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CASE REPORT

Efficacy of Ayurvedic Therapies in Treating *Vicharchika*: A Case Report on Holistic Skin Health Management

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ABSTRACT

Introduction: This case study presents a unique instance of a 50-year-old female diagnosed with *Vicharchika*, an Ayurvedic skin disorder analogous to eczema. The patient experienced severe pruritus, extensive rashes, and serous discharge, leading to significant distress, including burning sensations and thickened, discolored skin. Despite receiving allopathic treatments for over a decade, her condition remained chronic and resistant.

Methods: The therapeutic intervention consisted of a comprehensive 38-day Ayurvedic regimen that included both *Shodhana* (~purification) and *Shamana* (~palliative) therapies. The treatment began with a structured preparatory phase involving *Deepana* (~digestive enhancement) and *Snehapana* (~oleation), followed by the administration of *Vamana* (~emesis) and *Virechana* (~purgation). The regimen was complemented with supportive herbal medications and dietary modifications tailored to the patient's needs.

Results: Following the Ayurvedic intervention, the patient reported substantial relief from itching and a notable reduction in skin lesions. In addition, her overall well-being improved, including enhanced sleep quality, marking a significant change from her previous state of distress.

Discussion and Conclusion: This case highlights the effectiveness of traditional Ayurvedic treatment modalities in managing chronic skin disorders like *Vicharchika*. The successful application of *Vamana* and *Virechana* in this instance contributes valuable insights to the scientific literature, suggesting that integrative approaches combining traditional practices can offer significant relief where conventional treatments have failed. Further research is encouraged to explore the efficacy of such therapies across broader populations, underscoring Ayurveda's potential role in contemporary healthcare.

1. INTRODUCTION

This case is unique because it demonstrates the effective use of traditional Ayurvedic therapies, specifically *Vamana* (~ therapeutic emesis) and *Virechana* (~ therapeutic purgation), in the management of *Vicharchika*, a chronic skin disorder that resembles eczema. The patient, who had struggled with severe symptoms for over a decade without success from allopathic treatments, experienced significant relief, and improved quality of life following this Ayurvedic intervention. This highlights the potential of holistic approaches to treat chronic conditions that are often deemed difficult to manage in conventional medicine.[1,2]

In addition, this case adds to the growing body of literature advocating for integrative healthcare practices, suggesting that traditional therapies can complement modern medicine, particularly in managing chronic diseases. The findings align with the previous studies that indicate the efficacy of Ayurvedic treatments in dermatological conditions, thus warranting further exploration and validation within the scientific community.[3,4]

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2. PATIENT INFORMATION

A 50-year-old female from Jaipur, India, presented with severe skin rashes affecting large areas of her body, characterized by redness,

Kandu (~intense itching), *Daah* (~burning sensations), and profuse *Srava* (~serous discharge). These symptoms had escalated over the past ten days, significantly impacting her quality of life. She reported a 10-year history of chronic skin issues diagnosed as *Vicharchika*. Despite seeking allopathic treatments, including topical corticosteroids and antihistamines, she experienced only temporary relief, leading to frustration and increased anxiety regarding her condition.

In terms of her medical history, the patient had no known allergies and no significant family history of dermatological conditions or chronic diseases. Psychosocially, she expressed concerns about her skin's appearance affecting her social interactions and reported difficulties sleeping due to intense itching.

The Ayurvedic assessment included *Dashavidha Pariksha*, which consists of ten diagnostic parameters to evaluate the patient's overall health and *Doshic* balance:

- *Prakriti* (~constitution): *Vata-Pitta* predominant with some *Kapha* characteristics.
- *Vikriti* (~current state): *Kapha Dosha* was vitiated, leading to symptoms of excess moisture and discharge.
- *Saar* (~essence): Compromised due to chronic symptoms.
- *Sanhanan* (~body status): Normal body proportion but affected by skin condition.
- *Praman* (~measurement): Stable physical measurements with significant skin observations.
- *Satmya* (~compatible): Compatibility issues with foods and treatments due to *Doshic* imbalances.
- *Satva* (~mental capacity): Reduced mental resilience and increased anxiety.
- *Ahar Shakti* (~appetite): Diminished appetite linked to discomfort.
- *Vyayam Shakti* (~exercise): Impaired exercise capacity due to symptoms.
- *Vaya* (~age): Age-related factors influencing healing processes.

