KRM ayurveda

Karma Ayurveda®
Where Ayurveda Comes Authentic
(A unit of KRM Ayurveda)

Dr. Puneet B.A.M.S. (DU)
5th Generation in Ayurved
Regd. No.- DBCP/A/7990

Dr. Monika BAMS Regd. No. DBCP/A/8353
Dr. Nikhil BAMS Regd. No. DBCP/A/7203
Dr. Neha BAMS Regd. No. DBCP/A/9339
Dr. Krutika BAMS Regd. No. DBCP/A/9604

OPD Fs – KAOP2118
UHID KRM002059 Name Meena Devi / Uttrakhand Age/Sex 41/F Dated 5/12/25
11:15 am 11:15 am

Chief compaints with
Duration-
Loss of strength in R/L lower limbs & R/L upper limbs] x 2 months.

H/O

O/E
B.P. 120/96 mmHg
P.R. 85/mt.
SPO2- 98%.
Temp- (N)
Wt-65Kg

Provisional/Final Diagnosis
~~Vata Vikara~~.
Kamp Vata

Advice
OSG - 3/6/19
G.I fatty liver
MRI spine cervical spine reveals early spondylotic & disc degenerative changes.

Rx

Appetite -
Bowel -
Urine Output - (N)

Slurring of speech - mild.
difficulty in walking (+)
disturbed gait
Imbalance (+) of posture
Tremors (+).
] x 2 months

- Tab. G-60 2 BD ☐ water A/F
- Kaveh beej powder 1/2 tsp. BD ☐ water A/F
- Cap. Ashwagandha 1 BD ☐ water A/F
- Tab LIV 1 BD ☐ water A/F

2 months

Dr. MONIKA YADAV
BAMS
Regd. No. DBCP/A/8353

KRM AYURVEDA PVT. LTD.
77, Tarun Enclave, 2nd Floor,
Gate No. 2, Prawana Road,
Pitampura, New Delhi-110034

Benefit - slow down the progression of disease

Risk - sleeplessness / vomiting / Anxiety

Alternate - Consult OPD

Outcome - Prognosis explained.

Diet chart Attached

Do's

- yoga + meditation
- ghee, tea, fruits.
- water intake ~ 1 l/day.

Don't

- Oily & spicy food.
- Rajma + Chhole.
- more high protein diet

Dr. MONIKA YADAV
BAMS
Regd. No. DSCPTA/8353

KRM ayurveda

INITIAL ASSESSMENT FORM

Date: 5/12/22

Patient Name -:	Meera Devi			UHID :	KRM0002059		
Address -:	Dhaidaagaon, Debikhal, Almora, Uttrakhand, 263676			Contact No.	8449805279		
				Gender-:	F	Age-:	41yrs
Date of Illness	5/12/22.			Our Ref-:	Online		
Consulting Dr. Details :	Dr. Monika.			Date Of Initial Assessment :	5/12/22		
Height : 5'1"	Weight :	65kg.	BP :	120/96	Resprate :	98%	
	Blood Sugar :	-	TEMP :	(N)			
Hospital is Contact Number :	9871712050 / 01147772777			Vaccination Status :	Vaccinated.		

Patient 's Medical History:

Slurring of speech (mild) Difficulty in walking (+)] x 2 months Disturbed gait Imbalance (+) -Tremors (+)] x 2 months.

History of injury:

No H/o injury.

Current Physical findings:

- Tremors (+)
- Difficulty in walking
- Not able to write properly. Balance - poor
- Baby steps
- Grip loss ↓
- Coordination [UL LL] poor

Is treatment required? If yes treatment programme required, goal and number of sessions required

OPD Medication /IPD/Day Care/No Treatment(Referral)

Goal - Slow down the progression of disease.

KRM AYURVEDA PVT. LTD.
77, Tarun Enclave, 2nd Floor,
Gate No. 2, Parwana Road,
Pitampura, New Delhi-110034

अष्टविध परीक्षा (ASTA - VIDHA PARIKSHA)

NADI :	76 bpm – वातज	DRIK :	प्राकृत
MUTRA :	प्राकृत	AKRITI :	सम
MALA:	प्राकृत		
JIHWA :	निरम		
SHABDA :	अस्पष्ट		
SPARSHA :	समशीतोष्ण		

दशाविध परीक्षा (DASHA - VIDHA PARIKSHA)

