

सेवा में,

निदेशक महोदय

आयुर्वेदिक एवं यूनानी सेवाएं

उत्तराखण्ड, देहरादून

द्वारा: उचित माध्यम

विषय: अनुरोध के आधार पर स्वांछित स्थानान्तरण हेतु प्रार्थना पत्र

महोदय,

सादर निवेदन इस प्रकार है कि प्रार्थिनी आयुष्मान आरोग्य मन्दिर डोभाल गांव उत्तरकाशी में प्रभारी चिकित्साधिकारी के पद पर कार्यरत है।

मेरी सुपुत्री शिवन्या जिसकी आयु 1 वर्ष 10 महीना की है, वह हड्डी व बाल रोग विशेषज्ञ के अनुसार Rickets तथा Skeletal dysplasia रोग से ग्रसित हैं, जिसके कारण मेरी पुत्री का सामाजिक व शारीरिक विकास प्रभावित हो गया है। पुत्री सामान्य ढंग से चलने फिरने में असमर्थ रहती है। इसलिए पुत्री को नियमित रूप से बाल रोग विशेषज्ञ एवं Physiotherapist की देखरेख में रखा जा रहा है।

मेरी माता जी, रुक्मणी सैनी, जिनकी आयु 62 वर्ष है, विगत वर्षों से Schizophrenia नामक मानसिक रोग से ग्रसित हैं। मेरे पिताजी की सड़क दुर्घटना में दुःखद मृत्यु के पश्चात माता जी मेरे साथ ही रहती हैं। उनका इलाज मानवता Psychiatry Centre देहरादून में चल रहा है, जहाँ उन्हें नियमित रूप से दिखाया जाना आवश्यक है। मानसिक रूप से अस्वस्थ होने के कारण वे अपने दैनिक कार्य करने में असमर्थ हैं एवं देखभाल हेतु पूर्ण रूप से मुझ पर ही निर्भर हैं।

मेरा वर्तमान कार्य स्थान अपने गृह जनपद से अधिक दूर होने के कारण पुत्री तथा माता जी के स्वास्थ्य की देखरेख करने में अत्यधिक कठिनाई हो रही है। इसलिए मैं अपने पारिवारिक दायित्व का निर्वहन करने में असमर्थ हूँ।

अतः उपरोक्त क्रम में सादर अनुरोध है कि मेरी पुत्री और माता जी की बीमारी को ध्यान में रखते हुए मेरा स्थानान्तरण गृह जनपद के समीप (दुर्गम से दुर्गम) करने की महति कृपा करें, जिससे मैं चिकित्सालय की सेवाओं के साथ-साथ अपने पारिवारिक दायित्वों का निर्वहन भी सही प्रकार से कर सकूँ।

मैं और मेरा परिवार सदा आपके प्रति आजीवन आभारी रहेगा।

सादर धन्यवाद.

दिनांक 15/05/25

प्रार्थिनी:



डॉ. गरिमा सैनी

प्रभारी चिकित्साधिकारी
डोभाल गाँव, उत्तरकाशी

संलग्न

- 1) पुत्री शिवन्या के सभी सम्बंधित चिकित्सा व्यवस्था पत्र एवं जांचों की छायाप्रति, साक्ष्य संख्या 16 (पृष्ठ 4 से 16)
- 2) माता जी रुक्मणी सैनी की सभी सम्बंधित चिकित्सा व्यवस्था पत्र एवं जांचों की छायाप्रति, साक्ष्य संख्या 18 (पृष्ठ 17 से 34)

Dr. Vipin Vaish
M.B.B.S., M.D. (Lucknow)
REG. No. 26437/3690(U.K.)
Pediatrician & Neonatologist
(Gold Medalist)

CONSULTATION HOURS
2.00 p.m. to 6.00 p.m.
9.00 p.m. to 11.00 p.m.
Saturday Evening &
Sunday Morning Closed

Dr. Hans Vaish
M.B.B.S., M.D. (New Delhi)
Fellow Pediatric Critical Care
(Sir Gangaram Hospital)
REG. No. 7715(U.K.)
Pediatrician & Intensivist

12/5/2021

Date

Shivenya

wt 11g
Ht 75

R

Gentle mass

✓ Scalamed
Su one
Su 11g
T4 GHB de
O. 5mg

(Cungor
Nanosket
Cungor
K4)

Susp Nobel pen

Adv corrective
splintage
for night

Arch Rickel
Tilak
Torsion
C Skeletal
displacement



MEHER HOSPITAL

VAISH NURSING HOME

(Multispeciality)



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(Sir Gangaram Hospital)
REG. No. 7715(U.K.)
Pediatrician & Intensivist

10/4/2028
Date

Shivanya
Anti Hant
P. ORS-LB
Euphonia a
Sung
- Darolacymed
LB
Colimech
0.5mg
- Zolozine
1.5mg
E

CONSULTATION WITH PRIOR APPOINTMENT



Dr J K Mishra's Healthcare Centre

A SUPER SPECIALITY PHYSIOTHERAPY CLINIC

UDYAM - UK - 05-0051490

Ekta Enclave, Near Post Office Ring Road, Jogiwala, Dehradun

Ph. : 0135-3580723, 7017747600, 8979362710

Dr. J K Mishra

PhD, MSPT, PGDSM, FRHS, CMT, MIAP, MPAU

Neuromuscular, joints Motions Pain

& Paralysis Specialist

वरिष्ठ भौतिक चिकित्सक

PAU Reg No. L-1005

Morning - 9:00 am - 2:00 pm
Evening - 4:00 pm - 7:30 pm
Sunday (10:00 am to 12:00 pm)

Date 20/03/2025 Name Sivanya BP _____ Age/Gender 1.5yr

Description of pain and Findings:

- Duration of Pain
- Site of Pain
- Type of Pain
 - Sharpe
 - Dull Aching
 - Burning
 - Spasmodic
 - Prickling
- Tingling & Numbness
- Pain Continuous/intermittent/momentary
- Does Pain Disturb Night/daily Activities
- Neurological Deficit No/ Yes

