



Case Study

NON-OPERATIVE MANAGEMENT OF ENDOMETRIAL POLYP THROUGH AYURVEDIC LEKHANA AND SHAMANA THERAPY

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ABSTRACT

This case study outlines the effective non-operative treatment of an endometrial polyp in a 40-year-old woman who sought care in October 2025 for severe, prolonged menstrual bleeding (menorrhagia and dysmenorrhea) lasting 10 days each cycle since 4 months. Physical exams and ultrasound identified an 8 × 15mm polyp in the uterine fundus along with an enlarged uterus. Although hysteroscopic polypectomy is the typical treatment for symptomatic polyps, the patient received a comprehensive Ayurvedic regimen. Therapy involved localized *Sthanika Chikitsa* through *Yonidhavana* (vaginal irrigation) with *Triphala-Musta-Haridra* decoction and *Yonipichu* (medicated vaginal tampon) using *Kshara Taila*, combined with oral remedies like *Saraswatarista*, *Praval Panchamruta*, *Kamdudha*, and *Dashmularista* with *Eranda Taila* to regulate *Vata*. After three months, symptoms markedly resolved, and a January 2026 ultrasound verified full polyp disappearance. The results demonstrate the value of Ayurvedic *Lekhana* (scraping) and *Shamana* (pacifying) approaches as viable non-surgical options for benign uterine polyps.

INTRODUCTION

Endometrial polyps are small, localized growths made of endometrial tissue (the lining inside the uterus). They include extra stroma (support tissue), glands, and a covering of epithelium, and they stick out into the uterine cavity.^[1]

In modern gynaecology, they are a main cause (palm-coin _p-polyp) of Abnormal Uterine Bleeding (AUB). This often shows up as heavy periods (menorrhagia) and painful periods^[1] (dysmenorrhea). Though usually benign (non-cancerous), they can greatly affect a woman’s daily life and ability to get pregnant.^[2]

In Ayurveda, there’s no single exact name for this. It most closely matches *Yoni Arsha*^[3] (growths in the genital area) or falls under *Asrigdhara*

(excessive bleeding or discharge) and *Granthi* (abnormal lumps or masses). Ancient Ayurvedic texts like *Sushruta Samhita* and *Ashtanga Hridaya* describe *Arsha* as pile-like fleshy growths (*Mamsakila*) that block natural body passages. Usually linked to the rectum, Acharya Sushruta clearly states these can appear in the genital and urinary tract as *Yoni Arsha*.^[4]

Arsha here involves all three *Doshas- Vata, Kapha, and Pitta (Tridoshaja)*. Vitiated *Apana Vata* and *Kapha* settle into the muscle (*Mamsa*) and blood (*Rakta*) tissues of the uterus.

Treatments


Modern gynaecology- Hysteroscopic Polypectomy is the typical treatment for symptomatic polyps.

AIMS

To assess a combined Ayurvedic approach (local and internal treatments) for fully resolving an 8 × 15 mm endometrial polyp.

OBJECTIVES

- Control heavy periods (menorrhagia) and painful periods (dysmenorrhea) using *Vata-*

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Kapha balancing and blood-stopping (*Rakta-Stambhana*) remedies.

- Offer a proven non-surgical option for benign uterine growths, emphasizing tissue-scraping (*Lekhana*) effects of herbal formulas.

Patient Clinical Summary

Patient Profile

Patient consent for non-surgical Ayurvedic care was taken.

Age: 40 years old

Obstetric History: G3P2L2A1 (3 pregnancies, 2 live births, 1 abortion).

Family: Two children (14y male, 12y female). Both delivered via Normal Vaginal Delivery (NVD).

Surgical history: Tubal ligation (2015). No other major surgeries.

Socioeconomic Status: Middle class; active lifestyle (previously able to manage household work).

Chief Complaints

Prolonged vaginal bleeding: Currently lasting >10 days.

Severe abdominal pain: Intensity is high enough to interfere with Activities of Daily Living (ADLs).

Progression: Symptoms have been gradually worsening over the last 4 months.

Menstrual History

Last Menstrual Period (LMP): October 11, 2025.

Flow Pattern: Heavy menstrual bleeding (Menorrhagia), using 5 pads per day for a duration of 10 days.

Diagnostic Findings

Ultrasonography (USG): Confirmed presence of a Cervical Polyp.

