



DR. SAMUEL HAHNEMANN
GERMANY

CANCER

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.



Cancer

Cancer means almost death - but not now



A NEW HOPE FOR CANCER PATIENTS

Dr. Arpit Chopra Jain's Revolutionary Homoeopathy Treatment

When people hear the word "cancer," it often brings an overwhelming sense of fear and despair. The diagnosis is frequently seen as a death sentence, with many believing that while cancer can be treated, it inevitably claims the lives of those afflicted. The fear of painful surgeries, chemotherapy, and radiotherapy looms large, and the thought of enduring such grueling treatments with no guarantee of a complete cure can be devastating. Cancer manifests in many form soral cancer, gall - bladder cancer, uterine cancer, blood cancer, breast cancer, brain cancer, and more. Every day, we hear stories of individuals fighting these battles, with some emerging as survivors, attributing their recovery to a combination of factors like self-confidence, advanced treatments, and expensive procedures abroad. However, for an ordinary family, a cancer diagnosis can feel like a mountain of hardship, affecting not only the patient but everyone around them.

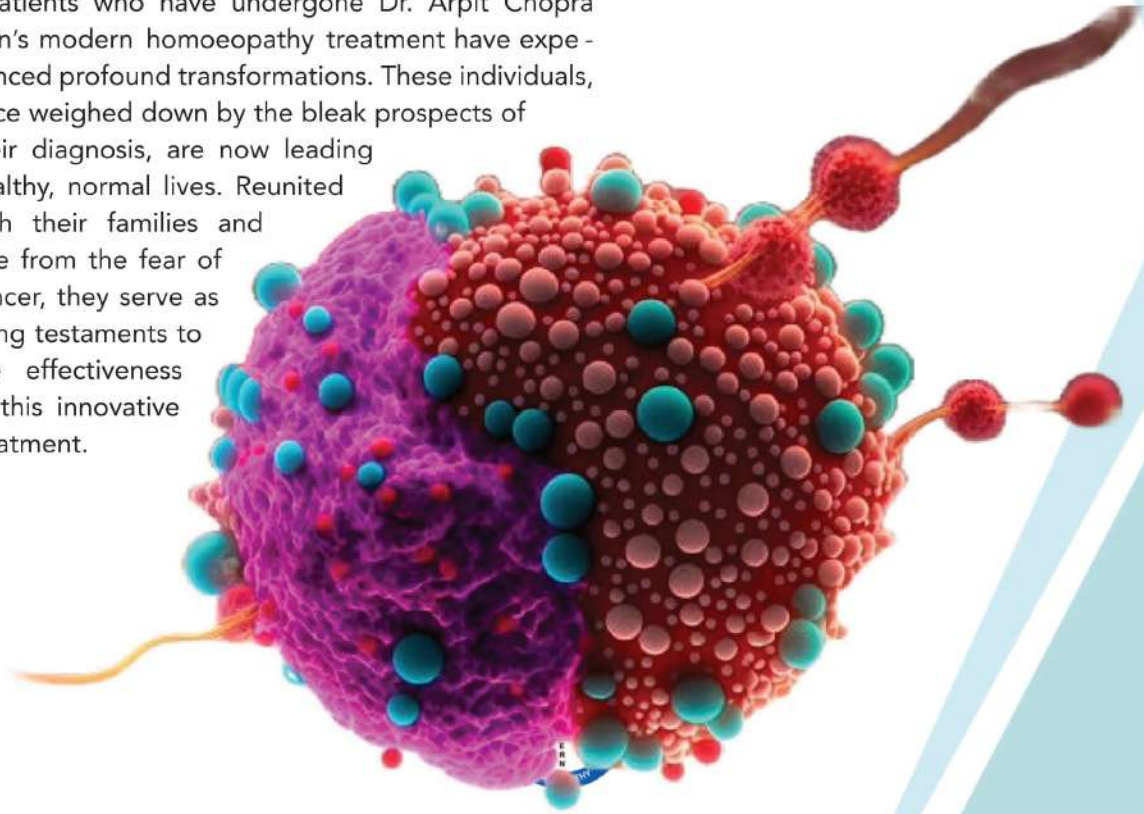
A Revolutionary Approach to Cancer Treatment

Amid this daunting landscape, there is a beacon of hope for cancer patients at any stage of the disease. Despair and hopelessness no longer need to be the default response to a cancer diagnosis. Thanks to the pioneering work of India's renowned homoeopathy expert, Dr. Arpit Chopra Jain, a revolutionary treatment method has emerged that offers new possibilities for cancer patients.

Dr. Arpit Chopra Jain has dedicated years of research and experience to developing a super-speciality modern homoeopathy treatment that uses medicines with a potency of up to 50 lakh (5 million). This cutting-edge approach has already yielded remarkable results, successfully curing hundreds of cancer patients, even those in advanced stages, across various types of cancer.

Real Stories of Recovery

Patients who have undergone Dr. Arpit Chopra Jain's modern homoeopathy treatment have experienced profound transformations. These individuals, once weighed down by the bleak prospects of their diagnosis, are now leading healthy, normal lives. Reunited with their families and free from the fear of cancer, they serve as living testaments to the effectiveness of this innovative treatment.

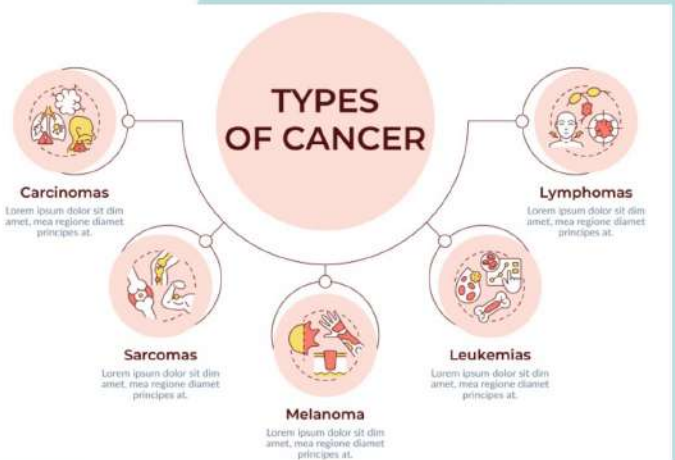


A Future Without Fear

The success of Dr. Arpit Chopra Jain's super-speciality modern homoeopathy is not just a medical breakthrough it is a source of hope for countless families. For those battling cancer, this treatment offers a path to recovery without the need for invasive procedures or the dread of uncertain outcomes.

It is a reminder that even in the face of one of the most feared diseases, there is a possibility for healing and return to normal life.

For anyone facing the challenges of cancer, Dr. Arpit Chopra Jain's revolutionary homoeopathy treatment offers a new beginning one where hope replaces despair, and the possibility of a healthy, fulfilling life is within reach.





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

आरोग्य सुपर स्पेशलिटी माईन होमियोपेथी
 कम्प्लिट, परमाथेन्ट, ईन्टी, सेफ, फास्ट एन्ड कॉस्ट इफेक्टिव

102, इण्डियन कॉलेज, बुधवार टॉवर, इन्दौरकेसल हस्पिटल के सामने, जंजीरवाला चौक, न्यू पारसीवा, इन्दौर म.प्र.
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Title

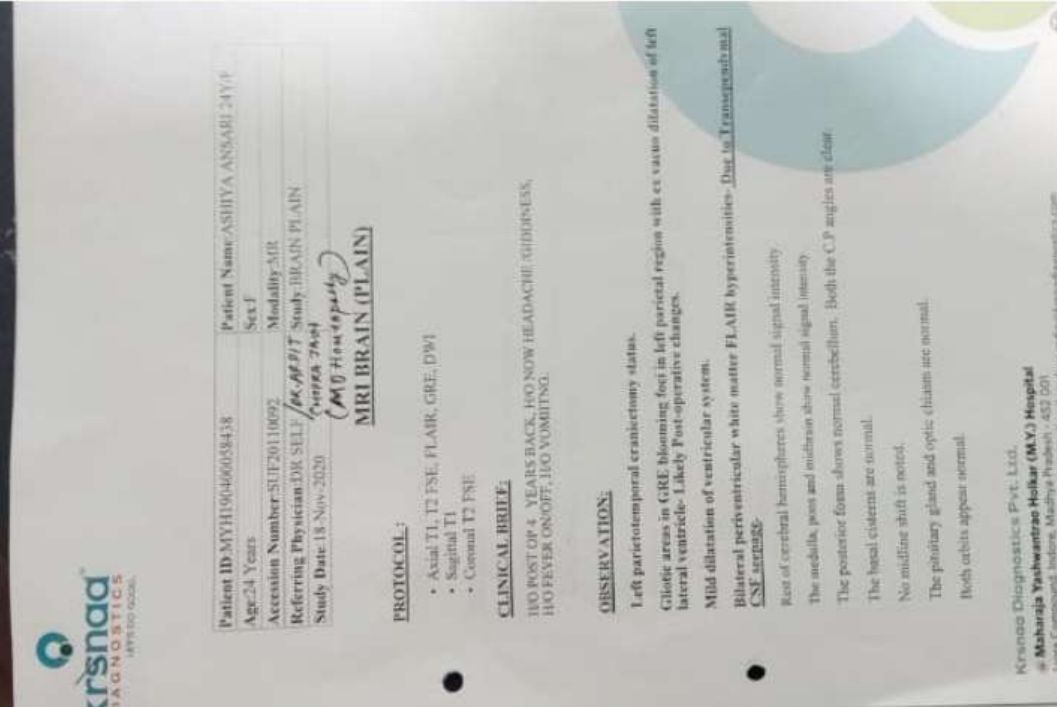
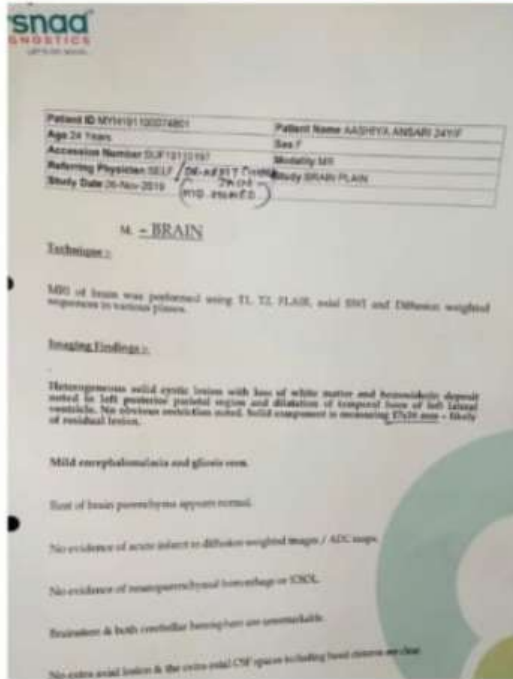
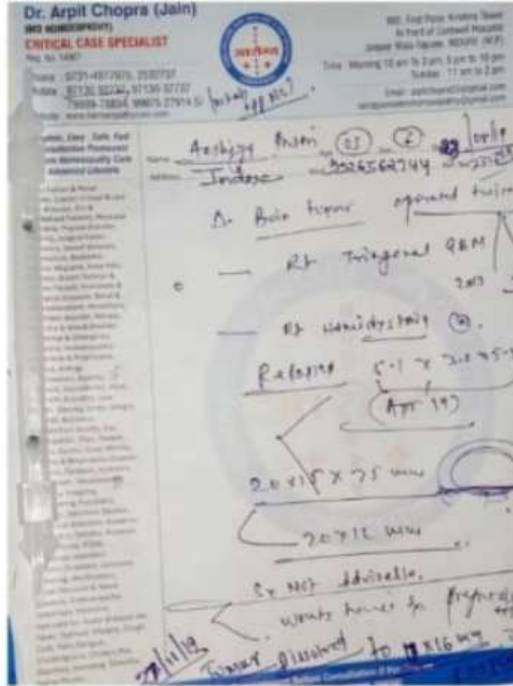
**कैंसर CANCER of any type, any
 stage & METASTASIS CURED
 BY DR ARPIT CHOPRA JAIN**

What does GBM mean?

Glioblastoma, also known as **glioblastoma multiforme (GBM)**, is the most aggressive cancer that begins within the brain.



Glioblastoma Multiforme (GBM) is the deadliest and most aggressive form of brain cancer for which there is currently no cure. This often-fatal brain cancer



आर्यभट्ट सुपर स्पेशलिटी माइनिंग हॉस्पिटल का कर्नाटक

डॉ. अशोक शर्मा (Jain)
एन. डी. फोर्सेट
एडव. मेडिसिन एंड
सर्जिकल
नेचुरल हेल्थ

कमलित * परमानन्त * ईजी * सैफ * फास्ट एण्ड कॉस्ट इफैक्टिव

*** कैंसर * किडनी फेलियर * अस्थिवाल में जंभीर रूप से भर्ती मरिजों का उपचार * कोमा ***

*** शल्य चिकित्सा योग्य रोग * आँटी इन्सूलिन रोग * जीवनभर दवाई लेने वाले रोगों की चिकित्सा एवं 300 प्रकार के अस्पाटिय जटिल रोगों की चिकित्सा ।**

102, 104, प्रथम मंजिल, कृष्णा टॉवर, क्योरवेल हॉस्पिटल के सामने, जंजीरवाला चौराहा, न्यू पलासिया, इन्डोर (म.प्र.)

फोन : 0731-4977076, 97130-92737, 97130-37737, 799999-78894, 99075-27914

COMPLETE CARE
आर्यभट्ट
HOSPITAL

AROGYA SUPERSPECIALITY MODERN HOMOEOPATHIC CLINIC (Computerised)

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 Sunday: 11 am to 2 pm
 Email: arptchopra23@gmail.com
 arogyamodernhomoeopathy@gmail.com

Soni Bai / Nani Ram
 Name: Soni Bai / Nani Ram, Age: 80, Sex: F, Date: 01/06/18
 Address: Indore, Mob. No. Ref. No.

Handwritten notes:
 Cervical Carcinoma
 (Savomon (all carcinoma))
 WHO → p12
 01/06 - 01/07
 Not willing for surgery
 3.3 x 3.1 cm
 CA - 125
 626073037
 07/07/18
 better
 -brevity in fingers
 5082 / 6 01/07 - 01/08
 Better
 (also for 01/07)

(Please Take Appointment Before Consultation If Possible on - 97130-37737, 0731-4977076, 79899-78894, 99075-27914)

Research Centre
 CE-022-MS

Patient's Name: MRS. SONI BAI
 Age/Sex: 80 \ Female
 Consultant Dr. ARPIT CHOPRA
 Date: 12/06/2018 / 68444

WHOLE ABDOMEN (F) SONOGRAPHY

Known case of CA cervix.

Liver is normal in size & echotexture. No obvious focal lesion seen.

Spleen, Pancreas are normal in size, shape & echotexture. Biliary channels are normal. C.B.D., Portal vein, major vessels are normal in calibre. Gallbladder is thin-walled with echofree lumen.

Both kidneys are normal in size, shape & echotexture. Corticomedullary differentiation is maintained.

Urinary bladder is thin-walled with echofree lumen.

Uterus is retroverted measures 10 x 6 x 5 cms with a collection with heterogenous internal echoes noted in the endometrial cavity.

Cervix is bulky with heterogenous mass of size approx 3.3 x 3.1 cms.
 It appears to be causing mass effect on bilateral VUJ causing mild bilateral hydroureteronephrosis.

Both ovaries are obscure.

Retro peritoneum is obscured.

ADV.: CECT Abdomen.

Dr. Danish Qureshi
 MD, (RD)

DEPARTMENT OF PATHOLOGY
M.G.M. MEDICAL COLLEGE, INDORE
HISTOPATHOLOGY REPORT

LAB NO: 5717/18
 NAME: Soni Bai / Nani Ram
 WARD: M.Y. Hospital
 CLINICAL INCHARGE: Dr. S. Yadav

DATE: 22/05/2018
 AGE: 70yr/F
 REG NO: 75841

MATERIAL FOR EXAMINATION: Biopsy - From cervix.

GROSS- SPCO, multiple gray white soft tissue pieces together measuring 1.0 x 0.4 x 0.2 cm.

MICROSCOPIC: H & E stained sections studied show sheets of pleomorphic cells with hyperchromatic nuclei, moderate amount of eosinophilic cytoplasm, altered nucleocytoplasmic ratio. The tumour cells show intracellular keratinization. Features are of Moderately Differentiated Keratinizing Squamous Cell Carcinoma. (WHO Grade II).

Dr. Rakesh Mehar
 24/05/2018

Cervical cancer

ABOUT SYMPTOMS TREATMENTS

Pap tests can detect cancer early

Cancerous cervix
Normal cervix

A malignant tumour of the cervix, the lowermost part of the uterus.

Rare
 Fewer than 1 million cases per year (India)

Requires a medical diagnosis



rhabdomyosarcoma

noun · Medicine

1. a rare malignant tumour involving striated muscle tissue.

Rhabdomyosarcoma - Wikipedia

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

Rhabdomyosarcoma, or RMS, is an aggressive and highly malignant form of cancer that develops from skeletal (striated) muscle cells that have failed to fully differentiate.



DEPARTMENT OF PATHOLOGY
M.G.M. MEDICAL COLLEGE, INDORE
HISTOPATHOLOGY REPORT

LAB NO: 5692-700/14 DATE: 12/06/2014
NAME: Pooja AGE / SEX: 23y/F
WARD: M. Y. Hospital REG NO.: 911696/14
CLINICAL INCHARGE: Dr. R. K. Mathur

MATERIAL FOR EXAMINATION: - Specimen: popliteal fossa mass

GROSS:- GRCO, Two gray brown soft tissue pieces together measuring 10.8 x 8.0 x 5.0 cm. On cut solid gray white to gray brown area identified measuring 6.0 x 5.5 cm.

MICROSCOPIC:- Sections studied show pleomorphic, spindle shaped cells arranged in form of bundles & fascicles. Myxoid degeneration is also appreciated. Mitotic index is raised.

- Histopathological type - Spindle cell sarcoma
- Subtype - Rhabdomyosarcoma
- Histological Grade - 2+1+0 = 3 grade I (according to French Federation of Sarcoma)
 - Mitotic index - 7-8 mitoses / 10 hpf
 - Necrosis - not seen
- Surgical margins - not applicable
- Extent of invasion - not applicable
- Capsule - not included
- Lymphovascular invasion - not appreciated
- Lymph node - Cannot be assessed
- Microcalcification - Not appreciated
- Adjoining pathology - Non specific inflammation

COMMENTS: Features are of low grade spindle cell sarcoma

Date: 23/05/2014

No.	47083	Gender/Age	F / 23 yrs
Patient	Pooja Lakshmi	Height	1.55
Ref. Doctor	M. Y. Hospital	BJ	

MR - LEFT LOWER LIMB

Technique:
MRI of left lower limb has been performed using T1, T2 & STIR images in multiple planes. In addition CT sections were also obtained.

Imaging Findings: Known case of spindle cell tumor.

There is evidence of a well defined irregular heterogeneously appearing solid soft tissue mass lesion seen in the popliteal fossa region and adjacent posterior compartment of the upper leg with involvement of the lateral as well as medial head of the gastrocnemius and plantaris muscles. The upper end of the soleus muscle is also appears involved. The lesion is seen abutting the posterior capsule of the knee joint without obvious evidence of extension in the joint space. The overall lesion measures about 10 x 7.7 x 5.5 cms in size. The lesion is appearing heterogeneously hyperintense on T2W & isointense on T1W.

No obvious encasement of the neurovascular bundle is seen. No involvement of the bone is seen which appear normal in marrow signals.

Minimal left knee joint effusion is seen.

Remarks:
The findings are consistent with neoplastic soft tissue mass lesion with morphology and extension as described.

Dr. Sangli Chaudhari, M.D. Dr. Bharaldeo M.D., FRCR

AAROGYA SUPERSPECIALITY MODERN HOMOEOPATHIC CLINIC (Computerised)

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2800-72884, 90075-21914 (V) (W) (R) (T) (F) (S) (Su)

152, 1st Floor, Anshu Tower
6, Sector 4, Colaba Hospital
Lower Ring Road, MUMBAI, (M.P.)
Time: Monday 10 am to 7 pm, 2 pm to 10 pm
Sundays - 11 am to 2 pm
Email: arpit@aarogyahomoeo.com
www.aarogyahomoeo.com

Dr. Pooja Lakshmi 18/05/14
Patient 1.55 23 yrs

MR - LEFT LOWER LIMB

Region / keloid rhabdomyosarcoma
Large Spindle cell Tumor on left thigh
4/0 opened in 2014 for
not willing for surgery & further histopathology
Went across to

aspirate
Aspirate (Cyt)
Aspirate (Cyt)
Aspirate (Cyt)
Aspirate (Cyt)

CYTOPATHOLOGY

Name: Mrs Pooja Date: 13/5/14
Age/Sex: 23y/female Lab No: 400/14
Ref. By: M.Y. Hospital

Material Received:
FNAC: Left calf swelling.
CT scan shows a 7.8x5.2cm size well defined heterogeneous mass with few calcific spots extending upto posterior aspect of leg in muscular plane.

Microscopic:
Smear show fragments of mature adipose cells with clusters and isolated spindle cells. Cells show oval to spindle nuclei with mild pleomorphism.

Impression:
Features are of Spindle cell Tumor

***advised Biopsy for typing**

[Signature]
Pathologist

Om Prakash Banvat
Dr. Arpit Chopra (Jain)
AAROGYA SUPERSPECIALITY MODERN HOMEOPATHY CLINIC
 Complete, Safe, Fast & Cost-Effective Modern Homeopathy Cared With Advanced Lifestyle
 Phone: 0731-4977076, Mobile: 97130-92737, 97130-37737, 79999-78894, For Whatsapp, 99075-27914

आरोग्य सुपर स्पेशलिटी माडर्न होम्योपैथिक क्लिनिक

कम्युनिटी • परामेन्ट • ईजी • टेक • फास्ट एण्ड कॉस्ट इफेक्टिव

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

111, 104, 105म नॉडल, कृष्णा रोड, कोमवेत इंडियन के सामने, जंजीरवाला बीरछा, न्यू पल्लिका, इन्दौर (M.P.)
 फोन : 0731-4977076, मो. : 97130-92737, 97130-37737, 79999-78894, 99075-27914

Handwritten notes:
 15-04-2022
 No. 204 Type 2
 - Splenic cysts
 - Multiple left renal cysts
 - Multiple of cholelithiasis
 - Prostate emb - 20% stones
 - Multiple subcutaneous calcified nodules
 - Non-calcified nodules in the lungs
 - Splenic cysts - 12-15-20mm

Consultant in-charge: DR. ANNEET CHOUHAN Ref By: Apollo Hospital
 Date of collection: 05-Mar-2022 Date of reporting: 07-Mar-2022

HISTOPATHOLOGY REPORT

LAB ID: H-378/21
 CLINICAL DETAILS: Cholecystitis, ICDL - Increased neoepithelial growth of 2cm from surface, 1 cm
 SAMPLE: Received 6.2cm irregular focus gross measuring 6.2 x 6.0cm, 48 block gross/weight
 MICROSCOPY: Slides show tumor with features of squamous cell carcinoma. There is no lymphovascular invasion to be noted.
 INTERPRETATION: **SQUAMOUS CELL CARCINOMA**
MODERATELY DIFFERENTIATED

Endoscopic Colonoscopy Report

Procedure: Colonoscopy with biopsy

Findings: Multiple polyps in the sigmoid colon and rectum. Biopsies taken from several polyps.

Diagnosis: **COLONIC POLYPS** (to be analyzed)

Endoscopy Institute of Gastroenterology

ENDOSCOPIC REPORT

Procedure: Colonoscopy with biopsy
 Findings: Multiple polyps in the sigmoid colon and rectum. Biopsies taken from several polyps.
 Diagnosis: **COLONIC POLYPS** (to be analyzed)

Acute myeloid leukemia
Also called: AML, AML leukemia

OVERVIEW **SYMPTOMS** **TREAT**

A type of cancer of the blood and with excess immature white blood

AML progresses rapidly, with myel interfering with the production of blood cells, red blood cells and plate

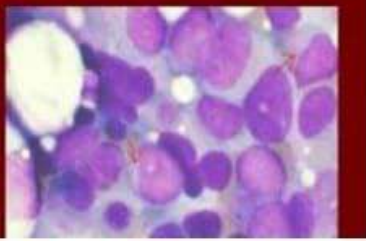
Rare
Fewer than 1 million cases per year

Treatable by a medical professional
Requires a medical diagnosis
Lab tests or imaging always required
Critical: needs emergency care

Consult a doctor for medical advice.

Acute Myeloid Leukemia (AML)

Cancer of the myeloid line of white blood cells, characterized by the rapid proliferation of abnormal cells which accumulate in the bone marrow and interfere with the production of normal cells. While AML is a relatively rare disease overall, accounting for approximately 1.2% of cancer



डॉ. अर्पित चोपड़ा (जैन) 0731-4977076, 7999978894, 9907527914
arpitchopra23@gmail.com www.homoeopathycurer.in.com

M.D. HOMOEOPATHY (CRITICAL & SURGICAL DISEASES SPECIALIST)

पता : 102, प्रथम मंजिल कुष्मा टॉवर, इन्दौरवेल हास्पिटल के सामने, कबीरवाला कोराहा, न्यू यमसिन्हा, इन्दौर
सोम से शनि-सुबह : 10 से 3 बजे तक एवं शाम 5 से 10 बजे तक, रविवार : सुबह 12 से 3 बजे तक

Handwritten notes in Hindi:

रोगी कुल्लू देव
पता - 8 वी 23 वरुणा टॉवर
मो.नं. - 8878331131

हमें HMC 5.7% वा में
Platelet = 3000 WBCs 3.9 gm/E में

वा में 27000 Platelet में HMC 5.7% में
5 gm/E में में 11 टॉवर

अर. कि 6 वरुणा से में 7 दिन
में 2 वरुणा 11 टॉवर Platelet में
8.5 gm/E में में 5.7% में
में 5.7% में में 2 वरुणा टॉवर में
में 11 टॉवर में में 5.7%

CURED.

19/2/20

Medicare Hospital & Research Centre
4/5, Ravindra Nagar, Old Palasia, INDORE-452 016 (M.P.)
Tel: 0731-4271600, 2490577, 2492621, 4066616-17-18 - Fax: 4266243
Mobile: 88899-12611, E-mail: medicarehospitalindore@gmail.com
Website: www.medicarehospitalindore.com

U-LAB
- PATHOLOGY
- MICROBIOLOGY
- RADIOLOGY
- BIOCHEMISTRY
- BLOOD BANK

UHD : 279035 VISITID : 1000045762
PATIENT NAME : Mr. KULDEEP SHARMA ORDER DATE : 08/02/2020 06:33:00
AGE/SEX : 20 YEARS/MALE SAMP_DATE : 08/02/2020 09:40:00
CONSULTANT DOCTOR : Dr. NEEMA MANISH DM SPEC_NO : 10554906
REF. DOCTOR : Dr. CHOUHAN ARAND RESULT DATE : 08/02/2020 09:54:00
BED NO. : 424-2 BILL

DEPARTMENT OF PATHOLOGY
HAEMOGRAM

SPECIMEN : BLOOD	NAME OF TEST	RESULT VALUE	UNIT	REFERENCE RANGE
	HAEMOGLOBIN	9	gm%	11 - 17
	TOTAL WBC COUNT	4300	/cumm	4000 - 10000
	DIFFERENTIAL COUNT			
	NEUTROPHILS	55	%	40 - 75
	LYMPHOCYTES	40	%	20 - 50
	MONOCYTES	03	%	0 - 10
	EOSINOPHILS	02	%	1 - 6
	BASOPHILS	00	%	0 - 1
	TOTAL RBC COUNT	3.14	mill/cumm	4 - 6
	HAEMATOCRIT (PCV)	26.9	%	35 - 50
	MEAN CORPUS VOL(MCV)	85.67	fL	80 - 100
	MEAN CORPUS HB (MCH)	28.66	picograms	25 - 33
	MEAN CORPUS HB CONC (MCHC)	33.46	%	28 - 40
	PLATELET COUNT	27000	/cumm	1.5 - 4.5 Lac

30 Days Quality Assurance Program with CDC Hospital Vellore

Dr. Chandrashekar (MD, Pathology) Dr. Karamchand Rajani D.C.P. (London) Dr. Pradeep Atri (M.Sc.DSM,Ph.D)

Page 1 of 1

GENETIC Diagnostics 96442-55000 Callender's Number **TRU TEST LABORATORIES**

Lab ID: 20350 Collection: 16/02/20, 11:57 AM Client Name: Pratik chaur - BO111
Name: MR. KULDEEP SHARMA Received: 16/02/20, 11:57 AM Client Address: Indore
Age: 22 years Reported: 16/02/20, 12:40 PM
Gender: Male Ref. Doctor: SELF DR. ARPIT CHOPRA (JAIN)

Test Description **Values** **Unit(s)** **Reference Range**

BHID

Complete Blood Count; CBC - BHC069C

Red Blood Cell (RBC)	2.8	MM ³	4.5 - 5.5
Hemoglobin (Hb)	8.9	g/dL	12.0 - 17.3
Hematocrit (HCT)	25.4	%	40 - 50
Mean Cell Volume (MCV)	90.71	fL	83 - 101
Mean Cell Hemoglobin (MCH)	31.73	pg	27 - 32
Mean Cell Hb Conc (MCHC)	35.04	g/dL	31.5 - 34.5
Red Cell Distribution (RDW-CV)	21.2	%	11.5 - 14
Platelet Count	2117	/MM ³	150 - 450
White Blood Cells	2800	/cumm	4000-10000
Neutrophils	19	%	48 - 80
Lymphocytes	45	%	20 - 40
Monocytes	2	%	1 - 8
Eosinophils	0	%	0 - 5
Basophils	9.4	%	0.2 - 1.1

Microbiology Anisocytosis(+), Microcytic hypochromia(+), Round macrocytes (+)

RBC Leucopenia

WBC Adrenaline on smear

Platelet Tests done on Automated Five Part Cell Counter (WBC, RBC, Platelet count by impedance method, reticulocyte method by flow cytometry, WBC differential by flow cytometry using laser technology, smear preparation are calculated). All Abnormal Hemograms are reviewed (reticulocyte count)

"END OF REPORT"

Dr. Neelam Sharma Chhoo No. 6-2, Shanti Corporate 116, Sneh Nagar, Near Lotus Showroom, Sajma Sangesta Road, Indore - 462 001, M.P.

Hard palate cancer is a type of head and neck cancer that begins when cells that make up the bony part of the roof of the mouth grow out of control and form lesions or tumors. The hard palate creates a barrier between the mouth and the nasal cavity.

What are the symptoms of palate cancer?

What are symptoms of cancer of the palate:

- As the mass grows it can bleed.
- A foul odor in the mouth.
- Loose teeth or dentures no longer fit.
- Changes in speech.
- Difficulty swallowing.
- Inability to open the jaw (trismus).
- A lump in the neck



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M.D. HOMOEOPATHY (GENERAL & SURGICAL ILLNESSES SPECIALIST)
 पता : 102, प्रथम मंजिल कृष्ण टॉवर, स्वर्गावल हास्पिटल के सामने, वकीरवाला बाग, न्यू फ्लॉरिडा, इन्डियन सीमा से शक्ति-मुंबई : 10 से 3 बजे तक रव. शाम 5 से 10 बजे तक. दिवार. फोन नं. 9907527914

CARCINOMA HARD PALATE
CANCER MOUTH
 Wednesday 26th
 2020 FEBRUARY

मैरी नाम आमीन नागरी है
 मुझे मुँह का कैंसर है
 मुझे अल्मदीवाड़ में कीमीचुरी का
 बीना बाबा मेकिन मुझे ठां
 धुपित पीछा का पता लगा
 मैंने ठां धुपित पीछा का
 दिवाया और मेरी उन्हीने
 मुझे दुर्घटनी जिमसे मुझे
 पतल का आरक्ष मुझे
 और मेरी सारी रिप्लस नार्मल
 भी आ ठां मुझे नई
 जिवुगी देने के लिए कर
 को धन्यवाद ।

पता :- के विष्णु मीठड उद्योग रोड,
 देवास म. प्र.
 सी० 6260943011

RESPONDED

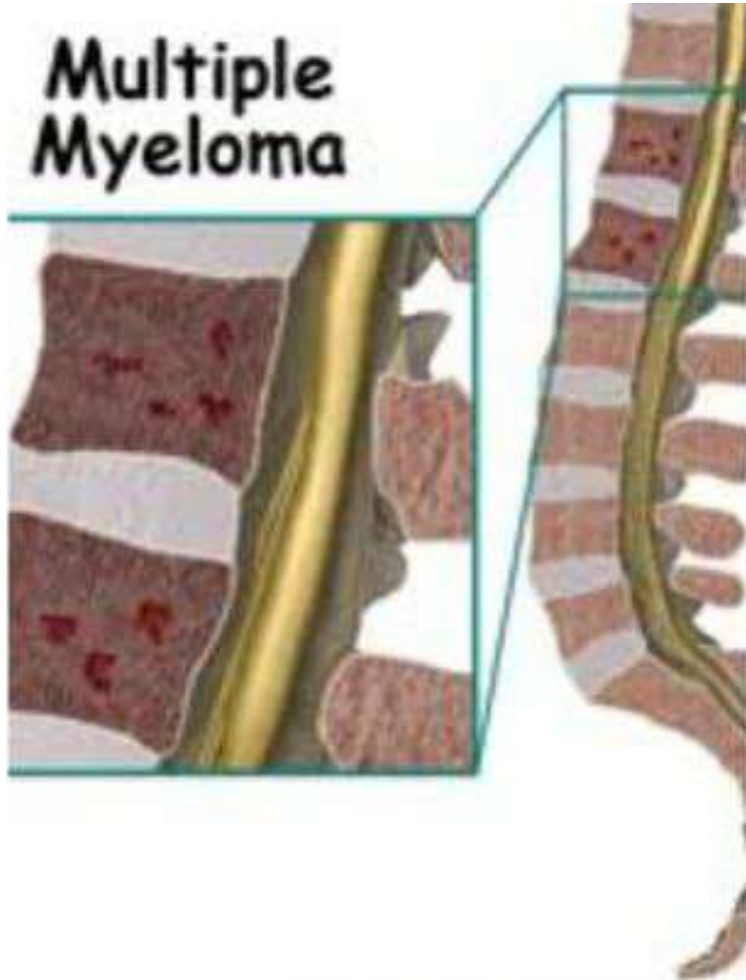
Dr. Arpit Chopra (Jain)
 M.D. HOMOEOPATHY
 (General & Surgical Illnesses Specialist)

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 Jangam Wala Chauraha, MOORE (M P)
 Time : 10 am to 5 pm & 5 pm to 10 pm, Sunday 12:00 pm to 2:00 pm
 Please Take Appointment Before, Contact/Phone at Patna, Ph. 9907527914
 www.homoeopathycur.com, Email : arpit@hospita.com



Multiple Myeloma



SPINAL MYELOMA, CANCER 26

मेरे मामा को MULTIPLE MYELOMA नाम का कैंसर स्पिनल से हो गया था। जिसकी सजीरी दो-दो साल से ले कर मैंने करवाई थी। लेकिन दो साल बाद तीव्रदर्शीपण ले SPINAL से उसका जागह Turner benavate हो गया हम कार डॉक्टर से surgery करने से ही मत्ता कर दिया। एवं घर में जाकर रीवा करने को कहा।

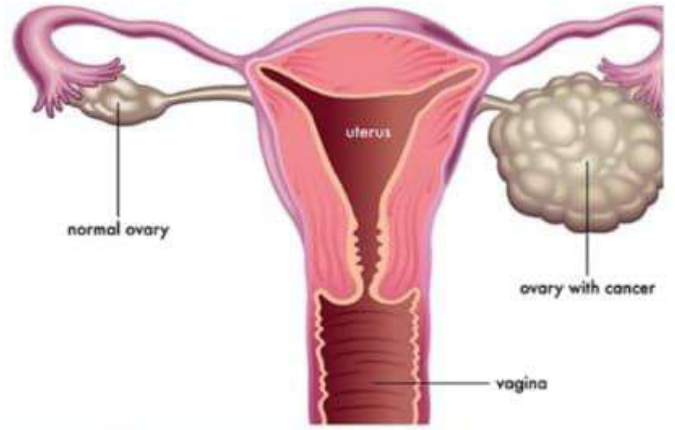
इसके बाद मैं डॉ. इमिंत चौपड़ा सर ले प्रीजा एवं सर ने मामा को treatment बरत दिया। आज मामा को लगभग 7 साल होने वाला है मामा को हम ले रख रहे हैं।

27 WEDNESDAY

दोनों इनके सोई भी problem नहीं है। मैं सर की दिन से राख्यवाद देता हूँ।

मुनेश चौधरी
उद्योग (म.प्र.)
98263-89596

Dr. Anup Chopra (MBBS)
General Surgeon & Gastroenterologist
C-10, Sector-10, Connaught Place, New Delhi-110028
98110-11111



Ovarian cancer

OVERVIEW SYMPTOMS TREATMENTS SPECI

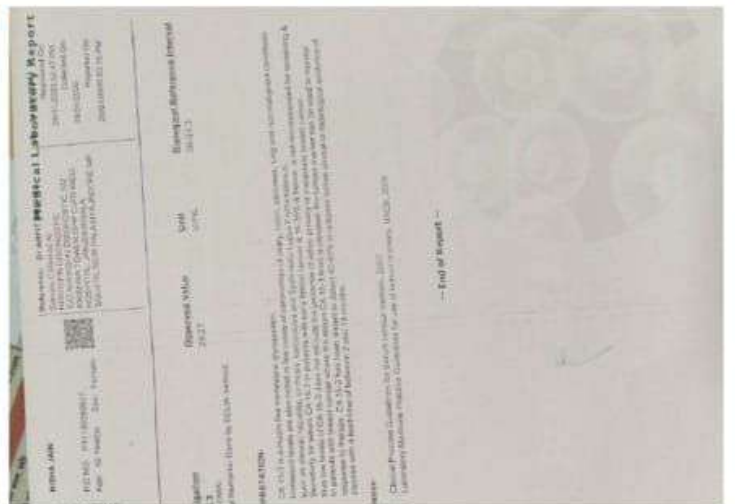
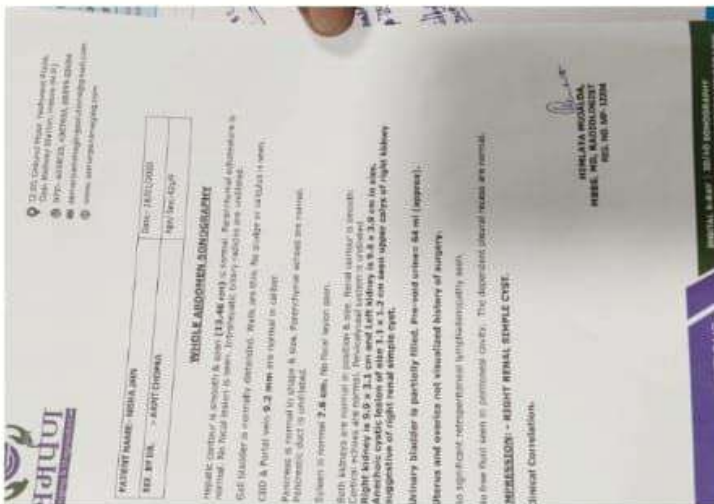
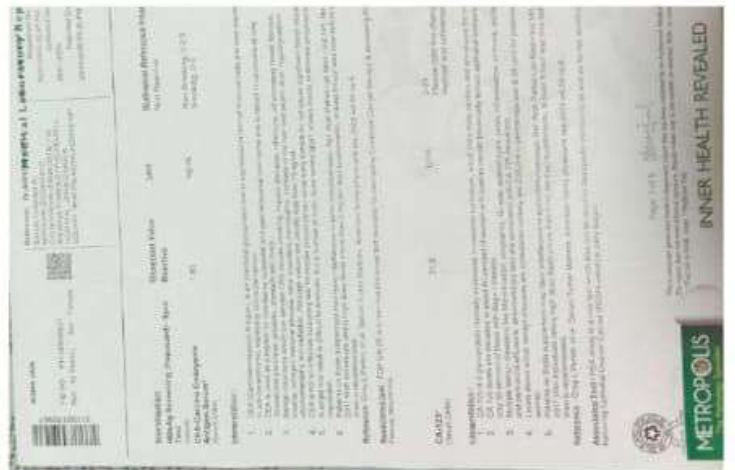
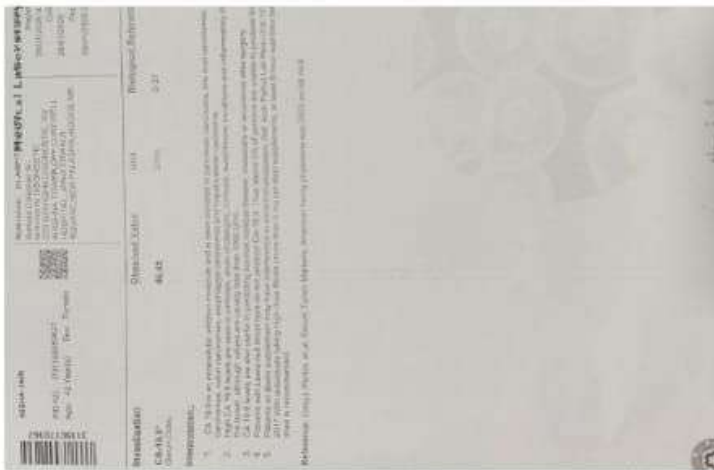
A cancer that begins in the female organs that produce eggs (ovaries).

Ovarian cancer often goes undetected until it has spread within the pelvis and stomach. At this late stage, ovarian cancer is more difficult to treat and can be fatal.

Rare

Fewer than 1 million cases per year (India)

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



579	Registration : ADMIT-629960	Name : MRS. MUNNI DEVI
/09/2019 16:41	Age : 69 Y Female	Consultant : Dr. --NA--
8/09/2019 14:57		Ward : 410 (F) - 4F LAPRO BLDG
	Patient Type : Non-MLC	Receipt No. : SONO/3712721

IG - CGHS (1591)

GRAPHY REPORT OF ABDOMEN

al in size, measures 13.0cm. Normal in outlines & echopattern. No focal lesion is detect portal veins are normal. Moderate IHBR dilatation.

is distended. d with maximum AP diameter of 2.8 cm with proximal stent tip seen in CBD at porta- al stent tip is seen in duodenum. Sludge in dependent part of CBD at porta-hepatis.

d near ampulla with maximum AP diameter of 8mm. Ill-defined soft tissue lesion at y region measuring 22 x 19 mm. Few adjacent lymphnodes are seen, largest measuring

mal in size, measures 7.4cm. Normal in outlines & echopattern.

ormal in position, size, outlines and cortical echopattern. its: - Rt. Kid. = 8.4x3.3cm, Lt. Kid. =8.6x3.8 cm. systems are compact. ot well visualized.

fer is normal in distension, wall thickness & contents.

seen. History of hysterectomy.

.0 x2.6 cm seen in right adnexa.

efinite evidence of free fluid.

periampullary mass with dilated CBD & pancreatic duct with stent seen in situ, adjacent seen.

Patient Name : MRS. MUNNI DEVI Registration : ADMIT-629960

Urinary bladder is normal in distension, wall thickness & contents.

Uterus & ovaries are not visualized. History of hysterectomy.

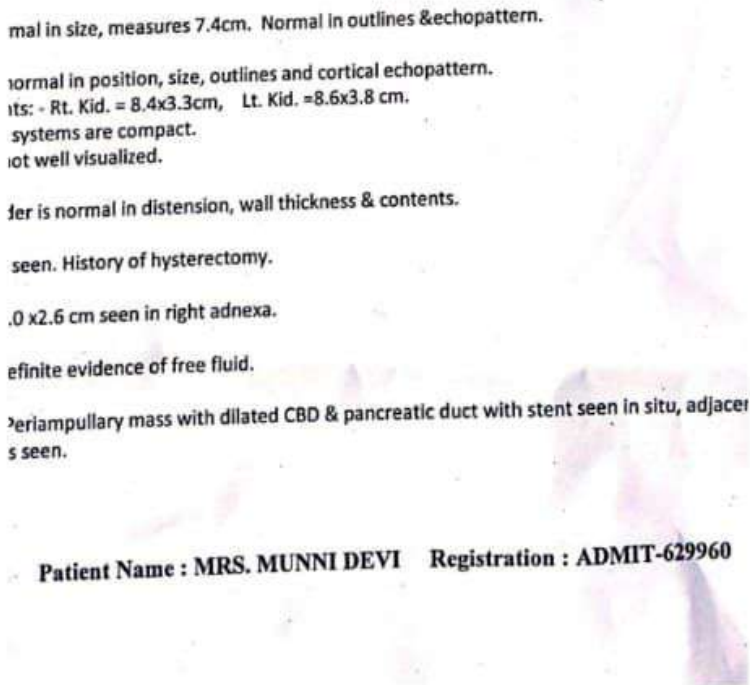
There is no definite evidence of free fluid or lymphadenopathy.

Conclusion:-Adenomyomatosis with gall bladder sludge.

It is a professional opinion, not valid for medico legal purpose

Dr. Krati Jain

DMO Daridindianneic



Gall bladder :Thick walled gall bladder (wall thickness is 4mm), with echogenic foci in the wall of gall bladder, causing comet tail artefacts. Suggestive of Adenomyomatosis. Also sludge is seen in the dependent portion of gall bladder.

The CBD appears normal.

Pancreas is normal in size, outlines and echopattern.

Spleen is normal in size, measures 7.8cm. Normal in outlines & echopattern.

Kidneys are normal in position, size, outlines and cortical echopattern.

Measurements: - Rt. Kid. = 8.1x3.2cm, Lt. Kid. = 9.1x3.3cm.

Arun Chouhan
Report Id # 8695765

Registration : OPD-10710529

Name : MRS. MUNNI DEVI

Report Date :17/01/2020 16:28

Age : 69 Y FEMALE

Consultant : Dr. --NA--

Examin. Date :17/01/2020 12:51

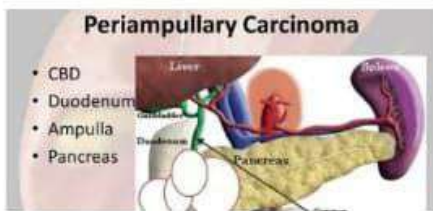
Patient Type : Non-MLC

Receipt No. : SONO/2001170028

WHOLE ABDOMEN - (MOHAK)

ULTRASONOGRAPHY REPORT OF ABDOMEN

Liver is normal in size, measures

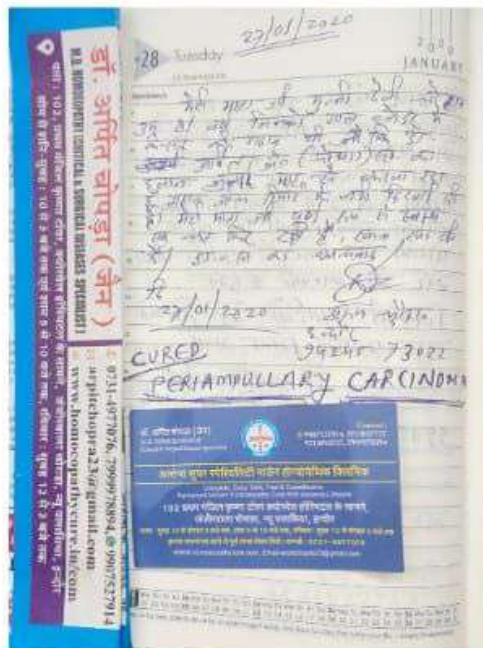


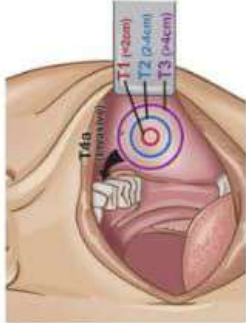
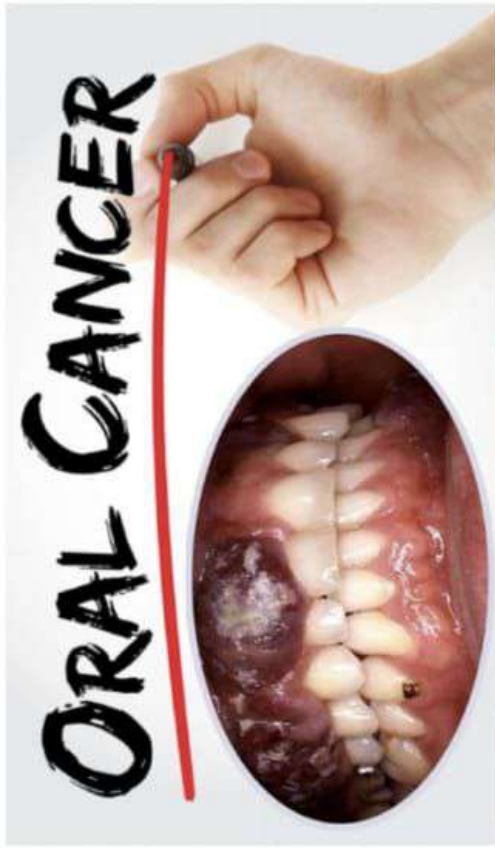
Periampullary Carcinoma

- CBD
- Duodenum
- Ampulla
- Pancreas

Periampullary carcinoma is a widely used term to define a heterogeneous group of neoplasms arising from the head of the pancreas, the distal common bile duct and the duodenum.

In the majority of patients, the clinical diagnosis is fairly straightforward. There are no positive clinical features which clearly identify a patient group with potentially curable pancreatic or periampullary carcinoma.





AAROGYA SUPERSPECIALTY MODERN HOMOEOPATHY
Dr. Arpit Chopra (Jain)
 (MD HOMOEOPATHY) - DISEASES SPECIALIST

102, First Floor
 In Front of Cur
 Janjeer Wala 3

Time: Morn
 Even
 Sund

Reference: Dr. Arpit Chopra (Jain)
 Sample Collected At:
 NIRVGHN DIAGNOSTIC
 C/O NIRVGHN DIAGNOSTIC 102
 KRISHNA TOWER, OPP CUREWELL
 HOSPITAL, JANJEERWALA
 SQUARE, NEW PALASIYA, NOIDA, UP.

Registration No. 14010220 96 50 196
 Category Code 14010220
 Registration No. 15490220 11 52

PID NO. P31180066816
 Age: 42 Year(M) Sex: Male

Investigation	Observed Value	Unit	Biological Reference Interval
CA-15.3 (Serum, CMA)	10.20	Unit	00-21.3

INTERPRETATION:

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INTERPRETATION:

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पता : 102, प्रथम मंजिल कृष्णा टॉवर, क्यारोवेल हेमिस्टील के सामने, जंजीरवाला चौराहा, न्यू पलासीया, नोएडा
 सोम से शनि-सुबह : 10 से 3 बजे तक एवं शाम 5 से 10 बजे तक, रविवार : सुबह 12 से 3 बजे तक

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 arpitchopra23@gmail.com
 www.homoeopathy.cure.in/com

दवाइयों को उपलब्धता के कारण
 और आस्था के कारण से कृपया धैर्य रखें।

कौन छोटा मेला खाता है प्रश्न का जवाब है
 गणना गिनतों का इलाज। पिल्लों के मांस से
 पचने से गैर-सुबह के गैर को वाइन पचने
 पसि है

डॉ. अर्पित चोपड़ा
 214A

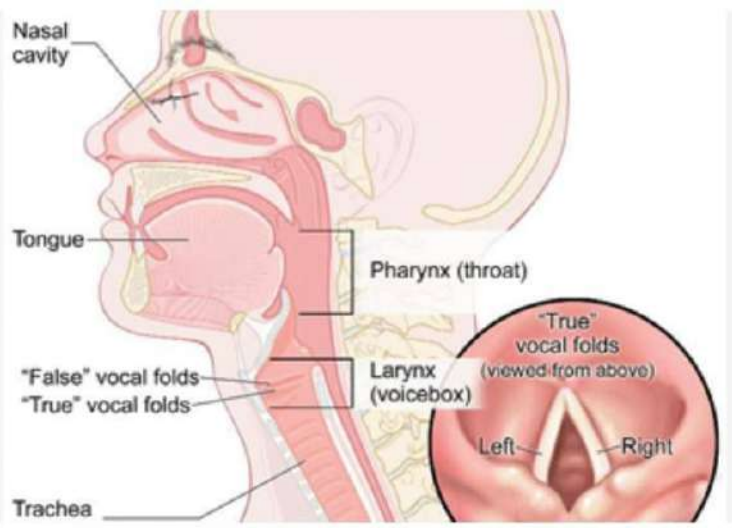
888.977.6848

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

AAROGYA SUPER SPECIALTY MODERN HOMOEOPATHIC CLINIC
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Laryngeal cancers are one of the most common head and neck malignancies and thought to make up 1% of all cancers worldwide. Glottic cancer is defined as a malignancy arising from the true vocal cords and the anterior and posterior commissure of the larynx. Aug 10, 2020



<p>3120010025759</p>	<p>Mr. KISHAN AGRAWAL INDORE, INDORE Tel No : 9993800134 PIN No: 452001 PID NO: P312000027126 Age: 72.0 Year(s) Sex: Male</p>	<p>Reference: Dr. ARPIT CHOPRA Sample Collected At: Nirvighn diagnostic C/o nirvighn diagnostic, 102 krishna tower opp curewell hospital, janjeerwala square, new palasiya, indore mp.</p>	<p>VID: 3120010025759 Registered On: 24/09/2020 09:20 AM Collected On: 24/09/2020 9:20 AM Reported On: 26/09/2020 01:35 AM</p>

Investigation	Observed Value	Unit	Biological Reference Interval
CEA-Carcino Embryonic Antigen, Serum* (Serum, C/MIA)	1.51	ng/mL	Non-Smoking: 0-2.5 Smoking: 0-5

Interpretation:

- CEA (Carcinoembryonic Antigen), is an oncofetal glycoprotein and is expressed in normal mucosal cells and over expressed in adenocarcinoma, especially colorectal cancer.
- CEA is used as a marker for monitoring colorectal and gastrointestinal carcinoma and is raised in carcinoma of lung, breast, liver, pancreas, prostate, stomach and ovary.
- Benign conditions which can elevate CEA include smoking, hepatic diseases, infections, inflammatory bowel disease, trauma, collagen vascular disease, renal disorders, pancreatitis, cirrhosis of the liver and peptic ulcer, hypothyroidism, chemotherapy and radiation. Although values are usually less than 10 ng/mL.
- CEA is not an effective screening test for hidden (occult) cancer since early tumors do not cause significant blood elevations.
- A single test result is difficult to evaluate, but a number of tests, done weeks apart, shows trends in disease progression or regression.
- Patients on Biotin supplement may have interference in some immunoassays. Ref: Arch Pathol Lab Med—Vol 141, November 2017. With individuals taking high dose Biotin (more than 5 mg per day) supplements, at least 8-hour wait time before blood draw is recommended.

Reference: Greg L. Perkin, et al. Serum Tumor Markers. American family physicians sep. 2003 vol. 68 no. 6

Investigation	Observed Value	Unit	Biological Reference Interval
CA-19.9* (Serum, C/MIA)	8.14	U/mL	0-37

Interpretation:

- CA 19.9 is an intracellular adhesion molecule and is seen elevated in pancreatic carcinoma, bile duct carcinomas, gastric carcinomas, colon carcinomas, esophageal carcinomas and hepatocellular carcinoma.
- High CA 19.9 levels are seen in cirrhosis, acute cholangitis, cirrhosis, autoimmune conditions and inflammatory disease of the bowel, although values are usually less than 1000 U/mL.
- CA 19.9 levels are also useful in predicting survival, residual disease, metastasis or recurrence after surgery.
- Patients with Lewis-null blood type do not produce CA-19.9. Thus above 5% of persons are unable to produce this antigen.
- Patients on Biotin supplement may have interference in some immunoassays. Ref: Arch Pathol Lab Med—Vol 141, November 2017. With individuals taking high dose Biotin (more than 5 mg per day) supplements, at least 8-hour wait time before blood draw is recommended.

Reference: Greg L. Perkin, et al. Serum Tumor Markers. American family physicians sep. 2003 vol. 68 no. 6

Page 1 of 2

 Dr. Kavita Munjal
 Chief Pathologist
 MD FUICC

Report of NPL

Examination:

Ulceroproliferative growth involving left & right aryepiglottic (Lt & Rt) obscuring the view of vocal cords seems to involve Lt pyriform fossa. Base of tongue - Not involved

IMAGING POINT

NAME OF PATIENT: MR. KISHAN AGRAWAL AGE & SEX: 72 YRS / M
 REG NO: C200885
 REFERED BY: DR. MADAN KAPRE DATE: 13-Aug-2020

Contd...

IMPRESSION: CECT NECK AND CHEST REVEALS,

- Ill-defined homogeneously soft tissue attenuation lesion involving the left aryepiglottic fold and left pyriform sinus which is causing complete obliteration of it and extending as described above s/o malignant neoplastic etiology.
- Multiple homogeneously enhancing small lymph nodes at level I8 and II on both side.
- Multiple patchy areas of ground glass opacity giving mosaic attenuation involving apico-posterior segment of left upper lobe and bilateral lower lobe.
- Prominent pulmonary artery. Advice 2D echo to rule out pulmonary hypertension

<p>3120010025759</p>	<p>Mr. KISHAN AGRAWAL INDORE, INDORE Tel No : 9993800134 PIN No: 452001 PID NO: P312000027126 Age: 72.0 Year(s) Sex: Male</p>	<p>Reference: Dr. ARPIT CHOPRA Sample Collected At: Nirvighn diagnostic C/o nirvighn diagnostic, 102 krishna tower opp curewell hospital, janjeerwala square, new palasiya, indore mp. PROCESSING LOCATION:- Metropolis Healthcare Ltd, Unit No. 409- 416, 4th Floor, Commercial Building-1, Kohnoor Mall, Mumbai-70</p>	<p>VID: 3120010025759 Registered On: 24/09/2020 09:20 AM Collected On: 24/09/2020 9:20 AM Reported On: 26/09/2020 01:35 AM</p>

Investigation	Observed Value	Unit	Biological Refer
CA-15.3 (Serum, C/MIA)	11.20	U/mL	00-31.3

INTERPRETATION-

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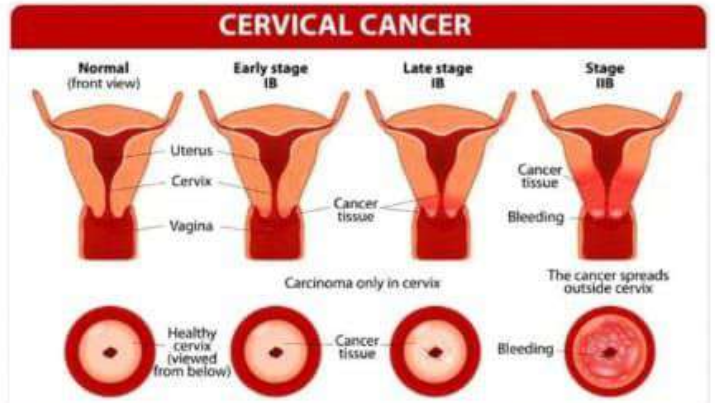
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Cervical cancer

OVERVIEW SYMPTOMS TREATMENTS NEWS

A malignant tumour of the cervix, the lowermost part of the uterus.

A malignant tumour of the lower-most part of the



PROCESSED AT : Thyrocare D-37/3, TTC MIDC, Turbhe, Navi Mumbai-400 703

Corporate Office : Thyrocare Technologies Limited D-37/3, TTC MIDC, Turbhe, Navi Mumbai-400703

REPORT

NAME : HALESHA BI (49Y/F)
REF. BY : SELF
TEST ASKED : C125,CEA

SAMPLE COLLECTED AT : (5600614594),SRI VINAYAKA DIAGNOSTIC LABORATORY,NO.70 11TH MAIN, KRISHNAJAH LAYOUT, UTTARAHALLI, NEAR VISHVAJAGGAN CIRCLE BANGALORE 560061.

TEST NAME	TECHNOLOGY	VALUE	UNITS
CA-125	C.L.I.A	18.7	U/ml

Reference Range :-
Less than 30.2 U/ml

Clinical Significance:
CA-125 is used to monitor therapy during treatment for Ovarian Cancer. CA125 is also to detect or monitor whether there is a recurrence of cancer or malignancy after surgical removal of tumor or radiation therapy or chemotherapy (antineoplastic drugs). This test is sometimes used to follow high-risk women who have a family history of Ovarian Cancer. CA-125 may normally be increased in early pregnancy and during menstruation. It can also be increased in diseases such as Pelvic Inflammatory Disease or Endometriosis and sometimes in hepatitis and Cirrhosis of the liver.

Specifications:
Precision: Intra Assay (%CV): 4.3 %, Inter Assay (%CV): 5.2%; Sensitivity: 2.0 U/ml

External Quality Control Program Participation:

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Corporate Office : Thyrocare Technologies Limited D-37/3, TTC MIDC, Turbhe, Navi Mumbai-400703

REPORT

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TEST NAME	TECHNOLOGY	VALUE	UNITS
CARCINO EMBRYONIC ANTIGEN (CEA)	C.L.I.A	3.44	ng/ml

Reference Range :-
Non-Smokers : + 2.50 ng/ml
Smokers : + 5.00 ng/ml

Clinical Significance :
CEA is often used to monitor patients with cancers of the gastrointestinal tract (GIT). Increased CEA levels can indicate some Non-Cancer related conditions, such as some forms of inflammation, Cirrhosis, and hepatic (Liver, Alia). Smokers tend to have higher CEA levels than Non-Smokers. When cancer spreads to other organs, CEA levels rise and may be present in other types of body fluids besides blood.

For Diagnostic Purpose, Results should Always be assessed in conjunction with the patients medical history, clinical examination and other findings.

Specifications:
Precision: Intra Assay (%CV): 3.8 %, Inter Assay (%CV): 4.1 %; Sensitivity: 0.1 ng/ml

External Quality Control Program Participation:
College of American Pathologists (CAP): Ligand Assay (General) Survey, CAP Certification Number: 719385-01

ISI Validation Reference:

ಕನ್ನಡ ದಯಾಗುಣ್ಯ ಸ್ವಚ್ಛ ಆಯುಷ್ಯಕಾರಿ
KANVA DIAGNOSTIC LABORATORY
No. 351, Shop No. 3, Near Sagar Clinic, Kuvempu Road, Kengeri, Bengaluru - 560 060

DEPARTMENT OF PATHOLOGY

Name: Halima Age/Sex: 46 y/ Female IP/OP No:
Date: 28/05/2020 Dept: Ref Dr: SUHASINI HPE No:46 /20

HISTOPATHOLOGY REPORT

SPECIMEN: Papanasmyal slides

Clinical Details: Cervical growth- biopsy

GROSS: Multiple Pale brown soft tissue bits amounting to 15 cc.

MICROSCOPY: All embedded step deeper section from cervical biopsy shows ectocervix lined by hyperplastic stratified squamous epithelium showing dysplasia involving the entire thickness of epithelium. Cells show nuclear enlargement with inconspicuous nucleoli and moderate amount of cytoplasm. Loss of polarity noted. Subepithelium shows fibrocollagenous tissue with congested blood vessels and mild mononuclear cell infiltration.

IMPRESSION: HISTOPATHOLOGICAL FEATURES ARE THOSE OF CARCINOMA INSITU CERVIX.

NOTE: However invasion cannot be ascertained in the section studied.

—End of the report—

Lab Technologist

PATHOLOGIST: Pathologist

Above test Results pertain to the sample received, results should be clinically correlated as all test results are dependent on multiple variables and the quality of the sample received by the laboratory

Ultrasonography of Pelvis

Uterus: Normal in size, outline & echotexture

Measurement: AP: 2.8 Length: 6.7 Transverse: 4.2 cms

ET: 7 m.m.

OVERIES: Rt. ovary 3.0x1.8 cm, Left Ovary 3.1x1.8 cm

Calculi (Emphy) in Nize, shows normal echotexture

Prevold Vol : Postvoid Vol :

Uterus: Normal in size, outline & echotexture

Measurement: AP: 2.8 Length: 6.7 Transverse: 4.2 cms

ET: 7 m.m.

OVERIES: Rt. ovary 3.0x1.8 cm, Left Ovary 3.1x1.8 cm

Calculi (Emphy) in Nize, shows normal echotexture

Prevold Vol : Postvoid Vol :

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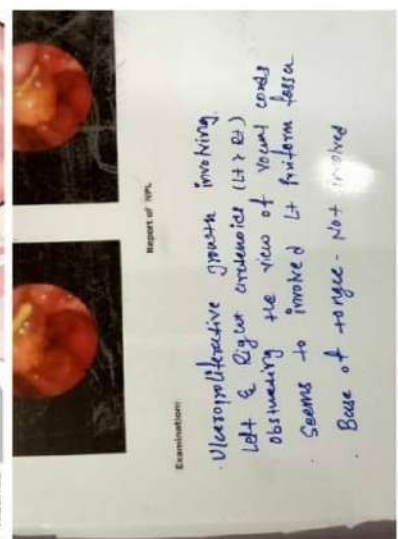
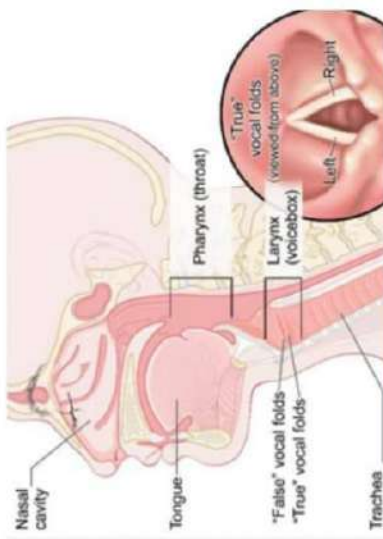
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9713092737, 7999978

9 मे. किरान प्रगल्भालु काम पलरी जि. निवनी का रचना वाला है मुझे डॉ. अरवीन खोपड़ा जैन जी का सना सिला मुझे जो ~~काम~~ जैसे जो घालक गोमरी के शलाक की पना ~~अ~~ यना जो की डॉ. वरुण की. फवा ले मुझे काफ़ी सराम है। मे. डूरी तरेके से संतुषणा है।
 13 डॉ. अरवीन खोपड़ा जी का ~~अ~~ अत्यवाप ~~अ~~
 14 LARYNX GLOTTIC CANCER RESPONDED
 17
 18 किरान प्रगल्भालु जि. निवनी मक. वराम पलरी जि. निवनी मक. 7354207933



Laryngeal cancers are one of the most common head and neck malignancies and thought to make up 1% of all cancers worldwide. Glottic cancer is defined as a malignancy arising from the true vocal cords and the anterior and posterior commissure of the larynx. Aug 10, 2020



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IMAGING POINT
 * 15.17 MB, 16.16 MB, 16.16 MB, 16.16 MB, 16.16 MB, 16.16 MB, 16.16 MB, 16.16 MB, 16.16 MB, 16.16 MB
 NAME OF PATIENT: MR. KISHAN AGRAWAL AGE & SEX: 72 YRS / M
 REG NO: C200885
 REFERRED BY: DR. MADAN KAPRIE DATE: 13-Aug-2020
 Centre:
 IMPRESSION: CECT NECK AND CHEST REVEALS,
 • Ill-defined homogeneously soft tissue enhancing lesion involving the aryepiglottic fold and left pyriform sinus which is causing complete obliteration of it and extending as described above i/o malignant neoplasm etiology.
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 • Prominent pulmonary artery. Advice 2D echo to rule out pulmonary hypertension.

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HEPATITIS DAY

HEPATOCELLULAR CARCINOMA

HEALTHY LIVER, HEALTHY YOU

Hepatocellular carcinoma (HCC) is the most common type of primary liver cancer. Hepatocellular carcinoma occurs most often in people with chronic liver diseases.

RISK FACTORS

- Chronic Viral Hepatitis (HBV or HCV infection)
- Non-Alcoholic Fatty Liver Disease (NAFLD)
- Liver Cirrhosis
- Obesity
- Type 2 Diabetes
- Smoking
- Heavy Alcohol Use

Hepatocellular carcinoma

Also called: HCC, malignant hepatoma

OVERVIEW SYMPTOMS TREATMENTS NEW

The most common form of liver cancer.

Hepatocellular carcinoma most commonly occurs in people with liver disease, particularly in people with chronic hepatitis B and C.

Rare
Fewer than 1 million cases per year (India)

- Treatable by a medical professional
- Requires a medical diagnosis



Patient Name: Sh. Madan Lal
 UHID: MHHC - 7349
 Reg. Dr. A. Parth

Date: 11.07.2020
 Sex: Male
 Age: 55 years

CLINICAL FROM YET TO THE TONG (BY CONTRAST)

INDICATION: Suspected hepatocellular carcinoma - following evaluation.

PHYSICAL:

CT Head:
 There are post-operative changes within the right hemispheric region of the brain with mild midline shift. No evidence of mass effect or edema. The ventricles, sulci, and cisterns are unremarkable. The rest of the brain is unremarkable.

CT Neck:
 The paraspinal soft tissue including cervical spine, thoracic spine, and lumbar spine are unremarkable. The soft tissue including paraspinal and paravertebral soft tissue and spine are unremarkable. The paraspinal soft tissue including cervical spine, thoracic spine, and lumbar spine are unremarkable. The soft tissue including paraspinal and paravertebral soft tissue and spine are unremarkable. The paraspinal soft tissue including cervical spine, thoracic spine, and lumbar spine are unremarkable. The soft tissue including paraspinal and paravertebral soft tissue and spine are unremarkable.

CT Chest:
 There are post-operative changes within the right hemispheric region of the brain with mild midline shift. No evidence of mass effect or edema. The ventricles, sulci, and cisterns are unremarkable. The rest of the brain is unremarkable.

Good

Weekend, 10 yrs, 10

Page 1

CT Abdomen and pelvis:
 Liver: There is mild diffuse parenchymal heterogeneity. There is a heterogeneously enhancing lesion measuring 10 x 10 x 10 mm in segment 7 and 8. It shows evidence of arterial and venous phases. There are no intrahepatic biliary dilatations. The gallbladder is normal. The pancreas and spleen are unremarkable. The kidneys are unremarkable. The lungs are unremarkable. The rest of the abdomen and pelvis are unremarkable.

CT Pelvis:
 There is mild bilateral hydronephrosis. The kidneys are unremarkable. The rest of the abdomen and pelvis are unremarkable.

Diagnosis:
 1. Heterogeneously enhancing lesion in the liver, suggestive of hepatocellular carcinoma.
 2. Mild bilateral hydronephrosis.

Good

Weekend, 10 yrs, 10

Page 1

PET Scan:
 There is a heterogeneously enhancing lesion in the liver, suggestive of hepatocellular carcinoma. The rest of the abdomen and pelvis are unremarkable.

Diagnosis:
 1. Heterogeneously enhancing lesion in the liver, suggestive of hepatocellular carcinoma.

Good

Focus

ALPHA-FETOPROTEIN (AFP)

TEST	VALUE	UNIT	REFERENCE RANGE
ALPHA-FETOPROTEIN (AFP)	43.44	ng/ml	0.00 - 5.55

Good

Dr. Arpit Chopra

Investigation: **ICM-Chronic Enteropathy Analysis (ICM)**

Observed Value: 3.08

Unit: ng/ml

Biological Reference Interval: Max. Quantity: 5.0-5.0 (Quantity: 5.0)

Interpretation:

- ICM is a marker of chronic enteropathy. It is elevated in various conditions such as Crohn's disease, ulcerative colitis, and celiac disease.
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Good

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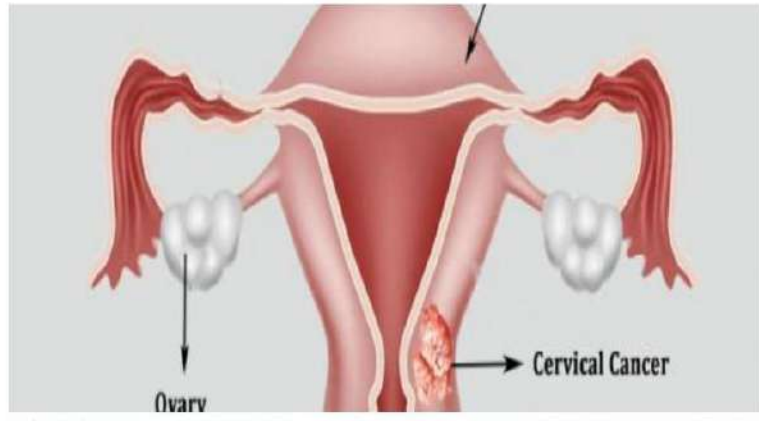
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Cervical cancer

OVERVIEW SYMPTOMS TREATMENTS NEWS

A malignant tumour of the cervix, the lowermost part of the uterus.

A malignant tumour of the lower-most part of the



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 HORMONES: 0-3.4ng/ml
 HORMONES: 0-4.9ng/ml
 HORMONES: 0-2.5ng/ml

At Clinical Laboratory
 FULLY AUTOMATED & COMPUTERISED
 Name: Mrs. JAMEELA
 Lab Ref No: 532
 Ref By: SHARAD NURSING HOME
 Sample Time: 11/06/2020 11:17:47
 Age / Sex: 43 Yrs F
 PAPANICOLAOU CERVICAL SMEAR EXAMINATION
 SPECIMEN TYPE: LIQUID BASED CYTOLOGY (LBC-Pap smear)
 SITE OF SMEARS: Cervical Smears
 SPECIMEN ADEQUACY: Satisfactory
 ENDOCERVICAL CELLS/TRANSFORMATION ZONE: Present
 OBSCURING FACTORS: Absent
 NON-NEOPLASTIC FINDINGS: Absent
 ORGANISMS: None
 OTHER NON-NEOPLASTIC FINDINGS: Absent
 EPITHELIAL ABNORMALITIES: Squamous: Present
 Squamous Cell Carcinoma
 EPITHELIAL ABNORMALITIES: Glandular: Absent
 GENERAL CATEGORIZATION: Malignancy
 INTERPRETATION/RESULT: Squamous Cell Carcinoma
 This is a professional opinion and not the final diagnosis, a clinical correlation is mandatory before undertaking any intervention.
 NOTE:

REPORT
 AGE / SEX: 43 YRS / F
 REF BY: DR. MOHD USMAN
 INVESTIGATION: USG WHOLE ABDOMEN WITH TVS
 REPORT:
 Liver: Normal in size (span 152 mm) and shows increased echogenicity s/o fatty liver grade II. No focal lesions. Intrahepatic biliary radicles are normal. Portal vein is normal.
 Gall bladder: Normally distended. No calculi / mass lesion seen.
 Spleen: Normal in size and echotexture. Splenic vein is normal.
 Kidneys: Normal in size and echotexture. Corticomedullary differentiation is maintained on both sides. No hydronephrosis / calculus is seen.
 Uterus: Normal in size and anteverted. Endometrial junction not well defined. No obvious mass lesion seen. Endometrial thickness is approximately 7.1 mm.
 Ovaries: Normal in size and echotexture. No free fluid is seen.
 Significant abdominal lymphadenopathy is seen. No free fluid is seen.
 Fatty liver grade II.
 Bulky uterus.
 Please correlate clinically & with other investigations.
 GANDEEP KAUR
 SONOLOGIST
 EF-PG-GMC (Patna)



आरोग्य सुपर स्पेशलिटी मॉडर्न होम्योपैथिक क्लीनिक



डॉ. अर्पित चोपड़ा (जैन)
एम. डी. होम्योपैथी
जटिन, 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

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KRISNA DIAGNOSTIC CENTRE
HOSPITAL ROAD, SIWAN - 841 226 (BIHAR)

Name: MRS SEEMA KHATOON No. K-1272005
Ref. by: Dr. N AMAN MD Date: 25/08/20

USG: Whole Abdomen

LIVER:
There is no hepatomegaly. Its echotexture is normal. There is no evidence of any echonich or echopoor mass. A small calcified granuloma seen in right lobe.

GALL BLADDER:
Moderately distended. Its walls are not thickened. No calculus echo is seen.

CBD:
Normal calibre. No calculus is seen in visible portion of it.

PANCREAS:
Normal size and echotexture. Pancreatic duct is not dilated.

PORTAL VEIN:
The portal vein is normal in calibre.

SPLEEN:
There is no splenomegaly. Its echotexture is normal.

KIDNEY:
Both kidneys are normal. No calculus, HUN or mass.

URINARY BLADDER:
No mass lesion or calculus is seen. Its walls are smooth.

UTERUS & ADNEXA:
Uterus could not be seen (Post op.)
A hypochoic vascular mass 7.7 x 4.5 x 3.2 cm, 60 ml seen in mid pelvis posterior to urinary bladder and involving vaginal vault. Planes with urinary bladder are obliterated at one place, however no wall thickening/intraluminal extension. Both ovaries could not be seen.

NOTE:
An enlarged right iliac lymph node seen with necrosis-3.7 x 2.2 cm. There is no evidence of ascites.

INTERPRETATION: -MASS IN MID PELVIS AS DESCRIBED S/O MALIGNANT LESION, LIKELY RECURRENT CERVICAL MALIGNANCY, -ENLARGED LYMPH NODE IN RIGHT HEMIPELVIS, LIKELY METASTATIC.

Dr. Geetanjali M.B.B.S., D.M.R.D. (Reg. No. 43753)
Dr. Pramode Kuman M.B.B.S., D.M.R.D. (Reg. No. 20348)

LEVEL II ULTRASOUND NOT DONE HERE

ULTRASOUND - TVS / EVS USG - TISSUE HARMONIC USG - HIGH RESOLUTION USG - COMPUTERIZED LAB

NOTICE OF INFORMATION TO ALL PERSON CONCERNED WITH THIS REPORT

BOMBAY DIAGNOSTIC CENTRE
★ ULTRASOUND ★ X-RAY ★ COMPUTER PATHOLOGY ★ LABORATORY

Pt's name: Mrs. Seema Khatoon. Age/Sex: 50Y/F
Ref by Dr: S.H.S. Date: 25/08/20

WHOLE ABDOMINAL SCAN REVEALS

LIVER : Normal in size (11.98cm). Parenchymal echotexture is homogenous. Portal and Hepatic veins are normal. Intra hepatic biliary channels are normal.

GALL BLADDER: Size and shape is normal. Wall is normal in thickness. Lumen is echo free, no mass lesion is seen.

C.B.D.: Normal in caliber.

PANCREAS: Normal in size & echotexture. Pancreatic duct is not dilated.

SPLEEN : Normal in size (11.98cm) & echotexture. Splenic vein is not dilated.

RIGHT KIDNEY: Normal in size(9.83cm x 3.74cm), outline and cortical echotexture. Renal parenchymal width is normal. Cortico-medullary definition is normal. No back pressure changes are seen. Perinephric spaces are normal. Ureter - is not dilated.

LEFT KIDNEY: Normal in size(10.39cm x 3.88cm), outline and cortical echotexture. Renal parenchymal width is normal. Cortico-medullary definition is normal. No back pressure changes are seen. Perinephric spaces are normal. Ureter - is not dilated.

URINARY BLADDER: is partially filled. Wall is smooth and regular. No mass or lesion is seen in lumen.

UTERUS: Operated. Vault wall is thick and pull down..

OVARIES: Atrophied menopausal.

OTHERS: Retro peritoneal vessels are normal. No retroperitoneal lymph nodes are seen. Psoas muscles are normal. Excess of gases is seen.

IMPRESSION: VAULT PROLAPSED.

CONSULTANT.

Cervical cancer

OVERVIEW SYMPTOMS TREATMENTS NEWS

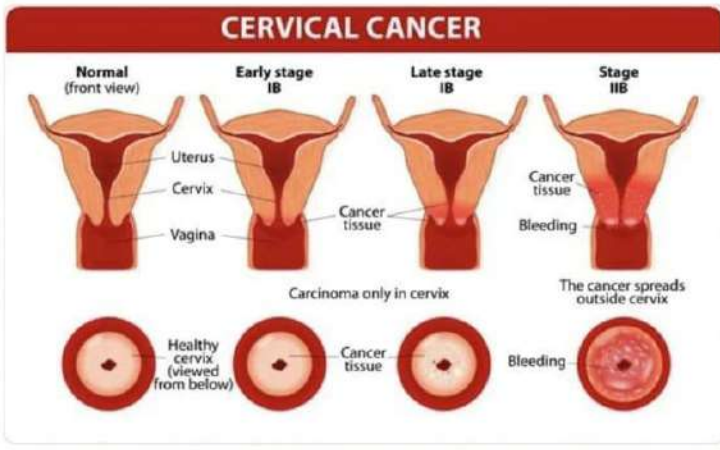
A malignant tumour of the cervix, the lowermost part of the uterus.

A malignant tumour of the lower-most part of the

MAHAVIR CANCER SANSTHAN 16 MAR 2020
Phulwari Sharif, Patna-801505

PATIENTS HISTORY PROFILE

Name: SEEMA KHATOON	Age: 54	Sex: F	MCS No: E-83431
Address: W/O AKHAR PAB Purani Baita POKHARA JAIN SIWAN, Bihar - India	First Attendance at MCS:	Stage:	
Diagnosis:	Referred by:		
Complaint: Co. Cervix. - Post OP (MVD-SCC) ↳ Cervix C. Squat. 8/11/2019			



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Jagan Hospital Pvt. Ltd. Building,
Phase - III, Sector - 14, Gurgaon - 122002
Phone: 011-27910411, Mobile: 9810313748

Lab No. 15020220
Patient's Name: MRS. JAMEELA
Age / Sex: 43 YRS / F
Ref By: DR. MOHD USMAN
Investigation: UBS WHOLE ADOLESCEN WITH TVS

REPORT

LIVER: Normal in size (span 152 mm) and shows increased echogenicity s/o fatty liver grade II. No focal lesion is seen. Gallbladder: Normal in size and echotexture. Splenic vein is normal. PANCREAS: Normal in size and echotexture. SPLEEN: Normal in size (span 95 mm) and echotexture. Kidneys: Both kidneys are normal in size and echotexture. Uterus: Bulky in size and antverted. Endometrial junction not well defined. No obvious mass lesion is seen. Adnexae: No adnexal pathology is seen. No significant abdominal lymphadenopathy is seen. No free fluid is seen.

IMPRESSION:
Fatty liver grade II.
Bulky uterus.

Please correlate clinically & with other investigations.

DR. GAGANDEEP KAUR
ULTRASONOLOGIST
(M.D., NET-PC-CMC, Patiala)

Lab. Timing: Daily 8 AM to 5 PM
For Home COLLECTION CALL

Name: Mrs. JAMEELA
Lab Ref No: 532
Ref By: SHARAD NURSING HOME
Sample Time: 11/09/2020 11:17:47

Reporting Time: 14/09/2020
Patient ID: 200911552
Age / Sex: 43 Yrs. F
AT Ref. NO: H/P/2007/
H/P/7820620

PAP SMEAR (LIQUID BASED)
PAPANIKOLAOU CERVICAL SMEAR EXAMINATION
SITE OF SMEARS: Cervical Smears

SPECIMEN ADEQUACY: Satisfactory
ENDOCERVICAL CELLS/TRANSFORMATION ZONE: Present
OBSCURING FACTORS: Absent

NON-NEOPLASTIC FINDINGS:
ORGANISMS - None

OTHER NON NEOPLASTIC FINDINGS: ABSENT

EPITHELIAL ABNORMALITIES: SQUAMOUS - PRESENT
SQUAMOUS CELL CARCINOMA

EPITHELIAL ABNORMALITIES: GLANDULAR - ABSENT

GENERAL CATEGORIZATION: Malignancy

INTERPRETATION RESULT: SQUAMOUS CELL CARCINOMA

This is a professional opinion and not the final diagnosis, a clinical correlation is mandatory before undertaking any intervention.

NOTE:
1. Slides / Bioties will be issued only after getting written requisition from the referring center after a minimum of 24 to 48 hrs.
2. One representative slide used for second opinion will be retained in our record.
3. This medical report is valid for any medico legal purpose.
4. The opinion is valid for paraffin or divided specimens.
5. The above sample is processed at Nishit Clinical Laboratory, Gurgaon, Haryana, India.

After Modern Homeopathic treatment Received Normal report

DR. GAGANDEEP KAUR (MD)
ULTRASONOLOGIST
CMC, Patiala

DR. GAGANDEEP KAUR (MD)
ULTRASONOLOGIST
CMC, Patiala

DR. GAGANDEEP KAUR (MD)
ULTRASONOLOGIST
CMC, Patiala

आरोग्य सुपर स्पेशलिटी माडर्न हास्यापारिक क्लिनिक

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

Patient Name	: Mrs. SHEEMA KHATOON
Age/Gender	: 46 Y 0 M 0 F
UHID/MR No	: DKMS 000000370
Visit ID	: DKMSOPV452
Ref Doctor	: Dr. SELF
IP/OP NO	:

Collected	: 16/Dec/2020 01:21PM
Received	: 19/Dec/2020 09:18AM
Reported	: 19/Dec/2020 11:08AM
Status	: Final Report
Client Name	: PCC KHAN MARKET SIWAN
Patient location	: Siwan, Siwan

DEPARTMENT OF IMMUNOLOGY

Test Name	Result	Unit	Bio. Ref. Range	Method
CARCINO EMBRYONIC ANTIGEN (CEA), SERUM	2.7	ng/mL		CLIA

REFERENCE GROUP	REFERENCE RANGE IN ng/mL
NON-SMOKERS	0 - 3
SMOKERS	0 - 5

CEA is increased in 75% of patients with carcinoma of endodermal origin (colon, stomach, pancreas, lung); in about one-third of patients with small cell carcinoma of the lung and in about two thirds with non-small cell carcinoma of the lung. It is increased in 90% of all patients with solid tissue tumors, especially with metastases to the liver or lung. Increased concentrations are suggestive but not diagnostic of cancer.

CEA levels are used for monitoring colorectal cancer and selected other cancers such as medullary thyroid carcinoma, cancers of the rectum, lung, pancreas, stomach, and ovaries. After complete removal of colon cancer, CEA should fall to normal in 6-12 weeks. Failure to decline to normal concentrations postoperatively suggests incomplete resection.

Prognosis is related to serum concentration at time of diagnosis. CEA concentrations <5 ng/mL before therapy suggest localized disease and a favorable prognosis, but a concentration >10 ng/mL suggests extensive disease and a poor prognosis. CEA is not useful in screening the general population for undetected cancers.



कम्पलिट * परमानेन्ट * ईजी * सेफ * फास्ट एण्ड कॉस्ट इफेक्टिव

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 www.homeopathyinindore.com Email : arpitchopra23@gmail.com

KRISNA DIAGNOSTIC CENTRE
 HOSPITAL ROAD, SIWAN - 841 226 (BIHAR)

USG: Whole Abdominal

LIVER: There is no hepatomegaly. Its echotexture is normal. There is no evidence of any echogenic or anechoic mass. A small caudate paracystic cyst is of size 1.5x1.0 cm.

GALL BLADDER: Gall bladder is normal in size and shape. Wall is normal in thickness. Lumen is anechoic. No calculi is seen in visible portion of it.

PANCREAS: Normal in size & echotexture. Pericystic duct is not dilated.

SPLEEN: Normal in size (11.9cm) & echotexture. Splenic vein is not dilated.

RIGHT KIDNEY: Normal in size (9.5cm x 3.7cm), echotexture is normal. No calculi, cyst or mass is seen. Cortico-medullary definition is normal. No back pressure changes are seen. Perinephric spaces are normal.

LEFT KIDNEY: Normal in size (10.3cm x 3.8cm), echotexture is normal. No calculi, cyst or mass is seen. Cortico-medullary definition is normal. No back pressure changes are seen. Perinephric spaces are normal.

URINARY BLADDER: It is partially filled. Wall is smooth and regular. No mass or lesion is seen in lumen.

UTERUS: Oriented. Vaginal wall is thick and pull down.

OVARIES: Atrophied in appearance.

OTHERS: Extra-petitoneal vessels are normal. No retroperitoneal lymph nodes are seen. Pleural spaces are normal. **EXCESSIVE GAS IS SEEN.**

IMPRESSION: VAULT PROLAPSED.

Dr. Pramoode Kumar
 MBBS, DMRD
 (Reg. No. 20841)

BOMBAY DIAGNOSTIC CENTRE
 *ULTRASOUND *X-RAY *COMPUTER PATHOLOGY *LABORATORY

Dr. Pramoode Kumar
 MBBS, DMRD
 (Reg. No. 20841)

WHOLE ABDOMINAL SCAN REVEALS

LIVER: Normal in size (11.9cm). Pericystic duct is not dilated. No calculi, cyst or mass is seen. Cortico-medullary definition is normal. No back pressure changes are seen. Perinephric spaces are normal.

GALL BLADDER: Size and shape is normal. Wall is normal in thickness. Lumen is anechoic. No calculi is seen.

C.B.D.: Normal in caliber.

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OTHERS: Extra-petitoneal vessels are normal. No retroperitoneal lymph nodes are seen. Pleural spaces are normal. **EXCESSIVE GAS IS SEEN.**

IMPRESSION: VAULT PROLAPSED.

Cervical cancer

VIEW SYMPTOMS TREATMENTS NEWS

A malignant tumour of the cervix, the lowermost part of the uterus.

A malignant tumour of the lower-most part of the

MAHAVIR CANCER SANSTHAN
 Phulbani Siwan, Patna-801805

PATIENTS HISTORY PROFILE

Name: SEEMA KHATOON
 Address: PCC Market, Siwan, Bihar
 Age: 46
 Sex: F
 Date: 16/12/2020
 MCH No: 20841

Diagnosis: Cervical Cancer - End of
 (No. 510) by High Copy

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DEPARTMENT OF IMMUNOLOGY

Test Name	Result	Unit	Bio. Ref. Range	Method
CA-125, SERUM	20.2	U/ml	0-35	CLIA

Comment:

- This test is not suggested for screening asymptomatic women
- CA 125 is elevated in over 90% of patients with advanced ovarian cancer. Many other advanced malignancies can also secrete the CA125 antigen such as breast, pancreas, colon, lung, or liver carcinoma. CA125 antigen has also been reported to be elevated in non-malignant conditions
- Sequential determinations are more useful than a single test, because levels in benign disease do not show significant change but progressive rise occurs in malignant disease
- Measurements may also be used to monitor response to chemotherapy. Rising level of CA-125 during chemotherapy is associated with tumor progression, and fall to normal is associated with response. It remains elevated in stable or progressive serous carcinoma of the ovary
- It should be noted that 0.6% of normal women older than 50 years of age have increased levels of CA-125.
- Normal concentration of CA-125 does not exclude tumor

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- Measurements may also be used to monitor response to chemotherapy. Rising level of CA-125 during chemotherapy is associated with tumor progression, and fall to normal is associated with response. It remains elevated in stable or progressive serous carcinoma of the ovary
- It should be noted that 0.6% of normal women older than 50 years of age have increased levels of CA-125.
- Normal concentration of CA-125 does not exclude tumor

OF
Grasim Jana-Seva Trust Birlagram, 456 331 NAGDA (M.P.)
Phone : (07386) 247200 E-mail : gsd-nagda.ibpmh@adityabirla.com
DEPARTMENT OF RADIOLOGY & ECHOCARDIOGRAPHY

UHID : 1 755088	VisitID : 1 0001249291
Name : 1 MAST, AVI ... S/O VESHAL ARYA	Bed No. : 1
Age/Sex : 1 2Y	Report No : 1 1627
Ref Doctor : 1 DR. SHAMANI G.S.	Report Date : 1 14/09/2020 12:24:00PM
Attend Date : 1 14/09/2020 12:24:00PM	

USG WHOLE ABDOMEN WITH PRINTS

The hepatic parenchymal echotexture appears normal with no localized solid or cystic mass is identified in the liver. The IHBR are not dilated. Portal vein and hepatic veins shows normal sonographic appearance.

Gall bladder is physiologically distended without sonographic evidence of calculi. Wall thickness is within normal limit. The visualized segments of C.B.D. appears undilated.

Pancreas is obscured by overlying bowel gasses.

Spleen is normal in size and has normal homogenous echotexture. No focal lesion seen.

Right Kidney 62x26 mm, Left Kidney 66x29 mm. Both kidneys are normal in size and cortical echotexture. The cortical thickness and the C.M. differentiation appear preserved.
No localized solid or cystic mass identified in either kidney.
There is no evidence of hydronephrosis, scarring or calculus disease in either kidney.
Both Ureteres are undilated

Urinary bladder is adequately distended with normal caliber walls & echofree lumen.

Prostate appear normal for age.

There is no evidence of ascites or retroperitoneal lymphadenopathy.

Left testis appears normal.

Right testis not visualized in right hemiscrotum and inguinal region. A small 1.6 mm calcified lesion noted in right upper hemiscrotum.

**IMPRESSION: USG abdomen reveals:
No significant abnormality.
-- A small calcified lesion noted in right upper hemiscrotum.**

ADVISED:- MRI study for better evaluation.

G.S.
DR. G.S. SHAH

Save Girl Child बेटा है तो जहान है।

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samarpanimaging@gmail.com
www.samarpanimaging.com

Patient Name:- ABYAAN ARYAN	Date:- 15/02/2021
Ref. by : DR. ARPIT CHOPRA	Age/ Sex:- 2y/M

SCROTAL SONOGRAPHY

This examination was performed as an essential examination during the Covid-19 with all precaution & inherent limitation to results.

Right scrotal sac appears empty with non visualization of testis in right scrotal sac.

Left testis is 1.8 x 1.3 x 0.9 cm in size shows smooth contours and homogenous parenchymal echotexture. No evidence of focal cystic or solid lesion is seen.

Left epididymis is normal in size and echotexture.

No evidence of hydro/pyocele on either side

No evidence of significantly dilated vascular channels on either side.

IMPRESSION: NON VISUALIZATION OF TESTIS IN RIGHT SCROTAL SAC.

Clinical Correlation.

DR. HEMLATA MEHALDA
MBBS, MD, RADIOLOGIST

DIGITAL X-RAY | 3D/4D SONOGRAPHY
DIGITAL MAMMOGRAPHY | ECHOCARDIOGRAPHY
3-TESLA M.R.I. | 64 SLICE CT SCAN (HIGH QUALITY)

16/02/21. Calcified Lesion in Scrotum

Hi

TUESDAY FEB '21

My name is Vishal Arya Tikale
Indore. My son Mr. Ayaan
who is only 2 year old having
the Problem of Calcification in
right testis. I consulted many
doctors & all of them suggested
surgery then I came to know
about Arpit Chopra sir. He guided
me & advised me to continue
Homoeopathy treatment & help me to
then I continued treatment with
him & after 1 year he is completely
well. I thank Mr. Arpit chopra
Jain sir for such a wonderful
treatment & guidance.
Thanks a lot

Arpit sir medicines are life savers

cured

Thanks sir
Regards
VISHAL Ar.
8839533272
126, Tikale Path.
Indore.

Contact:
M.D. HOMOEOPATHY
(Critical & Surgical Diseases Specialist)

9907522914, 9713092737
9713092737, 7999978894

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102 प्रथम मंजिल कृष्णा टॉवर क्योरवेल हॉस्पिटल के सामने,
जंजीरवाला बौराहा, न्यू पलारिया, इन्डोर

समय : सुबह 10 से दोपहर 3 बजे तक, शाम 5 से 10 बजे तक, रविवार : सुबह 12 से दोपहर 2 बजे तक
क्रांतिय कक्षासंगर अने ते पुर्वे सारर लेखर मिले। सम्पर्क : 073 1-4977076
WWW.homoeopathy9care.com, Email: arpitchopra23@gmail.com

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मॉडर्न होम्योपैथिक क्लिनिक
Dr. Arpit Chopra (Jain)
M.D. HOMOEOPATHY
(CRITICAL & SURGICAL DISEASES SPECIALIST)
9907522914, 9713092737

विशेषताएं :

कैंसर, किडनी फैलियर, अस्पताल में गंभीर रूप से भर्ती मरीजों का उपचार, कोमा, ऑटो इम्यून रोग, शल्य चिकित्सा योग्य रोग, हायपोथायराइडिज्म, एलर्जी, बालों का झड़ना, एग्जीमा, सोरायसीस, व्यसन मुक्ति, चर्म रोग, एसीडीटी, मोटापा, ल्यूकोडर्मा, माइग्रेन, गुमरोग, पथरी, साइनूसाइटिस, एनिमिया, लकवा, पाईल्स, गठिया, अस्थमा एवं श्वसन संबंधी रोग, होम्योपैथिक प्रतिरोधक एवं होम्योपैथी टिटनेस, नपूसंकता, मुहांसे, वंशानुगत रोग, साइटिका, डिप्रेशन मानसिक रोग, हृदय रोग, मलेरिया, मणिक रोग, क्लब फेथस

COMPLETE CURSE EASY SAFE, FAST & COST EFFECTIVE
M O D
आरोग्य
+ + +
H O M E O P A T H Y

Glioblastoma

Also called: GBM, glioblastoma multiforme

Overview

Symptoms

Treatments

A malignant tumour affecting the brain or spine.

