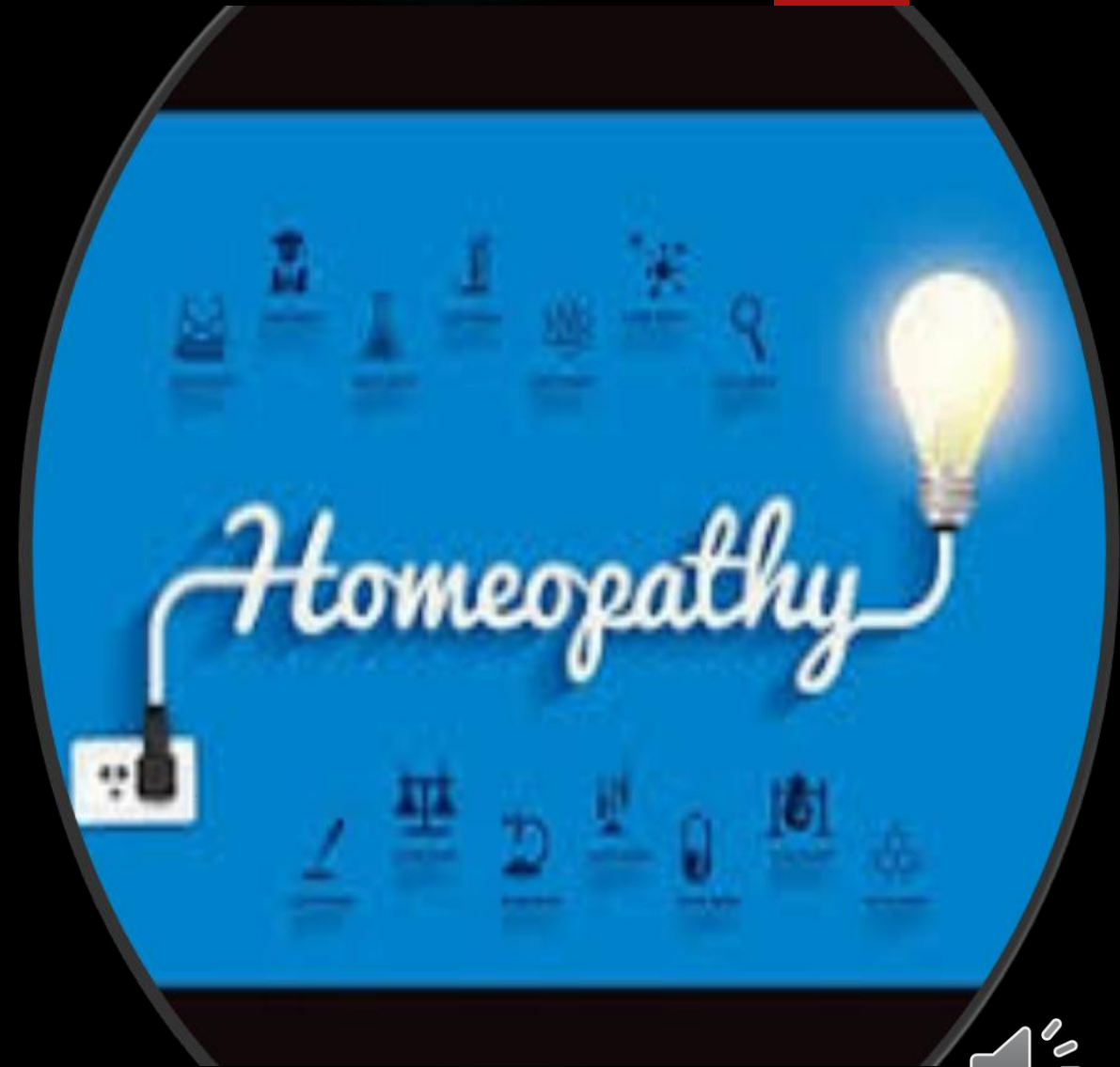


# MIRACLES OF MICROIMMUNOGENETICS BASED ON HOMEOPATHIC PHILOSOPHY



**MICRO** MEANS A VERY SMALL DOSE, WITHOUT TOXICITY BUT TREMENDOUS DYNAMIC POWER.

**IMMUNO** IS THE SHORT FORM OF IMMUNITY i.e TO TRIGGER UP THE IMMUNITY. HENCE PATIENT IS CAPABLE OF CURING HIS DISEASES IF IMMUNITY IS INCREASED.

**GENETICS** IS THE TREATMENT BASED ON INDIVIDUALITY ACCORDING TO HIS GENETIC BACKGROUND.

Dr. Maity uses the divine art of healing. He has tried his best to establish the originality of inner man by triggering the immunity which is already in man and which is nothing but the true form of God. The inner man, the original man is free from all kinds of diseases and sins.

