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Research Article

CLINICAL EVALUATION OF ROLE OF *PACHANA CHIKITSA* W.S.R. TO *ASRIGDARA*

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KEYWORDS: *Asrigdara*, DUB, *Guduchyadi Kashaya*, *Pachana*, *Stambhana*.

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ABSTRACT

Various reports suggest that 30 to 50% of women in the reproductive age group suffer from excessive and irregular uterine bleeding by various causative factors. Various treatments prescribed in modern medicine like hormone therapy, antiprostaglandins and antifibrinolytic agents etc have not proved their definite efficacy inspite of high price and side effect, and lastly hysterectomy may lead to hormonal imbalance and psychological upset in young fertile women. *Ayurveda* considered the same as *Asrigdara* and *Stambhana Chikitsa* is the commonly prescribed management for this. But prior to *Stambhana Chikitsa, Pachana Chikitsa* is to be performed as without *Amapachana, Stambhana Chikitsa*may not show better efficacy. So a clinical trial was conducted on 30 Patients, who were divided in 2 groups, 15 patients in each. In Group A (Control group) *Stambhana Chikitsa* alone with *Panchavalkala Kashaya* was given and in Group B (Trial group) *Stambhana Chikitsa*with *Panchavalkala Kashaya* proceeded by *Pachana Chikitsa* with *Guduchyadi Kashaya* was given to patients for treatment. The present Study reveals, significant benefit in trial group to reduce symptoms of *Asrigdara* with a p-value of <0.001 in comparison with alone *Stambhana Chikitsa*.

INTRODUCTION

Asrigdara is a condition with abnormally heavy or prolonged cyclic/ acyclic menstrual period. This disease can be better understood with condition Abnormal Uterine Bleeding (AUB) in terminology. This disease state constitutes of blood loss greater than 80ml and/or menstrual period longer than 7 days. AUB affects 30- 50% of women in reproductive age and a leading cause (50- 70%) for the women who get hysterectomy before the age of 60 years. In most of cases (approximately 50%), no organic pathology is evident and DUB (Dysfunctional uterine bleeding) is diagnosed. The *Pachana* is the procedure to resolve the *Ama* at various elements i.e. *Kostha, Dosha, Dhatu* level. It is a special method of *Langhana* which is in turn one among *Shadupakrama* and part of *Apatarpana Chikitsa. Pachana Oushadhi* is indicated in initial stages of many disorders including *Jwara* and *Raktapitta* etc. *The Chikitsa of Asrigdara* adopts core concepts of *Rakta Pittahara Chikitsa*. *Acharya Charaka* clearly states that *Stambhana Chikitsa* is not advocated when *Shonita* is *Dushta* and patient is strong enough to sustain the bleeding. He made more stress in the role of *Ama* while treating *Rakta Pitta*. As *Amata* of the *Pitta* augment the *Rakta Pitta, Dosha Pachana* has specific role in its management. *Pachana* is considered as one of the *Shamanarupa Langhana* as the part of *Shadupakrama*. Aim of the present study is to evaluate the action of *Pachana Chikitsa* on *Rakta Pradara* disease. Here *Guduchyadi Kashaya* and *Pancha Valkala Kashaya* were chosen in *Rakta Pradara* disease for present study. *Guduchyadi Kashaya* contains *Tikta Rasa Pradhana Dravyas*, so they pacify the *Ama* of *Pitta Dosha* and *Pancha Valkala Kashaya* contains the *Stambhana Dravyas* which stops the flow of excessive bleeding per vagina.

