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AN AYURVEDIC APPROACH FOR MANAGEMENT OF HYDROSALPINX: A CASE REPORT

Ayurveda

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ABSTRACT

The word Hydrosalpinx comes from Greek word means a tube filled with water. It refers to fluid build up in one or both of the fallopian tubes. This build up may be the result of an infection, such as pelvic inflammatory disease or an injury due to previous surgery. It may result in formation of tubo-ovarian cyst, torsion, infection for the gut and rupture. Treatment of Hydrosalpinx depends upon severity of the blockage and symptoms. A 42 years female came to hospital with heaviness & pain in left lower abdomen since 4 months. On thorough evaluation in Ultrasonography report revealed Tubular cystic lesion in left adnexal region: Cause Hydrosalpinx. **Aims & Objectives:** *Ayurvedic* management of Hydrosalpinx associated with Pain abdomen. Treatment was planned according to the pathology on the basis of *Ayurvedic* principle. As the disease was considered as *Tridosha* vitiation, so treatment was planned accordingly. Patient was planned for *Samshodhana Chikitsha* along with *Sthanik Chikitsha* & *Shaman Chikitsha* for consecutive 3 months. **Results:** After 3 months of treatment patient was fully cured from disease. **Conclusion:** Thus we can conclude that this treatment is easily accessible and alternative to surgical management. It has remarkably good results in relieving symptoms.

KEYWORDS

Hydrosapinx, *Ayurveda*, Pelvic pain, TO mass, *Sthanik Chikitsha, Samshodhana, Shamana.*

BACKGROUND

Hydrosalpinx is fluid blockage or mucus collection in one or both of the fallopian tubes that may be due to untreated infection or damage to fallopian tube due to previous surgery.[1] In Modern medicine treatments include draining and repairing the tubes or removing the tubes. In *Ayurveda* according to symptoms of disease it can be considered due to *Tridosha* Vitiation. *Vata* is responsible for all types of Pain[2,3], *Pitta*[4,5] is contributed to inflammatory conditions where as *Kapha*[6,7] is responsible for fluid collection. So symptomatically this condition is considered due to *Tridosha* Vitiation.

Selection Of Drug

By taking reference from *Charaka Chikitsha* 30, Patient was selected for *Yoga Basti* with *Dashmool Trivrit Asthapna basti* [8] & *Dhanwantram Anuvasana Basti*[9].

Method Of Preparation

Dashmool Trivrit coarse powder was made and 4 times water was added in this mixture and this is boiled till it remains one fourth & its powder is also used for *Kalka Dravya*. *Kwatha* preparation is done according to protocol mentioned by *Acharya Charka* [10] as *Madhu, Saindhav, Goghrit, Kalka Dravya* & *Kwath* were mixed.

Dose Of Drug

- *Matra Basti*: 60 ml
- *Asthapna Basti*: 950 ml

AIMS & OBJECTIVES

- To review *Ayurvedic* & Modern text related to Hydrosalpinx.
- To establish efficacy of *Samshodhana* & *Shamana Chikitsha* in reference to Hydrosalpinx.

MATERIALS & METHODS

Selection Of Patient

- Patient has been selected from OPD of RGGPG Ayurvedic College & Hospital Paprola.

Inclusion Criteria

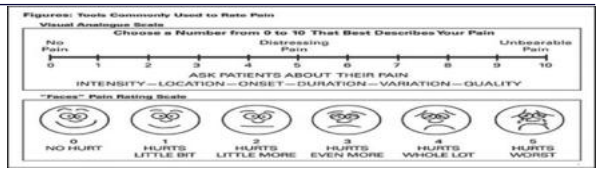
- Patient having Hydrosalpinx, pain lower abdomen & Tubo ovarian mass.

Exclusion Criteria

- Patient having malignancy, genital tuberculosis, Acute PID.

Criteria Of Assessment

VAS Scale



1.) Pain Abdomen

Pain Score	Grade
Severe pain (7-10)	3
Moderate Pain (4-6)	2
Mild Pain (1-3)	1
No Pain (0)	0

2.) USG Findings

Hydrosalpinx	1
Normal Study	0

Table no.1

S. N.	Parameters	Before Treatment	After Treatment	After Follow up
1.	Pain (Acc. To Vas Scale)	3	1	0
2.	USG Findings	1	0	0

Case History

A 42 years female admitted to PTSR OPD with complaints of pain lower abdomen left side on & off since 3-4 months. Pain was gradual on onset, mild in nature, non- referring, not associated with fever or increased frequency of urine. Pain was aggravated during strenuous activities like weight lifting or coughing & sneezing etc. & relieved during rest. Patient got evaluated for above & all basic investigations were done.

