

**PATIENT NAME :MR SHISHIR RANJAN THAKUR**

**AGE / SEX: 41 YRS/M**

**UHID : 4165**

**DATE : 08, APR, 2023**

## 2-D ECHO & M-MODE EXAMINATION VALVES

### 1. MITRAL VALVES STUDY:

a) **Motion:** Normal      b) **Thickness:** Normal      c) **Calcium-** none

### 2. AORTIC VALVE STUDY

a) **Aortic root** 3.0cm.      b) **Aortic Opening** 2.7 cm.      c) **Closure:** Central  
d) **Calcium-** none      e) **Eccentricity Index** 1      f) **Vegetation-** none  
g) **Valve Structure :** Trileaflet

### 3. PULMONARY VALVE STUDY      Normal

a) **EF Slope**      Normal      b) **A Wave +**  
c) **Thickness**      Normal      d) **Others -**

### 4. TRICUSPID VALVE      Normal.

### 6. AORTIC MITRAL CONTINUITY: maintained

**Left Atrium**      3.2x3.4cm.      Clot : none      Others:  
**Right Atrium**      Normal      Clot      none      I.A.S.: intact

(Cont .....2)

(...2)

### VENTRICLES

**RIGHT VENTRICLE:** Normal

Ejection fraction: 64%

**LEFT VENTRICLE :**

Fractional Shortening 34%

IVS (D) 1.1cm.(S) 1.5 cm.

LV mass:184g

LVID(D) 4.86cm.(S) 3.16cm.

PW (D) 0.9cm (S) 1.5 cm

RWMA: None

IVS: Intact

### **TOMOGRAPHIC VIEWS**

**PARASTERNAL LONG AXIS VIEW:**

Normal  
Good LV contractility

**SHORT AXIS VIEWS:**

Aortic Valve Level

AOV- Normal  
MV-Normal  
PV-Normal  
TV-Normal

Mitral Valve Level

Papillary Muscle Level:

**APICAL 4 CHAMBER VIEW**

No clot / vegetation

**OTHER SPECIAL VIEWS:**

(Cont.....3)


(.....3)

**PERICARDIUM**  
Normal  
**DOPPLER STUDIES**

	Velocity (m/ sec)	Flow Pattern	Regurgitation	Gradient mmHg
<b>MITRAL</b>	E=0.58;A=0.70 E/A=0.8	Normal	Nil	-
<b>AORTIC</b>	1.1	Normal	Nil	5.4
<b>TRICUSPID</b>	1.1	Normal	Trace	5.1
<b>PULMONARY</b>	0.6	Normal	Nil	1.8

**CONCLUSIONS:**

- No RWMA
- LVEF = 64%
- Trace TR
- No MR/TR
- IAS/IVS intact
- No clot / vegetation.
- No pericardial effusion.
- No Diastolic Dysfunction

  
**DR. S. VAJPAYEE**  
MD, DIP. (CARD)

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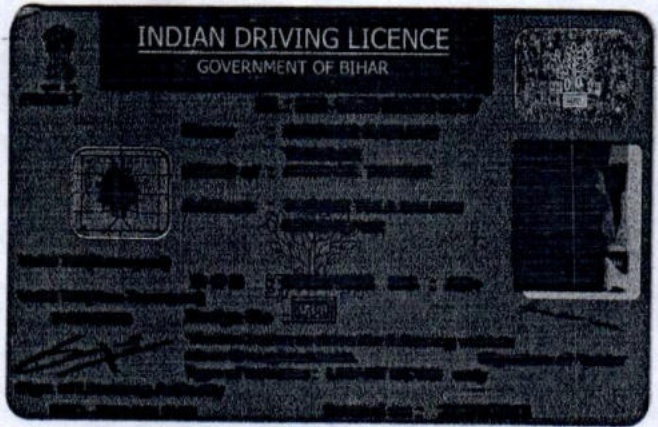


ARCOFEMI - MEDIWHEEL - FULL BODY ANNUAL PLUS MALE - 2D ECHO - PAN INDIA - FY2324

S. No.	Service Sub Group	Service Name
1	Haematology	HEMOGRAM (CBC+ESR)
2	Blood Bank	Blood Grouping And Typing (Abo And Rh)
3	Others	BMI
4	Bio Chemistry	Lipid Profile (all Parameters)
5	Bio Chemistry	Renal Function Test
6	Bio Chemistry	LIVER FUNCTION TEST (PACKAGE)
7	Bio Chemistry	GGTP: Gamma Glutamyl Transpeptidase - Serum
8	Cardiology	ECG ✓
9	Consultations	Fitness by General Physician
10	Consultations	Ophthal by General Physician - <i>Completed</i>
11	Haematology	Urine Routine (CUE) ✓
12	X-Ray	X-Ray Chest PA ✓
13	Ultrasound	Ultrasound - Whole Abdomen ✓
14	Consultations	Consultation - Dental ✓
15	Consultations	Package Consultation - ENT ✓ <i>Completed</i>
16	Consultations	Dietician consultation ✓ <i>Completed</i>
17	Bio Chemistry	Glycosylated Hemoglobin (HbA1C) - Whole Blood ✓
18	Bio Chemistry	THYROID PROFILE - I(T3, T4 AND TSH)
19	Bio Chemistry	GLUCOSE - SERUM / PLASMA (FASTING AND POST PRANDIAL)
20	Bio Chemistry	URINE GLUCOSE (FASTING) ✓
21	Bio Chemistry	URINE GLUCOSE (POST PRANDIAL) ✓
22	Cardiology	2 D ECHO ! ✓

