



...The Newsletter of The PCOS Society, India

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Welcoming....

Our New Patrons



Dr. Anshu Singh
Gynaecologist



Dr. Rachna Dubey
Gynaecologist

Our New Associate Members

Ms. Renuka Jakhar

Physiotherapist

Ms. Komathi Thirunavukkarasu

Nutritionist

Ms. Rashmi Shah

Nutritionist

Dr. Diksha

General Physician

Our New Life Members

Dr. Yukti Bhardwaj

Gynaecologist

Dr. Meena Samant

Gynaecologist

Dr. Shirish Chokshi

Gynaecologist

Dr. Jeevika Gupta

Gynaecologist

Dr. Sree Sowmya Peri

Gynaecologist

Dr. Anusha Devalla

Gynaecologist

Dr. Saritha Punuru

Gynaecologist

Dr. Bratati Moitra

Gynaecologist

Dr. Sathyapriya Balasubramanian

Gynaecologist

Dr. Suneetha Diyya

Gynaecologist

Dr. Usha Rajala

Gynaecologist

Dr. Mayuri Kelkar

Gynaecologist

dear friends,
bringing multidisciplinary teams together once
again ...at our next Annual Conference 2025

10TH
ANNUAL
CONFERENCE
SAVE THE DATE
OCTOBER
10-12, 2025

DR DURU SHAH
FOUNDER PRESIDENT
& TEAM, THE PCOS SOCIETY, INDIA

SCAN TO PRE REGISTER

PCOS
QUIZZES
2025

Season 5 of the most loved **PCOS Quizzes** is back!
For the **first time** ever, the competition is **open to all!**
(Age no bar, open to all)

Win fabulous prizes while participating from
the comfort of your home!

QUALIFYING ROUND
12 weekly online quizzes starting from
7th June 2025 every weekend

ELIMINATION ROUND
Top 25 will face off at the physical event which
will be held at the 10th PCOS Annual Conference

GRAND FINALE
Top 6 players will make it to
the Grand Finale, where the
ultimate PCOS champion will
be crowned.

PRIZES
Amazing prizes for
the **Top 3** Winners &
exciting prizes for the
Top 25 with the
highest points

Sign up now and get ready to Learn & Earn!
Terms and Conditions
Visit website: www.pcosindia.org
For queries contact
Tel. no: +91 9833225280 Email: thepcossociety@gmail.com

SCAN QR CODE FOR
TERMS & CONDITIONS

Editorial



Dr. Riddhi Desai

Co editor, Pandora
Managing Committee Member, MOGS
Managing Committee Member, The PCOS Society of India
Managing Committee Member, AFG



Dr. Zoish Patel

Coordinating Editor

Executive Committee

Dr. Duru Shah
Dr. Shashank R Joshi
Dr. Piya Ballani Thakkar
Dr. Madhuri Patil
Dr. Uday Thanawala
Dr. Sandhya Saharan

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Dr. Charmila Ayyavoo
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Dr. Sabahat Rasool
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Dr. Shobhana Patted
Dr. Sudhaa Sharma
Dr. Sujata Kar
Dr. Nagadeepti Naik
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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,

It is my greatest pleasure to write this Editorial for the 28th issue of **"Pandora"** the Newsletter of the PCOS Society, India. This issue reaches the desk of almost **40,000 physicians** within India and digitally to many more!

Our Society focuses on how PCOS affects the entire body including the human brain, gut, liver, uterus, ovaries, endometrium, hormones, lungs, skin, heart and circulation and beyond. Hence today PCOS is being considered as a complex **"Reproductive, Neuroendocrine, Metabolic Disorder"** affecting not only women, but also men! Ovaries are only the victims of this disorder and not the cause. **Today as a Professional Organization we have reached out to thousands of physicians** from various disciplines and allied supportive fields, through physical and virtual educational sessions, on the different areas related to PCOS, emphasizing the need for urgent attention. We need many experts coming together to diagnose and manage affected women correctly and quickly, so that they do not develop the dreaded complications of Cardiovascular, Metabolic and Hormonal Disorders, leading to a poor quality of life as they age.

Cumulatively we have created awareness through, Webinars, Seminars, Masterclasses, Radio, Annual Events etc. executed by our voluntary **"Vijayeta Champions"** for women and men in Society, through the generous support from various Corporates.

Early diagnosis will help to prevent mental health disorders related to sleep, mood and eating disorders. It will also make women seek pre-conception care to prevent transmission of PCOS epigenetically to their unborn babies whilst in the womb, leading to a lower number of babies being born with PCOS in future. We all need to work together to arrest this disorder in its early stages. We need to encourage regular exercise and healthy nutrition in our children to have a healthier India, and preconception care clinics to normalize the deranged hormones in PCOS women.

