



Pune District Education Association's

College of Ayurved & Research Centre

(I.D.No. P.U./P.N./AYU./081/1990)

Sector No. 25, Pradhikaran, Nigdi, Pune-411 044 (Maharashtra State), India.

Phone - 020 - 27653965 / 27659578, Fax :- 020 - 27659578, Website - www.pdeaayurvedcollege.edu.in

E-mail - carc2006@rediffmail.com / carcakurdi@gmail.com Outlook- acrc_akurdi@pdeapune.org



Metric-2.5.4

The Institution provides opportunities to students for midcourse improvement of performance through specific interventions

Re-test and Answer sheets



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Policy document of midcourse improvement of performance of students

The Institution provides opportunities to students for midcourse improvement of performance through specific interventions. Opportunities provided to students for midcourse improvement of performance through:

1. Timely administration of CIE (Continuous Internal Evaluation)
2. On time assessment and feedback
3. Makeup assignments/tests
4. Remedial teaching/support

Timely administration of CIE

- Adhering to the guidelines established by the Maharashtra University of Health Sciences, Nashik (MUHS), the institution consistently carries out a structured internal assessment examination process. This systematic assessment regimen is thoughtfully integrated into the academic calendar, ensuring its prominent visibility and accessibility to all stakeholders.
- As per guidelines of MUHS, an internal assessment examination conduction process is carried out regularly by the institution. Schedule of these internal exams are mentioned in academic calendar, uploaded on college website.

On time Assessment & Feedback

- After completion of theory paper, the answer papers are collected and preserved in concern department. Within 8 days, teachers in the department assess all these answer sheets and evaluate on the basis of relevance of the content, handwriting, presentation etc. Marks allotted are verified and retotaling is done by concern subject faculty.



- While the assessment of students in theory and practical examinations, a feedback or suggestions are given verbally or in written (on answer sheets) to the students for the improvement.
- Checked answer sheets are cross verified by each student personally. If student raises any query regarding marking or totaling it is solved by concern subject faculty. Every department shows best theory and Practical answer sheets of internal exams to the students for self-assessment.
- Head of the department submits final result to the examination cell, which is duly signed by students, faculty, HOD and principal.
- Result of the internal examination (report card) is shared with parents of the students through what's app or submitted in the parent teacher meeting.
- Final internal assessment record is checked and verified by the designated authority in the college.

Make up assignments/Test

As per MUHS guidelines, there is no provision of retest or betterment test for internal examination. If any Student remain absent for internal exam due to genuine reason, he/she can give the exam later with prior permission of Academic director and Principal.

Remedial Teaching Support

- Support through mentor mentee meeting.
- Support through assignments & Discussion.
- Support through slow performer & advance learner policy.
- Personal discussion of students with concerned teacher for their difficulties.



[Signature]
Principal
 P.D.E.A.S.
 College of Ayurved And Research Centre
 Nigdi, Pune - 411 044.



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Answer sheets for on time assessment and feedback



PDEA's College of Ayurved & Research Centre

Sec. 25, Pradhikaran, Nigdi, Pune - 411044.



First Professional BAMS

II Term Exam

Name of Student : Adsul Pratiti Prashant

Roll Number : 1

Subject : Rachana Sharir

Calculation for Internal Assessment Marks

TERM	PERIODICAL ASSESSMENT				
	A 1 (15 Marks)	B 2 (15 Marks)	C 3 (15 Marks)	D Average (A+B+C/3)	E Converted to 15 or 30 Marks (D/15 x 15) or (D/15 x 30)
FIRST					
SECOND	7	7	13	9	18
THIRD					

TERM	TERM TEST				TERM ASSESSMENT	
	Theory (Out of 100)	Practical (Out of 100)	Total (Out of 200)	F Term Test (Marks converted to 15 or 30) (15 or 30 Marks)*	G Sub Total/30 or 60 Marks (E+F)	H Term Assessment (..../15 or 30) (E+F)/2
FIRST						
SECOND	67	68	135	20.25	38.25	19
THIRD	NA	NA	NA	NA	NA	
Final IA	Average of Three Term Assessment Marks as Shown in 'H' Column. Formula TO CALCULATE Final IA= I, II, III Term marks (H)/3					