INDIAN DRIVING LICENCE

GOVERNMENT OF BIHAR





DL: BR-1020130031937

Original LA :

Old DL No :

Date Of Issue :

Class Of Vehicles

Vehicle Class	Issue Date
LMV-NT	28/04/2013
MCWG	28/04/2013

BR-10DL 0019 1898





बैंक ऑफ बड़ौदा  
Bank of Baroda



नाम

शिशिर रंजन ठाकुर

Name

Shishir Ranjan Thakur

कर्मचारी इड संख्या

E C Number

167957

जारीकर्ता प्राधिकारी  
Issuing Authority



शिशिर रंजन ठाकुर

धारक के हस्ताक्षर

Holder's Signature



## CERTIFICATE OF MEDICAL FITNESS

This is to certify that I have conducted the clinical examination

of Mr. Shishir Ranjan Thakur on 08/07/23.

After reviewing the medical history and on clinical examination it has been found that he/she is

	Tick
<ul style="list-style-type: none"> <li>• Medically Fit</li> </ul>	<input type="checkbox"/>
<ul style="list-style-type: none"> <li>• Fit with restrictions/recommendations</li> </ul> <p>Though following restrictions have been revealed, in my opinion, these are not impediments to the job.</p> <p>1. <u>Dyslipidemia</u></p> <p>2. <u>Hepatomegaly i grade II fatty liver</u></p> <p>3. <u>Predibetic</u></p> <p>However, the employee should follow the advice/medication that has been communicated to him/her.</p> <p>Review after <u>3 months</u></p>	✓
<ul style="list-style-type: none"> <li>• Currently Unfit. Review after _____ recommended</li> </ul>	<input type="checkbox"/>
<ul style="list-style-type: none"> <li>• Unfit</li> </ul>	<input type="checkbox"/>

Dr. Saurabh Agarwal  
**Medical Officer**  
**Apollo Clinic,**

Dr. Saurabh Agarwal  
 MBBS, MD, FIDM (UK), FAGE  
 Reg. No. 68395  
 Apollo Clinic Hazratganj

*This certificate is not meant for medico-legal purposes*

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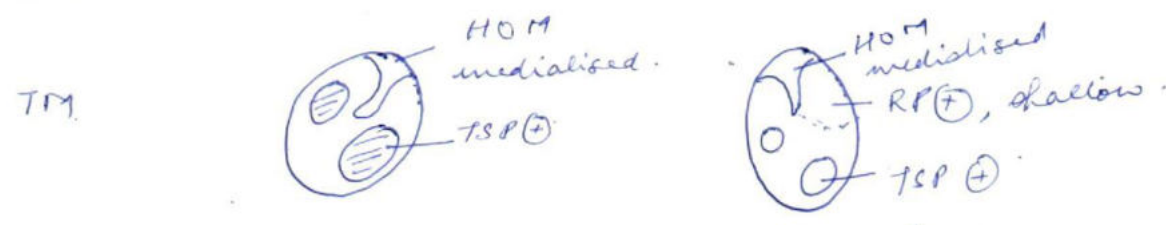

7897 123 777



Patient Name- <i>Thakur Shishir Ranjan.</i>		Date- <i>08/04/23</i>
Age- <i>41</i>		Sex- <i>M</i>
B P – Systolic	Diastolic	R.B.S.-
Pulse-		SPO2-
Temp-		Height-
Weight-		BMI-
Consultant- <i>Dr. Sanwita Sinha.</i>		Fat-

C/O *(R)* ear discharge : Childhood on & off.  
 B/L ↓ hearing 3-4 yrs.  
 H/O repeated nose block R>L, throat pain,  
 nasal discharge.

