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Welcoming....

Our New Patrons



Dr Poonam Lal
Gynaecologist



Dr Mangala Devi
Gynaecologist



Dr. Isha Gutgutia Sudrania
Gynaecologist

Our New Life Members

Dr Sudha Gandhi
Dr Sathyapriya Balasubramanian
Dr Pravinkumar Dudhat
Dr Vinay Raut
Dr Aanchal Agrawal
Dr Aishwarya Subramoniam
Dr Usha Rajala
Dr Sandhya Nair
Dr Namrata Verma

Gynaecologist
Gynaecologist
Gynaecologist
Gynaecologist
Gynaecologist
Gynaecologist
Gynaecologist
Gynaecologist
Gynaecologist

Our New Associate Members

Ms. Nitisha Sharma Clinical Dietitian & Sports Nutritionist
Ms. Anushka Saran Nutritionist
Ms. Diksha Singh Physician
Ms. Lakshmi Swathi Nutritionist



10th ANNIVERSARY

An Offer You Cannot Afford To Miss !!!

The PCOS Society, India is celebrating its 10th Year & we are offering you a **DOUBLE DEAL.**

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Life Membership:
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Associate Membership:
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Deal 2:

Avail Attractive Discounted Member's Rate on the 10th Annual Conference Registration.

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PCOS QUIZZES 2025

Season V of the most loved **PCOS Quizzes** is back!

OPEN TO ALL!

QUALIFYING ROUND

Starting **7th June 2025** till **Aug 2025**

Check the Society Website every Saturday for a new Quiz.

Collect points with every Quiz.

GRAND FINALE

Top 8 will battle for the title of the PCOS Champion

At One Vision: 10th Annual PCOS Conference, 10th-12th October 2025, Ahmedabad



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We would love to hear from you.
Kindly give your quick feedback to help us make the PANDORA even better.



Scan to give your feedback



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

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Dr. Uday Thanawala
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Dr. Nagadeepti Naik
Dr. Riddhi Desai
Dr. Vyjayanthi Srinivasan

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This issue has been designed by P. Vel Kumar

Editorial



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,

Welcome to the 29th Issue of **"Pandora"** the Newsletter of the "PCOS Society of India"

The 28th issue was released in early May 2025 carrying the news from the Headquarters. I do hope you all have received the hard copy and enjoyed reading it, and if not here is the link <https://www.pcosindia.org/pdf/Pandora-Issue-28.pdf>

There have been many **"Firsts"** we have had during the year 2025! I am delighted to inform you that in our 10th year of existence ie. 2025, the PCOS Society of India has been honoured with **"Outstanding Contribution to Women's Hormonal Health & Wellness"**. It's truly a reason for us to be proud of because this was the **"First Recognition"** of the work we have been doing as an Organization. On behalf of the entire team at the PCOS Society of India and its Members, I received the Award at a beautiful function in Mumbai from **Ms. Aditi Varda Tatkare**, Minister for Women & Child Development Maharashtra State. This Event was organized by Voice of Healthcare in collaboration with **"2nd Edition IVF Excellence Award. 2025"** Dr. Nagadeepti our vibrant Managing Committee Member joined me on the stage to receive the award. We owe the Award to the dedicated work put in by the entire team who have contributed their time and expertise during these years, in promoting education to both ecosystems, Physicians and Society.

The Second **"First"** this year was a **"Mid-year Physical Meeting of the Managing Committee"**



in Mumbai over 2 days, thrashing out the nitty gritty of the functioning of the Society and the way forward. It was a brilliant meeting, filled with genuine camaraderie and thoughtful, respectful exchanges that reflected the shared commitment of our team. Check the pictures on Pg10.

Our Third **"First"** this year will be the launch of the **"PCOS PODS"** Sessions with Experts on

the latest innovations in the field of PCOS, with Experts from various disciplines even beyond Medicine!

Do not miss our Conference from **10th – 12th October 2025, in collaboration with the Mayo Clinic USA, and the Ahmedabad ObGyn Society** in Ahmedabad! We have a brilliant faculty and excellent academic sessions as always. We look forward to welcoming our young colleagues with **Papers, Posters** and the **"Quiz Finale"**. Please check the details on page 6 and 7 of this issue.

We welcome you to Ahmedabad during the **"Dandiya Season"**!

The current Newsletter has many interesting articles, and news from the Society, do check them out. As always, I sincerely thank our valued collaborators, Torrent Pharma and Sun Pharma, for their unwavering support in sustaining Pandora. I also extend a warm welcome to our new partners, Pharmed Ltd and Roche Diagnostics, whose support strengthens our shared vision moving forward.

