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...The Newsletter of The PCOS Society, India

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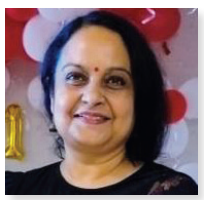
Welcoming....

Our New Patrons



Dr. Alka Shukla
Paediatrician

Dr. Madhumitha
Gynaecologist

Dr. Monali Dhole
Gynaecologist

Dr. Nivedita Shetty
Gynaecologist

Dr. P. G. Anadhi
Gynaecologist

Dr. Priyanka Agrawal
Gynaecologist

Dr. Sushree Monika Sahoo
Gynaecologist

Our New Life Members

Dr. Ambigai Meena — Gynaecologist
Dr. Anju Ekka — Gynaecologist
Dr. Ashok Shukla — Gynaecologist
Dr. Astha Srivastava — Gynaecologist
Dr. Bavin Bala Krishnan — Gynaecologist
Dr. Chirom Singh — Gynaecologist
Dr. Chitali Roy — Gynaecologist
Dr. Dimpi Modi — Gynaecologist
Dr. Dipika Loganey — Gynaecologist
Dr. Gauri Joshi — Gynaecologist
Dr. Kritika Tulani — Gynaecologist
Dr. Luiza D'souza — Gynaecologist
Dr. Maimuna Tabassum — Gynaecologist
Dr. Manasa Ala — Gynaecologist
Dr. Mohan Thomas — Cosmetic Surgeon
Dr. Mrinal Chatterjee — Gynaecologist
Dr. Namrata Kulkarni — Gynaecologist
Dr. Neha Rathi — Gynaecologist
Dr. Nikita Banarjee — Gynaecologist
Dr. Nirmala Beela — Gynaecologist
Dr. Partha Rajan Das — Gynaecologist
Dr. Prajwala Aradhya — Gynaecologist
Dr. Prerna Kulkarni — Gynaecologist
Dr. Reena Wani — Gynaecologist
Dr. Sakina Umrethwala — Gynaecologist
Dr. Saley Daniels — Gynaecologist
Dr. Shashwat Jani — Gynaecologist
Dr. Simmi Aggarwal — Gynaecologist
Dr. Smrithi Nayak — Gynaecologist
Dr. Sonam Tiwari — Gynaecologist
Dr. Soniya Devi — Gynaecologist
Dr. Subami Yarlagadda — Gynaecologist
Dr. Sujata Godbole — Gynaecologist
Dr. Sumana Gurunath — Gynaecologist
Dr. Sunil Samal — Gynaecologist
Dr. Swasty Kumari — Gynaecologist
Dr. Swati Agrawal — Gynaecologist
Dr. Syamalamba Potluri — Gynaecologist
Dr. Trishla Badolia — Gynaecologist

Associate Members

Ms. Niharika Nahata — Nutritionist
Ms. Rekha Shukla — Nutritionist
Ms. Shilpa Amin — Psychologist & Nutritionist
Ms. Sneha Raje — Nutritionist

Editorial

Dr. Duru Shah
MD, FRCOG, FCPS, FICS, FICOG, FICMCH, DGO, DFP
Director, Gynaecworld
The Center for Women's Health & Fertility, Mumbai
Founder President, The PCOS Society, India
Chief Editor, Pandora

Dr. Sabahat Rasool
MRCOG (London), MD, DNB
Diplomate in Advanced Infertility
Fellowship in Reproductive Endocrinology
Assistant Professor & Reproductive Medicine Consultant
Editor, Pandora 2022

Dear Friends,

It has been a welcome summer of colors and joy after a dreadful Covid pandemic! Finally, we are all back to our lovely schedules. The PCOS Society has kept its pace of conducting various academic activities like our very interactive webinars and Science Live Programs on all multi-disciplinary facets of the complex PCOS through an engagement of reproductive medicine specialists, endocrinologists, nutritionists, bariatric surgeons, dermatologists and the like.