O/E. *R* *L*  
 Ear. *N* *N*  
 EAC. *N.*



Maxilla *Non tender.* *Non tender.*

TFT. *R* *L*  
 Rinne *AC > BC* *AC > BC.*  
 Weber. *Central / to R*  
 ABC. *SAE* *SAE.*  
 FN. *N.* *N.*  
 Nystagmus *No* *NO.*

Valid for 7 Days

<b>Patient Name-</b> Mr. Shishir Ranjan Dasgupta	<b>Date-</b> 8/4/23
<b>Age-</b> 41 yrs.	<b>Sex-</b> Male
<b>B P - Systolic -130</b> <b>Diastolic - 86 mmHg.</b>	<b>R.B.S.-</b>
<b>Pulse-</b> 102	<b>SPO2-</b> 95%
<b>Temp-</b> 98.5°F	<b>Height-</b>
<b>Weight-</b> 89.6 Kg.	<b>BMI-</b>
<b>Consultant-</b>	<b>Fat-</b>

- Dyslipidemia
- Prediabetes
- Hepatomegaly - grade II fatty liver                      HbA<sub>1c</sub> - 6.3

- Rx
- ① Tab Meplagon 1-0-1 X 1 month
  - ② Tab Evion 600 IU 1-0-0 X 1 month
  - ③ Tab Lipikind F 10mg 0-0-1 X 1 month (MS)
  - ④ Tab Maxrichi 1-0-0 X 1 month (after breakfast)

Advice: Avoid oily spicy food  
 Avoid sugary things  
 Diet modification  
 Exercise 30 min/day

*Saurabh*  
 Dr. Saurabh Agarwal  
 MBBS, MD, FIDM (UK), FAGE  
 Reg. No. 68395  
 Apollo Clinic Hazratganj

Inv: USG Abdomen } after 3 months  
 Lipid profile }  
 HbA<sub>1c</sub> }

Valid for 7 Days

**NAME** : MR. THAKUR SHISHIR RANJAN      **RT NO** : 4165  
**DATE** : 08.APRIL.2023      **AGE** : 41Y  
**REFERRED BY** : ARCOFEMI HEALTHCARE LTD      **SEX** : M

### ULTRASOUND WHOLE ABDOMEN


- **LIVER:** Liver is enlarged in size (18.3 cms) with normal shape & increased echogenicity. Biliary radicals are not dilated. No obvious focal lesion. Portal & hepatic veins are normal in caliber. Periportal region appears normal.
- **GALL BLADDER:** is partially distended. Wall thickness is normal. No pericholecystic fluid collection noted. CBD is not dilated.
- **PANCREAS:** is normal in size and contour. Parenchyma shows normal echotexture. No pancreatic duct dilatation is seen. No peri-pancreatic fluid collection seen.
- **SPLEEN:** is normal in size (11.6 cms), shape & position. Parenchyma shows normal echotexture. Splenic veins are not dilated.
- **B/L KIDNEYS:**
  - Both kidneys are normal in size, site, shape, position. Cortical echoes are normal. Cortico-medullary differentiation is maintained. Pelvicalyceal system are not dilated. No obvious calculus / mass / cyst seen.
- **URINARY BLADDER:** is well distended with normal contour. Wall appears regular. No evidence of any calculus /mass lesion is seen.
- **PROSTATE:** appears normal in size measuring 38x33x28 mm and weighing 18.8 gms. Parenchyma shows normal echotexture. No focal lesion / prostatic calcification seen.
- No evidence of free fluid.

### IMPRESSION:

➤ **HEPATOMEGALY WITH GRADE II FATTY LIVER.**

ADV: Please correlate clinically

Typed by  
Poonam Tiwari

  
Dr. Priyank K.S. Chaudhary  
MBBS, DMRD, DNB( Radiodiagnosis)

Note:- discrepancies due to technical or typing errors should be reported for correction for seven days. No compensation liability stands.

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 **7897 123 777**



Patient Name	: MR. SHISHIR RAJAN THAKUR
Age/ Gender	: 41 Y/M
UHID/ MR No	: FHAZ.0000004165
Ref Doctor	: ARCOFEMI HEALTHCARE LTD


Reported	: 08.april.2023
Status	:
Client Name	:
Patient Location	: LUCKNOW

### X-RAY CHEST PA

- Trachea is central in position.
- Bilateral lung fields are normally aerated.
- Both hilar shadows are normal.
- Both C.P angles are clear.
- Cardiac shadow is within normal limits.
- Bony cage appears normal.

OPINION: **NORMAL STUDY.**

*Please correlate clinically*



Dr. PRIYANK CHAUDHARY  
(RADIOLOGIST)

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Report Doc No.: **5130**

 Patient No.: **3939-3929**

 Name : **Mr. Shishir Ranjan Thakur / 41 Year / Male**

 Collected On : **08-04-2023**

 Referred By : **ARCOFEMI MEDIWHEEL**

 Report On: **08-04-2023 02:16 PM**
**ARCOFEMI MEDIWHEEL MALE HEALTH PACKAGE**
**CBC (Complete Blood Count)**

