THE PCOS SOCIETY INDIA

PANDORA

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Welcoming....

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Gynaecologist



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Gynaecologist



Dr. Akila Vaidyanathan
Gynaecologist



Dr. Pakkialakshmi Jothiganesh
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Dr. Revathy Ramaswamy
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Dr. D Geetha
Gynaecologist



Dr. Chinmayee Ratha
Gynaecologist

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Dr. Shalini Menda	Gynaecologist
Dr. S. Lavanya Ranganathan	Gynaecologist
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Dr. M. Lavanya	Gynaecologist
Dr. Vinatha P	Gynaecologist
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Ms Sukhada Bhatte	Nutrition Science Specialist
Dr. (Ms.) Latha Sashi	Nutritionist
Ms Pratibha	Nutritionist
Ms Malathi S	Counselling Psychologist
Ms Mannsa Mallavarapu	Counselling Psychologist
Ms Tamara Chander	Counselling Psychologist
Ms Shilpa Sadanand	Psychologist
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AN ADVANCED CERTIFICATE PROGRAM FOR DOCTORS

Clinical Certificate Course in PCOS is an expert-curated, evidence-based educational initiative by the PCOS Society of India, designed to help clinicians manage PCOS as a lifelong endocrine–metabolic disorder, not just a gynaecological diagnosis.

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Certification by the PCOS Society, India

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- Pathophysiology & insulin resistance
- PCOS across life stages
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- Psychological impact
- Evidence-based management
- Public health & future directions

For: Gynaecologists • Endocrinologists • Physicians • Diabetologists • Pediatricians • Family Physicians • Allied Healthcare Professionals

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Dr. Madhuri Patil
for being appointed as the President Elect of Indian Society of Assisted Reproduction (ISAR)



Dr. Padma Rekha Jirge
for being appointed the Editor-in-Chief of Fertility & Reproduction (F&R) Journal



Dr. Charmila Ayyavoo
being appointed as President of The Trichy Obstetric & Gynaecological Society

CERTIFICATE COURSE impact

Interdisciplinary Management (of) PCOS
Advanced Certification Course Created by

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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
Founder President, The PCOS Society, India
Chief Editor, Pandora

Dear Friends,

Wishing you all a belated **Happy New Year 2026!!**

It's been almost 3 months since our calendar year began; it brought new hopes, new plans and a lot of positivity for all of us in India. As an Organization we were proudly looking forward to presenting in a **"PCOS Society Symposium" to be held in Rome, in March 2026 at the Conference of the International Society of Gynecological Endocrinology (ISGE)** There was a lot of enthusiasm generated and we were packing for our travels.

But with March came the war: our flights were cancelled, our disappointment was obvious and extreme, but it was salvaged by delivering our lectures virtually with the kind graciousness of the Organizers of the conference ie. Prof. Andrea Genazzani and Prof. Tomasso Simoncini.

In 2020, we fought a war against a powerful Virus called Covid which killed millions and caused havoc globally. In 2026 we are in a meaningless war inflicted by humans, of destruction, distress and desperation which has upset the entire world. The war has affected many countries besides the ones at war; a war which has killed thousands, created orphans, homeless people, ruins, hunger, health issues and probably the next generation of children affected by the deadly fumes which are being generated.

Many questions come to my mind:

- How will the war affect women's health?
- Will the violence increase the violence against women?
- Will the starvation create more babies with PCOS?
- What will be the future of the orphans of this war?
- How much will Research and Science suffer?
- How can all of us together help the affected?

This is a difficult time for all of us with very few answers! As Indians, we promote peace and we do hope peace prevails soon.

I would also like to extend my sincere gratitude to the Executive and Managing Committee members for their visionary leadership, guidance, and unwavering commitment to the growth of the PCOS Society of India. A heartfelt thank you to our dedicated office staff, Ms Rochelle Lobo, Mrs Komal Bhekre, Mrs Jaya Rebello, Mrs Beena Nair, Mr. Shushant Katale whose tireless efforts behind the scenes ensure the smooth functioning of all our initiatives. I would also like to acknowledge and appreciate our corporate collaborators for their continued support and partnership in advancing education, research, and awareness in PCOS. Together, your contributions make our collective mission stronger and more impactful.

