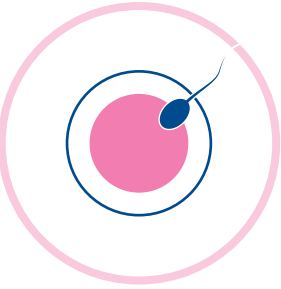
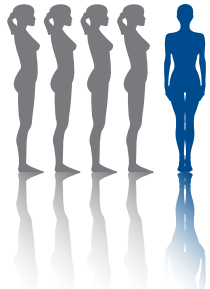


Polycystic ovarian syndrome (PCOS) a herbal approach

PCOS
is one of the
LEADING
CAUSES
of **INFERTILITY**



1 IN 5
women of child-
bearing age have
PCOS¹



up to
70%
of women with PCOS remain
UNDIAGNOSED¹

50-70%
of women with
PCOS have
INSULIN
RESISTANCE²



30-75%
of women with
PCOS are also
OBESE²



WHAT IS PCOS¹⁻⁴

Polycystic ovarian syndrome (PCOS) is a common endocrine disorder among women of reproductive age. It is characterised by hyperandrogenism and hyperinsulinaemia.

PCOS has at least two of the following three criteria:

- Oligo/anovulation
- Hyperandrogenism:
 - clinical (hirsutism or less commonly male pattern alopecia)
 - biochemical (raised free androgen index or free testosterone)
- Polycystic ovaries on ultrasound

PRESENTATION¹⁻⁴

- Hirsutism and male pattern balding
- Irregular or absent menstrual cycles
- Subfertility or infertility
- Anxiety, depression, eating disorders
- Metabolic features – obesity, dyslipidaemia, diabetes

COMPLICATIONS¹⁻⁴

Having PCOS may make the following conditions more likely, especially if obesity also is a factor:

- Cardiometabolic syndrome – diabetes, hypertension, dyslipidaemia
- Nonalcoholic steatohepatitis
- Infertility
- Depression and anxiety
- Abnormal uterine bleeding
- Endometrial cancer (oestrogen influenced)
- Gestational diabetes or pregnancy-induced high blood pressure

RISK FACTORS¹⁻⁴

GENETICS: 20-40% of female first-degree relatives of women with PCOS also have the condition, which suggests a possible genetic component. PCOS is also more prevalent in South Asian women.

OBEISITY: Adipose dysfunction contributes to development of insulin resistance and hyperinsulinaemia, which in turn exacerbates hyperandrogenism. Obese women with PCOS are also at greater risk of anovulation and subfertility.

A HERBAL APPROACH TO PCOS¹⁻¹⁰

