



A Case of Hydrosalpinx with Infertility Treated by Homoeopathy

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ABSTRACT

Hydrosalpinx is a medical condition characterized by the blockage and accumulation of serous or clear fluid in one of the fallopian tubes, typically occurring near the ovary and distal to the uterus.

This obstruction often results in the significant distension of the affected tube, leading to a distinctive sausage-like or retort-like shape. Frequently, hydrosalpinx affects both fallopian tubes, with the afflicted tubes expanding to several centimetres in diameter. The presence of these blocked tubes is a primary contributor to infertility in affected individuals.

Infertility is defined as the inability to achieve pregnancy after engaging in a year of unprotected, consistent sexual intercourse involving both a male and female partner. The prevalence of primary infertility in the general population ranges from approximately 3.9% to 16.8%. Among the various factors contributing to infertility, issues related to the fallopian tubes, often referred to as the tubal factor account for approximately 12% of cases. Homoeopathy has emerged as a gentle yet effective treatment modality. Several previous studies have hinted at the potential of homoeopathy as a valuable approach for addressing infertility.

Keywords: Fallopian tube blockage, Female infertility, Homoeopathy, Hysterosalpingography

Introduction

Hydrosalpinx is a medical condition characterized by the accumulation of sterile fluid within one or both of the fallopian tubes, leading to blockage. This obstruction in the fallopian tubes can hinder the journey of sperm towards the egg, thus contributing to infertility. Furthermore, if fertilization does manage to take place, the presence of this blockage can impede the embryo progress toward the uterus, posing additional challenges to a successful pregnancy.

Case Summary: In this article, we present a case study wherein a woman experiencing infertility attributed to hydrosalpinx was exclusively treated with homoeopathic remedy.

The outcome: A successful pregnancy resulting in the birth of a healthy baby.

Pathogenesis

Hydrosalpinx typically arises as a consequence of recurrent episodes of mild endosalpingitis. The organisms responsible for this infection often include microorganisms such as Staphylococcus, E. coli, Gonococcus, and Chlamydia trachomatis, among others. In the initial stages of infection, the fimbriae—the finger-like projections at the end of the fallopian tube—become swollen and drawn inward, adhering to each other, ultimately leading to the closure of the abdominal ostium. Concurrently, the accumulation of secretions within the tube causes it to distend, with pronounced swelling occurring in the ampullary region. As the mesosalpinx (the part of the broad ligament that supports the fallopian tube) is relatively fixed in position, this distension causes the tube to coil, assuming a distinctive retort-like shape. Additionally, the uterine ostium may experience closure due to congestion, albeit not necessarily a structural closure, thereby permitting the recurrence of infection. In some instances, the accumulated fluid may also discharge into the uterine cavity.

Infertility is a prevalent reproductive condition that affects a substantial portion of the population, with an estimated prevalence ranging from 3.9% to 16.8%. It is clinically defined as the inability to achieve pregnancy despite regular, unprotected sexual intercourse over a duration of 12 months or more. Various factors contribute to this complex issue, including modern urban lifestyles, habits like cigarette smoking and alcohol consumption, delayed pregnancies, and advancing female age. The underlying causes of infertility are multifaceted, encompassing a spectrum of conditions such as menstrual irregularities, polycystic ovary syndrome (PCOS), obesity, hyperthyroidism, diabetes, hormonal imbalances, as well as disorders of the uterus, fallopian tubes, and ovaries.

Diagnosis and Treatment

Ultrasonography is a common diagnostic tool used in the assessment of fallopian tube health. Typically, fallopian tubes are not directly visible in ultrasonography. However, when the tubes become swollen and filled with fluid, they may become visible during the examination. Another valuable diagnostic procedure is Hysterosalpingography (HSG), which involves a radiographic dye test. During an HSG, a healthcare provider introduces a contrast dye into the uterus and closely observes its flow under X-ray imaging. If the movement of the dye comes to a halt at any point, it serves as an indicator of a potential blockage within the fallopian tube. This diagnostic test is instrumental in identifying tubal obstructions.

Management

In cases of active infections, antibiotics are typically prescribed.

