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Infertility and its Causes

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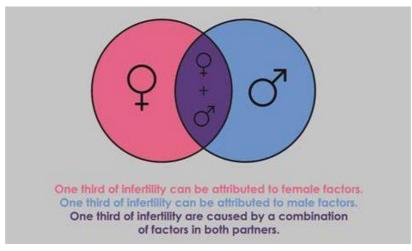
Abstract: This article provides information about infertility in women and its causes. Infertility treatments and results are presented.

Keywords: infertility, psychoneurological, hormonal problems, endometriosis.

Introduction. Female infertility is the inability of healthy motile, sufficient spermatozoa to fertilize an egg, in which the woman is unable to conceive even after a year of sexual intercourse and adulthood. The problem of infertility is one of the most urgent problems today. Because genital diseases are increasing day by day. Infertility can be caused by a lack of sexual organs, their dysfunction, chronic diseases in the body, and psychoneurological diseases. Infertility is not an independent disease. It is always caused by some other disease. Information about menstrual cycle defects, length, duration, pain, size, presence of additional discharges, infectious and non-infectious diseases, surgical procedures is collected. Based on my six years of experience, I can say that infertility in women can be cured. In addition, severe colds, mental disorders, excessive production of androgen hormones by the adrenal gland, chronic inflammation of the ovaries, and goiter often create a basis for the anovulation process. Therefore, it is not difficult to determine this process now. If a married couple has not conceived for a year of regular sexual life without the use of contraceptives, it is necessary to contact a specialist for an examination. By itself, this fact does not mean that one of the spouses is infertile, doctors in this case speak of a temporary inability to conceive a child. In most cases, this problem is successfully solved. For this purpose, modern reproductive clinics have been created, in which well-proven methods of infertility treatment are practiced. Doctors distinguish between relative and absolute infertility. The first type includes cases in which it is possible to establish and eliminate the causes of disorders in the patient's body.

Research methods. Absolute infertility is understood as irreversible physiological changes in the reproductive apparatus (anomalies in the development of the pelvic organs, traumatic injuries, surgical removal of the gonads). Also, infertility is divided into primary and secondary. With primary infertility, there is no history of pregnancy at all, although there is a regular sexual life without any means and methods of contraception. They say about the secondary if at least one pregnancy has taken place (regardless of how it ended: childbirth, abortion, miscarriage, ectopic pregnancy). Contrary to popular belief, infertility affects both women and men equally. That is, the proportion of infertile patients of each sex is approximately the same. Absolutely wrong is the position when one partner puts the blame on the other. Firstly, it creates strong psychological pressure, which only aggravates the situation. Secondly, the solution to the problem is possible only with the full mutual support of the spouses.





Thirdly, there are often precedents when treatment is necessary for both partners. First you need to make a reservation that, due to physiological differences, infertility is divided into male and female. Accordingly, the causes, diagnosis and treatment methods differ.

Female infertility is more multifaceted than male infertility. After all, a woman's body must not only produce an egg, but also create conditions for conception and the normal course of pregnancy. Any, even a slight failure in the work of the female reproductive organs can significantly complicate conception. Among the main causes and signs of infertility in women are:

- \checkmark problems with ovulation;
- ✓ hormonal problems;
- ✓ ovarian dysfunction;
- ✓ damage to the fallopian tubes, adhesions;
- ✓ polycystic ovaries;
- ✓ hormonal imbalance;
- \checkmark scars on the membrane of the ovaries;
- \checkmark erosion of the cervix;
- ✓ early menopause;
- \checkmark violations in the cervical canal;
- \checkmark defects in the development and structure of the uterus;
- ✓ psychological reasons;
- \checkmark endometriosis;
- \checkmark unruptured follicle syndrome.

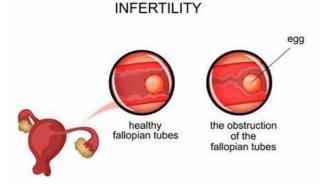
As with any other disorder, a quality diagnosis of male and female infertility is the key to successful treatment. It is extremely important that the infertility diagnosis procedure is performed on both partners. First you need to do blood tests for hormones, tests to detect infections, ultrasound of the pelvic organs.

Examinations for infertility in women. The following methods are used to diagnose infertility in women:

A gynecological examination under ultrasound control is the first stage of a woman's examination, which allows to assess the size and establish the structural features of the uterus and ovaries, to identify ovarian cysts, fibroids and other pathologies of the pelvic organs.



- Hysteroscopy an examination used to more accurately examine the uterine cavity, makes it possible to detect abnormalities that were not diagnosed during a routine examination and with the help of ultrasound.
- Hysterosalpingography a method designed to determine the patency of the fallopian tubes, is based on the introduction of a contrast agent into the uterus, after which a series of images is taken.
- ➤ A blood test for hormones is carried out in order to determine the function of the ovaries and the endocrine system.
- Laparoscopy is both a diagnostic and therapeutic procedure. During laparoscopy, the doctor has the opportunity to see on the screen an enlarged clear image of the pelvic organs. If the causes of infertility are found, the specialist can eliminate them directly during the procedure: remove ovarian cysts, adhesions, foci of endometriosis.
- Basal temperature chart compiled by the patient independently for 2-3 menstrual cycles, used to assess ovulation.
- Ultrasound monitoring of the process of maturation of the follicle and ovulation is prescribed at the discretion of the doctor as an additional examination.
- The method of treatment is determined by the cause that caused the pathology. Medical treatment is applied:
- with endocrine infertility, based on taking drugs containing hormones (urinary or recombinant gonadotropins, clomid);
- infertility caused by infectious diseases (antibiotic therapy: metrogil, metronidazole, ofloxacin, ciprofloxacin and other drugs);



- immunological infertility (antihistamines and corticosteroids are prescribed).
- Surgical treatment methods are effective for pathologies of the fallopian tubes and uterus. We are talking about minimally invasive operations that cause minimal harm to the patient. They are carried out in a hospital, but the rehabilitation period is short - 3-5 days. Surgical methods include laparoscopy and hysteroscopy.

Do not forget about such an important factor as the

psychological state. According to statistics, about 30% of infertility problems are due to the impact of psychological factors on the patient - stress, shock, and so on. Psychologists and psychotherapists successfully fight this problem.

Conclusion. In conclusion, it can be said that if infertility is detected as early as possible and the causes are eliminated, a good result can be achieved. Infertility is treated by a doctor. In connection with the inflammatory process, physiotherapy and hormonal drugs are also prescribed when infertility occurs due to changes in the endoscopic system in spas. To prevent infertility, identify and treat inflammatory diseases of the genitals in time, avoid abortion, and observe personal and sexual hygiene. Statistics show that the above-mentioned drugs and phytopreparations have proven themselves in 70-80% of women.

Literature

1. Х.Баскаков, В.П. Клиника и лечение эндометриоза / В.П. Баскаков. Д.: Медицина. - 1990. - 238 с.



- 2. Болтовская, М.Н. Роль эндометриальных белков и клеток-продуцентов в репродукции человека Текст.: автореф. дис. . д-ра биол. наук / М.Н. Болтовская. -М., 2001. 41с.
- 3. Боярский, К.Ю. Влияние возраста на частоту наступления беременности в программе ЭКО / К.Ю. Боярский // Пробл. репрод. -1999.-№ 1.-С. 33 -37.
- 4. Боярский, К.Ю. Клиническое значение тестов определения овариального резерва в лечении бесплодия: автореф. дис. . канд. мед. наук / К.Ю. Боярский Санкт-Петербург., 2000. 26 с.

