DISCUSSIONS
DISCUSSION

After clinical studies on 428 pts. collected data was arranged in tabular forms and graphs. After reviewing those, there are some points to be discussed as follows

A) Sex : (Table No. 1)

Total number of pts is 428, Out of which 242 (56.54%) are male pts and 186 (43.46%) are female pts. It means number of male pts is more than that of female pts. Habits like smoking, tobacco chewing, tea, alcoholic drinks, irregular timings of meals and travelling (especially just after consumption of food); these may be causes behind that.

In Anoop Desh number of female pts. (76) is more than that of male pts. (75). This is due to population ratio in Sindhudurga district; where females are more than males (female voters also more than male voters according to voter's list).

If we think on relation fo sex to Upasham or efficacy according to group (table No 2); for Gr. A, i.e. for Panchakol choorna mean efficacy in male pts. (60.76%) is less than that of in female pts (61.61%). For Gr. B, i.e. for Panchakol Yavagoo, mean efficacy in male pts. 72.92% is markedly more than that of female pts. 62.5%. For Gr. C, i.e. for plain Yavagoo (as a placebo), mean efficacy in male pts. (35.71%) is markedly more than that of female pts. (20.00%)

B) Desh : (Table No. 3)

Though the clinical work for this research project was worked out in all the three types of Desh (for Sadharan Desh- Pune district, for Anoop Desh - Sindhudurga district and for Jangal Desh - Yavatmal district); the time spent was even and selection of the pt. was random selection, so we cannot conclude any fruitful thing by these figers.

If we think about Deshwise efficacy of Pachakol Choorna, [table No 4] in Sadharan Desh it is somewhat less i.e. 58.44% and in Anoop and Jangal Desh it is nearly same that is 61.26% and 62.26% accordingly.
C) Age Group : - Table No. 5

If we think about distribution of patients according to age group in age group 31 to 40 the number of pts is more i.e. 95 (22.2%) and in age group 21 to 30, it is also somewhat similar i.e. 94 (21.96%) 21 to 40 yrs. is middle age and job oriented or earning period of life. So that hetu like over exertion, travelling, irregularities in diet, habits like tea, tobacco chewing and smoking, alcoholic drinks, family tensions, financial tensions, job tensions are quite more in this period. That's why number of pts is maximum in this age group.

While in the age group of 61-70, the number of pts is minimum i.e. 28 (06.54%) It may be due to sedentary life, non earning, retirement period, no job that's no job tensions and important is somewhat negligence from other family members.

While thinking on relation of age group and male - female ratio (table no 6.) for the age group 12 to 20 it is 1:1.29. It means female pts are more in this group. Menstrual disturbances like dysmenorrhea due to hormonal imbalance at the age of puberty, may be the cause behind that.

If we think on relation of age group and Upashama (Table No.7) ; For Gr A i.e. for Pancol choorna, the pts. from age group 11-20 show maximum efficacy i.e. 66.32% and pts from age group 61 to 70 there is minimum efficacy i.e. 51.85%. For Gr B i.e. for Panchakol Yavagoo, we get maximum efficacy i.e. 95% in age group 21-30 and minimum efficacy i.e. 43.75% in age group 41-50. For Gr C i.e. for Plain Yavagoo maximum efficacy i.e. 50% in age group 41-50 and minimum efficacy 00% in age group 51-60.

As Gr B and Gr C are quite small the outcoming figures are not that much authentic. For Gr A it can be stated that the efficacy of Panchakol decreases as the age increases. This might be due to Dhatukshaya. There is increase in Dhatukshaya as age increases. Vardhakya i.e. old age is a natural period of Dhatukshaya and hence Dhatukshayajanya Vataprakop. While Panchakol is less effective in shool. Preduced by Dhatukshayajanya Vataprkop.
D) Prakruti :-( Table No. 8 )

If we think about the distribution of pts according to prakruti ; it is maximum i.e. 88 ( 20.56% ) in kaphavataj Prakruti and minimum i.e. 06 (1.4%) in Pittaj Prakruti. There was not a singal pt. of Sama Prakruti.
No. ofPts having Dwandwaj ( Dwidoshaja) Prakruti is markedly more i.e. 362 (84.56%) than that of Ekadoshaja Prakruti is 60 (15.42%).This may be due to naturally rare occurance of Ekadoshaja Prakruti and extremely rare occurance of Tridoshaja Sama Prakruti.

