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AYURVEDIC MANAGEMENT OF UNILATERAL HYDROSALPINX THROUGH VIRECHANA AND UTTARA BASTI WITH KUMARI TAILA: A CASE REPORT

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ABSTRACT

Hydrosalpinx, a major contributor to tubal-factor infertility, is characterized by pathological dilatation of the fallopian tube with serous fluid accumulation due to distal obstruction. Modern management typically involves surgical intervention, which may compromise fertility. In Ayurveda, such conditions are understood as Artava Vaha Srotas Dushti involving Kapha-Vata Dushti, Ama Sanchaya, and Srotorodha. This case report illustrates the successful management of unilateral hydrosalpinx through Virechana Karma (therapeutic purgation) and Uttara Basti (intrauterine administration) with Kumari Taila.

A 32-year-old nulliparous woman presented with primary infertility for 4 years, irregular menstruation, lower abdominal pain, and leucorrhoea. Diagnostic evaluations (TVS and HSG) confirmed left-sided hydrosalpinx with distal tubal block. Treatment involved Deepana-Pachana, Snehapana, Abhyanga-Swedana, followed by Virechana Karma, post-purification administration of Punarnavadi Kashaya and Kanchanara Guggulu, and Uttara Basti with Kumari Taila over 3 months.

Post-treatment outcomes showed significant symptomatic relief, regularized menstruation, restored digestion, and improved vitality. Radiological assessments revealed reduced hydrosalpinx size and restored tubal patency with free spillage on HSG. This case highlights the efficacy of classical Ayurvedic interventions as non-invasive, fertility-preserving options in the management of hydrosalpinx, validated through modern diagnostic tools.

KEYWORDS: *Hydrosalpinx, Virechana, Uttara Basti, Kumari Taila, Infertility, Ayurveda, Artava Vaha Srotas, Tubal Patency.*

INTRODUCTION

The female reproductive system, particularly the Artava Vaha Srotas, holds a central role in the physiology of women's health as delineated in Ayurvedic classics. Disruptions in these channels contribute to a spectrum of Yonivyapad (gynecological disorders) and Vandhyatva (infertility). While contemporary medicine identifies discrete pathologies such as Hydrosalpinx—characterized by serous fluid accumulation within dilated, obstructed fallopian tubes Ayurveda interprets such conditions through the lens of Srotorodha (obstruction of bodily channels), Kapha-Vata Dushti (vitiation), and Ama Sanchaya (accumulation of toxic metabolic residues).

Although Hydrosalpinx is not explicitly referenced in classical Ayurvedic texts, its clinical manifestations pelvic pain, menstrual irregularities, and infertility correlate with the symptomatology of Artava Vaha Srotas Dushti and the broader pathogenesis of Yonivyapad. From a modern biomedical standpoint, hydrosalpinx commonly arises secondary to chronic pelvic inflammatory disease, infections, or post-surgical adhesions, culminating in mechanical blockage and distension of the tubes, thereby impairing fertility.

Diagnostic modalities such as transvaginal ultrasonography (TVS), hysterosalpingography (HSG), and laparoscopy confirm its presence through visualization of fluid-filled, dilated tubes with distal occlusion. Standard management often entails surgical interventions, including salpingectomy or salpingostomy, particularly for women seeking assisted reproductive technologies (ART) like IVF. However, these approaches are invasive, costly, and carry inherent risks to reproductive potential.

In the Ayurvedic paradigm, chronic accumulations within Srotas are attributed to Kapha's Snigdha-Guru-Sthira qualities inducing stagnation, with Vata facilitating Margavarodha (pathway obstruction). The resultant pathology embodies a composite derangement of Ama, Kapha, and Vata, precipitating Artava Dushti and compromised fertility. Ayurvedic management advocates a Shodhana-centric strategy aimed at eliminating obstructions, restoring Agni (digestive/metabolic fire), and re-establishing Srotas function.

