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Case Study

AYURVEDA MANAGEMENT OF HYDROSALPINX IN PRIMARY INFERTILITY

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ABSTRACT

Hydrosalpinx, defined as fluid accumulation causing tubal obstruction, is a significant etiology in female factor infertility. In Ayurveda, tubal blockage and associated pelvic pathology can be correlated with *Kaphaja/Vataja Vandhyatva* or *Kshetra Dushti*. **Case Presentation:** A 32-year-old female patient presented to the PTSR OPD with primary infertility for 4 years, accompanied by pelvic discomfort and dysmenorrhea. Initial hysterosalpingography (HSG) demonstrated right-sided hydrosalpinx with minimal spillage, while the left side showed free spillage. **Intervention:** The patient was managed conservatively using oral Ayurveda formulations *(Shamana Chikitsa)* alongside local therapeutic procedures including *Yoga Basti (Niruha* and *Anuvasana Basti), Yoni Prakshalana*, *Apamarga Kshara* local application. **Outcome:** Repeat HSG in July–August 2026 documented a patent right fallopian tube and clear visualization/patency of the left tube. **Conclusion:** This case demonstrates the observed feasibility of an integrated Ayurveda approach incorporating *Shamana* and *Sthanika Chikitsa* in a patient with hydrosalpinx-associated primary infertility. The findings provide a basis for further systematic evaluation.

INTRODUCTION

Hydrosalpinx is a clinical condition characterized by distension of the fallopian tube with fluid following distal tubal occlusion, frequently resulting from pelvic inflammatory disease or infections such as tuberculosis.[1] In modern medicine, management may involve surgical options such as laparoscopic salpingectomy or tubal clipping, particularly before assisted reproductive technology. Tubal factor infertility reports approximately 25–35% and hydrosalpinx is found in 10–30% of all patients undergoing in vitro fertilization (IVF)[2]. In India, Studies using Hysterosalpingography (HSG)have reported prevalence rate ranging from 4.4% to9.8% among infertile women.[3] In India, hydrosalpinx among infertile women has been reported in approximately 4.4%–9.8% of cases in studies using hysterosalpingography (HSG), with individual Indian studies reporting rates such as 7.69% for right-sided and 9.79% for left-sided hydrosalpinx. These findings highlight the contribution of tubal pathology to female infertility in the Indian population.[4]

In Ayurveda classical understanding, female infertility is considered under *Vandhyatva*. Tubal patency and health are essential components of *Kshetra* (the reproductive tract/uterus).[5] Obstruction of *Artavavaha Srotas* associated with *Kapha-Vata* vitiation may be interpreted as a *Sanga*/obstructive pathology with fluid accumulation and tubal occlusion. *Ayurveda* management in the present case was directed toward *Srotoshodhana, Vata Anulomana* and reduction of inflammatory/obstructive features through systemic and local procedures.

The present case describes a 32-year-old woman with primary infertility and right-sided hydrosalpinx, who underwent a combined Ayurvedic treatment protocol, followed by repeat HSG. The objective is to document the clinical course, interventions and observed outcome.

Patient Information

A 32-year-old female presented to the Department of Prasuti Tantra & Stree Roga with

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inability to conceive after 4 years of active marital life (*Pra-Bandhyatva*). She also reported pelvic discomfort, dysmenorrhea, dark-coloured menstrual flow with occasional clots and lower back discomfort. Menstrual cycles were regular.

Past Medical History: History of pulmonary tuberculosis, treated with anti-tubercular therapy (ATT).

Past Surgical History: Non-significant
Family History: Non-significant
Allergic History: No known drug allergies
Menstrual History: LMP at initial visit was 03/01/2026; cycles were regular at 28–30 days, with duration of 2–3 days and pad usage of 1–2 pads/day.

Table 1: Clinical Profile

Parameter	Finding
Age / Sex	32 years/Female
Place	Jaipur, Rajasthan
Patient Registration No.	332026527648
First visit	10/01/26
Chief Complaint	Inability to conceive after 4 years of active marital life
Associated Symptoms	Pelvic discomfort, dysmenorrhea, dark menstrual flow with occasional clots, lower back discomfort
LMP	03/01/2026
Married life	4yr
Obs.History	Nil
Past Medical History	Pulmonary tuberculosis; treated with ATT
Past Surgical History	Non-significant
Family History	Non-significant
Allergy History	No known drug allergy
Menstrual Cycle	Regular; interval 28–30 days
Menstrual Duration	2–3 days; 1–2 pads/day
P/V Examination	Cervix healthy; mild bilateral adnexal tenderness initially; OS closed

Diagnostic Assessment

The patient was evaluated for primary infertility with associated pelvic discomfort and dysmenorrhea. Initial HSG dated 13/12/2025 demonstrated right hydrosalpinx with minimal spillage, while the left side showed free spillage. The clinical picture was considered in the context of tubal obstruction/*Artavavaha Srotas Dushti*.

