DIVYA UPCHAR™ SANSTHAN

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

Patient File No. 3047 Doctor Name : DR AVIRA Branch : CHY.

DATE	B.P	SUGAR	WEIGHT	REMARKS
7/2/2021	142/89 P-74		57.6 kg	O_2 – 100 P. 67.
21/02/21.	151/87 P-68.		56.9 kg.	O_2 - 100 P – 63.
7/3/21	130/80 P-67.		56.9 kg	O_2 - 98 P - 66.
16/03/21.	124/70 P-64.		57.2 kg	O_2 - 100 P - 61.

Name Archna Bhume C/o / D/o / F/o Ved Prakash

Age 47 Weight 57.6 kg Height 5'1 DOB – 1973. Sex: M ☐ F ☑

Occupation Housewife Religion Hindu Blood Group O+ DOM

Address 2138 Ambedkar Colony Sec 14 Dhanas.

City CHY State CHY Pin Code 160014

Telephone 99147-35606 E-mail ID

CONFIDENTIAL INFORMATION

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

DIET ☑ Veg ☐ Non-Veg ☐ Mixed

ADDICTION/HABIT ☑ Tea 2 Time ☒ Coffee ☒ Smoking ☒ Alcohol ☒ Tobacco Other

PATIENT'S FULL HISTORY

- पहले कब कब बीमार पड़ें थे? क्या बीमारी कौन से साल में हुई थी और उस समय क्या उपचार किया गया? कौन से हॉस्पिटल से उपचार हुआ था?
- कितनी कैमीकल वाली गोलियां अभी खा रहें हो? गोलियों के नाम और कितने साल से?
- आजतक कौन-कौन सी जाचें 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 शुरूआत हुई थी?

Early stage of Nefropeual

Uricacid + pain in Body
Stiffness
Lack of eat / with 1/3.

CRP - (+).

Uric. ↑↑ acid

1) pain in heels.
2) Crystals on heel.
3) Body

Radiating pain to:
Otherwise No ~~Such~~ Such Complaint

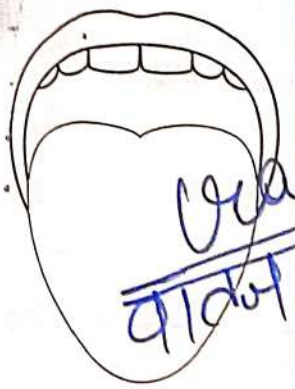
21/2/2021.
No any improvement in pains and stiffness. Adv Inv.

16/3/2021:
Small joints } ⇒ pain
80% Relief of Leompain } ⇒
Recommended to पंचकर्म
सर्वांग स्वेदन + कटिबस्ति

Date 7/2/2021

Patient Signature Archna Sh

Tongue (जिह्वा)



Month	1st Month	2nd Month	3rd Month	4th Month	5th Month	6th Month
Date						

Naadi (नाड़ी)	1st Month	2nd Month	3rd Month	4th Month	5th Month	6th Month
Vata						
Pitta						
Kapha						

No any movement.

धरण/कौड़ी: ☐ Yes ☑ No

CHIEF COMPLAINTS :

Symptoms	Duration	Relief % After Treatment			
		After 1 Month	After 2 Month	After 3 Month	After 4 Month
Pain in Body +					
pain in heel					
Neurop Atrophy					

FAMILY HISTORY :

Father	Mother	Sister	Brother	Grand Parents	Father Side चाचा ताऊ बुआ	Mother Side मामा मासी
	M					

Complaints - AS Such Complaints

Surgery/Procedure History NO

HISTORY OF PAST ILLNESS :

Disease	Duration	Test	Treatment / Pathy / Indication कितनी गोलियां चल रही है और कौन-कौन सी
NO Allopathic H/T			

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

OBS HISTORY

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

Other Detail : _____

Abortion History : _____

SYSTEMIC EXAMINATION

BOWELS

Frequency / Vega ☐ /Day ☐ **Day gap**

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

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

Evacuation
- ☐ Complete
- ☐ Incomplete
- ☐ Incontinence

Colour _____

Other _____

Taking Laxatives
- ☐ Yes ☐ NO
- ☐ Allopathic
- ☐ Any Other

APPETITE AND DIGESTION

Do you feel hungry ☐ Yes ☐ No _____

Do you feel tightness before the next meal ☑ Yes ☐ No _____

Do you feel drowsiness after meal ☐ Yes ☐ No _____

GAS / गैस

- ☐ Bloating
- ☐ Passing with ease
- ☐ Passing with difficulty
- ☐ Burps/डकार

Intensity
- ☐ Mild
- ☐ Moderate
- ☐ Severe

Any med. for gas
- ☐ Yes
- ☐ No

Other _____

ACIDITY / तेजाब

- ☐ Heart burn
- ☐ Reflux
- ☐ Sour belching
- ☐ Bile Brash/खट्टा पानी

- ☐ After food
- ☐ Before food
- ☐ Always

Intensity
- ☐ Mild
- ☐ Moderate
- ☐ Severe

Any medicines for gas
- ☐ Yes
- ☐ No

EYES

Pallor ☐ Mild ☐ Moderate ☐ Severe

Icterus ☐ Mild ☐ Moderate ☐ Severe

Vision _____

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
- ☐ 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 _____

