



①
Mitesh & Co

WHOLESALE CLOTH MERCHANTS

KST No. 7100191-8

CST 7105191-0

(R) 22448895: 41531032

Phone: 258258

(O) 22870268: 41531031

3, Kapur Market

D. S. Lane Chickpet

BANGALORE-560053

Date.....

NAME: PAYAL. N. JAIN

AGE: 18 years (D.O. BIRTH: 21-10-87)

Disease: Epilepsy (Feets)

From: Approximate 1988 at the age of one year

Frequent Attack of Feets from 1990 March onwards (Weekly 2 to 3 times).

Diagnosis: EEG (Brain Mapping)
Brain Scan.

Treatment: Tab. ~~Cardinal~~ Cardinal-30m.h. Per day.
Tab. Tagritol 150m.h. Per day.

By Dr. P. T. Acharya (Neurophysician).

Result: No Difference or Improvement.



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Ref No.

Date.....

March 1993

Re-investigation by

Dr. K.S. Mani (Neurophysician)
(Retd. Superintendent at NIMHANS)

Diagnosis:- MRI (Brain) EEG.

Right Side of Brain Bigger than left
Side.

According to medical science the above symptom
may cause Paralysis, Epilepsy, growth of
Left Side organs may be affected.

Treatment:- Tagritel. C.R. 300 M.h. Per day.

Result:- Little Control in fits attack.
Treatment Continued till 1995



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~~BEAR~~

1996 - Changed The Doctor

Date.....

Dr. M.S. Manjunath (NeuroPhysician)

Treatment:- Tab. Tagritol. C.R. 600 M.G. per day.

Result:- Attacks continued monthly 2 to 3 times.

Year 1997:- medicine stopped Consulting

Ayurvedic Vaidya.

Started Ayurvedic Medicine.

Result:- SHOCKING Frequent attacks of
Feets started (Per day 8 To 10 Times)
Patient Could Not Stand or Walk All-
-most Collapsed stage. For 3 days

4th Day:-



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Date.....

4TH DAY:-

Consulted: Dr. Mandanna (Neurophysician).

Treatment: Tagritol C.R. 400 M.G. Per day
Frision 10 M.G. Per day.

Result:- Duration Between attacks became longer (Once in ~~30~~ to 3 To 4 months)

But, By mistake of Negligence one day Tablets Not Taken, 2nd day gets attacks.

Treatment Contd from 1997 To 2005
Without break.



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CST 7105191-0

Ref No. year: 2006

Date.....

Beginning of The New Dawn In The
Life of Payal.

Meeting To:- Uncleji Shri Bipinchandrap.

① Stopped ALL medicine:-

② Daily Routine as per guided by Shri Uncleji.

Result:- Not a Single Tablet Consumed,
Not a Single fits Attack.

Patient's Behaviour:- totally changed from Very Erogant
to Quite Cool & Co-operative.

It is almost 8 to 9 months passed. Patient
leading a happy life:-

Warm Thanks To "Zero Medicine Therapy" & its
Father Uncleji Shri Bipinchandrap.

(Serving the people Not for Gain or Sake),
With warm regards
Naresh - C. JAIN.

Bangalore.

SARALA NEUROLOGY HOSPITAL & RESEARCH CENTRE

752, POONAMALLEE HIGH ROAD, KILPAUK, MADRAS - 600 010.

PHONE : 6 6 4 2 4 4

DISCHARGE SUMMARY

NAME : ~~MASTER~~.PAYAL KUMARI

Date of Admission : 9-4-90

Age ~~FEMALE~~ 2½ Yrs. Sex : Female

Date of Discharge : 11-6-90

Referred by : DR.K.GIREESH. M.D.D.M.NEURO
M.Ch. (NEURO).

Diagnosis : Right frontal ICH
? AVM bleed.

Admitted with C/O episodes of loss of consciousness which lasted for a few second. There was no associated toxic or chronic seizures for the part 1 year. She did have similar 3-4 episodes.

Antenatal, patal and postnatal history normal.

