



...The Newsletter of The PCOS Society, India

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This issue has been designed by P. Vel Kumar



Dr. Duru Shah

MD, FRCOG, FCPS, FICS, FICOG, FICMCH, DGO, DFP
Director, Gynaecworld
The Center for Women's Health & Fertility, Mumbai
Founder President, The PCOS Society, India
Chief Editor, Pandora

Dear Friends

We have just completed our 9th Annual Conference 2024 which was held in collaboration with *The Androgen Excess and PCOS Society & The Mumbai Obstetric and Gynaecological Society*. It was a very satisfying academic meeting for the delegates who sat in the auditorium immobilized in their seats, absorbing all the learning from the experts. The details of the Conference are in this issue.

As I reflect on the last year, there were 4 projects I did as a team of which I am truly proud.

The first: After having been a part of the development of International Guidelines on PCOS 2023, we promoted the Guidelines throughout the country through 12 W3 Webinars (What, Why, When) and the International "Dialogue and Directions Series" with the members who created the International Guidelines, The Guidelines were also distributed through a beautiful slide kit as a hard copy created by the Guidelines group to all Delegates at the Annual Conference. I personally thank Torrent Pharma and Sun Pharma (Inca) leading Health Corporates in India, who support our educational initiatives.

The Second: is the release of "An Indian Expert Group Review of Acanthosis Nigricans with Recommendations for Early Detection and Timely Management" which has been developed through the Special Interest Group of Dermatology, led by Dr. Gulrez in collaboration with 12 other Organizations, including the NIRRH. When these Recommendations are distributed, many will start making a clinical diagnosis of Insulin Resistance, just by looking for Acanthosis Nigricans and will offer the correct treatment.

I must thank Torrent Pharma for their magnanimous educational grant for this activity.

The Third: We have created a Public Health Awareness Program for women all over the country called "Vijayeta: The Winner" which is carried out through Physical and Virtual sessions, Radio, and Social Media, and has reached out to over 8.5 lakh individuals and still rising as I write! We have physically connected with over 7000 + women with the help of our "PCOS Champions" who have led the programs, without any compensation and done a brilliant job! As a token of our appreciation, each of them was awarded a trophy in the Conference's Opening Ceremony.

The Fourth: Finally, we have just launched a University Certified Certificate Course called "IMPACT" on "PCOS and Nutrition" led by myself through the PCOS Society, India in collaboration with SNTD / SVT University, led by Dr. Jagmeet Madan and team and powered by DocMode. It has 45 hours of learning through lectures and case discussions to benefit both, the PCOS members and Nutritionists to understand the needs in Nutrition which different phenotypes of PCOS girls or women need. I urge all of you to take this Course, to improve your knowledge on the subject, so that you can offer the best to your patients.

We launched the PCOS Society, India in August 2015 and are now entering our 10th year! Our organization is multidisciplinary, with an amazing group of physicians and associated health specialists, found on the needs of PCOS Women. Our goal is to improve the lives of those affected by PCOS through education, research, training, and awareness. Come join us in our endeavor to reach out to as many physicians and women as we can!

Link to the Guidelines:

<https://www.pcosindia.org/publication.php>

Link to view full article: <https://pubmed.ncbi.nlm.nih.gov/38881139/>

Link to the course registration

<https://www.pcosindia.org/IMPACT-Course.php>

Vijayeta Project link:

<https://www.pcosindia.org/csr-project-vijayeta.php>



Dr. Duru Shah

Chief Editor, Pandora

Founder President, The PCOS Society



9th International Conference on PCOS: Abstracts of Keynote Addresses



Prof. Joop S.E. Laven

M.D., Ph.D., REI

Division of Reproductive Endocrinology and Infertility,
Department of Obstetrics and Gynaecology, Erasmus
University Medical Centre, Rotterdam, The Netherlands.

New Insights Into Reproductive Ageing.

