



SHUDDHI AYURVEDA PANCHKARMA CLINIC

(A UNIT OF JEENA SIKHO LIFECARE PVT. LTD.)
(CHAIN OF 160 SUPER SPECIALITY AYURVEDA CLINICS & 2 HOSPITALS)

Dr. Anuradha Kumari
(BAMS) Ayurvedacharya

UHID - 5550122061
OPD - 0605

Date - 17/1/22
Time - 9am (9313666680)

ORTHOCARE

- Joint Pain
- Cervical Pain
- Low Back Ache

PANCHKARMA

- Detoxification
- Rejuvenation
- Shirodhara, Shiro Basti
- Shiro Pichu
- Kati Basti, Prishtha Basti
- Janu Basti
- Akshi Tarpana
- Nasya
- Basti
- Abhyanga
- Swedanam

GASTOCARE

- Acidity
- Constipation
- Liver Treatment

FACILITY

- Steamer
- Panchkarma Room
- Ayurvedic Treatment

Name: momu sharma (45 yrs/female)

W/o, D/o, S/o:

Chief Complain

History & -

Menstrual History

menopause 1 yr. back.

Diagnosis:

अष्टविध परिक्षा

स्पर्श रूखा

शब्द (N)

Face (आकृति) (N)

Eye (दृष्टि) (N)

Jiwha (जिह्वा) (N)

Urine (मूत्र) (N)

Stool (मल) (N)

Nadi (वात, पित्त, कफ)

(Dash Vidha)

1. Prakrutii vatay pithay
2. Vikrutii vatay kaphay
3. Sara (m)
4. Samhana (m)
5. Pramana (m)
6. Satmya (m)
7. Satva (m)
8. Aahar Shakti (m)
9. Vaya (m)
10. Vyayam Shakti (m)

Vitals:

20/80 mmHg

Weight: 58 kg
Height: 5'4"

RBS: &

C/o - Multiple lesion over whole body since x 6 months

- Reddish in colour.
- Scaly - Appearance.
- Itching - present
- Discharge - out off.

Adv -

1) Deepan pachan x 3 days.
sana hati - ① - ① tab
morning evening &
warm water

2) snehpaan & mahatikta.
ghrit

- Day ① - 30ml
Day ② - 60ml.
③ - 90ml.
④ - 120ml.
⑤ - 150ml.
⑥ - 180ml.

Dr. Anuradha Kumari
(BAMS) Ayurvedacharya
Regn. No. 62022

(look of samyakt snehan lakshan)

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RZ-6A, Raghu Nagar, Panchkarma, Delhi-45
Dabri Mod, Dwarka

3) A big oil
4) Virechan & Trivrit Avleh (50gm)
NEXT CONSULTATION DATE:

Desired outcome of procedure

- 1) Redness should be reduced.
- 2) Itching reduced but mild relief.
- 3) Scaly lesion - Reduced slightly.
- 4) Discharge - Absent
- 5) Smell - Reduced.
- 6) Size of patches - reduced.

Medicine

- 1) Churn rog hanti ① - ① tab sukhe
शाक इसके पानी से लेना है.
- 2) Skin cure tab - ① - ① cap sukhe
शाक इसके पानी से
- 3) Purodum - 4 - 2-2 churn च गुनगुने पानी
से गिलाफ



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Dabri Mod, Dwarka, Delhi-1100

procedure Details

- ⇒ 1) Deepan pachan c sama vati
 Benefits - Vatavulomana, Aampachan, Deepan pachan.
 2) Risk factors! - Aadhmau, Atisaar.
 3) management! - Kutaj ghanuati, Avipatti Kar churna.

- ⇒ 2) Sneh paan
 mahatiktaghruta (morning 9⁰ clock, Empty stomach)
 After that drink lukewarm water until
 Shuddh udgar comes.

- 2) Risk - Shirashool
 Angmaad.
 Klama.
 Mulcha.
 Trishna.
 Bhram
 Chardi
 Picti Kar.
 Atisaar.
 Kandli

- 3) management! - stop ghrit paan, warm water
 - start shamau chikitsa.
 - In case of moorcha, Paan & Trishna
 start using cold water.

- ⇒ 3) Abhyanga c mahanarayana oil + Baspa swed.
Benefits - Vat har, Klesh shatna, Deh mardavta.

Risk! - Rashos, Allergy, Burn

management! - Tail Dhara. Application of shatdhot gl

- ⇒ 4) Visechan c Trivnath Avlen

Risk! - 1) Aadhmau

management! - Amnasana, Nisukh Basti, and nadi



SHUDDHI AYURVEDA PANCHKARMA CLINIC

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Basement, RZ-6A, Syndicate Enclave, Dabri Mod, Dwarka, Delhi-110045

- ② Pari'karti'ka - pithu Basti
- ③ Parisarana - Kutaj ghanu hali
Nagkeswar choorna.
- ④ Anjan - Abhyanga, swedana.
Vaat has chikitsa.
- ⑤ Hridgrah - Deepan, pachan, natamulo man.
- ⑥ Vibhramsh - Jatyadi oil, pichu in Anal prob.
sheet lep. Aromatic fragran e
sanghya Bhrush.
- ⑦ Chardi :- Pranahara
mayur picha Bhasma.
- ⑧ stambhan :- Langhan, pachan, Tiksha virech

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DIET CHRT

- Use laghu supachya ahar.
use after completion of therapy

→ Breakfast - Dahiya
Khichdi
Poha.

→ Lunch
soup, moong Daal
दिया, तोरई, परवल, रिठे
Boiled साबुजियाँ
1-2 chapati

→ Dinner!
moong daal
masoor daal
1-2 chapati
दिया, तोरई, परवल, रिठे सब्जी

- Avoid oily spicy, junk food.
- Avoid processed, fried, sweets type of food.
- stop using Tea coffee.
- No Dairy product
- cheese, unad, chola, Rajma, Arhar.
- hobbi, Baighan, Bhindi, Arbi, Kathar.