*For Sanskrit, Samhita Adhyayan 1 = 15 Marks

*For Kriya Sharir, Rachana Sharir, Padartha Vigyan = 30 Marks

Student Signature : P. Adsul

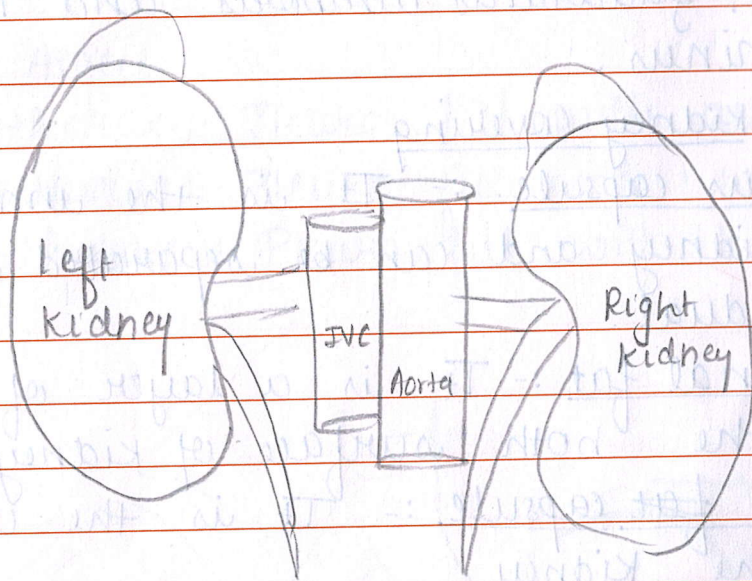
Teacher Signature : M

Date : -

Clinical Aspect :-

Renal Calculi

1. Deuplex kidney :- It is a congenital disorder in which two kidney are present on one side.
2. Polycystic Kidney :- Present of Kidney stone.



Draw proper Diag. & impressions.

- | | |
|-------------------|--------------------|
| 1. प्राणवह स्रोतस | 8. अस्थिवह स्रोतस |
| 2. उपकवह स्रोतस | 9. मज्जावह स्रोतस |
| 3. अन्नवह स्रोतस | 10. शुक्रवह स्रोतस |
| 4. रसवह स्रोतस | 11. मूत्रवह स्रोतस |
| 5. रक्तवह स्रोतस | 12. पुरिषवह स्रोतस |
| 6. मांसवह स्रोतस | 13. स्वेदवह स्रोतस |
| 7. मेदवह स्रोतस | 14. आर्तववह स्रोतस |

2. सुक्षुतांनी स्रोतसांची 22 संख्या सांगितली आहे
- प्रत्येक स्रोतसाची 2 स्थाने
 - सुक्षुतांनी अस्थि, मज्जा व स्वेदवह स्रोतस सांगितले नाही

- | | |
|--------------------|-----|
| 1. प्राणवह स्रोतस | - 2 |
| 2. अन्नवह स्रोतस | - 2 |
| 3. उपकवह स्रोतस | - 2 |
| 4. रसवह स्रोतस | - 2 |
| 5. रक्तवह स्रोतस | - 2 |
| 6. मांसवह स्रोतस | - 2 |
| 7. मेदवह स्रोतस | - 2 |
| 8. शुक्रवह स्रोतस | - 2 |
| 9. मूत्रवह स्रोतस | - 2 |
| 10. पुरिषवह स्रोतस | - 2 |
| 11. आर्तववह स्रोतस | - 2 |

First Professional BAMS

III Term Exam

Name of Student : Neha Sanjay Gawhane

Roll Number. : 18

Subject : Kriya Sharir

Calculation for Internal Assessment Marks

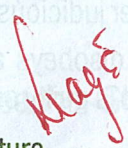
TERM	PERIODICAL ASSESSMENT				
	A	B	C	D	E
	1 (15 Marks)	2 (15 Marks)	3 (15 Marks)	Average (A+B+C / 3)	Converted to 15/30 Marks (D/15*15) or (D/15*30)
FIRST					
SECOND					
THIRD	14	10	08	10.67	21.33