Looking forward to meeting you all!

With warm regards




Dr. Duru Shah

Chief Editor, Pandora

Founder President, The PCOS Society



The Anti-Müllerian Hormone: A Growing Role in PCOS Diagnosis



Dr. Duru Shah
President PCOS Society, India
Director, Gynaecworld Clinic,
Mumbai

Polycystic Ovary Syndrome (PCOS) is a multifaceted reproductive endocrine-metabolic disorder affecting up to 3.7 – 22.5% of women of reproductive age in India characterised by ovulation dysfunction, hyper androgenism and polycystic ovarian morphology. One of the key features of this condition is **polycystic ovarian morphology (PCOM)**, which is traditionally assessed via transvaginal ultrasound. However, limitations with ultrasound-based diagnosis—especially in adolescents, obese women, and those undergoing abdominal scans—have led to an increasing interest in **Anti-Müllerian Hormone (AMH)** as a surrogate marker for PCOM.

Gaps and Challenges to Diagnose PCOS

Diagnosing PCOS in India faces several challenges and gaps. The multitude and variation of clinical presentations, complicates accurate diagnosis. Limited access to transvaginal ultrasound, in rural areas, cultural stigma surrounding symptoms like hirsutism and infertility often delays healthcare-seeking. Insufficient awareness among healthcare providers and patients, hinders timely identification. Hence the PCOS Society of India, was created to focus on PCOS through a multidisciplinary approach, updating physicians on the latest advances as PCOS research unfolds and to create awareness amongst girls and women in society.

From Ultrasound to AMH: A Diagnostic Shift

The 2023 International Evidence-Based Guidelines for the assessment and management of PCOS propose **AMH as a potential alternative to ultrasound in identifying PCOM**, especially in adult women. This marks a significant shift in the diagnostic approach, particularly given the limitations of ultrasonography. Transvaginal scans, while accurate, may not always be feasible, and results can vary significantly based on probe frequency, operator expertise, and the patient's body habitus. Moreover, follicle number per ovary (FNPO)—a core ultrasound criterion—lacks consistency across ultrasound platforms,

with cut-off values ranging from 10 to 25. This variability complicates standardization, especially in a country as diverse as India.

AMH and PCOM Diagnosis

In PCOS, elevated AMH levels reflect the accumulation of these small follicles and correlate with anovulation and hyperandrogenism—both hallmarks of the condition. Studies show that serum AMH levels in PCOS women are often **two to three times higher** than in controls.

Diagnostic Potential of AMH

Serum AMH levels strongly correlate with antral follicle count (AFC), making AMH a promising biomarker for PCOM diagnosis. Unlike AFC, which relies on ultrasound and may miss smaller follicles, AMH reflects the total pool of growing follicles, offering a potentially more accurate diagnostic tool [1]. Elevated AMH levels are associated with PCOS features such

as hyperandrogenism and ovulatory dysfunction. The 2023 International Guidelines on PCOS have recommended integrating AMH into diagnostic criteria, in the Rotterdam classification, as an option to ultrasound diagnosis [1].

