



Case Report

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CONSERVATIVE RESOLUTION OF HYDROSALPINX THROUGH AYURVEDA: A CASE REPORT

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ABSTRACT

Introduction: Hydrosalpinx, the accumulation of fluid in the fallopian tube due to distal tubal obstruction, is a significant cause of pelvic pain and secondary infertility. Conventional management often necessitates salpingectomy. This case report documents the successful management of Hydrosalpinx using a conservative Ayurvedic protocol. Case Presentation: A 49-year-old female presented with severe left lower abdominal pain, fever, vomiting, and constipation. Ultrasonography (USG) revealed a left adnexal hydrosalpinx measuring 4.9 x 2.2 cm. The condition was managed with a multi-modal Ayurvedic approach including oral administration of Kanchanara Guggulu, Maha Tiktaka Kashaya, Chandraprabha Vati, and therapeutic procedures like Avagaha Sweda (Sitz bath). Results: Over a treatment period of approximately 2 months, the patient reported complete relief from symptoms. Serial USG monitoring showed a progressive reduction in the cyst size from 4.9 cm to 1.7 cm, and finally to near-complete resolution (0.45 cm). Conclusion: This case demonstrates the efficacy of Srotoshodhaka (channel clearing) and Lekhana (scraping) therapies in resolving hydrosalpinx, offering a viable non-surgical alternative.

Keywords: Hydrosalpinx, Avagaha Sweda, Case report, Kanchanara Guggulu, Sahacharadi Taila

INTRODUCTION

Hydrosalpinx is a morphological abnormality of the fallopian tube characterized by the accumulation of serous fluid within the tubal lumen due to distal occlusion¹. It is often a sequela of Pelvic Inflammatory Disease (PID), endometriosis, or post-surgical adhesions². The condition affects 10-30% of women with tubal infertility and can cause chronic pelvic pain, pressure symptoms, and adverse pregnancy outcomes (even in IVF) due to the leakage of embryotoxic fluid into the uterine cavity³.

Conventional management typically involves laparoscopic salpingectomy or proximal tubal occlusion. However, surgical interventions carry risks of ovarian reserve reduction and surgical morbidity. This case report explores a non-invasive Ayurvedic management protocol emphasizing Samprapti Vighatana (breaking the pathogenesis) through Pitta-Kapha Shamana and Lekhana Chikitsa.

CASE REPORT

Patient Information

A 49-year-old female patient (Gravida 2, Para 2, Live 2, Abortions 0) visited the outpatient department of Prasuti Tantra Evam Streeroga on June 28, 2024.

Chief Complaints: Severe intermittent pain in the left lower abdomen for 2 months; associated with vomiting during pain episodes, bloating, generalized weakness, fever and chronic constipation (hard stools).

Medical History: Known case of Diabetes Mellitus (Type 2) for 10 years (On Metformin + Glimepiride combination tablet).

History of Total Abdominal Hysterectomy (2011) due to Menorrhagia (fallopian tube preserved)

No history of tuberculosis or sexually transmitted infections.

Clinical Findings

General Examination: Patient was febrile. BP: 130/90 mmHg. Pulse: 78/min. BMI: 24.5 kg/m².

Systemic Examination (Per Abdomen): Soft, tenderness present in the left iliac fossa. No palpable mass.

Ayurvedic Assessment (Ashta Sthana Pariksha):

Nadi (Pulse): Vata-Pitta

Mala (Stool): Vibandha (Constipated)

Jihva (Tongue): Lipta (Coated - indicating Sama state)

Prakriti: Vata-Pitta

Diagnostic Assessment

The diagnosis was confirmed via Transvaginal Sonography (TVS) & MRI (Abdomen)
 Baseline Scan (29/12/2023): Elongated, moderately defined cystic lesion in the Left Adnexa measuring 4.9 x 2.2 cm.
 Impression: Left Hydrosalpinx.

Therapeutic Intervention

The treatment plan followed a phased approach focusing on Agni Deepana (metabolic correction), Srotoshodhana (channel clearing), and Lekhana (bio-scraping).

Table 1: Timeline of Therapeutic Interventions

Date	Phase	Internal Medicines (Oral)	External / Panchakarma
Jun 28, 2024	Phase 1: Lekhana and Srotoshodhana	1. Brihatyadi Kashaya (10ml) + Maha Tiktaka Kashaya (15ml) + Bala guduchyadi kashaya (10ml) + Amrithottaram kashaya (10ml) + 60ml of warm water twice a day (6am and 6pm) 2. Gopichandanadi Gulika (2-0-2) after food 3. Chandraprabha Vati (2-0-2) after food 4. Kanchanara guggulu (2-2-2) after food 5. Vasanta Kusumakara rasa (0-0-1)	Avagaha Sweda (Sitz Bath) prescribed with Guggulu panchapalam (started 03/07/2024)
July 03, 2024	Phase 2: Intensive Taila Therapy	1. Brihatyadi Kashaya (10ml) + Maha Tiktaka Kashaya (15ml) + Sahacharadi kashaya (10ml) + Amrithottaram kashaya (10ml) + 60ml of warm water (6am) 2. Maha Tiktaka Kashaya (15ml) + Bala guduchyadi kashaya (10ml) + Sahacharadi kashaya (10ml) + 60ml of warm water (6pm) 2. Gopichandanadi Gulika (2-0-2) after food 3. Chandraprabha Vati (2-0-2) after food 4. Kanchanara guggulu (2-2-2) after food 5. Vasanta Kusumakara rasa (0-0-1)	Avagaha Sweda, External application of Sahacharadi Tailam application.
Sept 08, 2024	Phase 3: Resolution	1. Patola Katurohinyadi + Nisha Kataka Khadiradi Kashayam (5ml each BD)	

