



श्री वत्स आयुर्वेदिक चिकित्सालय

640/C, चिराग दिल्ली, नई दिल्ली-110017 (निकट शीतला माता मन्दिर) वार्ड-88 (S)
(A CGHS/DGHS Empanelled, Beneficiary Day Care Center)

पीढ़ी दर पीढ़ी, 5 पीढ़ियों से सम्मानित विश्व प्रसिद्ध वैद्य परिवार

संस्थापक :

वैद्य स्व० पं. रामजी लाल जी
वैद्य स्व० पं. कंवरलाल जी
वैद्य स्व० पं. भीम सैन जी
वैद्य स्व० पं. सुरेन्द्र कुमार जी

Dr. Pushkar Sharma

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Regn. No. DBCP/A/5082

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Ex-R.M.O. Sharma Hospital, Bombay
Regn. No. DBCP/A/5521

Treatment:

Diagnosis

Anorectal Care

- Piles
- Fisure
- Fistula

Gynae

- Infertility Primary and Secondary
- P.C.O.D.
- Fibroid Uterus
- Per & Past Delivery Care

Orthocare

- Joint Pain
- Cervical Pain
- Low Back Pain
- Migraine Paralysis

Panchkarma

- Purification
- Rejuvenation
- Shirodhara
- Nasya
- Vaman
- Virechana
- Basti

Gestocare

- Acidity
- Castipation
- I.B.S
- Liver, Kidney Disorders

Special Treatment

- Navel Seating
- Neuro Therapy
- Skin Disorders
- Hair Fall
- Marma Therapy

Facility

- Fully Equipped
- Panchkarma Room
- Beds For Admission (Day Care Only)
- Ambulance
- Ayurvedic Treatment
- Emergency care
- TPA Desk

(अष्टविध परीक्षा)
स्पर्श - शीत
शब्द - मध्यम
Face (Akruti) - मध्यम
Eye(Dirka) - पीली
Jiwha - लिप्त
Urine - 3-4 बार
Kastho(Stool) - कुर
Nadi (वात, पित्त, कफ) - वात

(Dash Vidha)

Prakruti - वात
Vikruti - वात
Sara - मध्यम
Samhana - मध्यम
Pramana - मध्यम
Satmya - मध्यम
Satva - मध्यम
Aahar Shakti - मध्यम
Vaya - मध्यम
Vyayani Shakti - मध्यम
History -
Family - Mother Father (Joint Pain)
Menstrual History - Stops in 4 days

B.P. : - 121/61
Wt. : - 65 kg
Height : - 5.3
RBS : - 90
P/R : - 88
Spo2 : - 96
CVS() - 14
CNS() - 14

Advice: Days Bed Rest OR Hospitalization Till Improvement

UHID No. VAC 2164 OPD-2165

Room No. Therapy Room

Name Mrs. Sabita Bera

W/O, D/o, S/o Sudeb Bera

Chief Complaint

→ whole body Pains + Vertigo.

AGE: 54. SEX: F.

Date 21/05/21

Time

Referral case by Cghs Dispensary
Panchkarma Procedure.

(1) Abhyanga - Sweeta X 7 Days.
Abhyanga by Sheerbale Tailam
Sweeta by Dashmoola Kwath

(2) Naadi Sweeta :- By nadi
Sweedan yantar :- 30 minutes
with contents of Dashmoola
Guan Khasey X 7 Days

(3) Pichu :- Sniso Pichu by
Dhanwantaram + 10 m.l
Narayan Taila + 10 m.l
+ 30 Minutes
X 7 Days

+ 18 square cloth 40 inch
for Bandaging.

