



DR. SAMUEL HAHNEMANN
GERMANY

SURGICAL CASES

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.



Surgery



Benefits of Non Invasive Treatment

The homoeopathic approach offers several advantages over traditional surgical interventions:

No surgical risks: Since no operations are involved, there is no risk of surgical complications such as infections or anesthesia-related issues.

Permanent relief: By treating the root cause of the disease, homoeopathy aims to eliminate the problem permanently, reducing the chance of recurrence.

No artificial replacements: The treatment helps to protect natural organs, avoiding the need for transplants or artificial replacements.

Faster recovery: Without the need for surgery, patients can avoid long recovery periods and the discomfort associated with invasive procedures.

The Future of Homoeopathy in Complex Disease Treatment

Aarogya Super Speciality Modern Homoeopathy showcases the growing potential of homoeopathy as a non-invasive alternative to surgery. Dr. Jain's innovative method provides long-term relief without the complications or side effects typically associated with conventional surgical procedures. For patients seeking a safer and more natural treatment for surgical conditions, this approach offers a promising and effective solution.

Non-Invasive Alternative to Surgery

Aarogya Super Speciality Modern Homoeopathy, developed by Dr. Arpit Chopra Jain, provides a groundbreaking alternative to conventional surgical treatments. In traditional medical practice, surgery is often used to remove or repair diseased parts of the body, and in some cases, to replace vital organs. However, surgeries are not without risks, including side effects, complications, and the possibility of disease recurrence. Dr. Jain's approach offers a safer and non-invasive solution, especially for conditions that would typically require surgery.

A Revolutionary Approach to Disease Treatment

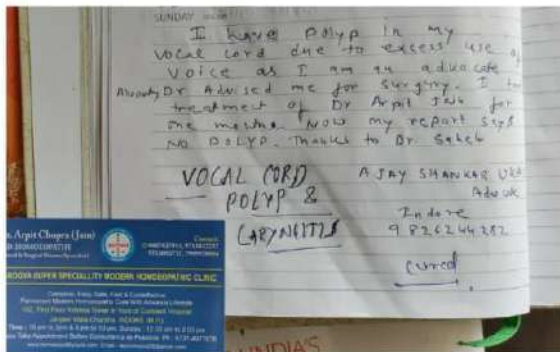
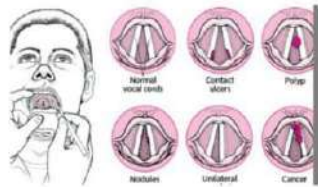
Dr. Arpit Chopra Jain's Aarogya Super Speciality Modern Homoeopathy targets the body's internal functions, particularly its metabolism, to treat these complex diseases. By addressing the root cause of the condition and restoring the body's natural balance, this treatment aims for permanent relief without the need for invasive surgical procedures. Unlike surgery, which may focus on removing the affected part or organ, Dr. Jain's homoeopathy approach works on strengthening the body from within. This not only eliminates the condition but also helps ensure that the disease does not reappear.



before treatment



after Modern homoeopathy treatment



VOCAL CORD POLYP
SURGERY ADVISED
SPEECH CHRONIC PROBLEM CURED

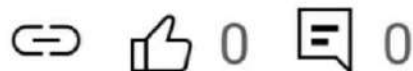
क्रिटिकल केस का सफल इलाज
 Adv. Ajay Shankar Uka

सक्सेस 14:17
 मॉडर्न होमियोपैथी के द्वारा

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

Vocal Cord Polyp :
 Cure Without Surgery |...

6 views • 2 days ago





डॉ. अर्पित चोपड़ा (मैन)
एम.बी. होम्योपैथी
एच.डी. असाध्य रोग
सायबे रोग विशेषज्ञ

आरोग्य सुपर स्पेशलिटी मॉडर्न होम्योपैथिक क्लीनिक



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 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, जंजीखाला चौराहा, न्यू पलासिया, इन्दौर (म.प्र.)

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

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

Gallstones

Also called: cholelithiasis

OVERVIEW

SYMPTOMS

TREATMENTS

SPE

A hardened deposit within the fluid in the gallbladder, a small organ under the liver.



MODERN PATHOLOGY

- BLOOD BANK
- DIGITAL X-RAY
- ULTRASONOGRAPHY
- COLOUR DOPPLER
- BIOCHEMISTRY
- MICROBIOLOGY
- HISTOPATHOLOGY

Address: 102, 104, Pratham Manzil, Krishna Tower, Cyrovel Hospital, Janki Khala Chauraha, New Palasia, Indore (M.P.)
Ph: 0731-4977076, 97130-92737, 97130-37737, 799999-78894, 99075-27914
Email: arpitchopra23@gmail.com

Patient Name: Mr. Mukesh Mishra, S.NO. 101
Registration Date: 01/03/2018 02:08 PM
Patient ID: 0000057
Accession Date: 01/03/2018 02:08 PM
Age & Sex: 67 Year - Male
Report Date: 01/03/2018 02:08 PM
Referred By: Dr. ASHOK MOHANTY, D.H.S., M.I.M.S., M.A.A.V.R.
Center Name: MODERN LAB

Ultrasound examination of Whole Abdomen

Liver is normal in size (12.0 cm in MCL) and parenchymal echotexture of liver is normal. The intra hepatic biliary radicles look normal. No focal lesion seen. Portal vein is normal in caliber.

The gall bladder is well distended and show slightly thick walls. Its lumen is filled with sludge. Few small echogenic foci noted in the GB lumen. The larger one measuring about 5-6 mm in size. The CBD is normal.

Spleen is normal in size (8.3 cm) and pancreas are normal. The aorta, inferior vena, cava, pre and para aortic regions look normal.

Abdominal lymph nodes are not enlarged. Visceral bowel loops show normal peristalsis.

Right kidney: 8.6 x 3.7 cm Left kidney: 8.5 x 4.5 cm

Both kidneys appear normal in size, shape and echogenicity. No calculus, hydronephrosis, or perinephric pathology seen.

Urinary bladder is partially distended and normal. Its wall shows normal thickness. No focal mass seen.

Prostate appears normal in size (3.4 x 2.5 x 3.4 cm, wt-15-16 gm) and echogenicity. No free fluid seen in the peritoneal cavity.

IMPRESSION :- Cholelithiasis with ? Cholecystitis with GB sludge.

Please correlate clinically.

Note: Not valid for M.L.C. purpose. USG is an aid to diagnosis. All findings must be correlated clinically. Case may be reviewed if necessary. All abnormalities could not be detected by USG. Further investigation may be needed if advised by consultant.

MODERN PATHOLOGY

- BLOOD BANK
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Ph: 0731-4977076, 97130-92737, 97130-37737, 799999-78894, 99075-27914
Email: arpitchopra23@gmail.com

Patient Name: Mr. MUKESH NARAYAN S.NO. 25
Registration No.: 0000037
Age & Sex: 70 Year Male
Referred By: DR. ARPIT CHOPRA M.D.
Reg Date: 05/08/2020 12:05 PM
Printed Date: 05/08/2020 12:54 PM

Ultrasound examination of Whole Abdomen

Liver is normal in size (11.1 cm in MCL) and parenchymal echotexture of liver is normal. The intra hepatic biliary radicles look normal. No focal lesion seen. Portal vein is normal in caliber.

The gall bladder is semi distended. Walls are thickened and echogenic causing dense posterior acoustic shadowing (WES complex). Lumen contains linear echogenic shadows along with hyperechoic solid contents. The CBD is normal.

Spleen is normal in size (8.1 cm) Homogenous echotexture
Pancreas is normal in size with normal echogenicity. MPD is un dilated. peripancreatic fat planes are thickened. No peripancreatic collection.

Right kidney: 8.7 cm Left kidney: 9.0 cm

Both kidneys appear normal in size, shape and echogenicity. No calculus, hydronephrosis, or perinephric pathology seen.

Urinary bladder is partially distended. Walls are thickened. Non lithiasic
Prostate appears normal in size (4.5 x 2.7 x 3.5 cm, wt: 22-23 gm) Calcifications are noted in the parenchyma.
Prevoid: 133 ml Postvoid: 8 ml
No free fluid seen in the peritoneal cavity.

IMPRESSION :- Cholelithiasis with Chronic cholecystitis ? Prolitic GB.
:- Features of cystitis (PVR - 8 ml)

Please correlate clinically.

End Of Report

IMPORTANT INSTRUCTIONS
Not valid for M.L.C. purpose. USG is an aid to diagnosis. All findings must be correlated clinically. Case may be reviewed if necessary. All abnormalities could not be detected by USG. Further investigation may be needed if advised by consultant.

DR. LIPENDRA SOLANKI, DR. MANISHA SHARMA, DR. ANU SHARMA, DR. MONISH SHUKLA, MISS. OJP (PATH), MISS. OJP (PATH), MISS. OJP (PATH)



WARNING SIGNS OF OVARIAN CYSTS

WOMEN SHOULD NOT IGNORE

- PELVIC PAIN
- PAINFUL INTERCOURSE
- PAIN DURING BOWEL MOVEMENTS
- BREAST TENDERNESS
- VAGINAL BLEEDING OR BLOODY DISCHARGE
- FREQUENT OR URGENT NEED TO URINATE
- STOMACH BLOATING
- NAUSEA OR VOMITING



Handwritten notes on a piece of paper:

Rt Ovarian Haemorrhagic Cyst : 16/Nov/22
 W/O : 34x36cm
 15/Nov/22
 Mild pits
 Typhoid 16 Nov 2022
 (Orb &)
 Abdomen pain ; LMP : 24/08/22
 5 days flow
 profuse bleeding
 Migraine (headache & vom Nausea)
 Choking & expectoration
 Constipation

Kukati Sonography

Name : Miss. Sheelika Rathore
 Ref. by : Dr. M.S. Solanki Sr M.B.(Medicine) Age: 28 yr

USG - WHOLE ABDOMEN

LIVER : Normal 13.2 cm in Size & Shape. Parenchymal Echotexture & Homogeneity intact & Extrahepatic Biliary Radicals Are Normal. Portal vein & C.B.D. are Normal in Caliber. No Focal Lesions.

GB : Normal Size wall & in Contact w/ Gallbladder.

SPLEEN : Normal in Size (11.7 cm), Shape & Echotexture.

PANCREAS : Normal in Size, Shape & Echotexture. Peripancreatic Duct unobscured.

KIDNEY : Rt. Normal in Size, Shape, Position & Echotexture. Corticomedullary Differentiation is Maintained & renal sinus echogenicity normal. No Calculi.

ADRENAL GLANDS : Normal in Size, Shape & Echotexture.

BLADDER : Normal in Size, Shape & Echotexture. No Focal Lesions. Post Void Residual Urine is Normal.

OVARY : Approx. 3.8x2.8 cm Size Well-defined Anechoic Cystic lesion with Thin Internal Septations Seen in Rt. Ovary. However Vascularity Appears Normal in Rt. Ovary. Lt. Ovary Normal. Mod Amount of Free Fluid Seen in Pouch of Douglas.

IVC & AORTA : Normal in Caliber. No Aortic or Lymphadenopathy. No Pleural Effusion.

BOWEL : Visualized Bowel loops Appear Normal in Caliber & Shows Normal Peristalsis on USG. Peritoneal Free Fluid.

IMPRESSION : Rt. Ovarian Haemorrhagic Cyst with Mild Pits.
 Clinicopathological Co-relation & Follow up after 4 to 6 week.

SODANI DIAGNOSTIC CLINIC

Dr. ARPIT CHOPRA
 Homeopath

RENAL

WHOLE ABDOMEN SONOGRAPHY

General abdomen
 Hepatic contour is smooth & size is normal. Parenchymal echotexture is normal. No focal lesion is seen. Extrahepatic biliary radicals are normal.
 Gall bladder is normally distended. Size is 10 cm. No calculi & sludge seen. No per GB collection is seen.

Portal vein & CBD are normal in caliber.
 Pancreas is normal in shape & size. Peripancreatic echogenicity is normal. Duct is unobscured. Spleen is normal in size. No focal lesion seen.

Both kidneys are normal in position & size. Right kidney is 10.2 x 4.2 x 4.2 cm. Left kidney is 11.4 x 4.2 x 4.2 cm. Corticomedullary differentiation is maintained. No hydronephrosis is seen. No focal lesions are seen in either kidney. No per renal collection is seen.

Uterus is anteverted. It measures 11.7 x 3.8 x 3.8 cm. No focal mass lesion is seen. Cervix is normal in thickness. Endometrium is 2.2 cm thick.

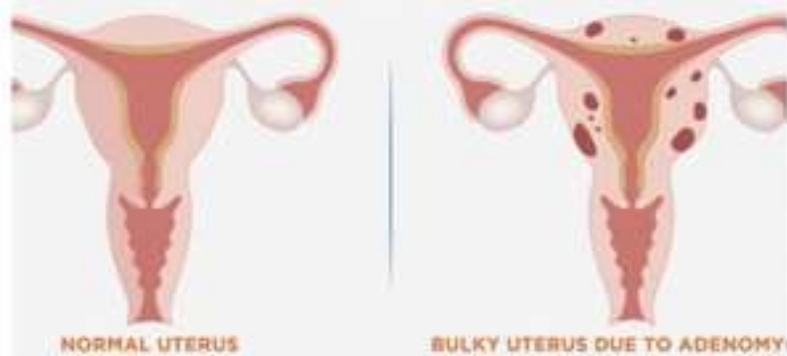
Both ovaries are normal in size. Right ovary is 3.5 x 1.4 cm & left ovary is 3.1 x 1.4 cm. Ovaries are normal. No cyst seen.

No free fluid seen in peritoneal. No significant ascites. No pleural effusion. No significant bowel wall thickening. Distended or lymphadenopathy is not seen.

Impression
 - No hepatobiliary lesion seen.
 - No renal calculi seen with hydronephrosis.
 - Constipation / indigestion suggested.

After Dr ARPIT Chopra Modern Homeopathy

BULKY UTERUS



NORMAL UTERUS

BULKY UTERUS DUE TO ADENOMYOSIS

कैंसर, किडनी फेलिचर, अस्पताल में गंभीर रूप से पती बरिनो का उपचार, झोपा, शल्य चिकित्सा योग्य रोग, अटो इम्यून रोग, जीवनभर दवाई लेने वाले रोगों की रोकथाम एवं 300 प्रकार के असाध्य जटिल रोगों की चिकित्सा।

आरोग्य सुपर स्पेशलिटी मॉडर्न होमियोपैथी
कम्प्लिड, परभावण, इंटी, सेफ, साइट एण्ड कॉरिड इफेक्टिव

122, इण्डियन कॉलेज, कृष्ण टॉवर, इन्डियन इंस्टीट्यूट ऑफ मेडिसिन, जयसिंहगढ़ रोड, न्यू प्लानिफ, इन्डियन प.स.
फोन: 98152 27914 मोबाई: 98152 40770, 98888 78884
www.homiotherapy.com, www.surgery.homiotherapy.com Email: apshin@rediffmail.com

पुर्विमो हॉस्पिटल
एंड रिसर्च सेंटर
ULTRASONOGRAPHY REPORT

WHOLE ABDOMEN

Liver is normal in size parenchymal echotexture homogeneous. Gall & extrahepatic biliary channels is normal. Spleen is normal in size shape & echotexture. Both kidneys are normal in size, shape, echotexture with normal cortices. Pelvic/ovarian system of both kidneys are unremarkable. Both ovaries are unremarkable. Urinary bladder is well distended. No evidence of intrabdominal lymphadenopathy is seen. Uterus is normal in size, shape & echotexture. Endometrial echogenicity is 20 mm. Bulk. No adnexal mass seen. No free fluid seen in pouch of Douglas.

Diagnosis: Bulky Uterus with Endometrium hyperplasia.

Dr. RENU PUNJABI
Diagnostic Centre

PL. Name: MKS. ROSHNI NAVEEN SATLE
Ref: DR. ARPIT CHOPRA (MD) MD (HOMEOPATHY)
Age/Sex: 42 Year / F
Date: 28.07.2021

SONOGRAPHY - WHOLE ABDOMEN

This examination was performed as an overall examination during the course of 18 patients with all precautions & inherent limitations as usual.

This examination demonstrates mild diffuse hepatomegaly (about 15.1cm in width/upper line) & shows mild parenchymal echogenicity as fatty infiltration grade I. The focal lesions seen. Intra hepatic biliary radicles unremarkable. Portal & hepatic veins appear normal.

Gall bladder is contracted (gastrointestinal status). CBD is unremarkable, normal in caliber. Pancreas is normal in size and echotexture. Spleen is normal in size and echotexture.

Right kidney measures 8.7 x 3.8 cm and left kidney measures 8.1 x 4.5 cm in size. Both kidneys are normal in size, shape, echotexture with smooth cortex. Pelvic/ovarian system is unremarkable on both sides. There is no evidence of swelling or obvious calculus shadow seen on either side. Corticomedullary differentiations & mild normal kidneys are normal. Both ureters are unremarkable and not visualized.

Abdominal aorta is normal in caliber. No evidence of intrabdominal lymphadenopathy is seen. Urinary bladder is well distended, normal in shape & unremarkable with a thin line. Wall thickness is normal.

Uterus is normal in size, shape & echotexture. Measures 8.2 (anteroposterior length) x 4.6 x 4.1 cm in size. Myometrial echotexture is smooth & homogeneous. Endometrial echo is normal. TV measures 4 mm. Cervix & adnexal mass are normal.

Both ovaries are normal in size, shape & echotexture. No free fluid is observed in pouch of Douglas. Post void vesicle is unremarkable.

IMPRESSION: USG suggests: Mild Hepatomegaly secondary to fatty infiltration.

Dr. RENU PUNJABI
MBBS, D.M.D. (P.H.D. M.D.)
RADIOLOGIST & SONOLOGIST

Adenomyosis

A condition in which endometrial tissue exists within and grows into the **uterine wall**.

Symptoms may include

- Painful intercourse
- Menstrual cramps
- Abdominal pain

BULKY UTERUS / ADENOMYOSIS
July 12

Handwritten notes in Hindi describing the condition and treatment. The text is dense and difficult to read in many places due to cursive handwriting.

Dr. Arpit Chopra (MD) MD (HOMEOPATHY)
RADIOLOGIST & SONOLOGIST

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।



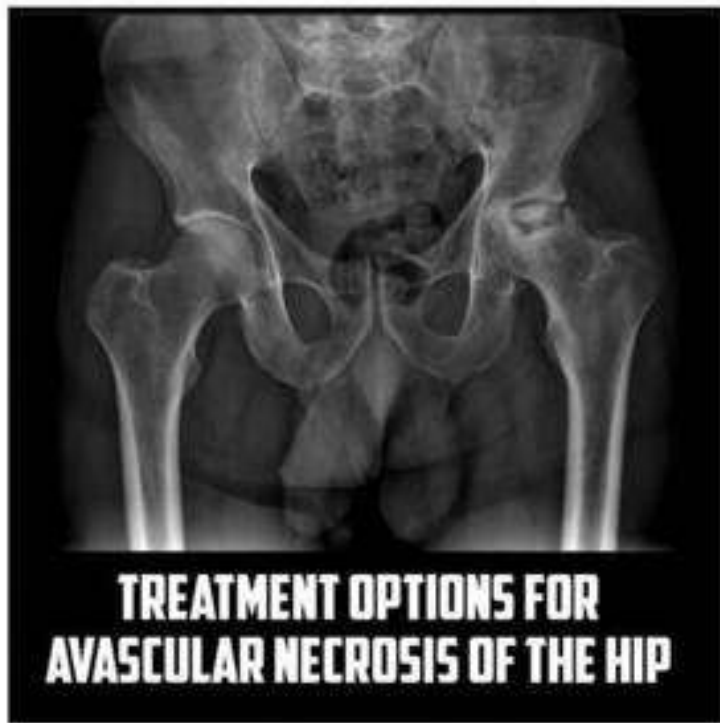
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कम्पलिट, परमानेन्ट, ईजी, सेफ, फास्ट एण्ड कॉस्ट इफैक्टिव

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



AVASCULAR NECROSIS OF HIP: TREATMENT OPTIONS

Avascular necrosis

Overview

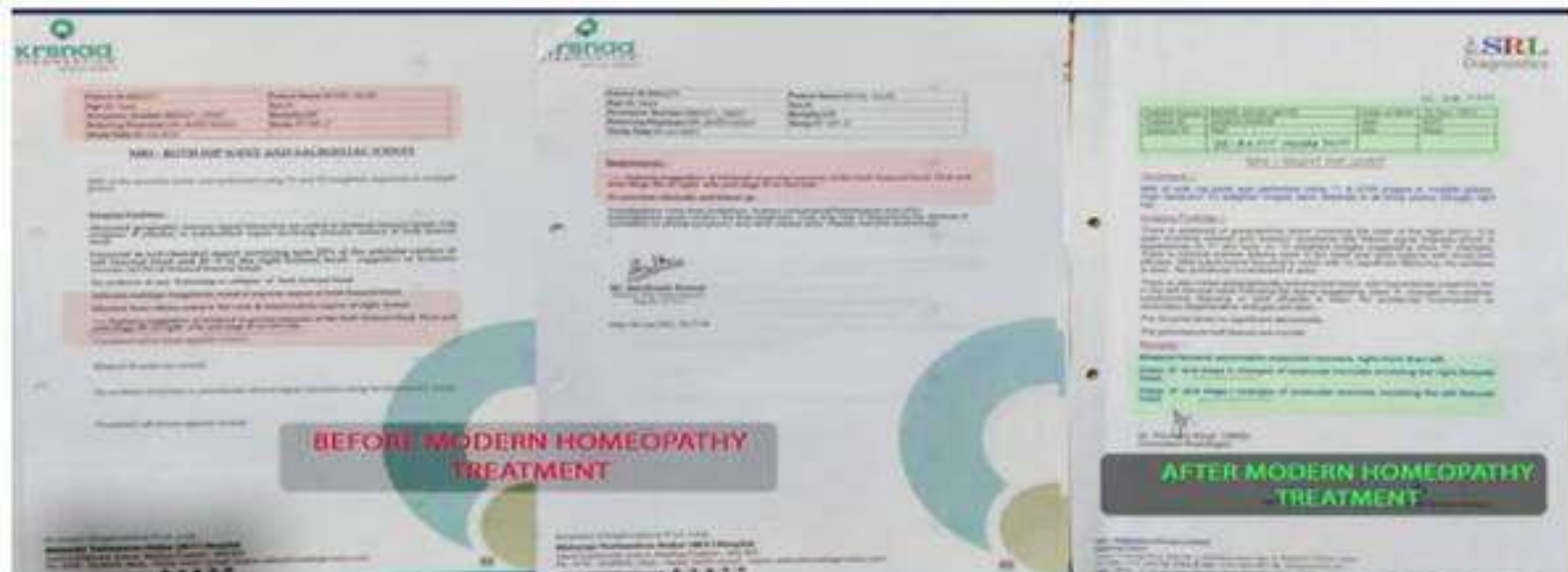
Symptoms

Treatments

The death of bone tissue due to a lack of blood supply.

Avascular necrosis is associated with long-term steroid use and drinking too much alcohol. It's most common in people between the ages of 30 and 60 and often affects the hip.





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AVASCULAR NECROSIS (AVN)

December 21

[Handwritten medical notes in Hindi]

डॉ. अमित शर्मा (एम.बी.बी.एस.)
 एम.डी. (होमियोपैथी)
 डॉक्टर, अरोग्य एवं
 आयुर्वेद विशेषज्ञ

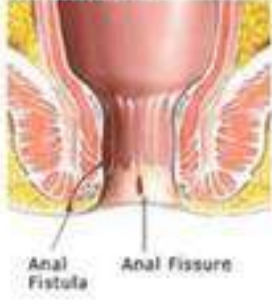
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PILES

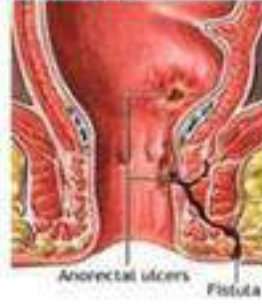


FISSURE



Anal Fistula Anal Fissure

FISTULA



Anorectal ulcers Fistula

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 भर्ती परिजों का उपचार, कोमा, शल्य चिकित्सा यो
 ऑटो इम्यून रोग, जीवनभर दवाई लेने वाले रोगों की र
 300 प्रकार के असाध्य जटिल रोगों की चिकित्सा

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

डॉ. अमित शर्मा (केम)
 एम. डी. होम्योपैथी
 एम.बी. असाध्य एवं
 सायं सेवा विशेषज्ञ

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ffering from Fistula,

मॉडर्न होम्योपैथी

होम्योपैथी का उपयोग
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aman Bavasa



होम्योपैथी का उपयोग
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**ing from fissures
 two years.**

Baker's cyst

Also called: popliteal cyst

Overview

Symptoms

Treatments

A fluid-filled cyst behind the knee.

A Baker's cyst is usually the result of knee-joint conditions, such as arthritis or torn cartilage, that cause the knee to produce too much lubricating fluid.

Very common

More than 10 million cases per year (India)



A Baker's cyst, also called a popliteal cyst, is a fluid-filled swelling that develops at the back of the knee.



A Baker's cyst on a leg

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डॉ. अमित चोपड़ा (एम)
एम. डी. (होमिओ)
सीडी, एमएससी एंड
एमडी ऑन होमिओ

आरोग्य



MRI of a pineal region tumor in the brain.
Credit: NCI-CONNECT Staff

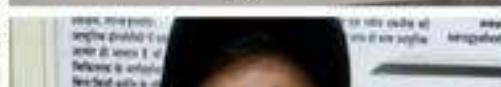


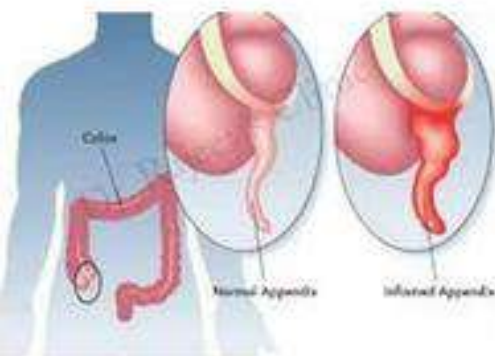
Article Title: Pineal Gland Anatomy and Tumors

Pineal region tumors are primary **central nervous system (CNS)** tumors. These tumors begin in the brain (in the pineal gland) but can spread to the spinal cord.



Post operative case of Pineal gland tumor (Germ cell)





Appendicitis

Overview

Symptoms

Treatment

A condition in which the appendix becomes inflamed and filled with pus, causing pain.

The appendix is a pouch-like structure attached at the start of the large intestine that has no known purpose.

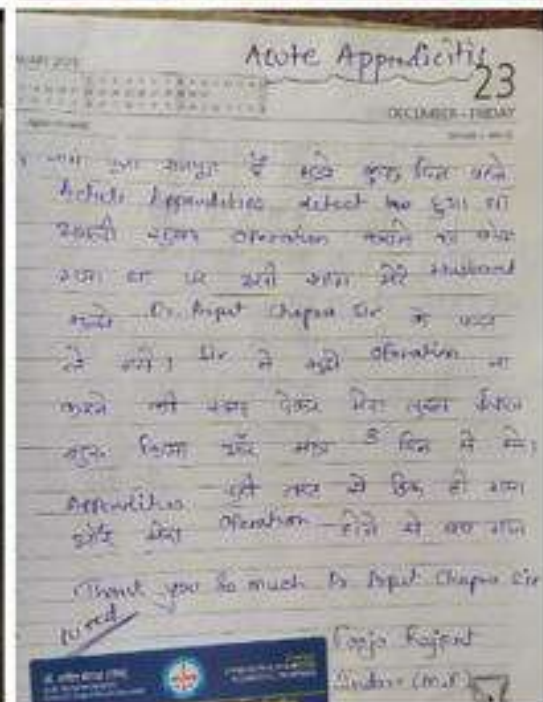
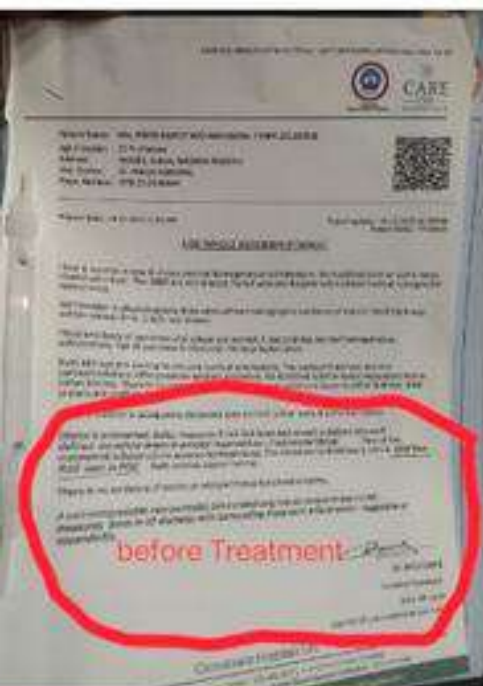
Common

More than 1 million cases per year (India)

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

Acute appendicitis

Acute appendicitis is the sudden and severe inflammation of the appendix. It can cause pain in the abdomen, and this pain



ऑपरेशन या सर्जरी के बगैर पाए अपनी समस्याओं का इलाज

26-Jan-2017 - Appendicitis is a medical emergency that almost always requires prompt surgery to remove the appendix. Left untreated, an inflamed appendix will eventually burst or perforate, spilling infectious



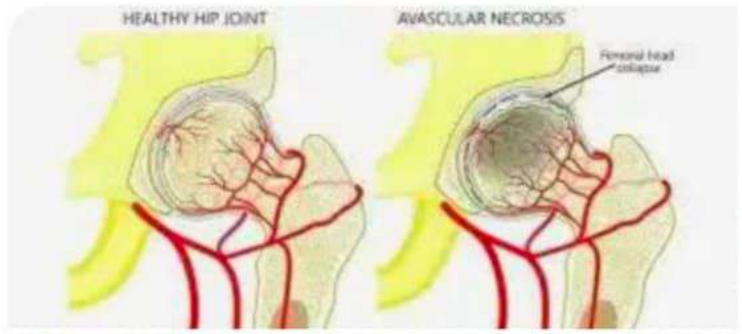
Avascular necrosis

Overview

Treatments

Symptoms

Sp



AVASCULAR NECROSIS AV...
Aarogya Super Speciality Mod

AVASCULAR NECROSIS AVN & Slip disk
सक्सेस स्टोरी
Hip bone replacemnt advised case
Dr. Arpit Jain
17:30
मॉडर्न होमियोपैथी के द्वारा
Avascular Necrosis Cured | AV...
YouTube

संभव
SPINAL CORD DISORDER
avascular-necrosis-avn-grade...

Dr. Deepshikha Shekhawat's Pioneer Imaging & Diagnostics
(A unit of Pioneer Healthcare Pvt. Ltd.)
Street No. 3, Bibiwal Road, BATHINDA
1.5 TESLA MRI / 32 SLICE SPIRAL CT SCAN

0164-5007940
92164-99039

REPORT OF MRI HIP JOINTS ON 1.5 TESLA SCANNER
PATIENT NAME: VINOD, AGE - 35 YRS, DATE: 27.05.2023.
REFERRED BY DR. KAILASH GOEL (CONC) ID:- 2134/ 3500 M. 8872800226.

MR imaging of the both hip joints was performed using spin-echo and gradient-echo pulse sequences. High resolution T1, PD fat sat, STIR, T2, GRE weighted serial sections were obtained in sagittal, axial and coronal planes using a dedicated torso PA coil on 1.5 Tesla scanner.

REPORT RIGHT HIP JOINT:-
A focal zone of abnormal subchondral marrow signal intensity is seen involving right femoral head with sharp geographic hypointensity demarcation on T1W images. The central portion of the lesion appears iso-to-hypointense relative to marrow on T1W images and appears hypointense on T2W images. There is mild marrow oedema in femoral head & neck region. There is seen mild femoral head contour flattening with crescent sign along antero-superior aspect. Focal cystic areas are seen along the postero-superior aspect of head of right femur. Acetabular rim is unremarkable. No evident changes of osteoarthritis. There is seen mild periarticular fluid collection as evidenced by high signal intensity on T2W images.

LEFT HIP JOINT:-
A focal zone of abnormal subchondral marrow signal intensity is seen involving left femoral head with sharp geographic hypointensity demarcation on T1W images. The central portion of the lesion appears isointense relative to marrow on T1W images and appears hypointense on T2W images. No evident femoral head contour flattening. Acetabular rim is unremarkable. No evident changes of osteoarthritis.

OPINION: The MR findings are suggestive of
• Avascular necrosis of head of right femur (FICAT & ARLET STAGE: stage-III AVN on right side).
• Avascular necrosis of head of left femur (FICAT & ARLET STAGE: stage-II AVN on left side).

Please correlate clinically.

DR. G. S. SHEKHAWAT
MD RADIO DIAGNOSIS

Before Treatment

Dr. Deepshikha Shekhawat's Pioneer Imaging & Diagnostics
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Street No. 3, Bibiwal Road, BATHINDA
1.5 TESLA MRI / 32 SLICE SPIRAL CT SCAN

0164-5007940
92164-99039

REPORT OF MRI HIP JOINTS ON 1.5 TESLA SCANNER
PATIENT NAME: VINOD KUMAR, AGE - 37 YRS, DATE:- 10.03.2025.
REFERRED BY DR. NAVDEEP GARG ID: 14655 / 3500 M. 8054018555.

MR imaging of the both hip joints was performed using spin-echo and gradient-echo pulse sequences. High resolution T1, PD fat sat, STIR, T2, GRE weighted serial sections were obtained in sagittal, axial and coronal planes using a dedicated torso PA coil on 1.5 Tesla scanner.

REPORT RIGHT HIP JOINT:-
A focal zone of abnormal subchondral marrow signal intensity is seen involving right femoral head with sharp geographic hypointensity demarcation on T1W images. The central portion of the lesion appears iso-to-hypointense relative to marrow on T1W images and appears hypointense on T2W images. There is mild marrow oedema in femoral head & neck region as evidenced by hyperintensity on STIR images. There is seen mild femoral head contour flattening with crescent sign along antero-superior aspect. Focal cystic areas are seen along the postero-superior aspect of head of right femur. Acetabular rim is unremarkable. No evident changes of osteoarthritis. There is seen mild periarticular fluid collection as evidenced by high signal intensity on T2W images.

LEFT HIP - The study reveals normal size, shape and position of left femoral head. Left acetabular fossa is normal. Joint space is normal on left side. No evidence of erosions or abnormal signal intensity noted. Articular cartilage is normal. No mass lesion noted. No AVN or effusion noted. Paraarticular muscles are normal. Visualized part of left femur and iliac bones are normal.

OPINION: The MR findings are suggestive of
• Avascular necrosis of head of right femur (FICAT & ARLET STAGE: stage-III AVN on right side).
• Left hip joint appear normal. No AVM seen in present study.

Please correlate clinically.

DR. G. S. SHEKHAWAT
MD RADIO DIAGNOSIS

During Dr Arpit Chopra Jain Modern Homoeopathy

1/3

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ANKYLOSING D-27 SPONDYLITIS
PAIN IN NECK
CERVICAL STENOSIS
Neck to Hand PAIN
सक्सेस स्टोरी
15:38
सक्सेस 13:33
14:34

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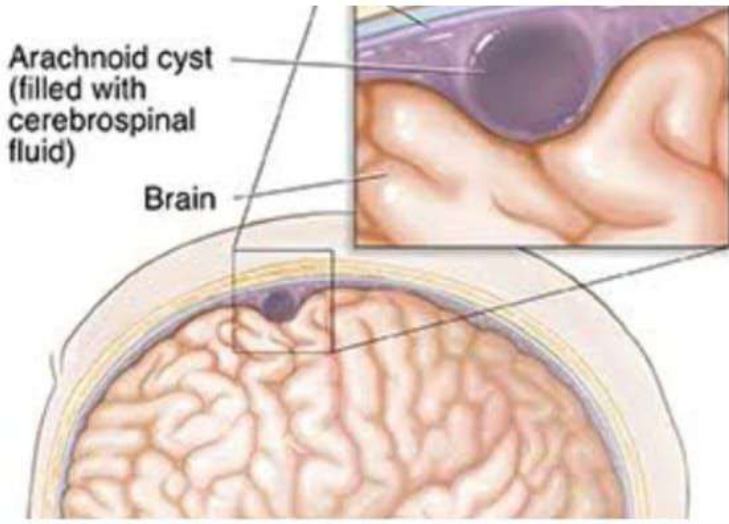
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Email: arpitchopra23@gmail.com

DR. ARPIT CHOPRA JAIN
(MD HOMOEOPATHY & CRITICAL & SURGICAL DISEASE SPECIALIST)



Arachnoid Cyst Patient treated by Dr. Arpit Chopra...

YouTube - Dr Arpit Chopra's SuperS...
20 Nov 2024



Arachnoid Cyst in brain Patient cured without...

YouTube - Dr Arpit Chopra's SuperS...
26 Jul 2023



Spinal Extradural Arachnoid Cyst 58x47x41

Post Graduate Department of Radiodiagnosis and Imaging,

G.M.C Jammu.



PATIENT NAME	RAJESH KUMAR
AGE/SEX	45YRS/M
DATE	05/11/24

MRI BRAIN (3.5 T)

Protocol: T1W, T2W & FLAIR sequences in various orthogonal planes, DWI, SWI and T2/ FLAIR cor sequences obtained.

OBSERVATIONS:

- There is e/o cystic lesion m/s 40x27mm in posterior fossa causing mild compression on left cerebellar hemisphere exhibiting CSF signal intensity s/o arachnoid cyst.
- B/l cerebral hemispheres are normal in morphology and signal intensity. No e/o diffusion restriction on DWI or blooming on SWI seen.
- B/l basal ganglia and thalami are normal in morphology and signal intensity.
- Corpus callosum is normal in morphology and signal intensity.
- No evidence of midline shift noted.
- Ventricular system and extra-axial spaces appear normal.
- Both CP angles are normal.
- Brainstem and cerebellar parenchyma show normal morphology and signal intensity.
- Sella, pituitary and parasellar regions are normal.
- Cranio-vertebral and cervico-medullary junctions are normal.

IMPRESSION:

- Posterior fossa arachnoid cyst as described.

REPORTED BY:

JUNIOR RESIDENT

SENIOR RESIDENT

Post Graduate Department of Radiodiagnosis and Imaging,

G.M.C Jammu.



PATIENT NAME	RAJESH	ET MR
AGE/SEX	45YRS/M	
DATE	24/02/25	

MRI BRAIN

Protocol: T1W, T2W and FLAIR sequences in various orthogonal planes, DWI and SWI

OBSERVATION:

- Fluid intensity, cystic area m/s 6.3x3mm is noted in periventricular location in relation to frontal horn and body of left lateral ventricle.
- Non-specific T2/FLAIR hyperintense signals are seen in white matter of bilateral frontal lobes.
- Rest of the bilateral cerebral hemispheres appears normal in morphology and signal intensity.
- Basal ganglia and thalami are normal in morphology and signal intensity.
- No e/o any diffusion restriction/blooming on SWI.
- Corpus callosum appears normal in morphology and signal intensity.
- No evidence of midline shift noted.
- Sellar and parasellar structures are normal.
- Both CP angles & internal auditory canals are normal.
- Bilateral cerebellar parenchyma and brainstem show normal morphology and signal intensity.
- Cranio-vertebral and cervico-medullary junctions are normal.
- Well defined, CSF intensity lesion m/s 2.3x3.6 x 42.8mm exhibiting T1 hypointense and T2/FLAIR hyperintense signal is seen in retrocerebellar extra axial space in midline and towards left side s/o arachnoid cyst (DD: mega cisterna magna).

IMPRESSION:

Fluid intensity, cystic area in left periventricular location as described - Concomitant cyst (DD: CHRONIC LACUNAR INFARCT)

During Dr Arpit Chopra Jain Modern Homoeopathy

AVISHKAR DIAGNOSTICS DHANBAD

Before Treatment

REPORTED BY: JUNIOR RESIDENT

आविष्कार डायग्नोस्टिक्स

After Treatment

REPORTED BY: SENIOR RESIDENT

e/o ARACHNOID CYST: NOV 24 (POST. FOSSA)

MEASURES 40x27 MM (5/11/24) (CYSTIC LESION)

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AAROGYA SUPER SPECIALITY MODERN HOMOEOPATHIC CLINIC™

कैंसर, किडनी फेलियर, अस्थित्ता में गंभीर रूप से भर्ती मरीज का उपचार, कोमा, शल्य चिकित्सा योग्य ऑटोइम्यून रोग, अल्जाइमिक डेंजिफिकेशन, मस्कुलर डिस्ट्रोफी, जीवन भर दवा लेने वाले लोगोकि रोकथाम एवं 300 प्रकार के असाध्य जटिल रोगो की चिकित्सा

0731-4977076 +91 99075-27914, +91 97130-92737, +91 97130-37737, +91 93404-95872, +91 79999-78894 +91 97130-37737, +91 80451-32033

Address: 101, 102, 103, 104, Krishna Tower, Janjeerwala Square, in front of Curewell Hospital Road, New Palasia, Indore, Madhya Pradesh 452001

Email: arpit Chopra23@gmail.com

DR. ARPIT CHOPRA JAIN
(MD HOMOEOPATHY & CRITICAL & SURGICAL DISEASE SPECIALIST)

Intracranial granuloma can manifest as a response to infection. Tuberculosis is the most common cause and central nervous system involvement includes tuberculous meningitis, abscesses or discrete tuberculomas, either multiple or solitary.

आरोग्य सुपर स्पेशलिटी मॉडर्न होम्योपैथिक क्लीनिक

डिप्लोमेट • प्रमाणित • इंडी • सेफ • फास्ट एफ़ डॉट इफ़ेक्टिव

डॉ. अर्पित चोपड़ा
 • वैरल • फ़िफ़्टी फ़ेब्रिलर • जलवायु में गंधीर ज्वर से • हार्डी मॉडर्न का जयकार • कोषा
 • प्रत्येक विविधता योग्य रोग • अदोषी उपचार रोग • जीवनपर्यंत दवाई लेने वाले रोगों की रोकथाम
 एवं 200 प्रकार के असाध्य जटिल रोगों की विविधता ।

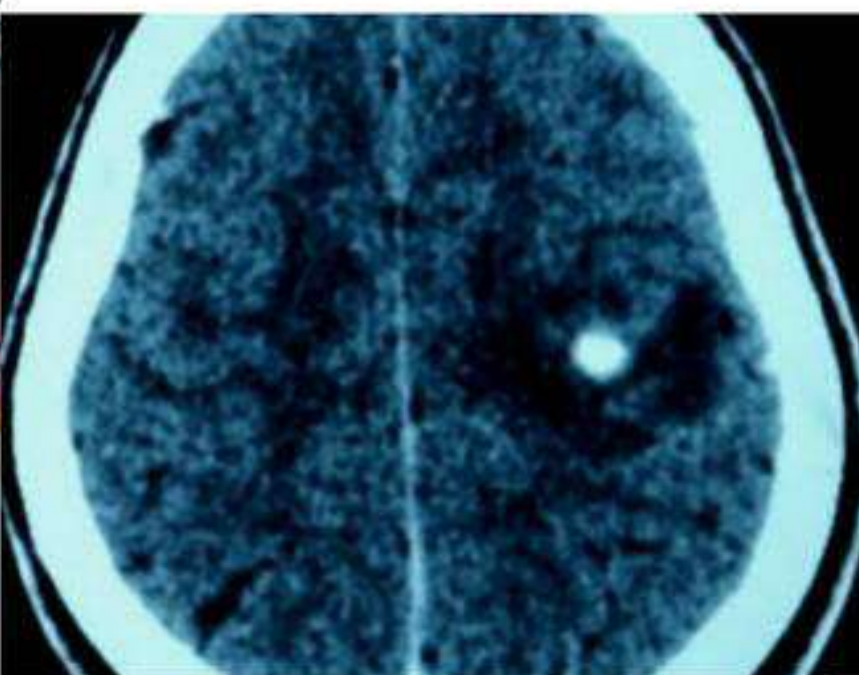
103, 104, प्रथम मंजिल, कुम्भा टीकर, जयपुरीस इंडियन के सामने, जयपुरीस पोस्टा, न्यू पार्लियाम, इन्दौर (म.प्र.)
 फ़ोन : 0731-4977076, मो. : 97130-82737, 97130-27737, 79999-78884, 99078-27914
 www.homeopathycure.in, www.aarogyahomeopathyindore.com Email : arpitchohra23@gmail.com
 Dr. Arpit Chopra's super speciality modern homeopathy, https://g.page/CaRz22w8ZQXEBA

मॉडर्न होम्योपैथी



Dr. Arpit Chopra (Jain)
 Complete, Safe, Fast & Cost-Effective Modern Homeopathy Cure With Advanced Lifestyle
 Phone : 0731-4977076, Mobile : 97130-82737, 97130-27737, 79999-78884, For Whatsapp, 99078-27914

ER, DENTION TROUBLE, HORMONAL DISORDERS, ANAE



CH CHOWTHRAM HOSPITAL & RESEARCH CENTRE

DEPARTMENT OF RADIO-DIAGNOSTIC SUB SPECIALTY

CE HEAD WITH CONTRAST Before Treatment

Findings: A couple of subcortical nodular areas in left parietal region and another smaller subcortical nodular area in right parietal region. The appearance is suggestive of tuberculoma. (See also CT scan of spine)

MR. SIVYAMA MAJ. (Patient Name) Age: 35 YRS. (After treatment)
 DR. ARPIT CHOHPRA, JAIN (Ref. By) Date: 12/05/2023

IMPRESSION: CT findings reveal small subcortical nodular calcifications in left parietal region, right parietal and subcortical nodular (Physiological), 77 (See spine) (Physiological, No acute infarct seen)

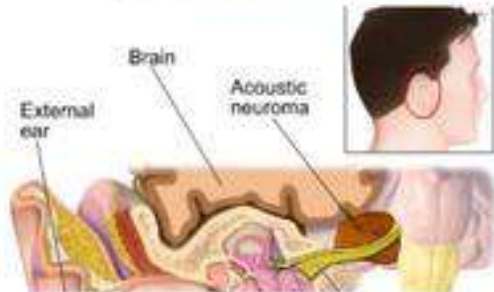
MIRACULOUS SUCCESSFULLY CURED
 critical Case of 2 BRAIN TUMOUR
 GRANULOMATOS BY MODERN
 HOMOEOPATHY WITHOUT SURGERY
 OUR AIM - COMPLETE, PERMANENT, EASY,
 SAFE, FAST & COSTEFFECTIVE PERMANENT
 MODERN HOMOEOPATHY CURE





Title

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




 कैंसर, किडनी फेलिचर, अस्पताल में गंभीर रूप से
 भर्ती मरिजों का उपचार, कोमा, शल्य चिकित्सा योग्य रोग,
 अंटी इम्पून रोग, नीचनभर दवाई लेने वाले रोगों की रोकथाम एवं
 300 प्रकार के असाध्य जटिल रोगों की चिकित्सा।



आरोग्य सुपर स्पेशलिटी मॉडर्न होम्योपैथिक क्लिनिक

कम्पिटि * परमानेंट * ईजी * सेफ * फास्ट एंड कॉस्ट इफेक्टिव

* कैंसर * किडनी फेलिचर * अस्पताल में गंभीर रूप से भर्ती मरिजों का उपचार *
 * शल्य चिकित्सा योग्य रोग * ऑटो इम्यून रोग * जीवनभर दवाई लेने वाले रोगों की से
 एवं 300 प्रकार के असाध्य त्रिल रोगों की चिकित्सा ।

102, 104 प्रथम मंजिल, कृष्णा टॉवर, इंदोरवेल हॉस्पिटल के सामने, जंजीरवाला जीराह, न्यू पतारिका, इन्दी
 फोन : 0731-4977076, मो. : 97130-82737, 97130-37737, 79999-78894, 99075-27
 www.homeopathyure.in, www.aarogyahomeopathyindore.com Email : arpitchopra23@g



+91 94245 04262

+91-94245 04262's security code change more info.

Forwarded

A usually non-neoplastic tumour that arises from the meninges surrounding the brain and spinal cord.

A fast fatal when caused a meningioma. Radiation therapy, tumor resection and genetic may play a role in most cases, the prognosis is best.



Forwarded

There is A huge difference between before and after... I am so much greatful towards you even can't express thanks in terms of words only I wanted to say this recovery which I got from you is irreplaceab Thank you so much once again

Dr. Arpit Chopra (MD)
 COMPLETE CARE, SAFE, FAST & COST EFFECTIVE
आरोग्य
 HOMEOPATHY

CHI Hospitals
 Excellence in Quality Imaging

NAME: SURVIL SAJAN
 MR. / MS. / DR. / MRS. / MISS / MRS. / FEMALE / OTHER
 DOB: 18/08/1987
 MRN: 1507
 DATE: 25/08/2021
 TIME: 03:02PM

Treatment: **TRIL. BRAIN (CONTRAST)**

Imaging Technique & Comments:

Structure of the brain & cerebral sulci, cisternae, ventricles, etc. are well demonstrated on right side. No evidence of focal lesion, mass effect or midline shift is noted. The brain shows homogeneous post contrast enhancement with no evidence of the meningeal lesion. The appropriate measurements are 2.2 cm x 1.8 cm x 2.1 cm AP.

Accuracy just matching upon the report card.

CT sections show lateral ventricular lesions. The contrast / distribution.

Evidence of vascular in right sphenoidal sinus. Disruption of the bony paranasal sinuses is not visible.

Opinion:

Overall the above described imaging features are not specific for any single etiology however possibility of origin of lesion from meningeal coverings of right sphenoidal sinus is likely to meningioma. Other imaging differential can be origin of SOL from anastomosis of right carotid sinus including cranial nerves 7 meningioma, 7 meningioma. Other rare differentials include inflammatory pseudotumour or neoplasmic SOL.

medanta
 HEALTHCARE

MRN: 1507331
 Patient Name: DR. SURVIL CHOPRA
 Age / Sex: 21/5M / MALE
 Consultant: DR. TEAM EMERGENCY
 Ref. By: DR. ARPIT CHOPRA (MD)

Visit ID: 1000959973
 Order Date: 25/08/21 03:13PM
 Report Date: 25/08/21 03:02PM

MAGNETIC RESONANCE IMAGING
MR- BRAIN

Technique: Routine sequences were acquired in multiple planes, to evaluate the brain.

CH: Complaint of headache, vertigo since last 2-3 years.

Imaging Findings:

There is generalized cortical atrophy seen in bilateral cerebral hemispheres in the form of prominent sulcal spaces. No obvious focal lesion, mass effect or midline shift is noted.

Subtle T2 / FLAIR hyperintense signal abnormality is seen in bilateral periventricular & perigonal white matter region. Also noted, mild diffuse cerebellar atrophy seen in the form of prominent cerebellar folia.

Rest of the brain parenchyma including bilateral basal ganglia and thalamus show normal signals and morphology.

No evidence of acute infarct or neuroparenchymal hemorrhage.

Ventricular system is normal.

No mass effect or midline shift.

Brainstem and cerebellum appear unremarkable.

No extracranial lesion. Basal cisterns are clear.

Bilateral hippocampi appear normal in morphology & reveals no obvious focal lesion.

Remarks:

- Generalized mild diffuse cerebral & cerebellar atrophy as described above. No other focal lesion, mass effect or midline shift is noted.

Reviewed by:
DR. SUNIL SAJAN (MD), MRD, MRCP (GEN), MRCP (PSYCH)
DR. AKHILESH DEVRA (MD), MRD, MRCP (GEN), MRCP (PSYCH)
DR. NAKHATA YATEJA (MD), MRD, MRCP (GEN), MRCP (PSYCH)



आरोग्य

कैंसर, किडनी फेलियर, 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 मार्टन होमियोपेथी
 कम्प्लिट, परमानेंट, ईजी, सेफ, फास्ट एंड कॉस्ट इफेक्टिव
 102, प्रथम मंजिल, गुणगा टॉवर, गवर्नेर हॉस्पिटल के सामने, वजीरगंजा गौराहा, न्यू एलाहिया, इन्दौर म.प्र.
 09075 27914 संपर्क : 0731-4977076, 79669 78864
 www.homeocashycure.in, www.aarogyahomeocashyindore.com, Email : arpitchopra23@gmail.com

Mahwa Diagnostics
 102, Pratham Manjil, Gunaga Tower, Govind Hospital, Vajirganja, Gauraha, New Elahiabad, Distt. Almir, M.P.

Patient's Name: Mrs. Zarish, Age: 28 Yrs, F
 Ref Consultant: Dr. Mrs. Neelika Bora, Date: 12.01.2015

DIGITAL MAMMOGRAPHY

Modern digital mammography is performed in both craniocaudal & mediolateral oblique views. The breasts are placed in holder with mammillary compression applied. There are no skin and fibrous changes seen on right. The left breast is normal. No calcification seen in mammography view. The bilateral axilla are normal. The right and left are free.

IMPRESSION - Mammography suggest mild fibrocystic changes on right.

Dr. Arpit Chopra
 before Modern Homeopathy Treatment of 10 years

ACCURATE DIAGNOSTICS
 Digital Mammography • Ultrasound • CT • Ultrasound • Colonoscopy • Sigmoidoscopy • Colonoscopy • Pathology • MRI

Patient's Name: Mrs. Zarish, Age: 28 Yrs, F
 Ref Consultant: Dr. Jyotsna Halkar, Date: 07.11.2015

DIGITAL MAMMOGRAPHY

Modern X-ray mammography is performed in both craniocaudal & mediolateral oblique views. The breasts are placed in holder and upper coil respectively. Compression applied. The breast parenchyma shows very minimal mild fibrocystic changes both the sides. No significant mass lesion or microcalcifications are seen. The skin and subcutaneous tissues are normal. The nipples and axilla are free.

IMPRESSION - The Mammographic appearance suggest mild fibrocystic changes and no areas of microcalcifications are seen.

Dr. Arpit Chopra
 before Modern Homeopathy Treatment of 6 years

Visesh Jupiter Hospital

Dr. Arpit Chopra
 after Dr Arpit Chopra Aarogya Modern Homeopathy Treatment of 6 months

Fibroids

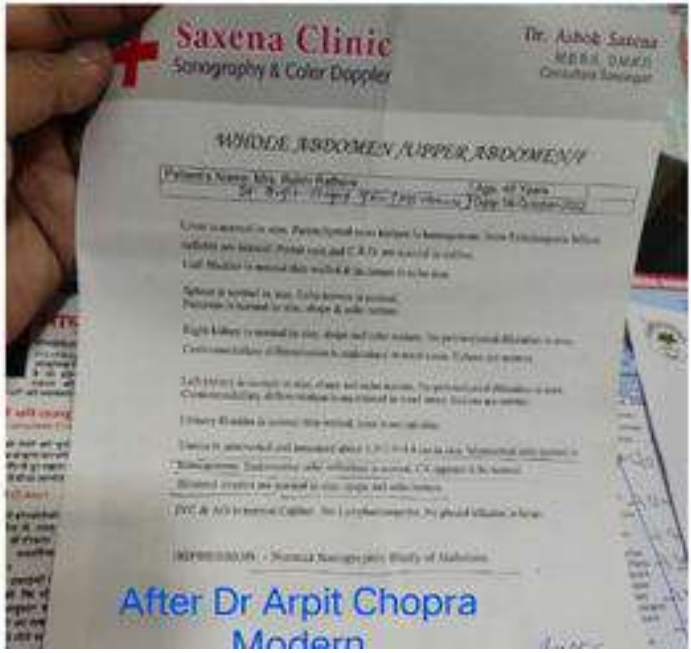
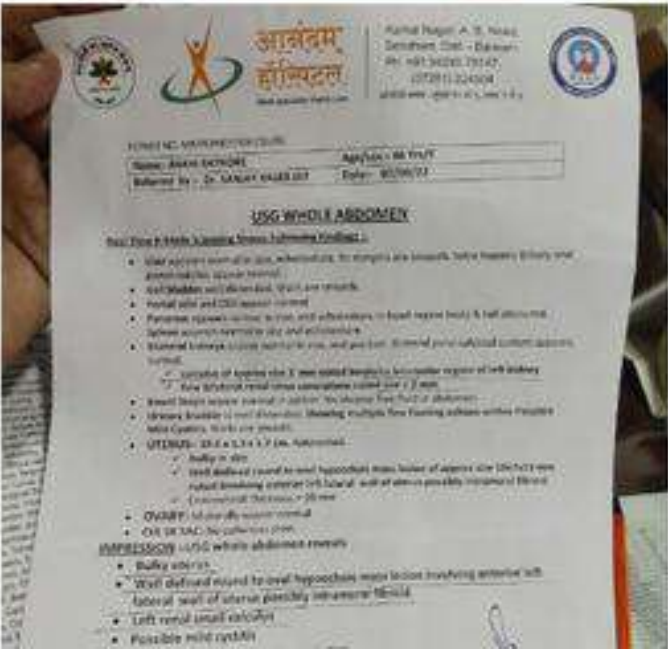
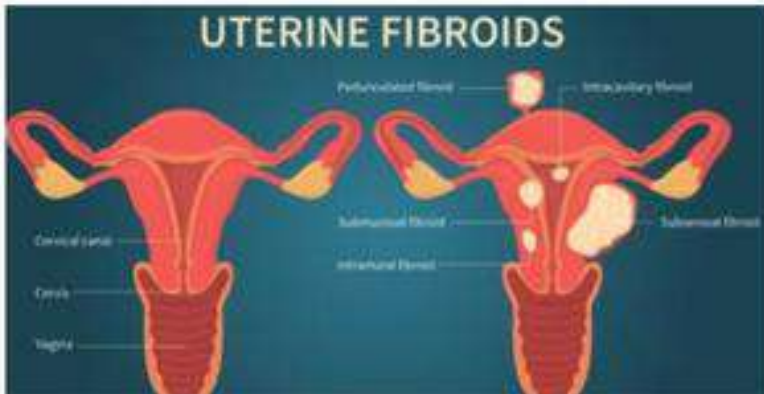
Also called: Uterine myoma

- Overview
- Symptoms
- Treatment

Non-cancerous growths in the uterus that can develop during a woman's childbearing years.

The cause of fibroids isn't well understood. Risk factors include a family history of fibroids, obesity or early onset

Uterine Fibroid (Intramural) 7/9/22
 10x7x18mm
 → Bulky uterus 10.6x8.3x5.7cm
 → Endometrial thickness 10mm
 → Left renal small calculus (3mm)
 → Bil Renal sinus calcifications <2mm
 → Mild cystitis
 → Bloating of Abdomen & backache



Avascular necrosis

Overview

Symptoms

Treatments

The death of bone tissue due to a lack of blood supply

Avascular necrosis is associated with long-term steroid use and drinking too much alcohol. It's most common in people between the ages of 30 and 60 and often affects the hip.

Rare

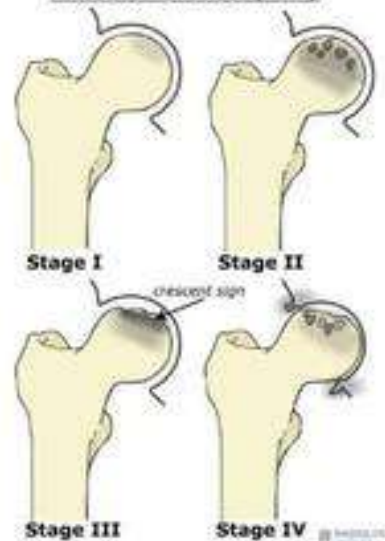
Fewer than 1 million cases per year (India)

- Treatment can help, but this condition can't be cured
- Requires a medical diagnosis

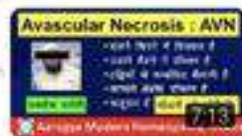
Avascular Necrosis



Avascular necrosis (AVN)



AVASCULAR NECROSIS |AVN ...
Dr Arpit Chopra's Su...
214 views • 3 mont...



AVASCULAR NECROSIS |AV...
Dr Arpit Chopra's Su...
95 views • 3 months...



AVASCULAR NECROSIS AVN ...
Dr Arpit Chopra's Su...
82 views • 3 weeks ...



AVASCU... AR



AVASCULAR NECROSIS FEM...
Dr Arpit Chopra's Su...
360 views • 2 years ...



Avascular Necrosis Cured |...
Dr Arpit Chopra's Su...
395 views • 5 mont...



AVASCULAR NECROSIS AVN ...
Dr Arpit Chopra's Su...
914 views • 1 year a...



Avascular Necrosis | AVN P...
Dr Arpit Chopra's Su...
221 views • 4 mont...



AVN AVASCULAR NECROSIS STAG...
Dr Arpit Chopra's Su...
487 views • 10 mon...



AVASCULAR NECROSIS AVN ...
Dr Arpit Chopra's Su...
154 views • 3 mont...



Before Treatment



After Modern Homoeopathy Treatment

Keloid

Also called: keloidal scar

Overview

Symptoms

Treatments

A raised scar after an injury has healed.

A keloid is caused by an excess of a protein (collagen) in the skin during healing.

Very common

More than 10 million cases per year (India)

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

KELOID CURE
Modern Homoeopathy

आज के लिए, यह किताब आपको एक नए तरीके से Keloid को समझने और इसे दूर करने में मदद करेगी। यह किताब आपको Keloid के कारणों, प्रकारों, और उपचारों के बारे में विस्तृत जानकारी देगी।

आज ही ऑर्डर करें और अपने Keloid को दूर करें।



आरोग्य सुपर स्पेशलिटी माडर्न होमियोपैथी

डॉ. अशोक जी
एम.डी. एम.डी.
आरोग्य सुपर स्पेशलिटी

डॉ. अशोक जी का उद्देश्य, योग्य, सफल इलाज करना है, यदि आप डॉ. अशोक जी के पास आते हैं तो वे आपको एक 300 साल के अनुभव वाले डॉ. की सेवा देंगे।

आरोग्य सुपर स्पेशलिटी माडर्न होमियोपैथी
कुरुक्षेत्र, हरियाणा, इंडिया, भारत का सबसे प्रसिद्ध डॉक्टर

101, प्लॉट नंबर 10, पुराना रोड, कुरुक्षेत्र हरियाणा के पास, जहाँ से हरियाणा, गुजरात, पंजाब व स. अ. के लिए बसों का रुकना है।
01823-276100 (मॉर्निंग - 11:30) 01823-276101 (एवनिंग - 5:00 तक)
www.homoeopathyto.com | www.homoeopathyto.com/india | Email: info@homoeopathyto.com

THANK ♥ YOU
MODERN HOMOEOPATHY TO SAVE
GANGRENE AMPUTATION

Gangrene



ABOUT

SYMPTOMS

TREATMENTS

Dead tissue caused by an infection or lack of blood flow.



You and I are the best team of all

THANK ♥ YOU

Modern Homoeopathy to save from Appendix surgery

26-Jan-2017 · Appendicitis is a medical emergency that almost always requires prompt surgery to remove the appendix. Left untreated, an inflamed appendix will eventually burst, or perforate, spilling infectious materials into the abdominal cavity.



Triveni Diagnostic & Research Centre

Reg. No: 178607
 Patient Name: MS. SHALINI
 Age / Sex: 14 YEARS / FEMALE
 Ref. By: Dr. PAJESH SINGH

SONOGRAPHY
USSG WHOLE ABDOMEN/FEMALE

Liver is normal in size with smooth contour and homogeneous echotexture. Intra-hepatic biliary radicles are not dilated. Portal & splenic veins are normal in caliber.

Gall Bladder is normal in size with thin walls & lumen is free from calculi/gall stones & sludge. It is not dilated.

Pancreas is normal shaped with homogeneous echotexture.
 Spleen is normal in size and echotexture.

Kidneys are normal in size (Rt 11.4 X 7.4 Lt 10.6 X 7.9 cm), contour, position and show normal cortical echogenicity & CMJ. No evidence of calculus or calcification in either sides. Bilateral renal pelvis & ureters are undilated.

Urinary bladder is partially filled with anechoic contents.
 Mucosa is smooth and wall thickness measures normal.

Uterus is normal in size, contour & anterovert.
 Myometrium is homogeneous in echotexture.
 Endometrial echo is central. Cervix appears to be normal.
 Uterus Size 6.0 x 3.1 x 3.8 cm.
 Endometrium 4 mm.
 Ovaries are normal.

The appendicular lumen measures 5.7 cm diameter with mildly edematous wall & mildly inflamed surrounding mesentery. Mild probe tenderness is elicited over the region.
 There are multiple enlarged lymph nodes seen in RIF, largest measuring 23 x 7 mm.

There is moderate to gross amount of free fluid seen in pelvic cavity, more towards the right adnexa.

Kindly correlate with clinical & pathological findings.

MUKESH DUBEY DR. VIJAY SHARMA DR. T. S. SHARMA DR. P. S. SHARMA DR. SANJAY TAGI

GITA BHAWAN HOSPITAL
 Manomagaraj (N. M. Vyas Marg), INDORE (M.P.)
 Phone : 4003315-16-17
 Website - gitabhawanhospital.com E-mail : gitabhawanhospital@yahoo.com

SONOGRAPHY DEPTT

PT'S NAME Mrs. Shalini Shukla
 AGE/SEX 14 yrs.F
 Date: 02/09/2018
 Ref. By Dr. Arpit Chopra

U.S.G. - WHOLE ABDOMEN

Liver is normal in size, shows normal parenchymal echotexture and contours. No evidence of focal parenchymal lesion seen.

CBD & Portal vein are normal in caliber at portal hepatics. IHBR/IHPR are undilated.

Gall Bladder is normally distended shows thin walls and anechoic lumen contents.

Spleen is 11.4cm in size & shows normal echotexture. No evidence of any focal lesion.

Pancreas is normal in size and shows normal echotexture. No evidence of any focal lesion.

Rt. Kidney is 12.2x4.0cm & Lt kidney is 11.0x4.3cm in size, show smooth contours, normal parenchymal echotexture with fair corticomedullary differentiation and compact central sinus echoes. No evidence of focal hypo/hyperechoic lesion/calculus seen.

Ureters are undilated. Both the PUJ/UJ are clear.

Urinary Bladder is normally distended shows thin walls and anechoic lumen contents.

Uterus is anteverted - 5.6x2.6x3.4cm, shows smooth contours, homogenous myometrial echotexture. No evidence of focal myometrial lesion or gest. Sac.
 Endometrial echoes are 5.6mm in thickness and centrally placed.
 Lt ovary is normal in size and echotexture. Rt ovary reveals 29x24mm functional cyst.

Small amount of free fluid noted in Pouch of Douglas / Rt lower abdomen.

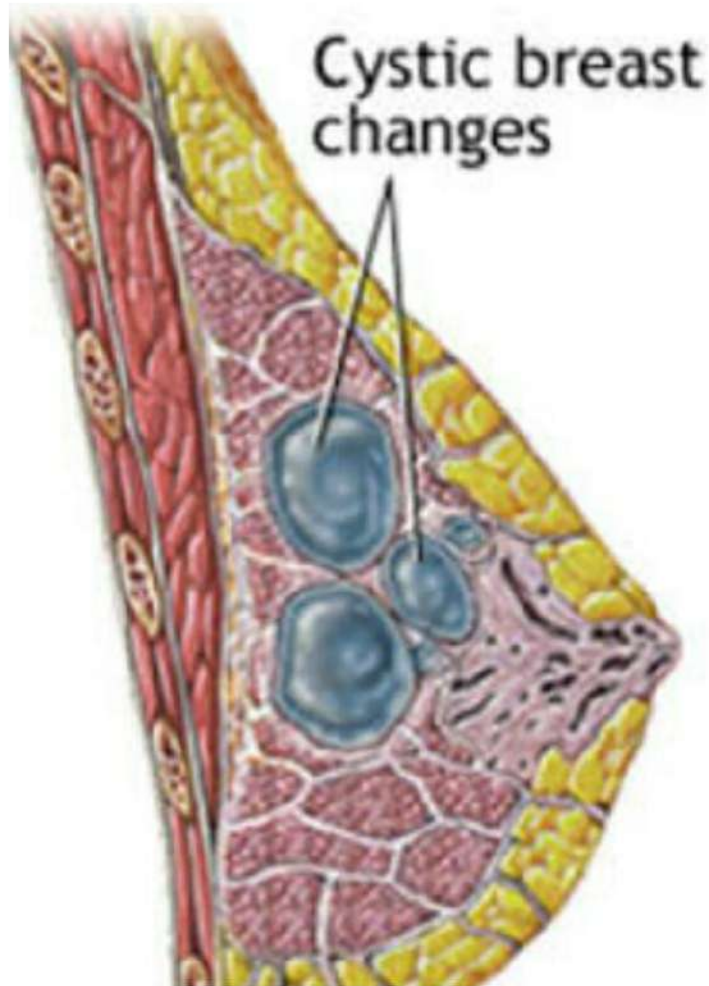
There are few discrete mesenteric nodes noted upto 16x7mm in size.

