



DIVYA UPCHAR SANSTHAN
CHANDIGARH H/O : SCO-12, Kalgidhar Enclave, Shimla Highway,
Baltana, Zirakpur, 01762-531531, 70597-70597



Patient File No. 214 Doctor Name : Dr. Avish Branch : Chandigarh

DATE	B.P	SUGAR	WEIGHT	REMARKS
28/6/21	100/59		51.4 kg	SpO ₂ - 98 P - 56
06/08/21	108/58 P-66		54 kg	SpO ₂ - 98 P - 72
	100/59			
	P-59			
16/08/21	113/64 P-64		54 kg	SpO ₂ - 92 P-67
18/8/21	112/60 P-60		54 kg	SpO ₂ - 92 P-67
30/8/21	116/72 P-73		54.2 kg	SpO ₂ - 93 P-81
31/8/21	113/66 P-68		51.9 kg	SpO ₂ - 83 P-69

Name Dalipet Singh C/o / D/o / F/o Jasvair Singh
Age 31 yrs Weight 51.7 kg Height 5'9" DOB 4/2/1989 Sex: M ☒ F ☐
Occupation free Religion Sikh Blood Group O+ DOM -
Address R.P.D. Bahilana chd
City Chd State Chd Pin Code -
Telephone 9888113621 E-mail ID -

CONFIDENTIAL INFORMATION

MARITAL STATUS ☐ Married ☒ Single ☐ Divorced ☐ Widow ☐ Others

DIET ☒ Veg ☐ Non-Veg ☐ Mixed

ADDICTION/HABIT ☐ Tea ☐ Coffee ☐ Smoking ☐ Alcohol ☐ Tobacco Other -

PATIENT'S FULL HISTORY

- पहले कब कब बीमार पड़े थे? क्या बीमारी कौन से साल में हुई थी और उस समय क्या उपचार किया गया? कौन से हॉस्पिटल से उपचार हुआ था?
- कितनी केमिकल वाली गोशियां अभी खा रहे हो? गोशियों के नाम और कितने साल से?
- आज तक कौन-कौन से जांचे करा चुके हो और क्या Diagnose हुआ था?
- अतीस में कोई ऐसा घटना घटी हो जिसका जिक्र कर महारा असर पड़ा हो?
- सबसे पहले किस बीमारी से शुरुआत हुई थी?

vomiting
NO

Constipation NO
TEST = NO

Appendix = 32 Sector

↓ Not operated

gall bladder Kidney

↓ STONE

4 years Before = STONE = 3.5mm

old 1 year ⇒ U.S.G done ⇒ Renal Stone



hills

weight Reduction
↓ Consti.

Bleeding + Dey



pain

8/6/2020
Uretric Calculus
post void = 335cc



81

Report (Biopsy)

26/5/2020

Colonoscopy done

Date 28/4/21

Patient Signature [Signature]

PATIENT'S FULL HISTORY

- पहले कब कब बीमार पड़े थे? क्या बीमारी कौन से साल में हुई थी और उस समय क्या उपचार किया गया? कौन से हॉस्पिटल से उपचार हुआ था?
- कितनी कैल्शियम वाली गोदियां अभी खा रहे हैं? गोदियों के नाम और कितने साल से?
- आज तक कौन-कौन सी जांचें करा चुके हैं और क्या Diagnose हुआ था?
- अतीत में कोई ऐसा घटना घटी हो जिसका जिवनी पर गहरा असर पड़ा हो?
- सबसे पहले किस बीमारी से शुरूआत हुई थी?

Probiotics + Antibiotics $\Rightarrow$

बेलगिरी $\Rightarrow$ Shit Black Coloured Stool

आमयुक्त मल

6/8/2021: Wash - 100gms

16/8/2021: Leaky gut
Inflammation of Intestine

30/8/2021

Patient had c/o. Vomiting after having Rx (Immuneopathy)...
Patient is Advised to Stop this Immuneopathy Capsule... and Replaced by PH Balance.

Date 10/6/21

Patient Signature [Signature]



Month	1st Month	2nd Month	3rd Month	4th Month	5th Month	6th Month
Date	23/4/2021	31/5/21	10/6/21	16/8/21		
	Stick 5cm	Wound coated		Swelling of tongue		Pinkish
Naadi (नाडी)	1st Month	2nd Month	3rd Month	4th Month	5th Month	6th Month
Vata	↑↑	↑↑	↑↓	↓↓	↑↑	↑↓
Pitta	↑	↓	↓	↑↑	↓↓	↑↓
Kapha	↑↑	↑↓	↑↑	↓↓	↑↑	↑↓

रण/कौड़ी: ☐ Yes ☒ No

CHIEF COMPLAINTS :

[illegible]

FAMILY HISTORY :
Complaints -

Father	Mother	Sister	Brother	Grand Parents	Father Side चाचा ताऊ बुआ	Mother Side मामा मासी
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Surgery/Procedure History

noohatanaal history

HISTORY OF PAST ILLNESS :

Disease	Duration	Test	Treatment / Pathy / Indication कितनी गोदियां चल रही है और कौन-कौन सी
Number of medicine used.			

