

PARADIGM SHIFT: The new name tells a completely different story from cysts. It recognises a whole-body systemic disorder rather than a localised reproductive issue

What PMOS Actually Affects

Multiple endocrine glands are dysregulated simultaneously — including the ovaries, adrenal glands, pancreas, and the brain's hypothalamus

HORMONAL HEALTH: Multiple endocrine glands are dysregulated simultaneously — including the ovaries, adrenal glands, pancreas, and the brain's hypothalamus

INSULIN SECRETION: Excess insulin aggressively stimulates the ovaries to overproduce male hormones (androgens), creating a vicious feedback loop

INFLAMMATORY RESPONSE: Chronic, low-grade inflammation runs throughout the body, contributing to long-term cardiovascular risk and accelerated biological ageing

REPRODUCTIVE HEALTH: Fertility challenges are entirely real, but they are just one manifestation among many — not the defining feature of the condition

OVULATION: Irregular or absent ovulation is a downstream consequence of hormonal and metabolic chaos, not the root cause

A name may seem minor, but in medicine, terminology shapes better patient understanding

Dr Sajith Mohan R, obstetrics and gynaecology, KIMSHEALTH, Thiruvananthapuram

'CYST' MYTH BUSTED: PCOS is now PMOS

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FOR years, Ishitha assumed her irregular periods and stubborn weight gain were just inherited traits. When a gynaecologist in Kochi finally diagnosed her at 23 with polycystic ovary syndrome (PCOS), she spent hours online bewildered. Like most young women in India, the word 'ovary' instantly conjured anxieties about marriage and fertility. Yet, she could not fathom what structural fluid sacs on her ovaries had to do with her chronic brain fog, anxiety, and prediabetic blood sugar. The answer is almost nothing.

That confusion — shared by millions of Indian women — is precisely why an international panel of scientists has formally renamed the condition. PCOS is now polyendocrine metabolic ovarian syndrome (PMOS). Published in The Lancet, this change corrects a deeply misleading medical misnomer. The old name pointed at the wrong thing — those 'cysts' on ultrasounds were actually just arrested egg follicles. By anchoring the diagnosis solely in the ovaries, medicine obscured how the condition drastically disrupts a woman's entire hormonal and metabolic architecture.

"The new name reflects the true nature of the condition — a chronic, multisys-

tem endocrine-metabolic disorder. It shifts the focus from ovarian morphology to the broader hormonal and metabolic implications," said Dr Reji Mohan, associate professor in reproductive medicine at Government Medical College, Thiruvananthapuram.

India has a massive stake in this re-branding. Between 16% and 18% of Indian women live with PMOS — far above the global average. Crucially, South Asian women develop metabolic complications much earlier and at lower body weights than western populations. A woman can be slim by every conventional standard and still carry severe insulin resistance. Clinicians call this 'lean PMOS,' and because it defies traditional weight stereotypes, it is being missed every single day.

These diagnostic blind spots have created a heavily fragmented healthcare experience. Research shows almost 85% of Indian patients had to consult multiple doctors before receiving a clear explanation. The old name fed this cycle: women with weight issues went to one specialist, those with acne or hair loss to another, and those struggling emotionally to a third. No single doctor looked at the whole picture because the name itself buried the underlying systemic link.

Modern lifestyle patterns are accelerat-

ing the crisis. Clinicians across Kerala are reporting a sharp spike in PMOS cases among women in their early twenties. Many visit outpatient clinics primarily for infertility, entirely unaware that their broader metabolic health is compromised.

"High consumption of processed foods, irregular meal timings, prolonged screen time, and poor sleep cycles are all aggravating hormonal imbalance. Stress from academics, work pressure, and social media play a significant role," said Dr Reji Mohan.

For women who have lived for years with the distressing phrase "cysts on the ovaries," this sudden nomenclature shift can



HIGHER PREVALENCE: 16% to 18% of Indian women live with PMOS — higher than the global average of 1 in 8

LEAN PHENOTYPE: South Asian women develop severe metabolic complications at much younger ages and lower body weights. A normal weight does not rule out dangerous insulin resistance

DIABETES CONNECTION: 43% of Indian women with PMOS have a direct family history of type-2 diabetes. PMOS acts as an accelerant to India's diabetes epidemic

DIAGNOSTIC DELAY: Nearly 85% of Indian patients had to consult multiple doctors before getting a clear diagnosis. Almost half remained completely uninformed about their metabolic risks even after starting treatment

LIFESTYLE TRIGGERS: High consumption of processed foods, sedentary desk habits, academic/workplace stress, disrupted sleep cycles, and social media pressure are actively worsening PMOS in young Indian women

MENTAL HEALTH BURDEN: Anxiety and depression are the most common, driven directly by hormonal imbalances and societal stigma of visible symptoms

trigger fresh anxieties about past diagnoses or scans. However, frontline physicians emphasize that this is an evolution in medical language, not a clinical error.

"Their diagnosis remains accurate and the treatment plan unchanged. What has evolved is our scientific understanding. This is not a contradiction — it is an invitation to look beyond fertility and consider overall health," said Dr Reji Mohan.

The word "polyendocrine" explicitly acknowledges that multiple hormonal systems are misfiring simultaneously — including insulin, androgens, and brain signals. Meanwhile, 'metabolic' places insulin resistance and cardiovascular risks at the absolute centre of care, where clinical evidence proves they belong. "PMOS strips away the stigma of cysts and empowers lifestyle management. For many patients, the old term simply did not capture their experience. This updated term emphasizes that the condition involves more than just the ovaries," said Dr Sajith Mohan R, Consultant, Department of Obstetrics and Gynaecology, KIMSHEALTH, Thiruvananthapuram.

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Date: 1 May 26, 2026
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