Convergent Points
AN EAST-WEST CASE REPORT JOURNAL

Chinese Herbal Medicine and Acupuncture for Recurrent Uterine Polyps in Polyendocrine Metabolic Ovarian Syndrome: A Case Report

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Abstract

Background: Uterine polyps recur after polypectomy at reported rates of approximately 5.6% to over 40%. Integrative traditional Chinese medicine (TCM) approaches addressing hormonal, metabolic, and pattern-based imbalances may support symptom control and metabolic improvement as nonsurgical adjuncts.

Case presentation: A 37-year-old nulliparous woman with a recurrent uterine polyp, polyendocrine metabolic ovarian syndrome (PMOS; formerly polycystic ovary syndrome), and prediabetes presented with severe dysmenorrhea (7–8/10), irregular cycles, postmenstrual spotting, and headaches. Baseline laboratory testing showed impaired fasting glucose (105 mg/dL), low high-density lipoprotein cholesterol (40 mg/dL), and low vitamin D (28 ng/mL). TCM findings indicated Liver–Spleen disharmony with fluid stagnation, dryness, and empty heat.

Interventions and outcomes: Over approximately 6 months (May to November 2025), treatment comprised pattern-differentiated Chinese herbal medicine as concentrated extract tablets (primarily Gui Zhi Fu Ling Wan, 10 tablets twice daily, after earlier phases of Si Wu Tang and Jia Wei Xiao Yao San), TCM-style acupuncture, and dietary and lifestyle changes. Dysmenorrhea, headaches, and postmenstrual spotting resolved completely, and menstrual cycles normalized. Repeat laboratory testing in June 2025 was reported to show fasting glucose within the reference range and general metabolic improvement; the numerical values were not retained. No adverse events were reported. No posttreatment imaging was obtained.

Conclusion: This case suggests that individualized, pattern-based TCM (herbal medicine, acupuncture, and self-care) may support sustained symptom resolution and metabolic improvement in a patient with

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Citation: Guadamuz, A. (2026). Chinese Herbal Medicine and Acupuncture for Recurrent Uterine Polyps in Polyendocrine Metabolic Ovarian Syndrome: A Case Report. *Convergent Points: An East-West Case Report Journal 5*(2).
www.convergentpoints.com
Editor: Kathleen Lumiere, Seattle Institute of East Asian Medicine, UNITED STATES
Received: May 22, 2025
Accepted: November 5, 2026
Published: November 15, 2026
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Data Availability Statement: All relevant data are within the paper and its supporting information files.
Funding: This article received no funding of any type.
Competing Interests: The author has declared that no competing interests exist.

recurrent uterine polyp symptoms, PMOS, and prediabetes. The absence of imaging confirmation of polyp status is a major limitation.

Keywords: case report, Chinese herbal medicine, acupuncture, uterine polyps, PMOS, PCOS, prediabetes, Gui Zhi Fu Ling Wan, integrative medicine

Introduction

Uterine (endometrial) polyps are common benign endometrial overgrowths. Population-based data indicate an overall prevalence of approximately 7.8% in women aged 20–74 years, rising with age (Dreisler et al., 2009).

Polyendocrine metabolic ovarian syndrome (PMOS), formerly polycystic ovary syndrome (PCOS; Teede et al., 2026), affects an estimated 10–13% of reproductive-aged women worldwide. Higher than normal androgen levels disrupt ovulation, and the condition carries a long-term risk of insulin resistance and, where periods are infrequent, of endometrial hyperplasia (World Health Organization, 2026). Recurrence after hysteroscopic polypectomy varies widely, from 5.6% of polyps in one clinicopathologic series (Ciscato et al., 2020) to 43% of women in one case series (Yang et al., 2015). Recurrence has been associated with a greater number of polyps and longer follow-up (Yang et al., 2015) and, in one large cohort, with obesity (Fırtına Tuncer et al., 2025). In two retrospective cohorts, PMOS was an independent risk factor for recurrence after hysteroscopic polypectomy (Fırtına Tuncer et al., 2025; Shen & Liu, 2026). Prediabetes and insulin resistance further increase these risks through chronic hyperinsulinemia and inflammation. Insulin resistance has been linked to endometrial polyps through hyperinsulinemia, higher expression of phosphatidylinositol 3-kinase (PI3K) and protein kinase B (AKT) in polyp tissue, and endometrial proliferation (Li et al., 2024). In PMOS, features of the syndrome, insulin resistance among them, may also disturb endometrial sex hormone receptor expression (Palomba et al., 2021). Standard care centers on surgical removal; nonsurgical options remain limited.

