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Hydrosalpinx - Ayurveda Management - A Case Report

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ABSTRACT:

A case is reported of a 30 years old female patient wants to conceive for 12 years. Patient specified the complaint as pain abdomen. Patient underwent examinations and diagnostic investigations to rule out the cause. She was found to have Hydrosalpinx in her Ultrasonography finding. The treatment was planned accordingly, and the regimen according to Ayurveda principle was planned, comprising correction of *Kshetra Dushti* through *Mridu Shodhana* And *Shamana* therapy. Ultrasonography was repeated after 12 weeks of the treatment wherein hydrosalpinx was found as resolved.

Key Words: Infertility, Hydrosalpinx, *Shotha*, *Arogya Vardini*, *Saptasara Kashaya*.

INTRODUCTION

Two fallopian tubes are important structure of reproductive system and a component responsible for fertility and infertility as well. One tube on each side of the uterus acts as carrying pathway for released follicle from ovary to uterus. Obstructions due to one another cause may not allow the transportation of sperm, ovum and zygote. Such tubal factors contribute as one of the causative factors of female infertility which may be about 25 -35 %¹. Damage and blockage at the end of a fallopian tube may sometime fill the tube with fluid; swollen and fluid-filled tube is called a hydrosalpinx². Hydrosalpinx can be a result of previous pelvic infection or sexually transmitted disease. Management of hydrosalpinx requires surgical management in maximum cases to restore the integrity of the lumen of the tube to facilitate conception.

Female infertility is defined as *Vandhyatawa* in Ayurveda classics. Essential factors needed for conception are *Ritu* (period near ovulation), *Kshetra* (entire reproductive system of a female), *Ambu* (nutrients

and *Beeja* (sperm and ovum)³. Loss or dysfunction of any of these factors may lead to non-conception. Tubal factor can be considered beneath *Kshetra dushti*. As far as the involvement of *dosha* is considered in tubal blockage due to hydrosalpinx, it can be *Tridoshaja vyadhi*. *Vata* is accountable for *Dhatugati*⁴. *Kapha* contributes in *samprapti* as a consequence of its *Avrodhaka* and *Shophajanka* properties. Vitiated *kapha* initiate tubal blockage due to its *Sthira Guna*⁵ as well as due to its *Avarodhaka* and *Shophajanaka* properties. *Drava guna* of vitiated Pitta may lead to accumulation of *drava*⁵ (serous fluids) and so as to hydrosalpinx happens.

Here we report a unique case of hydrosalpinx which was successfully treated with Ayurveda medicines. Institutional review board approval was not taken as the patient was not registered in a research project.

CASE REPORT-

30 years old married female visited to infertility Clinic of All India Institute of Ayurveda, New Delhi on 21st February 2018 for the purpose of treatment of



infertility. Her chief complaint was of pain abdomen in the lower segment, on and off; having moderate intensity and colicky nature especially during menstrual cycle.

Menstrual History – Duration – 4-5 days, Interval was of 28 to 32 days, painful and moderate flow. Her past menstrual history revealed that her menarche started at the age of fourteen years, cycle was regular and flow was moderate.

Her married life was of twelve years and had never had conceived. Her personal history revealed that She was having *Vishamagni* and increased weight since last eight years. Her *Koshtha* was of *Krura* type (difficult and tough bowel movements). Contraceptive history was nil and patient was not having any medical illness e.g. Diabetes, Hypertension, Thyroid disorder and no surgical intervention was done for any illness.

Clinical findings - General examination - Built -normal, weight- 69 kg, Tongue-uncoated, Pallor-absent, Pulse rate- 74/min, BP-128/74 mm Hg, Respiration rate-18/min, Temp-98.2 F

Physical examination - During her physical examination pain was detected in rt lower quadrant without abdominal guarding.

Ashtavidha pariksha (Eight methods of examination of a patient) - The *Nadi* (pulse) of patient was 72/min, *Kapha Vataj*; *Mutravritt* (micturition)- frequency was 5 - 6 times /day; *Malapravritt* – (passing stool) frequency - was once /day; *Jihwa* (tongue) of the patient was *Nirama And Shabda* (voice) was *Samanya* (normal) with *Samushnasheeta Sparsha* (touch) and *drika* (vision) was *prakrit* (normal). The *Aakriti* (physique) of patient was *madhyam* (medium).

Dashvidha pariksha (Ten methods of examination of a patient) - Patient had *Kaphavataja prakriti* and *Kaphavataja vikriti* with *madhyam* (medium) *Samhana* (Compactness of the body) and *pramana* (measurement) was also *madhyama*. Patient had *mishra rasa* diet with predominance of *amla rasa* (sour). She belonged to *yuva varga* (youth) according to her age. She had *Madhyam Ahara Shakti* (medium food) and *Vyayam Shakti* (exercise).