This is the 21st Edition of Pandora and thanks to the newsletter we remain connected. We are bringing to you the highlights of our **7th Annual International Conference** held at Leela, Mumbai from 16th-18th September, 2022. As always, the focus was clearly and crisply on the academics, with renowned international and national experts taking on "New Answers to the Old Questions on PCOS". With a hawk-eye precision, we maintained our time schedules despite heavy rains lashing out the beautiful city of Mumbai. We are so proud and thankful to all the delegates and faculty who made it despite all odds. In total, we had more than 300 delegates attending the pre-congress workshops and the main conference and we received very encouraging and promising feedback, some of which is being shared through this edition. We are also sharing the highlights, photographs and excerpts from key-note lectures.

Pre-congress workshops were held on the 16th of September on Basics of Fertility Management in PCOS, PCOS & Assisted Reproduction and Hormones in PCOS at Peri-Menopause.

We had the first live offline "Grand Finale of PCOS Quizzes" the first one was held online in "Kaun Banega Crorepati" style in which six of our finalists from online 2 Elimination Rounds participated. After an exhaustive session of questions, we had three winners who got the cash prizes of Rs 1 lac, 75,000 and 50,000.

International experts like Anuja Dokras, Ricardo Azziz , Pauline Maki, TC Li, Virgilio Novero and Ang Sengbin graced the conference with their immense expertise in the field. All sessions were highly appreciated and very interactive. We delivered as promised!

We would love to have your inputs on our newsletter, Pandora. Request you to take a few minutes out of your busy schedule to give us your valuable feedback.

Link for Pandora Feedback Survey: https://rb.gy/4vluji

Please visit our website and become members of the society to enjoy a lovely journey with us!

With warm regards,

Dr. Duru Shah

Chief Editor, Pandora
Founder President, The PCOS Society

Dr. Sabahat Rasool

Editor, Pandora

This issue has been designed by Ms Naju Hirani.

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7th Annual Conference 2022: International Faculty Abstracts

Dr. Ricardo Azziz, M.D

Chief Science & Strategy Officer, The Lundquist Institute for Biomedical Innovation at Harbor-UCLA Medical Center, USA

Adipose Tissue in PCOS: Linking Metabolic & Reproductive Dysfunction.

Insulin resistance (IR) and hyperinsulinemia (HI) drives many of the reproductive aspect of PCOS, with HI and abnormalities in insulin-mediated glucose uptake (IMGU) and beta-cell function preceding the development of hyperandrogenemia (HA). In turn, HI stimulates excess androgen secretion by the ovary in PCOS, although there must be permissive elements impacting androgen biosynthesis. Also, HI reduces hepatic SHBG production resulting in increased free androgen. IR and/or HI are associated with the phenotypic features of PCOS, including ovarian volume, ovulatory dysfunction and hirsutism; and suppression of insulin decreases androgens and improves ovulation. The mechanisms underlying the IR of PCOS remain unclear, although adipose tissue (AT) dysfunction appears to play a significant role. AT dysfunction in PCOS is associated with: a) impaired adipocyte lipolysis; b) perturbed capacity of SQ adipose to safely store fat; c) altered adipogenesis; d) decreased GLUT-4 expression and decreased IMGU; e) increased cytokine expression and dysregulated adipocytokine action fostering a pro-inflammatory milieu; f) overexpression of miR-93 and other miRNAs that suppress GLUT4 production and IMGU; g) increased miR-93 expression, which in part is due to the action of TNFα and other inflammatory cytokines derived from AT macrophages. Overall, AT dysfunction is an important driver of many of the metabolic and reproductive abnormalities of PCOS.

Diagnosing PCOS with Phenotypes.

Using current features and diagnostic criteria, PCOS presents as one of 4 phenotypes: A = HA+OLIGO+PCOM ('Classic'), B = HA+OLIGO (Classic'), C = HA+PCOM ('Ovulatory'), and D = OLIGO + PCOM ('Non-hyperandrogenic'). The PCOS phenotypes A/B have the highest risk of metabolic dysfunction, followed by Phenotype C, while Phenotype D generally has the lowest risk of metabolic dysfunction, although not all investigators agree. Whether the phenotypes differ genetically remains unclear. There is significant referral bias to the PCOS Phenotype and the PCOS phenotype will vary by race and ethnicity. Other methods of phenotyping PCOS are being explored, including using machine learning.

