



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	

O.P. CASE SHEET

Weight: 87kg

MHID 725 Date: 13/03/2022

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

Name: RAJIB 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 radiate 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. → 10:00 Am.
	Pure Veg.	Lunch → 2:00 P.m.
H/o	Smoking sometime.	Dinner → 10:00 P.m.

History of present illness: Alcohol once a week. (Heavy Dinner).
Lower back Pain radiate 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 Menstrual History: —
(6-7 hours)

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: KATEEGIRAHAM.

Treatment:

- 1) AADARI SAHACHARADI KASHAYAM 15 ML + 60 ML Lukewarm water 6 Am & 6 P.m BEFORE FOOD TWICE DAILY
- 2) KSHEERBALA (Lo1) 15 DROPS MIXED w KASHAYAM 6 Am & 6 P.m. BEFORE FOOD TWICE DAILY

- 3) CAP. BALA THAILAM 2 CAP. 8 Am & 8 P.m. & N. Water.
AFTER FOOD TWICE DAILY.
- 4) TAB. RHEUMA CALM 1 TAB 8 Am & 8 P.m. & N. WATER
AFTER FOOD TWICE DAILY.
- 5) GULGULU THIKTHAKAM GHUTHAM 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.

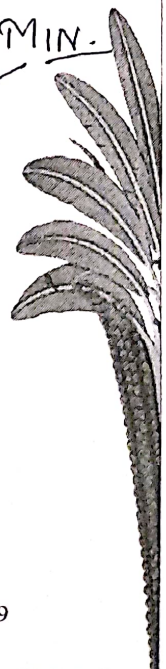
13/03/2022. Advise for Treatment 15 Days.
10:00 Am - 12:30 P.m.

- 1) KOLAKULTHADI DRY KIZHI FULL BODY X 45 MIN.
(300gm)
- 2) PICHU & G. T. + MURIVENA X 30 MIN.
(75ml) (75ml)
- 3) KALARI UZHICHIL & DANWANTHARAM + SAHA.
(50ml) (50ml)
- CHARADI + KARPOORADI THAILAM.
(50ml) X 45 MIN.

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

Vrindavan Ayurveda Chikitsalayam
(unit of R.P Garg and Associates)

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



al Examination Assesement

VIDHA PARIKSHA

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

ASH VIDHA PARIKSHA

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

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

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



VRINDAVAN AYURVEDA CHIKITSALAYAM

(Unit of R.P Garg and Associates)

Shivalik Foothills, Village Thana, EPIP-2, Baddi, Himachal Pradesh – 173205

Nutritional Assessment Form

Identifying Information

Full Name: RASHI SHARMA Date: 13/03/2022

UHID No: 725 Age: 37 Sex: M

Religion: Hindu ☒ Muslim ☐ Christian ☐ Sikh ☐ Jain ☐ Tribe ☐ Other: -

Referring Clinician: No

Reason(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 valuesince.....medication
- CAD YES/NO ☒ STENT/BYPASS/MEDICINE SINCE...MEDICATION
- THYROID YES/NO ☒ REPORTS.....SINCE.....MEDICATION
- MENTRUAL HISTORY ☒ MENSTRUAL CYCLE.....MEDICATION

Are 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

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

If yes, which ones _____

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

If yes, what _____

Do you have any chronic illnesses? Yes or No

If yes, please explain _____

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 Yes, 20 MINUTES

se explain about

- Appetite : Good .
- Food habits : Medium .
- Daily working hours: 8 Hours .
- Exercise : 20 Minutes .
- Job profile : Engineer .
- Height : 6' 2"
- Weight : 87 kg .

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

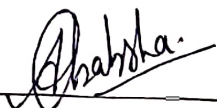
es, please explain _____

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

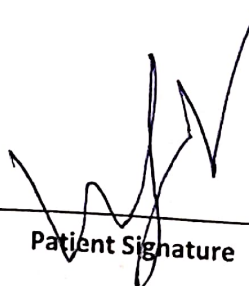
es, please explain _____

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