<b>Hemoglobin</b> Method : <i>(Cyanmethemoglobin)</i>	13.0 gm%	Normal 13-17 gm%
<b>Hematocrit (PCV)</b> Method : <i>(Calculated parameter)</i>	36.0 %	Normal 40-54 %
<b>RBC Count</b> Method : <i>(Electrical Impedence)</i>	4.14 million/cmm	Normal 4.2-5.5 million/cmm
<b>MCV</b> Method : <i>(Calculated parameter)</i>	87.0 fl	Normal 83-101 fl
<b>MCH</b> Method : <i>(Calculated parameter)</i>	31.4 pg	Normal 27-32 pg
<b>MCHC</b> Method : <i>(Calculated parameter)</i>	36.1 g/dl	Normal 31-37 g/dl
<b>RDW-CV</b> Method : <i>(Electrical Impedence)</i>	15.9 %	Normal 11.6-14 %
<b>TLC (Total Leucocyte Count)</b> Method : <i>(Electrical Impedence)</i>	7400 cells/cu.mm	Normal 4000-10000 cells/cu.mm
<b>DLC (Differential Leucocyte Count)</b> Method : <i>(Electrical Impedence)</i>		
Neutrophil	52 %	40-80
Lymphocyte	42 %	20-40
Eosinophil	02 %	1-6
Monocyte	04 %	2-10
Basophil	00 %	0-1
<b>ABSOLUTE LEUCOCYTE COUNT</b> Method : <i>(Electrical Impedence)</i>		
NEUTROPHILS	3848 cells/cu.mm	2000-7000
LYMPHOCYTES	3108 cells/cu.mm	1000-3000
EOSINOPHILS	148 cells/cu.mm	20-500
MONOCYTES	296 cells/cu.mm	200-1000
<b>Platelet Count</b> Method : <i>(Electrical Impedence)</i>	128 thousand/mm <sup>3</sup>	Normal 150-450 thousand/mm <sup>3</sup>

**GBP (Peripheral Blood smear )**

RBC : Normocytic normochromic

WBC : Total leucocyte count and differential leucocyte count as given.

Platelets : Platelets are reduced in number.

No hemoparasite or immature cells seen .

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Collected On : 08-04-2023

Report On: 08-04-2023 02:16 PM

ESR ( Wintrobs )

08 mm/h

Normal 0-10 mm/h

Blood Grouping/ABO RH Typing

Blood Group

:

"AB"

Rh Factor

:

POSITIVE

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Patient No.: **3939-3929**

Collected On : **08-04-2023**

Report On: **08-04-2023 02:16 PM**

**Blood Sugar (Fasting)** 100 mg/dl Normal 70-110 mg/dl  
Method : (GOD-POD)

**Blood Sugar (PP)** 159 mg/dl Normal 80-160 mg/dl  
Method : (GOD-POD)

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Referred By : ARCOFEMI MEDIWHEEL

Patient No.: 3939-3929

Collected On : 08-04-2023

Report On: 08-04-2023 02:16 PM

**Kidney Function Test (KFT)**

<b>Serum Urea</b> Method : (UREASE)	23 mg/dl	Normal 10-50 mg/dl
<b>Serum Creatinine</b> Method : (Creatinine amidohydrolase)	0.7 mg/dl	Normal 0.6-1.4 mg/dl
<b>Serum Sodium</b> Method : (Direct ISE)	139 mmol/L	Normal 135-146 mmol/L
<b>Serum Potassium</b> Method : (Direct ISE)	4.1 mmol/L	Normal 3.5-5.1 mmol/L

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Patient No.: 3939-3929

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Collected On : 08-04-2023

Referred By : ARCOFEMI MEDIWHEEL

Report On: 08-04-2023 02:16 PM

**Liver Function Test (LFT)**

<b>Serum Bilirubin - Total</b> Method : (Diazo sulfanilic)	0.5 mg/dl	Normal 0.2-1.2 mg/dl
<b>Serum Bilirubin - Direct</b> Method : (Diazo sulfanilic)	0.2 mg/dl	Normal 0-0.3 mg/dl
<b>Serum Bilirubin-Indirect</b> Method : (Calculated parameter)	0.3 mg/dl	Normal 0.3-1 mg/dl
<b>Serum SGOT/AST</b> Method : (UV with P-5-P)	21 U/L	Normal 10-46 U/L
<b>Serum SGPT/ALT</b> Method : (UV with P-5-P)	43 U/L	Normal 10-49 U/L
<b>Serum Alkaline Phosphatase (SALP)</b> Method : (p-nitrophenyl phosphate)	63 U/L	Normal 40-129 U/L
<b>Serum Gamma-Glutamyltransferase (GGT)</b> Method : (IFCC)	26 U/L	Normal 0-55 U/L

