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A RANDOMIZED OPEN LABELLED CONTROL CLINICAL STUDY TO EVALUATE THE EFFICACY OF *MADHUKADI TAIL KARNAPOORNA* AND *APAMARGKSHAR TAIL KARNAPOORNA* ALONG WITH *GOGHRITA* ORALLY IN THE MANAGEMENT OF *KARNANADA* (TINNITUS)

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ABSTRACT

Micronutrient deficiency remains a major global health challenge, with a significant proportion of the population lacking essential nutrients such as iron, zinc, vitamin D, and vitamin B12, despite widespread use of fortified foods and synthetic supplements. Organically derived nutrients are often considered superior to inorganic mineral salts and synthetic compounds owing to their greater physiological compatibility and enhanced absorption by the body. In contrast, conventional supplementation with inorganic mineral salts and synthetic vitamins is frequently limited by poor bioavailability, resulting from gastrointestinal barriers, pH imbalance, and interactions with dietary fibres. In this context, *Rasousadhi* (herbo‑ mineral formulations) described in *Ayurveda* offer an alternative, characterized by enhanced bioavailability and tissue‑ specific action. Classical pharmaceutical processes such as *Shodhana* and *Marana* convert metals and minerals into nano‑ particals I.e *Bhasma* form, which may bypass conventional absorption limitations and target specific *Dhatu* (tissues). The use of media such as *Triphala, Maricha, Ksheera, Nimbu Swarasa* and *Amalaki Swarasa* during processing further enhances bioavailability by imparting chelating, potentiating, and organotropic properties. This review explores micronutrient physiology through the lens of *Dhatu Siddhanta* and discusses how *Rasousadhi* may serve as a rational, integrative approach to correcting micronutrient deficiencies at the tissue level. As micronutrient deficiency is a modern nutritional construct not explicitly described in Ayurveda, the present work is an attempt to establish a conceptual bridge between contemporary nutrition science and *Ayurvedic* fundamentals. Further pharmacological, experimental, and clinical investigations are required to substantiate these correlations and evaluate their therapeutic applicability.

KEYWORDS: Micronutrient Supplements, Bioavailability, *Dhatvagni, Rasousadhi.*

INTRODUCTION

यदा तु नाडीषु विमार्गमागतः स एव शब्दाभिवहासु तिष्ठति।

श्रणोति शब्दान् विविधासतदा नरः प्रणादमेनं कथयन्ति चामयम् ॥७॥(सुश्रुत उत्तर तंत्र 20/7)

Sense organs are the specializes organs composed of sensory neurons, which help us to perceive and respond to our surroundings. There are five sense *Pancha gyanendriya*, caring for our sense organs can improve health and disease of *Pancha gyanendriya* should be managed with care. Among quality of eight specialties of ayurveda, *Shalakya Tantra* deals with all the diseases and management of supra clavicular region diseases. According to *Acharya Sushruta* there are 28 types of *Karanrogas* and according the *Acharya Vagbhatta* there are 25 types of *Karna Rogas*. *Karnanada* (Tinnitus) is a type of *Karna Rog* which is described by both acharyas.

The term *Karnanada* is derived from two words *karna* + *nada*, *karna* means ear or organ of hearing and *nada* means sound or ringing in the ear.

Karnanada or tinnitus is an ear disorder in which there is unwelcomed sensation of ringing in the ears like hissing, roaring, whistling, clicking and chirping. It also can be explained as sounds like *Bheri* (cuttle drum sound), *Mridunga* (roaring) and *Sankha* (ringing) sensation in the ears. Most of the tinnitus are idiopathic where no cause can be find out. It is widely accepted that generation of tinnitus is central in origin that is from the hair cells of cochlea to cerebral cortex.

According to *Acharya Sushruta* in *Karnanada* mainly *dosha* is *Vata*. When *vata* aggravated and go to *sabdavahanadi* in ear the *vata* produced different types of sounds called *Karnanada*. (सुश्रुत उत्तर तंत्र 20/7) According to *Acharya Madhava Shrotrendriya* is the invisible part which is covered externally by auricle[6] *Shrotrendriya* has the predominance of *Aakasha* and *Vayu Mahabhoota* and vitiation of *Vata Dosha* leads to the condition like *Karnanada.* The major cause for *Karnanada* as mentioned in ayurvedic text is *Partisthay, pravat sevan, ajirn, shit snan, shital jal pravesh, karna arsh*, throat infection and other ear disorders, kidney diseases, heart diseases, high BP, anemia, use of some drugs can cause *Karnanada*. *Acharya Vaghbhatta* mentioned that if we do not treat *Karnanada* then it can cause *Badhirya*.

