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BHARATI VIDYAPEETH DEEMED UNIVERSITY

COLLEGE OF AYURVED

Pune-Satara Road, Pune – 411 043

Research Proforma

Swasthavritta Department

Title: Study Of Nidra As Adharniya Vega & Its Management With Bhramari Pranayam

Scholar: Dr Shinde Kirtimalini E
Vijay V.

Guide: Prof. Dr. Bhalsing

Patient Name:

Address:

Ph:

Age: Years

Sex: Male / Female

Group:

Religion: H/M/C/J/O

O.P.D. / I.P.D. NO:

Education: UE/ P /S /HS /G /PG

Occupation: Hw/Srv/B/Lab/Ag/St/Other

Marital status: Um/M / W / D

Socio-eco status: P/Lm/ M / Um

Habitat: Urban/Rural

Diagnosis:

Result:

No. Chief Symptoms	Duration	BT	At
1 Sleeplessness: Difficulty in falling sleep/maintaining sleep/ Non restorative sleep			
2 Distress: Impairment in social, occupational or other areas of functioning			
3 Disorder of sleep wake schedule: Transient jet leg syndrome/ work shift change Present: Frequently changing S.W. schedule/Advance/ Delayed sleep phase syndrome/ Non 24 hrs. S.W. syn/ irregular, S.W. pattern			
4 Sleep walking/ Sleep terrors			

Associated Symptoms			
1.Sleep anxiety attack /sleep related epileptic seizures /sleep related bruxism / head banging/painful erections /sleep related –asthma /c.v.sym /gastro esophageal reflux			
2 .Other psychiatric/neurological disorder			
3 .Other medical disorder			
4 .Not otherwise specified			

H/O. Present Illness:

H/O. Past Illness:

Physical Stress:

Psychic Stress: Previous social / economic / personal events

FAMILY HISTORY:

Number of Members:

Positive & Negative relationships:

H/O. Physical / Psychological disturbances in family:

H/O. Alcohol / Drug abuse in family:

Family attitude & insight into Pt’s illness:

PERSONAL HISTORY:

Agni : S/ V/ M/ T

Koshtha : Mr./ Madh. /Kr.

Diet :

- Dravyatahara : Veg/ Mixed
- Food habitat : Satvika / Rajasika / Tamasika
- Dominant Rasa : M/ A/ L/ K/ T/ Ks.
- Dietetic Habits : Sam/ Vis/ Adh/ Ana
- Quantity : Alpa/ Madhyama/ Adhika
- Appetite : Poor/ Moderate/ Good
- Addiction : Tobbaco chewing/ Smoking/ Sniffing/ Sleeping pills/ Tea/
- Coffee/ Alcohol/ Cold drinks/ Betal/ Drugs Since.....

Sleep : Sound / Disturbed

- Difficulty in falling asleep/ Unsatisfying sleep/ Fatigue on waking
- Day.....hrs. / Night.....hrs.
- Dreams : Occasional / regular

Bowel : Regular /irregular

Constipation/ loose motiontimes / day

Micturation : Normal/ Polyuria / Dysuria/ Oligouria

Frequency:.....day /night

Menstrual History: Regular/ irregular

Menarche :yrs.

P.M.H. :/day associated complaints.

Quantity : S/ M/ H

Menopause :yrs.

Obstetric History : No. of deliveries

Type: Normal/ L.S.C.S./ Forceps/ Miscarriage/ Premature/Any other

Marital Life : Duration

Any other problem

Occupational History: Working hrs...../daynight

Exercise : Regular /irregular /no /less /excess time.....hrs./day

Vital Data : Temp.....F Pulse / min

Respi. /min B.P. mmHg

SCORING ADOPTED FOR INSOMNIA

Chief Symptoms

Sr.No	SYMPTOMS	RANG E	B	A T
1.	Sleeplessness	0-6		
2.	Disorders Of Sleep Wake (S W) Schedule	0-5		
3.	Sleep Quality	0-3		
4.	Sleep Time	0-6		
5.	After Awakening	0-6		
6.	Akshigaurav / Shirogaurav / Alasya / Jrimbha /Shirodaha / Netradaha / An- gamarda / Glani /Bhrama / Ajirna /	0-3		

