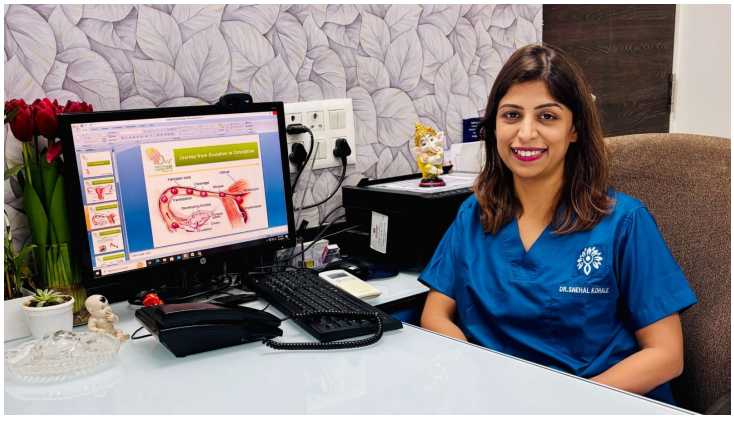
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Medical significance of renaming PCOS as PMOS

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The term PMOS encourages both doctors and patients to move beyond the narrow idea of â??ovarian cystsâ?



For years, I have seen women walk into clinics carrying the weight of confusion, shame, and misinformation around PCOS. Many come to believe they only have a “period problem.” Others think they cannot have PCOS because their scans did not show ovarian cysts. Some only discover the condition when they struggle with weight gain, acne, infertility, anxiety, or difficulty

conceiving. That is exactly why the recent global move to rename PCOS as PMOS (Polyendocrine Metabolic Ovarian Syndrome) is medically significant.

Polycystic Ovary Syndrome, commonly known as PCOS, is now increasingly being referred to as Polyendocrine Metabolic Ovarian Syndrome (PMOS). The change comes after years of discussion among endocrinologists, reproductive health specialists, researchers, and patient advocacy groups worldwide. And honestly, I believe this shift was long overdue.

Why The Name “PCOS” Was Incomplete

One of the biggest misconceptions around PCOS has always been the word “polycystic ovary.” In reality, many women diagnosed with PCOS do not even have ovarian cysts. The condition is much more complex than what the old name suggested.

As doctors, we have known for years that PCOS is not just an ovarian disorder. It affects the entire hormonal and metabolic system of the body.Renaming PCOS as PMOS is more than a cosmetic change in medical terminology. For years, many women misunderstood the condition because the word ‘polycystic ovary’ made them believe it was only related to ovarian cysts or fertility. In reality, this condition affects the entire hormonal and metabolic system of the body.

The term PMOS better reflects what we see clinically today, women struggling not only with irregular periods and ovulation issues, but also insulin resistance, inflammation, weight fluctuations, stress-related hormonal imbalance, anxiety, poor sleep, and long-term metabolic risks. I believe this shift will help create broader awareness that hormonal health is deeply connected to overall wellbeing, not just reproduction. That is why the term PMOS feels more medically accurate.

The new name highlights the three major systems involved:

Polyendocrine- Meaning multiple hormonal systems are affected simultaneously.

Metabolic- Meaning the condition is strongly linked to insulin resistance, weight gain, inflammation, diabetes risk, and metabolic dysfunction.

Ovarian- Because ovulation, menstrual cycles, and fertility are still central aspects of the condition.

In simple words, PMOS acknowledges that this is a full-body hormonal and metabolic disorder, not merely a reproductive issue.

What concerns me deeply is how early these metabolic disturbances are now appearing. A decade ago, we commonly diagnosed PCOS in women in their late twenties or early thirties. Today, many girls in their late teens and early twenties already show symptoms like: Irregular periods, Acne and facial hair growth, Rapid weight gain, Hair thinning, Fatigue and poor sleep, Insulin resistance also anxiety and emotional burnout
In my clinical practice, I often tell patients that PMOS is no longer just a fertility diagnosis. It has become a lifestyle-linked metabolic condition.

Modern urban lifestyles are contributing significantly to this rise. Sedentary routines, chronic stress, poor sleep, processed food consumption, excessive screen exposure, and hormonal dysregulation are all playing a role and the numbers reflect this shift.

Several Indian studies estimate that PCOS affects anywhere between 1 in 5 to 1 in 10 women depending on the region and diagnostic criteria used. Research has also shown that Indian women with PCOS are developing metabolic complications much earlier than previously expected.

PMOS Is Not Only About Fertility

One of the biggest problems with the older terminology was that many women only associated PCOS with pregnancy difficulties. But the condition goes far beyond fertility. Women with PMOS may also face increased long-term risks of: Type 2 diabetes, High cholesterol, Fatty liver disease, Hypertension, Sleep disturbances, Anxiety and depression and cardiovascular complications

In fact, studies have shown strong associations between PMOS, insulin resistance, chronic inflammation, and mental health disorders. This is why I strongly believe women need earlier diagnosis, better education, and more holistic treatment approaches.

One thing that often gets ignored in hormonal health conversations is the emotional burden women silently carry. Women with PMOS frequently struggle with body image issues, weight fluctuations, acne, infertility anxiety, social pressure, and emotional exhaustion. Many feel frustrated because they are blamed for symptoms they cannot fully control. Hormonal imbalance affects emotional wellbeing. And emotional stress further worsens hormonal imbalance. It becomes a cycle. This is why treatment cannot remain limited to medications alone. Women need compassionate, long-term support systems that focus on physical health, emotional wellbeing, sleep quality, stress regulation, nutrition, and metabolic care together.

So What Changes Now?

The diagnostic process remains largely the same. Women may still be evaluated based on menstrual irregularity, androgen excess, ovulation issues, metabolic markers, and ultrasound findings. But what changes is the way we understand the condition.

The term PMOS encourages both doctors and patients to move beyond the narrow idea of “ovarian cysts” and recognise the broader metabolic and endocrine impact of the disorder. And that shift matters. Because when women understand that their symptoms are connected, they stop blaming themselves and start seeking comprehensive care earlier.

If you have irregular periods, unexplained weight changes, acne, facial hair growth, fatigue, sleep disturbances, or difficulty conceiving, please do not ignore these signals. Hormonal health is not superficial. It affects every aspect of wellbeing, from metabolism and fertility to emotional health and long-term disease risk. Most importantly, PMOS is manageable with the right support. Lifestyle changes, proper sleep, regular movement, balanced nutrition, stress regulation, and personalised medical care can make a significant difference when started early.

Women deserve to know that this condition is not their fault and certainly not something they should feel ashamed of. The body is not working against them. It is asking for attention, regulation, and care.

Dr Snehal Kohale, a consultant Fertility Specialist & Gynaecologist