RESEARCH GAP ANALYSIS

Following limitations were found in previous studies

- Single arm studies with small sample size and limited time period for study.
- Limited no. of cases and un.
- clear diagnosis.
- Many studies on tinnitus but very few got good relief in symptoms.

AIM

- To evaluate the efficacy of *Madhukadi Tail Karnapoorna* and *Apamargkshar Tail Karnapoorna* along with *Goghrita* orally in the management of *Karnanada* (Tinnitus).

OBJECTIVES

- **Primary objective:** To Compare the efficacy of *Madhukadi Tail Karnapoorna* and *Apamargkshar Tail Karnapoorna* along with *Goghrita* orally in the management of *Karnanada* (Tinnitus).
- **Secondary objective:** Detailed study of disease in ancient literature and correlate it with modern science.

RESEARCH QUESTION

Is *Madhukadi Tail Karnapoorna* and *Apamargkshar Tail Karnapoorna* along with *Goghrita* orally effective in *Karnanada* (Tinnitus)?

Research Hypothesis

- **Null Hypothesis –** There is no difference in the efficacy of *Madhukadi Tail Karnapoorna* and *Apamargkshar Tail Karnapoorna* along with *Goghrita* orally in the management of *Karnanada* (Tinnitus).
- **Hypothesis (H1)-** There is significant difference in efficacy of *Madhukadi Tail Karnapoorna* in comparison to *Apamargkshar Tail Karnapoorna* along with *Goghrita* orally in the management of *Karnanada* (Tinnitus).

REVIEW OF LITERATURE

- ***Sushruta Samhita Uttaratantra:*** Explanation and treatment of *Karnanada* are mentioned in chapter 20/7 and 21/5 respectively.
- ***Charka Samhita:*** Management of *Karnanada* is found in ch.su. 5/84 and also described under ch.chi.26/221, ch.chi.26/221 and 26/226-230.
- ***Asthang Hridyam Uttarsthana:*** Explanation and treatment of *Karnanada* are mentioned in chapter 17/9 and 18/22 respectively.
- ***Asthang Samgraha Uttarsthana***: Explanation and treatment of *Karnanada* are mentioned in chapter 21/7 and 22/12 respectively.
- ***Sarangdhara Samhita Uttarakhand:*** Treatment of *Karnanada* is mentioned in chapter 11/142-145.
- ***Bhaishajya Ratnavali:*** Explanation and treatment of *Karnanada* are mentioned in chapter 62/14 and 62/24-40 respectively.
- ***Yogaratnakara:*** Explanation and treatment of *Karnanada* are mentioned in chapter *Karnarog* adhikar adhyaya under shloka no. 6 and shloka no.5,14,15 respectively.
- ***Chakradatta:(Dr.Inderdev Tripathi): Treatment of Karnanada is mentioned in chapter 57/ 24-30***
- ***Gada Nigraha Tritiya khanda:*** Explanation and treatment of *Karnanada* are mentioned in chapter 2/40 and 2/43-50 respectively.

CURRENT STATUS OF RESEARCH

- 2005: Seetha Lakshmi B S - A Clinical Study on *Karnapoorana* and Its Role in The Management of *Karanada*
- 2009: Dr.SHANKAR MAHADEV P- The Clinical management of *Karnanada* (Tinnitus Aura) With *Bilwadi Taila Karnapoorana* and *Ashwagandhadi Ghrita* as Rasayana.
- 2010: Dr.APEKSHA D RAO- A comparative study of *Karnapoorana* with *Nasya Karma* using *Bala Taila* in the management of *Karnanada.*
- 2012: Dr. HIRAL R BRAHMBHATT- Role of Bilwa Taila Karnapoorana with and Without *Ashwagandhadya Ghrita* in the managment of *Karnanada* and *Karnashweda* w.s.r to Tinnitus.
- 2013: Dr.Pankaj Verma- A Clinical Study Of *Prativishadi Taila Karnapoorana* And *Ashwagandhdya Ghrita Pana* In The Management Of *Karnanada* w.s.r to Tinnitus.