Follow up with Consultant/SR after.....7 days/weeks/months

Not Valid For Medico Legal Case

OPD Timing: सुबह 9 से दोपहर 1 बजे, शाम 5 से रात्रि 7 बजे
मंगलवार छुट्टी

Customer Care : 011-29256867,

7982440732, 9891327011

Email: drpushkarsharma01@gmail.com

drpushkarsharma2@gmail.com



SHRI VATS AYURVEDIC CHIKITSALAYA

640/ C, Chirag Delhi, New Delhi-110017
PH. No.011-29256867 / 7982440732

Covid-19 Mandatory Self Declaration Form

Name : Mrs. Sabita Bera Date : 24/09/21
Address : Flat no. F3 First Floor, Building no. 642,
Government dispensary, Chirag Delhi, N.D-110017
Age : 54 Contact Number : 9211509382 Gender : M/F

Due to the ongoing and rapidly changing situation with the novel-corona virus (COVID-19), we are requiring all visitors to the Shri Vats Ayurvedic Chikitsalaya 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

- Have you come in contact with the covid-19 positive patient in last one month?
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.
- 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
- Have you attend any gathering or visited any crowded market place in the last 14 days ? If you, please specify.
No
- Purpose of your visit : For consultation, Patient attendant/other reason?
Panchkarma treatment

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.

Shri Vats Ayurvedic Chikitsalaya
640/C, Chirag Delhi
New Delhi-110017

Patient Signature

सविता बेरा



SHRI VATS AYURVEDIC CHIKITSALAYA

640/ C, Chirag Delhi, New Delhi-110017

Initial Assessment Form

DATE: 24/09/2021 UHID: UAC 2164 OPD: 2165

PATIENT NAME: Sabita Bera F/Name: w/o Sudhanshu Sekhar Bera

PATIENT HISTORY:

ADDRESS (Province-District): Flat no. F3, F.F, B. No. 642 Chirag Delhi, New Delhi-110017 PHONE No: 9211509381

PATIENT AGE: 54 F ☒ M ☐ Diagnosis: Whole Body Pain (Sarvangshul)

1. Civil Status: Single ☒ Married ☐ Number of children:

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: Graduate

4. History of the trauma/illness: Date: 24/09/2021 Circumstances/Etiology:
Associated diseases:

5. Medical History/Treatment: Hospital: Care:
Evolution since the beginning: Improved ☐ Worse ☐ Remarks:
Medication: X-ray/Other ex:

VATA		PITTA		KAPHA	
MENTAL PROFILE					
Mental activity	☒	Quick mind restless	☐	Sharp intellect aggressive	☐
Memory	☐	Short-term best	☐	Good general memory	☒
Thoughts	☐	Constantly changing	☒	Fairly steady	☐
Concentration	☒	Short-term focus best	☐	Better than average mental concentration	☐
Ability to learn	☐	Quick grasp of learning	☒	Medium to moderate grasp	☐
Dreams	☐	Fearful flying running jumping	☐	Angry, fiery, violent adventurous	☐
Sleep	☐	Interrupted light	☒	Sound, medium	☐
Speech	☐	Fast sometimes missing words	☒	Fast sharp clear cut	☐
Voice	☐	High pitch	☒	Medium pitch	☐
Mental profile					
Eating speed	☐	Quick	☒	Medium	☐
Hunger level	☒	irregular	☐	Sharp need food when hungry	☐
Food and drink	☐	Prefers warm	☐	Prefers cold	☐
Achieving goal	☐	Easily distracted	☐	Focused of driven	☐
Giving/donation	☐	Gives small amounts	☒	Gives nothing or large amount infrequently	☐
Relationships	☐	Many casual	☐	Intense	☐
Sex drive	☐	Variable or low	☐	Moderate	☐
Works best	☐	White supervised	☐	Alone	☒
Weather preference	☐	Aversion to cold	☒	Aversion to heat	☐
Reaction to stress	☐	Excites quickly	☒	Medium	☐
Finances	☒	Doesn't save spends quickly	☐	(Save but big heat)	☐
Friendship	☒	Tends towards short term friendship makes friends	☐	Tends to be a longer friends related to occupation	☐

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8.	Medical and Social Support			
	Ant old disease Live DM,HTN Etc.	Yes	☒ No	Comments: No
	History of Surgery	Yes	☒ No	Comments: No
	History of	Good	Bad	Comments: Pain from last 4-5 years

9. Main patient's concerns: Pain all over the body

10. Main patient's expectations: To take ayurvedic treatment box

Current Treatment: 1st 2nd 3rd >

Remarks: Better health.

