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Case Series

Hydrosalpinx

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# Ayurvedic management of Hydrosalpinx - A Case Series of Three Patients on Non-Surgical Restoration of Tubal Patency

Garg P[1*], Thakur J[2]

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[1*] Preeti Garg, Assistant Professor, Dept of Prasuti Tantra Stri Roga, BS Rajib Gandhi Memorial Ayurvedic College and Hospital, Kolkata, West Bengal, India.

[2] Jyotsna Thakur, Assistant Professor, Dept of Prasuti Tantra Stri Roga, National Institute of Ayurveda,Deemed to be University Jaipur, Rajasthan, India.

**Introduction:** Hydrosalpinx, a fluid-filled blockage of the fallopian tubes, is a major contributor to female infertility accounting for up to one third of tubal factor infertility cases. Conventional management typically involves surgical removal or occlusion of the affected tube prior to assisted reproductive procedures. However, these approaches may not always be accessible, affordable or acceptable to all patients. Ayurveda offers a non-surgical, holistic alternative by addressing Dosha imbalance and Srotodushti. This case series evaluates the effectiveness of Ayurvedic drug management in restoring tubal function and reproductive potential.

**Case Presentation:** This case series documents three patients aged 29-31 of primary infertility (7-9 years), with radiological evidence (HSG or TVS) of hydrosalpinx were treated with Ayurvedic medication. All had regular menses with no prior conception.

**Intervention:** The treatment administered for 3-5 months included Ayurvedic formulations for Shamana (palliative treatment), such as Aragvadhadi Kashayam, Punarnava Mandur, Haridrakhand, Chandraprabha Vati, and Kaishor Guggul etc. These herbal remedies were chosen to address the underlying imbalances and support fertility restoration.

**Outcome:** Over the course of 3 to 5 months, All the patients demonstrated resolution of hydrosalpinx and normalization of the fallopian tubes & patency.

**Conclusion:** This case series highlights successful non-surgical Ayurvedic management of hydrosalpinx, offering a potential integrative approach to infertility care.

**Keywords:** Infertility, Hydrosalpinx, Shotha, Kshetra Dushti, Ayurveda, Shaman Aushadh

**Corresponding Author**

Preeti Garg, Assistant Professor, Dept of Prasuti Tantra Stri Roga, BS Rajib Gandhi Memorial Ayurvedic College and Hospital, Kolkata, West Bengal, India.

Email: preety.pg90@gmail.com

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# Introduction

Hydrosalpinx, a condition marked by the gradual cumulation of serous fluid within the fallopian tubes, is a significant contributor to female infertility.[1] 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% to 9.8% among infertile women.[3] In African regions particularly Nigeria, the prevalence of hydrosalpinx among infertile women has been recorded at 12.4% and 12.6% in two separate studies reflecting a higher burden linked to untreated Pelvic inflammatory disease.[4] Hydrosalpinx often occurs as a outcome of prior pelvic infections (PID) or sexually transmitted diseases, or post-surgical adhesions. These affect Fallopian tube ion channels and epithelial transporters, particularly the cystic fibrosis transmembrane conductance regulator (CFTR), leading to increased epithelial secretion and decreased fluid absorption.[5] Clinically, hydrosalpinx is associated with primary/secondary infertility, lower abdominal discomfort, and, in some cases, chronic pelvic pain. Conventional management typically includes mainly surgical intervention (salpingectomy or tubal clipping) especially prior to IVF to enhance reproductive outcomes.[6]

From an *Ayurvedic* standpoint, these pathological changes can be understood through the lens of *Ksetra Vikriti* and classified under *Tridoshaja Vyadhi*. In *Ayurveda*, Successful conception is said to relay on proper functioning of four essential factors: ***Ritu*** (Timing of the ovulation), ***Kshetra*** (Healthy reproductive organs), ***Ambu*** (Nutritive fluids), and ***Beeja*** (viable gametes), collectively termed *Garbha Sambhav Samagri*. Dysfunction in any of these components can result in infertility.[7] In the case of Hydrosalpinx, ***Vata*** plays a role in movement and transport within reproductive tract, attributed to its *Chala Guna*, ***Pitta*** contributes to serous fluid accumulation due to its *Sara* and *Drava Guna* and ***Kapha*** causes obstruction and inflammation (swelling) due to its *Sthira*, *Avarodhaka*, and *Shophajanaka* qualities. Here, Elevated *Pitta* with *Vata* and *Kapha*, by its liquid (*Drava*) properties, may lead to *Shotha* (inflammation) and fluid accumulation, resulting in hydrosalpinx.