Recent genetic studies provided evidence that majority of genes involved in menopause are also instrumental in double strand break repair, mismatch- and base excision-repair of DNA. Gradual accumulation of DNA damage causes cellular senescence resulting in exhaustion of cell renewal capacity and cellular dysfunction in affected organs and eventually to accelerated cell death what we generally call ageing. Similar erosion of the genome occurs within the germ cell line and the ovaries. **Subsequently the systemic 'survival' response intentionally suppresses the sex-steroid hormonal output, which in turn may contribute to onset of menopause.** The latter occurs in particular when age-dependent DNA damage accumulation does not cease. Both effects are expected to synergize to promote ovarian silencing and install menopause.

Indeed, lots of epidemiological data show that chronic diseases like cardiovascular disease (CVD), type II Diabetes (TIIDM) and Rheumatoid Arthritis as well as cancer are associated with reduced ovarian reserve. Conversely, longevity is associated with higher reproductive success in terms of number of children. Moreover, the reproductive life span, defined as the number of years between menarche and menopause, is strongly correlated with overall survival and co morbidities of the so called non communicable diseases (NCD's) e.g., TIIDM, CVD and Neurodegenerative diseases as Alzheimer's disease. **Women with Polycystic Ovary Syndrome are enriched with the most effective genetic variants capable of proper DNA repair which explains their later age at menopause. This should also increase their fecundity beyond the fourth decade of life.** Indeed, recent studies have shown **higher implantation rates and lower aneuploidy rates in women with PCOS undergoing IVF beyond 40 years compared to those without PCOS.** Hence, menopause is the result rather than the cause of ageing!

This also implies that **we should follow-up our patients because subfertility is a sensitive marker for the susceptibility to NCD's.**

Faculty Feedback for the Conference

The overall management, hall coordination was smooth without any glitches. Precise time management was practised, all to the convenience of the participants. All those who attended had come with a fixed motive of learning which was quite noticeable as both halls were packed to their capacity. The way in which things were explained by the experts made it a pleasure to be heard.

I really appreciate the hard work and months of unstinted efforts put in by yourself and the entire PCOS organising team.

Dr. Kersi Avari - Embryologist



Prof. Rob J Norman

Robinson Research Institute, University of Adelaide.

Does PCOS run in families and is there a male phenotype?

Polycystic ovary syndrome (PCOS) has genetic and environmental origins with evidence of familial occurrence among sisters. The metabolic and endocrine features of PCOS are commonly found in female siblings and genetic and epigenetic causes are postulated.

The question of parents and male relatives having some features of the condition has been posed frequently over the past decades since clinical and metabolic sequelae have been discovered.

Our current knowledge suggests the following:

1. Sisters may have full features of PCOS, have hyperandrogenism alone or apparently be unaffected. **Hyperandrogenism, polycystic morphology (PCOM), hyperinsulinism and endocrine anomalies are much more common in sisters.**
2. **Brothers are more likely to have raised DHEAS, disorders of gonadotrophin function, impaired glucose tolerance and dyslipidaemia.** Premature balding has been proposed to be a feature but its occurrence is now disputed.
3. **Parents have a higher prevalence of cardiovascular disease and events indicating a familial element to the condition.**

Causes for these observations are uncertain but could include the following:

1. Genetic factors as indicated by genome wide screening do contribute to the presence of PCOS but probably only account to around 10% based on current knowledge.
2. Epigenetic causes are increasingly being proposed as an explanation for some findings
3. Exposure to androgens or AMH, among other factors may affect families where the children experience similar intrauterine conditions

Our clinical approach to PCOS should include a family history, advice to inform relatives about the diagnosis and potentially to test parents, brothers and sisters for endocrine and metabolic features commonly associated with PCOS.

9th Annual Conference



Dr. Duru Shah

MD, FRCOG.

Director, Gynaecworld The Center for Women's Health & Fertility, Mumbai
 Founder President, The PCOS Society, India

Man, Machine & Magicthe Era of AI in ART

Artificial intelligence (AI) is a powerful technology destined to transform our future. The advent of AI in the medical field has paved ways for efficient clinical management, including Assisted reproduction technology (ART) at every stage.