Personal History

- Appetite: Normal
- Thirst: Normal
- Urine: Passing Urine 3-4 times a day & One time at night.
- Stool: Consistency was semisolid, Frequency was once in a day.
- Sleep: Sound sleep for 7-8 hours at night.
- Socioeconomic status: Lower middle class.

Past History - There was no history of HTN/DMT2/Thyroid disorder, Blood transfusion. There was History of LSCS 15 years back.

Family History - Nothing relevant was found among family members.

Menstrual History

- Age of menarche: 13 years

- Duration:1-2 days
- Interval: 42-45 days
- Amount: Moderate
- Associated symptoms: Pain, smell and clots during menstruation were not present.

Contraceptive History: Nil

Table no.2 (Obstetric History: G2P2L2A0)

S.N.	Year	Pregnancy events	Delivery outcome	Puerperium
1.	2000	Uneventful	Male Baby by NSVD	Uneventful
2.	2008	Uneventful	Female baby by LSCS	Uneventful

Table no.3 (General Physical Examination of Patient)

Examination	Results
Weight	65 Kg
Height	160cm
BMI	26.17
BP	110/68 mm of Hg
Pulse Rate	86 per minute
Breast examination	NAD

Table no.4 (Ashtavidha Pariksha)

Parameters	Results
Nadi	86 bpm
Mala	Once a day, consistency is semisolid
Mutra	3-4 times/day, *Peetabh Shwetvrana*
Jivha	*Anavritta*
Shabda	*Spashta*
Sparsha	*Anushan Sheet*
Druk	*Nirmal*
Akriti	*Madhyam*

Table no.5 (Systemic Examination of Patient)

Cardiovascular System	S1S2 N, no added sounds
Respiratory System	Normal Vesicular Breathing
Gastrointestinal System	Soft, nontender, Bowel sounds present
Central Nervous System	Conscious, oriented

Table no.6 (Genitourinary System)

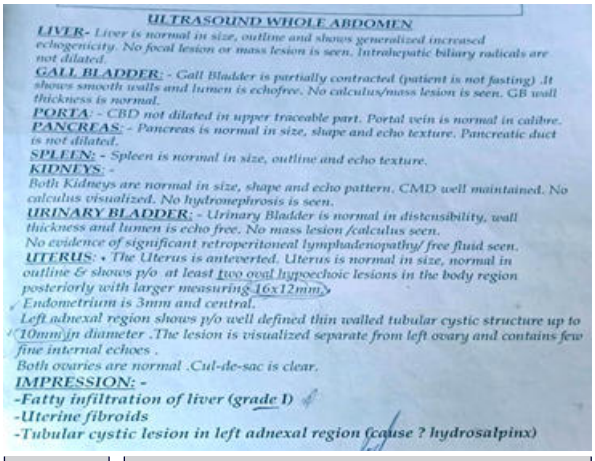
P/S	Cervix: mildly hypertrophied, regular, thin white discharge present
P/V	Cervix: mildly hypertrophied, regular, no motion tenderness Uterus: N.S., A.V., mobile, non-tender Fx: B/L clear, tenderness present over left adnexa

Table no.7(Dashvidh Pariksha)

Prakriti	*Pittkaphaja*
Vikriti	*Lakshannimitaja*
Sara	*Mamsasara*
Samhanana	*Madhyama*
Pramana	*Madhyama*
Satva	*Avara*
Satmya	*Madhyama*
Ahara	*Avara*
Vyavama	*Avara*
Vaya	*Madhyamavastha*