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Report Doc No.: 5131

Name : Mr. Shishir Ranjan Thakur / 41 Year / Male

Referred By : ARCOFEMI MEDIWHEEL

Patient No.: 3939-3929

Collected On : 08-04-2023

Report On: 08-04-2023 02:34 PM

### Lipid Profile

Serum Cholesterol -Total Method : <i>(CHE/CHO/POD)</i>	192 mg/dl	Normal < 200
Serum Triglyceride Method : <i>(Enzymatic)</i>	568 mg/dl	Normal < 150
Serum Cholesterol VLDL Method : <i>(Calculated parameter)</i>	113 mg/dl	Normal < 30
Serum Cholesterol HDL Method : <i>(Polymer-Detergent)</i>	32 mg/dl	Normal > 40
Serum Cholesterol LDL Method : <i>(Calculated parameter)</i>	47 mg/dl	Normal < 100
Total Cholesterol/HDL Ratio Method : <i>(Calculated parameter)</i>	6.0	Normal 0-4.5
LDL/HDL Ratio Method : <i>(Calculated parameter)</i>	1.47	Normal 0-3

End of Report



Checked By

Dr. Divya Mehdiratta  
MBBS, MD (Pathologist)

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Collected On : 08-04-2023

Referred By : ARCOFEMI MEDIWHEEL

Report On: 08-04-2023 02:17 PM

**HbA1c**

TEST NAME	RESULT	UNIT	BIO. REF. RANGE	METHOD
HBA1C, GLYCATED HEAMOGLOBIN, WHOLE BLOOD EDTA	6.3	%		TURBIDIMETRIC

Comment:

Reference range as per American Diabetes Association (ADA):

REFERENCE GROUP	HBA1C IN %
NON DIABETIC ADULTS > 18 YEARS	<5.7
AT RISK (PREDIABETES) DIAGNOSING DIABETES	5.7-6.4
DIABETICS	≥6.5
EXCELENT CONTROL	6-7
FAIR TO GOOD CONTROL	7-8
UNSATISFACTORY CONTROL	8-10
POOR CONTROL	>10

Note: Dietary preparation or fasting is not required.

1. A1C test should be performed at least two times a year in patients who are meeting treatment goals (and who have stable glycemic control).
2. Lowering A1C to below or around 7% has been shown to reduce microvascular and neuropathic complications of type 1 and type 2 diabetes. When mean annual HbA1c is <1.1 times ULN (upper limit of normal), renal and retinal complications are rare, but complications occur in >70% of cases when HbA1c is >1.7 times ULN.
3. Falsely low HbA1c (below 4%) may be observed in patients with clinical conditions that shorten erythrocyte life span or decrease mean erythrocyte age. HbA1c may not accurately reflect glycemic control when clinical conditions that affect erythrocyte survival are present. Fructosamine may be used as an alternate measurement of glycemic control.

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Report On: 08-04-2023 02:16 PM

## Urine R/M

DEPARTMENT OF CLINICAL PATHOLOGY			
URINE EXAMINATION REPORT			
TEST NAME	VALUE	UNIT	NORMAL VALUE
<b>PHYSICAL EXAMINATION:-</b>			
Urine Color	Pale Yellow		Pale yellow
Reaction	Acidic		Acidic/Alkaline
Appearance	Clear		Clear
Specific Gravity	1.025		1.010-1.025
<b>CHEMICAL EXAMINATION:-</b>			
Albumin	Absent		Trace/Nil
Glucose	Absent		Absent
Ketone	Absent		Absent
Blood	Absent		Absent
Bilirubin	Absent		Absent
Urobilinogen	Absent		Absent
Nitrite	Absent		Absent
<b>MICROSCOPIC EXMINATION:-</b>			
Pus Cells(WBC)	1-2	Cells/hpf	
Red Blood Cells (RBC)	Nil	Cells/hpf	
Epithelial Cell	2-3	Cells/hpf	
Casts	Nil	Nil	
Bacteria	Nil		
Crystals	Nil	Nil	

Checked By

Page 7 End



Report Doc No.: 5130  
Name : **Mr. Shishir Ranjan Thakur / 41 Year / Male**  
Referred By : **ARCOFEMI MEDIWHEEL**

Patient No.: **3939-3929**  
Collected On : **08-04-2023**  
Report On: **08-04-2023 02:16 PM**

### T3 T4 TSH

<b>Serum T3</b> Method : <i>(Chemiluminescence Immunoassay)</i>	1.04 ng/ml	Normal 0.7-2 ng/ml
<b>Serum T4</b> Method : <i>(Chemiluminescence Immunoassay)</i>	6.99 µg/dl	Normal 6.1-12.2 µg/dl
<b>Serum Thyroid Stimulating Hormone (TSH)</b> Method : <i>(Chemiluminescence Immunoassay)</i>	5.343 uIU/ml	Normal 0.3-5.6 uIU/ml

End of Report



Checked By

**Dr. Divya Mehdiratta**  
MBBS, MD (Pathologist)

Mr. Thakur Shishi's Ranyam  
Age - 41 Y/M

$V_m \left\{ \begin{array}{l} 6/6 \\ 6/6P \end{array} \right.$

$V_{m\text{EPH}} \left\{ \begin{array}{l} 6/6 \\ 6/6 \end{array} \right.$

$N_{vm} \left\{ \begin{array}{l} N6 \\ N6 \end{array} \right.$

$C_{vm} \left\{ \begin{array}{l} 38/38 \\ 38/38 \end{array} \right\} WNL$

Subjective Improvement -

R → Plano - 6/6

L → -0.50DS - 6/6

- Add<sup>m</sup> +1.0DS BE<sup>x</sup>  $\left\{ \begin{array}{l} N6 \\ N6 \end{array} \right.$

★ Progressive glass.