	Kshudhaman- dya/Vibandha/Shirahshoola / Keshapa- tan / Krodha / Bhya / Shoka / Dainyata / Udvega / Vishad / Smrithihrasa			
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GRADATION OF MANASA PARIKSHA BHAVAS

Sr.No	SYMPTOMS	RANGE	BT	AT
1.	Manasa – Arthesu Avyabhicharanena (Deviation)	0-3		
2.	Vijnanam – Vyavasayena(Performance)	0-3		
3.	Harsha – Amodena(Cheerfulness)	0-3		
4.	Priti – Tosena(Happiness)	0-3		
5.	Dhairyam-Avishadena(Fearfulness)	0-3		
6.	Viryam – Utthanena(working capacity)	0-3		
7.	Avasthan – Avibhramena(Confidence in percep- tion)	0-3		
8.	Shraddha – Abhiprayena(Attitude and interest)	0-3		
9.	Medha – Grahanena(grasp or understand)	0-3		
10.	Samjna – Naagrahanenan(Attentive)	0-3		
11.	Smriti – Smaranena(Recall and remember)	0-3		
12.	Hriya – Apatarpanena(Shyness)	0-3		
13.	Shila – Anushilanena(Conduct)	0-3		
14.	Dhriti – Alaulyena(controlling will power)	0-3		
15.	Vashyata – Videyataya(obidence and control)	0-3		
16.	Rajah–Sangena	0-3		
17.	Moha – Avijnanena	0-3		
18.	Krodha – Abhidrohena	0-3		
19.	Shoka Dainyena	0-3		

20.	Bhayam – Vishadena	0-3		
21	Dvesha – Pratishedhena	0-3		
22	Upadhi – Anubandhanena	0-3		

BRIEF PSYCHIATRY RATING SCALE

Sr.No	ITEM	BT	AT	Sr.No	ITEM	BT	AT
1.	Somatic concern			9	Hostility		
2.	Anxiety			10	Hallucinatory behavior		
3.	Emotional withdrawal			11	Motor retardation		
4.	Conceptual disorganization			12	Uncooperativeness		
5.	Tension			13	Unusual thought content		
6.	Manneurism and posturing			14	Blunted effect		
7.	Suspiciousness			15	Excitement		
8.	Grandiosity						

Scholar's signature

signature

Guide's

INFORMED CONSENT FORM

1	I confirm that I have read and understood the Participant Information Sheet datedfor the above study and have had the opportunity to ask questions and am satisfied with the responses received.
2	I understand that my participation in the study is voluntary and that I am free to withdraw at any time from the study without giving any reason and without affecting my medical care or legal rights.
3	I understand that the researcher /others working on behalf of the researcher, the Ethics Committee and the regulatory authorities will not need my permission to look at my records, both in respect of the current study and any further research that may be conducted in relation to it. Even if I withdraw from the study, I agree to this access. However I understand that my identity will not be revealed in any information related to third parties or publications.
4	I agree not to restrict the use of any data or results that arise from this study provided such a use is only for scientific purpose(s).

5	I consent voluntarily to participate as a participant in the above research study.	
Name of participant:		Signature of participant:
Signature of Candidate :		Signature of the Guide:
Witness:	Date:	

सं म ती प त्र

मी खाली सही करणार

श्री / सौ .

.....

..... वय.....वर्षे

लिहून देतो / देते की डॉ किर्तिमालिनी शिंदे यांच्या अनुसंधान प्रबंधामध्ये सहभागा स माझी पुर्ण तयारी आहे . मी या संशोधन प्रकल्पामध्ये स्वतःहून सहभागी होत असुन माझी तपासणी आणि उपचार करण्यास परवानगी देत आहे .

प्रकल्पामध्ये होणा-या परिणामांची मला डॉक्टरांनी पूर्ण कल्पना दिली आहे आणि त्यासाठी माझी तयारी आहे . मी कोणत्याही आमिषाला किंवा दडपणाला बळी न पडता मला संशोधन प्रकल्पात सामिल करून घेण्यास परवानगी देत आहे .

दिनांक :

सही /

अंगठा

साक्षीदारः