

## Reversal of Congenital Hydrocephalus with Porencephalic Cyst and Neonatal Intracranial Hemorrhage in a 13-Year- Old: A Case Report Using a Neo Ayurveda Protocol-Miracle Drink

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### ABSTRACT

**Background:** Congenital hydrocephalus, porencephalic cyst formation, and neonatal intracranial hemorrhage are severe neurological conditions with high morbidity. MRI findings often reveal irreversible brain changes, including ventricular dilation, corpus callosum thinning, and hemispheric volume loss. Conventional management focuses on neurosurgical shunts and hematoma evacuation.

Non-surgical neurological recovery in such cases is virtually unreported.

**Case Presentation:** We report the case of a 13-year-old male with congenital hydrocephalus and neonatal intracranial hemorrhage. MRI revealed prominent asymmetric dilation of bilateral lateral

ventricles, a large porencephalic cyst measuring 104 × 29 × 22 mm in the left frontal region, diffuse thinning of the corpus callosum (body and splenium), and left cerebral hemisphere volume loss. Clinically, the child presented with impaired hand coordination, abnormal gait, and neuromotor deficits since birth. Multiple attempts at management in allopathic, Ayurvedic, and neurological specialty centers (including NIMHANS, Bangalore) yielded poor prognosis, with surgery advised as the only option.

**Intervention:** In July 2025, the patient was placed on a Neo Ayurveda -Miracle Drinks protocol, consisting of targeted herbal formulations (anti-aging, cardiovascular, and immune-care tonics) and a structured diet (flax-based meals, raw vegetable juices, high vegetable intake, restricted rice/wheat).

**Results:** Within one month, the patient demonstrated restoration of hand coordination, normalization of gait, and enhanced neuromotor control, with marked improvement in daily functions. No surgical intervention was required, despite MRI evidence of longstanding congenital structural abnormalities.

**Conclusion:** This case demonstrates the potential of Neo Ayurveda -Miracle Drinks protocols in achieving neurological recovery in congenital hydrocephalus with porencephalic cyst and neonatal ICH. Mechanisms likely include restoration of microcirculation, mitochondrial reactivation, detoxification, and neuroprotection. Controlled studies are needed to confirm reproducibility...

### 1. INTRODUCTION

Congenital hydrocephalus occurs in ~1 in 1,000 live births (Ogunshola & Meier, 2020). Neonatal intracranial hemorrhage, often intraventricular, contributes to long-term neurological morbidity (Ballabh, 2014). MRI in such cases typically reveals severe, irreversible changes: enlarged ventricles, porencephalic cysts, corpus callosum thinning, and hemispheric atrophy.

Conventional management emphasizes neurosurgical interventions (ventriculoperitoneal shunts, clot evacuation) alongside rehabilitation. However, functional recovery without surgery is virtually undocumented.

Neo Ayurveda, integrating modern biomedical concepts (microcirculation, protein folding, mitochondrial biology) with Ayurvedic wisdom (herbal neuroprotection, food as medicine, detoxification), may provide a novel pathway for regeneration.

### 2. CASE PRESENTATION

- Patient: Male, 13 years old
- Birth history: Diagnosed with congenital hydrocephalus and neonatal intracranial hemorrhage
- MRI Findings:
  - o Large porencephalic cyst (104 × 29 × 22 mm) in the left frontal–atrial region

- o Asymmetric dilation of bilateral lateral ventricles
- o Diffuse thinning of the distal body and splenium of the corpus callosum
- o Volume loss of the left cerebral hemisphere

Baseline impairments:

Poor hand coordination

Abnormal gait and difficulty walking

Persistent neuromotor deficits since birth

Prior treatment history:

Multiple allopathic neurological evaluations

Ayurvedic and integrative therapies

Specialty care at NIMHANS (Bangalore)

**Prognosis before Neo Ayurveda:** Surgery (CSF drainage, hematoma evacuation) was considered inevitable

#### Intervention (Neo Ayurveda Protocol)

Herbal Formulations (Miracle Drinks protocol):