No evidence of lump/inflamed appendix in RIF.

IMP: MILD HEPATOMEGALY WITH MILD ASCITIS & FEW FEW NONSPECIFIC REACTIVE NODES (16X7MM) IN RT MID LOWER ABDOMEN

SONOLOGIST
 DR. SWATI BHIDE
 M.D. R.D.

You and I are the best team of all



Cystic breast changes

FIBROADENOSIS

Wednesday
3rd Week • 017-348

17

JANUARY 2018

10:00 मे रेखा चौधरी इंदौर मे रहती है
11:00 मे बरत मे गठान को पुसका
मुपशत एक बरत करना निमाया
12:00 लीला बाद मे कर से वत राया
डोक्टर ने किउ उपशत क कर
13:00 वत लीला मत हो. अपित चौधरी
को गठान देखोपशत से परामशर
14:00 किया एउ इंदौर करवाया जे कि
ए मोहन मे बिस्तर ठिक हो राया।

14:00 धान्यबाद रर

15:00 Rekha choudhary
Address - Khandwa Naka Indore
16:00 Mob No - 8750476718

ACCURATE DIAGNOSTICS
625, Khairwala Tank, Indore, Phone : 0731 - 2470005, 4001821, 9893577955

Digital Mammography • Digital X-ray • 21 Channel EEG • Colour Doppler • Sonography
• Echo-cardiography • Pathology • ECG

Patient's Name: Miss. Rekha Age: ²² 27 Yrs.F
Ref. Consultant: Dr. Tulsi Patil Date: 01.05.2017

DIGITAL MAMMOGRAPHY

Bilateral X-ray mammography is performed in both cranio-caudal & medio-lateral views. The markers are placed in outer and upper side respectively. Compression applied.

The breast parenchyma show increased density and severe congestion all over.

No definite mass lesion is seen separable from dense breasts. No microcalcifications are seen.

The nipples and areola are free.

The skin and subcutaneous tissues are normal.

No lymph node enlargement is seen.

IMPRESSION: - Mammographic appearances are suggestive of Fibroadenosis both sides while no separable lesion seen.

Adv: Clinical follow up and FNAC if a clinical lump is palpable.

Note :- There is no mammographic abnormality of cancer in 5% of the patients diagnosed as benign breast disease or normal by this method.

DR.ASHOK TYAGI.

ACCURATE DIAGNOSTICS
625, Khairwala Tank, Indore, Phone : 0731 - 2470005, 4001821, 9893577955

Digital Mammography • Digital X-ray • 21 Channel EEG • Colour Doppler • Sonography
• Echo-cardiography • Pathology • ECG

Patient's Name: Ms. Rekha Choudhary Age: 24 Yrs.F
Ref. Consultant: Dr. Tulsi Patil Date: 21.12.2017

DIGITAL MAMMOGRAPHY

Bilateral X-ray mammography is performed in both cranio-caudal & medio-lateral views. The markers are placed in outer and upper side respectively. Compression applied.

The breast parenchyma show slight increased density all over and no altered architecture seen.

No definite mass lesion is seen separable from dense breasts. No microcalcifications are seen.

Limited sonography of right breast suggest significant dilations of lactiferous ducts in outer upper and outer middle quadrant at around 9 and 10o'clock positions. The ducts show smooth walls and no intraductal pathology is seen. The larger duct is 5mm size.

The nipples and areola are free.

The skin and subcutaneous tissues are normal.

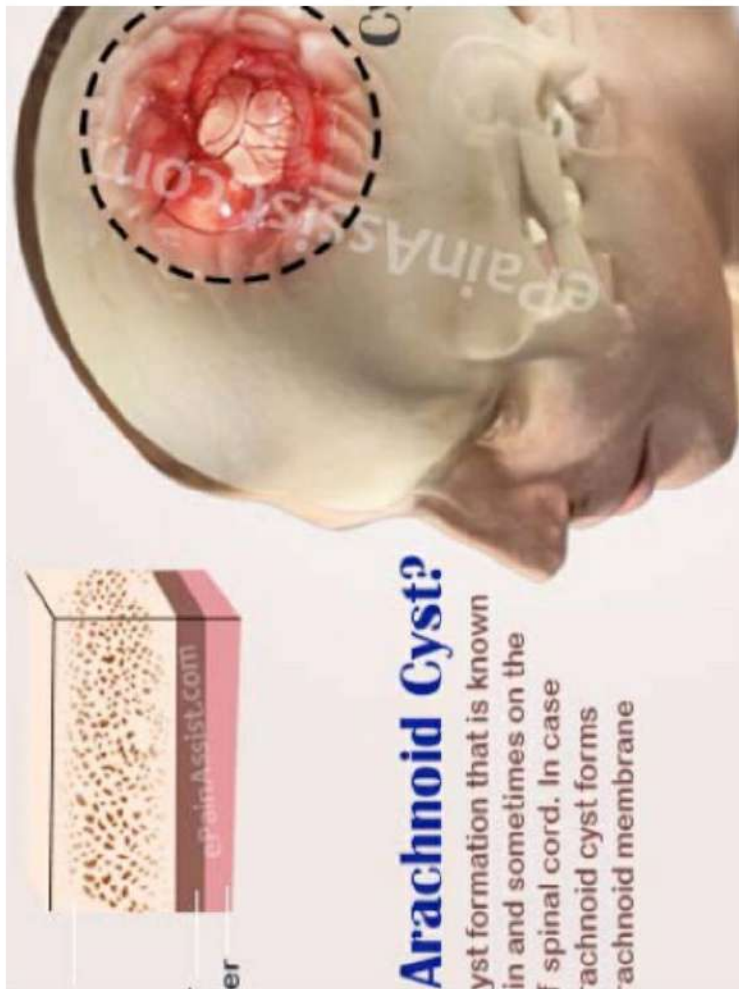
No lymph node enlargement is seen.

IMPRESSION: - Mammographic appearance of breast is normal for the age. Sonography for right breast reveals significant dilations of lactiferous ducts in upper, outer and outer middle quadrant and dilated ducts show clear lumen and clear fluid content. No mass lesion is seen.

Adv: Clinical follow up and FNAC if a clinical lump is palpable.

Note :- There is no mammographic abnormality of cancer in 5% of the patients diagnosed as benign breast disease or normal by this method.

Dr. Ashok Tyagi
Radiologist



Arachnoid Cyst?

A cyst formation that is known in and sometimes on the spinal cord. In case of an arachnoid cyst, it forms between the layers of the arachnoid membrane.

What happens if you have a cyst on the brain?

"In the brain, cysts sometimes contain cerebrospinal fluid (CSF)... Even if a brain cyst is not cancer, it can still cause problems. The cyst may press against brain tissue and cause symptoms, such as headache, vision problems, or nausea. **If this happens, you may need surgery to remove the cyst.**"

DEPARTMENT OF IMAGING & INTERVENTIONAL RADIOLOGY
www.bansalhospital.com

Patient Name:	Mr. Aman Jain	Patient ID:	8H089024
Age:	25 Years	Sex:	M
Referring Dr.:	Sharma Prateek	Study Date:	04-Nov-2017

MRI BRAIN WITH ORBIT
(With MR angiogram) 4/11/17

Technique: MRI study of brain was performed on high field 3T MRI, using spin echo T1, T2, Flair, gradient and DWI sequences in multiple planes. Multi-planar, multi-sequential MR study with dedicated thin sections for orbit was performed. MR angiogram of brain performed using 3-D TOF.

Findings:

Brain with MRA:

- A tiny T2 hyperintense cystic lesion measuring 7.0 mm seen in right paramedian location overlying precentral frontal cortex, suggesting a small arachnoid cyst.
- Bilateral cerebral parenchyma normal in intensity pattern with maintained gray-white matter morphology.
- Basal ganglia, thalami, brain stem & cerebellum show normal MR morphology and signal intensity.
- No focal area of altered signal intensity in brain parenchyma.
- No mass, mass effect or shift of the mid-line structures seen.
- Ventricles are normal in size, shape and configuration.
- MR angiogram showing no significant abnormality.
- Minimal bilateral maxillary and ethmoidal sinusitis.

Orbit:

- Retro-orbital space on both sides are clear.
- Bilateral optic nerves normal in thickness and course.
- Extra-ocular muscles appear normal.
- No evidence of any intra-orbital mass lesion on either side.

Impression: Study reveals:

- A tiny T2 hyperintense cystic lesion measuring 7.0 mm seen in right paramedian location overlying precentral frontal cortex, suggesting a small arachnoid cyst.
- No significant abnormality in bilateral orbits and on MR angiogram.

Advised: Clinical correlation.

*MRI Normal
CT scan Normal
Dr. Ko*

MRI/CT SCAN CENTER
PITAL ROAD, VIDISHA (M.P.) PH: 07592-405551

Dr. Piyush Shrivastava
(M.D. Radiodiagnosis)

Name:	Mr. Aman Jain	Date:	04/08/2018
Ref. By:	Dr. Arpit Jain (MD-Homoeopathic)	Age / Sex:	26yrs/ M

MRI SCAN OF BRAIN

Technique: Routine Axial-precontrast T1, T2, FLAIR, Diffusion weighted imaging T1/T2 coronal imaging performed.

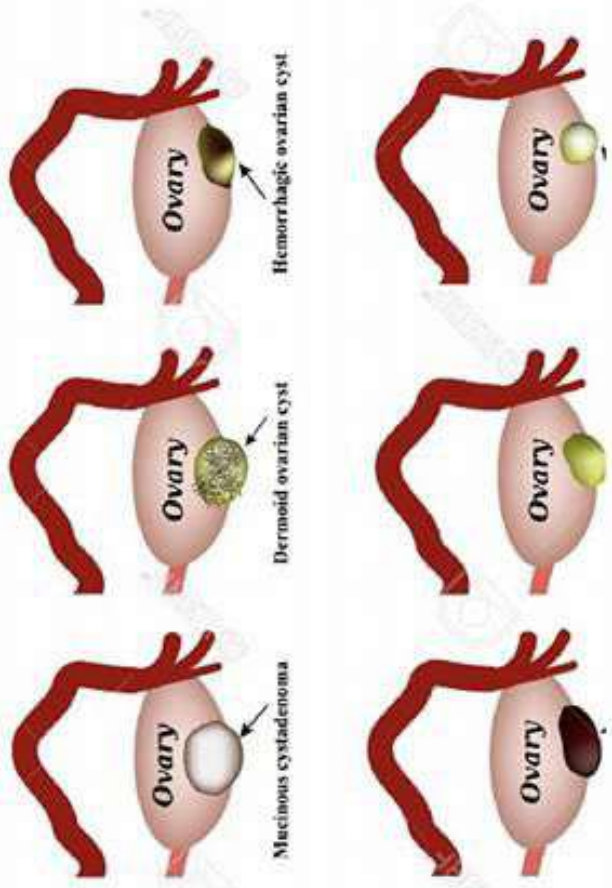
- The supratentorial brain parenchyma appears unremarkable shows normal T1/T2 intensity pattern with clear differentiation between white & grey matter.
- No focal area of abnormal T1 or T2 intensity is identified in the supratentorial space.
- Posterior fossa appears normal with normal intensity pattern cerebellar hemisphere, vermis & brain stem.
- Basal cistern & quadrigeminal plate cisterns reveal normal T2 intensity pattern. Cysts and sulci appear normal.
- Interhemispheric fissure is in midline there is no evidence of midline shift, oedema or mass effect.
- The subarachnoid spaces and ventricular system appear normal, no evidence of hydrocephalus or brain atrophy.
- The bony calvarium appear unremarkable.
- Paraventricular white matter and cortex appear unremarkable and well defined with both half of choroid plexus reveal normal T1/T2 intensity pattern.
- Basal ganglia & internal capsule appear intact no evidence of any obvious abnormal T2 hyperintense lesion noted.
- Epidural, subdural & subarachnoid spaces are clear no evidence of any obvious abnormal extra axial T1/T2 intensity noted.
- No area of restricted diffusion noted on diffusion weighted imaging.
- Normal preserved flow voids noted in internal carotid, vertebral and basilar arteries.
- Orbital region, internal auditory canal, cavernous sinus, pituitary fossa and cranio-cervical junction region appear unremarkable.
- Visualized paranasal sinuses are unremarkable and mastoid air cells are well aereated.

IMPRESSION: MRI STUDY OF BRAIN

- Precontrast T1, T2, FLAIR and Diffusion weighted images reveal normal intensity of brain parenchyma + ventricular system with normal vascular flow voids, no evidence of any obvious focal or diffuse brain lesion seen in present examination.

*Piyush
Signature
Radiologist*

TYPES OF OVARIAN CYSTS



17 HAEMORRHAGIC OVARIAN CYST.

Tuesday
29th Week + 19th Day

PAT 2008 DAY 2008

I was diagnosed with
 - ovarian cyst of 4.3 x 4 x 3.6 cm
 with heterogeneous internal
 - echoes Haemorrhagic cyst.
 When other doctors suggested
 me for the operation.

- Then my uncle suggested me to
 consult with Dr. Arpit Chopra
 and within 20 DAYS,
 - the cyst dissolved and now
 - I am so thankful to him
 that he saved me from
 operation. Thanku
 so much Sir.

Poornima Agrawal
 7674 91 74 110
 Tulip Vihar Road,
 Bhawapura,
 Indore.

Dr. Arpit Chopra (Jain)
 MD - Hematology (Postgraduate)
 RADIOLOGY SUPER SPECIALITY
 Special Hematology Clinics (Indore)
 20th Decy 2018

Dr. Sarika Malik Ek D
Shri Sai Baba Hospital & Research Centre

ISPL Cert
 DAC
 CR-022-MS

Patient's Name: MISS POORNIMA DIO VDAY
 Age/Sex: 22 Female
 Consultant Dr.: JYOTI
 Date: 15/06/2018 / 62185

WHOLE ABDOMEN (F) SONOGRAPHY

Liver, 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 echogenic lumen.

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

Both ureters are undilated.

Urinary bladder is thin-walled with echogenic lumen.

Uterus is anteverted size of uterus 7.4 x 3.6 x 3.2 cms. Myometrium is homogenous in echotexture.

Endometrial thickness is 6 mm.

Right ovary is normal in size.

Left ovary shows a cyst of size 4.3 x 4 x 3.6 cms with heterogeneous internal echoes - ?
Haemorrhagic / ? Endometriotic cyst.

No obvious lymphadenopathy.

Mild free fluid in POD.

ADV.: Follow up.

Dr. Danish Qureshi
 MD, (RD)

All Imaging studies have technical and biological limitations. Please consider clinically as well as with other investigations findings. A review should be provided in case of discrepancy. This report is not valid for medico-legal purpose.

CHHATRI BAGH INDORE ☎ : 0731-2341790, 2343772

Dr. Sarika Malik Ek D
Shri Sai Baba Hospital & Research Centre

ISPL Cert
 DAC
 CR-022-MS

Patient's Name: MISS PUJUMA AGRAWAL
 Age/Sex: 21 Female
 Consultant Dr.: ARPIT CHOPRA
 Date: 16/07/2018 / 69368

WHOLE ABDOMEN (F) SONOGRAPHY

Liver, Spleen (8.7 cms), 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 echogenic lumen.

Both kidneys are normal in size, shape & echotexture. Corticomedullary differentiation is maintained with compact central sinus echoes.

Size of R.K. 9.7 cms. in long axis.

Size of L.K. 9.2 cms. in long axis.

Both ureters are undilated.

Urinary bladder is thin-walled with echogenic lumen.

Uterus is anteverted size of uterus 6.8 x 2.9 x 3.5 cms. Myometrium is homogenous in echotexture. No focal lesion seen.

Endometrial strip is 9.5 mm thick.

Both ovaries are normal in size & echotexture.

No adnexal pathology seen.

No ascites. No obvious lymphadenopathy.

RIF is clear.

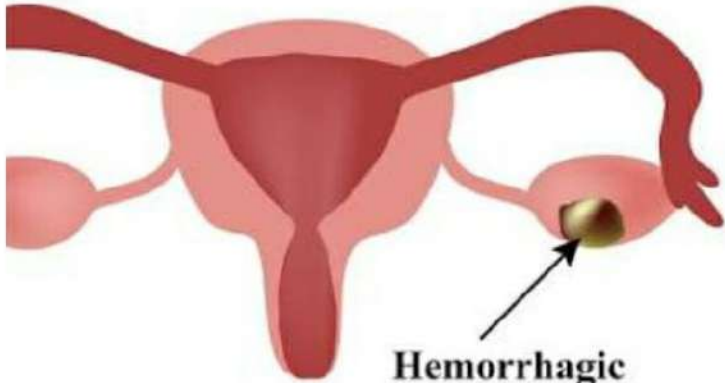
IMPRESSION: - No significant abnormality detected.

Dr. Swati Bhide
 MD, (RD)

All Imaging studies have technical and biological limitations. Please consider clinically as well as with other investigations findings. A review should be provided in case of discrepancy. This report is not valid for medico-legal purpose.

CHHATRI BAGH INDORE ☎ : 0731-2341790, 2343772

hemorrhagic cyst on the ovary



Hemorrhagic ovarian cyst

मेरा नाम विशाखा पारखार है मैं खरवार की निवासी हूँ मुझे डॉक्टर ने आपसी में सुनने का मेरे 4.5 सेमी का एगुल का जखान बनाने को डॉक्टर ने आपरेबल का पलाह दी थी ताब हम आरोग्य का पता लगा तो डॉ. अर्पित जैन के द्वारा 2.5 फिन में मेरी गठान ठीक हो गई। शन्यावाह। विशाखा पारखार, खरवार 8085534227

Haemorrhagic Ovarian Cyst

CURED

Dr. Arpit Chopra (Jain)

Dr. Arpit Chopra (Jain)
(MD HOMOEOPATHY)
CRITICAL CASE SPECIALIST
Reg. No. 14387

Phone : 0731-4677076, 2532737
Mobile : 97130 92737, 97130-37737
79899-18884, 99075 27914 ©
website : www.homoeopathycur.com

102, First Floor, Krishna Tower
in front of Curewell Hospital
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
aaryagamodernhomoeopathy@gmail.com

Dr. Arpit Chopra (Jain) is a Homoeopathic Specialist with a focus on critical cases. He has treated various conditions including:

- Failure & Renal
- Cancer, Critical & Late
- Hypertension, ICU & Intensive Care
- Diabetes Mellitus, Muscular Dystrophy, Thyroid disorders
- Stroke, Surgical Cases, HIV, Sexual diseases, Infertility, Scurvy, Malaria, Sickle Cell Anemia, Migraine, Head Pain, Rheumatoid Arthritis, Breast Tumour & Mastectomy, Prostate & Bladder Cancer, Renal & Kidney Disorders, Hereditary, Autoimmune Disorders, Mental Health & Mood disorders, Allergies & Immunology, Skin, Homoeopathic, Infectious & Respiratory, HIV, Allergy, Diabetes, Sciatica, Stroke, Leucoderma, Acne, Psoriasis, Disorders, Low Back Pain, Chronic Under-Vitamin, Hair, Baldness, Infertility, Acidity, Gas, Irritability, Piles, Fissure, Hemorrhoids, Gynaecology, Menstrual Disorders, Allergic & Respiratory Disorders, Asthma, Prostatitis, Incontinence, Urinary, Weakness of Immunity, Sleeping.

Handwritten notes on the card:

- Dr. Arpit Chopra (Jain)
- Miss. Vishaka Ch. Age 16y Sex F Date 04/08/18
- Address: Indore Mob: 8085534227 Ref No: 04/18/01
- Left Ovarian Hemorrhagic Cyst (4.6x3.7x3.9 cm) APR 2017
- Admitted for surgery but nothing happened
- After pain was relieved
- Hemorrhagic cyst dissolved
- 15/08/18
- Dr. Arpit Chopra (Jain)

Samarpan Imaging Solutions

Pt. Name: MISS VISHAKHA GAYAKWAR
Ref. By: DR NAFISA ANSARI BUMS
Age/Sex: 16 Years /Female
Date: 12-Apr-2018

WHOLE ABDOMEN SONOGRAPHY

Hepatic contour is smooth & span (13.0 cm) is normal. Parenchymal echotexture is normal. No focal lesion is seen. Intrahepatic biliary radicles are undilated.

Gall bladder is normally distended. Walls are thin. No sludge or calculus is seen.

CBD (1.8 mm) & Portal vein (11 mm) are normal in caliber.

Pancreas is normal in shape & size. Parenchymal echoes are normal. Pancreatic duct is undilated.

Spleen is normal (9.2 cm). No focal lesion seen.

Both kidneys are normal in position & size. Renal contour is smooth. Cortical echoes are normal. Pelvicalyceal system is undilated. Right kidney is 8.8 x 4.1 cm and left kidney is 9.0 x 4.1 cm in size.

Urinary bladder shows normal walls & echo free lumen.

Uterus is anteverted & normal in size. It measures 7.4 x 3.8 x 4.8 cm. No focal myometrial lesion seen. Endometrial is measuring 14 mm (Thickened).

Right ovary is normal in size, shape and echotexture. There is 4.6 x 3.7 x 3.9 cm size well define cystic lesion seen in left ovary with fine internal echoes seen with no significant vascularity on color Doppler image suggestive of left ovarian hemorrhagic cyst.

No significant retroperitoneal lymphadenopathy seen.

No free fluid seen in peritoneal cavity.

The dependent pleural recess are normal.

IMPRESSION:- LEFT OVARIAN HEMORRHAGIC CYST.

Clinical correlation

DR. HEMLATA MUJALDA, MBBS, MD, RADIOLOGIST

समर्पण इमेजिंग सल्यूशन्स
12-13-14, Ground Floor, Yashwant Plaza, Opp. Railway Station, Indore (M.P.)
Email : samarpanimagingolutions@gmail.com | 0731-4068123, 88899-33684 72258-94434

Samarpan Imaging Solutions

Pt. Name: MISS VISHAKHA RAIKWAR
Ref. By: DR ARPIT CHOPRA MD
Age/Sex: 16 Years /Female
Date: 18-Aug-2018

WHOLE ABDOMEN SONOGRAPHY

Hepatic contour is smooth & span (13 cm) is normal. Parenchymal echotexture is normal. No focal lesion is seen. Intrahepatic biliary radicles are undilated.

Gall bladder is normally distended. Walls are thin. No sludge or calculus is seen.

CBD & Portal vein are normal in caliber.

Pancreas is normal in shape & size. Parenchymal echoes are normal. Pancreatic duct is undilated.

Spleen is normal (8.5 cm). No focal lesion seen.

Both kidneys are normal in position & size. Renal contour is smooth. Cortical echoes are normal. Pelvicalyceal system is undilated. Right kidney is 8.9 x 4.3 cm and left kidney is 8.4 x 4.1 cm in size.

Urinary bladder shows normal walls & echo free lumen. Pre-void urine = 232 ml (approx).

Uterus is anteverted & normal in size. It measures 8.1 x 3.1 x 4.4 cm. No focal myometrial lesion seen. Endometrial is measuring 10 mm.

Both adnexa & ovaries are normal in size. Left ovary measuring 1.8 x 1.1 cm. Right ovary measuring 1.8 x 1.2 cm.

No significant retroperitoneal lymphadenopathy seen.

No free fluid seen in peritoneal cavity.

The dependent pleural recess are normal.

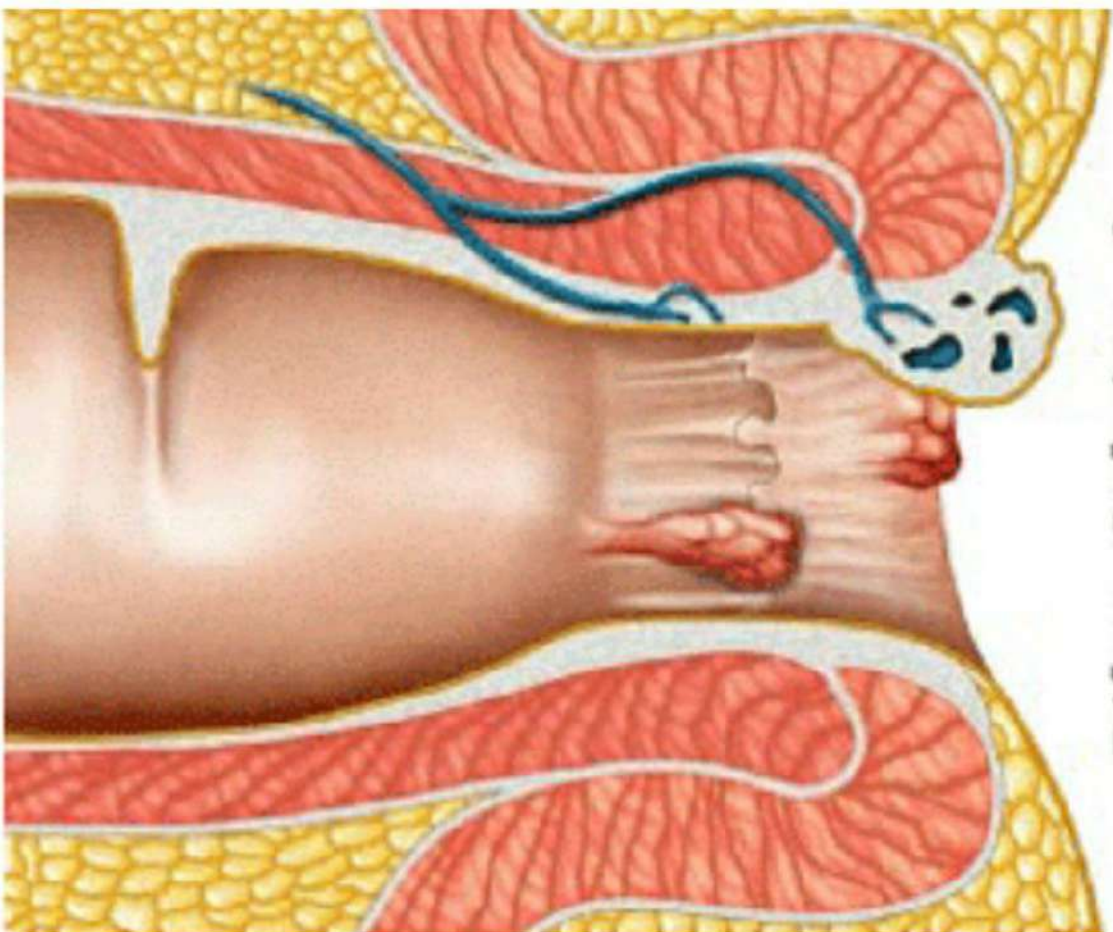
IMPRESSION:- ESSENTIALLY NORMAL USG FINDINGS.

Clinical Correlation.

DR. AMIT KUMAR TIWARI, MD, RADIOLOGIST

समर्पण इमेजिंग सल्यूशन्स
12-13-14, Ground Floor, Yashwant Plaza, Opp. Railway Station, Indore (M.P.)
Email : samarpanimagingolutions@gmail.com | 0731-4068123, 4967633, 88899-33684, 72258-94434

Piles Advise & Treatment Option



SHITIA

09

Thursday
32nd Week • 221-144

(Piles)

Alcalist 2018

09:00

मेरी पेशेवर सेवा भारत में 55 साल
पुर्वे 25 वीं उम्र में पारिस की प्राणिक

10:00

मेरी बहुत खराब थी मैं कभी कभी
लंबे समय के लिए काम नहीं कर पाया

11:00

फिर मेरे स्वास्थ्य ठीक हो गया
कम समय बाद मुझे देवगिरा देवगिरा

12:00

की सेवा, फिर मुझे 100 प्रतिशत
आरोग्य और स्वस्थित, डॉ. अमित
जोशी के लिए मैं आभार करता हूँ।

14:00

3 महीने की छुट्टी के बाद मैं
हमेशा से मुझे जोड़ आने में

16:00

कॉफी पीने पर देर देर की गई
और अब मैं सब ठीक हो चुकी हूँ

17:00

17:00

10016 परेशानों से
डॉ. अमित जोशी

20:00

20:00

Dr. Arpit Chopra (Jain)

MD-Homoeopathy (Reg. No. 14367)

AAROGYA SUPER SPECIALITY

Modela Homoeopathic Clinic/Computerized

1, 2, 11/2, First Floor, Krishna

AUG

2018

19

20

21

22

23

24

25

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31

25

Saturday
34th Week • 237-128

PILES, बवासीर

AUGUST 2018

में मोटे नलक विशाकरणमा निवासी रडद्वारे
 क पुरुषों से पाइलस (बवासीर) की
 बहुत आनेवासी धमकीर समस्या परेशान था।
 इन पडवाषा में जगह-जगह जाकर काफा
 सारे इलाज लिड इसके बाद भी में पूरी
 तरह से ठीक नहीं हो पाया मुझे डर
 में आपुरेण करवाने की सलह दिगई थी
 तब मुझे Dr. Arpit Chopra (M.D.) के
 के माइन होम्योपैथिक रलडिन के बारे में
 इन्टरनेट के द्वारा पता चला गया केवल
 1 दिन पिनो के अन्दर मुझे कफी हद तक आराम
 मिल गया मुझे परद और खून आने की समस्या
 खण्ड हो गई और मूरसे का भी बहार नहीं
 आने ही मुझे अपनी सामान्य जीवन अनुभूती
 प्राप्त हुई बहुत - बहुत धनव्यवाप डी सलह

पता: 5058 | 185/11 अरणाथनगर
रडद्वारे

पुसेल Mob. 9921899094
पौदालीए विगवहारा

Dr. Arpit Chopra (Jain)
 M.D. Homoeopathy (Reg. No. 14387)
AUROGYA SUPER SPECIALITY
 Homeopathic Clinic/Computerised
 1st Floor, Krishna Tower,
 AUG 14 Hospital, Jaipur
 2018 19 20 21 22 23 24 25 26 27 28 29 30 31

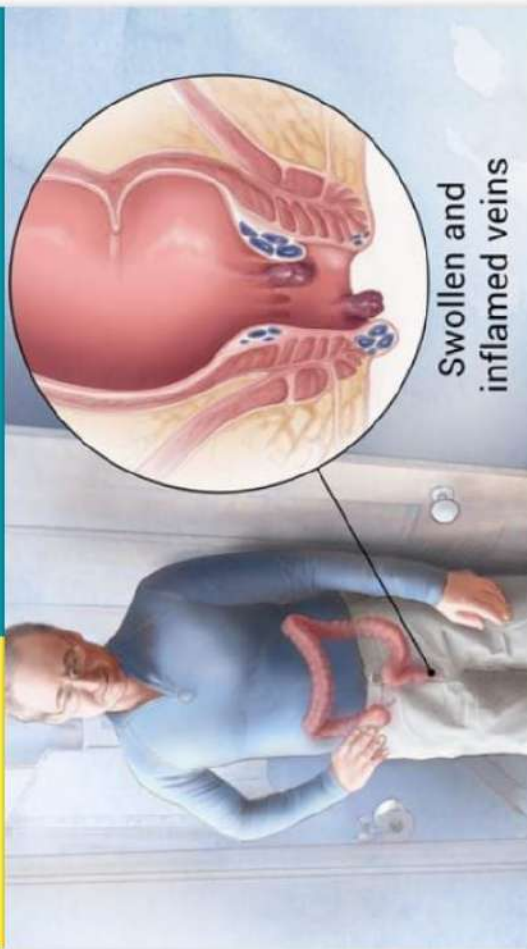
Hemorrhoids

Also called: piles

ABOUT

SYMPTOMS

TREATMENTS






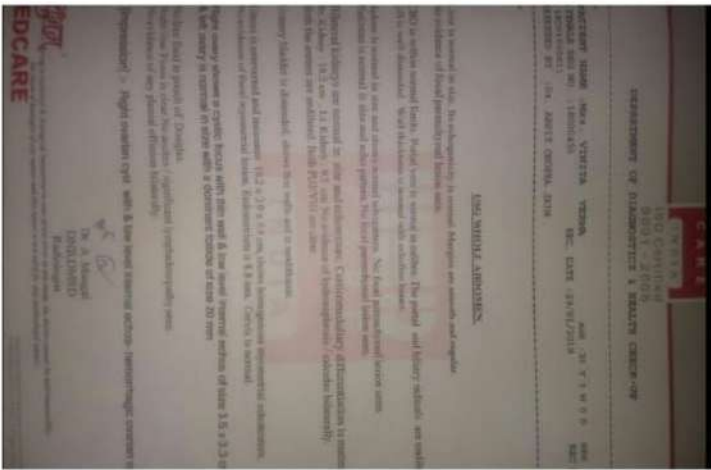
Swollen and inflamed veins

Swollen and inflamed veins in the rectum and anus that cause discomfort and bleeding.

Very common

More than 10 million cases per year (India)

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



DEPARTMENT OF RADIOLOGY & HEALTH CARE-OP
ISO 9001:2000
ISO 13485:2003
ISO 15189:2013
ISO 27001:2017
ISO 45001:2018

PATIENT NAME: MRS. VINITA VERMA
PHOONE NO. 18000455
REC. DATE: 15/03/2018
REFERRED BY: DR. ANJIT CHANDRA JAIN

INDICATION: ABDOMEN

Uterus (12 cm) is normal in size. Its echotexture is normal. Myometrium is smooth and regular. No evidence of focal parenchymal lesion seen.

Endometrium is 7 mm. It is within normal limits. Perov. vein is normal in caliber. The post. and bilary radiate. Both are well distended. Wall thickness is normal with echogenic focus.

Spleen (8.1 cm) in size and shows normal echotexture. No focal parenchymal lesion seen. Pancreas is normal in size and echo pattern. No focal parenchymal lesion seen.

Urinary bladder is distended, shows thin walls and is anechoic.

Liver is anteroposteriorly and measures 7.7 X 11 X 5.3 cm. Shows homogeneous parenchymal echotexture. No evidence of focal parenchymal lesion. Endometrium is 6 mm. Cervix is normal.

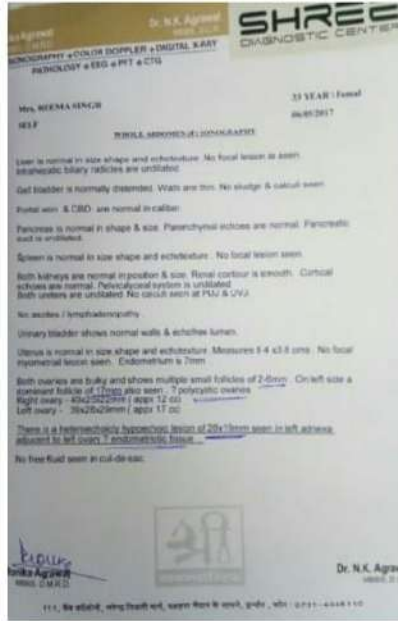
Bilateral ovaries are normal in size and echotexture.

No cystic / solid adnexal pathology seen. No free fluid in pouch of Douglas.

Light iliac fossa is clear. No acetabular / significant lymphadenopathy seen. No evidence of any pleural effusion bilaterally.

Impression: No significant diagnostic abnormality detected

Dr. N. K. Agrawal
radiologist



DEPARTMENT OF RADIOLOGY & HEALTH CARE-OP
ISO 9001:2000
ISO 13485:2003
ISO 15189:2013
ISO 27001:2017
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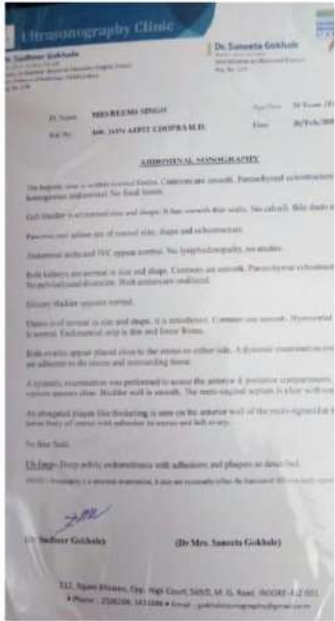
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radiologist



DEPARTMENT OF RADIOLOGY & HEALTH CARE-OP
ISO 9001:2000
ISO 13485:2003
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Liver is anteroposteriorly and measures 7.7 X 11 X 5.3 cm. Shows homogeneous parenchymal echotexture. No evidence of focal parenchymal lesion. Endometrium is 6 mm. Cervix is normal.

Bilateral ovaries are normal in size and echotexture.

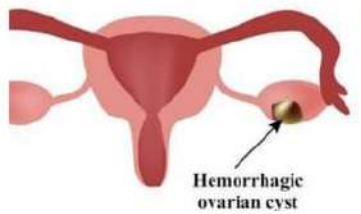
No cystic / solid adnexal pathology seen. No free fluid in pouch of Douglas.

Light iliac fossa is clear. No acetabular / significant lymphadenopathy seen. No evidence of any pleural effusion bilaterally.

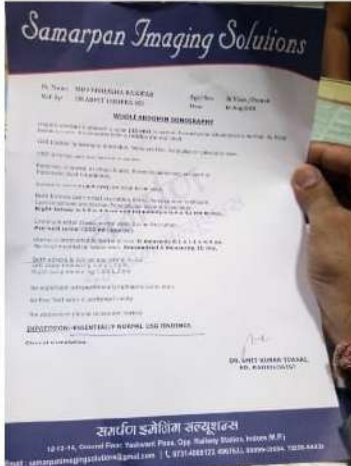
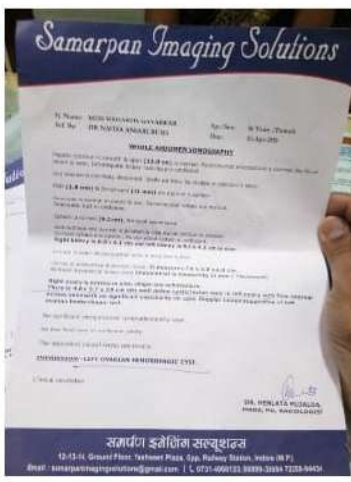
Impression: No significant diagnostic abnormality detected

Dr. N. K. Agrawal
radiologist

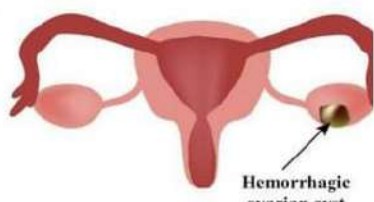
hemorrhagic cyst on the ovary



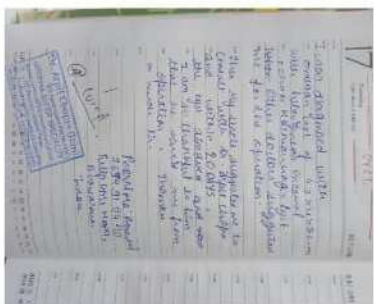
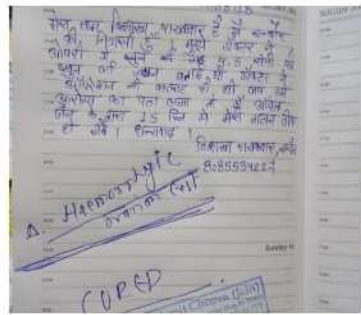
Hemorrhagic ovarian cyst



Hemorrhagic cyst on the ovary



Hemorrhagic ovarian cyst



Nonalcoholic fatty liver disease

Also called: NAFLD



ABOUT

SYMPTOMS

TREATMENTS



Normal liver

Fatty liver: growth of fat cells

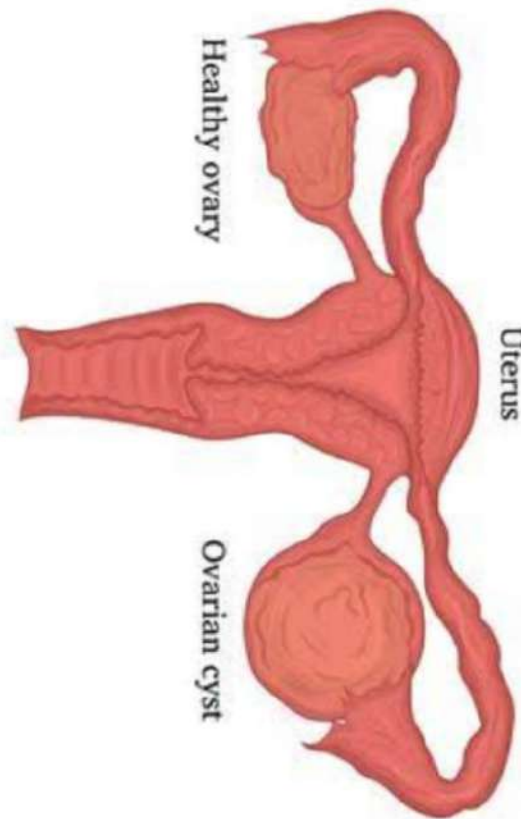
The accumulation of liver fat in people who drink little or no alcohol.

Very common

More than 10 million cases per year (India)



Treatment can help, but this condition can't be cured



Ovarian cyst

SODANI DIAGNOSTIC CLINIC
 ISO : 9001 : 2008
 MD. L.G.-I, Maya Centre, Opp. Basket Ball Club, 16/1, Race Course Road, Indore (M.P.) ☎ 0731-483-4281

Patient's Name : Mrs. Maya Rawley
 Age : 38 Years / FEMALE
 Dr. Chopra Arpit Jain MD(HOMEO)
 Visit Id : 1018038428
 Reg Date : 08/05/2018
 Reported : 08/05/2018 13:54

WHOLE ABDOMEN SONOGRAPHY

Hepatic contour is smooth & span is normal. 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 & CBD are normal in caliber. Pancreas is normal in shape & size. Parenchymal echoes are normal. Pancreatic duct is undilated.

Spleen is normal. No focal lesion seen.

Both kidneys are normal in position & size. Right kidney is 9.5 x 3.5 cm & left is 9.5 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 & echotree lumen. No intraluminal lesion or calculi seen.

Uterus is not seen (post hysterectomy status).

Right ovary shows a 3.0 x 3.0 cm sized clear cyst.
 Left ovary is normal in size & measures 3.5 x 2.3 cm.

No free fluid seen in cul-de-sac.
 No significant Ascites. No pleural effusion.
 No significant bowel wall thickening / dilatation or lymphnodes are noted.

Impression:
 - Grade I fatty changes in liver.
 - Normal renal echotexture with undilated collecting system.
 - Clear cyst right ovary.

Clinical correlation / followup suggested

DR. SACHNA SODANI
 MBBS

DR. R.K. SODANI
 MBBS DMRD

Free Address: Maya Centre, 16/1, Race Course Road, Indore
 Tel: 08/05/2018 19:34
 e-mail: sodani@sampumadiagnostics.com • www.sampumadiagnostics.com

ANCHES : Indore • Ujjain • Dewas • Sanwer • Khandwa • Kargone • Badwani • Dhar • Mhow • Shujapur
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apoorva
 DIGITAL X-RAYS

DIGITAL MAMOGRAPHY • DIGITAL O.P.G.
 DIGITAL CEPHALOGRAM • SONOGRAPHY
 3D COLOUR DOPPLER • ECHO CARDIOGRAPHY

MS. MAYA RAWLEY
 DR. JAIN CHOPRA ARPIT, BHMS MD (HOMEOPATHY)

Dr. Sudhir Sharma
 M.B.B.S., M.D.
 Dr. Mohini Sharma
 M.B.B.S.
 CONSULTANT RADIOLOGIST & ULTRASONOLOGIST

Near Agrasen Chauraha & Morri Sarees, Sapra-Sangeeta Main Road, Indore-452 001 (M.P.) Phone : 0731-2404488, 4094488
 39 Years
 21.Sep/2018

USG WHOLE ABDOMEN

Liver is of normal size (10.6 cm). Its contour is smooth. Parenchyma reveals normal homogeneous echotexture. No cystic or solid mass pathology. No IHBRD / IHPRD. CBD & PV are normal in calibre.

Gallbladder is thin walled. Its content are clear. Fat planes in the peri-cholecystic region are preserved.

Pancreas & Spleen (9.3 cm) are of normal size revealing their normal echo-structure.

Both renals are of normal size and shape. Their parenchymal echo texture is normal. CMD is well maintained. No pelvicalyceal dilatation or calculus. Ureters are undilated. Rt kidney - 9.6 x 3.7 cm & Lt kidney - 9.5 x 5.4 cm.

IVC & Abdominal aorta are normal. No lymphadenopathy or ascites. No thick walled bowel loop. Bilaterally the iliac fossae are clear

Urinary bladder is thin walled. No vesical calculus. Both vesico-ureteric junctions are clear.

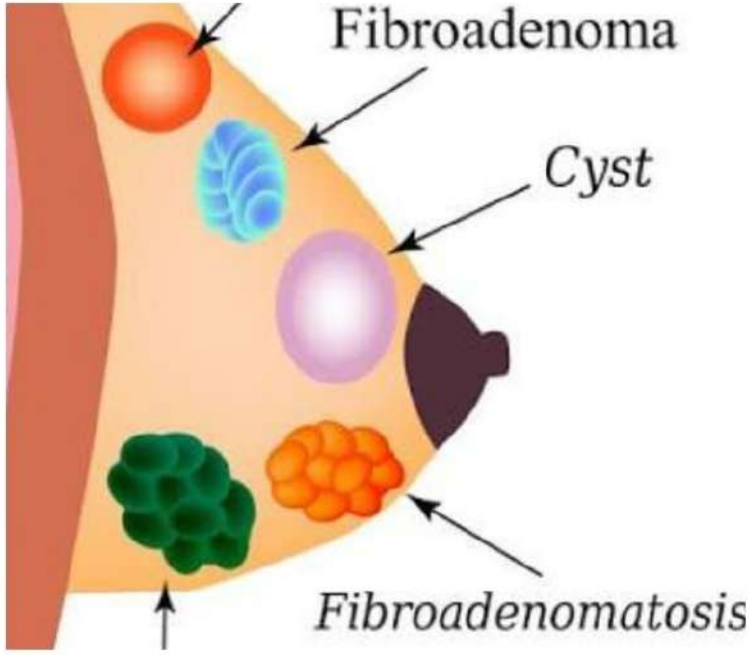
Uterus is not visualized - Surgically resected. Both ovaries are not identified.

IMPRESSION: - No significant abnormality is detected.

Dr. Sudhir Sharma
 Senior Radiologist
 Regd. No MP- 2222

Dr. Apoorva Sharma
 Radiologist
 Regd. No. MP- 2863
 FMP UK (ID) - 186467
 Fellow in fetal medicine (London)
 Fellow in MSK (Hinduja)

Dr. Necty Sharma
 Radiologist
 Regd. No. MP- 2161
 YMF UK (ID) - 171540
 Fellow in mammography (TATA)
 Fellow in fetal medicine (London)



Fibroadenoma

TREATMENTS

SYMPTOMS

ABOUT

A non-cancerous breast tumour that most often occurs in young women.

Common

More than 1 million cases per year (India)

- Requires a medical diagnosis
- Lab tests or imaging often required
- Chronic: can last for years or be lifelong

Consult a doctor for medical advice

आरोग्य सुपर सोलिसिटी मॉडर्न होमोपैथिक सिस्टम (आरोग्यसुपर)

31, भागतजी मार्केट (डी.डी.)
 140, भागतजी मार्केट (डी.डी.)
 465001

Phone: 0731-4077076, 2527237
 Mobile: 97330 52237, 97108-37237
 Website: www.homopathyonline.com

Complete Early Self-Test
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 2. आरोग्य सुपर सोलिसिटी मॉडर्न होमोपैथिक सिस्टम (आरोग्यसुपर)
 3. आरोग्य सुपर सोलिसिटी मॉडर्न होमोपैथिक सिस्टम (आरोग्यसुपर)
 4. आरोग्य सुपर सोलिसिटी मॉडर्न होमोपैथिक सिस्टम (आरोग्यसुपर)
 5. आरोग्य सुपर सोलिसिटी मॉडर्न होमोपैथिक सिस्टम (आरोग्यसुपर)
 6. आरोग्य सुपर सोलिसिटी मॉडर्न होमोपैथिक सिस्टम (आरोग्यसुपर)
 7. आरोग्य सुपर सोलिसिटी मॉडर्न होमोपैथिक सिस्टम (आरोग्यसुपर)
 8. आरोग्य सुपर सोलिसिटी मॉडर्न होमोपैथिक सिस्टम (आरोग्यसुपर)
 9. आरोग्य सुपर सोलिसिटी मॉडर्न होमोपैथिक सिस्टम (आरोग्यसुपर)
 10. आरोग्य सुपर सोलिसिटी मॉडर्न होमोपैथिक सिस्टम (आरोग्यसुपर)

Handwritten notes:
 Fibroadenoma
 advised by Dr. S. Sharma
 not willing
 want some de
 progress explained
 mamography
 after 3 months
 19/09/18 et-all
 21/11/18
 10/12/18
 10/12/18

Clinic : 2514235, 2514376

KARAN X-Rays, Sonography & Color Doppler Clinic
 14, Bhagatji Market opp. vijayaraje school, Freeganj Ujjain - 455001

Pt.Name:- Amita. Date:-03/05/2018.

Ref.By Dr:- Mrs.A.Maheshwari.MD.

Ultrasonography of:- SONOMMAMOGRAPHY BOTH BREASTS.

Lt breast is showing mild ductal fullness
 A hypoechoic soft tissue nodule seen near nipple at 7 O'clock position showing well demarcated outlines with small cysts with soft calcification seen in it.
 Outlines lobulated.
 It measures 12 x 7 mms in size.
 It is showing low vascularity.
 It is wider.
 Surrounding fat normal and adherent.

Rt breast is showing mild ductal fullness.
 Two smooth margined hypoechoic nodule seen in lateral part at 10 O'clock position showing low vascularity and no calcification.
 The deeper nodule measures 15 x 7 mms in size.
 It is mobile
 Superficial nodule is irregular with adherent fat and measures 12 x 7 mms in size.
 One 6 mms nodule seen at 1 O'clock position with smooth outlines.

Both axilla are clear

IMPRESSION:- Normal size breasts with mild ductal fullness
 One mobile nodule in rt breast showing features of fibro-adenoma.
 Second nodule is irregular with surrounding adherent fat.
 One nodule with calcification in lt breast showing irregular outlines and adherent fat.
 FNAC suggested

Dr.S.Sharma.
DMRD.

Clinic : 2514235, 2514376

KARAN X-Rays, Sonography & Color Doppler Clinic
 14, Bhagatji Market opp. vijayaraje school, Freeganj Ujjain - 456001

Pt.Name:- Amita. Date:-27/09/2018.

Ref.By Dr:- Mrs.A.Maheshwari.MD.

Ultrasonography of:- SONOMMAMOGRAPHY BOTH BREASTS.

Lt breast is showing mild ductal fullness with a smooth margined soft tissue nodule at 7 O'clock position near nipple measuring 8 x 4 mms in size.
 It is showing soft calcification and no vascularity.

Rt breast is showing a hypochoic wider deep smooth margined nodule measuring 16 x 8 mms size at 10 O'clock position
 A small superficial nodule seen anterior to it measuring 4 x 3 mms
 No vascularity in it

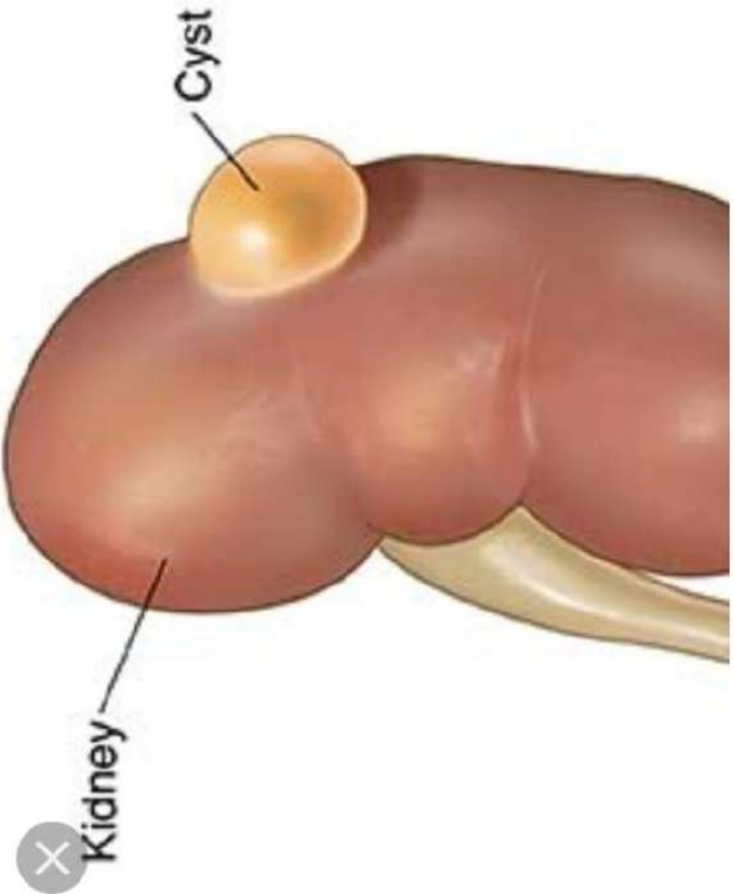
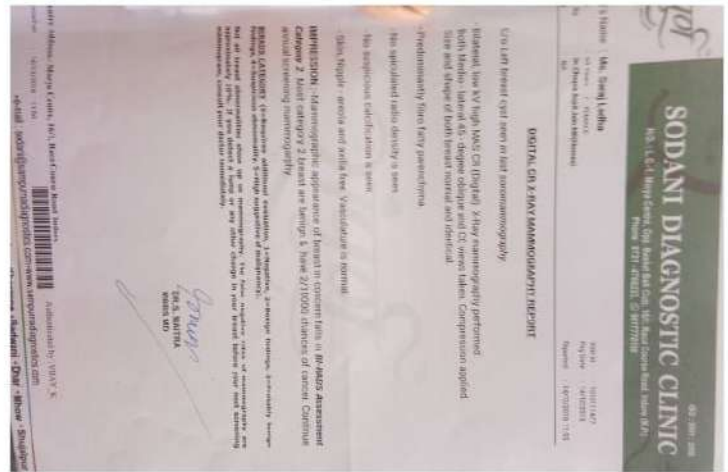
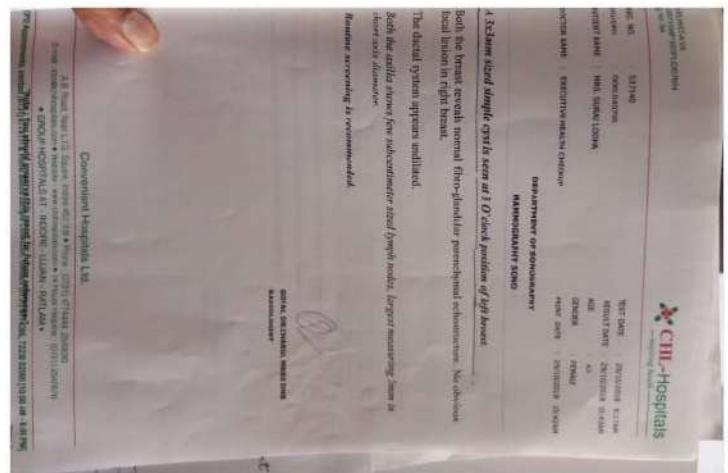
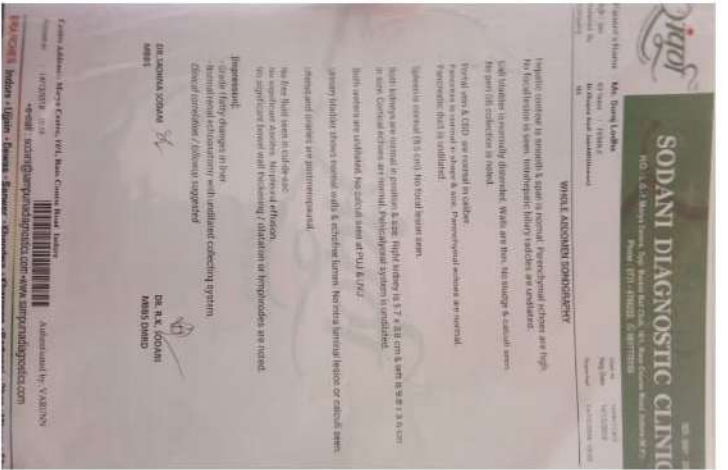
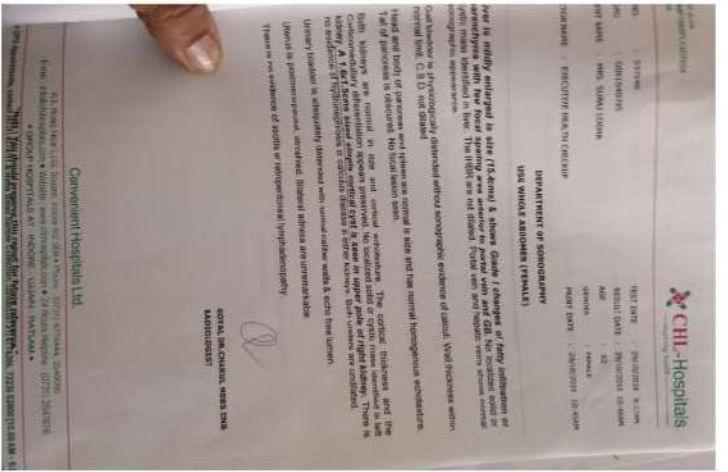
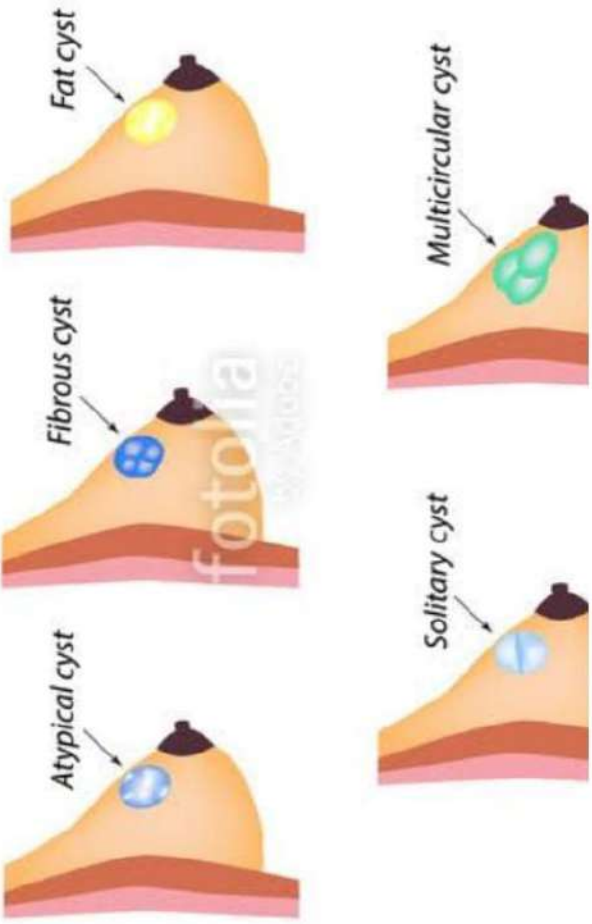
Rt breast is showing mild ductal fullness.

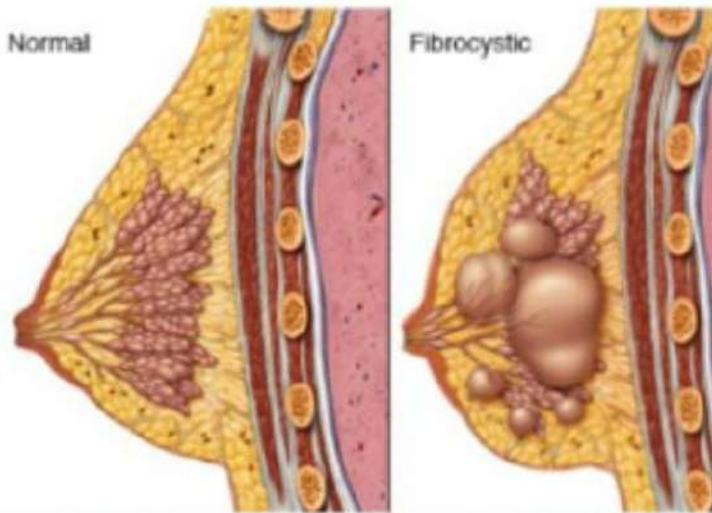
Both axilla are clear

IMPRESSION:- Fibro-adenoma rt breast
 Fibro-cystic changes both breasts, less than previous report

Dr.S.Sharma.
DMRD.

TYPES OF CYSTS IN THE BREAST





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Fibrocystic breast changes

Fibrocystic breast changes lead to the development of fluid-filled round or oval (cysts) and more prominent scar-like (fibrous) tissue, which can make breasts tender, lumpy or ropy.

Also called: fibrocystic breasts

TREATMENTS

SYMPTOMS

ABOUT

Non-cancerous changes that give a breast a lumpy or ropelike texture.

Very common
More than 10 million cases per year (India)

Treatment can help, but this condition can't be cured

SHIVANI AGGARWAL, 40 Y/F, Reg.No:-1811287, Date:-28/11/2018 11:20AM

MAMMOGRAPHY RIGHT SIDE

Unilateral mammogram obtained using a low radiation dose technique, CC and ML views are obtained.

RIGHT BREAST

The study reveals fibro-fatty breast parenchymal pattern.

There is evidence of asymmetrical radio-density area noted in the upper-middle quadrant of right breast.

No definite mammographically demonstrable clustered calcification seen in breast. Nipple and retroareolar area are unremarkable.

No obvious axillary lymphadenopathy seen. No evidence of skin thickening/nipple retraction seen.

CORRELATIVE BREAST SONOGRAPHY DONE

Scanning scheme used: Longitudinal, transverse, radial and an orthogonal antiradial scan plane obtained using a high resolution probe (10 MHz).

There is evidence of an irregularly outlined area of heterogeneously hypochoic echotexture, measuring approx. 2.2 x 0.7 cms, seen in the upper-middle quadrant of right breast (12 o'clock radian), underneath the outer margin of areola. It shows no significant intralobular vascularity. There is suggestion of heterogenous thick fluid echogenicity in the centre of the lesion.

Right breast parenchymal echogenicity appears normal (as expected for patient's age). No evidence of any architectural distortion seen.

IMPRESSION:-

- IRREGULARLY OUTLINED RIGHT BREAST LESION ? THICK COLLECTION (? INFECTIVE).

Advice: Clinical correlation, follow up 3 monthly and HPE if further required.

JEHA HOSP

Agar/Sex : 41 Yrs/Female
Order Date : 26/12/2018 13:26
Report Date : 26/12/2018 15:42
Ordered By : Dr. Anupama Mane

BREAST ULTRASOUND

High resolution ultrasonography of right breast is performed.

Parenchyma: No solid /cystic masses noted. Normal architecture. No obvious calcifications

Skin and Subcutaneous tissues appear normal.

Nipple and retroareolar tissue appear normal.

Ducts: Two thick walled ducts with internal echoes are seen at 11- 12 o'clock position periareolar region. These are seen extending towards nipple. Total extent measures 3.6 cm in length and 0.7 cm in thickness. No obvious solid lesion seen.

Retro mammary zone and pectoral muscles appear normal.

Axilla: No suspicious lymph nodes seen.

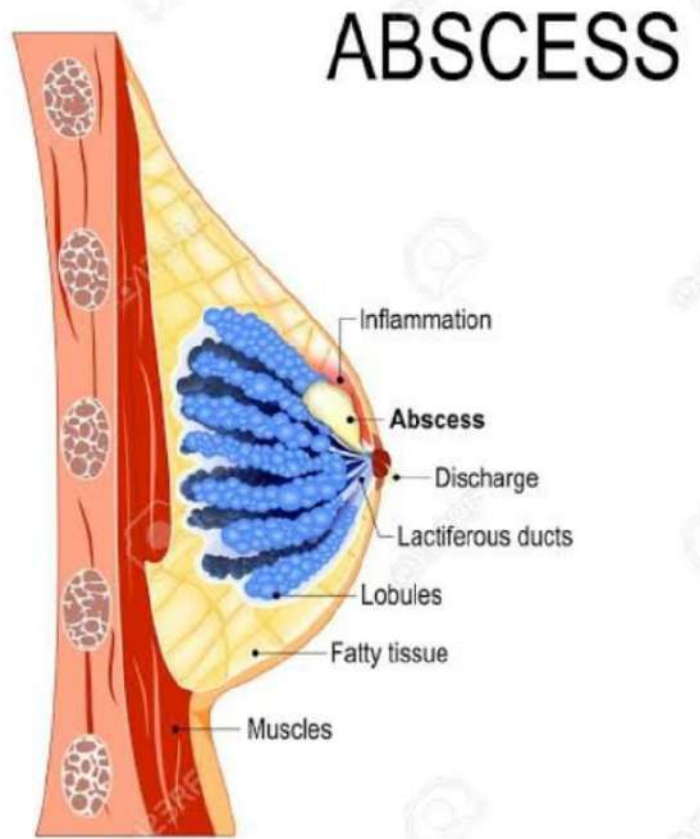
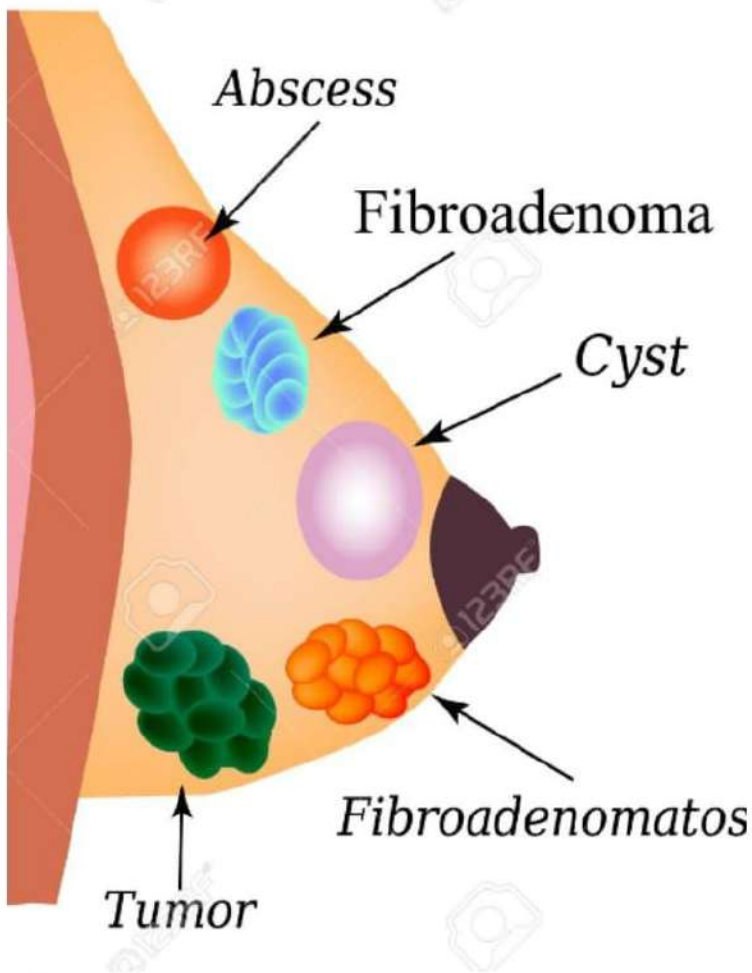
IMP

Two thick walled ducts with internal echoes at 11- 12 o'clock position periareolar region. These are seen extending towards nipple. No obvious solid lesion seen.

Dr. Shilpa Kajale
DNB, DMR (RADIOLOGY)
CONSULTANT

Order By : E00434

-----End Of Report-----



SARAL
DIAGNOSTIC & IMAGING CENTER

NAME: MRS. NASREEN, 35Y/F
REF/BY: DR. DIPESH YADAV
DATE: 05/12/19

ULTRASONOGRAPHY OF RIGHT BREAST

Technique
Ultrasonographic study of right breast was using high frequency linear array in various plain.

Imaging findings:-
Large fungating neoplastic growth right breast measuring 54x35mm with ulceration of overlying skin and infiltration of adjacent skin.
Enlarged axillary lymph nodes.

