



Summary of Professor Zhou Qing's Clinical Experience in Treating Polycystic Ovary Syndrome in Yunnan Province

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Abstract

Polycystic ovary syndrome (PCOS) is one of the most common gynecological endocrine diseases, with a high incidence among women of reproductive age in China. Clinically, it is characterized by oligo- or anovulation, hyperandrogenism, and polycystic ovaries, manifesting as menstrual abnormalities, infertility, acne, hirsutism, and other symptoms. It is often accompanied by insulin resistance and obesity. Currently, the pathogenesis of this disease is not yet clear, and Western medicine treatment mainly involves oral hormone drugs to adjust the menstrual cycle and promote ovulation. Traditional Chinese medicine, based on the holistic concept and syndrome differentiation and treatment, can significantly improve the complex and diverse syndromes of patients, with lasting effects and few side effects, presenting unique advantages. Professor Zhou Qing, a famous doctor of traditional Chinese medicine in Yunnan Province, has been practicing clinical medicine for over 40 years and has rich experience in diagnosing and treating PCOS. She believes that the pathogenesis of this disease is rooted in deficiency of both spleen and kidney, with liver depression and phlegm stagnation as secondary factors. In treatment, she follows the principles of tonifying weakness, regulating menstruation to aid fertility, soothing the liver, clearing stagnation, and dispelling dampness. She prioritizes syndrome differentiation and treatment, incorporates the theory of regulating menstrual cycles with Chinese herbs, and combines it with acupuncture, acupoint catgut embedding, cupping therapy, and other characteristic external treatments of traditional Chinese medicine, achieving excellent results worthy of clinical promotion and application.

Keywords

Polycystic ovary syndrome
Menstrual disorders
Experience of famous old doctors of traditional Chinese medicine
Traditional Chinese medicine treatment

Online publication: June 20, 2025

1. Introduction

Polycystic ovary syndrome (PCOS) is one of the most common gynecological endocrine diseases, with a prevalence of 5.6% to 7.8% among women of reproductive age in China. Clinically, it is characterized by oligo- or anovulation, clinical or biochemical manifestations of hyperandrogenism, and polycystic ovarian changes, presenting as menstrual abnormalities, infertility, acne, hirsutism, and other symptoms. It is often accompanied by insulin resistance and obesity^[1].

The etiology of the disease is not yet clear, and it is currently believed that it may be caused by a combination of genetic and environmental factors. With the development of the social economy and the improvement of women's social status, women's study, work, and life pressures continue to increase, and their eating habits have undergone significant and unreasonable changes, leading to an increase in the incidence of PCOS year by year. Studies have shown that, excluding the influence of age, the age-standardized incidence of PCOS has risen from 6.64% in 1990 to 13.18% currently^[2].

In recent years, with the increasing understanding of the pathogenesis of PCOS at home and abroad, clinical treatments for this disease have gradually diversified. Western medicine mainly intervenes in lifestyle as the primary treatment, and clinical individualized symptomatic treatment is adopted based on patients' complaints, treatment needs, and metabolic changes, combined with adjusting the menstrual cycle, adjusting metabolism, treating hyperandrogenism, and inducing ovulation^[3] to increase insulin sensitivity, reduce insulin and testosterone levels, thereby restoring ovulation and reproductive function^[1].

There is no disease name corresponding to PCOS in traditional Chinese medicine. Based on its clinical manifestations, it can be categorized under "delayed menstruation", "amenorrhea", "hypomenorrhea", and "infertility". Based on the characteristics of enlarged ovaries and thickened capsules, it can also be categorized as a type of abdominal mass. The complications of PCOS overlap with some symptoms described in traditional Chinese medicine, such as "obesity", "diabetes", "hyperlipidemia", and "acne". Traditional Chinese medicine, with its syndrome differentiation and treatment, combined with characteristic external therapies, has

unique advantages in improving metabolic disorders, reducing weight, and restoring natural ovulation^[4].