O/E Child conciousp

initable

cranial nerves - normal

Fundi - normal

Child moves all 4 limbs reflexes elicitable.

There is reddish discoloration over the face as well as the extrime extrimetris.

INVESTIGATIONS: Report enclosed.

ADVICE ON DISCHARGE:

Slip enclosed.

To continue further treatment with neurologist or neurosurgeons at Bangalore since the patient is residing in Bangalore.

SARALA NEUROLOGY C. T. SCAN CENTRE

752, POONAMALLEE HIGH ROAD, MADRAS-600 010.

PHONES : 66 33 10, 66 22 71

Name : BABY PAYAL AGE: 2½ yrs

Date : 9/6/1990

Ref. By : DR. K. GIREESH., M.D, D.M(NEURO), M.Ch. NEUROSURGERY

C. T. BRAIN SCAN PLAIN & CONTRAST

REPORT

The fourth, third and lateral ventricles are visualised. There is a high dense area in the right frontal lobe (61.90 H.u). Widening of fissures and sulci are seen in the right hemisphere.

IMPRESSION :

Right frontal ICH

AVM bleed

Right Cerebral hemisphere Atrophy.

MEDICAL OFFICER INCHARGE.



SARALA NEUROLOGY HOSPITAL & RESEARCH CENTRE

752, POONAMALLEE HIGH ROAD, MADRAS-600 010.

PHONES : 666955, 663310, 662271

12-6-90

Baby Payal Kumari
2 1/2 yr.

8

Syp. Fepanil	1tp - 1-1-1	- 3 days.
Syp. Bactrim	1tp - 1-0-1	- 2 days
Syr. Becader	1tp 1-0-1	- 7 days
Tab. Epilan	1/2 0-0-1	- 1 month.

Murthy



MALLIGE
MEDICAL
CENTRE

Tel : 267662
268419
261135

18/19, CRESCENT ROAD, BANGALORE - 560 001

Baby Payal 5/7/80

R 2es Gardinal 30mg
0-01

4 Taperol 100mg
0-01/2

When.

Dr. P.T. ACHARYA
M.D. (BOM), D.M. (NEURO)
NEUROPHYSICIAN
REG. No. 41524 (M.M.C.)



MALLIGE
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18/19, CRESCENT ROAD, BANGALORE - 560 001

27/7/50

Baby Parjal

R. Ls Gardenet 302
001

1 25 Tigris 1/20 7
1/2 - 0 - 1 1/2 X 200g
1/2 - 0 - 2

Wheeler



MALLIGE
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12kg

Tel : 267662
268419
261135

3d/10/12

Baby Pooja

R

Das Tugrebtloony

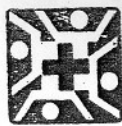
1-0-2

- Das M-tain song

~~0-0-1~~ ~~extending~~

0-0-1

Uthman



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268419
261135

18/19, CRESCENT ROAD, BANGALORE - 560 001

28/11/22

1. K. Dinora

A8

- Carbamazepine

- Phenytoin blood
level

Q - 300 mg CBZ
50mg Phenytoin

Let's

best

Manipal Hospital, BANGALORE - 560 017

DEPARTMENT OF RADIOLOGY & IMAGING

Name: BABY N.PAYAL	Age: 4	Sex: FEMALE	Clinical Diagnosis:
Hosp. No.: 16045	X-Ray No.:	Date: 12-03-92	Ref By: Dr. K.S. Mani

DR. JOGA RAO CHAGANTI MD
CHIEF RADIOLOGIST

MRI OF BRAIN WAS PERFORMED WITHOUT CONTRAST ENHANCEMENT

PROCEDURE:

Utilising Magnetom SP(e) the entire brain was imaged in sagittal and axial planes using spin echo sequence with TR 600/TE 15(T1) and TR 3000/TE 15/90(T2) with a slice thickness of 5mm and a gap of 1mm.

Ventricular system and cisternal spaces are normal.

There is evidence of diffuse increase in the frontal parietal and occipital subarachnoid space with significant widening of cortical sulci.

