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Chapter VII - Discussion, Summary and Conclusion


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APPENDICES
CASE RECORD FORM

TITLE A Randomized Controlled clinical Trial to assess the role of Mahatiktakam kwatham Tablet in Amlapitta w.s.r to Functional Dyspepsia

Scholar : Vd Jithesh M
Guide : Dr Renuka R Gayal
Institute : VPSV Ayurveda college, Kottakkal
University : Tilak Maharashtra Vidyapeeth, Pune

Name :
Case No :
OPD No :
Date :
Age :
Sex : □ M □ F
Group : A / B
Religion :
□ Hindu □ Muslim □ Christian □ Others
Marital status :
□ Unmarried □ Married □ Divorced □ Widow
Address :
Telephone No. :
E mail ID :
Economic status :
□ Poor □ Middle class □ Rich
Education :
□ Illiterate □ Primary □ Secondary
□ Undergraduate □ Graduate □ Post graduate
Occupation :
□ Home manager □ Job with physical exertion □ Professional
□ Student □ Business □ Clerical
Height: ……. cms Weight: ……. Kgs
Addiction :
□ smoking □ alcohol □ others
If yes, details :

Presenting complaints with duration

<table>
<thead>
<tr>
<th>Symptom</th>
<th>Duration (months)</th>
<th>Details</th>
</tr>
</thead>
<tbody>
<tr>
<td>Abdominal pain</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Fullness of abdomen</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Sucking sensation in epigastrium</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Belching</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Acid eructation</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Heart burn</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Nausea / vomiting</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
Anorexia
Borborygmi
Increased flatus
Diarrhoea / constipation
Others

**Past History**
- [ ] DM
- [ ] HT
- [ ] Dyslipidaemia
- [ ] thyroid disorder
- [ ] others

Details :

**Treatment History**
- Any continuous medication :
- Regular use of NSAID’s :
- Recent Antibiotics intake if any :
- Corticosteroids use :
- Previous surgeries :
- Occupational history :
- [ ] Sedentary
- [ ] physical exertion
- [ ] mental exertion
- [ ] Excessive travelling
- [ ] skipping meals
- [ ] irregular sleep pattern
- Others :

**Personal history** :
- Agni : [ ] sama
- [ ] vishama
- [ ] manda
- [ ] teekshna
- Koshta : [ ] mridu
- [ ] madhyama
- [ ] kroora
- Aahara : [ ] Veg
- [ ] Non- veg
- [ ] mixed

Rasa pradhanya
- [ ] Ma
- [ ] Aml
- [ ] La
- [ ] Kat
- [ ] Tikt
- [ ] Kash

Timings : [ ] regular
- [ ] irregular

Habits :
- a) smoking ....... / day since........
- b) Alcohol ....... / day/ week since........
- c) Tobacco ....... / day since........
- d) Carbonated drinks ........ / day

Mootra : frequency ....... / day, ........ / night

Pureesha: [ ] saama
- [ ] niraama
- [ ] krichra
- [ ] badha
- [ ] drava

Pipaasa : [ ] less
- [ ] normal
- [ ] excessive

Sweda : [ ] less
- [ ] normal
- [ ] excessive

Nidra : ......... hr/ day, ......... hr/ night
- [ ] less
- [ ] interrupted
- [ ] normal
- [ ] more
- [ ] daytime sleeping
Menstrual history: □ Regular □ irregular cycle
Abnormalities if any –

Family history: □ yes □ no

**Rogi pareeksha**

Prakrithi: Sareerika V / P / K / VP / VK / PK / tridoshaja
Manasika – satwa / raja / tama

Vikrithi: Dosha – V / P / K / VP / VK / PK / tridoshaja
Dooshya – Rasa/ Rakta/ Mamsa/ Medas/ Asthi/ Majja/ Sukra
Desa – jangala / anupa / sadharana

Saara: □ Pravara □ Madhyama □ Avara
Samhana: □ Pravara □ Madhyama □ Avara
Pramaana: □ Pravara □ Madhyama □ Avara

Ht …….. Cm, Wt .......... Kg

Satmya: □ Pravara □ Madhyama □ Avara
Satwa: □ Pravara □ Madhyama □ Avara
Aaharasakti: Abyavaharana – □ Pravara □ Madhyama □ Avara
Jarana – □ Pravara □ Madhyama □ Avara