**HE IS THE INCARNATION  
OF GOD.**

*The sun the moon and the ocean*

*Are just a few sum of your creation*

*The falling leaves the growing bud,*

*The cycle of season winter- fall*

*The singing of the birds and passing of day*

*You fashioned everything in a perfect way*

*"A mind that is fast is sick.*

*A mind that is slow is sound.*

*A mind that is still is divine."*



Dr Maity has been serving people not only in the country but abroad also . He has most of the times cured such fatal diseases which have even been proved incurable in Allopathy.

► IN THIS PRESENTATION, WE WOULD COME ACROSS SUCH A CASE.


**Name of the patient: Mr. Pranab Kumar Maity**

**Sex: Male**

**Age: 75 yrs**

The patient came to **Dr. Amitva Maity** when he was diagnosed of **Pancreatic Cancer** and had taken opinion of many renowned Allopathic Doctors in the city by then.






NOW We would come across a few reports and prescriptions of the doctors before the patient came to Dr. Maity and also some reports after the patient's treatment under **Dr. Amitava Maity**



# THIS SLIDE AND THE NEXT FEW SLIDES CONTAIN THE CASE HISTORY OF THE PATIENT

- ▶ **Chief complaints - obstinate constipation, Hypertrophy of prostate. Renal stone , Anorexia , emaciated , Hypertension etc.**
- ▶ **Adv - USG of whole abdomen.**
- ▶ **Report - 6.2 2020 - Along with asymptomatic prostatic hypertrophy, small renal stone, there was a nodular enhancing lesion in perampullary region of pancreas.**



**Clinical examination by Dr. Maity - mild pallor . oedema feet. No tenderness. Yellowish body.**

**Adv - LFT**

**Reports on 7.2 . 2020.**

**All the parameters were exceptionally high.**

**BILIRUBIN - 11.1 mg / dl.**

**SGPT - 144 mg/dl ( Normal less than 45**

**SGOT- 129 ( normal - less than 35)**

**ALKALINE PHOSPHATASE - 421 ( Normal - 45 to 129)**

**GGT - ( less than 55 ).**

**6.2.2020- 1- Bryonia - 30 / 6 doses . ( twice daily for 3 days )**

**2 - Chelidonium - Q ( 5 drops twice daily)**

**No Improvement- on the other hand total body becomes deep yellow. Advice -**

**13.2. 2020 - BILIRUBIN- 21.1mg / dl.**

**Serum Amylase - 62 u/ l**

**Serum lipase - 38 u/ l**

**Ca 19.9 ( cancer markar)- 61.57 u/ l ( normal - less than 35u/**

So the condition was very bad.

Already he had taken the advice of various oncologists of Medica, CMRI and Tata Medical Centre. They had advised for Whipple Operation but had not given any assurance on the above case. They also said that there will be a chance of metastasis and longevity will be not more than 2 years provided the operation is successful.

15-Feb-2020 : CT Scan of Upper Abdomen Report - A solitary enhancing nodule in periampullary region with possibility of neoplastic growth.

16-Feb-2020 : Considering the above reports I prescribed the following:


- i) Lycopodium 200/3 doses (the selection was done by proper reportarization mainly based on mental symptoms).
- ii) Carduus M - Q : 5 Drops BD

The patient began to feel better within 2 days.

In the meantime ERCP was done, Diagnosis was Cholangio CA.

20-Feb-2020 : Considering the report of ERCP, the cholesterinum 3X was added alongwith Chelidonium M - Q.

The Oncologists of Tata Medical Centre, CMRI advised for Whipple Operation asap. So, finally it was decided to go ahead with the operation at CMRI and hence the patient admitted. But due to the sudden lockdown for Covid-19, the scheduled operation postponed and the patient returned home. Before the operation the Albumin level was low. We know, if the Albumin level is low the operation may be risky. So, before going for operation the patient was given protein diet. No medicine was given by the oncologist apart from the medicine for hypertension and other chronic ailments. So, the patient was only on Homoeopathic Treatment for the pancreatic complications.




18-Mar-2020 : LFT was repeated and the Bilirubin came down from 21 mg/dl to 4.5 mg/dl.

SGPT reduced to 40 mg/dl from 144 mg/dl and  
SGOT came down to 39 mg/dl from 144 mg/dl.

19-Mar-2020 : Immediately Carcinocin 0/2 was prescribed. The medicine was selected based on the symptoms from very early childhood days till date. Hence, the patient was prescribed Carcinocin 0/2, Cholesterinum 3X and Chelidonium M - Q as given earlier.

Presently, the patient has no complaints with no sign of Jaundice, Oedema and Anorexia. In the meantime, Glomerulous filtration rate has been done to exclude any renal pathology.



**11-May-2020 : Again, Dr. Maity adviced the patient to go for CA-19.9, Bilirubin, CEA.**

**CA-19.9 came down to 11.85 u/ml from 61.1 u/ml within 40 days.**


**CEA report is normal.**

**Bilirubin 1.6 mg/dl.**

**Amylase 64, Lipase 47 mg/dl were normal.**


**We know a decrease of CA 19.9 is certainly a very strong positive response to therapy.**

**Already on 29-Apr-2020, a Triphasic CT Scan of Upper Abdomen was done.**



The Report confirmed absolutely no trace of nodule and no signal of metastasis.