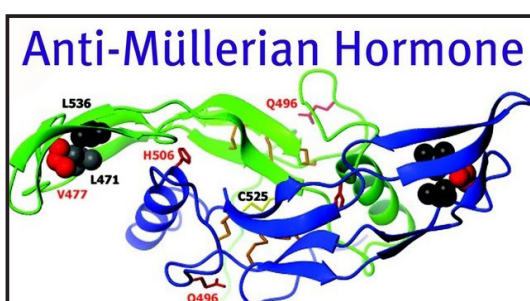
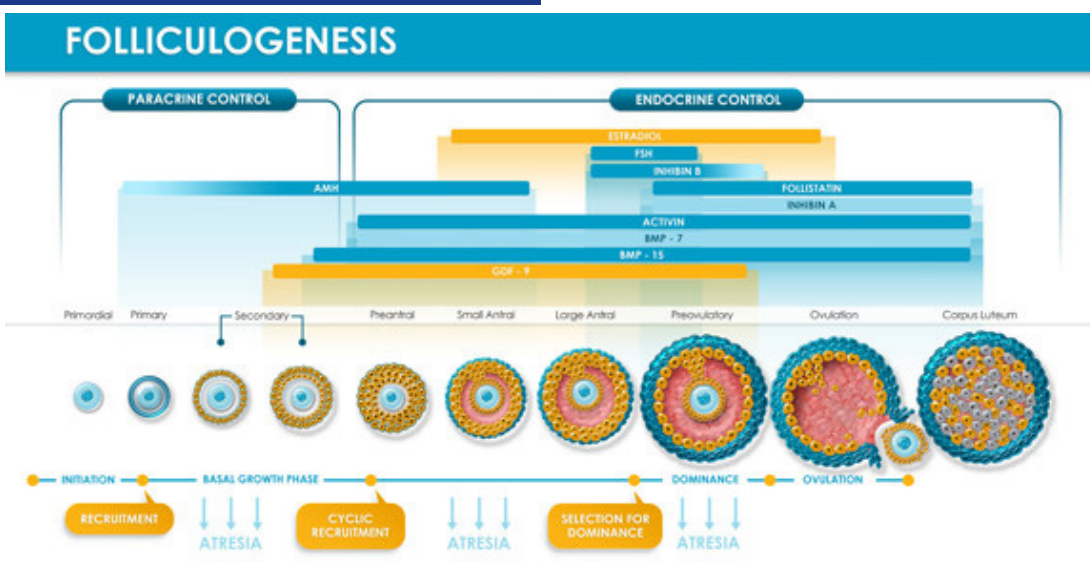
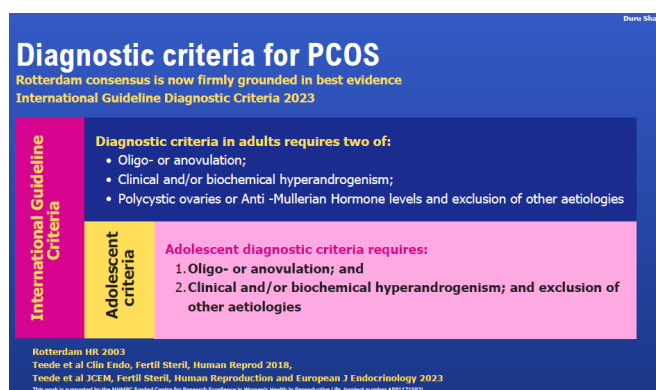
However, establishing a universal AMH threshold for PCOS diagnosis remains challenging due to assay variability and the need for further validation.

AMH as a Marker for PCOM: What the Evidence Shows

According to a **recent meta-analysis** (Kim van der Ham et al.), AMH can be reliably used to identify PCOM in adults. However, its use as a standalone diagnostic marker for PCOS is not recommended. While AMH has demonstrated **good sensitivity and specificity** for detecting polycystic ovarian morphology, raised AMH by itself cannot be utilised to make a diagnosis of PCOS

Advances in AMH Assay Enhancements

A significant advancement in PCOS management comes with the AMH Plus assay, the only test in India with Drugs Controller General of India (DGCI) approval for extending the diagnosis of PCOM to aid in PCOS identification. These assays detect even low AMH concentrations, crucial for assessing small follicle populations in PCOS. This automated immunoassay, with a measuring range of 0.01-23 ng/mL, offers reliable AMH quantification, which



can enhance the diagnostic accuracy of PCOM in primary care settings where ultrasound facilities or expertise may not be available.

Reference:

[1] International Guidelines on PCOS 2023, Helena J. et.al. Fertility and Sterility® Vol. 120, No. 4- 2023 0015-0282 Bottom of Form

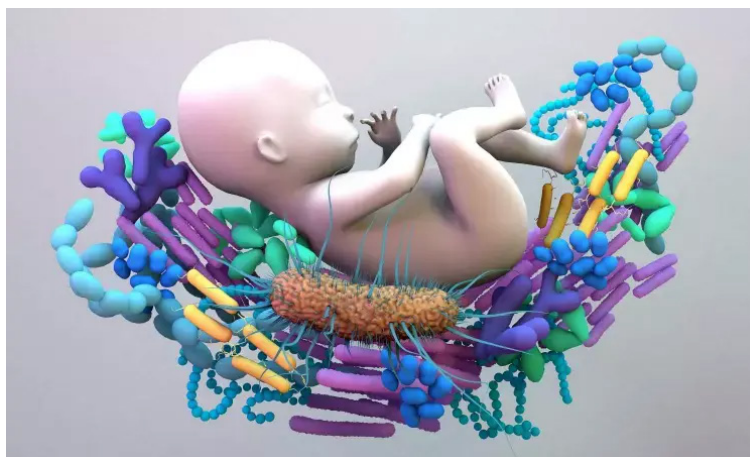
The Urogenital Microbiome and ART Outcome: A New Avenue to Optimize IVF Outcome



Prof Joop S.E Laven
Principal Investigator
Erasmus The Netherlands

Over the past decade, scientific research has increasingly focused on the extensive microbiome found within and on the human body. The advent of next-generation sequencing (NGS) technologies, including whole genome shotgun and metagenomic sequencing, has shifted the approach from culture-dependent to culture-independent methods for identifying microbes. These advanced sequencing techniques have revealed a vast diversity of microorganisms across most exposed surfaces of the human body, including the reproductive tract.

