VRINDAVAN AYURVEDA CHIKITSALAYAM

Shivalik Foothills, Village Thana, EPIP -II, H.P
Ph:01795667166, +91 7901778899

OP RECORD

OPD No	:	5			
UHID No	:	725			
Full Name	:	RAJIV SHARMA			
DOB	:	02/07/1985 00:00:00			
Gender	:	Male	Age	:	37
Address	:	PANDIT WALI GALI WARD NO.-6			
E-mail ID	:	@			
Nationality	:	India	Mother Tounge	:	
Profession	:				
Marital Status	:				
Name of person accompanied by	:	,			
Contact Tel	:	+971558954201			
Admission Date	:	13/03/2022			
Suggested Duration of Treatments	:				
Bed Number	:				
Chief Physician	:	Dr. Akanksha			
Consulting Doctor	:	Dr. Akanksha			

V.P.↑

O.P. CASE SHEET

Weight: 87kg

MHID 785. Date: 13/03/2022.

Doctor's Name: DR. AKANKSHA Time: 3:50P.m.

Name: RAJIV SHARMA Age: 37 Sex: M

Address PANDIT WALI GALI WARD. No. 6.
HOSHIARPUR.

Name of Father/Husband/Nearest: SH. RAM SHARMA.

Ph. No: 9115113346 Mob. No: 9115113346 Passport / Adhar Card No: 817507167348.

No.	Present Complaints with Description	Duration
C/o	Lower back pain vradiate to both legs	Since 2-3 Years back.
	Rt + Lt ++.	
	No H/o B.P.	
	No H/o Sugar.	
	Swelling on Lower back Lt. side.	
	Water consumption 3L per day.	B.f. → 10:00Am.
	Pure Veg.	Lunch → 2:00P.m.
H/o	Smoking sometime. Alcohol once ca week.	Dinner → 10:00P.m. (Heavy Dinner).

History of present illness : Lower back Pain vradiate to both legs since 2-3 Years back.

Associated illness: DM/HTN/CAD/ASTHMA/PILES No.

History of past illness : No.

Vrindavan Ayurveda Chikitsalayam
Vrindavan Estate, Village Thana, EPIP-2, Baddi, Himachal Pradesh Ph : (01795 667166) +91 7901778899

Personal and Family History:

Appetite: Good Bowel: Normal Micturition: —

Sleep: Disturbed sleep (6-7 hour) Menstrual History: —

Physical Examination : S.L.R (-ve)

Investigation Report : MRI ATTACHED.

Growth Status – NORMAL.

Immunisation Status – NORMAL.

Pain Score – 9/10.

Nutritional Risk – No.

Any Drug Allergies – No.

Diagnosis: KATEEGRAHAM.

Treatment:

1) AADARI SAHACHARADI KASHAYAM 15 ML + 60 ML LUKEWARM water 6 Am & 6 P.m BEFORE FOOD TWICE DAILY

2) KSHEERBALA (LOI) 15 DROPS MIXED & KASHAYAM 6 Am & 6 Pm. BEFORE FOOD TWICE DAILY

3) CAP. BALA THAILAM 2 CAP. 8 Am & 8 P.m ē N. water.
AFTER FOOD TWICE DAILY.

4) TAB. RHEUMA CALM 1 TAB 8 Am & 8 P.m ē N. WATER
AFTER FOOD TWICE DAILY.

5) GULGULU THIKTHAM GHRUTHAM 2 TSP MORNING
ON EMPTY STOMACH 6 Am &
AFTER DINNER 9:00 P.m.
TWICE DAILY.

DR. AKANKSHA SONI
B.A.M.S., REGD. NO. 6145
VRINDAVAN AYURVEDA CHIKITSALAYAM

Akanksha.

Reg. No. 6145.

13/03/2022.

4:00 P.m.

13/03/2022. Advise for Treatment 15 Days.
10:00 Am - 12:30 P.m.

1) KOLAKULTHADI (300gm) DRY KIZHI FULL BODY. X 45 MIN.

2) PICHU ē G.T. (75ml) + MURIVENA (75ml) X 30 MIN.

3) KALARI UZHICHIL ē DANWANTHARAM (50ml) + SAHA. (50ml)
- CHARADI + KARPOORADI THAILAM. (50ml)
X 45 MIN.

DR. AKANKSHA SONI
B.A.M.S., REGD. NO. 6145
VRINDAVAN AYURVEDA CHIKITSALAYAM

Akanksha.

al Examination Assesement

A VIDHA PARIKSHA

	Asta Vidha Pariksha	Date 13/03/2022	Next Review Date	Next Review Date	Sign	Remark
	स्पर्श	उष्ण				
	रूबद	तीक्ष्ण				
	Face (Akruti)	N.				
	Eye (Dirka)	N.				
	Jiwha	B.				
	Urine	पीला				
	Kastho (Stool)	क्रूर				
	Nadi (वात, पत्त,कफ)	वात पित्त ↑				

ASH VIDHA PARIKSHA

No	Pariksha	Date 13/03/2022	Next Review Date	Next Review Date	Sign	Remark
	Prakruti	P.				
	Vikruti	M.				
	Sara	N				
	Samhana	M.				
	Pramana	N.				
	Satmyaō	N				
	Satva	R.				
	Aahar Shakti	P.				
	Vaya	M.				
	Vyayani Shakti	M.				

DR. AKANKSHA SONI
B.A.M.S., REGD. NO. 6145
VRINDAVAN AYURVEDIC CHIKITSALAYAM

13/03/2022
3:55 P.M.

VRINDAVAN AYURVEDA CHIKITSALAYAM	VRINDAVAN AYURVEDA CHIKITSALAYAM (Unit of R.P Garg and Associates) Shivalik Foothills, Village Thana, EPIP-2, Baddi, Himachal Pradesh – 173205

Nutritional Assessment Form

dentifying Information

Full Name: RAJIB SHARMA. Date: 13/03/2022.

UHID No.: 725 Age: 37 Sex: M.

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

erring Clinician: No.

son(s) for visit: Lower back pain radiate to both legs.

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 No MENSTRUALCYCLE.....MEDICATION

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

If yes, please specify: - No any food or drink allergy.

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

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

*If yes, which ones*_____

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

If yes, what _____

)o you have any chronic illnesses? Yes or No

If yes, please explain_____

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

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

yes, what medication and what dosage Yes, 20 MINUTES

se explain about

- Appetite : Good.
- Food habits : Medium.
- Daily working hours: 8 Hours.
- Exercise : 20 Minutes.
- Job profile : Engineener.
- Height : 6.2"
- Weight : 87 kg.

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

s, please explain_____

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

es, please explain_____

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

es, please explain_____

Doctor Signature

Patient Signature