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A COMPARATIVE CLINICAL STUDY TO EVALUATE THE EFFICACY OF ASHWAGANDHA CHURNA AND MADANPHALADI POTTALI IN THE MANAGEMENT OF GARBHASHAYA- YONI BHRANSH WITH SPECIAL REFERENCE TO UTERO-VAGINAL PROLAPSE

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ABSTRACT

Background: Garbhashaya–yoni Bhransh*, described in Ayurveda under various Yonivyapadas, closely correlates with utero-vaginal prolapse in modern gynecology. It is commonly observed in multiparous and postmenopausal women and significantly affects quality of life. Surgical management is often associated with recurrence, morbidity, and limited acceptability, highlighting the need for effective conservative therapies. **Objective:** To evaluate and compare the clinical efficacy of oral Ashwagandha Churna with local Madanphaladi Pottali* versus Madanphaladi Pottali alone in the management of Garbhashaya–yoni Bhransh. **Materials and Methods:** A randomized, open-label, comparative clinical trial was conducted on 40 patients diagnosed with Garbhashaya–yoni Bhransh. Patients were randomly divided into two groups. Group A received Ashwagandha Churna orally along with local Madanphaladi Pottali, while Group B received Madanphaladi Pottali alone for three months, followed by one month of drug-free follow-up. Assessment was done using predefined subjective and objective parameters. **Results:** Both groups showed statistically significant improvement in subjective and objective parameters. Group B showed higher improvement in several subjective symptoms, whereas Group A demonstrated comparatively better improvement in certain objective parameters. Inter-group comparison revealed no statistically significant difference ($\chi^2 = 0.48$, $p = 0.789$). **Conclusion:** Both treatment modalities were found to be safe, effective, and comparable. Ashwagandha Churna with Madanphaladi Pottali and Madanphaladi Pottali alone can be considered effective conservative Ayurvedic treatments for Garbhashaya–yoni Bhransh.

KEYWORDS: Garbhashaya–yoni Bhransh, Utero-vaginal prolapse, Yonivyapada Ashwagandha Churna, Madanphaladi Pottali.

INTRODUCTION

Utero-vaginal prolapse represents a frequently encountered gynecological condition, particularly among multiparous and postmenopausal women. Although it does not pose an immediate threat to life, it adversely affects physical well-being, emotional health, and overall quality of life.

Epidemiological studies indicate that its prevalence varies widely, with higher rates observed when evaluated clinically rather than through self-reporting.

In Ayurvedic literature, Garbhashaya–yoni Bhransh is described in the context of Vatiki[1], Phalini[2], and Prasramsini[3] Yonivyapadas, wherein vitiation of Apana Vata is considered a key pathogenic factor. The classical management emphasizes strengthening and nourishing therapies such as Balya, Brihmana, Rasayana, and measures that enhance Yoni Gadhikarana (tonicity and structural support of the vaginal tissues).

Ashwagandha[4] was selected as it is a *Balya*, *Brimhaniya*, and *Rasayana* drug mentioned in *Charaka*

Samhita[4] and *Bhavaprakasha Nighantu*.[5] It acts at the systemic level, providing nourishment to all *Dhatus*, particularly *Mamsa Dhatu*, thereby improving tone and endurance of pelvic floor muscles. Its *Vata Shamaka*, *Shothahara*, and *Kshayaghna* properties help in reducing inflammation, pain, and weakness associated with prolapse.

Madanphaladi Pottali was selected for its classical indication in *Yoni Gadhikaran* mentioned in *Bhaishajya Ratnavali*[6] *(Yonivyapad Prakarana)*. The formulation, containing *Madanphala*, *Yashtimadhu*, *Karpoora*, and *Madhu*, provides *Vedanasthapana*, *Shothahara*, *Vranashodhaka*, and *Tridoshahara* effects. Locally, it helps in reducing perineal laxity, restoring tone of the *Yoni Mamsa Dhatu*, and enhancing support to the pelvic organs.