The vaginal microbiome is highly diverse and categorized into five community state types (CSTs), most of which are dominated by *Lactobacillus* species. However, CST IV is



not dominated by *Lactobacillus* and appears to be associated with lower fertility potential. **In reproductive medicine, a *Lactobacillus* dominant vaginal microbiome has been linked to lower miscarriage rates and higher pregnancy rates following assisted reproductive technology (ART) cycles.** Understanding what constitutes a favourable reproductive tract microbiome offers valuable insight into the mechanisms behind both successful and unsuccessful human reproduction.

To improve pregnancy outcomes and reduce reproduction-related healthcare costs, the ReceptIVFity® test has been developed to predict the likelihood of pregnancy before undergoing treatment. **A positive test result indicates a 60% chance of achieving pregnancy within 60 days following embryo transfer.** An intermediate result predicts a 30% chance, while a poor result is associated with only a 5% chance of pregnancy. When treatment is delayed based on these test results, a significant increase in pregnancy rates has been observed. If all women were to delay treatment according to these results, the overall pregnancy success rate could increase by about 10%. Therefore, assessing the vaginal microbiome before starting ART treatment may further improve the success rates of these procedures.

Stimulation Protocols Including PPOS And Success Rates



Prof. Suresh Nair
Senior Consultant ObGyn
Mount Elizabeth Hospital,
Singapore

Controlled ovarian stimulation (COS) is a cornerstone of in vitro fertilization (IVF) that aims to recruit multiple follicles while balancing efficacy and safety. Conventional protocols—using GnRH agonists or antagonists—have long been employed to suppress the premature LH surge, with similar clinical outcomes reported for both approaches.

In recent years, alternative protocols have emerged, including progestin primed ovarian stimulation (PPOS) and duo stimulation protocols. PPOS utilizes oral progestins (such as medroxyprogesterone acetate or dydrogesterone) to achieve LH suppression, thereby simplifying administration and reducing the cost and risk of ovarian hyperstimulation syndrome (OHSS); however, it necessitates a



freeze all embryo strategy due to its impact on endometrial receptivity.

Duo stimulation protocols, also known as dual stimulation or DuoStim, involve sequential ovarian stimulation—typically in both the follicular and luteal phases within a single menstrual cycle—to maximize oocyte yield. This approach is particularly beneficial for

poor responders and women with diminished ovarian reserve, offering the potential to retrieve a higher cumulative number of oocytes in a shorter time frame compared to traditional single-phase stimulation.

Evidence from recent studies indicates that duo stimulation protocols, when properly individualized, can achieve comparable embryo quality and pregnancy rates.

This presentation outlines the mechanism, advantages, and limitations of each protocol—conventional, PPOS, and duo stimulation—highlighting their roles in optimizing patient outcomes while emphasizing the importance of tailored treatment strategies. Ongoing research and clinical trials continue to refine these protocols to further enhance IVF success rates and overall safety.

10th International PCOS Conference

“One Vision” A 10 Year Multidisciplinary Voyage In PCOS

10th to 12th October, 2025.

In Collaboration with Ahmedabad ObGyn. Society & Mayo Clinic, USA

Venue: Hyatt Regency, Ahmedabad

Proposed Program

Day 1: Friday 10th October, 2025

Workshop 1: Cracking the Code: Understanding Obesity in PCOS.
In collaboration with Mayo Clinic, USA

Session I Hormones, Habits & Heredity: Why Women Gain weight?

- Defining overweight/ obesity/pre- Obesity, Body mass Index
- Understanding the Science of Obesity

Session II Shrinking Safely:

Medical Therapy for Sustainable weight loss.

- What are the different therapies available for weight loss?
- GLP1 RAs- how do they work?
- Criteria for treatment.
- How should we start, what are the side effects, and how do we monitor?

Session III Cutting weight: Surgical solutions for Obesity

- Endoscopic procedures- what is new
- GLP1RAs as adjuncts
- Discussion

Session IV

- Beyond Weight- Addressing Comorbidities: Case Discussion
- Diabetic Mellitus
- Chronic Kidney Disease
- Metabolic Dysfunction- Associated Steatotic Liver Disease (MASLD)
- Obstructive Sleep Apnoea
- A simplified algorithmic approach to optimize obesity care in women

1.00 – 2.00 pm Lunch

Workshop II : Beyond the Prescription:
The Power of Lifestyle in PCOS

Session I

• Speed Counseling: Practical PCOS Nutrition

- Nutrition Strategies: what works best for Reducing Fat Mass, Enhancing Lean Mass
- Beyond Calories: Smart Snacking in weight Management.
- Natural Fat Burners: How do they work?