Virechana Karma (therapeutic purgation) serves as a primary intervention to expel vitiated Pitta-Kapha, eliminate accumulated toxins, and mitigate systemic Srotorodha. Following systemic purification, Uttara Basti (intrauterine/vaginal administration of medicated oil or ghee) provides localized therapy to the Artava Vaha Srotas, facilitating cleansing, lubrication, anti-inflammatory effects, and tissue rejuvenation. Among various formulations, Kumari Taila, enriched with the properties of Aloe vera, is lauded for its Lekhana (scraping), Srotoshodhaka (channel-cleansing), Vata-Kapha Shamana, and Vrana Ropana (wound-healing) actions, making it particularly apt for Yonivyapad management.

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This case report presents the Ayurvedic management of a diagnosed unilateral hydrosalpinx through a structured protocol involving Virechana Karma followed by Uttara Basti with Kumari Taila. It underscores the therapeutic potential of classical Ayurvedic interventions in resolving tubal obstructions and enhancing fertility outcomes, supported by contemporary diagnostic assessments for objective evaluation.

This approach exemplifies Ayurveda's Shodhana and Snehana therapies as promising alternatives in conditions where modern treatment often resorts to invasive procedures. Furthermore, it reinforces the relevance of integrative strategies in managing complex gynecological disorders within the broader framework of holistic healthcare.

CASE REPORT

A 32 years old married nulliparous women, housewife by occupation , came to Prasuti tantra evam stree roga , Rajiv Gandhi Education Society's Ayurvedic Medical College, Hospital & PG Research Centre, Ron,. complaining of anxious to concive since 4 years, irregular menstrual cycles (delayed cycles, scanty flow), Occasional lower abdominal pain & White discharge per vagina

History of Present Illness
The patient, 32-year-old married nulliparous woman, presented with a primary complaint of inability to conceive despite 4 years of regular, unprotected intercourse. Over the past 3 years, she experienced irregular menstrual cycles occurring every 35–45 days, with scanty, dark-coloured flow lasting only 2–3 days, accompanied by mild dysmenorrhea. She also reported intermittent mild to moderate lower abdominal pain, predominantly in the left lower quadrant, especially in the premenstrual phase, along with persistent moderate white vaginal discharge (leucorrhoea) for the past 2 years. Additionally, she had irregular bowel habits with a tendency toward constipation, variable appetite, occasional digestive discomfort, and disturbed sleep. The patient had a history of pelvic inflammatory disease (PID) 5 years prior, after which these symptoms gradually developed. Previous treatments with hormonal therapy and antibiotics had failed to provide relief. Sexual life was reported as normal without dyspareunia.

Past Medical History
- History of pelvic inflammatory disease (PID) 5 years ago
- No other significant history of tuberculosis, diabetes, hypertension .

Family History
No significant family history of infertility or chronic illnesses.

Menstrual History
- Menarche: 13 years
- Cycle: 35–45 days
- Duration: 2–3 days
- Flow: Scanty, dark red
- Pain: Mild dysmenorrhea
- Pads : 1pad / day
- Sexual history : regular & freqvent intercourse no h/o dyspaurea

Personal History
- Diet: Mixed diet, irregular eating habits, preference for heavy and oily foods
- Appetite: Variable
- Bowel Habits: Irregular, tendency towards constipation
- Sleep: Disturbed occasionally
- Exercise – nil
- Addiction – tea twice daily

Astavidha Pariksha
Nadi – vata pitta
Mala –
Mutra -3-4 times /day
Jihva – alipta
Shabda – prakrutha
Sparsha – anushnasheetha
Drik – prakrutha
Akruthi – Madhyama

Dashavidha Pariksha
Dosha : vata pradhana tridosha
Dushya : rasa, rakta, mamsa meda artava
Sara : Madhyama sara
Samahana : Madhyama
satva : Madhyama
satmya : Madhyama
aharashakti : Madhyama
vyamashakti : Madhyama
vaya : Madhyama

