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INTRA UTERINE INSEMINATION

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ABSTRACT

Throughout the world about 80 to 100 million couples suffer from infertility. One of the most important causes of infertility in women are disturbances of ovulation. The tendency to postpone childbearing in developed countries and the relatively high rate of infertility in older women have contributed to an increase in the proportion of women aged 40 and older opting for infertility treatment.

endometriosis, which are more prevalent as age increases, but the main reason for their infertility is reduced oocyte number and quality.

The rationale for IUI is to place highly motile morphologically normal capacitated sperm in the uterine cavity at the time of ovulation. The initial work up should be directed towards determining the etiology of infertility.

INTRODUCTION

Infertility is defined as the inability to conceive after 12 months of unprotected intercourse. Intra uterine insemination is a commonly used technique in the management of infertility. It is the process of placing washed spermatozoa transcervically into the uterine cavity for the treatment of infertility.

Infertile women of advanced age are a unique sub group in the broader population of patients diagnosed as having unexplained infertility. The factors affecting this sub group may include mild mechanical factor elements and

INDICATIONS FOR IUI

1. Unexplained infertility.
2. Mild male factor like
 - a. Oligospermia
 - b. Asthenospermia
 - c. Teratozoospermia
3. Endometriosis (minimal or mild)
4. Immunological factors
 - a. Female (cervical/Humoral)
 - b. Male (seminal/Humoral)
5. Ejaculatory failure

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- a. Anatomical
 - b. Neurological
 - c. Psychogenic
6. Cervical factor
- a. Insufficient production
 - b. Altered quality.

FACTORS AFFECTING PREGNANCY RATES

1. **Female age** – success rate start to decrease after age 35 and drop dramatically after age 40.
2. **Diminished ovarian Reserve (DOR)** – patients with DOR are those whose oocytes have decreased reproductive potential. The diagnosis is often made when the cycle day FSH level is elevated.

In properly selected patients, ovulation induction and IUI should be planned initially for about 3 to 4 cycles. This protocol generally yields a pregnancy rate of about 10 – 12 % per cycle and a cumulative pregnancy rate of about 25 – 30 % at the end of 3-4 cycles.

Favorable patient characteristics for treatment success are a young female partner less than 35 years, short duration of infertility i.e. less than 4 years and a cause of sub fertility other than endometriosis.

It is important to counsel the couple about the treatment procedure, success rates, costs involved and the risk of multiple pregnancy and ovarian hyperstimulation syndrome.

Patient evaluation before IUI

A comprehensive patient work up must be undertaken for couples seeking fertility treatment. This includes a thorough history and physical examination of both partners.

Female Evaluation

- a. Transvaginal ultrasound scan to assess the uterus and ovaries.
- b. A baseline 2/3 day hormone profile, to determine the levels of LH, FSH, prolactin and TSH.
- c. Tubal patency assessment like HSG and SIS (saline infusion sonography)

Male Evaluation

Evaluation of the male is usually limited to doing a semen analysis. When semen parameters are normal no further evaluation is required.

Factors influencing the IUI outcome

1. Age of the female partner – the women's age is the most important factor influencing the likely hood of pregnancy whatever treatment is choosen. (IUI or IVF) and that male factor or unexplained infertility had no impact at all.
2. Duration of infertility – there is significant decrease in pregnancy rate with an increasing duration of infertility. IUI cannot be recommended to patients with a long standing duration of infertility.
3. Infertility etiology – A significantly lower pregnancy rate was found in

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endometriosis patients compared with women with other infertility indications.

4. Number of IUI cycles – Researchers reviewed that most pregnancies occurred during the first 3-6 IUI treatment cycles.
5. Number of inseminations – there is no evidence that double inseminations give rise to higher live birth rates in infertile couples compared to single inseminations.

IUI is an effective, low cost treatment of infertility in women with patent tubes. There is sufficient evidence that 3 cycles of ovarian stimulation with IUI result in

similar pregnancy rates compared with in vitro fertilization (IVF) but at a much cheaper cost and with fewer complications than IVF.

Thus IUI is a simple and moderately successful technique for assisted reproduction in humans. In general IUI should probably not be offered to older women with a long standing infertility period and poor prognosis semen parameters. It seems that IUI still offers many patients the most reasonable means to significantly enhance their chances of conceiving.

Reference : Intrauterine Insemination; Gautam Allahbadia; 3rd Edition,2014; Jaypee Brothers Medical Publishers (P) Ltd.

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