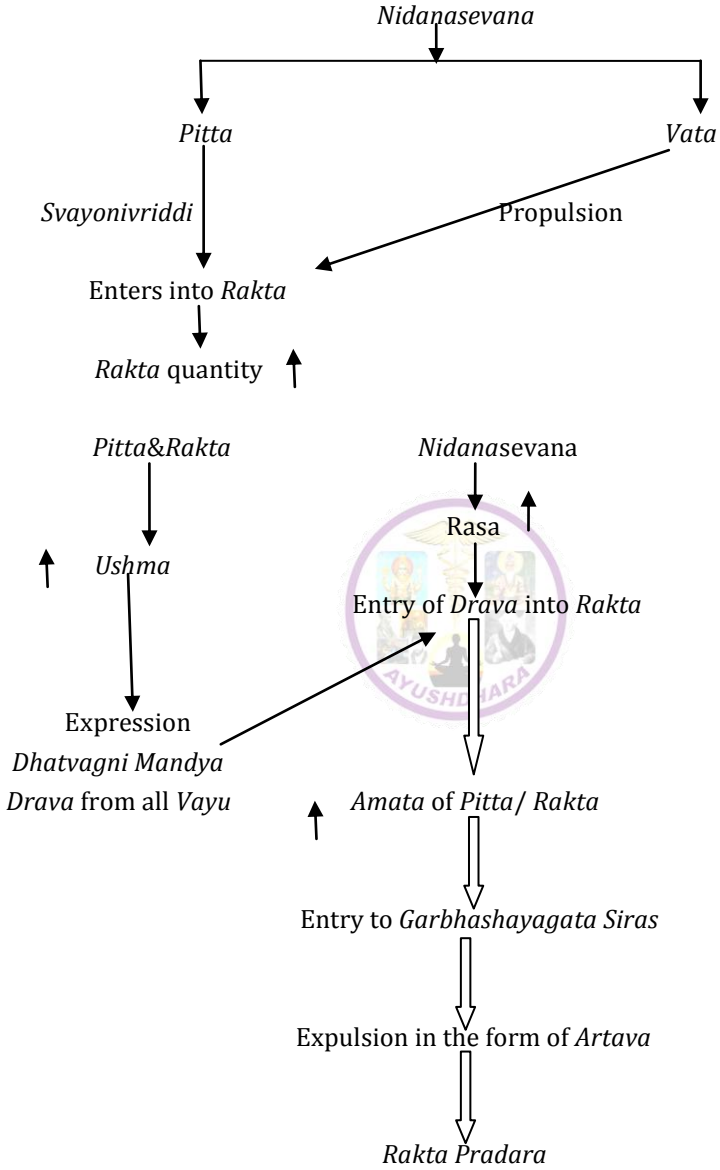
Nidana of *Asrigdara*

Lavana & Amla Rasa both have predominance of *Jala, Tejo Mahabhuta*. *Jala Mahabhuta* increases the *Drava Guna & Tejo Mahabhuta* increases *Pitta* because of *Ushna Guna*. These increased *Ushna* with increased *Dravata* leads to *Sama Pitta*. Over intake of *Snigdha, Krushara, Payasa, Gramya, Audaka Mamsa* together *Medo Vridhikara* substances are generally of *Guru* property. *Snigdha* and *Guru* properties enhance the *Dravamsha* in the body. When these are associated with remaining *Pittavardhaka Dravyas*, the *Dravamsha* of *Pitta* also enhances, thus making the *Pitta, 'Sama'*[1]. *Atimatrasana* is given in both *Charaka Samhita* and *Ashtanga Samgraha* which means *Atimatrashana* is the chief causative factor for *Amapradosha*[2]. *Ajeerna, Abhojana, Atibhojana, Atimatrasana, Vishamasana* will cause *Ama*[3].

Samprapti

Samprapti is the process of the manifestation of the disease. The procedure in which the *Doshas* get

