CONCLUSION
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Fifty patients of infertility either primary, secondary and secondary amenorrhoea were studied to determine ovulation by premenstrual molimina, cervical mucus, endometrial biopsy and ultrasonography.

The study consisted of 50 patients, 40 of primary infertility, 8 of secondary infertility and 2 of secondary amenorrhoea. All the patients were investigated with routine investigations and investigations to detect ovulation.

In brief it was concluded from this study.

1. Premenstrual molimina are associated with more commonly but not always with ovulatory cycles.

2. Cervical mucus is a good indicator of the cyclical changes in ovarian hormonal as no false positive results were found in the present study.

3. Endometrial biopsy is the mainstay in infertility studies as it provides information regarding the ovulating status. The degree of progestational effect and the possibility of other endometrial abnormalities like tubercular endometritis.

4. Serial ultrasonography for detection of ovulation in the confirmatory investigation, but it was very expensive for our poor population and result with
5. The incidence of anovulation irrespective of menstrual irregularities was 20%.

6. Incidence of ovulation was found to be higher (75.2%) with normal menstruation than in those with menstrual disorder 62% to 75%.

7. The incidence of tubercular endometritis was found to be 4% in the present study.

8. Hyperprolectinemia was responsible about 20% cases of anovulation and effect of treatment was 50% (one patient conceived).

9. Hypothyroidism was responsible for about 20% cases of anovulation and effect of treatment was 100% (both patients had conceived).