PCOS & Thyroid Disease.

In cohort studies, the prevalence of all thyroid diseases seems to be higher in PCOS subjects than controls. In turn TSH is positively associated with IR, although it is a poor predictor of metabolic disease in these women. The mechanisms underlying the relationship between thyroid diseases and PCOS are unclear. The most obvious connection between thyroid diseases and PCOS seems to be the increase in BMI and IR found in both conditions. However, whether referral bias plays a role in the relationship of thyroid diseases and PCOS is unclear. Overall, practitioners should remain vigilant concerning thyroid dysfunction in PCOS, although it is unclear whether routine screening requires anything more than the measurement of TSH using a high-quality assay

Dr. Anuja Dokras, M.D

Director, Penn Polycystic Ovary Syndrome Center, USA

Is there a Counselling checklist prior to initiating ovarian stimulation?

Women with PCOS are at increased reproductive, metabolic and psychological risk. The current clinical trials data provides guidance regarding the first line treatments for ovulation induction. Prior to initiation of therapy, it is critical to have a pre-pregnancy check-list and counsel patients appropriately regarding their ante and postpartum risks. It is well established that women with PCOS have a 2-3-fold increase in cardiometabolic and psychological risk factors including obesity, hypertension, dyslipidaemia, type 2 diabetes, metabolic syndrome, depression and anxiety. Data from meta-analyses including relatively large number of moderate quality studies suggest that PCOS diagnosis is associated with an increased risk of miscarriage, gestational diabetes, gestational hypertension, preeclampsia and perhaps, preterm birth. Patients with metabolic syndrome may have lower odds of pregnancy with oral ovulation induction medications. In the postpartum period, women with PCOS have a significantly higher risk of postpartum hypertensive disease and deep venous thrombosis. PCOS may also be associated with slightly higher weight gain in pregnancy but no increase in postpartum weight retention by one year. With respect to mental health, recent evidence supports increased risk of antepartum and postpartum depression. Based on this data, the pre-pregnancy check list should include assessment of weight, blood pressure, HbA1c or oGTT, lipid profile and depression screen. Weight loss strategies increase the chances of live birth rates, both spontaneous and with use of oral ovulation induction medications.

Prof. T.C.Li, M.D

Head of the Union Reproductive Medicine Centre, Hong Kong

Do Adjuvants help?

In this presentation, a general overview on the principle of using an adjuvant is presented, instead of a meta-analysis of each individual adjuvants, for which there are many. Adjuvants do not belong to the mainstream because there is uncertainty about their usefulness, hence they not routinely used, not widely accepted by the profession. Adjuvant treatment which has been shown by rigorous clinical trials to be effective will have been upgraded to mainstream treatment category. By declining to use it, we are sending constructive message to those who favour it (including ones who have a vested financial or personal interests) to come up with (more) convincing evidence that it works.

How do we enhance the thin endometrium in a frozen embryo transfer cycle.

The five common causes of thin endometrium in a frozen embryo transfer cycle, namely intrauterine adhesions, poor oral absorption of estrogen, estrogen antagonist, estrogen receptor deficiency in the endometrium and myometrial pathology will be discussed. The management option in each case will be discussed. In a small number of cases, the endometrium remains thin despite treatment, in which case the key question remains whether or not embryo transfer stands a reasonable chance of successful implantation. Recommendation regarding if embryo transfer should proceed will be discussed.

7th Annual Conference 2022: International Faculty Abstracts

Prof . Pauline M. Maki (M.D)

Professor of Psychiatry, Psychology and OB/GYN, University of Illinois College of Medicine, USA

Do OCs affect sex drive?