Inspite various advances in the field of ART, the chances of conceiving per cycle stand at a mere 35- 40%. Recently, AI algorithms have revolutionized the field of reproductive medicine. Clinically, they can be utilized for assessing a couple's fertility status, devising models for personalized stimulation protocols for obtaining the best success rates and prevent complications like OHSS. In the Embryology AI algorithms have the ability to identify the best oocytes, sperms and the best embryos to transfer and stringent monitoring of laboratory environment systems. Moreover, AI can help optimize fertility treatments to prevent manual errors through Ultrasound monitoring and facilitate home monitoring for patients to improve access to care. Currently AI technologies have not yet been approved for use and are still being investigated as research on AI in ART continues.

Although use of AI technologies can improve ART outcomes, there is a need for concrete studies and guidelines to establish their efficacy. Every AI model would need to undergo rigorous testing and training, ensure data validation and eliminate hidden biases. Long-term follow-up studies related to the health-outcomes of babies born via AI need to be considered in the upcoming future, to prevent ethical and legal issues in future.

AI can be a game-changer for all the fertility clinics once standardized protocols and ethical considerations are integrated responsibly into ART services. By exploiting AI's potential, IVF clinics can increase success rates and help couples through their fertility journey, by predicting which protocol would be best suited for them, whether they should consider self IVF / third party reproduction how long would the journey be, so that quick decisions could be made.



Dr Anuja Dokras

Executive Director, Women's Health Center for Clinical Innovation University of Pennsylvania, Philadelphia, USA

Does Polycystic Ovary Syndrome Increase Cardiovascular Disease Risk?

Polycystic ovary syndrome (PCOS) is the most common endocrine disorder affecting 10% of reproductive age women worldwide. Initially recognized as a gynecological disorder, with menstrual irregularity and hirsutism, it is now clear that PCOS is also associated with cardiometabolic disease, mental health disorders, and endometrial cancer. Hyperandrogenism and insulin resistance are salient features of the underlying pathophysiology of PCOS. Although the diagnosis is established in late adolescence and early adulthood, the different manifestations, and associated co-morbidities need management across the lifespan.

Young reproductive age women with PCOS have a 2-3-fold increase in obesity, hypertension, dyslipidemia, type 2 diabetes and metabolic syndrome, with the hyperandrogenic PCOS phenotype at higher risk. Furthermore, during pregnancy women with PCOS have a higher risk of preeclampsia, gestational diabetes and hypertensive disorders of pregnancy. Unsupervised cluster analysis reveal a metabolic and reproductive phenotype. Although racial/ethnic differences have been reported in the prevalence of some traditional cardiovascular disease (CVD) risk factors, **the main drivers of metabolic risk are obesity and hyperandrogenism.** Longitudinal studies show the persistence of most of these CVD risk factors. Building evidence towards the overall risk for atherosclerotic CVD (ASCVD), **meta-analyses demonstrate impaired endothelial function, increased carotid artery intima-media thickness, and higher coronary artery calcium scores in young women with PCOS.** These markers of subclinical atherosclerosis are all associated with increased risk of CVD events in the general population. Patient surveys and studies examining hospital admissions reveal increased risk of coronary artery disease, cerebrovascular disease and peripheral artery disease. Some individual and pooled studies suggest an increased risk of myocardial infarction, ischemic heart disease and stroke. **Collectively, these findings provide robust evidence to consider PCOS as a risk-enhancing condition for CVD during both the reproductive and early post-menopausal periods. The 2023 international PCOS guidelines recommend that women with PCOS should be considered at increased risk for CVD.**

[Link to view the Conference lectures
 https://www.pcosindia.org/video-gallery.php](https://www.pcosindia.org/video-gallery.php)