This type of tumour grows and spreads rapidly, often creating pressure.

Rare

Fewer than 1 million cases per year (India)



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Glioma

asian
INSTITUTE OF MEDICAL SCIENCES
DEPARTMENT OF RADIO-DIAGNOSIS & IMAGING

Report - CT

Patient Name	MRS. SHWETA CHOURVEY	IPD No.	AF89/2018/10
Age	44 Yrs 10 Mths	UHID	AF890000927
Gender	FEMALE	Bill No.	AF890000096796
Ref. Doctor	DR. KAMAL VERMA/Neurology	Bill Date	03-02-2021 11:15:49
Ward	ICU	Room No.	IC-14
		Print Date	04-02-2021 14:31:37

Non contrast CT imaging of the brain was performed on a 128 slice helical CT scanner. Thin slice volumetric scanning was done from the level of occiput to vertex in the axial plane with multiplanar reformatting. Images were viewed at both soft tissue and bone window settings.

Clinical details: Post-operative follow up case of GBM.

Right frontal craniotomy changes with areas / foci of parenchymal / subdural pneumocephalus in the right frontal-parietal and temporal cortical region.

Few areas of hyperdensity are seen insinuating in the sulcal spaces in the right frontal-parietal region at the post op craniotomy site - likely subarachnoid bleed. Right frontal region also shows small subdural crescent shaped hyperdensity with maximum thickness of approx 2.4 mm.

Few hyperdense foci of haemorrhagic contusions are seen in the right frontal cortical region largest measuring approx 6.1 x 4 mm.

Moderate diffuse surrounding hypodensity in the right basifrontal / frontal-parietal and mild in temporal region is seen with ex-vacuo dilatation of frontal and temporal horns of right lateral ventricle - ? gliosis.

Mild subgaleal soft tissue swelling / hematoma and few air foci are seen in right frontal region.

Rest of the brain parenchyma shows normal attenuation pattern in the supratentorial compartment. No midline shift of structures seen.

Brain stem and bilateral cerebellar hemispheres appear normal. Bilateral CP angles are normal. No obvious sellar mass seen. Suprasellar and parasellar regions appear normal.

Left lateral ventricle is normal. The third and fourth ventricles are normal.

Rest of the cortical sulci, bilateral sylvian fissures and basal cisterns appear normal.

Compared to previous NCCT dated 02/05/20, no significant interval change is noted.

Advice: Clinical and CEMRI correlation for further evaluation.

-----End of Report-----

Prepare By:
IMAGING

DR. AKSHAY KAPILA, MBBS, MD
(Radiology), Fellowship (Body Imaging)
Visiting Consultant

Note: The information in this report is based on interpretation of images. This report is not the diagnosis and should be correlated with clinical details and other investigation.

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Dr. Aziz Ahmad Memorial
Digital X - Ray & Diagnostic Centre
• CT • MRI • ULTRASOUND • X-RAY • PATHOLOGY

DR. ARSHAD AHMAD
MRBLS OFFICER
MR DONALD TRIPSONA (DIPLOMA IN ULTRASOUND) SENIOR
EX-FELLOW (DEPT. OF RADIOLOGY)
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7903359430**

Reg. No. 2018/001 No. 10/2017

Patient Name	SWETA KUMARI	Requested By	DR. SELF
MRN	FEB 637*	Procedure Date/Time	28-02-2021 14:03
Age/Sex	45Y/Female	Hospital	DR. AZIZ AHMAD MEMORIAL

CT BRAIN (CONTRAST)

CLINICAL DETAILS: Left-sided weakness. Craniotomy for SOL.

TECHNIQUE: Axial sections of the brain were performed without and with intravenous contrast.

FINDINGS:

Prior images are not available for comparison.

- Right fronto-temporal craniotomy status is seen with ill-defined gliotic changes in the right fronto-temporal white matter - Post operative changes.
- Ill-defined gliotic changes are seen in the right basal ganglia region extending to the ventricular margins - chronic infarcts in right MCA territory.
- Rest of the cerebral hemispheres and basal ganglia demonstrate normal attenuation without focal abnormality.
- The cerebellar hemispheres and brain stem are unremarkable.
- There is no abnormal parenchymal or dural enhancement.
- No evidence of intracranial hemorrhage, mass effect or midline shift.
- The ventricles, sulci and basal cisterns are unremarkable.
- The mastoid air cells and paranasal sinuses are clear.

IMPRESSION:

- Right fronto-temporal craniotomy status with ill-defined gliotic changes in the right fronto-temporal white matter - Post operative changes.
- Ill-defined gliotic changes in the right basal ganglia region extending to the ventricular margins - chronic infarcts in right MCA territory.

REDMI NOTE 9 PRO MAX
AI QUAD CAMERA

DR. ARSHAD AHMAD

Tumor tissue, right frontal SOL

Gross Examination:
Received multiple grey brown soft tissue pieces measuring 4 cm.
Whole processed.

Microscopic Examination:
Sections show high grade glial tumor showing hypercellularity, nuclear pleomorphism, glomeruloid vascular proliferation, focal spindling and mini gemistocytic change.

Features are suggestive of glioblastoma multiforms (WHO IV)

Advice: IHC- GFAP, PTEN, IDH-1, Ki67.

Note: It is and old operated case of GBM.

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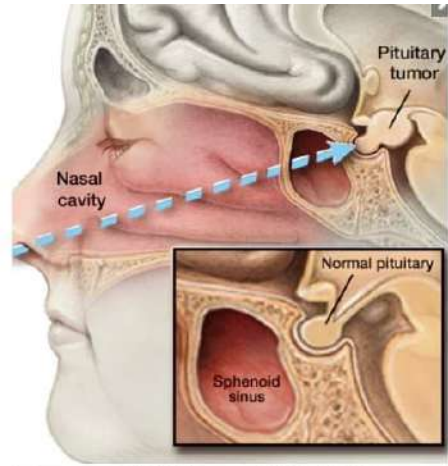
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डॉ. अरुण चौधरी
 डॉ. अ. इन्द्राणी
 डॉ. अ. अशोक
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Pituitary macroadenoma.
 increased vision from 4/6 to 6/6
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MRI OF BRAIN & ORBIT

MR. RITU RAJ BHANDARI, M.D. / M.Ch. (Neurology)
 Referring Doctor - MARESHI GARG, M.S.
 Date: 25.01.2021
 Ref No. 48882

MRI of brain & orbit has been performed using a dedicated head quadrature coil. Turbo Spin echo sequence was used to obtain T1, T2, FLAIR & diffusion images & Inversion Recovery images (STIR) of orbit & sella / suprasellar region were obtained in a coronal plane.

There is evidence of a large, well defined lobulated extraaxial soft tissue mass in the midline sellar/suprasellar region with the pituitary gland not seen separate from the mass. The lesion measures approximately 2.6 x 2.0 x 2.3 cm in size, appearing isointense to brain parenchyma on FLAIR, T1 and T2 Wd. images.

The lesion produces marked widening of the bony sella with its superior floor into the sphenoid sinus. There is minimal bulging of the sella into bilateral cavernous sinus producing mild compression and lateral displacement of the cavernous segments of bilateral ICAs.

The suprasellar component of the mass produces marked compression, superior displacement and stretching of the optic chiasm and pre and post chiasm optic nerves.

The lesion also produces mild compression of the anterior horn of the 3rd ventricle. Rest of the ventricles appear normal.

The cerebral hemispheres, brain stem and cerebellum have shown no relevant focal or diffuse parenchymal signal abnormality. There is no acute or subacute diffusion on diffusion weighted images.

The cerebral sulci and rest of the basal cisterns appear normal. The major cerebral arteries & the dural venous sinuses reveal a normal flow void. Intense perivascular thickening is seen in bilateral sphenoid, parafly and sphenoid sinuses.

The eye-ball, intraorbital fat, extra-ocular muscles & the intraorbital segment of optic nerve on either side appear normal.



GOKULDAS HOSPITAL PVT. LTD.
 Radiology Department - Radiologist
 Dr. Anil Kumar Singh, M.D. (Radiology)

REPORT

A large, well defined, lobulated extra axial soft tissue mass in the midline sellar/suprasellar region with the pituitary gland not seen separate from the mass, suggestive of a Pituitary Macroadenoma. The pituitary gland and stalk region shows normal contrast enhancement. A normal enhanced MRI is expected for a Pituitary macroadenoma.

Marked widening of the bony sella with bulging of the superior floor into the sphenoid sinus and mild bulging of the lower two lateral cavernous sinuses producing mild lateral displacement of the cavernous segments of bilateral ICAs.

Mild compression, superior displacement and stretching of the optic chiasm and pre and post chiasm optic nerves in the suprasellar component of the mass.

The Report is 25/01/2021, please refer to the report for details.

Please send approximation of the extent, size, shape, etc. of the lesion to the radiologist. We will send the radiological report of eye to the ophthalmologist.

ANIL KUMAR SINGH

Pituitary Macroadenoma

रितुराज भण्डारी उम्र - 40

मेरे सर में 2.5 cm डि ग्रोथ है उसके कारण मुझे आँखों से कम दिखने दे रहा है सर में 1 माह में के टिटमेंट से मुझे काफी हद तक फर्क पड़ा है, दिखने दे रहा है

134/4 लोचनाख नगर एरोडम रोड इन्दौर 9827750611

छोटे सर मुझे मेरे दोस्त ने सर अपिल की सलाह दी है वारे में बातया कि बहुत होम्योपैथिक के जरिये बहुत बहाया इलाज होना फिर मेरे सर कि टिटमेंट पालु करा अ सिर्फ एक माह में टिटमेंट से मुझे पहले से फर्क दिखने दे रहा है

Dr. Arpit Chopra (Jain)
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Pituitary macroadenomas, which are pituitary tumors larger than 1 centimeter, are caused by mutations in the DNA of the cells in the pituitary gland. The exact

BREAST CANCER SYMPTOMS

Early diagnosis of cancer generally increases the chances for successful treatment.



Breast Cancer

मेरी लिवर शोल्की, मेरी ममी का
 2020 मार्च में ब्रेस्ट केसर की शिगायत हुई कुन्ने एक गठुन हुई उसके बाद डॉस में ब्रेस्ट केसर पाया गया उनको 3 लक्ष गठुन उपचरेशन में निगाल दि गई लेकिन डॉक्टर ब्रेस्ट को निगाल करे, किमी मेरियो कोसे को खिचि दे रहे थे मं में बहुत उलसन थी तो क्या करे।
 इस बीच हमारे परिवार मित्र ने हमें डॉ अर्पित चोपडा सर को लिवर में खलाया तो वो खिन क्रिसे और रेडिओ थेरेपी र कारवाये 4 बलाय करवे हे।
 उनको करने पर हम डॉ अर्पित चोपडाजी से मिले और उनको 'मार्डन होमियोपैथी' पढाईया हमने अपनी ममी को 'वैना गियरीय' पाल करे दिया। दवाई चली रही ममी को स्वरथ रबी और बहुत ही अच्छा महसूस कर रही हे।
 आज 'पेट' 26 मार्च 2024 को ममी खरि लव खात गार हूहे और हमे उनका 'पेट' टा करवाये।
 'पेट' टा की रिपोर्ट बहुत अच्छी आई हे। यह खत सर की दवाई और मंसे एम्सो पैथी से समािल हुका है। डॉ अर्पित सर को लखलख धन्यव।
 15/1/23 राम शंदिगालोनी (दाऊ) जिला इन्वेर (मंड) लिवर शोल्की 9826064994

CHL-Hospitals INDORE
Convenient Hospitals Ltd. DEPT. OF LABORATORY MEDICINE
 Patient Name: Mrs. SHEELA SOLANKI / MRN-20030256
 Age / Gender: 58 Yr / Female
 Address: Indore, MADHYA PRADESH
 Requesting Doctor: SHREE MIRESH HOSP
 Request Date: 09-03-2020 04:03 PM
 Collection Date: 09-03-2020 04:31 PM
 TAT: 47:40 (H/AM)
 Reg. No.: WALUN 53 20 5446
 Reporting Date: 11-03-2020 04:15 PM
 Report Submitted: 11-03-2020 04:15 PM
 Acceptance Date: 09-03-2020 04:31 PM
 Sample ID: H-CHL-20-1380
 Sample Type: TUMOR

DEPARTMENT OF HISTOPATHOLOGY
 Histopath No: H-CHL-1333 / 20
NATURE OF SPECIMEN: Right Breast Lumpectomy.
GROSS: Received a specimen of right breast lump measuring 1.5x2.5x2.0 cm. Cut surface shows a greyish white lesion measuring 3.2x1.5x1.9 cm. Representative sections taken. (2 Blocks)
MICROSCOPIC (A & B): Section shows infiltrating ductal carcinoma, NOS - Grade - III Modified Richardson Blom Score - 3 + 3 + 2 = 8. Ductal carcinoma in situ is identified of comedo type. High nuclear grade with necrosis. Extensive intraductal component (EIC) is absent. Lymphovascular emboli is seen. Perineural invasion is not seen.
IMPRESSION: INFILTRATING DUCTAL CARCINOMA, NOS - GRADE - III - RIGHT BREAST. Kindly revert back for ER, PR & HER - 2 studies.

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 Evening : 05 pm to 10 pm
 Sunday : 12 am to 3 pm
 Email : arpitchopra23@gmail.com
 arogyahomeopathy@gmail.com
 arogyahomeopathyindore@gmail.com
 Name: Chandrashila Solanki, Age 68, Sex F, Date 3/7/20
 Address: Raw, Mob: 9826024789, 9826064994
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DEPARTMENT OF NUCLEAR MEDICINE & MOLECULAR PET-CT IMAGING
 NAME: MRS. SHEELA SOLANKI
 AGE: 58 Yrs
 REFERRED BY: DR. ARPIT CHOPRA
 DATE: 9-Mar-21
FDG PET - CT (Skull to mid Thigh)
Clinical history: 68 year old female, diagnosed case of carcinoma right breast, post surgery, for evaluation.
Technique: 9.32 mCi of ¹⁸F-FDG is injected intravenously to patient after 6 hours of fasting. After 60 min of injection, patient was scanned on dedicated 16 slice PET - CT (AG - Discovery IQ). Standard uptake values (SUV) normalized to body weight obtained over lesions. Fasting prior blood glucose level at the time of injection was 113 mg/dl.
Venous phase CT scan was obtained as part of PET CT protocol on a multi slice CT with 3.5 mm slice thickness with oral and intravenous contrast injection.
Findings:
Head: Ventricles and CSF spaces are unremarkable. No mass effect or midline shift is noted. There is no abnormal enhancement. Normal distribution of metabolic activity is noted intracranially.
Neck: There is no significant adenopathy. Nasopharynx, oropharynx and hypopharynx are unremarkable. Soft tissues are unremarkable. No evidence of metabolically active disease.
Thorax: Post right lumpectomy status.
FDG avid two nodular enhancing lesions are noted in upper outer quadrant of right breast, largest among them measures 1.1 X 0.9 cm (SUV max is 2.2 and on 1 hrs delayed image is 2.7).
Low grade FDG uptake is noted in minimal cutaneous thickening in lower outer quadrant of right breast. Post surgical changes (SUV max is 2.1).
Non FDG avid few right axillary lymph nodes are noted; most of them show preserved fatty hilum.
Abdomen & pelvis: Liver, spleen, gallbladder, pancreas, bilateral adrenals and kidneys are unremarkable.
Unguarded: No abnormal FDG uptake is noted in visualized bone.
COMMENTS: - 68 year old female, diagnosed case of carcinoma right breast, post (surgery) for evaluation.
 • Low grade metabolic activity is noted in two soft tissue density nodular lesions in upper outer quadrant of right breast; are suspicious and needs further evaluation.
 • No evidence of metabolically active disease noted anywhere else in present scan.
 DR. ALEK SONI, DM, DNB, DNB (N) & PET-CT dept
 DR. SHEELA SOLANKI, MD, MCh, Dept. of Radiology
 DR. ARUN CHOPRA, DM, DNB, PET-CT dept
 NOTE: Reporting has been done as per the functional images (functional information of organs). This report may please be correlated clinically with other relevant investigations for interpretation. This report is not valid for the purpose of medico-legal cases.

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DEPARTMENT OF NUCLEAR MEDICINE & MOLECULAR PET-CT IMAGING
 Non FDG avid few subcentimeter sized left axillary lymph nodes are also noted.
Low grade FDG uptake is noted in right hilar lymph nodes; ? Inflammatory (SUV max is 2.1). Advice-Follow up.
Lungs are clear. Heart and mediastinal structures are unremarkable. There is no pericardial and pleural effusion.
Abdomen & pelvis: Liver, spleen, gallbladder, pancreas, bilateral adrenals and kidneys are unremarkable.
Unguarded: No abnormal FDG uptake is noted in visualized bone.
COMMENTS: - 68 year old female, diagnosed case of carcinoma right breast, post (surgery) for evaluation.
 • Low grade metabolic activity is noted in two soft tissue density nodular lesions in upper outer quadrant of right breast; are suspicious and needs further evaluation.
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 DR. ALEK SONI, DM, DNB, DNB (N) & PET-CT dept
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 DR. ARUN CHOPRA, DM, DNB, PET-CT dept
 NOTE: Reporting has been done as per the functional images (functional information of organs). This report may please be correlated clinically with other relevant investigations for interpretation. This report is not valid for the purpose of medico-legal cases.

Breast cancer

Overview Symptoms

A cancer that forms in the cells of the Breast cancer can occur in women and men.

Common
 More than 1 million cases per year (In

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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* 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।

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बघेल

सोनोग्राफी सेंटर

पता : जनपद का जिला विकिसर्वास हनुवा (म.प्र.) 491001
 Con. No. : 74

NAME: MR NARMADA PRASHAD AGE/SEX: 68 Y/MALE

DATE: 15.04.2021

INVESTIGATION: USG WHOLE ABDOMEN

FINDINGS

Liver is normal in size contours and parenchymal echogenicity. No obvious focal lesion is noted. Vascular channels are clear. Porta hepatis region and portal vein is normal. Gall bladder is normally distended. Wall thickness is normal and no intraluminal calculus. Spleen appears normal in size and echotexture. No focal lesion is noted. Pancreas appears normal and Retroperitoneum is clear. Right kidney appears normal in position, size and parenchymal echotexture. Corticomedullary differentiation. No focal lesion, calculus or pelvicalyceal dilatation is app. Left kidney appears normal in position, size and parenchymal echotexture. Corticomedullary differentiation. No focal lesion, calculus or pelvicalyceal dilatation is app. Urinary bladder is distended and reveals apparently normal wall thickness. No calculus noted. Prostate gland appears normal in size and echotexture. Prostatic capsule appears intact and no free fluid in pelvic and peritoneal cavity.

IMPRESSION: USG scan reveals no obvious abnormality.

Dr. A. BAGHEL
 MBBS, DMRD (Radio-Diagnosis)
 MC REG NO. 14094
 Patient identification could not be verified. The science of radiology interpretation of shadows of normal and abnormal tissue. This is neither complete nor should always be interpreted in to the light of clinico-pathological correlation opinion, not a diagnosis. Not meant for medico legal purposes.

Apollo HOSPITALS

MR FELVUS

Technique - Multiphase MR images of the pelvis were obtained using T2 TSE, T1 TSE, STIR and T2 SPACE sequences. Clinical indication: Elevated serum PSA >100.

Impression - MRI findings are suggestive of: Indistinct T2 hyperintensity in right peripheral zone in mid and upper part of the prostate gland, as described (PI-RADS V2 category 4 lesion likely possibility of malignant lesion). T2 T1 hyperintense lesion in right transitional zone as described (PI-RADS V2 category 3 lesion) - benign. No obvious periprostatic / pelvic lymphadenopathy. Suggested clinical and histopathological correlation.

DEPARTMENT OF RADIO-DIAGNOSIS & IMAGING

Ujjain HHS, Bhopal - 462 001 (M.P.)
 Tel: 0731-2482726, 4230000, 4200000, Fax: 0731-2726225
 E-mail: rdchouran@gmail.com, Website: www.pdrc.in

SECT SCAN CHEST, ABDOMEN AND PELVIS

NAME: MR. NARMADA AGE/SEX: 68Y/M REG. NO: 104721
 REP BY: DR. BHASKAR TIWARI DATE: 07/01/21 CT NO.: 130
 DATE REPORT: 07/01/21

REPORT

Chest and post contrast CT scans of chest, abdomen and pelvis has been performed on 16 slice MDCT scanner using mass lesion CT contrast.

Patient is known case of Ca prostate.

Diffuse pro-arterio as well as retroperitoneal emphysematous changes predominantly in upper lung lobes and superior segments of both lower lobes.

Fibro-calcific specks in lung apices. Small nodular paracysternal nodule in superior segment of right lower lobe. Hazy old healed infective lung changes.

No suspicious focal lung parenchymal lesion is seen.

Trachea and bronchi appear normal. No pleural effusion or pleural thickening is seen. A few small volume non-paraxial mediastinal lymphnodes are seen. No significant mediastinal or hilar lymphadenopathy.

Heart and great vessels of mediastinum appear normal.

Prostate is enlarged in size (transverse approximately 4x3x3cm) shows heterogeneous enhancement without any significant post-prostatic bed scar. A few small volume non-paraxial mediastinal lymphnodes are seen in right internal iliac/right lateral pelvic muscle plane region abutting the adductor muscle - suggestive for metastasis.

Heterogeneously enhancing right external iliac lymphnode of approximate size 9.2x6mm shows mild cortical thickening. Indeterminate.

The right scrotal sac shows heterogeneous enhancement and few dilated vessels which needs USG scrotum evaluation.

Liver shows normal attenuation values. No IHBP dilatation. A very small simple cyst appearing lesion seen in segment VI and segment II.

GB - No radio-opaque luminal filling defect is seen. Wall thickness is normal. Pancreas and spleen are normal.

Both kidneys are normal in size and shape. Parenchyma shows normal contrast enhancement. Pelvicalyceal system appears normal. Contrast excretion is normal. Subcutaneous soft tissue shows normal CT appearance.

Urinary bladder is partially distended and appears unremarkable with mild asymmetrically thickened wall. No significant peritoneal free fluid.

No significant retroperitoneal lymphadenopathy is seen.

Small dense sclerotic focus seen in right femoral head & left femoral neck? Bone island.

GUJARATIYA HOSPITAL

Dr. Jyoti Bhatnagar

Dr. Jyoti Bhatnagar

Dr. Jyoti Bhatnagar

स्वास्तिक पैथोलॉजी लेब

Dr. Jyoti Bhatnagar

Dr. Jyoti Bhatnagar

Dr. Jyoti Bhatnagar

Ultrasound

3D Ultrasound

Normal Sonography

Interve

Prostate cancer

Also called: prostatic carcinoma

- Overview
- Symptoms
- Treatment

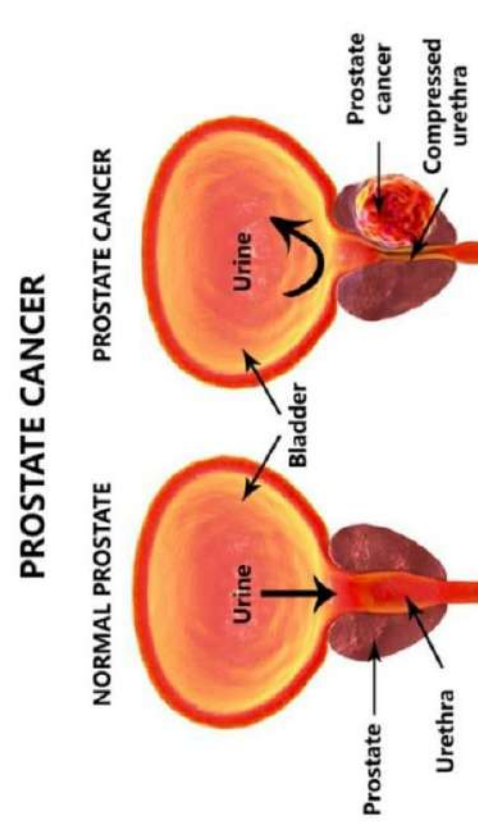
A cancer in a man's prostate, a small gland that produces seminal fluid.

A man's prostate produces the seminal nourishes and transports sperm.

Common

More than 1 million cases per year (India)

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



Dr. Lal PathLabs

16/4/2021 10:10:00AM

Collected: 16/4/2021 2:01:41PM

Received: 16/4/2021 4:02:55PM

Reported: Final

Name: Mr. NARMADA PRASAD GOUR

Lab No.: 302160063

Age: 68 Years

Gender: Male

Ref By: SELF

Alc Status: P

Test Name: PSA (PROSTATE SPECIFIC ANTIGEN), TOTAL, SERUM (CLIA)

Results: 0.266

Units: ng/mL

Bio. Ref. Interval: <4.00

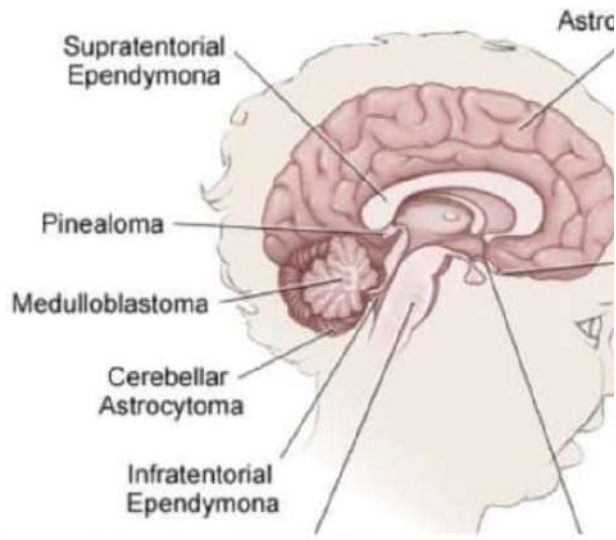
Note: 1. False low / high results may be observed in patients receiving mouse monoclonal antibodies for diagnosis/therapy or due to interference by heterophilic antibodies & nonspecific protein binding or on high dose Biotin therapy. 2. Immediate PSA testing following digital rectal examination, ejaculation, prostatic massage, indwelling catheterization, ultrasonography and needle biopsy of prostate is not recommended as they falsely elevate levels. Elevated levels of PSA can also be seen in Benign Prostatic disease, Prostatitis and/or

glioma

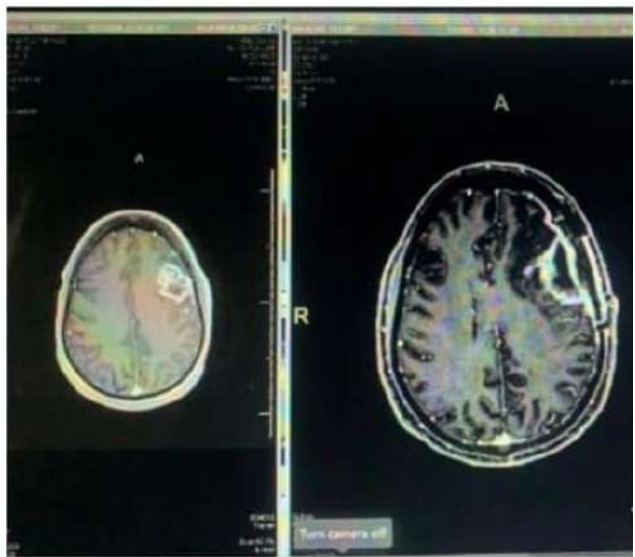
: GBM, glioblastoma multiforme

with **Symptoms** **Treatments**

It is a tumour affecting the brain or spine. It starts when a cell in the brain or spine starts to grow and spreads rapidly, often causing pressure.



Diagnosis and Treatment of Glioma: Diagnosis involves imaging (MRI, CT) and biopsy. Treatment options include surgery, radiation therapy, and chemotherapy. The prognosis depends on the tumor's location and grade.



Findings: The MRI shows a large, enhancing mass in the right hemisphere, consistent with a glioma. The mass is well-circumscribed and shows significant contrast enhancement. There is surrounding vasogenic edema and a midline shift to the left. The ventricles are compressed and displaced.

CONTRAST: 8.1 mL Gadovist IV
FINDINGS:
Left frontal craniotomy flap with subjacent surgical resection cavity redemonstrated. The resection cavity demonstrates diminished fluid signal. The associated mostly peripheral enhancement in this region is improved. This is most conspicuous along the dorsal reflection. The vasogenic edema is markedly improved with diminished effacement of sulci. The left to right midline shift has resolved. The minimal cytotoxic edema/ischemia adjacent to the resection cavity is stable. Small amount of extra-axial fluid is stable measuring 2.7 mm.
No acute cortical infarction, hemorrhage, hydrocephalus or change in size of the ventricles. The previously demonstrated abnormal hyperintense T2/FLAIR signal involving the left periaxial region and left parasagittal posterior frontal and parietal cortex with gyral thickening as well as the right parietal periventricular white matter, brainstem and cerebellum remain intact.
Gross patency of the major intracranial vascular flow voids demonstrated. The visualized orbits and pituitary gland are normal.
Mild opacification involves the left mastoid air cells. Paranasal sinuses demonstrate mild mucosal thickening at the level of the ethmoid sinus.
Skull base and calvarial structures are unchanged.

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 ।

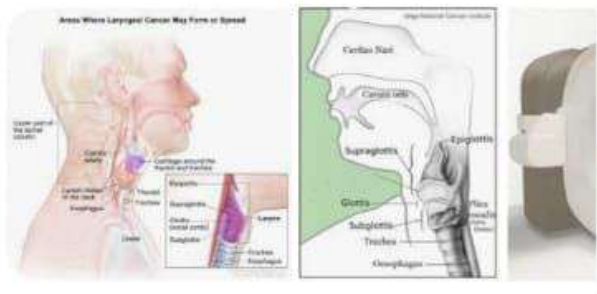
आरोग्य सुपर स्पेशलिटी माईन होमियोपैथी

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

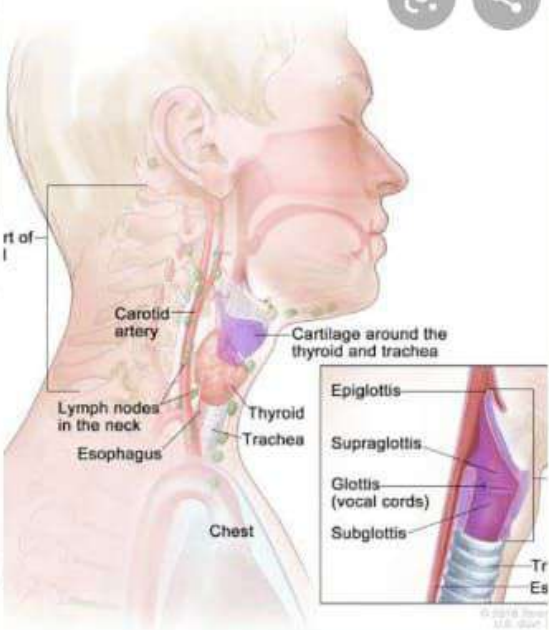
प्रथम मंजिल, कृष्णा टॉवर, ब्योरवेल हॉस्पिटल के सामने, जंजीरवाला घौराहा, न्यू पलासिया, इन्डिया

99075 27914 संपर्क : 0731-4977076, 79999 78894

homeopathy.cure.in, www.aarogyahomeopathyindore.com Email : arpitchopra23@gmail.com



Areas Where Laryngeal Cancer May Form or Spread



Laryngeal cancer is a disease in which malignant (**cancer**) cells form in the tissues of the **larynx**. Use of tobacco products and drinking too much alcohol can affect the risk of **laryngeal cancer**. Signs and symptoms of **laryngeal cancer** include a sore throat and ear pain.

MANJAS EAR NOSE THROAT & HEAD NECK CANCER CENTRE
 HAS VIKAR SARVODAYA NGR,INDIRA NGR,LUCKNOW-16-PH-955447742

DIRECT LARYNGOSCOPY REPORT

KRISHNA SINGH / 72 / F

IRRADIATED CA EPIGLOTTIS. ENDOSCOPY REVEALS RECURRENT LYING EPIGLOTTIS & RT LARYNGOPHARYNX. B/L CORDS ARE MOBILE. GLOTTIC CHINK IS ADEQUATE.

DR PARITOSH PANDEY (MS-ENT)
 21-Feb-21

img Labs img Technological Private Limited
 Lab No: 14879084
 Patient Name: Mrs. KRISHNA SINGH
 Date: 16-Apr-2021 06:32PM
 Report Date: 16-Apr-2021 06:32PM

img Labs img Technological Private Limited
 Lab No: 14879084
 Patient Name: Mrs. KRISHNA SINGH
 Date: 16-Apr-2021 06:32PM
 Report Date: 16-Apr-2021 06:32PM

Test Description	Observed Value	Biological Reference Interval
CEA (Blood)	1.32	0.0-3.0 U/mL

IMMUNOASSAY

CEA (Blood) 1.32 0.0-3.0 U/mL

Interpretation:
 CA 15-3 levels are most useful in following the course of treatment in cases of diagnosed breast cancer, especially advanced breast cancer.
 It is rarely increased in early stage of breast cancer. Therefore not recommended for screening of breast cancer.
 Serial measurements of CA15-3 which elevated may reflect tumor size and growth.

Clinical Utility:
 Predicting early recurrence in treated breast cancer cases.
 Serial testing in post stage II breast cancer cases who are clinically free of disease.

Increased Levels seen in:
 Advanced breast cancer.
 Other cancers like that of stomach, colon, lung, colorectal, prostate and pancreas.
 Non-malignant conditions - benign breast or ovarian diseases, endometriosis, pelvic inflammatory diseases, hepatitis, cirrhosis and autoimmune disorders.

Test Description	Observed Value	Biological Reference Interval
Carcinoembryonic antigen (CEA)	1.32	ng/mL

IMMUNOASSAY

Carcinoembryonic antigen (CEA) 1.32 ng/mL

Normal Range:
 Male Nonsmokers - 0-5.7
 Male Smokers - 0-10.4
 Female Nonsmokers - 0-5.2
 Female Smokers - 0-9.2

It also raised smokers, for many in 20% of smokers may have CEA levels even more than 10 ng/mL.

Notes:
 High serum CEA levels have been observed in persons with primary malignant cancer and in patients with other malignancies including gastrointestinal (lung, breast, prostate, liver, and pancreatic cancer). Elevated serum CEA levels have also been observed in persons with nonmalignant diseases, especially in who are older or who are smokers.

आरोग्य सुख स्वास्थ्यलिटी मार्केट होमियोपैथी

कैंसर, किडनी केलियर, अस्थिगत में गंभीर रूप से
 बर्फी भरियों का उपचार, कोमा, शल्य चिकित्सा योग्य रोग,
 आँदो इन्फ्यून रोग, जीवनर रथाई होने वाले रोगों की रोकथाम एवं
 300 प्रकार के असाध्य जटिल रोगों की चिकित्सा।

डॉ. मनीष कुमार (MD)
 M.B.B.S., M.D. (Peds)
 Homeo Consultant

img Labs img Technological Private Limited
 Lab No: 14879084
 Patient Name: Mrs. KRISHNA SINGH
 Date: 16-Apr-2021 06:32PM
 Report Date: 16-Apr-2021 06:32PM

img Labs img Technological Private Limited
 Lab No: 14879084
 Patient Name: Mrs. KRISHNA SINGH
 Date: 16-Apr-2021 06:32PM
 Report Date: 16-Apr-2021 06:32PM

Test Description	Observed Value	Biological Reference Interval
CA 15.3	31.56	0.0-37.0 U/mL

IMMUNOASSAY

CA 15.3 31.56 0.0-37.0 U/mL

Interpretation:
 CA 15-3 is a tumour marker. It is not elevated in 50% of breast cancer cases and does not rise in the early stage of breast cancer. It is useful in monitoring the response to treatment in breast cancer patients with advanced disease.
 It is rarely elevated in early stage of breast cancer. Therefore not recommended for screening of breast cancer.
 Serial measurements of CA15-3 which elevated may reflect tumor size and growth.
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 Serial measurements of CA15-3 which elevated may reflect tumor size and growth.

Clinical Utility:
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 Serial testing in post stage II breast cancer cases who are clinically free of disease.

Increased Levels seen in:
 Advanced breast cancer.
 Other cancers like that of stomach, colon, lung, colorectal, prostate and pancreas.
 Non-malignant conditions - benign breast or ovarian diseases, endometriosis, pelvic inflammatory diseases, hepatitis, cirrhosis and autoimmune disorders.

Apollomedics Apollomedics

DEPARTMENT OF MOLECULAR MEDICINE REPORT

TEST: CA 15.3 (Blood) DATE: 16-04-2021
 UNIT: U/mL REF RANGE: 0.0-37.0

TEST RESULT: 31.56

CA 15.3 (Blood) 31.56 U/mL

Interpretation:
 CA 15-3 is a tumour marker. It is not elevated in 50% of breast cancer cases and does not rise in the early stage of breast cancer. It is useful in monitoring the response to treatment in breast cancer patients with advanced disease.
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Apollomedics Apollomedics

DEPARTMENT OF MOLECULAR MEDICINE REPORT

TEST: CA 15.3 (Blood) DATE: 16-04-2021
 UNIT: U/mL REF RANGE: 0.0-37.0

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Clinical Utility:
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 Serial testing in post stage II breast cancer cases who are clinically free of disease.

Increased Levels seen in:
 Advanced breast cancer.
 Other cancers like that of stomach, colon, lung, colorectal, prostate and pancreas.
 Non-malignant conditions - benign breast or ovarian diseases, endometriosis, pelvic inflammatory diseases, hepatitis, cirrhosis and autoimmune disorders.

Verrucous carcinoma (VC) is an uncommon variant of squamous cell carcinoma. This form of cancer is often seen in those who chew tobacco or use snuff orally, so much so that it is sometimes referred to as "Snuff dipper's cancer".

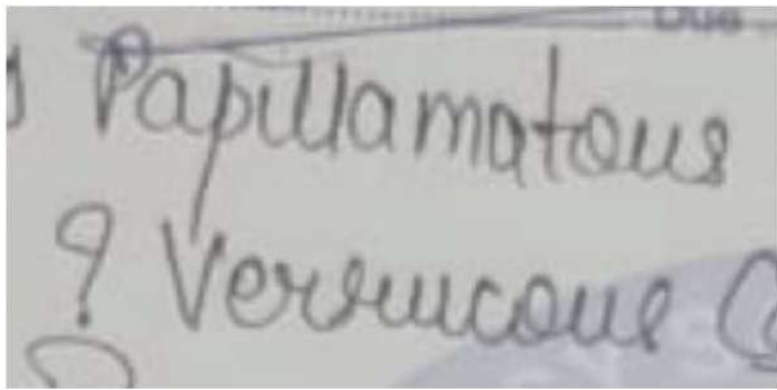


Figure 1. Verrucous carcinoma oral



 3121010075279	Mr. PURANJAN KATARA PID NO: P312100080919 Age: 48.0 Year(s) Sex: Male	Reference: Dr.ARPIT CHOPRA Sample Collected At: Navesthya diagnostic solutions 132, Krishna tower, jangarwala square, Indore, mp - 452003 PROCESSING LOCATION- Metropolis Healthcare Ltd. Unit No. 405- 416, 4th Floor, Commercial Building-1, Kohnoor Mall, Mumbai-70	VID: 3121010075279 Registered On: 05/04/2021 08:31 PM Collected On: 05/04/2021 8:31PM Reported On: 07/04/2021 12:45 PM
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Investigation	Observed Value	Unit	Biological Reference Interval
CA-15.3 (Serum,CMA)	11.60	U/mL	00-31.3

INTERPRETATION:

- CA 15.3 is a mucin-like membrane glycoprotein.
- Increased levels are also noted in few cases of carcinomas of ovary, colon, pancreas, lung and non-malignant conditions such as chronic hepatitis, cirrhosis, sarcoidosis and Systemic Lupus Erythematosus.
- Sensitivity for serum CA 15-3 in patients with early breast cancer is 15-30% & hence is not recommended for screening & thus low levels of CA 15-3 does not exclude the presence of either primary or metastatic breast cancer.
- In patients with breast cancer where the serum CA 15-3 level is elevated, the tumour marker can be used to monitor response to therapy. CA 15-3 has been shown to detect 40-60% of relapses before clinical or radiological evidence of disease with a lead-time of between 2 and 18 months.

Reference-

- Clinical Practice Guidelines for Serum tumour markers, 2003
- Laboratory Medicine Practice Guidelines for use of tumour markers, NACB, 2009

Page 1 of 2

Dr. Talat Khan
MBBS, MD (PATHOLOGY)

 3121010075279	Mr. PURANJAN KATARA PID NO: P312100080919 Age: 48.0 Year(s) Sex: Male	Reference: Dr.ARPIT CHOPRA Sample Collected At: Navesthya diagnostic solutions 132, Krishna tower, jangarwala square, Indore, mp - 452003 PROCESSING LOCATION- Metropolis Healthcare Limited, Upper Ground, Shop no 2, Loknagary, Near Navaraj Plaza, Indore-4240174	VID: 3121010075279 Registered On: 05/04/2021 08:31 PM Collected On: 05/04/2021 8:31PM Reported On: 07/04/2021 12:45 PM
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Investigation	Observed Value	Unit	Biological Reference Interval
CEA-Carcino Embryonic Antigen,Serum* (Serum,CMA)	2.44	ng/mL	Non-Smoking: 0-2.5 Smoking: 0-5

Interpretation:

- CEA (Carcinoembryonic Antigen), is an oncofetal glycoprotein and is expressed in normal mucosal cells and over expressed in adenocarcinoma, especially colorectal cancer.
- CEA is used as a marker for monitoring colorectal and gastrointestinal carcinoma and is raised in carcinoma of lung, breast, liver, pancreas, prostate, stomach and ovary.
- Strong conditions which can elevate CEA include smoking, hepatic diseases, infections, inflammatory bowel disease, trauma, collagen vascular disease, renal disorders, pancreatitis, cirrhosis of the liver and peptic ulcer, hypothyroidism, chemotherapy and radiation. Although values are usually less than 10 ng/mL.
- CEA is not an effective screening test for hidden (occult) cancer since early tumors do not cause significant blood elevations.
- A single test result is difficult to evaluate, but a number of tests, done weeks apart, shows trends in disease progression or regression.
- Patients on Biotin supplement may have interference in some immunoassays. Ref. Arch Pathol Lab Med-Vol 141, November 2017. With individuals taking high dose Biotin (more than 5 mg per day) supplements, at least 8-9 hour wait time before blood draw is recommended.

Reference: Greg L. Perkle, et al. Serum Tumor Markers. American family physicians sep.2003 vol.68 no.6

Associated test: FOP DR-70 is a non-invasive blood test available for monitoring Colorectal Cancer therapy & assessing Post-therapy recurrence.

CA-19.9* (Serum,CMA)	4.83	U/mL	0-37
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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 मार्डन होमियोपैथी

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

102, प्रथम मंजिल, कृष्णा टॉवर, उद्योगरत्न हॉस्पिटल के सामने, नंजीरवाला चौराहा, न्यू वलारिया, इन्डोर म.प्र.

93075 27914 संपर्क : 0731-4977076, 79909 78894

www.homeopathyure.in, www.aarogyahomeopathyindore.com Email : arpitchopra23@gmail.com

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 इफेक्टिव

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

99075 27914 संपर्क : 0731-4977076, 79999 78894

homoeopathycure.in, www.aarogyahomoeopathyindore.com Email : arpitchopra23@gmail.com



Plasmodium Laboratory Report

Patient Name: DR. ANKIT CHOPRA
Age: 35 Years
Sex: M
Study Date: 22 Mar 2023

RESULTS:

1. The patient is found to be positive for Plasmodium falciparum in peripheral blood smear.
2. The patient is found to be positive for Plasmodium falciparum in peripheral blood smear.
3. The patient is found to be positive for Plasmodium falciparum in peripheral blood smear.
4. The patient is found to be positive for Plasmodium falciparum in peripheral blood smear.
5. The patient is found to be positive for Plasmodium falciparum in peripheral blood smear.
6. The patient is found to be positive for Plasmodium falciparum in peripheral blood smear.

MEIKORIS
INNER HEALING REVOLUTION

MDCT SCAN OF NECK

Technique: MDCT imaging was performed using submillimeter thin contiguous plain and contrast axial cuts of neck from base of skull to clavicle.

Clinical Profile: KCCO left oral tongue abscess.

Findings:

TUMOUR:-
Evidence of heterogeneously enhancing, large, ulcerated mass lesion is seen involving left oral tongue, extending anteriorly on its anterior aspect (1 cm on right side of midline) measure about, on 0.3 x 3.4 x 3.1 cm.

Lesion is just protruding into the left sublingual space with possible invading the same. Focal invasion of left genioglossus and hyoglossus muscle is seen at its cranial aspect.

Myoepithelial muscle appears normal. No evidence of invasion of base - root of tongue or palatine tonsil.

Adjacent mandible appears unremarkable with no CT evidence of cortical-deep osteous invasion.

NODES:-
Few discrete lymphnodes are seen on either side, however no evidence of bulky, necrotic lymphadenopathy.

ORAL CANCER STATISTICS

95% of cases happen in people 40 or older

Between 6,000-9,000 cases are diagnosed every year

39% Found in stages 3-4, only 39% survive past 5 years

84% Caught in stage 1, the survival rate jumps to 84%

65% The overall survival rate is 65% after 5 years

ORAL CANCER: WHAT YOU NEED TO KNOW

WHAT IS ORAL CANCER?
Cancer occurring in the tissues of your mouth from the lips to the back of your throat and your tongue. Affected areas range from lips to tongue, gums and the roof and floor of your mouth.

AN OVERVIEW
30% of all reported cancers in India are Oral Cancer, with high survival rates if detected at an early stage.

ARE YOU AT RISK FOR ORAL CANCER?
3 out of 4 cases of Oral Cancer is preventable in men, especially regular smokers and drinkers.

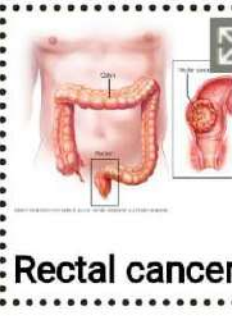
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ARE YOU AT RISK FOR ORAL CANCER?
3 out of 4 cases of Oral Cancer is preventable in men, especially regular smokers and drinkers.

Rectal cancer is cancer that begins in the rectum. The rectum is the last several inches of the large intestine. It starts at the end of the final segment of your colon and ends when it reaches the short, narrow passage leading to the anus.



Rectal cancer

THURSDAY (182-183)
 00 am
 नाम : परसराम जी गौड़
 पूता : 22, बालेवरी बुवा र-वाप (म.प्र.)
 मो. : 88890 95279
 1:00 am
 मैं रवि गौड़ मेरे पिताजी परसराम गौड़ को काफ़ी दिनों से बीमारी से पीड़ित थे। जाँच में उन्हें रेक्टल कैंसर होने की संभावना बताई गई थी। मुझे गोपी से पणु चला दि आइज होमियोपैथी में इस्का इलाज संभव है।
 डॉ. अर्पित चौपड़ा (जेन) सर से इलाज कराने के बाद चार महीने के बाद अच्छा रिजल्ट आया। उनकी जाँच में वह बीमारी नहीं पाई गई है। सर का बहुत-बहुत धन्यवाद, शुक्रिया...।
 डॉ. अर्पित चौपड़ा (जेन) Contact: 9907527914, 9713037737

SRL Diagnostics
 MRI - SPINE, CERVICAL & PELVIS (P-C)
 MR T1, T2, T3, T4, T5, T6, T7, T8, T9, T10, T11, T12, L1, L2, L3, L4, L5, L6, L7, L8, L9, L10, L11, L12, S1, S2, S3, S4, S5, S6, S7, S8, S9, S10, S11, S12, S13, S14, S15, S16, S17, S18, S19, S20, S21, S22, S23, S24, S25, S26, S27, S28, S29, S30, S31, S32, S33, S34, S35, S36, S37, S38, S39, S40, S41, S42, S43, S44, S45, S46, S47, S48, S49, S50, S51, S52, S53, S54, S55, S56, S57, S58, S59, S60, S61, S62, S63, S64, S65, S66, S67, S68, S69, S70, S71, S72, S73, S74, S75, S76, S77, S78, S79, S80, S81, S82, S83, S84, S85, S86, S87, S88, S89, S90, S91, S92, S93, S94, S95, S96, S97, S98, S99, S100, S101, S102, S103, S104, S105, S106, S107, S108, S109, S110, S111, S112, S113, S114, S115, S116, S117, S118, S119, S120, S121, S122, S123, S124, S125, S126, S127, S128, S129, S130, S131, S132, S133, S134, S135, S136, S137, S138, S139, S140, S141, S142, S143, S144, S145, S146, S147, S148, S149, S150, S151, S152, S153, S154, S155, S156, S157, S158, S159, S160, S161, S162, S163, S164, S165, S166, S167, 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पुस्तिका... 1

PANCREATITIS

नाम: आशिष अजित
 पता: Settleys Junction 1276 Indore.
 मो: 9754155345

मैं अकामिश भुक्ति 10 महीने से
 आग्नाशुय (Pancreas) & liver को
 बीमारी से बड़ा जाया वैधान था।
 जहाँ Hospital हुआ परामर्श इनको
 कही नहीं माना। फिर डॉ. अजित जी
 ने मेरे से सलाह कराया 15 दिनों में
 ही आराम लगाने लगा 1 month में
 90% तक से अच्छा रिफ़्त हुआ चुका
 था। मैं डॉ. अजित सर को Thanks

FEB MAR APR MAY JUN

Bhopal Institute of Gastroenterology Pvt. Ltd
GASTRO CARE LIVER & DIGESTIVE DISEASE CENTRE
 Advanced Gastroenterology & Hepatology Centre

Dr. PANKAJ GOEL
 M.D. (GASTROENTEROLOGY)

UPLABDOMEN

EDUCATION
 Postgraduate in Gastroenterology from All India Institute of Medical Sciences, New Delhi (1997)
 Fellowship in Gastroenterology from All India Institute of Medical Sciences, New Delhi (1999)
 Fellowship in Gastroenterology from Postgraduate Institute of Medical Education and Research, Chandigarh (2001)

Dr. PANKAJ GOEL

आरोग्य सुपर स्पेशलिटी मॉडर्न होम्योपैथिक क्लिनिक

आरोग्य सुपर स्पेशलिटी मॉडर्न होम्योपैथिक क्लिनिक

आरोग्य सुपर स्पेशलिटी मॉडर्न होम्योपैथिक क्लिनिक

July 2021 Week 27
 (883-182) FRIDAY 02

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आरोग्य सुपर स्पेशलिटी मॉडर्न होम्योपैथिक क्लिनिक



Necrotizing pancreatitis (NP) is a health problem in which part of your pancreas dies. This is because of inflammation or injury. If the dead tissue gets infected, it can cause serious issues. The pancreas is an organ that sits behind your

What is the survival rate for necrotizing pancreatitis?

Necrotizing pancreatitis (NP) is the most dreadful evolution associated to a poor prognosis: mortality is approximately 15% and up to 30-39% in case of infected necrosis, which is the major cause of death.

आरोग्य सुपर स्पेशलिटी मॉडर्न होम्योपैथिक क्लिनिक

आरोग्य सुपर स्पेशलिटी मॉडर्न होम्योपैथिक क्लिनिक

आरोग्य सुपर स्पेशलिटी मॉडर्न होम्योपैथिक क्लिनिक

आरोग्य सुपर स्पेशलिटी माडर्न हास्यापीथक क्लिनिक

डॉ. अश्विनी चौधरी (सीजे)
एच.टी. ट्यूमरोंकी
जटिल अवस्था एवं
सम्यक् रोग चिकित्सा

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

CA Oesophagus - 4.3cm caudally
Hb - DM Type 2 - wall thickness 12mm
- systemic HTN - esophageal diverticulum in upper esoph. 12cm
Probable left aortic enlargement
Minimal ST elevation
Proximal LAD - 30% stenosis
Multiple subcentimeter calcified LN Node
Non-calcified LN Node in Rt lower paroesoph region close - 12.0x11.0mm

Consultant In-charge: DR ASHMEET CHOUDHARY Ref By: Apollo Hospital
Date of collection: 05 Mar 2021 Date of reporting: 07 Mar 2021

HISTOPATHOLOGY REPORT

LAB ID: H-278/21
CLINICAL DETAILS: Dysphagia. UGIE: Ulcerated circumferential growth at 25cm from incisor. ? Ca
SAMPLE: Received 4 tiny irregular tissue pieces measuring 0.1-0.4cm. All tissue processed.
MICROSCOPY: Biopsy shows tumor with features of squamous cell carcinoma. Invasion into the subepithelial stroma is noted.
INTERPRETATION: SQUAMOUS CELL CARCINOMA MODERATELY DIFFERENTIATED

Apollo Hospital
Scheme no. 74-c Sector-D Vijay Nagar
Indore (M.P.)
Department of Gastroenterology

Patient ID: 2021030049
Patient Name: Dimplekash Baiwot
Age: 67 Y

Visit No: 31
Ref By: Dr. Dimplekash Baiwot
Date: 05-Mar-2021

GASTRO-DUODENOSCOPY REPORT

Findings
Oropharynx is normal
Esophagus shows Ulcerated Circumferential lesion Starting from 25cm upto 30cm. Scope could be Negotiated with Difficulty Bx Taken.
GE junction is at 38cm
Fundus, body and antrum of stomach show Gastritis.
Duodenal bulb is normal
Dill is normal

Conclusions
7 CA OESOPHAGUS, Bx AWAITED

Dr. Ashmeet Choudhary
MD, DM (AIIMS)

Dr. Vivek Pratap Singh Dixit
MD, DM (Gastro)


REDMI NOTE 9 PRO
AI QUAD CAMERA

iis Indore Institute of Gastroenterology
312, Professor Colony, Near Agrawal Sweet, Opp. Matlani Garden,
Endoscopy Department

Patient ID: 01992
Patient Name: Mr. Dimplekash Baiwot
Age/Gender: 66Yrs, Male

Visit Date: 20/Aug/21
Referred by: Dr. Mehlan, Kanwar
Consulted by: Dr. Sunny Bhanuani, MD, DM (Gastro)

UPPER GLENDOSCOPY REPORT



Premedication
Esophagus: Lidocaine 10% Spray, Schatzki B Ring, Reflux Esophagitis, LAX LES (Significant).
OG Junction: 40CMS
Stomach: Antral gastritis, Hills Grade 2 Hiatus Hernia, Infolding of gastric folds present on retroflexion.
Body: Normal
Antrum: Normal
Pylorus: Normal
Duodenum: D1: Normal, D2: Duodenitis.
Biopsy: Not taken.
Impression: Schatzki B Ring, Reflux Esophagitis, LAX LES (Significant), Antral gastritis, Hills Grade 2 Hiatus Hernia, Duodenitis.

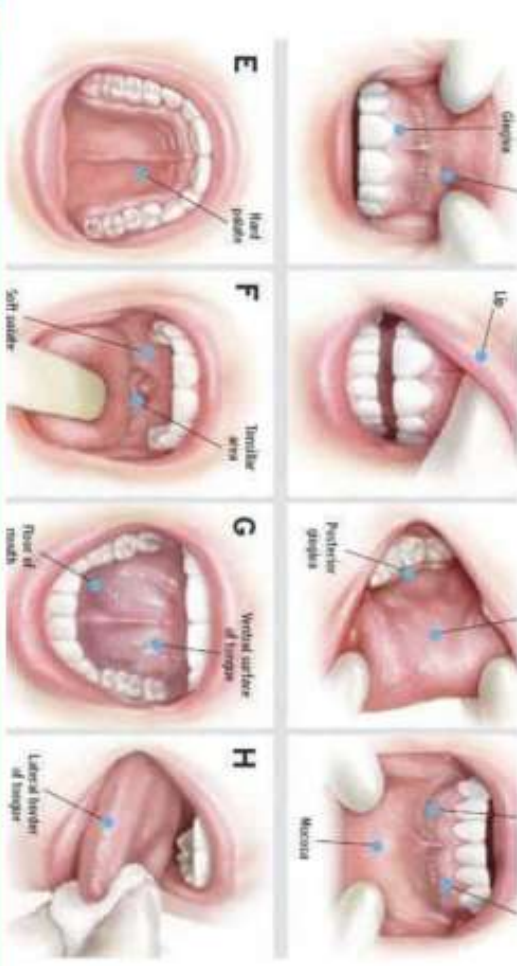
आरोग्य सुपर स्पेशलिटी मॉडर्न होम्योपैथिक क्लीनिक

कमालिट * परमानेन्ट * ईजी * सेफ * फास्ट एण्ड कॉस्ट इफेक्टिव

* कैंसर * किडनी फेलियर * अस्पताल में गंभीर रूप से भर्ती मरिजों का उपचार * कोमा * शल्य चिकित्सा योग्य रोग * आँटो इन्सूलिन रोग * जीवनर दवाई देने 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.)
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www.homoeopathyure.in, www.aarogyahomeopathyindore.com Email : arpitchopra23@gmail.com



PROCESSED AT: Thyrocare, 3, 5/1, TTC, MIDC, Tarapur, Near Mumbai-401 502

NAME: 1. DR. ANSHU THAKUR (2017)

TEST NAME: Cytology

TECHNOLOGY: C.I.T.A.

VALUE: 11.82

UNIT: /sq. mm.

Reference Range: 11.82

Sample Collected on (IST): 18 Dec 2022 08:25

Sample Received on (IST): 18 Dec 2022 08:25

Report Released on (IST): 18 Dec 2022 08:25

Sample Type: 2017

Labcode: 17122022010000000000

Barcode: 18122022

Page: 1 of 1

PROCESSED AT: Thyrocare, 3, 5/1, TTC, MIDC, Tarapur, Near Mumbai-401 502

NAME: 1. DR. ANSHU THAKUR (2017)

TEST NAME: Cytology

TECHNOLOGY: C.I.T.A.

VALUE: 8.5

UNIT: /sq. mm.

Reference Range: 8.5

Sample Collected on (IST): 18 Dec 2022 08:25

Sample Received on (IST): 18 Dec 2022 08:25

Report Released on (IST): 18 Dec 2022 08:25

Sample Type: 2017

Labcode: 17122022010000000000

Barcode: 18122022

Page: 1 of 1

CT NECK

TECHNIQUE: Contrast CT scan of the neck and high-resolution CT scan of the cervical spine of the neck was performed contrast media @ 1.5 ml/kg with oral contrast.

OBSERVATION: The soft tissue polypoid heterogeneously enhancing soft tissue mass measuring 5.7 cm in thickness along right buccal mucosa superiorly extending upto the buccal sulcus. Inferiorly it is seen involving the angle of neck and extending upto the neck.

Impression: CT features suggest polypoid heterogeneously enhancing soft tissue mass along right buccal mucosa extending upto the right upper gingivo-buccal sulcus being suggestive of dysplastic / Squamous lesion.

Conclusion: CT features suggest polypoid heterogeneously enhancing soft tissue mass along right buccal mucosa extending upto the right upper gingivo-buccal sulcus being suggestive of dysplastic / Squamous lesion.

Dr. Girish M. Moghe

36a, Shivajinagar

CT Neck

Impression: Single growth over right buccal mucosa. Dysplastic squamous cells, suggestive of squamous carcinoma.

Final: Right submandibular node Metastatic squamous carcinoma cells.

Buccal mucosa cancer

Buccal mucosa cancer primarily occurs along the occlusal plane and is characterized by pain and ulceration, which are usually accompanied by a buccal mass. Squamous cell carcinoma (SCC) of the buccal mucosa is rare and accounts for approximately 10% of all oral cancers.^{1,2} Jun 28, 2017



PROCESSED AT: Thyrocare, 3, 5/1, TTC, MIDC, Tarapur, Near Mumbai-401 502

NAME: 1. DR. ANSHU THAKUR (2017)

TEST NAME: Cytology

TECHNOLOGY: C.I.T.A.

VALUE: 10.8

UNIT: /sq. mm.

Reference Range: 10.8

Sample Collected on (IST): 18 Dec 2022 08:25

Sample Received on (IST): 18 Dec 2022 08:25

Report Released on (IST): 18 Dec 2022 08:25

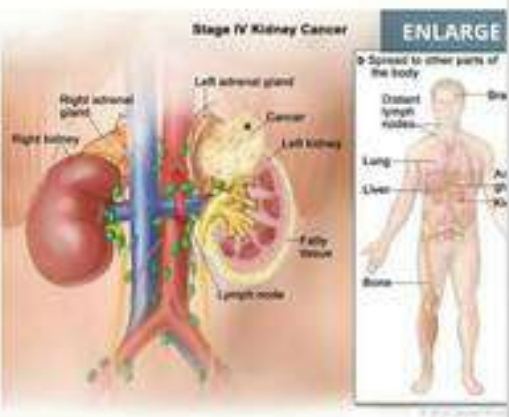
Sample Type: 2017

Labcode: 17122022010000000000

Barcode: 18122022

Page: 1 of 1

Renal Cell Cancer Treatment



Stage IV kidney cancer. Cancer has spread a) beyond the layer of fatty tissue around the kidney and may have spread into the adrenal gland above the kidney with cancer, or b) to other parts of the body, such as the brain, lung, liver, adrenal gland, bone, or distant lymph nodes.

Patient Name: Mrs. ANANDA KISHOR DEVI (A) / ANITA
Age / Gender: 50 / FEMALE
Address: PLOT AREA, SHARADA NAGAR, 1ST CROSS, SHARADA NAGAR, BANGALORE, KARNATAKA, INDIA.
Reg. Number: 09211171111

Report Date: 01-07-2022 11:41 AM Reporting Date: 01-07-2022

FDG PET/CT SCAN

TECHNIQUE: Full-body PET study of the whole body was performed from head to mid thigh level as mentioned with axial, sagittal and coronar reconstruction. 1.8 ml of 18F-FDG (Radioactive) was injected IV to the patient. The later scan whole body PET/CT imaging started at mid thigh and performed on a full-body PET/CT scanner (Siemens) (body) scanner for body weight and exposure to 34 min.

CLINICAL SUMMARY: Case of carcinoma left renal mass with liver and distant metastases. Patient came for systematic staging and prognostic.

FINDINGS:

ABDOMEN AND PELVIS:

FDG avid heterogeneously enhancing well defined lobulated mass lesion noted involving the mid and lower pole of left kidney with loss of corticomedullary differentiation and extends in perivascular system with no evidence of obstruction. The mass measures 61 x 38 x 61 (max AP) with capsular bulge in the posterior paraspinous space and anteriorly closely abut adjacent bowel loops with no loss of fat planes.

Contralateral right kidney appears to be unremarkable.

No obvious FDG avid significant locoregional nodes.

FDG avid heterogeneously enhancing well defined hypodense lesion is noted involving the right lobe of liver measures 41 x 36 mm (SUV max 29).

Mild/moderate free fluid is noted in the retroperitoneal pouch.

FDG avid heterogeneously enhancing right external iliac and obturator nodes noted. Measures 15 x 10 mm (SUV max 13.84).

No obvious evidence of filling defect noted involving the left renal vein and the IVC.

before modern homoeopathy treatment

आपोग्य यूपार स्पेशलिटी मॉडर्न होमियोपैथिक क्लीनिक

गुरुकुल • गुणवत्ता • विश्वविद्यालय • विश्वविद्यालय • विश्वविद्यालय

• वैद्यकीय विशेषज्ञ • वैद्यकीय विशेषज्ञ • वैद्यकीय विशेषज्ञ • वैद्यकीय विशेषज्ञ

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before modern homoeopathy treatment

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FINDINGS:

ABDOMEN AND PELVIS:

FDG avid heterogeneously enhancing well defined lobulated mass lesion noted involving the mid and lower pole of left kidney with capsular bulge in the posterior paraspinous space and anteriorly closely abut adjacent bowel loops with no loss of fat planes.

Contralateral right kidney appears to be unremarkable.

No obvious FDG avid significant locoregional nodes.

FDG avid heterogeneously enhancing well defined hypodense lesion is noted involving the right lobe of liver measures 41 x 36 mm (SUV max 29).

Mild/moderate free fluid is noted in the retroperitoneal pouch.

FDG avid heterogeneously enhancing right external iliac and obturator nodes noted. Measures 15 x 10 mm (SUV max 13.84).

No obvious evidence of filling defect noted involving the left renal vein and the IVC.

after modern homoeopathy treatment

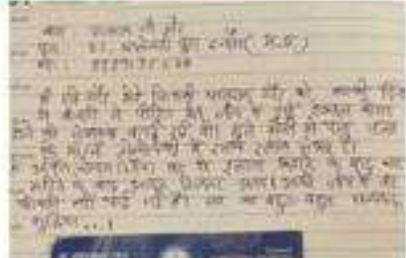
मॉडर्न होम्योपैथी

Parasram Gaur

Dr. Arpit Chopra (Jain)
MSD - HOMEOPATHY
AAROGYA SUPERSPECIALITY MODERN HOMEOPATHY CLINIC
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 Phone: 8731-487878, Mobile: 97136-92737, 97136-37737, 79999-78884, For Whatsapp, 98075-27914

'ARKINSON'S DISEASE, APLASTIC ANAEMIA, ANKLOSING

Rectal cancer is cancer that begins in the rectum. The rectum is the last several inches of the large intestine. It starts at the end of the final segment of your colon and ends when it reaches the short, narrow passage leading to the anus.



AI-SANYOG BODY SCAN

Rectal cancer

90, Rectal malignancy measured 3.5-4cm

कैंसर, किडनी फेलिचर, अस्पताल में गंभीर रूप से भर्ती मरीजों 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

कम्प्लिड, परमानेंट, इंजी, सेफ, कारस्ट एचब कॉस्ट इफेक्टिव

102, बंधन चौक, कृष्ण टॉवर, इन्दौरकेवट इंडिपेंडेंट के समने, जयवीरवाला रोड, न्यू फार्मासिया, इन्दौर म.प्र.
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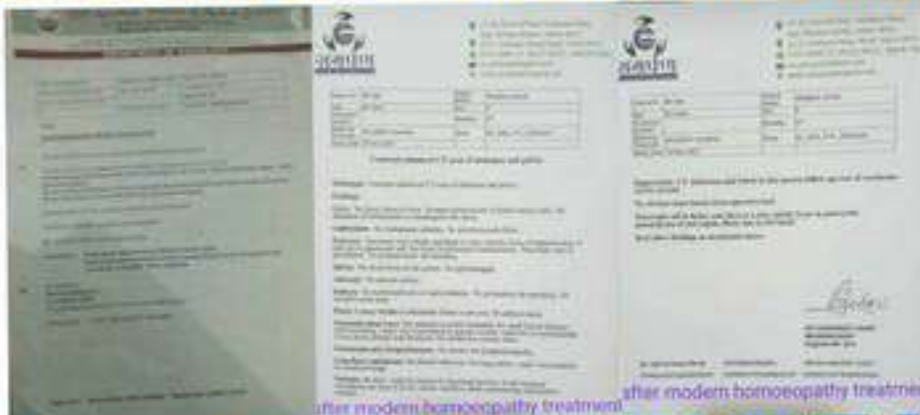


Prabhadevi Gaur
Harda (M.P.)

Dr. Arpit Chopra (Jain) (MD) HOMEOPATHY
CRITICAL & SURGICAL DISEASES SPECIALIST
Inventor Of Super Speciality Modern Homeopathy

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DISEASE, APLASTIC ANAEMIA, ANKLOSING, SPONDYLITI



after modern homeopathy treatment



आरोग्य सुपर स्पेशलिटी मॉडर्न होम्योपैथिक क्लिनिक

इन्फेक्शन + पल्पेटेड + इन्डि + टेंशन + वायर एंड कोर इन्फेक्शन

+ कैन्सर + थिरॉयड पैथोलॉजी + अल्ट्रासाउंड में नॉर्मल का से मर्डी रिपोर्टों का उपचार + कोला + रक्त थ्रॉम्बोसिस टोमो टोम + ऑर्टो ट्रान्स्फर टोन + डीकॉन्सर्ट टुवर्ड लेने वाले टोमो की टोकोलास टुवर्ड 100 प्रकाश के प्रकाश खरिस टोमो की थ्रॉम्बोसिस।

12, 14 प्रकाश बॉक्स, कृष्ण टोमो, कोलोसॉल टोमोसिस के लॉन्गे, कोलोसॉल टोमो, न्यू पॉलीसॉल, इन्फे (14.2)

फोन: 0731-4977076, 0731-37737, 0731-37737, 79999-78894, 99075-27914

www.homeopathyjain.in, www.aarogyaahomeopathyindore.com Email: arpitjain23@gmail.com

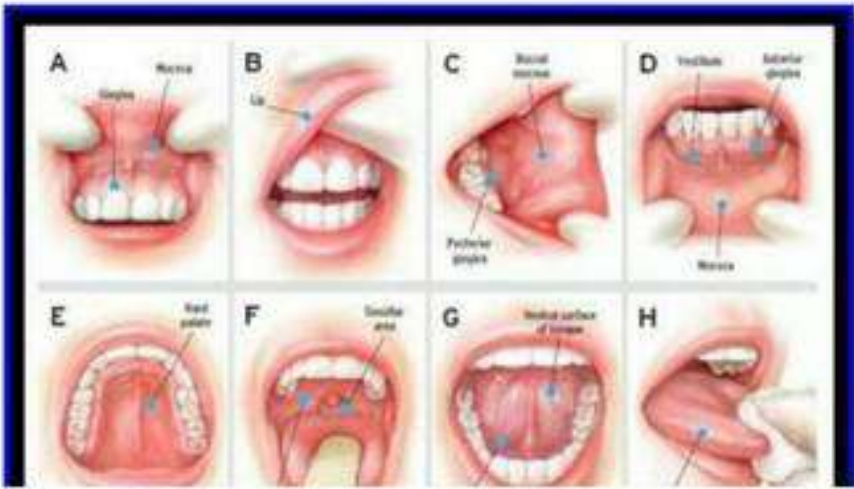
Cervical cancer

Overview Symptoms Treatments More

A malignant tumour of the cervix, the lowermost part of the uterus.

A malignant tumour of the lowermost part of the uterus





Oral cancer

Also called: oral cavity cancer

Overview

Symptoms

Treatments

Sp

Cancer that develops in any part of the mouth.

Risk factors include tobacco use, heavy alcohol use and human papillomavirus (HPV) infection.

Common

More than 1 million cases per year (India)

5 Treatable by a medical professional

Requires a medical diagnosis

2 Lab tests or imaging always required



आरोग्य सुपर स्पेशलिटी मॉडर्न होम्योपैथिक क्लीनिक

कम्प्यूटिड • परमानेंट • ईजी • सेफ • फास्ट एण्ड कॉस्ट इफेक्टिव

• कैंसर • किडनी फेलियर • अस्थितार में गंधिर लय से • मर्ती गरिजों का उपचार • कोमा
 • चाल्य विकिरण्य योग्य रोग • जटिल दुग्ध रोग • जीवनपर क्वार्ट लेने वाले रोगों की रोकथाम
 एवं 300 प्रकार के जलजन्य जटिल रोगों की चिकित्सा ।

102, 104, प्रथम मंजिल, कुम्भार टॉवर, कवठारवेल हॉस्पिटल के सामने, जंजीरवाला बीरगढ़ा, न्यू फ्लोरिडा, इन्दौर (म.प्र.)
 फोन : 0731-4977076, 90. | 97130-92737, 97130-37737, 79999-78894, 99075-27914
www.homoeopathyure.in, www.aarogyaahomeopathyindore.com Email : arpit@chopra23@gmail.com
 or arpit chopra's super speciality modern homoeopathic, <https://ig.page/1CaRz32ne82QXE8A>



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

आरोग्य सुपर स्पेशलिटी मॉडर्न होमियोपैथी
कम्पलिट, परमानेन्ट, ईजी, सेफ, फास्ट एण्ड कॉस्ट इफैक्टिव

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- 📅 Requires a medical diagnosis
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Pathcare Labs Pvt. Ltd.
PETHCARE LABS PVT LTD Regional Laboratory - Indore
No.102, Phase-2, Living Tower, Sangam 472002
Ph: 2491211113

REPORT

Patient Name	MR. RAJU KADKA	Reg. No.	994212202152
Age and Sex	46 Yrs / Male	PCO Code	PCO-HP-274
Referring Center	DR. ARJIT CHOPRA (JAIN)	Sample Given Date	03-Dec-2023 09:17 AM
Referring Customer	VISHVA CONDIOMOTICS PATH LAB	Registration Date	03-Dec-2023 09:07 AM
Via ID	13875444	Report Date	03-Dec-2023 09:27 AM
Sample Type	Serum	Report Status	Final Report
Client Address	501 COMPLEX GANCA ASHRAH JAIN BHAYAT BHILAI NAR-LINE INDOR		

CLINICAL BIOCHEMISTRY

Test Name	Obtained Value	Units	Ref. Interval (Age/Gender specific)	Method
*CA15.3 - Breast Cancer marker	20.8	U/ml	<15.3	UAA
<p>Comments:</p> <ul style="list-style-type: none"> CA 15.3 is a highly sensitive glycoprotein antigen in the serum and also the antigen of MUC-1 gene product. Elevated serum CA 15.3 levels are associated with increasing tumor volume and poor prognosis. CA 15.3 is a tumor marker. Elevated CA 15.3 levels are not specific for breast cancer and may be elevated in other malignancies. 				
*CA125 - Pancreatic Cancer Marker	4.2	U/ml	<37	UAA
<p>Comments:</p> <ul style="list-style-type: none"> CA 125 is a common glycoprotein antigen that is elevated in the majority of epithelial malignancies and is particularly elevated in ovarian cancer. Although the antigen is also elevated in other cancers, the most common cause for CA 125 elevation is ovarian cancer. Elevated CA 125 levels are associated with advanced disease and poor prognosis. CA 125 levels are elevated in various non-malignant conditions, including endometriosis, pelvic inflammatory disease, and liver disease. Elevated CA 125 levels are not specific for cancer and may be elevated in other conditions. 				
*Carcino Embryonic Antigen (CEA)	0.18	ng/ml	<1.0	UAA
<p>Comments:</p> <ul style="list-style-type: none"> Carcinoembryonic antigen is a glycoprotein antigen found in various epithelial malignancies. It is elevated in a variety of cancers, including colorectal, gastric, pancreatic, and breast cancer. CEA levels are also elevated in non-malignant conditions, including liver disease, inflammatory bowel disease, and smoking. CEA levels are not specific for cancer and may be elevated in other conditions. 				

DR. RAJESH VERMA
MD PATHOLOGIST



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

CANCER ORAL BUCCAL MUCOSA(MOUTH)



10 Squamous cell carcinoma 10/03/18
(left buccal Mucosa)
Lesion size 0.5x0.5 cm (2 month since
CS grey white firm)
H/O T2DM 20yrs since
H/O Pulmonary Tuberculosis
3yrs taken
Piles occ.

PROCESSED AT: Thyrocare CAP ACCREDITED

TEST NAME: CA 15.3
TECHNOLOGY: EIA
VALUE: 0.22
UNITS: U/ml

REFERENCE RANGE: 0-25 U/ml

Interpretation: CA 15.3 is elevated in about 80% of women with localized breast cancer and in about 50% of those with metastatic breast cancer. CA 15.3 may also be elevated in many benign and inflammatory conditions such as Chronic Hepatitis, Lung Cancer, Cervical Infection, and Stage-III Breast Cancer. The higher the CA 15.3 level the more advanced the Breast Cancer and the larger the tumor burden. Interpretation: Reference Range (NCCN v. 1.9): 0-25 U/ml. CA 15.3 is elevated in about 80% of women with localized breast cancer and in about 50% of those with metastatic breast cancer. CA 15.3 may also be elevated in many benign and inflammatory conditions such as Chronic Hepatitis, Lung Cancer, Cervical Infection, and Stage-III Breast Cancer. The higher the CA 15.3 level the more advanced the Breast Cancer and the larger the tumor burden. Interpretation: Reference Range (NCCN v. 1.9): 0-25 U/ml. CA 15.3 is elevated in about 80% of women with localized breast cancer and in about 50% of those with metastatic breast cancer. CA 15.3 may also be elevated in many benign and inflammatory conditions such as Chronic Hepatitis, Lung Cancer, Cervical Infection, and Stage-III Breast Cancer. The higher the CA 15.3 level the more advanced the Breast Cancer and the larger the tumor burden. Interpretation: Reference Range (NCCN v. 1.9): 0-25 U/ml.

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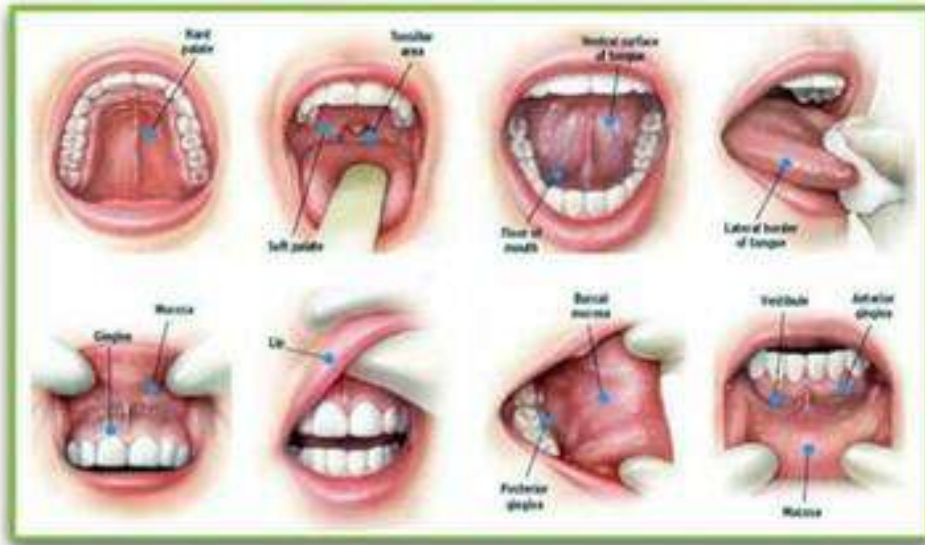
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Oral Cancer



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 Phone : 0731 - 476222, 0 9617770192

Patient Name : Mr. HARISH KUMAR SOLANKI
DOB-Age-Sex : 62 years/Male
Mobile :
Referred By : Dr. DHEEPA

Sample ID : S06220042
Organization : Parasara Hospital & Research Center
Registered : 16 Jun 2022, 21:18 pm
Collected On : 17 Jun 2022, 09:01 am
Approved On : 17 Jun 2022, 01:47 pm

IMMUNOLOGY			
Test Description	Value(s)	Unit(s)	Reference Range
Carcino Embryonic Antigen(CEA) Method : ELFA	1.37	ng/ml	0 - 5
CA 19.9 Method : Microassay / ELFA Source Serum (SST)	5.60	U/ml	0.0 - 37.0

INTERPRETATION : CA 19.9 is an carbohydrate antigen molecule and is secreted in pancreatic carcinoma, bile duct carcinoma, gastric carcinoma, colorectal carcinoma, mesophigeal carcinoma and hepatobiliary carcinoma. High CA 19.9 level are seen in various extra-hepatic cholestasis, autoimmune disorders and inflammatory disease of the biliary tract, although values are usually less than 1000 U/ml. CA 19.9 levels are also useful in predicting survival, residual disease, metastasis or recurrence after surgery. A. Patients with Lewis x blood type do not produce CA 19.9. Thus about 5% of persons are unable to produce this antigen. Reference: Ding, P. et al. Blood Tumor Markers. American Family Physician Aug 2003; 68:1650-1655. Caution: Patients with phenotype Lewis x(-) do not express CA 19.9. In a tumor antigen serum (TAS) samples collected from patients receiving immunosuppressive antibody preparations for diagnostic or therapeutic purposes may contain human anti-mouse antibodies (HAMA). These samples may give falsely high or low concentrations when tested with the competing mouse antibodies as is not applicable to perform CA 19.9 assays on patients who have received a blood organ in the previous 34 days (12).

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SPECIAL TESTS			
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CA 19.9 Method : ELFA	5.60	U/ml	0 - 37.0

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102, प्रथम मंजिल, वृष्णा टॉवर, क्वोरवेल हॉस्पिटल के सामने, नजीरवाला चौराहा, न्यू पलासिया, इन्दौर म.प्र.
 09075 27914 संपर्क : 0731-4977076, 70999 78804
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Handwritten notes:
 Carcinoma Upper GBS
 Guid by
 4.9 x 37 x 4.1
 26/06/20
 12 x 9.5 x 9.5
 Metastatic lymph node
 multiple
 metastatic



AFTER MODERN HOMEOPATHY TREATMENT

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डॉ. अमित शर्मा (M.D.)
 एम. डी. एम.पी.सी.
 एम.डी. एम.पी.ए.
 एम.डी. एम.पी.ए.
 एम.डी. एम.पी.ए.

102, कृष्ण मंदिर, कृष्ण टॉवर, स्वतंत्रता इतिहास के संग्रहा, नवनीलवास सीटाइड, न्यू कालोनिया, इन्दौर म.प्र.
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 www.homeopathyvivek.in, www.aarogyasuperhomeopathyindore.com, Email: aroghyasn33@gmail.com



BEFORE MODERN HOMEOPATHY TREATMENT

Rectal Cancer: Signs, Stages, Causes & Treatment

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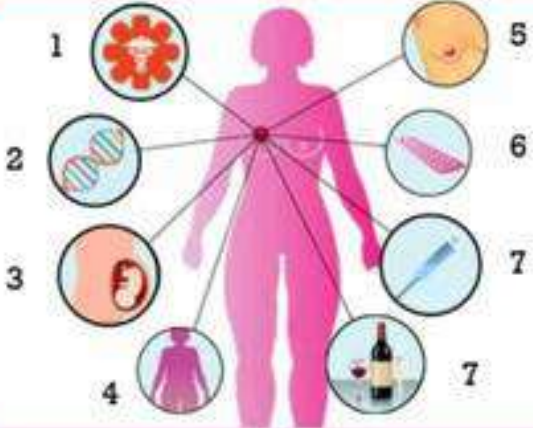
What is rectal cancer?

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



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Causes and Risk Factors of Breast Cancer



- Family history
- Gene mutation
- Late childbearing
- Early Menstruation & Late Menopause/ Obesity
- Increased breast density
- Prolonged use of oral contraceptives
- Hormone replacement therapy after menopause
- Alcohol intake/ tobacco

BREAST CANCER SYMPTOMS

Early diagnosis of cancer generally increases the chances for successful treatment.

Breast cancer

- Overview
- Symptoms
- Treatments

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 होमियोपैथी
कम्प्लिट, परमानेंट, ड्रूजी, रोफ, फास्ट एण्ड कॉस्ट इफेक्टिव
102, प्रथम मंजिल, कृष्ण टॉवर, इकोलेव हॉस्पिटल के सामने, नजीरवाला रोड, न्यू फ्लोरिडा, इन्डोर म.प्र.

GLOTTIC CARCINOMA

- More frequent
- Spreads locally
- Few lymphatics with no nodal metastasis



- Symptoms
 - Hoarseness of voice (early sign)
 - Cord fixation leads to stridor and laryngeal obstruction



ORL, ONSI, ENT Report

STORY/PRESENTATION

History of progressive hoarseness over time in absence of other signs of airway disease. CT scan of the neck and other regions. First presenting was found on physical exam. Hoarseness in absence of other symptoms.

OBSERVATIONS

Most severely thickening of vocal folds and larynx. No evidence of nodal metastasis. No evidence of periglottic extension. No evidence of pre-laryngeal extension. No evidence of subglottic extension. No evidence of extralaryngeal extension. No evidence of distant metastasis. No evidence of distant metastasis. No evidence of distant metastasis.

Report Name	ORL, ONSI, ENT	Age	60
Date	12/12/12	Sex	Male
Ref. Dr.	Dr. Anil Kumar	Specialty	ORL, ONSI, ENT

REMARKS

Most severely thickening of vocal folds and larynx. No evidence of nodal metastasis.

Please contact your doctor and/or referring physician for further information. This report is based on digital DICOM images provided on CD-ROM without consideration of patient history. Please contact your doctor for further information.

after Modern Homoeopathy treatment

ORL, ONSI, ENT Report

STORY/PRESENTATION

History of progressive hoarseness over time in absence of other signs of airway disease. CT scan of the neck and other regions. First presenting was found on physical exam. Hoarseness in absence of other symptoms.

OBSERVATIONS

Less severely thickening of vocal folds and larynx. No evidence of nodal metastasis. No evidence of periglottic extension. No evidence of pre-laryngeal extension. No evidence of subglottic extension. No evidence of extralaryngeal extension. No evidence of distant metastasis. No evidence of distant metastasis. No evidence of distant metastasis.

Report Name	ORL, ONSI, ENT	Age	60
Date	12/12/12	Sex	Male
Ref. Dr.	Dr. Anil Kumar	Specialty	ORL, ONSI, ENT

REMARKS

Less severely thickening of vocal folds and larynx. No evidence of nodal metastasis.

Please contact your doctor and/or referring physician for further information. This report is based on digital DICOM images provided on CD-ROM without consideration of patient history. Please contact your doctor for further information.

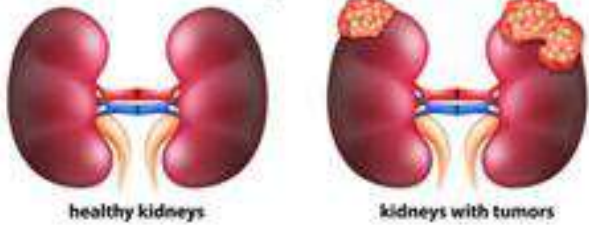
after Modern Homoeopathy treatment

C/O Carcinoma of left glottis. 10/12/12
 -> lesion size - 27x10mm (lobular)
 -> Few heterogenous enhancing B/L cervical lymph nodes notes 15x15mm level II
 -> III level 11x10mm Metabolically Active lymph node Metastases.
 -> H/o Angiopathy 2016 (CHO) -> 15 months
 -> 1 month since

केसर, किडनी फेलिचर, अस्पताल में गंभीर रूप से भर्ती मरीजों 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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 सम्पतित, परमाणु, ईजी, सेक, फास्ट एच कॉस्ट इफेक्टिव
 102, ब्रह्म चौक, सुभाष रोड, इन्दौर
 031-25114 सफर : 031-407019, 298870004
 www.homoeopathy.in, www.amodernhomoeopathyindia.com, Email : amodhops@gmail.com

Kidney Cancer



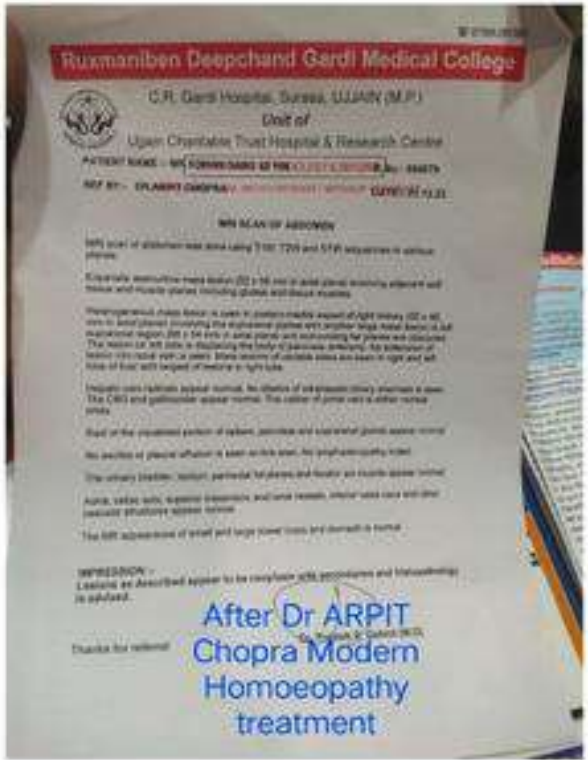
healthy kidneys

kidneys with tumors

Kidney Cancer



before treatment



After Dr ARPIT Chopra Modern Homoeopathy treatment



Ovarian cancer

Overview

Symptoms

Treatments

A cancer that begins in the female organs that produce eggs (ovaries).

Ovarian cancer often goes undetected until it has spread within the pelvis and stomach. At this late stage, ovarian cancer is more difficult to treat and can be fatal.



Metastatic Adenocarcinoma
 Malignant oöthel
 Pelt of L. Cycle (2018/20)
 CA: 125 → 1514 (2018/20)
 CEA: 10.89
 CA 19-9 → 161
 AFP → 13.64
 Hb - Blood count: 15.50 g/dl

Central Lab
 Address: 117, Nehru Park, Sector 16, Gurgaon, Haryana, India
 Reg. Office: Central Lab Pvt. Ltd. Reg. No. 26, Udyam
 Registration No. Gurgaon-2018-2019
 www.centralab.in | Call: 99999 5121
 DR No.: UN1201802018PT0000171

Name	Ms. SNEHITA FORDAM	Collected	16-Aug-2022 09:31 AM
Lab No.	20220114	Received	16-Aug-2022 09:34 AM
Age	43 Years	Requested	16-Aug-2022 09:34 AM
Sex	F	Report Status	Final

Test	Result	Units	Ref. Range
AFP	13.64	ng/ml	0.0 - 1.0 (Men & non-pregnant women)
CA 125	1514	U/ml	0 - 35

before treatment

SHIVANI DIAGNOSTIC CENTRE
 Address: 117, Nehru Park, Sector 16, Gurgaon, Haryana, India
 Reg. Office: Shivani Diagnostic Centre Pvt. Ltd. Reg. No. 26, Udyam
 Registration No. Gurgaon-2018-2019
 www.shivani.in | Call: 99999 5121
 DR No.: UN1201802018PT0000171

After Dr Arpit Chopra Jain Modern Homeopathy treatment Normal Report

आरोग्य सुपर स्पेशलिटी आर्टन होमियोपैथी
 आरोग्य, स्वास्थ्य, शक्ति, शान्ति, शान्ति सुपर स्पेशलिटी
 आरोग्य सुपर स्पेशलिटी आर्टन होमियोपैथी
 102, गुप्त रोड, गुरुगढ़, हरियाणा-122002
 99999 5121 | 01294-487070, 99999 5121
 www.aarogyaarthen.com | Email: aarogyaarthen@gmail.com

Central Lab
 Address: 117, Nehru Park, Sector 16, Gurgaon, Haryana, India
 Reg. Office: Central Lab Pvt. Ltd. Reg. No. 26, Udyam
 Registration No. Gurgaon-2018-2019
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Name	Ms. SNEHITA FORDAM	Collected	16-Aug-2022 09:31 AM
Lab No.	20220114	Received	16-Aug-2022 09:34 AM
Age	43 Years	Requested	16-Aug-2022 09:34 AM
Sex	F	Report Status	Final

Test	Result	Units	Ref. Range
CA 125 (U/ml)	161	U/ml	0 - 35

After Dr Arpit Chopra

Unipath
 Address: 117, Nehru Park, Sector 16, Gurgaon, Haryana, India
 Reg. Office: Unipath Pvt. Ltd. Reg. No. 26, Udyam
 Registration No. Gurgaon-2018-2019
 www.unipath.in | Call: 99999 5121
 DR No.: UN1201802018PT0000171

TEST REPORT

Unipath
 Address: 117, Nehru Park, Sector 16, Gurgaon, Haryana, India
 Reg. Office: Unipath Pvt. Ltd. Reg. No. 26, Udyam
 Registration No. Gurgaon-2018-2019
 www.unipath.in | Call: 99999 5121
 DR No.: UN1201802018PT0000171

TEST REPORT



Kidney Cancer



healthy kidneys

kidneys with tumors

Kidney Cancer



before treatment

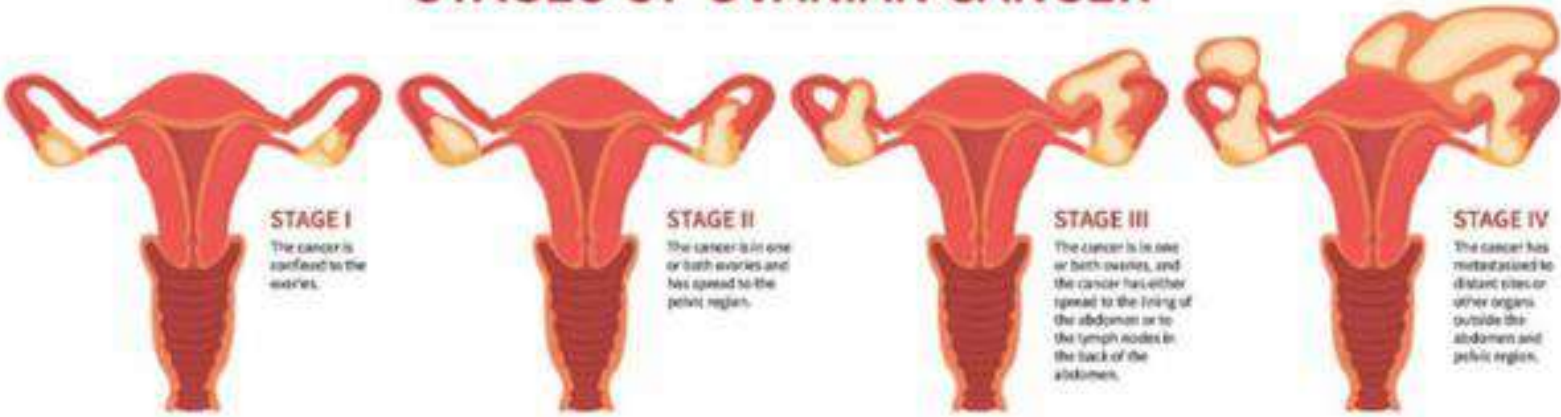


After Dr ARPIT
Chopra Modern
Homoeopathy
treatment



Renal Cell Carcinoma
07

STAGES OF OVARIAN CANCER



SILVER LINE HOSPITAL
BODA TALAAH OFF. TAJA, MADURAI, TN
TIN-625017
OPD

Pat: Mrs. PRATIBHA SLAKARI
Lab No: 35282021 Age: 72 Years Gender: Female
Collected: 28/9/2022 3:48:02PM
Reported: 28/9/2022 3:52:28PM
Ref By: SILVER LINE HOSPITAL Report Status: Final

Test Name	Results	Units	Bio. Ref. Interval
CA 125 (OVARIAN CANCER MARKER, SERUM) (CMA)	187.38	U/mL	<35.00

before treatment

Clinical Use

- An aid in the management of Ovarian cancer patients. Preoperative CA 125 level of ≥ 65 U/ml associated with a significantly greater 5 year survival rate.
- Monitor the course of disease in patients with Invasive epithelial ovarian cancer
- Detection of residual tumor in patients with Primary epithelial ovarian cancer who have undergone first line therapy. Persistent elevation of CA 125 levels after 3 cycles of therapy indicates a poor prognosis.

STAGE OF OVARIAN CANCER	PERCENTAGE POSITIVITY OF CA 125
Stage I	50
Stage II	90
Stage III & IV	>90

Increased Levels

- Primary epithelial ovarian carcinoma
- Healthy individuals (1-2%)
- First trimester of pregnancy
- Follicular phase of menstrual cycle
- Non-malignant conditions: Cirrhosis, Hepatitis, Endometriosis, Ovarian cysts, Pelvic Inflammatory Disease
- Non-Ovarian malignancies: Endometrial, Pancreatic, Lung, Breast, Colorectal & other Gastrointestinal tumors.

Dr Lal PathLabs

Lab Collection Center
E-7, NKA - 108, AREA COLONY, BHOPAL - 46
2016
BHOPAL

Pat: Mrs. PRATIBHA SLAKARI
Lab No: 382415990 Age: 72 Years Gender: Female
Collected: 24/9/2022 10:59:05AM
Reported: 24/9/2022 1:05:42PM
Ref By: DR SAHU Report Status: Final

Test Name	Results	Units	Bio. Ref. Interval
GLUCOSE, FASTING (F), PLASMA (GOD-POD)	124.00	mg/dL	70.00 - 100.00
CA 125 (OVARIAN CANCER MARKER, SERUM) (CMA)	34.10	U/mL	<35.00

After Modern homoeopathy treatment

Clinical Use

- An aid in the management of Ovarian cancer patients. Preoperative CA 125 level of ≥ 65 U/ml associated with a significantly greater 5 year survival rate.
- Monitor the course of disease in patients with Invasive epithelial ovarian cancer
- Detection of residual tumor in patients with Primary epithelial ovarian cancer who have undergone first line therapy. Persistent elevation of CA 125 levels after 3 cycles of therapy indicates a poor prognosis.