Oral contraceptives with combined estrogen and progestin are the most commonly used treatment for regulating menstrual periods in women with PCOS, but there is considerable debate about their effects on sex drive. According to the 2019 European Society of Sexual Medicine Statement on Hormonal Contraceptives and Female Sexuality, oral contraceptives can positively affect sexuality by different means, including: overcoming fear of unwanted pregnancy during sexual activity, resolution of painful or troublesome gynecologic disorders such as endometriosis and dysmenorrhea, and reduction of body image concerns with an increase in self-esteem for women with clinical hyperandrogenism (eg, acne, hirsutism). Indeed, a recent Chinese study of 685 patients with PCOS found that OC users had 69% better sexual satisfaction compared to those patients not on OCs. On the other hand, the estrogens in OCs increases SHBG, and the resultant suppression in androgens may contribute to reductions in sex drive.

Dr. Virgilio M Novero Jr., M.D, MSc

Head of Centre for Advanced Reproductive Medicine &Infertility (CARMI), Philippines

Does the Trigger matter?

Time has come to individualize the choice of ovulation trigger for final oocyte maturation for patient safety & improved outcome in ART. Of the four surrogates of LH ---hCG, GnRH agonist, rLH, and kisspeptins, GnRH agonists stand out because of their ability to decrease the risk of OHSS. But there are other problems beyond preventing OHSS, such as high immature oocyte yield, low total and mature oocytes retrieved, empty follicles, lower clinical pregnancy rates and live birth rates when using the GnRH agonist trigger. To address these problems, new trigger protocols, DUAL TRIGGER and DOUBLE TRIGGER, have shown improved efficacy of the GnRH agonist trigger in varying clinical conditions. The DUAL trigger using GnRH agonist and low dose hCG at 1000-2,500, is best given for high responders and PCOS patients to improve the proportion of mature oocytes collected while avoiding the development of OHSS. The DOUBLE trigger approach, which requires GnRH agonist with the addition of hCG 5,000-10,000 iu, are recommended for normal responders, poor responders, and those with suspected dysfunction of oocyte maturation. Details as regards to the timing of the hCG dose vary according to various authors, but improved outcome in terms of number of total and mature oocytes and pregnancy parameters have been reported. Indeed, the type of trigger matters!

How Do We Prevent OHSS?

OHSS is a serious potentially lethal complication of ovarian stimulation that must be carefully understood to control its development & progression in 'at risk' women. Keys to the prevention of OHSS are the recognition of risk factors followed by implementation of effective strategies that avert or at least minimize the development of its complications. Among the recognized risk factors of OHSS include age <35, AMH> 3.5 ng/ml, AFC> 10-12, previous history of OHSS, women with PCOS and developing signs during the period of ovarian response such as follicles >17-20, rapidly rising estradiol levels, high number of oocytes retrieved, use of hCG to trigger, and pregnancy.

There are many suggested strategies to avert a developing OHSS. However, based on available evidence, the best accepted strategies include the use of GnRH antagonist protocol, individualized COS, the use of GnRH agonist for final oocyte maturation, pretreatment with metformin before actual COS plus several emerging strategies such as the use of cabergoline, letrozole & kisspeptin. The bottom line technique is to always keep OHSS in mind to avert the development of OHSS.

Prof. Ang Seng Bin, M.D

Head of the Menopause Unit in KK Women's and Children's Hospital, Singapore

Are vaginal oestrogens effective for sexual function?

WHO defined Sexual Health as a state of physical, emotional, mental and social well-being in relation to sexuality and not merely the absence of disease, dysfunction or infirmity. It requires a positive and respectful approach to sexuality and sexual relationships, as well as the possibility of having pleasurable and safe sexual experiences, free of coercion, discrimination and violence.

For sexual health to be attained and maintained, the sexual rights of all persons must be respected, protected and fulfilled. (WHO,2006)

Addressing sexual function should adopt the bio-psycho-social approach.

Oestrogen deficiency leads to :

1. Urogenital and vaginal involution due to reducing epithelial cell proliferation, paracellular permeambility and smooth muscle content and by inducing vascular remodeling and changes in innervation.
2. Shift of vaginal pH from acidic to alkaline.
3. Decrease in vaginal secretion leads to genital symptoms of dryness, irritation/burning, pruritus and recurrent vaginitis.
4. Frequency, urgency, nocturia, dysuria, incontinence, and post-coital/recurrent urinary infection.
5. Vaginal vault becomes pale in appearance and less elastic.
6. Clitoris becomes fibrosed and vulvar and labial tissues lose their fullness

Common Female Sexual function affected with increasing age includes lack of desire, lack of orgasm, lubrication difficulties, no pleasure during intercourse and pain during intercourse.