Professor Zhou Qing, a famous traditional Chinese medicine practitioner in Yunnan Province, has been dedicated to gynecological clinical practice for more than 40 years. She is skilled in using traditional Chinese medicine to treat various common and frequently occurring gynecological diseases, with rich clinical experience and significant effects. I have had the privilege of studying under her guidance for many years. During this time, I have observed that she has a unique clinical approach and medication experience in treating PCOS, focusing on the deficiency of both spleen and kidney as the root cause, and the intertwining of liver stagnation, phlegm, and blood stasis as the manifestation. In clinical practice, Professor Zhou follows the basic principles of tonifying the kidneys, strengthening the spleen, soothing the liver, promoting Qi circulation, removing blood stasis, and eliminating phlegm. Combined with characteristic external therapies such as acupuncture, Tai Chi moxibustion, and acupoint catgut embedding, she has achieved good therapeutic effects. The following is a summary of Professor Zhou Qing's clinical experience in treating PCOS.

2. Etiology and pathogenesis

2.1. Deficiency of both spleen and kidney as the root cause

The ancient medical text "Yi Bian" records: "Over time, accumulations gather... The meridians and collaterals become blocked, the skin and flesh become numb, and even form nests that are unbreakable. The troubles are indeed not uniform." This indicates that the etiology of PCOS is diverse and the pathogenesis is complex. Based on years of clinical experience, Doctor Zhou believes that PCOS is a condition of deficiency in the root and excess in the manifestation, which is related to factors such as spleen and kidney deficiency, phlegm turbidity, blood stasis, and liver stagnation. It is often caused by dysfunction of the kidney, spleen, and liver. The main pathogenesis is spleen and kidney deficiency as the root, and the combination of phlegm and blood stasis as the manifestation. The normal function of the kidney-Tian Gui-Chong Ren-uterus reproductive axis is the basis of

female menstrual physiology. As stated in the “Su Wen: Shanggu Tianzhen Lun”: “When a girl is seven years old, her kidney Qi is abundant... At the age of forty-nine, the Ren meridian becomes deficient, the Tai Chong meridian declines, Tian Gui is exhausted, and the menstrual passage is blocked. Thus, her body deteriorates and she becomes infertile.” “Fu Qingzhu Nv Ke” states ^[5]: “Menstrual blood originates from the kidneys,” and “Menstruation is rooted in the kidneys ^[6].” The kidney is the foundation of life, storing essence and governing reproduction. Kidney essence is the source of reproduction, and kidney Qi is the foundation of menstruation. With sufficient kidney essence and kidney qi, Tian Gui and Chong Ren function in harmony, resulting in regular menstruation. Dysfunction in any of these aspects can lead to menstrual disorders. Insufficient innate endowment, excessive sexual activity, early marriage and frequent childbirth can lead to kidney essence deficiency. When the uterus loses nourishment, menstrual blood gradually decreases, menstruation stops, and even infertility may occur. The spleen is the source of Qi and blood generation. Overeating, excessive fasting, or emotional distress can damage the heart and spleen, leading to impairment of the spleen and stomach. The spleen loses its transporting function, the stomach cannot receive nourishment, Qi and blood generation loses its source, Yin blood becomes deficient, and the Chong and Ren meridians cannot be nourished. When the Chong and Ren meridians are empty, the blood sea cannot be filled on time, leading to delayed menstruation or amenorrhea. As stated in the “Su Wen: Yin Yang Bie Lun”: The disease of the two Yang meridians affects the heart and spleen. There is no way to conceal it, and women stop menstruating. It may lead to consumption or asthma.”

Doctor Zhou believes that the kidney is the foundation of life, and kidney Yang is the foundation of human Yang qi. The spleen and stomach, as the foundation of postnatal constitution, can nourish the whole body and complement the prenatal constitution. If a prenatal deficiency or long-term is staying up late, overwork, or improper diet that consumes kidney Qi and damages spleen Qi, leading to spleen and kidney deficiency, the balance of the reproductive axis of “kidney-Tian Gui-Chong Ren” will be broken. The dysfunction of Chong Ren, the loss of warmth and nourishment in the uterus,

and the development of follicles will be like losing the sunshine, lacking enough energy to grow, making it difficult to mature, thus affecting the ovary’s ovulation function and leading to symptoms such as menstrual disorders and amenorrhea. This is the most fundamental internal pathogenesis of PCOS.

2.2. Intertwining of liver Qi stagnation and phlegm-blood stasis as the manifestation

Ye Tianshi, in his “Lin Zheng Zhi Nan Yi An (Guide to Clinical Practice with Medical Case Studies),” proposed the view that “the liver serves as the congenital foundation for women.” He believed that the female constitution tends toward Yin condensation, making women more prone to depression and constraint. When constrained, Qi becomes stagnant and blood also stagnates. The liver governs free coursing and stores blood. Its function is closely related to the coordination of the Thoroughfare (Chong) and Conception (Ren) vessels in women, the ebb and flow of the Sea of Blood, and the menstrual cycle (tide and ebb).