This provides a foundation for targeted *Ayurvedic* interventions aimed at restoring tubal function and overall fertility. Furthermore, focusing on *Dosha* imbalance and inflammation, this case series explores the *Ayurvedic* management of hydrosalpinx using classical *Ayurvedic* formulations aimed at addressing *Dosha* imbalance, inflammation, and tubal obstruction, providing a non-surgical therapeutic alternative for fertility restoration.

# Case Series

**Patient Information & Clinical Findings**

**Case-1:**

A 29-year-old woman with a 7-year history of primary infertility presented with complaints of white discharge per vaginum and inability to conceive. Her menstrual cycles were regular, and she had no significant past illness. Clinical examination revealed a healthy, anteverted uterus with no palpable masses. Transvaginal sonography (TVS) showed a right-sided hydrosalpinx with fluid filled dilated fallopian tube.

**Case-2:**

A 30-year-old woman with primary infertility for 4 years reported with complain of inability to conceive in the last 4 years along with a history of hypothyroidism since 2 yrs and surgical history of right ovarian cystectomy in 2021. Pelvic examination findings were unremarkable. TVS performed in April 2024 revealed a right adnexal tubular cystic lesion consistent with hydrosalpinx.

**Case-3:**

A 31-year-old woman with 7 years of primary infertility presented with inability to conceive in the last 7 years and a history of anti-tubercular treatment (ATT) for 6 months. Her menstrual cycles were regular and associated with mild lower abdominal discomfort. Hysterosalpingography (HSG) confirmed bilateral hydrosalpinx with partial fimbrial block.

**Diagnostic Assessment**

Diagnostic assessment included Transvaginal sonography (TVS) in Cases 1 and 2, which showed fluid-filled, dilated fallopian tubes consistent with hydrosalpinx. In Case 3, hysterosalpingography (HSG) was used to evaluate tubal patency, confirming bilateral hydrosalpinx with fimbrial blockage.

These modalities were selected for their high sensitivity and specificity in diagnosing tubal pathology in women with infertility. The therapeutic response in all three cases was assessed through follow-up imaging, either transvaginal sonography (TVS) or hysterosalpingography (HSG) - conducted 3 to 5 months after Ayurvedic treatment. In Case 1, repeat TVS showed complete resolution of the previously dilated right fallopian tube, indicating restoration of normal anatomy. In Case 2, HSG demonstrated bilateral tubal patency, confirming successful clearance of the obstructed tube.

Case 3, which initially presented with bilateral hydrosalpinx and fimbrial block, also showed normalization of tubal structure and patency on follow-up TVS.

These findings collectively suggest a positive therapeutic impact of the Ayurvedic regimen, reflecting not only symptomatic relief but also structural and functional recovery of the fallopian tubes. The radiological improvements observed serve as objective markers of clinical success and support the efficacy of the treatment protocol.