Considering these therapeutic principles, the present study was undertaken to scientifically evaluate the efficacy of these interventions in the conservative management of Garbhashaya–Yoni Bhransh.

MATERIALS AND METHODS

The study was conducted after obtaining approval from the Institutional Ethics Committee of State Ayurvedic College and Hospital, Lucknow (IEC No: SAC/IEC/2023/165). The trial was also registered prospectively with the Clinical Trial Registry of India (CTRI/2024/11/076497).

Study Design

Randomized, open-label, comparative clinical study.

Study Setting

Patients were recruited from the OPD and IPD of the Department of Prasuti Tantra and Stri Roga, State Ayurvedic College and Hospital, Lucknow.

Sample Size

A total of 40 patients fulfilling the inclusion criteria were enrolled.

Investigations

Baseline laboratory investigations included CBC, FBS/HbA1c, LFT, KFT, lipid profile, urine examination, vaginal pH, USG, and Pap smear wherever clinically indicated.

Inclusion Criteria

- Females aged between 35–60 years
- Clinical features suggestive of Garbhashaya–yoni Bhransh
- Grade I and II uterine prolapse with or without associated cystocele or rectocele
- Willingness to participate with informed written consent

Exclusion Criteria

- Complete procidentia
- Sexually transmitted diseases and genital malignancies
- Significant systemic illness such as diabetes mellitus or hypertension
- Pregnant and lactating women

Grouping and Intervention

Group	Sample Size (n)	Intervention	Dose & Schedule	Duration
Group A	20	Ashwagandha Churna (oral)	5 g twice daily with lukewarm milk after meals	3 months
		Madanphaladi Pottali (local)	Approx. 12–15 g intravaginally for 10 consecutive days per cycle	3 months
Group B	20	Madanphaladi Pottali (local)	Approx. 12–15 g intravaginally for 10 consecutive days per cycle	3 months

Mode of Administration

1. **Ashwagandha Churna**

- **Dose:** 5 g twice daily (morning and evening) after taking meals.
- **Anupana:** 100 ml lukewarm milk
- **Duration:** 3 consecutive months

2. **Madanphaladi Pottali**

- **Dose:** approx.12-15g intravaginally
- **Dharana Kala:** Retained for approximately 3–4 hours after emptying the bladder
- **Frequency:** 10 consecutive days after clearance of menses in reproductive-age patients for 3 cycles; 10 consecutive days every month in menopausal women for 3 months

Duration

3 months of treatment with 1 month follow-up.

METHOD OF MADANPHALADI POTTALI PROCEDURE

Poorva Karma

Patients were advised a light, easily digestible diet. Baseline vital parameters were recorded and bladder evacuation was ensured. The patient was positioned supine with thighs flexed. *Yoni prakshalana* was performed using *sukhoshna jala*, followed by proper cleaning and drying of the vulval and vaginal region.

Pradhana Karma

The prepared *Madanphaladi Pottali* was inserted intravaginally under strict aseptic precautions. Mild and

uniform pressure was applied to ensure proper contact with the vaginal walls and cervix. The pottali was retained for 3–4 hours or until the patient experienced the urge for micturition.

Pashchat Karma

The patient was advised supine rest during the retention period. Thereafter, the pottali was removed gently under aseptic conditions. A light, easily digestible diet was advised. The procedure was repeated for three consecutive cycles.

ASSESSMENT CRITERIA

Assessment was carried out on the basis of **improvement in signs and symptoms** of *Garbhashaya- Yoni Bhransh* observed during the course of treatment. Both **subjective** and **objective parameters** were taken into consideration to evaluate the therapeutic efficacy.

