacter pylori infection promotes hepatic steatosis through fetuin-A-dependent mechanisms, inhibiting insulin receptor tyrosine kinase activity and blocking insulin-mediated GLUT4 translocation and Akt activation, thereby exacerbating insulin resistance. Concurrently, H. pylori

infection reduces high-density lipoprotein levels, disrupting the HDL/LDL ratio and contributing to dyslipidemia. (4) Sympathetic nervous system overactivation induces persistent hepatic glucose output, elevating circulating and visceral free fatty acid and triglyceride levels, thereby accelerating fatty liver development in metabolic disease patients.

PCOS typically manifests during adolescence with highly heterogeneous clinical presentations, primarily featuring androgen excess, oligo- or persistent anovulation, and polycystic ovarian changes [7]. The etiology remains incompletely understood, with current research suggesting interactions between genetic predisposition and environmental factors [8]. Hyperandrogenemia (HA) is considered the primary pathogenic factor [9], potentially causing premature luteal regression leading to anovulation and polycystic ovarian morphology [10]. Increased testosterone conversion to estrone elevates the luteinizing hormone (LH)/follicle-stimulating hormone (FSH) ratio, affecting insulin sensitivity, glucose transporter expression, and insulin clearance mechanisms, resulting in fluctuating insulin resistance incidence [11], with reported rates between 50%-80% [12].

2.2 Treatment Approaches

Western medical management of NAFLD encompasses four main aspects: lifestyle modification, exercise therapy, pharmacological intervention, and surgical treatment, with the first two representing most common approaches. (1) Lifestyle modification involves patient education regarding the relationship between unhealthy habits and NAFLD, promoting active adoption of healthy lifestyles [13]. (2) Exercise therapy enhances dietary intervention effects through promoting fat metabolism and improving insulin sensitivity, thereby positively impacting NAFLD [14]. (3) Pharmacological management includes: a) Weight-loss medications: orlistat, liraglutide, and benaglutide for NAFLD patients, with metformin, sodium-glucose cotransporter-2 inhibitors, and semaglutide preferred for those with type 2 diabetes [15,16]; b) Hypoglycemic agents: preferential selection of glucose-lowering drugs with potential hepatic benefits for NAFLD patients with prediabetes or type 2 diabetes; c) Lipid-lowering drugs: selection based on cardiovascular disease risk stratification for NAFLD patients with dyslipidemia; d) Antihypertensive medications: angiotensin-converting enzyme inhibitors or angiotensin receptor blockers as first-line choices [17]. (4) Surgical intervention: metabolic surgery for obese patients with related comorbidities.

Currently, no curative treatment exists for PCOS. Therapeutic strategies parallel NAFLD management, primarily including lifestyle intervention, pharmacological management, and surgical approaches. (1) Lifestyle intervention: weight reduction for obese patients to prevent cardiovascular disease and metabolic abnormalities [18], improving obesity and insulin resistance in PCOS patients. Maintaining regular adequate sleep and increasing antioxidant intake (vitamins and minerals) can reduce chronic inflammation and hepatic steatosis. (2) Pharmacological intervention: current drug therapies primarily aim to improve clinical symptoms by reducing hyperandrogenism, regulating metabolism, and

inducing ovulation. Combined oral contraceptives represent first-line treatment for adolescent and reproductive-age PCOS patients with hyperandrogenism, hirsutism, and acne [19]. Spironolactone functions as an androgen antagonist through androgen receptor binding [20]. Research demonstrates that acarbose improves glucose metabolism disorders, orlistat directly reduces fat absorption by inhibiting gastric and pancreatic lipases, and statins improve lipid profiles through hydroxymethylglutaryl-CoA reductase inhibition [21]. (3) Surgical intervention: procedures include laparoscopic ovarian drilling, bariatric surgery, and hair removal.

2.3 Pathophysiological Interrelationships

2.3.1 Common pathophysiological core: insulin resistance

PCOS: Approximately 50%-70% of PCOS patients exhibit significant insulin resistance. Hyperinsulinemia stimulates ovarian and adrenal androgen overproduction while inhibiting hepatic sex hormone-binding globulin (SHBG) synthesis, leading to elevated free testosterone levels and consequent ovulatory dysfunction, hirsutism, and acne [22].

NAFLD: Insulin resistance represents the crucial driver of NAFLD initiation and progression. It promotes adipose tissue lipolysis, increasing free fatty acid influx to the liver, while simultaneously enhancing hepatic de novo lipogenesis and reducing beta-oxidation, resulting substantial lipid accumulation in hepatocytes and hepatic steatosis, potentially progressing to inflammation and fibrosis [23].