**Table 1: Case presentation of all three cases**

| Patient profile | Case 1 | Case 2 | Case 3 |
|---|---|---|---|
| Age | 29 years | 30 years | 31 years |
| Place | Calcutta, WB | Calcutta, WB | Calcutta, WB |
| 1st visit | 03/03/24 | 01/07/2024 | 09/05/2024 |
| C/O | Unable to conceive x 7 years | Unable to conceive x 4 years | Unable to conceive x 7 years |
| LMP at 1st visit | 18/02/24 | 20/06/2024 | 01/05/2024 |
| Menstrual history | Regular, Normal flow, Painless, clots +nt, brownish color | Regular, Normal flow, Painless, clots +nt, red color | Regular, Normal flow, Painful, clots +nt, brownish red color |
| Married life | 8 years | 6 years | 8 years |
| Obstetrics History | Nil | Nil | Nil |
| Past Medical History | ATT taken x 2021 (6 Months) | H/O Hypothyroidism in the last 2 years taking 50 µgm thyroxine medicine | ATT taken x 2020 (6 Months) |
| Past Surgical History | Not significant | Ovarian cystectomy (2021) | Laparoscopy (2023) |
| Family History | No relevant history | No relevant history | No relevant history |
| Personal History | Appetite - Decreased<br>Sleep - Sound<br>Bowel - constipated<br>Bladder - Regular | Appetite - Decreased<br>Sleep - Sound<br>Bowel - Constipated<br>Bladder - Regular | Appetite - Good<br>Sleep - Sound<br>Bowel - Clear<br>Bladder - Regular |
| Examination | All vitals are normal | All vitals are normal | All vitals are normal |
| Pelvic Examination (Per Vaginum) | Uterus - AVAF<br>Cervix - Firm, Mobile<br>CMT - Tenderness +nt | Uterus - AVAF<br>Cervix - Firm, Mobile<br>CMT - Tenderness + | Uterus - AVAF<br>Cervix - Firm, mobile<br>CMT - Tenderness +nt |
| Per Speculum Examination | White thick Discharge +nt<br>Vaginal wall- Healthy<br>Cervix- clear, no erosion | No discharges<br>Vaginal wall- Healthy<br>Cervix- clear, no erosion | Thick discharges +nt<br>Vaginal wall- Healthy<br>Cervix- Mild erosion +nt |
| Investigation | USG TVS - 08/07/2023<br>Bilateral bulky ovaries with endometriotic cyst.<br>An anechoic tubular structure towards right adnexa.<br>? Right sided hydrosalpinx<br>Laboratory investigations -08/07/23<br>TSH - 3.5 IU/ml<br>AMH - 3.01 ng/ml | USG TVS - 26/04/2024<br>Right adnexa show an elongated cystic SOL measuring 33 x 17 mm.<br>? Right sided hydrosalpinx<br>Laboratory Investigations -27/05/24<br>TSH - 4.50 IU/ml<br>RBS - 90.5 gm/dl<br>AMH - 2.50 ng/ml | HSG - 25/08/24<br>Focal distal dilatation seen involving both fallopian tubes more on right side.? Bilateral partial fimbrial block due to hydrosalpinx.<br>Laboratory Investigations - 12/06/23<br>FSH - 4.49<br>LH - 5.61<br>RBS - 80.5 gm/dl<br>AMH - 1.53 ng/ml |
| Ayurvedic Diagnosis | Anapatya due to Kshetravikriti (Kapha-Pitta predominance) | Anapatyadue to Kshetravikriti (Tridoshaja with Kapha dominance) | Anapatyadue to Kshetravikriti (Chronic Sanga with Shotha) |

**Table 2: Timeline of case events**

| Events | Case 1 | Case 2 | Case 3 |
|---|---|---|---|
| First Visit | 03/03/24 | 01/07/24 | 09/05/24 |
| Diagnosis Confirmed | 08/07/23 | 26/04/24 | 25/08/24 |
| Treatment Starts | 03/03/24 | 01/07/24 | 09/05/24 |
| Follow Up Imaging | 08/05/24 | 23/11/24 | 16/12/24 |
| Outcome | Normal TVS | Normal HSG | Normal TVS |

**Table 3: Therapeutic Intervention**

| Treatment schedule | Shaman Aushadh | Duration |
|---|---|---|
| Case 1 | 1. Aragvadhadi Kashayam - 15 ml + 45 ml warm water empty stomach<br>2. Punarnava Mandur - 2-tab BD After food<br>3. Haridrakhand - 5gm at night with milk<br>4. Chandraprabha Vati - 2-tab BD after food<br>5. Kaishor Guggul - 2-tab empty stomach<br>6. Snec-30 cap - 1 cap daily | 3 Months |
| Case 2 | 1. Aragvadhadi Kashayam - 15 ml + 45 ml warm water empty stomach<br>2. Punarnava Mandur - 2tab BD After food<br>3. Snec-30 cap - 1 cap daily<br>4. Chandraprabha Vati - 2-tab BD after food<br>5. Kaishor Guggul - 2-tab empty stomach<br>6. Tapyadilauha - 1 tab BD after food | 5 Months |
| Case 3 | 1. Aragvadhadi Kashayam - 15 ml + 45 ml warm water empty stomach<br>2. Punarnava Mandur - 2tab BD After food<br>3. Haridrakhand - 5gm at night with milk<br>4. Chandraprabha Vati - 2-tab BD after food<br>5. Kaishor Guggul - 2-tab empty stomach | 3 Months |