The impact of vaginal discomfort leads to women avoiding intimacy, losing libido, experiencing painful sex and fear of painful sex.

Topical oestrogen therapy has been shown to be effective in improving sexual function in post-menopausal women with Vulvovaginal Atrophy (VVA) (Level 1, Grade A).

There is no difference between the various intravaginal preparations (Ring, Cream, Pessary) in a Cochrane review in 2016.

In a study on pelvic floor rehabilitation(n=64) in women with dyspareunia, those undergoing pelvic floor rehabilitation intervention had significantly improved FSFI scores and the sub-domains of desire, arousal, lubrication, orgasm, satisfaction compared to control groups.

In conclusion, vaginal oestrogens are effective to treat vaginal atrophy which is a cause of female sexual dysfunction. However, a holistic bio-psycho-social approach that includes lifestyle changes, pelvic floor rehabilitation with or without non-hormonal and hormonal treatment options can lead to better sexual health outcomes for the woman.

Continued on page 11

7th Annual Conference 2022

Pre Congress Workshops 2022

Prof. Pauline Maki

Prof. Virgilio Novero

DR RANJIT MEHTA, NASHIK

The lectures were hugely informative and the speakers made them interesting too. I have written pages and pages of notes and taken hundreds of photographs of the projected slides-- proof enough that there was so much to learn! Even for someone like me who is in clinical practice since 1980!

DR SANDHYA KHARE

Thanks a lot for a wonderful academic feast.....
Very well planned and well executed .....
I'm back with new ideas and concepts...
Really grateful to you and your organising committee for arranging such a perfect event.....Very proud to be a life member of PCOS society of India.....

Prof. Ang Seng Bin

Workshop on ART in PCOS : (Left to Right) Drs. Kavya Pradip, Sujata Kar, Anuja Dokras, Kundan Ingale, Kanthi Bansal, Shobhana Patted

Prof. T.C.Li

SPEAKER, DR MEETA SINGH

Focused meeting with excellent speakers and great social interaction too.

Workshop on Fertility Management in PCOS: (Left to Right) Drs. Vishesha Yadav, Bharti More,Sabahat Rasool, Gautam Khastagir,Shreyas Padgaonkar, Sumana Gurunath.

7th Annual Conference 2022

On Screen: Dr Ricardo Azziz

Dr Shah & Dr Smita Mahale

Prof. Anuja Dokras presented with Honorary Fellowship from The PCOS Society, India

INTERNATIONAL SPEAKER, PROF. ANG SENG BIN

Enjoyed the conference, all the discussions as well as interaction with the Indian doctors.

Dr Duru Shah has really been a great role model for me and all on the pursuit for excellence.

Well done! And congrats to a very successful conference

Conference Inauguration

Lamp lighting Ceremony: (Left to Right) Drs. Seng Bin, Shashank Joshi, Piya Ballani Thakker, Harish Shetty, Duru Shah, Pauline Maki, Madhuri Patil

DR MINI NSMBOO

One got a lot to learn from the PCOS annual conference. Excellent topics and excellent faculty.

The conference went on with clock like precision with plenty of time for discussion.

Evening Entertainment Session by Stand up comedian, Sahil Shah.
He had everyone in splits of laughter. It was a great way to end the day's events.

7th Annual Conference 2022

Drs Piya Ballani Thakker, Dr J.B Sharma, Altamash Shaikh

DR AVANTII DESHPAANDE

..... As a PCOS coach, this conference helped me in upgrading my skills to the best. I would like to extend my special gratitude to the speakers and experts who guided us to gain a deeper sense of the impact and effects of PCOS.Looking forward to attending more of such insightful conferences in the future.

Dr. Anuja Dokras

(Top two): Youngistan Fun Sessions by Our Youth Brigade

Valedictory Function 2022

Oral Presentation's 1st Prize Winner, Dr Aditi Trivedi

DR JAYASHREE JOSHI

It was a comprehensive and interactive conference with knowledge exchange. Congratulations!

