

## INTRODUCTION

Department of Amraze Niswan, Qabalat-o-Atfal (Gynecology, Obstetrics and Pediatrics) is one of the seven departments of Faculty of Medicine.

The department deals with the following subjects

Amraz-e- Niswan (Gynecology): This deals with the health of female reproductive system and diseases of women.

Ilmul Qabalat (Obstetrics): It deals with “The birth of baby” its antecedents and sequels.

Amraz-e –Atfal (Paediatrics): It is a branch of medicine dealing with children, their development, care.

These subjects are taught in Final Prof of B.U.M.S.

## GOALS

The undergraduate will be able to provide restorative care for the patients with the unani treatment skills, demonstrate evaluation and judgment skills in making appropriate, diagnosis and decisions regarding treatment and referral to deliver comprehensive care for the patients.

## OBJECTIVES

With the knowledge and skills developed at the completion of the course. The candidate should possess basic and systemic knowledge on the following subjects:

- *Amraz-e- Niswan, Ilmul Qabalat Wa Atfal and Itlaqi Usoole Ilaj.*
- *Mareez ki Halat-e-Taghziya, Ilaj bit Tadbeer (Regimental therapy)*
- *Mutalliqa Aam Sehati Umoor.*
- The candidate should be aware of his/her own limitations to the application of the speciality in situation, which warrant referral to major centres or individuals more qualified to treat in the presence of consultant concern.
- The candidate should be able to understand ,how to contribute towards prevention of maternal mortality and morbidity and improving neonatal outcome.
- The candidate should learn about standard care to the community in *Qabalat* and *Tashkhees* of *Amraze Niswan* by application of basic principles of *Tibbe Unani*.
- The candidate should possess the knowledge of National Programmes relevant to women’s health like Reproductive and Child Health I&II (RCH) and Maternal and Child Health (MCH)

- Effectively communicate with patients or relatives so as to educate them sufficiently and give them full benefit of informed consent to treatment and ensure compliance effectively communicate with colleagues.

## **SKILLS**

- The candidate should be able to observe and learn the methods of examination and management to the patients with *Hamal, Vazae Hama* done by consultant concern
- The candidate should be able to observe and learn the methods of examination of patients suffering from *Amraze Niswan* clinically, investigate the patient systematically, analyse the result, diagnose the ailment, plan a treatment, communicate it to the patient and execute it in the presence of consultant concern
- The candidate should be able to understand *Unani Manae hamal advia*, methods of contraceptions, *Muqawwie raham, Mudirre haiz wa musqit advia*.
- The candidate should be able to educate the patient about the importance of *Zabte Tauleed wa Manae Hamal ki mukhtalif tadabeer*.
- The candidate should be able to demonstrate the clinical competence necessary to carry out appropriate treatment at the level of knowledge, training and practice skills currently available in their competence area like Per Abdominal examinations, Per Vaginal Examination, Per Speculum Examinations, Pelvic Assessment etc
- Writing case records.
- Candidate should write separate history case sheets, they should keep diary and logbook and get verified by the concern consultant by the end of each month.

## **CLINICAL SKILLS**

### **Amraz-e- Niswan**

- Learn and observe Out Patient and In Patient activities by consultant concern.
- The candidate should be able to observe and learn the methods of examination and management of cases with special reference to gynaecological history taking, abdominal and pelvic examinations in the presence of consultant concern
- The candidate should be able to understand the methods of Examination *,Tashkhees wa Ilaaj* of *Amraze Niswan* like *Futoorate Haiz, Amraaze Farj, Mahbal, Raham, Unaqur Raham, Qazifain wa Khusyaturraham, Sadiyan, Sailanur raham, Uqr, Amraaze zahravia, Inzelaqur raham, Inqelabur raham,*

*salaat ur raha etc* in the presence of consultant concern

- Basic knowledge for some specific and special Diagnostic procedures like method of taking samples for Pap's Smear, HVS, aspiration cytology, D&C, HSG, PCT etc .
- *Khandaani Behbood* programmes: Contraceptive Methods like IUD insertions, adopting classical Unani Methods of contraception like *Aabzan, Bukhoor, Shayfa, Zimad, Tila, Furzaja, Nutool* and knowledge of Unani Mana-e-Hamal drugs.
- Basic knowledge for Hormone Replacement Therapy and Phyto hormones
- Basic knowledge for some specific and special treatment procedure like Electric cauterization, Incision and drainage of Breast Abscess, Douching and application of Hamool.
- The candidate should be able to demonstrate the clinical competence necessary to carry out appropriate treatment at the level of knowledge, training and practice skills currently available in their competence area like Per Abdominal examinations, Per Vaginal Examination, Per Speculum Examinations, Collection of Samples for HVS and Pap's Smear etc.
- Writing case records.
- Candidate should write separate history case sheets, they should keep diary and logbook and get verified by the concern consultant by the end of each month.

#### **Amraze-e- Atfal**

- Learn and observe Out Patient and In Patient activities by consultant concern.
- The candidate should be able to observe and learn the methods of examination and management of cases with special reference to Pediatrics history taking, method of examinations and Vaccinations etc in the presence of consultant concern
- The candidate should be able to observe and learn the methods of *Tashkhees wa Ilaaj* of *Amraze Atfal* in the presence of consultant concern
- Writing case records.
- Candidate should write separate history case sheets, they should keep diary and logbook and get verified by the concern consultant by the end of each month.

#### **Ilmul Qabalat**

- Learn and observe Out Patient and In Patient activities by consultant concern.
- The candidate should be able to observe and learn the methods of examination

and management of cases with special reference to *Ibtidae Hamal ki Tashkhees, Awarizat daurane Hamal aur unki tadabeer*. (Identify and recognize the medical diseases and disorders complicating pregnancy and childbirth) in the presence of consultant concern

- The candidate should be able to observe and learn the methods of *Muayena qabal-e-Viladat aur Awarizat ki tashkhees aur ilaaj* in the presence of consultant concern
- Basic knowledge for some specific and special conditions like *Zachgi khana mein tabeef ka khidmat anjaam dena, tabayi aur ghair tabayi vazae hamal aur awarizat ke intezamat*.
- Basic knowledge about, how to Identify and recognize complications of labour and refer them to appropriate hospitals in the presence of consultant concern
- The candidate should be able to observe and learn the methods of *Neonatal care and different methods of management* in the presence of consultant concern
- The candidate should be able to observe and learn the methods of normal and abnormal Post Natal and Post Partum Examinations.

### Assessment Criteria

- Internal Assessment: 25 Marks for theory and practical each for paper no 18 and 19. These tests are taken during the every prof period of one and half year duration.
- Annual Exam: 75 Marks for theory and practical each for paper no 18 and 19 .The annual exams are conducted at the end of prof period of one and half year .

Paper code	Subject	Annual Exam	Internal Assessment	Total
BU(306)	Amraz-e -Niswan wa Atfal(Gynaecology and Paediatrics): <b>Theory</b>	75	25	100
	Amraz-e -Niswan wa Atfal(Gynaecology and Paediatrics): <b>Practical</b>	75	25	100
BU(307)	Ilmul Qabalat(Obstetrics) : <b>Theory</b>	75	25	100
	Ilmul Qabalat(Obstetrics) : <b>Practical</b>	75	25	100

### Internal Assessment Criteria

**1. Theory and Practical Tests:** Three tests will be taken for both the subjects(15 marks(60% marks out of total internal assessment marks(15 out of Total 25 marks)

Subjects	I <sup>st</sup> Term July to December	II <sup>nd</sup> Term January to May	III <sup>rd</sup> Term July to December
Paper I(Theory and Practical)	I <sup>st</sup> Test Theory+ I <sup>st</sup> Test Practical :5 marks each	II <sup>nd</sup> Test Theory+ II <sup>nd</sup> Test Practical:5 marks each	III <sup>rd</sup> Test Theory+ III <sup>rd</sup> Test Practical :5 marks each
Paper II(Theory and Practical)	I <sup>st</sup> Test Theory+ I <sup>st</sup> Test Practical:5 marks each	II <sup>nd</sup> Test Theory+ II <sup>nd</sup> Test Practical:5 marks each	III <sup>rd</sup> Test Theory+ III <sup>rd</sup> Test Practical :5 marks each

**2. Assignments:** (20% marks out of total internal assessment marks (5 out of Total 25 marks)

Subjects	
Paper I(Assignment Theory and Practical)	5 marks each
Paper II(Theory and Practical)	5 marks each

**3. Attendance marks :** 20% marks out of total internal assessment marks (5 out of Total 5marks)

100% Attendance	5 marks
75% to 99.9%	4 marks
60% to 74.9%	3 marks
Below 60%	2 Marks

## SYLLABUS

### BUMS III<sup>rd</sup> Prof

#### **PAPER-I: AMRAZ-E- NISWAN WA ATFAL (GYNAECOLOGY AND PAEDIATRICS) ( PAPER CODE NO 306)**

##### **AMRAZ-E- NISWAN (Gynaecology)**

(1) Tashreeh Aza-e-Tanasulya-wa-ghair Tabai Shaklein (Anatomy Of Female Genital Organ & Malformation Of Genital Tract)

(2) Afal-e-Aza- e Tanasulya (Physiology Of Genital Organ)

