



Application of Xinshenghua Decoction in Endometrial Repair Following Hysteroscopic Endometrial Polypectomy

Hua Chen

Yongjia County Traditional Chinese Medicine Hospital, Yongjia 325100, Zhejiang, China

Copyright: © 2026 Author(s). This is an open-access article distributed under the terms of the Creative Commons Attribution License (CC BY 4.0), permitting distribution and reproduction in any medium, provided the original work is cited.

Abstract: *Objective:* To investigate the importance of applying Xinshenghua Decoction in endometrial repair after hysteroscopic endometrial polypectomy. *Methods:* A retrospective analysis was conducted on 214 patients with endometrial polyps treated at Yongjia County Traditional Chinese Medicine Hospital from February 2023 to March 2025. They were randomly divided into a control group receiving conventional Western medicine treatment ($n = 192$) and an application group receiving Xinshenghua Decoction ($n = 22$). Relevant indicators (polyp recurrence rate, TCM syndrome score, endometrial thickness, and menstrual cycle) were evaluated. *Results:* The polyp recurrence rate in the application group was significantly lower than that in the control group ($p < 0.05$). The TCM syndrome score in the application group was lower than that in the control group after treatment ($p < 0.05$). Endometrial thickness and menstrual cycle length in the application group were also significantly reduced compared with the control group ($p < 0.05$). *Conclusion:* The application of Xinshenghua Decoction in endometrial repair after hysteroscopic endometrial polypectomy can effectively prevent polyp recurrence, reduce TCM syndrome scores, improve endometrial thickness, and shorten the menstrual cycle, demonstrating notable clinical value for wider application.

Keywords: Endometrial polyps; Hysteroscopy; Endometrial repair; Xinshenghua Decoction

Online publication: September 20, 2026

1. Introduction

In gynecology, endometrial polyps are a common condition, characterized as benign nodules formed by excessive proliferation of endometrial glands and fibrotic stroma^[1]. Once polyps grow larger, they may extend into the cervical canal, trigger cervical infection and cause bloody vaginal discharge, and eventually exacerbate abnormal vaginal bleeding. Hysteroscopy is currently the primary treatment modality for endometrial polyps, as it ensures complete removal of the polyp lesions; however, it carries a risk of recurrence. Therefore, effective postoperative interventions to prevent polyp recurrence are of critical importance^[2]. In the past, conventional regimens for endometrial repair after hysteroscopic endometrial

polypectomy have accelerated endometrial cell apoptosis. However, strict dosage control is required; longterm medication may cause adverse reactions such as dizziness and nausea and fails to control polyp recurrence, which limits its clinical application. For instance, dydrogesterone tablets, a commonly used agent, can regulate the estrogenprogesterone balance of the postoperative endometrium, promote synchronized endometrial repair, and reduce bleedingrelated complications. However, its effect on endometrial repair after hysteroscopic endometrial polypectomy is limited; it cannot improve intrauterine adhesions, and longterm use may lead to hormone dependence. Moreover, for patients with highrisk factors such as polycystic ovary syndrome or obesity, it offers little intervention effect. Traditional Chinese medicine classifies endometrial polyps within the category of “blood stasis”. Xinshenghua Decoction possesses the effects of removing stasis and promoting regeneration, effectively reducing the serous or bloody discharge caused by blood stasis obstruction in endometrial polyps ^[3]. Therefore, this study analyzes the specific efficacy of Xinshenghua Decoction in patients undergoing endometrial repair after hysteroscopic endometrial polypectomy, aiming to promote rapid endometrial restoration and improve prognosis. The details are as follows.

2. Materials and methods

2.1. General data

A retrospective analysis was conducted on 214 patients with endometrial polyps admitted to Yongjia County Hospital of Traditional Chinese Medicine from February 2023 to March 2025. They were divided by the random number method into a control group receiving conventional Western medicine treatment ($n = 192$) and an application group receiving Xinshenghua Decoction treatment ($n = 22$). The age of the control group ranged from 26 to 92 years, with a mean of (48.38 ± 9.60) years. The age of the application group ranged from 27 to 71 years, with a mean of (45.59 ± 10.33) years. No significant differences were found in general data between the two groups ($p > 0.05$).

