ॐ श्री धन्वन्तरे नमः

# श्री वत्स आयुर्वेदिक चिकित्सालय

Since - 1855

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**
B.A.M.S. (Delhi Uni.), N.D.D.Y., D.N.H.E. (D.U.)
C.P.C., C.K.S. (Bombay), C.A.C.T (Pune)
C.C.C.N (Medvarsity),
Trained at Deen Dayal Hospital, Delhi
Ex-R.M.O. Tibbiya Hospital, Delhi
Ex-R.M.O. Mamta Hospital, Gurgaon
Ex-R.M.O. Kothia Hospital, Bombay
Regn. No. DBCP/A/5082

**Dr. (Mrs.) Paridhi Sharma**
B.A.M.S. M.D. (Uni.) Rohtak, D.P.C., C.G.O. (Bombay), C.A.C.T (Pune), C.F.N (N.F.N.A)
**Ex-Medical Officer,**
Civil Hospital, Gurgaon
Ex-R.M.O. Mamta Hospital, Gurgaon
Ex-R.M.O. Sharma Hospital, Bombay
Regn. No. DBCP/A/5521


**Treatment:**

- **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

**Diagnosis**

(अष्टविध परीक्षा)
स्पर्श — मध्यम
शब्द — मध्यम
Face (Akruti) — मध्यम
Eye(Dirka) — मध्यम
Jiwha — सामान्य
Urine — 4–5 बार
Kastho(Stool) — साफ
Nadi (वात, पित्त, कफ) → वातज

(Dash Vidha)
Prakruti — वातज
Vikruti — वातज
Sara — मध्यम
Samhana — मध्यम
Pramana — मध्यम
Satmyaō — मध्यम
Satva — मध्यम
Aahar Shakti — मध्यम
Vaya — मध्यम
Vyayani Shakti — मध्यम
History — Back Pain
Family — Diabetes, Thyroid, Sugar
Menstrual History — X
B.P. : — 114/76
Wt. : — 45 K.G
Height : — 5.7
RBS: — 90
P/R: — 91
Spo2 — 90
CVS( ) — N
CNS( ) — N

**Advice:** ...X... Days Bed Rest OR Hospitalization Till Improvement

UHID No. VAC2161 · OPD-2162 · AGE: 70 SEX: M.
Room No. Therapy Room
Name — MD. Mukhtar Khan
Date 24/05/21.
W/o, D/o, S/o
Time 10.30 A.M
Chief Complaint

Whole body Pain

℞

Refral Case by Cyno Dispensary

Panchkarma Procedure

1. Abhyang – Swedan
   - By Dhanwantram Tailam on whole body.
   - Swedan – on whole body by Dashmool Kwath.
   - Abhyang – 30 minutes. / Swedan – 35 minutes / X7 Days.
2. Rakt Basti – On Back-Side with Dhanwantram Tailam 45 Min (X7 Days)

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

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

## ADMISSION & DISCHARGED RECORD (Day Care)

UHID VAC 2161 OPD 2162 Room No Therapy room Date 24/09/21

Name Of Patient (रोगी का नाम) MD. Mukhtar Khan

Name Of Father/Husband(पिता/पति का नाम) S/O MD Sikander Khan

Date Of Treatment(उपचार की तिथि) 24/09/21 Time of Treatment(उपचार का समय) 11am Age(उम्र) 70 Sex(लिंग) M

Assistant Doctor (सहायक उपचारक) Anit

Doctor Incharge(संचालक उपचारक) Dr. Pushkar Sharma

Treatment end Date(उपचार समाप्ति तिथि) 01/10/21 Time End Of Treatment (उपचार का समय समाप्त) 01 PM

Operation (If Any) NO

Procedure(प्रक्रिया) Abhyanga-Sweda + Kati Basti

Diagnosis(रोग निश्चय) कटि शूल (Kati Shool - Back Pain)

Address & Phone No.(पता एवं फोन नं.) 630, Sec-7 R.K puram New Delhi-110022 9015856605

| Result | Cured/Relived | Left Against Medical Advice | Investigation Only | Discharge Request | Expired |
|---|---|---|---|---|---|
| | ✓ | | | | |

Payment :- CASH [ ] TPA Name/No [ ] Govt.Insurance. ✓ C.G.H.S. Retired Person.