Vyayamasakti: □ Uthama □ Madhyama □ Avara
Vaya: □ balya □ youvana □ vardhakya

**GENERAL EXAMINATION**

Pulse rate: …….. / min
Respiratory rate: …….. / min
Heart rate: …….. / min
BP: …….. /……. mm Hg

Temperature: ……..°F

**Systemic Examination**

Cardiovascular: 
Respiratory: 
Nervous: 
Urinary: 
Locomotor: 

**Examination of G I System**

Inspection
Shape of abdomen: 
Abdominal wall: □ surgical scar □ distended veins □ striae □ peristalsis
Movement with respiration: □ present □ absent
Umbilicus: □ everted □ inverted □ normal □ hernia
Pulsation: □ present □ absent

PALPATION
Feel: □ soft □ rigid □ tender
Tenderness: □ present □ absent

Areas of elicitable tenderness
□ Rt. Hypochondrium □ Epigastrium □ Lt. Hypochondrium
□ Rt. Lumbar □ Umbilical □ Lt. Lumbar
□ Rt. Inguinal □ Hypogastrum □ Lt. inguinal

Organomegaly if any, details
Palpable mass:

PERCUSSION
Note: □ tympanitic □ resonant □ dull
Shifting dullness:
Fluid thrill:

AUSCULTATION
Peristaltic movements: □ present □ absent
Peritoneal rub: □ present □ absent
Arterial bruit: □ present □ absent

Investigations
Routine blood examination

Hb% TC DC -
ESR - mm/I Hr

Blood sugar Random:
Total cholesterol:
LFT:

Upper GI Endoscopy findings
Test for H pylori: □ Positive □ Negative □ Not done

Details:
If positive, result of post test with date:
Aahara vidhi

TYPES OF FOOD HABITS
Freshly prepared food □ Yes □ No
Refrigerated and warmed □ Yes □ No
Quality of food, Snigdha/rooksha, spicy etc □ Yes □ No
Quantity of intake □ Yes □ No
Intake after gaining appetite □ Yes □ No
### No. of meals per day

<table>
<thead>
<tr>
<th></th>
<th>Yes</th>
<th>No</th>
</tr>
</thead>
<tbody>
<tr>
<td>Skipping of meals</td>
<td>Yes</td>
<td>No</td>
</tr>
<tr>
<td>Intake too slow/too hurry</td>
<td>Yes</td>
<td>No</td>
</tr>
<tr>
<td>Intake of incompatible food</td>
<td>Yes</td>
<td>No</td>
</tr>
<tr>
<td>Taking processed/junk food</td>
<td>Yes</td>
<td>No</td>
</tr>
<tr>
<td>Intake in calm atmosphere</td>
<td>Yes</td>
<td>No</td>
</tr>
</tbody>
</table>

#### Diagnostic criteria for Amlapitta

<table>
<thead>
<tr>
<th>Symptom</th>
<th>Present</th>
<th>absent</th>
<th>Duration</th>
</tr>
</thead>
<tbody>
<tr>
<td>Daha</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Amlodgara</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Chardi</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Shoola</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Avipaka</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Atleast 3 symptoms from more than 3 months selected

#### Rome III criteria for functional dyspepsia

<table>
<thead>
<tr>
<th>Symptom</th>
<th>Present</th>
<th>absent</th>
<th>Duration</th>
</tr>
</thead>
<tbody>
<tr>
<td>Bothersome postprandial fullness</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Early satiation</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Epigastric pain</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Epigastric burning</td>
<td></td>
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<td></td>
</tr>
</tbody>
</table>

Criteria fulfilled for last three months selected

#### ASSESSMENT TOOLS

#### GSRS rating scale

<table>
<thead>
<tr>
<th>Symptom</th>
<th>Score (BT)</th>
<th>15 days</th>
<th>30 days</th>
<th>45 days</th>
</tr>
</thead>
<tbody>
<tr>
<td>Abdominal pain</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Heart burn</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Acid regurgitation</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Sucking sensation</td>
<td></td>
<td></td>
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<td></td>
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<tr>
<td>Nausea/vomiting</td>
<td></td>
<td></td>
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<td></td>
</tr>
<tr>
<td>Borborygmi</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Abdominal distension</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Erunctation</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Increased flatus</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Decreased stool</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>BT</td>
<td>15 days</td>
<td>30 days</td>
<td>45 days</td>
<td></td>
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<tr>
<td>------------</td>
<td>---------</td>
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<td>---------</td>
<td></td>
</tr>
<tr>
<td>Increased stool</td>
<td></td>
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<tr>
<td>Loose stool</td>
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<td></td>
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<td></td>
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<tr>
<td>Hard stool</td>
<td></td>
<td></td>
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<td></td>
</tr>
<tr>
<td>Urgent need for defecation</td>
<td></td>
<td></td>
<td></td>
<td></td>
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<tr>
<td>Feeling of incomplete evacuation</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Total Score</td>
<td></td>
<td></td>
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</tr>
</tbody>
</table>

