Appendix
PATIENTS CONSENT FORM
for
Ph.D. (Ayurveda) Research Work
Topic: “Study of Lagerstroemia speciosa (L.) Pers as a Hypoglycemic Agent”

Case No. ________

Name of the patient: __________________________

Name of the Research Scholar: Dr. Bishnu Choudhury, MD (Ayurveda)

Name of the Supervisor: Dr. B.P. Sarma, Professor & HOD; Dept. of Kayachikitsa, Govt. Ayurvedic College, Guwahati, Assam.

I, Mr. /Mrs. ____________________________ Aged _________ years have been informed adequately about the study i.e. “Study of Lagerstroemia speciosa (L.) Pers as a Hypoglycemic Agent”. I have understood the information sheet for the above study i.e. purpose of clinical study, nature of trial and follow-up including laboratory investigations.

I have also give opportunity to ask question to Dr. Bishnu Choudhury on all aspects of the study and assured to complete the study, but I am also aware of my right to withdraw at any time during course of study without any reason.

I have been informed to my satisfaction about the trial and agreed to take part in the clinical trial for a period of three months.

Name of the patient: ____________________________ Signature: ____________________________

Date: ____________________________

I confirm that I have explained the nature, purpose and possible hazard of the above mentioned study to Mr. /Mrs. ____________________________

________________________________________

Date: ____________________________ Signature of the Research Scholar

Study of Lagerstroemia speciosa (L) Pers as a Hypoglycemic Agent
CASE RECORD PROFORMA

Ph.D. (AYURVEDA) THESIS PROFORMA

Topic: "Study of Lagerstroemia speciosa (L.) Pers as a Hypoglycemic Agent"

Investigator: Dr. Bishnu Choudhury, Ph. D. Scholar.
Supervisor: Dr. B.P. Sarma, Professor & HOD; Dept. of Kayachikitsa, Govt. Ayurvedic College, Guwahati, Assam.

<table>
<thead>
<tr>
<th>Case No.</th>
<th>Hospital Registration No.</th>
<th>Date:</th>
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<tbody>
<tr>
<td>Name of the Patient:</td>
<td>Age:</td>
<td>Sex:</td>
</tr>
<tr>
<td>Permanent Address:</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Son/Daughter of -</td>
<td></td>
<td></td>
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<tr>
<td>Village/Town:</td>
<td>P.O.</td>
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<tr>
<td>District:</td>
<td>State:</td>
<td>Ph. No.</td>
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♦ Socio-economic Status: Income: Higher /Middle/Lower
Rural/Urban:
Occupation:
Education:
Marital Status: Married/Unmarried.

♦ Chief Complaints:

♦ History of Present Illness:

♦ History of Past Illness:

♦ Treatment History:

<table>
<thead>
<tr>
<th>Name of the Medicine</th>
<th>Dose</th>
<th>Duration</th>
<th>Contd/Discontd</th>
<th>Reason for Discontd</th>
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Chapter 11

♦ Family History of DM: Yes/No
If yes relation: Age:
Alive/Death:
Other Diseases:
Obesity/HTN/Hyperlipidemia:............................

♦ Disease Status: Known/Unknown
Duration:
Age of onset:
Types: Type 1/Type 2

♦ Personal History:
Appetite: Normal/Poor/Moderate/Increased
Diet: Veg./Non-veg.
Sleep: Normal/Reduced/Increased
Micturition: Normal/Reduced/Increased
Activities: Exercise/Sedentary
Bowel Habit: Normal/constipated/Less stool.
Addiction: Alcohol/Cigarette/Tobacco/Bhang/Betel nut/Nil
Life Style:

♦ General Examination:
B.P., Pulse:
Height: Weight: BMI:
Pallor/Icterus/Cyanosis/Clubbing/Odema/JVP/Skin/Lymph node

♦ DasavidhPariksha:
Prakriti:
Vikriti:
Sara:
Samhanana:
Pramana:
Satmaya:
Satva:
Aharasakti:
Vyamsakiti:
Vaya:

♦ Systemic Examination:
a) CVS:
b) Respiratory system:
c) G.I.T:
d) C.N.S:
e) U.G.T:

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Chapter 11  Appendix

♦ Associated Complication:
Koch's/Arthritis/UTI/Fungal Disease/ Gangrene/ Septicemia/ Hypoglycemia / Stroke /Cardiomyopathy /Keto-acidosis/ Coma/ Cataract/ Neuropathy/ Retinopathy/ loss of libido/ HTN/......

♦ Drugs dosage and duration:
❖ Trial drugs powder 6 gm. twice daily ½ hour before lunch and dinner with 200 ml Luke worm water

♦ Parameter of Assessment/Follow up:
1. Blood Sugar

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<tr>
<th></th>
<th>BT</th>
<th>FU1</th>
<th>FU2</th>
<th>FU3</th>
</tr>
</thead>
<tbody>
<tr>
<td>Fasting</td>
<td></td>
<td></td>
<td></td>
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<tr>
<td>PP</td>
<td></td>
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2. Glycosylated Hemoglobin (HbA1C)

<table>
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<tr>
<th>Before Treatment (BT)</th>
<th>After Treatment (AT)</th>
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3. Weight, BMI

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<tr>
<th></th>
<th>B.T.</th>
<th>FU1</th>
<th>FU2</th>
<th>FU3</th>
</tr>
</thead>
<tbody>
<tr>
<td>Weight</td>
<td></td>
<td></td>
<td></td>
<td></td>
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<tr>
<td>BMI</td>
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♦ Diagnosis:

♦ Treatment (Including Diabetic Diet):

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<th>Date:</th>
<th>Follow up</th>
<th>Treatment/ Medication</th>
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Signature of Supervisor       Signature of Investigator

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To

Dr. Bishnu Choudhury,
BAMS, MD Ayurveda (Medicine).

Sub :- Study proposal submitted to Institutional Ethics Committee of Gauhati Medical College & Hospital, Guwahati.

Sir,

This is for your information that the Institutional Ethics Committee of Gauhati Medical College & Hospital in this meeting held on 3rd July, 2010 at 11-30 AM in the office Chamber of the Principal-Cum-Chairperson of Institutional Ethics Committee, Gauhati Medical College & Hospital has approved your study proposal as follows:

STUDY OF LAGERSTROEMIA SPECIOSA (L.) PERS AS A HYPOGLYCEMIC AGENT

(Dr. D. Bhagawati)
Prof. of Psychiatry &
Member Secretary
Institutional Ethics Committee
Gauhati Medical College & Hospital
Guwahati-32

(Dr. M. M. Deka)
Principal Cum Chairperson
Institutional Ethics Committee
Gauhati Medical College & Hospital
Guwahati-32