Physical Examination
height : 156 cm
weight :62kg
pulse : 76 bpm
BP :110/70mmhg
Breast examination
Respiratory rate
Pallor , Icterus, Edema: Absent

System Examination
Respiratory system : NVBS
CVS :s1 s2 heard no added murmur sound
CNS : well oriented tontime place and person
GIT : liver , spleen not palpable

Gynecological Examination
- Per Abdominal Examination: Mild tenderness in left lower quadrant
- **Per Speculum Examination**
  - Vaginal walls : healthy , moist , no discharge
  - Cervix- visualized clearly , healthy,
  - No cervical erosion , ulcer, polypor growth
  - mild leucorrhoea noted

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- **Per Vaginal Examination**
  - External gentilia : normal
  - Vaginal wall : soft , non tender , no induration
  - Uterus normal size, anteverted, fornices free
  - Left adnexal region: mild tenderness, fullness felt

Investigations

Baseline Blood Tests:

Investigation	Result	Normal Range
CBC	Normal	-
ESR	Mildly raised (25 mm/hr)	<20 mm/hr
FBS/PPBS	Normal	-
Thyroid Profile	Normal	-
Serum Prolactin	Normal	-

Imaging

1. Transvaginal Sonography (TVS) (Before Treatment):
   - Left Fallopian Tube: Dilated, fluid-filled (suggestive of hydrosalpinx), approx. 2.5 cm diameter
   - Right Fallopian Tube: Normal
   - Uterus: Normal in size and shape
   - Ovaries: Normal morphology
2. Hysterosalpingography (HSG) (Before Treatment):
   - Left fallopian tube dilated with distal block (hydrosalpinx)
   - Right tube patent

Diagnosis (Ayurvedic)

- Disease: Artava Vaha Srotas Dushti with predominance of Kapha-Vata and Ama Sanchaya
- Related Modern Diagnosis: Left-sided Hydrosalpinx

Treatment Plan (Chikitsa Sutra)

1. Shodhana Chikitsa (Purificatory Therapy):
   - Deepana-Pachana for 5 days with Trikatu Churna 3 g BD with warm water
   - Snehapana (internal oleation) with Murchhita Tila Taila in increasing dose for 5 days
   - Abhyanga with Dashamoola Taila and Swedana (sudation) for 3 days
   - Virechana Karma with Trivrit Avaleha (Pittashamaka mild purgation): 25 gms,yielding 12 Vegas
2. Shamana Chikitsa (Palliative Therapy) Post Virechana:
   - Punarnavadi Kashaya 40 ml BD
   - Kanchnar Guggulu 500 mg TID
   - Duration: 15 days
3. Uttara Basti:
   - Kumari Taila Uttara Basti
   - Route: Intrauterine via sterile technique
   - Dose: 5 ml per sitting
   - Frequency: Alternate days
   - Total: 7 sittings after cessation of menses

Result (Pre-Treatment vs Post-Treatment)

Following the structured Ayurvedic treatment protocol comprising Virechana Karma and Uttara Basti with Kumari Taila, the patient showed significant symptomatic, clinical, and radiological improvement over a period of 3 months.

1. Symptomatic Changes (Subjective Outcomes)

Symptoms	Before Treatment	After Treatment
Infertility	4 years of primary infertility	Awaiting conception, tubal patency restored
Menstrual Cycle	Irregular (35–45 days), scanty, dark flow	Regularized (28–32 days), improved flow and color
Menstrual Duration	2–3 days	4–5 days
Lower Abdominal Pain	Mild to moderate, persistent premenstrual pain	No pain reported post-treatment
Leucorrhoea	Present, moderate white discharge	Completely resolved
Bowel Habits	Irregular, constipation tendency	Regularized post-Virechana
General Health	Lethargy, heaviness, poor digestion	Improved digestion, lightness, and energy levels