- 2013: Dr.Bibi Ameena Yallapur – A Comparative Study On *Ativishadi Taila Karnapoorana* and *PanchmulibalaKshira* Orally In The Management of *Karnanada*
- 2018: Dr.KUMARI ARCHANA- Role of *Dashmoola Taila Karnapoorana* with and without *Ashwagandhadya Ghrita* in management of *Karnanada* w.s.r. to tinnitus.
- 2020: Dr.Bhoomi Mehta - Effect of *Dashmoola Taila Nasya* and *Karnapoorana* with *Ashwagandhadya Ghrita* in managment of *Karnanada* w.s.r. to tinnitus.
- 2020: Dr.Roshan Shivappa Iregaonkar - Single arm open label clinical study to access the efficacy of *Gudadi nasya* in the managment of *Karnanada.*
- 2021: Dr.Shifali Sahu -"Open label conrolled clinical study to evaluate the efficacy of *Guduchibala Taila Karnapoorana* with *Ashwagandhadya Ghrita* orally in the managment of *Karnanada*(Tinnitus)"
- 2021: Dr.Gunjan Sharma - Effect of *Nirgundayadi Taila Karnapoorana* And *Sarivadi Vati* in *Karnanada*(Tinnitus).
- 2022: Dr. Deepak Gupta -A single arm clinical study to evaluate the efficacy of *Karpasi* Bark in the management of Tinnitus due to Sensorineural Hearing Loss (*Karnanada).*
- 2023: Dr. Yogesh Kumar Sharma- an open labelled randomised trial on *nasya* and *karnapooran* with *dhanwantari 101 taila* and *shirodhara* with *bilwapachotyadi taila* and *indu vati* in *karnanada* with special refrence to tinnitus.
- 2023: Dr. Mohammad Irfan-A randomized open labelled controlled clinical study to evaluate the efficacy of *Bilva Taila Karnapoorana* with *Ghrita* orally in the management of *Karnanada* and *Karnakshweda* with special reference to Tinnitus"

METHODOLOGY

STUDY DESIGN

Site of study: IASR, Kurukshetra.

Health condition /problem studied: *Karnanada* (Tinnitus)

Study Type: Open Label, parallel, randomized control Clinical Study.

Method of generating randomization sequence: Computer generated randomization method.

Primary outcomes: Decrease in *Karnanada*

Secondary outcomes: Effect on quality of life as per Quality-of-Life questionnaire.

: Improvement in hearing ability

Sample population: All patients suffering from *Karnanada* reporting to *Shalakya Tantra* department OPD.

Sample Size: 60 patients having classical symptoms of *Karnanada (Tinnitus) (30 patients in* eachgroup).

Date of first enrolment: After approval of ethics committee and CTRI registration.

Duration of Study: 60 days (30 days Trial + 30 days follow-up)

INCLUSION CRITERIA

1. Patients between the age of 16-60 years irrespective of age, sex, caste, religion etc.
2. Patients will be selected based on symptoms of *Karnanada* (Tinnitus).
3. Subjective type of tinnitus.
4. Tinnitus without vertigo.

EXCLUSION CRITERIA

1. Patients of age <16 years and >60 years
2. Patients suffering from any chronic debilitating disease like DM, HTN, KOCH'S andwith other ear pathologies.
3. Objective type of Tinnitus.
4. Cases of tinnitus which required surgical intervention.
5. CSOM, Otomycosis, Perforated TM.
6. Pregnant, Immune compromised patients
7. Tinnitus associated with disease like – any growth of middle ear, Aneurysms of the carotid artery, palatal myoclonus, Meniere's disease and meningitis.
8. Degree of hearing loss greater than 40 dB.
9. Drug induced tinnitus e.g. high dose aspirin, ibuprofen, diclofenac etc.

WITHDRAWAL CRITERIA

1. During the course of a clinical trial if any serious condition or serious adverse effect develops it requires urgent treatment.
2. If the patients fail to adhere to the protocol treatment.
3. If the patient itself wants to withdraw from the clinical trial.

ASSESSMENT CRITERIA

The efficacy of the therapy will be assessed based on subjective and objective criteria.