UHID: 55001221761 OPD: 0805 Room No. 01 Date: 12/1/22

Virechana Karma (विरेचन कर्म)

Name: Mrs. Shalini Age: 45 Sex: Female
 Procedure: Deepan, pachan + Sneha + Virechan
 Prakriti (प्रकृति): Pitta Kaphe Vyadhi (विमारी): Kushth + Sam say au Kandu
 Agni (अग्नि): Mandhya Avastha (स्थान): Teena Sama/Nirama (साम निराम): Nirama
 Koshtha (कोष्ठ): Mandhya Dosha (दोष): Pitta
 Akuti (आकृति): Mandhya Dushya (दुष्पा): Tusak, manasa
 Bala (बल): Mandhya Srotodushti (स्रोत दुष्टि): Sangh
 Anupana (अनुपान): Ushneya Jal Panchana (Days/Durg) (पाचन): Chinakadi kati x 3 days
CSama kati

Poorvakarma Pachana Season -

 Pulse (पल्स): 78/min

 BR. (ब्लड प्रेशर) 116/102 mmHg

 RR. (श्वास गति) 18/min

 WT. (भार): 58 Kg.

Lab Investigation: (In case of Hyperlipidemia, CAD, NIDDM etc.)

Complete Lipid profile

 FBS & PPBS Normal

	1 st Day	2 nd Day	3 rd Day	4 th Day	5 th Day	6 th Day	7 th Day
Dose of Sneha: (मात्र):	30ml	60ml	90ml	120ml	150ml	100ml	
Time of intake: (समय):	9:30AM	9:20AM	9:15AM	9:20PM	9:25AM	9:10AM	

Symptoms during the digestion of sneha:

Symptoms	1 st Day		2 nd Day		3 rd Day		4 th Day		5 th Day		6 th Day		7 th Day	
	O	R	O	R	O	R	O	R	O	R	O	R	O	R
1. Headache (सिर दर्द):														
2. Giddiness (चक्कर):														

6.	Lightness of body (लघुता स्नेहता):				✓	✓	✓	
7.	Softness of body (शरीर का मुलायम होना):			✓	✓	✓	✓	
8.	Oiliness of skin by blotting paper (त्वचा की स्नेहता):				✓	✓	✓	
9.	Aversion to fat Intake (तैलिय पदार्थों की इच्छा न होना)	✓	✓	✓	✓	✓	✓	

Oleation: adequate/inadequate/excessive
Complication if any:

Diet:-

- ✓ (1) Hot Diet, soups, khichdi, daliya, Pralied veg., rice, water, only,
- ✓ (2) Hot water intake for Whole day.
- ✓ (3) Avoid too hot & cold.
- ✓ Avoid direct expouse to cold weather.
- ✓ Avoid excessive Talking, of walking.
- ✓ Avoid Conception during snenpana.
- ✓ Avoid Day sleep.
- ✓ Take night sleep properly.
- ✓ Relax your body & mind during ghritpan.

Treatment given:

Pulse(पल्स): ... R6 / min

BR.(ब्लडप्रेसर): ... 112 / 70 mmHg

RR..(श्वासगति): ... 17 / min

WT.(भार): ... 56.0 kg

Lab Investigation:(In case of Hyperlipidemia, CAD, NIDDM etc.)

Complete Lipid profile

FBS & PPBS

Massage & sudation: On rest day

Abhyanga & mahanarayana oil

Pardhan karam(प्रधान कर्म):

Previous experience of Virechana Vamana Dravya: Formualtion

Tintri avlelu (soghu)

Date (दिन): 24/11/21

Time of administration (समय): 9:45 AM.

Anupana (अनुपान): Draksha Kwath.

Atur Paricarya and Niriksha

Vage No.	Time (समय)	Stool (मल)	Bile (बाइल)	Mucus (बलगम)	Froth (झाग)	Colour (रंग)	Nature of bowel (आंत्र की प्रकृति)	Other Symptoms
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1	10:35AM	Hard	+	+	-	Brown		
2	10:56AM	Hard	+	+	-	"		
3	11:15AM	swigda	+	+	-	Yellow		
4	11:25AM	swigda	-	+	-	"		
5	11:40AM	swigda	-	-	-	"		
6	11:52AM	Loose	-	-	+	light yellow		
7	12:10PM	Loose	-	-	+	"		
8	12:40AM	watery	-	-	+	clear		

Onset of vega	Time period between two vega	Antime vega kala [last bout time]
10:35 AM	20-40 min	12:4 PM

Vagiki shuddhi (वागिक शुद्धि) *Madhyam*

Antiki shuddhi (अंतिकी शुद्धि) :- Malanta / pittanata / Kaphanta / Vatanta

Laingiki shuddhi (लिंगिकी शुद्धि) *Madhyam*

Symptoms of proper purgation: Score

1. Vit-Vitta- Vata Kramashan Nissarana (वित-वित्- वात कर्मशं निसारं) *pitta kaphant*
2. Vatnulomana (वातनुलोमना) ✓
3. Laghuta Nabhithane (लगुता नाभितां) ✓
4. Indriya prasada (इन्द्रिया प्रसाद) ✓
5. Manasa Tushti (मानसा तुष्टी) ✓
6. Agni Vriddi (अग्नि वृद्धि) ✓
7. Anamayatva (अनामयत्व) ✓

Other

patient feeling fresh & light

Vaman/ Virechana : *Samyak/Ayoga/ Atiyoga*

Type of Shuddhi : Best / Moderate/ Poor

+
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Vyapad (if any): no

Chikitsa : —

Pulse(पल्स): 05 / min

BR.(ब्लडप्रेसर): 120 / 05 / mmHg.

RR.(श्वासगति) : 16 / min

WT (भार): 50.0 kg.

Lab Investigation : (In case of Hyperlipidemia, CAD, NIDDM etc.).....

Complete Lipid profile.....

FBS & PPBS X

Massage & Sudation: On rest day Done

Adequate symptoms of sudation present

Utkleshana Ahura & Quantity: Dahi Bhalla., Heavy food.

Vamana purva lakshana.....

Nidra (नीद):	Udarstithi (डकार आना):	Bowel (पेट की सफाई):
Urine (मुत्र):	B.P (ब्लडप्रेसर):	Pulse (पल्स):
Respiration: (श्वास):	Temp. (तापमान):	Weight (भार):
Snehana:स्नेहन	Svedita:(पजिवा आना)	Any (अन्य):

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JEENA SIKHO LIFECARE PVT. LTD.

CHANDIGARH H/O : SCO-11, Kalgidhar Enclave, Shimla Highway,
Baltana, Zirakpur, 01762-531531, 70597-70597

Patient File No.

