



Case Study

MANAGEMENT OF HYDROSALPINX BY AYURVEDIC REGIMEN

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ABSTRACT

Hydrosalpinx is a prominent cause of female infertility, frequently leading to tubal damage and occlusion. Standard modern interventions, such as prolonged antibiotics or surgical salpingectomy, carry limitations- either failing to resolve the condition or resulting in permanent loss of reproductive potential. This case report highlights the successful management of right-sided hydrosalpinx through an Ayurvedic approach in a 28-year-old female with primary infertility. Despite receiving conventional treatment, the patient showed no clinical or radiological improvement. Ultrasonography revealed a right fallopian tube dilated to 17.9mm, consistent with hydrosalpinx. Based on Ayurvedic assessment, the condition was understood as *Kshetrajika Vikriti* caused by *Kapha-Pitta Dushti*, with localized *Strotorodha* in the reproductive tract. The treatment protocol included internal administration of *Arogyavardhini Vati*, *Chandraprabha Vati*, *Triphala Guggulu*, and *Erand Bhrishtha Haritaki*, combined with intravaginal application of *Yonivarti* followed by *Yoni Prakshalana*. After three months, follow-up ultrasonography confirmed complete resolution of hydrosalpinx, with significant symptomatic improvement and no adverse effects. This outcome suggests that *Yonivarti*, offer a promising non-surgical alternative for managing tubal factor infertility.

INTRODUCTION

Infertility is clinically defined as the failure to achieve conception in a couple of reproductive age, despite regular, unprotected sexual intercourse for one or more years during the fertile phase of the menstrual cycle.^[1] In Ayurvedic literature, this condition is described as *Vandhyatva*. *Acharya Sushruta* enumerated that successful conception depends on the optimal functioning and synchronization of four key factors known as *Garbha sambhavasamagri: Ritu* (the appropriate timing, corresponding to the fertile window around ovulation), *Kshetra* (the reproductive system, particularly the *Garbhashaya* or uterus along with its adnexa), *Ambu* (adequate nourishment derived from *Ahara Rasa*, the nutritive essence of maternal food), and *Beeja* (healthy viable sperm and ovum) and disruption in any of these cause infertility.^[2]

Among the various etiological factors described in both modern medicine and Ayurvedic texts, ovarian dysfunction remains the most common cause of female infertility, contributing 30-40 percent cases.^[3] After ovarian factor, tubal factor infertility ranks as the second most common, accounting for approximately 20-25% of cases.^[4] Within the broad spectrum of tubal pathologies, hydrosalpinx stands out as a particularly detrimental condition, due to its disruptive impact on tubal function and endometrial receptivity implicated in approximately 10-30% of tubal factor infertility.^[5] It is defined as the distension of the fallopian tube due to accumulation of serous fluid, secondary to the occlusion of the fimbrial end. The etiopathogenesis is commonly linked to chronic pelvic inflammatory disease (PID), genital tuberculosis, or sexually transmitted infections (STIs)- Repeated infection by organisms such as chlamydia trachomatis, gonococcus, and e. coli lead to inflammation, fimbrial occlusion, and fluid retention within the tubal lumen over time, the tubal walls become fibrosed and mucosal cilia are destroyed, resulting in thin walled tortuous, fluid filled tube with characteristic retort or sausage shape, thereby compromising both gamete transport and fertilization potential.^[6]

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From the Ayurvedic standpoint, hydrosalpinx can be understood as a type of *Kshetrja vikruti*, since the fallopian tube is considered a functional extension of the *Garbhashaya* (uterus) in Ayurvedic anatomy. The pathogenesis is believed to begin with the vitiation of *Kapha* and *Pitta doshas*, frequently precipitated by *Krimi* (microbial or parasitic invasion) in the *Garbhashaya*. This leads to an inflammatory response marked by the formation of *Putisrava* (purulent or foul-smelling discharge), which correspond to the serous or pus-like fluid accumulation observed in modern descriptions of hydrosalpinx. Over time, this condition results in *Sanga* (obstruction) within the tubal lumen and the development of *Granthi-like adhesions*, leading to impaired tubal function. Such pathology compromises the integrity and receptivity of the *Kshetra* (uterus) affecting embryo implantation, ultimately resulting in *Vandhyatva* (female infertility).

Patient Profile

A 28-year-old Hindu married female presented to the PTSR OPD on December 20, 2024, with the chief complaint of primary infertility. She also complained of on-and-off lower abdominal pain of moderate intensity, especially during her menstrual cycle.

The patient attained menarche at the age of 13 years, her menstrual history revealed regular cycles occurring at 28 to 30-day intervals, with bleeding lasting for 3 days. The menstrual flow was moderate in amount, red in color, and associated with moderate pain. The patient also reported a foul odour during menstruation. Her last menstrual period was on 10/12/2024. Her married life spanned 5 years, and despite an active sexual life, she had never conceived. Her contraceptive history was nil. Her past medical history revealed no known illnesses such as diabetes, hypertension, or thyroid disorders. She had not undergone any surgical intervention in the past.