- (3) Balughat and sin-e-yaas (Puberty And Menopause)
- (4) Mareez ke sabiqahalaat wa Istafsaraat (History taking and Clinical Examination)
- (5) Tabai Idrar-e-Tams aur Nizaam-e- Laqanaati (Physiology Of Menstruation and Endocrine System)
- (6) Fatoorat-e-Tams (Menstrual Disorders)
- Ahtabaas-e-Tams (Amenorrhoea)
  - Tams Makhfi or Tams Kazib or Haiz –e- Makhfi (Cryptomenorrhoeal)
  - Usar-e-Tams (Dysmenorrhoea)
  - Qillat Tams (Oligomenorrhoea)
  - Tahtut Tams (Hypomenorrhoea)
  - Taadud-e-Tams (Polymenorrhoea)
  - Kasrat-e-Tams (Menorrhagia)
  - Istehaza (Metrorrhagia)
  - Nazaf-ur-Reham usrul-Wazeefi (Dysfunctional uterine Bleeding D. U. B.)
  - Nazaf-ur-Reham bad sine-yaas (Post Menopausal Bleeding)
- (7) Amraz-e-Furj (Diseases Of Vulva)
- Hikkat-ul-Furj (Pruritus Vulvae)
  - Jarab-ul-Furj (Scabies of Vulvae)
  - Qurooh-ul-Furj (Ulcers of Vulva)
  - Izmul-Bazar (Enlargement of clitoris)
  - Iltihab –e- Furj (Vulvitis)
- (8) Amraz-e-Mehbal (Diseases Of Vagina)
- Iltihab-e-Mehbal (Vaginitis)
  - Qurooh-e-Mehbal (Ulcers of Vagina)
  - Istar kha-e-Mehbal (Atony of Vagina)
  - Khurooj-e-Mehbal (Prolapse of Vagina)
  - Tashannuj-e-Mehbal (Vaginismus)
  - DaweeraSulaat-e- Mehbal (Cyst and Tumours of Vagina)
- (9) Amraj-e-Reham ( Diseases Of Uterus)
- Iltihab-e-Unaq-ur-Reham (Cervicitis)
  - Taakkul-unaq-ur-Reham (Cervical Erosion)
  - Sulaat-e-unaq-ur-Reham (Tumours of cervix)
  - Iltihab-e-Reham (Inflammation of Uterus)

- Mailan-ur-Reham (Version of Uterus)
- Aujaj-ur-Reham (Flexion of Uterus)
- Inzalaq-e-Reham or Khurooj-e-Reham (Prolapse of Uterus)
- Inqalab-e-Reham (Inversion of Uterus)
- Sulaat-e-Reham (Pyometra)
- Ijtama-e-Sadeed-e-Reham (Rupture or perforation of Uterus)
- Inshaqaq-e-Reham (Morbidity of Uterus)
- Sua-e-Mizaj-e-Reham (Abnormal Temperment of uterus)

(10) Amraz-e-Qazafain-wa-Khusyatur-Reham ((Diseases Of The Fallopian Tubes And Ovaries)

- Iltihab-e-Qazafain (Salpingitis)
- Istasqa-e-Qazafain (Hydrosalpinx)
- Ambubi Ijtama-e-Sadeed (Pyosalpinx)
- Ambubi Mubeezi Khuraj (Tubo-ovarian abscess)
- Iltihab-e-Khusyatur-Reham (Oophoritis)
- Inzilaq-e-Khusyatur-Reham (Prolapse of ovaries)
- Daweera-wa-Sulaat-Khusyatur-Reham (Cyst and tumours of ovaries)
- Sailan-ur-Reham (Vaginal Discharge)

(11) Uqr or Aqr (Infertility)

(12) Aza-e-Tanasulya ke-Zarbaat (Injuries of Genital Tract)

(13) Aza-e-Tanasulya-ke-Naasoor (Genital Tract fistulae)

(14) Iltisaq wa Tazayyuq-e- Aza-e-Tanasulya (Adhesions & Atresia of Genital Tract)

(15) Sailaan –e- Reham(Vaginal Discharge).

(16) Daroon – e- Rehmiyat(Batan-e-Rehmiya(Endometriosis)

(17) Amraz--e-Zuhraviya (Sexually Transmitted Diseases)

- Qarah-e-Rakhv (Soft Sore or Chancroid)
- Aatshak (Syphilis)
- Suzaak (Gonorrhoea)
- Tadarun-e-Aza-e-Tanasulya (Genital Tuberculosis)
- Illat-Qillat Manaat-E-Maksooba (IQMEM) (HIV and AIDS)

(18) Amraz-e-Saddiyain (Diseases of Breast)

- Imtehaan-e- Saddiyain (Breast Examination)
- Iltihab-e-Saddiyain (Mastitis)
- Khuraj-Saddi (Breast Abscess)
- Daweera-wa-Sulaat-e-Saddi (Cyst and tumours of Breast)

(19) Layyan ul Izaam (Osteomalacia).

(20) Taghayyurat-e-Bain-ul-Jins (Intersexuality)

(21) Amraz-e-Niswan Mein Homone se Ilaj (Hormone Therapy in Gynaecological Disorders)

(22) Khandani Mansooba Band (Family Planning & Contraceptive measures)

(23) Tahqeeqat-wa-Jarahiyaat (Investigations & Surgical Procedure & Clinical Research)

- Hormone Assay
- Screening procedures
- Imtihaan –e- Khalvi (Cytological examinations)
- Imtihaan-e-Naseej-e- Marzi (Histopathological examinations)
- Qaisar-e-Batan (Laprotomy)
- Batan Beeni (Laparoscopy)
- Batan Beeni hamrah Rangbeeni (Laparoscopy with dye instillation)
- Hawaii Amboob Nigari (Tubal insufflation Test)
- Shigaaf-e- Reham (Hysterotomy)
- Ambubi- reham Nigari (Hysterosalpingography)
- Reham Barari (Hysterectomy)
- Salaa Leefi Rehmi Barari (Myomectomy)
- Ittasa wa Ijtaraafa (Dilatation and Curettage)
- Imaging Techniques in Gynaecology (Ultra Sonogram C.T.Scan, X-rays and Magnetic Resonance Imaging)

#### **AMRAZ-E –ATFAL (PAEDIATRICS):**

- (1) Amraz-e –Atfal Ki Tashkhees (Diagnosis of diseases of children)
- (2) Mualijat-e- Atfal ke Mutalliq Hidayaat (Advices and instructions for Paediatrics treatment.
- (3) Jadeed Tahqiqaat ki Roshni Me Bachchoon ki Tabai Aur Ghair Tabai Nashau Numaa key nukaat (Newer Researches )
- (4) Mana' ati Khaka ( Immunization Schedule)
- (5) Amraz-e- Dimagh wa Aasab (Diseases of Brain and Nerve)



- Istasqa-e- Dimaagh(Hydrocephalus)
  - Warm-e- Aghshiya-e- Dimaagh(Meningitis)
  - Ummus Sibyaan(Epilepsy)
  - Tashannuj-e- Atfal(Convulsions)
  - Kuzaz-e- Atfal(Tetanus Neonatorum)
  - Faalij-e- Atfal(Polio myelitis)
  - Daa' ur Raqs(Chorea)
  - Istarkha-e- Atfal(Paralysis or atonicity)
  - Uta' ash(Sun Stroke)
- (6) Amraz-e- Ain (Diseases of Eye)
- Hawal(Squint)
  - Aashoab-e-Chashm(Ophthalmia Neonatorum)
  - Shaeera(Stye or Hordeolum)
  - Sulaaq(Blephritis)
  - Jarab-ul-Ajfaan(Trachoma)
  - Barda (Chalision)
  - Wadqa(Phluctenular Conjunctivitis)
  - Jaala Phoola(Opacity)
- (7) Amraz-e- Gaush(Diseases of Ear)
- Iltihab-e-Uzn(Otitis)
  - Sailan-e- Uzn(Otorrhoea)
  - Qazaf-ul-Uzn(Foreign body in the ear)
  - Inshaqaq-e-TabliPerforation of Tympanic membrane
- (8) Amraz-e- Anaf(Diseases of Nose)
- Rua' af ,Nakseer(Epistaxis)
  - Qazaf-ul-Anaf(Foreign body in the Nose)
  - Nazla wa Zukaam(Catarrh and Rhinitis)
- (9) Amraz-e- Dahan(Diseases of Mouth)
- Qulaa(Stomatitis)
  - Warm-e- Lisaan(Glossitis)
  - Qurooh-e- Dahan(Mouth ulcers)
- (10) Amraz-e- Halaq(Diseases of Throat)
- Khunaaq(Diphtheria)
  - Warm-e-Lauzatain(Tonsillitis)
  - Warm-e- Hanjra(Pharyngitis)
  - Warm-e-Aslul Uzn or Ghudda-e- Nakaf(Mumps and Parotitis)

- (11) Amraz-e- Tanaffus (Diseases of Respiratory tract)
- Surfa(Cough)
  - Shaheeqa(whooping Cough )
  - Zeeq-un-Nafs(Bronchial Asthma )
  - Zaat-ur-Ria(Pneumonia)
  - Zaat-ul-Janab(Pleurisy)
  - Tadarrun –e-Revi (Pulmonary Tuberculosis)
- (12) Amraz-e- Qalb(Diseases of Heart or Cardiac Diseases)
- Mauroosy Amraz (Congenital Heart Diseases)
  - Hudari Amraz –e- Qalb(Rheumatic Heart Diseases)
- (13) Amraz-e- Maida wa Jigar (Diseases of Stomach and Liver)
- Favaq,Hichchki ( Hiccough)
  - Qai (Vomiting)
  - Tashannuj –e-Shikam (Abdominal colic)
  - Hamoozat –e- Maidi.(Acidity )
  - Warm-e -Kabid (Hepatitis)
  - Yarqan –e- Atfal (Jaundice Neonatorum)
  - Talayyun –e-Kabid (Cirrhosis of Liver)
- (14) Amraz-e- Ama’ a wa Miqad (Diseases of Intestine and Rectum)
- Qabz(Constipation)
  - Is’ haal (Diarrhoea)
  - Paichish,Zaheer(Dysentry)
  - Qillat-e- Ma’ ai(Dehydration)
  - Tadaruk-e Ma’ ai((Rehydration)
  - Deedan-e- Amaa(Worm Infestations)
  - Tadarrun –e-Maivi (Intestinal Tuberculosis)
  - Khurooj-ul-Miqad(Prolapse of Rectum)
  - Warm-e- Miqad(Proctitis)
  - Qurooh-ul-Miqad and Shiqaq-ul- Miqad (Rectal Ulcers and Fissure)
  - Hikkat-ul Miqad(Pruritus Anus)
- (15) Amraz-e- Tanasulya(Diseases of Genitalia)
- Zeequl Ghalfa(Phimosis)
  - Qeela Maieeya(Hydrocele)
  - Fataq(Hernia)

