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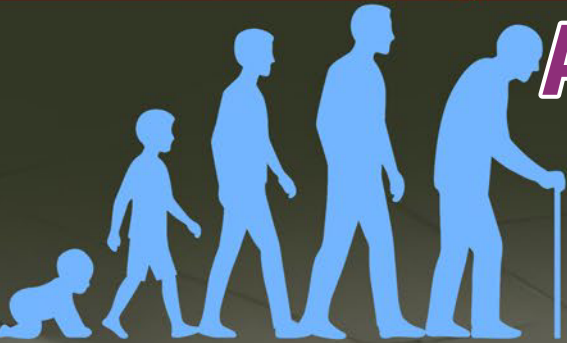
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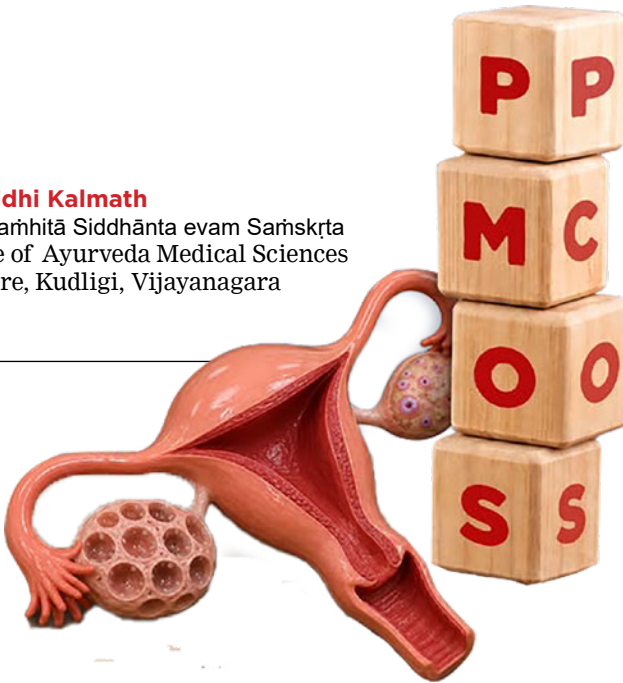
Three Women, One Condition: Understanding PCOS - Now PMOS



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This September the world's commonest hormonal condition in women is being marked under two names at once.

What it looks like at twenty, at thirty-two and at forty-five -and what Ayurveda, daily routine and yoga can offer each of them.

● Anjali, 20 — Second-year degree student

Her periods stopped four months ago. She lives in a hostel, eats whatever the mess serves at whatever hour she reaches it, studies past one in the morning with her phone propped against the pillow, and sleeps through the first two hours of the afternoon. Acne has spread along her jaw. She was told she is simply stressed and that it will settle after exams.

● Sushma, 32 — Schoolteacher, married six years

She came for an infertility evaluation and left with a diagnosis she had never heard of. Only then did anyone connect the weight she has carried since her teens, the coarse hair on her chin she has been threading for a decade, and cycles that arrive every fifty or sixty days. Nobody had ever suggested these were one problem rather than three.

● Kavita, 45 — Shopkeeper, mother of two

She was diagnosed with type 2 diabetes last year, along with a fatty liver on ultrasound. Her cycles were irregular from adolescence until they settled after her second child, and she had

assumed that chapter was closed. No one has connected the twenty irregular years to the diagnosis she now carries.

These composite portraits represent patients commonly seen in Indian clinics, all sharing a condition previously known as polycystic ovary syndrome (PCOS), now renamed polyendocrine metabolic ovarian syndrome (PMOS) since May 2026. Affecting about one in eight women globally, most cases go undiagnosed. The old name was misleading: Anjali never had ovarian cysts, Sushma's infertility is just one aspect of her symptoms, and Kavita's diabetes at forty-four is part of the same underlying issue that went undetected. This article aims to raise awareness among both affected women and the professionals who may first encounter them.