SLR $\begin{matrix} \text{RT} \\ \text{LT} \end{matrix}$

-Relevant Past History

-Investigations Deser Scan

-Diagnosis Referred

→ Mobilization
→ muscle stretching
→ Splint at night

Therapy:

- IFT
- TENS
- SWD/LWD
- Ultrasound
- Muscle Stimulator
- Traction $\begin{matrix} \text{Lumber} \\ \text{Cervical} \end{matrix}$
- Wax bath
- LASER
- Ankle Exerciser
- Grip Exerciser
- Shoulder Wheel
- Rotatory wrist Machine
- Quadriceps exercise table
- Exercises
- Neck
- Back
- Lower Limb
- Upper Limb

मुख्य चिकित्सा

- जोड़ों का दर्द, सूजन, गठिया
- बच्चों को जन्मजात लकवा
- दो हड्डियों के बीच नस दबना
- हड्डियों के बीच का डिस्क खिसक जाना
- लिगामेंट, कार्टिलेज, टेंडन मांस पेशियों की चोट, मोच एवं नम तथा हड्डियों के अंग्रेज के माध्यम से
- कमर, पीठ का दर्द
- गर्दन हिलाने में दर्द
- आँख, मुँह, हाथ, पैर का लकवा
- सियाटिका
- हड्डी बढ़ने से एड़ी में दर्द
- कंधों को ऊपर उठाने, पीछे ले जाने में दर्द, रु
- रीढ़ की हड्डी की तकलीफ
- लिखने में हाथ काँपना



ID : VH-37092/2025



Date : 12-Mar-2025

Name : BABY SHIVANYA 1Y 7M 11D / Female

Mobile : 9259276789 (Previous Visit: NA)

Address : H.NO.-54/13, RAJPUR ROAD, WARD NO.-12, DEHRADUN
UTTARAKHAND**Dr. Mukesh Jain**

CONSULTANT ORTHOPAEDIC SURGEON

Dr. Anubhav JainCONSULTANT ORTHOPAEDIC &
JOINT REPLACEMENT SURGEON**Dr. Siddhant Jain**

TRAUMA & ARTHROSCOPY SURGEON

CHIEF COMPLAINTS : BOWING BOTH LEGS

PAST HISTORY : H/O JAUNDICE & NICU

MEDICAL ILLNESS : NONE

INVESTIGATION FINDINGS : X-RAY SHOWS B/L GENU VARUS

HB / CA / PO4 / ALP / PTH / VIT D DERANGED

Healed - Healthy.

S.No.	^{Rx} Medicine	Frequency	Duration
1.	OIL OLEMESSA OIL MASSAGE	1-0-1	90 DAYS
2.	SYRUP GEMCAL P 1 TSF <i>5ml</i>	<i>1-0-0</i>	90 DAY(S)
3.	SYRUP ZINCOVIT 1 TSF	1-0-0	90 DAY(S)
4.	SYRUP VITANOVA D3	<i>WEEKLY</i>	90 DAY(S)

DRUG ALLERGY : NIL

INSTRUCTION(S) : OBSERVATION EVERY 3 MONTHS

SPLINT FOR NIGHT

SHOES WITH OUTER RAISE 6-7 MM

*T. Linea 1/2 day**20 Echo*Please come after *90* days.*Dr. ANUBHAV JAIN*
(M.S.(ORTHO))For Problems : dranubhav86@gmail.com

3rd Km., Jansath Road, Muzaffarnagar-251001 (U.P.)

For Appointment : opdvardhmanhospital@gmail.com

Reg. Office : C-209, Defence Colony, New Delhi-110024, India



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Pediatrician & Intensivist

Shuvanya 10/3/2028
Iyer Gurf
Date

wt 11g
Ht 75

R

Gentle mass

Acute Ricket

Cerebral

Gave 4
Urd
Gover

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Su
O. Surg

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Cum Goe
Nanosheet

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- Bl knee ar

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CRP
Gca
Sip.
S. ALK Boyare
S. 25(OH)Dy

Susp Nobel pen

Tilial
Torsion
Skeletal
dysplasia

Adw corrective
splintage
for night
cupulay

To consult Prof
Orthopedic Surg
(Dr. Nangam) 9899930267

CONSULTATION WITH PRIOR APPOINTMENT

BABY SHIVANYA 1YR 6M.,

WRIST 10/03/2025

19:51:3



Date	March 10 th ; 2025	OPD No	
Name of Patient	Baby Shlvanya	Age/Sex	18 Months/F
Referred By	Dr. V. Vaish; MD		

SKIAGRAM OF B/L KNEE WITH THIGH AP/LATERAL

- *E/O Splaying and subtle fraying of metaphyseal ends B/L distal femur and proximal end tibia seen associated with bowing of legs resulting in mild varus deformity- secondary to Rickets.*
- No E/O bony fracture is seen.
- Knee- joint space appears normal.
- *Soft tissue fat planes are splayed.*

For clinical correlation/Further evaluation

SKIAGRAM LEFT WRIST AP

- *Distal end of Radius and Ulna are unremarkable except for subtle fraying & splaying of metaphyseal ends – secondary to Rickets.*
- Visualized carpal and metacarpal outlines appear normal.
- Phalangeal outlines appear normal.
- Grossly no bony fracture is seen.
- *Soft tissue fat planes are splayed.*

For clinical correlation/Orthopedic perusal/Further evaluation

Dr. R.K.PANDEY
M B B S, DMRD, DNB
CONSULTANT RADIOLOGIST

R

L

AP

8cm

VAISH NURSING HOME

Name: Baby Shivanya Age: 17 Months Sex: ~~Male~~ FEMALE.....

Ref by: Dr. V. Vaish; MD

SR NO.A

Date: 21/01/2025

X-ray B/L Lower Limbs AP

Visualized bones forming Hip and Knee joint appear normal.

Subtle fraying of distal epiphyseal end of B/L femur and proximal epiphyseal ends of B/L Tibia seen.

Note made of slight inturning of lower limbs; Please R/O Coxa vara (Varus) deformity.

