Treatment:	Diagnosis
Anorectal Care	(अष्टविध परीक्षा)
• Piles	स्पर्श — शीत
• Fisure	शब्द — मध्यम
• Fistula	Face (Akruti) — मध्यम
Gynae	Eye(Dirka) — पीला
• Infertility Primary and Secondary	Jiwha — लिप्त
• P.C.O.D.	Urine — 3-4बार
• Fibroid Uterus	Kastho(Stool) — शुद्ध
• Per & Past Delivery Care	Nadi (वात, पित्त, कफ) — वात
Orthocare	(Dash Vidha)
• Joint Pain	Prakruti — वातज
• Cervical Pain	Vikruti — वातज
• Low Back Pain	Sara — मध्यम
• Migraine Paralysis	Samhana — मध्यम
Panchkarma ✓	Pramana — मध्यम
• Purification ✓	Satmyaō — मध्यम
• Rejuvenation ✓	Satva — मध्यम
• Shirodhara	Aahar Shakti — मध्यम
• Nasya	Vaya — मध्यम
• Vaman	Vyayani Shakti — मध्यम
• Virechana	History
• Basti	Family — Mother Father (Joint Pain)
Gestocare	Menstrual History — Stops in Usage
• Acidity	B.P. : — 121/61
• Castipation	Wt. : — 65 Kg
• I.B.S	Height : — 5.3
• Liver, Kidney Disorders	RBS: — 90
Special Treatment	P/R: = 88
• Navel Seating	Spo2 — 96
• Neuro Therapy	CVS( ) — N
• Skin Disorders	CNS( ) — N
• Hair Fall	
• Marma Therapy	
Facility	
• Fully Equipped	
• Panchkarma Room	
• Beds For Admission (Day Care Only)	
• Ambulance	
• Ayurvedic Treatment	
• Emergency care	
• TPA Desk	

Advice: X..... Days Bed Rest OR

UHID No. VAC 2164 OPD-2165. AGE: 54. SEX: F.

Room No. Therapy Room Date 21/09/21.

Name Mrs. Sabita Bera Time .....

W/o, ~~D/o, S/o~~ Sudarsan Sekar Bera

Chief Complaint → whole body Pain + Vertigo.

℞

Reffral case by Cghs Dispensary

Panchkarma Procedures.

(1.) Abhyang - Sweda × 7 Days.
Abhyang by Sheerbala Tailam
Sweda by Dashmoola Kwath

(2.) Nadi Sweda ō — By nadi Sweda yantra ō — 30 Minutes with contents of Dashmoola Gyan Khasya × 7 Days

(3.) Picho ō = Shiso Pichu by Dhanwantaram + 10 m.l Narayan Taila + 10 m.l + 30 Minutes × 7 Days

+ A Square Cloth 40 inc

Covid-19 Mandatory Self Declaration Form

Name : Mrs. Sabita Bera Date : 24/09/21

Address : Flat No: F3 first Floor, Building no. 642, Goverment dispensary, chirag delhi. N.D-110017

Age : 54 Contact Number : 9211509381 Gender :M/F f

Due to the ongoing and rapidly changing situation with the novel-corona virus (COVID-19),we are requiring all visitors to the 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.

Patient Signature
सबिता बेरा

Initial Assessment Form

DATE: 24/09/2021 UHID : UAC 2164 OPD : 2165

PATIENT NAME: Sabita Bera F/Name: W/o Sudhanshu Sekhar Bera

PATIENT HISTORY:

ADDRESS (Province-District) : Flat no. F3, F.F, B. No. 642 Chirag Delhi, New Delhi - 110017				PHONE No: 9211509381	
PATIENT AGE: 54		F	M	Diagnosis: Whole Body Pain (Sarvangshul)	
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: Graduate	
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:	

MENTAL PROFILE		VATA		PITTA		KAPHA
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		
Friendship	✓	Tends towards short term friendship makes friends		Tends to be friends relat occupation		

8.	Medical and Social Support			
	Ant old disease Live DM,HTN Etc.	Yes	✓ No	Comments: NO
	History of Surgery	Yes	✓ No	Comments: NO
	History of	Good	Bad	Comments: Pain from last 4-5 years

9.	Main patient's concerns:	Pain all over the body
10	Main patient's expectations:	To take ayurvedic treatment for better health.