2.1. Before Assessment Criteria

Symptoms: Severe skin rashes with extensive erythema, intense itching (*Kandu*), burning sensations (*Daah*), profuse serous discharge (*Srava*), and foul odor from the lesions. Quality of Life: Significant negative impact on daily activities and sleep, anxiety regarding social interactions due to skin appearance, emotional distress related to chronicity of condition. Medical History: 10-year history of chronic skin disorder diagnosed as *Vicharchika*, previous treatments included topical corticosteroids and antihistamines with only temporary relief, constipation indicating vitiated *Vata Dosha*. Clinical Findings: Extensive erythematous rashes observed on arms, trunk, and legs, thickening and lichenification in some areas, signs of mild malnutrition, and digestion issues.

2.2. After Assessment Criteria

Symptoms: Significant reduction or resolution of skin rashes, decreased itching (*Kandu*), alleviation of burning sensations (*Daah*), reduction or absence of serous discharge (*Srava*), and improvement in foul odor from the lesions. Quality of Life: Improved daily activities and sleep quality, reduced anxiety regarding social interactions and improved self-esteem, and enhanced emotional well-being related to improvement in skin condition. Clinical Findings: Significantly improved skin appearance across all affected areas, resolution of thickening and lichenification, and improved nutritional status and digestive health.

Specifically, the following symptoms were considered for confirming the diagnosis: Severe skin rashes, intense itching (*Kandu*), burning sensations (*Daah*), profuse serous discharge (*Srava*), foul odor, skin texture abnormalities, and coated tongue. These symptoms helped to provide a comprehensive understanding of the patient's condition and ultimately confirmed the diagnosis of *Vicharchika*.

2.3. Clinical Findings

On examination, the patient presented several notable physical signs indicative of *Vicharchika* like moist appearance with serous discharge, extensive erythematous rashes, intense pruritus, burning sensations, and blackish discoloration. The extensive erythematous rashes were observed across multiple areas of her body, including the arms, trunk, and legs, characterized by a moist appearance and clear serous discharge. The patient also reported severe pruritus, which significantly affected her sleep and daily activities, along with burning sensations that added to her discomfort. The affected skin exhibited thickening and lichenification in some areas, indicating chronicity, while blackish discoloration surrounding certain lesions suggested a prolonged inflammatory process.

In addition, a foul odor emanated from the lesions, contributing to the patient's distress and anxiety about social interactions. The general appearance of the patient was anxious and distressed, likely due to her chronic skin condition and its impact on her quality of life. Signs of mild malnutrition were also noted, particularly a coated tongue, which may indicate issues with digestion and absorption. On inquiry about her bowel habits, the patient reported constipation, further supporting the notion of vitiated *Vata Dosha*, a contributing factor to her skin issues according to Ayurvedic principles. Vital signs were stable, with no significant deviations from normal ranges. These clinical findings, assessed alongside Ayurvedic diagnostic parameters, provided a comprehensive understanding of the patient's condition, guiding the development of an appropriate treatment plan aimed at restoring *Doshic* balance and alleviating her symptoms.

2.4. Timeline of Events

The patient's timeline of care begins 10 years ago when she, previously healthy, experienced the initial onset of mild and localized itching and skin rashes. About eight years ago, she sought treatment from an allopathic practitioner, receiving topical corticosteroids that provided temporary relief. However, symptoms re-emerged with increased intensity and spread 5 years ago, prompting her to return for further treatment, which included systemic medications alongside topical applications.

Three years ago, despite various allopathic treatments, including antihistamines, the patient's condition became chronic with recurrent flare-ups, and the lesions continued to worsen. One year ago, she faced a significant decline in her condition, characterized by frequent exacerbations, skin thickening, oozing, and a foul-smelling discharge, severely impacting her quality of life and limiting her social interactions.

Ten days before her admission on February 19, 2024, the patient experienced an acute exacerbation, with widespread rashes accompanied by intense itching, burning sensations, and serous discharge, prompting her to seek alternative treatment options. On presentation at the Ayurveda Hospital, she was diagnosed with *Vicharchika*. A comprehensive assessment through *Dashavidha Pariksha* confirmed *Doshic* imbalances, leading to the initiation of a treatment plan that included both *Shodhana* (~purification) and *Shamana* (~symptomatic management) therapies.

Throughout her treatment from February 19 to March 4, 2024, the patient underwent *Vamana* and *Virechana* procedures, along with internal medications and dietary modifications. Symptoms were closely monitored, resulting in significant improvement. In the follow-up assessment, 38 days post-treatment, the patient reported substantial relief from itching, reduced skin lesions, and an overall improvement in her quality of life. Continued follow-up medications were prescribed to maintain her health and prevent recurrence.

2.5. Diagnostic Testing

The patient underwent a comprehensive evaluation that included both physical examination (PE) and laboratory testing. The physical examination revealed extensive erythematous rashes with associated symptoms of itching, burning, and serous discharge. Laboratory tests included complete blood count and basic metabolic panel, which showed no significant abnormalities, confirming the absence of systemic infections. In addition, skin scrapings were performed to rule out secondary infections or fungal elements.

