INOSITOL: FROM THE OVULATION INDUCTION TO THE ANDROGENETIC ALOPECIA

Introduction:
Many papers hypothesized that there might be a relationship between myo-inositol concentration in the follicular fluid and oocyte quality. Its role was also analysed in patients with metabolic syndrome showing as an integrated diet with Myo may help a significantly improve of systolic and diastolic pressure, cholesterol and serum triglycerides, thus becoming a reliable option in the metabolic syndrome treatment. Furthermore we found in an other longitudinal study good results in the androgenetic alopecia symptoms treatment.

Materials and methods:
We conducted a longitudinal study on 32 pts for six months (2012-2013).
Inclusion criteria: pts between 43 and 50 ys and FSH levels < 35 mIU / ml.
Exclusion criteria: pts not on HRT or intaking phytoestrogens.
The treatment consisted in the administration of 2gr. of myo-inositol twice a day.
The group included pts with FSH levels: 15-30 mIU / ml, statistical average 27.17, DS:2.7463; ES:0.4855.

Results
Levels of circulating FSH reduced significantly after 3 months of treatment ( T1 ) and the reduction continued during the second trimester ( T2 ).
Statistical analysis by Repeated Measures ANOVA .P value 0.0519.

Discussion
Results support the hypothesis of a primary role of IPG as second insulin messenger and show how the MYO administration significantly influence the hormonal pattern in PCOS pts.
Were also demonstrated its effects on plasma insulin levels reduction, HOMA index and on hormonal parameters as well on the cycle regulation.
Our preliminary data show an FSH reduction especially in the first trimester of treatment.
We also found good therapeutic effects on the female androgenetic alopecia treatment.
Clearly further studies with greater statistical power will be needed to definitively validate the addition and the continuation of inositol administration.

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