FOLLOW-UP AND RESULT

The patient showed progressive improvement in clinical symptoms and radiological parameters.

Table 2: Radiological (USG) Progression

Date	Finding (Left Adnexa)	Size	Impression
29/12/2023	Elongated cystic lesion	4.9 x 2.2 cm	Hydrosalpinx
27/06/2024	Tubular elongated anechoic structure	1.8 cm (diameter)	Hydrosalpinx (Reduced)
14/08/2024	Tubular elongated structure	1.7 cm (diameter)	Hydrosalpinx (Static)
08/09/2024	Minimal tubular structure	0.45 cm	Resolved Hydrosalpinx

Clinical Outcome: By September 2024, the patient was asymptomatic. No abdominal pain, vomiting, or bloating was reported. Bowel habits normalized.

- Loss of mucosal folds
- Ciliary dysfunction
- Submucosal fibrosis
- Impaired lymphatic and venous drainage

DISCUSSION

Samprapti

Hydrosalpinx represents a state of Srotorodha (channel obstruction) in the Artavavaha Srotas.

Dosha: Pitta (causing inflammation/suppuration - Paka) and Kapha (causing fluid accumulation/cystic nature - Drava and Sthira guna). Vata is aggravated due to the obstruction (Sanga), leading to pain (Shoola).

Dushya: Rasa (plasma) and Rakta (blood).

Nidana: History of surgery (Hysterectomy) acts as an Agantuja factor causing Abhighata (trauma) and subsequent adhesions (Granthi).

Modern correlation of Hydrosalpinx pathophysiology

Hydrosalpinx develops due to distal tubal occlusion leading to accumulation of serous fluid within the fallopian tube. The most common etiological factor is chronic pelvic inflammatory disease (PID), which results in destruction of ciliated epithelium, fibrosis of the tubal wall, and adhesion formation. When the fimbrial end becomes occluded, the secretory activity of the tubal epithelium continues, but drainage into the peritoneal cavity is prevented. This results in progressive luminal dilatation and formation of a fluid-filled, elongated tubular structure. Chronic inflammation leads to:

The accumulated fluid often contains inflammatory mediators, cytokines, endotoxins, and cellular debris. Studies show that hydrosalpingeal fluid can be embryotoxic and negatively affect endometrial receptivity, even in assisted reproductive techniques.

Mechanism of fluid resorption

In modern physiology, resolution of hydrosalpinx without surgery would require:

1. Reduction of active inflammation
2. Restoration of microcirculation
3. Softening of fibrotic adhesions
4. Re-establishment of lymphatic drainage
5. Enhanced trans-epithelial fluid absorption

Fluid resorption depends on osmotic gradients, vascular permeability, and functional lymphatic clearance. When inflammation reduces, capillary permeability decreases and exudation slows. Improved pelvic circulation may enhance reabsorption of accumulated serous fluid via lymphatic channels.

In this case, gradual reduction from 4.9 cm to 0.45 cm suggests:

- Suppression of inflammatory exudation
- Reduction of tubal wall edema
- Possible partial restoration of drainage

- Absorption of existing fluid

This correlates with Ayurvedic Lekhana (bio-scraping) and Srotoshodhana (channel clearing) actions, which conceptually represent removal of pathological accumulation and restoration of flow.

Mechanism of action of key interventions

Kanchanara Guggulu⁴ is traditionally indicated in Granthi (cystic or nodular swellings) and is known for its Lekhana (scraping) and Granthi-hara (anti-cystic) properties. The formulation is particularly useful in resolving fibrotic and glandular enlargements. The presence of Guggulu (*Commiphora mukul*) contributes significant anti-inflammatory activity through bioactive compounds such as guggulsterones, which have been shown to suppress inflammatory mediators. In the context of hydrosalpinx, this may help reduce chronic inflammatory changes in the tubal wall, decrease fibrous adhesions, and gradually reduce cystic dilatation.

Maha Tiktaka Kashaya, characterized predominantly by Tikta Rasa (bitter taste), acts as a potent Pitta-Shamana and Raktaprasadana (blood-purifying) formulation. The bitter principle is traditionally associated with anti-inflammatory and detoxifying effects. In hydrosalpinx, where inflammatory exudation contributes to fluid accumulation (Paka), this formulation may help suppress ongoing inflammatory processes and support immunomodulation, thereby aiding resolution of chronic pelvic inflammation.