● Why September Is PCOS/PMOS Awareness Month

Sasha Ottey founded PCOS Challenge in the US to address the lack of research and awareness for polycystic ovary syndrome, a common hormonal disorder. September is recognised

as PCOS Awareness Month through recurring Congressional resolutions and World PCOS Day events, which now extend internationally. In May 2026, a consensus paper formally renamed the condition, marking September 2026 as PCOS/PMOS Awareness Month during a planned three-year transition.

● What Changed — and What Did Not

The old name focused on ovarian cysts, which was inaccurate. Studies showed no rise in abnormal cysts; instead, ultrasounds reveal multiple normal follicles. The name ignored key symptoms like insulin resistance, weight issues, acne, excess hair, sleep problems, low mood, subfertility, and future diabetes.

The new name says what the condition is:

- **Poly-endocrine** — several hormone systems are involved, not the reproductive ones alone.
- **Metabolic** — it changes how the body handles sugar and fat. This is Kavita's chapter, and it is why the long-term risks are diabetes, high blood

pressure, fatty liver and heart disease.

- **Ovarian** — the ovaries are part of the picture, but never the whole of it.

For those already diagnosed, your care remains unchanged. Diagnostic criteria and treatment are the same, and PCOS is now called PMOS. Both terms will be used in records until full adoption in 2028.

Note: symptoms like irregular cycles, acne, and excess hair are not exclusive to PCOS; other endocrine issues can look similar. Only a clinician can diagnose this condition accurately.

• The Modern Life That Feeds It

PMOS is rooted in genetics; it's not something you develop only from poor habits. However, its manifestation — whether it remains a minor irregularity or turns into a condition like Kavita's diabetes — is strongly influenced by a woman's eating, sleeping, sitting habits, and screen time. These lifestyle factors are changeable and deserve careful attention.

• Eating habits

Anjali's hostel schedule perfectly illustrates this concept; Ayurveda explained how it works long before insulin was studied. Charaka specifically identified the unhealthy eating habits that are common in everyday life:

- **Viśamāśana** — eating at irregular hours. Skipping breakfast, a snatched lunch, and the day's largest meal at ten at night is the commonest pattern among students and working women, and possibly the single most damaging.
- **Adhyaśana** — eating again before the previous meal is digested. Continuous snacking, which screens make almost automatic, keeps the body permanently in a fed state and never lets insulin settle.
- **Ati-santarpaṇa** —

means over-nourishment. Charaka discusses disorders caused by excess, similar to issues from refined flour, sugar, sodas, and fried foods in inactive lifestyles.

The practical approach is simple: regular meal times are more important than any superfood. A hearty lunch and a light, early dinner support digestion better than costly supplements. Whole grains like millets, green gram, and seasonal vegetables provide slow energy, while refined flour, sweet drinks, and fried snacks cause rapid sugar spikes.

• Screen time

This is the newest of the causes and, for young women like Anjali, quite possibly the most important. Exposure to light at night reduces melatonin, which not only affects sleep but also influences ovulation through the body clock. Using devices late delays sleep and makes mornings harder. Daytime naps, described in Ayurveda as *divāsvapna*, can disrupt Kapha and increase fat tissue, while late nights disturb Vāta. This cycle, combined with snacking and inactivity from screen use, impacts both *doṣas* and overall health.

The solution isn't to completely avoid screens, but to use them at the right times. Turn off devices an hour before going to sleep,

keep your phone charging outside of your bedroom, and switch to night mode after sunset—these steps can help. Most importantly, spend ten to fifteen minutes in natural sunlight within an hour of waking up. This practice sets your body's rhythm for the rest of the day.

