Panchkarma case History discussion

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Preface

1. **Purpose of the Compilation**
   - Panchakarma is the foundation of Ayurvedic therapeutic practice, playing a key role in both preventive and curative health care.
   - This compilation of **Panchakarma Clinical Cases** has been prepared to serve as a **ready reference** for students, practitioners, and researchers.
2. **Scope of the Work**
   - Covers both **OPD and IPD clinical cases**.
   - Includes **detailed management protocols** such as Deepana-Pachana, Vamana, Virechana, Basti, Nasya, Raktamokshana, and supportive therapies.
   - Cases arranged according to **Vyadhi (disease condition)** for easy academic and practical utility.
3. **Special Features**
   - Point-wise **systematic presentation** of each case.
   - Combination of **classical Ayurvedic principles** and **practical hospital-based observations**.
   - Designed to help in **clinical examinations, viva, and postgraduate reference**.
4. **Acknowledgement**
   - Special thanks to **Dr. S.D.** for guidance and clinical insights.
   - Gratitude to all faculty, residents, and students of Panchakarma Department who contributed case records and shared their experiences.
5. **Message to Readers**
   - These notes are meant to **bridge classical knowledge with modern-day Panchakarma practice**.
   - Readers are encouraged to apply this knowledge responsibly in **real clinical settings**.

Panchakarma Instruments List

S.No.	Instrument (English)	Instrument (Hindi)	Use in Panchakarma
1	Droni (Massage Table)	द्रोणि	For Abhyanga, Swedana, Shirodhara
2	Shirodhara Yantra	शिरोधारा यंत्र	For pouring medicated liquids/oil on forehead
3	Basti Yantra (Syringe, Netra)	बस्ती यंत्र (सुई, नेत्र)	For administration of Niruha & Anuvasana Basti
4	Nadi Sweda Yantra	नाड़ी स्वेद यंत्र	For localized steam application
5	Bashpa Sweda Yantra (Steam Chamber)	बाष्प स्वेद यंत्र (स्वेदन कक्ष)	For full body steam sudation
6	Kati Yantra (Oil pooling apparatus)	कटि यंत्र	For Kati Basti (oil retention on lumbar region)
7	Janu Yantra (Oil pooling apparatus)	जानु यंत्र	For Janu Basti (oil pooling on knee joint)
8	Shringi (Horn-shaped instrument)	शृंगी	For Raktamokshana (bloodletting)
9	Jalouka (Leech container & instruments)	जालूक उपकरण	For Leech therapy (Raktamokshana)
10	Prasrava Patra (Collecting vessel)	प्रस्रव पात्र	For collecting oil, ghee, or discharge
11	Taila Patra (Oil vessel)	तैल पात्र	Storage and pouring of medicated oils
12	Pichu (Cotton pad for oil application)	पिचु (कपास का फाहा)	For Pichu therapy (localized oil application)
13	Netra Tarpana Yantra	नेत्र तर्पण यंत्र	For Netra Tarpana (eye treatment with ghee/oil)
14	Karna Purana Yantra	कर्ण पूरण यंत्र	For oil instillation in ears
15	Nasya Yantra (Dropper/Netra)	नस्य यंत्र (ड्रॉपर/नेत्र)	For Nasya Karma (nasal medication)
16	Agnikarma Shalaka (Heated metal rod)	अग्निकर्म शलाका	For Agnikarma procedures
17	Medicated Swab (Duster)	औषध युक्त स्वैब	For cleaning and application
18	Ksheer Droni	क्षीर द्रोणि	For Ksheeradhara (milk pouring therapy)
19	Patra Pottali (Herbal bolus)	पत्र पोटली	For Patra Pinda Sweda
20	Shalaka Set	शलाका सेट	For Kshara Karma & minor Panchakarma procedures

Panchakarma Instruments (Categorized)

Category	Instrument (English)	Instrument (Hindi)	Use
OPD Panchakarma Instruments	Droni (Massage Table)	द्रोणि	Abhyanga, Shirodhara
	Shirodhara Yantra	शिरोधारा यंत्र	Continuous oil pouring on forehead
	Taila Patra (Oil vessel)	तैल पात्र	Storing & pouring medicated oils
	Pichu (Cotton pad)	पिचु	Local oil application
	Janu Yantra (Oil pooling)	जानु यंत्र	Janu Basti (knee oil retention)
	Kati Yantra (Oil pooling)	कटि यंत्र	Kati Basti (lumbar oil retention)
	Nasya Yantra (Dropper/Netra)	नस्य यंत्र	For Nasya karma
	Karna Purana Yantra	कर्ण पूरण यंत्र	For medicated oil instillation in ear
	Netra Tarpana Yantra	नेत्र तर्पण यंत्र	For Netra tarpana
	Prasrava Patra	प्रस्रव पात्र	Oil collection vessel
	Medicated Swab	औषध युक्त स्वैब	Cleaning and medicine application
IPD Panchakarma Instruments	Basti Yantra (Syringe, Netra)	बस्ती यंत्र (सुई, नेत्र)	For Anuvasana & Niruha Basti
	Nadi Sweda Yantra	नाड़ी स्वेद यंत्र	Localized steam application
	Bashpa Sweda Yantra (Steam chamber)	बाष्प स्वेद यंत्र	Full body sudation (steam)
	Patra Pottali (Herbal bolus)	पत्र पोटली	Patra Pinda Sweda
	Ksheer Droni	क्षीर द्रोणि	For Ksheeradhara therapy
	Shringi	शृंगी	Raktamokshana (bloodletting)
	Jalouka instruments	जालूक उपकरण	Leech therapy (bloodletting)
	Agnikarma Shalaka	अग्निकर्म शलाका	For Agnikarma procedures
	Shalaka Set	शलाका सेट	Kshara karma & para-surgical
	Special vessels (Taila, Ghrita storage)	तैल-घृत पात्र	Long-term therapy oil/ghee storage

Panchakarma Clinical Cases

Category	Clinical Case / Vyadhi	Probable Panchakarma Procedure(s)	Notes (Ayurveda/Modern Correlation)
OPD Cases	Gridhrasi (Sciatica)	Kati Basti, Patra Pinda Sweda, Agnikarma, Virechana	Pain radiating to leg; useful for disc prolapse & sciatica.
	Sandhigata Vata (Osteoarthritis)	Janu Basti, Snehan, Swedan, Matra Basti	Knee pain, stiffness; correlates with OA.
	Katigraha (Low Back Pain)	Kati Basti, Kshira Basti, Abhyanga, Swedan	Chronic backache, spondylosis.
	Ardita (Facial Paralysis)	Nasya (Anu Taila), Shiroabhyanga, Dhoomapana	Bell's palsy management.
	Migraine (Ardhavabhedaka)	Shirodhara, Nasya, Virechana	Correlates with vascular migraine.
	Allergic Rhinitis (Pratishyaya)	Nasya, Dhoomapana, Vamana (in chronic)	Sneezing, nasal obstruction.
	Skin Diseases (Kustha, Psoriasis)	Virechana, Raktamokshana, Takra Dhara	Chronic skin lesions, itching.
	Obesity (Sthoulya)	Udwartana, Lekhana Basti, Virechana	Weight reduction protocols.
	Stress/Insomnia	Shirodhara, Abhyanga, Takra Dhara	Psychiatric OPD utility.
	Frozen Shoulder (Avabahuka)	Snehan, Swedan, Patra Pinda Sweda, Nasya	Shoulder stiffness, rotator cuff issues.