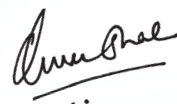
I would like to take this opportunity to thank Philips India who supported our **Outreach Program "Vijayeta... the winner"** over the last 2 years, to reach out to over 3 million women in our country. We realized that almost 20% of the women who attend the awareness sessions were likely to be having PCOS ie. 1 out of the 5 women, who responded to us, were suspected to have PCOS!

Our awareness programs also brought up the fact that within the 90 minutes that we spent talking to them and answering their queries, we were able to increase their knowledge on PCOS from 60% to 90% at the end of the session!

My deepest gratitude to our entire team of experts who have assisted our programs through sharing their knowledge on PCOS, totally voluntarily, without any honorarium or professional fees! This is the advantage of a strong and educated Society!

Without the support of our Managing Committee, Convenors, Speakers, Youth Brigade team, our Office team and our Sponsors especially Torrent, Sun Pharma and Phillips none of our academic or awareness sessions would have been possible. My sincere thanks to the entire team!

Looking forward to the next financial year which began on 1st April 2025 and we promise to bring to you many new initiatives from the PCOS Society, India!



Dr. Duru Shah

Chief Editor, Pandora

Founder President, The PCOS Society



Hot of the Press

The Lancet Commission on Obesity (2025): A New Era in Understanding and Treating Obesity

Dr. Zoish Patel, Dr. Duru Shah

The Lancet Diabetes & Endocrinology, 2025 has published its latest Commission on the definition and diagnostic criteria for Clinical Obesity. A key recommendation of this Commission is to establish a clear distinction between obesity as a **risk factor** and obesity as a **standalone disease**. This distinction is crucial for guiding appropriate treatment strategies and ensuring timely interventions.

Preclinical vs. Clinical Obesity: A Paradigm Shift

The Commission introduces two distinct categories:

Preclinical Obesity	Clinical Obesity
Is defined as a condition of excess adiposity without current organ dysfunction or limitations in daily activities but with increased future health risk .	Is defined as a chronic, systemic disease state directly caused by excess adiposity. Eg: Metabolic syndrome, diabetes, arthritis etc.
Managed with lifestyle modifications like diet and exercise	Needs to be given a more definitive medical treatment .

This differentiation aims to create a sense of urgency in managing clinical obesity.

Beyond BMI: A Comprehensive Approach

The second key recommendation of the Lancet Commission is that **Body Mass Index (BMI) should not be the sole tool for assessing obesity**. Given its limitations, BMI needs to be complemented with **waist circumference, waist-to-hip ratio, and waist-to-height ratio**. These additional metrics help identify abdominal obesity, a significant predictor of metabolic risk. This is particularly relevant for **Indians**, who tend to have excessive abdominal fat even when their BMI falls within the normal range.

The Overlooked Link: Obesity and Prediabetes

Obesity is closely linked to **prediabetes**, an intermediate stage of glucose dysregulation. Prediabetes encompasses **impaired fasting glucose (IFG), impaired glucose tolerance (IGT), or both**, conditions that are associated with **insulin resistance and beta-cell dysfunction**.

Notably, **postprandial reactive hypoglycemia** has been identified as a prediabetic state, particularly when combined with weight gain and a family history of diabetes. Without intervention, prediabetes progresses to diabetes, making early diagnosis and lifestyle modifications critical.

Dietary and Lifestyle Interventions: The Key to Prevention

Lifestyle modifications remain the cornerstone of obesity and prediabetes management. However, sustaining these changes is one of

the biggest challenges.

- **Diet:** Studies have shown that a **multi-component diet rich in legumes, low-GI starches, healthy vegetable oils, and spices** can significantly improve cardiometabolic health, independent of calorie restriction.
- **Exercise:** Physical activity recommendations should be tailored to specific populations. For example, **Indians require 60 minutes of exercise instead of the global standard of 30 minutes** due to their higher propensity for abdominal fat. A mix of **aerobic, muscle-strengthening, and bone-strengthening exercises** is ideal.

For patients with **obesity and prediabetes**, the recommended weight loss goal is **5–7%**, while those with **obesity and diabetes** should aim for a **7–15% reduction**.

A Call for a Patient-Centric Approach

Despite clear recommendations, implementing lifestyle modifications remains challenging—especially for young women with PCOS, who often struggle with **long-term adherence**. Research highlights that **success in sustaining a healthy lifestyle is higher when motivation is intrinsic**, rather than externally imposed.

The Lancet Commission's recommendations provide a robust framework, but the key to success lies in **effective communication, personalized intervention strategies, and sustained patient engagement**. Obesity is no longer just about weight—it is a **complex metabolic disease that demands a multidisciplinary approach**.

Conclusion

The Lancet Commission's latest report is a wake-up call to **redefine obesity management**. By shifting the focus from BMI to a **multi-faceted diagnostic approach** and distinguishing between preclinical and clinical obesity, healthcare providers can offer **more precise, personalized, and effective treatments**. At the heart of this change is the recognition that obesity is not just a cosmetic issue but a **critical medical condition requiring urgent intervention**.