Infectious/Tuberculosis assessment included a negative TB Gold test, positive Mantoux test dated 07/01/2026, and negative menstrual blood RT-PCR for MTB Complex/NTM dated 06/03/2026.

Investigations

Investigation	Finding	Clinical Significance
Initial HSG (13/12/2025)	Right hydrosalpinx with minimal spillage; left side free spillage	Evidence of right-sided tubal obstruction/hydrosalpinx
TB Gold	Negative	No laboratory evidence by this test
Mantoux (07/01/2026)	Positive	Documented positive tuberculin skin test
Menstrual blood RT-PCR (06/03/2026)	Negative for MTB Complex/NTM	No MTB/NTM detected in the tested sample
Pelvic USG & follicular tracking (July 2026)	Uterus normal size; ET 8.1–8.8 mm; bilateral ovaries initially showed PCOD pattern	monitoring for subsequent ovulation
Follow-up HSG (08/07/2026–08/08/2026)	Right tube patent; left tube patent/clear visualization	To see tubal patency after treatment

Therapeutic Intervention

The patient underwent a combined regimen of oral medication (*Shamana Chikitsa*) and local cleansing/clearing procedures (*Sthanika & Shodhana Chikitsa*) over multiple cycles from January 2026 to August 2026.

Oral Formulations *(Shamana Chikitsa)*

Prescribed Formulation	Dosage & Route	Indication / Action
Triphala Guggulu	2 tablets BD	*Lekhana, Srotoshodhana*, anti-inflammatory
Arogyavardhini Vati	1 tablet BD	*Pachana*, liver function improvement, clears obstruction
Punamavadi Kashaya + *Aragvadhadhi Kashaya*	20ml + 20ml BD	Anti-edematous, fluid drainage (*Sothahara*)
Avipattikar Churna + *Laghusutshekhar Ras* + *Shankha Bhasma*	3g + 250mg + 500mg BD	*Pitta-Kapha* pacification, acidity control
Haridrakhanda	5g BD with milk	Anti-allergic, anti-inflammatory

***Panchakarma* & Local Procedures (*Sthanika Chikitsa*)**

- *Yoga Basti* cycle (March & May 2026): *Anuvasana Basti* with *Dashamula Taila*, retained for approximately 3.5–9 hours.
- *Niruha / Asthapana Basti*: *Dashamula Kwatha* + *Punarnavadi Kwatha*.
- *Yoni Prakshalana*: Vaginal irrigation using *Triphala Kwatha* and *Panchavalkala Kwatha*.
- *Kshara Karma*: *Apamarga Kshara* local application for mild cervical erosion under aseptic conditions following cessation of menses for 2–3 consecutive cycles.

Outcome and Follow-Up

The patient reported significant reduction in pelvic discomfort and normal, regular of menstrual flow. Repeat HSG in July–August 2026 resultant restoration of right tubal patency and clear visualization/patency of the left tube. Follicular monitoring during July–August 2026 reported normal ovulation, with endometrial thickness reaching 8.8 mm.

Outcome Parameter	Observed Finding
Pelvic discomfort	Significant reduction
Menstrual flow	Normal regular flow
Right fallopian tube	Patent on follow-up HSG
Left fallopian tube	Patent / clear visualization on follow-up HSG
Ovulation	Through follicular monitoring
Endometrial thickness	Up to 8.8 mm

Timeline of Events

Date / Period	Event	Finding / Intervention
13/12/2025	Initial HSG	Right hydrosalpinx with minimal spillage; left side free spillage
03/01/2026	Initial menstrual-cycle documentation	LMP recorded; regular 28–30 day cycles
07/01/2026	TB assessment	Mantoux positive
06/03/2026	Menstrual blood RT-PCR	Negative for MTB Complex/NTM
March & May 2026	*Yoga Basti* cycles	*Anuvasana* and *Niruha/Asthapana Basti* administered
June–August 2026	*Uttarabasti*	*Phala Ghrita* 2.5–5ml intrauterine under aseptic conditions
July 2026	Pelvic USG & follicular tracking	Normal-sized uterus; ET 8.1–8.8 mm; ovulation documented
08/07/2026–08/08/2026	Follow-up HSG	Right tube patent; left tube patent/clear visualization