The International Conference on PCOS

PRE-CONGRESS WORKSHOPS



Panel Discussion on Nutrition for better Health in PCOS

Workshop 1: Managing Obesity in PCOS: the greatest wealth



Launching the IMPACT Course



Video demonstration of Cosmetic Techniques



Panel Discussion on: Fitness & Pharmacotherapy for Weight Management



Demonstration of taking accurate body measurements



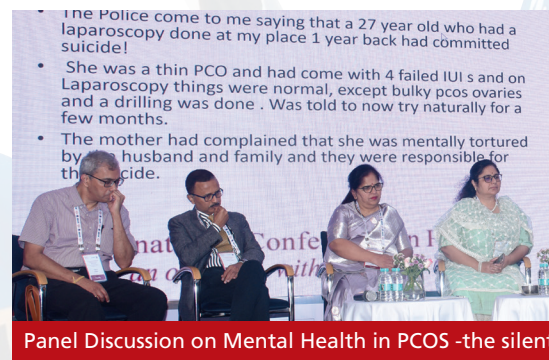
Yoga Demonstration



Demonstration for Healthy recipes for PCOS women



Panel Discussion on: The Skin in PCOS: Telling Signs



Panel Discussion on Mental Health in PCOS -the silent Struggle



Workshop 2: PCOS & Infertility: Practical Management for Optimum Success



Case presentation and Discussion on the fundamentals of PCOS



Case Discussion on Controlled Ovarian Stimulation in PCOS



Case discussion on Intrauterine Insemination



Case Discussion on Semen & Sperm



Case Discussion on PCOS: Frozen Cycles



Panel Discussion on The Frozen Cycle-Luteal Phase support



Panel Discussion on: What else can we do in ART? Exploring newer possibilities





The International Conference on PCOS

OPENING CEREMONY

Our Chief Guest



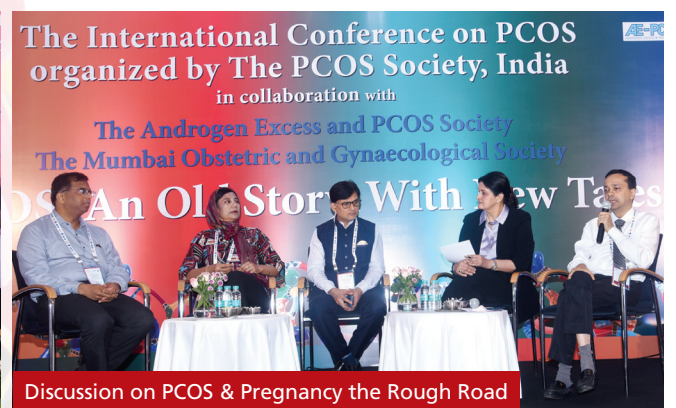
Inauguration of the Conference with lamp lighting ceremony



Dr. Rajiv Bahl, Secretary to Govt. of India, Department of Health & Research, Director General, ICMR.



Honorary PCOS Society Fellowship conferred on Prof Joop Laven



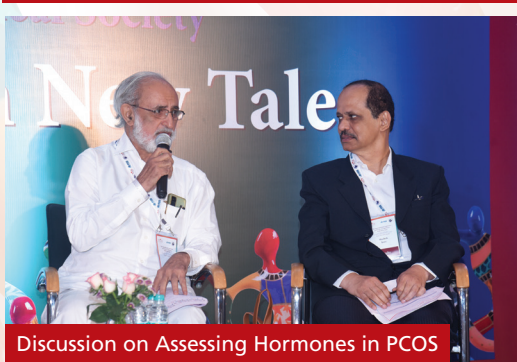
Discussion on PCOS & Pregnancy the Rough Road