Dr. Chandras Prakash (MD)
Consultant Radiologist

CHAWLA DIAGNOSTIC CENTRE
Our Motto - "Commitment & Quality"
Mirza House, Opposite Thana Talalya, Kali Mandir,
Band Master Chauraha, Sultanis Road, Bhopal

Dr. Rajesh Chawla
CONSULTANT RADIOLOGIST

REPORT

Name: Mrs. Nasreen Age: 33yrs Sex: F
Consultant Incharge: Dr. Arpit Date: 11/02/19
Indication: OLD CASE OF RIGHT BREAST ABSCESS

MAMMO- SONOGRAPHY WITH ELASTOGRAPHY & COLOR DOPPLER RIGHT BREAST

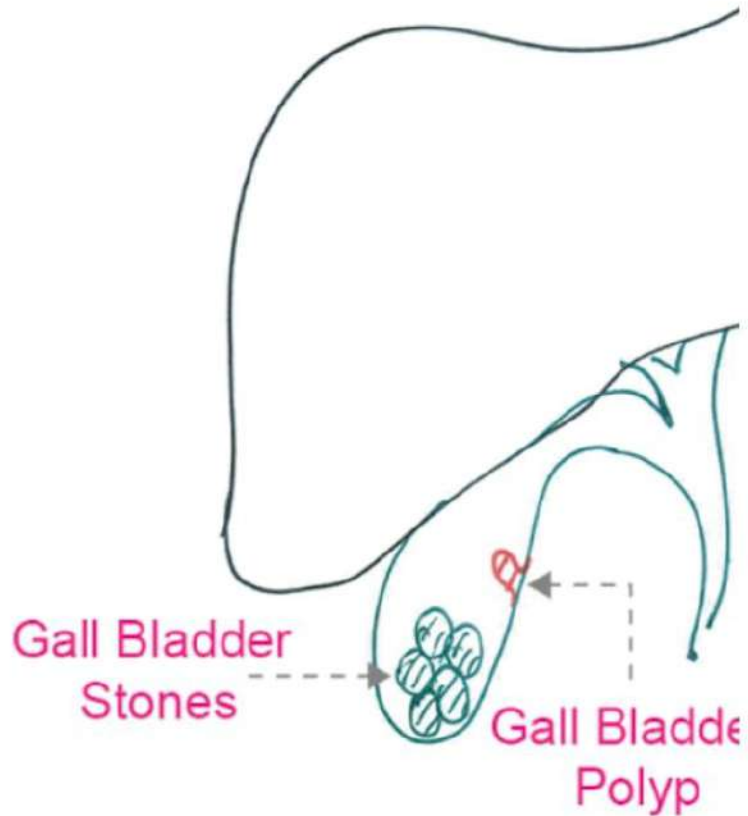
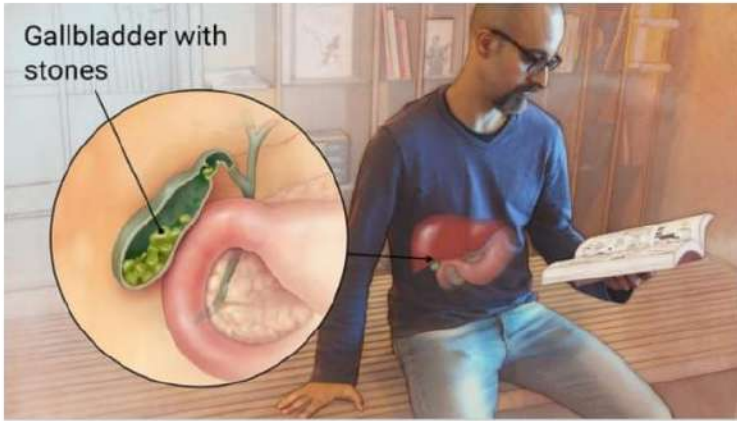
Real time high frequency color doppler study of RIGHT Breast region reveals :

- Evidence of minimal very small hypoechoic areas seen in superior quadrant of right breast.
- Rest of breast appears to be normal.
- No abnormal ductal dilation seen.
- No evidence of any fibrosis seen.
- Evidence of multiple enlarged lymph-nodes of (2cm in sizes) seen in right axilla. They are 3 to 4 in numbers.
- No evidence of any calcification seen.

IMPRESSION :-
FINDINGS ARE SUGGESTIVE OF :-
MINIMAL SMALL RESIDUAL ABSCESS SEEN IN SUPERIOR QUADRANT OF RIGHT BREAST WITH MULTIPLE ENLARGED LYMPH-NODES SEEN IN RIGHT AXILLA (— INFLAMMATORY ETIOLOGY)

[ADVISE-- F.N.A.C. IF REQUIRED]

Dr. Rajesh Chawla
(Consultant Radiologist)
(Reg. No 10949)



A hardened deposit within the fluid in the gallbladder, a small organ under the liver.

Very common

More than 10 million cases per year (India)

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

Aman Diagnostic's

ISO 9001:2015 Certified Laboratory

Pt. Name: **MRS. NEHA SHAIKH** Age/Sex: **26 Years /Female**
 Ref. By: **DR. ARVIND PATIDAR** Date: **31/May/2018**

USG WHOLE ABDOMEN
 Liver is normal in size (11.6 cm) and shape. Its echogenicity is normal. Margins are smooth and regular. The portal vein and biliary radicals are normal in calibre.

GB shows small 4.1 mm hypochoic lesion in its lumen ? Small calculus ? Polyp. Wall thickness is normal. CBD is within normal limits.
 Pancreas is normal in size, shape and echo pattern.
 Spleen is normal in size (10.1cm) and echo pattern.

Rt. Kidney: 9.2 x 3.7 cm Lt. Kidney: 9.1 x 3.6 cm
 Bilateral kidneys are normal in shape, size and echo texture. CM differentiation is maintained.

Urinary bladder is normally distended with normal wall thickness.

Uterus is anteverted normal size (8.4x 2.3 x 4.8 cm). Shape & contour maintained. Myometrial echo texture is normal. Endometrium is 8.4 mm in thickness. **Small amount of fluid seen in Pouch of Douglas.**

Both ovaries are normal in shape, size and echo texture.

No evidence of ascites / significant lymphadenopathy.

**Impression: 1. ? Small GB calculus ? Polyp.
 2. Small amount of fluid seen in POD.**

Adv: clinicopathological correlation & follow-up scan after 1-2 mths

Important: using technical & biological limitations in case of any error in any study. The doctor cannot be held responsible for claim of damages of any nature and this report is not valid for any medico-legal aspect.

Dr. Amit Shankhwar MD Radiologist (Indore)
 Dr. Sunil Ahirwar MD Microbiologist (Indore)
 Dr. Vivek Khare MD Pathologist (Bhopal)
 Dr. Shikha Ghanghoria MD Surgical Pathologist Fellow Tata Memorial Hospital, Mumbai. Asst. Professor MCM Medical College, M.Y. Hospital & Cancer Hospital, Indore

Main Branch : 151-FB, 5th. No. 94, Piplyahana Circle, Ring Road, INDORE (M.P.) Ph. : 0731 2970466

ISPL Cert DAC C8-022-MS

SHRISHASTHA SUDHAKAR

Dr. HSAIKA MALIK EK II

Shri Sai Baba Hospital & Research Centre

Patient's Name: **MISS NEHA D/O HARUN** Age/Sex: **26 / Female**
 Consultant Dr.: **ARVIND PATIDAR** Date: **27/02/2015 / 68140**

WHOLE ABDOMEN (F) SONOGRAPHY

Liver, 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.

Both ureters are undilated.

Urinary bladder is thin-walled with echofree lumen.

Uterus is anteverted normal in size measures 7.9 x 3.9 x 2.9 cm. Myometrium is homogeneous in echotexture.

Endometrial echo reflection is 10.8 mm

Both ovaries are normal in size & echopattern.

No ascites seen.

IC junction is pulled up in position.

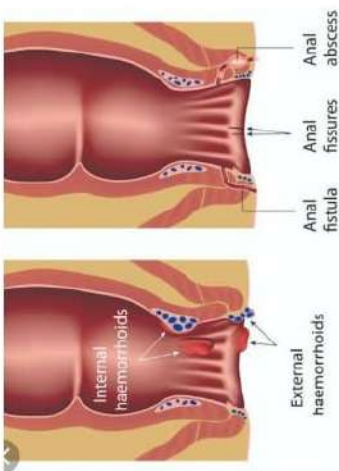
Mild bowel wall thickening is seen involving approx 5 cm length of distal ileum with few small surrounding mesenteric lymph nodes. Needs lab correlation to rule out possibility of Koch's etiology.

Dr. Shilpa Barola Jain DNB, RD

All imaging studies have technical and biological limitations. Please correlate clinically as well as with other investigations findings. A review should be requested in case of discrepancy. This report is not valid for medico-legal purpose.

CHHATRI BAGH INDORE ☎ : 0731-2341790, 2343772

Report is not valid for Medico legal purposes



Anal fistula

OVERVIEW SYMPTOMS TREATMENTS

Large Intestine

Infected tunnel (anal fistula)

An infected tunnel between the skin and the anus

Rare
Fewer than 1 million cases per year (India)

Treatable by a medical professional

Hemorrhoids

Also called piles

OVERVIEW SYMPTOMS TREATMENTS

Swollen and inflamed veins

Anal fissure

Also called anal ulcer

OVERVIEW SYMPTOMS TREATMENTS

Small tear in the lining of the anus

Constipation, bleeding, pain

A small tear in the lining of the anus.

Common
More than 1 million cases per year (India)

Treatable by a medical professional

Swollen and inflamed veins in the rectum and anus that cause discomfort and bleeding.

Very common
More than 10 million cases per year (India)

Treatable by a medical professional

A small tear in the lining of the anus.

Common
More than 1 million cases per year (India)

Treatable by a medical professional

09 (Piles) Thursday

मेरे पिलेस बहुत ठीक हो गए हैं...
पिलेस को ठीक करने में डॉक्टर का इलाका...
मेरे पिलेस ठीक होने में मैंने बहुत...
डॉक्टर का इलाका बहुत ही...
मेरे पिलेस ठीक होने में मैंने बहुत...
डॉक्टर का इलाका बहुत ही...
मेरे पिलेस ठीक होने में मैंने बहुत...
डॉक्टर का इलाका बहुत ही...

Dr. Arpit Chopra (Jain)

16 Piles

मेरे पिलेस ठीक होने में मैंने बहुत...
डॉक्टर का इलाका बहुत ही...
मेरे पिलेस ठीक होने में मैंने बहुत...
डॉक्टर का इलाका बहुत ही...

Dr. Arpit Chopra (Jain)

25 PILES, क्लॉस्ट्रिड

मेरे पिलेस ठीक होने में मैंने बहुत...
डॉक्टर का इलाका बहुत ही...
मेरे पिलेस ठीक होने में मैंने बहुत...
डॉक्टर का इलाका बहुत ही...

Dr. Arpit Chopra (Jain)

11 (Anal Fissure)

मेरे पिलेस ठीक होने में मैंने बहुत...
डॉक्टर का इलाका बहुत ही...
मेरे पिलेस ठीक होने में मैंने बहुत...
डॉक्टर का इलाका बहुत ही...

Dr. Arpit Chopra (Jain)

Bleeding Piles परामर्श

01

मेरे पिलेस ठीक होने में मैंने बहुत...
डॉक्टर का इलाका बहुत ही...
मेरे पिलेस ठीक होने में मैंने बहुत...
डॉक्टर का इलाका बहुत ही...

Dr. Arpit Chopra (Jain)

17 PILES

मेरे पिलेस ठीक होने में मैंने बहुत...
डॉक्टर का इलाका बहुत ही...
मेरे पिलेस ठीक होने में मैंने बहुत...
डॉक्टर का इलाका बहुत ही...

Dr. Arpit Chopra (Jain)

Contact Record PILES

Company: [Name]
Address: [Address]
Email: [Email]
Phone: [Phone]

Dr. Arpit Chopra (Jain)

15 Anal Fistula

मेरे पिलेस ठीक होने में मैंने बहुत...
डॉक्टर का इलाका बहुत ही...
मेरे पिलेस ठीक होने में मैंने बहुत...
डॉक्टर का इलाका बहुत ही...

Dr. Arpit Chopra (Jain)

18 PILES

मेरे पिलेस ठीक होने में मैंने बहुत...
डॉक्टर का इलाका बहुत ही...
मेरे पिलेस ठीक होने में मैंने बहुत...
डॉक्टर का इलाका बहुत ही...

Dr. Arpit Chopra (Jain)

14 Piles (Hemorrhoid)

मेरे पिलेस ठीक होने में मैंने बहुत...
डॉक्टर का इलाका बहुत ही...
मेरे पिलेस ठीक होने में मैंने बहुत...
डॉक्टर का इलाका बहुत ही...

Dr. Arpit Chopra (Jain)

14 PILES Complaints

मेरे पिलेस ठीक होने में मैंने बहुत...
डॉक्टर का इलाका बहुत ही...
मेरे पिलेस ठीक होने में मैंने बहुत...
डॉक्टर का इलाका बहुत ही...

Dr. Arpit Chopra (Jain)

05 PILES

मेरे पिलेस ठीक होने में मैंने बहुत...
डॉक्टर का इलाका बहुत ही...
मेरे पिलेस ठीक होने में मैंने बहुत...
डॉक्टर का इलाका बहुत ही...

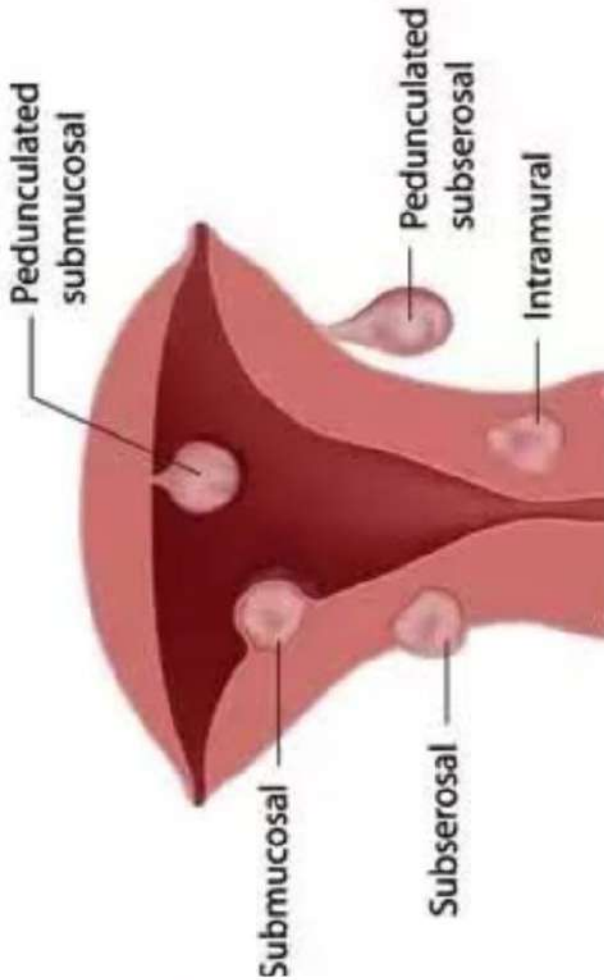
Dr. Arpit Chopra (Jain)

29 PILES/Hemorrhoid (क्लॉस्ट्रिड)

मेरे पिलेस ठीक होने में मैंने बहुत...
डॉक्टर का इलाका बहुत ही...
मेरे पिलेस ठीक होने में मैंने बहुत...
डॉक्टर का इलाका बहुत ही...

Dr. Arpit Chopra (Jain)

Uterine fibroids



10.00 मुझे डॉ. श्वेता जैन से सलाह मिली है कि मैं
 11.00 उम्मीद है कि आपसे बात करके मैं
 12.00 यह ले सकूँगी कि डॉ. अमित जैन
 13.00 से होमियोपैथी के इलाज करावाएँ
 14.00 मुझे किन माह में पुनः जायदा होना
 15.00 तथा गठन बिलकुल गायी अथवा
 16.00 मुझे कोई परेशानी न हो सके
 17.00 इसके लिये मैं डॉ. अमित जैन को
 18.00 विस्तार से सलाह देना चाहूँगी

UTERINE FIBROID

प्रीती जैन
 नजीबा नि. रा. रा. को
 मो. 9754818274

Dr. Arpit Chopra (Jain)
 M.D. HOMOEOPATHY
 Contact: 9907527914, 9713037737

Dr. Shweta Jain Sonography & Diagnostic Centre

डॉ. श्वेता जैन
 M.B.B.S., D.M.D. (Gold Medalist)
 Consultant Radiologist & Ultrasonologist
 M.: 9424456153

Ex. Consultant: • ASIAN Heart Institute, Mumbai
 • BMRC, Bhopal
 Worked at: • Naravati Hospital, Mumbai

Expertise: Conventional (2D), 3D, 4D (Target Scan) USG, Colour Doppler, Breast & Transvaginal Sonography

Patient Name: Mrs. Preeti Jain, Age: 46 Yrs / Female
 Ref. by: Dr. Mrs. Archana Dubey, Date: 04.02.2019

USG WHOLE ABDOMEN/TVS

Liver is normal in size normal in shape and outline, & shows normal echotexture. No focal lesion seen. Intra and extra hepatic biliary radicals are not dilated. Portal vein & CBD is normal in caliber.

Gall bladder - shows clear lumen with normal wall thickness
 Spleen is normal in size and normal in shape and echotexture
 Pancreas is normal in size and echogenicity.

Both kidneys are normal in size, renal parenchymal echotexture homogenous. Cortico-medullary differentiation is maintained. No e/o hydronephrosis, calculi, scarring.
 Right Kidney: 9cm x 4.7cm, Left Kidney: 9.9cm x 3.8cm

UB-wall normal with clear lumen

Uterus is anteverted, bulky in size (9.1cm x 4.4cm x 5.8cm) normal in shape. Myometrial echos are heterogenous, App 12mmx6mm & app 15mmx6mm size intramural fibroid at left lateral wall of uterus. Endometrium - 10mm (echogenic)

Both ovaries are normal in size, normal in shape & echotexture.
 RTO: 2.9cmx2cmx1.6cm (app5.2cc) LTO: 2.82x1.6cm (app4.8cc)

No e/o pleural effusion/ascites.

- Impression- Bulky uterus with mild diffuse adenomyosis.
- App 12mmx6mm & app 15mmx6mm size intramural fibroid at left lateral wall of uterus.
- Both ovaries are close to uterus.
- Mild free fluid in POD with raised adnexal vascularity/PID.
- Cervix heterogenous with nabothian cyst.

Dr. Shweta Jain
 M.B.B.S., D.M.D.
 Address: Survey Residency, Main Road Opposite to Badwani Plaza, 5/1 Old Pratisia, Indore-1.
 Clinic Ph.: 0731-4021469 / 91740 77710

समर्पण
 Imaging & Diagnostics

12-20, Ground Floor, Yashwanth Plaza, Opp. Railway Station, Indore (M.P.)
 0731-4068123, 4967633, 88899-33684
 samarpanimagingolutions@gmail.com
 www.samarpanimaging.com

Pt. Name: MRS. PREETI JAIN
 Ref. By: DR. ARPIT CHOPRA
 Age/Sex: 47 Years /Female
 Date: 06/May/2019

WHOLE ABDOMEN SONOGRAPHY

Hepatic contour is smooth & span (11.4 cm) is normal. Parenchymal echotexture is normal. No focal lesion is seen. Intrahepatic biliary radicals are undilated.

Gall bladder is normally distended. Walls are thin. No sludge or calculus is seen.
 CBD & Portal vein are normal in caliber.

Pancreas is normal in shape & size. Parenchymal echos are normal. Pancreatic duct is undilated.
 Spleen is normal (7.7 cm). No focal lesion seen.

Both kidneys are normal in position & size. Renal contour is smooth. Cortical echos are normal. Pelvic/lyceal system is undilated.
 Right kidney is 9.3 x 3.8 cm and left kidney is 9.5 x 3.5 cm in size.

Urinary bladder shows normal walls & echo free lumen.
 Pre-void urine = 287 ml (approx), post-void residual urine = Nil.

Uterus is anteverted & normal in size. It measures 7.8 x 4.4 x 5.0 cm. No focal myometrial lesion seen. Endometrial is measuring 8 mm.

Nabothian cyst of size 4.7 mm seen lower cervix region.
 Dominant follicle of size 15 x 13 mm seen in left ovary.
 Right ovary appears normal measuring 1.9 x 1.0 cm.
 No significant retroperitoneal lymphadenopathy seen.
 No free fluid seen in peritoneal cavity. The dependent pleural recess are normal.

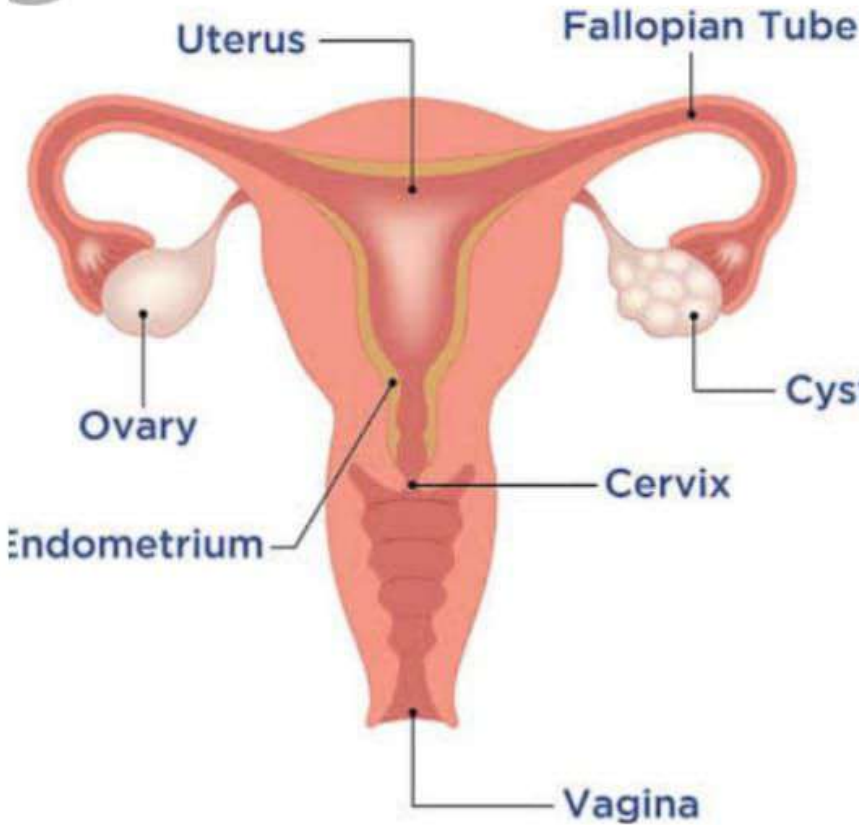
IMPRESSION:- ESSENTIALLY NORMAL USG FINDINGS.

Clinical Correlation.

DR. KMIT KUMAR TIWARI,
 MD, RADIOLOGIST
 Reg. No. MP-11308

SAMARPAN IMAGING SOLUTIONS
 DIGITAL X-RAY | 3D/4D SONOGRAPHY | DIGITAL MAMMOGRAPHY | ECHOCARDIOGRAPHY & SLICE BY SLICE (HIGH QUALITY)

TYPES OF OVARIAN CYSTS



-  Corpus Luteum
-  Follicular Cyst
-  Endometrioma
-  Dermoid Cyst
-  Paraovarian Cyst
-  Hemorrhagic Cyst
-  Possibly Malignant

Hemorrhagic Ovarian Cyst
 March 2016
 I was diagnosed with a hemorrhagic ovarian cyst. The doctor said it was a functional cyst and would go away on its own. I was given birth control pills to help regulate my hormones. After a few months, the cyst disappeared. I am so thankful to my doctor for the operation. Thank you so much Sir.

Dr. Arpit Chopra (Jain)
 M.D. (M.B.B.S.)
 M.D. (D.O.)
 M.D. (G.O.)
 M.D. (F.R.C.S.)
 M.D. (F.R.C.P.)
 M.D. (F.R.C.S. (G))
 M.D. (F.R.C.S. (S))
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 M.D. (F.R.C.S. (K))
 M.D. (F.R.C.S. (J))
 M.D. (F.R.C.S. (H))
 M.D. (F.R.C.S. (G))
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 M.D. (F.R.C.S. (D))
 M.D. (F.R.C.S. (C))
 M.D. (F.R.C.S. (B))
 M.D. (F.R.C.S. (A))

Ulcerative Colitis
 Monday 08
 I was diagnosed with ulcerative colitis. The doctor said it was a chronic condition and would require long-term treatment. I was given medication to help control my symptoms. After a few months, my symptoms improved. I am so thankful to my doctor for the operation. Thank you so much Sir.

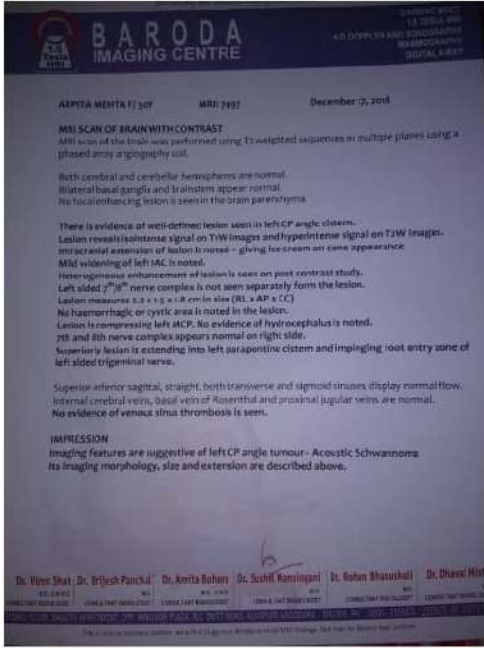
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Hemorrhagic Ovarian Cyst
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 M.D. (F.R.C.S. (A))



Vestibular schwannoma

OVERVIEW SYMPTOMS TREATMENT

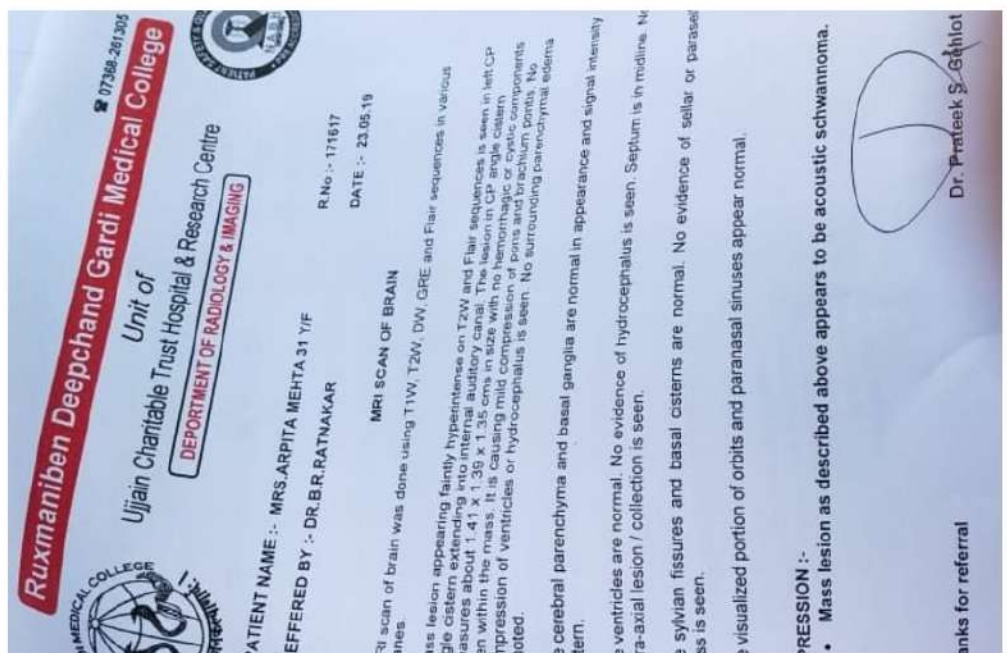
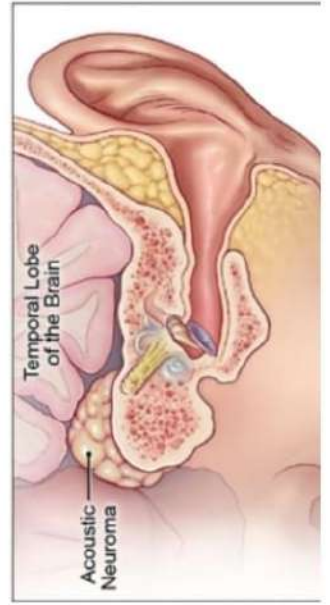
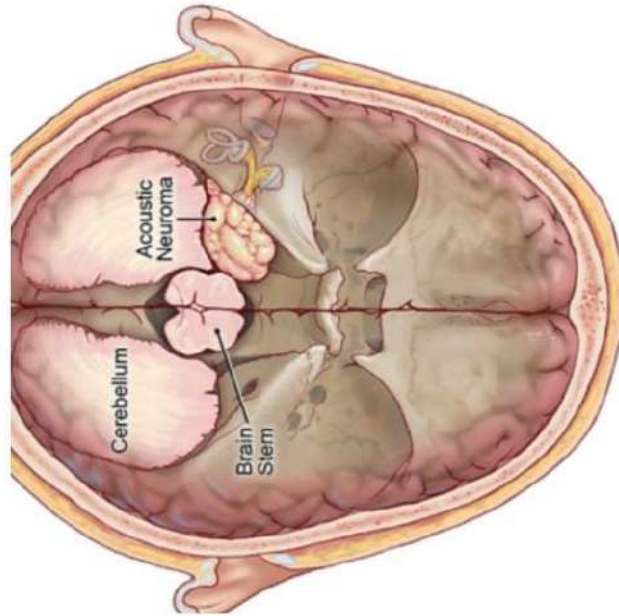
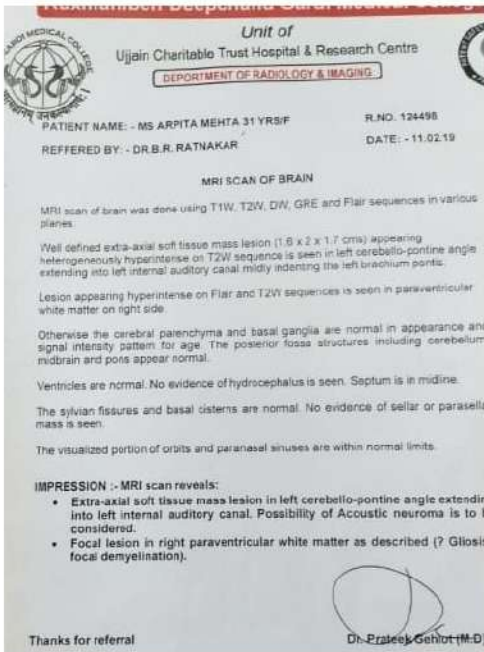
A non-cancerous tumour on the main nerve leading from the inner ear to the brain.

A vestibular schwannoma usually grows slowly, not at all. However, in a few cases, it may grow rapidly and become large enough to press against the brain and interfere with vital functions.

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

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

Consult a doctor for medical advice



shupatinath Diagnostic Center

SRLN 1176 Date: 14/03/2019
 Patient's Name: MRS. AASHA JI Age: 45 yrs Sex: Female
 Ref. By: Dr. K. L. PAWAR, SIR

SONOGRAPHY OF ABDOMEN AND PELVIS

LIVER: The liver normal in size (13.1 cm) shape and has smooth margins. The hep parenchyma is homogeneous. No IHBRD/IHPRD. No solid or cystic SOL/calcification.

GALL BLADDER: is slightly over-distended with wall thickening of ~4 mm. A lo echogenic focus measuring ~20 mm noted impacted at GB neck. Also noted is organ sludge in GB fundus measuring ~28 x 14 mm. Few tiny GB calculi noted measuring ~3m. No pericholecystic collection is evident. PV & CBD appears normal.

PANCREAS: The pancreas is normal in size, shape, contours and echo texture. No evidence of solid or cystic mass lesion is noted.

KIDNEYS: Both kidneys are normal in size and have smooth renal margins. CMD maintained. No evidence of any mass lesions. No calculus / hydronephrosis is noted on either sides. RK: 9.9 x 3.8 cm, LK: 9.6 x 4.7 cm.

SPLEEN: The spleen is normal in size (9.9 cm) and shape. Its echotexture is homogeneous. No evidence of focal lesion is noted.

RETROPERITONEUM: The retroperitoneum is not well seen due to bowel gases. Gr vessels appear grossly normal. There is no ascites.

ILIAC FOSSA AND BOWELS: The iliac fossa, the visualized small and large bowels appear unremarkable.

URINARY BLADDER: The urinary bladder is distended. It appears grossly normal. No evidence of calculus is seen. No evidence of mass or diverticulum is noted.

PELVIS: The uterus is anteverted, bulky in size with heterogenous myometrium. It measures 9.8 x 4.9 x 5.9 cm. ET-10 mm. Both adnexae and ovaries are normal in size. Size of right ovary 2.5 x 1.3 cm. Size of left ovary 2.5 x 1.4 cm. No free fluid/mass is noted in the pelvis.

IMPRESSION:
 Chronic calculous cholecystitis with tumefactive sludge
 Bulky uterus with features of adenomyosis

DR. MANISHA (BHAWARE) ASWANI
 CONSULTANT RADIOLOGIST

Behind Maharanj Laxmibai School
 Near Old & New Book Depo, Balaganj
 Gandhi Chauraha, MANDSAUR (M.P.) 07422-495503

Agrawal Ultrasound Clinic

Pt. Name: AASHA JI Age: 45/F
 Ref. by: ON REQUEST Date: 27/06/19

USG ABDOMEN & PELVIS REPORT.

Real time USG done with 3.7 MHz convex probe.

LIVER - Normal in size & shape. Echogenicity is normal. Echotexture is smooth. No focal lesions seen. Portal vein Diameter is within normal limit.

SPLEEN - Normal in size & shape. Echogenicity is normal & shows smooth Echotexture. No focal lesions seen.

GALL BLADDER - Well distended; Evidence of Single Echogenic focus in GB Neck with Sharp Distal acoustic shadowing suggestive of Gall stone measuring 19 mm. Wall thickness is normal, Intra & extrahepatic biliary system not dilated. No peri-cholecystic collection noted. CBD is normal.

PANCREAS - Normal Echogenicity; no focal or diffuse enlargement. No Retroperitoneal Lymphadenopathy. PD not Dilated.

BOTH KIDNEYS - Normal in size, shape and shows good Cortico-Medullary differentiation. Echotexture normal. No Hydronephrosis or calculus seen.

Right kidney-measures 9.9 x 3.8 cm.
 Left kidney-measures 10.7 x 4.1 cm.

URINARY BLADDER - well distended; no calculi or mass seen. Mucosa Smooth and thickness within normal limit. Lumen is Anechoic. Postvoid Residue is Insignificant.

UTERUS - is Anteverted; Enlarge in size Measures 11.4 x 5.2 x 7.0 cm (Vol - 222 cc) and Heterogenous Echotexture. Evidence of 2.7 x 1.7 cm size Welldefined, Hypoechoic solid lesion with whorled pattern seen in Posterior Subserosa Fundal region, Suggestive of Subserosal Fibroid. Endometrial echo-complex is not Displaced, Endometrial Thickness within normal limit.

BOTH ADNEXA - Both Ovaries are Normal in size and echoarchitecture. No T.O. Mass or focal lesions seen.

Visualised bowel loops appears normal in caliber & showing normal peristaltic movement. No ascites. No lymphadenopathy.

IMPRESSION - USG Abdomen & Pelvis shows Gall Bladder Neck Calculus.
 Bulky Uterus with Posterior Subserosal Uterine Fibroid.
 Kindly Correlate Clinically.

THANKS FOR THE REFERRAL
 Important: owing to technical & biological limitations in case of any error in any study, the doctor cannot be held responsible for claims of damages of any nature and this report is Not valid for any medical/legal purpose.

Dr. Deepak M.B.B. Radiologist

Dr. Majhar Hussain, Behind Dashpur Kunj, Mandasaur (M.P.) Ph. 07422-495503

CHOLELITHIASIS (GB Stone)
GALL BLADDER STONE 27

In a GALL BLADDER there is 20mm stone & 28x14mm stone. Taken Homeopathy medicine after 3 (three) month operation is fully dissolved & 20mm stone is decreased to 18mm in size with it is on a PACS of a GALL BLADDER. I hope it will dissolved with soon, please Homeopathy & DR. PAREET CHOPRA Ji.

NAME - HARIOM PATIL
 Patient Name - ASHA Patil
 no. - 8193201862

Respected

Sunday 28

Dr. Anil Chopra (Jain)
 M.D. (HOMOEOPATHY)
 M.B.B. (GENERAL MEDICINE)
 M.B.A. (HOMOEOPATHY)

AMODIA SUPER SPECIALITY HOMOEPATHIC CLINIC
 Mandasaur, Dist. Mandasaur, M.P.
 Phone: 07422-495503

Gallbladder with stones



A hardened deposit within the fluid in the gallbladder, a small organ under the liver.

Gallstones are hardened deposits of digestive fluid.

Very common
 More than 10 million cases per year (India)

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

Biliary sludge

Biliary sludge refers to a viscous mixture of small particles.

HEALTH CONDITIONS RELATED TO THIS SEARCH

- Cholecystitis**
 Inflammation of the gallbladder, a small digestive organ beneath the liver.
- Pancreatitis**
 An inflammation lying behind the stomach.

Fibrocystic breast disease

Also called: fibrocystic breasts

OVERVIEW

SYMPTOMS




TREATMENTS

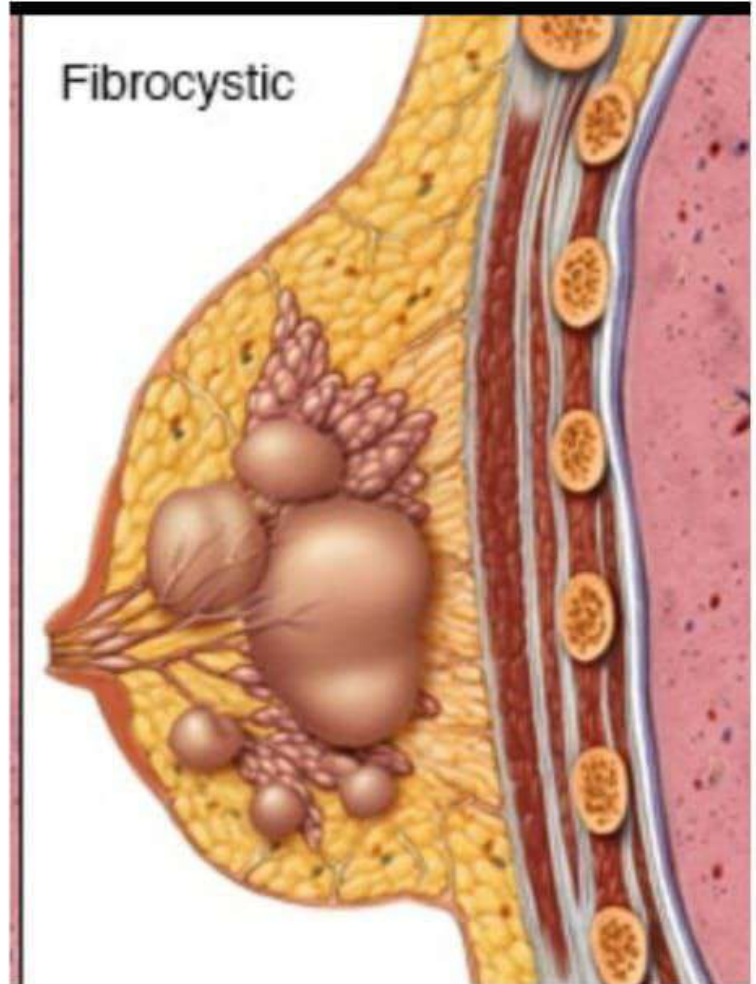
Non-cancerous changes that give a breast a lumpy or ropelike texture.

The condition is likely to be due to hormone changes during the menstrual cycle that affect breast tissue.

Very common

More than 10 million cases per year (India)

-  Treatment can help, but this condition can't be cured
-  Requires a medical diagnosis
-  Lab tests or imaging often required



ACCURATE DIAGNOSTICS
625, Khatiwala Tank, Indore. Phone : 0731 - 2479005, 4001821

- Digital Mammography
- Digital X-Ray
- 21 Channel EEG
- Colour Doppler
- Sonography
- Echo-cardiography
- Pathology
- ECG

Patient's Name: Mrs. Nisha Yadav Age : 44 Yrs. F
Ref. Consultant: Dr. Geeta Sharma Date: 11.07.2019

DIGITAL MAMMOGRAPHY

Bilateral X-ray mammography is performed in both cranio-caudal & medio-lateral views. The markers are placed in outer and upper side respectively. Compression applied.

The right breast parenchyma show increased density in few areas and feathery pattern.

The left breast is normal all over.

No definite cystic solid mass lesion or microcalcifications are seen.

The nipples and areola are free.


The skin and subcutaneous tissues are normal.

No lymph node enlargement is seen.

IMPRESSION: - Mammographic appearances are suggestive of fibroadenosis/mastitis right side. No definite mass lesion is seen.

Adv: Clinical follow up and FNAC if a clinical lump is palpable.

Note - There is no mammographic abnormality of cancer in 5% of the patients diagnosed as benign breast disease or normal by this method


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Opp. Railway Station, Indore (M.P.)
0731- 4068123, 4907633, 98099-35684
samarpanimagingstation@gmail.com
www.samarpanimaging.com

Pt. Name: MRS. NISHA YADAV Age/Sex: 44 Years /Female
Ref. By: DR. ARPIT CHOPRA Date: 26/Jul/2019

MAMMOGRAPHY OF BOTH BREASTS

Clinical Impression: Pain in right breast.

Low kV, high MAS CR (Digital) X-Ray mammography performed. Medio-lateral 45-degree oblique (MLO) and cranio-caudal (CC) views of both breast taken after adequate compression of the breast parenchyma.

Bilateral breast parenchyma reveals mixed fibro glandular component normal for her age.

Skin, Nipple and subareolar region appears normal.

No obvious calcification or architectural distortion seen.

No evidence of pleomorphic or micro-calcification is noted.


Bilateral axilla - No significant lymph node is seen.

High resolution screening sonography of both breasts reveals normal fibro fatty and glandular tissue.

IMPRESSION:- THE APPEARANCE OF LESION IS INCONSPICUOUS ABNORMALITY AND FALL IN BIRADS ASSESSMENT CATEGORY-I

Note : Not all breast abnormalities show up on mammography. The false negative rates of mammography are approximately 10 % . If you detect a lump or any other change in your breast before your next screening mammogram, consult your doctor immediately.

Triple test, mammography, tissue sampling & clinical breast examinations, has been advocated to evaluate breast abnormalities


DR. HEMLATA M. GAJDA,
MBBS, MD, RADIOLOGIST

Axillary lymphadenopathy



Axillary lymphadenopathy is lymphadenopathy of the axillary lymph nodes

HEALTH CONDITIONS RELATED TO THIS SEARCH

Hodgkin's lymphoma >
Cancer of part of the immune system called the **lymphatic** system.

Lymphom
A cancer of system.
Symptoms



SODANI DIAGNOSTIC CLINIC
102, L-4, Morya Centre, Opp. Babel Bul Club, 161, Base Course Road, Indore (M.P.)
Phone: 9731-476622, 973177918

Patient's Name: Ms. Sathina Bhatnarya
Age / Sex: 46 Years / Female
Referred By: Dr. Chandra Kishor Joshi (General)
City: Indore

Visit ID: 19180179
Registration: 19180210
Reported: 13/08/2019 12:26

DIGITAL OR X-RAY MAMMOGRAPHY REPORT

Routine checkup

Bilateral, low kV high MAS CR (Digital), X-ray mammography performed. Both Medio-lateral 45-degree oblique and CC views taken. Compression applied. Size and shape of both breast normal and identical.

Fatty / glandular parenchyma.

No spiculated radio density is seen.

No suspicious calcification is seen.

Skin, nipple - areola and axilla free. Vasculature is normal.

IMPRESSION: - Mammographic appearance of breast is consistent with **BI-RADS Assessment Category 2**. Most category 2 breast are benign & have 2/10000 chance of cancer. Continue annual screening mammography.

BI-RADS CATEGORY: (0=No opinion, additional evaluation, 1=Normal, 2=Benign findings, 3=Probably benign findings, 4=Suspicious abnormality, 5=High suspicion of malignancy, 6=Malignant).

Not all breast abnormalities show up on mammography. The true negative rates of mammography are approximately 90%. If you detect a lump or any other change in your breast before your next screening mammogram, consult your doctor immediately.

DR.S. MAITRA, MD

Centre Address: Morya Centre, 161, Base Course Road, Indore
Phone: 9731-476622, 973177918
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SODANI DIAGNOSTIC CLINIC

Dr. S. Maitra, MD
161, Base Course Road, Indore

IMPRESSION: - Bilateral parenchyma are with mild enhancement in later lower portion of the breast. No suspicious calcification is seen. No suspicious mass lesion is seen. No spiculated radio density is seen. No suspicious calcification is seen. Skin, nipple - areola and axilla free. Vasculature is normal.

BI-RADS CATEGORY: (0=No opinion, additional evaluation, 1=Normal, 2=Benign findings, 3=Probably benign findings, 4=Suspicious abnormality, 5=High suspicion of malignancy, 6=Malignant).

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DR.S. MAITRA, MD

SODANI DIAGNOSTIC CLINIC
102, L-4, Morya Centre, Opp. Babel Bul Club, 161, Base Course Road, Indore (M.P.)
Phone: 9731-476622, 973177918

Patient's Name: Ms. Sathina Bhatnarya
Age / Sex: 46 Years / Female
Referred By: Dr. Chandra Kishor Joshi (General)
City: Indore

Visit ID: 19180604
Registration: 12/08/2019
Reported: 22/08/2019 11:32

DIGITAL X-RAY MAMMOGRAPHY REPORT

Cr: 1 Temp in left breast

Bilateral, low kV high MAS CR (Digital), X-ray mammography performed. Both Medio-lateral 45-degree oblique and CC views taken. Compression applied. Size and shape of both breast normal and identical.

Fatty / glandular parenchyma.

No suspicious mass lesion is seen.

No spiculated calcification is seen.

Nipple appear retracted bilaterally.

Skin, areola free. Vasculature is normal.

SONOMAMMOGRAPHY

both breasts: Glandular & fatty tissue reveals normal echopattern. Multiple dilated ducts are seen in retroareolar region, largest measuring 3.5 mm. No area of calcification, haemorrhage & necrosis. No abscess. No abnormal flow on color doppler study.

axillary lymph nodes: are seen, largest measuring 17 x 8 mm.

left breast: Glandular & fatty tissue reveals normal echopattern. Multiple dilated ducts are seen in retroareolar region, largest measuring 4.9 mm. No area of calcification, haemorrhage & necrosis. No abscess. No abnormal flow on color doppler study.

axillary lymph nodes: are seen, largest measuring 16 x 7 mm.

DR.S. MAITRA, MD

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SODANI DIAGNOSTIC CLINIC

Dr. S. Maitra, MD
161, Base Course Road, Indore

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DR.S. MAITRA, MD

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 Whole Body Color Doppler, Digital Mammography, Digital X-Ray.

ULTRASOUND REPORT

Pt. Name : Ramila Bharatsing Mohaniya Age : 25 Yrs.
 USG ID : E72798 19070421 Date : 04/07/2019

USG ABDOMEN

Liver is normal in size and shows normal echotexture. No focal lesion seen. I.H.B.R. not dilated. Portal vein is normal in size.

Gall bladder is distended and shows presence of multiple small gall stones of 5 to 8 mm size. CBD measures 12 mm at porta. There is presence of 9 x 6 mm size stone in lower CBD.

Pancreas is normal in size and echogenicity

Spleen is normal in size and echogenicity. No evidence of focal lesion. Splenic vein is normal in size. No evidence of varices at splenic hilum

Right kidney measures : 10.7 x 4.0 cm.
 Left kidney measures : 9.9 x 4.1 cm.
 Both kidneys are normal in size, shape and position. No evidence of renal stone. No evidence of dilatation of pelvi-calyceal system. Cortical thickness and echo are normal.

Urinary bladder is normally distended. No evidence of stone or S.O.L.

Uterus measures 9.8 x 5.1 x 3.6 cm. No evidence of focal lesion. Uterine cavity is empty. Myometrial echo is normal. Endometrial echo thickness is normal.

Both ovaries are normal in size and echotexture.

No evidence of free fluid in peritoneal cavity.

COMMENTS:

- MULTIPLE GALL STONES.
- STONE IN LOWER CBD WITH MILD DILATATION OF CBD. IHBR ARE NOT DILATED.

Dr. Bhavin Patel
 Radiologist

Ashirwad Hospital Campus, Govind Nagar, Dahod - 389151, Gujarat. Phone : (02673) 247888

SHIVANI DIAGNOSTIC CENTRE
 ISO 9001 : 2015 NABL MC-2597

Pathology • Sonography • Digital X-Ray • Colour Doppler • ECG • Echocardiography • TMT

Pt. Name: MRS. RAMILA MOHANIYA Age/Sex: 26 Years /Female
 Ref. By: DR. ARPIT CHOPRA Date: 31/Aug/2019

WHOLE ABDOMEN SONOGRAPHY

Hepatic contour is smooth & span (13.4 cm) is normal. Parenchymal echotexture is normal. CBD (3.5 mm) & Portal vein are normal in caliber. No focal lesion is seen. Intrahepatic biliary radicles & hepatic veins are undilated.

Gall bladder is distended. Multiple (> 10) calculi of varying sizes (3-5 mm) seen within its lumen. Walls are thin (2.6 mm)

Pancreas is normal in shape & size. Parenchymal echoes are normal. Pancreatic duct is undilated

Spleen is normal (11.0 cm). No focal lesion seen

Right kidney is (9.9 x 4.3 cm) in size and normal in position, contour, echotexture and pcs undilated. Left kidney is (10.1 x 3.7 cm) in size and normal in position, contour, echotexture and pcs undilated. CM differentiation is maintained. Both ureters are undilated and VUU clear

Urinary bladder shows normal wall & echo free lumen.

Uterus is Anteverted & normal in size. It measures (9.5 L X 3.3 AP X 4.2 T cm). Uterine contours are smooth, myometrium is homogenous. No focal myometrial lesion seen. Endometrium is measuring 8.5 mm

Right ovary measures is 3.2 x 1.6 x 2.1 cm (Vol. 5.3 ml) & Left ovary measures is 3.1 x 1.5 x 1.9 cm (Vol. 4.1 ml) in size. Both adnexa are unremarkable & ovaries are normal in size.

No significant retroperitoneal lymphadenopathy seen.

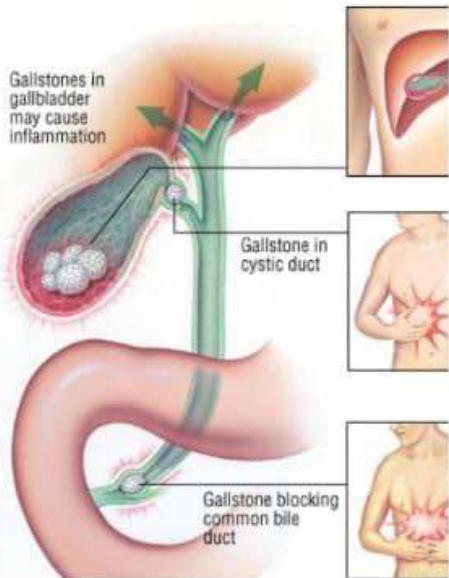
No free fluid seen in peritoneal cavity.

IMPRESSION : CHOLELITHIASIS.

SUGGESTED CLINICAL CORRELATION & FOLLOW-UP.

DR. KAPIL KUMAR UIKEY
 M.B.B.S, D.M.R.D. (Reg. No. MP-12466)

FOR HOME SAMPLE
 Call : 9109109190, 9109109192
 9/2, Bhawanipur Colony, Annapurna Main Road, Indore • Ph. : 0731-2482243, 4053074



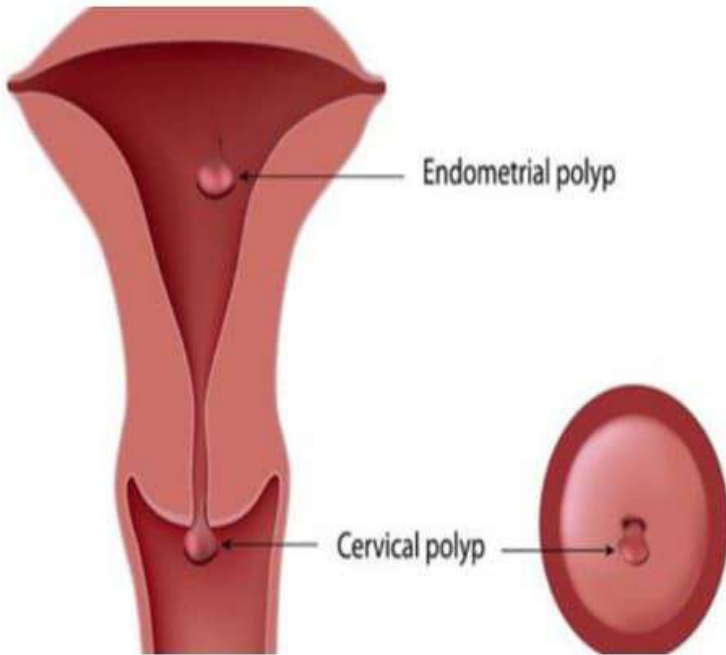
31 CHOLELITHIASIS पित्त के पथ में
 GALL BLADDER STONE

Multiple stones in gall bladder
 size 3 to 5 mm
 wall of gall bladder is thickened
 size 12 mm
 gall bladder is distended
 size 10 x 4 cm
 gall bladder is normal in size
 size 10 x 4 cm
 gall bladder is normal in size
 size 10 x 4 cm

Responsible
 Dr. Arpit Chopra (HOD)
 DR. ARPIT CHOPRA
 HANOVERA SUPER SPECIALITY
 91 7947 8700

शिवानी
 डॉ. अर्पित चोपरा
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आरोग्य सुपर स्पेशलिटी
 माडर्न होम्योपैथिक क्लिनिक (कम्प्यूटाईज्ड)

26 **CERVICAL POLYP**

मम कविता मुंद्रा
 Mobile: 872 06 32530
 Address: 201, Sakate, Indore
 Regd.

I am Kavita Mundra. I have the problem of Cervical Polyp from three months. I met lady doctor vidhya parikhaji. She suggest me the laser. then I met Nitish Dashore. She suggest me to operate Polyp. then I met Dr. Anurag Chandra. He he give me medicine for 1 month. Still get positive. I did Sonography. there was no Polyp in Sonography.

27
 I am happy without operate polyp dissolved. Thanks to Dr. Anurag Chandra
 Cured
CERVICAL POLYP



Central Diagnostic Center
 (KOTWARI DIAGNOSTIC PVT. LTD.)
 Yashwant Plaza, Opposite Railway Station, Indore - 452001 | Call 78699-57952

DEPARTMENT OF RADIOLOGY & IMAGING

Name Of Patient: MRS. KAVITA MUNDRA
 Age/Sex: 42 Y/F
 Date: 06.09.2019
 Ref. By: DR. SALONI DASHORE, MBBS
 LHID: 19091700125/3538

USG PELVIS

Uterus is of normal size (measures about 7.9x5.2x4.4cms in dimension) and is normal in shape. The uterine outlines are smooth and regular. The myometrial echopattern is normal. Endometrial echoes are central & 8.5mm in thickness. Cervix is bulky & there are few, (3) tiny 3-5mm nabothian cysts seen in it. A 14x8x8mm echogenic image is seen in cervical canal extending up to the external os (finding are consistent with clinical diagnosis of Cervical Polyp) No intra uterine extension is seen.

Both ovaries are normal in size, shape and echostructure.

No adnexal / pelvic mass.

No localized / free pelvic collection.

Dr. Sonita Sullere, DMRD
 RADIOLOGIST
 Dr. Sonita Sullere
 MRFD, INRD
 Radiologist
 Reg. No. 11230

Central Diagnostic Center
 (KOTWARI DIAGNOSTIC PVT. LTD.)
 Yashwant Plaza, Opposite Railway Station, Indore - 452001 | Call 78699-57952

DEPARTMENT OF RADIOLOGY & IMAGING

Name Of Patient: MRS. KAVITA MUNDRA
 Date: 25/12/2019
 Ref. By: DR. ANIT CHOPRA
 Age/Sex: 42Y/F
 LHID: 5712-19

USG FINDINGS:

USG ABDOMEN

LIVER: Measures 15.3cm, normal in size. Parenchyma echo-anatomy is homogenous. Intrahepatic biliary radicals are undilated.

GALL BLADDER: Normal distension, thin walled no calculi seen. CBD and Portal vein is normal in caliber.

SPLEEN: Measures 7.6cms in size. Parenchyma is normal. Spleen hila vessels are undilated.

PANCREAS: Normal in size, all segments show normal parenchyma echo-anatomy. Pancreatic duct is undilated.

RIGHT KIDNEY: Reveal normal size (10.6cms), shape and position. Cortical thickness and echo-anatomy are normal. C/M differentiations fair. Pelvi-calyceal systems are undilated. Right ureter is undilated.

LEFT KIDNEY: Reveal normal size (11.3cm), shape and position. Cortical thickness and echo-anatomy are normal. C/M differentiations fair. Show 4mm calculus in mid calyx. Pelvi-calyceal systems are undilated. Left ureter is undilated.

LMP: 06/12/2019.

URINARY BLADDER: Thin walled, normal distension and no calculus is visualized.

UTERUS: Measures 8.0 X 4.0cms in size, myometrium shows normal echioanatomy. Endometrial thickness is 11mm, cervical canal and vagina are normal.

RIGHT OVARY: normal in size. No dominant follicle is seen.

LEFT OVARY: normal in size. No dominant follicle is seen.

Cul-de-sac is clear.

USG INTERPRETATION: (1) LEFT RENAL CALCULUS.

Dr. Jagdish Kumar Gupta
 M.D. (IMCologist)
 Reg.No.5254



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

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AVASCULAR NECROSIS WITH APLASTIC ANAEMIA 09

मैं राहुल कुमार तिवारी जिसरा कि मज्जा का निवासी हूँ। मेरे आदि के अलावा रनीमिया की लीमासी भी है।
 Hemm avascular necrosis पर spinal stenosis भी है।
 जिसका लक्षण डोलाप में करवाक लेडिन कापटा नही हुआ मैं धारिवरी सभाग पर डेकारि नौपडा सर मे मिला डड मदीये से दवा लिपा उपरे मुझे लदन कापटा हुआ। मुग साइ रवाक हो रहा है। आपन सर से

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 मजिदेय मिलासीवा (म-प्रो)

डॉ. अर्पित चौधरी (जैन)
 0731-4977076, 7999978994, 9907527914
 arpitchohra23@gmail.com
 www.homoeopathyincur.com

Advance X-Ray & Pathology
 REPORT

Dr. Vijay
 Operator

Report of Examination
 Patient Name: RAHUL KUMAR TIVARI
 Age: 35
 Sex: M
 Date: 15/09/2019

Investigation for:
 X-RAY OF SPINE
 X-RAY OF PELVIS

Findings:
 X-RAY OF SPINE: L4-L5 DISC SPACE NARROWING, SPINAL STENOSIS AT L4-L5 LEVEL.
 X-RAY OF PELVIS: AVASCULAR NECROSIS OF THE HEAD OF THE FEMUR.

Advance X-Ray & Pathology
 REPORT

Investigation for:
 X-RAY OF SPINE
 X-RAY OF PELVIS

Findings:
 X-RAY OF SPINE: L4-L5 DISC SPACE NARROWING, SPINAL STENOSIS AT L4-L5 LEVEL.
 X-RAY OF PELVIS: AVASCULAR NECROSIS OF THE HEAD OF THE FEMUR.

KELOID CURE

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 Running help people
 Keeping healthy
 Healthy is the great
 est wealth of people
 life

Can a keloid go away on its own?

"Keloids can develop over weeks or months and typically do not go away on their own... One way to treat keloids is to remove them surgically, but because most people with keloids continue to be prone to abnormal scarring, a keloid may grow back in the same place after the surgery." Mar 16, 2009



Very common
 Affects 10 million people per year globally
 Treatable by a medical professional
 Usually self-diagnosable



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

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9907527914

Park's Classification of Anorectal Fistulas

- Type 1 - Intersphincteric (45%)
- Type 2 - Transsphincteric
- Type 3 - Suprasphincteric
- Type 4 - Extrasphincteric

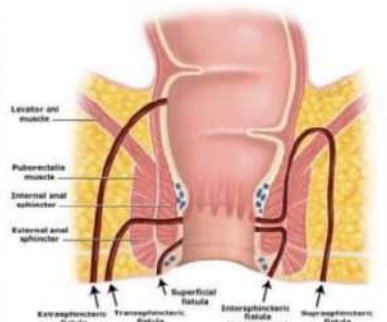
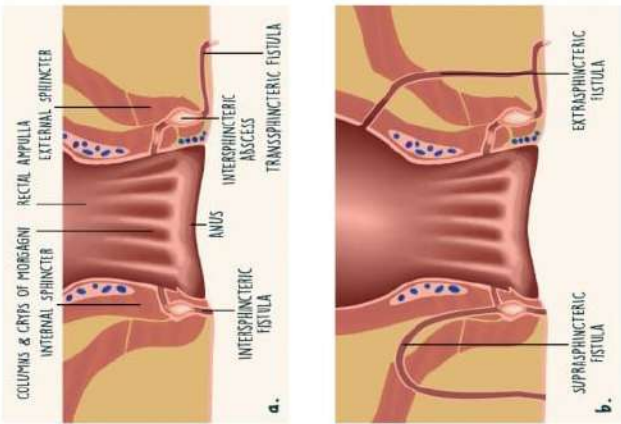


Figure 2. Location of perianal fistulas



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(MD HOMOEOPATHY)
CRITICAL & SURGICAL DISEASES SPECIALIST
Reg. No. 14367

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Mobile : 97130-92737, 97130-37737
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Cerebral Atrophy, Parkinson's disease,
Adipose Anemia, Amyotrophic Spondylitis,
Rheumatoid Arthritis, Spinal Stenosis,
Slip Disc (PVD), Liver Cirrhosis Fatty Liver,
HIV Brain Stroke Complication,
Thyroid disorder, Infertility, Impotence,
Sexual diseases, Rheumatism,
Backache, Sciatica, Migraine, Knee Pain,
Diabetes, Breast Tumor & Uterine Fibroid,
Prostate & Urological Diseases, Renal &
Gallbladder stone, Hereditary diseases
Incurable disorder, Mental Psychiatry
& Mood Disorder, Accidental & Emergency
Medicine, Homoeopathic Preventive &
Prophylaxis, Tetanus, Allergy
Skin Diseases, Eczema, Psoriasis,
Leucoderma, Acne, Cosmetic disorders,
Low Height, Obesity, Under Weight,
Hair Fall, Baldness, Warts, Deodorant
Acidity, Gas, Constipation, Piles, Fissure,
Fistula, Gastric Ulcer, Worms,
Asthma & Respiratory Disorder, Sinusitis,
Paralysis, Insomnia, Depression,
Weakness of Memory, Snoring,
Stammering, Paediatric Disorder
Dentist Trouble, Hormonal disorder
Anaemia, Weakness, Debility, Anorexia,
Leucorrhoea, PCOD, Menstrual disorders
Chronic Disorders, Excessive
Sweating, Restlessness, Blood Pressure
& Heart diseases, Homoeopathic
Veterinary Medicine, Fast cure &
Prevention for Acute diseases like
Fever, Typhoid, Malaria, Cough,
Cold, Pain, Dengue, Chikungunya,
Chicken Pox, Diarrhoea, Vomiting,
Trunkitis, Sore Throat etc.

ANAL FISTULA Friday - 06-
MARCH

मेरा नाम धर्मिन्द्र हाडिया है मुझे
खुबल फिशर्युला है जो कि मुझे
आपरेशन के बाद भी नहीं ठीक
हो सका रहा था फिर मई 2019
में मेरी पेरुत अमित यादव ने
मुझे डॉ. अर्पित चौपड़ा सर के
द्वारे में अपना डक्टरा वार्ड
दोनों पेशिया वार्डों में के बाद
मुझे 10-11 महीने में पूरी बरफि
से आराम मिल गया अब अब
खुबल फिशर्युला ठीक हो चुका है
मेरे सर का धन्यवाद होता है

CURED.

नाम - धर्मिन्द्र हाडिया
पता - न्यू गीरी नगर
इन्दौर (म.प्र.)
No. - 9424082206

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

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Email : arpitc@vsnl.com
aarogyamodernhomoeopathy@gmail.com



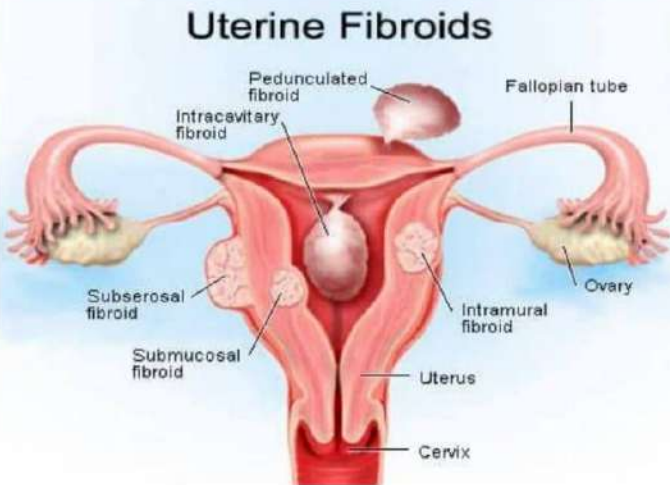
Fibroids

Also called: Uterine myoma

OVERVIEW SYMPTOMS TREATMENTS NEWS

Non-cancerous growths in the uterus that can develop during a woman's childbearing years.

The cause of fibroids isn't well understood. Risk factors include a family history of fibroids, obesity or early onset of puberty.



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

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Aarogyahomoeopathyindore.com

down town hospital ltd.
 (Sankardev Path, Dispur, Guwahati) 781006, Assam (India)
 Ph. (0361) 2331033, 76707761, 2-3, 94356 12999, 134 82801 2331024
 E mail: dth@downtownhospitals.org, Visit: www.downtownhospitals.in

DEPARTMENT OF RADIOLOGY

SI No	R/217844	Patient No	Report Date	13/01/2020
Scan No	932	OPD695741	Age/Sex	52Y / Female
Patient Name	MRS RUPA HAZARIKA		Cabin / Orgn	/ ESCHS
Ref. By	DR. Munindra Sharma		Film No	532
Inv. Time	11/01/2020 02:20 PM	Report Time	13/01/2020 10:51 AM	TAT 1 day 20 hour 30 min 59 sec

CEMR PELVIS

- PROTOCOL:** MR imaging of the Pelvis was performed and T1 and T2 weighted serial sections obtained in the sagittal, axial and coronal planes using a 8 channel dedicated torso-array surface coil and respiratory compensation on a 1.5 T scanner.
- The uterus is enlarged and shows large well capsulated SOL in the anterior body and fundus showing heterogeneous signal intensity with predominant T2 hypointensity. The lesion measures 117x85x85 mm (craniocaudal x AP x transverse dimensions)—suggests intramural myoma. On administration of contrast there is heterogeneous enhancement. The endometrial lining is thin and displaced posteriorly. No intraluminal collection is seen. Peri-uterine areas are clear. Cervix is normal without any focal signal intensity alteration is seen.
- Both ovaries are normal in size and signal intensity. The right ovary is adherent. The left ovary is normal in size. No solid or cystic lesion is seen in the ovaries. Right ovary measures 27x16 mm. Left ovary measures 24x19 mm.
- Adnexal areas show normal structures and signal intensities. No adnexal mass lesion seen.
- Intervening fat planes are maintained.
- Urinary bladder is normal.
- No adenopathies are appreciable. No free fluid is seen.
- Parietal soft tissue structures appear normal.

Impression:

- Features are suggestive of large intramural uterine leiomyoma with intact periuterine fat planes. No free fluid or pelvic lymphadenopathy.

Radiologists:

DR. V RAJCONWAR, MD Consultant
 DR. B. J. SARMAH, MD Consultant
 DR. P. K. SARMA, DMRD Consultant
 DR. INDRANI DEORI, MD Consultant
 D.E.C. ARIFA ISLAM

DR. M. K. BINGHA, MD Consultant

Before treatment report

STARLAB
 CHRISTIAN PATTY, NEAR CHURCH, A.D.P. ROAD, HOGAON - 782061
 Phones : 03672 - 235842 ; 236247 (Clinic) 237727 (999)

Ms. Rupa Hazarika
 Ref by - Dr. M Sarma
 Port scanned : USG abdomen + TVS
 May 5, 2020

REPORT:

The liver is normal in size. The echotexture and echotonalities of liver are normal. The intrahepatic biliary ducts are normal. The portal and hepatic veins are normal. No SOL is seen in liver.

The Gall-bladder is well distended. The wall thickness of Gall-bladder is normal. No calculi are seen in Gall-bladder.

The extra hepatic biliary ducts are normal. The CBD measures 3.9 mm. No calculi detected in CBD.

