

| પત્રક - ૨ | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|--|-------------------------------|---|---|---|---|---|---|---|---|---|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|---|
| કચેરીનું નામ..... | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Gov. Homeopathy Dispensary Ayurved Hospital(Majivana) Ta.Porbandar Di.Porbandar Month: August 2021 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| No | DATE ➡ | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 | 11 | 12 | 13 | 14 | 15 | 16 | 17 | 18 | 19 | 20 | 21 | 22 | 23 | 24 | 25 | 26 | 27 | 28 | 29 | 30 | 31 | |
| A | Fever | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 1 | Fever | 0 | 2 | 1 | 1 | | 1 | 1 | | 1 | 1 | 1 | 1 | 1 | 1 | | | 1 | 1 | 1 | | 1 | | | | | 1 | 1 | 1 | | | 1 | |
| | Total | 0 | 2 | 1 | 1 | 0 | 1 | 1 | 0 | 1 | 1 | 1 | 1 | 1 | 1 | 0 | 0 | 1 | 1 | 1 | 0 | 1 | 0 | 0 | 0 | 0 | 0 | 1 | 1 | 1 | 0 | 0 | 1 |
| B | Joint Dis. / Nerological dis. | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 2 | Gout | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 3 | Arthritis | | | | 2 | | | | | | 1 | 2 | | | | | | | 1 | 2 | | | | | | | | 2 | | | | | |
| 4 | Neurological | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 5 | Others | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | Total | 0 | 0 | 0 | 2 | 0 | 0 | 0 | 0 | 0 | 1 | 2 | 0 | 0 | 0 | 0 | 0 | 0 | 1 | 2 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 2 | 0 | 0 | 0 | 0 | |
| C | Digestive Dis. | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 6 | Indigestion | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 7 | Constipation | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 8 | Worms | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 9 | Hyperacidity | | 1 | 1 | 2 | | | | | 2 | | 1 | | 2 | | | | 2 | 1 | | | | | | | | | | | | | 2 | |
| 10 | Anaemia | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 11 | Others | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | Total | 0 | 1 | 1 | 2 | 0 | 0 | 0 | 0 | 2 | 0 | 1 | 0 | 2 | 0 | 0 | 0 | 2 | 1 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 2 | |
| D | Diarrohea/Dysentry | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 12 | Diarrhoea | | 2 | | | 1 | 2 | 1 | | 1 | | 2 | | 1 | 1 | | | | | 2 | | 2 | | | | | 1 | | 1 | | | | |
| 13 | Dysentry | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 14 | Others | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | Total | 0 | 2 | 0 | 0 | 1 | 2 | 1 | 0 | 1 | 0 | 2 | 0 | 1 | 1 | 0 | 0 | 0 | 0 | 2 | 0 | 2 | 0 | 0 | 0 | 0 | 0 | 1 | 0 | 1 | 0 | 0 | 0 |
| E | Respiratory Dis. | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 15 | Cold | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 16 | Cough | | | | 1 | 1 | | | | 1 | 1 | | 1 | 2 | | | | 1 | | | | 1 | | | | | 1 | | 2 | | | 1 | |
| 17 | Asthma | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 18 | Others | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | Total | 0 | 0 | 0 | 1 | 1 | 0 | 0 | 0 | 1 | 1 | 0 | 1 | 2 | 0 | 0 | 0 | 1 | 0 | 0 | 0 | 1 | 0 | 0 | 0 | 0 | 1 | 0 | 2 | 0 | 0 | 1 | |
| F | Anorectal Dis. | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 19 | Piles | | 1 | | | 2 | 1 | 1 | | 2 | | | 2 | | 2 | | | 2 | 1 | 1 | | 2 | | | | | 2 | 1 | | | | | |
| 20 | Fissure in Ano | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 21 | Anal Fistula | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 22 | Others | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | Total | 0 | 1 | 0 | 0 | 2 | 1 | 1 | 0 | 2 | 0 | 0 | 2 | 0 | 2 | 0 | 0 | 2 | 1 | 1 | 0 | 2 | 0 | 0 | 0 | 0 | 2 | 1 | 0 | 0 | 0 | 0 | |
| G | Lifestyle Dis. | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 23 | Obecity | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 24 | Diabetes | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 25 | HT/Cardiac Diseases | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 26 | Thyroid | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 27 | Psychologycal | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 28 | IBS | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 29 | Others | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | Total | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | |
| H | Skin Dis. | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 30 | Acne / Pimple | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 31 | Warts | | | 1 | | 1 | | | | | 1 | | 2 | | | | | | | | | | | | | | | | | | | 1 | |
| 32 | Ringworm | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 33 | Leucoderma | | | | | | | | | | | | | | | | | | 1 | | | | | | | | 1 | | | | | | |
| 34 | Eczema | | | | | 1 | | | | | 1 | | | | | | | | | | | | | | | | | | | | | | |
| 35 | Psoriasis | | | 1 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 36 | Hairfall / Dandruff | | | | | | | | | | | | | | | | | | 1 | | | | | | | | | 1 | | | | 1 | |
| 37 | Others | | | | | | | | | | | | | | | | | | | | | | | | | | | | 1 | | | | |
| | Total | 0 | 0 | 2 | 0 | 2 | 0 | 0 | 0 | 0 | 2 | 0 | 2 | 0 | 0 | 0 | 0 | 0 | 2 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 2 | 1 | 0 | 0 | 0 | 2 |
| I | Others | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 38 | Gynacological | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 39 | Kidney Diseases | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 40 | Male Genital Dis. | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 41 | Paediatric | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 42 | Oedima | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 43 | ENT diseases | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 44 | EYE Diseases | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 45 | Dental Diseases | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 46 | Others | | 1 | 3 | | 3 | 3 | 1 | | 1 | 2 | 2 | 1 | 3 | 1 | | | 1 | | 2 | | | | | | | | 2 | 2 | 1 | | | 2 |
| | Total | 0 | 1 | 3 | 0 | 3 | 3 | 1 | 0 | 1 | 2 | 2 | 1 | 3 | 1 | 0 | 0 | 1 | 0 | 2 | 0 | 0 | 0 | 0 | 0 | 0 | 2 | 2 | 1 | 0 | 0 | 2 | |
| | Grand Total | 0 | 7 | 7 | 6 | 9 | 7 | 4 | 0 | 8 | 7 | 8 | 7 | 9 | 5 | 0 | 0 | 7 | 6 | 8 | 0 | 6 | 0 | 0 | 0 | 0 | 9 | 7 | 5 | 0 | 0 | 8 | |