The patient was under my treatment for various illness through Constitutional and Personalized mode of selection for few month before the present diagnosed life threatening disease. Hence, we may conclude that the overall immunity of the patient was in a very good condition which is the most important aspect of Homoeopathy Treatment. Those who are not accustomed with proper Homoeopathic treatment previously they may also fight with deadly diseases if they come to a Homeopath even in late stages. Generally we get opportunity to treat in very advanced stage , even just before passing away.



We Homoeopath do not want to say that we are also capable to treat cancer like modern medicine. There is no comparison with the latest management of modern medicine in this regard. But it is confirmed that if we get chance to treat cancer patient along with modern medicine conjointly then obviously the result will be astonishing. Still now only we can increase the immunity of the whole body which is very vital to fight against the deadly diseases. We know most of the cancer patient depend on Radiotherapy and chemotherapy. But all these processes are Immunosuppressive. But there is no option.

On the other hand dynamic power of well selected Homoeopathic medicine can fight with these diseases only by triggering the Immunity. After a long research of 12 years I named it MICROIMMUNO GENETICS.



approx.

CT (Provisional)

Resectable ampullary tumour  
Standard cervical anatomy,  
No mets.

- 6-8 cm.
- 30-40% complications
- 5-10% → Lifethreat
- final diagnosis on biopsy

Nature of disease  
surgical option, complications  
morality, final diagnosis in biopsy,  
possibility of serous  
diagnoses explained  
to the patient & his  
relatives.

14/1/20 Echo Pthn  
ECG Sng  
✓ CXR Bilateral  
edema

✓ Serology, Albumin  
Plan: PTHAZAC

Syp. PTHAZAC ✓  
245g starting 5 Dec, 19/2/20 Ref to Dr. Anirban Chatterjee  
for ERCP & review after 2 weeks & serum albumin.

# CK BIRLA HOSPITALS | CMRI

Dr. Sumit Gulati

MS, MRCS (UK), Dip. Lap Surgery (France)  
Fellowship in Liver Transplant (OLBS, Delhi)  
Consultant HPB & G. I. Onco Surgeon  
Regn. No. 54045  
Mobile: 99037 84717  
mail: gulati\_73@yahoo.co.uk

Dr. Supriyo Ghatak

MS, PGI (Chandigarh), M.Ch., G.I. Surgery (AIIMS, Delhi)  
Trained in Liver Transplant & HPB Surgery (King's College Hospital, UK)  
Consultant HPB & G. I. Onco Surgeon  
Regn. No. 55910  
Mobile: 98741 38687  
Email: drsupriyo@yahoo.co.in

Dr. Dipankar Sen

Name: Mr. Pramesh Kumar Maity

Reg. No.:

Date: 15/2/2000 Age: 75yr Sex: M/F WT: HT: BP: HR: Temp.:

## Brief Complaint and Advice:

- Detected to have BLU THROD, PD dilated on USG done for urinary problem. Comp. (anorexia) SOL. (6/2/20).
- yellowish urine x. 15-20 days
- No pain abdomen, wt loss, anorexia, GI bleed.
- 4-5 days stool x 10 days
- HTN ⊕ BPH ⊕ constipation ⊕ indigestion f tremor.
- No addiction, No past dx. 4-5 hypomela, piles & hemis dx.

13/2/20.

Bil - 21.1/17.3. Hb 12.3  
Lipase ⊕ PTH 150

7/2/20 - jaundice ⊕ No sunb  
Lipase ⊕ Liver pt. yellow



# CK BIRLA HOSPITALS LCMRI

## PATIENT DISCHARGE SUMMARY

Patient Name	: Mr PRANAB KUMAR MAITY	MRN	: C0000245209
Gender	: MALE	Age	: 74 Years 9 Months 21 Days
Nationality	: INDIAN	Admitting Doctor	: Dr ANIRBAN CHATTERJEE
Ward/Room	: 6th Floor Twin Sharing East/ 617	Consulting Doctor	: Dr ANIRBAN CHATTERJEE
Admission Date/Time	: 20-FEB-2020 10:39:24		

DISCHARGE DATE : 22/02/2020

### Final Diagnosis:

1. Obstructive jaundice due to stricture distal CBD ? Cholangio CA - ERCP with biliary stenting done (SEMS)
2. Hypertension
3. Benign prostate hyperplasia

### Chief Complaints:

Known case of obstructive jaundice due to distal CBD ? Cholangio CA. Now, admitted for therapeutic ERCP.

Past History/Co-morbidity: Hypertension

Family History: Not significant.

Food or Drug Interaction/Allergy (if any): Not known.

### Course in the Hospital:

After admission clinical evaluation and relevant investigations done. ERCP with biliary stenting done. Post procedure was uneventful. He was managed with IV fluid, IV antibiotic and other supportive medications.  
ERCP Note : Swollen ampulla. Obliterate orifice. Cannulation revealed dilated CBD with distal stricture. Sphincterotomy was done and drained black bile. A 6cm covered SEMS (Bona) was deployed across the stricture. Good black bile ensued.