If emotional dissatisfaction leads to dysfunction of the liver’s free coursing, it often harms the Thoroughfare vessel and affects the fullness or depletion of the Sea of Blood. Consequently, various disorders related to menstruation, vaginal discharge, pregnancy, and childbirth arise. The text further states, “Once the liver channel is diseased, menstruation becomes irregular,” directly highlighting the intimate connection between the liver and the root pathology of menstrual disorders. Dr. Zhou contends that in modern society, psychological pressure on women is ubiquitous. Liver constraint and impaired free coursing, leading to dysregulation of Qi movement and unsmooth blood flow, resulting in menstrual abnormalities, has become an important pathogenesis in the development of PCOS (Polycystic Ovary Syndrome).

Blood is the material basis of menstruation. Blood relies on Qi to circulate, and the harmony of Qi and blood, the unobstructed meridians, and the abundant Chong and Ren meridians are essential. If the Qi and blood functions of the organs are imbalanced, Qi circulation is blocked, Qi deficiency and blood deficiency occur, Qi stagnation and blood stasis arise, and blood circulation becomes sluggish, forming blood stasis. The

“Blood Syndrome Theory” states that “if blood stasis does not circulate, there is no way for new blood to be generated,” emphasizing the obstruction of blood stasis to the generation and circulation of menstrual blood, which often corresponds to abnormal bleeding in PCOS.

The “Nü Ke Qie Yao (Essentials of Gynecological Medicine)” states: “In plump, fair-skinned women, amenorrhea or blocked menstruation must result from the obstruction by damp-phlegm and adipose membranes.” The “Dan Xi Xin Fa (Danxi’s Mastery of Medicine)” records: “If an obese woman indulges excessively in rich foods and alcohol, leading to menstrual irregularities and infertility, this is due to overflowing greasy adipose clogging the uterine palace. Treatment should focus on draining dampness and drying phlegm.” It further clarifies: “The absence of menstruation does not imply lack of blood; rather, it is hindered by unconverted phlegm.” These texts explicitly indicate that excessive consumption of rich, sweet, and greasy foods damages the spleen and stomach, impairing their transformative function. This leads to endogenous phlegm-dampness that obstructs the uterus, causing infertility.

Phlegm-turbidity and blood stasis are both pathological products that often interact, ultimately resulting in phlegm-stasis binding. This obstructs the Bao Gong (uterus) and uterine vessels, manifesting as intractable disorders such as: Oligomenorrhea (infrequent menstruation), Menstrual irregularities, Infertility. A study^[7] on PCOS patients with phlegm-stasis binding pattern observed that: Sticky, greasy phlegm-turbidity stagnating in the body easily forms greasy adipose, leading to obesity. The severity of phlegm-stasis correlates with: hormonal imbalances, ovarian changes, and insulin resistance.

3. Tonify deficiency, regulate menses to promote fertility; course the liver, clear stasis to expel lipid overflow

Based on over 40 years of clinical experience and inheriting the wisdom of renowned traditional Chinese medicine practitioner Yi Xiuzhen, Professor Zhou Qing believes that this disease is a complex condition characterized by deficiency of both spleen and kidney, accumulation of phlegm and blood stasis, and a

fundamental weakness with superficial excess. Treatment should focus on strengthening weaknesses, regulating menstruation to promote fertility, smoothing the liver, clearing blood stasis and toxins, dispelling dampness and phlegm, resolving stagnation, and opening blocked channels^[8]. According to different etiologies, pathologies, and clinical manifestations, this disease is classified into two main syndromes for treatment: kidney and spleen deficiency with intermingled phlegm and blood stasis, and kidney and liver deficiency with blood deficiency and liver hyperactivity^[9].