Doctor Name :

Dr. Anuradha

Branch : Dwarka

DATE	B.P	SUGAR	WEIGHT	REMARKS
17/01/22	120/80 mmHg	x.	50kg	

Name Mam Shalini C/o / D/o / F/o Shardha

Age 45 yrs Weight 50 kg Height 5"4 DOB 10/0/1977 Sex: M ☐ F ☒

Occupation Housewife Religion Hindu Blood Group _____ DOM _____

Address H/No-2 village-nawada, Baltana, Haryana

City Delli State NCT Delli Pin Code 110054

Telephone 999688710 E-mail ID x.

CONFIDENTIAL INFORMATION

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

DIET ☐ Veg ☐ Non-Veg ☒ Mixed

ADDICTION/HABIT ☒ Tea ☒ Coffee ☐ Smoking ☐ Alcohol ☐ Tobacco Other _____

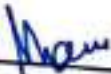
PATIENT'S FULL HISTORY

- 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 कैमिकल वाली गोलियाँ अभी खा रहे हो? गोलीयों के नाम और कितने साल से?
- आजतक कौन-कौन सी जाँच करा चुके हो और क्या Diagnose हुआ था?
- अतीत में कोई ऐसा घटना घटी हो जिसका जिंदगी पर गहरा असर पड़ा हो?
- सबसे पहले किस बीमारी से शुरुआत हुई थी?

no history


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Date 17/01/24

Patient Signature 

Tongue (जिह्वा)



Month	1st Month	2nd Month	3rd Month	4th Month	5th Month	6th Month
Date						
17/1/22						
Naadi (नाडी)	1st Month	2nd Month	3rd Month	4th Month	5th Month	6th Month
Vata	↑					
Pitta	↑↑					
Kapha						

धरण/कौड़ी: ☐ Yes ☐ No

CHIEF COMPLAINTS :

Symptoms	Duration	Relief % After Treatment			
		After 1 Month	After 2 Month	After 3 Month	After 4 Month
Multiple. lesion over whole body	x @ mani				
Reddish in color.					
scaly					
itching ++					
Discharge N.					

FAMILY HISTORY :
Complaints -

x

Father	Mother	Sister	Brother	Grand Parents	Father Side बाबा ताऊ बुआ	Mother Side माया शरी

Surgery/Procedure History

x.

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HISTORY OF PAST ILLNESS :

Disease	Duration	Test	Treatment / Pathy / Indication कितनी गोदियां चल रही हैं और कौन-कौन सी

GYNAE HISTORY

menopause. ① yrs back.

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

how white discharge.

OBS HISTORY

	Age	Weight	Mode of delivery	Other Detail : _____
Marriage Time				
Before Pregnancy				
After 1st Delivery			☐ Normal ☐ C-Section ☐ Complication	
After 2nd Delivery			☐ Normal ☐ C-Section ☐ Complication	

Abortion History : _____

SYSTEMIC EXAMINATION

BOWELS

1-2 time.

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

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APPETITE AND DIGESTION

Do you feel hungry

☐ Yes ☒ No

low appetite.

Do you feel lightness before the next meal

☒ Yes ☐ No

Do you feel drowsiness after meal

☒ Yes ☐ No

GAS / गैस

☒ Bloating

☐ Passing with ease

☐ Passing with difficulty

☐ Burps/झर

Intensity

☒ Mild

☐ Moderate

☐ Severe

Any med. for gas

☒ Yes

☐ No

Other Pan-40

ACIDITY / तेजस

☐ Heart burn

☐ Reflux

☒ Sour belching

☐ Bile Brash/अम्ल उखी

☒ After food

☐ Before food

☐ Always

Intensity

☒ Mild

☐ Moderate

☐ Severe

Any medicines for gas

☒ Yes

☐ No

EYES

Pallor

☐ Mild

☐ Moderate

☐ Severe

Vision

Icterus

☐ Mild

☐ Moderate

☐ Severe

Others

URINE

Vega

☐ Day

☐ Night

☒ Normal

Associated with

☐ Urgency

☐ Strain

☐ Pain

☐ Frothy

☐ Bleeding

☐ Burning Sensation

☒ Satisfactory

☐ Unsatisfactory

☐ Incontinence

Colour

Others

SLEEP

Duration

☐ Normal

☐ Sound

☐ Dreams

☒ Disturbed on/off

☐ Late onset

☐ Disturbed in Middle

Intensity of Disturbance

☒ Mild

☐ Moderate

☐ Severe

☐ Yes

☒ No

Others

MIND

☐ Depression

☐ Anxiety

☐ Short Tempered

☐ Mood Swings

☐ Negative Thoughts

☐ Restless

☒ Stress

☐ Avara Sattva

☒ Pravar Sattva

☐ Madhyam Sattva

Others

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E:- Churan /

INVESTIGATIONS PROVIDED ☐ Yes ☒ No

DIAGNOSIS.....
CHIKITSA SUTRA..... Deepan, pachan, virechan, snehan

SPECIFIC ADVICE. _____

[illegible][illegible]

Doctor Signature A. J. J. J. J.

DATE:-

Churan / Powder / Kit	Tablets / Capsule	Liquid / Drops
	Sama wali — ①	

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
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DATE	MORNING TO NIGHT DIET FULL DETAILS
17/10/22.	Last Day - <i>Black Sabzi idar chawal, Tee, Paan</i> <i>L-Black Sabzi idar chawal</i> <i>D-Black Sabzi idar chawal</i>
	Today- <i>Tee, Paan</i>
	Last Day -
	Today-
	Last Day -
	Today-
	Last Day -
	Today-
	Last Day -
	Today-
	Last Day -
	Today-
	Last Day -
	Today-
	Last Day -
	Today-

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Nutritional Assessment Form

I. Identifying Information

Full Name: Mouli Sharma Date: 12/1/22
 UHID No: 33De122061 Age: 45 yrs Sex: Female

Ethnicity: Hindu ☒ Muslim ☐ Christian ☐ Sikh ☐ Jain ☐ Tribe ☐ Other: ☐

Referring Clinician: Dr. Anuradha Kumar

Reason(s) for visit: Consultation

II. Medical History (please give full details)

- Diabetes YES/NO NO HBA1c..... Medication
- HTN YES/NO NO Last recorded value..... since..... medication
- CAD YES/NO NO STENT/BYPASS/..... MEDICATION
- THYROID YES/NO NO REPORTS..... MEDICATION
- MENTRUAL HISTORY YES MENSTRUAL CYCLE..... MEDICATION
menopause 10 yrs back