A) Subjective criteria

(1) Subjective Symptoms Score

1. Grade III – Daily Tinnitus disturbance with routine work.
2. Grade II - Daily Tinnitus without disturbance with routine work.
3. Grade I - Occassional Tinnitus without disturbance of daily routine.
4. Grade 0 – No Tinnitus

(2) Tinnitus Handicap Inventory is a 25 items self-report Questionnaire to Measure Tinnitus Severity.

B) Objective criteria

I. Tuning Fork Test

II. Masking Test for Tinnitus

1. Masking signals are applied to the ipsilateral ear (where appropriate).

2. The masking signals are presented in ascending series (5db steps) until the patient indicates that his tinnitus is undetectable.

3. Assesment will be done based on the following scoring pattern;(7 point scale).

LEVEL	SCORE
Silence	0
Faint Noise	1
Mild noise	2
Moderate noise	3
Mildly high noise	4
Moderately high noise	5
High noise	6
Very loud noise	7

III. Audiometry – Pure Tone Audiometry.
The details of the score adopted for signs in this study are as follows.

BADHIRYA	**SCORE**
No impaired hearing (0-25 dB)	0
26 to 40 dB loss	1

C) Laboratory Investigation
Hematological and urine analyses will be carried out before treatment to rule out any systemic disease.
1. Hematological Examinations: Hb%, CBC.
2. Urine Examination: Routine and Microscopic.
3. RBS [Random Blood Sugar].

SOURCE OF DATA
A) Clinical Source
Daily OPD and IPD-based patients of the Institute for Ayurveda Research and Studies diagnosed as *Karnanada* will be considered for the study after obtaining written informed consent.

B) Literary Source
Literary references will be collected and discussed from Ayurvedic texts, Modern medical science texts, journals, google scholar, internet, research portal Ayush and previous researches for a proper understanding of the etiopathogenesis of *Karnanada* and probable mode of action of Ayurvedic formulations.

C) Experimental Source
It is a human clinical trial; no animal experimentation will be done.

PLAN OF STUDY
As a treatment procedure ***Karnapoorna*** is advised in this study. A total of 60 patients of ***Karnanada*** will be included for the study. The patients will be randomly distributed in 2 groups namely- Group A & Group B.

Group A- 30 Patients of ***Karnanada*** will be given ***Madhukadi Tail Karnapoorna*** with ***Goghrita orally*** **(Trial Group 1).**

Group B- 30 Patients of ***Karnanada*** will be given ***Apamargkshar Tail Karnapoorna*** with ***Goghrita*** orally **(Trial group 2).**

	Treatment	**Duration**	**Route of administration**	**Dose**	**Follow Up**
Group A	*Madhukadi Tail*	30 Days	*Karna*	Till EAM Fills	30 Days
	Goghrita	30 Days	Orally	20 ml HS	30 Days

	Treatment	**Duration**	**Route of administration**	**Dose**	**Follow Up**
Group B	*Apamargkshar Tail*	30 Days	*Karna*	Till EAM Fills	30 Days
	Goghrita	30 days	Orally	20 ml HS	30 Days

Anupana of Goghrita **–**Luke warm water.

Duration of Karnapoorna – *Karnapoorna is* done for 100 *matra kala* (Approx 2.5-3 minutes) in *Karna Rogas.*
Prayojya Kala of Karnapoorna – *Sayanakala*

A) Follow-up
After completing the study for 30 days, the patient will be reassessed again every 45^{th} & 60^{th} day.

B) Dietary Instructions
Vata-Kapha Shamaka Ahara and *Vihara* will be advised.

Pathya - Apathya chart will be given to the patient.

