



MANAGEMENT OF INFERTILITY DUE TO HYDROSALPINX WITH BOH BY AYURVEDIC REGIME: A CASE STUDY

Poonam Kumari¹, Hetal H. Dave², Poonam Choudhary³, Sonu⁴

¹MS Scholar, Final Year, Department of Prasuti-Stri Roga, National Institute of Ayurveda, Jaipur, Rajasthan, India

²Associate Professor, Department of Prasuti-Stri Roga, National Institute of Ayurveda, Jaipur, Rajasthan, India

^{3,4}Lecturer, Department of Prasuti-Stri Roga, National Institute of Ayurveda, Jaipur, Rajasthan, India

Corresponding Author: azadpoo77@gmail.com

<https://doi.org/10.46607/iamj2709022021>

(Published online: February 2021)

Open Access

© International Ayurvedic Medical Journal, India 2021

Article Received: 06/01/2021 - Peer Reviewed: 18/01/2021 - Accepted for Publication: 23/01/2021



ABSTRACT

We report a case of a 33 years old female patient anxious for issues since 2 years. Patient was having Bad Obstetric History (BOH) in her previous 2 pregnancies with history of Ectopic pregnancy in her last pregnancy for which linear salpingostomy was done. Patient underwent diagnostic investigations and procedures to rule out the cause. She was found to have Bilateral Hydrosalpinx in her HSG findings. So, the treatment was planned accordingly, and she was treated with Ayurvedic regimen consisting of *Shodhana* and *Shamana* therapy. HSG was repeated 6 months after treatment which was found to be normal with Bilateral patent tubes and she was managed to conceive successfully after treatment. Though she was a K/C/O BOH also, so she was provided all the necessary advice and examinations in her Antenatal period including *Masanumasika Garbhini Paricharya* and she delivered healthy female child of 2.8 kgs on 21.11.2020. So, implementation of *Ayurvedic* approach with X ray HSG resulted in successfully treating this case without tubal corrective surgery.

Keywords: Hydrosalpinx, Tubal blockage, Infertility

INTRODUCTION

Infertility is defined as a failure to conceive within one or more years of regular unprotected coitus¹. Various male and female causative factors have been described for infertility out of which tubal factor in female is one of the most important factor accounting for 20-25%² of infertility cases. Tubal factor includes damage or obstruction of the fallopian tubes and are usually associated with previous PID or previous pelvic or tubal surgery³. Hydrosalpinx is one of the tubal factors contributing to infertility. Hydrosalpinx is collection of mucus secretion into fallopian tubes⁴. Hydrosalpinx can be unilateral or bilateral. The blocked tubes cause infertility⁵ as the blocked tubes don't let the ovum and sperm converge, thus making fertilization impossible⁶. The treatment modalities related to hydrosalpinx in modern science include tubal corrective surgery. Different types of tubal corrective surgeries are performed either through laparotomy or laparoscopic approach includes tubal re-anastomosis, salpingostomy, tubal occlusion, salpinolysis⁷ etc.

According to Ayurveda female infertility has been explained under *Vandhyatawa*. *Acharya Sushruta* has mentioned the essential factors needed for conception as *Ritu* (period near ovulation), *Kshetra* (female reproductive system), *Ambu* (nourishing substances), *Beeja* (sperm and ovum)⁸. Impairment or dysfunction of any of above factor may lead to infertility. Infertility due to tubal factor can be considered under *Kshetra vikriti*. Considering *dosha* involvement in tubal blockage due to hydrosalpinx, it can be considered as *Tridoshaja vyadhi*. *Vata* is responsible for *Dhatugati*⁹. *Kapha* contributes to tubal blockage due to its *Avrodhaka* and *Sophajanka* properties. *Kapha* vitiated due to its *Sthira Guna*¹⁰ can lead to tubal blockage. *Pitta* vitiated with its *drava guna*¹¹ may lead to accumulation of *drava* (serous fluids) thus causing hydrosalpinx.