Morning: Anti-Aging Support 15 ml, Cardiovascular Support 15 ml, Immune Care 15 ml

Afternoon: Cardiovascular Support 15 ml

Evening: Anti-Aging Support 15 ml, Cardiovascular Support 15 ml, Immune Care 15 ml

Dietary Regimen:

Two daily servings of flax-based diet

Two daily servings of raw vegetable juice

High vegetable and leafy green intake

Reduced rice and wheat

### 3. RESULTS

Within one month:

Restoration of **hand coordination**

**Normalization of gait** with improved walking

Enhanced neuromotor control (ability to perform tasks previously impaired)

Improved overall energy and neurological responsiveness (documented with videos)

No adverse effects reported

**Surgery avoided despite severe MRI findings**

### 4. DISCUSSION

The MRI confirmed severe congenital neurological injury, typically regarded as irreversible without neurosurgery. Yet, functional restoration occurred

Proposed Mechanisms:

**Microcirculation restoration** – improved perfusion to hypo-perfused brain regions.

**Mitochondrial reactivation** – phytochemicals acting as chaperones enhanced ATP production.

**Antioxidant & neuroprotection** – plant-derived antioxidants reduced oxidative stress.

**Gut-brain modulation** – flax-based and vegetable-rich diet enhanced nutrient absorption, reduced systemic inflammation.

**Psychological reinforcement** – early recovery reinforced neuroendocrine balance, supporting neuroplasticity.

This integrative model aligns with emerging research on **neuroplasticity, protein folding, and gut-brain axis regulation**

(Smith & Lee, 2019; Wang & Chen, 2021).

## 5. CONCLUSION

This case highlights the potential of Neo Ayurveda -Miracle Drinks to induce neurological recovery in congenital hydrocephalus with porencephalic cyst and neonatal ICH, conditions long assumed to be **irreversible without surgery**. By targeting circulation, detoxification, mitochondrial function, and diet, the protocol achieved recovery beyond conventional expectations.

**Future Scope:** Controlled clinical studies are required to validate outcomes across larger cohorts.

## REFERENCES

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- [2] Ogunshola, O. O., & Meier, N. (2020). *Congenital hydrocephalus: Models and mechanisms of pathogenesis*. Developmental Medicine & Child Neurology, 62(6), 661– 668. <https://doi.org/10.1111/dmcn.14497>
- [3] Smith, J., & Lee, C. (2019). *Neuroprotective effects of plant polyphenols: Implications for neurodegenerative disorders*. Frontiers in Neuroscience, 13, 985. <https://doi.org/10.3389/fnins.2019.00985>
- [4] Wang, H., & Chen, L. (2021). *Gut–brain axis in neurological disorders: Mechanisms and therapeutic opportunities*. Frontiers in Cellular Neuroscience, 15, 727595. <https://doi.org/10.3389/fncel.2021.727595>

Brain - disorder since childhood.

Case Study

DOT 13/8/25



Oracle drinks NEO AYURVEDA Be Healthy Again

ಯುರ್ವೇದ ಔಷಧಿಗಳು ಮತ್ತು ಮನೆಮದ್ದಿನ ಸಲಹೆ

Written

Written - case study

ಆಪ್ ಡೌನ್‌ಲೋಡ್ ಮಾಡಿ - ಔಷಧಿಗಳನ್ನು ಪಡೆಯಿರಿ  
ಆರೋಗ್ಯ ಸಲಹೆಗಳನ್ನು ಕಲಿಯಿರಿ - ಸ್ನೇಹಿತರೊಂದಿಗೆ ಹಂಚಿಕೊಳ್ಳಿ  
ಪಾಯಿಂಟ್ಸ್ ಸಂಪಾದಿಸಿರಿ ಮತ್ತು ಉಚಿತ ಔಷಧಿ ಪಡೆಯಿರಿ!