RELEVANCE
The treatments available for tinnitus are varied. The ultimate proof for clinical efficacy is available for cognitive-behavioral therapies. Further established treatment includes counseling and various forms of sound therapy along with methods that attempt to increase input to the auditory system such as hearing aids and masking Tinnitus, sedation and tranquilizers. Despite its prevalence and impact on quality of life there are no evidence-based guidelines for the treatment of tinnitus to date, and therefore presents a challenge to find such drugs or therapies in alternative systems of medicine. Ayurveda has a systematic line of treatment under the management of *Karnanada*. Line from treatment in Ayurveda for four diseases viz. *Karnashoola, Pranada, Karnashweda* and *Badhirya* is similar. The general line of treatment for *Karnarogas* is *Ghritapana, Rasayana, Avyayama, Ashirasnana, Brahmacharya, Akathana*. *Karna* is one of the *Adhisthana Vata Dosha*. In Ayurveda, *vata* is the main one dosha involved in Karnad disease. Treatment should be directed at

Vatashaman and *Rasayan Karnapooran* which is an important therapy in *karnarogas*. It has a unique the quality is easily absorbed by the pores in the skin and acts on the supply their nutrition for the nerves. Therefore, in this study, *Karanpoorna* with *Madhukadi tail* and *Apamargkshar Tail* possessing *vatahara* property is selected for the study. Administration of *Goghrita* orally pacifies *Vata* and improves the strength of the nerves, it has *Rasayana*, *Balya* and *Vatahara* properties which can prevent age related degenerative changes in the internal ear. Hence it is proposed to undertake this study entitled "**A Randomized Open Labelled Control Clinical Study to Evaluate the Efficacy of *Madhukadi Tail Karnapoorna* and *Apamargkshar Tail Karnapoorna* along with *Goghrita orally* in the management of *Karnanada* (Tinnitus)"**

OUTCOMES

PRIMARY OUTCOME

- Improvement in *karnanada* symptoms and objective parameters like masking test for tinnitus and audiometry.

SECONDARY OUTCOME

- Quality of life will be improved.
- Decrease in Tinnitus Handicap Inventory score.
- Improvement in mild hearing loss.

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9. Text book of Physiology by Sembulingam
10. Text Book of Anatomy by B.D. Chaurasiya
11. Diseases of Ear, Nose and Throat by PL Dhingra
12. Diseases of Ear, Nose and Throat by Mohan Bansal
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BUDGETARY PROVISIONS

- The financial allotment shall be given by the university for the study will be utilized and will be completed within the financial limit provided by the institute.
- Total estimation (approx)
- Total Cost of Drug :-Rs. 30000
- Total Cost of Lab Investigation:- Rs.15000
- Total Cost of Packing and labelling:- Rs.3500
- Miscellaneous expenses :- Rs. 3500

ANNEXURE – 1

PATIENT INFORMATION SHEET

Title: "A Randomized Open Labelled Control Clinical Study to Evaluate the Efficacy of *Madhukadi Tail Karnapoorna* and *Apamargkshar Tail Karnapoorna* along with *Goghrita* Orally in the Management of *Karnanada* (Tinnitus)"

Research Scholar: Dr.Aarti Kumari Guide:Dr. Ashu

Co-guide: Dr. Manoj Kumar

P.G. Dept. of Shalakya Tantra, IASR, Kurukshetra.

You/Your patient are/is suffering from.....which is an/a acute/chronic.....disease. We are going to conduct a study on this disease to clinically evaluate the effect of **"A Randomized Open Labelled Control Clinical Study to Evaluate the Efficacy of *Madhukadi Tail Karnapoorna* and *Apamargkshar Tail Karnapoorna* along with *Goghrita* Orally in the Management of *Karnanada* (Tinnitus)"**

In the study we will examine the patient clinically, and examine the affected site. Then yourpatient shall be subjected to All the data will be recorded and kept fully confidential. The study is safe, with no risk to you. You are free to participate in the study or withdraw the patient from the study at any time. If you choose not to participate in this study or withdraw, your patient will continue to receive the same amount of care and treatment at IASR. If you have any questions please feel to ask. At any time of study, if you want to get any information, please contact the following doctors.

Research Scholar - Dr. Aarti Kumari

Guide - Dr. Ashu

Co-Guide -Dr. Manoj Kumar

रोगी सूचना पत्रक

शीर्षक.....

.....