Referrals: Nil.

Brief description of Procedure/Surgery (if any): Nil.

Condition at Discharge: Stable

### Discharge Advice:

Advice:

Diet: Soft diet.

### Medication:

Tab Zostum-O 200 mg 1 tab twice daily after food for 7 days.  
Tab Pantodac 40 mg 1 tab once daily before breakfast.  
Tab Eslo 2.5 mg 1 tab once daily after breakfast.  
Tab Solitral (10/5) 1 tab once daily at bedtime.  
Tab Nodosis 500 mg 1 tab once daily.  
Tab Ideral LA 1 tab once daily.  
Tab Mirtaz 15 mg 1 tab once daily at bedtime.  
Tab Pyrigesic T 1 tab SOS if pain.  
Tab Ondem 4 mg 1 tab SOS if vomiting.

HE EVEN GOT  
ADMITTED TO THE C.K  
BIRLA HOSPITAL AND  
GOT DISCHARGED ON  
22<sup>ND</sup> FEBRUARY, 2020

HERE IS HIS REPORT  
DURING DISCHARGE





Reg.No.: KOL/20B12/0158 CT-5  
Patient Name : Mr. Pranab Kumar Maity  
Age:75years , Sex:Male  
Referred by Dr. Amitava Maity..... BHMS

Pt. Id. : 17L23/0294  
Booking Date :12/02/20  
Reporting Date:12/02/20

**Ureters:**

Both ureters are normal in course, caliber and outline. There is no filling defect or hold up. Both ureters terminate normally in to the urinary bladder.

**Urinary bladder:**

Urinary bladder is normal in capacity and contour. The bladder wall is normal. There is no obvious intravesical calculus or mass. Paravesical fat planes are normal.

**Prostate:**

The Prostatic density is homogenous. The prostatic outline is smooth. Periprostatic fat planes are intact. Seminal vesicles appear normal.

**Peritoneum:**

There is no free or loculated fluid in peritoneal cavity.

**Retroperitoneum:**

Few subcentimeter retroperitoneal lymphnodes are noted. Aorta and IVC appear normal.

**GI tract:**

There is no detectable abnormality in relation to bowel. Few subcentimeter mesenteric lymphnodes are noted.

**Bones and soft tissues:**

Degenerative change in lumbar spine. The soft tissues of abdomen are unremarkable.

**IMPRESSION:**

- There is suggestion of a very small periampullary lesion causing upstream pancreaticobiliary duct dilatation.
- Bosniak type I cyst of kidneys and right renal small non-obstructive calculus.

Suggested : ERCP for confirmation.

Dr. M. Karmakar MD (Radiology)  
Dr. S. Sarkar MD (Radiology)  
Dr. S. Bhagat MD (Radiology)  
Dr. P. Sanyal MD (Radiology)  
Dr. M. Chaudhuri MD (Radiology)  
Dr. Sayan Sarkar MBBS, DNB (Radiology)  
Dr. A. Indu (Ghosh) MD (Radiology)

MAMATA

Checked by

**SONOSCAN HEALTHCARE PVT. LTD.**

44, C.I.T. Road, Kolkata - 74, Opposite Ladies Park ☎: (033) 2289 7000 / 8000 📠 9775996262 ✉ info@sonoscanhealthcare.com 🌐 www.sonoscanhealthcare.com  
Identity of the patient not verified. If there is any lack of correlation between the result and clinical condition, please refer the patient to the respective department.

**AS REFERRED BY  
DR. AMITAVA  
MAITY, THE  
PATIENT AGAIN  
WENT FOR A  
SONOSCAN AND  
THIS WAS THE  
REPORT**





Reg.No.: KOL/20H03/0103 ULT-10  
Patient Name : Mr. Pranab Kumar Maity  
Age: 75 years, Sex: Male  
Referred by Dr. Prof D Kumar. MBBS, MS, MCH