General Examination

The patient was moderately built, with a height of 164 cm and weight of 74kg, resulting in a Body Mass Index (BMI) of 25.8kg/m², classifying her as overweight. Her vital parameters were stable, with a blood pressure of 120/78mmHg, pulse rate of 82/min, and respiratory rate of 18/min. She was afebrile to touch, and there were no signs of pallor, icterus, or pedal edema. Her appetite was average, she had *Krura Koshtha* (constipated bowel habit) and also reported burning micturition on and off. There was no history of allergies or substance abuse.

Table 1: Pelvic examination

P/S (per speculum)	Mild thin greyish - White discharge present Cervix - cervical os - Pin hole Mild erosion present on upper lip. Vaginal walls were healthy.
P/V(per vagina)	Uterus AV (anteverted), AF(antiflexed) Cervix - Firm, tender Cervical motion tenderness was present. All fornices were tender.

Dashavidha Pariksha

On evaluation, the patient was found to be of *Kapha-Vata Prakriti* with *Madhyama Bala* (moderate physical strength), *Madhyama Vaya* (middle age), and *Madhyama Vikriti* (moderate morbidity). Her *Sara* (excellence of tissues), *Samhanana* (compactness of body), *Pramana* (body proportions), and *Satmya* (adaptability to diet and environment) were also assessed to be of *Madhyama* level. She exhibited *Avara Satva* (poor mental strength) and had *Madhyam Ahara* and *Vyayama Shakti*, indicating a moderate capacity for food intake, digestion, and physical exertion.

Investigations

The patient's lab results are mostly within normal limits, except for a mildly low hemoglobin (11.8 g/dL), elevated ESR (37mm/hr), and slightly high TSH (4.24µIU/mL), which may suggest mild anemia, chronic inflammation, and possible subclinical hypothyroidism. Her AMH level is 1.48ng/mL, indicating reduced ovarian reserve. Pelvic ultrasound on 22/11/2023 showed a dilated right fallopian tube (17.9mm), suggestive of hydrosalpinx.

Diagnosis

Based on the patient clinical history, examination and sonography report her disease can be diagnosed as chronic pelvic inflammatory disease with right hydrosalpinx.

Therapeutic Intervention

Table 2: Shaman chikitsa

Sr.No.	Drug	Dosage Form	Dose	Time of Administration	Anupana	Duration
1.	<i>Arogya Vardhini Vati</i>	Tablets	500mg	After food 2 times a day.	Lukewarm Water	3 months
2.	<i>Chandraprabha Vati</i>	Tablets	500mg	After food 2 times a day.	Lukewarm Water	3 months
3.	<i>Triphlaguggulu</i>	Crushed Tablets	500mg	After food 2 times in a day.	Lukewarm water	3 months
4	<i>Erand bhrishtaharitaki churna</i>	Churna	3gm	At night	Lukewarm water	

Preparation of Sodhana varti



To prepare the *Varti* fine powders of *Madanphala*, *Kustha*, and *Sandhava Lavana* are first taken in appropriate proportions. To this mixture, fresh *Arka Patra Swarasa* (juice of *Arka* leaves) is added, and the blend is triturated thoroughly to ensure uniform mixing and enhance potency. Following this, *Gomutra* (cow urine) is incorporated, and the mass is again subjected to *Mardana* (trituration), allowing deeper integration of ingredients. After sufficient trituration, *Gud paka* (a preparation made from jaggery) is added to provide cohesion. Finally, the homogenous mixture is rolled into uniform-sized *Vartis* and dried in shade.

Table 3: Sthanik chikitsa

1. *Yoni varti* followed by *yonis prakshalan* with *Triphala kwath* 3 months

RESULT

After three months of treatment, repeat ultrasonography showed complete resolution of the right-sided hydrosalpinx, indicating effective management of the underlying chronic pelvic inflammatory disease. With the tubal abnormality no longer present, the patient proceeded with further infertility evaluation and management.

DISCUSSION

Samprapti

Hydrosalpinx can be correlated with *Kshetrajavikriti* in Ayurvedic prevalence, as the fallopian tubes are considered integral components of the *Garbhashaya* (uterus). The vitiation of *Kapha* and *Pitta doshas*, primarily due to the invasion of *Krimi*

(micro-organisms) into the *Yoni* or *Garbhashaya*, initiates the disease process. This pathogenic sequence leads to the formation of *Putisrava* (purulent discharge or pus accumulation) within the tubal lumen. Over time, this chronic inflammatory response results in fibrosis and adhesion formation, causing obstruction of the tubal passage and subsequent accumulation of serous, as seen in hydrosalpinx.