### 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 चिकत्सालय 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 पूर्णत: सही है ।

Dated (दिनांक) 24/09/21 Witness (प्रत्यक्षी) MD. Mukhtar Khan

Signature (हस्ताक्षर) Relationship of Patient (रोगी से सम्बंध) Self

Shri Vats Ayurvedic Chikitsalya
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 करूँगा /करुँगी |
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 है 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 ज़िम्मेदारी 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 | अत: क्लिनिक किसी भी नुकसान या बकाया के लिए जिम्मेदार नहीं होगा |
5. रिसेप्शन पर लिखित में सुझाव/शिकायते दी जा सकती है |
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)..... Mmkhan

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

Witness(प्रत्यक्षी)..... MD. Mukhtar Khan

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# SHRI VATS AYURVEDIC CHIKITSALAYA

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

## GENERAL CONSENT

UHID UAC 2161 OPD 2162 Room No. Therapy Room Date 24/09/21

I MD. Mukhtar Khan W/o, S/o, D/o MD. Sikander

R/O 630, Sec-2 R.K puram N.D-110022

Date of Admission 24/09/21 Age 70 Sex M

Has been clearly explained about the Procedure Abhyanga - Sweda + Kati vasti

By Dr. Dr. Pushkar Sharma

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 पुष्कर शर्मा ने मुझे मुझ पर होने वाली प्रक्रिया (थैरेपी) के बारे में पूर्णत: बता दिया है। जिसमें आने वाले उपद्रवो 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 हूं एवं मुझे बता दिया गया है और मैं अपनी स्वीकृति दे रहा/रही हूं।

Patient's Name (रोगी का नाम) MD. Mukhtar Khan

Signature (हस्ताक्षर) Mukhtar

Date (दिनांक) 24/09/21

Place (स्थान) N. Delhi

Witness (प्रत्यक्षी) self

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

Doctor's Name (चिकित्सक नाम) Dr. Pushkar Sharma

Signature (हस्ताक्षर)

Date (दिनांक) 24/09/21

## Prakurti Chart Form

UHID VAC 2161 OPD 2162 Room No. Therapy Date 24/09/21

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** | | | |
| ☐ 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 law | ☐ Moderate | ☐ Strong |
| ☐ Works best | White supervised | ☑ Alone | ☐ In groups |
| ☐ Weather preference | Aversion to cold | ☐ Aversion to heat | ☐ Aversion to damps 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 |
| ☐ Mental activity | Quick mind restless | ☐ Sharp intellect aggressive | ☐ Claim stead stable |
| ☐ Memory | Short-term best | ☑ Good general memory | ☐ Long –term best |
| ☑ Thoughts | Constantly charging | ☐ Fairly steady | ☐ Steady stable fixed |
| Concentration | Short-learn 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 | | | |

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

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**SHRI VATS AYURVEDIC CHIKITSALAYA**
640/ C, Chirag Delhi, New Delhi-110017
PH. No.011-29256867 / 7982440732

## Covid-19 Mandatory Self Declaration Form

**Name :** MD. Mukhtar Khan **Date :** 24/09/21

**Address :** 630, Sec-1 R.K puram N.D-110022

**Age :** 70 **Contact Number :** 9015856605 **Gender :M/F** M

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 form 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.

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**Patient Signature**
Mukhtar Khan

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# Feedback Form (प्रतिक्रिया फॉर्म)

OPD: 2162 UHID No. UAC2161

Name/नाम : MD. Mukhtar Khan Age(आयु) 70 sex(लिंग) M

Address /पता: 630, Sec-1 R.K puram N.D-110022

Phone No./ फोन न.: 9015856605 Email / ईमेल : -

Name of Doctor /डॉक्टर का नाम: Dr. Pushkar Sharma

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 हैं ? | | |
| 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: 01/10/21

Signature (Patient/Guardian)

Signature (Clinic Authority)

Signature (MD/MS)

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# SHRI VATS AYURVEDIC CHIKITSALAYA

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PH. No.011-29256867 / 7982440732