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
Marriage Time			
Before Pregnancy			
After 1st Delivery			☐ Normal ☐ C-Section ☐ Complication
After 2nd Delivery			☐ Normal ☐ C-Section ☐ Complication

Other Detail : _____

Abortion History : _____

SYSTEMIC EXAMINATION

BOWELS

Frequency / Vega ☒ Day ☐ Day gap

Consistency

- ☐ Hard
☒ Soft
☐ Loose
☐ Well Formed
☐ Mucus mix

Associated with

- ☐ Urgency
☐ Strain
☐ Pain
☐ Bleeding
☐ Burning Sensation

Evacuation

- ☒ Complete
☐ Incomplete
☐ Incontinence

Colour _____
 Other _____

Taking Laxatives

- ☐ Yes ☐ NO
☐ Allopathic
☐ Any Other

ITE AND DIGESTION

feel hungry

☐ Yes ☒ No

feel tightness before the next meal

☒ Yes ☐ No

feel drowsiness after meal

☐ Yes ☐ No

रस

eating

eating with ease

eating with difficulty

रस/वस्त्र

Intensity

☐ Mild

☐ Moderate

☐ Severe

Any med. for gas Other

☐ Yes

☒ No

ITY / रस

heart burn

reflux

our belching

le Brash/रस पनी

☐ After food

☐ Before food

☐ Always

Intensity

☐ Mild

☐ Moderate

☐ Severe

Any medicines for gas

☐ Yes

☒ No

S **N**

☐ Mild

☐ Moderate

☐ Severe

Vision _____

s ☐ Mild

☐ Moderate

☐ Severe

Others _____

NE **N**

Associated with

Day

☐ Urgency

☐ Frothy

☐ Satisfactory

Colour _____

Night

☐ Strain

☐ Bleeding

☐ Unsatisfactory

Others _____

Normal

☐ Pain

☐ Burning Sensation

☐ Incontinence

EEP

ation

Normal

☐ Disturbed

Sound

☐ Late onset

Dreams

☐ Disturbed in Middle

Intensity of Disturbance

☒ Mild

☐ Moderate

☐ Severe

☐ Yes

☐ No

Others _____

ND

Depression

☐ Negative Thoughts

Anxiety

☐ Restless

Short Tempered

☐ Stress

Mood Swings

☐ Avara Sattva

☐ Pravara Sattva

☐ Madhyam Sattva

Others _____

Food..... Medicine..... Other.....

INVESTIGATIONS PROVIDED ☐ Yes ☒ No

DIAGNOSIS MITRAL REGURITATION

CHIKITSA SUTRA.....

SPECIFIC ADVICE: Neomycin + Lactobacillus

[illegible][illegible]

Pt. Signature. 

Doctor Signature

DATE:- 28/4/2021

Churan / Powder / Kit	Tablets / Capsule	Liquid / Drops
Shuddhi Kit (Pso).	Amalpitt Nashak. Cap. Sanjeevani Cap.	G-liv forte

DATE:- 31/5/2021

Churan / Powder / Kit	Tablets / Capsule	Liquid / Drops
उदरद्वारजन्यरोग Amalpitt Har Powder.	Sanjeevani Cap	G-liv forte.

DATE:- 10/6/2021

Churan / Powder / Kit	Tablets / Capsule	Liquid / Drops
	- Malis tambak vati - Grahani Har Vati.	

DATE:- 28/6/2021

Churan / Powder / Kit	Tablets / Capsule	Liquid / Drops
	Pearl Amalpitt Nashak Cap.	

DATE:- 30/8/21

Churan / Powder / Kit	Tablets / Capsule	Liquid / Drops
Immune pathy (stop).		

