



DR. SAMUEL HAHNEMANN
GERMANY

BLOOD DISEASES

Vision of Impossible to Possible

**Treatment of
Incurable Diseases
Like Cancer, Kidney
Failure, Coma, Surgical,
Autoimmune, Life Style
& Life Threatening
Diseases**



PROF. DR. ARPIT CHOPRA JAIN

M.D Homoeopathy

Critical and Surgical Disease Specialist (India)

INVENTOR OF

AAROGYA SUPER SPECIALITY MODERN HOMEOPATHY

COMPLETE, EASY SAFE, FAST & COST-EFFECTIVE CURE



Dr. Arpit Chopra Jain M.D Homeopath

Critical and Surgical Disease Specialist

Dr. Arpit Chopra Jain: Transforming Global Healthcare with Aarogya super Speciality Modern Homeopathy.

Dr. Arpit Chopra Jain, a pioneer in advanced homeopathic medicine, is set to present groundbreaking clinical data comprising over 3,000 successfully treated cases of critical and surgical diseases — all cured without the need for surgery. This revolutionary treatment approach, developed and practiced exclusively by Dr. Jain, utilizes high-potency homeopathic medicines formulated by him, offering fast, safe, and side-effect-free results.

With over 21 years of experience, Dr. Jain has dedicated his life to providing an alternative yet powerful medical solution that not only preserves the body's original organs but also ensures deep, lasting cures. **His work has gained national and international recognition. He has been honored by India's Vice President, Defense Minister Shri Rajnath Singh, Health Minister Shri J. P. Nadda, and several other dignitaries.** In acknowledgment of his contributions, he has also received a prestigious honorary doctorate from the USA.

Dr. Arpit Chopra Jain proudly represents India on the international stage as the **Homeopathic Representative for BRICS (Russia)** and continues to raise the global profile of homeopathy through his one-of-a-kind center based in Indore, Madhya Pradesh, India. From this single center, he has reached and treated patients from over 19 countries, offering remote consultations and delivering life-changing results globally.

Recently, **Dr. Jain was invited as the Guest of Honor at the highly esteemed United Nations Global Excellence Awards held at the UN Headquarters in New York, hosted by the United Nations Global Peace Council.** This momentous occasion was a testimony to his relentless commitment and global vision for homeopathy.

His work is supported by real, verifiable patient testimonials, including pre- and post-treatment reports, available on his official website and YouTube channel. These authentic stories reflect the effectiveness and rapid healing power of his treatment.

This book is a humble attempt to introduce Dr. Jain's extraordinary journey and his mission — to make the world healthier without surgery, promoting natural healing through scientifically advanced homeopathic medicine. His goal is to create a safer, more cost-effective, and organ-preserving healthcare alternative for patients across the globe.





The identity of any person is his real wealth.

INTRODUCTION

Inventor of Aarogya Super Speciality Modern Homoeopathy, revolutionized treatment for complex diseases

Professor Dr. Arpit Chopra Jain

Professor Dr. **Arpit Chopra Jain**, with over 20 years of medical experience and research, has revolutionized classical homeopathy by developing a future-oriented, super-speciality modern homoeopathy treatment system. His innovative approach has given new physical, mental, and social life to thousands of patients who were once considered incurable, including those suffering from nearly 300 different diseases such as cancer, kidney failure, coma, aplastic anemia, and other serious conditions requiring surgical intervention. In doing so, he has also fulfilled the World Health Organizations (WHO) belief that true health encompasses physical, mental, and social well-being.

Originally from Chhattisgarh, Dr. Arpit Chopra Jain received his primary education in his home state before moving to Indore to pursue a Bachelors degree in Homeopathy. After completing his BHMS, he earned an MD in Homeopathy from DKMM Homoeopathic Medical College in Aurangabad, Maharashtra. During his studies and career, he worked alongside many renowned allopathic doctors in Indore and other locations, acquire practical experience and contributing to medical advancements.

Currently, Dr. Arpit Chopra Jain is providing medical services through the Aarogya Super Speciality Modern Homoeopathy Clinic, located at Janjirwala Square in Indore, where he leads a team of experienced professionals. In addition to his clinical work, Dr. Arpit Chopra Jain plays a pivotal role in shaping homeopathic education as an educator at RN Kapoor Homoeopathic Medical College. His research focuses on complex blood-related diseases, including aplastic anemia and sickle cell anemia.. Driven by a commitment to innovation, Dr. Jain has been nationally and internationally recognized for his groundbreaking contributions to the treatment of complex and incurable diseases. His exceptional service during the COVID-19 pandemic further highlights his dedication to advancing modern homeopathic medicine.

Many of Dr. Arpit Chopra Jain's patients regard him as a godsend, praising his unwavering commitment to serving humanity. Beyond his medical practice, Dr. Arpit Chopra Jain, who hails from a family of 19 physicians, is making significant contributions to society and the Nation.

He firmly believes that Aarogya Super Speciality Modern Homoeopathy - instant, effective, affordable, and without side effects is the future of homoeopathy. While homoeopathy may have originated in Germany, Dr. Arpit Chopra Jain is confident that India's revolutionary modern homoeopathic medical system will one day be recognized globally, inscribing India's name in golden letters on the world health chart. He and his team are making every possible effort to achieve this vision and will continue to do so.



Golden India's Revolutionary Discovery: Pioneering the Future of Healthcare with Advanced Homoeopathy

Homoeopathy, a system of alternative medicine established over 200 years ago by German physician Dr. Samuel Hahnemann, has experienced widespread adoption across various countries, including India. However, over time, it faced criticism and was even banned in certain regions due to persistent myths and misconceptions, such as its alleged placebo effect. Critics claimed that homoeopathic remedies were ineffective, slow to act, and not backed by scientific evidence, leading to widespread skepticism among both the public and the scientific community.

One significant issue was that classical homoeopathy relied heavily on treating patients based on symptoms alone, without extensive clinical documentation or diagnostic reports. This absence of empirical evidence made it challenging to validate its effectiveness through conventional medical research methods.

In response to these challenges, Dr. Hahnemann later developed a more potent form of homoeopathic medicine, known as the 50 millesimal potency, or 5 million power. However, by the time this advancement was introduced, classical homoeopathy had already established deep roots, and the lack of continued research, documentation, and clinical validation led to its gradual decline in some regions.

Recognizing the need to address these limitations, Professor Dr. Arpit Chopra Jain, with over 20 years of clinical and hospital experience, pioneered a groundbreaking approach known as Super Speciality Modern homoeopathy. Utilizing the powerful 50 lakh potency homoeopathic medicines, along with mother tinctures, biochemic treatments, and dilutions, Dr. Jain's revolutionized the practice by effectively treating severe autoimmune conditions, including cancer, kidney failure, aplastic anemia, sickle cell anemia, rheumatoid arthritis, ankylosing spondylitis, and many other life-threatening illnesses. This innovative treatment approach has produced remarkable results, enabling patients suffering from complex and incurable diseases to recover without any side effects or lifelong medication dependency. Dr. Jain's method has proven particularly effective in cases previously deemed untreatable, such as patients in comas, those with brain tumors, or those in the terminal stages of illness.



His success extends beyond India, benefitting patients in countries such as Pakistan, Dubai, Bangladesh, the United States, and the United Kingdom.

A key differentiator of Super Speciality Modern Homoeopathy is its integration of clinical pathology alongside traditional symptom-based diagnosis. Dr. Jain's has meticulously collected pre- and post-treatment test reports from over 3,000 successfully treated patients, along with their written testimonials and interviews, both online and offline. This substantial body of evidence aims to secure recognition for his treatment methodology within the broader medical community, ensuring future generations of homoeopathic practitioners can offer hope to patients who might otherwise remain hopeless.

Dr. Jain's innovative work continues to shape the future of homoeopathy providing a new path forward for both patients and healthcare providers worldwide.



Complete Cure, Permanent, Easy, Safe, Fast, Cost Effective.

Aarogya Super Specialty Modern Homoeopathy -

It is a modern medical science which incorporates the basic nature of homoeopathy and keeps it as its basis and includes many other new features.



Easy Method -

In Aarogya Super Speciality Modern Homoeopathy, a variety of homoeopathic medicines are utilized, including decimal potency, centesimal potency, 50 millesimal potency, mother tinctures, biochemic medicines, The method of administering these medicines is straightforward and can be easily followed in the prescribed dosage under the guidance of a qualified homoeopathic doctor. One of the unique aspects of Aarogya Super Speciality Modern Homoeopathy is that it does not work with the traditional restrictions often associated with homoeopathic treatment, such as avoiding strong-smelling substances during medication. Due to the high quality and potency of the medicines used, these minor misconceptions hold no relevance in this advanced system of treatment. This approach allows for effective treatment without the need for strict dietary restrictions, making it more accessible and easier for patients to adhere to. Aarogya Super Speciality Modern Homoeopathy excels in providing top-tier treatment with minimal medication, even for complex and difficult-to-treat conditions. In this system, various diseases are treated directly and comprehensively, whether through homoeopathic medicines alone or in combination with supportive medicines from other medical systems, depending on the patients condition and the nature of the disease. This holistic approach ensures that patients receive the most effective and personalized care

Harmless Medical Method -

One of the most remarkable aspects of Aarogya Super Speciality Modern Homoeopathy is its safety profile, even when high potencies are used. Unlike conventional treatments where the risk of side effects increases with the dosage of active ingredients, homoeopathic medicines are carefully prepared through a process called potentiation. In this process, the original substance is diluted while simultaneously increasing its potency. This unique method ensures that only a minimal amount of the chemical or raw material remains in the final product. As a result, Aarogya Super Speciality Modern Homoeopathy offers highly effective treatments without the risk of harmful side effects. The approach is practically unmatched in other branches of medical science, where larger doses of active substances can often lead to adverse reactions. In this way, modern homoeopathy provides a safe and natural healing method, making it an ideal option for individuals seeking a harmless yet potent solution to their health issues.

Fast Aggressive Treatment -

One of the most remarkable aspects of Aarogya Super Speciality Modern Homoeopathy is its fast and aggressive healing process, setting it apart from conventional homoeopathy. In this advanced system, medical expertise is combined with cutting-edge technology, including computerized software, to ensure rapid, accurate diagnosis and treatment. Doctors utilize a vast array of over 4,000 potent medicines, with strengths ranging from zero potency to an astonishing 50 lakh potency, making the treatment scientifically robust and effective for a wide range of diseases. The precision of this method allows doctors to quickly gather and analyze detailed information about a patients condition, helping them select the most suitable remedy. This tailored approach ensures that even severe, surgical, or seemingly incurable conditions are addressed efficiently and effectively. What makes this treatment truly revolutionary is its ability to provide fast relief without any side effects, transforming it into a powerful, unique, and highly reliable branch of medical science.

Complete cure of diseases from the root -

Aarogya Super Speciality Modern Homoeopathy aims to heal the patient completely body, mind, and soul ensuring not only recovery from current ailments but also preventing the recurrence of diseases throughout life. This holistic approach to treatment is a crucial aspect of any effective medical science.

This fast and aggressive treatment approach embodies the future of homoeopathy, offering hope to patients facing complex diseases while maintaining the core principles of safety, simplicity, and efficacy.

Cost-Effective Treatment with Aarogya Super Speciality Modern Homoeopathy

Despite its advanced and multifaceted approach, Aarogya Super Speciality Modern Homoeopathy remains highly affordable and accessible, making it a preferred choice for many. Compared to other medical systems, it offers a cost-effective solution while providing complete, safe, and test treatment. This affordability, combined with its ability to deliver immediate results without harmful side effects, has contributed to the growing global popularity of modern homoeopathy. Today, homoeopathy is trusted by millions, with affordable medicines available to those in need. Every fourth person in the world now benefits from homoeopathy in some form, relying on its holistic and comprehensive approach to healthcare.



Dr. Arpit Chopra Jain, M.D. in Homoeopathy and the inventor of Aarogya Super Speciality Modern - Homoeopathy, has been instrumental in making this revolutionary treatment accessible to people from all walks of life. His commitment to providing effective, affordable, and harmless treatment has redefined the landscape of healthcare, offering hope and healing to thousands.



Dr. Arpit Chopra (Jain)
 M.D. HOMOEOPATHY
 Inventor of Aarogya Super Speciality Modern Homoeopathy



Aarogya Super Speciality Modern Homoeopathy



Successful Treatment of Critical Health Conditions

Dr. Jain's innovative treatment method has shown exceptional results in managing and curing serious health conditions, including:

- Cancer
- Kidney Diseases
- Coma
- Blood Disorders such as sickle cell anemia and aplastic anemia
- Arthritis
- Autoimmune Diseases
- Neurological Disorders
- Heart Diseases
- Skin Conditions like psoriasis and dermatitis

Through a deep understanding of the body's internal balance, Aarogya Super Speciality Modern Homoeopathy targets the root causes of these diseases, promoting natural self-healing without the need for invasive procedures or lifelong medications.

Revolutionizing Disease Treatment

Aarogya Super Speciality Modern Homoeopathy, developed by Dr. Arpit Chopra Jain, has introduced a groundbreaking, holistic approach to treating a wide range of complex and chronic diseases. This method offers a comprehensive, harmless, cost-effective, and permanent solution, achieving remarkable success where conventional treatments often fall short.

Efficacy Across a Wide Range of Diseases

With a proven record of success in treating nearly 300 different diseases, Aarogya Super Speciality Modern Homoeopathy offers relief from conditions that affect various aspects of health. Patients suffering from:

- Allergies
- Womens Health Issues
- Urological and Gastric Problems
- Rheumatoid Arthritis
- Pediatric Conditions
- Spinal Cord Disorders

have all experienced life-changing results through this pioneering method.



A New Lease on Life

What truly sets this treatment apart is its ability to provide lasting and permanent relief. Patients who were previously dependent on lifelong medication or faced invasive surgeries have regained their health, returning to a normal, medication-free life. Aarogya Super Speciality Modern Homoeopathy continues to transform lives, offering a new, holistic approach for those suffering from complex and chronic diseases.



Blood Diseases



The Vital Role of Blood in Health

Blood is essential to the body's overall functioning, delivering oxygen and nutrients to vital organs and tissues. A delicate balance between the components of blood white blood cells (WBCs), red blood cells (RBCs), hemoglobin, plasma, and platelets is necessary for maintaining good health. When this balance is disturbed, it can lead to serious blood disorders. These imbalances can be caused by lifestyle factors, natural bodily changes, or hereditary issues, and if left untreated, they may progress into life-threatening diseases.

Common Blood Disorders and Their Causes

Some blood disorders, like sickle cell anemia, are inherited, while others, such as aplastic anemia, may develop due to various factors. Aplastic anemia is a critical condition where the bone marrow fails to produce enough blood cells. In conventional medicine, the initial treatment typically involves steroids to stimulate blood cell production. However, as the disease progresses, more intensive and expensive treatments are often required, including:

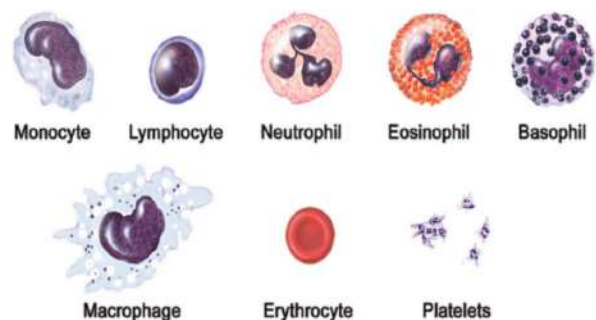
- Blood transfusions
- Plasma and platelet transfusions
- Stem cell transplants
- Bone marrow transplants

A New Hope: Dr. Arpit Chopra Jain's Homoeopathic Treatment for Blood Disorders

Dr. Arpit Chopra Jain, a specialist in treating complex diseases through Aarogya Super Speciality Modern Homoeopathy, offers a non-invasive and cost-effective alternative. He has successfully treated severe blood disorders like aplastic anemia and hemochromatosis without the need for lifelong medications or invasive procedures such as blood transfusions or bone marrow transplants. Dr. Jain's approach focuses on strengthening the body's internal healing mechanisms, addressing the root causes of the disease, and promoting self-recovery. By eliminating the need for expensive and complex conventional treatments, his homoeopathic method provides a holistic solution for patients struggling with severe blood disorders.

These treatments can be financially overwhelming, with costs ranging between 35 to 60 lakh rupees. For many patients, such expenses are prohibitive, leading to severe financial stress and in some cases, even premature death due to the inability to afford necessary care.

Blood Cells



Sickle cell anemia

Also called: sickle cell disease

Overview

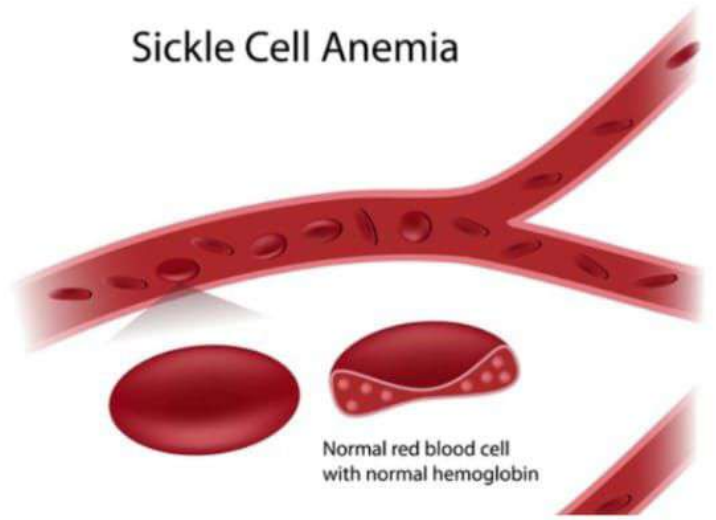
Symptoms

Treatments

A group of disorders that cause red blood cells to become misshapen and break down.

Sickle cell disease is a genetic disorder in which red blood cells contort into a sickle shape. The cells die early, leaving a shortage of healthy red

Sickle Cell Anemia



CNBC PATHOLOGY

Name: **Before Treatment**

Sample ID: 22

Mode: Whole blood
Time: 06/10/2023 10:28

Modules	Result	Unit
WBC	R 4.3	$10^3/\mu\text{L}$
Lymph#	R 1.8	$10^3/\mu\text{L}$
Mid#	R 0.5	$10^3/\mu\text{L}$
Gran#	R 2.0	$10^3/\mu\text{L}$
Lymph%	RH 43.0	%
Mid%	R 10.9	%
Gran%	RL 46.1	%
RBC	L 2.64	$10^6/\mu\text{L}$
HGB	L 8.8	g/dL
HCT	L 27.7	%
MCV	H 104.8	fL
MCH	33.3	pg
MCHC	L 31.8	g/dL
RDW-CV	H 16.0	%
RDW-SD	H 62.8	fL
PLT	L 100	$10^9/\text{L}$
MPV	9.4	fL
PDW	16.8	mL/L
PCT	L 0.94	mL/L
P-LCC	31	$10^9/\text{L}$
P-LCR	30.5	%

21

Mode: Whole blood
Time: 25/11/2023 10:18

Modules	Result	Unit
WBC	R 5.2	$10^3/\mu\text{L}$
Lymph#	R 2.0	$10^3/\mu\text{L}$
Mid#	*****	$10^3/\mu\text{L}$
Gran#	*****	$10^3/\mu\text{L}$
Lymph%	R 39.0	%
Mid%	*****	%
Gran%	*****	%
RBC	L 3.18	$10^6/\mu\text{L}$
HGB	L 10.3	g/dL
HCT	L 32.2	%
MCV	H 101.3	fL
MCH	32.4	pg
MCHC	L 32.0	g/dL
RDW-CV	14.0	%
RDW-SD	H 57.0	fL
PLT	128	$10^9/\text{L}$
MPV	10.3	fL
PDW	16.8	mL/L
PCT	1.32	mL/L
P-LCC	47	$10^9/\text{L}$
P-LCR	37.0	%

BC

After Dr Arpit Chopra
Jain Modern

SICKLE CELL ANAEMIA

Hb - 8.8 g/dl (6/10/23)

Hs - 2.64 $10^6/\mu\text{L}$

lelet - 100 $10^9/\text{L}$

BLOOD DISEASES

NO SURGERY	COEST EFFECTIVE	NO DEX EFFECT	FAST TREATMENT	PERMANENT CURE	

डॉ. अर्पित चौपडा (जैन)
एम. डी. होम्योपैथी
जटिल, असाध्य एवं
शल्य रोग विशेषज्ञ

आरोग्य सुपर स्पेशलिटी माईन होमियोपैथी

कम्पलिट, परमानेंट, ईजी, सेफ, फास्ट एण्ड कॉस्ट इफैक्टिव

102, प्रथम मंजिल, कृष्णा टॉवर, क्योरवेल हॉस्पिटल के सामने, जंजीखवाला चौराहा, न्यू पलासिया, इन्दौर म.प्र.

99075 27914 संपर्क : 0731-4977076, 79999 78894

www.homoeopathycure.in. www.aarogvahomoeopathyindore.com Email : arpitchopra23@gmail.com

IDIOPATHIC THROMBOCYTOPE PURPURA (ITP)



BLOOD DISEASES



ALL TYPES OF BLOOD RELATED DISORDER CURED BY DR. ARPIT CHHARIA JAIN'S MODERN HOMEOPATHY

कैंसर, किडनी फेलियर, अस्पताल में गंभीर रूप से भर्ती मरिजों का उपचार, कोमा, शल्य चिकित्सा योग्य रोग, ऑटो इम्यून रोग, जीवनभर दवाई लेने वाले रोगों की रोकथाम एवं 300 प्रकार के असाध्य जटिल रोगों की चिकित्सा।

आरोग्य सुपर स्पेशलिटी माईन होमियोपेथी
कम्पलिट, परमानेन्ट, ईजी, सेफ, फास्ट एण्ड कॉस्ट इफेक्टिव

102, प्रथम मंजिल, कृष्णा टॉवर, वयोस्केल हॉस्पिटल के सामने, नजीरवाला चौराहा, न्यू पलासिया, इन्दौर म.प्र.
99075 27914 संपर्क : 0731-4977076, 79999 78894

Neuberg Supratech
REFERENCE LABORATORIES

LABORATORY REPORT

Name: **MANSHA LALWANI** Sex/Age: **Female / 39 Years** Case ID: **30810100820**
Ref. By: **DR. BHAVIN SHAH** Dis. At: **HOME VISIT** Pt. ID: **2915329**
Reg. Date and Time: **19-Aug-2023 14:46** Sample Type: **Whole Blood EDTA** Mobile No.: **9426926241**
Sample Date and Time: **19-Aug-2023 14:46** Sample Coll. By: Ref Id1:
Report Date and Time: **19-Aug-2023 17:23** Acc. Remarks: Ref Id2:

HAEMOGRAM REPORT

TEST	RESULTS	UNIT	BIOLOGICAL REF. INTERVAL	REMARKS
HB AND INDICES				
Haemoglobin	L 11.2	G%	12.0 - 15.0	
RBC (Electrical Impedance)	4.58	millions/cumm	3.80 - 4.80	
PCV(Calc)	37.4	%	36.00 - 46.00	
MCV (RBC histogram)	L 81.6	fL	83.00 - 101.00	
MCH (Calc)	L 24.4	pg	27.00 - 32.00	
MCHC (Calc)	L 29.9	gm/dL	31.50 - 34.50	
RDW (RBC histogram)	14.10	%	11.00 - 16.00	
TOTAL AND DIFFERENTIAL WBC COUNT (Flowcytometry)				
Total WBC Count	5680	/µL	4000.00 - 10000.00	
Neutrophil	L 55.2	%	40.00 - 70.00	
Lymphocyte	30.9	%	20.00 - 40.00	
Eosinophil	H 6.7	%	1.00 - 6.00	
Monocytes	6.3	%	2.00 - 10.00	
Basophil	0.9	%	0.00 - 2.00	
PLATELET COUNT (Optical)				
Platelet Count	L 97000	/µL	150000.00 - 410000.00	
Neut/Lympho Ratio (NLR)	1.79		0.78 - 3.53	
SMEAR STUDY				
RBC Morphology	Predominantly normocytic normochromic RBCs with mild anisocytosis.			
WBC Morphology	Relative Eosinophilia			
Platelet	Thrombocytopenia with few giant platelets.			
Parasite	Malarial Parasite not seen on smear.			

Printed On: 19-Aug-2023 17:35

LABORATORY REPORT

Name: **MANISHABEN LALWANI** Sex/Age: **Female / 39 Years** Case ID: **4021010077**
Ref. By: **Self** Dis. At: **HOME VISIT** Pt. ID: **3372102**
Reg. Loc.: Ref. Loc.:
Reg. Date and Time: **22-Feb-2024 08:14** Sample Type: **Whole Blood EDTA** Mobile No.: **982461371**
Sample Date and Time: **22-Feb-2024 08:14** Sample Coll. By: Ref Id1:
Report Date and Time: **22-Feb-2024 10:33** Acc. Remarks: Ref Id2:

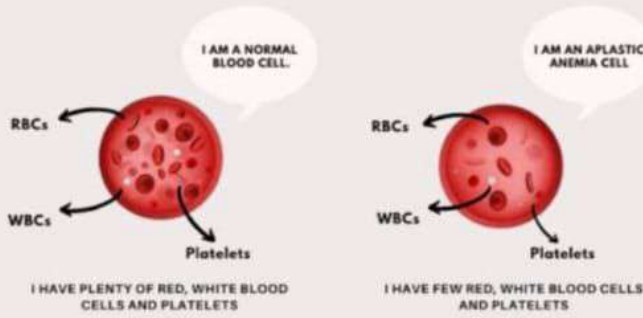
HAEMOGRAM REPORT

TEST	RESULTS	UNIT	BIOLOGICAL REF. INTERVAL	REMARKS
HB AND INDICES				
Haemoglobin	L 11.1	G%	12.0 - 15.0	
RBC (Electrical Impedance)	4.39	millions/cumm	3.80 - 4.80	
PCV(Calc)	L 35.1	%	36.00 - 46.00	
MCV (RBC histogram)	L 80.0	fL	83.00 - 101.00	
MCH (Calc)	L 25.4	pg	27.00 - 32.00	
MCHC (Calc)	31.7	gm/dL	31.50 - 34.50	
RDW (RBC histogram)	13.30	%	11.00 - 16.00	
TOTAL AND DIFFERENTIAL WBC COUNT (Flowcytometry)				
Total WBC Count	6500	/µL	4000.00 - 10000.00	
Neutrophil	[%] 49.1	%	40.00 - 70.00	[Abs] 3192 /µL 2000.00 - 7000.00
Lymphocyte	32.7	%	20.00 - 40.00	2126 /µL 1000.00 - 3000.00
Eosinophil	H 12.1	%	1.00 - 6.00	H 787 /µL 20.00 - 500.00
Monocytes	5.5	%	2.00 - 10.00	358 /µL 200.00 - 1000.00
Basophil	0.6	%	0.00 - 2.00	39 /µL 0.00 - 100.00
PLATELET COUNT (Optical)				
Platelet Count	179000	/µL	150000.00 - 410000.00	
Neut/Lympho Ratio (NLR)	1.50		0.78 - 3.53	
SMEAR STUDY				
RBC Morphology	Microcytic hypochromic RBCs.			
WBC Morphology	Total WBC count within normal limits. Eosinophilia 12.1%			
Platelet	Platelets are adequate in number.			
Parasite	Malarial Parasite not seen on smear.			

Printed On: 22-Feb-2024 10:33

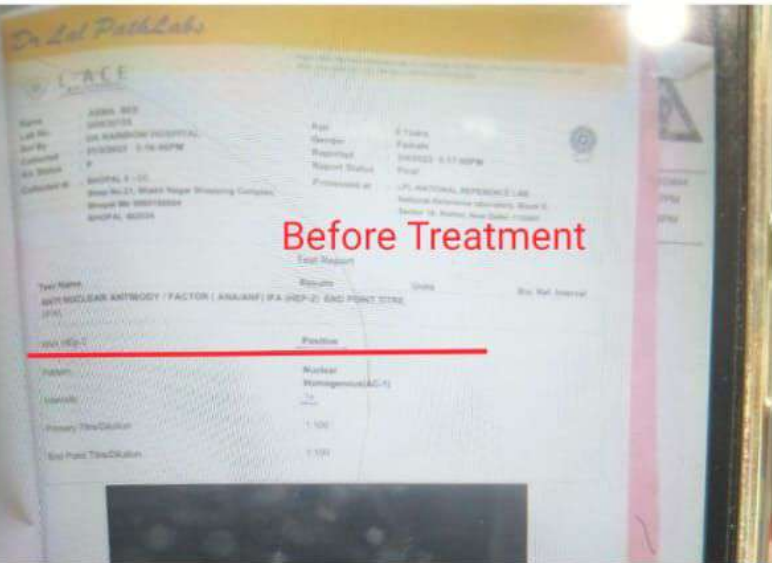
Aplastic anemia

A DISEASE IN WHICH THE BONE MARROW DOES NOT PRODUCE ENOUGH BLOOD CELLS.



Aplastic Anemia, Ankylosing Spondylitis, Rheumatoid Arthritis, Spinal Stenosis, Slip Disc (PVD), Liver Cirrhosis Fatty Liver, Post Brain Stroke Complication, Thyroid disorder, Infertility, Impotency, Sexual diseases, Rheumatism, Backache, Sciatica, Migraine, Knee Pain, Diabetes, Breast Tumor & Uterine Fibroid, Prostate & Urological Diseases, Renal & Gallbladder stones, Hereditary diseases incurable disorder, Mental Psychiatry & Mood Disorder, Accidental & Emergency Medicine, Homoeopathic Preventive & Prophylaxis, Tetanus, Allergy, Skin Diseases, Eczema, Psoriasis, Leucoderma, Acne, Cosmetic disorders, Low Height, Obesity, Under Weight, Hair Fall, Baldness, Warts, Deaddiction, Acidty, Gas, Constipation, Piles, Fissure, Fistula, Gastric Ulcer, Worms, Asthma & Respiratory Disorder, Smalls, Paralysis, insomnia, Depression, Weakness of Memory, Storing, Stammering, Paediatric Disorder, Pension Trouble, Hormonal disorders, Anemia, Weakness, Debility, Anorexia, Leucorrhoea, PCOD, Menstrual disorders, Chronic Disorders, Excessive sweating, Restlessness, Blood Pressure

- Haemorrhagic spots over body
 Hb - 8.9 gm%
 RBCs - 2.52 mill/cumm (10/11/23)
 WBCs - 2100/cumm
 Platelets - 73000/cumm - (min-11000) 9/10 faintness
 - Blood transfusion in 8-10 days
 - Hepatomegaly
 - Cholelithiasis - Multiple stones
 largest - 1.4 mm (27/10/23)
 ANA - Positive IFA (31/4/23) CBC



Medical Laboratory Report

Baby: ASMA B MANSURI
 Reference: SELF
 Sample Collected At: Arc-rd-2nd Shahaj, 91 A Sector Nizamuddin Cokery Bhopal-462022
 Processing Location:- Metropolis Healthcare Ltd Unit No:409-416,4th Floor Commercial Building 1,Kohinoor, Mal Mumbai-70

PID NO: P10923516705659
 Age: 7 Year(s) Sex: Female

Reference Interval: 08/01/2024 01:14 PM
 Collected On: 08/01/2024 1:13 PM
 Reported On: 08/01/2024 03:18 PM

Investigation	Observed Value	Biological Reference Interval
Anti Nuclear Antibody by IFA (Serum Immunofluorescence)	Negative	Negative
Result	Negative	Negative
Pattern		
Grade		
Estimated Titre		

After Dr Arpit Chopra Jain Modern Homoeopathy

Interpretation Guidelines (Sample screening) Solution - 1:100):
 Negative: No immunofluorescence
 - Weak Positive (1:100)
 ++ Moderate Positive (1:320)
 +++ Strong Positive (1:1000)
 ++++ Very strong Positive (1:3200)

Test Description:
 Antinuclear antibodies (ANAs) are unusual antibodies, detectable in the blood, that have the capability of binding to certain structures within the nucleus of the cells. ANAs indicate the possible presence of autoimmunity & provide, therefore, an indication of autoimmune (Rheum. Fluorescence test, are frequently used to actually detect the antibodies in the cells, thus ANA testing is sometimes referred to as fluorescent antinuclear antibody test (FANA). The ANA test is a sensitive screening test used to detect

APLASTIC ANEMIA BLOOD DISEASES

Before Treatment

Hematology Analysis Report ID:715
 Name: Time:16/12/2023 18:02

PARAM	RESULT	Info
WBC	3.1	10 ⁹ /L L
LYM%L	84.2	% H
MD%L	4.2	% L
GRAN%L	11.3	% L
LYM#L	0.9	10 ⁹ /L L
MD#L	0.0	10 ⁹ /L L
GRAN#L	0.2	10 ⁹ /L L
RBC	2.85	10 ¹² /L L
HGB	6.4	g/dL L
HCT	18.3	% L
MCV	64.2	fL L
MCH	31.3	pg L
MCHC	31.1	g/dL L
RDW-CV	14.4	% L
RDW-SD	54.6	fL L
PLT	11	10 ⁹ /L L
MPV	6.1	fL L
PCT	0.60	% L
P-LJC	3.7	% L
P-LJC	0	10 ⁹ /L L
PDW	5.5	fL L

After Dr Arpit Chopra Jain Modern Homoeopathy

Hematology Analysis Report ID:355
 Name: Time:11/12/2023 13:00

PARAM	RESULT	Info
WBC	8.9	10 ⁹ /L H
LYM%	33.7	% L
MD%L	4.8	% L
GRAN%	79.3	% H
LYM#L	5.2	10 ⁹ /L L
MD#L	0.4	10 ⁹ /L L
GRAN#L	6.8	10 ⁹ /L L
RBC	4.84	10 ¹² /L L
HGB	16.9	g/dL H
HCT	32.6	% H
MCV	68.0	fL L
MCH	35.9	pg H
MCHC	52.4	g/dL H
RDW-CV	15.1	% L
RDW-SD	46.0	fL L
PLT	187	10 ⁹ /L H
MPV	11.7	fL L
PCT	0.25	% L
P-LJC	18.7	% L
P-LJC	94	10 ⁹ /L H
PDW	10.7	fL L

BLOOD DISEASES

NO SURGERY
COST EFFECTIVE
NO SIDE EFFECT
FAST TREATMENT
PERMANENT CURE
AGGRESSIVE THERAPY

Dr. Arpit Chopra Jain
 Vihan Sachdeva Gurgaon, Haryana
 Swarnkanta Choudhan Indore, M.P.
 Prachi Yadav Indore, M.P.
 Manasi Ahire Indore, M.P.
 Divya In
 Usha Aligarh, U.P.
 Gayatri Galkwad Pune, M.H.
 Kaldeep Sharma Bhopal, M.P.
 Sonali Gyha Indore, M.P.
 Ashu Ug

ALL TYPES OF BLOOD RELATED DISORDER CURED BY DR ARPIT CHOPRA JAIN'S MODERN HOMOEOPATHY

कैंसर, किडनी फेलियर, अस्पताल में गंभीर रूप से भर्ती मरिजों का उपचार, कोमा, शल्य चिकित्सा योग्य रोग, ऑटो इम्यून रोग, जीवनभर दवाई लेने वाले रोगों की रोकथाम एवं 300 प्रकार के असाध्य जटिल रोगों की चिकित्सा।

डॉ. अर्पित चौपड़ा (जैन)
 एच. डी. होम्योपैथी जटिल, असाध्य एवं शल्य रोग विशेषज्ञ

आरोग्य सुपर स्पेशलिटी माईन होमियोपैथी
 कम्प्लिट, परमानेंट, ईजी, सेफ, फास्ट एण्ड कॉस्ट इफैक्टिव

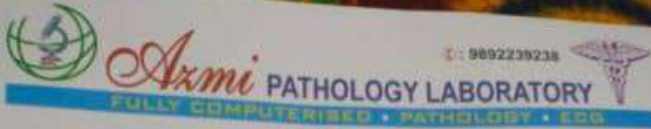
102, प्रथम मंजिल, कृष्णा टॉवर, कयोवेल होस्पिटल के सामने, जंजीरवाला चौराहा, न्यू पलासिया, इन्दौर म
 98075 27914 संपर्क : 0731-4977076, 79999 78894
 www.homoeopathycure.in www.aarogvahomoeopathvindore.com Email : arpitchoora23@gmail

100% Aplastic Anaemia : Aug 23.

→ Hb : 5.6

→ PLATELETS : 30,000

अप्लास्टिक एनीमिया तब होता है जब आपकी अस्थि मज्जा पर्याप्त लाल और सफेद रक्त कोशिकाओं और प्लेटलेट्स का निर्माण नहीं करती है। यह स्थिति आपको



Before Treatment

NAME OF PATIENT : MRS. NAGMA AGE/SEX : F
 REFERRED BY DR. : SHAHBAZ ALAM LAB NO. : 04 DATE : 30-Jan-24

COMPLETE BLOOD COUNT (C.B.C)

TEST	PATIENT'S VALUES	REFERENCE RANGE
HAEMOGLOBIN	5.80 gms %	MALE: 14-18 gms % FEMALE: 11-15 gms %
RBC COUNT	1.52 Million/mm ³	MALE: 4.0-5.5 Million/mm ³ FEMALE: 4.0-5.0 Million/mm ³
P.C.V.	18 %	MALE: 40-54 % FEMALE: 37-47 %
M.C.V.	105.89 Cubic microns	MF: 75-96 Cubic microns
M.C.H.	36.50 pica gms	MF: 27-36 pica gms
M.C.H.C.	34.20 %	MF: 32-36 %
PLATELETS	0.20 LACS/UMM	MF: 1.5-4.5 LACS/UMM
TOTAL WBC COUNT	5,400 / Cumm	MF: 4,500 - 11,000 /Cumm

DIFFERENTIAL COUNT

TEST	PATIENT'S VALUES	REFERENCE RANGE
NEUTROPHILS	49 %	MF: 40-75 %
LYMPHOCYTES	45 %	MF: 20-45 %
EOSINOPHILS	05 %	MF: 01-06 %
MONOCYTES	01 %	MF: 02-08 %
BASOPHILS	00 %	MF: 00-01 %
BAND FORMS	00 %	

E.S.R. (WESTERGRON METHOD)

TEST	PATIENT'S VALUES	REFERENCE RANGE
RBC MORPHOLOGY	PRESENT	MALE: 00-20 M/MIN FEMALE: 00-30 M/MIN
HYPOCHROMIA	PRESENT	
MICROCYTES	PRESENT	
ANISOCYTOSIS	PRESENT	
MACROCYTES	ABSENT	
POIKILOCYTES	ABSENT	
ELLIPTOCYTES	ABSENT	
POLYCHROMASIA	ABSENT	
SPHEROCYTES	ABSENT	
CRENATED RBCS	ABSENT	
STIPPLING	ABSENT	
TARGET CELLS	ABSENT	
TEAR DROP CELLS	ABSENT	

S. I. AHMAD
PG.DMLT (MUM)

DR. DEEPAK KUMAR
M.D.PATH (MUM)



NAME OF PATIENT : MRS. NAGMA AGE/SEX : F
 REFERRED BY DR. : SHAHBAZ ALAM LAB NO. : 3 DATE : 23-Apr-24

COMPLETE BLOOD COUNT (C.B.C)

TEST	PATIENT'S VALUES	REFERENCE RANGE
HAEMOGLOBIN	6.80 gms %	MALE: 14-18 gms % FEMALE: 11-15 gms %
RBC COUNT	1.72 Million/mm ³	MALE: 4.0-5.5 Million/mm ³ FEMALE: 4.0-5.0 Million/mm ³
P.C.V.	20 %	MALE: 40-54 % FEMALE: 37-47 %
M.C.V.	112.50 Cubic microns	MF: 75-96 Cubic microns
M.C.H.	36.00 pica gms	MF: 27-36 pica gms
M.C.H.C.	32.10 %	MF: 32-36 %
PLATELETS	1.25 LACS/UMM	MF: 1.5-4.5 LACS/UMM
TOTAL WBC COUNT	4,700 / Cumm	MF: 4,000 - 11,000 /Cumm

DIFFERENTIAL COUNT

TEST	PATIENT'S VALUES	REFERENCE RANGE
NEUTROPHILS	48 %	MF: 40-75 %
LYMPHOCYTES	46 %	MF: 20-45 %
EOSINOPHILS	04 %	MF: 01-06 %
MONOCYTES	02 %	MF: 02-08 %
BASOPHILS	00 %	MF: 00-01 %
BAND FORMS	00 %	

E.S.R. (WESTERGRON METHOD)

TEST	PATIENT'S VALUES	REFERENCE RANGE
RBC MORPHOLOGY	PRESENT	MALE: 00-20 M/MIN FEMALE: 00-30 M/MIN
HYPOCHROMIA	PRESENT	
MICROCYTES	PRESENT	
ANISOCYTOSIS	PRESENT	
MACROCYTES	ABSENT	
POIKILOCYTES	ABSENT	
ELLIPTOCYTES	ABSENT	
POLYCHROMASIA	ABSENT	
SPHEROCYTES	ABSENT	
CRENATED RBCS	ABSENT	
STIPPLING	ABSENT	
TARGET CELLS	ABSENT	
TEAR DROP CELLS	ABSENT	

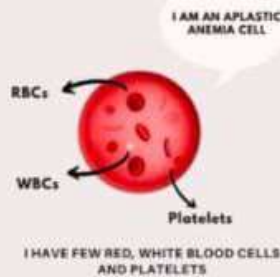
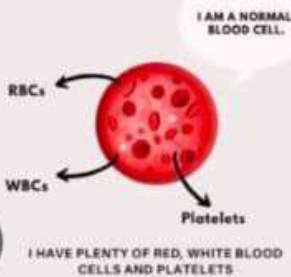
S. I. AHMAD
PG.DMLT (MUM)

DR. DEEPAK KUMAR

After Dr Arpit Chopra Jain Modern Homoeopathy

Aplastic anemia

A DISEASE IN WHICH THE BONE MARROW DOES NOT PRODUCE ENOUGH BLOOD CELLS.



NO SURGERY
 COST EFFECTIVE
 NO SIDE EFFECT
 FAST TREATMENT
 PERMANENT CURE
 AGGRESSIVE THERAPY

Vibhav Sachdeva (Mumbai, Jharkhand)
 Shivrajendra Choudhary (Jaipur, M.P.)
 Prachi Yadav (Jaipur, M.P.)
 Manavni Ahire (Jaipur, M.P.)
 Jyotsna Kumar (Jaipur, M.P.)

Ekta Alagani (D.P.)
 Gayatri Gokhale (Pune, M.H.)
 Kishor Sharma (Bhopal, M.P.)
 Sneha Chhabra (Jaipur, M.P.)
 Ashika Pathak (Jaipur, M.P.)

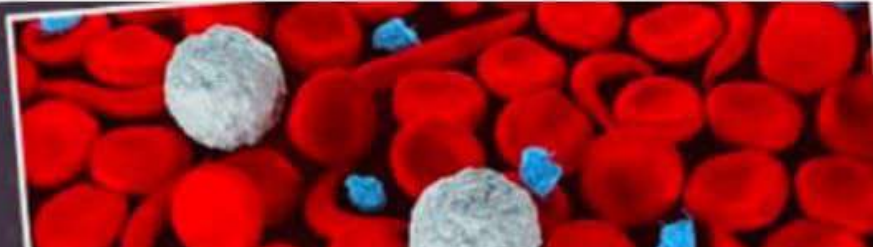
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 एम.डी., एम.एच.बी.
 आरोग्य सुपर स्पेशलिटी

आरोग्य सुपर स्पेशलिटी मॉडर्न होमियोपैथी
 कम्प्लिट, परमानेंट, ईजी, सेफ, फास्ट एण्ड कॉस्ट इफैक्टिव

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 99075 27914 संपर्क : 0731-4877076, 79999 78894
 www.homoeoathvcare.in www.aarogyaahomeoathvindore.com Email : arpitchohra23@gmail.com



ABNORMAL PLATELET COUNT

IN YOUR BLOOD TEST REPORT
WHAT DOES IT MEAN?



WEB OF PLATELETS

PLATELETS:

Platelets are tiny blood cells that circulate within our blood. Their role is to stop the bleeding when there is an injury to our body. When our bodies get an injury, say a cut, platelets in the blood release chemicals that notify other platelets of the trauma. The platelets then change shape and grow small tentacles that help them stick together to cover the wound creating a web that seals the wound.

PLATELET COUNT

A platelet count is a lab measure of the concentration of platelets in the blood. It is an important number for doctors to know, both before and after surgery in order to predict bleeding and clotting problems. It is also an important number during chemotherapy and radiation therapy as these can inhibit the production of platelets in the bone marrow.

NORMAL PLATELET COUNT:

1,50,000
to
4,50,000

in every microlitre of blood

LOW PLATELET COUNT:

A Low Platelet Count, also known as Thrombocytopenia, is a condition that can range from mild to severe, depending on its underlying cause. Typically, a low platelet count is the result of a medical condition, like leukemia, or certain drugs.

LOW PLATELET COUNT:

Anything under 1,50,000 platelets per microlitre of blood. It leads to prolonged bleeding, easy bruising & enlarged spleen.

EXTREMELY LOW PLATELET COUNT:

Anything under 20,000 platelets per microlitre of blood. It leads to spontaneous bleeding that could prove to be fatal.

SYMPTOMS:



HIGH PLATELET COUNT:

> 4,50,000 platelets per microlitre of blood - A High Platelet Count, also known as Essential Thrombocythemia, is a condition that can cause blood clots to develop spontaneously. Normally, blood clots to prevent a massive loss of blood after an injury, but in people with Thrombocythemia, blood clots can form suddenly for no apparent reason. This can be fatal, as blood clots may block the flow of blood to the brain, liver, heart and other vital organs.