★ Bluecut glass.

C10 - refractive error





ST LEVEL (mV)

I	II	III	aVR	aVL	aVF
+0.03	+0.03	+0.00	-0.03	+0.01	+0.01
V1	V2	V3	V4	V5	V6
+0.07	+0.18	+0.17	+0.12	+0.09	+0.05

<ECG Analysis Result>

Vent. Rate(BPM) : 87  
 PR Int.(ms) : 137  
 P/QRS/T Int.(ms) : 106 106 149  
 QT/QTc Int.(ms) : 329 401  
 P/QRS/T Axis(Deg.) : 52 -46 31  
 RV1/SV5 Amp.(mV) : 0.12 0.53  
 RV5/SV1 Amp.(mV) : 0.94 0.69

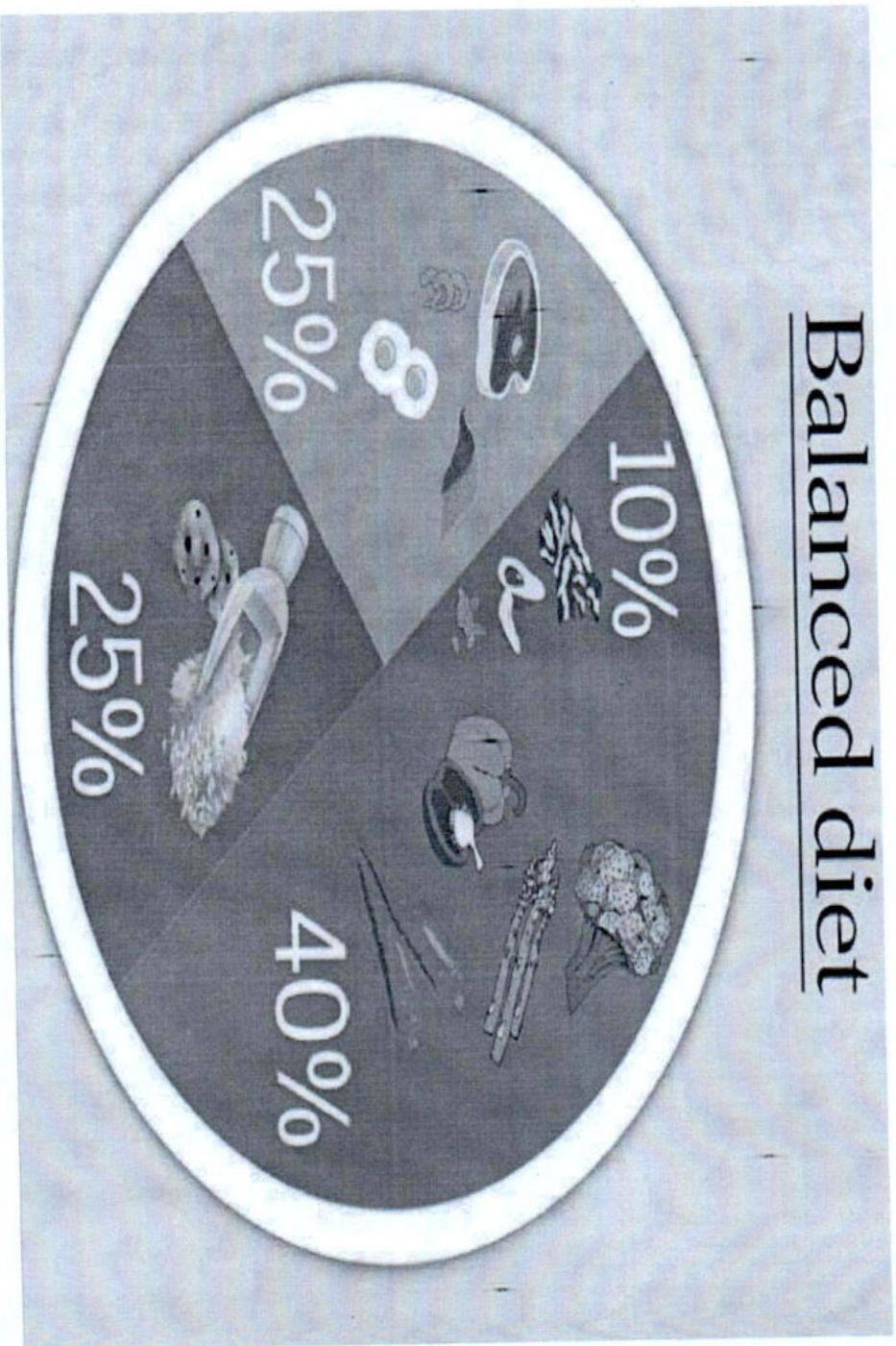
800 Normal Sinus Rhythm  
 514 Suspect Left Anterior Hemiblock  
 \*\*\* Borderline Abnormal ECG \*\*\*