Chandraprabha Vati⁵ possesses Kledahara (reducing pathological moisture) and Srotoshodhaka (channel-clearing) properties. It is classically indicated in genitourinary disorders and fluid imbalance states. Its mild diuretic and metabolic regulatory effects may help reduce pathological fluid accumulation within the fallopian tube by improving systemic fluid dynamics and reducing local edema.

Brihatyadi Kashaya is known for its Vata-Anulomana (normalizing Vata movement) and Mutrala (diuretic) properties. Since pain in hydrosalpinx can be attributed to Vata aggravation secondary to obstruction (Sanga), this formulation may help relieve pelvic congestion and reduce lower abdominal pain while supporting physiological fluid clearance.

Bala Guduchyadi Kashaya⁶ is indicated in conditions involving Yoni Kandu (vaginal irritation) and Artava Dushti (menstrual or reproductive channel vitiation). It helps balance Vata and Kapha dosha while strengthening tissue integrity (Bala). In this case, it may have contributed to improving reproductive channel function and reducing inflammatory pathology within the adnexal region.

Amrithottaram Kashaya⁷ is traditionally indicated in Jwara (fever) and Shotha (inflammation). Its Pitta-Kapha pacifying action makes it suitable in inflammatory pelvic conditions. By reducing systemic and localized inflammation, it may help control febrile episodes and uterine or adnexal swelling associated with hydrosalpinx.

Gopichandanadi Gulika⁸ is indicated in Raktaja Strava (bleeding disorders) and Yonigata Shotha (inflammation of the reproductive tract). Its Pitta-balancing and Rakta-cooling effects may help modulate inflammatory changes in the pelvic region and support tissue recovery.

Vasant Kusumakara Rasa is classically described in conditions such as Prameha and Artavakshaya. It is considered a Rasayana (rejuvenative) formulation that strengthens Rasadhātu and balances Vata-Pitta dosha. In this patient, it may have supported systemic vitality, metabolic stability (especially considering the history of diabetes), and overall tissue repair.

Avagaha Sweda (medicated sitz bath) represents localized Swedana (sudation therapy). Application of therapeutic heat induces vasodilation, enhances pelvic microcirculation, improves lymphatic drainage, and reduces tissue stiffness. Improved blood flow may facilitate resorption of accumulated serous fluid and soften adhesions, potentially contributing to gradual reduction in tubal dilatation. The synergistic effect of systemic anti-inflammatory therapy and localized heat likely enhanced therapeutic outcomes.

The initial treatment focused on Ama Pachana to sensitize the receptors. Once the Agni was stabilized, Lekhana drugs (Kanchanara Guggulu) were introduced to "scrape" the cystic lining. The addition of Avagaha Sweda (Sitz bath) was a turning point; the direct application of heat with medicated decoction likely facilitated trans-mucosal absorption and reduced local tissue edema. The transition from a 4.9 cm cyst to 0.45 cm resolution confirms the efficacy of this non-surgical approach.

Comparison with surgical outcomes

Standard management of hydrosalpinx includes:

- Laparoscopic salpingectomy
- Proximal tubal occlusion
- Salpingostomy (less commonly recommended due to recurrence)

While effective, surgical interventions carry risks such as:

- Reduction in ovarian reserve (due to compromised blood supply)
- Adhesion formation
- Postoperative morbidity
- Anesthetic complications
- Financial burden

Recurrence rates after salpingostomy are significant due to re-occlusion. In contrast, the present case demonstrated:

- Progressive radiological resolution
- Complete symptomatic relief
- No surgical intervention
- No reported adverse effects

Although this is a single case, it suggests that conservative management may be considered in selected patients, particularly those not seeking fertility or those unfit for surgery. However, large-scale comparative studies are required before recommending it as an alternative to surgery.

Limitations of the study

This study has certain limitations:

1. It is a single case report; findings cannot be generalized.
2. No control group for comparison.
3. Mechanistic pathways are hypothesized based on pharmacological evidence but not directly measured.
4. Long-term follow-up beyond resolution was not assessed.
5. Histopathological confirmation was not available.

Future studies with larger sample sizes, standardized protocols, inflammatory markers assessment, and long-term follow-up are necessary to validate these findings.

CONCLUSION

This case report substantiates the efficacy of Ayurvedic management in Hydrosalpinx. The combination of oral Lekhana drugs and localized Avagaha Sweda successfully resolved the pathology without surgical intervention. This approach not only treated the structural abnormality but also improved the patient's quality of life by relieving chronic pain. Large-scale clinical trials are warranted to establish this protocol as a standard of care.

Ethical Statement

Written informed consent was obtained from the patient prior to publication. The study was conducted in accordance with ICMR National Ethical Guidelines for Biomedical and Health Research Involving Human Participants and in compliance with ICH-GCP guidelines.

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