3.1. Kidney and spleen deficiency with intermingled phlegm and blood stasis

In addition to the main manifestations of delayed menstruation or amenorrhea, this syndrome is often characterized by obesity, as well as clinical manifestations of kidney and spleen deficiency such as poor appetite, loose stools, fatigue, soreness and weakness of waist and legs. Obesity is one of the main symptoms of PCOS, accounting for about 50%^[1]. Professor Zhou believes that obesity in patients with polycystic ovary syndrome is often caused by kidney deficiency, leading to dysregulation of Qi transformation, spleen deficiency failing to generate essence and blood, retention of body fluids, and transformation into phlegm. Phlegm-dampness accumulates in the body. In treatment, Professor Zhou focuses on the main pathology and applies the basic treatment principles of tonifying the kidney and spleen, resolving phlegm and promoting blood circulation, and regulating Tianji (a substance essential for reproduction in traditional Chinese medicine). The formula “Cang Fu Dao Tan Wan combined with Yi’s Tiao Jing Tang” is modified for treatment. In the prescription, Epimedium is used to warm and tonify kidney Yang; *Rehmannia glutinosa*, *Cornus officinalis*, and other herbs nourish kidney and benefit essence; *Codonopsis pilosula*, *Poria cocos*, dried tangerine peel, *Atractylodes lancea*, *Medicated Leaven*, and fried Chinese hawthorn strengthen the spleen and stomach in the middle jiao (the upper abdomen in traditional Chinese medicine); *Arisaema cum Bile*, *Pinellia ternata*, fried *Citrus aurantium*, and prepared *Cyperus rotundus* regulate Qi and resolve phlegm and dampness. Lotus leaves are added in moderation to smooth the Qi movement in the middle jiao. *Astragalus*

membranaceus tonifies Qi and supports yang, *Angelica sinensis* promotes blood circulation and nourishes blood, *Curcuma zedoaria* and *Notoginseng* powder promote blood circulation and remove blood stasis, smoothing the Qi movement in the uterus and conceptus. These herbs are combined to warm kidney Yang and nourish the congenital foundation, strengthen the spleen earth to enrich Qi and blood, nourish the acquired foundation. By tonifying both the congenital and acquired foundations, the source of Tianji water is benefited. Furthermore, herbs that strengthen the spleen, remove dampness, regulate Qi, and promote blood circulation are added to resolve phlegm and dampness and regulate Qi and blood.

3.2. Kidney and liver deficiency, blood deficiency and liver hyperactivity

This syndrome type is commonly seen in patients with acne, hirsutism, and uterine bleeding, often accompanied by symptoms such as hair loss, insomnia, dry mouth, and thirst. The basic treatment principles are to nourish kidney essence, nourish liver blood, and regulate Tian Gui (a substance that promotes reproductive function in traditional Chinese medicine). The commonly used prescription is “Zishen Tiaochong Fang,” which consists of the following herbs: *Rehmannia glutinosa* (prepared), *Cornus officinalis*, *Dioscorea oppositifolia*, *Angelica sinensis*, *Rehmannia glutinosa* (raw), *Paeonia lactiflora*, *Lycium barbarum*, *Glehnia littoralis*, *Toosendanin*, *Ophiopogon japonicus*, *Chuanxiong*, *Fructus Ligustri Lucidi*, and *Eclipta alba*. In the prescription, *Rehmannia glutinosa* (prepared and raw) is used to nourish the kidney, fill essence, and benefit marrow, nourishing the kidney essence to nourish Tian Gui water. The liver and kidney reside in the lower jiao (abdominal cavity in traditional Chinese medicine), and they share the same origin. The menstrual blood is interdependent on liver blood. *Toosendanin*, *Cornus officinalis*, and *Paeonia lactiflora* are used to disperse liver Qi, nourish liver blood, and calm liver Yang. Tian Gui originates from the congenital kidney essence and is nourished by the spleen and stomach. Qi and blood are abundant in the Chong and Ren meridians and are stored in the liver. Under the action of the liver’s dispersion function, they regularly flow down to the uterus through the Chong and Ren meridians. Therefore, in addition to nourishing congenital kidney

essence, regulating menstruation also requires nourishing acquired spleen Qi and dispersing liver Qi to regulate the Chong meridian.

In addition, Teacher Zhou pointed out that patients with PCOS, especially those with infertility, have diverse clinical manifestations and complex conditions. Some face dual pressure from themselves and their families, leading to anxiety and urgency. Some have difficulty conceiving due to infrequent ovulation and ovulation disorders, making it hard to time intercourse during ovulation. Some develop drug dependency due to long-term hormone therapy. Some experience prolonged menstrual periods or even persistent bleeding. Therefore, treatment is not easy to see short-term effects. Firstly, patients should be helped to establish confidence in treatment and prepare for a protracted battle. They should be informed about the treatment process, and if necessary, short-term hormone therapy from Western medicine can be combined.