2.3.2 Shared metabolic disturbances

Lipid metabolism disorders: Both conditions frequently accompany hypertriglyceridemia, elevated low-density lipoprotein, and reduced high-density lipoprotein.

Obesity: Particularly abdominal obesity, represents a common significant risk factor and clinical manifestation.

Chronic low-grade inflammatory state: Adipose tissue (especially visceral fat) functions not only as an energy storage organ but also as an endocrine organ, secreting various inflammatory factors (e.g., TNF- α , IL-6) that exacerbate insulin resistance and metabolic disorders.

Gut microbiota dysbiosis: Recent studies identify abnormal gut microbial community structures in both conditions, potentially influencing metabolism and inflammation through the gut-liver axis and gut-brain axis [24,25].

3. Traditional Chinese Medicine Perspective

3.1 Disease Classification

Based on clinical manifestations including abdominal distension and dull hepatic pain, NAFLD corresponds to traditional Chinese medicine disease categories of “gan pi,” “ji ju,” and “xie tong.” According to its clinical presentations, PCOS belongs to traditional Chinese medicine gynecological disease categories of “infertility,” “scanty menstruation,” and “amenorrhea.”

3.2 Pathogenesis

NAFLD primarily results from dietary irregularities, improper work-rest balance, emotional disturbances, chronic debilitation, and congenital deficiency [26]. The disease location involves the liver, affecting the spleen, kidneys, and other organs. According to traditional Chinese medicine basic theory, the liver governs free flow, while the spleen controls transportation and transformation. The liver corresponds to wood element, the spleen to earth element. Under physiological conditions, this represents the normal “wood controlling earth” relationship, as described in “Suwen • Baoming Quanxing Lun”: “earth is regulated by wood” [27]. Liver qi flow assists spleen transportation and transformation. Food transformation into nutrients, their transportation, and distribution entirely depend on normal spleen and stomach function. Spleen deficiency leading to impaired transportation and kidney deficiency causing abnormal qi transformation result in abnormal nutrient distribution, leading to fluid retention and subsequent phlegm-dampness formation. Internal brewing of phlegm-dampness generates heat and transforms into stasis, resulting in interminglement of phlegm, heat, stasis, turbidity, and dampness, subsequently damaging the liver. Similarly, if liver substance becomes damaged with impaired function, failure to maintain free flow also produces pathological products including phlegm-turbidity and blood stasis [28], further developing into turbid toxin pathogens accumulating internally, damaging liver substance, and establishing a vicious cycle [29]. As the condition evolves, transformations occur in deficiency/excess and qi/blood mechanisms. Initial stages primarily involve qi mechanism dysfunction, with disease mainly in the qi aspect. With disease progression, spleen deficiency leads to internal dampness-turbidity retention; prolonged dampness transforming into heat results in internal dampness-heat brewing; chronic disease affecting the kidneys impairs qi transformation, preventing phlegm-turbidity resolution. Phlegm-turbidity congealing internally obstructs qi movement, qi stagnation causes blood stasis, static blood retention obstructs vessels, and phlegm-stasis binding in the liver enters the blood aspect. Therefore, general consensus identifies spleen transportation failure as the initiating factor, liver free flow dysfunction as the central link, and kidney qi deficiency as the fundamental cause in NAFLD pathogenesis [30].

PCOS can manifest as menstrual disorders, androgen excess, obesity, and infertility. This disease closely relates to the kidney, liver, and spleen. Phlegm-turbidity and blood stasis represent primary pathological factors. The etiology and pathogenesis involve kidney essence insufficiency, spleen qi deficiency, and liver qi stagnation, frequently accompanied by phlegm-turbidity, blood stasis, or phlegm-stasis binding [31]. Traditional Chinese medicine considers menstrual formation and changes closely related to the kidneys. Menstruation formation results from kidney essence growth and fullness, gradually depleting as kidney essence declines. With sufficient kidney qi and yin-yang balance, menstruation occurs regularly and conception proceeds smoothly. If kidney qi is deficient, menstruation fails to occur or becomes scanty, resulting in infertility. The kidneys maintain close connection with the uterus. The kidneys connect with uterine vessels, and the foot shaoyin kidney channel also connects with the uterus

