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From lack of luteal phase to hypothalamic-pituitary-ovarian dysfunction

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Abstract

Considering that there are no diagnostic criteria for diagnosing the insufficiency of the luteal phase, and the very concept of insufficiency of the luteal phase in infertility (miscarriage) does not reflect the essence of pathophysiological changes, since the ovaries do not function in isolation, but work under mutual influence with the hypothalamus and pituitary gland, forming the hypothalamic-pituitary-ovarian axis, the concept of insufficiency of the luteal phase is currently to be abandoned.

In infertility (miscarriage), when etiological factors are not clear, but symptoms indicative of endocrine disorders are determined, it is advisable to diagnose hypothalamic-pituitary-ovarian dysfunction.

Treatment of hypothalamic-pituitary-ovarian dysfunction with infertility (miscarriage) should be aimed at correcting any underlying disease that caused dysfunction, namely: hyperprolactinemia, pathology of the hypothalamus, thyroid gland, polycystic ovary syndrome, stimulation of ovulation. In infertility (miscarriage), with limited reliable data on the cause of the pathology, comprehensive empirical treatment of hypothalamic-pituitary-ovarian dysfunction should be carried out: reduce stress, use herbal medicines - Vitex agnus-castus, melatonin, vitamin B6, using acupuncture, stimulation of ovulation.

Keywords: Insufficiency of the luteal phase, ILF, progesterone, vitex agnus-castus.

Biography

Zabolotnov Vitaliy Alexandrovich has Studied at the Crimean State Medical Institute. He served as a head of extragenital pathology of pregnant women, obstetrician - gynecologist of simferopol maternity hospital, deputy chief medical officer, obstetrician - gynecologist. Head of the department of obstetrics and gynecology of Crimean State Medical University. SI. St. George's. Today he is working head of the department of nursing at the municipal higher educational institution of Zhytomyr Medical Institute of Zhytomyr Regional Council.



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