• Aasya sukha (Sitting still)

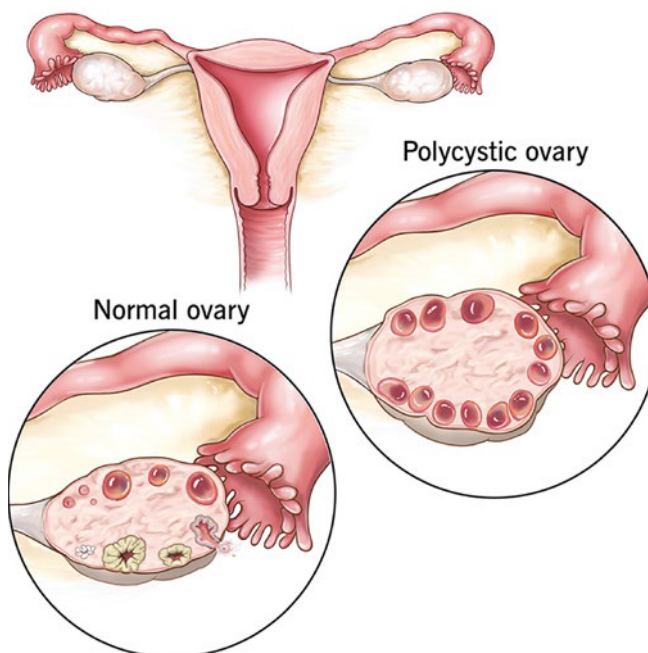
Charaka's list of causes for *sthāulya* includes *aasya sukha* and *swapna sukha* (comfort from sitting and sleeping), heavy foods, and lack of activity. These factors, once linked to a privileged lifestyle, now describe the common modern routine, with PMOS becoming increasingly prevalent as a result.

• How Ayurveda Reads PMOS

Ayurveda never examined the ovary in isolation. It read digestion, tissue metabolism and channel function together — which is, in older language, exactly the whole-body view the new name is trying to restore.

• The working concepts

- **Agni** is the digestive and metabolic fire; when weak (*agnimāndya*), food and hormonal signals are not efficiently processed.
- **Āma** refers to the sticky, partially metabolised residue that develops when Agni is weak; it disrupts tissues at their root and causes *srotorodha*.
 - **Meda dusti** in Ayurveda, *sthāulya* is primarily explained as an excess buildup of *medas* (fat), which causes blockages in the body's channels (*srotorodha*). This idea closely resembles the concept of insulin resistance, making it useful for drawing comparisons between the two systems.
 - **Ārtava** refers to both the ovum and menstrual blood in classical texts. It is transported by the *ārtavavaha srotas*, as described in *Suśruta Samhitā*, *Sārīrasthāna* 9.
 - **Apāna Vāta** is the downward-flowing aspect of Vāta that regulates ovulation and menstrual discharge, as described



in Aṣṭāṅga
Hṛdaya,
Sūtrasthāna
12.

● The cascade

Unsuitable diet and lifestyle weaken Agni, leading to Āma and excess medas, which block the ārtavavaha srotas and disrupt Apāna Vāta. This results in irregular cycles, missed ovulation, weight gain, and reduced fertility. If unchecked, the same disturbance may cause prameha, as experienced by Kavita.

It will be more appropriate to discuss correlations rather than direct equivalences. Commonly referenced entities include Ārtava Kṣaya (reduced menstruation), Naṣṭārtava and Anārtava (blocked or absent menstruation), Granthibhūta Ārtava Duṣṭi, Kaphaja and Vātakaphaja Yonivyāpad, and—most closely related—Puṣpaghnī Jātaharinī, which the Kāśyapa Saṁhitā describes as involving anovulation and masculinising characteristics.

● What Ayurveda Would Offer Each of Them

The framework's benefit isn't just renaming the condition; it creates tailored plans for each woman based on their position in the cascade.

● Anjali, 20 — early, and largely reversible

- Her view is the most optimistic but often overlooked; mostly rhythm and Agni are disrupted. Ayurveda primarily focuses on removing causes (Nidāna Parivarjana) before recommending any medicine.

Set fixed mealtimes, avoid eating after an early light dinner, skip daytime naps, turn off screens before bed, and sleep by eleven. Get morning sunlight and move daily. Use warm water and spices like ginger, pepper, cumin, and hing to boost Agni; these simple measures are effective. Routine changes often restore menstrual cycles within three to six months, so Anjali should not dismiss missed periods as just exam stress.

