

Case study 1

Name of patient: Robin

Age: 27

Sex: male

Chief complaints: Obstructive urine flow, pain radiating from back to front laterally

Diagnosis: left renal calculi present in mid ureter, urethra and calyx of kidney

Investigations ordered: U.S.G. (KUB)

Findings: KUB impression: calculi present in mid ureter, urethra and calyx of kidney. 5mm and 14 mm respectively

Treatment: KID pack of P.A.N.A.H. (includes allopathic, homeopathic and ayurvedic medicines)

Patient was asked to restrict food having rich content of protein and oxalates.

Patient was asked to increase bicarbonate content along with ionic stabilizers

Patient was advised to intake Luke warm water.

Duration: 3 months

Result: Patient felt relief with first day of treatment. His chief complaints of pain, tenderness, obstructive urine flow were relived. After 1 month of treatment his U.S.G. revealed no stones as to per prior diagnosis they were present in left kidney, ureter and urethra. His treatment was hence continued for next 2 months to improve the GFR i.e. filtration of kidney and avoid re-aggregation of particles forming a stone. Several such cases were treated and are fine with normal kidney functions.

Case study 2

Name of patient: Mansa Devi

Age: 55

Sex: FEMALE

Diagnosis: Rheumatoid arthritis

Chief complaints: pain in back, lower limbs and neck (often radiating to fore limbs), vertigo, numbness and tingling effect in upper and lower extremities with burning sensation in palms and toes.

Investigation orders: ARTHRITIS PROFILE, DIGITAL X-RAY (Lumbo - sacral spine, cervical spine)

Findings: CRP elevated, ASO-TITER elevated, Complement 4 elevated, ESR elevated.

After collecting the history of patient, the final diagnosis made was osteoporosis resulting in above mentioned problems but it's underlying cause was undiagnosed post-menopausal syndrome.

Treatment: Arthritis pack of PANAHA

PRIMARY TREATMENT consisted of allopathic medicines (no pain killers) supported by a very low dose of methyl prednisone 4mg o d/b d as per requirement, tapering the dose with time and finally removing it from prescription.

Patient was asked not to use dry tamarind & mango powder, some vegetables and food rich in uric acid.

Duration: 12-24 months

Result: Initially patient had to adjust to the medicines but gradually she found relief in taking medicines and keeping herself away from ill effects of pain killers and steroids. During her period of treatment she had few bouts of acute attacks which were covered symptomatically. With physiotherapy along with arthritis pack of PANAHA she found good results.

Case Study 3

Name of patient: Gyaneshvar Das

Age: 46

Sex: MALE

Diagnosis: Haemorrhoids

Chief complaints: Chronic anemia, tinnitis, chronic constipation, external bleeding piles, pain increasing while defecation.

Investigation orders: complete haemogram, colonoscopy

Findings: Hb low, ESR elevated, serum ferritin reduced, TIBC reduced.

After collecting the history of patient, the final diagnosis made was HAEMORRHOIDS active

Treatment: HAEMORRHOID pack of PANAHA

PRIMARY TREATMENT consisted of allopathic medicines (no pain killers) supported by Ayurvedic Medicines followed by homeopathics.

Patient was asked to remain on specific diet and asked to follow naturopathic recommendations.

Duration: 6-12 months

Result: Initially patient had to adjust to the medicines but gradually he found relief in taking medicines

CASE STUDY 4

NAME OF PATIENT: MR. DIGVIJAY SINGH CHAUHAN

AGE 45

SEX MALE

DIAGNOSIS IBS (INFLAMMATORY BOWL SYNDROME)

CHIEF COMPLAINTS: PROBLEMS IN DEFECATION, PAIN IN HYPOCHONDRIUM, LOOSE CONSISTENCY OF STOOLS, TINNISMUS, EXACERRATED BOWL SOUNDS.

INVESTIGATIONS ORDERED: LIVER FUNCTION TEST COMPLETE

CLINICAL FINDINGS: ELEVATED LEVELS OF GGT, AST, PALPABLE LIVER ON PALPITATION

TREATMENT: PANAH PACKAGE FOR IBS, DIET RESTRICTION, DIET CHART PROVIDED

PATIENT WAS ASKED TO FOLLOW SPECIFIC DIET AND NATUROPATHIC RECOMMENDATIONS.

DURATOIN: 4 -6 MONTHS

RESULT: RESOLVED IBS PROBLEM.