Subjective: pelvic heaviness, low backache, urinary symptoms, constipation, dyspareunia **Objective:** cystocele, rectocele, uterine prolapse, perineal laxity, cervical congestion **ASSESSMENT OF TOTAL EFFECT OF THERAPY**

The total effect of therapy was evaluated on the basis of overall improvement in the sign and symptoms of *Garbhashaya-Yoni Bhransh* after completion of the treatment. Each patient's progress was assessed according to the percentage of relief observed in subjective and objective parameters.The results were then classified into the following categories:

- Marked improvement: > 75 relief in the symptoms.
- Moderate improvement: 51-75% relief in the symptom.
- Mild Improvement: 25-50% relief in the symptoms.
- Unchanged: Less than 25% relief in the symptoms.

Statistical Analysis

Chi-square test was used for inter-group comparison.

OBSERVATIONS

The study was carried out and analyzed with keeping in view three main objectives:

1. Demographic Observations 2. Clinical Observations 3. Therapeutic Observations

The demographic observation and clinical observations were carried out in all the registered patients i.e. 40 patients while, therapeutic observation was performed only on the patients who completed the trial i.e. 39 patients.In the present study, observations of 40 patients of *Garbhashaya–yoni Bhransh* showed that most patients belonged to the 45–49 years age group. The majority were Hindu (70%), housewives (92.5%), literate (90%), from middle socio-economic class, and urban residents (90%). Most participants followed a vegetarian diet and exhibited *Vata-Kapha* or *Vata-Pitta* Prakruti, with Mandagni, Krura Koshta, and constipation being common. A majority were postmenopausal, multiparous with three or more vaginal deliveries, had moderate nutritional status and average build. Moderate menstrual blood flow, sanitary napkin usage, average hygiene, frequent intercourse, and non-use of contraception were predominantly observed. Comparative assessment of subjective and objective parameters revealed that both Group A and Group B showed considerable improvement across most clinical features by the end of the intervention. Relief in low backache was comparable in both groups, with substantial improvement observed throughout the follow-up period. A gradual reduction in the feeling of pelvic heaviness was seen in both groups, with slightly better overall improvement in Group B. Both groups demonstrated a consistent decline in vaginal discharge, with Group A showing more uniform improvement across follow-ups. Symptoms of burning micturition and painful micturition improved in both groups; however, sustained relief was more evident in Group B for painful micturition, while Group A showed more consistent improvement in burning micturition. Improvement in increased frequency of micturition was noted in both groups, with Group B achieving comparatively better outcomes. Urinary incontinence showed marked improvement in both groups, with no meaningful difference between them. Symptoms related to discomfort or pain during movement, constipation, and dyspareunia showed steady and significant improvement in both groups, with Group B demonstrating slightly superior outcomes overall.

Regarding objective parameters, both groups exhibited notable improvement in cystocele and rectocele, with Group B showing marginally better response. Uterine prolapse improved significantly in both groups; although Group A showed slightly higher final improvement, the overall outcome remained comparable. Improvement in perineal laxity was observed in both groups, with a mild advantage in Group B. In contrast, cervical congestion showed better and more sustained improvement in Group A compared to Group B.

Table 11A: Intergroup Comparison of Presence of Cystocele.

Presence of Cystocele	Group A		Group B		Mann Whitney test	
	Mean	SD	Mean	SD	U-value	p-value
Before trial	1.65	0.93	1.58	0.77	183.50	0.857
1st Follow up	1.20	1.01	1.05	0.91	175.00	0.687
2nd Follow up	0.75	0.85	0.74	0.73	187.50	0.945
3rd Follow up	0.60	0.75	0.53	0.70	181.50	0.813
After trial	0.55	0.69	0.42	0.69	167.50	0.531