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

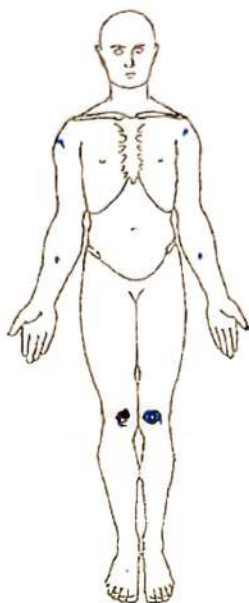
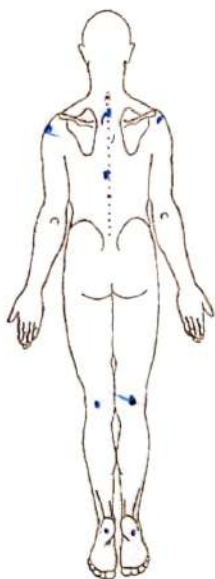
	Age	Weight	Mode of delivery
Marriage Time			
Before Pregnancy			
After 1st Delivery			☐ Normal ☐ C-Section ☐ Complication
After 2nd Delivery			☐ Normal ☐ C-Section ☐ Complication

Other Detail : _____

[Signature]
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Physical Examination:

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



Skin & Soft tissues problem

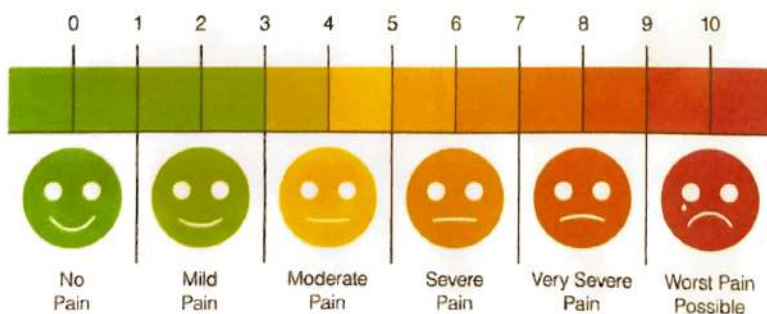
DISORDERS	Minor	Important
Swelling	☒	
Callus	☐	
Scar	☐	
Wound	☐	
Temperature	☐	
Infection	☐	
Pain		☒
Abnormal Sensation	☒	

Sensation

Sensitivity	R	L	(Specification)
Superficial		☒	
Deep		☒	
Numbness		☒	
Paresthesia		☒	
Other		☒	

SLR Test
REFAXYED

PAIN SCALE



8/10

[Signature]

Details Discription of Disease

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	Comments
Onset	Acute Pain 21/12/2020
Additional Disease	- NAD
Allergy	- NAD
Past Treatment	Anti-inflammatory + Pain
Blood Investigation	Adv @ = *C.B.C. *R.A. Factor. *Uric acid.

General Examination Assesement

ASTA VIDHA PARIKSHA

S No	Asta Vidha Pariksha	Date	Next Review Date	Next Review Date	Sign	Remark
1.	स्पर्श 21/12/20	24/9	1/10	8/10		
2.	शब्द नदयन	24/9	"	"		
3.	Face (Akroti) नदयन	24/9	"	"		
4.	Eye (Dirka) (Pallor, Icterus) dirka	24/9	"	"		
5.	Jiwha लिप	24/9	"	"		
6.	Urine 4-5 times/d (Frothy, Bleeding, Burning Sensation, Pain,)	-	"	"		
7.	Kastho (Stool) (Constipation) श्रुति Mild Moderate Severe	"	"	"		
8.	Nadi (वात, पित्त, कफ) वीर	"	"	"		

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DASH VIDHA PARIKSHA

S No	Pariksha	Date	Next Review Date	Next Review Date	Sign	Remark
1.	Prakruti वातज	24/9	1/10	8/10		
2.	Vikruti वातज	"	"	"		
3.	Sara कृयम	"	"	"		
4.	Samhana कृयम	"	"	"		
5.	Pramana कृयम	"	"	"		
6.	Satmyao कृयम	"	"	"		
7.	Satva (Avara, Pravar, Madhyam) कृयम	"	"	"		
8.	Aahar Shakti (Mild, Moderate) ↓	"	"	"		
9.	Vaya (Age) (Young, Moderate, Old) कृयम	"	"	"		
10.	Vyayani Shakti कृयम	"	"	"		