2.6. Diagnostic Challenges

Several diagnostic challenges were encountered during the evaluation process. Access to specialized Ayurvedic diagnostic tools was limited in her previous allopathic treatment settings, which primarily focused on symptomatic management rather than a holistic approach. Financial constraints also posed a barrier, as the patient had incurred significant costs from multiple unsuccessful allopathic treatments, leading to hesitance in seeking further care. Cultural beliefs regarding skin diseases added complexity, as there is a common perception that herbal treatments are entirely safe, potentially overlooking the need for thorough evaluation of adverse reactions.

2.7. Diagnosis

The primary diagnosis was *Vicharchika*, which aligns with the Ayurvedic classification of skin diseases characterized by excessive exudation. Other differential diagnoses considered included atopic dermatitis and contact dermatitis, given the similarity in presentation. However, the chronicity of more than 10 years, specific symptoms such as skin rashes, intense itching (*Kandu*), burning sensations (*Daah*), profuse serous discharge (*Srava*), foul odor, skin texture abnormalities, coated tongue, and Ayurvedic assessment ultimately supported the diagnosis of *Vicharchika*, confirming a vitiation of *Kapha Dosha* with a secondary impact on *Pitta*.

2.8. Prognosis

Prognosis for the patient was cautiously optimistic. Given the chronic nature of her condition, the potential for recurrence was acknowledged. However, the integration of Ayurvedic treatment modalities, including *Shodhana* (~purification) and *Shamana* (~symptomatic management), indicated a favorable response. The patient's follow-up assessments revealed significant symptom relief, suggesting that with ongoing management and lifestyle modifications, a positive outcome could be sustained. Continued monitoring and adjustments in therapy were recommended to ensure long-term management of her condition.

2.9. Types of Therapeutic Interventions

The therapeutic interventions for the patient with *Vicharchika* involved a comprehensive approach, incorporating various modalities aligned with Ayurvedic principles:

1. Pharmacologic Interventions:
   - Internal Medications: These included formulations such as *Jvarahara Kashaya*, *Pashanbhedadi Kwath*, and *Punarnava Mandoora*. These herbal preparations were aimed at detoxifying the body and managing symptoms. In addition, *Arogyavardhini Vati* and *Manjishtadi Kwath* were prescribed to support blood purification and alleviate skin symptoms.
   - Topical Treatments: Although not extensively detailed in the original treatment plan, external applications such as medicated oils or ghee may have been utilized to soothe the skin and promote healing.
2. Purification Therapies (*Shodhana*):
   - *Vamana* (~therapeutic emesis): This procedure aimed to expel excess *Kapha* from the body, helping to address the root cause of the condition.
   - *Virechana* (~ therapeutic purgation): This was administered to cleanse the gastrointestinal tract and eliminate accumulated toxins, further balancing the *Doshas*.
3. Preventive Measures:
   - Dietary Modifications: The patient was advised to avoid incompatible foods and adhere to a diet that promotes balance among the *Doshas*. This included avoiding spicy, oily, and processed foods while focusing on easily digestible meals.
   - Lifestyle Adjustments: Recommendations included stress management techniques and adequate hydration to support overall health.
4. Self-Care:
   - The patient was encouraged to practice regular self-care measures, including maintaining skin hygiene and applying soothing herbal pastes or oils to alleviate symptoms.

2.10. Administration of Therapeutic Interventions

Internal Medications: *Jvarahara Kashaya* was administered at 20 mL twice daily before meals. *Pashanbhedadi Kwath* and *Manjishtadi Kwath* followed the same dosing regimen. *Punarnava Mandoora* was prescribed at two tablets twice daily after food. *Arogyavarghini Vati* was prescribed two tablets thrice daily after food. *Shatyadi Churana* and *Arjun Twak Churana* were prescribed 3 g twice daily after food. All the medications and dosages were administered for a period of 15 days from February 19, 2024, to March 04, 2024, and are mentioned in Table 1 below.

2.11. Purification Therapies

Vamana: It is divided into three phases: *Purvakarma*, *Pradhankarma,* and *Pashchatkarma*.

First, *Deepana–Pachana Chikitsa* was administered for 5 Days as in Table 2 below. After *Pachana Chikitsa*, routine blood investigation, chest X-Ray, and ECG of patient was done. Consent of patient for *Vamana Karma* was taken.

Purvakarma:-After routine investigation and consent, the patient was prepared for *Snehapana* with *Panchatikta Guggulu Ghrita*. *Samyaka Snigdha Lakshanas* were obtained in 7 days as patient was *Krurakoshthi*. *Snehapana Lakshanas* were as follows. *Snehapana* was administered for 7 days as in Table 3 below.