Pt. Id. : 20B13/0196  
Booking Date : 05/08/20  
Reporting Date: 05/08/20

**USG OF WHOLE ABDOMEN**

- LIVER** : Normal in size (118mm) and normal parenchymal echotexture without any focal lesion is seen. Air echogenicities are noted within the bi-lobar IHBR and CBD suggestive of pneumobilia. Hepatic veins are normal.
- PORTA HEPATIS** : Portal vein is normal in caliber (Diameter 11.3mm). CBD is not dilated (Diameter 5.0mm). Distal part cannot be traced due to overlying bowel gas shadow. **Intraluminal hyperechoic content noted within CBD – likely biliary stent.**
- GALL - BLADDER** : Normal in distension and wall thickness. Lumen is echo-free.
- SPLEEN** : Normal in size and having homogeneous echotexture.
- PANCREAS** : Normal in size and echotexture. Margins are well defined. No calcification is seen. Main pancreatic duct is mildly dilated (Diameter 3.6mm).
- RIGHT KIDNEY** : Right kidney is normal in size, shape, position and lie. Cortico-medullary echo distinction is preserved. No calculus or hydronephrosis is present on right side. A simple para-pelvic cyst of size 26mm is noted in mid pole.
- LEFT KIDNEY** : Left kidney is normal in size, shape, position and lie. Cortico-medullary echo distinction is preserved. No calculus or hydronephrosis is present on left side. Few simple cortical cysts are noted, largest one measuring 23mm in mid pole.
- URETERS** : They are not dilated.
- URINARY BLADDER** : Adequately distended and contour is normal. Wall thickness is normal. No calculus is seen. Post residual urine volume is about 31ml.
- PROSTATE** : Prostate is mildly enlarged in size measuring 41mm x 37mm x 32mm (weight = 26grms). Echotexture and margins appear normal.
- RETRO - PERITONEUM** : Aorta is normal in caliber. No retroperitoneal lymphnode enlargement is seen.
- No evidence of pleural or peritoneal fluid is seen.
- No mass lesion or fluid collection is seen in either iliac fossa.
- Appendix is not visualised.

**IMPRESSION :**

- ✓ Air echogenicities noted within the bi-lobar IHBR and CBD -- likely suggestive of Pneumobilia.
- ✓ Mildly dilated main pancreatic duct.
- ✓ Bilateral renal simple cysts.
- ✓ Mild prostatomegaly.

Suggested : Clinical correlation and MRCP / Follow up for further evaluation.

**AND THIS IS  
THE LATEST  
SONOSCAN  
REPORT OF  
THE PATIENT**



Reg.No.: KOL/20B16/0168 Dept.: PAT-69  
Name : Mr. P.K Maity  
Age : 75years , Sex : Male  
Address : 8 Potery Road, 700015, Kolkata  
Referred by Dr. Udipta Ray. MBBS,MS,MRCS

Pg.No.- 1 of 1  
Pl. Id. : 17105/0146  
Booking Date : 16/02/20  
Reporting Date : 16/02/20  
CT:09:15 DT:13:10 Hrs.

Dr. Pranab Kumar Maity  
Age : 75years , Sex : Male  
Address : 8, Pottery Road, 700015, Kolkata  
Referred by Dr. Amitava Maity..... BHMS

Pl. Id. :  
Booking Date :  
Reporting Date :  
CT:11:25

**REPORT ON LIVER FUNCTION TEST**

Test-Parameter	Result Unit	Biological Reference Interval	Method
Serum Bilirubin (Total)	23.01 mg/dl	(0 - 1.2)	DPD
Serum Conjugated	18.46 mg/dl	(0 - 0.3)	DIAZO
Serum Unconjugated	4.55 mg/dl	(0 - 0.8)	CALCULATED
Serum G.P.T.(A.L.T)	87 U/L	(<41)	IFCC
Serum G.O.T.(A.S.T)	92 U/L	(<40)	IFCC
Serum Gamma GT	770 U/L	(10 - 71)	GGPN
Serum Alkaline Phosphatase	510 U/L	(40 - 129)	IFCC
Serum Total Protein	5.8 g/dl	(6.4 - 8.3)	BIURET
Serum Albumin	3.6 g/dl	(3.5 - 5.2)	BCG
Serum Globulin	2.2 g/dl	(2.4 - 3.5)	CALCULATED
Albumin:Globulin Ratio	1.6		

PRIMARY SAMPLE : BLOOD

DONE BY : FULLY AUTOMATED ANALYZER, COBAS 6000 / COBAS C311

Dr. Debasis Banerjee MD (Path) Dr. Soma Ray DCH DCP (Cal) Dr. Souvik Dutta MD (Path) Dr. Molay Foy MD (Path) Dr. Susruta Sen MD, DNB (Biochemistry) Dr. S. Mandal MD (Microbiology)

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8, Pottery Road, Kolkata - 14, Opposite Ladies Park ☎ : (033) 2289 7000 / 8000 ☎ 9775915262 E: info@sonoscanhealthcare.com W: www.sonoscanhealthcare.com  
If there is any lack of correlation between the result and clinical condition, please refer the patient to the respective department

**BIOCHEMISTRY REPORT**

Parameter	Result Unit	Biological Reference Interval	Method
Total Bilirubin	21.10 mg/dl	(0.0 - 1.2)	
Serum Conjugated	17.36 mg/dl	(0 - 0.3)	
Serum Unconjugated	3.74 mg/dl	(0 - 0.8)	CALCULATED
Amylase	62 U/L	(28 - 100)	ENZYME
Lipase	38 U/L	(13 - 60)	ENZYME
Reported twice.			