Rationality of selection of drug and procedure:

Infertility due to Hydrosalpinx is a *Tridoshaja, Sanga strodushti janya vyadhi* caused due to accumulation of excessive *dravas* (serous fluids) in the fallopian tubes. Considering this the treatment should be *Stroshodhaka, Shoshaka* (absorbent) and *tridosha shamaka*. As *Vata* is a main cause behind all the gynecological diseases so

Yoga Basti therapy is considered to be supreme to pacify *vata* and also for *Strotoshodhana*. *Bala Beeja churna* and *Amalki churna* are also suitable to treat to hydrosalpinx because of their various properties which will be discussed later.

Case Report

This is a case report of a female patient of age 33 years who visited OPD of National Institute of Ayurveda, Jaipur (NIA) on 23.08.19 with the complaint of unable to conceive since 2 years. She was also having associated complaint of constipated bowel (on and off) sometimes.

Married life: 3.5 years

Active married life: 3.5 years

Obstetric History:

O.H: G₂P₀L₀A₂

G₁: Induced abortion of GA approximate 8 weeks of gestation, because of absence of fetal cardiac activity, D & C was done, 3 years ago

G₂: Ectopic pregnancy, Linear salpingotomy was done, 2 years ago

Menstrual History: Patient attained menarche at 13 years of age. She was having regular menstrual cycle with the interval of 28-30 days, 4-5 days of duration, normal flow, mild pain sometime and no foul smell. Her L.M.P was 21.08.2019.

Clinical History: Patient had undergone several allopathic treatments for infertility with many diagnostic procedures like X-ray HSG, Diagnostic Hysteroscopy and Laparoscopy.

X- ray HSG: Her X- ray HSG report done on (17.03.2019) was suggestive of bilateral mild Hydrosalpinx.

USG was suggestive of normal study.

Hysteroscopy was suggestive of normal uterine cavity, normal endometrium.

Laparoscopy revealed that CPT was present Her AMH level was also normal.

TB PCR done was found to be negative.

TORCH test done was found to be negative.

Husband's semen analysis was also normal.

Personal History:

- Appetite: Normal
- Sleep: Sound Sleep
- Bowel habits: Constipation (on an off)
- Micturition: Clear
- Allergic History: No

Dashvidha Pariksha:

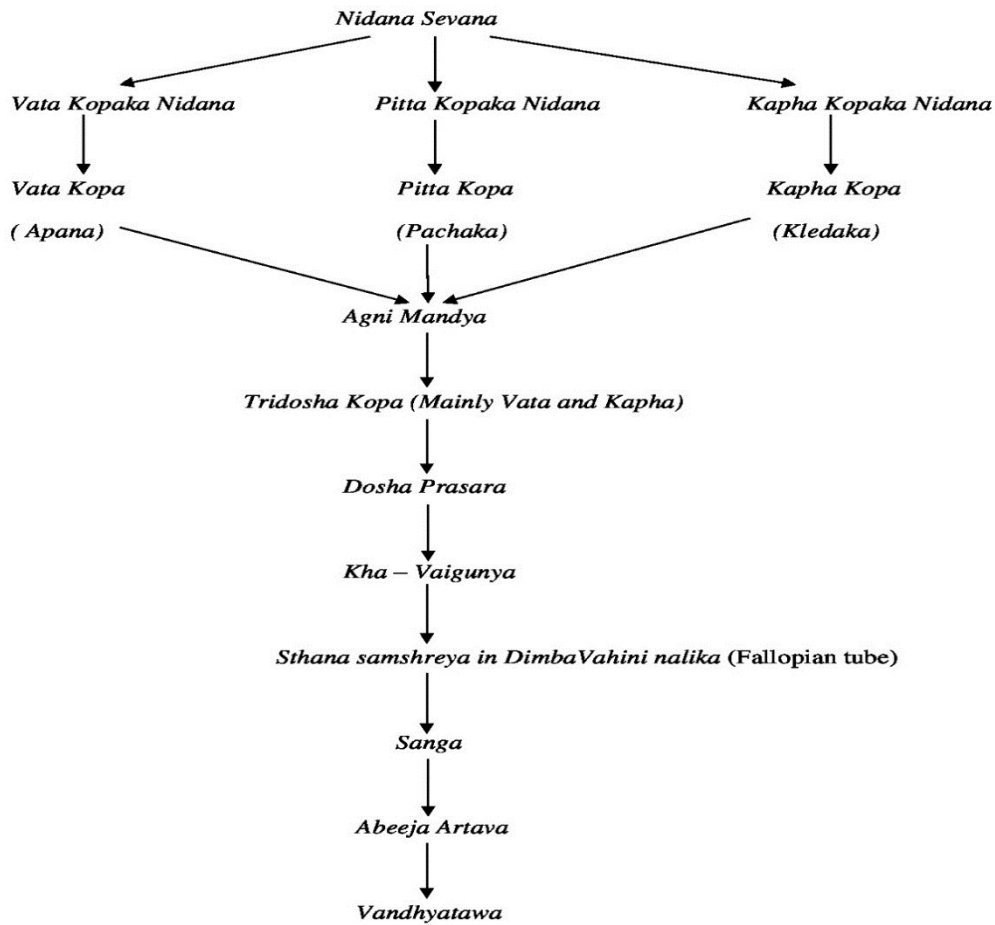
- *Prakuti: Vata-pittaja*
- *Vikruti: Vishmasamveta*
- *Sara: Rasa*
- *Samhana: Madhyama*
- *Pramana: Madhyama*