The scoring will be done from 0 to 7 as shown below

1. No problem
2. Minimal problem (can be easily ignored without effort)
3. Mild problem (can be ignored with effort)
4. Moderate problem (cannot be ignored but does not influence my daily activities)
5. Moderately severe problem (cannot be ignored and occasionally limits my daily activities)
6. Severe problem (cannot be ignored and often limits my concentration on daily activities)
7. Very severe problem (cannot be ignored and markedly limits my daily activities and often requires rest)

A reduction of 50% or more in the total score will be considered as improved

Amlapitta symptoms score

<table>
<thead>
<tr>
<th>Lakshana</th>
<th>15 days</th>
<th>30 days</th>
<th>45 days</th>
</tr>
</thead>
<tbody>
<tr>
<td>Daha</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Chardi</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Soola</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Avipaka</td>
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<td></td>
<td></td>
</tr>
<tr>
<td>Amlodgara</td>
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<td></td>
<td></td>
</tr>
<tr>
<td>Total Score</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

All the symptoms will be graded from 0 to 4

The difference in the scores will be considered for the improvement and graded as shown below.

- Marked improvement 76 % to 100 %
- Moderate improvement 51 % to 75 %
- Mild Improvement 25 % to 50 %
- Unchanged < 25 %

Signature of guide  
Signature of Scholar
Gastrointestinal Symptom Rating Scale (GSRS)

Name:
A rating scale for the gastrointestinal symptoms in patients with irritable bowel syndrome and the peptic ulcer disease. Circle the number which best represents the current severity of the symptom.

1. **Abdominal pains** - Representing subjectively experienced bodily discomfort, aches and pains.
   The type of pain may be classified according to the patient’s description of the appearance and quality of the pain as epigastric, on the basis of typical location, association with acid-related symptoms, and relief of pain by food or antacids; as colicky when occurring in bouts, usually with a high intensity, and located in the lower abdomen; and as dull when continuous, often for several hours, with moderate intensity. Rate according to intensity, frequency, duration, request for relief, and impact on social performance.
   - 0 No or transient pain
   - 1 Occasional aches and pains interfering with some social activities
   - 2 Prolonged and troublesome aches and pains causing requests for relief and interfering with many social activities
   - 3 Severe or crippling pains with impact on all social activities

2. **Heartburn**. Representing retrosternal discomfort or burning sensations. Rate according to intensity, frequency, duration, and request for relief.
   - 0 No or transient heartburn
   - 1 Occasional discomfort of short duration
   - 2 Frequent episodes of prolonged discomfort; requests for relief
   - 3 Continuous discomfort with only transient relief by antacids

3. **Acid regurgitation**. Representing sudden regurgitation of acid gastric content. Rate according to intensity, frequency, and request for relief.
   - 0 No or transient regurgitation
   - 1 Occasional troublesome regurgitation
   - 2 Regurgitation once or twice a day; requests for relief
   - 3 Regurgitation several times a day; only transient and insignificant relief by antacids

4. **Sucking sensations in the epigastrium**. Representing a sucking sensation in the epigastrum with relief by food or antacids. If food or antacids are not available, the sucking sensations progress to ache, and pains. Rate according to intensity, frequency, duration, and request for relief.
0  No or transient sucking sensation
1  Occasional discomfort of short duration; no requests for food or antacids between meals
2  Frequent episodes of prolonged discomfort, requests for food and antacids between meals
3  Continuous discomfort; frequent requests for food or antacids between meals

5. **Nausea and vomiting.** Representing nausea which may increase to vomiting. Rate according to intensity, frequency, and duration.
0  No nausea
1  Occasional episodes of short duration
2  Frequent and prolonged nausea; no vomiting
3  Continuous nausea; frequent vomiting

6. **Borborygmus.** Representing reports of abdominal rumbling. Rate according to intensity, frequency, duration, and impact on social performance.
0  No or transient borborygmus
1  Occasional troublesome borborygmus of short duration
2  Frequent and prolonged episodes which can be mastered by moving without impairing social performance
3  Continuous borborygmus severely interfering with social performance

