

Individual Experience with Boswellic Acid (Frankincense) Preparations

1. Physician:

Name, Address:		
Phone.:	Fax:	Email:

2. Patient:

Initials only:			
Age:	Height:	Weight:	Sex:

3a. Why do you take Frankincense – Boswellic Acid Preparations?

	indicate	Details
Bowel Diseases (Crohn's Disease, Ulcerative Colitis)	<input type="radio"/>
Pulmonary Diseases (such as Asthma)	<input type="radio"/>
Rheumatic Diseases	<input type="radio"/>
Autoimmune Diseases and Systemic Vasculitis Syndromes	<input type="radio"/>
Skin Diseases (such as Psoriasis)	<input type="radio"/>
Diseases of the Nerval System (such as Multiple Sclerosis)	<input type="radio"/>
Malignancies (such as Brain Tumors)	<input type="radio"/>
Others (please specify):	<input type="radio"/>
.....		

3b. Was a diagnosis made according to Ayurveda-Criteria?

yes no if yes, specify:

4a. Do you take additional drugs on a regular basis?

no yes if yes, specify:

4b. Could you reduce or withdraw other drugs by taking frankincense/boswellic acids?

Dose reductions: yes no Withdrawl: yes no

If yes, specify drugs and dosages:

5. Preparation of Boswellic Acids / Frankincense:

Name:	Dosage:	Duration:

6a. Changes during Intake of Boswellic Acids/Frankincense: (please indicate)

Complaints	Improvement		No Change	Worsening	
	stark	gering		gering	stark
Abdominal Pain:	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Diarrhea:	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Joint Pain/Swelling:	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Dyspnea:	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Physical Status:	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Appetite:	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Mental Status:	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Skin Lesions:	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Weight Changes:	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Nerval Affection:	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Fever/Sweatening:	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Others (specify):	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
.....					

6b. Changes in Laboratory Values

(most recent values if known)

Parameter	Before Therapy	During Boswellic Acids
Blood Sedimentation Rate		
C-reactive Proteine		
Leukocytes, especially Eosinophilic		
Hemoglobine		
Platelets		
Liver Enzymes e.g. GPT/ALAT		
Creatinine:		
Others (specify):		

7. Side Effects during Intake of Boswellic Acids / Frankincense?

Please describe

Kind of Side Effect:			
Intensity:	weak	medium	strong
	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Duration:	Hours, days	weeks	months