TERM	TERM TEST			TERM ASSESSMENT		
	Theory (Out of 100)	Practical (Out of 100)	Total (Out of 200)	F	G	H
				Term Test (Marks converted to 15/30) (15/30 Marks)*	Sub Total /30 or 60 Marks (E + F)	Term Assessment (15 or 30 marks) (E+F) / 2
FIRST	74	62	136	20.40	43.07	21.53
SECOND	76	73	149	22.35	46.35	23.18
THIRD	NA	NA	NA	NA	NA	21.33
FINA IA	Average of Three Term Assessment Marks as Shown in 'H' Column. Formula TO CALCULATE Final IA = I, II, III term marks(H) / 3					22

* For Sanskrit, Samhita Adhyayan 1 = 15 Marks

For Kriya Sharir, Rachana Sharir, Padartha Vigyan = 30 Marks

Student Signature 

Teacher Signature 

Anatomy

2]

→ In the human body excretory system play important role in the maintaining osmolarity water contain & minerals & absorption to the various part of the nephron.

→ urine formation is the most important function of the kidney which act through the excretory system.

→ There are millions of Nephron which plays impst role in the formation of the urine. Nephron are the structural unit of the kidney.

→ urine is slightly alkaline in nature

→ urine is pale yellow in colour

→ kidney make concentrated urine for conservation of the water.

→ production of urine depend on the environment surrounding if there is more cold outside then urine formation is low. high

→ IF there is Summer day outside then urine formation is low.

→ parts of the Nephron which participate in urine Formation.

1] Bowman's capsule:

- it is the hollow structure of the Nephron
- and rounded structure.

→ Bowman's capsule is the continuation of afferent arteriole and leave the Bowman's capsule at efferent arteriole.

→ urine come in Bowman's capsule through afferent arteriole ~~press~~ it has smaller diameter than efferent arteriole.

2] podocytes.

→ Bowman's capsule + renal capsule is called Body of Malpighian

→ it lies squamous epithelium and podocyte is the slit like appearance

→ It has base which lies in the cortex

→ podocyte plays as filtrating membrane for the urine formation.

3] PCT

→ it lies distal to the Body of Malpighian.

stages
1. ultrafiltration
2. selective reabsorption
3. secretion



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Sec. 25, Pradhikaran, Nigdi, Pune-411 044

Name of Student Swapnil Shyamrao Ghate

Roll No.

Name of the Examination I / II / III / Final B.A.M.S.

Term End I / II

Subject : Agadtantra

Date 09 06 2023

Date Month Y E A R

17

Marks Alloted by Examiner	Qn. No.	Total Marks
	1	15
	2	30
	3	45
	Total	90

Marks Seen No objection

SS. Ghate

Signature of Student

AAW
13/6/23

Signature of Examiner
Dr. Anujaw

SPECIAL INSTRUCTIONS TO CANDIDATE

1. Do not write your Seat No. at any place in the answer book except in the space provided for it.
2. **DO NOT REVEAL YOUR IDENTITY IN ANY FORM IN THE ANSWERS WRITTEN BY YOU OR AT ANY OTHER PART OF THE ANSWER BOOK. WRITING YOUR NUMBER OR NAME. PUTTING YOUR SIGNATURE IS REVELATION OF IDENTITY. USE OF RELIGIOUS INVOCATION. OR ANY WRITING THAT IS NOT RELEVANT TO THE ANSWERS OUTSIDE OR INSIDE OF THE BODY OF THE ANSWERS WILL BE TREATED AS AN ATTEMPT TO REVEAL IDENTITY.**
3. While underling answers for focussing attention is permitted. use of varied inks, except for illustrations and figures must be avoided. Do not use any symbol like encircling the question or using colour arrows for P.T.O. etc. These are liable to be consider as attempts to reveal identity of the specific answer book.