- *Satmya: Madhyama*
- *Ahara Shakti:*
- *Abhyavahrana Shakti: Madhyama*
- *Jarana Shakti: Madhyama*
- *Vyayama Shakti: Madhyama*
- *Vaya: Madhyama*

Physical examination:

- Built: Moderate
- Height: 5'5''
- Weight: 57 kg
- BMI: 20.9 kg/m²
- Pulse: 80/min
- B.P: 110/70 mm of Hg

PROBABLE SAMPRAPTI:



Treatment Plan: 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 that *Shamana chikitsa* with oral medicine was administered for

6 consecutive cycles explained in Table 1 and Table 2. *Pathya* including *Rajaswalacharya* and *Apathyas* were also explained to patient.

Detailed Posology of Yoga Basti And Oral Medicine Administered:

Table 1: Yoga Basti Contents

<i>Aasthpana Basti</i>	- <i>Makshika (Madhu) – 30 ml</i> - <i>Saindhava lavana – 5 gm</i> - <i>Dashmoola taila – 50 ml</i> - <i>Shatapushpa kalka – 50 gm</i> - <i>Dashmoola kwatha – 300 ml</i>
<i>Anuvasana Basti</i>	- <i>Dashmoola taila – 60 ml</i>

Table 2: Oral Medication Administered

Oral medicine	Dose	Anupana	Time
<i>Bala beeja Churna</i>	5 gm	<i>Go Dugdha</i>	Before meal
<i>Amalki Churna</i>	3 gm	Water	After meal

Preparation of Bastis for Yoga Basti:

Asthapana Basti: *Asthapana Basti* was prepared by adding the contents serially as per the method mentioned by *Vridha vagbhata*: *Makshika, Lavana, Sneha, Kalka, Kwatha*. *Makshika* 30ml was added to a round bowl following which 5 gm of *Saindhava lavana* was added and was mixed properly until the disappearance of sound. Following above Lukewarm *Dashmoola taila* 50 ml was added and mixed until the homogenous mixture was formed. *Shatapushpa kalka* 50 gm was added to it following which lukewarm *Dashmoola Kwatha* 350ml was added and was mixed until the formation of homogenous mixture. This is how the *Asthapana Basti* was prepared.

Anuvasana Basti: *Anvasana Basti* was prepared simply by adding 1 gm of *Saindhava lavana* to lukewarm 60 ml of *Dashmoola taila*.