SYMPTOMS:



CAUSES OF CANINE THROMBOCYTOSIS

Secondary or reactive thrombocytosis

- Infections
- Inflammatory disorders
- Acute or chronic blood loss
- Tissue damage from trauma or surgery
- Drugs (steroids, vincristine)
- Hyperadrenocorticism
- Splenectomy
- Malignancy
- Rebound from chemotherapy

Primary thrombocytosis

- Essential thrombocytosis
- Chronic myeloid leukemia
- Polycythemia vera
- Myelofibrosis-myelodysplastic syndromes

TEST NAME	UNIT	Result	Normal Range	Reference
HAEMATOLOGY				
COMPLETE BLOOD COUNT (CBC) (WBC/DIFF/PLT/PCV/MPV)				
WBC	/mm ³	10.8	6.0 - 17.0	WBC
DIFF	%			
Neutrophils	%	62.0	55.0 - 75.0	Neutrophils
Lymphocytes	%	32.0	20.0 - 40.0	Lymphocytes
Monocytes	%	4.0	2.0 - 8.0	Monocytes
Eosinophils	%	0.0	0.0 - 5.0	Eosinophils
Basophils	%	0.0	0.0 - 1.0	Basophils
PLT	/mm ³	1,10,000	450,000 - 1,25,000	PLT
PCV	%	45.0	37.0 - 55.0	PCV
MPV	fL	10.0	8.0 - 12.0	MPV
RBC	/mm ³	10.0	5.0 - 15.0	RBC
Hb	g/dL	10.0	5.0 - 15.0	Hb
Hct	%	45.0	37.0 - 55.0	Hct
RDW	%	10.0	10.0 - 15.0	RDW
MCV	fL	45.0	80.0 - 100.0	MCV
MCH	pg	10.0	27.0 - 34.0	MCH
MCHC	g/dL	22.0	32.0 - 36.0	MCHC
Platelet Count	/mm ³	1,10,000	450,000 - 1,25,000	Platelet Count

TEST NAME	UNIT	Result	Normal Range	Reference
HAEMATOLOGY				
PLATELET COUNT (PLT) (WBC/DIFF/PLT/PCV/MPV)				
PLT	/mm ³	1,10,000	450,000 - 1,25,000	PLT
WBC	/mm ³	10.8	6.0 - 17.0	WBC
DIFF	%			
Neutrophils	%	62.0	55.0 - 75.0	Neutrophils
Lymphocytes	%	32.0	20.0 - 40.0	Lymphocytes
Monocytes	%	4.0	2.0 - 8.0	Monocytes
Eosinophils	%	0.0	0.0 - 5.0	Eosinophils
Basophils	%	0.0	0.0 - 1.0	Basophils
PLT	/mm ³	1,10,000	450,000 - 1,25,000	PLT
PCV	%	45.0	37.0 - 55.0	PCV
MPV	fL	10.0	8.0 - 12.0	MPV
RBC	/mm ³	10.0	5.0 - 15.0	RBC
Hb	g/dL	10.0	5.0 - 15.0	Hb
Hct	%	45.0	37.0 - 55.0	Hct
RDW	%	10.0	10.0 - 15.0	RDW
MCV	fL	45.0	80.0 - 100.0	MCV
MCH	pg	10.0	27.0 - 34.0	MCH
MCHC	g/dL	22.0	32.0 - 36.0	MCHC
Platelet Count	/mm ³	1,10,000	450,000 - 1,25,000	Platelet Count

डॉ. अमित शर्मा (एम.बी.बी.एस.)
एम.डी. होमियोपैथी
एच.डी. होमियोपैथी
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आरोग्य सुपर स्पेशलिटी माईन होमियोपैथी
कम्प्लिक्ट, परसामेन्ट, ईन्टी, सेफ, कार्ट एण्ड सोस्ट इफेक्टिव

122, ब्रह्म चंदिन, कृष्ण टॉवर, अयोध्या इन्डिस्ट्रियल एरिया, नवीनरस्ता चौक, न्यू फार्मलिया, इण्टर-ए.ए.सी.
फ़ोन: 011-2610114 सफ़्त: 011-4879796, 70000 70004
www.homeopathycura.in, www.aarogyahomeopathyindia.com, Email: aarogya@pr23@gmail.com



case successfully responded by Modern Homoeopathy with significant improved platelet count from critical level 7000 / cumm (0.7 lacs) to 50000 /cu mm with in 3 days without PRP

10:44 M • 86% 02:04

You 102 photos • December 10, 2021 11:01 AM ✓



Dr. Arpit Chopra (Jain)
 M.D. HOMOEOPATHY
 Critical & Surgical Diseases Specialist

9907527914, 9713037777
 9713092737, 79999975

AROGYA SUPER SPECIALITY MODERN HOMOEOPATHIC CLINIC

Complete, Easy, Safe, Fast & Costeffective
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AROGYA SUPERSPECIALITY
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and Arthritis, Spinal Stenosis,

आरोग्य सुपर स्पेशलिटी
 आधुनिक होम्योपैथिक क्लिनिक (कम्प्यूटाइज्ड)

ARTICULAR NECROSIS WITH ATLASIC ANAEMIA 09

मैं बहुत कम (जिन्हा) दिवसीय
 मध्य रात्रि में नींद में बाधित हो जाऊं
 क्योंकि मैं आराम में भी
 मध्य रात्रि में नींद में बाधित हो जाऊं
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डॉ. अर्पित चोपड़ा (जेन)
 आरोग्य सुपर स्पेशलिटी

Advance X-Ray & Pathology

आरोग्य सुपर स्पेशलिटी

आरोग्य सुपर स्पेशलिटी

PLASTIC ANAEMIA (SAA) &
 VASCULAR NECROSIS FEMORAL
 HEAD (HIP JOINT) ANOTHER HIP
 BONE REPLACEMENT & BONE
 MARROW TRANSPLANT ADVISED

या आप अप्लास्टिक एनीमिया से परेशान हैं क्या आप अप्लास्टिक एनीमिया को खत्म करना चाहते हैं

Aplastic Anemia

Dr. 16:07

Treatment Of Aplastic Anemia By Modern Homeopathy

SODANI DIAGNOSTIC CLINIC

Investigation	Result	Unit	Reference Range
Haemoglobin	7.5	g/dL	12.0 - 16.0
Haematocrit	22.0	%	37.0 - 47.0
Red Blood Cell Count	3.5	mm ³	4.0 - 5.5
White Blood Cell Count	12.0	mm ³	4.0 - 11.0
Platelet Count	3000	mm ³	150,000 - 450,000
Mean Corpuscular Volume	60.0	fL	84.0 - 101.0
Mean Corpuscular Hemoglobin	21.4	pg	27.0 - 32.0
Mean Corpuscular Hemoglobin Concentration	35.7	g/dL	32.0 - 36.0
Red Cell Distribution Width	13.3	%	11.5 - 14.5
Reticulocyte Count	0.0	%	0.5 - 1.5
Neutrophils	75	%	50 - 70
Lymphocytes	20	%	20 - 40
Monocytes	5	%	2 - 8
Eosinophils	0	%	1 - 5
Basophils	0	%	0 - 2
Platelets	3000	mm ³	150,000 - 450,000

आरोम्य

APLASTIC ANAEMIA CURED (SAA)
 अप्लास्टिक एनीमिया WITH MIRACULOUS
 IMPROVEMENT OF LOW PLATELETS
 LEVEL CRITICAL 3000 cu/mm to 120000
 cu/mm BY MODERN HOMOEOPATHY

कैंसर, किडनी फेलियर, अस्पताल में गंभीर रूप से
 भर्ती मरिजों का उपचार, कोमा, शल्य चिकित्सा योग्य रोग,
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 300 प्रकार के असाध्य जटिल रोगों की चिकित्सा।



डॉ. अर्पित चौपड़ा (जैन)
 एम. डी. होम्योपैथी
 नॉटिल, असाध्य एवं
 शल्य रोग विशेषज्ञ

आरोम्य सुपर स्पेशलिटी माईन होमियोपैथी
 कम्पलिट, परमानेन्ट, ईजी, सेफ, फास्ट एण्ड कॉस्ट इफैक्टिव

102, प्रथम मंजिल, कृष्णा टॉवर, क्योरवेल हॉस्पिटल के सामने, जंजीरवाला घौराहा, न्यू पलासिया, इन्दौर म.प्र.

99075 27914 संपर्क : 0731-4977076, 79999 78894

www.homoeopathyvure.in, www.aarogvahomoeopathyindore.com Email : arpitchopra23@gmail.com

Thrombocytosis cause

Essential (primary)

- Essential thrombocythosis (a form of myeloproliferative disease)
- Other myeloproliferative disorders such as chronic myelogenous leukemia, polycythemia vera, myelofibrosis

Reactive (secondary)

- Inflammation
- Surgery (which leads to an inflammatory state)
- Hyposplenism (decreased breakdown due to decreased function of the spleen)

केसर, किडनी फेलियर, अस्पताल में गंभीर रूप से भर्ती करने का उपचार, कोमा, शल्य चिकित्सा योग्य रोग, अटो इम्यून रोग, जीवनभर दवाई लेने वाले रोगों की रोकथाम एवं 300 प्रकार के असाध्य नटिल रोगों की चिकित्सा।

आरोग्य सुपर स्पेशलिटी माईन होमियोपैथी

कम्प्लिट, परमानेंट, ईजी, सेफ, फास्ट एंड कॉस्ट इफेक्टिव

100, प्रथम बिल्डिंग, कृष्ण टॉवर, बसोवला हॉस्पिटल के सामने, नगीरवाला रोड, न्यू बाराकला, इन्डोर म.प्र.
 98075 27614 (मॉर्निंग) | 0731-4877078, 999078864
 www.homeocarewithcare.in, www.aarogyasuperhomeopathyindia.com, Email: aaroch@one23@gmail.com

AKATESHWAR HOSPITAL
 The Leading Multi-Specialty Hospital

07-44-05-05
 1 Sector 34, Durgam, New Delhi-110075
 info@akateshwarhospital.com
 www.akateshwarhospital.com

DEPARTMENT OF LABORATORY MEDICINE

Patient Name: Mrs. Vidya Devi
 Age/Gender: 51 Yrs/Female
 Order Date: 22/08/2022 9:23AM
 UHID: 220344112
 Ack. Date: 22/08/2022 10:24AM
 Bed No/Ward: OPD
 Refraced By: Dr. INTERNAL MEDICINE UNIT 2 / DR ANNA YADAV
 Report Date: 22/08/2022 9:20PM
 Lab No/Status: 22119550/PLND

HAEMATOLOGY

CBC+PL+COMPLETE BIODIFFERENTIAL

Sample Type - W, S, EDTA, WHITE BLOOD DIFF

Parameter	Result	Unit	Ref. Range	Method
Complete Blood Count (CBC)				
Hemoglobin	8.3	g/dL	12.0 - 15.0	Non-Cyanide ID Colorimetry
Total Leucocyte Count (TLC)	15.48	10 ⁹ /L/cmm	4.00 - 10.00	Light scatter flowcytometry
RBC Count (Red Blood Cell)	2.80	x111000/cmm	3.80 - 4.80	Light scatter flowcytometry
PCV (Haematocrit)	28.1	%	36.0 - 48.0	CALCULATED
Mean Corpuscular Volume (MCV)	99.4	fL	81.0 - 99.0	CALCULATED
RDW	20.7	%	11.0 - 15.0	CALCULATED
Platelet Count	1559	10 ⁹ /L	150 - 450	Light scatter flowcytometry
Neutrophils	33.0	%	40-80	Flowcytometry DBDS Microscopy
Lymphocytes	46.0	%	20-40	Flowcytometry DBDS Microscopy
Monocytes	18.0	%	2-10	Flowcytometry DBDS Microscopy
Eosinophils	1.0	%	1-6	Flowcytometry DBDS Microscopy
Basophils	0.0	%	0-2	Impedance / Microscopy
Absolute Leucocyte Count	235.2	10 ⁹ /L	4.0 - 10.0	Flowcytometry DBDS Microscopy
Absolute Neutrophil Count	5.13	10 ⁹ /L	1.5 - 7.0	Flowcytometry DBDS Microscopy
Absolute Lymphocyte Count	7.12	10 ⁹ /L	1.5 - 4.0	Flowcytometry DBDS Microscopy
Absolute Monocyte Count	2.80	10 ⁹ /L	0.2 - 1.0	Flowcytometry DBDS Microscopy
Absolute Eosinophil Count	0.15	10 ⁹ /L	0.02 - 0.5	Flowcytometry DBDS Microscopy
Absolute Basophil Count	0.00	10 ⁹ /L	0.02 - 0.1	Flowcytometry DBDS Microscopy
Platelet Count	155.9	10 ⁹ /L	150 - 450	Impedance / Microscopy
PDW	11.2	%	6.5 - 12.0	Flowcytometry DBDS Microscopy
RDW	20.7	%	11.0 - 15.0	Flowcytometry DBDS Microscopy
Absolute Neutrophil Count	5130.0	/cmm	2000.0 - 7000.0	Light scatter flowcytometry
Absolute Lymphocyte Count	7120.0	/cmm	1000.0 - 3000.0	Light scatter flowcytometry

before Treatment



Thrombocytosis

TATA Iimg Labs

TATA IMD Technologies Pvt. Ltd
 LABORATORY | Ind Plaza, D-2/3, DLF Industrial Area, Phase-1, New Delhi - 110028
 www.timglabs.com
 011-26100000, 011-26100001, 011-26100002, 011-26100003, 011-26100004

PNL No: PCT080605426-130

Name: Mr. VIDYA DEVI
 Age/Gender: 51 Female
 Patient ID: 080605426
 Referral ID (UHID ID): 220344112-1559075
 Referral By: Dr.
 Sample Type: Whole Blood EDTA

Registration Date: 22/08/2022 12:31 PM
 Collection Date: 22/08/2022 09:23 AM
 Sample Received Date: 22/08/2022 10:24 AM
 Report Status: Final Report
 Report Date: 22/08/2022 09:20 PM

HAEMATOLOGY

GOOD HEALTH SILVER PACKAGE

Test Name	Result	Unit	Ref. Range	Method
Complete Blood Count				
Hemoglobin	7.3	g/dL	12.0 - 15.0	Spectrophotometry
RBC	2.36	10 ⁶ /cmm	3.8 - 4.8	Impedance
HCT	22.0	%	36 - 48	Calculated
MCV	92.8	fL	87 - 101	RBC pulse measurement
MCH	33.0	pg	27 - 32	Calculated
MCHC	32.3	g/dL	31.5 - 34.5	Calculated
RDW CV	27.7	%	11.5 - 14	Calculated
Total Leucocyte Count	4.63	10 ⁹ /L	4 - 10	Impedance
Differential Leucocyte Count				
Neutrophils	33.0	%	40-80	Flowcytometry DBDS Microscopy
Lymphocytes	46.0	%	20-40	Flowcytometry DBDS Microscopy
Monocytes	18.0	%	2-10	Flowcytometry DBDS Microscopy
Eosinophils	1.0	%	1-6	Flowcytometry DBDS Microscopy
Basophils	0.0	%	0-2	Impedance / Microscopy
Absolute Leucocyte Count	4.63	10 ⁹ /L	4 - 10	Flowcytometry DBDS Microscopy
Absolute Neutrophil Count	1.53	10 ⁹ /L	1.5 - 7.0	Flowcytometry DBDS Microscopy
Absolute Lymphocyte Count	2.13	10 ⁹ /L	1.5 - 4.0	Flowcytometry DBDS Microscopy
Absolute Monocyte Count	0.83	10 ⁹ /L	0.2 - 1.0	Flowcytometry DBDS Microscopy
Absolute Eosinophil Count	0.14	10 ⁹ /L	0.02 - 0.5	Flowcytometry DBDS Microscopy
Absolute Basophil Count	0.00	10 ⁹ /L	0.02 - 0.1	Flowcytometry DBDS Microscopy
Platelet Count	175	10 ⁹ /L	150 - 450	Impedance / Microscopy
PDW	11.2	%	6.5 - 12.0	Flowcytometry DBDS Microscopy
RDW	20.7	%	11.0 - 15.0	Flowcytometry DBDS Microscopy

After Modern Homeopathy treatment

Thrombocytosis (throm-boe-sie-TOE-sis) is a disorder in which your body produces too many platelets. It's called reactive thrombocytosis or secondary thrombocytosis when the cause is an underlying condition, such as an infection. 27-Oct-2020

BLOOD DISEASES

PERMANENT CURE

BLOOD TRANSFUSION
PLASMA
PLATELETS
WBC
RBC
HEMOGLOBIN
DIALYSIS
BONE MARROW TRANSI

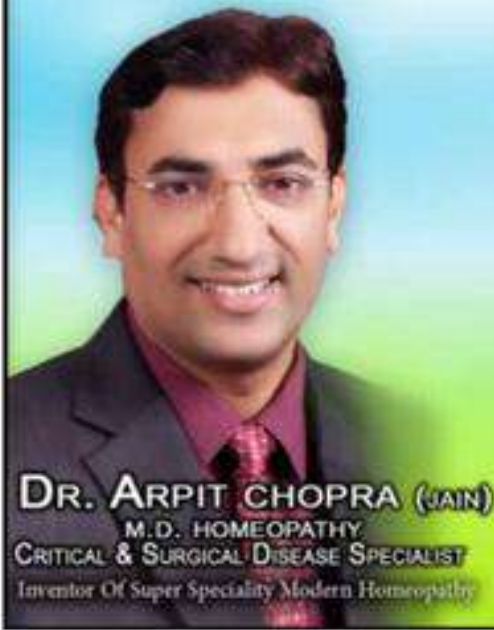
मॉडर्न होम्योपैथी
अपनाएं
हर रोग को जड़ से मिटाएं

रक्त संबंधी रोग

NO SURGERY	Vishal Sachdev Anemia, Hemat	Deepti Choudhary Hemoglobin	Prachi Yadav Hemoglobin	Mahant Anu Hemoglobin	Shweta Kumar Hemoglobin
NO DRUGS					
NO SEX EFFECT					
FAST TREATMENT					
PERMANENT CURE					
NO INVASIVE THERAPY					

TYPES OF BLOOD RELATED DISORDER CURED BY DR. ARPI CHOPRA JAIN'S MODERN HOMEOPATHY

COMPLETE, PERMANENT, EASY, SAFE, FAST CURE & COST EFFECTIVE



AAROGYA SUPER SPECIALITY

MODERN HOMEOPATHY CLINIC

COMPLETE, PERMANENT, EASY, SAFE, FAST CURE & COST EFFECTIVE

102, FIRST FLOOR, KRISHNA TOWER, INFRONT OF CUREWELL HOSPITAL, JANJEERWALA CHOURAHA, NEW PALASIYA, INDORE (M.P.)

CONTACT - 0731-4977076, 7999975894, 9907527914

High blood pressure

Also called: HBP, hypertension

Overview

Symptoms

Treatments

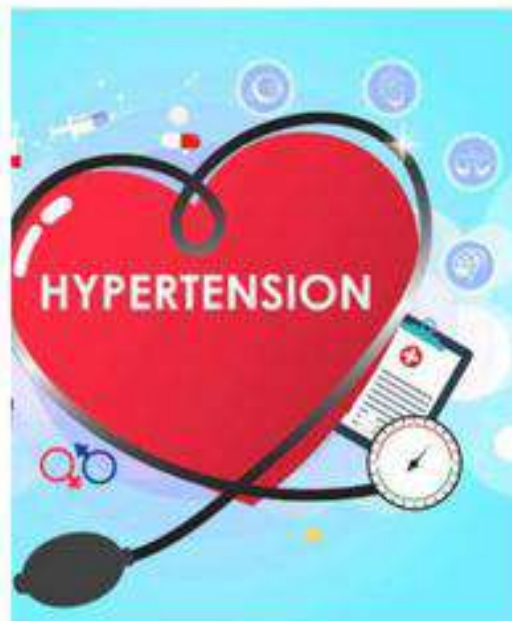
A condition in which the force of the blood against the artery walls is too high.

Usually hypertension is defined as blood pressure above 140/90, and is considered severe if the pressure is above 180/120.

Very common

More than 10 million cases per year (India)

- Treatable by a medical professional
- Requires a medical diagnosis
- Lab tests or imaging not required
- Chronic: can last for years or be lifelong



Description

High Blood pressure HTN & Allergy cured by Dr Arpit Chopra Modern Homoeopathy to save lifetime drug

Dr Arpit Chopra's SuperSpecialty Mod...



Vidhya Singh
Delhi, India



Bhagwan Singh
Delhi, India

Thrombocytosis cause

Essential (primary)

- Essential thrombocythosis (a form of myeloproliferative disease)
- Other myeloproliferative disorders such as chronic myelogenous leukemia, polycythemia vera, myelofibrosis

Reactive (secondary)

- Inflammation
- Surgery which leads to an inflammatory state.
- Hyposplenism (decreased breakdown due to decreased function of the spleen)

कैंसर, किडनी फेलियर, अल्सर में नतीर लय में भारी नरिनो का उपचार, कोष, शल्य चिकित्सा रोष रोष, अती दुष्पूर रोष, नीचस्तर चरुई लेने वाले रोषो की रोकथाम एवं 300 प्रकार के अलगज नरिनो रोषो की चिकित्सा।

आरोग्य सुपर स्पेशलिटी माडर्न होमिवापेकी
कान्तिर, दरलनेर, ईपी, रोष, चरुई रोष होरुई होरुई

111, रुरन रोष, दुष्प रोष, अतीरुई रोषो के चरुई, नरिनोस्तर रोषो, नु, अरुईर, इपीर, र.क.
111, रुरन रोष, दुष्प रोष, अतीरुई रोषो के चरुई, नरिनोस्तर रोषो, नु, अरुईर, इपीर, र.क.
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SKATESHWAR HOSPITAL
DEPARTMENT OF LABORATORY MEDICINE

Patient Name: Mrs. Vidya Singh
Age/Gender: 61 Yrs/Female
Ward: 213/14/11
Order Date: 22/04/2022 9:24AM
Lab No/Ward: 075
Ref. Date: 22/04/2022 12:26PM
Report Date: 22/04/2022 1:22PM
Lab No/Station: 221114204144

Hematology

Q/C	UNIT	RESULT	REF RANGE	COMMENT
WBC	12.84	12.84	4.8 - 11.2	High
Hb	12.4	12.4	12.1 - 15.3	Normal
Hct	32.9	32.9	37 - 47	Low
MCV	26.2	26.2	83.7 - 101.2	Low
RDW	11.5	11.5	11.5 - 14.3	Normal
PLT	1111	1111	150 - 450	High

TATA labs

GOOD HEALTH BLYER PACKAGE

Test Name	Result	Unit	Ref. Range	Method
Complete Blood Count				
Hemoglobin	12.4	g/dL	12.1 - 15.3	Spectrophotometry
HbC	32.9	%	37 - 47	Colorimetry
HCT	32.9	%	37 - 47	Colorimetry
MCV	83.7	fL	83.7 - 101.2	Colorimetry
RDW	11.5	%	11.5 - 14.3	Colorimetry
RDW-CV	11.5	%	11.5 - 14.3	Colorimetry
Total Leucocyte Count	12.84	10 ⁹ /L	4 - 10	Reptech
Differential Leucocyte Count				
Neutrophils	72	%	40 - 70	Flow cytometry (CBC)
Lymphocytes	24	%	20 - 40	Flow cytometry (CBC)
Monocytes	4	%	2 - 8	Flow cytometry (CBC)
Eosinophils	0	%	0 - 5	Flow cytometry (CBC)
Basophils	0	%	0 - 2	Reptech / Microscopy
Urea Nitrogen Creatinine				
Urea Nitrogen	1.1	mg/dL	0.7 - 2.0	Colorimetry
Creatinine	0.9	mg/dL	0.7 - 1.2	Colorimetry

After Modern Homeopathy

Idiopathic thrombocytopenic purpura

Also called: ITP, immune thrombocytopenic purpura

ABOUT

SYMPTOMS

TREATMENT

Low levels of the blood cells that prevent bleeding (platelets).

Rare

Fewer than 1 million cases per year (India)



Treatable by a medical professional



Requires a medical diagnosis



Lab tests or imaging always required

Consult a doctor for medical advice

Pathogenesis of ITP

- Increased platelet destruction caused by antiplatelet antibodies → antibodies directed against platelet membrane antigens such as GPIIb/IIIa → the platelets coated with immune complexes bind to Fc portion of macrophages in spleen and other RES and are removed.
- Lack of compensatory response by megakaryocytes due to suppressive effect of antiplatelet antibodies
- So, a combination of increased platelet destruction + ineffective megakaryopoiesis.
- Pathogenesis was proved by Harrington when he infused himself with plasma from a woman with ITP (Harrington-Hollisworth Experiment)

Ask Pathology Laboratory
Caring Humanity
E-9, HIG Main Road, Sai Mandapam 1st Floor, Above Andhra Bank, Indore Ph.: 2433730

MS ASHA MISHRA
60 Years F

SAMPLE ID: F0002418
REFERRING DR. DR. B.B. GUPTA SAHAR, MD.
COLLECTED AT: [Blank]

RECEIVED: 06/Apr/2018
REPORTED: 06/Apr/2018

BLOOD EXAMINATION REPORT

INVESTIGATIONS	RESULTS	REFERENCE INTERVAL
TOTAL HAEMOGLOBIN /100 CC.	12.7 gms / 100 cc	Male :14-16 gms/100cc. Female:12-16 gms/100cc.
Colorimetry		
TOTAL RBC / c.mm.	4.09 Million	M:4.6-6.5 F:3.5-4.7
MCV	93.6 fl.	82.0-92.0
MCH	31.3 pg.	27.0-31.0
MCHC	33.2 %	32.0-36.0
RDW - SD	52.1 fl.	37.0-54.0
RDW - CV	15.7 %	11.0-16.0
ABNORMALITIES OF RED CELLS	XXXX	
TOTAL PLATELET COUNT	0.80 Lacs/cu.mm.	1.5 - 5.0 lacs/cu.mm.
TOTAL WBC COUNT	3,300 /c.mm.	4,000 to 11,000 /cu.mm
DIFFERENTIAL COUNT		
Neutrophils	-	
Band Forms		
Segment Forms	80 %	40 - 75
Eosinophils	01 %	00 - 06
Basophils	00 %	00 - 02
Monocytes	02 %	02 - 08
Lymphocytes	17 %	20 - 40
Abnormalities of Leucocytes	XXXXX	
Volume of Packed Cells	38 %	M:40-48 F:37-47

ASHA MISHRA
PID NO: P3180006506
Age: 60 Years Sex: Female

Reference: Dr ARPIT CHOPRA
Sample Collected At: NIRVGHN DIAGNOSTIC
GIO NIRVGHN DIAGNOSTIC, 102 KRISHNA TOWER OPP CUREWELL HOSPITAL, JANJEERWALA SQUARE, NEW PALASIYA, INDORE MP.

TEST REPORT
VID: 31190106579
Registered On: 29/04/2018 09:47 AM
Collected On: 29/04/2018
Reported On: 29/04/2018 02:03 PM

CBC Haemogram

Investigation	Observed Value	Unit	Biological Reference Interval
Erythrocytes			
Erythrocyte (RBC) Count	3.87	mill/cu mm	4.2-5.4
Haemoglobin (Hb)	12.1	g/dL	12.5-16
PCV (Packed Cell Volume)	41.1	%	37-47
MCV (Mean Corpuscular Volume)	106.2	fL	78-100
MCH (Mean Corpuscular Hb)	31.8	pg	27-31
MCHC (Mean Corpuscular Hb Concn.)	29.92	g/dL	32-36
RDW (Red Cell Distribution Width)	17.11	%	11.5-14.0
Leucocytes			
Total Leucocytes (WBC) count	3,600	cells/cu mm	4000-10500
Neutrophils	80	%	40-80
Lymphocytes	30	%	20-40
Monocytes	4	%	2.0-10
Eosinophils	3	%	1-6
Basophils	0	%	0-2
Platelets			
Platelet count	110	10 ³ / µl	150-450
MPV (Mean Platelet Volume)	9.8	fL	6-6.5

Medical Remarks: Giant platelets seen.
GITA Whole Blood - Tests done on Automated Three Part Cell Counter (WBC, RBC Platelet count by impedance method, other parameters calculated). All Abnormal Haemograms are reviewed confirmed microscopically.

-- End of Report --

Low platelet level

Also called: thrombocytopenia

A low number of platelets in the blood.

Common causes of this symptom

Low platelet level can have causes that aren't due to underlying disease. Examples include pregnancy, altitude or medication side effects.

Self-treatment

Seeking medical care

Health conditions related to this search

Infection

A disease caused by microorganisms that invade tissue.

Developing

He thr An blo use clor

DR. J.R. KRILAWALA
M.S.
Reg. No. G-11407

Whited Naroli Road, Naroli, Tin Barta, D.N.H., 306 235
Email: drkajawala@gmail.com, MOB: 7874183800
7060261502

KRISHNAKUMAR HOSPITAL

Name: RAKESH JAJAL
Ref By: DR. KRILAWALA

Age/Sex: 24 Yrs./M
Date: 28/04/2018
Lab No.: 2

HAEMATOLOGY ANALYSIS

TEST	RESULT	UNIT	METHOD	REFERENCE INTERVAL
BLOOD COUNTS & INDICES				
Hemoglobin	13.10	gm%		12.0 - 14.0 gm%
Total RBC	4.57	mill/cmm		4.8 - 6.2 mill/cmm
PCV	40.09	%		40 - 54 %
MCV	87.71	fL		80 - 94 fL
MCH	28.44	pg		27 - 31 pg
MCHC	32.67	%		32 - 36 %
RDW	14.40	%		10 - 15 %
Total WBC	5.30	/cmm		4,000 - 11,000/cmm
Platelet Count	1,28,000	/cmm	↓ ↓ ↓	1.5 - 4.0 Lac/cmm
DIFFERENTIAL LEUCOCYTES COUNT				
Band Cells	00	%		00 - 06 %
Neutrophils	56	%		55 - 70 %
Lymphocytes	34	%		30 - 40 %
Eosinophils	06	%		01 - 06 %
Monocytes	04	%		02 - 08 %
Basophils	00	%		00 - 01 %
Plated in Slide	0			
ERYTHROCYTE SEDIMENTATION RATE				
ESR After 1st Hour	14	mm	Westergren	01 - 10 mm

END OF REPORT

RAKESH JAJAL

PH NO: P318809916
Age: 23 Years Sex: Male

Reference: Dr. ANNY CHOPRA
Specialty: General P
Department: LABORATORY
PUNJIA TENDRA OPP. LUTWELL
HOSPITAL, JALDEHATA
SOURCE: KRILAWALA HOSPITAL

TEST REPORT
PR: 318810024
Request No: 14042018 11 34 752
Patient No: 14040018
Report No: 14042018 04 27 752

Investigation	Observed Value	Unit	Biological Reference Interval
Erythrocytes			
Erythrocyte (RBC) Count	4.78	mill/cmm	4.7-6.0
Haemoglobin (Hb)	14.2	gm/dL	13.5-18
PCV (Packed Cell Volume)	42.6	%	42-52
MCV (Mean Corpuscular Volume)	88.9	fL	78-100
MCH (Mean Corpuscular Hb)	29.7	pg	27-31
MCHC (Mean Corpuscular Hb Conc)	33.4	g/dL	32-36
RDW (Red Cell Distribution Width)	12.8	%	11.5-14.0
Leucocytes			
Total Leucocytes (WBC) count	4,500	cell/cmm	4000-10500
Neutrophils	54	%	40-60
Lymphocytes	39	%	20-40
Monocytes	6	%	2-10
Eosinophils	1	%	1-6
Platelets			
Platelet count	150	10 ³ / μl	150-450
MPV (Mean Platelet Volume)	13.71	fL	9-9.5

EDTA Whole Blood - Tests done on Automated Three Part Cell Counter (WBC, RBC Platelet count) by impedance method, other parameters calculated. All Abnormal Hemograms are reviewed confirmed microscopically.

-- End of Report --

Page 1 of 1
Dr. Sonu Yadav
METROPOLIS HOSPITAL & CLINIC

METROPOLIS INNER HEALTH REVEALED

Idiopathic thrombocytopenic purpura

Also called: ITP, immune thrombocytopenic purpura



ABOUT

SYMPTOMS

TREATMENTS

Low levels of the blood cells that prevent bleeding (platelets).

Suyash Hospital Path. Lab.
 (NABL Accredited)
 S/1, RESIDENCY AREA, A.B. ROAD, INDORE (M.P.)
 Phone : (0731) 454811, 3403011 Ext. 510, 511
 E-mail : info@suyashhospital.com
 (CN : LB5112MB1801PT000838)

RegNo. : 71958 BED NO. : S1-4 VISITID : 1181901338
 PATIENT NAME : MRS. SHEETAL SHARMA ORDER DATE : 03/06/2018 10:56:00
 AGE/SEX : 25 YEARS/FEMALE SAMP. DATE : 03/06/2018 11:07:00
 CONSULTANT DOCTOR : NEMA MANISH MD.DM SPEC./LAB NO : 10133835 /22
 RESULT DATE : 03/06/2018

DEPARTMENT OF PATHOLOGY
CBC (COMPLETE BLOOD COUNT)

NAME OF TEST	RESULT VALUE		UNIT	BIOLOGICAL REFERENCE RANGE
	IN RANGE	OUT RANGE		
SPECIMEN : EDTA BLOOD				
HAEMOGLOBIN		4.0	g/dl	12 - 15
TOTAL RBC COUNT		1.37	Million/ μ l	3.8 - 4.8
HAEMATOCRIT (PCV)		11.8	%	36 - 46
MEAN CORPUS VOL (MCV)	86.0		f	83 - 101
MEAN CORPUS HB (MCH)	28.9		pg	27 - 32
MEAN CORPUS HB CONC. (MCHC)	33.7		g/dl	31.5 - 34.5
RDW*		16.1	%	11.5 - 14.5
TOTAL WBC COUNT		15500	/cumm	4000 - 10000
DIFFERENTIAL COUNT				
NEUTROPHILS		88	%	40 - 80
LYMPHOCYTES		09	%	20 - 40
EOSINOPHILS	01		%	1 - 5
MONOCYTES	02		%	2 - 10
PLASMPHILS	00		%	0 - 2
PLATELET COUNT		3	Thousand/cumm	150 - 410

RESULT REMARKS : Test Method (1): CBC-Spectrophotometric / Electronic / Impedance Calculations/Microscopic Examination
 Reference range from dacie's practical haematology 11th edition.
 Note : The Test Marked with an(*) are not accredited by NABL.

Issue user name : SARENDRA SENGHAN

Dr. ASHOK PANCHOLIA MD
 PATHOLOGIST

*** END OF REPORT ***

UNIQUE
 SUPER SPECIALITY HOSPITAL
 NEEMA HOSPITALS PVT. LTD.
 EXAMINATION REPORT
 DEPARTMENT OF PATHOLOGY

Reg. No. : 135

Patient's Name : MRS. SHEETAL SHARMA Date : 27/06/2018
 Age & Sex : Female Receipt No. : 1819-0004832
 Referred by : DR. MANISH NEMA Type : OPD
 Consultant : DR. MANISH NEMA Print Date : 27/06/2018

Haematology Examination

Test Name	Result	Normal Range
Platelet Count	0.18 lakh/cumm	1.5 - 4.5

DR. MANISH NEMA
 M.B.B.S., M.D. (Pathology)
 (PATHOLOGIST)

Please provide technical and biological limitations. Please correlate clinically as well as with other investigative findings. A Review should be conducted for the purpose.

Dr. Pathology Laboratory
 2-3, HG Main Road, Sai Mandapam 1st Floor, Above Andhra Bank, Indore Ph.: 2433730

MS ASHA MISHRA
 60 Years -F

RECEIVED
 06/04/2018

REPORTED
 06/04/2018

BLOOD EXAMINATION REPORT

INVESTIGATION	RESULTS	REFERENCE RANGES
TOTAL HAEMOGLOBIN / 100 CC.	12.7 gms / 100 cc	Male : 14-18 gms/100cc. Female : 12-16 gms/100cc.
TOTAL RBC / CMM.	4.09 Million	Male : 4.5-5.5 F: 3.5-4.7
MCV	31.0 fL	82.0-102.0
MCH	31.1 pg	27.0-32.0
MCHC	33.2 %	32.0-36.0
RDW - SD	52.1 fL	37.0-54.0
RDW - CV	15.7 %	11.0-16.0
ABNORMALITIES OF RED CELLS	xxxx	
TOTAL PLATELET COUNT	8,000 /cmm.	1.5 - 5.0 lakhs/cmm.
TOTAL WBC COUNT	8,000 /cmm.	4,000 to 11,000 /cmm.
DIFFERENTIAL COUNT		
Neutrophils	-	
Rand Forms		
Segment Forms	88 %	40 - 75
Eosinophils	01 %	00 - 06
Basophils	00 %	00 - 02
Monocytes	02 %	02 - 08
Lymphocytes	17 %	20 - 40
Abnormalities of Leucocytes	xxxxx	
Volume of Packed Cells	38 %	M: 40-48 F: 37-47

ASHA MISHRA
 Reference: Dr ARPIT CHOPRA
 Sample Collected At: NRI VIGNA DIAGNOSTIC
 102 NRI VIGNA DIAGNOSTIC, 102 KRISHNA TOWER, OPP. CUREWELL HOSPITAL, JANSEWALA SQUARE, NEW PALASIA, INDORE MP.

VID: 31180108575
 Registered On: 29/04/2018 09:47 AM
 Collected On: 29/04/2018
 Reported On: 29/04/2018 02:03 PM

CBC Haemogram

Investigation	Observed Value	Unit	Biological Reference Interval
Erythrocytes			
Erythrocyte (RBC) Count	3.87	millions/mm ³	4.2-5.4
Hematoglobin (Hb)	12.1	g/dL	12.5-16
HCV (Packed Cell Volume)	41.1	%	37-47
MCV (Mean Corpuscular Volume)	106.2	fL	78-100
MCH (Mean Corpuscular Hb)	29.8	pg	27-31
MCHC (Mean Corpuscular Hb Conc.)	29.92	g/dL	32-36
RDW (Red Cell Distribution Width)	17.71	%	11.5-14.0
Leucocytes			
Total Leucocyte (WBC) count	3,800	cells/mm ³	4000-10000
Neutrophils	88	%	40-80
Lymphocytes	00	%	20-40
Monocytes	02	%	2-10
Eosinophils	01	%	1-6
Basophils	00	%	0-2
Platelets			
Platelet count	8,000	10 ³ / μl	100-400
MPV (Mean Platelet Volume)	8.8	fL	9-13

--- End of Report ---

Idiopathic thrombocytopenic purpura
 Also called: ITP, immune thrombocytopenic purpura

ABOUT SYMPTOMS TREATMENT

Low levels of the blood cells that prevent bleed (platelets).

Rare
 Fewer than 1 million cases per year (India)

- Treatable by a medical professional
- Requires a medical diagnosis
- Lab tests or imaging always required

Consult a doctor for medical advice

SODANI DIAGNOSTIC CLINIC
 ISO : 9001 : 2008
 W/O : L.G.-1, Maya Centre, Opp. Basket Ball Club, 16/1, Race Course Road, Indore (M.P.) ☎ 8731-63-8281

Patient's Name: Mrs. ASHA MISHRA
 Age: 60 Years / Female
 Referred By: Dr. VIKAS KUMAR SODANI
 Date: 29/04/2018
 Received: 29/04/2018 12:01
 Reported: 29/04/2018 02:03

HABMATOLOGY

Investigation	Result	Unit	Reference Range
HAIEMOGRAM (CBC)			
Hematoglobin	12.9	g/dL	12.0 - 15.0
Hb (Red Blood Cells)	3.88	10 ¹² /L	4.0 - 5.0
Hematocrit	38.7	%	36 - 48
Total Leucocyte/WBC Count	3.8	10 ⁹ /L	4.0 - 10.0
DIFFERENTIAL COUNT			
Neutrophils	78	%	40 - 70
Lymphocytes	02	%	20 - 40
Monocytes	02	%	0 - 10
Eosinophils	02	%	0 - 5
Basophils	00	%	0 - 1
MPV (Mean Corpuscular Volume)	89.7	fL	80 - 100
MCH (Mean Cell Hb)	33.4	pg	27 - 32
MCHC (Mean Corpuscular Hb C)	37.6	g/dL	31.0 - 36.0
Platelet Count	100	10 ⁹ /L	100 - 400
RDW - CV	14.5	%	11.0 - 14.0
Abnormal RBC Count	0.78	10 ¹² /L	0 - 0
Abnormal Lymphocyte Count	0.02	10 ⁹ /L	0 - 0
Abnormal Monocyte Count	0.02	10 ⁹ /L	0 - 1.0
Abnormal Eosinophil Count	0.02	10 ⁹ /L	0.0 - 0.5
Abnormal Basophil Count	0.00	10 ⁹ /L	0.00 - 0.1

Method: Fully Automated 5-Part Hematology Analyzer (CELLTEC 5000)
 Comment: No clinical significance
 Note: Mean Corpuscular Volume (MCV) is calculated as HCV divided by RBC count.
 Mean Corpuscular Hemoglobin (MCH) is calculated as Hb divided by RBC count.
 Mean Corpuscular Hemoglobin Concentration (MCHC) is calculated as Hb divided by HCV.
 Red Cell Distribution Width (RDW) is calculated as (SD of RBC) divided by MCV.
 Report refers to the sample submitted.

--- End of Report ---
 Also all pathological tests have technical & biological limitations. Please consider closely as well as with other diagnostic findings & advise about the response in case of any disparity. This report is valid for diagnostic purposes.

Dr. Vikas Kumar Sodani
 S. DATA FURTAR
 MD, USA (PRACTICE)

CG-UG-1, Ashiyana Enclave, Vijay Nagar
 24380588

PANCYTOPENIA

Pancytopenia refers to the combination of **anaemia, leukopenia and thrombocytopenia**. It may be due to reduced number of blood cells as a consequence of bone marrow suppression or infiltration, or there may be peripheral destruction of splenic pooling of mature cells



X-Ray Pathology Sonography

SAI KRIPA DIAGNOSTIC CENTER

B. Ganga Nagar, Soneish Garden Ke Pass, Dhar Road, Indore Ph. : 0731-2788777, 704598994, 8319491050

Patient Name : **MRS. SWARNKANTA CHOUHAN** Age/Sex : 67 Y / F
 Consult Name : Collection Date : 22/06/2018
 Referred By : SELF Report Date : 22/06/2018

Investigation	Result	Reference Range
HAEMOGRAM		
Haemoglobin	9.8 gms %	11.5 - 16.3 gms %
RBC Count	3.19 mill/cu.mm	4.2 - 5.4 mill/cu.mm
P.C.V.	30.2 %	35 - 45 %
M.C.V.	94.67 fl	76 - 96 fl
M.C.H.	30.72 pg	27 - 32 pg
M.C.H.C.	32.45 pg	30.5 - 34.5 pg
PLATELET COUNT	1.18 lacs/cumm	1.5 - 4 lacs/cumm
TOTAL WBC COUNT	30,500 /Cu.mm	4000 - 11000/Cu.mm
DIFFERENTIAL WBC COUNT (AVERAGE OF 100 CELLS)		
Neutrophils	70 %	40 - 75 %
Lymphocytes	24 %	20 - 50 %
Monocytes	04 %	01 - 10 %
Eosinophils	02 %	00 - 06 %
Basophil	00 %	00 - 01 %

PATHOLOGIST
 DR. SATISH JOSHI
 (SENIOR PATHOLOGIST)

Dr. Neha Banerjee
 MBBS, M.D.

Suyash Hospital Path. Lab.
 (NABL Accredited)
 51, RESIDENCY AREA, A.B. ROAD, INDORE (M.P.)
 Phone : 0731-2634311, 2633111 Ext. 510, 511
 E-mail : info@suyashhospital.com
 (CN: UB5118P108197C0006)

Reg.No. : 75023 BED NO. : 52-1 VISITID : 1181901458
 PATIENT NAME : MS. SWARN KANTA CHAUHAN ORDER DATE : 17/06/2018 07:32:00
 AGE/SEX : 67 YEARS/FEMALE SAMPL. DATE : 17/06/2018 07:52:00
 CONSULTANT DOCTOR : NEHA MANDSH MD,DM SPEC./LAB NO : 10135651 /3
 RESULT DATE : 17/06/2018

DEPARTMENT OF PATHOLOGY

CBC (COMPLETE BLOOD COUNT)

NAME OF TEST	RESULT VALUE		UNIT	BIOLOGICAL REFERENCE RANGE
	IN RANGE	OUT RANGE		
HAEMATOLOGICAL				
TOTAL RBC COUNT	3.71		mill/cu.µl	3.8 - 4.8
HAEMATOCRIT (HCT)	33.8		%	36 - 46
MEAN CORPUS VOLUME (MCV)	90.3		fl	83 - 101
MEAN CORPUS HB (MCH)	25.3		pg	27 - 32
MEAN CORPUS HB CONC (MCHC)	33.2		gm/dl	31.5 - 34.5
RDW*	15.7		%	11.5 - 14.5
TOTAL WBC COUNT	15400		/cumm	4000 - 10000
DIFFERENTIAL COUNT				
NEUTROPHILS	84		%	40 - 80
LYMPHOCYTES	13		%	20 - 40
EOSINOPHILS	01		%	1 - 6
MONOCYTES	02		%	2 - 10
BASOPHILS	00		%	0 - 2
PLATELET COUNT	04		Thousand/cumm	150 - 410

REPORT REMARKS : Test Method (s): CBC-Spectrophotometric / Electronic / Impedance Calculation/Microscopic Examination. Reference range from *Basic Clinical Hematology*, 11th edition.
 Note : The Test Marked with (*) are not accredited by NABL.
 Release only with : **SHWATI CHOUHAN**

Dr. GAURAV RALPARA MD
 PATHOLOGIST
 *** END OF REPORT ***

Mrs. SWARNKANTA CHOUHAN Reference: Dr. ARPIT CHOPRA VID: 31180126066
 Sample Collected At: Registered On: 17/07/2018 09:53 AM
 C/O NIRVIGHN DIAGNOSTIC, 102 Collected On: 17/07/2018
 KRISHNA TOWER, OPP CUREWELL Reported On: 17/07/2018 12:23 PM
 HOSPITAL, JANJEERWALA SQUARE, NEW PALASIYA, INDORE MP.

Investigation	CBC Haemogram		Biological Reference Interval
	Observed Value	Unit	
Erythrocytes			
Erythrocyte (RBC) Count	3.36	mill/cu.mm	4.2-5.4
Haemoglobin (Hb)	9.7	gm/dL	12.5-16
PCV (Packed Cell Volume)	29.5	%	37-47
MCV (Mean Corpuscular Volume)	87.8	fL	78-100
MCH (Mean Corpuscular Hb)	28.9	pg	27-31
MCHC (Mean Corpuscular Hb Conc.)	32.9	g/dL	32-36
RDW (Red Cell Distribution Width)	18.01	%	11.5-14.0
Leucocytes			
Total Leucocytes (WBC) count	8,800	cells/cu.mm	4000-10500
Neutrophils	66	%	40-80
Lymphocytes	30	%	20-40
Monocytes	2	%	2.0-10
Eosinophils	2	%	1-6
Basophils	0	%	0-2
Platelets			
Platelet count	318	10 ³ / µl	150-450
MPV (Mean Platelet Volume)	9.5	fL	6-9.5

EDTA Whole Blood - Tests done on Automated Three Part Cell Counter. (WBC, RBC Platelet count by impedance method, other parameters calculated) All Abnormal Haemograms are reviewed confirmed microscopically.

-- End of Report --

PANCYTOPENIA

Pancytopenia refers to the combination of **anaemia, leukopenia and thrombocytopenia.**

It may be due to reduced number of blood cells as a consequence of bone marrow suppression or infiltration, or there may be peripheral destruction of splenic pooling of mature cells

SAI KRIPA DIAGNOSTIC CENTER
 X-Ray • Pathology • Sonography
 8, Ganga Nagar, Someesh Garden Ka Pass, Dhar Road, Indore Ph : 0731-2788777, 7049598994, 8319691050

Patient Name : **MRS. SWARNKANTA CHOUHAN** Age/Sex : 67 Y / F
 Consult Name : Collection Date : 22/06/2018
 Referred By : SELF Report Date : 22/06/2018

Investigation	Result	Reference Range
HAEMOGRAM		
Haemoglobin	9.8 gms %	11.5 - 16.5 gms %
RBC Count	3.19 mill./cu.mm	4.2 - 5.4 mill./cu.mm
P.C.V.	30.2 %	35 - 45 %
M.C.V.	94.67 fl	76 - 96 fl
M.C.H.	30.72 pg	27 - 32 pg
M.C.H.C.	32.45 pg	30.5 - 34.5 pg
PLATELET COUNT	1.18 lacs/cumm	1.5 - 4 lacs/cumm
TOTAL WBC COUNT	20,500 /Cu.mm	4000 - 11000 /Cu.mm
DIFFERENTIAL WBC COUNT (AVERAGE OF 100 CELLS)		
Neutrophils	70 %	40 - 75 %
Lymphocytes	24 %	20 - 50 %
Monocytes	04 %	01 - 10 %
Eosinophils	02 %	00 - 06 %
Basophil	00 %	00 - 01 %

Mrs. SWARNKANTA CHOUHAN
 PID NO: P31180025843
 Age: 67 Year(s) Sex: Female

Reference: Dr. ARPIT CHOPRA
 Sample Collected At: NIRVICHN DIAGNOSTIC C/O NIRVICHN DIAGNOSTIC 102 KRISHNA TOWER, OPP CUREWELL HOSPITAL, JANJEERWALA SQUARE, NEW PALASIYA, INDORE MP.
 Registered On: 17/07/2018 09:53 AM
 Collected On: 17/07/2018
 Reported On: 17/07/2018 12:23 PM

Investigation	Observed Value	Unit	Biological Reference Interval
Erythrocytes			
Erythrocyte (RBC) Count	3.18	mill/cu.mm	4.2-5.4
Haemoglobin (Hb)	9.7	gm/dL	12.5-16
PCV (Packed Cell Volume)	29.5	%	37-47
MCV (Mean Corpuscular Volume)	87.8	fL	78-100
MCH (Mean Corpuscular Hb)	28.9	pg	27-31
MCHC (Mean Corpuscular Hb Conc.)	32.9	g/dL	32-36
RDW (Red Cell Distribution Width)	18.01	%	11.5-14.0
Leucocytes			
Total Leucocytes (WBC) count	8,800	cells/cu.mm	4000-10500
Neutrophils	66	%	40-80
Lymphocytes	30	%	20-40
Monocytes	2	%	2.0-10
Eosinophils	2	%	1-6
Basophils	0	%	0-2
Platelets			
Platelet count	318	10 ³ / μl	150-450
MPV (Mean Platelet Volume)	9.5	fL	6-9.5

EDTA Whole Blood - Tests done on Automated Three Part Cell Counter. (WBC, RBC Platelet count by impedance method, other parameters calculated) All Abnormal Haemograms are reviewed confirmed microscopically.

Suyash Hospital Path. Lab.
 (NABL Accredited)
 37, RESIDENCY AREA, A.B. ROAD, INDORE (M.P.)
 Phone: (0731) 804811, 840811 Ext. 516, 511
 E-mail: info@suyashhospital.com
 (CIN: UB110MP1819PTC00036)

Patient No: 175025 BED NO.: S2-1 VISITID: 1181901408
 PATIENT NAME: MS. SWARN KANTA CHAUHAN ORDER DATE: 17/06/2018 07:32:00
 AGE/SEX: 67 YEARS/FEMALE SAMP. DATE: 17/06/2018 07:52:00
 CONSULTANT DOCTOR: NEMA MANISH MD DM SPEC./LAB NO: 10135611 /3
 RESULT DATE: 17/06/2018

DEPARTMENT OF PATHOLOGY
CBC (COMPLETE BLOOD COUNT)

NAME OF TEST	RESULT VALUE		UNIT	BIOLOGICAL REFERENCE RANGE
	IN RANGE	OUT RANGE		
SCREENING DATA BLOOD				
HAEMOGLOBIN	10.9		gm/dl	12 - 15
TOTAL RBC COUNT	3.71		Million/ul	3.8 - 4.8
HAEMATOCRIT (HCT)	32.8		%	35 - 46
MEAN CORPUSCULAR VOLUME (MCV)	88.3		fL	83 - 101
MEAN CORPUSCULAR HB (MCH)	28.3		pg	27 - 32
MEAN CORPUSCULAR HB CONC. (MCHC)	31.7		gm/dl	31.5 - 34.5
RDW*	15.7		%	11.5 - 14.5
TOTAL WBC COUNT	15400		/cumm	4000 - 10000
DIFFERENTIAL COUNT				
NEUTROPHILS	84		%	40 - 80
LYMPHOCYTES	13		%	20 - 40
EOSINOPHILS	01		%	1 - 6
MONOCYTES	02		%	2 - 10
BASOPHILS	00		%	0 - 2
PLATELET COUNT	06		Thousand/cum	150 - 410

TEST METHOD (S): CBC-Spectrophotometric / Electronic / Impedance Calculatory/Microscopic Examination.
 Reference range from dices, levels practical hematology 11th edition.
 Note: The Test Marked with (*) are not submitted by NABL.