During the *Snehapana* phase, the diet included was administered as indicated in Table 4 below.

2.12. *Pradhanakarma – Vamana* Day

The patient was instructed to attend to morning natural urges (urination and defecation). After confirmation, *Sarvang Bahya Sneha* (~external application of coconut oil) and *Sarvang Bashpa Peti Swedana* (~steam therapy) were performed. Following this, *Yavagu* (~a type of gruel) was administered for *Aakanthapana* (~preparing for emesis). After 15 min, the *Vamaka Yoga* was provided, which included:

- *Madanaphala Pippali Churna*: 12 gm
- *Vacha Churna*: 2 gm
- *Saindhava* (rock salt): 3 gm
- Honey: 15–20 gm.

The *Vamanopagadravya* administered was *Yashtimadhu Kwatha*. After 30 min of consuming the *Vamaka Yoga*, the patient experienced nausea, sweating, and abdominal bloating. To facilitate the emesis procedure, *Yashtimadhu Kwatha* was given to the patient. Vitals, including pulse, respiratory rate (RR), and blood pressure (BP), were monitored throughout the *Vamana* procedure. The summary of the procedure is mentioned in Table 5.

2.13. *Paschatkarma*

On completion of the *Vamana* procedure, the patient was instructed to rinse their mouth, clean their face, hands, and feet with warm water, and rest for 48 minutes. Following this, *Dhoomapana* (~herbal smoke inhalation) was performed. The patient was then advised on the *Samsarjana Krama* (~post-cleansing dietary regimen) for 5 days and given guidance on *Pariharyavishaya* (~lifestyle recommendations) to gradually reintroduce regular food, as shown in Table 6.

2.14. *Virechana Karma*

Virechana Karma is divided into three phases: *Purvakarma, Pradhankarma*, and *Pashchatkarma*.

Purvakarma: Following investigation and patient consent, the preparation for *Snehapana* was initiated using *Panchatikta Guggulu Ghrita,* as shown in Table 7. The patient exhibited *Samyaka Snigdha Lakshanas* within 7 days, indicating an appropriate response, as the patient had a *Krura Koshthi* (~firm digestion). The specific *Snehapana Lakshanas* were as follows:

Diet in *Snehapana Kala*: The patient was advised a diet consisting of *Daliya*, *Khichadi*, and lukewarm water.

Snehavishrama (2 days): Management during *Snehavishrama* included S*arvang Bahya Snehana* with coconut oil and *Sarvang Bashpa Pati Swedana*. The diet for this period comprised *Taridarsabji* (e.g., *Alooki Tari*), roti with *Sabji, Daliya,* and *Khichadi*.

Pradhanakarma – Virechana day: On the day of *Virechana*, the patient was instructed to attend to morning natural urges (urine and stool). Following confirmation, *Sarvang Bahya Snehana* with coconut oil and *Sarvang Bashpa Pati Swedana* were performed. *Virechana Yoga* was then administered. Vitals, including pulse, blood pressure, SpO_2 level, temperature, and respiration rate, were recorded at regular intervals during the *Virechana* procedure. Approximately 250 mL of a decoction containing *Triphala, Kutki*, *Erandbharishtah, Haritaki, Panchskara*, and *Nisotha* was given, along with 25 mL of *Eranda Taila* at 11 am. A total of 21 *Vega* were noted after the completion of the process.

Paschat Karma: Following the *Virechana* procedure, the patient was placed on *Sansarjana Karma* for 5 days, with a focus on achieving *Madhya Shuddhi*. The patient was advised to take proper rest and was given *Peya* on the day of the procedure, followed by a special diet from the next day. After the *Sansarjana Karma*, (as in Table 5) oral medications (as per Table 1) were prescribed for 30 days.

3. CHANGES IN THERAPEUTIC INTERVENTIONS

During the treatment course, adjustments were made based on the patient's response. Initially, the patient experienced significant discomfort during the emesis procedure, necessitating the administration of *Yashtimadhu Kwatha* to ease the process. This adjustment was made to ensure patient comfort while still achieving the therapeutic goals. Following the initial phases of treatment, the dosages of certain medications were modified based on the patient's progress. When symptoms of itching and discharge showed marked improvement, the strength of some herbal formulations might be decreased to prevent excessive detoxification. As the patient's symptoms improved, her dietary restrictions were gradually relaxed, allowing for a more balanced intake of nutrients while still avoiding known irritants.

These changes were implemented to ensure that the therapeutic interventions remained effective while prioritizing the patient's comfort and overall well-being. Continuous assessment and adjustments based on the patient's response exemplified the individualized approach inherent in Ayurvedic treatment.

4. DISCUSSION

This case report highlights several strengths and limitations that contribute to the understanding of *Vicharchika* (~eczema) management through Ayurvedic interventions.