OPD

Panchakarma Clinical Cases

Clinical Case / Vyadhi	Panchakarma Procedures	Notes (Ayurveda / Modern Correlation)
Amavata (Rheumatoid Arthritis)	Deepana-Pachana, Virechana, Rooksha Sweda, Basti Chikitsa	Long-term IPD care; joint inflammation, stiffness, autoimmune basis.
Pakshaghata (Hemiplegia)	Abhyanga, Swedan, Basti, Nasya, Shirodhara	Stroke rehabilitation, neuro-muscular weakness.
Udavarta / IBS	Virechana, Basti, Shirodhara	Chronic IBS, constipation, flatulence, functional bowel disorder.
Madhumeha (Diabetes with Complications)	Virechana, Basti, Udwartana, Raktamokshana	Neuropathy, obesity-related, non-healing ulcers, diabetic complications.
Tamaka Shwasa (Bronchial Asthma)	Vamana, Dhoomapana, Basti	Seasonal IPD admissions, dyspnea, chronic bronchitis.
Udara Roga (Ascites, Hepatic Disorders)	Virechana, Niruha Basti, Raktamokshana	Cirrhosis, hepatomegaly, ascites management.
Vishama Jwara (Chronic Fever / Malaria)	Mridu Virechana, Abhyanga, Swedan	Recurrent fevers, PUO, malaria-like conditions.
Arsha (Hemorrhoids)	Kshara Karma, Raktamokshana, Basti	Surgical–para-surgical management, bleeding piles.
Bhagandara (Fistula-in-ano)	Ksharasutra, Basti, Raktamokshana	Requires longer IPD admission; recurrent sinus tract management.
Manas Roga (Depression, Anxiety)	Shirodhara, Nasya, Abhyanga, Satvavajaya Chikitsa	IPD care for psychiatric and chronic stress disorders.

IPD

Panchakarma Clinical Case Proforma

1. Patient Information

- Name: _____
- Age/Sex: _____
- OPD/IPD No.: _____
- Address: _____
- Date of Admission: _____
- Date of Discharge: _____

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2. Chief Complaints

- _____
- _____
- _____

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3. History of Present Illness

- Onset: _____
- Duration: _____
- Progression: _____
- Associated features: _____

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4. Past History

- Trauma: Yes / No
- Other systemic illness: _____
- Allergy history: _____

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5. Nidana (Etiology – Ayurveda)

- Ahara (Diet): _____
- Vihara (Lifestyle): _____
- Other factors: _____

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6. Lakshana (Clinical Features)

English	Hindi	Present/Absent
Symptom 1	लक्षण १	☐ / ☐
Symptom 2	लक्षण २	☐ / ☐
Symptom 3	लक्षण ३	☐ / ☐

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7. Clinical Examination

- **Inspection:** _____
- **Palpation:** _____
- **Range of Motion:** _____
- **Special Tests:** _____
- **Neurological/Other Exam:** _____

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8. Panchakarma Management Plan

Procedure (English)	Procedure (Hindi)	Remarks
Snehana	स्नेहन	_____
Swedana	स्वेदन	_____
Virechana	विरेचन	_____
Basti	बस्ती	_____
Nasya	नस्य	_____
Raktamokshana / Siravyadha (if applicable)	रक्तमोक्षण / सिराव्यध	_____

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9. Internal Medications

- Medicine 1: _____
- Medicine 2: _____
- Medicine 3: _____

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10. Pathya–Apathya

Pathya (Do's): _____
Apathya (Don'ts): _____

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11. Follow-up & Prognosis

- Prognosis: _____
- Follow-up advice: _____

Sample Clinical Case – Gridhrasi (Sciatica)

1. Patient Information

- Name: _____
- Age/Sex: _____
- OPD/IPD No.: _____
- Date of Admission: _____
- Date of Discharge: _____

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2. Chief Complaints

- Low back pain radiating to right/left lower limb since _____
- Stiffness in thigh and calf region since _____
- Tingling/numbness in affected limb since _____
- Difficulty in walking/limping gait since _____

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3. History of Present Illness

- Gradual/acute onset
- Progression of pain (mild → severe)
- Associated features: constipation / weakness / fever / trauma history

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4. Past History

- Any history of trauma / diabetes / hypertension / previous spinal surgery
- No known drug allergies

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5. Nidana (Etiology) – Ayurveda

- Ativyayama (excess exertion)
- Vegadharana (suppression of natural urges)
- Ruksha, Laghu, Sheeta Ahara
- Divaswapna, exposure to cold wind

6. Clinical Features (Lakshana)

English	Hindi
Radiating pain from low back to foot	कटि से पाद तक वेदना
Stiffness, difficulty in movement	कठोरता, गति में कठिनाई
Tingling/numbness in leg	झुनझुनी, सुन्नपन
Limping gait (like vulture – Gridhrasi)	गिद्ध जैसी चाल (ग्रीध्रसी)

7. Clinical Examination

- **Inspection:** Posture abnormality, limping gait
- **Palpation:** Tenderness in lumbar spine, sciatic notch
- **Range of Motion:** Restricted forward bending, straight leg raise test positive
- **Neurological Exam:** Reflexes, sensory-motor deficit

8. Panchakarma Management Plan

Procedure (English)	Procedure (Hindi)	Details
Snehana – Abhyanga with Mahanarayana Taila	**स्नेहन - अभ्यंग**	Daily for 30 min, whole body + affected limb
Swedana – Nadi/Pinda Sweda	**स्वेदन - नाड़ी/पोटली स्वेदन**	After abhyanga, for stiffness relief
Basti Chikitsa (Dashamoola Niruha + Anuvasana with Eranda Taila)	**बस्ती चिकित्सा**	8–16 days course
Virechana with Eranda Taila	**विरेचन**	Single day purgation (mild)
Nasya with Anu Taila	**नस्य**	5–7 days
Siravyadha (in resistant cases)	**सिराव्यध**	For severe radiating pain

9. Internal Medications

- Dashamoola Kwatha – 40 ml BD
- Eranda Taila – 10 ml HS with warm milk
- Yogaraja Guggulu – 2 tab TDS
- Maharasnadi Kwatha – 40 ml BD

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10. Pathya–Apathya

Pathya (Do's):

- Warm, unctuous food (milk, ghee, soups)
- Gentle yoga (Bhujangasana, Makarasana)
- Proper rest, physiotherapy support

Apathya (Don'ts):

- Cold exposure, excessive exertion
- Ruksha, dry, stale food
- Day sleep, sitting for long hours

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11. Prognosis

- Chronic disease but manageable with Panchakarma and long-term follow-up.

Treatment Table (Ayurveda & Modern) – Example for Gridhrasi (Sciatica)

Aspect	Ayurveda (आयुर्वेद)	Modern (आधुनिक चिकित्सा)
Chikitsa Siddhanta / Principle	Vata Shamana, Srotoshodhana (वात शमन, स्रोतशोधन)	Pain relief, muscle relaxation, anti-inflammatory
Shodhana Therapy (शोधन चिकित्सा)	Basti (Niruha, Anuvasana), Virechana, Raktamokshana if needed	Not applicable (No equivalent)
Shamana Therapy (शमन चिकित्सा)	- Abhyanga (Taila massage) - Swedana (Sudation) - Patra Pinda Sweda - Kati Basti with Dashmoola Taila / Mahanarayana Taila	- Analgesics (NSAIDs – Ibuprofen, Diclofenac) - Muscle relaxants (Tizanidine, Baclofen) - Steroids (short course if severe)
Nasya (नस्य)	Anu Taila / Shadbindu Taila nasya (for Vata)	Not applicable
Oral Medicines (आंतरिक औषधि)	- Yograj Guggulu - Mahayogaraj Guggulu - Dashmool Kwath - Erand Sneha - Rasna Saptak Kwath	- NSAIDs (Paracetamol, Ibuprofen) - Neuropathic pain drugs (Gabapentin, Pregabalin) - Antidepressants (Amitriptyline for nerve pain)
Other Panchakarma	Kati Basti, Pizhichil, Shirodhara (if stress-related)	Physiotherapy (heat therapy, stretching, lumbar exercises)
Surgical / Para-surgical	Siravyadha (Venesection – selected cases)	Lumbar discectomy, laminectomy (if severe disc prolapse not responding to medical therapy)
Pathya (Do's) – आहार-विहार	- Light, easily digestible food - Avoid excessive dry, cold, stale food - Regular mild exercise, yoga (Bhujangasana, Makarasana)	- Balanced diet - Weight management - Regular exercise - Avoid prolonged sitting
Apathya (Don'ts) – निषेध	- Avoid Ati Vyayama (excessive exertion) - Avoid sitting on hard floor, riding bikes for long time - Cold exposure	- Avoid heavy lifting - Avoid prolonged rest (worsens stiffness) - Avoid smoking/alcohol

Sample Clinical Case - Sandhigata Vata (Osteoarthritis)

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1. General Information (सामान्य जानकारी)

- Name / नाम : _____
- Age / आयु : _____
- Gender / लिंग : _____
- Occupation / व्यवसाय : _____
- Address / पता : _____
- Date of Admission / भर्ती की तिथि : _____
- OPD / IPD No. : _____