Current Treatment:	1st	2nd	3rd/ >

Remarks:

GYNAE HISTORY

L.M.P _____ Days _____

NAD

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

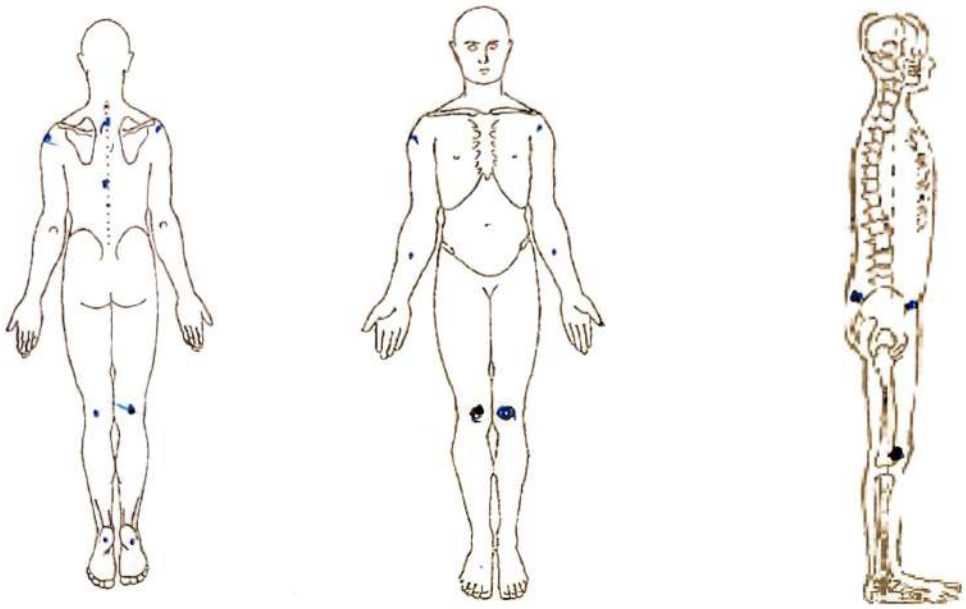
OBS HISTORY

	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 : _____

Physical Examination:

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



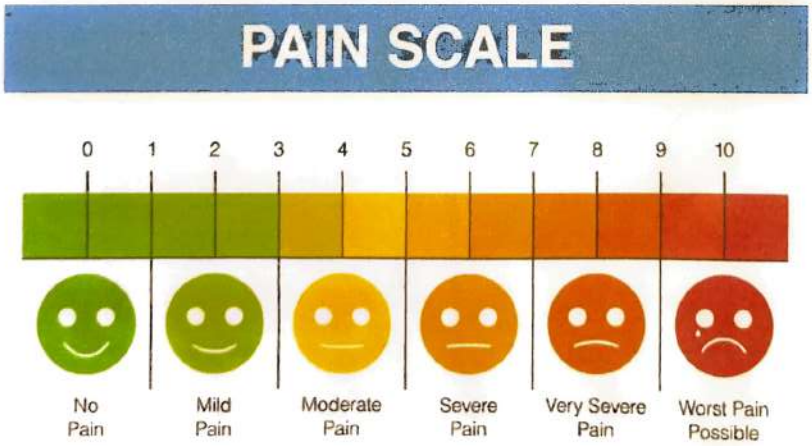
Skin & Soft tissues problem

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



8/10

Details Discription of Disease

	Comments
Onset	Joint Pain since 1 month.
Additional Disease	- NAD.
Allergy	- NAD.
Past Treatment	Anti inflammatory + Pain
Blood Investigation	Adv ⊙ = *C.B.C. *R.A. factor. *Uric acid.

