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## POSSIBLE CAUSES, DIAGNOSIS AND TREATMENT OF FERTILITY DISORDERS IN WOMEN.

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### **Abstract:**

Infertility refers to the inability to conceive despite having regular unprotected sex for at least a year. It is a condition that may result from an issue with either partner or the person or a combination of various factors that often interfere with pregnancy. Most women older than 35 years of age, who have not conceived despite trying for 6-months or those who do not have regular menstrual cycles. Most couples will achieve pregnancy within one year of trying, with the greatest likelihood of conception occurring during the earlier months. Only few of couples will conceive in the second year. As a result, infertility has come to be defined as the inability to conceive within 12 month. Most people will have the strong desire to conceive a child at some point during their lifetime. Understanding what defines normal fertility is crucial to helping a person, or couple, know when it is time to seek help. Childlessness is a medical problem that involves both the couples and both of them remain involved even if only one-person need medical treatment. Although a great deal is known about the diagnosis and treatment of infertility, less is understood about the human experience and responses to diagnosis and treatment outcomes. Health carers are often in a unique position to effectively help with the psychological and social aspects, but to intervene effectively, they must understand the



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meaning of the phenomenon to the couples experiencing it. This article supports the need for the education, support, and counselling of infertile couples. The overarching aim of this article is to provide a critical overview of methodological issues in defining and studying, infertility and to conduct an epidemiological investigation of infertility concentrating on possible causes, diagnosis and treatment of fertility disorders in women

**Keywords:** Disorders, Epidemiological, Infertility

### **Introduction:**

Infertility or the inability to produce a live birth after adequate sexual exposure without the use of contraception can affect both men and women. According to the World Health Organization (WHO), most infertile couples around the world suffer from primary infertility, which means that the woman has never conceived. On the other hand, secondary infertility may occur at any time in a woman's life after the first pregnancy. Infertility has been a neglected area of research when compared to research on fertility. In 1994, the Program of Action of the International Conference on Population and Development (ICPD) in Cairo, provided more explicit recognition of infertility as a health priority. Globally between 50 to 80 million couples at some point in their reproductive lives suffer from infertility problems. Infertility situation in developing countries is quite different from the situation in the developed countries. Infertility or the inability to produce a live birth after adequate sexual exposure without the use of contraception can affect both men and women.

According to the World Health Organization (WHO), most infertile couples around the world suffer from primary infertility, which means that the woman has never conceived. On the other hand, secondary infertility may occur at any time in a woman's life after the first pregnancy. Infertility has been a neglected area of research when compared to research on fertility. In 1994, the Program of Action of the International Conference on Population and Development (ICPD) in Cairo, provided more explicit recognition of infertility as a health priority. Globally between 50 to 80 million couples at some point in their reproductive lives suffer from infertility problems.<sup>4</sup> Infertility situation in developing countries is quite different from the situation in the developed countries. The first priority should always be prevention rather than cure because some previously unknown obstetric threats for secondary infertility like the early age of first pregnancy, a history of no prenatal care during the last pregnancy, unwanted pregnancies, and stillbirths, infections acquired during the previous delivery, are found strongly

associated with secondary. With this backdrop, the present study has attempted to focus on the possible causes, diagnosis and treatment of fertility disorders in women.

### **I. Possible causes of fertility disorders:**

For pregnancy to occur, every step of the human reproduction process has to happen correctly. The steps in this process are:

- One of the two ovaries releases a mature egg.
- The egg is picked up by the fallopian tube.
- Sperm swim up the cervix, through the uterus and into the fallopian tube to reach the egg for fertilization.
- The fertilized egg travels down the fallopian tube to the uterus.
- The fertilized egg attaches (implants) to the inside of the uterus and grows.

In women, a number of factors can disrupt this process at any step. Female infertility is caused by one or more of the factors below

**1. Ovulation disorders:** Ovulating infrequently or not at all accounts for most cases of infertility. Problems with the regulation of reproductive hormones by the hypothalamus or the pituitary gland or problems in the ovary can cause ovulation disorders.

