

Female infertility
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Recently, the number of couples seeking help for infertility has increased. Of the total number of patients observed in our center, this group ranges from 10% to 15%. I would like to dwell in more detail on the problem of female infertility.

Female infertility or sterility (from Latin sterilis - sterile)

- This is a pathological condition of the body with an inability to fertilize.

Female infertility or a decrease in fertility (fertility) is not an independent disease, but is a symptom of a number of common diseases and diseases of the genital organs. Often the causes of female infertility is several. Infertility is a common is an one from the most gynecological problem.

Distinguish between absolute infertility, when there are irreversible changes in a woman's body that prevent conception (absence of the uterus, fallopian tubes, ovaries, some other anomalies in the structure and development of female genital organs.). Relative infertility - the causes of infertility can be eliminated. Infertility is primary and secondary. Primary infertility is characteristic of patients who have not had a single pregnancy during regular unprotected intercourse.

Primary infertility reasons:

- underdevelopment of the female genital organs (infantilism);
- various anomalies of their development and accompanying various hormonal disorders;
- functional insufficiency of the gonads, manifested various violations of the menstrual cycle.

Secondary infertility typical for women who have had a pregnancy in the past, but at the moment have not become pregnant for more than one year, also under the condition of regular sex life without contraception.

Causes of infertility in women:

- sexually transmitted infections (STIs): gonorrhoea, trichomoniasis, chlamydia, mycoplasmosis, herpesvirus and cytomegalovirus infections;
- inflammations causing adhesions in the small pelvis: salpingo-oophoritis, cervical erosion, endocervicitis, vaginitis, vaginosis;
- anatomical and functional changes in the genital organs, inflammatory diseases of the uterus, fallopian tubes, ovaries;
- various hormonal disorders, endocrine pathology (changes in the function of the thyroid gland, adrenal glands, ovarian tumors), uterine fibroids, endometriosis. The causes of infertility in women are also trauma to the cervix after abortion, childbirth. Biological incompatibility (immunological infertility). 60-70% of women

there is a combination of 2 or more reasons.

Let's dwell on the causes of secondary infertility in more detail.

1. Violation of ovulation.

If the menstrual cycle is less than 21 days or more than 35 days, then there is a risk that the egg does not mature or is not viable.

At the same time, in almost half of cases of absence of ovulation, the ovaries do not produce mature follicles, from which eggs could then develop. Therefore, ovulation is impossible, mature eggs do not appear, sperm have nothing to fertilize. This is the most common cause of female infertility.

2. Ovarian dysfunction.

Ovarian dysfunction in 20% of cases is the result of hormone production disorders in the hypothalamus-pituitary gland. If the activity of this system is disrupted, the corresponding signals do not enter the ovaries, and therefore the rhythmic production of hormones is disrupted. LH and FSH are produced in too large or too small amounts, or their ratio is disturbed. Accordingly, the maturation of the follicle is disrupted, the egg cell either does not mature at all, or is not viable.

System dysfunction hypothalamus-pituitary gland can occur as a result of trauma heads, because of tumors.

3. Hormonal problems.

Often the cause of female infertility are hormonal violations. This can lead to the absence of menstruation at all, or to the lack of maturation of the egg. In this case, violations can relate to both sex hormones and any others, for example, thyroid hormones, pancreas.

4. Early menopause (or ovarian dysfunction) is rarely the cause lack of ovulation. The usual age of a woman's menopause is 50–55 years, but in some women, for some unknown reason, the reserves of eggs are depleted earlier, menstruation stops at 40–45 years. Many doctors are not inclined to consider this condition the norm and talk about ovarian wasting syndrome. In some cases, this condition can be overcome with the help of hormonal treatment, physiotherapy, even the activation of sexual activity. The causes of ovarian wasting syndrome have not been clarified, although the main theory is hereditary, since early menopause is often passed from generation to generation. Genetic disorders lead to a complete lack of egg maturation, for example, Turner syndrome, in which girls are born with underdeveloped ovaries, or with no ovaries at all (this is called ovarian agenesis). Fortunately, this is rare.

