Hydrosalpinx - Ayurveda Management - A Case Report

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INTRODUCTION

Two fallopian tubes are important structures of reproductive system and a component responsible for fertility and infertility as well. One tube on each side of the uterus acts as a 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 sometimes 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 Dhatugati⁴. Kapha contributes in samprapti as a consequence of its Avrodhaka and Shophajanka properties. Vitiated kapha initiate tubal blockage due to its Sthira Guna⁵ as well as due to its Avarodhaka and Shophajanaka properties. Drava guna of vitiated Pitta may lead to accumulation of drava⁶ (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: Mutrapravritti (micturition)- frequency was 5 - 6 times /day; Malapravritti – (passing stool) frequency - was once /day; Jihwa (tongue) of the patient was Nirama And Shabada (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 Kaphavataya 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 yuja 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 - 213 10³ / cumm, ESR 18mm/hr. T 3 - 0.98 ng/ml, T 4- 1.81 microgram/ml, TSH - 3.2 micro - U/m

An **Ultrasoundography** 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 Ultrasoundography 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 agnimandhya and constipation. As a result, aahara -rasa converts into Aam, and Vikrut Rasa Dhatu. Which further produce vikrut dhatu. Aama origins Srotorodha And Sanga7. 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, Kle Dakota Kapha

**Dushya**: Rasa Dhatu, Artava updhatu

**Agni**: Dhatawagni mandya

**Strotas**: Artava vaha

**Srotodushti**: Sanga

**Vyaktishana**: Artavavaha Srotas

Treatment protocol adopted should achieve correction of Agni, Aama, Srote Rodha and Sanga. Infertility due to Hydrosalpinx is Tridoshaja, Sanga Srotodushti 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 Sroto odha. Subsequently; Saptasra Kashaya, PunarnavaMandura, Kaishor Guggulu and Sarivadhasava were added to Combat Sroto Vaigunya And Shotha By Shamana Of Kapha And Vata Dosha. Guggulu is indicated by Acharya Sushruta in Shotha chikitsa.

Arogya Vardhini is Dhatwagnivardhana, malashodhaka, Pakwashyadushti nashka

Chandraprabha Vati – Properties of Deepana, pachana, Amadosahara, Rakta prasadana, Lekhaniya, and Medogna can help to decrease the Avilta of Srotas. 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 sangha. 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 is made up of seven herbs – Varshabhu(Bohrevia Diffusa), Bilva(Aegle Marmelos), Horse gram(Dolicos Biflorus), Eranda(Ricinus Communis), Sahachara(Barleria Prionitis), Sunthi(Zingiber Officinale), Agnimanth(Clerodandrum Communis). It enhances Agni (digestive fire), sroto shodhaka (removes blockages) in srotas and controls appana vata.

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

Punarnava mandur- ingredients 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 shaman acts well on any kind of shotha in the body.

Sarivadhasava having ingredients like Sariva (Hemidesmus Indicus), Musta (Cyperus Rotundus), Patha (Cissampelos Pareira) reduces Kleda and so as to helps to remove sang and shopha, Kutki (Picrorhiza Kurroa) acts as lekhana and Padma (Punrus Cerasoides), Chandana (Pterocarpus Santalinus) alleviates pitta; as a whole Sarivadhasasa 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.

Acknowledgements:-Nil
Conflict of Interest – None
Source of Finance & Support - Nil

REFERENCES
7. Chaudhari B.A ,Critical Evaluation Of Ama, IAMJ: Volume 3; Issue 2; February-2015:pageno-618

Table 1 Shows Treatment given at 1st Visit

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

Table 2 Shows Treatment given at 2nd Visit

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

Before treatment

![Ultrasound Image](image-url)
After Treatment

- 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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