vitiated and the way in which they manifest the disease is called *Samprapti* or *Jati* or *Agati*. A good understanding of it is very essential for early diagnosis, prognosis and for adopting preventive and curative measures. The woman who partakes the *Hetu* enlisted earlier, her aggravated *Vayu* withholding the *Rakta* being accompanied by *Rasa* vitiated due to the *Nidanasevana* carries it to the uterine vessels and increases the amount of *Raja*. The *Pitta*, which is aggravated due to its *Nidana* factors is propelled by *Vata* into the *Rakta Dhatu*. As *Rakta* is the *yoni* for *Pitta*, the quantity of *Rakta* increases in amount[4]. The *Ushma*, the quality of *Pitta* or *Rakta* which is excess at this stage, makes all the other *Dhatus* to secrete more *Drava*. *Rasa* which is also increased due to its own *Nidana* factors also contain more *Drava* which also is secreted by the *Ushma*. This secreted *Drava* enters into the *Rakta* which vitiates the quality of *Rakta*. This *Drava* is nothing but the '*Samatva*' of *Pitta*. As the *Gunas* of *Rakta* are vitiated, so the characters of *Rakta* also get vitiated. Hence, *Suddha Artava Lakshanas* which must be seen are not visible in this condition.



***Lakshana* (symptoms)**

The phase of *Purvarupa* of the *Asrigdara* is not mentioned in the texts. (probably there may not be any premonitory symptoms). The *Samprapti* of *Asrigdara* is completed by *Dosha- Dushya, Sammurchhana* and *Sthanasamsraya*. The vitiated *Dosha* create various *Lakshanas* which are *Sthanika* as well as *Sarvadaihika* of *Asrigdara*[5]. *Acharya Charaka* has described the only one symptom i.e. presence of excessive bleeding during menstruation. According to *Sushruta*, when same menstruation comes in excess amount for prolonged period even without normal period of menstruation, different from the features of normal menstrual blood or denoting the features of specific *Dosha* known as *Asrigdara*[6]. All types of *Asrigdara*s are associated with body ache and pain[7].

Significance of present study- *Pachana & Stambhana*

Asrigdara Chikitsa resembles and adopts core concepts of *Rakta Pittahara Chikitsa*. It is said that in all kinds of *Pradara*, the management principles of *Raktatisara*, *Raktapitta* and *Raktarshas* are to be adopted[8]. The reason behind this indication is again the

concept of, *Pittanubandhatva*, *Rakta Dushyatva*, *Nidana Samyatvam* are the factors found commonly in both the above conditions[9].

Role of *Stambhana*

It is not necessary to stress the importance of *Stambhana* in *Asrigdara,* as it is very sure that *Rakta* is "*Jeevana*"; its excess flow certainly kills the patient just like the fire which burns the heap of straw within no time. *Raktapradara,* just like *Raktapitta* and *Atisara*is a *Sroto Atipravrittijanya Vyadhi*. *Stambhana* is the *Karma* which stops the *Atipravritti* (*stambhanamstambhayatiya-tgatimantam*). Hence, *Stambhana Karma*has a major role in all these conditions. *Kashaya Rasa* is having best *Stambhana* property and *Stambhana* is the basic treatment principle in *Srava Pradhana* disorders particularly in *Asrigdara.*

Role of *Pachana*

Acharya Charaka clearly mentions in the management of *Raktapitta* not to perform *Stambhana Chikitsa* when the *Shonita* is *Dusta* and patient is having enough strength and power and is taking food in sufficient quantity. He stresses on the role of *Ama* while treating *Raktapitta*. As *Amatva* in the *Pitta* delays the healing time of *Raktapitta*, so the *Dosha Pachana* has specific role in its management[10]. Further *Acharya Charaka* explains the role of *Tikta Rasa* in *Rakta Samgrahana* and *Dosha Pachana* while treating *Raktapitta*[11]. Here the *Tikta Rasa* is used as a *Pachaka* particularly *Dosha Pachaka* of *Pitta*. The *Tikta Rasa* possesses *Laghu, Ruksha Guna* which antagonizes the increased *Drava Guna* and *Guru Guna* of *Pitta. Vayu – Akasha Guna Bhavas* of *Tikta Rasa* improve the quantity of *Pitta* and *Raktavaha Srotas*. Thus, this helps in *Skandana Kriya* which is deranged in *Raktapitta* as well as *Raktapradara*. Hence, *Pachana Karma* with *Tikta Rasa* in *Raktapitta & Raktapradara* is very crucial particularly when *Ama Lakshanas* are found at *Doshic* level. *Stambhana* works very effectively when *Doshas* are in *Nirama* state. Hence, *Pachana* followed by *Stambhana* certainly provides a great cure in *Raktapradara* disease.