- Warm-e- Hashfa()
  - Basoor-e- Hashfa(Ulcers of Prepuce)
  - Hikka tul Khusiya(Pruritus Testes)
  - Warm-e- Khusiya(Orchitis)
  - Hikkatul Furj (Pruritus Vulva)
- (16) Nuqs-e- Taghziya (Nutritional Disorders)
- Amraz Bawaja Qillat-e –Hayateen (Vitamin Deficiency Diseases)
  - Suoo -ul –Qinnia,Fiqrud Dam(Anaemia)
  - Nuqs-e Taghzia Bawaja Quwwat-e- Lehmia (Protein Energy Malnutrition.PEM)
- (17) Amraz-e- Mutaddi(Infectious Diseases)
- Chaichak,Judri(Small Pox)
  - Humaiqa(Chicken Pox)
  - Hasba,Khasra(Measles)
  - Humma-e- Danj(Dangue Fever)
  - Humma-e-Qarmizia (Scarlet Fever)
  - Ganj(Allopecia)
  - Surkhbada(Eryseplas)
  - Aatshak Khalqi(Congenital Syphilis)
- (18) Other Diseases
- Warm-e- Kulliya(Nephritis)
  - Warm-e- Majra-e- Bol(Urethritis)
  - Thalassemia
  - Haemophilia
  - Kissah-ul-Izaam(Rickets)

**PAPER-II: ILMUL QABALAT(OBSTETRICS) ( PAPER CODE NO 307)**  
**ILMUL QABALAT (OBSTETRICS)**

1. Anatomy of female genital organs. (Zanana Aza-e- Tolid ki Tashreeh)
2. Female pelvis and its diameters. (Ana Ka Tafsili Bayan Aur Uske Aqtar)
3. Ovulation, Fertilization, Implantation,(Tabvez, Ala-e- barawri, Ama-e- Tanseeb)
4. Development of Foetus.(Janeeni Irteqa)
5. Foetal circulation. (JaneeniDoran-e-Khoon)
6. Amniotic fluid. (Ratoobat-e-Aminoosi)

7. Foetal membranes. (Aqhsheeyae Janeen)
8. Oligohydramnios. (Qilatte Mae Ami oosi)
9. Polyhydramnios. Kasrat-e-Mae Aminoosi)
10. Normal placenta, Abnormal placenta. (Tabae Mashima, Ghee Tabai Mashima)
11. Umbilical cord, Abnormalities of umbilical cord. (Tabae Has lussarh, Ghertsbai Hqblussarh)
12. Pregnancy. (Hamal)
  - Physiological changes in pregnancy. (Hamla Ke tabai Tghayyurat)
  - ii Signs & Symptoms of pregnancy. (Hamal Ki Alamat va Nishaniyan)
  - iii Diagnosis of pregnancy. (Hamal Ki Tashkhees)
  - iv Types of pregnancy. (Hamal Ki Aqsam)
  - v Pseudocyesis (False pregnancy) (Hamal-e- Kazib)
13. Ante-natal care (Hamla Ki Nigahdasht)
14. Feotal positions & feotal skull. (Janeen Ki Waza Aur Ras-e- Janeen)
15. Normal Labour, Mechanism and Management. (Tabai Waza-e- Hamal, Mikania va Intezamia)
16. Abnormal labour and its management. (Gher Tabai Waza-e- Hamal Aur Unhke Intezamat)
17. Abnormal presentations.(Gher Tabai Tatreeqat)
18. Twins & multiple pregnancy. (Hamal –e- Tawam va Hamal-e- Adeed)
19. Contracted pelvis. (Munqabiz Ana)
20. Diseases & complications during pregnancy. (Amraz-e- Hamal aur Awarezat-e- Hamal) Hyperemesis gravidarum, constipation, Hemorrhoids, oedema, pruritus vulva, insomnia, Varicosity.(Qe-ul Hamal mufrit, Qabz, Bawasir, Tahabbuj, Hikkatul furj, Sehar, Vareed Dawali)

Anaemia, pregnancy induced, Hypertension, Jaundice, Diabetes Mellitus, Nephritis, (Fiquddam, Zaqutud dam qavi ba waja-e- Hamal, Yargan, Zayabatis Shakri, Varm-e- Gurda)

- 21 Toxaemia of pregnancy (Sammiyat-e- Hamal)
  - 22 Ante Partum Haemorrhage, (Jiryanud dam Qabl wiladat)
  - 23 Post Partum Haemorrhage. (Jiryanud dam bad wiladat)
  - 24 Puerperium and its complications. (Zan-e- Nifas aur uske Awarizat)
  - 25 Ectopic pregnancy. (Hamal Kharij ure Reham)
  - 26 Abortion. (Isqat)
  - 27 Fetal Death. (Janeeni Mot)
  - 28 Obstetrical Procedures & Operations.
- I Version
  - ii Episiotomy. (Qata-e- Aujaan)
  - iii Forceps' Delivery.
  - iv Caesarean Section. (Shigaaf-e-Qaisree )

### **Neonatal Diseases**

- A **Neonatal Care. (Naumolldi Physical condition.**
  - 11 Feeding (Raza at)
  - 111 Immunization (Manaati Khaka)
- IV Premature Baby.
- V Postmature.
- B **Neonatal Diseases.**
  - I Asphyxia Neonatorum (Habs-e- Tanaffus)
  - 11 Ophthalmia Neonatorum. Aashob-e- Ch
  - 111 Icterus Neonatorum (Yarqan N.)
  - IV Convulsions (Tashannuj).
  - V Congenital Syphilis (Aatshak Khalqi)
- VI Infantile Diarrhoea (Is haal Naumolud)
- C **Congenital Anomalies of Newborn**
  - Hydrocephalus (Ma ur Raas)

- 11 Anencephaly.(Adam-e- Dimagh)  
 111 Microcephaly. (Sighrud Dimagh)  
 IV Down Syndrome (Humaq)  
 V P. D. A. (Patent Ductus Arteriosis).

## **MATERIAL TO BE CONSULTED**

### **1. Unani and Modern Medical Terminologies**

Bairooni Aaza-e-Tanasul	External
Genitalia	
Habluzzoharah(Rakab-Hadba)	Mons pubis
Shufratain Kebeer	Labia major
Shufratain sagheer	Labia minor
Bazar	Clitoris
Dehleez-e- furj	Vestibule
Aujaan	Perineum
Ghudood-e-Bartholin	Bartholin
Glands	
Buslah dehleez	Vestibular
Bulbs	
Pardah-e- Bakarar	Hymen
Damvi Parvarish	Blood supply
Ghudood-e- Lymphavia	Lymphatic
Nodes	
Satahi Ghudood-e Arbi	Superficial
Ingunial Glands	
Ghayer Ghudood-e Arbi	Deep Inguinal
Glands	
Kharijee Ghudood-e warki-	External Iliac
Glands	
Asbi Parvarish	Nerve Supply
Androoni- Aaza-e-Tanasul	Internal Genital
organs	
Mehbal	Vagina
Leefy-Parat	Fibrous layer
Azli Parat	Muscle lyer
Tahat Mukhati Parat	Submucus layer
Mehbali Afraaz	Vaginal Secretions
Muqaddam	Anterior
Muakhkhar	Posterior
Jaanibi	Lateral
Reham	Uterus
Muqaam	Waqoo
Jism-e Reham	Body of uterus
Bataana-e- Reham	Endometruim

Azlah Reham	Myometrium
Sifaq-ur-reham	Perimetrium
Tangana-e-Reham	Isthmus of Uterus
Unaq ur Reham	Cervix
Ghisha-e-Mukhati	Mucous Membrane
Parat-e-Azli leefi	Fibromuscular Layer
Afraz-e- Unaq ur Reham	Secretion of Cervix
Ravabit	Relations
Sharyaan-e- Reham	Uterine Artery
Sharyaan-e-Mubeez	Ovarian Artery
Qazafain	Fallopian Tubes
Qumaa -e- Qazaf	Infundibulum
Farakha-e- Qazaf	Ampulla of F.Tube
Androon,Hudaari	Interstitial/ Intramural
Baritooni Astar or Ghilaf	Peritoneal Covering
Azli Parat	Muscle Layer
Androoni Qazaf Parat	Endosalpinx
Mubeez or Khusiyat ur Reham	Ovary
Qashar -e- Mubeez	Cortex of ovary
Moh-e- Mubeez	Medulla of Ovary
Azlaa-e- Rafa-e- Sharaj	Levator Ani Muscles
Azlaa-e- Aani Ususi	Pubococcygeus
Azlaa-e- Hakhafi Ususi	Iliococcygeus
Azlaa-e- Warki Ususi	Ischiococcygeus
Ribat-e- Mudavvar or Mustadeera	Round ligament
Ittalaqi Tashreeh	Applied anatomy
Ribat-e-Areez or Kushada	Broad ligament
Ribat-e-Mubeez	Ovarian ligament
Ribat-e-Rehmi Ujazi	Uterosacral Ligament
Ribat-e- Aani Unaqi	Pubocervical L.
Ribat-e-Makhsosii	Cardinal Ligament
Khalqi Badwazaiee	Congenital Anomaly
Khusiyatur Rehmi Badwazaiee	Ovarian
malformation	
Rehmi Badwazaiee	Uterine malformation
Qazafain Badwazaiee	fallopian
tubemalformation	
Mehbali Badwazaiee	Vaginal
malformation	
Furji Badwazaiee	Vulvali
malformation	
Baloogh	Puberty
Sin-e- Yaas	Menopause
Sanwi jinsi khususiyat	Secondary sex