VITAL ASSESEMENT :

[illegible]

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PANCHKARMA THERAPY ASSESEMENT :

[illegible]

Functional Evaluation:

Balance disorders

Sitting	Normal
	Good 
	Poor
	Not possible
Standing	Normal
	Good 
	Poor
	Not possible

Coordination

UPPER LIMBS	Good	Poor	Not possible
	L R	L R	L R
LOWER LIMBS	Good	Poor	Not possible
	L R	L R	L R
Comments:	Good.		

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

Next Follow Plan

Same

Next Follow Date

1/10

Till Next Follow Diet Care :

As in diet chart

Till Next Follow Life Style Change

* Avoid Fast & Non Veg

* Advise Dinchaaya &
Ritucharya Plan
of Ayurveda

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* Drink Lukewarm water.

* Regular check-up till 3 months.
to opel.

PANCHKARMA TREATMENT PLAN

POORVA KARMA

Days Medicine	7 days (3 to 4 Day deepam, Paschaan)
Risk, Benefits	-
Next follow up advice	Take only warm water for drinking & bathing Avoid sleeping in the day time, Ager Anxiety.
Next follow up date	

Days Medicine	7 days
Risk, Benefits	-
Next follow up advice	Use only water for drinking. Avoid Spicizing food.
Next follow up date	No smoking and dust area Prohibited.

PASCHAT KARMA

Days Medicine	7 days Medicines and follow it for 1 month
Risk, Benefits	Numbness, weakness, Pain are the complications arising which can be treated accordingly.
Next follow up advice	For 7 Days advise to Patient to have rest in Room Take hot water bath and take diet & avoid sleeping in day time.
Next follow up date	

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श्री वत्स आयुर्वेदिक चिकित्सालय

640/C, चिराग दिल्ली, नई दिल्ली-110017

Diet Chart

पथ्य - अपथ्य

लाभकारी परहेज

1. रोगी का कमरा साफ सुथरा व हवादार होना चाहिए। कृपया रोगी को ज्यादा घोट कर ना रखें। उसका मनोबल बना कर रखें।
 2. तेज बुखार होने पर पानी की पट्टी का प्रयोग करें। नींद आने पर जगा कर दवा न दें।
 3. रोगी को उबला हुआ पानी ही पिलायें।
 4. रोगी को बहुत ही हल्का खाना दें जैसे गेहूँ और बाजरे का भुना हुआ दलिया, खिचड़ी साबूदाना, दाल व सब्जियों का सूप, डबलरोटी (**Brown Bread**), आटे वाली मैगी, ओट्स, पोहा, रवा, चीवड़ा, ढोकला, काँगनी चौलाई, फलों में चीकू, पपीता, सेब, मौसमी, नारियल पानी, किवी और खरबुजा।
 5. रोगी को दूध चाय की पत्ती व दो पत्ते तुलसी के डाल कर दें, अगर खौंसी अधिक है तो दो बार पान, अदरक, तुलसी के पत्ते का अर्क (रस) शहद में मिलाकर चटायें।
 6. रोगी के कमरे में रोशनी धीमी हो। कमरे को फिनाईल से साफ रखें, नीम के पत्तों के साथ पानी उबाल कर उसमें तौलिया डुबोकर फिर उसे निचोड़ कर रोगी के शरीर को पौछे।
 7. फलकन माता (मसुलिका, **Chicken Pox**) रोग में रोगी को नमक से दूर रखें जो दाना फूट जाये उस पर नीम की छाल और लाल चन्दन घीसकर लगाये।
 8. घर में अन्डा, चिकन, मीट, मछली का बिलकुल सेवन ना करें। रोगी को आईसक्रीम, अचार, डब्बा बंद चीजें, आम और अनार ना दें।
 9. शुगर के रोगी गलती से भी आलू, चावल, फल न खायें।
 10. दस्त लगने पर पानी में नमक व चीनी या जीवन रक्षक घोल या इलेक्ट्रोल (**ORS**) पानी में मिलाकर दें।
 11. जो रोगी अपनी **Thyroid, Sugar, B.P** की दवा पिछले काफी दिनों से लगतार खा रहें हैं वो दवा लेते रहें, एकदम बन्द न करें।
 12. खरसरा एक जान लेवा बीमारी है। किसी भी प्रकार की असुविधा होने पर आप अपने निकट के स्वास्थ्य केन्द्र पर भी सम्पर्क कर सकते हैं।
- ठीक होने के बाद अगर संभव हो तो हर हफ्ते में एक दिन व्रत (**Fast**) जरूर रखे इससे आपके शरीर का अच्छे से (**Detoxification**) होगा।