Materials and Methods

Plan of study

30 patients of *Raktapradara* were selected on random basis from OPD & IPD of *Sri Venkateswara Ayurvedic College & Hospital, Tirupati* with the complaints of *Rakta Pradara* for the present study. Study was approved by Institutional Ethics Committee with approval no. IEC SVAYC/131908005.

Method of Research

The method adopted in present study was Randomised open labelled comparative clinical trial before and after the treatment.

Table 1: **Details of Group A &Group B**

Group	Group-A	Group-B
Drug	*Panchavalkala Kwatha Churnam*	*Guduchyadi Kwatha Churnam* followed by *Pancha Valkala Kwatha Churnam*
Duration	15 days	15 days + 15 days
Route of administration	Oral	Oral
Form	*Kashaya*	*Kashaya*
Kala	2 times *Abhaktam*	2 times *Abhaktam*
No.of pts	15	15

Ingredients

Guduchyadi Kwatha Churna-*Guduchi, Nimba, Dhanyaka, Chandana, Padmaka*[12].

Panchavalkala Kwatha Churnam-*Vata, Udumbara, Asvatha, Parisha, Plaksha*[13].

Method of Preparation of the Drug

Guduchyadi Kwatha Churna was prepared in Srinivasa Mangapuram *Ayurveda* Pharmacy of *S.V.Ayurvedic College*, Tirupati. First *Guduchi, Nimba, Padmaka, Dhanyaka, Rakta Chandana Kwatha Churnas* were prepared separately; some residue is discarded and then mixed together by mixing machine. The *Kwatha Churna* was provided to the patient and they were advised to prepare *Kashaya* by themselves.

Inclusion Criteria

1. Excessive bleeding during menstruation [change of more than 3 soiled pads in a day or depending on patients complaints] for more than 2 consecutive cycles.
2. Prolonged menstrual bleeding (> 5 days).
3. Passing of large clots.
4. Short intervals of menstrual cycle < 25 days.
5. Cases of functionally abnormal menstrual cycles only will be selected.
6. Age between menarche and menopause.

Exclusion Criteria

1. Intrauterine growths such as Myoma, Endometrial Polyp etc.
2. Cancer of cervix and or uterus.
3. Tumours or cysts of ovary.
4. Any other systemic disorders likely to influence menstrual cycle. Eg: Diabetic etc.
5. Case undergoing treatment for any other serious illness.
6. Woman using an IUCD or OCP.
7. Veneral disease.
8. Patients with *Ksheena Bala, Mamsa*.
9. Excessive bleeding in post menopausal women.

Lab Investigations

- Following laboratory investigations were carried out in each patient before& after treatment.
- HB, TC, DC, ESR, CT, BT.
- If necessary USG, Thyroid profile, Pap smear, Endometrial biopsy to rule out any other systemic diseases.

Assessment criteria

General observation

Various demographic parameters viz. Age, Marital Status, Religion, Nature of work etc. along with specific features of *Prakriti*, *Satva*, *Samhanana* etc. were analyzed in the present clinical trial.

Subjective Assessment

The patients undergone treatment were assessed for efficacy of *Guduchyadi Kwatha* on the basis of grading criteria depicted below for improvement in specific symptomatology of *Rakta Pradara*.

Statistical Analysis

The effect of therapy has been presented here, with the help of paired 't' test & un paired 't' test. Graph Pad in Stat Software used for statistical analysis.

Presentation of Data

The data collected & analyzed has been depicted in the following sequence:

- General observations viz. age, sex, religion etc.
- Results of therapy evaluated on the basis of improvement in symptomatology.