MARKS

Q. No.	1	2	3
a	2	2	11
b	NA	1	11
c	1.5	2	9
d	NA	1.5	NA
e	1.5	NA	
f	1	3	
g		0	
Total	6	9.5	31
Final Total	46.5		

AAW
47
Dr. Anujaw

Sw
20/6/23

MANAGEMENT

Snake bite first-Aid:

- i) Do not let patient talk
- ii) ^{immobilize} Remobilize the patient
- iii) Do not let the patient move
- iii) Gastric path should be cleared. ?
- iv) Call immediate treatment.

Treatment:

- i) first all Gastro intestinal, oral path of patient should be cleared. ?
- ii) patient should kept in ICU
- iv) if the its in pain 500-1000mg Paracetamol should be given. ?
- v) Treatment should be done by trained doctor.

Test:

- i) ELISA Should be done to see if the Antigen is present
- ii) Albumin is present in urine
- iii) 20 minute blood clot test should be done

no normal
carry NO RIGHT

Read

- ii) अपचन
- iv) अक्षतपणा जाणवतो
- *)

पुर्वको:

- i) शारीरिक बल कमी होतं
- ii) रक्तीराचे व्याघ्रिभल कमी होतं
- iii) शरीरामध्ये विविध रक्तद्रव्ये दुर्घटसाल्यामुळे व्याघ्रि निर्माण होतात.

दुर्घटविषाक्त लक्ष्य चिकीत्सा न झाल्यास मृत्युसुद्धा संभवू शकतो.

दुर्घटविषाक्तिलेखाचे:

पमन करावे
जास्त पाणी प्याव.

पमन ही योग्य चिकीत्सा आहे.

c) → PM lividity:

In the dead body when the blood of the body get collected in the one part of the body by the gravity is called PM lividity.

Site:

Site of the lividity is dependent on how the body is kept after the death.

i) if the body is kept in supine position all the blood gets collected in back region due to gravity

ii) if the body is kept in vertical position all the blood get collected near the leg region which causes blueness in that part and other part of body looks pale

Colours: — in case of diff. cause of death
eg. CO - cherry red
opium - dark / black etc

i) When the blood starts collecting in the body that part first seems red

ii) After sometimes that part becomes blue in colour

iii) An the part from which the blood flowed becomes pale in colour due to absence of blood in the area.

Medico-legal importance:

i) When the blood body comes for the post-mortem and the lividity is seen,

ii) It gives us idea that capillaries in the body were ruptured

iii) Also it gives idea about the position of the when it was dead.

iv) It becomes helpful in Medico-legal interogation.

i) if person is dead by hanging blood get collected in lower region of the body.



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Name of Student Deepti Ramindra Jagtap

Roll No.

Name of the Examination / / II / III / Final B.A.M.S.

Term End I / I

Subject : Swasthavrtila

Date 08/06/2023

Date Month Y E A R

26

Marks Alloted by Examiner	Qn. No.	Total Marks
	1	15
	2	30
	3	45
	Total	90

Marks Seen No objection

Signature of Student

Signature of Examiner

SPECIAL INSTRUCTIONS TO CANDIDATE

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MARKS

Q.No.	1	2	3
a	NA	3	NA
b	2	3	11
c	2	3	9
d	2	3	8
e	1	4	
f	2	NA	
g		4	
Total	9	20	28
Final Total	57		

Cross checked -
JSM

विहार -

- वर्षाप्रसूनु मध्ये पाऊस असल्यामुळे पाऊसाने भिजू नये जायचे झाल्यास रेनकोट, हॉरी, मुडद्यापर्यंत येणारे गमबूट यांचा वापर करावा
- वातावरणातील शैत्यापासून स्वतःचे रक्षण करावे नाहीतर पीनस, कास इ. व्याधी उत्पन्न होताना.

गुण ! - वायु विषा
गुण ! - दोषकर्म -

6) निद्राउत्पत्ति -

शरीर व मन एकल्यामुळे निद्रेची जाणीव होते. इन्द्रिय व मन एकल्यामुळे त्यांचा संयोग होत नाही व त्यामुळे इन्द्रिये त्याच्या विषयांपासून निवृत्त होतात. कुठल्याही विषयाचे भ्रम होत नाही व त्यामुळे निद्रा येते.