STAGE OF OVARIAN CANCER	PERCENTAGE POSITIVITY OF CA 125
Stage I	50
Stage II	90
Stage III & IV	>90

Increased Levels

- Primary epithelial ovarian carcinoma
- Healthy individuals (1-2%)
- First trimester of pregnancy
- Follicular phase of menstrual cycle

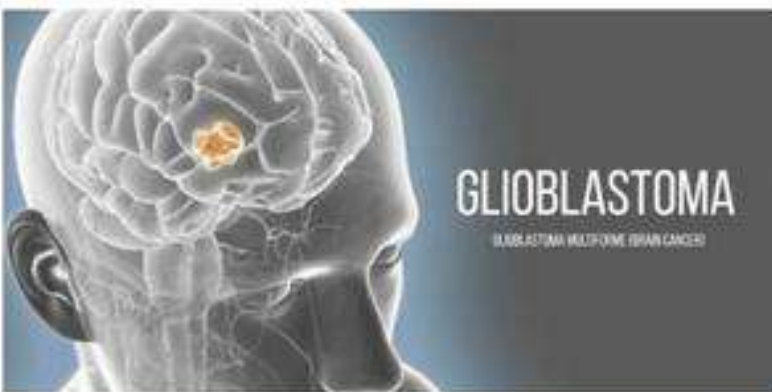
K/c/o ovarian cancer : Sec 21
- Pelt operated & pelt CT cal. (Mach)
- 4 cycle Given (chemotherapy)
- Metastatic adenocarcinoma

Test results are alarming or unexpected, client is advised to contact the Customer Care immediately for possible remedial
Tel: +91-11-5988-5050, Email: lalpathlabs@lalpathlabs.com

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102, प्रथम मंजिर, कृष्ण एंटीर, अन्वेषण इंडिया के समने, जमीनवासी रोड, न्यू बरहियार, इन्डिया प.प. 300275 27014, मोबाई : 0731-4377070, 79999 78804
www.homoeopathy.com, www.AarogyaChhennaisai.com, Email : aarohyons23@gmail.com



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

आरोग्य सुपर स्पेशलिटी मॉडर्न होमियोपैथी

कम्प्यूटि, परमानेंट, ईंजी, सेक, फास्ट एण्ड कॉस्ट इफेक्टिव

100, इण्डियन कॉलेज, बुधवार टॉवर, मधोवदन इण्डियन के बसने, जयसिंहपुरा रोड, न्यू वल्लभिया, इन्डौर ए.ए. 492007 27914 8988 | 0731-4377076, 79989 78884

www.homoeopathyindia.com, www.sirocco.homoeopathyindia.com Email : ashoknigra23@gmail.com

meoanta before treatment

Unit: 1 HEL30454 Visit ID: 1 800037801

Patient Name: 1 MRS. AMRITA JAIN

Age / Sex: 1 62Y / FEMALE

Consultant: 1 DR. KAJORNARA RAJNEESH MD MCH Order Date: 1 18/05/21 03:39PM

Ref. By: 1 DR. KAJORNARA RAJNEESH MD MCH Report Date: 1 18/05/21 03:40PM

MAGNETIC RESONANCE IMAGING
MRI BRAIN NAVIGATION PROTOCOL WITH CONTRAST

Report Details: Limited CEMR of brain with contrast using T1, T2W & FLAIR sequences has been performed using the following protocol:

Images were transferred over the network to reproducible section for all the following categories planning. Few representative films have been saved.

Outside discharge summary (17.05.21) mentioned known case of retinitis pigmentosa & acute hematomas with IVH & hydrocephalus. Outside CEMR (14.05.21) reported solitary relatively defined 2.6 x 1.9 x 3.3 cm (T x AP x CC) sized peripherally enhancing hyperintense lesion with internal fluid-fluid level & susceptible blooming seen in the region of foramen of Monro slightly on right side protruding into the region of frontal horn of right lateral ventricle, right caudate nucleus & genu of right internal capsule associated with minimal IVH, mild periventricular edema mass effect as compression of foramen of Monro with moderate obstructive hydrocephalus, mild periventricular CSF cysts & mild regional contralateral midline shift towards left suggested possibility of subacute hemorrhage with recent recurrent bleed within enhancing lesion. Chronic ischemic foci in posterior horn of right internal capsule. Outside CEMR mentioned presence of ANM.

The study reveals similar T2, FLAIR & post contrast enhancement of the lesion as written above seen of the neoplastic lesion with internal acute hemorrhagic changes seen in the region of foramen of Monro closely abutting on intraventricular septum slightly on right side protruding into the region of frontal horn of right lateral ventricle, right caudate nucleus & genu of right internal capsule with similar associated mass effect, obstructive hydrocephalus & mild periventricular CSF cysts. The diagnostic possibility is subependymal astrocytoma, however needs HPE correlation for final diagnosis.

Chronic ischemic foci are seen in the regions of frontoparietal subcortical white matter & basal ganglia. Other extra-ventricular CSF spaces appear mildly prominent suggesting age related mild atrophy.

Rest of both cerebral hemispheres, brainstem and cerebellum reveals normal signal intensity of brain parenchyma with maintained grey-white matter differentiation. The regions of sella, para-sellar structures & CP angle cisterns are unremarkable. Major flow voids appear normal.

After histopathological correlation, further evaluation & follow-up.

DR. KUNAL JAIN DR. ANJOLESH DEWIA DR. NARENDRA TIWARI

GOKULDAS HOSPITAL PVT. LTD.
MAGNETIC RESONANCE IMAGING & CT SCAN CENTRE

Patel, Mrs. AMRITA RAJNEESH Pat - 18-05-2021

after modern homioepathy treatment

MRI of brain with contrast using a dedicated head quadrature coil. Spin-echo T1, T2 weighted images in multiple planes. Additional contrast enhanced T1 w/d. images were obtained in multiple planes after administration of Gadolinium.

The patient is status post surgery, chemo and radiotherapy for right frontal glioblastoma. Comparison has been made with previous post-treatment MRI dated 16-12-2020.

There is evidence of a nodular, peripherally enhancing soft tissue lesion in the right posterior, medial and inferior frontal region close to the inferior surface of the right frontal horn, measuring approximately 1.2 x 1.2 x 1.1 cm in size. There is no adjacent mass effect.

The lesion appear mildly reduced in size, especially the central necrotic area as compared to the previous post-treatment MRI dated 16-12-2020.

Rest of the findings including the mild thickening and enhancement of the disc in bilateral anterior and inferior frontal region and the anterior interhemispheric fissure appear identical as in the previous study.

There is also no change in appearance of the irregular area of CSF intensity and surrounding ill-defined hyperintensity and volume loss in the right anterior frontal parenchyma representing area of postoperative gliosis.

No new area of brain parenchymal signal abnormality is detected in this examination.

There is persistent mild diffuse prominence of cerebral sulci and mild diffuse enlargement of the ventricles without intraventricular obstructive pathologies in evidence still.

The orbits, pituitary & paranasal sinuses do not reveal any significant abnormality.

P.T.O.

GOKULDAS HOSPITAL PVT. LTD.
MAGNETIC RESONANCE IMAGING & CT SCAN CENTRE

Patel, Mrs. AMRITA RAJNEESH Pat - 18-05-2021

Right frontal case
 ΔGBM :: May 2021
 Craniotomy
 Post operated May 2021

Buccal mucosa cancer is a rare cancer that develops in the inner cheek in your mouth. It's a type of head and neck cancer. The buccal mucosa extends from the inside of your lips and cheeks to just behind your last teeth. It's a soft, wet mucous membrane that's made up of several layers of tissue. 28-Jun-2022



Right buccal mucosa squamous cell carcinoma (case 3).

Handwritten medical notes on a form. The text includes:

- Diagnosis:** Kaposi Ca Left Buccal Mucosa
- Date:** Jan 2022
- Procedure:** Operated on Jan 25th 2022
- Post-operative:** Post Radiotherapy - 30 cycles
- Completion:** Last on 30th April 2022
- Current Status:** Currently - Left mastoiditis
- Symptoms:** Pain ++, Discharge present
- DM II:** 1yr for Rx
- HTN:** 1yr for Rx
- Other notes:** Enlarged Node - 12x7mm

A list of medical conditions is visible on the left side of the form, including: Kidney Failure & Bone Issues, Cirrhosis & Liver Disease, ICU & Hospitalized Patients Cases, Surgical Cases, Muscular Dystrophy, Auto Immune Diseases, etc.

SODANI DIAGNOSTIC CLINIC

After Modern Homeopathy treatment

SODANI DIAGNOSTIC CLINIC

After Modern Homeopathy treatment

SODANI DIAGNOSTIC CLINIC

after Modern Homeopathy treatment

Hard palate cancer is a type of head and neck cancer that begins when cells that make up the bony part of the roof of the mouth grow out of control and form lesions or tumors.



Carcinoma hard palate - May 22
 (not listed)
Med differentiated squamous cell carcinoma
Past CT & RT (5 cycles) (35 cycles)
Lesion measured 4.3 x 4.2 cm (20/10/22)
Patient on R.T Feeding
H/O -> DM Type II : 2000 / HTN (Insulin dependent)
H/O -> chronic tobacco chew

PROCESSED AT: Thyrocare, CAP ACCREDITED, Thyrocare. Tests you can trust.

Corporate Office: Thyrocare Technologies Limited, #2-111, 110, 8002, Sion, New Mumbai - 400 022. (022) 26060000 / 2602 3400. info@thyrocare.com www.thyrocare.com

NAME: CHINAI LAKSHMAN CHINAI
 REF. BY: S. SRI
 TEST ORDER: 1 CA 15.3 (19.04.2024)

SAMPLE COLLECTED BY: JIJU JIJU POKHARELA S. S. CHAVAN NAME OF HOSPITAL: S. S. CHAVAN HOSPITAL, PUNE. AD. NO. MUST FILL AND ADDRESS, WE DEACTIVATED, 456789

TEST NAME	TECHNOLOGY	VALUE	UNITS
CA 15.3	C.A.E.A	12.00	U/ml

Reference Range: < 12.00 U/ml

Specimen: Serum

Kit Information: CA 15.3 is elevated in most patients with advanced Adenocarcinoma. But it may also be elevated in other cancers, conditions, and diseases such as colorectal cancer, lung cancer, and breast cancer. Gastritis, Hypothyroidism, Liver Disease, and other diseases may also elevate this test. CA 15.3 levels above 20 U/ml may also be found in healthy patients.

For Diagnostic Purpose, Results should always be assessed in conjunction with the patient's medical history, clinical examination and other findings.

Kit Information: Precision: Intra-Assay (%CV): 0.11 %, Inter-Assay (%CV): 0.26 %, Sensitivity: 0.5 ng/ml

Kit Validation Reference: Bhatnagar MA, Hecht HJ, Atkesha AC, ET AL. Disease mapping of PMR 827-29 within the gastric core for the Malignant Breast

PROCESSED AT: Thyrocare, CAP ACCREDITED, Thyrocare. Tests you can trust.

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TEST NAME	TECHNOLOGY	VALUE	UNITS
CA 15.3	C.A.E.A	12.00	U/ml

Reference Range: < 12.00 U/ml

Specimen: Serum

Kit Information: CA 15.3 is elevated in about 30% of women with localized breast cancer and in about 75% of those with metastatic breast cancer. CA 15.3 also may be elevated in healthy people and in individuals with other cancers or diseases, such as Colorectal Cancer, Lung Cancer, Ovarian, Hepatic, and Stomach Cancer. In general, the higher the CA 15.3 level the more advanced the Breast Cancer and the larger the Tumor burden.

For Diagnostic Purpose, Results should always be assessed in conjunction with the patient's medical history, clinical examination and other findings.

Kit Information: Precision: Intra-Assay (%CV): 0.11 %, Inter-Assay (%CV): 0.27 %, Sensitivity: < 0.5 ng/ml

Kit Validation Reference: Bhatnagar MA, Hecht HJ, Atkesha AC, ET AL. Disease mapping of PMR 827-29 within the gastric core for the Malignant Breast

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NAME: CHINAI LAKSHMAN CHINAI
 REF. BY: S. SRI
 TEST ORDER: 1 CA 15.3 (19.04.2024)

SAMPLE COLLECTED BY: JIJU JIJU POKHARELA S. S. CHAVAN NAME OF HOSPITAL: S. S. CHAVAN HOSPITAL, PUNE. AD. NO. MUST FILL AND ADDRESS, WE DEACTIVATED, 456789

TEST NAME	TECHNOLOGY	VALUE	UNITS
CARCINOEMBRYONIC ANTIGEN (CEA)	C.A.E.A	4.5	ng/ml

Reference Range: < 5.00 ng/ml

Specimen: Serum

Kit Information: CEA is often used to monitor patients with cancers of the gastrointestinal tract (GIT). Elevation of CEA levels can indicate early liver cancer related conditions, such as some forms of inflammation, Crohn's, and ulcer colitis. Also, tobacco use and lung cancer may also elevate this test. For diagnostic purposes, other cancer related to other organs, CEA levels may also not be present in other types of healthy human beings.

For Diagnostic Purpose, Results should always be assessed in conjunction with the patient's medical history, clinical examination and other findings.

Kit Information: Precision: Intra-Assay (%CV): 0.4 %, Inter-Assay (%CV): 0.4 %, Sensitivity: 0.5 ng/ml

Kit Validation Reference: Bhatnagar MA, Hecht HJ, Atkesha AC, ET AL. Disease mapping of PMR 827-29 within the gastric core for the Malignant Breast

आरोग्य सुपर स्पेशलिटी मॉडर्न होम्योपैथिक क्लिनिक

कम्पैटि * 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 ।

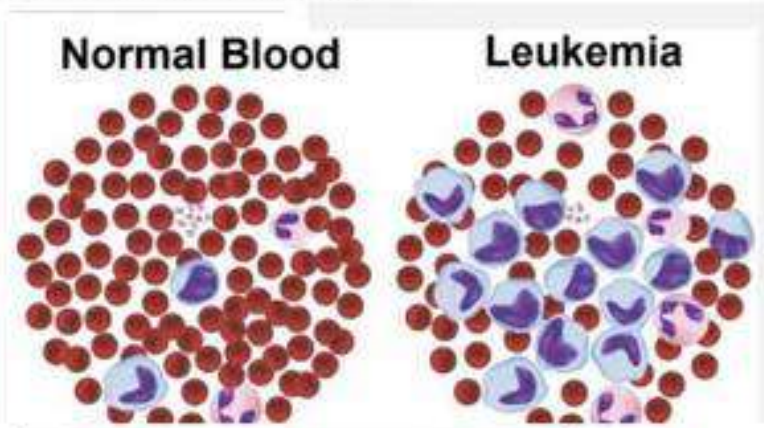
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Chronic myeloid leukemia
 Also called: CML

Overview Symptoms Treatments Spe

A slowly progressing and uncommon type of blood-cell cancer that begins in the bone marrow.

Chronic myeloid leukaemia typically affects older adults. It's caused by a chromosome mutation that occurs spontaneously. Doctors aren't sure what causes the mutation.



MAHATMA GANUJI DOSTI
 Mahatma Gandhi University of Medical Sciences and Technology
 DEPARTMENT OF PATHOLOGY

Patient Name: 111-1111-1111 Age: 50 Yr Sex: M
 MR No: 111-111-111-111 Address: 111-111-111-111
 Cell No: 111-111-111-111 Date: 11/11/11

Parameter	Result	Ref. Range	Unit
Hb	14.0	13.0-17.0	g/dL
Hct	42.0	38.0-50.0	%
Hematocrit (MCV)	30.0	85-105	fL
MCV	21.4	80-100	fL
MCH	27.8	27-32	pg
MCHC	12.9	32-36	g/dL
RDW	13.5	11.5-14.5	%
RDW-CV	11.9	11.5-14.5	%
PLT	88	150-400	10 ⁹ /L
MPV	12.1	7.4-13.4	fL
PDW	18.0	10.0-16.0	%
PCT	0.11	0.10-0.35	%
P-LCR	42.8	13.0-43.0	%
P-LCC	26	10 ³ /L	10 ³ /L

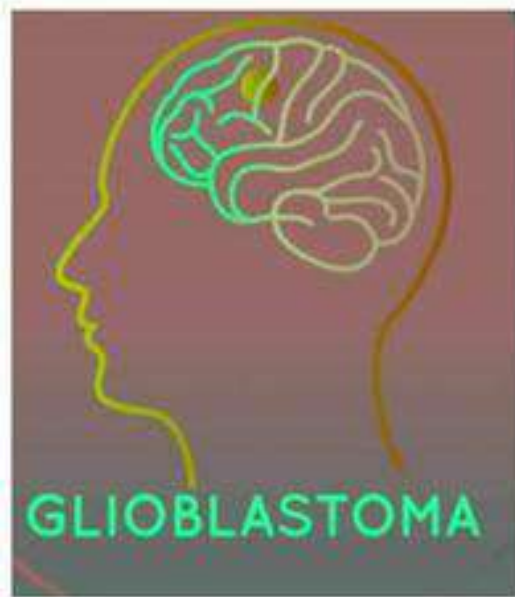
before treatment

SHREE BALAJI DIAGNOSTIC CENTER Hematology Analysis Report

Patient Name: 111-111-111-111 Age: 50 Yr Sex: M
 MR No: 111-111-111-111 Address: 111-111-111-111
 Cell No: 111-111-111-111 Date: 11/11/11

Parameter	Result	Unit	Range	Mean
WBC	4.4	10 ⁹ /L	4.0-11.0	W
LYM%	38.7	%	20.0-40.0	W
MON%	5.1	%	1.0-10.0	B
GRAN%	33.2	%	50.0-70.0	C
LYM	1.8	10 ⁹ /L	0.4-1.1	C
MON	0.4	10 ⁹ /L	0.1-0.5	C
GRAN	2.4	10 ⁹ /L	2.0-7.0	C
RBC	2.68	10 ⁶ /L	3.80-4.80	L
HGB	6.9	g/dL	11.0-15.0	L
HCT	20.9	%	35.0-45.0	L
MCV	99.3	fL	80.0-100.0	H
MCH	36.9	pg	28.0-32.0	H
MCHC	37.2	g/dL	32.0-36.0	H
RDW-CV	19.3	%	11.5-14.5	H
RDW-SD	11.9	fL	38.0-48.0	H
PLT	88	10 ⁹ /L	150-400	L
MPV	12.1	fL	7.4-13.4	H
PDW	18.0	%	10.0-16.0	H
PCT	0.11	%	0.10-0.35	L
P-LCR	42.8	%	13.0-43.0	H
P-LCC	26	10 ³ /L	10 ³ /L	L

after modern homoeopathy treatment



Glioblastoma

Also called: GBM, glioblastoma multiforme

Overview

Symptoms





Treatment

A malignant tumour affecting the brain or spine.

This type of tumour grows and spreads rapidly often creating pressure.

Rare

Fewer than 1 million cases per year (India)

-  Treatment can help, but this condition can't be cured
-  Requires a medical diagnosis
-  Lab tests or imaging always required
-  Critical: needs emergency care



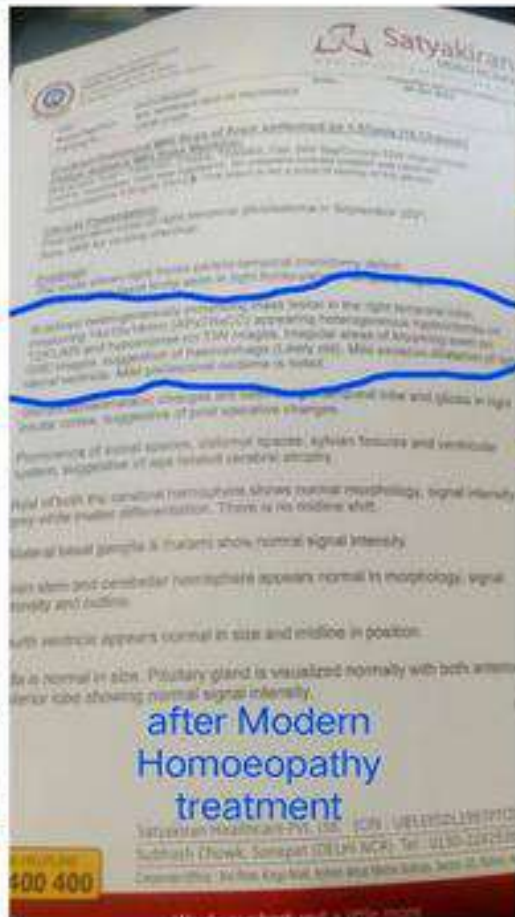
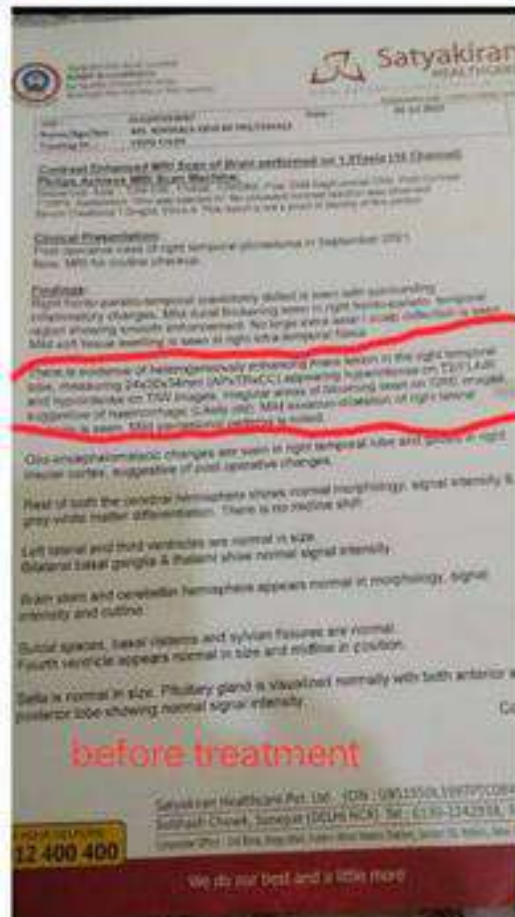
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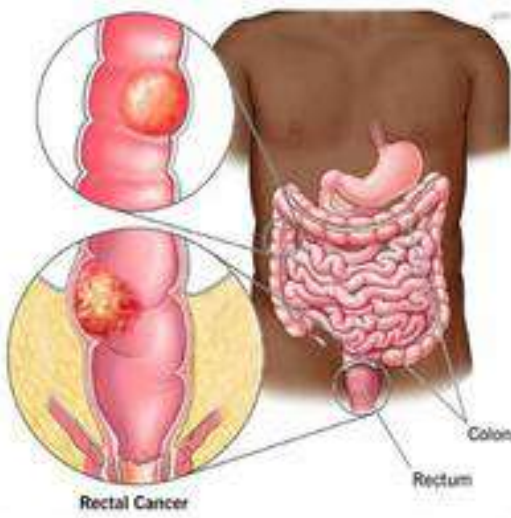
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Colon cancer

Also called: colorectal cancer

Overview

Symptoms

Treatment

A cancer of the colon or rectum, located at the digestive tract's lower end.

Early cases can begin as non-cancerous polyps. These often have no symptoms but can be detected by screening. For this reason, doctors recommend screenings for those at high risk or over the age of 50.

Q/O Adenocarcinoma \bar{a} mucinous
& signet ring differentiation of
Rectum 4 months since
→ RPT & CT (tableted form) done
→ size L-36mm (length 4cm 11 July 22)
T-15mm
→ Cystic cyst in left kidney

ID	309185	Collection	13/10/2022, 04:35 PM	Client Name	The Shree
Name	MR. RAJKUMAR SETHI	Received	13/10/2022, 05:44 PM	Diagnosis	AD002
DOB/Age	21 years	Reported	14/10/2022, 01:40 PM	Client Address	INDORE
Gender	Male	Ref. Doctor	DR. ARPIY CHOPDA		

Test Description	Value(s)	Unit(s)	Reference Range
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IMMUNOLOGY

CA 15.3, Breast Cancer Marker *

Ca 15.3-Breast Cancer Marker *	7.2	U/ml	0.0 - 30.0
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Interpretation:

CA 15.3: Used for managing breast cancer patients and monitoring response to therapy in metastatic breast cancer patients. Few non-malignant malignancies like lung, colon, pancreas, liver and giv. (due to elevation of CA 15.3).
Limitation: Testing for cancer antigen 15.3 (CA 15.3) should be performed in conjunction with other clinical methods used for the early detection of carcinoma. Measurement of CA 15.3 is not useful as a cancer screening test.

After Modern
Homoeopathy
treatment

Dr. Prashant Shetty
(M.D. Pathology)

ID	309185	Collection	13/10/2022, 04:35 PM	Client Name	The Shree
Name	MR. RAJKUMAR SETHI	Received	13/10/2022, 05:44 PM	Diagnosis	AD002
DOB/Age	21 years	Reported	14/10/2022, 01:40 PM	Client Address	INDORE
Gender	Male	Ref. Doctor	DR. ARPIY CHOPDA		

Test Description	Value(s)	Unit(s)	Reference Range
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IMMUNOLOGY

CA 19.9 Pancreatic Cancer Marker *

Ca 19.9-Pancreatic Cancer Marker *	4.5	U/ml	0 - 30
------------------------------------	-----	------	--------

Interpretation:
 CA 19.9 may be elevated in patients with gastrointestinal malignancies such as cholangiocarcinoma, pancreatic cancer, or colon cancer. It is also elevated in benign conditions such as cirrhosis, pancreatitis, and pancreatoma.

Limitation:
 Carbohydrate antigen 19.9 (CA 19.9) is neither specific nor sensitive enough to be used as a cancer screen and should be used in conjunction with information from the clinical evaluation of the patient and other diagnostic procedures.

After Modern
Homoeopathy
treatment

Dr. Prashant Shetty

ID	309185	Collection	13/10/2022, 04:35 PM	Client Name	The Shree
Name	MR. RAJKUMAR SETHI	Received	13/10/2022, 05:44 PM	Diagnosis	AD002
DOB/Age	21 years	Reported	14/10/2022, 04:04 PM	Client Address	INDORE
Gender	Male	Ref. Doctor	DR. ARPIY CHOPDA		

Test Description	Value(s)	Unit(s)	Reference Range
------------------	----------	---------	-----------------

ENDO

CEA, Carcino Embryonic Antigen *

Carcino Embryonic Antigen CEA *	3.68	ng/ml	Non-smokers: 0 - 5 Smokers: 0 - 8
---------------------------------	------	-------	--------------------------------------

Interpretation:

Increased Levels are seen in Malignant Conditions like Colorectal Cancer, Gastrointestinal carcinoma, Carcinoma of lung, breast, liver, pancreas.
 Elevated Levels are also seen in benign Conditions like Hepatic Diseases, Alcoholism, Inflammatory bowel disease, Trauma, collagen vascular disease, renal disorders, pancreatitis, Cirrhosis of the liver and hyperthyroidism, Chemotherapy and radiation.

After Modern
Homoeopathy
treatment

Dr. Prashant Shetty

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 ।



डॉ. अर्पित चौपड़ा (मैन)
 एच. डी. होमियोपैथी
 जटिल, असाध्य एवं
 शल्य रोग विशेषज्ञ

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Before Modern Homeopathy Treatment

EXAMINATION REPORT

Patient Name: SHWETA NAHAR
 Requested by: SHWETA NAHAR
 Order From: DRD - 3P
 Prescriber Date: 04.04.2022

MRN: 10002787076
 Age: 34Y
 Sex: F
 Visit Type: 3P

MRI OF BRAIN(PLAIN+ CONTRAST):
 MRI imaging of the brain performed and high resolution T1 and T2-weighted series sections obtained in the sagittal and axial planes on a 1.5 Tesla scanner with high strength gradients. Contiguous Fast Flair images were also obtained in the coronal plane. The post-contrast study was performed after I.V. injection of gadolinium.

Clinical profile: Follow up case of right frontal lobe - cortical high grade glioma. Status post-surgery and chemo-radio therapy status. HPE: High grade glioma with IDH mutant astrocytoma, WHO grade IV. Previous MRI dated 04.04.2022 is available for comparison.

There is large resection cavity with peripheral ring enhancing thick wall seen in right frontal lobe. Mild internal T2 hyperintense non-enhancing fluid - necrotic component within resection cavity is noted. Minimal internal areas of blooming/hemosiderin deposition is also noted. Approximate size of resection cavity measures approximately 22 x 10 x 18 mm. (previously 35 x 16 x 29 mm.)

Large ill-defined T2 hyperintense solid lesions seen in right frontal lobe in cortex - subcortical white matter and deep periventricular white matter. It shows irregular heterogeneous enhancement of solid component on post-contrast study. It appears to be infiltrating right half of genu of corpus callosum. The lesion measures approximately 48 x 30 x 49 mm in size (previously 49 x 29 x 47 mm) - size appears nearly static. No significant diffusion restriction seen in solid component on DWI images.

Mild resultant mass effect is seen causing effacement of parafalcine right frontal lobe sulcal spaces and bowing of interhemispheric fissure towards left side. Minimal peripheral FLAIR hyperintense oedema seen in right frontal subcortical white matter.

Mild effacement of frontal horn of right lateral ventricle is noted.

Few scattered FLAIR hyperintense foci are seen in bifrontal subcortical white matter -- suggest chronic small vessel ischaemic changes.

Rest of the cerebral parenchyma appears normal. The cerebellum, brainstem and pituitary gland are normal. The lateral, third and fourth ventricles are normal in size, shape, and position. The basal ganglia, fissures and sulci are unremarkable. Right frontal craniotomy with screw fixation is noted.

Cervico-medullary junction does not reveal any abnormality.

EXAMINATION REPORT

Patient Name: SHWETA NAHAR
 Requested by: SHWETA NAHAR
 Order From: DRD - 3P
 Prescriber Date: 04.04.2022

MRN: 10002787076
 Age: 34Y
 Sex: F
 Visit Type: 3P

After Modern Homeopathy treatment

MRI Brain with Contrast
 Routine fast sequence MRI was performed in sagittal planes, to evaluate the brain on GE MR150w 3T scanner. Post-contrast images were also obtained.

Clinical profile: T1 in right frontal lobe and residual high grade glioma. Status post-surgery and chemo-radiotherapy. HPE: High grade glioma, consistent with IDH mutant astrocytoma, WHO grade IV. Previous MRI dated 04.04.2022 is available for comparison.

FINDINGS:

Craniotomy defect noted in right frontal lobe with resection cavity in frontal region. It post-operative dural enhancement, along right frontal convexity. Areas of enhancing necrotic debris are seen within the resection cavity. No evidence of diffusion restriction of the cavity contents. Peripheral blooming of cavity wall suggests hemosiderin deposits post-operative changes. Approximate size of resection cavity is 20 x 10 x 11 mm. (CC x TS x AP) (previously 35 x 16 x 29 mm) - **marked reduction in the size of the cavity is noted.**

- Residual ill-defined lesion is seen involving cortex - subcortical white matter of right frontal lobe, corpus callosum and right half of genu of corpus callosum. They show persistent no hyperintense signal intensity on T2, FLAIR images without diffusion restriction and increased patchy areas of contrast enhancement.
- The lesion measures approximately 45 x 31 x 48 mm in size (AP x TS x SI) (previously 49 x 29 x 47 mm) - **the size appears nearly static.**
- Persistent resultant mass effect is seen causing effacement of parafalcine right frontal lobe sulcal spaces, left side bowing of anterior inter hemispheric fissure and crowding of frontal horn of right lateral ventricle.
- Focal midline shift of approximately 6 mm is noted.
- Mild perifocal FLAIR edema is seen.
- On multivoxel spectroscopic study, the lesion shows raised choline peak with higher Cho/Cr ratios and reduced NAA values. **Small lactate peaks noted, suggestive of necrosis.** Similar spectroscopic findings are seen in perifocal FLAIR edema.
- On dynamic perfusion images, **local increase** in the relative cerebral blood flow and blood volume noted in enhancing component.

Rest of the neuro-parenchyma and ventricular system appear normal.

NO significant new finding noted.



Buccal mucosa cancer is a rare cancer that develops in the inner cheek in your mouth. It's a type of head and neck cancer. The buccal mucosa extends from the inside of your lips and cheeks to just behind your last teeth. It's a soft, wet mucous membrane that's made up of several layers of tissue. 28-Jun-2022

Healthians

Test Name	Value	Unit	Min. Ref Interval
CA 15.3 (Cancer Antigen 15.3)- Breast Cancer	12.4	U/ml	0-17

After Dr Arpit Chopra Jain Modern Homeopathy treatment

Healthians

Test Name	Value	Unit	Min. Ref Interval
CEA (Carcino Embryonic Antigen)- CARCINO-EMBRYONIC ANTIGEN (CEA)	1.71	ng/ml	0-5 (Men < 50) 0-3 (Women < 50)

After Dr Arpit Chopra Jain Modern Homeopathy

Handwritten medical notes on a patient's chart:

- C/O Squamous Cell Carcinoma of 16/12/22 Rt buccal mucosa
- Rt Submandibular Swelling 16/12/22
- lesion 35x18x3mm 22/12/22
- Enlarged Rt Submandibular lymph nodes Bx Jussidungatic
- H/o Tobacco Addiction (20 yrs) lymph nodes
- Mild Pain
- H/o T2DM & HTN on ongoing treatment by a diabetologist
- NORT Rx done

Healthians

Test Name	Value	Unit	Min. Ref Interval
CA 15.3 (Cancer Antigen 15.3)- Breast Cancer	19.70	U/ml	0-17.4

After Dr Arpit Chopra Jain Modern Homeopathy treatment

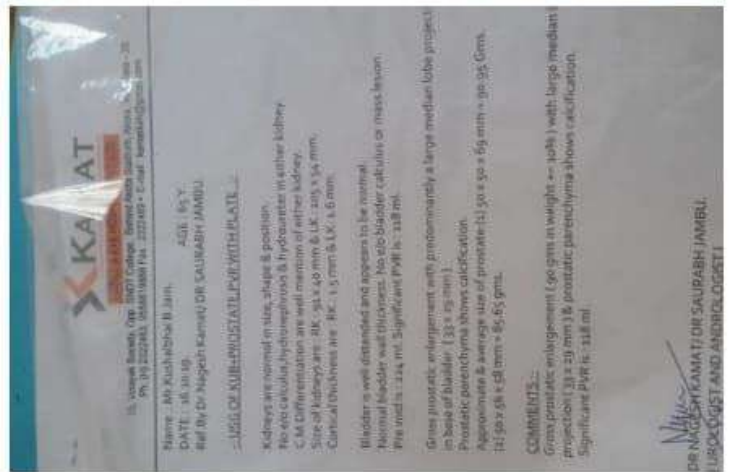
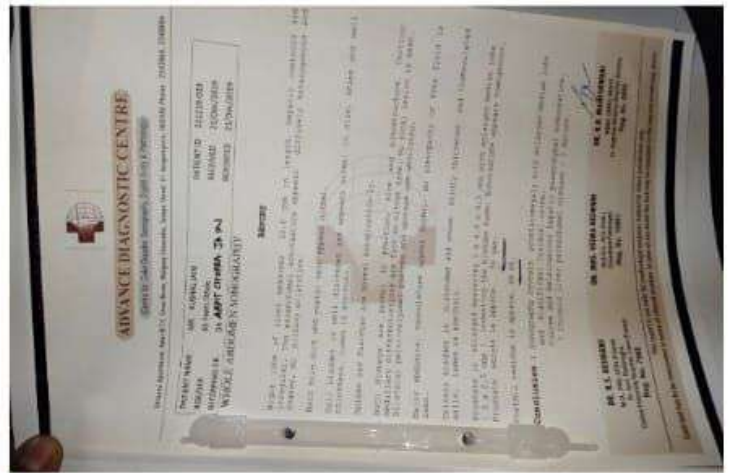
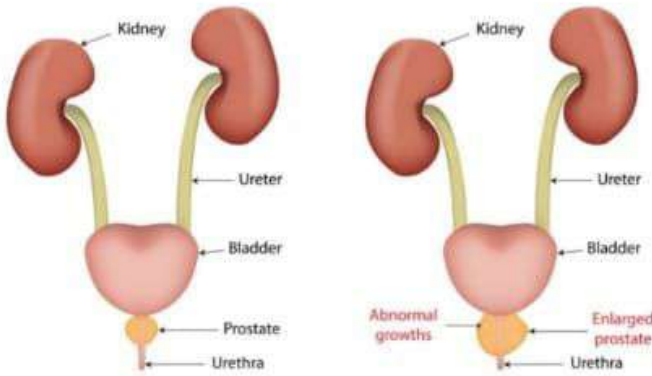
Note: This test is not recommended to screen Breast cancer in general population. CA 15.3 should not be used to diagnose primary breast cancer. CA 15.3 is a fairly low level.

CA 15.3 is the most useful as an aid to management of breast cancer. It is used to monitor therapy and progression in operable breast cancer patients. Sensitivity of detection of breast cancer is 75% and specificity is 90%.

Prostate Cancer

Healthy

Prostate Cancer



PROSTATE CANCER

24 TUESDAY 21/12/2019 DECEMBER 19
Two Thousand Nineteen

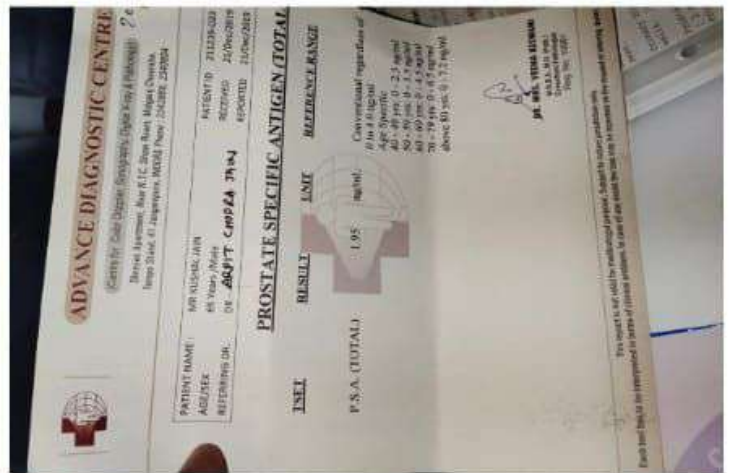
मेरा नाम सुराब जैन है मैं नागपुर का रहने वाला हूँ। 2 महीने पहले मेरा Prostateage 90/gm था। उसके बाद मैंने डॉ. अमित चौपड़ा सर से consult किया तो सर की मेडिसिन से दो महीने में मेरा Prostateage 60/gm हो गया। मेरा PSA 6.66 था। दो महीने में 1.9 इ हो गया। डॉ. अमित चौपड़ा सर की मेडिसिन से मुझे अतना फायदा हुआ। मैं सर बुझिया का सर करती हूँ।

Responded

नाम -> सुराब जैन
पता -> (नागपुर)
मौ.न. -> 94008615
9407408615

डॉ. अमित चौपड़ा (जेन)
M.D. HODUROLOGY
Consultant & Senior Urologist Specialist

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Dr. Arpit Chopra (Jain)
(MD HOMOEOPATHY)

CRITICAL CASE SPECIALIST

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Jangar Wala Square, NDORS (M.P.)
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Name: Mrs. Abhay Mahesh
Address: [Handwritten]
Date: 29/5/18
Hx: 37.8.18.17.29, Inf. for 25/18
metastatic Ca breast IV
post mastectomy Hx
Can it be a second? 2018
No. of lymph nodes (12) - better & lot
Make pain weaker (20) - better & lot
Can it affect to kid?

Dr. Satish Phatak
M.D. (Pathology)

Former Registrar, Tata Memorial Hospital, Mumbai
Honorary Histopathologist - Chaitram Hospital, Indore
Visiting Fellow - Evanston Hospital, Chicago (USA)

Medicine Centre
4/2, Old Palam, Bhandari Hospital,
INDORE - 452018 (M.P.)
Ph: 4271656, 4088817, 2489201

Ref No: 1650/18
Patient Name: Mrs. Abhay Mahesh
Consultant: Dr. Namrata Kachhara MD
Sample receiving date: 27.05.2018
Report date: 28.05.2018
Age/Sex: 56Y/F

HISTOPATHOLOGY REPORT

MATERIAL - GROSS
Modified radical mastectomy - Skin measures 11 x 8 cm, having single areola covering 3/4 of areola.
On sectioning large greyish-white tumour is seen involving muscle tissue posteriorly measuring 7 x 4 x 3 cm.
Base of excision is 2.3 cm, away from tumour.
In all 12 lymph nodes are dissected from axillary pad of fat, largest measures 3 x 2 cm.

MICROSCOPY
- Sections show tumour cells arranged in nests and cords in desmoplastic stroma. Cells show pleomorphic nuclei. Some mitosis is seen.
- Desmoplasia and minimal DCIS is seen.
- Lympho-vascular emboli are seen.
- No multicentricity is seen.
- Tumour infiltrates muscle tissue posteriorly.
- All margins of excision, skin and base of excision are free of tumour.
- All lymph nodes show metastasis of carcinoma. Extrnodal invasion in fat is seen.

IMPRESSION
Infiltrating duct carcinoma NOS type grade II of breast with nodal metastasis.

[Signature]
Dr. Satish Phatak (MD)

medanta
DISCHARGE SUMMARY

NAME	Mrs. Abhay Mahesh	BED NO.	520
ADDRESS	38-A Main Shree Colony, Ujjain Road, Dewas, (M.P.)	AGE / SEX	56 Yrs / F
IPD NO.	10000916214	UHID NO.	HI 72551
DOA	16.05.2018	DOD	17.05.2018

Referred by Dr. Varun Kataria
CONSULTANT(S)
Dr. Namrata Kachhara/Dr. Apoorva Choudhary

DIAGNOSIS
Ca Right Breast T4bN2M0

HISTORY
Mrs. Abhay Mahesh, 56 years old female patient, presented with history of right breast mass since 7-8 months.
CM: 2 TD, LD 30 years back, menopause in 2013, cervical spondylitis surgery done.
C/E: Puckered fibrous mass - 3cm @ 10 o'clock right breast along with axillary lymph node.

INVESTIGATIONS
MAMMOGRAPHY - BOTH BREASTS (04.05.2018):
Irregular shaped mass lesion with speculated margins seen in superolateral quadrant of right breast with enlarged similarly appearing lesion in right axilla w/s lymph node. Imaging findings are suggestive of likely neoplastic etiology. Category V - malignant (BIRADS-ACR).
Metastatic workup within normal limits.

SURGERY
Right MRM done under GA on 16.05.2018.
• Significant level II lymph node densely adherent to axillary vein. Small part left and Ligations applied (to plan boost RT postoperatively).
• Pectoralis major beneath the mass excised.

Mohak Hi-Tech Speciality Hospital
(Unit of Bhandari Hospital & Research Center)
DEPARTMENT OF NUCLEAR MEDICINE & PET-CT

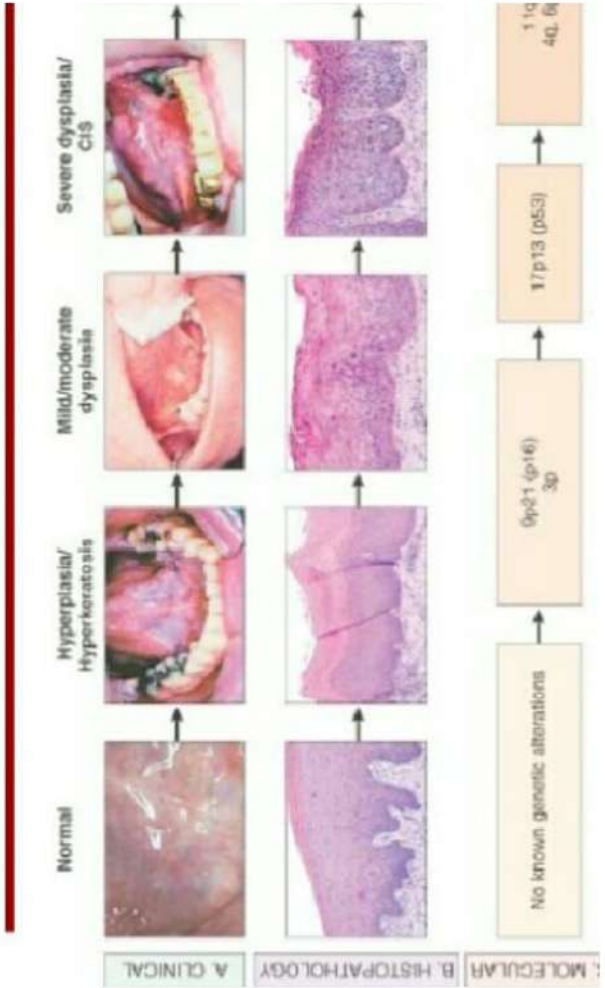
Report: Mrs. Abhay Mahesh, Pt ID: 8038738, Age/Gender: 56 Years / F, Date: 26/05/2018

MUSCULO-SKELETAL SYSTEM:
FDG avid mixed osteolytic & sclerotic lesions are noted in following bones (SUV - 20.4 max).
• 4th, 5th & 6th cervical vertebrae with epidural soft tissue component & extending into spinal column & causing cord compression anteriorly.
• Left scapula.
• Multiple ribs bilaterally.
• Manubrium sterni.
• D1, D2, D3, D4, D8 & D12.
• L1 & L2, L3, L4, L5 vertebrae and sacrum.
• Pelvis.
• Head of right femur.

IMPRESSION: KNOWN CASE OF CARCINOMA RIGHT BREAST. RIGHT MRM DONE 16/05/2018. HPE SHOWS INFLTRATING DUCT CARCINOMA NOS TYPE GRADE B WITH AXILARY NODAL METASTASES. PRESENT PET-CT IS BEING DONE FOR DISEASE STATUS EVALUATION. WHOLE BODY PET-CT SCAN REVEALS,
1. RIGHT MASTECTOMY STATUS, WITH POST-OPERATIVE INFLAMMATORY CHANGES IS NOTED IN THE RIGHT ANTERIOR CHEST WALL.
2. METABOLICALLY ACTIVE,
• ENLARGED LYMPH NODES ARE INVOLVING, RIGHT DEEP PECTORAL, RIGHT SUPRACLAVICULAR REGION, RIGHT PARATRACHEAL, CARINAL, SUBCARINAL AND BILATERAL HILAR REGIONS - METASTATIC LYMPHADENOPATHY.
• MIXED OSTEOLYTIC & SCLEROTIC LESIONS ARE NOTED IN ABOVE MENTIONED BONES - MULTIPLE SKELETAL METASTASES.
• SCLEROTIC INVOLVEMENT OF 4TH, 5TH & 6TH CERVICAL VERTEBRAE WITH EPIDURAL SOFT TISSUE COMPONENT & EXTENDING INTO SPINAL COLUMN & CAUSING CORD COMPRESSION ANTERIORLY - METASTASES.
3. NON FDG AVID TO FDG AVID, MULTIPLE PLEURAL & PARENCHYMAL BASED NODULES ARE NOTED IN BOTH THE LUNGS - METASTASES.

[Signature]
Dr. Santhi Bhushan Murari
Senior Consultant & Head
Nuclear medicine & PET-CT

Oral Cancer-Progression



What is dysplasia in the mouth?

"Oral dysplasia is detected by clinical form of leukoplakia, a white patch in the oral cavity that cannot be diagnosed as a known disorder. These lesions carry an increased risk of malignant progression to squamous cell carcinoma." Sep

Dr. Arpit Chopra (Jain)
 CRITICAL CASE SPECIALIST
 Phone: 9111-4010106, 2532191
 11300 87130 82151, 87130-51752
 78000-78004, 88075 27814 02
 Email: www.arpit@arpit.com

Subacute Fibrosis
 Needs Evaluation

oral cavity...
 1500 paid
 12500 (125000)
 05/07/15
 27/15 to 27/06
 27/06 to 27/07

Central Diagnostic Center
 Tashwar Plaza, Opposite Railway Station, Indore - 452001 | Call 78499-57952

CYTOLOGY - REPORT

Patient's Name : Mr. Mukesh Rathore
 Age / Sex : 45 / M
 Referred by : Dr. Arpit Chopra, MD
 Hospital/Path : CDD
 Material / Site: Liquid Based Cytology - Oral

Cytopath No - 1187/18
 Received on : 23.05.2018
 Reported on : 24.05.2018

MICROSCOPIC:
 Smear reveals severe dysplastic cell.

IMPRESSION
 FULL THICKNESS BIOPSY IS MANDATORY FOR EVALUATION.

MEDCARE
INSTITUTE OF DIAGNOSTICS
& UNIT OF NUCLEAR MEDICINE

AGE/SEX: 54/M
DATE: 06.02.2018

NAME: VIJAY SEKSARIA
REF BY: DR. JAI MULLERPATTAN

Contd from page 1

A pneumothorax is noted anteromedially measuring ~ 1.8 cms in AP diameter with small fluid level. A calcified parietal pleural nodule is noted anteromedially.

There is a FDG avid irregular shaped low grade enhancing lesion in the anterior segment of the right upper lobe (SUV max ~ 5.72). It measures ~ 1.4 x 1.3 x 1.2 cm in its dimensions and is located ~ 1.3 cms from the pleural surface.

Multiple random ground glass, solid and sub-solid nodules are noted in both lungs. These measure between ~ 5-10 mm in dimensions and few of these are low grade FDG avid, the reference left lower lobe pleural based nodule SUV max ~ 2.04.


There is a 11 mm sized enhancing and FDG avid right hilar node (SUV max ~ 5.56). A small low grade metabolic left hilar node is noted as well (SUV max ~ 3.2). Mediastinal vascular structures and the central airways are unremarkable. Thin pericardial effusion is noted.

Abdomen & Pelvis:
Liver, spleen, gallbladder, pancreas, adrenals and kidneys are normal. There are no enlarged nor FDG avid lymph nodes. There is no ascites or bowel lesion. The pelvic structures including bladder and prostate are unremarkable.

Spine & Musculoskeletal:
There is no lytic / sclerotic nor any FDG avid lesion. Bone marrow uptake pattern is patchy type with SUV max ~ 4.53.

Impression

- Right upper lobe hypermetabolic nodule is likely to be primary neoplasm (T1)
- Bilateral hilar hypermetabolic adenopathy (N1)
- Right large pleural effusion with few low grade metabolic plaques / nodules and bilateral lung nodules. (M1a).

 **Mohak Hi-Tech Speciality Hospital**
(Unit of Bhandari Hospital & Research Center)
DEPARTMENT OF NUCLEAR MEDICINE & PET-CT

Name: Mr. Vijay Sakseriya Pt. ID :9051186 Age/Sex: 54Years / M Date:06/07/2018

The Seminal Vesicles on either sides show normal density pattern. No focal space occupying lesions with FDG avidity seen.

The prostatic central, peripheral and lateral zones in the base, mid gland and the apex regions appear normal in size, shape and density pattern. No focal space occupying lesions with FDG avidity seen. Both sides the anterior fibro muscular stroma appears within normal limits.

No evidence of any abnormal fluid collection, peritoneal nodules or omental nodules seen in the abdomen and pelvis.

PETCT MUSCULOSKELETAL SYSTEM

The axial and appendicular skeletal tissue shows normal density pattern. The dorsal and lumbar spines show degenerative changes. No focal abnormal increased FDG uptake is seen in the visualized bones. There is no evidence of any abnormal density changes or FDG uptake seen in the bone marrow.

IMPRESSION:-

In a known case of Carcinoma Lung on follow up, present staging restaging response assessment PETCT findings reveal;


- The residual right sided post pleurodesis procedure seen.
- There is residual pleural effusion seen in the right posterior segments.
- The lung parenchymal lesions have disappeared.

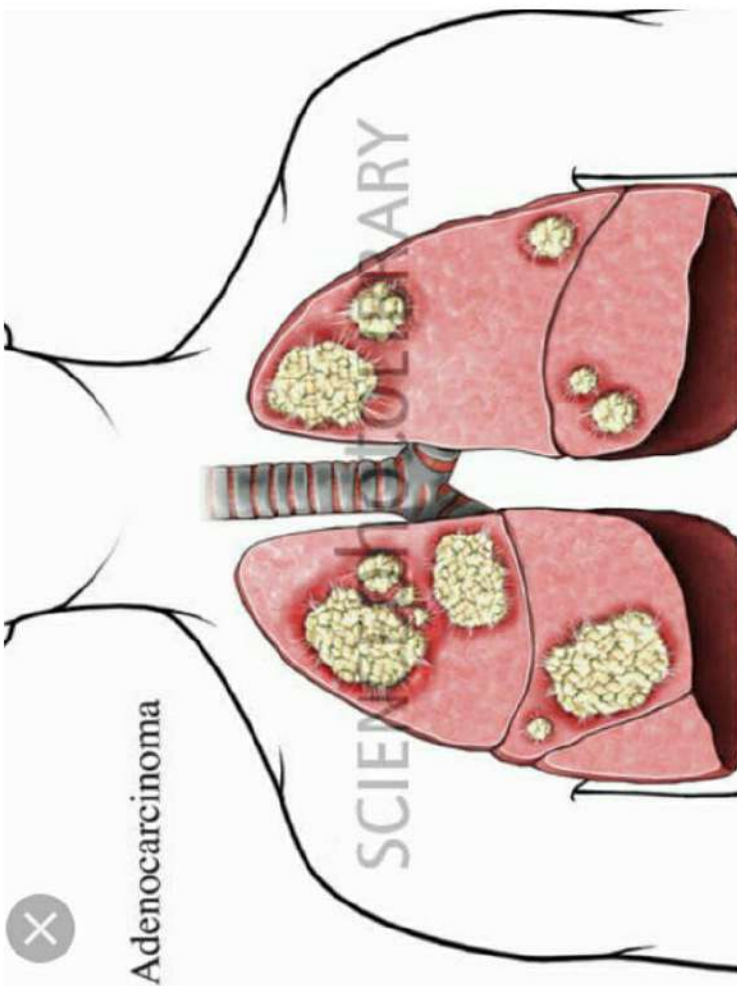
The comparison with the previous PET-CT dated 17/04/2017 reveals

- Good reduction in size of the right sided pleural effusion.
- Non visualization of the focal FDG avid lesion in the lung parenchyma.
- Good clearance of the lung parenchymal changes on the right side.

This denotes the good partial therapeutic response to the treatment.

For clinical correlation please


Dr. V.SIVASUBRAMANIYAN,
Senior Consultant PET-CT &
Head Department of Nuclear Medicine.




LUNG CANCER
Adenocarcinoma

Monday 09
28th Week • 190-175

JULY 2018

I AM FEELING
VERY MUCH BETTER
BY THIS HOMIOPATHY
MEDICINE.
MY REPORTS ARE
ALSO VERY GOOD
RESPONDED.
THANKS TO DR.
ARPIT JAIN.

Vijay SEKSARIA
16 SAKET NAGAR
INDORE.
M-98932-5775


Dr. Arpit Chopra (Jain)
M.D. Homoeopathy Reg No. 12827
HARGOYA SUPER SPECIALITY
Modern Homoeopathic Clinic (Specialty)
112, Park Road, Indore, Madhya Pradesh, India
Ph: 989325775

AUG 2018

Acute lymphoblastic leukemia

Also called: ALL

ABOUT

SYMPTOMS

TREATMENT

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

SHREE PATHOLOGY LABORATORY

Dr. Shreepal Mahla
M.D. (Path. & Micro)
Reg No. 2646
Lab. Reg. No. 06

Patient's Name : RAJESH S/O SHANKAR LAL JI
Age & Sex : 26 years | Male
Reference : SELF

30/10/2018

Test	Observed Value	Unit	Biological Reference Interval
HAEMOGRAM			
Complete Blood Count			
Haemoglobin	8.10	g/dL	13.0 - 18.0
Total Leucocytes Count	800	/cmm	4000 - 11000
Differential Leucocytes Count			
Polymorphs	—	%	40 - 70
Lymphocytes	—	%	20 - 50
Eosinophils	—	%	1 - 6
Monocytes	—	%	1 - 10
Basophils	—	%	0 - 2
RBC Count			
PCV	25.0	%	40.0 - 50.0
MCV	90.3	fL	78.0 - 94.0
MCH	29.2	pg	26.0 - 32.0
MCHC	32.4	g/dL	30.0 - 35.0
Platelets Count			
Platelets	0.13	Lack/cmm	1.50 - 4.50
SMEAR STUDY			
WBCs	DC IS NOT POSSIBLE DUE TO LOW WBC COUNT.		

End of Report

SHREE PATHOLOGY LABORATORY

Dr. Shreepal Mahla
M.D. (Path. & Micro)
Reg No. 2646
Lab. Reg. No. 06

Patient's Name : RAJESH S/O SHANKARLAL JI
Age & Sex : 26 Years | Male
Reference : SELF

02/11/2018

Test	Observed Value	Unit	Biological Reference Interval
HAEMOGRAM			
Complete Blood Count			
Haemoglobin	7.30	g/dL	13.0 - 18.0
Total Leucocytes Count	1200	/cmm	4000 - 11000
Differential Leucocytes Count			
Polymorphs	28	%	40 - 70
Lymphocytes	70	%	20 - 50
Eosinophils	01	%	1 - 6
Monocytes	01	%	1 - 10
Basophils	00	%	0 - 2
RBC Count			
PCV	21.6	%	40.0 - 50.0
MCV	91.1	fL	78.0 - 94.0
MCH	35.6	pg	26.0 - 32.0
MCHC	33.8	g/dL	30.0 - 36.0
Platelets Count			
Platelets	0.21	Lack/cmm	1.50 - 4.50

End of Report

3rd Floor, Narayana Netraya Building, Narayana Health City,
#258/A, Bommasandra, Hosur Road, Bangalore - 560 095, India.
Tel : +91 (0)80 67154932 / 933 Web: www.medgenome.com

MEDGENOME

FLOWCYTOMETRY REPORT — MEDGENOME LABORATORIES

Full Name / Ref No: RAJESH DHAKAD
Date of Birth / Age: 26 YEARS
Gender: MALE
Referring Clinician: DR. SACHIN JAIN
Test Requested: Flowcytometry - Leukemia classifier panel (MG412)

Order ID/Sample ID: 79068/210960 (MF182/18)
Sample Type: Bone marrow blood in EDTA
Date of Sample Collection: 17th OCT 2018, 02:00 PM
Date of Sample Receipt: 17th OCT 2018, 07:00 PM
Date of Report: 17th OCT 2018, 07:00 PM

CLINICAL DIAGNOSIS / SYMPTOMS / HISTORY - Fever and splenomegaly.

RESULT

Immunophenotypic Diagnosis: consistent with Early T cell Precursor Acute Lymphoblastic Leukemia (ETP-ALL)

INTERPRETATION ON BONE MARROW MORPHOLOGY/MICROSCOPY:

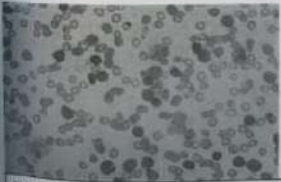
Particulate highly cellular marrow shows predominantly of small to medium sized blast with high N:C ratio, small blast show condensed nuclear chromatin with no evident of nucleoli and scanty cytoplasm, few large blast are seen with dispersed chromatin and prominent nucleoli. Nucleus is round with few of them show irregularity. Myeloid and erythroid series are suppressed. Megakaryocytes are not seen in the smear examined.

IMPRESSION:

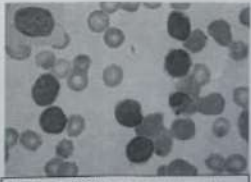
Morphological features are suggestive of Acute Leukemia possibility of Acute Lymphoblastic Leukemia to be considered.

CYTOCHEMISTRY

MPO: Negative



Wright stain (40x). Small to medium sized blast with high N:C ratio, small blast show condensed nuclear chromatin with no evident of nucleoli and scanty cytoplasm.



Wright stain (100x). Few large blast are seen with dispersed chromatin and prominent nucleoli. (see above MPO negative in blast (left side corner))

Page 1 of 4
NAME/SAMPLE ID: RAJESH DHAKAD / 210960

CAP ACCREDITED

VERMA PATHOLOGICAL LABORATORY & BLOOD BANK

Dr. J. C. Verma
M.B., B.S., D.C.P.
Pathologist
MBC Reg. No. 7902

Karnal Chowk
Near Central Bank of India
Naremah (M.P.) 45844
☎: 07492320599
✉: Lab Reg. No. 12

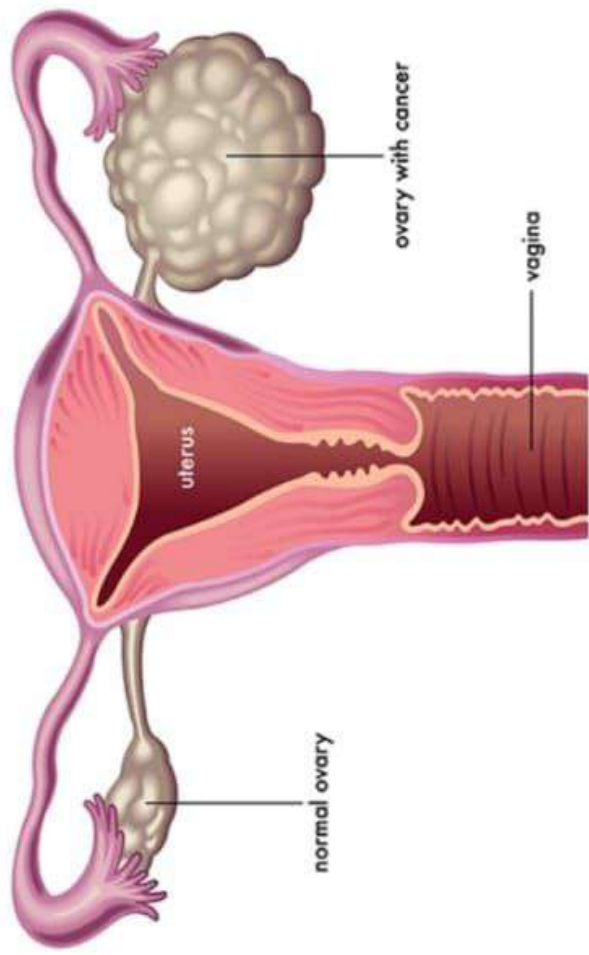
Name : SHRI RAJESH - SHANKARLAL JI
Age : 26 Yrs 0 Mths
Ref. By :

Date : 12/11/2018
Sex : M

Tests	Results	Reference Values
HAEMOGRAM		
Haemoglobin	: 10.5 gm/dl	[14.0-18.0]
T.L.C.	: 2900 /mm ³	[4000-11000]
D.L.C.		
Neutrophils	: 39 %	[50-70]
Eosinophils	: 06 %	[1-4]
Basophils	: 00 %	[0-0.5]
Lymphocytes	: 49 %	[20-49]
Monocytes	: 06 %	[2-8]
RBC Indices		
RBC Count	: 3.43 ml1/cmm	[4.4-6.0]
Hematocrit (HCT)	: 31.8 %	[40-54]
M.C.V.	: 93.7 fL	[82-101]
M.C.H.	: 39.6 pg	[27-34]
M.C.H.C.	: 33.0 gm/dl	[31.5-36]
RDW-SD	: 53.0 fL	[37-54]
Platelets Indices		
Platelet Count	: 2.15 L/cmm.	[1.5-4.0]
PDW	: 11.0 fL	[15-17]
MPV	: 9.0 fL	[7.4-10.4]
P-LCR	: 19.2 %	[15-35]

Dr. J. C. Verma
M.B., B.S., D.C.P.

Ovarian Cancer



Ovarian cancer

Review SYMPTOMS TREATMENTS SPECIFIC

Cancer that begins in the female organs that produce eggs (ovaries).

Ovarian cancer often goes undetected until it has spread within the pelvis and stomach. At this late stage, ovarian cancer is more difficult to treat and can be fatal.

There are more than 1 million cases per year (India).
 Treatable by a medical professional.
 Requires a medical diagnosis.
 Lab tests or imaging always required.



HCG The Specialists in Cancer Care

Department of Imaging Services

NAME: NISHA JAIN 41 Y FEMALE
 MRN NO: 11888
 REF BY: DR KALPANA KOTIYARI
 DATE: 10.08.2019

REPORT

Clinical finding: Known size of mucinous cystadenoma of right ovary with omental metastases, small liver & lung - Secondary metastatic.

Techniques: MDCT imaging was performed using the contrast media scan of abdomen and pelvis with oral and intravenous contrast.

Findings: Interspersely enhancing omental thickening with linear nodularity is seen in left upper abdomen extending to midline mid abdomen. Subtle irregular peripheral thickening is seen in left mid abdomen. 6 x 4 cm hypodense nodule is seen along lateral surface of sigmoid or of right lobe of liver. 2 x 2 cm irregular rim enhancing focus with irregular enhancement density is seen in right lobe of liver. 2 x 2 cm hypodense nodule is seen along upper margin, lateral segment of right lobe of liver. Multiple nodules are seen in posterior part of spleen. Liver appears normal in size and shape. Intraperitoneal chylous effusion are minimal. Spleen is normal. Gall bladder is normal. No evidence of mass effect is seen. No obstructive SDCs. Pancreas appears normal. No evidence of focal masses or dilatation of biliary duct is seen. Both kidneys are normal. No evidence of calculi or hydronephrosis on either side. Urinary bladder is normal. No evidence of wall thickening is seen.

Small and rest of the large bowel loops are normal. No evidence of intussusception or wall thickening of small or large bowel loops is seen. No evidence of prostatic or para-aortic lymphadenopathy is seen. Lower lungs are clear. No evidence of pleural effusion.

Page 1 of 2

Ovary METASTATIC CANCER

SEPTEMBER 2018

शरीर में दाहिनी ओर पेट में दाहिनी ओर 3x2 सेमी (अ.प्र.) का नोड्यूलर मसाला का ट्यूमर है। इसका कारण क्या है? क्या यह एंजाइमेटिक है? क्या यह पेट के अंदर ही है? क्या यह पेट के बाहर है? क्या यह पेट के अंदर ही है? क्या यह पेट के बाहर है? क्या यह पेट के अंदर ही है? क्या यह पेट के बाहर है?

CA 125 का स्तर 1000 है।

17/08/2019

strand iii

MR. PANKAJ KUMAR
 MR. PANKAJ KUMAR
 MR. PANKAJ KUMAR

MR. PANKAJ KUMAR

MR. PANKAJ KUMAR

MR. PANKAJ KUMAR

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MR. PANKAJ KUMAR

BLOOD CANCER

Leukemia
Also called: blood cancer

ABOUT **SYMPTOMS** **TREATMENTS**

Swollen lymph glands
Fever
White blood cell
Red blood cell
Leukaemia
Normal

A cancer of blood-forming tissues, hindering the body's ability to fight infection.

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 are to underlying disease. Examples include pregnancy, altitude or medication side effects.

ARCHANA AGRAWAL

Reference: Sample Collected At: NIRVGHN DIAGNOSTIC C/O NIRVGHN DIAGNOSTIC, 102 KRISHNA TOWER OPP CLAREWELL HOSPITAL, JAJAERWALA SOJARE, NEW PALASIYA, INDORE MP.

VID: 31180181967

Registered On: 09/03/2019 02:47 PM
Collected On: 09/03/2019
Reported On: 09/03/2019 03:31 PM

CBC Haemogram			
Investigation	Observed Value	Unit	Biological Reference Interval
Erythrocytes			
Erythrocyte (RBC) Count	2.71	mill/cu.mm	4.2-5.4
Haemoglobin (Hb)	8.8	gm/dL	12.5-16
PCV (Packed Cell Volume)	27	%	37-47
MCV (Mean Corpuscular Volume)	97.5	fL	78-100
MCH (Mean Corpuscular Hb)	11.1	pg	27-31
MCHC (Mean Corpuscular Hb Conc.)	32.6	g/dL	32-36
RDW (Red Cell Distribution Width)	17.11	%	11.5-14.0
Leucocytes			
Total Leucocytes (WBC) count	63,010	cells/cu.mm	4000-10500
Blasts	94	%	
Neutrophils	1	%	40-80
Lymphocytes	5	%	20-40
Monocytes	0	%	2.0-10
Eosinophils	0	%	1-6
Basophils	0	%	0-2
Platelets			
Platelet count	7.3	10 ⁹ /μl	150-450
Pathologist Remark Suggestive of Acute Leukemia. Advised Immunophenotyping for confirmation			

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

Page 1 of 2

Dr. Kavita Munjal
Chief Pathologist
MD FUJCC

Shajapur City Hospital
Cardio-Diabetic & Emergency Care Centre
Opp. Janpad Panchayat, Jan Motors Building, A.B. Road, Shajapur Ph. (07364) 228201

Department of Pathology

Name: MRS. ARCHANA AGRAWAL Age/Sex: 46 Yrs. / Female

Refd. By: SELF OPD No: 290 No

Date: 19-03-2019 ID: 001

Investigation	Observed Value	Reference Range
HEMOGLOBIN	6.00 gms/l	12-14 (F) 14-18 (M)
TOTAL LEUCOCYTE COUNT	90000 /Cu.mm.	4000-11000
DIFFERENTIAL LEUCOCYTE		
	Abn. Counts	Normal Counts
- Neutrophils	29 % (12200)	40-75 (14000 - 8300)
- Lymphocytes	64 % (52200)	20-40 (4000 - 14000)
- Eosinophils	3 % (2400)	1-6 (100 - 600)
- Monocytes	2 % (1800)	2-10 (100 - 1100)
- Basophils	2 % (1800)	0-1 (0 - 40)
R.B.C. COUNT	2.30 Mill. /cu.mm.	3.5-5.5 (F) 4.5-6.5 (M)
P.C.V.	18 %	35-40 (F) 40-52 (M)
M.C.V.	81.82 Cu. μ	76-96
M.C.H.	27.27 Pg	27-32
M.C.H.C.	33.33 %	30-35
PLATELETS	0.42 Lacs/Cu.mm.	1.5-4.0
RDW	17.80 %	11.5-14.5

Lab Incharge

Insta Report with Accuracy

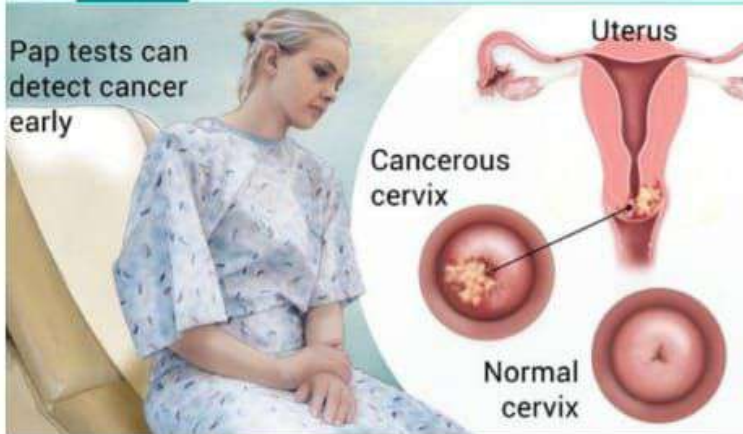
Cervical cancer

OVERVIEW

SYMPTOMS

TREATMENTS

Pap tests can detect cancer early



A malignant tumour of the cervix, the lowermost part of the uterus.

A malignant tumour of the lower-most part of the uterus (womb) that can be prevented by PAP smear screening and a HPV vaccine.

Rare

PORWAL

X-RAY AND SONOGRAPHY CENTRE

42/1, Nihalpura, Near Gopal Mandir, Behind Imam Bada, Indore Ph. : 0731-2537491

Radiologist
Dr. Sunil Porwal MB.B.S., D.M.R.D.
Consulting Hours : 9 a.m. to 2 p.m. & 5 p.m. to 7.00 p.m. SUNDAY CLOSED

Patient Name:-Mrs.Soni bai **Age/Sex: 80Y/F**

Ref.by :-Dr.Arpit Chopra **Date:- 11/6/19**

WHOLE ABDOMEN

Liver is normal in size & contour with normal echopattern & architecture, portal venous system appeared normal. Intrahepatic biliary radicles & CBD are undilated. No focal lesion or mass seen. Gall bladder is normal in size shows multiple small 4-5mm calculi in it.

Pancreas & spleen are normal in size, contour & echostructure.

Kidneys are normal in size with smooth regular contour. Renal cortical echogenicity is within normal limits & cortico Central differentiation is adequate. No pelvic/renal dilatation is seen. Both ureters are undilated. Aorta & IVC are normal in calibre. Urinary bladder is normal in size & contour with thin walls & shows echofree lumen.

Uterus is Anteverted normal in size(9.5X 4.3 X 5.2cms) with regular contour. Myometrial echostructure is homogenous & Endometrial echoes are normal(4mm). Ovaries are not visualized although there is no evidence of pelvic or adnexal mass seen. Pouch of douglas is clear. No ascites/nodes.

Dr. Sunil Porwal.
MBBS,DMRD.

DEPARTMENT OF PATHOLOGY
M.G.M.MEDICAL COLLEGE, INDORE
HISTOPATHOLOGY REPORT

LAB NO:5717/18
NAME: Soni Bai /Nanu Ram
WARD: M.Y. Hospital
CLINICAL INCHARGE: Dr. S. Yadav

DATE: 22/05/2018
AGE: 70yr/F
REG NO:75841

MATERIAL FOR EXAMINATION: Biopsy – From cervix.

GROSS- SRCCO, multiple gray white soft tissue pieces together measuring 1.0 x 0.4 x 0.2 cm.

MICROSCOPIC: H & E stained sections studied show sheets of pleomorphic cells with hyperchromatic nuclei, moderate amount of eosinophilic cytoplasm, altered nucleocytoplasmic ratio. The tumour cells show intracellular keratinization. Features are of **Moderately Differentiated Keratinizing Squamous Cell Carcinoma. (WHO Grade II).**

Dr. Rakesh Mehar
 24/05/2018

Residents
Dr. Minali Rajput
Dr. Priya Jain
Dr. Sonal Meshram

CB-022-465

Research Centre

Patient's Name MRS. SONI BAI

Age/Sex : 80 / Female

Consultant Dr. ARPIT CHOPRA

Date : 12/06/2019 68444

WHOLE ABDOMEN (E) SONOGRAPHY

Known case of CA cervix.

Liver is normal in size & echotexture. No obvious focal lesion seen.

Spleen, Pancreas are normal in size, shape & echotexture. Biliary channels are normal. C.H.D., Portal vein, major vessels are normal in calibre. Gallbladder is thin-walled with echofree lumen.

Both kidneys are normal in size, shape & echotexture. Corticomedullary differentiation is maintained.

Urinary bladder is thin-walled with echofree lumen.

Uterus is retroverted measures 10 x 6 x 5 cms with a collection with heterogenous internal echoes noted in the endometrial cavity.

Cervix is bulky with heterogenous mass of size approx 3.3 x 3.1 cms. It appears to be causing mass effect on bilateral VUT causing mild bilateral hydrourteronephrosis.

Both ovaries are obscure.

Retro peritoneum is obscured.

ADV. : CECT Abdomen.

Dr. Danish Qureshi
MD,(RD)



Cancer



A disease in which abnormal cells divide uncontrollably and destroy body tissue.

MOST COMMON TYPES

Breast cancer

A cancer that forms in the cells of the breasts.

Prostate cancer

A cancer in a man's prostate, a small walnut-sized gland that produces seminal fluid.

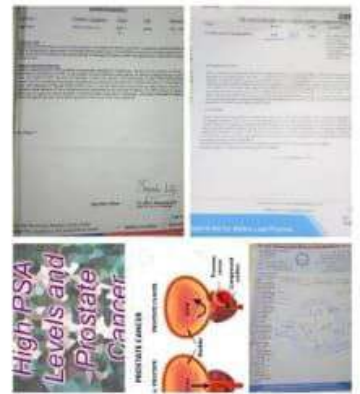
Basal cell cancer

A type of skin cancer that begins in the basal cells.

Melanoma

The most serious type of skin cancer.

CANCER AWARENESS COLOR GUIDE



PROSTATE CANCER SUSPECTED WITH HIGH PSA LEVEL another very, challenging, case which successfully responded to modern homeopathy.



BLOOD CANCER ACUTE LEUKEMIA WITH SEVERE THROMBOCYTOPENIA (LOW PLATELET COUNT) another very critical, complicated, life threatening case successfully miraculously responded by Modern Homeopathy with in 9 days with significant REDUCTION OF CANCER BLAST CELL 94% to NIL & improved platelet count from critical level 7300/cumm to 42000/cumm without PRP Infusion. This reports & efforts with Modern Homeopathy has been also appreciated by ONCOLOGIST



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 Homeopathy with in 12 days with significant improved platelet count from critical level 13000/cumm to 215000/cumm without PRP infusion & Critical WBC count of 800/cumm to 2900/cumm Patient had advised for hospitalization if platelet & WBC count not improved but



CURED CERVICAL CANCER A SURGICAL ADVISED POOR PROGNOSIS CASE OF OLD AGED POOR LADY RESPONDED. Read more



CANCER SPINAL MYELOMA MULTIPLE another very critical, last stage prognosis declared complicated, life threatening case successfully miraculously responded & maintaining by only Modern Homeopathy



Dr. Arpit Chopra (Jain)
M.D. HOMOEOPATHY
 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 7.00 pm
 Please Take Appointment Before Consultancy as Possible, Ph.: 0771-2533333
 www.homeopathycure.in, Email - arpitchopra23@gmail.com

9907527914,
 9713092737

Acute lymphoblastic leukemia




Also called: ALL

ABOUT SYMPTOMS TREATMENT

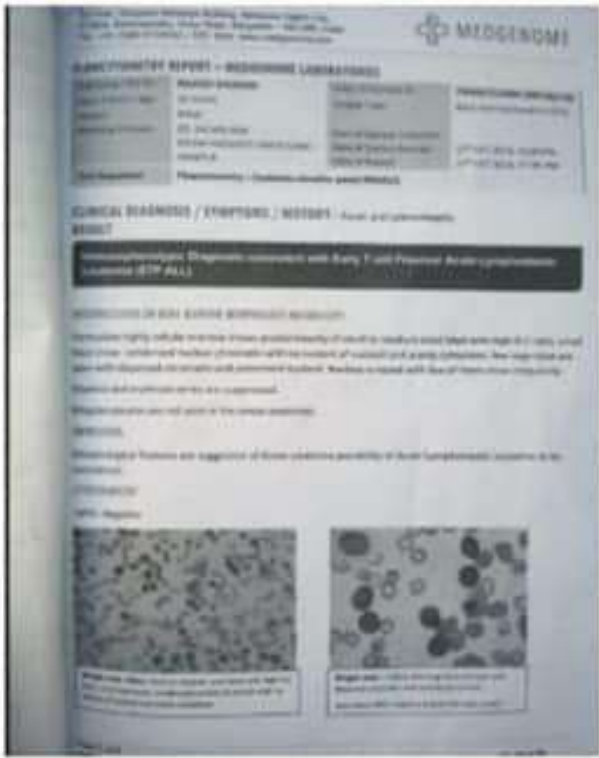
A type of cancer of the blood and bone marrow that affects white blood cells.

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



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/

PT Report

Purpose of Scan: Metastatic Ca breast. On HT. Post RT (to right acetabulum & femur). For evaluation.
 Ref: PET/4812/19

POSITRON EMISSION TOMOGRAPHY AND NON DIAGNOSTIC CT:
 296-370 MBq 18F-FDG was administered I.V. & images were taken after 1hr. from skull base to scan was done for attenuation correction & localization. Images of the brain were also acquired

Finding: Metabolically active soft tissue lesion (2.3 x 2.2 cm, SUV max 14.4) is seen in subareolar right breast. Metabolically active subcm and enlarged multiple lymphnodes are seen in right axillary and su 2.9 cm, SUV max 20.1) regions.

Metabolically active lytic lesions are seen in skull (SUV max 13.5), bilateral humeri, multiple lumbar vertebrae (D12 SUV max 17.5), medial end of bilateral clavicle (left SUV max 14.4), ribs, sacrum, bilateral scapulae, pelvic bones (right acetabulum - SUV max 10.6) and neck (SUV max 9.0).

Liver shows few metabolically active ill-defined hypodense lesions in left lobe (2.0 x 1.3 cm, SUV max 11.1 and sternum - SUV max 8.2).

Few metabolically active subcm & enlarged lymphnodes are seen in aortocaval (1.1 x 0.8 cm paracaval and paraortic (1.7 x 1.5 cm, SUV max 36.6) regions.

Left temporal region shows a subtle hypodensity with no significant tracer uptake. Rest of physiological tracer distribution.

Mild metabolically active subcm lymphnode is also seen in upper deep cervical region, like nature.

No metabolically active lesions were seen in nasopharynx, oral cavity, oropharynx, larynx. Major salivary glands appear unremarkable. No metabolically active lesion was seen in the thyroid gland.

Both lungs are unremarkable. No metabolically inactive or metabolically active nodules or infiltrates. Trachea and main stem bronchi appear unremarkable. There is no evidence of pleural effusion or active pleural abnormalities. No significant metabolically active mediastinal lymphadenopathy.

Gall bladder is visualised. No significant metabolically active abnormalities were seen in the gall bladder. Spleen shows physiological tracer distribution. No metabolically active lesions were noted.

No metabolically active abnormality was seen in the pancreas.

Bilateral adrenals and kidneys are unremarkable and show physiological tracer distribution.

Stomach is not well distended. No metabolically active abnormality was seen in the stomach. Small and large bowel shows physiological tracer distribution.


No metabolically active abnormalities were seen in the mesentery.

Rectum shows physiological tracer distribution. No significant metabolically active pelvic lymphadenopathy was noted.

Entered By : Pt

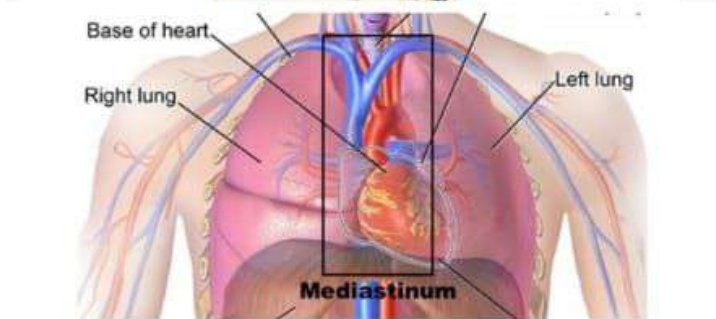
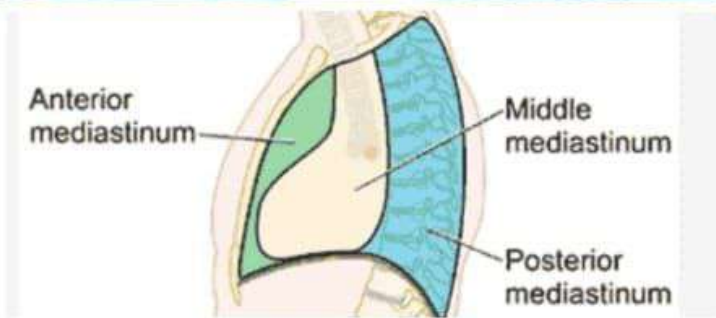
Entered By :

METASTATIC BREAST CANCER TREATMENT CONTINUES TO IMPROVE



30%

of breast cancer cases become metastatic¹



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(NABH Accredited Hospital)
DEPARTMENT OF RADIODIAGNOSIS & IMAGING
Idgah Hills, Bhopal - 462 001 (M.P.)
Tel.: 0755-2665720, 4255682, 4255680, Fax : 0755-2738325
E-mail: jncrcancer@gmail.com, Website : www.jncrc.in

CECT SCAN CHEST

NAME:-MRS. SEEMA GUPTA	AGE/SEX:- 36Y/F	REG. NO:-855/13
REF BY:-DR.SUNIL KUMAR	DATE STUDY:- 18/07/19	CT NO:-2124
	DATE REPORT:- 19/07/19	

REPORT

Plain and post contrast CT scan of chest has been performed on 16 slice MDCT scanner using non ionic IV contrast.

Known case of Ca right breast -post OP/RT/CT status. Comparison has been done with previous CT scan of 10/07/18.

Multiple enlarged left supra clavicular nodes are seen, larger node measures 10.7x7.2mm-stable.

New appearance of a large heterogeneous enhancing soft tissue mass with cystic/necrotic areas is seen involving the left prevascular space and anterior mediastinum being adherent with arch of aorta and compressing left brachio-cephalic vein. The mass measures 9.1x6.9x8.5cm-likely represents metastatic mass/lymph nodal mass. The mass is indenting the left mediastinal and mediastinal pleura with pleural thickening and minimal effusion is seen in left anterior CP angle.

Appearance of other enhancing irregular and nodular pleural thickening is also seen in left lung with enhancing fissural thickening -**suspicious for metastasis.**

Other small subcentimetric pretracheal and AP window nodes are seen.

Interstitial thickening and fibrotic band seen in right middle lobe-post RT changes. Fibrotic bands are seen in left apex and upper lobe and lower lobe with pleural thickening. Fibro nodular lesion seen in left lung base. Few tiny fissural and parenchymal nodules persists in left lung as previous. Small calcified granuloma is seen in right lung upper lobe.

Trachea and bronchi appear normal.
Heart and great vessels of mediastinum appear normal.

Diffuse fatty parenchyma seen in liver.

Spine under view shows degenerative changes. Two dense sclerotic lesions in body of mid dorsal vertebrae.

Continued on next page...

19 September, 2019

Patient Name : Smt. Seema Gupta
Age / Sex : 42 Y / F
Ref by : Dr. Arpit Chopra M.D.

SPIRAL C.T. SCAN OF CHEST (PLAIN AND CONTRAST)

PROCEDURE: Axial sections of chest were acquired with intravenous contrast administration on MDCT scanner.

FINDINGS:

A large lobulated mass is seen in anterior mediastinum measuring approx. 6 cm x 5 cm, with hypodense center. It appears to be a lymph nodal conglomerate mass.

Minimal subpleural fibrotic stranding is seen in left lower lobe.

Rest of the lung parenchyma is clear.

No pleural effusion.

Heart size is normal.

Mediastinum vascular structures are unremarkable.

Bony thoracic cage is unremarkable.

IMPRESSION:

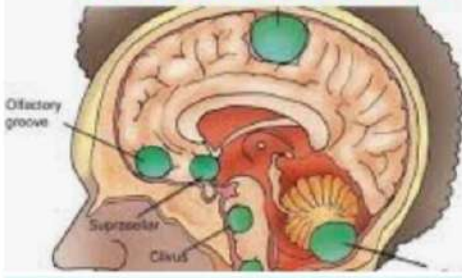
→ A large anterior mediastinum mass, likely metastatic lymph nodal conglomerate.

Dr. Abhijit Yadav M.D. (RD)
Radiologist

Note: In case of any discrepancy due to machine error or typing error, please get it rectified immediately.

DR. B. L. YADAV
CENTER FOR DIAGNOSTIC IMAGING AND RESEARCH

MENINGIOMA

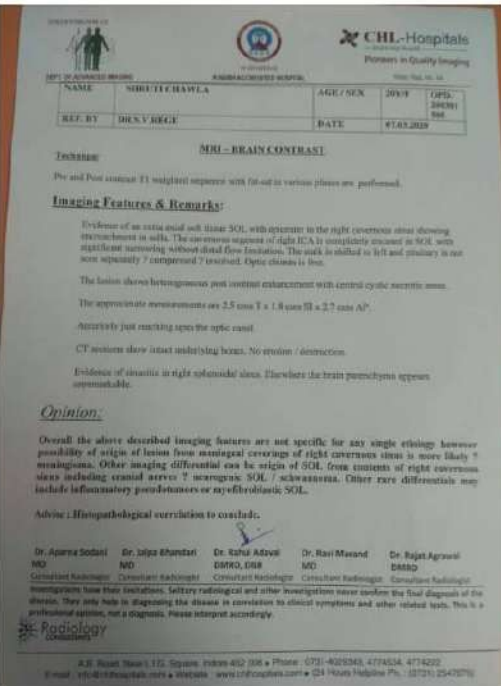





Meningioma

OVERVIEW SYMPTOMS TREATMENTS NEWS

A usually non-cancerous tumour that arises from the membranes surrounding the brain and spinal cord.

It isn't clear what causes a meningioma. Radiation therapy, female hormones and genetics may play a role. In most cases, the condition is non-cancerous.



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There is A huge difference between before and after.... I am so much grateful towards you even can't express thanks in terms of words only I wanted to say this recovery which I got from you is irreplaceable... Thank you so much once again



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

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Pancreatic cancer

OVERVIEW SYMPTOMS TREATMENTS S

Cancer that begins in the organ lying behind the lower part of the stomach (pancreas).

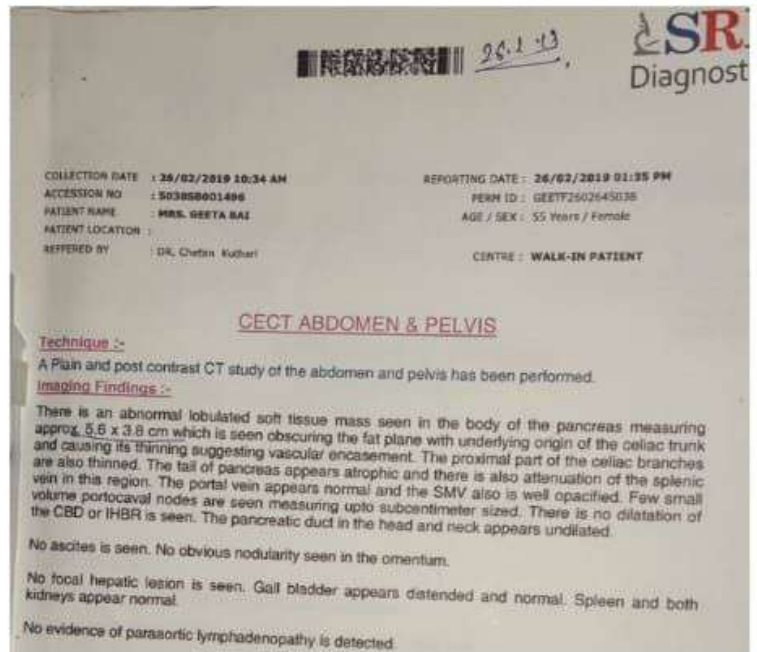
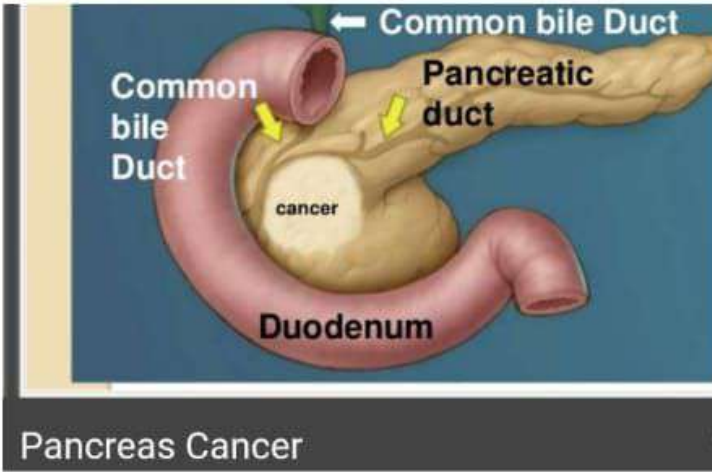
The pancreas secretes enzymes that aid diges and hormones that help regulate the metabolic of sugars. This type of cancer is often detected late, spreads rapidly and has a poor prognosis

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



डॉ. अर्पित चोपड़ा (जैन)
M.D. HOMOEOPATHY (GENERAL & SURGICAL DISEASES) SPECIALIST
 पता : 102, प्रथम मॉडर्न फ्लोरा टॉवर, कर्मावेल रोड, कर्मावेल शीफ्टरल के सामने, कर्मावेलवा बाजार, न्यू पल्लिसिवा, इन्दौर
 मोबा से शनि-सुबह : 10 से 3 बजे तक एवं शाम 5 से 10 बजे तक, विहार : सुबह 12 से 3 बजे तक

0731-4977076, 7999978894, 9907527914
 arpitchopra23@gmail.com
 www.homoeopathy.cure.in/com

PANCREATIC CARCINOMA

2020
 1 FEBRUARY 21/02/2020 Friday 21

CANCER OF PANCREAS

नाम गीता बाई यादव
 पता सिमरपुरी तह सतौड़
 पिन इन्दौर 3826967554

मेरी माता जी गीता बाई पेट की कैंसर थी। इनके बहुत सारे डॉक्टरों को दिखाया, कुछ आराम नहीं हुआ। इसके बाद जो ने कोलाइसल सेवा घर पर ऊँचे ज्यादा दिनों के मुँहआन नहीं है। जिसके बाद हमें शुर्करा ऑ, अर्पित चोपड़ा जा पता सला तो हमें इसके पार आये। इसमें मोडर्न होम्योपैथिक की इलाज कइया। और जो अर्पित कैंसर की सलाह और इलाज करके मेरी माता पूरी सब हिक होन गई है पिछले आठ महिने में। इलाज सलाह या इसके बाद अभी आराम है। मेरी माता माता जी के आराम मुझे के विष जो अर्पित जी चोपड़ा की बहुत-बहुत सल्लाह धन्यवाद।

Respected

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

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Head, Reg. No. 04

19-12-18/AB-15

Patient Name: Mrs. GEETA BAI YADAV / MRN-19032896
 Age / Gender: 55 Yr / Female
 Address: Indore, MADHYA PRADESH
 Requesting Doctor: Dr. ALOK KUMAR UOIYA

Request Date: 09-03-2019 12:23 PM
 Collection Date: 09-03-2019 12:45 PM
 TAT: 03:36 (PH:AM)

Reporting Date: 09-03-2019 04:23 PM
 Acceptance Date: 09-03-2019 12:47 PM
 Sample ID: CYP70
 Sample Type: FNA

Reg. ID: OPD-18-19-7658

DEPARTMENT OF CYTOPATHOLOGY

NATURE OF SPECIMEN: Cytopath No: C-CHL-188/19
 U.S.G. Guided F.N.A.C. from pancreatic mass.

GROSS:
 5 Unstained slides received from U.S.G. department.

MICROSCOPIC:
 Smears are cellular showing clusters of hyperchromatic cells with macrophages. Areas of haemorrhage is noted.

IMPRESSION:
 FEATURES FAVOUR LOW GRADE ADENOCARCINOMA.
 WIDE EXCISION OF TISSUE IS MANDATORY FOR CONFIRMATION.



Hosp. Reg. No. CIN : U85111

CHL-CBCC Cancer Center
inspiring health

Medical Summary (Department of Radiation Oncology)

Patient Name : Mrs. Durga Bai Bokre Reg.: C-4281
Age/Sex: 70Yrs/Female RT No.: 17-3135
Diagnosis: Orbital tumour (Recurrent) Stage: IV

Procedure	Date	Details
Surgery	2.6.14	Wide local excision & upper lid reconstruction with bridge
Surgery	17.6.16	Wide local excision & upper lid reconstruction
Surgery	18.1.17	Wide local Excision with medial central reconstruction
IPR	21.1.17	Features favour poorly differentiated carcinoma
MRI ORBIT	06.04.2017	A well defined lobulated cystic solid heterogeneously enhancing left orbital space-occupying lesion involving the upper eye and superiorly and supro-laterally with the lacrimal gland separately from the lesion. The lesion closely abuts the globe the distal half of the superior rectus muscles with mild displacement and focal deformity of the globe and poorly intervening fat planes with the superior rectus muscle and globe in this region. Laterally the mass abuts the lateral rectus attachment to the globe. Superiorly there is a smooth border in the region of the roof of the orbit with the mass mildly indenting into the frontal sinus on the same side.

Radiotherapy Details

Technique : Rapid Arc Target Volume: Gross disease with margins
Dose : 66Gy No. of fraction: 33# Days 43
Date : 20.04.2017 to 03.06.2017 Energy : 6MV

• We wish this soft spoken lady good luck and speedy recovery & review after 6 wks.

Regards
Dr. Manish Siddha
M.D.
Consultant Radiation Oncology
Reg. No. M.P. 1143
Dr. MANISH SIDDHA (MD) Consultant Radiation Oncology
(CHL-CBCC Cancer Center), Indore MP,
Contact: +91 88890 72233, Email ID: drmanishsiddha@yahoo.com

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Janjeer Wala Square, INDORE (M.P.)
Time : Morning 10 am To 3 pm, 5 pm to 10 pm
Sunday : 11 am to 2 pm
Email : arpitchopra23@gmail.com

Name: Durga Bai Age: 70 Sex: F Date: 22/07/17
Address: Indore Mob. Ref. No.

10 - Recurrent Ca of upper Eyelid, 2nd eye

09/08/17 (Fall) H/o operated & relapsed

18/11/17 B.P. 102/74 (22/10 to 22/11/17) 3700 Paid

Burning -

10/09/17 - Eye Pain

11/17 B.P. - 107/70 Had top of 1 month Restricted is 3700

(11/11 to 11/12) 3700

02/02/17 chail (02/02 to 02/03) 3700 Paid

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11/09/17 chail B.etter (02/03 to 02/04/17) 3700 Paid/Cash B.etter 18/11/17

11/09/17 chail B.etter (02/03 to 02/04/17) 3700 Paid/Cash B.etter 18/11/17



10 Mouth Ulcer at the tip of tongue (H/O - tobacco chewing) 3 months

↓ Appetite

10 Reports HLLNARD

MHC

FNAC

CCCA

CA 15.2

CA 22.2

CA 125

CA 19.9

ORAL CANCER STATISTICS

ORAL CANCER

Aarogya Super Speciality M...

