

Workshop on New Dimensions in the treatment of Migraine and Rhinitis

(A Combo of Modern diagnosis with Ayurvedic Treatment Protocol)

Venue: Mayflower Hotel, No. 283/19,
11th Cross, Wilson Garden, Bangalore-27

Date: Sunday, 11th July, 2010

Background: Vaidya Balendu Prakash has successfully established therapeutics of Ras-Aushadhis in the treatment of certain forms of cancer and chronic diseases. The pilot project on Acute Promyelocytic Leukemia (APML) and observational clinical studies in the treatment of migraine using uniform Ayurvedic treatment protocol speak for itself [Refer: www.padaav.com]. Ipcra Traditional Remedies Pvt. Ltd. has taken an initiative to disseminate such protocol based therapeutically, evident applied aspects of Ras-Oushadhis among Ayurvedic professionals for the treatment of chronic disease in phased manner through structural training programme.

Aim: To enhance professional excellence of practicing Ayurvedic physicians.

Highlights: • Modern Perspective • Correlation with Ayurvedic diagnosis and treatment using specific Ayurvedic treatment protocol (Diet, Life style, Medicines and Counseling)
• Documentation of Clinical practice: Screening, filling of Case Record Form (CRF), Follow up and data tabulation

Eligibility Criteria: Registered Ayurvedic physicians.

Registration Fee: Rs. 900/- (Nine hundred only) for each participant which includes lunch and tea, workshop kit (Training Manual, Exercise Handouts).

Last date for registration - 30/06/10. For limited participants only. No spot registration.

Contact: Padaav - Speciality Ayurvedic Treatment Centre, No. 400, 13th Main, Lakkasandra Extension, Bangalore-560030.

Tel: 080 22249500; Mobile: 9449636612; Email: vsrb.padaav@gmail.com

Co-ordinators

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Vd. H. B. Shailaja, Bangalore (Mob: 9341591039)

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Registration Form (In Block letters)

Name: _____

Age: _____ Sex: Male ___ Female ___

Address: _____

Tel.: _____

Mobile: _____

Email: _____

Details of payment:

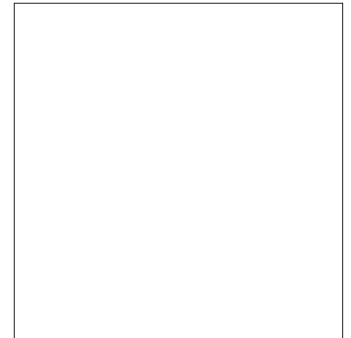
Cash Money Order Bank draft

Details of Bank Draft: _____

Drawn on : _____

Place : _____

Date : _____



(Signature)