Observations and Results

Criteria for Grading

A special grading had been given to Bleeding Amount, Duration of bleeding, Interval of Menstruation, Passage of clots, Pain (pain in Abdomen/ Backache), Burning Sensation (*Daha*), Weakness (*Dourbalya*), *Angamarda*, *Bhrama*, *Pandutva* (pallor), *Trishna*, *Jvara*, *Swasa*, *Aruchi* from 0 to 3 depending upon the severity.

E.g: duration of bleeding: 3-5 days-grade0; 6-7 days-grade1; 8-9 days-grade2; 9& above-grade3.

Statistical analysis

The obtained information was analyzed statistically in terms of mean score(x), Standard Deviation (S.D.), Standard Error (S.E.). Paired t-Test was carried out at the level of 0.05, 0.01, and 0.001 of P levels. For the more effectiveness of therapy paired t-Test is carried out. The results were interpreted as

P > 0.05 Insignificant

P < 0.05 Significant

P < 0.01 Highly significant

P< 0.0001 Extremely Significant

Effect of therapy

Table 2: Effect of drug on subjective parameters in Group A

Symptoms	B.T.	A.T.	% Relief	Mean	S.D.	S.E.	't'	P
Bleeding amount	2.26	1.13	50	1.133	0.6399	0.1652	6.859	<0.0001
Duration of bleeding	2.2	0.86	60.9	1.33	0.6172	0.1594	8.367	<0.0001
Interval of menstruation	2.066	0.93	54.98	1.133	0.7432	0.1919	5.906	<0.0001
Passage of clots	2.2	0.86	60.9	1.33	0.6172	0.1594	8.367	<0.0001
Pain	1.866	0.66	64.6	1.20	0.6761	0.1746	6.874	<0.0001
Burning sensation	1.6	0.73	54.37	0.866	0.5164	0.133	6.500	<0.0001
Weakness	1.533	0.6	60.86	0.933	0.5936	0.1533	6.089	<0.0001

The initial mean of bleeding amount was 2.26, which reduced to 1.13 showing 50% relief, which was statistically highly significant (p< 0.0001). The initial mean of duration of bleeding was 2.2, which reduced to 0.86 showing 60.9% relief, which was statistically highly significant (p< 0.0001). The initial mean of interval of menstruation was 2.06, which reduced to 0.93 showing 54.98% relief, which was statistically highly significant (p< 0.0001). The initial mean of passage of clots was 2.2, which reduced to 0.86 showing 60.9% relief, which was statistically highly significant (p< 0.0001). The initial mean of pain was 1.86, which reduced to 0.66 showing 64.6% relief, which was statistically highly significant (p< 0.0001). The initial mean of burning sensation was 1.6, which reduced to 0.73 showing 54.37% relief, which was statistically highly significant (p< 0.0001). The initial mean of weakness was 1.533, which reduced to 0.6 showing 60.86% relief, which was statistically highly significant (p< 0.0001).

Table No: 3: Effect of drug on subjective parameters in Group B

Symptoms	B.T.	A.T.	% Relief	Mean	S.D.	S.E.	't'	P
Bleeding amount	2.4	0.4	83.3	2.00	0.5345	0.1380	14.49	<0.0001
Duration of bleeding	2.466	0.4	83.77	2.067	0.5936	0.1533	13.48	<0.0001
Interval of menstruation	2.4	0.26	89.16	2.133	0.8338	0.2153	9.909	<0.0001
Passage of clots	2.466	0.4	83.77	2.067	0.5936	0.1533	13.48	<0.0001
Pain	2.26	0.33	85.39	1.933	0.7988	0.2063	9.374	<0.0001
Burning sensation	1.933	0.33	82.9	1.600	0.8281	0.2138	7.483	<0.0001
Weakness	2	0.4	80	1.600	0.7368	0.1902	8.411	<0.0001