Characters	
Jismani namu	Body growth
Pitan-e-namu	Thelarche
Zer-e-naph-baal	Pubic hair
Aana	Pelvic
Tams- e-awwal	Menarche
Jildi taghaiyyurat	Skin
Changes	
Aaza-e-tanasuliya	Genital Organ
Baloogh	Puberty
Taleem	Education
Awarizat	complications
Baloogh-e-muakhkhar	Delayed
puberty	
Asbaab	Etiology
Amoomi	Constitutional
Ilaaj	Treatment
Ibkaar	Precocious
Puberty	
Ibkaar-e-Kamil	Complete
Precocious Puberty	
Ibkar-e-juzwi	Incomplete
Precocious Puberty	
Ibkaar-e-amoomi	Constitutional
Precocious Puberty	
Tafteesh	Investigation
Inqata-e-Haiz aur Sin-e-yas	Menopause and
climactic	
Amoomi alamaat	General
Symptoms	
Jismani Alamaat	Physical
Symptoms	
Azaam	Bones
Jild ki tabdeeliyan	Changes in Skin
Nafsiyati alamaat	Psychological
Symptoms	
Asbi Alamaat	Neurological
Symptoms	
Qalbi Alamaat	Cardiac
Symptoms	
Ikhtilaj-E-Qalb	Palpitation
Besh Tanabi	Hypertension
Urooq-e-Hirki Alamaat	Vasomotor
Symptoms	



Istabdaal-E-Harmone	Harmone
Replacement Therapy	
Mukhtasar Muddati	Short Term
Taveel Muddati	Long Term
Muzirrat	Side Effects
Qabl-e-Azwaqt	Premature
Genetic	Genetic
Faely	Physiological
Mizaji	Idiopathic
Iktesabi	Acquired
Jarahat	Surgery
Tabkaari	Radiation
Adm-e-Haiz	Amenorrhea
Tansibaat	Implants
Amraaz-e-Niswan	Gynaecology
Husool-E-Rudaat	History Taking
Nukaat	Hints
Aam Maloomaat	General
information	
Qabalati Rudaat	Obstetrical
History	
Rudaat-e-Haiz	Menstrual
History	
Maojooda Shikayat	Present
Complaints	
Guzustha	Past
Tibbi	Medical
Khandani	Family
Samaaji	Social
Jismani Imtehaan	Physical
Examination	
Umoomi Taghaiyuraat	General
Changes	
Fishaad uddam	Blood Pressure
Damvi haalat	Blood condition
Zehni Haalat	Oral Hygiene
Darqiyah	Thyroid
Ghudood-e-Lymphaviya	Lymphatic
Glands	
Oedemai Halat	Oedema
condition	
Halat sadeen	Breast changes
Niswani Imtihan	Gynecological
Examination	

Imtihan-e-Batan Examination	Per Abdomen
Imtihan-e-nazri	Inspection
Imtihan Bil-Lams	Palpation
Imtihan Bil-Qara	Percussion
Imtihan Bil Sama	Auscultation
Imtihan-E-Mehbal Examination	Vaginal
Imtihan-E-Dasti Mehbali Examination	Per Vaginal
Imtihan-E-Manzaar Mehbali Examination	Per Speculum
Imtihan-E- Aana Examination	Pelvic
Dastane aur Aalaat Instruments	Gloves And
Mareez ki waza Patient	Position Of
Zohri waza	Dorsal position
Jaanibi Waza	Lateral position
Sim Ki waza	Sim's position
Waza Zohri Ujuzi position	Lithotomy
Imtihan ke Maraahil Examination	Steps Of
Furj Ka Imtihan Vulva	Examination of
Imtihan Angusht examination	Digital
Dasti Imtihan Examination	Bimanual
Imtihan-e-miqad Examination	Rectal
Jaraseemi Imtihan Examination	Bacteriological
Khulvi Imtihan Examination	Cytological
Aks Nigari	Radiography
Androon Beeni	Endoscopy
Bazal Aani	Culdocentesis
Deegar imtehan	Other Tests
Laqanati Ghudood ka Nizam system	Endocrine
Zer-e-Arshya	Hypothalamus

Tahrīki Hormone	Trophic
Hormones	
Ghudda Nukhamiya	Pituitary Gland
Muqaddam Hissa	Anterior Lobe
Muakhhkar Hissa	Posterior Lobe
Muharrīk Sheer	Prolactin
Muharrīk Jinsi Hormone	Gonadotrophins
Muakhhkar Ghudda Nukhamia Ke Hormone	Hormones of
Posterior Pituitary	
Manafa Tams	Physiology Of
Menstruation	
Ayadi Tanzeem	Feedback
Mechanism	
Idraar-e-Tams	Menstruation
Daura Mubeez	Ovarian Cycle
Hawaisli Marhala	Follicular phase
Daur-e-Asfari	Luteal Phase
Jisme Asfar	Corpus Luteum
Hasla –e- Uola	Primordial
Grafiaan Follicle	
Hasla –e- Kamila	Mature
Grafiaan Follicle	
Ribaate-e- Mubeezi	Ovarian
Ligament	
Mukh	Medulla
Jism-e- Abyaz	Corpus albicans
Muk-ami khalliyat	Cuboidal cells
Johari Khalliyat	Stromal cells
Naseej-e- Baini	Interstitial cells
Khalliyat e- Naaf	Hilum cells
Daur Urooqiyyat	satage of
Vascularisation	
Daur Takmeel	Stage of
Maturation	
Daur Inhitat	Stage of
degeneration	
Daur Rehmi	Uterine Cycle
Qaroon-e- Reham	Cornu of Uterus
Jism-e- Reham	Corpus of
Uterus	
Tanganāe-e-Reham	Isthemus of
Uterus	
Daur-e- Mutkasir	Proliferatine
Phase	

Daur-e- Afrazi	Secretory phase
Sathi parat	Superficial
Layer	
Darmiyani Parat	Intermediate
layer	
Qaaidi parat	Basal Layer
Qillat-e-Damvi Daur	Ischaemic
Phase	
Tamsi daur	Menstrual phase
Fatooraat-e- Tams or Haiz	Menstrual
Disorders	
Muddat Daura- e- Tams	Duration of
Mens. Cycle	
Mukhtasar Daura- e- Tams	Short duration
of Mens. Cycle	
Taweel Daura- e- Tams	Prolongduration
of Mens. Cycle	
Ayyam-e- Haiz	Menstrual
Bleeding days or phase	
Qillat- e- Sailan-e- Tams	Scanty or
reduced menstrual	
bleeding	
Kasrat- e- Sailan-e- Tams	Heavy or
increased menstrual	
bleeding	
Adam-e- Haiz or Ehtabaas-e- Haiz	Amenorrhoea
Adam-e- Haiz Saadiq	True
Amenorrhoea	
Adam-e- Haiz Ibtadaai	Primary
Amenorrhoea	
Adam-e- Haiz Saanvi	Secondary
Amenorrhoea	
Adam-e- Haiz Manafual Azaai	Physiological
Amenorrhoea	
Adam-e- Haiz Marzi	Pathological
Amenorrhoea	
Adam-e- Haiz Kaazib or Rataq	False
Amenorrhoea,	
Adam-e- Haiz Makhfi	Hidden mense
Cryptomenorrhoea	
Nuqs-e Namoo	Agenesis
Rajaali Niswaniat	Testicular
Feminization	
Qabl-e- Baloogh	Before Puberty

Razaa-at	Lactation
Sin-e- Yaas	Menopause
Duraan e- Haml	During
Pregnancy	
Tehtud Dimaag	Hypothalamus
Muqaddam Nukhaamia	Anterior
Pituitary	
Aarzaat	Syndrom
Zoo Jinsiyat	Intersex
Istehaali Fatoor	Metabolic
disorders	
Amraaz-e- Nizami	Systemic
Disorders	
Nafsiyaati Khalal	Psychological
Disorders	
Qillat –e- ishteha Asbi or Iztaraabi	Anorexia
Nervosa	
Gudad-e- Laqanaati	Endocrinal
Gland	
Gudad-e- Darqiya	Thyroid Gland
Gudad-e- Nukhamia	Pituitary Gland
Gudad-e- Fouq ul Kullia	Adrenal Gland
Gudad-e-Baanqaras	Panceas
Tangee Unaq ur Reham	Stenosis of
Cervix	
Qataa Unaq ur Reham	Amputation of
Cervix	
Khalqi	Congenital
Iktasaabi	Acquired
Qabalti	Obstetrical
Ghair Maqsoob Parda e Bakaarat	Imperforate
Hymen	
Ghair Suqmi	Atresia
Itassa-e- Unaq ur Reham	Dilatation of
Cervix	
Tarqee-e- Mehbal	Vaginoplasty
Usar-e-Tams	Dysmenorrhoea
Usar-e-Tashannuji	SpasmodicDysmenorrhoea
Usar-e-Tams Imtalaai	Congestive Dysmenorrhoea
Inisdaad	Obstruction
Nuqs-e- Takween or Qillat –e- Takween	Hypoplasia
Dafa-e- Alam	Analgesics
Dafa-e- Iltihab	Anti inflammatory
Mana-e- Hamal Advia	Contraceptive drugs