Are you allergic to any food or drink? Yes or No NO

If yes, please specify _____

Do you get a rash or edema from your allergy? Yes or No NO

Do you take any vitamins, minerals and/or food supplements? Yes or No NO

If yes, which ones _____

Have you had any major injuries, hospitalization, or operations? Yes or No NO

If yes, what _____

Do you have any chronic illnesses? Yes or No NO

If yes, please explain _____

(Examples: Shortness of breath, heartburn, Constipation, Diarrhea, Indigestion, Headaches, Pain, bleeding etc)

Do you take any medications on a regular basis? Yes or No NO

If yes, what medication and what dosage _____

Please explain about

- Appetite **(N)**
- Food habits **Heavy food, Junk food.**
- Daily working hours **a.**
- Exercise **no**
- Job profile **Housewife.**
- Height **5'4**
- Weight **50 kg.**

Have you ever been diagnosed or do you suffer from anxiety? Yes or No

If yes, please explain _____

Have you ever been diagnosed or do you suffer from depression? Yes or No

If yes, please explain _____

Have you ever been diagnosed or do you suffer from an eating disorder, such as, anorexia, bulimia, or binge eating? Yes or No

If yes, please explain _____

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Doctor Signature

Anuradha Kumar

Patient Signature

Man

Covid-19 Mandatory Self Declaration Form

Name : Mam Ganesan Date : 13/1/22
Address : H/No - 2 Village near Madan Bhola mandir Trali, New Delhi-110044
Contact Number : 9990688710 Age : 45 Gender : M/F Female

Due to the ongoing and rapidly changing situation with the novel-corona virus (COVID-19), we are requiring all visitors to the Shuddhi Ayurveda Panchkarma Clinic (A Unit of Jeena Sikho Lifecare Pvt.Ltd) Clinic to fill-out the self-declaration form below.

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

Fever	Yes	No ☒
Dry Cough	Yes	No ☒
Sore Throat	Yes	No ☒
Diarrhoea	Yes	No ☒
Breathlessness	Yes	No ☒
Asthma	Yes	No ☒
Other : Please specify	Yes	No ☒

- 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.
no
- Purpose of your visit : For consultation, Patient attendant/other reason?
✓
- 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.
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 clinic 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

Mam

FEEDBACK FORM (प्रतिक्रिया फॉर्म)

Name/नाम: Kamlesh Kumar Age(आयु): 45 Sex(लिंग): FemaleOPD: 0805 UHID No SS Del 220661Address/पता: H/2-2 Village Narada Bhola Mandir Gali, New Delhi - 110057Phone No./फोन नं.: 9990688710 Email/ईमेल: -Name of Doctor/डॉक्टर का नाम: Dr. Anuradha Kumar

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 ?	☒	☐
2.	Explained about diagnosis and treatment ? निदान और उपचार के बारे में समझाया ?	☒	☐
3.	How is work experience of staff ? कर्मचारियों का कार्य अनुभव कैसा है ?	☒	☐
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 ?	☒	☐
5.	Did staff treat you with dignity and respect ? क्या कर्मचारी आप से गरिमा और सम्मान के साथ व्यवहार करते हैं ?	☒	☐
6.	How would you feel during treatment ? ईलाज के दौरान आपने कैसा अनुभव किया ?	☒	☐
7.	Did you have confidence and trust in the staff ? क्या आप कर्मचारी के कार्य क्षमता से संतुष्ट हैं ?	☒	☐
8.	What one thing would you change about the department ? इस विभाग में कोई एक भी ऐसी चीज जिस में आप सुधार चाहते हैं ?	☐	☒

Your comments / आपके सुझाव

Date: 26/1/22

Signature (Clinic Authority)

Shuddhi Ayurveda Panchkarma Clinic

(A Unit of Jeena Sikho Lifecare Pvt. Ltd)

RZ-6A, Raghu Nagar, Pankha Road,
Dabri Mod, Dwarka, Delhi-45

Signature (Patient/Guardian)

Signature (MD/MS)

CHARGES CONCERN FORM

Name (नाम): Mona Sharma DOA (भर्ती की तारीख): 17/11/22Age (उम्र): 45 yrs Sex (लिंग): Female UHID: 5300122041 OPD: 6x05W/O, S/O, D/O (पिता/पति): Shardha Day Panchkarma: 2 daysConsultant Name (चिकित्सक नाम): Dr. Anuradha KumarProvisional Diagnosis (रोग निश्चय): Kushtha RogFinal Diagnosis (रोग विनिश्चय): Kushtha1. Procedure details (प्रक्रिया विवरण): Snehapana, Virechan, Abhyanga + swed.2. Doctor Consultation Charges (चिकित्सक परामर्श शुल्क): 500/-

3. Nursing Charges (नर्सिंग शुल्क):

4. Package Charges Procedure wise

A: Snehapana x 6 days = 500 x 6 = 3000/-B: Virechan x 1 day = 1000/-C: Abhyanga + swed. 1 day = 1500 + 800 = 2300 x 3 = 6900D: Sam sajen Karm (consultation) - 1000/-

E:

5. Doctor Fees (चिकित्सक शुल्क):

6. Medicine (approx) costing:

7. Consumable (approx) charges:

8. Accessory (approx) charges:

9. Diet Charges (आहार शुल्क):

Total Estimated Package Rs.