PRIMARY SAMPLE: Blood

DONE BY : FULLY AUTOMATED ANALYZER, COBAS 6000 / COBAS C311

Dr. Debasis Banerjee MD (Path) Dr. Soma Ray DCH DCP (Cal) Dr. Souvik Dutta MD (Path) Dr. Molay Roy MD (Path) Dr. Susruta Sen MD, DNB (Biochemistry) Dr. S. Mandal MD (Microbiology)



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For Home Collection & Enquiry Please Dial : 22651098 / 22658309 / 7605803833

Name : Mr. Pranab Kumar Maity, Age : 75 Y, Sex : M  
Phone No : 9433380076  
Ref Doctor : Dr. Supriyo Ghatak

Receiving No : SB00205/48  
Receiving Date : 02-May-2020 11:27 AM  
Reporting Date : 02-May-2020 01:00 PM

## LIVER FUNCTION TEST (BLOOD)

Automated Biochemistry Analyser Used : AU 680/COBAS 501

Test-Name	Result	Reference Interval
BILIRUBIN TOTAL (DPD)	1.6 mg/dl	(upto 1.2)
CONJUGATED (DPD)	0.5 mg/dl	(< 0.2)
UNCONJUGATED	1.1 mg/dl	
TOTAL PROTEIN (Biuret)	6.8 g/dl	(6.6-8.3)
ALBUMIN (Bromocresol green)	4.0 g/dl	(3.5-5.5)
GLOBULIN	2.8 g/dl	(2-3.5)
ALBUMIN - GLOBULIN Ratio	1.43:1	
S.G.O.T. (AST) (IFCC Modified)	32.0 U/L	(< 37)
S.G.P.T. (ALT) (IFCC Modified)	33.0 U/L	(< 41)
ALKALINE PHOSPHATASE (IFCC)	78.0 U/L	(40-129)

Suggested clinical correlation

Checked By : *[Signature]*

Drawn Sample Received : B - 17,18

Dr. A. Chatterjee MD ☐ Dr. D. Ray MBBS, DCP ☐ Dr. K. Mondal MD ☐ Dr. Subir Kr. Dutta, MD ☐ For *SC.L.(P) Ltd*  
Dr. A. K. Manna MD ☐ Dr. S. Nandy MD ☒ Dr. K. Sarkar, MD ☐ Dr. N. Mukherjee, MBBS, DCP ☐  
Dr. I. Mazumdar, MD, DNB ☐

1. The above result relates only to the item tested and only to the time of testing.  
2. Reference intervals mentioned herein are as per the kit literature and may change with the change of method or kit used  
In case a lack of correlation between the test result and clinical condition is found, the patient should be referred back to the laboratory

# TRIBEDI & ROY

## DIAGNOSTIC LABORATORY

(A Unit of SCL Diagnostic Pvt. Ltd.)  
93, Park Street, Kolkata-700 015  
Phones : 2217-6451, 2226-6643 / 8789 / 5961  
E-mail : mail@tribediandroy.com  
NABL ACCREDITED (ISO 15189:2012)

Dr. Subhendu Roy M.B.B.S. (Cal) M.D. (Path)

Certificate No. MC-2702

Patient's Name : MR. PRANAB KUMAR MAITY

Age : 75 YRS

Referred By : Dr. A. CHATTERJEE

## LIVER FUNCTION TEST

SERUM BILIRUBIN TOTAL	8.3 mg/100 ml.
(Method : DPD)	
(Reference Range : 0.2 - 1.0 mg/100 ml.)	
DIRECT	4.7 mg/100 ml.
(Method : Jendrassik)	
INDIRECT	3.6 mg/100 ml.
SERUM TOTAL PROTEINS	5.9 g/100 ml.
(Method : Biuret)	
(Reference Range : 6.6 - 8.3 g/100 ml.)	
SERUM ALBUMIN	3.2 g/100 ml.
(Method : BCG)	
(Reference Range : 3.5 - 5.5 g/100 ml.)	
SERUM GLOBULIN	2.7 g/100 ml.
(Reference Range : 2.0 - 3.5 g/100 ml.)	
A/G RATIO	1.2
SERUM ALKALINE PHOSPHATASE	231 units/L
(Method : KIN.PNPP IFCC)	
(Reference Range :-	
Adult Males : 40-130 units/l.	
Adult Females : 35-105 units/l.	
Children :-	
6 days to 6 months : < 449 units/l.	
7 months to 1 year : < 462 units/l.	
Children and Adolescents - Males : < 390 units/l.	
Children and Adolescents - Females : < 329 units/l.)	
SERUM SGOT	48 units/l.
(Method : KIN.UV IFCC)	
(Reference Range :-	
Males : < 37 units/l	
Females : < 31 units/l)	
SERUM SGPT	46 units/L
(Method : KIN.UV IFCC)	
(Reference Range :-	
Males : < 41 units/l.	
Females : < 31 units/l)	

(\*Checked twice)

(Automated Analysers : AU 5800 - 2700 plus (Beckman Coulter) / Cobas 6000 (Roche))

CHECKED BY

DIGITALLY SIGNED REPORT

The results relate only to the items tested.  
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(Please see overleaf)

Page 1 of 1

Collection Centres :  
• 88A, Diamond Harbour Rd, Kolkata  
(8 A.M. - 4 P.M.) ☎ 24484613  
• 17, Sarat Chatterjee Ave, Kolkata  
(8 A.M. - 5 P.M.) ☎ 40566115  
• 11/3G, Old Ballygunge 2nd Lane,  
Kolkata - 19  
(8 A.M. - 4 P.M.) ☎ 46009747  
• 11A, East Topasia Rd, Kolkata - 46  
(8 A.M. - 4 P.M.) ☎ 40605408