4. Prominent features of clinical treatment

4.1. Flexible application of cycle therapy

Professor Zhou is skilled in applying Professor Xia Guicheng’s cycle therapy^[11]. The menstrual cycle is roughly divided into four periods: post-menstrual phase, intermenstrual phase, premenstrual phase, and menstrual phase. Following the principle of tonifying the kidneys and regulating the cycle, various treatments such as Nourishing Kidney and Regulating Chong Meridian Decoction, Tonifying Kidney and Activating Blood Decoction, Tonifying Kidney and Assisting Yang Formula, and Soothing Liver and Activating Blood to Regulate Menstruation Formula are selected for significant efficacy^[10].

4.2. Emphasis on Zhenji period

The mentor attaches great importance to the regulation and treatment during the Zhenji period, believing that this is a critical period when kidney Qi is abundant and changes from Yin to Yang. However, patients with PCOS often suffer from menstrual disorders and irregular Zhenji periods due to irregular or absent ovulation. During clinical practice, the mentor often observes vaginal

discharge, monitors endometrial and follicular conditions through B-ultrasound, and checks hormone levels to determine whether the Zhenji period has been reached. During this period, products with dispersing and warming properties such as Qiang Huo, Dan Shen, Fang Feng, and Rou Gui are advocated to assist the transformation from Yin to Yang and promote ovulation.

4.3. Emphasis on the growth and transformation of kidney Yin and Yang

The mentor believes that the balance of kidney Yin and yang, as well as the coordination of their growth and transformation, is the foundation for normal menstruation. During clinical practice, while tonifying the kidneys and spleen, herbs such as Dan Shen, Ai Ye, and Fang Feng, which activate blood circulation and regulate menstruation, are often selected to aid in the transformation of Yin and Yang and promote reproductive axis function.

4.4. Advocating combined internal and external treatment

In addition to medication, Professor Zhou is also skilled in using acupuncture, moxibustion, cupping therapy at acupoints, and other traditional Chinese medicine external treatment methods to regulate internal organs, balance Yin and yang, and dredge meridians, gradually stabilizing the reproductive axis to regulate menstruation and promote fertility. The combination of internal and external treatment complements each other, reflecting the principle of treatment based on syndrome differentiation in traditional Chinese medicine. Studies have confirmed that the combined acupuncture and medication treatment model can significantly improve menstrual conditions in patients with polycystic ovary syndrome ^[12].

4.5. Advocating integrated traditional Chinese and Western medicine treatment

For patients with a long course of disease and ineffective long-term treatment, the mentor advocates integrated traditional Chinese and Western medicine treatment. This approach combines traditional Chinese medicine syndrome differentiation and treatment with targeted Western medicine symptomatic treatment. On the one hand, Western medicine is used to induce menstruation

and prevent endometrial cancer; on the other hand, traditional Chinese medicine is used to regulate the organs and consolidate the curative effect. This integrated approach complements the strengths and weaknesses of both medical systems, achieving better efficacy than single-modality treatment.

In summary, Professor Zhou first advises patients to adjust their lifestyle during clinical practice, such as regulating diet, improving emotions, and getting appropriate exercise, to reduce weight and prevent the adverse consequences of long-term PCOS development. The treatment adopts an integrated approach of traditional Chinese and Western medicine, combining disease and syndrome differentiation. For PCOS patients with fertility requirements, Professor Zhou particularly advocates the treatment philosophy of concurrent regulation and pregnancy preparation. This involves inducing ovulation and promoting fertility based on regulating the menstrual cycle.

5. Case presentation

Patient: A 20-year-old female university student, surnamed X, presented for the first consultation on October 15, 2021. The patient came with a chief complaint of “irregular menstruation for more than 2 years and amenorrhea for 52 days.” She reported having regular menstrual cycles in the past but developed irregularity over the past 2 years due to significant study pressure, frequent late nights, and irregular eating habits. Her menstrual cycles ranged from 3-5 days to 30-60 days, with reduced menstrual flow. She had gained 10kg in weight and had sought medical attention inconsistently. Her last menstrual period (LMP) was on August 23, 2021, with normal flow, requiring 3-4 sanitary napkins per day, soaking 1/2-1/3 of each. The menstrual blood was bright red with clots, and she experienced no menstrual pain. Her obstetric history was 0-0-0-0 (using contraceptives). During the consultation, symptoms presented were: amenorrhea for 52 days, occasional soreness of waist, no abdominal pain, scanty and thin white vaginal discharge, poor appetite, adequate sleep, and regular bowel and bladder functions. Tongue examination showed a pale and swollen tongue with tooth marks on the edges, thin white coating, and a taut and thin pulse.