With warm regards,

Dr. Duru Shah
Chief Editor, Pandora
Founder President, The PCOS Society

Gut Microbiome and Mood Disorder in Women with PCOS



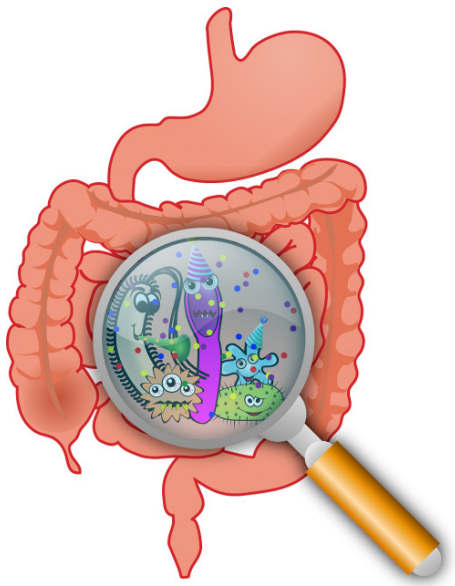
Dr. Madhuri Patil
MD, DGO, FCPS, DFP, FICOG
Vice President
The PCOS Society, India



Polycystic ovary syndrome (PCOS) is a highly prevalent endocrine disorder affecting reproductive-age women and is characterised by hyperandrogenism, ovulatory dysfunction and often insulin resistance. Beyond reproductive and metabolic complications, PCOS is consistently associated with worse mental-health outcomes as these women have higher rates of anxiety, depression and other mood disorders. Accumulating evidence links these psychiatric comorbidities to alterations in the gut microbiome via the gut–brain axis. It is known that **women with PCOS frequently experience gut microbiota dysbiosis, characterized by reduced microbial diversity compositional shifts, and altered microbial metabolites. The beneficial bacteria (e.g. Butyricicoccus *Prevotella*) are also reduced and there is increase in harmful, proinflammatory bacteria which is strongly linked to mental disorders like depression and anxiety, as well as metabolic issues. They have a lower abundance of butyrate-producers and relative enrichment of genera like Genus Sutterella linked to inflammation.**

The gut-brain-hormone axis disruption contributes to chronic inflammation, insulin resistance, altered microbial metabolites (short-chain fatty acids, bile acids), increased gut permeability and altered neuroendocrine signalling which potentially worsening both hormonal symptoms and mental health**. Women with both PCOS and mental disorders often have distinct microbiome signatures compared with PCOS without mood disorders.**

At the same time, PCOS-related stressors (emotional, metabolic, inflammatory, and oxidative stress), sleep disruption, and body image or fertility concerns can amplify depression/anxiety risk and may also interact with the gut microbiome.



Mechanisms: how the gut microbiome could influence mood in PCOS

Inflammation and gut barrier dysfunction (leaky gut) → systemic inflammatory signalling that is implicated in both metabolic dysfunction and depression biology. Dysbiosis may increase intestinal permeability, allowing microbial products into circulation and activating immune and neuroendocrine responses that influence mood. Genus Sutterella raises circulating lipopolysaccharide (LPS) and other proinflammatory signals, perpetuating systemic low-grade inflammation.

Microbial metabolites (SCFAs like butyrate, bile acids, tryptophan metabolites) → may affect immune tone, gut barrier integrity, central neurotransmitter systems and the hypothalamic-pituitary-adrenal (HPA) axis and neuroactive pathways relevant to mood. Loss of butyrate-producing bacteria like Genus Butyricicoccus (butyrate supports gut barrier integrity and has anti-inflammatory/ neuromodulatory effects) is observed in PCOS cohorts with mood disorder.

Neurotransmitter related pathways - Certain gut microbes (including strains of lactobacilli and bifidobacteria) can synthesize and secrete gamma-aminobutyric acid (GABA), providing a theoretical bridge between gut ecology and neurocircuitry relevant to anxiety and depression.

Vagal signalling and the cholinergic anti-inflammatory pathway - GLP-1 affects the gastrointestinal system and the CNS via the vagus nerve. GLP-1 plays a critical role in multiple functions such as stalling gastric emptying time, lessening appetite, increasing satiety, promoting pancreatic islet cell proliferation, and stimulating insulin. The vagal modulation can influence inflammation via the cholinergic anti-inflammatory pathway, suppressing pro-inflammatory cytokines (e.g., TNFα, IL6) and decreasing 5-hydroxytryptamine (5-HT). This in turn can influence mood through effects on serotonin and GABA, with potential relevance to anxiety and depression symptoms observed in PCOS.

Key Points

- Gut microbiota can produce signalling chemicals – Short-Chain Fatty Acids (SCFAA) and neurotransmitters – GABA , serotonin and dopamine which modulate HPO axis
- Stimulate Vagas nerve
- Alter gut and blood brain barrier integrity
- Alpha diversity decreased with mental disorders
- Beta diversity. – No difference