- Polycystic ovary syndrome (PCOS). PCOS causes a hormone imbalance, which affects ovulation. PCOS is associated with insulin resistance and obesity, abnormal hair growth on the face or body, and acne. It's the most common cause of female infertility.
- Hypothalamic dysfunction. Two hormones produced by the pituitary gland are responsible for stimulating ovulation each month — follicle-stimulating hormone (FSH) and luteinizing hormone (LH). Excess physical or emotional stress, a very high or very low body weight, or a recent substantial weight gain or loss can disrupt production of these hormones and affect ovulation. Irregular or absent periods are the most common signs.
- Primary ovarian insufficiency. Also called premature ovarian failure, this is usually caused by an autoimmune response or by premature loss of eggs from your ovary, possibly as a result of genetics or chemotherapy. The ovary no longer produces eggs, and it lowers estrogen production in women under age 40.

**2. Damage to fallopian tubes (tubal infertility):** Damaged or blocked fallopian tubes keep sperm from getting to the egg or block the passage of the fertilized egg into the uterus. Causes of fallopian tube damage or blockage can include:

- Pelvic inflammatory disease, an infection of the uterus and fallopian tubes due to chlamydia, gonorrhea or other sexually transmitted infections
- Previous surgery in the abdomen or pelvis, including surgery for ectopic pregnancy, in which a fertilized egg implants and develops somewhere other than the uterus, usually in a fallopian tube

**3. Endometriosis:** Endometriosis occurs when tissue that typically grows in the uterus implants and grows in other places. This extra tissue growth — and the surgical removal of it — can cause scarring, which can block fallopian tubes and keep an egg and sperm from uniting. Endometriosis can also disrupt implantation of the fertilized egg. The condition also seems to affect fertility in less-direct ways, such as damage to the sperm or egg.

**4. Uterine or cervical causes:** Several uterine or cervical causes can interfere with the egg implanting or increase the risk of miscarriage: Benign polyps or tumors (fibroids or myomas) are common in the uterus. Some can block fallopian tubes or interfere with implantation, affecting fertility. However, many women who have fibroids or polyps do become pregnant. Problems with the uterus present from birth, such as an unusually shaped uterus, can cause problems becoming or remaining pregnant. Cervical stenosis, a narrowing of the cervix, can be caused by an inherited malformation or damage to the cervix. Sometimes the cervix can't produce the best type of mucus to allow the sperm to travel through the cervix into the uterus.

**5. Unexplained infertility:** In some cases, the cause of infertility is never found. A combination of several minor factors in both partners could cause unexplained fertility problems. Although it's frustrating to get no specific answer, this problem can correct itself with time. But the females shouldn't delay treatment for infertility.

**II. Diagnosis:** There are a number of diagnostic tools available to help pinpoint the cause of infertility. After a couple has undergone evaluation through a comprehensive physical exam and medical history, a fertility doctor will recommend specific diagnostic tests. To diagnose infertility, doctors generally check the following areas: the female hormone system and ovarian reserve, the female pelvis, the vagina and cervix, and the semen.



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**A. Endocrine System Tests:** The endocrine system includes all the hormone-producing glands in the body that regulate the body's growth, metabolism and sexual development. Sometimes infertility is due to problems in the endocrine system, and the fertility specialist may perform various tests, which include:

1) Basal Body Temperature Charting (BBT): BBT charts help predict the time of ovulation. They can also indicate whether or not there are problems with ovulation. Higher levels of progesterone cause the body temperature to increase slightly (about 0.5F to 1F). To create a BBT chart, a woman must record her temperature every morning before getting out of bed.

2) Endometrial Biopsy: A specialist takes a sample of the cells lining the uterus (endometrium) after ovulation occurs. They then test the sample to look for signs of inflammation, changes in the endometrium (due to ovulation), and a change in hormones. This test is usually performed about 7 to 12 days after ovulation. Today, this procedure is much less commonly performed, because it has limited ability to help with infertility diagnosis and treatment.

3) Testing for Luteinizing Hormone: Ovulation Predictor Kits (OPKs) detect the ovulation-triggering hormone, luteinizing hormone (LH), in the urine. Levels of LH reflect the presence or absence of ovulation. It can help a specialist time diagnostic procedures and inseminations and intercourse. OPKs are generally effective about 90% or more of the time.

4) Ultrasonography: Ultrasonography uses sound waves to image and closely examine the uterus, ovaries, endometrium and ovarian follicles.