2.1.1. Inclusion criteria

- (1) Meeting the diagnostic criteria for endometrial polyps according to the Chinese Expert Consensus on the Diagnosis and Treatment of Endometrial Polyps (2022 Edition) ^[4];
- (2) No history of allergy to the medications used in this study;
- (3) No ovarian cancer, cervical cancer, or endometrial cancer;
- (4) No acute reproductive system inflammation, such as endometritis;
- (5) Signed informed consent.

2.1.2. Exclusion criteria

- (1) Presence of contraindications to surgery;
- (2) Recent use of bloodactivating and stasisresolving or hormonal drugs;
- (3) Poor mental status making followup difficult.

2.2. Methods

Control group (conventional Western medicine treatment): Patients were given oral dydrogesterone tablets ($10 \text{ mg} \times 20$ tablets; National Drug Approval No. HJ20170221) in the middle to late phase of the menstrual cycle for 10–15 days, for 3 consecutive cycles.

Application group (Xinshenghua Decoction treatment): On the day after surgery, patients were given oral Xinshenghua Decoction. The formula included 6 g each of dried ginger and honeyfried licorice, 10 g each of peach kernel and Chuanxiong (Chuanxiong Rhizoma), and 15 g of Angelica sinensis. The decoction was prepared by water extraction to obtain 200 mL of medicinal liquid, administered twice daily, 100 mL each time, for 3 consecutive cycles.

2.3. Observation Indicators

- (1) Comparison of polyp recurrence rate: The recurrence rates of polyps in the two groups were summarized and compared after treatment.
- (2) Comparison of TCM syndrome scores: The differences in TCM syndrome scores before and after treatment between the two groups were compared, including scores for lower abdominal pain, dark menstrual blood, and metrorrhagia. Scoring: 0 = none, 1 = mild, 2 = moderate, 3 = severe; lower scores indicated milder symptoms.
- (3) Comparison of endometrial thickness and menstrual cycle: The improvements in endometrial thickness and menstrual cycle before and after treatment were summarized. A color Doppler ultrasound diagnostic instrument was used for measurement.

2.4. Statistical methods

SPSS 24.0 software was used for calculations. Count data were expressed as percentages (%) and analyzed using the chisquare (χ^2) test. Measurement data were expressed as (mean $\pm$ standard deviation) and analyzed using the ttest. A p value < 0.05 was considered statistically significant.

3. Results

3.1. Comparison of polyp recurrence rate

The recurrence rate of polyps after treatment in the application group was lower than that in the control group ($p < 0.05$), as shown in **Table 1**.

Table 1. Comparison of polyp recurrence rate [n (%)]

Group	Number of cases	Polyp recurrence rate
Application group	22	2 (9.09%)
Control group	192	66 (34.38%)
χ^2		5.821
p		0.016

3.2. Comparison of TCM syndrome scores

The TCM syndrome scores after treatment in the application group were lower than those in the control group ($p < 0.05$), as shown in **Table 2**.

Table 2. Comparison of TCM syndrome scores ($\bar{x} \pm s$, points)

Group	Number of cases	Lower abdominal pain		Dark menstrual blood		Metrorrhagia and metrostaxis	
		Before treatment	After treatment	Before treatment	After treatment	Before treatment	After treatment
Application group	22	1.89 $\pm$ 0.43	0.56 $\pm$ 0.13	1.97 $\pm$ 0.54	0.64 $\pm$ 0.12	2.36 $\pm$ 0.35	0.78 $\pm$ 0.16
Control group	192	1.87 $\pm$ 0.42	0.79 $\pm$ 0.24	1.98 $\pm$ 0.51	0.79 $\pm$ 0.19	2.38 $\pm$ 0.32	0.93 $\pm$ 0.21
<i>t</i>		0.211	4.415	0.087	3.617	0.275	3.025
<i>p</i>		0.833	< 0.001	0.931	< 0.001	0.784	0.003

3.3. Comparison of endometrial thickness and menstrual cycle between the two groups

After treatment, the endometrial thickness and menstrual cycle length in the application group were lower than those in the control group, with a statistically significant difference ($P < 0.05$), as shown in **Table 3**.

