



# ATHARV AYURVED MULTISPECIALITY HOSPITAL

(A Centre for Authentic Ayurvedic Treatments)

112/29 वसन्त विहार, सोनीपत रोड, छोटाराम स्टेडियम के सामने, रोहतक (हरियाणा)

**Dr. Sushil Arya**

B.A.M.S.  
Regn. No. 20440

**Dr. Prince Girotra**

B.A.M.S.  
Regn. No. 23326

**Dr. Sanjeev Madaan**

B.A.M.S.  
Regn. No. 19136

## Treatments :

### Gynae

- Infertility Primary and Secondary
- PCOD (Ovarian Cyst)
- Tubal Blockage
- Fibroid Uterus
- Pre and Post Delivery Care
- Leucorrhoea

### Orthocare

- Joints Pain
- Cervical Pain
- Low Back Pain
- Osteo / Rheumatoid Arthritis
- Disc

### Neurocare

- Migraine
- Paralysis
- Parkinson

### Gastrocare

- Acidity
- Constipation
- IBS
- Liver Disorders

### Dermacare

- Fungal Infection
- Eczema
- Psoriasis
- Scabies
- Dandruff
- Hyperpigmentation

### Respicare

- Asthma
- Sinusitis
- Allergic rhinitis
- Pneumonitis
- Bronchitis

### Life Style Disorders

- Diabetes
- Thyroid Disorders
- Hypertension
- Obesity
- Cardiac

### Facilities

- Fully Equipped Modern Panchkarma Rooms
- Beds for Admission
- Ambulance
- Ayurvedic Treatment
- Emergency Care

### Panchkarma

- Purification
  - a) Vaman
  - b) Virechan
  - c) Vasti
  - d) Nasya
  - e) Raktamokshan
- Shirodhara
- Agnikarma

UHID AAM221939  
Patient Name Mrs. Darshana  
W/O Sh. Jagdish Chander  
Address Ram gopal colony, Rohtak  
Consultant Name Dr. Sushil Arya

OPD No. 2987  
Date 12/02/2022 11:50 AM  
Age/Sex 49yrs. / Female  
Contact No. 9485712447  
Patient Type General

Total Received Amt Rs 200

Chief Complaint : Painable & painful defecation & Joint pains x 3yrs.  
E Non Bleeding piles

History O/C DM since 6yrs

Family History Nil

Menstrual History Menopause 3yrs back

Diagnosis Madhumehati  
Sandhivati & Arsh

### अष्टविध परीक्षा

स्पर्श सूक्ष्म  
शब्द शून्य  
आकृति समान  
रस समान  
गन्ध समान  
विह्वल शून्य  
मूत्र लाल, अल्पमूल  
मल लाल, अल्पमूल  
नाड़ी वात-पित्त

- नाशिमोथा - पूर्ण 1/2 चम्मच सुबह शीत  
सुकोठा जल में, मोतमूले  
- Cap Amree Plus 2 cap BD & water  
(Before Meals)  
- Tab Ciprofloxacin 1 tab TDS & water  
(After Meals)  
- शतपुष्प तैल Ointment  
गुदा मार्ग से सुबह शीत  
लौहान 1/2  
समताप 4 घंटे/दिन में

### दशविध परीक्षा

1. प्रकृति वात-पित्त  
2. विकृति वात-पित्त  
3. सार शून्य  
4. संहनन समान  
5. प्रमाण समान  
6. सात्व्य समान  
7. सत्व शून्य  
8. आहार-शक्ति समान  
9. वय समान  
10. व्यायाम शक्ति शून्य

Follow up after 7 days

Signature  
12/2/2022 12:45 PM

Atharv Ayurved Multispeciality Hospital  
112/29, Vasant Vihar,  
Opp. Chotu Ram Stadium, Rohtak-124001

B.P. : 140/80 Pan Scale-8/10

P/R : 108/min

Wt. : 67.4 kg

Height : 5'2"