● Sushma, 32 — established, and needing both systems

This picture shows Kapha-Vāta with genuine medo-dhātu excess and srotorodha, resembling Puṣpaghnī Jātaharinī. Ayurveda recommends medohara and srotoshodhana: light food, rūkṣa and uṣṇa qualities, barley and millet instead of rice and wheat and regular exercise, which is strongly advised for sthāūlya. Cikitsā may include śodhana when appropriate and supervised. In this case Ayurveda contributes to managing weight, improving insulin sensitivity, and keeping cycles regular through daily routines — areas where even small, steady weight loss can enhance ovulatory function.

● Kavita, 45 — late, and still worth treating

People often think that once reproductive issues are resolved, only diabetes needs attention. However, this is an error—the purpose of renaming the condition is to avoid such misconceptions. Kavita has managed a metabolic disorder for twenty-five years; her diagnosis remains unchanged, though it now carries a different name.

The Ayurvedic strategy now mirrors that for prameha, with similar dietary adjustments, emphasis on exercise, and attention to sleep, but applied long-term. The focus shifts from cycle regularity to heart, liver, and vessel protection. Routine

cardiovascular and liver screening is advised for her, and early assessments are recommended for her daughters.

● Preventive Measures: What Can Begin This Week

Neither system claims a permanent cure. Both agree, unusually firmly, that consistent and realistic change in how a woman eats, sleeps and moves is the most powerful tool available — frequently more powerful than any single medicine.

● Daily rhythm (Dinacaryā)

- Wake and sleep at consistent times — close to sunrise, and well before midnight.
- Natural daylight within the first hour of waking.
- No daytime sleeping; if exhausted, rest sitting rather than lying.
- Screens dimmed and put away an hour before bed.
- Two to three hours between dinner and sleep.

● Food

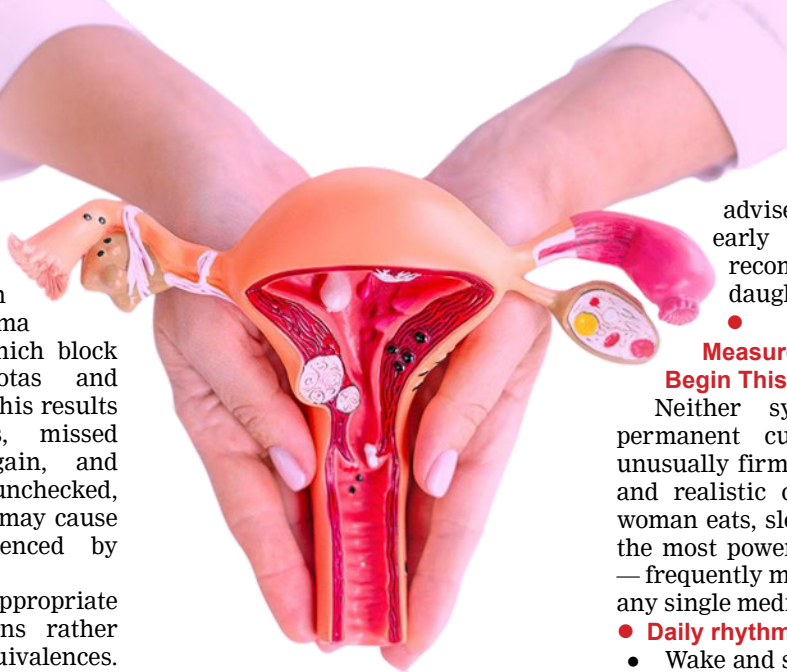
- Fixed mealtimes; the largest meal at midday.
- Millets, whole grains, green gram, seasonal vegetables; barley for those carrying weight.
- Warm, freshly cooked food. Cold, heavy, sweet and fried items reduced rather than banned.
- Refined sugar, aerated and sweetened drinks, bakery items and packaged snacks kept occasional.
- No snacking between meals — let the previous meal digest.