5) Testing the Health of the Ovaries: Fertility doctors may use a combination of the following tests to check the health of a woman's ovaries and the 'supply' of eggs (ovarian reserve):

- Follicle Stimulating Hormone (FSH) test, a hormone made inside the pituitary gland. Levels of FSH increase as the number of eggs decreases. Thus, FSH levels increase with age. Levels are checked between days 2 and 4 of the woman's menstrual cycle. FSH levels below the range 10 IU/L are considered normal. FSH levels above 15 IU/L are linked with lower pregnancy rates.
- Estradiol test, a hormone produced by the ovary. Levels are checked between days 2 and 4 of the woman's menstrual cycle. Levels less than 85picograms/mL is considered healthy. While higher levels can indicate problems in ovulation, many women with a slightly abnormal result will still be able to get pregnant.

- Anti-Mullerian Hormone (AMH) test, which is made inside the follicles, can be tested at any time in the menstrual cycle. AMH levels decrease with age since the number of follicles decrease. Levels above 0.9 nanograms/mL is generally considered normal.
- Clomiphene Citrate Challenge Test (CCCT): A more sensitive test in which the doctor checks both FSH and estradiol levels between days 2 and 4 of the menstrual cycle. Between days 5 and 9, the woman is then given a 100mg dose of the fertility drug, clomiphene citrate. FSH levels are also checked, which should be below 10mIU/mL. The CCCT is more sensitive in picking up decreased ovarian reserve than only testing for FSH and estradiol levels alone. It is only indicated in a few patients.

6) Laparoscopy: Laparoscopy is a surgical procedure that uses a thin, lighted tube (a laparoscope) to see and closely examine the uterus, fallopian tubes, ovaries and pelvic surfaces. A common sign of ovulation is the appearance of follicular cysts, which are non-harmful, fluid-filled sacs that appear on the ovaries. Follicular cysts suggest that ovulation is occurring. Laparoscopy can be very helpful in diagnosing infertility in women.

**B. Tests for Pelvic Disorders:** The fertility doctor may suspect a problem within the pelvis or the tissue that lines the abdomen, uterus, bladder and rectum (peritoneum). One or more of the following diagnostic tests are likely to be used:

1) Ultrasonography and Sonohysterography: Ultrasonography is an ultrasound-based imaging technique that helps doctors visualize the structure of organs. It is useful in detecting abnormalities in the pelvic region often associated with infertility. For example, ultrasonography can diagnose a condition called hydrosalpinges, in which the fallopian tubes are blocked by scarring (often due to previous pelvic infection). Problems in the pelvis and ovaries can also be detected using a similar technique called sonohysterography, which is a special ultrasound technique to check the inside of the uterus for abnormalities such as scar tissue, fibroids or polyps (growths attached to the inner wall of the uterus).

2) Hysterosalpingogram: Hysterosalpingogram is a radiology procedure that examines the health of the uterus and fallopian tubes. A radio-opaque fluid is injected into the uterus and fallopian tubes and photographed via x-rays to check the shape of the uterus for fibroids, and scar tissue, and whether the tubes are blocked. It is relatively safe, simple, inexpensive and reliable test. It can cause cramping in some women.

3) Hysteroscopy: Hysteroscopy is a minimally invasive procedure in which a fiberoptic 'telescope' is passed through the vagina into the uterus to examine and check for abnormalities. It can be used to find polyps, fibroids, scar tissue or other abnormalities inside the uterus.

4) Magnetic Resonance Imaging (MRI): Magnetic resonance imaging is an imaging technique that uses a magnetic field and radio waves to develop pictures of organs inside the body. MRIs can be helpful in some situations, such as identifying lesions or rare abnormalities inside the pelvis and uterus.

5) Laparoscopy: Laparoscopy is an out-patient surgical procedure that uses a thin, lighted tube (a laparoscope). It can also be used to look for abnormalities inside the pelvis. It is generally accurate in diagnosing infertility. It can be used to treat problems that cause infertility such as scar tissue, endometriosis, ovarian cysts, fibroids and endometriosis, a condition in which uterine lining tissue grows outside the uterus.

**III. Treatment:** Infertility treatment depends on the cause, age, duration of infertility and personal preferences. Because infertility is a complex disorder, treatment involves significant financial, physical, psychological and time commitments. Treatments can either attempt to restore fertility through medication or surgery, or help you get pregnant with sophisticated techniques.