Traditional Eastern Asian medicine (TEAM) frameworks, including traditional Chinese medicine (TCM), treat underlying patterns such as Liver qi stagnation, blood stasis, and Spleen qi deficiency that commonly co-occur with gynecologic and metabolic dysfunction in PMOS. Acupuncture has demonstrated dose-dependent benefits on ovulation rates in PMOS (Wei et al.,

2025). Gui Zhi Fu Ling Wan (GZFLW) has been studied in uterine fibroids. In randomized trials at high risk of bias, it reduced fibroid volume when added to mifepristone and eased dysmenorrhea (Chen et al., 2014). In animal models, it reduced uterine weight and serum estrogen and progesterone (Li et al., 2019). Any relevance to polyp-associated symptoms is an extrapolation from the fibroid literature. This case report, prepared in accordance with the Chinese Herbal Medicine Case Report (CHM-CARE) guideline (Linder et al., 2024) and the Standards for Reporting Interventions in Clinical Trials of Acupuncture (STRICTA; MacPherson et al., 2010), describes symptom resolution and reported metabolic improvement in a patient who did not have a second polypectomy.

Case Description

Patient Demographics

A 37-year-old nulliparous woman presented in May 2025 for integrative care of a recurrent uterine polyp, PMOS, and prediabetes. She was physically active and highly motivated.

Chief Complaint

The chief complaints were debilitating dysmenorrhea, postmenstrual spotting, headaches, and irregular menses.

History of Present Illness

The index polyp was diagnosed and removed hysteroscopically in mid-2024. By early 2025, menstrual irregularities had recurred, with debilitating first-day cramps (7–8/10), bleeding for 4–5 days, postmenstrual spotting lasting 3–4 days, and monthly temporal headaches. Imaging in April 2025 confirmed a recurrent posterior uterine polyp; concurrent diagnoses of PMOS (recorded in 2025 as PCOS) and prediabetes were established.

Prior self-directed measures (elimination of gluten, beef, and dairy, eggs excepted; a Drink Simbi electrolyte supplement; and creatine 3 g daily since 2023) had partially reduced cramps and irritability but had not resolved the spotting or cycle irregularity.

Past Medical and Family History

Family history included hypertension, gout, fibroids, Parkinson's disease, pancreatic cancer, and dementia. No contagious diseases, implanted devices, or known allergies were reported.

Diagnostic Theory and Diagnosis

Diagnosis followed TCM zang-fu and eight principles pattern differentiation.

TCM Examination

At baseline and on serial examination, the tongue was pale purple with a normal shape, scalloped edges, a dry coating, and patchy areas of absent coating. The pulse was wiry and thin on the right and wiry on the left. No additional abdominal or channel palpation findings were recorded. Over serial visits, the findings evolved toward a consistent picture of Liver–Spleen disharmony with fluid stagnation, dryness, and empty heat.
The pale purple hue and scalloped edges suggested deficient blood with underlying stasis and impaired fluid metabolism; the dryness pointed to inadequate lubrication of the gastrointestinal tract and reproductive tissues; and the wiry quality indicated Liver qi stagnation resulting in both stasis and heat signs. These findings were combined because the primary presentation involved concurrent blood deficiency and stasis, fluid dysregulation, and emerging empty heat, consistent with a multifactorial pattern rather than a single isolated diagnosis.

Biomedical Findings

Vital signs were stable, and there were no acute abdominal findings. Prior imaging demonstrated the recurrent polyp and polycystic ovarian morphology.

Laboratory testing in January 2025, approximately 3 months before treatment began, showed impaired fasting glucose (105 mg/dL; prediabetes range), low high-density lipoprotein (HDL) cholesterol (40 mg/dL), and low 25-hydroxyvitamin D (28 ng/mL). Hemoglobin A1c (HbA1c) was normal (5.3%).