## PANCHKARMA CONSENT

UHID. VAC 2161 OPD 2162 Room No. Therapy Room Date 24/09/21

Patient's Name (रोगी का नाम) MD. Mukhtar Khan

Father's/ Husband's Name (पिता/पति का नाम) S/O MD. Sikander

Date (दिनांक) 24/09/21 Age (उम्र) 70 Sex (लिंग) M

Address & Phone no. (पता एवं फोन नं.) 630, Sec-1, R.K puram N.D-110022 9015856605

Treatment Benefits (उपचार के लाभ) Reduce in pain

Risk (जोखिम) X loose motion and pain increase

Alternative (विकल्प) — NIL

हमें हमारी थैरेपी के बारे में पूर्णत: बता दिया गया है एवं थैरेपी के आने वाले उपद्रवों के बारे मे भी बता दिया गया है |

जैसे :-

| | | | |
|---|---|---|---|
| घुटनों में सूजन | ☐ | झनझनाहट | ☐ |
| पैरों में दर्द | ☐ | अकड़न | ☑ |
| पेट मे 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 स्वत: अपनी इच्छानुसार अपनी होनी वाली थैरेपी ..... के बारे मे पूर्णत: ज्ञात होने के पश्चात इन्हें कराने के लिए तैयार हूँ | इसकी पूर्णत: ज़िम्मेदारी मेरी स्वयं की होगी |

- थैरेपिस्ट का नाम ..... थैरेपिस्ट हस्ताक्षर .....
- डाक्टर का नाम..... रोगी के हस्ताक्षर .....
- प्रत्याक्षी..... दिनांक.....

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 Abhyanga - Sweda + Kati basti
- Therapist's Name: Amit Therapist's Signature Amit
- Doctor's Name Dr. Rishkal Patient's Signature Mukhtar
- Witness MD. Mukhtar Khan Date 24/09/21

PAIN SCALE

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# SHRI VATS AYURVEDIC CHIKITSALAYA

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PH. No.011-29256867 / 7982440732

## PROCEDURE

UHID. VAC 2161 OPD. 2162 Room No. Therapy Room Date 24/09/21

Patient's Name(रोगी का नाम) MD. Mukhtar Khan

Father's/Husband's Name (पिता/पति का नाम) S/O MD. Sikander

Date (दिनांक) 24/09/21 Age (उम्र) 70 Sex (लिंग) M

Procedure Perform (प्रक्रिया) Abhyanga Sweda + Kati Basti

Provisional Diagnosis (रोग निश्चय) कटि शूल (Kati Shoola, Back Pain)

Final Diagnosis (रोग विनिश्चय) कटि शूल (Kati Shoola, Back Pain)

Doctor Name (चिकित्सक नाम) Dr. Pushkar Sharma

Therapist Name( सहायक नाम) Amit

Details of Therapy :

1. Abhyanga - Swedan
   → By Dhanwantaram Tailam on whole body
   Swedan - on whole body by Dashmool Kwath
   Abhyanga - 30 minutes + Swedan - 30 minutes × 7 Days.

2. - Kati Basti → On Back Side with Dhanwantaram Tailam 45 minutes × 7 Days.

Doctor's Name (चिकित्सक नाम) Dr. Pushkar Sharma

Date (दिनांक) 24/09/21

Signature (हस्ताक्षर)

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# SHRI VATS AYURVEDIC CHIKITSALAYA

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## DISCHARGE FILE

F.H.NO.

UHID. VAC 2161 OPD 2162 Room No. Therapy Room Date 01/10/21

Patient's Name (रोगी का नाम) MD. Mukhtar Khan Age (उम्र) 70 Sex (लिंग) M

W/o, S/o, D/o(पिता|पति) S/o MD. Sikander

Address (पता) 630, Sec-1 R.K puram N.D-110022

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) 02 PM

Chief Consultant (मुख्य चिकित्सक) Dr. Pushkar Sharma

CHIEF COMPLAINT AND HISTORY (मुख्य तकलीफ एवं उसका वृतान्त) whole body Pain
Back Pain + General weakness

Past Medical History (पुराना चिकित्सा वृतान्त)