Date of Receipt : 29-Feb-2020  
8:24:00 AM  
Date of Report : 29-Feb-2020

Lab No : LJY704

# DRS. TRIBEDI & ROY

## DIAGNOSTIC LABORATORY

93, Park Street, Kolkata-700 015  
Phones : 2217-6451, 2226-6643 / 8789 / 5961  
E-mail : mail@tribediandroy.com  
NABL ACCREDITED (ISO 15189:2012)

Dr. Subhendu Roy M.B.B.S. (Cal) M.D. (Path)

Certificate No. MC-2702

Patient's Name : MR. PRANAB KUMAR MAITY

Age : 75 YRS

Referred By : Dr. A. CHATTERJEE

## LIVER FUNCTION TEST

SERUM BILIRUBIN TOTAL	4.5 mg/100 ml.
(Method : DPD)	
(Reference Range : 0.2 - 1.0 mg/100 ml.)	
DIRECT	2.7 mg/100 ml.
(Method : Jendrassik)	
INDIRECT	1.8 mg/100 ml.
SERUM TOTAL PROTEINS	6.6 g/100 ml.
(Method : Biuret)	
(Reference Range : 6.6 - 8.3 g/100 ml.)	
SERUM ALBUMIN	3.8 g/100 ml.
(Method : BCG)	
(Reference Range : 3.5 - 5.5 g/100 ml.)	
SERUM GLOBULIN	2.8 g/100 ml.
(Reference Range : 2.0 - 3.5 g/100 ml.)	
A/G RATIO	1.4
SERUM ALKALINE PHOSPHATASE	149 units/L
(Method : KIN.PNPP IFCC)	
(Reference Range :-	
Adult Males : 40-130 units/l.	
Adult Females : 35-105 units/l.	
Children :-	
6 days to 6 months : < 449 units/l.	
7 months to 1 year : < 462 units/l.	
Children and Adolescents - Males : < 390 units/l.	
Children and Adolescents - Females : < 329 units/l.)	

SERUM SGOT 39 units/l.

(Method : KIN.UV IFCC)  
(Reference Range :- Males : < 37 units/l  
Females : < 31 units/l)

SERUM SGPT 43 units/L

(Method : KIN.UV IFCC)  
(Reference Range :- Males : < 41 units/l.  
Females : < 31 units/l)

(\*Checked twice)

(Automated Analysers : AU 5800 - 2700 plus (Beckman Coulter) / Cobas 6000 (Roche))

CHECKED BY

DIGITALLY SIGNED REPORT

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Page 1 of 1



Name : Mr. Pranab Kumar Maity, Age : 75 Y, Sex : M  
 Phone No : 9433380076  
 Ref Doctor : Dr. Supriyo Ghatak

Receiving No : SBO0205/48  
 Receiving Date : 02-May-2020 11:27 AM  
 Reporting Date : 02-May-2020 01:00 PM

### LIVER FUNCTION TEST (BLOOD)

Automated Biochemistry Analyser Used : AU 680/COBAS 501

Test Name	Result	Unit	Reference Interval
BILIRUBIN TOTAL (DPD)	1.6	mg/dl	(upto 1.2)
CONJUGATED (DPD)	0.5	mg/dl	(< 0.2)
UNCONJUGATED	1.1	mg/dl	
TOTAL PROTEIN (Biuret)	6.8	g/dl	(6.6 - 8.3)
ALBUMIN (Bromocresol green)	4.0	g/dl	(3.5 - 5.5)
GLOBULIN	2.8	g/dl	(2 - 3.5)
ALBUMIN : GLOBULIN Ratio	1.43:1		
S.G.O.T. (AST) (IFCC Modified)	32.0	U/L	(< 37)
S.G.P.T. (ALT) (IFCC Modified)	33.0	U/L	(< 41)
ALKALINE PHOSPHATASE (IFCC)	78.0	U/L	(40 - 120)

Suggested clinical correlation:

Checked By : 

Drawn Sample Received : B - 17, 18

Dr. A. Chatterjee, MD ☐ Dr. D. Ray, MBBS, DCP ☐ Dr. K. Mondal, MD ☐ Dr. Subir Kr. Dutta, MD ☐  
 Dr. A. K. Manna, MD ☐ Dr. S. Nandy, MD ☐ Dr. K. Sarkar, MD ☒ Dr. N. Mukherjee, MBBS, DCP ☐  
 Dr. I. Mazumdar, MD, DNB ☐

For  S.C.L. (P) Ltd

1. This above result relates only to the item tested and only to the time of testing.  
 2. Reference intervals mentioned herein are as per the kit literature and may change with the change of method or kit used.  
 In case a lack of correlation between the test result and clinical condition is found, the patient should be referred back to the laboratory.