Investigations

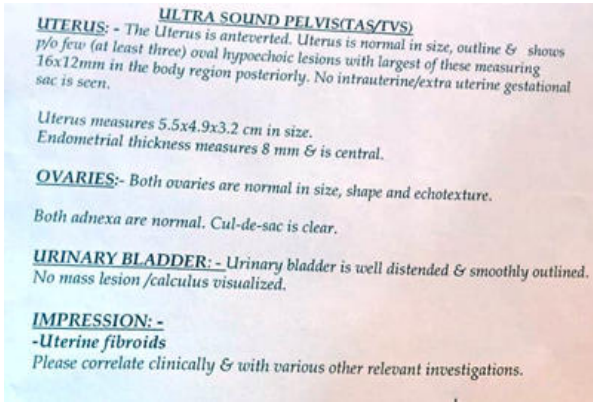
Before Treatment


ULTRASOUND WHOLE ABDOMEN

LIVER- Liver is normal in size, outline and shows generalized increased echogenicity. No focal lesion or mass lesion is seen. Intrahepatic biliary radicals are not dilated.
GALL BLADDER: - Gall Bladder is partially contracted (patient is not fasting) .It shows smooth walls and lumen is echofree. No calculus/mass lesion is seen. GB wall thickness is normal.
PORTA: - CBD not dilated in upper traceable part. Portal vein is normal in calibre.
PANCREAS: - Pancreas is normal in size, shape and echo texture. Pancreatic duct is not dilated.
SPLEEN: - Spleen is normal in size, outline and echo texture.
KIDNEYS: -
Both Kidneys are normal in size, shape and echo pattern. CMD well maintained. No calculus visualized. No hydronephrosis is seen.
URINARY BLADDER: - Urinary Bladder is normal in distensibility, wall thickness and lumen is echo free. No mass lesion /calculus seen.
No evidence of significant retroperitoneal lymphadenopathy/ free fluid seen.
UTERUS: - The Uterus is anteverted. Uterus is normal in size, normal in outline & shows p/o at least two oval hypoechoic lesions in the body region posteriorly with larger measuring 16x12mm.
Endometrium is 3mm and central.
Left adnexal region shows p/o well defined thin walled tubular cystic structure up to 10mm in diameter .The lesion is visualized separate from left ovary and contains few fine internal echoes .
Both ovaries are normal .Cul-de-sac is clear.
IMPRESSION: -
-Fatty infiltration of liver (grade I)
-Uterine fibroids
-Tubular cystic lesion in left adnexal region (cause ? hydrosalpinx)

Hb	11.9 gm/dl
T3 T4 TSH	1.39ng/ml 8.01mg/dl 2.252miu/ml
ESR PLT	15mm/hr 249 X 10^3/ul
RBS	93mg/dl
TSB SGOT SGPT	1.31mg/dl 28IU/L 27IU/L
S. Creat.	0.9mg/dl

After Treatment


ULTRA SOUND PELVIS(TAS/TVS)

UTERUS: - The Uterus is anteverted. Uterus is normal in size, outline & shows p/o few (at least three) oval hypoechoic lesions with largest of these measuring 16x12mm in the body region posteriorly. No intrauterine/extra uterine gestational sac is seen.

Uterus measures 5.5x4.9x3.2 cm in size.
Endometrial thickness measures 8 mm & is central.

OVARIES:- Both ovaries are normal in size, shape and echotexture.

Both adnexa are normal. Cul-de-sac is clear.

URINARY BLADDER: - Urinary bladder is well distended & smoothly outlined. No mass lesion /calculus visualized.

IMPRESSION: -
-Uterine fibroids
Please correlate clinically & with various other relevant investigations.

Line Of Management

Patient was planned for *Sthanik Chikitsha* i.e. *Adhodar Baluka Potli Svedana* & *Samshodhana Chikitsha (Yoga basti)*[11] along with *Shaman Chikitsha* for consecutive 3 months.

Treatment Protocol For *Yoga Basti*:

(Route of administration-Per rectal)

Table no.8 (Mode Of Administration)

1st day	*Anuvasana Basti* with *Dhanwantram Taila*
2nd day	*Asthapna Basti* with *Dashmoola Trivrit Kwath*
3rd day	*Anuvasana Basti* with *Dhanwantram Taila*
4th day	*Asthapna Basti* with *Dashmoola Trivrit Kwath*
5th day	*Anuvasana Basti* with *Dhanwantram Taila*
6th day	*Asthapna Basti* with *Dashmoola Trivrit Kwath*
7th day	*Anuvasana Basti* with *Dhanwantram Taila*
8th day	*Anuvasana Basti* with *Dhanwantram Taila*

***Basti* Procedure**

Purva Karma- Local *Adhodar Snehana* was done with *Dhanwantram Taila* followed by *Sthanik Svedana* with *Baluka Potli.*

Pradhana Karma- Patient should lie in left lateral position with semiflexed right leg. *Basti Dravya* was given slowly with constant pressure by using *Basti Netra.*

Paschat Karma- *Laghu* and *Supachya Aahar* was advised.