2:31 5G

Mr_Mohammad_Jakir_20_08_202...

EXRI DIAGNOSTICS

Pathology | Microbiology | Specialized Pathology - Histology, Molecular Pathology, Immunopathology | Digital IHC | Digital ICM | Digital Microscopy | Color Doppler | Interferometry

1.17 AAC | 3D IHC | 3D ICM | 3D-4D Ultrasound

Patient Name: MR. MOHAMMAD JAKIR

Age/Gender: 54 / Male

Ref No: DR.A.CHOPRA

Date: 13-Sep-2024 00:00:00

CA 15.2 CANCER MARKER, SERUM

Observed Value: 1.32

Reference Range: 0.00 - 1.25

Interpretation: CA 15.2 is a tumor-associated antigen (TAA) that is overexpressed in a variety of solid tumors, including breast, colorectal, gastric, and pancreatic adenocarcinomas.

Before Treatment

EXRI DIAGNOSTICS

Pathology | Microbiology | Specialized Pathology - Histology, Molecular Pathology, Immunopathology | Digital IHC | Digital ICM | Digital Microscopy | Color Doppler | Interferometry

1.17 AAC | 3D IHC | 3D ICM | 3D-4D Ultrasound

Patient Name: MR. JAKIR

Age/Gender: 54 / Male

Ref No: DR.A.CHOPRA

Date: 13-Sep-2024 00:00:00

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Observed Value: 1.65

Reference Range: 0.00 - 1.25

Interpretation: CA 15.2 is a tumor-associated antigen (TAA) that is overexpressed in a variety of solid tumors, including breast, colorectal, gastric, and pancreatic adenocarcinomas.

During Dr Arpit Chopra Jain Modern Homoeopathy

UD C. T. SCAN & M.R.I. CENT

Nagar, Warud, Dist. Amravati Mob. 9158387105, 9403180...

C.T. Scan, M.R.I. Center

MR. MOHAMMAD JAKIR	Patient ID: ACS963
DR.A.CHOPRA	Age/Gender: 54 / Male
DR.A.CHOPRA	Date: 13-Sep-2024 00:00:00

CT NECK P C

AXIAL 7mm cuts were obtained from the level of the angles of the mandible down to the C7 vertebra

FINDINGS:

- Study done in delayed phase
- Deviated nasal septum is seen towards right side
- Few subcentimeter size bilateral submandibular lymphnodes are seen
- The epiglottis and epiglottic folds are normal
- Parapharyngeal and retropharyngeal fat planes appear preserved.
- The hyoid bone, and the thyroid, cricoid and arytenoid cartilages are normal.
- The left parotid and submandibular glands show no abnormalities.
- The thyroid gland shows normal configuration and size of both the lobes and the isthmus. No cyst or nodule is seen within the gland.

pression:

No significant abnormality detected Suggested clinical correlation.

During Dr Arpit Chopra Jain Modern Homoeopathy

Dr. Arpit Chopra, MD
Jain Radiologist
RMC-029357

MOUTH CANCER

Effective tips to prevent

Oral Cancer

Before Treatment

After Dr Arpit Chopra Jain Modern Homoeopathy

ORAL CANCER

1.17 AAC | 3D IHC | 3D ICM | 3D-4D Ultrasound

CARCINOMA OF TONGUE

Observed Value: 1.65

Reference Range: 0.00 - 1.25

Before Treatment

During Dr Arpit Chopra Jain Modern Homoeopathy

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आरोग्य सुपर स्पेशलिटी मॉडर्न होम्योपैथीक क्लिनिक

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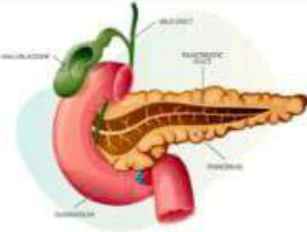
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Email:- arpitichopra23@gmail.com

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Chronic Calcific Pancreatitis



REPORT

NAME: PRAKASH SURESH (M/M)
REF. BY: INDORE GASTROENTEROLOGY CENTER
TEST ASKED: CA 19.9, CA 15.3, CA 15.6 (CA)

SAMPLE COLLECTED AT: (INDORE) INDORE GASTROENTEROLOGY CENTER
SPRINT REPORT TO BE GIVEN ONLY FOR TESTS NOT REPORTED IN YOUR LABORATORY, 452001

TEST NAME	TECHNOLOGY	VALUE	UNITS
CA 19.9	CLIA	850.42	U/ML

Before Treatment

CA 19.9 is elevated in most patients with advanced Pancreatic Cancer, but it may also be elevated in other pancreatic conditions, including acute & chronic Pancreatitis, Cystic Fibrosis, Gallstones, Bile Duct Stones, Cholecystitis, Cholangitis, and other pancreatic diseases. But that elevation may also occur with CA 15.3 levels. Very small amounts of CA 19.9 may still be found in healthy (adults).

For Diagnosis: Results should always be considered in conjunction with the patient's medical history, clinical examination and other findings.

Reference Range:
Normal: 0-37 U/ml

Method: Fully Automated Two Step Sandwich Immunoassay

Sample Collected on (SCT): 13 Jul 2024 13:50
Sample Received on (SRT): 14 Jul 2024 05:41
Report Released on (RRT): 14 Jul 2024 08:40
Sample Type: SERUM

Dr. Sarvjit Patel MD MBBS

Pancreatic Cancer

Type, Risk, Symptoms, Treatment and Prevention

MEDICAL REPORT

Patient Name: Mr. ANIL KISHOR TOSAY
DOB: 08/08/1968
Gender: Male
Referral: Gastroenterology (Gastroenterology)
Specialist: Dr. Arpit Chopra

TESTS PERFORMED

TEST	VALUE	UNIT	REFERENCE RANGE
CA 19.9	107.85	U/ml	0-37 U/ml

During Dr Arpit Chopra Jain Modern Homeopathy

Dr. Sarvjit Patel MD MBBS



PANCREAS CANCER 5.6 X 3.8 CM LARGE MASS OF 56 YEARS POOR LA...

Dr Arpit Chopra's SuperSpecialty
ModernHomeopathic · 238 views · 4 years ago

Cancer Cured

पेरिटोनियल कैंसर का सफल इलाज

Success Story

Mrs. Fatima Khan
42

PERITONEAL CANCER | CURED
DR. ARPIT CHOPRA'S | SUPER SPE...

AAROGYA SUPERSPECIALITY MODERN HOMOEOPATHY

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

I got a lot of relief from whatever treatment he had, I was relieved in 15 days

ONLINE CONSULTATION AVAILABLE

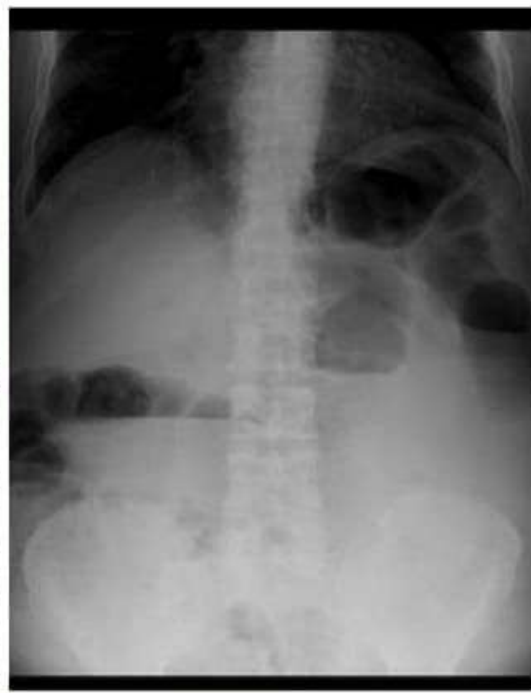
बार बार पेट दर्द होना Pancreatitis की बीमारी हो सकती है

इलाज है मॉडर्न होम्योपैथी सबसे सटीक

आरोग्य मॉडर्न होम्योपैथी, इंदौर

Chronic Pancreatitis | Chronic Pancreatitis Success Stories | Dr. Arp...

70
 ✓ Mucinous Adenocarcinoma of
 Colon biopsy - 25/08
 ECG Abd. 24/08/24
 Rt - Calculus - 12mm & 15mm
 Hydrohydronephrosis
 - Bowel wall thickness - 19mm
 - Lesion - 4.8 x 4.5 cm Class
 * Pain abd. after eating
 - Constipation (+)
 - Recurrent fever.



us adenocarcinoma is a typical cancer that affects the sigmoid colon that line the glands. Doctors use imaging tests and physical examination to diagnose mucinous adenocarcinoma.

VISHWAKARMA HOSPITAL & HEART CARE CENTRE

Name	MIL. PSEMPAL	Patrol No.	9564
Age/Sex	64Y - M	Visit	CECT, W/B
Referring Doctor	DR. RISHU KUMAR	Case	Mucinous Adenocarcinoma
Study Date	2024-08-22 07:57 PM	Report Date	2024-08-22 07:57 PM

CECT ABDOMEN WITH CONTRAST

Before Treatment

Findings:
 Liver is normal in size and attenuation. No focal lesions seen in the hepatic parenchyma. There is no intra or extrahepatic biliary ductal dilatation.
 Gall bladder: is well distended, shows normal lumen. No intraluminal calculi noted, CBD is not dilated.
 Pancreas: is normal in size and attenuation. The pancreatic duct is not dilated. Peripancreatic fat planes appear clear.
 Spleen: is normal in size and attenuation. No focal lesions seen. Spleenic hilum appears normal.
 Right Kidneys: Normal in size, shape, and attenuation. No perinephric fat stranding.
 A radiopaque calculus measuring approximately 12 mm with HU of 1500 noted in the right kidney lower calyx.
 A radiopaque calculus measuring approximately 15 mm with HU of 1200 noted in the right distal ureter causing mild to moderate hydronephrosis.
 Left Kidneys: Normal in size, shape, and attenuation. No hydronephrosis. Calculi. No perinephric fat stranding.
 Both adrenal glands appear normal.
 Bowel Mesenteric Omentum: There is circumferential wall thickening of distal transverse colon up to the splenic flexure, with maximum wall thickness of 19 mm. There is mild pericolonic fat stranding noted. Multiple well defined

VISHWAKARMA HOSPITAL & HEART CARE CENTRE

Before Treatment

well defined density lesion showing minimal enhancement noted in the peritoneal cavity and along the surface of the liver and in the subdiaphragmatic space. Largest size measuring up to 4.8 x 4.5 cm in the left lower abdomen.

RFP: Normal. Appendix visualized and is normal.
 Lymphadenopathy: Not significant.
 Visualized osseous structures: appear normal. No lytic or sclerotic bony lesions.
 Visualized lung bases clear.
 Urinary: No free fluid in abdomen and pelvis.
 Fluid: Bladder: is moderately distended. No intraluminal pathology seen.
 Prostate: Normal in size.

Impression:
 Circumferential wall thickening of distal transverse colon up to the splenic flexure, with a maximum wall thickness of 19 mm and with mild pericolonic fat stranding. Features are concerning for malignant etiology. Recommend colonoscopy and biopsy for histopathological correlation.
 Multiple well defined cavity and along the surface of the liver and in the subdiaphragmatic space, largest one in the left lower abdomen. Features are concerning for neoplastic etiology.
 Obstructing right distal ureteric calculus (size: 15 mm | HU: 1200) causing mild to moderate hydronephrosis.
 Non-obstructing right renal calculus.
 Suggested: Clinical correlation and further evaluation, if clinically indicated.

Dr. Sushil Kumar Nandanwar
 MD., DNB Radiodiagnosis, AEMG-0914

Dr. Arpit Chopra Jain Modern Homoeopathy

PATIENT NAME: MR. PRASHANT
 LAB SOCIAL NO: 28241007073
 REFERRED BY: DR. SWATI KUMAR SINGH
 SAMPLE ID: 1503792

AGE/SEX: 44.5 YRS / M
 REGISTERED: 07-04-2024 11:23 PM
 SCAN TIME: 07-08-2024 09:20 AM
 REPORT NO: 007955163

During Dr. Arpit Chopra Jain Modern Homoeopathy

Dr. Arpit Chopra Jain (MD) Homoeopathy, Critical & Surgical Disease Specialist & Director of Aarogya Super Speciality Modern Homoeopathy

डॉ. अरपित चौपड़ा जैन ने किया रिसर्च एवं प्रमाणित सुपर स्पेशलिटी मॉडर्न होम्योपैथी चिकित्सा का अविष्कार

होम्योपैथी में नए उपचारों का अविष्कार और प्रमाणित चिकित्सा का अविष्कार। डॉ. अरपित चौपड़ा जैन ने नए उपचारों का अविष्कार किया है, जो रोगियों को बेहतर स्वास्थ्य प्रदान करते हैं।

आरोग्य सुपर स्पेशलिटी मॉडर्न होम्योपैथी क्लिनिक

डॉ. अरपित चौपड़ा जैन, एमडी होम्योपैथी, क्लिनिकल और सर्जिकल रोग विशेषज्ञ और आरोग्य सुपर स्पेशलिटी मॉडर्न होम्योपैथी क्लिनिक के निदेशक।

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होम्योपैथी में अनुसंधान और साक्ष्य आधारित ट्रीटमेंट से भारत के साथ 10+ देशों में अपनी पहचान बालाने वाले डॉक्टर अरपित चौपड़ा जैन

अपने योग्यता के साथ वैश्व प्रभाव के कारण डॉ. अरपित चौपड़ा जैन और ट्रीटमेंट की अग्रणी टीम ने अग्रणी चिकित्सा चुके हैं। **चिकित्सा कुशल महत्वपूर्ण है।**

आरोग्य सुपर स्पेशलिटी मॉडर्न होम्योपैथी क्लिनिक

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हमारी कोई दूसरी ब्रांच नहीं है

हमारे पास कोई दूसरी ब्रांच नहीं है। हमारे पास एक ही ब्रांच है, जो रोगियों को बेहतर स्वास्थ्य प्रदान करती है।

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Prostate Cancer

Healthy

Prostate Cancer



Prostate cancer

Also called: prostatic carcinoma

Overview

Symptoms

Treatments

New

A cancer in a man's prostate, a small walnut-sized gland that produces seminal fluid.

Renal parenchymal echogenicities are normal. No evidence of any calculus or pelvicalyceal dilation. UB is well distended with normal wall thickness. No evidence of mass/calculus. **It is enlarged in size (volume ~ 55 cc) with diffuse heterogeneous echotexture.** No evidence of lymphadenopathy / mass. No free fluid seen in abdomen & peritoneal cavity.

Urinary Bladder: Prostate Retro Peritoneum Free-Fluid

IMPRESSION:

- Prostatomegaly with diffuse heterogeneous echotexture (Advice -TRUS).
- Splenomegaly.
- Thick edematous GB wall 5 mm.
- Few dilated venous collaterals in epigastric region ? Portal hypertension.
- Extra hepatic portal vein not visualized (excess overlying GI gases)

Advice :- Triphasic CECT abdomen

Dr. Hulesh Mandla, MD
Consultant Radiologist

before treatment

SCCH UNIT-II

A Unit of Memon Health Care Private Limited

Department of Nuclear Medicine and PET-CT, SANJEEVANI CBCC USA CANCER HOSPITAL Campus

SCCH PET No	5685/2021	Date	20-07-2021
Name	Mr. Vinay Thool	Age/Sex	58 years/ Male
Clinical Indication	C/o abdominal pain, burning micturition and urinary incontinence- 2 days; cysto ureteroscopy and transurethral resection of the prostate done on 4-6-21; ultrasound abdomen (14-5-21)-prostatomegaly with diffuse heterogeneous echotexture, splenomegaly; Biopsy from prostate (6-6-21)-adenocarcinoma; Serum PSA- 99.4 ng/ml. PSMA PET CT for staging		

Dr. Arvind Choudhary (MD) - 300 प्रकार के असाध्य जटिल रोगों की चिकित्सा।

आरोग्य सुपर स्पेशलिटी मॉडर्न होम्योपैथिक क्लिनिक

ऑफिस | परामर्श | इलाज | सैक | फार्म | कॉस्ट इफेक्टिव

102, 104, प्रथम मंजिल, कुम्भ टॉवर, स्वयंसेवा कॉम्प्लेक्स के सामने, जंजीरवाला चौक, चू प्लाजा, इंदौर
फोन - 0731-4977076 मोबा. 97130 92737, 97130 37737 | 79999 78894 | 99075 27914

HISTOPATH NO : [LPLIB/232048/21 ; LPLIB/232049/21 : Entire tissue]

TURP chips :

- Histologic type : Adenocarcinoma (Acinar, not otherwise specified)
- Histologic Grade :
Gleason Pattern : Primary 4 ; Secondary 4
Total Gleason Score : 8
- Histologic Grade group : 4
- Tumor Quantitation :
Proportion of prostatic tissue involved by tumor : 60%
- Lymph-Vascular invasion : Not identified.
- Perineural invasion : Present

IMPRESSION:

- ? Liver parenchymal disease.
- Prominent portal vein.
- Splenomegaly.
- Grade I prostatomegaly.
- Post voids residual urine volume 28 cc.

Advice :- CECT abdomen & endoscopy correlation to rule out bowel pathology.

after Modern homoeopathy treatment

Dr. H. Mandla (M.D.)
Consultant Radiologist

Report Status Final

Referred by : SELF

Tests	Results	Unit	Biological Reference Interval
PSA - Prostate Specific Antigen (Total) * PSA (Total)	10.21	ng/ml	up to 4.2

TestDone by e411 Roche Immuno Assay

ix Part Differential Cell Counter (XN-1000) Installed For AUTOMATED Reporting Of FLUORESCENT PLATELETS-F, IF (Immature Platelet Fraction) NRBC & IMMATURE Granulocytes (IG).

Dr. Pratibha Sharma (MBBS D.C.P.)

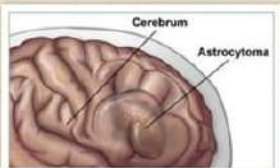
Dr. Ramesh Ostwal (MDDPB)

after Modern homoeopathy treatment



Astrocytoma Brain Tumors

What is an **Astrocytoma** brain tumor?
 Astrocytoma tumors are a form of **glioma** with star-shaped cells. Glioma is a type of tumor that starts in the brain or spine. It is called a **glioma** because it arises from glial cells. The most common site of **gliomas** is the brain.



Mr. Ashok Kumar Upadhyay
 Gender: M Age: 46 years
 Date: 23 Jun 2021
 Department of Radiology

MRIBRAIN CONTRAST

Study: MRIBRAIN CONTRAST, 23.09.2021

MRIBRAIN CONTRAST, 23.09.2021
 Clinical History: Progressive onset of hemiparesis, hemiparesis, post-chemotherapy, Post-TBE, Progressive disease with new aspect. Post-RT. On treatment. T2/FLAIR DWI on day 9 Post RT (10.9.21)

Comparison done with previous MRI dated 08.02.2021

Findings
 Study reveals left occipital parietal resection cavity. Mild enhancement is noted under the site of resection in T2W, FLAIR and DWI sequences. In the axial plane, the site of resection is seen extending along the posterior body and anterior of the left parietal lobe. On T2W images, multiple foci of blooming are seen in the resection bed consistent with blood degradation products.

On post-contrast scans, there is nodular enhancement along the margin of the resection bed, left parietal lobe. There is an irregular postoperative cavity in left parietal occipital region. Mild enhancement is seen with postoperative cavity. There is a progressive increase in the enhancement of the resection bed in the axial plane. There is a progressive increase in the enhancement of the resection bed in the axial plane. There is a progressive increase in the enhancement of the resection bed in the axial plane.

There is a restricted increase in the adjacent non-enhancing T2W, FLAIR hyperintensity which is posterior parietal, occipital and temporal. There is a restricted increase in the adjacent non-enhancing T2W, FLAIR hyperintensity which is posterior parietal, occipital and temporal. There is a restricted increase in the adjacent non-enhancing T2W, FLAIR hyperintensity which is posterior parietal, occipital and temporal.

Rest of brain parenchyma appears normal in attenuation.

Basal ganglia, thalami and cerebellum appear normal.

Head of base paranasal sinuses appear normal in attenuation.

MRIBRAIN CONTRAST, 23.09.2021
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before-treatment

Glioblastoma

Also called: GBM, glioblastoma multiforme

Overview

Symptoms

Treatments

Nav

A malignant tumour affecting the brain or spine.

This type of tumour grows and spreads rapidly, often creating pressure.

Rare

Fewer than 1 million cases per year (India)

Treatment can help, but this condition can't be cured

MAHAMANA PANDIT MADANMOHAN MALAVIYA CANCER CENTRE, VARANASI. (A UNIT OF TATA MEMORIAL CENTER, MUMBAI.)

Case No: KD/05596 Requisition No: LZZ/MR/21/502748
 Name: Mr. ASHOK KUMAR UPADHYAY
 Sex/Age: M / 46 Years Category/Status: BI Out Patient
 DMG: DMG - NEURO ONCOLOGY
 Service Desc: MRI BRAIN Regn Date: 06-09-2021
 Provisional Diagnosis: MPMCC

Final Report

Report Date: 04-10-2021

MRI BRAIN DATED 23.09.2021

Multiphase imaging of the brain has been performed using T1W, T2W, FLAIR, DWI and post contrast sequences. Spectroscopy and perfusion has also been performed in the region of interest.

This is a case of Glioblastoma Gr IV- IDH mutant and 1p19q non-deleted, post chemotherapy and RT. No previous imaging is available for comparison.

Post left parieto-occipital craniotomy status. Left Subdural collection is seen measuring 6mm in thickness. An irregular resection cavity is seen in the left parieto-occipital lobe. T2/FLAIR hyperintensity seen in the Peri cavitary region involving the left parieto-occipital region and extending into the left frontal and temporal lobes. Mild enhancement is seen in the wall of cavity and in the peri cavitary region, likely post RT. A nodular T2 intermediate to high intensity area approximately measuring 1.7 x 1.5 cm is seen in the left occipital lobe. Minimal postcontrast enhancement is seen. On perfusion, it shows hypoperfusion. Spectroscopy is non-contributory.

T2 /FLAIR hyperintensity is also seen involving the left cerebellar peduncle. No postcontrast enhancement seen.

Areas of restricted diffusion are seen in the peri cavitary region and in the left centrum semiovale, likely postoperative ischaemic changes.

Rest of the cerebral hemispheres are normal with no focal or diffuse lesion.

The basal ganglia, thalami, brainstem & cerebellum are normal.

The paranasal sinuses appear unremarkable.

No focal calvarial lesion is seen.

IMPRESSION

MRI reveals

Post treatment changes as described with a nodular area in the left occipital lobe, appears indeterminate for post RT change and residual disease. A comparison with prior scan is suggested

Dr.A.A. SINGHANIA
 Resident (Radio-Diagnosis)

Dr.SWETA BOTHTRA
 Consultant (Radio-Diagnosis)

after modern homeopathy treatment

RADIOLOGY

Oral cancer

Also called: oral cavity cancer

- Overview
- Symptoms
- Treatments

Cancer that develops in any part of the mouth.

Risk factors include tobacco use, heavy alcohol use and human papillomavirus (HPV) infection.

The lower gingivobuccal complex comprised of buccal mucosa, gingivobuccal sulcus, lower gingivoretromolar trigone. It is the most common site for oral cancer in 1 Indian subcontinent due to the chewing tobacco (Fig. 1).



आरोग्य सुपर स्पेशलिटी मॉडर्न होम्योपैथिक क्लीनिक

डॉ. अर्पित चोपड़ा (डी.बी.एस.)
एम.डी. होम्योपैथी
जीएच. आर.एच. एच.
इन्डियन मेडिकल



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

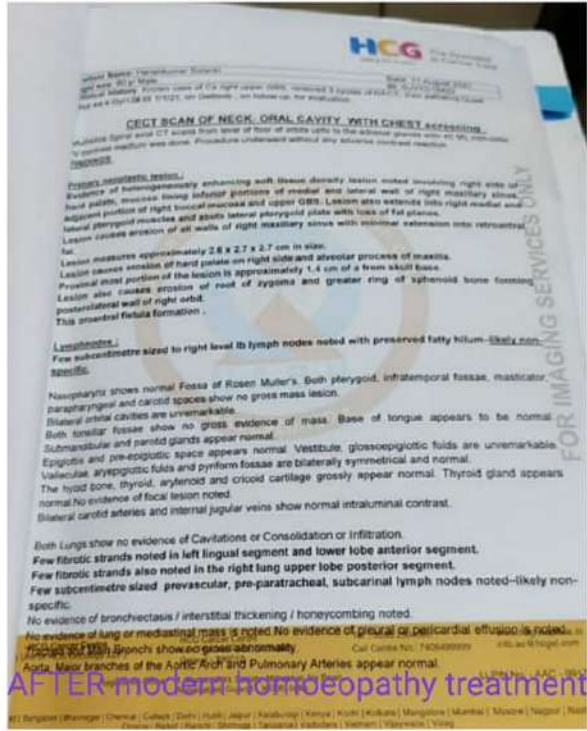
* कैंसर * किडनी फेलियर * अस्पताल में गंभीर रूप से भर्ती मरिजों का उपचार * कोमा *
 * शल्य चिकित्सा योग्य रोग * आँटो इन्फ्यूजन रोग * जीवनभर दवाई लेने वाले रोगों की रोकथाम
 एवं 300 प्रकार के असाध्य जटिल रोगों की चिकित्सा ।

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

www.homeopathycure.in, www.aarogyahomeopathyindore.com Email : arpitchopra23@gmail.com



before treatment



AFTER modern homeopathy treatment

Patient Name: Harishkumar Solanki
Age/sex: 60 y/ Male

Date: 31 August 2021
ID: GJVAD18422

IMPRESSION

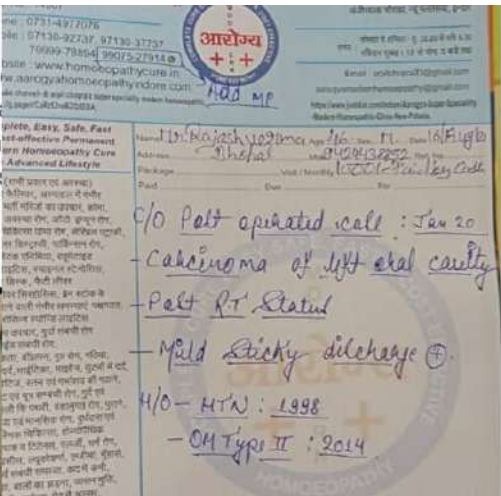
As compared to previous CT scan dated 7/10/20

- There is approx 40% reduction in size of primary neoplastic lesion.
- No evidence of any metastasis/infective changes in bilateral lung fields.

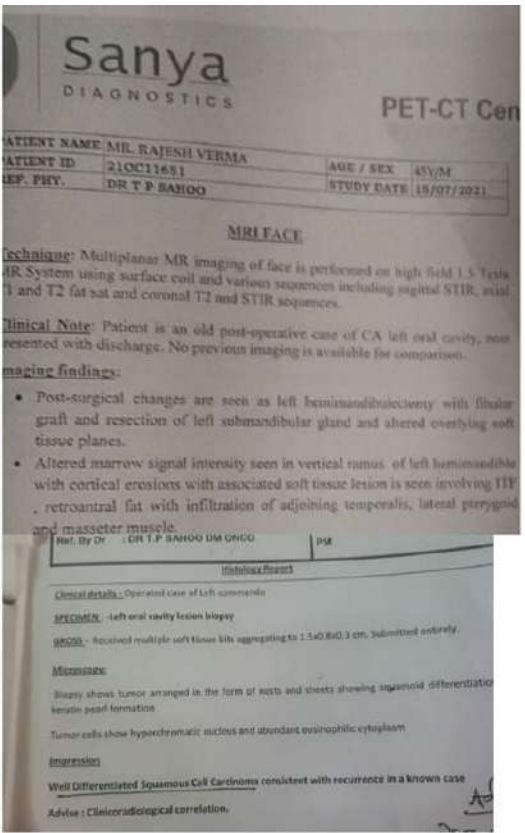
Inner cheek cancer (also called buccal mucosa cancer) is a **type of head and neck cancer** that begins when the cells that m up the inner cheek grow out of control and form lesions or tumors. Buccal mucosa is another name for the inside lining of the cheeks.



before treatment



after modern homoeopathy treatment



आरोग्य सुपर स्पेशलिटी मॉडर्न होम्योपैथिक क्लीनिक



डॉ. अर्पित चोपड़ा (जैन)
एम.डी. होम्योपैथी
बदलित, ब्रह्माद्य एवं शल्य रोग विशेषज्ञ

*** कम्पलिट * परमानेन्ट * ईजी**
*** सैफ * फास्ट एण्ड कॉस्ट इफैक्टिव**



*** कैंसर * किडनी फेलियर * अस्पताल में गंभीर रूप से भर्ती मरिजों का उपचार * कोमा * शल्य चिकित्सा योग्य रोग * ऑटो इम्यून रोग * जीवन भर 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.)
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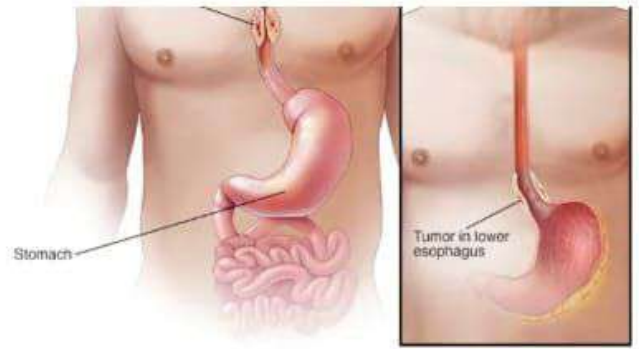
Esophageal cancer

Also called: esophageal carcinoma

Overview

Symptoms

Treatments



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Cancer of the tube that runs from the throat to the stomach (oesophagus).

CHOITHRAM HOSPITAL & RESEARCH CENTRE
 MANIK BAGH ROAD, INDORE (M.P.) - 462001
 24 Hrs. Helpline No. 426154 OR 9731-80000 OR 426154
 Department Of Gastroenterology Est. No. - 449,510

PATIENT NAME: MR. DIPENDRA K. SHARMA
 AGE/SEX: 61 Yrs/Male
 REFERRED BY: DR. SHOHINI SIRCAR (MD, DM, DNB(GASTRO))

REG. NO.: 21992055
 DATE: 20/01/2021
 PRINT DATE-TIME: 20/01/2021-14:01:52

GASTRO-DUODENOSCOPY REPORT

INDICATION: Dysphagia

Findings:
 Cricopharynx is normal
 Esophagus shows eccentric ulceroproliferative growth at 30 cm adult endoscope could not be negotiated beyond it. Rest endoscopy done by pediatric endoscope which showed extent of growth from 30 to 37 cm from incisors. Multiple biopsy taken and sent for histopathology
 Diaphragmatic pinch at 40 cm squamocolumnar junction could not be appreciated because of growth. Lax LES Hills grade IV
 Fundus, body, and antrum of stomach are normal
 Duodenal bulb is normal
 DII is normal

Conclusions:
 Esophageal growth ? Malignant, Lax LES, Review with histopathology report

CHOITHRAM HOSPITAL & RESEARCH CENTRE
 MANIK BAGH ROAD, INDORE M.P.
 Department Of Gastroenterology Est. No. - 449,510

PATIENT ID: 000021002050
 Patient Name: MR. DIPENDRA KUMAR, SHARMA
 Gender: 61 Yrs, Male

Visit Date: 10/7/2021
 Referred by: DR. SHOHINI SIRCAR
 Consulted by: DR. SHOHINI SIRCAR MD DNB(GASTRO)

UPPER GI ENDOSCOPY Report

Medication: Conscious sedation given and monitored by Dr N Sharma.

Indication: Occasional dysphagia to dry foods with burning sensation. Ca esophagus status post RT, CT

Esophagus: The mucosa appears normal upto 24cms. From 24 cms to 37 cms there are confluent ulcerations with nodularity. The adult scope could be negotiated through. Multiple biopsies taken. The GE junction could not be identified. Diaphragmatic hiatus is at 37cms.

Stomach:
 Esophagus: Normal
 Body: Normal
 Antrum: Normal
 Duodenum:
 D1: Normal
 D2: Normal

Diagnosis: Esophageal ulcers with nodularity; HP awaited

CHOITHRAM HOSPITAL & RESEARCH CENTRE
 MANIK BAGH ROAD, INDORE (M.P.) - 462001
 24 Hrs. Helpline No. 426154 OR 9731-80000 OR 426154
 Department Of Gastroenterology Est. No. - 449,510

PATIENT NAME: MR. DIPENDRA KUMAR SHARMA
 AGE/SEX: 61 Yrs/Male
 REFERRED BY: DR. SHOHINI SIRCAR (MD, DM, DNB(GASTRO))

REG. NO.: 21992055
 DATE: 20/01/2021
 PRINT DATE-TIME: 20/01/2021-14:01:52

HISTOPATHOLOGY REPORT

Block Collection Date Time: 20/01/2021 10:50:59 AM
 Block No: 10101
 Patient ID: 000021002050
 Specimen: 1 Wt/100mm (Block) 1 x 1 x 0.5 cm
 Description: 1 Wt/100mm (Block) 1 x 1 x 0.5 cm. Biopsy shows (Lax LES) ulceroproliferative growth extending from 30 to 37 cm from incisors. Multiple biopsies taken and sent for histopathology. Diaphragmatic pinch at 40 cm squamocolumnar junction could not be appreciated because of growth. Lax LES Hills grade IV. Fundus, body, and antrum of stomach are normal. Duodenal bulb is normal. DII is normal.

IMPRESSION AND ADVISE:
 Esophageal growth ? Malignant, Lax LES, Review with histopathology report

Dr. Praveen Singh
 MD Pathology
 Reg. No. 8179408

CHOITHRAM HOSPITAL & RESEARCH CENTRE
 MANIK BAGH ROAD, INDORE (M.P.) - 462001
 24 Hrs. Helpline No. 426154 OR 9731-80000 OR 426154
 Department Of Pathology Est. No. - 449,510

PATIENT NAME: MR. DIPENDRA KUMAR SHARMA
 AGE/SEX: 61 Yrs/Male
 REFERRED BY: DR. SHOHINI SIRCAR (MD, DM, DNB(GASTRO))

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IMPRESSION AND ADVISE:
 Esophageal growth ? Malignant, Lax LES, Review with histopathology report

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

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 99075 27914 संपर्क : 0731-4977076, 79999 78894

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

MODERN
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 + ERN +
 HOMOEOPATHY

COMPLETE CURABLE, EASY, SAFE, FAST & COST EFFECTIVE

21:47 ✓✓

Sri Aurobindo Institute of Medical Sciences
297, Aurobindo Medical College & P.G. Institute
Kharod Road, Indore (M.P.)

Department of Radiology

Patient Name: MS. PRABHA	Registration: ADMIT 22319	Age: 48 Years
Sex: F	Modality: CT	Study: 02_Abdo_P+C_SIS(Adult)

ULTRASONOGRAPHY REPORT (GYN/OB/USG)

Uterus is anteverted, bulky normal in position. It measures 11 x 5.5 x 8.7 cm. A well circumscribed hypoechoic lesion measuring 2.7 x 2.7 x 2 cm - 2.8 cm in the fundal region - likely intramural fibroid.

Endometrium is 8 mm, normal in thickness and echotexture.

Conclusion: Bulky uterus with intramural fibroid in fundal region. Bulky cervix with an echogenic lesion in posterior lip of cervix showing internal vascularity on Doppler - likely neoplastic.

Checked By: - 14217 DR. MURUGESH SHARMA

समपण
15-20, Ground Floor, Yashwanth Plaza,
Opp. Railway Station, Indore (M.P.)
22/2, Yashwanth Niwas Road, Indore (M.P.)
0731-4068123, 95222-00321, 88899-33684
cs.samarpan@gmail.com
www.samarpanimaging.com

Patient ID: 991189	Patient Name: PRABHA GOUR
Age: 48 Years	Sex: F
Accession Number:	Modality: CT
Referring Physician: DR. ARPIT CHOPRA	Study: 02_Abdo_P+C_SIS(Adult)
Study Date: 10-Nov-2021	

Contrast-enhanced CT scan of abdomen and pelvis:

Technique: Contrast-enhanced CT scan of abdomen and pelvis.

Findings:

- Liver:** No focal lesion in liver. Normal enhancement of portal venous axis. No dilatation of intrahepatic or extrahepatic bile ducts.
- Gallbladder:** No radiopaque calculus. No pericholecystic fluid.
- Pancreas:** Pancreatic tail is bulky and there is a tiny calcific focus of approximately 4 mm size in pancreatic tail. No focus of differential enhancement. Pancreatic duct is not dilated. No peripancreatic fat stranding.
- Spleen:** No focal lesion in the spleen. No splenomegaly.
- Adrenals:** No adrenal nodule.
- Kidneys:** No hydronephrosis or nephrolithiasis. No perinephric fat stranding. No complex renal mass.
- Pelvis:** Urinary bladder is distended. Uterus is not seen. No adnexal mass.
- Gastrointestinal tract:** The stomach is mildly distended. No small bowel dilation / wall thickening / mass. Ileo-cecal junction appears normal. Appendix is unremarkable. Colon shows normal wall thickness. No obstructive colonic mass.
- Peritoneum and retroperitoneum:** No ascites. No lymphadenopathy.
- Lung Bases and pleura:** No pleural collection. No lung nodule / mass / consolidation in visualized lung.
- Skeleton:** No lytic / sclerotic lesions in visualized skeleton. Small marginal osteophytes are seen at lower lumbar vertebrae, likely representing degenerative changes.

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Referring Physician: DR. ARPIT CHOPRA	Study: 02_Abdo_P+C_SIS(Adult)
Study Date: 10-Nov-2021	

Impression: CT Abdomen and Pelvis in this known follow up case of carcinoma cervix reveals:

No obvious mass lesion intra-operative.

Pancreatic tail is bulky and there is a tiny calcific focus in pancreatic parenchyma of tail region, likely due to old insult.

Rest other findings as mentioned above.

DR. AMIT KUMAR TIWARI
CONSULTANT RADIOLOGIST

DR. SUNISHI SHARMA
CONSULTANT RADIOLOGIST

DR. CHANDRAJEET YADAV
CONSULTANT RADIOLOGIST

after modern homoeopathy treatment

Cervical [Cervix] CANCER November 11

मेरा नाम प्रभा गौर मुझे कैंसर रोग का पता चला और हमने पेशेवर चिकित्सा के माध्यम से इसे ठीक कर दिया।

प्रभा गौर (हस्ताक्षर)
95222555083

आरोग्य सुपर स्पेशलिटी माडर्न होम्योपैथिक क्लिनिक

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* कैंसर * किडनी फैलियर * अस्पताल में गंभीर रूप से मर्ती 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।

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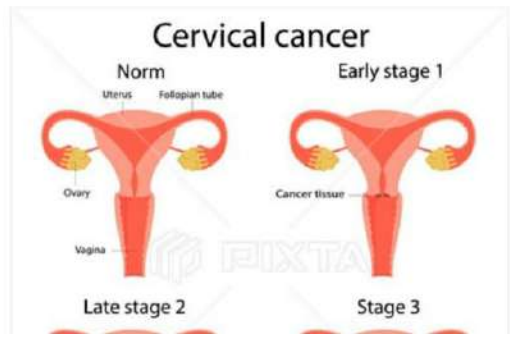
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Cervical cancer

Overview Symptoms Treatments Nev

A malignant tumour of the cervix, the lowermost part of the uterus.

A malignant tumour of the lower-most part of the uterus





आरोग्य सुपर स्पेशलिटी मॉडर्न होम्योपैथिक क्लीनिक



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

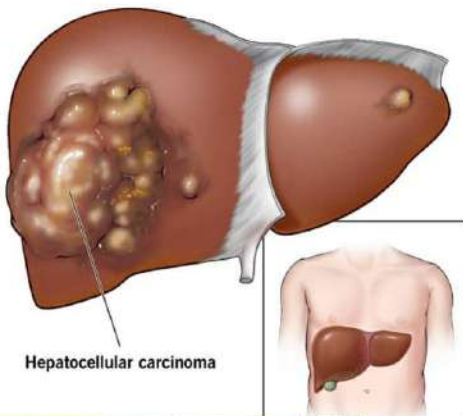
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Hepatocellular carcinoma

मॉडर्न होम्यो

Chandrabhan Singh Parihar
Indore (M.P.)

Dr. Arpit Chopra (Jain) AAROGYA SUPERSPECIALITY MODERN HOMEOPATHY
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HEREDITARY DISEASES, INCURABLE DISEASES

Sri Aurobindo Institute of Medical Sciences
Sri Aurobindo Medical College & P.G.I Institute
SAMS HOSPITAL, INDORE (M.P.)

DISCHARGE SUMMARY

Reg. No. 18102150021 Date: 25/06/2021

Mr. Chandrabhan Singh Parihar, a 56-year-old male, is a known case of hepatocellular carcinoma with BCL2 overexpression, ENG Abnormal (2019), CT Scan lesion in segment V of liver, CT Abnormal (2019) and VII of liver, MRI spine (2020). Lesion in right hepatic lobe segment V significant sized compression with mild edema and cystic changes. **HEREDITARY DISEASES, INCURABLE DISEASES**. **Diagnosis from DR venkatesh**: deposit of malignant tumor in bone and soft tissue associated with primary lesions of hepatocellular carcinoma. He was presented to the Dept. of Radiation Oncology, SAMS for further management. He was planned further for local radiotherapy to spine.

To meet his anti-neoplastic treatment for Abdomen was made and done for his taking up for planning CT-Scan. Then the CTV and PTV were contoured and DMS (for spine, bladder, rectum) were also contoured to treat them during radiotherapy. During the radiotherapy treatment plan generated, we were offered the best therapeutic benefit in terms of optimum dose by the target tumor and maximum sparing of uninvolved organs in four cycles was included and ongoing was that level. He was given a total dose of 36Gy/18F (18Gy/9F) to PTV from 17/06/21 to 24/06/21 using 15 MV Fluorobeam using IMAT Varian Linear Accelerator.

Dr. Vishwanath Bhandari (MD), Dr. Anurag Singh Lamb (MD), Dr. Karishma Khandekar (MD)

Dr. Satish Phatak
Senior Consultant - Radiotherapy
SAMS HOSPITAL, INDORE (M.P.)

Dr. Arpit Chopra (Jain) MD (Homeo)

SAMPURNA SAHYOG DIAGNOSTICS CENTRE

Patient's Name: Mr. CHANDRABHAN SINGH PARIHAR
Age / Gender: 56 Years / Male
Referred By: Dr. Chopra Arpit Jain MD(Homeo)

IMMUNOLOGY

Investigation	Result	Unit	Reference Range
Prostate Specific Antigen (PSA)	1.06	ng/ml	0.24 - 4.0

Dr. Laxmi Chhabra MD (Pathology)

SAMPURNA SAHYOG DIAGNOSTICS CENTRE

Patient's Name: Mr. CHANDRABHAN SINGH PARIHAR
Age / Gender: 56 Years / Male
Referred By: Dr. Chopra Arpit Jain MD(Homeo)

IMMUNOLOGY

Investigation	Result	Unit	Reference Range
CA 19.9	4.86	U/ml	0 - 37

Dr. Laxmi Chhabra MD (Pathology)

SAMPURNA SAHYOG DIAGNOSTICS CENTRE

Patient's Name: Mr. CHANDRABHAN SINGH PARIHAR
Age / Gender: 56 Years / Male
Referred By: Dr. Chopra Arpit Jain MD(Homeo)

IMMUNOLOGY

Investigation	Result	Unit	Reference Range
ALPHA FETOPROTEIN (AFP)	2.2	ng/ml	0 - 10

Dr. Laxmi Chhabra MD (Pathology)

SAMPURNA SAHYOG DIAGNOSTICS CENTRE

Patient's Name: Mr. CHANDRABHAN SINGH PARIHAR
Age / Gender: 56 Years / Male
Referred By: Dr. Chopra Arpit Jain MD(Homeo)

BIOCHEMISTRY

Investigation	Result	Unit
Alkaline Phosphatase	108	U/ml
Bilirubin Total	1.85	mg/dL
Bilirubin Direct	0.30	mg/dL
Bilirubin (Indirect)	0.79	mg/dL
Plasma Glucose (Random)	128	mg/dL
S.G.O.T (AST)	31	U/L
S.G.P.T (ALT)	24	U/L
Total Proteins	6.9	g/dL
Albumin Serum	4.4	g/dL
Globulin	2.50	g/dL
A/G Ratio	1.76	

IMMUNOLOGY

Investigation	Result	Unit
Carcino Embryonic Antigen (CEA)	1.20	ng/ml

Dr. Laxmi Chhabra MD (Pathology)

मॉडर्न होम्योपैथी

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 (MD) HOMEOPATHY
 CRITICAL & SURGICAL DISEASES SPECIALIST
 Inventor Of Super Speciality Modern Homeopathy

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DER STONE, HEREDITARY DISEASES, INCRUABLE DISORI

Is abdominal lymphadenopathy a cancer?

Mesenteric lymphadenopathy may result from metastatic malignancy. Almost any malignancy may produce mesenteric lymphadenopathy, although some malignancies are more commonly associated with this finding. The most common malignancy resulting in mesenteric lymphadenopathy is

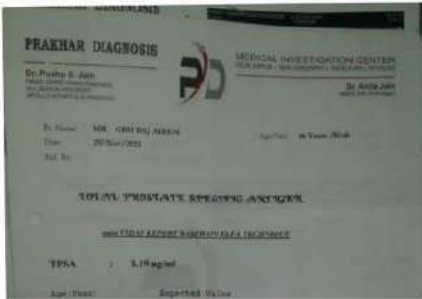
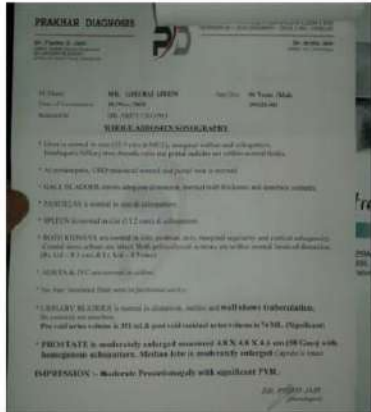
आरोग्य सुपर स्पेशलिटी मॉडर्न होम्योपैथिक क्लीनिक

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आरोग्य सुपर स्पेशलिटी मॉडर्न होम्योपैथिक क्लीनिक





Prostate cancer

Also called: prostatic carcinoma

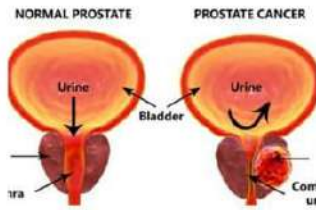
- Overview
- Symptoms
- Treatments

A cancer in a man's prostate, a small walnut-sized gland that produces seminal fluid.

A man's prostate produces the seminal fluid that nourishes and transports sperm.

Common

PROSTATE CANCER



आरोग्य सुपर स्पेशलिटी मॉडर्न होम्योपैथिक क्लीनिक

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

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सक्सेस स्टोरी

CHRONIC MOUTH CANCER

मुँह का कैंसर

0:25

Dr. Arpit Chopra Jain
(MD Homoeopathy)



ORAL CANCER
ORIGINATE IN THE ORAL CAVITY

SPINDLE CELL CARCINOMA II
of alveolus & buccal mucosa Aug 2017

Arrest metastasis
Post-operated Case
Swelling on the left side
Urine Sugar ++++ (2/8/20)




कैंसर, किडनी फेलियर, अस्पताल में गंभीर रूप से मर्ती 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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Colon cancer

Also called: colorectal cancer

Overview

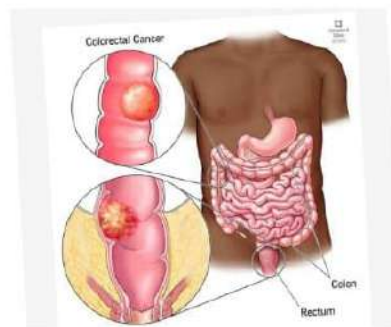
Symptoms

Treatments

New

A cancer of the colon or rectum, located at the digestive tract's lower end.

Early cases can begin as non-cancerous polyps. These often have no symptoms but can be detected by screening. For this reason, doctors recommend screenings for those at high risk or over the age of 50.



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CECT ABDOMEN & PELVIS

Patient ID	11883	Patient Name	SARITA RAHANGDALE
Sex / Age	F / 54	Report Date	16-08-2021
Modality	CT	Referring Physician	DR.VIKRAM JAIN

FINDINGS:
 LIVER - small cyst in segment VI of liver.
 GB - Normal
 SPLEEN - Normal
 PANCREAS - Normal
 ADRENALS - Normal
 BOTH KIDNEYS - Normal in size.
 No hydronephrosis.
 No renal mass or cyst.
 No perinephric fluid collection.
 BOWEL - Ulceroproliferative thickening with abnormal enhancement involving lower rectum and anal canal for length of ~7 cm. There is perirectal fat stranding.
 LYMPHADENOPATHY - Multiple local perirectal nodes, few of them showing necrosis, largest measuring ~15 mm in short axis diameter in left perirectal location.
 FLUID - No significant.
 BLADDER - Normal
 INGUINAL ORIFICES - Normal
 ABDOMINAL WALL - Normal
 VISUALISED BONES - Normal

IMPRESSION:
 Ulceroproliferative thickening with abnormal enhancement involving lower rectum and anal canal for length of ~7 cm. There is perirectal fat stranding. Multiple local perirectal nodes, few of them showing necrosis, largest measuring ~15 mm in short axis diameter in left perirectal location.
 Findings suggest possibility of lower rectal malignancy infiltrating into upper portion of anal canal with local metastatic nodes. MRI pelvis is recommended for local T staging and to rule out sphincter involvement. No distal metastasis in abdomen.
 Suggest clinical and histopathological correlation

before treatment

3-D Colour Doppler Digital MRI
NAGPUR SCAN

NAME OF PATIENT : SARITA RAHANGDALE
 REFERRED BY : DR. ANAND PATHAK
 AGE & SEX: 53 yrs / F
 DATE: 22/12/2021

MRI OF PELVIS (PLAIN)
 THE T1, T2 IMAGES IN CORONAL PLANE AND T2 SPRAI IMAGES IN AXIAL AND SAGITTAL PLANE WERE OBTAINED

FINDINGS

Growth -
 Circumferential irregular wall thickening involving lower rectum and anal canal for craniocaudal length of ~9 cm with maximum AP thickness of ~3.6 cm. There is infiltration of the vaginal vault with large rectovaginal fistula measuring ~12 mm. Fistula is ~5 cm above the anal verge.

Distance from Anal Verge -
 Mass is ~3 cm proximal to the anal verge.

Mesorectal/Perirectal fat infiltration -
 There is infiltration along the serosa, mesorectal fat with maximum thickness of ~2.3 cm.

MRF -
 Appears to be involved on MRI

Sphincter and intersphincteric space -
 Mass is infiltrating the superior part of the internal sphincter.

Nodes -
 Multiple adjoining nodes, largest nodal mass along the left lateral aspect measuring ~21x15 mm.

Urinary Bladder -
 Urinary bladder is well seen and appears normal.
 Major pelvic blood vessels are normal in calibre.
 Pelvic bones also appear normal.

IMPRESSION:

after modern homoeopathy treatment

➤ Circumferential irregular wall thickening involving lower rectum and anal canal for craniocaudal length of ~9 cm with maximum AP thickness of ~3.6 cm. Mass is infiltrating the superior part of the internal sphincter. There is infiltration of the vaginal vault with large rectovaginal fistula measuring ~12 mm. Fistula is ~5 cm above the anal verge.

➤ Infiltration along the serosa, mesorectal fat with maximum thickness of ~2.3 cm.

➤ Multiple adjoining nodes, largest nodal mass along the left lateral aspect measuring ~21x15 mm.

- Findings suggest T4 lower rectal malignancy with involvement of upper part of sphincter and large rectovaginal fistula as described. Multiple adjoining local mediastinal nodes.

Is abdominal lymphadenopathy a cancer?

Mesenteric lymphadenopathy may result from metastatic malignancy. Almost any malignancy may produce mesenteric lymphadenopathy, although some malignancies are more commonly associated with this finding. The most common malignancy resulting in mesenteric lymphadenopathy is

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डॉ. अरपि चोपड़ा (एम.बी.बी.एस.)
एच.टी. होम्योपैथी कॉलेज, अरुणाचल एण्ड इतर रोग विशेषज्ञ

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H.T. Homoeopathy College, Arunachal and other diseases specialist

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Abdominal Lymphadenopathy
Multiple (largest measured) 3.8 x 6 cm

Splenomegaly
Mild ascites

Hb : 7.6 (27/10/21)
ESP : 51

MORAYA CT SCAN CENTER
Dr. Priya Barik (Rishi)
MS, DNB, MNAMS, Consultant Radiologist, Reg. No. 2131072479

Dr. Nitesh Goyal (M.B.B.S. General Surgery), D.N.B., MRCS, FCPS

Patient Name: Mr. Niraji Mehana Patient ID: 2810218
Age: 65 yrs Sex: Male Date: 28.10.2021

before treatment

CONTRAST ENHANCED C.T. SCAN OF ABDOMEN

Abdomen was scanned with 3 mm thick contiguous slices from diaphragm to pelvic inlet before and after intravenous administration of contrast medium and following oral ingestion of water-soluble contrast medium.

Multiple enlarged, oval, well defined, well marginated hypodense nodules enhancing intensely are noted in the mesentery, pre-aortic, para-aortic, retro-aortic, retroperitoneum and along bilateral common iliac and internal iliac regions. No mesenteric calcifications were within. Many of these lymph nodes are seen conglomerating and encasing the superior mesenteric artery, superior mesenteric vein and other vessels in abdomen. No vascular thrombotic narrowing is noted. The largest of these measures 3.5 x 6 cm in size.

Enlarged lymph nodes.

Liver is normal in size, shape and position. No focal lesions of altered attenuation is identified. The portal vein, hepatic and the hepatic veins appear normal. Gall bladder is well distended and shows no calculus within. CBD appears normal.

The spleen is enlarged and measures 16.1 cm.

The suprarenals and kidneys reveal no diagnostic abnormality. Both the suprarenals are normal.

The abdominal aorta and its branches show no significant abnormality.

The major veins of the abdomen are also normal.

डॉ. नितीम कुंवर
M.B.B.S., D.M.D. (Medicine), Consultant Radiologist & Surgeon, Consultant Gastroenterologist & Hepatologist, Reg. No. 2131072479

मलकापुर ब्रह्म बॉडी सी.टी. स्कैन सेंटर

Patient Name: NIKHIL MEHARA Age / Gender: 65Y / Male
Patient ID: 3961202101 Date: 24-10-2022
Ref By: DR. N. P. GOYAL MD Modality: CT

CT ABDOMEN & PELVIS CONTRAST (M)

HEPATO-BILIARY SYSTEM:
LIVER:
• Liver is normal in size, shape and enhancement pattern.
• No focal lesions.
• Main Portal vein and radicles are normal.
• Mesic veins are normal.
GALLBLADDER is distended. No evidence of intraluminal calculus. Intrahepatic biliary radicles (IHBR) are normal. Extra-hepatic ducts are normal.
SPLEEN is enlarged in size measures 13 cm, shape and enhancement pattern. No focal lesions seen.
PANCREAS is normal in size, shape and enhancement pattern. No focal lesions seen. Main pancreatic duct (MPD) is normal.

KIDNEY REGION
KIDNEYS are normal in size, shape, size, and location and contour. Pelvicocystic systems and ureter are normal. Normal Parenchyma. No evidence of renal calculus. No evidence of ureteric calculus. There is evidence of prompt excretion of contrast into Pelvicocystic systems (PC5) and ureters. Postnephrotic spaces are normal.

THE URINARY BLADDER is normal.
No evidence of intra-vesical mass/calculation/diverticulum. Prostate gland is normal.
ADRENAL GLANDS are normal.

after Modern homoeopathy treatment

Thanks with Regards,
डॉ. नितीम कुंवर



after modern homoeopathy treatment

Dr. Gaur

after modern homoeopathy treatment

—End of Report—

after modern homoeopathy treatment

Breast cancer

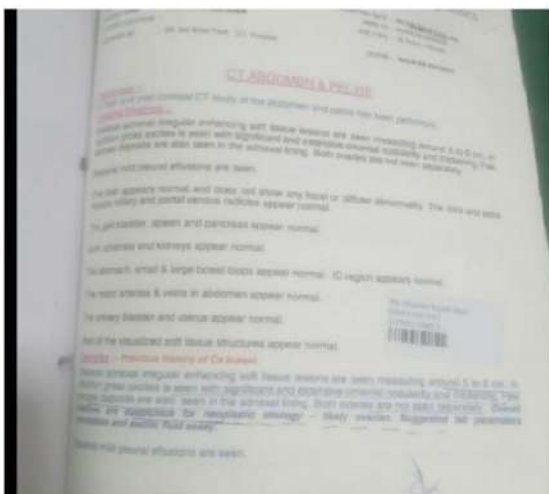
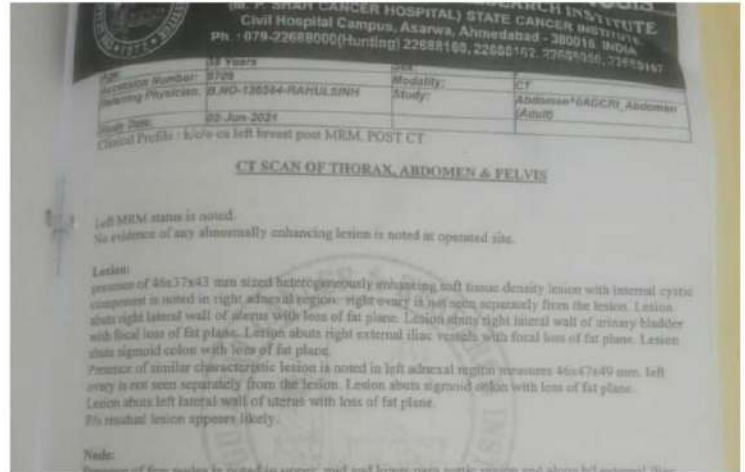
- Overview
- Symptoms
- Treatments

A cancer that forms in the cells of the breasts.

Breast cancer can occur in women and rarely in men.

Common

More than 1 million cases per year (India)



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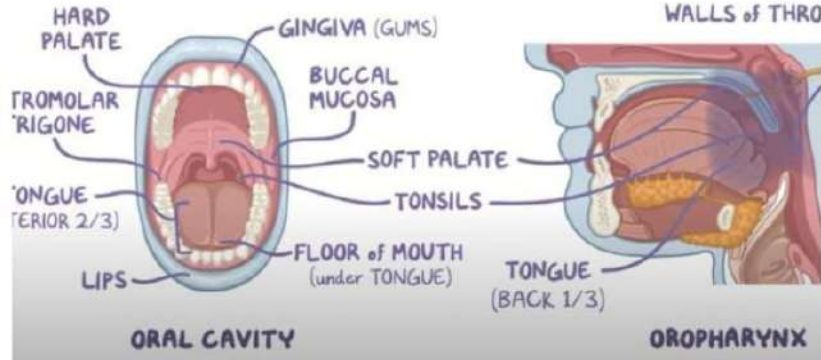
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ORAL CANCER

ORIGINATE in the ORAL CAVITY



इम्यून रोग, सेरिब्रल एट्राफी, सन रोग, शङ्ख नोसिस, टोक के ए पक्षाघात, स ग, गठिया, टूटनों में दर्द, ही गठाने, ए एवं ग, पुराने, ना एव एक रोग, मुँहासे, भी

Squamous Cell Carcinoma of alveolus & buccal mucosa II

1900 GP

Aug 2

Node metastasis

Post operated Case

Swelling on the left side

Urine Sugar +++ (2/8/21)

H/O - DM II



Mouth Cancer

Buccal mucosa Cancer

MARCH - FRIDAY

11

Mera Naam Mohammed Bayam hai mujhe mouth cancer jani hai CA/13/19

→ 122 wt 1050 RB CA/13/19 → 805

ho gaya hai. Mera 7 muh se

Treatment chal raha hai. mein modern homeopathy Treatment Dr. Arpit Chopra jain sign to hai dr. seene par aise

Dr. Arpit Chopra (Jain)

Signature



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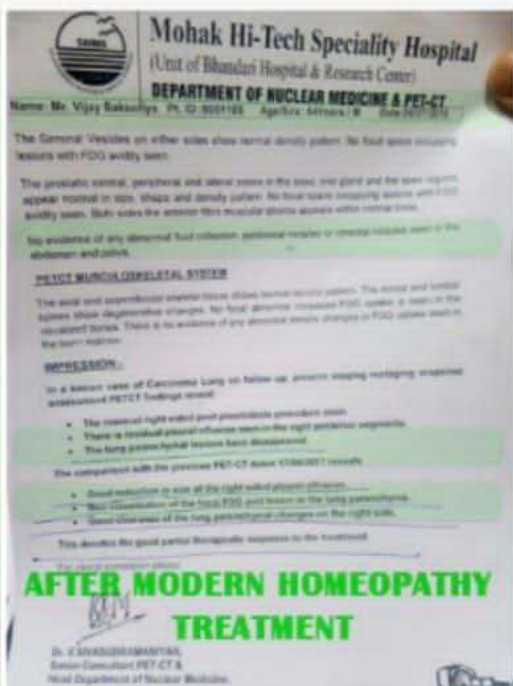
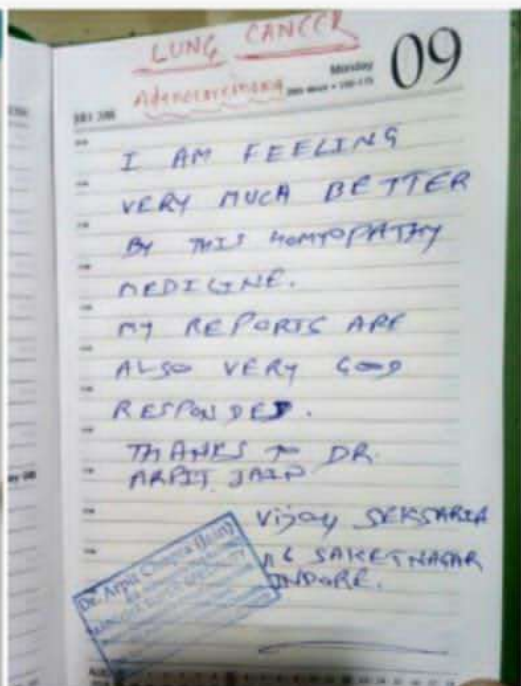
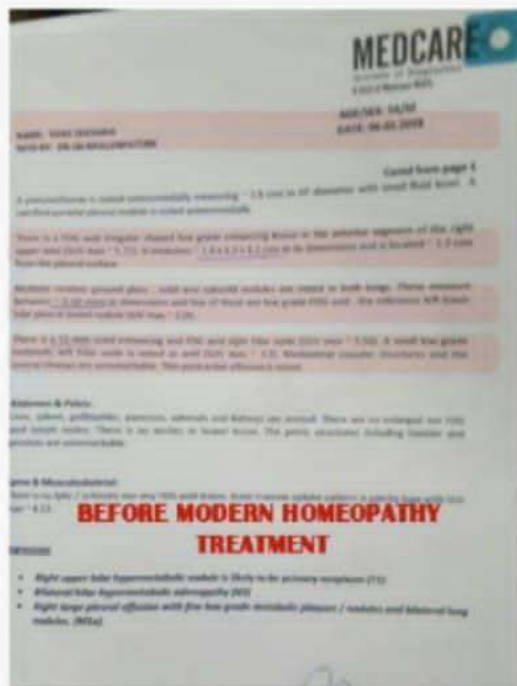
डॉ. अर्पित चौपडा (जैन)
एम. डी. होम्योपैथी
जटिल, असाध्य एवं
शल्य रोग विशेषज्ञ

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Lung cancer

- Overview
- Symptoms
- Treatment

A cancer that begins in the lungs and most often occurs in people who smoke.

Two major types of lung cancer are non-small cell lung cancer and small cell lung cancer. Causes of lung cancer include smoking, second-hand smoke, and exposure to certain toxins and family history.

Common

More than 1 million cases per year (India)



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Colon cancer

Also called: colorectal cancer

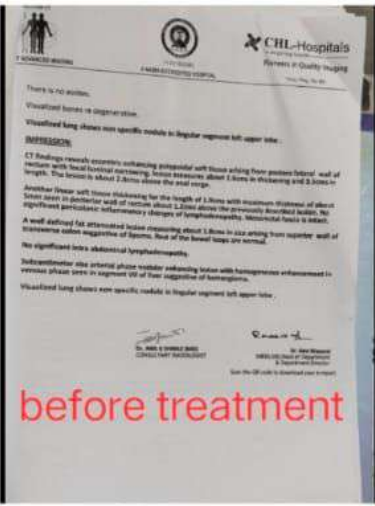
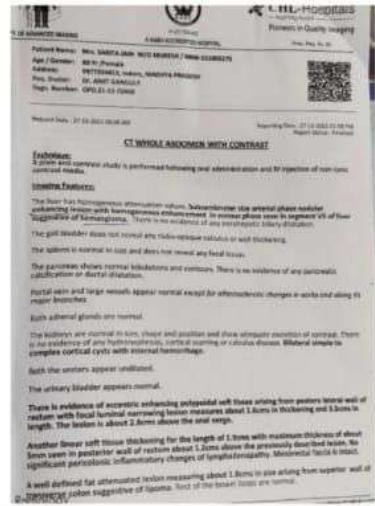
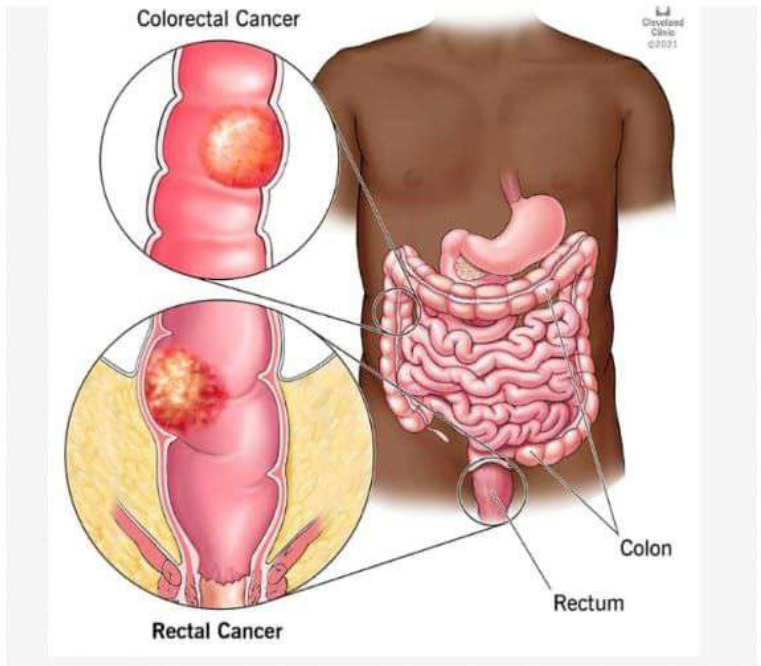
Overview

Symptoms

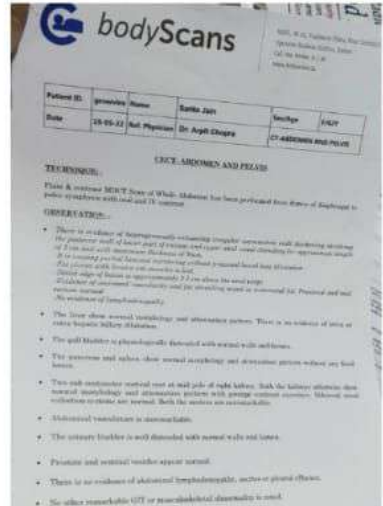
Treatments

A cancer of the colon or rectum, located at the digestive tract's lower end.

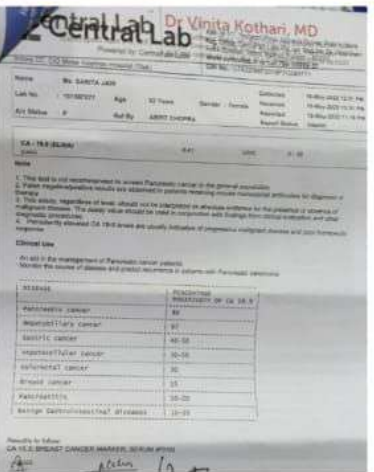
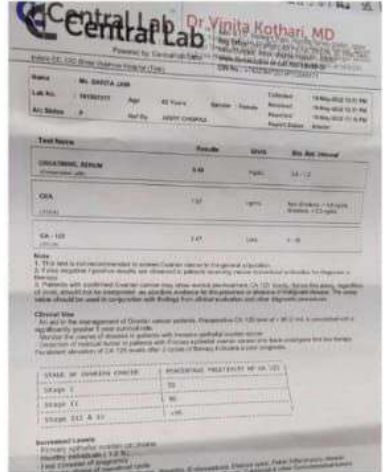
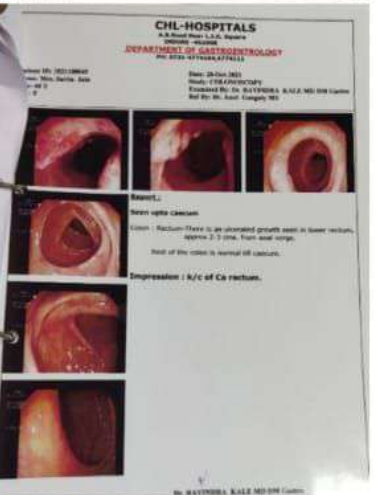
Early cases can begin as non-cancerous polyps. These often have no symptoms but can be detected by screening. For this reason, doctors recommend screenings for those at high risk or over the age of 50.



before treatment



after Modern Homoeopathy treatment



Handwritten notes on a piece of paper:

K/c/o Rectum adenocarcinoma : Oct 21

Post CT (In tablet form)

Post RT : 25

Moderately differentiated adenocarcinoma Grade II

Polypoidal soft tissue nodules 1.5x1.5 cm (Upper Rectum)

Small hemangioma in segment IV

On the left side, there is a list of medical conditions:

- Critical & Last Stage diseases,
- ICU & Hospitalized Patient's Cases
- Surgical Cases, Muscular Dystrophy,
- Auto Immune Disease, Coma,
- Cerebral Atrophy, Parkinson's disease,
- Akathisia, Anemia, Ankylosing Spondylitis,
- Rheumatoid Arthritis, Spinal Stenosis,
- Sip Disease (PFV), Liver Cirrhosis, Fatty Liver,
- Post Brain Stroke Complication,
- Thyroid disorder, Infertility, Impotency,
- Sexual diseases, Rheumatism,
- Bachache, Sciatica, Migraine, Knee Pain,
- Diabetes, Breast Tumor & Uterine Fibroid,
- Prostate & Urinological Diseases, Renal & Gallbladder stone, Hereditary diseases
- Incurable disorder, Mental Psychiatry & Mood Disorder, Accidental & Emergency Medicine, Homeopathic Preventive & Prophylaxis, Tetanus, Allergy
- Skin Diseases, Eczema, Psoriasis, Leucoderma, Acne, Cosmetic disorders, Hair Fall, Baldness, Warts, Deadlock Acidity, Gas, Constipation, Piles, Fleas, Flatula, Gastric Ulcer, Worms, Asthma & Respiratory Disorder, Sinusitis

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 चौधरी (नैन) एच. डी. होमियोपैथी जटिल, असाध्य एवं शल्य रोग विशेषज्ञ

आरोग्य सुपर स्पेशलिटी माईन होमियोपैथी

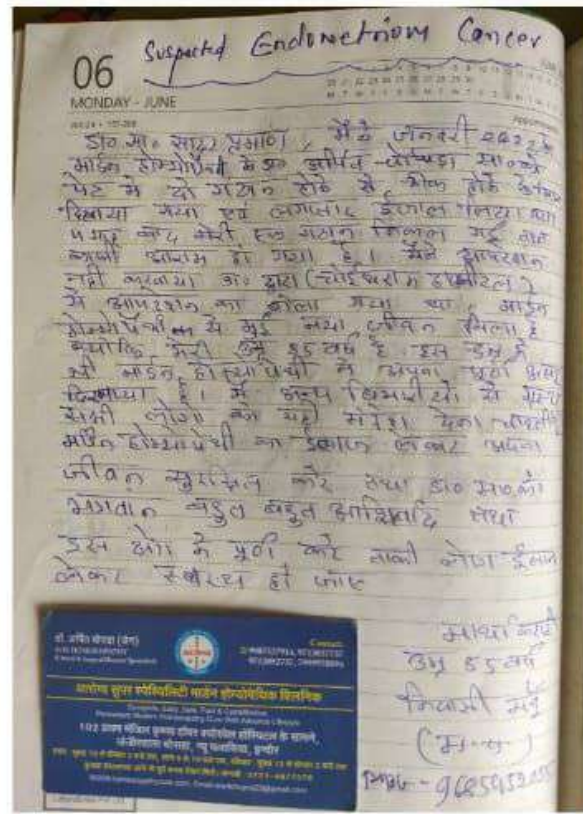
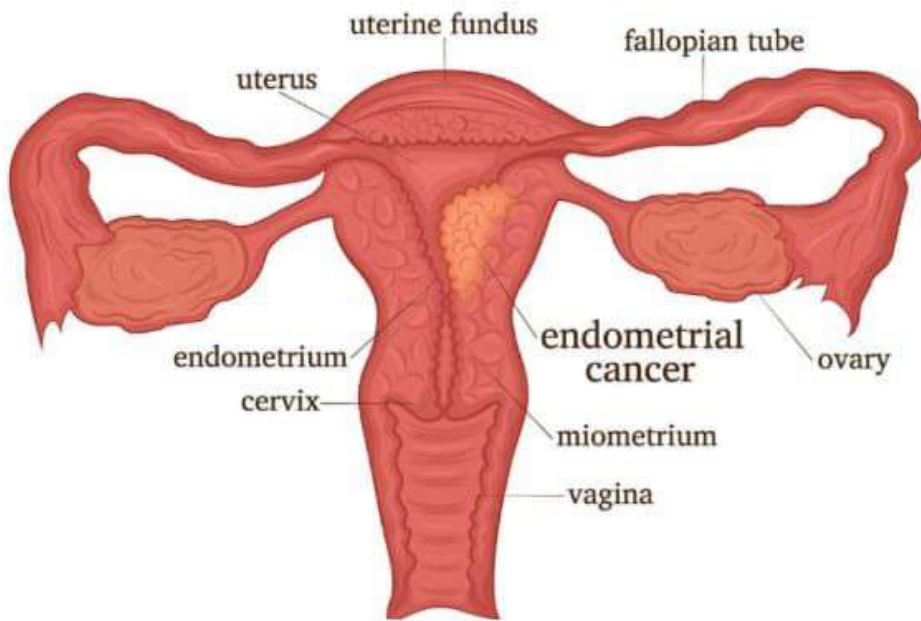
कम्पलिट, परमानेंट, ईजी, सेफ, फास्ट एण्ड कॉस्ट इफेक्टिव

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

99075 27914 संपर्क : 0731-4977078, 79999 78894

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Uterine Cancer



Dept. of Radio-diagnosis & Imaging Services
CHOITHRAM HOSPITAL & RESEARCH CENTRE
 NABH Accredited

MANKI BAGH ROAD, INDORE - 452 014 (M.P.) India
 Ph. PBX : +91-731-2362491-99, 4206750-59
 Fax : +91-0731-2470068
 E-mail : medicine@choithram.org

Name	MRS. MARTHA KARARI	Bill No.	22C3060
Age / Sex	85 Y / Female	Bill Date	13/01/2022
Referred By	Dr.(Mrs.) MINAKSHI SHARMA	Reg No./OPD	22001485/223729
Category	CASH/SELF	No.	
Printed By	Ms. Aarti Pal	Print Date/Time	15/01/2022 / 12:24:42 PM
Reported By	Dr. YOGESH PATEL		

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Name	MRS. MARTHA KARARI	Page No.	
Age / Sex	85 Y / Female	Ref No.	22C3060
Referred By	Dr.(Mrs.) MINAKSHI SHARMA	Ref Date	13/01/2022
Category	CASH/SELF	Reg No./OPD	22001485/223729
Printed By	MANU MANIJA	No.	
		Print Date/Time	13/01/2022 / 05:17

CYTOTOLOGY/PAP
 Cytoology Report
 Cytoology Report

CYTOTOLOGY REPORT

CYTOTOLOGY REPORT

MATERIAL
 CERVICAL SMEAR

MICROSCOPY
 Smear prepared with gentle spreader technique.
 Fine clusters of atypical cells with coarse chromatin seen.

IMPRESSION
 ATYPICAL CELLS SEEN.

ADVISE
 Endometrial and endocervical biopsy.

MRI PELVIS WITH CONTRAST FEMALE (COMBISCAN)

TECHNIQUE:- Multiplanar MR images of the soft tissue pelvis were obtained using T1 and T2 and STIR sequences. T1WI repeated after contrast.

Clinical History:- ? Ca endometrium.

Findings:-
 Large lobulated (Approx. 8.3x6.3x9.2cms sized) well defined T2/T1 heterogeneously hypointense lesion noted in left adnexa showing heterogenous post contrast enhancement and closely abutting and showing loss of fat planes with left uterine myometrium in mid body region. The lesion is also showing close abutment and loss of fat plane with left ovary and is showing vascular supply from left ovarian vessels. The large lesion is showing mass effect with compression of bladder and adjacent bowel loops in pelvic cavity.

Endometrial canal is grossly distended due to heterointense fluid showing patchy T1 hyperintensity with lobulated soft tissue lesion showing T1 iso and T2 intermediate signal and diffusion restriction bulging into endometrial canal lying along anterior and right lateral margin collectively measuring approx. 3.5x3.5x5.1cms (TRxAPxCC) with mild to moderate heterogenous post contrast enhancement, however no obvious contiguous extraserosal extension of this soft tissue seen.

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Handwritten notes on a medical form, including a diagnosis of "Ca endometrium" and "large lesion in left adnexa".



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

आरोग्य सुपर स्पेशलिटी मॉडर्न होमियोपैथी

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

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Breast cancer is a disease where malignant cells form in the tissue of the breast. It is the second most common cancer type for women

88665
K/C/O - Left Breast Cancer :: 2017
- chemo - 6 cycle (Jan 2022)
- operation - 5 Jan 2017
- Radiation - 25 cycle
- Recurrence
- 4 cycle of chemo (Aug - Nov 2021)
Moderately Diff. Duct Carcinoma
Slight pain
Cosmical pain
CA 125 - 3.73
CEA

SODANI DIAGNOSTIC CLINIC
(A unit of Sodani Hospitals & Diagnostics Pvt. Ltd.)
H/O: L.G.-1, Morya Centre, Opp. Basket Ball Club, 16/1, Race Course Road, Indore (M.P.)
Phone : 0731 - 4768222, 9617771150

ISO : 9001:2015

Patient Name : Mrs. PRAMILA KUCHEKAR
DOB/Age/Sex : 62 years/Female
Mobile : 9825883065
Referred By : Dr. Chopra Arpit Jain

Sample ID : 4006201606
Organization : DIRECT
Registered : 06 Jun, 2022, 12:31 p.m.
Collected On : 06 Jun, 2022, 02:41 p.m.
Approved On : 06 Jun, 2022, 02:43 p.m.

MAMMOGRAPHY

DIGITAL CR X-RAY MAMMOGRAPHY REPORT

H/o lumpectomy in left breast (Ca breast).

- Bilateral, low KV high MAS CR (Digital) X-Ray mammography performed. Both Medio - lateral 45 - degree oblique and CC views taken. Compression applied.
- Residual fatty / glandular parenchyma noted in left breast.
- No evidence of suspicious spiculated radio density seen.
- No evidence of abnormal cluster of pleomorphic microcalcification is seen.
- Right breast parenchyma is fatty / glandular appears unremarkable.
- Skin, Nipple - areola complex shadow appears normal.
- No evidence of significantly enlarged axillary lymphnodes.

IMPRESSION :-Mammographic appearance of breast in concern falls in **BI-RADS Assessment Category 2**. Most category 2 breast are benign & have 2/10000 chances of cancer. Continue annual screening mammography.

BI-RADS CATEGORY (0)-Requires additional evaluation, 1-Negative, 2-Benign findings, 3-Probably benign findings, 4-Suspicious abnormality, 5-High suggestive of malignancy.

Not all breast abnormalities show up on mammography. The false negative rates of mammography are approximately 12%, if you detect a lump or any other change in your breast before your next screening mammogram, consult your doctor immediately.

Central Labb Dr. Vinita Kothari, MD
Reg. Cell No. 15638/2017
M-116, Keshavnagar Plaza, 1st (M) Floor, Opp. Railway Station, Indore
Omegawerenta, Keshavnagar, Indore
Call: 79999-80788 / 92735749 or 0731-6631111

Name : Mrs. PRAMILA KUCHEKAR
Lab No. : 167701021 Age : 62 Years Gender : Female
A/C Status : P Ref By : ARPIT CHOPRA
Collected : 06-Jun-2022 10:15 AM
Received : 06-Jun-2022 10:15 AM
Reported : 06-Jun-2022 04:08 PM
Report Status : Final

Test Name	Results	Units	Bio. Ref. Interval
CA - 125 (ECLIA)	3.73	U/mL	0 - 35

Note
1. This test is not recommended to screen Ovarian cancer in the general population
2. False negative / positive results are observed in patients receiving monoclonal antibodies for diagnosis or therapy.
3. Patients with confirmed Ovarian cancer may show normal pre-treatment CA 125 levels. Hence this assay, regardless of level, should not be interpreted as absolute evidence for the presence or absence of malignant disease. The assay value should be used in conjunction with findings from clinical evaluation and other diagnostic procedures.

Clinical Use
An aid in the management of Ovarian cancer patients. Preoperative CA 125 level of < 65 U/mL is associated with a significantly greater 5 year survival rate.
Monitor the course of disease in patients with invasive epithelial ovarian cancer.
Detection of residual tumor in patients with Primary epithelial ovarian cancer who have undergone first line therapy.
Persistent elevation of CA 125 levels after 3 cycles of therapy indicates a poor prognosis.

STAGE OF OVARIAN CANCER	PERCENTAGE POSITIVITY OF CA 125
Stage I	50
Stage II	90
Stage III & IV	>90

Increased Levels
Primary epithelial ovarian carcinoma
Healthy individuals (1-2%)
First trimester of pregnancy
Follicular phase of menstrual cycle
Non malignant conditions - Cirrhosis, Hepatitis, Endometriosis, Ovarian cysts, Pelvic inflammatory disease
Non Ovarian malignancies - Endometrial, Pancreatic, Lung, Breast, Colorectal & other Gastrointestinal tumors.



Medical Laboratory Report

By: SANTOSH KACHORE
 B-2205, VIKRANT PRICES, INDORE
 Tel No: 9422884328
 Pin No: 462001
 Fax No: 942210110885
 Age: 62 Yrs 05 Mths 04 Ds

Reference: Dr. RISHAB SHUKLA
 Sample Collected At: Indore
 Specimen: Mucosa (Tongue)
 Processing Location: Indore
 HealthCare Group: Indore Group
 No. 1, Block 1, Sector 1, Indore
 Pincode: 462017

Registered In: 27/03/2019 09:51 PM
 Category: C-10
 27/03/2019 09:51 PM
 Referred By: Dr. Rishab Shukla
 27/03/2021 11:19 AM

HISTOPATHOLOGY

CASE SUMMARY

CASE NO: M/LH 3848/21
 SPECIMEN: Biopsy from lateral border of tongue
 DIAGNOSIS: Moderately Differentiated Cell Carcinoma

Gross Examination: Received a single grey white soft tissue 9x5 cm. Grossly unremarkable.

Microscopy: Several sections have been examined. These show a tumour composed of invasive nests of moderately grade 2 squamoid epithelial cells with the underlying subepithelial connective tissue. These show squamoid nuclear pleomorphism and hyperchromatic nuclei. Mitotic activity is brisk. Infiltration and keratin pearls are identified. Occasional keratin cysts noted. A desmoplastic stromal response is evident. A moderate lymphoplasmocytic infiltrate is seen in the tumour interface.

Dispatch Summary:
 1. Gross specimens are returned within at least 30 days after the final report are signed.
 2. All slides and blocks are retained available on request.
 3. Case history are available on request.

Report typed by: Santosh Kachore
 End of Report

Patient ID: 11212002
 Age: 62 Years
 Admission Number: 11212002_11676
 Referring Physician: Dr. RISHAB SHUKLA
 Study Date: 18-Aug-2022

Patient Name: SANTOSH KACHORE
 Sex: M
 Modality: US
 Study: FACE - NECK/PLAN

MRI - NECK AND FACE

Technique:
 T1, T2 & STIR sequences in various planes.

Imaging Features & Remarks:
 Evidence of soft tissue lesion measuring 40 x 25 (TR) x 23 (TE) mm noted at anterior 1/3rd of left lateral border of tongue involving left genioglossus muscle. The lesion is crossing the midline anteriorly. The lesion does not involve genioid muscle and floor of the mouth and base of tongue. The lesion does not involve sublingual space, mylohyoid & hyoglossus muscle. Overall imaging features can be seen in suggestive lesion of left lateral border of tongue. -ADN- Histo-pathological correlation. Multiple bilateral submandibular (S-4) and submandibular (S-5) enlarged lymph nodes, largest measuring 13x6 mm. Multiple subcutaneous bilateral cervical lymph nodes noted. Nasopharynx, oropharynx and hypopharynx appear normal. The vallecula and pyriform fossae on either side are symmetrical and reveal no abnormality. The epiglottis appears normal. The parapharyngeal, carotid and mediastinal spaces appear normal. The medial and lateral pterygoid plates, pterygoid fossa and pterygoid muscle appear normal. Pterygo-palatine fossae appear normal bilaterally. Bilateral sublingual, parotid and submandibular salivary glands are normal in size and reveal no area of abnormal signal intensity. The hyoid and cricoid bones and thyroid cartilage are normal.

before Treatment

INDO DIAGNOSTICS LTD. (Formerly known as Anusua Diagnostics Pvt. Ltd.)
 Dr. Rishab Shukla
 Dr. Rishab Shukla (M.D.) Hospital
 8 Compound, Indore, Madhya Pradesh - 462 001
 0731 - 2528333 | Mob: 94220 94291 | Email: indore.radio@indodiagnosics.com
 www.indodiagnosics.com

ENDOCRINE LABORATORY AND RESEARCH CENTRE PVT. LTD.
 160 - Jeeva Compound, B.Y. Hospital Road, Near Pooja Dairy, P.O. R.A.1, Indore Centre, Indore (M.P.) Pin: 462017-462018, 918897420
 Tel: 94274-37121, 92297-93025 | www.endocrineindore.com
 E-mail: endore@indorelaboratory.com

TEST REPORT REPORTED ON: 18-AUG-2022 @ 10 PM

Patient: MR. SANTOSH KACHORE
 Age / Gender: 62 Y / MALE
 Ref. By: DR. RISHAB SHUKLA
 Associate / Lab: SHREE NATH JI SEVA SASTHAY INDORE

Reg. No.: 2209112824
 Reg. Date: 18-AUG-2022
 Report Date: 18-AUG-2022

Cancer Ag 15-3 (Breast cancer marker), Serum

Parameter	Observed Value	Unit	Biological Reference Interval
CA 15-3	8.45	U/ml	0 - 32.4

Method: By Chemoluminescence

Cancer Ag 19-9 (CA 19-9), Serum

Parameter	Observed Value	Unit	Biological Reference Interval
CA 19-9	11.55	U/ml	0 - 27

Method: By Chemoluminescence

Carcinoembryonic Ag (CEA), Serum

Parameter	Observed Value	Unit	Biological Reference Interval
CARCINOEMBRYONIC ANTIGEN	4.9	ng/mL	Less than 5.0

Method: By Chemoluminescence
 Interpretation: Smaller may have marginally higher CEA value.

After Modern Homoeopathy treatment

Dr. Rishab Shukla
 MD (HOMOEOPATHY)

Oral cancer

Also called: oral cavity cancer

- Overview
- Symptoms
- Treatments

Cancer that develops in any part of the mouth.

Risk factors include tobacco use, heavy alcohol use

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 कर्णाटिक, परंपरागत, ईनी, रोस, फारट एण्ड कॉस्ट इफेक्टिव

102, प्रथम मंजिर, सुभा टॉवर, कबीरनगर हॉस्पिटल के सामने, नर्मदेरवास रोड, न्यू कर्णाटिक, इन्दौर म.प्र.
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K/c/o Cancer of Tongue :: Dec 2021

Lateral ~~border~~ border

Dysplasia

Pain +++ at pinkellova

Lesion - 40x25mm

Enlarged LNode Largest 10x8mm

Now -

Prostate cancer

Also called: prostatic carcinoma

Overview

Symptoms

Treatments

A cancer in a man's prostate, a small walnut-sized gland that produces seminal fluid.

A man's prostate produces the seminal fluid that nourishes and transports sperm.

Common

More than 1 million cases per year (India)

Sep. No : 422533

EXAMINATION OF

TEST

RESULT

Prostate Specific Antigen (PSA)

>100.0

Interpretation

Prostate-specific antigen (PSA) is a glycoprotein with a close structural relationship to the glandular kallikreins. It is a serine protease. The proteolytic activity of PSA in blood is inhibited by complexes with protease inhibitors such as alpha-1-antitrypsin, alpha-2-macroglobulin, and acute phase proteins. In addition to being present in the prostate, PSA is also present in para-urethral and anal glands. Elevated levels of PSA are generally indicative of a pathological condition of the prostate (prostate cancer or carcinoma). As PSA is also present in para-urethral and anal glands, low levels of PSA can also be detected even after radical prostatectomy. The main use of PSA is the monitoring of progress and efficiency of therapy in patients receiving hormonal therapy. The steepness of the rate of fall in PSA levels following radiotherapy, hormonal therapy or radical surgical treatment of prostate cancer. An inflammatory condition of the prostate (prostatitis) can lead to PSA elevation. PSA elevation can also be detected in patients with breast cancer. PSA elevation can also be detected in patients with breast cancer. PSA elevation can also be detected in patients with breast cancer.

BEFORE

PROSTATE CARCINOMA: May 2022
 - lesion 29x29mm left side of prostate (2.7x3.7x2.4cm) June 2022
 - PSA = >100.0 (May 2022)
 - Enlarged Node = 36x22mm (Iliac) 2.5x1.7cm (J)
 - Right perivesical Node = 2.7x2.6
 - Metastatic
 - Sclerotic lesion in vertebrae (metastatic)
 - Patient is Asymptomatic

Test

Result

SERUM UREA

27.0

Test

Result

SERUM CREATININE

0.83

SERUM CALCIUM

9.17

EXAMINATION OF BLOOD

TEST

RESULT

Prostate Specific Antigen (PSA)

4.63

Interpretation

Prostate-specific antigen (PSA) is a glycoprotein (molecular weight 33 kDa) with a close structural relationship to the glandular kallikreins. It is a serine protease. The proteolytic activity of PSA in blood is inhibited by complexes with protease inhibitors such as alpha-1-antitrypsin, alpha-2-macroglobulin, and acute phase proteins. In addition to being present in the prostate, PSA is also present in para-urethral and anal glands. Elevated levels of PSA are generally indicative of a pathological condition of the prostate (prostate cancer or carcinoma). As PSA is also present in para-urethral and anal glands, low levels of PSA can also be detected even after radical prostatectomy. The main use of PSA is the monitoring of progress and efficiency of therapy in patients receiving hormonal therapy. The steepness of the rate of fall in PSA levels following radiotherapy, hormonal therapy or radical surgical treatment of prostate cancer.

AFTER



Glioblastoma GBM Cancer
Brain Tumour 21
 DECEMBER - WEDNESDAY
 09-458 - W-32

मेरा नाम अमृताजीन काश्करा है।
 एकाधिक ईमारत पुरा करके का काय
 सर का इमेज नाम, किरी 12 माह
 में इमेज नामका खल हो गया है।

15-12-22 अमृताजीन



डॉ. विजय केशव, अन्वयक व सीरिजल न्यू रोल
 सभी न्यूरोलॉजी, एन्डोक्राइन, मोटर, शल्य चिकित्सा सेवाएं, चोट, अंगीकरण सेवा, जीवनपर्यटन से पहले सभी चीजें का निदान।
 300 प्रकार के अन्वयक एन्डोक्राइन चीजों का निदान।

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 सुशक्ति, सारंगधर, इली, सेन, शरद एन कोर इन्फोर्मेस

102, जेठ नगर, जयपुर, राजस्थान (भारत) में स्थित, अन्वयक सेवाएं, न्यूरोलॉजी, इली व स.
 08001271019 मोबा. 022-2617145, 2618145
www.homoeopathyindia.com | www.homoeopathyindia.com

medanta before treatment

Patient Name: 1199, ANITA, 2020
 Age / Sex: 1 (27/1), FEMALE
 Consultant: DR. KACHHAVA, NEUROLOGIST, MR. SINGH
 Ref. No: DR. KACHHAVA, NEUROLOGIST, MR. SINGH

MAGNETIC RESONANCE IMAGING
HAZ BRAIN NAVIGATION PROTOCOL WITH CONTRAST

Report Details: Contrast: Contrast
 Sequence: T1, T2W & FLAIR

Findings:
 Contrast enhanced coronal (T1, T2) showed large area of nodular enhancement & mass effect with 100% & 100% enhancement. Cause: (100% (14.02)) showed nodular enhancing lesion 2.8 x 1.8 x 2.3 cm (T1 + AP + Cor) and peripherally enhancing hyperintense lesion with moderate to marked mass effect. Enhancement: (14.02) showed nodular enhancing lesion 2.8 x 1.8 x 2.3 cm (T1 + AP + Cor) and peripherally enhancing hyperintense lesion with moderate to marked mass effect. Enhancement: (14.02) showed nodular enhancing lesion 2.8 x 1.8 x 2.3 cm (T1 + AP + Cor) and peripherally enhancing hyperintense lesion with moderate to marked mass effect.

GOKULDAS HOSPITAL PVT. LTD.
MAGNETIC RESONANCE IMAGING & CT SCAN CENTRE

Target Area: 100% (14.02) (14.02)
 Age: 1 (27/1) (27/1)
 Sex: F (14.02) (14.02)

after modern radiotherapy treatment

Findings: (14.02) showed nodular enhancing lesion 2.8 x 1.8 x 2.3 cm (T1 + AP + Cor) and peripherally enhancing hyperintense lesion with moderate to marked mass effect. Enhancement: (14.02) showed nodular enhancing lesion 2.8 x 1.8 x 2.3 cm (T1 + AP + Cor) and peripherally enhancing hyperintense lesion with moderate to marked mass effect.

GOKULDAS HOSPITAL PVT. LTD.
MAGNETIC RESONANCE IMAGING & CT SCAN CENTRE

Target Area: 100% (14.02) (14.02)
 Age: 1 (27/1) (27/1)
 Sex: F (14.02) (14.02)

after modern radiotherapy treatment

Findings: (14.02) showed nodular enhancing lesion 2.8 x 1.8 x 2.3 cm (T1 + AP + Cor) and peripherally enhancing hyperintense lesion with moderate to marked mass effect. Enhancement: (14.02) showed nodular enhancing lesion 2.8 x 1.8 x 2.3 cm (T1 + AP + Cor) and peripherally enhancing hyperintense lesion with moderate to marked mass effect.

Right frontal craniotomy
 Δ GBM :: May 2021
 Post operated May 2021
 Post chemo-Radio Case (cyclo)
 Recurrence
 measuring - 2.6 x 1.9 x 3cm
 Right frontal horn
 Multilocular obstructive
 Chv. Ischemic foci
 11 x 9 x 13mm - Inferior aspect of postoperative cavity
 also Retinitis Pigmentosa

Ovarian cancer

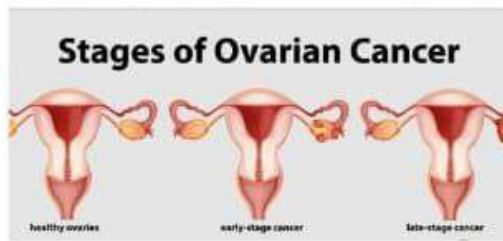
Overview

Symptoms

Treatments

A cancer that begins in the female organs that produce eggs (ovaries).

Ovarian cancer often goes undetected until it has spread within the pelvis and stomach. At this late stage, ovarian cancer is more difficult to treat and can be fatal.



