AYURVED COLLEGE AFFILIATED

TO

GUJARAT AYURVED UNIVERSITY JAMNAGAR

KAYACHIKITSA

CERTIFICATE

This is to certify that 3 rd year B.A.M.S. student	
Roll no	has completed the practicals o
Kayachikitsa under our supervision and has docu	mented 20 case history forms
herein. We hereby certify the authenticity of this rec	ord.
Jamnagar	
Date:	
Teacher	H.O.D.
Kayachikitsa	Kayachikitsa

INDEX

Sr.No.	Name of Patient	Diagnosis	Date of	Date of
		_	Admission	Discharge
1.				
2.				
3.				
4.				
5.				
6.				
7.				
8.				
9.				
10.				
11.				
12.				
13.				
14.				
15.				
16.				
17.				
18.				
19.				
20.				

Student Signature

H.O.D.Signature

Patient's Clinical Case history

Sr.No.:				
Name:				
Age:	Sex:	Caste:	Religion:	
O.P.D. No. :			I.P.D. No.:	
Ward			Bed No.:	
Address:				
Name and address of	f Relatives/Attendant	:		
Occupation:				
Financial Status:				
Marital Status:				
D.O.A.:			D.O.D.	
Result: Cured/Mark	edly improved/ Mode	erately improved/ Mil	d improved/	
LAMA/Referred				
Chief Complaints	(with duration):			
History of Present illness (Origin, duration and progress):				
Past History:				
1) History of past illn	ness -			
2) Previous health sta	atus -			

3) Treatment/Surgical history -
Family History (If any specific related illness):
Personal history:
1) Diet (Type and Quantity)
Mixed/Veg -
Details of dietary articles -
Details of quantity of dietary articles -
2) Addiction- Tea / coffee/ tobacco chewing/ smoking/ alcohol/ other
Quantity / day Duration Yrs.
3) Sleep
4) Dreams
5) Rest
6) Urination: Frequencyper day,per night with associate complaints (if any)
7) Defecation: Frequency duration with associate complaints (if any)
8) Flatus
9) Menstrual History
10) Obstetric History:
Delivery-
Abortion-
Miscarriage-

General Examination:

1) General Constitution: a] Constitution type (Built/Stature)			
b] Facial appearance			
2) Vital Data			
Pulse: a] Rate/Min-			
b] Rhythm-			
c] Tension-			
d] Volume-			
e] Arterial wall feel-			
f] Doshika assessment-			
Respiration: a] Respiratory rate/Min			
b] Type of Respiration			
Temperature:			
Blood pressure:			
Body weight:			
3) Skin:			
4) Oral cavity examination:			
5) Lips:			
6) Tongue:			
7) Teeth and Gums:			
8) Hair-			
9) Scalp-			
10)Body hairs-			
11)Nails-			
12) Agni:			

13) Koshtha:

Atura Bala Pariksha (Assessment of Patient strength)

- 1. Prakriti: Sharirika-
 - Manasika-
- 2. Sara (Excellence Of tissues) Pravara / Madhyama / Avara
- 3. Samhanana (Physique)-Pravara / Madhyama / Avara
- 4. Pramana (Anthropological assessment) Pravara / Madhyama / Avara
- 5. Satmya Pravara / Madhyama / Avara
- 6. Satva (Mental status): Pravara / Madhyama / Avara
- 7. Aahara Shakti (State of digestion):
 - Abhyavaharana Shakti (Capacity for food Intake)-
 - Jarana Shakti (Digestive capacity)-
- 8. Vyayama Shakti (Capacity to exercise) Pravara / Madhyama / Avara
- 9. Vaya (Age) Pravara / Madhyama / Avara

Indriya Parikshana

Examination of Sensory organs:

- 1. Ears (Vestibulocochlear Nerve examination) -
- 2. Skin (Superficial/Deep sensations) Touch
 - Pain -
 - Temperature –
- 3. Eyes (Ophthalmic Nerve examination) Visual acquity
 - Visual field
 - Color Vision

- 4. Nose (Olfactory Nerve examination) -
- 5. Tongue (Glossopharyngeal Nerve examination) –

Srotasa Examination:

- 1) Pranavaha Srotasa (Root Hridaya and Mahasrotasa)
 - > Presenting symptoms and involvement of dosha-dushya -
 - > Examination of Respiratory system
 - Upper Respiratory tract-
 - 1. Nasal examination
 - 2. Throat examination (Tonsils, Pharynx, Larynx, etc.)
 - Examination of Lungs
 - 1. Inspection: Shape of the chest-