Next Consultation Date : 19/2/2022

NOT VALID FOR MEDICO LEGAL PURPOSE

Help Line : 01262-257211, 8053988881

R  
19 FEB 2022

130/80, 88/mt  
98°F, Damsun 7/10  
GC Better

feels relief in pain in joints  
No painful defecation

Plan for Agnikarma  
on BIL knees  
next visit

Adv.-  
B. Sugar  $\begin{cases} F \\ PP \\ R \end{cases}$   
(next visit)

R

नागमोक्ष-रूपा 1/2 चम्मच सुबह शान  
पुख्ता (समय) सलत मोमरूय

- Cap Amree Plus 2 cap BD & water  
(Before meals)

- Tab. Cystone forte 1 tab BD & water  
(After meals)

- शतघृता घृत मज्जा गुदागोत्रि से लगा-1/2  
सुबह शान, मलमोत्रि से 4 घंटे  
आटे का सें।

- Cap Anwayith 1 cap BD & milk  
(after meals)

- follow up after 10 days on  
1/3/2022

Dr. R.

19/2/2022, 11 AM

Atharv Ayurved Multispeciality Hospital  
112/29, Vasant Vihar,  
Opp. Chotu Ram Stadium, Rohtak-124001 (Hr.)





# ATHARV AYURVED MULTISPECIALITY HOSPITAL

112/29, Vasant Vihar, Sonepat Road, Rohtak Pin-124001

## Initial Assessment Form

DATE: 12/02/2020

UHID: DDH221939

OPD: 2987

PATIENT NAME: Daxshana

FN Name: Sh. Jagdish Chander

PATIENT HISTORY: 3yrs h/o Intermittent pain in joints and non bleeding piles

ADDRESS (Province-District): Ram Gopal Colony, Rohtak

PHONE No: 9485712447

PATIENT AGE: 49 yrs

F ☒

M ☐

Diagnosis: Madhumeha + Sandhiva + Arth

1. Civil Status

Single

Married ☒

Number of children: 2

2. Job & Occupation

Armed forces

Farmers, fisherman

Non qualified worker

Technician

Office workers

Retired

Unemployed & not active

Student

3. Education level

Can write ☒

Can read ☒

Class: 10+2

4. History of the trauma/illness

Date: 3 years

Circumstances/Etiology: pain & Swelling in joints & non bleeding piles

Associated diseases: old DM x 6yrs

5. Medical History/Treatment

Hospital:

Care:

Evolution since the beginning

Improved

Worse ☒

Remarks:

Medication: Reclide ER 60. RD

X-ray/Other ex:

VATA		PITTA		KAPHA	
<b>MENTAL PROFILE</b>					
Mental activity	<input type="checkbox"/>	Quick mind restless	<input checked="" type="checkbox"/>	Sharp intellect aggressive	<input type="checkbox"/> Claim stead stable
Memory	<input checked="" type="checkbox"/>	Short-term best	<input type="checkbox"/>	Good general memory	<input type="checkbox"/> Long-term best
Thoughts	<input type="checkbox"/>	Constantly charging	<input type="checkbox"/>	Fairly steady	<input type="checkbox"/> Steady stable fixed
Concentration	<input type="checkbox"/>	Short-learn focus best	<input checked="" type="checkbox"/>	Better than average mental concentration	<input type="checkbox"/> Good ability for long term focus
Ability to learn	<input type="checkbox"/>	Quick grasp of learning	<input type="checkbox"/>	Medium to moderate grasp	<input checked="" type="checkbox"/> Slow to learn
Dreams	<input type="checkbox"/>	Fearful flying running jumping	<input checked="" type="checkbox"/>	Angry, fiery, violent adventurous	<input type="checkbox"/> Includes water clouds relations, romance
Sleep	<input checked="" type="checkbox"/>	Interrupted light	<input type="checkbox"/>	Sound, medium	<input type="checkbox"/> Sound, heavy long
Speech	<input type="checkbox"/>	Fast sometimes missing words	<input checked="" type="checkbox"/>	Fast sharp clear cut	<input type="checkbox"/> Sound, clear, sweet
Voice	<input type="checkbox"/>	High pitch	<input type="checkbox"/>	Medium pitch	<input checked="" type="checkbox"/> Low pitch
<b>MENTAL PROFILE</b>					
Eating speed	<input type="checkbox"/>	Quick	<input checked="" type="checkbox"/>	Medium	<input type="checkbox"/> Slow
Hunger level	<input type="checkbox"/>	irregular	<input checked="" type="checkbox"/>	Sharp need food when hungry	<input type="checkbox"/> Can easily miss meals
Food and drink	<input checked="" type="checkbox"/>	Prefers warm	<input type="checkbox"/>	Prefers cold	<input type="checkbox"/> Prefers dry and warm
Achieving goal	<input checked="" type="checkbox"/>	Easily distracted	<input type="checkbox"/>	Focused of driven	<input type="checkbox"/> Slow and steady
Giving/donation	<input checked="" type="checkbox"/>	Gives small amounts	<input type="checkbox"/>	Gives nothing or large amount infrequently	<input type="checkbox"/> Gives regularly and generously
Relationships	<input type="checkbox"/>	Many casual	<input checked="" type="checkbox"/>	Intense	<input type="checkbox"/> Long and deep
Sex drive	<input type="checkbox"/>	Variable or low	<input type="checkbox"/>	Moderate	<input checked="" type="checkbox"/> Strong
Works best	<input type="checkbox"/>	White supervised	<input checked="" type="checkbox"/>	Alone	<input type="checkbox"/> In groups
Weather preference	<input checked="" type="checkbox"/>	Aversion to cold	<input type="checkbox"/>	Aversion to heat	<input type="checkbox"/> Aversion to damp cool
Reaction to stress	<input type="checkbox"/>	Excites quickly	<input checked="" type="checkbox"/>	Medium	<input type="checkbox"/> Slow to get excited
Finances	<input checked="" type="checkbox"/>	Doesn't save spends quickly	<input type="checkbox"/>	(Save but big heat)	<input type="checkbox"/> Save regularly accumulates wealth
Friendship	<input type="checkbox"/>	Tends towards short term friendship makes friends	<input checked="" type="checkbox"/>	Tends to be a longer friends related to occupation	<input type="checkbox"/> Tends to form long lasting

8.	<b>Medical and Social Support</b>			
	Ant old disease Live DM, HTN Etc.	Yes <input checked="" type="checkbox"/>	No	Comments: <i>Reckd 2 ER to RD</i>
	History of Surgery	Yes	No <input checked="" type="checkbox"/>	Comments:
	History of	Good	Bad	Comments:

9.	Main patient's concerns: <i>Pain joints / Pain abd / Pain full defecation</i>			
10.	Main patient's expectations: <i>To get rid of Pains</i>			
Current Treatment:		1 <sup>st</sup>	2 <sup>nd</sup>	3 <sup>rd</sup> / >