through the conception, thoroughfare, and governor vessels. Kidney deficiency can lead to uterine malnourishment, complicating conception. Kidney essence transforms into blood, serving as the menstrual blood source and providing material basis for uterine menstruation and pregnancy. The kidneys govern reproduction, while the uterus’s primary function involves reproduction; thus, kidneys and uterus share functional consistency. Alternatively, insufficient kidney essence can impair lung diffusion and descent, consequently affecting normal physiological functions of skin, hair, and uterus, potentially causing symptoms including scanty menstruation and hirsutism. Lung and kidney dysfunction leads to fluid metabolism disorders; fluid accumulation forms phlegm; phlegm-dampness obstruction impairs qi and blood movement; static blood forms internally; phlegm and stasis obstructing the uterus [32] can also cause menstrual disorders, worsening the condition. Dysregulated qi, blood, and fluid movement, dysfunctional liver, spleen, and kidney organs, lead to phlegm-fluid and static blood formation.

3.3 Syndrome Differentiation and Treatment

The core treatment concept for NAFLD involves “soothing the liver and fortifying the spleen as root treatment, resolving phlegm and dispelling stasis as branch management.” According to the Expert Consensus on Integrated Traditional Chinese and Western Medicine Diagnosis and Treatment of Nonalcoholic Fatty Liver Disease (2025) [26], current common NAFLD patterns and specific treatments include: (1) Liver depression and spleen deficiency pattern: Method: soothe liver, fortify spleen. Formulas: Modified Xiaoyao San or Danzhi Xiaoyao Wan. (2) Phlegm-turbidity internal obstruction pattern: Method: fortify spleen, boost qi, resolve phlegm, dispel dampness. Formula: Modified Erchen Tang. Applicable Chinese patent medicines include: Xuezhikang (primary ingredient red yeast rice) for dispelling dampness and phlegm, activating blood, resolving stasis, fortifying spleen, promoting digestion, and lowering lipids; Jiaogulanoside Capsules (primary ingredient gynostemma pentaphyllum total glycosides) for nourishing heart, fortifying spleen, boosting qi, harmonizing blood, resolving phlegm, removing stasis, and lowering lipids; Kezhi Capsules for resolving turbid dampness, activating blood, dispersing nodules, and supplementing liver and kidneys; Linggui Zhugan Granules for warming yang, transforming fluid retention, fortifying spleen, and promoting diuresis. (3) Dampness-heat accumulation pattern: Method: clear heat, promote diuresis. Formula: Modified Yinchenhao Tang [33]. Applicable Chinese patent medicines include: Yinzhi Huang Koufuye for clearing heat, detoxifying, promoting diuresis, and reducing jaundice; Qianggan Capsules for clearing heat, promoting diuresis, supplementing spleen, nourishing blood, boosting qi, and relieving depression; Dangfei Liganing Capsules for clearing heat, promoting diuresis, benefiting liver, and reducing jaundice; Huganning Tablets for clearing heat, promoting diuresis, benefiting liver, removing stasis, soothing liver, relieving pain, and reducing jaundice. (4) Phlegm-stasis mutual binding pattern: Method: activate blood, resolve stasis, dispel phlegm, disperse nodules. Formula: Modified Gexia Zhuyu Tang combined with Erchen Tang. Applicable Chinese patent medicines include: Fuzheng Huayu Capsules for supporting healthy qi, resolving stasis, activating blood, dispelling stasis, benefiting essence, and

nourishing liver; Compound Biejiajian Pills for activating blood, resolving stasis, softening hardness, and dispersing nodules.

Currently, traditional Chinese medicine lacks systematic understanding and unified treatment approach for PCOS. Varying physician perspectives result in diverse treatment formulas and methods. Clinical practice primarily employs zang-fu organ pattern differentiation, supplemented by six-channel pattern differentiation. Zang-fu pattern differentiation prioritizes the kidney, emphasizes the liver, and regards the spleen as foundation, combined with specific symptom manifestations for pattern-based treatment. Common patterns and treatments include [32]: (1) Kidney deficiency with phlegm-dampness pattern: Manifestations: delayed menstruation, obesity, lumbar soreness. Method: supplement kidney, resolve phlegm. Formulas: Modified Cangfu Daotan Wan and Yougui Wan [34]. (2) Liver depression transforming into fire pattern: Manifestations: acne, hirsutism, irritability. Method: clear liver, drain fire. Formula: Modified Danzhi Xiaoyao San [35]. (3) Spleen deficiency with dampness encumbrance pattern: Manifestations: excessive leukorrhea, edema, fatigue. Method: fortify spleen, resolve dampness. Formulas: Modified Shenling Baizhu San combined with Wuling San [36]. (4) Kidney deficiency with blood stasis pattern: Manifestations: amenorrhea, infertility, tongue with stasis spots. Method: supplement kidney, activate blood. Formulas: Modified Guishen Wan combined with Taohong Siwu Tang [35].