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2. Chief Complaints (मुख्य शिकायतें)

- Joint pain (Sandhishoola) – duration, site, nature
- Swelling (Sandhishotha) – localized, recurrent
- Stiffness (Sandhigraha) – especially morning stiffness
- Difficulty in walking / climbing stairs
- Crepitus (Sandhi Shabda)
- Restriction of joint movements

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3. History of Present Illness (वर्तमान रोग का इतिहास)

- Onset: gradual/acute
- Duration: _____ years/months
- Progression: increasing with time
- Pain: aggravated by movement, relieved by rest
- Associated features: swelling, stiffness, deformity
- Impact on daily activities: walking, sitting, squatting

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4. Past History (अतीत का इतिहास)

- History of trauma / fracture around joint
- History of diabetes, hypertension, gout, RA
- Similar complaints in past
- Any long-term medication history

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5. Family History (पारिवारिक इतिहास)

- Any history of osteoarthritis in parents/siblings
- Hereditary predisposition

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6. Personal History (व्यक्तिगत इतिहास)

- Diet (Ahara): vegetarian/non-vegetarian, ruksha / oily / spicy
- Appetite, digestion, bowel, bladder habits
- Sleep: disturbed / normal
- Exercise / work nature: sedentary / strenuous
- Addictions: smoking, alcohol, tobacco

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7. General Examination (सामान्य परीक्षण)

- Built: obese/normal/thin
- Pallor, Icterus, Cyanosis, Edema, Clubbing: absent/present
- Pulse, BP, Temp, RR: _____
- Weight, BMI: _____

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8. Local Examination (स्थानीय परीक्षण)

- Inspection: swelling, deformity, wasting, gait changes
- Palpation: tenderness, crepitus, warmth
- Movements: flexion, extension, restricted / painful

- Special Tests: Crepitus on ROM, Gait analysis
- Joint Involved: Knee / Hip / Spine / Hand joints

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9. Investigations (जांचें)

Modern:

- X-ray of joint → joint space narrowing, osteophytes
- MRI (if needed)
- ESR, CRP (to rule out inflammatory arthritis)
- Blood sugar, uric acid, renal/liver function tests (before medication)

Ayurveda:

- Dashvidha Pariksha (Prakriti, Vikriti, Sara, Samhanana, Satmya, Satva, Ahara shakti, Vyayama shakti, Vaya, Pramana)
- Ashtavidha Pariksha (Nadi, Mutra, Mala, Jihwa, Shabda, Sparsha, Drik, Akruti)

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10. Diagnosis (निदान)

- **Ayurveda:** Sandhigata Vata
- **Modern:** Osteoarthritis (Knee/Hip/Spine – specify joint)

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11. Differential Diagnosis (भेद निदान)

- Rheumatoid arthritis (Amavata)
- Gout (Vatarakta)
- Traumatic arthritis
- Infective arthritis

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12. Treatment (चिकित्सा योजना)

A. Ayurveda Management

- **Shodhana:**
  - Basti chikitsa (Ksheera Basti, Yapana Basti, Matra Basti)
  - Mridu Virechana
- **Shamana:**
  - Abhyanga with Mahanarayana Taila, Sahacharadi Taila
  - Swedana: Patra Pinda Sweda, Valuka Sweda
  - Janu Basti / Kati Basti with medicated oils
- **Oral Medicines:**
  - Yograj Guggulu, Mahayogaraj Guggulu
  - Rasna Saptak Kwath
  - Simhanada Guggulu
  - Dashmool Kwath
  - Lakshadi Guggulu (bone strength)
- **Pathya:** Warm, oily food, milk, ghee, soup, garlic, mild yoga
- **Apathya:** Avoid ruksha, sheeta, dry food, excess exertion, jerky travel

B. Modern Management

- **Medication:**
  - NSAIDs (Ibuprofen, Diclofenac, Naproxen)
  - Paracetamol
  - Intra-articular corticosteroid injections (for flare-up)
  - Glucosamine & Chondroitin supplements
  - Calcium + Vitamin D3 supplementation
- **Physiotherapy:** Quadriceps strengthening, ROM exercises
- **Lifestyle:** Weight management, avoid prolonged standing/squatting
- **Surgical:** Joint replacement (TKR/THR) in advanced cases

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13. Prognosis (भविष्यवाणी)

- Ayurveda: Chronic, manageable with regular Panchakarma and Rasayana
- Modern: Progressive degenerative disease, can be slowed, advanced cases → surgery

Sandhigata Vata (Osteoarthritis) – chikitsa

Aspect	Ayurveda (आयुर्वेदिक उपचार)	Modern (आधुनिक उपचार)
Shodhana (Purification / शोधन)	- Basti Chikitsa (Ksheera Basti, Yapana Basti, Matra Basti) - Mridu Virechana (Mild purgation)	—
Shamana (Palliative / शमन)	- Abhyanga (Massage) with Mahanarayana Taila, Sahacharadi Taila - Swedana (Sudation) – Patra Pinda Sweda, Valuka Sweda - Janu Basti / Kati Basti with medicated oils	—
Oral Medicines (आंतरिक औषधि)	- Yograj Guggulu, Mahayogaraj Guggulu - Rasna Saptak Kwath, Dashmool Kwath - Simhanada Guggulu (for Ama) - Lakshadi Guggulu (for bone strength)	- NSAIDs (Ibuprofen, Diclofenac, Naproxen) - Paracetamol - Intra-articular corticosteroid injections (in flare-up) - Glucosamine & Chondroitin supplements - Calcium + Vitamin D3 supplements
Physiotherapy / Exercise (व्यायाम)	- Mild Yoga (Bhujangasana, Tadasana, Pawanmuktasana) - Hot fomentation	- Quadriceps strengthening exercises - ROM (Range of Motion) exercises - Heat therapy, Physiotherapy
Pathya (Diet / पथ्य)	- Warm, oily food, milk, ghee, soups - Garlic, ginger, green gram, easily digestible food	- Balanced diet - Weight reduction in obese patients
Apathya (Avoid / अपथ्य)	- Avoid ruksha (dry), sheeta (cold), excessive vata aggravating food (peas, rajma, dry snacks) - Avoid jerky travel, excess exertion	- Avoid prolonged standing, squatting, heavy weight lifting
Surgical / Shastra Karma	- Rarely needed (in deformities) - Supportive Panchakarma repeat courses	- Joint replacement surgery (TKR/THR) in advanced cases

For Notes

Sample Case History – Katigraha (Low Back Pain)

1. Patient Details

- Name: _____
- Age: _____
- Sex: _____
- Occupation: _____
- Address: _____

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2. Chief Complaints (मुख्य शिकायतें)

- Low back pain since ___ duration
- Stiffness in lumbar region
- Difficulty in bending / standing / walking
- Radiating pain to thighs or legs (if present)
- Numbness/tingling sensation (if present)

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3. History of Present Illness (वर्तमान रोग इतिहास)

- Mode of onset: Gradual / Sudden
- Duration: _____
- Site: Lumbar region (Katipradesha)
- Nature of pain: Dull / Aching / Pricking / Stiffness
- Aggravating factors: Walking, prolonged sitting, bending, cold exposure
- Relieving factors: Rest, warm fomentation, massage
- Associated symptoms: Morning stiffness, radiating pain, weakness in legs

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4. History of Past Illness (पूर्ववृत्त)

- History of trauma / injury
- History of tuberculosis, diabetes, arthritis
- Similar episodes in past

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5. Personal History (निजी इतिहास)

- Appetite: Normal / Decreased
- Bowel habits: Constipation / Regular
- Bladder habits: Normal / Frequency / Burning
- Sleep: Disturbed / Sound
- Addiction: Smoking / Alcohol / None
- Occupation-related posture: Prolonged sitting, heavy lifting, travelling

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6. Family History (पारिवारिक इतिहास)

- History of arthritis / back problems in family: Yes / No

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7. General Examination (सामान्य परीक्षण)

- Pulse: ____/min
- BP: ____ mmHg
- Temperature: ____
- Respiration: ____/min
- Weight: ____ kg
- Built: Normal / Obese / Lean

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8. Systemic Examination (सिस्टमिक परीक्षण)

- CNS: Normal / Weakness / Tingling / Numbness
- CVS: Normal
- RS: Normal
- GIT: Normal