5. Polycystic ovary leads both to disturbances in the exchange of hormones, so and changes in the ovaries. Outwardly, it is manifested by increased hair growth, irregularities in the cycle or even amenorrhea, lack of ovulation, infertility. In polycystic disease, production of (FSH) is reduced, although levels of (LH), estrogen and testosterone are normal or even elevated. It is believed that low FSH levels cause permanent underdevelopment of ovarian follicles and therefore a lack of mature eggs. In this case,

many follicular cysts up to 6-8 mm in size, which can be easily seen with ultrasound (ultrasound). The affected ovary is usually enlarged 2 times, its surface is covered with a smooth white capsule, through which even a mature egg cannot pass.

6. Violations in the cervical canal

If the cervical mucus is too thick, then the sperm cannot overcome it. If mucus is poisonous to sperm (by chemical composition or due to immune characteristics), then they will simply die without even starting the path to becoming a human.

7. Erosion of the cervix, as well as polyps of the cervical canal can be the only cause of infertility due to changes in mucus indicators, and therefore require mandatory removal before starting infertility treatment.

8. Damage to the fallopian tubes - their complete obstruction, as well as altered pipe mobility. Most often, the tubes are damaged as a result of inflammation, sexually transmitted (or from the genital tract). At the same time, violations in the tubes can be very different - from damage to the cilia lining the tubes from the inside to the formation of hydrosalpinx (accumulation of fluid in the fallopian tube, sealed as a result of inflammation). On the roentgenogram, the hydrosalpinx is seen as a huge sac filled with contrast fluid that has come from the uterus through a small section of a normal tube. In addition, the fallopian tubes can be damaged during previous childbirth, miscarriage or abortion (especially a criminal one done by a layman in unsanitary conditions), diseases of internal organs (for example, chronic appendicitis or colitis).

Finally, there is such a congenital state of the reproductive system, in which the development and structure of both the uterus and the tubes are impaired.

Scars on the lining of the ovaries can lead to a loss of the ability to produce follicles. Scars form as a result of extensive or repeated surgery (for example, for an ovarian cyst). Infectious diseases can also lead to the formation of a large number of scars on the ovary, which interferes with the normal development of follicles and leads to a lack of ovulation.

9. Syndrome of unruptured follicle.

In some women, normal oocyte follicles mature every month. But for some unknown reason, the follicle does not rupture in time, the egg cell remains inside the ovary and cannot participate in fertilization. The reasons for this state are unknown, there is not even a more or less acceptable hypothesis about the reasons for what is happening.

10. Endometriosis.

Normally, endometrial cells form the inner surface of the uterus, help the embryo to feed, and, in the absence of pregnancy, participate in menstruation. With endometriosis, endometrial cells grow, forming something like polyps or deep "pockets" in the thickness of the uterus, can penetrate into the fallopian tubes, ovaries and even into the abdominal cavity. Endometriosis disrupts the maturation of the egg, interferes with the fusion of the egg and sperm, and also disrupts the attachment of the fertilized egg to the uterine wall.

11. Violations of the structure of the uterus.

Any formations that deform the uterine cavity act as

an intrauterine device, preventing the egg from attaching to the endometrium. Such diseases include polyps of the uterine mucosa, uterine fibroids, endometrioid formations, as well as congenital conditions - a saddle, bicornuate uterus, a uterus with an incomplete septum.

The incidence of the causes of infertility (according to the WHO):

ovulation problems

39%

damage to the fallopian tubes

30%

difficulties with intercourse or problems of the cervical canal 18%

endometriosis

13%

The main prerequisite for the success of treatment is finding out the cause of infertility.

The use of the equipment of the IMEDIS Center is of great help in this.