General Examination Assesement

ASTA VIDHA PARIKSHA

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

DASH VIDHA PARIKSHA

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

VITAL ASSESEMENT :

S No.	B.P	Pulse Rate	Temp.	Date	Next Date	Next Date	Next Date	Next Date
1.	114/63	91/M	97.6°F	24/9	1/10	8/10	25/9/2021	25/9/2021

PANCHKARMA THERAPY ASSESEMENT :

S No.	Therapist Given	Improvement in complaint	Change in Treatment Next Followup Date	Therapy	Sign
1	Gyana Devi	✓	–	Abyanga + नाड़ी स्वेद Nadi Swada नाड़ी स्वेद	

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:	Good.					

GAIT ANALYSIS				
Functional Quality of the gait	Normal	Good	Poor	Comments:
1. **SAFETY**	-	✓	-	—
2. **CADENCE**	-	✓	-	—
3. **SPEED**	-	✓	-	—
4. **FATIGUE**	-	✓	-	—

Next Follow Plan Same

Next Follow Date 1/10

Till Next Follow Diet Care : As in diet chart

Till Next Follow Fife Style Change —

* Avoid fast of Non Veg
* Advice Dincharyaof Ritucharya Plan of Ayurveda
* Drink Luke warm water.
* Regular check-up till 3 Months to o/p of.

PANCHKARMA TREATMENT PLAN	
POORVA KARMA	
Days Medicine	7 days (3 to 4 Day deepan, Paachan)
Risk, Benefits	—
Next follow up advice	Take only warm water for drinking & bathing. Avoid sleeping in the daytime, Anger Anxiety.
Next follow up date	
Days Medicine	7 days
Risk, Benefits	—
Next follow up advice	Use only water for drinking. Avoid Spicy food. No smoking and dust area Prohibited.
Next follow up date	
PASCHAT KARMA	
Days Medicine	7 days Medicines and follow it for 1 month.
Risk, Benefits	Numbness, weakness, Pain are the complications observing which can be treated accordingly.
Next follow up advice	for 7 Days advise to Patient to have rest in Room. Take hot water bath and take diet & avoid sleeping in day time.
Next follow up date	

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 ननोवल 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 खॉसी 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. फलकन माता (मसुलिका, **Chicken Pox**) रोग में रोगी को नमक से दूर रखें जो दाना फूट जाये उस पर नीम की छाल और लाल चन्दन घीसकर लगाये।
8. घर में अन्डा, चिकन, मीट, मछली का बिलकुल सेवन ना करें। रोगी को आईसक्रीम, अचार, डब्बा बंद चीजें, आम और अनार ना दें।
9. शुगर के रोगी गलती से भी आलू, चावल, फल न खायें।
10. दस्त लगने पर पानी में नमक व चीनी या जीवन रक्षक घोल या इलेक्ट्रोल **(ORS)** पानी में मिलाकर दे।
11. 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।
12. खसरा एक जान लेवा बीमारी है।

किसी भी प्रकार की असुविधा होने पर आप अपने निकट के स्वास्थ्य केन्द्र पर भी सम्पर्क कर सकते है।

- ठीक होने के बाद अगर संभव हो तो हर हफते में एक दिन व्रत **(Fast)** जरूर रखे इससे आपके शरीर का अच्छे से **(Detoxification)** होगा।

Initial Assessment

24/9/21.

UHID : VAC 2164. OPD : 2165 Room No. Directly Room.

Initial ASSESMENT.

* Chief Complaint → Pt. comes c/o
  * Severe back Pain
  * Unable to Move

* History of Present illness → Pt. was healthy Before One @ Month then suddenly she of low joint Pain. Pt took allopathic medication from allopathic Private Clinic But not relieved. After that she goes to our Ayurveda Cure Center. now she bring Reffral for Panchkarma Treatment.

* Past History → NAD
* Personal History → NAD.
* Family History → NAD.