ALLERGIES / REACTIONS N-O Other N-O

Food N-O Medicine

INVESTIGATIONS PROVIDED ☐ Yes ☑ No

DIAGNOSIS CRP / Sandhigat Dard Joint Pain

CHIKITSA SUTRA Cat Nu+1/3 Rich diet

SPECIFIC ADVICE

HEMATOLOGY

Investigation Types	1st Visit	2nd Visit	3rd Visit	4th Visit	5th Visit	6th Visit	7th Visit	8th Visit	9th Visit	10th Visit	11th Visit
	LFT										

RADIOLOGY

	X

Pt. Signature. Archana Sharma Doctor Signature

DATE:- 7/2/2021

Churan / Powder / Kit	Tablets / Capsule	Liquid / Drops
समन्वय - (1) Relumen Powder (1)	Joints pain capsules (1) 190 + Asthiposhak vati (1)	Orthinol - (1) (Herbal tea - Free)

DATE:-

Churan / Powder / Kit	Tablets / Capsule	Liquid / Drops
Re-	(1) Paletachaphar Vati - (1) (1230) B/M.	

DATE:- 7/2/2021

Churan / Powder / Kit	Tablets / Capsule	Liquid / Drops
		orthonil (1)

DATE:- 19/3

Churan / Powder / Kit	Tablets / Capsule	Liquid / Drops
	Vat hal Ras Joints pain Capsule	Orthinol Neemine lan

DATE:-

Churan / Powder / Kit	Tablets / Capsule	Liquid / Drops

MORNING TO NIGHT DIET FULL DETAILS

DATE	MORNING TO NIGHT DIET FULL DETAILS
7/2/2021	**Last Day -** Warm Water Tea + Biscuit Breakfast → 2 chappati + vej + Salad Lunch. → Rice // 3 chappati + vej Dal. Evening. → Tea + Biscuit Dinner → 2 chappati + vej + Salad **Today-**
21/02/21	**Last Day -** 1 glass warm water – empty stomach. Milk + Biscuit/F Breakfast – 2 chappati + sabji + fruits Lunch – Rice + Dal + Fruit/Salad, Dinner – 2 chappati + sabji + salad. **Today-** 1 glass warm water + Milk + Rusk (1) Breakfast – 2 chappati + sabji.
	Last Day - 1 glass w **Today-**
	Last Day - **Today-**
	Last Day - **Today-**
	Last Day - **Today-**
	Last Day - **Today-**

नर सेवा – नारायण सेवा

भारत विकास परिषद्

CHARITABLE MEDICAL CENTRE

Inside Indira Holiday Home, Sector 24-B, Chandigarh, 0172-4064080, 2728171 CASH RECEIPT

(A SEWA PROJECT OF BHARAT VIKAS PARISHAD CHARITABLE TRUST, CHANDIGARH)

TEST DETAILS

Run Date: 02/03/21 09:10 AM

Lab No./Date : TEST-34588 / 01-MAR-21 Age/Sex : 47 yrs / Female Receipt No/Date : D/2021/MAR/081040 / 01-MAR-21

Name : ANCHANA SHARMA Address : VHD

Test Name	Observation	Normal Value	Unit
• RA FACTOR	1.1	0-20	UI / ml
• URIC ACID	2.3	2.4-5.7	mg / dl

Dr. Brahmjyot Kaur
M.D Pathology
BHARAT VIKAS PARISHAD

* Services # Parameter$ Attributes

This report is not valid for medico legal purpose.If the report is unexpected or do not match with case history, the patient is adviced to contact our Radiologist / Pathologist immediately.

*Test results may show interlaboratory variations. *Report delivery may be delayed due to unforeseen circumstances.

nvenience is regretted. * Free consultation by Sr. Doctors * ENT Consultancy * Eye Hospital (Catract & Cornia Surgery)

*Physiotherapy * Ortho Consultancy * Gastro Consultancy * Gynee Consultancy * Dental Clinic

TIME : 8.00 A.M. TO 5.00 P.M.(SUNDAY CLOSED)

Shuddhi AYURVEDA

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

Nutritional Assessment Form

I. Identifying Information

Full Name: Archana Sharma **Date :** 12/3/21
UHID No : 3047 **Age:** 47/F **Sex :** female

Ethnicity: Hindu ☑ Muslim ☐ Christian ☐ Sikh ☐ Jain ☐ Tribe ☐ Other: - ☐

Referring Clinician: _____

Reason(s) for visit: for Consultation

II. Medical History (please give full details)

- Diabetes YES/NO HBA1c.....since.....Medication
- HTN YES/NO Last recorded value .....since.....medication
- CAD YES/NO STENT/BYPASS/MEDICINE SINCE...MEDICATION
- THYROID YES/NO REPORTS.....SINCE.....MEDICATION
- MENTRUAL HISTORY MENSTRUALCYCLE...Normal...MEDICATION