Honorary PCOS Society Fellowship conferred on Prof Rob J Norman



The ICMR Session



Discussion on Assessing Hormones in PCOS



Discussion on New Insights into Reproductive Aging



Panel Discussion on the art of ART in PCOS



Panel Discussion on new Insights in Reproductive Aging

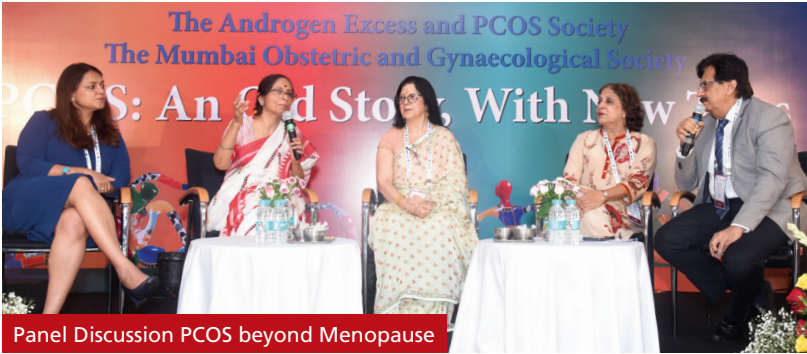


Discussion on Does PCOS run in families & is there a male phenotype?



Panel Discussion on Value of Oral Contraceptive Pills...1 pill many advantages

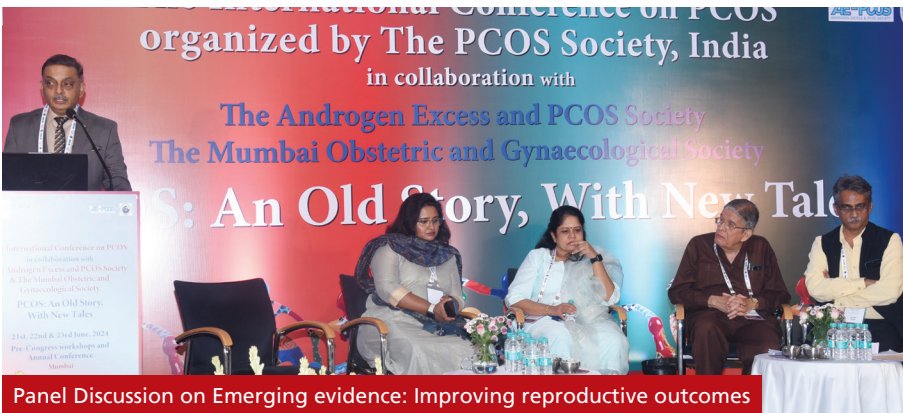
CONFERENCE DAY 2



Panel Discussion PCOS beyond Menopause



Panel Discussion on Promising therapies in PCOS



Panel Discussion on Emerging evidence: Improving reproductive outcomes



PCOS Quizzes 2024: Grand Finale: Our Top 8 Finalists



Discussion on Does PCOS increase Cardiovascular Risk?



A fabulous end to a Great Event!

Winners of PCOS Quizzes 2024



1st Prize ₹75000

1st Prize Winner
Dr. Megha Gupta



2nd Prize ₹50000

2nd Prize Winner
Dr. Jayshree



Our Quiz Masters Dr. Zeel Shah & Dr. Riddhi Desai



3rd Prize ₹25000

3rd Prize Winner
Dr. Sifat Tanvir

Dear Ma'am
I plan to use the prize money to invest in some educational resources to enhance my skills. I'm also considering using a portion of it for a well-deserved treat or a small vacation to relax and recharge. Thank you for organizing such a great event for us to learn. You are inspirational. Thank you, - Dr. Sifat Tanvir

Winning Papers



Dr. Abhijeet B Jawanjal
Senior
Resident DM
Endocrinology

Correlation of androgen levels with metabolic profile and obstructive sleep apnea in women with Polycystic ovarian syndrome

AIM: To study the correlation of androgen levels, metabolic profile, and OSA among women with PCOS with Age and BMI-matched controls.