Table 3. Comparison of endometrial thickness and menstrual cycle between the two groups ($\bar{x} \pm s$)

Group	Cases	Endometrial thickness (mm)		Menstrual cycle (d)	
		Before treatment	After treatment	Before treatment	After treatment
Application group	22	14.86 $\pm$ 2.17	7.29 $\pm$ 0.68	8.18 $\pm$ 1.08	5.64 $\pm$ 0.79
Control group	192	14.83 $\pm$ 2.22	7.95 $\pm$ 0.72	8.22 $\pm$ 1.13	6.48 $\pm$ 0.86
<i>t</i> value		0.060	4.095	0.158	4.373
<i>p</i> value		0.952	< 0.001	0.875	< 0.001

4. Discussion

For the prevention of recurrence and endometrial repair after hysteroscopic surgery for endometrial polyps, Western medicine employs progestogen drugs, such as dydrogesterone tablets^[5]. By supplementing progestogens to stimulate the endometrium and inhibit excessive endometrial hyperplasia, the risk of polyp recurrence is reduced, while simultaneously promoting the repair of the postoperative damaged endometrium. However, conventional Western medical treatment has limited efficacy, and some patients may show signs of progestogen insensitivity, thereby increasing the risk of postoperative polyp recurrence. In addition, longterm medication may increase adverse reactions, such as breast swelling and pain, nausea and vomiting, mood swings, or weight gain, leading to decreased compliance. Moreover, it is difficult to address the improvement of traditional Chinese medicine (TCM) syndromes concurrently. After hysteroscopic surgery for endometrial polyps, patients are prone to TCM syndrome issues including abnormal vaginal discharge, dizziness, fatigue, and abdominal pain. Furthermore, Western medical drug therapy is not specifically targeted, and endocrine balance may be affected, thus limiting its clinical applicability^[6].

In TCM, endometrial polyps are classified under the categories of “irregular menstruation”, “metrorrhagia”, and “Zhengjia (abdominal masses)”. It is believed that exogenous pathogenic factors, emotional dysregulation, deficiency of healthy Qi, and improper diet are closely associated with the occurrence of this disease, with phlegmdampness and stasis obstruction, as well as Qi deficiency and blood stasis, constituting its core pathogenesis. Postoperative consumption of healthy Qi leads to blood stasis obstructing the uterus, impeded Qi and blood circulation, unresolved stasis, aggravation of Qi deficiency and blood stasis, and ultimately polyp recurrence^[7]. The classic formula Xinshenghua Decoction, mentioned

in Fu Qingzhu's Gynecology, is often used for blood stasis obstruction and persistent postpartum lochia. It is composed of various Chinese medicinal materials and exhibits effects of supplementing Qi and nourishing blood, warming the channels and relieving pain, and activating blood and resolving stasis. Among them, dried ginger and peach kernel primarily target warming the channels and dissipating cold as well as breaking blood and expelling stasis; Chuanxiong (Chuanxiong Rhizoma), as a minister drug, mainly dispels wind and alleviates pain, and activates blood and promotes Qi flow; Angelica sinensis, also as a minister drug, regulates menstruation and alleviates pain, and enriches blood and activates blood circulation; licorice, as an envoy drug, harmonizes the various ingredients and supplements Qi and strengthens the middle. The combined use of all these medicinal materials achieves the effects of warming the channels and relieving pain, supplementing Qi and nourishing blood, and activating blood and resolving stasis, which perfectly matches the core pathogenesis of Qi deficiency and blood stasis after endometrial polyp surgery. Compared with the conventional Western drug dydrogesterone tablets, Xinshenghua Decoction demonstrates multiple advantages. First, as a natural Chinese herbal compound, it causes fewer clinical adverse reactions, thereby improving patient compliance. Second, it addresses both the root and the branch: besides dissipating residual stasis and activating blood circulation, it also promotes the repair of postoperative damaged endometrium, achieves the effect of supplementing Qi and nourishing blood, and is conducive to fundamentally improving Qi deficiency and blood stasis and preventing polyp recurrence. Third, this formula can rapidly improve TCM syndromes, with targeted effects on postoperative vaginal bleeding, dizziness, fatigue, and abdominal pain. Moreover, this formula imposes fewer restrictions on patients with hepatic or renal insufficiency or those with metabolic comorbidities, making it more suitable for clinical promotion. Finally, besides its endocrineregulating effects, this formula can inhibit excessive endometrial hyperplasia, reduce postoperative inflammatory responses, and accelerate the discharge of stasis and fluid.