Dr. GALGAN NALANI MD
 PATHOLOGIST

Medical Laboratory Report

Mr. SWARNKANTA CHOUHAN
 PID NO: P31180025843
 Age: 67 Year(s) Sex: Female

Reference: Dr. ARPIT CHOPRA
 Sample Collected At: NIRVICHN DIAGNOSTIC C/O NIRVICHN DIAGNOSTIC 102 KRISHNA TOWER, OPP CUREWELL HOSPITAL, JANJEERWALA SQUARE, NEW PALASIYA, INDORE MP.
 Registered On: 28/07/2018 12:21 PM
 Collected On: 28/07/2018
 Reported On: 28/07/2018 02:26 PM

Investigation	Observed Value	Unit	Biological Reference Interval
CBC Haemogram			
Erythrocytes			
Erythrocyte (RBC) Count	3.5	mill/cu.mm	4.2-5.4
Haemoglobin (Hb)	9.8	gm/dL	12.5-16
PCV (Packed Cell Volume)	29.4	%	37-47
MCV (Mean Corpuscular Volume)	84.02	fL	78-100
MCH (Mean Corpuscular Hb)	27.4	pg	27-31
MCHC (Mean Corpuscular Hb Conc.)	32.1	g/dL	32-36
RDW (Red Cell Distribution Width)	18.21	%	11.5-14.0
Leucocytes			
Total Leucocytes (WBC) count	5,400 (N)	cells/cu.mm	4000-10500
Neutrophils	54	%	40-80
Lymphocytes	38	%	20-40
Monocytes	8	%	2.0-10
Eosinophils	2	%	1-6
Basophils	0	%	0-2
Platelets			
Platelet count	385 (Normal)	10 ³ / μl	150-450
MPV (Mean Platelet Volume)	9.7	fL	6-9.5

EDTA Whole Blood - Tests done on Automated Three Part Cell Counter. (WBC, RBC Platelet count by impedance method, other parameters calculated) All Abnormal Haemograms are reviewed confirmed microscopically.

-- End of Report --

Dr. Soma Yadav
 MBBS (MD) PATHOLOGY

Aplastic anemia

Also called: bone marrow aplasia

ABOUT





SYMPTOMS

TREATMENT

A rare condition in which the body stops producing enough new blood cells.

Very rare

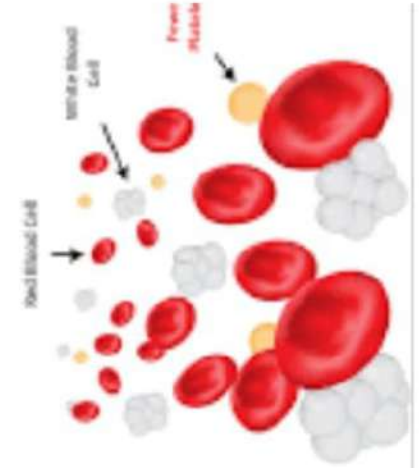
Fewer than 100 thousand cases per year (India)

-  Treatable by a medical professional
-  Requires a medical diagnosis
-  Lab tests or imaging always required
-  Chronic: can last for years or be lifelong

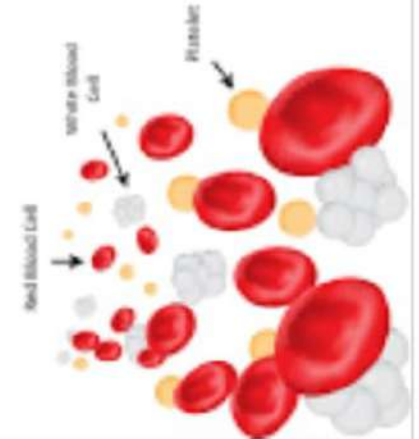
Consult a doctor for medical advice

Thrombocytopenia

Platelet Deficiency



Normal Blood



Central lab
Central India's First and Largest Super-specialty reference laboratory
For Feedback / Home Collection Call 786-99999-37 / 33

ARYA SAMAJ MANDIR, MALHARGANJ - CC 111

Name: Sonali Sharma
Referred By:
Draws On: 16-Oct-2018 13:32
Accession No.: 18101109770

Age: 29 Years Sex: Female
Received On: 16-Oct-2018 13:32
Print Date: 16-Oct-2018 16:17
Reference: Self

Parameter	Result	Unit	Biological Reference Interval
HAEMOGLOBIN	13.6	g/dL	12 - 16
TOTAL RBC-COUNT	4.16	$\times 10^{12}$	4.5 - 5.1
HAE MATO CRIT (PCV)	40.9	%	35.9 - 44.6
MEAN CORPUS VOL (MCV)	98.2	fL	80 - 90
MCOPUSVOL MCHC	32.6	g/dL	27.5 - 33.2
MCOPUSVOL MCH	33.2	%	32.4 - 35.5
TOTAL WBC COUNT	3140	Cells/cu.mm	4400 - 11000
NEUTROPHILS	26	%	43 - 72
LYMPHOCYTES	67	%	18 - 43
EOSINOPHILS	07	%	1 - 6
MONOCYTES	07	%	2 - 6
BASOPHILS	09	%	0 - 2
PLATELETS COUNT	0.02	Lacs/cu.mm	1.5 - 4.5

RDW 13.4 % 11.5 - 16.5
MPV 11.2 fL 6.0 to 10.0 fL

Marked Thrombocytopenia with neutropenia. Suggested finger prick smear.

Approved by: DR. M. C. AGRAWAL (MBBS DCP)
Approved On: 16-10-2018

SONALI SHARMA
PID NO: P31180049648
Age: 29 Year(s) Sex: Female

Reference: Dr. ARPIT CHOPRA
Sample Collected At: NIRVGHN DISGNOSTIC C/O NIRVGHN DISGNOSTIC, 102 KRISHNA TOWER, OPP CUREWELL HOSPITAL, JANJEERWALA SQUARE, NEW PALASIYA, INDORE MP.

VID: 31180150219
Registered On: 20/10/2018 05:26 PM
Collected On: 20/10/2018
Reported On: 20/10/2018 07:23 PM

Investigation	Observed Value	Unit	Biological Reference Interval
Erythrocytes			
Erythrocyte (RBC) Count	3.79	mill/cu.mm	4.2-5.4
Haemoglobin (Hb)	12.8	gm/dL	12.5-16
PCV (Packed Cell Volume)	37.7	%	37-47
MCV (Mean Corpuscular Volume)	99.5	fL	78-100
MCH (Mean Corpuscular Hb)	33.8	pg	27-31
MCHC (Mean Corpuscular Hb Conc.)	34	g/dL	32-36
RDW (Red Cell Distribution Width)	14.1	%	11.5-14.0
Leucocytes			
Total Leucocytes (WBC) count	3,800	cells/cu.mm	4000-10500
Neutrophils	38	%	40-80
Lymphocytes	56	%	20-40
Monocytes	5	%	2.0-10
Eosinophils	1	%	1-6
Platelets	38	$10^3 / \mu l$	150-450

EDTA Whole Blood - Tests done on Automated Three Part Cell Counter. (WBC, RBC Platelet count by impedance method, other parameters calculated) All Abnormal Haemograms are reviewed confirmed microscopically.

-- End of Report --

Idiopathic thrombocytopenic purpura

Also called: ITP, immune thrombocytopenic purpura

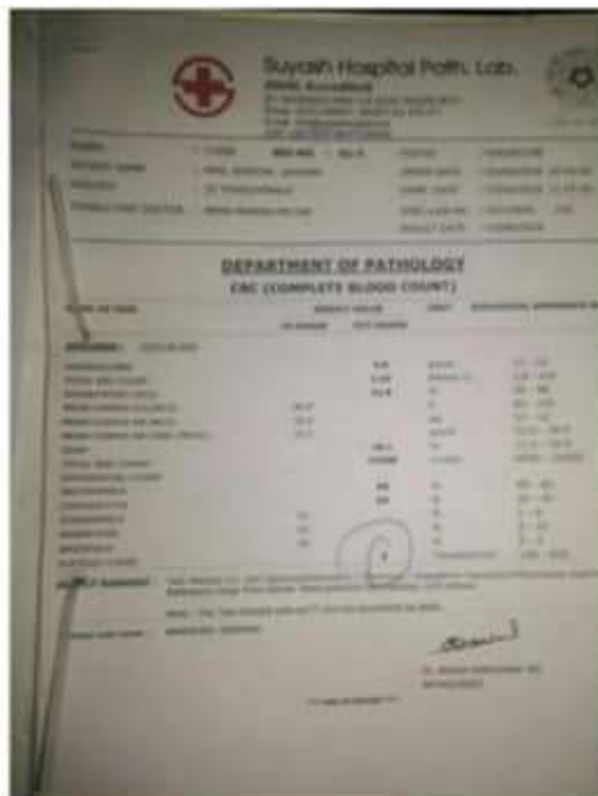


ABOUT

SYMPTOMS

TREATMENTS

Low levels of the blood cells that prevent bleeding (platelets).



ITP (IDEOPATHIC THROMBOCYTOPENIC PURPURA) another very lifethreatning critical challenging case successfully responding by Modern Homoeopathy with significant improved platelet count from very critical level 3000/cu mm to latest 18000 /cu mm only in 3 weeks of started modern homoeopathy treatment. Patient had

02:04

Aplastic anemia

Also called: bone marrow aplasia





OVERVIEW SYMPTOMS TREATMENTS SPECIALIS

A rare condition in which the body stops producing enough new blood cells.

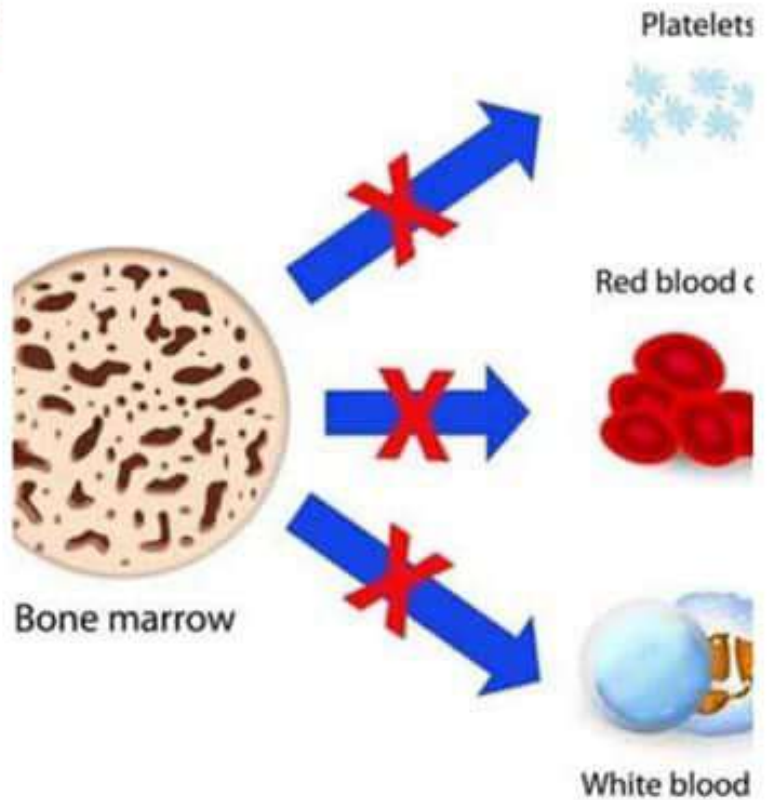
Aplastic anaemia develops as a result of bone marrow damage. The damage may be present at birth or occur after exposure to radiation, chemotherapy, toxic chemicals, some drugs or infection.

Very rare

Fewer than 100 thousand cases per year (India)

-  Treatable by a medical professional
-  Requires a medical diagnosis
-  Lab tests or imaging always required
-  Chronic: can last for years or be lifelong

APLASTIC ANEMIA



SUNIL

PID NO: P31190030796
Age: 25 Year(s) Sex: Male

Reference: Dr. ARPIT CHOPRA
Sample Collected At:
NIRVIGHN DIAGNOSTIC
C/O NIRVIGHN DIAGNOSTIC, 102
KRISHNA TOWER, OPP CUREWELL
HOSPITAL, JANJEERWALA
SQUARE, NEW PALASIYA, INDORE

Government of Nepal
CIVIL SERVICE HOSPITAL
Minbhawan, Kathmandu, Nepal
Tel: 4107000, 4107002, Email: info@civilservicehospital.org

Name: SUNIL PAUDEL
Age/Gender: 24 Y / MALE
Patient Type: OPD
Sample Registered Date: 2075/04/19 11:00:04

Request ID: 232207
Sample No: 780419-NS
Date & Time of Analysis: 2075/04/19

Test	Result	Flag	Unit	Reference R
HAEMATOLOGICAL INVESTIGATION				
Complete Blood Count				
Hemoglobin	4.3	L	g/dL	14.0-18.0
Total Leucocyte Count	1740	L	Cells/cumm	4000-11000
Differential Leucocyte Count				
Neutrophil	25	L	%	40-75
Lymphocyte	71	H	%	20-45
Monocyte	04		%	1-10
Eosinophil	00		%	0-6
Basophil	00		%	0-1
Total Platelet Count	25000	L	Cells/cumm	150000-400000
Total RBC Count	1.45	L	million	4.5-5.7
PCV	12.1	L	%	40-54
MCV	83.4	H	fL	82-102
MCH	29.8	H	pg	28-34
MCHC	34.7	H	g/dL	32-36

Note: Please note the change in reference range.
EDTA Whole Blood - Tests done on Automated Three Part Cell Counter. (WBC, RBC Platelet count parameters calculated) All Abnormal Haemograms are reviewed confirmed microscopically.

Dr. SAMPUKHA TULADHAR, MD
Registrar Pathologist
NHC No. 4352

SAROJ K. SHRES
Laboratory Tech
NHC No. A-1088

Investigation	Observed Value	Unit
CBC Haemogram		
Erythrocytes		
Erythrocyte (RBC) Count	1.772	mil/cu.mm
Haemoglobin (Hb)	5.32	gm/dL
PCV (Packed Cell Volume)	15.42	%
MCV (Mean Corpuscular Volume)	87	fL
MCH (Mean Corpuscular Hb)	29.9	pg
MCHC (Mean Corpuscular Hb Conc.)	34.4	g/dL
RDW (Red Cell Distribution Width)	16	%
Leucocytes		
Total Leucocytes (WBC) count	2.420	cells/cu.mm
Neutrophils	12	%
Lymphocytes	80	%
Monocytes	8	%
Eosinophils	0	%
Basophils	0	%
Platelets		
Platelet count	4.3	10 ³ / μl

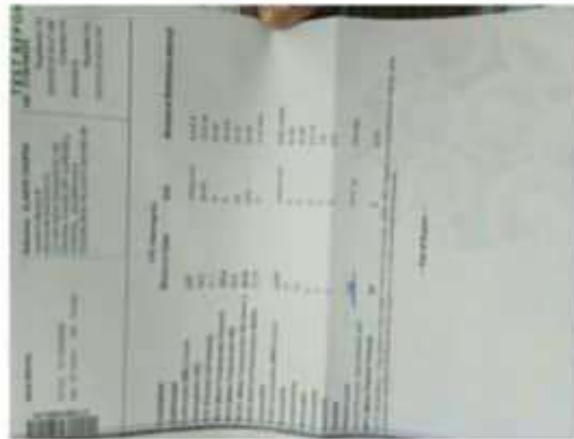
Note: Please note the change in reference range.
EDTA Whole Blood - Tests done on Automated Three Part Cell Counter. (WBC, RBC Platelet count parameters calculated) All Abnormal Haemograms are reviewed confirmed microscopically.

-- End of Report --



Pathogenesis of ITP

- Increased platelet destruction caused by antiplatelet antibodies → antibodies directed against platelet membrane antigens such as GPIIb/IIIa → the platelets coated with immune complexes bind to Fc portion of macrophages in spleen and other RES and are removed.
- Lack of compensatory response by megakaryocytes due to suppressive effect of antiplatelet antibodies
- So, a combination of increased platelet destruction + ineffective megakaryopoiesis.
- Pathogenesis was proved by Harrington when he infused himself with plasma from a women with ITP (Harrington-Hollisworth Experiment)



Idiopathic thrombocytopenic purpura
Also called ITP, immune thrombocytopenic purpura

ABOUT **SYMPTOMS** **TREATMENT**

Low levels of the blood cells that prevent bleeding (platelets).

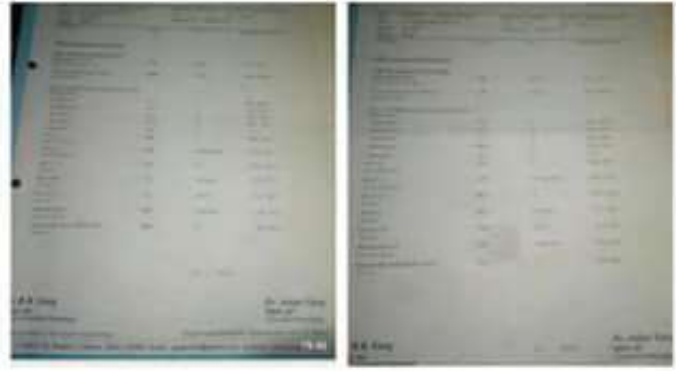
Rare
Fewer than 1 million cases per year (India)

Treatable by a medical professional
Requires a medical diagnosis
Lab tests or imaging always required

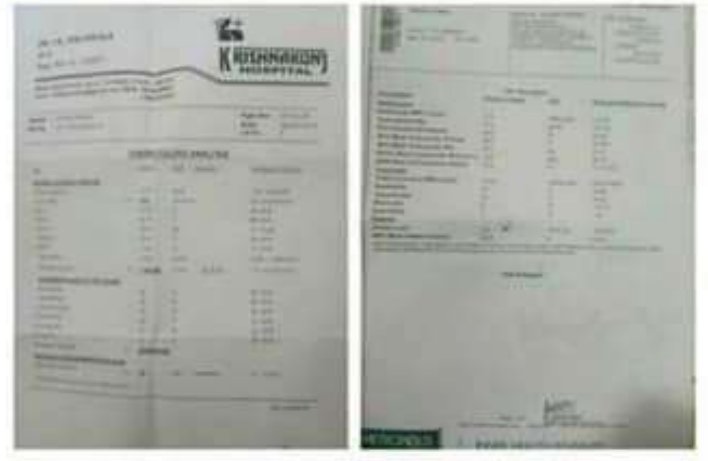
Consult a doctor for medical advice



ITP (IDEPATHIC THROMBOCYTOPENIC PURPURA) very chronic challenging another case successfully responding by Modern Homoeopathy with significant improved platelet count from 80000 to latest 120000 /cu mm . Patient



SPLENOMEGALY WITH THROMBOCYTOPENIA ALONG WITH LIVER CIRRHOSIS & PORTAL HYPERTENSION POST MOUTH CANCER very chronic challenging case successfully responding only in 15 days by Modern Homoeopathy with significant improved platelet count from 61000/cu mm (0.61 Lakh) to 102000 /cu mm(1.02 Lakh) only in 2 weeks of started modern homoeopathy treatment. Patient is still under treatment for further recovery and maintenance. Report has been also appreciated by Haematologist as responded quickly .will share his further follow up reports when receive ahead. Regards Dr Arpit Chopra



THROMBOCYTOPENIA (LOW PLATELET COUNT) DUE TO VIRAL INFECTION case successfully responded by Modern Homoeopathy with significant improved platelet count from 128000 to 150000 /cu mm .Patient had advised for hospitalization if platelet count not improved but successfully improved. Regards Dr Arpit Chopra Jain (MD HOMOEOPATHY), Aarogya Super Speciality Modern Homoeopathic Clinic Indore, www.homoeopathycure.com, +91-9907527914, 9713092737

SHARDA HOMOEOPATHY CENTRE
B-10, 1st & 2nd Floor, Indore

Dr. Arpit Chopra Jain
MD (HOMOEOPATHY)

Sl. No.	Parameter	Value	Reference Range
1	Haemoglobin	11.5	12.0 - 16.0
2	Total RBC Count	4.5	4.5 - 5.5
3	Haematocrit	35.0	37.0 - 47.0
4	MCV	77.8	84.0 - 101.0
5	MCH	25.1	27.0 - 34.0
6	MCHC	32.3	32.0 - 36.0
7	RDW	13.5	11.5 - 14.5
8	Platelet Count	61000	1.50 - 4.00 Lakh
9	WBC Count	12000	4000 - 12000
10	Neutrophils	75%	50 - 70%
11	Lymphocytes	20%	20 - 40%
12	Monocytes	5%	2 - 8%
13	Eosinophils	0%	1 - 5%
14	Basophils	0%	0 - 2%
15	Urea Nitrogen	10.0	2.0 - 6.0
16	Creatinine	1.2	0.6 - 1.2
17	ALT	150	0 - 40
18	AST	120	0 - 40
19	ALP	300	0 - 120
20	Gamma-GT	150	0 - 40
21	Prothrombin Time	15.0	11.0 - 14.0
22	Partial Thromboplastin Time	35.0	28.0 - 35.0
23	Fibrinogen	4.0	2.0 - 4.0
24	D-Dimer	0.5	0.0 - 0.5
25	ESR	40	0 - 20
26	CRP	10.0	0.0 - 3.0
27	Urea Nitrogen	10.0	2.0 - 6.0
28	Creatinine	1.2	0.6 - 1.2
29	Albumin	3.5	3.5 - 5.0
30	Bilirubin	2.0	0.0 - 1.2
31	Prothrombin Time	15.0	11.0 - 14.0
32	Partial Thromboplastin Time	35.0	28.0 - 35.0
33	Fibrinogen	4.0	2.0 - 4.0
34	D-Dimer	0.5	0.0 - 0.5
35	ESR	40	0 - 20
36	CRP	10.0	0.0 - 3.0

Dr. Arpit Chopra Jain
MD (HOMOEOPATHY)

19:46

SHARDA HOMOEOPATHY CENTRE
B-10, 1st & 2nd Floor, Indore

Dr. Arpit Chopra Jain
MD (HOMOEOPATHY)

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6	MCHC	32.3	32.0 - 36.0
7	RDW	13.5	11.5 - 14.5
8	Platelet Count	102000	1.50 - 4.00 Lakh
9	WBC Count	12000	4000 - 12000
10	Neutrophils	75%	50 - 70%
11	Lymphocytes	20%	20 - 40%
12	Monocytes	5%	2 - 8%
13	Eosinophils	0%	1 - 5%
14	Basophils	0%	0 - 2%
15	Urea Nitrogen	10.0	2.0 - 6.0
16	Creatinine	1.2	0.6 - 1.2
17	ALT	150	0 - 40
18	AST	120	0 - 40
19	ALP	300	0 - 120
20	Gamma-GT	150	0 - 40
21	Prothrombin Time	15.0	11.0 - 14.0
22	Partial Thromboplastin Time	35.0	28.0 - 35.0
23	Fibrinogen	4.0	2.0 - 4.0
24	D-Dimer	0.5	0.0 - 0.5
25	ESR	40	0 - 20
26	CRP	10.0	0.0 - 3.0
27	Urea Nitrogen	10.0	2.0 - 6.0
28	Creatinine	1.2	0.6 - 1.2
29	Albumin	3.5	3.5 - 5.0
30	Bilirubin	2.0	0.0 - 1.2
31	Prothrombin Time	15.0	11.0 - 14.0
32	Partial Thromboplastin Time	35.0	28.0 - 35.0
33	Fibrinogen	4.0	2.0 - 4.0
34	D-Dimer	0.5	0.0 - 0.5
35	ESR	40	0 - 20
36	CRP	10.0	0.0 - 3.0

Dr. Arpit Chopra Jain
MD (HOMOEOPATHY)

02:04

SPLENOMEGALY WITH THROMBOCYTOPENIA ALONG WITH LIVER CIRRHOSIS & PORTAL HYPERTENSION POST MOUTH CANCER very chronic challenging case successfully responding only in 15 days by Modern Homoeopathy with significant improved platelet count from 61000/cu mm (0.61 Lakh) to 102000 /cu mm(1.02 Lakh) only in 2 weeks of started modern homoeopathy treatment. Patient is still under treatment for further recovery and maintenance. Report has been also appreciated by Haematologist as responded quickly .will share his further follow up reports when receive ahead. Regards Dr Arpit Chopra Jain (MD HOMOEOPATHY), Aarogya Super Speciality Modern Homoeopathic Clinic Indore

Pancytopenia - Wikipedia

<https://en.m.wikipedia.org/wiki/Pancytopenia>

Pancytopenia is a medical condition in which there is a reduction in the number of red and blood cells, as well as platelets. If only two parameters from the complete blood count are low, the term bicytopenia can be used. The diagnostic approach is the same as for pancytopenia.

DEPARTMENT OF PATHOLOGY
CBC (COMPLETE BLOOD COUNT)

TEST	RESULT	UNIT	REFERENCE RANGE
Hemoglobin	6.8	g/dL	12 - 16
Hematocrit	21.2	%	37 - 47
Mean Corpuscular Volume	31.2	fL	86 - 101
Mean Corpuscular Hemoglobin	21.9	pg	27 - 32
Mean Corpuscular Hemoglobin Concentration	6.9	g/dL	32 - 36
RDW	13.1	%	11.5 - 14.8
Platelets	6,000	/mm ³	150,000 - 400,000

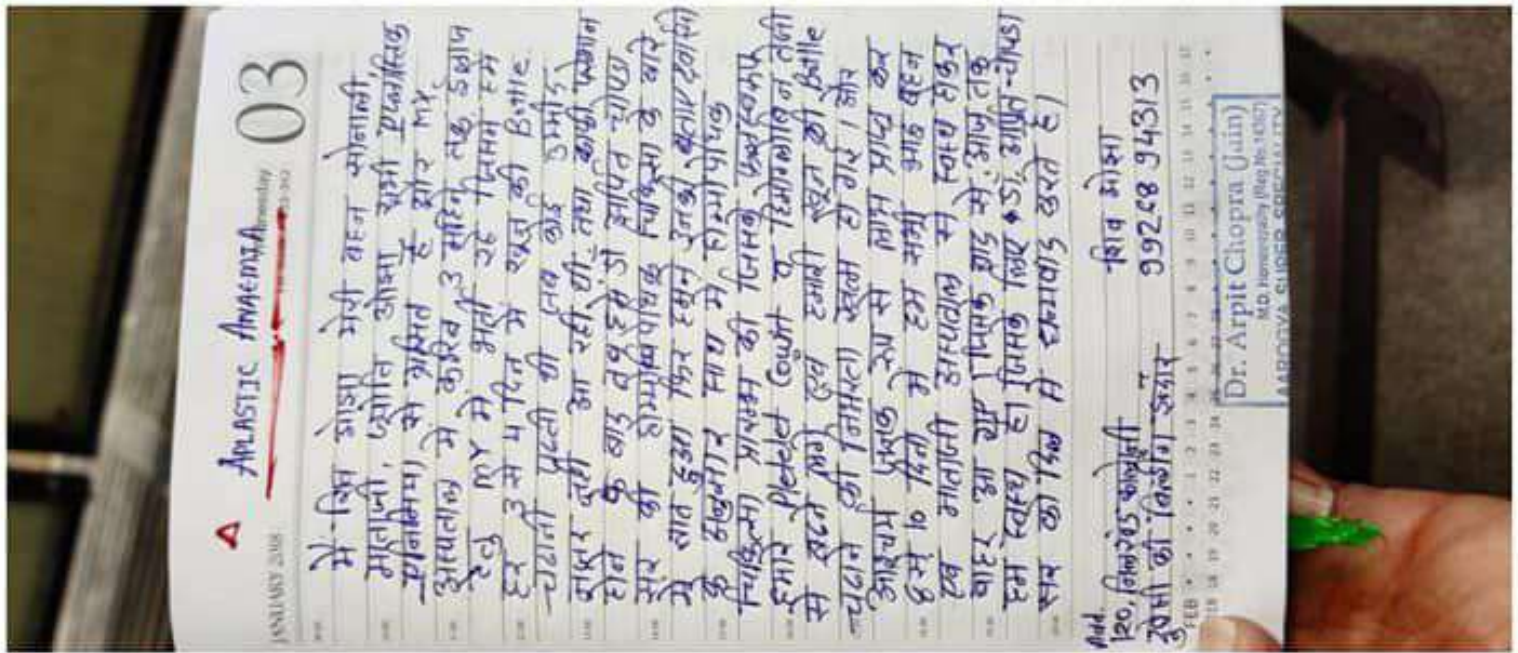
Sanyath Hospital Path. Lab
DEPARTMENT OF PATHOLOGY
CBC (COMPLETE BLOOD COUNT)

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SAI KRIPA DIAGNOSTIC CENTER
DEPARTMENT OF PATHOLOGY
CBC (COMPLETE BLOOD COUNT)

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Hemoglobin	11.8	g/dL	12 - 16
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Mean Corpuscular Volume	29.8	fL	86 - 101
Mean Corpuscular Hemoglobin	39.6	pg	27 - 32
Mean Corpuscular Hemoglobin Concentration	13.3	g/dL	32 - 36
RDW	12.5	%	11.5 - 14.8
Platelets	118,000	/mm ³	150,000 - 400,000

PANCYTOPENIA ALONG WITH RHEUMATIC ARTHRITIS, very critical lifethreatning challenging case successfully miracally responding by Modern Homoeopathy with significant improved platelet count from 6000 to latest 118000 /cu mm only in 1 week of started modern homoeopathy treatment. Patient was



मेरी मम्मी, दोनों बहनो और भाई को एप्लास्टिक एनिमिया
 नामक गंभीर बीमारी की वजह से 2 वर्षो से ब्लड एवं
 प्लेटलेटस 1 या 2 दिन में चढ़ना पड़ता था। और डाक्टरो ने
 उन्हे Bone marrow transplant का कहा किन्तु डॉ अर्पित
 चोपडा सर की मार्टन होम्योपेथी दवाईयों के रेग्यूलर इलाज
 से { Bone marrow transplant) नही कराना पड़ा एवं 1 वर्ष
 से अब ब्लड नही चढ़ाना पड़ा धन्यवाद सरजी - **हरीश ओझा**

A type of cancer of the blood and bone marrow that affects white blood cells.

Rare

Fewer than 1 million cases per year (India)

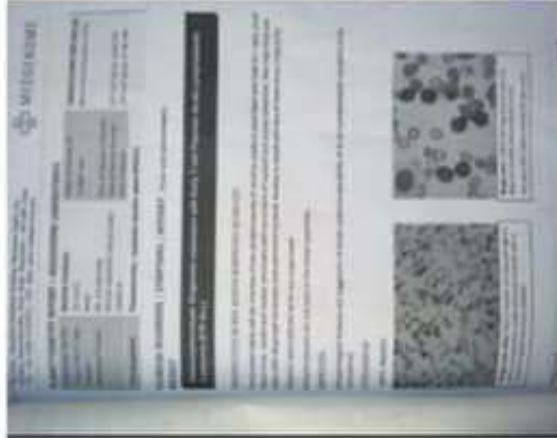
- 🔒 Treatable by a medical professional
- 📄 Requires a medical diagnosis
- 🏠 Lab tests or imaging always required

Consult a doctor for medical advice



Parameter	Value	Reference Range
WBC	10.0	4.0 - 11.0
Hb	10.0	12.0 - 16.0
Hct	30.0	37.0 - 47.0
PLT	21500	150 - 400

Parameter	Value	Reference Range
WBC	10.0	4.0 - 11.0
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Hct	30.0	37.0 - 47.0
PLT	21500	150 - 400



BLOOD CANCER ACUTE LYMPHOBLASTIC LEUKEMIA WITH SEVERE THROMBOCYTOPENIA SEVERE LOW PLATELET COUNT & LEUCOPENIA LOW WBC COUNT another very critical, complicated, life threatening case successfully responded by Modern Homoeopathy with in 12 days with significant improved platelet count from critical level 13000/cumm to 215000/

02:04

Low levels of the blood cells that prevent bleeding (platelets).



Parameter	Value	Reference Range
WBC	10.0	4.0 - 11.0
Hb	10.0	12.0 - 16.0
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PLT	21500	150 - 400

Pancytopenia - V
<https://en.m.wikipedia.org>

Pancytopenia is a condition where there is a reduction in the number of all three types of blood cells, as well as other parameters from the blood. The term bicytopenia is used when only two types of blood cells are affected. Pancytopenia is a diagnostic approach for pancytopenia.



Parameter	Value	Reference Range
WBC	10.0	4.0 - 11.0
Hb	10.0	12.0 - 16.0
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Hb	10.0	12.0 - 16.0
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PLT	21500	150 - 400

ITP (IDEOPATHIC THROMBOCYTOPENIC PURPURA) another very lifethreatning critical challenging case successfully responding by Modern Homoeopathy with significant improved platelet count from very critical level 3000/cu mm to latest 18000 /cu mm only in 3 weeks of started modern homoeopathy treatment. Patient had

02:04

PANCYTOPENIA ALONG WITH RHEUMATIC ARTHRITIS, very critical lifethreatning challenging case successfully miracally responding by Modern Homoeopathy with significant improved platelet count from 6000 to latest 118000 /cu mm only in 1 week of started modern homoeopathy treatment. Patient was

02:04

Idiopathic thrombocytopenic purpura

Also called: ITP, immune thrombocytopenic purpura

Low levels of the blood cells that prevent bleed (platelets).

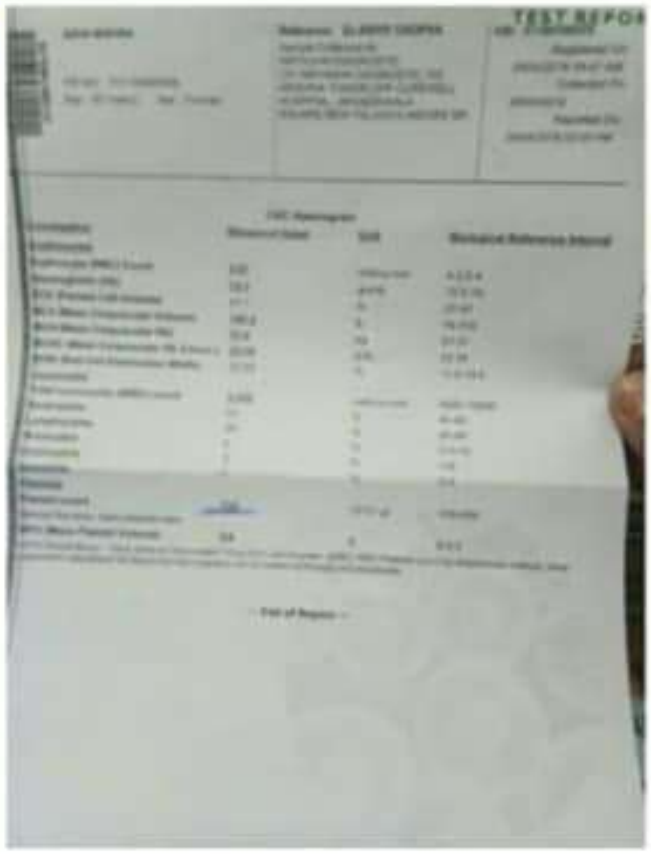
- Rare**
Fewer than 1 million cases per year (India)
- Treatable by a medical professional
- Requires a medical diagnosis
- Lab tests or imaging always required

Consult a doctor for medical advice.

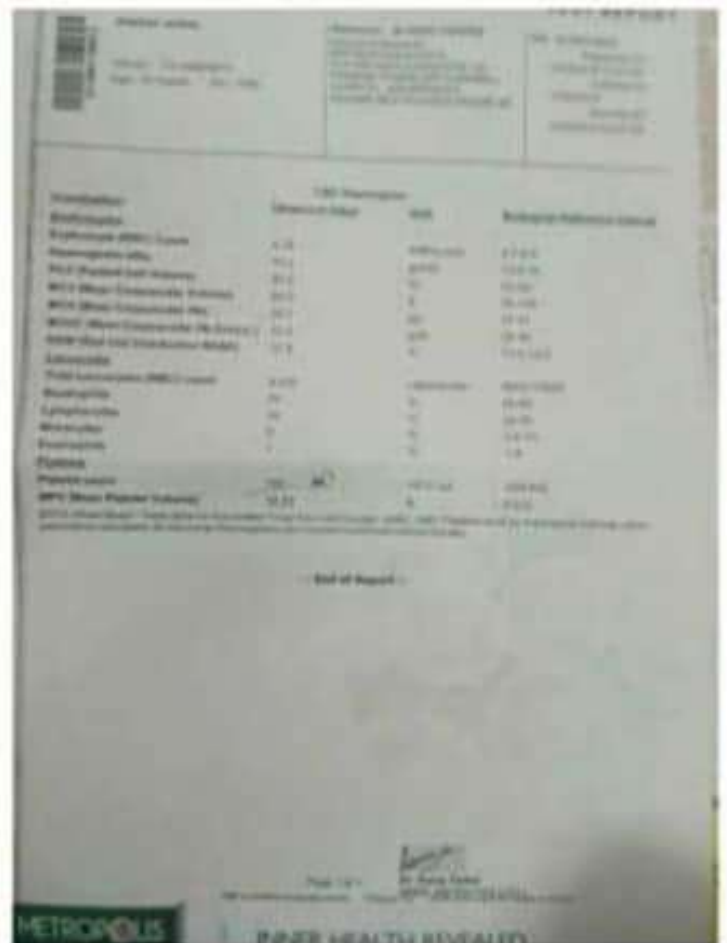


Pathogenesis of ITP

- Increased platelet destruction caused by antiplatelet antibodies → antibodies directed against platelet membrane antigens such as GPIIb/IIIa → the platelets coated with immune complexes bind to Fe portion of macrophages in spleen and other RES and are removed.
- Lack of compensatory response by megakaryocytes due to suppressive effect of antiplatelet antibodies
- So, a combination of increased platelet destruction + ineffective megakaryopoiesis.
- Pathogenesis was proved by Harrington when he infused himself with plasma from a woman with ITP (Harrington-Hollisworth Experiment)



ITP (IDEOPATHIC THROMBOCYTOPENIC PURPURA) very chronic challenging another case successfully responding by Modern Homoeopathy with significant improved platelet count from 80000 to latest 120000 /cu mm . Patient



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Aplastic anemia

Also called: bone marrow aplasia

ABOUT





SYMPTOMS

TREATMENT

A rare condition in which the body stops producing enough new blood cells.

Very rare

Fewer than 100 thousand cases per year (India)

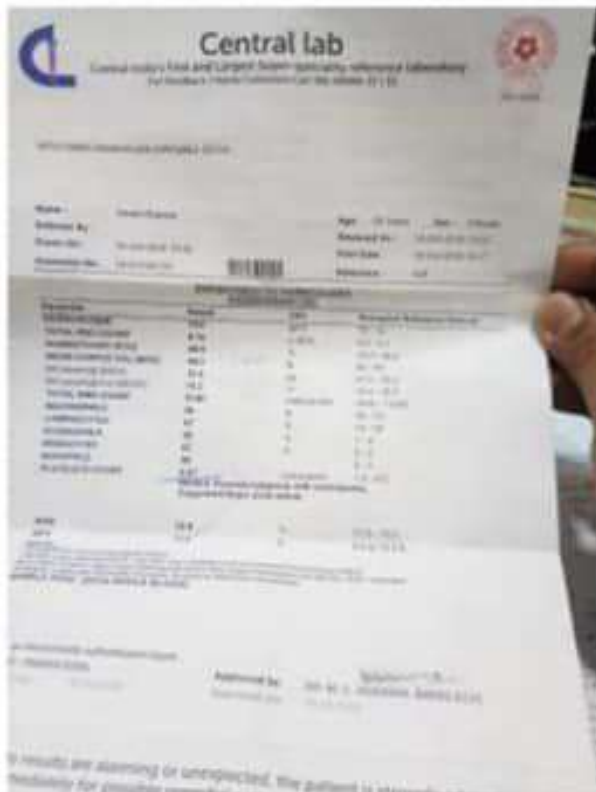
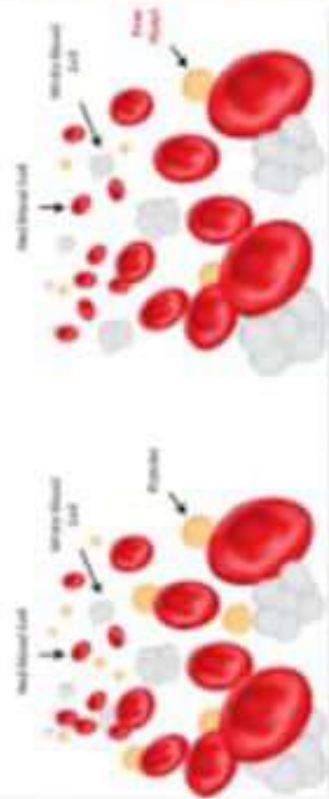
-  Treatable by a medical professional
-  Requires a medical diagnosis
-  Lab tests or imaging always required
-  Chronic: can last for years or be lifelong

Consult a doctor for medical advice

Thrombocytopenia

Platelet Deficiency


Normal Blood



Investigation	Observed Value	Unit	Reference Interval
Haemoglobin (Hb) Count	5.7	g/dL	12.0-16.0
Haematocrit (Hct)	17.4	%	37-47
PCV (Packed Cell Volume)	17.4	%	37-47
MCV (Mean Corpuscular Volume)	30.3	fL	84-106
MCH (Mean Corpuscular Hemoglobin)	26.8	pg	27-34
MCHC (Mean Corpuscular Hemoglobin Concentration)	88.2	g/dL	32-36
MCV (Packed Cell Volume) Index	18.2	%	11.0-16.0
Leukocytes	5.400	1000/cu mm	4000-10000
Neutrophils	20	%	50-70
Lymphocytes	20	%	20-40
Monocytes	7	%	2-10
Eosinophils	7	%	1-6
Basophils	7	%	0-1
Platelet count	30	1000/cu mm	150-400

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Page 1 of 1

 **THROMBOCYTOPENIA SEVERE (LOW PLATELET COUNT) DUE TO APLASTIC ANAEMIA** another very critical, complicated, life threatening case successfully responded by Modern Homoeopathy with significant improved platelet count from critical level 7000 / cumm (0.7 lacs) to 30000 /cu mm with in 3 days without PRP 02:04

मुझे एप्लास्टिक एनीमिया खून की लाइलाज बीमारी के कारण प्लेटलेट्स काफी कम थे बोन मेरो ट्रांसप्लांट का कहा गया था। तब सर की दवा से आश्चर्य जनक प्लेटलेट्स 14000 से 94000 / म्यू.एल.पर आ गया एवं बिना किसी अस्थी मज्जा प्रत्यारपण के मैं स्वस्थ जीवन जी रही हूँ
- मनस्वी अहीरे, इन्दीर



SEVERE APLASTIC ANEMIA (SAA)

SAA IS A RARE BUT SERIOUS BLOOD DISORDER

In which the body's bone marrow fails to make enough red blood cells, white blood cells and platelets.



Aplastic anemia

Also called: bone marrow aplasia

Overview | Symptoms | Treatments | Specialist

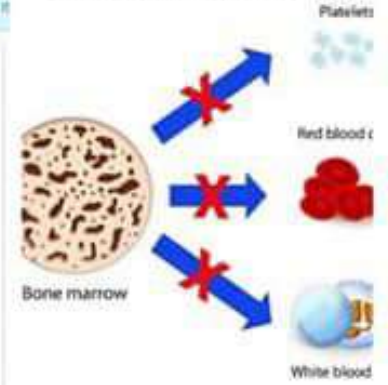
A rare condition in which the body stops producing enough new blood cells.

Aplastic anemia develops as a result of bone marrow damage. The damage may be present at birth or occur after exposure to radiation, chemotherapy, toxic chemicals, some drugs or infection.

Very rare
Fewer than 100 thousand cases per year (India)

- Treatable by a medical professional
- Requires a medical diagnosis
- Lab tests or imaging always required
- Chronic: can last for years or be lifelong

APLASTIC ANEMIA



Parameter	Observed Value	Ref
Hemoglobin	1.27	120-160 g/L
Hematocrit (Hct)	5.8	37-47%
MCV (Mean Corpuscular Volume)	45.8	80-100 fL
MCH (Mean Corpuscular Hemoglobin)	27	27-34 pg
MCHC (Mean Corpuscular Hemoglobin Concentration)	59.2	32-36 g/dL
RDW (Red Cell Distribution Width)	16	11.5-14%
Leucocytes		
Total Leucocytes (WBC) count	5.8M	4000-11000/mm ³
Neutrophils	12	50-70%
Lymphocytes	88	20-40%
Monocytes	0	2-8%
Eosinophils	0	1-5%
Basophils	0	0-2%
Platelets		
Platelet count	1.3	150-400 /mm ³

End of Report



मेरी मम्मी, दोनों बहनो और भाई को एप्लास्टिक एनीमिया नामक गंभीर बीमारी की वजह से 2 वर्षों से ब्लड एण्ड प्लेटलेट्स 1 या 2 दिन में चढ़ना पड़ता था। और डाक्टरो ने उन्हें Bone marrow transplant का कहा किन्तु डॉ अर्पित चोपड़ा सर की मॉडर्न होम्योपैथी दवाईयों के रेग्यूलर इलाज से (Bone marrow transplant) नहीं कराना पड़ा एवं 1 वर्ष से अब ब्लड नहीं चढ़ाना पड़ा धन्यवाद सरसजी - हरीश ओझा

Aplastic anemia

Also called: bone marrow aplasia

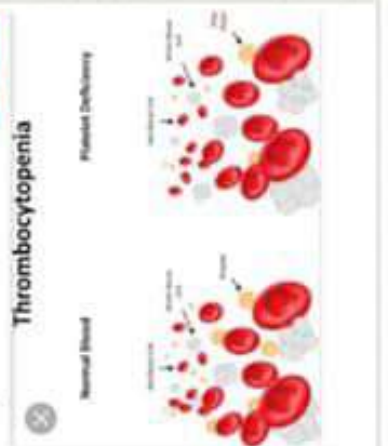
About | Symptoms | Treatment

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Platelet count	1.3	150-400 /mm ³

Idiopathic thrombocytopenic purpura

Also called: ITP, immune thrombocytopenic purpura

OVERVIEW SYMPTOMS TREATMENTS

Low levels of the blood cells that prevent (platelets).

Idiopathic thrombocytopenic purpura (ITP) occur when the immune system mistaken attacks platelets. In children, it may follow infection. In adults, it may be chronic.

Rare

Fewer than 1 million cases per year (India)

- Treatable by a medical professional
- Requires a medical diagnosis
- Lab tests or imaging always required



Name bhoopendra chaudhary from Aligarh my patients name lakshya

age 4.6

Itp tha or Dr arpit choupra ji ka

treatment mene 15din se liya or bete

ko 50/ positive results h

21:42

ASHOK PATHOLOGY & RESEARCH CENTRE
GANDHI PARK CHAURAH, NEAR AKASH DEEP HOTEL, ALIGARH, U.P. - 202002
Ph: 0528-2447560

Customer Care No. 8878881 / ISO 9001:2015 CERTIFIED LAB

PATIENT NAME: MST. LAKSHYA
Age: 4 Yrs 6 Mo
Sex: M
Company: SELF

Test	Value	Unit	Reference Value
HAEMATOLOGY			
COMPLETE HAEMOGRAM			
<i>(All Counts)</i>			
ERYTHROCYTES (RBC)	88.4	gms/dl	13.0 - 16.0
H (Total Leucocyte Count)	16,458	/cmm	4500 - 15000
DIFFERENTIAL LEUCOCYTE COUNT			
NEUTROPHIL	98	%	40 - 75
LYMPHOCYTES	9	%	20 - 40
MONOCYTES	1	%	2 - 10
B.C (Red Blood Cell Count)	4.97	Mbikes/cmm	4.2 - 5.4
H (Hemoglobin)	33.4	%	40.0 - 54.0
H.C (Mean Corp Volume)	67.2	fL	90.0 - 100.0
M.C.H (Mean Corp Hb)	49.3	pg	27.00 - 34.00
M.C.H.C (Mean Corp Hb Conc)	72.7	g/dl	32.00 - 36.00
PLATELET COUNT	33	x10 ³ /dL	150 - 400
RDW (RED CELL DISTRIBUTION WIDTH)	18.3	%	11.5 - 14.5
RDWCV (RED CELL DISTRIBUTION WIDTH CV)	7.8	%	11.5 - 14.5
GENERAL BLOOD PICTURE (GBP)			
Red Blood cells are microcytic hypochromic and show mild degree of anisocytosis. W.B.C. count show mild leukocytosis (granulocytosis). Platelet count are markedly decreased. No immature cells or abnormal cells seen. No haemoparasite seen.			
Remark: Suggestive of Thrombocytopenia.			