Category	Test	Value	Reference	Interpretation
Metabolic	Glucose (fasting)	105 mg/dL	65–99	High (prediabetes)
	HbA1c	5.30%	<5.7	Normal
Lipid	HDL Cholesterol	40 mg/dL	≥50	Low
Vitamins	Vitamin D 25-OH	28 ng/mL	30–100	Low

Table 1: Inflammatory, thyroid, and hematologic parameters were within reference ranges

Diagnosis

The biomedical diagnoses were recurrent uterine polyp, PMOS, and prediabetes. The primary TCM pattern was Liver qi stagnation with blood stasis. Spleen qi deficiency with fluid retention was concurrent, and yin deficiency with dryness and empty heat was emerging. This combination reflected concurrent stasis (pale purple tongue, wiry pulse), fluid dysregulation (scalloped tongue edges and ankle swelling despite a dry tongue), and empty heat (spotting outside menses, dry coating).

Treatment

The active phase of treatment ran from May to November 2025, approximately 6 months, with continuing TCM reassessment. Timing below is given in weeks counted from the first visit (Week 0). Treatment followed serial pattern differentiation: the herbal prescription changed as the pattern shifted, and the acupuncture prescription remained largely stable.
The treatment principles were to soothe the Liver, strengthen the Spleen, nourish blood and yin, move blood and fluids, resolve stasis, clear empty heat, restore menstrual regularity, and aid metabolic balance. The rationale integrated tongue and pulse findings, symptoms (cramping, spotting, and headaches), and the biomedical context of insulin resistance. Insulin resistance has been linked to endometrial proliferation and to disturbed endometrial hormone signaling (Li et al., 2024; Palomba et al., 2021). The initial strategy focused on the primary symptoms (debilitating cramps and headaches) with a simple blood-nourishing approach before treatment directed at the polyp was intensified.

Chinese Herbal Medicine

All formulas were Guang Ci Tang concentrated extract tablets (pian; ActiveHerb; 5:1 concentration, approximately 200 mg per tablet), taken orally with water. Dosing was individualized.

In the initial phase (approximately Weeks 0–5), Si Wu Tang (Four Substances Decoction), 5–10 tablets twice daily, was given to nourish blood and address the primary cramps and headaches. Symptoms resolved rapidly, and the formula was weaned and discontinued once these primary goals had been met.

In the transitional phase (approximately Weeks 5–7), Jia Wei Xiao Yao San (Augmented Free and Easy Powder), 10 tablets twice daily, was given to soothe Liver qi, harmonize the Spleen, and address the heat aspects of intermenstrual spotting.

In the primary phase (from approximately Week 7, with refills through August 2025 and tapering by mid-November 2025), Gui Zhi Fu Ling Wan (Cinnamon Twig and Poria Pill), 10 tablets twice daily, was given to invigorate blood, resolve stasis and masses, and address fluid metabolism. It was selected for its balanced hemodynamic action without excessive heat, its suitability for longer-term use, and its simultaneous coverage of stasis, dampness and phlegm. A goji berry and cinnamon tea was used initially and discontinued once GZFLW began. Most formulas were discontinued by the end of the active phase; intermittent Si Wu Tang cycles (approximately 3–6 months) were used for maintenance.

Acupuncture

Acupuncture was TCM in style and is reported according to STRICTA (MacPherson et al., 2010). The aims were to regulate Liver qi, tonify the Spleen, calm the shen, and support reproductive and metabolic function on the basis of the pattern diagnosis. Two sets of points were used. The front set comprised LR3 (Taichong), SP6 (Sanyinjiao), EX-CA1 (Zigong), EX-HN3 (Yintang), and the auricular points Point Zero (at the center of the ear's homunculus map) and Shen Men (at the apex of the triangular fossa, in its upper distal region). The back set comprised GB21 (Jianjing), GV14 (Dazhui), BL13 (Feishu), BL18 (Ganshu), and BL20 (Pishu). Points were needled bilaterally unless otherwise noted.

The needles were DBC brand, 0.25 × 40 mm (32 gauge, 1.5 cun). Body points were needled to a standard tissue depth, and the auricular points were needled superficially. De qi was sought, and stimulation was manual. Needles were retained for 25 minutes per set, with the front set, the back set, or both applied as appropriate. No electroacupuncture or additional needling modalities were used. Treatment varied only modestly with the evolving pattern, primarily in the emphasis on the front or back set.