Oral Presentation's 2nd Prize Winner: Dr Sukirti Misra

Oral Presentation's 3rd Prize Winner: Dr. Pallavi Shukla

Lucky Dip Prizes

PCOS Quizzes–Grand Finale 2022

The PCOS Quizzes was a series of weekly online quizzes which started from 15.5.22 to 12.8.22. The 1st Elimination round which was held on 21st Aug 2022. The 2nd Elimination round which was held on 28th Aug 2022.The Top 6 participants then went on to compete in the Grand Finale which was held during the 7th Annual Conference of the PCOS Society on 18th Sept 2022. The Final 3 Winners got attractive cash prizes of **Rs 1 lac, 75,000 and 50,000**. The entire event was supported by Sun Pharma.

1st Prize Winner, Dr Chandana Bhat – SRMC, Chennai

1st Runner up, Dr Rohita Cheluvaraju – AIIMS, New Delhi

2nd Runner up, Dr Ruchi Hooda – CIMAR, Edappal Hospital, Kerala

The Final 6 participants of the PCOS Quizzes- (Left to Right): Drs Sakina Umrethwala, Rohita Cheluvaraju, Chandana Bhat,Manika Rajput, Ruchi Hooda& Mrinal Chatterjee.

Questions from the Grand Finale:

Below are a few quiz questions which our winners had to attempt in the Finale.Test your knowledge on PCOS. See how many of them can you get right.

1. Ethnic variations in presentation of PCOS is related to which features?

a. Clinical presentation may differ
b. Endocrine parameters Are different
c. Metabolic parameters differ
d. There is no ethnic variation

2. What is the evidence For Genetic Basis Of Polycystic Ovary Syndrome?

a. Familial clustering of cases
b. Concordance greater in identical than in non-identical twin pairs estimated genetic influence 79%, environment 21%
c. Heritability of endocrine and metabolic features
d. Mode of inheritance uncertain. Complex endocrine disorder (like type 2 diabetes) likely to be oligogenic or polygenic
e. All of the above

3. What is the Developmental origin of PCOS?

a. In utero exposure to androgens
b. Obesity
c. Bad Lifestyle
d. Presence of acne and hirsuitism

4. Rotterdam criteria for diagnosis of PCOS?

a. A/oligoovulation, Hyperandrogenism and Polycystic ovaries
b. A/oligoovulation, Hyperandrogenism, Polycystic ovaries and Obesity
c. A/oligoovulation, Hyperandrogenism, Insulin resistance and hyperinsulenimia
d. Hyperandrogenism, Insulin resistance and hyperinsulenimia, polycystic ovaries and obesity

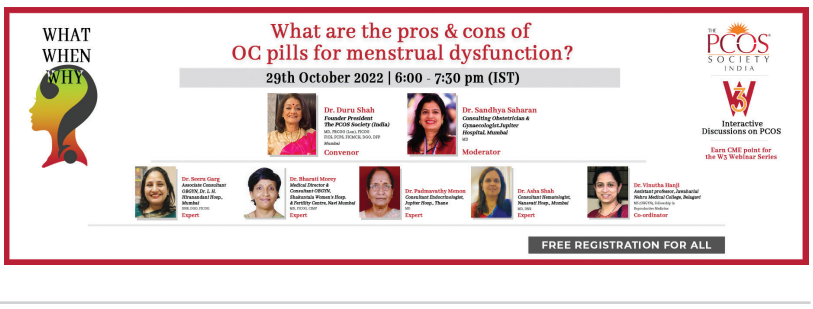
5. Hyperandrogenaemia in PCOS is due to dysfunction of

