


**THERAPEUTIC IMPACT OF VIRECHANA FOLLOWED BY SHAMANA CHIKITSA IN THE MANAGEMENT OF ENDOMETRIAL HYPERPLASIA – A SINGLE CASE STUDY**
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**ABSTRACT**

**Introduction:** Endometrial hyperplasia is a uterine pathology characterised by increased endometrial thickness with abnormal uterine bleeding and represents a precursor to the endometrial cancer. Premenopausal women are more susceptible to it. Premenopausal women with abnormal uterine bleeding are around 20% and Postmenopausal women up to 15%. Primary factor here is the unopposed estrogen. Medical management with correction of hormone imbalance is the first line of treatment. In ayurveda it can be correlated to Lohitakshara Yonivyapada<sup>[1]</sup>. Chikitsa of Lohitakshara Yonivyapada include Sthambaka, Shothahara and Tridosha Shamaka Karma. **Aims and Objectives:** To evaluate the efficacy of virechana followed by shamana chikitsa in the management of Dysfunctional Uterine Bleeding (DUB)<sup>[2]</sup> due to Endometrial Hyperplasia. **Methodology:** A 44-year-old married woman presented to the OPD of Prasooti and Stree Roga, TGAMC, Ballari, with complaints of irregular menstruation associated with prolonged heavy bleeding for the past one year. The bleeding persisted for 15–20 days per cycle, requiring the use of approximately 10–12 sanitary pads per day. Initially, Sthambhana Chikitsa was adopted using Pushyanuga Churna, Tab. Styplon, and Pradarantaka Loha. This was followed by Virechana Karma using Trivruth Lehya. Thereafter, Shamana Chikitsa was administered for a duration of 15 days. **Results:** Following the above-mentioned treatment, ultrasonography revealed a reduction in endometrial thickness from 17 mm to 4 mm, with no evidence of a bulky uterus. Clinically, the patient showed marked improvement, with menstrual bleeding reduced to 3–4 pads per day and restoration of a regular 28–30-day menstrual cycle. **Conclusion:** Sthambhana is considered the first line of management in bleeding phase therefore, Sthambhana yogas with hemostatic and anti-inflammatory actions are employed. Virechana Karma acts as Beejam bhavati karmukata and promotes Vatanulomana, thereby correcting Pitta-avruta Apaṇa Vayu. Subsequently, Shamana yogas such as Ashokarishta and Lodrasava help control heavy menstrual bleeding and regulate irregular menstrual cycles.

**INTRODUCTION**

The endometrium is the inner lining of the uterus, and hyperplasia refers to excessive cellular proliferation. Endometrial hyperplasia is an abnormal proliferation of the endometrial glands relative to the stroma, resulting in increased gland-to-stroma ratio and excessive thickening of the uterine lining, often leading to abnormal uterine bleeding (AUB). It commonly develops due to prolonged unopposed oestrogen stimulation, where oestrogen

promotes endometrial growth and inadequate progesterone fails to regulate it. Most cases are benign and conventional management includes progesterone therapy or surgical options such as hysterectomy.

Risk factors include unopposed oestrogen exposure, nulliparity, delayed menopause, polycystic ovarian syndrome, obesity, diabetes mellitus, hypertension and tamoxifen use. Clinically, it presents with menorrhagia,

metrorrhagia, postmenopausal bleeding, vaginal discharge and lower abdominal pain.

Endometrial hyperplasia is classified into simple and complex types, with or without atypia. Simple hyperplasia shows uniform glandular and stromal proliferation, while complex hyperplasia is characterized by glandular crowding with irregular branching. Atypia denotes enlarged, hyperchromatic nuclei and confers a higher risk of malignancy, with progression rates ranging from 1% in simple hyperplasia to 29% in complex atypical hyperplasia.

The latest classification by the WHO (2014)

1. Hyperplasia without atypia: Less likely to become Cancer.
2. Atypical hyperplasia: Higher chance of becoming Cancer.

In Ayurveda, Endometrial hyperplasia can be correlated with Lohitakshara Yonivyapad, as described by Acharya Sushruta.<sup>[3]</sup> This condition is characterized by profuse vaginal bleeding or continuous oozing of blood, often associated with a burning sensation in the genital region. The excessive bleeding is attributed to vitiation of Rakta Dhatu, while the burning sensation results from the aggravation of Pitta Dosha. The simultaneous manifestation of these symptoms indicates combined involvement of Pitta and Rakta, which constitutes the core pathogenesis of Lohitakshara Yonivyapad.