This study showed that the polyp recurrence rate after treatment in the application group was lower than that in the control group. The underlying reason is that Xinshenghua Decoction contains Chinese medicinal materials such as Chuanxiong (Chuanxiong Rhizoma) and Angelica sinensis, which can regulate endocrine function, leading to a sustained decrease in estrogen levels and continuously enhanced regulation of the endometrium by progestogens, ultimately suppressing excessive endometrial hyperplasia and controlling polyp formation. In addition, Xinshenghua Decoction can improve pelvic microcirculation, accelerate the reduction of local inflammatory factors, prevent the endometrium from being affected by chronic endometritis, and thereby actively decrease the polyp recurrence rate. At the same time, Xinshenghua Decoction primarily supplements Qi and nourishes blood, and activates blood and resolves stasis, which can rapidly dissipate residual stasis in the uterus after surgery, quickly resolve the pathogenesis of coagulation into masses and blood stasis obstruction, and prevent stasis from recoagulating to form polyps. In contrast, conventional Western medical treatment relies on exogenous progestogens to inhibit endometrial hyperplasia, but fails to resolve the underlying issue of Qi deficiency and blood stasis in the body, nor does it eliminate the effects of chronic inflammation; discontinuation of the drug would inevitably increase the risk of polyp recurrence. Furthermore, the Chinese herbal formula Xinshenghua Decoction can also enhance the body's immunity and thoroughly inhibit abnormal cell proliferation, further reducing the polyp recurrence rate^[8].

This study confirmed that the TCM syndrome scores after treatment in the application group were lower than those in the control group. This is because the common TCM syndromes after endometrial polyp surgery are blood stasis syndrome and Qi deficiency syndrome. Licorice and Angelica sinensis in Xinshenghua

Decoction have the effect of supplementing Qi and nourishing blood, which can replenish the consumption of healthy Qi after surgery, thereby resolving dizziness and fatigue due to Qi deficiency. Peach kernel and Chuanxiong (Chuanxiong Rhizoma) possess the actions of warming the channels and relieving pain, and activating blood and resolving stasis, which can address abdominal pain caused by blood stasis obstruction in the uterus and improve stasis-related syndromes. However, conventional Western drugs only exert an inhibitory effect on endometrial hyperplasia but cannot address the issues of blood stasis and Qi deficiency, so the patients' overall constitution does not improve, and thus the reduction in TCM syndrome scores is not prominent. At the same time, Xinshenghua Decoction also has the effect of regulating the spleen and stomach, thereby continuously enhancing the patients' digestive and absorptive functions after surgery and promoting the recovery of healthy Qi.

This study found that the endometrial thickness and menstrual cycle in the application group after treatment were better (i.e., lower endometrial thickness and a more normalized cycle) compared with the control group. The reason is that the application of Xinshenghua Decoction can rapidly repair the postoperative damaged endometrium and regulate endocrine function. Although hysteroscopic treatment can improve the condition, it causes damage to the endometrium, which must undergo proliferation and shedding to recover after surgery. The medicinal materials in Xinshenghua Decoction that activate blood and resolve stasis can rapidly expel residual stasis and tissues from the uterine cavity, allowing the endometrium to heal properly. The various nutrients required for endometrial repair can be obtained from the Qi and blood-supplementing medicinal materials, which promote endometrial cell proliferation and differentiation and accelerate healing, ultimately restoring the endometrial thickness to the optimal state. In addition, Xinshenghua Decoction can regulate progesterone and estrogen to maintain a balanced state. With respect to menstrual cycle improvement, this is related to the ability of Xinshenghua Decoction to correct Qi deficiency and blood stasis, thereby accelerating the recovery of the normal physiological function of the uterus, promoting smooth Qi and blood flow, and enabling the endometrium to undergo the normal process of proliferation to shedding, thus restoring a normal menstrual cycle. Apart from the above advantages, Xinshenghua Decoction can also improve postoperative intrauterine adhesion, further optimizing the recovery of the menstrual cycle and endometrial thickness. In contrast, although conventional Western drug dydrogesterone tablets can inhibit endometrial hyperplasia during treatment, long-term use may affect hormone secretion, leading to irregular or delayed repair of the endometrium; some patients may also exhibit menstrual cycle disturbances and either excessively thick or excessively thin endometrium.