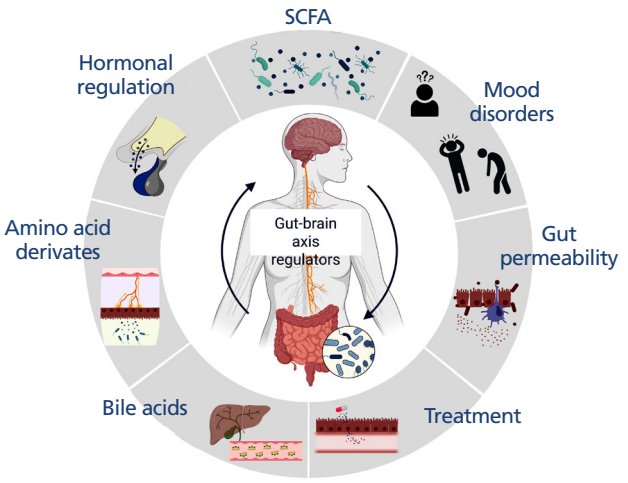
Metabolic mediators. Insulin resistance, obesity and metabolic inflammation which are frequent in PCOS, influence the microbiome and independently relate to mood symptoms, creating bidirectional and confounding relationships.

Sex hormones & neurosteroids - Androgens and estrogens modulate gut microbiota composition and the brain's stress/affect circuits. The microbiome changes can in turn alter steroid metabolism which is a plausible amplifying loop in PCOS.

Sleep as a mediator → sleep disruption is common in PCOS and intertwined with depression; probiotic trials sometimes assess sleep indices (PSQI) alongside mood scales

Clinical implications

* Screen for mood disorders routinely in women with PCOS with validated questionnaires. Psychological care remains first-line for moderate to severe symptoms.
* Address metabolic contributors like obesity and insulin resistance. Improving metabolic health can benefit mood and micro-environment of the gut.
* Lifestyle & diet. Dietary approaches that increase fibre and promote microbial diversity.
* Prebiotics / probiotics / synbiotics - **Although probiotic supplementation may benefit mental health and sleep parameters in women with PCOS, this evidence is limited due to the small number of studies, modest sample sizes, and methodological variability**, often with co-supplementation that blurs attribution. The selection of strains matters, and evidence is not yet strong enough to recommend routine probiotic prescriptions for mood in PCOS. They may be considered as adjuncts along with counselling.
* Future therapies under investigation include targeted microbiome modulation (rational probiotics, postbiotics, fecal microbiota transplantation in trials) and personalized nutrition based on microbiome profiling which remain experimental.



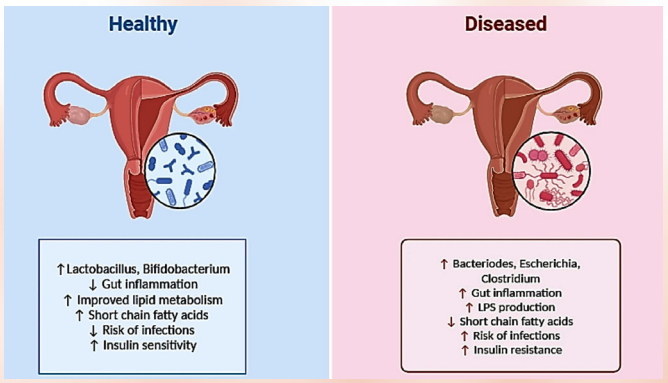
Pathways of communication between the gut microbiota, hormonal signals, and the brain. The gut–brain axis operates bidirectionally through multiple mechanisms: microbial-derived metabolites, gut hormones, cytokines, and sensory neuronal pathways transmit signals from the gut to the brain, influencing neural function and behavior. Conversely, the brain modulates gut activity via autonomic and neuroendocrine outputs. Distinct populations of enteroendocrine cells within the gastrointestinal mucosa are involved in this crosstalk.

Source: Gut, mental health, and polycystic ovary syndrome. Fertil Steril 2025.

(Illustration created using BioRender.)Arffman.

Research priorities

Well-powered longitudinal cohorts to disentangle directionality on whether does dysbiosis precede mood symptoms in PCOS? Randomised controlled trials testing dietary, pre/probiotic or metabolite interventions with standardized mood endpoints. Multi-omic studies (metabolomics, metagenomics) can be done to identify actionable microbial metabolites mediating mood effects. Stratified analysis by BMI, androgen levels, medications (including hormonal contraceptives and psychotropics) of their effects on mood disorders



Gut microbiota and metabolic outcomes are compared in healthy (left) and diseased (right) states, highlighting differences in inflammation, bacterial composition, lipid metabolism, short-chain fatty acids, infection risk, and insulin sensitivity.

Source: Gut microbiota: a hidden player in polycystic ovary syndrome

Conclusion

There's growing evidence that gut microbiome may be one biological "bridge" connecting PCOS physiology (insulin resistance, inflammation, hyperandrogenism) with mental disorders via the gut–brain axis. The microbiota–gut–brain axis is increasingly recognized as relevant to mood, metabolism, and behaviour.