# Results

All three patients were regularly monitored through monthly clinical evaluations and follow-up imaging between the third and fifth months of *Ayurvedic* treatment.

**Case 1:** After three months of oral Ayurvedic therapy, repeat transvaginal sonography (TVS) performed on 08/05/2024 revealed complete resolution of the right-sided hydrosalpinx. The tube appeared normal in size, with no signs of fluid accumulation.

**Case 2:** Following five months of continuous treatment, a hysterosalpingography (HSG) conducted on 23/11/2024 demonstrated bilateral tubal patency with free spill of contrast. No signs of hydrosalpinx or peritubal adhesions were observed.

**Case 3**: At the end of three months of therapy, repeat TVS on 16/12/2024 showed complete resolution of bilateral hydrosalpinx.

The fimbrial ends were open and no fluid retention was detected.

**Case 1**

**Before Treatment**


BIRTH

Obstetrics & Gynaecology Imaging

Pelvic Ultrasound Report

Date: 26.04.2024

Name: *

Age: 29 years

Referred by: Dr. Gautam Khastgir

Method: Transvaginal – 3D

Indication: Primary subfertility

LMP: 05.04.2024

Uterus and adnexae: Axial normal sized uterus measuring 71 x 47 x 38 mm. Myometrial echotexture is heterogeneous. Maximum thickness of endometrium is 7.4 mm. No obvious fibroids or adenomyoma.

On 3D scan cavity appears normal.

Right ovary measures 26 x 19 x 18 mm (volume 4.9 cc). Left ovary measures 32 x 31 x 24 mm (volume 13 cc) and contains a haemorrhagic cyst of 18 mm.

Right adnexa show an elongated cystic SOL measuring 33 x 17 mm – right sided hydrosalpinx.

No free fluid in POD.

Impression: 1. Left ovarian haemorrhagic cyst. 2. Right sided hydrosalpinx.

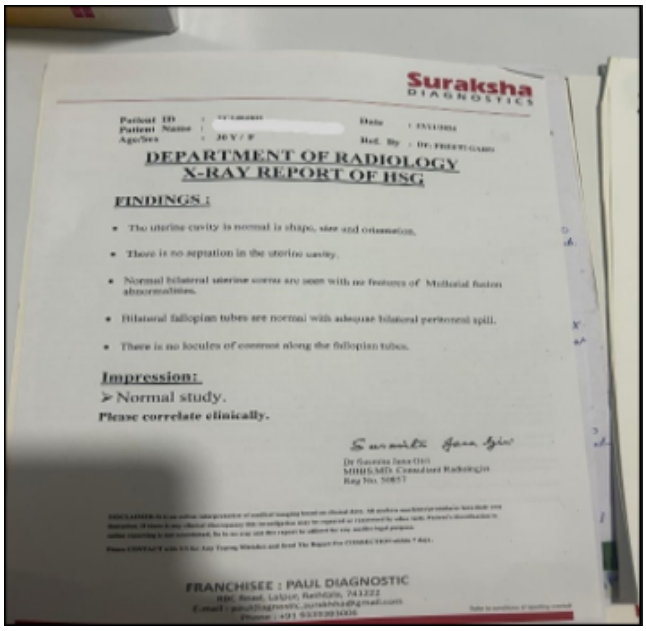
Dr. Arnab Kundu

28, Kanailal Avenue, Sarisha Para, G.T. Road (East), Chandannagar, Hooghly 712136

**TVS 26/04/2024**

Right adnexa show an elongated cystic SOL measuring 33 x 17 mm.
? Right sided hydrosalpinx

**After Treatment**


Suraksha DIAGNOSTICS

DEPARTMENT OF RADIOLOGY
X-RAY REPORT OF HSG

FINDINGS :

- The uterine cavity is normal in shape, size and orientation.
- There is no septation in the uterine cavity.
- Normal bilateral uterine cornua are seen with no features of Müllerian fusion abnormalities.
- Bilateral fallopian tubes are normal with adequate bilateral peritoneal spill.
- There is no locules of contrast along the fallopian tubes.