A notable strength of this case is the comprehensive approach that integrates traditional Ayurvedic therapies with a patient-centered care model. The combination of *Shodhana* (~purification therapies) and *Shamana* (~symptomatic treatment) exemplifies the holistic philosophy of Ayurveda, which aims to address root causes rather than merely alleviating symptoms. The treatment protocol included oral medicines such as *Jvarahara Kashaya*, *Punarnava Mandoora*, and *Arogyavardhini Vati*, each of which has demonstrated efficacy in managing inflammatory and immune-related conditions. For instance, *Punarnava Mandoora* is known for its diuretic and anti-inflammatory properties, supporting the body's natural detoxification processes and enhancing tissue healing.[5,6] *Jvarahara Kashaya* has been reported to reduce fever and inflammation, making it beneficial for inflammatory skin conditions.[7] *Arogyavardhini Vati*, with its ingredients rich in antioxidants, further aids in reducing oxidative stress associated with skin disorders.[8] The detailed documentation of treatment methods and patient responses enhances the reproducibility of the findings, while the commitment to dietary modifications and lifestyle changes reinforces the multifaceted nature of the treatment.

However, this case report has limitations. The focus on a single patient restricts the generalizability of the findings to a wider population. The subjective nature of symptom reporting may introduce bias, as patient-reported outcomes can be influenced by psychological factors and personal expectations. Moreover, the lack of a control group or comparison with allopathic treatments limits the ability to draw definitive conclusions about the efficacy of Ayurvedic methods relative to other therapeutic options.

Relevant literature supports the efficacy of Ayurvedic treatments for skin disorders. A study done previously, demonstrated the positive effects of herbal formulations on eczema-like symptoms, emphasizing their anti-inflammatory properties.[9] Another, similarly highlighted the benefits of Panchakarma therapies in dermatological conditions, correlating with the findings of this case.[10] Additional studies have indicated that *Virechana* is effective in alleviating symptoms of chronic skin conditions, leading to improved patient outcomes.[11,12] The oral medications used in this case, particularly *Jvarahara Kashaya*, contain ingredients such as Ginger and Long Pepper, known to reduce inflammation and promote healing.[13,14] Furthermore, *Punarnava's* role in enhancing renal function and detoxification may facilitate the clearance of metabolic toxins, further benefiting skin health.[15]

The outcomes observed can be attributed to the balanced approach of *Dosha* management, particularly targeting the *Kapha* predominance in *Vicharchika*. *Vamana* and *Virechana* likely facilitated detoxification and restoration of *Doshic* equilibrium, leading to symptom relief. The improvements in skin condition and reduced inflammation are plausible results of effective detoxification and dietary modifications.

5. CONCLUSION

The primary takeaway from this case report is that a holistic Ayurvedic approach can effectively manage *Vicharchika*, offering significant symptom relief and improved quality of life for patients suffering from chronic skin conditions. By combining purification therapies with lifestyle and dietary changes, this case underscores the importance of individualized treatment plans that focus on both physical and psychological well-being in managing complex health issues.

6. ACKNOWLEDGEMENT

Nil.

7. AUTHORS' CONTRIBUTIONS

All the authors contributed equally to the design and execution of the article.

8. FUNDING

Nil.

9. ETHICAL APPROVALS

This manuscript does not required ethical approval as it is a case study.

10. CONFLICTS OF INTEREST

Nil.

11. DATA AVAILABILITY

This is an original manuscript and all data are available for only review purposes from principal investigators.

12. PUBLISHERS NOTE

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Table 1: Medications and Dosages

Medicine	Dosage
Jvarahara Kashaya	20 mL BD Before food
Pashanbhedadi Kwath	20 mL BD Before food
Punarnava Mandoora	2-0-2 After food with lukewarm water
Arogyavarghini Vati	2-2-2 After food with lukewarm water
Manjishtadi Kwath	20 mL BD Before food
Shtyadi Churana	3 gm BD After food with lukewarm water
Arjun Twak Churana	3 gm BD After food with lukewarm water

Table 2: Deepana-Pachana Chikitsa

Avipathikar Churna	5 gm BD After food	Luke Warm Water
Dadimastak Churna	5 gm BD Before food	Luke Warm Water
Panchkola Churna	5 gm BD After food	Luke Warm Water
Shankh Vati	500 mg BD After food	Luke Warm Water
Chitrakadi Vati	500 mg BD after food	Luke Warm Water

Table 3: Ghrita Administration

Panchatikta Guggulu Ghrita	*Ghrita* was administered for 7 days, beginning with a dosage of 50 mL and increasing daily until reaching 120 ml, with each dose taken every morning at 7 am. Lukewarm water was administered after ingesting the *Ghrita*.

