



PCOS & Mental Health: Practical Tools to Calm Anxiety, Exhaustion & Shame

A recap from Purity & Maheera, Moment by Moment Group — Wellness Rooted in Connection

If you weren't in the room for this one, here's what you missed: an honest, evidence-based conversation about the side of PCOS that almost never gets airtime — the anxiety, the exhaustion, the shame — and a set of simple tools you can start using today, wherever you are, from a matatu stuck in traffic to a family dinner where the questions about your weight or your marriage have already started.

This recap walks through everything we covered, so you can catch up fully — and hopefully get a taste of why you'll want to be in the room for the next one.

Rethinking What PCOS Actually Is

Most of us learned PCOS as a reproductive diagnosis: irregular or absent periods, ovarian cysts, higher levels of androgens (often called "male hormones"), and some low-grade inflammation. It's common — it affects roughly 1 in 10 women of reproductive age — but for decades it's been treated as a narrow, ovaries-only condition. Dismissed, often, as "just hormones."

That framing is changing, and for good reason. Increasingly, PCOS is being understood as **PMOS — Polyendocrine Metabolic Ovarian Syndrome** — a full-body condition rather than a reproductive one. The shift matters because it finally makes room for the parts of the experience that were always there but never named: the metabolic and endocrine impact, the whole-body symptoms, the role of lifestyle, stress and inflammation, and — critically — the mental health toll. PMOS isn't a different disease from PCOS. It's a more compassionate, more accurate lens on the same one.

Under that lens, most women experience a mix of three dominant patterns:

- **High Androgen PMOS** — excess facial and body hair, jawline and cystic acne, thinning hair on the scalp, oily skin, irregular or absent periods.
- **High Cortisol / Insulin Resistance PMOS** — stubborn abdominal fat, energy crashes and fatigue, anxiety and mood swings, sugar cravings, poor sleep.
- **Classic / Cystic PMOS** — multiple cysts on the ovaries and hormonal imbalance, often overlapping with the other two types.

Understanding which pattern is dominant for you isn't about putting yourself in a box — it's

about getting support that's actually targeted to what your body is doing.

The Emotional Weight No One Talks About

Here's the part that so often gets skipped in a doctor's appointment: the mental health symptoms of PMOS are not a side note, they're central to the experience. Anxiety shows up as racing thoughts, panic, and constant worry. Exhaustion shows up as an emotional fatigue that sleep simply doesn't fix. Shame shows up as a quiet, persistent feeling of being broken or not enough. And loneliness shows up as suffering in silence — feeling unseen, even by the people closest to you.

Add to that the very real fear around fertility, the frustration of feeling dismissed by doctors, and the discomfort of body image shame, and it becomes clear why so many women describe living with PMOS as an emotional weight as much as a physical one. If you've ever felt anxious for no clear reason, exhausted even after resting, ashamed of your body, or brushed off by a healthcare provider — that reaction is common, it's valid, and you are not imagining it.

The numbers back this up. In Kenya, roughly 1 in 10 women of reproductive age live with PMOS, many remain undiagnosed for years, and up to 70% have some degree of insulin resistance. Across the board, the emotional burden tends to be heavier than the physical symptoms — which is exactly why a conversation about mental health tools, and not just physical management, is overdue.

Why Your Body Reacts the Way It Does

There's a physiological reason stress feels so much harder to shake when you have PMOS, and it's worth understanding because it's the key to why mindfulness works.

Stress triggers elevated cortisol. Elevated cortisol drives insulin resistance. Insulin resistance raises androgen levels. Higher androgens worsen PMOS symptoms — the acne, the hair changes, the cycle irregularity. And worsened symptoms create more stress, which starts the cycle all over again. It's a closed loop, and left alone, it tends to tighten rather than loosen.