Shri Banke Bihari Pathology & X-ray Center
Equipped with Computerized Autoanalyzer with Facility of E-test Test

PATIENT NAME: Aksh Lakshya
DATE: 24/02/20
ADVISED BY: Self
AGE/SEX: 05Yrs

Test	Result	Unit	Normal Range
HAEMATOLOGY			
<i>(Complete Blood Count / C.B.C. - By Cell Counter)</i>			
R.B.C. Indices			
Haemoglobin (Hb%)	8.6	gm/dl	12.0 - 16.0
R.B.C. (Red Blood Cell Count)	4.47	ml/cu.mm	4.0 - 12.0
HCT (Haematocrit)	23.3	%	37 - 47
MCV (Mean Corp Volume)	52.2	fL	80 - 100
MCH (Mean Corp Hb)	19.2	pg	27 - 34
MCHC (Mean Corp Hb Conc)	36.9	gm/dl	32 - 36
W.B.C. Indices			
T.L.C	8,800	Cells/cu.mm	4,000 - 12,000
Differential Leuc. Count.			
Neutrophils	45	%	50 - 70
Lymphocytes	47	%	20 - 40
Eosinophils	06	%	1 - 5
Monocytes	02	%	2 - 10
Basophils	00	%	0 - 1
Platelet Count	0.62	Lakh/cu.mm	1.50 - 4.00



Aplastic anemia

Also called: bone marrow aplasia





OVERVIEW SYMPTOMS TREATMENTS NEWS

A rare condition in which the body stops producing enough new blood cells.

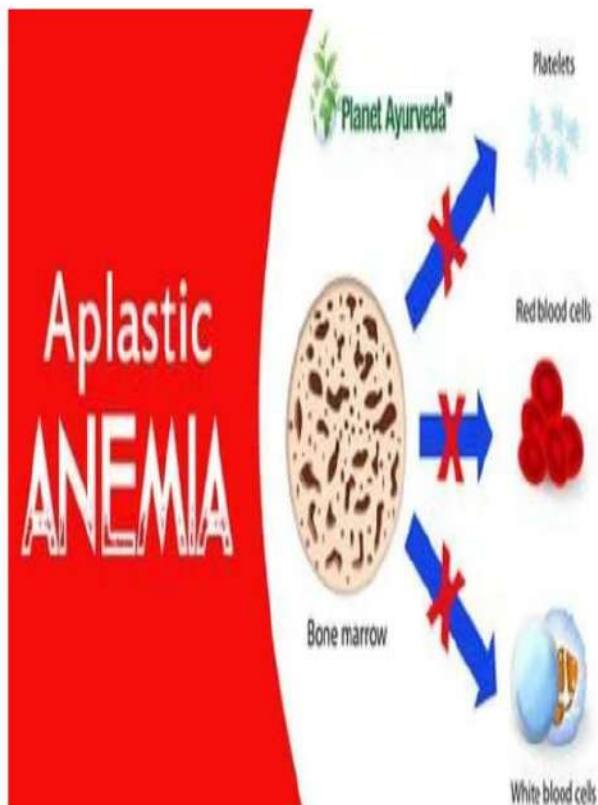
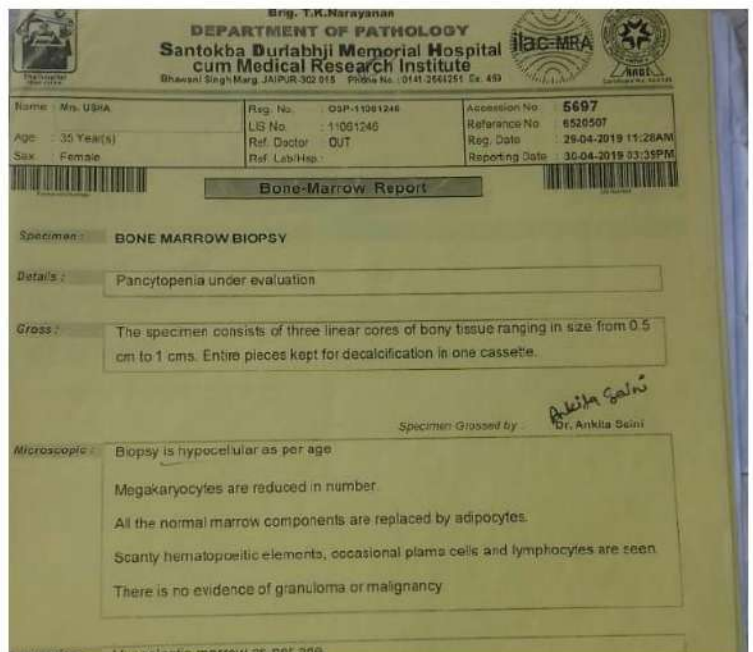
Aplastic anaemia develops as a result of bone marrow damage. The damage may be present at birth or occur after exposure to radiation, chemotherapy, toxic chemicals, some drugs or infection.

Very rare

Fewer than 100 thousand cases per year (India)

-  Treatable by a medical professional
-  Requires a medical diagnosis
-  Lab tests or imaging always required
-  Chronic: can last for years or be lifelong

Severe aplastic anemia is defined as blood disorders resulted due to the failure of bone marrow to form new blood cells.



Dr. Arpiti Chopra (Jain)
M.D. HOMOEOPATHY
 (Critical & Surgical Diseases Specialist)

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 102, First Floor Krishna Tower In front of Curewell Hospital
 Janjner Wala Churahra, INDORE (M.P.)

Time : 10 am to 3pm & 5 pm to 10 pm, Sunday : 12:00 am to 2:00 pm
 Please Take Appointment Before Consultancy as Possible, Ph:- 0731-4977
 www.homeopathycure.in Email:- arpitchopra23@gmail.com

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HOMOEOPATHY

National Path Lab

NATIONAL PATH LAB & RESEARCH CENTER

Client Code: LAB0012
 Client Name: NPLRC GHORAH
 Address: GHORAH, DANG

Name: MR PREM BOR PUN
 Lab No: 0001233
 Age & Sex: 30 Years / MALE
 Referring Doctor: SELF

HAEMATOLOGY

Tests	Results	Unit	Reference R
CBC (complet blood count)			
Sample Type	WB - EDTA		
Hemoglobin	12.5	13-18 Gm/Dl	
Total leucocyte Count	2300	4000-11000/Cu	
Platelet Count	35.0	150.0-450.0 T	
Differential Leucocyte Count			
Neutrophil	45	45-75 %	
Lymphocyte	50	20-45 %	
Monocyte	04	2-10 %	
Eosinophil	01	1-6 %	
Basophil	00	0-2 %	

--- End Of Report ---

Barcode No : 1900012331

National Path Lab

NATIONAL PATH LAB & RESEARCH CENTER

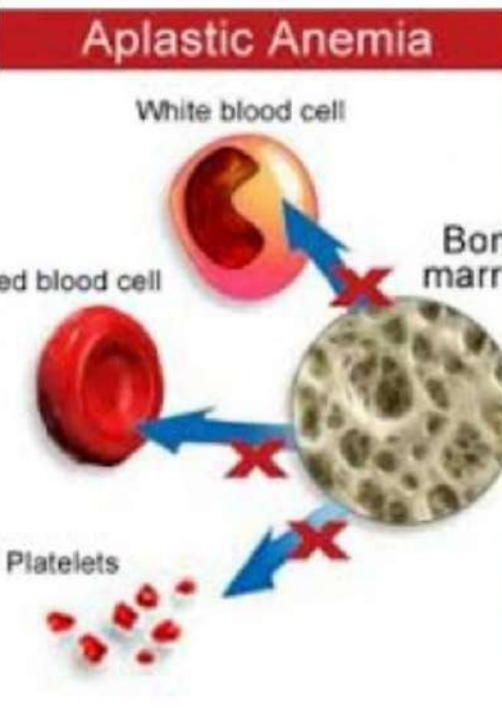
Client Code: LAB0012
 Client Name: NPLRC GHORAH
 Address: GHORAH, DANG

Name: MR PREM PUN
 Lab No: 0001233
 Age & Sex: 30 YM
 Referring Doctor: Dr.SELF

DEPARTMENT OF LAB - HEMATOLOGY

Name	Result	Unit	Reference Range
THROMBOCYTE SEDIMENTATION RATE ; ESR			
Sample Type	EDTA WHOLE BLOOD		
THROMBOCYTE SEDIMENTATION RATE ; ESR	12	mm/hrs.	00-10
HEMOGLOBIN			
Sample Type	EDTA WHOLE BLOOD		
HEMOGLOBIN	12.4	g/dL	13.5-18.0
TOTAL LEUCOCYTE COUNT (WBC)			
TOTAL LEUCOCYTE COUNT (WBC)	7.3	X 10 ⁹ / μL	4.00-10.5
PLATELET COUNT			
PLATELET COUNT	57.0	X1000/cumm	150-450
DIFFERENTIAL LEUCOCYTE COUNT			
Neutrophils	60	%	15-64
Lymphocytes	32	%	15-35
Monocytes	05	%	2-8
Eosinophils	03	%	2-4
Basophils	00	%	0-1
ATYPICAL CELLS/BLASTS	NOT SEEN	%	

*** End Of Report ***



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HOMOEOPATHY

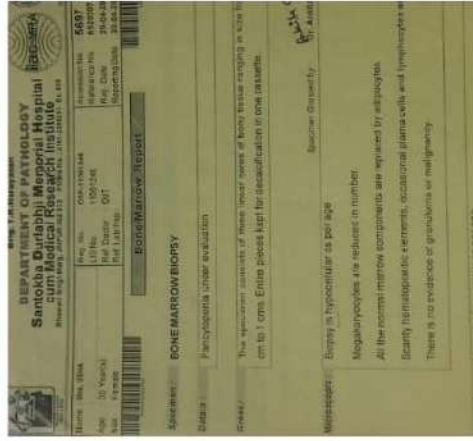
Dr. Arpit Chopra (Jain)
 M.D. HOMOEOPATHY
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 9713092737, 7999973

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 www.homoeopathy.cure.in Email - arpitchopra23@gmail.com

आरोग्यानुभवे पथ्ये इन्दोरे



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Aplastic anemia
Also called: bone marrow aplasia

OVERVIEW SYMPTOMS TREATMENTS NEWS

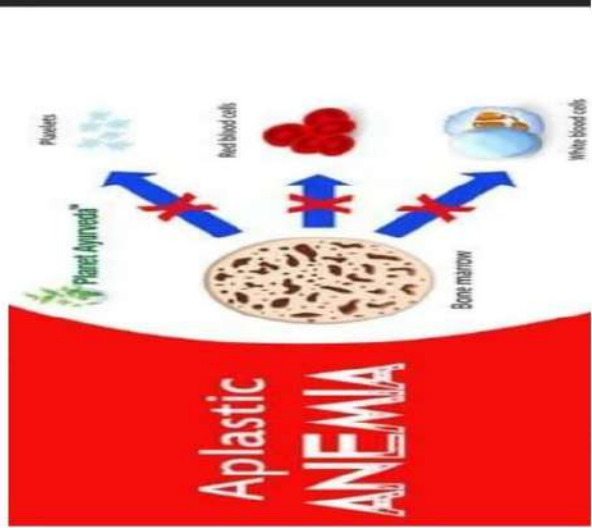
A rare condition in which the body stops producing enough new blood cells.

Aplastic anaemia develops as a result of bone marrow damage. The damage may be present at birth or occur after exposure to radiation, chemotherapy, toxic chemicals, some drugs or infection.

Very rare
Fewer than 100 thousand cases per year (India)

- Treatable by a medical professional
- Requires a medical diagnosis
- Lab tests or imaging always required
- Chronic: can last for years or be lifelong

Severe aplastic anemia is defined as blood disorders resulted due to the failure of bone marrow to form new blood cells.



मेरे भगवान
डॉ. अर्पित चौपड़ा (जैन) - इंदौर

मेरा नाम नरेश कुमार, अलीगढ़ (उत्तर प्रदेश) है। मेरी पत्नी को रक्तलास्टिक रानीमिया बीमारी हो गई थी। मैंने बड़े-बड़े हॉस्पिटल में उसका इलाज करवाया। सभी डॉक्टरों ने बीला इसका बीन-मैरी ट्रांसप्लांट कराना पड़ेगा या आद इंजेक्शन लगवाने पड़ेंगे। हमने उसे आद इंजेक्शन लगवा दिए पर कोई फायदा नहीं हुआ। बल्कि उसके बाद इन्फेक्शन और बढ़ गया। शुगर लेवल 350-400 हो गया। शुगर लेवल नियंत्रित करने के लिए प्रतिदिन इंसुलिन के इंजेक्शन लगाने पड़ रहे थे। मेरी पत्नी की मठ हालत थी कि पांच Jumbo pack लग रहे थे। 15 RDP + 7 पॉइंट ब्लॉड लग रहा था। कुछ महीने बाद डॉक्टर ने ब्लॉड लगवाने से मना कर दिया क्योंकि इन्फेक्शन बहुत बढ़ गया था। मुझे लगा कि अब मेरी पत्नी जीवित नहीं रहेगी। सारा परिवार बहुत दुखी हो गया। रक्त व्यक्त ने हमें सलाह दी कि आप इन्हें Homoeopathic की दवाई दिला

कर देखो। फिर उन्होंने हमें डॉ. अर्पित चौपड़ा (जैन), इंदौर के बारे में बताया। हमने डॉ. अर्पित जीसे बात की और अपने मरीज की रिपोर्ट उन्हें व्हाट्सअप के माध्यम से भेज दी। उन्होंने हमें कुरियर से दवाई भिजवा दी। हमने उनकी दवाई देनी शुरू कर दी। दवाई देने के कुछ समय बाद उसका इन्फेक्शन कम हो गया और जब हम उसे ब्लॉड लगवाने ले गए तो कोई समस्या नहीं आई। आज मेरी पत्नी की हालत पहले से बहुत बेहतर है। उसका शुगर लेवल नियंत्रित हो गया है। Jumbo pack और RDP लगाना भी बन्द हो गया है। सिर्फ 2 पॉइंट ब्लॉड लगता है जो कि डॉ. अर्पित गंकर रहे थे कि कुछ समय दवाई देने के बाद वह भी नहीं लगवाना पड़ेगा। मैं डॉ. अर्पित जी का बहुत आभारी हूँ। वह हमारे लिए साक्षात भगवान हैं। अगर वह न होते तो मेरी पत्नी आज हमारे साथ न होती।

नरेश कुमार
9927715703

Idiopathic Thrombocytopenic Purpura

↳ Primary immune thrombocytopenia

Children
(2-6 yrs old)

- Most often acute
- Often follows a viral infection

Adults
(20-50 yrs old)

- Most often chronic



Clinical

- Petechiae
- Gingival bleeding
- Epistaxis
- Menorrhagia
- GI bleeding
- Intracranial hemorrhage

SIGNS OF ITP



Central Clinical Laboratory Report

Parameter	Result	Unit	Ref. Interval
WBC	12.5	10 ⁹ /L	4-10
RBC	4.5	10 ¹² /L	4.5-5.5
Hb	12.5	g/dL	12-16
Hct	37.5	%	37-47
MCV	83.3	fL	84-101
MCH	15.0	pg	27-34
MCHC	18.0	g/dL	32-36
RDW	13.5	%	11.5-14.5
PLT	100	10 ⁹ /L	150-400
MPV	10.0	fL	8-12
PCT	0.10	%	0.10-0.15
DIFF WBC			
Neutrophils	65	%	50-70
Lymphocytes	30	%	20-40
Monocytes	5	%	2-10
Eosinophils	0	%	1-5
Basophils	0	%	0-1

Central Clinical Laboratory Report

Parameter	Result	Unit	Ref. Interval
PT	12.5	sec	11-13
APTT	35	sec	28-35
Fibrinogen	4.5	g/L	2-4
D-Dimer	0.5	µg/mL	0-0.5

Central Clinical Laboratory Report

Parameter	Result	Unit	Ref. Interval
WBC	12.5	10 ⁹ /L	4-10
RBC	4.5	10 ¹² /L	4.5-5.5
Hb	12.5	g/dL	12-16
Hct	37.5	%	37-47
MCV	83.3	fL	84-101
MCH	15.0	pg	27-34
MCHC	18.0	g/dL	32-36
RDW	13.5	%	11.5-14.5
PLT	100	10 ⁹ /L	150-400
MPV	10.0	fL	8-12
PCT	0.10	%	0.10-0.15
DIFF WBC			
Neutrophils	65	%	50-70
Lymphocytes	30	%	20-40
Monocytes	5	%	2-10
Eosinophils	0	%	1-5
Basophils	0	%	0-1

Central Clinical Laboratory Report

Parameter	Result	Unit	Ref. Interval
PT	12.5	sec	11-13
APTT	35	sec	28-35
Fibrinogen	4.5	g/L	2-4
D-Dimer	0.5	µg/mL	0-0.5

FEVER

Handwritten text in Hindi describing symptoms and diagnosis of ITP. The text mentions fever, petechiae, and bleeding from gums and nose. It concludes with the diagnosis of Idiopathic Thrombocytopenic Purpura (ITP).

Idiopathic Thrombocytopenic Purpura (ITP)

Handwritten signature and contact information for Dr. Arpita Chopra (Jain), a Hematology, Critical & Surgical Diseases Specialist.

0731-4977076, 7999978894, 998751
arpitchopra23@gmail.com
www.homoeopathyecure.in/ce

Sri Aurobindo Institute of Medical Sciences
Sri Aurobindo Medical College & P.G. Institute
SAIMS HOSPITAL - INDORE (M.P.)

Indore-Ujjain State Highway, Near NH-10 Crossing Sumer Road, INDORE (M.P.) 453555
Phone : 0731-4231000 Fax : 0731-4231016-12 Email : help@saimsonline.com, www.saimsonline.com

CENTRAL CLINICAL LABORATORY REPORT

HAEMATOLOGY

Investigation	Result	Unit	Ref. Interval
CBC (COMPLETE BLOOD COUNT)			
Hemoglobin (Cyanmeth)			
Total Hb C	13.8	g/dL	Female : 11.50-15.50
Packed Cell Volume	43.7	%	Female : 36-45
M.C.V.	1.77 L	fL	80-95
M.C.H.	1.26 U	pg	27-34
M.C.H.C	31.8	g/dL	32-36
R.D.W.	13.5	%	11.50-14.00
Total W.B.C.	7800	/mm ³	4000-11000
Neutrophils	63	%	40-90
Lymphocyte	30	%	20-45
Monocyte	5	%	2-10
Eosinophil	0	%	1-5
Basophil	0	%	0-1
Platelet Count	251,000	/mm ³	1.5-4.5 Lac
MPV	1.67	fL	7.50-11.00
Remarks	Normal		

Checked by : 14261 DR. ANVISHA RAJESHWARI

End of Report

PATHOLOGIST

Page 1 of 1

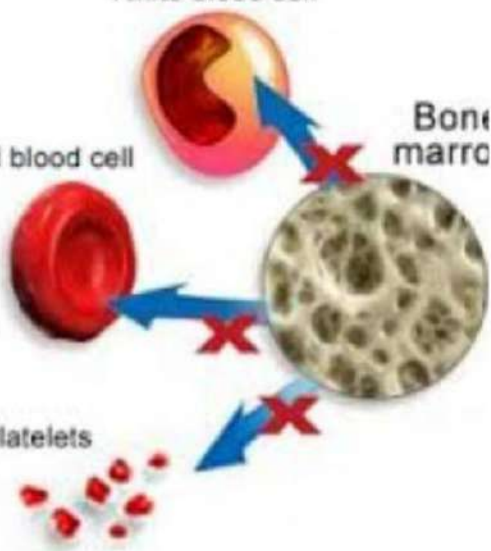
Aplastic Anemia

White blood cell

Bone marrow

Red blood cell

Platelets



अप्लास्टिक एनीमिया

इस नाम से भी जाना जाता है: मज्जा धातु क्षय

खास जानकारी लक्षण इलाज आंकड़े विशेषज्ञ

एप्लास्टिक एनीमिया बोन मैरो (अस्थि मज्जा) को हुए नुकसान की वजह से विकसित होता है. यह नुकसान जन्मजात हो सकता है या रेडिएशन (हानिकारक किरणों), कीमोथेरेपी (रसायनों से उपचार), ज़हरीले रसायनों, कुछ दवाओं या संक्रमण के बाद हो सकता है.

बहुत ही कम

हर साल 1 लाख से कम मामले (भारत)

- चिकित्सा पेशेवर के जरिए उपचार योग्य
- डॉक्टर से जाँच कराना ज़रूरी होता है
- प्रयोगशाला परीक्षणों या इमेजिंग की हमेशा आवश्यकता होती है
- लंबे समय तक: सालों तक या सारी ज़िंदगी रह सकता है



CHRISTIAN MEDICAL COLLEGE, VELLURE - 560028

Results from 01-Jan-2016

3608530 Name: MANJIVI AREDE Age: 8 Gender: FEMALE

Date	Test	Result	Unit	Normal Range
15/12/2015	PLATELET COUNT	3000	/cmm	1,50,000 - 4,50,000
15/12/2015	HAEMOGLOBIN	7.7	G% (Males)	12 - 16
15/12/2015	WBC DIFFERENTIAL			
15/12/2015	WBC TOTAL	4800	/cmm	4,000 - 12,000

SODANI DIAGNOSTIC CLINIC

NO. 11, 1, Morya Centre, Old, 3608 530 Old, 1st, Race Course Road, Vellure (K.P.) 560028

Patient's Name: Manjivi Arede Age: 8 Gender: Female Ref: Dr. Arpit Jain (MD) Homeo. City: SA

Investigation	Result	Unit	Reference Range
HAEMOGRAM (CBC)			
Hemoglobin	12.5	g/dL	11.5 - 15.5
RBC (Red Blood Cells)	321	10 ⁶ /cmm	4.5 - 5.2
Hematocrit	24.5	%	35 - 45
Total Leucocyte (WBC) Count	5.4	10 ³ /cmm	5.0 - 13.0
DIFFERENTIAL COUNT			
Neutrophils	30	%	18 - 44
Lymphocytes	63	%	46 - 70
Monocytes	05	%	0 - 10
Eosinophils	01	%	0 - 6
Basophils	00	%	0 - 1
MCV (Mean Corpuscular Volume)	89.2	fL	77 - 95
MCH (Mean Cell Hb)	32.0	pg	25 - 33
MCHC (Mean Corpuscular Hb C)	36.2	g/dL	31 - 37
Platelet Count	30	10 ³ /cmm	170 - 450
RDW CV	14.2	%	11.5 - 14.5
Mean Platelet Volume (MPV)	13.2	fL	7.4 - 10.4
Absolute Neutrophil Count	1.68	10 ³ /cmm	2 - 8
Absolute Lymphocyte Count	3.53	10 ³ /cmm	1 - 3
Absolute Monocyte Count	0.34	10 ³ /cmm	0.2 - 1.0
Absolute Eosinophil Count	0.06	10 ³ /cmm	0.1 - 1.0
Absolute Basophil Count	0.00	10 ³ /cmm	0.02 - 0.1

Source: WHO's Blood Count, Van Nostrand Reinhold, Singapore (2001), Practical Hematology (10th edition Pg 16-17), Metcalf - J.B. Practical Hematology (1993), Diagnostic Immunology (Immunology), Immunology - Caplan (1978), Electro Immunology (1978), Caplan (1978), Caplan (1978), Caplan (1978), WBC Count - Clinical Immunology (1978), DR-102 Technology (ADVIA 2120) Fully Automated 5 Part Hematology Analyzer

Centre Address: Morya Centre, 1st, Race Course Road, Vellure

Phone: 08132010 1038

BRANCHES: Indore • Ujjain • Dewas • Sanwer • Khandwa • Khargone • Badwan • Dhar • Mhow

Dr. Arpit Chopra Jain

इस बीमारी का नाम अप्लास्टिक एनीमिया है। इसमें रक्त में लाल रक्त कणिकाएँ, श्वेत रक्त कणिकाएँ और प्लेटलेट्स कम हो जाते हैं।

इस बीमारी का कारण अज्ञात है। यह एक दुर्लभ बीमारी है।

इस बीमारी का उपचार डॉ. अरपित चोपरा द्वारा किया गया है।

डॉ. अरपित चोपरा का पता: 11, 1, मर्या सेंटर, पुराना, 3608 530 पुराना, 1, रेस कोर्स रोड, वेल्लुर (क.प.) 560028

डॉ. अरपित चोपरा का फ़ोन: 08132010 1038

डॉ. अरपित चोपरा का ईमेल: sodani@sampurnadiagnostics.com



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HOMOEOPATHY

Dr. Arpit Chopra (Jain)

M.D. HOMOEOPATHY

(Critical & Surgical Diseases Specialist)

9907527914, 9713037978, 9713092737, 79999978

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Aplastic anemia
Also called: bone marrow aplasia

ABOUT SYMPTOMS TREATMENT

A rare condition in which the body stops producing enough new blood cells.

Very rare
fewer than 100 thousand cases per year (India)

- Treatable by a medical professional
- Requires a medical diagnosis
- Lab tests or imaging always required
- Chronic: can last for years or be lifelong

Consult a doctor for medical advice

03
Aplastic Anemia

मेरी मम्मी, दोनों बहनों और भाई को एप्लास्टिक एनिमिया नामक गंभीर बीमारी की वजह से 2 वर्षों से ब्लड एवं प्लेटलेट्स 1 या 2 दिन में चढ़ाना पड़ता था। और डाक्टरों ने उन्हें Bone marrow transplant का कहा किन्तु डॉ अर्पित चोपड़ा सर की मार्गदर्शना में मेरी मम्मी को Bone marrow transplant नहीं कराना पड़ा एवं 1 वर्ष से अब ब्लड नहीं चढ़ाना पड़ा धन्यवाद सरजी - हरीश ओझा



मेरी मम्मी, दोनों बहनों और भाई को एप्लास्टिक एनिमिया नामक गंभीर बीमारी की वजह से 2 वर्षों से ब्लड एवं प्लेटलेट्स 1 या 2 दिन में चढ़ाना पड़ता था। और डाक्टरों ने उन्हें Bone marrow transplant का कहा किन्तु डॉ अर्पित चोपड़ा सर की मार्गदर्शना में मेरी मम्मी को Bone marrow transplant नहीं कराना पड़ा एवं 1 वर्ष से अब ब्लड नहीं चढ़ाना पड़ा धन्यवाद सरजी - हरीश ओझा

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Aplastic Anemia

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Severe aplastic anemia: Any two criteria
Absolute neutrophil count < 500/μL
Absolute reticulocyte count < 20,000/μL, or corrected to < 1%
Platelet count < 20,000/μL

Very severe aplastic anemia: Severe criteria + absolute neutrophil count < 200/μL

Moderate aplastic anemia: One criterion

इस होम्योपैथी

Miss Sonali

श्री मृदुकाल नमस्ते में सेनाली ओझा नलिकंठ काली में रहती हैं

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diseases, Incurable disorder, Mental Psychiatry & Mood Disorder, Accident

परिवार के चार लोगों को एप्लास्टिक एनिमिया से पीड़ित होना पड़ा।



इसी पत्रिका ए प्लास्टिक एनिमिया से पीड़ित ओझा परिवार को बड़ी बेटी आरती की गंभीर हालत देख उसे शनिवार शाम को सौरभल हॉस्पिटल में भर्ती कराया गया। उसके शरीर में प्लेटलेट्स की संख्या महज 6 हजार तक थी। आरती की जिरगी बचाने के लिए उसे करीब 40 इन्फ्यूजन लगाना जरूरी है। एक इन्फ्यूजन खर्च करीब 10 हजार रूपय है। लेकिन आर्थिक

Indro CC, Nalagarhi, Arja Saras

Name: MS. SONALI OJHA Age: 24 Years Sex: Female
Referred By: Dr SELF Received On: 01-Aug-2020 11:37
Drawn On: C1-Aug-2020 11:37 Print Date: 01-Aug-2020 18:27
Accession No.: 70196704 Reference: PCPLDL165352

Parameter	Result	Unit	Biological Reference Interval
Haemoglobin	12.3	g/dL	12.0 - 16.0
Total RBC Count	4.12	x 10 ⁶	4.5 - 5.1
Haematocrit (HCT)	48.3	%	35.0 - 54.6
Mean Corpus Volume (MCV)	97.7	fL	80 - 95
Mean Corpuscular Hemoglobin	31.4	pg	27.5 - 32.2
MCH Concentration	32.2	%	33.4 - 35.0
Total WBC Count	4630	Cells/mm ³	4400 - 11000
Blast Cell	-		
Polymorphs	-		
Monocytes	-		
Metamyelocytes	-		
Neutrophils	56	%	43 - 72
Lymphocytes	34	%	19 - 43
Eosinophils	02	%	1 - 6
Basophils	08	%	3 - 6
Basophils	06	%	0 - 2
Platelet Count	1.81	Lacs/mm ³	1.5 - 4.5
RDW	11.3	%	11.6 - 16.6
Mean Platelet Volume	8.3	fL	6.0 to 10.0 fL

HAEMOGRAM-CBC

Approved By: DR. SAURILIN MD MICROBIOLOGY
Approved On: 01-08-2020 14:48

03
Aplastic Anemia

मेरी मम्मी, दोनों बहनों और भाई को एप्लास्टिक एनिमिया से पीड़ित होना पड़ा। और डाक्टरों ने उन्हें Bone marrow transplant का कहा किन्तु डॉ अर्पित चोपड़ा सर की मार्गदर्शना में मेरी मम्मी को Bone marrow transplant नहीं कराना पड़ा एवं 1 वर्ष से अब ब्लड नहीं चढ़ाना पड़ा धन्यवाद सरजी - हरीश ओझा

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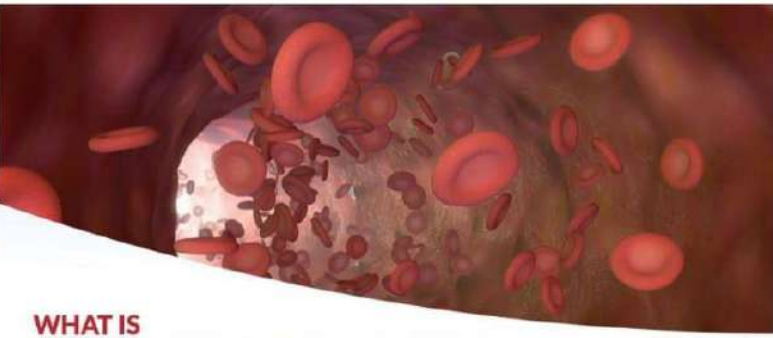
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Critical & Surgical Diseases Specialist

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Janjeer Wala Churaha, INDORE (M.P.)
Time : 10 am to 3pm & 5 pm to 10 pm, Sunday : 12.00 am to 2.00 pm
Please Take Appointment Before Consultancy as Possible, Ph.: 0731-4977076
www.homoeopathy.cure.11, Email - arpitchopra23@gmail.com



WHAT IS APLASTIC ANAEMIA?



Normal

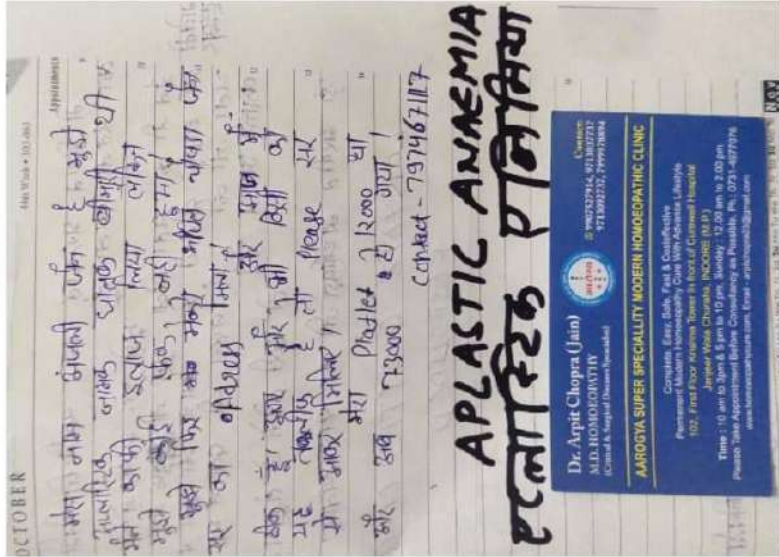


Aplastic Anaemia
(fewer red cells, white cells, and platelet)

producing enough new blood cells.

Aplastic anaemia develops as a result of bone marrow damage. The damage may be present at birth or occur after exposure to radiation, chemotherapy, toxic chemicals, some drugs or infection.

Very rare



Parameter	Result	Unit	Ref Range
WBC	1.07	10 ⁹ /L	4.00-10.00
RBC	3.05	10 ¹² /L	4.00-5.00
Hb	1.00	g/dL	12.00-16.00
Hct	0.20	%	0.37-0.47
MCV	33.1	fL	84.0-101.0
MCH	30.5	pg	27.0-34.0
MCHC	0.92	g/dL	0.32-0.48
RDW-CV	13.5	%	11.5-14.5
RDW-SD	40.9	fL	35.0-46.0
PLT	20.5	10 ⁹ /L	150-400
MPV	10.2	fL	7.5-11.0
PCT	0.21	%	0.10-0.32
PLCR	0.015	%/PLT	

M.P. MMS/H.
E.S.R.
Widal Test
Widal IgM/IgG
C.R.P.

Parameter	Result	Unit	Ref Range
WBC	6.00	10 ⁹ /L	4.00-10.00
RBC	4.47	10 ¹² /L	4.00-5.00
Hb	1.37	g/dL	12.00-16.00
Hct	0.23	%	0.37-0.47
MCV	32.9	fL	84.0-101.0
MCH	41.3	pg	27.0-34.0
MCHC	1.25	g/dL	0.32-0.48
RDW-CV	11.0	%	11.5-14.5
RDW-SD	37.1	fL	35.0-46.0
PLT	45.8	10 ⁹ /L	150-400
MPV	12.4	fL	7.5-11.0
PCT	0.57	%	0.10-0.32
PLCR	0.077	%/PLT	

M.P. MMS/H.
E.S.R.
Widal Test
Widal IgM/IgG
C.R.P.



आरोग्य सुपर स्पेशलिटी मॉडर्न होम्योपैथिक क्लीनिक



डॉ. अर्पित चौपड़ा (जैन)
एच.टी. होम्योपैथी
जटिल, असाध्य एवं
शल्य रोग विशेषज्ञ

कम्पलिट * परमानेंट * ईजी * सेफ * फास्ट एण्ड कॉस्ट इफैक्टिव

*** कैंसर * किडनी फेलियर * अस्पताल में गंभीर रूप से भर्ती मरिजों का उपचार * कोमा *
* शल्य चिकित्सा योग्य रोग * आँटो इम्यून रोग * जीवनभर दवाई लेने वाले रोगों की रोकथाम
एवं 300 प्रकार के असाध्य जटिल रोगों की चिकित्सा ।**

102, 104, प्रथम मंजिल, कृष्णा टॉवर, क्योरवेल हॉस्पिटल के सामने, जंजीरवाला चौराहा, न्यू पलासिया, इन्दौर (म.प्र.)
फोन : 0731-4977076, मो. : 97130-92737, 97130-37737, 79999-78894, 99075-27914



डॉ. अर्पित चोपड़ा (एम.डी.)
एम.डी. होम्योपैथी
जटिल, अस्पताल एवं
शल्य रोग विशेषज्ञ

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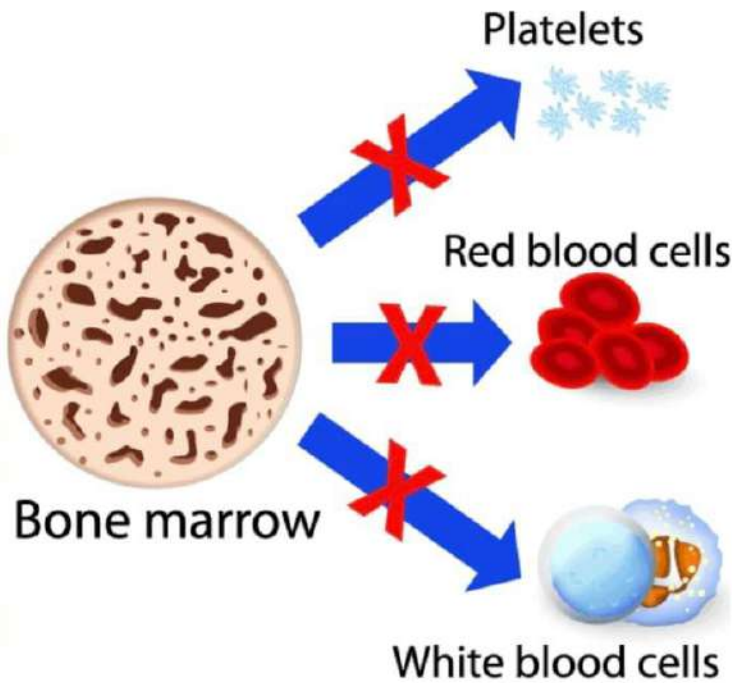
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* शल्य चिकित्सा योग्य रोग * आँटो इम्यून रोग * जीवनभर दवाई लेने वाले रोगों की रोकथाम
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APLASTIC ANEMIA



Aplastic anemia

Also called: bone marrow aplasia

OVERVIEW SYMPTOMS TREATMENTS NEWS

A rare condition in which the body stops producing enough new blood cells.

Aplastic anaemia develops as a result of bone marrow damage. The damage may be present at birth or occur after exposure to radiation, chemotherapy, toxic chemicals, some drugs or infection.

Very rare

Junagade Healthcare Pvt. Ltd.			
LOTUS DIAGNOSTICS			
LOTUS, Bhavik Nagar, Near Kusumagraj Smarak, Vidya Vikas Circle, Gangapur Road, Indore-422013. Ph: 0253-2572002, 2574967 Fax: 0253-2311597 Email: pritesh.junagade@gmail.com, lotus.junagade@gmail.com web: www.lotushaematology.com CIN No.: U93303M-2019F1C204547			
Lab No.	GIA0999	Reg. Date	15-Sep-2020 /10/18
Patient's Name	DNYANESHWAR PATHAVE	Report Date	15-Sep-2020 /12/28
Referred By Dr.	JUNAGADE PRITESH M.D. MRCP	Age	33 Years
Collection Center	LOTUS DIAGNOSTICS	Sex	Male
Haemogram by 5 part differential cell counter			
Test	Result	Units	Normal Range
Hemoglobin	4.2	gm/dL	Male: 13.0 - 18.0 Female: 12.5 - 16.0
Hematocrit (PCV)	11.6	%	Male: 42 - 52 Female: 37 - 47
Red Blood Corpuscles	1.34	x10 ⁶ /uL	M: 4.70 - 6.50 F: 4.50 - 6.20
RBC Count			
RBC Indices			
MCV	87.9	fL	78 - 94
MCH	31.7	pg	26 - 31
MCHC	36	%	31 - 36
RBC Distribution Width - CV	34.7	%	11.5 - 14.5
White Blood Corpuscles			
Total W.B.C. Count	940	/cmm	4000 - 11000
Differential Count			
Neutrophils	9.5	%	40 - 70
Lymphocytes	89.8	%	20 - 45
Eosinophils	0.1	%	0 - 6
Monocytes	9.6	%	2 - 10
Basophils	0	%	0 - 1
Platelets			
Platelet Count	38	*10 ³ /uL	150 - 450
Mean Platelet Volume (MPV)	7.2	fL	6.5 - 9.8
PCT	0.027	%	0.150 - 0.500

Reference range adopted from Wintrobe's Clinical Hematology, Xith Edn

LOTUS DIAGNOSTICS			
LOTUS, Bhavik Nagar, Near Kusumagraj Smarak, Vidya Vikas Circle, Gangapur Road, Indore-422013. Ph: 0253-2572002, 2574967 Fax: 0253-2311597 Email: pritesh.junagade@gmail.com, lotus.junagade@gmail.com web: www.lotushaematology.com CIN No.: U93303M-2019F1C204547			
Lab No.	HAA0073	Reg. Date	02-Jan-2021 /10/15
Patient's Name	DNYANESHWAR V PATHAVE	Report Date	02-Jan-2021 /10/23
Referred By Dr.	JUNAGADE PRITESH M.D. MRCP	Age	33 Years
Collection Center	LOTUS DIAGNOSTICS	Sex	Male
Haemogram by 5 part differential cell counter			
Test	Result	Units	Normal Range
Hemoglobin	4.9	gm/dL	Male: 13.0 - 18.0 Female: 12.5 - 16.0
Hematocrit (PCV)	14.7	%	Male: 42 - 52 Female: 37 - 47
Red Blood Corpuscles	1.56	x10 ⁶ /uL	M: 4.70 - 6.50 F: 4.50 - 6.20
RBC Count			
RBC Indices			
MCV	94	fL	78 - 94
MCH	31.5	pg	26 - 31
MCHC	33.5	%	31 - 36
RBC Distribution Width - CV	31.2	%	11.5 - 14.5
White Blood Corpuscles			
Total W.B.C. Count	1940	/cmm	4000 - 11000
Differential Count			
Neutrophils	37.5	%	40 - 70
Lymphocytes	55.5	%	20 - 45
Eosinophils	0.1	%	0 - 6
Monocytes	6.9	%	2 - 10
Basophils	0	%	0 - 1
Platelets			
Platelet Count	81	*10 ³ /uL	150 - 450
Mean Platelet Volume (MPV)	10.2	fL	6.5 - 9.8
PCT	0.083	%	0.150 - 0.500

Reference range adopted from Wintrobe's Clinical Hematology, Xith Edn



Aplastic anemia

Also called: bone marrow aplasia

- Overview
- Symptoms
- Treatments

A rare condition in which the body stops producing enough new blood cells.

Aplastic anaemia develops as a result of bone marrow damage. The damage may be present at birth or occur after exposure to radiation, chemotherapy, toxic chemicals, some drugs or infection.

Very rare

Fewer than 100 thousand cases per year (India)

Treatable by a medical professional




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 * शल्य चिकित्सा योग्य रोग * ऑटो इम्यून रोग * जीवनभर दवाई लेने वाले रोगों की रोकथाम
 एवं 300 प्रकार के असाध्य जटिल रोगों की चिकित्सा।

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Sanjeevani CBCG Cancer Hospital
 In front of Jain Mandir, Dawada Colony Pachpedi, Nawa, Raipur, Chhattisgarh

Name : Mr. ADARSH GAUTAM 40440	Collected: 23/10/2020 11:47:00
Lab No. : 292324199 Age : 24 Years Gender: Male	Received: 24/10/2020 11:56:19
A/c Status : P Ref by : Dr. VIKASH GOYAL	Reported: 31/10/2020 12:00:59
	Report Status: Final

BONE MARROW EXAMINATION REPORT @

SPECIMEN : Bone Marrow Trepchine Biopsy.

CLINICAL HISTORY : Thrombocytopenia under evaluation, CBC - Hb 13gm, TLC 4900, Plt - 47000.

GROSS : Received 1 linear bony tissue core measuring 1 x 0.2 cm.


MICROSCOPIC : Sections show a hypocellular marrow for age.
 Cellularity: 30%
 - Erythroid series is present with normoblastic maturation.
 - Myeloid series are adequate and show progressive maturation up to neutrophils; negative for abnormal clusters of immature precursors.
 - Megakaryocytes are present with occasional hypoblasted forms.
 - Scattered lymphocytes and plasma cells without abnormal clustering is noted.
 - No homoparasites / granulomas seen.

Reticulin : MF Grade 0 of 3.
 Iron stain : Negative (cannot exclude processing artifact).

IMPRESSION : **Bone Marrow Trepchine Biopsy:**
 Hypocellular bone marrow with Trilineage hematopoiesis.

ADVISED : 1. Clinical correlation and follow up.
 2. Correlation with CBC and bone marrow aspirate findings.

HISTOPATH NO : [451030 : Entire tissue]



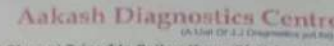
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Haematology Center
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Department of Laboratory Services

Patient Name : Mr Adarsh Gautam	Lab No : 64611	*64611*
UHID : 40440	Sample Date : 22/10/2020 12:03PM	
Age/Gender : 24 Yrs/Male	Receiving Date : 22/10/2020 12:30PM	
Bed No/Ward : OPD	Report Date : 22/10/2020 1:18PM	
Referred By : Dr. VIKASH GOYAL	Report Status : Final	

Test Name	Result	Unit	Biological Ref. Range	Method
HAEMATOTOLOGY				
CBC				
RBCs parameter				
Haemoglobin	15.7	g/dL	13.0 - 17.0	SLS Method
RBC COUNT	5.66 H	10 ⁶ /μL	4.50 - 5.50	Impedance method
Packed cell volume	48.1	%	40.0 - 50.0	Particle Counter (Calculated)
MCV	85.0	fL	82.0 - 97.0	Derived
MCH	27.7	pg	27.0 - 33.0	Derived
MCHC	32.6	g/dL	32.0 - 36.0	Derived
PLATELETS parameter				
Platelet count	42000 L	/μL	150000 - 450000	Impedance method
WBCs parameter				
WBCs count	8500	/μL	4000 - 10000	Flow Cytometry
Neutrophils	53	%	40.0 - 70.0	Flow Cytometry
Lymphocytes	38	%	20.0 - 40.0	Flow Cytometry
Monocytes	05	%	4.0 - 7.0	Flow Cytometry
Eosinophils	04	%	2.0 - 4.0	Flow Cytometry
Basophils	00	%	0.0 - 1.0	Flow Cytometry

End Of Report



Aakash Diagnostics Centre
A Unit of A.J. Diagnostics Pvt. Ltd.
Mahalpara Road Bhawan Trigadda Baikunthpur Diatt, Korliya (C.G) Ph. 07836-232132


Department of Pathology

Patient Name : Mr. AADARSH GAUTAM	Reporting Time : 21/02/2021
Reg No. : 36848	Sex : Male Age : 24
Doctor Name : Dr. Sel F	

Description	Observation	Biological Reference Value
CBC		
HEMOGLOBIN	14.7 gm%	11.5 - 16.5
T.L.EUCOCYTE COUNT	16,100 /cu.mm	3500 - 10000
D.L.EUCOCYTE COUNT		
LYMPHOCYTE	58 %	35 - 50
LYMPHOCYTE	38 %	15 - 50
EOSINOPHIL	03 %	0 - 6
MONOCYTE	01 %	0 - 2
MYELOCYTE	00 %	0 - 0
R.B.C.COUNT	5.21 mill/cu.mm	3.5 - 5.5
PLATELET COUNT	1.55 Lacs/cu.mm	1.0 - 4.0

***** END OF Report *****

Dr. Aakash Singh
M.D. (Patho)


Checked By

आप अप्लास्टिक एनीमिया से परेशान हैं क्या आप अप्लास्टिक एनीमिया को खत्म करना चाहते हैं



Patient - Manasvi Ahire My Bone Marrow has failed me :(Dr. Arpit Chopra 16:07

Treatment Of Aplastic Anemia By Modern Homeopathy

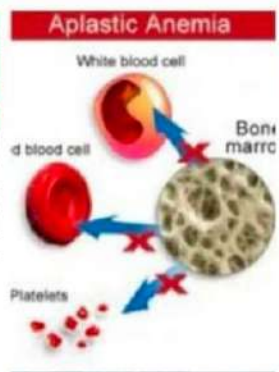
भंपूर्ण ISO: 9001
SODANI DIAGNOSTIC CLINIC
 H.O., L.G.-1, Morya Centre, Opp. Basket Ball Club, 16/1, Race Course Road, Indore (M. P.) ☎: 0731-4776

Client's Name : **Baby. Manasvi Ahire** Visit Id : 1220014229
 Age / Gender : 12 Years / Female Drawn : 12/08/2020 14
 Referred By : **Dr.Chopra Arpit BDS** Received : 12/08/2020 14
 Company : Home Visit Certificate No.MC-0138 Reported : 12/08/2020 11

HAEMATOLOGY			
Investigation	Result	Unit	Reference Range
HAEMOGRAM (CBC)			
Haemoglobin	13.1	g/dL	11.5 - 15.5
RBC (Red Blood Cells)	4.30	10 ⁶ /uL	4.0 - 5.2
Haematocrit	39.0	%	35 - 45
Total Leucocyte(WBC)Count	5.0	10 ³ /uL	5.0 - 13.0
DIFFERENTIAL COUNT			
Neutrophils	31	%	18 - 44
Lymphocytes	62	%	46 - 76
Monocytes	06	%	0 - 10
Eosinophils	01	%	0 - 6
Basophils	00	%	0 - 1
MCV (Mean Corpuscular Volume)	90.7	fL	77 - 95
MCH (Mean Cell Hb)	30.5	pg	25 - 33
MCHC (Mean Corpuscular Hb C)	33.6	g/dl	31 - 37
Platelet Count	120	10 ³ /uL	170 - 450
RDW CV	13.4	%	11.5 - 14.5
Mean Platelet Volume (MPV)	10.2	fL	7.4 - 10.4
Absolute Neutrophil Count	1.55	10 ³ /uL	2 - 8
Absolute Lymphocyte Count	3.10	10 ³ /uL	1 - 3
Absolute Monocyte Count	0.30	10 ³ /uL	0.2 - 1.0
Absolute Eosinophil Count	0.05	10 ³ /uL	0.1 - 1.0
Absolute Basophil Count	0.00	10 ³ /uL	0.02 - 0.1
Method	(ADVIA 2120) Fullyautomated 5 Part-Haematology Analyzer		

Source : Whole Blood EDTA
 *Age related reference ranges(source:Dacie&Lewis Practical Haematology 10th edition Pg-16-17)
 Methods : (Hb-Photometric Measurement)(RBC- Electrical Impedence/Flowcytometry)
 (Haematocrit-Calculated)(MCV-Electrical Impedence)(MCH-Calculated)(MCHC-Calculated)
 (Platelet-Electrical Impedence)(WBC count- Electrical Impedence/Flowcytometry)(WBC Diff-VCS Technology)

Address:-UG-1, Ashlyana Enclave, Vijay Nagar
 on : 12/08/2020 17:40 Page 1 of 1
 e-mail : sodani@sampurnadiagnostics.com • www.sampurnadiagnostics.com



Aplastic Anemia
 अणुनास्तिक एनीमिया
 इस रोग में हीमोग्लोबिन, व्हाइट ब्लड सेल, प्लेटलेट्स कम होते हैं।
 यह रोग अणुनास्तिक एनीमिया को इंगित करता है।
 यह रोग अणुनास्तिक एनीमिया को इंगित करता है।
 यह रोग अणुनास्तिक एनीमिया को इंगित करता है।

SODANI DIAGNOSTIC CLINIC

Investigation	Result	Reference Range
WBC	5.0	5.0 - 13.0
RBC	4.30	4.0 - 5.2
Hb	13.1	11.5 - 15.5
Hct	39.0	35 - 45
MCV	90.7	77 - 95
MCH	30.5	25 - 33
MCHC	33.6	31 - 37
PLT	120	170 - 450
RDW CV	13.4	11.5 - 14.5
MPV	10.2	7.4 - 10.4
ANC	1.55	2 - 8
ALC	3.10	1 - 3
AMC	0.30	0.2 - 1.0
AEC	0.05	0.1 - 1.0
ABC	0.00	0.02 - 0.1



Handwritten notes in Hindi describing the patient's condition and treatment progress.



