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Ayurvedic Work Done On Endometrial Hyperplasia – A Review Article

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Abstract: Endometrial hyperplasia (EH), a precursor to endometrial cancer, manifests as abnormal uterine bleeding (AUB) characterized by irregular cycles, heavy menstrual flow, and prolonged bleeding. This review evaluates Ayurvedic interventions for managing EH, focusing on their efficacy, treatment protocols, and outcomes. The review consolidates data from multiple case studies, highlighting the use of Ayurvedic formulations, including *Pushyanuga Churna, Dashmool Kwatha, Ashokarishta,* and *Chandanasava.* Treatments incorporated internal medications, external therapies like Basti (medicated enemas), and vaginal applications. Across cases, significant reductions in endometrial thickness (from 9.1–20.1 mm pre-treatment to 3.7–7 mm post-treatment) were observed. Patients experienced normalization of menstrual cycles, reduced bleeding (e.g., from 12 pads/day to 2–3 pads/day), and alleviation of associated symptoms such as pain and fatigue. Therapy durations ranged from 1 to 16 months, with consistent improvement in both structural and symptomatic aspects of EH. These findings underscore the effectiveness and safety of Ayurvedic treatments in reversing hyperplasia and improving quality of life, emphasizing a holistic approach that combines internal and external therapies.

Keywords: Asrugdara, Endometrial hyperplasia, AUB, Ayurveda.

Introduction:

Major cause of AUB is endometrial hyperplasia i.e. the endometrial thickening with proliferation of irregularly sized and shaped endometrial glands and an increased endometrial gland and stroma ratio. Endometrial pathology that parallels with the progressive ageing of the women and increase in obesity.[i] The spectrum of endometrial changes varies by architectural complexity and nuclear cytology. Strong evidence demonstrates that endometrial hyperplasia is the precursor of endometrial cancer, and if left untreated, it can progress to cancer or may coexist with cancer.[ii] Patients of endometrial hyperplasia have Abnormal Uterine Bleeding (AUB) i.e. deviation from a normal menstrual pattern. The key characteristics are changes in regularity, frequency, duration of flow, and heaviness of flow. Each of these parameters may have considerable variability. Bleeding is considered abnormal when the cycle is irregular, duration of flow is >7 days or amount is more than 80 ml. Evaluation of endometrium by sonography has become an integral component in the investigation of abnormal uterine bleeding and endometrial hyperplasia since the introduction of ultrasound in gynaecological practice.[iii]

Aims and objectives:

To evaluate the efficacy of Ayurveda therapy in the treatment of *Asrugdara* W.S.R to Endometrial Hyperplasia.

To evaluate the Endometrial Hyperplasia published related data.

To review the published articles on *Asrugdara*.

Method:

The search was done on *Asrugdara* W.S.R to Endometrial Hyperplasia and relevant data is collected, extracted, and analyzed.

Search methodology:

The articles are searched from Google scholar and PUBMED using a strategy designed to optimize the retrieval of CT's and case reports. The Search terms used were as follows:
Endometrial hyperplasia, Ayurvedic management of EH, *Asrugdara* W.S.R to Endometrial hyperplasia etc.

Table no. 1 (Authors, Research design, Result):