METHODS: 18yrs-40yrs old PCOS subjects, Age and BMI matched controls, were compared for Waist circumference, Neck circumference, Hip circumference and Epworth sleepiness scale (ESS) score. Samples were collected for FBS, HbA1C, fasting sugars, lipid profile, and serum androgens (Testosterone, DHEAS, Androstenedione)

RESULTS: Mean testosterone concentration was 47.84ng/dl in PCOS cases and 26.73 ng/dl in controls (P value-0.001). Mean ESS score was 11.89 in cases and 8.46 in controls (p <0.001). Metabolic syndrome was present in 46% of women with PCOS and 13% in controls (p value 0.005).

CONCLUSION: Metabolic syndrome prevalence was near 50% in women with PCOS as compared to age and BMI matched controls and had a statistically significant correlation with Serum Androgens (p<0.001). PCOS cases had a higher prevalence of sleep apnea. Free androgen index showed a statistically significant correlation with the probability of having OSA amongst women with PCOS.



Dr. Kavita Gadekar
Consultant,
Dr Gadekar
Maternity
Home, Nashik

Role of cyclical progesterone therapy in management of PCOS

Purpose: To examine clinical response of cyclical micronized progesterone to androgenic PCOS, as opposed to combined oral contraceptive pills as standard care of PCOS

Synthesis of data: PCOS occurs in 10% of reproductive aged women. The important etiology being the central pathology of rapidly pulsating GnRH, the absence or decrease in the inhibitory progesterone feedback leading to chronic LH stimulation and subsequent hyperandrogenism. Standard PCOS therapy with combined hormonal contraceptives (CHC) induces predictable flow and lower androgens but does not correct neuroendocrine disturbances and increases already tonically high E2 levels. In contrast, Cyclic P4 provides predictable withdrawal flow and symptom relief and also decreases LH and androgens. Vaginal progesterone with other therapies appears to improve fertility outcomes.

Conclusion: Ovulatory disturbances, androgen excess, and E2/P4 imbalance are central to androgenic PCOS. Cyclic P4 therapy, by slowing GnRH pulse rate, may improve both PCOS symptoms and fertility.



Dr. Manishi Nautiyal
DM
Endocrinology
Topiwala
National
Medical
College and
B.Y.L Nair Ch.
Hospital
Co-author:
Dr Nikhil
Bhagwat

Correlation of visceral fat (hepatic and pancreatic) quantified by MRI PDFF with markers of insulin resistance in lean PCOS

Aim: To correlate visceral, hepatic and pancreatic fat with markers of insulin resistance.

Materials and Methods: 30 lean women (BMI <23kg/m²) with polycystic ovarian syndrome (PCOS) and 30 controls were enrolled. 75 gm oral glucose tolerance test was performed to assess plasma glucose, serum insulin, and C-peptide levels. Hormonal evaluation was done (LH, FSH, Testosterone, SHBG, 17OH Progesterone, DHEAS, A4, Cortisol, Prolactin, TFT). MRI proton density fat fraction percentages (PDFF%) for the liver, pancreas, vertebrae, paraspinal muscles, subcutaneous (SCAT) and visceral adipose tissue (VAT) were measured. Insulin resistance was calculated using HOMA IR, HOMA M 120, QUICKI and Matsuda indices.

Results: Lean PCOS had higher hepatic and pancreatic PDFF%, as well as VAT (P values <0.001, 0.038, and 0.02, respectively). A positive correlation was found between liver fat and serum insulin levels at 120 minutes and HOMA M120. Serum testosterone showed a negative correlation with paraspinal muscle PDFF%.

Winning Posters



Dr. Vanshika Gupta
Senior Resident, ASCOMS Hospital, Jammu.

Gut microbiota dysbiosis in polycystic ovary syndrome.

AIM & OBJECTIVE: Gut microbiota affects follicular development, sex hormones and metabolic levels through hyperandrogenism, insulin resistance (IR), inflammation, brain-gut axis and participates in the pathogenesis of PCOS, as shown by various studies. PCOS patients exhibit chronic inflammatory state via the vicious circle of gut dysbiosis due to altered metabolism of short-chain fatty acids (SCFA), amino acids, bile acids, endotoxemia and IR.

