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You can overcome Infertility

By

Dr Irina Webster



***"Combined conventional and
alternative medical approaches are
the best ways to treat infertility"
(Roger C.Hirsh, O.M.D.)***

Please Read this First!

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Disclaimer

This e-book is a broad overview of a very common modern time medical problem - infertility. The author based the information on her own experience using other informational sources from modern medical science.

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My Dear Friend!

Welcome! You are just about to read information that will probably change your life. If you have been trying to have a baby and can't fall pregnant, then this book explains the whole story of infertility and why you have not been able to conceive.

My e-book is based on the result of my 9-years research and what I have discovered in my studies, during this time. Many people have been successful following the information contained within. Some have had medical reasons and some have had unexplained infertility. I sincerely hope it works for you. Now read on to discover the secrets that can lead to your own beautiful baby.

Introduction to Infertility.

All cases of infertility have a reason. Even unexplained infertility has a reason, just because all the medical test come back ok, it does not mean there is no reason. I have come across many couples who tested fine but still could not fall pregnant. Then something happens and they divorce to find out that their new partner falls pregnant immediately, on both sides.

Now I am not advocating that you get divorced, I am telling you that there must have been a reason for why they could not conceive in the first place. It is the aim of this book to try and find the reason for you. While you are reading this book try to keep an open mind and try to go with the flow of information.

Your subconscious mind is very powerful and it may pickup on the reason for your infertility that your conscious thinking mind may miss. If you are attracted to a particular part of the book and you don't know why, then it just might be the key to unlocking your reason. Even if it is only for a fleeting second or a feeling that enters your mind: stop and

reread that section. Write down on paper what that section is about and revisit it again at a later time. One of the important things is the power of the subconscious mind but the secret is how to use it for your benefit.

The result of my research showed that all people who had success in infertility treatment were able to use the power of their subconscious mind to the fullest of their capabilities.

Anyone with a sex life knows fertility control is an issue for every relationship. Most couples want to plan when they have children and, most of the time; fertility control is about preventing pregnancy. But what if you want a child and conception doesn't happen?

When is a couple considered to be infertile?

How long should you wait before starting to worry that there may be something wrong with you?

The answer is this: a couple who have had regular unprotected intercourse for a period of 12 months without a pregnancy occurring is considered to be infertile and may seek professional help.

After 12 months of “normal marital endeavor”, 85% of couples should have conceived. The remaining 15% can be considered to have below-normal fertility. It is estimated that infertility affects 10-15% of couples.

The truth is that there are many reasons why couples are suffering from infertility. Some are caused by male factor infertility (about 1/3 of all infertility), while others are caused by female factor infertility (about 1/3 of all infertility), and even more cases have factors that are unknown causing the lack of pregnancy.

Most healthy women under the age of 30 shouldn't worry about infertility unless they've been trying to get pregnant for at least a year. At this point, women should talk to their doctors about a fertility

evaluation. Men should also talk to their doctors if this much time has passed.

In some cases, women should talk to their doctors sooner. Women in their 30s who've been trying to get pregnant for six months should speak to their doctors as soon as possible.

A woman's chances of having a baby decrease rapidly every year after the age of 30. So getting a complete and timely fertility evaluation is especially important.

Some health issues also increase the risk of fertility problems. So women with the following issues should speak to their doctors as soon as possible:

- irregular periods or no menstrual periods
- very painful periods
- endometriosis
- pelvic inflammatory disease
- more than one miscarriage

No matter how old you are, it's always a good idea to talk to a doctor before you start trying to get pregnant. Doctors can help you prepare your body for a healthy baby. They can also answer questions on fertility and give tips on conceiving.

Sometimes doctors can find the cause of a couple's infertility by doing a complete fertility evaluation. This process usually begins with physical exams and health and sexual histories. If there are no obvious problems, like poorly timed intercourse or absence of ovulation, tests will be needed.

Finding the cause of infertility is often a long, complex and emotional process. It can take months for you and your doctor to complete all the needed exams and tests. So don't be alarmed if the problem is not found right away.

For a man, doctors usually begin by testing his semen. They look at the number, shape, and movement of the sperm. Sometimes doctors also suggest testing the level of a man's hormones.

