



## SHREE SAPTASHRUNGI AYURVED MAHAVIDYALAYA & HOSPITAL

Kamal Nagar, Hirawadi, Panchavati, Nashik - 422 003. | Tel.: (0253) 2621565 (College) | (Hosp.) 2518548  
Fax : (0253) 2621638 • E-mail : ssamnsk@gmail.com • website : www.ssam.in

### Department of Shalyatantra

#### Activities towards improvement of clinical documentation

- Case record form of Anorectal diseases, Raktamokshan, Agnikarma, Siravedh prepared.
- Regularly reviewed and changes of case record form as per clinical updation.
- Teaching demonstration taken on case record form during practical and clinical posting.



**Shree Saptashrunji Ayurved Mahavidyalaya & Hospital**  
**Kamal Nagar, Hirawadi, Panchvati, Nashik**

**Case Record form for Agnikarma**

OPD No : \_\_\_\_\_

Date \_\_\_/\_\_\_/20\_\_

Patient name \_\_\_\_\_ Gender \_\_\_\_\_ AGE \_\_\_\_\_

Address \_\_\_\_\_

Past History – HTN  DM  Asthma  Thyroid

Other \_\_\_\_\_

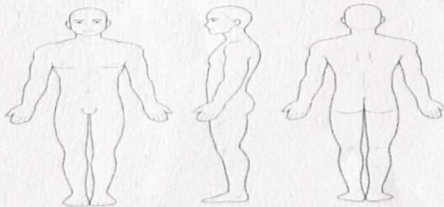
Medicine History – Blood Thinner  Diabetic  Anti HTN  Thyroid

Medicine Name \_\_\_\_\_

Allergy \_\_\_\_\_

**Complaints**

Affected Shoulder- Right..... Left..... Both.....



**Agnikarma For**Muscular Pain  Frozen Shoulder  knee pain  Calcaneal Spur Keloid  Corn  Mole  Other -  \_\_\_\_\_**No of Settings of Agnikarma (After Every 7 Days)**

Sr. No.	Disease	1 <sup>st</sup> Settings	2 <sup>nd</sup> Setting	3 <sup>rd</sup> Setting
1	Muscular pain			
2	Frozen Shoulder			
3	Knee Pain			
4	Calcaneal Spur			
5	Keloid			
6	Corn			
7	Mole			
8	Other			

**Dahan Vishesh**


Sr. No.	Diseases	Agnikarma types				No. Of Dahan			
		Valaya	Bindu	Vilekha	Pratisaran	2	4	6	8
1	Muscular pain								
2	Frozen Shoulder								
3	Knee Pain								
4	Calcaneal Spur								
5	Keloid								
6	Corn								
7	Mole								
8	Other								



**Agnikarma Shalaka & Sahitya:**

Sr. No	Disease	Agnikarma Shalaka					Agnikarma Sahitya					Result
		Suvana	Tamra	Rajat	Panchadhatu	Electrical Cautery	Madhu	Guda	Tail	Ral	Pimpali	
1	Muscular pain											Upashay/ Anupshay
2	Frozen Shoulder											Upashay/ Anupshay
3	Knee Pain											Upashay/ Anupshay
4	Calcaneal Spur											Upashay/ Anupshay
5	Keloid											Upashay/ Anupshay
6	Corn											Upashay/ Anupshay
7	Mole											Upashay/ Anupshay
8	Other											Upashay/ Anupshay

**Follow up:**

  
**H. O. D.**  
**Shaiyatantra Dept.**  
**Shri Saptashrunji Ayurved**  
**College & Hospital,**  
**Nashik**

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**Case Record form for Raktamokshan**

OPD No : \_\_\_\_\_ Date \_\_\_/\_\_\_/20\_\_  
Patient name \_\_\_\_\_ Gender \_\_\_\_\_ Age \_\_\_\_\_  
Address \_\_\_\_\_

Past History – HTN  DM  Asthma  Thyroid   
Other \_\_\_\_\_

Medicine History – Blood Thinner  Diabetic  Anti HTN  Thyroid

Medicine Name \_\_\_\_\_

Allergy \_\_\_\_\_

**Complaints**

**Purvakarma**

Prakruti -	Vyadhi-	
Agni -		Satva -
Koshtha - Dosha -		
Akriti -Dushya -		
Bala -		Srotodushti -