Figures



Figure 1: Initial HSG demonstrating right-sided hydrosalpinx with minimal spillage



Figure 2: Follow-up HSG demonstrating right tubal patency

DISCUSSION

Hydrosalpinx continues to be a major cause of female infertility, frequently requiring surgical procedures like tubal cutting or salpingectomy, especially before assisted reproductive technologies like IVF. Although the goal of these operations is to maximize fertility results, they are not risk-free; invasive surgery may not be appropriate for all patients, and tubal excision precludes the possibility of natural conception. In light of these drawbacks, an Ayurvedic viewpoint provides a comprehensive, nonsurgical substitute based on essential *Shotha* management concepts. Hydrosalpinx is usually viewed as a *Tridoshaja Vyadhi* and may be a sign of *Kshetra Vikriti*, a disruption of the reproductive field. Reproductive vitality and tubal integrity depend on the functional equilibrium of *Vata, Pitta*, and *Kapha*. In this condition, *Pitta* (via *Drava* and *Sara Guna*) encourages inflammation and fluid accumulation, *Vata* (via *Chala Guna*) disrupts the flow of contents through the fallopian tube, and *Kapha* (via *Sheeta, Avarodhaka*, and *Shophajanaka Gunas*) causes swelling and obstruction that results in *Sanga* (obstacle) in the fallopian tubes. *Raktadushti* and *Tridosha* vitiation are the primary causes of all *Shotha.* Thus, the three *Doshas* should be balanced (*Tridosha-Shamaka*), the channels should be cleared (*Sroto-Shodhana*), absorption should be encouraged (*Shoshana*), blood should be purified (*Raktashodhaka*), and inflammation should be decreased (*Shotha-Hara*).

Role of *Basti*: *Basti* is traditionally described as an important therapy for *Vata Dosha*. In the present case, *Yoga Basti* was incorporated as part of the systemic/ local therapeutic plan.

Role of Oral Formulations: In this instance, the Ayurveda treatment concentrated on addressing these imbalances using the well-known *Shamana Chikitsa*, with a focus on *Agnideepana* and *Aamapachana.* Table 6 shown the characteristics of *Shothahara, Srotoshodhana*, and *Tridoshshamaka*. Due to their *Katu, Tikta,* and *Katu Vipaka*, *Ruksha, Kashaya Rasa*, *Ushna Virya, Laghu Guna*, and *Tridoshaman* qualities, these medications improve *Agni* and aid in the digestion of *Ama*. By serving as both *Deepana Pachana* and *Aampachana,* this procedure aids to ease *Srotorodha*.

The anti-inflammatory benefits were further enhanced by *Haridrakhand*, which reduced histamine levels and may have increased the adrenal glands' endogenous cortisone synthesis. Curcumin was found to be more effective at reducing post-surgical inflammation than either a placebo or the non-steroidal anti-inflammatory drug (NSAID) phenylbutazone in another double-blind clinical research.[6] *Triphala gugglu* have *Lekhana*, *Srotoshodhan*, *Sothhara* properties.[7]

Limitations

This is a single case report; therefore, the observed outcome cannot establish efficacy, superiority, causality or long-term safety of the intervention. The source case report tubal patency on follow-up HSG and follicular development, but it does not document subsequent conception or live birth. Longer follow-up and prospective comparative studies would be required to evaluate reproducibility and long-term outcomes.

CONCLUSION

This case demonstrates the observed feasibility of an integrated Ayurveda approach combining oral *Shamana Chikitsa* with *Yog Basti*, *Yoni Prakshalana*, *Kshara Karma* in a patient with right-sided hydrosalpinx and primary infertility. Follow-up HSG documented right tubal patency with clear visualization/patency of the left tube, while follicular monitoring documented ovulation.

Patient Perspective

The patient reported satisfactory improvement in her presenting symptoms and was satisfied with the treatment outcome.

Informed Consent

Written informed consent was obtained from the patient for publication of this case report and accompanying clinical images, with appropriate measures taken to maintain patient confidentiality.

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