For a woman, the first step in testing is to find out if she is ovulating each month. There are several ways to do this. A woman can track her ovulation at home by:

- Recording changes in her morning body temperature (basal body temperature) for several months

- Recording the texture of her cervical mucus for several months, using a home ovulation test kit (available at drug or grocery stores)

Doctors can also check if a woman is ovulating by doing blood tests and an ultrasound of the ovaries. If the woman is ovulating normally, more tests are needed.

Some common tests of fertility in women include:

Hysterosalpingography: In this test, doctors use x-rays to check for physical problems of the uterus and fallopian tubes. They start by injecting a special dye through the vagina into the uterus. This dye shows up on the x-ray.

This allows the doctor to see if the dye moves normally through the uterus into the fallopian tubes. With these x-rays doctors can find blockages that may be causing infertility. Blockages can prevent the egg from moving from the fallopian tube to the uterus. Blockages can also keep the sperm from reaching the egg.

Laparoscopy: During this surgery doctors use a tool called a laparoscope to see inside the abdomen. The doctor makes a small cut in the lower abdomen and inserts the laparoscope. Using the laparoscope, doctors check the ovaries, fallopian tubes, and uterus for disease and physical problems. Doctors can usually find scarring and endometriosis by laparoscopy.

More and more women are waiting until their 30s and 40s to have children. Actually, about 20 percent of women in the United States now have their first child after age 35. So age is an increasingly common cause of fertility problems. About one third of couples in which the woman is over 35 have fertility problems.

Aging decreases a woman's chances of having a baby in the following ways:

The ability of a woman's ovaries to release eggs ready for fertilization declines with age.

The health of a woman's eggs declines with age.

As a woman ages she is more likely to have health problems that can interfere with fertility.

As a woman ages, her risk of having a miscarriage increases

The basic factors pertaining to successful pregnancy are as follows: 1) a normal ovum must be released from a mature ovarian follicle; 2) the ovum must enter the fallopian tube promptly after its extrusion;

3) spermatozoa (sperm) must have migrated into the fallopian tube where fertilization of the ovum normally occurs; 4) a fertilized ovum must find its way down the tube into the endometrial cavity to implant 7-10 days after ovulation; and 5) normal segmentation, maturation, and development of the embryo and fetus must occur until viability has been reached and delivery accomplished.

Woman's ability to produce healthy ovum reduces with age.
Possible causes of Infertility.

The following causes of infertility are recognized:

1. *Nutritional factors.* A seriously faulty diet may be responsible for infertility. (e.g. obesity or anorexia both can cause infertility problems).

2. *Endocrine abnormalities.* Pituitary, thyroid, or adrenal disorders of either hyperfunction or hypofunction can cause infertility.

3. *Vaginal disorders.* Abnormalities of development such as absence or stenosis of the vagina or imperforate hymen may prevent vaginal penetration. Vaginitis of any type, if severe, may destroy or inactivate spermatozoa (sperm cells).

4. *Cervical abnormalities.* Cervicitis is extremely noxious to spermatozoa. Cervicitis tumors such as polyps may obstruct the canal or, because of associated infection and discharge, may block the transit of spermatozoa through the cervix.

5. *Uterine abnormalities.* Uterine maldevelopment such as hypoplasia may prevent the implantation or adequate development of the fertilized ovum. Uterine tumors, particularly polyps and myomas, may injure the uterus, reduce the blood supply, or compromise the fertilized ovum so that proper development to viability is impossible.

6. *Tubal disorders.* Tubal obstruction, generally the result of infection, may block the tube to the ovum (egg) or spermatozoa. External pressure or distortion due to perisalpingal adhesions (scar tissue), as with endometriosis, may obstruct the tube.

7. *Ovarian abnormalities.* Congenital abnormalities such as ovarian dysgenesis (wrong development) or agenesis (no ovaries) may be associated with few or absent ova (egg). Infections, tumors, or endometriosis may disturb, disrupt, or destroy ovarian function.