Impression:
➢ Normal study.
Please correlate clinically.

FRANCHISEE : PAUL DIAGNOSTIC

**HSG 23/11/2024**

Both tubes appear normal and adequate bilateral peritoneal spillage. (No hydrosalpinx)

**Case 2**

**Before Treatment**


Apollo Clinic
DUNLOP

DEPARMENT OF RADIOLOGY
REPORT OF TVS

UTERUS:
Anteverted, normal size ( 8.21 cm x 3.27 cm x 4.20 cm). Endometrial echoline is central. Myometrial echotexture is homogeneous. No sizeable focal lesion in seen. Endometrium thickness is 0.91 cm. Cavity shows normal on 3D scan.

OVARIES :
Both ovaries are bulky in size. An endometriotic cyst measuring 2.64 cm x 2.37 cm seen in right ovary and 1.01 cm x 0.86 cm seen in left ovary.
Right ovary measures : 3.47 cm x 2.32 cm x 3.43 cm = Volume :14.45 cc.
Lt Ovary is adherent to uterus.
Left ovary measures : 3.46 cm x 1.80 cm x 3.52 cm = Volume : 11.60 cc.

ADNEXA: An anechoic tubular structure with partial internal septations is seen extending towards Lt adnexa, suggestive of ? Right sided hydrosalpinx.

IMPRESSION:
1.Bilateral bulky ovaries with endometriotic cyst.
2.Right sided hydrosalpinx.
4.Normal pelvic cavity on 3D scan.

Dr. Paramita Hazari

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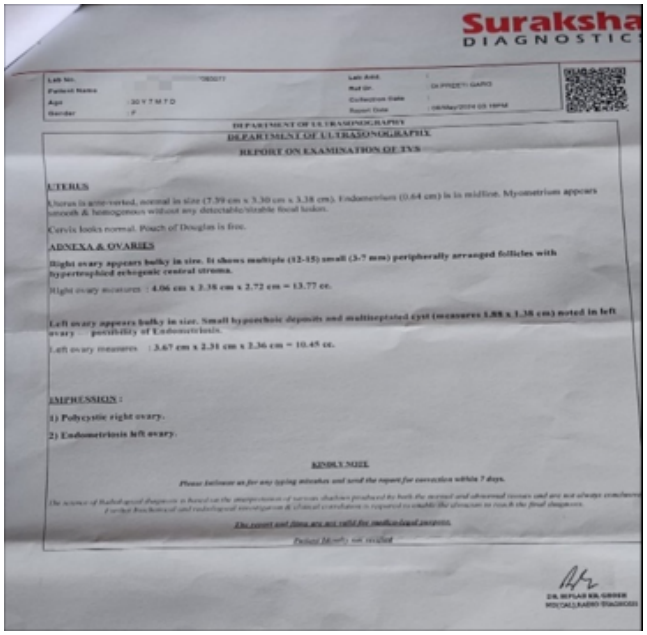
**TVS 08/07/2023** - ? Right sided hydrosalpinx.