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9. Local Examination (स्थानीय परीक्षण)

Parameter	Observation
Tenderness	Present / Absent
Muscle spasm	Present / Absent
Range of Motion	Restricted / Normal
Straight Leg Raising Test (SLR)	Positive / Negative
Lasegue's sign	Positive / Negative
Any deformity	Yes / No

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10. Investigations (जांचें)

- X-Ray LS Spine
- MRI (if needed)
- Blood: CBC, ESR
- RA Factor / HLA-B27 (if spondyloarthropathy suspected)

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11. Provisional Diagnosis (अनुमानित निदान)

- **Katigraha (Low Back Pain)** – due to Vata Dosha vitiation
- Correlates with Lumbar Spondylosis / Disc Prolapse / Muscular strain

Treatment Table – Katigraha (Low Back Pain)

Approach	Line of Treatment	Methods / Drugs	Remarks
Ayurveda (आयुर्वेदिक उपचार)	**Nidana Parivarjana** (Avoid causative factors)	Avoid prolonged sitting, wrong posture, excessive exertion	Prevent recurrence
	Shamana Chikitsa (Conservative)	- Dashmool Kwath, Rasna Saptak Kwath - Yogaraj Guggulu, Trayodashang Guggulu - Eranda Taila (castor oil) mild virechana - Mahayograj Guggulu for chronic stiffness	Pain and inflammation reduction
	Shodhana Chikitsa (Panchakarma)	- **Snehana**: Abhyanga with Mahanarayana Taila, Dhanwantaram Taila - **Swedana**: Nadi Sweda, Patra Pinda Sweda - **Basti**: Kati Basti (local), Matra Basti with Dashmoola Taila / Sahacharadi Taila - **Virechana** (if needed)	Best line of management for chronic cases
	Other Procedures	- Agnikarma for severe localized pain - Lepana with medicated pastes - Yoga & Physiotherapy (Bhujangasana, Makarasana, Shalabhasana)	Improves flexibility
Modern (आधुनिक उपचार)	**Conservative Treatment**	- Rest for short duration - Analgesics: NSAIDs (Ibuprofen, Diclofenac) - Muscle relaxants (Tizanidine, Chlorzoxazone) - Physiotherapy (lumbar exercises, hot fomentation)	First line
	Advanced Treatment	- Epidural steroid injection (if nerve compression) - Surgery (Discectomy, Laminectomy) in prolapsed disc with neurological deficit	For refractory cases
	Supportive Measures	- Weight reduction - Postural correction - Lumbar belt or support	Long-term benefit

For Notes

Sample Case History – Ardita (Facial Paralysis)

1. Patient Profile

- Name: _____
- Age/Sex: _____
- Occupation: _____
- Address: _____
- OPD/IPD No.: _____
- Date of Admission: _____

---

2. Chief Complaints (मुख्य शिकायतें)

- Sudden deviation of mouth to one side – ___ days
- Inability to close eye completely – ___ days
- Drooling of saliva while eating/drinking – ___ days
- Slurred speech – ___ days
- Loss of taste sensation on anterior tongue – if present

---

3. History of Present Illness (रोग वर्तमान इतिहास)

- Mode of onset: sudden/gradual
- Associated complaints: ear pain, headache, cold exposure, weakness
- Progression: static/improving/worsening

---

4. Past History (अतीत इतिहास)

- Hypertension / Diabetes Mellitus / Stroke / Ear disease
- No history of trauma / seizure / previous facial weakness

---

5. Family History (पारिवारिक इतिहास)

- Any history of neurological disorders / hypertension / diabetes

---

6. Personal History (व्यक्तिगत इतिहास)

- Appetite: ___
- Sleep: ___
- Bowel & bladder: ___
- Addictions: smoking, alcohol, tobacco

---

7. General Examination (सामान्य परीक्षण)

- Pulse: ___ /min
- BP: ___ mmHg
- Temperature: ___ °C
- Respiration: ___ /min
- Pallor / Icterus / Cyanosis / Clubbing / Edema: ___

---

8. Systemic Examination (सिस्टम परीक्षण)

- **CNS**:
  - Facial asymmetry
  - Inability to close eye (lagophthalmos)
  - Loss of nasolabial fold
  - Deviation of angle of mouth
  - Drooling of saliva
  - Speech disturbance
  - Taste sensation – anterior 2/3 tongue (if involved)
- **Other Systems**: CVS, RS, GIT – within normal limits

---

9. Local Examination (स्थानीय परीक्षण)

- Eye: incomplete closure, conjunctival congestion
- Mouth: deviation to one side, dribbling of food/liquid
- Forehead: absence of wrinkles on affected side

---

10. Ayurvedic Examination (आयुर्वेदिक परीक्षण)

- **Nidana**: Exposure to cold air, Vata prakopa, Snayu / Sandhi dushti
- **Dosha**: Vata predominance
- **Dushya**: Rasa, Mamsa, Snayu
- **Srotas**: Rasavaha, Mansavaha, Nerve channel involvement
- **Roga Marga**: Madhyama
- **Sadhya-Asadhyata**: Generally Sadhya in acute cases, Krichrasadhya if chronic

---

11. Provisional Diagnosis

- **Ayurveda**: Ardita Roga
- **Modern**: Facial Paralysis (Bell's Palsy / LMN Facial Nerve Palsy)

Treatment Table – Ardita (Facial Paralysis)

Aspect	Ayurveda (आयुर्वेद)	Modern (आधुनिक चिकित्सा)
Shodhana (Purification)	- **Nasya Karma** with Anu Taila / Ksheerabala Taila - **Virechana** (mild purgation) in selected cases - **Basti Chikitsa** (especially in chronic cases with Pakshaghata features)	- Not applicable
Shamana (Pacification)	- Medicated Ghrita & Taila (Ksheerabala Taila, Dashmool Taila, Mahanarayan Taila) - Oral formulations: Ashwagandha Churna, Rasnasaptaka Kwath, Brihat Vata Chintamani Ras	- Corticosteroids (Prednisolone) – short course - Antivirals (Acyclovir) if viral cause suspected - Analgesics (NSAIDs) for pain
Local Therapies (स्थानीय उपचार)	- **Abhyanga**: Mahanarayan Taila on face - **Swedana**: Nadi Sweda with Dashmool decoction - **Karna Poorana**: Taila instillation in ear - **Shiroabhyanga & Shirodhara**	- Eye care: artificial tears, eye patch to prevent corneal ulcer - Electrical stimulation, physiotherapy of facial muscles
Rasayana (Rejuvenation)	- Ashwagandha, Shatavari, Bala, Chyawanprash	- Multivitamins, antioxidants
Satvavajaya / Supportive	- Counseling, stress management - Diet: warm, easily digestible, vata-pacifying food	- Physiotherapy, facial muscle exercises, speech therapy if required

For Notes

Sample Clinical Case History – Ardhavabhedaka (Migraine / Migraine Headache)

1. Patient Identification (रोगी की जानकारी)

- Name: _____
- Age: _____
- Sex: _____
- Occupation: _____
- Address: _____
- OPD / IPD No.: _____
- Date of Admission: _____

---

2. Chief Complaints (मुख्य शिकायतें)

- Recurrent unilateral headache for ____ months/years
- Nausea & vomiting associated with headache
- Sensitivity to light (photophobia) & sound (phonophobia)
- Aura (visual disturbances, flashing lights, zigzag lines, tingling sensations) – present/absent
- Duration of each attack: ____ hours to ____ days
- Frequency: ____ attacks per week/month

---

3. History of Present Illness (वर्तमान रोग का इतिहास)

- Patient was apparently healthy ____ months/years back.
- Gradual onset of headache, usually one-sided, throbbing in nature.
- Episodes start suddenly, often preceded by aura in some cases.
- Pain associated with nausea/vomiting, photophobia, phonophobia.
- Pain worsens with stress, exposure to bright light, lack of sleep, fasting, certain foods (cheese, chocolates, alcohol).
- Temporary relief with sleep, rest in dark room, massage, or analgesics.
- Increasing in frequency and severity over last ____ months.

---

4. Past History (पूर्व इतिहास)

- No history of hypertension / epilepsy / chronic sinusitis / trauma.
- No history of diabetes mellitus / tuberculosis / asthma.
- Family history: Migraine in mother/father/sibling (positive/negative).
- No past hospital admissions for similar complaints.