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जय आयुर्वेद, जय जय माँ शीतला

डा० पुष्कर शर्मा डा० परीधी शर्मा

WISH YOU A SPEEDY RECOVERY



Shri Vats Ayurvedic Chikitsalaya

640/C, Chirag Delhi, New Delhi-110017

PH No. 7982440732

Initial Assessment

24/9/21

UHID: VAC 2164.

OPD: 2165

Room No. Therapy Room.

Initial ASSESSMENT.

* Chief Complaint →

Pt. comes c/c/o
* Severe back Pain
* Unable to Move

* History of Present illness →

Pt. was healthy Before One Month Then suddenly she of low Joint Pain. Pt took allopathic medication from allopathic Private Clinic But not relieved. After that she goes to our Ayurvedic Cgus Center. now she bring Referral for Panchkarma Treatment.

* Past history → NAD

* Personal history → NAD.

* Family history → NAD.

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SHRI VATS AYURVEDIC CHIKITSALAYA

640/ C, Chirag Delhi, New Delhi-110017

PH. No.011-29256867 / 7982440732

ADMISSION & DISCHARGED RECORD (Day Care)

UHID UAC 2164 OPD 2165 Room No. Therapy Room Date 24/09/21
Name Of Patient (रोगी का नाम) Mrs. Sabita Bera
Name Of Father/Husband (पिता/पति का नाम) w/o Mr. Sudhanshu Sekhar Bera
Date Of Treatment (उपचार की तिथि) 24/09/21 Time of Treatment (उपचार का समय) 11am Age (उम्र) 54 Sex (लिंग) F
Assistant Doctor (सहायक उपचारक) Gyan deri
Doctor Incharge (संचालक उपचारक) Dr. Pushkar Sharma
Treatment end Date (उपचार समाप्ति तिथि) 01/10/21 Time End Of Treatment (उपचार का समय समाप्त) 01pm
Operation (If Any) -
Procedure (प्रक्रिया) Sana Abhyang - Sweda + Nadi Swed + Pichu.
Diagnosis (रोग निश्चय) सर्वांगशूल (Whole body Pain)
Address & Phone No. (पता एवं फोन नं.) Flat No. F3 First Floor, Building No. 642,
Government Dispensary, Chirag Delhi, New Delhi - 110017, 9211509381

Result	Cured/Relived	Left Against Medical Advice	Investigation Only	Discharge Request	Expired
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Payment :- CASH ☒ TPA Name/No ☒ Govt. Insurance. C.G.H.S.
Patient (Person wife)

UNDER TAKING FOR TREATMENT INVESTIGATION & FINANCE ETC.

I am getting admitted on day care basis at Shri Vats Ayurvedic Chikitsalaya 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.

मैं अपनी मर्जी से श्री वत्स आयुर्वेदिक चिकित्सालय मे दिवसीय उपचार के लिए भर्ती हो रहा/रही हूँ। मैं तैयार हूँ मेरे साथ होने वाली आयुर्वेदिक चिकित्सा पद्धति के लिए, और मैं सब कुछ सोच कर एवं चिकित्सा से होने वाले फायदा और परिणाम को समझ कर करवा रहा/रही हूँ एवं मैंने जो विवरण दिया है वह पूर्णतः सही है।

Dated (दिनांक) 24/09/21 Witness (प्रत्यक्षी) Mrs. Sabita Bera
Signature (हस्ताक्षर) [Signature] Relationship of Patient (रोगी से सम्बंध) Self
Shri Vats Ayurvedic Chikitsalaya
640/C, Chirag Delhi
New Delhi-110017