Family History (कुटुंब वृतान्त) father having Sugar

Pain Scale – 8/10

VitaParameters

B.P = 114/76
P/R = 81
SUGAR = 80
WEIGHT = 45Kg
HEIGHT = 5.7
MENSTRUAL HISTORY X

Astha Sthana Pariksha

1. NADI वातज
2. MALA सम 4-5 times/d
3. MUTRA सामान्य
4. JIWHA सामान्य
5. SHABDA सामान्य
6. SPARSHA शीतवात
7. AKRUTI – सामान्य
8. DRIKA सामान्य

Dash vidha Pariksha

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

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**INVESTIGATION EXAMINATION (जाँच)**

* X

**DIAGNOSIS AND TREATMENT SUMMARY (रोग चिकित्सा वृतांत)**

- कटिशूल
- आसन, स्वेद, कटिवस्ति

**DIET ADVISE ON DISCHARGE (आहार निर्देश)**

As in diet chart

**Follow up (दोबारा कब आना है)** 7 Days.

**CONDITION AT THE TIME OF DISCHARGE**

Home [✓] Dead [ ] Referred [ ] Lama [ ]

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

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A) ↓ Pain ↑

B) ↓ tenderness ↑

C) ↓ Stiffness ↑

**2.Medicine After Diseases (औषधि छुट्टी के बाद)**

(1) Cap. ashwagandha, 1B.D with Milk 2X1 month.

(2) Tb. Vatari 1B.D — with water Mor/Eve x 1 days.

**Dr. Name** Dr. Rishkas Sharma

**Sign**

**Date** 01/10/21

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# PAIN SCORING CHART

UHID: LAC 2161 OPD: 2162

Name. MD. Mukhtar Khan Age: 70 Sex : M

Consultant: Dr. Pushkar Sharma Date of admission : 24/09/21

**Before Treatment**

| S.No. | Time | Date | Checked by | Pain Scoring |
|---|---|---|---|---|
| 1Y | 11am | 24/9/21 | Dr. Pushkar | 8/10 |
| 2Y | 10am | 25/9/21 | Dr. Pushkar | 7/10 |
| 3Y | 10am | 26/9/21 | Dr. Pushkar | 6/10 |
| 4Y | 10am | 27/9/21 | Dr. Pushkar | 5/10 |
| 5Y | 11am | 29/9/21 | Dr. Pushkar | 5/10 |
| 6Y | 11am | 30/9/21 | Dr. Pushkar | 4/10 |
| 7Y | 12pm | 01/10/21 | Dr. Pushkar | 3/10 |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |

**After Treatment**

| S.No. | Time | Date | Checked by | Pain Scoring |
|---|---|---|---|---|
| 1Y | 12pm | 24/9/21 | Dr. Pushkar | 8/10 |
| 2Y | 11am | 25/9/21 | Dr. Pushkar | 7/10 |
| 3Y | 11am | 26/9/21 | Dr. Pushkar | 6/10 |
| 4Y | 11am | 27/9/21 | Dr. Pushkar | 5/10 |
| 5Y | 12pm | 29/9/21 | Dr. Pushkar | 5/10 |
| 6Y | 12pm | 30/9/21 | Dr. Pushkar | 3/10 |
| 7Y | 01pm | 01/10/21 | Dr. Pushkar | 2/10 |
| | | | | |
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# VITAL CHART