METHODS: Literature search was done from scientific journals (Journal of ovarian Research, Journal of endocrinology and reproduction), databases (Pubmed, Embase, cochrane library, wiley online library), CREPCOS (centre for research excellence in PCOS), CREWHIRL (Centre for research excellence in women health in reproductive life) and RCT (Randomised Controlled Clinical Trial) studies.

RESULTS: In PCOS women, gut is depleted of beneficial bacteria and is enriched with pro-inflammatory pathogens like Escherichia, Shigella, Enterobacteria and Parabacteroides. They showed lower alpha diversity and altered beta diversity characterized by a lower abundance of SCFA-producing bacteria, increasing gut permeability and causing inflammation and IR. SCFA is involved in the secretion of brain-gut peptides by intestinal endocrine cells such as GLP-1, Ghrelin, CCK and PYY. Low SCFA results in low levels of ghrelin, serotonin, and PYY explaining the increasing odds of IR and depression in them.



Aakriti Gupta
Assistant professor IVF incharge,
Shri Mahant Indires hospital,
Dehradun, Uttarakhand

Recurrent EFS in PCOS patient

Case Synopsis: We report a case of recurrent empty follicle syndrome (EFS) where no oocytes were aspirated in two separate IVF cycles using two different protocols. She is 33 yrs with severe PCOS, 10 years subfertility, chronic anovulation and 3 IUI failures. ICSI cycle started using ANTAG stimulation and after 36 hrs dual trigger total follicle >14mm is 8, E2 <3000 However, no oocytes were retrieved on the day of OPU. Subsequently, a DTDO (double trigger and delayed OPU) was planned with in vivo exposure of oocytes to DTDO at 40 hr and 37 hr which could correct EFS and retrieve better oocyte. But this regimen wasn't successful and 2nd OPU no oocyte were retrieved. EFS is reported to occur in about 0.2-7% of IVF cases and most of these cases are sporadic. The recurrence rate of about 20% and the risk increases with age. However, the etiology and the optimal management of this syndrome still remains an enigma. ART using donor eggs and donor embryo transfer are acceptable alternative options for recurrent EFS.

Vijayeta Felicitating our Champions



"Vijayeta" has been a great social outreach program for our Society which has currently reached out to over 900,000 individuals virtually and about 8000 individuals physically through the year! All this has been possible through the grant received from "Phillips", through the support of our "PCOS Champions" who have offered their time and expertise voluntarily, and through the support of our Vijayeta team including Sneha, Vinita, Priyanka, Bhavesh and all the Support Agencies utilized to carry out the agenda of making girls and women aware of PCOS. Its been a wonderful year and as we step into our second year of Vijayeta, we are truly delighted that the awareness

we have created on this subject which affects girls and women of all ages, will go a long way in offering a better quality of life to those who suffer from it and lower the prevalence of those born with PCOS in future!

The photographs speak for themselves!! **If you would like to conduct these programs in your city please write to Ms. Sneha Choksi on manager. vijayeta.pcos@gmail.com with a cc to me on durushah@gmail.com**

View the Vijayeta Project on: <https://www.pcosindia.org/csr-project-vijayeta.php>



Masterclass on Metabolic Syndrome in PCOS-The worrisome twosome?

24th March 2024.
8.30 AM to 5 PM
Krishna Institute of
Medical Sciences,
Hyderabad

**Attended
by 150
Delegates**

The first of its kind, one day masterclass on “Metabolic Syndrome in PCOS -The worrisome twosome” witnessed an exuberant response from several doctors across the country. This meet featured faculty and delegates from various allied specialities participating in the event. The deliberations from eminent national and International faculty were very much appreciated. There was a lot of discussion and interaction making it a grand success and take home messages creating the much-desired awareness regarding metabolic syndrome in PCOS.

Delegate Feedback - The program was very well organised and the topics were well chosen and the faculty did an excellent job. The conference was very informative and they enjoyed the whole event. It was a very unique and one of the best conferences they have attended so far.

