

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