The principal lakshanas include Artava Atipravrutti (excessive menstrual flow), Akala Artava Darshana (irregular or intermenstrual bleeding) and Daha (burning sensation). The chikitsa sutra of Lohitakshara Yonivyapada emphasize Stambhaka, Shothahara and Tridosha Shamaka therapies, aimed at controlling bleeding, reducing inflammation and restoring doshic balance.

In the present study, considering the patient's general debility and excessive blood loss, the initial line of management was Sthambhana Chikitsa to arrest bleeding. This was subsequently followed by Pitta-hara and Dosha-shamaka therapies, aimed at regulating the menstrual cycle and correcting the underlying doshic imbalance, thereby ensuring sustained clinical improvement.

## MATERIALS AND METHODS

**Study Design:** Single-case clinical study.

## CASE REPORT

**Name** – Xyz

**Age** – 44 Years

**Sex**- Female

**Occupation** – Teacher

**Socio-Economic Status**- Upper Class

**Chief complaint:** Patient complaints of irregular menses with prolonged heavy vaginal bleeding.

**Duration:** Since one year.

## History of present illness

A 44 years old married female with no known history of DM & HTN, was apparently normal one year back and gradually noticed irregular menses that comes once in two or three months which starts with spotting followed by heavy bleeding that lasts for 15-20 days and uses 10-12 pads per day. Associated with 3-4 clots, burning sensation and generalized weakness. She had consulted allopathic doctor for these complaints and was advised hysterectomy; however, she refused surgical management and visited our hospital for Ayurvedic management.

## Menstrual History

- Menarche: 14 years
- LMP: 3/12/2023
- Duration / Interval: 15 to 20 days / 2 to 3 months
- No. Of pads: 10-12 per day
- Associate symptoms: Generalized weakness +ve  
Burning sensation +ve  
Clots - 3 to 4/day

No c/o Dysmenorrhea and low back ache.

## Obstetric history:

P2 A0 L2 D0  
1st male child – 24 years – LSCS  
2nd female child – 20 years – LSCS

**Contraceptive history:** Tubectomy done 10 year back.

**History of past illness:** No specific history present.

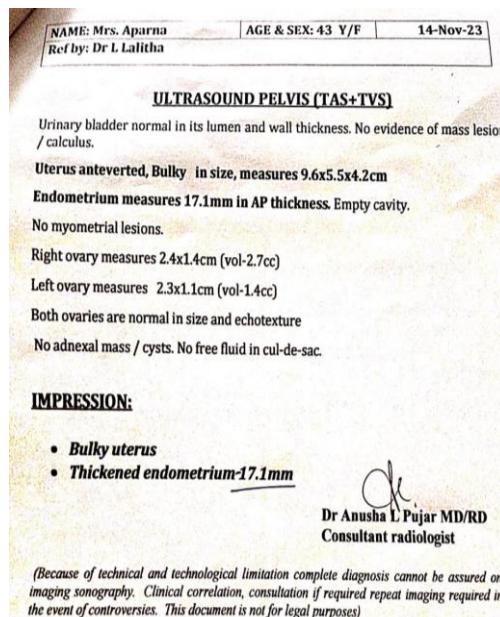
**General Examination:** On examination, the patient had a moderate build and was moderately nourished. The patient's height was 5 feet 4 inches and body weight was 62 kg. Pallor, icterus, and clubbing were absent.

## INVESTIGATION

- VDRL, HIV, HBsAg –Negative
- TSH-2.19 mU/L
- Hb-9.4 gm/dl
- FBS-101mg/dl, PPBS -139 mg/dl.