Patient Name : MD. Mukhtar Khan Gender : M DoA : 24/09/21 UHID No. : VAC 2161

| DATE | WEIGHT | TEMPERATURE | BLOOD PRESSURE | PULSE | RESPIRATION RATE | PAIN | SIGN |
|---|---|---|---|---|---|---|---|
| 24/9/21 | 45 Kg | 98.2°F | 110/80 | 96/M | 97/M | 8/10 | Amit |
| | 45 Kg | 98.4°F | 114/76 | 91/M | 99/M | 8/10 | Amit |
| 25/9/21 | 45 Kg | 96.9°F | 115/80 | 97/M | 89/M | 7/10 | Amit |
| | 45 Kg | 97.4°F | 111/82 | 94/M | 86/M | 7/10 | Amit |
| 26/9/21 | 45 Kg | 98.1°F | 118/78 | 98/M | 70/M | 6/10 | Amit |
| | 45 Kg | 97.6°F | 122/76 | 99/M | 74/M | 6/10 | Amit |
| 27/9/21 | 45 Kg | 96.8°F | 117/79 | 96/M | 79/M | 5/10 | Amit |
| | 45 Kg | 97.9°F | 110/85 | 98/M | 85/M | 5/10 | Amit |
| | | | | | | | |
| 28/9/21 | off | | | | | | |
| | | | | | | | |
| 29/9/21 | 45 Kg | 96.3°F | 121/72 | 93/M | 96/M | 5/10 | Amit |
| | 45 Kg | 98.6°F | 116/69 | 91/M | 99/M | 5/10 | Amit |
| 30/9/21 | 45 Kg | 97.3°F | 121/80 | 79/M | 98/M | 4/10 | Amit |
| | 45 Kg | 96.9°F | 115/75 | 73/M | 83/M | 3/10 | Amit |
| 01/10/21 | 45 Kg | 98.1°F | 129/69 | 81/M | 89/M | 3/10 | Amit |
| | 45 Kg | 97.6°F | 116/76 | 84/M | 85/M | 2/10 | Amit |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |

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# DAILY MEDICATION SCHEDULE

UHID: UAC 2161 OPD 2162

Patient Name : MD. Mukhtar Khan Date : 24/09/21

Allergies : NO

Consultant : Dr. Pushkar Sharma DOA: 24/09/21

| PERSONAL MEDICATION RECORD | | |
|---|---|---|
| Name : | Pharmacy: | Physician: |
| Name : | Pharmacy: | Physician: |
| Name : | Pharmacy: | Physician: |
| Name : | Pharmacy: | Physician: |
| Name : | Pharmacy: | Physician: |

| NAME OF DRUG | DOSE | DATE | TIME OF DRUG |
|---|---|---|---|
| | | | |

We give Panchkarma therapy only

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## DAILY FEEDBACK FORM

Name MD. Mukhtar Khan Age 70 Gender M Date 24/09/21

**PRESENTING COMPLAIN (चिकित्सा शुरुआत की तकलीफ)**

- whole body Pain.
- Back Pain.
- weakness.
- ✓

**PATHYA/APATHYA** : avoid Tobacco, Non-Veg + Fast food

| S.NO | DATE | TIME | TREATMENT | COMPLAIN | RECTIFICATION | Improve | Not Improve | PT. SIGN. |
|---|---|---|---|---|---|---|---|---|
| 1Y | 24/9/21 | 12pm | Abhyag-Sweda Kati Basti | | | | ✓ | Mmkhan |
| 2Y | 25/9/21 | 11am | Abhyag-Sweda Kati Basti | | | ✓ | | Mmkhan |
| 3Y | 26/9/21 | 11am | Abhyag-Sweda Kati Basti | | | ✓ | | Mmkhan |
| 4Y | 27/9/21 | 11am | Abhyag-Sweda Kati Basti | | | ✓ | | Mmkhan |
| 5Y | 29/9/21 | 12pm | Abhyaga-Sweda Kati Basti | | | ✓ | | Mmkhan |
| 6Y | 30/9/21 | 12pm | Abhyaga-Sweda Kati Basti | | | ✓ | | Mmkhan |
| 7Y | 01/10/21 | 12pm | Abhyaga-Sweda Kati Basti | | | ✓ | | Mmkhan |

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# CHARGES CONCERN FORM

Name (नाम): MD. Mukhtar Khan DOA (भर्ती की तारीख): 24/09/21

Age (उम्र) 70 Sex (लिंग) M UHID : UAC 2161 OPD : 2162

W/O, S/O, D/O (पिता|पति) : MD. Sikander Day Panchkarma: 7 days

Consultant Name (चिकित्सक नाम) : Dr. Pushkar Sharma

Provisional Diagnosis(रोग निश्चय) : —

Final Diagnosis(रोग विनिश्चय) : Kati Shool

1. Procedure details (प्रक्रिया विवरण): Abhyanga Sweda + Kati Basti

2. Daycare Charges (डे केयर) : —

3. Doctor Consultation Charges ( चिकित्सक परामर्श शुल्क) 150

4. Nursing Charges (नर्सिंग शुल्क) : —

5. Package Charges Procedure wise

A: Abhyanga Sweda + Kati Basti

B: 1300 X 7 days + 870 X 7 days

C : 9100 + 6090

D: 15190/-

E: —

6. Doctor Fees (चिकित्सक शुल्क) :

7. Medicine (approx) costing : —

8. Consumable (approx) charges : —

9. Accessory (approx) charges : —

10. Diet Charges (आहार शुल्क) : —

Total Estimated Package Rs. 15,340/-

Patient Signature

Receptionist Signature

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# SHRI VATS AYURVEDIC CHIKITSALAYA