Metastatic Adenocarcinoma
Malignant airtel
Palt Ct: Lycle (26/8/22)
CA: 125 → 1514 (24/8/22)
CEA: 10.89
CA 19.9 → 161
AFP → 13.64
H/O - Breast cancer - 15 yrs ago

Central Lab™
Powered by: CentralPath Labs
HOME COLLECTION OMEGA TOWER

Name: Ms. SNEHATA POHARANI
Lab No: 30291814 Age: 42 Years Gender: Female
Collected: 24-Aug-2022 03:11 PM
Received: 24-Aug-2022 03:16 PM
Reported: 24-Aug-2022 03:24 PM
Report Status: Final

Test Name	Reference	Units	Obs. Ref. Interval
APP (U/ml)	13.64	ng/mL	0.0 - 7.0 Warn & Management Plan: None
CA-125 (U/ml)	1514.00	U/mL	0 - 35

Note:
1. This test is not recommended to screen Ovarian cancer in the general population.
2. False negative / positive results are observed in patients receiving mouse monoclonal antibodies for diagnosis or therapy.
3. Patients with confirmed Ovarian cancer may show normal pre-treatment CA 125 levels. Hence this assay, regardless of level, should not be interpreted as absolute evidence for the presence or absence of malignant disease. The assay value should be used in conjunction with findings from clinical evaluation and other diagnostic procedures.

Clinical Use:
- An aid in the management of Ovarian cancer patients. Preoperative CA 125 level of < 65 U/ml is associated with a significantly greater 5 year survival rate.
- Monitor the course of disease in patients with invasive epithelial ovarian cancer.
- Detection of residual tumor in patients with Primary epithelial ovarian cancer who have undergone first line therapy. Persistent elevation of CA 125 levels after 3 cycles of therapy indicates a poor prognosis.

STAGE OF OVARIAN CANCER	PERCENTAGE POSITIVITY OF CA 125
Stage I	50
Stage II	50
Stage III & IV	>90

Increased Levels:
- Primary epithelial ovarian carcinoma
- Healthy individuals (< 1-2%)
- First trimester of pregnancy
- Follicular phase of menstrual cycle
- Non malignant conditions - Cystitis, Hepatitis, Endometriosis, Ovarian cysts, Fibroid, Inflammatory disease
- Non Ovarian malignancies - Endometrial, Pancreatic, Lung, Breast, Colonrectal & other Gastrointestinal Tumors

CEA	10.89	ng/mL	Non-Smokers < 3.0 ng/mL Smokers < 5.5 ng/mL
-----	-------	-------	--

Remarks: please consult clinician

before treatment

If test results are alarming or unexpected, the patient is strongly advised to contact the laboratory immediately for possible remedial action/reconfirmation

Central Lab™
Powered by: CentralPath Labs
HOME COLLECTION OMEGA TOWER

Name: Ms. SNEHATA POHARANI
Lab No: 30291814 Age: 42 Years Gender: Female
Collected: 24-Aug-2022 03:11 PM
Received: 24-Aug-2022 03:16 PM
Reported: 24-Aug-2022 03:24 PM
Report Status: Final

Test Name	Reference	Units	Obs. Ref. Interval
CA-19.9 (U/ml)	161.2	U/mL	0 - 37

Note:
1. This test is not recommended to screen Pancreatic cancer in the general population.
2. False negative/positive results are observed in patients receiving mouse monoclonal antibodies for diagnosis or therapy.
3. This assay, regardless of level, should not be interpreted as absolute evidence for the presence or absence of malignant disease. The assay value should be used in conjunction with findings from clinical evaluation and other diagnostic procedures.
4. Persistently elevated CA 19.9 levels are usually indicative of progressive malignant disease and poor therapeutic response.

Clinical Use:
- An aid in the management of Pancreatic cancer patients.
- Monitor the course of disease and predict recurrence in patients with Pancreatic carcinoma.

DISEASE	POSITIVITY %
Pancreatic cancer	80
Hepatobiliary cancer	67
Gastric cancer	40-50
Hepatocellular cancer	30-50
Colorectal cancer	30
Breast cancer	15
Pancreatitis	10-20
Benign Gastrointestinal diseases	10-20

Dr. Neha Srivastava
S.D. Immunology

Disclaimer: If test results are alarming or unexpected, the patient is strongly advised to contact the laboratory immediately for possible remedial action/reconfirmation

SHIVANI DIAGNOSTIC CENTRE
Pathology • Sonography • Digital X-Ray • Colour Doppler • ECG • Electrocardiography • TMT

Sample No: 27122845
Patient Name: Mrs. SNEHATA POHARANI
Age: 42 Years Gender: Female
Collected: 24-Aug-2022 03:11 PM
Received: 24-Aug-2022 03:16 PM
Reported: 24-Aug-2022 03:24 PM
Report Status: Final

Test Name: CA 125
Observed Value: 4.11
Unit: U/ml
Ref. Int. Interval: 0-35

After Dr Arpit Chopra Jain Modern Homeopathy treatment Normal Report

Unipath SPECIALTY LABS
TEST REPORT

Lab No: 30291814
Patient Name: Mrs. SNEHATA POHARANI
Age: 42 Years Gender: Female
Collected: 24-Aug-2022 03:11 PM
Received: 24-Aug-2022 03:16 PM
Reported: 24-Aug-2022 03:24 PM
Report Status: Final

Test Name: CA 125
Result: 4.11
Unit: U/ml
Ref. Int. Interval: 0-35

After Dr Arpit Chopra Jain Modern Homeopathy treatment Normal Report

Dr. Arpit Chopra (MD)
www.homeopathivillage.in
102, प्रथम मंजिर, कृष्ण चौक, गरीबवाडी, गरीबवाडी रोड, जयपुर, राजस्थान 302001, यू.एन.ए. 555075 271714 संपर्क: 0731-4970708, 79989 78994

कैसर, किडनी फेलियर, अस्पताल में गंभीर रूप से मर्ती गरिजों का उपचार, कोमा, शल्य चिकित्सा योग्य रोग, अर्द्ध इन्चुन रोग, जीवनभर दवाई लेने वाले रोगों की रोकथाम एवं 300 प्रकार के असाध्य जटिल रोगों की चिकित्सा।

आरोग्य सुख सोशिलिटी भार्डन होमियोपैथी
कमलिका, परमानन्द, इंदी, सेक, फास्ट एचड कॉस्ट इकोनिका

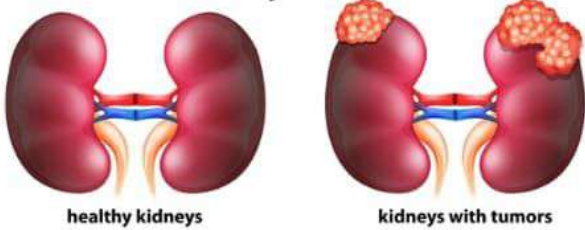
Unipath SPECIALTY LABS
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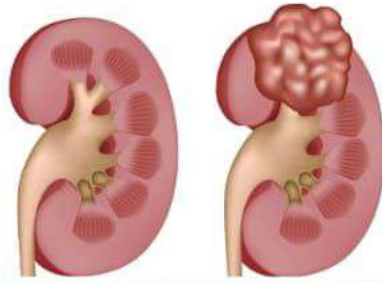
Test Name: CA 125
Result: 4.11
Unit: U/ml
Ref. Int. Interval: 0-35

After Dr Arpit Chopra Jain Modern Homeopathy treatment Normal Report

Kidney Cancer



Kidney Cancer



KARAN X-Rays, Sonography & Color Doppler Clinic
 14, Bhagatji Market opp. vijayaraja school, Freoganj Ujjain - 456001
 Mob. 93999-17229, 76783-74843
 Date: - 18/05/2022
Mr. Sohan Garg
Dr. V. Garg MD.
WHOLE ABDOMEN SCREENING
 Both pleural cavities are clear.
Liver: is slightly enlarged in size, shape and texture are normal. Biliary tree and vasculature are normal. No focal or diffuse pathology seen. Liver is showing approx 8 to 9 smooth margined echogenic textured nodules with low vascularity. Nodules measures 1 to 5 cms in size.
Gallbladder: is contracted smooth walled with two small 4 and 5 mm soft calculi / polyps.
Pancreas: is normal in size and texture. CBD is 5 mm.
Spleen: is slightly enlarged with homogenous texture. It measures 13 cms in size.
Kidneys: Both are normal in size, shape and texture with smooth outlines and normal calyces. Cortical thickness is normal. Cortico-medullary differentiation is adequate. Bilateral echogenic textured vascular smooth margined supra renal masses seen measuring 4.7 x 3.4 cms on rt side and 11.4 x 9.8 cms on lt side. Rt kidney is showing a cortical nodule in upper part posteriorly, showing heterogeneous texture and measures 5 x 4 cms in size.
Ureters: Are normal in upper and lower third.
Bladder: is normal, with smooth walls and nonthick.
Prostate: is slightly enlarged with homogenous texture. It measures 33 cc in volume. Post void residual urine 10 cc.
 Bowel loops are normal. RIF is clear. No adenopathy or free fluid seen.
IMPRESSION: Bilateral supra renal soft tissue masses with multiple hepatic soft tissue nodules and one renal cortical mass. Mild prostatic hypertrophy.
 Dr. Suresh Sharma DMRD

before treatment

Ruxmaniben Deepchand Gardi Medical College
 C.R. Gardi Hospital, Surasa, UJJAIN (M.P.)
 Unit of Ujjain Charitable Trust Hospital & Research Centre
PATIENT NAME :- MR. SOHAN GARG 62 YOUNG M / MGNR No. - 304678
REF BY :- DR. ARPIT CHOPRA - E WITH CONTRAST / WITHOUT DATE: 01.12.22
MRI SCAN OF ABDOMEN
 MRI scan of abdomen was done using T1W, T2W and DTI sequences in various planes.
 Expansile destructive mass lesion (52 x 50 mm in axial plane) involving adjacent soft tissue and muscle planes including gluteal and iliacus muscles.
 Heterogeneous mass lesion is seen in posteromedial aspect of right kidney (50 x 40 mm in axial plane) involving the suprarenal planes with another large mass lesion in left suprarenal region (95 x 54 mm in axial plane) and surrounding fat planes are obscured. The lesion on left side is displacing the body of pancreas laterally. No extension of lesion into renal vein is seen. Mass lesions of variable sizes are seen in right and left lobe of liver with largest lesions in right lobe.
 Hepatic vein radicals appear normal. No dilation of intrahepatic biliary channels is seen. The CBD and gallbladder appear normal. The caliber of portal vein is within normal limits.
 Rest of the visualized portion of spleen, pancreas and suprarenal glands appear normal. No effusion or pleural effusion is seen on this scan. No lymphadenopathy noted.
 The urinary bladder, rectum, perirectal fat planes and levator ani muscle appear normal.
 Aorta, celiac axis, superior mesenteric and renal vessels, inferior vena cava and other vascular structures appear normal.
 The MR appearance of small and large bowel loops and stomach is normal.
IMPRESSION :-
 Lesions as described appear to be neoplasm with secondaries and histopathology is advised.
After Dr ARPIT Chopra Modern Homoeopathy treatment
 Thanks for referral
 Dr. Arpit S. Chopra (M.D.)

venient Hospitals Ltd. EPT OF LABORATORY MEDICINE
 CHL-Hospitals - Empowering Health
Dr. Sohan Garg M.D. BHAGIRATH / MRN-22050183
 App / Gender: M / Male
 Address: M. Indore, MADHYA PRADESH
 Reg. Doctor: DR. S.S. BAGGA
 Reg. Number: WALKIN-22-38-6008
 Reporting Date: 23-05-2022 08:11 PM
 Collection Date: 23-05-2022 02:25 PM
DEPARTMENT OF HISTOPATHOLOGY
 Histopath No: H-CHL-3095/22
NATURE OF SPECIMEN: Tricost biopsy iliac fossa mass.
GDSS: Multiple linear cores of tissue, largest measures 0.6 cm in length and shortest measures 0.1 cm in length, entirely submitted in (1).
MICROSCOPIC: Other cores of tissue show tumor in nests, cords and focal cystic architecture. The tumor nests are composed of polygonal cells with abundant clear cytoplasm, with tumour nuclear grade 1/2 nuclei, surrounded by capillary network.
IMPRESSION: CLEAR CELL RENAL CELL CARCINOMA, FURMAN GRADE 1/2.
 Dr. Arpit Chopra (M.D.)
AROGYA SWASTH SPECIALITY MODERN HOMOEOPATHY CLINIC

Renal cell Carcinoma with metastasis
 07 DECEMBER - WEDNESDAY
 सौ. सोहनगार (डॉ.) आपकी सलाह पर मेरी
 को केसर का इलाज करने का फैसला कर ले रहा
 आ रहा है।
 मेरे दिमाग की सलाह की पराई से मेरी
 अंदर की भावना को म. आ. डी. के अनुसार बोली
 हो गई है (आर. लो. गै. डी.)
 यह दि. वी. सांगो की जगह लाने वाली
 रसम का प्रयोग करने का प्रयास किया है।
 रसम का प्रयोग। क्योंकि जगह का प्रयोग
 है। प्रिय मेरी भावना को बोली हो गई है।
 यह बीमारी है। एक नाम है डमरु का नाम
 अपने पास ही है। जो सांगो की भावना है। सांगो।
 प्रयोग का प्रयोग करने का प्रयोग किया है।
 सांगो का प्रयोग है।
Dr. Arpit Chopra (M.D.)
AROGYA SWASTH SPECIALITY MODERN HOMOEOPATHY CLINIC

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।

डॉ. अर्पित चोपड़ा (वैद्य)
 एच. डी. होमियोपैथी
 जटिल, असाध्य एवं
 शल्य रोग विशेषज्ञ

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

102, प्रथम मंजिल, कृष्णा टॉवर, कयोरेल हॉस्पिटल के सामने, जंजीरवाला चौराहा, न्यू पलासिया, इन्दौर म.प्र.
 99075 27914 संपर्क : 0731-4977076, 79999 78934
 www.homeoathcure.in www.aarogyaahomeopathyindore.com Email : arpitchohra23@gmail.com

Oral cancer

Also called: oral cavity cancer

- Overview
- Symptoms
- Treatments

Cancer that develops in any part of the mouth.

Risk factors include tobacco use, heavy alcohol use and human papillomavirus (HPV) infection.

Common

More than 1 million cases per year (India)

Oral Cancer



PROCESSED AT: Thyrocare

NAME: SARABJEET SINGH (SCT)

REF. BY: DR. ANKIT (SCT)

TEST ORDER: 19 DEC 2022 06:27

SAMPLE COLLECTED AT: 19 DEC 2022 06:27

TEST NAME	TECHNOLOGY	VALUE	UNITS
CA 19.9	C.A.I.A	5.09	U/ml

Reference Range: < 3.7 U/ml

Clinical Significance: CA 19.9 is elevated in most patients with advanced Pancreatic Cancer. But it may also be elevated in other cancers, conditions, and diseases such as Esophageal cancer, Lung Cancer, Gall Bladder Cancer, Colorectal, Pericarditis, Cystic Fibrosis, and liver diseases. But this information may also occur with high CA 19.9 levels. Very elevated values of CA 19.9 also may be found in healthy persons.

For Diagnostic Accuracy, Results should always be reviewed in conjunction with the patients medical history, Clinical Examination and other findings.

Specifications: Precision: 99% Assay (CV): 2.8 %, Inter Assay (CV): 4.1 %, Sensitivity: 95.5%.

Dr. Ankit Singh (SCT) 19 Dec 2022 06:27

Dr. Sakin Patel MD(PhD)

PROCESSED AT: Thyrocare

NAME: SARABJEET SINGH (SCT)

REF. BY: DR. ANKIT (SCT)

TEST ORDER: 19 DEC 2022 06:27

SAMPLE COLLECTED AT: 19 DEC 2022 06:27

TEST NAME	TECHNOLOGY	VALUE	UNITS
CARCINOEMBRYONIC ANTIGEN (CEA)	C.A.I.A	1.09	ng/ml

Reference Range: < 3.0 ng/ml

Clinical Significance: CEA is often used to monitor patients with cancer of the gastrointestinal tract (GIT). It is most useful to monitor whether there is a recurrence of cancer or metastasis after surgical removal of cancer or whether there is a change in the extent of the disease. CEA levels may also be elevated in other conditions, such as liver disease, inflammation, infection, and heart disease. Also, elevated levels of CEA may be found in other types of healthy people, including smokers.

For Diagnostic Accuracy, Results should always be reviewed in conjunction with the patients medical history, Clinical Examination and other findings.

Specifications: Precision: 99% Assay (CV): 2.8 %, Inter Assay (CV): 4.1 %, Sensitivity: 95.5%.

Dr. Ankit Singh (SCT) 19 Dec 2022 06:27

Dr. Sakin Patel MD(PhD)

PROCESSED AT: Thyrocare

NAME: SARABJEET SINGH (SCT)

REF. BY: DR. ANKIT (SCT)

TEST ORDER: 19 DEC 2022 06:27

SAMPLE COLLECTED AT: 19 DEC 2022 06:27

TEST NAME	TECHNOLOGY	VALUE	UNITS
CA 125	C.A.I.A	2.5	U/ml

Reference Range: < 35 U/ml

Clinical Significance: CA 125 is used to monitor therapy during treatment for Ovarian Cancer. CA125 is also used to detect or monitor whether there is a recurrence of cancer or metastasis after surgical removal of cancer or whether there is a change in the extent of the disease. CA 125 may be elevated in other conditions, such as liver disease, inflammation, infection, and heart disease. Also, elevated levels of CA 125 may be found in other types of healthy people, including smokers.

For Diagnostic Accuracy, Results should always be reviewed in conjunction with the patients medical history, Clinical Examination and other findings.

Specifications: Precision: 99% Assay (CV): 2.8 %, Inter Assay (CV): 4.1 %, Sensitivity: 95.5%.

Dr. Ankit Singh (SCT) 19 Dec 2022 06:27

Dr. Sakin Patel MD(PhD)

Buccal Cavity CA - Aug 2021

PAIN @

Biopsy Not Done

H/O DM II - May 2022 (ON&)

H/O HTN - 3 years (ON&)

H/O tobacco Abuse

कैंसर * किडनी फेलियर * अस्पताल में गंभीर रूप से * मर्ती मरिजों का उपचार * कोमा

शल्य चिकित्सा योग्य रोग आँटो इन्फ्यूजन योग्य * जीवनभर दवाई लेने वाले रोगों की रोकथाम

एवं 300 प्रकार के असाध्य जटिल रोगों की चिकित्सा।

आरोग्य सुपर स्पेशलिटी मॉडर्न होम्योपैथिक क्लिनिक

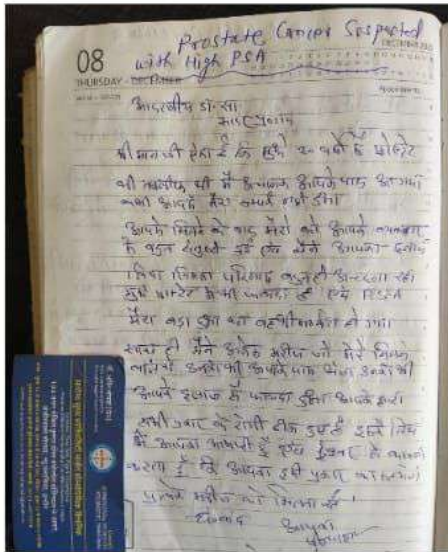
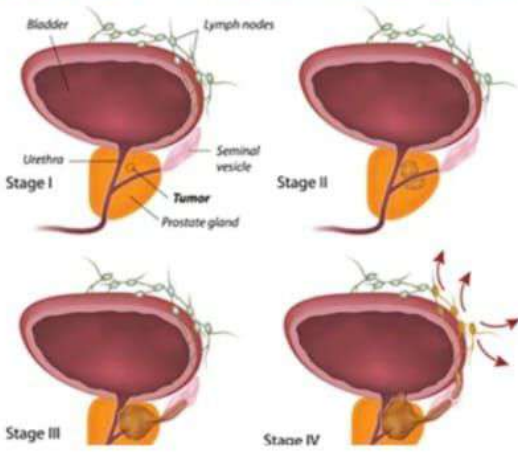
कम्प्लिट * परमानेंट * ईजी * सेफ * फास्ट एण्ड कॉस्ट इफेक्टिव

102, प्रथम मंजिल, कृष्णा टॉवर, कयोरेल हॉस्पिटल के सामने, जंजीरवाला वीराहा, जय प्लासिया, इन्दौर (म.प्र.)

फोन : 0731-4977076, 97130-92737, 97130-37737, 79999-78894, 99078-27914

www.homoeopathyure.in, www.aarogyahomoeopathyindore.com Email : arpit Chopra23@gmail.com

STAGES OF PROSTATE CANCER



Central Lab Dr. Vinita Kothari, MD
 15-Sep-2022 18:41 AM
 15-Sep-2022 18:44 AM
 15-Sep-2022 18:50 PM

W. PARSHOTAM PALMAL
 15/09/2022 Age: 63 Years Gender: Male
 Ref By: Dr. RLP

Test Name	Result	Units	Ref. Interval
AMYLASE (SERUM/PLASMA)	62.00	U/L	0 - 110
Alkaline Phosphatase	181.00	mg/dL	90 - 170
LDH (LACTATE DEHYDROGENASE)	141.00	U/L	100 - 250
PSA, TOTAL	0.42	ng/mL	0.02 - 0.42

After Dr Arpit Chopra Modern Homeopathy treatment

SODANI DIAGNOSTIC CLINIC
 102, 104, Pratham Mangal, Khasi Road, Indore

before treatment

SODANI DIAGNOSTIC CLINIC
 102, 104, Pratham Mangal, Khasi Road, Indore

After Dr Arpit Chopra Modern Homeopathy treatment

आरोग्य सुपर स्पेशलिटी मॉडर्न होम्योपैथिक क्लिनिक

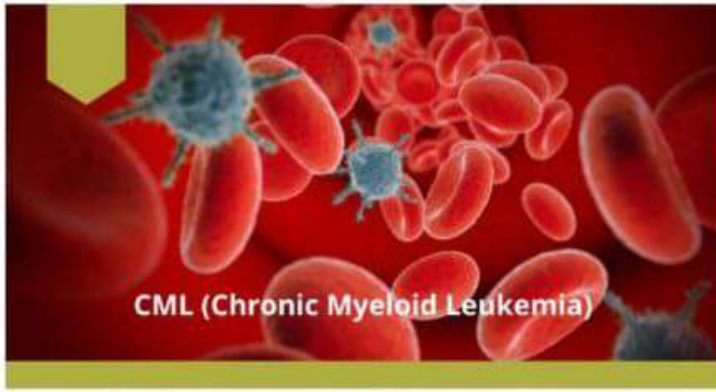
कम्प्लिट * परमानेंट * ईजी * सेफ * फास्ट एण्ड कॉस्ट इफैक्टिव

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

102, 104, प्रथम मंजिल, कृष्णा टॉवर, ब्योरवेल हॉस्पिटल के सामने, जंजीरवाला चौराहा, न्यू पलासिया, इन्दौर (म.प्र.)

फोन : 0731-4977076, मो. : 97130-92737, 97130-37737, 79999-78894, 99075-27914

www.homeopathicure.in, www.aarogyahomeopathyindore.com Email : arpit Chopra23@gmail.com



CHRONIC MYELOID LEUKEMIA



Raghar diagnostic centre (AN NABL Accredited Lab.)

Name: Mr. GULAM Registration No: 192068
 Age/Gender: 33 Y/Male Registered: 27/Mar/2023 11:24AM
 Patient ID: 012303270056 Analysed: 27/Mar/2023 02:11PM
 Barcode No: 10192969 Reported: 27/Mar/2023 02:11PM
 Referred By: Dr. ANAND HEALTH CARE Panel: #DCD16

Test Name	Value	Unit	Bio Ref Interval
Specimen: Whole Blood EDTA			
HAEMOGLOBIN (Hb)	12.1	gm/dl	13.0 - 17.0
TOTAL LEUCOCYTE COUNT (TLC)	3.7	th/cumm	4.0 - 10.0
DIFFERENTIAL LEUCOCYTE COUNT			
NEUTROPHIL	41.0	%	34 - 64
LYMPHOCYTE	43.6	%	20 - 40
EOSINOPHIL	12.1	%	01 - 06
MONOCYTE	2.9	%	02 - 10
BASOPHIL	0.4	millions/mm ³	0.0 - 0.4
RBC COUNT	37.4	%	40 - 50
PCV / HAEMATOCRIT	87.4	%	83 - 101
MCV	26.2	picogram	27 - 32
MCH	33.2	gm/dl	31.5 - 34.5
MCHC	207	1000/cumm	150 - 410
ABSOLUTE NEUTROPHIL COUNT	1.52	th/cumm	2.0 - 7.0
ABSOLUTE LYMPHOCYTE COUNT	1.61	th/cumm	1.0 - 3.0
ABSOLUTE EOSINOPHIL COUNT	0.45	th/cumm	0.02 - 0.5
ABSOLUTE MONOCYTE COUNT	0.11	th/cumm	0.2 - 1.0
ABSOLUTE BASOPHIL COUNT	0.01	1000/uL	0.02-0.1
MPV	9.80	fL	6.5 - 11.0
RDW (SD)	53.20	F/L	35 - 56

Before Treatment
COMPLETE BLOOD COUNT+ESR

MAX Healthcare Laboratory Investigation Report

Centre: 585 - Max Hospital - Gurgaon
 Date: 12 Jun 2023 10:06AM
 Reporting Date/Time: 12 Jun 2023 10:06AM

Haematology

CBC (Complete Blood Count), Whole Blood EDTA
 Date: 12 Jun 2023 10:06AM

Unit	Bio Ref Interval
Hemoglobin	12.1 g/dl 13.0 - 17.0
Packed Cell Volume	87.4 % 83 - 101
Total Leucocyte Count (TLC)	3.7 th/cumm 4.0 - 10.0
WBC Count	3.7 th/cumm 4.0 - 10.0
MCV	26.2 picogram 27 - 32
MCH	33.2 gm/dl 31.5 - 34.5
MCHC	207 1000/cumm 150 - 410
Platelet Count	138 10 ³ /cumm 100 - 400
MPV	9.8 fL 6.5 - 11.0
RDW	53.2 F/L 35 - 56

Differential Cell Count

Neutrophils	41.0 % 34 - 64
Lymphocytes	43.6 % 20 - 40
Monocytes	2.9 % 02 - 10
Eosinophils	12.1 % 01 - 06
Basophils	0.4 % 0.02 - 0.5

Absolute Leucocyte Count

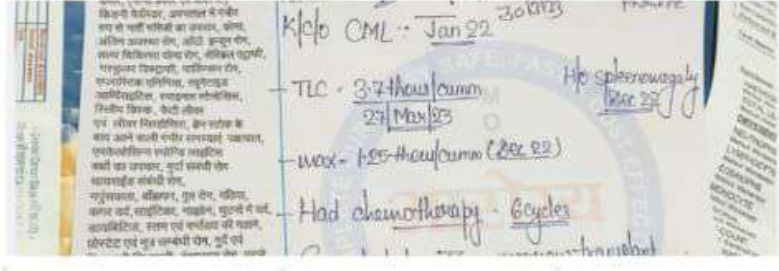
Absolute Neutrophil Count	1.52 10 ³ /cumm 2.0 - 7.0
Absolute Lymphocyte Count	1.61 10 ³ /cumm 1.0 - 3.0
Absolute Monocyte Count	0.11 10 ³ /cumm 0.2 - 1.0
Absolute Eosinophil Count	0.45 10 ³ /cumm 0.02 - 0.5
Absolute Basophil Count	0.01 10 ³ /cumm 0.02 - 0.1

After Dr Arpit Chopra Jain Modern Homoeopathy

Chronic myeloid leukemia

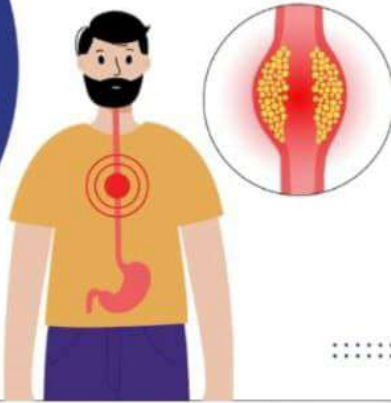
Also called: CML

A slowly progressing and uncommon type of blood-cell cancer that begins in the bone marrow



OESOPHAGEAL CANCER

Cancer in the food pipe



THE BIOPSY
A Complete Diagnostic & Tissue-Pathology Solutions
An ISO 9001:2015 Certified Organization

NAME : MR. KAMAL KISHORE REFERRED BY : DR ARPIT CHOPDA MD
ID : TBI-26973 ORDERED ON : 22/06/2023 11:56
AGE : 70 years COLLECTED ON : 22/06/2023 13:26
GENDER : M REPORTED ON : 22/06/2023 17:03

LAB INVESTIGATION REPORT

TEST	RESULT	NORMAL VALUES
CREATININE	1.04	0.0 - 1.50 mg/dl

INTERPRETATION
Instrument Used: FUJII DRI-CHEM ANALYSER
Method: Amperometric Concentration Measurement - color change of SPRL reflective spectrophotometry
Type of reaction: End Point

— End of the Report —

After Dr Arpit Chopra Jain Modern Homoeopathy

Dr. Apoorva Tripathi MD (CONSULTANT)

TEST REPORT PRINTED ON : 22-JUN-2023 4:50 PM

Patient	: MR. KAMAL KISHORE	Reg. No.	: 2306119873
Age / Gender	: 70 Y / MALE	Reg. Date	: 22-JUN-2023
Ref. By	: DR. ARPIT CHOPDA MD	Report Date	: 22-JUN-2023
Associate / Lab	: THE BIOPSY INDORE		

Cancer Ag 19-9 (CA 19-9), Serum

Parameter	Observed Value	Unit	Biological Reference Interval
CA 19-9	< 0.600	U/ml	0 - 27

Method: By Chemiluminescence

After Dr Arpit Chopra Jain Modern Homoeopathy

Dr. Ramu Thakur MD (PATHOLOGIST)

TEST REPORT PRINTED ON : 22-JUN-2023 4:50 PM

Patient	: MR. KAMAL KISHORE	Reg. No.	: 2306119873
Age / Gender	: 70 Y / MALE	Reg. Date	: 22-JUN-2023
Ref. By	: DR. ARPIT CHOPDA MD	Report Date	: 22-JUN-2023
Associate / Lab	: THE BIOPSY INDORE		

Carcinoembryonic Ag(CEA), Serum

Parameter	Observed Value	Unit	Biological Reference Interval
CARCINO EMBRYONIC ANTIGEN	2.09	ng/ml	Less than 5.0

Method: By Chemiluminescence
Interpretation: Smoker May have marginally higher CEA values.

Cancer Ag 15-3 (Breast cancer marker), Serum

Parameter	Observed Value	Unit	Biological Reference Interval
CA 15-3	14.33	U/ml	0 - 32.4

Method: By Chemiluminescence

After Dr Arpit Chopra Jain Modern Homoeopathy

DR SATISH JOSHI MBBS, DCP

STOMACH CANCER

Mr. and Mrs. Sanjay Jainmal Indore MP

Esophagus

Esophagus

Δ Stomach Carcinoma: Feb 23
Moderately differentiated adenocarcinoma
Wall thickening of body of stomach
measured 7mm

Title



आरोग्य सुपर स्पेशलिटी माइन होमियोपैथी

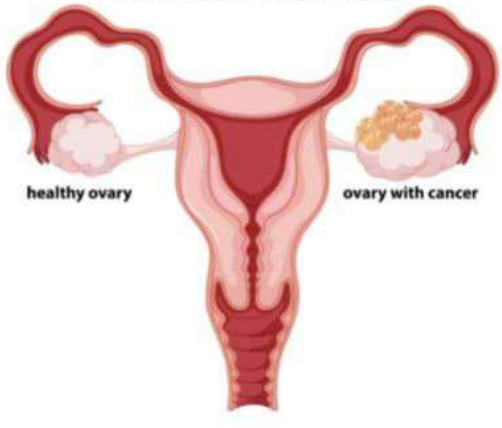


डॉ. अरुण कुमार, MD
अध्यक्ष, भारतीय होमियोपैथी संघ, दिल्ली
अध्यक्ष, भारतीय होमियोपैथी संघ, मुंबई
अध्यक्ष, भारतीय होमियोपैथी संघ, कोलकाता

आरोग्य सुपर स्पेशलिटी माइन होमियोपैथी

अध्यक्ष, भारतीय होमियोपैथी संघ, दिल्ली
अध्यक्ष, भारतीय होमियोपैथी संघ, मुंबई
अध्यक्ष, भारतीय होमियोपैथी संघ, कोलकाता

Ovarian Cancer



healthy ovary

ovary with cancer

कैंसर, किडनी, कोमा, सर्जरी एवं ऑटोडायम्यून जटिल, लाइलाज, असाध्य एवं असंभव रोगों का स्याई भारत में

Mrs. Snehlata Pokharna (Husband)
Cancer Patient From Indore MP

CALLABLE : @9907527914, 7999978894, 9713037737, 9713092737 | @0731-4977076

WWW.AAROGYAHOMEOPATHY.COM/HOMEOPATHYINDORE

SHIVANI DIAGNOSTIC CENTRE

Pathology | Sonography | Digital X-Ray | Colour Doppler | ECG | Echocardiography | TMT

Small umbilical hernia

Impression:
Known Ca Ovary on Follow-up Post Chemo.
No pre-treatment scans available for comparison.

Uterus shows normal morphology for age. The adnexal regions appear unremarkable.

Incidental:
Small umbilical hernia

After Dr Arpit Chopra Jain Modern Homoeopathy

Date: 15-Jun-2023 13:15:56

Central Lab Add: M-117, Vishwam Plaza, Opposite Railway Station, Indore Reg. Office: Central Path Labs Pvt. Ltd. Shop No. 29, Vishwam Complex, Indore, Madhya Pradesh - 452007

Powered by: CentralPath Labs

HOME COLLECTION OMEGA TOWER

Name: Ms. SNEHLATA POKHARNA Collected: 24-Aug-2022 09:11 PM
Lab No.: 302911614 Age: 62 Years Gender: Female Reported: 24-Aug-2022 09:16 PM
Alt Status: P Ref By: SELF Report Status: Final

CA - 19.9 (ELISA) 161.2 U/mL 0-35

before Treatment

Note:
1. This test is not recommended to screen Pancreatic cancer in the general population.
2. False negative/positive results are observed in patients receiving monoclonal antibodies for diagnosis or therapy.
3. This assay, regardless of level, should not be interpreted as absolute evidence for the presence or absence of malignant disease. This assay value should be used in conjunction with findings from clinical evaluation and other diagnostic procedures.
4. Persistently elevated CA 19-9 levels are usually indicative of progressive malignant disease and poor therapeutic response.

DISEASE	PERCENTAGE POSITIVITY OF CA 19.9
Pancreatic cancer	80
Hepatobiliary cancer	67
Gastric cancer	40-50
Hepatocellular cancer	30-50
Colorectal cancer	30
Breast cancer	15
Pancreatitis	10-20
Benign Gastrointestinal diseases	10-20

Disclaimers:
1. This test is not recommended to screen Ovarian cancer in the general population.
2. False negative/positive results are observed in patients receiving monoclonal antibodies for diagnosis or therapy.
3. This assay, regardless of level, should not be interpreted as absolute evidence for the presence or absence of malignant disease. This assay value should be used in conjunction with findings from clinical evaluation and other diagnostic procedures.
4. Persistently elevated CA 125 levels are usually indicative of progressive malignant disease and poor therapeutic response.

STAGE OF OVARIAN CANCER	PERCENTAGE POSITIVITY OF CA 125
Stage I	50
Stage II	90
Stage III & IV	>90

Disclaimers:
1. This test is not recommended to screen Pancreatic cancer in the general population.
2. False negative/positive results are observed in patients receiving monoclonal antibodies for diagnosis or therapy.
3. This assay, regardless of level, should not be interpreted as absolute evidence for the presence or absence of malignant disease. This assay value should be used in conjunction with findings from clinical evaluation and other diagnostic procedures.
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SHIVANI DIAGNOSTIC CENTRE

Pathology | Sonography | Digital X-Ray | Colour Doppler | ECG | Echocardiography | TMT

Small umbilical hernia

Impression:
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Incidental:
Small umbilical hernia

After Dr Arpit Chopra Jain Modern Homoeopathy

Date: 15-Jun-2023 13:15:56

SHIVANI DIAGNOSTIC CENTRE

Pathology | Sonography | Digital X-Ray | Colour Doppler | ECG | Echocardiography | TMT

LHD: 02057050 Modality: CT
Patient Name: SNEHLATA POKHARNA Study: ABDOMEN
Age: 62 Years Study Date: 23-Jun-2023
Sex: F Consultant: DR. ARPIT CHOPRA JAIN

CECT ABDOMEN

Indication: Known Ca Ovary on Follow-up

Technique: Thin 1mm reconstruction from volumetric data obtained on multislice CT scan through abdomen and pelvis. The images were analyzed in multiple planes at work station. Robust images were provided to patient along with the report. 50 cc intravenous 300 was injected intravenously. No intravascular contrast effects were reported. About 2L of diluted oral contrast was administered.

Findings:
Known Ca Ovary on Follow-up Post Chemo.
Uter is normal in size and outline. No obvious focal lesion seen. IUP is not dilated.
Gall bladder is normal in outline. No obvious wall pathology / calcification seen.
Pancreas and spleen are unremarkable.
Both kidneys are normal in outline with normal cortical enhancement pattern. No obvious hydronephrosis noted on either side. Bilateral adrenal glands are normal. Bilateral renal cortical cysts.
Retroperitoneal and abdominal great vessels show age related atherosclerotic thickening/calcifications.
No obvious abdominal / pelvic lymphadenopathy or soft tissue mass.
Pelvic region reveal normal urinary bladder.
Uterus shows normal morphology for age. The adnexal regions appear unremarkable.
Contrast filled bowel appear normal. No focal pleural effusion.
No lung nodules in visualized lung bases. No focal pleural effusion.
Mild multilevel degenerative changes are seen along the visualized spine.

Incidental:
Small umbilical hernia

After Dr Arpit Chopra Jain Modern Homoeopathy

Unipath SPECIALTY LABORATORY

Unipath Specialty Laboratory (India) LLP, 20/11 South Towers, Opposite Hotel Novotel, Sector 18, Gurgaon, Haryana 122002

TEST REPORT

Reg. No.: 2017000194 Reg. Date: 27-10-2017 Ref No.:
Name: Mrs. SNEHLATA POKHARNA, Apparent On: 27-Nov-2022 13:50
Age: 62 Years Gender: Female (Pass. No.): Collected On: 27-Nov-2022 02:37
Ref. By: Discharge At: DR. ARPIT CHOPRA JAIN
Location: SHIVANI DIAGNOSTIC CENTRE (4) INDORE Test No.:

Test Name: CA 19.9 Result: 161.2 U/mL 0.0-37.0

CA 19.9 (ELISA) 161.2 U/mL 0.0-37.0

After Dr Arpit Chopra Jain Modern Homoeopathy

SHIVANI DIAGNOSTIC CENTRE

Pathology | Sonography | Digital X-Ray | Colour Doppler | ECG | Echocardiography | TMT

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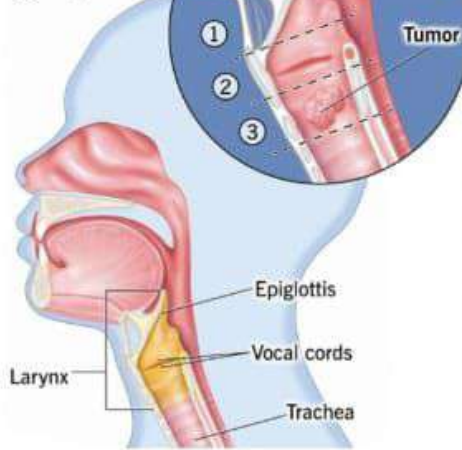
After Dr Arpit Chopra Jain Modern Homoeopathy

Date: 15-Jun-2023 13:15:56

Laryngeal Cancer

Possible cancer locations

- ① Supraglottis
- ② Glottis
- ③ Subglottis



कैंसर, फिड-नी, कोमा, सर्जरी एवं ऑटोइम्यून जैसे जटिल, लाइलाज, प्रत्याघ एवं अलंभव रोगों का स्वार्ड इलाज अब भारत में

संभव

आधुनिक अलंभव

आधुनिक सुपर स्पेशलिटी लॉसिंग होम्योपैथी प्रविष्टि पद्धति से

Mr. Mansukh Panwar
Vocal Cord Cancer Patient From Ujjain MP

CONSULTATION AVAILABLE: 0999752764, 9997098481, 200773781, 2007272 | 09754-87078

DR. T. S. CHOUDHARY
MD, DNB (ENT), FRCGS (ENT), FRCR (ENT), FRCR (Otolaryngology)

304 1st Floor, Krishna Tower, Opposite Curlew Hospital, Jansewala Charaka, New Palasia, Indore M.P.

CHOUDHARY ENT HOSPITAL
775, Kalyani Marg, Shastri Nagar
New L.P. B.A. Road, Panchajanya Ujjain
Ph: 0734-2014216

Patient Name: MANSUKH PANWAR
Patient ID: 2403
Age: 32 Yrs

Change Name: Date: 17-06-2023

LARYNX ENDOSCOPY REPORT:

- 1. ORAL CAVITY: NO
- 2. POST-PHARYNGEAL WALL: NO
- 3. VERTEBRAL: NO
- 4. TRACHEA: NO
- 5. EPIGLOTTIS: NO
- 6. A. E. F. FOLDS: NO
- 7. VOCAL CORDS: **C. Mildly thick**
- 8. PLEURAL SPACE: NO
- 9. POST-GLOTTIC AREA: NO
- 10. MEDIASTINUM: NO

EXAMINED: Large vocal mass seen

DATE: 17-06-2023

DR. T. S. CHOUDHARY
ENT Surgeon

before Treatment

Local Cord Larynx Cancer Patient Treated by Dr. Arpit Chopra Jain Paragya Modern Homoeopathy Indore

Panwar-(M/32 Yrs) http://10.10.211.120/Infol

GUJARAT CANCER & RESEARCH INSTITUTE
Civil Hospital Campus, Ahmedabad
LABORATORY SERVICES

Mansukh Rameshwar Panwar-(M/32 Yrs)
131843

Specimens of Unknown Origin - IHC1083/236/DHNUKOHISTOCHEMISTRY date

Test Parameters
Method: GCR1
Request No: B-2371/23
Date: 0 : 985 J
Date: 23/2/2023
Final Diagnosis: CA LARYNX
Histology: SPINDLE CELL TUMOR

AE1 (AE1/AE3) - Negative
P40 (ZK8) - Negative
P63 (4A4) - Negative
Desmin (D33) - Positive
SOX-10 (EP268) - Negative
CD34 (QBEnd/10) - Negative
Actin (HHF35) - Few cells Positive
S-100 (4CA.9) - Few cells Positive
H-Caldesman (h-CALD) - Negative
Myogenin (F3D) - Negative
MyoD1 (ZR262) - Diffuse stain
CD31 (JC/70A) - Negative

IHC staining performed on Ventana Benchmark XT auto immunostainer

Histomorphology show Polypoid lesion lined by ulcera squamous epithelium with submucosal spindle cell tumour with moderate nuclear pleomorphism Mitosis is evident (4-5/10hpf) atypical mitosis also seen Necrosis - Absent Although Above IHC show epithelial marker negativity sarcomatoid carcinoma is favoured over sarcoma.

Pathologist: DR. PRITI TRIVEDI

Signed by DR. PRITI P TRIVEDI at 07-Mar-2023 12:31 PM

before Treatment

DEPARTMENT OF RADIOLOGY
THE GUJARAT CANCER & RESEARCH INSTITUTE
(M. P. SHAH CANCER HOSPITAL) STATE CAMPUS
Civil Hospital Campus, Asarwa, Ahmedabad
Ph.: 079-22688000 (Hunting) 22688160, 22688162

Patient Name: MANSUKH PANWAR 32YRS Patient ID: A/131843
Study Date: 04-Feb-2023 Modality: CT
Accession Number: 2403 Age: 32
Referring Physician: B.NO-1095814-RAHULSINH Study: Throat
Clinical Profile: ? Ca. larynx Sex: M

CT SCAN OF PNS, NECK & THORAX

Lesion:
Presence of 8x8 mm sized mildly enhancing pedunculated soft tissue opacity involving vocal cord. P/o malignant involvement appears likely.

Presence of mucosal thickening is noted involving b/l maxillary sinus.

Both orbits and optic nerves appear normal. Pterygopalatine fossa & muscles ethmoid, sphenoids, frontal sinus appear normal. Nasal and Oral cavity upper oropharynx and hypopharynx appear normal. Epiglottis, AE folds and pyriform Post cricoid appears normal. Both lobes of thyroid gland appear normal. No lymphadenopathy on both sides. Major neck vessels on both sides appear normal. Trachea, main vessels appear normal. Both hila appear normal. No e/o lymphadenopathy or mediastinum. No e/o pleural effusion is seen on both sides. Lung window images appear normal. Bone window images appear normal. Upper abdominal images appear normal.

COMMENTS: Findings suggest p/o, Mildly enhancing pedunculated soft tissue involving right vocal cord as described above.

DR. HITESH RAJPURA
Prof and h/o dept. Of radiology, GCRI

DR. PREKSHA
Resident doctor

Before Treatment

N.B. : This is only a professional opinion and not the final diagnosis. MRI/CT is subject to variation with clinical findings and other investigations should be carried out to know the true nature of this

Mr. Mansukh Panwar (M/32 Yrs) on 23 Feb 2023 seen in ENT clinic with a complaint of hoarseness of voice since 10 days. He is a known case of vocal cord cancer.

CT Scan (16 Slice) 30V40 Scans of PNS, Neck & Thorax

Colour Doppler

CPG-DI & OR

Ventilation/Perfusion SPECT

Digital X-Ray

Digital Hysteroscopy

Endoscopic Biopsy

ENT, NEV

MRG 5Telsa
CT Scan (16 Slice)
30V40 Scans of PNS, Neck & Thorax
Colour Doppler
CPG-DI & OR
Ventilation/Perfusion SPECT
Digital X-Ray
Digital Hysteroscopy
Endoscopic Biopsy
ENT, NEV

AGRAWAL DIAGNOSTIC CENTRE
UJJAIN - INDORE

After Dr Arpit Chopra Jain M Paragya Modern Homoeopathy

NAME : MANSUKH PANWAR
REF BY : DR. RAJESH GOTHI
DATE : 17-06-2023

CT : NECK (CONTRAST) MRI SCREENING
Above study was performed on CT unit using standard protocols and appropriate copy documentation done.

OBSERVATIONS:
Follow up known case of vocal cord mass.
No obvious contrast enhancing lesion seen.

Base of tongue, laryngeal region, oropharynx and nasopharynx normally visualized. Prevertebral muscles are normal in morphology and thickness. Parapharyngeal spaces are bilaterally symmetrical showing normal intensity and outline.

Epiglottis and ary-epiglottic folds are normally visualized. Bilateral valleculae and pyriform sinuses are symmetrical and showing normal MR morphology. Supraglottic, glottic and infraglottic region are normally visualized. Laryngeal ventricle, True and false vocal cord and laryngeal cartilages are showing normal outline. No obvious mass or soft tissue is seen in the region of larynx.

Few subcentimetric lymphnodes seen.

Both the lobes of thyroid are normal in size and outline. No sizeable lesion is seen within the thyroid glands. Note is made of thickening in bilateral maxillary sinus and maxilla on right side.

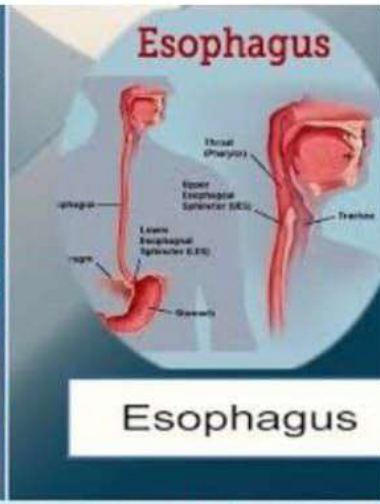
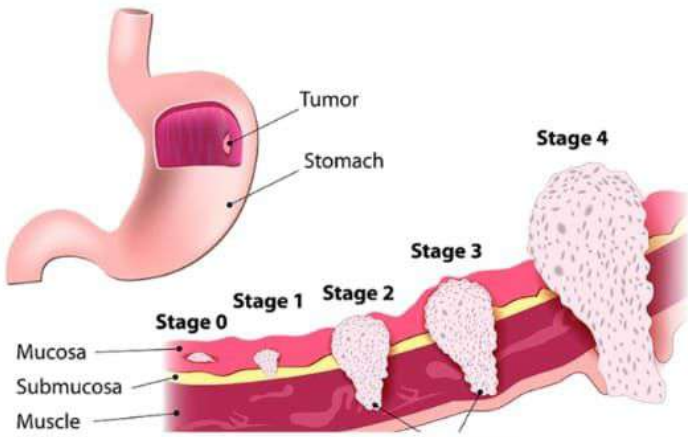
IMPRESSION: Follow up known case of vocal cord mass. No obvious contrast enhancing lesion seen.

Dr. Vijay Agrawal
Dr. Sahas Kumar
Dr. Sunita

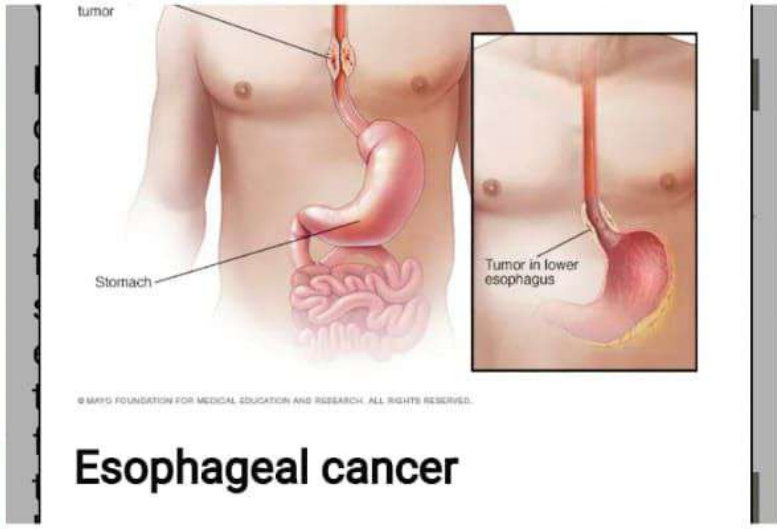
UJJAIN : 49, Kamla Highway M
Ph: 0734-2518144, 2525534
agrawal_diagnostic@yahoo.com

INDORE : 35-GF Scheme No. 54, Vijay Nagar,
Vijay Sagar Hotel Petrol Pump, MR-10, Indore-452 010
Ph: 2510882, 4045808 | 74150-75492

STOMACH CANCER



Stomach Carcinoma : FEB 23
 Moderately differentiated adenocarcinoma
 Wall thickening of body of stomach
 Measurment 34mm
 Multiple conglomerate lymph nodes.
 Largest measurment 28x26mm
 Dysphagia ⊕
 - Post op



Esophageal cancer



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

आरोग्य सुपर स्पेशलिटी माईन होमियोपेथी

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

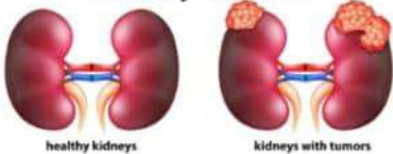
102, प्रथम मंजिल, कृष्णा टॉवर, क्योरवेल हॉस्पिटल के सामने, जंजीरवाला चौराहा, न्यू पलासिया, इन्दौर म.प्र.

99075 27914 संपर्क : 0731-4977076, 79999 78894

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



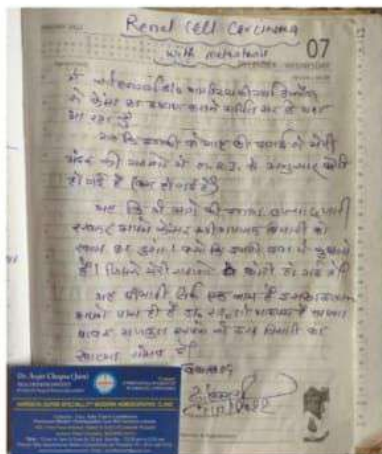
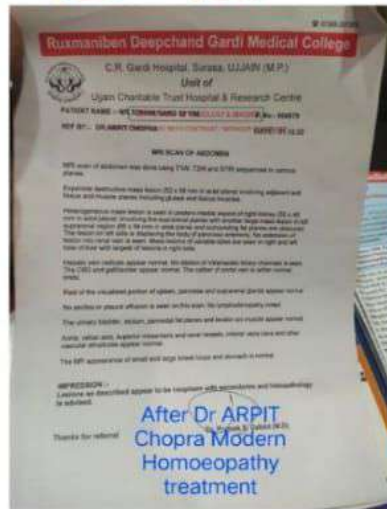
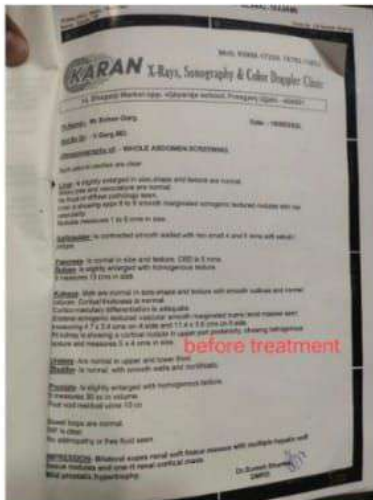
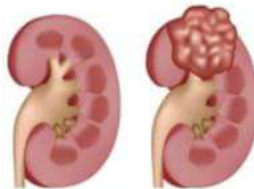
Kidney Cancer



healthy kidneys

kidneys with tumors

Kidney Cancer



केसर, किडनी फेलिचर, अस्पताल में गंभीर रूप से नर्ती मरिनों का उपचार, कोषा, शल्य चिकित्सा योग्य रोग, आंटी इम्प्यू रोग, नीचनपर बढ़ाई लेने वाले रोगों की रोकथाम एवं 300 प्रकार के असाध्य जटिल रोगों की चिकित्सा।

आरोग्य सुपर स्पेशलिटी माईन होमियोपेथी

कम्प्लिट, परमानेंट, इंग्री, सेफ, बायट एनड कॉन्ट इन्फिक्ट

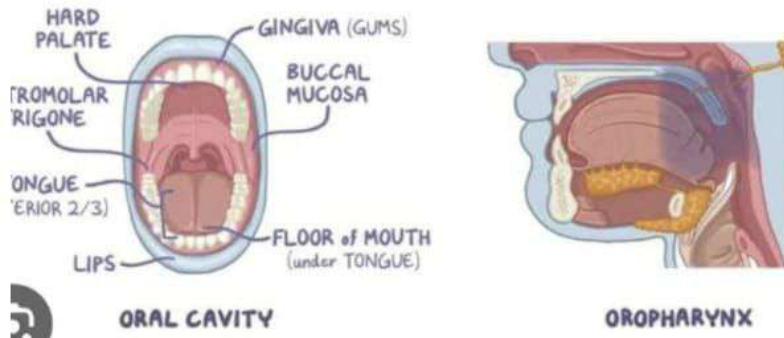
102, कृष्ण मंदिर, दुधम टॉवर, इन्दौरस इन्डिया के सभसे, बेसीकाल बीरगु, न्यू फार्मिड, इन्दौर म.स.

086175 27914, 086175 4977076, 79669 78884

www.homoeopathyindia.in | www.aarogyasuperclinicindia.com | Email: aarodh@aarodh.com

ORAL CANCER

ORIGINATE in the ORAL CAVITY



Post-OPERATED CASE OF MOUTH CANCER 3 years ago Post Radiotherapy 30 Cycles

100% Recurrence

Lesion measure :- 5x3cm (26/4/23)

Nodule in base of tongue - 6.5mm

2 lesion other :- Largest (1.1x0.8cm)

Enlarged 2 Node :- largest 5.77mm

Non-metastatic

Headache ⊕⊕⊕

Congestion ⊕

Advice 1 month

CA19-9
CA15-3
CEA

SEPT Neck
+ Hb 3 H & M
दवाई एक माह में बख्त करें।

No Return No Refund

Status/Condition/Prognosis/Explained

खाली दवाई की शीशियाँ व पत्रा साथ लावे

Appointment as per who come first at clinic | Ph. : 0731-4977076

Endocrine Laboratory and Research Centre Pvt. Ltd.

TEST REPORT PRINTED ON: 11-JUL-2023 6:23 PM

Patient : MR. RAVINDRA KUMAR VERMA Reg. No. : 2307109964

Age / Gender : 50 Y / MALE Reg. Date : 11-JUL-2023

Ref. By : Report Date : 11-JUL-2023

Associate / Lab : SHREE SANJEEVANI DIAGNOSTIC CLINIC INDORE

Parameter	Observed Value	Unit	Biological Reference Interval
CA 19-9	4.48	U/ml	0 - 27

Method: By Chemiluminescence

Parameter	Observed Value	Unit	Biological Reference Interval
CARCINO EMBRYONIC ANTIGEN	0.61	ng/mL	Less than 5.0

Method: By Chemiluminescence

Interpretation: Smoker May have marginally higher CEA values.

Parameter	Observed Value	Unit	Biological Reference Interval
CA 15-3	12.14	U/ml	0 - 32.4

Method: By Chemiluminescence

End of Report

Dr. Ramesh Thakur
MD (PATHOLOGIST)

After Dr Arpit Chopra Jain Modern Homeopathy

मॉडर्न होम्योपैथी

Baby Advika Pathak (Blood Cancer)

Pooja Laskeri (Spinal Cell Cancer)

All Types Of Cancer & More Cured By

CANCER

ARUNO SUPER SPECIALITY MODERN HOMEOPATHY CLINIC

अरुणो सुपर स्पेशलिटी मॉडर्न होमियोपैथी क्लिनिक

अरुणो सुपर स्पेशलिटी मॉडर्न होमियोपैथी क्लिनिक

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 होमियोपैथी

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

MODERN HOMEOPATHY

COMPLETE CURE. EASY. SAFE. FAST & COST-EFFECTIVE



pink



Colorectal Cancer

Rectal / Colorectal Cancer

CANCER CURED WITHOUT SURGERY

सर्वसेस स्टोरी

मॉडर्न होमियोपैथी से

Dr. Arpit Chopra

Rectal Cancer Carcinoma resected by Dr Arpit Chopra Modern Homeopathy

Dr Arpit Chopra's SuperSpecialty Homeopathic - 372 views - 10 months ago

Rectal Cancer Carcinoma resected by Dr Arpit Chopra Modern Homeopathy

Dr Arpit Chopra's SuperSpecialty Homeopathic - 70 views

After Dr Arpit Chopra Jain Modern Homeopathy

After Dr Arpit Chopra Jain Modern Homeopathy

After Dr Arpit Chopra Jain Modern Homeopathy

Easy, Safe, Fast & Cost Effective

सर्वसेस स्टोरी

SPECIALTY MODERN HOMEOPATHY

Best CANCER of any type, any stage & METASTASIS CURED BY DR ARPIT CHOPRA JAIN

डॉ. अर्पित चोपड़ा, अत्याधुनिक तरीके से कैंसर, ब्लॉक, हार्मोनल इत्यादि का उपचार करके रोगी को स्वस्थ कर देते हैं।

Rectal adenoma: Feb 20

Moderately differentiated adenocarcinoma

Polt R/ cells: 28 cycles

Polt CR: ORAL FORM

Rectal thickening yealaku 15x15mm (28/7/23)

Multiple lymph nodes in the pelvis wall phlebectasis, melanin/melanoblasts largest yealaku 15x15mm

Hb: 6.9 (Feb 23)

N/O - SM Type II (an Ayurvedic r/)

N/A: 9.6 (Feb 23)

शुद्धी करके रोगी को स्वस्थ कर देते हैं।

आप ही पहले आएं, हमें फोन पर बताएं।

Ph: 9731-43776

KIMS-KINGSWAY HOSPITALS

DEPARTMENT OF PATHOLOGY

REPORT NO: KIMS/2023/000000

DATE: 28/07/2023

TIME: 10:00 AM

TEST: HEMATOLOGY

RESULT: Hemoglobin: 6.9 g/dL (FEB 23)

Hematocrit: 21.5% (FEB 23)

MCV: 80.4 fL (FEB 23)

MCH: 27.0 pg (FEB 23)

MCHC: 33.6 g/dL (FEB 23)

RBC Count: 4.2 million/mm³ (FEB 23)

WBC Count: 12.5 million/mm³ (FEB 23)

Platelet Count: 150,000/mm³ (FEB 23)

DIFFERENTIAL WBC COUNT:

- Neutrophils: 75%
- Lymphocytes: 15%
- Monocytes: 5%
- Eosinophils: 3%
- Basophils: 2%

DR. ARPIT CHOPRA

CHADAK DIAGNOSTIC AND RESEARCH CENTRE

Address: No. 20 to 22, The 1st Floor, Near Bazar Chok, Bazar Post, Jalandhar, Punjab, India, PIN-191001

PROFIT SHARE: MR. ARPIT CHOPRA 43% MR. M. 57%

CONTACT: MR. ARJUN CHOPRA 9800311100

EXAMINATION REPORT

MR. M. (FEB 23)

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Ph: 9731-43776

VERRUCOUS CARCINOMA



ORAL VERRUCOUS CARCINOMA (OVC)

ORAL VERRUCOUS CARCINOMA (OVC) IS A RARE TUMOR WHICH REPRESENT ONLY 3%–4% OF ORAL CARCINOMAS. IT IS A NONMETASTASIZING VARIANT OF WDSCC, WHICH OFTEN PRESENTS AS AN EXOPHYTIC, WARTY TUMOR.



Dr Lal PathLabs

Name: SUNANDA BHAPKAR
 Lab No.: 38825145
 Ref By: ARPIT CHOPRA MD
 Collected: 14/5/2023 1:27:50PM
 A/c Status: P
 Collected at: BHAFAL CC-84

Age: 51 Years
 Gender: Female
 Reported: 11/5/2023 5:44:16AM
 Report Status: Final
 Processed at: LPL-NATIONAL REFERENCE LAB
 National Reference Laboratory, Block F,
 Sector 18, Noida, New Delhi-201305

Test Name	Results	Units	Bio. Ref. Interval
CEA: CARCINO EMBRYONIC ANTIGEN, SERUM (CMA)	0.03	ng/ml	<3.00

Interpretation

REFERENCE GROUP	REFERENCE RANGE IN ng/ml
Non-Smokers	< 3.00
Smokers	< 5.00

Note

- This test is not recommended for cancer screening in the general population.
- False negative / positive results are observed in patients receiving massive resectional surgeries for diagnosis or therapy.
- Patients with confirmed carcinoma may show normal or elevated CEA levels. However, the normal range of level should not be interpreted as absence of evidence for presence or absence of malignant disease. The assay value should be used in conjunction with imaging, histology, clinical evaluation and other diagnostic procedures.
- Periodically elevated CEA levels are usually indicative of progressive malignant disease and poor therapeutic response.
- The concentration of CEA in a given specimen, determined with assays from different manufacturers, may not be comparable due to differences in assay methods, collection, and reagent composition.

Clinical Use

- Monitoring patients with Colorectal, Gastrointestinal and other malignancies.
- Diagnosis of occult metastases in patients with primary malignancies.

After Dr Arpit Chopra Jain Modern Homoeopathy

Dr Lal PathLabs

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 National Reference Laboratory, Block F,
 Sector 18, Noida, New Delhi-201305

Test Name	Results	Units	Bio. Ref. Interval
CA 153: BREAST CANCER MARKER, SERUM (CMA)	0.00	U/ml	<25.00

Note

- This test is not recommended to screen breast cancer in the general population.
- False negative / positive results are observed in patients receiving massive resectional surgeries for diagnosis or therapy.
- Patients with confirmed breast cancer may show normal or elevated CA 153 levels. However, the assay, regardless of level, should not be interpreted as absolute evidence for the presence or absence of malignant disease. The assay value should be used in conjunction with imaging, histology, clinical evaluation and other diagnostic procedures.
- The concentration of CA 153 in a given specimen, determined with assays from different manufacturers, may not be comparable due to differences in assay methods, collection, and reagent composition.

Clinical Use

- As an aid in the management of breast cancer patients, it is useful in monitoring therapy and progression in Metastatic Breast Cancer patients. A significant increase in levels is seen in at least 25% and sometimes with disease progression in 50% of the patients. A decrease of at least 25% in levels compared with progression of the disease in 10% of patients.
- Should not be used in patients with benign breast conditions.

After Dr Arpit Chopra Jain Modern Homoeopathy

Oral verrucous hyperplasia (OVH) may be a precursor lesion of oral verrucous carcinoma (OVC) and it resembles oral VC both clinically and histopathologically. [1] OVC is a rare variant of oral squamous cell carcinoma (OSCC), first described by Ackermann, and henceforth also known as Ackermann's

Dr Lal PathLabs

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 Gender: Female
 Reported: 11/5/2023 5:44:16AM
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 National Reference Laboratory, Block F,
 Sector 18, Noida, New Delhi-201305

Test Name	Results	Units	Bio. Ref. Interval
CA 19.9 (PANCREATIC CANCER MARKER, SERUM (CMA))	33.00	U/ml	<37.00

Note

- This test is not recommended to screen Pancreatic cancer in the general population.
- False negative / positive results are observed in patients receiving massive resectional surgeries for diagnosis or therapy.
- This assay, regardless of level, should not be interpreted as absolute evidence for the presence or absence of malignant disease. The assay value should be used in conjunction with imaging, histology, clinical evaluation and other diagnostic procedures.
- Periodically elevated CA 19.9 levels are usually indicative of progressive malignant disease and poor therapeutic response.
- The concentration of CA 19.9 in a given specimen, determined with assays from different manufacturers, may not be comparable due to differences in assay methods, collection, and reagent composition.

Clinical Use

- As an aid in the management of Pancreatic Cancer patients, it is useful in monitoring therapy and progression in Pancreatic Cancer patients.

After Dr Arpit Chopra Jain Modern Homoeopathy

डॉ. अर्पित चौपड़ा (जैन)
एच. डी. होम्योपैथी
जटिल, असाध्य एवं
अपार लक्षण रोगों के

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 होमियोपैथी

स्वास्थ्य सुधार के लिए श्रेष्ठ चिकित्सा का उपयोग

कैंसर, किडनी, कोमा, सर्जरी एवं ऑटोइम्यून जैसे
जटिल, लाइलाज, असाध्य एवं असंभव रोगों का स्टाई इलाज अब
भारत में



आरोग्य सुपर स्पेशलिटी
मॉडर्न होम्योपैथी चिकित्सा
पद्धती से

Mr. Dinesh Ludhwani ji
Patient Cancer From Ujjain MP

ONLINE CONSULTATION AVAILABLE : @9907527914, 7999978894, 9713037737, 9713092737 @0731-4977076

WWW.AAROGYAHOMOEOPATHYINDORE.COM/HOMOEOPATHY.CURE.IN

प्रोफे. डॉक्टर अर्पित चोपड़ा जैन
एम. बी. होम्योपैथी
क्रिटिकल एवं सर्जिकल टिमीन स्पेशलिस्ट

What hard palate cancer looks like



Handwritten notes:
Klejo
Carcinoma hard palate
- Med. differentiated Squamous
- Palt. CT & Rt. side
(5cm x 3.5cm)
- Helian Meakul 4/3/21
- Patient on R-T feeding
H/O - DM Type II : 2000 (H)
(Insulin dependent)
H/O - chronic tobacco etc

CHOITHRAM HOSPITAL & RESEARCH CENTRE
NABH Accredited

DEPARTMENT OF NUCLEAR MEDICINE & MOLECULAR PET-CT IMAGING

NAME : MR. DINESH LUDHWANI AGE: 52 Yrs
REFERRED BY: DR. RAJESH TARAN DATE: 28-03-22

PET-CT (Head to Neck)

Clinical history: 52 year old male, diagnosed case of carcinoma hard palate, post chemotherapy and radiotherapy, for evaluation.

Technique: 18.3 mCi of ¹⁸F-FDG is injected intravenously to patient after 6 hours of fast. After 60 min of injection, patient was scanned on dedicated 16 slice PET-CT (GE-Discove). Standard uptake values (SUV) normalized to body weight obtained over lesions. Fasting blood glucose level at the time of injection was 113 mg/dl.

Verax phase CT scan was obtained as part of PET-CT protocol as a metabolic CT with 3.5 mm slice thickness with oral and intravenous contrast injection.

Findings:
Head: Ventricles and CSF spaces are unremarkable. No mass effect or midline shift is noted. There is no abnormal enhancement. Normal skull base of metabolic activity is noted intracranially.
Neck: Previously seen heterogeneously enhancing mass lesion in left side hard-soft palate with erosion of underlying hard palate has slightly reduced in size and metabolic activity, now measures approximately 4.3 x 4.3 cm (SUV max present is 3.2 and previous was 12.5). Now measures approximately 4.3 x 4.3 cm (SUV max present is 3.2 and previous was 12.5). Superiorly mass lesion eroded the left pyriform plate and is also seen extending into pyriform sinus. Superiorly mass lesion crosses the midline. Laterally maxillary fissure with the asymmetric widening. Mass lesion crosses the midline. Laterally maxillary fissure with the asymmetric widening. Anteriorly mass lesion is seen infiltrating into left side nasal cavity. Posteriorly mass lesion involves the entire soft palate with involvement of bilateral lateral pharyngeal wall and also suspicious involvement of right side palmar glottal bed.
Previously seen bilateral level II cervical lymph nodes have reduced in size, number and metabolic activity, the largest on right side now measures subcentimetric in size (SUV max present is 2.4 and previous was 5.8).

Before Treatment

CHOITHRAM HOSPITAL & RESEARCH CENTRE
NABH Accredited

DEPARTMENT OF NUCLEAR MEDICINE & MOLECULAR PET-CT IMAGING

NAME : MR. DINESH LUDHWANI AGE: 52 Yrs
REFERRED BY: DR. SUTRISH CHAWLA DATE: 5-04-22

PET-CT (Head to Neck)

Clinical history: 52 year old male, diagnosed case of hard palate, post chemotherapy and radiotherapy, for evaluation.

Technique: 8.20 mCi of ¹⁸F-FDG is injected intravenously to patient after 6 hours of fasting. After 60 min of injection, patient was scanned on dedicated 16 slice PET-CT (GE-Discove). Standard uptake values (SUV) normalized to body weight obtained over lesions. Fasting blood glucose level at the time of injection was 102 mg/dl.

Verax phase CT scan was obtained as part of PET-CT protocol as a metabolic CT with 3.5 mm slice thickness with oral and intravenous contrast injection.

Findings:
Head: Ventricles and CSF spaces are unremarkable. No mass effect or midline shift is noted. There is no abnormal enhancement. Normal skull base of metabolic activity is noted intracranially.
Neck: Lesion is noted in posterior part of hard palate and soft tissue with direct communication between nasal cavity and oral cavity is noted.
Now FDG avid soft tissue density is noted in bilateral maxillary and ethmoid sinus suggestive of sinusitis.
Right left lateral pyriform muscle is noted.
Now FDG avid few subcentimetric sized bilateral level II and left level III cervical lymph nodes are noted.
Subglottic stenosis is noted in subglottic region. Post radiotherapy changes.
Harms: Ryle's tube is seen in situ with tip in the stomach.
Lungs are clear. Heart and mediastinal structures are unremarkable. There is no peritoneal and pleural effusion.

After Dr Arpit Chopra Jain Modern Homoeopathy

CHOITHRAM HOSPITAL & RESEARCH CENTRE
NABH Accredited

DEPARTMENT OF NUCLEAR MEDICINE & MOLECULAR PET-CT IMAGING

Findings & notes: Multiple small gall bladder calculi are seen. Cholelithiasis.
Liver, spleen, pancreas, bilateral adrenal and kidneys are unremarkable.
Osseous: No focal abnormal FDG uptake is noted in visualized bones.

COMMENTS: - 52 year old male, diagnosed case of hard palate, post chemotherapy and radiotherapy, for evaluation.

- Defect is noted in posterior part of hard palate and soft tissue with communication between nasal cavity and oral cavity is noted.
- Now FDG avid soft tissue density is noted in bilateral maxillary and ethmoid sinus suggestive of sinusitis.
- Now FDG avid few subcentimetric sized bilateral level II and left level III cervical lymph nodes are noted.
- No evidence of metabolically active disease noted superiorly also in the present examination.

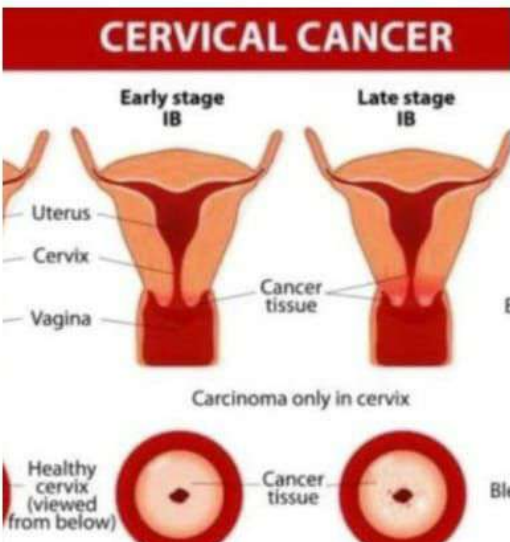
As compared to previous PET-CT scan dated 28.03.2022:

- Previously seen increased metabolic activity in hard and soft palate on left side has slightly reduced in size and metabolic activity.
- Bilateral cervical lymph nodes has reduced in size and are no longer considered on the present scan.
- No new lesions are noted.

DR. SUSHMITA JAIN, MD
MCh, Dept. of Radiotherapy

DR. ARJUN CHAWLA, MD, DNB
Consultant, NABH and PET-CT

After Dr Arpit Chopra Jain Mode Homoeopathy



1 cancer stages. |

Cervical Cancer
RECENTLY DIAGNOSED
CHRONIC
PROBLEM SOLVED

सुखसिंह स्टोरी
मांढर हॉस्पिटल पीजी के डॉक्टर

Aarogya Super Speciality ...
CERVICAL CERVIX CANCER ...

कैंसर का इलाज

- धरती नहीं
- मोहन होमियोपैथी से
- सभी प्रकार के

• कैंसर का इलाज संभव है

• कैंसर CANCER of Many types...

गर्भाशय कैंसर के लक्षण और उपचार

CERICAL CANCER
CARCINOMA CERVIX
Treatment

Success Story
Dr Arpit Chopra

Aarogya Super Speciality Modern Homeopathy Clinic

YouTube
CERVICAL CANCER CARCIN...

Cervical Cancer

महिलाओं में होने वाला निरास नहीं हो, इलाज

YouTube
Cervical Cancer Treatment

शरीर, प्रसन्न होकर ही तो उपचार संभव है। शरीर को स्वस्थ करने के लिए उपचार संभव है।

CERVIX
Klefo UTERINE Cancer April 2023

Had 2 cycles of chemotherapy

Metastases

Post Gastrectomy

NJ placement in uterus

D&C

Duodenum lesion - 13mm

Cervix lesion - 3.1x3.4x4.3cm

Left adnexal cystic - 9x33mm

Enlarged LN Node

Mild laparotomy

Blood pressure Low

Fever 2 days

Patient admitted in Hospital

Burning in micturition

Not to give any drugs in Chemotherapy

Status/Condition/Prognosis Explained

खाली दवाई की बीमारियां व पर्याप्त साक्ष्य

No Return No Refund

Ph: 0731-4977076

Before Treatment

DNS HOSPITALS
New Health, Our Mission

NAME	KUNKUN NATANI	AGE / SEX	50Y/F	ID - 49159
REF BY	DR. ANAND JAIN	DATE OF SCAN	07.06.23	
CONSULTANT	DR. ANAND JAIN	DATE OF REPORT	08.06.23	

DEPARTMENT OF NUCLEAR MEDICINE AND PET-CT

Indication: Carcinoma cervix with metastasis causing GGO and distended abdomen, right IJDC3 + IJDC4 partly post Gastrectomy + IJDC5 + NJ placement + IJDC6 + IJDC7 for evaluation.

Study protocol:

Multi slice CT scan from vertex to mid thigh (NECT) performed using dedicated PET-CT scanner one hour after injection of 18F FDG. Reconstructed in multiple planes and evaluated in coronaric window. Semi quantitative assessment of the FDG uptake was done by calculating SUV.

With the patient fasting for 6 hours, a 10 to 15 mg of F18 FDG was injected intravenously and 30 PET/CT scan was performed after 45-60 minutes post IJDC injection.

PET-CT FINDINGS:

HEAD AND NECK:

Brain parenchyma shows normal physiological tracer distribution. The extra and intra cranial lesions parenchyma appears normal. No focal lesion/FDG uptake is seen. No metabolically active focal abnormality noted.

Glenn. All levels maximum may not be apparent on a PET-CT scan and on MRI scan in posterior view slightly inferiorly.

Paranasal sinuses, mastoid air cells, middle ear and Eustachian tube is normal. Major salivary gland appears unremarkable.

No abnormal FDG avid lymph nodes are seen in cervical region.

THORAX:

The heart and mediastinal vascular structures are normal in architecture and well opacified with IV contrast.

Trachea and main bronchi appear unremarkable.

No Pleural effusion is seen.

Page 1 of 4

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No abnormality and abnormal FDG uptake is noted in left lung parenchyma.

Mediastinal lymph nodes: FDG avid R/L upper paratracheal, R/L lower paratracheal, right paravascular, subcarinal, para-aortic and left paratracheal lymph nodes noted. Largest measuring 8mm in MSD, SUV max 2.8.

R/L breast and bilateral axillary region appear unremarkable.

ABDOMEN/ELITE/RETROPERITONEUM AND PELVIS:

Post Gastro-jejunostomy status noted with metallic clips in situ. An FDG avid conglomerate wall thickening noted in the pylorus and D1 of duodenum causing luminal compromise in this segment and proximal dilatation of stomach (max. thickness of this lesion is ~13mm, SUV Max 2.5).

Less than 100% SUVs noted in the liver parenchyma. No abnormal FDG avid lesion and uptake is noted.

Spleen FDG uptake is normal.

Gall bladder is visualized. No significant metabolically active abnormalities were noted in the gall bladder.

The stomach, pancreas and bilateral adrenal do not demonstrate any abnormality.

The small and large bowel loops appear normal in caliber and fold patterns with physiological FDG avidity.

Left kidney appears normal in shape, size and FDG uptake. Normal range obstruction is seen.

No hyperdense calculi and hydronephrosis noted.

Urinary bladder is unremarkable and shows normal physiological tracer distribution.

Few FDG avid right common iliac and right internal iliac lymph nodes are seen largest in lesion in MSD(SUV max 2.8). No other obvious FDG avid retroperitoneal lymph nodes noted.

Mildly laparotomy status noted with mild inflammatory activity.

FDG avid soft tissue density lesion measuring 3.1AP x 3.4TR x 4.3CC cm involving the right lateral and posterior wall of cervix, lower part of uterus and

Page 2 of 4

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**Images attached - Endoscopy evaluation and IJDC suggested for FDG avid upper GI tract lesion. FDG avid lesion in cervix - site of primary and metastatic FDG avid right common iliac, internal iliac lymph node and Right IJDC3.

Dr. Anand JAIN
Senior Consultant (MD), DM, DNB (RADIOLOGY)
Suggested: Clinical and other investigations correlates. This report is for diagnostic use only and is not valid for medical/legal purposes.

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After Dr Arpit Chopra Jain Modern Homeopathy

DNS HOSPITALS
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NAME	KUNKUN NATANI	AGE / SEX	50Y/F	ID - 49159
REF BY	DR. ANAND JAIN	DATE OF SCAN	07.06.23	
CONSULTANT	DR. ANAND JAIN	DATE OF REPORT	08.06.23	

DEPARTMENT OF NUCLEAR MEDICINE AND PET-CT

Indication: Metastatic Carcinoma cervix with baseline GGO; post laparotomy + IJDC + cytotoxicity + IJDC starting post 24 TP for evaluation. Previous PET-CT scan done on 07.06.23

Study protocol:

Multi slice CT scan from vertex to mid thigh (NECT) performed using dedicated PET-CT scanner one hour after injection of 18F FDG. Reconstructed in multiple planes and evaluated in coronaric window. Semi quantitative assessment of the FDG uptake was done by calculating SUV.

With the patient fasting for 6 hours, a 10 to 15 mg of F18 FDG was injected intravenously and 30 PET/CT scan was performed after 45-60 minutes post FDG injection.

PET-CT FINDINGS:

HEAD AND NECK:

Brain parenchyma shows normal physiological tracer distribution. The extra and intra cranial lesions parenchyma appears normal. No focal lesion/FDG uptake is seen. No metabolically active focal abnormality noted.

Glenn. All levels maximum may not be apparent on a PET-CT scan and on MRI scan in posterior view slightly inferiorly.

Paranasal sinuses, mastoid air cells, middle ear and Eustachian tube is normal. Major salivary gland appears unremarkable.

No abnormal FDG avid lymph nodes are seen in cervical region.

THORAX:

The heart and mediastinal vascular structures are normal in architecture and well opacified with IV contrast.

Page 1 of 3

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Trachea and main bronchi appear unremarkable.

No Pleural effusion is seen.

No abnormality and abnormal FDG uptake is noted in left lung parenchyma.

No abnormal FDG avid mediastinal lymph nodes noted (PREVIOUSLY SEEN FDG AVID MEDIASTINAL LYMPH NODES ARE NOT SEEN IN CURRENT SCAN)

R/L breast and bilateral axillary region appear unremarkable.

ABDOMEN/RETROPERITONEUM AND PELVIS:

Less than 100% SUVs noted in the liver parenchyma. NO abnormal FDG avid lesion and uptake noted.

Spleen FDG uptake is normal.

Gall bladder is visualized. No significant metabolically active abnormalities were noted in the gall bladder.

Post Gastro-jejunostomy status noted with no abnormal FDG avid lesion in the pylorus.

The pancreas and bilateral adrenal do not demonstrate any abnormality.

The small and large bowel loops appear normal in caliber and fold patterns with physiological FDG avidity.

Both kidneys appear normal in shape, size and FDG uptake. Normal range obstruction is seen.

No hyperdense calculi and hydronephrosis noted.

R/L D1 about 1.5cm in size.

PREVIOUSLY SEEN RIGHT COMMON ILLAC AND RIGHT INTERNAL ILLAC LYMPH NODES ARE NOT SEEN IN CURRENT SCAN

PREVIOUSLY SEEN METABOLICALLY ACTIVE LESION IN CERVIX, LOWER PART OF UTERUS AND UPPER PART OF VAGINA IS NOT SEEN IN CURRENT SCAN

Urinary bladder is unremarkable and shows normal physiological tracer distribution.

External genitalia appear unremarkable.

Page 2 of 3

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Musculoskeletal system:

No other abnormal FDG and lytic/sclerotic lesion is seen.

Degenerative changes seen in lumbar vertebrae.

No other abnormal FDG avid lesions/uptake noted in scanned region.

Impression: In a case of metastatic CARCINOMA cervix with baseline GGO; post laparotomy + GJ + cytotoxicity + DJ starting post 24 TP for evaluation PET-CT scan reveals -

Post Gastro-jejunostomy status noted with no abnormal FDG avidity in the post-op stomachomegaly.

R/L IJDC noted in situ.

As compared to previous PET-CT dated 7/6/23, PREVIOUSLY SEEN EIGHT COMMON ILLAC AND RIGHT INTERNAL ILLAC LYMPH NODES ARE RESOLVED (PREVIOUSLY SEEN METABOLICALLY ACTIVE LESION IN CERVIX, LOWER PART OF UTERUS AND UPPER PART OF VAGINA IS RESOLVED) ...

The present scan shows complete resolution of the pre-existing lesions and no new metastatic site is detected - COMPLETE METABOLIC RESPONSE as per PERCENT and BORTIC criteria.

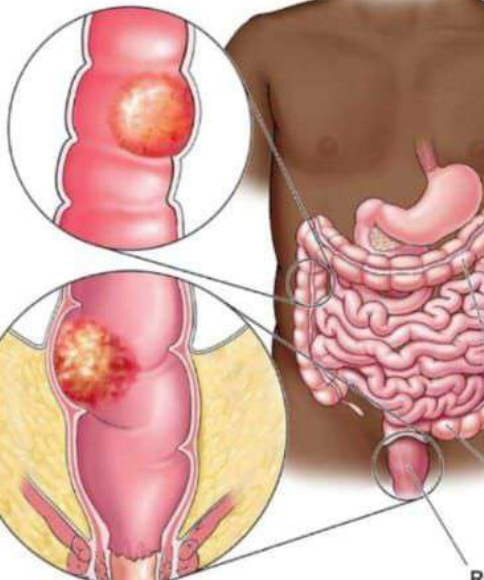
**Images attached

Dr. Anand JAIN
MD, DM (Nuclear Medicine)
Suggested: Clinical and other investigations correlates. This report is for diagnostic use only and is not valid for medical/legal purposes.

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Colorectal Cancer



Rectal Cancer

Rectal / Colorectal Cancer

CANCER CURED WITHOUT SURGERY



Mrs. Sarita Jain Indore

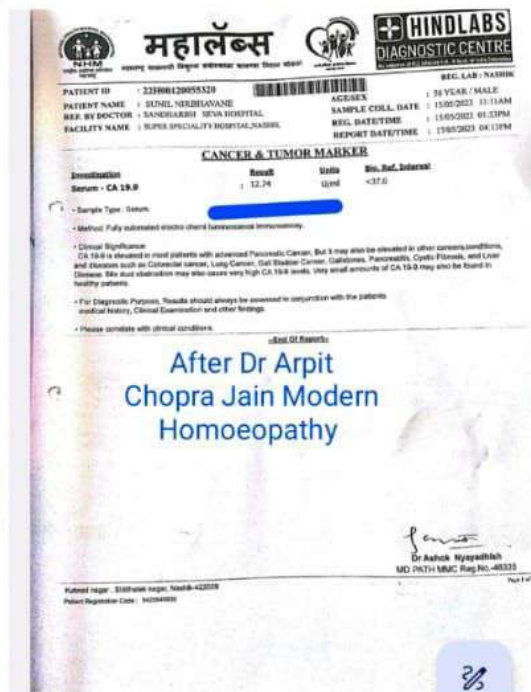
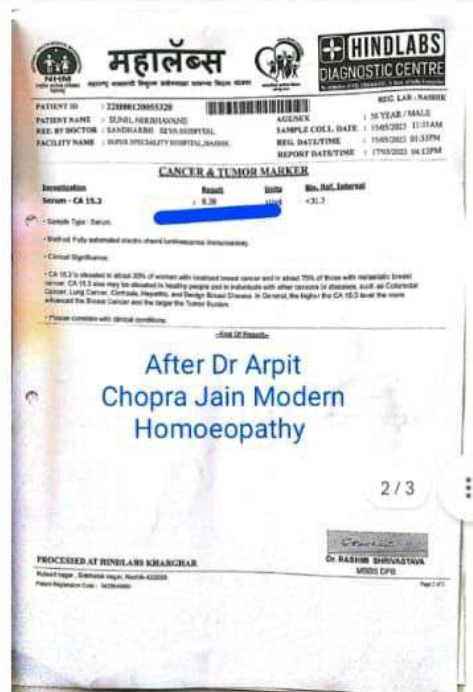
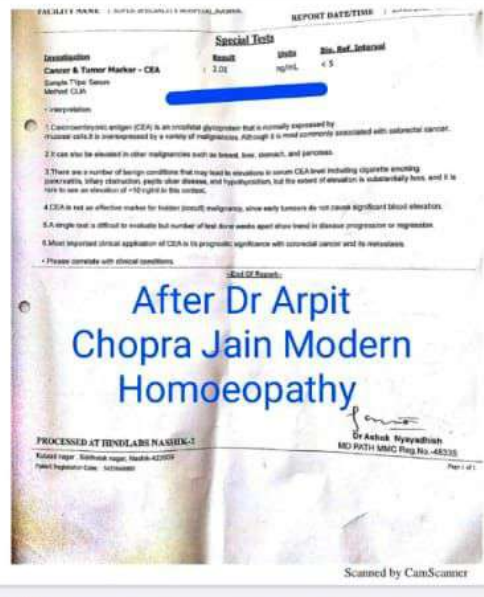
सक्सेस स्टोरी
मॉडर्न होमियोपैथीके. 23:31



I am Vijaykumar Cakeja. I live near K...

Colorectal Cancer Cured | Success Story | Dr. Arpit Chopra...
Chopra's SuperSpecialty
ModernHomoeopathic · 372 views · 10 months a...

Rectal Cancer Carcinoma res...
Dr Arpit Chopra Modern Homo...
Dr Arpit Chopra's SuperSpecialty
ModernHomoeopathic · 70 views ·



Kp/O IHD : 2012 18/04/23

EF-20% (15/5/23) (on Anti-ogru)

Δ MODERATELY DIFF. ADENOCARCINOMA OF RECTUM (thickness)

CONSTITUTION ⊕⊕ - 8 months

Metastatic - 1.6x1.4cm ; 0.4x0.2 (Liver)

Enlarged LNods: - 1.2x1cm (11/02/23)

CEA- 3.05 (11/2/23)

Occasional Bleeding (H/o Anal fistula)

PAIN ⊕⊕⊕ (Lower abdomen)

Status/Condition/Prognosis/Explained

काशी दवाई की शीलियाँ व पत्रों साथ जगते

No Return No

Simple, Easy, Safe, Fast & Cost Effective

सक्सेस स्टोरी

SPECIALITY MODERN HO...

ARMADA P. GAUR, FATIMA KHAN, ARPIYA ANSARI, PARAS RAM GOUD, POOJA LASKAR, KULDEEP BHARMA

CANCER

Title
कैंसर CANCER of any type, any stage & METASTASIS CURED BY DR ARPIT CHOPRA JAIN

कैंसर, किडनी फेलियर, अस्पताल भर्ती मरिजों का उपचार, कोमा, शल्य चिकित्सा आदि उच्चतम रोग जीवन्मृत दवाई लेने वाले

Buccal Mucosa Cancer

Symptoms of Buccal Mucosa Cancer



For pain... Weight loss
Report Release Date: 06-10-2023 06:33:06

CA 19-9	Observed Value	Unit	Reference Interval
1 CA 19-9 Sera, Methyl CEA	14	U/mL	<37 U/mL

Interpretation
Cancer antigen 19-9 (CA 19-9) is a protein that exists on the surface of certain cancer cells. CA 19-9 is elevated in 70% to 95% of people with advanced pancreatic cancer. It may also be elevated in other cancers, conditions, and diseases such as colorectal cancer, lung cancer, gallbladder cancer, bile duct obstruction (e.g., gallstones, pancreatitis, cystic fibrosis), and liver disease. Small amounts of CA 19-9 are present in the blood of healthy people.

CA15-3	Observed Value	Unit	Reference Interval
2 CA15-3 Sera, Methyl CEA	12.6	U/mL	<30

Interpretation
Cancer antigen 15-3 (CA 15-3) is a protein that is produced by normal breast cells. CA 15-3 concentrations tend to increase as the cancer grows. Mild to moderate elevations of CA 15-3 are seen in a variety of conditions, including cancer of the lung, pancreas, ovary, prostate, and colon as well as cirrhosis, hepatitis, and benign breast disorders and in a subset percentage of apparently healthy individuals.

CEA	Observed Value	Unit	Reference Interval
3 CEA Sera, Methyl CEA	0.7	ng/mL	0 to 5

Interpretation
Carcinoembryonic antigen (CEA) is a protein present in certain tissues of a developing baby (fetus). CEA is used as a diagnostic and prognostic marker of colorectal cancer and few other malignancies. A steadily rising CEA level is often the first sign of tumor recurrence. On initial testing, people with smaller and early-stage tumors are likely to have a normal or only slightly elevated CEA value. People with larger tumors, later-stage cancer, or tumors that have spread throughout the body are more likely to have a high CEA value.

Fat density and metallic clips are seen in floor of mouth on left side with fat density extending in the posterior part of oral cavity on left side and adhered with left half of the posterior one third of the tongue and the left retromolar trigone-consistent with postoperative changes.

Left submandibular and sublingual glands not identified possibly postoperative changes.

Minimal bilateral pneumoperitid with air also seen in both parotid ducts.

Mild thickening of both vocal cords and both aryepiglottic folds showing homogeneous postcontrast enhancement and causing mild luminal compromise possibly represent post RT changes.

Included intracranial substances, orbits, and paranasal sinuses are grossly unremarkable.

Nasopharynx grossly unremarkable.

Thyroid gland looks grossly unremarkable.

Scattered bilateral jugulo-digastric lymph nodes are present however, none are pathologically enlarged.

Visualized included lung apices are grossly clear and no acute osseous abnormality detected.

Mild inflammatory mucosal thickening in bilateral maxillary sinuses.

Contd... 2

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Critical & Last Stage diseases, ICU & Hospitised Patient's Cases, Surgical Cases, Muscular Dystrophy, Auto Immune Disease, Cancer, Coronary Artery, Parkinson's disease, Aplastic Anemia, Amyotrophic Sclerosis, Rheumatoid Arthritis, Scleral Dermis, Slip Disc (PVD), Liver Cirrhosis/Fatty Liver, Post Stroke Stroke Complication, Thyroid disorder, Infertility, Impotency, Sexual diseases, Pneumonia, Backache, Sciatica, Migraine, Knee Pain, Diabetes, Breast Tumor & Uterine Fibroid, Prostate & Urological Diseases, Heart & Esophageal disorder, Hereditary diseases, incurable diseases, Mental Psychiatry & Mood Disorder, Accidental & Emergency Medicine, Homeopathic Preventive & Prophylaxis, Tetanus, Allergy, Skin Diseases, Eczema, Psoriasis, Leucoderma, Acne, Cosmetic disorders, Low Height, Obesity, Under Weight, Hair Fall, Baldness, Warts, Deadhead, Itchiness, Gas, Constipation, Piles, Fissure, Ulcers, Gastric Ulcer, Worms, Allergic & Respiratory Disorder, Sinusitis, Anxiety, Insomnia, Depression, weakness of Memory, Smoking, Smoking, Psoriatic Disorder, Skin Trouble, Hormonal disorders, Arthritis, Weakness, Debility, Anorexia, etc.

Difficulty in deglutition after operation 2 month
H/o - Post operated case of Cancer buccal mucosa (6 years back)
H/o - DMII, HTA (on Rx)
H/o - Injury to head clefting in head operated (1 month back)

CEA Neck

CA 19-9

PL NAME	MR. MAHESH KUMAR	DATE	04.10.2023
Ref By:	Dr. ARPIT JAIN	CT No.	041028
Exam:	CT NECK WITH CONTRAST		

IMPRESSION

- Fat density and metallic clips are seen in floor of mouth on left side with fat density extending in the posterior part of oral cavity on left side and adhered with left half of the posterior one third of the tongue and the left retromolar trigone-consistent with postoperative changes.
- Left submandibular and sublingual glands not identified possibly postoperative changes.
- Minimal bilateral pneumoperitid with air also seen in both parotid ducts.
- Mild thickening of both vocal cords and both aryepiglottic folds showing homogeneous postcontrast enhancement and causing mild luminal compromise possibly represent post RT changes.

Recommendation: Clinical pathological and histological correlation.

Typo Disclaimer: This report has been created using automated system with error recognition for software purposes. It is not intended to be used for clinical purposes. If you notice any error in this report, please contact your doctor immediately.

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DR. ABHINAV SAXHI, MD
Radiodiagnosis
Ex SR AHMS New Delhi

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 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, क्योरवेल हॉस्पिटल के सामने, जंजीरवाला चौराहा, न्यू पलासिया, इन्दौर म.प्र.
99075 27914 संपर्क : 0731-4977076, 79999 78894

STAR IMAGING
AND RESEARCH CENTRE
New Imaging, New Solutions

Before Treatment

NAME	SANJAY JANARDHAN PURANK	STUDY DATE	09-06-2023 19:22:42
REF. BY	DR. AMIT BHATT	PATIENT ID	SI-S10125275
BARCODE		AGE	049Yrs

MRI BRAIN (TUMOUR PROTOCOL)

Clinical profile : Recurrent low-grade astrocytoma. CT/RT done.
MRI brain was performed before and after intra-venous injection of contrast. T2* perfusion MRI and MR spectroscopy was also performed.
Previous MRI dated 3 January 2023 was available for comparison.


Study reveals large FLAIR hyperintense signal abnormality with cortical thickening involving the right frontal lobe with contiguous involvement of anterior aspect of the right temporal lobe. Significant mass effect is seen due to associated oedema, causing compression of the right lateral ventricle and subfalcine midline shift of 8 mm to the left side. Extension of oedema and signal abnormality is seen into the left front lobe across the genu of the corpus callosum. Involvement of the ipsilateral external and internal capsule is seen. Foci of hemorrhage are seen within the lesion in right frontal lobe as well as in left sided genu fibers.

Lesion shows restricted diffusion. Post contrast images reveal multiple nodular areas of enhancement involving most of the lesion.
Spectroscopy reveals persistent choline elevation.
Choline: NAA is 16. Choline to Cr ratio is 9.
Lesion measures 80 x 59 x 58.7 mm in AP x TR x SI dimensions on today's evaluation and has significantly increased in size as compared to previous study [~ 36 x 32 x 30 mm (AP, TR, CC) on previous study]

Left frontal burr hole is noted.
No posterior fossa lesion is apparent.
Rest of the ventricular system and basal cisterns appear normal.
Flowvoids of basal cerebral vessels look normal.