Note: Unconfirmed Report Need to Review.

V2.33 Technician:



# Balanced diet



- Fruits and vegetables
- Fibre-rich carbohydrates
- Protein
- Fats



**WEEK 1**

Early morning (7:00 am)

Flax Seeds (roasted)(1tsp) + 1/4<sup>th</sup> Lemon + 1 glass Luke warm water / Apple cider vinegar (1<sup>st</sup> tsp) + a pinch of cinnamon powder in a glass of luke warm water *1.500 ml*

Breakfast (9:30 to 10:00 am) - *8:30 am*

Open paneer sandwich with mint chutney / 2-3 idlis (sautéed with veggies) / *2 egg* omelette with 2 whole grain bread slices / 2 small multigrain mixed vegetable or Dal stuffed parathas / Oats porridge with nuts (1 bowl) / *1* Dalia Yeg Poha (1 bowl)

Mid-Noon (12:00 pm)

Mattha (butter milk) (150ml) / A fruit (papaya, Guava, Apple, orange, Pear, kiwi)

Lunch (2:00 pm)

*Small.*  
2 multigrain roti + 1 bowl vegetable subji / non-veg subji + 1 bowl boiled pulse (rajma, kadhi, chana, black chana, green moong etc) / 1 bowl brown rice + 1 bowl mixed vegetable subji with dal (1 bowl)

Evening tea (5:00 pm)

2 multigrain flour khakras / mixed seeds / Roasted makhana (25gm) + Tea / green tea *1.0 gm*

Dinner (8:00 Pm)

Lauki Curry / Turai / Matar Mushroom / matar nutrella chunks + 2 multigrain chapati + Salad / Lemon rice with Coconut chutney + Fruit Yogurt

Post-dinner (if you are up late)

*2*  
1 cup turmeric milk

**WEEK 2**

Early morning (7:00)

10 ml aloe vera + wheatgrass juice / luke warm water

Breakfast (9:30 – 10:00pm)

2 medium vegetable uthappam / 1 bowl vegetable upma + chutney / 2 medium paneer, oats and ragi cheela with green chutney / 1 bowl fruit, flaxseed and oats porridge

Mid-Noon (12:00 pm)

Yakult (sugar Free) / a fruit + multiseeds (10gms)

Lunch (2:00 pm)

Dosa (1) + sambhar (1 bowl) / missi roti (2) + paneer curry / veg pulao + tomato chutney / dal Baati (2) chokha

Evening Tea (5:00 pm)

Tea + Marigold biscuits / Roasted Chana, laiyya

Dinner (8:00pm)

Bhelpuri (150-200gm) / Chickpea salad / Veg salad (paneer broccoli, bell pepper, beans) / egg salad + Soup

Post-dinner (if you are up late)

1 glass turmeric milk



**WEEK 4**

Early morning (7:00 am)

10 ml Amla juice + 1 glass luke warm water / 3-4 walnuts and almonds + water.

Breakfast (9:30 – 10:00am)

2 medium dal paranthas (less oil) (made from leftover dal if any) + 1 bowl low-fat curd / Steamed sprouts (100gm) with a papaya / apple, almond smoothie (150ml)

Mid-Noon (12:00pm)

Granola bar / Mattha (butter milk) (150ml) / A fruit (papaya, Guava, Apple, orange, Pear, kiwi)

Lunch (2:00 pm)

1 bowl millet and dal khichdi + 1 bowl mixed vegetable kadhai / 2 multigrain roti + 1 bowl non-veg subji or egg bhurji or paneer bhurji/ 2 vegetable millet uttapams + 1 bowl sambhar / kalbi chana with wheat kulcha

Evening Tea (5:00 pm)

Tea with rusk (1) / roasted peanut makhana + tea

Dinner (8:00 pm)

Veg pasta (wheat) (150gm) / paneer tikka with bell peppers (200gm) / veg frankie (2) / soy Manchurian + veg pulao (150gm)

Post-dinner (if you are up late)

1 glass warm milk / fruit pudding

### WEEK 3

Early morning (7:00 am)

1 tsp Chia seeds (soaked in 1 cup water) + Luke warm water (1 glass) + ½ lemon

Breakfast (9:30am to 10:00am)