**Type of Raktdushti**

**Type of Raktamokshana**

**Snehana**

**Abhyanga**

**Swedana**

**Pradhan Karma**

**Time**

**Sthan**

**Observation**



Quantity of blood removed

Paschat karma

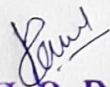
Samyak yoga lakshana

Feeling of lightness of the body	Mitigation of suffering	Subsiding of severity of the disease	Cheerfulness of mind

Samyak yoga	Ayoga	Atiyoga

Diet -

Vyapad and their management -

  
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**Case Record form for Anorectal Diseases**

Name - \_\_\_\_\_

First visit  Follow up

Date-\_\_\_\_\_ Occupation \_\_\_\_\_ Age \_\_\_\_\_ Sex \_\_\_\_\_

**History of presenting illness-** \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Medical History:**

Diabetes Mellitus  Hypertension  Tuberculosis  Crohn's Disease   
Thyroid  Ulcerative colitis  Cardiac disease  Neurological disease   
Others \_\_\_\_\_

Family History \_\_\_\_\_

Socioeconomic History \_\_\_\_\_

Allergies and Disorders \_\_\_\_\_

Any History of weight loss \_\_\_\_\_

History of previous surgery if any \_\_\_\_\_

**Symptoms:**

Bleeding PR Yes  No

Drops  Spurt  Staining on paper

Bright Red  Dark Colour

Relation with faeces .....

Mass coming out of anus- Reducible  Non reducible

Pruritus Ani - Yes  No

Discharge if any \_\_\_\_\_

Pain Acute  Chronic



During Defecation  After Defecation

Pricking  Cutting  Throbbing   
Burning  Itching  Mild  Severe

**Bowel Habit:**

Normal  Diarrhoea  Constipated  Mucus & Blood

Approximate time spend ..... mints

Frequency per day .....

Feeling of incomplete Evacuation yes  No

Toilet Seat Indian  Western

**Local Examination- Perianal :**

Skin Tag Present  Absent   
External Piles Present  Absent  Location \_\_\_\_\_  
Prolapse if Any Piles  Prolapse Rectum   
Anal Fissure Anterior  Posterior  Both  Lateral   
Sentinal Piles Present  Absent   
Swelling Yes  No

**Digital Rectal Examination (DRE):**

Thrombotic Pile  Induration  Growth  Abscess   
Fissure In Ano  Acute  Chronic  Anterior  posterior   
Any palpable or tender spot yes  No   
Sphincter Tone : Normal  Lax  Mild Spasm   
Moderate spasm  PR not possible   
Abscess : Perinal  Intersphincteric  Ischorectal  Supra-levator   
Extension of the abscess .....

Bogginess yes  No

Any other .....







MRI Finding of Fistula :

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Sigmoidoscopy / Colonoscopy: \_\_\_\_\_

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Final Diagnosis: \_\_\_\_\_

Remark: \_\_\_\_\_



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Case Record form for Siravedh

OPD No : \_\_\_\_\_

Date \_\_\_/\_\_\_/20\_\_

Patient name \_\_\_\_\_ Gender \_\_\_\_\_ Age \_\_\_\_\_

Address \_\_\_\_\_

Past History – HTN  DM  Asthma  Thyroid   
Other \_\_\_\_\_

Medicine History – Blood Thinner  Diabetic  Anti HTN  Thyroid

Medicine Name \_\_\_\_\_

Allergy \_\_\_\_\_

**Complaints**

1. Built of the patient –
2. Prakruti-
3. Agni –
4. Satva -
5. Main presenting complaints -
6. Diagnosis and samprapti-
7. Condition of the vein

Thin /thick	Under tension /lax	Buried /prominent	Slippery /fixed	Thread /big	Vericosities

8. Local condition of the skin
9. BP before and after
10. Siravedh if previous done



Date	Quantities	Site	Response	Complication if

11. Menstrual history in case of female

12. Observation during siravedh

- Colour & shade of blood -
- Speed and nature of blood flow -
- Consistency of blood viscosity -

13. Complications

14. Post siravyadh instructions

15. Follow up date

*Jaw*  
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