Rest bony outlines are grossly normal.

Grossly no bony fracture is seen.

Joint spaces appear normal.

Soft tissue fat planes are splayed.

IMPRESSION:- Please R/O Varus deformity.

For clinical correlation/Further evaluation/Orthopedic persual

Dr. RAMESH KUMAR PANDEY
Consultant Radiologist (RD)
42, Sewak Ashram Road, Dehra Dun



MEHER HOSPITAL VAISH NURSING HOME (Multispeciality)



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Fellow Pediatric Critical Care
(Sir Gangaram Hospital)
REG. No. 7715(U.K.)

Pediatrician & Intensivist

Date 14/1/2018

Shivanya Iyengar
Wt 9.6

Acute

Bronchitis

for

Swaps
Nurses

Adv
Hospital

Sy Azithromycin
(200)
2.5 x 6

Su Nobel plus
5 x 3

Ipsaun Nasal

& Asthacind 2.5
2.5 x 3

Mucomela 2
0.5 x 3

Nelebeo Clear Mel
Respir

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MS(250) 30ml

MU

2+1
+ 300' NIB

2+1 AK 5g

2+1 Kaus
(100)

Dexin

2+1 B/C
Cokavom
legs

Adu

KPa lower limbs

AD over

FTuT8r

(N)

KPa lower
limbs
suggestion of
Ricketts

Adu

25(04) D3
S-AER Poyap
Sca.
S-Phosphorus

S. Ashmakendoxar
3.5g
Kau

Mucornelced
0.5g

- Nelrelic Bidecor
Repur

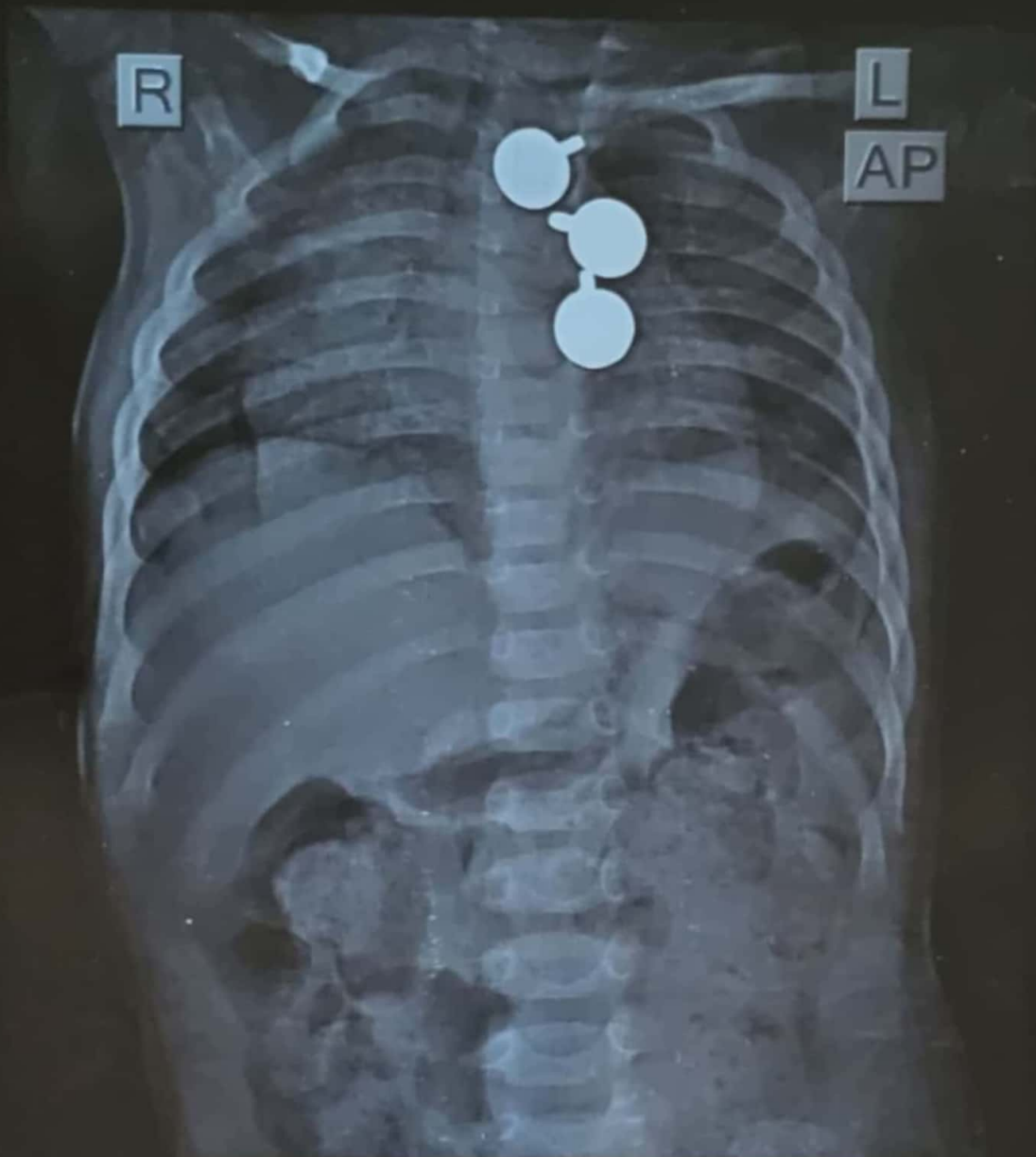
- S. Calamand
an
San 4m

→ TY-CHBd
0.5w

- STEEV60K
nano
Kau

1 month
weekly
K.B

Repeat KPa with 4.2m



4cm

VAISH NURSING HOME



CHARAK PATHOLOGY CLINIC

(A Unit of Padmanabh Healthcare Pvt. Ltd.)