Paneer prantha with curd (1) / Moong dal veggie cheela / cucumber, tomato, onion club sandwich / Egg poached (2) + nuts (1 walnut, 5 almonds)

Mid-Noon (12:00pm)

fistful of Assorted nuts + 100ml coconut water

Lunch (2:00 pm)

2 multigrain roti + 1 bowl veg or non-veg (seafood, fish, chicken) subji of choice + 1 bowl of thick dal / 1 bowl brown rice + 1 bowl mixed vegetable sambhar + 1 bowl subji + 1 bowl low-fat curd

Evening tea (5:00pm)

2-3 dhokla / 2 Atta matthi (homemade) + tea

Dinner (8:00 pm)

1 bowl fruit and veggie mixed salad of choice + 2 bran rotis (wheat roti or oat bran) + 1 bowl of subji / Palak dal / idli Sambhar

Post-dinner (if you are up late)

1 cup turmeric milk



### Notes:

- Go for Daily Exercise (60 mins - 90 mins.)
- Avoid extra salt and salted foods like Papad, Pickle, Sauce, ketchup,
- Salted snacks and namkeens.
- 100 gm. of any leafy vegetables (Coriander leaves, Meethi, Bathua, and
- Spinach) include in diet daily.
- Avoid all fried foods, bakery foods, Rusk, Biscuits, and Ready to eat
- Cornflakes, masala oats, Maggie, food made of Maida, Sweets, Ice cream, Cake, Pastries, Pizza, Burger, Soft drinks, Soda water ,Chips,
- Pao, Bhatura, Paratha, White Bread, Maida noodles, Samosa, Patties, Package snacks.
- Oil-Use Mustard oil, Olive oil, Rice bran oil, and Ground nut oil. (Cold Pressed).
- Have 4 varieties of fruits daily. (Prefer Seasonal, Citrus fruits)
- Drink 2.5-3.5 liter of water per day. Prefer warm water.
- Take small bites and chew the foods properly.
- Prefer low sodium iodized salt. Avoid Extra salt and salted Foods.



## Do's

1. Have plenty of water throughout the day.
2. 15 minutes of breathing exercise is advisable (specially deep breathing and anulom vilom)
3. Try to include more fibre in ur diet. (green veggies
4. fruits and whole grains)
5. Chew your food properly, eat slowly.
6. Take sound sleep, stress less.
7. Be more active throughout the day.
8. Include ,Aam panna
9. Make fix time for eating.
10. Avoid meal gaping.
11. Prefer cooked food.
12. Have fresh,hot, home cooked meals.
13. Have small portion of meals in frequent intervals.
14. Have more fermented food items.

## Don't

1. Avoid raw foods. (pulses, beans, sprouts, salads)
2. Avoid excessive coffee and tea.
3. Avoid banana, cheeku, and custard apple
4. don't sleep just after having meals.
5. Avoid bakery, packed, processed and canned foods.
6. Avoid pickle, papad, and tomato ketchup, mayonnaise etc.
7. Reduce juices carbonated drinks and sodas.
8. Avoid stale food.
9. Avoid sweets and salty foods, (all junk)
10. Avoid fatty and fried food

### Weight loss tips to consider while following the above diet chart

- Superfoods are the biggest key to quick and healthy weight loss. **Superfoods** are nothing but regular foods that have concentrated with nutrients. They could be millets, seeds, certain grass varieties, or even fiber-rich foods. Consume them in measured amounts every day and see your weight melting.
- Always drink enough water. Many times thirst is masked as hunger. So when you are hungry, try drinking water first. It is a proven natural way to fill up the stomach and preventing yourself from gorging later.
- Always preclude lunch with salads or chewy soups. You will be tempted to eat less rice or roti or whatever is for lunch.



- Ensure all your meals have a protein source. If any meal is lacking in it, throw in an egg or dal to ensure protein.
- One day in the week can be designated as a cheat day. It will help you to manage cravings and get back on your Indian diet chart for weight loss.
- On a cheat day, do not overindulge in sweets or fried items. If you feel like it, have a small bite-sized portion to simply curb the craving.
- Never at any point during the diet, starve yourself. There is evidence that starvation, in fact, leads to overeating.
- Remember, the short-term goal is not going to yield results. Hence, always focus on clean, healthy eating that promotes weight loss and at the same time can be adopted throughout your life.

Thakur Shishir Ranjan 41/M



8.4.23

c/c - regular dental checkup

d/e - stains +

calculus +.

gingival recession  
(palatal).

6/6.

Adv - oral prophylaxis

- instructions given to maintain

the periodontium wt 6/6

Swati.

Dr. ROHIT MADAN  
MDS (Periodontist & Oral Implantologist)  
Consultant Dentist  
DCI Reg. No. 002259  
Apollo Clinic, Hazratganj