## USG PELVIS SHOWS

1. Uterus: Anteverted, no myometrial lesions
2. Bulky uterus: Measures **9.6x5.5x4.2 cm**
3. Endometrial thickness: **17.1 mm**
4. Right Ovary: 2.4x 1.4 cm (vol:2.7 cc)
5. Left Ovary: 2.3x1.1 cm (vol: 1.4 cc)



## INTERVENTION

**STHAMBHANA CHIKITSA:** For 8 days.

Pushyanuga churna <sup>[4]</sup>	1 tsp BD (A/F)
Tab. Styplon	2 Tab BD (A/F)
Pradarantaka loha <sup>[5]</sup>	1BD (A/F)

## VIRECHANA KARMA

Sl.no	KARMA	DRUG	MATRA	ANUPANA	KALA
1.	Deepana pachana	Trikatu churna	1 tsp TID (3days)	Koshna jala	Before Food
2.	Snehapana	Dadimadi ghrita <sup>[6]</sup>	Arohana krama (30ml,60ml,90ml,120ml)	Koshna jala	Naishe Jeerna
3.	Sarvanga abhyanga f/b Bashpa sweda	Mahanarayana taila			3 days Vishrama kala
4.	Virechana	Trivriti avaleha	50gms	Ksheera	At 8am

**SHAMANA CHIKITSA:** For 2 months.

1. Avipattikara churna <sup>[7]</sup>	1/2tsp BD (Before Food)
2. Ashokarishta <sup>[8]</sup>	30ml BD (After Food)
3. Lodrasava	30ml BD (After Food)

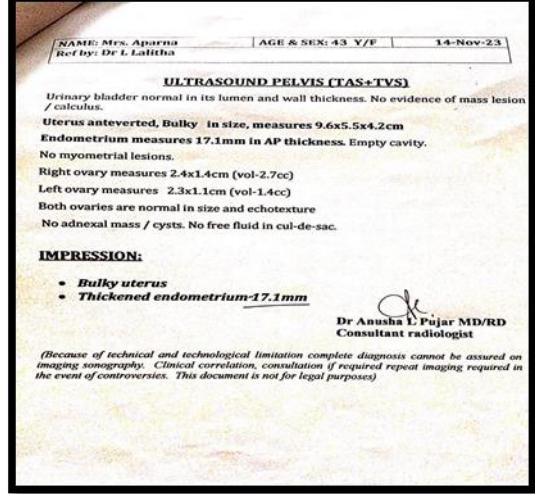
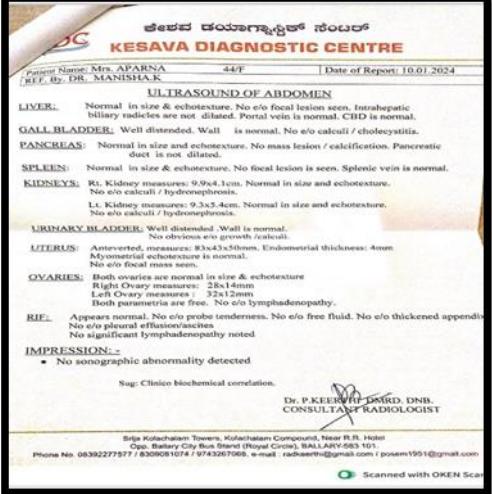
## RESULTS

### SUBJECTIVE PARAMETERS

Sl.no	SIGNS AND SYMPTOMS	BEFORE TREATMENT	AFTER TREATMENT
1.	Amount of bleeding	Heavy (10 to 12 pads)	Normal (4 to 5 pads)
2.	Interval	2 to 3 months	28-30 days
3.	Duration of menses	15 to 20 days	3 to 4 days
4.	Pain during menstruation	absent	absent
5.	Clots	Present (3 to 4)	absent