While thinking on Prakruti and Male : Female ratio ( tabel no. 8 )
Male pts are markedly more in Kapha Vataja Prakruti ( ratio 1:0.38) and in Vata Kaphaja Prekruti ( ratio 1:0.51). Female pts. are markedly more in Pitta - Kaphaja. Vata - Pittaja and Pitta - Vataja Prakruti and male : female ratio is 1:1.30 , 1:1.30 , and 1:1.11 accordingly. This might be corelates with Mruduta and Sukumarta in female related with Pitta and Drudhangata and kathinya in male related with Kapha Dosh.

While thinking on relation of Prakruti with Upashama'- ( Table No.9 )
For Gr A i.e. for Panchakol choorna we get maximum efficacy in Kapha - Vataja Prakruti i.e. 70.51% . This may be happend due to Ushna Guna of Panchakol as it acts against the Sheet Gune of Kapha and Vata while in Vata-Pittaja and Pitta Vataja Prekruti ; Panchakol Choorna is less effective and the mean efficacies are 54.84% and 55.39 % accordingly Ruksha Guna of Panchakol might be the cause behind that. For Gr. B i.e. for Panchakol, Yavagoo we get maximum efficacy in Kapha-Pithaja Prakruti i.e. 100% & minimum efficacy in Vataj Prakruti & Pitta- Kaphaja Prakruti i.e. 50%.

For Gr.C i.e. for Plain Yavagoo we get maximum efficacy in Kapha-Pittaja & Pitta - Kaphaja Prakaruti & it is 75% & minimum efficacy i.e. 12.5% in Pitta Vataj Prakruti.

After all above discussion about Prakruti, it can be stated that Pt. having Dwidoshaja Prakruti & especially Kapha & Vata Dosh in their Prakaruti are more prone to Produce Shool. And Panchakol is more useful in Kapha-Vataj Prakrati.

E) Satva - (Table No.10)
Satva i.e. mind has great importance in the transmission of Shool. Shool baring capacity depends upon quality of Satwa.. If we see the distribution of Pts. according to Satwa., Number of pts having Pravar Satva is 130 (30.37%); that of Madhyam Satva is. 169 (39.49%) & that of Heen Satva is 139 (30.14%). That indicates, number of pts. having Madhyam satva is more. It may be due to some what negligence about pain in Pravar Satva & over reacting about pain & so that injection psychology & wounding from physician to physician; in Heen Satva.

While thinking on the relation of Prakruti & type of Satva (Table No.11); for Kapha Prakarati, No.of pts. having Pravar Satva is maximum i.e. 24 (80%) for Pitta Prakruti, no.of pts. having Madhyam Satva -is maximum i.e. 4 (66.67%) & for Vata Prakruti, No of Pts having Heen Satva is maximum - 27 (90%)

While thinking or relation of type of Satva with Upashama (Table No.12) for Gr A. i.e. for Panchakol Chauraona total number of Pt is 391, out of which 117 (29.92%) is of Pravar Satava; 156 (39.90%) is of Madhyam Satva & 118 (30.18%) is of Heen Satva. Efficacy of Panchakol Chauraona for this Gr. A, according to Satva is -- Pravar Satva - 67.31%; Madhyam Satva - 63.62% & Heen Satva - 51.69%. In Gr.B i.e. for Panchakol Yavagoo; total number of pt. is 20; out of which 06 (30%) is of Pravar Satva; 09 (45%) is of Madhyam Satva & 05 (25%) is of Heen Satva. Efficacy of Panchakol Yavagoo for this Gr B; according to Satva is - Pravar Satva - 83.33%, Madhyam Satva - 66.67% & Heen Satva - 55%.In Gr. C total No.of Pt is 17 out of which 7 (41.18%) is of Pravar Satva 4 (23.53%) is of Madhyam Satva & 6 (35.29%) is of Heen Satva. Efficacy of Plain Yavagoo according to Satva is - Pravar Satva - 50 Madhyam Satva - 18.75% & Heen Satva - 4.17%.

