



CLINICAL EFFICACY OF AYURVEDA TREATMENT REGIMEN ON HYDROSALPINX- A CASE REPORT

Meeta Jhala¹, Santosh Vishnoi²

1. Assistant Professor, Department of Prasuti-Stri Roga, UPGIAS&R, Dr. Sarvepalli Radhakrishnan Ayurved University, Jodhpur, Rajasthan, India
2. MS Scholar, Final Year, Department of Prasuti-Stri Roga, UPGIAS&R, Dr. Sarvepalli Radhakrishnan Ayurved University, Jodhpur, Rajasthan, India

Corresponding Author: santoshbishnoi0025@gmail.com

<https://doi.org/10.46607/iamj15p7022023>

(Published Online: January 2023)

Open Access

© International Ayurvedic Medical Journal, India 2023

Article Received: 10/02/2023 - Peer Reviewed: 12/02/2023 - Accepted for Publication: 28/02/2023.



ABSTRACT

Infertility can be caused by various factors such as ovulatory, endometrial, tubal factors, cervical factors, etc. Tubal factors are particularly responsible for infertility in patients with chronic pelvic inflammatory disease. A case is reported of a 25-year-old female patient who had been trying to conceive for 4 years. The Patient underwent examinations and diagnostic investigations to rule out the cause. She was found to have Hydrosalpinx on her Ultrasonography, so treatment was planned accordingly and she was treated with an Ayurvedic regimen consisting of *Shodhana* and *Shamana* therapy. Her USG was repeated after treatment which revealed that the hydrosalpinx had been resolved and the fallopian tube diameter was normal.

Key words: Hydrosalpinx, Tubal blockage, Infertility, *Shodhana*, *Yoga basti*.

INTRODUCTION

Infertility is defined as a failure to conceive within one or more years of regular unprotected sexual intercourse¹. Infertility can be caused by various factors such as ovulatory, endometrial, tubal factors, cervical

factors, etc. Tubal factors are particularly responsible for infertility in patients with chronic pelvic inflammatory disease. According to the survey data, fallopian tube diseases are the main reason for infertility

(accounting for 40%), while hydrosalpinx accounts for 10%–30% of various fallopian tube diseases². Female infertility is defined as *Vandhyatwa* 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. Hydrosalpinx can be considered under *Kshetraja vikriti* in Ayurvedic parlance because the fallopian tube is part of *Garbhashaya* according to *Ayurveda*. Considering *dosha* involvement in tubal blockage due to hydrosalpinx, it can be considered as *Tridoshaja vyadhi*. *Vata* is responsible for *Dhatugati*⁴. *Kapha* contributes to tubal blockage due to its *Avrodhaka* and *Shophajanaka* properties. *Kapha* vitiated due to its *Sthira Guna*⁵ can lead to tubal blockage. *Pitta* vitiated with its *drava guna* may lead to accumulation of *drava*⁶ (serous fluids) thus causing hydrosalpinx. So, Infertility due to Hydrosalpinx is a *Tridoshaja, Sanga srotodushti janya vyadhi*. Here in that, we should give *Shamana* therapy for *dosha shamana* and *Shodhana* therapy for *sanga srotodushti*.

CASE REPORT

A 25-years-old married female visited the OPD of Prasuti tantra stree Roga at Dr. Sarvepalli Radhakrishnan Rajasthan Ayurvedic Hospital in Jodhpur on 03 August 2022 with the complaint of being unable to conceive for 4 years and for treatment purpose.

Menstrual History: The Patient attained menarche at 14 years of age. She had a regular menstrual cycle with an interval of 27-30 days, 3-5 days of duration, normal flow, mild pain sometime, and no foul smell. Her married life was of four years and had never conceived. Her personal history revealed that She was having *Vishamagni* and her *Koshtha* was of *Krura* type Contraceptive history was nil and the 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 – Moderate, Nourishment – Average, Height-5'5'' Weight - 61kg Pulse-80/min, B.P - 110/80 mm of Hg

Personal History: *Ashtavidha pariksha* (Eight methods of examination of a patient)