References

- The Lancet Diabetes & Endocrinology Commission, **Lancet Diabetes Endocrinol** (2025)
- Sibiya N, Kurylowicz A, Khathi A. **Prediabetes - Early Interventions & Prevention in Insulin Resistance**. *Front. Nutr.* (2024)
- Metabolic Syndrome Management Guidelines, *Arch Med Sci* (2022)
- A Legume-Enriched Diet & Metabolic Health, *Nature Communications* (2025)
- Chen J et al. **Application of Natural Compounds in Prediabetes Prevention**. *Front. Nutr.* (2023)
- Conquering diabetes by overcoming psychological barriers and embracing health Fanni Óry 1*, Botond László Kiss 1,2, András Norbert Zsidó 1,2,3 & Szidalsz Ágnes Teleki , *Scientific Reports* | (2024) 14:32104.



Our Special Interest Groups SIGs

Mental health in PCOS



Dr Uday Thanawala

Current Leadership

SIG Chair: Dr Uday Thanawala
Co – Chair: Dr. Chandrika Anand
Member - Dr. Sarita Bhalerao

Key Initiatives

- Highlight the prevalence of mental health issues in PCOS through data-driven advocacy
- Engage with healthcare professionals through workshops, webinars, and training, to ensure mental health is acknowledged as a core aspect of PCOS management.
- Develop and disseminate standardized mental health screening protocols for PCOS patients.
- Encourage early intervention
- Provide simple resources with the clinicians for stress management of patients, and to recognise severe cases which need to be referred to Mental Health Specialist.

Contact Information:

Dr Uday Thanawala:
 9820143277, udaythanawala@gmail.com
 Dr. Chandrika Anand:
 9448146699, chandrikadg19@gmail.com

Infertility



Dr Kanthi Bansal

Current Leadership:

SIG Chair: Dr. Kanthi Bansal

Committee Members:

Dr. Vyjyanti Srinivasan,
 Dr. Sonia Malik, Dr. Perna Shinde,
 Dr. Sushma Baxi, Dr. Lipika Moharana, Dr. Binal Shah

Key Initiatives

- Educational Seminars, Webinars and Workshops
- Google Surveys in the topics related to Infertility & PCOS • Research Papers
- Combined work/sessions with Public Awareness Committee, Research & Nutrition Committees
- Hosting patient awareness camps to educate on infertility associated with PCOS
- Psychological support sessions for patients struggling with infertility

Contact Information: Dr. Kanthi Bansal:
 98240 89769, kanthibansal@gmail.com

Non-Communicable Diseases



Dr. Sabahat Rasool

Current Leadership:

SIG Chair: Dr. Sabahat Rasool

Committee Members:

Dr. Zeel Shah,
 Dr. Lipika Moharana,
 Dr. Riddhi Desai

Mission

To educate patients and doctors about long term

Public Awareness



Dr.Shobhana Patted

Current leadership

SIG Chair:

Dr. Shobhana Patted

Co – Chair: Ruby Sound

Member: Sabahat Rasool

Mission and focus areas:

Our mission is **to bridge the knowledge gap** by providing accurate, evidence-based information on PCOS. Our awareness programs, focus on educating young women about the importance of early detection, lifestyle modifications, and holistic management. Key areas of emphasis include **nutrition, exercise, sleep, stress management, and mental well-being**. We aim to empower individuals to take proactive steps toward managing PCOS, improving their overall health and quality of life.

Key Initiatives

Till date, awareness sessions have reached 4,500 students across Maharashtra, Karnataka, and Tamil Nadu. This year, we aim to educate 50,000 young women through wider collaborations and invite members to support this mission.

Contact Information:

Dr. Shobhana Patted:
 9845273929, drshobhanapatted@gmail.com

Dermatology



Dr. Gulrez Tyebkhan

Current Leadership:

SIG Chair

- Dr. Gulrez Tyebkhan

Committee Members:

- Dr. Preeta Yadav
- Dr. Meghana Phiske
- Dr. Sangeeta Velaskar

Key Initiatives and Activities: We plan to create awareness amongst the community.

Contact Information:

Dr. Gulrez Tyebkhan
 gulrezt@gmail.com, 9987622556

unhealthy consequences of PCOS

Activities planned:

- Webinars
- Patient education reels and short videos on social media
- To plan a full session on chronic diseases during the annual conference

Contact Information:

Dr. Sabahat Rasool: 8879337870,
 sabahatrasool@yahoo.co.in

Clinical Research



Dr Padma Rekha Jirge

Current Leadership:

SIG Chair: Dr. Padma Rekha Jirge

Committee members:

Dr. Duru Shah, Dr. Shashank Joshi, Dr. Madhuri Patil,
 Dr. Sujata Kar, Dr. Sabahat Rasool, Dr. Gulrez,
 Dr. Aditi Trivedi, Dr. Aishwarya Nupur

Key Initiatives and Activities:

- The committee is evaluating submitted project/s and proposal/s with a view to recommend funding for selected projects.
- We are also creating and assisting members of the society to conduct surveys for a better understanding of specific areas of PCOS.