PRAKRITI :	वातज
VIKRITI :	प्रकृति सम समवेत
SARA :	मध्यम
SAMHANANA :	मध्यम
PRAMANA :	मध्यम
SATMYA :	मध्यम
SATVA :	मध्यम
AHARA SHAKTI :	मध्यम
VAYA :	युवा
VYAYAMASHAKTI :	मध्यम

DOCTOR SIGNATURE:

KRM AYURVEDA PVT. LTD.
77, Tarun Enclave, 2nd Floor,
Gate No. 2, Tolstoy Marg,
Pitampura, New Delhi-110034

KRM ayurveda

MEDICATION HISTORY AND MEDICATION ADMINISTRATION MONITORING FORM

PATIENT NAME:	Meera Devi	**AGE:**	41 yrs	TYPE OF PT.- OPD/IPD/DAY CARE	OPD
UHID:	KRM0020599	**ADDRESS:**	Almora, Uttakhand. - 263676	GENDER	F
				ROOM NO.	-
WHAT MEDICATIONS BEING USED - (CHECK WITH PRESCRIPTION) - FROM WHEN BEING USED					
Allopathic Medicine – Tab. Syndopa 1TOS – from 2 months					
ANY NON PRESCRIBED PATIENT USING WITH DOSE AND FREQUENCY -					
CURRENTLY USING	–				
PREVIOUSLY USED	–				
IMPACT OF MEDICINES:					
NO IMPROVEMENT	–				
SLIGHT IMPROVEMENT	✓				
ALLERGIC	–				

KRM AYURVEDA PVT. LTD.
77, Tarun Enclave, 2nd Floor,
Gate No. 2, Tiswana Road,
Pitampura, New Delhi-110034

NURSING STAFF SIGNATURE:

MEDICATION NAME	DOSE	ROUTE	FREQUENCY	B/F - A/F	NURSE SIGN.

KRM AYURVEDA PVT. LTD.
77, Tarun Enclave, 2nd Floor,
Gate No. 2, [illegible] Road,
Pitampura, New Delhi-110034

NURSING STAFF SIGNATURE:

KRM ayurveda

MEDICATION GUIDELINES

Patient Name -:	Meera Devi	UHID :	KRM002059		
Address -:	Almora, Uttrakhand.	Age :	41 yrs	Gender :	F
Contact No.	8449805279	Diagnosis :	Kampavata		

a. Tablet G-60 Dose 2 (B/F or A/F), with water (OD/BD/TDS)
b. Tablet Ashwagandha Dose 1 (B/F or A/F), with water (OD/BD/TDS)
c. Tablet LIV J Dose 1 (B/F or A/F), with water (OD/BD/TDS)
d. Tablet _____ Dose _____ (B/F or A/F), with _____ (OD/BD/TDS)
e. Tablet _____ Dose _____ (B/F or A/F), with _____ (OD/BD/TDS)

- Kwath _____spoon; boil in _____ reduce to _____;

(OD/BD/TDS)_____ (B/F OR A/F)

- Kaunch Beej ½ spoon powder with honey/water/milk- (OD/BD/TDS)
- _____ spoon + _____ (OD/BD/TDS)
- _____ apply externally – (OD/BD/TDS) for _____ duration.

❖ Washing Instruction:-

Patient Sign-:

Doctor Sign-:

KRM AYURVEDA PVT. LTD.
77, Tarun Enclave, 2nd Floor,
Gate No. 2, Tiwana Road,
Pitampura, New Delhi-110034

PATIENT ID: KRM002059
DATE: 5/12/2022
11:15 am.

KRM AYURVEDA

Patient Information Form

Name Meera Devi
Age 41 Marital Status Married ☑ Single ☐ Sex M ☐ F ☑
Address: Dhaidaagaon, Debikhal, Almora
City Debikhal State Uttrakand Pin Code 263676.
Telephone 8449805279. E-mail ID khatisurendar769@gmail.com
Occupation House wife Height 5'1" Weight 65kg. Referred by/Found us Online
Vaccination Status 2 dose Vaccine Name Covishild

S.No.	Chief Complaints	Duration
1		
2	- Loss of strength in R/L	
3	lower & upper ~~top~~ limbs	x 2 months.
4	- Slurred speech - Mild	
5	- Imbalance of posture	
6	- Tremors in hands.	
7	- Difficulty in walking	
8	- Disturbed gait	

Other Complaints:

History of Present Illness (Specific History): Pt came to OPD i above mentioned complains took allopathy medications for the same but didn't get relief for the same complains, needs treatment so visited OPD

KRM AYURVEDA PVT. LTD.
77, Tarun Enclave, 2nd Floor,
Gate No. 2, Pitampura, Delhi-110034

PAST MEDICAL HISTORY

	History	Duration	Taking Medicine	Current Status
HTN	Yes/NO		Yes/NO	
DM	Yes/NO		Yes/NO	
Thyroid (Hypo/Hyper)	Yes/NO		Yes/NO	
TB/Typhoid/Jaundice	Yes/NO		Yes/NO	
Others	Yes/NO		Yes/NO	

Family History: No

Treatment History (Surgery/Medication): Allopathy Medicine (Syndopa :)

SYSTEMIC EXAMINATION

BOWELS

(N)

Vega / Frequency: ____ / ____ day

Consistency
- ☐ Hard
- ☐ Soft
- ☑ Loose
- ☑ Normal
- ☐ Mucoid

Associated with
- ☐ Urgency
- ☐ Pain
- ☐ Bleeding
- ☐ Burning Sensation

Evacuation
- ☑ Complete
- ☐ Incomplete

Colour

Others

Taking Laxatives
- ☐ Yes
- ☑ No

(N)

GAS

Intensity ☑ Mild ☐ Moderate ☐ Severe

Passes with ease / Passes with difficulty / Bloating / Burps

Any medication for Gastritis: NO

ACIDITY

Intensity ☑ Mild ☐ Moderate ☐ Severe

After food / Before food / Always

Any medication for Acidity

Heart burn / Acid reflux / Sour blenching / Other: No

APPETITE AND DIGESTION

Do you feel hungry	Yes	No
Do you feel lightness before the next meal	Yes	No

TONGUE

☐ Coated ☑ Uncoated

Taste Perception (N)

Colour (N)

Other

URINE

Frequency 4-5 N, Colour (N) Associated with None · Other

EYES

Pallor ☐ Mild ☐ Moderate ☐ Severe

Icterus (N) ☐ Mild ☐ Moderate ☐ Severe

Vision: · Other:

SLEEP

Talking in sleep.

Duration 7-8 hrs · Intensity of Disturbance Mild (1) Sleeping Pills No · Other

MIND

Anxiety / Depression / Short temper / Mood swings / Negative thoughts / Stress / Restless / Phobia

Sattva Madhyam Other

Diet - Veg / Non Veg / Mixed Mixed

Allergic Reactions No

Food No Medicines No Other —

ADDICTION HABITS

Tea / Coffee / Tobacco / Alcohol / Smoking / Paan / Others Tea. (5-6 times/day)

MENSTRUAL HISTORY (Female patient)

Menopause achieved.

Duration of cycle: No. of days of flow / Interval between two cycle

Pain Discharge Flow Smell

Any Medication Other Days

OBS. HISTORY (Female-married patient only)

G P A L Mode of delive: C-Section / Normal

Patient Local Examinations

Tremors (+) not able to write properly
Difficulty in walking (Baby steps)
Grip loss, Poor Balance.

INVESTIGATION DETAILS

MRI - MRI cervical spine reveals early spondylotic & disc degenerative changes.
8/12/21
3/6/19 - USG - G.I. fatty liver.

KRM AYURVEDA PVT. LTD.
77, Tarun Enclave, 2nd Floor,
Gate No. 2. Pitampura, Delhi-110034

NAADI

V ++ P + K +

DIAGNOSIS

कफज वात

CHIKITSA SUTRA

Dipan / Pachan / Rechan / Balya / Vata anuloman

SPECIFIC ADVICE / PROCEDURE

follow diet & yoga

Rx

Tab. G-60 2 BD ē water A/F
Cap. Ashwagandha . 1 BD ē water A/F
Kaunch Beej powder ½ tsp BD ē water A/F
Tab LIV 1 BD ē water A/F x 2 months

KRM AYURVEDA PVT. LTD.
77, Tarun Enclave, 2nd Floor,
Gate No. 1, Rohtak Road,
Pitampura, New Delhi-110034

x 2 months
5/12/22
11:53 pm

Prakurti Chart Form

UHID No. KRM002059 ... OPD No. KAOP2118. DATE 5/12/22

Kindly add mental, behavioral, emotional and physical profile subtotals to attain the final total. The dash with the highest total is your mind body type.