Session II Train Smart, Not Just Hard: Exercise that Delivers in PCOS

- Non-Exercise Activity Thermogenesis (NEAT): Understanding the physiology of exercise
- What is the best Exercise prescription for Obese women?
- Does movement and exercise matter in Lean PCOS?
- Yoga for weight loss/ stress

- Does yoga balance the body and mind?

• Panel Discussion:

- Weight,wellness,women’s fertility and reproductive health: A life style approach
- Reclaiming fertility by overcoming obesity related reproductive challenges
- Getting the best of nutrition out of your diet Practical Tips and Demonstrations

Session IV

- Getting the best fitness out of your exercise Practical Tips/ Demonstration

Workshop III: Desire, Dysfunction and the Disorder:
PCOS & Sexual Health

Session I: The Silent Symptom:

Understanding Sexual Dysfunction in PCOS

- Pathophysiology and epidemiology
- Johnson’s and Bassoon’s sexual response/ dual control models
- Influence of hormones on sexual health
- Causes for Female Sexual Dysfunction in PCOS and work up

Session II: From Clinic to Conversation:

A Panel on: Case based presentation of FSD in patients with PCOS

- Sexual self-esteem/ body image issues
- Partner related distress
- Sociocultural factors
- Perimenopausal PCOS patient
- Obstructive sleep Apnoea/Chronic fatigue

Session III: The Hidden Hurt- Discussing real cases of
Dyspareunia in PCOS Patients

- Vulvar vestibulodynia
- Genitourinary Syndrome of Menopause (GSM).
- Pelvic Floor Disorder (PFD)

Session IV: Restoring Intimacy- Treatment Strategies for Female
Sexual Dysfunction

- Medications-hormonal, non-hormonal
- Alternative and complementary Therapies
- Sexual therapy procedures

1.00 – 2.00 Lunch

Workshop IV: Trials and Tribulations of Ovarian Stimulation in PCOS

- The ABCs of Ovarian Stimulation in PCOS
- Physiology of Ovulation
- Ovarian Stimulation Protocols

Session 2: Fertility Foundations- Optimizing PCOS before Conception

- Age, AMH and AFC- which is most important for Ovarian Stimulation?
- Adjuvants: what's in, what's out?
 - Metformin
 - Inositols

Session 3: The Art of Stimulation- Custom Protocols for PCOS Success

- Age, AMH and AFC- which is most important for Ovarian Stimulation?
- Lean v/s Obese how do they differ on Ovulation Stimulation Strategies?

Session 4: The Cutting Edge- Protocols to prevent LH surge

- Progesterone primed ovarian stimulation (PPOS)
- Will Oral Antagonists replace injectable?

Session 5: Beyond Protocols- Navigating difficult Scenarios:

- Case scenarios: • Difficult stimulations, • OHSS despite agonist trigger • Non response to stimulation • the role of polymorphisms
- True empty follicle Syndrome • and many more

Tea/ Coffee

- General Body Meeting
- Faculty & Residential Delegate's Dinner

Day 2: Saturday 11th October, 2025

Session I. Round tables

- Managing Hyperandrogenism
- Managing Insulin Resistance
- Evaluating Metabolic Syndrome
- Evaluating Mental Health
- Individualized Luteal Support

Session II. Symposium:

PCOS & Partners: Co-existing Gynaecological Conditions

- Endometriosis
- Mullerian Abnormalities
- Hypothyroidism

Session III: Keynote Address

- Vaginal and Gut dysbiosis in PCOS

Coffee / Tea Break

Session IV: Symposium:

Breaking Barriers: in Hyperandrogenism in PCOS

- Hyperandrogenaemia or insulin resistance – how are they linked?
- How should we medically tackle Hyperandrogenism and Insulin Resistance?
- How should we cosmetically fix the Hormonal havoc?

Session V. Keynote Address

- Does PCOS compromise the oocyte, the embryo or the endometrial quality?

Lunch

Session VI. Panel Discussion

- The PCOS Starter Pack: a Panel on Adolescent Health (to cover diagnosis, menstrual health, mental health and their management)

Session VII. Keynote Address:

Does PCOS compromise Cardiovascular Health?

Session VIII. Fireside Chat

- Redefining PCOS: Should Insulin Resistance be included in the Diagnosis of PCOS?

Tea / Coffee break

Session IX: The Ovaries, Brain and Placenta: do they have a gossip session on AMH?