8. *Emotional problem.* Severe psychoneurosis or psychosis may be responsible for anovulatory cycles, frequently associated with amenorrhea (no periods) or oligomenorrhea (abnormally infrequent periods).

9. *Coital factors*. Lubricants, feminine hygiene preparations, or douches, which increase vaginal acidity, may inactivate or destroy spermatozoa.

10. *Chronic disease states*.

11. *Immunologic reaction to sperm*.

12. *Polycystic ovary syndrome*. This is very common chronic anovulatory (no ovulation occur) disorder affecting 5-10% of women of reproductive age.

13. *Pelvic causes*. Include any disruption of the normal pelvic anatomy: scar tissue or “adhesions”, endometriosis, pelvic tumors.

14. *Male factors*. Low sperm counts, abnormal sperm morphology (shape), and low sperm motility are usually asymptomatic conditions to most males. Most cases of low sperm counts are "idiopathic" or unexplained. Some cases are associated with a swollen varicose vein in the scrotum, called a varicocele.

Some simple abnormalities may be improved by reducing stress, reducing heat to the genitals (e.g. avoidance of tight clothing, saunas or hot tubs), or by changing harmful lifestyle habits (avoiding tobacco, alcohol, or drugs such as marijuana).

Short term illnesses, significant stressful periods, and some medications may temporarily affect sperm counts.

Investigation of infertility

In most cases, the woman makes the first contact with a health professional. During this visit, the doctor should obtain information about the history of past illnesses and operations; the woman's

menstrual history; and the couple's sexual behavior, including frequency of sexual intercourse. Some women are concerned that they do not have an orgasm and semen runs out of the vagina, but neither of these factors affect fertility.

A general physical examination, including a pelvic examination, is made to exclude any current disease. The pelvic examination is made to detect any gross abnormalities of the genital tract (such as any kind of tumors and endometriosis). Pap smear (cervical smear) should be performed if it has not been made in the previous year.

Also, some pathology tests should be ordered, such as full blood examination, including test for syphilis, rubella and HIV infection, and a urine analysis.

After completing this initial investigation the medical practitioner should outline the investigations which will be made, and their sequence.

Investigating a man

Usually, the first step in specific testing is a sperm analysis in the man. The sperm from an ejaculation is collected in a sterile container and must be examined in the laboratory within two hours.

Written instructions are provided for the man regarding collection of semen samples. The number of sperm, their shape and their activity are all checked to ensure that they are adequate to fertilize the woman's egg. If these tests are normal, it is not usually necessary to perform any further tests on the man.

The picture below shows Male Reproductive Tract anatomy. The semen producing organs are testes, prostate, seminal vesicles. Some other organs (like epididymis and vas deferens) help to store and remove the sperm.

The testes are two small organs that are found inside the scrotum. The testes are responsible for making sperm and are also involved in producing a hormone called testosterone.

Testosterone is an important hormone during male development and maturation - for developing muscles, deepening the voice, and growing body hair.

Seminal vesicles - the sac-like glands that lie behind the bladder and release a fluid that forms part of semen.

Epididymis - a long tube that is located near each testicle. The epididymis is the tube in which the sperm from the testicles are removed away from the testicles.

Vas deferens - where the sperm is stored, a tube that carries the sperm out of the scrotal sac. The vas deferens is between the epididymis and the urethra and connects these together.

Scrotum - the bag of skin that holds and helps to protect the testicles. The testicles make sperm, and to do this, the temperature of the testicles needs to be cooler than the inside of the body. This is why the scrotum is located outside of the body.

Prostate gland - a sex gland in men. It is about the size of a walnut, and surrounds the neck of the bladder and urethra - the tube that carries urine from the bladder. It is partly muscular and partly glandular, with ducts opening into the prostatic portion of the urethra. It is made up of three lobes: a center lobe, with one lobe on each side. The prostate gland secretes a slightly alkaline fluid that forms part of the seminal fluid, a fluid that carries sperm.

Urethra - the tube that allows urine to pass outside the body. The brain signals the bladder muscles to tighten, which squeezes urine out of the bladder. At the same time, the brain signals the sphincter muscles to relax to let urine exit the bladder through the urethra. When all the signals occur in the correct order, normal urination occurs.