Administration of Basti Dravya:

Timing of administration: *Basti* was administered following cessation of menstruation on day 8th of menstrual cycle. *Asthapana Basti* was administered empty stomach whereas *Anuvasana Basti* was administered just after intake of food.

Method of administration: *Anuvasana Basti* was administered with the help of a syringe and *Asthapana Basti* was administered with the help of an enema pot, both fitted with rubber catheter number 8 and filled with prepared *Basti Dravya*. Patient was asked to lie in left lateral position with right leg flexed at knee joint

and catheter lubricated with oil was introduced into the anus and *Basti dravyas (Kwatha and Oil)* were administered.

Following *Basti* administration patient was asked to lie in supine position: her buttocks, palm, soles were gently tapped.

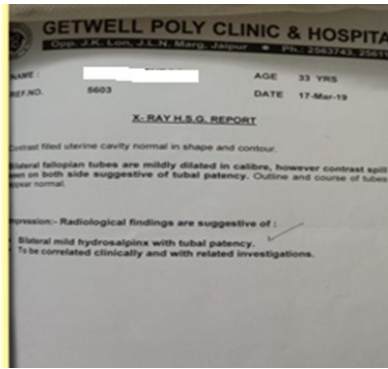
Instructions given during Basti therapy:

- To take Lukewarm water
- To avoid suppressing natural urges, sleeping during daytime
- To avoid travelling and doing heavy exercise
- To avoid overeating, fast food, oily and processed food

Outcome:

- Patient was administered the above-mentioned treatment for 6 consecutive cycles with regular follow ups during the treatment schedule.
- HSG was repeated after 6 months of treatment on 1.03.2020 and it was suggestive of normal study with bilateral fallopian tubes being normal.
- Patient missed her periods on 23.03.2020 and did her UPT which was found to be positive.
- USG for viability was carried out which showed Intrauterine gestation of 6 weeks with yolk sac present measuring 4.5mm, presence of cardiac activity 107bpm.
- Patient was given proper Antenatal care including all the examinations and advises. She delivered a healthy female child of wt. 2.8 kg on 21.11.2020.

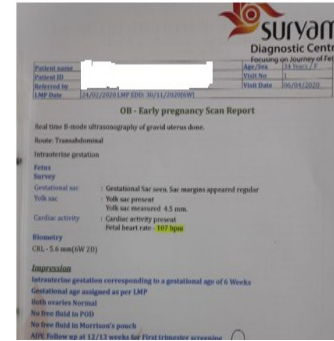
Before Treatment



After Treatment



After Treatment



DISCUSSION

Vandhyatava due to *Hydrosalpinx* can be considered to be *Tridoshaja vyadhi* with *Vata* and *Kapha* predominance. In Ayurveda, *Chikitsa* is done on the concept of *Samprapti vighatana*, so the *Samprapti ghtaka* of this case study can be laid out as follows:

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

Dushya: *Rasa Dhatu, Artava updhatu*

Agni: *Dhatawagni mandya*

Strotas: *Artava vaha*

Strotodushti: *Sanga*

Vyaktisthana: *Artavavaha Strotas*

Avayava: *Dimbavahini nalika*

Considering above, the main line of treatment planned was *Stroto shodhaka, Tridosha Shamaka, Agni deepaka* and *Vatanulomaka*. **Yoga Basti** has been mentioned to be summation of 8 *Bastis* by *Achrya Charaka* starting with one *anuvasana* followed by 3 *asthapana* and 3 *anuvasna* alternatively and 1 *anuvasna* at last¹². *Asthpana basti* is mentioned to cure all the diseases (*Sarva gada apaha*), able to serve all purposes (*Sarva arthkari*)¹³. *Anvasana* is mentioned to have *Pushpa phalaprada*¹⁴ property. *Dashmoola* is *Tridosha shamaka, chiefly Vata*. Also, it possesses *Shothahara* (Anti-inflammatory), *Ama pachana* (antioxidant or free radical scavenging properties) may be leading to intervene the inflammatory changes and leading to *samprapti vighatana*. *Saindhava lavana* due to its *Sukshama guna* reaches up to the micro channels of body and because of its *teekshana guna* it breaks the morbid *malas* and *dosha sanghata* leading to *Stroto-shodhana*. *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 dissolution of *Avrodha* caused by *Kapha dosha* and resulting in *Strotoshodhana* and *Samprapti vighatana*. **Bala** is mentioned to have *Grahi, Snigdha, Sheeta Guna*¹⁵. *Acharya charaka* mentioned it in *Prajasthapana Mahakshya*¹⁶ and to be best among *Sangrahi, Balya* and *Vatahara*¹⁷ *dravyas*. While defining different *dravyas* *Acharya Sharandghara* mentioned that *Grahi dravya* has *deepana, pachana, dravashoshka*¹⁸ (**absorbent**) properties. *Hydrosalpinx* refers to the fallopian tubes that are being blocked by watery fluid, so probably *Bala* due to its *Grahi* property is helpful in absorbing the watery fluids thus making fallopian tubes patent for fertilization and treating infertility caused by *hydrosalpinx*.

Amlaki is *Tridoshahara, Rasayana, Vrishya, Sarvadoshaghana*. It is known to be natural antioxidant. Contents present in it like tannins, alkaloids, phenolic compounds, amino acids and carbohydrates are proved to be having antipyretic activity. Extract of fruits of *Embelia officinalis* possess anti-inflammatory and analgesic property¹⁹. As *Hydrosalpinx* is considered to be end stage of *pyosalpinx*²⁰ so antipyretic and anti-inflammatory properties of *Amalki* would have resulted in suppression of inflammatory reaction with secretion of pus and thus reverting back the pathology underlying of tubal blockage due to *hydrosalpinx*.

CONCLUSION

Infertility due to tubal blockage is one of the common causes. In modern science well established treatment

for infertility are there but when it comes to tubal factors there is not yet any satisfactory treatment available. This *Ayurvedic* regime possessing anti-inflammatory, antipyretic, antioxidant, absorbent properties and *shodhana therapy* is helpful in successfully managing infertility due to hydrosalpinx (tubal blockage). This will also be helpful in preventing complications and bad outcomes like adhesions, ectopic pregnancy etc. related to the operative procedures of tubal corrective surgeries.