The echotomography of pancreas and spleen are normal.

The size of right and left kidneys are normal. The peri-calyceal systems of both kidneys are normal. No Calculi are seen in kidneys.

No axilles nor paraxilles lymphadenopathy seen.

PELVIC ORGANS (For abdominal & TVS)

The uterus is bulky measures approx 148.2 mm X104.9 mm X 78.6mm. Normal endometrial strip is not visualized. A hypoechoic lesion measuring approx. 89mm X 50 mm is centrally inside uterus. A thick hyperechoic capsule like structure seen around the hypoechoic lesion.

Ovaries are not visualized.

No free fluid is seen in P.O.D.

The urinary bladder is normal.

PROVISIONAL IMPRESSION: UTERINE MASS (D/D - 1. FIBROID; 2. ENDOMETRIAL GROWTH WITH HEMATOMA / INFLATED MATERIALS INSIDE)

Advised - Ca125.

Post Modern Homoeopathy Treatment Report

Dr. B. K. Hazarika, Consultant Radiologist

Discrepancy in typing error if detected should be sent for correction.

Gallstones

Also called: cholelithiasis

OVERVIEW SYMPTOMS TREATMENTS NEWS

A hardened deposit within the fluid in the gallbladder, a small organ under the liver.

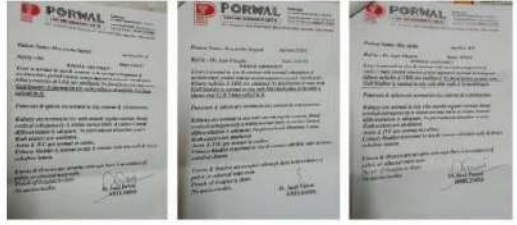
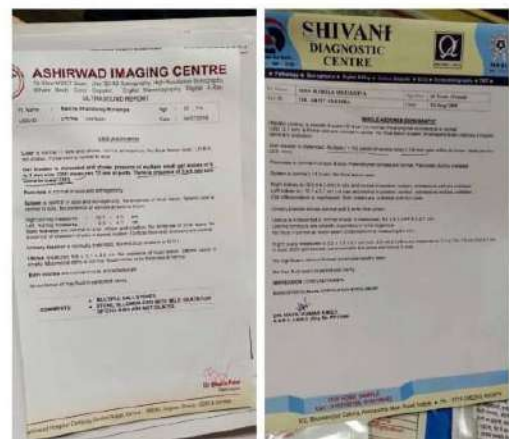
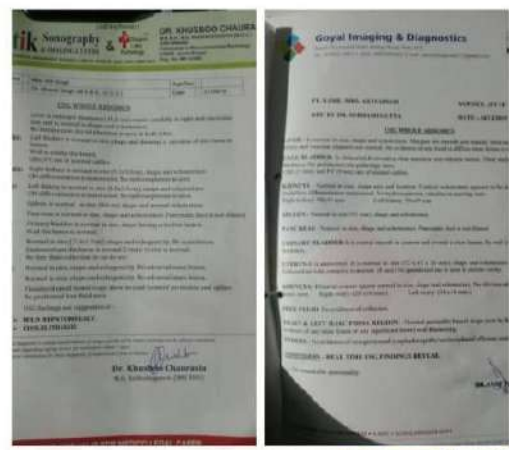
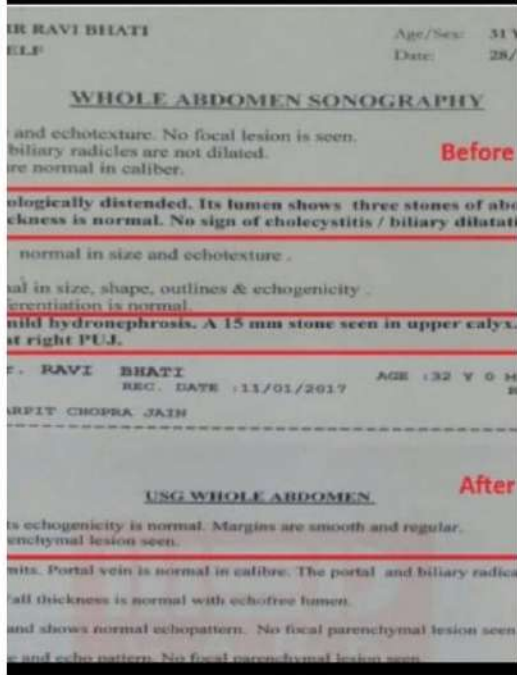
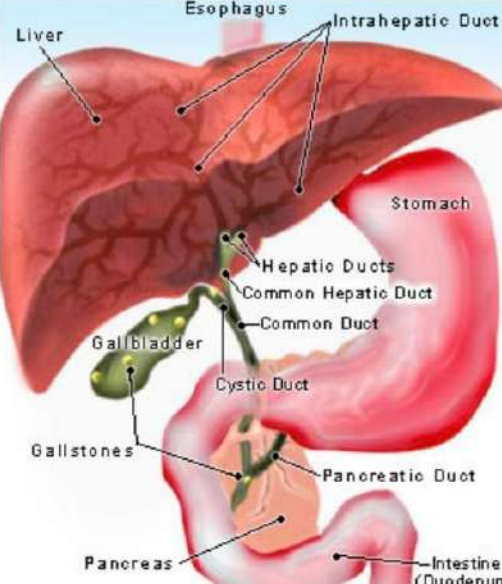
Gallstones are hardened deposits of digestive fluid.

Very common

More than 10 million cases per year (India)

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

What Are Gallstones?



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 HQ.: L.G.-1, Morya Centre, Opp. Basket Ball Club, 161, Race Course Road, Indore (M.P.) ☎ 0731-682-0281

Patient's Name: **Mrs. Indu Verma**
 Age / Sex: 50 Years / FEMALE
 Referred By: Dr. Chopra Arpit (Jain) MD(Honors)
 Company: NA

Visit #: 1016149096
 Reg Date: 30/07/2016
 Reported: 30/07/2016 17:48

WHOLE ABDOMEN SONOGRAPHY

Hepatic contour is smooth & span is normal. Parenchymal echotexture is normal. 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 & CBD are normal in caliber.

Pancreas is not visualized due to gases.

Spleen is normal in size. No focal lesion seen.

Both kidneys are normal in position & size. Right kidney is 10.0 x 3.2 cm & left is 10.5 x 4.0 cm in size. Renal contour is smooth. Cortical echoes are normal. Pelvic/ureteral 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.

Uterus is anteverted & enlarged in size. It measures 10.7 x 6.5 x 8.2 cm. A large 5.2 x 4.8 cm sized fibroid seen at fundus. Endometrium is thin.

Both ovaries are normal in size.

No free fluid seen in cul-de-sac.
 No significant Ascites. No pleural effusion. No significant lymphnodes are noted.

[Impression]:
 - No hepatobiliary lesion seen.
 - Normal renal echoanatomy with undilated collecting system.
 - Enlarged uterus with large fibroid.
 - Normal ovaries.
 Clinical correlation / followup suggested

DR.S. MAITRA MD
 DR.R.K.SODANI MBBS DMRD

Printed on: 30/07/2016 17:48
 Authorized by: SONI CHACKO
 e-mail: sodani@sampumadiagnostics.com - www.sampumadiagnostics.com

RANCHES: Indore • Ujjain • Dewas • Sanwer • Khandwa • Khargone • Badwani • Dhar • Mhow • Shujalpur

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 HQ.: L.G.-1, Morya Centre, Opp. Basket Ball Club, 161, Race Course Road, Indore (M.P.) ☎ 0731-682-0281

Patient's Name: **Mrs. Indu Verma**
 Age / Sex: 50 Years / FEMALE
 Referred By: Dr. Chopra Arpit (Jain) MD(Honors)
 Company: NA

Visit #: 1016149096
 Reg Date: 30/07/2016
 Reported: 13/11/2016 11:50

WHOLE ABDOMEN SONOGRAPHY

Hepatic contour is smooth & span (12.2 cm) is normal. Parenchymal echotexture is normal. 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 & CBD are normal in caliber.
 Pancreas is normal in shape & size. Parenchymal echoes are normal.
 Pancreatic duct is undilated.

Spleen is normal (7.0 cm). No focal lesion seen.

Both kidneys are normal in position & size. Right kidney is 9.0 x 4.7 cm & left is 9.6 x 5.3 cm in size. Renal contour is smooth. Cortical echoes are normal. Pelvic/ureteral 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.

Uterus is anteverted & bulky. It measures 10.0 x 5.8 x 6.2 cm. Myometrium is heterogeneous. Cervix is normal. Endometrium is 8 mm.

Bilateral adnexa appears clear.

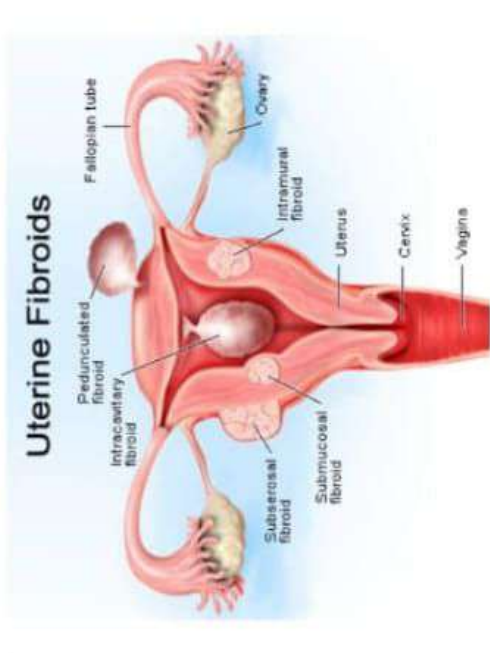
No free fluid seen in cul-de-sac.
 No significant Ascites. No pleural effusion.
 No significant bowel wall thickening / dilatation or lymphnodes are noted.

[Impression]:
 - No hepatobiliary lesion seen.
 - Normal renal echoanatomy with undilated collecting system.
 - Bulky uterus with heterogeneous myometrium (7 isoechoic fibroid occupying whole uterine body). (old H/o fibroid)
 Clinical correlation / followup suggested

DR.R.K.SODANI MBBS DMRD
 DR. SANAT MUKHERJEE MBBS DMRD

Printed on: 13/11/2016 11:50
 Authorized by: VARSHNA
 e-mail: sodani@sampumadiagnostics.com - www.sampumadiagnostics.com

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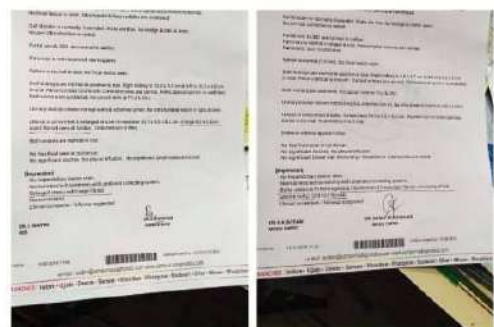
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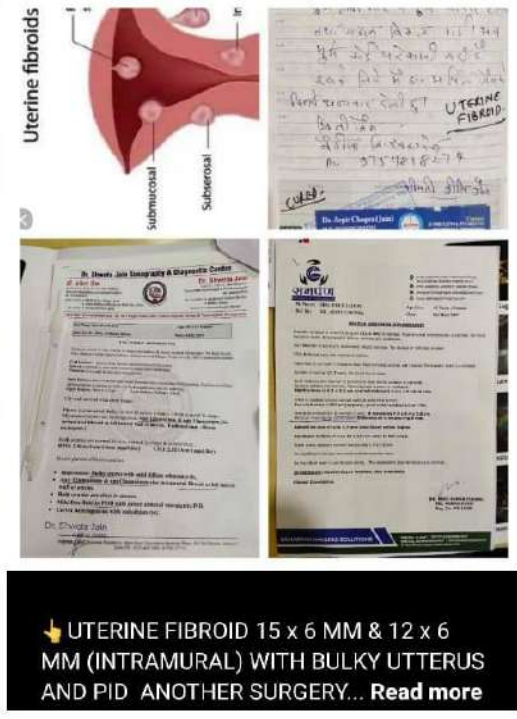
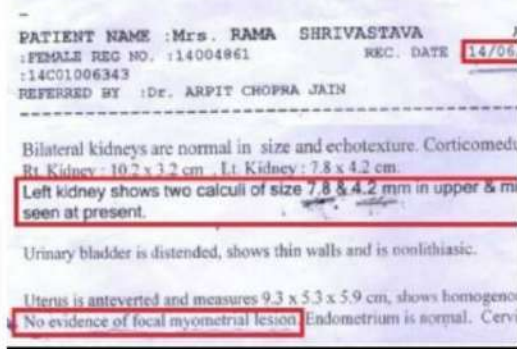
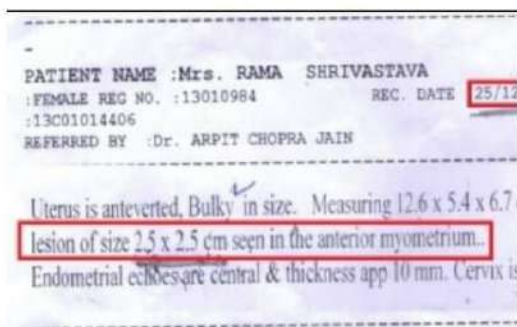
5.2 x 4.8 CM UTERINE FIBROID LARGE SIZED ANOTHER SURGICAL ADVISED CASE CURED & dissolved successf... Read more



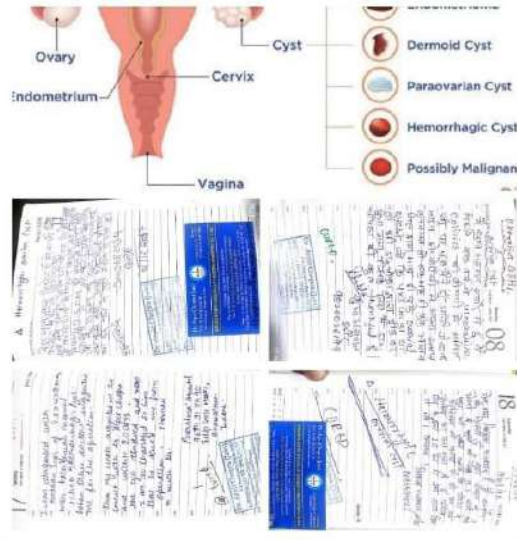
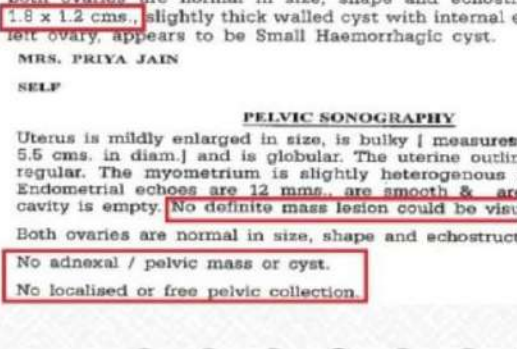
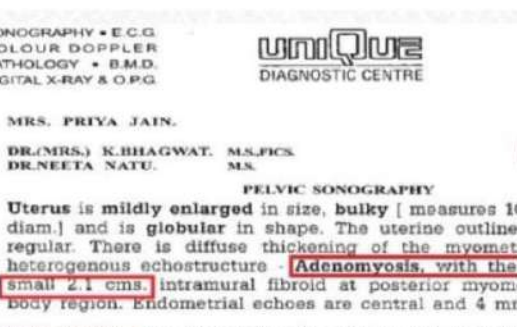
CERVICAL POLYP OF 14 x 8 x 8 MM ANOTHER CASE CURED & RESPONDED successfully by Modern Homo... Read more



UTERINE FIBROID 117 x 85 MM VERY LARGE SIZED ANOTHER SURGICAL ADVISED CASE RESPONDED ... Read more



UTERINE FIBROID 15 x 6 MM & 12 x 6 MM (INTRAMURAL) WITH BULKY UTERUS AND PID ANOTHER SURGERY... Read more



OVARIAN CYST OF LARGE SIZE MULTIPLE DIFFERENT SURGERY ADVISED CASES CURED & dissolved su... Read more



UTERINE FIBROID 15 x 6 MM & 12 x 6 MM (INTRAMURAL) WITH BULKY UTERUS AND PID ANOTHER SURGERY... Read more

PATIENT NAME :Mrs. MAYA TANK
 : FEMALE REG NO. :16005316
 :16C01006727
 REFERRED BY :Dr. ARPIT CHOPRA JAIN

AGE :40 Y 0 M 0 D SEX
 REC. DATE :05/08/2016 REC NO.

Before Treatment

Follow up case of left breast collection. Previous details not available.

- Left breast low kV high MAS CR (Digital) X-Ray mammography performed.
- Both Medio - lateral 45 - degree oblique and CC views taken. Compression applied.
- Size and shape of left breast is normal.
- Radio-density is mixed type normal for her age.
- Illdefined radio density noted in the inner lower quadrant with no abnormal calcification.
- Skin, Nipple - areola and axilla free. Vasculature is normal.
- Complimentary screening USG reveals a well-defined thick walled irregular collection of size approx 4 x 2.2 cms suggesting benign fluid collection.

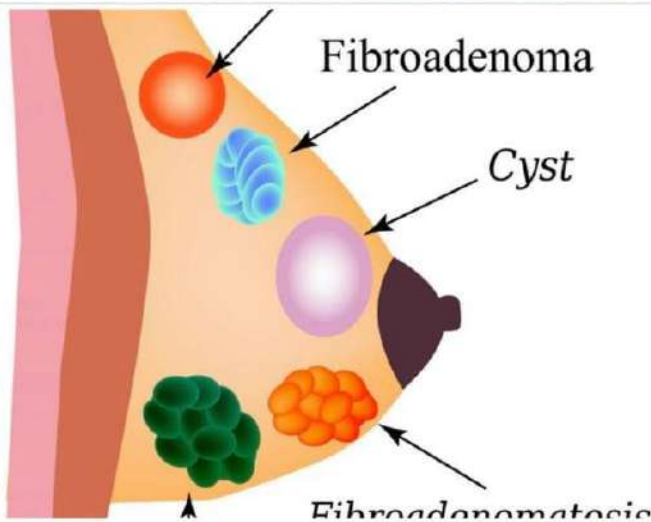
IMPRESSION :- X-Ray Mammographic appearance & complimentary USG screening of left breast in concern falls in BI-RADS Assessment Category 2 (Fluid collection). Most category 2 breast are benign & have 2/10000 chances of cancer. Continue annual screening mammography.

PATIENT NAME :Mrs. MAYA TANK
 : FEMALE REG NO. :16004126
 :16C01009028
 REFERRED BY :Dr. ARPIT CHOPRA JAIN

AGE :40 Y 0 M 0 D SEX
 REC. DATE :18/10/2016 REC NO.

After Treatment

IMPRESSION:- Dense breasts thus mammographic sensitivity is poor, however no evident spiculated mass or suspicious pleomorphic micro calcification seen. Category I (ACR-BIRADS) Negative.



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

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 एच. बी. होम्योपैथी
 जटिल, असाध्य एवं
 शल्य रोग विशेषज्ञ

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

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 Inventor Of Super Speciality Modern Homeopathy

Cancer (Any Type) / Stage, Anorexia, Leucorrhoea, PCOD, Menstrual disorders, Chronic Disorders, Excessive Sweating



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एम. डी. होम्योपैथी
जटिल, असहज एवं
शल्य रोग विशेषज्ञ

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

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फोन : 0731-4977076, मो. : 97130-92737, 97130-37737, 79999-78894, 99075-27914

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Jain Diagnostic
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Opp. Govt. Hospital, Bohra Masjid Road, Guna (M.P.) 473001 Ph.: 07542-222622

Reg. No. : 183
Patient Name : Mrs. Anjali W/O- Ashish Gupta, 34 y/F
Ref. by : Self
Date : 07/05/2020.

U. S. G. WHOLE ABDOMEN.

Liver is normal in size, shape and echotexture is normal through out the liver. Veins and intrahepatic biliary radicals are not dilated. No SOL is noted.

GB is contracted and reveals multiple small calculi of size varying between 2 - 3 mm each.

CBD and portal vein are normal in course and caliber.

Pancreas is normal in size and echotexture.

Spleen is normal in size and echotexture.

Both kidneys are normal in size, shape and echotexture. Bilateral corticomedullary differentiation is maintained. Bilateral PCS not dilated.

Urinary bladder is partially distended with echofree contents. Wall thickness within normal limits.

Uterus is anteverted, mild bulky in size and echotexture is normal. Its measuring about 10.5 x 3.7 x 5.0 cm.

A small hypoechoic lesion of size about 12.3 x 10.5 mm seen in anterior wall of uterus.

Endometrial echoes is intact, measuring about 4.0 mm.

Both ovaries are normal in size, shape and echotexture. Bilateral adnexa appears normal.

No free fluid noted in cul-de-sac and peritoneal cavity.

VC and abdominal aorta are normal. No evidence of significant lymphadenitis seen.

No thick walled bowel loops seen. Bilateral iliac fosse are clear.

IMPRESSION :- Sonography of abdomen reveals :-

- > **Cholelithiasis with contracted gall bladder.**
- > **Mild bulky uterus with a small anterior wall uterine fibroid.**

Recommended clinical, lab parameters correlation and evaluate further out other possibilities.

This is my professional opinion, to the best of my knowledge and clinically efficiency and the final diagnosis. May be reviewed, discussed if doubt remains.

Advance
C.T. SCAN & DIAGNOSTIC CENTRE PVT. LTD.
विलास अस्पताल के सामने, भगतसिंह चौक, गुना - 473001 (म.प्र.) फोन : 07542-222622 मो. : 769199499

No. : 13868
Patient Name : Anjali Gupta.
35 Y/F
Ref. by : Self.
Date : 07-Nov-20 12:46 PM

USG - WHOLE ABDOMEN.

Liver is normal outline and echoes. Intrahepatic biliary tree and portal system normal. CBD and portal vein are normal in diameter at porta hepatis.

Gall bladder is partially distended and shows a tiny calculus in lumen.

Urinary bladder is normal in size, shape and echotexture. Uterus is normal in shape and echotexture.

Both kidneys are normal in size, shape, echotexture and corticomedullary differentiation. Bilateral sinus echoes are intact. Collecting system of both kidneys are normal.

Adrenal glands are normal in course, caliber and lumen. No lymph nodes seen in peritoneal cavity. No lymph nodes seen.

Urinary bladder is partially distended with normal wall thickness and anechoic content.

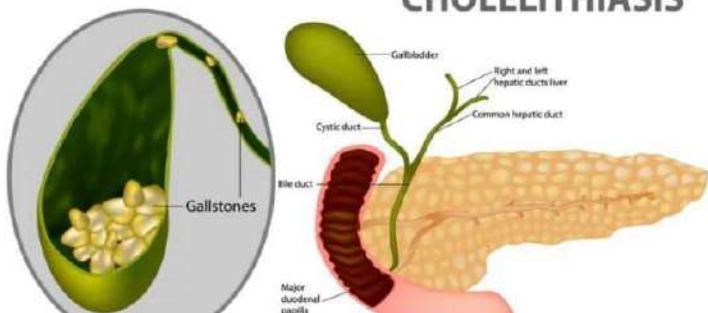
Uterus is anteverted and normal in size and shows well defined hypoechoic lesion measuring 1.3 x 1.1 cm. endometrium is intact.

Presence of cystic lesion of size 4.2 x 2.9 cm with internal echoes and septations. Ovary appears normal.

No free fluid seen in cul-de-sac.

IMPRESSION:- Anterior wall uterine fibroid.

CHOLELITHIASIS



Gallstones

Also called: cholelithiasis

OVERVIEW SYMPTOMS TREATMENTS NEW

PATIENT NAME:	ANIL KHANDELWAL	AGE/SEX:	54 Years/M
REF. PHYSICIAN:	DR AJAY KURVE SIR	DATE:	21-Jan-2020
EXAMINATION:	MRI BRAIN WITH CONTRAST		

TECHNIQUE: MRI of brain was performed using T1, T2 weighted & FLAIR sequences in multiple planes on 3T MR Scanner. Post contrast T1 Fat-Sat images obtained.

OBSERVATIONS & IMPRESSION:

This is an operated case of right acoustic neuroma. Right occipital craniectomy is seen.

There is ill-defined altered signal intensity area in right cerebello-medullary cistern. It measures 1.2x2.7x1.6cms in maximum craniocaudal, transverse and antero-posterior dimensions. It appears heterogeneous and hyperintense on T2W sequences, hypointense on T1W sequences with no restricted diffusion. It shows heterogeneous enhancement on post-contrast scanning. The lesion probably represents residual neoplasm. Need follow-up.

There is ill-defined area of altered signal intensity in right middle cerebral peduncle adjacent part of pons and right cerebellar hemisphere. It is heterogeneously and appears hyperintense on T2W sequences with restricted diffusion on DWI and minimal heterogeneous enhancement on post contrast scanning. These are probably post surgical changes. Need follow-up.

There is diffuse thick homogenous patchy meningeal enhancement along bilateral cerebral convexity and along tentorium. Need further evaluation to rule-out intra-cranial hypotension.

Ventricular shunt is seen in situ in left lateral ventricle.

There is normal signal intensity pattern of rest of cerebral parenchyma.

Both striato-capsular regions & thalami show normal morphology and signal intensity. Sella & supra-sellar region appear normal.

Ventricular system otherwise is normal in size, shape & position. No midline shift. Subarachnoid spaces and basal cisterns appear normal.

Cerebellum and brainstem otherwise show normal morphology and signal intensity. Both ponto-cerebellar angles appear normal. Membranous labyrinth on either side show normal signal intensity.

Visualised bilateral internal carotid arteries & basilar artery show normal flow void.

NAME OF PATIENT:	MR. ANIL KHANDELWAL	AGE / SEX:	56 YRS / M
REFERRED BY:	DR. SANJIVANI DHARMATMA	DATE:	06.11.2020
EXAMINATION:	MRI BRAIN WITH CONTRAST		

TECHNIQUE: MRI of brain was performed using T1, T2 weighted & FLAIR sequences in multiple planes on 3.0 Tesla MR Scanner. 7 ml gadolinium IV contrast was administered. No contrast reaction was observed.

Clinical profile: O/C/O right acoustic neuroma.

OBSERVATION:

Right occipital craniectomy noted.

Ill defined area of altered signal intensity is noted in right cerebellar pontine and cerebellar medullary cistern and right middle cerebral peduncle. It appears hypointense on T1 W images, hyperintense on T2 / FLAIR W images, shows few foci of blooming on GRE W images with no e/o restricted diffusion or post contrast enhancement.

Above imaging features are likely s/o post operative changes with no obvious residual / recurrent neoplasm.

VP shunt is noted in left lateral ventricle with decompressed lateral ventricles. Gliosis is noted along shunt tract.

Diffuse thick homogenous pachy meningeal enhancement is noted along bilateral cerebral convexities and along tentorium cerebelli - ? intracranial hypotension.

Few small ill-defined T2 / FLAIR hyperintensities are seen in bilateral fronto-parietal cerebral white matter with no e/o restricted diffusion e/o chronic small vessels ischemic changes.

Mild cerebellar atrophy noted.

There is normal signal intensity pattern of rest of the cerebral parenchyma. No evidence of intra or extra-parenchymal hemorrhage.

Both striato-capsular regions & thalami show normal morphology and signal intensity. Sella & supra-sellar region appear normal.

No midline shift. Subarachnoid spaces and basal cisterns appear normal.

Rest of the cerebellum and brainstem show normal morphology and signal intensity. Left ponto-cerebellar angle appear normal. Membranous labyrinth on either side show normal signal intensity.

Visualized bilateral internal carotid arteries & basilar artery show normal flow void.

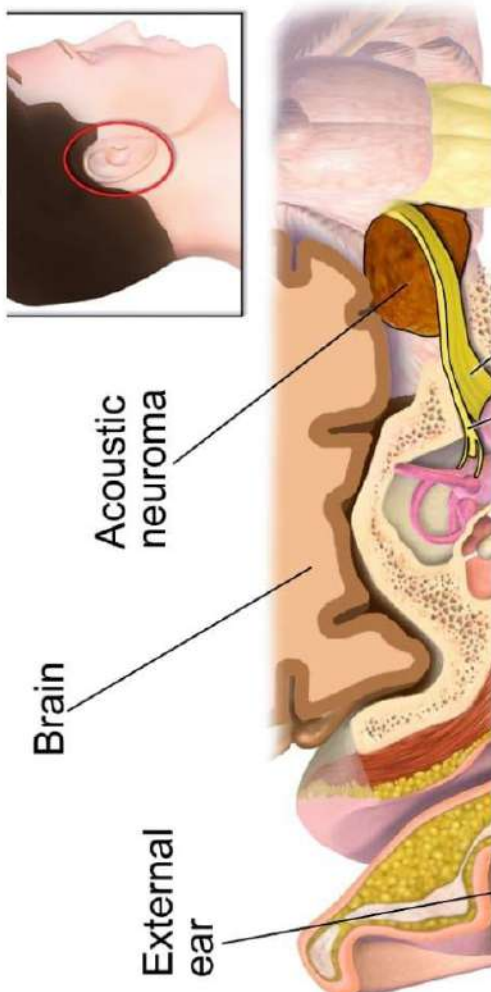
Needs clinical correlation and follow up.

Vestibular schwannoma

OVERVIEW SYMPTOMS TREATMENTS NEWS

A non-cancerous tumour on the main nerve leading from the inner ear to the brain.

A vestibular schwannoma usually grows slowly or not at all. However, in a few cases, it may grow



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



डॉ. अर्पित चोपड़ा (जीन)
एम. डी. होम्योपैथी
जस्टिस, असाध्य एवं
शाब्द रोग विशेषज्ञ

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Bombay Hospital - Indore

DEPARTMENT OF IMAGING
SECTION OF ULTRA - SOUND

Pt Name	Shikha Trivedi	41 Y/ F	2321910
Ref By	Dr. Ravi Rathi	OPD	07/11/2020

USG WHOLE ABDOMEN (TRANS ABD)

Liver is normal in size and shape. Its echogenicity is normal. Margins are smooth and regular. The portal vein and biliary radicals are normal in caliber.

GB well distended. Wall thickness is normal with echofree lumen. CBD is within normal limits.

Pancreas is normal in size, shape and echo pattern.

Bilateral kidneys are normal in size, position and echotexture. Corticomedullary differentiation is maintained. No evidence of any calculus or hydronephrosis.

Spleen is normal in size and echopattern.

No evidence of ascites / pleural effusion.

Bowel loops show normal peristalsis.

Urinary bladder is normal in shape and size. Lumen appears echofree. Wall thickness is normal. Post void residue insignificant.

Uterus is anteverted, normal in size, uterocervical measurement app 8.05 x 4.79 x 3.45 cm. Anterior myometrium in peripheral location shows an incidental well-defined small hypoechoic fibroid of size app 9.11 mm. rest of the myometrium appears grossly normal. Myometrial echotexture appears homogenous with no obvious focal lesion. Endometrial echoes are central & thickness app 7.2 mm. Cervix appears normal. No obvious adnexal lesion seen. No free fluid in pouch of douglas.

Please correlate clinically & with lab tests

PREETI C.T. SCAN CENTRE

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House No. 1, Opposite Mangate of Rajput Boarding, Sheeshi Nagar, RATLAM - 457 001 (M.P.)

NAME	MRS. SHIKHA	AGE/SEX	40Y/F
REF BY	DR. SOFYA SINGARIYA DGO	DATE	02-01-2021

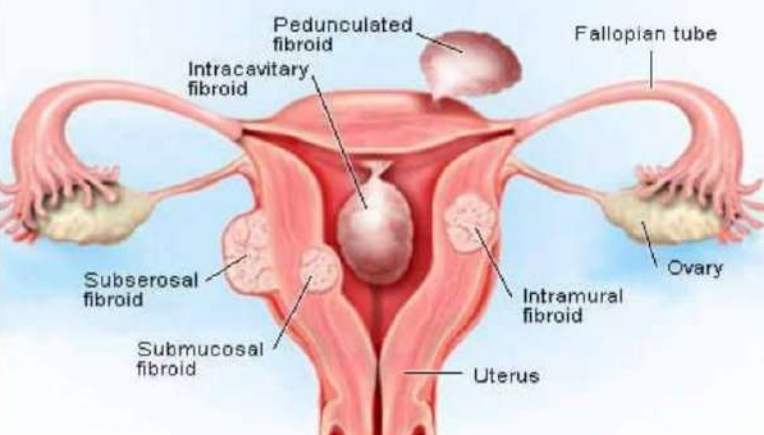
REPORT
USG WHOLE ABDOMEN

Real time Sonography of whole abdomen shows:

LIVER: Liver is normal in shape, size and echogenicity. No focal mass or diffuse lesion seen. IHBR are not dilated. Hepatic veins normal.
GALL BLADDER: Lumen is anechoic, nonlithiasic. Wall smooth and regular, normal in thickness. Pericholecystic areas normal.
PORTA HEPATIS: Normal, no focal mass seen. PV measures 10MM. CBD measures 2MM. No calculus or mass seen in CBD.
PANCREAS: Pancreas is normal in shape size and echogenicity. No focal or diffuse lesion seen. Pancreatic duct is not dilated.
SPLEEN: Is normal in size, shape and echogenicity. Parenchyma is homogenous, no focal or diffuse lesion seen. Splenic vein measures normal.
BOTH KIDNEYS: Are normal in shape size and echogenicity. Parenchyma is normal in thickness. Corticocentral differentiation is clear. Pelvicalyceal system is compact. No hydronephrosis or renal calculus seen. Perirenal areas normal.
RK measures: 10.91 X 4.10 CMS. **LK measures:** 9.16X 4.44 CMS.
BOTH URETERS: Are normal not dilated.
URINARY BLADDER: Lumen is anechoic nonlithiasic. Wall smooth and regular, normal in thickness. Postvoid residue is insignificant.
UTERUS: Is anteverted, normal in shape size and echogenicity. Myometrium is homogenous, no focal mass seen. Central endometrial echocomplex is in midline measuring 7.7 mm. No free fluid in uterine cavity. Uterus measures 8.37 X 4.70 X 4.86 CMS.
BOTH ADNEXA: Normal, no focal mass seen
AORTA and IVC: Are normal, no para aortic or para caval lymphadenopathy.
No pleural effusion or ascitis or free fluid seen.
BOTH ILLAC FOSSA: Normal, no focal mass seen.
IMPRESSION: Normal abdominal sonogram.

Please correlate clinically.
Thanks for the reference

Uterine Fibroids



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एम. डी. होम्योपैथी
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www.homeopathycure.in, www.aarogyahomeopathyindore.com Email : arpitchopra23@gmail.com

उत्प्रेत फाइब्रॉइड 9.11mm
के आसन्न दर्द
03/01/2021 → No focal lesion
Use Normal
after 1 month
Fibroid dissolved
No. of Fibroid dissolved
No. of Fibroid dissolved

आरोग्य सुपर स्पेशलिटी मॉडर्न होम्योपैथिक क्लीनिक

REPORT

NAME- MRS. CHHAYA

08 OCTOBER 2020

AGE/SEX 39Y/F

USG: PELVIS & TVS

Two well defined hyperechoic lesions are seen in right lobe of liver. Hemangioma, largest measuring 2.1x2.1 cm.

Bladder is partially filled. Wall is smooth and regular. Lumen is echofree.

Uterus is anteverted and enlarged in size (11.9x4.1x4.3 cm). Myometrium is normal. No definite evidence of myoma is seen. A 3.0x0.9 cm hypoechoic is seen in endometrial cavity. No vascularity seen within. ET- 9.5 mm.

Right adnexa / ovary are normal. A 5.8x3.1 cm well defined cystic lesion is seen in right adnexa. No evidence solid component / septation seen within. A 5.5x3.0 cm lesion is seen in left adnexa.

No evidence of significant fluid in pouch of Douglas.

IMPRESSION

Two well defined hyperechoic lesions are seen in right lobe of liver. Hemangioma. Bulky uterus. A hypoechoic is seen in endometrial cavity. No vascularity seen within. These features are s/o polyp. A well defined cystic lesion is seen in right adnexa. No evidence solid component / septation seen within. A similar lesion is seen in left adnexa. These features are s/o exophytic bilateral ovarian cyst / bilateral hydrosalpinx.

30.12.20

TRANSVAGINAL SONOGRAPHY
(NOT VALID FOR MEDICO-LEGAL PURPOSES)
(PATIENT'S IDENTITY NOT VERIFIED)

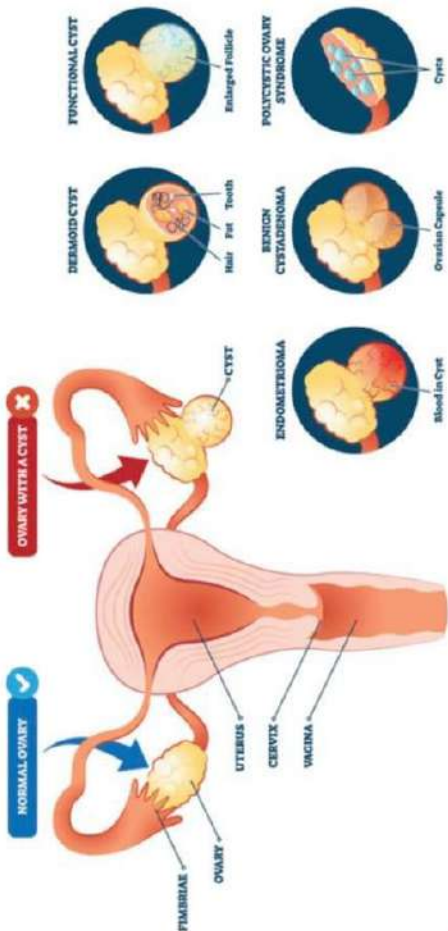
UTERUS: Uterus is anteverted and normal in size (76.1mm) with normal myometrial echogenecity. Endometrial cavity shows echogenic debris with a small ~4 x 6mm soft tissue density mass. No evidence of gestational sac or foetal echo.

Right ovary measures 36 x 34mm and is fluid filled with internal echoes. Left ovary measures 25.7 x 15.4mm and is normal in size and echogenecity.

Pouch of Douglas is clear. Pelvic vessels are congested.

IMPRESSION: Small endometrial polyp with endometritis with small right adnexal mass (endometrioma) with PID.

OVARIAN CYST



ULTRASPECIALITY MODERN HOMOEOPATHIC CLINIC

Dr. Arpit Chopra (Jain)

ALL DISEASES SPECIALIST

102-104, First Floor Krishna Tower In Front of Curewell Hospital Janjeer Wala Square, INDORE (M.P.)

Time : Morning : 12 am to 8.00 pm Sunday : 12 am to 3 pm

Name: Chhaya Shrivastava, Age: 39, Sex: F, Date: 18/10/20

Address: Handwara, Mob. No. Ref. No.

Reg. No. 56 - Bilateral Ovarian Cyst

Packages: - Rt Exophytic Ovarian Cyst 5.8 x 3.1 CM

Visit / Monthly: - Lt Exophytic ovarian Cyst 5.5 x 3.0 CM

Uterine polyp 3.0 x 0.9 CM (As on USG dated 08/10/2020)

31/12/2020 Both Ovarian Cyst dissolved - No Cyst in Rt and Lt Adnexa - Uterine polyp reduced to only 4x6 mm (As on USG dated 30/DEC/2020)

USG whole/Lower Abdomen after 2 months

Ph. : 0731-4977076

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

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एम डी होम्योपैथी
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शल्य रोग विशेषज्ञ

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एवं 300 प्रकार के असाध्य जटिल रोगों की चिकित्सा ।

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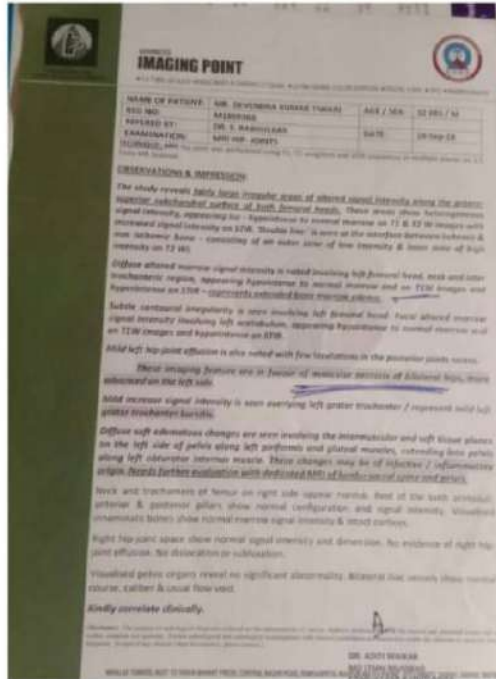
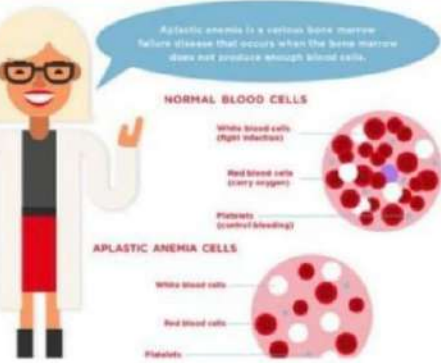
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Avascular Necrosis

APLASTIC ANEMIA Quick Facts



DIAGNOSTIC REPORT

CLIENT CODE : C000059141
CLIENT'S NAME AND ADDRESS :
AGRAWAL DIAGNOSTICS
SRL LIMITED, PLOT NO.-7/52B, SHOP NO.1 AND 2, OPP. JYOTI SCHOOL
CHURCH,
BODA BAGH ROAD, TEHSIL HAZOOR
REWA 486001
MADHYA PRADESH INDIA
9926238000 07662-297978

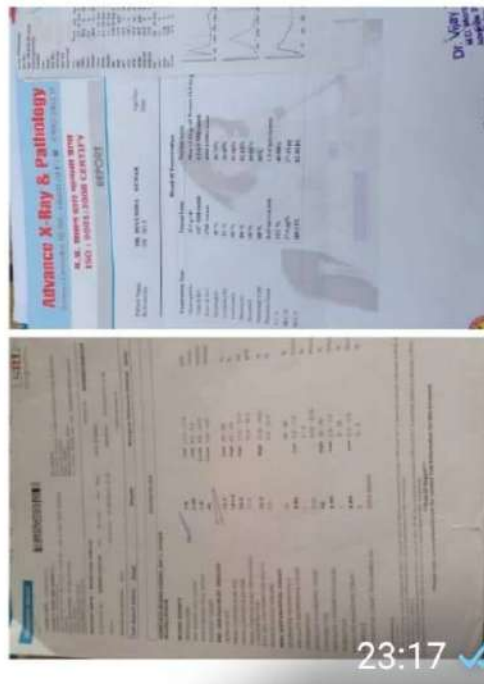
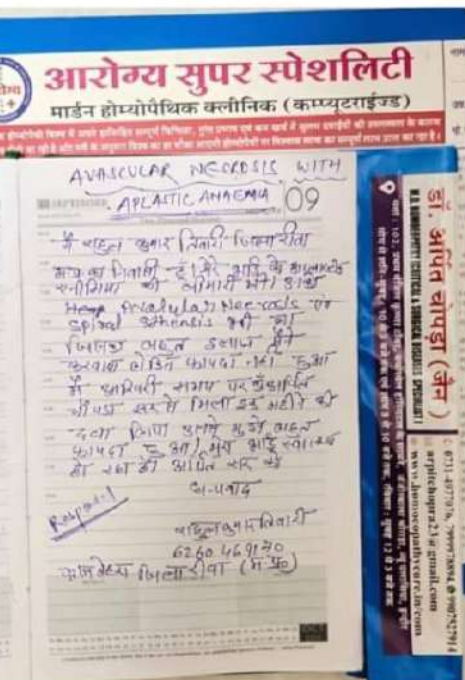
PATIENT NAME : DEVENDRA KUMAR TIWARI
ACCESSION NO : 0208UB001876 AGE : 32 Years SEX : Male
DRAWN : RECEIVED : 18/02/2021 12:12
REFERRING DOCTOR : DR. ARPIT CHOPRA JAIN

Test Report Status **Final** Results

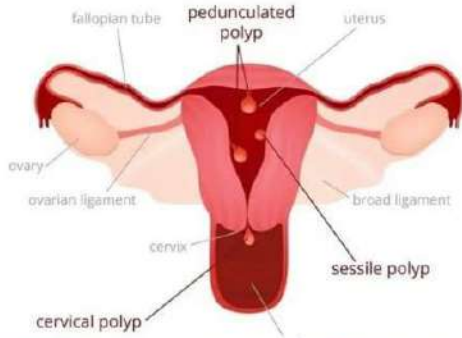
HAEMATOLOGY

COMPLETE BLOOD COUNT, EDTA WHOLE BLOOD / SMEAR

TEST	RESULT	REFERENCE RANGE
BLOOD COUNTS		
HEMOGLOBIN	15.1	
METHOD : COLORIMETRY		
RED BLOOD CELL COUNT	3.91	Lo
METHOD : COULTER PRINCIPLE		
WHITE BLOOD CELL COUNT	2.30	Lo
METHOD : COULTER PRINCIPLE / MICROSCOPY		
PLATELET COUNT	80	Lo
METHOD : COULTER PRINCIPLE / MICROSCOPY		
RBC AND PLATELET INDICES		
HEMATOCRIT	45.6	
METHOD : CELL COUNTER (CALCULATED)		
MEAN CORPUSCULAR VOL	117.0	Hi
METHOD : CELL COUNTER DERIVED		
MEAN CORPUSCULAR HGB	38.5	Hi
METHOD : CELL COUNTER (CALCULATED)		
MEAN CORPUSCULAR HEMOGLOBIN CONCENTRATION	33.0	
METHOD : CELL COUNTER (CALCULATED)		
RED CELL DISTRIBUTION WIDTH	9.8	Lo
METHOD : CELL COUNTER (CALCULATED)		
MEAN PLATELET VOLUME	9.0	
METHOD : CELL COUNTER (CALCULATED)		
WBC DIFFERENTIAL COUNT		
SEGMENTED NEUTROPHILS	45	
METHOD : COULTER PRINCIPLE / MICROSCOPY		
ABSOLUTE NEUTROPHIL COUNT	1.04	Lo
EOSINOPHILS	2	
METHOD : COULTER PRINCIPLE / MICROSCOPY		
ABSOLUTE EOSINOPHIL COUNT	0.05	
LYMPHOCYTES	48	
METHOD : COULTER PRINCIPLE / MICROSCOPY		
ABSOLUTE LYMPHOCYTE COUNT	1.10	
MONOCYTES	5	



UTERINE POLYPS (endometrial Polyps)



Endometrial polyp

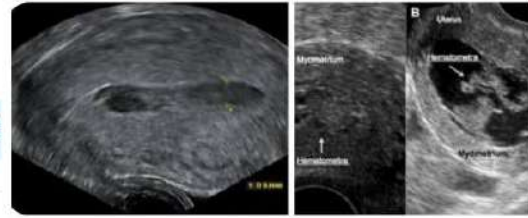
Overview

Symptoms

Treat

A usually non-cancerous growth attached to the inner wall of the womb (uterus).

Endometrial polyps are common in women undergoing or have completed menopause and size varies.



Hematometra is a medical condition involving collection or retention of blood in the uterus. It is most commonly caused by an imperforate hymen or a transverse vaginal septum.

ukund IMAGING AND DIAGNOSTICS
 Patient Name - Jamila Bee Qureshi 75 Y/F
 Ref By - Dr. Mahendra Chouhan MD
 Date - 22-08-2020
MRI - ABDOMEN & PELVIS

Technique:-
 Ultrafast multiplanar mult. Echo sequences were obtained through the abdomen and pelvis.

Imaging Findings and remarks:-
 Haemorrhagic fluid filled cavity is noted in the endometrial cavity showing hyperintense signal on T1 and T2 sequences. This cavity measuring 5.1 x 4.2 x 4.0 cm (approximately 40 mL volume). Left lateral aspect of this fluid filled cavity shows an irregular soft tissue lesion measuring 2.5 x 2.2 cm. This lesion appears endometrial polyp. The fluid collection in the endometrial cavity appears encysted with the apparent stenosis in the cervical endometrial canal possibly caused by chronic cervicitis. No obvious mass lesion is noted in the region of uterine cervix. The uterine myometrium appears thinned out due to distension of the endometrial cavity.

The vagina appears normal. Both ovaries are normal for age. Bilateral parametrial structures appear unremarkable.

The liver is normal in size and intensity - no focal lesion is seen.

The gall bladder, biliary tree and pancreas are normal.

The portal vein, splenic vein and spleen are normal.

Both adrenals are normal. Both kidneys, ureters and urinary bladder are normal.

No ascites is seen. No adenopathy is seen. The bowel loops are unremarkable.

Dr. Manish Lodha MD
 Consultant Radiologist
 8, Freerang Road, Near Do Batti, RATLAM(M.P.) Ph: 07412-224444, 408408
 M: 96300 80408 (24x7) Email: sky@healthcare@gmail.com

ukund IMAGING AND DIAGNOSTICS
 Patient Name - Jamila Bee Qureshi 75 Y/F
 Ref By - Dr. Dinesh Jadav / DR. ARJIT CHOPRA JAIN (MD Hemato)
 Date - 25-02-2021
USG ABDOMEN AND PELVIS

Uterus shows normal size, shape and morphology with normal echogenecity. Portal vein and strabehaptic portal venous radicals are normal. CBD and IHR appear normal.

Sall bladder shows normal size and morphology with echo free Lumen. No wall edema or calculus noted. Pancreas appears normal in morphology and size.

Spleen appears normal in morphology, echogenecity and size. It measures 7.3 cm.

Right Kidney measures 8.4 x 4.0 cm. Left kidney measures 9.2 x 4.1 cm.

Both kidneys are normal in size, shape, position and cortical echogenecity with normal cortico-medullary differentiation.

Excess bowel gases are seen. Bowel loops are showing normal peristalsis. No evidence of any bowel wall thickening noted. No significant lymphadenopathy or ascites.

Few small internal echoes are seen in urinary bladder. Urinary bladder is (partially) distended with normal wall thickness. No significant post void residue noted.

Uterus and ovaries are normal for age.

IMPRESSION:-
 Few small internal echoes are seen in urinary bladder -> Mild UTI/Sediments.
 Excess bowel gases are seen.
 No other significant abnormality is seen in USG Whole Abdomen.

Dr. Manish Lodha MD
 Consultant Sonologist
 8, Freerang Road, Near Do Batti, RATLAM(M.P.) Ph: 07412-224444, 408408
 M: 96300 80408 (24x7) Email: sky@healthcare@gmail.com

Endometrium Uterine polyp with Hematometra
 Wednesday FEB 21 24
 2021
 10:58 AM

मेरी दादी को 50x5x4x2x4cm का एक 2.5x2.2cm का पॉलीप है जो कि जीर्ण विकृत है।
 यह पॉलीप कैंसर का कारण बन सकता है।
 डॉ. अरजित चोपड़ा जी का सलाह है कि इसे हटवाया जाए।
 मैं डॉ. का धन्यवाद करती हूँ।

Dr. Arpit Chopra (Jain)
 MD, HOMOEOPATH
 Mob: 97130 37737

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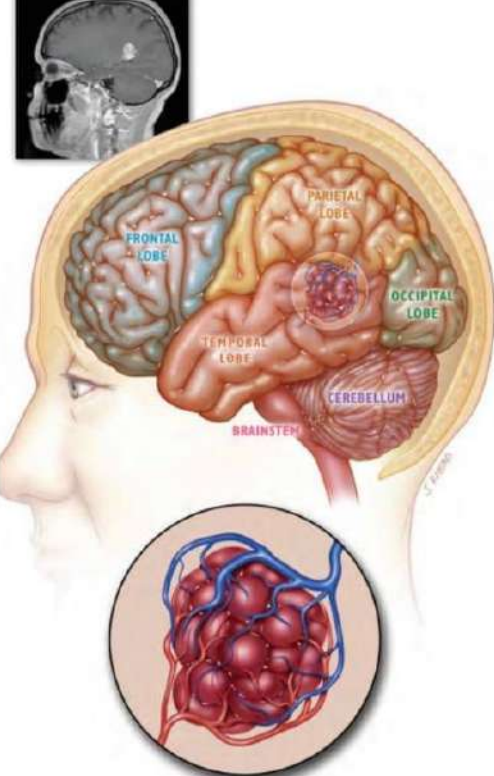


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 एवं 300 प्रकार के असाध्य जटिल रोगों की चिकित्सा।

102, 104, प्रथम मंजिल, कृष्णा टॉवर, ब्योरवेल हॉस्पिटल के सामने, जंजीरवाला चौराहा, न्यू पलासिया, इन्दौर (म.प्र.)
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 www.homoeopathyinindore.com, www.aarogyahomoeopathyindore.com Email : arpitchopra23@gmail.com



CAVERNOUS ANGIOMA
Also known as a Cerebral Cavernous Malformation or a Cavernoma

CAVERNOMA

TUESDAY 24 Feb
FEB '21
23
930-90-604-311

I am Swapnil Gour, one day I get Blinks out (going to deep Sleep) after aching up my eyes & ears ringing, I can not see clearly through my eyes, & my in my ears which sound is continued, plus weight side face sensation has gone & I was sleeping most of the time & then we went to neurologist and after some medical response & MRI he suggested us to done do surgery which was going to be very critical because it is in my mid brain, they said they have to operate it in my mid brain, they said they have to have inside of my life & I can go to coma also but then I came through this hospital and he is so confident that made me feel good on myself and I then I started their homeopathic medicine for 1 month & I get cured with that medicine

Swapnil Gour
303 Raja Apartment, Godecra
9660205105

Dr. Arpit Chopra (Jain)
U.S. Homoeopath
M.D. - 97130-27737

CONSULTANT
HOMOEOPATH
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Jangar Water Churni, MIDC-29/2

Time: 10:00 AM to 8:00 PM Sunday: 11:00 AM to 2:00 PM
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www.aarogyahomoeopathyindore.com Email: arpit@ar23@gmail.com

10's Cavernoma

18x12 mm GRE blooming area
T2 Hypointense signal and mild eccentric post-contrast enhancement in midbrain on left side.

Eye blur
Tinnitus
Rt. Sides facial palsy
Consciousness level

Patient ID: MYH210100106602 Patient Name: SWAPNIL GOUR 20YM
Age: 20 Years Sex: M
Accession Number: OPD/7047758 Modality: MR
Referring Physician: DR. VINOD KUMAR, B.A.L. Study: BRAIN P+C
Study Date: 11-Jan-2021

MRI BRAIN (PLAIN+CONTRAST)

TECHNIQUE:

- Axial T1, T2, FLAIR, GRE, DWI
- Sagittal T1
- Coronal T2
- T1 MRA

CLINICAL BRIEF:

NO HEADACHE, DIZZINESS SINCE 1 DAYS, NO RT/LSIDE FACIAL PALSUS SINCE 3 DAYS, NO FEVER, NO VOMITING, NO BAL EYE BLUR/VISION SINCE 3-4 DAYS

OBSERVATIONS:

18 x 12 mm GRE blooming area with T2 hypointense signal and mild eccentric post-contrast enhancement in midbrain on left side.
Rest of cerebral hemispheres show normal signal intensity.
The ventricular system appears normal.
The posterior horn shows normal morphology. Both the CP angles are open.
The medulla, pons and midbrain show normal signal intensity.
The basal cisterns are normal.
No midline shift is noted.
The pituitary gland and optic chiasm appear normal.
Both orbits appear grossly normal.

OLD REPORTS PROVIDED: NO

1. Diagnostics Pvt. Ltd.
Raja Yashwantrao Holkar (M.V.) Hospital
Ground, Indira, Madhya Pradesh - 492 002
Phone: 9491349111 | Email: radnor@diagnosticspvt.com

Patient ID: MYH210100106602 Patient Name: SWAPNIL GOUR 20YM
Age: 20 Years Sex: M
Accession Number: OPD/7047758 Modality: MR
Referring Physician: DR. VINOD KUMAR, B.A.L. Study: BRAIN P+C
Study Date: 11-Jan-2021

IMPRESSION:

Small RE blooming area with T2 hypointense signal and mild eccentric post-contrast enhancement in midbrain on left side. **Likely Cavernoma. Needs Follow-up.**

Advice:

Disclaimer: Report is done by the radiologist after the images acquired by PACS system working and communication system and this report is not meant for medical legal purposes. Investigations are done in accordance with the latest diagnostic and safety standards and every investigation is done under the supervision of the Radiologist. Confidentiality is strictly adhered to. Report provided at the time. The only duty in diagnosing the disease is to refer the patient to the appropriate specialist for further treatment. Please respect our privacy.

Dr. Srinath Bingl
M.B.B.S., D.M.R.D., D.N.B.
Reg No: 57811
Date: 12/Jan/2021

आरोग्य सुपर स्पेशलिटी मॉडर्न होम्योपैथिक क्लिनिक

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* कैंसर * किडनी फेलियर * अस्पताल में गंभीर रूप से भर्ती मरीजों का उपचार * कोमा *
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फोन : 0731-4977076, मो. : 97130-92737, 97130-37737, 79999-78894, 99075-27914

www.homoeopathyindore.com Email : arpit@ar23@gmail.com

A cavernoma is a cluster of abnormal blood vessels, usually found in the brain and spinal cord. They're sometimes known as cavernous angiomas, cavernous hemangiomas, or cerebral cavernous malformation (CCM). A typical cavernoma looks like a raspberry.

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



डॉ. अर्पित चौपड़ा (जैम)
 एम. बी. होम्योपैथी
 जटिल, असाध्य एवं
 शल्य रोग विशेषज्ञ

आरोग्य सुपर स्पेशलिटी माईन होमियोपैथी

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

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📞 99075 27914 संपर्क : 0731-4977076, 79999 78894

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

Dr. Vinod Choudhari
 M.D. (Homoeopathy) M.F.O.
 443, 101, Ph: 07267122396, 226504

Dr. Archana V. Choudhari
 M.D. (Homoeopathy)
 443, 101, Ph: 07267122396, 226504

Aishwarya Hospital
 Digital X-Ray & Sonography Clinic
 & Eye Hospital

Plot No. 67, 40 Digha, Near Kalla Hospital, MALKAPUR - 443 101, Ph: 07267122396, 226504

Name : MRS. SWATI MAHAJAN Age/Sex : 40 YEARS/F
 Ref By : DR. SELF Date : 09 Mar 2021

PELVIC USG STUDY.

URINARY BLADDER: Normal. No e/o calculus.

Uterus :- Ante-verted, **BULKY**, Measures 113 x 76 x 56 mm.

E/O ROUD HYPOECHOIC LESION OF 31 MM IN ANTERIOR WALL IN FUNDUS.
ROUND HYPOECHOIC LESION OF 50 MM DIAMETER IN POSTERIOR WALL.

A SMALL HYPOECHOIC LESION OF 19 MM IN ANTERIOR WALL IN SUBSEROSAL REGION.

Endometrial cavity is empty.

Cervix is normal.

Both ovaries are normal.

No solid or cystic adnexal mass.

No fluid in POD.

IMPRESSION :- BULKY UTERUS WITH MULTIPLE FIBROIDES IN UTERUS.

Please correlate clinically.

Dr. Vinod Choudhari
 M.D. (Homoeopathy) M.F.O.
 443, 101, Ph: 07267122396, 226504

Dr. Archana V. Choudhari
 M.D. (Homoeopathy)
 443, 101, Ph: 07267122396, 226504

Hospital
 Digital X-Ray & Sonography Clinic
 & Eye Hospital

Plot No. 67, 40 Digha, Near Kalla Hospital, MALKAPUR - 443 101, Ph: 07267122396, 226504

Name : MRS. SWATI ROSHAN MAHAJAN Age/Sex : 40 YEARS/F
 Ref By : DR. SELF Date : 27 Apr 2021

ABDOMINAL USG STUDY

LIVER: Normal size, Normal echo pattern. No focal lesion. No e/o dilated biliary radicals. Hepatic veins are normal.

Gall Bladder: Well distended, No e/o calculus, Normal wall thickness.

PANCREAS: Normal in size and echo pattern.

SPLEEN: Normal in size, Normal echo pattern. No focal lesion.

Rt. Kidney: 100 x 38 mm, Lt. Kidney: 109 x 50 mm.

Both kidneys are Normal in size shape and echo pattern.

Normal corticomedullary junctions.

NO E/O CALCULUS. NO HYDRONEPHROSIS.

Ureters could not be traced.

URINARY BLADDER: Partially distended. No e/o calculus. No e/o cystitis.

Uterus is: Ante-verted, BULKY, MULTIPLE INTRAMURAL FIBROIDES OF 20 MM, 15 MM AND 14 MM IN UTERUS. Cervix is normal.

Both ovaries are normal. no solid or cystic pelvic mass.

AORTA & IVC are normal. No adenopathy.

No e/o any bowel mass or free fluid in abdomen and pelvis.

No pleural or pericardial effusion.

IMPRESSION: S/O MULTIPLE INTRAMURAL FIBROIDES IN UTERUS.

Please correlate clinically.

THANKS WITH REGARDS

Fibroids

Also called: Uterine myoma

Overview

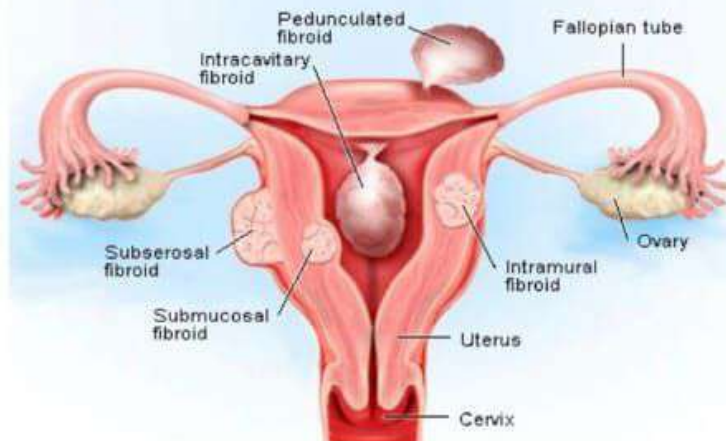
Symptoms

Treatments

Non-cancerous growths in the uterus that can develop during a woman's childbearing years.

The cause of fibroids isn't well understood. Risk factors include a family history of fibroids, obesity or early onset of puberty.

Uterine Fibroids



Dr. Arpit Chopra, M.D. (HOMOEOPATHY) & M.D. (SURGERY)
 Phone: 97755 27914, 97130 92737
 Email: arpit@arogyasuper.com

15-20 Ground Floor, Indore Plaza,
 Opp. Railway Station, Indore (M.P.)
 ☎ 0771-499712, 497922, 8999-1368
 www.aarogyasuper.com

SCROTAL SONOGRAPHY

Patient Name: ARIKASH ARJAN
 Ref. by: DR. ARPIT CHOPRA
 Date: 08/02/2021
 Age: 16-17

This examination was performed in an erect position along the length of both of scrotal & inguinal location to study.

Right testis size appears normal with no calcification of testis in right scrotum.

Left testis is 2.8 x 1.2 x 0.8 cm in size shows mixed echogenicity in scrotal parenchyma. No evidence of testis atrophy or enlargement.

Calcifications are normal in size and echogenicity.

No evidence of significantly dilated vessels in either side.

IMPRESSION: NON CALCIFICATION OF TESTIS IN RIGHT SCROTUM.

Clinical Correlation:

Dr. Arpit Chopra
 M.D. (HOMOEOPATHY) & M.D. (SURGERY)

समर्पण

15-20 Ground Floor, Indore Plaza,
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SCROTAL SONOGRAPHY

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IMPRESSION: NON CALCIFICATION OF TESTIS IN RIGHT SCROTUM.

Clinical Correlation:

Dr. Arpit Chopra
 M.D. (HOMOEOPATHY) & M.D. (SURGERY)

16mm Calcified Lesion in Scrotum

Hi
 My name is Arpit Chopra. My son Arpit is 16 years old. He has a 16mm calcified lesion in the scrotum. I consulted a urologist and he advised me to go for surgery. I consulted Dr. Arpit Chopra Sir. He guided me to go for modern homoeopathy. I started taking the medicine and after 1 year he is completely well. I thank Dr. Arpit Chopra Sir for such a wonderful treatment & guidance. Thanks a lot.

Best sir medicines are life savers

Cured

Thanks Sir
 Regards
 Utsav Ar.
 985273232
 Dr. Arpit Chopra Sir

आरोग्य सुपर स्पेशलिटी
माईन 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, एंजीमा, 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,

आरोग्य

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

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

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 99075 27914 संपर्क : 0731-4977076, 79999 79884
 www.aarogyahomoeopathyindore.com Email : arpit@arogyasuper.com

A scrotal mass is a lump or bulge that can be felt in the scrotum. The scrotum is the sac that contains the testicles.



✳/ADAM

A spermatocele is a cvst-like mass that forms

✎ SCROTAL CALCIFIED LESION OF 16 MM OF ONLY 2 YEAR CHILD successfully dissolved & cured miraculous by only Modern Homoeopathy & successfully saved lifetime drug dependency and surgery. This positive response of Modern Homoeopathy with patient pre & post Modern Homoeopathy treatment reports with patient father feedback had been also appreciated by UroSurgeon Regards - Aarogyasuper Speciality Modern Homoeopathic Clinic, Dr. Arpit Chopra (MD Homoeopathy & Critical@ Surgical Disease Specialist), https://www.youtube.com/channel/UCKdJjgbqedzIjvMUIQ0_tsg, <https://g.page/r/CaRz52neBZQXEBA>,

Venous ulcer

Also called: stasis ulcer

Overview

Symptoms

Treatments

A wound on the leg or ankle caused by abnormal or damaged veins.

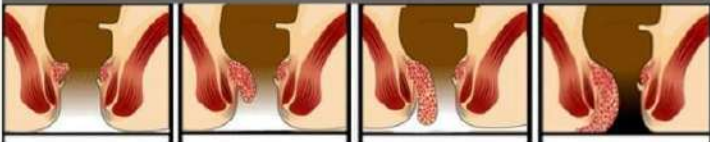
before treatment
Venous ulcer



After Modern
homoeopathy
treatment Venous
Ulcer



Types of Internal Piles or Hemorrhoids



June
21 Week 26
24 THURSDAY (175-180)

Osteomyelitis / Ulcer

मेरा नाम डॉ. हेमराज बनाफार। मुझे 34 वर्ष से Osteomyelitis की समस्या है। कई पैलियोपैथिक डॉक्टर को दिखाया। दवाइयाँ ली, आपंशेशन भी कराया कोई आराम नहीं। मुझे Venous Ulcer हो गयी मैंने डॉ. अर्पित चौधरी की माडर्न होम्योपैथिक ट्रीटमेंट लिया और अब मैं पूरी तरह से स्वस्थ हूँ। मैं डॉ. अर्पित चौधरी शर को धन्यवाद देता हूँ।

डॉ. हेमराज बनाफार
35 भुगत सिंह नगर
शारदा रोड, इंदौर
97549-40414.

Dr. Arpit Chopra (Jain)
HOMOEOPATHY
Special Homoeopathy Specialist

Contact: 990727914, 9213037737, 9713992737, 7999974094

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www.homeopathycure.in Email: arpit@arpit23@gmail.com

Bone infection

Also called: osteomyelitis

Overview

Symptoms

Treatments

Inflammation of bone caused by infection, generally in the legs, arm or spine.

Infections can reach bones by travelling through the bloodstream or spreading from nearby tissue.



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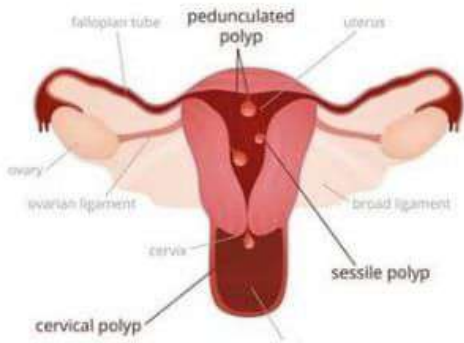
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UTERINE POLYPS (endometrial Polyps)

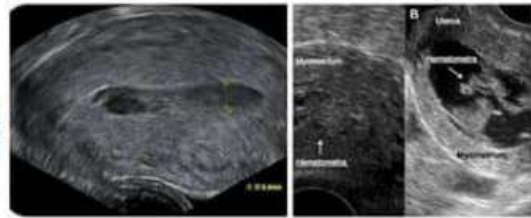


Endometrial polyp

- Overview
- Symptoms
- Treat

A usually non-cancerous growth attached to inner wall of the womb (uterus).

Endometrial polyps are common in women undergoing or have completed menopause size varies.