Dr. Arpit Chopra (Jain)
 M.D. HOMOEOPATHY
 (General & Surgical Diseases Specialist)

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डॉ. अर्पित चौपडा (जैन)
एम. डी. होम्योपैथी
जटिल, असाध्य एवं
शल्य रोग विशेषज्ञ

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102, प्रथम मंजिल, कृष्णा टॉवर, क्योरवेल हॉस्पिटल के सामने, जंजीरवाला चौराहा, न्यू पलासिया, इन्दौर म.प्र.

📞 99075 27914 संपर्क : 0731-4977076, 79999 78894

www.homoeopathy.cure.in. www.aarogyahomoeopathyindore.com Email : arpitchopra23@gmail.com

Leucocytosis with raised CRP
SATURDAY
MAR '21
27
WK-13 086-279

मैं फहमी राजा, मेरी बेटी जो कि 7 वर्ष की है। उसका CRP जो 0-6 होना चाहिए था, वो 187 हो गया था इसलिए उसे hospitalized किया गया था और बीज होकर प्यर आ गई थी। लेकिन कुछ दिनों के बाद उसको फिर से CRP बढ़ गया था ऐसा 15-15 दिनों की गैप में 3 बार हुआ फिर हमने Dr. Arpit Chopra Sir को दिखाया और 1 month के treatment में ही उसका CRP normal आ गया और उसको motion में problem हो रही थी वो भी बिल्कुल ठीक हो गई। अब मेरी बेटी पूरी तरह से fit है। Thanks to Dr. Arpit chopra sir.

Dr. Arpit Chopra (Jain)
M.D. HOMOEOPATHY
(Critical & Surgical Diseases Specialist)

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NAGAR PATHOLOGY LABORATORY

Dr. G.K. Nagar
M.D. (Path. & Bact.)
Kalyanprasha Kanyalaya, Tikla Marg
UJJAIN (M.P.) • Ph. : 2555119 (Lab.)
Patient Name - BABY REEHAM

Dr. Vikas Nagar
M.B.B.S.
S.A. Dhanwantri Marg, Freeganj
UJJAIN (M.P.) • Ph. : 4370150 (Lab.)
Date - 18-Mar-2021

REPORT

Referred By : DR. ARPIT CHOPRA, M.D.

**** Examination of Blood ****

Hemoglobin	: 12.50 gm %	(Normal Male: 13.5-18.0 gm%; Female: 11.5-16.5 gm%)
R.B.C.	: 4.36 mill/c.m.m.	(Normal Male: 4.5-6.5 mill/c.m.m., Female: 3.8-5.8 mill/c.m.m.)
Platelet Count	: 4.16 Lakhs /cu.m.m.	(Normal 1,50,000 - 4,00,000 /cu.m.m.)
Total W.B.C. Count	: 6190/cu.m.m.	(Normal 4000-11000 /cu.m.m. in Adults)

Differential Counts *Normal*

Neutrophils	: 48 %	(40 - 65%)
Lymphocytes	: 46 %	(20 - 45%)
Monocytes	: 04 %	(2 - 8%)
Eosinophils	: 02 %	(2 - 8%)
Basophils	: 00 %	(0 - 1%)

Blood Parasites : Malarial parasite is not seen in the smear examined
Abnormalities W.B.C. : NIL
Abnormalities R.B.C. : NIL
Comments : NIL

Malarial Parasite By Fluorescence microscope :

E.S.R. (Wester Gren) : (By Capillary Photometry Technology)
Koller 20 MC Automatic E.S.R. Analyzer.

(Dr. G.K. Nagar) (Dr. Vikas Nagar)

This report is not for medical purpose
Subject to Ujjain jurisdiction only
In case of any doubt test can be repeated.

ICU & Hospitalized Patients Cases
Surgical Cases, Muscular Dystrophy,
Auto Immune Disease, Corona,
Cerebral Atrophy, Parkinson's disease,
Aplastic Anemia, Antiknock Spondylitis,
Rheumatoid Arthritis, Spinal Stenosis,
Slip Disc (PVD), Liver Cirrhosis Fatty Liver,
Post Brain Stroke Complication,
Thyroid disorder, Infertility, Impotency,
Sexual diseases, Rheumatism,
Backache, Sciatica, Migraine, Knee Pain,
Diabetes, Breast Tumor & Uterine Fibroid,
Prostate & Urological Diseases, Renal &
Gallbladder stone, Hereditary diseases
Incurable disorder, Mental Psychiatry
& Mood Disorder, Accidental & Emergency
Medicine, Homoeopathic Preventive &
Prophylaxis, Tetanus, Allergy
& Skin Diseases, Corona, Parotitis

4/0 Conception @ 2 months.
Few leukocytosis wbc - 20700
CRP - 16.22 9 Feb 21
M/O - Few (Recurrent) 2 months ago.
Mild Hepatomegaly (Dec 20).

Dr. Vikas Nagar
M.B.B.S.
S.A. Dhanwantri Marg, Freeganj
UJJAIN (M.P.) • Ph. : 4370150 (Lab.)
Date - 18-Mar-2021

REPORT

Referred By : DR. ARPIT CHOPRA, M.D.

**** C-Reactive Protein ****

C-Reactive Protein : 0.50 mg/L *Normal*

Normal Values

कैंसर, किडनी फेलियर, अस्पताल में गंभीर रूप से भर्ती मरिजों का उपचार, कोमा, शल्य चिकित्सा योग्य रोग, ऑटो इम्यून रोग, जीवनभर दवाई लेने वाले रोगों की रोकथाम एवं 300 प्रकार के असाध्य जटिल रोगों की चिकित्सा।

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प्रथम मंजिल, कृष्णा टॉवर, क्योरवेल हॉस्पिटल के सामने, जंजीरवाला चौराहा, न्यू पलासिया, इन्दौर

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CORAL HOSPITAL & RESEARCH CENTRE
DEPARTMENT OF PATHOLOGY

ARPIT SEKIYA
Male
ANJIV SINGH RAWAT
ANJIV SINGH RAWAT

Ref No: 2123-0000112
Date: 14/04/2021

Haematology Examination

Result	Normal Range
5.7 gm/dl	M: 13.5 - 16.0 F: 11.5 - 15.0
3,800 /cumm	4,300 - 11,000
24 %	40 - 75
19 %	20 - 50
06 %	0 - 10
01 %	1 - 8
00 %	0 - 1
17.3 %	M: 40-52 F: 35-45
1.93 millicumm	M: 4.5 - 6.5 F: 3.5 - 5.5
89.64 %	74 - 96
29.53 pg	27 - 32
32.95 g/dl	30 - 35
0.04 lacs/cumm	1.5 - 4.0

A

श्रीनाथजी सेवा संस्थान
डायग्नोस्टिक सेंटर

Pathology Digital X-Ray Sonography EEG

2.2, चिताबद मेन रोड, नेमावर रोड, इंदौर अस्पताल पेट्रोल पम्प के सामने, इन्दौर (म.प्र.)
पिन कोड : 4811, एन.आई.जी. चौराहा, सहकार भवन के सामने, रोहित आई केयर के पास, इंदौर (म.प्र.)

SAMPLE ID: WL20022521
REFERRING DR. DR. SELF
COLLECTED AT

MR ARPIT SEKIYA
16 Years /M

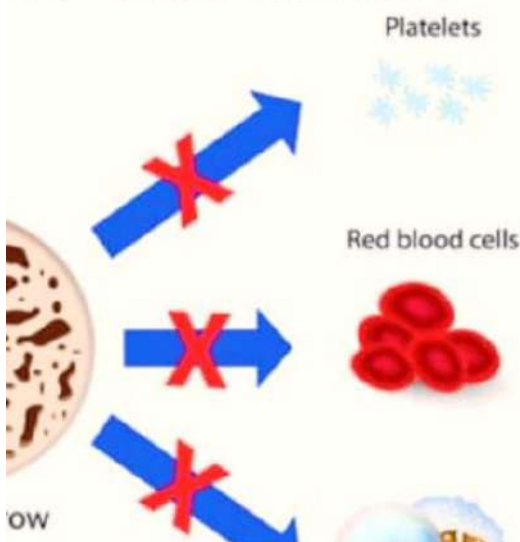
HAEMOGRAM

INVESTIGATIONS	RESULTS	REFERENCE RANGE
Haemoglobin	7.5	13 - 18 gms/l
R.B.C. Count	2.43	4.5 - 6.5 mill/cumm
P.C.V.	20.1	35 - 50 %
M.C.V.	82.72	76 - 96 Cu m
M.C.H.	30.86	27 - 32 mu g
M.C.H.C.	37.31	31 - 35%
PLATELETS COUNT	0.89	1.5 - 4.5 Lac
Total Leucocyte Count	4400	4000 - 11000

DIFFERENTIAL WBC COUNT (AVERAGE OF 100 CELLS)

Neutrophils	19	40 - 75
Lymphocytes	74	20 - 50
Monocytes	01	0 - 10
Eosinophils	06	0 - 6
Basophils	00	0 - 1

PLASTIC ANEMIA



Aplastic anemia

Also called: bone marrow aplasia

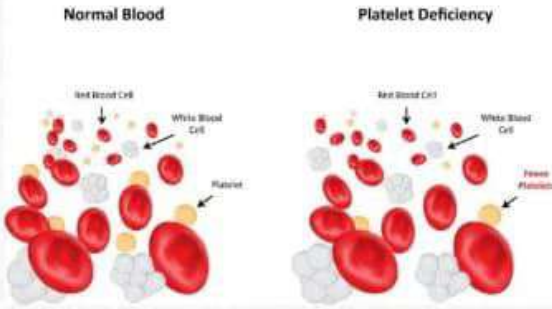
Overview

Symptoms

Tr

A rare condition in which the body is not producing enough new blood cells.

Aplastic anaemia develops as a result of bone marrow damage. The damage can be present at birth or occur after exposure to certain chemicals or radiation.



What is Thrombocytopenia?

Thrombocytopenia is a deficiency of platelets in the blood, defined when the platelet count is less than 150,000.

This deficiency occurs in approximately 5 percent of normal pregnancies.

June
2021 Week-24
MONDAY 07
8:00 am

Thrombocytopenia
Shobhit Maheshwari
- Chhawan India

28 March को मैंने Blood Platelets Count कम हो गए, तब अंगण के लिए पता चला 75000 thousand. Platelets Count रहे गए फिर मैंने सर डॉ अमित चौधरी से consult कर अनी माईव होमियोपैथी का प्रिमेरि रालु प्रिमेरि 15 दिन का course उठाने मुझे दिया और फिर - 6 April को जब मैंने रालु से एक क्लमा तो Blood platelets बढ़ करे 4,19,000 हो गए। रालु में कम platelets के कारण इसके स होमियोपैथी डॉ अनी हॉस्पिटल में admit होने की सलाह दी थी, पर डॉ अमित सर के प्रिमेरि से सिर्फ 8 दिन में मेका रहे कर ठिक होना चालु हुआ और 15 दिन के और पूरी तरह ठिक हो गया। | यह कोई चमत्कार से कम नहीं है।

Thank you so much sir -
98936-21000
अनी -> अनी मेक कोर
डॉ अनी (H.O.)

3:00 pm
3:00 pm
4:00 pm
2:00 pm
3:00 pm
3:00 pm
EVENING
MEMORANDA

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MR. SHOBHIT MUNDRA
31 Years / M
MOBILE NO. 9893621000

SAMPLE ID: W20207331
REFERRING DR. DR. MADHU SHARMA

LAB ID: 240321-207

COLLECTED DATE, TIME: 24/04/2021 07:56 PM

REPORTED: 24/04/2021 09:15 PM

HAEMOGRAM

INVESTIGATIONS	RESULTS	REFERENCE INTERVAL
Haemoglobin	6.9 g/dL	13.5 - 17.5 g/dL
RBCs Count	1.78 milli./cu.mm	4.5 - 5.9 milli./cu.mm
PCV	21 %	37 - 53 %
MCV	117.98 fl	80 - 100 fl
MCH	36.76 pg	26 - 34 pg
MCHC	32.86 g/dL	32 - 36 g/dL
RDW-CV	17.2 %	11 - 16 %
Platelets Count	0.75 Lakh/cu.mm.	1.5 - 4.5
Total WBCs Count	3300 /cu.mm.	4500 - 11000 /cu.mm.

DIFFERENTIAL WBC COUNTS

INVESTIGATIONS	RESULTS	REFERENCE INTERVAL
Neutrophils	65 %	35 - 75 %
Lymphocytes	30 %	24 - 44 %
Monocytes	03 %	2 - 8 %
Eosinophils	02 %	0 - 6 %
Basophils	00 %	0 - 1 %
ESR	26 mm at end of 1st hr	0 - 15 mm at end of 1st hr

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MR. SHOBHIT MUNDRA
31 Years / M

SAMPLE ID: W20207331
REFERRING DR. DR. MADHU SHARMA

LAB ID: 240321-207

COLLECTED DATE, TIME: 24/04/2021 07:56 PM

REPORTED: 24/04/2021 09:15 PM

COMPLETE BLOOD COUNT/HAEMOGRAM

INVESTIGATIONS	RESULTS	REFERENCE INTERVAL
Haemoglobin	6.9 g/dL	13.5 - 17.5 g/dL
RBCs Count	3.2 milli./cu.mm	4.5 - 5.9 milli./cu.mm
PCV	33 %	37 - 53 %
MCV	102.1 fl	80 - 100 fl
MCH	29.6 pg	26 - 34 pg
MCHC	29.0 g/dL	32 - 36 g/dL
RDW-CV	25.9 %	11 - 16 %
Total WBCs Count	5700 /cu.mm.	4500 - 11000 /cu.mm.

DIFFERENTIAL WBC COUNTS

INVESTIGATIONS	RESULTS	REFERENCE INTERVAL
Neutrophils	63 %	35 - 75 %
Lymphocytes	30 %	24 - 44 %
Monocytes	04 %	2 - 8 %
Eosinophils	03 %	0 - 6 %
Basophils	00 %	0 - 1 %
Platelets Count	4.19 Lakh/cu.mm.	1.5 - 4.5

Techniques & Kits used: Fully Automated 3 Part Differential Auto Hematology Analyzer - "Mindray BC-3600".
Nathan DG, and DSA, FA (1981) Hematology of Infancy and Childhood, ed 2, WB Saunders, pp1152.
Nathan DG, and DSA, FA (1981) Hematology of Infancy and Childhood, ed 2, WB Saunders, pp1111.



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डॉ. अर्पित चौपडा (जैन)
एम. डी. होम्योपैथी
जटिल, असाध्य एवं
शल्य रोग विशेषज्ञ

आरोग्य सुपर स्पेशलिटी माईन होमियोपैथी

कम्पलिट, परमानेन्ट, ईजी, सेफ, फास्ट एण्ड कॉस्ट इफैक्टिव

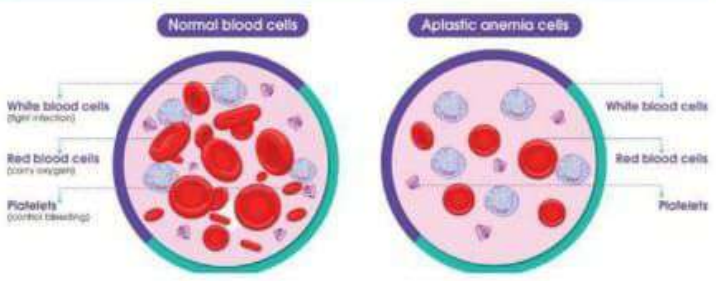
102, प्रथम मंजिल, कृष्णा टॉवर, कयोरेवेल हॉस्पिटल के सामने, जंजीरवाला चौराहा, न्यू पलासिया, इन्दौर म.प्र.

📞 99075 27914 संपर्क : 0731-4977076, 79999 78894

www.homoeopathy cure.in, www.aarogyahomoeopathyindore.com Email : arpitchopra23@gmail.com

Aplastic anemia?

A serious bone marrow failure disease that occurs when the bone marrow slows down or doesn't produce enough blood cells.



Very rare

Fewer than 100 thousand cases per year (India)

- 🏥 Treatable by a medical professional
- 📅 Requires a medical diagnosis
- 🩺 Lab tests or imaging always required
- 🕒 Chronic: can last for years or be lifelong

ICU 1			
Technician Clinical Analysis Data Result Sheet			
SHREE SWAMI SAMARTH CLINICAL LAB No. 990280280 PRAKASH SIKARIM ROAD, BHILAI, CHHATTISGARH			
Pt. Name:	RAMESH MISAL	SEX:	M
Ref. By Dr.:	SAGAR DASH	TIME:	11:28 AM
		DATE:	28/10/2021
TEST	Pt. Value	Units	NORMAL RANGE
Erythrocytes:			
Hemoglobin %	7.3	49%	12-18 Gms%
Hb/Cs Count	2.32	Mill/cumm	4.0 to 6.0
LEUCOCYTE COUNT:			
Total W.B.C. Count	2,500	/cumm	5000-10000/cumm
'DIFFERENTIAL COUNT'			
Polymorpho	25	%	40-75 %
Eosinophils	6	%	02-06 %
Lymphocytes	63	%	20-40 %
Monocytes	6	%	02-10 %
Basophils	0	%	00-01 %
Platelet Count:			
Count	0.1	LAKH	1.0 TO 4 LAKH
M.P. PARASITES	NOT SEEN BY STRIP METHOD		
PERIPHERAL SMEAR FINDING:			
Abnormalities of Leucocytes	LYMPHOCYTIC LEUKOPENIA		
Abnormalities of Erythrocytes	NORMOCYTIC MILD HYPOCHROMIC RBC'S		
Abnormalities of Platelet	THROMBOCYTOPENIA		
OTHER REPORTS:			
E.S.R. (WINTROBE)	78	MMHR	(N.R. 20-30 M O. 0-10MMHR)
BLOOD SUGAR LEVEL R :	156.2	MG%	(N.R. 70-140 MG%)
KIDNEY FUNCTION TEST:			
SERUM CREATININE	0.9	MG/DL	(N.R. 0.6 TO 1.4 MG/DL)

सुरज लैबोरेटरी			
कुमाठ रोडे			
D.M.L.T.			
साकतामाकी रॉपिंग सेंटर, निमगांव केतकी - ४८१०५८३८६५.			
Mr. Ramesh Misal,	Sex-	Male	Age: yrs.
Bharati Hospital,		Date:	22/06/2021 Resl. Nimgaon-Ketki.
Pts Value	Units	Normal Range	
8.4	56% Gms %	12 - 16 Gms %	
2.80	Mill/cumm	4.0 - 6.0	
3,200	/cumm	5000 - 10000 /cumm	
DIFFERENTIAL COUNT			
Polymorpho	37	%	40 - 70 %
Eosinophils	2	%	02 - 06 %
Lymphocytes	52	%	20 - 40 %
Monocytes	9	%	02 - 10 %
Basophils	0	%	00 - 01 %
Platelet Count			
Count	40,000	Thousand's	1.50 - 4.50 Lakhs
PERIPHERAL SMEAR FINDING			
Abnormalities Of Leucocyte	Leucopenia.		
Morphology Of Erythrocytes	Normocytic Normochromic mild Hypochromic R.B.Cs.		
Abnormalities Of Platelet	Thrombopenia.		
Hematocrit (HCT)	26.4	%	35.00 - 46.00
MCV	94.6	fl	80.00 - 100.00
MCH	30.1	PE	27.00 - 32.00
MCHC	31.8	g/dl	32.00 - 36.00
2) M. Parasites	Not Detected.		

Prop. Ravi B. Nishad

Aplastic anemia?

is bone marrow failure disease that occurs when the bone marrow slows down or doesn't produce enough blood cells



Dr. Arpit Chopra (Jain)
M.D. Homoeopathy
Clinical & Surgical Diseases Specialist



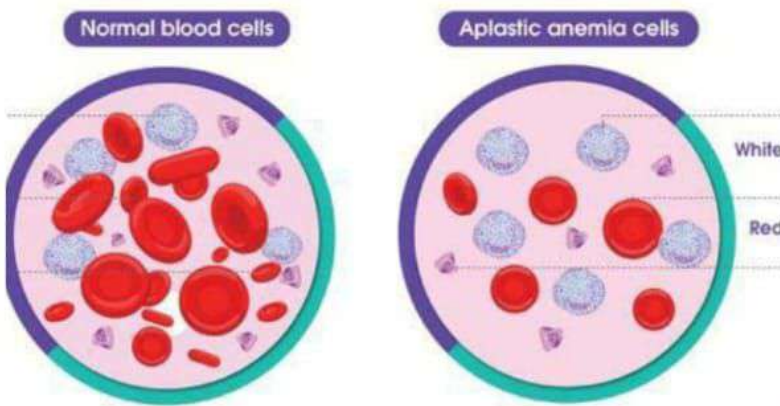
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Permanent Modern Homoeopathy Cure with Advance Lifestyle

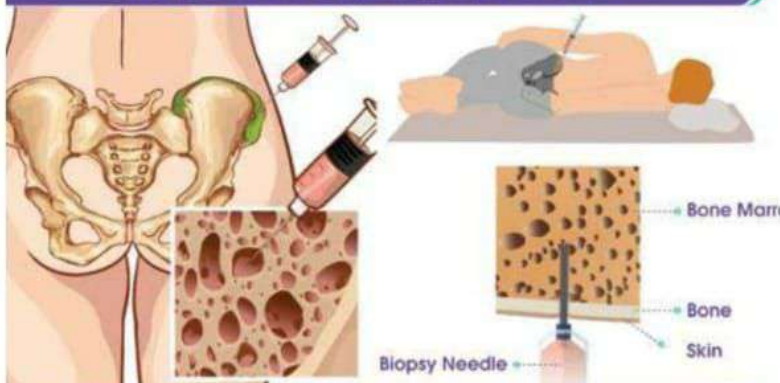
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- TREATMENT OF CRITICALLY ADMITTED PATIENTS IN THE HOSPITAL
- PREVENTION OF DISEASES TAKING MEDICINES THROUGHOUT LIFE AND TREATMENT OF 300 TYPES OF INTRACTABLE COMPLEX DISEASES.

arpitchopra23@gmail.com

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Early referral diagnosis by Bone Marrow Aspiration and Biopsy is mandatory for Aplastic Anemia.



An Early Bone marrow transplant.....The only potential cure for aplastic anemia

- Replaces the unhealthy bone marrow with healthy blood-forming cells
- Considered as first-line therapy
- Survival rate up to 90%
- Associated with high cure rates

Microtech Pathology Lab

First Floor, 18-B, Sch. No 71, Shri Raj Rajendra Suri Shatabdi Dwar, Behind Ranjeet Hanuman Temple, INDORE 9165363505, 9109237008

Patient ID : 082102007
Patient Name : MS. SONALI OZA
Age / Gender : 24 Years / Female
Ref. By : SELF

Sample Collected on : 02-Aug-2021 8:30 PM
Report Released on : 02-Aug-2021 9:12 PM
Center Name : MICROTECH PATHOLOGY

Investigation	Result	Unit	Bio. Ref. Interval
HAEMOGLOBIN	12.8	gms%	12-15
TOTAL WBC COUNT	5,500	/ cumm	4000-11000
RED BLOOD CELL COUNT	4.15	/cumm	4.5-5.5
WBC DIFFERENTIAL COUNT			
NEUTROPHILS	66	%	40-70
LYMPHOCYTES	30	%	20-44
EOSINOPHILS	02	%	0-6
MONOCYTES	02	%	2-8
RBC INDICES			
HEMATOCRIT	39.9	%	40-50
MEAN CORPUSCULAR VOLUME	96.2	fl	78-96
MEAN CORPUSCULAR HEMOGLOBIN	30.9	pg	27-32
MEAN CORPUSCULAR HEMOGLOBIN CONCENTRATION	32.9	g/dl	32-36
PLATELET COUNT	2.29	/ cumm	1.5-4.5

END OF REPORT



मेरी मम्मी, दोनो बच्चो और भाई को एन्सिफलिक एनिमिया नामक गंभीर बीमारी की वजह से 2 वर्षो से ब्लड एण्ड प्लेटलेट्स 1 या 2 दिन में बदलना पड़ता था। और डॉक्टरों ने उन्हें Bone marrow transplant का कहा किन्तु की अर्पित चोपड़ा सर की मार्गदर्शन होम्योपैथी इन्डोरो के रेसल्टर इन्सॉल से (Bone marrow transplant) नहीं करवाना पड़ा एच 1 वा से अब ब्लड नहीं बदलना पड़ा धन्यवाद सरकी - **श्रीमती ओझा**



Investigation	Result	Unit	Bio. Ref. Interval
Haemoglobin	12.8	g/dl	12-15
Total WBC Count	5500	/cumm	4000-11000
Red Blood Cell Count	4.15	/cumm	4.5-5.5
WBC DIFFERENTIAL COUNT			
Neutrophils	66	%	40-70
Lymphocytes	30	%	20-44
Eosinophils	02	%	0-6
Monocytes	02	%	2-8
RBC INDICES			
Hematocrit	39.9	%	40-50
Mean Corpuscular Volume	96.2	fL	78-96
Mean Corpuscular Hemoglobin	30.9	pg	27-32
Mean Corpuscular Hemoglobin Concentration	32.9	g/dL	32-36
Platelet Count	2.29	/cumm	1.5-4.5

Aplastic Anemia 03

मेरी मम्मी, दोनो बच्चो और भाई को एन्सिफलिक एनिमिया नामक गंभीर बीमारी की वजह से 2 वर्षो से ब्लड एण्ड प्लेटलेट्स 1 या 2 दिन में बदलना पड़ता था। और डॉक्टरों ने उन्हें Bone marrow transplant का कहा किन्तु की अर्पित चोपड़ा सर की मार्गदर्शन होम्योपैथी इन्डोरो के रेसल्टर इन्सॉल से (Bone marrow transplant) नहीं करवाना पड़ा एच 1 वा से अब ब्लड नहीं बदलना पड़ा धन्यवाद सरकी - **श्रीमती ओझा**

Dr. Arpit Chopra (Jain)

ABNORMAL PLATELET COUNT

IN YOUR BLOOD TEST REPORT
WHAT DOES IT MEAN?

PLATELET COUNT

A platelet count is a measure of the concentration of platelets in the blood. It is an important number for doctors to know, both before and after surgery in order to predict bleeding and clotting problems. It is also an important number during chemotherapy and radiation therapy to make sure you can tolerate the production of platelets in the bone marrow.

Normal Range: 1,50,000 to 4,50,000

Low Platelet Count: A low platelet count, also known as thrombocytopenia, is a condition that can occur from blood loss or when the bone marrow is not producing enough platelets. It can also be a sign of a more serious condition, such as leukemia, liver disease, or kidney failure.

High Platelet Count: A high platelet count, also known as thrombocytosis, is a condition that can occur from a variety of causes, including infection, inflammation, and certain medications. It can also be a sign of a more serious condition, such as leukemia or polycythemia vera.

PLATELETS

Platelets are the blood cells that stick together to form clots. They are also known as thrombocytes. They are small, disc-shaped cells that are produced in the bone marrow. They are essential for blood clotting and for preventing bleeding.

Causes of Abnormal Platelet Count:

- Low Platelet Count:**
 - Infections
 - Chronic kidney disease
 - Chronic liver disease
 - Chronic alcoholism
 - Chronic bone marrow failure
 - Chronic immune system disorders
 - Chronic drug use
 - Chronic radiation therapy
 - Chronic chemotherapy
 - Chronic leukemia
 - Chronic polycythemia vera
- High Platelet Count:**
 - Essential thrombocythemia
 - Chronic myeloid leukemia
 - Polycythemia vera

CAUSES OF CANINE THROMBOCYTOSIS

Secondary or reactive thrombocytosis

- Infections
- Inflammatory disorders
- Acute or chronic blood loss
- Tissue damage from trauma or surgery
- Drugs (steroids, vincristine)
- Hyperadrenocorticism
- Splenectomy
- Malignancy
- Rebound from chemotherapy

Primary thrombocytosis

- Essential thrombocytosis
- Chronic myeloid leukemia
- Polycythemia vera

During Modern Homeopathy Treatment

DEPARTMENT OF LABORATORY SCIENCES

Lab No: 200627502 / 4170
Receiving Date: 12/06/2021 11:54 AM
Report Date: 12/06/2021 11:31 AM
Report Status: Final

Referring By: Dr. VIVANK GOEL

Test Name	Result	Unit	Normal Ref. Range	Method
COMPLETE BLOOD COUNT (CBC)(Hb)(PCV)(WBC)(PLATELET)				
Hemoglobin Estimation (Hb)	12.3	g/dl	11.5 - 15.0	5,5-Hi Metrol (Free Chemistry)
Total Leucocyte Count (TLC)	7.68	10 ⁹ /L	5.00 - 12.00	Flow Cytometry Light Microscopy
DLC				
Neutrophils	35.7	%	60.0-80.0	Flow Cytometry Light Microscopy
Absolute Neutrophil Count (ANC)	2.53	10 ⁹ /L	2.00-8.00	Unaided
Lymphocytes	43.1	%	20.0-40.0	Flow Cytometry Light Microscopy
Absolute Lymphocyte Count	3.05	10 ⁹ /L	1.00-5.00	Unaided
Eosinophils	12.7	%	1.0-6.0	Flow Cytometry Light Microscopy
Absolute Eosinophil Count (AEC)	0.90	10 ⁹ /L	0.10-1.00	Unaided
Monocytes	7.8	%	2.0-10.0	Flow Cytometry Light Microscopy
Absolute Monocyte Count	0.55	10 ⁹ /L	0.20-1.00	Unaided
Basophils	0.7	%	0.0-0.5	Flow Cytometry Light Microscopy
Absolute Basophil Count	0.05	10 ⁹ /L	0.02-0.10	Unaided
PCV (Hematocrit)	45.1	%	35-55	MC Flow Height Detection
Hct (Hematocrit)	45.1	%	35-55	MC Flow Height Detection
MCV Count (Red Blood Cell)	79.5	fL	77.0-95.0	Unaided
MCH	27.1	pg	25.0-33.0	Unaided
MCHC	34.1	g/dL	31.0-37.0	Unaided
RDW	11.6	%	11.6-14.4	Unaided
Platelet Count	392	10 ⁹ /L	150 - 400	IC Chamber

DEPARTMENT OF LABORATORY SCIENCES

Lab No: 200627502 / 4170
Receiving Date: 12/06/2021 10:44 AM
Report Date: 12/06/2021 11:54 AM
Report Status: Final

Referring By: Dr. VIVANK GOEL

Test Name	Result	Unit	Normal Ref. Range	Method
COMPLETE BLOOD COUNT (CBC)(Hb)(PCV)(WBC)(PLATELET)				
Hemoglobin Estimation (Hb)	10.8	L	11.5 - 15.0	5,5-Hi Metrol (Free Chemistry)
Total Leucocyte Count (TLC)	45.5	L	5.00 - 12.00	Flow Cytometry Light Microscopy
DLC				
Neutrophils	6.5	%	40.0-80.0	Flow Cytometry Light Microscopy
Absolute Neutrophil Count (ANC)	40.2	H	20.0-40.0	Unaided
Lymphocytes	3.4	H	1.00-5.00	Unaided
Absolute Lymphocyte Count	1.3	L	1.0-6.0	Unaided
Eosinophils	0.18	%	0.0-1.00	Unaided
Absolute Eosinophil Count (AEC)	0.18	%	0.0-1.00	Unaided
Monocytes	5.5	%	2.0-10.0	Unaided
Absolute Monocyte Count	1.28	H	0.20-1.00	Unaided
Basophils	0.7	H	0.0-0.5	Unaided
Absolute Basophil Count	0.09	H	0.02-0.10	Unaided
PCV (Hematocrit)	33.2	L	35.0-45.0	Unaided
Hct (Hematocrit)	33.2	L	35.0-45.0	Unaided
RBC Count (Red Blood Cell)	4.15	L	4.00-5.70	Unaided
MCH	10.0	fL	77.0-95.0	Unaided
MCHC	26.0	pg	25.0-33.0	Unaided
MCV	32.5	pg	31.0-37.0	Unaided
RDW	16.2	%	11.6-14.4	Unaided
Platelet Count	723	H	150 - 400	IC Chamber

DEPARTMENT OF LABORATORY SCIENCES

Lab No: 200627502 / 4170
Receiving Date: 16-Jul-2021 11:13 AM
Report Date: 16-Jul-2021 11:15 AM
Report Status: Final

Referring By: Dr. VIVANK GOEL

Test Name	Result	Unit	Normal Ref. Range	Method
COMPLETE BLOOD COUNT (CBC)				
Hemoglobin Estimation (Hb)	12.10	g/dL	11.50 - 15.00	Unaided
Total Leucocyte Count (TLC)	34.40	%	30.00 - 40.00	Unaided
RBC Count	4.48	ml/dl	4.00 - 5.20	Unaided
Hct (Hematocrit)	77.70	%	77.00 - 80.00	Unaided
MCH	27.00	pg	25.00 - 33.00	Unaided
MCHC	34.50	g/dL	31.00 - 37.00	Unaided
RDW	12.71	%	11.50 - 13.00	Unaided
Differential Leucocyte Count (DLC)				
Neutrophils	77.70	%	60.00 - 80.00	Unaided
Lymphocytes	18.80	%	20.00 - 40.00	Unaided
Monocytes	4.00	%	2.00 - 10.00	Unaided
Eosinophils	1.10	%	0.00 - 1.00	Unaided
Basophils	0.00	%	0.00 - 0.10	Unaided
Absolute Leucocyte Count (Calculated)				
Neutrophils	9.88	10 ⁹ /L	2.00 - 8.00	Unaided
Lymphocytes	2.11	10 ⁹ /L	1.00 - 3.00	Unaided
Monocytes	0.58	10 ⁹ /L	0.20 - 1.00	Unaided
Eosinophils	0.14	10 ⁹ /L	0.10 - 1.00	Unaided
Basophils	0.00	10 ⁹ /L	0.01 - 0.10	Unaided
Platelet Count	327	10 ⁹ /L	150.00 - 400.00	Unaided
MPV (Mean Platelet Volume)	8.40	fL	6.50 - 11.00	Unaided

मॉडर्न होम्योपैथी

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GuruGram (Delhi)

Mrs. Bharti Sachdeva
GuruGram (Delhi)

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 102, प्रथम मंजिल, कृष्णा टॉवर, कयोरवेल हॉस्पिटल के सामने, जंजीरवाला चौराहा, न्यू पलासिया, इन्दौर (म.प्र.)
 फोन : 0731-4977076, मो. : 97130-92737, 97130-37737, 79999-78894, 99075-279149

Aplastic anemia

Also called: bone marrow aplasia

- Overview
- Symptoms
- Treatments
- Spe

A rare condition in which the body stops producing enough new blood cells.

DEWAS DIAGNOSTICS
CT SCAN & MRI CENTRE
 • 1.5 Tesla MRI • Multi Slice CT Scan • 3D, 4D Sonography • Digital X-ray • Digital Mammography
 • Echo- Cardiography • Digital OPG • Pathology • TMT
 106, Civil Lines, Dewas, Phone: 07272-404287, 254637

Patient's Name : MR. PRAKASH CHANDRA BHAKAT Age/sex : 67 Years/Male
 Ref. by DR. SELF Date: 15-09-2021

P.S. FOR ANEMIA TYPING

RBC morphology normocytic, normochromic

Hb - 5.8 g/dl	normal value : 12.0 - 16.0 g/dl
RBC- 1.80 million/comm.	
PCV- 16.0 %	
MCV- 88.8 fL	
MCH- 32.2 pg	
MCHC- 36.2 g/dl	

RBC- erythropenia (1.80 million/comm.)	normal value : 4.0 - 5.90 m/cumm
WBC-leucopenia (2,900 /cumm)	normal value : 4,000 to 11000 /cumm
PLAT.- Thrombocytopenia (0.12 lacs)	normal value : 1.50 to 4.50 lacs/cumm

Comments - RBC, are normocytic, normochromic, anemia with pancytopenia.
 ADV. : Correlate clinically and other investigative findings.

Note: All pathological tests have technical and biological limitations. Please correlate clinically as well as with other in investigation findings. A review should be requested in case of any disparity. This report is not valid for medicolegal purpose.

Before treatment

DR. R.B. SINGH BAGHEL
 MBBS, DCP

DEWAS DIAGNOSTICS
CT SCAN & MRI CENTRE
 • 1.5 Tesla MRI • Multi Slice CT Scan • 3D, 4D Sonography • Digital X-ray • Digital Mammography
 • Echo- Cardiography • Digital OPG • Pathology • TMT
 106, Civil Lines, Dewas, Phone: 07272-404287, 254637

Patient's Name : MR. PRAKASH CHANDRA BHAKAT Age/sex : 67 Years/Male
 Ref. by DR. SELF Date: 27-09-2021

P.S. FOR ANEMIA TYPING

RBC morphology normocytic, normochromic

Hb - 4.2 g/dl	normal value : 12.0 - 16.0 g/dl
RBC- 1.27 million/comm.	
PCV- 11.5 %	
MCV- 90.5 fL	
MCH- 33.0 pg	
MCHC- 36.5 g/dl	

RBC- erythropenia (1.27 million/comm.)	normal value : 4.0 - 5.90 m/cumm
WBC-leucopenia (2,700 /cumm)	normal value : 4,000 to 11000 /cumm
PLAT.- Thrombocytopenia (0.9 lacs)	normal value : 1.50 to 4.50 lacs/cumm

Comments - RBC, are normocytic, normochromic, anemia with pancytopenia.
 ADV. : Correlate clinically and other investigative findings.

Note: All pathological tests have technical and biological limitations. Please correlate clinically as well as with other in investigation findings. A review should be requested in case of any disparity. This report is not valid for medicolegal purpose.

after modern homoeopathy treatment

DR. R.B. SINGH BAGHEL

Cholesterol (any type) > 200mg
 Kidney Failure & Renal diseases,
 Cirrot & Liver Stage illnesses,
 ICU & Hospitalized Patient's Cases
 Surgical Cases, Muscular Dystrophy,
 Auto Immune Diseases, Comp.
 Coronary Artery, Parkinson's disease,
 Aplastic Anaemia, Amyotrophic Spondylitis,
 Rheumatoid Arthritis, Scurvy Diseases,
 (Any) Dial. (PVD), Liver Cirrhosis Fatty Liver,
 Post Brain Stroke Complication,
 Thyroid disorder, Infertility, Infecioncy,
 Sexual diseases, Rheumatism,
 Scurvy, Sciatica, Migraine, Knee Pain,
 Diabetes, Breast Tumor & Uterine Fibroid,
 Prostate & Urological Diseases, Renal &
 Gallbladder stone, Hemostatic diseases
 sporadic disorder, Mental Psychiatry
 Blood Disorder, Accidental & Emergency
 wounds, Homeopathic Preventive &
 prophylaxis, Tetanus, Allergy
 (in Diseases), Eczema, Psoriasis,
 eczema, Acne, Cosmetic disorders,
 Weight, Obesity, Under Weight,
 Fall, Baldness, Warts, Deadlock
 (By Gas, Constipation, Flies, Fissure,
 etc), Gastric Ulcer, Worms,
 (Sex & Respiratory Disorder, Smell,
 Styes, Insomnia, Depression,
 Loss of Memory, Snoring,
 memory, Pediculosis Disorder
 (gn Troubles, Hormonal disorders,
 etc), Weakness, Debility, Anorexia,
 (any), PCOD, Menstrual disorders
 (in Diseases), Excessive,
 (in Diseases), Restlessness, Blood Pressure
 (in Diseases), Homeopathic

Δ Thrombocytopenia =
 Platelet : 21,000 (25/11/21)
 H/o - Dengue : est 21
 HTN
 DM Type II
 S creatinine : 4.39 (15/11)
 urine output Good
 H/o Renal transplant : 2
 Anorexia
 Meds to gradual abate

NAGAR PATHOLOGY LABORATORY

Dr. G.K. Nagar
M.D. (Path. & Bact.)
Kalsomkhalo Karyakaya, Tikal Marg
ULJAIN (M.P.) • Ph. : 2555119 (lab.)

REPORT

S.A. Dhanwantri Marg,
ULJAIN (M.P.) • Ph. : 4370150 (lab.)

Patient Name : MR PRAVEEN SAXENA
Age & Sex : 48 Years / Male
Referred By : DR RUBINA VOHRA MD DM
Registration Date : 13/11/2021 10:52AM

LAB No. : 1001905
Accession Date : 11/12/2021 11:12 AM
Report Date : 11/12/2021 12:41 PM
Report Status : FINAL

BIOCHEMISTRY

TEST	RESULT	UNITS	BIOLOGICAL REF. RANGE
CREATININE	4.39	mg/dL	0.67-1.20
ELECTROLYTES	136-146	mEq/L	135-146
SODIUM	136.10	mEq/L	135-146
POTASSIUM	4.64	mEq/L	3.5-5.5

Dr. G.K. Nagar ***** End Of Report *****

before Treatment

NAGAR PATHOLOGY LABORATORY

Dr. G.K. Nagar
M.D. (Path. & Bact.)
Kalsomkhalo Karyakaya, Tikal Marg
ULJAIN (M.P.) • Ph. : 2555119 (lab.)

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LAB No. : 1001905
Accession Date : 11/12/2021 11:12 AM
Report Date : 11/12/2021 12:41 PM
Report Status : FINAL

BIOCHEMISTRY

TEST	RESULT	UNITS	BIOLOGICAL REF. RANGE
CREATININE	1.77	mg/dL	0.67-1.20
ELECTROLYTES	136-146	mEq/L	135-146
SODIUM	136.10	mEq/L	135-146
POTASSIUM	4.12	mEq/L	3.5-5.5

Dr. G.K. Nagar ***** End Of Report *****

NAGAR PATHOLOGY LABORATORY

Dr. G.K. Nagar
M.D. (Path. & Bact.)
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REPORT

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Patient Name : MR PRAVEEN SAXENA
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Registration Date : 13/11/2021 10:52AM

LAB No. : 1001905
Accession Date : 11/12/2021 11:12 AM
Report Date : 11/12/2021 12:41 PM
Report Status : FINAL

HAEMATOLOGY

COMPLETE BLOOD COUNT (CBC)

TEST	RESULT	UNITS	BIOLOGICAL REF. RANGE
R.B.C. Count	3.11	million/mm ³	4.5-6.5
Hemoglobin	11.8	gm%	13.5-18.0
PCV	34.20	%	40-54
MCV	110.00	fL	84-96
MCH	38.10	pg	26-34
MCHC	34.60	g/dL	32-36
RDW-CV	13.20	%	11.5-14.5
MPV	8.70	fL	7.4-10.4
Total WBC Count	2400	/cmm	4000-11000
Platelet count	21	10 ⁹ /mm ³	140-400

DIFFERENTIAL COUNT

TEST	RESULT	%	BIOLOGICAL REF. RANGE
Neutrophils	65	%	50-62
Lymphocytes	25	%	25-45
Monocytes	05	%	2-8
Eosinophils	04	%	2-8
Basophils	00	%	0-1

NO MALARA PARASITE SEEN IN THE SMEAR EXAMINED

MACROCYTES ARE SEEN, PANCYTOPENIA

Dr. G.K. Nagar ***** End Of Report *****

before treatment

NAGAR PATHOLOGY LABORATORY

Dr. G.K. Nagar
M.D. (Path. & Bact.)
Kalsomkhalo Karyakaya, Tikal Marg
ULJAIN (M.P.) • Ph. : 2555119 (lab.)

REPORT

S.A. Dhanwantri Marg,
ULJAIN (M.P.) • Ph. : 4370150 (lab.)

Patient Name : MR PRAVEEN SAXENA
Age & Sex : 48 Years / Male
Referred By : DR RUBINA VOHRA MD DM
Registration Date : 13/11/2021 10:52AM

LAB No. : 1001905
Accession Date : 11/12/2021 11:12 AM
Report Date : 11/12/2021 12:41 PM
Report Status : FINAL

HAEMATOLOGY

COMPLETE BLOOD COUNT (CBC)

TEST	RESULT	UNITS	BIOLOGICAL REF. RANGE
R.B.C. Count	3.42	million/mm ³	4.5-6.5
Hemoglobin	12.2	gm%	13.5-18.0
PCV	35.40	%	40-54
MCV	104.50	fL	84-96
MCH	36.80	pg	26-34
MCHC	35.20	g/dL	32-36
RDW-CV	12.80	%	11.5-14.5
MPV	10.70	fL	7.4-10.4
Total WBC Count	4000	/cmm	4000-11000
Platelet count	46	10 ⁹ /mm ³	140-400

DIFFERENTIAL COUNT

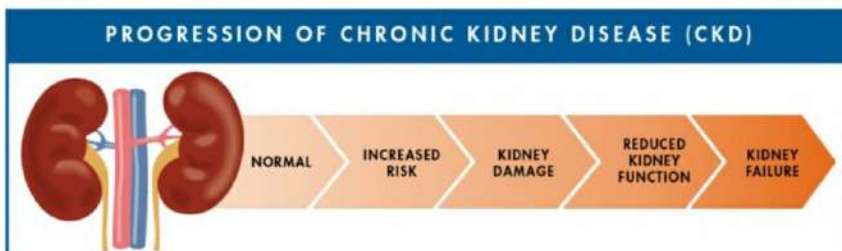
TEST	RESULT	%	BIOLOGICAL REF. RANGE
Neutrophils	14	%	50-62
Lymphocytes	28	%	25-45
Monocytes	04	%	2-8
Eosinophils	02	%	2-8
Basophils	00	%	0-1

NO MALARA PARASITE SEEN IN THE SMEAR EXAMINED

MACROCYTES ARE SEEN

Dr. G.K. Nagar ***** End Of Report *****

after Modern homoeopathy treatment



आरोग्य सुपर स्पेशलिटी मॉडर्न होम्योपैथिक क्लिनिक

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 एण्ड 200 प्रकार के अरवालय अरिल रोगों की विधिकरिता ।

102, 104 लक्ष्मी नगर, कुलना टोल, लॉकवेलम इन्डियन के अरवालय, लॉकवेलम चौक, न्यू पार्लियर, इण्डिया (म.प.)
 लोमिस : 0731-4877076, मो. : 87130-82737, 87130-37737, 79998-78994, 99078-27914 (G)
 www.homoeopathyvare.in, www.aarogyaarohomoeopathyindore.com Email : arunchohra23@gmail.com

Dr. Arun Chopra's super speciality modern homoeopathic. <https://t.me/DrAr23Dr23Dr23>



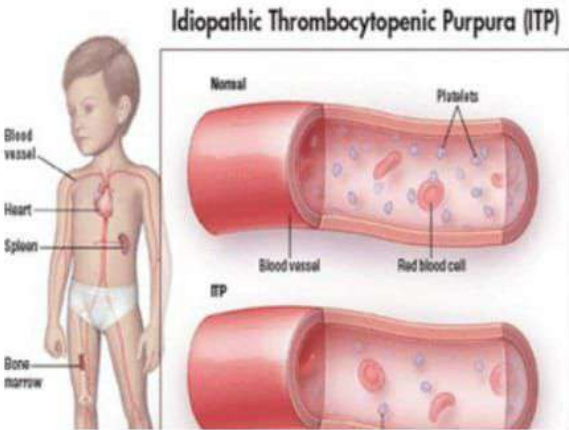
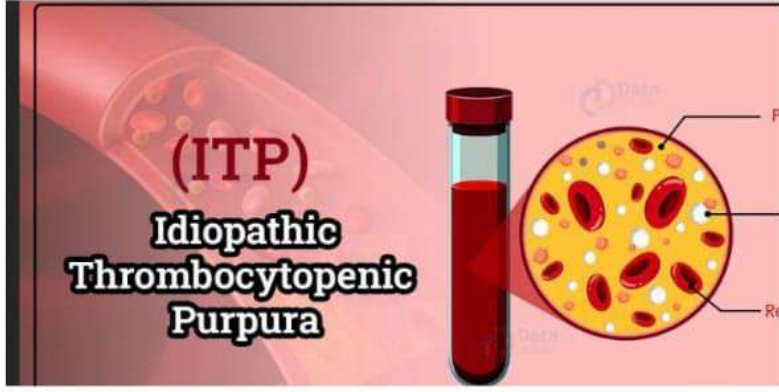
Idiopathic thrombocytopenic purpura :

Also called: ITP, immune thrombocytopenic purpura

- Overview
- Symptoms
- Treatments

Low levels of the blood cells that prevent bleeding (platelets).

