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

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

'Cyst' myth busted: PCOS is now PMOS

Indain Express, dt:26.05.2026, pg.no 14

UNNIKRISHNAN S @ T'Puram

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, multisystem 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 rebranding. 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 accelerating 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 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, Dept. of Obstetrics and Gynaecology, KIMSHEALTH, Thiruvananthapuram.

The challenge now shifts from global laboratories to India's public health infrastructure. ICMR guidelines, medical college textbooks, and health insurance policies must be rapidly overhauled to mandate and cover systemic metabolic monitoring — such as lipid profiles, glucose tolerance tests, and cardiac screenings.

The medical language has finally changed – now, India's healthcare system must catch up.

EARLY SCREENING CAN CLOSE GAP IN PREVENTIVE CARE IN WOMEN

A 14-year-old girl in rural Rajasthan receiving her HPV vaccine and a seventy-year-old woman holding a health insurance card for the first time may seem to belong to different chapters of India's healthcare story. They are not. Both reflect the same stubborn reality: women's health is addressed only when illness strikes, rather than beforehand. This gap can still be closed.

The structural barriers are well understood. The World Economic Forum estimates full gender parity remains 134 years away. Women spend nearly two-and-a-half times more hours than men on unpaid care work. In countless homes, a woman postpones her own screening because there are children, parents, a household. Women who delay preventive care are far more likely to enter the healthcare system at an advanced stage of illness.

PULSE OF THE MATTER

The figures from Apollo's Health of the Nation Report 2026 reveal the scale of this problem. Among eligible women between the age of 30 to 49, only 1.9% have undergone cervical cancer screening. Fewer than 1% have had mammograms nationally. Among women who were screened, breast cancer was detected in one out of 359, their mean age being 51. Women from economically weaker households were far less likely to seek screening. Behind each number is an illness that could have been caught earlier. Awareness is as important as access. Women exposed to cancer awareness through television and media were two times more likely to undergo breast cancer screening. Communication, therefore, is part of the intervention itself.

Adolescence is a crucial window for prevention. India's HPV vaccination programme targets nearly 1.15 crore 14-year-old girls annually through government facilities. Cervical cancer is among the few cancers that vaccination and early screening can effectively prevent. Larger industry intervention can enhance the range of impact ensuring consistent, community-rooted implementation. This could change the health trajectory of an entire generation.

At the other end of life, the challenge is equally severe. India's elderly population has crossed 104 million and is projected to reach 319 million by 2050. The extension of Ayushman Bharat to cover all citizens aged 70 and above, with coverage of up to ₹5 lakh regardless of income, is a significant step. But elderly women in rural areas still face barriers of geography, mobility, and health literacy. Reaching them requires mobile screening units, community health workers guiding them, insurance access, and awareness campaigns in local languages.

No single institution can take the sole responsibility. Public systems, private providers, and civil society must work with shared goals and real accountability.

I grew up watching my father build Apollo on the belief that quality healthcare should reach every person. That conviction guides how I think about prevention today. Every stage of a woman's life carries a window for timely care. Once that window closes, the cost grows considerably. India now has the opportunity to build a system that treats women's health as a continuous commitment rather than a response to crisis. In a nation that has made women-led development a priority, that shift may be among the most lasting investments we make.

DR PREETHA REDDY, Executive Vice-Chairperson, Apollo Hospitals Enterprise Limited