The neural, endocrine, immune, and metabolic signals can connect intestinal ecology to central nervous system outcomes. This links PCOS as a condition where endocrine–metabolic disruptions and mood symptoms may share microbiome-mediated pathways.

Therefore, the clinicians should screen all PCOS woman for mood disorders and optimise metabolic care, along with evidence-based lifestyle measures. The microbiome-targeted treatments remain adjunctive and investigational until stronger trial data are available. More research is needed on humans with a bigger sample size, different ethnicities, and wider age groups to clarify the microbial patterns involved

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Key Points

- Genus Sutterella was increased which is pro-inflammatory, associated with lower levels of SCFAs and propionate, butyrate, valerate aspartate and trimethylamine in mice
- Increased in letrozole treated mice and PCOS women
- Genus Butyricicoccus was less abundant and this reduction is even more pronounced in PCOS patients who also experience mood disorders (MDs) or insulin resistance (IR). It produces butyrate which plays a crucial role in maintaining gut barrier integrity, suppressing inflammation, and regulating metabolism and immune responses.

The 10-Year Metamorphosis of PCOS & Obesity Management: from the era of Metformin to Semaglutide



Dr. Duru Shah
MD FRCOG (Lon.)
Director, Gynaecworld.

Introduction

In 2016, the standard of care for a woman diagnosed with Polycystic Ovary Syndrome (PCOS) with Insulin Resistance was predictable. Originally a diabetes drug, Metformin became the drug of choice for PCOS because of its ability to reduce hepatic glucose production and improve peripheral insulin sensitivity. It was the reliable, workhorse of the PCOS world. Fast forward to 2026, and the landscape has undergone a dramatic shift. We have moved from a decade of **"managing of PCOS"** with Metformin to an era of **"metabolic priming"** using powerful GLP-1 receptor agonists like **Semaglutide.** GLP-1 agonists have changed the conversation from **"slow progress"** to **"rapid transformation."** [1]

The Pharmacological Revolution (2016–2026)

The introduction of GLP-1 receptor agonists (e.g., semaglutide) has fundamentally changed treatment goals:

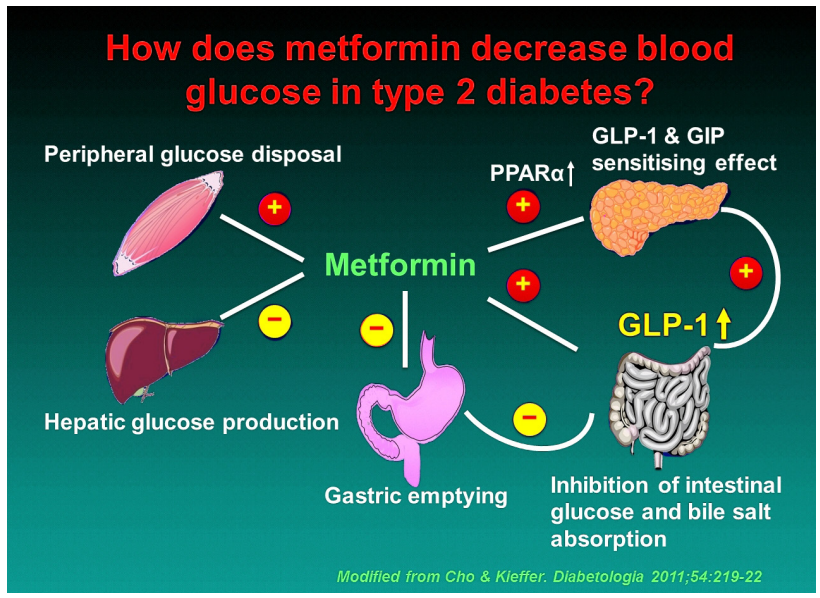
- **From "Weight Neutral" to "Weight Loss":** through Personalized Nutrition.
- **Beyond the BMI:** There is a new focus on **Visceral (Abdominal) obesity.**
- **The Rise of Combination Therapy:** Metformin plus Semaglutide improved glycaemic control.
- **Shift in Diagnostic and Risk Assessment**: The focus is now on long-term health over immediate symptom relief.
- **Expanded Biomarkers: Anti-Müllerian Hormone (AMH)** levels, are now used alongside ultrasound to confirm PCOS, allowing for earlier metabolic intervention in younger women.
- **Lifestyle Modification:** Even with these **miracle drugs**, the latest trials, like the **RESTORE Trial,** still mandate a base of calorie-restricted diet and exercise to maintain the metabolic gains after the medication is stopped for pregnancy.