Salpingectomy is a surgical intervention that involves the surgical removal of one or both fallopian tubes.

Salpingostomy, on the other hand, is a procedure focused on draining fluid from the fallopian tube. It is worth noting that this procedure may increase the risk of complications during pregnancy and potentially lead to a higher risk of abortions. Another well-known and effective management option for infertility, associated with higher success rates, is In Vitro Fertilization (IVF).

Case

preliminary data

Name – Mrs. ABC

Age – 21 years

Sex – Female

Religion – Hindu

Marital Status – Married

Date – 6/4/2023

H/O Allergy – None

Chief Complaint

A 21 years old female came to OPD with complaints of primary infertility with bilateral tubal blockage. H/O conceiving pregnancy one year ago but underwent abortion due to spontaneous PV bleeding.

Past History - Patient was detected TORCH positive during her last pregnancy, took treatment for three months for the same.



Fig. 1 – HSG report showing Bilateral tubal blockage (27/01/2023)

Family History – Father – Healthy

Mother – Healthy

Menstrual History – Menarche – at the age of 12 years, delayed by 8-10 days, bleeding is profuse lasting for 5 days with severe dysmenorrhoea, has to take allopathic injections for pain.

Obstetric History – History of spontaneous abortion one year ago.

Personal History

Appetite – Increased

Desire – Sweet, Ice cream

Aversion – Nothing Specific

Thirst – Thirsty for large amount of cold water

Stool – Regular, once a day

Urine – 4-5 times a day

Thermals – Chilly

Perspiration – On Palms and Soles of foot

Sleep – Sound

Dreams – Of Fire

Life space / Mind

Memory – Average

Intellect – Average

Marriage – Love marriage

Patient is living with her in-laws. There are constant conflicts in her family leading to quarrels. At her parent's house, she never had such conflicts, so she gets fearful. Patient is constantly worried as her husband lost his job in 2020 during covid lockdown. He is in debt of around 5 – 6 lakh rupees and people constantly knock their door for recovery. She also gets suicidal thoughts, cries alone at night. She blames herself for getting married into this family.

Anger – violent, cannot control her anger, she bangs her head on walls in anger.

Rubrics

c/m, delusion, imagination, wrong done, he has c/m, discords, agg, ailments from murphy mind, anxiety future about general murphy, salpingitis, inflammation, fallopian tube

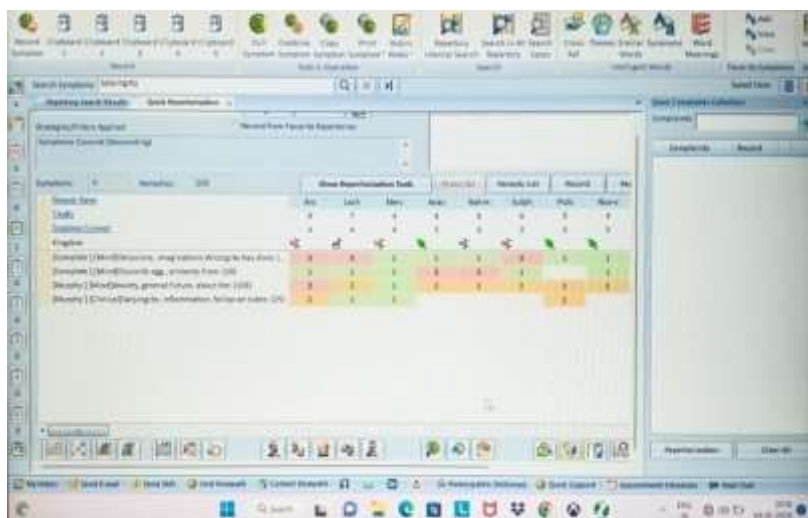


Fig. 2 – Repertorial Totality Using Homopath Software

Remedy

Merc sol 200 water dose for two weeks

SL * 4 pills * BD * 15 days

THE OUTCOME – Patient conceived after 1 month of treatment.



Fig. 3 – USG report showing intrauterine pregnancy after homoeopathic treatment (15/05/2023)

References

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