1. Medications to restore fertility: Medications that regulate or stimulate ovulation are known as fertility drugs. Fertility drugs are the main treatment for women who are infertile due to ovulation disorders. Fertility drugs generally work like natural hormones — follicle-stimulating hormone (FSH) and luteinizing hormone (LH) — to trigger ovulation. They're also used in women who ovulate to try to stimulate a better egg or an extra egg or eggs. Fertility drugs include:

- Clomiphene citrate. Taken by mouth, this drug stimulates ovulation by causing the pituitary gland to release more FSH and LH, which stimulate the growth of an ovarian follicle containing an egg. This is generally the first line treatment for women younger than 39 who don't have PCOS.
- Gonadotropins. These injected treatments stimulate the ovary to produce multiple eggs. Gonadotropin medications include human menopausal gonadotropin or hMG (Menopur) and FSH. Another gonadotropin, human chorionic gonadotropin (Ovidrel, Pregnyl), is used to mature the eggs and trigger their release at the time of ovulation. Concerns

exist that there's a higher risk of conceiving multiples and having a premature delivery with gonadotropin use.

- Metformin. This drug is used when insulin resistance is a known or suspected cause of infertility, usually in women with a diagnosis of PCOS. Metformin (Fortamet) helps improve insulin resistance, which can improve the likelihood of ovulation.
- Letrozole. Letrozole (Femara) belongs to a class of drugs known as aromatase inhibitors and works in a similar fashion to clomiphene. Letrozole is usually used for woman younger than 39 who have PCOS.
- Bromocriptine. Bromocriptine (Cycloset, Parlodel), a dopamine agonist, might be used when ovulation problems are caused by excess production of prolactin (hyperprolactinemia) by the pituitary gland.

2. Surgery to restore fertility: Several surgical procedures can correct problems or otherwise improve female fertility. However, surgical treatments for fertility are rare these days due to the success of other treatments. They include:

- Laparoscopic or hysteroscopic surgery. Surgery might involve correcting problems with the uterine anatomy, removing endometrial polyps and some types of fibroids that misshape the uterine cavity, or removing pelvic or uterine adhesions.
- Tubal surgeries. If your fallopian tubes are blocked or filled with fluid, your doctor might recommend laparoscopic surgery to remove adhesions, dilate a tube or create a new tubal opening. This surgery is rare, as pregnancy rates are usually better with in vitro fertilization (IVF). For this surgery, removal of your tubes or blocking the tubes close to the uterus can improve your chances of pregnancy with IVF.

3. Reproductive assistance: The most commonly used methods of reproductive assistance include:

- Intrauterine insemination (IUI). During IUI, millions of healthy sperm are placed inside the uterus around the time of ovulation.
- Assisted reproductive technology. This involves retrieving mature eggs, fertilizing them with sperm in a dish in a lab, then transferring the embryos into the uterus after fertilization. IVF is the most effective assisted reproductive technology. An IVF cycle takes several weeks and requires frequent blood tests and daily hormone injections.



**Materials And method:** The design for this study was a field study. We have used a combination of data survey which included interviews, observation and observation field notes. For data collection a specially designed questionnaire with 10 questions about infertility. This is a cross-sectional descriptive study in which 20 infertile women are selected by convenience sampling and are evaluated. The study materials belong to infertile women from all communities of different socio-economic milieu who sought medical assistance in the private infertility clinics. A validated questionnaire has been administered to collect the data pertaining to the causes of infertility, period of infertility, diagnostics tests, treatment and life styles. Clinical investigations were also carried out to the sample. The purpose and overview of the study was explained at the time of the interview, and interviewees were informed that their participation was entirely voluntary, their anonymity would be assured, they could withdraw from the study at any time and the information that they will be providing would be used solely for the purposes of the study purpose. The exclusion criteria are any physical illness which prevents them from conceiving and suffering from any neurological or psychiatric illness. The results thus achieved have been critically analysed and presented. The statistical programme Data Analyst is used for analysing the data. The questions asked in the survey to the participants are given below:

1.Are you married/unmarried?

Variable	Frequency	Percentage
Yes	20	100%
No	0	0%
Total	20	100%

Table 1 above indicates that 20 (100%) of the females responded positively while 0 (0%) of the females respondent negatively.