Systemic examination - No significant abnormality was noted

Investigations - Her laboratory examination findings were within the reference ranges. CBC – Hb 12.4g/dl, platelet count - 213 10^3 / cumm, ESR 18mm/hr. T 3 - 0.98 ng/ml, T 4– 1.81 microgram/ml, TSH - 3.24 micro - U/m

An **Ultrasonography** revealed a tubular structure of size 6.5x4.2cms in the right adnexa, right ovary was bulky in size 3.70x2.20x3.15cms of volume 13.45cc and multiple tiny cysts. Left ovary was bulky in size 3.47x2.56x2.9cms. vol 13.64cc and shows multiple tiny cysts.

Treatment given-(Table 1,Table 2) After 12 weeks; patient reported with no hydrosalpinx on right side on repeated Ultrasonography after the treatment. Further infertility management was continued after that.

DISCUSSION

Samprapti and Samprapti Vighatana -*Hetu-sevan and agnimandhya* results into *aamuttpatti* that further causes *agnimandya* and constipation. As a result, *aahara -rasa* converts into *Aam*, and *Vikrut Rasa Dhatu*. Which further produce *vikrut dhatu*. *Aama* origins *Srotorodha And Sanga*⁷. Which as a result may cause inflammatory process in any part of the body where *Khavaigunya* is found resulting into *Shotha*. In this case *khavaigunya* due to *Mithya Aahara, Mandagni* and *Krura Koshtha* may be present since long. It is elucidated by modern pathology that as history of any sexually transmitted disease, pelvic inflammatory disease or any other predisposing factor of inflammation or infection may initiate the pathophysiology of hydrosalpinx - an another interpretation of *Khavaigunya*.

Samprapti Ghtaka of this case study can be schematized out in this manner:

Dosha: *Aapana & Samana Vata, Pachka Pitta, Kledaka Kapha*

Dushya: *Rasa Dhatu, Artava updhatu*

Agni: *Dhatawagni mandya*

Strotas: *Artava vaha*

Strotodushti: *Sanga*

Vyaktisthana: *Artavavaha Strotas*

Treatment protocol adopted should achieve correction of *Agni, Aama, Sroto Rodha* and *Sanga*. Infertility due to Hydrosalpinx is *Tridoshaja, Sanga Strotodushti Janya Vyadhi* due to accumulation of excessive *dravas* (serous fluids) in the fallopian tubes. Considering this the treatment should be *Stroshodhaka, Shoshaka* (absorbent)

and *tridosha shamaka*.

In view of that to correct *Agnimandhya* and *Koshtha Shuddhi Arogyavardini* was given primarily along with *Chandraprabha vati* which can eradicate *kleda* so as to remove *Srotorodha*. Subsequently; *Saptasra Kashaya*, *PunarnavaMandura*, *Kaishor Guggulu* and *Sarivadhyasava* were added to *Combat Sroto Vaigunya And Shotha By Shamana Of Kapha And Vata Dosha*. *Guggulu* is indicated by Acharya Sushruta in *Shotha chikitsa*⁸.

Arogya Vardhini is *Dhatwagnivardhana*, *malashodhaka*, *Pakwashyadushti nashka*⁹

Chandraprabha Vati – Properties of *Deepana*, *pachana*, *Amadosahara*, *Rakta prasadana*, *Lekhaniya*, and *Medogna* can help to decrease the *Avilta of Srotas*¹⁰. *Chandraprabha vati* formulation is effective in *Kapha and Vata-Dosha*. Majority of drugs have *Katu*, *Tikta*, *Kashaya Rasa* and the prime *Virya is Ushna*, dominant *Vipaka is Katu-Vipaka* which helps in reducing the symptoms of *kleda*, *aama* and *sanga*. *Shilajatu*, *Guggulu*, *Amalaki*, *Vacha*, *Amruta are Rasayana*, *Nadi balya* in nature. Recent researches confirm that *Chandraprabha Vati* has antioxidant and free radical scavenging activity which could be attributed to *Rasayana* effect.

*Saptasara Kashaya*¹¹ is made up of seven herbs – *Varshabhru(Bohrevia Diffusa)*, *Bilva(Aegle Marmelos)*, *Horse gram(Dolicos Biflorus)*, *Eranda(Ricinus Communis)*, *Sahachara(Barleria Prionitis)*, *Sunthi(Zingiber Officinale)*, *Agnimanth(Clerodandrum phlomidis)*. It enhances *Agni* (digestive fire), *sroto shodhaka* (removes blockages) in *srotas* and controls *appana vata*.

Kaishore guggu tablet contains *Gokshuru*, *Amruta*, *Guduchi*, *Tryushana*, *Vidanga*, *Danti*, *Trivrit*, *Ghrita* and *Trikatu* acts on *gulma* and *granthi*. According to *Bhaishajyaratnavali*, *kaishore guggulu* is indicated in *shotha* (oedema) and *mandagni*¹².