- Brain – leading to high LH and AMH
- Adipocytes leading to chronic inflammation
- Placenta leading to Fetal complication

Session X - Pharma Sponsored Session

High Tea

- Inauguration
- Social Function and Dinner

Day 3: Sunday 12th, October, 2025

Session XI. Round tables

- Managing Gestational Diabetes
- Choosing GLP 1 v/s GIP and GLP, Receptor Agonists What, which, why?
- Recurrent implantation Failure
- Antioxidant and Anti- inflammatory products- Nutraceuticals
- Managing Acanthosis Nigricans

Session XII. Winning Papers (3 Oral Papers)

Session XIII: Symposium:

PCOS touches Every System: Tackling the inflammation and vascular Dysfunction in PCOS

- Circulatory System • Tongue, Gums and Teeth • Eyes • Gut
- Hematologist
- Gynaecologist
- Infertility specialist

Session XIV: Oration

- Diabetes (Diabetes + Obesity): The silent hijacker of Women's Reproductive Health

Session XV. Symposium From Conception to Cradle: Reducing the Risk in PCOS Pregnancies

- Gestational Diabetes
- Intra uterine environment and epigenetics
- Recurrent pregnancy loss

Session XVI: "PCOS Quizzes" Finale

Valedictory

Lunch & Depart

**Earlybird
ends soon.
Register
Now!**

PAPERS &
POSTERS
WELCOME



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Decoding PCOS from Fetal Origin to Menopause Transition

E3 Seminar, The Orchid, Mumbai
29th June 2025



Program Report of E3 Seminar Mumbai 29.06.25

The E3 seminar series, focusing on Evidence, Experience and Excellence, is a series of multidisciplinary dialogue on Polycystic Ovary Syndrome (PCOS) through physical sessions held across the country. Our this year's theme is 'Decoding PCOS from fetal origins to menopausal transition'.

The series' inaugural seminar was successfully launched in Mumbai on June 29, 2025 at Hotel Orchid, Vile Parle East. The program was curated to spread awareness and empower both doctors and the public.

The first half of the program was dedicated to empowering doctors and facilitating a multidisciplinary discussion on PCOS. The program had stalwart multidisciplinary faculties including gynecologists,

endocrinologists, dermatologists, orthopedicians, rheumatologists, cardiologists, oncologists, nutritionists, and bariatric and weight-loss expert. Their varied perspectives provided a much-needed holistic view of PCOS. The session was well-attended and received excellent feedback from attendees.

The second half of the day was dedicated to 'Vijayeta' which is a public awareness initiative of PCOS Society. This session, designed for women of all ages and backgrounds, featured a pre and post test poll, a multidisciplinary panel discussion which was followed by an engaging and fun educational Tambola. The 'Vijayeta' program was well-attended and received positive feedback from the audience.

Feedback for the E3 seminar

Thank you for an excellent Seminar on PCOS. The sessions were incredibly informative, and the interactive panel discussion added so much practical perspective. I truly appreciate the effort and expertise that went into organizing such a valuable and engaging program.

-Dr Ruchi chokshi

Report by Dr Riddhi Desai

Dialogue and Directions.....

Optimising Ovulation Induction in PCOS

Organised by:
The PCOS Society of India

Dr. Duru Shah
Founder President,
The PCOS Society of India

Speaker
Prof. Adam Balen
MBBS, MD, DSc, FRCOG
Professor of Reproductive Medicine and Surgery,
Leeds Fertility, U.K

Dr. Vyjayanthi Srinivasan
Convener & Managing Committee Member,
The PCOS Society of India

Scan to Register

MON | 09 | JUNE
Time - 7:00 Pm (IST)

Supported by
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Obesity in PCOS
The Bad, The Unhealthy & The Ugly

20th June 2025 | 5:00 - 6:30pm (IST)

CHRONIC DISEASES

Dr. Duru Shah
Founder President,
The PCOS Society (India)
Director Gynaecoworld, Mumbai
MD, FRCOG, DGO, FRCOG, FRCPS, FRCR, FRCR, FRCR

Dr. Sabahat Rasool
Managing Committee Member,
The PCOS Society (India)
Associate Professor & Consultant
Reproductive Endocrinology & IVF,
Chair SIG Chronic Diseases in PCOS

Dr. Lipika Moharana
Managing Committee Member,
The PCOS Society (India)
Consultant - Infertility, Sexual
Medicine & PCOS Aarogam Clinics &
Odyssey Fertility Care

Dr. Sunil Kumar Kota
Consultant Endocrinologist at
SRI ASTIP & SRI
BIRAMPUR, Odisha
MD (Diabetes), DM (Diabetes), FAGE