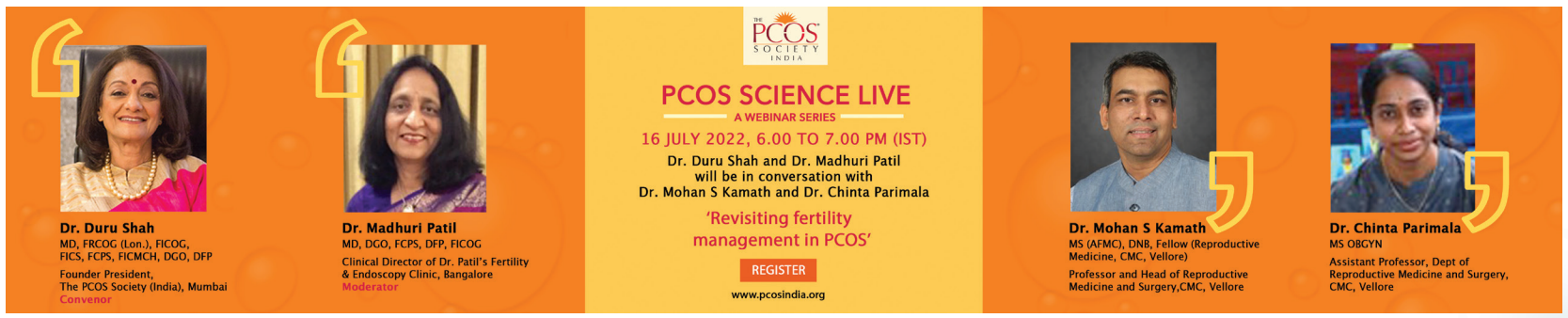
a. Liver
b. Pancreas
c. Ovaries
d. Pituitary
e. Hypothalamus
f. All of the above

Quiz Answers - 1. c; 2. e; 3. a; 4. a; 5. f

W3 and Science Live Webinar Series

If you have missed out on any of these webinars please view the recordings on the link - https://pcosindia.org/webinars.php





If you have missed out on any of these webinars please view the recordings on the link - https://pcosindia.org/webinars.php

Continued from page 4 (International Faculty Abstracts: Sexuality in PCOS by Prof. And Sengbin)

Sexuality in PCOS

WHO defined Sexual Health as a state of physical, emotional, mental and social well-being in relation to sexuality and not merely the absence of disease, dysfunction or infirmity. It requires a positive and respectful approach to sexuality and sexual relationships, as well as the possibility of having pleasurable and safe sexual experiences, free of coercion, discrimination and violence.

Experience of pleasurable and fulfilling sexual experiences lead to positive and healthy effects on the individual. Increasing one's knowledge of on sexuality, the physical, emotional or intellectual aspect enhances the development of positive sexuality.

It has also been shown by Guo et al (2005) that sexual satisfaction is a significant predictor of marital satisfaction in the Chinese population with greater effect in women in that study.

Studies on PCOS and sexual function has been mixed and not clear evidence to show that sexual function in women with PCOS is affected more than those without PCOS. However, several systematic reviews and meta-analysis have noted the lower scores in the sub-domain for satisfaction for women with PCOS compared to those without PCOS.

A recently Chinese study by Ruan et al (2021) however noted a higher prevalence of female sexual dysfunction (FSD)based on the Female Sexual Function **Index (FSFI) compared to the general population. Fertility problems and hirsutism was associated** with higher risk of FSD while use of contraception (excluding Combined Oral Contraception (COC)) and regular exercise was protective of FSD.

Mantzou et al (2021) found that anovulation in PCOS appears to be a major determinant of FSD in younger women.

COC has not been shown to have an adverse effect on sexual function in various studies although its impact in women with PCOS has not been well studied. However, it is a good practice to regularly check on the sexual function of a woman who is starting on COC and consider alternative forms of contraception if sexual function is affected.

Conclusion: More studies are needed to evaluate the impact of PCOS as well as the cultural influences on female sexuality. Signs of hyperandrogenism like hirsutism can adversely affect sexuality in women with PCOS. Non-hormonal contraceptive use as well as physical activity can improve sexual function in women with PCOS. It is important to evaluate the sexual function as part of the holistic care in women with PCOS.

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- **Better results in terms of weight reduction, resumption of spontaneous ovulation and spontaneous pregnancy[1]**

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1. *The New Indian Journal of OBGYN. 2019 (January-June); 5(2)*

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