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## PROGRESS NOTES

UHID: VAC 2161 OPD: 2162 Room No. Therapy room

24/09/21 12pm

B.P.: 114/76
P/R: 91/M
Temp.: 98.4°F
Pain: 8/10

O/E - CVS (N)
CNS (N)

Patient come with pain in back and body stiffness..

Advice:
- Abhyangam for 45 min
- Kati Vasti with Ksheerabala tailam

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25/09/21 11am

B.P.: 111/82
P/R: 94/M
Temp.: 97.4°F
Pain: 7/10.

25/9

O/E - CVS (N)
CNS (N)

Patient come with less pain as yesterday

Advice:
- Abhyangam for 45 min
- Kati Vasti with Ksheerabala tailam

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# SHRI VATS AYURVEDIC CHIKITSALAYA

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## PROGRESS NOTES

UHID: VAC 2161 OPD: 2162 Room No. Therapy room

26/09/21

B.P.: 122/76
P/R: 99/M
Temp.: 97.6°F
Pain: 6/10.

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26/9

Pain gone down.

Adv: Abhyangam for 45 min
- Kalibasti T
Ksheerbala tailam

27/09/21

B.P.: 110/80
P/R: 98/M
Temp.: 97.9°F
Pain: 5/10

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27/9/2021

⇒ Pain less, stiffness less, tenderness less as yesterday.

Adv:
- Abhyangam for 45 min
- Kalibasti T
Ksheerbala tailam

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## PROGRESS NOTES

UHID: VAC 2161 OPD: 2162 Room No. Therapy room

28/09/21

B.P.: 116/69
P/R: 91/M
Temp.: 98.6°F
Pain: 5/10

28/9

Pain score goes down. 5/10

Adv!: Abhyagam for 45 min
Kāli basti ;
Kheerbala tailam

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30/09/21

B.P.: 115/75
P/R: 73/M
Temp.: 96.9°F
Pain: 3/10

30/9

Pain reduces to level of 3/10
Tenderness & stiffness reduces.

Adv!: Abhyagam for 45 min.
Kali basti [ Kheerbala tailam

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## PROGRESS NOTES

UHID: VAC 2161 OPD: 2162 Room No. Therapy room

01/10/21

**B.P. :** 116/76

**P/R :** 84/M

**Temp. :** 97.6°F

**Pain :** 2/10

Pain reduces to level of 2/10. Stiffness & tenderness reduces

Advised:

Abhyangam for 45min
Kattibasti T Ksheerbala oil

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**B.P. :**

**P/R :**

**Temp. :**

**Pain :**

# SHRI VATS AYURVEDIC CHIKITSALAYA

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## Initial Assessment Form

DATE: 24/09/2021 UHID : UAC 2161 OPD : 2162

PATIENT NAME: MD. Mukhtar Khan F/Name: MD. Sikander Khan

**PATIENT HISTORY:**

| | | | | | |
|---|---|---|---|---|---|
| ADDRESS (Province-District) : 630, Sec-1, R.K Puram New Delhi - 110022 | | | | PHONE No: 9015856605 | |
| PATIENT AGE: 70 | | F | M | Diagnosis: Kati Shool | |
| 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: | |
| 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 | ☐ Claim stead stable |
| Memory ☐ | Short-term best | ☑ Good general memory | ☐ Long –term best |
| Thoughts ☑ | Constantly charging | ☐ Fairly steady | ☐ Steady stable fixed |
| Concentration | Short-learn 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 | ☐ Show |
| 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 law | ☐ Moderate | ☐ Strong |
| Works best ☐ | White supervised | ☐ Alone | ☑ In groups |
| Weather preference ☐ | Aversion to cold | ☑ Aversion to heat | ☐ Aversion to damps cool |
| Reaction to stress ☐ | Excites quickly | ☑ Medium | ☐ Slow to get excited |
| Finances ☐ | Doesn't save spends quickly | ☑ (Save but big heat) | ☐ Save regularly |
| Friendship ☐ | Tends towards short term friendship makes friends | ☐ Tends to be a longer friends related to | ☐ Tends to form long lasting |