Idiopathic thrombocytopenic purpura (ITP) may



माँडन होम्योपैथी
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Dr. Arpit Chopra (B.A.M.S.)
 MD (HOMOEOPATHY)
 Critical & Surgical Diseases Specialist
 Member of Super, Specialty, Modern Homoeopathy

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 Phone : 0731-4977076, Mobile : 97130-92737, 97130-37737, 79999-78894, 99075-27914

BEFORE MODERN HOMEOPATHY TREATMENT

TEST	RESULT	REF. RANGE
WBC - Count	10000	4000 - 12000
DIFFERENTIAL COUNT		
Neutrophils	78	47-70
Lymphocytes	18	20-47
Monocytes	2	2-8
Eosinophils	0	1-5
Basophils	0	0-2
PLATELET COUNT	27000	150000 - 450000
PLATELET DIFFERENTIAL COUNT		
MPV	10.0	7.5 - 10.5
PCT	0.24	0.15 - 0.35
MPV/PLT	0.37	0.28 - 0.32
PLT/MPV	11.1	11-16

GAURI PATHOLOGY LABORATORY

After 15 days Modern Homoeopathy Treatment

TEST	RESULTS	REF. RANGE
WBC - Count	10000	4000 - 12000
DIFFERENTIAL COUNT		
Neutrophils	78	47-70
Lymphocytes	18	20-47
Monocytes	2	2-8
Eosinophils	0	1-5
Basophils	0	0-2
PLATELET COUNT	270000	150000 - 450000
PLATELET DIFFERENTIAL COUNT		
MPV	10.0	7.5 - 10.5
PCT	0.24	0.15 - 0.35
MPV/PLT	0.37	0.28 - 0.32
PLT/MPV	11.1	11-16

कैंसर, किडनी फेलियर, अस्पताल में गंभीर रूप से भर्ती मरिजों का उपचार, कोमा, शल्य चिकित्सा योग्य रोग, ऑटो इम्यून रोग, जीवनभर दवाई लेने वाले रोगों की रोकथाम एवं 300 प्रकार के असाध्य जटिल रोगों की चिकित्सा।

आरोग्य सुपर स्पेशलिटी माँडन होमियोपैथी
 कम्प्लिट, परमानेन्ट, ईजी, सेफ, फास्ट एण्ड कॉस्ट इफैक्टिव

102, प्रथम मंजिल, कृष्णा टॉवर, क्वोरवेल हॉस्पिटल के सामने, जंजीरवाला घाँराहा, न्यू पलासिया, इन्दौर म.प्र.
 99075 27914 संपर्क : 0731-4977076, 79999 78894

Aplastic anemia

Also called: bone marrow aplasia

Overview

Symptoms

Treatments

A rare condition in which the body stops producing enough new blood cells.

Aplastic anaemia develops as a result of bone marrow damage. The damage may be present at birth or occur after exposure to radiation, chemotherapy, toxic chemicals, some drugs or infection.

Very rare

Fewer than 100 thousand cases per year (India)

- Treatable by a medical professional
- Requires a medical diagnosis
- Lab tests or imaging always required

SEVERE APLASTIC ANEMIA (SAA)

SAA IS A RARE BUT SERIOUS BLOOD DISORDER
In which the body's bone marrow fails to make enough red blood cells, white blood cells and platelets!

RED BLOOD CELLS
Oxygen carrier from the lungs throughout the body

WHITE BLOOD CELLS
Fight disease and infection

PLATELETS
Help with bleeding

Certain blood cells are essential to help the body function normally!

The exact cause of SAA is unknown
but most cases are thought to be triggered by an autoimmune reaction!
SAA mostly affects young adults and people over 60 years old!

Due to dramatic decreases in all blood cell counts, patients can develop life-threatening infections or bleeding!

IN EUROPE & NORTH AMERICA
about **TWO** out of every **1 MILLION** PEOPLE get diagnosed with SAA each year.

SAA SYMPTOMS!
Low red blood cells: Fatigue, trouble breathing, pale skin tone, headaches, rapid heartbeat and chest pain.
Low white blood cells: Recurring or severe infections, flu like illness & fevers.

MANAGING SAA
Current standard includes **IMMUNOSUPPRESSIVE THERAPY (IST)**, or **bone marrow stem cell transplantation!**
Other supporting treatments!
Blood transfusions, Iron chelation therapy.

OF PATIENTS TREATED WITH IST:
nearly 1/3 will not respond, up to 40% of responders will relapse.

Vyas PATHOLOGY

MR. ELIAS
46 Years /M

SAMPLE ID: M160004512
RECEIVED: 16/May/2022
REFERRING DR.: SELF
REPORTED: 16/May/2022
COLLECTED AT: 12:52 PM

COMPLETE BLOOD COUNT/HAEMOGRAM

INVESTIGATIONS	RESULTS	REFERENCE INTERVAL
Hemoglobin (STAINED/UNSTAINED)	5.3	13 - 18
RBCs Count	1.71	4.5 - 5.5 mil/cu.mm
PCV	15.0	36-46 %
MCV	87.72	80 - 98 fl
MCH	30.99	27 - 32 pg
MCHC	35.33	31.5 - 34.5 %
RDW-CV	19.0	11.5 - 14.5
Total WBCs Count	2,700	4000 - 11000 /cu.mm.
DIFFERENTIAL WBC COUNTS		
Neutrophils	23	40-70 %
Lymphocytes	77	20-40 %
Monocytes	03	2-8 %
Eosinophils	02	1-6 %
Basophils	00	0-1 %
Platelets Count	4,000	1.5 - 4.5

Techniques used: Sample processed on MINDRAY BC20s Double chamber Fully Automated 3 Part Hematology Analyzer - sample type: EDTA whole blood.

DR. A. Tripathi
MBBS MD (Patho)
Reg.No.16180

This Report is not Valid for Medico legal Purpose.

before Treatment

Joshi Pathology Laboratory
Dr. Rajendra Joshi
M.B.B.S., D.C.P.
64 Plouden Road, Near IDBI Bank, MHOW
Ph: 07324 274270, 274370

Patient Name: MR. ILYAS
Age/Se: 47 Year / M
Ref. by Dr: SELF
Date: 01.08.2022
Lab Reg. No.: LB-010822-023

HAEMOGRAM

INVESTIGATION	RESULT	NORMAL RANGE
Hemoglobin	14.30 gm %	13 - 18 gm %
RBC Count	1.52 mil/cu.mm	4.6 - 6.0 mil/cu.mm
P.C.V.	12.4 %	40 - 54 %
M.C.V.	81.58 Cu.m	76 - 96 Cu.m
M.C.H.	28.29 pg	27 - 32 pg
M.C.H.C.	34.68 %	30.5 - 34.5 %
TOTAL W.B.C.	5,000 /Cu.mm	4000 - 11000 /Cu.mm
DIFFERENTIAL WBC COUNT (AVERAGE OF 100 CELLS)		
Neutrophils	30 %	40 - 75 %
Lymphocytes	65 %	20 - 50 %
Monocytes	01 %	01 - 10 %
Eosinophils	00 %	00 - 06 %
Basophils	00 %	00 - 01 %
PLATELETS COUNT	0.63 lac/cmm	1.50 - 4.00 lac/cmm

after Modern homoeopathy treatment

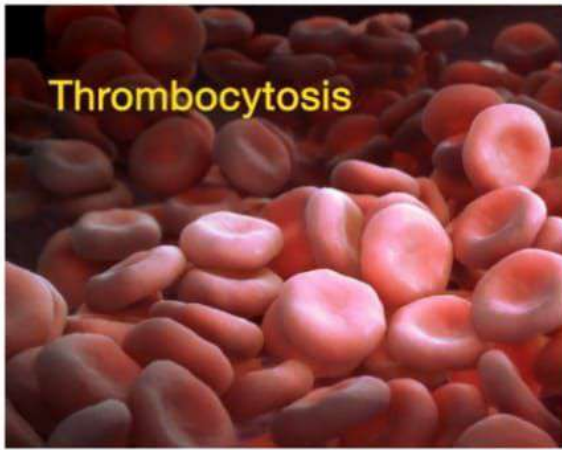
E-mail: joshirajendra29@gmail.com • Timings: 8 a.m. to 8 p.m. • Sunday: 8 a.m. to 1 p.m.

56590
c/o Aplastic Anaemia ymo
Hypocellular Bone marrow 15/11
Blood transfusion (every 15 days)

केसर, किडनी फेलियर, अस्पताल में गंभीर रूप से भर्ती मरिजों का उपचार, कोमा, शल्य चिकित्सा योग्य रोग, ऑटो इम्यून रोग, जीवनभर दवाई लेने वाले रोगों की रोकथाम एवं 300 प्रकार के असाध्य जटिल रोगों की चिकित्सा।

आरोग्य सुपर स्पेशलिटी माडर्न होमियोपेथी
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102, प्रथम मंजिल, कृष्णा टॉवर, सरोवरल होस्पिटल के सामने, जंजीरवाला चौराहा, न्यू प्लासिया, इन्दौर म.प्र.
99075 27914 संपर्क: 0731-4977076, 79999 78894
www.homeopathycure.in, www.aarogyaahomeopathyindore.com Email: aaritchooraa23@gmail.com



Thrombocytosis cause

Essential (primary)

- Essential thrombocythosis (a form of myeloproliferative disease)
- Other myeloproliferative disorders such as chronic myelogenous leukemia, polycythemia vera, myelofibrosis

Reactive (secondary)

- Inflammation
- Surgery which leads to an inflammatory state
- Hyposplenism (decreased breakdown due to decreased function of the spleen)
- Asplenia (the absence of normal spleen function)
- Hemorrhage and/or iron deficiency

Over-medication with drugs that treat thrombocytosis may also result in thrombocytosis

DEPARTMENT OF LABORATORY MEDICINE

Patient Name: Mrs. Vidya Devi
Age/Gender: 81 Yrs/Female
Order Date: 22/08/2022 9:35AM
Ref No: 220344112
Order Date: 22/08/2022 10:34AM
Ref No: 220344112
Order Date: 22/08/2022 10:34AM
Ref No: 220344112

HAEMATOLOGY

CBC (COMPLETE BLOOD COUNT)

Test	Result	Unit	Ref. Interval	Method
Sample Type - W. B. EDTA, WHOLE BLOOD EDTA				
Complete Blood Count (CBC)				
Hemoglobin	8.9	g/dL	12.0 - 15.3	Non-Cyanide Colorimetry
Total Leukocyte Count (TLC)	15.66	10 ⁹ /cu.mm	4.00 - 10.00	Light scatter flowcytometry
HbC Count (Red Blood Cell)	2.83	million/cu. mm	3.80 - 4.80	Light scatter flowcytometry
PCV (Haematocrit)	29.1	%	36.0 - 46.0	CALCULATED
Mean Corpuscular Volume (MCV)	101.2	fL	81.0 - 99.0	Light scatter flowcytometry
RDW	20.4	%	11.0 - 13.0	Light scatter flowcytometry
Platelet Count	1000	10 ⁹ /L	150 - 400	Light scatter flowcytometry
MPV	100	fL	9.0 - 13.0	Light scatter flowcytometry
Neutrophils	71.0	%	40.0 - 80.0	Light scatter flowcytometry
Lymphocytes	22.0	%	20.0 - 40.0	Light scatter flowcytometry
Monocytes	3.0	%	2.0 - 10.0	Light scatter flowcytometry
Eosinophils	1.1	%	1.0 - 5.0	Light scatter flowcytometry
Basophils	3.0	%	0.0 - 2.0	Light scatter flowcytometry
PLC - (UC#)	7.0	%	0.0 - 4.5	Light scatter flowcytometry
Absolute Neutrophil Count	11190.0	/cu.mm	2000.0 - 7000.0	Light scatter flowcytometry
Absolute Lymphocyte Count	3445.2	/cu.mm	1000.0 - 3500.0	Light scatter flowcytometry

before Treatment

Thrombocytosis (throm-boe-sie-TOE-sis) is a disorder in which your body produces too many platelets. It's called reactive thrombocytosis or secondary thrombocytosis when the cause is an underlying condition, such as an infection. 27-Oct-2020

VENKATESHWAR HOSPITAL

DEPARTMENT OF LABORATORY MEDICINE

Patient Name: Mrs. Vidya Devi
Age/Gender: 81 Yrs/Female
Order Date: 03/09/2022 10:30AM
Ref No: 220344112
Order Date: 03/09/2022 12:11PM
Ref No: 220344112
Order Date: 03/09/2022 12:11PM
Ref No: 220344112

HAEMATOLOGY

CBC (COMPLETE BLOOD COUNT)

Test	Result	Unit	Ref. Interval	Method
Sample Type - W. B. EDTA, WHOLE BLOOD EDTA				
Complete Blood Count (CBC)				
Hemoglobin	8.0	g/dL	12.0 - 15.0	Non-Cyanide Colorimetry
Total Leukocyte Count (TLC)	4.08	10 ⁹ /cu.mm	4.00 - 10.00	Light scatter flowcytometry
HbC Count (Red Blood Cell)	2.43	million/cu. mm	3.80 - 4.80	Light scatter flowcytometry
PCV (Haematocrit)	28.3	%	36.0 - 46.0	CALCULATED
Mean Corpuscular Volume (MCV)	116.5	fL	81.0 - 99.0	Light scatter flowcytometry
RDW	20.4	%	11.0 - 13.0	Light scatter flowcytometry
Platelet Count	788	10 ⁹ /L	150 - 400	Light scatter flowcytometry
MPV	100	fL	9.0 - 13.0	Light scatter flowcytometry
Neutrophils	54.0	%	40.0 - 80.0	Light scatter flowcytometry
Lymphocytes	26.0	%	20.0 - 40.0	Light scatter flowcytometry
Monocytes	4.0	%	2.0 - 10.0	Light scatter flowcytometry
Eosinophils	4.2	%	1.0 - 5.0	Light scatter flowcytometry
Basophils	2.0	%	0.0 - 2.0	Light scatter flowcytometry
PLC - (UC#)	4.1	%	0.0 - 4.5	Light scatter flowcytometry
Absolute Neutrophil Count	2200.0	/cu.mm	2000.0 - 7000.0	Light scatter flowcytometry

after Modern Homoeopathy treatment

केसर, किडनी फेलियर, अस्पताल में गंभीर रूप से भर्ती मरिजों का उपचार, कोमा, शल्य चिकित्सा बोध रोग, ऑटो इम्यून रोग, जीवनभर दवाई लेने वाले रोगों की रोकथाम एवं 300 प्रकार के असाध्य जटिल रोगों की चिकित्सा।

आरोग्य सुपर स्पेशलिटी माईन होमियोपैथी

कम्पसिट, परमाणु, ईनी, सेफ, कार्ट एण्ड कॉन्ट्रिब्यूटिव

102, इन्डियन स्ट्रीट, इन्डियन होमियोपैथी के सभरे, नवीनवाडा रोड, न्यू प्लानिंग, इन्डियन नगर, 90075-27914 मोबाइल : 0731-4877076, 79000-78854

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c/o Macrocytic Anemia c
neucocytosis & Thrombocytosis

— Platelet count : 15,59,000 (22/8/22)

— WBC : 15,660

— Hb : 8.3

— RBC : 2.83 / Million

— Patient hospitalized

Aplastic anemia

Also called: bone marrow aplasia

Overview

Symptoms

Treatments

A rare condition in which the body stops producing enough new blood cells.

Aplastic anaemia develops as a result of bone marrow damage. The damage may be present at birth or occur after exposure to radiation, chemotherapy, toxic chemicals, some drugs or infection.

केसर, किडनी फेलियर, अस्पताल में गंभीर रूप से बर्ती भरिनों का उपचार, कोमा, शल्य चिकित्सा योग्य रोग, ऑटो इम्यून रोग, नौवमबर दवाई लेने वाले रोगी की रोकथाम एवं 300 प्रकार के असाध्य जटिल रोगों की चिकित्सा।

आरोग्य सुपर स्पेशलिटी मॉडर्न होमियोपैथी
कम्प्लिट, परम्पनेन्ट, इन्टी, सेफ, फास्ट एन्ड कॉस्ट इफेक्टिव

102, प्रथम मंजिल, कृष्णा टॉवर, इन्फोटेक इण्डिया के इमारत, एन-सीएसआर रोड, न्यू बारांडीया, इन्डोर 49.2
☎ 90608 27934 सैफे : 0731-4877076, 79899 78994
www.homoeopathstore.in, www.aroceshomoeopathstore.com, Email: aroceshom23@gmail.com

Vcare Pathology Lab

Investigation: Haematology Profile

INVESTIGATION	RESULTS	NORMAL RANGE
Hemoglobin	4.4 gm%	11 - 16.5 gm%
HCT/CRP	1.83 vol%	3.8 - 5.0 vol%
PCV	12.2 %	38-47
MCV	117.5 fL	80 - 100
MCH	44.7 pg	27 - 32
MCHC	37.9 %	32 - 36
PLATELET COUNT	25,000 /cmm.	1.5 - 4.5 lac/cmm.
RDW-SD	35.0 %	10.0 - 14.0
RDW-CV	18.1 %	11.0 - 14.0
Total WBC	1,300 /cmm.	4000 - 11000

DIFFERENTIAL WBC COUNT

Neutrophils	51 %	40 - 80 %
Eosinophils	42 %	20-40
Monocytes	07 %	02 - 10
Lymphocytes	04 %	01 - 06
Basophils	00 %	00 - 01
Immature Granulocyte(IIG)	00 %	0.0-1.0

MALARIAL PARASITE: NOT SEEN

Dr. Garima Malpani Khar MD, Pa Consultant Pat

before treatment

Vcare Pathology Lab

Investigation: Haematology Profile

INVESTIGATION	RESULTS	NORMAL RANGE
Hemoglobin	12.2 gm%	11 - 16.5 gm%
HCT/CRP	38.0 vol%	3.8 - 5.0 vol%
PCV	38.0 %	38-47
MCV	100.0 fL	80 - 100
MCH	33.0 pg	27 - 32
MCHC	33.0 %	32 - 36
PLATELET COUNT	450,000 /cmm.	1.5 - 4.5 lac/cmm.
RDW-SD	12.0 %	10.0 - 14.0
RDW-CV	8.0 %	11.0 - 14.0
Total WBC	12,000 /cmm.	4000 - 11000

DIFFERENTIAL WBC COUNT

Neutrophils	20 %	40 - 80 %
Eosinophils	10 %	20-40
Monocytes	10 %	02 - 10
Lymphocytes	50 %	01 - 06
Basophils	00 %	00 - 01
Immature Granulocyte(IIG)	00 %	0.0-1.0

MALARIAL PARASITE: NOT SEEN

Dr. Arpit Chopra (Jain) MD, Homoeopathy

after Modern Homoeopathy treatment



SEVERE APLASTIC ANEMIA (SAA)

SAA is a RARE BUT SERIOUS BLOOD DISORDER. It is a life-threatening condition where the bone marrow fails to produce enough new blood cells.

It affects the body's ability to produce red blood cells, white blood cells, and platelets.

Two out of 1 million people are affected by SAA.

SAA SYMPTOMS: Fatigue, weakness, shortness of breath, frequent infections, bleeding.

SEPTEMBER 2022

25 AUGUST - THURSDAY

Applastic Anemia

एप्लास्टिक एनिमिया

मैं भूमि परदेशी मधु निवासी मुझे Aplastic Anemia हुआ था मुझे पांच साल से पहले तक मैं Bleeding हुई थी रक्त में महीना वर्ष 10 साल बहुत ही कमजोर हो गई थी शारीरिक भार, मानसिक रूप से मुझे काफी समस्याओं का सामना करना पड़ता था। मुझे 2 वर्ष से Blood Transfusion की की आवश्यकता नहीं पड़ी है। मेरा Platelet 35000-40000 से 160000 हो गया है। रक्त स्लाब चल रहा है।

मॉडर्न होमियोपैथी से लाभकारी।

Kuldesh Pandey

Dr. Arpit Chopra (Jain) MD, HOMOEOPATHY (Clinical & Surgical Diseases Specialist)

Contact: 990327914, 971307737, 971592737, 799978994

Aplastic Anemia क्या है ?

Introduction Causes Symptoms Investigation Treatment

क्या आप अप्लास्टिक एनीमिया के परेशान हैं

Dr Arpit Chopra's Su... 645 views • 2 years

18:25

Aplastic Anemia & Avascular Necrosis

Dr Arpit Chopra's Su... 920 views • 2 years

13:16

Aplastic Anemia

Dr Arpit Chopra's Su... 1.6K views • 2 years

13:21

APLASTIC ANAEMIA CURE.

Dr Arpit Chopra's Su... 880 views • 2 years

Aplastic Anemia
अप्लास्टिक एनीमिया

APLASTIC ANAEMIA (SAA)

Aplastic Anemia
एप्लास्टिक एनीमिया

APLASTIC ANAEMIA CURE.

ITP - IDIOPATHIC THROMBOCYTOPENIC PURPURA

किटिकल केस का सफल इलाज

Dr. Arpit Chopra Jain (MD Homoeopathy Critical & Surgical Case Specialist)

सक्सेस 25:28

मॉडर्न होम्योपैथी का इलाज

ITP Cured
Platelets
Dr Arpit
490 views

ITP ऑटोइम्यून बीमारी का सफल इलाज मॉडर्न होम्योपैथी से

Success story

Aarogya Modern Homoeopathy

8:50

ITP Cured
(IDEOPATHIC THROMBOCYTOPENIC PURPURA)
Dr Arpit
95 views

BLOOD DISEASES

30:31

रक्त रोगों का इलाज
Dr Arpit
151 views

KHO APLASTIC ANEMIA

Hb 9.2 (24/3/23) WBC 53 (28/3/23)

WBC - 4950 (28/3/23)

Platelet Count - 42000/mm³

Weakness

Purpura

Tacrolimus

Hb HTN 13g

Ca⁺⁺ 0.8

ASHA PATHOLOGY LABORATORY

HAEMATOLOGY

TEST	RESULT	UNIT	REFERENCE INTERVAL
COMPLETE BLOOD COUNT			
Hemoglobin	9.2	g/dL	12-16
Hematocrit	27.5	%	37-47
MCV	29.9	fL	82-100
MCH	32.3	%	27-34
MCHC	33.5	%	32-36
RDW	18.7	%	11.8-14.9
Platelet Count	42000	/mm ³	150,000-450,000

Before Dr Arpit Chopra Modern Homeopathy Treatment Normal Platelet Report 42000 cu/mm

LOTUS DIAGNOSTICS

HAEMATOLOGY

Test	Result	Unit	Normal Range
Hemoglobin	9.2	g/dL	Male: 13.0-18.0 Female: 12.0-16.0
Hematocrit (HCT)	27.5	%	Male: 37-47 Female: 37-47
Red Blood Cell Count	2.87	x10 ¹² /L	Male: 4.1-5.5 Female: 4.2-5.4
MCV	96.2	fL	78-94
MCH	32.3	%	27-34
MCHC	33.5	%	32-36
RDW	18.7	%	11.8-14.9
Platelet Count	42000	/mm ³	150,000-450,000

After Dr Arpit Chopra Modern Homeopathy Treatment Normal Platelet Report 156000 cu/mm

अप्लास्टिक एनीमिया का सफल इलाज मॉडर्न होम्योपैथी से

अप्लास्टिक एनीमिया का सफल इलाज मॉडर्न होम्योपैथी से

अप्लास्टिक एनीमिया का सफल इलाज मॉडर्न होम्योपैथी से

अप्लास्टिक एनीमिया का सफल इलाज मॉडर्न होम्योपैथी से

Severe Aplastic Anaemia SAA Of...

Dr Arpit Chopra's Su... 541 views • 2 years

15:34

Severe Aplastic Anaemia SAA Of...

Dr Arpit Chopra's Su... 640 views • 1 year

16:07

Aplastic Anaemia complete cured f...

Dr Arpit Chopra's Su... 198 views • 1 year

19:23

अप्लास्टिक एनीमिया का सफल इलाज मॉडर्न होम्योपैथी से

Dr Arpit Chopra's Su... 82 views • 1 year

3:19

अप्लास्टिक एनीमिया | SAA Success S...

Dr Arpit Chopra's Su... 136 views • 1 year

12:21

ITP (IDEOPATHIC THROMBOCYTOPENIC PURPURA)

Dr Arpit Chopra's Su... 129 views • 2 years

0:23

ITP (IDEOPATHIC THROMBOCYTOPENIC PURPURA)

Dr Arpit Chopra's Su... 213 views • 2 years

0:23

ITP IDEOPATHIC THROMBOCYTOPENIC PURPURA

Dr Arpit Chopra's Su... 502 views • 2 years

14:45

ITP IDEOPATHIC THROMBOCYTOPENIC PURPURA

Dr Arpit Chopra's Su... 62 views • 5 months

4:57

ITP ऑटोइम्यून बीमारी का सफल इलाज मॉडर्न होम्योपैथी से

Dr Arpit Chopra's Su... 129 views • 2 years

ITP CURED (IDEOPATHIC THROMBOCYTOPENIC PURPURA)
Dr Arpit Chopra's Su... 129 views • 2 years

ITP CURED (IDEOPATHIC THROMBOCYTOPENIC PURPURA)
Dr Arpit Chopra's Su... 213 views • 2 years

ITP IDEOPATHIC THROMBOCYTOPENIC PURPURA
Dr Arpit Chopra's Su... 502 views • 2 years

ITP IDEOPATHIC THROMBOCYTOPENIC PURPURA
Dr Arpit Chopra's Su... 62 views • 5 months

ITP CURED (IDEOPATHIC THROMBOCYTOPENIC PURPURA)
Dr Arpit Chopra's Su... 129 views • 2 years

Idiopathic Thrombocytopenic Purpura

Primary immune thrombocytopenia

Children
(2 - 6 yrs old)

- Most often acute
- Often follows a viral infection

Adults
(20 - 50 yrs old)

- Most often chronic



- Clinical**
- Petechiae
 - Gingival bleeding
 - Epistaxis
 - Menorrhagia
 - GI bleeding
 - Intracranial hemorrhage



Lab Report

Name: MST LIZA ARFIN
Lab No: 327877458
Ref By: Dr. SELP
Collected: 19/12/2023 5:36:00PM
A/C Status: P
Collected at: PUP AMALENDU MONDAL

Age: 17 Years
Gender: Female
Reported: 20/12/2023 4:26:04PM
Report Status: Final
Processed at: IPLA/DELKATA REFERENCE LAB
DEL LAL PATH LABS LTD
Floor: 3rd Floor, Plot No: CS 21/1 Street: 138 Acharya Avenue, Kalyanspur, Kolkata-700115

Test Name	Results	Units	Bio. Ref. Interval
COMPLETE BLOOD COUNT-CBC (Electrical Impedance & VCS)			
Hemoglobin	11.40	g/dL	12.00 - 15.00
Packed Cell Volume (PCV)	36.20	%	36.00 - 46.00
RBC Count	4.16	millim ³	3.80 - 4.80
MCV	86.60	fL	83.00 - 101.00
MCH	27.50	pg	27.00 - 32.00
MCHC	31.50	g/dL	31.50 - 34.50
Red Cell Distribution Width (RDW)	17.40	%	11.00 - 14.00
Total Leukocyte Count (TLC)	8.80	thou/mm ³	6.00 - 10.00
Differential Leucocyte Count (DLC)			
Segmented Neutrophils	49.80	%	40.00 - 80.00
Lymphocytes	27.10	%	20.00 - 40.00
Monocytes	8.80	%	2.00 - 10.00
Eosinophils	13.90	%	1.00 - 6.00
Basophils	0.80	%	<2.00
Absolute Leucocyte Count			
Neutrophils	4.37	thou/mm ³	2.00 - 7.00
Lymphocytes	2.37	thou/mm ³	1.60 - 3.00
Monocytes	0.82	thou/mm ³	0.20 - 1.00
Eosinophils	1.32	thou/mm ³	0.02 - 0.50
Basophils	0.06	thou/mm ³	0.02 - 0.10
Platelet Count	18	thou/mm ³	150.00 - 410.00
Mean Platelet Volume	11.2	fL	8.5 - 12.0

Note: 1. As per the recommendation of International Council for Standardization in Hematology, the differential

Page 1 of 2

MEDI PATH LABS
A SYMBOL OF QUANTITY
AN ISO 9001:2015 CERTIFIED LAB
Home Collection Facility also available
Ph. 7503735958 | 8285169313

Date: 24/06/2023
Name: Ms. MST LIZA ARFIN
Ref. By: DRADIL RAZA

Sri No. 9
Age: 17 Yrs.

Patient Id: 2306240009
Gender: Female

Test Name	Result	Unit	Normal Value
HAEMATOLOGY			
COMPLETE BLOOD COUNT (CBC)			
HAEMOGLOBIN (Hb)	8.0	gm/dl	11.5 - 16.5
TOTAL LEUCOCYTE COUNT (TLC)	14,400	Count/mm ³	4000 - 11000
DIFFERENTIAL LEUCOCYTE COUNT (DLC)			
NEUTROPHIL	57	%	40 - 75
LYMPHOCYTE	32	%	20 - 45
EOSINOPHIL	07	%	01 - 06
MONOCYTE	04	%	02 - 10
ESR (WESTGREN'S METHOD)	46	mm/1st hr	0 - 20
R B C COUNT	3.92	Millions/cmm	3.8 - 4.8
P.C.V / HAEMATOCRIT	26.0	%	35 - 45
M C V	67.9	fL	80 - 100
M C H	20.4	Picogram	27.0 - 31.0
M C H C	30.1	gm/dl	33 - 37
PLATELET COUNT	0.76	Lakh/cmm	1.50 - 4.00

**** End Of Report ****

After Dr Arpit Chopra Jain Modern Homoeopathy

ICU & Hospitalized Patient's Cases
Surgical Cases, Muscular Dystrophy,
Auto Immune Diseases, Coma,
Cerebral Atrophy, Parkinson's disease,
Aplastic Anaemia, Antilymphoid Spondylitis,
Rheumatoid Arthritis, Spinal Stenosis,
Slip Disc (PVD), Liver Cirrhosis Fatty Liver,
Post Brain Stroke Complication,
Thyroid disorder, Infertility, Impotency,
Sexual diseases, Pneumonia,
Sackache, Sciatica, Migraine, Knee Pain,
Diabetes, Breast Tumor & Uterine Fibroid,
Prostate & Urological Diseases, Renal &
Gallbladder stone, Hereditary diseases
Insurance disorder, Mental Psychiatry
& Mood Disorder, Accidental & Emergency
Medicine, Homeopathic Preventive &
Prophylaxis, Tetanus, Asthma

K/c/o - ITP :- Sept 22
Hb - 7.2 g/dl (28/4/23)
Platelet - 85000 (28/4/23)
(min - 2000)
RBC - 3.22 mill/cummi
H/o - Hypothyroidism
TSH - 9.260 (28/4/23) on Rx

ANA - Positive (09/2022)



Diagnostic Services - Department of Pathology

MR No : MT23/001941
 Pat No : IP23/007678
 Name : KALIRAM HANSDA
 Ward : MTMH 2ND FLOOR MALE WARD
 Ref Dr : DR TAMOJIT CHAUDHURI
 Report Run Date : 15-FEB-23 11:14:23
 Age : 30Yr
 Room : RM1
 Sex : M
 Bed : BED014
 Sample Receive Date : 14-FEB-23 18:09:21
 Report Date : 15-FEB-23 11:05:52

Parameter Name	Result	Biological Reference Range	UOM
Complete Blood Count (EDTA Whole blood)			
Haemoglobin	5.50	11.5 - 16.5	g/dl
Total Leucocyte Count	2100	4000 - 11000	per cumm
Neutrophils	20	60 - 70	%
Lymphocytes	65	30 - 40	%
Monocytes	03	2 - 8	%
Eosinophils	00	1 - 6	%
Basophils	00	0 - 1	%
Abnormal Cells	Atypical -07% Myelocyte -03% Metamyelocyte -02%		
RBC	1.93	4.5 - 5.5	mil/cumm
HCT	17.50	36 - 50	%
MCV	90.70	76 - 96	fL
MCH	25.00	27 - 32	pg
MCHC	30.90	31.5 - 34.5	g/dl
RDWCV	15.00	11.5 - 14.5	%
Platelet Count	25000	150000 - 410000	per cumm

Before Treatment

Dr. Sandeep Choudhury
 Consultant Pathologist

End of the Report

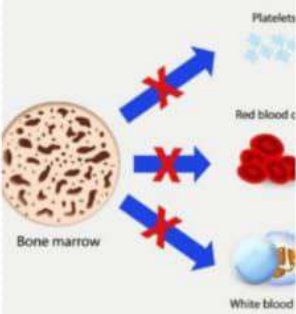
M.G.M. MEDICAL COLLEGE HOSPITAL, JAMSHEDPUR

PHONE: 2432137/38, 2432010
 CLINICAL PATHOLOGY DEPARTMENT
 Date: 4/7/23
 Reg No: 7855
 Name: Kaliram Hansda
 Address: 13, 25/25

BLOOD			URINE (ROUTINE)		
Haemoglobin	Normal	Result	Color	Color	Color
Erythrocyte (RBC)	4.5 - 5.5	5.5	SP Gravity	1.020 - 1.030	1.020
Leucocyte	4.5 - 10.0	2100	Chemical Exam		
Platelet	1.5 - 4.0	25000	Urine Protein		
WBC Count of Leucocyte			Urine Sugar		
Differential Count of Leucocyte			Urine Bilirubin		
Neutrophils	60 - 70	20	Urine Urobilinogen		
Lymphocyte	20 - 40	65	Urine Hemoglobin		
Eosinophil	2 - 8	03	Urine Hematocrit		
Monocyte	1 - 6	00	Urine Casts		
Basophil	0 - 1	00	Urine Crystals		
Abnormal Cells			Urine Mucus		
Smear			Urine Nitrite		
Microscopic Exam			Urine Leucocytes		
E.S.R. (Westergren)			Urine Epithelial Cells		
Sedimentation			Urine Squamous Cells		
Clotting Time			Urine Transitional Cells		
M.P./M.F. (BLOOD)			Urine Bacteria		
Smoking Test			Urine Fungi		
Comments on P.B. Smear			Urine Parasites		
RBC COUNT			Urine Trichomonads		
WBC			Urine Coccidia		
WBC IMMATURE CELLS			Urine Cryptosporidia		
Platelets			Urine Microsporidia		
Prothrombin			Urine Helminths		
Partial Thromboplastin Time			Urine Protozoa		
TESTS			Urine Other		
MP CARD TEST					
HBsAg					

After Dr Arpit Chopra Jain Modern Homeopathy

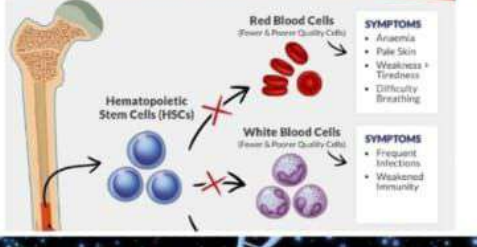
APLASTIC ANEMIA



BLOOD DISEASES



WHAT ARE MYELODYSPLASTIC SYNDROMES (MDS)?



PANCYTOPENIA

Handwritten notes and diagrams related to Pancytopenia, including a diagram of a bone marrow biopsy and a list of symptoms.

BLOOD DISEASES



Handwritten notes and diagrams related to blood diseases, including a diagram of a bone marrow biopsy and a list of symptoms.

Parameter	Result	Reference Range
Hb	5.5	11.5 - 16.5
Hct	17.5	36 - 50
MCV	90.7	76 - 96
MCH	25.0	27 - 32
MCHC	30.9	31.5 - 34.5
RDW	15.0	11.5 - 14.5
PLT	25000	150000 - 410000

After Dr Arpit Chopra Jain Modern Homeopathy

Parameter	Result	Reference Range
Hb	10.5	11.5 - 16.5
Hct	32.0	36 - 50
MCV	100.0	76 - 96
MCH	28.0	27 - 32
MCHC	32.0	31.5 - 34.5
RDW	12.0	11.5 - 14.5
PLT	150000	150000 - 410000

कसर, किडनी फालियर, अस्पताल म गभोर रूप से भर्ती मरिजों का उपचार, कोमा, शल्य चिकित्सा योग्य रोग, ऑटो इम्यून रोग, जीवनर दवाई लेने वाले रोगों की रोकथाम एवं 300 प्रकार के असाध्य जटिल रोगों की चिकित्सा।

आरोग्य सुपर स्पेशलिटी मॉडर्न होमियोपैथी

कम्प्लिट, परमानेंट, ईजी, सेफ, फास्ट एण्ड कॉस्ट इफैक्टिव

102, प्रथम मंजिल, कृष्णा टॉवर, वयोस्वेल हॉस्पिटल के सामने, जंजीरवाला बीराहा, न्यू प्लासिदा, इन्दौर म.प्र.

99075 27914 संपर्क : 0731-4977076, 79999 78894

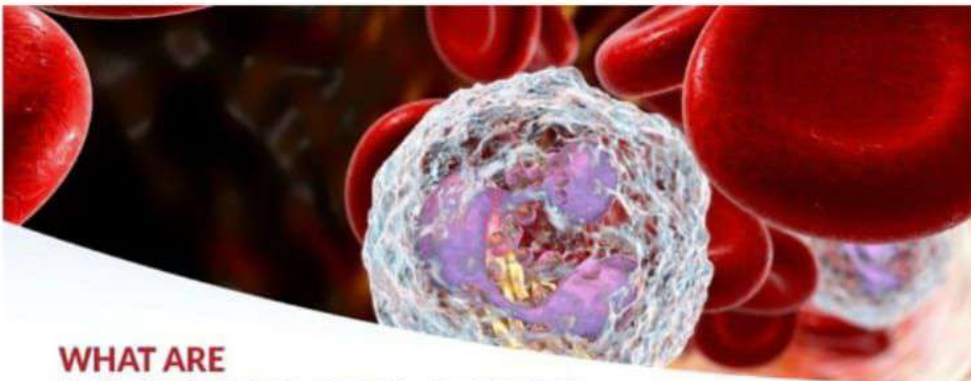
www.homeopathycure.in. www.aarogyaahomeopathyindore.com. Email : arpit Chopra23@gmail.com

Handwritten notes on a piece of paper:

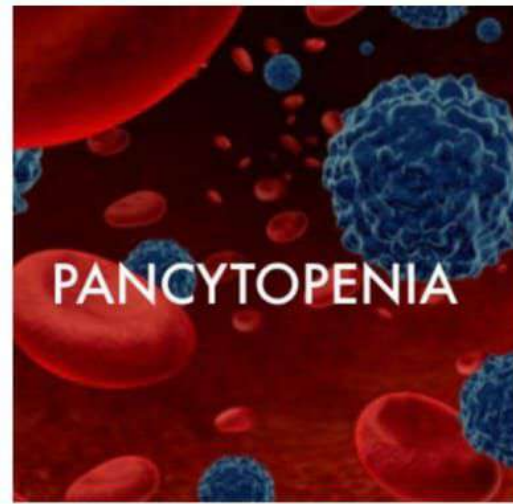
Melo APLASTIC ANEMIA :: Dec 2022

HB = 5.40
 WBC = 2100/cumm
 Platelet count = 25000/cumm

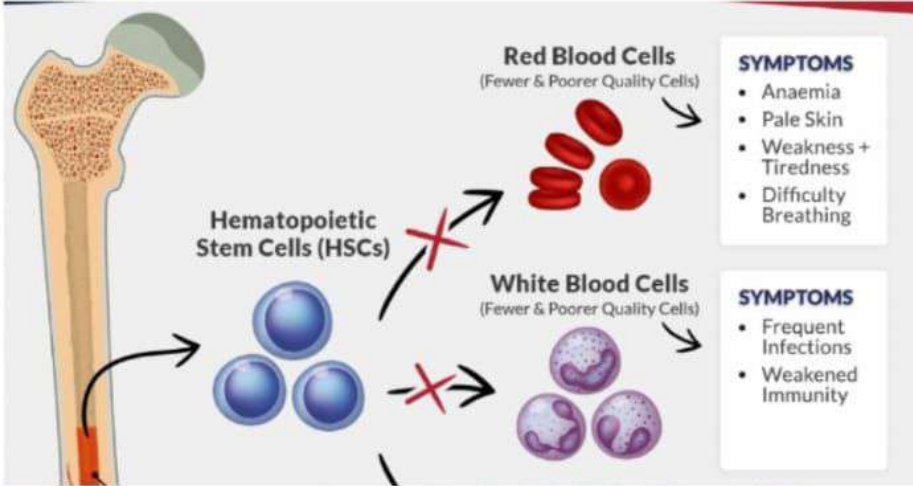
Minimum Hb = 3 (As per pt)
 Frequent blood transfusion
 Weakness ⊕⊕
 Vertigo ⊕
 Recurrent Cough Cold



WHAT ARE MYELODYSPLASTIC SYNDROMES (MDS)?



PANCYTOPENIA



Handwritten notes:

c/o - Pancytopenia ∴ birth

- childhood myelodysplastic syndrome excess blast 1 (1/3/23)

Hb - 7.6 gm% (26/6/23)

WBC - 2700 /cumm

RBC - 2.27 mill/cumm

Platelets - 20,000 /cumm

Asymptomatic (27/2/23)

180 150 150 150

BLOOD DISEASES

Handwritten notes on a medical report:

Positive HOMOGENEOUS

1:322

Before Treatment

DR. ARPIT CHOPRA JAIN

NO SURGERY

COST EFFECTIVE

NO SIDE EFFECT

FAST TREATMENT

PERMANENT CURE

AGGRESSIVE THERAPY

VIHAAN SACHDEVA Gurugram, Haryana

SWARNKANTA CHOUHAN Indore, M.P.

PRACHI YADAV Indore, M.P.

MANASVI AHIRE Indore, M.P.

DEVENDRA KUMAR TIWARI Indore, M.P.

USHA Aligarh, U.P.

GAYATRI GAIKWAD Pune, M.H.

KULDEEP SHARMA Barwani, M.P.

SONALI OJHA Indore, M.P.

ADVIKA PATHAK Ujjain, (M.P.)

LL TYPES OF BLOOD RELATED DISORDER CURED BY DR. ARPIT CHOPRA JAIN'S MODERN HOMEOPATHY

कैंसर, किडनी फेलियर, अस्पताल में गंभीर रूप से भर्ती मरिजों का उपचार, कोमा, शल्य चिकित्सा योग्य रोग, ऑटो इम्यून रोग, जीवनभर दवाई लेने वाले रोगों की रोकथाम एवं 300 प्रकार के असाध्य जटिल रोगों की चिकित्सा।

आरोग्य सुपर स्पेशलिटी मॉडर्न होमियोपेथी

कम्पलिट, परमानेन्ट, ईजी, सेफ, फास्ट एण्ड कॉस्ट इफैक्टिव

डॉ. अर्पित चौपड़ा (जैन)
एच. बी. होमियोपैथी जटिल, असाध्य एवं शल्य रोग विशेषज्ञ

आरोग्य
COMPLETELY EASY SAFE FAST & COST EFFECTIVE
MODERN HOMEOPATHY

HEMATOLOGY & SEROLOGY

Test Name	Result	Units	Ref. Range	Method
Anti Nuclear Antibody (ANA)	0.22	None	Negative - 0.00 - 0.20	ELISA
Anti Nuclear Antibody	0.22	None	Negative - 0.00 - 0.20	ELISA

After Dr Arpit Chopra Jain Modern Homeopathy

ASHA PATHOLOGY LABORATORY

Dr. (Mrs.) Shama A. Patil
M.B.B.S., D.C.P. (Pune)
Regd. No. 082125
Consulting Pathologist & Haematologist

9022035320 / 955201278
02425 - 223333
ashapathologylab@gmail.com
Opp. Old HDFC Bank, Link Road, Sangli

Patient Name: Mrs Vijaya Khatal
Age & Sex: 48 Years / Female
Registration Date: 27/03/2023 02
Report Date: 27/03/2023 02
Referred By: Self
Printed Date: 27/03/2023
Center: Asha Pathology Main

HAEMATOLOGY

COMPLETE BLOOD COUNT

WHOLE BLOOD EDTA

TEST	RESULT	UNIT	BIO.REF.INTERVAL
Haemoglobin	9.2	gm%	12-16
TOTAL WBC COUNT	4920	/cmm	4000-11000
R.B.C. Count	3.21	mil/cmm	4.5-6.5
Haematocrit(HCT)	30.06	%	40-54
Mean Corpuscular Volume	93.64	cu micron	76-96
Mean Corpuscular Hemoglobin	28.66	picograms	27-32
Mean Corpuscular Hb Conc	30.61	g/dl	32-36
RDWc	17.5	%	11.1-14.0
DIFFERENTIAL COUNT			
Neutrophils	64	%	45-75
Lymphocytes	34	%	20-45
Monocytes	01	%	02-08
Eosinophils	01	%	01-04
Basophils	00	%	00-01
PLATELETS COUNT	42000	Lacs	1.5-4.5
MPV	0.04	%	0.16-0.36
Instrument	9.7	ft	8.3-12.1

Automated Three Part Hematology Analyzer Diatron, Abacus 380

--- End Of Report ---

Before Treatment

Dr Shama A. Patil
Consulting Pathologist

ASHA PATHOLOGY LABORATORY

Dr. (Mrs.) Shama A. Patil
M.B.B.S., D.C.P. (Pune)
Regd. No. 082125
Consulting Pathologist & Haematologist

9022035320 / 955201278
02425 - 223333
ashapathologylab@gmail.com
Opp. Old HDFC Bank, Link Road, Sangli

Patient Name: Mrs Vijaya Khatal
Age & Sex: 50 Years / Female
Registration Date: 24/07/2023 12:48PM
Report Date: 24/07/2023 12:52PM
Referred By: Self
Printed Date: 24/07/2023
Center: Asha Pathology Main

HAEMATOLOGY

COMPLETE BLOOD COUNT

WHOLE BLOOD EDTA

TEST	RESULT	UNIT	BIO.REF.INTERVAL
Haemoglobin	10.5	gm%	12-16
TOTAL WBC COUNT	5110	/cmm	4000-11000
R.B.C. Count	3.89	mil/cmm	4.5-6.5
Haematocrit(HCT)	36.30	%	40-54
Mean Corpuscular Volume	93.32	cu micron	76-96
Mean Corpuscular Hemoglobin	26.99	picograms	27-32
Mean Corpuscular Hb Conc	28.93	g/dl	32-36
RDWc	13.6	%	11.1-14.0
DIFFERENTIAL COUNT			
Neutrophils	64	%	45-75
Lymphocytes	34	%	20-45
Monocytes	01	%	02-08
Eosinophils	01	%	01-04
Basophils	00	%	00-01
PLATELETS COUNT	202	Lacs	1.5-4.5
MPV	0.15	%	0.16-0.36
Instrument	7.3	ft	8.3-12.1

Automated Three Part Hematology Analyzer Diatron, Abacus 380

--- End Of Report ---

After Dr Arpit Chopra Jain Modern Homeopathy

Dr Shama A. Patil
Consulting Pathologist

--- End Of Report ---

APLASTIC ANAEMIA Oct 2020

Had Blood transfusion & PRP 2 years ago

Currently :- Hb: 9.2 (27/3/23) min 5.3 (Oct 2020)

WBC - 4920 (27/3/23)

Platelet Count - 42,000/cumm
minimum - 4000/cumm (Oct 2020)

Adh CBC

BLOOD DISEASES

APLASTIC ANAEMIA

Dr Arpit Chopra Jain
Modern Homeopathy Indore

Before Treatment

After Treatment

NO SURGERY
COST EFFECTIVE
NO SIDE EFFECT
FAST TREATMENT
PERMANENT CURE

BLOOD DISEASES

Dr Arpit Chopra Jain
Modern Homeopathy Indore

NO SURGERY
COST EFFECTIVE
NO SIDE EFFECT
FAST TREATMENT
PERMANENT CURE

Dr Arpit Chopra Jain
Modern Homeopathy Indore

ITP :: Nov 22 Before Treatment
 Platelet Count - 49,000/cumm (24/3/23)
 Maximum - 5,000/cumm (Nov 22)
 b: - 9.1 (24/3/23)
 c: - 14,500/cumm (24/3/23)
 Steroidal medicines :: Nov 2022
 Purpural eruption ⊕
 Deficiency (As per pt)

Narayan Lab X-Ray & Ecg
 (Computerised Lab, X-Ray & ECG)
 Since 1991 Opp. Govt. Hospital, Tijara, (Alwar) Raj. Ph. 01469-262596 Mob: 9413633600

Report no.: 2607
 Patient name: Nv. SATVIK
 Ref. by Dr. SELF
 Date: 10/08/2023
 Age: Yrs. Mths Day
 Sex: Male


Test name	Result	Unit	Reference Range
CBC			
TOTAL LEUCOCYTE COUNT	8100	/Cu.mm	4000 - 11000
RED BLOOD CELLS	5.06	M/cu.mm	4.0 - 6.5
HB	8.6	mg/dl	12.0 - 18.0
HAEMATOCRIT(HCT)	30.6	%	40.0 - 54.0
M.C.V	60.5	f	78 - 100
M.C.H	16.2	pg	26.0 - 34.0
CONCENTRATION (M.C.H.C)	27.3	%	
PLATELET COUNT	1.45	LEK/CUMM	1.5 - 4.5
DLC			
NEUTROPHILS	75	%	50 - 70
LYMPHOCYTES	20	%	20-40
EOSINOPHILS	05	%	01 - 06


After Dr Arpit Chopra Jain Modern Homeopathy

CBC			
TOTAL LEUCOCYTE COUNT	17,400	/Cu.mm	4000 - 11000
RED BLOOD CELLS	5.36	M/cu.mm	4.0 - 6.5
HB	8.6	mg/dl	12.0 - 18.0
HAEMATOCRIT(HCT)	32.5	%	40.0 - 54.0
M.C.V	60.7	f	78 - 100
M.C.H	16.0	pg	26.0 - 34.0
CONCENTRATION (M.C.H.C)	26.4	%	
PLATELET COUNT	1.36	LEK/CUMM	1.5 - 4.5
DLC			
NEUTROPHILS	77	%	50 - 70
LYMPHOCYTES	20	%	20-40
EOSINOPHILS	03	%	01 - 06


During Dr Arpit Chopra Jain Modern Homeopathy

BLOOD DISEASES







DR. ARPIT CHOPRA JAIN
Case Specialist




Vihvan Sachdeva
Indore, M.P.