Equality of movement-

Rate of Respiration-

Type of Breathing-

Any other evident findings-

2. Palpation: Equality of movement-

Palpation of trachea-

Tactile vocal fremitus (TVF)-

- 3. Percussion: Resonant/Tympanic/Hyper resonant/Dull
- 4. Auscultation:
- 2) Udakvaha Srotasa (Root-Talu and Kloma)
 - > Presenting symptoms and involvement of dosha-dushya -
 - > Palate examination-

> Tracheopharyngeal examination-				
> State of Hydration (Dehydration, Edema, etc.)				
3) Annavaha Srotasa (G.I.T.) (Root-Aamashaya and Vamaparshwa)				
> Presenting symptoms and involvement of dosha-dushya -				
> G.I.T Examination -				
1. Inspection-Shape and contour of abdomen				
Umbilicus				
Movement of abdominal wall				
Any visible peristalsis				
Skin/Visible veins on abdomen				
Hernial sites				
2. Palpation-				
3. Percussion-				
4. Auscultation-				
4) Purishvaha Srotasa (Excretory system) (Root-Pakvashaya and Guda)				
> Presenting symptoms and involvement of dosha-dushya -				
➤ Large intestine / Sigmoid Colon- Any visible peristalsis-				
- Peristaltic sounds-				

- > Rectum (P/R Examination)
- > Stool examination-
- 5) Mutravaha Srotasa (Urinary system) (Root-Basti and Vankshana)

- Herniation-

> Presenting symptoms and involvement of dosha-dushya -

> Bladder-
> Urethra-
> Urine examination-
6) Rasavaha Srotasa (Lymphatic system) (Root-Hridaya and Dasha dhamani)
> Presenting symptoms and involvement of dosha-dushya -
> Circulatory system (Heart)
• Inspection- 1. Shape of precordium – Normal/Bulging/Retraction 2. Apex beat-
• Palpation – 1. Palpation of apex beat-
2. Palpation of Carotid artery-
Auscultation - Heart sounds-
- Murmurs-
Lymph nodes (If enlarged) –
Stanya –
Aartava -
7) Raktavaha Srotasa (Hemopoetic system) (Root-Yakrit and Pleeha)
> Presenting symptoms and involvement of dosha-dushya -
> Liver-
> Spleen-
> Gall bladder-
> Veins (Deep Vein thrombosis, Varicosity, Thrombophlebitis, etc.)
Skin pigmentation / discoloration:
8) Mamsayaha Srotasa (Examination of Motor system of CNS) (Root-Snavy and Twak)

≻ Kidney – Palpation (Bimanual)-

> Presenting symptoms and involvement of dosha-dushya -**>** Power of muscles-➤ Tone of Muscles- Hypertonia (Spasticity, Rigidity, etc.) - Hypotonia > Coordination- Finger Nose finger test-- Heel Knee test--Romberg's sign-➤ Involuntary movements – Convulsions/Tremors/Chorea/Fasciculation/Tics ➤ Nutrition of muscles – Wasting/Pseudo hypertrophy/Hypertrophy/Atrophy **Deep tendon reflexes – Biceps Triceps Brachioradialis Knee Jerk Ankle Jerk/Clonus** Planter reflex 9) Medavaha Srotasa (Root-Vrikka and Vapavahana) Presenting symptoms and involvement of dosha-dushya / Symptoms of Atisthaulya > State of Adiposity (Obesity/Emaciation) / Distribution of fat deposition 10) Swedavaha Srotasa (Epocrine/Sweat glands) (Root-Meda and Lomakupa) > Presenting symptoms and involvement of dosha-dushya -> Skin > Skin pores > Sweating

11) Asthivaha Srotasa (Skeletal system) (Root- Meda and Jaghana)