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| 8. | Medical and Social Support | | | |
|---|---|---|---|---|
| | Ant old disease Live DM,HTN Etc. | Yes | No ✓ | Comments: |
| | History of Surgery | Yes | No ✓ | Comments: |
| | History of | Good ✓ | Bad | Comments: |

| 9. | Main patient's concerns: | To get reliefs in symptoms | | |
|---|---|---|---|---|
| 10 | Main patient's expectations: | To take ayurvedic treatment for better health | | |
| Current Treatment: | 1st | 2nd | 3rd/ > | 1) Abhyangham - Sweda 2) Kati Basti |

**Remarks:**

## *GYNAE HISTORY*

L.M.P _____ Days _____

**FLOW** ☐ Scanty ☐ Normal ☐ Excessive Other _____

Clots- _____ Pain - ☐ Nil ☐ Mild ☐ Moderate ☐ Severe

**WHITE DISCHARGE -**

**Odour -** ☐ No smell ☐ Foul smell ☐ Fishy smell

**Consistency -** ☐ Curdy white ☐ Sticky ☐ Watery

**Colour -** ☐ Yellow ☐ White ☐ Grey ☐ Green

**Itching / Burning -** ☐ Yes ☐ No

NAD

## 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 : _____

NAD

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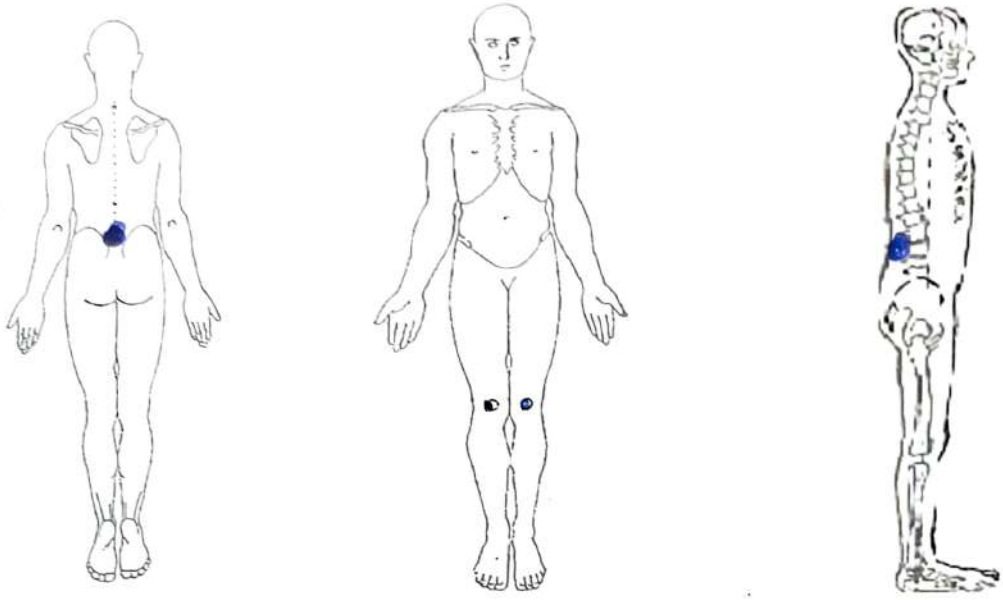
**Physical Examination:**

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



**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 | | X | |
| Other | | X | |

SLR Test
REFAXYED


Pain Score
8/10

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**Details Discription of Disease**

| | Comments |
|---|---|
| Onset | Kalishool since one month |
| Additional Disease | N A |
| Allergy | N A |
| Past Treatment | Patient was on anti-flamatory & pain killer |
| Blood Investigation | Advise:<br>• CBC<br>• RA factor<br>• LFT<br>• KFT |