Qillat Tams	Oligomenorrhoea
Tahtut Tams	Hypomenorrhoea
Taadud-e-Tams	Polymenorrhoea
Kasrat-e-Tams	Menorrhagia
Istehaza	Metrorrhagia
Nazaf-e- Dehleezi	Thresh hold Bleeding
Aarza Rehmi Nazaf I	Metropathia Haemorrhagica
Nazaf-ur-Reham usrul-Wazeefi	Dysfunctional uterine Bleeding D. U. B.
Baizvi Nazaf	Ovular Bleeding
Nazaf-ur-Reham bad sine-yaas	Post Menopausal Bleeding
Nou-Takwon	Neoplasm
Moalejaati	Iatrogenic
Zaati	Idiopathic
Majrafaa	Curettage
Khaza –aa	Biopsy
Tazzarrur	Lesion
Hikkatul Furj	Pruritus Vulvae
Qurooh-e- Saada Haad	Acute Simple
Ulcers	
Qarah-e- Namli	Herpetic Ulcers
Qarah-e-Zarbi	Traumatic
Ulcers	
Qarah-e-Zuhraavi	Venral Ulcers
Qarah-e-Saddedi	Pyogenic Ulcers
Qarah-e-Afoonati	Infective Ulcers
Qarah-e-Sammi	Septic Ulcers
Qarah-e-Aatshaki	Syphilitic
Ulcers	
Qarah-e-Rakhu or Layyani	Soft Sore or
Ulcers,Chancroid	
Qarah-e-sula-e- Areeki Arbiya	Granuloma
inguinale Ulcers	
Qarah-e-sula-e- Areeki Lymphavi	
	Lympho
	granuloma
	inguinale Ulcers
Qarah-e-Abyaz Admi Furji	
Kraurosis,Lukoplakia Ulcers	
Qarah-e-Diqqi	Tubercular
Ulcers	
Qarah-e-Ujaani	Perineal Ulcers
Qarah-e-Qaidi Furji	Forchette
Ulcers	

Qarah-e-Naar Farsi Ulcers	Eczematous
Qarah-e-Apras or Sadfia	Psoriasis Ulcers
Qarah-e-Jarabi	Scabies Ulcers
Qarah-e-Daa ul Feeli Ulcers	Elephantiasis
Iltihab-e Furj	Vulvitis
Hassasiyati Iltihab-e Furj	sensitive or
Allergic Vulvitis	
Afraazi Iltihab-e Furj	Secretary or due to vaginal discharge
	Vulvitis
Bartholin Iltihab	Bartholinitis
Bartholin Khuraj	Bartholin Abcess
Izmul Bazar	Enlargement of Clitoris
	Chlamydial
Qarah-e-sula-e- Areekai Trachomatis Ulcers	
Qarah-e-Qashmi Taaddi Ulcers	Viral Infective
Qarah-e-Namla Tanasulya Genitalis Ulcers	Herpes
Qarah-e-sula-e- Areeki Arbiya inguinale Ulcers	Granuloma
Qarah-e-sula-e- Areeki Arbiya inguinale Ulcers	Granuloma
Qarah-e-sula-e- Areeki Arbiya inguinale Ulcers	Granuloma
Qarah-e-sula-e- Areeki Arbiya inguinale Ulcers	Granuloma
Iltihab-e Mehbal Colpitis	Vaginitis or
Futri Taadia	Fungal infection
Dad or Quba	Tinea cruris
Shuaa Fitriyat	Candidiasis
Jarab es scabi)	Scabies(Sarcopt
Deedan-e- Khayyat-e-Ama vermicularis	Enterobius
Qashmi Taadia	Viral infection
Tufaili Taadia infection	Parasitic

Tifli Iltihab-e Mehbal Childhood Vaginitis	Infantile or
Naamiat	Bacteriology
Ussrul Bol	Dysurea
Jism-e- ghareeb	Foreign body
Iltisaaq –e- Shufraan Labia	Adhesion of
Jimaa-e- Moallum	Dyspareunia
Dawa Mawallad-e- Khabees	Teratogenic
Drug	
Khalliat-e- Bashra	Epithelial cells
Shaikhookhior Iltihab-e Mehbal Vaginitis	Senile
Zabooli or Zamoori Iltihab-e Mehbal Vaginitis	Atrophic
Aarza-e-Sammiyat-e-shock syndrome	Toxic shock
Quroohul Mehbal	Vaginal Ulcers
Qurooh-e- Jimaai	Veneral Ulcers
Qurooh-e-Zighti	Pressure Ulcers
Qurooh-e- Keemyavi Ulcers	Chemical
Qurooh-e- Nau Takweeni Ulcers	Neoplastic
Qurooh-e- Tehreeki	Induced Ulcers
Tashannuj-e- mehbal	Vaginismus
Madkhal-e- mehbal	Introitus
Istarkha-e- Mehbal Vagina	Atony of
Khurooj-e-Mehbal Vagina	Prolapse of
Fataq-e- Masaani Khurooj-e-Mehbal	Cystocele
Fataq-e- Ahleeli Khurooj-e-Mehbal	Urethrocele
Fataq-e- Ammai (Maivi)Khurooj-e-Mehbal	Enterocele
Fataq-e- Miqadi Khurooj-e-Mehbal	Rectocele
Khurooj Mehraab-e- Mehbal Prolapse	Vaginal Vault
Khayat-e- Mehbali	Colporrhaphy
Khayat-e- Mehbali Muqaddam Colporrhaphy	Anterior
Khayat-e- Mehbali Ujaani Colpoperineorrhphy	
Khayat-e- Mehbali Ujaani Moakhkhar Colpoperineorrhphy	Posterior



Iltihab Unaq ur Reham	Cervicitis
Majra Unaq ur Reham	Cervical Canal
Ghudad Majra Unaq ur Reham	Cervical
Glands(acini)	
Khosha-e- Angoor	Recemose
Taqashshur	Exfoliative
Isqaat-e- Tehreeki	Induced
Abortion	
Afoonati Parsoat	Puerperal
Sepsis	
Tatheer	Sterilization
Ghair Tatheer	Unsterilization
Aani Taadia	Pelvic
Infections	
Aalati	Instrumental
Unaqi Taakkul	Cervical
Erosion or Ectopy	
Kharji Fam –e-Unaq ur Reham	External Os
Androoni Fam –e-Unaq ur Reham	Internal Os
Mehbali Unaq ur Reham	Portio Vaginalis
Paratdar Harshafi Ghisha –e- Mehbali	Stratifies
Squamous Epithelium	
Sutooni Khalliyat	Columnar
Epithelium	
Musatteh Taakkul-e- Saada	Simple Flat
Cervical Erosion	
Hulmi Taakkul-e- Saada	Papillary
Cervical ErosionHawaisliTaakkul-e- Saada	
Follicular Cervical Erosion	
Makhrootiyaana	Conisation
Hararti Amal –e- Kai	Thermal
Cautrization	
Barood Jarahi	Cryosurgery
Amraz-e- Rham	Metropathy
Alaamati	Symptomatic
Ghair alaamati	asymptomatic
Inshiqaq-e- Reham	Rupture of
Uterus	
Tasaqqub-e- Reham	Perforation of
Uterus	
Ijtamaa-e- Sadeed	Pyometra
Mailan –e- Reham	Version of
Uterus	
Mailan –e- Reham Muqaddam or Qudami	Anterversion of

Uterus Mailan –e- Reham Khalfi	Retroversion of
Uterus Aujaj –e- Reham (Khameedgi-e- reham)	Flexion of
Uterus Aujaj –e- Reham Muqaddam or Qudami	Anteflexion of
Uterus Aujaj –e- Reham Khalfi	Retroflexion of
Uterus Mutaharrrik Mailan of Uterus	Mobile Version
Ghair mutaharrrik Mailan of Uterus	Fixed Version
Inzalaq,Nazool,Khurooj,Zalaq ur Reham, Uterus	Prolapse of
Inqalab-e- Reham Uterus	Inversion of
Jiryaan bad az Wiladat Haemorrhage	Post Partum
Androoni Batni Dabao Abdominal Pressure	Intra
Maivi Alamaat symptoms	Bowel
Imtehan-e- Grift Rahati Ilaj Treatment	Grip test Palliative
Sulaat-e- Reham Uterus	Tumours of
Sulaat-e- Unaq-ur-Reham Cervix	Tumours of
Sulaat-e- Hameeda Tumours	Benign
Sulaat-e- Azla Tumours	Myoma
Sulaat-e- Azla Leefi Tumours,Fibroids	Fibromyoma
Bain-e- Naseeji Sulaat-e- Azla Leefi intramral Fibroids	Interstitial or
Tehtul Mukhati Sulaat-e- Azla Leefi Fibroids	Submucous
Tehtul SermiSulaat-e- Azla Leefi Fibroids	Subserous
Sulaat-e- Hulmi Tumors	Papillary