निद्रेचे प्रकार -चरकोक्त - 6 प्रकार

Charan चरकोक्त अपेक्षित.

- 1) तमोभवा - पापाचरणांमुळे तमोगुणाची वृद्धि व त्यामुळे येणारी निद्रा.
- 2) श्लेष्मशमुद्भवा - कफदोषाची वृद्धि मुळे येणारी निद्रा.
- 3) आगन्तुकी - असाध्य व्याधीचे अरिष्ट लक्षण म्हणून येणारी निद्रा.



College of Ayurved & Research Centre

Sec. 25, Pradhikaran, Nigdi, Pune-411 044

Name of Student Arude Sayali Sunil

Roll No.

Name of the Examination I / II / III / Final B.A.M.S.

Term End I / II

Subject : वातरोग

Date 2 1 1 0 2 0 2 3

Date Month Y E A R

01

Marks Alloted by Examiner	Qn. No.	Total Marks
	1	15
	2	30
	3	45
	Total	90

Marks Seen No objection

SARUS

Signature of Student

Sunil

Signature of Examiner

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MARKS			
Q. No.	1	2	3
a	3	5	13
b	2	NA	10
c	NA	3	10.5
	1.5	2.5	
	2	4	
	2.5	4	
	-	2	
Total	11	20.5	33.5
Final Total			

65
90

Breath Holding spell

It is a behavioural Disorder in children
OF age 3 months - 1 year

Types - ① pallor breath Holding spell

Pallid type

② cynose breath Holding spell

Cyanotic type

③ mixed

It is behavioural disorder in children in which
During crying Baby stops the Breathing.

① In pallor Type - secondary circulatory asystol

↓
no cynosis
skin become pallor

↓
convulsions, steadyness
loss of consciousness
D/D - epilepsy

② In cynose Type - During cry Baby stop Breating

↓
expiration not occur properly

↓
Intrapulmonary obstric pressure
Increase

↓
no O₂ supple to Brain

↓
cranial Anoxia

↓
cynosis

Diagnosis

- ① MR
- ② CT scan
- ③ CSF examination
- ④ Skull x-ray
- ⑤ MRI

Defⁿ of CP acc. IAP

CP is a gr. of permanent disorders of development of movement & posture, causing activity limitation, that are attributed to non-progressive disturbances that occurred in the developing fetal or infant brain.

Nephrotic Symptom SYNDROME

It is related to kidney function

Cardinal Sign 8—

① Swelling below eye, face (moon face)
① In Nephrotic system there is more protein (Albumin) present urine (proteinuria)

② protein is less in vessels and secreation in body (hypoalbuminaemia)

③ Increase in lipid cholesterol in Blood (Hyperlipidemia), oedema present

Pathophysiology - Function and structural unit of kidney is nephron

nephron contain glomerulus and Distal tubule

In NS, glomerular function is Disturb it absorbs more protein and sent it to urine. Therefore - Hypoalbumina in Blood proteinuria occurs.

② II -

① Anticorticoild Steroid, Steroid - Decrease Immune Response and therefore protein (albumin) preserved in Body

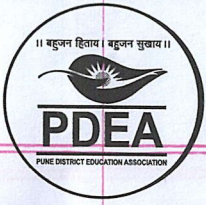
② Antibiotic - IF there is any infection present

③ Anti Inflammatory Drug - For oedema

④ Rehydration Therapy

⑤ Blood Thinner IF any clot present

आयुर्वेदानुसार - गोमूत्र हरिकी, गोक्षुरादि गुग्गुलु, हरिकी, त्रिफला, रसायन योग, इ.



पुणे जिल्हा शिक्षण मंडळाचे

आयुर्वेद महाविद्यालय व संशोधन केंद्र

सेक्टर २५, आकुर्डी (प्राधिकरण), पुणे - ४११ ०४४.