ಡಾಕ್ಟರ್ ಹೆಸರು : Dr. Neethu ದಯಪೀತಿಯನ್ ಹೆಸರು : Mamathu ಮೊ.ಸಂ :

ಹೆಸರು: Anurath ವಯಸ್ಸು: 12 ಹೆಂ / ಸೆ

ಮೊಬೈಲ್‌ನಂ : 6363061313 ದಿನಾಂಕ : 03/06/2025

ವಿಳಾಸ : Bangalore

Major prominent asymmetric dilation (L>R) of ALL lateral ventricles.

ಆರೋಗ್ಯ ಸಮಸ್ಯೆ : 1. Epilepsy - since 2 yrs  
2. Neurological Maldevelopment  
3. Twin born. did physiotherapy etc.  
4. Rt side limb - weakness, intermittent  
5. Fever Rt. compared. Frequent seizure  
6. 4 times in May Month - night  
7. large potent cephalic fever

ಬೆಳಿಗ್ಗೆ	ಮಧ್ಯಾಹ್ನ	ರಾತ್ರಿ
S1	S5	S1
S3	S4	S3
S7		S9

1. ಆಂಟಿ ಏಜಿಂಗ್ ಸರ್ಪೋಟ್ (S1)
2. ಅಥೋರ್ ಸರ್ಪೋಟ್ (S2)
3. ಕಾರ್ಡಿಯೋವಾನ್ಯೂಲಾರ್ ಸರ್ಪೋಟ್ (S3)
4. ಲಿವರ್ ಹೆಲ್ಪ್ ಸರ್ಪೋಟ್ (S4)
5. ರೀನಲ್ ಸರ್ಪೋಟ್ (S5)
6. ಗ್ಯಾಸ್ಟ್ರೋ ಸರ್ಪೋಟ್ (S6)
7. ಇಮ್ಯೂನ್ ಕೀರ್ ಸರ್ಪೋಟ್ (S7)
8. ಎಡಿಮ್ಯಾಕ್ಸ್ ಪೌಡರ್ (S8)
9. ಗ್ರಾವಿಯೋಲಾ ಕ್ಯಾಪ್ಸೂಲ್ (S9)
10. ಶುಗರ್ ಕೀರ್ (S10)
11. ಐ ಬೂಸ್ಟ್ ಪೌಡರ್ (S11)
12. ವೇದ್ ಮನಾಜ್ ಆಯಿಲ್ (S12)
13. ಗಾಣದಿಂದ ತೆಗೆದ ಕೊಬ್ಬರಿಎಣ್ಣೆ (S13)

ಬೆಳಿಗ್ಗೆ 1. ಬಾಲಿ ಹೊಟ್ಟೆಯಲ್ಲಿ ಬೇವಿನ ಎಲೆ-ಕಿ ಮತ್ತು 4 ಅರಳಿ (ಅಶ್ವಥ್) ಎಲೆಯ ರಸ 1 ಟೇಬಲ್ ಚಮಚ (ಕಡ್ಡಾಯವಲ್ಲ) ಬೆಳಿಗ್ಗೆ ಸಂಜೆ

2. ಮಿರಾಕಲ್ ಡ್ರಿಂಕ್ಸ್ ಸಪ್ಲಿಮೆಂಟ್ : 10 ml ಪ್ರಮಾಣ-ವಯಸ್ಕರಿಗೆ-15ml (1 ಮುಚ್ಚಳ) ಮಕ್ಕಳಿಗೆ-7.5ml (1/2 ಮುಚ್ಚಳ) ಎಲ್ಲವನ್ನೂ ಬೆರೆಸಿ, ಸ್ವಲ್ಪ ನೀರಿನೊಂದಿಗೆ ಅಥವಾ ಹಾಗೆಯೇ ಸೇವಿಸಬಹುದು. ಇದರೊಂದಿಗೆ 1/2 ನಿಂಬೆಹಣ್ಣಿನ ರಸ, 1/2 ಟೀ ಚಮಚ ಅರಿಶಿನ ಪುಡಿ ಮತ್ತು 1 ಚಿಟಿಕೆ ಕರಿಮೆಣಸಿನ ಪುಡಿಯನ್ನು ಬೆರೆಸಬಹುದು. ಇದು ಕ್ಯಾನ್ಸರ್ ರೋಗಿಗಳಿಗೆ ಒಳ್ಳೆಯದು.