CASE STUDY 5

NAME OF PATIENT: MS.VANDHANA

AGE 25

SEX FEMALE

DIAGNOSIS RHEUMATIC ARTHRITIS

CHIEF COMPLAINTS: PATIENT COMPLAINS OF JOINT PAINS, FEVER, MALISE, BREATHLESNESS ON EXERTION.

INVESTIGATIONS ORDERED: ARTHRITIS PROFILE, 2D-ECHO, HEMOGRAM

CLINICAL FINDINGS: ELEVATED ASO-TITER, ESR, LOW HEMOGLOBIN, COMPLIMENT 4 ELEVATED, RHEUMATIC HEART

TREATMENT: PANAH PACKAGE FOR ARTHRITIS, AND RHEUMATIC HEART, DIET RESTRICTION.ALLOPATHIC TREATMENT FOR RHEUMATIC HEART.

PATIENT WAS ASKED TO FOLLOW SPECIFIC DIET AND NATUROPATHIC RECOMMENDATIONS.

DURATOIN: 4 -6 MONTHS

RESULT: PATIENT GAINED RELIEF IN FIRST 15 DAYS OF TREATMENT ASO-TITER REPEATED IN 1 MONTH DROPPED FROM 900 I.U. TO 320 I.U. AND AFTER 6 MONTHS REDUCED TO 160 I.U.

CASE STUDY 6

NAME OF PATIENT: HASNAIN ANSARI

AGE: 54

SEX: MALE

DIAGNOSIS SPINAL STENOSIS

CHIEF COMPLAINTS: PARA-PLEGIA, HYPERTENSION

INVESTIGATIONS ORDERED: MRI SPINE, ARTHRITIS PROFILE, CBC

CLINICAL FINDINGS: STENOSIS AT LUMBER REGION, RAISED CRP, ANEMIA

TREATMENT: PANAH PACK OF ARTHRITIS, TRACTION ON BED,

DURATION: 6 mts- 1 year

RESULT: PATIENT RESPONDED WELL TO THE PANAH THERAPY FROM DAY 1. IN A MONTHS TIME REGAINED THE STRENGTH IN HIS LEGS LOST DUE TO COMPRESSION IN L4-L5. WITH PANAH MEDICINE, TRACTION AND PHYSIOTHERAPY. MEDICINES WERE CONTINUED FOR 6 MONTHS WITH FULL RECOVERY TO THE PATIENT.

CASE STUDY 7

NAME OF PATIENT: NOOR ALAM

AGE: 7 YEARS

SEX: MALE

DIAGNOSIS: DUCHENNE'S MUSCULAR DYSTROPHY

CHIEF COMPLAINTS: DIFFICULTY IN WALKING, FREQUENT FALLING, PAIN IN LOWER LIMBS

INVESTIGATIONS ORDERED: CPKMB, EMG

CLINICAL FINDINGS: RAISED LEVELS OF CPKMB (32000 I.U), EMG +IVE FOR DMD,

TREATMENT: PANAH PACK OF DMD, PHYSIOTHERAPY, EXERCISE UNDER WATER. MASSAGE FOR DMD

DURATION: 6 mts- 1 year

RESULT: PATIENT RESPONDED WELL TO THE PANAH THERAPY. IN A MONTHS TIME LEVELS OF CPKMB FELL GRAMATICALLY, HENCE SLOWING THE DISTROPHY RATE IN THE SUBJECT. PATIENT SHOWED SIGHNS OF IMPROVEMENT IN THE EFFECTED LIMBS. IN THE 2ND MONTHS INVESTIGATION THE CPKMB LEVELS FURTHER FELL TO 120 I.U. WITH THE EMG SHOWING

IMPROVEMENT IN MUSCLE ACTIVITY.PATIENT IS CURRENTLY ON MEDICINES AND THE PROCESS OF DEGENERATION OF MUSCLE FIBER IS VERY SLOW.

PROGNOSIS: THE PATIENT IS BEEN GIVEN BETTER QUALITY LIFE, WHILE DECREASING THE RATE OF DEGENERATION AND INCREASING THE PERIOD OF LIFE.