Contact Information:

Dr. Padma Rekha Jirge:
 9822114131, rekha.jirge@gmail.com

Nutrition



Ms. Ruby's Sound

Current Leadership

SIG Chair: Ruby Sound

Objectives and Scope and Key Initiatives

The **SIG on Nutrition** aims to advance **nutrition science in PCOS care**, fostering research, education, collaboration, and patient support to improve outcomes.

- **Promote Evidence-Based Nutrition** – Establish guidelines, develop dietary resources and support research.
- **Enhance Awareness & Education** – Conduct educational programs, organize webinars/meetings and collaborate with multidisciplinary experts.
- **Facilitate Multidisciplinary Collaboration** – Integrate nutrition with endocrinology, gynaecology, and lifestyle interventions.
- **Community Engagement & Patient Support** – Develop patient-friendly tools in different languages, create awareness among patients. Develop patient-friendly handbooks and multilingual easy-to-make recipe books.
- **Social Media & Outreach** – sharing knowledge about nutrition on various social media platforms

Contact Information:

Ruby Sound:
 9833814819, soundruby@gmail.com

E3 Seminar Shourya Garh, Hawala Khurd, Udaipur, 22nd Dec ,2024



E3 Seminar Kushabhau Thakre International Convention Centre, Bhopal, 9th Mar, 2025



E3 Seminar Lemon Tree Premier, Patna, 23rd March 2025



Our Collaborations

Exploring PCOS: It's effect on Mind & Body, in collaboration with IRC RCOG West Zone & IIT Bombay (Mumbai)




Royal College of
Obstetricians &
Gynaecologists

Exploring PCOS : Its effects on mind and body

Organized by IRC RCOG West Zone and PCOS Society, India
in collaboration with Psychophysiology Lab, Dept. of Humanities and Social Sciences, IIT Bombay (Mumbai)
Date: Friday 28th February 2025 Time: 9.30 am to 1 pm

Time	Topics	Speaker	Chairpersons
9.00-9.30 am	Registration and Welcome	Dr. Azizuddin Khan Professor, Psychophysiology Lab Dept. of Humanities and Social Sciences Dr. Purnima Satoskar, Chairperson IRC RCOG India (West Zone) Dr. Duru Shah, Founder President, The PCOS Society, India	Master of Ceremony: Dr. Ishita Pal
Session I	Clinical Aspects of PCOS		Dr. Anju Hajari Dr. Shilpa Agrawal
9.40 - 10.00 am	Unraveling the syndrome of PCOS	Dr. Duru Shah	
10.00 -10.20 am	Assessment and management of PCOS	Dr. Parikshit Tank, Gynecologist	
10.20 - 10.40 am	PCOS- International Guidelines	Dr. Purnima Satoskar	
10.40 - 11.00 am	Endocrine assessment of PCOS	Dr. Anurag Lila, Professor, Dept. of Endocrinology, Seth G S Medical College	
11-11.20 am	Coffee Break		
Session II	PCOS and Mental Health		
11.20 -11.40 am	Mental health issues in PCOSmanaging them	Dr. Harish Shetty, Psychiatrist	Dr. Rupali Dharwadkar Dr. Shreya Prabhoo
11.40 - 12.00 noon	Assessment of Mental health issues- managing them	Dr. Shalet, Psychologist	
12.00 - 1.20 pm	Case studies on management of Mental Health issues Moderated by: Dr. Uday Thanawala, Treasurer, The PCOS Society India	Panelists: Dr. Harish Shetty, Psychiatrist Ms. Shalet, Psychologist Dr. Vyankatesh Shivane, Endocrinologist Dr. Resham Bhojani, Dermatologist Dr. Sudeshna Ray, Gynecologist Dr. Anita Soni, Gynecologist	Presented by Dr. Kausha Doshi Dr. Honey Gemavat
1.20 - 1.30 pm	Vote of Thanks		Dr. Ishita Pal



Special Session Updates on Practical Management of PCOS in Association with The PCOS Society of India at Ferticon 2024 at Akola.