No. :

(प्रात्यक्षिक उत्तर पत्रिका)

(१२ पानी)

Name - Sayali Sunil Arude Roll No - 01

28/10/2022

① Identify - जटामांसी
use - भूतीघ्न, ग्रहबाधेन उपयोगी
दशांग लेप
अरविंदासव

Spotting - 8/10

LC - 22/30

SC - 16/20

Oral/viva - 25/30

Total - 71/90

② Identify - Stadiometer

use - to measure height

in 2 to 3 year (200m)

③ Identify - Insuline Injection

use - to give injection of insulin

dose - 0.2 - 0.8 unit / kg/day

- parts - Barrel, Plunger, Hub, needle

④ Identify - Bag and mask ×

Indication - ① Neonatal Resuscitation

② Mechanical Ventilation

③ when HR < 100/min

⑤ Inactivated Influenza vaccine

0.5 ml - Dose

site - IM (AL aspect of thigh)

2 doses > 4wk -

0.5 - 9month

Short Case

① Name of Patient - xyz

Age - 3 days

Gender - Female

Religion - Hindu

Address - Dehu Road, Pune

② जन्म इतिवृत्त

A Female child was extracted through L.S.C.S (Full Term 38 weeks) on 26/10/2023 at 11.56 am. Baby cried immediately after Birth. Suctioning Done, cord clamping and cutting done. Vit. K given.

Baby kept under Radiant warmer For 30 min.

- Inj. Hep. B and OPV given, BCG given

③ Immunization status

BCG	}	given at Birth
OPV		
Hep. B		

④ नवजात बालक परीक्षा

अकाल्य प्रसूत / काल्य प्रसूत / काल्यातीत प्रसूत
(38 weeks)

① Appearance - Baby is Pink

HR - 160/min

RR - 48/min

Activity - Baby is Active

Respiration - Vigorous cry

b) Head to Toe Examination

- ① Skull -
- i) size - shape symmetry of skull is normal
 - ii) No overriding sutures
 - iii) No swelling
 - iv) Ant. and post fontanelle - Normal

- ② Eyes -
- 1) Normal Watery eyes
 - 2) Abnormal Discharge Absent

- ③ Ears -
- 1) Normal shaped
 - 2) Discharge absent
 - 3)

No Need it to
write Negative
Symptoms
In every case
scenario.

- ④ Nose - Normal shape

- ⑤ Skin - pinkish - Normal

- ⑥ Umbilicus - umbilical cord (2 artery and 1 vein)
Normal

No Discharge Found

- ⑦ Genitalia - Normal

- ⑧ Muscle Tone / Reflexes -

Rooting
Swallowing
Sucking
Moro's Reflex

} present

Glabella reflex
- Normal

- ⑨ शारीरिक परिमाण (Anthropometry)

weight - 3 kg

length - 46 cm

mid arm - NA



College of Ayurved & Research Centre

Sec. 25, Pradhikaran, Nigdi, Pune-411 044

Name of Student Pradnya Jadhar

Name of the Examination I / II / III / Final B.A.M.S.

Term End I / II

Subject : Panchakarma

Roll No.

20

Date 20 5 1 0 2 0 2 3

Date Month Y E A R

Marks Alloted by Examiner	Qn. No.	Total Marks
	1	15
	2	30
	3	45
	Total	90

Marks Seen No objection

Pradnya

Signature of Student

[Signature]

Signature of Examiner

SPECIAL INSTRUCTIONS TO CANDIDATE

1. Do not write your Seat No. at any place in the answer book except in the space provided for it.
2. **DO NOT REVEAL YOUR IDENTITY IN ANY FORM IN THE ANSWERS WRITTEN BY YOU OR AT ANY OTHER PART OF THE ANSWER BOOK. WRITING YOUR NUMBER OR NAME. PUTTING YOUR SIGNATURE IS REVELATION OF IDENTITY. USE OF RELIGIOUS INVOCATION. OR ANY WRITING THAT IS NOT RELEVANT TO THE ANSWERS OUTSIDE OR INSIDE OF THE BODY OF THE ANSWERS WILL BE TREATED AS AN ATTEMPT TO REVEAL IDENTITY.**
3. While underling answers for focussing attention is permitted. use of varied inks, except for illustrations and figures must be avoided. Do not use any symbol like encircling the question or using colour arrows for P.T.O. etc. These are liable to be consider as attempts to reveal identity of the specific answer book.

