

MAADHAV PRIYA

AYURVEDIC CLINIC AND PANCHKARMA CENTER
GHATKOPAR(25141460)GIRGAON(22081081)
KANDIVALI(28696021)

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Dr. Santosh Deshmukh

(M.D.Ayu)

Female Case Paper

Date :-

Name :-

Married/unmarried-

Address :-

(at what age)

Date of birth and time :-

Age :-

Place of birth :-

Moonsign :-

Education :-

Mobile No. :-

Job :-

Phone no. :-

Type of work :-

Email ID :

Hard manual/ Mod. Manual/ Table work/ House hold/ Sedentary/ Others

Positions – Standing/ Sitting / Walking/stooping

AC work/typing/computer work

Website :-

Time of job :-

Travelling by-bus/train/rickshaw/bike/walk.....hours/minutes

Husband/Father's job :-

Signs/Symptoms	From when	By what increases	By what decreases

Is there any relation of above signs/symptoms with above complaints-

Have you experienced these signs/symptoms in past-

Woke up time in the morning :- Tea/coffee, milk, other.....cup freshness –yes/no
Exerise :- yes/no Bath – time hot/cold water headbath hot/cold water...../week
Hunger -Yes/no/ Meal timing.....regular / irregular **hotelling** times /week
Favourite taste :- sweet/sour/salty/spicy/bitter/astringent

Flour	amt	Pulses	amt	Leafy veg	amt
Bhakri/chapati roti/rice		Tur/moong/red lentils gram/pea/moth beans horse gram/ field beans/other		Spinach/curryleaf bitterguard/bottle guard/ cabbage/ caulliflower/potato/ brinjal/lady finger/ fenugreek/tomato etc	
Sweet food	amt				
Sugar/jaggery jam/jelly/khir/other		Fruits	amt		
		Banana/chikoo/ papaya/apple/ grapes/dry fruits/ habbits-before		Milk products	amt
Sour food	amt			Milk/curd(mor/eve.) butter/ghee/cheese/ paneer/buttermilk	
unripped mango/ tamarind/lemon/tomato/ amla/ivy gourd/ others, fruits		Salad	amt		
		Cucumber/tomato carrot/raddish beatroot/other		Chutnis	amt
Pickles	amt			Coconut/chilly/garlic groundnut/sesame/ flaxseed	
Unripped mango/ lemon raddish/ amla/ other		Non veg	amt		
		Chicken/mutton/ fish(dry/wet)/egg/ other		Salty food	amt
Bakery products	amt			Salt/chivda/farsan/sev papad/wafers/other	
Toast/biscuits/bread pizza/burger/cake sandwich/noodles carmel		Fast food	amt		
		Bhel/panipuri/misal/ vada/punjabichinese/idli/dosa/ uthapa/dokla			
Drinks	amt			Stale Food	amt
Cold drink/tea/ coffee/juice water				Rice/roti/chapati/curry/ vegetables use of fridges icecream/ dough	
Spicy food	amt	Fasting food	amt		
Red chills/Masala chilli/garlic/onion/ ginger/other		Sweet potato/potato/ groundnut		Water	amt
Poisonous food	amt	Oil	amt	After waking up/before having meal/after/in between normal/fridge water over all	
Milk + fruit/fruit salad/ milk+rice with salt/curd- milk+rice/tea-water/ milk- fish/buttermilk-milk rice/tea- salty biscuits/milk shakes		Sunflower/groundnut ghee/butter/oilyfood eg. papad/olive oil/ soyabean oil/coconut oil/ teel oil/rice bran oil			

	Timing	Hunger	
Liquid diet		Yes/no	
Breakfast		Yes/no	
Lunch		Yes/no	
Eve.breakfast		Yes/no	
Dinner		Yes/no	

Suppression of urges-hunger/stool/urine/gases/thirst/sneezing/coughing/yawning/vomiting/sleep/ semen/tears

Motions :- Daily time time to defecate min satisfactory/unsatisfactory
 motion urge/sensation on time yes/no or after taking tea/coffee

colour -yellowish/blackish/redish/whitish/others Form-hard/peeled banana like/liquid/semisolid

stool with blood :- yes/no with mucous :- yes/no with pain or burning-yes/no

stool dipped in the water settles :- yes/no Gases :- yes/no Habit of Taking any Medicine :-

Urination - day times night times
 Colour – white/yellowish/yellow/turbid/reddish with pain/burning sensation/or warm urination

Sweat- All seasons sweating/In summer season/after exertion
 Is it more than others/same/or less foul smell-more/normal/absent
 stain on clothes – yes/no More at Palm and soul-yes/no effect of A.C.

Menstrual History-MENARCHE at the age regular/irregular LMP LLMP

Before menarche any major diseases-
 chickenpox/smallpox/chickengunia/malaria/typhoid/jaundice/pneumonia/herpes/ worm /piles/fissure/T.B.