STAR IMAGING
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After Dr Arpit Chopra Jain Modern Homoeopathy

NAME	SANJAY JANARDHAN PURANK	STUDY DATE	12-09-2023 11:28:27
REF. BY	DR. AMIT BHATT	PATIENT ID	SNV44248
BARCODE		AGE	54Y 10M 27D

MRI BRAIN (TUMOUR PROTOCOL)

Clinical profile : Recurrent low-grade astrocytoma. CT/RT done.
MRI brain was performed before and after intra-venous injection of contrast. T2* perfusion MRI and MR spectroscopy was also performed.

Previous MRI dated 9th June 2023 was available for comparison.
Previously noted large focal ill-defined area of heterogeneous enhancement in the right frontal lobe and adjacent corpus striatum has significantly reduced in size. There is reduction in the perilesional oedema as well and mass effect caused by it. Previously compressed frontal horns of both lateral ventricles have opened up on present evaluation.

Persistent patchy peripheral rim of restricted diffusion is seen on present study.
MR spectroscopy shows elevation of choline. Choline to creatinine ratio is 1.78 and choline to NAA ratio is 7.9. Small lactate peak is also evident.

Patchy areas of hyperperfusion are seen scattered in the region of signal abnormality. However, it has reduced as compared to the previous evaluation. MR perfusion in the air cells
Lesion measures in 46 x 37 x 39 cm (AP x TR x SI) dimensions on today's evaluation and has significantly decreased in size as compared to previous study [80 x 59 x 58.7 mm (AP, TR, CC) on previous study]

Left frontal burr hole is noted.

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Before Treatment


NAME	SANJAY JANARDHAN PURANK	STUDY DATE	09-06-2023 19:22:42
REF. BY	DR. AMIT BHATT	PATIENT ID	SI-S10125275
BARCODE		AGE	049Yrs

Large FLAIR hyperintense signal abnormality with cortical thickening involving the right frontal lobe with contiguous involvement of anterior aspect of the right temporal lobe. Lesion measures 80 x 59 x 58.7 mm in AP x TR x SI dimensions on today's evaluation and has significantly increased in size as compared to previous study.
Significant mass effect is seen due to associated oedema, causing compression of the right lateral ventricle and subfalcine midline shift of 8 mm to the left side.


Dr. Preeti Nave
D.M.R.D., D.N.S
Reg. No. 68871

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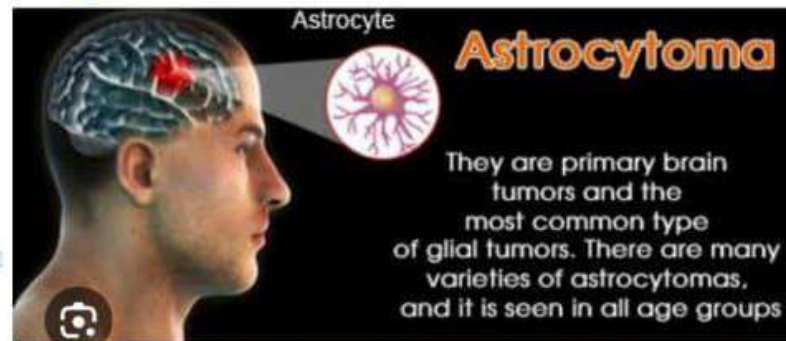
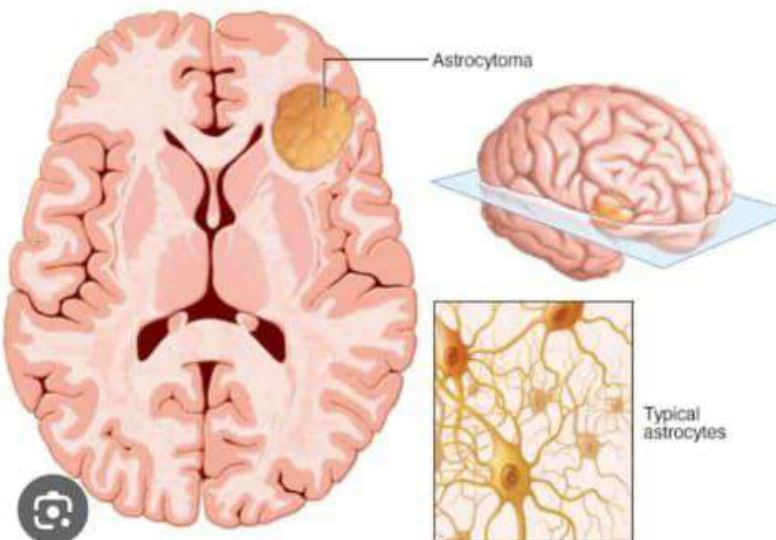
NAME	SANJAY JANARDHAN PURANK	STUDY DATE	12-09-2023 11:28:27
REF. BY	DR. AMIT BHATT	PATIENT ID	SNV44248
BARCODE		AGE	54Y 10M 27D

Persistent ill-defined hyperintensity is noted in the left cerebral hemisphere involving predominantly the periventricular white matter of the left frontal lobe. No evidence of any enhancement is noted in this region.

No posterior fossa lesion is apparent.
Rest of the ventricular system and basal cisterns appear normal.
Flowvoids of basal cerebral vessels look normal.

IMPRESSION:

As compared to previous evaluation,
There is reduction in the size, perilesional oedema and mass effect caused by the lesion in the right frontal lobe. Persistent patchy peripheral rim of restricted diffusion is seen on present study. Imaging findings are consistent with post therapy changes with viable tumour suggestive of partial response.



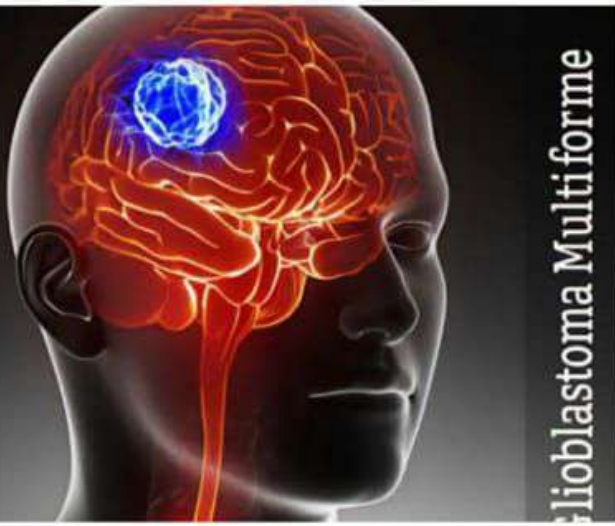
आरोग्य

* कैंसर * किडनी फेलियर * अस्पताल में गंभीर रूप से गती गरिजों का उपचार * कोमा * शल्य चिकित्सा योग्य रोग * आँदो इन्सुलिन रोग * जीवमन्त्र दवाई लेने वाले रोगों की रोकथाम एवं 300 प्रकार के असाध्य जटिल रोगों की चिकित्सा

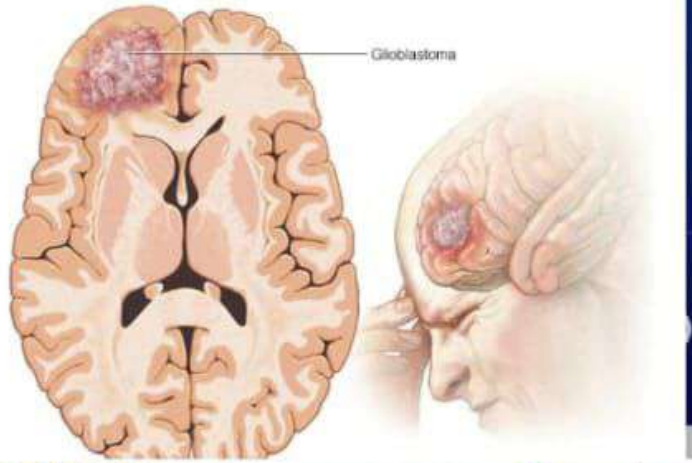
आरोग्य सुपर स्पेशलिटी मॉडर्न होम्योपैथिक क्लीनिक

कम्प्लिट * परामर्श * इन्जी * सेफ * फास्ट एण्ड कॉस्ट इफेक्टिव

103, प्रथम मंजिल, कृष्ण टॉवर, कलेक्टर हॉस्पिटल के सामने, जंजीरवाला चौक, न्यू वाराणसी, इन्दौर (म.प्र.)
फोन : 0731-4977076, मो. : 97136-92737, 97130-37737, 79999-78894, 99375-27914



Glioblastoma Multiforme



Shri Balaji Diagnostics
Sonography, MRI (1.5T) & CT Scan
Advanced Complete Radiology & Pathology Lab

NAME: Mr. Giriraj Tailor Age / Sex: 44Yr./M
REF. BY : Dr. Bhawani Shankar Sharma DATE: 11.01.2023
THANKS FOR REFERRAL

CFMRI BRAIN
Before Treatment

Present MR study reveals -

- Large area of altered signal intensities seen in right medial frontal lobe involving cortex and subcortical white matter with effacement of adjacent sulci, showing solid - cystic components and small areas of hemorrhages medially, which is heterogeneously hyperintense on T2W, FLAIR and hypointense on T1W images. It is measuring 80 x 64 x 40mm (AP x CC x TD). The lesion shows mild patchy contrast enhancement - suggestive of Infiltrative Glioma - likely Intermediate to High Grade.
- The lesion is associated with perilesional edema, mass effect & contralateral midline shift (8mm).
- Involvement of body of corpus callosum is also seen.

Elsewhere bilateral cerebral hemispheres are normal. Grey- white matter differentiation is preserved. Bilateral basal ganglia and thalamus are normal. Ventricular system is normal. Sella, parasellar and suprasellar regions are normal. Brainstem and cerebellum appears normal.

ADV: CORRELATION WITH CLINICAL FINDINGS AND RELEVANT FURTHER INVESTIGATIONS MAY BE MORE INFORMATIVE.

Dr. Lokesh Rawat MD
Consultant Radiologist

SHALBY
MULTI-SPECIALTY HOSPITALS

Certificate No: H-2023-2090

Patient Name	Giriraj Tailor	Age / Sex	46 Y / M
Referred by	Dr. Sheep Sharma	Date	31/08/23
OPD / IPD	IND000162697	OPD	

MRI BRAIN WITH CONTRAST

Technique: - Axial T1, T2, FLAIR, SW & diffusion images, sagittal and coronal T2 sequences of the brain were obtained. Post contrast T1 W images were obtained.

Findings: -

There is evidence of a large intra-axial space occupying lesion noted in the right parasagittal region of the right frontal lobe involving the deep white matter and parasagittal cortex grossly measuring 8.3 x 3.9 x 3.1 cm (CC x AP x Trans). Multiple cystic foci and few hemorrhagic foci are noted within the lesion along with significant perilesional edema. Infratentorially the lesion is also involving part of the body of the corpus callosum.

There is midline shift of the falx cerebri towards left by about 5 mm along with mild effacement of the right lateral ventricle.

Rest of the brain parenchyma appears unremarkable.

The brainstem and cerebellum reveal no abnormality.

The pituitary gland and parasellar region appear normal.

The major intracranial arteries of the circle of Willis and the main distal vertebro basilar system reveal normal flow. The CV junction is normal.

Soft tissues of the orbit are unremarkable. The paranasal sinuses & mastoid air cells are unremarkable.

Conclusion: -

MRI brain with contrast reveals a large solid cystic intra-axial space occupying lesion in right parasagittal frontal cortex and deep white matter with few hemorrhagic foci and significant perilesional edema with other details as described above suggesting high-grade malignant neoplasm (High grade glioma - grade IV).

For clinical pathological correlation.

Dr. Arpit Mangal
Consultant Radiologist

After Dr Arpit Chopra Jain

Aarogya Super Speciality ...
GBM CANCER GRADE 4 GLI...

Lab tests or imaging always required

300 प्रकार के असाध्य जटिल रोगों की चिकित्सा ।

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

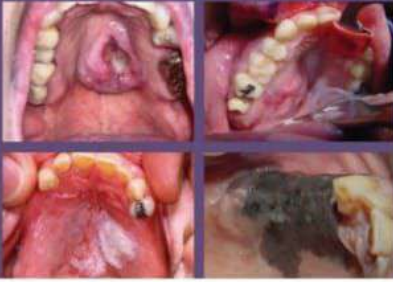
आरोग्य सुपर स्पेशलिटी माईन होमियोपेथी
कम्पलिट, परमानेंट, ईजी, सेफ, फास्ट एण्ड कॉस्ट इफैक्टिव

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

☎ 99075 27914 संपर्क : 0731-4977076, 79999 78894

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

What hard palate cancer looks like



Handwritten medical notes on a patient's chart:

K/O
 Carcinoma hard palate: May 22
 (1st visit)
 Med differentiated squamous cell carcinoma
 Post CT & RT (50yrb) (35yrb)
 Lesion healed 4x3x1.2cm (20/10/20)
 Patient on R.T. feeding
 H/O → DM Type II: 2000 (HTN)
 (Insulin dependent)
 H/O → chronic tobacco chewing
 (Cigarette)

CHOITHRAM HOSPITAL & RESEARCH CENTRE
 NABH Accredited

DEPARTMENT OF NUCLEAR MEDICINE & MOLECULAR PET-CT IMAGING

NAME: MR. DINESH LUDHWANI AGE: 52 Yrs
 REFERRED BY: DR. RAKESH TARAN DATE: 28-Oct-22

FDG PET - CT (Soft to mid Thick)

Clinical history: 52 year old male, diagnosed case of carcinoma hard palate, post chemotherapy and radiotherapy, for evaluation.

Technique: 18.3 mCi of ¹⁸F-FDG is injected intravenously to patient after 6 hours of fast. At 60 min of injection, patient was scanned on dedicated PET-CT (GE-Discove IQ). Standard uptake values (SUV) normalized to body weight obtained over supra, supra pelvic blood glucose level at the time of injection was 113 mg/dl.

Venous phase CT scan was obtained as part of PET-CT protocol on a multiplanar CT with 3.5 mm slice thickness with oral and intravenous contrast injection.

Findings:
 Head: Ventricles and CSF spaces are unremarkable. No mass effect or midline shift is noted. There is no abnormal enhancement. Normal distribution of metabolic activity is noted intracranially.

Neck: Previously seen heterogeneously enhancing mass lesion in left side hard-soft palate with erosion of underlying hard palate has slightly reduced in size and metabolic activity, now measures approximately 4.3 X 4.2 cm (SUV max present is 9.2 and previous was 11.5). Superiorly mass lesion eroded the left pterygoid plate and is also seen extending into pterygo-maxillary fissure with its asymmetric widening. Mass lesion crosses the midline. Laterally mass lesion eroded the apex of left maxillary sinus with minimal extension into maxillary sinus. Anteriorly mass lesion is seen infiltrating into left side nasal cavity. Panoramic mass lesion involves the entire soft palate with involvement of bilateral lateral pharynx and also suspicious involvement of right side palato-glossal fold.

Previously seen bilateral level II, cervical lymph nodes have reduced in size, number and metabolic activity, the largest on right side now measures subcentimetric in size (SUV max present is 2.4 and previous was 5.8).

Before Treatment

NOTE: Reporting has been done as per the fractional image (fractional information of organ). These may please be correlated clinically with other relevant investigations for interpretation. This report is not valid for the purpose of medico-legal cases.

CHOITHRAM HOSPITAL & RESEARCH CENTRE
 NABH Accredited

DEPARTMENT OF NUCLEAR MEDICINE & MOLECULAR PET-CT IMAGING

NAME: MR. DINESH LUDHWANI AGE: 52 Yrs
 REFERRED BY: DR. SUDHEE CHAWLA DATE: 5-Jan-23

FDG PET - CT (Soft to mid Thick)

Clinical history: 52 year old male, diagnosed case of hard palate, post chemotherapy and radiotherapy, for evaluation.

Technique: 12.0 mCi of ¹⁸F-FDG is injected intravenously to patient after 6 hours of fasting. Also 60 min of injection, patient was scanned on dedicated PET-CT (GE-Discove IQ). Standard uptake values (SUV) normalized to body weight obtained over supra, supra pelvic blood glucose level at the time of injection was 102 mg/dl.

Venous phase CT scan was obtained as part of PET-CT protocol on a multiplanar CT with 3.5 mm slice thickness with oral and intravenous contrast injection.

Findings:
 Head: Ventricles and CSF spaces are unremarkable. No mass effect or midline shift is noted. There is no abnormal enhancement. Normal distribution of metabolic activity is noted intracranially.

Neck: Lesion is noted in posterior part of hard palate and soft tissue with direct communication between nasal cavity and oral cavity is noted.

Non FDG avid soft tissue density is noted in bilateral maxillary and ethmoid sinus suggestive of sinusitis.

Bilaterally both lateral pterygoid muscle is noted.

No FDG avid few subcentimetric sized bilateral level II and left level II cervical lymph nodes are noted.

Sclerotic osseous standing is noted in submandibular region. Post radiotherapy changes.

Thorax: Ryle's tube is seen in situ with tip in the stomach.

Lungs are clear. Heart and mediastinal structures are unremarkable. There is no pericardial or pleural effusion.

After Dr Arpit Chopra Jain Modern Homoeopathy

NOTE: Reporting has been done as per the fractional image (fractional information of organ). These may please be correlated clinically with other relevant investigations for interpretation. This report is not valid for the purpose of medico-legal cases.

CHOITHRAM HOSPITAL & RESEARCH CENTRE
 NABH Accredited

DEPARTMENT OF NUCLEAR MEDICINE & MOLECULAR PET-CT IMAGING

Abdomen & pelvic: Multiple small gall bladder calculi are seen. Cholelithiasis.

Liver, spleen, pancreas, bilateral adrenals and kidneys are unremarkable.

Osseous: No focal abnormal FDG uptake is noted in visualized bones.

COMMENTS: - 52 year old male, diagnosed case of hard palate, post chemotherapy and radiotherapy, for evaluation.

- Defect is noted in posterior part of hard palate and soft tissue with direct communication between nasal cavity and oral cavity is noted.
- Non FDG avid soft tissue density is noted in bilateral maxillary and ethmoid sinus suggestive of sinusitis.
- Non FDG avid few subcentimetric sized bilateral level II and left level II cervical lymph nodes are noted.
- No evidence of metabolically active disease noted anywhere else in the present scan.

As compared to previous PET-CT scan dated 28.10.2022:

- Previously seen increased metabolic activity in hard and soft palate on left side is no longer seen in the present scan.
- Bilateral cervical lymph nodes have reduced in size and are no longer metabolically active in the present scan.
- Spleen lesion is noted.

DR. SUDHEE JAIN, MD
 FDD, Dept. of Radiology.

DR. ARPIT CHOPRA, DR. MODERN CHOPRA, MD and PET-CT Dept.

After Dr Arpit Chopra Jain Modern Homoeopathy

NOTE: Reporting has been done as per the fractional image (fractional information of organ). These may please be correlated clinically with other relevant investigations for interpretation. This report is not valid for the purpose of medico-legal cases.

102, Krishna

Kuldeep Sharma (Blood Cancer)

KC Saini (Cervical Cancer)

Nisha Jain (Ovarian Cancer)

Soni Bai (Cervical Cancer)

Kushal Jain (Prostate Cancer)

Manju Jhawar (Amyloidosis Cancer)

Fatima Khan (Retropertione AL Cancer)

Kanta Devi Bafna (Breast Cancer)

102, Krishna

ARMASA GAUSA

FATIMA KHAN

PARAS RAM GOUS

MUSHEER SHARMA

K.C. SAINI

MISHA JAIN

SONI BAI

NIHAR BAI

अरोग्य सुर (आयुर्वेदिक मानक प्रमाणित)

CANCER

कैंसर CANCER of any type, any

आयुर्वेद

COMPLETE CURE EASY, FAST & COST EFFECTIVE - HOMOEOPATHY

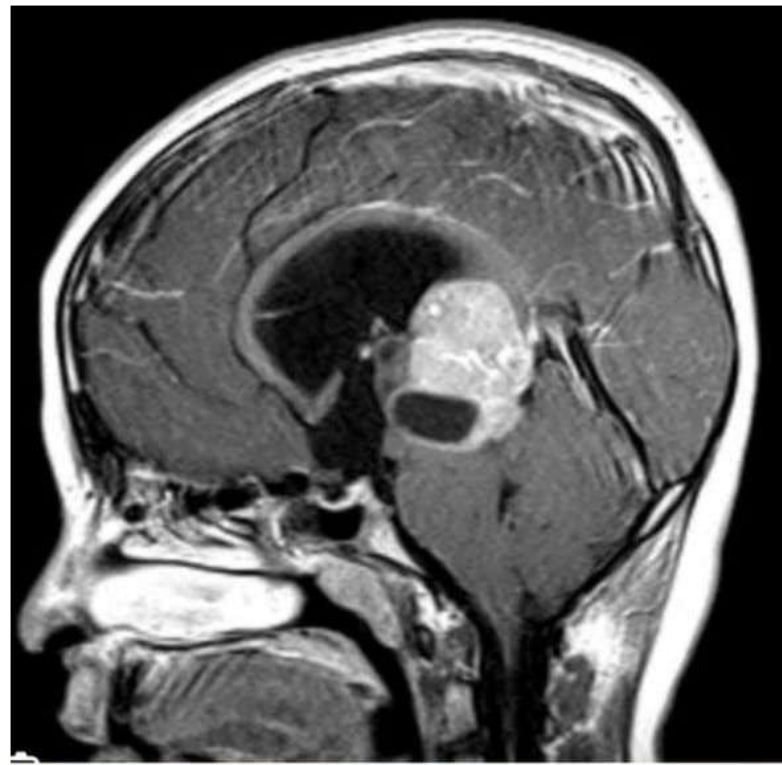
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कैंसर * किडनी फेलियर * अस्पताल में गंभीर रूप से मर्ती मरिजों का उपचार * कोमा * शल्य चिकित्सा योग्य रोग * आंटी इन्फ्यूजन रोग * जीवनभर दवाई लेने वाले रोगों की रोकथाम एवं 300 प्रकार के असाध्य जाटिल रोगों की चिकित्सा

क्यामिलिट * परमानेंट * ईजी * सेफ * फास्ट एण्ड कॉस्ट इफेक्टिव

102, प्रथम मंजिल, कृष्णा टॉवर, कोयंबेल्स हॉस्पिटल के सामने, जंजीरवाला चौराहा, न्यू परनाथिया, इन्दौर (M.P.)
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www.homoeopathyinindia.com Email: arpitchopra23@gmail.com



कैंसर, किडनी, कोमा, सर्जरी एवं ऑटोइम्यून जैसे
जटिल, लाइलाज, असाध्य एवं असंभव रोगों का स्याई इलाज अब
भारत में

संभव
प्रायुक्तिक अतिथकार

आरोग्य सुपर स्पेशलिटी
मॉडर्न होम्योपैथी चिकित्सा
पद्धती से

Mr. Ravindra Kumar
Brain Tumor Patient Dhamod MP

ONLINE CONSULTATION AVAILABLE : @8967527814, 799978894, 9713037737, 9713092737 @0731-4877078

102 103 104 1st Floor, Krishna Tower, Opposite Currewall Hospital, Janivamala Chouraha, New Palasia, Indore M.P.

SAMPURNA SAHYOG DIAGNOSTICS CENTRE

Patient Information

Patient Name	RAVINDRA CHOUHAN 27Y M	Patient ID	1822049472
Age Gender	27 YEAR(S) OLD/MALE	Scan Date	OCT 21 2022
Referring Doctor	DR RAJENDRA MALVIYA	Report Date	OCT 21 2022

SEQUENCES :
Axial FSE T1, T2, FLAIR, SWAN, DWI, ADC, T1W+C
Sagittal FSE T2, T1W+C
Coronal FSE T2, T1W+C

FINDINGS :
A round lesion of size 15x15mm noted in the tectal plate region. The lesion shows mild post contrast enhancement. No significant hydrocephalus noted.
Rest of both the cerebral hemispheres show normal signal intensity on T1 & T2 W images.
Rest of midbrain, Pons & Medulla shows normal signal intensity.
Both the cerebellar hemispheres show normal signal intensity.
Ventricles & cisterns show normal appearance.
Intracranial vessels exhibits normal flow voids.
Pituitary gland is normal in size & signal intensity.

IMPRESSION:
A round lesion of size 15x15mm noted in the tectal plate region. The lesion shows mild post contrast enhancement. No significant hydrocephalus noted — likely Tectal Plate Glioma

Before Treatment

A Sengupta
RadioDiagnosis

DR.R.P.S MUZALDA
MBBS.MD Radiodiagnosis

E;- This report is not valid for medico legal purpose

SAMPURNA SAHYOG DIAGNOSTICS CENTRE

ISO, 9001-2015 CERTIFIED

Patient Name : Mr. RAVINDRA CHOUHAN
DOB/Age/Sex : 27 years/Male
Mobile : 7709030527
Referred By : Dr. Chopra Arpit Jain (MD Homeo)

Sample ID : 74298
Organization : DIRECT
Registered : Jun 07, 2023, 11:39 a.m.
Collected On : Jun 07, 2023, 11:39 a.m.
Approved On : Jun 07, 2023, 02:59 p.m.

MRI
MRI BRAIN

TECHNIQUE: T1, T2, DWI, FLAIR Axial, T2 Coronal sequences.

FINDINGS:
No focal parenchymal lesion in cerebral hemispheres. No signal abnormality.
Grey-white mater differentiation is maintained. No diffusion restriction or SWI blooming is seen.
Bilateral basal ganglia are unremarkable.
No focal lesion in cerebellum & brain stem.
There is moderate asymmetrical dilatation of the third ventricle, showing lobulated outline, indenting the bilateral thalamus and adjacent midbrain region, appearing CSF signal intensity on all sequence. No diffusion restriction is seen.
Rest of the CSF spaces including lateral ventricles, cerebral sulci & cisterns are normal. No hydrocephalus.
Pituitary is unremarkable.
Visualized paranasal sinuses, mastoid air cells & orbits are unremarkable.
No obvious mass in visualized nasopharynx.
Cranio-vertebral junction is unremarkable.
Vessels of circle of Willis and major venous sinuses show normal signal void.

After Dr Arpit Chopra
Jain Modern
Homoeopathy

PINEAL GERMINOMA : NOV 22

Lesion measured 14x17x20mm (14/22)

CSF cytology ⊕ for malignant cell

Post Rx : 28 cycle

BL blocked vilium

Headache

Walking imbalance

Not willing for chemotherapy

Biopsy not done yet.

Dr. R.P.S MUZALDA

Dr Lal PathLabs

Regd. Office: National Reference Lab. Dr. Lal PathLabs, Block E, Sector 18, Rohini, New Delhi
 Web: www.lalpathlabs.com, CN No. LH/18/2012, P/18/10/2012

Mr. RAMJI
 445066474
 Dr. DR. Arpit Chhaya Jain
 17/8/2023 6:18:00PM
 Male
 Reported: 18/8/2023 12:33:17PM
 Final
 Report Status: Final
 Processed at: LPL-NATIONAL REFERENCE LAB
 National Reference Laboratory, Block E,
 Sector 18, Rohini, New Delhi -110085

Age : 47 Years
 Gender : Male
 Reported : 18/8/2023 12:33:17PM
 Report Status : Final
 Processed at : LPL-NATIONAL REFERENCE LAB
 National Reference Laboratory, Block E,
 Sector 18, Rohini, New Delhi -110085

Test Report

Test Name	Results	Units	Bio. Ref. Interval
CA 15.3; BREAST CANCER MARKER, SERUM (CMA)	28.00	U/mL	<30.00

Note:

- This test is not recommended to screen Breast cancer in the general population.
- False negative / positive results are observed in patients receiving mouse monoclonal antibodies for diagnosis or therapy.
- Patients with confirmed Breast cancer may show normal pre-treatment CA 15.3 levels. The assay, regardless of level, should not be interpreted as absolute evidence for the presence or absence of malignant disease. The assay value should be used in conjunction with findings from clinical evaluation and other diagnostic procedures.
- The concentration of CA 15.3 in a given specimen, determined with assays from different manufacturers, may not be comparable due to differences in assay methods, calibration, and reagent specificity.

Clinical Use

- An aid in the management of Breast cancer patients. It is useful in monitoring therapy and progression in Metastatic Breast cancer patients. A significant increase in levels must be at least 25% that correlates with disease progression in 90% of the patients. A decrease of at least 25% in levels correlates with regression of the disease in 78% of patients.
- Predict recurrence in patients with stage II / III Breast carcinoma

DISEASE	PERCENTAGE POSITIVITY OF CA 15.3
Primary Breast Cancer	23
Metastatic Breast Cancer	69
Pancreatic Cancer	80
Lung Cancer	71
Ovarian Cancer	64
Colorectal cancer	63
Liver Cancer	28
Benign Liver Disease	42
Benign Breast Disease	16

results are alarming or unexpected, client is advised to contact the Customer Care immediately for possible remedy
 Tel: +91-11-3988-5050, E-mail: lalpathlabs@lalpathlabs.com

Dr Lal PathLabs

Regd. Office: National Reference Lab. Dr. Lal PathLabs, Block E, Sector 18, Rohini, New Delhi -110085
 Web: www.lalpathlabs.com, CN No. LH/18/2012, P/18/10/2012

Name : Mr. RAMJI
 Lab No. : 445066474
 Ref By : Dr. DR. Arpit Chhaya Jain
 Collected : 17/8/2023 6:18:00PM
 A/c Status : P
 Collected at : KANHA DIAGNOSTIC CENTRE
 PATEL NAGAR IN FRONT OF INDRA STADIUM OR
 Jalaun

Age : 47 Years
 Gender : Male
 Reported : 18/8/2023 12:33:17PM
 Report Status : Final
 Processed at : LPL-NATIONAL REFERENCE LAB
 National Reference Laboratory, Block E,
 Sector 18, Rohini, New Delhi -110085

Test Report

Test Name	Results	Units	Bio. Ref. Interval
Pancreatitis	10-20		
Benign Gastrointestinal diseases	10-20		
CEA: CARCINO EMBRYONIC ANTIGEN, SERUM (CMA)	1.85	ng/mL	<3.00

Interpretation: Normal

REFERENCE RANGE IN ng/mL

REFERENCE GROUP	REFERENCE RANGE IN ng/mL
Non Smokers	< 3.00
Smokers	< 5.00

Note

- This test is not recommended to screen Ovarian cancer in the general population.
- False negative / positive results are observed in patients receiving mouse monoclonal antibodies for diagnosis or therapy.
- Patients with confirmed carcinoma may show normal pre-treatment CA 125 levels. The assay, regardless of level, should not be interpreted as absolute evidence for the presence or absence of malignant disease. The assay value should be used in conjunction with findings from clinical evaluation and other diagnostic procedures.
- Persistently elevated CEA levels are usually indicative of progressive malignant disease and poor therapeutic response.
- The concentration of CEA in a given specimen, determined with assays from different manufacturers, may not be comparable due to differences in assay methods, calibration, and reagent specificity.

Clinical Use

- Monitoring patients with Colorectal, Gastrointestinal, Lung & Breast carcinoma
- Diagnosis of occult metastatic disease and / or residual disease

DISEASE	PERCENTAGE POSITIVITY OF CEA
Colorectal cancer	70
	45
	50

After Dr Arpit Chhaya Jain Modern Homeopathy

Dr Lal PathLabs

Regd. Office: National Reference Lab. Dr. Lal PathLabs, Block E, Sector 18, Rohini, New Delhi -110085
 Web: www.lalpathlabs.com, CN No. LH/18/2012, P/18/10/2012

Name : Mr. RAMJI
 Lab No. : 445066474
 Ref By : Dr. DR. Arpit Chhaya Jain
 Collected : 17/8/2023 6:18:00PM
 A/c Status : P
 Collected at : KANHA DIAGNOSTIC CENTRE
 PATEL NAGAR IN FRONT OF INDRA STADIUM OR
 Jalaun

Age : 47 Years
 Gender : Male
 Reported : 18/8/2023 12:33:17PM
 Report Status : Final
 Processed at : Dr. Lal Path Labs Ltd
 Pateal Nagar, Kaur - 200005

Test Report

Test Name	Results	Units	Bio. Ref. Interval
CA 125, OVARIAN CANCER MARKER, SERUM (CIA)	4.40	U/mL	<35.00

Note:

- This test is not recommended to screen Ovarian cancer in the general population.
- False negative / positive results are observed in patients receiving mouse monoclonal antibodies for diagnosis or therapy.
- Patients with confirmed Ovarian cancer may show normal pre-treatment CA 125 levels. The assay, regardless of level, should not be interpreted as absolute evidence for the presence or absence of malignant disease. The assay value should be used in conjunction with findings from clinical evaluation and other diagnostic procedures.
- The concentrations of CA 125 in a given specimen, determined with assays from different manufacturers, may not be comparable due to differences in assay methods, calibration, and reagent specificity.

Clinical Use

- An aid in the management of Ovarian cancer patients. Preoperative CA 125 level of > 4 U/ml is associated with a significantly greater 5 year survival rate.
- Monitor the course of disease in patients with invasive epithelial ovarian cancer
- Detection of residual tumor in patients with Primary epithelial ovarian cancer who have undergone first line therapy. Persistent elevation of CA 125 levels after 3 cycles of therapy indicate a poor prognosis.

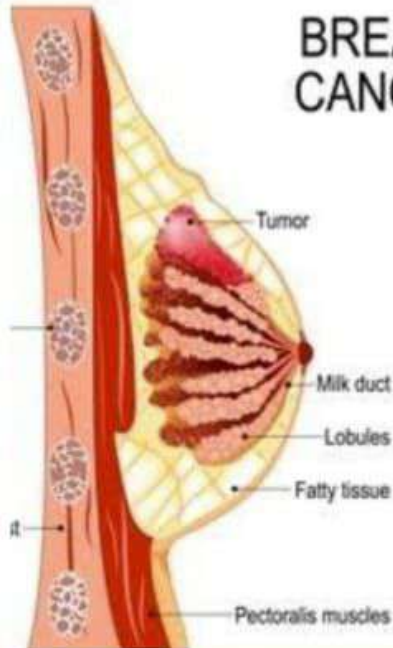
STAGE OF OVARIAN CANCER	PERCENTAGE POSITIVITY OF CA 125
Stage I	50
Stage II	90
Stage III & IV	>90

Increased Levels

- Primary epithelial ovarian carcinoma
- Healthy individuals (1-2%)
- First trimester of pregnancy
- Follicular phase of menstrual cycle
- Other malignant conditions - Cirrhosis, Hepatitis, Endometriosis, Ovarian cysts, Pelvic tuberculosis

Page 1 of 1

BREAST CANCER



PARAS HEALTH **PAK**

TEST REPORT

Name: Mr. Praveen Talwar
Age: 50 Years / Male
Address: 110/00000000
Phone: 110/00000000
Ref: Dr. Arpit Chopra
City: Parvatech, New Delhi

Report No: 10000000
Collected On: 11/04/2023
Reported On: 11/04/2023
Specimen No: 11/04/2023
Specimen Type: Serum

HISTOPATHOLOGY REPORT

Report No: 10000000
Site of Origin: Right breast tissue
Clinical details: (HISTOPATHOLOGY)

Diagn. Findings: Specimen received in fixative. One section, labeled with patient's name and number. Retrieved three yellowish brown core fragments (0.5-1.5 cm) from specimen in one block.

Micronscopic Examination: Histopathological examination of the involved ductal carcinoma in situ (DCIS) of mammary gland. Cluster of cells in DCIS.

Impression: Invasive ductal carcinoma.
Advice: Breast panel IHC.

Graded by: Dr. Rishi Malhotra
Typed by: Dr. Gaurav Pathak
IHC (Immunohistochemistry) is needed for confirming the histological diagnosis and for providing additional information for therapeutic benefit. It is advised to IHC only after the complete diagnosis at times.

Note - Specimens will be stored only for 30 days after the final reporting date. Specific block reports will be kept for 10 years. Slides - usually blocks will be kept on one working day after it is received. Please contact Laboratory in case of any queries.
Dr. Rishi Malhotra

Dr. Arpit Chopra Jain Modern Homoeopathy

Name: Mr. Praveen Talwar
Lab No: 10000000
Ref By: 110/00000000
Collected At: 110/00000000
Report Status: Pending
Age: 50 Years
Gender: Male
Specimen No: 110/00000000
Specimen Type: Serum

Test Name: CA 15.3 BREAST CANCER MARKER SERUM (CMA)
Results: 10.00
Units: U/ml
Ref. Interval: 0-10.00

Clinical Use:

- This test is not recommended to screen breast cancer in the general population.
- False negative / positive results are observed in patients receiving monoclonal antibodies for diagnosis or therapy.
- Patients with confirmed breast cancer may show normal pre-test CA 15.3 levels. Hence the assay, regardless of level, should not be interpreted as absolute evidence for the presence or absence of malignant disease. The assay value should be used in conjunction with findings from clinical evaluation and other diagnostic procedures.
- The concentration of CA 15.3 in a given specimen, obtained with assays from different manufacturers, may not be comparable due to differences in assay methods, calibration and reagent specificity.

Clinical Use:

- An aid in the management of breast cancer patients. It is useful in monitoring therapy and prognosis in Metastatic Breast cancer patients. A significant increase in levels must be at least 25% but correlates with disease progression in 20% of the patients. A decrease of at least 25% or levels continues with regression of the disease in 10% of patients.
- Predict recurrence in patients with stage II-III Breast carcinoma.

DISEASE	PERCENTAGE POSITIVITY IN CA 15.3
Primary Breast Cancer	33
Metastatic Breast Cancer	28
Pancreatic Cancer	88
Lung Cancer	71
Ovarian Cancer	69
Colorectal Cancer	69
Liver Cancer	28
Benign Liver Disease	42
Benign Breast Disease	16

Dr. Arpit Chopra Jain Modern Homoeopathy

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Collected At: 110/00000000
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- Pretestively elevated CA 15.3 levels are likely evidence of a malignant neoplasm and poor prognosis in response.
- The concentration of CA 15.3 in a given specimen, obtained with assays from different manufacturers, may not be comparable due to differences in assay methods, calibration and reagent specificity.

Clinical Use:

- An aid in the management of breast cancer patients.
- Monitor the course of disease and predict recurrence in patients with breast carcinoma.

DISEASE	PERCENTAGE POSITIVITY OF CA 15.3
Primary Breast Cancer	33
Metastatic Breast Cancer	28
Pancreatic Cancer	88
Lung Cancer	71
Ovarian Cancer	69
Colorectal Cancer	69
Liver Cancer	28
Benign Liver Disease	42
Benign Breast Disease	16

If Test results are alarming or unexpected, client is advised to contact the Customer Care immediately for para...
Tel: 011-4988-5050, Fax: +91-11-2788-2134, E-mail: customer.care@parashealth.com

Dr. Arpit Chopra Jain Modern Homoeopathy

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breast
Invasive ductal Carcinoma
Post-operative case on 2/08
Grade II
4x1.8x1.7 cm (2/18/23) → open
6.5g/m%
Weakness ⊕

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।

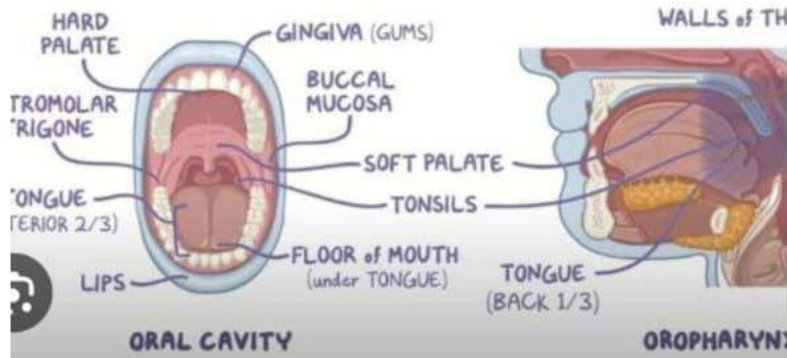
आरोग्य सुपर स्पेशलिटी मार्डन होमियोपेथी
कम्पलिट, परमानेंट, ईजी, सेफ, फास्ट एण्ड कॉस्ट इफैक्टिव

102, प्रथम मंजिल, कृष्णा टॉवर, बयोरेवेल हॉस्पिटल के सामने, जंजीरवाला चौराहा, न्यू पलासिया, इन्दौर म.प्र.
99075 27914 संपर्क : 0731-4977076, 79999 78894
www.homoeopathycure.in, www.aarogyahomoeopathyindore.com Email : arpit Chopra 23@gmail.com

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ORAL CANCER

ORIGINATE in the ORAL CAVITY



GOVERNMENT OF West Bengal
DEPARTMENT OF ORAL PATHOLOGY
DR. R. AHMED DENTAL COLLEGE & HOSPITAL
114, A. J. C. ROSE ROAD, KOLKATA - 700 014
HISTOPATHOLOGY REPORT

HOSPITAL TICKET NO. : DR23 00186 593 SLIDE NO. 1355/23
NAME : MD Afrejul Haque MOBILE No. _____
AGE : 70 SEX : Male DATE : 22/09/23
BIOPSY DATE : 15/9/23

SPECIMEN SUPPLIED FROM : OP

CLINICAL & RADIOLOGICAL FINDINGS : Indurated, exophytic ulceroproliferative lesion with surface granular, present in left buccal mucosa in situ.

MACROSCOPIC FINDINGS : **Before Treatment**

MICROSCOPIC FINDINGS : Section stained with H&E reveals the presence of single bit of soft tissue. It is composed of hyperplastic atypical squamous epithelium with long, broad, flat ridges along with interepithelial keratinization. The epithelium is supported by underlying connective tissue. The connective tissue is seen to be infiltrated by neoplastic epithelial cells arranged in cords, nests, interconnecting sheets and single cells. Few keratin pearls are also noted along with intense chronic inflammatory cell infiltrate with stromal eosinophilia. Overall H&E features suggestive of INFILTRATING SQUAMOUS CELL CARCINOMA.

HIP DIAGNOSIS : Intense chronic inflammatory cell infiltrate with stromal eosinophilia. Overall H&E features suggestive of INFILTRATING SQUAMOUS CELL CARCINOMA.

SPECIAL INVESTIGATION REQUIRED (IF ANY) : _____

SLIDE ENCLOSED : Y / N

WAX BLOCK ENCLOSED : Y / N

Dr. Snehanjan Sarangi
Assistant Professor (Histopathology)

SONOSCAN
Diagnostic & Multiplicity Outdoor
MALDA

ACCREDITED
PATHOLOGICAL LABORATORY
ISO 15189

Reg No. : MD/23L09/1263 Dept : PAT-744
Name : **MD. Afrejul Haque**
Age : 70 years, Gender : Male
Address : Shershahi, Kaliachak, Malda
Referred by Dr. Arpit Chopra (Jain), MD HOMOEOPATHY

Pl. Id. : 23L07/0471 Pg No. - 1 of 1
Collection Date & Time : 09/12/23, 13:14
Receiving Date & Time : 09/12/23, 13:20
Report Date & Time : 09/12/23, 16:10

REPORT ON TUMOUR MARKERS

Test-Parameter	Result	Unit	Biological Reference Interval
Carcinoembryonic Antigen (C.E.A)	1.81	ng/ml	(0.0 - 3.0)

Before Treatment

left buccal mucosa carcinoma
Squamous cell carcinoma
lesion measured 2x2cm
Not willing for surgery
HTN

SONOSCAN
Diagnostic & Multiplicity Outdoor
MALDA

Reg.No. : MD/23L07/0580 Dept : CT-32
Name : Md. Afrejul Haque
Age : 70 years, Gender : Male
Referred by Dr. Arpit Chopra (Jain), MD
HOMOEOPATHY

Pg # 1 of 1
Pl. Id. : 23L07/0471
Test Date : 09/12/23
Report Date : 10/12/23

CT SCAN OF NECK

HISTORY

Biopsy proven case of left buccal Squamous cell carcinoma

TECHNIQUE

Plain & I.V contrast enhanced CT scan of neck was carried out with contiguous axial sections in multi-slices spiral mode with coronal and sagittal 2D reconstructions.

FINDINGS

There is a localised ill-defined area of soft tissue thickening and enhancement at left buccal region.

Pharyngo-tracheal air way is normal. No intraluminal pathology noted.

Pyriform sinuses and valleculae are normal.

Larynx and its cartilages appear normal. Vocal cords are normal and symmetric.

Bilateral parapharyngeal spaces and carotid spaces and prevertebral space are normal.

Neck muscles are normal.

No sizeable lymphnode is seen in the neck.

Parotid and submandibular glands are normal.

Thyroid gland appears normal. No focal lesion is seen.

IMPRESSION

- Left buccal region soft tissue thickening.
- Otherwise normal of neck.

Continued : Clinical correlation & further attention to relevant investigations

Reg No. : MD/23L09/1263 Dept : PAT-744
Name : **MD. Afrejul Haque**
Age : 70 years, Gender : Male
Address : Shershahi, Kaliachak, Malda
Referred by Dr. Arpit Chopra (Jain), MD HOMOEOPATHY

Pl. Id. : 23L07/0471 Pg.No. - 1 of 1
Collection Date & Time : 09/12/23, 13:11
Receiving Date & Time : 09/12/23, 13:20
Report Date & Time : 09/12/23, 16:10

REPORT ON CA 19-9

Test-Parameter	Result	Unit	Biological Reference Interval
CA 19.9	< 3.00	U/ml	(Upto 37.0)

Note : Elevated CA 19-9 concentration is found in patients with pancreatic cancer. However interpretation of test result should be made taking into consideration of the patient history and the results of any other test



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

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

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



Rectal / Colorectal Cancer
CANCER CURED WITHOUT SURGERY
सर्वसेस स्टीरि
मांडन होमियोपैथी

Dr Arpit Chopra
 Rectal Cancer Carcinoma May
 Dr Arpit Chopra Modern Homeo

After Dr Arpit Chopra Jain Modern Homeopathy

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सर्वसेस स्टीरि

SPECIALITY MODERN HOMEOPATHY

PROCESSED AT : Thyrocare
 D-37/1, TTC MIDC, Turbhe, Navi Mumbai-400 703

CAP ACCREDITED

Thyrocare Technologies Limited, D-37/1, TTC MIDC, Turbhe, Navi Mumbai - 400703

9 out of 10 Doctors Trust that Thyrocare Reports are Accurate & Reliable

NAME : 1 MR ANWAR SINGH VEDI (SRY/M)
REF. BY : 1 DR ARPIT CHOPRA
TEST ASKED : 1 CA 15.3, CA 19.9, CEA

SAMPLE COLLECTED AT : (4835018024), M4 RAJESHWARI COLLECTION CENTRE, NEAR HANUMAN MANDIR, KATYE GHAT ROAD NEAR VISVAL MEGA MAR, KATNI, PIN 483501, 483501

TEST NAME	TECHNOLOGY	VALUE	UNITS
CA 15.3	C.M.I.A	27.8	U/ml

Bio. Ref. Interval :-
 Less than 32.4 U/ml

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Clinical Significance:
 CA 15.3 is elevated in about 30% of women with breast cancer and about 70% of men with prostate cancer. CA 15.3 also may be elevated in healthy people with lung cancer, colorectal cancer, ovarian cancer, lung cancer, liver cancer, hepatitis, and benign breast disease. In addition, the higher the CA 15.3 level, the more advanced the breast cancer and the larger the tumor burden.

Specifications:
 Precision: Intra Assay (%CV): 3.7 %, Inter Assay (%CV): 2.2 % Sensitivity: > 0.1 U/ml

Kit Validation References:
 Siddh PA, Helbrecht N, Almeida AP, ET AL. Epitope mapping of MAB 827.29 With its peptide core for the Human Breast Carcinoembryonic Antigen (CEA) for the human Mu-1 Gene. J Tumor Marker Diast. 1992; 7:19-22.

Please correlate with clinical conditions.
Method:- FULLY AUTOMATED CHEMILUMINESCENT MICROPARTICLE IMMUNOASSAY

Sample Collected on (SCT) : 12 Oct 2023 17:10
Sample Received on (SRT) : 13 Oct 2023 19:35
Report Released on (RRT) : 13 Oct 2023 21:35
Sample Type : SERUM
Sample Barcode : 1310097507/AM762 Dr Sachin Pall MD(Path)
Barcode : BY105434

Page: 1 of 4

Handwritten notes in Hindi:

Rectal Cancer - 100% Cured
 After Dr Arpit Chopra Jain Modern Homeopathy

CEA/CA15.3
 Before Treatment : 27.8 U/ml
 After Dr Arpit Chopra Jain Modern Homeopathy : 0.1 U/ml

CA 19.9
 Before Treatment : 12.5 U/ml
 After Dr Arpit Chopra Jain Modern Homeopathy : 0.1 U/ml

CEA/CA15.3
 Before Treatment : 27.8 U/ml
 After Dr Arpit Chopra Jain Modern Homeopathy : 0.1 U/ml

CA 19.9
 Before Treatment : 12.5 U/ml
 After Dr Arpit Chopra Jain Modern Homeopathy : 0.1 U/ml



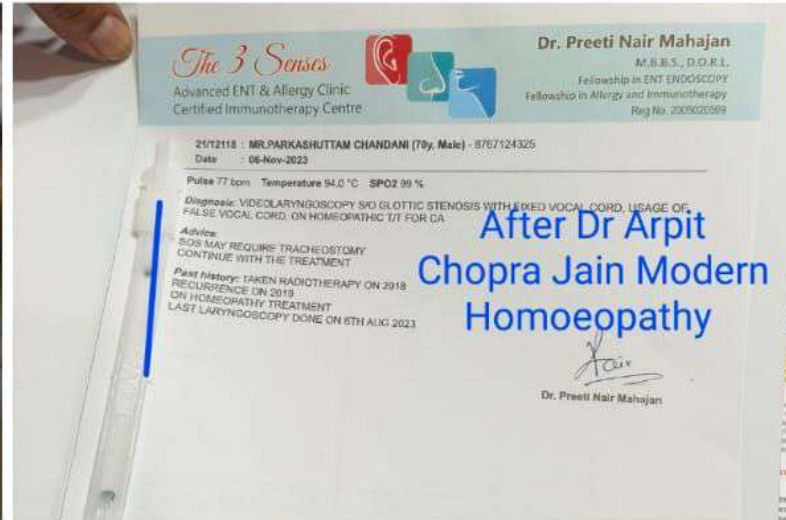
VOCAL CORD CANCER, DYSPLASIA, AND LEUKOPLAKIA



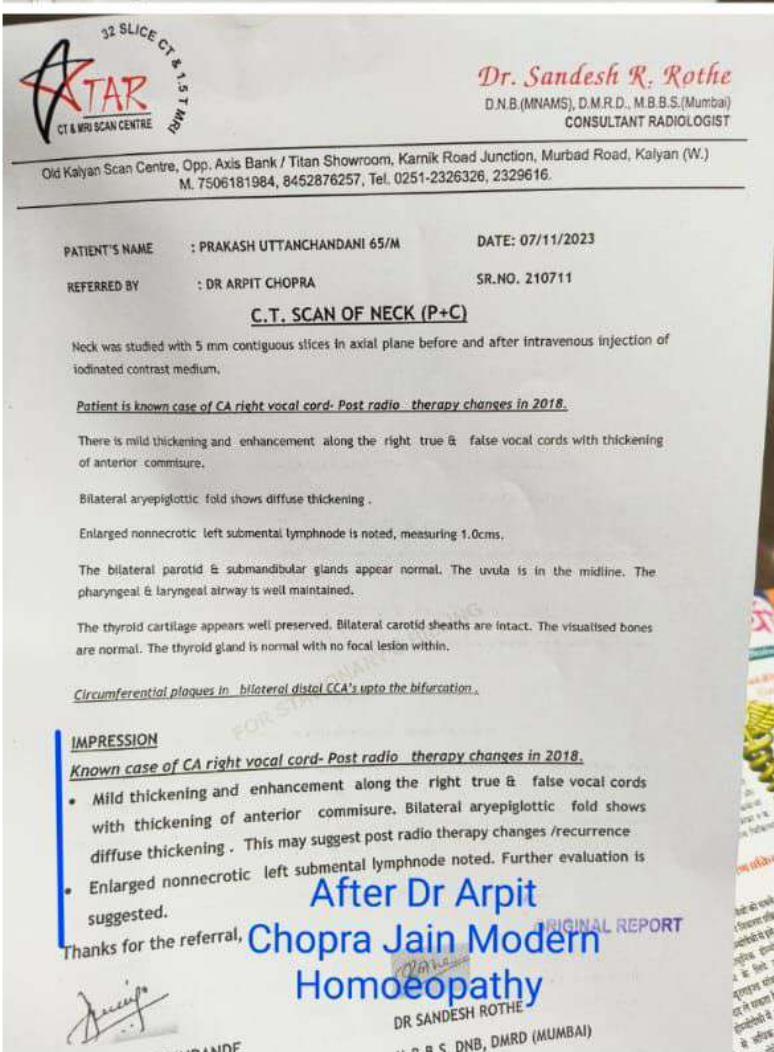
Before Treatment



Before Treatment

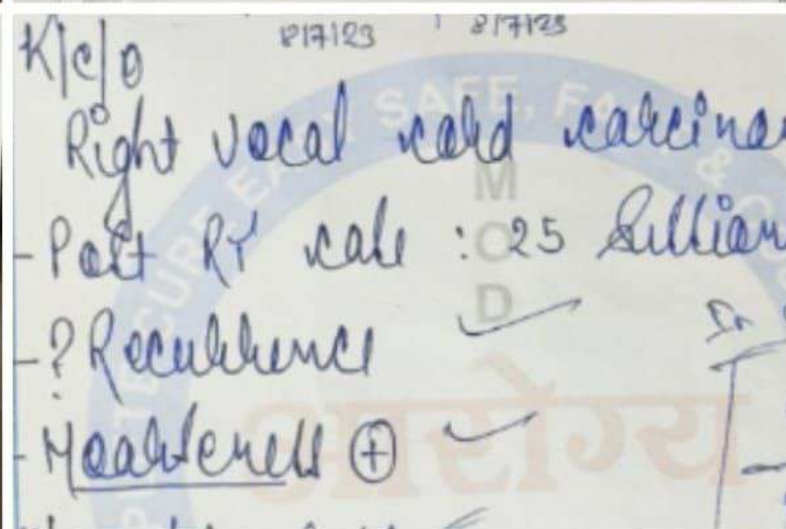


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C.T. SCAN OF NECK (P+C)

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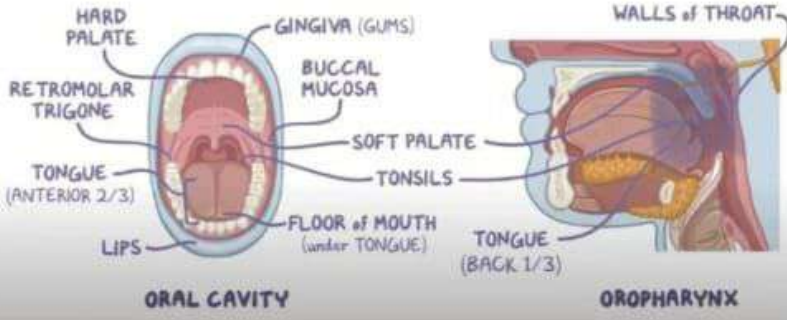
डॉ. अर्पित चौपडा (जैन)
एच. डी. होम्योपैथी जटिल, असाध्य एवं शल्य रोग विशेषज्ञ

आरोग्य सुपर स्पेशलिटी
कम्पलिट, परमानेंट, ईजी, सेफ,

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99075 27914 संपर्क : 0731-4
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ORAL CANCER

ORIGINATE in the ORAL CAVITY



Oral Cancer

Here are some common signs and symptoms:



Lip or mouth sores that bleed easily and don't heal within two weeks



Rough spots or crusty areas on your lips, gums or inside your mouth

Right buccal mucosa carcinoma
 Salivary gland differentiated section
 Lymph node 14x9mm (28/6/23)
 10 chronic tobacco streak

आदित्य डायग्नोस्टिक सेन्टर
 (आयुर्विज्ञान एवं एम्ब-टे)
 राष्ट्रीय संघ आदित्य राष्ठीय डायग्नोस्टिक (एम्ब-टे)
 सहायक संघ आदित्य राष्ठीय डायग्नोस्टिक (एम्ब-टे)
 LLC ऑफिस के बगल में, रामबाग, मीरजापुर-231001
 ☎ - 05442-252876, ☎ - 8173994695, 7007656176
 समय 8 बजे प्रातः से 6 बजे रात तक

Reported By:
डॉ० अनिल श्रीवास्तव
 एम.बी.बी.एस., सी.सी.टी.टी., एम.ए.जी.एच., एम.आर.एच., एच.एस.एच.
 एम्ब-टे-सी:
 → आई.एच.एच., सी.एच.यू., कानगरी
 → अरुणो हरिपट्टन, पटना
 → इको एक्स्पर्ट एण्ड इम्पेजिंग सेन्टर, कलकत्ता

Patient: **MR. SHIV NISHI PANDEY** Age/Sex: 35 Yrs Male
 Ref/City: **ARPIT CHOPRA JAIN (INDOR)**
 Patient ID: 312326443
 Form ID: 8312512

Registered On: 03/11/2023 11:18:46
 Collected On: 03/11/2023 11:20:07
 Received On: 03/11/2023 11:20:08
 Reported On: 06/11/2023 14:20:24

Test Name: **IMMUNOLOGY**
 Value: **211** Unit: **U/ml**
 Biological Ref Interval: **<75**

CA 15.9 (Abundant, ECLIA)

CA 15.9 is a tumour marker used to monitor the response to treatment in breast cancer patients. It is not used for the diagnosis of breast cancer. It is used to monitor the response to treatment in breast cancer patients. It is not used for the diagnosis of breast cancer.

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LLC ऑफिस के बगल में, रामबाग, मीरजापुर-231001
 ☎ - 05442-252876, ☎ - 8173994695, 7007656176
 समय 8 बजे प्रातः से 6 बजे रात तक

एम्ब-टे-सी:
 → आई.एच.एच., सी.एच.यू., कानगरी
 → अरुणो हरिपट्टन, पटना
 → इको एक्स्पर्ट एण्ड इम्पेजिंग सेन्टर, कलकत्ता

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 Patient ID: 312326443
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Registered On: 03/11/2023 11:18:46
 Collected On: 03/11/2023 11:20:07
 Received On: 03/11/2023 11:20:08
 Reported On: 06/11/2023 14:20:24

Test Name: **CCA (CARCINO EMBRYONIC ANTIGEN), SERUM**
 Value: **211** Unit: **U/ml**
 Biological Ref Interval: **<75**

CCA (CARCINO EMBRYONIC ANTIGEN), SERUM

CCA is a tumour marker used to monitor the response to treatment in colorectal cancer patients. It is not used for the diagnosis of colorectal cancer. It is used to monitor the response to treatment in colorectal cancer patients. It is not used for the diagnosis of colorectal cancer.

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राष्ट्रीय संघ आदित्य राष्ठीय डायग्नोस्टिक (एम्ब-टे)
 सहायक संघ आदित्य राष्ठीय डायग्नोस्टिक (एम्ब-टे)
 LLC ऑफिस के बगल में, रामबाग, मीरजापुर-231001
 ☎ - 05442-252876, ☎ - 8173994695, 7007656176
 समय 8 बजे प्रातः से 6 बजे रात तक

एम्ब-टे-सी:
 → आई.एच.एच., सी.एच.यू., कानगरी
 → अरुणो हरिपट्टन, पटना
 → इको एक्स्पर्ट एण्ड इम्पेजिंग सेन्टर, कलकत्ता

Patient: **MR. SHIV NISHI PANDEY** Age/Sex: 35 Yrs Male
 Ref/City: **ARPIT CHOPRA JAIN (INDOR)**
 Patient ID: 312326443
 Form ID: 8312512

Registered On: 03/11/2023 11:18:46
 Collected On: 03/11/2023 11:20:07
 Received On: 03/11/2023 11:20:08
 Reported On: 06/11/2023 14:20:24

Test Name: **CA 19.9**
 Value: **211** Unit: **U/ml**
 Biological Ref Interval: **<75**

CA 19.9 (Abundant, ECLIA)

CA 19.9 is a tumour marker used to monitor the response to treatment in pancreatic cancer patients. It is not used for the diagnosis of pancreatic cancer. It is used to monitor the response to treatment in pancreatic cancer patients. It is not used for the diagnosis of pancreatic cancer.

After Dr Arpit Chopra Jain Modern Homoeopathy

कैंसर, किडनी फेलियर, अस्पताल में गंभीर 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 ।



अर्पित चौपडा (जैन)
 एम. सी. होम्योपैथी
 मटिल, असाध्य एवं
 शल्य रोग विशेषज्ञ

आरोग्य सुपर स्पेशलिटी माईन होमियोपैथी
 कम्प्लिट, परमानेन्ट, 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.homoeopathycure.in, www.aarogyahomoeopathyindore.com Email : arpitchopra23@gmail.com



YouTube
Dr Arpit Chopra Jain ...



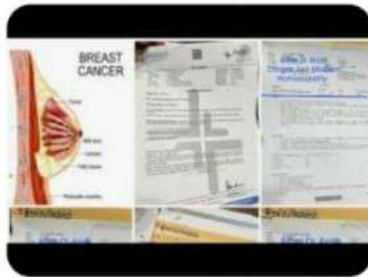
YouTube
Breast Cancer Cured | Multip...



YouTube
Breast Cancer | Breast Canc...



YouTube
Dr Arpit Chopra Jain ...



YouTube
Breast Cancer Invasive Duct...



YouTube
Breast Cancer Invasive Duct...



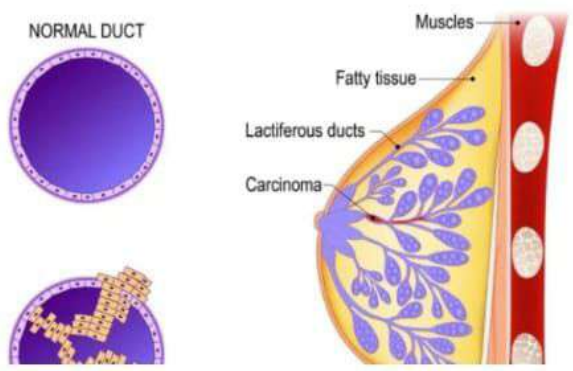
Breast cancer

Also called: breast carcinoma

- Overview
- Symptoms
- Treatments

Cancer that forms in the breast tissue.
Breast cancer occurs in women and rarely in men.

Invasive ductal carcinoma



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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कम्पलिट, परमानेन्ट, ईजी, सेफ, फास्ट एण्ड कॉस्ट इफैक्टिव
श्रीम मंजिल, कृष्णा टॉवर, क्योरवेल हॉस्पिटल के सामने, जंजीरवाला चौराहा, न्यू पलासिया, इन्दौर
99075 27914 संपर्क : 0731-4977076, 79999 78894
moeopathy.cure.in, www.aarogyahomoeopathyindore.com Email : arpit Chopra23@gmail.com

BREAST CARCINOMA : JAN 23
Infiltrating duct carcinoma
Grade
Lobular neoplasm
3.2 x 1.4 cm (Right Breast) 18/2/23
2.4 x 1.8 cm (Left Breast)
- B/L retracted, myoecial & subcutaneous

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 इफैक्टिव

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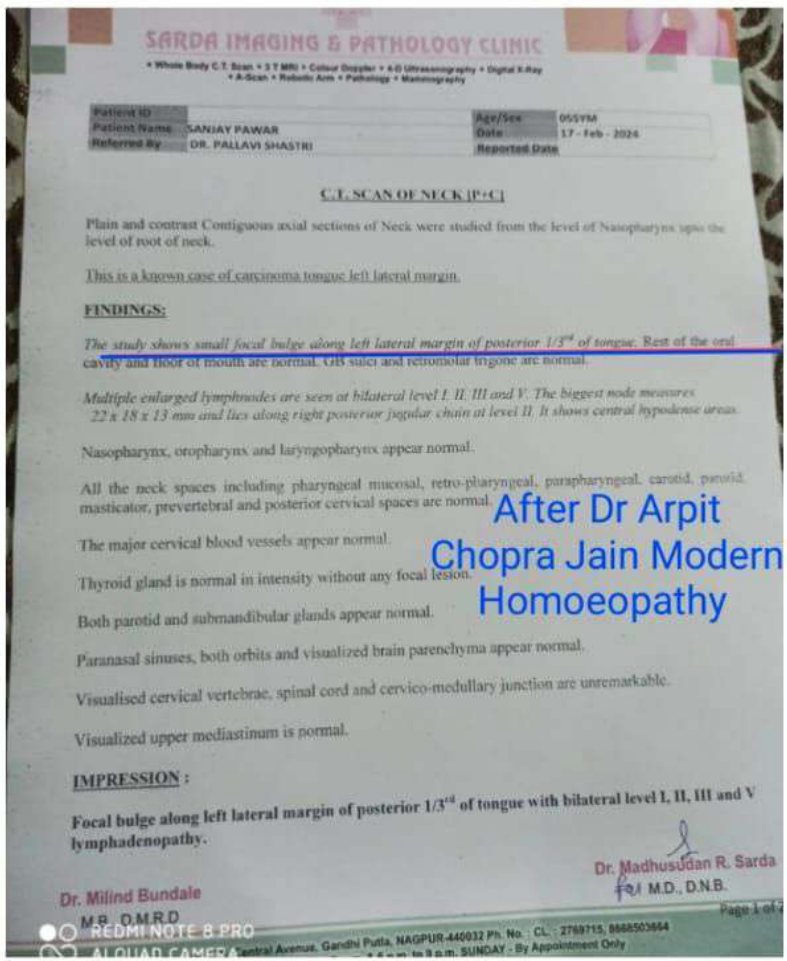
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अर्पित चौपडा (जैन)
एम. डी. होम्योपैथी
एल, असाध्य एवं
न्य रोग विशेषज्ञ



Before Treatment



After Dr Arpit Chopra Jain Modern Homoeopathy

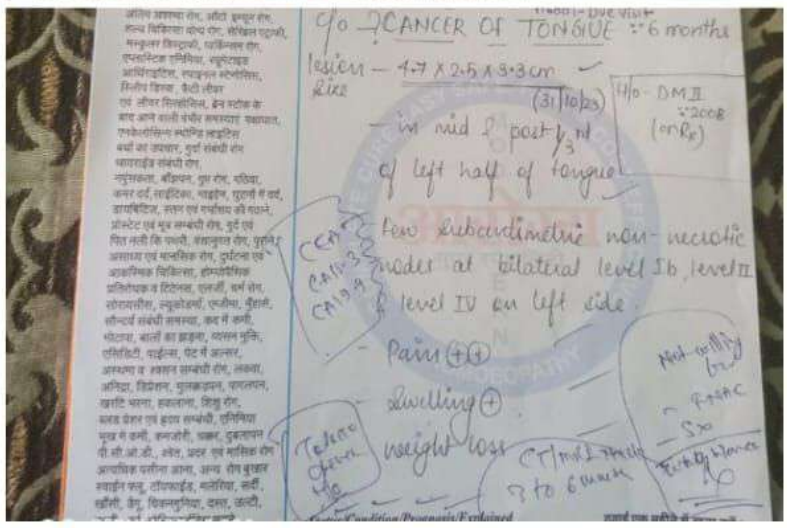
Oral cancer

Also called: oral cavity cancer

- Overview
- Symptoms
- Treatments

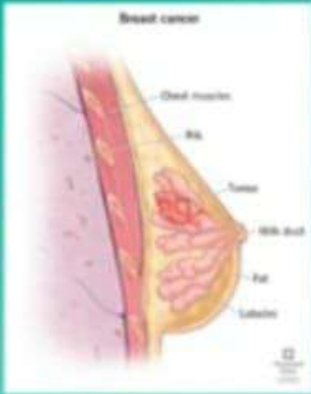
Cancer develops in any part of the mouth including the tongue.

Risk factors include tobacco use, heavy alcohol use, human papillomavirus (HPV) infection and genetic factors

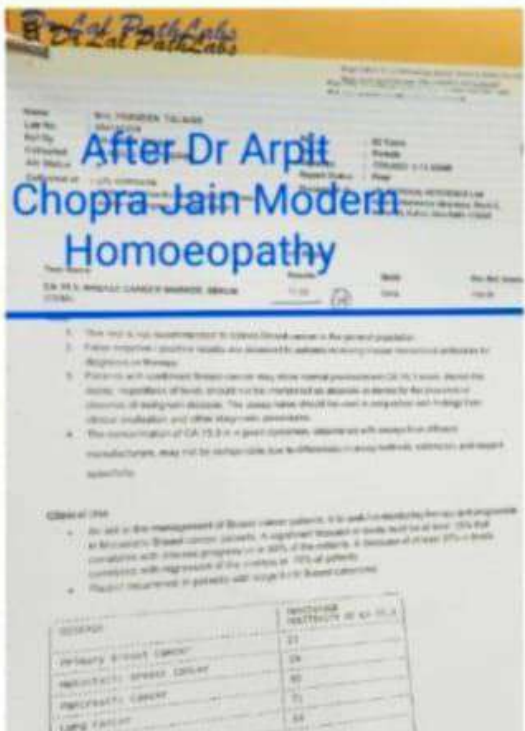
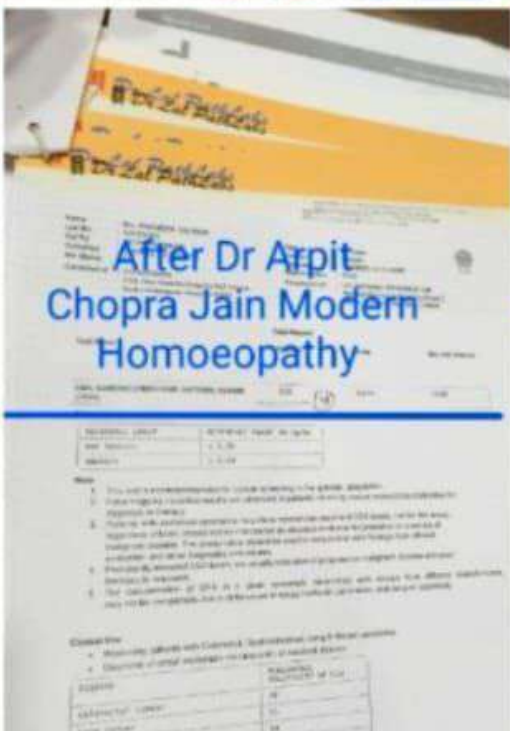
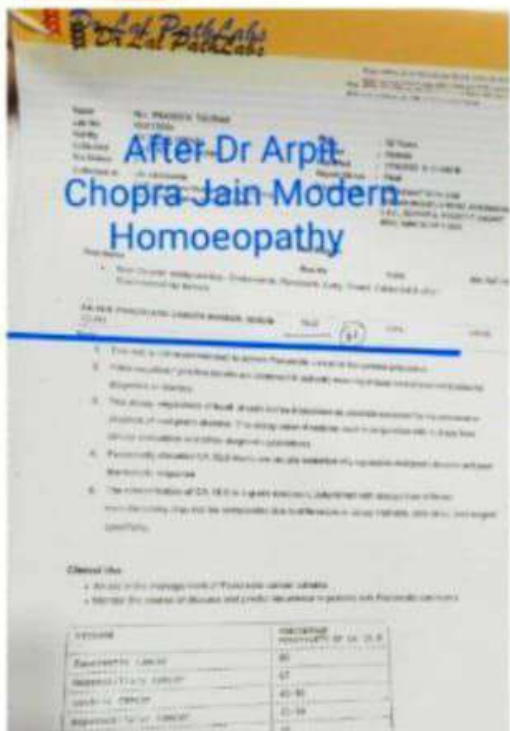
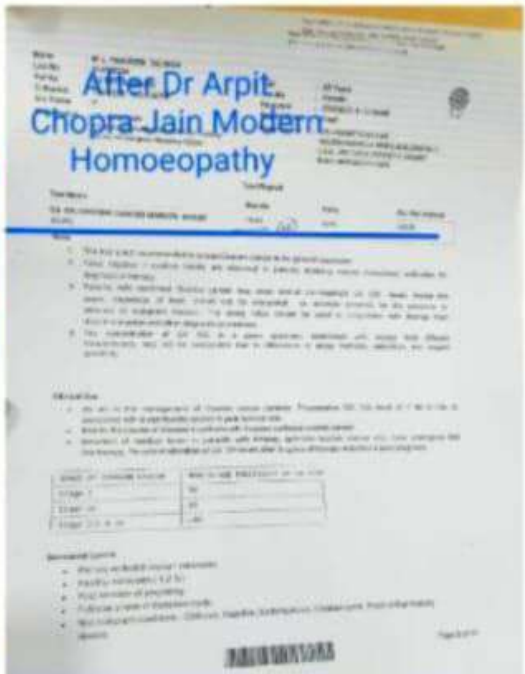
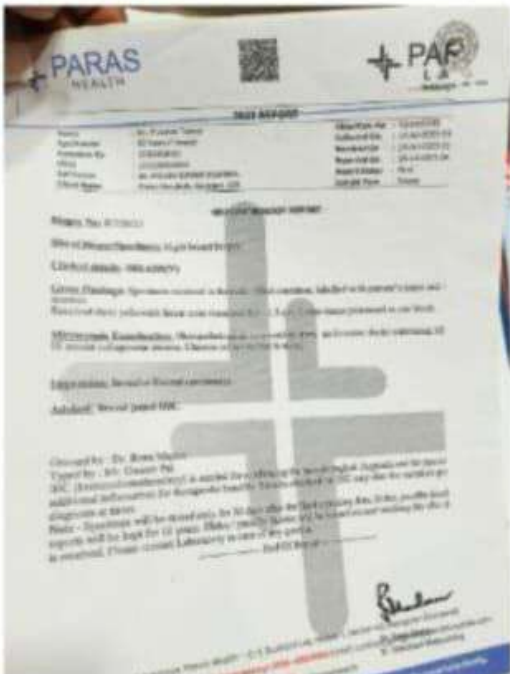
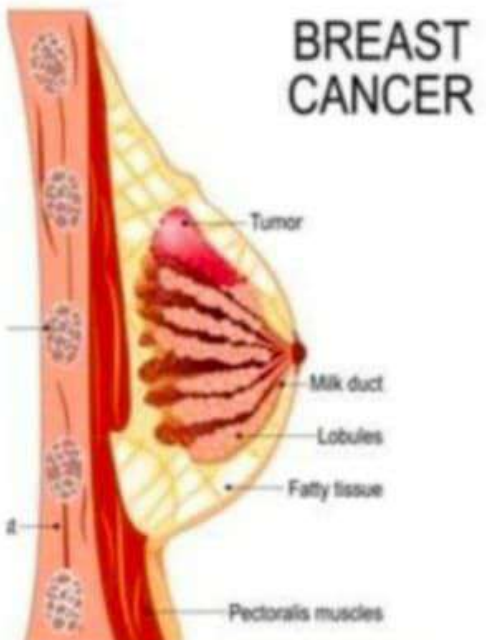




आरोग्य सुपर स्पेशलिटी मॉडर्न होम्योपैथिक क्लिनिक



Mrs. Praveen Talwar
Breast Cancer Patient From Gurugram





10 Astrocytoma : 2018
 - Post chemotherapy :- cycles (oral)
 - Post Radiation :- 30 sessions.
 Recurrence
 Lesion measure - 80x59x58.7mm
 9 June 23

www.homoeopathycurer.in www.aurogri.homoeopathyindia.com Email: arpit Chopra23@gmail.com

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 Director, Aurogri
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 101, Bani Park, Sector 17, Gurgaon, Haryana
 Phone: 0713-497076, 97130-97373, 79999-78844, 98705-27914

आर्योपचार
 COMPLETE CURE FOR ALL DISEASES

STAR IMAGING AND RESEARCH CENTRE

NAME	SANJAY JANARDHAN PURANK	STUDY DATE	09-06-2023 19:22:42
REF. BY	DR. AMIT BHATT	PATIENT ID	SS-S10125275
BARCODE		AGE	59Yrs

Before Treatment

MRI BRAIN (TUMOUR PROTOCOL)

Clinical profile: Recurrent low-grade astrocytoma. CT RT done. MRI brain was performed before and after intra-venous injection of contrast. T2* perfusion MRI and MRS spectroscopy was also performed. Previous MRI dated 3 January 2023 was available for comparison.

Study reveals large FLAIR hyperintense signal abnormally with cortical thickening involving the right frontal lobe with contiguous involvement of anterior aspect of the right temporal lobe. Significant mass effect is seen due to associated oedema, causing compression of the right lateral ventricle and subfalcine midline shift of 5 mm to the left side. Extension of oedema and signal abnormally is seen into the left frontal lobe across the genu of the corpus callosum. Involvement of the ipsilateral external and internal capsule is seen. Foci of hemorrhage are seen within the lesion in right frontal lobe as well as in the adjacent genu fibers.

Lesion shows restricted diffusion. Post contrast images reveal multiple nodular areas of enhancement involving most of the lesion. Spectroscopy reveals persistent choline elevation. Choline: NAA is 16. Choline to Cr ratio is 9. Lesion measures 80 x 59 x 58.7 mm in AP x TR x SI dimensions on today's evaluation and has significantly increased in size as compared to previous study [-86 x 32 x 30 mm (AP, TR, CC) on previous study].

Left frontal burr hole is noted. No posterior fossa lesion is apparent. Rest of the ventricular system and basal cisterns appear normal. Flowvoids of basal cerebral vessels look normal.

IMPRESSION:

• 3T MRI + CARDIAC CT SCAN + DIGITAL MAMMOGRAPHY WITH TOMOSYNTHESIS + USG & DOPPLER + BMD + DIGITAL X-RAY

STAR IMAGING AND RESEARCH CENTRE

NAME	SANJAY JANARDHAN PURANK	STUDY DATE	09-06-2023 19:22:42
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Dr. Arpit Chopra
 M.D., D.H.R.
 Reg. No. 88875

Images are not for diagnostic purpose
 JANARDHAN PURANK Patient id: SW44248 Name: SANJAY

STAR IMAGING AND RESEARCH CENTRE

NAME	SANJAY JANARDHAN PURANK	STUDY DATE	13-01-2024 12:45:49
REF. BY	DR. AMIT BHATT	PATIENT ID	SW44248
BARCODE		AGE	59Y 2M 29D

MRI BRAIN (TUMOUR PROTOCOL)

This is a follow-up evaluation. Previous study dated 12th September 2023 was available for comparison.

On today's follow-up study, heterogeneous area of signal alteration is seen in right frontal lobe, predominantly involving the subcortical and periventricular white matter. It is located in medial and lateral orbital gyri as well as the inferior frontal gyrus. Mottled T2 hyperintensity is seen in this region. Few small foci of diffusion restriction are noted. The area of signal alteration and associated brain expansion has reduced on today's follow-up study.

Few nodular foci of enhancement are noted. Areas of T1 shortening are seen. Enhancement has also significantly regressed as compared to the previous study. Enhancement is irregular and ill-defined roughly measuring 32 x 31 x 37 mm in size as compared to the previous size of 46 x 37 x 39 mm.

Previously noted areas of hyperperfusion in this region has significantly reduced.

Multivoxel intermediate TE MR spectroscopy shows slight elevation of choline with choline to creatine ratio of 1.33. Choline to NAA ratio is 1.37.

Extensive signal abnormally is seen in frontal subcortical and periventricular white matter on right side. Extension of the signal changes along the right external capsule and anterior limb of internal capsule is noted. Affection of corpus callosum genu and proximal body is seen. Persistent signal alteration is noted in left frontal periventricular and subcortical white matter.

Linear area of susceptibility is seen in left frontal lobe along the tract.

No posterior fossa lesion is apparent.

After Dr Arpit Chopra Jain Modern Homoeopathy

• 3T MRI + CARDIAC CT SCAN + DIGITAL MAMMOGRAPHY WITH TOMOSYNTHESIS + USG & DOPPLER + BMD + DIGITAL X-RAY

STAR IMAGING AND RESEARCH CENTRE

NAME	SANJAY JANARDHAN PURANK	STUDY DATE	13-01-2024 12:45:49
REF. BY	DR. AMIT BHATT	PATIENT ID	SW44248
BARCODE		AGE	59Y 2M 29D

After Dr Arpit Chopra Jain Modern Homoeopathy

Normal ventricular system and basal cisterns. Flowvoids of basal cerebral vessels look normal.

No new lesions are seen on today's follow-up study.

IMPRESSION:

Further reduction in area of signal alteration in right frontal lobe and associated enhancement is noted on today's follow-up study. No new lesions are seen. Features are consistent with positive response to treatment.

Dr. Ashish Atri
 M.D., D.H.R.
 Reg. No. 67645

Images are not for diagnostic purpose
 JANARDHAN PURANK Patient id: SW44248 Name: SANJAY

After Dr Arpit Chopra Jain 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।



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

आरोग्य सुपर स्पेशलिटी मॉडर्न होमियोपैथी

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UlcER ON BUCCAL MUCOSA
Squamous cell carcinoma
lower lip : 2-3 months
Size of lesion - 20x7x12mm (26/12/23)
HINOKI
Tobacco chewing
DMII (on lip)
Well defined hypo-dense lesion in thyroid gland
Size of lesion - 16x13mm ? Benign
To remove lesion

HISTOPATHOLOGY REPORT
INCISIONAL BIOPSY LOWER LIP
Z-183/2023
GROSS
Two greyish firm tissue pieces targeted was measuring 0.5 cms. were received. Both were processed.
MICROSCOPIC
Sections show portion of a tumour consisting of proliferated sheets, strands and epithelial pearls composed of squamous cells having hyperchromatic nuclei and eosinophilic cytoplasm. Intervening stroma show mixed inflammatory cell infiltrate. Mitotic figures are seen.
DIAGNOSIS
WELL DIFFERENTIATED SQUAMOUS CELL CARCINOMA

Diagnostic Cancer Confirmation

What Is Oral Cancer?

Abnormal cell growth on the lips, inner lining of the mouth, tongue, or throat.

Major risk factors include alcohol and tobacco use.

A biopsy confirms the diagnosis.

Oral Cancer

Some common signs and symptoms include:

आरोग्य सुपर स्पेशलिटी मॉडर्न होमियोपैथी

अर्पित चौपड़ा (जैन)

After Dr Arpit Chopra Jain Modern Homoeopathy

आरोग्य सुपर स्पेशलिटी मॉडर्न होमियोपैथी

अर्पित चौपड़ा (जैन)

After Dr Arpit Chopra Jain Modern Homoeopathy

Rough, scaly patches on the lips, gums, or inside of the mouth.

Mouth sores that do not heal within two weeks.

Difficulty swallowing or speaking.

Unexplained weight loss.

Earache.

WHAT ARE MOUTH CANCER SYMPTOMS?

- A lump in the neck region
- Red or white patches in/on the mouth or lips
- Sores or swelling over tongue or cheek
- Earache

Unexplained weight loss

Earache

ANAL CANCER VS. RECTAL CANCER

how they compare

FAST FACTS

ANAL CANCER

- Infection with certain types of HPV
- Living with STD
- Being older than 50
- Cigarette smoking
- Having a history of ulcers

RECTAL CANCER

- Inherited genetic mutations
- Inflammatory bowel disease
- Heavy alcohol consumption
- Cigarette smoking
- A diet high in red and processed meats

Rectal Cancer

RECENTLY DIAGNOSED
CHRONIC
PROBLEM CURED

क्रिटिकल केस का सफल ईलाज

Parasram Jain

सक्सेस स्टोरी

मॉडर्न होमियोपैथी के

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

Rectal Cancer Survivor story | Dr. Arpit Chopra Jain | Without Surgery & ...

Rectal / Colorectal Cancer

CANCER CURED WITHOUT SURGERY

सक्सेस स्टोरी मॉडर्न होमियोपैथी के

Rectal Cancer Cured | Case Story | Dr. Arpit Chopra Jain

Rectal Cancer Carcinoma resection | Dr. Arpit Chopra SuperSpecialty Modern Homoeopathy

DIAGNOSTICS

CA 153 CANCER MARKER TEST

Before Treatment

Test Name	Observed Value	Ref. Interval
CA 153	28.0	0 - 30.0

Dr. Arpit Chopra Jain, 237, Aarogya Nagar, Preeti Vihar, Gurgaon

SODANI DIAGNOSTIC CLINIC

MEDICAL REPORT

After Dr Arpit Chopra Jain Modern Homoeopathy

Test Description	Value	Reference Range
CA 153	20.2	0 - 30.0

Dr. Arpit Chopra Jain, 237, Aarogya Nagar, Preeti Vihar, Gurgaon

Quality Modern Homeopathy

Dr. Arpit Chopra Jain

Rectal Cancer patient responded by Dr Arpit Chopra Jain Aarogya Super S...

SODANI DIAGNOSTIC CLINIC

MEDICAL REPORT

After Dr Arpit Chopra Jain Modern Homoeopathy

Technique: CT Abdomen & Pelvis

Conclusion: In a limited follow-up case of Ca adenocarcinoma, CT study reveals mild interval regression in the anterior abdominal wall thickness... decrease in the length of segment involved and slight decrease in the maximum wall thickness.

Dr. Arpit Chopra Jain, 237, Aarogya Nagar, Preeti Vihar, Gurgaon

SODANI DIAGNOSTIC CLINIC

MEDICAL REPORT

After Dr Arpit Chopra Jain Modern Homoeopathy

Conclusion: In a limited follow-up case of Ca adenocarcinoma, CT study reveals mild interval regression in the anterior abdominal wall thickness... decrease in the length of segment involved and slight decrease in the maximum wall thickness.

Dr. Arpit Chopra Jain, 237, Aarogya Nagar, Preeti Vihar, Gurgaon

Aarogya Super Speciality Modern Homoeopathic Clinic

Dr. Arpit Chopra Jain

Rectal Cancer patient responded by Dr Arpit Chopra Jain Aarogya Super S...

Dr. Arpit Chopra Jain, 237, Aarogya Nagar, Preeti Vihar, Gurgaon

Overview of Glioma



What is Glioblastoma?

Glioblastoma is a kind of brain cancer that develops in the glial cells.



DEPARTMENT OF RADIOLOGY

Patient ID:	MGMHM0000194352	Patient Name:	VIJAY KUMAR PATEL
Age:	42 Years	Sex:	M
Ref. Physician:	Dr. Roopesh	Study Date:	21-Sep-2023

MRI BRAIN WITH PERFUSION AND CONTRAST (POST OP MRI)

CLINICAL HISTORY: Right frontal glioma - Post excision of tumour - POD - 1

PROTOCOL

DWI, SWI,
T2 Axial, sagittal and coronal,
T1 Axial and 3D FLAIR
ASL perfusion
Post Contrast T1FS

FINDINGS:

Status post right fronto-temporal craniotomy and excision of underlying large right frontal tumour. Subgaleal collection with air-fluid level noted with a drain tube in situ.

Underlying postsurgical changes with minimal bifrontal pneumocephalus and right frontal extra-axial collection measuring upto 0.8 cm noted. This communicates with the resection cavity.

Large resection cavity measuring 3.6 x 4.3 x 3.7 cm (AP x TR x CC) is noted in the right frontal lobe with extensive haemorrhagic residue along the periphery of the cavity. T2/FLAIR hyperintense residual tumour rim noted along the posteromedial rim of the resection cavity inferiorly.

The enhancing nodular component along the superomedial aspect of the tumour has been resected.

Mass effect seen with effacement of the right lateral ventricle and midline shift of 9 mm towards the left side.

Both the thalami appear normal.
Pituitary gland and sella turcica are normal.
The cavernous sinuses and the internal carotid arteries are normal.
The midbrain, pons and medulla appear normal.

Before Treatment

DEPARTMENT OF RADIOLOGY AND IMAGING
Patient Name: Vijay Kumar Patel UHID: KH1000903932
Sex | Age: M/43 y Referred By: Dr. PRANAV CHADHA
Exam Date: 04/04/2024 Encounter: OP / 146118680001
Exam: MRI Tumour Package AccessionNo: 76297948

MRI BRAIN WITH CONTRAST

History: Operated right insular astrocytoma - created for IDH mutant 20/9/2023. Radiotherapy [October - November 2023] with concurrent TMZ. Previous MRI dated 4 January 2024 was available for comparison. 3 cycles of chemotherapy have been administered after the last MRI. Presently no new complaints.

Technique: Multiplanar multisecho plain and contrast MR of the brain has been performed. MR perfusion has been obtained using DSC technique.

Findings

Right frontal craniotomy with postoperative dural enhancement remains stable. Previously seen thin extradural collection under the craniotomy flap has marginally reduced.

Resection cavity in the right frontal lobe now shows fluid signal appearing hyperintense on T2-weighted images and hypointense on T1-weighted images. The resection cavity shows peripheral rim of hemosiderin most marked along the posterior aspect.

The previously seen nodular and plaque-like enhancement along the margins of the resection cavity especially along the superomedial and posterior aspect show reduction in the present study. There is mild reduction in the previously seen enhancement along the right insular-subinsular region. The previously seen nodular and irregular enhancement extending into the right temporal lobe has reduced in the present study. The previously seen tiny foci of enhancement in the subinsular region and right gangliocapsular region are no longer appreciated.

Ill-defined T2/FLAIR hyperintensity is seen around the resection cavity in the right frontal lobe, insular region, extending into the temporal lobe, external capsule and along the right gangliocapsular region. This signal abnormality does not show any significant postcontrast enhancement and remains more or less stable in the present study.

No elevated perfusion or diffusion restriction is seen.

Focal areas of gliosis are noted along the bilateral parasagittal basal frontal lobes which remain unchanged. Rest of the brain parenchyma appears unremarkable.

Mild ex vacuo dilatation of the frontal horn of right lateral ventricle.

After Dr Arpit Chopra Modern Homoeopathy & Chemo

KDAH (Unit of Mandir Foundation) For Brain Cancer Patients (W), Mumbai - 400 003
Appointments: (91-22) 4269 0909 | Accident & Emergency: 24x7
Page 1 of 2



300 प्रकार के असाध्य जटिल रोगों की चिकित्सा।

डॉ. अर्पित चौपडा (जैन)
एम. डी. होमियोपैथी
जटिल, असाध्य एवं
संभव रोग विशेषज्ञ

आरोग्य सुपर स्पेशलिटी माईन होमियोपेथी

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

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

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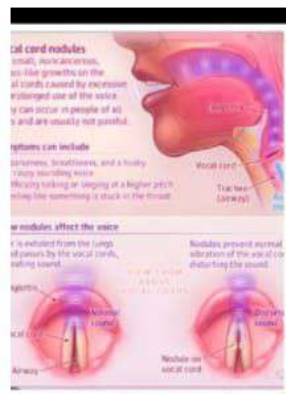
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कैंसर, किडनी फेलियर, अस्पताल में गंभीर रूप से
भर्ती मरिजों का उपचार, कोमा, शल्य चिकित्सा योग्य रोग,
ऑटो इम्यून रोग, जीवनभर दवाई लेने वाले रोगों की रोकथाम एवं
300 प्रकार के असाध्य जटिल रोगों की चिकित्सा।

डॉ. अर्पित चौपडा (जैन)
एम. डी. होमियोपैथी
जटिल, असाध्य एवं

आरोग्य सुपर स्पेशलिटी माईन होमियोपेथी



VOCAL CORD POLYP
Success Story by Dr. Arpit Chopra Jain
सक्सेस स्टोरी
 Dr. Arpit Chopra's SuperSpecialty
 Modern Homoeopathy | 150 cases | 12 years ago

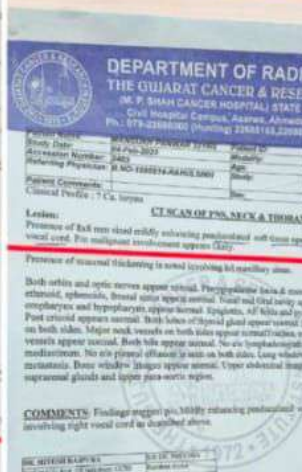
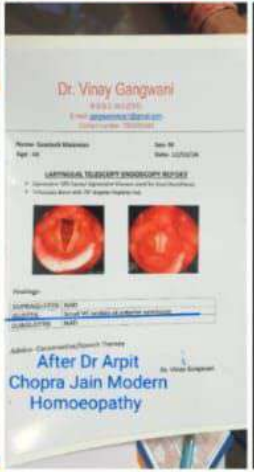
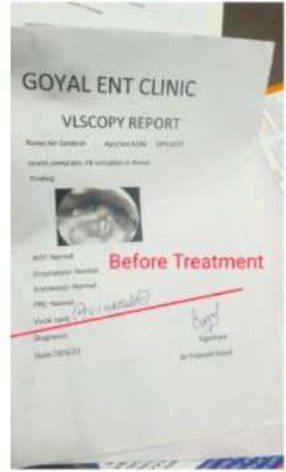
Vocal Cord Nodules
स्वर शुद्धि में गाँठ
सक्सेस स्टोरी
 डॉ. अरुण चोपड़ा जैन का सफल इलाज

ऑपरेशन या सर्जरी के बगैर घाए अपनी समस्याओं का इलाज
किसी प्रकार की सर्जरी या ऑपरेशन से बचाएगा ये वीडियो

Laryngeal Cancer
 Possible cancer locations:
 1. Supraglottis
 2. Glottis
 3. Subglottis

Epiglottis
 Vocal cords
 Larynx
 Trachea

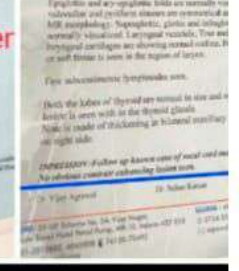
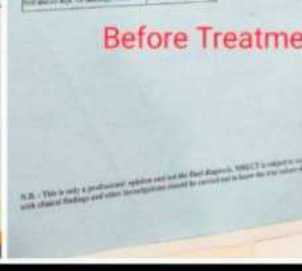
Vocal Cord Larynx Cancer Patient Cured by Dr. Arpit Chopra Jain
Aarogya Modern Homoeopathy Indore



sandesh malonia
 I am Sandesh malonia from itarsi (MP) I am offering for vucle card nodule last 1 year After consulting Dr Arpit Chopra in modern homeopathic clinic indore I am totally free

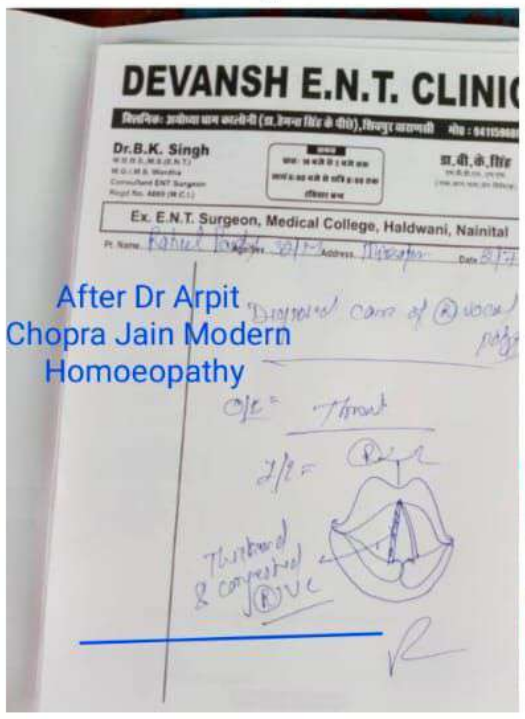


आपका आवाज बचाने के लिए
आपका आवाज बचाने के लिए



Vocal Cord Polyp Nodule Lesion Cured by Dr Arpit Chopra Jain Modern Homeopathy Indore sa... Read more

Vocal Cord mass Larynx Cancer Patient Cured by Dr. Arpit Chopra Jain Aarogya Modern Homoeo... Read more



डॉ. अरुण चोपड़ा जैन ने किया रिसर्च एवं प्रमाणित सुपर स्पेशलिटी मॉडर्न होम्योपैथिक चिकित्सा का अविष्कार

अविष्कार
अविष्कार
अविष्कार



OESOPHAGEAL CANCER
Cancer in the food pipe

TEST REPORT
Patient: MR. JAGDISH SHARMA
Reg. No.: 2004-10871
Age / Gender: 51 / Male
Ref. By: DR. ARPIT CHOPRA
Report Date: 02-04-2024

Center: Ag 19.9 (CA 19.9), Serum

Parameter Observed Value Unit Biological Reference Interval
CA 19.9 1.20 U/ml 0.00 - 3.70

After Dr Arpit Chopra Jain Modern Homoeopathy



TEST REPORT
Patient: MR. JAGDISH SHARMA
Reg. No.: 2004-10871
Age / Gender: 51 / Male
Ref. By: DR. ARPIT CHOPRA
Report Date: 02-04-2024

Center: Ag 19.9 (CA 19.9), Serum

Parameter Observed Value Unit Biological Reference Interval
CA 19.9 1.20 U/ml 0.00 - 3.70

TEST REPORT
Patient: MR. JAGDISH SHARMA
Reg. No.: 2004-10871
Age / Gender: 51 / Male
Ref. By: DR. ARPIT CHOPRA
Report Date: 02-04-2024

Center: Ag 19.9 (CA 19.9), Serum

Parameter Observed Value Unit Biological Reference Interval
CA 19.9 1.20 U/ml 0.00 - 3.70



STOMACH CANCER

After Dr Arpit Chopra Jain Modern Homoeopathy



STOMACH CANCER

After Dr Arpit Chopra Jain Modern Homoeopathy



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डा. अर्पित चोपड़ा (जैन)
एन. डी. होम्योपैथी जटिल, असाध्य एवं शल्य रोग विशेषज्ञ

आरोग्य सुपर स्पेशलिटी मॉडर्न होम्योपैथी
कम्प्लिट * परमानेंट * ईजी * सेफ * फास्ट एण्ड एफेक्टिव

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फोन : 0731-4977076, मो.: 97130-92737, 97130-37737, 79999-79999

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Radiology Investigation Report

agilus diagnostics

COLLECTION DATE: 07/06/2024 02:04 PM
ACCESSION NO: 180388001046
PATIENT NAME: MR. JAGDISH SHARMA
PATIENT LOCATION: DR. Sai Baba Trust (2) Hospital
REFERRED BY: DR. Sai Baba Trust (2) Hospital

REPORTING DATE: 07/07/2024 02:00 PM
FORM ID: RAD001702403006
AGE / SEX: 56 Years / Male
CENTRE: SHRI SAI BABA MANDIR

128 SLICE - CECT NECK (I.P.C)

Technique:
A plan and contrast-enhanced multiphase CT of the supra and infrahyoid neck was performed.