---

5. Personal History (निजी इतिहास)

- **Diet (आहार):** Irregular, spicy / oily / junk food intake common.
- **Appetite (भूख):** Reduced/Normal.
- **Bowel (मल):** Constipation common.
- **Bladder (मूत्र):** Normal.
- **Sleep (निद्रा):** Disturbed/Insomnia.
- **Addictions (व्यसन):** Tea/Coffee/Alcohol/Tobacco.

---

6. Family & Social History (पारिवारिक एवं सामाजिक इतिहास)

- Family: Positive family history of migraine in ____
- Social: Middle class background, occasional stress, sedentary lifestyle.

---

7. General Examination (सामान्य परीक्षण)

- Pulse: ____ / min, regular
- BP: ____ mmHg
- Temperature: Afebrile
- Respiratory Rate: ____ / min
- Pallor/Icterus/Cyanosis/Edema/Clubbing: Absent
- Built & Nutrition: Normal/Moderately built

---

8. Systemic Examination (सिस्टमिक परीक्षण)

CNS:

- Higher functions: Normal
- Motor & sensory: Normal
- Cranial nerves: Normal
- Reflexes: Normal
- No neurological deficit between attacks

Other Systems:

- CVS: Normal S1, S2
- RS: Clear breath sounds
- Abdomen: Soft, no tenderness

---

9. Ayurveda Examination (आयुर्वेदिक परीक्षण)

- **Prakriti (Nature):** Vata–Pitta predominant
- **Agni (Digestive power):** Manda (low)
- **Mala (Stool):** Vibandha (constipation)
- **Mutra (Urine):** Normal
- **Nidra (Sleep):** Alpa (reduced)
- **Manasika Bhava (Mental state):** Chinta (stress), Udvega (anxiety)
- **Nidanarthak Hetu (Causative factors):**
    - Ati-upavasa (excess fasting)
    - Ati-chinta (excess stress)
    - Ratri-jagarana (late night waking)
    - Amla-katu-tikshna bhojana (sour, spicy food)

---

10. Investigations (जांचें)

- **Blood tests:** CBC, Blood sugar, Lipid profile (within normal limits)
- **Imaging:** MRI/CT Head (done to rule out space-occupying lesion or sinus disease) → Normal
- **Other:** No abnormal findings

---

11. Provisional Diagnosis (अस्थायी निदान)

- **Ayurveda:** Ardhavabhedaka (Vata–Pitta Pradhana Shiroroga)
- **Modern:** Migraine (with/without aura)

Treatment Table – Ardhavabhedaka (Migraine)

Approach	Ayurveda (आयुर्वेद उपचार)	Modern (आधुनिक उपचार)
General Principles	- Nidana Parivarjana (Avoid causative factors like stress, late nights, fasting, spicy foods) - Vata-Pitta shamana chikitsa	- Avoid triggers (stress, dehydration, certain foods, alcohol, irregular sleep) - Lifestyle modification
Shodhana (Purification)	- **Virechana** (Pitta-shamaka, for recurrent attacks) - **Nasya karma** with Anu Taila/Shadbindu Taila - **Basti chikitsa** (Matra basti with medicated oils like Dashmooladi Taila, Ksheerbala Taila)	Not applicable
Shamana (Palliative)	- **Oral Medications:** • Pathyadi Kwath (classical for Ardhavabhedaka) • Sutashekhara Rasa (Pitta-vata shamaka) • Godanti Bhasma • Ashwagandha, Brahmi, Jatamansi, Shankhpushpi - **Ghrita:** Saraswata Ghrita, Mahakalyanaka Ghrita	- **Acute Attack Treatment:** • NSAIDs (Paracetamol, Ibuprofen, Naproxen) • Triptans (Sumatriptan, Rizatriptan) • Antiemetics (Domperidone, Metoclopramide) - **Prophylaxis:** • Beta-blockers (Propranolol) • Antidepressants (Amitriptyline) • Antiepileptics (Valproate, Topiramate) • Calcium channel blockers (Flunarizine, Verapamil)
Panchakarma Procedures	- **Nasya karma** (best for Shiroroga) - **Shirodhara** (with medicated oil like Ksheerabala Taila) - **Shirovasti** (Bala Taila, Ksheerabala Taila) - **Takradhara** (for Pittaja Ardhavabhedaka) - **Abhyanga + Swedana** (relaxes Vata)	Not applicable
Diet & Lifestyle	- Pathya: Laghu, easily digestible food, ghee, milk, fruits - Avoid: Spicy, sour, oily, fermented food - Proper sleep & stress management - Yoga, meditation, pranayama (Anuloma Viloma, Bhramari)	- Regular meals, hydration - Sleep hygiene - Stress management (Yoga, CBT, relaxation therapy)

For Notes

Sample Case History – Allergic Rhinitis (Pratishyaya)

1. General Information

- Name: _____
- Age: _____
- Sex: _____
- OPD/IPD No.: _____
- Address: _____
- Occupation: _____
- Date of Admission: _____
- Date of Examination: _____

---

2. Chief Complaints (मुख्य शिकायतें)

- Recurrent sneezing (छींक आना बार-बार) - duration ___
- Nasal congestion (नाक बंद) - duration ___
- Watery nasal discharge (पानी जैसा नाक से स्राव) - duration ___
- Nasal/eye itching (नाक व आँख में खुजली) - duration ___
- Headache or heaviness of head (सिर में भारीपन) - if present

---

3. History of Present Illness (वर्तमान रोग इतिहास)

- Onset: Gradual / Sudden
- Duration: ____ years/months
- Progression: Seasonal/Perennial, worsening in morning, dust exposure, cold air
- Relieving factors: Warm environment, hot drinks
- Aggravating factors: Dust, pollen, cold, perfumes, smoke, seasonal change

---

4. Past History (पूर्व रोग इतिहास)

- H/O Asthma, eczema, other allergies
- H/O Recurrent sinusitis / tonsillitis
- H/O DM, HTN, TB – Yes/No

---

5. Family History (पारिवारिक इतिहास)

- History of allergy, asthma, eczema in family members

---

6. Personal History (व्यक्तिगत इतिहास)

- Appetite: Normal / Reduced
- Diet: Veg / Mixed
- Bowel: Regular / Constipated
- Sleep: Disturbed due to nasal blockage
- Habits: Smoking / Alcohol / Tobacco

---

7. General Examination (सामान्य परीक्षण)

- Pulse: ____/min
- BP: ____ mmHg
- Temperature: Afebrile / Low grade
- Respiratory rate: ____/min
- Pallor/Icterus/Cyanosis/Clubbing: ___

---

8. Systemic Examination (तंत्रिका परीक्षण)

- **Nose:** Congested mucosa, watery nasal discharge, pale boggy turbinates, nasal blockage
- **Throat:** Post-nasal drip, congestion
- **Chest:** Wheeze (if associated asthma)
- **Others:** No organomegaly

---

9. Investigations (जांच)

- CBC (Eosinophilia ↑)
- Absolute Eosinophil Count (AEC ↑)
- Serum IgE ↑
- Skin prick test / Allergy test

- X-ray / CT PNS if sinusitis suspected

---

10. Provisional Diagnosis (अस्थायी निदान)

- Allergic Rhinitis (Pratishyaya)

---

11. Differential Diagnosis (विभेदक निदान)

- Vasomotor rhinitis
- Infective rhinitis
- Chronic sinusitis

---

12. Ayurvedic Nidana Panchaka (आयुर्वेदिक निदान पंचक)

- **Nidana (Causative):** Dhuli, Rajah, Sheetala Vata, Ritu Parivartan
- **Purvarupa (Premonitory):** Kshavathu (sneezing), Nasarodha (nasal obstruction)
- **Rupa (Symptoms):** Kshavathu, Nasasrava, Nasa-Kandu, Shiroruja
- **Upashaya (Relieving):** Ushna-sevana, Nasya karma
- **Samprapti (Pathogenesis):** Vata-Kapha prakopa in Urdhvajatrugata pradesha

Treatment Table – Allergic Rhinitis (Pratishyaya)