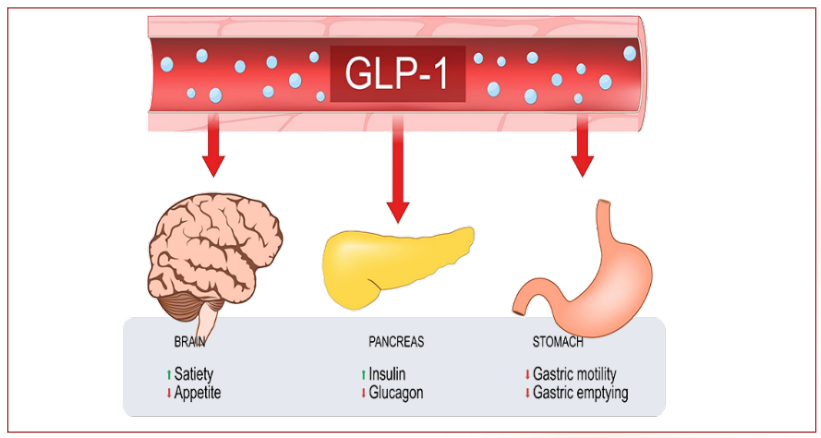
The Comparison: Then vs. Now

Medications	Metformin Era (2016-2025)	GLP-1 Era (2026 onwards)
Primary Goal	Improve insulin sensitivity	Significant weight loss & metabolic reset
Average Loss	Weight 1.9% reduction	11.5% reduction
Androgen Impact	Mild reduction	High potency suppression
Reproduction	Used during pregnancy (limited strict evidence)	2-month washout before pregnancy

The Key Biological Differences between the 2 types of pharmacological therapies are listed below[3,4]:

Medication	Metformin (The Stabilizer)	Semaglutide (The Conductor)
Main Target	Liver and Muscles	Brain and Pancreas
How it Lowers Sugar	Reduces liver glucose production	Increases insulin release when needed
Appetite Impact	Very little to none	High (suppresses hunger / cravings)
Digestion Speed	No major change	Significantly slows down
Primary PCOS Benefit	Restores ovulation/ insulin sensitivity	Rapid weight loss and metabolic reset





The "Synergy" Shift: Combination Therapy

The most exciting development in 2026 isn't just the replacement of Metformin, but the **combination** of the two. Recent trials such as the **SEMMET** pilot has shown that using low-dose semaglutide alongside metformin offers the most robust results for weight loss and fertility. This combination therapy has shown a **60% pregnancy success rate** in recent pilot studies, as it targets insulin resistance from two different biological angles. In 2026, many clinicians are adding Metformin at a lower 1,000 mg dose, to reduce side effects, if weight loss goals are being met by semaglutide alone.[6]

Dosing & Titration Protocol

The goal is to reach a therapeutic dose while minimizing the cumulative gastrointestinal side effects of both drugs.

Phase	Metformin Dose (Daily)	Semaglutide Dose (Weekly)	Duration
Initial (Weeks 1-4)	500 mg (with dinner)	0.25 mg	4 weeks
Escalation (Weeks 5-8)	500 mg (after meals twice a day)	0.5 mg	4 weeks
Maintenance (Week 9 +)	1,000 – 2,000 mg	1.0 mg or 1.7 mg	Long- term

Preconception & Pregnancy Guidelines (2026) for GLP-1 Receptor Agonists[5]:

Gynaecologists, need to be aware of certain facts if the patient is on Semaglutide therapy. Because (GLP-1 RAs) are now frequently prescribed to women of reproductive age, the **"washout" period is a critical safety focus.**

- **The "Two-Month" Rule:** For long-acting agents like **semaglutide**, current 2026 guidelines strictly advise discontinuing the drug at least **2 months (60 days)** before attempting to conceive.
- The absorption of **oral contraceptives** may be reduced due to delayed gastric emptying. Patients are advised a barrier method or IUD for 4 weeks after starting the drug or increasing the dose.
- **Immediate Action:** If an unplanned pregnancy occurs while on a GLP-1 RA, the medication should be **discontinued immediately**. While early case reports (2025) have not yet shown a definitive link to major birth defects, animal studies remain the basis for these strict warnings.

The "New Standard" Screening Battery (2025–2026)

The focus has moved beyond just "checking blood sugar." Doctors now use a multifaceted approach to catch "silent" heart disease:

Screening Test	Frequency	Why it's Crucial for PCOS
Blood Pressure	Every visit	PCOS women are nearly 10 times more likely to have high blood pressure than healthy controls
Lipid Profile	Every Year	1-2 Focus is on "Non-HDL" cholesterol and Triglycerides, which are often elevated even if "Total Cholesterol" looks okay.
Glucose /A1c	Annual	Women with PCOS progress to Type 2 Diabetes faster than the general population.
Waist Circumference	Every Visit	Measurement at the iliac crest (top of hip) is now considered a better predictor of heart risk than BMI
Sleep Apnoea Screen	Initial/ PRN	Snoring or fatigue should be screened, as sleep apnoea is a major (often hidden) driver of heart strain in PCOS

- **Universal Cardiovascular Screening:** In 2026, the medical community recognizes that women with PCOS have a significantly higher risk of cardiovascular events (like heart attack or stroke) compared to age-matched peers, even if they have a "normal" BMI. Hence the **International PCOS Guidelines** now mandate a comprehensive screening protocol that begins much earlier than it would for the general population[7].