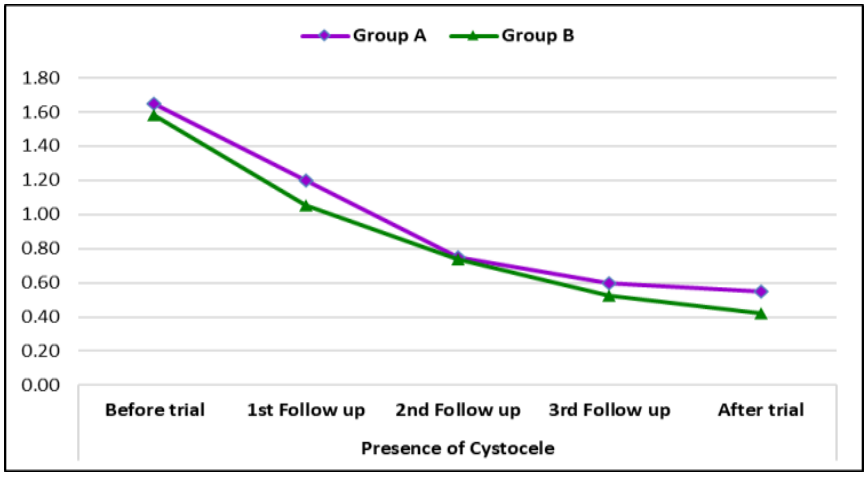


Table 11B: Intragroup Comparison of Presence of Cystocele.

Presence of Cystocele	Group A			Wilcoxon test		Group B			Wilcoxon test	
	Mean	SD	% change	z-value	p-value	Mean	SD	% change	z-value	p-value
Before trial	1.65	0.93	-			1.58	0.77	-		
1st Follow up	1.20	1.01	27.27	-3.00	**0.003**	1.05	0.91	33.33	-3.16	**0.002**
2nd Follow up	0.75	0.85	54.55	-4.24	**<0.001**	0.74	0.73	53.33	-3.77	**<0.001**
3rd Follow up	0.60	0.75	63.64	-4.19	**<0.001**	0.53	0.70	66.67	-4.26	**<0.001**
After trial	0.55	0.69	66.67	-4.12	**<0.001**	0.42	0.69	73.33	-4.12	**<0.001**

Table 12A: Intergroup Comparison of Presence of rectocele.

Presence of rectocele	Group A		Group B		Mann Whitney test	
	Mean	SD	Mean	SD	U-value	p-value
Before trial	1.40	0.88	1.32	1.00	184.50	0.879
1st Follow up	0.80	0.77	1.26	1.05	142.00	0.184
2nd Follow up	0.60	0.68	0.74	0.73	171.00	0.607
3rd Follow up	0.45	0.60	0.58	0.69	172.50	0.627
After trial	0.40	0.60	0.32	0.48	180.50	0.792

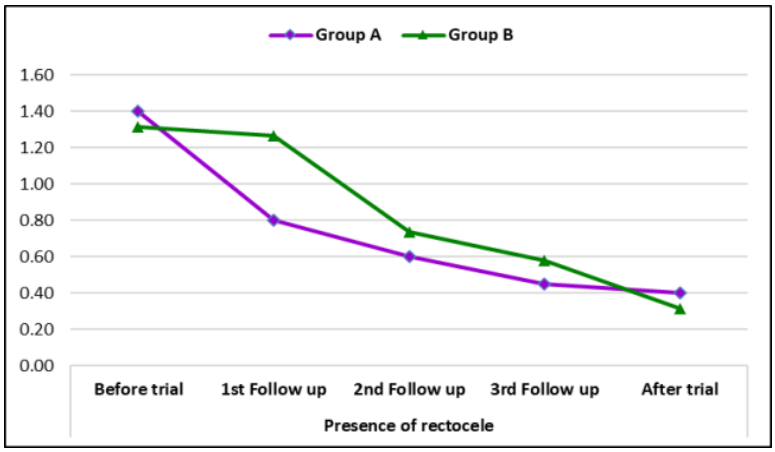


Table 12B: Intragroup Comparison of Presence of rectocele.

Presence of rectocele	Group A			Wilcoxon test		Group B			Wilcoxon test	
	Mean	SD	% change	z- value	p-value	Mean	SD	% change	z- value	p- value
Before trial	1.40	0.88	-			1.32	1.00	-		
1st Follow up	0.80	0.77	42.86	-3.21	**0.001**	1.26	1.05	4.00	-1.00	0.317
2nd Follow up	0.60	0.68	57.14	-3.36	**0.001**	0.74	0.73	44.00	-3.32	**0.001**
3rd Follow up	0.45	0.60	67.86	-3.44	**0.001**	0.58	0.69	56.00	-3.74	**<0.001**
After trial	0.40	0.60	71.43	-3.57	**<0.001**	0.32	0.48	76.00	-3.42	**0.001**

Table 13A: Intergroup Comparison of Perineal laxity.