Shilpa Joshi
Practicing Dietician,
Diabetes Educator,
Director, Mumbai Diet
and Health Centre

Dr. Nidhi Khandelwal
Robotic and Laparoscopic
Bariatric and GI Surgeon,
Jaslok Hospital

Dr. Pallabi Nayak
IVF Consultant,
OASIS FERTILITY,
BIBURANESWAR

CLICK HERE

to join the WhatsApp group for the webinar

500+ Viewers

Very good and lots of important points shared

Very informative

Excellent lucid talk, explained all queries clearly, very nice experience

Very practical points discussed

Mid-Term Managing Committee Meeting, June 2025



The PCOS Society held its first physical mid-term managing committee meeting on **13th and 14th June, 2025, at the Hotel Orchid, Mumbai**. This event fulfilled the vision of our founder President to have physical meetings, to foster the crucial in-person interaction among our multidisciplinary members.

The meeting's primary aim was to review the Society's decade-long journey and strategically plan for the future. Key discussions centered on our goals and action items for the upcoming financial year, focusing on expanding our national and international reach.

The agenda included administrative and financial review, structuring committees and preparing for the upcoming 10th Annual conference in Ahmedabad. Detailed reports were presented by our special interest groups (SIG). Various research avenues were also discussed. The meeting concluded with an impromptu celebration of our society's 10th year anniversary!

This meeting was a significant step forward, strengthening our collaborative efforts and reaffirming our commitment to the Society's mission.



Our New Committees

Research Review Committee: Dr. Padma Rekha and Dr. Shashank Joshi

Education Committee: Dr. Piya Ballani Thakkar and Dr. Vyjayanthi Srinivasan

Social Media Committee: Dr. Chandrika Anand and Dr. Charmila Ayyavoo

Fund Raising Committee: Dr. Duru Shah and Dr. Madhuri Patil

Website Committee: Dr. Gauri Karandikar, Dr. Payal Bhargava, Dr. Riddhi Desai, and Dr. Nagadeepti Naik

Membership Committee: Dr. Sandhya Saharan and Dr. Sarita Bhalerao

Public Awareness Committee: Dr. Shobhana Patted and Ms. Ruby Sound

Our 7 Special Interest Groups

Infertility: Dr. Kanthi Bansal • **Research:** Dr. Padma Rekha Jirge

Mental Health: Dr. Uday Thanawala

Public Awareness: Dr. Shobhana Patted

Dermatology: Dr. Gulrez Tyebkhan

Nutrition: Ms. Ruby Sound

Communicable Diseases (NCDs): Dr. Sabahat Rasool



Reflections on the Vijayeta Project: A Journey of Empowerment



Dr. Duru Shah

The Vijayeta Project—aptly named “The Winner”—has marked a transformative chapter in the PCOS Society of India’s mission to improve awareness and early detection of Polycystic Ovary Syndrome (PCOS) across the country. Launched in February 2023, this public health initiative has been running successfully and reached more than **3.3 million** individuals through a combination of physical seminars, virtual sessions, radio campaigns, and social media outreach.

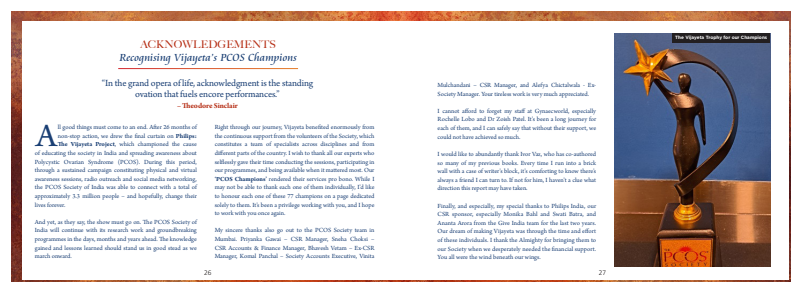
The project engaged over **23,000 participants** directly through **169 awareness sessions** held in **26 cities** across India. These sessions

empowered girls and women to self-identify PCOS symptoms and seek timely medical support, with post-session knowledge rising from 60% to 90%. **The data gathered indicated that one in five women potentially had PCOS, underscoring the need for widespread early screening.**

Beyond numbers, Vijayeta sparked national conversations. Radio Mirchi campaigns reached 5.5 lakh listeners; social media posts garnered 3 Million Views, and a short film immortalized the initiative’s impact. The programme’s heart, however, lay in its volunteer-driven model—77 physicians across disciplines rendered their expertise pro bono, driven by a shared commitment to women’s health.

As we mature in this agenda, Vijayeta has left an indelible mark—not just in statistics, but in lives it has touched. The PCOS Society of India remains committed to carrying this torch forward, building a future where no woman’s struggle with PCOS goes unheard, unseen, or untreated.