>	Gait-
>	Posture-
>	Mobility-
>	Deformity-
>	Osteoporosis/Osteopenia/Osteomalacia
>	Fractures-
12) <i>Ma</i>	ajjavaha Srotasa (Bone marrow) (Root-Asthi and Sandhi)
>	Presenting symptoms and involvement of dosha-dushya -
>	Joint tenderness
>	Swelling
>	Joint Crepitus
>	Range of movement
13) Sh	ukra-Artavavaha Srotasa (Reproductory system) (Root-Shukra,Artava,Stanya)
>	Presenting symptoms and involvement of dosha-dushya -
>	Examination of male genitalia (Penis, Scrotum, Testes, etc) -
>	Semen analysis -
>	Examination of female genitalia (Perineum, Vulva, Labia majora, etc.) -
>	P/V examination -
>	P/S examination -
>	Breast examination –
14) <i>M</i>	anovaha Srotasa (Psychiatric assessment)
>	Mana (Examination of Manasika bhavas like Thinking, knowledge, etc.) –

> Presenting symptoms and involvement of dosha-dushya -

Buddhi (Examination of intellectual faculties of mind like intelligence, memory,
patience, etc.) –

- > Appearance and Behavior-
- > Speech Mute/Flight of ideas/Dysphasia/Dysarthria
- ➤ Mood Euthymic/Depressed/Anxious/Irritable
- > Thought content -
- ➤ Abnormal beliefs (Delusions, Hallucinations, etc.) –
- > Assessment of Cognitive state -
 - Level of Consciousness –
 - Orientation –
 - Attention and Concentration –
 - Memory –
 - Intelligence –

Laboratory investigations:

	Quantity	Consistency	Odour	Colour	Sama/Nirama
Stool					
Urine					
Sputum					
Vomitus					
Sweat					
Menstrual					
blood					
Others					

Other Laboratory findings and relevant investigations like X-ray, USG, etc.:

Sufficient Extra space needed here

Sr.No.	(Sign and Symptoms)	Dosha	Guna involved / Amshans ha Kalpana	Dushya	Srotasa	Sama/ Nirama
1.						
2.						
3.						
4.						
5.						
6.						

Differential Diagnosis:

/	Concerned/Related	Diagona
_	t Ancernea/Reigiea	I HICESICEC.

- > Provisional diagnosis-
- > Final diagnosis-
- ➤ Nomenclature of Disease-Criteria for final diagnosis:
- > Type/Subtype
- > Stage of disease (Saama/Niraama/Acute/Chronic/Episodic)
- ➤ Nature of disease (Mild/Severe)

Nidana Panchak:-

- 1. Nidana (Etiological factors):-
- 2. Samprapti (Pathogenesis):-
 - General:-
 - Specific :-

Samprapti Ghatak (Constitution of Samprapti):-

• Dosha- Origin-

• Dushya-	Rogamarga-
• Srotasa-	Place of manifestation of disease-
Srotodushti Prakara-	Stage of disease-
• Agnimandya-	Doshika nature of the disease-
• Aama-	Aggravating period of disease-
	Remission period of disease-
3. Purvaroopa (Premonitory sign and symptoms):-	
4. Roopa (Cardinal sign and symptoms):-	
5. Upashaya/Anupshaya (Aggravating and relieving fac	etors) :-
6. Upadrava (Complications):-	
7. Arishta:-	
8. Sadhyaasadhyatva (Prognosis):-	
Treatment Protocol:	
> Principle line of treatment	
> Drug of choice	
> Shadvidha Upakrama (Six modes of treatment)	
1. Langhana (Therapeutic fasting) [insert checkshown below]	k box in front of each Karma as
A] Shodhana (Biopurification)	B] Shamana (Pacification)
i) Vamana	i) Deepana

iii) Basti	,	iii) <i>U</i> Į	pawasa [Fasting]	
iv) Nasya	ļ,	iv) <i>Pipasa Nigraha</i> [Restriction of fluids]	
v) Raktar	nokshana	v) <i>Vyo</i>	v) <i>Vyayama [</i> Exercise]	
		vi) Aatapa Sevana [1	Exposure to sunlight]	
		vii) Maruta Sevana [Expos	sure to fresh air]	
2. Brimhana (No	ourishing)			
3. Rukshana (Di	rying)			
4. Snehana (Ole	ation)			
5. Swedana (For	mentation)			
6. Stambhana(St	typtic)			
Treatment given:				
Medicines De	osage	Time of administration	Anupana (Vehicle)	
Add sufficient space he	re			
Pathya-Apathya (Do's a	and Don'ts)			
Pathya- Ahara(diet)-				
Vihara (activiti	ies)-			

ii) Pachana

ii) Virechana

Apathya- Ahara(diet)

Vihara(activities)-

Follow up record:

Date	Symptoms	Treatment	Percentage improvement

Signature of student

Signature of teacher