The Women's Natural Health Clinic
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Polyendocrine Metabolic Ovarian Syndrome (PMOS, formerly PCOS)

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Key facts

- PCOS has been renamed polyendocrine metabolic ovarian syndrome (PMOS) following a 2026 international consensus, to better reflect its hormonal and metabolic effects.
- PMOS affects about 1 in 10 women in the UK, and more than half have no obvious symptoms.
- It is diagnosed when at least two of three features are present: irregular or absent ovulation, raised androgens, and polycystic ovaries on ultrasound or a raised AMH blood test.
- Insulin resistance plays a central role for many women with PMOS.
- Lifestyle change is the foundation of treatment, and natural medicine can be combined with conventional care.
- Assessment at our St Margaret's, Twickenham clinic includes in-house 4D ultrasound.

What is polyendocrine metabolic ovarian syndrome?

Polyendocrine metabolic ovarian syndrome (PMOS), previously known as polycystic ovary syndrome (PCOS), is a common hormonal condition that affects how the ovaries work. Women with PMOS often ovulate irregularly or not at all, and produce higher than usual levels of androgens (hormones such as testosterone). Because it is a syndrome, it shows up differently in every woman, and treatment is tailored to the symptoms that matter most to you.

What are the symptoms of PMOS?

- **Irregular, infrequent or absent periods**, often noticeable from the teenage years. Some young women also have very heavy periods.
- **Excess facial or body hair**, acne or thinning scalp hair, caused by raised androgens.
- **Darker skin patches**, often in the armpits or neck, linked to insulin resistance.
- **Difficulty getting pregnant**, because ovulation is irregular or absent.
- **Weight gain** and difficulty losing weight. Around 40% of women with PMOS are overweight, and extra weight can make symptoms worse.

Periods are often regulated with the contraceptive pill in the teenage years without the cause being investigated, so many women are only diagnosed when they stop the pill and try to conceive.

What causes PMOS?

The exact cause is unknown, but PMOS runs in families and is strongly linked to insulin resistance, where the body's cells respond less well to insulin. Higher insulin levels push the ovaries to produce more androgens, which disrupts ovulation and the menstrual cycle.

How is PMOS diagnosed?

Under the 2023 International Evidence-based PCOS Guideline, adult women are diagnosed when at least two of the following are present, once other causes such as thyroid or prolactin problems have been ruled out:

- Irregular or absent ovulation
- Raised androgens, shown by a blood test or by signs such as excess hair
- Polycystic ovary appearance on ultrasound, or a raised anti-Müllerian hormone (AMH) blood test

If you have both irregular cycles and raised androgens, a scan is not needed for diagnosis. In young women within eight years of their first period, ultrasound and AMH are not used, because many healthy ovaries look polycystic at that age.

At our clinic, assessment combines a full consultation, blood tests (including testosterone, SHBG, LH, FSH and a mid-luteal progesterone test to confirm ovulation) and, where helpful, a transvaginal ultrasound on our GE Voluson S10 to assess the ovaries and the lining of the womb.

What are the conventional treatment options?

- **Irregular periods and androgen symptoms:** the combined contraceptive pill is first-line treatment. Progestogen tablets can be used to bring on regular bleeds.
- **Insulin resistance:** metformin may be prescribed alongside lifestyle change.
- **Fertility:** letrozole is now the first-line medication to stimulate ovulation, ahead of clomiphene. If these do not work, options include injectable hormones, ovarian drilling surgery or IVF.
- **Excess hair:** cosmetic treatments such as laser or electrolysis, and anti-androgen medication, which must be combined with reliable contraception.

Even modest weight loss of around 5% can restore ovulation and improve symptoms for many women.

How do we treat PMOS at the Women’s Natural Health Clinic?

We take an integrative approach, combining modern diagnostics with natural medicine and working alongside your GP or consultant where conventional treatment is also needed. A typical plan includes:

- **Diet and exercise** designed to improve insulin sensitivity, with a lower-carbohydrate eating pattern and regular moderate exercise.
- **Combined Chinese herbal medicine and naturopathic medicine**, prescribed according to your individual pattern. In Traditional Chinese Medicine, PMOS is commonly linked to Kidney yang deficiency with accumulation of phlegm and damp, often alongside blood stasis and constrained Liver qi.
- **Naturopathic nutritional supplements** chosen to support ovarian function and ovulation.
- **Cycle monitoring** using ultrasound and basal body temperature (BBT) charts to track ovulation and the length of the second half of the cycle.

Research into herbal and naturopathic medicine for PMOS is still developing and of mixed quality, so we will discuss the evidence relevant to your situation at your consultation.

Frequently asked questions

Can you have PMOS without cysts on your ovaries?

Yes. The so-called cysts are small, partly developed follicles, not true cysts. If you have irregular or absent ovulation and raised androgens, PMOS can be diagnosed from a blood test without any ultrasound findings.

Can I get pregnant if I have PMOS?

Many women with PMOS conceive, either naturally or with treatment. The key is restoring regular ovulation, which lifestyle change, natural medicine and, where needed, fertility medication can all help with.

Does PMOS affect long-term health?

Women with PMOS have a higher risk of type 2 diabetes and cardiovascular disease, and infrequent periods can affect the lining of the womb. Regular check-ups and a healthy lifestyle reduce these risks.

Can PMOS be cured?

There is no cure for PMOS, but symptoms can be managed effectively and many women achieve regular cycles and good health with the right combination of treatments.

Is PMOS the same as having polycystic ovaries?

No. Around one in five women have multicystic ovaries on a scan, but many have no symptoms and do not have the syndrome.

Book a consultation

To book, visit womensnaturalhealthclinic.com/book or call 020 3811 8778. Initial consultations last up to one hour at our clinic at 16 Bridle Lane, St Margaret’s, Twickenham TW1 3EE.

Sources

- NHS: Polycystic ovary syndrome (nhs.uk/conditions/polycystic-ovary-syndrome-pcos)
- International Evidence-based Guideline for the Assessment and Management of PCOS 2023 (monash.edu/medicine/mchri/pcos/guideline)