The initial mean of bleeding amount was 2.4, which reduced to 0.4 showing 83.3% relief, which was statistically highly significant (p< 0.0001). The initial mean of duration of bleeding was 2.46, which reduced to 0.4 showing 83.77% relief, which was statistically highly significant (p< 0.0001). The initial mean of interval of menstruation was 2.4, which reduced to 0.26 showing 89.16% relief, which was statistically highly significant (p< 0.0001). The initial mean of passage of clots was 2.46, which reduced to 0.4 showing 83.77% relief, which was statistically highly significant (p< 0.0001). The initial mean of pain was 2.26, which reduced to 0.33 showing 85.39% relief, which was statistically highly significant (p< 0.0001). The initial mean of burning sensation was 1.933, which reduced to 0.33 showing 82.9% relief, which was statistically highly significant (p< 0.0001). The initial mean of weakness was 2, which reduced to 0.4 showing 80% relief, which was statistically highly significant (p< 0.0001).

Table 4: Showing percentage of relief comparison between Group A & Group B on subjective criteria

Sl.No.	Symptoms	Group A % of relief	Group B % of relief
1	**Bleeding amount**	50	83.3
2	**Duration of bleeding**	60.9	83.77
3	**Interval of menstruation**	54.98	89.16
4	**Passage of clots**	60.9	83.77
5	**Pain**	64.6	85.39
6	**Burning sensation**	54.37	82.9
7	**Weakness**	60.86	80

Table 5: Unpaired 't' test for Group A & Group B

Symptom	Mean A	Mean B	Diff b/n Means	't' value	P
Bleeding amount	1.133±0.1652	2.000±0.1380	0.8667±0.2153	4.026	0.0004 (<0.01)
Duration of bleeding	1.333±0.1594	2.067±0.1533	0.733±0.2211	3.317	0.0025 (<0.01)
Interval of menstruation	1.133±0.1919	2.133±0.2153	1.000±0.2884	3.467	0.0017 (<0.01)
Passage of clots	1.333±0.1594	2.067±0.1533	0.733±0.2211	3.317	0.0025 (<0.01)
Pain	1.200±0.1746	1.933±0.2063	0.733±0.2702	2.714	0.0114 (<0.05)
Burning sensation	0.8667±0.133	1.600±0.2138	0.733±0.2520	2.910	0.0078 (<0.01)
Weakness	0.933±0.1533	1.600±0.1902	0.6667±0.2443	2.729	0.0111 (<0.05)

Table 6: Effect of drug on associated complaints in Group A

Symptoms	No	B.T.	A.T.	% Relief	Mean	S.D.	S.E.	't'	P
Angamarda	13	1.77	0.88	50	0.88	0.33	0.11	8.00	<0.001
Bhrama	10	1.00	0.14	85.71	0.85	0.37	0.14	6.00	<0.001
Panduta	9	1.16	1.00	14.28	0.16	0.40	0.16	1.00	>0.05
Trishna	8	1.60	0.80	50	0.80	0.44	0.20	4.00	<0.05
Jvara	12	1.14	0.42	62.50	0.71	0.48	0.18	3.84	<0.05
Shwasa	4	1.33	0.66	50	0.66	0.57	0.33	2.00	>0.05
Aruchi	7	1.44	0.55	61.53	0.88	0.33	0.11	8.00	<0.001

The above table showing statistically highly significant relief in *Angamarda*, *Bhrama*, *Aruchi*, while significant relief in *Trishna*, *Jvara* and non- significant relief in *Panduta* and *Shwasa*.

Table 7: Effect of drug on associated complaints in Group B

Symptoms	No	B.T.	A.T.	% Relief	Mean	S.D.	S.E.	't'	P
Angamarda	14	2.20	0.70	68.18	1.50	0.52	0.16	9.00	<0.001
Bhrama	10	1.00	0.14	85.71	0.85	0.37	0.14	6.00	<0.001
Panduta	9	1.85	1.14	38.46	0.71	0.48	0.18	1.00	<0.05
Trishna	10	1.25	1.12	90	1.85	0.35	0.12	4.00	<0.001
Jvara	9	1.85	0.28	84.61	1.57	0.53	0.20	3.84	<0.001
Shwasa	4	1.50	0.75	50	0.75	0.50	0.25	2.00	>0.05
Aruchi	8	1.50	0.50	66.66	1.00	0.63	0.25	8.00	<0.05

The above table showing statistically highly significant relief in *Angamarda*, *Bhrama*, *Trishna*, *Jvara,* while significant relief in *Panduta*, *Aruchi* and non significant relief in *Shwasa*.