## General Examination Assesement

**ASTA VIDHA PARIKSHA**

| S No | Asta Vidha Pariksha | Date | Next Review Date | Next Review Date | Sign | Remark |
|---|---|---|---|---|---|---|
| 1. | स्पर्श सहज | सहज 24/9 | 1/10 | 8/10 | | |
| 2. | शब्द | सहज " | " | " | | |
| 3. | Face (Akruti) | सहज " | " | " | | |
| 4. | Eye (Dirka) (Pallor,Icterus) | सहज " | " | " | | |
| 5. | Jiwha | लिप्त " | " | " | | |
| 6. | Urine (Frothy,Bleeding,Burning Sensation,Pain,) | 4-5 time/d. | " | " | | |
| 7. | Kastho (Stool) (Constipation) ✓<br>Mild<br>Moderate ✓<br>Severe | वद्ध<br>" | | | | |
| 8. | Nadi (वात, पित्त,कफ ) | वात " | | | | |

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## DASH VIDHA PARIKSHA

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

## VITAL ASSESEMENT :

| S No. | B.P | Pulse Rate | Temp. | Date | Next Date | Next Date | Next Date | Next Date |
|---|---|---|---|---|---|---|---|---|
| 1) | 114/76 | 91 | 98.4°F | 24/9 | 1/10/21 | 26/9 | 8/10/2021 | ~~29/9~~ |
| | | | | | | | | |
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**PANCHKARMA THERAPY ASSESEMENT :**

| S No. | Therapist Given | Improvement in complaint | Change in Treatment Next Followup Date | Therapy | Sign |
|---|---|---|---|---|---|
| 1 | Amit | less pain & stiffness, Joints swelling reduced to almost normal in 7 days | same T/T | Kalbasti Abhyangam Swedan | Amit Amit Amit |
| 2 | Amit | | | | |
| 3 | Amit | | | | |

**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: | Pain in knee Joints. | | | | | |

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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**

- Abhyang
- Anuvasana basti
- Kati basti

**Next Follow Date** 8/10/2021

**Till Next Follow Diet Care :** As in diet chart

**Till Next Follow Fife Style Change**

- Avoid Fast & fried food
- Adubl Walk and ritucharya & dincharaya
- Drink luke warm water
- Regular 3 months visit to doctor

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| PANCHKARMA TREATMENT PLAN | |
|---|---|
| **POORVA KARMA** | |
| Days Medicine | Patient advised to take medicines for 3 days before T/T for deepan, pachan |
| Risk, Benefits | — — |
| Next follow up advice | Take only warm water for drinking and bathing<br>Avoid - sleeping in day time, Anger, anxiety, cold breeze |
| Next follow up date | — |
| | |
| Days Medicine | Patient advised for tab. 212-dl सुबह शाम for combating pain. |
| Risk, Benefits | — |
| Next follow up advice | • Use only warm water for drinking.<br>• Avoid speaking loudly<br>• Contact with smoke & dust prohibited. |
| Next follow up date | — |
| **PASCHAT KARMA** | |
| Days Medicine | Patient advised for 7 days medicines and follow it for 1 month. |
| Risk, Benefits | Itching, Numbness, pain are the complications arising which can be treated accordingly. |
| Next follow up advice | For ~~After~~ 7 days advise to patient to have rest in room take hot water bath and take light diet & avoid sleeping in day time |
| Next follow up date | 8/10 — |

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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। कृप्या 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 दे।
3. रोगी को उबला हुआ पानी ही पिलायें।
4. रोगी को बहुत ही हल्का खाना दें जैसे गेंहूँ और बाजरे का भुना हुआ दलिया, खिचडी साबूदाना, दाल व सब्जियों का सूप, डबलरोटी **(Brown Bread)**, आटे वाली मैगी, ओट्स, पोहा, रवा, चीवड़ा, ढोकला, कॉंगनी चौलाई, फलों मे 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 खाँसी 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. घर में अन्डा, चिकन, मीट, मछली का बिलकुल सेवन ना करें। रोगी को आईसक्रीम, अचार, डब्बा बंद चीजें, आम और अनार ना दें।
8. शुगर के रोगी गलती से भी आलू, चावल, फल न खायें।
9. दस्त लगने पर पानी में नमक व चीनी या जीवन रक्षक घोल या इलेक्ट्रोल **(ORS)** पानी में मिलाकर दे।
10. 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।

- 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**