2. Have you been involved in previous pregnancies?

Variable	Frequency	Percentage
Yes	3	15%

No	17	85%
Total	20	100

Table 2. above indicates that 3 (15%) of the females responded positively while 17 (85%) of the females respondent negatively.

### 3. Have you been treated or evaluated for Infertility?

Variable	Frequency	Percentage
Yes	20	100%
No	0	0%
Total	20	100%

Table 3 above indicates that 20 (100%) of the females responded positively while 0 (0%) of the females respondent negatively

### 4. What treatment was performed?

Variable	Frequency	Percentage
Medications	08	40%
Hormonal therapy	05	25%
Progesterone therapy	04	20%
Surgery	02	10%
IUI	01	5%

Table 4 above indicates that 08 (40%) of the females responded positively for medications, 05 (25%) of the females responded positively for hormonal therapy, 04 (20%) of the females response positively for progesterone therapy, 02 (20%) of the females responded positively for surgery, and 01 (5%) of the female has responded positively for IUI treatment. while 0 (0%) of the females respondent negatively.

### 5. What was the cause of your Infertility?

Variable	Frequency	Percentage
PCOS	10	50%
Age factor	03	15%
Unexplained infertility	03	15%
Endometriosis	02	10%
Tubal blockage	01	5%
Ovulatory Disorders	01	5%

Table 5 above indicates that 10 (50%) of the females responded positively for PCOS, 03 (15%) of the females responded positively for Age factor, 03 (15%) of the females has responded positively for unexpected infertility, 02(10%) of the females responded positively for Endometriosis, 01 (05%) of the females responded positively for Tubal blockage, 01 (05%) of the females responded positively for Ovulatory Disorders, while 0 (0%) of the females respondent negatively.

### 6. What tests have been performed?

Variable	Frequency	Percentage
Blood tests	10	50%
Ultrasound	07	35%
Pelvic exam	03	15%
Physical exam	01	5%
MRI	02	10%
Hysterosalpinography	01	05%

Table 6 above indicates that 10(50%) of the females responded positively for blood tests, 07(35%) of the females responded positively for ultrasound, 03(15%) of the females responded positively for pelvic exam, 01(05%) of the females responded positively for physical exam, 02(10%) of the females responded positively for MRI, 01(05%) of the females responded positively for hysterosalpinography. While 0% of the females responded negatively.

7. Have you gone through IVF procedure?

Variable	Frequency	Percentage
Yes	2	10%
No	18	90%
Total	20	100%

Table 7 above indicates that 2 (10%) of the females responded positively while 18 (90%) of the females responded negatively.

8. Do you consume alcohol/smoke?

Variable	Frequency	Percentage
Yes	00	0%
No	20	100%
Total	20	100%

Table 8 above indicates that 20 (100%) of the females responded positively while 0 (0%) of the females responded negatively.

9. Does anyone in family have infertility, cystic fibrosis, hormonal imbalances?

Variable	Frequency	Percentage
Infertility	09	45%
Cystic Fibrosis	01	05%

Hormonal balance	05	25%
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Table 9, above indicates that 09(45%) of the females responded positively for infertility, 01(5%) of the females responded positively for cystic fibrosis, 05(25%) of the females responded positively for hormonal imbalance, while 05 (25%) of the females respondent negatively.

10. Do you have any medical history?

Variable	Frequency	Percentage
Yes	15	75%
No	05	25%
Total	20	100%

Table 10 above indicates that 15 (75%) of the females responded positively while 05 (25%) of the females respondent negatively.

**Result:** The study population consists of 20 infertile women in which the prevalence of infertility problem was experienced by married women 100% which is shown in Table 1. In Table 2, 85% of women had experienced primary infertility (not involved in previous pregnancies) and 15% of women had experienced secondary infertility (involved in previous pregnancies). Regarding the age of the women were in between 20-45 years. The table 3, indicates that all the 20(100%) females responded to positively for evaluation and treatment of female fertility. In table 4, 100% of the females responded positively for the treatments of infertility and the most common treatment opted was medications, hormonal therapy but IUI and surgeries were least opted by the females.