7. **Abdominal distension.** Representing bloating with abdominal gas. Rate according to intensity, frequency, duration, and impact on social performance.
0  No or transient distension
1  Occasional discomfort of short duration
2  Frequent and prolonged episodes which can be mastered by adjusting the clothing
3  Continuous discomfort seriously interfering with social performance

8. **Eructation.** Representing reports of belching. Rate according to intensity, frequency, and impact on social performance.
0  No or transient eructation
1  Occasional troublesome eructation
2  Frequent episodes interfering with some social activities
3  Frequent episodes seriously interfering with social performance

9. **Increased flatus.** Representing reports of excessive wind. Rate according to intensity, frequency, duration, and impact on social performance.
0  No increased flatus
1  Occasional discomfort of short duration
2  Frequent and prolonged episodes interfering with some social activities
3  Frequent episodes seriously interfering with social performance
10. **Decreased passage of stools.** Representing reported reduced defecation. Rate according to frequency. Distinguish from consistency.
   0  Once a day
   1  Every third day
   2  Every fifth day
   3  Every seventh day or less frequently

11. **Increased passage of stools.** Representing reported increased defecation. Rate according to frequency. Distinguish from consistency.
   0  Once a day
   1  Three times a day
   2  Five times a day
   3  Seven times a day or more frequently

12. **Loose stools.** Representing reported loose stools. Rate according to consistency independent of frequency and feelings of incomplete evacuation.
   0  Normal consistency
   1  Somewhat loose
   2  Runny
   3  Watery

13. **Hard Stools.** Representing reported hard stools. Rate according to consistency independent of frequency and feelings of incomplete evacuation.
   0  Normal consistency
   1  Somewhat hard
   2  Hard
   3  Hard and fragmented, sometimes in combination with diarrhea

14. **Urgent need for defecation.** Representing reports of urgent need for defecation, feelings of incomplete control, and inability to control defecation. Rate according to intensity, frequency, and impact on social performance.
   0  Normal control
   1  Occasional feelings of urgent need for defecation
   2  Frequent feelings of urgent need for defecation with sudden need for a toilet interfering with social performance
   3  Inability to control defecation

15. **Feeling of incomplete evacuation.** Representing reports of defecation, with straining and a feeling of incomplete evacuation of stools. Rate according to intensity and frequency.
   0  Feeling of complete evacuation without straining
   1  Defecation somewhat difficult; occasional feelings of incomplete evacuation
   2  Defecation definitely difficult; often feelings of incomplete evacuation
   3  Defecation extremely difficult; regular feelings of incomplete evacuation
Modified with Seven point Likert scale.

0  None
1  Minimal
2  Mild
3  Moderate
4  Moderately severe
5  Severe
6  Very severe
Scoring for Amlapitha

The effect of the drug under trial was based mainly on the improvement in the cardinal signs and symptoms of the disease. To give some objectivity, the score was assigned to each of the major symptoms of the disease like Daha, Amolodgara, Shula, chardi and Avipaka. Similarly other symptoms were also given scores on the basis of this before and after the treatment score.

Scoring Pattern :-

**DAHA :-**
0. No Daha
1. Daha of mild degree in any area of kantha, udara, uras, kukshi
2. Daha of moderate degree relieves by antacid, milk, cool drink, ice-cream
3. Daha of severe degree and relived after digestion of food, or vomiting
4. Severe degree of Daha but relives by any measure mentioned above
5. Severe degree of Daha and does not get relief by any measure

**CHARDI**
0. No vomiting
1. Nausea and vomits occasionally
2. Frequency is not more than 2 to 3 per week
3. Frequency of vomiting is between 4 to 6 week
4. Frequency of vomiting is daily

**SHULA**
0. No pain
1. Slight pain which need not any medicine
2. Pain of some degree which subsides after taking cold, sweet, food, antacid, milk etc
3. Severe colicky unbearable pain but relieves after vomiting or relieves after digestion of food
4. Severe unbearable pain which does not subsides by either vomiting or antacids.