MARKS

Q.No.	1	2	3
a	1	3	ND
b	2	3	8
c	2	3	9
d	2	4	5
e	2	3	
f	ND	3	
g	-	-	
h	9	19	22
Total	50		

Dr. Bangar
Cross checked by
Dr. Bangar

૧) લેખન લક્ષિ :-

- વૃદ્ધ જ્ઞાતેભ્યા મેદ દ્યાતુચે લેખન યા લક્ષિ કેલે જાતે.

લેખન લક્ષિ યોગ્ય -

૧) સ્થૂળ

૨) પ્રમેદ

૩) શુભ

૪) આંત્રવૃદ્ધી

૫) અર્શ

લેખન લક્ષિ પ્રવ્ય -

૧) શૂક

૨) માથેક

૩) તવળ

૪) કલ્ક

૫) સ્નેદ

૬) વવાથ

૭) ઝાવાપ દ્રવ્ય - ગોમૂત્ર

- ચવકાર

માત્રા -

સ્નેદ - મુદ્ધિત કેલેલે તીકતેલ
કદ્દ ઝાપદી સિદ્ધ સ્નેદ.

કલ્ક - ચવાચાલી ઝાળ

ઝપાકાલી ઝાળ. -

a) Haematemesis :-

- It is bleeding through vomitus.
- color of blood is coffee ground or Dark red color.
- In severe bleeding it most commonly seen medical emergency.

Causes :-

- i) It can be caused due to GI tract bleeding
- ii) or bleeding from pharynx
- iii) Diseases like GI tract ulcer, or upper internal bleeding.

Investigations -

- i) Patient is kept NPO (Nil per os) & gastroendoscopy is done. or its NBM
- ii) Biochemical investigation.
CBC.
- iii) Blood culture.

(प्रात्यक्षिक उत्तर पत्रिका)

(१२ पानी)

Roll No:- 20

Name:- Pradnya Jadhav

Subject:- Panchakarma

Date:- 30/10/23

L.C.

S.C.

Viva

Journal

Total

30

20

30

10

90

16

11

17

10

54

Long Case - विवेचन

नाव - शिनिम सनिश पाटील

वय - 40 yrs.

प्रकृति - कफ पित्त

word No - 212

Diagnosis -

~~कफ~~ ~~कुळ~~ कुळ - १

Chief complains -

- उभयपाद रक्तवर्णा
 - उभयपाद कणू
 - रुक्षता
- } 2 महिने

History of Surgery :-

Hysterectomy - 15 yrs ago

History of patient -

या प्रेशंटला 2 महिन्यांपासून उभयपाद रक्तवर्णा व त्या ठिकाणी कणू तसेच रुक्षता होती 9 महिन्यांपूर्वी जलौकावचरणा करण्यात आले होते त्याने पुढील उपचारसाठी रुग्णालयात दाखल झाली.

Family History -

Maternal - कुळ

प्रकृती परीक्षा - कफ पितागुबंधी

व्याधी विनिश्चय - कुष्ठ

विरेचन विधी -

पूरकर्म -

Classical
Pharmacology

उपपरीक्षा -

उपपरीक्षाचे वय, वय, कोष्ठ यांचे यांचे परीक्षा केले
कोष्ठ - मृदू, अग्नि - तीक्ष्णाग्नी

धूमपान - 5 दिवस धूमपान

मात्रा - 30 ml, 60 ml, 90 ml, 120 ml, 150 ml

धूम - आरवध महामिष्टक धूम.

स्नेहन - स्वेदन -

प्रधानकर्म करण्यापूर्वी 2 दिवस स्नेहन - स्वेदन
केले.

स्नेहन - निम्ब तेल

स्वेदन - दशमूलकी पेटी स्वेद.

विरेचनपूर्व आहार.

12:30 - आकरी + फळभाजी

1:00 2 मोसंबी / डाळीव

4:PM - आमसून सार / Tomato soup

5:30 PM - पाणीपुरी

7:30 - भाजी - आकरी

8 PM - 2 डि. डाळीव (Tomato soup - आमसून सार)

प्रधानकर्म -