LLC TSEIM has been operating since 2001. The main diagnostic method used in the Center is the vegetative resonance test. Over the years, a tactic has been developed for examining patients seeking help for infertility. Both spouses must be examined, because according to statistics, male infertility is 45-50%. With the help of ART, the state of all systems, the hormonal background of a woman, the presence of inflammatory diseases of the female genital organs are investigated and their causes are identified. The use of drugs of the Medfarma group for diagnostics makes it possible to identify such pathologies as ovulation disorders, pathology of the cervix, cervical canal, ovaries. Testing nosodes of infections allows you to identify the cause of inflammatory diseases of the female genital organs that can lead to infertility. Recently, doctors have widely used Hovsepyan's method,

Infertility treatment is carried out in 2 stages.

1. Anti-inflammatory and detoxification therapy. At this stage antibacterial, antifungal therapy is carried out, sanitation of foci of chronic infections, restoration of intestinal flora in order to increase general and local immunity. Anti-inflammatory therapy, restoration of hormonal homeostasis is carried out. The main method of treatment is bioresonance therapy. A combination of endogenous BRT and fixed frequency treatment is widely used.

2. Restoration of the ovulation process, regulation of hormone levels, anti-adhesion therapy in the presence of adhesions in the small pelvis. At this stage, a combination of bioresonance therapy, hirudotherapy, acupuncture, herbal medicine. At this stage, the problems of hormone imbalance in the body come to the fore. With the help of ART hormone level abnormalities are identified depending on the phase of the cycle and correction is carried out. With a lack of progesterone or estrogen, it is justified

combination of BRT and the use of phytohormones (wild yam, tsimithuga, angelica, etc.), which are prescribed at a certain phase of the cycle.

Examples of

Patient S., 23, 1.5 years ago, complained of the absence of menses for 6 months, pain in the lower abdomen, vaginal discharge. Weight loss with increased appetite, periodically low-grade body temperature. Examined by gynecologists. Repeatedly took courses of antibacterial drugs. According to the patient, she was diagnosed with Chronic adnexitis. Secondary infertility ". For 2 years she did not go to doctors. The patient underwent electropunctural diagnostics using ART. As a result, it was revealed the presence of a chronic inflammatory process in the ovaries, caused by candidiasis, which was a consequence of intestinal dysbiosis. Thyroid dysfunction with a tendency to hyperthyroidism. Differential diagnosis using ART showed the absence of an autoimmune process in the thyroid gland. The malfunction is caused by dysfunction of the ANS with a predominance of the sympathetic division. As a result of dysfunction of the thyroid gland, the patient's ovulation process was disrupted.

At the first stage of treatment, the measures were aimed at restoring the intestinal flora, stopping the inflammatory process, normalizing hormonal homeostasis, increasing immunity, and restoring the balance of the ANS. The following activities were carried out:

- endogenous BRT with drug recording;
- RFT anti-fungal, anti-inflammatory, organ-specific;
- homeopathic drainage preparations;
- sorbents;
- probiotics;
- herbal medicine.

After the first course of therapy, the patient was on maintenance therapy with BR drugs for 1.5 months.

After the first course of therapy, the menstrual cycle began to be restored. The second course was aimed at restoring ovulation. It included:

- endogenous BRT;
- RFT. The frequencies were selected by testing using the ART method;
- hirudotherapy;
- fungotherapy.
- herbal medicine with the help of phytopreparations containing phytoprogestosterone, because this patient suffered from the progesterone phase of the cycle. The drugs were prescribed taking into account the phase of the cycle;
- microelements were prescribed under the control of ART.

A course of treatment was carried out, as a result of which the cycle was restored, the state of health improved, and these complaints ceased to bother. Later, the patient was on maintenance therapy: BRT 1 time per month. with a record of BR-drugs, phytohormone therapy. After 8 months. from the moment of contacting the Center, pregnancy began. At the time of this writing, the patient is 36 weeks old. pregnancy.

Thus, the use of ART and BRT methods opens up unlimited possibilities both for identifying the causes and mechanisms of infertility development, and for effective treatment and helps many married couples to find the happiness of motherhood and fatherhood.

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