Swarnakanta Chhaban
Indore, M.P.




Prachi Yadav
Indore, M.P.




Manavi Ahire
Indore, M.P.




Devendra Kumar Thuri
Indore, M.P.




Usha
Aligarh, U.P.




Gayatri Gaikwad
Pune, M.H.



Kuldeep Sharma
Bhopal, M.P.



Suman Ojha
Indore, M.P.



Adrika Pathak
Gurgaon, H.P.

ALL TYPES OF BLOOD RELATED DISORDER CURED BY DR. ARPIT CHOPRA JAIN'S MODERN HOMEOPATHY



Idiopathic thrombocytopenic purpura

आरोग्य सुपर स्पेशलिटी मॉडर्न होमियोपैथी

आरोग्य सुपर स्पेशलिटी मॉडर्न होमियोपैथी

Dr. Arpit Chopra Jain

ITP - IDIOPATHIC THROMBOCYTOPENIC PURPURA

क्रिटिकल केस का सफल इलाज

सक्सेस स्टोरी

मॉडर्न होमियोपैथी के द्वारा

YouTube

ITP Cured low Platelet 7000 ...

ITP : Idiopathic Thrombocytopenic Purpura

- ये छठे वर्षों से बीमार थी
- मेरी प्लेटलेट काम हो जाती थी
- और मुझे एडमिट करना पड़ता था
- मुझे कई बार सल्ट पड़ना पड़ा था
- देखते मैं पता चला मुझे ITP बीमारी है

Thanks to Dr. ARPIT CHOPRA JAIN

Spec 2:23 Story

मॉडर्न होम्योपैथी अपनाएँ

हर रोग को जड़ से मिटाएँ

केसर, किडनी फेलियर, अस्पताल में गंभीर रूप से भर्ती मरिजों का उपचार, कोमा, शल्य चिकित्सा योग्य रोग, ऑटो इम्यून रोग, जीवनभर दवाई लेने वाले रोगों की रोकथाम एवं 300 प्रकार के असाध्य जटिल रोगों की चिकित्सा।

आरोग्य सुपर स्पेशलिटी मॉडर्न होमियोपैथी

कम्प्लिट, परमानेंट, ईन्जी, सेफ, फास्ट एण्ड कॉस्ट इफेक्टिव

102, प्रथम मंजिल, कृष्णा टॉवर, बयोस्केल हॉस्पिटल के सामने, जंजीरवाला चौराहा, न्यू पलासिया, इन्दौर म.प्र.

09075 27914 संपर्क : 0731-4977076, 79999 78994

www.homeoathvare.in. www.aarogyaahomeoathvare.com Email : aritichopra23@gmail.com

K1c10 APLASTIC ANAEMIA
 Had Blood transfusion & PRP
 Currently :- Hb. 9.2 (27/3/23)
 WBC - 4920 (27/3/23)
 Platelet Count - 42,000/cumm
 minimum - 4000/cumm (Dec)
 Weakness ⊕
 purpura ⊕

HAEMATOLOGY

Patient Name: Mrs Vijaya Khatal
 Age & Sex: 48 Year / Female
 Reported By: Self
 Center: Aaha Pathology Main

Registration Date: 27/03/2023 02:09PM
 Report Date: 27/03/2023 02:13PM
 Printed Date: 27/03/2023

TEST	RESULT	UNIT	REFERENCE INTERVAL
COMPLETE BLOOD COUNT			
WBC	4920	/cumm	4000 - 12000
Hb	9.2	g/dl	12 - 16
Hct	27.3	%	37 - 47
RBC	3.04	×10 ⁶ /cumm	4.0 - 12.0
MCV	85.3	fL	80 - 100
MCH	23.3	pg	27 - 34
MCHC	32.6	g/dl	31 - 36
RBC Distribution Width - CV	14.1	%	11.5 - 14.5
DIFFERENTIAL COUNT			
Neutrophils	47	%	45 - 75
Lymphocytes	47	%	20 - 40
Monocytes	81	%	02 - 08
Eosinophils	01	%	01 - 04
Basophils	00	%	00 - 01
PLATELETS COUNT			
PLT	42000	/cumm	1.5 - 4.5
MPV	9.4	fL	8.5 - 12.5

Instrument: Automated West-Pan Hematology Analyser Diures, Abaco 360

— End Of Report —
 Dr. Shama Pathi
 Consulting Pathologist.

HAEMATOLOGY

Patient Name: VIJAYA ANIL KHATAL
 Reported By: JUNAGADE PRITESH M D MBChB
 Center: LOTUS DIAGNOSTICS

Registration Date: 13-Jun-2023 14:39
 Report Date: 13-Jun-2023 14:55
 Age: 54 Year
 Sex: Female

Test	Result	Units	Normal Range
Hemoglobin	10.1	g/dL	Male: 13.0 - 18.0 Female: 12.5 - 16.0
Hematocrit (PCV)	31	%	Male: 42 - 52 Female: 37 - 47
Red Blood Corpuscles	3.04	×10 ⁶ /cumm	M: 4.0 - 6.5 F: 4.50 - 6.20
RBC Indices			
MCV	102.3	fL	80 - 100
MCH	23.3	pg	27 - 34
MCHC	32.6	g/dL	31 - 36
RBC Distribution Width - CV	14.1	%	11.5 - 14.5
White Blood Corpuscles	5020	/cumm	4000 - 11000
Differential Count			
Neutrophils	65.3	%	40 - 70
Lymphocytes	30.1	%	20 - 45
Monocytes	0.8	%	0 - 6
Eosinophils	2.8	%	1 - 5
Basophils	0	%	0 - 1
Platelets	167	×10 ³ /cumm	150 - 450
Mean Platelet Volume (MPV)	8.7	fL	6.5 - 9.8
PLT	0.145	%	0.150 - 0.500

Reference range adopted from *Wintrobe's Clinical Hematology*, 13th Edn.

After Dr Arpit Chopra Jain Modern Homoeopathy
 Dr Pritesh S. Junagade
 Consultant Hematologist, Oncologist
 Consultant Hematology Physician

300 प्रकार इलाज है Aplastic Anemia परमान्
 Dr Arpit Chopra Jain
 5:50
 आरोग्य मॉडर्न

क्या आप अप्लास्टिक एनीमिया से परेशान हैं?
 Dr Arpit Chopra Jain
 16:07
 Treatment Of Aplastic Anemia

Aplastic Anemia एप्लास्टिक ए...
 YouTube

Severe Aplastic Anaemia
 SAA Of 6 Years Cured by Dr Arpit Chopra Jain
 9:47
 आरोग्य मॉडर्न होम्योपैथी, इंदौर

Aplastic Anemia सक्सेस स्टोरी
 Dr Arpit Chopra Jain
 13:21
 उमा निलेश कुमार

Severe Aplastic Anaemia cur...
 YouTube

Aplastic Anemia एप्लास्टिक ए...
 YouTube

ITP - IDIOPATHIC THROMBOCYTOPENIC PURPURA
 किरियन बेनका शरण प्रमाण
 25:28
 सक्सेस स्टोरी मॉडर्न होमियोपैथी के द्वारा

ITP Cured low Platelet 7000 ...
 YouTube

Aplastic anemia एप्लास्टिक ए...
 YouTube

APLASTIC ANEMIA
 Dr Arpit Chopra Jain
 1:42

Aarogya Super Speciality ... Search Idiopathic-thrombocy...
 YouTube

APLASTIC ANEMIA CURED (SAA)
 सक्सेस स्टोरी
 THROMBOCYTOPENIA LOW PLATELETS
 मॉडर्न होमियोपैथी के द्वारा

Aarogya Super Speciality ... Search funny-bone - Aarogya...
 YouTube

APLASTIC ANEMIA
 Dr Arpit Chopra Jain
 0:43

Aarogya Super Speciality ... Search fusion-affecting-bon...
 YouTube

APLASTIC ANEMIA
 Platelets
 Red blood cells
 White blood cells
 Bone marrow

Aarogya Super Speciality ... Search aplastic-anemia - Aar...
 YouTube

Severe Den...
 PLATELETS COUNT
 5000 ONLY
 TREATMENT DECLARED CHRONIC CASE CURED
 28:33
 सक्सेस स्टोरी मॉडर्न होमियोपैथी के द्वारा

ITP Idiopathic Throm...
 Aarogya Super Speciali...

Search late-30s - Aaro...
 Aarogya Super Speciali...

ITP Idiopathic Throm...
 Aarogya Super Speciali...

अप्लास्टिक एनीमिया
 Success Story
 12:21
 मॉडर्न होम्योपैथी

Aplastic Anemia | SAA Succe...
 YouTube

Severe Dengu...
 48 PREMIERE

Severe Den...
 PLATELETS COUNT
 5000 ONLY
 TREATMENT DECLARED CHRONIC CASE CURED
 28:33
 सक्सेस स्टोरी मॉडर्न होमियोपैथी के द्वारा

Dr. Arpit Chopra Jain - Book ...
 Lybrate

Severe Dengu...
 YouTube

आरोग्य सुपर स्पेशलिटी मॉडर्न होम्योपैथिक क्लिनिक
 कम्प्लिट & पलानेट & ईपी & टेक & फास्ट एंड कॉस्ट इफेक्टिव
 कैसर & किडनी फिल्टर & अस्थिमा में गंभीर रूप से फटी फीटो का उपचार & कोमा & हायर रिफ्लेक्स कोमो रोग & ओटो इन्फ्लू टोम & जीवजन्तु दवाई लेने वाले रोगों की रोकथाम एवं 300 प्रकार के अत्यंत खतरा रोगों की प्रिवेंशन।
 102, 104 प्रथम मंजिल, इंदौर रोड, इंदौर-473002, 87130-82177, 87130-37727, 79694-78584, 96075-27814
 फोन : 0731-4977078, मो. : 87130-82177, 87130-37727, 79694-78584, 96075-27814
 www.hemooopathy.com | www.aarogyaarogya.com | Email : arpit@aarogyaarogya.com

APLASTIC ANEMIA
 Platelets
 Red blood cells
 White blood cells
 Bone marrow

Aplastic anemia
 Also called: bone marrow aplasia
 OVERVIEW SYMPTOMS TREATMENTS NEWS

A rare condition in which the body stops producing enough new blood cells.
 Aplastic anemia develops as a result of bone marrow damage. The damage may be present at birth or occur after exposure to radiation, chemotherapy, toxic chemicals, some drugs or infection.

Very rare

LOTUS DIAGNOSTICS

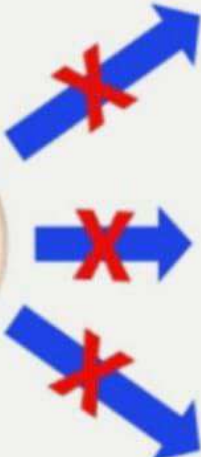
APLASTIC ANEMIA

Platelets

Red blood c

Bone marrow

White blood



DR. ARPIT CHOPRA JAIN
 MD. HOMOEOPATHY
 Director, Chopra Jain Modern Homoeopathy
 150, Pusa Road, 110 008, New Delhi, India
 E: info@choprajain.com, www.choprajain.com

NO SURGERY
COST EFFECTIVE
NO SIDE EFFECT
FAST TREATMENT
PERMANENT CURE
AGGRESSIVE THERAPY

Vihaan Sachdeva Gurgaon, Haryana
Swarnkanta Choushan Indore, M.P.
Prachi Yadav Indore, M.P.
Manasvi Ahire Indore, M.P.
Devendra Kumar Thwait Indore, M.P.
Usha Aligarh, U.P.
Gayatri Gaikwad Pune, M.H.
Kaldeep Sharma Barwani, M.P.
Sonali Ojha Indore, M.P.
Adrika Pathak Ujjain, (M.P.)

Investigation Report
 Patient: Mrs. PRIYA PARETA
 Age / Sex: 35 years Female
 Referred By: Dr. UPENDRA SHARMA
 Sample Type: EDTA Blood

Result	HAEMATOLOGY	Unit	Reference Range	Notes
CBC COMPLETE BLOOD COUNTS (Four colour)				
TLC WBC COUNT				
2490	L	/cumm	4000 - 10000	
2.40	G	ml/cumm	3.8 - 4.8	
8.6	L	%	12 - 15	
26.1	C	%	30 - 40	
108.9	C	%	83 - 101	
35.8	C	%	27 - 32	
33.0	C	%	31.5 - 34.5	
16008	C	/cumm	15000 - 402000	
18.9	%	%	11.8 - 14.0	
0.4	%	%	0 - 1	
55.0	%	%	40 - 75	
41.4	%	%	20 - 50	
3.2	%	%	2 - 10	
0.4	C	%	1 - 6	
0.0	%	%	0 - 2	
1270	/cumm		2000 - 7000	
1000	/cumm		1000 - 3000	
80	/cumm		200 - 1000	
10	/cumm		20 - 500	
0	/cumm		20 - 100	

REMARK: PDF PERIPHERAL BLOOD FILM IF ASKED ALONE. PBF

Before Treatment

RESULTS
 DATE: 27/06/2023
 ID #: PRIYA...
 SEX: H : 7
 STARTER: PASSED
 T: 30.6 Deg C

After Dr Arpit Chopra Jain Modern Homoeopathy

WBC : 3.7 $10^9/mm^3$ (3.5 - 10.0)	MCV : 71 L μm^3 (80 - 97)
RBC : 2.68 L $10^{12}/mm^3$ (3.80 - 5.80)	MCH : 21.7 L pg (26.5 - 33.5)
HGB : 5.8 L g/dl (11.0 - 16.5)	MCHC : 30.7 L g/dl (32.5 - 35.0)
HCT : 18.9 L % (35.0 - 50.0)	RDW : 19.5 H % (10.0 - 15.0)
PLT : 91 $\times 10^9/mm^3$ (150 - 390)	MPV : 7.6 μm^3 (8.5 - 11.0)
PCT : .069 % (.100 - .500)	PDW : 12.3 % (10.0 - 18.0)

WBC Flags : G2
 DIFF :
 LYM : 50.2 H % (17.0 - 48.0)
 MON : 5.1 % (4.0 - 10.0)
 GRA : 44.7 % (43.0 - 76.0)

#LYM : 1.8 $10^9/mm^3$ (1.2 - 3.2)
 #MON : 0.1 L $10^9/mm^3$ (0.3 - 0.8)
 #GRA : 1.8 $10^9/mm^3$ (1.2 - 6.8)

Aplastic anemia

Also called: bone marrow aplasia

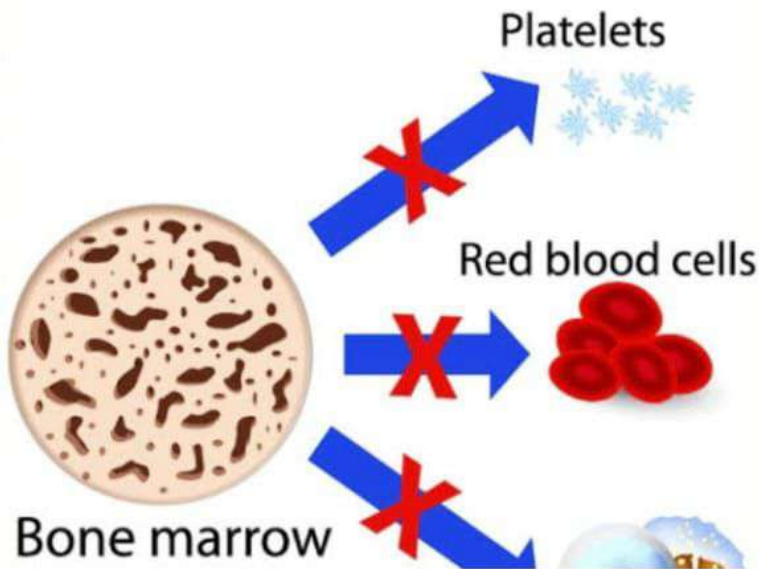
A rare condition in which the body stops producing enough new blood cells.

Aplastic anaemia develops as a result of bone

मरिजी का उपचार, कोमा, ल्था रोग, ऑटो इम्यून रोग, ल्था योग्य रोग, सेरिब्रल एड्रॉफी, इन्ट्राफी, पाकिन्सन रोग, एनिमिया, स्क्वेटाइड का, स्पाइनल स्टेनोसिस, का, फेटी लीवर सिर्रोसिस, ड्रेन स्टोक के हली वंभीर समस्यार पक्षाघात, ल्थ स्पोन्डिल लाइटिस पचाय, गुर्दा संबंधी रोग संबंधी रोग, बॉइर्यन, गुन रोग, गठिया, हाईटिका, माइग्रेन, घुटनों में दर्द

Clo Aplastic Anemia - ly85inc
 → Hypoplastic Marrow (Biopsy 28/01/22)
 → Hgb → 7.3 g/dL @ 31/1/23
 → WBC → 4.5 $10^3/mm^3$ 4/2/23
 → RBC → 2.69 $\times 10^6/mm^3$ ()

APLASTIC ANEMIA



11 TYPES OF BLOOD RELATED DISORDER CURED BY DR. ARPIT CHOPRA JAIN'S MODERN HOMEOPATHY

कैंसर, किडनी फेलियर, अस्पताल में गंभीर रूप से भर्ती मरिजों का उपचार, कोमा, शल्य चिकित्सा योग्य रोग, ऑटो इम्यून रोग, जीवनभर दवाई लेने वाले रोगों की रोकथाम एवं 300 प्रकार के असाध्य जटिल रोगों की चिकित्सा।

आरोग्य सुपर स्पेशलिटी मॉडर्न होमियोपेथी
कम्पलिट, परमानेंट, ईजी, सेफ, फास्ट एण्ड कॉस्ट इफेक्टिव

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99075 27914 संपर्क : 0731-4977076, 79999 76884
www.homeoopathvcare.in, www.aarogyahomeoopathvindore.com | Email : arpitchoora23@gmail.com

DIAGNOSTIC REPORT

PATIENT NAME: AANYA AGARWAL

LABORATORY: Fortis HOSPITAL

TEST REPORT STATUS: Final

Before Treatment

Test Report Status	Final	Results	Biological Reference Interval	Units
HEMATOLOGY PACKAGE - 1				
* BLOOD COUNTS, EDTA WHOLE BLOOD				
HEMOGLOBIN (Hb)		6.7	Low 11.5 - 15.5	g/dL
HEMATOCRIT (HCT)		2.39	Low 4.0 - 5.2	mL/dL
WHITE BLOOD CELL (WBC) COUNT		1.53	Low 5.0 - 12.0	thou/ μ L
PLATELET COUNT		26	Low 170 - 450	thou/ μ L
RBC AND PLATELET INDICES				
MPV (PCV)		19.0	Low 35.0 - 45.0	%
MCV (CALCULATED PARAMETER)		79.5	77.0 - 98.0	fL
MCH (CALCULATED PARAMETER)		26.0	25.0 - 33.0	pg
MCHC (CALCULATED PARAMETER)		35.3	31.0 - 37.0	g/dL
RDW (CALCULATED PARAMETER)		11.4	Low 11.5 - 14.0	%
RDW-CV (CALCULATED PARAMETER)		33.3		%
WBC DIFFERENTIAL COUNT				
NEUTROPHILS		1	Low 37.0 - 63.0	%
LYMPHOCYTES		97	High 23.0 - 48.0	%
MONOCYTES		1	Low 3.0 - 6.0	%
EOSINOPHILS		1	0 - 3	%
PLATELETS		0	0 - 1	%
DLUTE NEUTROPHIL COUNT		0.02	Low 2.0 - 8.0	thou/ μ L

Dr. Lal Path Labs

Name: Babv AANYA AGARWAL

Lab No: 439615018

Ref By: DR ARPIT CHOPRA JAIN MD

Age: 8 Years

Gender: Female

Reported: 8/10/2023 10:48:00AM

Report Status: Final

Collected at: FPSC BakKeshawar, 33/6C/1A, Anand bhawan, Lohiya nagar, Bala AGRA

Processed at: Dr. Lal Path Labs Ltd, Dayal Bagh Road, Agra-382605

Test Name	Results	Units	Bio. Ref. Interval
COMPLETE BLOOD COUNT, CBC (Photometry, Electrical Impedance, Optical Impedance & Calculated)			
Hemoglobin	9.24	g/dL	11.50 - 15.50
Packed Cell Volume (PCV)	29.50	%	35.00 - 45.00
RBC Count	3.11	millions ³	4.00 - 5.20
MCV	94.80	fL	77.00 - 95.00
MCH	29.70	pg	28.00 - 33.00
MCHC	31.30	g/dL	31.00 - 37.00
Red Cell Distribution Width (RDW)	20.40	%	12.00 - 14.10
Total Leukocyte Count (TLC)	5.67	thou/mm ³	5.00 - 10.00
Differential Leucocyte Count (DLC)			
Segmented Neutrophils	63.19	%	37.00 - 70.00
Lymphocytes	25.95	%	20.00 - 35.00
Monocytes	10.88	%	2.00 - 10.00
Eosinophils	6.48	%	1.00 - 6.00
Basophils	0.29	%	0.00 - 1.00
Absolute Leucocyte Count			
Neutrophils	3.58	thou/mm ³	1.00 - 5.00
Lymphocytes	1.47	thou/mm ³	0.20 - 1.00
Monocytes	0.57	thou/mm ³	0.10 - 1.00
Eosinophils	0.63	thou/mm ³	0.02 - 0.10
Basophils	0.02	thou/mm ³	170.00 - 450.00
Platelet Count	319	thou/mm ³	150.00 - 450.00
Mean Platelet Volume	9.7	fL	8.5 - 12.0

Aplastic anaemia develops as a result of bone marrow damage. The damage may be present at birth or occur after exposure to radiation, chemotherapy, toxic chemicals, some drugs or infection.

Balance: 3840

Date: 31/08/2023 Patient ID: 112323796

Name: BABY AANYA AGARWAL

Ref by: Dr. RAWI HOSPITAL

Age: 8 Yrs

Gender: Female

Slide No:

Test	Value	Biological Ref Interval	Unit
PERIPHERAL BLOOD SMEAR EXAMINATION (RESULT)	RBC COUNT IS REDUCED, NORMOCYTIC NORMOCHROMIC RBC. TLC - SEVERE LEUKOPENIA. DLC AS GIVEN. NO TOXIC GRANULES SEEN. PLATELETS APPEAR MARKEDLY REDUCED. NO HEMOPARASITES SEEN.		
IMPRESSION:	PANCYTOPENIA		

HISTORY OF PRESENT ILLNESS: Baby Aanya Agarwal, 8 year girl, symptomatic from past 2 months. She had H/o alopecia areata an was started on oral azathioprine with topical medication. She had fever from 20.08.2023 and was started on oral medication. CBC done on 31.08.2023 suggest pancytopenia (Hb- 6.3, TLC- 1.2, ANC- 0.36, Plt- 26.000). She was referred to FMRI for further evaluation. H/o Alopecia in father.

कैंसर, किडनी फेलियर, अस्पताल में गंभीर रूप से भर्ती मरिजों का उपचार, कोमा, शल्य चिकित्सा योग्य रोग, ऑटो इम्यून रोग, जीवनभर दवाई लेने वाले रोगों की रोकथाम एवं 300 प्रकार के असाध्य जटिल रोगों की चिकित्सा।



अर्पित चौपडा (जैन)
एम. डी. होम्योपैथी
टिल, असाध्य एवं
मृत्यु रोग विशेषज्ञ

आरोग्य सुपर स्पेशलिटी मॉडर्न होमियोपैथी

कम्पलिट, परमानेन्ट, ईजी, सेफ, फास्ट एण्ड कॉस्ट इफैक्टिव

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डा. अर्पित चौपडा
M.D. (Radiotherapy) IGPGI
International Radiology
Fellowship Leipzig Germany
Registration No. 29603

सेन्कल
संयोजित एपेन्डोस्कोपिक शल्य चिकित्सा
PAN No. AAACG2898
CIN No. 6309R2J2HPTC06084

Date: 01/07/2023
Name: Mr. RAKESH PRAJAPAT
Ref. By: Dr. VISHNU SHARMA DM HAEMATOLOGY

Set No. 61
Age: 28 Yrs.
Patient No: 230705065
Sex: M

HAEMATOLOGY

Test Name	Value	Unit	Normal Value
COMPLETE BLOOD COUNT (CBC)			
Methodology: Cell Counter & Microscopy			
Hemoglobin (Hb)	5.1	gm/dl	13.5 - 17.5
TRBC (Total Red Blood Cells)	1.54	Mil/mm ³	4.32 - 5.72
PCV (Hematocrit)	14.0	%	38.5 - 50.0
HCV	90.9	f	90 - 95
MCH	33.1	pg	26.5 - 33.5
MCHC	36.4	%	31.5 - 35.0
Total Leucocytes Count (TLC)	3,600	/Cmm	4500 - 11000
DIFFERENTIAL LEUCOCYTE COUNT (DLC)			
Neutrophils	21	%	55 - 70
Lymphocyte	72	%	35 - 40
Eosinophils	02	%	01 - 06
Monocyte	05	%	02 - 10
Basophils	00	%	0 - 1
Platelets Count	<0.10	Lakh/Cmm	1.5 - 4.5

Methodology: Cell Counter & Microscopy

**** End Of Report ****

Before Treatment

Dr. Nilesh Anand

PATIENT RESULT REPORT

Sex: M
Age: 28 Yrs
First Name: RAKESH
Type: I Man
Department: Hematology
Completed: 21/07/2023
Operator: Laktish

RESULT

Analyzer: Alomic
Analysis: Alomic
QZ: MZ

WBC	3.0	L	4.7 - 11.0
L%L	52.3	%	37 - 54
M%L	7.0	%	2 - 10
E%L	35.7	%	1 - 5
L%N	1.58	10 ⁹ /L	0.1 - 0.4
M%N	0.28	10 ⁹ /L	0.0 - 0.1
G%N	1.28	L	0.1 - 0.4

PLT: 41 L 10⁹/L
MPV: 6.5 fL
PCT: 0.24%
PDW: 8.3 L

Dr. Nilesh Anand

Dr. Nilesh Anand
Jain Modern
Homoeopathy

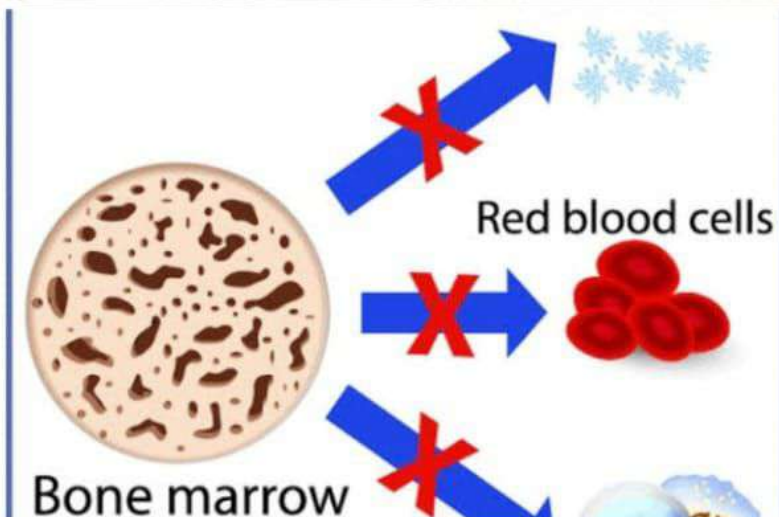
Aplastic anemia

Also called: bone marrow aplasia

A rare condition in which the body stops producing enough new blood cells.

Aplastic anaemia develops as a result of bone marrow damage. The damage may be present at birth or occur after exposure to radiation, chemotherapy, toxic chemicals, some drugs or infection.

Very rare



Idiopathic thrombocytopenic purpura :

Also called: ITP, immune thrombocytopenic purpura

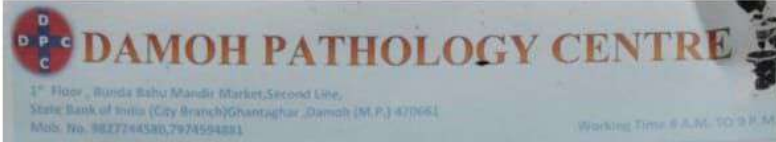
Overview

Symptoms

Treatments

Sy

Low levels of the blood cells that prevent bleeding (platelets).



Facilities available: Auto-pipetting technology, Computerized Biochemistry, Spectrophotometer Auto Analyzer Franco, CHEM 71, Fully Automated Hematology cell counter Sysmex Japan & co-relation with slide smear examination, Routine & Special Microbiology, Motic - Microscope GERMANY.

Hematology Analysis Report

First Name: BABY AMAYRA Referred By: SELF Sample ID: 3179
 Last Name: KHAN Run Time: 2023/11/14 14:35
 Gender: Female Age: 6 Year

Parameters	Result	Ref. Range	Unit
WBC	11,350/cu	5.00-12.00	10 ³ /uL
Leu%L	39.5	20.0-40.0	%
Gran%L	51.6	50.0-70.0	%
Mid%L	8.9	3.0-9.0	%
Lym%L	4.74	0.80-4.00	10 ³ /uL
Gran#L	6.18	2.00-7.00	10 ³ /uL
Mid#L	1.07	0.10-0.90	10 ³ /uL
RBC	4.68	4.00-5.20	10 ⁶ /uL
HGB	11.5	12.0-15.5	g/dL
HCT	36.0	35.0-49.0	%
MCV	76.8	82.0-95.0	fL
MCH	24.6	27.0-31.0	pg
MCHC	32.0	32.0-36.0	g/dL
RDW-CV	14.4	11.5-14.5	%
RDW-SD	44.5	35.0-56.0	fL
PLT	85,000/cu	100-300	10 ³ /uL
PLV	11.5	7.0-11.0	fL
PUW-SD	17.1	9.0-17.0	fL
PDW-CV	17.6	10.0-17.9	%
CT	0.098	0.108-0.282	%
P-LCR	39.5	11.0-45.0	%
P-LCC	34	30-90	10 ³ /uL

E.S.R. (Wintrobe's Method)	Malaria Parasites (M.P.) by Antigen	Malaria Parasites (M.P.) by Smear	DIFFERENTIAL LEUCOCYTE COUNT (DLC)
11.5	---	---	Neutrophils - 51 (N.V. 40-75%)
17.1	---	---	Lymphocytes - 39 (N.V. 20-50%)
17.6	---	---	Monocytes - 04 (N.V. 2-10%)
0.098	---	---	Eosinophils - 06 (N.V. 1-8%)
39.5	---	---	Basophils - 00 (N.V. 0-1%)



Before Treatment

EXAMINATION OF BLOOD

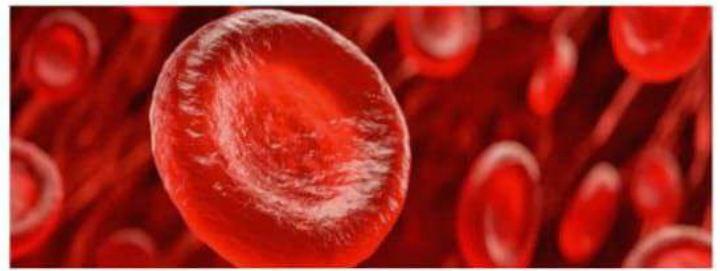
TEST	RESULT	UNIT	NORMAL RANGES
Haemoglobin (HB%)	10.2	gm%	(Male: 13-18, Female: 11.5-16.5)
Sahli's method Cyanmethemoglobin	10.2	gm%	Children: 11.0-14.4 gm%
Total Leucocyte Count (TLC/WBC)	5,030	Per cu.m.m.	4000-10,000
DIFFERENTIAL LEUCOCYTE COUNT (DLC)			
Neutrophils	23	%	40-75
Lymphocytes	67	%	20-50
Monocytes	07	%	2-10
Eosinophils	05	%	1-6
Basophils	00	%	0-1
E.S.R. (Wintrobe's Method)	11.5	m.m. at the end of 1hrs.	Male: 0-9, Female: 0-20
P.C.V/HCT	34.8	%	M: 40-54 / F: 37-47
RBC Count	4.32	Millions / cu.m.m.	M: 4.5-6.5 / F: 3.8-5.8
M.C.V	80.5	fL or cu.microns	76-96
M.C.H	23.6	Pg	27-32
M.C.H.C	29.3	%	30-35
Platelets	10,000/cu.m.m	lacs/cu.m.m	1.5 - 4.0

Malaria Parasites (M.P.) by Antigen: ---
 Malaria Parasites (M.P.) by smear: ---
 Comment: ---

Before Treatment



- Clinical**
- Petechiae
 - Gingival bleeding
 - Epistaxis
 - Menorrhagia
 - GI bleeding
 - Intracranial hemorrhage



डॉ. अर्पित चौपडा (जेन)
 एम. डी. होम्योपैथी
 जटिल, असाध्य एवं
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Name : Vaishaliben A. Gajjar Age/Sex : (52Y 17D / Female)
Reg. No./Mem. Id. : 230308232 / CIEF7384342 Reg. Date & Time : 16/10/2023 09:13
Coll. Date & Time : 26/10/2023 09:13 Ref. By : SELF

HAEMOGRAM REPORT
By BECKMAN COULTER UNICEL DHM 800 - USA
(Common Whole Blood)

Investigation	Result	Unit	Biological Ref. Interval	Method
Hemoglobin	8.8	g/dL	12.0 - 15.0	Non Cyanide Dry Hemoglobin
Blood Cell Indices				
RBC Count	2.92	mL/cumm	3.8 - 4.8	Electrical Impedance
HCT	25.5	%	36 - 46	Calculated
MCH	29.6	pg	83 - 101	Derived From RBC Histogram
MCHC	34.6	g/dL	31.5 - 34.5	Calculated
RDW	14.5	%	11.6 - 14.0	Derived From RBC Histogram
RDW - SD	43.3	fL	39 - 46	Derived From RBC Histogram
NRBC	0.2	/100 WBC	0 - 0.3	Coulter VCS-n Technology
Total WBC Count	1800	/cumm	4000 - 10000	Electrical Impedance
Differential Count				
Neutrophils	29	%	40 - 80	VCS Technology / Microscopy
Lymphocytes	59	%	20 - 40	VCS Technology / Microscopy
Monocytes	08	%	2 - 10	VCS Technology / Microscopy
Eosinophils	03	%	1 - 6	VCS Technology / Microscopy
Basophils	00	%	0 - 2	VCS Technology / Microscopy
Absolute Count				
Neutrophils	520	/cumm	3000 - 7000	Calculated
Lymphocytes	600	/cumm	1000 - 5000	Calculated
Monocytes	80	/cumm	200 - 1000	Calculated
Eosinophils	10	/cumm	00 - 500	Calculated
Basophils	0	/cumm	00 - 100	Calculated
Platelet Count	8000	/cumm	1,50,000 - 4,10,000	Electrical Impedance
MPV	11.2	fL	7.9 - 10.8	Derived From Platelet Histogram

Before Treatment

Value Abbreviation: L = Low, PL = Plate Low, H = High, PH = Plate High
PL & PH Values require immediate attention of treating Clinician!
Approved On: 26/10/2023 13:58 Report No : 1 of 2
Note: This report is computer generated, electronically signed & relates only to the sample as received. Refer to conditions of reporting service.

ITP :: Nov 22 Before Treatm
Platelet Count - 49,000/cumm (24/3)
Minimum - 6,000/cumm (Nov 22)
b - 31 (26/10/23)
14,500/cumm (24/3/23)
steroids/ medicines :: Nov 2022
bursal eruption
Deficiency (diagnose)

Narayan Lab X-Ray & Ecg
After Dr Arpit Chopra Jain Modern Homeopathy

During Dr Arpit Chopra Jain Modern Homeopathy

BLOOD DISEASES

Name : Vaishaliben A. Gajjar Age/Sex : (52Y 28D / Female)
Reg. No./Mem. Id. : 2303103522 / CIEF7384242 Reg. Date & Time : 06/11/2023 12:41
Coll. Date & Time : 06/11/2023 12:41 Ref. By : SELF

HAEMOGRAM REPORT
By BECKMAN COULTER UNICEL DHM 800 - USA
(Common Whole Blood)

Investigation	Result	Unit	Biological Ref. Interval	Method
Hemoglobin	9.2	g/dL	12.0 - 15.0	Non Cyanide Dry Hemoglobin
Blood Cell Indices				
RBC Count	3.09	mL/cumm	3.8 - 4.8	Electrical Impedance
HCT	27.4	%	36 - 46	Calculated
MCH	89.0	fL	83 - 101	Derived From RBC Histogram
MCHC	29.9	pg	27 - 32	Calculated
RDW	33.8	g/dL	31.5 - 34.5	Calculated
RDW - SD	16.0	%	11.6 - 14.0	Derived From RBC Histogram
NRBC	53.2	fL	39 - 46	Derived From RBC Histogram
NRBC	00	/100 WBC	0 - 0.3	Coulter VCS-n Technology
Total WBC Count	5540	/cumm	4000 - 10000	Electrical Impedance
Differential Count				
Neutrophils	85	%	40 - 80	VCS Technology / Microscopy
Lymphocytes	83	%	20 - 40	VCS Technology / Microscopy
Monocytes	04	%	2 - 10	VCS Technology / Microscopy
Eosinophils	01	%	1 - 6	VCS Technology / Microscopy
Basophils	00	%	0 - 2	VCS Technology / Microscopy
Absolute Count				
Neutrophils	3601	/cumm	3000 - 7000	Calculated
Lymphocytes	1662	/cumm	1000 - 5000	Calculated
Monocytes	222	/cumm	200 - 1000	Calculated
Eosinophils	55	/cumm	00 - 500	Calculated
Basophils	00	/cumm	00 - 100	Calculated
Platelet Count	110000	/cumm	1,50,000 - 4,10,000	Electrical Impedance
MPV	—	fL	7.9 - 10.8	Derived From Platelet Histogram

After Dr Arpit Chopra Jain Modern Homeopathy

Value Abbreviation: L = Low, PL = Plate Low, H = High, PH = Plate High
PL & PH Values require immediate attention of treating Clinician!
Approved On: 06/11/2023 16:12 Report No : 1 of 2
Note: This report is computer generated, electronically signed & relates only to the sample as received. Refer to conditions of reporting service.

ITP Cured low Platelet 7000 ...
Arrogas Super Specialty

आरोग्य सुपर स्पेशलिटी मॉडर्न होमियोपेथी

Narayan Lab X-Ray & Ecg
After 6 month of Dr Arpit Chopra Jain Treatment

1/0 ITP :: Nov 2022
Platelet Count - 6,000/cumm
Minimum - 6,000/cumm

कसर, किडना फालियर, अस्पताल म गभार रूप स
भर्ती मरिजों का उपचार, कोमा, शल्य चिकित्सा योग्य रोग,
ऑटो इम्यून रोग, जीवनभर दवाई लेने वाले रोगों की रोकथाम एवं
300 प्रकार के असाध्य जटिल रोगों की चिकित्सा।
आरोग्य सुपर स्पेशलिटी मॉडर्न होमियोपेथी
कम्पलिट, परमानेंट, ईजी, सेफ, फास्ट एण्ड कॉस्ट इफेक्टिव
102, प्रथम मंजिल, कुष्ठा टॉवर, बयोस्वेल हॉस्पिटल के सामने, जंजीरवाला चौराहा, न्यू पलासिया, इन्दौर म.प्र.

AAROGYA SUPER SPECIALITY MODERN HOMOEOPATHIC CLINIC



DR ARPIT CHOPRA JAIN
M.D. HOMOEOPATHY, M.D. INTERNAL MEDICINE

IMPORTED ITP INDIAN PATIENT FROM BANGALORE, KARNATAKA

3404-85672, +91 79990-78894, Call - +91 97130-37737, +91 80451-32023, Website: www.aarogya.com **3:05**

Title
Idiopathic Thrombocytopenic Purpura ITP responded by Dr Arpit Chopra Jain Modern Homoeopathy Indore

Aplastic anemia
 A condition in which the bone marrow stops producing red blood cells.




Before Treatment



After Dr Arpit Chopra Jain Modern Homoeopathy



BLOOD DISEASE



डॉ. अरुण चौधरी, एम.डी. आरोग्य सुपर स्पेशलिटी मॉडर्न होम्योपैथिक क्लिनिक, इंदौर।
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रक्त संबंधी बीमारियों का मॉडर्न होम्योपैथी से सफल इलाज

डॉ. अरुण चौधरी, एम.डी., आरोग्य सुपर स्पेशलिटी मॉडर्न होम्योपैथिक क्लिनिक, इंदौर।

All Types of blood disorder Cured by Dr. Arpit Chopra's Modern Homoeopathy



डॉ. अरुण चौधरी (एम.डी.)
 आरोग्य सुपर स्पेशलिटी मॉडर्न होम्योपैथिक क्लिनिक, इंदौर।

• रक्त संबंधी बीमारियाँ • अस्थि मज्जा की बीमारी • अस्थि मज्जा की बीमारी • अस्थि मज्जा की बीमारी

आरोग्य सुपर स्पेशलिटी मॉडर्न होम्योपैथिक क्लिनिक

आरोग्य सुपर स्पेशलिटी मॉडर्न होम्योपैथिक क्लिनिक

AAROGYA SUPER SPECIALITY MODERN HOMOEOPATHIC CLINIC

कैंसर, किडनी फेलियर, अस्पताल में गंभीर रूप से भर्ती मरीजों का उपचार, कोमा, शल्य चिकित्सा योग्य ऑटोइम्यून रोग, अप्लास्टिक ऐनीमिया, मस्कलर डिस्टॉफी, जीवन भर दवा लेने वाले रोगों की रोकथाम व 300 प्रकार के असाध्य जटिल रोगों की चिकित्सा

इमरुती कोई कच साखा नहीं है **जोड़ कोर से सावधान रहें** **Online Consultation Available**

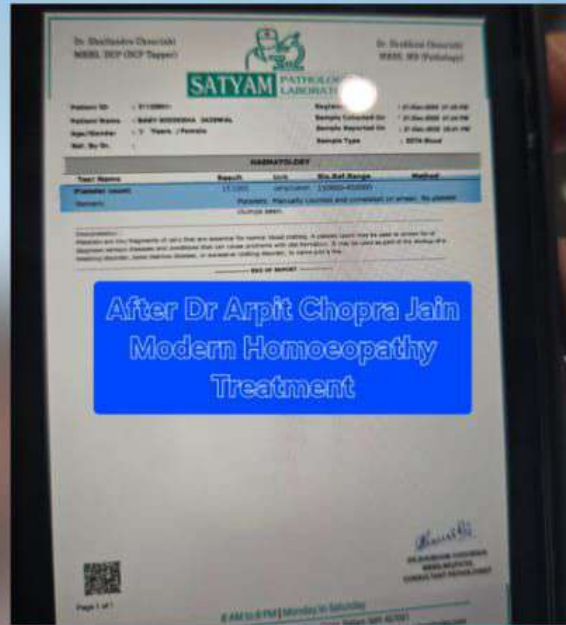
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101, 102, 103, 104, KRISHNA TOWER, JALAKHAI SQUARE, INFRONT OF CAREWELL HOSPITAL, NEAR NEW PLYAAS, INDOR - 452011 (M.P.)

Before Treatment

HTP: APRIL 23 ✓
 (STEROID REFRACTORY)
 PLT: 80,000 (9/9/24)
 LOWEST PLT: 5,000



AAROGYA SUPER SPECIALITY MODERN HOMEOPATHIC CLINIC

DR ARPIT CHOPRA JAIN
 MD (HOMEOPATHY) CENTRAL &
 HEMATOLOGY (SPECIALIST)

RECOMMENDED BY CHIEF PATIENT FROM RATLAM, MADHIA PRADESH

opathycure.in, www.aarogyahomeopathyindore.com, www.besthomeopathydoctorind.com, Ad

Description ✕

ITP Disease Patient Responded – Ratlam के Patient का अनुभव-Dr Arpit Chopra Jain Modern Homeopathy

Aplastic Anemia

White blood cell
 Red blood cells
 Platelets
 Bone marrow

वर्षा आप अप्लास्टिक एनीमिया से परेशान हैं क्या आप इन्फार्मेटिक एनीमिया को खान कला चाहते हैं

Patient - Shiv Ojha
 Dr. Arpit Chopra Jain
 Patient - Shiv Ojha
 Treatment Of Aplastic Anemia By Modern Homeopathy

All Types of Blood disorder Cured by Dr. Arpit Chopra's Modern Homeopathy

अरोग्य चार स्पेशलिटी मॉडर्न होम्योपैथिक क्लिनिक

MAN KI BAAT

BLOOD HAEMATOLOGY

रक्त रोगों का उपचार डॉ अर्पित चोपड़ा जैन आरोग्य सुपर स्पेशियलिटी मॉडर्न होम्योपैथी

With **DR ARPIT CHOPRA JAIN**

Blood Haematology
 रक्त रोगों का उपचार डॉ...

Watch >

Dr. Agnihotri's Path Lab & Diagnostic Centre
(A Unit of Shree Healthcare Pvt. Ltd.)

Patient Name: **MR. SESHU KODWARI**
Age: 55
Sex: M
Ref: Dr. Agnihotri's Path Lab & Diagnostic Centre

Sample Collected on: 10-06-2023, 2:49 PM
Sample Received at: 10-06-2023, 02:58 PM
Report Generated on: 10-06-2023, 03:08 PM

HEMATOLOGY

Investigation	Result	Units	Ref. Int. Range
MC	7.8	g/dl	13.8-17.2
Hb	2.82	g/dl	12-16
Hct	18.3	%	40-54
WBC	22.2	10 ⁹ /L	4-11
PLT	3,99,000	10 ⁹ /L	1,50,000-4,50,000
RDW	13.79	%	11.5-14.5
MPV	5.33	fL	8-12
PdW	0.85	%	0-1.5
PdW-FL	1.37	%	0-1.5
PdW-FL-SD	0.04	%	0-0.1
ATELETY	879.00	10 ⁹ /L	150-400

Before Treatment

Polycythemia vera

In oncology, polycythemia vera is an uncommon myeloproliferative neoplasm in which the bone marrow makes too many red blood cells.