3. ಎಡಿಮ್ಯಾಕ್ಸ್ ಪೌಡರ್ 1/2 ಟೀ ಚಮಚ ಔಷಧಿಯ ಜೊತೆಗೆ ಬೆರೆಸಿ ತೆಗೆದುಕೊಳ್ಳಬೇಕು.
4. ಐ ಬೂಸ್ಟ್ ಅನ್ನು 2.5 ಗ್ರಾಂ ಅಥವಾ 1/2 ಟೀ ಚಮಚ ಅಗಸೆ ಮಜ್ಜೆಗ/ನೀರಿನ ಜೊತೆಗೆ ಬೆರೆಸಿ ತೆಗೆದುಕೊಳ್ಳಬೇಕು.
5. ಪ್ರೀ-ಬಯೋಟಿಕ್: ಬೆಳಿಗ್ಗೆ=2-3 ಎಳಸು, 1/2 ಇಂಚು ಕತ್ತರಿಸಿದ ಶುಂಠಿ, 1/2 ಟೇಬಲ್ ಚಮಚ ರಾತ್ರಿ ನೆನಸಿದ ಮೆಂತ್ಯ ಬೀಜಗಳು ಎಲ್ಲವನ್ನೂ ಒಟ್ಟಿಗೆ ಬಾಯಲ್ಲಿ ಹಾಕಿಕೊಂಡು ಚೆನ್ನಾಗಿ ಅಗೆದು ಸೇವಿಸಬೇಕು. ಇದು ಬೆಳಿಗ್ಗೆ ಒಂದು ಸಾರಿ ಮಾತ್ರ ಸಂಜೆಗೆ ತಿನ್ನುವಂತಿಲ್ಲ.
6. 20 ನಿಮಿಷಗಳ ಕಾಲ ವ್ಯಾಯಾಮ/ಧ್ಯಾನ ಮತ್ತು ಪ್ರಾಣಾಯಾಮದಲ್ಲಿ ಬಸ್ತಿಕ 40 ಜೋಡಿ, 20 ಜೋಡಿ ಅನುಲೋಮ ವಿಲೋಮ ಮಾಡಬಹುದು. ಗಮನಿಸಿ: ನಿಮ್ಮ ಅನುಕೂಲಮಟ್ಟಕ್ಕೆ ಅನುಗುಣವಾಗಿ ಯೋಗವನ್ನು ಮಾಡಿ. ನಂತರ ಬಾಳೆದಿಂಡಿನ ರಸ 1 ಗ್ಲಾಸ್ ತೆಗೆದುಕೊಳ್ಳಿರಿ.
7. ಅಗಸೆಬೀಜದ ಮಜ್ಜೆಗೆ: ಬೆಳಿಗಿನ ಉಪಹಾರದ ಮೊದಲನೇ ಆಹಾರ ತಯಾರಿಸುವ ವಿಧಾನಕ್ಕೆ ಈ ಲಿಂಕ್ ಅನ್ನು ಅನುಸರಿಸಿ. (ಗಮನಿಸಿ: ಅಸ್ಥಮಾ ರೋಗಿಗಳು ಅಗಸೆ ಮಜ್ಜೆಗೆ ಮಾಡುವ ಮುನ್ನ ಬಿಸಿ ನೀರನ್ನು ಮೊಸರು ಜೊತೆಗೆ ಸೇರಿಸಿ, ಹೇಳಿದ ರೀತಿ ಅಗಸೆ ಮಜ್ಜೆಗೆ ಮಾಡುವುದರಿಂದ ಮಜ್ಜೆಗೆ ತಣ್ಣಗಿರುವುದಿಲ್ಲ. 15 gm flex feed 15 ml flex oil)
8. ಅಮೇಲೆ ಗ್ರಾವಿಯೋಲಾ ಕ್ಯಾಪ್ಸೂಲ್ 1 ಅನ್ನು ತೆಗೆದುಕೊಳ್ಳಬೇಕು.
9. ಉಪಹಾರದ ನಂತರ 15 ಗ್ರಾಂ ಅಥವಾ 1 ಟೇಬಲ್ ಚಮಚ ಗಾಣದಿಂದ ತೆಗೆದ ಕೊಬ್ಬರಿಎಣ್ಣೆಯನ್ನು ಹಾಗೆಯೇ ಕುಡಿಯಬೇಕು.