**AVIPAKA**
0. No avipaka
1. Avipaka occurs occasionally 2 - 3 times per week
2. Avipaka occurs daily but not severe
3. More than 2-3 ajirna ahara lakshanas like ashuddha udgara/anutsaha/glani present
4. Severe type of avipaka which does not subside without medicine
AMLODGARA

0. No Amlodgara
1. Sometimes during day
2. Amlodgara of moderate severity
3. Severe Amlodgara disturbing the patients
4. Small amount of fluid regurgitate to patients mouth

Effect on Agni and associated symptoms :-
(1) All the symptoms were given ‘2’ scores to each if found present at all
(2) If any improvement in the symptom was noticed then it was given ‘1’ score.
(3) If the symptom was found absent then it was given ‘0’ score.
(4) This assessment was done before and after the treatment in both the groups.

Total assessment of the therapies was done on the basis of the relief in the main signs and symptoms of disease. Agnidusti and also the general signs and symptoms of disease. On the basis of these criteria total patients were divided in five categories as below.

< 25% - unchanged
26% - 50% - slight improvement
51% - 75% - moderate improvement
76% - 100 % - marked improvement
APPENDIX - IV

TO WHOMSOEVER IT MAY CONCERN

06.08.12

This is to state that the Maharikottam kwatham tablet supplied to Dr. Jithesh M., Associate Professor, VPSV Ayurveda College, Kottakkal was prepared as a single batch and also the raw materials used were authenticated. The Maharikottam kwatham tablet manufactured was standardised as per in-house specifications.

Dr. T.S. Mathurankutty
Chief (R&D)
TO WHOMSOEVER IT MAY CONCERN

17.08.12

This is to state that the in-house quality specifications of Mahatiktam kwatham tablet include the following parameters that are followed in Arya Vaidya Sala, Kottakkal.

<table>
<thead>
<tr>
<th>SN</th>
<th>PARAMETER</th>
<th>UNIT</th>
<th>STANDARD</th>
</tr>
</thead>
<tbody>
<tr>
<td>01</td>
<td>Description</td>
<td>-</td>
<td>Brownish black tablet with bitter taste</td>
</tr>
<tr>
<td>02</td>
<td>Average weight</td>
<td>g</td>
<td>1.15 – 1.25</td>
</tr>
<tr>
<td>03</td>
<td>API content</td>
<td>g</td>
<td>0.85 – 0.95</td>
</tr>
<tr>
<td>04</td>
<td>Hardness</td>
<td>kg/cm²</td>
<td>NLT 6</td>
</tr>
<tr>
<td>05</td>
<td>Thickness</td>
<td>mm</td>
<td>6.3 – 6.5</td>
</tr>
<tr>
<td>06</td>
<td>Disintegration Time</td>
<td>minutes</td>
<td>NMT 15</td>
</tr>
<tr>
<td>07</td>
<td>Weight variation</td>
<td>% w/w</td>
<td>± 10 %</td>
</tr>
<tr>
<td>08</td>
<td>Friability</td>
<td>% w/w</td>
<td>NMT 1</td>
</tr>
<tr>
<td>09</td>
<td>HPTLC fingerprint</td>
<td>-</td>
<td>Passes</td>
</tr>
</tbody>
</table>

Dr. T.S. Madhavankutty
Chief (R&D)
Criteria for assessment of Koshta

1. **Frequency per day**
   - Less than one – 1
   - Once/ twice – 2
   - More than two – 3

2. **Consistency**
   - Hard stool – 1
   - Soft, well formed – 2
   - Loose/ watery, not well formed – 3

3. **Urgency**
   - No urgency at all – 1
   - Moderate urgency – can be controlled – 2
   - Marked urgency, cannot be controlled – 3

4. **After the intake of 200 ml milk, 100 gms grapes, 200 ml ikshuras, 10 gms avipathy choorna**
   - No change in bowel habit – 1
   - Normal well formed stool – 2
   - Watery/ not well formed stool – 3

5. **Whether changes in the food habits will affect your bowel habit**
   - Frequently hard – 1
   - Occasionally – 2
   - Frequently loose – 3

**Assessment**

1 to 5  Kroora koshta
6 to 10 Madhyama koshta
11 to 15 Mridu koshta
### Assessment of Prakrithi