Dr. Seema Avtar M.D.(Path) Consultant Pathologist



H-2015-0278

Net Amount 1480

Balance 0

Patient Name : Baby SHIVANYA
Lab Acc : 250002358 2023
Date # SNo : 14/01/2025
Doctor : DR. VIPIN VAISH
Booking Mode : Round
Specimen Type : EDTA Whole Blood
Mobile No : 9997669449
Address :
Age : 1 Y Female
Booking & Collection : 14/01/2025 07:41 PM
Sample Receiving Time : 14/01/2025 07:57 PM
Reporting Date & Time : 14/01/2025 09:27 PM
Panel : General
Referred by : DR. VIPIN VAISH MBBS MD
Collected By : VIKRAM
PRINT DATE/TIME : 14-Jan-2025 9:27 pm

Test Name	Result	Units	Biological Ref. Interval
HAEMATOLOGY			
COMPLETE BLOOD COUNTS [CBC]			
HAEMOGLOBIN (HB) Method : SLS Hemoglobin	9.9 L	gm/dl	11.1 - 14.1
TOTAL LEUCOCYTE COUNT (TLC) Method : Flow Cytometry	10270	/cmm	6000 - 15000
DIFFERENTIAL LEUCOCYTE COUNT Method : Flow Cytometry / Microscopy	.	.	.
NEUTROPHIL Method : Flow Cytometry/ Microscopy	46	%	45 - 75
LYMPHOCYTE Method : Flow Cytometry/ Microscopy	48 H	%	20 - 45
EOSINOPHIL Method : Flow Cytometry/ Microscopy	00	%	0 - 06
MONOCYTE Method : Flow Cytometry/ Microscopy	06	%	0 - 10
BASOPHIL Method : Flow Cytometry/ Microscopy	00	%	0 - 02
DLC TOTAL	.	.	.
R B C (Red Blood Cells) Method : Hydro-dynamically focused impedance	5.15 H	Millions/cmm	3.9 - 5.1
PLATELET COUNT Method : Hydro-dynamically focused impedance	3.26	Lakh/cmm	2.00 - 5.50
P.C.V / HAEMATOCRIT Method : Pulse Height Detection Method	31.8 L	%	35.0 - 47.0
M C V Method : Calculated	61.7 L	fL	80.0 - 100.0
M C H Method : Calculated	19.2 L	picogram	27.0 - 31.0
M C H C Method : Calculated	31.1 L	g / dL	33.0 - 37.0
R D W (CV) Method : Calculated	20.9 H	%	10.0 - 15.0

End of Report

Dr. Pranoy Paul
MD Pathology

Dr. Puneet Kalra
MD Pathology
Senior Consultant

Dr. Seema Avtar
MD Pathology
Senior Consultant

Address : Department of Pathology Lower Ground Floor Synergy Institute of Medical Sciences Ballupur Canal Road, Dehradun (UK)
Phone No. : 0135-2226042, 2226048 Working Hours : 24 x 7 Days Open
PREPARED BY Haematology, Biochemistry, Immunology, Serology, Cytopathology, Histopathology, Microbiology

Pathological test are complex practical procedures involving machines and reagents which have their limitations. If there is any discrepancy clinically, the test may be rechecked or reevaluated by other investigations.

Page 1 of

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(A Unit of Padmanabh Healthcare Pvt. Ltd.)

Dr. Seema Avtar M.D.(Path) Consultant Pathologist



H-2015-0278

NetAmount 1480

Balance 0

Patient Name : Baby SHIVANYA
Lab Acc : 250002358 2023
Date # SNo : 14/01/2025
Doctor : DR. VIPIN VAISH
Booking Mode : Round
Specimen Type : BLOOD PLAIN
Mobile No : 9997669449
Address :
Age : 1 Y Female
Booking & Collection : 14/01/2025 07:41 PM
Sample Receiving Time : 14/01/2025 08:15 PM
Reporting Date & Time : 14/01/2025 09:27 PM
Panel : General

Referred by : DR. VIPIN VAISH MBBS MD
Collected By : VIKRAM
PRINT DATE/TIME : 14-Jan-2025 9:27 pm

Test Name	Result	Units	Biological Ref. Interval
IMMUNOLOGY - SEROLOGY			
C-REACTIVE PROTEIN (CRP)	22.5	H mg/L	<5.00

Method : Cobas Pure/Immunoturbidimetry

Comments

CRP is an acute phase reactant which is used in inflammatory disorders for monitoring course and effect of therapy. It is most useful as an indicator of activity in Rheumatoid arthritis, Rheumatic fever, tissue injury or necrosis and infections. As compared to ESR, CRP shows an earlier rise in inflammatory disorders which begins in 4-6 hrs, the intensity of the rise being higher than ESR and the recovery being earlier than ESR. Unlike ESR, CRP levels are not influenced by hematologic conditions like Anemia, Polycythemia etc.

-----End of Report-----

Dr. Alka R Chauhan

MD Microbiology

Dr. Pranoy Paul

MD Pathology

Dr. Puneet Kalra

MD Pathology
Senior Consultant

Dr. Seema Avtar

MD Pathology
Senior Consultant

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Page 1

NetAmount 1480 Balance 0

Patient Name : Baby SHIVANYA Age : 250002358 2023 SNo : 14/01/2025 Ref : DR. VIPIN VAISH Ref Mode : Round Ref Type : CITRATE PLASMA Ref by : DR. VIPIN VAISH MBBS MD	Mobile No : 9997669449 Address : Age : 1 Y Female Booking & Collection : 14/01/2025 07:41 PM Sample Receiving Time : 14/01/2025 08:15 PM Reporting Date & Time : 14/01/2025 10:20 PM Panel : General Collected By : VIKRAM PRINT DATE/TIME : 14-Jan-2025 10:20 pm
---	--

Test Name	Result	Units	Biological Ref. Interval
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HAEMATOLOGY

PROTHROMBIN TIME (PT/INR)

PATIENT	13.6	SEC	
CONTROL	13.49	SEC	
DEX	1.0	Derived Indi	
I value of reagent	1.07	.	
IR (International Normalized Ratio)	1.1	.	

INTERPRETATION

Common causes of prolonged prothrombin time are :

- Oral anticoagulant therapy.
- Liver disease.
- Vit k. Deficiency.
- Disseminated intra vascular coagulation.
- Factor 7, 5, 10 or prothrombin deficiency.