Table 4: Diet Plan *during* Snehapana

Diet in *Snehapana Kala*	*Daliya, Khichadi,* and Lukewarm Water
Snehavishrama	1 day
Management in *Snehavishrama* day	*Sarvang Bahya Sneha* (~external application of coconut oil) and *Sarvang Bashpa Peti Swedana* (~steam therapy).
Diet in *Snehavishrama* day	*Kaphavruddhikara Aahara,* including *Khichadi* made with *Tila* (~sesame), *Urad Dal* (~black gram), rice, *Dahee* (~yogurt), *Urad Dal Kheer* (~rice pudding), and *Malaeekophta* (~a type of preparation).

Table 5: Vamana procedure summary

Vega	*6 Vega*
Aantikishuddhi	*Pittanta*
Laingikishuddhi	*Shareeralaghavata Indreeyaprasannata*
Type of *Shuddhi*	*Madhyama*

Table 6: Samsarjana Krama Chart

Day	*Annakala*	*Aahara*
1st	Morning	-
	Evening	*Peya*
2nd	Morning	*Peya*
	Evening	*Vilepi*
3rd	Morning	*Vilepi*
	Evening	*Akrita Yusha*
4th	Morning	*Krita Yusha*
	Evening	*Akrita Krushara*
5th	Morning	*Krita Krushara*
	Evening	Normal Diet

Table 7: Ghrita Administration

Panchatikta Guggulu Ghrita	*Ghrita* was administered for 7 days, beginning with a dosage of 50 mL and increasing daily until reaching 120 mL, with each dose taken every morning at 7 am. Lukewarm water was administered after ingesting the *Ghrita*.

Snehapana day	Dose	Time of *Snehapana*	Time of *Kshudha*
1	500 mL	6.45 am	6.30 pm
2	70 mL	7.00 am	6.50 pm
3	90 mL	7.00 am	6.50pm
4	100 mL	7.00 am	7.00 pm
5	110 mL	7.00 am	7.00 pm
6	120 mL	7.00 am	7.00 pm
7	120 mL	7.00 am	7.00 pm

Before Treatment

During Treatment

After Treatment

Central Laboratory
केन्द्रीय प्रयोगशाला
Ground Floor, NIA Hospital Wing, Laboratory Building
NATIONAL INSTITUTE OF AYURVEDA
(Deemed To Be University)
Jorawar Singh Gate, Amer Road, Jaipur-302002

MRS. [redacted]					
Age/Sex	: 50 Year / F	Order Date	: 11/03/2024 10:51 AM	Sample Collection at	: 11/03/2024 10:56 AM
Mob.	: 8239210249	Order Id	: 76743	Sample Accepted Date & Time	: 11/03/2024 11:15 AM
Patient Address	: -	Ref By	[redacted]	Authenticated Date & Time	: 11/03/2024 12:36 PM
OPD/IPD/Research/Project No.	: 33963				

Sample Type: Serum

LFT

Instrument: COBAS C 311

Test	Method	Result	Unit	Bio.ref.Interval
BILIRUBIN TOTAL	Colorimetric Diazo	0.829	mg/dL	Up to 1.2
BILIRUBIN DIRECT	Diazo	0.233	mg/dL	< = 0.30
BILIRUBIN INDIRECT	Calculated	0.60	mg/dL	0.3 - 0.7
SGOT (AST)	NADH (without P-5-P)	21.1	U/L	Up to 32
SGPT (ALT)	NADH (without P-5-P)	17.7	U/L	Up to 33
TOTAL PROTEIN	Colorimetric	6.81	g/dL	SEE BELOW
ALBUMIN	BCG	4.28	g/dL	3.97 - 4.94
GLOBULIN	Calculated	2.53	g/dL	2.2 - 3.5
A / G Ratio	Calculated	1.69		1.3 - 2.5:1
ALKALINE PHOSPHATASE	PNP AMP	70	U/L	35 - 104

Interpretation:

BILIRUBIN TOTAL
Increase: Hepatocellular damage, Biliary obstruction, Hemolytic diseases, Neonatal physiological jaundice, Hypothyroidism.

BILIRUBIN DIRECT
Increase: Hepatocellular damage, biliary obstruction, hypothyroidism.
Decrease: Drugs (e.g. Barbiturates).

SGOT
Increase: Acute myocardial infarction, Liver diseases, Acute pancreatitis, Myoglobinuria, Intestinal injury, Pulmonary infarction.

SGPT
Increase: Myocardial necrosis, Chronic hepatitis, Cirrhosis, Hepatic metastases, Congestive cardiac failure.