## OBJECTIVE PARAMETERS

### USG PELVIS SHOWS

 <p><b>NAME:</b> Mrs. Aparna <b>AGE &amp; SEX:</b> 43 Y/F <b>REF:</b> Dr. L. Lalitha <b>DATE:</b> 14-Nov-23</p> <p><b>ULTRASOUND PELVIS (TAS+TVS)</b></p> <p>Urinary bladder normal in its lumen and wall thickness. No evidence of mass lesion / calculus.</p> <p>Uterus anteverted, Bulky in size, measures 9.6x5.5x4.2cm</p> <p>Endometrium measures 17.1mm in AP thickness. Empty cavity.</p> <p>No myometrial lesions.</p> <p>Right ovary measures 2.4x1.4cm (vol-2.7cc)</p> <p>Left ovary measures 2.3x1.1cm (vol-1.4cc)</p> <p>Both ovaries are normal in size and echotexture</p> <p>No adnexal mass / cysts. No free fluid in cul-de-sac.</p> <p><b>IMPRESSION:</b></p> <ul style="list-style-type: none"> <li>• Bulky uterus</li> <li>• Thickened endometrium-17.1mm</li> </ul> <p><b>Dr Anusha L. Pujar MD/RD Consultant radiologist</b></p> <p><i>(Because of technical and technological limitation complete diagnosis cannot be assured on imaging sonography. Clinical correlation, consultation if required repeat imaging required in the event of controversies. This document is not for legal purposes)</i></p>	 <p><b>REF Name:</b> Mrs. APARNA <b>REF By:</b> DR. MANISHA K. <b>DATE:</b> 10.01.2024</p> <p><b>ULTRASOUND OF ABDOMEN</b></p> <p><b>LIVER:</b> Normal in size &amp; echotexture. No e/o focal lesion seen. Intrahepatic biliary radicles not dilated. Portal vein is normal. CBD is normal.</p> <p><b>GALL BLADDER:</b> Well defined gallbladder is normal. No e/o calculi / cholecystitis.</p> <p><b>PANCREAS:</b> Normal in size and echotexture. No mass lesion / calcification. Pancreatic duct is not dilated.</p> <p><b>SPLEEN:</b> Normal in size &amp; echotexture. No focal lesion is seen. Splenic vein is normal.</p> <p><b>KIDNEYS:</b> R: Kidney measures: 9.9x4.1cm. Normal in size and echotexture. No e/o calculi / hydronephrosis.</p> <p>L: Kidney measures: 9.3x5.4cm. Normal in size and echotexture. No e/o calculi / hydronephrosis.</p> <p><b>URINARY BLADDER:</b> Well distended. Wall is normal. No obvious e/o growth / calculi.</p> <p><b>UTERUS:</b> Anteverted, measures: 8.3x4.3x5.0cm. Endometrial thickness: 4mm. No e/o focal mass seen.</p> <p><b>OVARIES:</b> Both ovaries are normal in size &amp; echotexture</p> <p>Right Ovary measures: 2.4x1.4cm</p> <p>Left Ovary measures: 2.3x1.2cm</p> <p>Both parametria are free. No e/o lymphadenopathy.</p> <p><b>RIF:</b> Appear normal. No e/o probe tenderness. No e/o free fluid. No e/o thickened appendis.</p> <p>No e/o peritoneal/ovarian/ascites.</p> <p>No significant lymphadenopathy noted.</p> <p><b>IMPRESSION:-</b></p> <ul style="list-style-type: none"> <li>• No sonographic abnormality detected</li> </ul> <p><b>Dr. P. Keerthi Dinesh, PNR, CONSULTANT RADIOLIST</b></p> <p><i>Shri Kothiathan Towers, Kothiathan Compound, Near P. R. Hotel Opp. Bally City Bus Stand (Royal Circle), BALLYAR-Y-583 101. Phone No. 08392277777 / 8309081074 / 9743267068. e-mail: radkaerth@gmail.com / posens1951@gmail.com</i></p> <p>Scanned with OKEN Scan</p>
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BEFORE TREATMENT	AFTER TREATMENT
<ol style="list-style-type: none"> <li>1. Uterus: Anteverted, no myometrial lesions</li> <li>2. Bulky uterus: Measures <b>9.6x5.5x4.2 cm</b></li> <li>3. Endometrial thickness: <b>17.1 mm</b></li> <li>4. Right Ovary: 2.4x 1.4 cm (vol:2.7 cc)</li> <li>5. Left Ovary: 2.3x1.1 cm (vol: 1.4 cc)</li> </ol>	<ol style="list-style-type: none"> <li>1. Uterus: Anteverted, no myometrial lesions</li> <li>2. No evidence of Bulky uterus: Measures <b>8.3x4.3x5.0 cm</b></li> <li>3. Endometrial thickness: <b>4mm</b></li> <li>4. Right Ovary: 2.8x1.4 cm</li> <li>5. Left Ovary: 3.2x1.2 cm</li> </ol>