Perineal laxity	Group A		Group B		Mann Whitney test	
	Mean	SD	Mean	SD	U-value	p-value
Before trial	1.45	0.83	1.53	0.51	176.50	0.708
1st Follow up	1.20	0.83	1.21	0.63	186.50	0.923
2nd Follow up	0.85	0.81	0.74	0.56	179.50	0.771
3rd Follow up	0.45	0.60	0.42	0.51	190.00	1.000
After trial	0.40	0.50	0.37	0.50	184.00	0.879

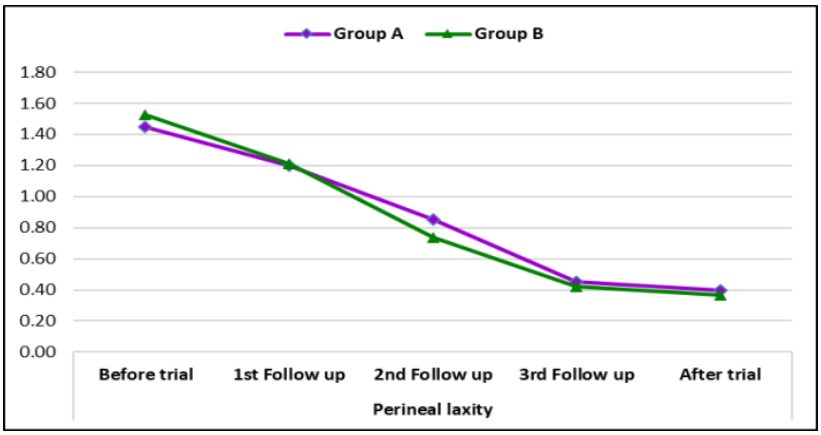


Table 13B: Intragroup Comparison of Perineal laxity.

Perineal laxity	Group A			Wilcoxon test		Group B			Wilcoxon test	
	Mean	SD	% change	z-value	p-value	Mean	SD	% change	z-value	p-value
Before trial	1.45	0.83	-			1.53	0.51	-		
1st Follow up	1.20	0.83	17.24	-1.89	0.059	1.21	0.63	20.69	-2.12	**0.034**
2nd Follow up	0.85	0.81	41.38	-3.21	**0.001**	0.74	0.56	51.72	-3.87	**<0.001**
3rd Follow up	0.45	0.60	68.97	-3.75	**<0.001**	0.42	0.51	72.41	-4.19	**<0.001**
After trial	0.40	0.50	72.41	-3.70	**<0.001**	0.37	0.50	75.86	-4.12	**<0.001**

Table – 14A : Intergroup Comparison of Prolapse of Uterus.

Prolapse of Uterus	Group A		Group B		Mann Whitney test	
	Mean	SD	Mean	SD	U-value	p-value
Before trial	1.30	1.03	1.95	0.91	124.50	0.065
1st Follow up	1.10	0.85	1.63	1.07	139.50	0.158
2nd Follow up	0.55	0.60	1.16	0.76	107.50	0.019
3rd Follow up	0.35	0.59	0.95	0.85	115.00	0.035
After trial	0.30	0.57	0.58	0.77	154.00	0.322