Menstrual flow days continous from first day/ after spotting/day after spotting
 Menstrual flow- with pain/thin/foamy(frothy)/clots(excess/moderate/less)
 (pattern) with burning sensation/warm menses/foulsmell(more/mild/no)/sticky/thick
 colour-red/faint red/blakish/black stains to cloths-Yes/No

Other Problems(before menses/during menses/after menses)-

Pain at vaginal region/abdomen/back/lower back(waist)/pelvic region/other region

Burning sensation (around genital region or other place) /itching around genitals

Nausea/fever/vomiting/weakness/constipation/loose motion/any other than this

Leucorrhoea-whitish/like curd/yellowish/watery/sticky/with foul smell/without foul smell

Psychological status-depression /feeling of cry/intolerance to voice/food affection

Menstrual flow- is it increased / same like before/ less than previous

Have you take any PILLS/TABLETS to postpone or prepone the menses - Yes/NO

During menstrual flow -job or duties(exertion) /travelling/headbath/scrubbing the body/lifting heavy weight/uncleanliness of vagina/suppression of urges/others

MENOPAUSE at the age of

Before menopause any problems like- excess menstrual bleeding/ abdominal pain/any other problem-

After menopause any problems- increasing body weight/joint pain(osteoarthritis)/skin disease/breast adenoma/ mental disturbance or mood swing/anger/greifness/irritability/sleep disturbance/any other-

OBSTETRIC HISTORY-

G P A L D

During pregnancy- Heavy duties(exertion)/travelling/day sleep/ night

awakeness/exercise/coitus(contact)/any mental disturbance-stress/anger/grief/

During pregnancy any medical issues- DM/HTN/Seizures/Pedal oedema or localised oedema/varicose vein/other problem-

Family history(offspring or child history) - MOTHER

SISTER/BROTHER

POST NATAL HISTORY(POST DELIVERY)-

Have you followed the post natal care?- rest more than 1.5 months/body massage/sudation/steam/ hot water bath/wrapping the lower abdomen with cloths

H/O Breast feeding

DONT'S-exertion/coitus(contact)/stress/sorrowness
months

after delivery menstruation.....after

During that time any problems- fever/joint pain(osteo arthritis) / piles/swelling/asthama/HTN/DM/
Skin disease / any other problem

Marriage life - sexual intecourse satisfied/unsatisfied Times/days

intercourse just after food/after heavy meal/during any natural urge

after intercourse-vaginal bleeding or itching or burning or pain

No.of children girl(female) boy (male) family planning

H/O Contraceptive- Cu-T(In situ/Before)/Depot/Implant
I-Pills/vaginal suppository/TODAY/Other-

Drug History- Hormonal Replacement therapy/other regular medicines/
Allergies/ other Treatment

Sleep - time (night) :- Deep sleep – yes/always disturbed

Day sleep- yes/no hrs after lunch

Dreams- more/medium/less other complaints-urination/talking/walking
TV hr/day Computer hr/day

Reading

Addiction- Betelnut/tobacco/betelleaf/beedi/cigarette/panparag/mawa/drinks/fennel seeds

Habits- Mica/soil/eating nails

Psychological Examination

- Any psychological shock before onset of the disease upto 6 years ?
If yes, then ins form and severity – 5 4 3 2 1
- Environment in the house/office – Harmony/stressful/doubtful/Hatered/Jealousy
- Tension, worry, fear before onset of disease upto year, If yes, then its nature and severity 5 4 3 2 1
- Nature of the patient :
 - Emotional/angry/Irritative/Doubtful/Greedy/over caring/Aimful/jealous
 - Do you get angry soon ? Do you express it ? You can't express it ?
 - Are you satisfied about your present condition ? (Social, Economic, Family)
 - If not ?Reason ? Do you try to change it ?
 - Do you feel guilty about past mistakes ?
- Are you ready to adjust against your will ? Do you face any problems while adjusting your self ? If yes, severity 5 4 3 2 1
- Do you feel lonely ? Do you get confused ?
- Do you have a habit of comparing your self with others ?
(Economic, Social, Family)If yes, do you feel jealous/low/egoistic ? Do you feel that some bodyelse is responsible for it ?

Past Diseases-Measels, chichenpox, malaria, typhoid, jaundice, dysentery, conjunctivitis, bleeding ear, mumps, Fracture, pneumonia, skin disease, gastro, heart disease, stone, urticaria, tonsilitis, apendix, surgery, worms, abscess, injury.

Family thistory-1) Cancer 2) Heart disease 3) Diabetes mellitus 4) Asthama 5) Hypertension 6) obesity 7) Skin disease 8) Leucoderma 9) Dwarfism 10) spectacles

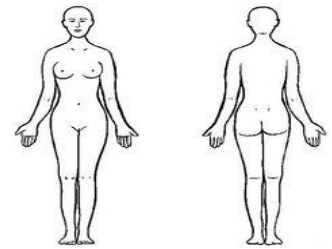
Personal History (son-Daughter)

Paternal History (Father, uncle, aunt)

Maternal History (Mother, Aunt)

परीक्षण यकृत प्लीहा नाभी आसमंतअन्य विशेष

जिह्वा	सार	नाडी
नख	संहनन	अग्नी
आकृती	कोष्ठ	संधी
शब्द	वजन	बी .पी
निदान		
दोष	दूष्य	स्रोतस
आम	मल	अवस्था



आधुनिक तपासण्या व अन्य चिकित्सा