Time	Topic	Speaker/Moderator	Chairperson/Panelist
09:00 AM - 09:20 AM	Hyperandrogenism in PCOS	Dr. Gauri Karandikar	Dr. Sangeeta Bhamburkar
09:20 AM - 09:40 AM	Adolescent PCOS	Dr. Ujjwala Bhambri	Dr. Madhuri Chandak Dr. Warsh Ghatе Dr. Archana More
09:40 AM - 09:55 AM	Discussion		Dr. Ajinkya Patil
10:00 AM - 11:00 AM	Panel Discussion – Enhancing Fertility in PCOS	Dr. Chaitanya Shembekar Dr. Nagadeepti Naik	Dr. Neena Malhotra Dr. Gauri Karandikar Dr. Anita Khandelwal Dr. Ashwinkumar Deshmukh Dr. Charu Baheti Dr. Rajeshree Nagarashi Dr. Shalakhа Adgaonkar





Take-home messages from our W3 Webinars

How do we manage menstrual irregularities in PCOS?

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

2.0
Interactive Discussions on PCOS

Dr. Duru Shah
Founder President
The PCOS Society (India)
MD, FRCOG (Lond), FRCOG, FICS, FCPIS, FRCMCH, DGO, DFP
President

Dr. Charmila Ayyavoo
Vice President, IOGSI
MC Member, The PCOS Society (India)
MD DGO DFP FRCOG FICMR
Moderator

Dr. Shaila S Bhattacharyya
President,
Karnataka Endocrine society
MD (DPMAC), DPMPCIMER, DNDIO
MDIT, DSCCH, DPMAP
Expert

Dr. Chandrakala Maran
Consultant OG Society
MBBS, DGO, DNB
Expert

Dr. Subbiah Ramanathan
Academician, Teacher, Scientific
Researcher, Inspiring Public Speaker
MD, (O & G)
Expert

Dr. Nagadeepti Naik
Consultant Reproductive Medicine Specialist,
INDRA IVF, Navi Mumbai
MBBS, DNB (OBGYN)
Convenor

Dr. Krutika Arunachalam
Consultant, Dr. Khopkar Hospital,
Navi Mumbai
FRCOG, FCPIS, DFP, DGO, MD, MBBS
Coordinator

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How to manage menstrual irregularities in PCOS? Moderated by: Dr. Charmila Ayyavoo

Menstrual irregularities are one of the commonest presentations in PCOS patients. The latest international guidelines have identified specific menstrual flow patterns which can be termed as abnormal in the adolescent population deemed to have PCOS. The treatment of irregular cycles in adolescents and reproductive age women are with lifestyle management, progesterone, or with combined oral contraceptive pills. Acute, severe bleeding can be managed with high dose progesterone therapy after evaluation of haemoglobin status, coagulation profile, and endometrial thickness. Surgical management with hysteroscopic or non-hysteroscopic techniques can be done in uterine bleeding unresponsive to medical therapy.

Does PCOS affect the Uterus? Moderated by: Dr. Duru Shah

In women with PCOS, we have normally focused only on the ovaries, and forgotten the uterus. Research has shown that women with PCOS have a higher risk of having a unicornuate uterus probably due to high AMH.

Anatomically the length of the perineum is also increased which is associated with hyperandrogenaemia.

Uterine dysfunction exists leading to pre-term labour and incoordinate uterine action during labour, leading to interventional deliveries.

Poor endometrial receptivity which leads to poor embryo implantation, infertility, and recurrent implantation failure.

Whilst unopposed oestrogen due to obesity and anovulation lead to a higher risk of endometrial hyperplasia and Cancer.

Does PCOS affect the Uterus?

25th January 2025 | 6:00 - 7:30 pm (IST)

2.0
Interactive Discussions on PCOS

Dr. Duru Shah
Founder President
The PCOS Society (India)
MD, FRCOG (Lond), FRCOG, FICS, FCPIS, FRCMCH, DGO, DFP
Moderator

Dr. Pankaj D Desai
Academician, Teacher, Scientific
Researcher, Inspiring Public Speaker
MD, (O & G)
Expert

Dr. Madhuri Patil
Founder Member, PCOS Society (India)
President and Founder Member, Fertility
Preservation Society (India) (FPSI)
MD, DFP, DGO, FCPIS, FRCOG (Lond)
Expert

Dr. Uday J Thanawala
Consultant Obstetrician,
Gynaecologist and Infertility
specialist
MD, (O & G)
Expert

Prof. Deepak Modi
Scientist G and Head
Molecular and Cellular Biology
Laboratory - ICMR
Expert

Dr. Nagadeepti Naik
Consultant Reproductive Medicine
Specialist, INDRA IVF, Navi Mumbai
MBBS, DNB (OBGYN)
Convenor

Dr. Aditi Godbole
Consultant Reproductive Medicine
Specialist, INDRA IVF, Navi Mumbai
MBBS, MS, DNB
Coordinator

Does PCOS affect the Liver?