No.	Authors	Research design	Result	
1.[iv]	Mansi Modi11 Sushma Rathod 2 Bharat Kalasariya3	Case Report	**Before Treatment**	**After Treatment**
			ET: 19 mm	ET: 5 mm
			Irregular cycle	Regular Cycle
			Pad 10-12/day + 4-5 at night	2-3 pad/day
			Interval- Not fixed	Interval- 35 days
			Clots ++	Clots -
2[v]	Anila. M1, Drishya. P. T2, Jyothi. P. K3	Case Report	**Before Treatment**	**After Treatment**
			ET: 19 mm	ET: 9 mm
			Irregular cycle	Regular Cycle
			Pad 10-12/day + 4-5 ar night	3 pad/day
			Interval- 60 days	Interval- 30 days
			Clots ++	Clots -
3[vi]	Divya Pawar1, Sameer Gholap2	Case Report	**Before Treatment**	**After Treatment**
			Uterus – AVAF measuring Bulky uterus with 9.6 x 5.4 x 6.7 cm Endometrial thickness – 12mm, no mass seen Both Ovaries &tubes-NAD Cul de sac–no free fluid seen	Uterus – AVAF Normal size uterus with 7 x 3.4 x 4.4 cm & echotexure. Endometrial thickness – 7mm, no mass seen No evidence of endometrial hyperplasia. Endometrial canal is normal Both Ovaries and tubes are normal Cul de sac – no free fluid seen
4[vii]	Bhavna Tripathi1 , Pragyan Tripathi2 , Sunita D. Ram3	Case Report	**Before Treatment**	**After Treatment**
			Uterus Bulky, retroflexed and heterogenous myometrium. Endometrium thickness is 18mm B/L Ovaries NAD	Uterus-Normal, anteverted, homogenous walls myometrium. Endometrium thickness is 5mm B/L Ovaries NAD
5[viii]	Shende P	Case Report	**Before Treatment**	**After Treatment**
			Thickened endometrium – 16 mm Irregular cycle No. of pads -10-12/day Interval 15 days a month	Endometrial thickness- 10.5 mm Regular cycle 3 pads/day No clots

			30 days interval Clotts +++	
6[ix]	Dr. Haripriya s Dr. Asha Sreedhar	Case study	**Before Treatment**	**After Treatment**
			Uterus RV ET – 19mm Rt. Ovary simple cyst of 3.1*2.1 cm Lf. Adnexa enlarged cystic structure – Hydrosalpinx? Histopathology report:(26/05/2020) Disorder of proliferative endometrium	ET – 5mm Lt. Hydrosalpinx
7[x]	Veena.R, Divya. U	Case report	**Before Treatment**	**After Treatment**
			USG- Abdomen & pelvis (30/11/2020) Normal sized retroverted uterus. E.T – 14.6 mm Thickenend uterine endometrium	USG- Abdomen & pelvis (29/12/2020) Normal sized retroverted uterus E.T- 3.7 mm
			Intermittent spotting per vaginam with the interval of 10-15 day	Spotting stopped
			Irregular menstrual bleeding with variable duration	Regular menstrual bleeding for 4 days in next 2 cycles
			Endometrial polyp seen through the internal os	Size of polyp reduced
			Hot flashes and tiredness present	Hot flashes and tiredness reduced
8[xi]	Sharma Rashmi Ramesh, Radhey Shyam Sharma	Case report	**Before Treatment**	**After Treatment**
			Uterus: AV/AF, Bulky in size (9.5[x]5.7[x]6.6) Endometrial Canal: Is normally seen Endometrium: Endometrial thickness is 11.8mm, no mass seen. Left ovary: Normal in size Right ovary: Normal in size Cul de sac: No free fluid is seen	Uterus: Normal in size, shape & echotexture Endometrial Canal: Is normally seen Endometrium: Endometrial thickness is 7mm, no mass seen Left ovary: Normal in size Right ovary: Normal in size Cul de sac: No free fluid is seen
9[xii]	Neha Malik, Swathi C, Ashutosh Chaturvedi	Case study	**Before Treatment**	**After Treatment**
			23/08/2021 Heavy menstrual bleeding, 7pads/day. - Endometrial thickness of 18 mm and hyperechoic.	25/06/2022 She had her menses for four days. Secretory Endometrium
10 [xiii]	Khushbu Jain	Case series	**Before Treatment**	**After Treatment**
			Case 1: Menstrual bleeding: (30pads/cycle) for 10-12 days with clots and moderate pain. USG	Amount of bleeding reduced to 15 pads/cycle for 7 days without pain and clots. USG shows normal study with