Sulaat-e- Urooqi Tumors	Angioma
Sulaat-e- Ghuddia Mukhati Bawaseer Polypi	Adenomucus
Bawaseer	Polypus
Unaqi Androoni bashri Nau takween(UAN)	Cervical Intraepithelial Neoplasia(CIN)
Sulaat-e- Khabeesa or Sartaan Tumors, Carcinomas	Malignant
Sartaan Unaq ur Reham Cervix	Carcinoma of
Bairooni Sartaan Unaq ur Reham Ectocervix	Carcinoma of
Androoni Sartaan Unaq ur Reham Endocervix	Carcinoma of
Naseejati Aqsaam Types	Histological
Sartan Khalliyat-e-Harshafi carcinoma	Squamous cell
Sartan Khalliyat-e-Ghuddia Adenocarcinoma	
Tareeqa e- Asha at Bil Wasta Asha at Lymphawi Assa at Spread	Mode of spread Direct Spread Lymphatic
Damvi Asha at Spread	Blood Borne
Sabab-e- Maut Kullvi nakardgi	Cause of Death Renal Failure
Jiryaan ud Dam	Haemorrhage
Laaghree Shadeed	Cachexia
Sartaan Batana-e- Reham Endometrium	Carcinoma of
Sartaan e- Reham Uterus, Corporal	Carcinoma of
Bol-e- Shakri Ziabettus Shakri mellitus	Glycosurea Diabetes
Baish Takweeniat-e- Batana-e- Reham Carcinoma	Endometrial
Sula-e- Areekai tumour	Granulosa cell
Baish Tanaabi	Hypertension

Istemaal Abdaal –e- Hormone Replacement therapy	Hormone
Sartaan-e-Lehmi Rehmi Uterus	Sarcoma of
Iltihab-e- Qazafain	Salpingitis
Asbab-e- Androoni causes	Endogenous
Asbab-e- Bairooni causes	Exogenous
Taadia-e- Sa ad infections	Ascending
Fouri awarizaat Complications	Immidiata
Saanvi awarizaat Complications	Secondary
Taakheeri awarizaat Late Complications	
Fouq-e- Masaana	Hypogastric
Dard Fouq-e- Batan Abdomen	Pain in Lower
Haad Iltihab-e- Zaa id Aawer	Appendicitis
Hamal Baimehal Pregnancy	Ectopic
Iltihaab-e- masaana	Cystitis
Iltihaab-e- Kulliya	Nephritis
Iltihaab-e- Hauz-e-Kulliya	Pylonephritis
Maroor Sula-e- Khusiyat-e- Reham Ovarian tumours	Torsion of
Aani Daroon-e- Rehmiyat Endometriosis	Pelvic
Istasqa-e- Qazafain	Hydro Salpinx
Surahee numa qazafain Retorting of tubes	Clubbing or
Androoni Qazaf	Endosalpinx
Bairooni Qazaf	Exosalpinx
Ahdaabi Fa il	Ciliary activity
Qazafi Mubeezi Iltisaaq mass(TO Mass)	Tube ovarian
Sulaa –e- Damvi	Haematoma
Amboobi Ijtamaa-e- Sadeed, Taqteeh –e Qazaf	Pyosalpinx
Khuraaj-e-Aana	Pyosalpinx
Khurooj-e- Khusiyat ur Reham Ovary	Pelvic Abscess
Iltihab Khusiyat ur Reham	Prolapse of
	Oophritis

Ikyaaas or Daweera	Cysts
Ikyaaas Khusiyat ur Reham	Ovarian Cysts
Ikyaaas Manafual Aza or Faili	Functional or
Physiological Cysts	
Ikyaaas Haweseli	Follicular Cysts
Ikyaaas Asfar	Corpus luteal
Cysts	
Ikyaaas Ishtemaal Tauleedi	Germinal
inclusion Cysts	
Mubeezi Kaseer ul Ikyaaas	Poly Cystic
Ovaries(PCO)	
Ikyaaas-e- Khaki(Damvi)	Chocolate Cyst
Sulaat Khusiyat ur Reham	Ovarian Tumors
Sulaat Bashra	Epithelial
Tumors	
Sulaat Khalliyat –e- Tauleedi	Germ cell
Tumors	
Sulaat Khalliyat –e-Jinsi	Sex Cord
Stromal cell Tumors	
Sulaat Shehmiya	Lipid cell or
Lipoid Tumors	
Sulaat Khalliyat –e-JNa Mubeezi Jinsi	Gonado
Blastoma Tumors	
Sulaat –e-Serami	Serous Tumors
Sulaat –e-Mukhati	
Mucinous Tumors	
Sulaat –e-Brenner	Brenner’s
Tumors	
Sulaat –e-Admi	
Dermoid Tumors	
Sulaat –e-Khalliyat Makoon ul Aam	Teratomas
Sulaat –e-Ghilafi	Theca cell
Tumors or Thecoma	
Sulaat –e-Leefi	Fibroma
Sulaat –e-Mukhati Bareetooni Kazib	Pseudo
Peritoneal Mucinous Tumor	
Isha at Barai Batan	Transcoelomic
Sartan Khusiyat ur Reham	Ovarian Cancer
Inteqali Sartan	Metastatic
Cancer	
Keemyavi Moaleja	Chemotherapy
Taabkaari Moaleja	Radiotherapy
Moaleja Mukarrar	Second Look
Treatment, Followup	

Amraz-e- Saddiyain	Diseases of
Breast	
Azoo-e- Hadaf	Target Organ
Qanaat-e- Labnia	Lactiferous
Duct	
Hulma-e- Saddi(Bhutni)	Nipple of
Breast	
Jaweef-e- Saddi(Bhutni)	Alveoli of
Breast	
Irtajaa	Involution
Qanaat-e- Labnia Kushada	Ampulla of
Lactiferous Duct	
Iltihib-e- Saddi	Mastitis
Iltihib-e- Saddi Qeehi	Pyogenic
Mastitis	
Khuraaj-e- Saddi	Breast Abscess
Inkamaash –e Hulma-e-Saddi	Retracted
Nipple	
Tehtul Hala Khuraj	Subareolar
Abscess	
Keesa-e- Labnia	Galactocele
Khuraaj-e- Saddi Aqbi	Reto Mammary
Abscess	
Sula-e- Zid Haiviya	Antibioma
Sula-e- Ghudda-e- Leefia	Fibroadenosis
Sula-e- Waasli	Connective
Tumor	
Sula-e- Leefi Asbi	Neurofibroma
Saanvi Taghayyur	Secondary
Changes	
Daroon-e-Qanati Qism	Intracanalicular
Type	
Sartan-e- Qanati	Duct Carcinoma
Sartan-e-Usbi	Medullary
Carcinoma	
Sartan-e-Hulma Saddi	Paget's Disease
Sartan-e-Sulbi Zamoori	Atrophic
Schirrous Carcinoma	
Sartan-e- Iltihibi	Inflammatory
Carcinoma	
Zaati Janch barai mareeza	Breast Self
Examination(BSE)	
Saddi Nigari	Breast Imaging
Saddi Tasweer Kashi	Mammography

Khaza a	Biopsy
Qata-e-Saddi Aam	Simple
Mastectomy	
Qata-e-Saddi Kamila	Radical
Mastectomy	
Tarqee-e-Saddi	Reconstruction
of Breast	
Afraaz-e- Mehbal	Excessive
Vaginal Discharge	
Sailan-e-Mani	Leucorrhoea
Sailan-e-Reham Iltihabi	Inflammatory
Discharge	
Sailan-e-Reham Mutaddi	Infective
Discharge	
Layyaniat,Layyanul or Aujajul Izaam,	Osteomalacia
Maadan Amaizi	Mineralization
Kullivi Khamri Nuqs	Renal
enzymatic Disorder	
Istehali Nuqs	Metabolic
Disorder	
Zakhaat-ul Jamjama	Craniotabs
Muqaddam Yafookh	Anterior
Fontenelle	
Izm-e- Kaabri	Radius Bone
Hissa-e- Kardoos	Epiphyseal End
Kuzaz-e- Mustamar	Tetany
Takhalkhul-e- Izam	Osteoporosis
Nasoor Aza-e- Tanasulya	Genital Tract
Fistula	
Halibi Rehmi Nasoor	Uretero Uterine
Fistula	
Halibi Unaqi Nasoor	Uretero
Cervical Fistula	
Halibi Mehbali Nasoor	Uretero Vaginal
Fistula	
Masaani Rehmi Nasoor	Vesico Uterine
Fistula	
Masaani Unaqi Nasoor	Vesico Cervical
Fistula	
Masaani Mehbali Nasoor	Vesico Vaginal
Fistula(VVF)	
Ahleeli Mehbali Nasoor	Urethro Vaginal
Fistula	
Miqadi Mehbali Nasoor	Recto Vaginal

Fistula(RVF)	
Iltisaaq	Adhesions and
Atresia	
Daroon or Batana -e- Rehmiyat	Endometriosis
Daroon-e- Rehmiyat Dakhili	
E.Interna,Adenomyosis	
Daroon-e- Rehmiyat Kharji	Endometriosis
Externa	
Daroon-e- Rehmiyat Batni	Abdominal
Endometriosis	
Daroon-e- Rehmiyat Batni Kharji	Extra
Abdominal Endometriosis	
Daroon-e- Rehmiyat Baeedi	Remote
Endometriosis	
Baroodi Harq	Powder Burn
Amraz--e-Zuhraviya	Sexually Transmitted Diseases
Qarah-e-Rakhv	Soft Sore or Chancroid
Aatshak	Syphilis
Paichdar Jarsooma	Spirochaetes
Iltihab Ghudda –e Lymphaviya	Lymphadenitis
Iltihab Urooq –e Lymphaviya	Lymphangitis
Massey	Warts
Mukhaati Basoori Dhabbey	Muco Papular Rashes
Suzaak	Gonorrhoea
Tadarun-e-Aza-e-Tanasulya	Genital Tuberculosis
Illat-Qillat Manaat-E-Maksooba	IQMEM) (HIV and AIDS
Taadia-e- Areekai	Chlamydial
Trachomatis infection	
Taadia-e-Qashmi	Viral Infection
Taadia-e-Namla Tanasulya	Herpes
Genitalis infection	
Taadia-e-Areeki Arbiya	Granuloma
inguinale infection	
Taadia-e-Areeki Lymphavia	Lympho
	Granuloma
	Venerum(LGV)
Aqr or Uqr or Banjhpan	
	Infertilit
	y,Barren
Bainul Jins	Intersexuality
Fauqul Kulliyat Rajaliat	Adrenal
	Hyperplasia(A.I
	ntersex)