Shuddhi Ayurveda Panchkarma Clinic
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RZ-6A, Raghu Nagar, Pankha Road,
Dabri Mod, Dwarka, Delhi-49

12400/-

Patient Signature

Receptionist Signature

SHUDDHI AYURVEDA PANCHKARMA CLINIC

(A Unit of Jeena Sikho Lifecare Pvt.Ltd)

Basement, RZ-6A, Syndicate Enclave, Dabri Mod, Dwarka, Delhi-110045

D. 12/1/22 (12/1/22) OPD. 0805 Room No. 01 Date 12/1/22

ADMISSION & DISCHARGED RECORD (Day Care)

Name Of Patient (रोगी का नाम) Mama Shigam
Name Of Father/Husband (पिता/पति का नाम) Shahidkhan
Date Of Admission (भर्ती की तिथि) 12/1/22 Time of Admission (भर्ती का समय) 9 Am Age(उम्र) 45 Sex(लिंग) Female
Assistant Doctor (सहायक उपचारक) _____
Doctor In charge (संचालक उपचारक) Dr. Anand Kumar
Date of Discharge (छुट्टी की तिथि) 24/1/22 Time of Discharge (छुट्टी का समय) 10 Am
Operation (If Any) _____
Procedure(प्रक्रिया) Shukpan, Virechan, Abhyanga & swed, Sansarjan
Diagnosis (रोग निश्चय) Kushtha Rog.
Address & Phone No. (पता एवं फोन नं.) H/No-2 village named Bada mandir Badi
New Delhi-110054 (9990688710)

Result	Cured/Relived	Left Against Medical Advice	Investigation Only	Discharge Request	Expired
	☒				

Payment :- CASH ☒ TPA Name/No. _____ GOVT. Insurance. _____

UNDER TAKING FOR TREATMENT INVESTIGATION & FINANCE ETC.

I am getting admitted on day care basis at Shuddhi Ayurveda Panchkarma Clinic (A Unit of Jeena Sikho Lifecare Pvt Ltd) at my own risk and I am ready for the Ayurveda treatment. I am giving my consent after understanding benefit and out come of treatment. The information given by me are absolutely correct.

अपनी मर्जी से शुद्धि आयुर्वेद पंचकर्म क्लिनिक (अ यूनिट ऑफ जीना सिखो लाइफकेयर प्राइवेट लिमिटेड) क्लिनिक में दिवसीय आधार पर भर्ती हो रहा हूँ। मैं तैयार हूँ मेरे साथ होने वाली आयुर्वेदिक चिकित्सा पद्धति के लिए, और मैं सब कुछ सोच कर चिकित्सा से होने वाले फायदा और परिणाम को समझ कर करवा रहा हूँ एवं मैंने जो विवरण दिया है वह पूर्णतः सही है।

Admitted (दिनांक) 12/1/22

Attendent (प्रत्यक्षी) Self

Signature (हस्ताक्षर) Mama

Relationship with Patient (रोगी के साथ सम्बंध) Self

Shuddhi Ayurveda Panchkarma Clinic
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RZ-6A, Raghu Nagar, Pankha Road,
Dabri Mod, Dwarka, Delhi-45

Terms & Conditions

1. I have opted on my own for admission into this clinic and will pay the bills as clinic rules and regulations.
2. The management reserves the right to admit or discharge the case amendment /modify rules, regulation and the charges without notice or assigning any reason there of .
3. The facilities provided in the room are maintained in working order but any failure in their functioning does not affect the admission and the management accepts no liability for the same. The Clinic accepts no responsibility for any loss or inconvenience caused by strike, lock out, water, telephone, electricity and air-conditioning failure etc.
4. Patients are advise not be bring any valuable or any jewellery or any other luggage with them. The Clinic will not be responsible for any loss or theft .
5. Suggestions/complaints may be given in writing at the reception.
6. All bills to be paid in cash, govt. Insurance/TPA / private Insurance/ cheque's are not accepted.

नियम व शर्तें

1. मैंने इस क्लिनिक में प्रवेश के लिए अपना खुद का ध्यान किया है और क्लिनिक के नियमों और विनियमों के अनुसार बिल का भुगतान करूँगा।
2. प्रबंधन नियमों को संशोधित करने का अधिकार सुरक्षित रखता है एवं विनियम और बिना किसी पूर्व सूचना के शुल्क या किसी भी।
3. कमरे में उपलब्ध सुविधाएँ कामकाजी क्रम में रखी जाती हैं लेकिन उनके कामकाज में कोई विफलता चार्ज को प्रभावित नहीं करती है और प्रबंधन इसके लिए कोई देयता स्वीकार नहीं करता है। क्लिनिक स्ट्राइक, लॉक आउट, वॉटर, टेलीफोन, बिजली और एयर कंडीशनिंग विफलता इत्यादि के कारण होने वाली किसी भी हानि या असुविधा के लिए कोई जिम्मेदारी स्वीकार नहीं करता है।
4. मरीजों को सलाह दी जाती है की वे उनके साथ कोई मूल्यवान या कोई आभूषण या कोई अन्य समान ना लाएं। अतः क्लिनिक किसी भी नुकसान या बर्बाद के लिए जिम्मेदार नहीं होगा।
5. रिसेप्शन पर लिखित में सुझाव/शिकायतें दी जा सकती है।
6. सभी बिलों का भुगतान नकद में किया जाता है टीपीए / निजी बीमा / सरकारी बीमा आदि। बैंक नहीं लिया जाता है।

Dated (दिनांक)..... 12/1/22

Signature (हस्ताक्षर)..... Mom

Relationship of Patient (रोगी से सम्बंध)..... Self

Witness(प्रत्यक्षी)..... Self

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RZ-6A, Raghu Nagar, Panxha Road,
Dabri Mod, Dwarka, Delhi-45

UHID... 53.D0122041... OPD... 0805... Room No... 21... Date... 12/1/22

GENERAL CONSENT

I... Mansa Shukla W/o, S/o, D/o... Shobh Lal
 R/O... H/No-2 village: Jyandada, Block: Masdis, Ganti, N.W. Delhi-110059
 Date of Admission... 12/1/22 Age... 45 yrs Sex... Female
 Has been clearly explained about the Procedure... Sheshpran, Virechan, Abhyanga
 By Dr... Anurag K. Kishore sweat, Saurashtra

It have been clearly explained about the complications and other impacts of procedure by the doctor clearly in my own language. I have been explained about the expenses for the procedure clearly. I have been explained about the procedure and in case of any emergency or further referral to any higher centre, the required expenses in that case will be paid by me. I am giving my consent for the procedure mention about.

मैं... पिता/पति का नाम... पता...
 (दिनांक)... उम्र... लिंग...