3.4 Common Characteristics

Both conditions share core pathogenesis characteristics of “phlegm and stasis binding, root deficiency and branch excess.” They possess identical pathological foundation: spleen deficiency failing in transportation as the pivotal link. NAFLD: spleen failing to distribute essence - lipid turbidity retention - deposition in liver collaterals. PCOS: spleen failing to transform dampness - phlegm-dampness congestion - uterine obstruction. Shared pathological products: internal brewing of phlegm-dampness and stasis-blood obstruction [28,35]. Therapeutically, both conditions demonstrate highly overlapping treatment principles, proceeding from the liver, spleen, and kidneys, following the main pathway of “regulating liver - fortifying spleen - supplementing kidney,” utilizing liver-soothing and spleen-fortifying as basic principles, with phlegm-resolving and dampness-dispelling as core approaches [37]. During disease progression, blood-activating and stasis-resolving methods are incorporated, thereby achieving synergistic regulation of both conditions [38,39].

4. Theory and Practice of Treating Different Diseases with the Same Method

The theoretical framework of “treating different diseases with the same method” originates from “Discussion on Different Methods for Different Regions” in the Yellow Emperor’s Inner Canon, maturing within the six-channel pattern differentiation system of Treatise on Cold Damage and Miscellaneous Diseases, with explicit formulation by Zhang Jingyue during the Ming Dynasty as “same treatment for same pattern, different treatment for different patterns.” The core

concept refers to the traditional Chinese medicine treatment strategy of applying identical treatment principles and methods when different diseases demonstrate similar pathological mechanisms or syndrome patterns during development. NAFLD and PCOS share common pathogenesis origins and syndrome manifestation identity, hence permitting clinical application of the “treating different diseases with the same method” approach.

4.1 Single Chinese Medicinal Agents

Icariin, also termed Xianlingpi, represents the primary component of the herb Epimedium. Main effects include kidney supplementation, yang strengthening, wind dispelling, and dampness removal. Evidence confirms that icariin’s active components demonstrate estrogen-like effects, with phytoestrogens promoting sex hormone secretion and regulating reproductive endocrine system. Additionally, it regulates lipid metabolism and alleviates various metabolic diseases caused by lipid metabolism disorders. Research results indicate that icariin not only improves sex hormone levels but also reduces hepatic lipid deposition, enhances mitochondrial oxidative function, increases fatty acid oxidation, and inhibits fatty acid synthesis. Utilizing traditional Chinese medicinal monomer icariin can effectively intervene in NAFLD progression comorbid with PCOS [40].

Attractylodes Macrocephala (Baizhu), the dried rhizome of *Attractylodes macrocephala* Koidz., is recognized as the “primary medicinal for spleen fortification,” representing a representative herb for spleen fortification, qi boosting, dampness drying, and diuresis promotion in traditional Chinese medicine, also representing high-frequency traditional Chinese medicine application in clinical NAFLD treatment. Formulations with Baizhu as primary ingredient, including Shenling Baizhu San and Linggui Zhugan Tang, can effectively treat NAFLD and PCOS, improve patient dyslipidemia, and reduce hepatic steatosis with high safety.

Berberine, a bioactive component present in roots, rhizomes, stems, and bark of numerous medicinal plants including *Coptis chinensis*, *Berberis*, and *Aristolochia*. Clinical berberine research demonstrates extensive pharmacological effects. Some studies indicate berberine possesses antihypertensive, hypoglycemic, antioxidant, anti-inflammatory, and lipid-lowering effects. Through improving sex hormone levels, reducing hepatic lipid deposition, and enhancing mitochondrial oxidative function, it can be further applied in NAFLD and PCOS treatment [41].

4.2 Traditional Formulations

Current clinical practice, based on existing research and individualized patient symptoms, and considering shared core pathogenesis and pathological products between NAFLD and PCOS, demonstrates highly overlapping treatment principles. Consequently, identical formulas can frequently treat patients with either condition or both comorbidities.