1st February 2025 | 6:00 - 7:30 pm (IST)

2.0
Interactive Discussions on PCOS

Dr. Duru Shah
Founder President
The PCOS Society (India)
MD, FRCOG (Lond), FRCOG, FICS, FCPIS, FRCMCH, DGO, DFP
President

Dr. Sudhaa Sharma
Managing Committee Member,
The PCOS Society (India)
Former Professor PG Dept of Obst &
Gynaec GMC, Jamnui, J&K
MD, FRCOG, FRCMCH, FIMS, FIMS - AMS, MAMS, FIMS
Moderator

Dr. Vijant Singh Chaudhail
Professor and Head, Division of
Gastroenterology, Dept of Medicine,
Cox Medical College, Jamnui
MD Medicine, DM Gastroenterology
Expert

Dr. Sheela V Mane
PCOG VICE CHAIRPERSON
JNH Faculty At General Hospital
Bengaluru
Expert

Dr. Anupam Kumar Singh
Assistant Professor,
Department of Gastroenterology
PG Chaudhail
Expert

Dr. Nagadeepti Naik
Consultant Reproductive Medicine Specialist,
INDRA IVF, Navi Mumbai
MBBS, DNB (OBGYN)
Convenor

Dr. Sumeet Kaur
Gynaecologist, IVF Specialist and
Laparoscopic surgeon
Expert

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Does PCOS Affect the Liver? Moderated by: Dr. Sudhaa Sharma

PCOS patients have a higher prevalence of NAFLD (Non-Alcoholic Fatty Liver Disease) 34 to 70%, more severe hepatic steatosis & advanced liver fibrosis.

Furthermore, the term metabolic dysfunction associated steatohepatitis (MASH) has been proposed to replace NASH when you have co-existing one of five cardiometabolic criteria embracing overweight hyperglycemia, hypertension and dyslipidemia.

Various risk factors for MASH are Obesity, Low SHBG, Genetic, Hepatokines, Inflammation, Gut Microbiota & Hyperandrogenemia.

Diagnosis would be based on LFTs, Imaging studies and liver biopsy (though Gold Standard) not routinely performed.

Lifestyle regulation in terms of healthy diet and exercise is the first line treatment. In the pharmacotherapy there is still lack of approved drugs for MASLD.

We need to highlight the role of metabolism in the development of MASLD and PCOS in order to improve disease, diagnosis, treatment and overall human health.

Does PCOS affect the Gut? Moderated by: Dr. Lipika Moharana

The dysbiosis of gut microbiota that occurs in PCOS lead to a decrease of diversity and the abundance of some bacteria species causes metabolic disorders. Gut microbiota may have a causal role in mediating disrupted insulin sensitivity and ovarian function in PCOS. It is possible to believe that a future therapeutic approach for PCOS may involve gut microbiota. Pro/Pre/Symbiotics have been shown to transform different mechanisms leading to PCOS including immune function regulation, microbial balance restoration, and hypothalamic pituitary-adrenal (HPA) axis regulation that mainly reduces cortisol which imparts beneficial effects on infertility.

PCOS & Gut- How strong is the link??

1st March 2025 | 6:00 - 7:30 pm (IST)

2.0
Interactive Discussions on PCOS

Dr. Duru Shah
Founder President
The PCOS Society (India)
MD, FRCOG (Lond), FRCOG, FICS, FCPIS, FRCMCH, DGO, DFP
President

Dr. Lipika Moharana
Managing Committee Member,
The PCOS Society (India)
Consultant - Infertility, Sexual
Medicine & PCOS, Sargam Clinics &
Odigan Fertility Care, Cuttack
Moderator

Dr. Sujata Kar
Senior Consultant Infertility,
IVF & PCOS, K&P, Bidhannagar
Managing Committee Member,
The PCOS Society (India)
MD, DNB (OBGYN)
Expert

Dr. Aparna Govil Bhaskar
Fertility and Reproductive Surgeon
Fellow of Indian Fertility Society
Member
Expert

Dr. Swamyamitha Mangaraj
Professor, Dept of
Immunology, ICMR
Immunology, Bidhannagar
Expert

Dr. Lipika Mishra
IVF Consultant
Center for Infertility, Bidhannagar
Expert

Dr. Nagadeepti Naik
Consultant Reproductive Medicine Specialist,
INDRA IVF, Navi Mumbai
MBBS, DNB (OBGYN)
Convenor

Dr. Kavya Pradeep
Consultant Reproductive Medicine specialist,
New Smriti Fertility and IVF Centre, Shivajinagar,
Karnataka
MBBS, DNB, DGO
Coordinator

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Vijayeta ...the winner

The **Vijayeta Project (March 2023 – March 2025)** an outreach programme by the PCOS Society India and supported by **Philips** concluded successfully on 31st March 2025. The project succeeded in raising awareness and supporting women in managing **Polycystic Ovary Syndrome (PCOS)** across India. Through **seminars, webinars, social media and Radio Mirchi campaign**, the project engaged **over 3 million people**.