TOTAL PROTEIN
Increase: Hypergammaglobulinemias, Hypovolemic states.
Decrease: Fever, Hyperthyroidism, Blood loss, Nutritional deficiency, Third trimester of pregnancy.

Ref Range

Age	Range	Age	Range
Umbilical cord	4.8-8.0 g/dL	12 years	5.6-7.5 g/dL
Premature	3.6-6.0 g/dL	> 3 years	5.0-8.0 g/dL
Newborn	4.6-7.0 g/dL	Adults (ambulatory)	6.4-8.3 g/dL
1 week	4.4-7.6 g/dL	Adults	6.6-8.7 g/dL
7 months 1 year	5.1-7.3 g/dL		

ALBUMIN
Increase: Dehydration, high protein diet.
Decrease: Alcoholism, Cirrhosis, Hepatitis, Chronic illness, Bacterial Infections.

ALKALINE PHOSPHATASE
Increase: Metastatic carcinoma of the bone, Myeloma, Paget's disease, Hyperparathyroidism.
Decrease: Hypothyroidism, Severe anaemia, Hypophosphatemia, Excess vitamin D Ingestion.

ILAC-MRA NABL MC-0166

Dr Sona Goyal
Pathologist (MBBS,MD)

Order Date:11/03/2024 10:51 AM Report Date: 27/03/2024 10:08

Note: Results are subject to normal fluctuations. Please correlate clinically. This report is not valid for medico-legal purposes. Page 1 of 4

Central Laboratory

केन्द्रीय प्रयोगशाला

Ground Floor, NIA Hospital Wing, Laboratory Building

NATIONAL INSTITUTE OF AYURVEDA

(Deemed To Be University)

Jorawar Singh Gate, Amer Road, Jaipur-302002

MRS. [redacted]		Order Date	: 11/03/2024 10:51 AM	Sample Collection at	: 11/03/2024 10:56 AM
Age/Sex	: 50 Year / F	Order Id	: 76743	Sample Accepted Date & Time	: 11/03/2024 11:15 AM
Mob.	: 8239210249	Ref By	[redacted]	Authenticated Date & Time	: 11/03/2024 12:36 PM
Patient Address	: -				
OPD/IPD/Research/Project No.	: 33963				

Sample Type: EDTA Whole Blood

Complete Blood Count

Instrument: Sysmex XN-550

Test	Method	Result	Unit	Bio.ref.Interval
Total Red Blood Cell	H.F.I	4.14	x 10^6 /µl	3.8 - 4.8
Haemoglobin	SLS	12.5	g/dL	12 - 15
Haematocrit	P.H.D.	36.9	%	36 - 46
MCV	Calculated	89.1	fL	83 - 101
MCH	Calculated	30.2	pg	27 - 32
MCHC	Calculated	33.9	g/dL	31.5 - 34.5
RDW-CV	Calculated	13.0	%	11.6 - 14.0
RDW-SD	Calculated	43.2	%	39 - 46
WBC Total	F.F.C.	5.23	x 10^3 /µl	4.0 - 10.0
Differential Leucocyte Count				
Neutrophils	F.F.C. / Microscopy	56.3	%	40 - 80
Lymphocytes	F.F.C. / Microscopy	24.3	%	20 - 40
Eosinophils	F.F.C. / Microscopy	7.1	%	0 - 6
Monocytes	F.F.C. / Microscopy	11.7	%	2 - 10
Basophils	F.F.C. / Microscopy	0.6	%	0 - 2
Absolute Neutrophils Count	Calculated	2.95	x 10^3/uL	2.0 - 7.0
Absolute Lymphocytes Count	Calculated	1.27	x 10^3/uL	1.0 - 3.0
Absolute Eosinophils Count	Calculated	0.37	x 10^3/uL	0.02 - 0.5
Absolute Monocytes Count	Calculated	0.61	x 10^3/uL	0.2 - 1.0
Absolute Basophils Count	Calculated	0.03	x 10^3/uL	0.02 - 0.1
PLT	H.F.I.	252	x 10^9/L	150 - 410

Interpretation:

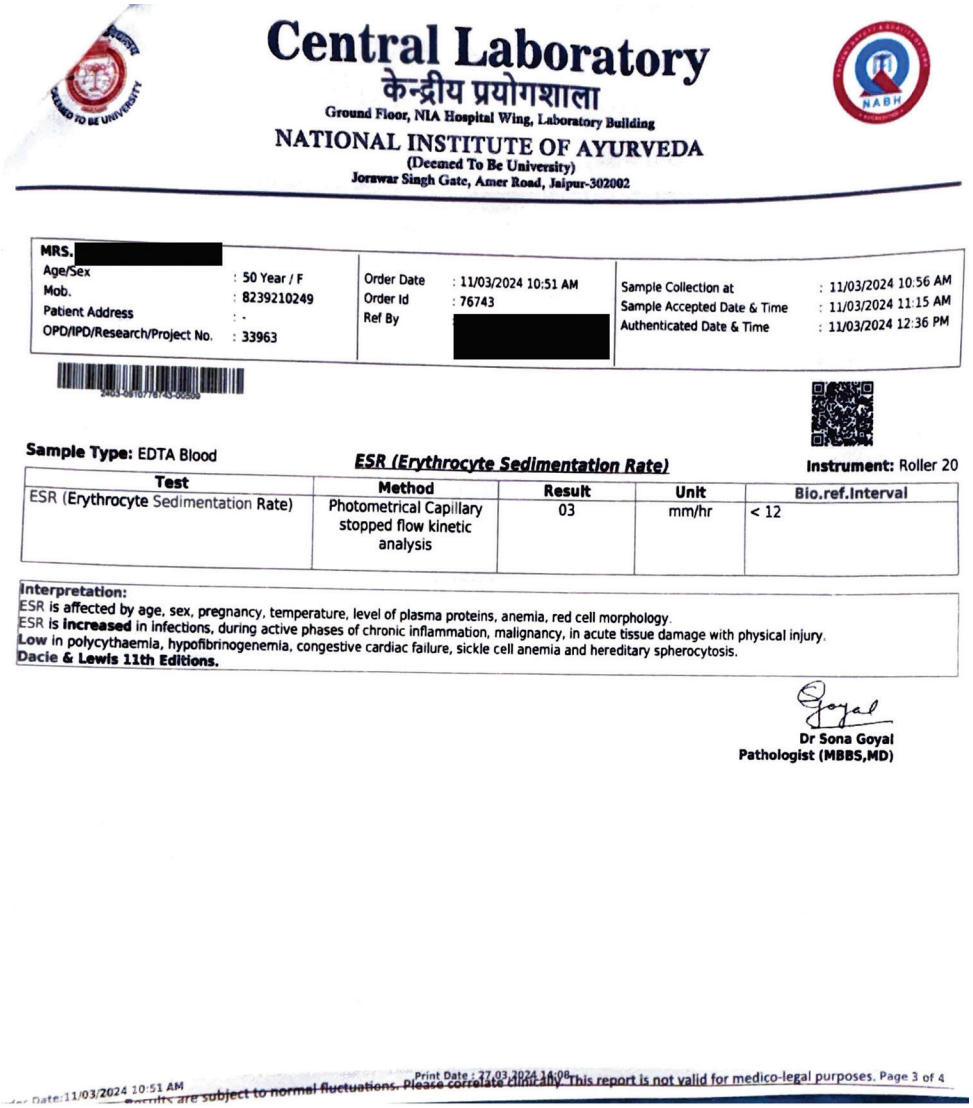
Remarks / References:-

The Current recommendations state that the absolute count is the preferred reporting method for the WBC differential. (CAP Hematology and C.L.S.) practical haematology, Dacie & Lewis 11th Editions.

Abbreviations:- **(H.F.I.)**-Hydrodynamic Focusing Impedance, **(S.L.S.)** -Sodium Lauryl Sulphate, **(P.H.D.)**- Pulse Height Detection, **(F.F.C.)**-Fluorescence Flow Cytometry.

NABL MC-6166

Dr Sona Goyal
Pathologist (MBBS,MD)



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MRS. [redacted]					
Age/Sex	: 50 Year / F	Order Date	: 11/03/2024 10:51 AM	Sample Collection at	: 11/03/2024 10:56 AM
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Patient Address	: -	Ref By	[redacted]	Authenticated Date & Time	: 11/03/2024 12:36 PM
OPD/IPD/Research/Project No.	: 33963				

Sample Type: EDTA Blood

ESR (Erythrocyte Sedimentation Rate)

Instrument: Roller 20

Test	Method	Result	Unit	Bio.ref.Interval
ESR (Erythrocyte Sedimentation Rate)	Photometrical Capillary stopped flow kinetic analysis	03	mm/hr	< 12

Interpretation:
ESR is affected by age, sex, pregnancy, temperature, level of plasma proteins, anemia, red cell morphology.
ESR is **increased** in infections, during active phases of chronic inflammation, malignancy, in acute tissue damage with physical injury.
Low in polycythaemia, hypofibrinogenemia, congestive cardiac failure, sickle cell anemia and hereditary spherocytosis.
Dacie & Lewis 11th Editions.

Dr Sona Goyal
Pathologist (MBBS,MD)

Order Date:11/03/2024 10:51 AM — Print Date : 27/03/2024 16:06 — Reports are subject to normal fluctuations. Please correlate clinically. This report is not valid for medico-legal purposes. Page 3 of 4