After considering the outcoming values of Efficacy from all the three groups it is to be said that the drug may be anything; the type of Satva has great importance in it's responce. Irrespective of drugs, in all the three groups there is well responce in Pravar Satva & ill. responce in Heen Satva while efficacy values from Gr.B indicate that Pravar Satva & proper drug both give excellant results.
F) Type of Vata Dosh:

As we have already seen in the pathogenesis of Shool, according to its production as well as transmission; Vata Dosh has great importance. Rather the pathogenesis of Shool can not be completed without the Vata Prakop. We have also seen that there are 2 types of Vata-Prakop Viz -

Margavarodhajanya i.e. Upastambhit (obstructive type) & Dhatu-Kshayajanya i.e. Nirupastambhit (destructive type).

While thinking on distribution of pts. according to type of Vata Dosh (Table No.13) out of 428 ptr., markedly more number i.e. 304 (71.03%) is having Upastambhit Vata & quite less number - 124 (28.97%) is having Nirupastambhit Vata. In all the three groups the number of pts. having Upastambhit Vata is markedly more. It clearly indicates the greater role of Upastambhit Vata in the pathogenesis of Shool. Theoretically also Vedana of Upastambhit or Sama Vayu are more is number & more severe than that of Nirupastambhit or Niram Vayu.

If we see the relation of type of Vata Dosh with Upasham (Table No.14)

for Gr. A, efficacy of Panchakol Choorna in Upastambhit Vata is 68.15% & that in Nirupatambhit Vata is 44.92%. For Gr. B; efficacy of Panchakol Yavagoo in Upastambhit Vata is 73.6% & that in Nirupastambhit Vata is 25% for Gr.C. efficacy of plain Yavagoo in Upastambhit Vata is 34.62% & that in Nirupastambhit Vata is 00%.

After considering these outcoming values, it can be stated that for all the three groups pts. having Upastambhit Vata, show excellent efficacy & pts having Nirupastambhit Vata in the pathogenesis of Shool show less efficacy. While for- Gr. A & Gr B, proper drug & Upastambhit Vata, Both togetherly show excellent efficacy. As Ushna, Teekshna, Vibandhahara, Deepan & Pachan Properties of Panchakol help to remove the Margavarodha & Ushna & Vatanulomak properties help to do Vatanuloman; hence it is greatly useful in Shool produced by Upastambhit.
Vata while in Panchakol, there are some properties rather respectively less, like Snigdha, Anushna Sheet & Madhur Vipak of Shunthi & Pippali; Panchakol is also useful (upto some extent) in reducing the Shool produced by Nirupastambhit Vata. that is why in Gr. B & Gr. C, pts having Nirupastambhit Vata, Show less efficacy.

Thinking in the drug used for control Gr. C, i.e. plain Yavagoo, as a placebo; though it is placebo, it has some properties like Deepan, Pachan, Vatanuloman, Daurbalyahara, Shramahara etc. Out of those properties, due to Deepan, Pachan, Laghu & Vatanuloman properties it has become useful in Upastambhit Vata (Prominently less than that of Panchakol Yavagoo & Panchakol Choorna). Due to action like Vatanuloman, Daurbalyahara & Shramahara etc, plain Yavagoo should also be useful (upto some extent) in Shool produced by Nirupastambhit Vata. But here there is no result. It may be due to small or inadequate number of pts in this Gr.