● Movement and screening

- Forty-five minutes of daily activity; a brisk walk qualifies. Consistency beats intensity.
- Periodic blood glucose, lipid profile and blood pressure checks — the metabolic risk stays silent until it is not.

● Āsana and Prāṇāyāma

These are the main practices recommended in PMOS: practise on an empty stomach, ideally in the morning, and increase gradually.



Yoga Pose	Benefits	Notes
Sūrya Namaskāra	Whole-body warm-up, beneficial for weight management, general metabolic function	Start with four rounds, gradually increase to twelve
Baddha Koṇāsana (Butterfly)	Facilitates hip opening, enhances pelvic circulation, may alleviate menstrual discomfort	
Supta Baddha Koṇāsana (Reclining Bound Angle)	Restorative posture, relaxes pelvic floor, soothes nervous system	Recommended at the end of the day
Bhujāṅgāsana (Cobra)	Abdominal organ stimulation and stretching, supports ovarian function, helps reduce lower-back stiffness	
Dhanurāsana (Bow)	Firm abdominal compression, support of pancreas and pelvic organs	Contraindicated in cases of hypertension and pregnancy
Śalabhāsana (Locust)	Strengthens lower back and pelvic musculature	
Naukāsana (Boat)	Engages core and thigh muscles, improves insulin sensitivity	
Upaviṣṭa Koṇāsana and Malāsana	Promote pelvic opening, enhance reproductive organ circulation	
Viparīta Karaṇī (Legs-up-the-wall)	Gentle inversion, supports venous return, endocrine balance, calming before sleep	Should be omitted during menstruation
Paścimottānāsana (Seated Forward Bend)	Calms mind, tones abdominal organs	
Śavāsana	Essential for settling stress response	Conclude every session with five to ten minutes

● Prāṇāyāma

Technique	Benefits	Recommended Practice	Precautions
Anuloma Viloma / Nāḍī Sōdhana	Regulates autonomic nervous system, addresses stress-related hormonal imbalances	Daily practice of ten minutes advised	
Bhrāmārī	Reduces anxiety, promotes restful sleep	Beneficial when performed during the hour before bedtime, especially for individuals exposed to heavy screen use in the evenings	
Kapālabhāti	Supports digestive function and metabolic activity	Vigorous abdominal engagement	Should be avoided during menstruation, pregnancy, and by those with hypertension, hernia, or peptic ulcer
Ujjāyī	Alleviates anxiety, prepares for sleep	Slow, calming breaths	
Śītalī and Śītkārī	Cooling breath techniques, advantageous in cases where heat, irritability, or acne are prevalent		

● The Body Clock and Women's Hormonal Health

One thread runs through all of the above and it deserves naming it directly.

Every woman has a master clock in the hypothalamus, which responds to daily changes in light. This internal clock helps regulate ovulation, menstruation, and hormone levels such as melatonin and cortisol. Late nights, irregular routines, nighttime light exposure, or shift work can disrupt endocrine functions. Interestingly, the ancient Ayurvedic practice of Dinacaryā—which encourages

routines based on sunrise and sunset—matches modern scientific views on endocrine health. For Indian women working night shifts, like nurses and IT professionals, recommended strategies include ensuring sleep occurs in darkness, getting bright light upon waking, keeping consistent meal times, and regularly checking cycles and metabolic health.

● A Closing Word

Anjali, Sushma and Kavita were each told, at some point, that what they were experiencing was ordinary, or their own doing, or nothing much. It was

none of those things. Anjali can still change her lifestyle almost entirely. Sushma can improve her health significantly. Even Kavita, twenty-five years in, has much to safeguard.

A name change treats nobody. But it changes what a condition is allowed to mean - to the woman living with it, and to the professional across the table. If PCOS suggested a problem confined to the ovaries, PMOS says plainly that this is a lifelong, whole-body condition deserving lifelong, whole-body care. **That is worth a month of everyone's attention.**