Gudad Jinsi Bain ul Jins	Gonadal Intersex
Adam-e- namu-e- Gudad Jinsi	Gonadal agenesis
Nuqs-e- namu-e- Gudad Jinsi	Gonadal Dysgenesis
Fauq-ul-Nisa	Superfemale(47XXX)
Tarz Munqash	Mosaicism(45XO/46XX)
Aarza-e- Turner	Turner's Syndrome(45XO)
Aarza-e- Klinefelter	Klinefelter's Syndrome(47XXY,48XXXY)
Shaa raniat	Hermaphroditism
Khusna-e- Saadiq	True Hermaphroditism
Istabdaal –e- Hormone Moaleja	Hormone Replacement Therapy(HRT)
Aamil Estrogen	Agonist Estrogen
Qudrati Estrogen	Natural Estrogen
Masnuaee Estrogen	Synthetic Estrogen
Mukhasim Estrogen	Antagonist Estrogen
Aarza-e-Sin-e-Yaa	Menopausal Syndrome
Imtanaee hormone	Anabolic Hormone
Ananat	Impotency
Muharrrik Muvelleda	Gonadotrophins
Maana-e- Hamal	Contraception
Khurdani Manaa-e- Hamal Goli	Oral Contraceptive Pill(OCP)

M.Hamal Barai Androon-e-Rehami Aalat	Intra Uterine Contraceptive Devices(IUCD)
Maana-e- Hamal Barai Had Bandi Azal	Barrier Contraception Coitus Interruptus (Withdrawal method)
Mehfooz Muddat-e- Haiz Contraceptive Period	Safe
Nasl-e- Androon-e-Rehami Aalat	IUCD Types: First Generation,mad e by plastic(Lipper loop), Second Generation,mad e by Cupper wire (Cu T 380A,350,375) Third Generation,mad e by Cupper wire+Hormone wrape (Cu T 200)
Khurdani Manaa-e- Hamal Murakkab Goli	Combined Oral Contraceptive Pill (COC Pills)
Seh Dauri M.H.Murakkab Goli	Triphasic Combined Oral Contraceptive Pill
Qurs M.H.Sagheer	Mini Pills(Progesterone only pill(POP)
Tanseebat Hangami Manaa-e- Hamal	Implants Emergency Contraceptives or

	Post coital Contraceptives
Mustaqil Manaa-e- Hamal Tareeqey	Permane ntContraceptive Method
Qata-e- Amboob or Qazafain	Tubectomy
Qata-e- Hablul Mani	Vesectomy
Mukhtasar Shigaf-e- Batan	Minilapr otomy(Minilap)
Doorbeeni Shigaf-e- Batan barai Qaid o Qata e- Amboob	Laprosopic Tubal Ligation
Jadeed Tehqeeqaat wa Jarahat	Investigation and Surgery
Hormone ki Janch-e- Miqdari	Hormone Assey
Taabkar Mana ati Janch	Radio immune assey(RIA)
KhamriMana ati Janch	Enzymetic immune assey(EIA)
Khulvi Janch	Cytology
Husool-e- Khalliat	Collection of cells
Takassuri Tareeqa	Exfoliative Method
Takassuri or Bazli Tareeqa	Pipette Method
Imtehan-e- Naseeji Marzi	Histopat hological test
Bazal barai Bareek Suee	Fine Niddle Aspiration (FNA)
Khaza aa(Qata-e- Naseej)	Biopsy
Batan Shigafi	Laprotomy
Wusti Amoodi Shigaaf	Midline Vertical Incision
Nazd Wusti Shigaaf	Paramedian Incision
Pfennenstied Shigaaf	Pfennenstied Incision
Mustaa raz Shigaaf	Transverse

Janabi Morabi Shigaf	Incision
Tanzeer Batni	Lateral Oblique
Tanzeer Batni Mai Rang amezi	Laproscopy
	Laproscopy
	with Dye
	Instillation
Takhdeer	Anaesthesia
Jouf-e- Baritoon mein Gas Bharna	
Pneumoperitonium	
Reham Bar aari	Hysterectomy
Batni Reham Bar aari	Abdominal
Hysterectomy	
Mehbali Reham Bar aari	Vaginal
Hysterectomy	
Tanzeerbeeni Reham Bar aari	Laprosopic
	Hysterectomy
Mukammal Reham Bar aari	Total
Hysterectomy	
Tehat Mukammal Reham Bar aari	Subtotal
Hysterectomy	
Reham Bar aari mai Mulhiqaat	
Panhysterectomy(H+BSO)	
	Bilateral
	Salpingo
	Oophrectomy(B
	SO)
Reham Shigafi	Hysterotomy
Nichla Shigaf	Lower segment
Section(LSS)	
Oopri Shigaf	Upper segment
Section(USS)	
	Classical
Incision	
Sula-e- Leefi Lehmi Bar aari	Myomectomy
Tanzeer Rehmi	Hysteroscopic
Itta saa wa Ijteraff	Dilatation and
Curettage(D&C)	
Laa Shuaieen	X-Rays
Rehmi wa Qazafi Tasweer kashi	Hystero
Salpingo Graphy(HSG)	
Androon Wareedi BolTasweer kashi	Intra Venous
Urography(IVU)	
Computerized Tabaq Nigari	Computerized

Tomo Graphy Maqnateesi NawatiTasweer kashi	Magnetic Imaging Resonence(MRI )
Balaa ey Samma at Saut Nigari	Ultra Sono Graphy(USG)
Balaa ey Samma at Saut Nigari Batni	Trans AbdominalUltra Sono Graphy(TAS)
Balaa ey Samma at Saut Nigari Mehbali	Vaginal Ultra Sono Graphy(TVS)
Barqi Harriyat	Diathermy

## 2. EVALUATION PROFORMA

### SECTION A HISTORY

#### I. Demographic

1. Patient's Name:

First

Middle

Last

2. Age:

3. Date of birth:

4. Reg. No:

5. Phone No (if any):

6. Marital Status:

Married / Unmarried / Widow / Divorced / Separated

7. Religion:

1. Hindu
2. Muslim
3. Christian
4. Others (specify)

**8. Education:**

1. Literate
  - a. Below 10th
  - b. 10+2
  - c. Graduate
  - d. Post Graduate
  - e. Any other
2. Illiterate

**9. Occupation**

1. House wife
2. Working

**10. Type of Family**

1. Nuclear
2. Joint
3. Extended

**11. About how long has it been since you last visited a doctor for a routine check-up?**

1. Less than 1 yr
2. 1-2 yrs ago
3. 3-5 yrs ago
4. More than 5 yrs

**12. Date of starting vaginal formulation:**

**13. Date of stopping vaginal formulation:**

**14. Reason for stopping formulation:**

**15. Reason for restarting formulation:**

**16. Complaints / its duration:**

**II. Specific**

**(a) Gynecological History**

**17. Age of onset of Menarche**

- a. 10 years & below
- b. 11-15 years
- c. 16-20 years
- d. 21 years & above

18. Duration of Menstrual flow:

19. Duration of Menstrual cycle:

20. Periods are

(Regular / Irregular)

21. Amount of flow

(Scanty / Normal / Heavy)

22. L.M.P. (Last menstrual period)

### Menstrual Abnormalities

Amenorrhoea, Hypomenorrhoea, Menorrhagia, Oligomenorrhoea, Polymenorrhoea, Metrorrhagia

23. Have you ever been diagnosed with any of the following gynecological disorders?

1. Fibroid
2. Infertility
3. P.C.O.D.
4. Uterine prolapse
5. None

24. Have you had your Uterus removed?

1. Yes
2. No

25. Have you had any of your ovaries removed?

1. Yes, one ovary.
2. Yes, both ovaries.
3. No.

### (b) Obstetrical History Gravida / Para / Abortions / Living

S.No.	Year	Nature of Pregnancy	Nature of labour	Nature of Puerperium	Type of Delivery	Age at first child birth	Remarks

--	--	--	--	--	--	--	--

**26.** Are you currently pregnant?

1. Yes
2. No

**(c) Contraceptive History**

**27 a.** Any family planning method used?

1. Yes
2. No

**27 b.** If yes, what method do you use for Family planning?

Temporary

1. Contraceptive pills
2. Copper –T
3. Nirodh
4. Any other

Permanent

1. Tubectomy
2. Vasectomy

**(d) Menopausal History**

**28.** Are you menopausal?

- a. Yes
- b. No

**29.** Age at onset of Menopause

- a. 30-35 years
- b. 36-40 years
- c. 41-45 years
- d. 46 years & above

**30.** Have you ever taken menopause hormone therapy?

- a. Yes
- b. No

**31.** During the last yr, did you experience any of the following symptoms?



- a. Painful periods
- b. Heavy menses
- c. Vulval pain
- d. Severe hot flushes
- e. Vaginal dryness

**32.** Have you ever had any of the following STD'S?

- a. Genital Herpes
- b. Human papilloma virus
- c. PID
- d. Chlamydia
- e. Trichomoniasis
- f. Gonorrhea
- g. Syphilis