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

Dosha: Pachakpita, Kledaka Kapha

Dushya: Rasa Dhatu, Artavaupdhatu

Agni: Dhatawagnimandya

Strotas: Artavavaha

Strotodushti: Sanga

Vyaktisthana: Artavavaha Strotas

Infertility due to Hydrosalpinx is a *Kapha pitta* dominant *Vyadhi*, *Sanga strotodushtijanyavyadhi* caused due to accumulation of excessive *Dravas* (serous fluids) in the fallopian tubes. Considering this the treatment should be *Stroshodhaka*, *Shoshaka* (absorbent) and *Kapha pitta shamaka*.

Rationality of drugs and procedures

Yonivarti acts through its *Shodhana* (purificatory), *Vrana Ropana* (wound healing), and *Krimighana* (anti-microbial) properties, making it beneficial in hydrosalpinx, it also expels *Dosha* and also controls the local infections.

Being administered vaginally, *Yonivarti* ensures higher bioavailability by bypassing hepatic metabolism. The vascular vaginal mucosa enhances drug absorption, allowing for faster and sustained action. Its hygroscopic nature helps absorb excessive vaginal and cervical discharges, and inhibits bacterial colonization by maintaining optimal vaginal pH.

Furthermore, *Yonivarti* provides prolonged therapeutic effect, especially in recurrent infections, promoting vaginal hygiene and restoration of healthy mucosa. Ingredients such as *Kushta* and *Madanaphala* promote gentle contraction of the uterus and fallopian tubes, aiding in the expulsion of purulent secretions collected in the tubal lumen, thereby supporting the management of hydrosalpinx.

Yoni prakshalan with Triphala kwath

Haritaki and *Amalaki* possess all *Rasas* except *Lavana*. *Vibhitaki* is said to have *Kashaya tiktha rasa*. *Kashaya* and *Tikta rasa*, itself is having properties of *Vrana shodhana*, *Vrana ropana* and *Kleda shoshana*. The drug *Vibhitaki* is said to have '*Krimi nasaka*' karma, which might point towards the antimicrobial action of *Triphala*.^[7] Hence *Triphala kwatha* selected for *Yoni Prakshalana* reduces the inflammation and helps in healing by antimicrobial action.

Triphala Guggulu exhibits a broad spectrum of pharmacological actions including antibacterial, antifungal, antiseptic, antioxidant, and anti-inflammatory effects. It is known to pacify all three *Doshas* (*Vata*, *Pitta*, and *Kapha*) and extremely beneficial in removal of accumulated toxins (*Ama*) from the body. Functioning as a potent detoxifier, *Triphala Guggulu* plays a significant role in promoting tissue healing, and preventing microbial overgrowth, especially in chronic inflammatory conditions.^[8]

Arogyavardhini Vati have *Deepana*, *Pachana*, *Lekhana*, *Srotoshodhana* and *Sarvrogaprasman* properties. Hydrosalpinx, characterized by fluid accumulation, often involves *Kleda* formation and

Strotorodha (obstruction in bodily channels), *Arogyavardhini Vati*, through its *Strotoshodhana* and *Raktaprasadaka* actions, aids in reducing inflammatory exudates and enhancing *Dhatvagni*. Its use also supports systemic metabolic correction, thus help in eliminating *Kledavridhi* dominant pelvic pathologies such as PID and hydrosalpinx.^[9]

Chandraprabha Vati having properties of *Deepana*, *pachana*, *Amadosahara*, *Rakta prasdana*, *Lekhaniya*, and *Medogna* can help to decrease the *Avilta* of *Srotas*. Majority of drugs have *Katu*, *Tikta*, *Kashaya Rasa* and *Virya* is *Ushna*, *Vipaka* is *Katu-Vipaka* which helps in reducing the symptoms of *Kleda*, *Aama* and *Sanga*. *Shilajatu*, *Guggulu*, *Amalaki*, *Vacha*, *Amruta* are *Rasayana*, *balya* in nature. *Chandraprabha Vati* has antioxidant and free radical scavenging activity which could be attributed to the *Rasayana* effect.^[10]

CONCLUSION

Hydrosalpinx, a major cause of tubal infertility, often fails to respond fully to conventional treatment and may lead to surgical loss of the fallopian tube. In this case, Ayurvedic management using *Yonivarti*, along with internal *Pitta-Kapha Shamana*, *Krimighna*, and *Strotoshodhaka* drugs, led to complete resolution of right-sided hydrosalpinx as confirmed by ultrasonography. This outcome highlights the potential of *Sthanik chikitsa* (Ayurvedic in-situ therapies) as effective, non-invasive, and fertility-preserving options in the management of tubal factor infertility.

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