G) Type of Shool:
I) Severity of Shool
We have already seen the criteria for the type of Shool according to severity i.e. Teevra Shool, Madhyam Shool & Manda Shool.

If we see the distribution of pts according to the severity of Shool (Table No.15), out of 428 pts. 110 (25.7%) are having Teevra Shool, 261 (60.98%) are of Madhyam Shool & 57 (13.32%) are of Manda Shool. For all the three groups, no of pts having Madhyam Shool is markedly more. It may be because of a tendency of pts having Manda shool to neglect it and misapprehension of pts having Teevra Shool, it can only be cured by modern medicine or rather injection therapy.

If we think on the relation of severity of Shool. with Prakruti (Table No.16) percentage of Teevra Shool is more i.e. 31.82% in Kapha-Vataja Prakruti. Percentage of Madhyam Shool is more i.e. 73.58% in Vata Kaphaj Prakrati & percentage of Manda Shool is more i.e. 26.67% in Kapha Prakruti.
Satya has an important role in the transmission of Shool. But here if we think on the relation of type of Satva with severity of Shool (Table No. 17); the out coming values are not so fruitful to conclude anything.

If we see the relation of severity of Shool with Upasham (Table No. 18) out of 428 pts; total No. of pts having Teevra Shool is 110 (25.70%) & group wise distribution is - for Gr. A. 101 pts. (25.83%) for Gr. B. 6 pts. & for G. C. then are 3 pts & the group wise efficacies are 75.25%, 100% & 33.33% respectively.

Total No. of pts having Madhyan Shool is 261 (60.98%) & group wise distribution is - for Gr A. 238, Gr. B - 13 & Gr. C. 10 while group wise efficacies are 58.61%, 55.87% & 32.5% accordingly.

Total No. of pts having Manda Shool is 57 (13.32%) & group wise distribution is - to Gr. A. 57 Gr. B. 01 & Gr. C. 04. While group wise efficacies are 45.19%, 50% and 6.25% accordingly. Considering above values, it can be stated that, for pts. having Teevra Shool the results are excellent, for Pts. having Madhyan Shool the result are moderate & for pts having Manda Shool, the results are less effective It means response to the treatment increases according to the severity of Shool.

For Gr. B & Gr. C. as the no. of observation is less on inadequate; the outcoming values are not that much authentie. But still there is great difference is between efficacy of Gr. A & Gr. C. as well as Gr. B & Gr.C., in all the three types of severity of shool.

II) **Locality of Shool:** It means whether the Shool is localized on generalized i.e. Ekanga Shool or Sarvanga Shool. **Ekanga Shool** means, Shool related to one part, which can be accurately or grossly pointed out e.g. single joint pain, headache, chest pain, pain in abdomen, traumatic pain etc. while **Sarvanga Shool** means generalized pain i.e. pain all over.
the body i.e. Angemarda. Anga Graha, Angabhanga, muscular pain like PindikoDveshtan, body ache in fever, Pandu, Vatakaphaja Jwar, multiple joint pain, Angasad due to Sama Vayu etc.

If we think on distribution of pts. according for locality of Shool (Table No. 19); out of 428 pts. No.of pts having Ekanga Shool is 345 (80.61%); which is markedly more than that of Sarvanga Shool - 83 (19.39%). In all the three groups, No.of pts having Ekanga Shool it markedly more than that of Sarvanga Shool. It may be due to the number of diseases which produce Ekanga Shool is greater than that of Sarvanga Shool.

If we think on the relation of Upashama with locality of Shool (Table No. 20); In Gr. A. No.of Pts having Ekanga Shool is 324 & that of Sarvanga Shool is 67 & efficacy of Panchakol Choorna is 59.49% and 69.03% accordingly. In Gr. B; No.of Pts having Ekanga Shool is 12 (60%) & that of Sarvanga Shool is 08 (40%) & efficacy of Panchakol Yavagoo is 70.83% & 65.62% respectively. While in Gr. C. No.of pts having Ekanga Shool of 09 (52.94%) & that of Sarvanga Shool that is 8 (47.06%) and efficacy of Plain Yavagoo is 38.89% and 12.5% accordingly. After reviewing the efficacies in all the three groups; the outcomming values are not that much enough to conclude any thing about relation of locality of Shool with Upasham.