Imaging Findings:
Large eccentric asymmetric heterogeneously enhancing soft tissue thickening is seen involving post cricoid cervical portion of esophagus for a length of approx. 4.8 cms. and anteroposterior dimension 4.2 cms. with extension along the left lateral wall with invasion of thyroid lamina and crossed cartilage. Also noted compression of left lobe of thyroid gland.

There are multiple enlarged conglomerated heterogeneously enhancing lymphnodes seen in level II, III, IV and V, largest measuring approx. 5.2 x 4.1 cms. in level III and level IV indenting left CCA and extending into left supraclavicular space.

The nasopharynx, oropharynx, hypopharynx and laryngeal structure do not reveal any abnormality.

The paratracheal and mediastinal spaces are normal bilaterally.

The salivary glands are normal. Trachea and upper esophagus also appear normal. Thyroid gland appears normal. Supraclavicular regions appear unremarkable.

Cervical vertebrae and prevertebral soft tissues appear normal.

Visualized lung parenchyma reveals multiple rounded densities seen in bilateral upper lobe in favor of metastases, largest measuring approx. 12 x 11 mm. in right upper lobe.

Remarks:
Findings are in favour of large eccentric heterogeneously enhancing soft tissue mass seen involving cervical, post cricoid esophagus with destruction of left thyroid lamina and left cricoid cartilage with compression of left lobe of thyroid gland suggestive of significant increase in the size of the lesion. Multiple conglomerated metastatic lymphnodes are seen left cervical neck region - appears to be increase in size.

Multiple rounded nodular densities in bilateral lung upper lobe suggestive of metastases.

Before treatment

Dr. Sangit Chaudhri, M.D.
Sr. Consultant Radiologist
Transcribed By: Dr. Pranshu Bansal

Dr. Pranshu Bansal, DNB FRCC
Consultant Radiologist

Agilus Pathlabs Pvt. Ltd. (Formerly SRL Diagnostics Pvt. Ltd.)
GATE NO. 2, Durgam Chauraha, Phase 2B, Hyderabad (Telangana) India
Radiology Centre: 0791 2407286, 0274881 | www.agilusdiagnostics.com
Bansal Office: 74, Convent Plaza, Park Road Marg, Opposite C Block Market, Sector 29, Vasant Vihar, New Delhi - 110002 | CN - 08260042009/PT/27488

BANSAL DIAGNOSTIC CENTRE
Pathology | Sonography | X-Ray | ECG | Echo | Dermatology | CT Scan
Reception: 8349285583, 9424785583, 8103310R16 CT Scan 8305463640 Skin clinic 9479811136

Name	MR. JAGDISH SHARMA	Age	069Y - M
Date	07/06/2024	Patient Id	9012005
Referring Doctor	SAI MANDIR TRUST	Center	Bansal Diagnostic Centre City - Indore

CECT NECK

TECHNIQUE: Helical CT study of neck was performed on multislice CT scanner pre & post administration of intravenous 50 cc non-ionic iodinated low osmolar contrast media @ 2 cc/sec with axial, sagittal & coronal reconstruction of images.

OBSERVATION AND IMPRESSION:
Previous CECT report dated 19-02-2024 is available for reference.

- The study reveals a heterogeneously enhancing soft tissue infiltrating mass still involving the post-cricoid cervical esophagus. It now measures 2.6 (AP) x 4.1 (TR) x 4.0 (CC) cms. It is involving left pyriform sinus extending to left aryepiglottic fold and peri-epiglottic fat. It is also involving left true vocal cord and false cord. Cricopharynx involvement seen with irregular circumferential mural thickening and marked luminal narrowing.
- It also extends to the posterior commissure medially and abuts prevertebral fascia posteriorly with loss of intervening fat planes. Extra-laryngeal extension is noted on left side with lytic destruction of the posterior part of the left lamina of thyroid cartilage. It also extends posterolaterally abutting the left carotid and jugular vessels. The arytenoids, cricoid cartilage and right lamina of thyroid cartilage appear intact.
- Multiple enlarged as well as subcentimeter sized lymph nodes are noted at level II, III, IV, V and supraclavicular region. Largest is noted at level IV and supraclavicular region, measuring 3.9 x 3.5 cms, with perinodal extension and encasement of the left CCA and IJV for almost 360 degrees.
- Multiple other small subcentimeter sized lymph nodes are noted in bilateral cervical spaces - appear reactive
- Naso-pharynx and oro-pharynx appear normal. Tongue shows normal morphology with usual density. Mandible appears normal.
- Both parotid and submandibular glands show normal morphology. Right sided neck vessels are normal. Thyroid gland appears normal. Rest of the visualized bones appear normal.
- Patchy fibrotic scarring is seen in bilateral lung parenchyma with right basal pleural calcified plaque.

Overall, as compared to previous CT scan report there is evidence of mild reduction in size of lesion and nodal mass - suggestive of partial treatment response. Kindly, correlate clinically.

After Dr Arpit Chopra Jain Modern Homoeopathy

Dr Pranshu Bansal
Consultant Radiologist

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Name:	RADHESHYAM SEN	Age / Sex	70Y/M	OPD
Consultant:	DR ASEEM KAPADIYA MS MCH UROLOGY FAGE	Date	18 DEC 2023	
Ref. By:	DR AMAN JAISWAL BHMS	Remarks:		

USG - WHOLE ABDOMEN

Clinical history- Burning micturition and incomplete sense of voiding for last 1 year.	
Patient Cooperation- Optimum.	Limitation- None.
Comparison- None.	

Liver (13.9 cm) is normal in size, shape and echotexture. Portal and hepatic veins appear normal. No focal lesion is seen. No IHBR dilatation seen.

Gall bladder is partially distended. Portal vein (1.0 cm) and CBD appears normal.

Pancreas appears normal. Spleen (10.5 x 4.8 cm) is normal in size & echotexture.

Kidneys: RK (10.3 x 5.5 cm) & LK (10.2 x 5.7 cm).

Both kidneys are enlarged in size and shows moderate to severe hydronephrosis, more on right. Cortical thickness of right kidney-0.9 cm, Cortical thickness of left kidney-1.4 cm. Right renal AP diameter-3.3 cm. Left renal AP diameter-2.2 cm. However, no paper thinning of cortex is seen on either side. Marked cortical scarring is also seen bilaterally.

No significant reduction in renal pelvis AP diameter is noted after post void.

No significant intra-abdominal lymphadenopathy. No evidence of ascites.

Urinary bladder is optimally distended and shows marked thickened wall with trabeculations and multiple particulates floating echoes.

Pre void volume- 300 cc. Post void residual volume- 200cc.

Prostate appear mild enlarged in volume with mild enlarged median lobe (peri urethral zone) which is mild indenting to underlying bladder base.

The prostate is measuring approximately, 5.5x 5.0 x 5.6 cm, volume- 83.85 cm³ corresponding to 88.18 gm weight. The enlarged median lobe is measuring approximately 2.8 x 2.8 x 3.0 cm, volume- 13.2 cm³ significantly indenting the bladder base. Heterogeneous echotexture of prostate is also noted with few hypochoic areas.

Impression:

Moderate to severe hydronephrosis (more on right) of both kidneys with Cortical thickness of right kidney-0.9 cm, Cortical thickness of left kidney- 1.4 cm. Right renal AP diameter-3.3 cm. Left renal AP diameter-2.2 cm. However, no paper thinning of cortex is noted. No significant reduction in renal pelvis AP diameter is noted after post void.

Marked enlargement of prostate (BPH grade- III) with enlarged median lobe significantly indenting the bladder base. Heterogeneous echotexture of prostate is also noted with few hypochoic areas, could be representing capsular breach. Needs correlation with PSA levels and Dedicated Post contrast MR Prostate for further characterization.

Urinary bladder is optimally distended and shows marked thickened wall with trabeculations and multiple particulates floating echoes.

Pre void volume- 300 cc. Post void residual volume- 200cc.

Representing features of chronic bladder outlet obstruction and marked cystitis.

DR. RAJESH KUMAR GUPTA
MSIB

DR AAYUSH MUNDRA
MRBS, DMRE

डाक्टर कॉन्सल्ट करे MRI केंद्र पर 0731-2324617, 9288200
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Before Treatment

नर्मदा

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☎ 0731-4939242 ☎ 99816-84242, 76920-56320

सोनोग्राफी 3D-4D * कलर डोपलर * पैथोलॉजी * इंसिफ्रेंट क्यूरेट

Patient's Name:	MR. RADHESHYAM SEN	Age/Sex:	60 Y/M
Ref. by:	Dr. ARPIT CHOPDA JAIN	Date:	02/07/2024

SONOGRAPHY- WHOLE ABDOMEN

Liver: Liver is normal in size (12.9 cms) and echotexture. Intra and extrahepatic biliary radicals are not dilated. Hepatic vein & Portal vein appear normal & undilated. CBD is normal in caliber & undilated.

Gall bladder: GB is well distended with echo free lumen. Wall thickness is normal.

Spleen: Spleen is normal in size (10.1 cm) and echotexture.

Pancreas: Visualized part of Pancreas is normal in size and echotexture.

Kidneys: Both kidneys are normal in size, shape, outlines & echogenicity. Mid cortical thickness and cortico-medullary differentiation is normal.

Right kidney: 10.8 cms. Left kidney: 9.7 cms.

Moderate dilatation of both Pelvi-calyceal system and ureters.

Urinary bladder: UB is normal in shape & contours. Its wall is thick irregular and shows multiple diverticulum out pouching.

Prostate: is enlarged in size. Prostate volume: 49.8 ml. (approx.)

Pre-void: 345 ml approx. & Post-void: 295 ml approx. (Significant)

● IVC and abdominal aorta are normal in caliber.

● No evidence of intraabdominal lymphadenopathy & ascites.

IMPRESSION:

- Prostatomegaly.
- Chronic cystitis with bilateral moderate hydroureteronephrosis and significant PVR (bilateral VUR).

(ADV- Follow up and clinico pathological correlation.)

During Dr Arpit Chopra Jain Modern Homoeopathy

Dr. Aakanksha Verma
MD Radiodiagnosis
Consultant Radiologist

NOTE: THE ABOVE RESULTS ARE SUBJECT TO VARIATION DUE TO TECHNICAL LIMITATION, HENCE CORRELATION WITH CLINICAL FINDINGS AND OTHER INVESTIGATION SHOULD BE DONE. THIS REPORT IS NOT VALID FOR MEDICOLEGAL PURPOSE. SUBJECT TO INDORE JURISDICTION ONLY.

ब्रांच : 13 - वी, अपर बाउण्ड, चंद्र नगर, एबी रोड, एमआर-9 चौराहा, इन्दौर (म.प्र.)
समय प्रतिदिन - सुबह 7.00 से रात 10.00 बजे तक।

(GRADE III)

→ PSA: 4.06 (Dec 23)

Catekinize

→ ON CATHETER: 4 MONTHS

→ PROSTATE: 88.18 gm (18/12/23)

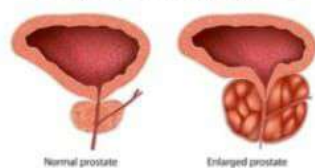
→ PVR: 200 cc

→ MODERATE TO SEVERE HYDRONEPHROSIS

→ S-CREATININE: 4.03 → MAXIMUM → 9.3

→ UREA: 100 → 8/4/24 → AS PER RX. ALL MARKERS NORMAL

Enlargement of prostate gland



Enlargement of the prostate gland - a small, walnut-sized organ located under the bladder and near the rectum, or back passage, in men - is a common

Prostate Enlargement



Prostate enlargement Prostatomegaly Benign Prostatic Hyperplasia 55 gm cured by Dr High PSA levels can mean you have prostate cancer or a prostate condition that's not cancer, such as an infection (prostatitis) or an enlarged prostate. If your PSA levels are higher than normal, your provider may talk with you about having

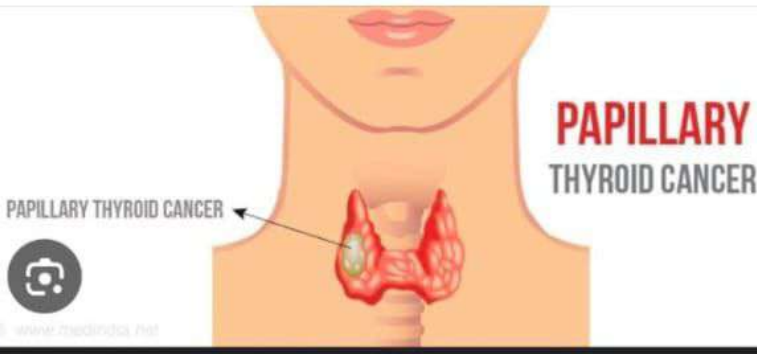
डॉ. अर्पित चौपडा (जैन)
एम. डी. होम्योपैथी
जटिल, असाध्य एवं
शल्य रोग विशेषज्ञ

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

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99075 27914 संपर्क : 0731-4977076, 79999 78894



Papillary carcinoma of the thyroid is the most common cancer of the thyroid gland. The thyroid gland is located inside the front of the lower neck. This CT scan shows a thyroid cancer tumor in the throat, encircling, narrowing, and

Papillary Thyroid Cancer - Types, Risk Factors, Diagnosi... [Visit >](#)

Handwritten notes:
 10th carcinoma papillary thyroid : Aug 23
 Metastatic
 Lesion medullary 1.4 x 1 cm (6/9/23) - (Right lobe of thyroid).
 Lesion medullary 9x7.5 mm & 7x6 mm (Left lobe of thyroid)
 - clinical lymphadenopathy -

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Central Path Lab Dr. Vinita Kothari, MD
 (Centrapath Labs Pvt. Ltd.) Omega Tower, 32 Mech. Nagar Extension, Sakauli Club Road, Da Scheme No. 54 Vihar Nagar, Indore
 Call 786-99999-10 / 31 / 32 / 33 / 37 / 07 / 0731-6633111

Name : Mr. ANOOP SINGH ARYA Age : 71 Years
 Lab No. : 392837251 Gender : Male
 Ref By : Dr Arpit Chopra Reported : 26/04/2024 08:28:06 PM
 Collected : 26/04/2024 12:46:00 PM Report Status : Final
 A/c Status : P
 Collected At : Indore CC, C/O Shree Dadavadi Parmarthik Trust Processed At : CPL Omega Tower Indore

Test Name	Test Report Results	Units	Bio. Ref. Interval
CA - 19.9 (ELISA) (CMA)	12.51	U/mL	0 - 35

Note

- This test is not recommended to screen for pancreatic cancer in the general population.
- False negative/positive results are false in patients receiving tobacco use cessation therapy for diagnosis or therapy.
- This assay, regardless of level, should not be interpreted as absolute evidence for the presence or absence of malignant disease. The test value should be used in conjunction with findings from clinical evaluation and other diagnostic procedures.
- Persistently elevated CA 19.9 levels are specific indicators of pancreatic disease, but the test does not have a specific response.

Clinical Use

- An aid in the management of Pancreatic Cancer patients.
- Monitor the course of disease and predict recurrence in patients with pancreatic carcinoma.

DISEASE	PERCENTAGE POSITIVITY OF CA 19.9
Pancreatic cancer	80
Hepatobiliary cancer	67
Gastric cancer	40-50
Hepatocellular cancer	30-50
Colorectal cancer	30
Breast cancer	15
Pancreatitis	10-20
Benign Gastrointestinal diseases	10-20

CEA (ECLIA) 2.51 ng/mL Non Smokers: < 3.8 ng/mL Smokers: < 5.5 ng/mL

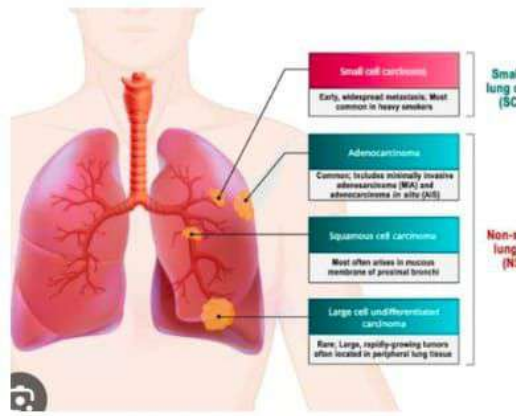
Disclaimer: If tests results are alarming or unexpected, the patient is strongly advised to the laboratory immediately for possible remedial action and reconfirmation
 Res. Office: FLAT NO. 101 "OMEGA TOWER" LOCATED AT PLOT NO. 32 MECH. NAGAR EXTENSION, SAKAULI CLUB ROAD, DA SCHEME NO. 54 VIHAR NAGAR, INDORE
 CIN No.: U74220MP2019PTC049171

Central Path Lab Dr. Vinita Kothari, MD
 (Centrapath Labs Pvt. Ltd.) Omega Tower, 32 Mech. Nagar Extension, Sakauli Club Road, Da Scheme No. 54 Vihar Nagar, Indore
 Call 786-99999-10 / 31 / 32 / 33 / 37 / 07 / 0731-6633111

Name : Mr. ANOOP SINGH ARYA Age : 71 Years
 Lab No. : 392837251 Gender : Male
 Ref By : Dr Arpit Chopra Reported : 27/04/2024 09:28:36 AM
 Collected : 26/04/2024 12:46:00 PM Report Status : Final
 A/c Status : P
 Collected At : Indore CC, C/O Shree Dadavadi Parmarthik Trust Processed At : CPL Omega Tower Indore

Test Name	Test Report Results	Units	Bio. Ref. Interval
CA - 15.3 (CMA)	24.44	U/mL	0-32.4

After Dr Arpit Chopra Jain Modern Homoeopathy



Metabolic pulmonary adenocarcinoma
 Path of 20 billion 4 years ago
 Metabolic in right sublobar lesion
 Metabolic in left lobe of lung
 H/O - Dyspnoea (worse if exerted in wet 22)
 H/O - On 1st day of cough
 Cough
 Write to withdrawal tobacco smoking
 Status: Cautious Progress Expected
 No Return to work

आरोग्य
 आरोग्य सुपर स्पेशलिटी मॉडर्न होम्योपैथिक क्लिनिक
 काशीरत & परामर्श & ईजी & सेक & फास्ट राइट क्लिनिक
 102, टॉप फ्लोर, कृष्ण सिटी, बंधोरा एस्टेट के पास, इंदौरा रोड, नू कॉलोनी, इंदौर (M.P.)
 फोन: 8731-897076, 8731-897237, 8731-897373, 79989-78884, 89279-32714
 www.homeopathy.cure.in, www.aerogymhomeopathyindore.com, Email: arpit.chopra23@gmail.com

SHALBY MULTISPECIALTY HOSPITALS
Dysplasia Clinic & Laboratories
 Dr. Rajesh Kumar
 Hepatopathologist & Cytopathologist
 MD Pathology, PGDIP, Cytology, Cytogenetics
 FRCG (Clinical and Transplant Pathology), FRCG (Clinical Hepatopathology), FR, USA
 (State of Indiana, USA) & FRCG (Clinical Pathology), FR, USA
 (State of Indiana, USA) & FRCG (Clinical Pathology), FR, USA
 (State of Indiana, USA)

REPORT
 Patient Name: Subhash Yadav
 Age/Gender: 43M
 Date: 23/06/2024
 UHID: KKH0001339
 Referred by: Dr. Arpita Shukla

“FDG WHOLE BODY PET/CT”
 Clinical history & Indication: post-operative 4th ventricular ependymoma, left lung mass with bilateral lung nodules.
 Procedure:
 • 10.5 mCi of ¹⁸F-FDG was injected I.V. After an uptake period of 60-90 minutes, CT acquisition was obtained followed by PET acquisition in 3D mode on GE PET 300 digital high resolution PET/CT scanner. The study was acquired from the level of vertex to mid-thigh. CT based attenuation correction was used, and reconstructed images were projected in 3 axes for analysis. Additional techniques like spot views or delayed imaging with or without post tyrosine injection were done as and when required. SUVmax (normalized to body weight) is reported.
 • Contrast used: I.V. contrast, positive oral.
 • Blood sugar at the time of FDG injection: 159 mg/dl, Serum creatinine: 0.7 mg/dl.

Findings:
Head and Neck:
 Mildly FDG avid (SUVmax - 9.5) heterodense lesion measuring 2.6x2.5 cm is noted involving right cerebellar hemisphere, vermis and protruding into 4th ventricle.
 FDG avid subcentimetric right level III/IV cervical lymph nodes (two) are noted.
 Focal increased FDG uptake with soft tissue thickening noted in masticatory region - likely post-op changes.
 Mildly FDG avid subcentimetric right level II lymph node is noted (SUVmax - 2.6).
 Visualized skull base, orbits, paranasal sinuses, nasopharynx, and cavity, coarctation, hypopharynx and larynx do not show any obvious abnormality. The thyroid gland appears normal in size and attenuation pattern without any abnormal FDG uptake.

Thorax:
 FDG avid (SUVmax - 15.6) paraneural soft tissue density lesion measuring 1.6x2.7 cm is noted in left lung upper lobe with ipsilateral margins and pleural tagging.
 Extensive FDG avid subcentimetric nodules are seen in bilateral lung.
 FDG avid subcentimetric left hilar (SUVmax - 5.1), subcarinal and right lower paratracheal lymph nodes are noted.

Kokilaben Dhirubhai Ambani hospital
 INDORE Every Life Matters
 “FDG WHOLE BODY PET/CT”
 Patient Name: Subhash Yadav
 Age/Gender: 43M
 Date: 23/06/2024
 UHID: KKH0001339
 Referred by: Dr. Arpit Chopra

Clinical history & Indication: Ca left lung with brain metastasis, post RT and Oestradiol and Oestradiol, PET CT for response evaluation.
 Procedure:
 • 4.8 mCi of ¹⁸F-FDG was injected I.V. After an uptake period of 60-90 minutes, CT acquisition was obtained followed by PET acquisition in 3D mode on GE PET 300 digital high resolution PET/CT scanner. The study was acquired from the level of vertex to mid-thigh. CT based attenuation correction was used, and reconstructed images were projected in 3 axes for analysis. Additional techniques like spot views or delayed imaging with or without post tyrosine injection were done as and when required. SUVmax (normalized to body weight) is reported.
 • Contrast used: I.V. contrast
 • Blood sugar at the time of FDG injection: 154 mg/dl, Serum creatinine: 0.6 mg/dl.

Findings:
Head and Neck:
 Heterodense lesion with foci of subdilation (measuring 2.2 x 2.3 cm, probably 2.9x2.5 cm) is noted involving right cerebellar hemisphere with right FDG uptake at a relative primary case to normal brain parenchyma (SUVmax - 18), previously FN and peritumoral hypodensity suggestive of edema.
 Visualized skull base, orbits, paranasal sinuses, nasopharynx, and cavity, coarctation, hypopharynx and larynx do not show any obvious abnormality. The thyroid gland appears normal in size and attenuation pattern without any abnormal FDG uptake.

Thorax:
 Mildly FDG avid ill-defined paraneural soft tissue lesion is noted in left lung upper lobe (measuring approx. 2.5 x 1.1 cm, SUVmax - 4.7, previously 2.6 x 2.7 cm, SUVmax 15.6).
 Multiple small FDG avid tiny nodules are noted in bilateral lung (measuring 3-5 mm in size).
 Physiologic FDG uptake is seen in the myocardium.
 There is no pleural or peritoneal effusion.

Neuberger Supratech
 Path No: Z34W03237
 Accessed on: 07-Jul-2024 18:12
 Reported on: 07-Jul-2024 18:12
 Name of Modality: PET/CT (18F-FDG) & H/O of fourth ventricular tumor
 2. 5 cm x 4 cm lesion (18F-FDG) of lung mass with biopsy

Global Impression:
 Metastatic pulmonary adenocarcinoma.

Microscopic Appearance:
 The core biopsy from lung mass (H-2315/23) reveals an adenocarcinoma with a tubular-glandular pattern of growth. The glands are lined by cuboidal cells with oval nuclei, open chromatin, prominent nucleoli & moderate amount of eosinophilic cytoplasm.

Immunohistochemistry was performed on block H-2315/23:
 The tumor cells express CK 7 & TTF-1 and are immunonegative for CK 20.

The metastases from the fourth ventricular tumor (H-2317) reveal metastatic adenocarcinoma with a papillary pattern of growth. The papillae are lined by cuboidal cells with oval nuclei, open chromatin, prominent nucleoli & moderate amount of eosinophilic cytoplasm.

Immunohistochemistry was performed on block H-2317/23:
 The tumor cells express CK 7 & TTF-1 and are immunonegative for CK 20.

Impression:
 Lung mass core biopsy - Adenocarcinoma of lung - Fourth ventricular tumor - Metastatic pulmonary adenocarcinoma.

Dr. Jay Mehta

Kokilaben Dhirubhai Ambani hospital
 INDORE Every Life Matters
 “FDG WHOLE BODY PET/CT”
 Patient Name: Subhash Yadav
 Age/Gender: 43M
 Date: 23/06/2024
 UHID: KKH0001339
 Referred by: Dr. Arpit Chopra

Clinical history & Indication: Ca left lung with brain metastasis, post RT and Oestradiol and Oestradiol, PET CT for response evaluation.
 Procedure:
 • 4.8 mCi of ¹⁸F-FDG was injected I.V. After an uptake period of 60-90 minutes, CT acquisition was obtained followed by PET acquisition in 3D mode on GE PET 300 digital high resolution PET/CT scanner. The study was acquired from the level of vertex to mid-thigh. CT based attenuation correction was used, and reconstructed images were projected in 3 axes for analysis. Additional techniques like spot views or delayed imaging with or without post tyrosine injection were done as and when required. SUVmax (normalized to body weight) is reported.
 • Contrast used: I.V. contrast
 • Blood sugar at the time of FDG injection: 154 mg/dl, Serum creatinine: 0.6 mg/dl.

Findings:
Head and Neck:
 Heterodense lesion with foci of subdilation (measuring 2.2 x 2.3 cm, probably 2.9x2.5 cm) is noted involving right cerebellar hemisphere with right FDG uptake at a relative primary case to normal brain parenchyma (SUVmax - 18), previously FN and peritumoral hypodensity suggestive of edema.
 Visualized skull base, orbits, paranasal sinuses, nasopharynx, and cavity, coarctation, hypopharynx and larynx do not show any obvious abnormality. The thyroid gland appears normal in size and attenuation pattern without any abnormal FDG uptake.

Thorax:
 Mildly FDG avid ill-defined paraneural soft tissue lesion is noted in left lung upper lobe (measuring approx. 2.5 x 1.1 cm, SUVmax - 4.7, previously 2.6 x 2.7 cm, SUVmax 15.6).
 Multiple small FDG avid tiny nodules are noted in bilateral lung (measuring 3-5 mm in size).
 Physiologic FDG uptake is seen in the myocardium.
 There is no pleural or peritoneal effusion.

Before Treatment

- Mildly hypermetabolic heterodense lesion involving right cerebellar hemisphere, vermis and protruding into 4th ventricle - consistent with known ependymoma. MRI correlation is suggested.
- Hypermetabolic left lung upper lobe mass - highly suspicious for primary malignant lung tumor. Advers: biopsy correlation.
- Extensive bilateral lung nodules with right level III/IV cervical and mediastinal and lymph nodes - likely metastatic.
- No other hypermetabolic lesion noted in rest of the body.
- Nodular liver with left and caudate lobe hypertrophy - suggestive of chronic liver disease.

After Dr Arpit Chopra Jain Modern Homoeopathy

Impression:

- Metabolically active left lung upper lobe lesion - residual lung primary.
- Multiple non-hypermetabolic tiny bilateral lung nodules - likely metastatic.
- Heterodense lesion in right cerebellar hemisphere with mild peritumoral edema without significantly increased metabolic activity - residual lesion - residual disease. MRI correlation is suggested.
- No other hypermetabolic lesion noted in rest of the body.
- Chronic liver parenchymal disease.

Compared to previous PET/CT dated 23.06.23, there is significant reduction in size and metabolic activity of lung primary, reduction in size, number and metabolic activity of bilateral lung nodules and metabolic resolution of previously noted cervical and mediastinal lymph nodes with reduction in size of brain lesion - overall findings are suggestive of partial metabolic response.

Dr. Prateek Kaushik
 MD (AIIMS, New Delhi), FANMB
 Consultant, Nuclear Medicine

BLOOD CANCER



रक्त कैंसर (Blood Cancer) कारण, लक्षण और उपचार (In Hindi)

Chronic myeloid leukemia

Also called: CML

Overview

Treatments

Symptoms

A slowly progressing blood-cell cancer that begins in the bone marrow.

Chronic myeloid leukemia typically affects older

Dr Lal PathLabs

Before Treatment

Test Name	Result	Unit	Biological Reference Interval
COMPLETE BLOOD COUNT (CBC)			
Hemoglobin	5.8	g/dL	12.0 - 16.0
Hematocrit (HCT)	19.28	%	37.0 - 47.0
RBC Count	1.87	millions/mm ³	4.0 - 5.5
WBC	18.7	/mm ³	4.0 - 11.0
PLT	15.1	/mm ³	150 - 400
RDW	17.8	%	11.5 - 14.0
Platelet Distribution Width (PDW)	18.8	%	9.0 - 13.0
Platelet Count	84.0	mm ³	150 - 400

Differential Leucocyte Count (DLC)

Leucocyte	%	mm ³
Neutrophils	7	131
Lymphocytes	9	162
Eosinophils	4	74
Basophils	1	18
Monocytes	15	275
Myeloblasts	19	351
Plasma Cells	17	312

Dr Lal PathLabs

After Dr Arpit Chopra Jain Modern Homoeopathy

Test Name	Result	Unit	Biological Reference Interval
COMPLETE BLOOD COUNT (CBC)			
Hemoglobin	9.48	g/dL	12.0 - 16.0
Hematocrit (HCT)	30.66	%	37.0 - 47.0
RBC Count	3.11	millions/mm ³	4.0 - 5.5
WBC	18.1	/mm ³	4.0 - 11.0
PLT	35.9	/mm ³	150 - 400
RDW	15.6	%	11.5 - 14.0
Platelet Distribution Width (PDW)	15.6	%	9.0 - 13.0
Platelet Count	45.0	mm ³	150 - 400

Differential Leucocyte Count (DLC)

Leucocyte	%	mm ³
Neutrophils	60.00	1080
Lymphocytes	33.75	612
Eosinophils	4.17	77
Basophils	1.00	18
Monocytes	2.00	36
Myeloblasts	9.00	162



CHRONIC MYELOID LEUKEMIA

After Dr Arpit Chopra Jain Modern Homoeopathy

Chronic myeloid leukemia

Also called: CML

A slowly progressing and uncommon type of blood-cell cancer that begins in the bone marrow

Chronic Myeloid Leukemia CML Blood cancer Responded by Dr Arpit Chopra

Blood कैंसर का सफल इलाज

Acute Myeloid Leukemia

Dr Arpit Chopra

4:31

Chopra Super Speciality Modern Homeopathy Centre

YouTube

Acute Myeloid Leukemia,...

1:13

विशेषज्ञता मॉडर्न होम्योपैथी

9907527914, 7999978894, 0731-497707

SYMPTOMS

- EASY BRUISING, UNUSUAL BLEEDING
- FREQUENT INFECTIONS
- UNEXPECTED WEIGHT LOSS
- FATIGUE
- NIGHT SWEATS
- BONE/JOINT PAIN
- SWOLLEN LYMPH NODES

आरोग्य

COMPLETE CURE, FAST & COST EFFECTIVE

* कैंसर * किडनी फेलियर * अस्पताल में गंभीर रूप से मर्ती मरिजों का उपचार * कोमा * शल्य चिकित्सा योग्य रोग * आंटी इन्फ्यूजन रोग * जीवित्वावर दवाई लेने वाले रोगों की रोकथाम एवं 300 प्रकार के असाध्य जटिल रोगों की चिकित्सा

आरोग्य सुपर स्पेशलिटी मॉडर्न होम्योपैथिक क्लिनिक

कम्पलिट * परमानेंट * इन्जी * सेफ * फास्ट एण्ड कोस्ट इफेक्टिव

102, प्रथम मंजिल, कृष्णा टॉवर, स्वयंसेवा हॉस्पिटल के सामने, बंगीरवाला चौक, न्यू एलासिया, इन्दौर (म.प्र.)
 फोन : 0731-4977076, मो. 97130-92737, 97130-37737, 79999-78894, 99075-27914

www.homoeopathyinindia.com, www.aarogyahomoeopathyindore.com Email: arpitchopra23@gmail.com

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

आरोग्य सुपर स्पेशलिटी माडर्न होमियोपैथी

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

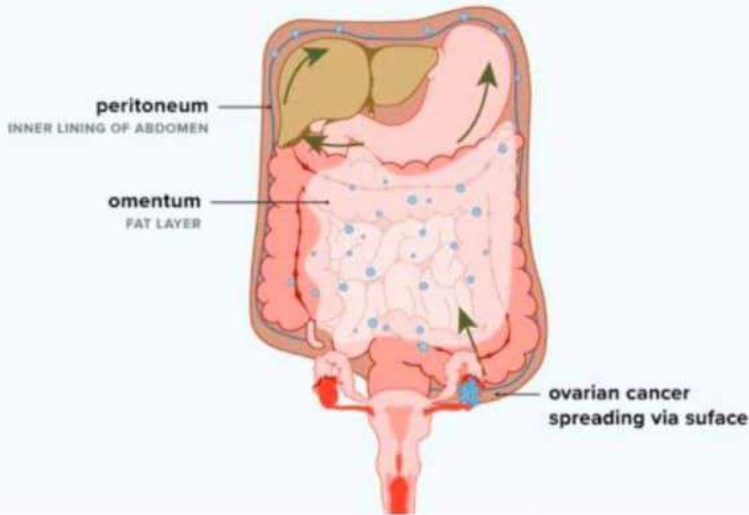
102, प्रथम मंजिल, कृष्णा टॉवर, क्योरवेल हॉस्पिटल के सामने, जंजीरवाला चौराहा, न्यू पलासिया, इन्दौर म.प्र.

📞 99075 27914 संपर्क : 0731-4977076, 79999 78894

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

Ovarian cancer

With peritoneal carcinomatosis



When peritoneal carcinomatosis develops with epithelial ovarian cancer, the ovarian tumor sheds cancer cells that float in the peritoneal fluid and attach to the peritoneal cells. Around 75% of people with ovarian cancers already have peritoneal metastasis when a doctor diagnoses their cancer. 30 Jun 2022

Vishesh Jupiter Hospital

Patient First

Non-FDG avid tiny nodules are noted in lateral basal segment of RLL and LLL (~ 2-3 mm) and be in anterior basal segment of RLL along oblique fissure-through small to be characterized. Status quo.

Rest of the bilateral lung fields appear unremarkable.

No abnormal FDG avid/enlarged lymph nodes are noted in the mediastinum.

Breasts:

Bilateral breasts appear unremarkable with no demonstrable FDG avid lesion.

Few non FDG avid subcentimetric bilateral axillary lymph nodes are noted.

Abdomen and Pelvis:

Faint to non-FDG avid soft tissue stranding is noted in subcutaneous plane in right anterior abdominal wall-post-surgical changes.
Stomach, small bowel and the large bowel loops appear unremarkable and reveal normal physiological FDG uptake.

Liver measures ~ 12.9 cm in CCD and reveals increased focal tracer uptake (SUVmax 6.7 and 18.2 in delayed image) in caudate lobe of liver in subcapsular location-likely subcapsular deposit. Compared to previous scan new finding.

Rest of the liver reveals homogeneous parenchyma & attenuation pattern with physiological FDG uptake. Intra hepatic biliary radicles / CBD are not dilated. Portal vein appears normal. Gall bladder appears distended and reveals no abnormal FDG uptake/radiopaque shadow.

Spleen measures within normal limits. Increased FDG uptake is noted in soft tissue density lesion along posterior pole of the spleen (~ 4.1 x 2.6 cm vs 3.7 x 2.2 cm, SUVmax 23.8 vs 9.3)-likely peritoneal deposit. Compared to previous scan significant increase in FDG avidity is seen.

Faint to non-FDG avid serosal deposits is noted along sigmoid colon loops (~ 2.0 x 1.8 cm vs 3.6 x 3.1 cm, SUVmax 1.4 vs 5.7). Compared to previous scan decrease in size and resolution of FDG avidity is seen.

Another FDG avid peritoneal deposit (~ 1.5 x 1.4 cm vs 2.8 x 2.0 cm, SUVmax 5.19 vs 11.2) is noted along small bowel loops in the lower abdomen anteriorly. Compared to previous scan decrease in size and increase in FDG avidity is seen.

Pancreas appears normal in attenuation pattern with physiological FDG uptake.

Bilateral adrenals appear normal in attenuation with physiological FDG uptake.

Right kidney appears unremarkable.

Left kidney is not visualized with surgical clips in situ in left renal fossa-status post-surgery.

Uterus and bilateral adnexa are not visualized-status post-surgery. No abnormal FDG uptake is noted in the post-operative bed.

No abnormal FDG uptake/lesion is noted in the walls of urinary bladder.

Rest of the visceral structures appear normal in attenuation with physiological FDG uptake. No abnormal focal lesion is seen.

Before Treatment

Vishesh Jupiter Hospital

Patient First

Nuclear Medicine

Name	: SANDHYA MIRCHANDANI	MR No	: 4139
Age/Gender	: 064/04-03-Female	MR Number	: 0883-2024-006674
Referred By	: Dr. TAHA SETHUWALA	Result No	: NIS-2024-0000188
Examination	: PET CT SCAN-Whole Body	Instnt. Date	: 16/07/2024 / 09:26:44 AM
DT	:	Result Date	: 16/07/2024 / 01:15:45 PM

change is seen.

Few faint to non-FDG avid subcentimetric mesenteric lymph nodes are also seen. Compared to previous scan no significant interval change is seen. No evidence of ascites seen.

Musculoskeletal system:

Degenerative changes are noted in the spine.

No abnormal focal FDG uptake or suspicious lytic/sclerotic lesion is seen in the visualized axial and appendicular skeletal system.

Impression:

- FDG avid peritoneal deposits along spleen & small bowel loops and anterior diaphragmatic lymph nodes as described - residual metastatic disease.
- Non-FDG avid peritoneal deposit in sigmoid mesocolon as described- metabolically resolved disease.
- No definite PET evidence of clinically significant abnormal hypermetabolism elsewhere in the body in the present study.

Compared to previous scan dated 22.03.2024; there is; decrease in FDG avidity of preexisting peritoneal deposits and resolution of focal FDG avidity along caudate lobe of liver, suggestive of favorable (partial metabolic) response to treatment.

Please correlate clinically & with other relevant investigations also. In case of any query of a possible typographical error kindly, contact the undersigned.

After Dr Arpit
Chopra Jain Modern
Homoeopathy


Dr Sunil Kumar (MD)
Consultant Nuclear Medicine

CHOITHRAM HOSPITAL & RESEARCH CENTRE
 Dept. of Radio-diagnosis & Imaging Services
 HANIK BASH ROAD, INDORE - 452 014 (M.P.) India
 MR. RADHAV SHARAN SINGH
 54 Y / Male
 Dr. C.S. CHAMANIA
 MR. RADHAV SHARAN SINGH
 54 Y / Male
 Dr. C.S. CHAMANIA
 MR. RADHAV SHARAN SINGH
 54 Y / Male
 Dr. C.S. CHAMANIA

WHOLE ABDOMINAL SONOGRAPHY (MALE)

Liver is mildly enlarged in size. Margins are smooth and shows homogenous normal echotexture. No evidence of any focal parenchymal lesion noted. There is no dilatation of intra-hepatic or extra-hepatic biliary radicles noted.

Gall bladder is physiologically distended and wall thickness is normal & lumen is sonolucent. Portal Vein & CBD are normal.

Pancreas appears normal in size and homogenous in echotexture. Spleen is grossly enlarged (22 x 15 cm) in size and homogenous in echotexture.

Right kidney: 9.2 cms.
 Left kidney: 9.7 cms.
 Both kidneys are of normal size. Margins are smooth. Parenchymal echoes appears mildly raised. Cortico medullary differentiation is well maintained. Pelvicalyceal system are not dilated. No evidence of ascites noted.

Urinary bladder is well distended. Wall thickness is normal.
 Prostate is normal in size. Margins are smooth. Echotexture is normal.

CONCLUSION:-
 - Mild hepatomegaly with gross splenomegaly.
 - Mild bilateral renal parenchymal changes.

Before Treatment

SODANI DIAGNOSTIC CLINIC
 (Sodani Hospitals & Diagnostics Pvt. Ltd.)
MEDICAL REPORT

Patient Name: Mr. RADHAV SINGH
 DOB/Age/Sex: 55 years/Male
 Mobile: 8085965662
 Referred By: Dr. Chopra Arpit Jain (MD/Honors)
 Organization: Sodani Diagnostic (Annapurna)

Sample ID: 562082400047
 Registered: Aug 06, 2024, 10:02 a.m.
 Collected On: Aug 06, 2024, 01:57 p.m.
 Approved On: Aug 06, 2024, 02:02 p.m.

WHOLE ABDOMEN SONOGRAPHY

Liver is mildly enlarged (Span 16.5 cm). Parenchymal echoes are high. No focal lesion is seen. Intrahepatic biliary radicles are undilated.

Gall bladder is normally distended. Walls are thin. No sludge & calculi seen. No peri GB collection is noted.
 Portal vein (Hepalopetal flow, 13.7 mm) & CBD are normal in caliber.
 Pancreas is normal in shape & size. Parenchymal echoes are normal. Duct is undilated.
 Spleen is enlarged (15.0 cm). No focal lesion seen. Splenic vein mildly dilated, approx 9 mm.

Both kidneys are normal in position & size. Right kidney is 8.6 x 3.3 cm & left is 9.0 x 4.2 cm in size. Cortical echoes are normal. Pelvicalyceal system is undilated. Both ureters are undilated. No calculi seen at PUJ & UVJ.

Urinary bladder shows normal walls & echofree lumen. No intra luminal lesion or calculi seen. Prevoid urine volume is 150 cc & postvoid residual urine is near nil.

Prostate is marginally enlarged in size & measures 3.7 x 3.6 x 3.4 cm (Volume - 24.0cc).

No significant Ascites. No pleural effusion.
 No significant bowel wall thickening / dilatation or lymphnodes are noted.

[Impression]:
 - Mild hepatomegaly with grade I fatty changes.
 - Splenomegaly.
 Clinical correlation follows suggested.

During Dr Arpit Chopra Jain Modern Homoeopathy

Dr. Vishal Gehli
 MBBS, MD (Radio)
 Reg. No. MP 33639

Printed On: Aug 06, 2024, 02:02 p.m.



Chronic myeloid leukemia
 Also called: CML

Overview | Treatments | Symptoms

A slowly progressing blood-cell cancer that begins in the bone marrow.

Chronic myeloid leukemia typically affects older

Dr Lal PathLabs

Before Treatment

Test Name	Result	Unit	Biological Reference Interval
Haemoglobin	6.00	g/dL	13.00 - 17.00
Haematocrit	18.00	%	40.00 - 50.00
MCV	30.00	fL	80.00 - 100.00
MCH	20.00	pg	27.00 - 34.00
MCHC	66.67	g/dL	32.00 - 36.00
RDW	13.33	%	11.50 - 14.50
Platelets	1000	10 ⁹ /L	150 - 400

Dr Lal PathLabs

After Dr Arpit Chopra Jain Modern Homoeopathy

Test Name	Result	Unit	Biological Reference Interval
Haemoglobin	12.00	g/dL	13.00 - 17.00
Haematocrit	36.00	%	40.00 - 50.00
MCV	100.00	fL	80.00 - 100.00
MCH	30.00	pg	27.00 - 34.00
MCHC	30.00	g/dL	32.00 - 36.00
RDW	13.33	%	11.50 - 14.50
Platelets	1000	10 ⁹ /L	150 - 400

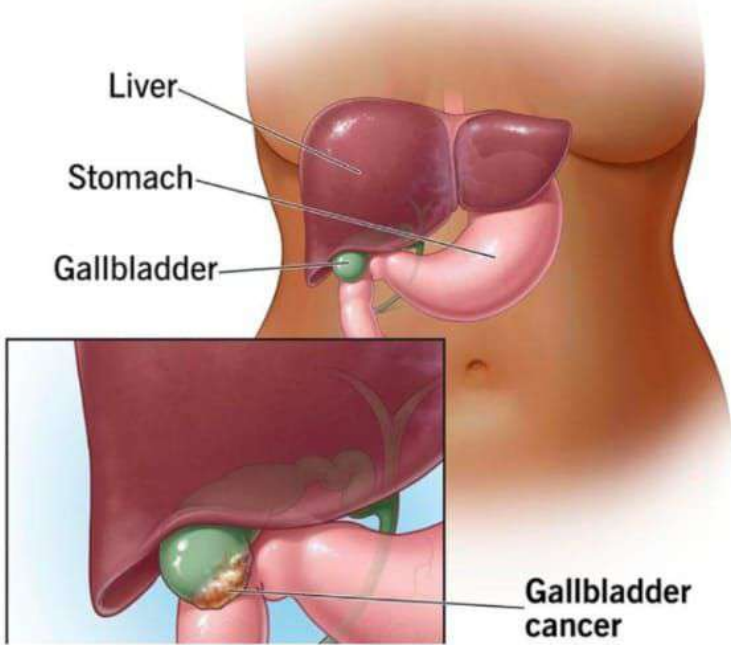
BLOOD DISEASES

CHRONIC MYELOID LEUKEMIA

Chronic myeloid leukemia
 Also called: CML

A slowly progressing and uncommon type of blood-cell cancer that begins in the bone marrow.

Gallbladder Cancer



- OBESITY
 H₂O
 - GALL BLADDER STONE
 - CHOLECYSTECTOMY
 - GB t ERCP t stent
 - ADENOCARCINOMA OF GB

LABORATORY REPORT Redcliffe labs

Patient NAME : Mrs Beena Kedia
 DOB/Age/Gender : 50 Y/Female
 Patient ID / UHID : 9149760/OF9149760
 Referred BY : Dr. DR SELF
 Sample Collected : Jul 30, 2024, 04:13 PM

Report STATUS : Final Report
 Barcode NO : ZD815925
 Sample Type : Serum
 Report Date : Jul 31, 2024, 09:28 AM

Test Description	Value(s)	Unit(s)	Reference Range
Carcinoembryonic Antigen (CEA)			
CEA: CARCINO EMBRYONIC ANTIGEN, SERUM	<1.73	ng/mL	<3.0
Interpretation:	(N)		
REFERENCE GROUP			
Male Studies	<1.0		
Female	<1.0		

CA 15.3 (Breast Cancer Marker)

Test Description	Value(s)	Unit(s)	Reference Range
CA 15.3 BREAST CANCER MARKER, SERUM	11.8	U/mL	<31.3 U/mL
Interpretation:	(N)		

During Dr Arpit Chopra Jain Modern Homoeopathy

LABORATORY REPORT Redcliffe labs

Patient NAME : Mrs Beena Kedia
 DOB/Age/Gender : 50 Y/Female
 Patient ID / UHID : 9149760/OF9149760
 Referred BY : Dr. DR SELF
 Sample Collected : Jul 30, 2024, 04:13 PM

Report STATUS : Final Report
 Barcode NO : ZD815925
 Sample Type : Serum
 Report Date : Jul 31, 2024, 09:28 AM

Test Description	Value(s)	Unit(s)	Reference Range
CA 125 (Ovarian Cancer Marker)			
CA 125 OVARIAN CANCER MARKER, SERUM	21	U/mL	<35
Interpretation:	(N)		

During Dr Arpit Chopra Jain Modern Homoeopathy

LABORATORY REPORT Redcliffe labs

Patient NAME : Mrs Beena Kedia
 DOB/Age/Gender : 50 Y/Female
 Patient ID / UHID : 9149760/OF9149760
 Referred BY : Dr. DR SELF
 Sample Collected : Jul 30, 2024, 04:13 PM

Report STATUS : Final Report
 Barcode NO : ZD815925
 Sample Type : Serum
 Report Date : Jul 31, 2024, 10:05 AM

Test Description	Value(s)	Unit(s)	Reference Range
CA 19.9 (Pancreatic Cancer Marker)			
CA 19.9 PANCREATIC CANCER MARKER, SERUM	5.44	U/mL	<37
Interpretation:	(N)		

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कम्प्लिट * परमानेंट * ईजी * सेफ * फास्ट एण्ड कॉस्ट इफेक्टिव

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

www.homoeopathyure.in, www.aarogyahomoeopathyindore.com Email: arpitchopra23@gmail.com

Retroperitoneal liposarcoma (RPLPS) is a rare, malignant tumor that grows in the retroperitoneal space. It's a mesenchymal tumor that can grow to a large size and often affects people in their 40s to 60s.



Symptoms

- RPLPS is usually asymptomatic in the early stages.

EXRI DIAGNOSTICS
A Unit of X-Ray House & Imaging Centre

Pathology | Microbiology | Specialised Pathology - Hormone, Molecular Pathology, Histopathology | Digital X-Ray | Digital CPG | Digital Mammography | Color Doppler | Echocardiography | Advanced MRI With AI | 5G Slice CT Scan | 3D-4D Ultrasonid

Patient Name : MR. PARTHA GHOSH
Age/Gender : 47 Years / Male
Ref. By : DR. ARPIT CHOPRA JAIN
Patient ID : 300125020

Registered On : 30-Jan-2025 09:43 PM
Sample Collected On : 30-Jan-2025 08:51 PM
Sample Reported On : 30-Jan-2025 08:00 PM
Sample ID : [Barcode]

Test Name : CA 15.3 CANCER MARKER, SERUM
CA-15.3

Observed Values	Unit	Bio Ref. Interval
-2	U/ml	0-50.0

Interpretation: CA 15.3 is not sensitive or specific enough to be considered useful as a test for tumor screening. It has not been shown to be useful for cancer diagnosis or to help watch for breast cancer recurrence. CA 15.3 is sometimes used to check general status of the tumor. Normal CA 15.3 would not be used to predict the course of the disease or to help the doctor decide on a strategy of treatment. In some cases, the test may be used to monitor the response to treatment. CA 15.3 is elevated in most patients with advanced breast cancer. It is also elevated in some patients with ovarian, lung, and colorectal cancer. Lung Cancer (and bladder cancer, colon, prostate, and liver cancer, but not melanoma) may have very high CA 15.3 levels. Very high levels of CA 15.3 may also be found in healthy adults.

Comments: Please correlate with clinical condition
Technology: CLIA
Notes: Clinical diagnosis should not be made on the basis of a single test result, but should be based on a combination of test results.

Test Name : CA 19.9 CANCER MARKER, SERUM
CA-19.9

Observed Values	Unit	Bio Ref. Interval
10.2	U/ml	0-35.0

Interpretation: CA 19.9 is elevated in most patients with advanced pancreatic cancer. It is also elevated in some patients with colorectal cancer, lung cancer, and ovarian cancer. CA 19.9 is also elevated in some patients with bile duct cancer, gallbladder cancer, and stomach cancer. CA 19.9 is also elevated in some patients with breast cancer, prostate cancer, and bladder cancer. CA 19.9 is also elevated in some patients with pancreatic cancer. CA 19.9 is also elevated in some patients with pancreatic cancer. CA 19.9 is also elevated in some patients with pancreatic cancer.

Comments: Please correlate with clinical condition
Technology: CLIA
Notes: Clinical diagnosis should not be made on the basis of a single test result, but should be based on a combination of test results.

Page 1 of 2
This is electronically authentic report
DR. SEEMA JINDAL
M.D.(PATHOLOGY),MP-1675
Scan QR Code to check authenticity of the Report

227, Anoop Nagar, Near LLG Circle, Indore (M.P.) Mobile: +91 91091-81041

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A Unit of X-Ray House & Imaging Centre

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Patient Name : MR. PARTHA GHOSH
Age/Gender : 47 Years / Male
Ref. By : DR. ARPIT CHOPRA JAIN
Patient ID : 300125020

Registered On : 30-Jan-2025 09:43 PM
Sample Collected On : 30-Jan-2025 08:51 PM
Sample Reported On : 30-Jan-2025 08:00 PM
Sample ID : [Barcode]

Test Name : CARCINO EMBRYONIC ANTIGEN
Carcino Embryonic Antigen (CEA)

Observed Values	Unit	Bio Ref. Interval
4.5	ng/ml	Male smokers - 2.1 - 6.2 Male Non-smokers - 1.5 - 3.4 Female smokers - 1.3 - 4.0 Female non-smokers - 0.8 - 2.5

Method: CLIA

Interpretation: CEA is increased in malignant & non-malignant conditions of GI tract. Non-malignant conditions include infection, trauma, infection, collagen vascular diseases, renal impairment and smoking. Serum values exceeding five times the normal range indicate malignancy.

Comments: Please correlate with clinical condition
Clinical diagnosis should not be made on the findings of a single test result, but should be based on a combination of test results.

Page 2 of 2
This is electronically authentic report
DR. SEEMA JINDAL
M.D.(PATHOLOGY),MP-1675

POST OPERATED CASE OF RETROPERITONEAL LIPOSARCOMA
RECCURENCE
LESION MEASURES 12 X 8-2 X 9 Lcm (15/11/24)

Retroperitoneal Liposarcoma

आरोग्य सुपर स्पेशलिटी मॉडर्न होम्योपैथीक क्लिनिक
AAROGYA SUPER SPECIALITY MODERN HOMOEOPATHIC CLINIC

पुणे कोट अन्व साक्षर गृही
प्रति कोटि वै साक्षर गृही

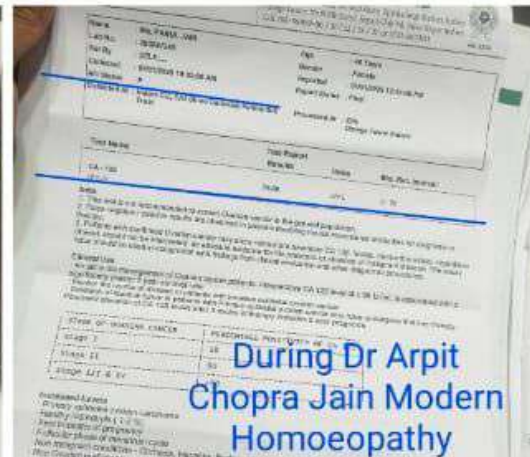
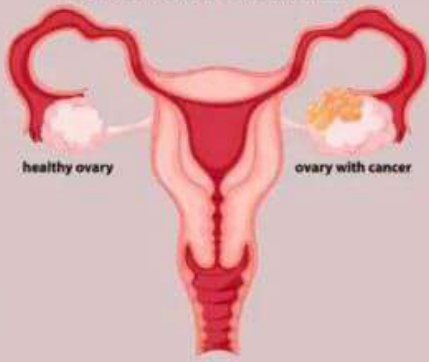
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Address: 101, 102, 103, 104, Krishna Tower, Janjeerwala Square, in front of Curewell Hospital Road, New Palasia, Indore, Madhya Pradesh 452001
Email: arpit Chopra 23@gmail.com

DR. ARPIT CHOPRA JAIN
MD HOMOEOPATHY & CERTIFIED SURGICAL DISEASE SPECIALIST

Ovarian Cancer



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Aarogya Super Speciality M...

Before Treatment

Ovarian Cancer

AGE/SEX: 54/M
DATE: 06.02.2018

NAME: VIJAY SAKSARIYA
REF BY: DR JAI MULLERPATTAN

Contd from page 1

A pneumothorax is noted anteromedially measuring ~ 3.8 cms in AP diameter with small fluid level. A calcified parietal pleural nodule is noted anteromedially.

There is a FDG avid irregular shaped low grade enhancing lesion in the anterior segment of the right upper lobe (SUV max = 5.72). It measures ~ 1.4 x 1.3 x 1.2 cms in its dimensions and is located ~ 1.3 cms from the pleural surface.

Multiple random ground glass, solid and subsolid nodules are noted in both lungs. These measure between ~ 5-10 mms in dimensions and few of these are low grade FDG avid. The reference left lower lobe pleural based nodule SUV max = 2.04.

There is a 11 mm sized enhancing and FDG avid right hilar node (SUV max = 5.50). A small low grade metabolic left hilar node is noted as well (SUV max = 1.2). Mediastinal vascular structures and the central airways are unremarkable. Thin pericardial effusion is noted.

Abdomen & Pelvis:

Liver, spleen, gallbladder, pancreas, adrenals and kidneys are normal. There are no enlarged nor FDG avid lymph nodes. There is no ascites or bowel lesion. The pelvic structures including bladder and prostate are unremarkable.

Spine & Musculoskeletal:

There is no lytic / sclerotic nor any FDG avid lesion. Bone marrow uptake pattern is patchy type with SUV max ~ 4.53.

Impression

- Right upper lobe hypermetabolic nodule is likely to be primary neoplasm (T1)
- Bilateral hilar hypermetabolic adenopathy (N1)
- Right large pleural effusion with few low grade metabolic plaques / nodules and bilateral lung nodules. (M1a).

Atul Marwah
(Nuclear Medicine & PET-CT, AAIMS)
Consultant Nuclear Medicine & PET-CT

Dr. Bhaya A.K
MD, DNB, DNB, CCST - Clinical Oncology (UK)
Via Fellowship PET-CT (Mayo Clinic, USA)
SR CONSULTANT - CT, MR, PET-CT
+91-9819372221



Name: Mr. Vijay Saksariya

Age/Sex: 54 Yrs / M

There is no evidence of significant abdomino-pelvic adenopathy or ascites.

Urinary bladder is normal in shape, size and distention.

The prostate appear unremarkable with no abnormal FDG uptake.

MUSCULOSKELETAL SYSTEMS:

No focal abnormal increased FDG uptake is seen in the visualized bones.

IMPRESSION: KNOWN CASE OF CARCINOMA LUNG RIGHT UPPER LOBE OF LUNG. FNAC OF PLEURAL FLUID SHOWS MESOTHELIAL OR ADENOCARCINOMA. PREVIOUS PET-CT WAS DONE 06/02/2018. POST 3 CYCLES OF CHEMOTHERAPY. PRESENT PET-CT IS BEING DONE FOR DISEASE STATUS / TREATMENT RESPONSE EVALUATION. WHOLE BODY PET - CT SCAN REVEALS,

- NON FDG AVID, AN ILL-DEFINED HETEROGENEOUS, MILDLY ENHANCING PARENCHYMAL LESION SIZE MEASURING 1.2 X 1.3 CM INVOLVING ANTERIOR SEGMENT OF THE RIGHT UPPER LOBE OF LUNG - METABOLICALLY INACTIVE PRIMARY RIGHT LUNG. (FDG ACTIVITY IS NO LONGER SEEN)
- NON FDG AVID, MULTIPLE WELL DEFINED GROUND GLASS NODULAR OPACITIES OF VARYING SIZE ~ 3 TO 5 MM ARE DISCRETELY INVOLVING BOTH THE LUNGS. (DECREASE IN SIZE & NUMBER)
- NON FDG AVID, LEFT LUNG LOWER LOBE PLEURAL BASED NODULE ~ 8 MM AND SUBCENTIMETER BILATERAL HILAR ADENOPATHY - REDUCED IN SIZE & METABOLIC ACTIVITY.
- LARGE RIGHT PLEURAL EFFUSION IS NOTED WITH NON FDG AVID, FEW TINY NODULAR & PLAQUE LIKE THICKENING ALONG THE VISCERAL SURFACE AT RIGHT POSTEROLATERAL PLEURA - FDG ACTIVITY IS NO LONGER SEEN.

• EN COMPARED TO PREVIOUS PET-CT DATED 06/02/2018. FEATURES ARE SUGGESTIVE OF ABOLIG INACTIVE DISEASE / DISEASE REGRESSION. CONSIDER GOOD RESPONSE TO TREATMENT / GRATIFYING TREATMENT MODALITIES.

Dr. Santhi Bhushan Murari
Senior Consultant & Head
Nuclear medicine & PET-CT Division

Clinical Evaluation

DATE :
06/04/2015 Anandilal kanthed

CLINICAL NOTE DETAILS

Date & Time : 06/04/2015 & 11:54:52

Entered By : DR. PRATHAMESH S. PAI

Note :

Concluded RT at CHL cancer centre, Indore

Rapid Arc Linac

70Gy/35#

16/12/14 to 9/2/15

LR Controlled

JOINT-CLINIC DETAILS

DETAILS OF JOINT CLINIC No.2

JC Conducted On : 06/04/2015

Oncologists : Dr. PRATHAMESH S. PAI Dr. SRIVATSA HOLUR
GOPAL

INVESTIGATIONS REVIEW

Not Available

CLINICAL DISCUSSION :

72 Yr male; ECOG-1; diabetic & hypertensive.

K/C/O CA Hypopharynx cT3 N2c M0

Received Radical RT (from 16.12.2014 to 9.2.2015) with good response.

clinically- right level II nodal mass palpable & fixed. No palpable nodes left side of neck.

NAME : Mr. CHHOTE KHA . REC NO. : 15C02086872
 AGE : 80 YEARS SEX : MALE REC DATE : 07/10/2015
 REG NO. : 1543737 CATEGORY: CASH
 REFERRED BY : DR. SUSHIL BHATIA CASE : H/C
 PRINTED BY : JITENDRA JOSHI PRINT DATE : 07/10/2015 PRINT TIME : 06:40:29 PM

Before Treatment

NEO MARKER REPORT

	RESULT	UNIT	NORMAL RANGE
PROSTATE SPECIFIC ANTIGEN - PSA			BLOOD
Prostate Specific Antigen (PSA) TOTAL	17.252	ng/ml	Less than 4.0

Name : MR. CHOTA KHA
 Referred By : DR. ARPIT CHOPRA
 Drawn On : 15-Mar-2016 17:38
 Accession No.: 1603106445

After 5 Months

Age: 80 Years Sex: Male
 Received On : 15-Mar-2016 17:42
 Report Date : 15-Mar-2016



Parameter	Result	Unit	Biological Reference Interval
-----------	--------	------	-------------------------------

PSA Total ; Prostate-Specific Antigen, Total

PSA Total ; Prostate-Specific Antigen, Total	14.388	ng/mL	0.0 - 4.00
--	--------	-------	------------

Method: By Chemiluminescence on Automated Immunoassay System



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मॉडर्न होम्योपैथिक क्लिनिक
Dr. Arpit Chopra (Jain)
M.D. HOMOEOPATHY
(CRITICAL & SURGICAL DISEASES SPECIALIST)
9907527914, 9713092737



विशेषताएं :

कैंसर, किडनी फेलियर, अस्पताल में गंभीर रूप से भर्ती मरीजों का उपचार, कोमा, ऑटो इम्यून रोग, शल्य चिकित्सा योग्य रोग, हायपोथायराइडिज्म, एलर्जी, बालों का झड़ना, एग्जीमा, सोरायसीस, व्यसन मुक्ति, चर्म रोग, एसीडीटी, मोटापा, ल्यूकोडर्मा, माइग्रेन, गुप्तरोग, पथरी, साइनूसाइटिस, एनिगिया, लकवा, पाईल्स, गठिया, अस्थमा एवं श्वसन संबंधी रोग, होम्योपैथिक प्रतिरोधक एवं होम्योपैथी टिटनेस, नपूसंकता, मुहांसे, वंशानुगत रोग, साइटिका, डिप्रेशन मानसिक रोग, हृदय रोग,

क्या आप सर्वाइकल कैंसर से परेशान हैं

Patient - jamila bee

Treatment Of Cervical C



कैंसर से डरो नहीं, रहो दो कदम आगे।
 जैसे तो वर्ल्ड कैंसर डे आज है, पर हम चाहते हैं कि आप अभी से ही कैंसर से दो कदम आगे रहें।

पर
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Kuldeep Sharma
(Blood Cancer)



KC Saini
(Cervical Cancer)



Nisha Jain
(Ovarian Cancer)



Soni Bai
(Cervical Cancer)



Kushal Jain
(Prostate Cancer)



Manju Jhavar
(Amyloiosis Cancer)



Fatima Khan
(Retroperitone AL Cancer)



Kanta Devi Bafna
(Breast Cancer)

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With Modern Homeopathy



Baby Advika Pathak
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(MD) Homeopathy

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 Indore (M.P)

9907527914 Gmail arpitchopra23@gmail.com

Glioblastoma

Also called: GBM, glioblastoma multiforme

Overview

Symptoms

Treatments

A malignant tumour affecting the brain or spine.

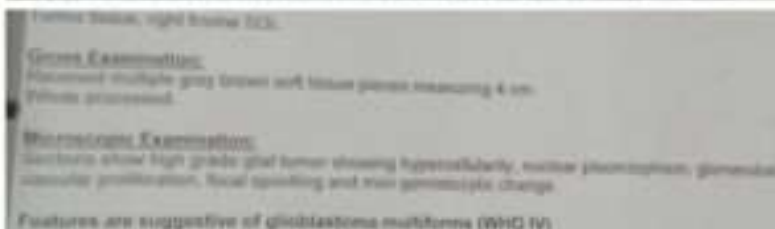
This type of tumour grows and spreads rapidly, often creating pressure.

Rare

Fewer than 1 million cases per year (India)



Glioma



आरोग्य सुपर स्पेशलिटी मॉडर्न होम्योपैथिक क्लिनिक

कम्पलिट • पामाजेट • ईटी • रेफ • फास्ट एच करंट इमेजिंग

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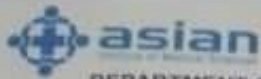
ता 50 मिनट के अंतर पर जिन रोगों की विशेषता है

Rare

Fewer than 1 million cases per year (India)

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Glioma



DEPARTMENT OF RADIO-DIAGNOSIS & IMAGING

Patient Name	SWETA KUMARI	MRN	637*
Age	45Y	Sex	Female
Ref. Doctor	DR. ANITA KUMARI	Ref. Dept.	Neurology
Ref. No.	1234	Ref. Date	2021-02-28
Ref. Time	10:30 AM	Ref. Doctor	DR. ANITA KUMARI
Ref. Doctor	DR. ANITA KUMARI	Ref. Dept.	Neurology
Ref. No.	1234	Ref. Date	2021-02-28
Ref. Time	10:30 AM	Ref. Doctor	DR. ANITA KUMARI

Non contrast CT imaging of the brain was performed on a 128 slice helical CT scanner. Thin slice volumetric scanning was done from the level of occiput to vertex in the axial plane with multiplanar reformating. Images were viewed at both soft tissue and bone window settings.

Clinical Details: Post-operative follow up case of GBM.

Right frontal craniotomy changes with areas of (foci of parenchymal) subdural pneumocephalus in the right frontal-parietal and temporal cortical region.

Few areas of hyperdensity are seen insinuating in the sulcal spaces in the right frontal-parietal region at the post op craniotomy site - likely subarachnoid bleed. Right frontal region also shows small subdural crescent shaped hyperdensity with maximum thickness of approx 2.4 mm.

Few hyperdense foci of hemorrhagic contusions are seen in the right frontal cortical region - largest measuring approx 5.1 x 4 mm.

Moderate diffuse surrounding hypodensity in the right basifrontal / frontal-parietal and mild in temporal region is seen with ex-vacuo dilatation of frontal and temporal horns of right lateral ventricle - ? gliosis.

Mild subgaleal soft tissue swelling / hematoma and few air foci are seen in right frontal region.

Rest of the brain parenchyma shows normal attenuation pattern in the supratentorial compartment, no midline shift of structures seen.

Brain stem and bilateral cerebellar hemispheres appear normal. Bilateral CP angles are normal. No obvious sellar mass seen. Suprasellar and parasellar regions appear normal.

Left lateral ventricle is normal. The third and fourth ventricles are normal.

Rest of the cortical sulci, bilateral sylvian fissures and basal cisterns appear normal.

Compared to previous NCCT dated 02/05/20, no significant interval change is noted.

Advice: Clinical and CEMN correlation for further evaluation.

Dr. Aziz Ahmad Memorial
Digital X-Ray & Diagnostic Centre

DR. ARSHAD AHMAD
M.B.B.S., M.D., MRCP
MCH (General Radiology) & Interventional Radiology
MCh (Neuro Radiology) & Interventional Radiology
MCh (Spinal Cord) & Interventional Radiology
MCh (Pediatric Radiology) & Interventional Radiology

East Kowloon T.C. 2/F, 81, St. David, HongKong, P. R. CHINA
Tel: 852 2425 1122 / 29722058
Email: drarshad@meil.com.hk
EMERGENCY: 902215401
782225536

Reg. No. 501996 No. 5-107

Patient Name	SWETA KUMARI	Requested By	DR. SELF
MRN	FEB 637*	Procedure DateTime	28-02-2021 14:03
Age/Sex	45Y/Female	Hospital	DR. AZIZ AHMAD MEMORIAL

CT BRAIN (CONTRAST)

CLINICAL DETAILS: Left-sided weakness. Craniotomy for SOL.

TECHNIQUE: Axial sections of the brain were performed without and with intravenous contrast.

FINDINGS:

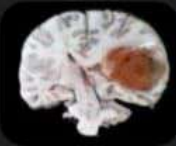
Prax images are not available for comparison.

- Right fronto-temporal craniotomy status is seen with ill-defined gliotic changes in the right fronto-temporal white matter - Post operative changes.
- Ill-defined gliotic changes are seen in the right basal ganglia region extending to the ventricular margins - chronic infarcts in right MCA territory.
- Rest of the cerebral hemispheres and basal ganglia demonstrate normal attenuation without focal abnormality.
- The cerebellar hemispheres and brain stem are unremarkable.
- There is no abnormal parenchymal or dural enhancement.
- No evidence of intracranial hemorrhage, mass effect or midline shift.
- The ventricles, sulci and basal cisterns are unremarkable.
- The mastoid air cells and paranasal sinuses are clear.

IMPRESSION:

Post-operative craniotomy status with ill-defined gliotic changes in the right fronto-temporal region.

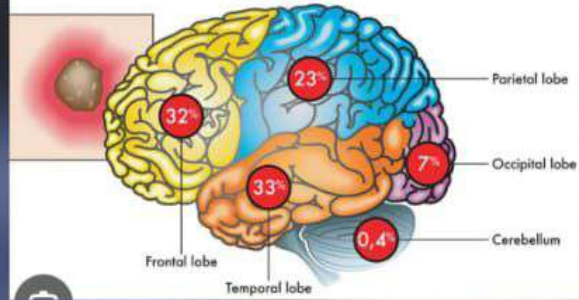
GBM stands for **glioblastoma multiforme**, which is a fast-growing and aggressive form of malignant brain and spinal cord cancer that starts in astrocytes, the cells that support nerve cells. Symptoms include worsening headaches, seizures, nausea, vomiting, weakness, and changes in personality or speech, and it is most common in older adults.



10 FACTS ABOUT GLIOBLASTOMA (GBM)

"a very lethal brain cancer"

Glioblastoma
(most frequent sites where glioblastoma is localized and the estimated percentages)



Aarogya Super Spec... X

Grade 4 GBM

BRAIN TUMOR

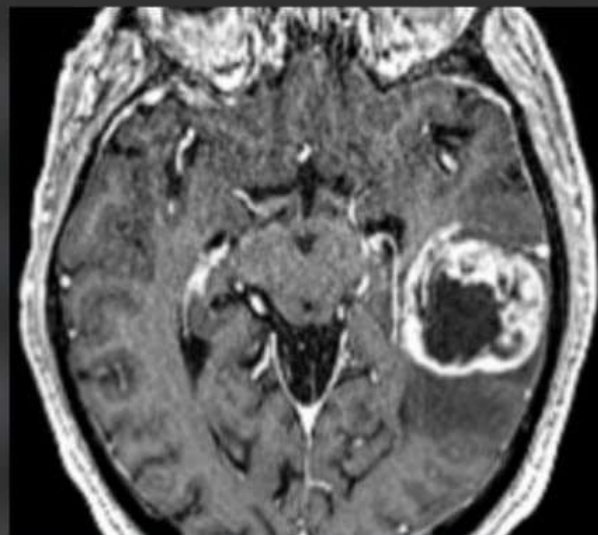
DR. ARPIT CHOPRA JAIN
MR. ANURAG K. SINGH, M.D.
MEDICAL ONCOLOGIST

RESPONDED BRAIN TUMOR PATIENT FROM UTTAR PRADESH

CT SCAN CENTRE सीटी स्कैन सेंटर

Before Treatment

ALL INDIA INSTITUTE OF MEDICAL SCIENCES, BARDAOLI
DEPARTMENT OF RADIO DIAGNOSIS & IMAGING



Aarogya Super Spec... X

Ho Guoma (Multiforme)
Left temporal lobe lesion nodular
Right frontal lobe lesion
Diagnosis - Last one on left side (2-3 round)

General Enhanced MRI of Brain

CH CHOITHRAM HOSPITAL & RESEARCH CENTRE

Department of Radio-diagnosis & Imaging Services

MR. RAJENDRA KUMAR DUREY
DR. MEH. SORUCH SINGH
Consultant

MR. RAJESH K. MOURYA
DR. SURANJANA SAMRANTA

MRI BRAIN WITH MR SPECTROSCOPY

TECHNIQUE-Multiplanar MR images of the brain were obtained using T1, T2 weighted SE, Sequence, FLAIR, SWI, DWI sequences. Multiple voxel MR spectroscopy (CGI) was performed with intermediate echo time (TE) (33).

Clinical History- Post-treatment case of glioblastoma multiforme (GBM). Comparison made with MRI dated 28/04/2024.

Findings- Post-surgical changes are seen in the right frontal region with evidence of craniectomy and mild underlying dural thickening. A large post-operative cystic cavity is seen in the right frontal lobe measuring approximately 6 x 4.3 x 5.5 cm, with peripheral hemosiderin staining. Focally and nodular enhancement is noted along the posterior-superior margin of the cavity. An ill-defined infiltrative enhancing soft-tissue lesion is seen in the right anterior and medial mid-frontal lobe, showing nodular and patchy enhancement and extending through callosal midline. Diffuse leptomeningeal enhancement is seen along the left parieto-occipital frontal region. Enhancement also seen along...



WHAT IS UPPER TRACT UROTHELIAL CARCINOMA (UTUC)?

Papillary urothelial carcinoma is a type of bladder cancer that forms finger-like growths in the lining of the urinary tract, most commonly the bladder. It is characterized by a papillary, or finger-like, architecture and can range from low-grade (non-invasive) to high-grade (more aggressive). The most common symptom is blood in the urine, and risk factors include smoking and chemical exposure.

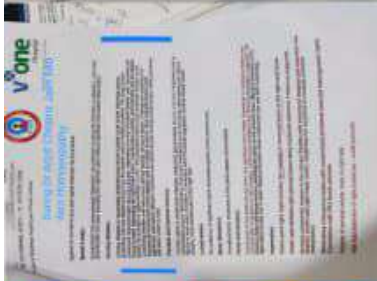
What it is

Type of cancer:

A form of cancer that develops in the urothelial cells lining the bladder, ureters, and renal pelvis.



Handwritten notes in blue ink: "Increase papillary urothelial carcinoma", "multiple times detected", "Right nephro colectomy".





Before Dr Arpit Chopra's Modern Homeopathy



आरोग्य सुपर स्पेशलिटी मॉडर्न होम्योपैथीक क्लिनिक

मौखिक कैंसर
ORAL CANCER

ORAL CANCER

DR. ARPIT CHOPRA JAIN
M.D. (HOMEO) & M.D. (DENT) & SURGICAL
DISEASES SPECIALIST

ADDRESS: 102, 103, 104, KRISHNA TOWER, JANAKPURA SQUARE, IN FRONT
CUREWELL HOSPITAL ROAD, NEW PALASIA, INDORE, MADHYA PRADESH 472005

Title
Relief in Oral Cancer मुँह का कैंसर
Patient का अनुभव - Dr Arpit Chopra
Jain Aarogy Modern Homeopathy

आरोग्य सुपर स्पेशलिटी मॉडर्न होम्योपैथीक क्लिनिक

मुँह के छलने
MOUTH ULCERS

Chronic Mouth Ulcers मुँह में छलने
में सुधार Patient अनुभव - Dr Arpit
Chopra Jain Modern Homeopathy



Tongue Oral Mouth Cancer मुँह का कैंसर Responded by Dr Arpit Chopra Jain A... Read more

LEUKOPLAKIA (मुँह में सफेद दाग) क्या करें?

Leukoplakia

Leukoplakia का कोशिकीय संश्लेषण (Shwet Shakti) काली है। यह एक ऐसी स्थिति है जिसमें मुँह के अंदर, जैसे कि गालों, गालों, या जीभ पर, सफेद या पीले रंग के दाग बन जाते हैं जो गिराने नहीं जा सकते।

Leukoplakia के बारे में कुछ और बातें:

- यह अक्सर पर इतिहास होता है, लेकिन कुछ मामलों में यह बिना किसी कारण के होता है।
- Leukoplakia का कुछ मामलों में कैंसर का संकेत (सूचक) बन सकता है।
- यदि आपको अपने मुँह में सफेद जलजल (दाग) या छाले (दाग) के साथ-साथ दर्द, जलन, या किसी भी प्रकार के असह्य (असह्य) का अनुभव है, तो आपको तुरंत डॉक्टर से मिलना चाहिए।

संक्षेप में, Leukoplakia एक ऐसी स्थिति है जिसमें मुँह में सफेद या पीले रंग के दाग बन जाते हैं जो गिराने नहीं जा सकते।

आरोग्य सुपर स्पेशलिटी मॉडर्न होम्योपैथिक क्लिनिक

Leukoplakia ल्युकोप्लाकिया मुँह में सफेद दाग

Responded by Dr Arpit Chopra Jain Aarogya Super Speciality Modern Homoeopathic Clinic

Read more

AAROGYA SUPER SPECIALITY MODERN HOMOEOPATHIC CLINIC

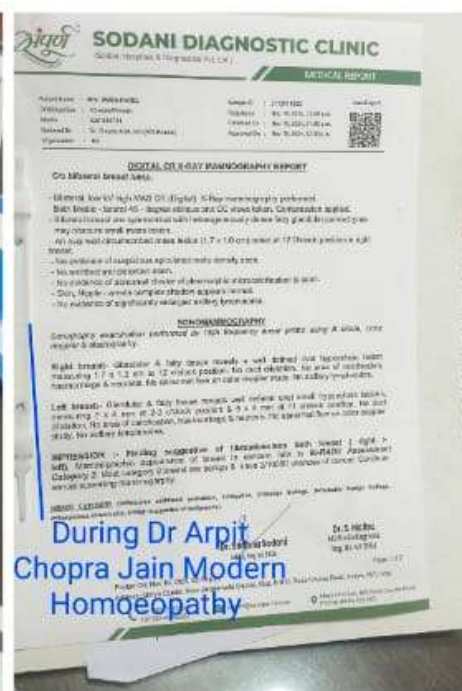
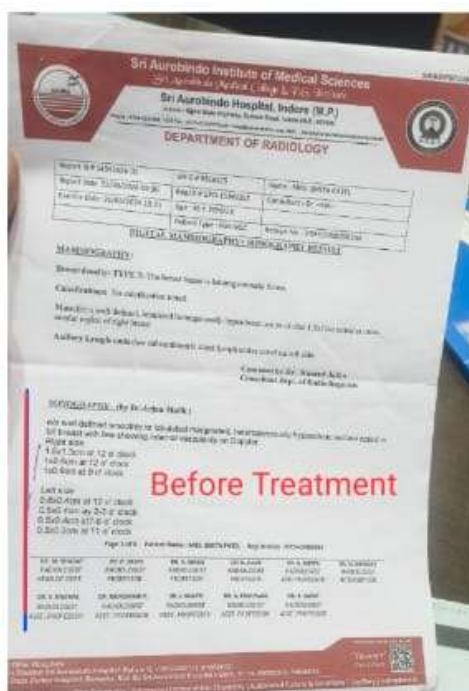
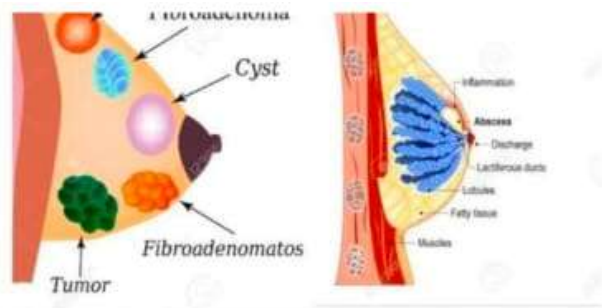
DR ARPIT CHOPRA JAIN (MD HOMOEOPATHY CRITICAL & SURGICAL DISEASE SPECIALIST)

RESPONDED MOUTH ULCERS PATIENT FROM MHOW, MADHYA PRADESH

Surgical Disease, Aplastic Anemia, Muscular Dystrophy, Lifestyle Disease to Save Lifetime Drug

Description

Chronic Mouth Ulcers मुँह में छाले में सुधार Patient अनुभव - Dr Arpit Chopra Jain Modern Homoeopathy



Breast fibroadenoma cured by Dr Arpit Chopra's SuperSpeciality
 Dr Arpit Chopra's SuperSpeciality
 15:45
 527 views • 4 years ago

Fibrocystic Breast disease of 10 years cured by Dr Arpit Chopra's SuperSpeciality
 Dr Arpit Chopra's SuperSpeciality
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Breast Cancer Responded &...
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 19 Apr 2024

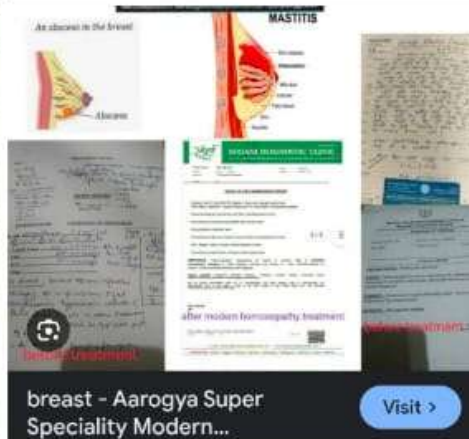
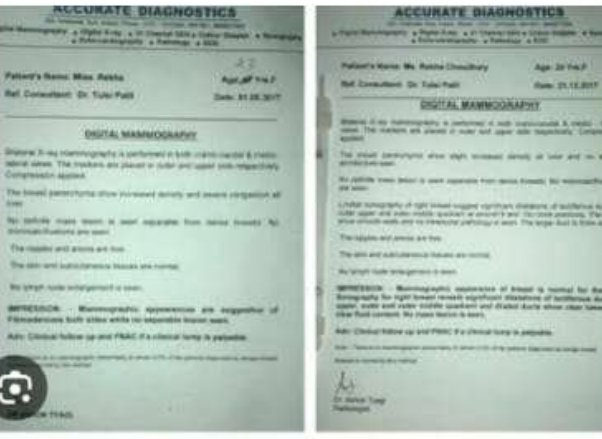
Aarogya Super Speciality Modern...

BREAST CYST
 ADVICED CASE CURED TO SAVE SURGERY
 सक्सेस स्टोरी
 डॉ. अरुण चौधरी

Breast Cyst Abscess Mastitis 8.1x 3.4 cm Cured without surgery by Dr Arpit Chopra

BREAST ABSCESS 8 1x3.4CM WITH MASTITIS NODULE large sized DISSOLVED & CURED SUCCESSFULLY WITHOUT SURGERY BY MODERN HOMOEOPATHY TREATMENT TO SAVE SURGERY, FURTHER COMPLICATION & RECURRENCE. Patient had successfully

breast Cyst 8.1 x 3.4 cm large abscess Mastitis Cured



breast - Aarogya Super Speciality Modern... [Visit >](#)

breast-lump - Aarogya Super Speciality Modern... [Visit >](#)



After Modern Homeopathy treatment

GBM CANCER GRADE 4 GLIOBLASTOMA...
Aarogya Super Spa... Dr Ar...
07 Oct 2021

GBM BRAIN CANCER GLIOBLASTOMA...
Aarogya Super Spa... Dr Ar...
03 Nov 2022

What is modern Homeopathy | How L...
YouTube: Dr Arpit Chopra...
13 Mar 2022

GBM BRAIN CANCER GLIOBLASTOMA...
Aarogya Super Spa... Dr Ar...
03 Oct 2022

Before treatment

10/0 Glioma : Feb 2021
(Multicentric)

Left temporal lobe lesion measure : - 7.8x5.5cm
20/July/22

Right frontal lobe lesion : - 3.3x 2.7cm
20/July/22

Epilepsy episodes Last one on 15/Nov/22
On regular basis episodes (2-3 mins)

Kriti Scanning Centre (P) Ltd.
DUAL SOURCE CT SCANNER, 64 CHANNEL MRI WITH QUIET SUITE SYSTEM, COLOR DOPPLER, ULTRASOUND, 2D ECHO, DIGITAL X-RAY, DEKA BMD, CBCT, DRG, MAMMOGRAPHY

59/18-E Lowther Road, (In front of Medical College), Prayagraj (Allahabad)
Registered Office, : 55-B Lowther Road, Prayagraj (Allahabad)
e-mail: kritiscan@gmail.com • Website: kritiscanningcentre.com
Phones- Reception: 0532-2256805, 2256266 • CT Scan: 2256151 • MRI: 2256100

Name: Chotey Lal Age/Gender: 30Y/ Male
Referred By: DR. PRABHAT SINGH MD DM Date/UHD: 20-Jul-2022/ P959452

Contrast-Enhanced MRI of Brain

High resolution MRI of brain was performed on a 3.0 Tesla MR Scanner, Siemens Magnetom Vida. Following imaging sequences were obtained:
Axial: T2 w TSE, T2 and T1 w FLAIR, DWI, SWI, Post-Gd T1 w fs
Coronal: T2 TSE, Post-Gd T1 w fs
Sagittal: T2 TSE, Post-Gd T1 w fs

FINDINGS: **before treatment**

MIDLINE SHIFT/ MASS EFFECT, CEREBRAL PARENCHYMA:
There is a large 7.8 x 5.5 cm ill defined T1 hypointense and T2/FLAIR hyperintense lesion is seen in the left temporal lobe, peri-Sylvain region of left frontal lobe and the insula. There is mass effect in the form of locoregional sulcal effacement, compression of the left Sylvian fissure and left uncus herniation. Resultant compression on the midbrain is seen. The left MCA is encased by the mass. No significant T2/FLAIR mismatch is seen. No significant diffusion restriction / blooming / post contrast enhancement.

There is a similar signal intensity lesion (3.3 x 2.7 cm) in the right frontal lobe demonstrating small FLAIR suppressing cystic areas within. No significant diffusion restriction / blooming. There is mild peripheral and internal nodular areas of enhancement.

MR spectroscopy: Choline peak is seen with elevated Cho: NAA and Cho: Cr ratio.

BASAL GANGLIA, THALAMI, INTERNAL CAPSULE: Normal on the right side. Compressed on the left side.

MIDBRAIN, PONS, MEDULLA: Otherwise normal
CEREBELLUM: Normal.
VENTRICLES: Compression of the left lateral ventricle is seen.

Page 1 of 2

UNITED DIAGNOSTICS

- CT Scan
- Digital X-Ray
- Digital Mammography
- Colour Doppler
- Fully Automated Pathology
- CRG

Name: CHHOTI LAL Lab No: 012302130107
Age/Gender: 30 YRS/MALE Privilege Card No: N/A
Refer By: Self Date: 13-02-2023
Barcode: 10268155 Client/Panel: Standard

Report:
Contrast-Enhanced MRI of Brain

Note: Old records not available for comparison.

High resolution MRI of brain was performed on a 3.0 Tesla MR Scanner, Siemens Magnetom Skyra. Following imaging sequences were obtained:
Axial: T2 w TSE, T2 and T1 w FLAIR, DWI, SWI, Post-Gd T1 w fs
Coronal: T2 TSE, Post-Gd T1 w fs
Sagittal: T2 TSE, Post-Gd T1 w fs

A large focal space occupying lesion of size approx. 5.1 x 4.2 x 6.1 cm is seen in left fronto-temporal lobe and left insular cortex. Lesion epicenter is seen at cortico-medullary junction with focal cortical involvement in inferior part of temporal lobe. Lesion shows heterogeneously hyperintense signal on T2 weighted images and is predominantly hypointense on T1 weighted images. Post-gadolinium T1 weighted images reveal subtle patchy enhancement with non-enhancing rests of lesion. Lesion partly encases the temporal horn of left lateral ventricle with subependymal extension.

Another similar lesion of size - 2.7 x 3 cm discrete from the larger lesion is seen in right high frontal lobe. Lesion show subtle patchy enhancement.

Perifocal ill-defined T2 hyperintense signal suggestive of edema is seen extending into left basal ganglia, internal capsule. Focal effacement of cortical sulci and left sylvian fissure is seen. Mass effect is present over left lateral with no midline shift. No hydrocephalus noted.

Mass effect is present over midbrain deforming it with effacement of ambient cisterns. Pons, medulla and cerebellum are normal in morphology and signal intensity.

Sella, parasellar & suprasellar areas do not show any lesion.
Visualized orbits are normal.

After Dr Arpit chopra Jain Modern Homoeopathy treatment

UNITED DIAGNOSTICS | 22, Moti Choudhary Road, Civil Lines, Prayagraj (Allahabad) | 211001



डॉ. अर्पित चोपड़ा (जैन)
एच. बी. होम्योपैथी
जटिन, असायड एवं
शास्त्र रोग विशेषज्ञ

* 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 ।



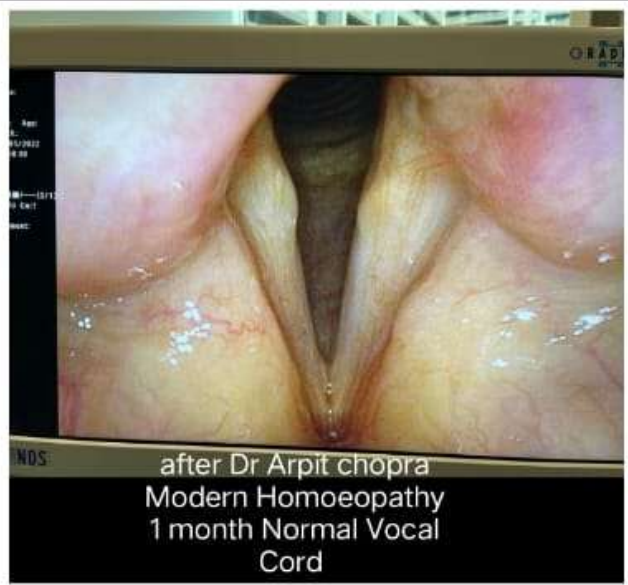
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कम्पलिट * परमानेंट * ईजी * सेफ * फास्ट एण्ड कॉस्ट इफेक्टिव
102, प्रथम मंजिल, कृष्णा टॉवर, क्योरवेल हॉस्पिटल के सामने, जंजीरवाला चौराहा, न्यू पलासिया, इन्डौर (म.प्र.)
फोन : 0731-4977076, मो. : 97130-92737, 97130-37737, 79999-78894, 99075-27914

www.homoeopathyure.in, www.aarogyahomoeopathyindore.com Email : arpitchopra23@gmail.com



before treatment



after Dr Arpit chopra
Modern Homoeopathy
1 month Normal Vocal
Cord



K/c/o Vocal Cord poly :: 1 1/2 y
- Mild pain



Vocal Cord Polyp
Cure Without Surgery |...
6 views • 2 days ago



Title

कैंसर CANCER of any type, any stage & METASTASIS CURED BY DR ARPIT CHOPRA JAIN

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 होमियोपैथी
कम्प्लिट, परमानेन्ट, ईजी, सेफ, फास्ट एण्ड कॉस्ट इफैक्टिव

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

102, प्रथम मंजिल, कृष्णा टॉवर, क्योरवेल हॉस्पिटल के सामने, जंजीरवाला चौराहा, न्यू पलासिया, इन्दौर म.प्र.
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www.homoeopathycure.in. www.aarogvahomoeopathyindore.com Email : arpitchopra23@gmail.com

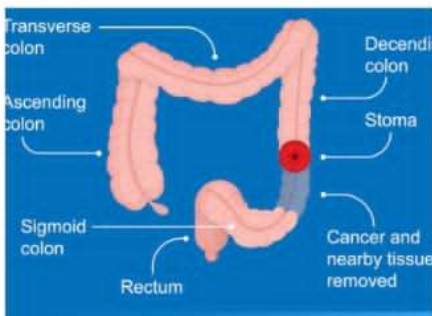
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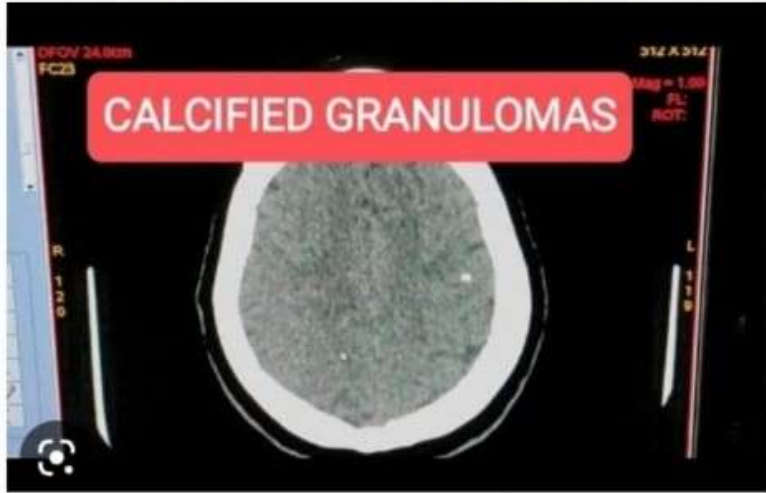
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कम्प्लिट, परमानेन्ट, ईजी, सेफ, फास्ट एण्ड कॉस्ट इफैक्टिव

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

102, प्रथम मंजिल, कृष्णा टॉवर, क्योरवेल हॉस्पिटल के सामने, जंजीरवाला चौराहा, न्यू पलासिया, इन्दौर म.प्र.
📞 99075 27914 संपर्क : 0731-4977076, 79999 78894
www.homoeopathycure.in. www.aarogvahomoeopathyindore.com Email : arpitchopra23@gmail.com

Happiness





Keo Calcified Granuloma
 Sub-centimetric calcified lesion
 Oedema in post. parietooccipital region
 No H/O DM II, HTN, fever.
 Weak memory (+) (Loss)

EXCEL Diagnostics
 A2 Hospital Campus, Kamla Rai College Road, Gopalganj (Bihar) 841428

Patient Name: PARAMESHWAR PASWAN, Patient ID: 22915
 Sex / Age: M / Report Date/Time: 08-10-2022
 Modality: CT, Ref. Phys: DR ARUN K. JUMAR

NCCT - HEAD

SUPRATENTORIAL LESION:

- Focal calcification seen.
- Sub-centimetric sized calcified lesion without any surrounding oedema noted in posterior parietooccipital region on left side - old calcified granuloma.
- Rest of the brain parenchyma normal.
- Ventricular system is normal.
- No midline shift is seen.
- Basal cisterns are normal.

POSTERIOR HORN ABNORMALITY:

- PH appears to be normal and seen in midline.
- Cerebellar hemispheres, vermis and brain stem are grossly normal.

IMPRESSION:

SUBCENTIMETRIC SIZED CALCIFIED LESION WITHOUT ANY SURROUNDING OEDEMA NOTED IN POSTERIOR PARIETOOCIPITAL REGION ON LEFT SIDE - OLD CALCIFIED GRANULOMA.