For spleen deficiency with phlegm-dampness pattern patients, Cangfu Daotan Wan can reduce NAFLD patient CAP values, improve lipid metabolism, decrease PCOS patient ovarian volume, and lower testosterone [42]. For liver depression and

spleen deficiency pattern patients, Xiaoyao Wan can reduce NAFLD patient ALT levels and regulate bile acid metabolism, improve PCOS patient hyperandrogenism, and consequently regulate menstrual cycles [43]. For qi stagnation and blood stasis pattern patients, Xuefu Zhuyu Tang can reduce NAFLD patient HA and LSM values, improve PCOS ovarian blood flow [44]. For dampness-heat accumulation patients, Yinchenhao Tang can lower liver enzymes, combat NASH inflammation, inhibit acne, and regulate LH/FSH ratio [45]. For kidney deficiency with blood stasis patients, Yulinzhu can improve mitochondrial function, resist fibrosis, promote ovulation, and increase pregnancy rates [46].

4.3 Integrated Traditional Chinese and Western Medicine Treatment

Hyperandrogenemia and insulin resistance can induce lipid metabolism disorders, thereby increasing prevalence of obesity, hypertension, NAFLD, and sleep apnea. Hyperandrogenemia also represents the primary cause of PCOS, leading to premature luteal regression, anovulation, and polycystic ovarian changes. Currently, no curative treatments exist for NAFLD and PCOS. Treatment strategies primarily include lifestyle intervention, pharmacological intervention, and surgical intervention. General recommendations for NAFLD and PCOS patients involve at least 250 minutes weekly of low-to-moderate intensity exercise for weight reduction and weight maintenance prevention. Additionally, increased antioxidant intake (vitamins and minerals) can reduce chronic inflammation and hepatic steatosis, thereby improving clinical symptoms. Modern traditional Chinese medicine practitioners consider lipid metabolism disorders frequently related to spleen-stomach insufficiency, liver depression qi stagnation, phlegm-stasis, etc. Spleen-stomach weakness can lead to liver dysfunction, causing liver qi stagnation, liver depression transforming into fire, excessive wood overacting on earth, spleen-stomach dysfunction, failed transportation and transformation of food essence, accumulation into phlegm-turbidity, prolonged stagnation transforming into stasis, consequently generating metabolic syndrome. Therefore, treatment should adopt holistic framework and persist throughout disease course. (1) Both traditional Chinese medicine and Western medicine treatments should implement dietary adjustment and exercise therapy foundation. (2) Utilize Western medicine for precise targeting of key pathways. (3) Apply traditional Chinese medicine pattern differentiation treatment for overall regulation and pattern-based management.

5. Conclusion and Prospects

NAFLD and PCOS represent perfect modern exemplifications of the “treating different diseases with the same method” theory. Western medicine emphasizes target specificity and rapid indicator control, while traditional Chinese medicine excels in holistic regulation, multi-target intervention, and minimal side effects. Their combination achieves “simultaneous root and branch treatment.”

These two diseases demonstrate:

“Differences” in: target organs (liver versus ovaries), clinical

manifestations (liver function abnormalities, fatty liver versus menstrual disorders, infertility, hirsutism).

“Similarities” in: core pathological basis of insulin resistance, and core traditional Chinese medicine pathogenesis of spleen deficiency, phlegm-dampness, and blood stasis.

Consequently, their treatment should not involve isolated “liver protection” or “menstrual regulation,” but should establish holistic concept, addressing metabolic disturbance origin: Primary basic treatment: lifestyle intervention. Traditional Chinese medicine pattern differentiation and treatment: applying general principle of spleen fortification, phlegm resolution, and blood activation for holistic regulation; unique advantages include minimal side effects. Rational Western medicine selection: prioritize drugs acting simultaneously on multiple targets (e.g., metformin, GLP-1 receptor agonists) [47].

Future research, with deepened understanding of metabolic disease networks, particularly further revelations regarding mechanisms including gut microbiota and immune inflammation, will provide increased modern scientific evidence supporting the “treating different diseases with the same method” theory, offering broad perspectives for developing novel “multi-target” strategies simultaneously preventing and treating multiple metabolic complications. Integrating diagnostic and therapeutic advantages of both approaches, adopting integrated traditional Chinese-Western medicine model based on the “treating different diseases with the same method” theory, holds significant importance for enhancing diagnostic accuracy and prevention/treatment efficacy for NAFLD and PCOS, warranting further in-depth investigation and research.

Fund Project

Research Project of Shaanxi Provincial Department of Science and Technology: “Study on the Combined Therapy of Traditional Chinese Medicine and Assisted Reproductive Technology for DOR-Related Infertility Based on Literature and Clinical Data” (No.2021SF-216).

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