Patient File No. 214 Doctor Name : Dr Arora Branch : Chandigarh

DATE	B.P	SUGAR	WEIGHT	REMARKS
28/6/21	88/58 P-72		51.4kg	SpO_2 - 98 P - 56
06/08/21	108/68 P-66		54 kg	SpO_2 - 98 P - 72.
	100/59 P-59.			
16/08/21	113/64 P-64.		54 kg	SpO_2 - 92 P-67.
18/8/21	112/60 P-60		54kg	SpO_2 - 92 P-67
30/8/21	116/72 P-73.		54.2 kg	SpO_2 - 93 P-81
31/8/21	113/66 P-68		51.9 kg	SpO_2 - 83 P-69

Name Daljeet Singh C/o / D/o / F/o Jarnail Singh

Age 31 yrs Weight 51.7kg Height 5'9" DOB 4/2/1989 Sex: M ☑ F ☐

Occupation free Religion Sikh Blood Group O+ DOM —

Address V.P.O Bahilana Chd.

City Chd State Chd Pin Code

Telephone 9888113621 E-mail ID

CONFIDENTIAL INFORMATION

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

DIET ☑ Veg ☐ Non-Veg ☐ Mixed

ADDICTION/HABIT ☐ Tea ☐ Coffee ☐ Smoking ☐ Alcohol ☐ Tobacco Other

PATIENT'S FULL HISTORY

- पहले कब कब बीमार पड़े थे? क्या बीमारी कौन से साल में हुई थी और उस समय क्या उपचार किया गया? कौन से हॉस्पिटल से उपचार हुआ था?
- कितनी केमीकल वाली गोलियां अभी खा रहे हो? गोलियों के नाम और कितने साल से?
- आजतक कौन-कौन सी जांचें 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?

Vomiting = NO

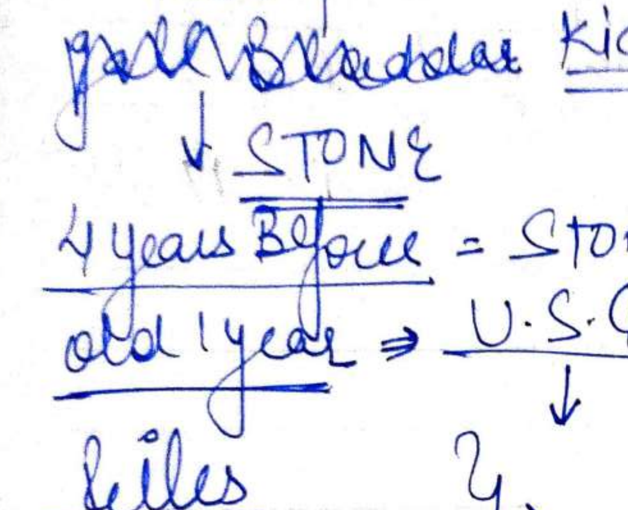
Appendix = 32 Sector — Costipation = NO
↓ Not operated — Zerd = NO

gall Bladdar Kidney
↓ STONE

4 years Before = STONE = 3.5mm
old 1 year ⇒ U.S.G done ⇒ Renal Stone
↓
Piles — Weight Reduction
↓ Continue

Bleeding + Dry — pain

8/6/2020
Uretric Calculus
postvoid = 335cc
↓
&
Report [Biopsy]



26/5/2024.
Colonscopy done

Date 28/4/24 — Patient Signature

PATIENT'S FULL HISTORY

- पहले कब कब बीमार पड़े थे? क्या बीमारी कौन से साल में हुई थी और उस समय क्या उपचार किया गया? कौन से हॉस्पिटल से उपचार हुआ था?
- कितनी केमीकल वाली गोलियां अभी खा रहे हो? गोलियों के नाम और कितने साल से?
- आजतक कौन-कौन सी जांचें 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 शुरुआत हुई थी?

Prebiotics + Probiotics ⇒

कैलशियम ⇒ Dull Blacks Coloured Stool

आमयुक्त मल

6/8/2021: Wash - 10 days

16/8/2021 Leaky gut ⇒ Inflammation of Intestine

30/8/2021

Patient had c/o. Vomiting after having Rx (Immunopathy)...
Patient is Advised to Stop. this. Immunopathy. Capsule.. and Replaced by PH Balance.

Date 10/6/21 Patient Signature

DATE ...