डॉ... ने मुझे मुझ पर होने वाली प्रक्रिया (थैरेपी) के बारे में पूर्णतः बता दिया है। जिसमें आने वाले उपद्रवों के बारे में भी मुझे मेरी भाषा में बता दिया गया है। यदि किसी भी थैरेपी के दौरान आई आपातकालीन स्थिति में मुझे किसी दूसरे बड़े अस्पताल एवं क्लीनिक में जाना पड़ता है तो इसका पूर्ण खर्चा मुझे स्वयं वाहन करना होगा। मैं क्लीनिक के सारे नियम व कानून पढ़ चुका/चुकी हूँ एवं मुझे बता दिया गया है और मैं अपनी स्वीकृति दे रहा/रही हूँ।

Patient's Name (रोगी का नाम)... Mansa Shukla

Signature (हस्ताक्षर)... Mansa

Date (दिनांक)... 12/1/22

Place (स्थान)... Delhi

Witness (प्रत्यक्षी)... Suj

Doctor's Name (चिकित्सक नाम)... Dr. Anurag K. Kishore

Signature (हस्ताक्षर)... Anurag K. Kishore

Date (दिनांक)... 12/1/22

UHID JS DO 22 0661 Room No. 01

Date 17/01/22

Kindly add mental, behavioral, emotional and physical profile subtotals to attain the final total. The dash with the highest total is your mind body type.

	VATA	PITTA	KAPHA
MENTAL PROFILE			
Mental activity	☐ Quick mind restless	☒ Sharp intellect aggressive	☐ Claim stead stable
Memory	☐ Short-term best	☐ Good general memory	☐ Long-term best
Thoughts	☐ Constantly changing	☐ Fairly steady	☒ Steady stable fixed
Concentration	☐ Short-term focus best	☐ Better than average mental concentration	☐ Good ability for long term focus
Ability to learn	☒ Quick grasp of learning	☐ Medium to moderate grasp	☐ Slow to learn
Dreams	☐ Fearful flying running jumping	☒ Angry, fiery, violent adventurous	☐ Includes water clouds relationship, romance
Sleep	☐ Interrupted light	☐ Sound, medium	☐ Sound, heavy long
Speech	☐ Fast sometimes missing words	☐ Fast sharp clear cut	☐ Sound, clear, sweet
Voice	☐ High pitch	☒ Medium pitch	☐ Low pitch
Mental profile			
Eating speed	☐ Quick	☐ Medium	☐ Slow
Hunger level	☐ Irregular	☒ Sharp need food when hungry	☐ Can easily miss meals
Food and drink	☒ Prefers warm	☐ Prefers cold	☐ Prefers dry and warm
Achieving goal	☐ Easily distracted	☐ Focused of driven	☐ Slow and steady
Giving/donation	☐ Gives small amounts	☐ Gives nothing or large amount infrequently	☐ Gives regularly and generously
Relationships	☐ Many casual	☒ Intense	☐ Long and deep
Sex drive	☐ Variable or low	☐ Moderate	☐ Strong
Works best	☐ White supervised	☐ Alone	☐ In groups
Weather preference	☐ Aversion to cold	☒ Aversion to heat	☐ Aversion to damp cool
Reaction to stress	☐ Excites quickly	☐ Medium	☐ Slow to get excited
Finances	☐ Doesn't save spends quickly	☐ (Save but big heat)	☐ Save regularly accumulates wealth
Friendship	☐ Tends towards short term friendship makes friends	☒ Tends to be a longer friends related to occupation	☐ Tends to form long lasting
Vata type	Dry to rough skin, insomnia, constipation, fatigue, headaches, intolerance of cold underweight or losing weight anxiety, worry, and restlessness, attention deficit with hyperactivity disorder.		
Pitta type	Rashes inflammatory, skin condition, stomach ache, diarrhea, controlling and manipulative behavior, visual problems, excessive body heat, hostility irritability and excessive competitive drive.		
Kapha type	Oily skin shows digestion, digestion, sinus congestion, nasal allergies, asthma, and obesity. Skin growths, possessiveness, neediness, apathy, depression, difficulty, paying attention.		

INSTRUCTIONS FOR PANCHKARMA TREATMENTS

1. Warm and hot water for drinking.
2. Hot water for bathing.
3. Avoid day sleep.
4. Avoid awakening in night.
5. Pass natural urges (urine & stools) before Panchkarma treatments.
6. Don't suppress natural urges.
7. Don't do excessive workout exercise
8. Don't expose to cold air or hot sun.
9. Avoid stress and strain during treatment.
10. Don't travel on vehicles immediately after treatment.
11. Immediately after traveling or exercise should be not taking and panchkarma treatment.
12. Avoid coitus during treatment period.
13. Take proper rest during and after treatment.
14. During treatment patient should be kept on light and hot diet.

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 RZ-6A, Raghunagar, Pankha Road,
 Dabri Mog, Dwarka, Delhi-15

PANCHKARMA CONSENT

UHID: 5300122061 OPD: 0805 Room No. 01 Date: 19/1/22

Patient's Name (रोगी का नाम) Mrs. Chhanna
 Father's/ Husband's Name (पिता/पति का नाम) Shankar Chhanna
 Date (दिनांक) 12/1/22 Age (उम्र) 45 yrs Sex (लिंग) Female
 Address & Phone no. (पता एवं फोन नं.) Mt. A-2 village near Mala Mondir Gali, Noida-110054
 Treatment Benefits (उपचार के लाभ) skin disease will reduce.
 Risk (जोखिम) Hot oil may cause burn. Virechan can cause loose motion.
 Alternative (विकल्प) Apply Tatyaoli oil, Use Kutaj ghan vati

हम हमारी थेरेपी के बारे में पूर्णतः बता दिया गया है एवं थेरेपी के आने वाले उपद्रवों के बारे में भी बता दिया गया है।

जैसे :-	घुटनों में सूजन	☐	इनझनाइट	☐
	पैरों में दर्द	☐	अकड़न	☐
	पेट में भारीपन	☐	सुन्नपन	☐
	कमर में दर्द	☐	उल्टी	☒
	दर्द में वृद्धि	☐	दस्त	☒
	बुखार आना	☐	बी.पी कम होना	☐

आदि के बारे में डाक्टर द्वारा अवगत करा दिया गया है। मैं स्वतः अपनी इच्छानुसार अपनी होनी वाली थेरेपी

के बारे में पूर्णतः ज्ञात होने के पश्चात इन्हें कराने के लिए तैयार हूँ। इसकी पूर्णतः जिम्मेदारी मेरी स्वयं की होगी।

➤ थेरेपिस्ट का नाम Preeti थेरेपिस्ट हस्ताक्षर Preeti
 ➤ डाक्टर का नाम Dr. Anand Kumar रोगी के हस्ताक्षर Man
 ➤ प्रत्याक्षी Self दिनांक 12/1/22

We are informed about the therapy & also about the complication in which e.g.