Comments

Prothrombin time measures the extrinsic coagulation pathway which consists of activated Factor VII (VIIa), Tissue factor and Proteins of the common pathway (Factors X, V, II & Fibrinogen). This assay is used to control long term oral anticoagulant therapy, evaluation of liver function to evaluate coagulation disorders specially factors Involved in the extrinsic pathway like Factors V, VII, X, Prothrombin & Fibrinogen.

Activated Partial Thromboplastin time (APTT)	38.9	H	sec	21 - 34
---	------	---	-----	---------

Method : Automated/Stago Satellite max

APTT CONTROL 32.29 sec

SUMMARY & EXPLANATION

The activated partial thromboplastin time (APTT) is a general coagulation screening test of the intrinsic coagulation pathway (factors XII, XI, IX, VIII, X, V, II and I).

A prolonged APTT is observed in the following conditions: -Congenital deficiencies of coagulation factors related to intrinsic pathway. If all the factors are normal deficiency of HMW-Kinogen may be considered.

Acquired Deficiencies and abnormal conditions:

- Liver diseases
- Consumptive coagulopathy
- Circulating anticoagulants.
- During Heparin or oral anticoagulant therapy
- Treatment with thrombin inhibitors.

-----End of Report-----

Dr. Pranoy Paul

Dr. Puneet Kalra

Dr. Seema Avtar

Address : Department of Pathology Lower Ground Floor Synergy Institute of Medical Sciences, Bhopal Canal Road, Dabholi (M.P.)

Phone No. : 0135-2226042, 2226048 Working Hours: 24 x 7 Days Open

Facilities : Haematology, Biochemistry, Immunology, Serology, Cytopathology, Histopathology, Microbiology

PREPARED BY: VIKRAM YADAV

For all coagulation tests, it is advised to use calibrated machines and reagents which have their limitations. If there is any discrepancy clinically, the test may be rechecked or re-evaluated by other investigatory methods.



VAISH NURSING HOME

42, Sewak Ashram Road, Dehra Dun - 248 001 (U.K.)

Ph.: 2749267, 2747083

DISCHARGE CARD

Reg. No.

--	--	--	--	--	--	--	--

Name

Shivanya D/o Mrs. Gargma

S/o / D/o

Mr. Madhan

Add.

Canal Road, Sabet colony D.D.

Sex

☐

M

☒

F

Age

14 +

Blood Group

☐☐

Wt. 96 lb

Kgs.

D.O.A.

14/01/2025

D.O.D.

15/01/2024

Room No.

17

Under Dr.

Vipin Kish / Dr. Hameed Kish

Diagnosis

Acute Bronchitis

C R D of fever

Result

Dischd.

✓

Allergy

Please bring this Card at each Visit

हर वक्त आते समय इस कार्ड को अवश्य लाईए

Dr. Vineet Kumar Gupta

M.B.B.S. (Luck.) M.D. (Psychiatry)
Ex. Chief Resident,
K.G.'s Medical College, Lucknow

Consultant Psychiatrist

Registration No. UPMCI-31158, UKMCI-1999



Psychiatry & De-addiction Centre
30+ YEARS OF SERVICE

Dr. Dhruv Gupta

M.B.B.S. (MAMC) M.D. (Psychiatry)
Consultant Psychiatrist

&
Chief Consultant at
De-addiction Centre

Registration No. UKMCI-6549

Clinic:

129, Adarsh Nagar,
Chakrata Road,
(Near Hotel Ramada)
DEHRADUN

Ph.: 9634432589
9259297679

Phone calls are
taken during
clinic time only

Contact Details for
De-addiction facility
9258253650
9258253651

Proxy - S.I.L
(Madhav)

H defect 2 weeks.
↑ slightly.

UTTARAKHAND'S DEDICATED DE-ADDICTION CENTRE FOUNDED BY A PSYCHIATRIST

Mrs Rukmani Saini

Age: 62yrs

Tab Divallon 750

1 — x — 1

Tab olaway 5

x — x — 1

Tab Lohant 0.5

1 — 1 — 1

At the
To be
at R

X 20 Dr
14/5/25

Adm

- Needs to be kept under
close family care.

www.maanavta.in

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3:30 P.M. to 6:30 P.M.

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Inf. Daughter
(Mrs Gurima Saini)

No response
↓ Sleep / appetite

UTTARAKHAND'S 1st DEDICATED DE-ADDICTION CENTRE FOUNDED BY A PSYCHIATRIST

Mrs Rukmani Saini

BP-92/74

Op & Lucif 60
←→
rb Olaway 2.5
←→
rb Divakon 500
←→

x 10d
2
10/4/25

Pucky - S.T.L
(Madhav)
Old Schizoaffective.

Tab Divakon 750
1 — x — 1
Tab Olaway 5
x — x — 1
Tab Lorazepam 0.5
1 — 1 — 1

x 10d
2
25/4/25

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9258253650
9258253651
Ruky - S.I.L.
(Madhav)
No - Anx
↓ Sleep.

UTTARAKHAND'S 1st DEDICATED DE-ADDICTION CENTRE FOUNDED BY A PSYCHIATRIST

Mrs. Rukmani

Rx
Tab Olaway 5 F
Tab Entacom 50
Tab Skon Plus
Tab Riskon Plus 2
Tab Trikon
Tab Zepkon 0.5
ISOS -
X 1000
C/Mes Gaminar
No. 1000
Rx
Tab oxylep 300
Tab oxylep 450
Tab alaway 5
Cap flucef 40
Tab Entacom 50
X 1000

X 1000
2
10/3/25

X 1000
2
20/3/25

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9258253651

Proxy - S.I.L
(Hachav)

Old Schizoaffective.
↑ slightly.

10-15 anxious feelings
+ palpitation.
→ crying episode.