			shows left ovarian simple cyst of 3x2.7 cm with endometrial thickness of 9.1 mm.	endometrial thickness of 7 mm.
			Case 2: Menses: Interval i.e 20-22 days with excessive bleeding (15 pads/ cycle) for 11 days with clots. On p/v examination: bulky uterus. Pap smear was normal. USG shows cystic lesion of 3.5 cm x 2.3 cm in left ovary and endometrial thickness of 20.1 mm.	Menstrual flow was moderate i.e 8 pads/ cycle for 5 - 6 days with few clots. There was no improvement in intermenstrual period. USG showed no ovarian cyst with endometrial thickness of 12.4 mm.
			Case 3: Excessive flow (18 pads/ cycle) for 7 days with clots and severe pain. She had also complain of weakness and giddiness during menses. USG shows normal study with endometrial thickness of 10 mm.	Menstrual flow 10 pads/cycle for 5 days without pain and clots. She also had significant relief in giddiness and weakness.
			Case 4: Menstrual cycles were regular with excessive bleeding i.e. 22 pads/ cycle for 6- 7 days with clots. USG shows normal study with endometrial thickness of 13 mm.	menstrual flow reduced to 15pads/cycle for 5 days with few clots.

Table no. 2 (Authors, Age of patient, Treatment, Duration):

No.	Author	Age of patient	Treatment		Duration
			Name	Dose, Frequency & Anupana	
1	Mansi Modi11 Sushma Rathod 2 Bharat Kalasariya3	13 years	*Varunadikashayam*	25 ml BD Before meal with LWW	10 Months
			Churna: (Ashokachhal-1gm, lodhra 1 gm, pushyanug 1 gm, gairika 125 mg, godantibhasm 125mg)	1/4th TSP, BD Before meal with LWW	
			Tab. ShonitaragalRas	250 mg, BD After meal with Water	
			Tab.Chandraprabhavati	500 mg, BD After meal with Water	
			Tab. Kanchnargugglu	1 gm, BD After meal with Water	

2	Anila. M1, Drishya. P. T2, Jyothi. P. K3	40 Years	*Sathavaryadi Kashayam*	90ml bd before food	60 Days
			Pushyanuga Choornam	1tsp bd after food	
			Pravala Bhasmam	125mg bd after food	
			Panchathikthakam Kashayam	90ml bd before food	60 Days
			Musaleekhadiradi Kashayam	90ml bd before food	
			Pushyanuga Choornam	½ tsp HS	
			Asoka ksheerapakam	60ml bd after food	
3	Divya Pawar1, Sameer Gholap2	42 Years	*Ampachaka Vati*	250mg BD Before Meal with *Koshna Jala*	3 Months
			Pushyanug Churna	5gm BD Before Meal with *Tandulodaka*	
			Ashokarishta	15 ml After Meal with *Sambhaga Koshna Jala*	
			Dashmoola Kwatha	15 ml After Meal with *Sambhaga Koshna Jala*	
4	Bhavna Tripathi1, Pragyan Tripathi2, Sunita D. Ram3	47 Years	*Pushyanug Churna* 3gm *Bhuiamla Churna* 2gm *Godanti Bhasma* 500mg *Mandur Bhasma* 125mg *Sphatika Bhasma* 125mg	Twice a day with honey and *Tandulodak*	3 months
			Dashmool Qwath	20 ml Twice a day with *jala*	
			Patrangasava	20 ml Twice a day with *Sambhaga jala*	
			Chandraprabha Vati	500mg Twice a day With water	
			Shatavarex	5gm Twice a day with milk	
			Erand Bhrist Haritaki	2gm at bedtime with lukewarm water	
5	Shende P	42 Years	*Chandanasava*	10 ml BD with 10 ml water	3 months
			Pushyanuga vati	with *Tandulodaka* 1 BD	
			Chandraprabhavati	2 BD with water	
			Ashokarishta	10 ml BD with 10 ml water	