2. Clinical Examination Findings

Parameters	Before Treatment	After Treatment
Per Vaginal Exam	Mild fullness in left adnexa, tenderness	No tenderness or fullness
Per Speculum Exam	Healthy cervix, leucorrhoea	Healthy cervix, no discharge
Abdomen Palpation	Mild tenderness in left lower quadrant	No tenderness

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3. Diagnostic Imaging Findings

Transvaginal Sonography (TVS)

Parameters	Before Treatment	After Treatment (3 Months)
Left Fallopian Tube	Dilated, fluid-filled, diameter ~2.5 cm	Diameter reduced to ~1.2 cm, minimal/no fluid
Right Fallopian Tube	Normal	Normal
Uterus	Normal size and shape	Normal
Ovaries	Normal	Normal

Hysterosalpingography (HSG)

Parameter	Before Treatment	After Treatment (3 Months)
Left Fallopian Tube	Dilated with distal block, no free spillage (Hydrosalpinx)	Patent, free spillage of contrast observed into peritoneal cavity
Right Fallopian Tube	Patent, normal	Patent, normal
Uterus	Normal uterine cavity	Normal uterine cavity
Parameter	Before Treatment	After Treatment (3 Months)

4. Objective Improvements Post-Ayurvedic Treatment

- Tubal Patency Restored: Confirmed by HSG showing free spillage on the affected (left) side.
- Reduction in Tubal Dilatation: Sonography showed significant reduction in hydrosalpinx size.
- Symptom Resolution: Complete relief from abdominal discomfort, leucorrhoea, and irregular menstruation.
- Improved Menstrual Health: Cycles normalized in rhythm, duration, and quality of flow.

5. Symptom Improvement Over 3 Months

Time Period	Pain Severity (VAS Scale)	Menstrual Regularity (Days)	Leucorrhoea (Severity Scale)
Baseline (0 Month)	6/10	35–45	Moderate
Post-Virechana (1.5 Months)	2/10	30–32	Mild
Post-Uttara Basti (3 Months)	0/10	28–30	None

6. Patient's Functional Outcome (3-Month Follow-up)

- Menstrual cycles regularized.
- General health improved (Agni Deepana).
- No recurrence of abdominal pain or discharge.
- Planning for conception with improved fertility potential.

DISCUSSION

Hydrosalpinx, characterized by pathological distension of the fallopian tube due to serous fluid accumulation following distal tubal blockage, is a significant cause of tubal-factor infertility in modern gynecology. Its pathogenesis is commonly associated with chronic pelvic inflammatory disease (PID), post-infectious sequelae, or post-surgical adhesions, which result in mechanical obstruction and compromised fertility. From an Ayurvedic perspective, although hydrosalpinx is not explicitly described in classical texts, its clinical presentation corresponds to Artava Vaha Srotas Dushti, particularly involving Srotorodha (obstruction of channels) caused by Kapha-Vata Dushti and Ama Sanchaya within the reproductive system. Classical symptoms such as irregular menstruation, pelvic discomfort, leucorrhoea, and infertility reflect the involvement of Yonivyapad and Artava Dushti conditions.

In this case, the accumulation and stagnation of fluid due to Kapha's Snigdha, Guru, and Sthira qualities and the obstructive nature of Vata resulted in localized Srotorodha in the fallopian tubes, impeding their natural function. Hence, the treatment protocol was framed on the principles of Shodhana Chikitsa (bio-purificatory therapies) aimed at eliminating vitiated Doshas, restoring Agni, and re-establishing the functional integrity of the Srotas.

Virechana Karma was adopted as the primary systemic purification therapy to alleviate Pitta-Kapha Dushti and facilitate the elimination of Ama. This intervention not only cleanses the gastrointestinal tract but also exerts a systemic detoxifying action on Rasavaha, Artavavaha, and Medovaha Srotas, thereby aiding in the resolution of chronic inflammatory pathology and contributing to channel clearance. The patient's post-Virechana improvements in Agni, bowel regularity, reduction of heaviness, and general vitality confirmed the restoration of systemic homeostasis and the successful elimination of contributing morbid factors.