- ಮಧ್ಯಾಹ್ನ
1. ಮಿರಾಕಲ್ ಡ್ರಿಂಕ್ಸ್ ಸಪ್ಲಿಮೆಂಟ್ ಔಷಧಿಯನ್ನು ತೆಗೆದುಕೊಳ್ಳಬೇಕು
  2. ಎಡಿಮ್ಯಾಕ್ಸ್ ಪೌಡರ್ 1/2 ಟೀ ಚಮಚ ಔಷಧಿಯ ಜೊತೆಗೆ ಬೆರೆಸಿ ತೆಗೆದುಕೊಳ್ಳಬೇಕು.





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Page 1 of 2

Date	19 May 2025	Bill No	M250519035
Name	Amruthnag N	Age/Sex	12years/Male
Ref By	Olympus Group Of Hospitals		

**MRI - BRAIN**

**Sequences:** Axial T1 W FSE, T2 W FSE, SWAN, Diffusion W EP1  
Coronal 3D CUBE T2 FLAIR  
Sagittal T1 FLAIR, 3D FIESTA

Prominent asymmetric dilatation (L>R) noted of the bilateral lateral ventricles and mild dilatation of the third ventricle. Suspicious focal area of intermediate signal intensities, measuring <1 mm in thickness noted within the aqueduct of Sylvius. No significant dilatation appreciated of the fourth ventricle.

Large irregular area measuring ~104x 29x 22 mm along its largest dimensions, noted in the left frontoparietal region. Signal intensity is similar to the CSF on all pulse sequences (similar to the intraventricular CSF), which appears to be communicating with the frontal horn and atrial region of the left lateral ventricle.

Diffuse thinning of the distal body and splenium of the corpus callosum noted.

Volume loss of the left cerebral hemisphere noted. The rest of the brain parenchyma shows normal signal intensities with no other definite focal lesions identified. No areas of abnormal restricted diffusion or haemorrhage seen.

Grey and white matter differentiation maintained.

Brain stem and cerebellum appear normal. No definite mass lesions seen in the cerebello-pontine angle regions.

No abnormal extra-axial collections or midline shift seen.

No mass lesions identified in the sellar/suprasellar regions. Parasellar regions appear normal.

Visualized paranasal sinuses and orbits appear normal.

Continued in page 2.



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Date 19 May 2025  
Name Amruthnag N  
Ref By: Olympus Group Of Hospitals  
Bill No M250519035  
Age/Sex 12years/Male

**Axial 2D/3D TOF MR Angiography done for circle of Willis and neck arteries followed by 3D Reconstruction.**

Origin of the brachiocephalic artery, left common carotid and left subclavian arteries from the aortic arch appear normal.

The common carotid artery and proximal external carotid arteries appear normal on both sides.

The cervical and intracranial portion of the internal carotid artery and its bifurcation appear on both sides.

Proximal portion of anterior cerebral artery and middle cerebral artery on both sides appear normal.

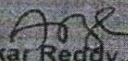
Bilateral vertebral arteries and the basilar artery appear normal. The basilar artery bifurcation and the proximal posterior cerebral arteries appear normal.

No features of aneurysm / vascular malformation seen.