Key achievements include:

- **169 awareness sessions** conducted in Physical, Hybrid and Virtual modes attended by **23000+ participants**, primarily in teaching institutes and corporates/offices.
- **Social media outreach** reached **over 3**

million people through platforms like Instagram, Facebook, and LinkedIn.

- **Online surveys** assessed **PCOS probability** among participants, revealing **21% of females had potential symptoms of PCOS**.

- **High engagement** through **Radio Mirchi campaigns**, social media posts, and a **PCOS Annual Event**.

- Pre- and post-session quizzes showed a **significant increase in participant knowledge from 60% to 90%**, confirming the effectiveness of awareness efforts.

- Received **3000+ positive feedbacks** from participants confirming the sessions were engaging and insightful. Feedback indicated

increased awareness and lifestyle changes among attendees.

- **75 expert doctors** conducted sessions in **multiple languages** across 27 major cities in India like Mumbai, Pune, Delhi, Hyderabad, Bangalore, Chennai, etc.

The project compiled **670+ participant questions**, fostering **ongoing knowledge sharing**. A growing **patient-doctor database (10,000+ contacts)** supports continued outreach.

With a **dedicated media presence**, **insightful expert led sessions**, and an emphasis on early detection, **Vijayeta Project has driven impactful change in women's health**, ensuring PCOS awareness remains a priority across 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 SNTD 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.

Who Should Enroll?

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

Nutritionists: With a background in Nutrition & Dietetics.

Course Fees



INR Rs 10,000
(Including GST)

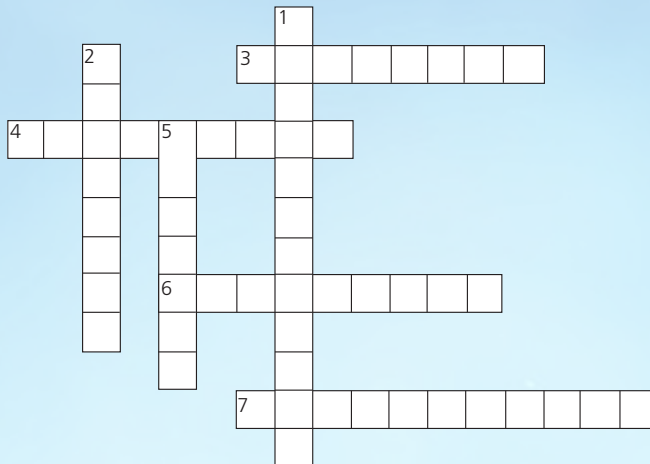


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Across

3. A natural substance sometimes used as an alternative or adjunct to metformin
4. A first-line medication for managing insulin resistance in PCOS
6. First-line medication for ovulation induction in PCOS
7. Only medication approved for weight management in PCOS

Down

1. Medication that helps reduce facial hair in PCOS
2. A fat-soluble vitamin important for calcium absorption and overall health
5. Medication often prescribed to manage irregular menstruation

- Answers**
1. Antiandrogen
 2. Vitamin D
 3. Inositol
 4. Metformin
 5. OC Pills
 6. Letrozole
 7. Semaglutide

Created by Dr. Riddhi Desai



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Adjuvant Therapies in Polycystic Ovary Syndrome (PCOS): A Comprehensive Overview

Dr. Riddhi Desai

There has been growing interest in the adjunctive role of various nutritional and micronutrient supplements in optimizing clinical outcomes and addressing the multifaceted pathophysiology of PCOS.

Calcium: A Multifaceted Mineral in PCOS Physiology

While primarily recognized for its critical role in skeletal health, calcium extends its influence to numerous physiological processes that are often dysregulated in PCOS, including insulin signalling and ovarian function.

• Link with Insulin resistance:

Studies suggest a link between calcium dysregulation and insulin sensitivity. Intracellular calcium plays a crucial role in insulin signalling. Alterations in calcium levels can disrupt insulin-mediated glucose uptake, contributing to hyperinsulinemia.

It has been observed that women with PCOS often present with altered calcium metabolism. This can exacerbate insulin resistance, creating a detrimental feedback loop. Adequate calcium intake may play a role in regulating adipokine secretion from adipose tissue, which can influence insulin sensitivity.

• Ovarian function:

Calcium is essential for normal ovarian function, including follicular development, oocyte maturation, and the synthesis of steroid hormones. Disruptions in calcium signalling can impair oocyte maturation and contribute to anovulation. Calcium influences the production of androgens, which are often elevated in PCOS.

Calcium influx is involved in the release of gonadotropin-releasing hormone (GnRH) and luteinizing hormone (LH), which are critical regulators of the menstrual cycle.

• Synergistic partnership with Vitamin D:

Vitamin D plays a vital role in calcium absorption and metabolism. It regulates intracellular and extracellular calcium, which is important for insulin-mediated actions.

