

MANAGEMENT OF TUBAL BLOCKAGE AND HYDROSALPINX THROUGH AYURVEDIC INTERVENTION-A CASE STUDY FROM ADYANT AYURVEDA

ABSTRACT:

Fallopian tube blockage and hydrosalpinx is among the most notorious factors for female infertility, which is responsible for 25-30% of total female infertility.

Tubal blockage and hydrosalpinx can be correlated to strotodusti of artavavaha srotas in ayurveda involving vata and kapha dosha. Normalising the vitiated vata kapha dosha leads to restoration of tubal function and easy conception.

The case report presented here highlights the role of ayurvedic medicine and therapies in successfully managing tubal blockage and hydrosalpinx.

Case Presentation:

A 37 year old married female diagnosed with secondary infertility due to Rt side tubal blockage and Lt side hydrosalpinx presented with chief complaints of inability to conceive for last 8 years and was treated with ayurveda medication and therapeutic procedures.

Treatment:

The ayurvedic practitioners at Adyant ayurveda prescribed a comprehensive treatment protocol tailored to the patient's individual constitution and disease.

The treatment plan included;

1. DIETARY & LIFESTYLE MODIFICATION

- The patient was advised to follow rajaswala parichaya.
- Timely meal schedule.
- Consume freshly prepared warm food.
- Cooked vegetables, whole grains.
- Instructed to avoid curd, paneer, deep fried, refrigerated, cheese, chocolates, sweets and sour foods.
- Moderate daily exercise.
- Avoidance of daytime sleeping & cold exposure.

2. INTERNAL MEDICINE

- Arogyavardini vati – 2 BD before food.
- Kanchanara guggulu – 2 BD after food.

3. PANCHAKARMA THERAPIES

The patient underwent a series of panchakarma therapies including

- Snehapana (medicated ghee intake)

- Abhyanga and Baspa sweda
- Virechana (purgation)
- Yoga basti (medicated enema)

4.UTTARABASTI

For uttarabasti M.D Forte taila was selected for its vata kapha shamaka and lekhana properties.

The dose of uttarabasti was 3 ml with duration of 2 consecutive cycles (3 days of uttarbasti in each cycle).Uttarabasti was administered after cessation of menstruation .Snehana of ksheerabala taila on the lower abdomen , back , & lower limbs followed by nadi sweda given to patient before each uttarabasti.

Yoni prakshalana with triphala kwatha was performed to sterilize the peri vaginal part.

CONCLUSION:

In the presented case study, a remarkable result was obtained in treating tubal blockage & hydrosalpinx by administering therapeutic cleansing procedure such as virechanam , yoga basti & uttarabasti along with ayurvedic medicine.

Patient had conceived within the followup period of two months .

The result suggest that uttarabasti is highly significant treatment modality for tubal blockage , with no apparent complication.

TREATMENT DETAILS:

PROCEDURE	FROM	TO	MEDICINE
DEEPAN PACHAN	12/03/2024	18/03/2024	.CHITRAKADI VATI 2BD B/F
SNEHAPANA (5 DAYS)	19/03/2024	24/03/2024	VARUNADI GHRITA
ABHYANGA & SWEDANA(3 DAYS)	25/03/2024	27/03/2024	1.DHANWANTARAM THAILAM (BODY MASSAGE) 2.KSHEERABALA THAILAM(HEAD & FACE MASSAGE) 3.DASHAMoola(NADISWEDA)
VIRECHANA	28/03/2024	28/03/2024	TRIVRUT LEHYA-80GM
YOGA BASTI	25/03/2024	02/04/2024	ERANDAMoolADI NIRUHA BASTI 600ML + SAHACHARADI THAILAM(ANUVASANA) 100ML
UTTARABASTI	1.16/04/2024 2.15/06/2024	18/04/2024 17/06/2024	M.D FORTE TAILAM 3ML
RESULT	26/08/2024		BETA HCG – 332 PREGNANCY CONFIRMED

REPORTS:

Before treatment

NORTHCITY MEDICARE CENTER AND DIAGNOSTICS
UNIT OF SRI MANASA IMAGING LLP
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RADIOGRAPHY REPORT

NAME	MRS DIBYA SIKHA	AGE/SEX	35Y/F
REF BY	DR. ANUPAMA ASHOK	DATE	13.02.2024

HYSTEROSALPINGOGRAM

Under aseptic precaution contrast was injected through HSG catheter into uterine cavity and radiograms taken

FINDINGS : uterine cavity is well delineated with contrast, appear normal

In size and contour.

Left fallopian tube is well delineated with contrast and Moderate dilatation of distal tube noted.

On repeated attempts only proximal right fallopian tube is delineated with contrast. Distal tube not delineated.

No evidence of peritoneal spillage bilaterally

IMPRESSION:

- NORMAL UTERINE CAVITY.
- LEFT MODERATE HYDROSALPINX.
- NONDELINEATED DISTAL RIGHT FALLOPIAN TUBE —LIKELY ISTHMIC BLOCK.
- NO EVIDENCE OF PERITONEAL SPILLAGE BILATERALLY.

Suggested hysteroscopic correlation.

DR. SOWMYA M
CONSULTANT RADIOLOGIST

MRI SCAN | CT SCAN | LITHOTRIPSY | 3D/4D ULTRASOUND | COLOR DOPPLER | X-RAY | ECHO | ECG | HI-TEC LAB
TMT | ENDOSCOPY | PFT | DIGITAL MAMMOGRAPHY | EEG | ENMG | NCV

After treatment



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LABORATORY REPORT

Patient Name: **DIBYASIKHA DHIR SAMANT** Collected : **25 Aug 24 14:08**
 Gender: **Female** Received: **25 Aug 24 15:24**
 Age: **36 Y 10 M 7 D** Reported: **25 Aug 24 16:48**
 MPID: **1000000101574201** Report Status: **Final Report**
 Referred by: **Dr. MamathaShetty** Visit ID/Ref No: **OPD/TNS24-25CS/12833**

Department- IMMUNOASSAYS

Beta hCG, Serum

Test Name	25 Aug 2024 16:48	Your Value	Reference Range
Beta hCG, Serum, mIU/mL (Method: ECL/Sandwich)	332.00	High	Non Pregnant: <= 5.0 Peri & Post menopausal: <= 13 Pregnant : Refer Interpretation

Interpretation:

PRENANT FEMALE - WEEK OF AMENORRHOEA	LIMITS (mIU/mL)
4-5	1500 - 23000
5-6	3400 - 135300
6-7	10500 - 161000
7-8	18000 - 209000
8-9	37500 - 219000
9-10	42800 - 218000
10-11	33700 - 218700
11-12	21800 - 193200
12-13	20300 - 166100
13-14	5400 - 190000
2nd trimester	2900 - 176100
3rd trimester	2800 - 144400

hCG is produced in the placenta during pregnancy. In non-pregnant women, it can also be produced by tumors of the trophoblast, germ cell tumors with trophoblastic components and some non-trophoblastic tumors.
 The biological action of hCG serves to maintain the corpus luteum during pregnancy. Elevated values here serve as an indication of chorionic carcinoma, hydatidiform mole or multiple pregnancy. Depressed values indicate threatening or missed abortion, ectopic pregnancy, gestosis or intra-uterine death.
 For diagnostic purposes, the results should always be assessed in conjunction with the patient's medical history, clinical examination and other findings.

Barcode No : **TNS0001092**
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