	VATA	PITTA	KAPHA
MENTAL PROFILE			
Mental activity	Quick mind restless	Sharp intellect aggressive	Claim stead stable
Memory	Short-term best	Good general memory	Long –term best
Thoughts	Constantly charging	Fairly steady	Steady stable fixed
Concentration	Short-learn focus best	Better than average mental concentration	Good ability for long term focus
Ability to learn	Quick grasp of learning	Medium to moderate grasp	Slow to learn
Dreams	Fearful flying running jumping	Angry , fiery ,violent adventurous	Includes water clouds relationship , romance
Sleep	Interrupted light	Sound ,medium	Sound ,heavy long
Speech	Fast sometimes missing words	Fast sharp clear cut	Sound ,clear ,sweet
Voice	High pitch	Medium pitch	Low pitch
Mental profile			
Eating speed	Quick	Medium	Show
Hunger level	irregular	Sharp need food when hungry	Can easily miss meals
Food and drink	Prefers warm	Prefers cold	Prefers dry and warm
Achieving goal	Easily distracted	Focused of driven	Slow and steady
Giving/donation	Gives small amounts	Gives nothing or large amount infrequently	Gives regularly and generously
Relationships	Many casual	Intense	Long and deep
Sex drive	Variable or law	Moderate	Strong
Works best	White supervised	Alone	In groups
Weather preference	Aversion to cold	Aversion to heat	Aversion to damps cool
Reaction to stress	Excites quickly	Medium	Slow to get excited
Finances	Doesn't save spends quickly	(Save but big heat)	Save regularly accumulates wealth
Friendship	Tends towards short term friendship makes friends	Tends to be a longer friends related to occupation	Tends to form long lasting

Vata type Dry to rough skin ,insomnia , constipation ,fatigue , headaches , intolerance of cold underweight or losing weight anxiety ,worry ,and restlessness , attention deficit with hyperactivity disorder .

Pitta type Rashes inflammatory, skin condition, stomach ache, diarrhea, controlling and manipulative behavior, visual problems, excessive body heat, hostility irritability and excessive competitive drive.

Kapha type Oily skin shows digestion, digestion, sinus congestion, nasal allergies, asthma, and obesity. Skin growths, possessiveness, neediness, apathy, depression, difficulty, paying attention.

INSTRUCTIONS FOR PANCHKARMA TREATMENTS

1. Warm and hot water for drinking.
2. Hot water for bathing.
3. Avoid day sleep.
4. Avoid awakening in night.
5. Pass natural urges (urine & stools) before Panchkarma treatments.
6. Don't suppress natural urges.
7. Don't do excessive workout exercise
8. Don't expose to clod air of hot sun.
9. Avoid stress and strain during treatment.
10. Don't travel on vehicles immediately after treatment.
11. Immediately after traveling or exercise should be not taking and panchkarma treatment.
12. Avoid coitus during treatment period.
13. Take proper rest during and after treatment.
14. During treatment patient should be kept on light and hot diet.

KRM AYURVEDA PVT. LTD.
77, Tarun Enclave, 2nd Floor,
Gate No. 3, Tiwana Road,
Pitampura, New Delhi-110034

Pain Score

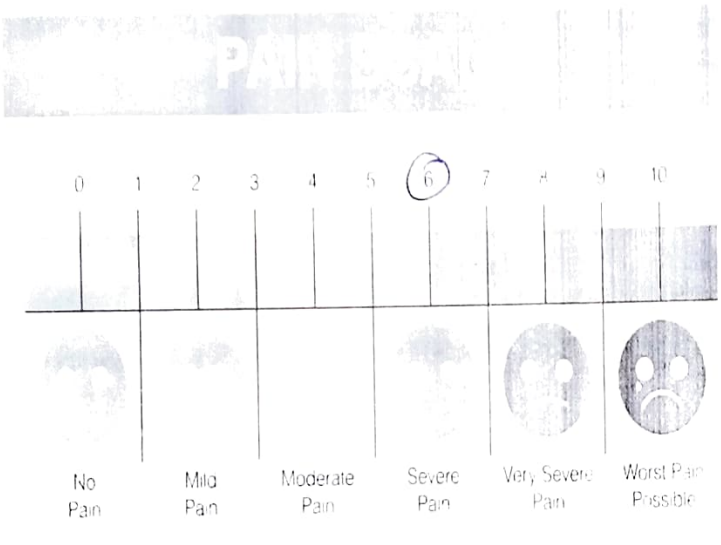
Functional Evaluation:

Balance disorders

Sitting	Normal
	Good
	Poor
	Not possible
Standing	Normal
	Good
	Poor
	Not possible

Coordination

UPPER LIMBS	Good	Poor	Not possible
	L | R	L | R	L | R
LOWER LIMBS	Good	Poor	Not possible
	L | R	L | R	L | R
Comments:			



Next Follow Plan

After 2 months.