**33.** Any medical illness.

- a. Yes
- b. No

**34.** Any surgical History

- a. Yes
- b. No

## *SECTION - B*

### **Assessment Tool**

#### ***I. SUBJECTIVE SYMPTOMS***

##### ***History about vaginal discharge***

**35.** Onset of discharge

- a. Sudden
- b. Gradual

**36 a.** Amount of Discharge

Normal / Abnormal

**36 b .** If Increased

Increased (Slightly / profuse / markedly profuse)      Not increased

**36 c.** Consistency of discharge

1. Thick (Curdy/ Cheesy / mushroom like with flakes)
2. Watery

**36 d.** Odour of discharge

Offensive / Non- offensive

**36 e.** Blood stained

- a. Yes
- b. No

**36 f.** Produces itching

- a. Yes
- b. No

**37.** Type of toilet soaps / deodorant used

**38.** Type of panties used

- a. Cotton
- b. Nylon

**39 a.** Relation of discharge with menstruation

Increased / Not increased

**39 b.** If increased

- i. Before menses
- ii. Mid cycle day
- iii. Just after menses

**40.** Relation of discharge with ovulation

**41.** Relation of discharge with coitus

1. Increased after coitus
2. Not related to coitus

**42. Burning in vagina & vulva**

Present / Not present

**43. Pain in lower abdomen**

Present / Not present

## II. OBSERVATIONS OF SYMPTOMS / SIGNS

### (a) Per Speculum Examination P/ S

## Inspection of Vagina/ Cervix

### 44. Colour of Vagina / Cervix

Pink / bluish red / Markedly red

### 45. Discharge

- a. Colour (pale/ mucoid)
- b. Consistency (thick/ watery)
- c. Amount

Increased (Slightly / profuse / markedly profuse)      Not increased

- d. Site from where arises

### 46. Inflammation

- a. Present      (mild / moderate/ severe)
- b. Not present

### 47. Stypling

Outgrowth [Tumour/ Polyp/ Nebothian follicle]

- a. Present
- b. Not present

### 48. Bleeding on touch

- a. Present
- b. Not present

### 49. Erosion

(Endocervical / on portion vaginalis)

### 50. Size

Hypertrophic

Normal

Small in size

Pin hole / Normal os

### 51. Directions of cervix

(Backward / forward)

*(b) Per vaginal examination P/V*

**1. Vagina**

Texture

[Normal (Smooth) / Nodular / irregular]

**2. Cervix**

Texture

(Smooth / Granular / valvate / irregular)

Consistency

[Soft (Normal)/ More soft/ stiff (Hard)]

Shape

(Normal/ Elliptical/ Ectropian/ Any tear)

Either bleed on touch / Not

Shape of os

(Round /Pin-hole /incompetent)

Movement

[Painful/ Not painful / No Movement (Fixed)]

**3. Uterus**

Size

[Normal / globular / distended]

Shape

Consistency

[Normal / Soft / Hard (indurated)]

Surface

(Regular/ Irregular)

Movement

[Movable (Normal)/ Mobility restricted/ markedly restricted / Fixed]

Direction of cervix

[(Backward / forward)]

**4. Appendages**

Any lesion felt in appendages

Any tumour

Fluids

Adhesions

Any tubal Mass

Thickened Fallopian tube

### ***III. INVESTIGATIONS***

#### **(A) Routine Investigations**

- a. Hb%
- b. T.L.C.
- c. D.L.C.
- d. E.S.R.
- e. V.D.R.L.
- f. Blood Sugar: Fasting(F) and Post Prandial(P.P)
  - (i) Urine: Routine and Microscopic

#### **(B) Specific Investigations (Identification of pathogenic organisms)**

- a. TORCH test
- b. High vaginal swab culture (HVS)
- c. Pap's smear
- d. Urine: Routine , Microscopic ,sugar and acetone
- e. USG
- f. Follicular Study
- g. Mammography
- h. DEXA (Densitometry)
- i. Digital X-rays
- j. MRI
- k. CT Scanning
- l. D&C
- m. Biopsy(FNAC, Open Biopsy)
- n. HSG
- o. Tubal Insufflations Test

- p. Hysteroscopy
- q. Laparoscopy
- r. Maturation Index
- s. Immunoassay
- t. Chromosomal study
- u. Fern test
- v. Rheology test
- w. PCT

*SCORING OF ASSESSMENT TOOL*

**I. SUBJECTIVE SYMPTOMS**

**SCORE=22**

**36 a. Amount of Discharge**

Normal	0
Abnormal	1

**36 b. If Increased**

Increased	
Slightly	1
Profuse	2
Markedly profuse	3
Not increased	0

**36 c. Consistency of discharge**

Thick	
Curdy	1
Cheesy	2
Mushroom like with flakes	3
Watery	1

**36 d. Odour of discharge**

Offensive	1
Non- offensive	0

**36 e. Blood stained**

	Yes	1
	No	0
<b>36 f.</b>	Produces itching	
	Yes	1
	No	0
<b>38.</b>	Type of panties used	
	Cotton	0
	Nylon	1
<b>39 a.</b>	Relation of discharge with menstruation	
	Increased	1
	Not increased	0
<b>41.</b>	Relation of discharge with coitus	
	Increased after coitus	1
	Not related to coitus	0
<b>42.</b>	Burning in vagina & vulva	
	Present	1
	Not present	0
<b>43.</b>	Pain in lower abdomen	
	Present	1
	Not present	0

**II. OBSERVATIONS OF SYMPTOMS / SIGNS**

**SCORE=25**

<b>44.</b>	Colour of Vagina / Cervix	
	Pink	1
	Bluish red	2
	Markedly red	3
<b>45.</b>	Discharge	

	Colour	
	Pale	0
	Mucoid	1
	Consistency	
	Thick	3
	Watery	1
Amount		
	Increased	
	Slightly	1
	Profuse	2
	Markedly profuse	3
	Not increased	0
<b>46. Inflammation</b>		
	Present	
	Mild	1
	Moderate	2
	Severe	3
	Not present	0
<b>47. Stypling</b>		
	Present	1
	Not present	0
<b>48. Bleeding on touch</b>		
	Present	1
	Not present	0

**A RECORD CHECKLIST FOR ASSESSMENT CRITERIA OF VAGINAL INFECTIONS**



<b>S.NO.</b>	<b>ASSESSMENT CRITERIA</b>	<b>PRE-TREATMENT SCORE</b>	<b>POST-TREATMENT</b>
		<b>MAX SCORE=47</b>	



			<b>SCORE</b>
1. <b>Subjective Symptoms</b> 2. Amount of discharge 3. If increased 4. Consistency of discharge 5. Odour of discharge 6. Blood stained 7. Produces itching 8. Type of panties used 9. Relation of discharge with 10. menstruation 11. Relation of discharge with coitus Burning in vagina & vulva Pain in lower abdomen			
1. <b>Observations of signs/symptoms</b> 2. Colour of vagina a. Discharge b. Colour c. Consistency 3. Amount 4. Inflammation 5. Stypling Bleeding on touch			
	<b>Investigations (HVS culture)</b>		

### 3. DEPARTMENT AT A GLANCE:

#### National awards and recognition:

-  Received '**SCIENTIST OF THE YEAR AWARD 2007**' From International awards committee of NATIONAL ENVIRONMENT SCIENCE ACADEMY for contribution in Reproductive And Child Health on 27<sup>th</sup> Dec 2007
-  Received '**BEST PAPER PRESENTATION AWARD**' in International conference 2000.

- ✚ **BIOGRAPHICAL NOTES** published (2011) in REFERENCE ASIA: ASIA'S WHO'S WHO OF MEN AND WOMEN OF ACHIEVEMENTS" 2<sup>nd</sup> Vol published by Rifacimento International.

#### **Books written by teaching faculty:**

- ✚ MUA ' ARIF UN NISA (Key to success for M.D Entrance in Gynaecology and Obstetrics)
- ✚ MASH 'AL-E- NISA (A guide to gynaecology and pediatrics)
- ✚ REHBAR-E NISWAN WA QABLA

#### **Events organised:**

- ✚ National conference **RCH-PHARMAMED** on "Recent Advances in Reproductive and child Health-A confluence of Traditional Medicine and Novel Pharmaceutical Techniques" sponsored by Dept of AYUSH Ministry of Health and Family Welfare
- ✚ **Free Health Checkup and Treatment Camp** was organized on the occasion of **Human Rights.** at sangam vihar
- ✚ **Vaccination Camp:** A vaccination Camp was organized on the occasion of **Children's Day** against Swine Flu (vaccine **VAXIFLU – S** ) at **Jamia Hamdard.**
- ✚ **Four Free Health Checkup and Treatment Camps** were organized for Women and Child Care on "**Women's Day** at (Sangam Vihar, J.J.Coloney Nizamuddin,Seelam pur, Okhla)
- ✚ Organised **three Re- Orientation Training Programs** on Reproductive and child Health (RCH) for Teachers and Practioners of AYUSH in Reproductive and child Health (sponsored by Ministry of Health and Family Welfare, Govt of India at Jamia Hamdard.
- ✚ A "**Health Awareness Walk**" on the occasion of **Human Rights Day** , inaugurated by Honorable Vice Chancellor of Jamia Hamdard Dr GN Qazi.
- ✚ **Guest Lecture:** A Guest Lecture on the occasion of **Human Rights Day** delivered by Dr Jugal kishore from MAMC on "**Individual Rights in Relation to Health**"
- ✚ **Poster Drafting Competition:** Inter University Poster Drafting Competition on "Reproductive and child Health", sponsored by Dept of AYUSH, Ministry of Health and Family Welfare, Govt of India at Hamdrad Convention Center

- ✚ **Electronic Essay Writing Competition: A National e-Essay Writing Competition** for awareness about Reproductive and child Health was organized .
- ✚ Several Health Talks delivered for T.V Channel ,SAWERA, Iran Telecommunications
- ✚ **Live broad caste** and **Several Health Talks** delivered for All India Radio