

# Clinical Trial Protocol

## Iranian Registry of Clinical Trials

02 Jun 2026

### The comparative study of effect of aerial parts of *Stachys lavandulifolia* and Medroxyprogesterone drug in symptomatic treatment of polycystic ovarian syndrome

#### Protocol summary

##### Summary

To compare the effect of aerial parts of *Stachys lavandulifolia* and Medroxyprogesterone drug in symptomatic treatment of polycystic ovarian syndrome in a randomised single blind clinical trial. Inclusion criteria: 1- with polycystic ovary syndrome 2- with abnormal uterine bleeding 3- sonographic appearance. Exclusion criteria: 1- lack of cooperation. Sample: 66 patients with polycystic ovary syndrome (33 in herbal drug group and 33 in chemical drug group) primary outcomes: 1- Abnormal uterine bleeding 2- sonographic appearance.

#### General information

##### Acronym

##### IRCT registration information

IRCT registration number: **IRCT138903013922N1**  
Registration date: **2010-05-22, 1389/03/01**  
Registration timing: **registered\_while\_recruiting**

Last update:

Update count: **0**

##### Registration date

2010-05-22, 1389/03/01

##### Registrant information

##### Name

Masoud Modarresi

##### Name of organization / entity

Faculty of Pharmacy - Kermanshah University of Medical Sciences

##### Country

Iran (Islamic Republic of)

##### Phone

+98 83 1835 6168

##### Email address

mmodarresi@kums.ac.ir

##### Recruitment status

**Recruitment complete**

##### Funding source

Kermanshah University of Medical Sciences

##### Expected recruitment start date

2010-05-22, 1389/03/01

##### Expected recruitment end date

2011-03-20, 1389/12/29

##### Actual recruitment start date

empty

##### Actual recruitment end date

empty

##### Trial completion date

empty

##### Scientific title

The comparative study of effect of aerial parts of *Stachys lavandulifolia* and Medroxyprogesterone drug in symptomatic treatment of polycystic ovarian syndrome

##### Public title

The comparative study of effect of aerial parts of *Stachys lavandulifolia* and Medroxyprogesterone drug in symptomatic treatment of polycystic ovarian syndrome

##### Purpose

Treatment

##### Inclusion/Exclusion criteria

Inclusion criteria: 1- with polycystic ovarian syndrome 2- with abnormal uterine bleeding 3- sonographic appearance. Exclusion criteria: 1- lack of cooperation.

##### Age

No age limit

##### Gender

Female

##### Phase

2-3

## Groups that have been masked

No information

## Sample size

Target sample size: 66

## Randomization (investigator's opinion)

Randomized

## Randomization description

## Blinding (investigator's opinion)

Single blinded

## Blinding description

## Placebo

Not used

## Assignment

Parallel

## Other design features

## Secondary Ids

empty

## Ethics committees

### 1

#### Ethics committee

##### Name of ethics committee

Faculty of Pharmacy - Kermanshah University of  
Medical Sciences

##### Street address

Parastar Blv.- Dnashgah St.- Shaheed Shiroodi Blv.

##### City

Kermanshah

##### Postal code

#### Approval date

empty

#### Ethics committee reference number

5136/420/7/پ

## Health conditions studied

### 1

#### Description of health condition studied

Polycystic ovarian syndrome

#### ICD-10 code

E28.2

#### ICD-10 code description

Polycystic ovarian syndrome

## Primary outcomes

### 1

#### Description

ovarian cysts

#### Timepoint

3 month

#### Method of measurement

sonographic survey

### 2

#### Description

menstruation bleeding disorder

#### Timepoint

3 month

#### Method of measurement

questionnaire

## Secondary outcomes

### 1

#### Description

side effects

#### Timepoint

3 month

#### Method of measurement

questionnaire

## Intervention groups

### 1

#### Description

5g of Stachys lavandulifolia as infusion three time a day  
for 3 month

#### Category

Treatment - Drugs

### 2

#### Description

10mg of Medroxyprogesteron per day for 10 days in a  
menstruation cycle for 3 cycles

#### Category

Treatment - Drugs

## Recruitment centers

### 1

#### Recruitment center

##### Name of recruitment center

Private Clinic of Gynecologist

##### Full name of responsible person

Dr. Nasrin Jalilian

##### Street address

Shafa Bul.- Shahr-dari Parking

##### City

Kermanshah

## Sponsors / Funding sources

### 1

#### Sponsor

##### Name of organization / entity

Kermanshah University of medical Sciences

##### Full name of responsible person

Masoud Modarresi

##### Street address

Research Deputy office, No. 2 Build. of Kermanshah University of medical Sciences, Shaheed Beheshti Blv.

**City**

Kermanshah

**Grant name**

**Grant code / Reference number**

**Is the source of funding the same sponsor organization/entity?**

Yes

**Title of funding source**

Kermanshah University of medical Sciences

**Proportion provided by this source**

100

**Public or private sector**

*empty*

**Domestic or foreign origin**

*empty*

**Category of foreign source of funding**

*empty*

**Country of origin**

**Type of organization providing the funding**

*empty*

**Person responsible for general inquiries**

**Contact**

**Name of organization / entity**

Faculty of Pharmacy - Kermanshah University of medical Sciences

**Full name of responsible person**

Dr. Masoud Modarresi

**Position**

Faculty Member, Pharmacognosy Group Manager

**Other areas of specialty/work**

**Street address**

Faculty of Pharmacy, Parastar Blv., Dnashgah St., Shaheed Shiroodi Blv.

**City**

Kermanshah

**Postal code**

**Phone**

+98 83 1427 6482

**Fax**

**Email**

mmodarresi@kums.ac.ir ,  
modarresi1262@yahoo.com

**Web page address**

**Person responsible for scientific inquiries**

**Contact**

**Name of organization / entity**

Faculty of Pharmacy - Kermanshah University of medical Sciences

**Full name of responsible person**

Dr. Masoud Modarresi

**Position**

Pharm. D.- Pharmacognosy Ph.D.

**Other areas of specialty/work**

**Street address**

Faculty of Pharmacy, Parastar Blv., Dnashgah St., Shaheed Shiroodi Blv.

**City**

Kermanshah

**Postal code**

**Phone**

+98 83 1427 6482

**Fax**

**Email**

mmodarresi@kums.ac.ir ,  
modarresi1262@yahoo.com

**Web page address**

**Person responsible for updating data**

**Contact**

**Name of organization / entity**

**Full name of responsible person**

Leyla Ghaderi

**Position**

**Other areas of specialty/work**

**Street address**

**City**

**Postal code**

**Phone**

**Fax**

**Email**

**Web page address**

**Sharing plan**

**Deidentified Individual Participant Data Set (IPD)**

*empty*

**Study Protocol**

*empty*

**Statistical Analysis Plan**

*empty*

**Informed Consent Form**

*empty*

**Clinical Study Report**

*empty*

**Analytic Code**

*empty*

**Data Dictionary**

*empty*