In table 5, indicates about the various causes of the female infertility such as PCOS, unexplained infertility, ovulatory disorders and age factor, endometriosis, tubal blockage. PCOS is the most common cause of Infertility in the females and the rare causes were tubal blockage, Endometriosis, premature ovarian insufficiency. Table 6, indicates about the various diagnostic tests performed by the females are- Blood tests, pelvic exam, physical exam, ultrasound, MRI and hysterosalpinography.

In Table 7 10% of the females have opted for IVF procedure. Out of which one female has successfully conceived the fetus and given birth while the other women has performed 2 times

IVF procedure but she is not able to able to concieve and it costs a lot of money and all her expectations were failed. And in table 8, 100% of the females responded negatively for the consumption of alcohol and smoke. In table 9, indicates that the females have familial history of hormonal imbalance, infertility and cystic fibrosis. In Table 10, 75% of them responded to medical problems. The females that responded positively for medical problems have Diabetes milletus, hypothyroidism, obesity, blood pressure, sleep apnea, depression and anxiety.

Table 11: Distribution of the sample- study according to the causes of infertility.

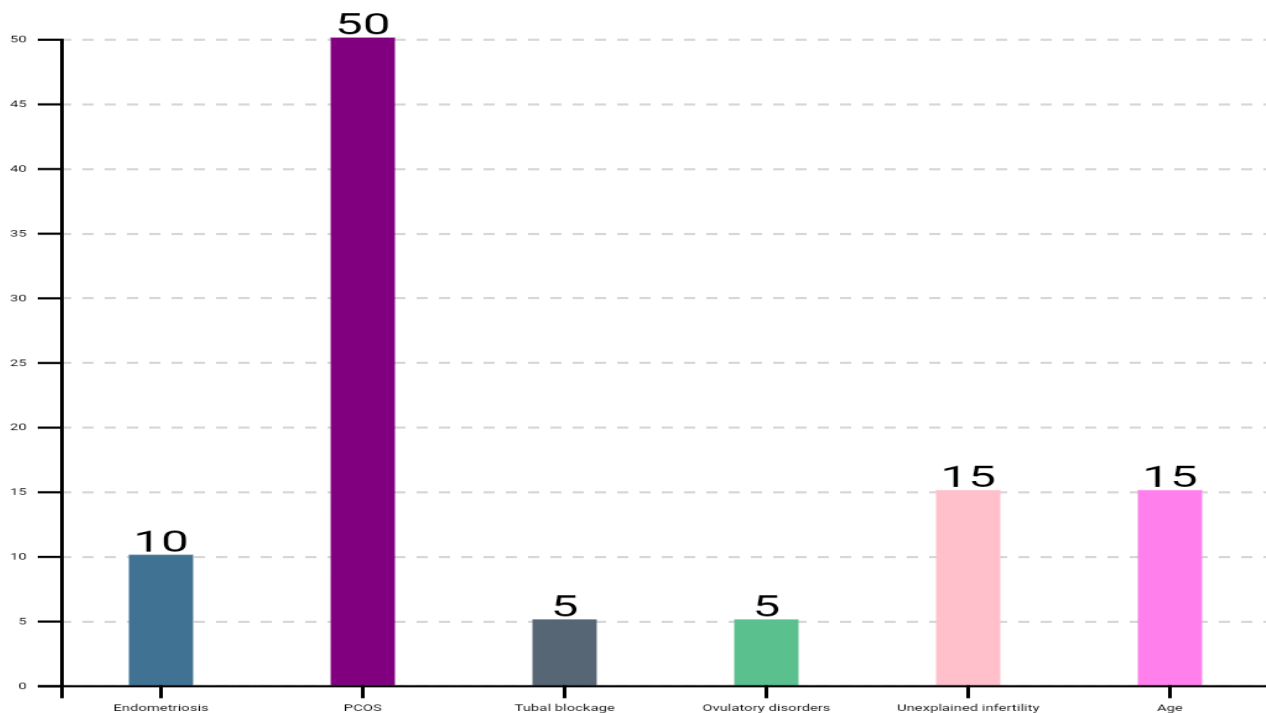
Cause of infertility	N	%
Polycystic ovaries	10	50%
Endometriosis	02	10%
Tubal blockage	01	5%
Ovulatory disorders	01	5%
Unexplained infertility	03	15%
Age	03	15%

Distribution of sample according to the female infertility disorder is shown in the table 11. The result of the present study showed that the most common fertility disorder is PCOD (polycystic ovaries syndrome) in 50% cases, while the second most common disorder is due to age.and unexplained infertility. And the other cases are endometriosis 10%, tubal blockage 5%, and ovulatory Disorders 5%.