This loop runs through your nervous system, which operates in one of two modes. The sympathetic mode is fight-or-flight: elevated cortisol, a racing heart, shallow breathing, digestion shutting down, anxiety and hypervigilance. The parasympathetic mode is rest-and-digest: regulated cortisol, a steady heartbeat, deep and slow breathing, restored digestion, a sense of being calm and grounded. Mindfulness is, quite literally, the mechanism that helps shift your body from the first mode into the second — it's the intervention that interrupts the stress-hormone cycle at its source.

This isn't just a feeling — it's measurable in the brain. Jon Kabat-Zinn, the founder of Mindfulness-Based Stress Reduction, defines mindfulness as "paying attention, on purpose, in the present moment, and non-judgmentally." Practiced regularly, it strengthens the prefrontal cortex (the part of your brain responsible for focus, decision-making, and emotional regulation), reduces reactivity in the amygdala (your stress and fear response center), and quiets the default mode network (the part of your brain responsible for

rumination and mental chatter). Regular practice physically reshapes the brain, building resilience from the inside out. Mindfulness isn't about emptying your mind — it's about learning to be with what's already there, without letting it run the show.

Practical Tools You Can Use Today

None of this requires a yoga mat, a retreat, or an hour of free time. Here's what we practiced together, and what the evidence says it does for PMOS specifically.

Square breathing (4-4-4-4). Inhale for 4 seconds, hold for 4, exhale for 4, Rest for 4, and repeat. It's simple enough to do anywhere, and it's one of the fastest ways to signal safety to your nervous system in the moment.

5-4-3-2-1 grounding. Name 5 things you can see, 4 things you can physically feel, 3 sounds you can hear, 2 things you can smell, and 1 thing you can taste. It's a fast way to interrupt a spiral and return your attention to the present moment.

The compassionate body scan. Slowly moving your attention through each part of your body, without judgment, and closing with something like: "Thank you, body. I am learning to listen to you. I am learning to be gentle with you." It's a practice in healing the relationship with your body, not just calming your mind.

Mindful movement and loving-kindness. Gentle stretching done with full awareness, and consciously sending compassion to yourself and others, round out a simple daily practice — even a 3-minute breathing space (pause, notice, breathe, return) can be enough to start.

The evidence for why these matter specifically for PMOS is strong: mindfulness practice is associated with lower cortisol (reducing the stress hormone that drives PMOS flare-ups), reduced anxiety and depression, improved insulin sensitivity, better sleep and energy, and less emotional eating, by breaking the stress-craving cycle with gentle awareness rather than willpower.

Bringing It Into Real Life

The honest truth is that most of us won't sit down for a 20-minute meditation most days — and we don't need to. These tools are built to meet you exactly where you are:

Stuck in a matatu, heart racing? Feel your feet on the floor. Count 4 breaths. You've just done a mini body scan.

Dreading a family gathering where the questions about weight or marriage are coming? Place your hand on your chest and breathe slowly. You're grounding yourself before the storm.

Caught your reflection and felt that wave of shame? Pause and say to yourself: "This is a moment of suffering. I am not alone in this." That's self-compassion, in real time.

Wide awake at 3am with spiralling thoughts? Try the 4-4-4-4 breath, or name 5 things you can feel in your bed right now.

Mindfulness doesn't need a yoga mat. It meets you where you are — in traffic, at the dinner table, in front of the mirror, in the middle of the night. You already have everything you need to start. It really can begin with one breath.

You Don't Have to Do This Alone

If there's one thing worth taking away above everything else, it's this: healing happens in connection, not in isolation. The anxiety, the exhaustion, the shame — none of it means something is wrong with you, and none of it is meant to be carried alone.

This session was one part of an ongoing space built for exactly that kind of connection — a place where Kenyan women living with PCOS/PMOS can learn, practice, and be supported together, rather than figuring it out in silence. If this recap resonated with you, the next step is simple: join the community, keep practicing, and show up for what's next. Because the tools are only half of it — the other half is not having to use them alone.

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