CASE STUDY 8

NAME OF PATIENT: MOHM ALAM

AGE: 13 YEARS

SEX: MALE

DIAGNOSIS: DUCHENNE'S MUSCULAR DYSTROPHY

CHIEF COMPLAINTS: DIFFICULTY IN WALKING, FREQUENT FALLING, PAIN IN LOWER LIMBS

INVESTIGATIONS ORDERED: CPKMB, EMG

CLINICAL FINDINGS: RAISED LEVELS OF CPKMB (1800 I.U), EMG +IVE FOR DMD,

TREATMENT: PANAH PACK OF DMD, PHYSIOTHERAPY, EXERCISE UNDER WATER.MASSAGE FOR DMD

DURATION: 6 mts- 1 year

RESULT: PATIENT RESPONDED WELL TO THE PANAH THERAPY. IN A MONTHS TIME LEVELS OF CPKMB FELL GRAMATICALLY,HENCE SLOWING THE DISTROPHY RATE IN THE SUBJECT.PATIENT SHOWED SIGHNS OF IMPROVEMENT IN THE EFFECTED LIMBS.IN THE 2ND MONTHS INVESTIGATION THE CPKMB LEVELS FURTHER FELL TO 120 I.U.WITH THE EMG SHOWING IMPROVEMENT IN MUSCLE ACTIVITY.PATIENT IS CURRENTLY ON MEDICINES AND THE PROCESS OF DEGENERATION OF MUSCLE FIBER IS VERY SLOW.

PROGNOSIS: THE PATIENT IS BEEN GIVEN BETTER QUALITY LIFE, WHILE DECREASING THE RATE OF DEGENERATION AND INCREASING THE PERIOD OF LIFE.

CASE STUDY 9

NAME OF PATIENT: SHAMIM

AGE: 12 YEARS

SEX: MALE

DIAGNOSIS: DUCHENNE'S MUSCULAR DYSTROPHY

CHIEF COMPLAINTS: DIFFICULTY IN WALKING, FREQUENT FALLING, PAIN IN LOWER LIMBS

INVESTIGATIONS ORDERED: CPKMB, EMG

CLINICAL FINDINGS: RAISED LEVELS OF CPKMB (1800 I.U), EMG +IVE FOR DMD,
TREATMENT: PANAH PACK OF DMD, PHYSIOTHERAPY, EXERCISE UNDER WATER.MASSAGE FOR DMD

DURATION: 6 mts- 1 year

RESULT: PATIENT RESPONDED WELL TO THE PANAH THERAPY. IN A MONTHS TIME LEVELS OF CPKMB FELL GRAMATICALLY,HENCE SLOWING THE DISTROPHY RATE IN THE SUBJECT.PATIENT SHOWED SIGHNS OF IMPROVEMENT IN THE EFFECTED LIMBS.IN THE 2ND MONTHS INVESTIGATION THE CPKMB LEVELS FURTHER FELL TO 120 I.U.WITH THE EMG SHOWING IMPROVEMENT IN MUSCLE ACTIVITY.PATIENT IS CURRENTLY ON MEDICINES AND THE PROCESS OF DEGENERATION OF MUSCLE FIBER IS VERY SLOW.

PROGNOSIS: THE PATIENT IS BEEN GIVEN BETTER QUALITY LIFE, WHILE DECREASING THE RATE OF DEGENERATION AND INCREASING THE PERIOD OF LIFE.

CASE STUDY 10

NAME OF PATIENT: MAST.TABEEZ

AGE: 11 YEARS

SEX: MALE

DIAGNOSIS: FIBRO-CYSTIC LUNG DISEASE

CHIEF COMPLAINTS: DYSPNEA, WEIGHT LOSS, PERSISTENT COUGH, BODY ACHE.

INVESTIGATIONS ORDERED: CHEST X-RAY, 2-D ECHO, GOLD TEST FOR TUBERCULOSIS.HRCT

CLINICAL FINDINGS: GOLD TEST – IVE FOR TUBERCULOSIS, X-RAY REVEALS MARKED BRONCHO-VASCULAR MARKINGS, HRCT CONFORMED FIBROSIS IN LUNG TISSUES

TREATMENT: PANAH PACK OF FCLD, PHYSIOTHERAPY, EXERCISE.

DURATION: 6 mts- 1 year

RESULT: PATIENT RESPONDED WELL TO THE PANAH THERAPY. IN A 15 DAYS TIME AUSCULTATION SHOWED PROMISING RESULTS AS TO THE CREPTS WERE DRAMATICALLY DECREASED WITH DYSPNEA DISSAPEARING COMPLETELY.IN A MONTHS TIME PATIENT GAINED 3 KGMS OF WEIGHT.