UTTARAKHAND'S 1st DEDICATED DE-ADDICTION CENTRE FOUNDED BY A PSYCHIATRIST

Mrs. Rukmani

Age: 62yrs

Tab Divallon 750

1 — x — 1

Tab Olaway 5

x — x — 1

Tab Lomaxit 0.5

1 — 1 — 1

x 7th

3/2/25

① NEXITO (10)

1 — x — 1

② LONAZEP (15)

x — x — 1 and 1/2

③ BETACAP-TR (20)

1 — x — 1

x 7th
3/2/25

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Phone call are
ta'
cl

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De-addiction facility
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9258253651

Proxy - S.I.L
(Madhav)

Old Schizoaffective.

Tt default Now.
low clo - ↑mania
Sleep OK.

UTTARAKHAND'S 1st DEDICATED DE-ADDICTION CENTRE FOUNDED BY A PSYCHIATRIST

Mrs. Rukmani Saini

→ tab Divakon 500
| — < — |

→ tab Olaway 2.5
< — < — |

→ tab Zepkon 0.25
| — < — |

Age: 62 yrs

X 15 dn
2
C

18/1/25

As
To do the pt
in R

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9258253651

No w clo-1 mania

Proxy- S.I.L
(Madhav)

UTTARAKHAND'S 1st DEDICATED DE-ADDICTION CENTRE FOUNDED BY A PSYCHIATRIST

→ 1 tab Oivakon 500
| — 2 — |
→ 1 tab Olaway 2.5
| — 2 — |
→ 1 tab Zepkon 0.25
| — 2 — |

7/10/24
P
14/11/24

Adv
• Supervised medication
• Needs to be kept under
close family care.

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Timing:

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3:30 P.M. to 6:30 P.M.

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Mrs Rukmani Saini

Dr. Dhruv Gupta

M.B.B.S. (MAMC) M.D. (Psychiatry)

4.5 **Consultant Psychiatrist**

&

De-addiction Specialist

Registration No. UKMCI-6549

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Inf. Daughter.
Mrs Gaurima Saini

No response.

उध भी काम नहीं
कर पा रही हैं

↓ Sleep / appetite.

Self med - 2.9.24

ABC

T₃ T₄ TSH
H₇ A/C
KFT
AST
ALT
V₁₂ B₁₂

↑UA = 6.7

↓B₁₂ = 94

↑T₃ TSH = 7.0

↑H₇ A/C = 6.9

↑AST = 50

↑ALT = 39

CT (head).

WNL

Adv.

• Supervised medication
• Needs to be kept under
close family care.

BP-92/74

BP-114/100mm

Inf - Son
(Mr Gaurima Saini)

**CONSULTATION FEE
NOT CHARGED**

T₃ Membrane 5

x → - 1

Rest same

x 10 d

2

30/9/24

Physician consultation
(Dr Krunal Nanda)

- Plan Modified ECT if no
response on Med

Timing:

9:00 A.M. to 1:00 P.M.

3:30 P.M. to 7:00 P.M.

SUNDAY CLOSED

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- Child Guidance & Career Counselling

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&

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DEHRADUN

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9259297679

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Inf - Daughter.
Mrs Gramina Saini
H default
feeling depressed
since last 1 month.

HT/DM

Sleep ±

Mrs Rukmani Saini

Roorkee

BP-100/76

Cap Fluor 20 (40) ↓

Mo Olaway 2.5

Mo Divelkon 500

Mo Zep/Kon 0.25

1500 - वैकरी

as asked

20 Jan
2
Cm

2/9/24

- Rest

- Supervised medication
from family member

Timing:

9:00 A.M. to 1:00 P.M.
3:30 P.M. to 7:00 P.M.

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PT self medicated yesterday
due to ↑ BP and also
anxiety & anti-HTN,
Aspirin after had hematemesis

RP

★
Urgent Physician / Gastro
Consult

Ref: on

13/4/24

Took consultation
from Dr. Rohit Arora

USG abd + pelvis -
mild hepatomegaly &
fatty liver Grade I
+ prominent portal vein
+
lytic

ईलाज की अवधि असीमित है
संतुष्ट न होने पर एक अन्य
डॉ० की राय ले।

Mrs. Reekman

Bipolar Disorder के विषय में सम्पूर्ण
जानकारी (Mrs. Garg) को दे दी गई है।

→ Divakon 750

→ Olaway 7.5

cap Glucel 60

→ Entacom 50

→ Belakon Z

→ Anxikon M

→ Trikon

→ CPZ 25

1505. - दि

X 10

13/4/24

Dr. Rohit Arora

M.B.B.S., M.S. (Surgery) F.I.G.E.S., F.A.M.S. (Gastro)
General & Laproscopic Surgeon
formerly at: AIIMS New Delhi
Regd.No. UK1665



G.M.S. Road,
Near Hotel Saffron Leaf,
Dehra Dun (U.K.)

Timing Morning - 11.00 a.m. to 2.00 p.m.
Evening - 6.30 p.m. to 8.00 p.m.

CMI HOSPITAL: 2.00 p.m. to 4.00 p.m.

Name: Rukmani Saini Age: 60 Sex: M/F Date: 13 APR 2024

B.P-122/63

02-99-11

P-75/min

LFT

CBC RBS

SYMPTOMS

Vomiting 1 day

? Black
coloured

2 Pentoxid
& Emeset
STAT

lig suate
10 ml tid

①d.

T 05M 07 20
1 — 1

RA

DIAGNOSIS :

Vomiting & B

rel to Psychiatric
disorder

rel to Jm

hypothyroid

USG Hep stones only
P stone near
P stone

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Consultant Radiologist

UKMC Reg. No.: 5184

E-mail : dr_rameshpandey@rediffmail.com

Diagnostics Center Pvt. Ltd.

MODERN**(ULTRASOUND) DIAGNOSTICS**20, New Road, Dehradun -248001 (Uttarakhand)
Mobile : 9897025862, Phone : 2710530, 2659815

Date	April 13 th , 2024	OPD No.	56/04/2024
Name of Patient	Mrs. Rukmani Saini	Age/Sex	60Yr/F
Ref By	Self		

ULTRASOUND SCAN OF WHOLE ABDOMEN & PELVIS (TAS)

Liver: *Mildly enlarged measuring 143mm in MCL with increased echotexture.* No focal parenchymal lesion is seen. No E/O IHBR dilatation. Intra hepatic, hepatic veins and IVC appear normal. *Portal vein is prominent measuring 14mm.*

Gall Bladder: Well distended, lumen anechoic and wall thickness is normal.
No calculi or mass lesion is seen.