Nadi (pulse) - 80/min, *Kapha Vataj*; *Mutrapravrutti* (micturition) - Frequency was 4– 5 times /day *Mal-apravritti* (passing stool) - Frequency was once /day, *Jihwa* (tongue) - *Nirama*, *Shabda* (voice) - *Spashta* (normal), *Sparsha* (touch) – *Samshitoushna*, *Drika* (vision) - *Prakrit* (normal), *Aakriti* (physique) - *Madhyam* (medium)

Dashvidha pariksha (Ten methods of examination of a patient)

Prakriti - *Vata-kaphaj Vishmasamveta*, *Vikriti* – *Vishmasamveta*, *Sara* – *Madhyam*, *Samhana* (Compactness of the body) – *Madhyam*, *Pramana* (measurement) – *Madhyama*, *Satmaya* – *Avar*, *Satva* – *Pravar*, *Vaya* – *Yuvastha*, *Aahar* - Patient had *mishra rasa* diet with a predominance of *amla rasa* (sour), *Ahara Shakti* (medium food) – *Madhyam*, *Jarana shakti* – *Madhyama*, *Vyayam shakti* – *Madhyam*.

Systemic examination – No significant abnormality was noted.

Investigations: Her laboratory examination findings were within the reference ranges.

Hb - 11.0g/dl and **ESR** - 24mm/hr. **USG[TVS]** (05 August 2022) - Uterus of normal size AVAF 7.3 x 3.5 x 3.9cm with normal echotexture. Endometrial thickness was 6.4mm.No myometrial mass. Ovaries: Right ovary 4.0 x 1.9 x 3.0cm.Volume 12cc.Left ovary 4.3 x 2.5 x 3.6cm.Volume 20cc. B/L Hydrosalpinx (Lt>Rt) size 37 x 7 mm on Rt 44 x 20mm on Lt.

Hysterosalpingography (HSG) (09 July 2022) - Right-sided cornual block with left- sided hydrosalpinx with tubal block max diameter 1.7 cm.

Treatment Plan:

The Treatment plan was to administer *Shodhana* (*Yoga Basti*) and *Shamana chikitsa*. *Yoga basti* therapy including 8 *bastis* with alternative *Aasthapana* and *Anuvasana Basti* along with *Shamana chikitsa* with oral medicine was administered for 2 consecutive cycles, as explained in Table 1 and Table 2. *Sthanika Abhyanga* and *Swedan* which is part of the *Purvakarma* for *Basti*. *Pathya* including *Rajaswalacharya* and *Apathya* were also explained to the patient.

Every time when she visited, she was counselled, and timely diet and exercise were advised. At every follow-up, her bowel habits, *Basti pratyagam Kal*, and

other symptoms were assessed. Detailed Posology of *Yoga Basti* and Oral Medicine Administered:

Table 1: Yoga Basti Contents

<i>Niruha Basti</i>	<p><i>Makshika (Madhu)</i>- 50 ml <i>Saindhava lavana</i> – 5 gm <i>Tila taila</i> – 50 ml <i>Shatapushpa + Shatavari churna</i> – 50 gm <i>Dashmoola kwatha</i>- 300 ml Total – 455 ml</p>
<i>Anuvasana Basti</i>	<i>Dashmoola taila</i> - 60 ml

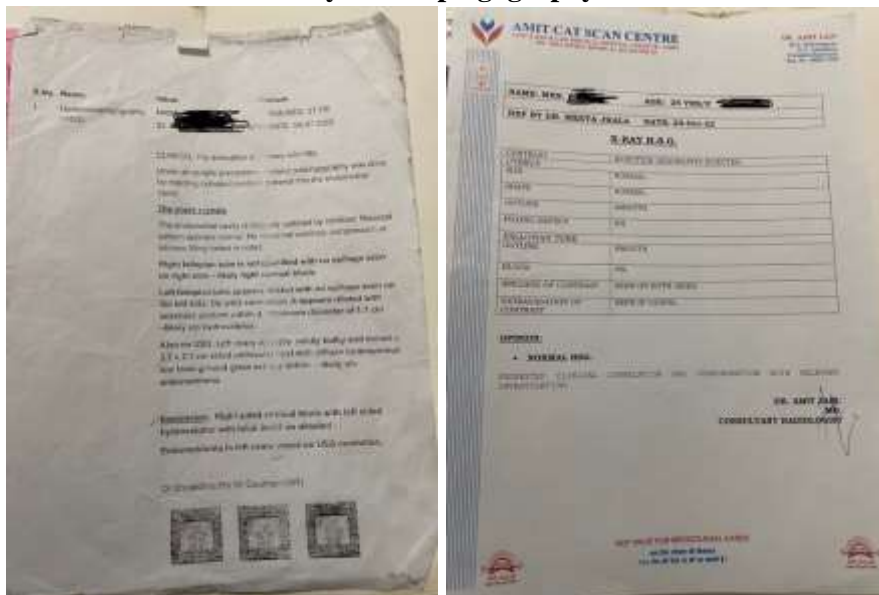
Basti schedule: One course of yoga Basti was administered as per the schedule, that is.