**After Treatment**


Suraksha
DIAGNOSTIC

DEPARTMENT OF ULTRASONOGRAPHY
REPORT ON EXAMINATION OF TVS

UTERUS

ADNEXA & OVARIES

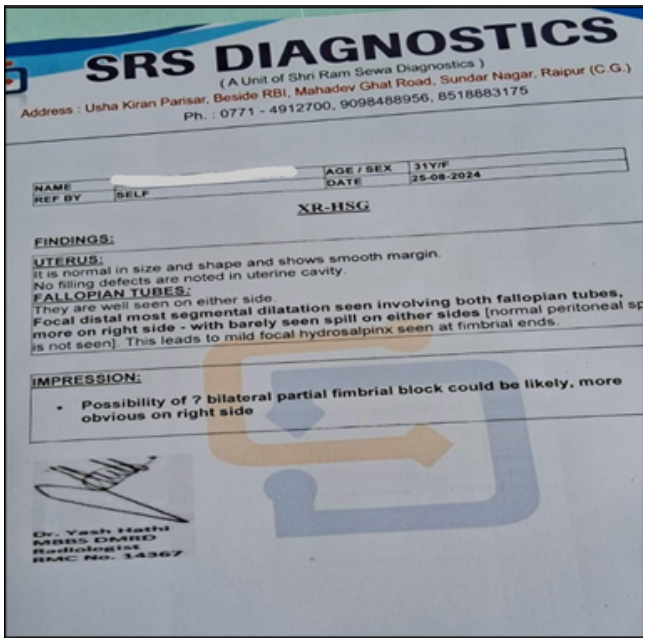
IMPRESSION :
1) Polycystic right ovary.
2) Endometriosis left ovary.

KINDLY NOTE

**TVS 08/05/2024 -** Both tubes appear normal. (No hydrosalpinx)

**Case 3**

**Before Treatment**


SRS DIAGNOSTICS
( A Unit of Shri Ram Sewa Diagnostics )
Address : Usha Kiran Parisar, Beside RBI, Mahadev Ghat Road, Sundar Nagar, Raipur (C.G.)
Ph. : 0771 - 4912700, 9098488956, 8518883175

NAME
REF BY SELF
AGE / SEX 31Y/F
DATE 25-08-2024

XR-HSG

FINDINGS:

UTERUS:
It is normal in size and shape and shows smooth margin.
No filling defects are noted in uterine cavity.

FALLOPIAN TUBES:
They are well seen on either side
Focal distal most segmental dilatation seen involving both fallopian tubes, more on right side - with barely seen spill on either sides [normal peritoneal sp is not seen]. This leads to mild focal hydrosalpinx seen at fimbrial ends.

IMPRESSION:

- Possibility of ? bilateral partial fimbrial block could be likely, more obvious on right side

Dr. Yash Hathi
MBBS DMRD
Radiologist
IMAC No. 14367

**HSG 25/08/24 - ?** Bilateral partial fimbrial block due to hydrosalpinx

**After Treatment**


AARNA
DIAGNOSTIC CENTRE
Committed for your Health

| | | | |
|---|---|---|---|
| Patient Name | | Date of Birth | 16 Dec 1993 |
| Patient ID | 112414626 | Age | 31Yr |
| Referral Dr | Dr. PREETI GARG | Sex | Female |
| Study Date | 16 Dec 2024 | Report Date | 16 Dec 2024 |
| Time | 12:44pm | Time | 5:27pm |

HYSTEROSALPINGOGRAPHY

Note: Tele-reporting was done for this scan on a teleradiology platform as per the clinical details, patientinformation and images provided. The patient was not seen and the scan was not supervised personally.

Hysterosalpingography done with 8 ml of urografin 60%
Uterine cavity is normal in size and contour.
No irregularity or filling defect is seen within it.
Both fallopian tubes are normal in calibre
No beading or dilatation is seen.
Free peritoneal spill is seen on both sides.

IMPRESSION : Normal Study.

The above impression is just an opinion of the imaging finding and not a final diagnosis. Needs correlation with clinical status, lab investigations and other relevant investigations.

This is a computer-generated report. Report not valid for medico-legal purposes.

Dr. Saumitra Barthwal
MBBS, MD Radiodiagnosis
Reg No.-9213

**TVS 16/12/24 -** Both tubes appear normal and patent tubes

**Follow-Up and Outcomes**

In all three cases, patients reported subjective improvements in general well-being, menstrual discomfort, relief in white discharge and absence of pelvic discomfort. Although no one had conceived at the time of last follow-up, the resolution of tubal pathology established a favorable prognosis for future fertility. These outcomes affirm the potential of Ayurvedic intervention in addressing structural tubal defects such as hydrosalpinx without recourse to surgical methods.