Reg.No.: KOL/20B13/0291 Dept.: PAT-152  
Name: Mr. Pranab Kumar Maity  
Age: 75 years, Sex: Male  
Address: 8, Pottery Road, 700015, Kolkata  
Referred by Dr. Amitava Maity..... BHMS

Pg.No.- 1 of 1  
Pt. Id.: 20B13/0196  
Booking Date: 13/02/20  
Reporting Date: 13/02/20  
CT: 11:25 DT: 13:12 Hrs.

### REPORT ON CA 19-9

Test-Parameter	Result Unit	Biological Reference Interval
CA 19.9	61.57 U/ml	(Upto 37.0)

Note: Elevated CA 19-9 concentration is found in patients with pancreatic cancer. However interpretation of test result should be made taking into consideration of the patient history and the results of any other test performed.

PRIMARY SAMPLE: Blood

METHOD: ENZYME LINKED FLUORESCENT ASSAY (ELFA)

DONE BY: VIDAS-BIOMERIEUX-FRANCE FULLY AUTOMATED IMMUNOANALYZER

Dr. Debasis Banerjee MD (Path) Dr. Soma Ray DCH, DCP (Cal) Dr. Souvik Dutta MD (Path) Dr. Molay Roy MD (Path) Dr. Susruta Sen MD, DNB (Biochemistry) Dr. S. Mandal MD (Microbiology)

SABRIN

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41, C.T. Road, Kolkata-14, Opposite Ladies Park. ☎ (033) 2289 7000 / 8000 📠 9775996262 E: info@sonoscanhealthcare.com W: www.sonoscanhealthcare.com  
Identity of the patient not verified. If there is any lack of correlation between the result and clinical condition, please refer the patient to the respective doctor.

### SCIENTIFIC CLINICAL LABORATORY PVT. LTD.

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For Home Collection & Enquiry Please Dial: 22651098 / 22658309 / 7605803833

Name: Mr. Pranab Kumar Maity, Age: 75 Y, Sex: M  
Phone No: 9433380076  
Ref Doctor: Dr. Amitava Maity

Receiving No: SBO1105/22  
Receiving Date: 11-May-2020 10:19  
Reporting Date: 11-May-2020 01:25

### REPORT ON THE EXAMINATION OF BLOOD (SERUM)

System: MINI VIDAS

Methods: Enzyme Linked Fluorescent Assay

Test Name  
CA 19.9

Result  
11.85 U/ml

Reference Interval  
Healthy Subjects: <37 U/ml

### INTERPRETATION

An increase in the assay value of CA 19.9 is frequently found in certain types of cancer (pancreas & colorectal), but also in certain non-cancerous pathologies. The CA 19.9 assay level decreases after therapy and increases in cases of relapse, residual disease and metastasis.

The CA 19.9 assay is used as an additional test for the prognosis and monitoring of therapy of patients with diagnosed malignant tumors. A decrease in the CA 19.9 assay level can indicate a positive response to therapy and therefore good prognosis. A constant increase in the CA 19.9 assay value often reflects evolution of the tumor and a poor response to therapy.

*Signature*  
BIOCHEMIST

( ) Dr. Ipsita Mazumdar MD, DNB (Biochem.)

(✓) Ms. Jayoti Gupta (M.Sc. Cal)

Checked By: (✓)

Drawn Sample Received: d - 515

*Signature*  
PATHOLOGIST

For, S.C.L. (P) Ltd.  
Dr. A. Chatterjee, MD Dr. D. Ray, MBBS, DCP Dr. K. Mondal, MD Dr. Subir Kr. Dutta, MD  
Dr. A. K. Manna, MD Dr. S. Nandy, MD Dr. K. Sarkar, MD Dr. N. Mukherjee, MBBS, DCP  
Dr. I. Mazumdar, MD, DNB

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2. Reference intervals mentioned herein are as per the kit literature and may change with the change of method.  
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**DR.MAITY'S  
CONTRIBUTION  
TOWARDS  
HOMEOPATHY  
HAS NO  
BOUNDS, NO  
LIMITS**





FEELING PROUD TO SPEND TIME DURING THE LECTURE OF  
SWAMIJI OF RAMKRISHNA VEDANTA CENTRE IN U.K  
FEEL GOOD TO LISTEN SOME WARDS OF SWAMIJI VEDANT CENTRE (UK)



## Take Care of the Orphans

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STANDING IN FRONT OF THE MUSEUM OF HER HIGHNESS & ROYAL FAMILY  
BIRMINGHAM PALACE (LONDON) U K

**THE CHANGES IN THE PATIENTS REPORT  
HENCE PROVE DR. AMITAVA MAITY'S  
HARD WORK AND DEDICATION TOWARDS  
THIS SCIENCE OF HOMEOPATHY.  
A GOOD NUMBER OF SELECTED CANCER  
PATIENTS ARE EXPERIENCING A LONGER  
, PEACEFUL AND PAINLESS STATE OF  
HEALTH FOR THE REST OF THEIR LIVES**

**LONG LIVE DR.  
AMITAVA MAITY**