Table 8: Effect of drug on hematological investigations in Group A& Group B

		B.T.	A.T.	% Relief	Mean	S.D.	S.E.	't'	P
HB	Group A	11.36	11.14	1.93	0.22	1.38	0.44	0.50	> 0.05
	Group B	10.43	11.31	8.44	0.88	1.06	0.32	2.74	< 0.05
BT	Group A	2.59	2.49	4.63	0.12	0.12	0.038	0.037	> 0.05
	Group B	2.51	2.26	8.49	0.21	0.30	0.09	2.33	< 0.05
CT	Group A	5.20	4.92	4.32	0.22	0.45	0.14	1.56	> 0.05
	Group B	4.81	4.47	9.43	0.45	0.74	0.22	2.02	> 0.05

Group A shows statistically non significant result& Group B shows statistically significant result in increased HB and decreased BT.

Table 9: Overall assessment of result in Group A& Group B(Paired 't' test)

	B.T.	A.T.	% Relief	Mean	S.D.	S.E.	't'	P
Group A	11.533	4.933	57.2	6.600	1.920	0.4957	13.31	<0.0001
Group B	13.466	2.133	84.16	11.33	2.440	0.6299	17.99	<0.0001

Table 10: Un paired 't' test for overall result

	Mean A	Mean B	Diff b/n mean A&B	't'	P
All symptoms	6.600±0.4957	11.33±0.6299	4.733±0.8016	5.905	<0.0001

Table 11: Showing the overall Assessment of Clinical trial

Result	Group A		Group B	
	No of pts	%	No of pts	%
Cured	1	6.66%	13	86.6%
Markedly improved	7	46.6%	2	13.3%
Improved	7	46.6%	0	0
No improvement	0	0%	0	0%

The therapy had complete relief for 86.6 % of patients in Group B& 6.66% relief in Group A. So comparatively Group B is better than Group A.

Discussion on data of disease

Effect of therapy on specific clinical features

In Group-B better improvement was found in the symptom of Bleeding amount i.e. 83.3% while in Group-A, it shows 50 % improvement in the same symptom. 83.77% relief was found in the symptom of Duration of bleeding in Group-B while only 60.9 % relief was found in Group-A. Statistically highly significant relief of 89.16 % ($p<0.0008$), was observed in inter menstrual bleeding. Best improvement 85.39%, 82.9 % and 80% were found in the symptoms of pain, burning sensation, weakness in Group-B and 64.6 %, 54.37% and 60.86 % improvement were found in the same symptoms of Group-A respectively. 83.77% relief was found in the symptom of passage of clots in Group-B while only 60.9 % relief was found in Group-A. Statistically highly significant relief ($p<0.0001$) was observed on bleeding amount, duration of bleeding, inter menstrual bleeding, passage of clots, Pain, burning sensation and weakness in both groups. However, as per percentage wise comparison Group-B shows better result than Group-A.

Effect of therapy on associated complaints

In *Angamarda* 68.18% relief was observed in Group-B and 50% in Group-A. The result was highly significant in both groups. In *Bhrama* 85.71% relief was observed in the both groups. The result was highly significant in both the groups. In *Panduta* 38.46% relief was observed in Group-B and 14.28% in Group-A. The result was significant in Group-B. In *Trushna* 90% relief was observed in Group-B and 50% in Group-A. The result was highly significant in Group-B and significant in Group-A. In *Jwara* 84.61% relief was observed in Group-B and 62.50 in Group-A. The result was highly significant in Group-B and not significant in Group-A. In *Shwasa*50% relief was observed in both groups. Non significant result was found in both groups. In *Aruchi* 66.66% relief was observed in Group-B and 61.53% in Group-A. The result was highly significant in Group-A and significant in Group-B.