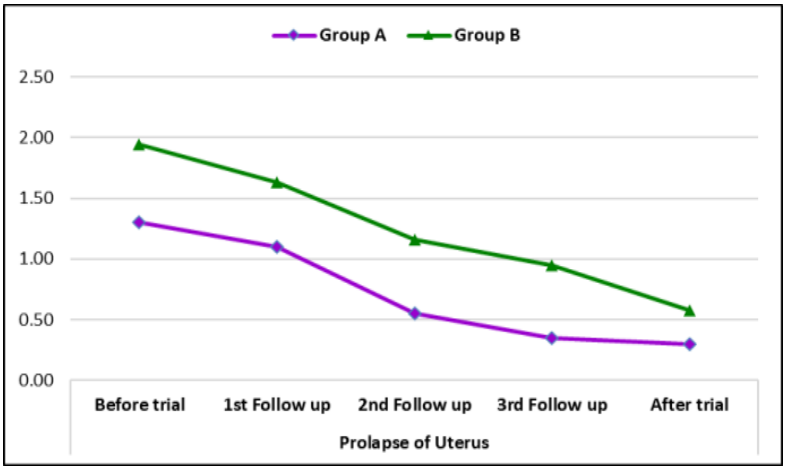


Table 14B: Intragroup Comparison of Prolapse of Uterus.

Prolapse of Uterus	Group A			Wilcoxon test		Group B			Wilcoxon test	
	Mean	SD	% change	z-value	p-value	Mean	SD	% change	z-value	p-value
Before trial	1.30	1.03	-			1.95	0.91	-		
1st Follow up	1.10	0.85	15.38	-2.00	**0.046**	1.63	1.07	16.22	-2.45	**0.014**
2nd Follow up	0.55	0.60	57.69	-3.22	**0.001**	1.16	0.76	40.54	-3.87	**<0.001**
3rd Follow up	0.35	0.59	73.08	-3.44	**0.001**	0.95	0.85	51.35	-4.15	**<0.001**
After trial	0.30	0.57	76.92	-3.22	**0.001**	0.58	0.77	70.27	-3.96	**<0.001**

Table 15A: Intergroup Comparison of Cervical congestion.

Cervical congestion	Group A		Group B		Mann Whitney test	
	Mean	SD	Mean	SD	U-value	p-value
Before trial	1.15	0.75	1.37	0.76	163.50	0.461
1st Follow up	0.50	0.69	0.42	0.51	186.00	0.923
2nd Follow up	0.60	0.68	0.53	0.70	177.00	0.728
3rd Follow up	0.55	0.51	0.58	0.77	182.00	0.835
After trial	0.30	0.47	0.58	0.77	158.00	0.380

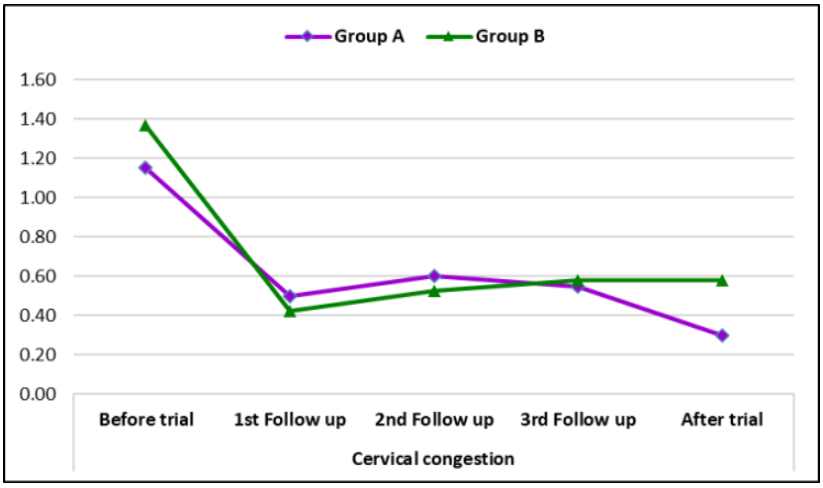


Table 15B: Intragroup Comparison of Cervical congestion.

