

said that some medicinal plants contain high levels of antioxidants and their use in improving and treating the symptoms of the syndrome is effective. Therefore, this study was conducted to investigate the effect of medicinal plants on polycystic ovary syndrome.

Methods: This study is a review study. Results: The findings showed that use of vitex agnus-castus for 3 to 4 months improves the symptoms of PCOS. Saw palmetto extract is rich in fatty acids and phytosterols and has anti-androgenic activity and can be effective in the treatment of PCOS. Paeonia wittmanniana has strong antioxidant properties and increases the ability of the body to free radicals, and when used with licorice, it can eliminate the symptoms of PCOS and help fertility. Glycyrrhiza glabra contains special compounds that can dramatically decrease testosterone levels in the bloodstream and thus reduce the symptoms of PCOS such as acne and hair growth.

Conclusion: Regarding the effect of each herb medicine on reducing the symptoms of PCOS, it is advisable to use appropriate herbal medicine according to their predominant clinical sign.

Keywords: Polycystic Ovary Syndrome, Medicinal Plants, PCO

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P67: Effect of Inhibition of Mu Opioid Receptor in The VMH on Ovarian Cyst Formation By Morphine In The Rat

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Abstract

Backgournd: The main action of the opioid system is the relief of pain. Opium contains at least 20 types of alkaloids among which morphine is the most important alkaloids which make up about % 10-12. Studies have shown that morphine

causes ovarian cysts. Morphine disrupts the ovarian cycle and may reduce fertility. The mu receptor plays a special role in various aspects of female reproduction. Removal of mu opioid receptors causes mice to be insensitive to morphine. In this study the aim is to use MgSO₄ or naloxone to inhibit the mu receptor engagement at the rat's VMH.

Methods: Female rats (200-250 g) kept under standard conditions. Using a Stereotactic device, they were surgically coordinated. Anterior-posterior: -1/92, ventral: 9, lateral: 0.5. After a week of recovery they were microinjected morphine (0/1-0/4 μg/rat, once intra VMH) and preinjected MgSO₄ (1-5 μg/rat) and naloxone hydrochloride (0/1-0/4 μg/rat, once intra VMH) to inhibit mu receptor involvement. The control group received physiological saline (1 μL/rat, intra VMH). Three days after the experiment, uterus, ovary and brain samples were collected and studied histopathologically using hematoxylin.

Results: The ovaries in group in which morphine was injected showed poly cystic features as compared to the control group. With the presence of MgSO₄ or naloxone poly cystic ovary was not observed.

Discussion & Conclusions: These results indicate that morphine disrupts fertility. This effect is most probably is resolved by mu opioid signaling blocking.

Keywords: Morphine, Poly Cystic Ovary, Mu Opioid Receptor, Mgso4, Naloxone, VMH, Rat

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P68: Evaluation of Medical and Traditional Treatments on The Fertility of Women With Polycystic Ovary Syndrome

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Abstract

Background: Polycystic ovarian syndrome (PCOs) is the most common cause of infertility and the most important reason of anovulation in women of reproductive ages which affects about 5-10% of the population of women. The lack of ovulation causes about 40% of women's