**Remarks:**

**GYNAE HISTORY**

L.M.P. \_\_\_\_\_ Days \_\_\_\_\_

FLOW ☐ Scanty ☐ Normal ☐ Excessive Other \_\_\_\_\_

Clots- \_\_\_\_\_ Pain - ☐ Nil ☐ Mild ☐ Moderate ☐ Severe

Odour - ☐ No smell ☐ Foul smell ☐ Fishy smell

Consistency - ☐ Curdy white ☐ Sticky ☐ Watery

**WHITE DISCHARGE -**

Colour - ☐ Yellow ☐ White ☐ Grey ☐ Green

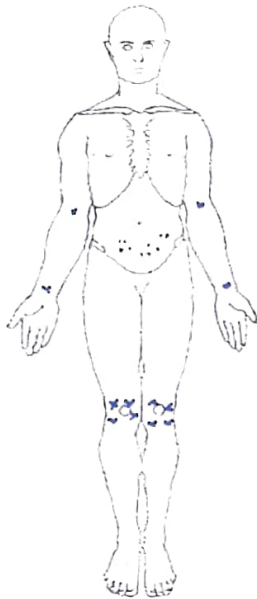
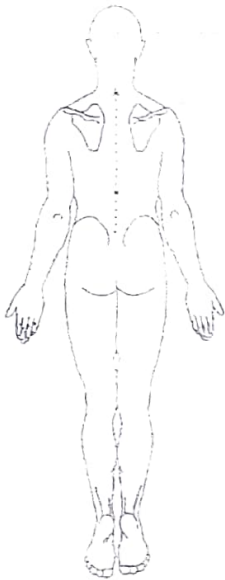
Itching / Burning - ☐ Yes ☐ No

**OBS HISTORY**

	Age	Weight	Mode of delivery	Other Detail : _____
Marriage Time				
Before Pregnancy				
After 1st Delivery			<input type="checkbox"/> Normal <input type="checkbox"/> C-Section <input type="checkbox"/> Complication	
After 2nd Delivery			<input type="checkbox"/> Normal <input type="checkbox"/> C-Section <input type="checkbox"/> Complication	

### Physical Examination:

Mark on the body-chart deformities or joint anomalies, back deformities or anomalies, edema, shoulder subluxation etc.



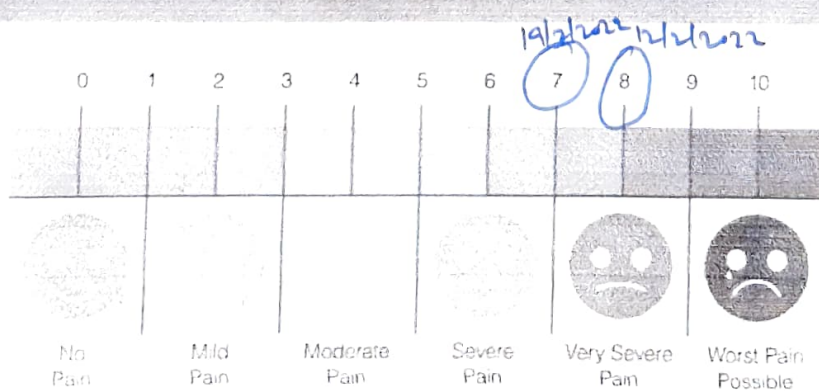
### Skin & Soft tissues problem

DISORDERS	Minor	Important
Swelling		
Callus		
Scar		
Wound		
Temperature		
Infection		
Pain		
Abnormal Sensation		

SLR Test  
REFAXYED

Sensitivity	R	L	(Specification)
Superficial	+	+	
Deep	+	+	
Numbness	-	-	
Paresthesia	-	-	
Other	-	-	

## PAIN SCALE



### Details Discription of Disease

	Comments
Onset	3yrs pain ab d/l painful de-fecation i painful joints i non bleedg ALN
Additional Disease	DM x6y4s
Allergy	Mild
Past Treatment	Reclido ER 60yr 10
Blood Investigation	

### General Examination Assesement

#### ASTA VIDHA PARIKSHA

S No	Asta Vidha Pariksha	Date	Next Review Date	Next Review Date	Sign	Remark
1.	स्पर्श	12/2/22	19/2/22			
2.	शब्द	12/2	19/2			
3.	Face (Akrti)	मध्यम	मध्यम			
4.	Eye (Dirka) (Pallor, Icterus)	12/2	19/2			
5.	Jiwha	12/2	19/2			
6.	Urine (Frothy, Bleeding, Burning Sensation, Pain,)	12/2	19/2			
7.	Kastho (Stool) (Constipation) Mild Moderate Severe	12/2 मध्यम मध्यम मध्यम	19/2 मध्यम मध्यम मध्यम			
8.	Nadi (वात, पित्त, कफ)	V.P.	V.P.			