## Discussion

Hydrosalpinx remains a significant contributor to female infertility, often necessitating surgical intervention such as salpingectomy or tubal clipping, particularly prior to assisted reproductive technologies like IVF. While these procedures aim to optimize fertility outcomes, they are not without risks—tubal removal eliminates natural conception potential, and invasive surgery may not be suitable for all patients. Considering these limitations, an *Ayurvedic* perspective offers a holistic, nonsurgical alternative grounded in fundamental principles of *Shotha* management. Hydrosalpinx may be considered as manifestation of *Kshetra Vikriti,* a derangement of the reproductive field, and typically interpreted as a *Tridoshaja Vyadhi.* The functional harmony of *Vata, Pitta,* and *Kapha* is essential for maintaining tubal integrity and reproductive vitality. In this condition, *Vata* (via *Chala Guna*) disturbs the flow of contents through the fallopian tube, *Pitta* (via *Drava* and *Sara Guna*) promotes inflammation and fluid accumulation, while *Kapha* (via *Sheeta, Avarodhaka,* and S*hophajanaka Gunas*) causes obstruction and swelling resulting in *Sanga* (obstacle*)* in the fallopian tubes. All *Shotha* are mainly due to *Tridosha* vitiation and *Raktadushti*. Therefore, the treatment should aim to balance the three doshas (*Tridosha-Shamaka*), clear the channels (*Sroto-Shodhana*), promote absorption (*Shoshana*), blood purification (*Raktashodhaka)* and reduce inflammation (*Shotha-Hara*).

The *Ayurvedic* management in this case series focused on correcting these imbalances through well-established *Shamana Chikitsa*, emphasizing *Agnideepana, Aamapachana*. *Shothahara*, *Srotoshodhana* and *Tridoshshamaka* properties as shown in Table no. 6. These drugs possess *Katu, Tikta* and *Katu Vipaka, Ruksha*, *Kashaya Rasa, Ushna Virya,* and *Laghu Guna* and *Tridoshaman* properties by virtue of which aid in the digestion of *Ama* and enhance *Agni*. This process helps to alleviate *Strotorodh*, acting as both *Deepanpachan* and *Aampachan.*

Each formulation in the treatment protocol was selected based on its classical pharmacodynamics. *Aragvadhadi Kashayam* and *Kaishor Guggulu* are recognized for their anti-inflammatory and *Srotoshodhaka* actions. *Punarnava Mandur* supports fluid regulation and alleviates *Kleda* and *Shotha*,while *Chandraprabha Vati* is a potent *Kapha-Pittahara* and *Mutravaha Srotas* cleanser. *Haridrakhand* and curcumin (Snec-30) further augmented the anti-inflammatory effects by lowering histamine levels and possibly by increasing the production of natural cortisone by the adrenal glands. A separate double-blind clinical trial found that curcumin was superior to placebo or phenylbutazone (a non-steroidal anti-inflammatory drug [NSAID]) for alleviating post-surgical inflammation.**[8]** This holistic combination, administered consistently over 3-5 months, led to complete radiological resolution of hydrosalpinx in all three patients, without resorting to surgical intervention. These findings are in alignment with emerging clinical case reports as Kumari R et.al. 2022 reported complete tubal clearance in a woman with bilateral hydrosalpinx following an *Ayurvedic* protocol involving *Triphala Guggulu* and *Godanti Bhasma*. Similarly, Kale A et.al. 2021 case report using *Saptasara Kashaya* achieved tubal normalization within 12 weeks.**[9]** While most existing reports are limited to single cases, the present series enhances the evidence base by demonstrating consistent outcomes across three different patients with varying clinical presentations.

Importantly, the present case series showcases a purely oral, non-invasive protocol making it more accessible in outpatient settings with favorable outcomes in all three cases suggesting that selected Shamana therapies may offer a promising non-surgical alternative for managing hydrosalpinx. However, this series is not without limitations. A longer follow-up period is necessary to assess conception outcomes. Additionally, imaging modalities such as laparoscopy, though more definitive, were not employed due to practical constraints.