Supplementation of calcium in conjunction with Vitamin D in PCOS women, has shown promise in improving insulin sensitivity, menstrual regularity, and androgen levels. It also showed stimulation success with clomiphene citrate and positive outcomes of IVF.¹ It may be effective in reducing the risk of cardiovascular disease in patients with PCOS later in life by decreasing ADMA (asymmetric dimethylarginine) levels, which is an indicator of endothelial dysfunction.

Vitamin D: Steroid Hormone with Far-Reaching Implications in PCOS

Vitamin D is a steroid hormone with diverse biological actions. Studies have shown that women with PCOS have significantly lower serum 25OHD3 levels in comparison to fertile controls and the serum levels of parathyroid hormone (PTH) and phosphorus are elevated. Deficiency of vitamin D is a widespread issue globally and it is linked to various features of the syndrome, including increased insulin resistance, elevated androgen levels, systemic inflammation, and impaired fertility outcomes.²

• Modulating Insulin sensitivity and Glucose metabolism:

Meta-analyses of randomized controlled trials have suggested that vitamin D supplementation can lead to statistically significant improvements in insulin sensitivity.

• Androgen biosynthesis:

Studies have demonstrated that vitamin D supplementation can lead to a reduction in circulating androgen levels, particularly total testosterone and the free androgen index.



• Menstrual regulation and Fertility outcomes:

Vitamin D deficiency has been associated with increased menstrual irregularities and reduced fertility in women with PCOS. Supplementation with vitamin D has shown promise in improving menstrual frequency, increasing ovulation rates and successful outcomes in assisted reproductive technologies (ART) in women with PCOS.

• Anti-inflammatory and Immunomodulatory effects:

Vitamin D possesses potent immunomodulatory and anti-inflammatory properties. Supplementation may help to reduce circulating levels of pro-inflammatory cytokines.

Inositols: Precision Targeting of Insulin Signalling and Ovarian Function in PCOS

Inositols, play vital roles as signalling molecules within the body. Myo-inositol (MI) and D-chiro-inositol (DCI) have been extensively studied for their therapeutic potential in PCOS.³

MI serves as a precursor for inositol phosphoglycans (IPGs), which act as crucial second messengers in the insulin signalling pathway, facilitating the uptake of glucose by cells. DCI is involved in glycogen synthesis and may also play a role in insulin signalling. In PCOS, there is evidence of altered inositol metabolism, including impaired conversion of MI to DCI in peripheral tissues, potentially contributing to insulin resistance.

• Insulin resistance and metabolic dysfunction:

Studies have demonstrated the efficacy of MI supplementation in improving insulin sensitivity and reducing markers of insulin resistance, such as HOMA-IR. It also reduces blood pressure, improves lipid profile (particularly triglycerides), and potentially aids in weight management.

• Restoring Ovarian Function and Ovulation:

MI plays a critical role in follicle-stimulating hormone (FSH) production. Supplementation with MI has been shown to improve menstrual regularity, increase the frequency of ovulation, and enhance oocyte quality in women with PCOS.

• Navigating the Myo-inositol to D-chiro-inositol Ratio:

Physiologically, the ratio of MI to DCI is significantly higher in the ovary compared to peripheral tissues. Current evidence generally favours MI alone or formulations with a higher MI to DCI ratio (e.g., 40:1), mimicking the physiological ratio in the ovary, for improving both metabolic and reproductive outcomes.

Conclusion:

Calcium, vitamin D, and inositols represent valuable adjuvant therapies that can complement lifestyle modifications and conventional pharmacological interventions in the comprehensive management of PCOS. These supplements are not substitutes for core treatments but valuable additions to PCOS management.

References:

Click the link to know more details
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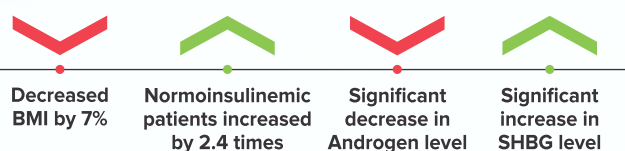
Double Strength for Effective Action in Obese PCOS



Clinical studies have shown that MI:DCI in a **40:1** ratio is a promising treatment for metabolic, hormonal, and reproductive clinical features in PCOS patients²

Studies have shown that taking 2 grams of Inositol daily helps restore ovarian function, with a better safety profile due to fewer side effects.¹

Daily supplementation of high dose of inositol (MI and DCI in a **40:1** ratio for **3 months**)²



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1. Inaki Lete, Ainara Martínez, Irene Lasaga, Eva Centurión & Amaia Vesga (2024) Update on the combination of myo-inositol/d-chiro-inositol for the treatment of polycystic ovary syndrome, Gynecological Endocrinology, 40:1, 2301554, DOI: 10.1080/09513590.2023.2301554. 2. Gynecol Obstet Invest (2024) 89 (2): 131–139. Prescribing information available on request

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