

**Annexure 2**

**DR. M. L. DHAWALE MEMORIAL HOMOEOPATHIC INSTITUTE**

BMC's Holistic Mother & Child Care Centre, 3<sup>rd</sup> floor,  
Hari Shankar Joshi Marg, Dahisar(E) Mumbai - 400068

**RESEARCH DEPARTMENT**

**Consent Form for Participation in Study**

**Name of the research project:**

Exploring the role of the homoeopathic similimum in modifying the anger state – trait and expression in mild to moderate essential hypertension patients

**Principal Investigator: Dr. Leena Bagadia**

I have read the foregoing information, or it has been read to me. I have had the opportunity to ask questions about it and any questions that I have asked have been answered to my satisfaction. I consent voluntarily to participate as a participant in this research.

Name of Participant \_\_\_\_\_

Signature of Participant \_\_\_\_\_

Date \_\_\_\_\_  
Day/month/year

**If illiterate**

I have witnessed the accurate reading of the consent form to the potential participant, and the individual has had the opportunity to ask questions. I confirm that the individual has given consent freely.

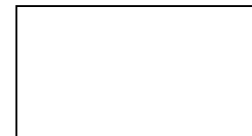
Name of witness \_\_\_\_\_

AND

Thumb print of participant

Signature of witness \_\_\_\_\_

Date \_\_\_\_\_  
Day/month/year



**Statement by the researcher/person taking consent**

I have accurately read out the information sheet to the potential participant, and to the best of my ability made sure that the participant understands that the following will be done:

1. Routine blood investigations, x-ray chest and ECG to rule out secondary cause of hypertension
2. The SAAI test and STAXI-2 in the beginning and later every three monthly.
3. Regular blood pressure check up on every visit

**4. Homoeopathic Medicines will be administered for improving their health and Blood pressure**

**I confirm that the participant was given an opportunity to ask questions about the study, and all the questions asked by the participant have been answered correctly and to the best of my ability. I confirm that the individual has not been coerced into giving consent, and the consent has been given freely and voluntarily.**

**A copy of this ICF has been provided to the participant.**

**Name of Researcher/person taking the consent: Dr. Leena Bagadia**

**Signature of Researcher /person taking the consent \_\_\_\_\_**

**Date \_\_\_\_\_**