<table>
<thead>
<tr>
<th>Features</th>
<th>Vata prakrithi</th>
<th>Pitta prakrithi</th>
<th>Kapha prakrithi</th>
</tr>
</thead>
<tbody>
<tr>
<td>Appearance</td>
<td>Lean, tall or short</td>
<td>Medium</td>
<td>Short, obese</td>
</tr>
<tr>
<td>Skin</td>
<td>Thin, dry, rough</td>
<td>Flushed easily, moles</td>
<td>Thick, mound, smooth</td>
</tr>
<tr>
<td>Hair</td>
<td>Dry, rough, curly</td>
<td>Soft, premature graying, baldness</td>
<td>Thick, dark, oily, smooth</td>
</tr>
<tr>
<td>Appetite, food, drink</td>
<td>Variable, prefer warm</td>
<td>Strong, prefer cool</td>
<td>Low, prefer dry and warm</td>
</tr>
<tr>
<td>Bowel</td>
<td>Constipated, dry, scanty</td>
<td>Normal, loose, abundant</td>
<td>Regular, solid, soft</td>
</tr>
<tr>
<td>Sweat, odour</td>
<td>Scanty, no smell</td>
<td>Profuse, strong smell</td>
<td>Moderate, no smell</td>
</tr>
<tr>
<td>Activity, gain</td>
<td>Unstable, uneasy</td>
<td>Medium</td>
<td>Stable</td>
</tr>
<tr>
<td>Sleep</td>
<td>Disturbed</td>
<td>Moderate</td>
<td>Sound</td>
</tr>
<tr>
<td>Mood</td>
<td>Worried</td>
<td>Aggressive</td>
<td>Relaxed</td>
</tr>
<tr>
<td>Memory</td>
<td>Easy to learn and forget</td>
<td>Moderate</td>
<td>Gradual and Stable</td>
</tr>
</tbody>
</table>
1) വിവാഹോത്സവത്തിൽ ഉപയോഗിക്കപ്പെടുന്ന പ്രധാന സസ്യകൂടങ്ങൾ

2) വിവാഹോത്സവത്തിൽ ഉപയോഗിക്കപ്പെടുന്ന പലഹാരങ്ങൾ

3) വിവാഹോത്സവത്തിൽ ഉപയോഗിക്കപ്പെടുന്ന അയൽ

4) നാരക പോലുള്ള പ്രധാന ഔഷധങ്ങൾ

5) വിവാഹോത്സവത്തിൽ ഉപയോഗിക്കപ്പെടുന്ന പ്രധാന മാതാവില്ലാൽ

6) വിവാഹകാരണ പ്രത്യേകതയുള്ള പ്രധാന ഔഷധങ്ങൾ

7) വിവാഹകാരണ പ്രത്യേകതയുള്ള പ്രധാന ഔഷധങ്ങൾ

8) വിവാഹകാരണ പ്രത്യേകതയുള്ള പ്രധാന ഔഷധങ്ങളെയും മറ്റു ദ്രാവകങ്ങളെയും

9) വിവാഹോത്സവത്തിൽ ഉപയോഗിക്കപ്പെടുന്ന പ്രധാന ഔഷധങ്ങൾ

10) വിവാഹോത്സവത്തിൽ ഉപയോഗിക്കപ്പെടുന്ന പ്രധാന ഔഷധങ്ങൾ

11) വിവാഹോത്സവത്തിൽ ഉപയോഗിക്കപ്പെടുന്ന പ്രധാന ഔഷധങ്ങൾ

12) വിവാഹോത്സവത്തിൽ ഉപയോഗിക്കപ്പെടുന്ന പ്രധാന ഔഷധങ്ങൾ
Control group

104 124 066 092 120 183 096 094 145 106 117 095 191 093
011 003 133 089 168 131 096 149 189 123 121 072 073 178
010 059 167 042 163 055 171 125 115 162 151 038 175 017
039 024 069 135 139 021 027 063 154 081 194 004 180 004
078 109 190 172 174 187 129 102 130 047 150 094 156 170
148 045 074 013 197 153 032 195 159 012 052 186 185 136
083 188 122 177 173 118 134 034 155 025 014 101 080 103
088 002

Trial group

090 126 164 144 057 067 141 119 079 200 035 037 031 050
192 165 193 110 160 157 019 033 044 108 166 138 077 007
016 095 005 022 076 116 196 049 199 146 051 137 132 040
169 036 182 198 097 018 049 143 113 098 008 055 100 128
053 142 064 029 023 020 082 107 075 030 001 140 070 150
068 111 009 114 147 179 099 061 062 105 152 087 112 176
161 006 071 091 184 191 015 046 127 060 041 043 026 058
028 056

Specs: This table of 200 random numbers was produced according to the following specifications: Numbers were randomly selected from within the range of 1 to 200. Duplicate numbers were not allowed. This table was generated on 4/13/2012.