...था? ...ngue (जिह्वा)

Month	1st Month	2nd Month	3rd Month	4th Month	5th Month	6th Month
	28/4/2021	31/5/21		10/8/21		16/8/21
Date	Sticky मल	mild coated		Frothy of tongue.		Pinkish

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

...रण/कौड़ीः ☐ Yes ☑ No

...HIEF COMPLAINTS :

Symptoms	Duration	Relief % After Treatment After 1 Month	After 2 Month	After 3 Month	After 4 Month
gaseous problems,	x 1½ years				
आमयुक्त मल					
general Bodyweakness					

...MILY HISTORY : Complaints -	Father	Mother	Sister	Brother	Grand Parents	Father Side चाचा ताऊ बुआ	Mother Side मामा मासी

...urgery/Procedure History No operational history

HISTORY OF PAST ILLNESS :

Disease	Duration	Test	Treatment / Pathy / Indication कितनी गोलियां चल रही है और कौन-कौन सी
Number of medicine used.			

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

...ITE AND DIGESTION

...feel hungry	☐ Yes	☑ No	______
...eel tightness before the next meal	☑ Yes	☐ No	______
...feel drowsiness after meal	☐ Yes	☐ No	______

...पेट

	Intensity	Any med. for gas	Other
...ating ✓	☐ Mild	☐ Yes	______
...ssing with ease	☐ Moderate	☑ No	______
...ssing with difficulty	☐ Severe		______
...rps/...			

...ITY / ...

		Intensity	Any medicines for gas
...eart burn ✓	☐ After food		
...eflux	☐ Before food	☐ Mild	☐ Yes
...our belching	☐ Always	☐ Moderate	☑ No
...ie Brash/खट्टा पानी		☐ Severe	

...S (N)

	☐ Mild	☐ Moderate	☐ Severe	Vision______
...s	☐ Mild	☐ Moderate	☐ Severe	Others______

...NE (N)

	Associated with			
...Day	☐ Urgency	☐ Frothy	☐ Satisfactory	Colour______
...Night	☐ Strain	☐ Bleeding	☐ Unsatisfactory	Others______
...Normal	☐ Pain	☐ Burning Sensation	☐ Incontinence	______

...EEP

...ation		Intensity of Disturbance		
Normal ✓	☐ Disturbed	☑ Mild	☐ Yes	Others______
Sound	☐ Late onset	☐ Moderate	☐ No	______
Dreams	☐ Disturbed in Middle	☐ Severe		______

...ND

Depression	☐ Negative Thoughts	☐ Avara Sattva ✓	Others______
Anxiety ✓		☐ Pravar Sattva	______
Short Tempered	☐ Restless	☐ Madhyam Sattva	______
Mood Swings	☐ Stress		

ALLERGIES / REACTIONS

Food NO Medicine NO Other

INVESTIGATIONS PROVIDED ☐ Yes ☑ No

DIAGNOSIS [illegible]

CHIKITSA SUTRA

SPECIFIC ADVICE probiotics + Lactobacillus

HEMATOLOGY

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

RADIOLOGY

	X.

Pt. Signature. [signature]

Doctor Signat

DATE:- 28/4/2021

Churan / Powder / Kit	Tablets / Capsule	Liquid / Drops
Shuddhi Kit (PSO).	Amalpitt nashak. Cap. Sanjeevani Cap.	G-Liv forte

DATE:- 31/5/2021

Churan / Powder / Kit	Tablets / Capsule	Liquid / Drops
उदरविकार जन्यरोग Amalpitt Har Powder.	Sanjeevani Cap	G-Liv forte.

DATE:- 10/6/2021

Churan / Powder / Kit	Tablets / Capsule	Liquid / Drops
	- Mahastambak Vati - Grahani Har Vati.	

DATE:- 28/6/2021

Churan / Powder / Kit	Tablets / Capsule	Liquid / Drops
	Pearl Amalpitt Nashak Cap.	

DATE:- 30/8/21

Churan / Powder / Kit	Tablets / Capsule	Liquid / Drops
Immune Pathy (stop).		

DATE:- 31/8/21

Churan / Powder / Kit	Tablets / Capsule	Liquid / Drops
	PH Balance.	