CBD:- is measuring 4mm with echo free lumen.

Pancreas: Normal in size and echotexture. Main pancreatic duct not dilated.
No evidence of mass lesion. No peri pancreatic fluid collections.

Spleen: Normal in size and preserved echotexture. No focal lesions.
Splenic vein appears normal measuring 8mm.

Kidneys: Normal in size and echotexture. Cortico-medullary differentiation is well maintained. No calculi no hydronephrosis is seen on either side.

Right kidney measures 92 x 43mm and cortical thickness measuring 12mm.

Left kidney measures 94 x 47mm and cortical thickness measuring 10mm.

Urinary Bladder: Well-distended, wall thickness normal. *Few fine sedimenting down internal echoes seen insitu.*

Uterus: Post menopausal with atrophic changes and measuring 49 x 22 x 38mm.
Myometrium echotexture appears preserved.
Endometrial line centrally placed with Endometrial thickness measuring 3mm.
Grossly cervix appears normal.

Ovaries: Both ovaries are not seen – atrophic.

No free fluid in abdomen/pelvis.

No evidence of retroperitoneal lymphadenopathy.

IMP: U.S F/S/O Mild Hepatomegaly with fatty changes liver – Grade I.
Prominent portal vein - significance.
Cystitis as described above at the time of study.

For clinical correlation/further evaluation

Dr. R.K. PANDEY
M.B.B.S, DMRD, DNB
CONSULTANT RADIOLOGIST

Dr. Ramesh Kumar Pandey
DMRD, DNB (Radio Diagnosis)
Consultant Radiologist
UKMC Reg. No. 5184

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GHRADUN

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9259297679

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of Daughter
Mrs. Garima
on Med Since
28/12/23

to - Anx
Sleep.

BC
FT
KFT
T3T4TSH
HbA1c
Lipid profile

Mrs. Rukmani

BP=177/87mm

Enf. Son + Daughter
in Law
(Mrs. Garima)
do Paracetamol x2-3

Rx
Tab oxylep 300

Tab oxylep 450

Tab alaway 5

Cap. flucef 40

Tab Entacom 50

Tab Skon Plus

Tab Riskon Plus 2

Tab Subkon

Tab Oxylep 300

Tab Oxylep 450

Tab Olaway 5

Tab Entacom 50

Tab Skon Plus

Tab Riskon Plus 2

Tab Trikon

Tab Zepkon 0.5

ISOS -

x10

15/3/24

AB
BPRS - 41
ad, ten,
depr mood

x 15

Timing:

10:00 A.M. to 1:00 P.M.
3:30 P.M. to 7:00 P.M.

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NOT VALID FOR MEDICO LEGAL PURPOSES

26/3/24

SWATI UPADHYAYA

M.phil Rehab Psychology (NIEPVD)

M.A Clinical Psychology

RCI Reg No- A94598

PSYCHOLOGY TEST **REPORT**

Date : 15.03.2024

GENERAL INFORMATION

Name:	Rukmani	Age:	60	Gender:	Female
Education:	Post-Graduation				
Residence:	Dehradun	Occupation:	N/A		

INFORMANT: Mr Kapinjal (Son)

SPECIFIC INFORMATION:

1. Reasons for Consultation:

(not present now)

- Anxiety
- Restlessness
- Excessive dry mouth
- Breathlessness
- Fatigue
- Headache
- Reduced appetite and sleep
- Depressed mood

2. Duration:

Since 1992

3. Onset and Course:

Insidious and Fluctuating

4. Precipitating Factors:

Could not be elicited

5. Level of Consciousness:

Good

6. Degree of Cooperation:

Cooperative

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Inf (Daughter Spring)
old Schizoaffective

Met by Dr. Kiran Singh

Having :- Loraz 300 BD
Skizoril 25 HS

Risperidone Plus
1/2

Better at Med.

No tremors in Rt hand.

Having Restlessness also.

(M) Non-Asthma (HT)
Having Thyroidism 50

No Pan H/O

husband - Excp in 2021. (was Engineer)

Tab. Oxylep 300
1
Tab. Stung plus
1
Tab. Entacorn - 50
1
Tab. Akon plus
1
Tab. Tardigrad
1

30 Jan
6/1/23

Roske

Age - 60yrs

Daughter

Brother - Mrs Garima

Mrs. Samy -
at present in sub, PG

Having
Rup. 1
Cand 2.

Tab. Oxylep 300
1

Tab. Q. Brain - 25
1 (2)

Tab. Entacorn 50
1

Tab. Risperidone 2
1/2

Tab. Dexam 1
1

Tab. Tardigrad
1

30 Jan
6/1/23

Timing:

9:00 A.M. to 1:00 P.M.
3:30 P.M. to 7:00 P.M.

Facilities:

• 32 Channel Video EEG & Epilepsy Clinic • Modified ECT Theatre with Central Oxygen Supp
• Comprehensive De-addiction & Psychiatry Care under one roof • Psychosexual Medicine Ca
• Clinical Psychologist for Psychotherapy & Psychotherapy Child Guidance & Psychotherapy

27.7.2023

With daughter.
& son in law

FBs = 161 mg/dl
Cholesterol = 170 mg/dl
S. creatinine = 0.64 mg/dl

SGOT = 36 U/L

SGPT = 20 U/L

Hb = 10.8 g/dl

TSH = 8.24 uIU/ml

Started on 50mg
levothyroxine.
by physician.

D.P. = 113/80 mmHg
Pulse = 78 mmHg

Patient did not follow up
Last consultation June '22.

Patient was on Escitalopram
for 2 months.

Then had episode of ↑ anxiety.
Treated with Lorax / Skizoril
& risperidone plus.

Currently Cloazepam feeling
low mood, restless, unable to
sit at one place.