DATE:- 31/8/21

Churan / Powder / Kit	Tablets / Capsule	Liquid / Drops
	PH Balance	

DATE:-

Churan / Powder / Kit	Tablets / Capsule	Liquid / Drops

DATE:-

Churan / Powder / Kit	Tablets / Capsule	Liquid / Drops

DATE:-

Churan / Powder / Kit	Tablets / Capsule	Liquid / Drops

DATE:-

Churan / Powder / Kit	Tablets / Capsule	Liquid / Drops

DATE	MORNING TO NIGHT DIET FULL DETAILS
28/4/2021	Last Day - Morning 9AM B'fast - Amla Murabba Noon 2PM lunch - Rojme + Rice + Salad. Night 9PM Dinner - Fruits. Today- B'fast 9AM. → fruits
28/5/21	Last Day - B'fast 9AM Fruits Lunch 2PM - fruits + 4 chappati + Dal/veg /Rice Dinner 9PM - fruits + coconut Water
27/5/21	Today- B'fast 9AM → coconut water
28/6/21	Last Day - Herbal Tea B'fast 10AM - fruit + 2 chappati + veg / Dal. Med 11AM - juice (sugarcane) Evening 5PM → Herbal Tea Dinner 9PM → fruit + 2 chappati + veg Today- coconut water.
5/8/21	Last Day - Morning - Herbal Tea B'fast 10AM - fruits + 3 chappati + veg. Lunch 2PM - juice Dinner 6:30PM - fruits + 2 chappati + veg.
6/8/21	Today- B'fast 9AM - Herbal tea Lunch 2PM - fruit + 3 chappati + veg Dinner - Sleep Lunch 10PM - juice
15/8/21	Last Day - B'fast 9:30AM - fruit + 3 chappati + veg. Lunch 2PM-3PM - 2 chappati + salad + veg. Dinner 8PM - (med) fruits + 2 chappati + veg
16/8/21	Today- B'fast 9:30AM - fruit + 3 chappati + veg lunch 2PM - 2 chappati + veg + salad
	Last Day - Today-

Outward Pass

जीना सीखो
DIVYA UPCHAR
आपकी जिंदगी में नया रंग भरने के लिए
आपकी जिंदगी में नया रंग भरने के लिए

दिव्य उपचारTM संस्थान

SCO, 268, Sector 44-C, Chandigarh
90412-90101, 86992-90101, 86991-90101

Name Shuddhi Ayurveda
Panch Karna Clinic

Sr. No. :
Date : 31/8/21
Time out : 5:30 pm
Time in :

[illegible]

Received Signature

H.O.D Signature

Chandam



Shuddhi Ayurveda Panchkarma Clinic

(A Unit of Divya Upchar Sansthan)
(SCO 86, SECTOR 44 C, OPP. SIDE OF
CHAITANYA HOSPITAL CHANDIGARH-160047)

Quality Operating Process

Document No : SAPC/01

Adverse Drug Reaction
Event

Date of Issue : 01/Nov/2020
Issue No. : SAPC/I/001
Date of Revision: 01/Nov/2021
Revision No. : 01

SUSPECTED ADVERSE DRUG

REACTION REPORTING FORM

For VOLUNTARY reporting
of Adverse Drug Reactions
by health care professionals

Report #

To be filled in by Pharmacovigilance
centres receiving the form.

A. Patient information

1. Patient identifier initials	2. Age at time of event: or Date of Birth: 31/11/84	3. Sex ☒ M ☐ F	4. Weight 54 Kgs
In confidence			

B. Suspected Adverse Reaction

5. Date of reaction started (dd/mm/yy):	30/8/21
6. Date of recovery (dd/mm/yy):	1/2/21
7. Describe reaction or problem	

Patient had c/o Vomiting after
having Cap. Immediately.

12. Relevant tests/ laboratory data, including dates

13. Other relevant history, including pre-existing medical conditions (e.g., allergies, race, pregnancy, smoking alcohol use, hepatic/ renal dysfunction, etc.)

14. Seriousness of the reaction

- | | |
|---|--|
| ☐ Death (dd/mm/yy) | ☐ Congenital anomaly |
| ☐ Life threatening | ☐ Required intervention to prevent permanent impairment/ damage |
| ☐ Hospitalization-initial or prolonged | ☐ Other (specify) Vomiting |
| ☐ Disability | |

15. Outcomes

- | | | |
|-------------------------------------|--|--|
| ☐ Fatal | ☒ Recovering | ☐ Unknown |
| ☐ Continuing | ☐ Recovered | ☐ Other (specify) |

C. Suspected medication(s)

Sl. No.	B. Name (brand and / or generic name)	Manufacture (If known)	Batch No. / Lot No. (If known)	Exp. Date (If known)	Dose used	Route used	Frequency	Therapy dates (if unknown, give duration)		Reason for Use or prescribed for
								Date started	Date stopped	
i	HTMS		P-404	Aug'2024	1 BD	P/O		30/8/21	31/8/21	Incomplete evacuation
ii										
iii										
iv										

9. Reaction abated after drug stopped or dose reduced

Sl. No. As per C	Yes	No	Unknown	NA	Reduced dose
i	☒				
ii					
iii					
iv					

10. Reaction reappeared after reintroduction

Yes	No	Unknown	NA	If reintroduced, dose

11. Concomitant medical products and therapy dates including self medication and herbal remedies (exclude those used to treat reaction)

D. Reporter (see confidentiality section in first page)

16. Name and Professional Address: DR. Anura Shuddhi Ayurveda & Panchkarma Center SCO 86, sector 44C, Chandigarh.	
Pin code: 160047 E-mail:	
Cell No. / Tel. No. with STD Code: 9814422229	
Speciality: M.D. (Ayurveda) Signature: Dr. Anura	
17. Occupation: Doctor.	18. Date of this report: 2/9/21