Hematometra is a medical condition involving collection or retention of blood in the uterus. It is most commonly caused by an imperforate hymen or a transverse vaginal septum.

kund IMAGING AND DIAGNOSTICS
 Patient Name -- Jamila Bee Qureshi 75 Y/F
 Ref By -- Dr. Mahendra Chouhan MD
 Date -- 22-02-2021
MRI - ABDOMEN & PELVIS
Technique:-
 Ultrast multplanar mult. Echo sequences were obtained through the abdomen and pelvis.
Imaging Findings and remarks:-
 Haemorrhagic fluid filled cavity is noted in the endometrial cavity showing hyperintense signal on T1 and T2 sequences. This cavity measures 1.1 x 3.2 x 4.4 cm (anteroposteriorly -APR), volume: 14.9 ml. Left lateral aspect of this fluid filled cavity shows an irregular soft tissue lesion measuring 2.5 x 2.2 cm. This lesion appears endometrial (polypoid) nature. The fluid collection in the endometrial cavity appears encysted with the apparent mucosa in the cervical endometrial canal possibly caused by chronic cervicitis. No obvious mass lesion is noted in the region of uterine cervix. The uterine myometrium appears thinned out due to distension of the endometrial cavity.
 The vagina appears normal. Both ovaries are normal for age. Bilateral parametrial structures appear unremarkable.
 The liver is normal in size and vascularity - no focal lesion is seen.
 The gall-bladder, biliary tree and pancreas are normal.
 The portal vein, splenic vein and spleen are normal.
 Both adrenals are normal. Both kidneys, ureters and urinary bladder are normal.
 No axillae is seen. No adenopathy is seen. The bowel loops are unremarkable.

Dr. Manish Latha MD
 Consultant Radiologist
 B, Freerang Road, Near Do Buss, RAJLAMPUR PH. 07412-22444, 408408
 M. 96300 80408 (24x7) Email: drmanishlatha@gmail.com

kund IMAGING AND DIAGNOSTICS
 Patient Name -- Jamila Bee Qureshi 75 Y/F
 Ref. By -- Dr. Dinesh Jadav / DR. ARDIT CHOPRA JAIN (MD Homoeo)
 Date -- 25-02-2021
USG ABDOMEN AND PELVIS
 Liver shows normal size, shape and morphology with normal echotexture. Portal vein and intrahepatic portal venous radicals are normal. CBD and IHR appear normal.
 Gall bladder shows normal size and morphology with echo free lumen. No wall edema or calculus noted. Pancreas appears normal in morphology and size.
 Spleen appears normal in morphology, echotexture and size. It measures 7.3 cm.
 Right Kidney measures 8.4 x 4.0 cm. Left kidney measures 9.2 x 4.1 cm.
 Both kidneys are normal in size, shape, position and cortical echotexture with normal cortico-medullary differentiation.
 Excess bowel gases are seen. Bowel loops are showing normal peristalsis. No evidence of any bowel wall thickening noted. No significant lymphadenopathy or ascites.
 Few small internal echoes are seen in urinary bladder. Urinary bladder is partially distended with normal wall thickness. No significant post void residue noted.
 Uterus and ovaries are normal for age.
IMPRESSION:-
 Few small internal echoes are seen in urinary bladder - ? Mid UTI/Sediments.
 Excess bowel gases are seen.
 No other significant abnormality is seen in USG Whole Abdomen.

Dr. Manish Latha MD
 Consultant Radiologist
 B, Freerang Road, Near Do Buss, RAJLAMPUR PH. 07412-22444, 408408
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Endometrium Uterine polyp with Hematometra
 FEB 21
 24
 मेरी वारी को जो 5x 5-2x4+2 x 4cm, एच 0.5 x 2-3cm थी उसमें कहीं से भी खून का जमाव देखा गया है।
 डीएमए करवाया लेकिन काबूदा नहीं हुआ।
 के डीएमए के बाद मेरी पता चला कि
 शत पर डोमेटे वारा (उस दो पक्ष) के बाद ही मेरी वारी की वारी
 बरतम हो गई और वे कुछ हीक ही।
 मैं डॉ. का धन्यवाद करती हूँ।
 Thanking you Sir
 Mob. 6266651524
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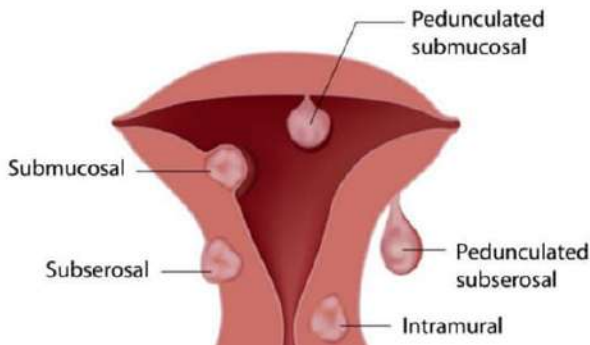
Dr. Arpit Chopra (Jain)
 M.D. HOMOEOPATHY
 Mob. 97136-37721
CONSULTANT HOMOEOPATH & BIOCHEMIC
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 * शल्य चिकित्सा योग्य रोग * आँटो इन्फ्यूज रोग * जीवनभर दवाई लेने वाले रोगों की रोकथाम
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 Mob. 97136-37721

Uterine fibroids



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CHRISTIAN PATTY, NEAR CHURCH, A.D.P. ROAD, NOGAON
Phones : 03672 - 235842 , 236247 (Clinic)

Ms. Rupa Hazarika
Ref by :: Dr. M Hazarika MD
Part scanned :: USG of whole abdomen

REPORT
January 28, 2021

The liver is mildly enlarged. High level echoes are seen in liver. The intra hepatic biliary ducts are normal. The portal and hepatic veins are normal. No SOL is seen in liver.

The Gall-Bladder is well distended. The wall thickness of Gall-Bladder is normal. No calculi are seen in Gall-Bladder.

The extra hepatic biliary ducts are normal. The CBD measures 4.3 mm. No calculi are seen in CBD.

High level echoes are seen in pancreas. The MPD is not dilated.

The echotextures of spleen are normal.

The size of right and left kidneys are 109.5 mm and 107.5 mm respectively. The pelvi-calyceal systems of both kidneys are normal. No calculi are seen in kidneys.

No ascites nor paraaortic lymphadenopathy seen.

PELVIC ORGANS

The uterus is grossly enlarged and measures approx 150.7 mm X 108.6 mm X 81.9 mm. The echotexture of myometrium is heterogenous. A large elongated hypoechoic lesion measuring approx 104mm X 58 mm is seen centrally inside uterus.

None of the normal ovaries are visualized.

No free fluid is seen in POD.

The urinary bladder is normal.

PROVISIONAL IMPRESSION :: 1. FATTY INFILTRATION OF LIVER AND PANCREAS.
2. LARGE UTERUS WITH UTERINE POLYP / MASS.

ADV :: Follow up.

2021-1-28

STARLAB
CHRISTIAN PATTY, NEAR CHURCH, A.D.P. ROAD, NOGAON - 782001
Phones : 03672 - 235842 , 236247 (Clinic) 231721 (Office)

Ms. Rupa Hazarika 54yr, F
Ref by :: Dr. Self
Part scanned :: USG of whole abdomen

REPORT
July 15, 2021

The liver is mildly enlarged. High level echoes are seen in liver. The intrahepatic biliary ducts are normal. The portal and hepatic veins are normal. No SOL is seen in liver.

The Gall-Bladder is well distended. The wall thickness of Gall-Bladder is normal. No calculi are seen in Gall-Bladder.

The extra hepatic biliary ducts are normal. The CBD measures 4.0 mm. No calculi detected in CBD.

The echoanatomy of pancreas is normal.

The echotextures of spleen are normal.

The size of right and left kidneys are 82.7 mm and 92.1 mm respectively. The pelvi - calyceal systems of both kidneys are normal. No calculi are seen in kidneys.

No ascites nor paraaortic lymphadenopathy seen.

PELVIC ORGANS

The uterus is bulky and measures approx 187.7 mm X 112 mm X 73 mm. An oval hypo echoic lesion measuring approx 86mm X 51mm is seen centrally in uterus. A placenta like structure is seen around the hypo echoic lesion.

The ovaries are not visualized.

No free fluid is seen in POD.

The urinary bladder is normal.

PROVISIONAL IMPRESSION :: 1. FATTY LIVER
2. BULKY UTERUS WITH HYPO ECHOIC LESION AS MENTIONED ABOVE.

ADVISED :: 1. CA125
2. TVS
3. FOLLOW UP

2021-7-15 13:35

Before treatment

after Modern Homoeopathy treatment as on July 2021

मॉडर्न होम्योपैथी

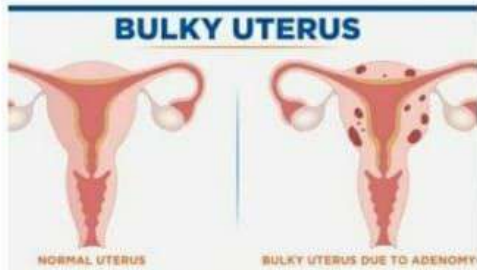
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Sanvad (M.P.)

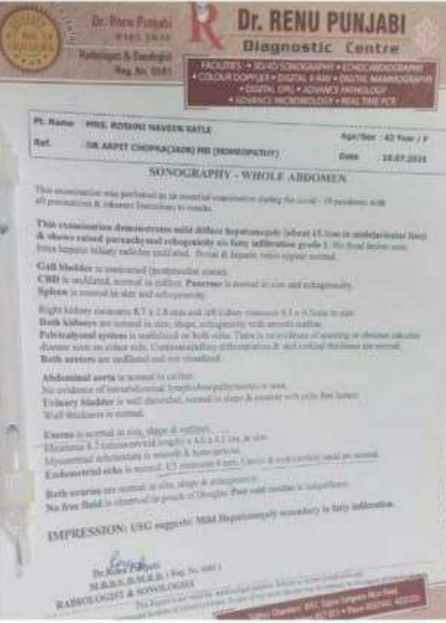
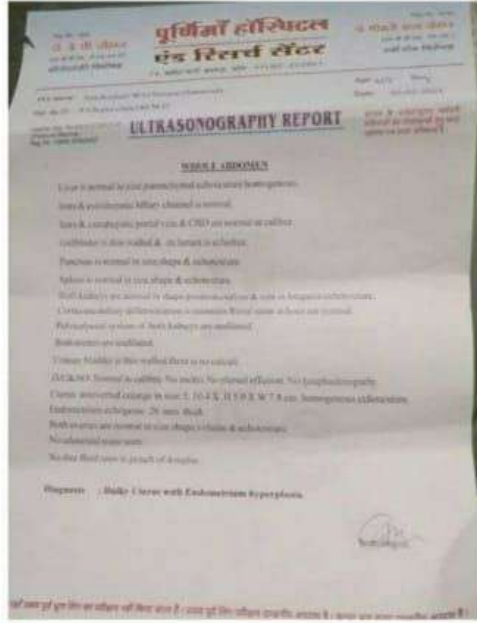
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(MD) HOMEOPATHY
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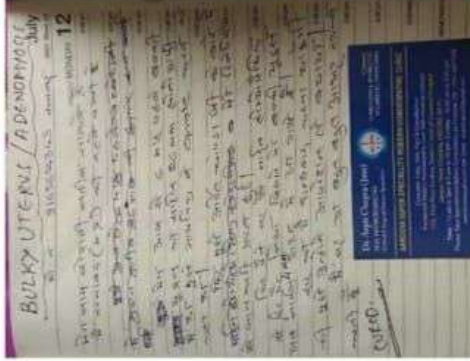
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अटो इम्यून रोग, जीवनपर्यंत स्थायी लेने वाले रोगों को रोकावट एवं
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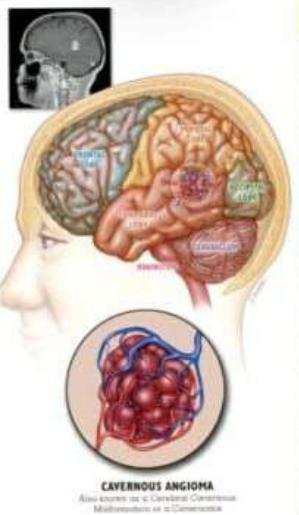
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Adenomyosis >
A condition in which endometrial tissue exists within and grows into the **uterine wall**.
Symptoms may include

- Painful intercourse
- Menstrual cramps
- Abdominal pain





CAVERNOUS ANGIOMA
 Also known as a Cerebral Cavernoma
 Malformation of a Cavernous Sinus

Handwritten notes on a page titled 'CAVERNOUS ANGIOMA' describe the condition, mentioning its location in the cavernous sinus and its appearance as a cluster of abnormal blood vessels.

Handwritten notes on a page titled 'CAVERNOUS ANGIOMA' describing the MRI findings. The notes mention a 18x12 mm GRE Blooming area in the left side of mid brain, hypointense signal, and enhancement on post-contrast. Other notes include 'Eye bleed', 'Right side facial palsy', and 'consciousness level'.

Patient Name:	Mr. Swapnil Gour	MR No:	BH266117
Age/Sex:	20 Y / Male	Test id:	RAD347449
Prescribed by:	Verma Ajit	Test Date:	19-02-2021 12:2
Referred by:			

Technique: MRI study of brain was performed on high field 3T MRI, using spin echo T1, T2, Flair, gradient and DWI sequence in multiple planes.

- Findings:**
- Small 8.3x8.5x19.0mm size, area of blooming on GRE which appears T2/FLAIR and T1 hypointense seen involving left side of mid brain, along posterior aspect (in the region of inferior colliculus) and left superior cerebellar peduncle.
 - Few tiny T2/FLAIR hyperintense foci seen in bilateral corona radiata.
 - Rest of bilateral cerebral parenchyma normal in intensity pattern with maintained gray-white matter morphology.
 - Basal ganglia, thalami & cerebellum show normal MR morphology and signal intensity.
 - No mass effect or shift of mid-line structures is seen.
 - Ventricles are normal in size, shape and configuration.
 - Major vascular structures shows normal flow void.
 - Minimal mucosal thickening seen in bilateral maxillary sinuses.

Impression: MR study reveals:

- Small 8.3x8.5x19.0mm size, area of blooming on GRE which appears T2/FLAIR and T1 hypointense involving left side of mid brain, along posterior aspect (in the region of inferior colliculus) and left superior cerebellar peduncle.

--- Imaging features are suggestive of Chronic hemorrhage with hemosiderin deposition.

- Few tiny T2/FLAIR hyperintense foci in bilateral corona radiata - UBOs.

--- In comparison to previous available MRI films dated 11.1.21, there is significant decrease in size of intraparenchymal hemorrhage and complete resolution of edema & dilatation of bilateral lateral ventricles.

Advice- Clinical correlation and correlate with previous studies.



A cavernoma is a cluster of abnormal blood vessels, usually found in the brain and spinal cord. They're sometimes known as cavernous angiomas, cavernous hemangiomas, or cerebral cavernous malformation (CCM). A typical cavernoma looks like a raspberry.

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कम्प्युटिड * परामोनिड * ईजी * सेक * फास्ट एण्ड कॉस्ट इफेक्टिव

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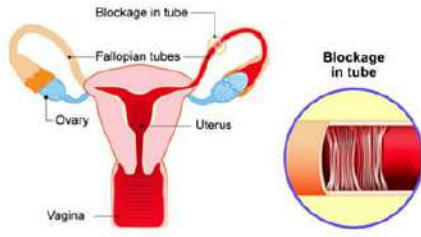
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DATE - 11.12.2020

PATIENT NAME..... MRS. KHILSHWARI SAHU
 AGE/SEX 29 YRS / FEMALE
 REF. BY DR. PRITI AGRAWAL MD(OBG)

Technique: HSG done using 50% dilution of Urografin 76% under image intensifier.

OBSERVATION

- No evidence of any filling defect or extrinsic impression on the endometrial cavity.
- No evidence of any stricture or dilatation.
- There is no free spill of contrast into peritoneal cavity suggestive of Bilateral Fallopian Tubes blockage.
- IMPRESSION: Bilateral Fallopian Tubes blockage.

DR. RAJESH RUPRELA
 MBBS, DMRD
 CONSULTANT RADIOLOGIST

Investigations have their limitations and/or radiological, pathological and other investigations may confirm the final diagnosis of disease. They may help in diagnosing the disease in correlation to symptoms and other related tests please interpret accordingly.

before treatment

Dpp. Gold's Gym, Shankar Nagar, Raipur (C.G.), Tel: 0771-4044115, 4265115, Fax: 0771-4281223
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Reg No : 119344 Date: 20/09/2021
 Name : KHILSHWARI SAHU Sex/Age: F/29 Y
 Referred By : DR. RAJESH RUPRELA

HYSTRO-SALPINGO-GRAM

UTERUS : NORMAL SIZE, SHAPE AND CONTOUR. NO FILLING DEFECT OR ANOMALY SEEN.

FALLOPIAN TUBES : BOTH ARE OF NORMAL CALIBRE. PERITONEAL SPILL SEEN ON BOTH SIDES.

INFERENCE : BOTH FALLOPIAN TUBES ARE PATENT.
 : NORMAL UTERINE CAVITY.

NOTE: Procedure was painless as disposable HSG plastic catheter used.
 : Procedure was done under image intensifier, which increases the accuracy.

Dr. Rajesh Ruprela
 MBBS, DMRE, FRCR (USA), MRSHI (London)

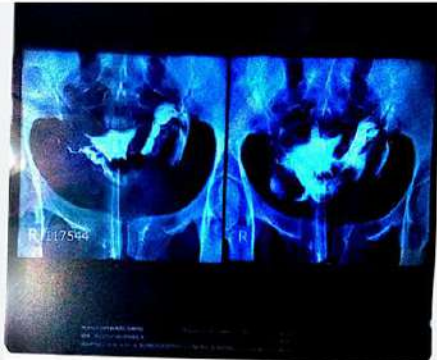
Dr. Harshad Ruprela
 MBBS, DMRD, DNB (Stomach)

after modern homoeopathy treatment

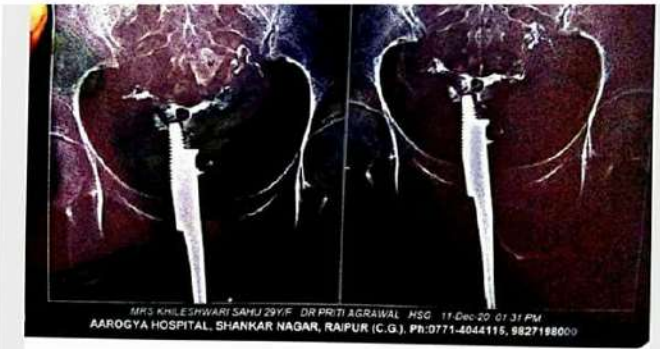
RADIOLOGY
 DR. RAJESH RUPRELA
 MBBS, DMRE, FRCR (USA), MRSHI (London)
 Radiologist

RADIOLOGY
 DR. HARSHAD RUPRELA
 MBBS, DMRD, DNB (Stomach)
 Radiologist

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before treatment



after modern homoeopathy treatment

मॉडर्न होम्योपैथी

Modern Homeopathy - Complete, Permanent, Easy, Safe, Fast & Cost Effective Cure

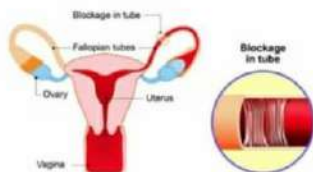


Dr. Arpit Chopra (Jain)
(MD) HOMEOPATHY
CRITICAL & SURGICAL DISEASES SPECIALIST
Investor Of Super Speciality Modern Homeopathy



Khileshwari Sahu
Ruzm Garaband, Chhattisgarh

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एवं 300 प्रकार के असाध्य जटिल रोगों की चिकित्सा

आरोग्य सुपर स्पेशलिटी मॉडर्न होम्योपैथी

डॉ. अर्पित चोपड़ा (जैन)
एच.डी. (होम्योपैथी)
क्रिटिकल & सर्जिकल रोगों के विशेषज्ञ
सुपरस्पेशलिटी मॉडर्न होम्योपैथी

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www.homeopathytube.in, www.aarogyahomeopathyindore.com Email : aa

DATE - 11.12.2023

PATIENT NAME: MRS. KHILESHWARI SAHU
AGE/SEX: 29 YRS / FEMALE
REF. BY: DR. PRITHI AGRAWAL, AMBOBG

Observation: HSG done using 30% dilution of Contrast. No contrast leakage observed.

Observation:

- No evidence of any filling defect or extrinsic impression on the endometrial cavity.
- No evidence of any tubular dilatation.
- There is no free spill of contrast into peritoneal cavity suggestive of Bilateral Fallopian Tube Blockage.

Impression: Bilateral Fallopian Tube Blockage.

DR. RAJESH BHARGAVA
MRS. ANAND
CONTRAST MEDIA RADIOLOGIST

before treatment

Opp. Kirti's Gym, Shankar Nagar, Raipur (C.G.), Tel. 0771-484118, 422115, Fax: 0771-4281223
E-mail: aarogyahomeopathy@yahoo.com

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Ruprela
X-ray & Advanced Diagnostic Centre

Dr. Rajesh Bhargava
MRS. ANAND
CONTRAST MEDIA RADIOLOGIST

Dr. Harish Bhargava
MRS. ANAND
CONTRAST MEDIA RADIOLOGIST

HYSTERO-SALPINGO-GRAM

UTERUS: NORMAL SIZE, SHAPE AND CONTOUR, NO FILLING DEFECT OR ABNORMALITY NOTED.

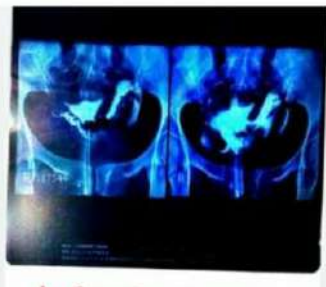
FALLOPIAN TUBES: BOTH SIDES OF NORMAL CALIBRE, PERITONEAL SPILL NOTED ON BOTH SIDES.

IMPRESSION: BOTH FALLOPIAN TUBES ARE PATENT.
NORMAL UTERINE CAVITY.

NOTE: Procedure was performed as diagnostic HSG. photo collector used.
Procedure was done under aseptic technique, which becomes the accuracy.

after modern homoeopathy treatment

Scanned by CamScanner



PATIENT NAME :Mrs. GAYATRI DEVI KARNANY AGE :54 Y 0 M 0 D SEX
:FEMALE REG NO. :16006099 REC. DATE :09/09/2016 REC NO.
:16C01007724
REFERRED BY :Dr. ARPIT CHOPRA JAIN

Before Treatment

Gall bladder lumen shows multiple echogenic foci of size 5 to 6 mm

Spleen (8.1 cm) in size and shows normal echopattern. No focal parenchymal lesion seen.
Pancreas is normal in size and echo pattern. No focal parenchymal lesion seen.

PATIENT NAME :Mrs. GAYATRI DEVI KARNANY AGE :54 Y 0 M 0 D SEX
:FEMALE REG NO. :16006099 REC. DATE :14/12/2016 REC NO.
:16C01010455
REFERRED BY :Dr. ARPIT CHOPRA JAIN

After Treatment

GB contracted multiple small calculi seen.

Spleen is normal in size and shows normal echopattern. No focal parenchymal lesion seen.
Pancreas is normal in size and echo pattern. No focal parenchymal lesion seen.

Bilateral kidneys are normal in size and echotexture. Corticomedullary differentiation is maintained
No evidence of hydronephrosis / calculus bilaterally. Both the ureters are undilated. Both PUJ/VUJ are clear.
Urinary bladder is distended, shows thin walls and is nonlithiasic.

PATIENT NAME :Mrs. MAYA TANK
:FEMALE REG NO. :16005316
:16C01006727
REFERRED BY :Dr. ARPIT CHOPRA JAIN

AGE :40 Y 0 M 0 D

SEX

REC. DATE :05/08/2016

REC NO.

Before Treatment

Follow up case of left breast collection. Previous details not available.

- Left breast low kV high MAS CR (Digital) X-Ray mammography performed.
- Both Medio - lateral 45 - degree oblique and CC views taken. Compression applied.
- Size and shape of left breast is normal.
- Radio-density is mixed type normal for her age.
- Illdefined radio density noted in the inner lower quadrant with no abnormal calcification.
- Skin, Nipple - areola and axilla free. Vasculature is normal.
- Complimentary screening USG reveals a well-defined thick walled irregular collection of size approx 4 x 2.2 cms suggesting benign fluid collection.

IMPRESSION :- X-Ray Mammographic appearance & complimentary USG screening of left breast in concern falls in BI-RADS Assessment Category 2 (Fluid collection). Most category 2 breast are benign & have 2/10000 chances of cancer. Continue annual screening mammography.

PATIENT NAME :Mrs. MAYA TANK
:FEMALE REG NO. :16004126
:16C01009028
REFERRED BY :Dr. ARPIT CHOPRA JAIN

AGE :40 Y 0 M 0 D

SEX

REC. DATE :18/10/2016

REC NO.

After Treatment

IMPRESSION:- Dense breasts thus mammographic sensitivity is poor, however no evident spiculated mass or suspicious pleomorphic micro calcification seen. Category 1 (ACR-BIRADS) Negative.

- SONOGRAPHY • E.C.G.
- COLOUR DOPPLER
- PATHOLOGY • B.M.D.
- DIGITAL X-RAY & O.P.G.

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Opp. M.Y. Hospital,
Indore - 452 001 (M.P.)
Ph. : 2704118, 4082228

MRS. PRIYA JAIN.

40 Yrs./F.

DR.(MRS.) K.BHAGWAT. M.S.,FICS.
DR.NEETA NATU. M.S.

20th Oct, 2015

PELVIC SONOGRAPHY

Uterus is mildly enlarged in size, bulky [measures 10 x 8 x 6 cms. in diam.] and is globular in shape. The uterine outlines are smooth & regular. There is diffuse thickening of the myometrium seen with heterogenous echostructure - Adenomyosis, with the possibility of a small 2.1 cms. intramural fibroid at posterior myometrium in upper body region. Endometrial echoes are central and 4 mms. in thickness.

Both ovaries are normal in size, shape and echostructure. A small 1.8 x 1.2 cms., slightly thick walled cyst with internal echoes is seen in left ovary, appears to be Small Haemorrhagic cyst.

MRS. PRIYA JAIN

41 Yrs./F.

SELF

24th Aug, 2016

PELVIC SONOGRAPHY

Uterus is mildly enlarged in size, is bulky [measures about 11.5 x 7 x 5.5 cms. in diam.] and is globular. The uterine outlines are smooth & regular. The myometrium is slightly heterogenous in echostructure. Endometrial echoes are 12 mms., are smooth & are central. Uterine cavity is empty. No definite mass lesion could be visualized.

Both ovaries are normal in size, shape and echostructure.

No adnexal / pelvic mass or cyst.

No localised or free pelvic collection.

PATIENT NAME : Mrs. RAMA SHRIVASTAVA AGE : 46 Y O M O D SEX
: FEMALE REG NO. : 13010984 REC. DATE : 25/12/2013 REC NO.
: 13C01014406
REFERRED BY : Dr. ARPIT CHOPRA JAIN

Uterus is anteverted, Bulky in size. Measuring 12.6 x 5.4 x 6.7 cm. There is an ill defined hypoechoic lesion of size 2.5 x 2.5 cm seen in the anterior myometrium.
Endometrial echoes are central & thickness app 10 mm. Cervix is normal.

PATIENT NAME : Mrs. RAMA SHRIVASTAVA AGE : 49 Y O M O D SEX
: FEMALE REG NO. : 14004861 REC. DATE : 14/06/2014 REC NO.
: 14C01006343
REFERRED BY : Dr. ARPIT CHOPRA JAIN

Bilateral kidneys are normal in size and echotexture. Corticomedullary differentiation is maintained
Rt. Kidney : 10.2 x 5.2 cm. Lt. Kidney : 7.8 x 4.2 cm.
Left kidney shows two calculi of size 7.8 & 4.2 mm in upper & mid pole calyx. No caliectasis seen at present.

Urinary bladder is distended, shows thin walls and is nonlithiasic.

Uterus is anteverted and measures 9.3 x 5.3 x 5.9 cm, shows homogenous myometrial echotexture.
No evidence of focal myometrial lesion Endometrium is normal. Cervix is normal.

Pt. Name: MRS RANA KHAN

Age/Sex: 47 Years /Female

Ref. By: DR. [MRS.] BHORASKAR VAIJAYANTI
MBBS MD

Date: 23/Jan/2016

ULTRA SONOGRAPHY OF PELVIS + T.V.S.

Before Treatment

Uterus is bulky anteverted & reveals normal shape & smooth outline. One large ovoid echogenic area of about 8.0cm x 3.5cm size is seen in the endometrial cavity, occupying the endocervical canal & the lower segment. Increased vascular supply is observed on color flow imaging. Moderate amount of anechoic fluid in the Endometrium is noted in its fundal part. Myometrium appears normal.

PATIENT NAME :Mrs. RANA KHAN
:FEMALE REG NO. :16001940
:16C01002567
REFERRED BY :Dr. ARPIT CHOPRA JAIN

AGE :47 Y O M O D SEX
REC. DATE :22/03/2016 REC NO.

After 2 months

USG PELVIS

Uterus is bulky & anteverted it measures 12.7 x 5.4 x 3 cm in size, shows homogenous myometrial echotexture. No evidence of focal myometrial lesion. There is approx 5.0 x 2.4 cms sized echogenic focal round mass with small cystic area is noted in the endometrial cavity, it is seems to be arising from endometrium. Increased vascular supply is noted on colour doppler. Endometrium is noted in its fundal part. Cervix is normal.

Pt. Name: **MIR RAVI BHATI**
Ref. By: **SELF**

Age/Sex: **31 Years / Male**
Date: **28/Sep/2016**

WHOLE ABDOMEN SONOGRAPHY

Liver is normal in size and echotexture. No focal lesion is seen.
Intra and extrahepatic biliary radicles are not dilated.
Portal vein and CBD are normal in caliber.

Before Treatment

Gall bladder is physiologically distended. Its lumen shows three stones of about 6,8 & 9 mm size. Gall bladder wall thickness is normal. No sign of cholecystitis / biliary dilatation.

Spleen & pancreas are normal in size and echotexture .

Both kidneys are normal in size, shape, outlines & echogenicity .
Corticomedullary differentiation is normal.

Right kidney shows mild hydronephrosis. A 15 mm stone seen in upper calyx. A 11 mm stone seen at right PUJ.

PATIENT NAME : **Mr. RAVI BHATI** AGE : **32 Y O M O D** SEX : **MALE**
REG NO. : **17000184** REC. DATE : **11/01/2017** REC NO. :
: **17C01000262**
REFERRED BY : **Dr. ARPIT CHOPRA JAIN**

USG WHOLE ABDOMEN

After Treatment

Liver is normal in size. Its echogenicity is normal. Margins are smooth and regular.
No evidence of focal parenchymal lesion seen.

CBD is within normal limits. Portal vein is normal in calibre. The portal and biliary radicals are undilated .

GB is well distended. Wall thickness is normal with echofree lumen.

Spleen is normal in size and shows normal echopattern. No focal parenchymal lesion seen.

Pancreas is normal in size and echo pattern. No focal parenchymal lesion seen.



Dept. of Radio-diagnosis & Imaging Services
CHOITHRAM HOSPITAL & RESEARCH CENTRE
MANIK BAGH ROAD, INDORE - 452 014 (M.P.) India

DEPARTMENT OF RADIO-DIAGNOSIS AND IMAGING SCIENCES

PATIENT NAME	Mrs. SHYAMA BAI RATHOD	REC NO.	15C31010444
REG NO.	1536537	IR/OF	
AGE	48 Y 1 D	SEX	FEMALE
REFERRED BY	DR. DHANRAJ PANJWANI	TEST NO.	15D0503127
WARD		CASE	H/C
PRINT DATE	25/08/2015	ROOM	BED
REPORTED BY	DR. RAVINDRA SINGH	TIME	11:58:53 AM
		CATEGORY	PRINTED BY SURBHI RATHI
			CASH

CT HEAD WITH CONTRAST Before Treatment

Technique:-Serial axial scans have been taken from the base of skull to the vertex on ultra fast 40 slice CT scanner, before & after contrast administration.

Findings:-

A couple of calcified nodular seen in left posterior parietal and occipital region with no obvious perifocal edema.No abnormal enhancement. These are measuring 8x6 and 5x6 mm?
Granulomatous.

After treatment

Pt. Name :	MRS. SHYAMA BAI	Age/Sex:	50Yrs/F.
Ref. By :	DR. ARPIT CHOPRA JAIN	Date :	23/May/2016

MULTISLICE SPIRAL CECT SCAN BRAIN

Enhanced axial sections have been obtained from the base of skull to vertex.

No evidence of any intra cerebral SOL or mass effect is seen.

IMPRESSION:- CT findings reveal small nodular meningeal calcifications in left parietal region without any surrounding edema,?Physiological, ?? Old healed granulomas. No mass effect seen.

DEPARTMENT OF DIAGNOSTICS & HEALTH CHECK-UP

PATIENT NAME : Mr. VASUDEV RAHEJA AGE : 48 Y O M O D SEX : MALE
REG NO. : 16D01275 REC. DATE : 24/02/2016 REC NO.
: 16C01001719
REFERRED BY : Dr. ARPIT CHOPRA JAIN

GB is well distended. Wall thickness is normal with a small 3 mm echogenic focus with no posterior acoustic shadowing seen in GB lumen ? Adherent with the wall ? Soft calculus / ?? Polyp.

Prostate is mildly enlarged in size. It measures 38.8 x 39.2 x 39.4 cms 31.4 cc. Echotexture is homogenous.

No ascites / significant lymphadenopathy seen. RIF is clear.

[Impression] :- GB soft calculus / ?? Polyp.
:- Mild prostatomegaly with significant residual urine.

PATIENT'S NAME : MR VASUDEV RAHEJA

Report No. 29,644

CONSULTANT : DR ARPIT CHOPRA

03/09/2016


WHOLE ABDOMEN (M) SONOGRAPHY


CBD and portal vein are normal in calibre
Prostate gland is normal in size and echotexture.
It measures about 4.0 x 3.2 x 2.5 cm in size.
Weight of prostate is about 17.0 gms.
Post voiding residual urine is about 22 ml.

IMPRESSION :- Small amount of residual urine.

आरोग्य सुपर स्पेशलिटी मॉडर्न होम्योपैथीक क्लिनिक

एवस्कुलर नेक्रोसिस (एवीएन)
AVASCULAR NECROSIS





DR. ARPIT CHOPRA JAIN
(MD HOMEOPATHY & CRITICAL & SURGICAL DISEASE SPECIALIST)

एवस्कुलर नेक्रोसिस (एवीएन), जिसे ऑस्टियोडेड्रोसिस के रूप में भी जाना जाता है, एक ऐसी स्थिति है जो एक हड्डी के एक बूटो को एक की अवधि में खंड कर जाती है, जिससे बूटो के जखम भर जाते हैं।

ADDRESS: 101, 102, 103, 104, KRISHNA TOWER, JANJEERWALA SQUARE, IN FRONT OF GUREWELL HOSPITAL ROAD, NEW PALASIA, INDORE, MADHYA PRADESH 452001

3:29

Title
Avascular Necrosis AVN Disease Patient Responded by Dr Arpit Chopra Jain Modern Homeopathy in 1 month





DR ARPIT CHOPRA JAIN
(MD HOMEOPATHY CRITICAL & SURGICAL DISEASE SPECIALIST)

RESPONDED AVN DISEASE PATIENT FROM LALITPUR, UTTAR PRADESH

AVASCULAR NECROSIS

Overview Treatments Symptoms





During Dr Arpit Chopra Jain Modern Homeopathy

आरोग्य सुपर स्पेशलिटी मॉडर्न होम्योपैथीक क्लिनिक

Avascular Necrosis AVN एवैस्कुलर नेक्रोसिस Saved Surgery by Dr Arpit Chopra Jain A... [Read more](#)



DR ARPIT CHOPRA JAIN
MD (HOMOEOPATHY) CERTIFIED &
SPECIALIST DISEASE SPECIALIST

RESPONDED FISTULA DISEASE PATIENT
FROM INDORE, MADHYA PRADESH

Essiac Anemia, Muscular Dystrophy, Lifestyle Disease to Save Lifetime Drug Dependency, Treat

Description

Fistula Relief Achieved: Patient From Indore Shows Remarkable Recovery | Dr Arpit Chopra Jain

PATIENTS TESTIMONIALS



ADDRESS: 101, 102, 103, 104, KRISHNA TOWER, JANSEEWALA SQUARE, IN FRONT OF GURSWELL HOSPITAL ROAD, NEW PALASIA, INDORE, MADHYA PRADESH 462002

Cured & Responded Patients Reviews By Dr Arpit Chopra Jain A..

The screenshot shows a website layout with a sidebar on the left containing a 'Nobis' logo and a main content area with a grid of small video thumbnails. Each thumbnail features a patient's photo and a brief testimonial snippet.

डॉ. अर्पित चोपड़ा जैन: एक नाम, यन्त्रा भरोसे और सेवा का पर्याय

डॉ. अर्पित चोपड़ा जैन, आरोग्य सुपर स्पेशलिटी मॉडर्न होम्योपैथीक क्लिनिक

होम्योपैथीक चिकित्सा की शक्ति को जानने वाले डॉ. अर्पित चोपड़ा जैन, एक नाम, यन्त्रा भरोसे और सेवा का पर्याय हैं। डॉ. अर्पित चोपड़ा जैन, आरोग्य सुपर स्पेशलिटी मॉडर्न होम्योपैथीक क्लिनिक के संस्थापक हैं। डॉ. अर्पित चोपड़ा जैन, आरोग्य सुपर स्पेशलिटी मॉडर्न होम्योपैथीक क्लिनिक के संस्थापक हैं। डॉ. अर्पित चोपड़ा जैन, आरोग्य सुपर स्पेशलिटी मॉडर्न होम्योपैथीक क्लिनिक के संस्थापक हैं।

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आरोग्य सुपर स्पेशलिटी मॉडर्न होम्योपैथिक क्लिनिक

ब्रेन ट्यूमर
BRAIN TUMOR

DR. ARPIT CHOPRA JAIN
MD (HOMOEOPATHY), MBBS, D. PH.D. (HOMOEOPATHY)
ONCOLOGY SPECIALIST

2:31

ADDRESS: G-15, 130-132/214, BANGSIA TOWER, BANGSIA, SECTOR-13, PHASE-1 OF
CONNAUGHT PLACE (KATKADA), NEW DELHI, INDIA, DELHI-110002



4:00

Brain Tumor...
YouTube



3:39

Brain Tumour Patient...
YouTube



2:31

दुसरी ब्रॉच जहाँ से मिलते मुलते काम से रहें सावधान

Meningioma brain...
Aarogya Super...




Dr Arpit Chopra |...
homoeopathycure...



2:46

Brain Tumor...
YouTube



2:31 · 5 days ago

Responded Brain...
YouTube




आरोग्य सुपर स्पेशलिटी मॉडर्न होम्योपैथिक क्लिनिक

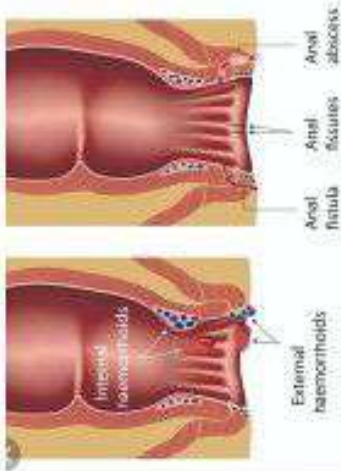
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Anal fistula

OVERVIEW SYMPTOMS TREATMENTS

Infected tunnel (anal fistula)

An infected tunnel between the skin and the anus.

Rare
Fewer than 1 million cases per year (Hicks)

👨‍⚕️ Treatable by a medical professional

Hemorrhoids

Also called piles

OVERVIEW SYMPTOMS TREATMENTS

Swollen and inflamed veins

Swollen and inflamed veins in the rectum and anus that cause discomfort and bleeding.

Very common
More than 10 million cases per year (Hicks)

👨‍⚕️ Treatable by a medical professional

Anal fissure

Also called anal ulcer

OVERVIEW SYMPTOMS TREATMENTS

Small tear in the lining of the anus

A small tear in the lining of the anus

Common
More than 1 million cases per year (Hicks)

👨‍⚕️ Treatable by a medical professional

09 (Piles)

Handwritten notes on a page titled '09 (Piles)'. The text is dense and appears to be a medical history or treatment plan, mentioning symptoms like pain and bleeding.

16

Handwritten notes on a page titled '16'. The text discusses the condition and its management, mentioning 'anal fissure' and 'hemorrhoids'.

11 (Anal fissure)

Handwritten notes on a page titled '11 (Anal fissure)'. The text describes the symptoms and treatment options for an anal fissure.

25

Handwritten notes on a page titled '25'. The text provides a detailed account of the patient's condition and the medical advice given.

Bleeding Piles

01

Handwritten notes on a page titled 'Bleeding Piles'. The text focuses on the symptoms of bleeding hemorrhoids and the recommended treatments.

17

Handwritten notes on a page titled '17'. The text includes a patient's history and the doctor's recommendations for managing the condition.

14

Handwritten notes on a page titled '14'. The text describes the patient's symptoms and the medical professional's advice.

15

Handwritten notes on a page titled '15'. The text provides a summary of the patient's case and the treatment plan.

27

Handwritten notes on a page titled '27'. The text discusses the patient's progress and the effectiveness of the treatment.

14

Handwritten notes on a page titled '14'. The text includes a patient's account of their symptoms and the doctor's response.

14

Handwritten notes on a page titled '14'. The text describes the patient's condition and the medical advice provided.

05

Handwritten notes on a page titled '05'. The text provides a detailed medical history and treatment recommendations.

29

Handwritten notes on a page titled '29'. The text discusses the patient's symptoms and the medical professional's advice.

Hemorrhoids

Also called piles

OVERVIEW SYMPTOMS TREATMENTS



Swollen and inflamed veins

Swollen and inflamed veins in the rectum and area that cause discomfort and bleeding.

Very common
More than 10 million cases per year (India)

Caused by a medical professional

Anal fissure

Also called anal slot

OVERVIEW SYMPTOMS TREATMENTS



Small tear in the lining of the anus

A small tear in the lining of the anus.

Common
More than 1 million cases per year (India)

Caused by a medical professional

25

PILES

Handwritten notes in Hindi describing the condition, symptoms, and treatment options for hemorrhoids.

Handwritten notes in Hindi titled "Bleeding Piles" and "01".

Thank to Dr. Jitendra Kumar...

Dr. Jitendra Kumar
1811111111

PILES

Handwritten notes in Hindi on page 17, detailing the condition and treatment.

Dr. Jitendra Kumar
1811111111

Contact Report PILES

Handwritten notes in Hindi on a contact report form, including a description of the patient's condition.

PILES CONCLUSION

Handwritten notes in Hindi on page 14, providing a conclusion to the case.

Anal Fissure

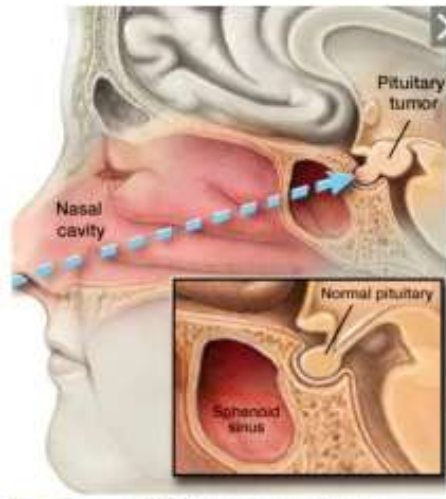
Handwritten notes in Hindi on page 15, describing the condition and treatment.

PILES

Handwritten notes in Hindi on page 22, including a patient's testimonial and contact information.

Thank to Dr. Jitendra Kumar

Dr. Jitendra Kumar
1811111111



Pituitary Macroadenoma
 caused vision from eye
 6 months
 Got Admitted for surgery

MRB of brain & orbits has been performed using a dedicated head coil using original images in multiple planes. Additional thin high resolution T1 MR images & T2-weighted images (T2) of orbits & sphenoid region were obtained in a coronal plane.

There is evidence of a large, well-circumscribed enhancing soft tissue mass in the sella, extending superiorly into the suprasellar region. The lesion measures approximately 2.8 x 2.8 x 1.7 cm in size, displacing the optic chiasm (posteriorly) and the optic nerves (inferiorly).

The tumor is predominantly isointense to the brain parenchyma, with a thin rim of enhancement. There is no evidence of hemorrhage or calcification. The lesion is displacing the optic chiasm and the optic nerves. The suprasellar extension of the tumor is associated with compression of the optic chiasm and the optic nerves.

The tumor is displacing the optic chiasm and the optic nerves. The suprasellar extension of the tumor is associated with compression of the optic chiasm and the optic nerves.

The tumor is displacing the optic chiasm and the optic nerves. The suprasellar extension of the tumor is associated with compression of the optic chiasm and the optic nerves.



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Pituitary Macroadenoma
 सिरुजान भण्डारी उम्र - 40

मेरे सर में 2.5 cm डि ट्यूमर है उसके कारण मुझे आँखों से उस दिशाई दे रहा है सर के 1 माहिने के डिस्पेंट से मुझे आँखी दूद लगे फुके फुके है, दिशाई दे रहा है

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छोटे सर मुझे मेरे दोस्त ने सर अपित की हापडा की 5 बार में बताया कि मुझे हापडा के पारिये लड्डन उढाया डबाय होना फिर मेरे सर की डिस्पेंट प्यास करा अ सिर्फ एक माहिने डिस्पेंट से मुझे पहले से फुके दिशाई दे रहा है

Dr. Arpit Chopra (Jain)
 M.D. HOMOEOPATHY
 Mob. 97130-37737

CONSULTANT
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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



Calcaneal Spur (Ankle pain)

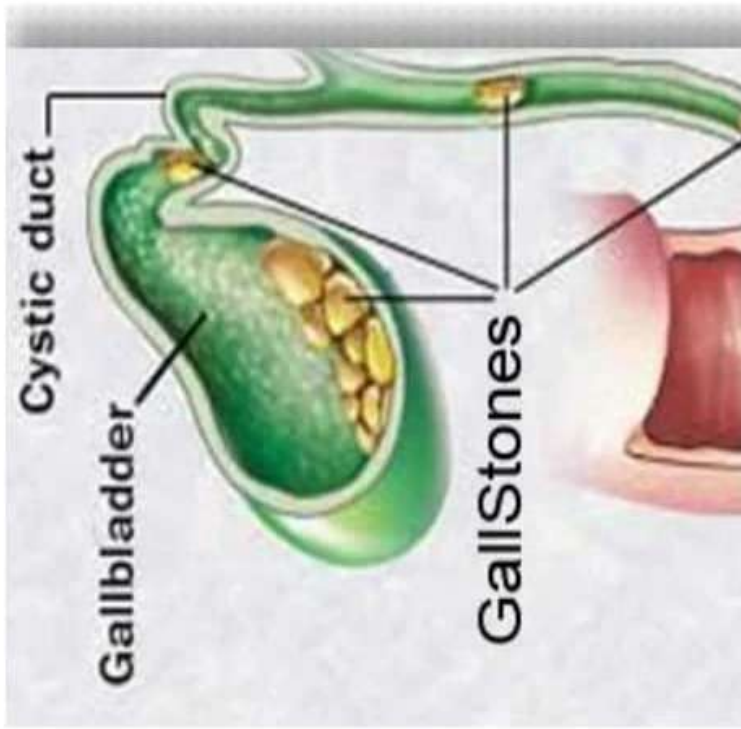
MARCH 02 SATURDAY

मेरी ही दो दो नीचे चारों तर जीसी परन्तु मेरी कोमेली मरले कीसी जे अलाह दी की एक कर अर्पित कर की दीखादो को सीर मेरे दोवा ऐसे जगु दुवा की अला मेरी एडी कोरि दिवली अपीति को बहुत-२ खतराकद

मागीत मुहला
२०२२/२२/२६
7999862317

CURED

Sunday 03



GALL BLADDER STONE & CHOLELITHIASIS

SEPTEMBER 06
शुक्रवादि (Friday)

पित्त की पथरी

मेरा नाम अनिका सैयद है। मेरे पित्त की थैली में 6-9mm multiple gall bladder stone है। पेट में बहुत गैस बनती थी। कुछ खा नहीं पाती थी। डॉ. अर्पित चोपड़ा की देवाईया से आज ह रिपोर्ट नार्मल आई। सारी देवाईया dissolve हो गई रिपोर्ट में एक भी stone appear नहीं हुआ। हमे कोई ऑपरेशन नहीं करवाना पडा। आज कि कुल खबर बंध है।

Raza palace near Sadar bazar
9826054797
flat no. 203
Raza palace
Anika Sayyad

डॉ. अमित बोयड़ा (जेन)
M.D. HOMOEOPATHY
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समय : सुबह 10 से दोपहर 3 बजे तक, रात 8 से 10 बजे तक, शनिवार : सुबह 12 से दोपहर 2 बजे तक
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X RAY AND SONOGRAPHY CENTRE
421, Sakshur, Near Ganga Mandi, Sakshur, Indore (M.P.) India. Phone No. : 0731-8221849

Patient Name:-Mrs. Anika Sayyad. Age/Sex:-55Y/F
Ref. by :-Dr. Arpit Chopda. Date:-14/9/17

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 with evidence of multiple 6 to 9mm calculi in it.

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

Kidneys are normal in size with smooth regular contour. Renal cortical echogenecity is within normal limits & cortico Central differentiation is adequate. No pelvicalceal 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 & Ovaries are atrophic although there is no evidence of pelvic or adnexal mass seen. Pouch of douglax is clear. No ascites/nodes.

Dr. Sunil Porwal
MBBS,DMRD.

PORWAL
X RAY AND SONOGRAPHY CENTRE
421, Sakshur, Near Ganga Mandi, Sakshur, Indore (M.P.) India. Phone No. : 0731-8221849

Patient Name:-Mrs. Anika Sayyad. Age/Sex:-55Y/F
Ref. by :-Dr. Arpit Chopda. Date:-3/11/18

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 with mild thickening of its walls & shows two 12 & 14mm calculi in it.

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

Kidneys are normal in size with smooth regular contour. Renal cortical echogenecity is within normal limits & cortico Central differentiation is adequate. No pelvicalceal 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 & Ovaries are atrophic although there is no evidence of pelvic or adnexal mass seen. Pouch of douglax is clear. No ascites/nodes.

Dr. Sunil Porwal
MBBS,DMRD.

PORWAL
X RAY AND SONOGRAPHY CENTRE
421, Sakshur, Near Ganga Mandi, Sakshur, Indore (M.P.) India. Phone No. : 0731-8221849

Patient Name:-Mrs. Anika Age/Sex:-57F
Ref. by :-Dr. Arpit Chopda. Date:-3/9/19

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 with thin walls & is nonlithiatic.

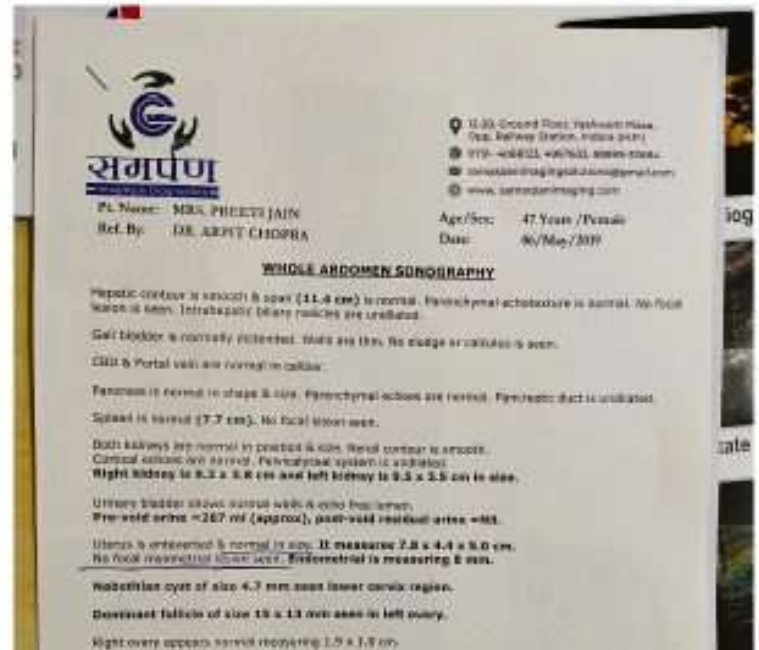
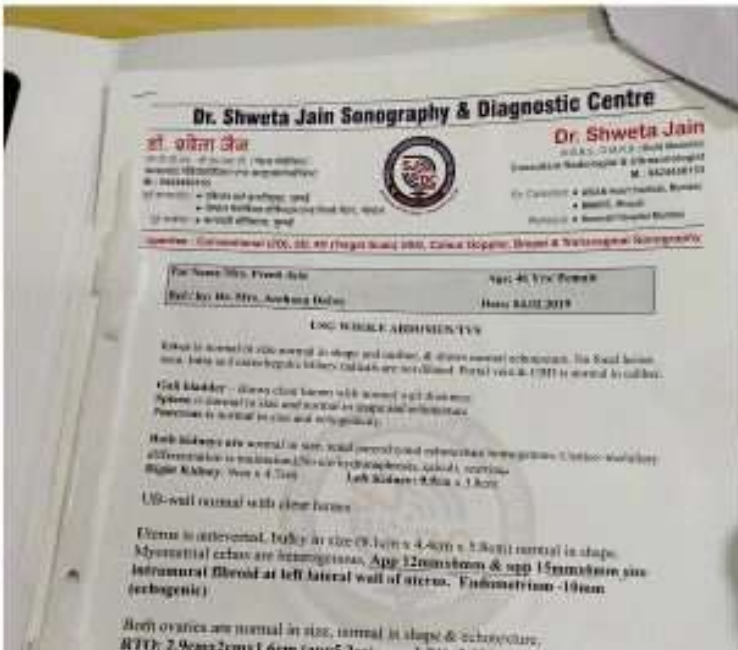
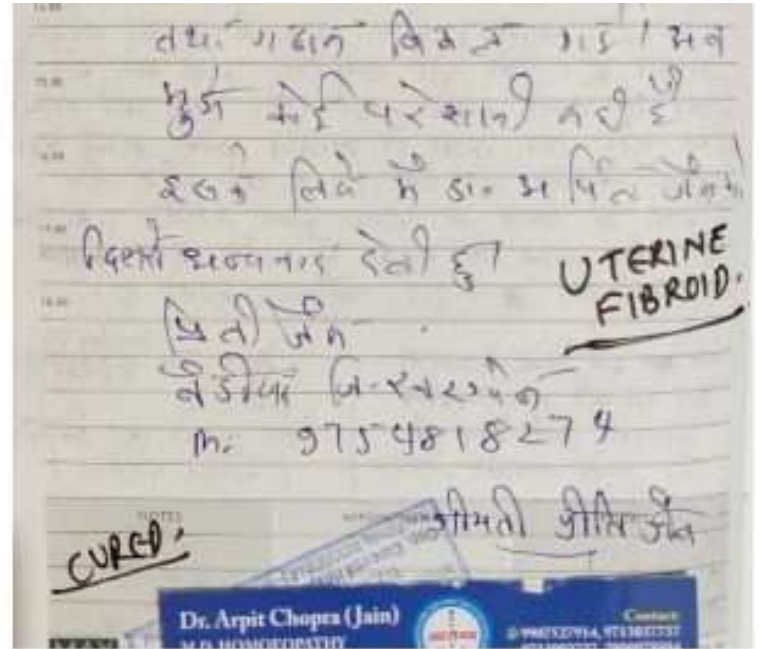
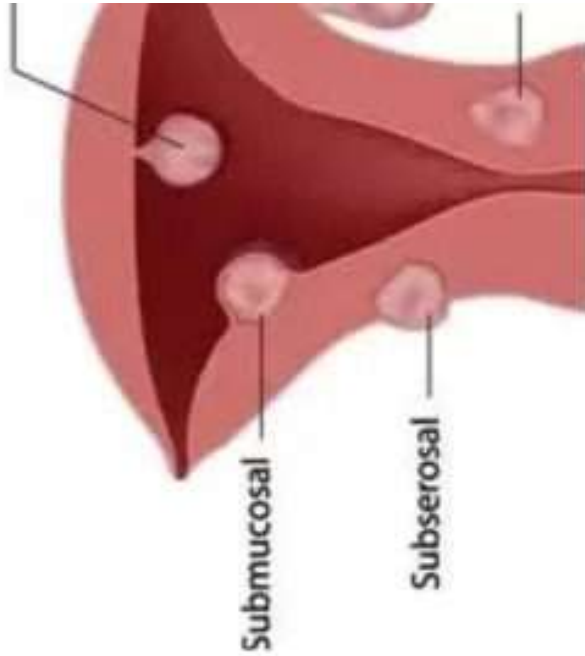
Pancreas & spleen are normal in size, contour & echostucture.

Kidneys are normal in size with smooth regular contour. Renal cortical echogenecity is within normal limits & cortico Central differentiation is adequate. No pelvicalceal 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 & Ovaries are atrophic although there is no evidence of pelvic or adnexal mass seen. Pouch of douglax is clear. No ascites/nodes.

Dr. Sunil Porwal
MBBS,DMRD.

Uterine fibroid





Vestibular schwannoma

OVERVIEW SYMPTOMS TREATMENT

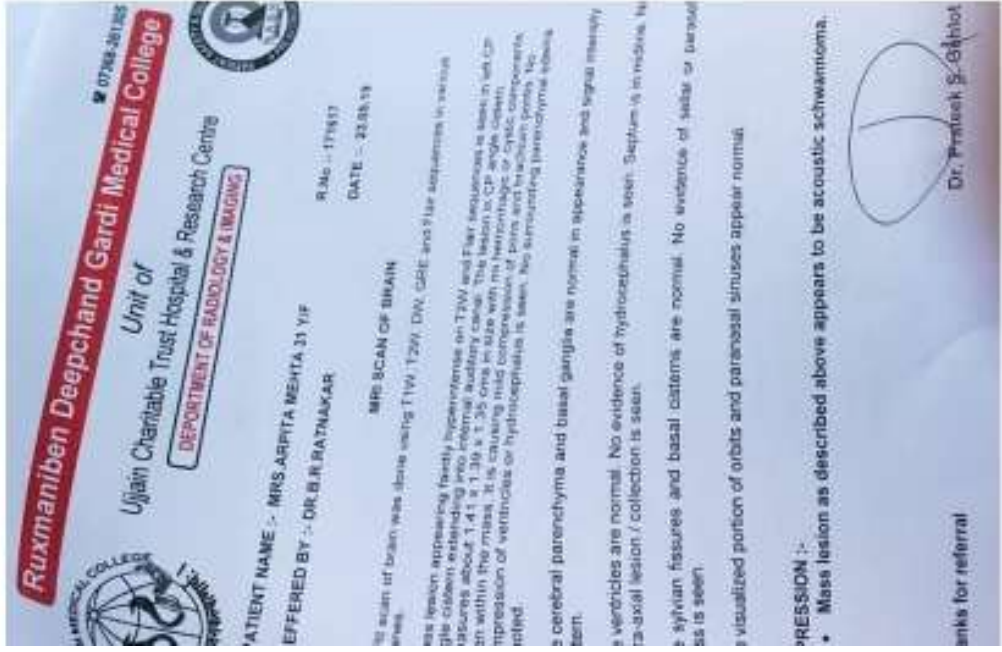
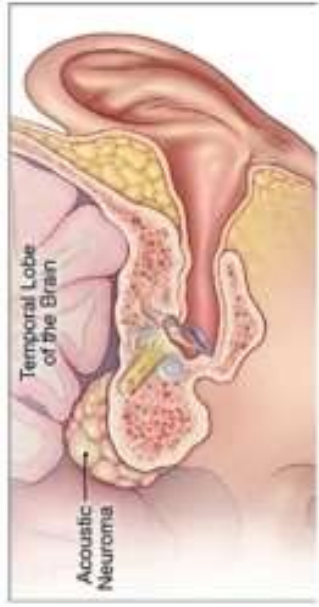
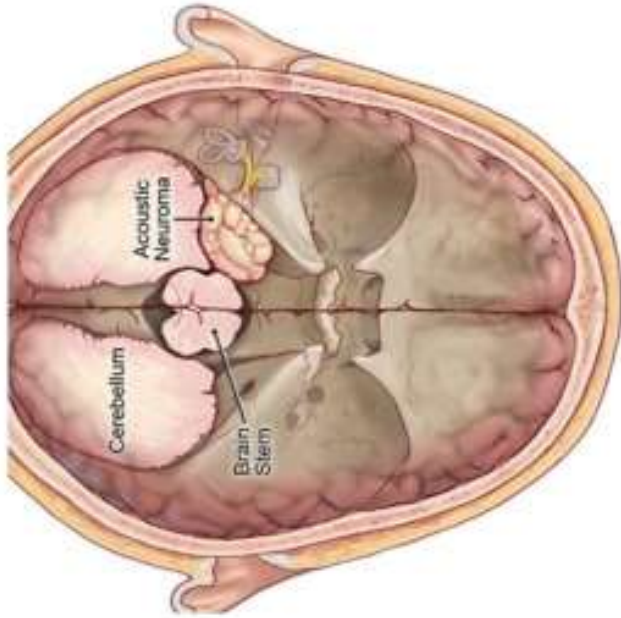
A non-cancerous tumour on the main nerve leading from the inner ear to the brain.

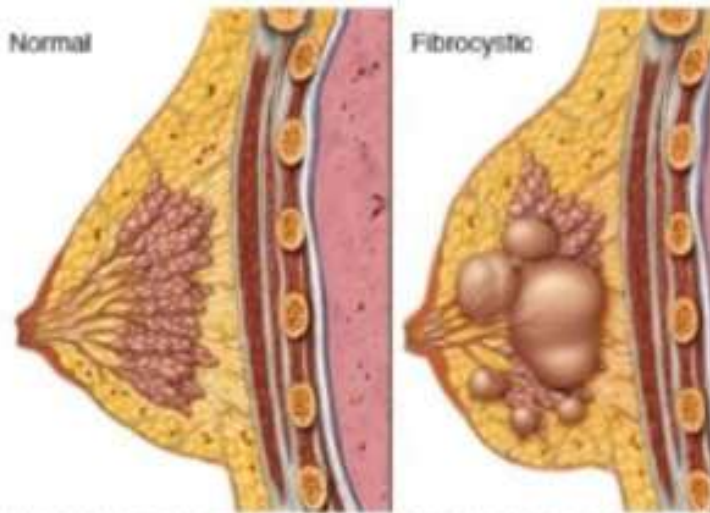
A vestibular schwannoma usually grows slowly, not at all. However, in a few cases, it may grow rapidly and become large enough to press against the brain and interfere with vital functions.

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

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

Consult a doctor for medical advice





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Fibrocystic breast changes

Fibrocystic breast changes lead to the development of fluid-filled round or oval (cysts) and more prominent scar-like (fibrous) tissue, which can make breasts tender, lumpy or ropy.

Also called: fibrocystic breasts

ABOUT

TREATMENTS

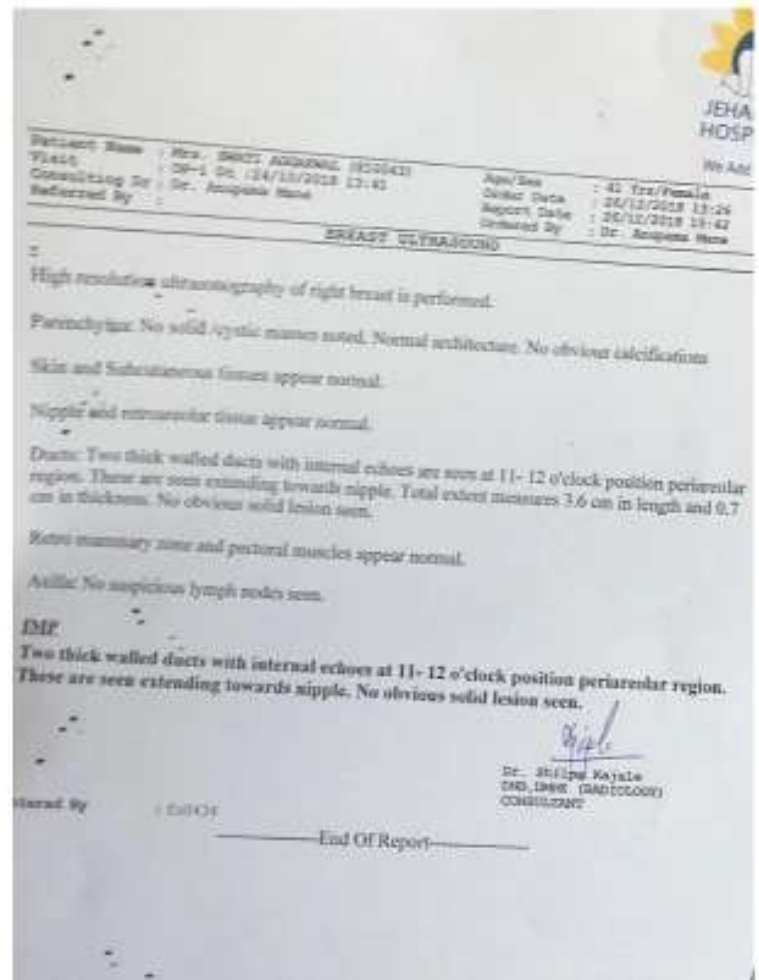
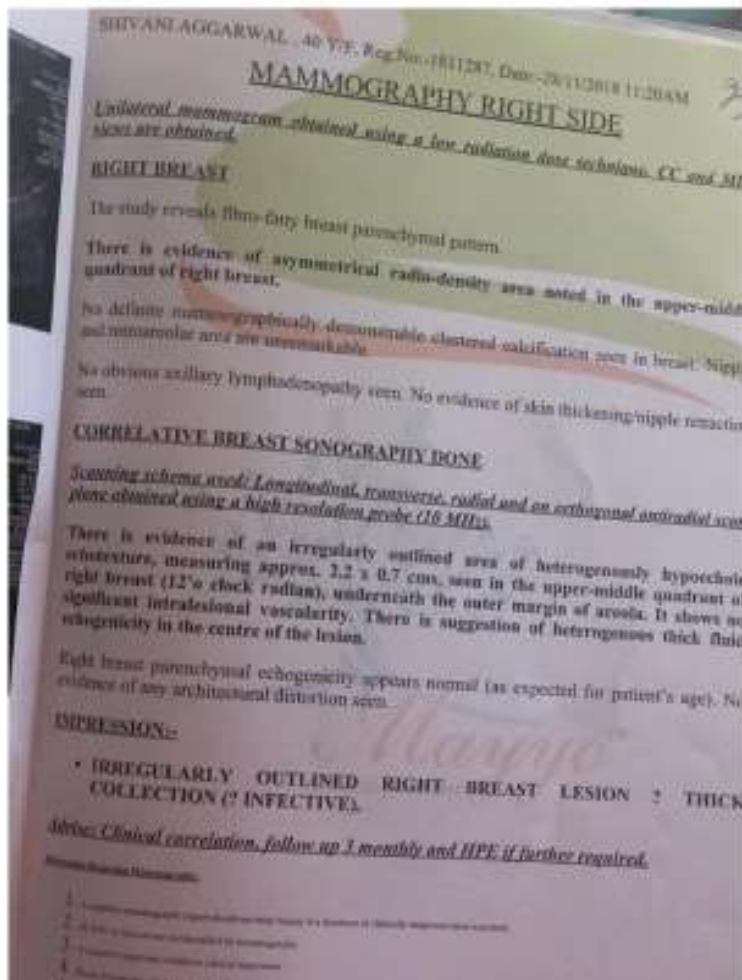
Non-cancerous changes that give a breast a lumpy or rope-like texture.

Very common

More than 10 million cases per year (India)



Treatment can help, but this condition can't be cured



08 MONDAY JULY

RENAL STONE
गुर्दे की पथरी
 Two thousand Nineteen

मेरी मम्मी का नाम शारदा जनी है, यहा हम 13 बूत को आर थे, मेरी मम्मी को 8.7mm की पथरी थी, डॉ अर्पित चौपड़ा की दवाइयो से पथरी निकल चुकी है, दूसरे हॉस्पिटल मे मम्मी को ऑपरेशन का कहा गया था होमीयोपैथिक से बिना ऑपरेशन ठीक होगया / 15 दिन बाद निकल गया धनभावद

शारदा शर्मा 396, न्यू वीपी नगर, इन्दौर 96 300 88 363

निधि शर्मा 396, न्यू वीपी नगर, इन्दौर 96 300 88 363

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

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 Please Take Appointment Before Consultancy as Possible. Ph. 0731-4977079
 www.homoeopathyindia.com Email: arpit@arpit3@gmail.com



Kidney stone
 Also called: nephrolithiasis

OVERVIEW SYMPTOMS TREATMENTS

Kidney stones

Stone passes through ureter and bladder

Often painful when passed

A small, hard deposit that forms in the kidneys and is often painful when passed.

