

AYUSH UNANI JAMIA KADHA

As we aware, entire world are facing the problem of pandemic i.e. Covid – 19, and still awaiting for vaccination or proper medicine to treat the same , during the this hard time it is necessary for us to maintain our body immunity, In this regard as per guideline received from Government of India, Ministry of AYUSH and with the help of expert senior faculty of this college and Department of Saidla, Our college had prepared the immunity booster formulation. It will help our body to fight against symptoms of Influenza like illness.

The Jamia joshanda/ Kadha (Immunity booster) is having the following medicines.

Sr. No.	Unani Name	Urdu Names	Botanical Name	Doses
1	Mulethi	اصل السوس (ملیچی)	Glycerrhiza glabra	6 gms.
2	Unnab	عناب	Zizyphus Vulgaris	6 gms.
3	Gauzaban	برگ گاوزبان	Borago Officinalis	6 gms.
4	Khatmi	خطمی	Althaea Officinalis	6 gms.
5	Khubbazi	خبازی	Malva Sylvestris	6 gms.
6	Sapistana	سپستانا	Cordia Latifolia	6 gms.
7	Barge Adusa	برگ اڑوسہ	Adhatoda Vasica	6 gms.
8	Ustkhuddus	اسطخودوس	Lavndula Stoechas	6 gms.
9	Tulsi	تلسی (برگ ریحان)	Ocium Tenuiflorum	6 gms.
10	Giloy	گلو	Tinospora Cordifolia	6 gms.
11	Aabresham	آبریشم	Bambyx Mori	6 gms.
12	Behidana	بہدانہ	Cydonia Valgaris	3 gms.

How to Use :

Pour one pouch in two cup of water and boil it till remain half , stir it and Add sugar or Honey as per test . Take it lukewarm twice a day. Use separate pouch every time.

Note: Take this Kadha under supervision of Unani Physician only.

A feedback form Is attached herewith , you are requested to kindly give feedback after use.

AHMAD GARIB UNANI MEDICAL COLLEGE & AS-SALAM HOSPITAL,
Akkalkuwa, Dist. Nandurbar (M.S.)

FEEDBACK FORM AYUSH UNANI JAMIA KADHA

NAME : _____
Age : _____ Gender: Male / Female Mobile No. _____
ADDRESS : _____

Sr No	Clinical Symptoms	Before proposed Unani Medicine (0 – 5 scale) 5 Means Maximum	After Use of Unani Medicine (0 – 5 scale) 5 Means Best Result
1	Fever		
2	Sore Throat		
3	Cough		
4	Dyspnea (Shortness of breath)		
5	Runny Nose		
6	General Weakness		
7	Headache		
8	Irritability / Confusion		
9	Nausea / Vomiting		
10	Diarrhea		
11	Others		

NOTE : After finishing Unani Kadha treatment please fill the form and send it to Dr. Shaikh Muzaffar Ahmad
whatsapp no. 9423496596

अहमद गरीब युनानी मेडीकल कॉलेज अँड अस-सलाम हॉस्पिटल, अक्कलकुवा जि.नंदुरबार
अभिप्राय फॉर्म आयुष युनानी जामीया काढा

नाव : _____
वय : _____ लिंग : पुरुष / स्त्री Mobile No. _____
पत्ता : _____

अ.क्र.	लक्षण	प्रस्तावित युनानी औषध घेण्यापूर्वी (० - ५ प्रमाणात) ५ म्हणजे अधिकप्रमाण	युनानी औषधाच्या वापर केल्या नंतर (० - ५ प्रमाणात) ५ म्हणजे सर्वोत्तम परिणाम
१	ताप		
२	घसा खवखवणे		
३	खोकला		
४	धाप लगणे		
५	वहणारे नाक		
६	सामान्य अशक्तपणा		
७	डोके दुखी		
८	चिडचिड / गोधळ		
९	मळमळ / उल्टी		
१०	जुलाब		
११	इतर		

टिप :- युनानी औषधोपचार पूर्ण केल्यानंतर कृपया फॉर्म भरुन डॉ. शेख मुजफ्फर अहेमद मो. नं ९४२३४९६५९६ या
व्हॉट्सअप नंबरवर पाठवावा.