Sessions took place in a private outpatient clinic approximately once or twice per week for the first 6 weeks and were then tapered. The clinical record did not list the exact total session count for privacy, but it was consistent with the described frequency.

Diet, Supplements, and Lifestyle

Coconut oil (1–2 tablespoons twice daily) and hemp seeds were introduced early to address dryness and provide lubricating factors, while Si Wu Tang promoted movement and nourishment. Gradual discontinuation of selected supplements (berberine, inositol, a magnesium complex, and creatine) began approximately 2 weeks into treatment, to reduce confounding and isolate effects. Vitamin D3 with K2 was stopped in Week 5 and replaced with vitamin D3 alone. A topical magnesium chloride cream (Zechstein), applied to the soles nightly, was continued and modified from the patient's preexisting regimen to support heat clearance, fluid metabolism, local circulation, relaxation, and recovery from bleeding.

The hydration protocol included Electrolyte Balance with magnesium bicarbonate and silica, trace minerals, cold-pressed juices, and an organic coconut smoothie; it was tracked as supportive of dryness and fluid redistribution rather than as a primary therapeutic agent. Dietary advice emphasized warming, blood-nourishing, and Spleen-supporting foods and the avoidance of excessive cold or raw intake during deficiency phases. The patient was also advised to keep consistent meal timing to stabilize insulin, choose anti-inflammatory foods, reduce stress through mind-body practices, and support sleep hygiene. Walking (target of 10,000 steps) and tai chi were encouraged. Precautions included monitoring digestive tolerance of the new oils and reintroducing foods gradually.

Outcomes

Symptoms resolved progressively (Table 2). In approximately Week 25 (late October 2025), the patient reported by portal message that she remained free

of spotting (see Patient Perspective). By November 2025, she confirmed complete symptom resolution (including ovarian-phase spotting) for more than 2 months.

Date	Key Events/Symptoms	Labs/Outcomes
Jan 2025	Baseline: cramps, spotting, headaches; prediabetes confirmed	Glucose 105 mg/dL; HDL 40 mg/dL; Vit D 28 ng/mL
Apr 2025	Recurrent polyp diagnosed on imaging	—
May 2025	Treatment start; cramps reduced to 0/10; minimal headaches	—
Jun 2025	No cramps/headaches; reduced spotting	Fasting glucose normalized; markers improved
Jul 2025	Symptom-free cycle; no ovulation pain	—
Aug–Oct 2025	Minimal/no spotting; normalized cycles	Sustained improvement
Nov 2025	Symptom-free >2 months; herbs tapered	Maintenance plan initiated

Table 2: Baseline Laboratory Values

Repeat laboratory testing was performed in approximately Week 7 (June 2025). The patient reported, and the chart noted, normalization of fasting glucose into the reference range and overall improvement in metabolic markers. The clinical record did not retain the numerical values from this panel, and they could not be recovered for this report.

Maintenance consisted of intermittent Si Wu Tang cycles (3–6 months) and seasonal acupuncture for wellness. The patient elected to self-manage after symptom resolution and did not return for further laboratory testing. No adverse or unanticipated events were reported. Adherence and tolerability were excellent.

Discussion

This case describes sustained resolution of symptoms associated with a recurrent uterine polyp (dysmenorrhea, postmenstrual spotting, and headaches) and concurrent metabolic improvement (reported normalization of fasting glucose and improved markers) in a patient with PMOS and prediabetes under individualized integrative TCM care. Pattern-based intervention addressing blood stasis, Liver–Spleen disharmony, and yin deficiency coincided with clinical improvement.

GZFLW was selected as the primary formula for its well-balanced profile: sufficient hemodynamic activity to address stasis and masses without generating excess heat, suitability for longer-term use, and concurrent support of fluid metabolism (fu ling, Poria) and metabolic function (gui zhi, cinnamon twig). It was preferred over stronger blood-breaking formulas (e.g., Shao Fu Zhu Yu Tang) given the patient's history of spotting and the goal of gentle, sustained regulation.