Swelling in Joints	☐	Tingling sensation	☐
Pain in Legs	☐	Tenderness	☐
Tenderness in abdomen	☐	Numbness	☐
Backache	☐	Vomiting	☐
Increase pain	☐	Loose motion	☒
Fever	☐	Decrease B.P	☒



➤ After Explaining about the complication & the benefits I will be responsible for everything and give full permission to the doctors & the therapists to perform Virechan, Snehan, Abhyanga + Sweda
 ➤ Therapist's Name: Preeti Therapist's Signature Preeti
 ➤ Doctor's Name Dr. Anand Kumar Patient's Signature Man
 ➤ Witness Self Date 12/1/22

UHID: 52581228661

OPD: 18/12

Room No. 01

Date: 12/1/22

PROCEDURE CARE PLAN

Patient's Name (रोगी का नाम) Mansa Sharma

Father's/Husband's Name (पिता/पति का नाम) Shiv Kumar

Date (दिनांक) 12/1/22 Age (उम्र) 45 yrs

Sex (लिंग) Female

Procedure Perform (प्रक्रिया) Virechan, Shehpaan, Abhyanga + swed.

Provisional Diagnosis (रोग निश्चय) Kushtha

Final Diagnosis (रोग विनिश्चय) Kushtha

Doctor Name (चिकित्सक नाम) Dr. Anuradha Kumar

Therapist Name (सहायक नाम)

Details of Therapy :

Day ① 30ml

② 60 ml.

③ 90 ml

④ 120 ml

⑤ 150 ml

⑥ 180 ml.

6 days

1) shehpaan + mahatikta ghrit

2) Virechan + frivri vlen (sogm)

3) Sansarajan karm @ Home.

4) Abhyanga + swed + mahanaayan oil
for ③ day in rest days. — ③ days.

Doctor's Name (चिकित्सक नाम) Dr. Anuradha Kumar

Date (दिनांक) 12/1/22

Signature (हस्ताक्षर) Anuradha

Anuradha
12/1/22

A

Shuddhi Ayurveda Panchkarma Clinic

(A Unit of Jeena Sikho Lifecare Pvt. Ltd)

RZ-6A, Syndicate Enclave, Dabri Mod, Dwarka, Delhi-110045

Dabri Mod, Dwarka, Delhi-110045

UHID: 511201220661 OPD: 0805 Room No: 01 Date: 26/1/22

F.H.NO.

DISCHARGE FILE

Patient's Name (रोगी का नाम) Mrs. Shobhana Age (उम्र) 45 yr Sex (लिंग) Female

W/o, S/o, D/o (पिता/पति) Shobhanand

Address (पता) H/No-2 Village Tawanda Block Mansarovar New Delhi-110057

Treatment Start Date (उपचार प्रारंभ दिनांक) 17/1/22 End Date of Treatment (उपचार की अंतिम तिथि) 24/1/22

Treatment Start Time (उपचार प्रारंभ समय) 9 Am Treatment End Time (उपचार समाप्ति समय) 10 Am

Chief Consultant (मुख्य चिकित्सक) Dr. Anand Kumar

CHIEF COMPLAINT AND HISTORY (मुख्य तकलीफ एवं उसका वृत्तान्त)

multiple red, scaly
patches on skin
+ itching (+)

Past Medical History (पुराना चिकित्सा वृत्तान्त) x

Family History (कुटुंब वृत्तान्त) x

Pain Scale - x

VitaParameters

B.P 120/80 mmHg
P/R 78/min
SUGAR x
WEIGHT 56.8 kg
HEIGHT 5'4"

MENSTRUAL HISTORY

menopause ①
yrs back.

Astha Sthana Pariksha

1. NADI Vaat, Pitta
2. MALA (N)
3. MUTRA (N)
4. JIWAHA (N)
5. SHABDA (N)
6. SPARSHA (N)
7. AKRUTI (N)
8. DRIKA (N)

Dash vidha Pariksha

- 1) Prakruti vaat pittaj
- 2) Vikruti vaat kaphaj
- 3) Sara (m)
- 4) Samhana (m)
- 5) Pramana (m)
- 6) Satmya (m)
- 7) Satva (m)
- 8) Agni (m)
- 9) Vaya (m)
- 10) Vyayam Shakti (m)

α.

DIAGNOSIS AND TREATMENT SUMMARY (रोग चिकित्सा वृत्तान्त)

- Δ Kushttha roge
 - Snehpana c mahatikta ghrit x ⑥ days
 - Virechan c Trivrit avlen - ① day
 → Abhyanga of Swed c mahamarayan oil x ③ day
 → Samskar an Karma at home
 ADVISE ON DISCHARGE (आहार निर्देश)

As per Diet chart

Follow up (दोबारा कब आना है) 15 days.

CONDITION AT THE TIME OF DISCHARGE

Time ☒ Alive ☐ Dead ☐ Referred ☐ Lama ☐

WHEN TO OBTAIN EMERGENCY CALL (आपातकालीन समस्या में सम्पर्क)
 1 No. 8368016387 / 8860421234

If seen problem ↑

Medicine After Diseases (औषधि छुट्टी के बाद)

- charan rog wali - ①-① tab सुकह शाम 7 गुन पानी से
 → skin cure tab ①-① tab सुकह शाम 7 गुन पानी से
 → Burochem - 4 - 2-2 चम्मच 1/2 ग्लास सोडे पानी में मिलाकर

Dr. Name Dr. Anurach

Sign Anurach

Date 26/01/22

Shuddhi Ayurveda Panchkarma Clinic
 (A Unit of Jeena Siksha Sadhana Pvt. Ltd)
 27-6A, Raghu Nagar, Pancha Road,
 Gabori Mod, Dwarka, Delhi-45

VITAL CHART

Patient Name : Mrs. Shalini Gender : Female DoA : 12/1/22 UHID No. : 71001206

[illegible]