Day	1	2	3	4	5	6	7	8
<i>Basti</i>	A	N	A	N	A	N	A	A

A: *Anuvasana basti*, N: *Niruha basti* Table 2: Oral Medication Administered

Oral medicine	Dose	<i>Anupana</i>	Time	Duration
<i>Chandraprabha vati</i>	2-2 Tab	Lukewarm water	After food	2 months
<i>Kanchanar guggulu</i>	2-2 Tab	Lukewarm water	After food	2 months
<i>Avipattikarchurn Shankha bhashm Yava kshar Shwet parpati</i>	3 gm 500mg 500 mg 500mg 1x2	Lukewarm water	After food	2 months
<i>Punarnavadi kashayam</i>	4 tsp – 4 tsp	Equal water	After food	2 months

Observation and result: Hysterosalpingography Before treatment and After treatment



The Patient-reported on 23 October 2022 with no hydrosalpinx on the right side on repeated Ultrasonography and normal HSG findings after the treatment. Further infertility management was continued after that.

DISCUSSION

Vandhyatava due to Hydrosalpinx can be considered to be *Tridoshaja vyadhi* with *Vata* and *Kapha* predominance and *sanga srotodushti janya vyadhi*. In *Ayurveda*, *Chikitsa* is done on the concept of *Samprapti vighatana*, so the *Samprapti ghataka* of this case study can be laid out as follows: *Dosha: Aapana & Samana Vata, Pachak Pitta, Kledaka Kapha Dushya: Rasa Dhatu, Artava updhatu Agni: Dhatawagni mandya Strotas: Artava vaha Strotodushti: Sanga Vyaktisthana: Artavavaha Strotas Avayava: Dimbavahini nalika – Garbhashaya* Treatment protocol adopted should achieve correction of *Agni, Aam, Dushit dosha*, and *Sangaj srotodushti*. Considering this the treatment should be *Dipanpachan, Dosha shamak*, and *Stroto shodhak*. In view of that to treat *Agnimandya* and *aam Avipattikar churna, Shankh bhasma, Yava kshar & Shweta parpati* were given primarily then for *Dosh dushti* and *Stroto shodhan Yoga Basti* was given. In *Yoga Basti, Niruha basti* is mentioned to cure all diseases (*Sarva gadaapaha*), able to serve all purposes (*Sarva arthkari*)⁷. *Anvasana* is mentioned to have *Pushpa phalapradha*⁸ property. *Dashmoola* is *Tridosha shamaka*, chiefly *Vata*. Also, it possesses *Shothahara*⁹ (Anti-inflammatory), and *Ama pachana* (antioxidant or free radical scavenging properties) may be leading to intervene inflammatory changes and leading to *sam- Prapti vighatana*. *Saindhava lavana* due to its *Sukshama guna* reaches up to the micro channels of the body and because of its *Teekshana guna*¹⁰, it breaks the morbid malas and *dosha sanghata* leading to *Stroto- shodhana*¹¹. *Madhu* due to its *Yogavahi* property leads to proper absorption of *Basti dravya*; assimilation by the body properly. Being *Kaphahara* it may be leading to the dissolution of *Avrodha* caused by *Kapha dosha* and resulting in *Strotoshodhana* and *Samprapti vighatana*. In *Shaman therapy, Kanchanara Guggulu* is an Ayurvedic formulation having properties of *Vata Kaphashamak, Shodhana, Lekhana, Pachana, Mutrala*(diuretic), and *Shothahara* (anti-inflammatory)¹². There it helps in relieving inflammatory changes in the fallopian tubes. These drugs are helping to reduce the excess fluid in the

fallopian tube *Chandraprabha vati* has properties of *Vata Kaphahara, Rakta Prasadana, Shothahara, Krimigna, Mutra Janana, and Rasayana*¹³. *Katu vipak* and *ushna virya* help in reducing the symptoms of *kleda, aam*, and *sanga Punarnavadi kashayam* mainly has *Shothaghna*(anti-inflammatory) properties and pacifies *kapha dosha* increases appetite and balances *vata dosha*¹⁴.