AP - Kindly Review with clinical findings.

Dr. Neelam Mittal
 M.D. RADIODIAGNOSIS

Before Treatment

SUMAN CT SCAN & IMAGING CENTRE
 Dr. Nehal Kumar
 MBBS, DMRD
 Consultant Radiologist

Patient Name: PARAMESHWAR PASWAN, Patient Id: 9980
 Modality: CT, Sex: M
 Age: 48Y, Study: HEAD
 Ref. Dr.: ARUN KUMAR (BAMS), Study Date: 08-10-2022

Plain CT study of Brain

- Posterior fossa structures-brain stem & cerebellum are normal.
- Both gangliocapsular regions are normal.
- Supratentorial compartment does not reveal any abnormal density.
- Ventricular system, basilar cisterns are normal.
- There is no shift of midline structures.
- Visualized parts of orbit & paranasal sinuses appear normal.
- Skull vault appears normal.

Plain CT Study of Brain reveals no significant abnormality.

This report is not valid for medical/legal purpose

Dr. Nehal Kumar
 MBBS, DMRD
 Consultant Radiologist

After Dr Arpit Chopra Modern Homoeopathy Online Treatment

A calcified granuloma is a specific type of tissue inflammation that has become calcified over time. When something is referred to as "calcified,"





DR ARPIT CHOPRA JAIN
(MD HOMOEOPATHY CRITICAL & SURGICAL DISEASE SPECIALIST)



CURED PANCREATIC CANCER PATIENT
FROM SANWER, MADHYA PRADESH



आरोग्य सुपर स्पेशलिटी मॉडर्न होम्योपैथीक क्लिनिक
AAROGYA SUPER SPECIALITY MODERN HOMOEOPATHIC CLINIC

डॉक्टर, चिकित्सी कॅलिफ़ोर, अत्यन्त महत्त्वपूर्ण रूप से अपनी सर्वश्रेष्ठ का उपयोग, कोमा, शरीर विच्छिन्नता योग्य ऑपिऑइड्स सेना, अत्यन्तिक ऐनैस्थीया, अस्त्रोत्तर डिस्टोफी, जीवन भर दवा लेने वाले रोगी: रोनाचाम एन 300 प्रकार के अत्यन्त जटिल रोगों की चिकित्सा

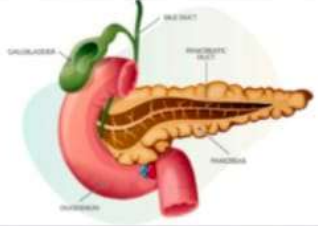
91 99075-27914, +91 97130-92737, +91 97130-37737, +91 93404-96872, +91 79999-76894, +91 97130-37737, +91 80451-32033

DR. ARPIT CHOPRA JAIN
(MD HOMOEOPATHY CRITICAL & SURGICAL DISEASE SPECIALIST)

Email- arpitchopra23@gmail.com

Address: 101, 102, 103, 104, Krishna Tower, Janjirwala Square, in front of Curewell Hospital Road, New Palasia, Indore, Madhya Pradesh, 452001

Chronic Calcific Pancreatitis



Pancreatic Cancer



REPORT

NAME: 1 MR ANKUSH DUBEY (AD/PH)
REF. BY: 1 INDORE DIAGNOSTIC CENTRE
TEST ASKED: 1 CA 19.9 CA 19.9 CA 19.9 CA

SAMPLE COLLECTED AT: (KIDDERPORE) INDORE DIAGNOSTIC CENTRE
(Patient number is same as gall tumor and some enquiry to path show, 45307)

TEST NAME	TECHNOLOGY	VALUE	UNITS
CA 19.9	C.I.E.A	410.43	U/ml

Adults: < 37.0 U/ml

Before Treatment

Clinical Significance:
CA 19.9 is elevated in most patients with advanced Pancreatic Cancer. It is also elevated in other cancers, including lung, colon, stomach, liver, breast, gall bladder, cholangiocarcinoma, pancreatic, cholangiocarcinoma, and liver metastasis. The most elevation may also occur very high CA 19.9 levels may also indicate very poor prognosis of CA 19.9 may also be found in healthy patients.

For Diagnostic Purpose, Results should always be assessed in conjunction with the patient's medical history, Clinical Examination and other findings.

Specifications:
Link assay (NCO): 8.71 %, Inter assay (NCO): 5.09% & Sensitivity: 1.2 U/ml

Kit Validation Reference:
Zhang B. In: The Clinical Utility of the CA 19.9 Test. Academic Press, 2011. Gastroenterology 139: 1541-1551

Please correlate with clinical conditions.
Method: Fully Automated Two Step Sandwich Immunoassay

Sample Collected on (SCT): 13 Jul 2024 13:50
Sample Received on (SRT): 14 Jul 2024 05:45
Report Released on (RRT): 14 Jul 2024 09:40
Sample Type: 1 SERUM
1207123036/AN558 Dr Sachin Patel MD(Path)

MEDICAL REPORT

Patient Name: Mr. ANKUSH DUBEY
DOB: 01/07/1984
Age: 39
Gender: Male
Referral: Sample Diagnostic Centre/Indore
Organization: Indore Pathology Laboratory

Report ID: 4523202401
Date: 14 Jul 2024, 09:45
Collection Date: 13 Jul 2024, 13:50
Address: New Palasia, Indore, Madhya Pradesh, India

CA 19.9

Test Description	Value(s)	Unit	Reference Range
CA 19.9	410.43	U/ml	0.0 - 37.0

INTERPRETATION: CA 19.9 is an elevated which is elevated in pancreatic carcinoma, the most common epithelial carcinoma, with carcinoma of the pancreas. It is also elevated in other cancers, including lung, colon, stomach, liver, breast, gall bladder, cholangiocarcinoma, pancreatic, cholangiocarcinoma, and liver metastasis. The most elevation may also occur very high CA 19.9 levels may also indicate very poor prognosis of CA 19.9 may also be found in healthy patients.

During Dr Arpit Chopra Jain Modern Homoeopathy

Dr. Sachin Patel MD (Path)



Cancer Cured

पेरिटोनियल कैंसर का सफल इलाज

Success

Mrs. Fatima Khan

**Dr. Arpit Chopra D.M.
M.D. Homeopathy
(Critical & Surgical Diseases Specialist)**

CANCER ORAL BUCCAL MUCOSA (MOUTH)

SURGERY / CHEMOTHERAPY / RADIOTHERAPY

Inner cheek cancer is classified as squamous cell carcinoma. Wanna live asymptomatic comfortably. Better Modern Homeopathy for better results.

99075 27915, 79999 78894 | 102 104, First Floor, Krishna Tower, Opposite Curawell Hospital, New palasia, Indore (M.P.)

Buccal mucosa cancer is a rare cancer that develops in the inner cheek in your mouth. It's a type of head and neck cancer. The buccal mucosa extends from the inside of your lips and cheeks to just behind your last teeth. It's a soft, wet mucous membrane that's made up of several layers of tissue.

**SUDHIR HELPLINE PVT. LTD.
KASTURI HEALTHLINE
CT SCAN**

Patient ID: 0001 | Patient Name: MAMTA
Age: 35 Yrs | Date: 15-Mar-23
Gender: FEMALE | Ref Doctor: DR. ARPIT CHOPRA M.D.

CECT SCAN OF NECK WITH ORAL CAVITY

STUDY INDICATION:
Suspect of squamous cell carcinoma of the buccal mucosa.

OBSERVATIONS:
Discontinuity involving left buccal mucosa upto level of size 40/41 x 41 mm seen in left buccal mucosa with post 6th premolar & involving mandibular premolar. Extension of tumoural mass in course of left buccal mucosa with extension posterior with involvement of left mandibular canal. Lesser extension seen of tumour and internal maxillary artery. No gross evidence of lymphadenopathy seen. Left buccal free margin left mandible & left submandibular lymph node are seen. Superior paranasal sinuses, 3rd & 4th degree with normal maxilla. 7th degree. High resolution CT scan of the soft palate, hard palate & oral cavity. No gross evidence of extension. The parotid, submandibular and the thyroid glands are normal in size and contour. The parotid, submandibular and the thyroid glands are normal in size and contour.

**After Dr Arpit Chopra
Modern Homeopathy
Treatment**

MOUTH ORAL CANCER OF BUCCAL MUCOSA TO SAVE SURGERY, CHEMO & RADIOTHERAPY BY SUPER SPECIALITY MODERN HOMOEPATHY

CCL LABORATORIES AND INVITRO ALLERGY TESTING

Patient Report

Name: Mrs. MAMTA 35
Sex / Age: Female 35 Yrs
Doctor: RAM MANDAR LAB KOTA
Client Name: RAM MANDAR LAB KOTA
Sample Type: PLAIN

Test Performed by: Fully Automated Chemiluminescent Immuno Assay (ARCHITECT-11000 PLUS) Abbott USA

CA 125: 11.30 U/ml (0.00 - 35.36)

SUMMARY:
CA 125 is found in a high percentage of non-mucinous ovarian cancer of metastatic origin and can detected in serum. It also occur on the surface epithelium of normal ovaries, adult and child. Ovarian carcinoma accounts for about 20% of gynaecological tumors, the incidence is 10/100,000. CA 125 has been found in the amniotic fluid and in the cerebrospinal fluid. Some of these fluids are of fetal origin. In adults of adult origin. The presence of CA 125 has been demonstrated in the epithelium of the ovary, in the endometrium and in the endocervix. Elevated values are sometimes found in various benign gynaecological disease such as ovarian cysts, ovarian metastases, endometriosis, chronic myometritis in ovaries. Significant elevations of this marker may also occur in many pregnancy and in various benign diseases (e.g. acute and chronic pancreatitis, benign gastrointestinal diseases, renal insufficiency, autoimmune disease and others). Methodology involved involves immuno assay to detect this disease such as chronic and benign. Extreme elevations can occur in any kind of cancer due to malignant and benign diseases. Although the highest CA 125 values occur in patients suffering from ovarian carcinoma, clearly elevated values are also observed in malignancies of the endometrium, breast, gastrointestinal tract, and various other malignancies. Although CA 125 is a laboratory diagnostic marker, it is today the most important tumor marker for monitoring the therapy and prognosis of patients with serous ovarian carcinoma.

INTERPRETATION:
An increase in the assay value of CA 125 is frequently found in various types of breast carcinomas in certain lung cancers, but also in certain non-carcinoma pathologies. The CA 125 assay alone does not determine either therapy and increase in cases of malignant disease is not reliable. The CA 125 assay is used as an additional test for the prognosis and monitoring of therapy for patients with diagnosed malignant tumors. A decrease in the CA 125 assay value can indicate a positive response to the CA 125 assay value, when reflects analysis of the tumor and a poor response to therapy.

**After Dr Arpit Chopra
Modern Homeopathy
Treatment**

CCL LABORATORIES AND INVITRO ALLERGY TESTING

Patient Report

Name: Mrs. MAMTA 35
Sex / Age: Female 35 Yrs
Doctor: RAM MANDAR LAB KOTA
Client Name: RAM MANDAR LAB KOTA
Sample Type: PLAIN

Test Performed by: Fully Automated Chemiluminescent Immuno Assay (ARCHITECT-11000 PLUS) Abbott USA

CA 15.3: 1.30 U/ml (0.00 - 35.36)

SUMMARY AND EXPLANATION:
An increase in the assay value of CA 15.3 is frequently found in various types of breast carcinomas in certain lung cancers, but also in certain non-carcinoma pathologies. The CA 15.3 assay alone does not determine either therapy and increase in cases of malignant disease is not reliable. The CA 15.3 assay is used as an additional test for the prognosis and monitoring of therapy for patients with diagnosed malignant tumors. A decrease in the CA 15.3 assay value can indicate a positive response to the CA 15.3 assay value, when reflects analysis of the tumor and a poor response to therapy.

LIMITATION:
Cancer patients with phenotype levels 20-100 fold the observed 11.30-11.30 U/ml assay value. This should not be performed CA 15.3 assays if patients who have received a cytotoxic agent in the previous 60 days.

**After Dr Arpit Chopra
Modern Homeopathy
Treatment**

CCL LABORATORIES AND INVITRO ALLERGY TESTING

Patient Report

Name: Mrs. MAMTA 35
Sex / Age: Female 35 Yrs
Doctor: RAM MANDAR LAB KOTA
Client Name: RAM MANDAR LAB KOTA
Sample Type: PLAIN

Test Performed by: Fully Automated Chemiluminescent Immuno Assay (ARCHITECT-11000 PLUS) Abbott USA

CA 19.9: 11.30 U/ml (0.00 - 35.36)

SUMMARY AND EXPLANATION:
An increase in the assay value of CA 19.9 is frequently found in various types of cancer (pancreas, colonized but also in various benign and metastatic). The CA 19.9 assay is used as an additional test for the prognosis and monitoring of therapy for patients with diagnosed malignant tumors. A decrease in the CA 19.9 assay value can indicate a positive response to the CA 19.9 assay value, when reflects analysis of the tumor and a poor response to therapy.

LIMITATION:
Cancer patients with phenotype levels 20-100 fold the observed 11.30-11.30 U/ml assay value. This should not be performed CA 19.9 assays if patients who have received a cytotoxic agent in the previous 60 days.

**After Dr Arpit Chopra
Modern Homeopathy
Treatment**

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 होमियोपैथी

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

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

99075 27914 संपर्क : 0731-4977076, 79999 78894

www.homeopathycure.in, www.aarogyahomeopathyindore.com Email : arpit Chopra23@gmail.com

एक सही चिकित्सक ही आपके जीवन को सही दिशा और दशा दे सकता है



"Carcinoma left lower GBS" likely refers to squamous cell carcinoma (SCC) of the gingivobuccal complex (GBC) in the left lower region, a common type of oral cancer, especially in regions with high tobacco use.

Here's a more detailed explanation:

C/O Oral Carcinoma
 Prakash 2016
 * Operated once in 13 Sep 2024
 * Carcinoma of Left Lower GBS

Prevent ORAL CANCER Before It Starts!

What You Need to Know?

- Avoid Tobacco & Alcohol



THE BIOPSY
 A Complete Diagnostic & Tissue-Pathology Solutions
 An ISO 9001:2015 Certified Organization

NAME: AKHILESH PANDEY
 REF. BY: DR. KARAN GUPTA MBBS MS DNB
 AGE / SEX: 47Y/M
 DATE: 28 FEB 2025
 OPD

Technique:- CT NECK WITH LIMITED MR SECTION

A plain and contrast-enhanced multiplanar CT of the supra- and infrahyoid neck was performed. Limited MR sections were also performed through area of interest.

Imaging Findings:-

- No residual or recurrence of lesion is seen. Status focal resected area of left ramus of mandible with FLAP placement.
- No residual or recurrence of lesion is seen.
- No abnormally enhancing component is noted.
- The left pectoralis part of fat appears normal.
- Few metallic components seems to be embedded around site of surgical resection probably representing radioactive component and metallic surgical clip.
- The labio gingival sulcus and reconstructed left cheek appears normal. The muscles of mastication and floor of mouth appears normal.
- The limited MR section does not reveal any abnormal signal intensity at site of surgical intervention.
- No significant locoregional lymphadenopathy is seen.
- The additionally obtained limited MR section does not reveal any discrete foci of restricted diffusion. The left submandibular gland is surgically removed.
- Rest of the visualized salivary glands are normal.
- The para-pharyngeal and masticator spaces are normal.

After Dr Arpit Chopra Jain Modern Homoeopathy

THE BIOPSY
 A Complete Diagnostic & Tissue-Pathology Solutions
 An ISO 9001:2015 Certified Organization

NAME: AKHILESH PANDEY
 REF. BY: DR. KARAN GUPTA MBBS MS DNB
 AGE / SEX: 47Y/M
 DATE: 28 FEB 2025
 OPD

Technique:- CT NECK WITH LIMITED MR SECTION

The nasopharynx, oropharynx, hypo-pharynx and larynx are normal.

The structures within carotid sheath appears normal.

Remarks:- Known operated case of Ca buccal mucosa on post, no previous scan or other detail available. No residual or recurrence of lesion is seen.

The postoperative flap at site of reconstruction appears normal. No abnormally enhancing component or restricted diffusion is seen.

Additionally, obtained MR section does not reveal any abnormal signal intensity at site of partial mandibulectomy.

No significant locoregional lymphadenopathy.

The pterygopalatine fossa and muscles of mastication appears normal.

Comparison with previous scan would be helpful for further characterization.

DR. RAJESH KUMAR GUPTA
 DNB, DMRD, MRD, FRCR
 Sr. Consultant, Cross-sectional Clinical Radiology (CT & MRI) and Interventions

After Dr Arpit Chopra Jain Modern Homoeopathy

आरोग्य सुपर स्पेशलिटी मॉडर्न होम्योपैथीक क्लिनिक™
AAROGYA SUPER SPECIALITY MODERN HOMOEOPATHIC CLINIC™

डॉ. अरपि चोपरा जी
 डॉ. अरपि चोपरा जी

कैंसर, किडनी फेलियर, अल्ट्रासाउंड व गाँवर कण से भरी सरीसृप का उपचार, कोला, श्वायस, क्लिफ्टर, शोथ, अल्ट्रासाउंड, एनीमिया, अल्ट्रासाउंड डिप्लोमी, जीवन भर दवा लेने वाले कैंसर रोगियों को 300 प्रकार के अल्ट्रासाउंड जैसी रोगों की निवारण

0731-4977076 | +91 99075-27914 | +91 97130-92737 | +91 97130-37737 | +91 93404-95872 | +91 78999-78894 | +91 97130-37737 | +91 80481-32035

Address: 101, 102, 103, 104, Krishna Tower, Janjalewala Square, in front of Curzon Hospital Road, New Palasia, Indore, Madhya Pradesh 462001
 Email: arpitchopra73@gmail.com

DR. ARPIT CHOPRA JAIN
 MD HOMOEOPATHY & CERTIFIED & SURGICAL
 SPECIALIST

आरोग्य सुपर स्पेशलिटी मॉडर्न होम्योपैथिक क्लिनिक

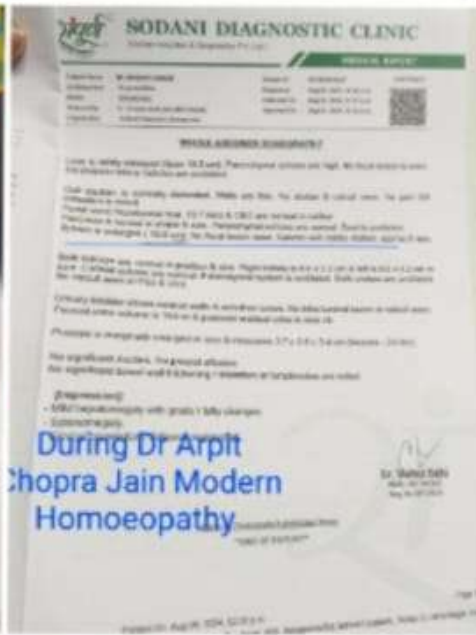
RESPONDED BLOOD CANCER PATIENT FROM INDORE, MADHYA PRADESH

Emergency No. **+91 9340495872**

4:28

www.homocareindia.com, www.sodanidiagnosticclinic.com, www.drarpitchoprajain.com

Title
Blood Cancer ब्लड कैंसर CML Chronic Myeloid Leucamia Responded by DrArpitChopraJainModernHomeopathy

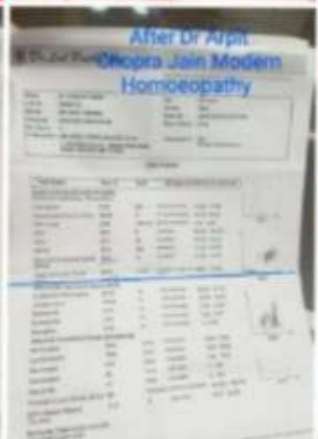


Chronic myeloid leukemia
 Also called CML

Overview Treatments Symptoms

A slowly progressing blood cell cancer that begins in the bone marrow.

Chronic myeloid leukemia typically affects older



BLOOD DISEASES

Chronic Myeloid Leukemia

Prostate cancer

Also called: prostatic carcinoma

- Overview
- Symptoms
- Treatments
- Specialty

A cancer in a man's prostate, a small walnut-sized gland that produces seminal fluid.

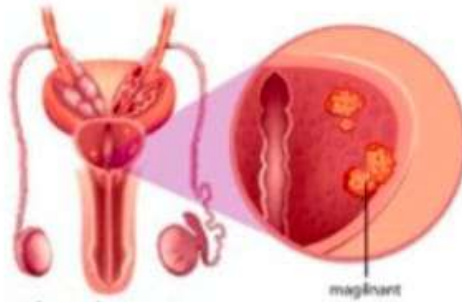
A man's prostate produces the seminal fluid that nourishes and transports sperm.

Common

More than 1 million cases per year (India)

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

Prostate Cancer



enlarged prostate (with tumors)

malignant tumors

Success Story by Patient



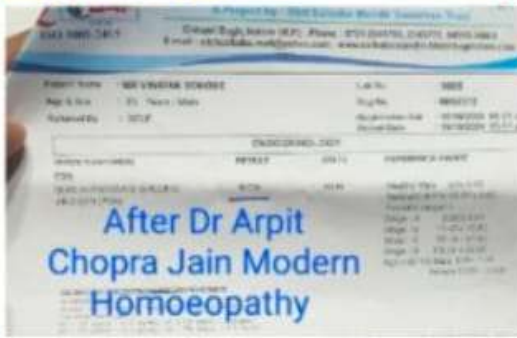
19:28 Super Speciality Modern Homeopathy

Prostate Cancer Cured wit...

YouTube



hyperplasia of prostate
frequency 7-8 (norm) low



Dr. Rajesh A. Kukreja
CONSULTANT UROLOGIST
M.S., D.N.B. - Urology (Gold Medalist), M.N.A.M.S. Fellowship World Endourology Society (First Prize)
Endourology - Lasers, Plasma, Flexible Digital Scopes
Laparoscopy - Cancers, Prostate, Reconstrucive
Male Sexual Dysfunction, Infertility

UROCARE HOSPITAL
EC-72-73, Scheme No. 34-C, Ring Road, Between Banking Hospital & Sardar Square, INDORE - 452010 (M.P.)
urocare.hospital@gmail.com
0731-2507100, 8120464848
Book Appointment - Post via Sit online

Before Treatment

Name	: Mr. Kamal Singh	MR No	: UC-MR2400001227
Age/Gender	: 65 Y/M	Visit ID	: UC-OP2400002537
Location	: INDORE, MADHYA PRADESH		
Date Of Consultation	: 07-06-2024		

CLINICAL NOTES
Complaints:- Interrupted stream, Increase urinary frequency.
Past history:- has been on ECOSPRIN GOLD
Investigations:- Hb (g/dl)-14.5, TLC (ul)-7.2, Creatinine (mg/dl)-1.28, Random sugar (mg/dl)-109, PSA (ng/ml)-12.11, SGOT (U/L)-21, SGPT (U/L)-17, Uric acid-4.6,
Uroflowmetry:- Qmax (ml/sec)-11.9, Pattern-Obstructed flow pattern.
Urine R/mc:- WBC (hpf)-1,
USG:- Both kidneys are normal in position & size. Right kidney is 9.0 x 4.9 cm & left is 8.6 x 5.5 cm in size. Cortical echoes are normal. Pelvic/cystical system is unfillated. Both ureters are unfillated. No calculi seen. PUJ & UVJ. Urinary bladder shows normal walls & echotexture. No intra luminal lesion or calculi seen. Provoid urine is 113 ml & postvoid residual urine is 34 ml. Prostate is mildly enlarged in size & measures 3.9 x 3.9 x 3.8 cm (Vol - 31.7 cc).

Diag. Type	Diag. Code	Description
Principal	N40	Hyperplasia of prostate
Secondary	I10	Essential (primary) hypertension

Treatment Name	Instructions	Special Instruction

SODANI DIAGNOSTIC CLINIC
(Sodani Hospitals & Diagnostics Pvt. Ltd.)

MEDICAL REPORT

Patient Name : Mr. KAMAL SINGH TOMAR
DOB/Age/Sex : 63 years/Male
Mobile : 9977477231
Referred By : Dr. Chopra Arpit Jain (MD, Homeo)
Organization : NA

Sample ID : 4112402208
Registered : Nov 11, 2024, 06:19 p.m.
Collected On : Nov 11, 2024, 09:34 p.m.
Approved On : Nov 11, 2024, 07:30 p.m.

IMMUNOLOGY

Test Description	Value(s)	Unit(s)	Reference Range
Prostatic Specific Antigen	3.87	ng/ml	0.27 - 4.0

Normal

After Dr Arpit Chopra Jain Modern Homeopathy

Dr. Manisha Rathore
DCP, Pathologist

INTERPRETATION & LIMITATION: PSA produced in the prostate is secreted into the seminal fluid in high concentrations. Increasing levels of serum PSA are associated with prostatic pathology, including prostatic benign prostatic hyperplasia (BPH), and cancer of the prostate. Serum PSA concentrations should not be interpreted as absolute evidence for the presence of prostate cancer. Elevated concentrations of PSA may be observed in the serum of patients with benign prostatic hyperplasia or other nonmalignant disorders as well as in prostate cancer. Furthermore, low PSA concentrations are not always indicative of the absence of cancer. The PSA value should be used in conjunction with information available from clinical evaluation and other diagnostic procedures such as DRE. Some early cases of prostate cancer will not be detected by PSA testing. The serum is free for DRE. Specimens from the patients who have received preparations of mouse monoclonal antibodies may contain human anti-mouse antibody (HAMAS) such as to cause may be false positive results.

Reports relates to the sample submitted.
Note: All pathological tests have technical & biological limitations. Please consult clinically as well as with other investigative findings. A review should be requested in case of any discrepancy. This report is not valid for medical purposes.
This is an Electronic/Authorized Report

Prostate : 3.9 x 3.9 x 3.8 cm (Vol - 31.7 cc).
PSA - 12.11.
Symptoms appeared : 2 months
Took allopathy t/t for 20 days.

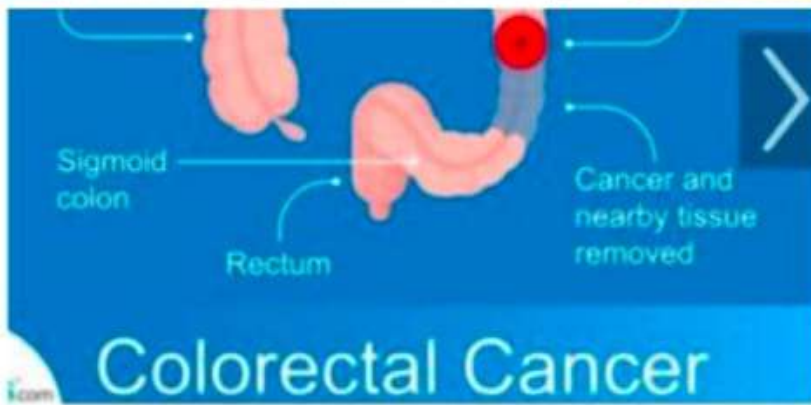
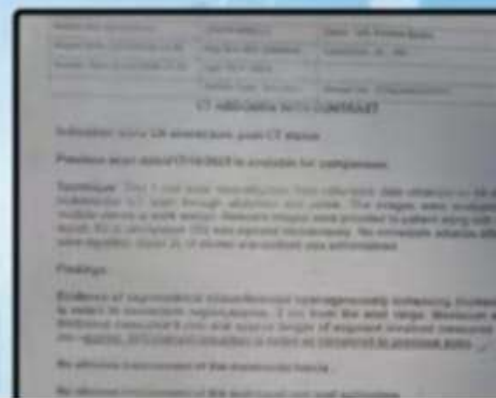
आरोग्य सुपर स्पेशलिटी मॉडर्न होम्योपैथी क्लिनिक

हमारी कोई अन्य शाखा नहीं है

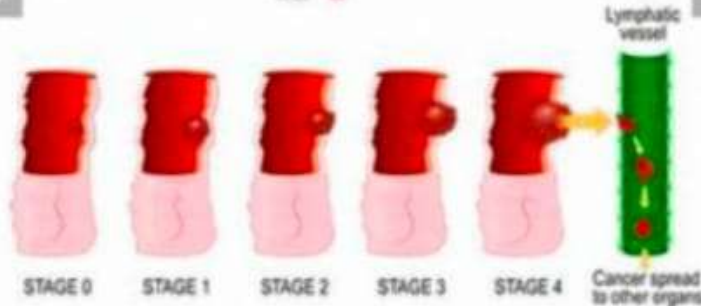
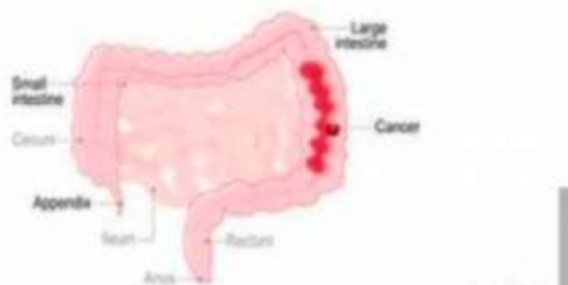
हमारी कोई अन्य शाखा नहीं है

102,103,104 कृष्णा टावर, जंजीरवाला चौक, क्योरवेल हॉस्पिटल के सामने, न्यू पलासिया, इंदौर, मध्य प्रदेश

SUBSCRIBE



Colon cancer



Sri Aurobindo Medical College & P.G. Institute
 SAIMS HOSPITAL, INDORE (M.P.)
 DEPARTMENT OF RADIOLOGY

Report No: 210211001	UICR# 000127	Name: MR. PAVAN SORBA
Report Date: 02/12/2023	Age: 54+050-1642004	Consultant: Dr. NA
Exam Date: 21/12/2023 12:35	Age: 54Y 5M0	Report No: 210211001

CT ABDOMEN WITH CONTRAST

Indication: Know CA involvement, post CT status

Previous scan dated 17/10/2023 is available for comparison.

Technique: This 1 mm axial reconstruction from volumetric data obtained on 64 slice multidetector CT scan through abdomen and pelvis. The images were analyzed in multiple planes at each station. Relevant images were provided to patient along with this report. 90 cc omipaque 350 was injected intravenously. No immediate adverse effects were reported. About 2L of diluted oral contrast was administered.

Before Treatment

Findings:

Evidence of asymmetrical circumferential heterogeneously enhancing thickening is noted in sigmoid colon segments, 3 cm from the anal verge. Maximum wall thickness measured 8 mm and approx length of segment involved measures 2.1 cm - approx. 6cm interval resection is noted as compared to previous scan.

No obvious involvement of the mesocolic fascia.

No obvious involvement of the anal canal and anal sphincters.

No obvious involvement of the rest of the pelvic structures and muscles including bladder, prostate.

SODANI DIAGNOSTIC CLINIC
 Medical Reports

Dr. Arpit Chopra Jain Modern Homoeopathy

During Dr Arpit Chopra Jain Modern Homoeopathy

SODANI DIAGNOSTIC CLINIC
 Medical Reports

Dr. Arpit Chopra Jain Modern Homoeopathy

Case Of Patient: PAVAN SORBA Age: 54Y 5M0

Reporting Date: 02/12/2023

Ref By: DR. ARPIT CHOPRA

CT ABDOMEN AND PELVIS

Technique: This 1 mm axial reconstruction from volumetric data obtained on 64 slice multidetector CT scan through abdomen and pelvis. The images were analyzed in multiple planes at each station. Relevant images were provided to patient along with this report. 90 cc omipaque 350 was injected intravenously. No immediate adverse effects were reported. About 2L of diluted oral contrast was administered.

Findings:

Evidence of asymmetrical circumferential heterogeneously enhancing thickening is noted in sigmoid colon segments, 3 cm from the anal verge. Maximum wall thickness measured 8 mm and approx length of segment involved measures 2.1 cm - approx. 6cm interval resection is noted as compared to previous scan.

No obvious involvement of the mesocolic fascia.

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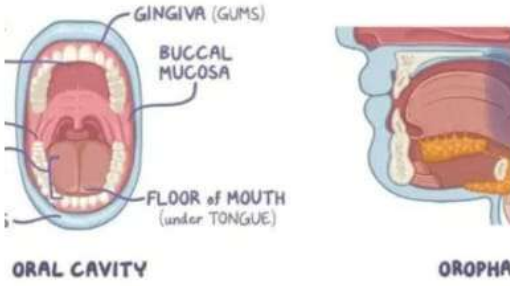
No obvious involvement of the rest of the pelvic structures and muscles including bladder, prostate.

Dr. Arpit Chopra Jain Modern Homoeopathy

During Dr Arpit Chopra Jain Modern Homoeopathy

ORAL CANCER

ORIGINATE in the ORAL CAVITY



VERRUCOUS CARCINOMA

ORAL VERRUCOUS CARCINOMA (OVC)

Oral verrucous hyperplasia (OVH) may be a precursor lesion of oral verrucous carcinoma (OVC) and it resembles oral VC both clinically and histologically.

After Dr Arpit Chopra Jain Modern Homeopathy

ORAL CAVITY
SQUAMOUS CELL CARCINOMA

After Dr Arpit Chopra Jain Modern Homeopathy

CARCINOMA OF LEFT MUCOSA :: 2017

Surgery done in Mar CT & RT done.

ing - 2.8 x 4.4 x 4.3

gingivolingual

Enlarged lymph

et - 12 x 10 mm

Tenismus

National Cancer Institute

Patient Name: MR. IRFAN IFTIKHAR ALI / ALM1235
Age / Gender: 48 Yr / M
Address: S/O IFTIKHAR ALI, NEAR JAMA MASJID PLOT NO 13 SARAI NAGAR KATOL ROAD, BANGPUR, Bargarh Road, Nagpur, MAHARASHTRA
Ref. Doctor: DR. ABHISHEK VADOTA
Reg. Number: 09932345678

Request Date: 13-07-2023 08:25 AM
Reporting Date: 20-07-2023 03:03 PM
Report Status: Finalized

¹⁸F-FDG PET/CT SCAN

Before Treatment

TECHNIQUE: Helical CT study of the whole body was performed from head to mid thigh level on multi-slice CT scanner with axial, sagittal and coronal reconstruction, 0.2 sec I.V. ¹⁸F-Fluorodeoxyglucose (FDG) was injected IV in supine position. One hour later whole body PET/CT imaging (Head to mid thigh) was performed on a GE Discovery PET/CT multi-slice CT scanner. Standardized Uptake Value (SUV) calculated for the body weight and expressed as (17) g/m².

CLINICAL SUMMARY: Case of carcinoma left buccal mucosa diagnosed in 2017. Post NAFT followed by surgery in May 2017 followed by adjuvant CRT (LD) August 2017. Deceased since 2018. Now presented with complaints of difficulty in mastication. Patient size for staging and disease status evaluation.

FINDINGS:

HEAD AND NECK -
FDG avid heterogeneously enhancing soft tissue mass lesion noted involving the left gingivolingual and gingivobuccal mucosa both retroincisive and anteroincisive to the first molar tooth, the upper as well as the lower alveolar along the post-operative site predominantly in the mid-Tenismus field in comparison to the contralateral right side measuring approximately 2.8 (AP) x 4.4 (TR) x 4.3 (CC) cm (SUV max 8.95). The lesion shows cystic degenerative changes along the involved margins of the upper and the lower alveolar.

Postoperative status with flap in situ noted.
FDG avid heterogeneously enhancing right level I lymphadenopathy, level II nodes could not level I. It measures 12 x 10 mm (SUV max 5.18).

CHEST:
No obvious FDG avid lung nodules noted.
No FDG avid significant lymphadenopathy noted.

MR. IRFAN IFTIKHAR ALI / ALM1235
Reg. No: SPO123456789
Hospital Name: Nagpur - Jindro, Nagpur - 441008, Maharashtra India
Phone: 020-26000000
Fax: 020-26000000

BETADINE AND TEGE WASH OF THE MOUTH AND GUMS WASH GIVEN AND CLEANED.

Precision DHANTION SCAN

104, Preeti Nagar, Grand Plot, Opp. Bharati Park, Bhopal Road, Prashant Nagar, Indore
Phone: 9772-2443488, 2443499. For Appointment Contact: 9826048474, 8526048474
Email: precisionindia@gmail.com | Website: www.precisionindia.com
Patient Name: Mr. Irfan Ali
Age: 50 Years / M
Ref. By: Dr. Mohammad Tariq
Examination: MRI Brain and Skull Base with Contrast
Date: September 18, 2024

TECHNIQUE:
Multiphase MRI of brain and skull base was performed using T1W, T2W, T2 FLAIR, DWI, SWI, STIR and post contrast T1W, 3D MPRAGE sequences on 3 Tesla MR Scanner.

OBSERVATIONS and IMPRESSION:-
Clinical profile: Operated case of recurrent oral malignancy, post radiotherapy. Now presenting with left sided diplopia and visual complaints.

Present MRI study reveals post-operative status with evidence of left sided hemispherodystrophy and maxillofacial, with myo-cutaneous and fat graft reconstruction in the left buccal region and lip.

Architectural distortion is seen in the left infratemporal fossa, with diffuse enhancing soft tissue intensity lesions involving the bony walls of left maxillary sinus, left sphenoid bone, inferior left orbit, floor of left orbit and extending across the floor of left middle cranial fossa into the left cavernous sinus and partly into the left Meckel's cave. These lesions appear hypointense to normal fatty marrow on T1W, T2W images, hyperintense on STIR and show significant post-contrast enhancement. Peritumoral edema/inflammatory changes are seen in the left infratemporal fossa and paranasal region. Mucosal thickening and retained secretions are seen in the left maxillary and ethmoid sinuses. These imaging features are in favor of recurrent locoregional neoplastic disease, with extent as described.

No significant brain parenchymal abnormalities is noted. First two T2 hyperintensities are seen in anterior cuneiform, frontopolar white matter, suggesting mild chronic small vessel ischemic changes. There is no evidence of recent infarction or intracranial bleed at present. No other abnormal brain parenchymal or meningeal enhancement is noted on postcontrast imaging.

Rest of the cerebral parenchyma, brainstem and cerebellum show normal morphology and signal intensity pattern. Ventricles and basal cisterns appear normal. Sixth, supratentorial region and bilateral CP angle cisterns appear unremarkable.

Visualized bilateral internal carotid arteries and basilar artery show normal flow void on precontrast spin echo images.

Clinical correlation is suggested.

Maj. Prashant S. Nimbalkar
MD, PhD (Radiodiagnosis)

Dr. Nilay S. Nimbalkar
MD, PhD (Radiodiagnosis)

Dr. Parimal V. Tuke
MD, PhD (Radiodiagnosis), FRCR (London)

During Dr Arpit Chopra Jain Modern Homeopathy

Aarogya Super Speciality M...

ORAL CANCER STATISTICS

ORAL CANCER: 30% of all cancer deaths

केसर, किडनी फेलियर, अस्पताल में गंभीर रूप से भर्ती करने का उपचार, कोमा, शन्य 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

कम्प्यूटिड, परामेडिट, ई-सी, सेफ, फारम एंड कॉस्ट इन्फोरेटिव

102, प्रथम मंजिर, कृष्ण टॉवर, मधोवदन हॉस्पिटल के सामने, जंजीरवादा रोड, न्यू बाराबासी, इन्दौर म.प्र.
08675 27914 8698 | 0781-4877078, 79989 78884
www.homeocephalure.com, www.aarogyahomeocephalure.com | Email: arpit@arogya23@gmail.com

Aarogya Super Speciality M...

MOUTH CANCER

Oral Cancer

Before Treatment

After Dr Arpit Chopra Jain Modern Homeopathy

आरोग्य सुपर स्पेशलिटी मॉडर्न होमियोपैथी

हमारी कोई दूसरी ब्राँच नहीं है

मिलते जुलते नाम से रहें

सावधान

केसर, किडनी फेलियर, अस्पताल में गंभीर रूप से भर्ती करने का उपचार, कोमा, शन्य 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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Bladder cancer

Also called: bladder carcinoma

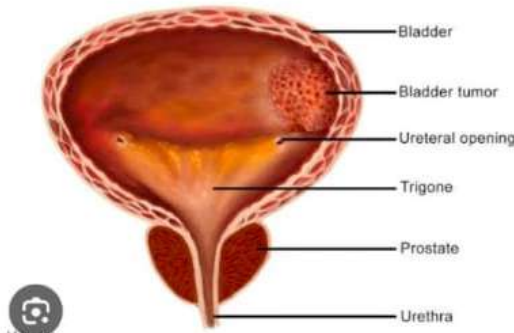
- Overview
- Symptoms
- Treatments
- Spec

Cancer that begins in the bladder.

This cancer typically affects older adults. It's usually diagnosed early, when it's still treatable. It's likely to recur, so follow-up tests are typically recommended.

Rare

Bladder Cancer



हमारी कोई दूसरी ब्राँच नहीं है मिलते जुलते नाम से रहें सावधान

CARE CHL HOSPITALS

DEPARTMENT OF RADIO DIAGNOSIS

Patient Name: MR. BABULAL PATEL
 Order Date: 20/07/2024 11:40AM
 Receiving Date: 22/07/2024 11:50AM
 Prescribed By: DR. SAKSHI DAGA
 Referred By: DR. SAKSHI DAGA
 Ward / Bed No: CPD

Age/Gender: 64 Years/Male
 UINSP No: 15000000
 Report Date: 20/07/2024 12:00PM
 Patient Status: Provisional/Screen
 Specimen: BUB No: 6281610

ULTRASOUND OF KIDNEY

Follow-up operated case of Ca left kidney and urinary bladder.

Left renal fossa is empty (NO surgery).

Right kidney compensatory hypertrophy (measures 11.2x4.6cm) and shows normal cortical echotexture. The cortical thickness and corticomedullary differentiation appears preserved. No localized solid or cystic mass identified in right kidney. There is no evidence of hydronephrosis or calculus disease in right kidney.

Urinary bladder is distended and reveals thickened, irregular wall with diffuse intimal echoes in the lateral wall and 1.8x1.6cm posterior wall. These lesions demonstrate no obvious vascularity on color Doppler imaging - finding suggestive of bladder polyp (suggested H&E correlation).

Prostate appears normal in size. No focal lesion is seen.

Prevoid Vol. is about 155cc. Post void residue is insignificant.

Dr. Sakshi Daga MD
 Consultant Radiologist

CARE CHL HOSPITALS

DEPARTMENT OF RADIO DIAGNOSIS

Patient Name: MR. BABULAL PATEL
 Order Date: 20/07/2024 11:40AM
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ULTRASOUND OF KIDNEY

Follow-up operated case of Ca left kidney and urinary bladder.

Left renal fossa is empty (NO surgery).

Right kidney is normal in size (11.7x4.6cm) and cortical echotexture. The cortical thickness and corticomedullary differentiation appears preserved. No localized solid or cystic mass identified in right kidney. There is no evidence of hydronephrosis or calculus disease in right kidney. Right ureter is unobstructed.

Urinary bladder is distended and reveals thickened, irregular wall with diffuse intimal echoes in the lateral wall and 1.8x1.6cm posterior wall. These lesions demonstrate no obvious vascularity on color Doppler imaging - finding suggestive of bladder polyp (suggested H&E correlation).

Prostate appears normal in size. No focal lesion is seen.

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Dr. Sakshi Daga MD
 Consultant Radiologist

ERI DIAGNOSTICS

Patient Name: MR. BABULAL PATEL
 Age/Gender: 64 Years / Male
 Ref. By: DR. ARPIT CHOPRA JAIN
 Patient ID: 21820001

Test Name: CARCINO EMBRYONIC ANTIGEN

Chemical Value	Unit	Ref. Interval
4.37	ng/ml	Male: 0.00 - 2.1 - 6.2 Female: 0.00 - 1.1 - 2.4

Method: CLIA

237, Anoop Nagar, Near LIG Circle, Indore (M.P.) Mobile: +91 9709161061

ERI DIAGNOSTICS

Patient Name: MR. BABULAL PATEL
 Age/Gender: 64 Years / Male
 Ref. By: DR. ARPIT CHOPRA JAIN
 Patient ID: 02700021

Test Name: CARCINO EMBRYONIC ANTIGEN

Chemical Value	Unit	Ref. Interval
0.0	ng/ml	Male: 0.00 - 2.1 - 6.2 Female: 0.00 - 1.1 - 2.4

Method: CLIA

237, Anoop Nagar, Near LIG Circle, Indore (M.P.) Mobile: +91 9709161061

आरोग्य सुपर स्पेशलिटी डॉक्टर्स होम्योपैथिक क्लिनिक

AAROGYA SUPER SPECIALITY MODERN HOMOEOPATHIC CLINIC

Dr. Arpit Chopra Jain
 Consultant Radiologist

237, Anoop Nagar, Near LIG Circle, Indore (M.P.) Mobile: +91 9709161061

Prostate Cancer

Also called: prostatic carcinoma

Overview Symptoms Treatments Special

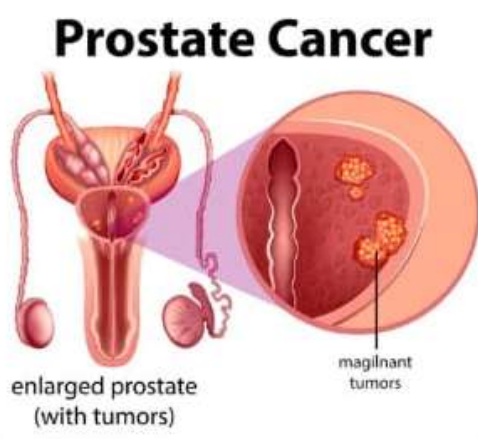
A cancer in a man's prostate, a small walnut-sized gland that produces seminal fluid.

A man's prostate produces the seminal fluid that nourishes and transports sperm.

Common

More than 1 million cases per year (India)

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



Success Story by Patient

Prostate Cancer Cured

Dr Arpit Chopra (Jain)

19:28

Super Speciality Modern Homeopathy

Prostate Cancer Cured wit...

YouTube

आरोग्य सुपर स्पेशलिटी
मॉडर्न होम्योपैथिक क्लिनिक (कम्प्यूटराइज्ड)

Consultant Homeopath & Biochemic

डॉ. अर्पित चौधरा (जैन)
M.D. Homeopathy

hyperplasia of prostate

frequency red: 1 norm

1.6 x 1.3 x 1.1 cm

enlarged - 48 cc

10 cc

1/24

chronic

chemical

B/L simple renal

Vishesh Jupiter Hospital

MR No: 07042

Age / Gender: 58 M

Referral Dept: Pathology

Investigation: PSA

Result: 10.2 ng/ml

Reference Range: 0-4 ng/ml

Interpretation: The diagnosis of prostate cancer is confirmed by the presence of malignant cells in the biopsy specimen.

PSA Report: 10.2 ng/ml

Before Treatment

Dr Arpit Chopra Jain Modern Homeopathy

Investigation: PSA

Result: 0.2 ng/ml

Reference Range: 0-4 ng/ml

Interpretation: The diagnosis of prostate cancer is confirmed by the presence of malignant cells in the biopsy specimen.

PSA Report: 0.2 ng/ml

Types of Prostate Cancer

Central Lab

After Dr Arpit Chopra Modern Homeopathy

Prostate enlargement

Prostate enlargement Prostatomegaly Benign Prostatic Hyperplasia 55 gm cured by Dr Arpit Chopra

Before Treatment

After Dr Arpit Chopra Jain Modern Homeopathy

आरोग्य सुपर स्पेशलिटी
मॉडर्न होम्योपैथिक क्लिनिक (कम्प्यूटराइज्ड)

Consultant Homeopath & Biochemic

डॉ. अर्पित चौधरा (जैन)
M.D. Homeopathy

prostate-PSA-level - Aarogya Super Speciality Modern

Visit >

हमारी कोई दूसरी ब्राँच नहीं है

मेलते जुलते नाम से रहें सावधान

केसर, किडनी फेलिचर, अस्पताल में गंभीर रूप से भर्ती मरिजों का उपचार, कोमा, शल्य चिकित्सा शोध 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

कम्प्यूटिड, परमानेन्ट, ईन्जी, वेफ, फास्ट एन्ड कॉस्ट इफेक्टिव

102, ब्रम्ह पब्लिक, बुध्वा टॉवर, अजमेरा हाईवेज के सामने, नन्दीवाडी रोड, न्यू जलजल, इन्डोर म.प्र.

9907527914, 9741300277

www.homeopathytoday.in, www.aarogyasupermodernity.com, www.arpitchohra23@gmail.com

Bladder cancer

Also called: bladder carcinoma

Overview

Symptoms

Treatments

Spec

Cancer that begins in the bladder.

STAGE OF BLADDER CANCER



CHOITHRAM HOSPITAL & RESEARCH CENTRE
 NABH Accredited
 DEPARTMENT OF NUCLEAR MEDICINE & MOLECULAR PET-CT IMAGING

NAME : MR. ASHUTOSH AGRAWAL AGE: 42 Yrs
 REFERRED BY: DR. TAHA SETHI WALA DATE: 28-Jun-24

FDG PET - CT (Skull to mid Thigh)

Clinical history: 42-year-old male, diagnosed case of carcinoma urinary bladder, post-surgery, post-chemotherapy and radiotherapy, for evaluation.

Technique: 10.0 mCi of ¹⁸F-FDG is injected intravenously to patient after 6 hours of fasting. After 60 min of injection, patient was scanned on dedicated 16 slice PET - CT (GE -Discovery IQ). Standard uptake values (SUV) normalized to body weight obtained over lesions. Finger prick blood glucose level at the time of injection was 114 mg/dl.

Venous phase CT scan was obtained as part of PET CT protocol on a multislice CT with 3.5 mm slice thickness with oral and intravenous contrast injection.

Findings:

Head: Ventricles and CSF spaces are unremarkable. No mass effect or midline shift is noted. There is no abnormal enhancement. Normal distribution of metabolic activity is noted intracranially.

Neck: There is no significant adenopathy. Nasopharynx, oropharynx and hypopharynx are unremarkable. Soft tissues are unremarkable. No evidence of metabolically active disease.

Thorax: Lungs are clear. Heart and mediastinal structures are unremarkable. There is no pericardial and pleural effusion.

Abdomen & pelvis: Diffuse enhancing thickened urinary bladder wall is noted. No focal abnormal FDG uptake / enhancing nodular lesion is noted in the urinary bladder wall.

Liver, spleen, gallbladder, pancreas, bilateral adrenals and bilateral kidney are unremarkable.

Osseous: Increased FDG uptake is noted in lytic lesion involving right side of S3 to S5 vertebrae and right ala of sacrum and is also seen involving the right iliac posteriorly near the hip joint with associated soft tissue component (SUV max 19.0).

No abnormal FDG uptake is noted in visualized bones anywhere else.

Before Treatment

NOTE: Reporting has been done as per the functional images (functional information of organs). These may please be correlated clinically with other relevant investigations for interpretation. This report is for the purpose of Medico-legal-use.

DEPARTMENT OF NUCLEAR MEDICINE & MOLECULAR PET-CT IMAGING
 NAME : MR. ASHUTOSH AGRAWAL AGE: 42 Yrs
 REFERRED BY: DR. TAHA SETHI WALA DATE: 13-Sep-24

FDG PET - CT (Skull to mid Thigh)

Clinical history: 42 year old male, diagnosed case of carcinoma urinary bladder, post TURBT, post chemotherapy and radiotherapy, for evaluation.

Technique: 8.2 mCi of ¹⁸F-FDG is injected intravenously to patient after 6 hours of fasting. After 60 min of injection, patient was scanned on dedicated 16 slice PET - CT (GE -Discovery IQ). Standard uptake values (SUV) normalized to body weight obtained over lesions. Finger prick blood glucose level at the time of injection was 109 mg/dl.

Venous phase CT scan was obtained as part of PET CT protocol on a multislice CT with 3.5 mm slice thickness with oral and intravenous contrast injection.

Findings:

Head: Ventricles and CSF spaces are unremarkable. No mass effect or midline shift is noted. There is no abnormal enhancement. Normal distribution of metabolic activity is noted intracranially.

(Note: All brain metastasis may not be apparent on a PET CT scan and an MRI may be performed where clinically indicated).

Neck: There is no significant adenopathy. Nasopharynx, oropharynx and hypopharynx are unremarkable. Soft tissues are unremarkable. No evidence of metabolically active disease.

Thorax

Lungs are clear. Heart and mediastinal structures are unremarkable. There is no pericardial and pleural effusion.

Abdomen & pelvis: Post TURBT status. No focal abnormal FDG uptake / enhancing thickening is noted in urinary bladder wall.

Liver, spleen, gallbladder, pancreas, bilateral adrenals and bilateral kidney are unremarkable.

During Dr Arpit Chopra Jain Modern Homoeopathy

NOTE: Reporting has been done as per the functional images (functional information of organs). These may please be correlated clinically with other relevant investigations for interpretation. This report is for the purpose of Medico-legal-use. V=0.50

Histo Lab Dr. Roopal Rastogi (MD, PhD) Ex. Sr. Professor (M.D.S.), D.D.S. Ex. Lect. (M.D.S.) (M.Sc.) Ex. Lect. (M.D.S.) (M.Sc.) Adjunct Professor, DMC Medical College, Jaipur			
TEST REPORT			
Patient Name	MR ASHUTOSH AGRAWAL	Reg. No.	240619400198
Age & Sex	42 Years / Male	Reg. Date	29/06/2024
Referred By	DR. TAHA SETHI WALA (MD, DM)	Collected on	20/06/2024
Client	MOC	Reported on	01/07/2024

Diagnosis of cancer Urinary bladder Metastasis

"HISTO NO: HL0987/24"
 CLINICAL DATA
 K/C/O CA Urinary bladder.

SPECIMEN
 Trucut biopsy

GROSS
 Received multiple trucut cores; measuring upto 1cm in length (Single block)

MICROSCOPY
 Section shows bony cores with fibro-collagenous tissue. There is infiltration by nests of atypical cells with central cavity. Focal multilayered epithelium with surface hobnailing noted. Cells show uniform morphology, are small in size with minimal pleomorphism. Mitoses are few.

IMPRESSION
 Metastatic carcinoma deposits.
 In K/C/O CA bladder, findings are consistent with metastasis from same.

हमारी कोई दूसरी ब्राँच नहीं है

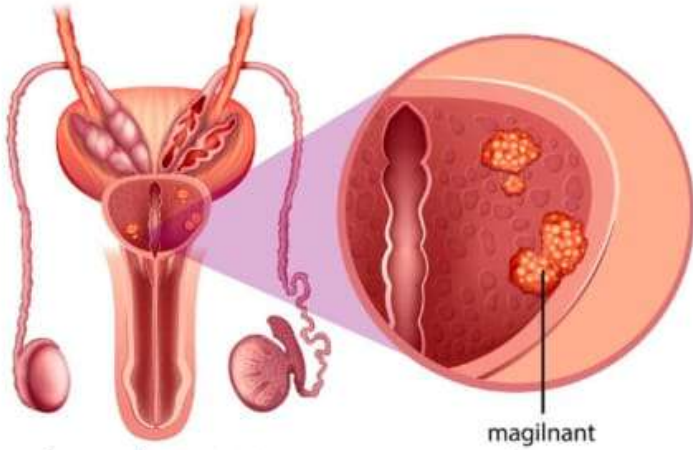
मिलते जुलते नाम से रहें सावधान

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
 कम्प्लिट, परमानेंट, ई-जी, सेफ, फास्ट एण्ड कॉस्ट इफेक्टिव

102, प्रथम मंजिल, कृष्णा टॉवर, कयोरेल हॉस्पिटल के सामने, जंजीराला बीराहा, न्यू पलासिया, इन्दौर म.प्र.
 0791-2571111 ऑफिस : 0791-2073111 70000 70004

Prostate Cancer



Prostate cancer

Also called: prostatic carcinoma

Overview

Symptoms

Treatments

A cancer in a man's prostate, a small walnut-sized gland that produces seminal fluid.

A man's prostate produces the seminal fluid that nourishes and transports sperm.

Kiran Diagnostic Centre
Radio - Imaging Centre
ISO 9001:2008 Certified

NAME : MR. MAHESH DIGHE
REF. BY : DR. ARPIT CHOPRA
DATE : 20.01.2024
AGE / SEX : 56Y/M

MRI SCAN OF PROSTATE (PLAIN)

MRI prostate was performed using T1 & T2 weighted sequences in multiple planes. Fat suppressed T1 weighted images were acquired in all planes after intravenous administration of Gadolinium Chelate.

Clinical profile: Raised PSA for follow-up.

OBSERVATIONS:

The prostate is mildly enlarged in size and measures ~27-28 in size. It shows mild prominence of the median lobe. Bilateral peripheral zones reveal fairly well-defined areas of diffusion restriction and corresponding drop in the ADC values (left > right). These reveal decreased signal on T2W images.

The lesion in right peripheral zone measures 2.0 x 1.3 x 1.7cm and involves the posteromedial, posterolateral aspects extending to the apex.

The lesion in the left peripheral zone measures 1.7 x 1.1 x 0.9cm and involves the posteromedial and posterolateral aspects.

Periprostatic soft tissue structures and neurovascular bundles appear normal. No obvious demonstrable extra-prostatic extension is seen.

Urinary bladder is partially distended and shows mild trabeculations. No obvious extension to the urinary bladder is seen.

No pelvic lymphadenopathy is seen. Bilateral seminal vesicles and the visualised ejaculatory ducts are unremarkable. Visualised bones reveal normal marrow signal.

IMPRESSION:

- Mildly enlarged prostate with fairly well defined lesions in bilateral peripheral zones as described above, qualify for PIRADS 5.
- Mild mural trabeculations in the urinary bladder.

On comparison with the previous MRI dated 19.10.2023 (done elsewhere), there is increase in the size of lesions demonstrated. Suggest clinical correlation/ further evaluation with histopathology.

Thanks for the referral,
With regards,

Dr. Ankit Bajpai
MBBS, DNB
Consultant Radiologist

Dr. Sujay Salve
M.D., DNB
Consultant Radiologist

Dr. (Mrs.) Kiran V. Shinde (Mumbai)
MD, DMRE
Consultant Radiologist

Before Treatment

Kiran Diagnostic Centre
Radio - Imaging Centre
ISO 9001:2008 Certified

NAME : MR. MAHESH DIGHE
REF. BY : DR. ARPIT CHOPRA (INDORE)
DATE : 20.08.2024
AGE / SEX : 56Y/M

96 SLICE MULTI-PLANAR SPIRAL C.T. SCAN OF WHOLE ABDOMEN (PLAIN + CONTRAST)

Triphasic CT abdomen was performed by injecting non-ionic contrast intravenously. Oral contrast was administered prior.

Clinical profile: H/o hernia surgery done 10 years back, stone surgery 8 years back.

OBSERVATION -

Liver is normal in size, attenuation and enhancement. No obvious focal lesion is seen. No obvious intrahepatic biliary radicles are noted.

Spleen is normal in size and enhancement. No obvious focal lesion is seen.

The pancreas is size, attenuation and enhancement. No obvious peripancreatic fat stranding is seen. No obvious ductal dilatation is seen. No obvious calcification or mass lesion is seen.

Bilateral adrenals appear unremarkable.

Gall bladder is normal in distention and outline. No obvious mural thickening or pericholecystic fat stranding is seen. No obvious CT hyperdense focus is seen within (USG / MRI correlation is recommended to rule out radiolucent calculi).

Non-obstructive calculus of size 10.3 x 9.8 mm (avg HU+1585) is seen in upper calyx of left kidney.

Bilateral pelvi-calyceal system appears prominent with abrupt narrowing of pelvi-ureteric junction. Rest of the both kidneys are normal in size, attenuation and enhancement. No obvious calculi or mass lesion are seen. Both ureters are normal.

Bowel loops are unremarkable with no significant dilatation or wall thickening noted. Mesenteric vessels are patent. No obvious peritoneal nodules are noted.

No ascites is seen.

No retroperitoneal or mesenteric lymphadenopathy is seen.

Urinary bladder is normal in distention. No obvious calculus / perivesical fat stranding is noted.

The prostate mildly enlarged in size and measures ~32 gm. No obvious focal lesion is seen.

No significant lung base abnormality noted.

No significant lesions are noted in the visualized bones.

After Dr Arpit Chopra Jain Modern Homoeopathy

दूसरी ब्राँच नहीं है

मिलते जुलते नाम से रहें

सावधान

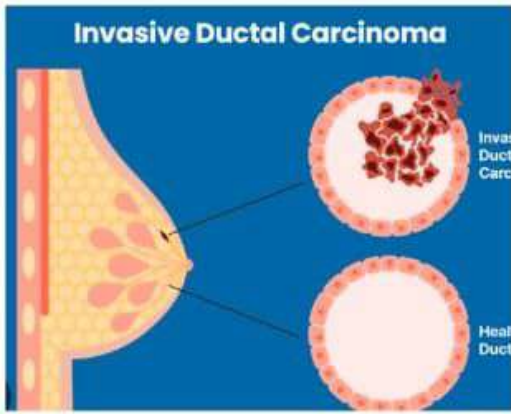
✱ कैंसर ✱ किडनी फेलियर ✱ अस्पताल में मंत्री रूप से मर्ती गरिजों का उपचार ✱ कोमा ✱ शल्य चिकित्सा योग्य रोग ✱ आँटो इन्फ्यूजन रोग ✱ जीवनभर दवाई लेने वाले रोगों की रोकथाम एवं 300 प्रकार के असाध्य जटिल रोगों की चिकित्सा

आरोग्य सुपर स्पेशलिटी मॉडर्न होम्योपैथिक क्लीनिक

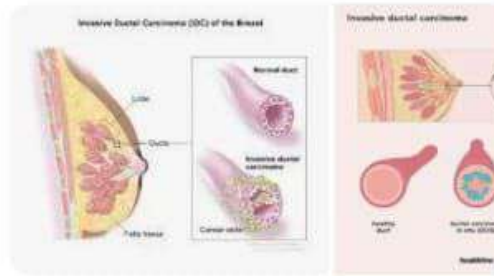
कम्प्लिट ✱ परमानेंट ✱ ईजी ✱ मेफ ✱ फास्ट एण्ड कॉस्ट इफैक्टिव

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फोन : 0731-4977076, मो. : 97130-92737, 97130-37737, 79999-78894, 99075-27914

www.homoeopathycure.in, www.aarogyahomoeopathyindore.com Email: arpitchopra23@gmail.com



Ductal carcinoma



Invasive carcinoma of no special type (IDC-NST) is the most common form of invasive breast cancer.

Dr Arpit Chopra's Superspecialty Modern

स्तन में गाँठ, स्तन कैंसर का इलाज़

Dr Arpit Chopra (Jain) Breast Cancer Success Story

जर्सी बचाने के लिए मॉडर्न होम्योपैथी अपनायें
आरोग्य सुपर स्पेशियल्टी मॉडर्न होम्योपैथी, इंदौर

Breast Cancer | Breast Cancer Survivor | स्तन कैंसर का इलाज़ | Dr...

Watch >

9:49



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BREAST CANCER CURED WITHOUT SURGERY

सक्सेस स्टोरी

19:14

Breast Cancer Responded &... YouTube

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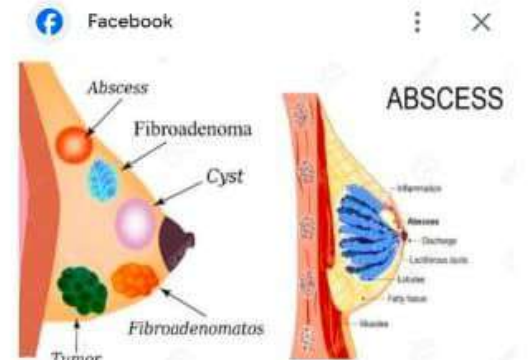
Breast Cancer | Breast Cancer... YouTube

responded-patients - Aarogya... Aarogya Super Speciality...

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90 - Invasive ductal carcinoma 10 days

- Post-operative case on 2/08/23

Grade II

Size - 4x1.8x1.7 cms (2/1/23)

Hb - 6.5 gm %

Weakness ⊕

Vertigo

Pain in lower limbs

ULCERATIVE COLITIS

Pancolitis GRADE IV 1yr (7/4/23)

frequent motion 8-10 days

Status/Condition/Prognosis/Explained

खाली दवाई की शीशियाँ व पर्चा साथ लावे

उसके अनुसार ही यथा सामर्थ्य समय मिलेगा। ☎: फोन : 0731-4977076

Medicine

Patient ID: 8887-01172	Patient Name: Mrs. Prerna Jain
Gender: Female	Age: 44Y
Encounter ID: 00072044001	Encounter Type: Outpatient
Visit Date: 19/08/2023 07:19	Location: Diagnostic Clinic
Specialty: Radiation Oncology	Attending Practitioner: Dr. Vikram Jain

Address: Lower thoracic lymphopathy of left breast with enlarged lymph nodes. Radiographic confirmation of invasive ductal carcinoma. Moderate nodular lesions seen in segments M10, 15, 16, and segment 17. Spine metastases. Colitis is observed and appears compatible with metastatic disease. CD4 is not elevated. Prostate is normal in size, shape, and contour. Moderate to severe BPH is not observed. Small and large bowel loops are not dilated. Abdominal fluid 7000 uptake seen involving the rectum? Abdominal lymphadenopathy is not significant. No significant free fluid is seen in the abdomen. No significant ascites.

Diagnosis: Invasive ductal carcinoma of left breast with enlarged lymph nodes. Radiographic confirmation of invasive ductal carcinoma. Moderate nodular lesions seen in segments M10, 15, 16, and segment 17. Spine metastases. Colitis is observed and appears compatible with metastatic disease. CD4 is not elevated. Prostate is normal in size, shape, and contour. Moderate to severe BPH is not observed. Small and large bowel loops are not dilated. Abdominal fluid 7000 uptake seen involving the rectum? Abdominal lymphadenopathy is not significant. No significant free fluid is seen in the abdomen. No significant ascites.

Plan: Continue therapy.

Dr. Ramesh Jain
Radiation Physician

Dr. Manish Jain
Radiation Physician

Along with Dr Arpit Chopra Modern Homoeopathy

Medicine

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Plan: Continue therapy.

Dr. Ramesh Jain
Radiation Physician

Dr. Manish Jain
Radiation Physician

Along with Dr Arpit Chopra Modern Homoeopathy



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हमारी कोई अन्य शाखा नहीं है
ऑनलाइन कंसल्टेशन उपलब्ध है
Online Consultation Available

कैंसर, किडनी फेलियर, अस्थितान में गंभीर रूप से भर्ती मरीज का उपचार, कोमा, शल्य चिकित्सा योग्य अटॉडिइम्प्यून रोग, अल्पावधिक ऐनीमिया, गस्त्रकनर डिस्टॉफी, जीवन भर दवा लेने वाले रोगीकी रोकथाम एवं 300 प्रकार के असाध्य जटिल रोगों की चिकित्सा

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Email: arpitchopra23@gmail.com

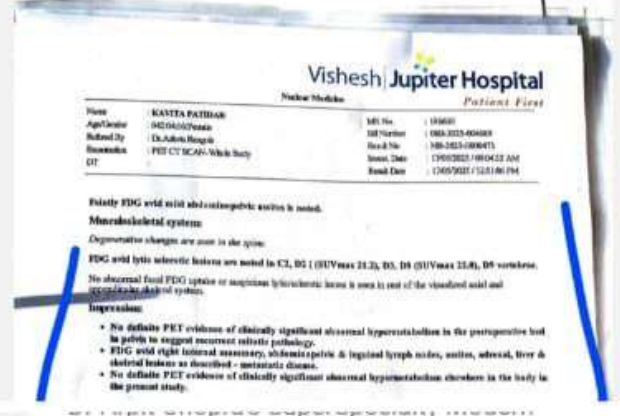
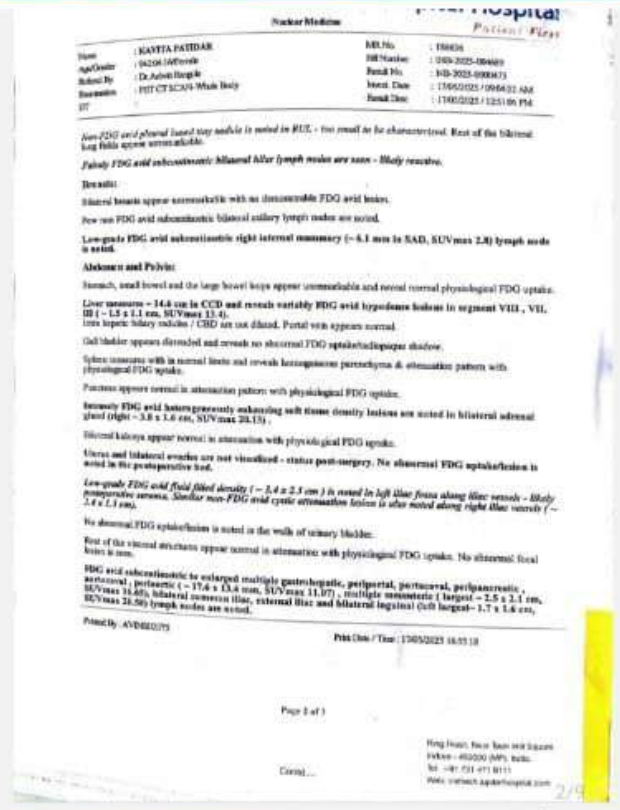
DR. ARPIT CHOPRA JAIN
(MD HOMOEOPATHY & CRITICAL & SURGICAL DISEASE SPECIALIST)

10 - Post. op. Rt Adenoca
(6.7 X 4.5 X 6.8 cm).
cystic lesion left pelvic region
Biopsy: High grade (27/6/24) poorly diff. non-mucinous CA.

Before Treatment

MDCY: (17/12/24)
cystic lesion pelvis left side.
(6.7 X 4.5 X 6.8 cm).

→ few enlarged LN left int. iliac vessel.
*CA125: 851.50 ↑↑.



Cancer Cured



Dr. Arpit Chopra Jain
(MD Homoeopathy)
Clinical Oncologist
Disease Specialist

ओवेरियन
कैंसर
का सफल
इलाज



Mrs. Nisha Jain
43 वर्ष उम्र

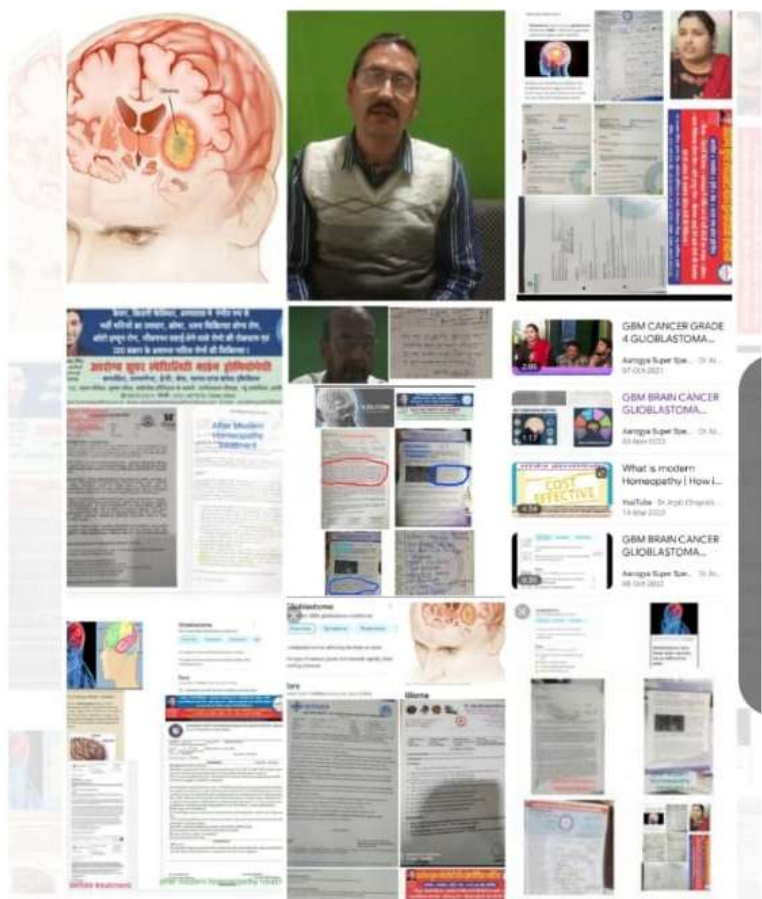
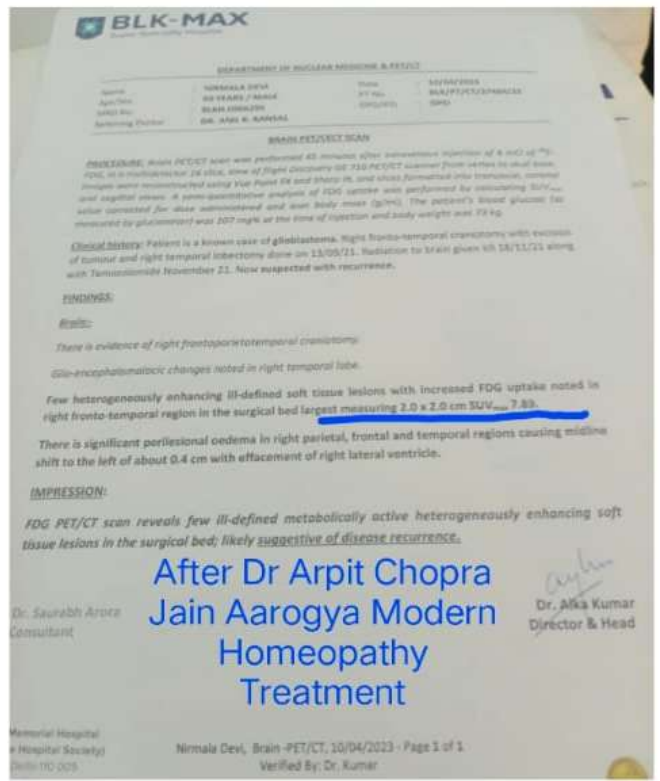
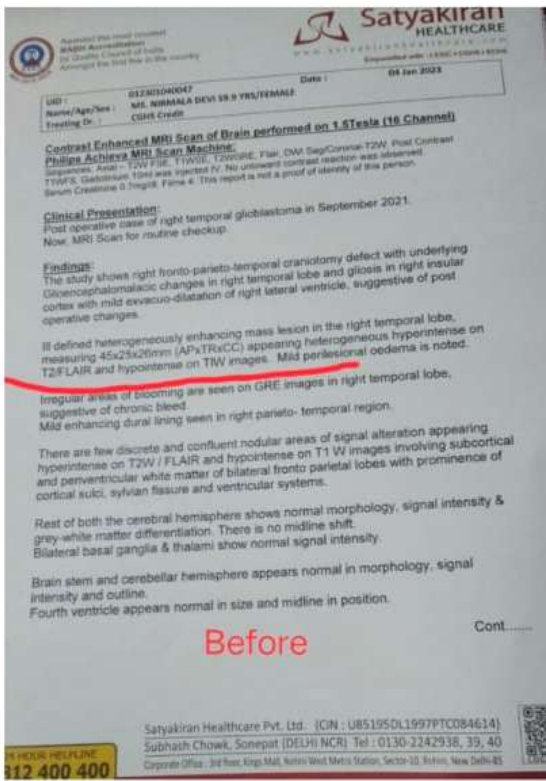
Success Story

महिलाओ से सम्बंधित गंभीर बीमारियों का सफल इलाज




ALL TYPES OF GYNAECOLOGICAL DISORDERS
CURED BY DR. ARPIT CHOPRA JAIN'S MODERN HOMEOPATHY

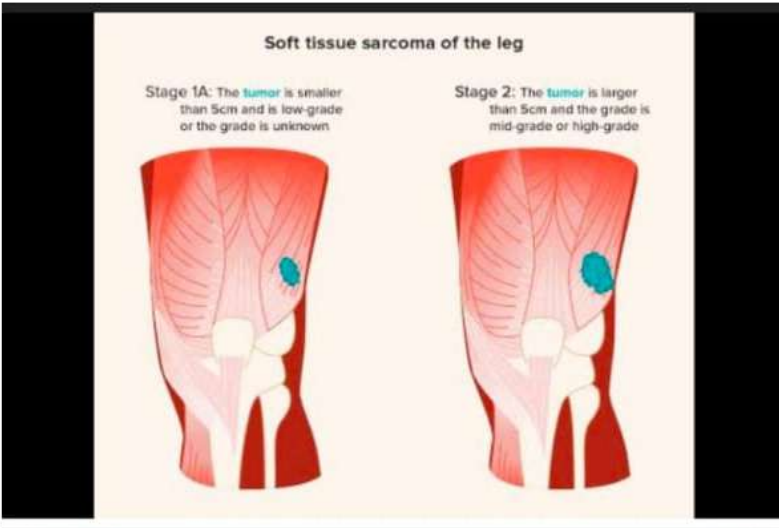
OVARIAN CANCER METASTATI...



👉 GBM BRAIN CANCER
 GLIOBLASTOMA POST OPERATIVE
 TUMOUR RECURRENCE AGAIN another
 very complicated case successfully
 responded by Dr Arpit Chopra Jain
 Aarogya Super Speciality Modern

What is lymphoproliferative disease?

Lymphoproliferative disorders (LPD) comprise a heterogeneous group of diseases characterized by uncontrolled production of lymphocytes that cause monoclonal lymphocytosis, lymphadenopathy and bone marrow infiltration. These diseases often occur in



Lymphoproliferative disorders refer to a specific class of diagnoses, comprising a group of several conditions, in which lymph... [Wikipedia](#)

Handwritten medical notes:

- 4/0 - Lymphoproliferative lesion :: 4 yrs
- 1/0 - Metastatic Adenocarcinoma left upper thigh :: 4 yrs
- lesion size - 8.2 x 7.0 x 11.5 cm (24)
- Swollen - Splenomegaly 6.7 x 10
- Asymmetrical

Name	Mr. Sakir Khan	Age	48 Years	Male
Referred By	Dr. Arpit Chopra Saheb	Date	July 31, 2024	

Soft Tissue Swelling Sonography

There is hypo echic mass of 4.4x3.5x1.9cm in size seen in the Lt. Upper thigh region ? Enlarge lymph node ?? Soft tissue mass.

Rest of the muscle fiber patterns are normal.

No evidence of calcification is seen.

Major Veins & artery appears normal.

Impression: - ? Enlarge lymph node ?? Soft tissue mass.

(Clinico-pathological correlation & follow-up are suggested.)

During Dr Arpit Chopra Jain Modern Homoeopathy

Signature: _____

निदान इन्वेस्टिगेशन सेन्टर
निदान सी.टी. स्कैन सेन्टर

5, विदेकानन्द कॉलोनी, खरगोन (म.प्र.) 451001

Note: 1. All investigation and machines have their own limitations, Hence referring physician are requested to correlate the reports of investigation with clinical finding. Centre bears no responsibility except repeating the test if required. 2. This report is computer generated by the machine, no manipulation of data.

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

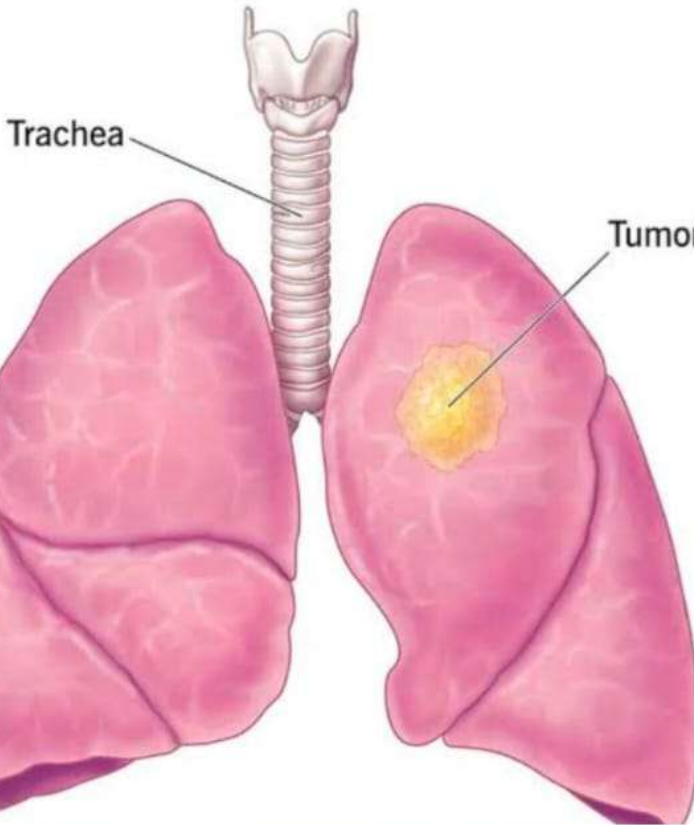
कम्पलिट, परमानेन्ट, ईजी, सेफ, फास्ट एण्ड कॉस्ट इफैक्टिव

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

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

99075 27914 संपर्क : 0731-4977076, 79999 78894

Lung Cancer



में मॉडर्न होम्योपैथी द्वारा कैंसर जैसी बीमारी का चमत्कारिक इलाज

कैंसर शरीर में होने वाली एक असामान्य स्थिति है जो की बहुत खतरनाक मानी जाती है या यूं कहें कि कैंसर तब होता है जब शरीर में कोशिकाएं असामान्य रूप से बढ़ने या विभाजित होने लगती है हमारा शरीर कोशिकाओं से बना है कोशिकाओं की उम्र जैसे-जैसे बढ़ती है या क्षतिग्रस्त होती है यह कोशिकाएं मर भी जाती है एवं उनकी जगह नई कोशिकाओं का निर्माण होता है परंतु जब किसी को कैंसर होता है तब यह पुरानी वह क्षतिग्रस्त कोशिकाएं पूर्ण रूप से नष्ट न होकर कुछ मात्रा में जीवित रह जाती है एवं आवश्यक कोशिकाओं का निर्माण होने लगता है और यह नियंत्रित रूप से विभाजित होकर ट्यूमर का रूप धारण कर लेती है और कैंसर की उत्पत्ति हो जाती है हालांकि प्रत्येक ट्यूमर कैंसर नहीं होता कैंसर शरीर के किसी भी अंग में विकसित हो सकता है एवं आमतौर पर यह आसपास के उत्तकों में फैला है कैंसर कई प्रकार के होते हैं जैसे ब्रेस्ट कैंसर, ओवेरियन कैंसर, स्किन कैंसर लंग कैंसर, कोलन कैंसर, प्रोस्टेट कैंसर, लाइपोमा के सहित 100 से अधिक प्रकार के कैंसर होते हैं इस सभी कैंसर के लक्षण व जांच एक दूसरे से भिन्न होती हैं। **मेडिकल साइंस में कैंसर का इलाज मुख्य रूप से कीमोथेरेपी रेडिएशन व सर्जरी द्वारा किया जाता है किंतु आरोग्य सुपर स्पेशलिस्ट मॉडर्न होम्योपैथी चिकित्सा में बिना किसी सर्जरी बिना किसी परहेज कम समय व कम लागत में सुरक्षित एवं सफल इलाज करने का पूरा प्रयास किया जाता है।** डॉक्टर अर्पित चोपड़ा जैन द्वारा अब तक अपनी चिकित्सा पद्धति द्वारा कई मरीजों को पूर्ण रूप से इस बीमारी से निकलकर स्वस्थ जीवन प्रदान किया है उनमें से कुछ पेशेंट के अपने हस्तालिखित अनुभव इसके वीडियो आपको हमारे अर्पित चोपड़ा जैन यूट्यूब चैनल पर भी मिल जाएंगे।

होम्योपैथी में अनुसंधान और साक्ष्य आधारित ट्रीटमेंट से भारत के साथ 19+ देशों में अपनी पहचान बानाने वाले डॉक्टर अर्पित चोपड़ा जैन

अपने शोध या उसके होने वाले बेहतर प्रभाव के कारण कई राष्ट्रीय एवं अंतरराष्ट्रीय सम्मान से सम्मानित किए जा चुके हैं **जिनसे कुछ महत्वपूर्ण ये है**



Mucinous carcinoma is a rare type of lung cancer that occurs when cancer cells form in mucin, a protein that's a major component of mucus. The mucin surrounding the cancer cells

Before Treatment

△ Mucinous Adenocarcinoma (Biopsy)
RT lung lower lobe lesion (10/5/24)
Large involving entire rt lung lower lobe

K/O - CAD
OP - CABG/MYI/DM

YASHODA HOSPITALS

Patient Name	: AMARENDER REDDY PATHURI	Sex/Age	: M / 67Y 7M 22D
YH No.	: 116138918	Diag No.	: 24987356
Ref. Phys.	: DR. RAJESH BOLLAM	Modality	: PT,CT
Order Date/Time	: 22-08-2024 13:52:12	IP Number	:
Report Date/Time	: 23-08-2024 10:31	Reg Type	: OPD / /

CHEST :

The prior noted FDG avid large soft tissue mass involving the entire right lung lower lobe with evidence of endobronchial obstruction and perilesional atelectatic changes with extension upto the right lung middle lobar bronchus, bronchus intermedius medially with evidence of near complete obstruction leading to few atelectatic changes in the right lung middle lobe - show reduction in size and extent with mild reduction in FDG avidity, now measures (7.1 x 7.3 x 4.7 cm vs 8.0 x 9.5 x 8.9 cm; SUV max 4.2 vs 5.1).

The prior noted few non FDG avid subpleural nodules are noted in the rest of the aerated bilateral lung fields (left lung lower lobe nodule 0.6 x 0.4 cm vs 0.6 x 0.5 cm) - remain unchanged.

The prior noted FDG avid right paratracheal (0.6 x 0.6 cm vs 1.2 x 1.1 cm; SUV max 3.2 vs 2.5), subcarinal and right hilar nodes, largest right hilar node (0.9 x 1.1 cm vs 1.7 x 1.5 cm; SUV max 4.1 vs 3.8) - show reduction in size with mild increase in FDG avidity.

Rest of thoracic structures appears metabolically inert. No evidence of pleural effusions / thickening. Physiological FDG distribution is seen in myocardium.

ABDOMEN AND PELVIS :

Right kidney is located ectopically in the iliac region with pelvic facing anteriorly.

The prior noted few FDG avid left inguinal lymph nodes - show reduction in size with complete resolution of FDG avidity, now measures (1.0 x 0.9 cm vs 1.6 x 1.0 cm; SUV max 1.8 vs 3.3).

Physiological FDG distribution is noted in the liver, spleen, stomach & gut. No abnormal metabolic activity noted in the rest of the abdominal structures. No evidence of free fluid in abdomen.

Peritoneal fat planes are normal.

No other significantly enlarged or metabolically active lymph nodes are noted in the abdomen. No abnormal FDG uptake/lesion is noted in the pelvis. Urinary excretion noted in kidneys and urinary bladder.

After add Dr Arpit Chopra Jain Modern Homoeopathy

YASHODA HOSPITALS

Patient Name	: AMARENDER REDDY PATHURI	Sex/Age	: M / 67Y 7M 22D
YH No.	: 116138918	Diag No.	: 24987356
Ref. Phys.	: DR. RAJESH BOLLAM	Modality	: PT,CT
Order Date/Time	: 22-08-2024 13:52:12	IP Number	:
Report Date/Time	: 23-08-2024 10:31	Reg Type	: OPD / /

BONES :

The prior noted FDG avid sclerotic lesions in the few bones of the skeleton as mentioned below;

- * Left sided manubrium sternum (SUV max Non avid vs 5.4).
- * D4 thoracic vertebra (SUV max Non avid vs 2.7).
- * D10 thoracic vertebra (SUV max Non avid vs 3.4).
- * L3 (SUV max 2.0 vs 3.2) to L5 lumbar vertebrae.

FINAL IMPRESSION :

Metabolically active infiltrative soft tissue mass in right lung lower lobe with endobronchial extension as mentioned.

Metabolically active mediastinal lymph nodes, bilateral random lung nodules.

Non metabolically active skeletal lesions.

As compared to previous PET CT study dated 11/05/2024, the present scan findings suggest reduction in size and metabolic activity of right lung primary with no interval change in bilateral lung nodules. Reduction in size with increase in metabolic activity of mediastinal lymph nodes with complete resolution of metabolic activity in skeletal lesions. Overall scan findings suggestive of partial metabolic response.

No scan evidence of any metabolically active lesion in rest of the whole body surveyed.

Please correlate clinically.

Harish N

Dr. Harish N
MD, SR NUCLEAR MEDICINE (AIIMS New Delhi)
Consultant, Department of PET CT & Nuclear Medicine.

(Please note: Routine whole body PET CT oncology protocol does not include lower limbs. It is included only on clinician request or as per clinical status. PET CT is not very sensitive for brain metastases and MRI is indicated whenever suspicion is high and clinically warranted).

After add Dr Arpit Chopra Jain Modern Homoeopathy

ORAL VERRUCOUS CARCINOMA (OVCC)

ORAL VERRUCOUS CARCINOMA (OVCC) ARE TUMOR WHICH REPRESENT 3%-4% OF ORAL CARCINOMAS. NONMETASTASIZING VARIANT OF OSCC, WHICH OFTEN PRESENTS AS AN EXOPHYTIC, WARTY TUMOR.



Verrucous proliferative carcinoma (VPC) of the buccal mucosa is a rare, low-grade form of squamous cell carcinoma (SCC) that appears as a cauliflower-like lesion on the inside of the cheek:

Verrucous proliferative carcinoma (VPC)

Appearance: Cauliflower-like lesion or

Handwritten notes:

Proliferative lesion (Bisph) in mouth: 2019

No tobacco chewer

Lesion: - 1.7x1.3x0.5 (May 2019)

multiple nodules

bleeding

white patch

swelling (+)

EXRI XRAY HOUSE & IMAGING CENTER

327, Deep Nagar, Near IC, Gurgaon, Haryana (India) | Ph: 0122-691120 | Email: info@exri.com

Reg No: MHD24016 | Date: 06/05/2024

Pt Name: MR. GOVIND SHARMA | Age: 48 Yrs M

Ref By: DR. KUNAL GUPTA, ONCO

Indication:

As per study to evaluate soft tissue contrast. STN, D05, T1 T2 sequence of neck.

Known case of CA right buccal mucosa.

Findings:

Lower stage than STN (hypertrophic STN) is seen involving the right buccal mucosa predominantly in the lower buccal wall. The lesion is 1.7x1.3x0.5 cm in size. It shows a lobulated surface. The lesion is well-defined and shows a cauliflower-like appearance. It is associated with soft tissue contrast. The lesion is associated with soft tissue contrast. The lesion is associated with soft tissue contrast.

Before Treatment

XRAY HOUSE & IMAGING CENTER

327, Deep Nagar, Near IC, Gurgaon, Haryana (India) | Ph: 0122-691120 | Email: info@exri.com

10

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Before Treatment

PROCESSED AT: Thyrocare

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Before Treatment

During Dr Arpit Chopra Jain Modern Homoeopathy

AGRAWAL DIAGNOSTIC CENTRE

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10

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Before Treatment

During Dr Arpit Chopra Jain Modern Homoeopathy

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Before Treatment

During Dr Arpit Chopra Jain Modern Homoeopathy

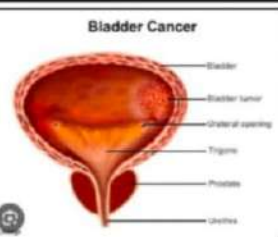
Bladder cancer
 Also called: bladder carcinoma

Overview Symptoms Treatments Spec

Cancer that begins in the bladder.

This cancer typically affects older adults. It's usually diagnosed early, when it's still treatable. It's likely to recur, so follow-up tests are typically recommended.

Rare



हमारी कोई दूसरी ब्राँच नहीं है मिलते जुलते नाम से रहें सावधान

Urothelial Carcinoma Diagnosis

Before Treatment

Before Treatment

After Dr Arpit Chopra Jain Modern Homoeopathy

Before Treatment

After Dr Arpit Chopra Jain Modern Homoeopathy



CARE - CHL HOSPITALS

UHRD : 150233020 IF NO : OIP24/24226
 Name : Mr BABULAL PATEL Bed No : SICU-5

- No evidence of any obvious tumour in UB.
 - Procedure was uneventful

ANAESTHESIA DETAILS:
 TYPE OF ANAESTHESIA: LA
 NAME OF ANAESTHETIST:
 CRITICAL EVENTS IN OT IN DETAILS: NA

SIGNIFICANT MEDICATION GIVEN HOSPITALIZATION :
 Patient stood the operation well. Post operatively patient managed with I/V fluid, antibiotic and other supportive treatment. Further stay was uneventful. Foleys Catheter removed, patient voided self. Patient is now being discharged in stable condition.

Details of Implants: Type/brand/Size/Unique number (sticker(s)) may be used: NA

Significant Laboratory investigations done during admission chronologically: Enclose all reports

Significant Radiology investigations done during admission chronologically: Enclosed all reports

Condition at discharge in detail: Stable

Discharge Diet plan: NORMAL DIET

Discharge physiotherapy plan: NA

Discharge medication including inputs of all referral doctors, continuation of earlier regular medication, No abbreviations
 Prescription in appropriate with name of drug, form, dose, frequency, duration, route, relation to food

Sl NO /	Name of the Drug	Strength	Dose	Route	Frequency	Duration	Relationship to Meal
1.	TAB. COVATIL CV	500 MG	1 TAB	ORAL	TWICE A DAY	3 DAYS	
2.	TAB. LANOLER	650 MG	1 TAB	ORAL	AS REQUIRE FOR PAIN		

CONVENIENT HOSPITALS LIMITED CIN: U85110MP1993PLC007454

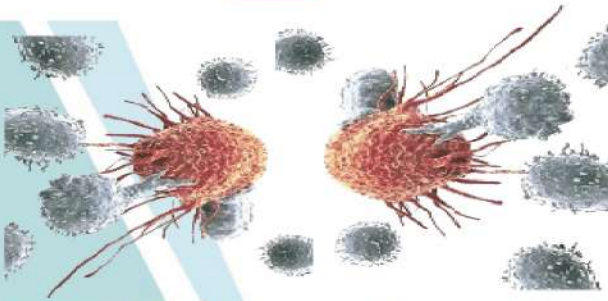
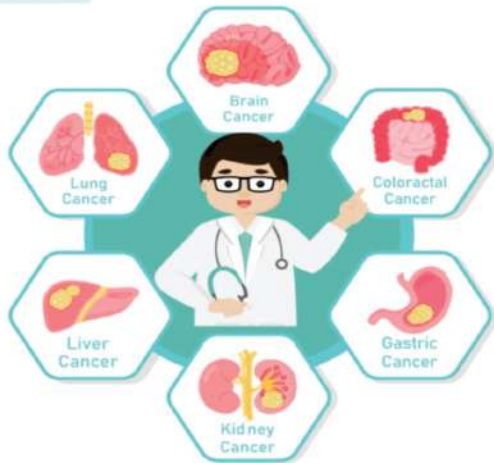
CHL Hospitals, Indore: Near L.I.G. Square, A.B. Road, Madhya Pradesh - 452 008, India
 731 477 6444 | Fax: 0731 254 9095

Indore Office: Near L.I.G. Square, A.B. Road, Indore, Madhya Pradesh - 452 008, India
 731 477 6444 | Fax: 0731 254 9095

Hyderabad Office: #8-2, 125/8A/7A, 1st Floor, Highnoon Building, Road No. 2, - Hills, Hyderabad - 500 034 Telangana, 49880 Datta & Tyre. 07112024 1337

- You shall be receiving a link post 72 hours of your discharge. Please click the link and answer few simple question's within 24 hours to understand your health status, post discharge

overcare group



Jamila Bee
Delhi, India

CERVICAL CANCER

Before Treatment Cancer Report

Ashiya Ansari
Indore, M.P.

GBM Glioblastoma

Sarita Jain
Indore, M.P.

Colorectal Cancer

Advika Pathak
TILWA, PUNJAB

BLOOD CANCER

Chandhan Singh Parhar
Indore, M.P.

HEPATOCELLULAR CARCINOMA

Om Prakash Banwat
Atra, M.P.

Esophagus Cancer

Fatima Bee
Sagar, M.P.

RETROPERITONEAL TUMOR

MOHAMMAD BAGWAN

Oral Cancer

Kuldeep Sharma
Barwani, M.P.

ACUTE MYELOID LEUKEMIA

Narmada Prasad
Hawala, PUNJAB

Ovarian Cancer

K.C Saini
Ujjain, M.P.

Spinal Myeloma Cancer

Nisha Jain
Mandsaur, M.P.

Amyloidosis Cancer

Mansi Devi Choudhan
Bhind, M.P.

Periapillary carcinoma

Manju Jhawar
Indore, M.P.



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 anemia, 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

 [instagram.com/aarogyahomeopathy](https://www.instagram.com/aarogyahomeopathy)

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www.homoeopathycure.in
besthomoeopapathdoctorind.com

email : arpitchopra23@gmail.com, aarogyamodernhomeopathy@gmail.com

You Tube Link  - [drarpitchopramodernhomeopathic](https://www.youtube.com/channel/UCdrarpitchopramodernhomeopathic)