**DASH VIDHA PARIKSHA**

S No	Pariksha	Date	Next Review Date	Next Review Date	Sign	Remark
1.	Prakruti	9/1/22	9/1/22			
2.	Vikruti	9/1/22	9/1/22			
3.	Sara	12/2/22	12/2/22			
4.	Samhana	12/2/22	12/2/22			
5.	Pramana	12/2/22	12/2/22			
6.	Satmyao	12/2/22	12/2/22			
7.	Satva (Avara, Pravar, Madhyam)	12/2/22	12/2/22			
8.	Aahar Shakti (Mild, Moderate)	12/2/22	12/2/22			
9.	Vaya (Age) (Young, Moderate, Old)	12/2/22	12/2/22			
10.	Vyayani Shakti	12/2/22	12/2/22			

**VITAL ASSESEMENT:**

[illegible]

GAIT ANALYSIS				
Functional Quality of the gait	Normal	Good	Poor	Comments:
1. SAFETY	✓			
2. CADENCE	✓			
3. SPEED	✓			
4. FATIGUE	✓			

**Next Follow Plan**

Next Follow Date 19/2/22 . Next - 1/3/22 .

**Till Next Follow Diet Care:**

**Till Next Follow Fife Style Change**

12/2/2022

- nasal saline 1/2 tsp 4x/day
- Cap Amoxicillin 2 cap BD i water  
(before meals)
- Teb. Ciprofloxacin 1 tab ing i water  
(after meals)
- antibiotic ointment on the affected area
- follow up after 2 days

Set 12  
12/2/2022  
12:45 PM





# ATHARV AYURVED MULTISPECIALITY HOSPITAL

112/29, Vasant Vihar, Sonapat Road, Rohtak Pin-124001

Phone No : 01262-257211, 8053988881

## COVID-19 MANDATORY SELF DECLARATION

Name : Darshana Date : 12/2/2022

Address : Ram Gopal Colony, Rohtak

Age : 44yrs Contact Number : 9485712447 Gender : M/F F

Due to the ongoing and rapidly changing situation with the novel-corona virus (COVID-19), we are requiring all visitors to the ATHARV AYURVED MULTISPECIALITY HOSPITAL, Hospital to fill-out the self-declaration form below.

### Do you have any of the following flu-like symptoms ?

Fever	Yes	No <input checked="" type="checkbox"/>
Dry Cough	Yes	No <input checked="" type="checkbox"/>
Sore Throat	Yes	No <input checked="" type="checkbox"/>
Diarrhoea	Yes	No <input checked="" type="checkbox"/>
Breathlessness	Yes	No <input checked="" type="checkbox"/>
Asthma	Yes	No <input checked="" type="checkbox"/>
Other : Please specify	Yes	No <input checked="" type="checkbox"/>

- History of travel in the recent one month nationally and internationally?

No

- Any contact history with a person who had returned from foreign country ? If yes, please specify.

Purpose of your visit : For consultation, Patient attendant/other reason?

No

- Have you come in contact with the covid-19 positive patient in last one month?

No

- Have you attend any gathering or visited any crowded market place in the last 14 days ? If you, please specify.

No

- Are you taking any precautionary measures for boosting your immunity prior to coming ? If you, please specify.

No

- Kindly share your status of Aarogya Setu app? Red/Orange/Green.

I hereby assure that whatever information I have provided is correct and true to the best of my knowledge.

If I am an asymptomatic carrier or an undiagnosed patient with covid-19, I know it may endanger doctors and Hospital staff. It is my responsibility to take appropriate precaution and to follow the protocols prescribed by them. I also know that I may get an infection from the clinic or from a doctor and I will take every precaution to prevent this from happening but I will not at all hold Doctors and clinic staff accountable if such infection occurs to me or my accompanying persons.