CONCLUSION

Ayurvedic treatment for hydrosalpinx can be more beneficial as it is natural and non-surgical. This Ayurvedic regime possesses anti-inflammatory, anti-oxidant, and absorbent properties and *shodhana therapy* is helpful in successfully managing infertility due to hydrosalpinx (tubal blockage). There were no adverse effects found during this ayurvedic medication. Consent of the Patient was taken prior to the procedure of the treatment plan.

REFERENCES

1. Hiralal Konar, DC Dutta's Textbook of Gynecology, 7th edition, Reprint edition; 2016, Chp 27 Pg no. 186
2. Zhao HC, Zhu L. Effect of hydrosalpinx on assisted reproduction and its treatment, Chin J Birth Health Hered 2011; 19:9-11.
3. Tiwari P.V, Ayurvediya Prasuti Tantra Avum Stri Roga, Volume I, Prasuti Tantra, reprint Edition. Varanasi: Chaukhambha orientalia; 2017
4. Shastri P.K Charaka Samhita. Revised edition. Charaka Sutra Sthana Chapter 18, Shloka no. 49 Varanasi (India): Chaukhambha Bharati Academy; 2016. pp.37
5. Shastri P.K. Charaka Samhita. Revised edition. Sutra Sthana Chapter 1, Shloka no. 61, Varanasi (India): Chaukhambha Bharati Academy; 2016. pp.37
6. Shastri P.K. Charaka Samhita. Revised edition. Sutra Sthana Chapter 1, Shloka no. 60, Varanasi (India): Chaukhambha Bharati Academy; 2016. pp.36
7. Charaka Sidhi Sthana. In: Pandit Kashi Nath Shastri & Dr. Gorakhnath Chaturvedi, editors. Charaka Samhita. Revised edition. Varanasi (India): Chaukhambha Bharati Academy; 2016 Chapter 1, Shaloka no. 27-28, Pg no. 969
8. Charaka Sidhi Sthana. In: Pandit Kashi Nath Shastri & Dr. Gorakhnath Chaturvedi, editors. Charaka Samhita.

- Revised edition. Varanasi (India): Chaukhambha Bharati Academy; 2016 Chapter 1, Shloka no. 27-28, Pg no. 969
9. Dr Manasi Deshpande, Dravyaguna Vijnana, Prathama bhaga, Moulika Siddhantha, Chowkamba samskrita pratishtana, Delhi, pgno.224, 225
 10. Sharma RK, Dash B, editors. Vol. 1. Varanasi: Chowkhamba Sanskrit Series Office; 2002. Agnivesha. Charaka Samhita; p. 83. [Google Scholar].
 11. Gupta RA. International Conference on Traditional Medicine, Madras. 1986 Jan 23-25; [Google Scholar]
 12. Vidhyasagara Parshuram S Pt., editor. *Sharangadhara Samhita of Sharangadhara, Madyama Khanda*. Ver. 95. 4th ed. Ch. 7. Varanasi: Chaukhamba Surbharati Prakashana; 2006. p. 205. [Google Scholar]
 13. Krishnan K. V, Sahasrayogam, Sujanapriya Vyakhyanam, Ed:31, Vidyarambham Publishers, Mullakkal, Alappuzha; 2007. pp 92
 14. Mishra S, Editor, Bhaishjya Ratnawali of Govind Das Sen, Prameha Pidakadhikara Adhayayam, Chapter 38, Verse 22-27, Chaukhambha Surbharti Prakashan- Varanasi; 2017. pp.722

Source of Support: Nil

Conflict of Interest: None Declared

How to cite this URL: Meeta Jhala & Santoshi Vishnoi: Clinical Efficacy of Ayurveda Treatment Regimen on Hydrosalpinx- A Case Report. International Ayurvedic Medical Journal {online} 2023 {cited January 2023} Available from: http://www.iamj.in/posts/images/upload/188_192.pdf