प्रधान अन्वेषक - डा. आरती कुमारी
पर्यवेक्षक- डॉ आशु
सह : पर्यवेक्षक- डॉ मनोज कुमार
शालाक्य तंत्र विभाग
आयुर्वेद अध्ययन एवं अनुसंधान संस्थान एवं अस्पताल आयुर्वेद संकाय ,कुरुक्षेत्र

आपका रोगी.....रोग से पीड़ित है| हम इस रोगी में नैदानिक रुप से ..... के प्रभाव का आकलन करने जा रहे हैं। इस अध्ययन में डाक्टर द्वारा रोगी की जाँच की जायेगी। सभी परिणामों को गोपनीय रखा जायेगा। इस अध्ययन में रोगी को कोई खतरा नहीं है। आप किसी भी समय अध्ययन से भाग लेने या वापस होने के लिये स्वतन्त्र है। अगर आप अध्ययन से भाग लेने या वापस होने के लिये चुनते हैं तो आपके रोगी की अस्पताल में देखभाल एवं उपचार एक समान जारी रहेगा। आप किसी भी प्रश्न को पूछने के लिये स्वतन्त्र हैं तथा किसी भी जानकारी के लिये निम्न डाक्टरों से सम्पर्क कर सकते हैं।

प्रधान अन्वेषक - डा. आरती कुमारी
पर्यवेक्षक - डा. आशु
सह : पर्यवेक्षक - डॉ मनोज कुमार

ANNEXURE – 2
CONSENT FORM
Case Sr. No-
Name of Patient-
Name of Research Scholar- Dr. Aarti Kumari
Name of Principal Investigator (Guide): Dr. Ashu
Co-guide: Dr. Manoj Kumar
P.G. Dept. of Shalakya Tantra, IASR, Kurukshetra.
I,……. Father/mother/Husband of ..... resident of,
hereby declare that I give informed consent to allow my patient to participate in this study titled: **"A Randomized Open Labelled Control Clinical Study to Evaluate the Efficacy of *Madhukadi Tail Karnapoorna* and *Apamargkshar Tail Karnapoorna* along with *Goghrita* Orally in the Management of *Karnanada* (Tinnitus)"**. I have beentold in the language that I understand that the study is safe. I give my full consent for the patient to be enrolled in the study. I reserve the right to withdraw from the study whenever I wish if any prejudices of my patient's rights, at Institute for Ayurveda Studies and Research, Kurukshetra.

Signature/thumb impression of the patient/guardian:

Name:

Date:

We have witnessed that the patient/guardian of the patient has signed the above consent willingly afterclearly understanding its content.
Date: - Signature of the Research Scholar

सहमति पत्र

आयुर्वेद अध्ययन एवं अनुसंधान संस्थान एवं अस्पताल आयुर्वेद संकाय ,कुरुक्षेत्र
कमांक न0-
शोधकर्ता का नाम- डा. आरती कुमारी
मार्गदर्शक का नाम- डा. आशु
सह-मार्गदर्शक का नाम- डॉ मनोज कुमार

मै.....
आयु.....
.निवासी.....

प्रमाणित करता / करती हूं कि मुझे उपरोक्त शोध के विषय में अवगत करा दिया गया है। मैने इस शोध से संबंधित सूचना पत्र को पूर्णता पढ़ लिया है और मुझे इस शोध से संबंधित कोई भी प्रश्न पूछने का अवसर दिया गया था। इस शोध को पूर्ण करने की आशा करता करती हूँ। मुझे यह भी विदित है कि इसमें शामिल होना ऐच्छिक है बिना किसी कारण के मैं इसे छोड़ भी सकता/सकती हूँ। ऐसा करने पर मुझे दी जा रही चिकित्सा सुविधा पर कोई प्रभाव नहीं पड़ेगा और न ही मेरे अधिकारों का हनन होगा।
मुझे विदित है कि मेरा चिकित्सक गोपनीय रूप से मेरी स्वास्थ्य सबधी सूचनाये केवल सम्बन्धित अधिकारियों को देगा मार्गदर्शिका शोधकर्ता के द्वारा एकत्रित की गई सूचना को मेरे स्वास्थ्य के पुन: निरीक्षण के लिए प्रयोग में लाया जाएगा।
मुझे विदित है कि इस सूचना को स्वास्थ्य संबंधी शोध के लिए ही प्रयोग में लाया जाएगा। मेरी पहचान को गोपनीय रखा जाएगा मेरे चिकित्सा पत्र की जानकारी IEC के सदस्य आवश्यकता अनुसार देख सकते है तथा मे ऐसा करने की अनुमति देता मुझे इस शोध की पूर्ण सूचना दी गई है और मैं इससे जुड़े रहने के लिए तैयार हूँ।