			Saptamruta lauha	1 BD with water	
			Patrangasava	Only After Basti process, 10 ml BD with 10 ml water, added.	
			After 15 days of internal medicines, Basti given for 8 days continuously in alternate day manner. • *Anuvasana Basti – Balatail* (40 ml) + *Tiltail* (20ml) • *Niruha Basti – Erandmulkwath* (500 ml) + *Gomutra* (50 ml)		
6	Dr. Haripriya s Dr. Asha Sreedhar	51 Years	**first visit:** *Vasaguluchyadi kasayam* 90ml bd before food *Guggulu panchapala choornum* 1 tsp with honey bd after food *Punarnavasavam* 25ml bd after food *Brihat thriphala choornum* 1 tsp with hot water at bed time		16 Months
			Second Visit: *Guluchyadi kasayam* 90ml bd before food *Pushyanuga choorna* 1 tsp bd with honey *Guggulupanchapala choornum* 1tsp with honey bd after food *Avipathi choornam* 25gm with hot water in empty somach for *virechana* once in 2 weeks		
			Third visit: *Guggulupanchapala Choornam* 1tsp with honey bd after food *Vara Choornam* 1 tsp with hot water bd *Lohasindooram* 2 pinch with honey bd after food *Avipathy Choornam* 25 gm for *Virechana*		
7	Veena.R, Divya. U	50 Years	**1 st phase:** *Garbhasaya Sodhanartham* (for 7 days from 27/11/2020) • *Gandharvahasthadi kashaya* (20ml *Kashaya* + 60ml lukewarm water bd B/F) • *Pulimkuzhambu* (1tsp with *Kashaya*) • *Abhayarishta* (30ml bd A/F) • *Hinguvachadi Gulika* (1 with *Arishta*) • *Drakshadi kashaya* (*Panajala*) **External treatment:** • Twisting of the polyp with sponge holding forceps for 4 days from 30/11/2020 • *Yoni Poorana* with *Patoladi Kashaya* for 4 days from 30/11/2020 • Yoni *Pichu* with *Jathyadi Taila* for 3days from 1/12/2020		1 Month
			2 nd phase: For regulation of endometrial proliferation (from 9/12/2020 after shedding) • *Vasaguluchyadi Kashaya* (20ml *Kashaya* with 60ml lukewarm water morning B/F) • *Patolakaturohinyadi Kashaya* (20ml *Kashaya* with 60ml lukewarm water evening B/F)		

				• *Rohitakarishta* + *Chandanasava* (30ml bd A/F) • *Drakshadi Lehyam* (1tsp with milk at night) • *Balaguluchyadi Taila* (*Thalam*)	
8	Sharma Rashmi Ramesh, Radhey Shyam Sharma	50 Years		*Patrangasava* 15ml *Sambhaga* with water BID Daily *Dashmula Kashya* 15ml with water BID Daily	3 Months
9	Neha Malik, Swathi C, Ashutosh Chaturvedi	38 Years		2 TID Tab with the composition of *Emblica Officinalis, Adhatoda vasica, Cynodon dactylon, Mesua ferrea, Mimosa pudica, Symplocos racemosa, Santalum album, Hemidesmus indicus, Praval Pishti, Sourashtri Bhasma, Trinakantamani Pishti, Ashokarishtam* 20 ml and *Lodhra Asavam* 20 ml with 40 ml lukewarm water. *Pushyanuga Churnam* 5 gm With *Tanduloda*	10 Months
10	Khushbu Jain[xiv]	Case 1	18 Years	*Shonitasthapana Mahakashaya Ghana* 500 mg BD with *Madhu* as *Sahapana* was prescribed orally before meal to all 4 patients. It was started from 7 days before the due date of menses and continued for 60 days.	60 Days
		Case 2	45 Years		
		Case 3	25 Years		
		Case 4	25 Years		

Discussion:

The studies on endometrial hyperplasia highlight several key patterns. Age Similarities: Patients' ages range from 13 to 51 years, spanning early adolescence to menopause. Younger patients, such as a 13-year-old (Study 1) and individuals aged 18-25 years (Study 10), point to early onset potentially linked to hormonal imbalances or health conditions. However, most cases are clustered in the 40-51 age range, consistent with perimenopausal estrogen dominance, with 6 out of 10 cases involving this demographic. Treatment Protocols: Common therapeutic approaches include Ayurvedic formulations such as decoctions (e.g., *Pushyanuga Churna, Vasaguluchyadi Kashayam), Asavas* and *Arishtas (e.g., Ashokarishta, Chandanasava*), powdered formulations (e.g., *Pushyanuga, Shatavarex*), and calcinated preparations (e.g., Pravala and Godanti Bhasmas). Some studies also incorporate external treatments like *Basti* (enemas) or *Yoni Pichu* (vaginal tampon therapy). *Pushyanuga Churna* features prominently in most protocols, addressing menstrual irregularities and hyperplasia, supported by additional therapies targeting inflammation, bleeding, and hormonal balance. A common trend across cases is the use of combination therapies rather than single treatment modalities. Treatment Duration: Therapy duration varies widely, from 1 to 16 months, depending on symptom severity and patient response. Shorter durations (1-3 months) are typical for milder or adolescent cases, while older patients with severe symptoms often require longer therapies (10-16 months). Most cases (7/10) achieve clinical improvement within 3-10 months, with significant reductions in endometrial thickness (e.g., from 19 mm to 5 mm) and menstrual improvements observed over this period. Discussion and Insights: The clustering of cases in the perimenopausal age group reflects age-related hormonal shifts as a primary risk factor. Uniformity in treatment protocols, particularly the frequent use of *Pushyanuga Churna*, underscores its significance in Ayurvedic management of this condition, supported by formulations like *Dashmool Kwatha* and *Ashokarishta* for holistic care. The treatment durations align with the chronic nature of endometrial hyperplasia, requiring sustained therapies for structural and symptomatic improvements.

The studies predominantly utilized Ayurvedic protocols combining internal medications with external therapies to address endometrial hyperplasia. The treatments targeted key areas: reducing endometrial thickness to normal levels, normalizing menstrual cycles by regulating flow and duration, and alleviating systemic symptoms like fatigue, pain, and hormonal imbalances. Internal Medications played a significant role. *Kashaya* (Decoctions) such as *Pushyanuga Churna*, *Dashmool Kwatha*, and *Vasaguluchyadi Kashaya*

were used to balance doshas, reduce uterine bleeding, and act as anti-inflammatory agents. These resulted in notable effects, including a significant reduction in endometrial thickness (e.g., from 19 mm to 5 mm) and normalization of irregular cycles to a 28-35 day range. *Asavas* and *Arishtas* (Fermented Preparations), including *Ashokarishta, Chandanasava,* and *Patrangasava*, were employed to enhance nutrient absorption, strengthen uterine tissues, and regulate hormones. Their effects included alleviating heavy bleeding and pain, with a marked reduction in menstrual flow (e.g., daily pad usage decreased from 12 to 3 in several cases). *Churnas* (Powder Formulations), like *Pushyanuga Churna* and *Shatavarex*, were particularly effective in regulating menstrual flow and reducing inflammation. Collectively, these therapies provided significant symptomatic relief and structural improvements, demonstrating the efficacy of Ayurvedic interventions in managing endometrial hyperplasia.

Conclusion:

The primary aim of the treatments was the reduction of endometrial thickness, which was achieved across all cases. Pre-treatment thickness ranged from 9.1 mm to 20.1 mm, averaging approximately 16 mm. Post-treatment measurements showed significant reductions, often returning to near-normal levels of 4–7 mm. For example, Case 1 reduced from 19 mm to 5 mm, Case 3 from 12 mm to 7 mm, and Case 7 from 14.6 mm to 3.7 mm, demonstrating the efficacy of the protocols in reversing hyperplastic growth. The secondary aim focused on improving menstrual symptoms. Pre-treatment issues included irregular cycles, heavy bleeding (e.g., 10–12 pads/day with clots), pain, fatigue, and spotting between cycles. Post-treatment, most cycles normalized to 28–35 days, and bleeding volume significantly decreased. For instance, Case 1 saw a reduction from 12 pads/day to 2–3 pads/day, Case 6 resolved heavy spotting, and Case 10's excessive bleeding reduced from 30 pads per cycle to 10–15 pads. Associated symptoms such as clots, pain, and giddiness were eliminated in most cases. General systemic improvements included pain relief (e.g., Case 3 and 10), reduction in fatigue and hot flashes, and inferred hormonal balance from normalized cycles. The treatments were safe and well-tolerated, with no adverse effects reported. Techniques like Basti therapy and external interventions such as Yoni Pichu were also effective and tolerated. Treatment durations varied by severity, with mild cases resolving in 1–3 months (e.g., Case 2, 7, and 10), while chronic cases required 10–16 months (e.g., Case 6 and 9). Consistent therapy over 3–10 months was crucial for sustained improvement. Overall, Ayurvedic interventions effectively reversed hyperplasia, alleviated symptoms like heavy bleeding and pain, and enhanced patients' quality of life. These results emphasize the importance of holistic protocols combining internal and external treatments and the need for long-term adherence to ensure sustained improvement.

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[i] Endometrial Cut Off Thickness as Predictor of Endometrial Pathology in Perimenopausal Women with Abnormal Uterine Bleeding: A Cross-Sectional Study Priti Kumari,1 Harsha S. Gaikwad,1 and Banashree Nath 2 *1 Department of Obstetrics and Gynaecology, VMMC and Safdarjung Hospital, Safdarjung Enclave, New Delhi 110029, India 2 Department of Obstetrics and Gynaecology, All India Institute of Medical Sciences, Raebareli, Uttar Pradesh, India* Correspondence should be addressed to Banashree Nath; nathbanashree@gmail.com.

[ii] Transvaginal ultrasound for diagnosing endometrial hyperplasia in perimenopausal women with abnormal uterine bleeding sidra afzal1 , rukhsana manzoor 2, shazia tazion3 , *maimoona hafeez4 , nazia badar*

[iii] Endometrial study by Ultrasonography and its correlation with Histopathology inAbnormal uterine bleeding Pravin Shrestha, Smita Shrestha, Vibha Mahato Lecturer, Department of Obstetrics and Gynaecology, Manipal College of Medical Sciences, Pokhara, Nepal. http://nepjol.info/index.php/AJMS DOI: 10.3126/ajms.v9i2.19171E-ISSN: 2091-0576 P-ISSN: 2467-9100.

[iv] International journal of ayush case reports (ija - care) ayurvedic management of endometrial hyperplasia in early adolescence period -a case report

[v] international journal of ayurveda and pharma research case study ayurvedic management of endometrial hyperplasia -a case report

[vi] ayurlog-national journal of research in ayurved science. dysfunctional uterine bleeding (dub) due to endometrial hyperplasia with bulky uterus in ayurvedic view – case study.

[vii] . international ayurvedic medical journal. ayurvedic management of raktapradara w.s.r. to endometrial hyperplasia – a case study.

[viii] . international journal of creative research thoughts (ijcrt) an international open access, peer- reviewed journal. role of basti in the management of endometrial hyperplasia.

[ix] a case study on ayurvedic management of endometrial hyperplasia; paripex - indian journal of research | volume - 11 | issue - 03 |march – 2022.

[x] international research journal of pharmacy and medical sciences issn (online): 2581-3277 52 veena.r, and divya. u, ayurvedic management of endometrial hyperplasia in perimenopausal age – a case report.

[xi] ayurvedic management of endometrial hyperplasia with bulky uterus – a case report; international ayurvedic medical journal issn:2320 5091.

[xii] .ayurvedic approach for management of asrigdara: a case study case study www.ijrap.net (issn online:2229–3566, issn print:2277–4343).
[xiii] world journal of pharmaceutical and life sciences wjpls www.wjpls.org ayurvedic intervention in the management of asrigdara: a case series.