The myelination pattern is normal.

There is no evidence of gyral thickening or atrophy.

There is evidence of focal loss of signal in the right fronto parietal cortex (marked with arrows) - suggestive of calcification.

There is no shift of midline structures.

There is no evidence of angiomatoid lesion.

IMPRESSION:

MR IMAGE MORPHOLOGY IS DIAGNOSTIC OF MILD DEGREE ATROPHY OF THE RIGHT CEREBRAL HEMISPHERE-POSSIBILITY OF STURGE - WEBER SYNDROME.


(Radiologist)

Dr. M. S. Manjunath

NEUROPHYSICIAN

Ref. by Dr. B. G. Gopalakrishna . Date 26.12.95

Ms. PAVAR. 8 yrs

From the age of one
yr. getting a description
that of a starving
look. limbs flapping and
skin discoloration of lips
a lapse in alertness.
an H. Initially LPH, PLS
Presently CR 400 ms.
1990. G had had
Sharn Right Intracerebral
Hge, MR Scan of 92
Right occipital atrophy.
Papant has Cerebral
hemangioma from sixth

as Sturge-Weber. Attending
Schae. Studying in 2nd stg.

For last 4-5 days getting
daily cpd = left
upper limb weakness.

is better today.

Whole of last week had
headache.

As Cerebral capillary
hemangioma over face
blat, trunk, RLL.
RUL.

no areas deficit.

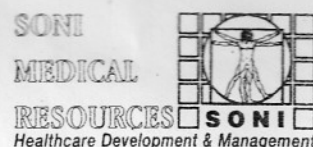
Adh Rpt CT:
Gross calcifications
Right hemisphere.

Dr. Pegreth 2005
(1-0-2)

Renewance mark

**-CAMDARC
OSTIC CENTRE**

Soni Medical Resources, Pvt. Ltd.
Main Road, Chamarajpet, Bangalore-560 018
610172, 6612813



REPORT

Patient's Name : Miss. Payal		Age: 8 Years	Sex: F	PID No.
Referred by Dr. : M.S. Manjunath			Date: 27.12.1995	
Brief History :		Investigation : CRANIAL C.T.		
V.VISWESWARIAH M.B.B.S., T.D.D. (WALES), D.M.R.D. (LONDON), F.I.C.R. DIRECTOR OF MEDICAL SERVICES			Radiology No :	

CRANIAL C.T. (PRE AND POST CONTRAST SCANS)

TECHNICAL DETAILS:

A preliminary lateral topogram of the cranium was obtained. Serial transaxial scans were then performed with OM line as reference and employing 10 mm. sections. 5/5 mm. sections were performed through the posterior fossa on post contrast scans.

20 ml. of Triovideo 60% was used for contrast enhancement.

OBSERVATIONS:

C.T. scan of the brain shows calcifications involving the periphery of the cerebral hemispheres and having a gyral pattern. The sulci are prominent on the ipsilateral side suggestive of mild hemiatrophy (of the right side).

Left cerebral parenchyma is normal.

Ventricular system appear normal.

The choroid plexus of the right lateral ventricle is prominent in size and is one of the features of the Sturge-Weber syndrome.

Brain stem and cerebellum are normal.

There is no focal parenchymal lesion/calcifications seen.

There is mild thickening of the vault of the skull on the same side of the calcification.

RADIOLOGIST

**BILEE-CAMDARC
DIAGNOSTIC CENTRE**

A Unit of Soni Medical Resources Pvt. Ltd.

CONTINUATION SHEET

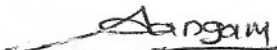
IMPRESSION:

ABOVE CT FINDINGS ARE SUGGESTIVE OF ENCEPHALOTRIGEMINAL
ANGIOMATOSIS (STURGE-WEBER SYNDROME).

(PREVIOUS CT WAS NOT AVAILABLE FOR COMPARISON).

THANKS FOR THE REFERRAL,

WITH WARM REGARDS,



(DR. SANGAM KANEKAR)

bgs/sk