Aspect	Ayurveda (आयुर्वेदिक उपचार)	Modern (आधुनिक उपचार)
Shodhana Chikitsa (शोधन चिकित्सा)	- **Nasya Karma**: Anu Taila / Shadbindu Taila / Ghee – daily instillation in nostrils - **Vamana Karma** (if Kapha prakopa) - **Virechana** (if Pitta association)	Not applicable
Shamana Chikitsa (शमन चिकित्सा)	- **Haridra Khanda** - **Sitopaladi Churna** - **Talisadi Churna** - **Chyawanprash Avaleha** - **Godanti Bhasma** with honey - **Shirishadi Kashaya / Kantakari Ghrita**	- **Antihistamines**: Cetirizine, Levocetirizine, Fexofenadine, Loratadine - **Nasal Decongestants**: Oxymetazoline (short-term) - **Intranasal Corticosteroids**: Fluticasone, Mometasone - **Leukotriene Receptor Antagonists**: Montelukast
Rasayana (रसायन चिकित्सा)	- Chyawanprash - Brahma Rasayana - Haridra Rasayana - Amalaki Rasayana	Not specific, but similar to long-term immune support via Immunotherapy (AIT – Allergy shots or Sublingual tablets)
Pathya (आहार नियम)	- Warm food & drinks - Avoid cold, curd, ice-cream, dust, pollen - Use Tulsi, Ginger, Turmeric in diet	- Avoid dust, smoke, perfumes, allergens - Maintain allergen-free environment
Apathya (वर्ज्य आहार/विहार)	- Avoid cold exposure - Avoid day-sleep, excessive cold drinks, dust, and smoke	- Avoid known allergens, pets (if allergic), strong odors, pollution

For Notes

Sample Case History – Skin Diseases (Kustha / Psoriasis)

1. Patient Information (रोगी की जानकारी)

- Name / नाम : _____
- Age / आयु : _____
- Gender / लिंग : _____
- Address / पता : _____
- Occupation / व्यवसाय : _____
- Marital status / वैवाहिक स्थिति : _____

---

2. Chief Complaints (मुख्य शिकायतें)

- Red, scaly patches over skin (त्वचा पर लाल व पपड़ीदार धब्बे)
- Itching (खुजली)
- Burning sensation occasionally (कभी-कभी जलन)
- Pain or cracks over lesions (घाव पर दर्द / दरार)
- Discoloration of skin (त्वचा का वर्ण परिवर्तन)
- Duration – ___ months / years (अवधि - ___ माह / वर्ष)

---

3. History of Present Illness (वर्तमान रोग का इतिहास)

- Gradual onset or sudden (धीरे-धीरे या अचानक)
- Initial site of lesion (शुरुआती स्थान)
- Progression – spreading / localized (फैलना या सीमित रहना)
- Relieving & aggravating factors (किससे आराम / किससे बढ़ता है)
- Past treatment taken (पहले लिया गया उपचार - आयुर्वेद / आधुनिक)

---

4. Past History (पूर्ववृत्त)

- Diabetes, Hypertension, Tuberculosis, Skin diseases in past (मधुमेह, उच्च रक्तचाप, टीबी, पुराने त्वचा रोग)
- Drug allergy history (औषधि एलर्जी)

---

5. Family History (पारिवारिक इतिहास)

- Any family member with Psoriasis / Skin disease (क्या परिवार में किसी को ऐसा रोग है?)

---

6. Personal History (व्यक्तिगत इतिहास)

Aspect	English	Hindi
Appetite	Normal / Loss	भूख सामान्य / कम
Bowel	Constipation / Normal / Loose	कब्ज / सामान्य / दस्त
Micturition	Normal	मूत्र सामान्य
Sleep	Sound / Disturbed	नींद सामान्य / अशांत
Addiction	Alcohol, Smoking, Tobacco	शराब, धूम्रपान, तंबाकू
Diet	Vegetarian / Mixed	शाकाहारी / मांसाहारी

---

7. General Examination (सामान्य परीक्षण)

- Pulse (नाड़ी) : ___ /min
- BP (रक्तचाप) : ___ mmHg
- Temperature (तापमान) : ___ °F
- Respiratory Rate (श्वसन दर) : ___ /min

- Pallor, Icterus, Cyanosis, Clubbing, Lymph nodes, Edema (जाँच)

---

8. Local Examination (स्थानीय परीक्षण)

- Site: Scalp / Elbows / Knees / Trunk / Whole body (स्थान)
- Size of patches (धब्बों का आकार)
- Color: Erythematous, silvery scales (रंग: लालिमा, चाँदी जैसी पपड़ी)
- Itching / Burning (खुजली / जलन)
- Koebner's phenomenon / Auspitz sign (if present)

---

9. Ayurvedic Assessment (आयुर्वेदिक दृष्टि से)

- **Nidana (कारण):** Viruddhahara (incompatible food), excessive dadhi (curd), fish + milk, stress.
- **Dosha:** Kapha + Pitta predominance.
- **Dushya:** Rasa, Rakta, Mamsa, Lasika.
- **Srotas:** Raktavaha, Rasavaha.
- **Roga Marga:** Bahya.
- **Samprapti:** Dosha-Dushya sammurchana in Twak, leading to skin lesions.

---

10. Provisional Diagnosis (प्राथमिक निदान)

- **Ayurveda:** Kustha (Eka-kustha / Kitibha Kustha)
- **Modern:** Psoriasis

Treatment Table – Kustha (Psoriasis)

Aspect	Ayurveda (आयुर्वेदिक चिकित्सा)	Modern (आधुनिक चिकित्सा)
General Principles	- Nidana Parivarjana (avoid causative diet & lifestyle – Viruddhahara, stress, incompatible food) - Shodhana (Panchakarma) followed by Shamana Chikitsa	- Patient education - Avoid triggering factors (alcohol, stress, infection, drugs like β-blockers, NSAIDs)
Shodhana (Purification)	- **Vamana** (emesis) – in Kapha dominance - **Virechana** (purgation) – for Pitta involvement - **Raktamokshana** (bloodletting – Jalauka, Siravedha) in severe cases - **Basti** (medicated enema) in chronic conditions	Not practiced
Shamana (Pacification)	- **Internal Medicines:** 1. Panchatikta Ghrita Guggulu 2. Arogyavardhini Vati 3. Mahamanjishthadi Kwath 4. Khadirarishta, Mahatikta Ghrita 5. Guduchi, Neem, Haridra formulations	- **Topical Therapy:** 1. Emollients (petroleum jelly, coconut oil) 2. Coal tar preparations 3. Salicylic acid ointment 4. Topical corticosteroids 5. Vitamin D analogues (Calcipotriol)
External Therapy	- Lepa (herbal paste) with Neem, Haridra, Khadira - Takradhara, Shirodhara (for stress-related cases) - Malahara (ointments) of Panchatikta or Khadira - Parisheka with Triphala Kwatha	- **Phototherapy (PUVA, UVB)** - Topical immunomodulators (Tacrolimus)
Advanced / Chronic Cases	- Rasayana therapy (immune boosting): Chyawanprash, Guduchi Rasayana - Diet: Avoid curd, fish, heavy, oily, incompatible food	- **Systemic Therapy:** 1. Methotrexate 2. Cyclosporine 3. Acitretin (oral retinoids) 4. Biologics (Etanercept, Adalimumab, Secukinumab)
Lifestyle & Pathya-Apathya	- Pathya: Barley, Wheat, Green vegetables, Neem water, Bitter gourd - Apathya: Curd, milk with fish, jaggery, oily food, alcohol, stress	- Healthy diet - Stress management - Regular moisturization

For Notes

Case History – Obesity (Sthoulya / Medoroga)

1. General Information / सामान्य विवरण

- Name / नाम:
- Age / आयु:
- Sex / लिंग:
- Occupation / व्यवसाय:
- Address / पता:
- Date of Admission / भर्ती तिथि:

---

2. Chief Complaints / मुख्य शिकायतें

- Excessive body weight (अत्यधिक शरीर भार) - ___ years
- Breathlessness on exertion (परिश्रम पर श्वास कष्ट) - ___ months
- Fatigue / heaviness (थकान, शरीर में भारीपन) - ___ months
- Excessive sweating (अत्यधिक स्वेद)
- Snoring / disturbed sleep (खर्राटे, निद्रा में बाधा)