**IMPRESSION:**

- *Prominent asymmetric dilatation (L>R) of the bilateral lateral ventricles and the third ventricle with suspicious obstruction at the aqueduct level)*
- *Diffuse thinning of the distal body and splenium of the corpus callosum*
- *Features suggestive of a large porencephalic cyst in the left frontoparietal region.*
- *MRA study of the carotid and vertebral arteries shows no significant abnormality*

*For clinical correlation*

  
Dr. Shankar Reddy, A.B. MD.  
Note: Films enclosed with the report

Dr. R.G.Gopinath, MD., DNB., FRCR



## NEURO-CARE - ನ್ಯೂರೋ-ಕೇರ್

No. 898, CH-44, Narayana Shastri Road, Near Nanjungalige, Laxmipuram, Mysore - 570 004

ನಂ. 898, ಎಚ್‌44, ನಾರಾಯಣ ಶಾಸ್ತ್ರಿ ರಸ್ತೆ, ನಂಜುಮಲಿಗೆ ಹತ್ತಿರ, ಲಕ್ಷ್ಮಿಪುರಂ, ಮೈಸೂರು-570004

☎ 0821 2440499, 2519995

Timings : 10.30 am to 2.00 pm, 6.00 pm to 8.00 pm

SPECIALITY CLINIC : Epilepsy, Stroke, Headache, Muscle, Nerve, Parkinsons Disease and Movement Disorders

### *Dr. Suhas Murali*

MBBS., MD in Medicine (Gold Medalist),

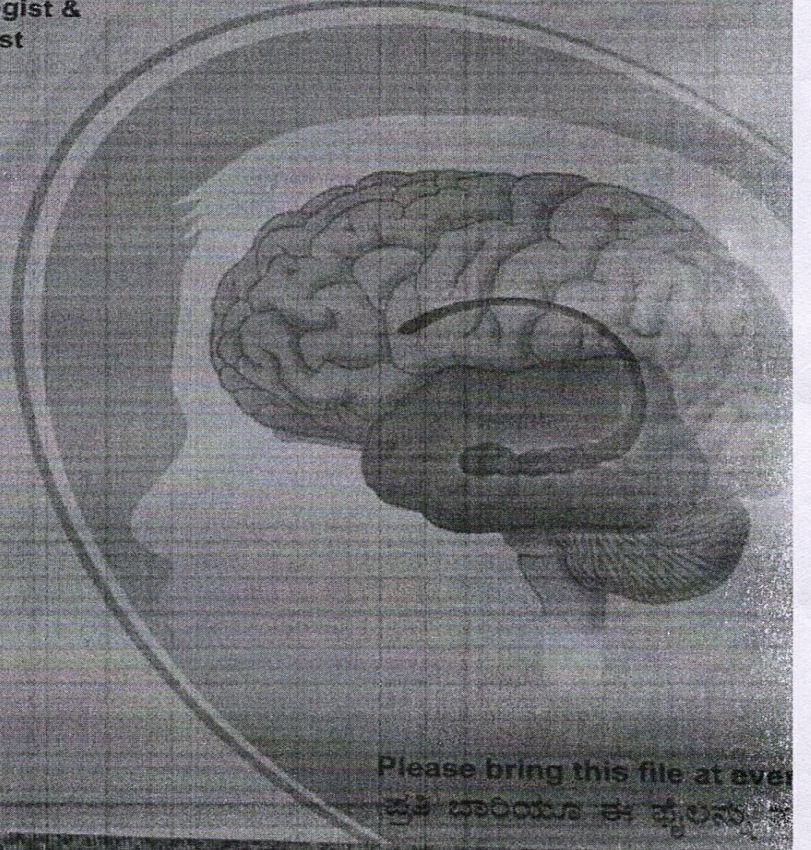
DM in Neurology (Gold Medalist)

Fellowship in Stroke Medicine (AIIMS, New Delhi)