Meta-analytic evidence indicates dose-dependent effects of acupuncture on ovulation in PMOS (Wei et al., 2025). In fibroids, GZFLW reduced fibroid volume in trials at high risk of bias (Chen et al., 2014), and in animal models it lowered estrogen and progesterone levels and suppressed their receptors (Li et al., 2019). Whether these effects extend to polyp-related symptoms remains an extrapolation. TCM approaches may influence insulin dynamics, which could account for the reported metabolic gains. One study also links insulin resistance to endometrial polyps through higher PI3K and AKT expression in polyp tissue (Li et al., 2024).

Take-Home Messages

First, continual, appropriate pattern differentiation allowed progressive intensification of treatment once the primary symptoms had stabilized and herbal tolerance was established. Second, addressing concurrent blood deficiency and stasis, fluid dysregulation, and empty heat in a single integrated regimen appeared to support both symptom resolution and metabolic improvement. Third, candid reporting of missing data (the numerical values from the June laboratory panel and posttreatment imaging) is vital for interpreting single-case outcomes.

Strengths and Limitations

Strengths include detailed ongoing TCM diagnostics (tongue and pulse), objective laboratory corroboration of baseline metabolic status, longitudinal symptom tracking, excellent tolerability, full documentation of self-care advice, and patient engagement. Reporting follows CHM-CARE (Linder et al., 2024) and STRICTA (MacPherson et al., 2010).

Limitations include the single-case design; the absence of posttreatment imaging or hysteroscopy to assess polyp status, with symptom and metabolic surrogates used instead; self-reported elements; potential confounding from concurrent lifestyle changes; the loss of the numerical values from the June

2025 laboratory panel; and the lack of formal patient-reported outcome measures beyond portal communication. These limitations preclude claims of structural polyp resolution or established efficacy.

Implications for Practice and Research

This case offers a low-risk, pattern-based hypothesis that individualized TCM may support symptom management and metabolic improvement in selected patients with recurrent polyp symptoms and metabolic comorbidity. It bolsters the growing literature on TCM for gynecologic and metabolic disorders and supports the hypothesis that evolving herbal formulas and acupuncture may be incorporated into management algorithms for PMOS-related menstrual and metabolic symptoms. Subsequent research should examine mechanisms (endometrial receptivity, insulin dynamics, and the microbiota), optimal dosing, and long-term recurrence prevention, ideally with imaging endpoints and standardized patient-reported outcome measures. Reporting that follows CHM-CARE facilitates synthesis across cases.

Patient Perspective

The patient reported sustained relief and hopefulness about the absence of spotting and overall cycle normalization, and she engaged actively in self-monitoring and follow-up communication. In a portal message sent in late October 2025, she wrote, “It’s day 20 and still no spotting! Hoping the next 10-12 days will stay on this course.”

Conclusion

Integrative TCM combining pattern-differentiated Chinese herbal medicine (notably Gui Zhi Fu Ling Wan as concentrated extract tablets from ActiveHerb’s Guang Ci Tang line), acupuncture, and targeted lifestyle and dietary interventions was followed by sustained resolution of recurrent uterine polyp symptoms and reported metabolic improvement in this patient with PMOS and prediabetes. No posttreatment imaging was available; outcomes are therefore framed around symptoms and reported laboratory results. This case illustrates the value of whole-systems, individualized care and warrants more rigorous investigation.

Informed Consent

The patient gave written informed consent for publication of this anonymized case report. Exact dates have been replaced with months or with weeks counted from the first visit.

Statement of Safety

No contraindications or herb–drug interactions were identified; the patient was not taking anticoagulants or hormonal contraceptives that would require special caution with blood-invigorating formulas. GZFLW was used with caution regarding its potential blood-invigorating effects: the patient was advised of possible short-term changes in bleeding pattern during the first cycle and was monitored closely. Safety monitoring included regular inquiry about bleeding volume, spotting, digestive tolerance, and any new symptoms. No adverse events were reported.

Acknowledgments and Disclosures

Acknowledgments: The treating clinician thanks the patient for her consent and engagement.

Conflict of interest: None declared.

Funding: None.

Use of artificial intelligence: Grok (xAI) helped structure the case synthesis and draft the manuscript while accurately preserving the clinical record; the author reviewed and approved all content.

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