Advanced 2026 Risk Assessment Tools

If multiple risk factors like obesity, smoking, or a family history of heart disease) are present, advanced tools specifically validated for women are:

- **Calcium Scoring (Age 45+):** For women entering perimenopause, a CT scan to look for calcium in the arteries is now a recognized tool to determine if aggressive statin therapy is needed.
- **Carotid Intima-Media Thickness (Age 30+):** In high-risk cases, ultrasounds of the neck arteries may be used to look for early signs of thickening or plaque.
- **Mental Health Integration:** 2026 guidelines officially link **Anxiety and Depression** to heart health in PCOS. Chronic stress from the condition raises cortisol, which in turn worsens insulin resistance and heart strain. Therefore, we need to include a mental health questionnaire as part of the **"cardiovascular" checkup[7].**

The "Lean PCOS" Warning

A major finding from 2025–2026 Nordic register studies is that **"lean" women with PCOS** still carry a **1.4x higher risk** of cardiovascular disease compared to women without PCOS[8]. This has led to a major policy shift: **doctors should no longer skip heart screenings just because a patient isn't overweight.**

Conclusion: Many changes in the management of obesity have occurred over the last decade. As Gynaecologists we do see obesity in a large percentage of our patients. It is important for us to evaluate it and offer the best possible options to them for a better quality of life in the future.

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Unlocking Metabolic Health in PCOS

Insulin Resistance: From Diagnosis to Optimized Outcomes

Online Webinars

Part 1

Understanding Insulin Resistance in PCOS

18 March 2026

2:30 PM – 4:00 PM

Part 2

From Metabolic Priming to Ovulation & Beyond

26 March 2026

2:00 PM – 3:30 PM

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Dr. Chandrika Anand
MC Member
The PCOS Society, India
Expert



Dr. Vyjayanthi S.
MC Member
The PCOS Society, India
Expert



Dr. Charmila Ayyavoo
MC Member
The PCOS Society, India
Expert



Dr. Kanthi Bansal
MC Member
The PCOS Society, India
Expert



Dr. Riddhi Desai
MC Member
The PCOS Society, India
Convenor

These webinars have been hosted by the PCOS Society, India to bring to you all the lectures which were to be delivered in Rome, instead were virtually delivered due to cancellation of flights of the speakers, to the Conference in Rome. We do hope you enjoy the academic content which has been updated till March 2026.

Our Members will be able to watch these videos which will be uploaded on our YouTube channel by early April

> "Very good explaination regarding Metabolic Disease & Mental health."

Webinar Part 1

Understanding Insulin Resistance in PCOS

March 18, 2026

Time	Program	Speakers
	PART 1: Understanding Insulin Resistance in PCOS	
2:30 – 2:40 pm	Welcome by Chairpersons	Dr.Duru Shah Dr.Madhuri Patil
2.40 – 3.00 pm	Metabolic Imprints: Insulin Resistance from the Womb to Puberty	Dr.Duru Shah
3.00 - 3.15 pm	Targeting Insulin Resistance in PCOS- Optimizing outcomes with Adjuvant therapy of Metformin and Myoinositols	Dr.Piya Balani Thakkar
3:15 - 3:30 pm	The Brain- Body Connection: Insulin Resistance and Mental Health	Dr.Chandrika Anand
3:30 - 3:50 pm	Discussion	
3:50 - 4:00 pm	Post-Session Quiz - 10 MCQs 10 MCQs — minimum passing score 50%. Certificate issued on passing Post-test quizzes in both Part 1 and Part 2	Online Quiz

Webinar Part 2

From Metabolic Priming to Ovulation & Beyond

March 26, 2026

Time	Program	Speakers
	PART 2: From Metabolic Priming to Ovulation & Beyond	
2:30 – 2:45 pm	Welcome by Chairpersons	Dr.Uday Thanawala Dr.Sujata Kar
2.45 – 3.00 pm	Improving Ovulation Outcomes in PCOS The Role of Metabolic Priming in Achieving Ovulatory Success	Dr.Vyjayanthi Srinivasan
3.00 - 3.15 pm	Pregnancy & Insulin: Balancing Metabolic Demands	Dr.Charmila Ayyavoo
3:15 - 3:30 pm	Metabolic Transition in Menopause: Role of Insulin Resistance	Dr.Kanthi Bansal
3:30 - 3:50 pm	Discussion	
3:50 - 4:00 pm	Post-Session Quiz - 10 MCQs 10 MCQs — minimum passing score 50%. Certificate issued on passing Post-test quizzes in both Part 1 and Part 2	Online Quiz

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> "Excellent presentations by All."