Kidney stones are hard deposits of minerals and acid salts that stick together in concentrated urine. They can be painful when passing through the urinary tract, but usually don't cause permanent damage.

आरोग्य सुपर स्पेशलिटी मॉडर्न होमियोपैथिक क्लिनिक (कम्प्लेक्स इन्डोर)

डॉ. अर्पित चौपड़ा (जैन)
 (M.D. HOMOEOPATHY)

पथरी का रिपोर्ट

9.7 mm
 Left VUJ calculus (colic)

38/4/19

Stone passed
 Better Asymptomatic

Apollo HOSPITALS

RADIOLOGY

Patient Details: Mrs. SHARDA SHARMA (Female) 59y 04m 22days
 EXID: MPT/000178501 Patient Location: SINGHVI VHL AG
 Patient Number: 6891094124
 ICRN: 20060204 Checked on: 06-JUN-2019 11:12
 Ref Doctor: DR. ARJUN CHAKRABARTY

EXAMINATION: URINARY ABDOMEN

Left VUJ calculus (colic)

Stone passed
 Better Asymptomatic



डॉ. अर्पित चोपड़ा (सीएच)
एम.डी. होमोपैथी
अर्पित चोपड़ा एम
एचबीएस डिप्लोमा

आरोग्य सुपर स्पेशलिटी मॉडर्न होम्योपैथिक क्लीनिक



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

Swastik Diagnostic Centre
Shikharon No. 2 Basement, R.D.A. Complex, Jail Garden Road, Raibahar, Indore (M.P.)

10 AM - 12:40 PM
Saturday/Closed

Name: Mrs. Anur Kulkarni
Age: 45 Yrs F
Date: 24/02/2020

Ref By: Dr. Vinodha Singh, M.D.
Date: 24/02/2020

Part Scanned: WHOLE ABDOMEN

REPORT

Liver
Liver is seen normal in size with liver parenchyma is homogeneous in echotexture. Margins are smooth & regular. Intrahepatic biliary radicals are not dilated & vascular structures are normal. No diffuse or focal lesions seen.
CBD (CBD is seen dilated (11.4mm) in size. Single echogenic shadow of 6 mm size with distal acoustic shadowing is seen distal end of CBD, independent of calculus. Portal vein. Portal vein at porta hepatis is normal in size (11.4mm).

Gall Bladder
GB is not seen. CB focus is seen clear.

Pancreas
Normal in size, shape & echotexture. Margins are smooth & regular. Pancreatic duct is not dilated. No diffuse or focal lesions seen.

Spleen
Spleen is seen normal (11.3cm) in size & normal in shape & echotexture. Margins are smooth & regular. No diffuse or focal lesions seen. No calcification at splenic hilum.

Kidneys
Both the kidneys are seen normal in shape & size. Corticomedullary differentiation is maintained. Pelvicocalyceal system are not dilated. No evidence of hydronephrosis. Cortical echoes are normal. No diffuse or focal lesions are seen. Perinephric area appeared normal.
Right Kidney - (8.5cm * 7.4 cm.)
Left Kidney - (8.1cm * 7.3 cm.)

Urinary Bladder
Normal in filling & contour. Wall thickness is normal. Lumen is anechoic. No calculi or mass lesion seen.

Uterus
Uterus is seen anteverted & measures approx. 7.5 * 3.7 * 3.9 cm. Endometrial echoes are seen normal in thickness & its thickness is less. No focal lesions are seen. No evidence of any mass lesion.

Adnexa
Both ovaries are seen normal. No evidence of any adnexal mass or fluid collection seen.
No retroperitoneal lymphadenopathy. No free fluid is seen in peritoneal cavity. Bowel loops are seen normal with normal peristaltic movement. Both stomach & duodenum showed normal movement with no evidence of gastric dilatation or subdiaphragmatic pathology. Both ureters are not visualized in their whole of length due to poor visibility. KUB for ureters if needed.

Impression
Absent GB.
Dilated CBD with Cholelithiasis.
Liver, Pancreas, spleen appear normal.
Kidney, Uterus, Adnexa appear normal.

Dr. Hemlata Mujalda
MBBS (Radiology)

समर्पण
www.samarpnamaging.com

1101, Ghansoli Road, Western Flyover, Opp. Railway Station, Indore (M.P.)
Ph: 4986123, 4976123, 99075-27914
www.samarpnamaging@gmail.com
www.samarpnamaging.com

Patient Name: ANARKALI YADAV
Date: 25/12/2020

Ref. by DR. ARPIT CHOPRA
Age/ Sex: 42y/F

WHOLE ABDOMEN SONOGRAPHY

This examination was performed as an areal examination during the Covid-19 with all precaution & relevant Deliverable to results.

Hepatic contour is smooth & span (15.5 cm) is normal. Parenchymal echotexture is raised. No focal lesion is seen. Intrahepatic biliary radicles are undilated.

Gall bladder is not visualized (Post operative status).
No sludge or calculus seen in CBD. Portal vein is normal in caliber.

Pancreas is normal in shape & size. Parenchymal echoes are normal. Pancreatic duct is undilated.

Spleen is normal 9.5 cm. No focal lesion seen.

Both kidneys are normal in position & size. Renal contour is smooth. Cortical echoes are normal. Pelvicocalyceal system is undilated.
Right kidney is 9.6 x 3.8 cm and Left kidney is 9.5 x 4.7 cm in size.

Urinary bladder shows normal walls & echo free lumen.
Pre-void urine= 404.4 ml (approx).

Uterus is anteverted & normal in size. It measures 7.5 x 3.7 x 3.9 cm. No focal myometrial lesion seen. **Endometrial is measuring 6.6 mm.**

Both adnexa & ovaries are normal in size.

No significant retroperitoneal lymphadenopathy seen.

No free fluid seen in peritoneal cavity. The dependent pleural recess are normal.

IMPRESSION:- FATTY INFILTRATION OF LIVER GRADE I.

Clinical Correlation.

DR. HEMLATA MUJALDA,
MBBS, MD, RADIOLOGIST
REG. NO. MP- 12294

क्या आप गाल ब्लैडर स्टोन से परेशान हैं

गाल ब्लैडर स्टोन कैसे खत्म

Calcium blocking common bile duct

Gallstones

20:20

Treatment Of Gall Bladder Stone By Modern Home

Cholelithiasis

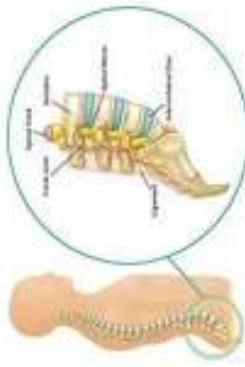
Monday 28

नाम: अनाकली यादव (91)
पता: अनाकली यादव (91)
दिनांक: 25/12/2020

DR. ARPIT CHOPRA (MD)

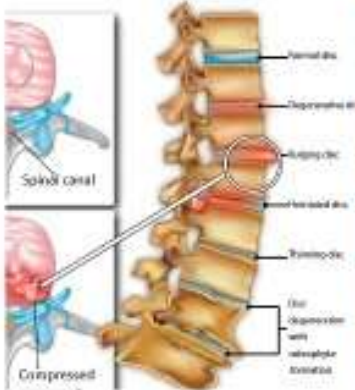
375762123

Spinal Stenosis



SCIATICA

Slipped disc



15
Handwritten notes in Hindi, likely describing symptoms or treatment for sciatica or spinal stenosis.

08
Handwritten notes in Hindi, possibly a patient's account or a doctor's notes.

30
Handwritten notes in Hindi, including a small table or checklist.

Handwritten notes in Hindi, possibly a patient's account or a doctor's notes.

Handwritten notes in Hindi, possibly a patient's account or a doctor's notes.

Handwritten notes in Hindi, page 12, discussing spinal stenosis.

Handwritten notes in Hindi, page 10, discussing spinal stenosis.

15
Handwritten notes in Hindi, page 15, discussing spinal stenosis.

Handwritten notes in Hindi, page 09, discussing spinal stenosis.

Handwritten notes in Hindi, page 01, discussing spinal stenosis.

10
Handwritten notes in Hindi, page 10, discussing spinal stenosis.

Handwritten notes in Hindi, page 24, discussing spinal stenosis.

Handwritten notes in Hindi, page 09, discussing spinal stenosis.

OF
Grasim Jana-Seva Trust Birtagram, 466 331 NAGDA (M.P.)
Phone : (07355) 247200 E-mail : gsta-nagda@gmail.com
DEPARTMENT OF RADIOLOGY & SONOGRAPHY

USG ID	1200000	USG ID	1200000
Name	1200000	Age/Sex	1200000
Ref Doctor	1200000	Report No.	1200000
Ref Date	1200000	Report Date	1200000

USG WHOLE ABDOMEN WITH PRINTS

The hepatic parenchymal architecture appears normal with no localized solid or cystic mass is identified in the liver. The BIRL 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 CBD appears unoblated.

Pancreas is obscured by overlying bowel gases.

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

Right Kidney 82x26 mm, Left Kidney 96x29 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 Ureters are unoblated.

Urinary bladder is adequately distended with normal caliber walls & echotone tumes.

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 note 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.

Dr. G.S. SHAH

Save Girl Child बंदी है वो बचान है ।


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www.samarpanimaging.com

Patient Name:- ABHYAN ARYAN	Date:- 16/02/2021
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 contour and homogeneous 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 Mishra
DR. HEMLATA MISHRA
MBBS, MD, RADIOLOGIST

DIGITAL X-RAY | 3D USG SONOGRAPHY
DIGITAL MAMMOGRAPHY | ECHOCARDIOGRAPHY
3-TELA MRI | M-Slice CT SCAN (HIGH QUALITY)

IMAGING SOLUTIONS

16/02/21 Calcified Lesion in Scrotum
Hi

TUESDAY FEB '21

My name is Vishal Arya Tildak Indore. My son Mr. Aryan who is only 2 year old having the Problem of Calcification in right testis. I consulted many doctors. I 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 take 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 ARYA
8839533272
126, Tildak Path,
Indore.

Dr. Arpit Chopra (Jain)
M.D. HOMOEOPATHY
(CRITICAL & SURGICAL DISEASES SPECIALIST)
9907527914, 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, गुप्तरोग, पथरी, साइनूसाइटिस, एनिमिया, लकवा, पाईल्स, गठिया, अस्थमा एवं श्वसन संबंधी रोग, होम्योपैथिक प्रतिरोधक एवं होम्योपैथी टिटनेस, नपूंसकता, मुहांसे, वंशानुगत रोग, साइटिका, डिप्रेशन मानसिक रोग, हृदय रोग, एन्डोक्राइन रोग, कर्करोग, त्वचा रोग

डॉ. जतिन चौपड़ा (जेन)
M.D. HOMOEOPATHY
(Critical & Surgical Diseases Specialist)

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जंजीरवादा बोगदा, न्यू पलासिया, इन्दौर

घर पर 10 से लेकर 2 घंटे तक, रोज 8 से 10 घंटे तक, सत्र 12 से लेकर 3 घंटे तक
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WWW.HOMOEOPATHYINDIA.COM Email: arpit@arpit923@gmail.com

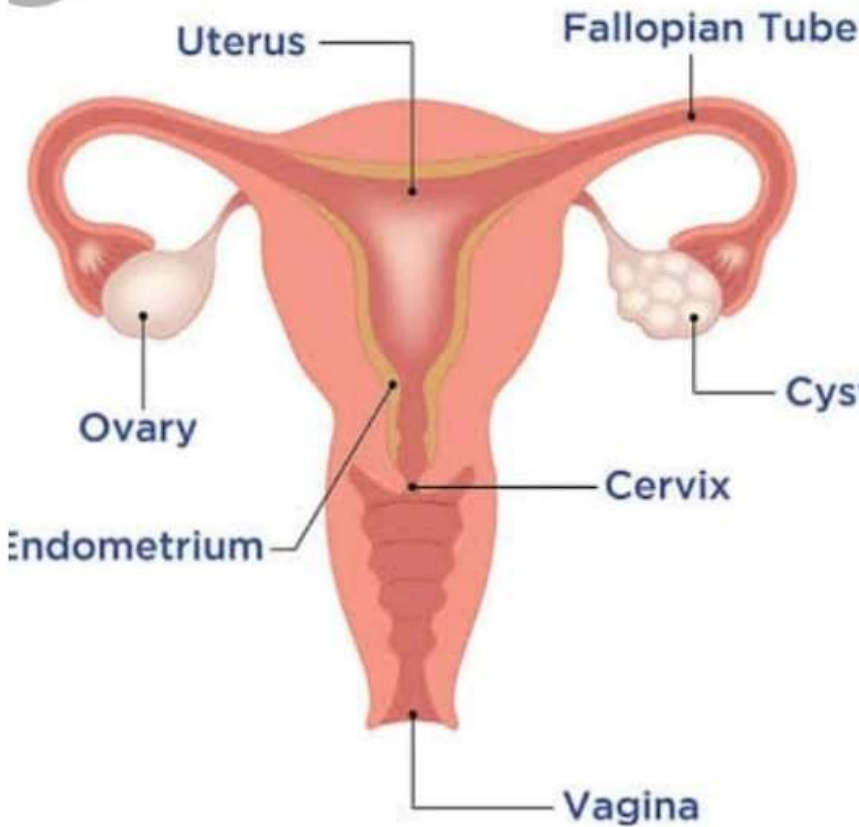
आरोग्य सुपर स्पेशलिटी
माईन होम्योपैथिक क्लिनिक
Dr. Arpit Chopra (Jain)
M.D. HOMOEOPATHY
(CRITICAL & SURGICAL DISEASES SPECIALIST)
9907527914, 9713092737

विशेषताएं :

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TYPES OF OVARIAN CYSTS



-  Corpus Luteum
-  Follicular Cyst
-  Endometrioma
-  Dermoid Cyst
-  Paraovarian Cyst
-  Hemorrhagic Cyst
-  Possibly Malignant

Hemorrhagic Ovarian Cyst
 March 2018
 I was diagnosed with a hemorrhagic ovarian cyst. The doctor said it was a functional cyst and would go away on its own. However, it grew larger and caused pain. I had to have surgery to remove it. The doctor said it was a functional cyst and would go away on its own. However, it grew larger and caused pain. I had to have surgery to remove it.

Dr. Arpit Chopra (Jain)
 Gynecology & Obstetrics
 Apollo Hospitals
 Apollo Hospitals
 Apollo Hospitals
 Apollo Hospitals

Ulcerative Colitis
 Monday 08
 I was diagnosed with ulcerative colitis. The doctor said it was a chronic condition and would require long-term treatment. I had to take medication and have surgery to remove part of my colon. The doctor said it was a chronic condition and would require long-term treatment. I had to take medication and have surgery to remove part of my colon.

Dr. Arpit Chopra (Jain)
 Gastroenterology & Hepatology
 Apollo Hospitals
 Apollo Hospitals
 Apollo Hospitals
 Apollo Hospitals

I was diagnosed with a hemorrhagic ovarian cyst. The doctor said it was a functional cyst and would go away on its own. However, it grew larger and caused pain. I had to have surgery to remove it. The doctor said it was a functional cyst and would go away on its own. However, it grew larger and caused pain. I had to have surgery to remove it.

Dr. Arpit Chopra (Jain)
 Gynecology & Obstetrics
 Apollo Hospitals
 Apollo Hospitals
 Apollo Hospitals
 Apollo Hospitals

Hemorrhagic Cyst
 Sunday 18
 I was diagnosed with a hemorrhagic ovarian cyst. The doctor said it was a functional cyst and would go away on its own. However, it grew larger and caused pain. I had to have surgery to remove it. The doctor said it was a functional cyst and would go away on its own. However, it grew larger and caused pain. I had to have surgery to remove it.

Dr. Arpit Chopra (Jain)
 Gynecology & Obstetrics
 Apollo Hospitals
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 Apollo Hospitals

Avascular Necrosis



APLASTIC ANEMIA Quick Facts



आरोग्य सुपर स्पेशलिटी
 माटेन होम्योपैथिक क्लिनिक (कम्प्यूटाईज्ड)

IMAGING POINT

NAME: DR. ARPIT CHOPRA
 ADDRESS: BODA BAGH ROAD, TEHSIL HAZORRA, DIST. RAJASAMUDRA, MADHYA PRADESH, INDIA
 PHONE: 9826238000

IMAGING POINT

The study reveals that there is no evidence of any fracture or dislocation of the spine. The vertebral bodies are well aligned and there is no evidence of any compression fracture. The intervertebral discs are well preserved and there is no evidence of any disc protrusion. The soft tissue structures are well preserved and there is no evidence of any abnormality.



DIAGNOSTIC REPORT

CLIENT CODE: C000059141
 CLIENT'S NAME AND ADDRESS: AGRAWAL DIAGNOSTICS, SRL LIMITED, PLOT NO. 7/528, SHOP NO. 1 AND 2, OPP. VOTI SCHOOL CHURCH, BODA BAGH ROAD, TEHSIL HAZORRA, DIST. RAJASAMUDRA, MADHYA PRADESH, INDIA, 9526238000 0762-297978

PATIENT NAME: DEVENDRA KUMAR TIWARI
 AGE: 32 Years SEX: Male
 RECEIVED: 18/02/2021 12:12

REFERRING DOCTOR: DR. ARPIT CHOPRA JAIN

Test Report Status: **Final** Results

HAEMATOLOGY		
COMPLETE BLOOD COUNT EDTA WHOLE BLOOD/SMEAR		
BLOOD COUNTS		
HEMOGLOBIN	15.1	
METHOD: COLORIMETRY		
RED BLOOD CELL COUNT	3.91	Lt
METHOD: COULTER PRINCIPLE		
WHITE BLOOD CELL COUNT	2.30	Lt
METHOD: COULTER PRINCIPLE / MICROSCOPY		
PLATELET COUNT	80	Lt
METHOD: COULTER PRINCIPLE / MICROSCOPY		
RBC AND PLATELET INDICES		
HEMATOCRIT	45.6	
METHOD: CELL COUNTER (CALCULATED)		
MEAN CORPUSCULAR VOL.	117.0	Ht

Research Centre

Patient's Name : MRS. AKILA W/O NAIM

Age/Sex : 37 \ Female

Consultant Dr. Shashikant Sharma

Date : 10/10/2015/ 36308

Before Treatment

WHOLE ABDOMEN (F) SONOGRAPHY

Liver ,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.

Mild Hydronephrosis Right is noted. A Calculus (7.5 mm is noted in Lower calyx of right Kidney.

Both ureters are undilated.

DEPARTMENT OF DIAGNOSTICS & HEALTH CHECK-UP

PATIENT NAME :Mrs. AKHILA BEE AGE :39 Y O M O D SEX
: FEMALE REG NO. :16001820 REC. DATE :17/03/2016 REC NO.
:16C01002398
REFERRED BY :Dr. ARPIT CHOPRA JAIN

After 5 months

Bilateral kidneys are normal in size and echotexture. Corticomedullary differentiation is maintained
Rt. Kidney : 10.6 x 4.2 cm , Lt. Kidney : 12.1 x 3.9 cm. No evidence of hydronephrosis bilaterally.

A approx 10.2 mm calculus seen at lower pole of right kidney.

Both the ureters are undilated. Both PUJ/VUJ are clear.

एच. के. सोनोग्राफी सेन्टर



H.K. SONOGRAPHY CENTRE

Dr. H.K. Karmalkar

M.B.B.S., D.M.R.D.

Consulting Radiologist & Ultrasonologist

Interventional Sonologist

Member of American Institute

of Ultra Sound in Medicine

Visiting Fellow : Evanston Hospital, Chicago (USA)

Dr. (Mrs.) Sanjivani Karmalkar

M.B.B.S., D.A.

पेडियाट्रियन

डॉ. एच. के. कर्मलकर

ए/ए, अमरावती पल्लविका, टीकटक नगर (सिंचाई कॉलोनी)

सोनील के चहले, भागी की टोपी के सामने

बडोली रोड, काशी के बाएँ वाली सड़क पर, काशीवाण अस्पताल के पास

फ़ोन : २५२२००१ फ़ैक्स : २५२२००१

Before treatment

20.05.2013

MR. BILAL QURESHI
DR. R. FAROOQUI MS

Prostate measures approx. 4.0x3.0x3.2cm = 19grams with subtle altered echotexture with hypoechoic changes ? chronic inflammatory involvement.

After treatment

INDIA
ISO Certified
9001 - 2008

DEPARTMENT OF DIAGNOSTICS & HEALTH CHECK-UP

PATIENT NAME : Mr. BILAL TAJODDY AGE : 26 Y 0 M 0 D SEX : MALE
REG NO. : 15008860 REC. DATE : 25/11/2015 REC NO.
: 15C01011579
REFERRED BY : Dr. ARPIT CHOPRA JAIN

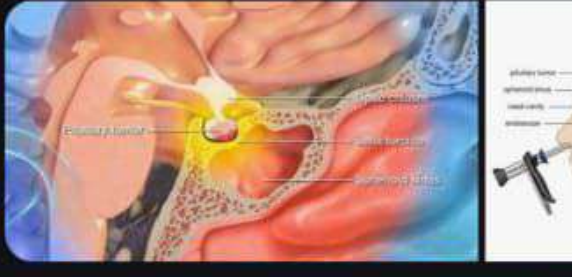
Prostate is normal in size. It measures 4 x 2.5 x 3.6 cms. 19.1 cc. Echotexture is homogenous.

No ascites / significant lymphadenopathy seen.
No evidence of any pleural effusion bilaterally.

RIF is clear.

Impression] :- No significant diagnostic abnormality detected.

A pituitary macroadenoma is a common, noncancerous tumor of the pituitary gland that measures 1 centimeter (10 millimeters) or larger. When smaller than 1 cm, the tumor is called a microadenoma.



AAROGYA SUPER SPECIALITY / MODERN HOMOEOPATHIC CLINIC

DR ARPIT CHOPRA JAIN
MD HOMOEOPATHY, CRITICAL & SURGICAL DISEASE SPECIALIST

RESPONSIVE PITUITARY MACROADENOMA
REVERT FROM SURGERY, AFTER PROSTATE

100% Dependency, Treatment of 300 Types of Incurable Complex Diseases. Landline- 8721-487707

Description

75% Relief in Pituitary Macroadenoma – Gorakhpur Patient – Dr Arpit Chopra Jain

RAO MRI & IMAGING CENTRE

डा. कृष्णा एम राव
Dr. Krishna M. Rao
M.D. (Radiology)
MR & CT Specialist

राव एम. आर. आर. एफड इमेजिंग सेन्टर
Olden Singh Chowk, N. Veda Road, Gorakhpur | Rajguru Chowk, Patna Road
No. 10123456789 | Contact: 9612345678

UD NO: 104/2019 | October 12, 2024
PATIENT NAME: MS. SAHNEY | AGE-SEX: 22/F
REF BY: Dr. VIKRANT AGRAWAL MD | SMC FL/05: 01

MRI: BRAIN (PLAIN)
SEQUEL PROGRAM TYPE: 500L, T1 & T2 200, 3, 400, 300/CT: 11, 11, 200

Bulky anterior pituitary is seen. Posterior pituitary is well demarcated. Pituitary stalk is midline. Dimension of pituitary -
AP - 10 mm, Height - 7 mm, Coronal - 18 mm

Normal differentiation of the gray and white matter of the cerebral cortex. Deep gray matter nuclei are normal. Brain stem and cerebellum are normal. Visualized cranial nerves are normal.

Bilateral lateral, III and IV ventricles are normal.

Suprasellar, interpeduncular, ambient, quadrigeminal and CP angle cisterns are normal.

Bilateral sylvian fissures are normal.

Sellar, supra sellar, and parasellar areas are within normal limits.

IMPRESSION
+ **BULKY ANTERIOR PITUITARY**
+ OTHERWISE NORMAL STUDY

Before treatment

Dr. Krishna M. Rao
M.D. (Radiology)
% 9612345678
UD/101-14102

Agarwal
Manage Head

PET/CT, SPECT/GAMMA CAMERA & 3T MRI CENTRE
1, CORPORATE PARK, NEAR CIRCUIT HOUSE, PADLEY GANJ, GORAKHPUR

Agarwal Name: SAHNEY | Patient ID: 10220/05222
Age / Gender: 22/F | DATE: 14/09/2025
Referring Doctor: DR. ARPIT CHOPRA (M.D., HOMOEOPATHY)

MRI: BRAIN

Follow up case of pituitary macroadenoma. Previous imaging not available.

A well defined 8 mm well defined altered signal intensity on T1 and T2 wt images is seen in anterior pituitary just region of midline. Pituitary stalk is in midline. Posterior pituitary is normal.

R study shows normal differentiation of the gray and white matter of the cerebral cortex. Deep gray matter nuclei are normal. Brain stem and cerebellum are normal. Visualized cranial nerves are normal.

Bilateral lateral, III and IV ventricles are normal.

Suprasellar, interpeduncular, ambient, quadrigeminal and CP angle cisterns are normal.

Bilateral sylvian fissures are normal.

IMPRESSION
Follow up case of pituitary macroadenoma.

A well defined altered signal intensity on T1 and T2 wt images is seen in anterior pituitary just region of midline. Pituitary stalk is in midline. Posterior pituitary is normal. Correlation with previous imaging & dynamic contrast is necessary for further evaluation.

During Dr. Arpit Chopra Jain Modern Homoeopathy Treatment

VIKRANT AGRAWAL | DR. SARWAT ALI
D.M.R.D.

O/O PITUITARY MACRO-ADENOMA + feasible

measures:- 10x7x18mm (Oct 2024) → Not suitable for surgery

- HYPER PROLACTINEMIA
prolactin:- 81.16 (03/10/24) on Allopathic

Before treatment

AAROGYA
COMBINE THE BEST OF BOTH WORLDS
HOMOEOPATHY

DR. ARPIT CHOPRA JAIN
M.D. (HOMOEOPATHY), CRITICAL & SURGICAL DISEASE SPECIALIST

आरोग्य सुपर स्पेशलिटी मॉडर्न होम्योपैथिक क्लिनिक

AAROGYA SUPER SPECIALITY MODERN HOMOEOPATHIC CLINIC

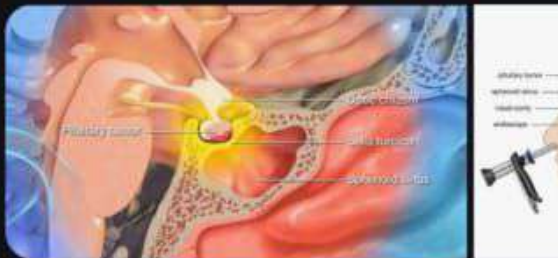
कैंसर, किडनी फेलियर, अस्पताल में गंभीर रूप से भर्ती मरीज का उपचार, कोमा, शल्य चिकित्सा योग्य ऑटोइम्यून रोग, अप्लास्टिक ऐनीमिया, मस्कुलर डिस्टॉफी, जीवन भर दवा लेने वाले रोगों की रोकथाम व 300 प्रकार के असाध्य जटिल रोगों की चिकित्सा

एसीसी कर्तव्य का पालन करें | एडोप्टिव क्लिनिक में आरोग्य से | Online Consultation Available

8721-487707 | 8721-487707 | 8721-487707 | 8721-487707 | 8721-487707 | 8721-487707 | 8721-487707 | 8721-487707 | 8721-487707 | 8721-487707

101, 102, 103, 104, KATINA TOWNS, JABARPURA, GORAKHPUR, UTTAR PRADESH | 201001

A pituitary macroadenoma is a common, noncancerous tumor of the pituitary gland that measures 1 centimeter (10 millimeters) or larger. When smaller than 1 cm, the tumor is called a microadenoma.



AAROGYA SUPER SPECIALITY MODERN HOMOEOPATHY CLINIC



भारत ही नहीं, बल्कि विश्व स्तर पर होम्योपैथी को नई पहचान दिलाने वाले BRICS के आधिकारिक होम्योपैथिक प्रतिनिधि

DR. ARPIT CHOPRA JAIN
(MD HOMOEOPATHY & CRITICAL & SURGICAL DISEASE SPECIALIST)

आरोग्य सुपर स्पेशलिटी मॉडर्न होमियोपैथी क्लिनिक में आपने अभी तक कैंसर, किडनी, कोमा, अप्लास्टिक एनीमिया, अस्पताल में भर्ती गंभीर मरीजों और गंभीर सर्जिकल बीमारियों सहित लगभग 300 बीमारियों के मरीजों को पूर्णतः स्वस्थ कर उन्हें नया जीवन प्रदान किया है।

AAROGYA SUPER SPECIALITY MODERN HOMOEOPATHY CLINIC

DR ARPIT CHOPRA JAIN
(MD HOMOEOPATHY CRITICAL & SURGICAL DISEASE SPECIALIST)

RESPONDED PITUITARY MACROADENOMA PATIENT FROM GORAKHPUR, UTTAR PRADESH

Drug Dependency, Treatment of 300 Types of Incurable Complex Diseases. Landline- 0731-497707

Description

75% Relief in Pituitary Macroadenoma – Gorakhpur Patient – Dr Arpit Chopra Jain

o/o PITUITARY MACRO-ADENOMA

MEASUREMENTS:- 10x7x18mm (Oct 2024) → NOT SHRT

- HYPER PROLACTINEMIA Before treatment
prolactin:- 81.16 (03/10/24) on Allopathic

Pravari Always Right

PET/CT, SPECT/GAMMA CAMERA & 3T MRI CENTRE
CORPORATE PARK, NEAR CIRCUIT HOUSE, PADLEY GALL, GORAKHPUR

Patient Name	NAZHEEN	Patient ID	3022021722
Age / Gender	22y/F	DATE	14/01/2025
Referring Doctor	DR. ARPIT CHOPRA (M.D. HOMIOPATHY)		

MRI: BRAIN

Follow up case of pituitary macroadenoma. Previous imaging not available.

Well defined altered signal intensity on T1 and T2 w/ images is seen in anterior pituitary just region of midline. Pituitary stalk is in midline. Posterior pituitary is normal.

Study shows normal differentiation of the gray and white matter of the cerebral cortex. sup gray matter nuclei are normal. Brain stem and cerebellum are normal. Visualized cranial nerves are normal.

lateral lateral, III and IV ventricles are normal.

parasellar, interpeduncular, ambient, quadrigeminal and CP angle cisterns are normal.

basal cisterns are normal.

PRESSION

Follow up case of pituitary macroadenoma.

A well defined altered signal intensity on T1 and T2 w/ images is seen in anterior pituitary just region of midline. Pituitary stalk is in midline. Posterior pituitary is normal. Correlation with previous imaging & dynamic contrast is necessary for further evaluation.

Dr. Arpit Chopra Jain
MD Homoeopathy & Critical & Surgical Disease Specialist



Should You Be Worried About an
OVARIAN CYST?

मिर्चल
श्री. प्रो. डा. प्रभात मिश्र
11, बंगला रोड, गीता कालोनी, का. (ए.सी.) 490001, पिन. 07310-220491, 220493

PATIENT'S NAME: SAKU BAI DATE: 16/05/22
CONSULTANT: DR. KANAKA CHANDRAN AGE: 35YRS

CLUT ABDOMEN

Clinical Profile: Pain in abdomen.

Examination:
CT of abdominal area performed on 15.05.22 with oral, intral and IV contrast. Coronal and sagittal reformatted images were obtained.

Findings:
Approx 43 x 40 x 28 mm sized well defined peripherally enhancing cystic lesion with low internal echogenic areas within wall in right adnexa with right ovary covered by low echogenicity suggest benign cystic lesion. Haemorrhagic cyst more likely. Uterus not seen (postmenstrual).

Lower pararenal appears normal and shows normal enhancement pattern. No focal or diffuse lesion is seen. Pararenal, urinary bladder and not dilated. Paracolic vein, lumbar aorta and spine are unremarkable.

Right kidney and common bile duct appears unremarkable.

Spleen is normal in size, shape and size not noted any abnormality.

Pancreas appears normal in size and enhancement pattern. No evidence of dilation of pancreatic duct. Intraductal calculi or peripancreatic collection noted.

Bile duct appears normal. No evidence of any filling defects, gallstones or mass lesion is seen.

Small and large bowel loops are unremarkable. No evidence of bowel wall thickening, dilatation or obstruction noted.

Both kidneys appear normal in size, enhancement and activities pattern. No evidence of mass, calculus or focal abnormality is seen. Both ureters are normal in caliber and position.

Both adrenal glands appear normal in size and enhancement pattern.

No definite enlarged parathyroid, parathyroid cysts or parathyroid carcinoma is seen.

मिर्चल
श्री. प्रो. डा. प्रभात मिश्र
11, बंगला रोड, गीता कालोनी, का. (ए.सी.) 490001, पिन. 07310-220491, 220493

BEFORE MODERN HOMEOPATHY TREATMENT

DR. PRABHAT MISHRA
MD
Consultant Radiologist

DR. POONJA PRAJAPATI
MD
Consultant Radiologist



Dr. R.K. Gupta
M.B.B.S., M.D. (Radiology)
Reg. No. 3303
Consultant Radiologist & Sonologist

Dr. Mrs. Archana Gupta
M.B.B.S., M.D. (Ultrasonography)
Reg. No. 33025
Sonologist

अर्चना सोनो सेंटर
SONOGRAPHY | COLOUR DOPPLER | DIGITAL X-RAY | ECHO-CARDIOGRAPHY

Patients Name: Saku Bai Ramkaran
Referred by Dr: Arpit Chopra Date: 17/5/2022

U S G ABDOMEN

(Due to technical limitations, and biological variations sonography report must be correlated clinically and with additional/exploratory)

Liver is normal in size and echopattern, no focal lesion seen. Biliary and portal radicles are normal.
Portal vein is normal.
Gallbladder is normal in size, smooth in outline, nonthiatric. C B D is normal in size.
Pancreas is normal in size and echopattern, no focal lesion seen.
Spleen is normal in size and echopattern, no focal lesion seen.

Both kidneys are normal in size and echopattern, p.c system is normal. Cortical thickness is normal.
Ureters are normal.
Urinary bladder is normal in size and nonthiatric outline is smooth.

Uterus is 110 days gestation pregnancy
Normal echopattern, no focal lesion
Endometrial echo is _____ cavity is empty
Cervix is _____
Cul de Sac _____
Both ovaries and adnexa show normal features

No free fluid or lymphadenopathy.
Major abdominal vessels are normal.

Sonography findings are within normal limits
Dr. R.K. Gupta

AFTER MODERN HOMEOPATHIC TREATMENT

श्री. अमित बोधरा (जीव) 9811120154, 9890181119
आरोग्य (जीव) 142021
प्राथमिक चिकित्सा, अंतरिक्ष चिकित्सा, न्यू फिजियोलॉजी, एचटी

Phy: 0731-279114 Address: 108, Sanku Bai, 35 m F, Ambikapur, 490001
Mobile: 9811120154, 9890181119
E-mail: amity@arogyajeev.com
Website: www.arogyajeev.com

108, Sanku Bai, 35 m F, Ambikapur, 490001

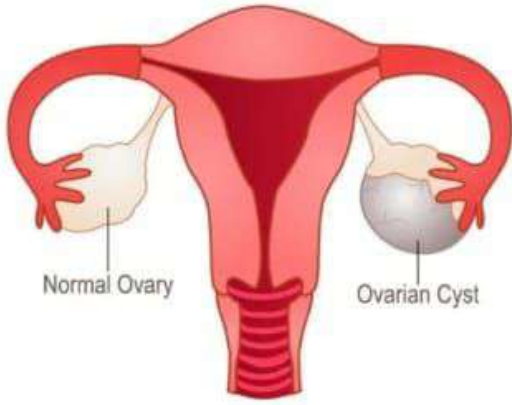
Hypertension 12 years ago
Right Ovary cystic lesion 1 year
45x40x36 mm
Hormonal: gut (Bdry)
Pain +
Anastha

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, ईजी, सेफ, फास्ट एण्ड कॉस्ट इफेक्टिव

102, प्रथम मंजिल, कृष्णा टॉवर, कपोलेश्वर हॉस्पिटल के सामने, जे.जी.रावराव वीरवाड़ा, न्यू पतारिया, इन्दौर म.प्र.
98076 27914 संपर्क : 0731-4977076, 79696 79894

Ovarian Cyst



NATIONAL SONOGRAPHY CENTRE
डॉ. कनिश कुशेशी
Dr. Danish Qureshi
 Consultant Radiologist & Ultrasonologist
 Consultant Radiologist, Sai Baba Hospital & HC, Indore
 Ex-Consultant, CH, Nagpur, India

2D / 3D / 4D ULTRASOUND, COLOR DOPPLER, MUSCULOSKELETAL AND SMALL PARTS

Patient Name: Miss. Paragi
 Age: 29 Years
 Sex: Female
 Referring Doctor: Dr. Anun Patidar
 Date: 30.07.2022

ULTRASOUND PELVIS

FINDINGS:
 Uterus is anteverted, normal in size and echotexture and measures 7.3x4.4x3.8cm. Myometrial and endometrial echoes are normal.
 Endometrium measures 3mm.
 Both ovaries are normal in size and echotexture.
 Right ovary shows a thick walled cyst of size 3.6x3.2cm with few internal echoes & an irregular avascular area - ? Haemorrhagic Cyst with retracting clot.
 Left ovary: measures 2.4x1.4cm.
 No free fluid in PDD.

Adv. Follow up

before treatment

Address: 102, Fortune-7, Kalani Nagar Sqr., Near Mousa Jalebi, Airport Road, Indore
 Ph: 0731-4911954, E-mail: nationalsonography@gmail.com

MEDICA SONOGRAPHY CENTRE
 11, Mangalad Centre Opp. State Bank of India, Anandnagar East, Indore (M.P.)
 Ph: 0731-4911954

SONOGRAPHY & COLOR DOPPLER

Patient's Name: MISS PARAGI KESHURIA D/O. HARESH Dny. Date: 15-Aug-2022
 Age & Sex: 29 Yrs. Female
 Referred by: DR. ANUN PATIDAR MDCC
 Consultant: DR. ARUN TALWAR MDCC

WHOLE ABDOMEN SONOGRAPHY

Height contour is smooth & even (112.2 cm) & normal. Paravertebral echotexture is normal. CBD & Portal vein are normal in caliber. No focal lesions seen. No dilatation of any vessels or arteries. Gall bladder is normally distended. Visceroperitoneal fluid is upto 100ml. Pancreas is normal in size & echotexture. Spleen is normal. No focal lesions seen. Kidneys are T2 X 5.8 cm in size and normal in position, structure and echotexture. Left kidney is 5.2 X 4.2 cm in size and normal in position, structure and echotexture. Urinary bladder shows normal wall & no residual urine. Uterus is anteverted & normal in size. Measures 6.2 x 3.2 x 4.2 cm. No focal myometrial lesions. Endometrium is 3mm thick. Both ovaries & tubes are normal in size, structure & echotexture. No significant hemoperitoneum. No ascites seen. No free fluid seen in peritoneal cavity. T10 dependent pleural pockets are normal.

IMPRESSION: NO SIGNIFICANT ABNORMALITY SEEN
 SUGGESTED CLINICAL CORRELATION

after Modern Homoeopathy treatment

Address: 102, Fortune-7, Kalani Nagar Sqr., Near Mousa Jalebi, Airport Road, Indore
 Ph: 0731-4911954, E-mail: nationalsonography@gmail.com

15 MONDAY - AUGUST

Ovarian cyst

मेरा नाम परागी केशरिया है।
 मैं 20 पुष्प की है। मुझे अवेरिजन सिन्ड्रोम है। जिसका size - 3.5 x 3.4 x 3.5 था।
 मैंने 3 होम्योपैथिक डॉक्टरों को बताया। इनमें सुरेश्वरी का, बीला का था। फिर मैंने डॉ. अर्पित चौपड़ा जैन जी को बताया और मैं 15 दिन में पूरी तरह स्वस्थ हो गई।
 बहुत बहुत धन्यवाद।
 डॉ. अर्पित चौपड़ा जैन
 Date - 16/8/22

अरोम्य सुपर स्पेशलिटी मॉडर्न होम्योपैथिक क्लिनिक (जैन)

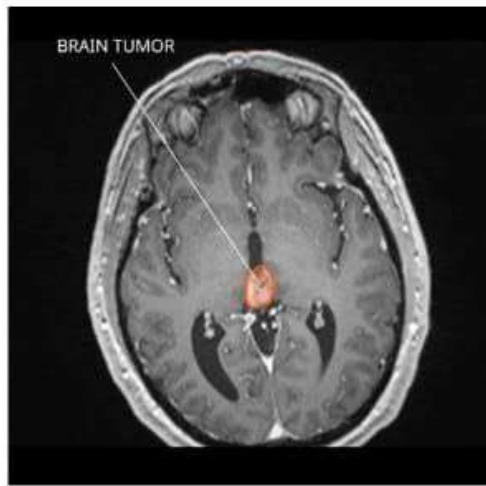
रोग विशेषज्ञ

फोन: 102-104 प्रथम कृष्णा टॉवर, कयोरेल हॉस्पिटल के सामने, जंजीरवाला चौराहा, न्यू पलारिया

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।

आरोम्य सुपर स्पेशलिटी मॉडर्न होमियोपैथी
 कम्पलिट, परमानेंट, ईजी, सेफ, फास्ट एण्ड कॉस्ट इफैक्टिव

102, प्रथम मंजिल, कृष्णा टॉवर, कयोरेल हॉस्पिटल के सामने, जंजीरवाला चौराहा, न्यू पलारिया, इन्दौर म.प्र.
 99075 27914 संपर्क: 0731-4977076, 79999 78894
 www.homoeopathycure.in, www.aarogyahomoeopathyindore.com, Email: arpitchohra23@gmail.com



MRI of a pineal region tumor in the brain.
Credit: NCI-CONNECT Staff



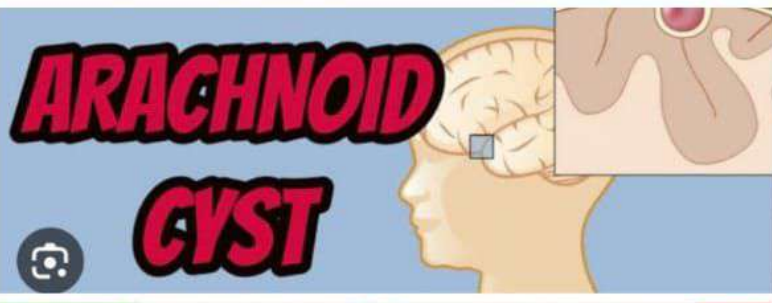
Article Title: Pineal Gland Anatomy and Tumors

Pineal region tumors are primary **central nervous system (CNS)** tumors. These tumors begin in the brain (in the pineal gland) but can spread to the spinal cord.



Post operative case of Pineal gland tumor (Chrom cell lesion) measure 33x33x30mm
 -> Mild Hydrocephalus
 -> Craniotomy for Excision & I/O RT LPVP Chhabra Shunt (18/18)
 -> Plc weakness in B/L LL
 -> NORT & CT done





15-20, Ground Floor, Vishwast Plaza, Opp. Railway Station, Indore (M.P.)
 22/2, Vishwast Nagar Road, Indore (M.P.)
 Plot No.2, Dussehra Maidan Road, Bhawanipur Colony, Annapurna Main Road, Indore (M.P.)
 www.samarpanimaging.com

Patient ID:	SMR03/110623	Patient Name:	GYANENDRA KATARIA SSSYM
Age:	55 Years	Sex:	M
Accession Number:		Modality:	MR
Referring Physician:	DR. ARPIT CHOPRA	Study:	head*Samarpn
Study Date:	11-Jun-2023		

MR/OF BRAIN

TECHNIQUE:-
 MR imaging of the brain performed and high resolution T1 and T2-weighted serial sections obtained in the sagittal and axial planes on a high strength scanner. Contiguous Fast Flair images were also obtained in the axial plane.

IMAGING FINDINGS:-
 Discrete subcortical and periventricular hyperintense lesion are seen on T2WI and FLAIR images involving bilateral frontal-parieto-occipital lobes suggest small vessel ischemic changes.
 The cortical sulcations and the ventricular system are normal.
 The basal ganglia and the thalami are normal.
 No restriction is noted on diffusion weighted images. No abnormal blooming is seen on GRE sequences either.
 No acute infarct/bleed is seen.
 No midline shift or mass effect is seen.
 The basal cisterns and the sylvian fissure are normal.
 The sella and the parasellar region are within normal limits.
 The brainstem and the cerebellum are normal.

bodyScans

KMPL, 30-32, Vishwast Plaza, Near Central Lab, Opposite Railway Station, Indore
 Branch Office : A-1, Bulland Bashi, AS Road, Beside TVS Show, Green Wilsons Square, Indore
 Call 98-2626-2626

Patient Information	
Patient Name	GYANENDRA KATARIA SSY /M
Patient ID	374/1
Age Gender	SSY/MALE
Scan Date	FEB 19 2023
Referring Doctor	DR .ARPIT CHOPRA
Report Date	FEB 19 2023

NCCT HEAD

Report:-
SUPRATENTORIAL:

- Well-defined extra-axial CSF intensity lesion measuring approximately 23 x 34 mm is noted along the anteroinferior aspect of the left temporal convexity suggestive of arachnoid cyst.
- No area of abnormal attenuation is seen in the cerebral hemispheres.
- The third and both the lateral ventricles are normal.
- No extra axial lesion or midline shift seen.

POSTERIOR FOSSA:

- Both the cerebellar hemispheres and brainstem show normal attenuation.
- The fourth ventricle is in midline, normal in shape and size.
- Basal cisterns appear normal.

Bone Window: No bony fracture is seen.

- DNS with bony nasal spur towards the right side
- Left lamellar bullosa
- minimal mucosal thickening is noted involving the bilateral maxillary sinuses and ethmoid sinuses s/o sinusitis

Before Treatment

GYANENDRA KATARIA SSY

Disclaimer: If test results are alarming or unexpected contact the diagnostic center immediately

Patient ID:	SMR03/110623	Patient Name:	GYANENDRA KATARIA SSSYM
Age:	55 Years	Sex:	M
Accession Number:		Modality:	MR
Referring Physician:	DR. ARPIT CHOPRA	Study:	head*Samarpn
Study Date:	11-Jun-2023		

IMPRESSION:-

- Chronic periventricular small vessels ischemic changes (Fazeka's grade I).
- No acute infarct/ intracranial bleed/mass or mass effect is seen.

After Dr Arpit Chopra Jain Modern Homoeopathy

IMPRESSION:- CT Study reveals:-

- Left temporal convexity arachnoid cyst.

Please correlate clinically and with other investigations.

Nitin Goyal

Dr. Nitin Goyal
 MD, Radiodiagnosis, FDR, D-ICRL HMC -HN 15455
 Consultant Radiologist

Before 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।

MODERN HOMOEOPATHY
 COMPLETE CURE. EASY. SAFE. FAST & COST EFFECTIVE

Meningioma

Overview

Symptoms

Treatments

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.

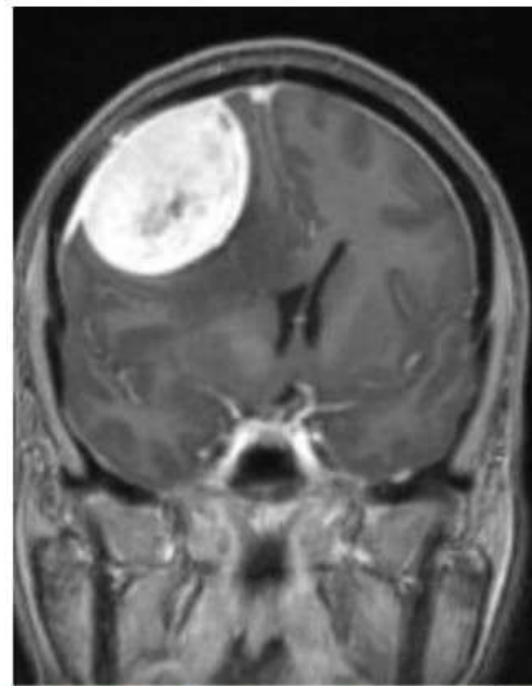
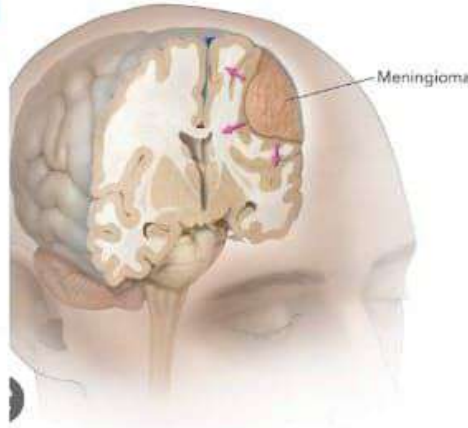
Rare

Fewer than 1 million cases per year (India)

Treatable by a medical professional

Requires a medical diagnosis

Lab tests or imaging always required



YouTube
 Brain Tumour | Meningioma T...

YouTube
 Brain Tumour | Meningioma T...

YouTube
 BRAIN TUMOUR MENINGIO...

YouTube
 Brain Tumor

YouTube
 Dr Arpit Chopra's SuperSpecia...

YouTube
 Brain Tumor

YouTube
 Search pituitary-macroadenoma...

YouTube
 GBM CANCER GRADE 4 GLIO...

YouTube
 Search pituitary-macroadenoma...

K/c/o Ghadi 1
 Meningothelial Meningioma : 14x11
 Right operated twice
 Operated twice in 2008 & 2022 ad
 Recurrence
 Helon measured 28x23x15 mm

Suryash Hospital Pvt. Ltd.
 MR BRAIN and ORBIT (CONTRAST)
 Findings:
 There is a well-defined, lobulated, enhancing mass in the right frontal region, measuring approximately 28x23x15 mm. The mass is causing local mass effect and displacement of the surrounding brain tissue. The mass is enhancing homogeneously on contrast administration.

before Modern Homeopathy Treatment

Suryash Hospital Pvt. Ltd.
After Modern Homeopathy Treatment
 The patient's condition has improved significantly after the treatment. The mass is now smaller and less enhancing. The patient is asymptomatic and has a good quality of life.

Brain tumor

Overview Symptoms Treatments

cancerous or non-cancerous mass or growth of normal cells in the brain.

tumors can start in the brain, or cancer somewhere in the body can spread to the brain.

90% - Calcified granuloma in frontal lobe (15/10/12)

Size - 6mm (10/10/12)

Epilepsy - 5 yrs

Headache (+)

Last episode - Sweet back

Last for - 5-10 min

Common

more than 1 million cases per year (India)

before Treatment

After Dr Arpit Chopra Jain Modern Homoeopathy

Brain Granulomas can manifest as a mass in the brain. Subcortical in the cerebral cortex and central nervous system development calcified tuberculoma, glioma, abscess or glioma, tumours, either multiple or solitary.

Brain Granulomas

Cure Without Surgery in 2 Months

Calcified Granuloma & Brain Tumour cancerous & non cancerous cured & responded by Dr Arpit... [Read more](#)

* कैंसर * किडनी फेलियर * अस्पताल में गंभीर रूप से भर्ती गरिजों 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 होम्योपैथिक क्लिनिक

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

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

www.homoeopathy.cure.in, www.aarogyahomoeopathyindore.com Email: arpit Chopra23@gmail.com



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ONLINE CONSULTATION ALSO AVAILABLE

Mr. Arpit Chopra Jain MD Homoeopathy

Arpit Chopra Jain

arpit Chopra23@gmail.com, Aarogyahomoeopathy@gmail.com

102, 103, 104 कृष्णा टॉवर, जंजीरवाला चौराहा, क्योरवेल हॉस्पिटल के सामने, न्यू पल्लिसिया, इन्दौर, मध्य प्रदेश

Calcified Granuloma with Epilepsy Patient of Jharkhand Cur...

क्या आपको सभी डॉक्टरों ने ऑपरेशन की अंतिम सलाह दी है

6:17

DR ARPIT CHOPRA JAIN

अब नहीं करवाना पड़ेगा ऑपरेशन या कोई सर्जरी

4:26

DR ARPIT CHOPRA JAIN

ऑपरेशन या सर्जरी के बगैर पाए अपनी समस्याओं का इलाज

5:45

DR ARPIT CHOPRA JAIN

किसी प्रकार की सर्जरी या ऑपरेशन से बचाएगा

100% Multiple Subcentimetric Lymph Enlarged
 Largest - 5.6 mm (June/23)
 para, pre aortic Node
 Frequent motion
 Acidity
 Advice After

केसर, किडनी फेलिचर, अत्यन्त न गंभीर लग रहे भर्ती भरिनों का उपचार, कोषा, शल्य चिकित्सा योग्य रोग, जटिल इन्फेक्शन, जोड़ोवनर दवाई लेने वाले रोगों को रोकथाम एवं 300 प्रकार के असाध्य नस्टिल रोगों की चिकित्सा।

आरोग्य सुपर स्पेशलिटी मॉडर्न होमियोपैथी
 अमरीका, परमापेच, ई.पी, कोषा, शल्य चिकित्सा योग्य रोग, जटिल इन्फेक्शन, जोड़ोवनर दवाई लेने वाले रोगों को रोकथाम एवं 300 प्रकार के असाध्य नस्टिल रोगों की चिकित्सा।

Dr. Arpit Chopra (MD) M.D. Homeopathy
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Cervical lymphadenopathy
 गार्डन होमियोपैथी

U.S.S. Laser Port
 Before Modern Homeopathy Treatment

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Cancer

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Gandhi Medical College
 DEPARTMENT OF RADIO DIAGNOSIS
 CT MRI Centre
 Naminda Hospital & Kardia Nishru Hospital
 Bhujpur (Madhya Pradesh)

CT Whole Abdomen With Contrast

DATE: 30/06/2023
 TIME: 09:52 PM

Before Treatment

CT WHOLE ABDOMEN WITH CONTRAST
 A plain and post contrast (oral + IV, oral) CT study of the abdomen has been performed from this to public symptoms with 5mm axial and sagittal sections with coronal and sagittal reformations.

Multiple subcentimetric oval discrete mesenteric, pre para aortic lymph nodes noted, largest of size measuring approx 5.6mm in short axis in mesenteric region.
 Liver appears normal in size (measuring approx 13.5cm) and attenuation. It does not show any focal or diffuse abnormality. The intrahepatic biliary and portal venous radicals appear normal.
 The gall bladder is partially distended. No obvious extra hepatic or extra luminal abnormality is seen. CBD appears normal in caliber.
 Spleen is normal in size (measuring approx 8.2cm) and attenuation.
 Pancreas appears normal in size and CT attenuation. No obvious focal pathology is seen. No obvious peripancreatic calcification is noted. Main pancreatic duct is normal in caliber.
 Both kidneys are normal in size (right kidney measuring approx 8.6x4.8cm and left kidney measuring approx 8.9x4.7cm), shape and CT attenuation with normal cortical enhancement. No obvious hydronephrosis is seen. Both ureters are normal in caliber.
 Both adrenals appear normal.
 Urinary bladder appears overdistended.
 Uterus normal in size 2.1x4.1x6.7cm (APxTxC), CT morphology and enhancement pattern. Bilateral ovaries appear normal.
 Visualized lung fields appear normal.
 No evidence of ascites is detected.
 Lumbar vertebrae and other visualized bones appear normal.

CT whole abdomen with contrast reveals no significant abnormality except multiple subcentimetric oval discrete mesenteric, pre para aortic lymph nodes as described above.
 Advice: Clinical correlation.

Symptomatic evolution due to thick ectoderm and artifacts due to bowel movements

Diagnosis:

- Multiple subcentimetric oval discrete mesenteric, pre para aortic lymph nodes noted, largest of size measuring approx 5.6mm in short axis in mesenteric region.
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Discussion:

- There is no evidence of any acute or chronic inflammation. No evidence of any acute or chronic inflammation is seen.
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After Dr Arpit Chopra Jain Modern Homoeopathy

Diagnosis:

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Recommendation: Repeat CT after 3 months.

After Dr Arpit Chopra Jain Modern Homoeopathy

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Recommendation: Repeat CT after 3 months.

MESENTERIC LYMPHADENITIS
 Inflammation of lymph nodes

that attaches the intestine to the abdominal wall and holds it in place. Mesenteric lymphadenitis is inflammation of the lymph nodes in the mesentery. Lymphadenitis is a condition in which your lymph nodes become inflamed.

20-May-2022

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Before Treatment

SOHANI DIAGNOSTIC CLINIC
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After Dr Arpit Chopra Jain Modern Homeopathy Treatment



आरोग्य सुपर स्पेशलिटी
 डॉ. अर्पित चौधरा (जेन)
 1102, इन्फेक्शन, अमरीका, परमापेच, ई.पी, कोषा, शल्य चिकित्सा योग्य रोग, जटिल इन्फेक्शन, जोड़ोवनर दवाई लेने वाले रोगों को रोकथाम एवं 300 प्रकार के असाध्य नस्टिल रोगों की चिकित्सा।

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 associated with mesenteric lymphadenopathy is colorectal cancer.

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MORAYA
 Before Treatment

सक्सेस स्टोरी
Cervical Lymphadenopathy
 गार्डन की गाँठ का सफल ईलाज
 मॉडर्न होमियोपैथी के द्वारा

ABDOMINAL LYMPHADENOPATHY SUSPECTED CANCER CASE CURED
 डॉ. अर्पित चौधरा (जेन)
 1102, इन्फेक्शन, अमरीका, परमापेच, ई.पी, कोषा, शल्य चिकित्सा योग्य रोग, जटिल इन्फेक्शन, जोड़ोवनर दवाई लेने वाले रोगों को रोकथाम एवं 300 प्रकार के असाध्य नस्टिल रोगों की चिकित्सा।

Cancer

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 FOR STONE, HEREDITARY DISEASES, INCURABLE DISEASES

Ankylosing spondylitis

Also called: Bechterew's disease

- Overview
- Symptoms
- Treatments

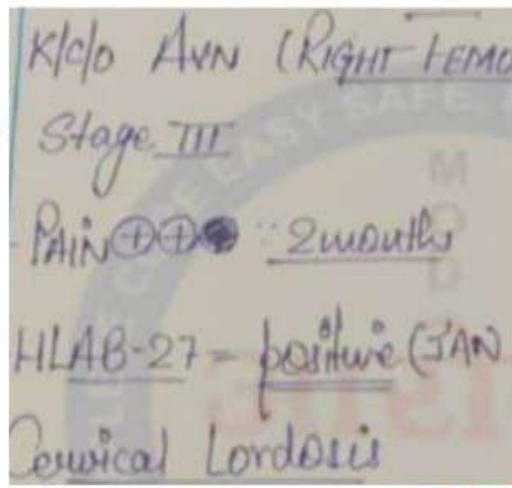
An inflammatory arthritis affecting the spine and large joints.

The condition is more common among men and usually begins in early adulthood.

Common

More than 1 million cases per year (India)

Treatable by a medical professional



What is Ankylosing spondylitis - Symptoms, Causes Treatment, and Prevention

Ankelosing Spondylitis CURED HLAB27 POSITIVE...

Visit >



Reg. No: 2301302868 Reg. Date: 31-Jan-2023 Collected On: 31-Jan-2023
 Name: HSEENABEN BABARZIYA Report Date: 31-Jan-2023
 Age: 29 Years Gender: Female
 Client: SHYAM CLINICAL LABORATORY

Dr. Poojesh B. Kanyasree (M.D., Ph.D.) Consulting Neurologist
 Dr. Sandeep M. Senapati (M.B.B.S., D.C.C.) Consulting Pathologist

Parameter	Result	Unit	Biological Reference Interval
HLA B27, RTPCR	Positive HLAB27 before Treatment		
HLA B27 Genotype	Target detected		

HLA B27, RTPCR
 Test: HLA B27 qualitative test by Polymerase Chain Reaction.
 Methodology: Real-time Polymerase Chain Reaction/PCR

Interpretation:
 Target not detected: The specimen is negative for HLA-B27
 Target detected: The specimen is positive for HLA-B27

Clinical Significance:
 1. Human Leukocyte Antigen B27 (HLA-B27) is a major histocompatibility complex class I molecule.
 2. HLA-B27 is strongly associated with ankylosing spondylitis (AS) as well as with Reiter syndrome, anterior uveitis, psoriatic arthritis, and inflammatory bowel disease.
 3. Ankylosing spondylitis (AS) is a chronic inflammatory disease that primarily causes pain and inflammation of the joints between the vertebrae of the spine and the sacroiliac joints.
 4. Rare alleles present in less than 1 percent of most populations will not be detected. Diagnostic errors can occur due to test sequence variations.
 5. DNA sequences encoding the HLA loci of interest i.e. Exons 2 and 3 of the HLA-B locus.
 6. Please note that false-negative report may result in cases where there is possibility of presence of PCR inhibitors (cannot be traced by technologist) and false-positive report may result in cases where there is possibility of background DNA contamination from previous analytical or in lab environment.
 7. The results of this test are highly dependent on the sampling technique employed, sample type, cold-chain maintenance and clinical condition.

Medical Laboratory Report

Name of Patient: HSEENABEN BABARZIYA
 Reg. No: 2301302868 Date No: 31 JAN 23
 Referring to: SHYAM CLINICAL LABORATORY

Dr. Vishu Golea (M.D. (Ph.D.)) Reg. No. S-40251
 Hasmukh M. Ghoghar (M.D. (Ph.D.)) Reg. No. S-40251

HLA B27, RTPCR

HLA B27 Genotype : Target not detected

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End of Report

SHYAM CLINICAL

HASMUKH M. GHOGHAR (M.D. (Ph.D.))
 QUALITY IS COSTLY BUT POOR QUALITY COSTS NOTHING

Dr. Vishu Golea (M.D. (Ph.D.))

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

आरोग्य सुपर स्पेशलिटी माईन होमियोपेथी

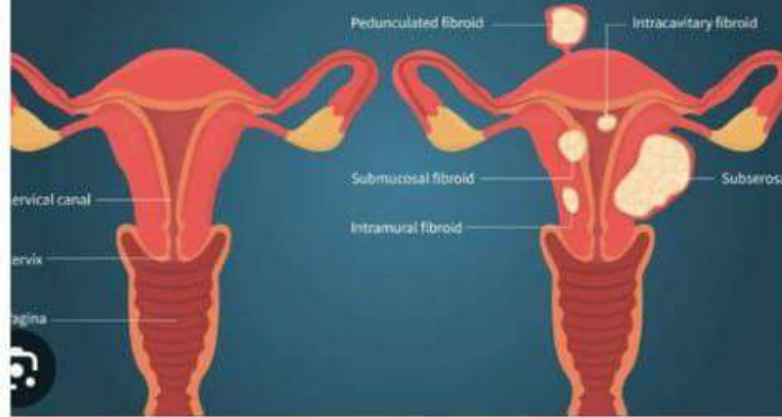
कम्पलिट, परमानेंट, ईजी, सेफ, फास्ट एण्ड कॉस्ट इफैक्टिव

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

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UTERINE FIBROIDS



NOON HOSPITAL & RESEARCH CENTRE
Jhalawar Road, Bhawani Mandi 326502

Both kidneys show increased attenuation of cortex with poor corticomedullary demarculation.
Peri-nephatic fat stranding seen bilaterally. Bilateral anterior renal, posterior renal and laterofascial fasciae are thickened.
No evidence of calculus or hydronephrosis.
Renal pelvis-ectatic normal.

Ureters:

Both ureters appear normal in course and calibre. Minimal Peri-ureteric fat stranding seen on both sides.
No evidence of ureteric calculus / obstruction seen.

Urinary Bladder:

The urinary bladder is distended showing abnormal irregular wall thickening. The mural thickness is approximately 7 mm. Mild perivesical fat stranding is also noted.

Gastrointestinal Tract:

- Stomach is distended with normal gastric wall thickness.
- Coil of the duodenum is defined.
- Visceralis small and large bowel loops appear normal in calibre.
- Appendix and surrounding soft tissue in right iliac fossa appears unremarkable.
- Rectocolic junction appears defined.
- Colon is predominantly faecal loaded and is unremarkable.
- Rectum appears normal in size. The perirectal fat planes are intact.

Tortus and Adnexa:

Uterus is enlarged in size ms - 8.7 x 6.6 x 8.8 CM and shows a well-defined heterogeneous lesion of size ms - 2.0 x 5.4 x 5.1 cm at subserosal region of fundus suggestive of subserosal fibroid. Few hypodense areas are seen within it. Bilateral ovaries are not well visualized.

Miscellaneous:

- No evidence of free fluid in abdomen or pelvis.
- No significant mesenteric or retroperitoneal lymphadenopathy observed.
- Major abdominal vessels appear unremarkable. Few calcified atherosclerotic plaques are seen in abdominal aorta and its major branches.
- Patchy areas of ground glass opacities are seen in both lower lobes at pleural. Bilateral minimal pleural effusion with underlying passive collapse-consolidation of basal segments of bilateral lower lobes is noted.
- Moderate cardiomegaly noted- 2-D Echo is advised.
- Moderate vertebral show degenerative changes in the form of marginal anterior and posterior osteophytes.

IMPRESSION:

- Bilateral renal increased attenuation of cortex with poor corticomedullary bilaterally chronic kidney disease.
- Bilateral acute pyelonephritis with urethritis and cystitis without obvious evidence of calculus along the ureter.

Dr. Arpit Chopra Jain
Jhalawar Road, Bhawani Mandi 326502, Dist. Jhalawar, Madh. Pr. India
Tel: 011-997527914, 01475-22304



15-20, Ground Floor, Yashwant Plaza,
Opp. Railway Station, Indore (M.P.)
22/2, Yashwant Niwas Road, Indore (M.P.)
Plot No.2, Dussehra Maidan Road, Brawaripur
Colony, Annapurna Main Road, Indore (M.P.)
www.samarpanimaging.com

Patient ID: SMR01191223	Patient Name: LALITA CHOUHAN 51Y/F
Age: 51 Years	Sex: F
Referring Physician: DR ARPIT GHOPRA JAIN	Modality: MR
Study Date: 19-Dec-2023	Study: WHOLE ABDOMEN

MR: WHOLE ABDOMEN

TECHNIQUE:- AXIAL: FSPGR & T2, SAGITTAL: T2, CORONAL: FSPGR & STIR

CLINICAL:- Ms Lalita Chouhan is under evaluation for abdominal pain.

IMAGING FINDING :-

Mild hepatosplenomegaly is seen, with no evidence of focal lesion within. The spleen appears normal.
The gallbladder is well distended with layering of sludge within. There is no evidence of cholelithiasis or cholecystochlithiasis. No intrahepatic biliary radical dilatation is seen.

The pancreas appears rather atrophic, with no evidence of focal lesion within. The adrenals appear normal.

Both the kidneys appear normal in size and shape with mild changes of sinus lipomatosis. No focal lesion is seen. The ureters are not dilated.

The urinary bladder is partially distended and appears unremarkable.

The retroverted uterus appears normal in size with poor zonal differentiation. The endometrial cavity appears normal. Small subcentimetre sized fibroid nodules are seen. Both the ovaries appear clear.

There is no ascites or significant abdominopelvic lymphadenopathy.

No obstructive bowel dilatation is seen. The visualized bowel show normal signal intensity.

IMPRESSION:-

Mild hepatosplenomegaly is seen without focal lesion. Sludge is seen in the gallbladder lumen.

No other significant or relevant abnormality is seen in this study.

After Dr Arpit
Chopra Jain Modern
Homoeopathy

DR. NIMISH SINGH
CONSULTANT RADIOLOGIST

DR. ASHUTOSH KUMAR
MD (Radiology)

DR. AMIT KUMAR TIBARI
CONSULTANT RADIOLOGIST

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DIGITAL X RAY | 3DHD SONOGRAPHY
DIGITAL MAMMOGRAPHY | HEPATOCARINOGRAM
LIVER STIFFNESS MEASUREMENT (TELE-ELASTOGRAPHY)

Meningioma

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.

Rare

Fewer than 1 million cases per year (India)

Treatable by a medical professional

TRUST
MRI Imaging & Diagnostic Centre
Saket, New Delhi

NAME: GULAB DEVI Age: 45 Yrs
REF BY DR: AJIT KUMAR, MD (MBBS) 19-02-2024
EXAMINATION: BRAIN

TRUST
MRI Imaging & Diagnostic Centre
Saket, New Delhi

INDICATION: Right large lobulated extra-axial dural based intensely enhancing mass having slight midline shift causing right parietal parieto-temporal region shifting / involving the adjacent septum, right side ? Meningioma

FINDINGS:
Fully large lobulated extra-axial dural based intensely enhancing mass having slight midline shift causing right parietal parieto-temporal region shifting / involving the adjacent septum, right side ? Meningioma

IMPRESSION:
A well defined heterogeneously enhancing T2 hyperintense, T1 isointense extra-axial dural based lesion with dural tail sign, no restricted diffusion/blooming seen with compression of adjacent brain parenchyma with no brain parenchymal signal changes. T1 measures approximately 3.8 x 3.8 x 3.8 cm (AP x TR x CC).