Punarnava mandur- ingredients¹³ like *Bibhitak*, *Nishottar*, *Amalaki*, *Shunthi*, *Dantimoola*, *Marich*, *Chavak*, and *Pippali* actively support functioning of the liver and improve the blood circulation in the body. It is *Pitta Kapha shamak* acts well on any kind of *shotha* in the body.

Sarivadhyasava¹⁴- having ingredients like *Sariva (Hemidesmus Indicus)*¹⁵, *Musta (Cyperus Rotundus)*, *Patha (CissampelosPareira)*¹⁶ reduces *Kleda* and so as to helps to remove *sang* and *shopha*, *Kutki (Picrorhiza Kurroa)* acts as *lekhana* and *Padma (Prunus Cerasoides)*,

Chandana (Pterocarpus Santalinus) alleviates *pitta*; as a whole *Sarivadhyasava is tridoshashamaka* and helps to break the *samprapti*(pathogenesis) of the disease. *Sariva (Hemidesmus Indicus)* is best *Raktashodhaka* (blood purifier) too.

CONCLUSION

The above-mentioned oral Ayurvedic drugs were helpful in treating the patient with hydrosalpinx This approach may be taken into consideration for further treatment and research work for hydrosalpinx.

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Conflict of Interest – None

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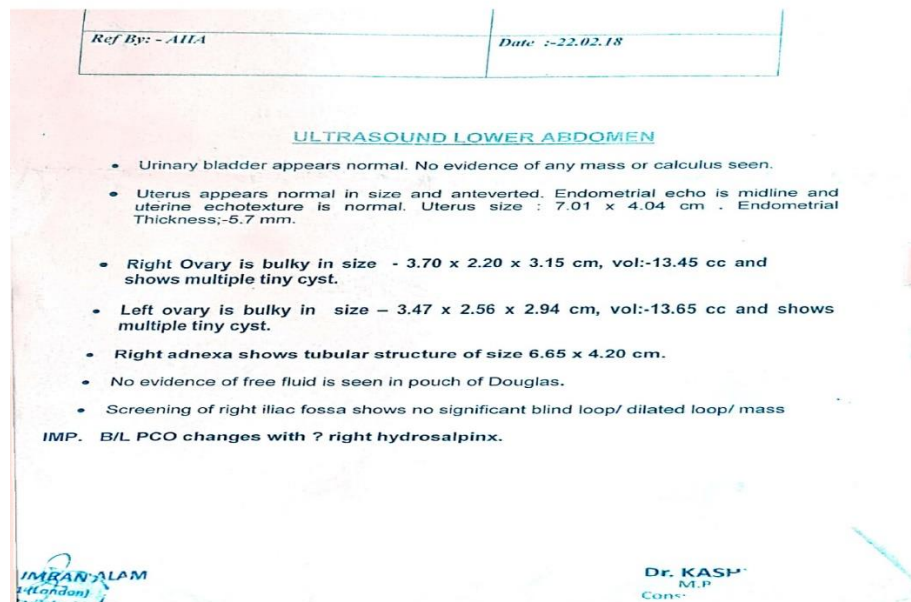
Table 1 Shows Treatment given at 1st Visit -

Sr. No.	Drug	Dosage Form	Dose	Time of Administration	Anupana	Duration
1.	<i>Arogya Vardhini Vati</i>	Tablets	2 tablets of 500 gms	After meal 3 times a day	Luke warm Water	3 weeks
2.	<i>Chandraprabha Vati</i>	Tablets	2 tablets of 500 gms	After meal 2 times a day	Luke Warm Water	3 weeks

Table 2 Shows Treatment given at 2nd Visit

Sr. No.	Drug	Dosage Form	Dose	Time of Administration	Anupana	Duration
1.	<i>Saptasara Kashaya</i>	Syrup (Kashaya)	10 ml	After meal two times a day	water	8 weeks
2.	<i>Keshor Guggulu</i>	Tablets	2 tablets	After meal 3 times a day	water	8 weeks
3.	<i>Punarnava Mandoora</i>	Tablets	2 tablets	After meal two times a day	water	8 weeks
4.	<i>Sarivadhyasava</i>	Syrup	20 ml	After meal two times a day	water	8 weeks

Before treatment



After Treatment

By: - AIA	Age/Sex:- 30 Yrs/F
	Date :- 17.05.18

ULTRASOUND LOWER ABDOMEN

- Urinary bladder appears normal. No evidence of any mass or calculus seen.
- Uterus appears normal in size and anteverted. Endometrial echo is midline and uterine echotexture is normal. Uterus size : 6.54 x 4.01 cm . Endometrial Thickness:- 7.0 mm.
- Right Ovary normal in size - 3.39 x 2.12 cm shape and echotexture.
- Left ovary normal in size – 4.10 x 2.22 cm shape and echotexture
- Bilateral adnexa are normal. No adnexal mass seen.
- Evidence of free fluid is seen in pouch of Douglas++
- Screening of right iliac fossa shows no significant blind loop/ dilated loop/ mass

IP. ? PID

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