On June 17, 2021 (second day of menstruation), sex hormone tests showed: FSH 6.1 IU/L, LH 13.7 IU/L, E2 289 pmol/L, P 0.63 nmol/L, T 1.23 nmol/L, PRL 10.7 ng/L, and normal thyroid function. Vaginal ultrasonography at the time of diagnosis revealed bilateral polycystic ovary changes with an endometrial thickness of 0.8 cm. Urine HCG was negative. Western medicine diagnosis: Polycystic Ovary Syndrome (PCOS). Traditional Chinese Medicine (TCM) diagnosis: Delayed menstruation. Syndrome differentiation: Deficiency of both kidney and spleen, intermingled phlegm and blood stasis. Treatment principle: Strengthen the spleen and nourish the kidneys, resolve phlegm and dispel blood stasis. Prescription: Modified Cang Fu Dao Tan Formula combined with Tao Hong Si Wu Tang. Ingredients: *Poria cocos* (Fu Ling) 15 g, *Pinellia ternata* (Fa Ban Xia) 15 g, dried tangerine peel (Chen Pi) 10 g, fried *Atractylodes lancea* (Chao Cang Zhu) 15 g, *Medicated Leaven* (Shen Qu) 10 g, *Cyperus rotundus* (Cu Xiang Fu) 15 g, licorice root (Gan Cao) 5 g, peach seed (Tao Ren) 10 g, safflower (Hong Hua) 6 g, *Chinese angelica* (Dang Gui) 15 g, Chuanxiong rhizome (Chuan Xiong) 15 g, white peony root (Bai Shao) 15 g, prepared Rehmannia root (Shu Di Huang) 15 g, hawthorn fruit (Shan Zha) 15 g, lotus leaf (He Ye) 15 g. Take continuously for 7 doses.

Second consultation, October 29, 2021. The patient reported being on the second day of menstruation with scanty flow, dark color, and blood clots. She experienced dull lower abdominal pain, soreness and pain in the waist, adequate appetite and sleep, and regular bowel and bladder functions. Her tongue was pale and swollen with tooth marks on the edges, thin white coating, and a taut, thin, and slippery pulse. The prescription chosen was Bu Shen Zhu Yang Tang combined with Shu Gan Huo Xue Tiao Jing Tang, with modifications. The medication consisted of Dang Shen (*Radix Codonopsis*) 15 g, Huang Qi (*Astragalus Root*) 30 g, Dang Gui (*Chinese Angelica*) 15 g, Gui Zhi (*Cinnamon Twig*) 10 g, Shu Di Huang (*Prepared Rehmannia Root*) 15 g, Cu E Zhu (*Curcuma Zedoaria*) 10 g, Jiu Cong Rong (*Wine-processed Desertliving Cistanche*) 15 g, Gao Ben (*Ligusticum sinense*) 15 g, Zhi Mu (*Anemarrhena Rhizome*) 10 g, Jiu Yu Rou (*Wine-processed Dogwood Fruit*) 15 g, San Qi (*Panax Notoginseng*) 5 g, Yin Yang Huo (*Epimedium*) 15 g, Xiao Tong Cao (*Common Medick*) 10 g, Gan Cao

(*Licorice Root*) 5 g. Take continuously for 7 doses.

The patient revisited on November 26 and December 24, with no significant issues, so the treatment was adjusted and maintained for two months.