Maa Pancha Devi Hospital
A CENTRE FOR LAPAROSCOPIC SURGERY, GYNAECOLOGY AND ADVANCED DIAGNOSTIC CENTRE

NAME: MRS. GULAB DEVI Age: 45 Yrs
REF BY: DR. ARPIT CHOPRA, MD (HOMOEOPATHY)
EXAMINATION: MRI BRAIN (PLAIN & CONTRAST)
DATE: 23-MAY-2023

Procedure: Multiplanar multi-phase sequences of brain were performed with & without contrast.

FINDINGS:
A well defined heterogeneously enhancing T2 hyperintense, T1 isointense extra-axial dural based lesion with dural tail sign, no restricted diffusion/blooming seen with compression of adjacent brain parenchyma with no brain parenchymal signal changes. T1 measures approximately 3.8 x 3.8 x 3.8 cm (AP x TR x CC).

IMPRESSION:
A well defined heterogeneously enhancing T2 hyperintense, T1 isointense extra-axial dural based lesion with dural tail sign, no restricted diffusion/blooming seen with compression of adjacent brain parenchyma with no brain parenchymal signal changes. T1 measures approximately 3.8 x 3.8 x 3.8 cm (AP x TR x CC).



Shri Balaji Diagnostics
Sonography, MRI (1.5T) & CT Scan

NAME: Mr. Gaurav Tabor Age: 45 Yrs
REF BY: Dr. Shweta Shukla Sharma Date: 13-01-2023

CEREBRUM
Before Treatment

Large area of abnormal signal intensity seen in right medial frontal lobe involving cortex and subcortical white matter with effacement of adjacent sulci, showing mild - cystic components and small areas of haemorrhagic products, which is heterogeneously hyperintense on T2, FLAIR and hypointense on T1W images, measuring 4.2 x 4.2 x 4.2 cm (AP x TR x CC). The lesion is associated with perilesional edema, mass effect & displacement of midline.

IMPRESSION:
Large area of abnormal signal intensity seen in right medial frontal lobe involving cortex and subcortical white matter with effacement of adjacent sulci, showing mild - cystic components and small areas of haemorrhagic products, which is heterogeneously hyperintense on T2, FLAIR and hypointense on T1W images, measuring 4.2 x 4.2 x 4.2 cm (AP x TR x CC). The lesion is associated with perilesional edema, mass effect & displacement of midline.

SHALBY HOSPITALS

NAME: Mr. Gaurav Tabor Age: 45 Yrs
REF BY: Dr. Shweta Shukla Sharma Date: 13-01-2023

CEREBRUM
After Dr Arpit Chopra Jain

Large area of abnormal signal intensity seen in right medial frontal lobe involving cortex and subcortical white matter with effacement of adjacent sulci, showing mild - cystic components and small areas of haemorrhagic products, which is heterogeneously hyperintense on T2, FLAIR and hypointense on T1W images, measuring 4.2 x 4.2 x 4.2 cm (AP x TR x CC). The lesion is associated with perilesional edema, mass effect & displacement of midline.

Meningioma
Case size 4x4x3mm (18/12/18)
Right parieto-temporal frontal lesion.
- Headaches in head
- Vertigo
- H/O - F.H (2 Dec 22)
(Left side epilepsy)

विशेषताएं:
कैंसर, किडनी फेलियर, अस्पताल में गंभीर रूप से भर्ती मरीजों का उपचार, कामा, ऑटो इम्यून रोग, शल्य चिकित्सा शोथ रोग, हायपोथायरायडिज्म, एलर्जी, मालों का झड़ना, एगजीमा, सोरायसीस, मालों का झड़ना, एगजीमा, सोरायसीस, ब्यूसिन मुक्ति, चर्म रोग, एस्कीमीटी, नाटया, मेडिटेशन, माइग्रें, गुस्सारा, पथरी,

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NAME: MRS. KAJAL SHARMA
Age/Gender: 45 Yrs / F
LAB No: 85444006
Mobile No: 9500990013
Refer Doctor: DR. ARPIT CHOPRA/HOMOEPATHY

DEPARTMENT OF MRI

MRI BRAIN WITH CONTRAST

PROCEDURE: T1W, T2, FLAIR and DWI weighted axial imaging was done followed by T1 sagittal and T2 weighted coronal imaging. Axial diffusion weighted imaging was also done. Post-contrast images were obtained in all three planes using 3T MRI superconducting magnet.

CLINICAL INDICATION/HISTORY: Referred as a FUC of meningioma.

PREVIOUS MRI SCAN: MRI dated 27.04.2023

OBSERVATIONS:
Brain parenchyma: A large lobulated well circumscribed T2 heterogeneously hyperintense and T1 hypointense avidly enhancing supratentorial extra-axial mass lesion measuring ~ 5 (AP) x 5.2 (TR) x 3.7 (CC) cm is seen with broad base on tentorium / petrous apex. Moderate perilesional edema is seen in adjacent fronto-temporo-parietal lobe. Mass effect is seen on medial temporal lobe with mild distortion of adjacent brain stem and partial effacement of right lateral ventricle with midline shift of ~ 6mm towards left side.
Few tiny T2/FLAIR hyperintense foci are seen in bilateral frontal white matter.
Rest of the brain parenchyma shows normal signal intensity and morphology.
Acute infarct / hemorrhage: None.
Ventricular system: Left lateral ventricle is prominent / slightly dilated with mild periventricular T2 hyperintense signal. Third ventricle is partially effaced and is displaced to left side. Fourth ventricle is unremarkable.
Major flow voids: Visualized.
Paranasal sinuses: No significant inflammatory changes seen.

IMPRESSION: Large lobulated well circumscribed avidly enhancing supratentorial extra-axial mass lesion with broad base on tentorium / petrous apex with moderate perilesional edema in adjacent fronto-temporo-parietal lobe. Mass effect is seen on medial temporal lobe with mild distortion of adjacent brain stem and partial effacement of right lateral ventricle with midline shift of ~ 6mm towards left side. Lesion likely represents meningioma.
Comparison with previous MRI dated 27.04.2023: No significant interval change seen.
Clinical and histopathological correlation is suggested.

Before treatment

Dr. Anil Arora, DMND, DNB Senior Radiologist, DMC - 20045

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Phone: 011-47 333 333, 47 444 444
Mobile: 98101 83948, 98110 67479

Date: 15/02/2024
Name: MRS. KAJAL SHARMA
Sex / Age: Female / 44 Yrs
Ref by: Other SELF

Patient ID: 102316397
Auth Dt: 15/02/2024 16:09:22
Print Dt: 15/02/2024 16:09:36
UID: P1010023046

MRI BRAIN PLAIN

STUDY PROTOCOL: SEQUENCES OBTAINED USING A 3 TESLA SUPER CONDUCTING MRI UNIT: High-resolution SE-T1W, FSE-T2W, FLAIR & GRE-T2* sections in the axial plane. FRFSE-T2W sections in the sagittal & coronal planes. Diffusion imaging was also performed at B value 1000.

CLINICAL HISTORY: Headache & Vertigo.

FINDINGS:
A well-defined lobulated solid T2/FLAIR hyper-intense lesion of approx. size 46 x 43 x 35 mm (AP x ML x SI) noted in right temporal lobe with few T2 hyper-intense cystic areas seen in periphery with surrounding perilesional edema in right frontoparieto-temporal lobes. The lesion is seen causing mass effect and compression over right lateral ventricle causing shift of midline septum by 4.2 mm towards left side. Lesion is seen causing compression over right basal ganglia, right thalamus and over mid brain with uncus herniation seen. No evidence of any GRE blooming or DWI restriction noted within the lesion.
The study shows normal signal intensity in rest of the cerebral parenchyma, left basal ganglia, left thalamus, rest of brainstem and cerebellum.
No hemorrhage is seen.
Diffusion imaging shows no focus of restricted diffusion to suggest recent/ acute infarction.
The normal flow voids are maintained.
The sulci, ventricular systems and basal cisterns are normal.
The pituitary is grossly normal.
No midline shift is seen.

IMPRESSION: MR imaging reveals - A well-defined lobulated solid T2/FLAIR hyper-intense lesion in right temporal lobe with

During Dr Arpit Chopra Jain Modern Homoeopathy

Fibroids

Also called: leiomyomas, uterine myoma

Overview

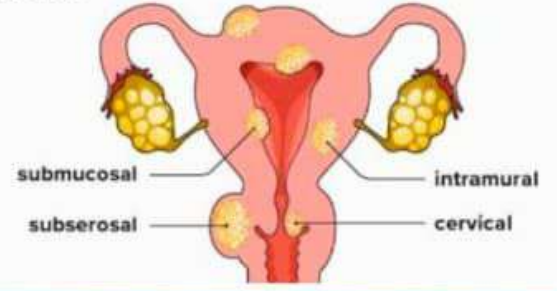
Symptoms

Treatments

Sp

Non-cancerous growths in the uterus that can

Types of fibroids



ADVANCE DIAGNOSTIC CENTRE

(Centre for Color Doppler, Sonography, Digital X-ray & Pathology)

Sreyas Apartment, Near N.I.C. Show Room, Malgudi Chauraha, Tando Stand, 41, Jangampura, INDOR. Phone : 2342668, 2346884

PATIENT NAME : MRS NEETA HARDIA PATIENT ID 050923-054
AGE/SEX 35 Years /Female RECEIVED 05/Sep/2023
REFERRING DR. DR ARPIT CHOPRA (JAIN) MD REPORTED 05/Sep/2023

WHOLE ABDOMEN SONOGRAPHY

REPORT

Liver appears normal in size, shape, outlines and echotexture. Intrahepatic vascular and biliary pattern appear normal. No focal lesion is seen. Main bile duct and portal vein appear normal.

Gall bladder is well distended and appears normal in size, shape and wall thickness. Lumen is anechoic.

Spleen and Pancreas are normal sonographically.

Both Kidneys are normal in position, size and echostructure. Cortico-medullary differentiations are fair. Bilateral pelvi-calycal systems and ureters are undilated.

Major abdominal vasculature appear normal. No adenopathy / ascites.

Urinary Bladder is well distended and appears normal.

Uterus is anteverted and appears normal in size measuring, shape and echostructure. Endometrium is normal. No myometrial lesion is seen.

Cervix is bulky and reveals a solid, rounded, well marginated echogenic lesion of 5.2 x 3.6 cms arising from the posterior lip.

Both ovaries are normal in size, shape and echotexture. No adnexal abnormality. Pouch of Douglas is empty.

Conclusion : Sonography suggests a solid mass arising from the cervical region. ? Fibroid / ? Nature. Abdominal organ appears normal. FNAC/ Biopsy of cervical lesion is suggested.

DR. R.S. KESWANI
MD, DNB, AFRC (France)
EX-Asst. Radiologist,
Central University Hospital, Cas (France)
Reg. No 7988

DR. R.D. MAHESHWARI
MBBS, FIMSL, FAGAS
EX-Registrar, Bhatnagar Hospital, Bhatnagar
Reg. No 9875

Before Treatment

N

नर्मदा

डायग्नोस्टिक सेंटर

ए. एम. 38, भुलीवाला स्वीट्स के पास,
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☑ सोनोग्राफी 3D-4D ☑ कलर डॉपलर ☑ पैथोलॉजी ☑ IBClinex

Patient's Name:	MRS. NITA HARDIYA	Age/Sex:	35 Y / F
Ref. by:	Dr. ARPIT CHOPRA IAN	Date:	14/03/2024

SONOGRAPHY - WHOLE ABDOMEN

Liver: Liver is normal in size (13.2 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 contracted.

Spleen: Spleen is normal in size (10.6 cms) 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. Pelvi-calycal system is insulated on both sides. Both ureters are undilated.

Right kidney: 9.5 cms. **Left kidney:** 9.9 cms.

Urinary bladder: UB is normal in shape & contours. Its wall is normal.

Liver: is anteverted and normal in size (11.83 x T 5.8 x AP 4.1 cms), shape and echotexture. Myometrium echotexture is homogenous. Cervix and mid-cervical canal appears normal. Endometrial echoes are normal (ET - 7.3 mm).

Ovary: Right ovary is normal in size, shape and echotexture. There is a 51 x 44 mm sized anechoic cystic lesion in left ovary. So Left ovarian simple cyst.

- TVC and abdominal aorta are normal in caliber.
- No evidence of intrabdominal lymphadenopathy & ascites.
- No evidence of free fluid seen in Pouch of Douglas.

IMPRESSION

- Left ovarian simple cyst.

(ADV - Follow up and clinical correlation suggested.)

Dr. Ashish Kumar
MD, DNB, AFRC
EX-Asst. Radiologist

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आपत चौपड़ा (जैन) माईन होम्योपैथी: महिलाओं सम्बन्धित गंभीर बीमारियों का सफल इलाज





DR. ARPIT CHOPRA

डॉ. अर्पित चौपड़ा (जैन) की इंग्लैंड से एम.डी. की डिग्री प्राप्त है। डॉ. अर्पित चौपड़ा (जैन) की संपूर्ण चिकित्सा दृष्टि माईन होम्योपैथी पर है।

ऑपरेशन या सर्जरी के बगैर पाए अपनी समस्याओं का इलाज



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

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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MESENTERIC LYMPHADENITIS

Inflammation of lymph nodes



Mesenteric lymphadenitis -

Visit >

Infectious in stomach
 - multiple subcentimeter mesenteric L:Node
 Largest measure:- 9mm
 Feb 23
 Pain in epigastric region
 Flatulance ⊕⊕

Apollo HOSPITALS

Mr. PRAHALLAD DAS AMHL_0002068704 AMHLOPP555044

CT SCAN WHOLE ABDOMEN

RETROPERITONEUM :
Vascular structures are normal in course and calibre.

ADRENALS:
Adrenals are normal in size and configuration.

KIDNEYS :
Kidneys are normal in position, size, contour and attenuation. There is normal opacification of parenchyma and pelvicalyceal system. No radiopaque calculus noted.

GIT :
Bowel loops are normal in course and calibre. No area of abnormal narrowing or dilatation seen.

MESENTRY :
Multiple subcentimeter sized mesenteric lymph nodes seen, predominantly in right iliac fossa, largest measuring 9 mm in SAD.

URETERS:
Ureters are not dilated.

URINARY BLADDER :
The bladder wall is normal. No radio-opaque calculus or mass is seen.

SEMINAL VESICLES :
Seminal vesicles are normal in size and attenuation.

PROSTATE :
Prostate is normal in size and attenuation. No focal SOL seen.
No free or encapsulated fluid seen in abdomen or pelvis.

Before Treatment

THE ITEMS TESTED, PARTIAL REPRODUCTION OF THIS REPORT IS NOT PERMITTED

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After Dr Arpit Chopra Jain Modern Homoeopathy

Pat. Name : Mr. PRALHAD BABULAL Age : 26 Years
 Ref By : C/o. Self Sex : Male
 Lab Ref No : MDS-21040-24 Date : 30/05/2024
 <<<8469

USG REPORT

REAL TIME ULTRASOUND SCANNING WAS PERFORMED

Liver is normal in size and texture
 Parenchymal echotexture is normal. No IHBD
 No focal or diffuse lesion seen.

Gall bladder is normal. No calculi seen, wall thickness is normal.
 Portal vein & CBD is normal.
 Pancreas is normal in size and texture.

KIDNEYS:

Right kidney measures 9.3 x 1.4 cms. (cortex)
 Right kidney is normal in size and texture.
 Parenchymal echotexture is normal.
 Cortico- medullary differentiation is well made.
 No Calculus or hydronephrosis seen

Left kidney measures 9.6 x 1.5 cms. (cortex)
 Left kidney is normal in size and texture.
 Parenchymal echotexture is normal.
 Cortico- medullary differentiation is well made out.
 No Calculus or hydronephrosis seen.

Spleen is normal in size and texture.
 Aortic & Para-aortic regions are normal.

Urinary bladder is normal.
 Prostate is normal in size and texture.
 Seminal vesicles are normal.
 No free fluid seen in the abdomen.
 No pleural or pericardial effusion seen.
 Small epigastric hernia with omentum through defect measuring 2.6 mm.

IMPRESSION: SMALL EPIGASTRIC HERNIA.

Dr. Suchit

Mesenteric lymphadenitis, also known as mesenteric adenitis, is inflammation (swelling) of the lymph nodes in the abdomen (belly). Lymph nodes are organs that are part of your body's immune system. They filter harmful substances such as

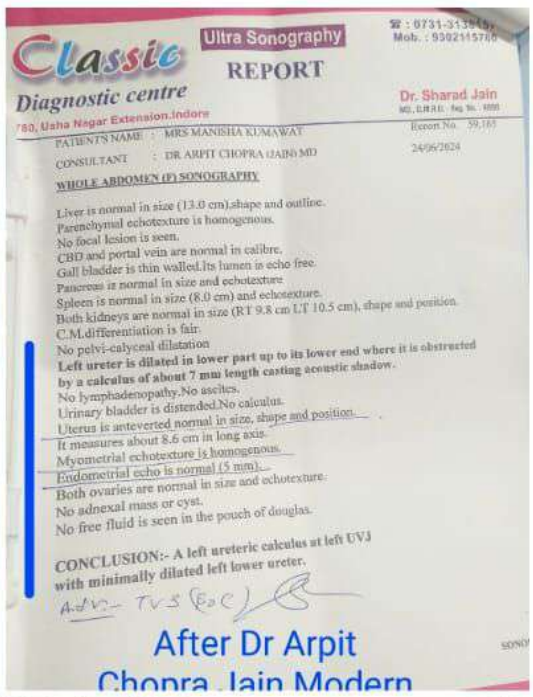
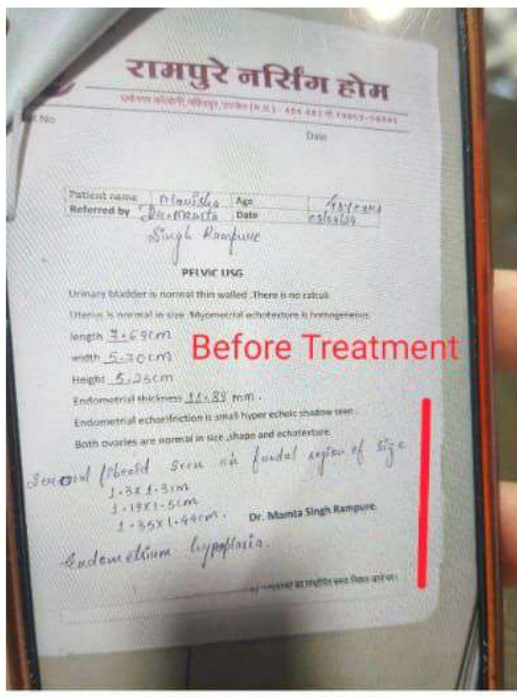
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 * शल्य चिकित्सा योग्य रोग * ऑटो इन्स्युन रोग
 * जीवनभर दवाई लेने वाले रोगों की रोकथाम एवं 300 प्रकार के असाध्य जटिल रोगों की चिकित्सा

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 फोन : 0731-4977076, मो. 97130-92737, 97130-37737, 79999-78894, 99075-27914

www.homoeopathycure.in, www.aarogyahomoeopathyindore.com Email: arpit Chopra23@gmail.com

ENDOMETRIUM HYPERTROPHY
 Size: 11.89 MM (8/3/24).
UTERINE FIBROID (MULTIPLE)
 MEASURES 1) 1.3 X 1.3 CM
 2) 1.19 X 1.5 CM
 3) 1.35 X 1.44 CM
CHANGES LATE & PROFUSE
 Date: 12/4/24
 Location: INDRNABA.



Fibroids
 Also called: leiomyomas, uterine myomas

Overview | Symptoms | Treatments | Sp

Non-invasive results in the uterus that can

Before Treatment | **After Dr Arpit Chopra Jain Modern Homoeopathy**

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 0273-279714, 0273-4977076, 97999-78894

300 प्रकार के असाध्य जटिल रोगों का चिकित्सा।

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UTERINE FIBROIDS

Before Treatment | **After Dr Arpit Chopra Jain Modern Homoeopathy**

UTERINE FIBROID LARGE up to 9 CM

Endometrial Hyperplasia

Before Treatment | **After Dr Arpit Chopra Jain Modern Homoeopathy**

UTERINE FIBROID LARGE up to 9 CM

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 0273-279714, 0273-4977076, 97999-78894

ऑपरेशन या सर्जरी के बगैर घाए अपनी समस्याओं का इलाज

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

आरोग्य सुपर स्पेशलिटी मॉडर्न होमियोपैथी
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कैंसर * किडनी फेलियर * अस्पताल में गंभीर रूप से भर्ती मरिजों का उपचार * कोमा * शल्य चिकित्सा योग्य रोग * आंटी इन्फ्यूजन रोग * जीवन्मर दवाई लेने वाले रोगों की रोकथाम एवं 300 प्रकार के असाध्य जटिल रोगों की चिकित्सा

आरोग्य सुपर स्पेशलिटी मॉडर्न होमियोपैथिक क्लीनिक
 कम्प्लिट * परमानेंट * ईजी * सेफ * फास्ट एण्ड कॉस्ट इफेक्टिव
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PATIENT NAME: Mrs. NANA TAJAR REG. DATE: 12/07/2018
 DEPARTMENT OF RADIOLOGY
 90017-2008
 1500100024
 RECEIVED BY: DR. ABHIR CHANDRA SAHU
 REPORTED BY: DR. ABHIR CHANDRA SAHU

DIGITAL CEREBRAL MAMMOGRAM AND REPORT LEFT BREAST

Technique:- Mammogram was done & crania caudal medio-lateral & compression views of both breasts were taken. The marker is on lateral & compression views of both breasts were taken.

Observations:-
 Left breasts are symmetrical with dense glandular appearance. No evident spiculated suspicious mass lesion was seen. No architectural distortion was seen. No architectural distortion was seen. Skin & nipple shadows are normal. No axillary LN.

IMPRESSION:- Dense breasts this mammographic sensitivity speculated mass or suspicious pleomorphic micro calcification (ACR-BIRADS) Negative.

NOTE:- 1) The American College of Radiology (ACR) has established reporting and Database System (BI-RADS) to guide the breast cancer under interpretation of mammograms. This system reserves 11 radiologic 2). Not all breast abnormalities show up on mammography are approximately 10%. If you detect a lump or a lump before your next screening mammogram, consult your doctor immediately. Tissue sampling & Clinical Breast Examinations, 1 vast abnormalities.

Dr. A.Mangal
 DVA/2018
 Radiologist

PATIENT NAME: Mrs. NANA TAJAR REG. DATE: 12/07/2018
 DEPARTMENT OF RADIOLOGY
 90017-2008
 1500100024
 RECEIVED BY: DR. ABHIR CHANDRA SAHU
 REPORTED BY: DR. ABHIR CHANDRA SAHU

DIGITAL CEREBRAL MAMMOGRAM AND REPORT RIGHT BREAST

Technique:- Mammogram was done & crania caudal medio-lateral & compression views of both breasts were taken. The marker is on lateral & compression views of both breasts were taken.

Observations:-
 Left breasts are symmetrical with dense glandular appearance. No evident spiculated suspicious mass lesion was seen. No architectural distortion was seen. No architectural distortion was seen. Skin & nipple shadows are normal. No axillary LN.

IMPRESSION:- Dense breasts this mammographic sensitivity speculated mass or suspicious pleomorphic micro calcification (ACR-BIRADS) Negative.

NOTE:- 1) The American College of Radiology (ACR) has established reporting and Database System (BI-RADS) to guide the breast cancer under interpretation of mammograms. This system reserves 11 radiologic 2). Not all breast abnormalities show up on mammography are approximately 10%. If you detect a lump or a lump before your next screening mammogram, consult your doctor immediately. Tissue sampling & Clinical Breast Examinations, 1 vast abnormalities.

Dr. A.Mangal
 DVA/2018
 Radiologist

PATIENT NAME: Mrs. CHANDRA BHAVANI/2185, PIRAKAL
 DATE: 02/20/17
 DISTRIBUTED BY: DR. PAVIT THAKAR

Dr. Shweta Nagar's Ultrasound Clinic & Imaging Centre
 Dr. Shweta Nagar
 1500100024
 RECEIVED BY: DR. ABHIR CHANDRA SAHU
 REPORTED BY: DR. ABHIR CHANDRA SAHU

HIGH RESOLUTION USG BREAST

Technique:- Both low high frequency transducers of the breast was done using 5-12MHz probe on 7MHz/12MHz previous. Color Doppler advanced system.

Evaluation requested for pain in both breasts.

Observations:-
 There are few fibrocystic changes along perimastoid region of both breasts. Most of the glandular and fatty tissue in both breasts is homogeneously fibroglyc in echotexture. No focal solid nodular lesion. No dilated ducts, septa, perimastoid and retro-mastoid cysts are normal in echotexture bilaterally. There are enlarged axillary lymph nodes, bilaterally with echotexture than lymph on right measure 12 x 8 mm, left measure 15 x 5 mm.

IMPRESSION:-
 Focal fibrocystic changes in breast bilaterally.

Normal. Detailed mammography is suggested.

PATIENT NAME: Mrs. CHANDRA BHAVANI/2185, PIRAKAL
 DATE: 02/20/17
 DISTRIBUTED BY: DR. PAVIT THAKAR

Dr. Shweta Nagar's Ultrasound Clinic & Imaging Centre
 Dr. Shweta Nagar
 1500100024
 RECEIVED BY: DR. ABHIR CHANDRA SAHU
 REPORTED BY: DR. ABHIR CHANDRA SAHU

Digital Mammography Report

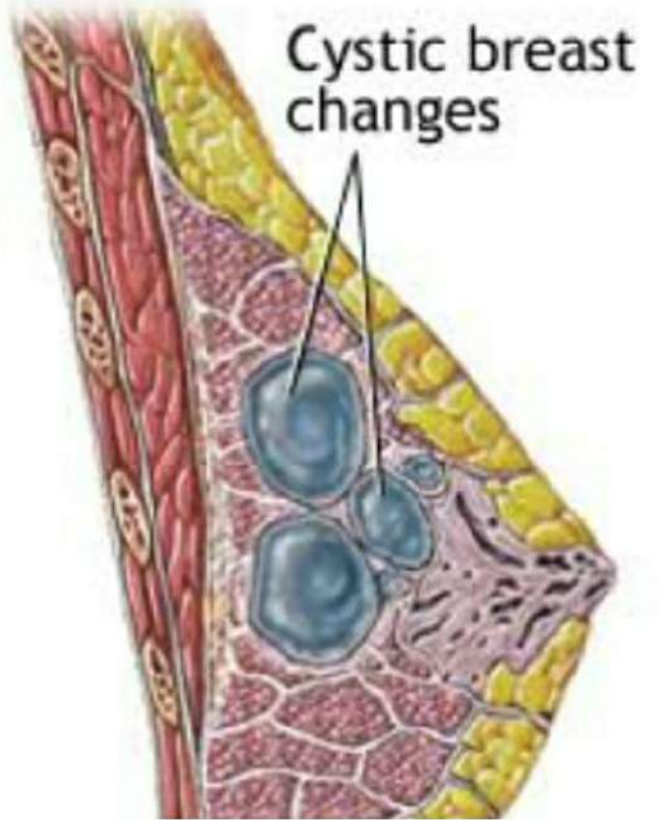
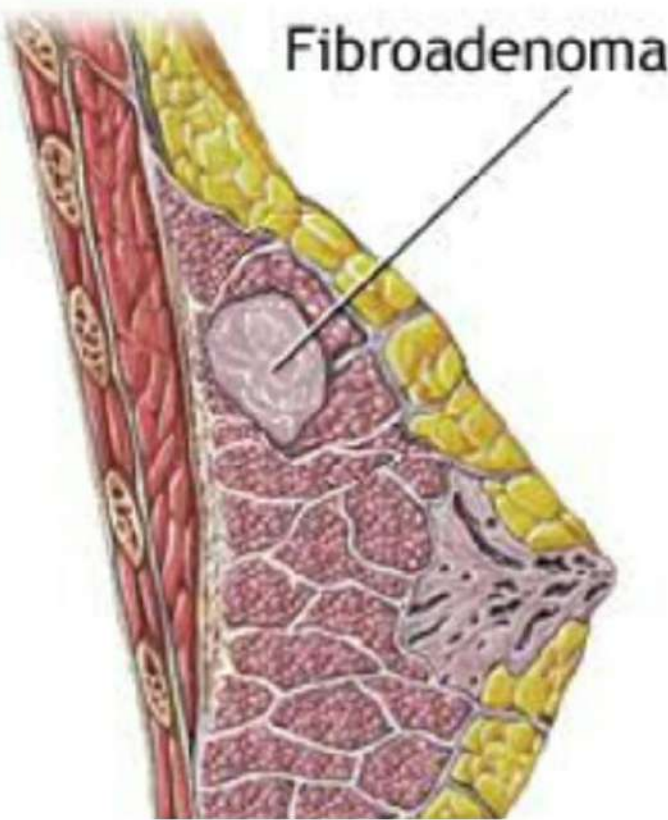
Protein present with compression of pain left right breast. Mildly enlarged low to high mds (Digital) screen mammography performed with mammogram 45 degree oblique and CC view taken. Adequate compression applied.

Size and shape of both breast is normal identical. Radio-density is of mixed type. showing fatty & fibroglandular component. No architectural distortion or any obvious spiculated mass lesion is seen. Skin, nipple shadows and axilla appears free. Vasculature appears normal.

IMPRESSION:- No significant mammographic abnormality seen.

Dr. P.S.T
 MID
 Radiologist

Common benign causes of breast lumps



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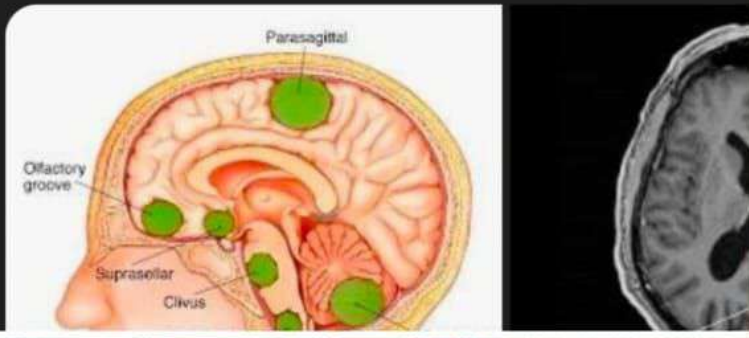
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Address: 101, 102, 103, 104, Krishna Tower, Janjeerwala Square, In front of Curweel Hospital Road, New Palasia, Indore, Madhya Pradesh 452001
 Email:- arpit Chopra23@gmail.com

DR. ARPIT CHOPRA JAIN
 (MD HOMOEOPATHY & CRITICAL & SURGICAL DISEASE SPECIALIST)

Meningioma

- Overview
- Symptoms
- Treatments
- Spec



? MENINGIOMA : JAN 2024 At choroid plexus / trigone of lateral ventricle

measur: - 5x4.3x4 cm (Jan 2024)

- Ischemic demyelination changes (June 2024)
- Hemiparesis Left sided H/o HTN: onk (occasional)
- Mild swelling
- Left knee joint pain ++ - Headache & vertigo

DR. SUNEJA MRI & DIAGNOSTIC CENTRE
 3/11, ASAF ALI ROAD, (OPPOSITE MCD OFFICE, NEAR DELITE CINEMA), NEW DELHI-110002
 Tel.: 011- 40552301, 40552302; 40552303

DR. SUNIL SUNEJA
 FRCR & MR, SENIOR CONSULTANT IN IMAGING
 FORMERLY AT: VIMHANS HOSPITAL
 CELL: 093101 22543

NAME: MS. KHATOON DATE: 30.01.2024
 AGE/SEX: 70 YRS./F

REFD BY: DR. LNJ P

3T MRI BRAIN WITH CONTRAST

PROCEDURE
 MR imaging of the brain was performed using spin echo and fast spin-echo pulse sequences. Serial T1, Flair and T2 weighted images were obtained in the sagittal, coronal and axial planes. Additional T2*GRE and DW axial images were also taken. T1 weighted spin echo images repeated in sagittal, coronal and axial planes following administration of intravenous contrast (Gd-DTPA) and imaging done over advanced work station.

FINDINGS :
 There is a well defined oblong shaped intra ventricular lesion with epicenter at the choroid plexus / trigone of right lateral ventricle and invading to the adjacent brain parenchyma in the temporal lobe and parietal lobe and shows iso intense signal to grey matter on T1 and iso to hyper intense signal on T2/FLAIR and hyper intense signal on DWI. No significant GRE blooming appreciated. Post contrast study shows intense enhancement and it measures 5.0 x 4.3 x 4.0 cm in maximum dimensions. There is mass effect appreciated over the right thalamus, midbrain including cerebral peduncle and effacement of underlying sulcal spaces. There is deviation of third ventricle to the left side noted. Rest of the lateral ventricle shows mild dilatation. Left frontal ischemic focus seen. Myelination pattern of the brain is also normal. Cerebellum, rest of brainstem and pituitary gland are normal. Minimal midline shift to the left side seen.

MRI features are suggestive of strongly enhancing lesion with epicenter in the choroid plexus/trigone of right lateral ventricle with other findings as described favors intraventricular meningioma. Further evaluation suggested.

Please correlate clinically

Before Treatment

DR. Sunil Suneja, MD
 Consultant Radiologist

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MEENAKSHI C.T. SCAN CENTRE
 8 Hornet Bhawan, Opp. Muslim Inter College, Rajee Babu Road, Buzardshahy - 203001 (U.P.)
 9219454999, 725379282, 9319939100 (PRO)
 info@meenakshidiagnostics.in

MR | CT Scan | Digital X-Ray | OPG | Digital Mammography | Ultrasound | Colour Doppler | EEG/NCV/BERA | PET/CT Scan

Patient Name	KHATOON		
Patient ID	24M01-	Age	70Yr
Referral Dr	DR	Sex	Female
Study Date	24 Dec 2024	Report Date	24 Dec 2024

CEMRI BRAIN
Technique- Multiplanar multisecho MR imaging of the brain was performed with and without contrast.

Observations -
 The study reveals large extraaxial mass arising from the right tentorium cerebelli. The mass lesion appears hypointense on T1W images and T2W images and shows avid homogenous contrast enhancement. There is mass effect and compression on the third and right lateral ventricle and midline shift of 8 mm towards contralateral side. The mass measures about 4.7 x 3.6 x 4.5 cm in supero-inferior, antero-posterior and transverse dimensions. There is compression on the mid brain seen. There is enhancing dural tail noted along the tentorium.

Rest of the cerebral parenchyma shows normal signal characteristics.
 No evidence of restricted diffusion noted.
 The basal ganglia, thalami and internal capsules appear normal.
 The mid-brain, pons and medulla appear normal. The cerebellum appears normal.
 Rest of the ventricular system appears normal. The sulci, fissures & basal cisterns appear normal.
 The corpus callosum appears normal.
 Intracranial vascular structures in view are normal.
 Bilateral seventh-eighth cranial nerve complexes and inner ear structures are normal.
 Both ocular globes, extracranial muscles and optic nerve sheath complexes are normal.

IMPRESSION:
 The appearances are that of large avidly enhancing extraaxial mass arising from the right tentorial cerebelli with mass effect and compression of the third and right lateral ventricle and midline shift of 8mm towards contralateral side. This most likely represents right tentorial meningioma.

Dr. Sanjay Sherkar
 MBBS, DMRD, DNB

Note: Impression is a professional opinion and not a diagnosis. All modern machine procedures have their limitations, if there is variance clinically this examination may be repeated or re-evaluated by other investigators. Kindly inform us for any typing mistakes and return the report for correction within 7 days. Not valid for medico-legal purpose.

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THE PIONEER IN IMAGING

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Clinical Correlation is essential for final diagnosis • If test results are unsatisfactory, please contact personally
 • This report is for Personal use of doctor only • Not for Medico-legal cases • All congenital anomalies in a fetus may not be diagnosed in routine obstetric ultrasound

During Dr Arpit Chopra Jain Modern Homoeopathy

Reply

Vestibular schwannoma

ABOUT

SYMPTOMS

TREATMENTS

A non-cancerous tumour on the main nerve leading from the inner ear to the brain.

Very rare

Fewer than 100 thousand cases per year (India)



Treatable by a medical professional

Bombay Hospital - Indore

DEPARTMENT OF IMAGING
SECTION OF MRI / CT SCAN

Name	Mr. Maharaj Singh Kulkarni	Age	Y/M	Bed No.	OPD
Referred by	Dr. Outside	OP / IP No.		2159403	
Exam	MR Brain	Date		29/06/2017	

CEMR BRAIN

Technique

MRI study is performed on 3 TESLA Philips scanner
Axial & Sag T1, Axial T2 & FLAIR, Cor T2, Axial Diffusion weighted images and GRE.

Imaging Findings

Solid cystic inhomogeneously enhancing mass lesion is seen in left CP angle extending into internal auditory canal with widening and ice cream cone appearance. It is compressing over left cerebellum, brainstem and left cerebral peduncle. It measures 4.8 x 3.6 x 3.4 cm in size. The mass lesion is abutting to left sigmoid sinus, however it is patent. There is partial effacement of 4th ventricle / left foramen of luschka causing mild obstructive hydrocephalus. There is minimal brain parenchymal edema.

Old lacunar infarcts are seen in both basal ganglia.

Multiple discrete and confluent T2/FLAIR hyperintensities are seen in bilateral periventricular region and centrum semiovale.

Rest of the cerebral hemispheres brainstem and cerebellum appears normal in signal intensity and morphology.

There is no evidence of any acute lesion on diffusion images.

There is no significant midline shift.

CONCLUSION:

- Solid cystic inhomogeneously enhancing mass lesion in left CP angle extending into internal auditory canal with widening and ice cream cone appearance. It is compressing over left cerebellum, brainstem and left cerebral peduncle as described above -? Acoustic neuroma.
- Old lacunar infarcts in both basal ganglia.
- Age related atrophy and ischaemic demyelination.

Needs histopathological correlation.

Dr. Kamlesh Ladia, MD
Consultant Radiologist

Dr. Kailash Patel, MD
Consultant Radiologist

Dr. Kiran Chouhan, MD
Consultant Radiologist

SODANI DIAGNOSTIC CLINIC

100, 11, D-1, Wanya Centre, Opp. Basket Ball Club, 14th, Race Course Road, Indore (M.P.) ☎ 2711-6514221

Patient's Name: Mr. Maharaj Singh Kulkarni
Age: 58
Sex: Male
Referral: Dr. Chouhan Ajit, Jeeb Mittal Indore

Visit No: 1030022472
Ref No: 140022016
Reported: 14/07/2018 19:20

128 SLICE MDCT BRAIN

Plain unenhanced axial CT sections of brain have been taken. Few surface rendered images were obtained.

CM: followup case of left CP angle mass lesion, previous MRI dated 29.06.2017 is available for comparison.

Imaging findings are:-

The study reveals a large fairly well defined moderately enhancing predominantly solid mass lesion in left CP angle cistern region which is seen extending in the left internal auditory canal causing widening of the porus acousticus measuring approx 4.8 cm (AP) x 3.4 cm (RL) x 3.3 cm (SI). Multiple small hypodense cystic areas are also seen along the anterior and medial margin of lesion with no obvious intralésional calcification or hemorrhage. The lesion is causing significant compression of left cerebellar peduncle, fourth ventricle and brain stem region with moderate dilatation of bilateral lateral ventricles and third ventricle. No evidence of intraventricular hemorrhage is seen. Mild periventricular CSF ooze is seen.

Small ill defined patchy hypodense areas are seen in the bilateral periventricular white matter, bilateral external capsule and centrum semiovale region? old ischemic in nature. No obvious brain parenchymal hemorrhage or major territory ischemic infarct is noted.

No mid line shift noted. Sellar / para sellar regions appear normal. No obvious extra axial collection seen.

Impression:- CT features reveals -

- A large fairly well defined moderately enhancing predominantly solid mass lesion in left CP angle cistern region which is seen extending in the left internal auditory canal causing widening of the porus acousticus with multiple small hypodense cystic areas along the anterior and medial margin of lesion as described likely suggesting acoustic neuroma.
- Significant compression of left cerebellar peduncle, fourth ventricle and brain stem region with moderate dilatation of bilateral lateral ventricles and third ventricle. As compared with previous MRI no significant change in size or extent of mass lesion is seen. Clinical correlation and followup may be suggested.

DR.R.K.SODANI
MBBS DMRD

DR. MAHESH VERMA, MD
Consultant Radiologist

14/07/2018 19:20

Authenticated by: SONICHACKO

✉ mail - sodani@sampurnadiagnostics.com - www.sampurnadiagnostics.com

▷ BRAIN TUMOUR

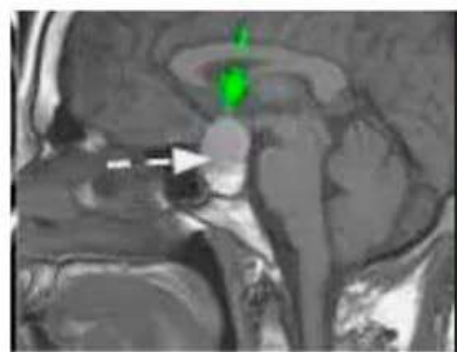
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मुख्य आचाराणां
दुसर ए ठायो था - म.र.। म.
श्री आठायो था - मने लगानार,
तलारीवग २, माह, अ. डॉ. चौधरी
साहवाणी वना ली असरी मुझे
बहुत आराम मिला जो आपसु
लो में बात सोच रहा था कि
परम श्रिता परमे देवक एवं डॉ.सा.
ली महन्त से अब नाकरवाना
पड़े इसलिये लिर में चौधरी
सा. ला वाहुत बहुत आभारी
हूँ - बाल्यवर्ग. जय श्री गुरु।

Dr. R.K. Sodani
MBBS DMRD

Dr. Mahesh Verma
MD
Consultant Radiologist

14/07/2018 19:20



Non-cancerous tumours in the pituitary gland that don't spread beyond the skull. ✓

DR. ARPIT CHOPRA JAIN
M.B.B.S., M.D. (RADIOLOGY) & M.D. (HOMOEOPATHY)

Before Treatment

After Dr Arpit Chopra

भाग्योदय तीर्थ धर्मार्थ न्यास
भाग्य • विपरीताय • महाविघ्ननाथ • हुण्डलनाथ
आपके स्वस्थ भविष्य के लिये

Name: Asha Jain 45y Patient ID: 453815 Age / Sex: 045Y / F
Ref. Physician: Dr Prashad Kumar Gupta Scan Date & Time: May 23, 2024 - 01:09 PM

MRI SCAN OF BRAIN Before Treatment

Report:
Multiplanar multiecho MRI study of the brain was performed.

Large lobulated well defined altered signal intensity mass lesion is seen in Sella, extending in suprasellar and anteriorly in basifrontal region, cranially the lesion causing mass effect over the optic nerves, optic chiasma and floor of the third ventricle however, line is significant obstructive dilatation of lateral ventricles in present study. The cavernous and supraclinoid portion of both internal carotid arteries are seen abutting the lesion. Both side proximal portion of anterior cerebral artery are seen encased by the lesion posteriorly the lesion is extending in interpeduncular Cistern, causing mass effect over the midbrain with uplying of the cerebral peduncle. The lesion measures approximately 64 x 45 x 61 mm (AP X trans X SI) in size. The pituitary gland is not seen separate from the lesion.

Midbrain, pons, medulla and the cerebellum do not show any focal lesion. Grey and white matter differentiation is well maintained.

The sulci and the basal cisterns are well seen and appear normal. No midline shift, displacement or distortion.

No haematoma or midline - shift. C- V junction is normal.

Basal cerebral arteries and dural venous sinuses show a normal flow void.

Impression:
- Large inhomogeneously enhancing lobulated mass lesion in sellar, suprasellar and basifrontal region with a dimension extension and characteristics as mentioned suggest neoplastic mass lesion likely pituitary macroadenoma. Suggest clinicopathological correlation. In comparison with the previous scan, present follow up study reveals marginal progression in the size of lesion.

Dr. Mahesh Kasat (M.B.B.S., M.D.)
Consultant Radiologist

Sanya Prime Diagnostic Centre

Report Name: Asha Jain Patient ID: RSC28248512
Ref. Phys: Dr Vijay Parthar Age & Sex: 47 Years F
Report Date: 22-Nov-2024 (11:16:41 AM) Study Date: 22-Nov-2024 09:08:12 PM

MRI BRAIN & PITUITARY WITH CONTRAST

Protocol:
Pre & post-contrast multiphase MRI of brain & sella was performed using T1/T2 weighted FLAIR sequences. High resolution precontrast images and thin post-contrast scans through the pituitary were obtained.

Observations:
Well-defined multilobulated, large mass lesion is noted in sella and supra sellar region extending into the interpeduncular space and in between lateral ventricles. It is hyperintense on T2WI and isointense to T1WI. Moderate enhancement seen on contrast study. Few vascular components are noted along its right superior margin. Lesion measures about 48 x 31 x 57 mm (ML X AP X SI). There is right parasellar extension with lesion completely encasing right ICA partially encasing left ICA. It is encasing both supraclinoid SCA.
Compression on optic chiasma and third and lateral ventricle noted. Resultant proximal mild dilation of lateral and third ventricle noted.
The sellar floor and the tuberculum sellae are thinned out and detected with extension of the mass in the sphenoid sinus.
Few hyperintense lesions are seen in bilateral cerebral white matter on FLAIR images none showing restricted diffusion.
Roof of the cerebral parenchyma shows no significant abnormality of note.
Basal ganglia and thalami appear normal.
Cerebellum & brainstem show no significant pathology.
No intr or extra-axial acute hemorrhage is noted.
No significant shift of midline structures is seen.
The major intracranial vessels display normal flow voids.
The visualized adjacent soft tissues and bones are grossly normal.
Bilateral ethmoid and maxillary sinuses noted.

Conclusion:
- Large multilobulated enhancing mass lesion in sella and supra sellar region, extending into the interpeduncular space and between lateral ventricles with its morphology and mass effect as described s/o invasive pituitary macro adenoma, needs HP correlation
- Mass effect with mild obstructive hydrocephalus.

Dr. SANJAY S. MARAKWAD
MD (Mumbai), FCCRI (Mumbai)
Reg No: 2009043100

During Dr Arpit Chopra Jain Modern Homoeopathy
105, Opp. Pawan Surapak Hospital, Gol Bazar
Wright Town, Jabalpur - (470002) M.P. INDIA

Before Treatment

IMPRESSION & OBSERVATIONS:

- Large lobulated well defined altered signal intensity mass lesion is seen in Sella, extending in suprasellar and anteriorly in basifrontal region, cranially the lesion causing mass effect over the optic nerves, optic chiasma and floor of the third ventricle however, line is significant obstructive dilatation of lateral ventricles in present study. The cavernous and supraclinoid portion of both internal carotid arteries are seen abutting the lesion. Both side proximal portion of anterior cerebral artery are seen encased by the lesion posteriorly the lesion is extending in interpeduncular Cistern, causing mass effect over the midbrain with uplying of the cerebral peduncle. The lesion measures approximately 64 x 45 x 61 mm (AP X trans X SI) in size. The pituitary gland is not seen separate from the lesion.

LAB tests or imaging always required

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किसी, किडनी फेलियर, अस्वस्थता में राहत के लिए सही सलाह का उपयोग, कोशिका, शल्य चिकित्सा योग्य अल्ट्रासाउंड यंत्र, अल्ट्रासाउंड एनीमिया, मस्कुलर डिस्ट्रोफी, जीवन भर दवा देने वाले वैज्ञानिक रोकथाम एवं 300 प्रकार के असाध्य जटिल रोग की चिकित्सा

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Address: 101, 102, 103, 104, Krishna Tower, Janjalswala Square, in front of Curzon, Hospital Road, New Palasia, Indore, Madhya Pradesh 462001
Email: arpitchopra23@gmail.com

DR. ARPIT CHOPRA JAIN
M.D. HOMOEOPATHY & DISTRICT & NATIONAL
SPECIALIST



कैंसर, किडनी फेलियर, अस्पताल में 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 चौपडा (जैन)
एम. डी. होम्योपैथी
जटिल, असाध्य एवं
शल्य रोग विशेषज्ञ

आरोग्य सुपर स्पेशलिटी माईन होमियोपैथी

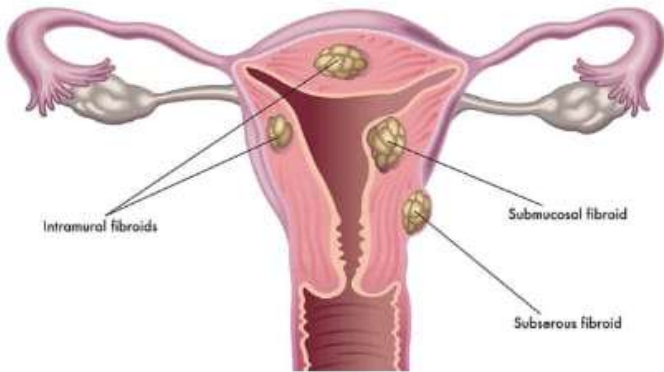
कम्पलिट, परमानेन्ट, ईजी, सेफ, फास्ट एण्ड कॉस्ट इफैक्टिव

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Uterine Fibroids



Fibroids are non-cancerous tumours that grow in and around the uterus.

स्त्री-रोग-चिकित्सा

GYNAECOLOGY

डॉ. अर्पित चौपडा (जैन) होम्योपैथी, स्त्रीरोग विशेषज्ञ, कोमा रोगी, असाध्य रोगों की चिकित्सा।

डॉ. अर्पित चौपडा (जैन) होम्योपैथी, स्त्रीरोग विशेषज्ञ, कोमा रोगी, असाध्य रोगों की चिकित्सा।

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अल-हयात ALHAYAT II

CHOUNAN DIAGNOSTIC CENTRE

Dr. Ravindra Singh Chouhan
MBBS, DMRD
Radiologist & Sonologist
Reg. No. - MP-4398

51, पञ्चम मंजिल, कृष्णा टॉवर, क्योरवेल हॉस्पिटल के सामने, न्यू पलासिया, इन्दौर म.प्र. | 9907527914

NAME : Mrs. Jitavala Lec. AGE : 30 Years. REF : Referral
REFRY : DR. ARPIT CHOPRA. DATE : 10/11/2022

Ultrasound Examination Of Whole Abdomen

Liver is normal in size (15.1 cm in MCL) and parenchymal echotexture of liver is normal. The extra hepatic biliary radicles look normal. No focal lesion seen. Portal vein is normal in caliber. The gall bladder is well distended with smooth outline. No obvious calculus detected. The CBD is normal.

Spleen is mildly enlarged in size (12.8 cm) | S.O. Mild splenomegaly. Pancreas is normal.

Right kidney : 9.0 x 3.7 cms. Left kidney : 10.7 x 4.1 cms. Both kidneys appear normal in size and echogenicity. No calculus, hydronephrosis, or parenchymal pathology seen.

Urinary bladder is well distended and normal. Its wall shows normal thickness. No focal lesion seen. Pleviod : 120 ml Postvoid : Negligible.

The uterus is bulky in size, measuring 14.5 x 6.9 x 10.5 cms, is anteverted. Myometrial echotexture is heterogenous -> due to adenomyosis. The endometrial echoes measures 7 mm.

A heterogenous lesion with recurrent shadowing noted in the posterior wall of uterus, measuring about 6.1 x 4.0 x 5.4 cm in size. S/O -> Fibroid.

Right ovary is normal in size, measuring about :- Right ovary : 3.6 x 1.5 x 2.3 cm Vol. : 8.7 cc.

A cystic lesion with dense internal echoes seen in the left adnexa, measuring about 4.2 x 3.1 x 4.1 cm in size. the lesion is not separable from left ovary -> Haemorrhagic cyst -?? Chocolate cyst.

No evidence of free fluid seen in the cul-de-sac. No free fluid seen in the abdomen.

Please correlate clinically.

before Treatment

Dr. Ravindra Singh Chouhan
MBBS, DMRD
Radiologist & Sonologist
Reg. No. - MP-

SVP

MRN No : 126021721 Patient Name : JIJLI NIDHA V HUSSAN
Age : 36 Years Gender : Female
Study Date : 14-7-2023 Modality : MR
Vial ID : QP30164E03

MR PELVIS/BLADDER (CONTARCT)

CLINICAL HISTORY - B/L LAP ADHESIONOLYSIS WITH ENDOMETRIOSIS EXCISION WITH BOWEL RESECTION WITH ABSCESSOMYCTOMY AND PUSHA. BILATERAL OVARIOECTOMY IN 2ND ABDOMINAL HEMICTOMY MRI DIAGNOSTIC (BYTERIAPROSPIC) 2018

Present:

Multifocal imaging of the pelvic area on 1.0 Tmz machine was performed using T1 weighted spin echo, T2 weighted fast spin echo, T2* weighted gradient echo and fat STIR sequences.

Observations:

Dilated anterior left fallopian tube noted with maximum diameter measuring approximately 18 cm, showing fluid-filled level, suggestive of haemorrhage.

Free T2 well defined cystic lesions which appear hypointense on T1W and T2WI and one of them shows peripheral rim of GdD1 enhancing (internally dependent) noted arising from left ovary. Largest measures approximately 5.4 x 5.0 x 3.1 cm | AP x TR x CC, suggestive of chocolate cyst.

Approximately 25 x 20 cm sized fluid intensity lesion noted arising from right ovary - suggestive of simple cyst.

Both ovaries appear adhesion to posterior aspect of uterus.

Uterus measures 85 x 125 x 115 mm | AP x TR x CC, appears of fluidy body with post endometrioid differentiation and distended junctional zone measuring approximately 30 mm.

It shows few internal cystic areas and few T2W hypointense areas showing GdD1 enhancing (haemorrhagic mass) within it.

Urinary bladder is fluid normally.

No pelvic lymphadenopathy is seen.

Obturator internus muscles and labrotated from an irreducible.

The parametrial and pre sacral spaces do not show any lesion of size.

Minimal free fluid noted in pelvis.

Note made of: Haemorrhage noted in body of S1 vertebra.

Conclusion:

- Left sided haemorrhagic cyst with chocolate cyst in left ovary as described above.
- Changes of diffuse adenomyosis in uterus.

After Dr Arpit Chopra Modern Homeopathy treatment

Super Doctor | 14-7-2023 | 126021721

Endometrial polyp

Overview

Symptoms

Treatments

Spec

A usually non-cancerous growth attached to the inner wall of the womb (uterus).

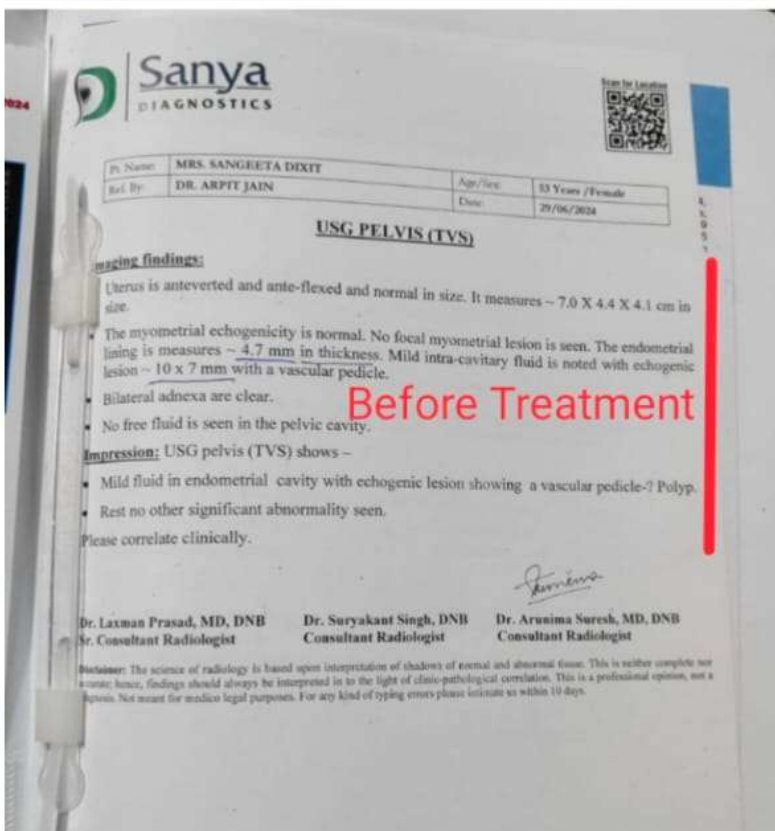
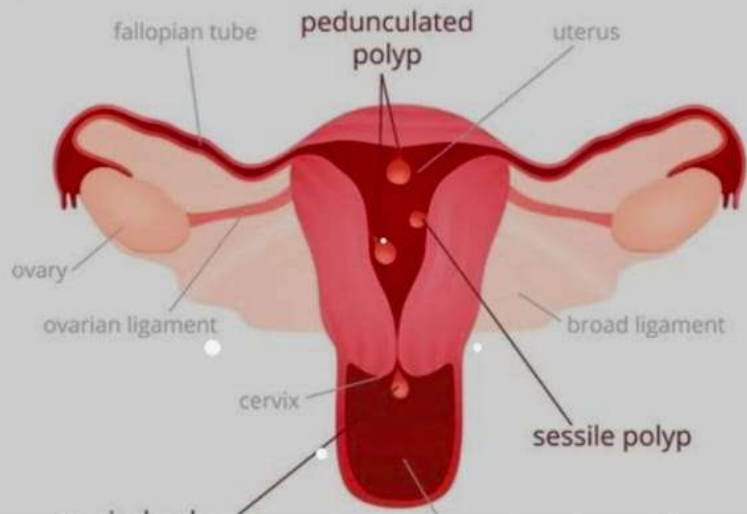
Endometrial polyps are common in women who are undergoing or have completed menopause.

Polyp size varies.

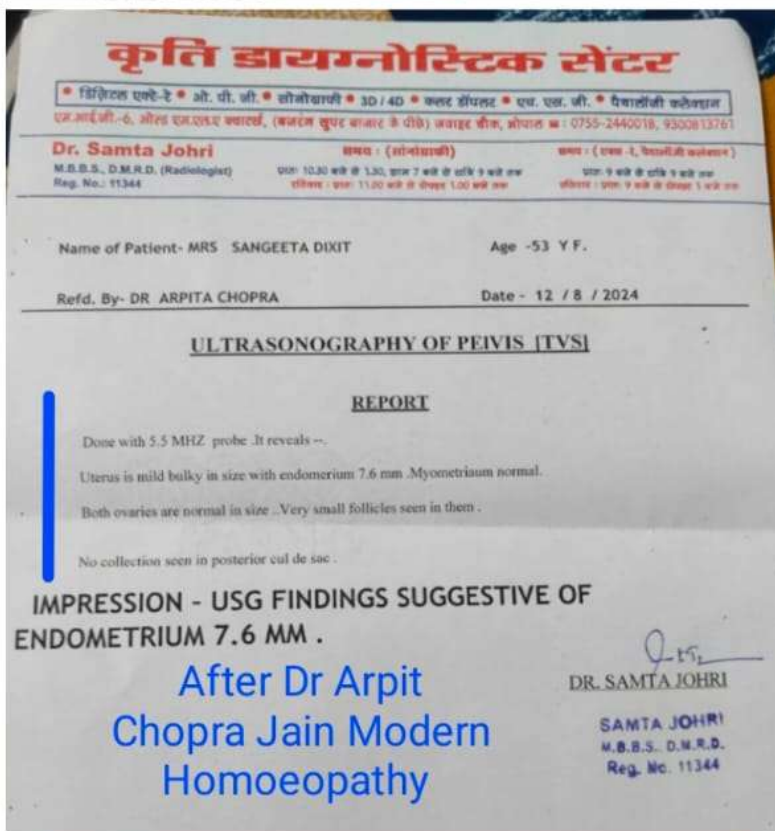
Common

More than 1 million cases per year (India)

UTERINE POLYPS (endometrial Polyps)



Before Treatment



After Dr Arpit Chopra Jain Modern Homoeopathy

ENDOMETRIUM HYPERTROPHIC
Size: 11.89 MM (11/8/24)
SERIAL FIBROIDS (MULTIPLE)
ASUBES 1) 1.3 X 1.3 CM
2) 1.19 X 1.5 CM
3) 1.35 X 1.44 CM
NBES LATE & PROFUSE
P: 18/4/24
INDOUREA





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Chandia
Digital X-Ray, Ultrasound & Proctology Clinic

USG: BOTH TESTIS & SCROTUM

Right testis: Normal in size (32.2x17.1x16 mm, vol: 10.4 cc) shape and echotexture. No focal mass lesion seen. No calcification seen. On color Doppler normal vascularity seen.

Left testis: Normal in size (34.8x28.4x17.8 mm, vol: 10.4 cc) shape and echotexture. No focal mass lesion seen. No calcification seen. On color Doppler normal vascularity seen.

Epididymis: Both epididymis are normal in size, shape and echotexture.

Both spermatic cords appear normal.

No e/o bilateral hydrocele.

Mildly dilated left hemi scrotal veins noted showing mild reversal of blood flow during standing position andValsalva... suggest grade-II varicocele.

IMPRESSION: -
Grade II left varicocele.

Before Treatment

वैरीकोसिल
पुर्चांग में तकलीफ महसूस करना

Also called: scrotum varicose veins

An enlargement of the veins within the scrotum

A varicocele may develop as a result of poorly functioning valves that are normally found in veins. In other cases, it may occur from compression of a vein by a nearby structure.

Very common
Affects more than 10 million Indian men every year (India)

बिना ऑपरेशन सफल ईलाज

Dr Arpit Chopra (Jain)

Before Treatment

Handwritten notes:
- Varicocele :: 1 yrs
- B/L Grade II, m/4/133
- Pain ⊕⊕
- Straining during micturition
- A small echogenic area Sxtral wall, inf to Rt- & Lipoma (4/8/13) * 13x16

DURGA DIAGNOSTICS

DR. NAMITA DIVEKAR
Consulting Radiologist

After Dr Arpit Chopra Jain Modern Homeopathy

SODANI DIAGNOSTIC CLINIC
Medical Report

SCROTAL SONOGRAPHY (COLOR DOPPLER)

RIGHT SCROTUM:
Right testis is normal in shape, size (37.2 x 21.2 x 17.0 mm), vol: 30.1 cc and echotexture. Epididymis is normal in shape and width. No focal lesion in tunica vaginalis.

Color Doppler study shows:
Vessels are normal in caliber. No reflux seen on Valsalva. Testis is flow is normal.

LEFT SCROTUM:
Left testis is normal in shape, size (27.1 x 21.7 x 12.0 mm), vol: 8.8 cc and echotexture. Epididymis is normal in shape and width. No focal lesion in tunica vaginalis.

Color Doppler study shows:
Vessels are normal in caliber (2.5 mm in caliber and 1.0 mm on standstill). No reflux seen on Valsalva. Testis is flow is normal.

Impression:
No significant abnormality seen.

Impression:
Mildly dilated veins. No reflux seen in tunica vaginalis. Grade II left sided varicocele.

During Dr Arpit Chopra Jain Modern Homeopathy

VARICOCELE
CHRONIC
CURED

Dr. Arpit Chopra Jain
21:03
सक्सेस स्टोरी
मॉडर्न होमियोपैथी के द्वारा

वैरीकोसिल
अण्डकोष में गठान
बिना किसी शल्य
19:17
सक्सेस स्टोरी

YouTube
surgery by Dr Arpit Chopra J...
VARICOCELE | Varicocele Su...

Collage of medical reports and social media posts related to varicocele treatment.

VARICOCELE वैरीकोसेल
Cure By Dr Arpit Chopra J...

Collage of social media posts and testimonials.

क्या आपको सभी डॉक्टरों ने ऑपरेशन की अंतिम सलाह दी है

6:17

DR. ARPIT CHOPRA JAIN

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अब नहीं करवाना पड़ेगा ऑपरेशन या कोई सर्जरी

4:26

DR. ARPIT CHOPRA JAIN

Collage of photographs showing Dr. Arpit Chopra Jain at various events, award ceremonies, and public appearances.

AAROGYA SUPER SPECIALITY MODERN HOME OF A FINE CLINIC

21 21 वर्ष के अग्रणी चिकित्सक डॉ. अरपित चोपड़ा जैन का एक विशेष चिकित्सा केंद्र का शुभारंभ किया गया।

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

सर्वोत्कृष्ट, पूर्ण-संवेदनशील और शक्तिशाली होम्योपैथी

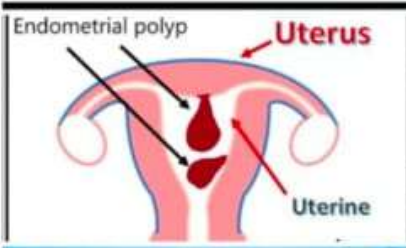
हमारे चिकित्सक अग्रणी चिकित्सा केंद्र में एक विशेष चिकित्सा केंद्र का शुभारंभ किया गया।

भारत विभूषण, ब्रिक्स, संयुक्त राष्ट्र एवं कई राष्ट्रीय, अंतरराष्ट्रीय संस्थाओं से सम्मानित हुए डॉक्टर अरपित चोपड़ा जैन

डॉ. अरपित चोपड़ा जैन
एम.डी. होम्योपैथी, आरोग्य सुपर स्पेशलिटी, आरोग्य क्लिनिक, उज्जैन

डॉ. अरपित चोपड़ा जैन को भारत विभूषण, ब्रिक्स, संयुक्त राष्ट्र एवं कई राष्ट्रीय, अंतरराष्ट्रीय संस्थाओं से सम्मानित किया गया।

डॉ. अरपित चोपड़ा जैन
एम.डी. होम्योपैथी, आरोग्य सुपर स्पेशलिटी, आरोग्य क्लिनिक, उज्जैन



जानिए बच्चेदानी की गाँठ के बारे में।

एंडोमेट्रियल पॉलिप (Endometrial Polyp) एक आम गynecological समस्या है। यह गर्भाशय की अंदरूनी परत (एंडोमेट्रियम) में एक अतिरिक्त ऊतक का विकास है।

संकेत और लक्षण: अनियमित चक्रे, अत्यधिक चक्रे, गर्भाशय की अंदरूनी परत में खून आना, गर्भपात का इतिहास, और गर्भधारण में तकलीफें।

कारण: हार्मोनल असंतुलन, अत्यधिक गर्भधारण, और उम्र बढ़ने से जुड़ा हो सकता है।

उपचार: डॉ. अरपित चोपड़ा जैन द्वारा प्रदान किया गया होम्योपैथी उपचार अत्यधिक प्रभावी है।



Endometrial Polyp Cured Patient Treated by Dr. Arpit Chopra Jain

Endometrial Polyp Cured Patient Treated by Dr. Arpit Chopra Jain

हमारी गरीबों को समीक्षा करने अर्थात् शब्दों में

हमारे चिकित्सक अग्रणी चिकित्सा केंद्र में एक विशेष चिकित्सा केंद्र का शुभारंभ किया गया।

डॉ. अरपित चोपड़ा जैन
एम.डी. होम्योपैथी, आरोग्य सुपर स्पेशलिटी, आरोग्य क्लिनिक, उज्जैन

हमारे चिकित्सक अग्रणी चिकित्सा केंद्र में एक विशेष चिकित्सा केंद्र का शुभारंभ किया गया।

डॉ. अरपित चोपड़ा जैन
एम.डी. होम्योपैथी, आरोग्य सुपर स्पेशलिटी, आरोग्य क्लिनिक, उज्जैन

DIAGNOSTIC CENTRE
UJJAIN • INDORE

NAME : SARITA W/O SANDEEP
REF BY : DR. ARPIT CHOPRA JAIN
DATE : 11/06/2024

USG WHOLE ABDOMEN

Liver is normal in echotexture. Parenchymal echotexture is homogenous. Intra and extrahepatic biliary channels is normal. Extrahepatic portal vein and CBD is normal in caliber.

Gall bladder is well distended. Walls appears normal.

Spleen is normal in size 91 mm, shape and echotexture are normal.

Pancreas is normal in size, shape and echotexture.

Both kidneys are normal in size, shape, outline and echotexture. Right kidney is measuring 83x40 mm and left kidney is measuring 82x41 mm.

IVC and aorta are normal in caliber. No ascites. No lymphadenopathy. No pleural effusion.

Urinary bladder is normal thin walled. There is no calculi.

Uterus is normal in size (65x42x45 mm). Myometrial echotexture is homogenous. Endometrium measures 5.5 mm/ Echogenic focus of size 8.3x13 mm seen in endometrial cavity.

Both ovaries are normal in size, shape, volume and echotexture.

No adnexal mass seen.