View the Impact Report: <https://www.pcosindia.org/csr-project-vijayeta.php>



Doctor's Day Musings – From the Heart of a Gynaecologist

Today is Doctor's Day.

And with Google and ChatGPT having their say,
It often feels like I've been sidelined halfway –
But somehow, I've still found my way.

Today, I may be put on a pedestal,
But I will aim to stay humble,

My journey began with a dream
Today, in society, I stand among those called “cream”
My eyes always gleam,
When people hold me high esteem

I'm happy to welcome babies with cheer,
To celebrate life when it draws near.

The first cry, a moment so dear
It makes my career

I'm happy to soothe hormonal storms,
Navigate menopause and all its moans
I'm happy to manage sonography and mammography
I'm happy to deal with pap smears and cancer fears

At times, I'm bugged, at times, I'm hugged,
But always happy to be in my scrubs
With all the blood and the mess
And despite all the stress,
There's a quiet joy, in simply being here,
I am happy to be a doctor, that is clear.

Dr. Sangeeta Agrawal

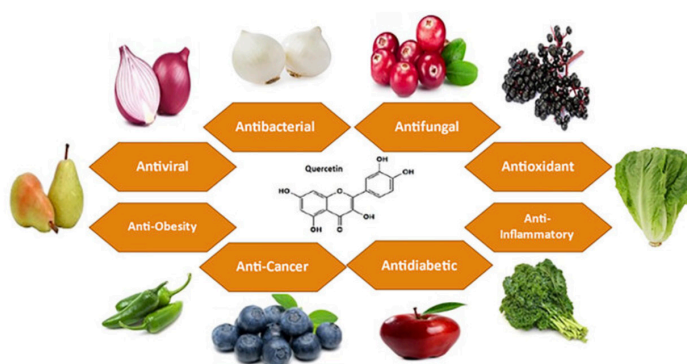
Unlocking Wellness for PCOS: Investigating Plant-Based Therapies



Dr. Lipika Moharana Consultant
Infertility, Sexual Medicine & PCOS
Aarogyam Clinics &
ObGyn & Fertility care

Current remedies for PCOS are often used only to control its signs and symptoms, while they are not thoroughly able to prevent complications. Therefore, natural products became a topic of interest for the management of PCOS and its complications. Herbal plants are extensively used to prevent chronic diseases due to their polyphenolic compounds, multi-targeted effectiveness, and low toxicity.

Quercetin (QUR) is an herbal bioactive flavonoid with free-radical scavenging and antioxidant properties, which is extensively used for the treatment of metabolic and inflammatory disorders. Fruits and vegetables, particularly onions, apples, berries, citrus, red grapes, nuts, seeds, and tea, are a good source of quercetin.



The molecular formula for QUR is $C_{15}H_{10}O_7$. Although QUR is a food-borne nutrient compound, it is not easily absorbed directly by intestinal cells. In intestinal cells, QUR undergoes various enzymatic reactions by specific transferases. These reactions are thought likely to take place under the influence of various intestinal flora, mainly *Firmicutes* and *Bacteroidetes*. QUR is absorbed into the blood from the intestinal lumen, and then transported to liver to be metabolized.

Current evidence suggests that Quercetin supplements are effective in the regulation of

redox status, reducing inflammation, protecting cardiovascular system, inhibiting platelet aggregation, relaxing vessels smooth muscles and preventing LDL oxidation, hypertension, cancer development and diabetes. It is postulated that hypoglycemic effect of the quercetin is related to insulin signal transduction.

Future Directions in Role of Quercetin in PCOS:-

There is significant role of Quercetin in promoting weight loss, improving folliculogenesis, ovarian histopathology (reducing anovulation), hormonal & metabolic profile and reducing oxidative stress as well as inflammation. As research progresses, the future perspectives of quercetin appear promising, with potential applications in nutraceuticals, pharmaceuticals, and functional foods to promote overall well-being and disease prevention.



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Usage: 1 Tablet b.i.d for min. 3-6 cycles

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Note: Additional information will be provided on request. For further information, please write to: medical@pharmed.in

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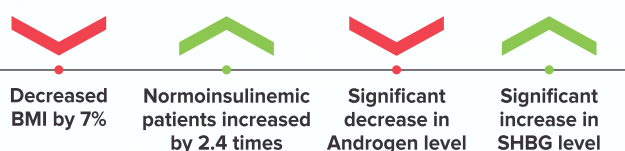
Double Strength for Effective Action in Obese PCOS



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. Iñaki Lete, Ainara Martinez, 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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