Monitor
BP

① NEXITO (S) | — X — →

② BETACAP
— TR (20) | — X — →

→ S/E of lithium
toxicity explained

- Adequate
fluid intake

③

ETILAAM
— MS
↓

0.25 — 0.25 — 0.5

④

LITHOSUN
(300)

| — X — |

Lithium level
on flu
→ stable.

Flu week.

27.7.2023

We care better and we understand better



11.5.2024

CITY HEART CENTRE®

शुटी के दिल में

55-EC Road, Dehradun-248001, (UK)

M : +91-8791457330

In Emergency Call : 9837049966

e-mail: doc@cityheartcentre.com

DR. PIYUSH VERMA

M.B.B.S., MD

[Ex- Senior Resident

AIIMS, Rishikesh]

(Consultant Psychiatrist

& Deaddiction Specialist)

Mob.- 8521733350

Reg No. : UK-MCI-3360

मानसिक रोग के लक्षण

- उदास रहना
- काम में मन न लगना
- नकारात्मक बातें करना
- दोस्तों, परिवार से अलग रहना
- घबराहट रहना (बेचैनी)
- निरन्तर चिंता करना
- दिल की धड़कन अत्याधिक तेज होना
- सिर दर्द
- नशीले पदार्थों का सेवन करना
- शक करना
- मारपीट, तोड़फोड़ करना, गाली देना
- नींद न आना
- एक ही काम को बार-बार करना
- एक ही विचार बार-बार आना
- फोबिया (डर लगना)
- मूड का बार-बार बदलना
- असामान्य बर्ताव करना
- झूलने की बीमारी
- सेक्स समस्याएँ
- शीघ्र पतन
- मंद बुद्धि तत्वों में व्यवहार की गड़बड़ी

RUKMANI SAINI

(with Son in law) 591m
Inadequate information
but relevant

Current
Duration - 15 days

Chief - anxious feeling.
+ palpitation.
- crying episode.
- feeling low, not sleep, staying silent.

Death of husband in Dec

History of use of mood stabilizers as per prescription.
& risperidone

Currently no psychotic symptom.

History of T2DM on medication.

Sleep not good. Nightly - 1-2 hours.
evening 0.5 mg. clonazepam

① NEXITO (10)

Timeline diagram for Nexito

② LONAZEP (15)

Timeline diagram for Lonazep

③ BETACAP-TR (20)

Timeline diagram for Betacap-TR

PN with vehicle informant

- FBS.
- HbA1c
- Basic liver profile
- Lipid profile
- TFT

- TFT (ft2, ft4, TSH)

NOT FOR MEDICO LEGAL PURPOSE
Valid for 3 days from date of Consultation

11.5.2024

8534050050 (For Appointment)

9927185515

10:30am to 1:30pm

रविवार अवकाश



आरोही मैडिकेयर

मानसिक रोग चिकित्सालय

रिज का नाम : *Lukman* उम्र *60/15*

ता *Ramnagar (R.R.F.)* दिनांक *29-06-2023*

डॉ. किरन सिंह

MBBS, MD, DNB, MIPS

मनोचिकित्सक

पूर्व चिकित्सक : AIIMS, MGIMS (MAH)

समस्यायें :-

- » मिर्गी *8.9-110/70*
- » मन न लगना *wt-57kg*
- » चिड़चिड़ापन
- » नींद न आना या ज्यादा आना
- » उत्तेजित रहना
- » घबराहट होना
- » शक करना, भूल जाना
- » बिना कारण डरना
- » नसों का दर्द
- » सिर दर्द/माइग्रेन
- » तनाव/डिप्रेशन
- » दौरे पड़ना
- » ज्यादा गुसा आना
- » नशे की लत
- » आत्महत्या के विचार
- » याददाश्त कम होना
- » उदासी/चिन्ता
- » वहम
- » बच्चों में व्यवहारिक परेशानियाँ
- » नशा
- » सैक्स रोग
- » बार-बार किसी काम को करना (OCD)
- » तेजी का आना
- » गुमसुम/उदास रहना
- » चक्कर आना
- » रोगों का सफलता पूर्वक इलाज
- » ECG, EEG की सुविधा उपलब्ध है।

इमरजेंसी सुविधा उपलब्ध नहीं है।

• असुविधा से बचने के लिये पहले फोन पर समय लें।

Came to son.

better.

Re.

(1) T wovax 300 mg po
1-x-1

(2) T Skizoril 25 mg po
x-x-1

(3) T Relque plus $\frac{1}{2}$ -x-1

(4) C Relque CD₃ 100.

Carb 0.5 (S)-

vera SR (S)-

Ximusu

@

② चाव गण्डी, निकट भारत फर्नीचर, रुड़की - 247 667

NOT VALID FOR MEDICO LEGAL PURPOSE

यह पर्चा हम दिनों के लिये मान्य है

रविवार अवकाश



आरोही मैडिकेयर

मानसिक रोग चिकित्सालय

मरीज का नाम Rukman उम्र 60 IF
पता Ramgarh (RRE) दिनांक 16-06-2022
..... K10 sur पृष्ठ

डॉ. किरन सिंह

MBBS,MD,DNB,MIPS

मनोचिकित्सक

पूर्व चिकित्सक : AIIMS, MGIMS (MAH)

समस्यायेँ :-

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 - » रोगों का सफलता पूर्वक इलाज
 - » ECG, EEG की सुविधा उपलब्ध है।

Came 2 son C Karpingal sau

TDI - 20473

f2.0.0 δ selective s_k

On Nexito 10 weeks

Re:

①T lower 150 mg BD

② T skizoril as we us

③ T Reque plus $\frac{1}{2}x-1$

② C werca sr 100.

(4) T clones are not his

X OSclo4-1

इमरजेसी सुविधा उपलब्ध नहीं है।

- असुविधा से बचने के लिये पहले फोन पर समय लें।

चाव मण्डी, निकट भारत फर्नीचर, रुड़की - 247 667

NOT VALID FOR MEDICO LEGAL PURPOSE

यह पर्याप्त दस दिनों के लिये मान्य है।