REFERENCES

1. Hiralal Konar, DC Dutta's Textbook of Gynecology, 7th edition, Reprint edition; 2016, Chp 27 Pg no. 186
2. Hiralal Konar, DC Dutta's Textbook of Gynecology, 7th edition, Reprint edition; 2016, Chp 17 Pg no. 188
3. Jonathan S. Berek, Novak's Gynecology, 13th edition, Reprint edition; 2002. Lippincott Williams & Wilkins, Chapter no. 27
4. Hiralal Konar, DC Dutta's Textbook of Gynecology, 7th edition, Reprint edition; 2016, Chp 13 Pg no. 139
5. <https://www.google.com/search?q=5http%2F%2Fen.wikipedia.org%2Fwiki%2FHydrosalpinx&oq=5http%2F%2Fen.wikipedia.org%2Fwiki%2FHydrosalpinx&aqs=chrome..69i57j69i58.10085j0j4&sourceid=chrome&ie=UTF-8>
6. https://www.google.com/search?q=6+http%3A%2F%2Fen.wikipedia.org%2Fwiki%2FFallopian_tube_obstruction&oq=6%09http%3A%2F%2Fen.wikipedia.org%2Fwiki%2FFallopian_tube_obstruction&aqs=chrome..69i57j69i58.4499j0j9&sourceid=chrome&ie=UTF-8
7. <https://www.google.com/search?q=7+http%3A%2F%2Fen.wikipedia.org%2Fwiki%2FTuboplasty&oq=7%09http%3A%2F%2Fen.wikipedia.org%2Fwiki%2FTuboplasty&aqs=chrome..69i57j69i58.7033j0j9&sourceid=chrome&ie=UTF-8>
8. Prof. PV Tiwari, Ayurvediya Prasuti Tantra avum Stri Roga, Volume I, Prasuti Tantra, reprint Edition. Varanasi: Chaukhamba orientalia; 2017, Pg no. 86
9. Charaka Sutra Sthana. In: Pandit Kashi Nath Shastri & Dr. Gorkhnath Chaturvedi, editors. Charaka Samhita. Revised edition. Varanasi (India): Chaukhamba Bharati Academy; 2016 Chapter 18, Shaloka no. 49, Pg no. 374
10. Charaka Sutra Sthana. In: Pandit Kashi Nath Shastri & Dr. Gorkhnath Chaturvedi, editors. Charaka Samhita. Revised edition. Varanasi (India): Chaukhamba Bharati Academy; 2016 Chapter 1, Shaloka no. 61, pg no. 37
11. Charaka Sutra Sthana. In: Pandit Kashi Nath Shastri & Dr. Gorkhnath Chaturvedi, editors. Charaka Samhita. Revised edition. Varanasi (India): Chaukhamba Bharati Academy; 2016 Chapter 1, Shaloka no. 60, Pg no. 36
12. Charaka Sidhi Sthana. In: Pandit Kashi Nath Shastri & Dr. Gorkhnath Chaturvedi, editors. Charaka Samhita. Revised edition. Varanasi (India): Chaukhamba Bharati Academy; 2016 Chapter 1, Shaloka no. 47-48, Pg no. 973
13. Charaka Sidhi Sthana. In: Pandit Kashi Nath Shastri & Dr. Gorkhnath Chaturvedi, editors. Charaka Samhita. Revised edition. Varanasi (India): Chaukhamba Bharati Academy; 2016 Chapter 1, Shaloka no. 27-28, Pg no. 969
14. Charaka Sidhi Sthana. In: Pandit Kashi Nath Shastri & Dr. Gorkhnath Chaturvedi, editors. Charaka Samhita. Revised edition. Varanasi (India): Chaukhamba Bharati Academy; 2016 Chapter 1, Shaloka no. 27-28, Pg no. 969
15. Bhavaprakasha Nighantu In: Prof. Krishna Chandra Chunekar & Late Dr. Ganga Sahay Pandey. Reprint edition. Varanasi (India): Chaukhamba orientalia; 2013, Guduchyadi Varga, Pg no. 353
16. Charaka Sutra Sthana. In: Pandit Kashi Nath Shastri & Dr. Gorkhnath Chaturvedi, editors. Charaka Samhita. Revised edition. Varanasi (India): Chaukhamba Bharati Academy; 2016 Chapter 4, Shalok no. 49, Pg no. 87
17. Charaka Sutra Sthana. In: Pandit Kashi Nath Shastri & Dr. Gorkhnath Chaturvedi, editors. Charaka Samhita. Revised edition. Varanasi (India): Chaukhamba Bharati Academy; 2016 Chapter 25, Sholoka no. 40, Pg no. 467
18. Shrangdhara Samhita In: Dr. Shailja Shrivastava. Revised edition. Varanasi (India): Chaukhamba Orientalia; 2016 Chapter 4, Shloka 12, Pg no. 32
19. Perianayagam JB, Sharma SK, Joseph A, Christian AJ. Evaluation of antipyretic and analgesic activity of *Embllica officinalis* Gaertn. J Ethnopharmacol. 2004; 95(1):83-5
20. Hiralal Konar, DC Dutta's Textbook of Gynecology, 7th edition, Reprint edition; 2016, Chp 13 Pg no. 140

Source of Support: Nil

Conflict of Interest: None Declared

How to cite this URL: Poonam Kumari et al: Management Of Infertility Due To Hydrosalpinx With BOH By Ayurvedic Regime: A Case Study. International Ayurvedic Medical Journal {online} 2021 {cited February, 2021} Available from: http://www.iamj.in/posts/images/upload/491_497.pdf