Faculty Feedback - Beautifully implemented programme and great discussions. The programme was educative and enlightening. It was a wonderful programme which gave importance to diet and lifestyle management. The topics were very well chosen and interesting.



Dr. Gerard Conway



Dr. Epha Yasmin



Dr. Duru Shah & Dr. Kanthi Bansal



Dr. S. Vyjayanthi



Dr. Shobhana Patted



Drs. Latha Sashi and Janaki Srinath Puskari

**WHAT
WHEN
WHY**

THE PCOS SOCIETY INDIA

2.0
Interactive
Discussions on PCOS

What are the drugs needed in the management of PCOS?

16th March 2024 | 6:00 - 7:30 pm (IST)

Dr. Duru Shah
Founder President
The PCOS Society (India)
MD, FRCOG (Lond), FRCOG, FICS, FCPSC,
FRCMCH, DGO, DFF
Convener

Dr. Shobhana Patted
Director, Patil's Fertility and
Research Centre
DGO, MD, DNB, DRDGL, FRCOG
Moderator

Dr. Sumana Gurunath
Senior Fertility Consultant,
Cloudsno Fertility, Bangalore
MD, DNB, Commonwealth Fellow
of Reproductive Medicine (UK)
Expert

Dr. Neeta Deshpande
Medical Director, CentreCare
Super Speciality Hospital & MRC
MD, FRCP (Edin), PG Endo (Lond),
ASBP Obesity Cert (USA)
Expert

Dr. Vikrant Ghatnati
Professor and Head, Dept. Of
Endocrinology, J. N. Medical
College, Belagavi
DM (Endocrinology)
Expert

Dr. Soubhagya Bhat
Consultant OBGYN, Patil's Fertility
and Research Centre, Belagavi
MD
Experts

Dr. Anita Dalal
Professor and Unit Head Dept of
OBGYN, Jawaharlal Nehru Medical
College, Belagavi
MD
Expert

Dr. Kavya Pradeep
Reproductive Medicine Specialist, Nava
Srusti Fertility & IVF Centre, Srinagar
DGO, DNB, FRM
Coordinator

Supported by

Link to view the webinar:
<https://www.pcosindia.org/recorded-presentations.php>

COLLEGE OF HOME SCIENCE
(Department of Home Science)

SNDT WOMEN'S UNIVERSITY

CERTIFICATE COURSE

THE PCOS SOCIETY INDIA

Interdisciplinary Management (of) PCOS Advanced Certification Course Created by

The PCOS Society of India in collaboration with Sir Vithaldas Thackersey College of Home Science SNDT Women's University - Juhu, Mumbai

Why Choose IMPACT?

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Official Certification: Receive a certificate from PCOS Society India & SVT University upon completion.

Course Highlights:

Cutting-Edge Medical Insights: 21 lectures covering topics from diagnosis to advanced treatments of PCOS medical management from the PCOS Society, India.

Nutritional Mastery: 14 lectures covering Medical Nutrition Therapy and dietary strategies.

Integrated Care Approach: 10 Case discussions with Medical & Nutrition Experts discussing various scenarios.

For more information contact us at courseimpact2024@gmail.com

Who Should Enroll?

Medical Practitioners: Gynaecologists, Endocrinologists, Diabetologists, Dermatologists, Physicians, Family Physicians, and allied health professionals.

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Alleviates Hyperandrogenism... Restores Fertility

1. The New Indian Journal of OBGYN. 2019 (January-June); 5(2)

*As a nutritional supplement

For the use of only a Registered Medical Practitioner or Hospital or a Laboratory.

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2000 IU Vitamin D3

Bio-active Vitamin B6, B9, B12

Chymoral[®]-AP

Trypsin:Chymotrypsin (6:1) 50000 A.U + Aceclofenac 100mg + Paracetamol 325mg

Chymoral[®]-Plus

Diclofenac K 50mg + Trypsin:Chymotrypsin (6:1) 50000 A.U.

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