CASE STUDY 11

NAME OF PATIENT: MRS POONAM

AGE: 32 YEARS

SEX: FEMALE

DIAGNOSIS: TUBERCULOMAS IN LIVER, ACUTE PANCREATITIS WITH COLLECTION IN PSEUDO CYST.

CHIEF COMPLAINTS: PAIN IN ABDOMEN, PYREXIA, WEIGHT LOSS

INVESTIGATIONS ORDERED: CT SCAN, BIOPSY (CT-GUIDED), USG ABDOMEN, LFT SERUM AMYLASE, SERUM LIPASE.PT, INR

CLINICAL FINDINGSCT SCAN REVEALED MULTIPLE ABCESS IN LIVER WITH PANCREATITIS AND COLLECTION IN PSEUDOCYST WHICH IN BIOPSY WAS POSITIVE FOR TUBERCULOSIS.RAISED LEVELS OF SERUM AMYLASE AND LIPASE, RAISED SGPT, SGOT AND GGT

TREATMENT: PANAH PACK FOR PANCREATITIS, ATT5 DAY REGIME OF INFUSION (INJ.CIPLOX, METRIS, MEROPENUM WITH DNS.PATIENT KEPT ON NPO REGIME.

DURATION: 6 mts

RESULT: PATIENT RESPONDED WELL TO THE PANAH THERAPY..IN A 5 DAYS TIME PATIENT SHOWED SIGHNS OF IMPROVEMENT WITH NO ABDOMINAL PAIN,NO FEVER,SHIFTED ON AMBULATORY TREATMENT WITH A SPECIFIC DIET CHART FROM PANAH.PATIENT WAS KEPT ON ANTIBIOTICS,PANCREATIC ENZYMES GLUCOSE AND ELECTROLYTES.

CASE STUDY 12

NAME OF PATIENT: SMT.AMBIYA BEGUM

AGE: 32 YEARS

SEX: FEMALE

DIAGNOSIS: UTRICARIA

CHIEF COMPLAINTS: ITCHING PRESENTING WITH RAISED RED SPOTS

INVESTIGATIONS ORDERED: ABSOLUTE EOSINOPHILIC COUNT

CLINICAL FINDINGS RAISED EOSINOPHILIC COUNT

TREATMENT: PANAH PACK FOR UTRICARIA

DURATION: 6 mts

RESULT: PATIENT RESPONDED WELL TO THE PANAH THERAPY.WITH THE FIRST DOSE OF PANAH MEDICINE THE ITCHING WAS COMPLETELY GONE.PATIENT WAS COMPLETELY RELIVED ABSOLUTE EOSINOLPHILIC COUNT CAME TO NORMAL IN A MONTHS TIME.

CASE STUDY 13

NAME OF PATIENT: MR.DANISH

AGE: 28 YEARS

SEX: MALE

DIAGNOSIS: FIBRO-CYSTIC LUNG DISEASE WITH DISSEMINATED TUBERCULOSIS (MDRTB)

CHIEF COMPLAINTS: DYSPNEA, WEIGHT LOSS, PERSISTENT COUGH, BODY ACHE.HEMOPTOSIS

INVESTIGATIONS ORDERED: CHEST X-RAY, 2-D ECHO, GOLD TEST FOR TUBERCULOSIS.HRCT

CLINICAL FINDINGS: GOLD TEST + IVE FOR TUBERCULOSIS,X-RAY REVEALS MARKED BRONCHO-VASCULAR MARKINGS WITH BRONCHIOECTASIS,HRCT CONFORMED FIBROSIS IN LUNG TISSUES

TREATMENT: PANAH PACK OF FCLD, ATT WITH ANTIBIOTICS, PHYSIOTHERAPY, EXERCISE.

DURATION: 18 MTS-24 MTS

PROGNOSIS:PATIENT RESPONDING WELL TO THE PANAH MEDICINE,AFTER 3 MONTHS CT-SCAN REVEALES MARKED CHANGES IN FIBROSIS WHICH IS MUCH LESS .WITH NO DYSPNEA AND PYREXIA.PATIENT IS GRADUALLY BUT STEADILY GAINING WEIGHT.