5. Conclusion

In summary, the active promotion of the classic obstetric formula Xinshenghua Decoction for endometrial repair after hysteroscopic surgery for endometrial polyps can prevent polyp recurrence, improve related symptoms, and achieve rapid recovery of endometrial thickness and menstrual cycle at a low cost, making it worthy of clinical application.

Funding

Yongjia County 2023 Sixth Batch of Science and Technology Development Plan Project (Project No.: 2023343)

Disclosure statement

The author declares no conflict of interest.

References

- [1] Guo Y, Lou J, Liu Y, 2024, Effects of Self-Formulated Cangbai Quyu Decoction on TCM Syndromes, Endometrium and Recurrence After Hysteroscopic Endometrial Polypectomy. *Modern Journal of Integrated Traditional Chinese and Western Medicine*, 33(13): 1832–1836.
- [2] Liang Y, Yang Z, Hu X, 2025, Effect of Lichong Decoction Combined with Dydrogesterone Tablets on Postoperative Recurrence in Patients with Endometrial Polyps of Qi Deficiency and Blood Stasis Pattern After Hysteroscopic Surgery. *Acta Chinese Medicine and Pharmacology*, 53(11): 103–107.
- [3] Cao S, Wang S, Yang J, 2025, Clinical Study of Shaofu Zhuyu Granules Combined with Progesterone on Improving Endometrial Thickness and Prognosis After Hysteroscopic Surgery for Endometrial Polyps. *Modern Diagnosis and Treatment*, 36(6): 801–803.
- [4] Reproductive Tract Disease Diagnosis and Treatment Branch of the China Healthy Birth Science Association, Gynecologic Oncology Group of the Minimally Invasive and Non-invasive Medical Professional Committee of the Chinese Medical Doctor Association, 2022, Chinese Expert Consensus on the Diagnosis and Treatment of Endometrial Polyps (2022 Edition). *Chinese Journal of Practical Gynecology and Obstetrics*, 38(8): 809–813.
- [5] Wan P, Li Q, Wang M, et al., 2025, Effect of Self-Formulated Yixi Decoction on Recurrence of Endometrial Polyps in Patients After Hysteroscopic Endometrial Polypectomy. *China Modern Medicine*, 32(28): 87–90.
- [6] Cao H, Cao Y, Liu X, 2025, Effects of Shaofu Zhuyu Decoction Combined with Dydrogesterone Tablets on Recurrence and Levels of GSDMD and Caspase-1 in Patients After Hysteroscopic Surgery for Endometrial Polyps. *Chinese Journal of Human Sexuality*, 34(3): 128–132.
- [7] Wang R, Xiao M, Liu A, 2025, Therapeutic Effect of Yiqi Huoxue Huaxi Decoction Combined with Dydrogesterone Tablets on Patients with Recurrent Endometrial Polyps Complicated with Qi Deficiency and Blood Stasis Syndrome After Hysteroscopic Electrosurgery. *Chinese Journal of Human Sexuality*, 34(8): 127–131.
- [8] Xue H, Wang W, Ji L, 2024, Effect of Poyu Sanjie Decoction Combined with Acupoint Application on Postoperative Recurrence of Endometrial Polyps After Hysteroscopic Surgery and Expression of Estrogen and Progesterone Receptors. *Global Traditional Chinese Medicine*, 17(12): 2587–2590.

Publisher's note

ART AND TECHNOLOGY PRESS INC. remains neutral with regard to jurisdictional claims in published maps and institutional affiliations.