## DISCUSSION

Endometrial hyperplasia is a common gynaecological disorder characterized by excessive proliferation of the endometrial glands and stroma due to prolonged unopposed oestrogen stimulation, clinically presenting as abnormal uterine bleeding and menstrual irregularities. It is considered a precursor lesion for endometrial carcinoma, especially in its atypical forms and therefore requires timely and effective management. In Ayurveda, Due to continuous intake of Pitta-aggravating factors, Pitta Dosha becomes vitiated, which in turn vitiates Rakta Dhatu. Vitiated Pitta increases the fluidity of Rakta, disturbing the normal coagulation mechanism of uterine blood. Simultaneously, vitiated Vata increases the force of expulsion, leading to excessive discharge of menstrual blood. Since Roga with Pravara bala and Rogi with Avara bala, the main principles of treatment include Sthambhana Chikitsa to arrest excessive bleeding. Followed by Pitta and Rakta Shamaka Chikitsa to pacify the vitiated Doshas, Vatanulomana to normalize Apana Vata and Shothahara Chikitsa to reduce inflammation. Among the Shodhana therapies, Virechana Karma is considered the best treatment for Pitta and Rakta vitiation, followed by Shamana Chikitsa for sustained management. The therapeutic approach involves the use of Sthambhaka, Pitta-shamaka, and Rakta-sthambhaka drugs, particularly those possessing Sheeta, Kashaya and Tikta rasa along with Rakta-Sthambhana properties, which collectively help in controlling bleeding, correcting doshic imbalance, and restoring normal menstrual function.

## STHAMBANA YOGAS

1. PUSHYANUGA CHURNA: Indicated in Raktapradara having Kashaya Rasa pradhana dravyas acts as Pittakapha Shamak, Raktashodhaka, Rakta-sthambhaka, Shothahara and reduce inflammation and cures complications like pandu, Daha and Dourbalya.
2. PRADARANTAKA LOHA: Due to its *Rakta-sthambhaka*, *Pitta-shamana*, and *Rakta-dhatu-vardhaka* properties, along with *Sheeta Virya* and *Kashaya-Tikta Rasa*, it pacifies vitiated *Pitta* and *Rakta*. The presence of *Loha Bhasma* further improves haemoglobin levels, corrects associated anaemia, and supports overall uterine and systemic health
3. TAB. STYPLON: Tab. Styplon is indicated in bleeding disorders and acts as a potent haemostatic in endometrial hyperplasia by reducing abnormal uterine bleeding. *Amalaki* helps control local tissue haemorrhage and inflammation, while *Anantamula* stabilizes capillaries and arrests excessive blood flow. Together, they support haemostasis and promote restoration of endometrial homeostasis.

## MODE OF ACTION OF VIRECHANA

Classical Samhita Granthas advocate Virechana in the management of Yonidosha and Asrigdharma. Virechana Karma exerts a direct action on Agnisthana, thereby facilitating the proper formation of Rajas. According to Kashyapa, it performs Beejam bhavati karmukata, indicating a direct influence on Beeja, particularly Artava. Moreover, as Apanavrutta Pitta is a key etiological factor, Virechana pacifies Apana Vayu,

promotes Vatanulomana, Srotoshodhana and helps eradicate the disease from its root.

### SHAMANA YOGAS

1. AVIPATTIKARA CHURNA: Cures mandagni thus helps in proper formation of rasa dhatu and artava.
2. ASHOKARISHTA: Has Shotohara, Uterotonic, anticancer, anti-estrogenic, anti-inflammatory action and phytoestrogens modulate the raised levels of hormones.
3. LODRASAVA: Kashaya Rasa pradhana dravyas helps in reducing the amount of bleeding. Kapha Shamaka and Lekhaniya Karma by Laghu and Ruksha Guna therefore it decreases the production of oestrogen and reduces hyperplasia of endometrium.

### CONCLUSION

Endometrial hyperplasia of uterus is one of the prevalent reasons for uterine dysfunction, which directly affects the health status of women. The effective management of hyperplasia of uterus with Ayurvedic formulations with no adverse effect highlights the promising scope of traditional medicine in the various uterine disorders. Treatment strategies in conventional medicine include Hormonal therapy, Hysterectomy etc... and have their own limitations. Ayurvedic treatment modality stands non-invasive and cost effective. Hence, Application of virechana followed by shamana aushadha gives better result due to: Better absorption, utilization without any other complications and helps in proper functioning of HPO axis. There is futuristic scope for multidimensional approach of Ayurveda in this case.

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