Subsequently, Uttara Basti with Kumari Taila was administered to deliver localized therapeutic action targeting the Artava Vaha Srotas. The pharmacological actions of Kumari Taila, including Srotoshodhaka (channel cleansing), Lekhana (scraping), Vata-Kapha Shamana, and Vrana Ropana (healing and rejuvenation), facilitated the clearance of accumulated serous fluid, reduction of local inflammation, and softening of obstructed channels. Its

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Snigdha-Sookshma Guna promoted deep tissue penetration, enhancing the pliability and functionality of the reproductive tract, thus aiding the restoration of tubal patency.

The integrated application of systemic purification (Virechana) and localized therapy (Uttara Basti) aligns with the Ayurvedic principle of Bahya-Abhyantara Samshodhana (external and internal purification), holistically addressing both systemic and localized aspects of the pathology.
The clinical and diagnostic outcomes validate the efficacy of this Ayurvedic protocol. Symptomatically, the patient experienced complete relief from pelvic discomfort, normalized menstrual cycles, cessation of leucorrhoea, and enhanced digestion and vitality. Radiological assessments post-treatment, including TVS and HSG, confirmed a significant reduction in tubal dilatation (from 2.5 cm to 1.2 cm) and the restoration of tubal patency, evidenced by free contrast spillage. These outcomes mirror the goals of modern medical management—resolution of obstruction and restoration of reproductive function—yet without resorting to invasive procedures like salpingectomy or IVF-assisted interventions.

This case highlights the potential of structured Ayurvedic Shodhana therapies combined with Uttara Basti as a non-invasive, fertility-conserving management approach for selected cases of hydrosalpinx. It demonstrates how classical Ayurvedic principles can offer effective solutions for chronic inflammatory reproductive pathologies, aligning both with traditional wisdom and modern clinical expectations..

CONCLUSION

This case highlights the successful application of classical Ayurvedic interventions, Virechana Karma and Uttara Basti with Kumari Taila, in the management of unilateral hydrosalpinx, a condition often treated surgically in modern medicine. The patient showed remarkable improvements in symptoms, menstrual regularity, and tubal patency, as confirmed through TVS and HSG, demonstrating the clinical efficacy of this non-invasive approach.

From an Ayurvedic perspective, the pathology was understood as a result of Kapha-Vata Dushti, Srotorodha, and Ama Sanchaya within the Artava Vaha Srotas. The treatment was designed using Shodhana Chikitsa (Virechana) to clear systemic Dosha Dushti and Ama, followed by Uttara Basti for localized channel cleansing and rejuvenation. Kumari Taila's properties—Srotoshodhaka, Lekhana, Vata-Kapha Shamana, and Vrana Ropana—helped resolve inflammation, reduce fluid accumulation, and restore tubal function.

The approach reflects the classical Ayurvedic principle of Bahya-Abhyantara Samshodhana (internal and external purification), offering a holistic solution targeting both the root cause and the localized manifestation of tubal blockage. The outcomes reaffirm Ayurveda's relevance in addressing chronic inflammatory reproductive pathologies through non-surgical, fertility-conserving methods.

This case signifies the potential of Ayurvedic therapies as a viable alternative in tubal-factor infertility, particularly in conditions like hydrosalpinx. It also emphasizes the importance of integrating modern diagnostic tools (USG, HSG) to objectively validate treatment success, supporting Ayurveda's growing role in integrative and complementary reproductive healthcare.

Future Scope

Further clinical trials, larger case series, and comparative studies are warranted to establish standardized protocols and validate the broader efficacy of these therapies in managing hydrosalpinx and other tubal pathology.

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