General Examination

General Condition: Fair

Temperature: Afebrile

Pulse rate: 98 /min

BP: 110/70 mm hg

Weight: 70 kg

Height: 156cm

Pallor: absent

Icterus: absent

Cyanosis/ Clubbing: absent

Facial /Pedal Oedema: absent

Systemic examination:

Central Nervous System: Conscious and oriented

Cardiovascular System: S1S2 Normal

Respiratory System: bilateral air entry clear

Per Abdomen: Soft non tender

Lymphadenopathy: Absent

Per speculum examination– Cervix normal, no abnormal white discharge

Per vaginal examination – Uterus anti verted normal size cervical motion tenderness absent and also adenexa clear.

Ashtavidha Pariksha

Nadi: Vata-pitta predominance

Mala: *Samyak* (normal frequency of bowel evacuation)

Mutra: Normal micturition (4 to 5 times day)

Jivha: *Saam*

Shabda: *Spashta*

Sparsha: *Samasitoshna*

Drik: *Prakrut*

Aakruti: *Madhyam*

Investigation

Complete blood count (20 /10/2025) Hb – 10 gm%; WBC-7600/cumm; Platelet count – 2.30 lacs/cumm; ESR – 28 mm/hr.

Kidney function test (20/10/2025) Blood urea – 16 mg/dl; Sr. Creat – 0.35 mg/dl; Uric acid – 5 mg/dl.

Liver function test (20/10/2025) SGOT – 18.4 U/L; SGPT – 20.8 U/L; Total bilirubin – 0.86 mg/dl; Direct bilirubin – 0.20 mg/dl.

Blood sugar level: Fasting – 96 mg/dl; Postprandial – 118 mg/dl.

Coagulation & screening: Bleeding time – 1.30 min; Clotting time – 4.30 min; PT – 13.8 sec; INR – 1.01.

Infection screening: HbsAg - Negative; HCV – Negative; HIV – Non-reactive

TSH 20/10/2025-2.6 mIU/l

Before treatment USG TVS SHOWS (20/10/2025)

Uterus: Size 7.5cm X5.5cm X4.5 cm

ET:10 MM

Endometrial Polyp: 8 mm X 15 mm.

Bilateral ovaries appear normal

After treatment USG TVS shows (10/1/2026)

Uterus: Size 6.5cm X5.5cm X5.5 cm

ET:8 MM

Bilateral Ovaries Appear Normal

Diagnostic Approach

Diagnosis combined detailed menstrual history (cycle duration, flow length, pain via Visual Analog Scale) with Ayurvedic *Ashtavidha Pariksha*. Bimanual pelvic checks evaluated uterine size and tenderness, while transvaginal ultrasound

confirmed an 8mm × 15 mm bright mass in the uterine fundus and enlarged uterus.

Treatment Methods

Therapy split into local (*Sthanika Chikitsa*) and internal (*Abhyantara Chikitsa*) options, emphasizing tissue scraping (*Lekhana*) and *Vata* flow regulation (*Vata-Anulomana*).

Sthanika Chikitsa (local Treatment)

Procedure	Medicine Used	Method/Route	Duration
<i>Yoni Dhavana</i>	<i>Triphala, Musta, Haridra Kwatha</i> ^[5,6]	Vaginal irrigation with 1 lit. Kwath with enema pot.	7 days after menstruation ends (for 3 cycles).
<i>Yoni Pichu</i>	<i>Kshara Taila</i> ^[7]	Medicated vaginal tampon	5–6 hours daily for 7 days post-menstruation.

Abhyantara Chikitsa (Internal Medication)

Medicine	Dosage	Duration	Time of Admin	Vehicle (<i>Anupana</i>)
<i>Saraswatarista</i> ^[8]	20ml	From 5 th day of menses till next period.	After meals (BD)	Equal amount of water.
<i>Praval Panchamruta</i> ^[9]	250mg	From 5 th day of menses till next period.	Before meals (BD)	Honey
<i>Kamdudha Rasa</i> ^[10]	250mg	From 5 th day of menses till next period.	Before meals (BD)	Water
<i>Dashmularista</i> ^[11]	20ml	10 days before period	At bedtime	Mixed with 10ml <i>Eranda Taila</i> .

Progress Evaluation

Monthly checks tracked subjective gains like shorter bleeding (from 10 to 4–5 days) and lower pain scores (VAS). Objective measures used follow-up transvaginal ultrasound to confirm polyp presence or full resolution in the fundus.

Results Overview

Clinical results combined patient-reported symptom improvements with ultrasound imaging over 3 months.

Symptom Improvement

Heavy menstrual bleeding (menorrhagia), tracked by daily medium-sized pad usage, showed steady decline. Pain and flow duration also reduced progressively.