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

If yes, please specify: - No

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

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

If yes, which ones No

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

If yes, what No

Do you have any chronic illnesses? Yes or No

If yes, please explain No

(Examples: Shortness of breath, Heartburn, Constipation, Excessive thirst, Headaches, Pain,bleeding etc)

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

If yes, what medication and what dosage No

Diet Chart

अन्नेन कुक्षेठ्ठवंशौ पानेनैकं प्रपूरयेत्।। ॥ आश्रयं पवनादीनां चतुर्थमवशेषयेत्।।

FOOD RATIO - भोजन खाते समय अन्न का भाग

Solid Foods 1/2 part of the stomach
Liquid Foods 1/4 part of the stomach
Keep Stomach Empty 1/4 part of the stomach

Solid Foods: Whole grains, lentils, fruits, vegetables, seeds, and nuts are solid foods.
सभी प्रकार के अन्न , फल सब्जिया , सूखे मेठे
Liquid foods: Fruit juice, vegetable juice, lemon water, coconut water, coconut milk, water, etc. are liquid foods. फलो का जूस, सब्जियों का जूस , निम्बुपानी नारियल पानी

Daily Diet schedule according to time.

आहार समय से लेना चाहिये ।

Morning (7 AM) - Ginger 5gm boiled in 1 glass of water
सुबह (7 AM) अदरक -5gm 1 गिलास पानी में उबाल ले ।

Breakfast (08:30 AM) - Meal,Conflax,sprouts,(Mung , Chana , Wheet, Moth, vegitable Daliya,chilla,Besan Roti
रोटी कोन्फ़्लेक्स , अंकुरित मूंग चना मोठ ,गेहँ दलिया ,चिला ,बेसन की रोटी

Lunch (01:30 PM) - Brown Rice , Vegetables,Salad,Dal,(Lassi Kalimircg,Kala Namak ,Hing)
दोपहर का भोजन - चावल , सब्जिया , सलाद , दाल ,(लस्सी काली काला नमक ,हिंग)

Fruit (04 : 00 PM) - Pomegranate , Orange , Grapes.
फल - अनार संतरा अंगूर
Dinner (08 : 30 PM) - Roti , Sabji (Seasonal Vagetables, Daal, Mung, Masur, Urd, Arhar)
रात का खाना - रोटी सब्जी दाल मुंग मसूर उड़द अरहर
(09:30 PM) - Milk ,Haldi, Ghee,(Geera,Sont,Ajwain)
दूध मे हल्दी घी डाल कर ले

Water Processing with drugs At 4 PM

Vat Condition - Dashmool Herbal tea,food rice with ghee
वात दशा - दशमूल हर्बल चाय घी युक्त पदार्थ
Pitta Condition - Water & Dhaniya , Chandan,cold potency food
पित्त की स्थिति - धनिया का पानी चन्दन ठण्डी चीजे
Kapha Condition - Water with dry Dhanyaka,Amla,Alovera Juice,Gomutra
कपा दशा - धनिया युक्त जल , अमला एलोवेरा जूस गौमूत्रा

आहार , विहार For Live Healthy

	DO	Donts
Pathya - पथ्य खाने युक्त आहार	Brown Rice Rosted Rice भुने हुए चावल Wheat (गेहूँ) आटा गेहूँ - 60% चना - 10 % बाजरा - 10% जौ - 20 %	Apathya अपथ्य Frieedand Fatty itens तला हुआ भोजन मेदे से बने आहार
Pulses दाले	Green Gram (मुंग) Masure,Arhar मसूर , अरहर	Black Gram (काला चना) Kulatha (कुलथ)
Fruits Vegetable फल सब्जी	Coconut,Banana,Grapes Karela , Green ,Vegetable नारियल केला अंगूर करेला हरी सब्जियां	Patatos ,आलू Brinjal,Peas (बेगन,मटर) दही भल्ला
Other	Take Milk -Not To Hot Butter Milk With namak and Hing	Spicy मिर्च मसाले युक्त भोजन Tea-चाय Coffee- काफी Alchol- मद्य पदार्थ Cold Regigrate water -ठंडा फ्रिज का पानी गर्मपानी व शहद साथ मे ना लें ।
Life Style व्यवहार	Midexercise (व्यायाम आश्यक करे प्राणायाम) Bathing स्नान रोज करें Massage Your Body मसाज Sunbath(धुप ले) हवन गायत्र महामृतुन्जय मंत्र का उच्चारण विमारी से वचने वाले मंत्रों का Music सुने । ॐ उच्चारण करे ।रात्रि निद्रा पूरी लें । Lie Stren free Life खूली हवा मे जरूर बेठे ।	1. Maintain mental fitness Don't be angery and fearful मानसिक चुस्ती बनाए रखें क्रोधित और भयभीत मत होना वेगधारण ना करें Urin ,Stool ना रोके ज्यादा A.C का इस्तेमाल ना करे ।