III) Onset of Shool:
It means wheth hear the Shool is Ashukari i.e. acute or Chirakari i.e. chronic

If we think on distribution of pts. according the onset of Shool (Table No. 19) out of 428 pts. No.of pts having Chirakari Shool i.e. 246 (57.48%) is markedly more than that of Ashukari Shool i.e. 182 (42.52%). The cause behind that may be the tendency of pts. When shool becomes Chirekari & not responds to any other pathy then most of the such pts tend
towards Ayurvedic treatment.

Considering the group wise distribution it is seen that to pts having **Ashukari Shool** - Gr. A. 166, Gr. B-11 & Gr. C. 05 pts. while for **Chirakari Shool** - Gr. A consists 225 pts, Gr. B - 09 pts & Gr. C. 12 pts.

If we see the relation of onset of **Shool** with efficacy; for **Ashukari Shool** the values of efficacy are for Gr. A. 72.29% for Gr. B. 84.09% & for Gr. C. 65%. For **Chirakari Shool**, these values are for Gr. A. 52.89%, for Gr. B. 50% & for Gr. C. 10.42%. It means in all the three groups pts. having **Ashukari Shool** show good results & those having **Chirakari Shool** show markedly less response. In pts. of B. group, having **Ashukari Sool. Panchokol Yavagoo** shows excellcrit result. While plain **Yavagoo** in pts. from C. group having **Chirakari Shool** shows very poor results.

**IV) Continuity of Shool:**

It means whether the shool is continuous i.e. **Satat Shool** or intermit-tent i.e. **Vichchhinna Shool**. If we think on the distribution of pts according to this type (Table No.19); out of 428 pts., No.of Pts. having **Satat Shool** is 226 (52.80%) is more than that of having **Vichchhinna Shool** is 202 (47.20%) considering the group wise distribution, it is seen that pts. having **Satat Shool** in Gr. a. 203 pts, Gr. B. 12 pts & in Gr. C. 11 pts, while for **Vichchhinna Shool** - in Gr. A. 188 pts, in Gr. B. 08 pts & in Gr. C. 06 pts are ther. It means in all the three groups No.of pts having **Satat Shool** is markedly more.

If we see the relation of continuity of **Shool** with **Upashama** (Table No.20); for **Satat shool** the values of efficacy are - for Gr. A. 64.41%, for Gr. B. 72.92% & for Gr. C. 34.09% For **Vichchhinna Shool** those values of efficacy are; for Gr. A-57.05%, for Gr. B-62.52% & for Gr. C - 12.5%.

It means in all the three groups the pts having **Satat Shool** show good responce & those having **Vichchhinna Shool** show markedly less responce In pts of B gtroup having **Satat Shool, Panchakol Yavagoo** shows excellent results (72.92%) . while in pts of Gr. C - having **Vichchhinna Shool**, plain **Yavagoo** shows very poor repone (12.5%)
H) Type of shoot According to site:

As we have already seen that whole the body (except hairs, tips of the nails etc) is site i.e. Adhishtan of the Vedana or Shoot. For the study purpose of this project, five main sites of Shoot are taken into consideration viz. Udar Shoot, Urah Shoot, Shirah Shoot, Sandhi Shoot & Sarvanga Shoot. Irrespective of disease concerned the Shoot of each & every pts is considered according to those types.