General symptoms of *Raktapradara* showed a maximum number of patients complained *Katisula, Angamarda*, *Daurbalya* etc. The major reason for the manifestation of *Kati Sula* may be the active involvement of *Apanavayu*. Because the location of the *Vayu* is mainly in this region. Moreover, the vaginal discharge was also due to the active involvement of the *Apana Vayu*. Both the site and actions were interconnected with the *Apanavayu*. *Angamarda* may be the result of vitiated *Vayu. Dourbalya* may be due to *Dhatu Kshaya. Rakta*, which provides *Jivana* to the body, is being lost in this disease. It results in enhanced *Vata* due to *Dhatu Kshaya*.

Effect of therapy on hematological investigations

Hb level was 8.44% increased and the result was significant in Group-B while non-significant result was found in Group-A. Bleeding time was decreased 8.49% in Group-B and 4.63% in Group-A. The result was significant in Group-B. Clotting time showing non-significant result in both groups.

Discussion on mode of action of drug

In the present study the drug *Guduchyadi Kashaya* is selected for *Ama Pachana* of *Pitta Dosha* followed by *Panchavalkala Kashaya* for *Stambhana* in *Nirama Asrigdara*. *Guduchyadi Kashaya* is having *Tikta Rasa, Ushna Virya* and *Laghu* property which decreases *Dravata* of *Samapitta* which helps in *Ama Pachana*. *Pachana Dravya* will act as a *Shamana Oushadi* too. The ingredients of *Panchavalkala Kwatha Churna* are mainly *Kashaya Rasa Pradhana*. As the *Kashaya Rasa* having best *Stambhana* property and *Stambhana* is the basic treatment principle in *Srava Pradhana* disorders.

Overall effect of therapy

Total cure was observed in 6.66% of patients of Group A, where as in Group-B it is 86.6%. Marked Improvement was observed in 46.6% patients of Group-A where as in Group-B it is 13.3%. In remaining patients of Group A (46.6%) improvement was observed. So, group-B that is *Pachana* followed by *Stambhana* is showing better results than group-A that is only *Stambhana* group.

CONCLUSION

After scrutinizing the study regarding *Asrigdara* and its management following conclusions can be drawn. *Asrigdara* mentioned in *Sama Raktaja Vikaras*. *Ama* is an important factor in production of different diseases. If a disease is produced from *Ama*, then first step of treatment should always be the management of *Ama*. To make the condition *Nirama*, one has to adopt *Langhana* procedure for '*Ama Nirharana*'. *Pachana* is indicated in different diseases during the period when they are associated with *Ama. Pachana* consists of *Agni* & *Vayu Mahabhuta*. *Agni* has the *Vilayana* property where as *Vayu* has *Soshana* property. As a combination, *Pachana* causes *Ama Nirharana* from the body. *Stambhana* is the basic treatment principle in *Srava Pradhana* disorders. The drug *Guduchyadi Kashaya* is selected for *Ama Pachana* of *Pitta Dosha* as treated drug followed by *Panchavalkala Kashaya* for *Stambhana* in *Nirama Asrigdara*. The present clinical data shows that, there is statistically significant improvement (P<0.0001) with regard to the percentage of improvement in results and also the relief given by the treatment (Total cure was observed in 6.66% of patients of Group A, where as in Group-B it is 86.6%). By this it could be concluded that *Pachana* group is effective in reducing the severity of the disease. It can be concluded that there is satisfying scope of suggesting this Ayurvedic management as safe and effective procedure for *Asrigdara.* Severe or chronic manifestations may need long term therapy for better results and to avoid recurrence. The study concludes that *Pachana* followed by *Stambhana* treatment is effective in *Asrigdara* along with *Ama* condition. *Stambhana* treatment alone works effectively when disease is in *Nirama* state. Hence, *Pachana* followed by *Stambhana* certainly provides a great cure in *Rakta Pradara* disease.

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