Cervical congestion	Group A			Wilcoxon test		Group B			Wilcoxon test	
	Mean	SD	% change	z-value	p-value	Mean	SD	% change	z-value	p-value
Before trial	1.15	0.75	-			1.37	0.76	-		
1st Follow up	0.50	0.69	56.52	-3.15	**0.002**	0.42	0.51	69.23	-3.17	**0.002**
2nd Follow up	0.60	0.68	47.83	-2.84	**0.005**	0.53	0.70	61.54	-2.72	**0.007**
3rd Follow up	0.55	0.51	52.17	-2.65	0.008	0.58	0.77	57.69	-2.50	**0.012**
After trial	0.30	0.47	73.91	-3.31	0.001	0.58	0.77	57.69	-2.50	**0.012**

RESULTS

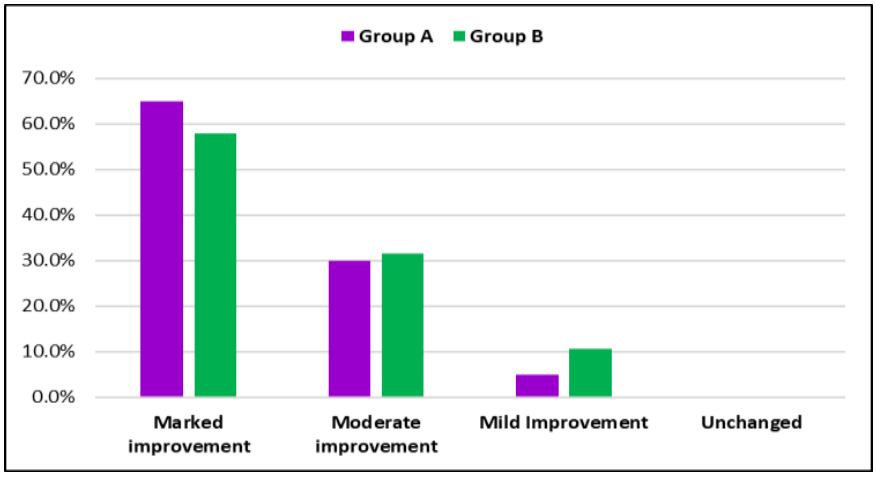
Out of 40 registered patients, 39 completed the study. Both groups showed statistically significant improvement in most subjective and objective parameters.

Marked improvement: Group A showed **65.0%** marked improvement, while Group B showed **57.9%** marked improvement.

Moderate improvement: Group A showed **30.0%** moderate improvement, while Group B showed **31.6%** moderate improvement.

Mild improvement: Group A showed **5.0%** mild improvement, while Group B showed **10.5%** mild improvement.

Unchanged: No patients remained unchanged in either Group A or Group B (**0% in both groups**).



Overall therapeutic response showed marked or moderate improvement in the majority of patients in both groups. Inter-group comparison did not reveal statistically significant difference ($\chi^2 = 0.48$, $p = 0.789$).

DISCUSSION

The significant clinical improvement observed in both groups can be attributed to the correction of Apana Vata imbalance and strengthening of pelvic support structures. Ashwagandha Churna, by virtue of its Rasayana, Balya, and Brihmana properties, contributes to improved Dhatu nourishment and muscular tone, thereby supporting the pelvic organs.

Madanphaladi Pottali appears to exert beneficial local effects through its yoni Gadhikarana, Shothahara, and Sandhana actions, which help improve vaginal tone, reduce inflammation, and enhance tissue stability. The local mode of application ensures direct therapeutic action at the site of pathology, which may explain the consistent improvement observed in both subjective symptoms and objective findings.

The comparable outcomes in both groups suggest that Madanphaladi Pottali itself has considerable therapeutic potential, while the addition of Ashwagandha Churna may provide systemic support and additional benefit in selected parameters.

CONCLUSION

Both treatment protocols demonstrated significant clinical efficacy in the management of Garbhashaya–yoni Bhransh. The interventions produced substantial improvement in both subjective complaints and objective findings without producing any serious adverse effects. The study supports the role of Ashwagandha Churna and Madanphaladi Pottali as safe, effective, and conservative Ayurvedic therapeutic options for utero-vaginal prolapse..

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