स्व-इच्छुक का नाम	हस्ताक्षर	दिनांक
गवाह का नाम	हस्ताक्षर	दिनांक
शोधकर्ता का नाम	हस्ताक्षर	दिनांक

ANNEXURE-3
CASE PROFORMA

Case Enroll. No: OPD/ IPD No: Bed/ward No:
Patient's name: Age: Sex: M/F
Father's name: Education: Religion:
Informant: Address:
Phone no:
Date of registration:
Date of discharge: Final diagnosis:
CHIEF COMPLAINTS WITH DURATION:
H/O PRESENT ILLNESS

PAST HISTORY
H/o similar complaints in past: Yes/No H/o any major illness in past: Yes/No TREATMENT HISTORY
No. of siblings:
H/o similar illness:
MENSTRUAL HISTORY (If applicable)
(A) Age of Menopause
Past and Present menstrual history

SOCIAL HISTORY
Socioeconomic status - Higher/ Higher middle/Middle/ Lower middle/ Lower PERSONAL HISTORY

- Diet-Vegetarian / Mixed
- Dominant Rasa in diet- M/A/L/K/T/Ks
- Nature of diet - Carbohydrate rich/Fat rich/Protein rich.
- Dietary Habits - Sam asana /Adhyaasana /Vishmasana
- Agni-Sama / Vishama/Tikshna / Manda
- Kostha - Mridu/Madhya/Kroora
- Bowel Habits-Regular/Irregular/constipated
- Micturition - Normal/polyuria/scanty/burning
- Frequency- times/days Times/night
- Trishna - Heena/Madhya/Adhika Frequency
- Appetite-Increased/Normal/Reduced/Compulsive eater22
- Emotional status - Normal/Jolly/Tensive/Anxiety/Depression
- Nidra - Samyaka/Atinidra/ Alpa / Anidra
- Sleep Day.....hrs Night.....hrs.
- Sharira - Sthoola /Krisha/Madhyama
- Exercise habits- Alpa/Samyaka/Ati

GENERAL EXAMINATION
H/R / min R/R / min Temp.
SYATEMIC EXAMINATION
Inspection: Palpation: Percussion: Auscultation.

ASHTAVIDHA PARIKSHA

- Nadi (Pulse)

Dosha Pradhanya: V/P/K/VP/VK/PK

- Mutra (Micturition) Frequency: ----/day--- /night

Color: Yellow/Red/Black/Watery/Other
Associated Complaints: Burning/Pain/Other/No any H/O Enuresis: Yes/No

- Mala (bowel)

Frequency ---------- /day23
Color: Normal/Pale/Black/Other Character: Regular/Irregular

- Jihva (tongue): Pale/Whitish/Pink/Other
- Shabda: Vishesha/Avishesha
- Sparsha: Dry / Smooth
- Drika: Prabha Heena/PrabhaYukta

Color of Conjunctiva: White/Pink/Pale/Yellow

- Akriti: Gross physical deformity DASHAVIDHA PARIKSHA:

1. Prakriti: Sharira: V/P/K/VP/PK/VK/VPK Manasika: S/R/T

2. Sara: P/M/A
3. Samhanana: P/M/A
4. Sattva: P/M/A 5. Satmya: P/M/A
6. Pramana: Height:_____cm, Weight: __kg
7. Vaya: years
8. Desha: (a) Janma Desha: Anupa/Sadharana/Jangama

(b) Samvardhana Desha: Anupa / Sadharana/ Jangama
(c) Rogotpanna Desha: Anupa/Sadharana /Jangama

9. Vyayaama: P/M/A
10. Ahara Shakti: P/M/A

ROGA PARIKSHA

a. Dosha: Vata/ Pitta/ Kapha
b. Dushya:
c. Type of Strotodusti:
d. Agni: Sama / Vishama / Manda / Tikshna
e. Adhisthana:
f. Roga Vinishaya: 24

INVESTIGATIONS
Haematology Hb%
CBC
Urine PTA

PATHYA & APATHYA
TREATMENT
Group: Group A/Group B
Drug:
Dose:
Duration: 30 Days Any Adverse Effect:
Course Completed: Yes/No
Guide Co-Guide Scholar
Dr. Ashu Dr. Manoj Kumar Dr. Aarti Kumari
Signature of Consultant Signature of Investigator