---

3. History of Present Illness / रोग का वर्तमान इतिहास

- Onset: Gradual / sudden
- Duration: ___ years
- Progression: Increasing body weight despite diet/exercise
- Associated symptoms: Joint pain, backache, indigestion, constipation
- Aggravating factors: High calorie diet, sedentary habits, stress
- Relieving factors: Exercise, restricted diet

---

4. Past History / पूर्व इतिहास

- Hypertension, Diabetes, Hypothyroidism (if present)
- No history of TB, Asthma, major illness

---

5. Family History / पारिवारिक इतिहास

- Obesity, Diabetes, Hypertension, CAD in family members

---

6. Personal History / व्यक्तिगत इतिहास

Factor	Details
Diet (आहार)	Mixed / Vegetarian, excessive oily, fast food, irregular meals
Appetite (भूख)	Increased / normal
Sleep (निद्रा)	Excessive / disturbed (sleep apnea)
Bowel (मल)	Constipation / regular
Micturition (मूत्र)	Normal
Addiction (व्यसन)	Alcohol, smoking, junk food, etc.
Exercise (व्यायाम)	Sedentary lifestyle / irregular exercise

---

7. General Examination / सामान्य परीक्षण

- Built: Obese
- Height: ___ cm
- Weight: ___ kg
- **BMI**: ___ (≥ 30 kg/m² = Obese)
- Waist circumference: ___ cm (Male > 102 cm, Female > 88 cm)
- Waist-hip ratio: ___
- BP: ___ mmHg
- Pulse: ___ /min
- Temp: Afebrile

8. Systemic Examination / तंत्र परीक्षण

- CVS: Normal / HTN present
- RS: Normal / breathlessness
- CNS: Normal
- Locomotor: Knee pain, backache

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9. Investigations / जाँच

- CBC, FBS/PPBS, HbA1c
- Lipid Profile
- Thyroid Function Test (T3, T4, TSH)
- LFT, RFT
- ECG if needed

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10. Ayurvedic Perspective / आयुर्वेदिक दृष्टिकोण

- Nidana (कारण): Ati-ahara, Guru-snigdha ahara, Avyayama (no exercise), Divaswapna (day sleep), Stress
- Dosha: Kapha-medo prakopa
- Dushya: Meda dhatu
- Srotas: Medovaha, Rasavaha
- Samprapti: Santarpanajanya vyadhi → Meda vriddhi → Sthoulya

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11. Provisional Diagnosis / प्रारंभिक निदान

- Obesity (Sthoulya Roga / Medoroga)
- ICD-10: E66

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12. Treatment Plan / उपचार योजना

Ayurveda (आयुर्वेदिक चिकित्सा)

- **Shodhana**
  - Vamana (emesis) – Kapha meda dosha
  - Lekhana Basti (medicated enema)
- **Shamana**
  - Medohara Yoga: Triphala Guggulu, Medohar Vati, Punarnavadi Kwath
  - Guduchi, Haridra, Musta, Vrikshamla, Guggulu preparations
- **Panchakarma**
  - Udvartana (powder massage)
  - Ruksha Swedana
  - Takra Basti
- **Pathya-Apathya**
  - Pathya: Barley, wheat, green gram, honey water, light diet, daily exercise
  - Apathya: Oily, fried, curd, sugar, day sleep

Modern (आधुनिक चिकित्सा)

- **Lifestyle modification**
  - Calorie restriction diet, high-fiber diet
  - Regular exercise, yoga, meditation
- **Pharmacological**
  - Orlistat (lipase inhibitor)
  - GLP-1 analogues (Liraglutide, Semaglutide)
- **Surgical**
  - Bariatric surgery in morbid obesity (BMI > 40 or > 35 with comorbidity)

Treatment Table – Obesity (Sthoulya)

Aspect	Ayurveda (आयुर्वेदिक उपचार)	Modern (आधुनिक उपचार)
Shodhana (Purification)	- **Vamana Karma** (therapeutic emesis) for Kapha-Medo shodhana - **Lekhana Basti** (fat reducing enema) - **Ruksha Swedana** (dry fomentation)	Not practiced directly
Shamana (Palliative)	- **Medohara Yogas**: Triphala Guggulu, Medohar Vati, Punarnavadi Kwath - Herbs: Guduchi, Musta, Haridra, Vrikshamla, Guggulu	- **Orlistat** (lipase inhibitor) - **GLP-1 agonists** (Liraglutide, Semaglutide) - Other anti-obesity drugs (as indicated)
Panchakarma	- **Udvartana** (powder massage with Triphala churna, barley flour) - **Takra Basti** (buttermilk enema) - **Virechana** (purgation in selected cases)	Not practiced
Lifestyle Modification	- Pathya: Light diet, barley, green gram, honey water, yoga, regular exercise - Apathya: Fried/oily food, curd, sugar, day sleep, excess eating	- Calorie restriction diet - High-fiber, low-fat diet - Regular aerobic exercise, yoga, behavioral therapy
Surgical	Not indicated (except lipodystrophy in Shalya Tantra references)	- **Bariatric surgery** (gastric bypass, sleeve gastrectomy) in morbid obesity (BMI >40 or >35 with comorbidities)

For Notes

Sample Case History – Stress / Insomnia (Nidranasha / Chittodvega)

1. General Information (सामान्य विवरण)

- Name / आयु / लिंग (Name / Age / Sex)
- Occupation (पेशा)
- Address (पता)
- Marital status (वैवाहिक स्थिति)
- Socioeconomic status (सामाजिक-आर्थिक स्थिति)

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2. Chief Complaints (प्रधान शिकायतें)

- Difficulty in initiating or maintaining sleep (नींद आने में कठिनाई / बार-बार जागना) - since …
- Non-refreshing sleep (अपर्याप्त आरामदायक नींद)
- Fatigue, lack of concentration (थकान, ध्यान की कमी)
- Headache, irritability, anxiety (सिरदर्द, चिड़चिड़ापन, चिंता)
- Stressful life events (मानसिक दबाव, तनाव)

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3. History of Present Illness (वर्तमान रोग इतिहास)

- Onset: Gradual / sudden
- Duration of complaints
- Associated symptoms: Palpitation, excessive worry, gastric disturbances
- Aggravating factors: Stress, late-night work, stimulants (coffee/tea), gadgets at night
- Relieving factors: Meditation, rest, yoga, temporary medication use

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4. Past History (पूर्ववृत्त)

- Any history of psychiatric illness, depression, anxiety disorders

- Hypertension / Diabetes / Thyroid disorders
- Any long-term drug use (e.g., steroids, stimulants, alcohol, smoking)

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5. Family History (पारिवारिक इतिहास)

- Any psychiatric illness, depression, hypertension, thyroid disorder in family

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6. Personal History (निजी इतिहास)

- Diet (आहार): Satvika / Rajasika / Tamasa; junk food, tea/coffee intake
- Sleep pattern: Early awakening, difficulty falling asleep, daytime sleep
- Bowel/bladder habits
- Addiction: Smoking, alcohol, mobile/laptop overuse
- Exercise / Yoga habits

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7. Examination (शारीरिक परीक्षण)

System	Findings
General	Pulse, BP, Temp, BMI
Nervous System	Anxiety, restlessness, irritability
Mental Status	Mood, thought process, memory, orientation
Other Systems	To rule out thyroid disease, hypertension, diabetes

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8. Provisional Diagnosis (प्रारंभिक निदान)

- Nidranasha (Insomnia) / Chittodvega (Stress disorder)

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9. Differential Diagnosis (विभेदक निदान)

- Depression
- Generalized anxiety disorder (GAD)
- Thyroid dysfunction
- Sleep apnea

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10. Investigations (जांचें)

- Routine blood tests (CBC, FBS, TSH)
- ECG (if palpitations)
- Polysomnography (if needed)
- Psychological evaluation

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11. Treatment (उपचार योजना)

A. Ayurveda (आयुर्वेदिक दृष्टिकोण)

- **Shamana Chikitsa**:
  - Medhya Rasayana: Brahmi, Shankhapushpi, Mandukaparni, Ashwagandha, Jatamansi
  - Ghrita preparations: Saraswata Ghrita, Brahmi Ghrita
  - Yoga, meditation, Satvavajaya Chikitsa
- **Panchakarma**:
  - Shirodhara (with Ksheer, Taila, Takra)
  - Nasya (Anu Taila, Ksheerbala Taila)
  - Abhyanga & Swedana