During Dr. Ankit Chopra Jain Modern Homeopathy Treatment

SHARDA CANTON DISTRICT HOSPITAL, BHARUVA
TEST PROCEDURE LAB

TEST RESULT REFERENCE RANGE

MCV	64.4 fL	84-100 fL
RDW	18.4 %	11.6-14.8 %
PLT	1,44,000	1,50,000-4,50,000
WBC	11,100	4,000-12,000
Hb	10.2 g/dl	12-16 g/dl
Hct	31.1 %	37-47 %
MPV	10.0 fL	8-12 fL
PdW	0.85 %	0-1.5 %
PdW-FL	1.37 %	0-1.5 %
PdW-FL-SD	0.04 %	0-0.1 %
ATELETY	879.00	150-400

Thrombocytosis
खून में प्लेटलेट्स अधिकता
Platelets 7lakh+
15 days treatment only



KLID POLYCYTHEMIA VERA: JAK-2 Detected
Progressive to secondary myelofibrosis
- Hb: 7.2%
- TLC: 3,99,000/mm³
- PLT: 3,99,000/mm³
max: 14,00,000/mm³
- weakness ⊕
- dry skin ⊕
* CBC
* ANA profile
* Hepatosplenomegaly
Nov 2019

Thrombocytosis cause

Essential (primary)

Reactive (secondary)

Before Modern Homeopathy

After Modern Homeopathy



High Platelets
बड़ी हुई प्लेटलेट कैसे मैटेन करें?

Thrombocytosis

रक्त सम्बंधित बीमारी है प्लेटलेट का काम होना

Thrombocytosis high platelet | Thrombocythemi...

Idiopathic thrombocytopenic purpura

Also called: ITP, immune thrombocytopenic purpura

Symptoms :-

- Excessive bruising.
- Blood in vomit, stool, or urine.
- Heavy menstrual period.
- Noisy stool.

NO SURGERY
COST EFFECTIVE
NO SIDE EFFECT
FAST TREATMENT
PERMANENT CURE

Vishal Sachdeva Gurgaon, Haryana
 Swarnakanta Chhabra Indore, M.P.
 Prachi Yadav Indore, M.P.
 Manavi Akhri Indore, M.P.
 Jyotsna Kumar Thakur Indore, M.P.
 [Other patients' names and locations are partially visible]

ITP :: NOV 2022
 Platelet Count :- 6,000/cumm (26/10/23)
 minimum :- 6,000/cumm As per pt.
 Hb = 8.8% (26/10/23)
 Gum bleeding (+)

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SUN PATHOLOGY LABORATORY & RESEARCH INSTITUTE
Quality | Service | Satisfaction

Name : Vaishaliben A. Gajjar Age/Sex : (52Y 17D / Female)
 Reg. No./Mem id. : 2303098232 / CIEF7384242 Reg. Date & Time : 26/10/2023 09:13
 Coll. Date & Time : 26/10/2023 09:13 Ref. By : SELF

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Name : Vaishaliben A. Gajjar Age/Sex : (52Y 4M 25D / Female)
 Reg. No./Mem id. : 2303157085 / CIEF7384242 Reg. Date & Time : 05/03/2024 10:55
 Coll. Date & Time : 05/03/2024 10:55 Ref. By : SELF

HAEMOGRAM REPORT
(By BECKMAN COULTER UNICEL DXH 800 - USA)
(Specimen: Whole Blood)

Investigation	Result	Unit	Biological Ref. Interval	Method
Haemoglobin	8.8	g/dL L	12.0 - 15.0	Non Cyanide Oxy Hemoglobin
Blood Cell Indices				
RBC Count	2.97	mill./c.mm	3.8 - 4.8	Electrical Impedance
HCT	25.5	% L	36 - 46	Calculated
MCV	85.7	fL	83 - 101	Derived From RBC Histogram
MCH	29.6	pg	27 - 32	Calculated
MCHC	34.6	g/dL	31.5 - 34.5	Calculated
RDW	14.5	%	11.6 - 14.0	Derived From RBC Histogram
RDW - SD	43.3	fL	39 - 46	Derived From RBC Histogram
NRBC	0.2	/100 WBC	0 - 0.3	Coulter VCS-n Technology
Total WBC Count	1000	/c.mm L	4000 - 10000	Electrical Impedance
Differential Count				
Neutrophils	22	%	40 - 80	VCS Technology / Microscopy
Lymphocytes	60	%	20 - 40	VCS Technology / Microscopy
Monocytes	08	%	2 - 10	VCS Technology / Microscopy
Eosinophils	03	%	1 - 6	VCS Technology / Microscopy
Basophils	00	%	0 - 2	VCS Technology / Microscopy
Absolute Count				
Neutrophils	290	/c.mm	2000 - 7000	Calculated
Lymphocytes	600	/c.mm	1000 - 3000	Calculated
Monocytes	80	/c.mm	200 - 1000	Calculated
Eosinophils	30	/c.mm	00 - 500	Calculated
Basophils	0	/c.mm	00 - 100	Calculated
Platelet Count	6000	/c.mm PL	1,50,000 - 4,10,000	Electrical Impedance
MPV	11.2	fL	7.9 - 10.8	Derived From Platelet Histogram

HAEMOGRAM REPORT
(By BECKMAN COULTER UNICEL DXH 800 - USA)
(Specimen: Whole Blood)

After Dr Arpit Chopra Jain Modern Homoeopathy

Investigation	Result	Unit	Biological Ref. Interval	Method
Haemoglobin	10.4	g/dL L	12.0 - 15.0	Non Cyanide Oxy Hemoglobin
Blood Cell Indices				
RBC Count	3.75	mill./c.mm	3.8 - 4.8	Electrical Impedance
HCT	30.3	% L	36 - 46	Calculated
MCV	81.2	fL	83 - 101	Derived From RBC Histogram
MCH	27.8	pg	27 - 32	Calculated
MCHC	34.3	g/dL	31.5 - 34.5	Calculated
RDW	16.5	%	11.6 - 14.0	Derived From RBC Histogram
RDW - SD	47.2	fL	39 - 46	Derived From RBC Histogram
NRBC	0.2	/100 WBC	0 - 0.3	Coulter VCS-n Technology
Total WBC Count	5700	/c.mm	4000 - 10000	Electrical Impedance
Differential Count				
Neutrophils	73	%	40 - 80	VCS Technology / Microscopy
Lymphocytes	21	%	20 - 40	VCS Technology / Microscopy
Monocytes	04	%	2 - 10	VCS Technology / Microscopy
Eosinophils	02	%	1 - 6	VCS Technology / Microscopy
Basophils	00	%	0 - 2	VCS Technology / Microscopy
Absolute Count				
Neutrophils	4161	/c.mm	2000 - 7000	Calculated
Lymphocytes	1197	/c.mm	1000 - 3000	Calculated
Monocytes	228	/c.mm	200 - 1000	Calculated
Eosinophils	114	/c.mm	00 - 500	Calculated
Basophils	0	/c.mm	00 - 100	Calculated
Platelet Count	115000	/c.mm L	1,50,000 - 4,10,000	Electrical Impedance
MPV	12.2	fL	7.9 - 10.8	Derived From Platelet Histogram

Value Abbreviation: L = Low, PL = Panic Low, H = High, PH = Panic High
 (PL & PH Values required immediate attention of treating Clinician)
 Approved On 26/10/2023 13:58 Report No : 1 of 2
 Note : This report is computer generated, electronically signed & relates only to the sample as received. Refer to conditions of reporting overleaf.

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 1st Floor, Saptak Corporate House, Above SBI Bank, Nr. Shukan Mall, Science City Main Road, Ahmedabad

Value Abbreviation: L = Low, PL = Panic Low, H = High, PH = Panic High
 (PL & PH Values required immediate attention of treating Clinician)
 Approved On 05/03/2024 14:46 Report No : 1 of 2
 Note : This report is computer generated, electronically signed & relates only to the sample as received. Refer to conditions of reporting overleaf.

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आरोग्य

कैंसर, किडनी फेलियर, अस्पताल में गंभीर रूप से, भर्ती मरीज़ का उपचार, कोमा, शल्य चिकित्सा योग्य ऑटोइम्यून रोग, जीवनभर दवा लेने वाले रोगों की रोकथाम एवं 300 प्रकार के असाध्य जटिल रोगों की चिकित्सा

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104, कृष्णा टावर, जंजीरवाला चौराहा, क्योरवेल हॉस्पिटल के सामने, न्यू पलासिया, इंदौर, मध्य प्रदेश

www.homoeopathy.cure.in, www.aarogyahomoeopathyindore.com

Email:- arpitchopra23@gmail.com

99075-27914
0731-4977076

Aplastic anemia

Also called: bone marrow aplasia

Overview

Symptoms

Treatments

A rare condition in which the body stops producing enough new blood cells.

Aplastic anemia develops as a result of bone marrow damage. The damage may be present at birth or occur after exposure to radiation, chemotherapy, toxic chemicals, some drugs, or

BLOOD DISEASES

कैंसर, किडनी फेलियर, अस्पताल में गंभीर रूप से मर्ती गरिजों का उपचार, कोमा, शल्य चिकित्सा योग्य रोग, ऑटो इम्यून रोग, जीवनर दवाई लेने वाले रोगों की रोकथाम एवं 300 प्रकार के असाध्य जटिल रोगों की चिकित्सा।

आरोग्य सुपर स्पेशलिटी मॉडर्न होमियोपैथी
कम्प्लिक्स, परमाण्व, ई.पी., सेफ, फास्ट एण्ड कॉस्ट इफिक्टिव

102, इंदिरा पार्क, कृष्ण टॉवर, इंदिरा नगर के सामने, जयवीरवाहा चौक, नू पार्क, इंदौर म.प.
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ArogyamHomeopathy.com, ArogyamHomeopathyIndore.com Email: arpathycure.in, www.sarogyahomeopathyindore.com

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ArogyamHomeopathy.com, ArogyamHomeopathyIndore.com Email: arpathycure.in, www.sarogyahomeopathyindore.com

Registration No. Mrs. PRIYA PARETA
AZ-07533
Age / Sex 25 years Female
Referred By Dr. UPENDRA SHARMA
Sample Type EDTA Blood

INVESTIGATION REPORT
Sample No. 1654
Path No.
Sample ID 202266909

IP708110
Bill Date 25/04/2022
Order Date 25/04/2022 14:
Sample Collect Dr. 25/04/2022 17:
Result Date 21/04/2022 13:

Result	HAEMATOLOGY	Unit	Reference Range	Notes
CBC COMPLETE BLOOD COUNTS				
TLC WBC COUNT (Flowcytometry)				
2490	L	/cumm	4000 - 10000	
RBC (Hydrodynamic focusing)				
2.40	C	million/cumm	3.8 - 4.8	
HB (SLS Hemoglobin Method)				
8.6	L	gm/dl	12 - 15	
H.C.T (Automated Calculated)				
26.1	C	%	36 - 46	
M.C.V (Automated Calculated)				
108.8	C	f	63 - 101	
M.C.H (Automated Calculated)				
35.8	C	Pg/ml	27 - 32	
M.C.H.C (Automated Calculated)				
33.0	C	g/dL	31.5 - 34.5	
PLATELETE COUNT (Microanalytic technology)				
16000	C	/cumm	150000 - 450000	
RDW-CV				
18.9		%	11.6 - 14.0	
NRBC (Flow cytometry)				
0.4		%	0 - 1	
Polymorphs% (Flow Cytometry) [microscopic]				
55.0		%	40-75	
Lymphocytes% (Flow Cytometry) [microscopic]				
41.4		%	20-50	
Monocytes% (Flow Cytometry) [microscopic]				
3.2		%	2-10	
Eosinophils% (Flow Cytometry) [microscopic]				
0.4	C	%	1-5	
Basophils% (Flow Cytometry)				
0.0		%	0 - 2	
Polymorphs#				
1370		/cumm	2000 - 7000	
Lymphocytes#				
1030		/cumm	1000 - 3000	
Monocytes#				
80		/cumm	200 - 1000	
Eosinophils#				
10		/cumm	20 - 500	
Basophils#				
0		/cumm	20 - 100	

REMARK

Before Treatment

Sample ID : AUTOSID006
Patient ID :
Name : PRIYA

Date : 10/04/22
Time : 18:41

Alarms: STI

WBC 10 ⁹ /mm ³	4.9	RBC 10 ⁹ /mm ³	3.31	PLT 10 ⁹ /mm ³	1.1
LYM% %	48.2	HGB g/dL	7.4	MPV μm ³	7.7
MON% %	4.3	HCT %	24.8	PCT %	0.1
GRA% %	47.5	MCV μm ³	80	RDW %	13.2
LYM# 10 ⁹ /mm ³	2.30	MCH pg	24.5		
MON# 10 ⁹ /mm ³	0.20	MCHC g/dL	30.8		
GRA# 10 ⁹ /mm ³	2.40	RDW-CV %	18.5		
		RDW-SD μm ³	53		

Next Sample Sample ID: AUTOSID007

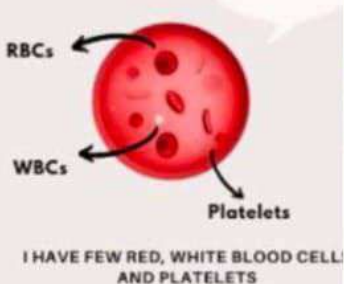
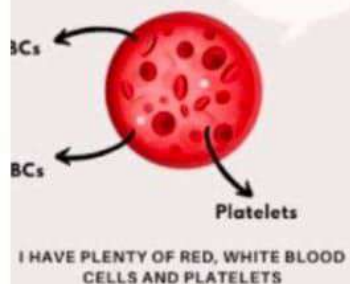
After Dr Arpit Chopra
Jain Modern
Homoeopathy

Aplastic anemia

A DISEASE IN WHICH THE BONE MARROW DOES NOT PRODUCE ENOUGH BLOOD CELLS.

I AM A NORMAL BLOOD CELL.

I AM AN APLASTIC ANEMIA CELL



प्लास्टिक एन
कारण, लक्षण
निदान

Aplastic anemia

Also called: bone marrow aplasia

ABOUT





SYMPTOMS

TREATMENT

A rare condition in which the body stops producing enough new blood cells.

Very rare

Fewer than 100 thousand cases per year (India)

-  Treatable by a medical professional
-  Requires a medical diagnosis
-  Lab tests or imaging always required
-  Chronic: can last for years or be lifelong

Consult a doctor for medical advice

Dr. Rajesh Bansal
M.B.B.S., D.C.P.
F.C.C.P. (Hematology) Near Hospital Municipal
Consulting Pathologist

nidan
Pathology Laboratory
(Hematology & Coagulation)

49, Anand Nagar, Near Tower Chauraha
Sector 14, Gurgaon, Haryana, INDIA
Ph: 0121-2460274, 4075274
E-mail: narkans@nidan@gmail.com

Facilities: Pathology Laboratory, Hematology, Histology, Biochemistry, Endocrinology, Culture, Immunology
• Sonography • Colour Doppler • Echo-Cardiography • X Ray - Routine / FVP / HRG, Barium Studies
• Computerized E.C.G./P.P.T. • Complete Health Check-up

Name: MISS SONALI OZA 22 Yr.F 23-12-2017
C/O:

Parameters	In Range	Out of Range	Unit	Reference Range
HAEMATOLOGY PROFILE				
Hemoglobin	12.7		gm %	11.5 - 16.5 gm %
Cyanmethemoglobin				
R.B.C. COUNT	3.96		mill/cu.mm	3.8 - 4.8 mill/cu.mm
PCV	40.1		%	36 - 46 %
MCV		101.26	fL	80 - 98 fL
MCH		32.07	Pg	27 - 32 Pg
MCHC	31.67		%	31.5 - 34.5 %
PLATELET COUNT		0.95	Lakhs/cu.mm	1.5 - 4 Lakhs/cu.mm
ESR		23	mm at end of 1st	1 - 15 mm at end of 1st
(Wintrobe method)				
Total WBC	4060		/cu. mm	4000 - 11000 /cu. mm.
DIFFERENTIAL WBC COUNT				
Neutrophils	56		%	40 - 80 %
Lymphocytes	33		%	20 - 45 %
Monocytes	02		%	02 - 08
Eosinophils	04		%	01 - 05
Basophils	00		%	00 - 01
Band & Stab Cell	05		%	
PLATELETS ON SMEAR -> Reduced. R.B.C. :- Macrocyte +, Nottschroemic.				

Report is not valid for medical legal purpose
बीजीय कागज की बचत ज्यादा, पोलिथीन का उपयोग कम - पर्यावरण को बचायें आपक ये कदम ।

PATHOLOGIST

APLASTIC ANAEMIA Wednesday 03
JANUARY 2018

मैं शिव मोक्षा मेरी बहन सोनाली, माताजी, प्योती जोशा सभी एफ्लोस्टिक एनिमिया से ग्रसित हैं और MY आस्पताल में करीब 3 महीने तक इलाज हेतु MY में भर्ती रहे जिसमें हमें हर 3 से 4 दिन में खून की Bottle चढ़ानी पड़ती थी जब कोई 3 महीने बाद मेरी आ रही थी तथा काफी प्रयोग होने के बाद तब हमें जे सर्जिकल चोपा सर की होमोसोपेथिक चिकित्सा के बारे में बात हुआ फिर हमने उनकी बेतार दवाओं के सम्बन्ध में साथ में होमोसोपेथिक चिकित्सा प्रारम्भ की जिसके फलस्वरूप हमारे Platelet Count व हिमोग्लोबिन तेजी से बढ़ते गये एवं हमारी खून की Bottle चढ़ाने की निम्तरता खत्म हो गई। और आराम पत्रक का से लाभ प्राप्त कर हमें 10 दिनों में हम सभी आठ बहन एवं माताजी आस्पताल से स्वस्थ होकर वाहर आ गए। जिसके बाद से आज तक हम स्वस्थ हैं। जिसके लिए *जे* सर्जिकल चोपा सर को दिल से धन्यवाद करते हैं।

शिव मोक्षा
99248 94313

Dr. Arpit Chopra (Jain)
M.D. Homoeopathy (Reg. No. 14367)

Severe aplastic anemia: Any two criteria

Absolute neutrophil count < 500/ μ L

Absolute reticulocyte count

< 20,000/ μ L, or corrected to < 1%

Platelet count < 20,000/ μ L

Very severe aplastic anemia: Severe criteria + absolute neutrophil count < 200/ μ L

Moderate aplastic anemia: One criterion

Thrombocytosis

thrombocytosis

Etiologies of Thrombocytosis

Secondary Thrombocytosis	Primary Thrombocytosis
<ul style="list-style-type: none"> Acute infection Solid tumor malignancy Anemia (especially iron deficiency, hemolytic anemia) Chronic inflammatory disorders (e.g. rheumatoid arthritis, Crohn's disease) Postoperative 	<ul style="list-style-type: none"> Essential thrombocythemia (ET) Polycythemia vera (PV) Myeloproliferative neoplasms (MPN) aplastic anemia Chronic myeloid leukemia (CML) Chronic lymphocytic leukemia (CLL)

Overview

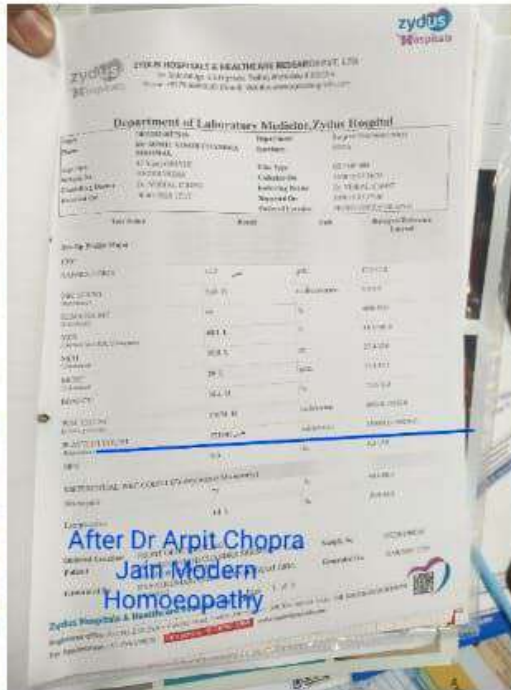
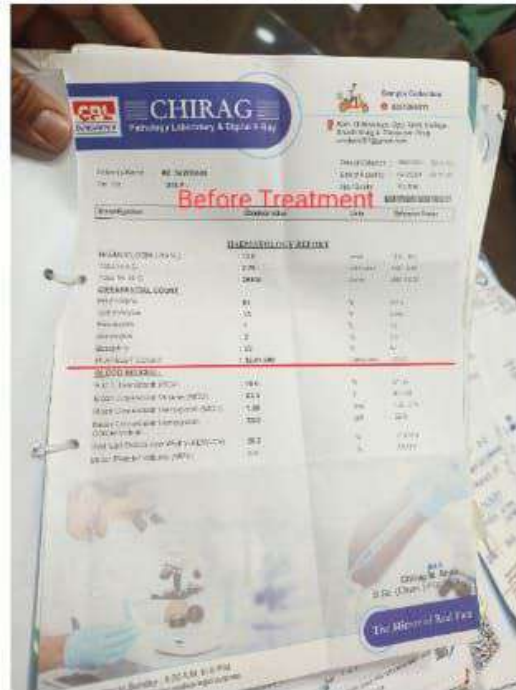
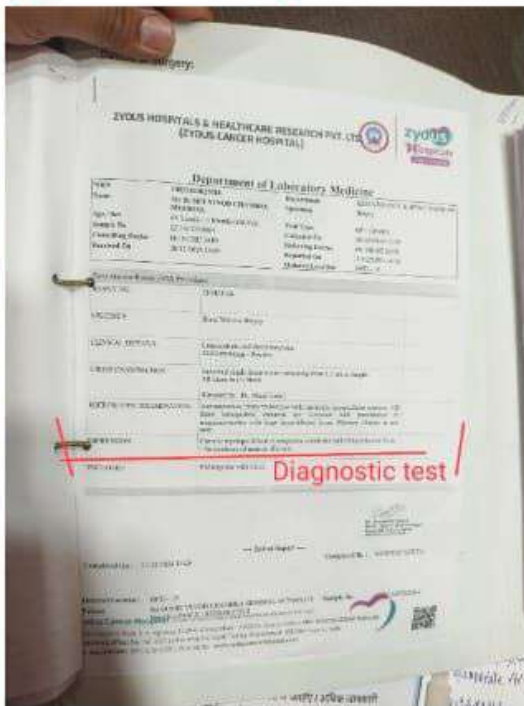
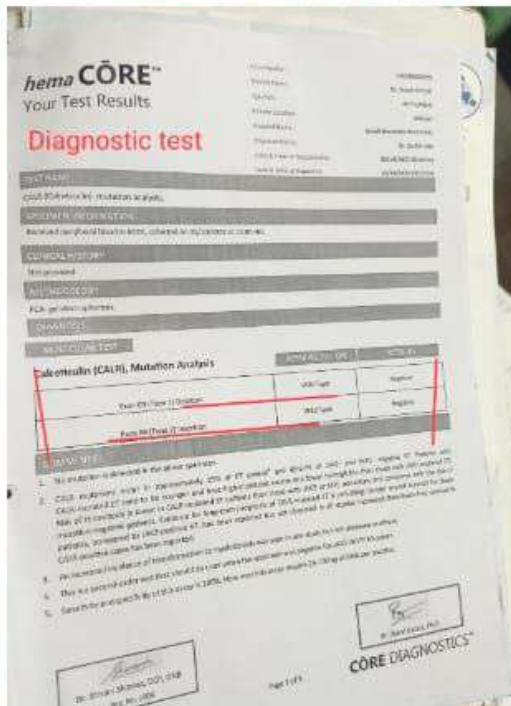
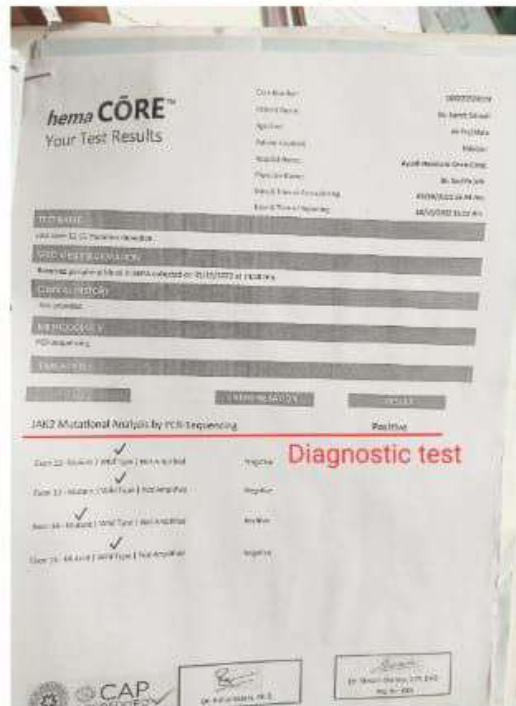
Thrombocytosis occurs when the body produces too many platelets, which can lead to blood clots or bleedin... Johns Hopkins ..., +4 more

Symptoms

Related co...

प्लेटलेट काउंट ज्यादा होने पर क्या होता है?

प्लेटलेट्स रक्त कोशिकाएं होती हैं जो आप में चिपककर थक्का बनाकर रक्तस्राव को रोकती हैं। हालाँकि, बहुत अधिक प्लेटलेट्स आपके रक्त को बहुत चिपचिपा बना सकते हैं। गंभीर मामलों में, थ्रोम्बोसाइटोसिस आपका रक्त वाहिकाओं में खतरनाक थक्के पैदा कर सकता है, जिससे स्ट्रोक या दिल का दौरा पड़ने का खतरा बढ़ जाता है।

BLOOD DISEASES



रक्त संबंधी बीमारियों का मॉडर्न होम्योपैथी से सफल इलाज

बेरी बेरी, टॉनो बरानो और धातु को एनर्जेटिक एन्रिजिया सप्लाय के साथ बीमारी को ठीक करने में 2 वर्षों में सफल होकर 1 का 2 दिन में अपना प्यारा या और खिलने में उन्हें Bone Marrow Transplant का सफल विचार है। अर्पित चोपड़ा का कहना है कि Bone Marrow Transplant का सफल विचार है। अर्पित चोपड़ा का कहना है कि Bone Marrow Transplant का सफल विचार है।

1,18,000 पर आता है और बाद में पूरी तरह से सफल हो गई। मुझे फिर से ठीक होना देने के लिए धन्यवाद।

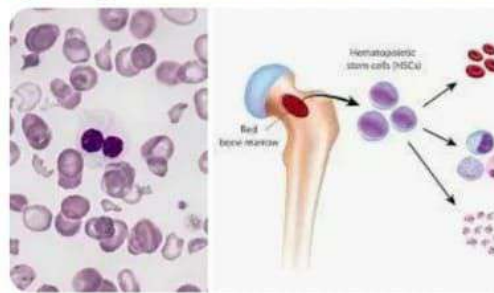
- बर्नार्डोस चोपड़ा, इंदौर**
बेरी 1 साल की बीबी को [IP (Idiopathic Thrombo Cytopenic Purpura)] बीमारी को एक हॉस्पिटल में इलाज कर दिया था, जब वह एक एन्रिजिया के इलाज में 5,000 प्लेटलेट्स से 2,51,000 cu/mm पर आ गई।
- रिजेश चोपड़ा, गांधी रायचक्रवर्ती, महाराष्ट्र**
बर्नार्डोस चोपड़ा / बर्नार्डोस चोपड़ा (Thrombo Cytopenia / Thrombo Cytosis) की रफ्तार बीमारी में 1 सप्ताह की दवा में सफल होकर एक सफल इलाज पर 1,75,000 cu/mm पर सफल हो गया। मुझे फिर ठीक होने देने के लिए धन्यवाद।
- विलास डी, दिल्ली**

All Types of blood disorder Cured by Dr. Arpit Chopra's Modern Homeopathy

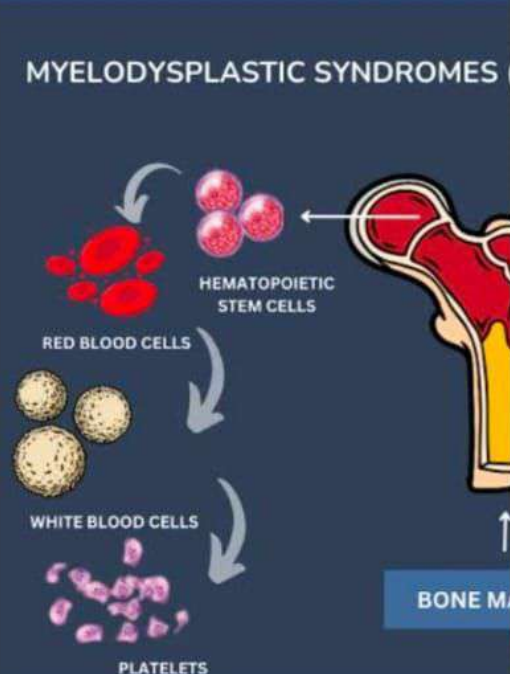


Myelodysplastic syndrome

Also called: MDS, preleukemia
Overview Treatments Symptoms Specialists



A group of disorders caused when something disrupts the production of blood cells.
Some types have no known cause. Others occur in response to cancer treatments or chemical...
Symptoms: Requires a medical
Treatments: Treatment depends on



डॉ. अर्पित चोपड़ा जैन ने किया रिसर्च एवं प्रमाणित सुपर स्पेशलिटी मॉडर्न होम्योपैथिक चिकित्सा का अविष्कार



Myelodysplastic Syndrome: is it a common disorder? Can it be cured?

Clp? MDS : Dec 2024
Hb:- 8.70%
TLC:- 1380
PLC:- 23,000/cumm³
Minimum - 4000/cumm³
Hb Htn/BMT on Rk - preleukia - Hebing

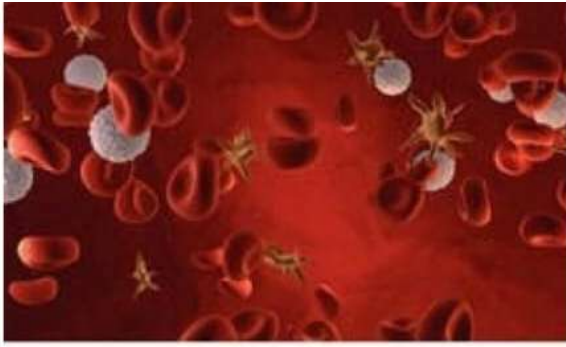
Central Lab Dr Vinita Kothari, MD
18-117, Yamina Plaza, 1st floor, Opp Railway Station, Sakinaka, Shivajinagar, Pune-411004

Test Name	Result	Unit	Biological Reference Interval
COMPLETE BLOOD COUNT (CBC)			
Hemoglobin	8.7	g/dL	13.8 - 17.0
Packed Cell Volume (PCV)	30.0	%	40.0 - 54.0
RBC Count	3.18	mill/cmm	4.6 - 6.2
MCV	94.3	fL	83.0 - 101.0
MCH	27.5	pg	27.0 - 32.0
MCHC	30.5	g/dL	31.0 - 34.0
Red Cell Distribution Width (RDW)	16.6	%	11.5 - 14.0
Total Leucocyte Count (TLC)	1380	/cmm	4000 - 11000
Differential Leucocyte Count (DLC)			
Segmented Neutrophils	17.5%	%	55.0 - 70.0
Lymphocytes	80.4%	%	20.0 - 40.0
Monocytes	1.4%	%	2.0 - 8.0
Eosinophils	0	%	1.0 - 5.0
Basophils	0.7%	%	0.5 - 1.0
Absolute Leucocyte Count (Calculated)			
Neutrophils	242	/cmm	1800 - 7000
Lymphocytes	1150	/cmm	1000 - 4000
Monocytes	19	/cmm	100 - 1000
Eosinophils	0	/cmm	50 - 500
Basophils	10	/cmm	0 - 100
Platelet Count, Whole Blood	23	thous/cmm	150,000 - 400,000
MPV (Mean Platelet Volume)	11.8	fL	8.0 - 12.0

Remarks: Anemia present. Thrombocytopenia present. Leucopenia present. Close Hematological follow up is required.

SAHNI HOSPITAL REPORT

After Dr Arpit Chopra Jain Modern Homeopathy



Glanzmann's Thrombasthenia

Glanzmann thrombasthenia is a **bleeding disorder that is characterized by prolonged or spontaneous bleeding starting from birth.** People with Glanzmann thrombasthenia tend to bruise easily, have frequent nosebleeds (epistaxis), and may bleed from the gums. 01-Sept-2015



before treatment



After Dr Arpit Chopra
Modern
Homoeopathy
treatment



before Treatment



After Dr Arpit Chopra
Modern Homeopathy
Treatment



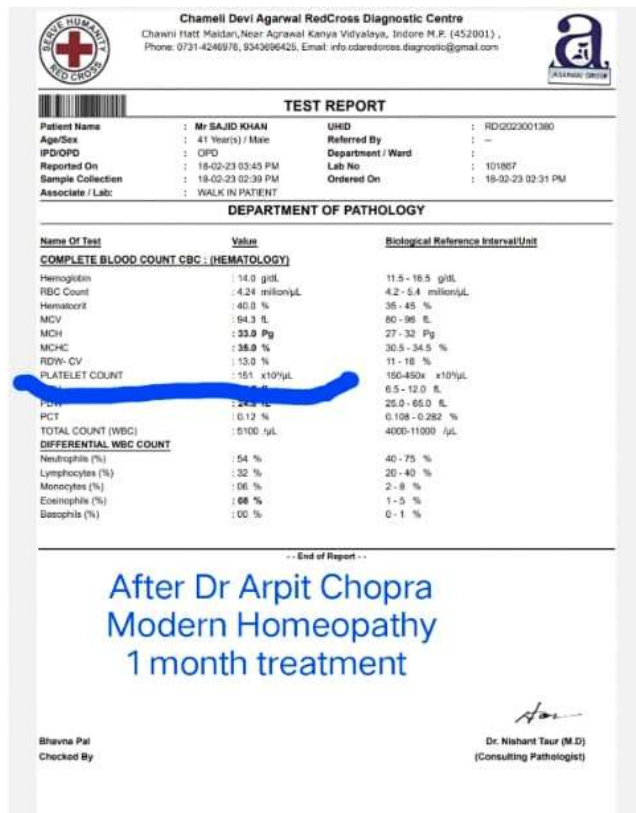
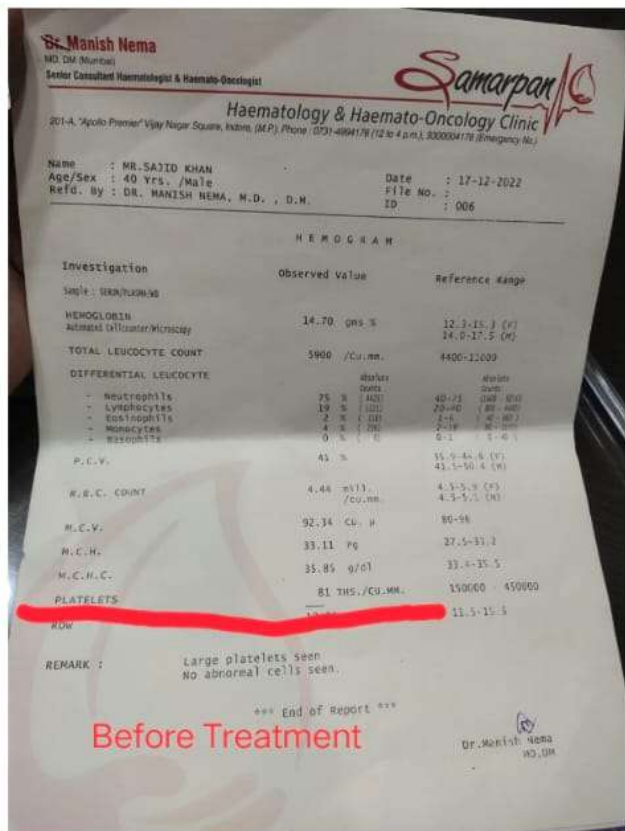
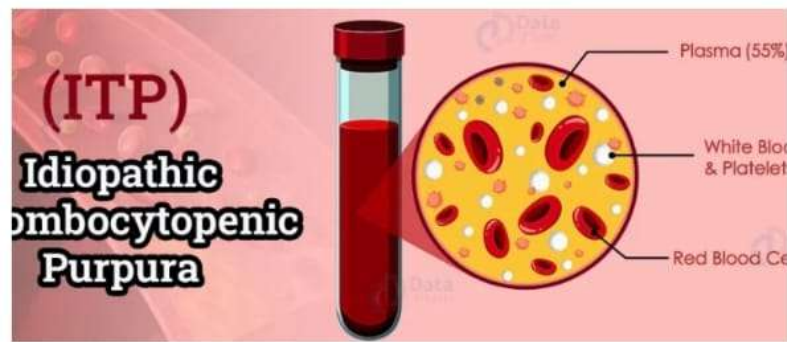
डॉ. अर्पित चोपड़ा (जैन)
एम. डी. होम्योपैथी
जर्नल, असाध्य रोग

* कैंसर * किडनी फेलियर * अस्पताल में गंभीर रूप से * भर्ती मरिजों का उपचार * कोमा
* शल्य चिकित्सा योग्य रोग आँटो इम्यून रोग * जीवनभर दवाई लेने वाले रोगों की रोकथाम
एवं 300 प्रकार के असाध्य जटिल रोगों की चिकित्सा ।

आरोग्य सुपर स्पेशलिटी मॉडर्न होम्योपैथिक क्लीनिक

कम्पलिट * परमानेन्ट * ईजी * सेफ * फास्ट एण्ड कॉस्ट इफेक्टिव





Idiopathic thrombocytopenic purpura :

Also called: ITP, immune thrombocytopenic purpura

Overview

Symptoms

Treatments

ITP stands for **Idiopathic Thrombocytopenic Purpura**. Also known as immune thrombocytopenic purpura, it is a bleeding condition where the amount of platelets greatly reduces. This condition usually occurs when the immune system of an individual starts functioning



कैसर, किडनी फेलियर, अस्पताल मे गंभीर रूप से भर्ती मरिजों का उपचार, कोमा, शल्य चिकित्सा योग्य रोग, ऑटो इम्यून रोग, जीवनभर दवाई लेने वाले रोगो की रोकथाम एवं 300 प्रकार के असाध्य जटिल रोगों की चिकित्सा ।



आरोग्य सुपर स्पेशलिटी माईन होमियोपेथी

कम्पलिट, परमानेंट, ईजी, सेफ, फास्ट एण्ड कॉस्ट इफैक्टिव

102, प्रथम मंजिल, कृष्णा टॉवर, क्योरवेल हॉस्पिटल के सामने, जंजीरवाला चौराहा, न्यू पलासिया, इन्दौर म.प्र.

99075 27914 संपर्क : 0731-4977076, 79999 78894

www.homoeopathvcure.in. www.aarogvahomoeopathvindore.com Email : arpit Chopra23@gmail.com

आरोग्य सुपर स्पेशलिटी मॉडर्न होम्योपैथी क्लिनिक

MYELODYSPLASTIC SYNDROMES

MYELODYSPLASTIC SYNDROMES (MDS) IS A GROUP OF BLOOD DISORDERS CAUSED BY A PROBLEM WITH THE BONE MARROW. IT AFFECTS THE PRODUCTION OF BLOOD CELLS. THERE ARE THREE CLASSES BASED ON THE NUMBER OF BLOOD CELLS THAT ARE AFFECTED:

- REFRANERARY CYTOPENIA
- REFRANERARY CYTOPENIA WITH BILIRUBINEMIA
- REFRANERARY CYTOPENIA WITH BILIRUBINEMIA AND TRANSFUSION-DEPENDENT ERYTHROCYTOSIS

DR. ARPIT CHOPRA JAIN
MD, PHD (HOMEO) (M.D.), M.D. (HOMEO) (M.D.), M.D. (HOMEO) (M.D.)

3:40

Title
Myelodysplastic Syndrome MDS cured, Low platelet 23000 to 172000 in 1 Month by Dr Arpit Chopra Jain



रक्त संबंधी बीमारियों का मॉडर्न होम्योपैथी से सफल इलाज

रक्त संबंधी बीमारियों का मॉडर्न होम्योपैथी से सफल इलाज... (Hindi text describing the success of homeopathy in treating blood diseases)

All Types of Blood Disorder Cured by Dr. Arpit Chopra | Modern Homeopathy

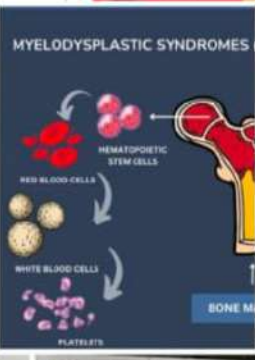
Myelodysplastic syndrome

Also called MDS, preleukemia

Overview | Treatments | Symptoms | Specialists

A group of disorders caused when something disrupts the production of blood cells. Some types have no known cause. Others occur in response to cancer treatments or chemical...

Symptoms: Requires a medical...
Treatments: Treatment depends on...



डॉ. अरुण चोपड़ा जैन ने किया किया यह प्रशस्तिपत्र युक्त स्पेशलिटी मॉडर्न होम्योपैथी क्लिनिक का उद्घाटन

Myelodysplastic Syndrome is it a common disorder? Can it be cured?

MBS : Dec. 2024
Date: 21/01/25
Hb: 10.0
WBC: 1500
PLT: 23,000/mm³

Central Lab Dr Vinita Kohari, MD

Parameter	Result	Reference Range
Hemoglobin	10.0	12.0 - 16.0
WBC	1500	4000 - 10000
PLT	23,000	150,000 - 400,000

Before Treatment

After Dr Arpit Chopra Jain Modern Homeopathy

Parameter	Result	Reference Range
Hemoglobin	17.2	12.0 - 16.0
WBC	15000	4000 - 10000
PLT	172000	150,000 - 400,000

Blood Diseases



Sonal Ojha
Indore, M.P.

Aplastic Anemia

Vihan Sachdeva
Dehradun, Uttarakhand

Thrombocytosis

Gayatri Gaikwad
Pune (M.H.)

IDIOPATHIC THROMBOCYTOPENIC PURPURA

Adi-Ga Pathak
Dijai, (M.P.)

ACUTE LYMPHOBLASTIC LEUKEMIA

Thrombocytosis

Kuldeep Sharma
Bawani, M.P.

ACUTE MYELOID LEUKEMIA

Swarajanta Choudhan
Indore, M.P.

PANCYTOPENIA

Usha
Aligarh, U.P.

APLASTIC ANEMIA

Manjari Abire
Indore, M.P.

APLASTIC ANEMIA

Prachi Yadav
Indore, M.P.

ITP
IDIOPATHIC THROMBOCYTOPENIC PURPURA

Bone Marrow Transplant

BLOOD PARTICLES

SICKLE CELL ANEMIA

PLATELETS

POLYCYTHEMIA VERA

PLASMA

LEUKOCYTOSIS

RBC
RED BLOOD CELLS

HYPERCOAGULABLE DISORDER

WBC
WHITE BLOOD CELLS

HEMOCHROMATOSIS

PERMANENT CURE



Service Project Infrastructure: Making Medical Care Accessible to All

"Medical facilities should be accessible to the common man in every way." Dr. Arpit Chopra Jain

To make his groundbreaking medical invention available to the general public, Professor Dr. Arpit Chopra Jain has established the Aarogya Super Speciality - Modern Homoeopathy Clinic, equipped with state-of-the-art facilities, at Janjirwala intersection in the heart of Indore city. At this clinic, patients have access to comprehensive consultation, diagnosis, and treatment for various diseases, all under one roof.

In addition, a dedicated consultation room for online patients has been set up to offer virtual consultations. Medicines are delivered through courier services, ensuring that even the most serious conditions can be treated from the comfort of one's home. Dr. Arpit Chopra Jain's initiative ensures that high-quality healthcare is not just limited to in-person visits but is also accessible to those in distant locations.





Dr. Arpit Chopra Jain: A Commitment to Service and Responsibility

Dr. Arpit Chopra Jain, raised in a family of doctors, embodies the true essence of a dedicated medical professional. With a deep sense of responsibility toward human welfare, he has revolutionized healthcare through his groundbreaking invention of Super Speciality Modern Homoeopathy treatment. His work has provided a new direction in treating complex diseases, ensuring that even those who once felt hopeless have found relief.

campaign to combat sickle cell anaemia, Dr. Arpit Chopra Jain is also working tirelessly in tribal areas. His efforts contribute significantly to the permanent and successful treatment of this genetic disorder, further reflecting his unwavering commitment to the welfare of humanity.



Dr. Arpit Chopra Jain also organizes medical camps aimed at diagnosing complex diseases, providing free consultations to those in need. His sense of duty was especially evident during the devastating COVID-19 pandemic, where he took extraordinary measures to help his community. Understanding the gravity of the situation, he distributed free Corona prevention medicines to approximately 2,25,000 people, including Corona Warriors, potentially saving many lives.





Dr. Arpit Chopra Jain exemplifies what it means to be a physician who balances medical practice with social responsibility, continuing to make a profound impact on both individual lives and society as a whole.



Recognizing the significance of his role, Dr. Arpit Chopra Jain extends his responsibilities beyond medical practice. He considers it his moral and national duty to contribute to various social service activities. Along with treating complicated medical conditions, Dr. Arpit Chopra Jain is committed to shaping the future of homoeopathy. He actively mentors and educates new students entering the field, helping them gain the knowledge necessary to advance in medical science.





Samman Awards: A Tribute to Responsibility and Service

"Respect received from society increases responsibility." Dr. Arpit Chopra Jain

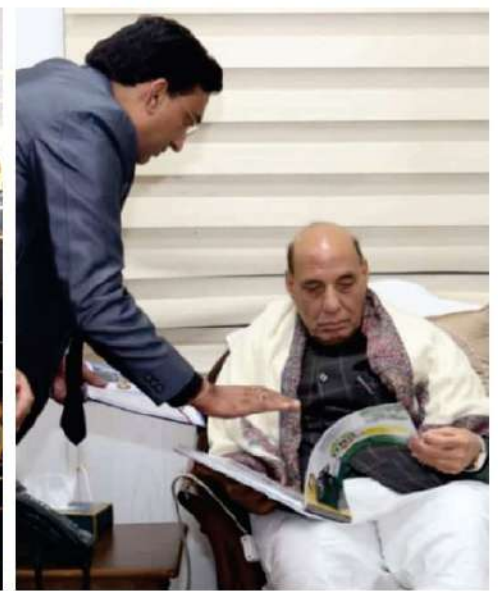
Dr. Arpit Chopra Jain believes that when one contributes responsibly and at the right time, society offers its respect. However, with that respect comes an even greater sense of responsibility.

Dr. Arpit Chopra Jain, through his groundbreaking invention of the Arogya Super Speciality Modern Homoeopathy medical system and his numerous social contributions, has garnered widespread recognition. His dedication to improving the health and well-being of others has not gone unnoticed. He has been honored by many prominent ministers, intellectuals, and senior artists across various dignified platforms. These awards have been bestowed upon him by social, national, and international institutions, further acknowledging his remarkable contributions to the field of medicine and humanity.

This recognition only fuels Dr. Arpit Chopra Jain's determination to continue serving society with even greater dedication and responsibility.













A Legacy of Healing: 3000+ Patients Touched by Dr. Arpit Chopra Jain

From chronic conditions to life-threatening diseases, Dr. Arpit Chopra Jain's innovative approach in homoeopathy has brought hope to thousands. This wall honors each patients journey to health and the compassionate dedication of Dr. Jain, who believes that every illness has a cure. Together, they form a legacy of resilience and recovery.



From Despair to Recovery: Celebrating 3000+ Success Stories

Behind every photo is a story of resilience and recovery made possible through Dr. Arpit Chopra Jain's pioneering work in modern homoeopathy. This wall is a celebration of his innovative treatment approach at Aarogya Super Speciality, which has empowered thousands to reclaim their health and live fuller lives.



Thank
You!



Possible solutions to complex, incurable and impossible diseases. Harmless, quick, economical and permanent treatment system, Homoeopathy of the future, Thank you for giving your valuable time to Super Speciality Modern Homoeopathy treatment system.

May you always live a happy life by staying physically,
mentally and socially healthy and fulfill the WHO standards

This is my wish, This is my effort...

Aarogya Super Speciality Modern Homoeopathy

101-104, First Floor, Krishna Tower, Opposite Curewell Hospital
New Palasia, INDORE (M.P.)

ONLINE CONSULTATION ALSO AVAILABLE



@ 99075-27914, 79999-78894
@ 97130-92737, 97130-37737



aarogya101



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www.homoeopathycure.in

besthomoeopapathdoctorind.com

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You Tube Link  - drarpitchopramodernhomeopathic