DNB - Neurology

MRCP (UK) - SCE Neurology

**Consultant Neurologist &  
Stroke Specialist**



Please bring this file at every

ಪ್ರತಿ ಬಾರಿಯೂ ಈ ಫೈಲನ್ನು



0821-4014800 / 4014801 / 96204 47044  
nirmalahospitalmysore@gmail.com

# NIRMALA MULTI SPECIALITY HOSPITAL

## DISCHARGE SUMMARY

NAME	: Master. Amruthnag	MRN/IP NO	: 11788/2554
AGE / SEX	: 10 years/Male	DATE OF ADMISSION	: 12.04.2023
WARD	: OW	DATE OF DISCHARGE	: 14.04.2023
CONSULTANT	: Dr. Krishna Kumar H C Consultant Pediatrician		
ADDRESS	: S/O Nagendra, # 24, 2 <sup>nd</sup> main, Giridharshini Layout, Alanahalli, Mysore.		

FINAL DIAGNOSIS :  
( Unprovoked seizures  
Seizures disorder )

### HISTORY:

- C/O Unconscious since 15mins sudden onset, not responding oral commands.
- H/O 2 Episodes of convulsions and vomiting.
- H/O Right hemiparasis+, weakness+( right upper limb and lower limb)

PAST HISTORY: Nothing significant

GPE : ( At the time of admission )

A Male baby aged 10 years, moderately built and nourished  
O/E: child was drowsy, arousable, not responding oral commands.  
Afebrile - 97°F  
GCS - E<sub>4</sub>V<sub>2</sub>M<sub>5</sub>  
CBG- 193mg/dl  
PR -110/min  
SPO2- 88% on RA  
CVS - S<sub>1</sub>S<sub>2</sub>+, Tachypnea+  
RS - B/L AE+, clear  
Pupils- B/L equal & RM  
P/A - Soft

INVESTIGATION : Reports Enclosed

### TREATMENT GIVEN:

- IV FLUIDS
- INJ. LORAZEPAM 2MG IV STAT
- INJ. ONDEM 4MG IV 1-1-1
- INJ. LEVIPIL 300MG WITH 100ML NS 1-0-1
- INJ. C-TRI 1.5GM WITH 50ML NS IV 1-0-1
- INJ. PAN 30MG IN 30ML NS IV 1-0-0



0821-4014800 / 4014801 / 96204 47044  
nirmalahospitalmysore@gmail.com

# NIRMALA MULTI SPECIALITY HOSPITAL

## CLINICAL LABORATORY TEST REPORT

UHID : NMH/MRN/11788  
Name : Amruthnag  
Age/Gender : 10 Year(s)/Male

Order Date : 12/04/2023 23:51  
Referred By : Self  
Collection Date : 12/04/2023 23:56  
Reporting Date : 13/04/2023 00:05

INVESTIGATION	RESULT VALUE	UNIT	REFERENCE RANGE
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### HEMATOLOGY REPORT

#### COMPLETE BLOOD COUNT

HAEMOGLOBIN (HB %)	12.9	gm%	11.5 - 14
TOTAL COUNT	17300	Cells/cumm	4000 - 11000
<b>DIFFERENTIAL COUNT</b>			
NEUTROPHILS	44	%	40 - 75
LYMPHOCYTES	48	%	25 - 40
MONOCYTES	05	%	1 - 10
EOSINOPHIL	03	%	0 - 6
BASOPHILS	00	%	0 - 1
RBC COUNT	4.88	million /cumm	3.8 - 5.5
PLATELET COUNT	3.78	lakhs/cumm	1.5 - 4.5
PCV	37	%	37 - 47
MCV	76	fl	76 - 96
MCH	26	pg	26 - 33
MCHC	35	%	30 - 36

\*\*\*End of Report\*\*\*

Test Done By  
Sreeja



Dr Sindhushree N (MBBS MD)  
KMC No 87568 Consultant Pathologist

nirmalahospitalmysore.com

NO.1004/963, NEXT TO DOCTORS LAYOUT, RING ROAD,  
ALANAHALLI, MYSURU- 570 028