B. Modern (आधुनिक दृष्टिकोण)

- Non-Pharmacological:
  - Sleep hygiene, counseling, stress management
  - Cognitive Behavioral Therapy (CBT)
- Pharmacological:
  - Benzodiazepines (Diazepam, Lorazepam, Clonazepam – short course)
  - Non-benzodiazepines: Zolpidem, Zopiclone
  - Antidepressants if depression coexists: SSRIs (Fluoxetine, Sertraline)

Treatment Table – Stress / Insomnia

Aspect	Ayurveda (आयुर्वेद)	Modern (आधुनिक)
General Approach / सामान्य दृष्टिकोण	Balancing **Manas Doshas** (Rajas, Tamas) & promoting Satva; Nidrajanana (sleep induction), Medhya Rasayana, Panchakarma	Stress reduction, Sleep hygiene, Psychological counseling, Medications if required
Shamana Chikitsa / Internal Medications (अंतर्गत औषधियाँ)	- **Medhya Rasayana**: Brahmi, Shankhapushpi, Mandukaparni, Ashwagandha, Jatamansi - Saraswata Ghrita, Brahmi Ghrita - Tagara, Sarpagandha	- Benzodiazepines: Diazepam, Lorazepam, Clonazepam (short-term) - Non-benzodiazepines: Zolpidem, Zopiclone - Antidepressants (if associated depression): SSRIs (Fluoxetine, Sertraline)
Panchakarma (पंचकर्म)	- **Shirodhara** (Taila / Takra / Ksheer) - **Nasya**: Anu Taila, Ksheerbala Taila - **Abhyanga** + Swedana - Shiroabhyanga with Brahmi Taila	- Not applicable (no direct equivalent)
Non-Medication (औषधि रहित उपाय)	- Satvavajaya Chikitsa (Counseling) - Yoga, Meditation, Pranayama - Avoid Rajasik-Tamasik ahara	- Sleep hygiene measures (regular sleep schedule, avoid screens/caffeine, calm environment) - Cognitive Behavioral Therapy (CBT) - Relaxation therapy, Stress management programs
Lifestyle / आचार-विहार	- Dinacharya & Ratricharya regulation - Avoid late-night eating & excessive gadgets - Maintain calm environment for sleep	- Regular exercise - Avoid late-night stimulants (tea/coffee, alcohol) - Proper work-rest balance

For Notes

Sample Case History – Frozen Shoulder (Avabahuka / Adhesive Capsulitis)

1. Patient Information / रोगी विवरण

- Name / नाम : _____
- Age / आयु : _____
- Gender / लिंग : _____
- Occupation / व्यवसाय : _____
- Address / पता : _____

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2. Chief Complaints / मुख्य शिकायतें

- Pain in shoulder joint (कंधे के जोड़ में दर्द)
- Restricted movement of shoulder (कंधे की गति में कमी)
- Stiffness, especially in morning (जकड़न, विशेषकर सुबह के समय)
- Difficulty in performing overhead activities / combing / wearing clothes (ऊपर हाथ उठाने, बाल संवारने या कपड़े पहनने में कठिनाई)
- Duration – ____ months

---

3. History of Present Illness / वर्तमान रोग का इतिहास

- Gradual onset of pain & stiffness in one/both shoulders
- Initial mild pain → later restriction in movements
- No history of trauma (if present mention)
- Aggravating factors: cold exposure, night time, movements
- Relieving factors: rest, mild massage, warmth

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4. History of Past Illness / पूर्ववृत्त

- H/O Diabetes Mellitus / Thyroid disorders (common association)
- H/O Trauma or Surgery around shoulder
- No history of tuberculosis, chronic infections

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5. Family History / पारिवारिक इतिहास

- Diabetes, Hypertension, Autoimmune disorders

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6. Personal History / व्यक्तिगत इतिहास

- Appetite – Normal / Reduced
- Bowel – Regular / Constipation
- Micturition – Normal
- Sleep – Disturbed due to pain
- Diet – Veg / Non-veg, Rajasik / Tamasik ahar
- Habits – Smoking / Alcohol / None

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7. General Examination / सामान्य परीक्षण

- Pulse (नाड़ी) : ____/min
- BP (रक्तचाप) : ____ mmHg
- Temp (तापमान) : ____ °F
- Respiratory Rate (श्वास दर) : ____/min
- Pallor / Icterus / Cyanosis / Oedema / Clubbing : Present / Absent

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8. Local Examination / स्थानीय परीक्षण

Finding (English)	Observation (Hindi)
Inspection	सूजन, विकृति या एट्रॉफी
Palpation	कोमलता, जकड़न, गर्माहट
Range of Motion (ROM)	अत्यधिक सीमित - विशेषकर Abduction और External rotation
Muscle wasting	Deltoid / Supraspinatus atrophy संभव
Crepitus	कभी-कभी

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9. Investigations / जाँच

- **Ayurveda** – Nadi Pariksha, Dashavidha & Asthavidha Pariksha
- **Modern** –
  - X-ray (to rule out fracture/arthritis)
  - MRI Shoulder (if needed – to confirm adhesive capsulitis/rotator cuff pathology)
  - Blood Sugar, Thyroid profile

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10. Ayurveda Diagnosis / आयुर्वेदिक निदान

- Vyadhi Name – **Avabahuka**
- Dosha – **Vata Pradhana, Avarana of Kapha**
- Dushya – Sira, Snayu, Sandhi
- Sthana – Amsa Sandhi (Shoulder joint)
- Vyadhi Swabhava – Chirakari (Chronic)

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11. Modern Diagnosis / आधुनिक निदान

- **Adhesive Capsulitis / Frozen Shoulder**

Treatment Table – Frozen Shoulder (Avabahuka)

Aspect	Ayurveda (आयुर्वेदिक उपचार)	Modern (आधुनिक उपचार)
Aims / उद्देश्य	- Vata shaman (वात शमन) - Reduce stiffness & pain (जकड़न व दर्द कम करना) - Improve shoulder mobility (कंधे की गति सुधारना)	- Pain relief (दर्द कम करना) - Improve joint mobility (जोड़ की गति सुधारना) - Prevent recurrence (पुनरावृत्ति रोकना)
Shamana Chikitsa (औषधि)	- Dashamoola Kwatha (दशमूल क्वाथ) - Yogaraja Guggulu (योगराज गुग्गुलु) - Mahayogaraj Guggulu - Rasna Saptaka Kwatha (रस्ना सप्तक क्वाथ) - Eranda Taila (एरण्ड तेल) for virechana - Ashwagandha, Shatavari for balya	- NSAIDs (Ibuprofen, Diclofenac, Naproxen) - Paracetamol - Muscle relaxants (Thiocolchicoside, Tizanidine) - Short-term corticosteroids (oral or injection)
Shodhana Chikitsa (शोधन चिकित्सा)	- **Snehan**: Abhyanga with Mahanarayana Taila, Bala Taila - **Swedana**: Nadi Sweda, Patra Pinda Sweda - **Basti**: Kati Basti, Matra Basti with medicated oils (Sahacharadi Taila, Dashamoola Taila) - **Nasya**: Anu Taila, Ksheerbala Taila	- Intra-articular corticosteroid injection - Hydrodilatation therapy - Arthroscopic capsular release (if severe & refractory)
Panchakarma / Physical therapy	- Pizhichil (oil pouring therapy) - Shirodhara (stress relief) - Gentle physiotherapy under Ayurvedic supervision	- Physiotherapy: • Pendulum exercises • Wall climbing exercise • External rotation with stick • Passive stretching
Pathya (Do's)	- Warm water intake (गुनगुना पानी) - Light, easily digestible diet (हल्का सुपाच्य आहार) - Regular mild exercise (नियमित हल्का व्यायाम) - Avoid cold exposure & heavy lifting	- Regular physiotherapy exercises - Adequate calcium, vitamin D intake - Control diabetes (if present) - Maintain posture & shoulder activity
Apathya (Don'ts)	- Avoid heavy, oily, cold food (भारी, तैलीय, ठंडे आहार से परहेज) - No sudden jerky movements (अचानक झटकेदार गतिविधियों से बचें) - Avoid day sleep & night awakening	- Avoid prolonged immobilization - Avoid lifting heavy weights suddenly - Prevent repetitive strain on shoulder

For Notes