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Decoding PCOS from Fetal Origin to Menopausal Transition

Date: Sunday, 16th November 2025 | **Venue:** Courtyard by Marriott Tiruchirappalli

Time	Topic	Speaker
9:00 – 9:30 am	Welcome & Inauguration	
9:30 - 11:00 am	Session I - PCOS: A Game of Hormones & Hints Chairpersons: Dr. Ammini Veena Jagaram, Dr. Latha Anbucheliyan, Dr. Suchitra	
9:30 - 9:50 am	How do we evaluate PCOS?	Dr Vrinda Andrew
9:50 am - 10:10 am	Do microbiomes matter in PCOS?	Dr Archana Balaji
10:10 - 10:30 am	Does PCOS begin in the womb?	Dr Charmila Ayyavoo
10:30 - 11:00 am	Discussion	
11:00 - 11:30 am	Tea/Coffee Break	
11:30 - 1:00 pm	Session II - PCOS and the Silent Strain Chairpersons: Dr. Archana Devi C, Dr. Shre Lakshme S, Dr. Nalina Devi	
11:30 - 11:50 am	What is the long-term impact of PCOS on Skeletal Muscle & Cartilage health?	Dr G Vignesh
11:50 - 12:10 pm	Osteoporosis: Does PCOS reduce the risk ?	Dr Arun Geethyan
12:10 - 12:30 pm	PCOS: Is it an Independent Cardiac Threat?	Dr. Ravindran
12:30 - 1:00 pm	Discussion	
1:00 – 2:00 pm	Lunch Break	
2:00 - 3:30 pm	Session III — Panel Discussion: How does PCOS affect fertility and pregnancy? Moderators: Dr Charmila Ayyavoo Panelists: **Dr. Archana V,** Gynaecologist **Dr. G Vignesh,** Endocrinologist **Dr. Punitha Rajesh,** Fertility Expert **Dr. S. Velmurugan,** Bariatric Surgeon **Dr. Sunitha,** Mental Health Expert **Dr. Kavitha,** Nutritionist	
3:30 - 4:30 pm	Session IV - Quiz on PCOS Quiz Masters: Dr. Aarthy G & Dr. Dhivya Sethuraman	
4:30 - 4:50 pm	Valedictory	
4:50 pm - 5:00 pm	Tea/Coffee Break	







Joint Meet: PCOS Society and Telengana Psychology Association

Dr. S. Vyjayanthi, EC Member of the PCOS Society of India and Head of Department at KIMS Fertility Centre, organised and led **the *first-ever joint meet*** with the Telangana Psychologists Association on **4th December 2025** at the KIMS Hospitals Auditorium in Hyderabad. Under the guidance of Founder President Dr. Duru Shah, the programme highlighted the crucial role of psychological support in women with PCOS.

Dr.Vyjayanthi delivered the welcome address and an impactful talk on the mental-health burden in PCOS. Her session was highly appreciated for highlighting the urgent need for integrated psychological care. A second talk by Dr. Vijay Seshadri and a case-based panel discussion led by Dr. Diana Monteiro with multidisciplinary experts addressed adolescent anxiety, body-image concerns, and infertility-related stress.

The initiative was very well appreciated by the **47 psychologists and 40 clinicians** who attended. **A key outcome was the collective decision to work toward developing collaborative care pathways and validated psychological assessment tools for holistic PCOS management.**



ASPIRE Conference



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Bruno Lunenfeld Lecture Speaker

Keynote Speakers



- **Prof. Luca Gianaroli** — Italian Society for the Study of Reproductive Medicine (S.I.S.Me.R) — *Italy*
- **Dr. Ana Cobo** — Instituto Valenciano de Infertilidad (IVI) — *Spain*
- **Prof. Anuja Dokras** — Penn Medicine PCOS Center — *USA*
- **Prof. ZhiBin Hu** — Nanjing Medical University — *China*
- **Dr. Tuong M Ho** — My Duc Hospital — *Vietnam*
- **Prof. Ben Mol** — Monash University — *Australia*
- **Prof. Jie Qiao** — Peking University Third Hospital — *China*
- **Dr. Ranjith Ramasamy** — Jumeirah American Clinic — *United Arab Emirates*

The PCOS Society Symposium, at ISGE , Rome.