**Table 6: Mode of action drugs**

| SN | Name of preparation | Ingredients | Properties |
|---|---|---|---|
| 1. | Aragvadhadi Kashayam[10] | Aragwadha, Indrayava, Patala, Kakatika, Nimba, Amruta, Shigru, Sruvavriksha, Pata, Bhunimba Sarireyaka, Patola, Karanja Pootikaranja, Saptachada, Agni, Karavella, Charantia, Madanphala | Kaphashamak, Lekhaniya-Guna,[11] Dushtvrinavishodhnam, Visha-Hara, Kushthhar, anti-bacterial, anti- microbial, anti-parasitic, and anti-inflammatory |

| | | | |
|---|---|---|---|
| 2. | Punarnava Mandur[12] | Punarnava, Trivrit, Triphala, Dantiroot, Sonth, Kali Mirch, Pipali, Vaividang, Devdaru, Chitrakroot, Kushta, Haldi, Chavya, Indrayava, Kutki, Piplamoola, Mustak, Karkatasinghi, Kala Jeera, Ajwain, Jaiphala | Krimihara, Amahara, Deepana, Pachana, Kustha-hara, Sroto-Shodhan, Anti-inflammatory[13] |
| 3. | Chandraprabha Vati[14] | Shilajatu, Guggulu, Amalaki, Vacha, Amruta, Karpoor, Ativisha, Haridra, Triphala, Guduchi, Chitrak, Swarnamakshika Bhasma, Trikatu Lavan, Kshar, Vankshalochana, Trivrit | Eradicate Kleda, remove Srotorodha, Deepana, Pachana, Amadosahara, Raktaprasadana, Lekhaniya, MedognaKapha-Vatahara, dominant Vipaka is Katu-Vipakawhich helps in reducing the Kleda, Aama and Sanga, Rasayan,[15] Anti-inflammatory |
| 4. | Haridrakhand [16] | Haridra, Nishoth, Nagarmotha, Ajwain, Haritaki, Daruhaldi, Chitrakmool, Goghritam, Sarkara | Krumi, Shitapitta, Vidradhi, Ajeerna, Kamala, Shotha-Hara, Anti-allergic, Antihistaminic, Anti-inflammatory, Antioxidant, Antipruritic |
| 5. | Kaishor Guggul[17] | Gokshuru, Amruta, Guduchi, Tryushana, Vidanga, Danti, Trivrit, Ghrita Trikatu, Triphala, Shudhaguggul | Shothahara (oedema) Mandag,[18] Gulmahara, Vataraktashamak, Vrana-Ropak, Shavyathushamak (Anti-Inflammatory), Rasayana |
| 6. | Tapyadi Lauha[19] | Triphala, Trikatu, Chitraka, Vidanga, Musta, Pimpalmula, Devdaru, Daruhalad, Twaka, Chavaka, Shilajit Bhasma, Suvarnamakshik Bhasma, Raupya Bhasma, Loha Bhasma, Mandur Bhasma, Sharkara | Rasayan, Dipaka, Pachana, Krumighna, Raktavardhaka, Anulomaka, Kapha-Vatahara, |
| 7. | Snec-30 cap[20] | 30 mg of active curcumin | Anti-Inflammatory, Anti-Ageing, Anti-Cancer, Antioxidant, Wound Healing, |

## Conclusion

This case series highlights the potential of *Ayurveda* interventions as a non-surgical and fertility preserving approach to managing hydrosalpinx. The outcomes underscore Ayurveda's holistic ability to address *Kshetra Vikriti* through *Dosha* specific, anti-inflammatory and *Strotoshodhaka* treatments. Future research should include larger cohort studies, randomized controlled trials (RCTs), and comparative studies with standard surgical interventions to assess efficacy, safety, and long-term fertility outcomes.

Additionally, integrating *Ayurvedic* interventions into fertility treatment protocols including pre- or post-IVF care could be explored to assess synergistic effects.

**Informed Consent**

Informed consent was obtained from all the patients for the publication of this case series and any accompanying images.

**Ethical Consideration**

This case series is exempt from ethics committee approval as it involves retrospective clinical observation and outcome.

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