DAILY MEDICATION SCHEDULE

UHID: JS170220661 OPD 0805 Date: 17/1/22

Patient Name: Mam Shalini DOA: 17/1/22

Allergies: _____

Consultant: Dr. Anand Kumar

NAME OF DRUG	DOSE	DATE	TIME			NAME OF DRUG	DOSE	DATE	TIME	
			M	A	E				M	A
1) charm rog	1BD	17/1/22				charm rog	1BD	25/1/22	M	A
skin wrt	1BD					skin wrt	1BD			
Puroden	2TSP BD					puroden	2TSP BD			
2) charm rog	1BD	18/1/22				charm rog		26/1/22		
skin wrt	"					skin wrt	"			
Puroden	2TSP BD					puroden				
3) charm rog	"	19/1/22								
skin wrt	"									
Puroden	"									
4) charm rog	"	20/1/22								
skin wrt	"									
Puroden	"									
5) charm rog	"	21/1/22								
skin wrt	"									
Puroden	"									
6) charm rog	"	22/1/22								
skin wrt	"									
Puroden	"									
7) charm rog	"	23/1/22								
skin wrt	"									
Puroden	"									
8) charm rog	"	24/1/22								
skin wrt	"									
Puroden	"									



UHID: 5308220/61

OPD: 0805

Room No. 01

PH No. 8368016387 / 8860421234

PROGRESS NOTES

DATE: 17/01/22

TIME: 9:15 Am

B.P.: 120/70 mmHg

P/R: 70/min

Temp.: 98.4°f

Pain:

10 - multiple red dots & patches.
over whole body
size 2cm x 3cm to 4cm
itching ++
scaly lesion.
no Discharge.

Deepan pachan done & samahati
snehpan from today

- ① 30ml
- ② 60ml
- ③ 90ml
- ④ 120ml
- ⑤ 150ml
- ⑥ 180ml

DATE:

TIME:

B.P.:

P/R:

Temp.:

Pain:

⑦ stop if samyank lakshana of
Shukh appears.

1) churn rog hati | ①-① tab morning
2) skin care tab | evening & lukhwar
3) Purochurn - 4 - ②-② chakra 2/3
pana ke ni mal

UHID: JSDeu20661

OPD: 18/5

Room No. 01

PH No. 8368016387 / 8860421234

PROGRESS NOTES

DATE: 18/1/22

TIME: 9:10 Am

B.P.: 118/80 mmHg

P/R: 74/min

Temp.: 98.5°F

Pain:

C/O - ac fair
- vital stab
no fresh complain
Appetite (A)
sleep Disturbance mild.

Adv - C.S.T. (ghrit 60ml)
After - patient ok
no complain
Adv - C.S.T. (ghrit 60ml)
Diet follow

DATE: 19/1/22

TIME: 9:15 Am

B.P.: 117/90 mmHg

P/R: 75/min

Temp.: 98.1°F

Pain:

C/O ac fair
vitals stable
no fresh complaint

Adv - C.S.T. (ghrit 90ml)
After - patient fine
vitals ok

Adv - C.S.T. (ghrit 120ml)
Diet follow

UHID: JS120220661

OPD: 0215

Room No. 67

PH No. 8368016387 / 8860421234

PROGRESS NOTES

DATE: 20/1/22.

TIME: 9:10 Am

B.P.: 112/80 mmHg

P/R: 72/min

Temp.: 97.9°F

Pain:

C/O - AC fair
vitals stab
no fresh complaint
Sleep - (N)
Bowel - (N)

Adv - C.S.T. (ghrit 120 ml)

After - No complaint
vitals stab

Adv - C.S.T.
Diet follow

DATE: 21/1/22

TIME: 9:15 Am

B.P.: 125/70 mmHg

P/R: 80/min

Temp.: 97.9°F

Pain:

C/O AC fair
vitals stab
no fresh complaint
mild headache

Adv - C.S.T. (ghrit 150 ml)

After - no complaint
patient fine.

Adv - C.S.T.
Diet follow.

UHID: ISD20220661

OPD: 48/5

Room No. 21

PH No. 8368016387 / 8860421234

PROGRESS NOTES

DATE: 22/1/22.

TIME: 9:20 Am

B.P.: 120/80 mmHg

P/R: 81/min

Temp.: 98°F

Pain:

C/O-

Ac Fair.

vitals stable.

no fresh complain

Headache OK.

Adv - C.S.T. (ghrit 180ml)

After - patient fine no complai

Adv - ~~AST~~ Diet follow.

DATE: 23/1/22

TIME: 9:05 Am

B.P.: 125/70 mmHg

P/R: 78/min

Temp.: 98°F

Pain:

C/O-

Ac Fair.

no complain

Headache OK.

Adv → Abhyanga c mahauaraaj oil +

Bashpa swea.

After - Patient feeling light
no complai

Adv - C.S.T.
Diet follow

UHID: 331241220661

OPD: 1865

Room No. 01

PH No. 8368016387 / 8860421234

PROGRESS NOTES

DATE: 24/1/22

TIME: 9:15 Am

B.P.: 124/80 mmHg

P/R: 79/min

Temp.: 97.8°F

Pain:

c/o - vitals stable.
hc fair
no fresh complain.

Adv - C.S.T.

After - patient fine
no complain
vitals stable.

Adv - C.S.T.
Diet follow

DATE: 25/1/22

TIME: 9:10 Am

B.P.: 120/70 mmHg

P/R: 89/min

Temp.: 97.5°F

Pain:

c/o - vitals stable.
hc fair
no fresh complain

Adv - C.S.T.

After - patient fine
no complain.

Adv - Diet follow

UHID: JS101220661

OPD: 28/5

Room No. 21

PH No. 8368016387 / 8860421234

PROGRESS NOTES

DATE: 26/1/22

TIME: 9:15 Am

B.P.: 112/78 mm/Hg

P/R: 90/min

Temp. 98.1°F

Pain:

C/O - vitals stab.
ac fair
no fresh complaint

Adv - Trivni avlehu (50gm)

2 Maha draksha

Attu Total rega - 8
virechan stopped
satisfactory

Follow sarsarjan kam

DATE:

TIME:

B.P.:

P/R:

Temp.:

Pain:

evening पेसा (1:14) चावल, पानी
morning पेसा
Evening विलेप (1:6, चावल, पानी)
morning विलेप
Evening अकृत यूप
morning कृत यूप (soup + Jeera + Heeng)

Evening अकृत कुशरा
morning कृत कुशरा (Jeera heeng)