Before Treatment

IMPRESSION :
? Endometrium polyp.

Dr. Vijay Agrawal
MD (Radio Diagnostics)
REG. No. MP-12376
NGMRC, INDORE

Dr. Shubham Khatoor
MD, DNB (Radio Diagnostics)
REG. No. MP-12388
MASHC, DELHI

Dr. Sania Samarwal
DMB, DNB (Radio Diagnostics)
REG. No. MP-12399
MAMC, DELHI

Dr. Alanksha Grewal
Mh (Radio Diagnostics)
REG. No. MP-2862
MGMC, INDORE

DIAGNOSTIC CENTRE
INDORE

3D/4D Sonography
Colour Doppler,
OPG - CR & DR
Pathology, ECG & EEG
Digital X-Ray's
Digital Mammography
Echocardiography
EMG, NCV

After Dr Arpit Chopra Jain Modern Homoeopathy

NAME : SARITA W/O SANDEEP
REF BY : DR. ARPIT CHOPRA
DATE : 27/11/2024

USG WHOLE ABDOMEN

Liver is (129 mm) normal in echotexture. Parenchymal echotexture is homogenous. Intra and extrahepatic biliary channels is normal. Extrahepatic portal vein and CBD is normal in caliber.

Gall bladder is well distended. Walls appears normal.

Spleen is normal in size 87 mm, shape and echotexture are normal.

Pancreas is normal in size, shape and echotexture.

Both kidneys are normal in size, shape, outline and echotexture. Right kidney is measuring 92x39 mm and left kidney is measuring 95x36 mm.

IVC and aorta are normal in caliber. No ascites. No lymphadenopathy. No pleural effusion.

Urinary bladder is partially distended.

Uterus is normal in size (66x40x35 mm). Myometrial echotexture is homogenous. Endometrium is normal measuring ~ 10 mm. Minimal free fluid in pouch of douglas.

Both ovaries are normal in size, shape, volume and echotexture. Right ovary measures 26x17x18 mm (vol : 3 cc). Left ovary measures 20x16x19 mm (vol : 3.2 cc).

IMPRESSION: NO ABNORMILITY DETECTED.

Dr. Pratik Mittal



Pt. Name	MRS. SAJEDA BEE	Age/Sex	52 Years / Female
Ref. By	DR. ARPIT CHOPRA JAIN	Date	07/Sep/2022

WHOLE ABDOMEN SONOGRAPHY

Liver is mildly increased in size measuring approximately 17 cm and reveals mild generalized increase in parenchymal echogenicity. Portal & hepatic venous system appear normal. No focal lesion is seen. Intra & Extra hepatic biliary radicles are not dilated.

Gall bladder is not visualized postoperative status.

Portal vein and CBD are normal in caliber.

Pancreas is normal in size, outline and echo-pattern.

Spleen is normal in size and measures approximately 9.3 cm with normal echo-pattern.

Both kidneys are normal size, shape & echogenicity with smooth outline. Central pelvicalyceal sinus and corticomedullary ratio are normal on both sides.

Renal size:- Right :- 9.7 x 4.2 cms

Left :- 10.5 x 4.7 cms

Both ureters are undilated and not visualized.

Urinary bladder is normal in size, shape & echotexture. Its wall is normal. Prevoid volume is 250 cc. Postvoid residual is insignificant.

Uterus is anteverted and mildly bulky size and measures approximately 10.1 x 6.0 x 5.4 cm vol 173.0 cc with normal shape with smooth outline. Uterine myometrium appears heterogeneous with presence of approximately 1.6 x 1.7 and 2.0 x 1.8 cm size focal hypoechoic area with posterior uterine myometrium-intramural uterine fibroids. Myometrial and central endometrial echoes are normal. Endometrial thickness is 17 millimeter. appears thickened and echogenic with few cystic spaces within.

Left :- 2.0 x 1.8 cms.

Ovarian size:- Right :- 1.7 x 1.6 cms

Both ovaries are normal in size, shape & echogenicity. No dominant follicle is observed.

No adnexal mass or cyst is seen.

No free fluid is observed in pouch of Douglas.

Before Dr Arpit Chopra Modern Homoeopathy treatment

IND - 9801 2015

SODANI DIAGNOSTIC CLINIC
(A Unit of Sodani Hospitals & Diagnostics Pvt. Ltd.)
H/O: L.G-1, Morya Centre, Opp. Basket Ball Club, 181, Race Course Road, Indore (M.P.)
Phone: 0731-4765222, 09177701980

Patient Name	Mrs. SAJEDA BEE	Sample ID	SI02210476
DOB/Age/Sex	52 years/Female	Organization	DIHCT
Mobile	9288036755	Reported On	Feb 15, 2023, 11:37 a.m.
Referred By	Dr. Chopra Arpit Jain (MD) (Homeo)	Collected On	Feb 15, 2023, 04:16 p.m.
		Approved On	Feb 15, 2023, 04:24 p.m.

SONOGRAPHY

WHOLE ABDOMEN SONOGRAPHY

Hepatic contour is smooth & spleen is normal. Parenchymal echoes are high. No focal lesion is seen. Intrahepatic biliary radicles are undilated. Complimentary elastography done.

Gall bladder is not seen (No operation).

Portal vein & CBD are normal in caliber.
Pancreas is normal in shape & size. Parenchymal echoes are normal. Duct is undilated.
Spleen is normal (9.9 cm). No focal lesion seen.

Both kidneys are normal in position & size. Right kidney is 10.0 x 4.5 cm & left is 11.0 x 4.0 cm in size. Cortical echoes are normal. Pelvicalyceal system is undilated. Both ureters are undilated. No calculus seen at PUJ & UVJ.

Urinary bladder shows normal walls & echofree lumen. No intra luminal lesion or calculi seen.

Uterus is anteverted. It measures 9.5 x 5.7 x 5.2 cm. No focal myometrial lesion seen.
Cervix is normal in thickness. Endometrium is 6 mm in thickness.

Both ovaries are normal in size. Stroma is normal. No cyst seen.

No free fluid seen in cul-de-sac. No significant Ascites. No pleural effusion.
No significant bowel wall thickening / dilatation or lymphadenes are noted.

After Dr Arpit Chopra Modern Homoeopathy treatment

[Impression]:
- Grade I fatty changes in liver
- Normal renal echotexture with undilated collecting system.
Clinical correlation / follow-up suggested.

Ashtad
DR. SADHNA SODANI
MBBS (Reg. No. 8926)

DR. R.K. SODANI
MBS DMRO (Reg. No. 5765)

e-mail: sodani@sangamdiagnostics.com; www.sangamdiagnostics.com
Indore • Ujjain • Dewas • Sanwer • Khairwahli • Khargone • Bakhari • Dhan • Mhow • Shujapur

स्त्री-रोग-चिकित्सा
GYNAECOLOGY
GYNAECOLOGICAL DISORDERS

आरोग्य सुपरस्पेशलिटी मॉडर्न होम्योपैथी
प्राथमिक, उच्चतम, डॉ. आ. अरुण प्रसाद शर्मा
100-105, गणेश, अहमदाबाद रोड, इन्दौर, मध्य प्रदेश, 472002

आरोग्य सुपरस्पेशलिटी मॉडर्न होम्योपैथी
प्राथमिक, उच्चतम, डॉ. आ. अरुण प्रसाद शर्मा
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स्त्री-रोग-चिकित्सा
GYNAECOLOGY
GYNAECOLOGICAL DISORDERS

HEAVY MENSTRUAL BLEEDING
6
5
1
2
3
4
VAGINAL INFECTIONS
PAIN

आरोग्य सुपरस्पेशलिटी मॉडर्न होम्योपैथी
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Avascular necrosis

[Overview](#) [Symptoms](#) [Diagnosis](#)

The death of bone tissue due to a lack of blood supply.

Avascular necrosis is associated with long-term steroid use and drinking too much alcohol. It's most common in people between the ages of 30 and 50 and often affects the hip.

Rare

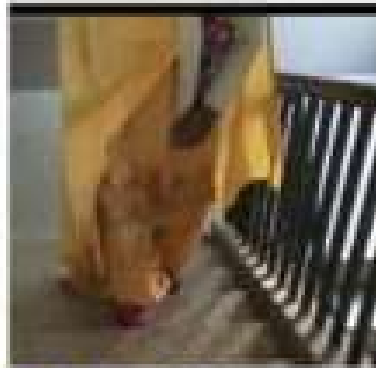
Occurs in 1 million people per year (USA)

- Treatment can help but the condition can't be cured
- Requires a medical diagnosis

Avascular Necrosis



Avascular necrosis (ARND)



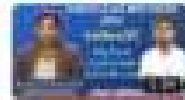
AVASCULAR NECROSIS FEM.
Dr. Anup Chandra N. | 14 views | 1 year



Avascular Necrosis (ARND).
Dr. Anup Chandra N. | 28 views | 1 year



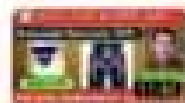
AVASCULAR NECROSIS AVM.
Dr. Anup Chandra N. | 74 views | 1 year



Avascular Necrosis (AVN).
Dr. Anup Chandra N. | 27 views | 1 year



AVM AVASCULAR NECROSIS STAG.
Dr. Anup Chandra N. | 47 views | 11 months



AVASCULAR NECROSIS AVM.
Dr. Anup Chandra N. | 14 views | 1 year



AVASCULAR NECROSIS AVM.
Dr. Anup Chandra N. | 24 views | 11 months



Avascular Necrosis (AVN).
Dr. Anup Chandra N. | 13 views | 1 year



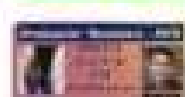
AVASCULAR NECROSIS AVM.
Dr. Anup Chandra N. | 28 views | 1 year



AVM (Avascular Necrosis) Treat.
Dr. Anup Chandra N. | 11 views | 1 year



AVASCULAR NECROSIS AVM.
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AVASCULAR NECROSIS AVM.
Dr. Anup Chandra N. | 11 views | 1 year



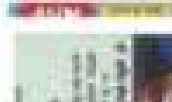
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Dr. Anup Chandra N. | 13 views | 1 year



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Dr. Anup Chandra N. | 16 views | 1 year



AVASCULAR NECROSIS AVM.
Dr. Anup Chandra N. | 17 views | 1 year



AVASCULAR NECROSIS AVM.
Dr. Anup Chandra N. | 17 views | 1 year



AVASCULAR NECROSIS AVM.
Dr. Anup Chandra N. | 17 views | 1 year



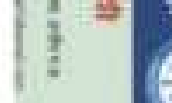
AVASCULAR NECROSIS AVM.
Dr. Anup Chandra N. | 14 views | 1 year



AVASCULAR NECROSIS AVM.
Dr. Anup Chandra N. | 13 views | 1 year



AVASCULAR NECROSIS AVM.
Dr. Anup Chandra N. | 11 views | 1 year



AVASCULAR NECROSIS AVM.
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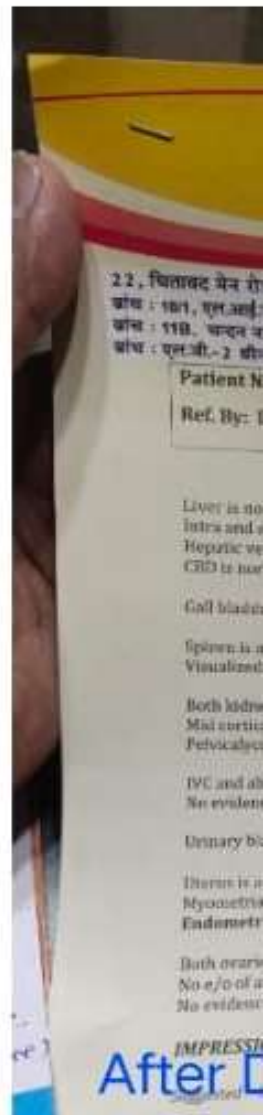
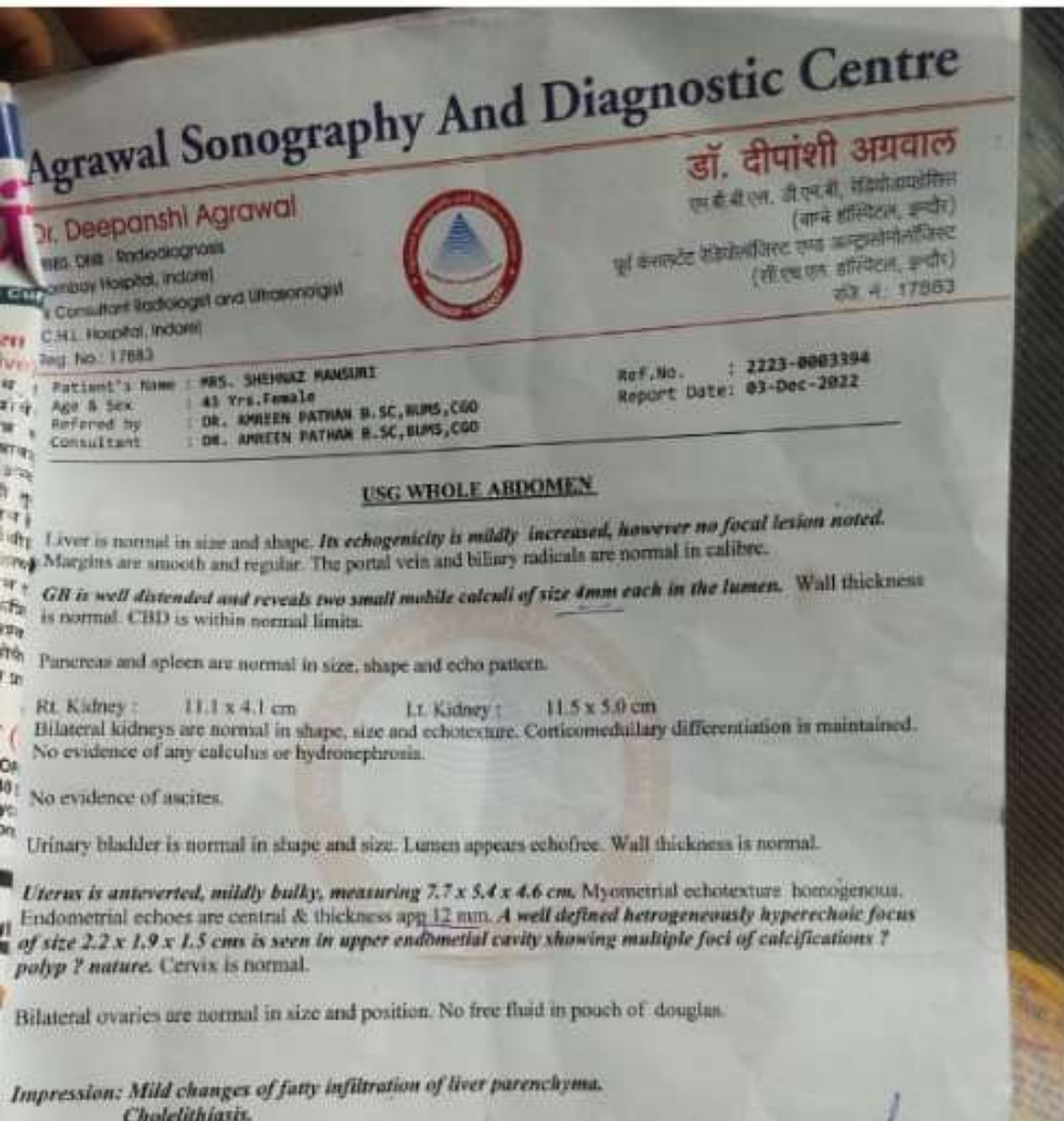
Dr. Anup Chandra N. is a highly skilled and experienced orthopedic surgeon with over 15 years of clinical experience. He has performed thousands of successful surgeries, including hip and knee replacements, arthroscopy, and fracture repairs. His expertise in avascular necrosis treatment has helped many patients regain mobility and quality of life. Contact us today for a consultation.

अवस्कारिक नैक्रोसिस (AVN) - अत्यन्त दुर्लभ रोग

अवस्कारिक नैक्रोसिस (AVN) एक अत्यन्त दुर्लभ रोग हो, जसले गर्दा हड्डीको रक्त आपूर्ति बन्द हुन्छ, जसले गर्दा हड्डीको कोषीय संरचना नष्ट हुन्छ। यसले गर्दा हड्डीको टुक्रो हुनु, जोडोको दुखापत, र अन्तिम रूपमा हड्डीको टुक्रो हुनु हुन सक्छ।

हाम्रो विशेषज्ञ चिकित्सकहरूले AVN को निदान र उपचार गर्न सक्छन्। हामीले अत्याधुनिक उपचारहरू प्रदान गर्छौं, जसले गर्दा हड्डीको रक्त आपूर्ति बहाल हुन्छ, र हड्डीको कोषीय संरचना बहाल हुन्छ।

Gall Bladder stone & Uterine polyp of cured by Dr Arpita Chopra Jain Modern Homoeopathy saved surgery



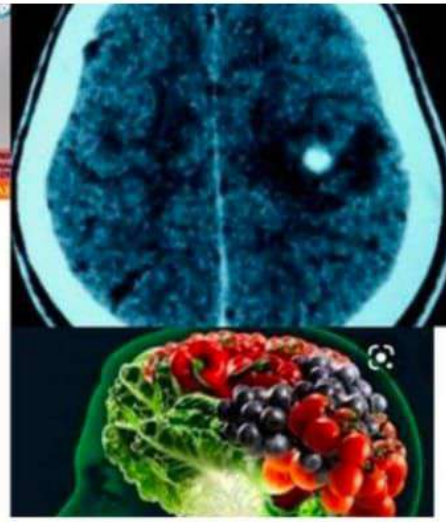
A calcified granuloma is a small, hardened clump of immune cells that contains calcium deposits. They are usually harmless and can appear in the lungs, head, skin, or liver.



Causes infections, inflammation, and foreign objects.

Symptoms

MIRACULOUS SUCCESSFULLY CURED critical Case of 2 BRAIN TUMOUR GRANULOMATOS BY MODERN HOMOEOPATHY WITHOUT SURGERY



Dishari Health Point Pvt. Ltd.
Under P.P.P Model with Govt. of West Bengal

CT SCAN REPORT

Name: Pooja Bora Choudhary (Referred by Dr. M. C. & J.)
Age: 31 Yrs, Sex: F, Date: 15.02.2024

NCCT SCAN OF BRAIN

Multi slice CT examination of the brain was carried out by taking corresponding appropriate sections from base of the skull to cranial vault without intravenous contrast.

STUDY REVEALS:
The posterior fossa, cerebellum normal.
Brain stem is normal.
4th ventricle is within normal limits.
Small calcification without any perilesional edema is seen at right high up frontal region.
Both Basal ganglia are normal.
Both lateral ventricles and 3rd ventricle are normal.
Basal cisterns, Sylvian fissures and cortical sulci are normal.
Sella and parasellar region appears normal.
Bony Cranium appears normal.

Impression:
1. NCCT of brain reveals no obvious intracranial injury.
2. Small calcified granuloma at right high up frontal region.

Before Treatment

Suggest other investigations and clinical correlation.

Dr. A. Banerjee, Dr. A. Mondal, Dr. S. Khamrui, Dr. M. K. Ghosh, Dr. J. K. Routh, Dr. A. Ghosh

ISO 9001:2015
AN ISO 9001:2015 CERTIFIED HEALTH CARE ESTABLISHMENT
CLASS 0 MULTI SPECIALITY HOSPITAL WITH DIAGNOSTIC CENTRE.

FALGUNI NIRMAN PRIVATE LIMITED
at
BURDWAN MEDICAL COLLEGE & HOSPITAL
A Joint Venture project with Dept. Of Health & Family Welfare, Govt. Of West Bengal

Patient's Name: MRS. PUJA SAHA (Pooja Borthaman, Pin-713104, Phone-94750-76400)
Age: 30 YRS, Sex: F
I.D. No: P-98472, Referred by: DR. ARPITA CHOPRA (JAIN), Date: 12.02.2025

MRI OF BRAIN

Sequences taken: Axial - T1, T2, Flair, GRE, DWI
Sagittal - T1, T2
Coronal - T2, SPGR

FINDINGS
MRI of brain reveals no abnormal altered signal intensity anywhere in the brain parenchyma.
Cerebellum and 4th ventricle appear normal.
Basal cisterns are normal.
Crano-vertebral junction appears normal.
Supratentorial ventricles are normal.
The septum is in the midline.
Corpus callosum, brain stem and pituitary appear normal.
Both IAM & CP angle appear normal.
Both hippocampi are normal.

Impression:
MRI of brain is within normal limits.

Suggested other investigations and clinical correlation.

PROF. SMITRA NIYOGI (DMRD, MD (Radio Diag.))
PROF. M. GHOSH (MD (Radio Diagnosis), Prof. Radiology)
PROF. T. DHIBAR (DMRD, MD (Radio Diagnosis), Prof. Radiology)

Calcified Granuloma : 8yrs.
on NCCT - 15/02/24
Small Calcified Granuloma at Rt high up frontal Region.

← Pain ⊕⊕
← Vertigo ✓
← Nausea & Vomiting ✓

3 Mths MRI/CT Head

आरोग्य सुपर स्पेशलिटी मॉडर्न होम्योपैथिक क्लिनिक
AAROGYA SUPER SPECIALITY MODERN HOMOEOPATHIC CLINIC

हमारी कोई अन्य शाखा नहीं है
ऑनलाइन कंसल्टेशन उपलब्ध है
Online Consultation Available

कैसर, किडनी फेलियर, अस्पताल में गंभीर रूप से भर्ती मरीज का उपचार, कोमा, मल्टिपल सिस्टीमा योय अटोइम्यून रोग, अल्टास्टिक पैनीसिया, मस्कुलर डिस्ट्रॉफी, जीवन भर दवा लेने वाले रोगीको रोकथाम एवं 300 प्रकार के असाध्य जटिल रोगो की चिकित्सा

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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: arpitchopra23@gmail.com

DR. ARPIT CHOPRA JAIN
(MD HOMOEOPATHY & CRITICAL & SURGICAL DISEASE SPECIALIST)



आरोग्य सुपर स्पेशलिटी मॉडर्न होम्योपैथीक क्लिनिक™

AAROGYA SUPER SPECIALITY MODERN HOMOEOPATHIC CLINIC™

हमारी कोई अन्य शाखा नहीं है
प्रॉड कॉल से सावधान रहें

कैंसर, किडनी फेलियर, अस्पताल में गंभीर रूप से भर्ती मरीज का उपचार, कोमा, शल्य चिकित्सा योग्य ऑटोइम्यून रोग, अल्जाइमिक
दैनिकिया, मस्कुलर डिस्ट्रोफी, जीवन भर दवा लेने वाले रोगीक रोकथाम एवं 300 प्रकार के असाध्य जटिल रोगों की चिकित्सा

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DR. ARPIT CHOPRA JAIN
(MD HOMOEOPATHY & CRITICAL & SURGICAL DISEASE SPECIALIST)

www.homoeopathycurer.in
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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: arpitchopra23@gmail.com



Reg. No. NH/5007/Apr-2022

SANJEEVANI HOSPITAL, ALOT

📍 Near Bus Stand, ALOT (M.P.) Ph.: 07410 - 230221 • (M) 90745 - 84125

PT NAME	MRS. SANA BEE	AGE/SEX/	23 YEARS / FEMALE
REF BY	SELF	DATE	26/10/2024

ULTRASOUND WHOLE ABDOMEN

Liver is normal in size normal in shape with bright echotexture with posterior aquastic attenuation. Portal & hepatic venous system appear normal. No focal lesion is seen. Intra and extra hepatic biliary radicles are not dilated.

Gall bladder is contracted in size & normal shape. Its lumen is filled with multiple echogenic lesions collectively measure 1.01 cm emitting clear cut posterior acoustic shadow. Portal vein and CBD are normal in caliber.

Pancreas is normal in size outline & echo pattern.

Spleen is normal in size and echo pattern.

Right kidney is normal in size, shape and echogenicity with smooth outline. Central pelvicalyceal sinus and corticomedullary ratio are normal. No calculus.

Left kidney is normal in size, shape and echogenicity with smooth outline. Central pelvicalyceal sinus and corticomedullary ratio are normal. No calculus.

Urinary bladder is normal in shape & contour. Its wall is normal.

Uterus is anteverted, appears normal in size (measures 8.46x4.55x4.50 cm) and shape. Myometrial echotexture appears normal. No focal lesion seen. Cervix appears normal. Endometrium measures - 9.0 mm.

Left ovary is normal in size, shape & echotexture.

Right ovary - medium size non septet thin wall 6.22x3.74 cm ovarian cyst.

No free fluid is seen in Pouch of Douglas, No evidence of intra abdominal lymphadenopathy. No evidence of ascites is seen.


Before Treatment

IMPRESSION: -----

- CHOLELITHESIS (MULTIPLE GALL STONE).
- RIGHT SIDE OVARIAN CYST.
- GENERALISED FATTY INFILTRATION OF LIVER OF GRONE.

Sonography is an interpretation drawn from images. It is not a final diagnosis in case of any discrepancy please repeat / or evaluate by MRI/CT/Clinical examination.

DR. N.P. AGRAWAL
M.B.B.S. (D) RADIOLOGIST
SONOLOGIST



AL-HAYAT DIAGNOSTICS

TREATMENT WITHIN YOUR REACH

NAME	MRS. SANA AGWAN	AGE/SEX:-	23/F
REFERRED BY	DR. ARPIT CHOPRA MD		
DATE :-	15/02/2025		

USG WHOLE ABDOMEN(F)

Liver is normal in size 12.4 cm with smooth contour echotexture mildly raised. Intra hepatic biliary radicals are not dilated. Portal & splenic veins are normal in caliber.

Approx 7.9 mm size calculus seen in the gall bladder lumen.

Gall bladder is normal in size with thin walls. CHD & CBD are not dilated.

Pancreas is normal shaped with homogenous echotexture. Spleen is normal in size 11.1 cm and echotexture.

Kidneys are normal in size (Rt 10.6 X 4.5 Lt. 10.5 X 5.1 cms), contour, position and show normal cortical echogenicity & CMJ. No evidence of calculus or calcification on either sides. Pelvicalyceal systems & ureters are undilated. No abdominal/ pelvic lymphadenopathy is seen.

Urinary bladder is adequately filled with anechoic contents. Mucosa is smooth and wall thickness measures normal.

Uterus is normal in size, contour & antverted. Myometrium is homogenous in echostructure. Endometrial echo is central. Cervix appears to be normal. Uterus Size 8.2 x 3.7 x 5.6 cm. Endometrium is 8.5 mm.

Bilateral ovaries are enlarged size and volume, multiple small follicle seen at peripheral site of both ovaries.

No dominant follicle seen in either ovary.

Right ovary: 4.2 x 2.3 x 2.4 cm (vol 12.7 cc)

Left ovary: 4.0 x 2.1 x 2.9 cm (vol. 13.4 cc)

During Dr Arpit Chopra Jain Modern Homoeopathy

IMPRESSION: POLYCYSTIC OVARIES, GALL BLADDER CALCULUS, MILD FATTY LIVER.

DR. VIJAY BHURIYA
M.B.B.S (D) RADIOLOGIST

PATHOLOGY | DIGITAL X-RAY | SONOGRAPHY

Note: Please Correlate reports with clinical findings & other investigations

📞 Lab: 0731-259343, 93011 7492
📞 Hospital: +91 70696 00681
📧 alhayat.pat@albe@gmail.com
Lab Timing: 8:00 AM to 3:00 PM, Sunday 10:00 AM to 2:00 PM

डॉ. अरपित चोपड़ा (डीन) मॉडर्न होम्योपैथीक स्पेशलिटी मॉडर्न होम्योपैथीक क्लिनिक का सफल इलाज

आरोग्य सुपर स्पेशलिटी मॉडर्न होम्योपैथीक क्लिनिक

डॉ. अरपित चोपड़ा (डीन) मॉडर्न होम्योपैथीक स्पेशलिटी मॉडर्न होम्योपैथीक क्लिनिक का सफल इलाज

आरोग्य सुपर स्पेशलिटी मॉडर्न होम्योपैथीक क्लिनिक

स्त्री-रोग-चिकित्सा

आरोग्य सुपर स्पेशलिटी मॉडर्न होम्योपैथीक क्लिनिक



डॉ. अरपित चोपड़ा (डीन) मॉडर्न होम्योपैथीक स्पेशलिटी मॉडर्न होम्योपैथीक क्लिनिक का सफल इलाज

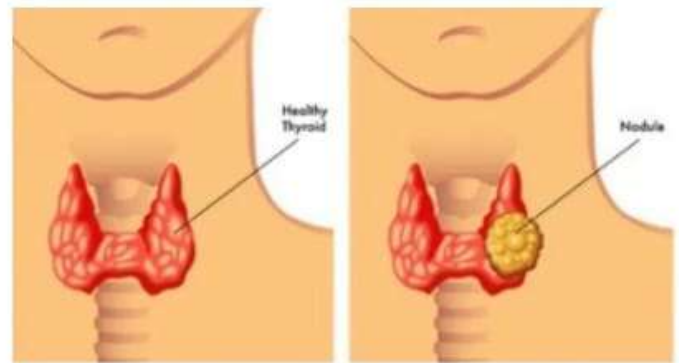
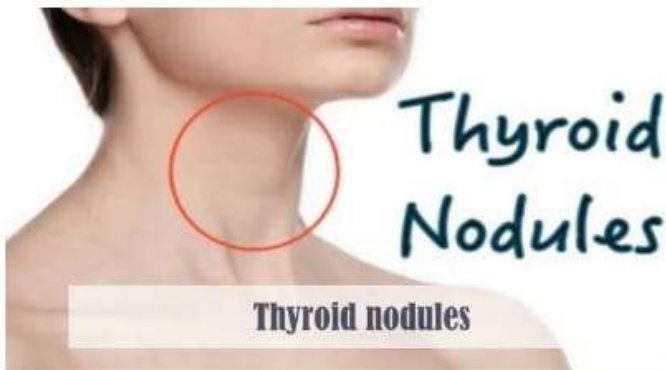
महिलाओं से सम्बंधित गंभीर बीमारियों का सफल इलाज

DR. ARPIT CHOPRA JAIN

3:03

ALL TYPES OF GYNAECOLOGICAL DISORDERS CURED BY DR ARPIT CHOPRA JAIN'S MODERN HOMOEOPATHY

FEMALE GYNAECOLOGY DISEASE महिलाओं स्त्री रोग संबंधी CURED BY DR ARPIT CHOPRA ...



Thyroid Nodules
A lump or swelling in the thyroid gland.

A lump in the thyroid, the butterfly-shaped gland at the base of the neck.

Very common
More than 10 million cases per year (India).

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

R.K. Jain Modern Homoeopathy
Patient Name: HEENA HEERBE
Age: 38 Y 5 M 1 F

DIAGNOSTIC REPORT OF USG
The examination was performed using high frequency linear probe.

CONCLUSION: - BILATERAL 1.5 CM DIAMETER 7-8 ACTIVITY NODULES. COULD NOT BE SEEN IN LEFT Lobe OF THYROID.

After Dr Arpit Chopra Jain Modern Homoeopathy

Title

Thyroid nodule dissolved & responded by Dr Arpit Chopra Jain Modern Homoeopathy without surgery

Bansal Diagnostic Centre Dr. Krati Bansal

NAME: MRS. HEENA QURESHI CONSULTANT: DR. ARPIT CHOPRA DATE: 04.10.2021 AGE: 38 Y 5 M 1 F

USG NECK

Test:-
USG of neck was performed using high frequency linear probe.

Findings:-
Size- Right thyroid gland measures - 5.3 x 1.8 x 1.4 cm
Left thyroid gland measures - 4.8 x 1.5 x 1.7 cm
Isthmus measures 1.3 cm
Thyroid gland is normal in size, shape and echotexture.
No focal lesion is seen.
Trachea and neck vessels are normal in calibre.
No significant cervical lymphadenopathy is seen.
Cervico-axillary lymph nodes most of them are < 1 cm in size.
Substernal soft tissue and parathyroid gland are normal in size and echo. No focal lesion is seen.

IMPRESSION:-

- Bilateral thyroid gland appears unremarkable.
- Slightly heterogeneous bilateral substernal gland.
- Subcentimetric lymph nodes at bilateral level (left more than right).

सुभषण

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2007, Near Ward Road, Mumbai, India
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www.suhasan.com

PATIENT NAME: HEENA HEERBE
SEX: F BIRTH DATE: 04/10/83

DIAGNOSTIC REPORT OF USG

The examination was performed using high frequency linear probe.

CONCLUSION: - BILATERAL 1.5 CM DIAMETER 7-8 ACTIVITY NODULES. COULD NOT BE SEEN IN LEFT Lobe OF THYROID.

After Dr Arpit Chopra Jain Modern Homoeopathy

Appendicitis

Overview Symptoms Treatments Spec

A condition in which the appendix becomes inflamed and filled with faecoliths, causing pain.

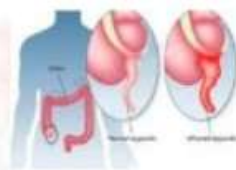
The appendix is a pouch-like structure attached at the start of the large intestine, believed to serve immunological purpose.

Common

More than 1 million cases per year (India)

Requires a medical diagnosis

Lab tests or imaging often required



Appendicitis

Overview Symptoms Treatment

A condition in which the appendix becomes inflamed and filled with pus, causing pain.

The appendix is a pouch-like structure attached at the start of the large intestine that has no known purpose.

Common

More than 1 million cases per year (India)

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



औपचारिक वा सर्जरी के
बगैर चारु-अपनी
समस्याओं का इलाज

Triveni Diagnostic Centre

Reg. No. : 96761 Visit ID : 0000103389
Patient Name : MAST, VEER MALVIYA
Age / Sex : 14 YEARS / MALE Order Date : 12/11/24 01:30PM
Ref. By : Dr. MUKESH DUBEY REG.NO.10632 MBE Report Date : 12/11/24 01:41PM

SONOGRAPHY USG WHOLE ABDOMEN(MALE)

Liver is normal in size 10.8cm ; shape and echotexture. No focal parenchymal lesion noted. Portal vein is of normal caliber. There is no evidence of dilatation of intra and extra hepatic biliary radicles.

Gall bladder appears normal. Does not show any sludge or calculus. Its walls are smooth and normal in wall thickness.

Pancreas is normal in size, shape and shows normal echogenicity, no localised solid or cystic mass is identified in pancreas. Pancreatic duct is not dilated.

Spleen is normal in size 9.5cm ; and shows normal echogenicity, no localised or cystic mass is identified in spleen.

Both kidneys are normal in size (Rt. 9.5 x 3.3 cm & Lt. 9.2 x 4.3 cm), shape and echotexture. There is no evidence of dilation of collecting system of either of the kidney. Ureters are not dilated.

Urinary bladder is partially filled with anechoic contents. The wall appears thin with smooth mucosa.

Appendix appears mildly distended (8.3mm diameter) & non compressible F/S/O Appendicitis.
Minimal free fluid seen in the RIF region 7 Reactivity.

Few mildly enlarged lymphnodes are seen in the RIF region largest measuring 1.9 x 0.7cm.

IMPRESSION:- Appendicitis.
- Mildly enlarged RIF lymphnodes.

findly correlate.

Before Treatment

KESH DUBEY DR. VIJAY BHADURI DR. AMIT SHANKHWAR DR. P.S. TRIPATHI DR. SANJAY YADAV
MBBS DMD M.D. RADIO DIAGNOSIS M.B. (RADIO DIAGNOSIS) CONSULTANT RADIOLOGIST

Notes: This report is valid only for the patient mentioned in it.
Address: Agrawa Road, 87, 90, 91, 92, 93, 94, 95, 96, 97, 98, 99, 100, 101, 102, 103, 104, 105, 106, 107, 108, 109, 110, 111, 112, 113, 114, 115, 116, 117, 118, 119, 120, 121, 122, 123, 124, 125, 126, 127, 128, 129, 130, 131, 132, 133, 134, 135, 136, 137, 138, 139, 140, 141, 142, 143, 144, 145, 146, 147, 148, 149, 150, 151, 152, 153, 154, 155, 156, 157, 158, 159, 160, 161, 162, 163, 164, 165, 166, 167, 168, 169, 170, 171, 172, 173, 174, 175, 176, 177, 178, 179, 180, 181, 182, 183, 184, 185, 186, 187, 188, 189, 190, 191, 192, 193, 194, 195, 196, 197, 198, 199, 200, 201, 202, 203, 204, 205, 206, 207, 208, 209, 210, 211, 212, 213, 214, 215, 216, 217, 218, 219, 220, 221, 222, 223, 224, 225, 226, 227, 228, 229, 230, 231, 232, 233, 234, 235, 236, 237, 238, 239, 240, 241, 242, 243, 244, 245, 246, 247, 248, 249, 250, 251, 252, 253, 254, 255, 256, 257, 258, 259, 260, 261, 262, 263, 264, 265, 266, 267, 268, 269, 270, 271, 272, 273, 274, 275, 276, 277, 278, 279, 280, 281, 282, 283, 284, 285, 286, 287, 288, 289, 290, 291, 292, 293, 294, 295, 296, 297, 298, 299, 300, 301, 302, 303, 304, 305, 306, 307, 308, 309, 310, 311, 312, 313, 314, 315, 316, 317, 318, 319, 320, 321, 322, 323, 324, 325, 326, 327, 328, 329, 330, 331, 332, 333, 334, 335, 336, 337, 338, 339, 340, 341, 342, 343, 344, 345, 346, 347, 348, 349, 350, 351, 352, 353, 354, 355, 356, 357, 358, 359, 360, 361, 362, 363, 364, 365, 366, 367, 368, 369, 370, 371, 372, 373, 374, 375, 376, 377, 378, 379, 380, 381, 382, 383, 384, 385, 386, 387, 388, 389, 390, 391, 392, 393, 394, 395, 396, 397, 398, 399, 400, 401, 402, 403, 404, 405, 406, 407, 408, 409, 410, 411, 412, 413, 414, 415, 416, 417, 418, 419, 420, 421, 422, 423, 424, 425, 426, 427, 428, 429, 430, 431, 432, 433, 434, 435, 436, 437, 438, 439, 440, 441, 442, 443, 444, 445, 446, 447, 448, 449, 450, 451, 452, 453, 454, 455, 456, 457, 458, 459, 460, 461, 462, 463, 464, 465, 466, 467, 468, 469, 470, 471, 472, 473, 474, 475, 476, 477, 478, 479, 480, 481, 482, 483, 484, 485, 486, 487, 488, 489, 490, 491, 492, 493, 494, 495, 496, 497, 498, 499, 500, 501, 502, 503, 504, 505, 506, 507, 508, 509, 510, 511, 512, 513, 514, 515, 516, 517, 518, 519, 520, 521, 522, 523, 524, 525, 526, 527, 528, 529, 530, 531, 532, 533, 534, 535, 536, 537, 538, 539, 540, 541, 542, 543, 544, 545, 546, 547, 548, 549, 550, 551, 552, 553, 554, 555, 556, 557, 558, 559, 560, 561, 562, 563, 564, 565, 566, 567, 568, 569, 570, 571, 572, 573, 574, 575, 576, 577, 578, 579, 580, 581, 582, 583, 584, 585, 586, 587, 588, 589, 590, 591, 592, 593, 594, 595, 596, 597, 598, 599, 600, 601, 602, 603, 604, 605, 606, 607, 608, 609, 610, 611, 612, 613, 614, 615, 616, 617, 618, 619, 620, 621, 622, 623, 624, 625, 626, 627, 628, 629, 630, 631, 632, 633, 634, 635, 636, 637, 638, 639, 640, 641, 642, 643, 644, 645, 646, 647, 648, 649, 650, 651, 652, 653, 654, 655, 656, 657, 658, 659, 660, 661, 662, 663, 664, 665, 666, 667, 668, 669, 670, 671, 672, 673, 674, 675, 676, 677, 678, 679, 680, 681, 682, 683, 684, 685, 686, 687, 688, 689, 690, 691, 692, 693, 694, 695, 696, 697, 698, 699, 700, 701, 702, 703, 704, 705, 706, 707, 708, 709, 710, 711, 712, 713, 714, 715, 716, 717, 718, 719, 720, 721, 722, 723, 724, 725, 726, 727, 728, 729, 730, 731, 732, 733, 734, 735, 736, 737, 738, 739, 740, 741, 742, 743, 744, 745, 746, 747, 748, 749, 750, 751, 752, 753, 754, 755, 756, 757, 758, 759, 760, 761, 762, 763, 764, 765, 766, 767, 768, 769, 770, 771, 772, 773, 774, 775, 776, 777, 778, 779, 780, 781, 782, 783, 784, 785, 786, 787, 788, 789, 790, 791, 792, 793, 794, 795, 796, 797, 798, 799, 800, 801, 802, 803, 804, 805, 806, 807, 808, 809, 810, 811, 812, 813, 814, 815, 816, 817, 818, 819, 820, 821, 822, 823, 824, 825, 826, 827, 828, 829, 830, 831, 832, 833, 834, 835, 836, 837, 838, 839, 840, 841, 842, 843, 844, 845, 846, 847, 848, 849, 850, 851, 852, 853, 854, 855, 856, 857, 858, 859, 860, 861, 862, 863, 864, 865, 866, 867, 868, 869, 870, 871, 872, 873, 874, 875, 876, 877, 878, 879, 880, 881, 882, 883, 884, 885, 886, 887, 888, 889, 890, 891, 892, 893, 894, 895, 896, 897, 898, 899, 900, 901, 902, 903, 904, 905, 906, 907, 908, 909, 910, 911, 912, 913, 914, 915, 916, 917, 918, 919, 920, 921, 922, 923, 924, 925, 926, 927, 928, 929, 930, 931, 932, 933, 934, 935, 936, 937, 938, 939, 940, 941, 942, 943, 944, 945, 946, 947, 948, 949, 950, 951, 952, 953, 954, 955, 956, 957, 958, 959, 960, 961, 962, 963, 964, 965, 966, 967, 968, 969, 970, 971, 972, 973, 974, 975, 976, 977, 978, 979, 980, 981, 982, 983, 984, 985, 986, 987, 988, 989, 990, 991, 992, 993, 994, 995, 996, 997, 998, 999, 1000

Siddharth Sonography center

Dr. Durgesh Rathi
MBBS, DMRD (Reg No.8378)
Radiologist

FH - 310, Scheme No.54, Behind Soft Vision College, Vijay Nagar, INDORE
Mob.: 8889409086, 9826011586, 07313551290
E-mail: durgeshrathi@gmail.com
Timing: 11am-2 pm. Evening by prior appointment.



Patient's Name:-Mr.Pratik Malviya	Age/Sex:- 14 yrs/Male
Ref. By:- Dr. Arpit Chopra(Jain),MD	Date:- 23/11/2024

ULTRA SONOGRAPHY (WHOLE ABDOMEN)

Liver is normal in size and echo-texture is homogenous. Portal & hepatic venous system appears normal. No focal lesion is seen. Intra and extra hepatic biliary radicles are not dilated.

Gall bladder is normal in size and shape. Its lumen is echo free & non lithiatic.

Portal vein and CBD are normal in caliber.

Pancreas is normal in size, out line and echo-pattern is homogenous.

Spleen is normal in size and echo-pattern.

Both kidneys are normal in size, shape & echogenicity with smooth outline.

Central pelvi-calyceal sinus & cortico medullary ratio are normal on both sides.

Right kidney size - 9.5cm

Left kidney size - 9.7cm

Both ureters are undilated and not visualized. I.V.C and abdominal aorta are normal in caliber. No evidence of intra abdominal lymphadenopathy.

Urinary Bladder is partially distended. It has thin & regular wall. Content is anechoic.

Prostate is normal in size & echotexture.

Lot of bowel gas is seen.

IMPRESSION:- NORMAL HEPATOBILIARY & RENAL SYSTEM.

IMPORTANT:- This report is valid only for the patient mentioned in it. This report is not to be used for any other purpose. The doctor is not responsible for any medical legal aspect arising out of this report. The patient should refer to the doctor for any further medical advice.

**After Dr Arpit
Chopra Jain Modern
Homoeopathy**

Dr. Durgesh Rathi
MBBS, DMRD
Radiologist

Meningioma

Overview

Symptoms

Treatments

Spec

A usually non-cancerous tumor that arises from the membranes surrounding the brain and spinal

Meningioma

Meningioma

Cerebral Cortex

Lateral Ventricles



TRUST MRI IMAGING & DIAGNOSTIC CENTRE
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NAME: GULABI DEVI **45 YRS/F**
REF BY DR : AJIT KUMAR, MD, DM (Neuro) **15-12-22**
EXAMINATION: BRAIN

THANKS FOR THE REFERRAL

MRI BRAIN (PLAIN+GADOLINIUM ENHANCED) Before Treatment

TECHNIQUE: On a SIEMENS SENNA 1.5 T magnet, the following pulse sequences were obtained: Axial T1 FLAIR, T2W, FLAIR, Coronal T2W sagittal T2W postcontrast axial coronal sagittal.

FINDINGS:
Fairly large rounded extraaxial dural based mass measuring approx 24 cm (AP) x 21 cm (CC) x 24 mm (ML) is seen overlying right parietal parafalcine region. Mass appears mildly hyperintense on T2W images and hypointense to white matter on T1W images. No evidence of restricted diffusion is seen on DW images.
On gadolinium enhanced T1W images, intense enhancement is seen, with internal nonenhancing necrotic/cystic component. Mass is abutting / invading the adjacent superior sagittal sinus.
On MRS, prominent lactate peak is seen. All other metabolites are reduced.
On T2W and FLAIR images mild hyperintensity is seen in underlying brain parenchyma due to edema. Mass is producing compression over adjacent brain parenchyma. Effacement of underlying cortical sulci is seen.
Rest of cerebral hemisphere is normal in morphology and signal intensity. Ventricles and basal cisterns are normal.
There is no midline shift.
Brainstem and cerebellum appear normal. Visualized orbits are unremarkable. Marrow in the visualized osseous structures appears normal.
Incidentally partially empty sella is seen.

IMPRESSION:
Fairly large rounded extraaxial dural based intensely enhancing mass having cystic/necrotic component overlying right parietal parafalcine region abutting / invading the adjacent superior sagittal sinus ? Meningioma

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E-mail id : maapanchadevi@gmail.com, Web : www.maapanchadevihospital.com

Patient Name:- MRS. GULABI DEVI **Age/Sex:-** 45 Y / F
Ref. By:- DR. ARPIT CHOPRA JAIN, MD (HOMEOPATHY)
Investigation:- MRI BRAIN (PLAIN & CONTRAST)
Date:- 22-SEP-2024

Technique: Multiplanar multiecho sequences of brain were performed with & without contrast.

Findings:
A well-defined extra-axial heterogeneously enhancing T2 hyperintense, T1 iso to hypointense lesion showing dural tail sign, subtle blooming, no restricted diffusion seen in posterior parafalcine location of right fronto-parietal region causing mass effect in the form of compression of adjacent brain parenchyma with no brain parenchymal signal changes, compression, minimal luminal narrowing of superior sagittal sinus with maintained flow void. It measures approximately 1.5 x 1.4 x 1.2 cm (AP x TR x CC).
Partial empty sella noted with herniation of suprasellar cistern into sella, pituitary gland lying along the floor of sella.
Both the cerebral hemispheres show normal grey white matter differentiation and signal intensity.
Corpus callosum is normal in bulk and signal intensity. No midline shift seen.
Cerebellum shows normal grey white matter differentiation and signal intensity.
Brainstem shows normal bulk and signal intensity.
Cerebellum shows normal grey white matter differentiation and signal intensity.
No abnormal meningeal enhancement / enhancing parenchymal focus seen.
Visualised vascular structures - Basal ganglia, internal carotid arteries, vertebral arteries, Bilateral cavernous sinuses, are normal.
Bony calvarium is normal.

IMPRESSION:
A well-defined extra-axial heterogeneously enhancing T2 hyperintense, T1 iso to hypointense lesion showing dural tail sign, subtle blooming, no restricted diffusion seen in posterior parafalcine location of right fronto-parietal region causing mass effect as described - meningioma.

For clinical correlation and further evaluation.

Report compiled by
DILK V PRASAD (CHD PhD)
MBBS, MD
Consultant Radiologist

10 Meningioma
(24 x 21 x 24 mm) (15/12/22)

- Right Parasagittal frontal lesion.
- Heaviness in head
- Vertigo
- H/O - Ebs (9 Dec 22)
(Left side Epilepsy)

दूसरी ब्राँच नहीं है
मिलते जुलते नाम से रहें
सावधान

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

आरोग्य सुपर स्पेशलिटी माईन होमियोपेथी
कम्पलिट, परमानेंट, ईजी, सेफ, फास्ट एण्ड कॉस्ट इफैक्टिव

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300 प्रकार के असाध्य जटिल रोगों की चिकित्सा।



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

आरोग्य सुपर स्पेशलिटी मॉडर्न होमियोपैथी

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ALL INDIA INSTITUTE OF MEDICAL SCIENCES, RISHIKESH
DEPARTMENT OF RADIO-DIAGNOSIS & IMAGING

Name of Patient/Age/Sex:	BANTI 14Y.M	Cr No.:	20230177147
Ref. Deptt.:	NSX	Date:	4/4/2024

CE-MRI BRAIN WITH WHOLE SPINE SCREENING

Study Protocol: Multiphase images of brain were acquired using T1, T2, T2 FLAIR, DW and SW sequences. FLAIR and Fat sat T1 weighted images were reprocessed after administration of IV contrast.

CLINICAL HISTORY: operated case of right CP angle Schwannoma

IMAGING FINDINGS:

Before Treatment

- Occipital craniotomy with bony flap seen in situ.
- There is large well defined extraxial heterogeneously enhancing mass in right paramedian location of posterior fossa epicentered at right CP angle, it measures 5.3 x 3.5 x 6.3 cm (APxTrxC). The lesion is seen extending into right internal car canal, and causing its widening, along with extension in right jugular foramen causing its erosion. Bony erosion of right petrous apex is seen. It is T2/FLAIR hyperintense and T1 hypointense. It shows areas of diffusion restriction within. Multiple foci of blooming on SWI with corresponding low signal on filtered phase images-haemorrhage. Internal prominent flow voids are seen.
 - It is causing mass effect in form of left-sided displacement and compression of cerebellar vermis, peduncles and posterior compression of right cerebellar hemisphere.
 - It is also causing widening of adjacent CSF space.
 - No e/o dural thickening or dural tail sign.
- 4th ventricle is completely effaced. VP shift seen with its tip in body of left lateral ventricle with gliotic changes in left parietal lobe along VP-shunt tract.
- The lesion is compressing right cerebellar hemisphere, right hemi pons and right hemi midbrain
- None is made of partial empty sella.
- It is causing cervico-medullary junction and cerebellar tonsils (~7 mm below Mcrae line)

IMPRESSION: In a known case of right CP angle schwannoma:

- Residual lesion as described.
- Post op changes as described.

Dr. Abhishek Junior Resident
Dr. Preetham Senior Resident

Kindly give doc
SR.

CT SCAN CENTRE सीटी स्कैन केंद्र

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Patient ID	HLLSAM143D	Accession Number	HLLSAMA1458
Patient Name	Mr. BANTI RAMESH	Age / Sex	015Years / M
Study Date & Time	16-Aug-2024 / 10:14	Report Date / Time	16-Aug-2024/ 12:34
Referred BY	DR DEEKSHA SINGH	Reported BY	Dr.Sandeep Shinde

CT SCAN OF BRAIN (PLAIN)

PROTOCOL:-Plain CT scan of brain has been done. 5 mm thin axial sections have been obtained.

CLINICAL BRIEF:-BRAIN TUMOR POST OP OF DEC 2023 HEADACHE VERTIGO

OBSERVATIONS:-

Mild SAH is noted in the noted in the ambient and quadrigeminal cistern
Area of hypodensity noted in the right cerebellar hemisphere likely cerebral edema
Craniotomy defect is noted over the right temporal lesion
EVD tube in situ

Cerebral hemisphere are normal. Grey and white matter differentiation is maintained. Brain stem and cerebellar hemispheres appear normal. No intracranial Bleed / Contusion noted. Basal cisterns are well seen and appears normal. Sylvian fissures and sulcal spaces appear normal. Ilted and IVth ventricles are in midline. No ventricular dilatation, distortion or midline displacement is noted. No obvious focal infarct, space occupying lesion noted in supra or infra tentorial region. No displaced / depressed bony fracture noted at bone window settings. Visualized paranasal sinuses, orbits and mastoid appear normal.

OLD REPORTS PROVIDED: - NO.

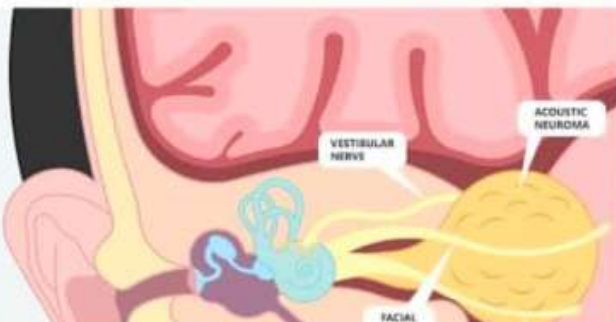
IMPRESSION:- Mild SAH is noted in the noted in the ambient and quadrigeminal cistern
Area of hypodensity noted in the right cerebellar hemisphere likely cerebral edema
Craniotomy defect is noted over the right temporal lesion
EVD tube in situ

ADVICE:-Clinical correlation and follow up.
DISCLAIMER :- Clinico-pathological correlation is must before initiation of any treatment on basis of imaging reports. If there is any clinical discrepancy, this investigation may be repeated or reassessed. Patient's identification in online reporting is not established, so in no way this report can be utilized for any medico legal purpose.

After Dr Arpit Chopra Jain Modern Homoeopathy

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पता- बरपटारा, बरम बाग, बरम, उत्तर प्रदेश - 244102

ACOUSTIC NEUROMA (VESTIBULAR SCHWANNOMA)



10- Post operative case of Vestibular Schwannoma operated on 12-12-23

CE-MRI Brain (4/4/24) lesion: 5.8 X 8.5 X 5.3 cm in Rt. paramedian of post. fossa.

→ Rt side weakness. (eyes not able to close rt eye)

Weakness of rt arm & rt leg

facial muscle weak - left side, rt ear hearing loss (facial palsy?)

Avascular necrosis

- Overview
- Symptoms
- Treatments
- Spe

The death of bone tissue due to a lack of blood supply.

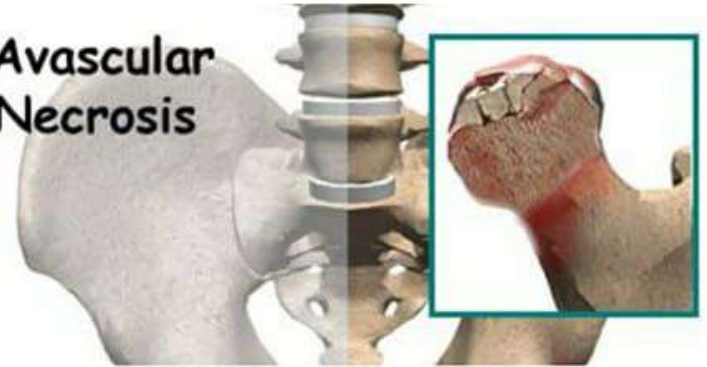
Avascular necrosis is associated with long-term steroid use and drinking too much alcohol. It's most common in people between the ages of 30 and 60 and often affects the hip.

Rare

Fewer than 1 million cases per year (India)

Treatment can help, but this condition can't be cured

Avascular Necrosis



AVASCULAR NECROSIS AVN VERY RESPONDED ONLY IN 1 MONTH AS L...

Medicine 11 months ago



AVASCULAR NECROSIS FEMORAL HEAD (HI...
Dr Arpit Chopra's Super...



AVASCULAR NECROSIS AVN FEMORAL HEAD, HI...
Dr Arpit Chopra's Super...



AVN AVASCULAR NECROSIS STAGE 3 RESPONDED BY D...
Dr Arpit Chopra's Super...



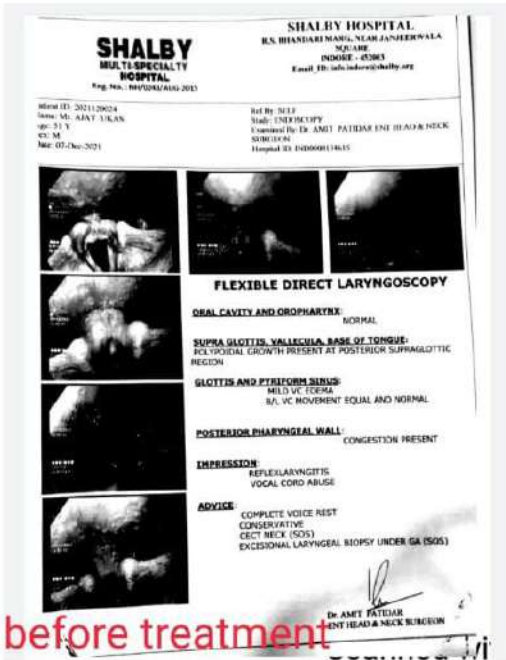
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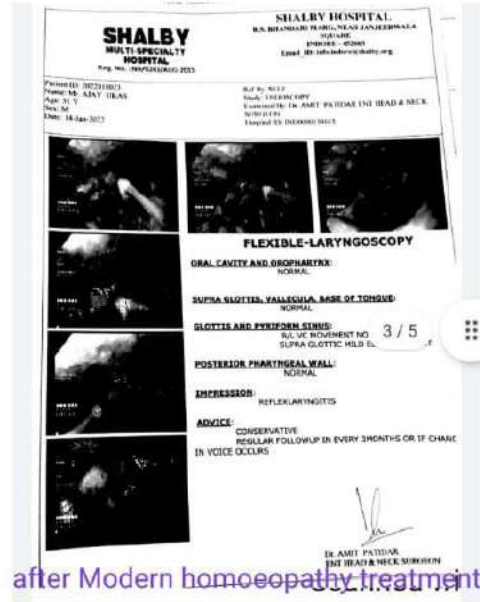
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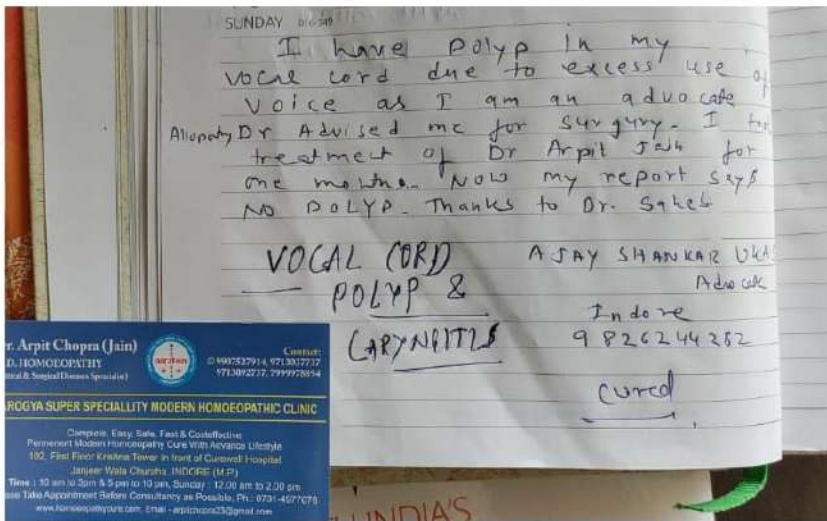
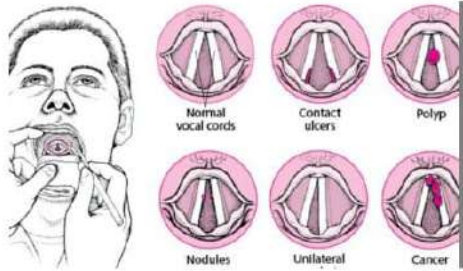
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before treatment



after Modern homeopathy treatment



Fibroids

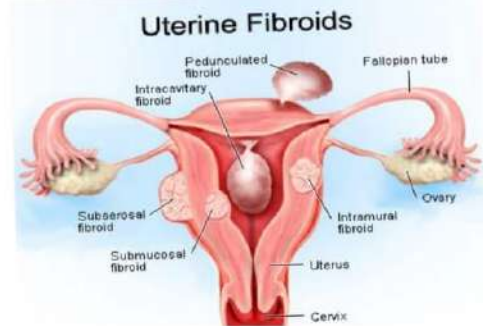
Also called: Uterine myoma

Overview

Symptoms

Treatments

Non-cancerous growths in the uterus that can develop during a woman's childbearing years.



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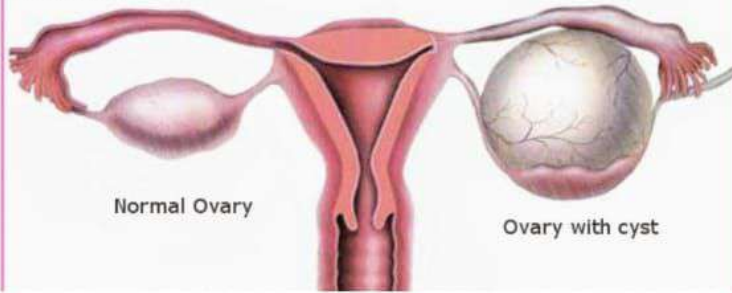
before modern homoeopathy treatment



after modern homoeopathy treatment

Ovarian Cysts

Fallopian Tube



Normal Ovary

Ovary with cyst

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DR. ARPIT CHOPRA JAIN
M.D. (HOMOEOPATHY)
Specialist and Professor, Aarogya Super Speciality Modern Homoeopathy Clinic
Jabalpur, M.P.

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Roopam Towers, Opp. Water Tank, Near Chanchalabai College & Hanuman Mandir, Wright Town Jabalpur - 482 002 (M.P.)
Dr. R.K. Saxena M.D. (Radiology)
Phone: 0761-2401280

Name: MRS REETI AGRAWAL 35F Date: 06/04/2022

WHOLE ABDOMEN SONOGRAPHY

- Liver measures approx 14.4 cms in crano-caudal axis. Its echostructure appears normal. No focal lesion is seen. No dilatation of intra or extra hepatic biliary radicles is seen.
- Gall bladder measures approx 4.5 x 1.5 cms. Its walls are mild thickened (3 mms). Multiple calculi of approx 6-8 mms are seen in the lumen which are casting distal acoustic shadowing.
- CBD measures 5 mms in caliber.
- Spleen appears normal in size, shape and echostructure.
- Pancreas appears normal in size, shape and echostructure. No focal lesion is seen. Pancreatic duct is not dilated.
- Both kidneys appear normal in size, shape & echostructure. Cortico-central differentiation is maintained. No pelvicalyceal or ureteral dilatation is seen on either side. No obvious calculus shadow is seen.
- Uterus measures approx 8.4 x 3.5 x 4.9 cms. Its shape & echostructure appears normal. The endometrial echo complex appears normal (Thickness is 6 mms).
- Right ovary measures approx 4.7 x 3.3 cms.
- Left ovary measures approx 3.4 x 1.9 cms. Right ovary appears enlarged in size. A follicular cyst approx. measures 3.1 x 1.9 cms with internal echoes is seen in it. Left ovary appears normal in size, shape and echostructure.
- Pouch of Douglas is clear.
- Urinary bladder appears normal in shape, contours and has thin walls.
- No pre/para aortic lymphadenopathy is seen.
- No free ascites is seen.

before treatment

IMPRESSION: SONOLOGICAL FINDINGS SUGGESTS-

(1) CHRONIC CHOLECYSTITIS WITH CHOLELITHIASIS.
(2) A SMALL FOLLICULAR CYST WITH INTERNAL ECHOES IN RIGHT OVARY (? DUE TO HAEMORRHAGE IN IT).

ADVISED: PLEASE CORRELATE CLINICALLY.

[Signature]
DR. R.K. SAXENA

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Roopam Towers, Opp. Water Tank, Near Chanchalabai College & Hanuman Mandir, Wright Town Jabalpur - 482 002 (M.P.)
Dr. R.K. Saxena M.D. (Radiology)
Phone: 0761-2401280

Name: MRS REETI AGRAWAL 35 F Date: 03/04/2022
Adv. by: DR. ARPIT CHOPRA JAIN MD(HOMO)

WHOLE ABDOMEN SONOGRAPHY

- Gall bladder measures approx 8. x 2.4 cms. Its walls are thickened (3 mms). Multiple calculi of approx 6-8 mms are seen in the lumen which are casting distal acoustic shadowing.
- CBD measures 5 mms in caliber.
- Liver appears normal in size, shape and echostructure. No focal parenchymal lesion is seen. No dilatation of intra or extra hepatic biliary radicles is seen.
- Spleen appears normal in size, shape and echostructure.
- Pancreas appears normal in size, shape and echostructure. No focal lesion is seen. Pancreatic duct is not dilated.
- Both kidneys appear normal in size, shape & echostructure. Cortico-central differentiation is maintained. No pelvicalyceal or ureteral dilatation is seen on either side. No obvious calculus shadow is seen.
- Uterus measures approx 8.3 x 4 x 6 cms. Its shape & echostructure appears normal. The endometrial echo complex appears normal (Thickness is 7 mms). Right ovary measures 3.3x2.2 cms. and Left ovary measures 3.6x2.2 cms.
- Both ovaries appear normal in size, shape and echostructure.
- Pouch of Douglas is clear.
- Urinary bladder appears normal in shape, contours and has thin walls.
- No pre/para aortic lymphadenopathy is seen.
- No free ascites is seen.

after modern homoeopathy treatment

IMPRESSION: SONOLOGICAL FINDINGS SUGGESTS CHRONIC CHOLECYSTITIS WITH CHOLELITHIASIS.

ADVISED: PLEASE CORRELATE CLINICALLY.

[Signature]
DR. R.K. SAXENA

Ovarian cyst! Haemorrhagic
3.1 x 1.9 cm

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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एच. बी. होम्योपैथी जटिल, असाध्य एवं शल्य रोग विशेषज्ञ

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DR. ARPIT CHOPRA

M.D. HOMEOPATHY
CRITICAL AND SURGICAL DISEASE SPECIALIST
INVENTOR OF SUPER SPECIALITY MODERN HC
MOB. 9907527914, 9731992731
www.aarogyahomeopathyindore.com

• डॉ. अर्पित चोपड़ा (जैन) को केन्द्रीय स्वास्थ्य मंत्री श्री मनसुख मोदिया द्वारा अवार्ड प्रदान किया गया।

ALL TYPES OF GYNAECOLOGICAL DISORDERS TREATED BY DR ARPIT CHOPRA, JAIN'S MODERN HOMEOPATHY

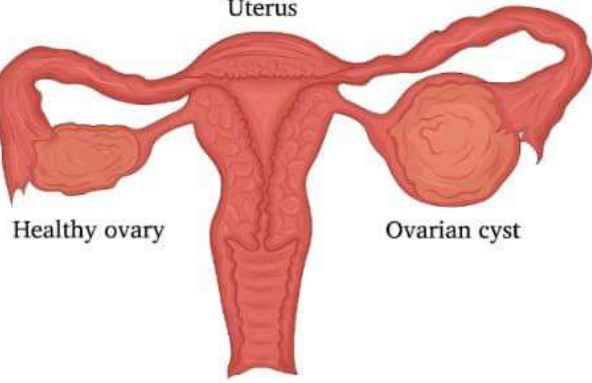
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Ovarian cyst

Uterus



Healthy ovary

Ovarian cyst

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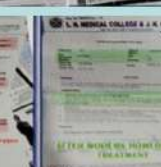
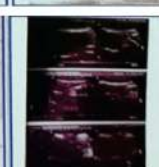
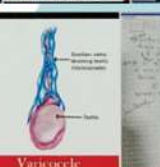
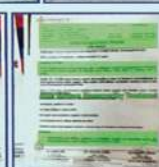
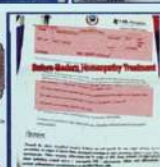
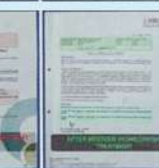
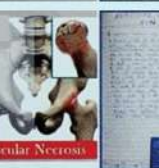
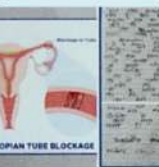
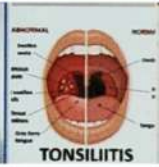
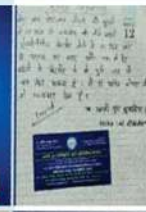
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Service Project Infrastructure: Making Medical Care Accessible to All

"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.)

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besthomoeopapathdoctorind.com

email : arpitchopra23@gmail.com, aarogyamodernhomeopathy@gmail.com

You Tube Link  - [drarpitchopramodernhomeopathic](https://www.youtube.com/channel/UCdrarpitchopramodernhomeopathic)