During the follow-up consultation on January 14, 2022, the patient reported eating cold food the previous day. She had menstrual bleeding that day, experiencing dull lower abdominal pain, nausea, aversion to cold, cold limbs, soreness of waist, poor appetite, adequate sleep, loose stools, and regular urination. Her tongue was pale with a thin white coating, and her pulse was deep and thin. The prescription chosen was Wen Jing Tang with modifications. The medication consisted of Dang Gui (*Chinese Angelica*) 15 g, Gui Zhi (*Cinnamon Twig*) 10 g, Cu Yan Hu Suo (*Corydalis Rhizome*) 15 g, Chuan Xiong (*Sichuan Lovage Rhizome*) 15 g, Mu Dan Pi (*Moutan Bark*) 15g, Yi Mu Cao (*Motherwort*) 15 g, Mai Dong (*Ophiopogon Root*) 15 g, Dang Shen (*Radix Codonopsis*) 15 g, Gan Cao (*Licorice Root*) 5 g, Fa Ban Xia (*Pinellia Ternata*) 15 g, Bai Shao (*White Peony Root*) 15 g, Cu Xiang Fu (*Cyperus Rotundus*) 15 g, San Qi (*Panax Notoginseng*) 6 g. After taking continuously for 5 doses, the patient recovered.

This patient, due to significant study pressure, frequent late nights, and irregular eating habits, developed kidney Qi deficiency and spleen Qi damage. The kidney deficiency led to dysregulation of Qi transformation, while the spleen deficiency resulted in an inability to generate blood and essential fluids. This caused the accumulation of fluids, which condensed into phlegm, leading to menstrual irregularities, failure to menstruate on time, and significant weight gain. Accompanied by clinical manifestations of both kidney and spleen deficiency, such as poor appetite and soreness and weakness of waist and legs, the initial treatment focused on nourishing the kidneys, strengthening the spleen, resolving phlegm, promoting blood circulation, and regulating TianGui, referring to the essence that governs reproduction). Cang Fu Dao Tan Formula combined with modified Tao Hong Si Wu Tang was chosen for treatment. The prescription included Shu Di Huang to nourish kidney essence, Fu Ling, Chen Pi, Fa Ban Xia, Fu Chao Cang Zhu, Jiao Liu Shen Qu, Shan Zha, and He Ye to strengthen the spleen, resolve phlegm, and eliminate dampness. Tao Ren, Bai Shao, Dang Gui, Hong Hua, Chuan Xiong, and Huo

Xue Hua Yu were used to promote blood circulation and remove blood stasis. Xiang Fu was added to promote Qi circulation and menstrual flow, while Gan Cao harmonized the various medicinal herbs. The entire prescription aimed to nourish both the innate and acquired constitutions, supplemented by promoting Qi circulation and blood circulation to regulate Qi and blood. During the second consultation, the patient reported menstruation after medication, with scanty flow and a dark red color. Therefore, Bu Shen Zhu Yang Tang combined with Shu Gan Huo Xue Tiao Jing Tang was modified to promote menstrual flow and blood circulation. After subsequent treatment with Cang Fu Dao Tan Formula modifications to strengthen the spleen, resolve phlegm, eliminate dampness, and regulate menstrual cycles for half a year, the patient's menstruation became regular, and the illness was resolved. The patient was advised to maintain regular sleep and diet habits to prevent recurrence.

6. Discussion

As the author has followed and learned from his mentor for many years, he found in clinical practice that patients with PCOS account for about 40% of outpatient visits, most of whom are adolescent and reproductive-age women. The etiology and pathogenesis of this disease

are complex, and treatment is tricky. Many patients have poor compliance due to the long treatment cycle. Whenever the mentor encounters such patients, after fully communicating the patient's condition, he repeatedly emphasizes that polycystic ovary syndrome is mainly caused by ovulation dysfunction, leading to menstrual disorders and even secondary infertility. Therefore, in treatment, it is important not to be eager for quick success and instant benefits, putting the cart before the horse. If one blindly seeks the early arrival of menstruation and abuses blood-activating and stasis-removing drugs, it may cause more severe depletion of Qi and blood. It is necessary to understand that when the river dries up, there will be no fish. The female uterus is like a reservoir, and only by continuously storing water in the early stage can there be water to release when the gate is opened. Therefore, in the clinical treatment of polycystic ovary syndrome, Professor Zhou Qing follows the basic treatment principles of nourishing the kidneys and spleen, resolving phlegm and activating blood circulation, and regulating Tian Gui (a substance believed in traditional Chinese medicine to govern sexual development and reproduction). She replenishes both innate and acquired Qi to nourish the source of menstrual blood, supplemented by promoting Qi circulation and blood circulation to regulate menstrual blood.

Funding

Department of Finance of Yunnan Province (2025) No. 10 Zhou Qing Provincial Famous and Old Chinese Medicine Expert Inheritance Studio

Disclosure statement

The author declares no conflict of interest.

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