If we think on distribution of pts according to site of Shoot (Table No.21); out of 428 pts 133 (31.07%) are of Udar Shoot, 128 (29.91%) are of Sandhi Shoot, 75 (17.55%) are of Sarvanga Shoot, 48 (11.21%) are of Shirah Shoot & 44 (10.28%) pts are of Urah Shoot. It means No.of pts having Udar Shoot is markedly more. If we see the group wise distribution in all the three groups; No.of Pts having Udar Shoot is markedly more & No of pts having Urah Shoot is markedly less.

While considering the relation of site of Shoot with Upasham (Table No.22); for Gr. A i.e. for Panchakol Choorna we get maximum efficacy i.e. 65.87% in pts having Sarvanga Shoot & some what similar efficacy i.e. 62.08% in pts having Udar Shoot. While it is less effective in pts having Urah Shoot & the efficacy is 54.17% only.

For Gr. B i.e. for Panchakol Yavago we get maximum efficacy i.e. 87.5%) in pts having Uadar Shoot & minimum efficacy i.e. 37.5% in pts having SandhiShoot.

For Gr. C all the values of efficacy are markedly less indicates less effective ness of plain Yavago. But still pts having Udar Shoot show maximum efficacy i.e. 42.86% & pts having Sarvanga Shoot show very poor responce to plain Yavago & the efficacy i.e. 10% only.

From those values it can be stated that Panchakol Choorna & Panchakol Yavago both are highly effective in pts having Udar Shoot & plain Yavago shows poor responce in all the types of Shoot according to Sthan.
I) **Vyishchit Vyadhi:**

Though the aim of this thesis is to study the effect of **Panchakol** on **Shool**, irrespective of concerned **Vyadhi**, there is some relation in between **Vyadhi & Upasham**.

Thinking on the relation of concerned **Vyadhi** with **Upasham** for Gr. A, i.e. for **Panchakol Choorna** (Table No.23); out of 391 pts in all pts (11) of **Pravahika** there is 100% **Upasham** i.e. **Shool Nivrutti**. Out of remaining diseases in **Ajeerna** - 85%, **Sooryavarta** 87.5%, **Jwara** - 82.5%, **Atisar** - 83.33%, **Adhman** 78.57%, **Ama-Vata** 78.12% & in **Chhardi-Visuchika** - **Ardit** - Pashan-gardhabhi - **Stanarog & Sootika** - **Shool** there is 75% efficacy of **Panchakol Choorna**, while in **Apsmar & Vrana Shoth**, the efficacy of **Panchakol Choorna**, is 00%. In diseases like **Bharam, Raja Yakshma, Hrit shool, Danta Shool, Gilayoo shoth Mootrakruchhara, Upadansh & Arsha** the results of **Panchakol Choorna** are quite poor.

Thinking on relation of the concerned **Vyadhi** with **Upasham** for Gr. B., i.e. for **Panchakol Yavagoo** (Table No.24); for diseases like **Ajeerna, Adhman, Pravahika & Kashtartava** we get 100% efficacy i.e. **Lakshana (Shool) Nivrutti**. For diseases like **Jwar, Udar Shool & Pratishyay**, there are excellent result. In **Pandu** there are no results i.e. efficacy is 00%. While in diseases like **Amlapitta & Kroshthuk Shirsh**, athe result of **Panchakol Yavagoo** are very poor.

Thinking on the relation of the concerned **Vyadhi** with **Upasham** for Gr. C, i.e. for **Plain Yavagoo** (Table No.25); the efficacy values, in almost all the diseases are markedly less. Still for the diseases like **Ajeerna & Adhman** - 75% efficacy is rather good; but in the diseases like **Grahani, Udarshool, Pandu, Sam Vayu**, there are no results & efficacy is 00%. While in diseases like **Sandhigata - Vata, Pratishyay, Krimirog** the results of **Plain Yavagoo** are quite poor.
J) **Upasham in each Pt. (Table No.26)**

*Upasham* of each & every Pt. is calculated in this table. As *Shool* is a subjective symptom, to avoid bias & to get maximum accuracy, a method Visual analog scale was adopted. *Shool* was graded according to severity as follows:-
- *Teertha Shool* - 4,
- *Madhyam Shool* - 3,
- *Manda Shool* - 2 &
- *No Shool* - 0. Thus after treatment shifting of this code towards negative side is *Upasham*. By using this formula i.e. S.B.T.Code (Shool Before Treatment) - S.A.T. Code (Shool After Treatment at 7th day) = *Upasham* - grade of each & every pt. was calculated.

