



REVIEW ON TUBERCULOSIS INDUCED FEMALE INFERTILITY FROM AYURVEDA AND MODERN ASPECTS

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ABSTRACT

Tuberculosis is most prevalent in our country and is major cause of female infertility. Genital TB is quite common especially in communities, schools where extragenital TB is common. Genital TB usually appear as a secondary symptom of primary Tuberculosis. Primary focus is most often situated in lungs 50%, lymph nodes 40%, urinary tract 5% at the bones and at joints 5%. According to Ayurveda, reproductive health is primarily determined by the health of tissue metabolism and tissue nutrition, both are ultimate requirements for conception. The treatment of Infertility comprises of administration of rasayana and vajikara dravyas or medicines (virilificatory or aphrodisiacs) internally, Panchakarma & Vajikarana therapies for detoxification and rejuvenation of reproductive system. Apart from regular Panchakarma procedures, Uttara vasti is a special & highly acclaimed procedure in Ayurveda to treat Infertility. It is introduction of medicate oil or decoction into the uterus in females through the cervix in females. Along with these, diet and lifestyle modifications are also advocated which will not only help in better conception but also in producing healthy offspring. In this paper we are explaining a very effective, holistic and wide range of treatment modalities for infertility based on classical principles of Ayurveda literature like formulations, herbs and recipes, variety of Panchakarma and rejuvenation therapies are advocated to achieve fertility.

INTRODUCTION:

Tuberculosis infection in fallopian tube is commonly found in women of 20 to 40 years of age & it is commonly diagnosed when a woman complaints of Infertility. In majority of cases of genital tuberculosis fallopian tubes are the first source of infection. In 90% cases both fallopian tubes are involved. In Ayurveda classics Tuberculosis is concerned with Rajyakshma, that involves loss of essence of tissues and low immunity resulting in affecting any organ. There is loss of Rasa, rakta, mamsa, meda, asthi, majja, shukra dhatu and ultimately leading to oja kshya i.e., loss of immunity.

MATERIALS AND METHODS:

Infertility is defined as a failure to achieve a clinical pregnancy after 12 months or more after regular unprotected coitus. Weight, diet, smoking, medical conditions, family medical history and infection, these all have effect on fertility.

Tubal blockage is one of the most important factor for female infertility, this condition is not described in Ayurveda classics, as fallopian tube itself is not mentioned directly. Correlating "Artavvaha strotas" with fallopian tubes and it's blockage is compared with "srotodushti of srotas".

In female genital tuberculosis, *Sthanvaigunya* takes place in uterus and fallopian tubes which is important component for fertility known as sthan.

Garbhashaya is *adhishthana* of this aforesaid disease.

Acharya Sushruta has considered four factors essential for conception:

- 1) Rutu 2) Kshetra 3) Ambu 4) Beej

Garbhashaya is *Kshetra* for *garbhadhan* i.e. conception.

Here fallopian tubes being a part of uterus are definitely the components of *Kshetra*. Hence this *Kshetra* is *adhishthana* of vitiated doshas in several cases of *vandhyatva* i.e., infertility. Endometrium of uterus and fallopian tubes play a vital role in *garbhadhan*.

But in female genital tuberculosis both are affected which leads to infertility. Here *sthana vaigunya* occurs in *Kshetra* i.e., uterus and fallopian tubes which should be taken care of.

Following symptoms are seen when patient comes with infertility and diagnosed as "Genital Tuberculosis":-

- Most common symptom seen is primary infertility and secondary infertility.
- Weight loss, fever, menstrual irregularities, vaginal discharge, pelvic pain and dyspareunia. When a patient comes to you, you have to diagnose it by the methods stated below:
- Radiological examinations like ultrasonography, hysterosalpingography

and MRI.

- Direct visualisation by laparoscopy, hysteroscopy and endometrial biopsy.
- Bacteriological examinations like smear, AFB staining, histopathology, culture and microscopic examination, PCR are also performed.

Treatment for female genital tuberculosis:

WHO has suggested treatment for said entity.

First line of treatment is with Antitubercular drugs:

- Rifampicin 450-600mg,
- Isoniazid
- Pyrazinamide 1.5-2 gm. These are given for 2 months and followed by Rifampicin and Isoniazid twice a week for 5 to 6 months
- ❖ As we know untreated tuberculosis leads to severe complications.
- Modern medicine for tuberculosis is effective but is not effective once the body becomes resistance to it.
- In modern medicine they have suggested Ovulation induction for 1-3 cycles.
- If patients' endometrium is healthy, they have suggested IUI & IVF and if it fails one should go for surrogacy.

As mentioned by *Aacharya Charaka*, Tuberculosis or *rajyakshma* is a disease where patient has *agni mandhya* and food is not properly digested to form *rasadhatu*, leading to improper formation of further dhatus. Hence there is need to form better *rasa dhatu* by prescribing *agni deepana dravyas* and *Garbha sthapaka* or *Praja sthapaka dravyas* e.g. *Jeevaniya gana* (*Jeevanti*, *Shatavari*, *Endri*, *Brahmi*, *Vishwakshenkanta* etc.)

- ❖ Panchakarma should be done according to patient's condition like *vaya*, *bala*, *kala*, *prakruti* & *desha*.

Rasayana compounds when used with antitubercular drugs are very effective. As they reduce the symptoms of TB & speeds up recovery. There is inflammation in the tubes in female genital tuberculosis. Erythrocyte sedimentation rate (ESR) is increased in such condition, ESR measures the inflammation.

Ayurvedic medicine such as *Ashwagandha* and *chavanprash* normalises the ESR when used with antitubercular drugs. The herbal formulation increases the immunity. Ayurvedic herbs used in treatment are *Ashwagandha*, *Guduchi*, *Vidarikanda*, *Yashtimadhu*, *Brahmi*. Medicines like *Draksharishta*, *Sitopaladi churna*, *Talisadi churna*, *Vardhaman Pippali rasayan*, *Drakshadi awaleha*,

Kaishor guggul, Triphala guggul, Phala ghruta, Jeevantiyadi ghrut also been beneficial.

OBSERVATION:

Ayurveda is being hailed as an effective measure in treating endometrial tuberculosis and infertility in such women and globally Ayurvedic herbs are being tested clinically for treatment of such a complicated entity and a touching issue in a married couple's life.

It apparently looks like the tubal blockage assumed in the description of Vandhyatva is Agantuja (external cause), while the tubal blockage caused as a complication of various Shopha – Paka janita gynecological disorders is Nija (endogenous). However, it is not that peculiar. Actually, a tubal block is a complicated condition caused by both Nija and Agantuja causative factors. Nija Hetu Sevana creates lower body immunity and aggravation of Doshas, while Agantuja Hetus causes vitiation of the Doshas. These vitiated Doshas takes Sthanasanshaya in the fallopian tubes and cause tubal blockage followed by infertility.

DISCUSSION:

Artava -Vaha-srotas vedha janya vyadhi, denotes Agantuja Nimitta Vyadhi, which is generated by salpingo- oophoritis after trauma to the fallopian tube and ovary.

Agantuja Nimittaja Vyadhi, as secondary infertility, generally the consequence of trauma or post-partum infection. That may be due to doshas and nidanas described above for this study.

CONCLUSION:

The treatment advised by Ayurveda and Allopathy together can give best results to the patients of infertility having endometrial tuberculosis. Also local instillation by Intrauterine Uttar Basti of Vata Kaphashamaka and Tridoshaghna drugs with Sukshma, Sara, Katu, Ushna, and Pramathi properties, which is the hold standard regimen of Ayurved, can be helpful to remove the blockage and to restore the tubal functions.

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