Hormone imbalance may delay conception

YOUR HEALTH

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India, which has a population of 1.46 billion — the largest in the world — also, ironically, has fertility clinics flourishing in every nook and corner of the country. More couples are needing help to conceive.

Many women today pursue higher education and join the workforce. Child marriage has largely become a thing of the past. Many women are choosing to marry late, and couples often postpone their first pregnancy until they feel "settled". However, after this planned delay, conception does not always occur as quickly as expected. When pregnancy does not happen within two to three years, family pressure on both partners often begins to mount.

A woman's reproductive span is limited. Although it begins at menarche (the first menstrual period), the early cycles are often anovulatory and irregular, so conception usually does not occur until a year or two later. Female fertility begins to decline after the age of 32 and drops sharply after 37. A common myth is that men remain fertile indefinitely, reinforced by examples of celebrities fathering children in their sixties. In reality, male fertility also declines with age, with sperm count and quality beginning to fall after 35.

A couple is considered infertile if they are unable to conceive after one year of regular and unprotected intercourse, not merely occasional contact once a week or month. In about 15 per cent of cases, the cause lies with the woman, in another 15 per cent with the man and in 15 per cent with both partners. In the rest, no cause can be identified.

Women who later develop infertility often show warning signs as early as one or two years after menarche. Their periods may be irregular, occurring too early, too late, more than once a month or with long gaps of several months. Once bleeding starts, it may be unusually prolonged. In some cases, menstruation may not begin at all, even by the age of 18. Other associated features include obesity, excessive facial or body hair, persistent acne or severe abdominal pain. These red flags usually prompt families to seek medical attention.

These problems may arise from hormonal imbalances involving the hypothalamus, pituitary or thyroid glands, or from conditions such as polycystic ovarian disease (PCOD), irregular ovulation, premature ovarian insufficiency or ovarian failure. Most of these can be identified through blood tests and scans.

Even when hormone levels are normal, there may be structural problems that prevent conception. Endometriosis, where the uterine lining (endometrium) grows outside the uterus, can damage the ovaries and block the fallopian tubes. Previous abdominal surgeries may leave scars or alter normal anatomy. In some cases, abdominal tuberculosis or other pelvic infections are responsible. A woman may also be born with congenital abnormalities of the uterus, or she may develop benign growths such as fibroids or polyps that interfere with fertility.

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In men, infertility may result from chromosomal abnormalities, undescended testes or testicular infections. Varicocele, an abnormal increase in blood supply to the testes, can also impair fertility. Lifestyle factors such as alcohol consumption, smoking and the use of prescribed or recreational drugs can negatively affect sperm quality and function.

In both men and women, diabetes and other chronic illnesses can impair fertility. Obesity is a significant risk factor in both sexes. Environmental toxins like pesticides, plastics and fuel fumes may also contribute to infertility.

Regular exercise, even a 30-40 minute daily walk, can boost fertility in both men and women.

Involuntary infertility often leads to depression and strain. It must be addressed with a scientific and logical approach, as there are no magical cures. Treatment needs to be individualised as what works for one couple may not work for another.

The writer has a family practice at Vellore and is the author of *Staying Healthy in Modern India*. If you have any questions on health issues please write to *yourhealthgm@yahoo.co.in*