Period	Duration of Flow	Pad Count (Medium)	Pain (VAS 0–10)	Functional Status (Homework/Chores)	Associated Symptoms
Month 1 (Oct)	10 days	5/day	9/10	Incapacitated: Unable to work for first 5 days.	Severe backache, weakness
Month 2 (Nov)	8 days	4/day	5/10	Improved: Significant pain reduction; able to do chores.	Reduced backache
Month 3 (Dec)	6 days	3/day	2/10	Stable: Mild pain (comparable to post-childbirth)	Completely relieved

Radiological Findings (USG Comparison)

The most significant outcome was the complete radiological resolution of the endometrial mass.

Parameter	Pre-Treatment USG (20/10/2025)	Post-Treatment USG (10/1/2026)
Uterine Status	7.5CM X5.5CM X4.5 CM	6.5CM X5.5CM X5.5 CM
Polyp Presence	8 × 15 mm (Fundal region)	No polyp visualized
Endometrium	10 mm	8 mm

DISCUSSION

The management of uterine growths in Ayurveda is rooted in the treatment of *Arsha* (growths) and *Asrigdhara* (excessive bleeding), specifically targeting the *Vata-Kapha* imbalance.

1. *Vata-Kapha* Pathogenesis

In the context of *Arsha (Vata-Kapha)*, the physical growth of the polyp is a result of *Kapha* (promoting *Mamsa* and *Meda* hypertrophy), while the severe pain and heavy 10-day bleeding are caused by the vitiation of *Apana Vata*.

- *Vata* causes the *Rukshata* (roughness) and *Shoola* (pain).
- *Kapha* provides the stability and mass for the polyp to persist.

Mechanism of *Sthanika Chikitsa* (Local Therapy)

***Yonidhavana (Triphala-Musta-Haridra)*:** These drugs possess *Kashaya* (astringent), *Lekhana* (scraping) and antibacterial properties. They help in cleansing the vaginal passage and reducing the inflammatory the cervix and uterus.

***Yonipichu (Kshara Taila)*:** This is the pivotal intervention. *Kshara* is described in Ayurveda as an alternative to surgical instruments (*Shastradapi Teekshnatara*). Its high pH and corrosive nature allow it to penetrate the cervical canal and exert a "chemical cauterization" or *Chedana* (excision) effect on the benign polypoid tissue, leading to its gradual dissolution

Vata Flow Management

Dashmularista^[12] paired with *Eranda Taila* formed the foundation for controlling the patient's intense period pain and back discomfort. *Dashmula* serves as a *Tridosha Shamaka* and *Shothahara* ^[4] (swelling reducer), efficiently removing the blockage of *Apana Vayu* from the polyp growth.

Eranda Taila (castor oil) targets the *Srotas* (body channels). It promotes *Vata's* proper downward motion, normalizing uterine spasms, shortening menses from 10 days to a normal 5-day cycle, and relieving referred back pain.

Pitta-Rakta Stability and Bleeding Control

Kamdudha Rasa and *Praval Panchamruta* addressed profuse bleeding (5 saturated pads daily) via their *Sheeta Virya* (cooling) and *Pitta*-pacifying qualities.

These remedies deliver natural calcium, essential for *Yoni* and uterine vessel firmness.

Their *Raktaprasadaka* (blood-cleansing) and *Stambhana* (clot-promoting) effects cooled *Rakta*

Dhatu, sharply cutting flow volume and firming the endometrial surface.

Cycle Balance and Tonic Support

Saraswatarista enabled full recuperation beyond its *Balya* (vitalizing) traits, fulfilling key functions: *Manas Shanti*: It soothed the mind, easing anxiety from ongoing heavy blood loss. Cycle Adjustment: By balancing *Rasa Dhatu* and its by-product *Artava*, it fixed core menstrual irregularities.

This fostered proper *Dhatu* development, converting debility into strength and renewed daily performance once flow stabilized.

CONCLUSION

This case demonstrates Ayurveda's strong role as a non-surgical, affordable option over hysteroscopic procedures for endometrial polyps. Key achievement: full disappearance of an 8 × 15 mm fundal polyp in 90 days, confirmed by transvaginal ultrasound (TVS).

Main outcomes: Bleeding control: Cycle shortened from excessive 10 days to regular 5 days; pad use dropped from 5 to 2 daily.

Pain relief: *Dashmula* and *Eranda Taila* eliminated dysmenorrhea completely (VAS 9/10 to 0/10), improving daily function and well-being.

Treatment mechanism: *Kshara Taila's* scraping (*Lekhana*) and cutting (*Chedana*) effects dissolved *Yoni Arsha* tissue without operation damage.

Relevance and Next Steps

Ideal for perimenopausal women (e.g., this 40-year-old) avoiding anaesthesia risks and surgery issues. Offers a clear "Ayurvedic polyp removal" method. Future work: Large RCTs to set *Yonipichu* session lengths and test in repeat polyps after failed surgeries.

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