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 charge 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 चयन किया है और क्लिनिक के नियमों और विनियमों के अनुसार बिल का भुगतान करूंगा /करूंगी ।
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, ब्लॉक 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 बकाया के लिए जिम्मेदार नहीं होगा ।
5. रिसेप्शन पर लिखित में सुझाव/शिकायतें दी जा सकती हैं ।
6. सभी बिलों का भुगतान नकद में किया जाता है टीपीए /निजी बीमा / सरकारी बीमा आदि । चैक नहीं लिया जाता है ।

Dated (दिनांक)..... 24/09/21

Signature (हस्ताक्षर)..... सविता बेरा

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

Witness(प्रत्यक्षी)..... Mrs. Sabita Bera


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SHRI VATS AYURVEDIC CHIKITSALAYA

640/ C, Chirag Delhi, New Delhi-110017
PH. No.011-29256867 / 7982440732

DISCHARGE FILE

F.H.NO.

UHID. VAC 2164 OPD. 2165 Room No. Therapy Date. 01/10/21 01/10/21

Patient's Name (रोगी का नाम) Mrs. Sabita Bera Age (उम्र) 54 Sex (लिंग) F

W/o, S/o, D/o (पिता/पति) w/o Mr. Sudhanshu Sekhar Bera

Address (पता) Flat no F3 first floor Building no-642 (Chirag Delhi) N-0-110017

Date of Admission (भर्ती की तारीख) 24/09/21 Date of Discharge (छुट्टी की तारीख) 01/10/21

Time of Admission (भर्ती का समय) 11 am Time of Discharge (छुट्टी का समय) 12:30 pm

Chief Consultant (मुख्य चिकित्सक) Dr. Pushkar Sharma

CHIEF COMPLAINT AND HISTORY (मुख्य तक्रार एवं उसका वृत्तान्त)

स्थानिक दर्द, सर्जिकल दर्द,

Past Medical History (पुराना चिकित्सा वृत्तान्त)

Family History (कुटुंब वृत्तान्त) Mother & father both are having joints pain always.

Pain Scale - 8/10

VitaParameters

B.P - 121/61

P/R - 88

SUGAR - 99

WEIGHT - 65 kg

HEIGHT - 5.3

MENSTRUAL HISTORY

Stoppage age 43

Astha Sthana Pariksha

1. NADI वातज
2. MALA कूट
3. MUTRA 4-5 times/d
4. JIWAHA लाल
5. SHABDA नरम
6. SPARSHA शीतल
7. AKRUTI नरम
8. DRIKA नरम

Dash vidha Pariksha

- 1) Prakruti वातज
- 2) Vikruti वातज
- 3) Sara नरम
- 4) Samhana नरम
- 5) Pramana नरम
- 6) Satmya नरम
- 7) Satva नरम
- 8) Agni ↓
- 9) Vaya नरम
- 10) Vyayam Shakti नरम

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INVESTIGATION EXAMINATION (जाँच)

X
X

DIAGNOSIS AND TREATMENT SUMMARY (रोग चिकित्सा वृत्तांत)

- सर्वांगशूल
ग/ग - अभयंग, स्वेद, पिच्यु, नडी स्वेद

DIET ADVISE ON DISCHARGE (आहार निर्देश)

As advice in diet chart.

Follow up (दोबारा कब आना है) After 7 Days

CONDITION AT THE TIME OF DISCHARGE

Home ☒ Dead ☐ Referred ☐ Lama ☐

1. WHEN TO OBTAIN EMERGENCY CALL (आपातकालीन समस्या में सम्पर्क)

PH. No. 011-29256867 / 7982440732

- A) Inf Pain ↑
B) of Stiffness ↑
C) of tenderness ↑

2. Medicine After Diseases (औषधि छुट्टी के बाद)

* Cap e - esmagachha with Milk (MOR/EVE)
X 7 Days.

* Tb. Vataxin 1 B.D with lukewarm
water X 7
Days.

Dr. Name Dr. Poonkaj Sharna

Sign Poonkaj Sharna

Date 24/10/21

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