
Commentary

Commentary on Reproductive Medicine

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Introduction

Reproductive medicine is indeed the study of the male and female reproductive systems. It covers a broad range of reproductive conditions, and also their preventative measures and assessment, therapeutic interventions, and prognosis. Reproductive medicine has enabled the development of artificial reproductive techniques (ARTs), that have aided in the treatment of various human fertility problems and are often used in agricultural production and wildlife conservation. IVF, artificial insemination (AI), and embryo are instances of ARTs, as is genetic code resource banking. The study of reproductive medicine is considered to have begun with Aristotle, who proposed the “Haematogenous Reproduction Theory.” Evidence-based reproductive medicine, on either hand, can be traced back to the 1970s. There have been several landmarks in reproductive medicine ever since, such as the birth of Louise Brown, the first baby conceived through IVF in 1978. Despite this, it wasn’t till 1989 that it has been recognized as a diagnostic discipline, thanks to Iain Chalmers’ effort to develop the systematic review as well as the Cochrane collection. Sexual education, puberty, family planning, birth control, infertility, reproductive system disease (including sexually transmitted infections), and sexual dysfunction are all addressed in reproductive medicine. Reproductive medicine also includes menstruation, ovulation, pregnancy, and menopause in women, as well as gynecologic disorders affecting fertility. The field collaborates and covers with reproductive endocrinology as well as infertility, sexual medicine, and andrology, and also, to the a lesser extent, with gynecology, obstetrics, urology, genitourinary medicine, medical endo-

crinology, pediatric endocrinology, genetics, and psychiatry. Reproductive medicine is concerned with the preventative measures, diagnosis, and treatment of the conditions listed below. This segment will provide instances of several prevalent issues that cause the Human Reproductive System, Sexually Transmitted Infections (STIs) are infections that are spread through sexual activity, most commonly through vaginal intercourse, anal sex, or oral sex. Many STIs are treatable, but some, such as HIV, are untreatable. STIs are bacterial, viral, or fungal infections that impact both males and females. The following are some examples of STIs, Fertility medications, as well recognized as fertility drugs, are substances that increase reproductive fertility. Fertility medication is being used to enhance ovarian follicle development in women. For men, there are very few fertility medication options. Gonadotropin going to release hormone, estrogen antagonists, and gonadotropins are all agents that increase ovarian activity. Medical decisions are influenced by four factors: effectiveness, treatment burden (such as injection frequency and office visits), safety, and economic burdens, The following are the main methods for using fertility medication in females: Ovulation induction is the process of causing one or two ovulatory follicles to develop in preparation for fertilization via sexual contact or artificial insemination. Controlled ovarian hyper stimulation, which is commonly used in in vitro fertilization (ivf, with the goal of developing multiple follicles (ideally between 11 and 14 antral follicles measuring 2–8 mm in diameter),[medical citation needed], followed by transvaginal oocyte retrieval, co-incubation, and embryo transfer of up to two embryos at a time. Final maturation induction of follicles, resulting in ovulatory at a dependable time.