Thus *Upasham* grade values - 4-3-2-1-0 represent for
- *Shool Nivrutti* (100% relief in *Shool*),
- *Prabhu Upasham* (75% Relief in *Shool*),
- *Madhyam Upasham* (50% Relief in *Shool*),
- *Alpa Upasham* (25% Relief in *Shool*) and
- *Anoopasham* (00% Relief in *Shool*) accordingly.

In this manner *Upasham* of *Shool* in each & every pts. was evaluated & those values are arranged in tabular form as shown in Table NO.26.

Here one thing should be cleared, *Upasham* of *Shool* does not predict *Upasham* of that *Vyadhi* concerned. Both the things are different. For this research project: *Upasham* of *Shool* on 7th day of the treatment is taken into consideration. But further follow up on 14th day was taken to see any change in *Upasham*.

This 7 days period (i.e.from 7th day to 14th day) was treatment less period & observations on 14th day are as follows -

For Gr.A., i.e. for *Panchakol Choorna*; out of 391 Pts., in 32 Pts. (8.18%) there was *Shool Vruddhi* on 14th day & in 09 Pts. (2.30%) there was further more *Shool Upasham* on 14th day in comparing with *Upasham* at 7th day.

For Gr.B., i.e. for *Panchakol Yavago*; out of 20 Pts., in 02 Pts. (10%) there was *Shool Vruddhi* on 14th day & in 01 Pt. (5%) there was further more *Upasham in Shool*.

For Gr. C., i.e. for *Plain Yavagoo*; out of 17 Pts., in 04 Pts. (23.53%) there was *Shool Vruddhi* on 14th day & in 01 Pt. (5.88%) there was fur-
ther more Upasham in Shool.

K) Group wise Upasham & Efficacy of the drugs used.

For each group the number of observation were arranged according to type of Upasham (Table No.37).

For Gr. A. total No. of Pts. is 391, out of which No. of Pts. having Lakshana Nivrutti (100% relief) is 60, that of Prabhut Upasham is 156, that of Madhyam Upasham is 106, Alpa Upasham - 51 & for Anoopsham is 23.

For Gr. B. total No. of Pts. is 20, out of which in 06 Pts. there is Lakshana Nivrutti, 7 - Prabhut Upasham, 04 - Madhyam Upasham, 2- Alpa Upasham & 1 - Anupasham,

For Gr. C. - total No. of Pts. is 17; out of which not a single Pt. having Lakshan Nivrutti, in 3 Pts - Prabhut Upasham, 2 - Madhyam Upasham.

Mean efficacy of each group was calculated by following method.

\[
\text{Mean efficacy} = \frac{\sum \text{No. of observation in each type of Upasham into Upashama grade in percent}}{\text{total No. of observation of that group}}
\]

e.g. Mean efficacy of Gr. B. \[\frac{(6 \times 100) + (7 \times 75) + (4 \times 50) + (2 \times 25)}{20} = \frac{1375}{20} = 68.75\%\]

Thus mean efficacy for Gr. A. i.e. for Panchakol Choorna is 61.13%, for Gr. B. i.e. for Panchakol Yavagoo is 68.75% & for Gr. C. i.e. for Plain Yavagoo is 26.47%.

It means Panchakol Yavagoo is more effective than Panchakol Choorna. The difference inbetween efficacy of Gr. A & Gr. B. is very small. But the difference in between Gr. A. & Gr. C. aswelas Gr. B. & Gr.C. is markedly large.