CASE STUDY 14

NAME OF PATIENT: MRS.NASREEN

AGE: 54 YEARS

SEX: FEMALE

DIAGNOSIS: ARTHRITIS, FCLD, LVH

CHIEF COMPLAINTS: DYSPNEA, WEIGHT LOSS, PERSISTENT COUGH, BODY ACHE.SWELLING IN DISTAL JOINTS

INVESTIGATIONS ORDERED: CHEST X-RAY, 2-D ECHO, ARTHRITIS PROFILE and MRI-SPINE

CLINICAL FINDINGS: CHEST X-RAY REVEALED MARKED BRONCHO-VASCULAR MARKINGS SUGGESTIVE OF FCLD, 2D-ECHO STATED LVH WITH EFFICACY ONLY 45%, ARTHRITIS PROFILE GAVE +IVE RESULTS FOR RHEMATOID ARTHRITIS

TREATMENT: PANAH PACK FOR ARTHRITIS+FCLD+INCREASING THE PUMPING OF HEARTRESOLVING LVH, PHYSIOTHERAPY, EXERCISE.

DURATION: 12 MTS-18 MTS.

PROGNOSIS: PATIENT RESPONDED WELL TO THE GIVEN PANAH THERAPY

CASE STUDY 15

NAME OF PATIENT: SURESH

AGE: 48

SEX: MALE

DIAGNOSIS: FIBRO-CYSTIC LUNG DISEASE, L.V.H. PROSTATITIS

CHIEF COMPLAINTS: DYSPNEA AT REST, PALPITATIONS, ABDOMINAL COLIC, DIFFICULTY IN MICTURATION.

INVESTIGATIONS ORDERED: 2-D ECHO, X-RAY, AAROGYM, USG ABDOMEN.
THEARPY OF PANAH, PROSTATITIS

TREATMENT: CARDAIC THEARPY OF PANAH, FCLD THEARPY OF PANAH, INFUSION THEARPY, ANTIBIOTICS, ANTI-ARRYTHMIC DRUGS

DURATION: 12-16 MONTHS

PROGNOSIS: RESPONDING WELL TO THE TREATEMENT DYSPNEA AT EXERTION PERSISTS, NO PALPITATIONS, NO ABDOMINAL COLIC AND NO DIFFICULTY IN MICTURATION.

CASE STUDY 16

NAME OF PATIENT: Z.U. KHAN

AGE: 65

SEX: MALE

DIAGNOSIS: BLACK PSORIASIS, PROSTATITIS, RIGHT RENAL CYST, FATTY LIVER.

CHIEF COMPLAINTS: ITCHING WITH FLAKES ON THE BODY DIFFICULTY IN MICTURATION, ABDOMINAL COLIC, FLATUTION, INCREASED BOWL MOVEMENTS.

INVESTIGATIONS ORDERED: USG ABDOMEN, S.AMMONIA, P.S.A

CLINICAL FINDINGS: ENLARGED PROSTATE, RIGHT RENAL CYST MEASURING MORE THAN 30MM.

TREATMENT: PANAH PACKAGE OF PSORIASIS, PROSTATITIS, RENAL CYST.

DURATION: UPTO 3years

PROGNOSIS: RESPONDING WELL TO THE TREATEMENT WITH FLKES GONE PERMANENTLY WITH NO ITCHING SYMPTOMS, RESULT FOR PROSTITIS AND RENAL CYST AWAITED.

CASE STUDY 17

NAME OF PATIENT: DANISH KHAN

AGE: 30

SEX: MALE

DIAGNOSIS: PULMONARY TUBERCULOSIS (MDR) WITH FIBROSIS OF LUNG PARENCHYMA,

CHIEF COMPLAINTS: PYREXIA, HEMOPTOSIS, TENDERNESS IN LEFT THORAX.

INVESTIGATIONS ORDERED: CHEST X-RAY

CLINICAL FINDINGS: PLEURAL EFFUSION IN LEFT LOWER LOBE WITH FIBROSIS OF LUNGS,
CARDIAC SIZE ALTERED.

TREATMENT: PLEURAL TAP, INFUSION THERAPY, IMMUNOGLOBULIN SUPPORT, ATT WITH 2
ND LINE OF ANTIBIOTIC SUPPORT, PANAH PACKAGE FOR FCLD

DURATION: 2 YEARS

PROGNOSIS: RESULTS AWAITED, SPECIMEN FROM PLEURAL TAP GONE FOR CULTURE AND
ESTIMATION OF RESISTANCE, TO FIRST LINE OF DRUGS FOR TUBERCULOSIS.