Signature

Darshana



# ATHARV AYURVED MULTISPECIALITY HOSPITAL

112/29, Vasant Vihar, Sonapat Road, Rohtak Pin-124001

Phone No : 01262-257211, 8053988881

## PATIENT FEEDBACK FORM (प्रतिक्रिया फॉर्म)

Name (नाम) : Daxshana Age(आयु) : 49 years sex(लिंग) : F

OPD : 2987 IPD :  UHID No. 0AM221939

Address /पता : Ram Gopal Colony, Rohtak

Phone No./ फोन नं. : 9485712447 Email / ईमेल :

Name of Doctor /डॉक्टर का नाम : Dr. Sushil Arora

Dear Sir/Madam, प्रिय महोदय/ महोदया

We want know your opinion. We would appreciate if you would spare us a moment of your valuable time in providing us your feedback regarding various aspects of medical care and hospitality that were extended to your stay here with us.

हम आपकी राय जानना चाहते हैं हम आप की सराहना करेंगे अगर आप हमें अपने मूल्यवान समय का एकक्षण देंगे जो हमें आपकी चिकित्सा, देखभाल और आतिथ्य के विभिन्न पहलुओं के बारे में आप की प्रतिक्रिया प्रदान करने में मदद करता है।

जो हमारे यहाँ इलाज के दौरान अनुभव किया।

S.No	Services/ सेवाएं	Good / अच्छा Yes/ हाँ	Not good/ अच्छा नहीं No/नहीं
1.	Do you found Time period spent on your assessment is sufficient or not ? आपकी जांच के लिए डॉक्टर के द्वारा दिया गया समय पर्याप्त है या नहीं ?	<input checked="" type="checkbox"/>	<input type="checkbox"/>
2.	Explained about diagnosis and treatment ? निदान और उपचार के बारे में समझाया ?	<input checked="" type="checkbox"/>	<input type="checkbox"/>
3.	How is work experience of staff ? कर्मचारियों का कार्य अनुभव कैसा है ?	<input checked="" type="checkbox"/>	<input type="checkbox"/>
4.	During your problem did employee or staff respond you on time or not ? जब आप अपनी समस्या बताते हैं तो कर्मचारी ठीक से सुनते हैं ?	<input checked="" type="checkbox"/>	<input type="checkbox"/>
5.	Did staff treat you with dignity and respect ? क्या कर्मचारी आप से गरिमा और सम्मान के साथ व्यवहार करते हैं ?	<input checked="" type="checkbox"/>	<input type="checkbox"/>
6.	How would you feel during treatment ? इलाज के दौरान आपने कैसा अनुभव किया ?	<input checked="" type="checkbox"/>	<input type="checkbox"/>
7.	Did you have confidence and trust in the staff ? क्या आप कर्मचारी के कार्य क्षमता से सतुष्ट हैं ?	<input checked="" type="checkbox"/>	<input type="checkbox"/>
8.	What one thing would you change about the department ? इस विभाग में कोई एक भी ऐसी चीज जिस में आप सुधार चाहते हैं ?	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Your comments / आपके सुझाव		<input checked="" type="checkbox"/>	<input type="checkbox"/>

Date : 12/12/2022

Signature (Hospital Authority)

Signature (Patient/Guardian)

Signature (MD/MS)



**ATHARV AYURVED MULTISPECIALITY HOSPITAL**

112/29, Vasant Vihar, Sonapat Road, Rohtak Pin-124001

Phone No : 01262-257211, 8053988881



**FOLLOW UP**

Date 19/2/22

UHID: AAM221939

OPD: 3009

B.P. : 130/80

P/R : 88/nt

Temp. : 98

Pain : 7/10

Plan for Aggravation  
over all knees  
next mit

Adm  
B. Sugen  $\leftarrow$  PP  
(next mit)

- गोखरोटा, 1/2 चम्मच 12 बजे/रात  
(उपचार) 1 चम्मच 12 बजे/रात
- Cep Arace 1mg 2 cap RD (Before Meab)
- Tab. Glyoxylate 100mg RD (After Meab)
- शर्करा, 1 चम्मच 12 बजे/रात  
12 बजे/रात, 1 चम्मच 12 बजे/रात
- Cep Aracyth 1 cap RD (After Meab)
- follow up after 10 days on 1/3/22

SIGIL  
19/2/22  
11 AM

Date .....

UHID: .....

OPD: .....

B.P. :

P/R :

Temp. :

Pain :