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**Discussion:** Infertility is a major public health concern and globally affects 1 in 6 couples, with more prevalence in developing countries. In India, parenthood is considered a true indicator of a happy married life. Like other developing countries, infertility is a taboo topic in India and a lot of social stigma is associated with childlessness. Failure to conceive is not only very depressing for couples but may also affect sexual life and relationship with friends and family. Worldwide studies have shown that people are unaware of biological aspects of conception, have poor knowledge about the most fertile period in the men-strual cycle, the chances of getting pregnant in one cycle and about the steep decline in fertility potential after age of 34–35 years. Our study population consisted of women attending infertility clinic who either consulted directly or were referred from general OBGYN clinic.

These women are supposed to have more knowledge about infertility than general population. Although majority of participants (85%) were aware that younger age group (20 to 30 years) is more fertile and fertility declines with age however they were unable to identify the critical threshold of 35 years after which fertility rapidly declines. Our study aims at the study of possible causes, diagnosis and treatment of infertility disorders in women - Infertility seems to be a multidimensional health issue which occurs not only due to health problems, but it may



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also be a result ovulation problems, tubal blockage, age-related factors, uterine problems, hormone imbalance and the choices imposed by the modern lifestyle, like the higher average age of people who get married, stress, non-conducive legal framework for assisted reproduction, etc.

The majority of females 50% in our study were examined with PCOS- a hormonal disorder causing enlarged ovaries with small cysts on the outer edges. Age factor plays an important role in female infertility, the longer the period of infertility the more the number of obese individual. In our study there were 3 cases of infertility due to age factor hence the 2 females opted for IVF and the other female used medications. Endometriosis is a non cancerous condition and may cause adhesions between, fallopian tubes thereby preventing the transfer of the egg to the tube thus causing infertility, in our study there were 2 cases of endometriosis and the females has undergone the surgery for treatment. Hormonal imbalance is an important cause of anovulation. Women with hormonal imbalance will not produce enough follicles to ensure the development of an ovule. In our study ovarian disorder due to hormonal imbalance were examined.

Unexplained infertility the most aggravating things to hear if the womens are having troubles conceiving. Yes, even after going through all sorts of tests to figure out what is wrong, one in five couples will be told that their infertility is unexplainable. In our study there are 3 cases for unexplained infertility. This doesn't mean that there isn't a reason for fertility problems. Rather, the tests available today are not able to identify just what the problem is. Other causes that are likely to cause infertility, but not explored in this study, are: diseases affecting the function of the ovaries, dietary problems such as excessive increase or decrease in body weight, exposure to radiation, chemical agents, cytotoxic drugs, orgasm disorders and psychological causes.

**Conclusion:** The problem of infertility has not given its due attention in India because it is not a life threatening condition. Infertility is a life crisis with invisible losses, and its consequences are manifold. Moreover, in pronatalist cultures such as those of India, and South Asia more generally, the consequences of infertility for women can be devastating. The incidences of infertility are increasing day by day, it may be due to many reasons, as sexually transmitted infections, coping with stress, the way of living, job pressure, postponing parenthood, galloping urbanization, Obesity etc.





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A major factor responsible for delayed child bearing and increasing incidence of subfertility is lack of aware-ness about fertility potential. Decisions about whether, when and how to conceive, should be a matter of indi-vidual or couples' choice. Couples seek varied traditional methods and religious practices, including visits to temples, abstaining from visiting a place where a woman has delivered a child, observing tantric rites, wearing charms, participating in rituals and visiting astrologers. There is certainly anecdotal evidence that many childless couples turn to traditional healers or quacks. The advent of assisted reproductive technique (ART) and its widespread availability has helped many couples realize their dream of parenthood. In many parts of the world there is a strong social and religious opposition to the selection of artificial insemination as a method of child-bearing. Some years ago, the use of donor sperm was considered as a condemnable act contrary to the ethical concepts. Maintaining a healthy lifestyle, getting regular checkups with the doctor and maintenance of normal body weight can avoid fertility problems. Identifying and controlling chronic diseases such as diabetes, hyperthyroidism and hypothyroidism increases fertility prospects.

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