ADMISSION & DISCHARGED RECORD (Day Care)

UHID UAC 2164 OPD 2165 Room No. Therapy Room Date 24/09/21

Name Of Patient (रोगी का नाम) Mrs. Sabita Bera

Name Of Father/Husband(पिता/पति का नाम) w/o Mr. Sudhanshu Sekhar Bera

Date Of Treatment(उपचार की तिथि) 24/09/21 Time of Treatment(उपचार का समय) 11am Age(उम्र) 54 Sex(लिंग) F

Assistant Doctor (सहायक उपचारक) Gyan devi

Doctor Incharge(संचालक उपचारक) Dr. Pushkar Sharma

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

Operation (If Any) —

Procedure(प्रक्रिया) Sarv. Abhyang - Sweda + Nadi sved + Pichu.

Diagnosis(रोग निश्चय) सर्वांगशूल (Whole body Pains)

Address & Phone No.(पता एवं फोन नं.) Flat No. F3 First Floor, Building No. 642, Government Dispensary, Chirag Delhi, New Delhi - 110017, 9211509381

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

Payment :- CASH [X] TPA Name/No [X] Govt.Insurance. C.G.H.S. Retired (Person wife)

UNDER TAKING FOR TREATMENT INVESTIGATION & FINANCE ETC.

I am getting admitted on day care basis at 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 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) Mrs. Sabita Bera

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

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).....सविता बेरा.....

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

Witness(प्रत्यक्षी).....Mrs. Sabita Bera.....

DISCHARGE FILE

F.H.NO.

UHID VAC 2164 OPD 2165 Room No. Therapy Date 01/10/21

Patient's Name (रोगी का नाम) Mrs. Sabita Bera Age (उम्र) 54 Sex (लिंग) F

W/o, S/o, D/o(पिता|पति) W/O Mr. Sudhanshu sekhar Bera

Address (पता) Flat no F3 first Floor Building no-642 Gaont. Disp. chirag delhi N.D-110017

Date of Admission (भर्ती की तारीख) 24/09/21 Date of Discharge(छुट्टी की तारीख) 01/10/21

Time of Admission (भर्ती का समय) 011 am Time of Discharge(छुट्टी का समय) 12:30 pm

Chief Consultant (मुख्य चिकित्सक) Dr. Pushkar Sharma

CHIEF COMPLAINT AND HISTORY (मुख्यं तकलीफ एवं उसका वृतान्त)

स्थानिक वेदना, सर्वांग वेदना,

Past Medical History (पुराना चिकित्सा वृतान्त) ———

Family History (कुटुंब वृतान्त) Mother & father Both are having Joints Pain always.

Pain Scale – 8/10

VitaParameters

B.P – 121/61
P/R – 88
SUGAR – Sg
WEIGHT – 65 K.g.
HEIGHT – 5.3

MENSTRUAL HISTORY

Stopsin age 43.

Astha Sthana Pariksha

1. NADI वातज
2. MALA कठिन
3. MUTRA 4-5 बार/d
4. JIWHA लिप्त
5. SHABDA सम
6. SPARSHA शीतोष्ण
7. AKRUTI सम
8. DRIKA सम

Dash vidha Pariksha

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

INVESTIGATION EXAMINATION (जाँच)

X
X

DIAGNOSIS AND TREATMENT SUMMARY (रोग चिकित्सा वृतांत)

- सर्वांगशूल

T/T - अभ्यंग, स्वेद, पिच्यु, नाडी स्वेद

DIET ADVISE ON DISCHARGE (आहार निर्देष)

As advice in diet chart.

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

CONDITION AT THE TIME OF DISCHARGE

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

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

PH. No.

A) If Pain ↑

B) ↓ Stiffness ↑

C) ↓ Tenderness ↑

2.Medicine After Diseases (औषधि छुट्टी के बाद)

* Cap. Ashwagandha with Milk (Morn/Eve) X 7 Days.

* Tab. Vatarin 1 B.D with Lukewarm Boiling water X 7 Days.

Dr. Name.....

Sign.....

Date 01/10/21