DATE:-

Churan / Powder / Kit	Tablets / Capsule	Liquid / Drops

DATE:-

Churan / Powder / Kit	Tablets / Capsule	Liquid / Drops

DATE:-

Churan / Powder / Kit	Tablets / Capsule	Liquid / Drops

DATE:-

Churan / Powder / Kit	Tablets / Capsule	Liquid / Drops

DATE	MORNING TO NIGHT DIET FULL DETAILS
28/4/2021	**Last Day -** Morning 9AM B'fast - Amla Murabba Noon 2PM lunch - Rajma + Rice + Salad. Night 9PM Dinner - fruits.
	Today- B'fast 9AM. → fruits
26/5/21	**Last Day -** B'fast 9AM fruits Lunch 2PM - fruits + 4 chappati + Dal/veg / Rice. Dinner 9PM - fruits + coconut Water
27/5/21	**Today-** B'fast 9AM → coconut Water
27/6/21	**Last Day -** Herbal Tea B'fast 10AM - fruit + 2 chappati + veg / Dal. Med 11AM - juice (sugarcane) Evening 5PM → Herbal tea. Dinner 9PM → fruit + 2 chappati + veg
28/6/21	**Today-** coconut Water.
5/8/21	**Last Day -** Morning - Herbal Tea. B'fast 10AM - fruits + 3 chappati + veg. Lunch 2PM - juice Dinner 6:30PM - fruits + 2 chappati + veg.
6/8/21	**Today-** B'fast 9AM - Herbal tea (10AM fruits) + 2 chappati + veg Dinner = Skip Lunch 2PM - juice
15/8/21	**Last Day -** B'fast 9:30AM - fruit + 3 chappati + veg. Lunch 2PM - 3PM - 2 chappati + salad. + veg. Dinner 8PM (Raj) fruits + 2 chappati + veg
16/8/21	**Today-** B'fast 9:30AM - fruits 3 chappati + veg Lunch 2PM - 2 chappati + veg + Salad
	Last Day -
	Today-

Sr. No. :
Date : 31/8/21
Time out : 5:30 PM
Time In :

Sr. No.	PARTICULARS	QTY.
1.	Immune Pathy (Sealed) P-404	13

Received Signature

H.O.D Signature

Chandan

SUSPECTED ADVERSE DRUG REACTION REPORTING FORM

For VOLUNTARY reporting of Adverse Drug Reactions by health care professionals

Report #

To be filled in by Pharmacovigilance centres receiving the form.

A. Patient information

1. Patient identifier initials _____ In confidence

2. Age at time of event: or 31 yr. Date of Birth: 4/2/1989

3. Sex ☑ M ☐ F

4. Weight 54 Kgs

B. Suspected Adverse Reaction

5. Date of reaction started (dd/mm/yy): 30/8/21

6. Date of recovery (dd/mm/yy): 1/9/21

7. Describe reaction or problem

Patient had c/o vomiting after having Tab. Immunpantop.

12. Relevant tests/ laboratory data, including dates

—

13. Other relevant history, including pre-existing medical conditions (e.g., allergies, race, pregnancy, smoking alcohol use, hepatic/ renal dysfunction, etc.)

—

14. Seriousness of the reaction

- ☐ Death (dd/mm/yy)_____
- ☐ Life threatening
- ☐ Hospitalization-initial or prolonged
- ☐ Disability
- ☐ Congenital anomaly
- ☐ Required intervention to prevent permanent impairment/ damage
- ☐ Other (specify) Vomitings

15. Outcomes

- ☐ Fatal
- ☑ Recovering
- ☐ Unknown
- ☐ Continuing
- ☐ Recovered
- ☐ Other (specify)_____

C. Suspected medication(s)

Sl. No.	8. Name (brand and / or generic name)	Manufacturer (If known)	Batch No. / Lot No. (If known)	Exp. Date (If known)	Dose used	Route used	Frequency	Therapy dates (if unknown, give duration) Date started	Date stopped	Reason for Use or prescribed for
i	HITMS		P-404	Aug'2024	1BD	P/O	.	30/8/21	31/8/21	Incomplete Evacuation
ii										
iii										
iv										

Sl. No. As per C	9. Reaction abated after drug stopped or dose reduced: Yes	No	Unknown	NA	Reduced dose	10. Reaction reappeared after reintroduction: Yes	No	Unknown	NA	If reintroduced, dose
i	✓									
ii										
iii										
iv										

11. Concomitant medical products and therapy dates including self medication and herbal remedies (exclude those used to treat reaction)

—

D. Reporter (see confidentiality section in first page)

16. Name and Professional Address: Dr. AVIRA

Pin code: 160047 E-mail: _____

Cell No. / Tel. No. with STD Code: 98144 [illegible]

Speciality: M.D (Ayurveda) Signature:

17. Occupation: Doctor.

18. Date of t: 2/9/21