Insulin Resistance and Risk for Diabetes in PCOS – from Bench to Bedside

Organized By - The PCOS Society Of India

Chairpersons: Drs: Patil Madhuri, Patted Shobha, Jirge Padmarekha, Mahajan Nalini

Dr Duru Shah: Metabolic Imprints: Insulin Resistance from the womb to puberty

Dr Vyjayanthi Srinivasan: Insulin Resistance: the hidden barrier to Fertility in PCOS

Dr Charmila Ayyavoo: Pregnancy & Insulin: Balancing Metabolic Demands

Dr Chandrika Anand: The Brain- Body Connection: Insulin Resistance and Mental Health

Dr Kanthi Bansal: Metabolic Transition in Menopause: the Role of Insulin Resistance



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  Memberships subscribed before or during 2025 will still expire on 31 December of the year they were originally set to expire.
- **Membership fees will now be charged in USD** (United States Dollars) and payments will be processed through our new secure platform.

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We are continuing to improve our members experience, with further enhancements to our current platforms and new digital tools currently in development. These will be rolled out gradually in the coming months.

Closer to the launch, a separate email will be sent to guide you through how to manage your membership account.

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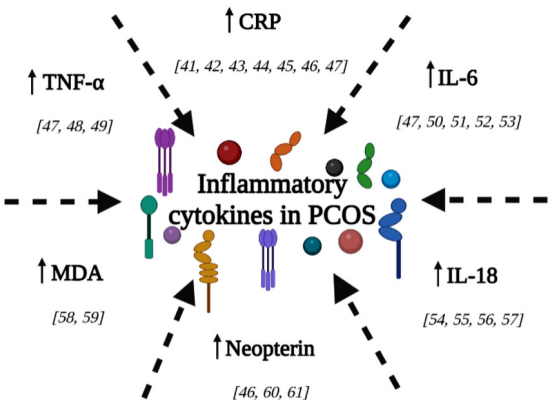
PCOS as an Anti-inflammatory Disorder: Do Anti-inflammatories Help?

PCOS is an Anti-inflammatory Disorder: Do Anti-inflammatories Help?



Dr Sujata Kar. M.D
Kar Clinic & Hospital Pvt. Ltd,
Bhubaneswar.

Polycystic ovary syndrome (PCOS) is increasingly framed as a chronic low-grade inflammatory condition: affected women commonly show elevated CRP, IL-6 and TNF-a, which amplify insulin resistance, hyperandrogenism and ovarian dysfunction. Recognising this inflammatory substrate suggests anti-inflammatory strategies could be useful adjuncts to conventional lifestyle and metabolic therapies. Quercetin, a dietary flavonoid abundant in onions, apples and tea, has well-characterised antioxidant and anti-inflammatory actions (NF-kB inhibition, lowered pro-inflammatory cytokines, oxidative stress reduction) that provide a biologically plausible mechanism to interrupt PCOS pathophysiology. Preclinical studies demonstrate improved ovarian morphology, reduced cytokine expression and restored estrous cycles in PCOS models.



Clinical data remain limited but encouraging. A randomized, double-blind trial showed that quercetin improved adiponectin-mediated insulin sensitivity and hormonal profiles in women with PCOS; other small trials and systematic reviews report improvements in insulin resistance, androgen indices and inflammatory markers, with few serious adverse events reported. However, sample sizes are modest, dosing and duration vary, and long-term reproductive and cardiometabolic outcomes are not yet established.

Conclusion: Treating PCOS's inflammatory component is a promising strategy and quercetin is a plausible adjunct due to anti-inflammatory and metabolic effects. Nonetheless, it should not replace evidence-based treatments; larger, longer randomized controlled trials are needed to define optimal dosing, safety, and clinical endpoints before routine recommendation.

Key references

1. Rezvan N, Moini A, Janani L, et al. *Effects of quercetin on adiponectin-mediated insulin sensitivity in PCOS: a randomized placebo-controlled double-blind clinical trial.* Horm Metab Res. 2017/2018. PubMed
2. Pourteymour Fard Tabrizi F, et al. *Quercetin and polycystic ovary syndrome: current evidence.* J Ovarian Res. 2020. Springer Link
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4. Chen T, et al. *Potential role of quercetin in polycystic ovary syndrome: mechanisms and evidence.* Molecules. 2022. MDPI
5. Su P, et al. *Effects of quercetin on polycystic ovary syndrome in animal models: a 2024 meta-analysis.* Reproductive Biology and Endocrinology (2024). Springer Link

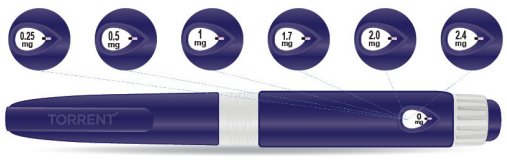


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1. Cureus 16(12): e75616. DOI 10.7759/cureus.75616
2. Gynecological Endocrinology, DOI: 10.1080/09513590.2018.1549656
Prescribing information available on request

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