Table no.9 (Shaman Chikitsa)

Drug name	Dose	Contents
Tab. *Yograj Gugglu*	2 tablet twice daily	*Chitraka, Pippalimoola, Yavani, Karavi, Ajmoda, Jeeraka, Devadaru, Chavya, Ela, Saindhava Lavana, Kustha, Rasna, Dhanyaka, Triphala, Musta, Trikatu, Twak, Usheer, Yavagraja, Taleespatra, Patra, Guggulu, Sarpi*
Tab. Turmix	1 tablet twice daily	Curcumine & Piperine
Varunadi Kashaya	100 ml twice daily	*Varuna, Saireyaka, Shatavari, Chitraka, Murva, Bilwa, Kitamari, Brihati, Nidigdhika, Karanja, Putikaranja, Agnimatha, Haritaki, Akshiva, Darbha, Bhallatak*
Dashmoolarishta	40 ml twice daily with equal amount of water	*Bilva, Agnimantha, Shyonaka, Gambhari, Patla, Gokshur, Brihati, Kantkari, Shalparni, Prashanaparni,* Honey, Jaggery

Follow up:
Patient was followed up every month during treatment &every month for consecutive 3 months. Patient had no recurrence of symptoms and results were satisfactory.

Effect Of Therapy
Effect of therapy was assessed on the basis of clinical & USG findings before & after treatment. The patient showed significant results with *Ayurvedic* management & outcome discussed in Table no.1.

DISCUSSION
According to *Ayurveda* symptomatically this disease was due to vitiatation of *Tridosha*, so treatment was planned accordingly. As *Svedana* has *Vatakapha Shamak*[12] properties, *Vata* is responsible for all types of *Vedna* & *Kapha* is related to fluid collection, Local *Svedana* with *Baluka Potli* due to its *Vatakaphashamak* action gave relief in pain. Along with that we administer *Yoga Basti*, as *Basti* is said to be best treatment for *Vata* disorders.[13] *Anuvasna Basti* was given with *Dhanwantram Taila* which contains *Balamoola, Dashmoola, Yava, Devadaru, Manjistha, Chandana, Sariba, Shilajit, Vacha, Agaru, Punarnava, Aswagnadha, Shatvari, Yastimadhu, Triphala, Tila Taila* & Cow milk, it has *Vatapittashamak, Balya* & *Brimhaniya* properties which helps to alleviate inflammatory and painful conditions, it boosts immunity hence aids recovery. Due to its anti-inflammmatory & analgesic properties patient got relief in her pain. *Asthapna Basti* was given with *Dashmoolatrivrit Kwath*, which is *Vatashamaka, Pittavirechak, Shothnashak* & *Vednasthapak* properties. *Shaman Aushadha* contains *Yograj Guggulu*[14] which has antiseptic and analgesic properties. Tablet Turmix has anti-inflammmatory, antiseptic and antioxidant properties that prevent cell damage caused due to release of free redicals, due to its *Kriminashak* Properties it has bactericidal action, it strengthens the immune system and improves the ability to fight against infections. *Varunadi Kshaya*[15] has *Vatapitashamak* & *Shothnashak* properties, it reduces the differentiation of monocytes to macrophages and the production of proinflammatory cytokines TNFα and Il-1β IN lps-stimulated macrophages, and hence it is useful in chronic inflammatory conditions. *Dashmoolarishta* had *Vatashamak, Shothnashak* & *Balya* properties. It helps to rebuild the strength of the tissues and muscles hence restore normal anatomy of fallopian tubes. It inhibits bacterial growth and reduces pain due to its content *Oroxylum indicum*.

CONCLUSION
Hydrosalpinx in *Ayurveda* symptomatically considered due to *Tridosha Dushti.* In modern the treatment for Hydroslpinx is surgical repair that sometimes don't give complete relief to patient from symptoms for long time. In *Ayurveda* we can treat Hydroslpinx through *Trdisohshamaka* treatment mentioned in our classics. By applying this approach our patient got tremendous relief from her symptoms. So we can conclude that this treatment is cost effective and easily accessible to patient as well as it has promising results to reduce the symptoms of patient. So we can prevent patient from complications associated with Hydrosalpinx -through this *Ayurvedic* approach.

Patient Perspective Of Treatment
Patient found this treatment cost effective, easy to approach with no side effects. She was exuberant with the outcomes of the treatment, after many ongoing treatments she was feeling devastated but with this treatment she got symptomatic as well as clinical relief.

Patient Consent
Before opting for procedure written consent was taken from patient. All the risks, benefits and outcomes had been explained to her in understandable language.

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