Next Follow Date

KRM AYURVEDA PVT. LTD.
77, Tarun Enclave, 2nd Floor,
Gate No. 2, Pitampura Road,
Pitampura, New Delhi-110034

KRM Ayurveda Pvt. Ltd.

77 Tarun Enclave, Parwana Road, Pitam Pura, Delhi, Delhi 110034

COVID-19 MANDATORY SELF DECLARATION

Date : 5/12/22

Name : Meera Devi Age : 51 Gender :M/F F

Address : Uttrakhand

Contact Number : 8449805279

Due to the on going and rapidly changing situation with the novel corona virus (COVID 19),we are requiring all visitors to the KRM Ayurveda to fill-out the self-declaration form below

Do you have any of the following flu-like symptoms ?

Fever	Yes	No ✓
Dry Cough	Yes	No ✓
Sore Throat	Yes	No ✓
Diarrhea	Yes	No ✓
Breathlessness	Yes	No ✓
Asthma	Yes	No ✓
Other : Please specify	Yes	No ✓

- History of travel in the recent one month nationally and internationally?

  No

- Any contact history with a person who had returned from foreign country ? If yes, please specify.

  No

- Purpose of your visit : For consultation, Patient attendant/other reason?

  ✓

- Have you come in contact with the covid 19 positive patient in last one month?

  No

- Have you attend any gathering or visited any crowded market place in the last 14 days ? If you, please specify

  No

- Are you taking any precautionary measures for boosting your immunity prior to coming ? If you, please specify

  No

- Kindly share your status of Aarogya Setu app? Red/Orange/Green

  Green

I here by assure that whatever information I have provided is correct and true to the best of my knowledge
If I am an asymptomatic carrier or an undiagnosed patient with covid 19,I know it may endanger doctors and Hospital staff
It is my responsibility to take appropriate precaution and to follow the protocols prescribed by them.
I also know that I may get an infection from the hospital or from a doctor and I will take every precaution to prevent this from happening But I will not at all hold Doctors and Hospital staff accountable if such infection occurs to me or my accompanying persons

KRM AYURVEDA PVT. LTD.
77, Tarun Enclave, 2nd Floor,
Gate No. 2, Parwana Road,
Pitampura, New Delhi-110034

Patient Signature

KRM Ayurveda Pvt. Ltd.

77 Tarun Enclave, Parwana Road, Pitam Pura, Delhi, Delhi 110034

FEEDBACK FORM (प्रतिक्रिया फॉर्म)

UHID No.: KRM002059 OPD No.: KA0P2118 Date: 5/12/22

Patient Name (रोगी का नाम) Meera Devi Age (उम्र) 41 Sex (लिंग) F

Name of W/O, D/O, S/O (पिता/पति का नाम) Surendra Singh

Address (पता) Q44980S279 (Uttrakhand)

Phone No (फोन नं.) " Email (ईमेल) —

Name of Doctor /डॉक्टर का नाम: Dr Monika

Dear Sir/Madam, प्रिय महोदय/ महोदया

We want know your opinion. We would appreciate if you would spare us a moment of your valuable time in providing us your feedback regarding various aspects of medical care and hospitality that were extended to your stay here with us.

हम आपकी राय जानना चाहते हैं हम आप की सराहना करेंगे अगर आप हमें अपने मूल्यवान समय का एकक्षण देंगे जो हमें आपकी चिकित्सा, देखभाल और आतिथ्य के विभिन्न पहलुओं के बारे में आप की प्रतिक्रिया प्रदान करने में मदद करता है। जो हमारे यहाँ इलाज के दौरान अनुभव किया।

S. No.	Services/ सेवाएं	Good / अच्छा Yes/ हाँ	Not good/ अच्छा नही No/नहीं
1	Do you found, Time period spent on your assessment is sufficient or not? आपकी जांच के लिए डॉक्टर के द्वारा दिया गया समय पर्याप्त है या नहीं ?	✓	
2	Explained about diagnosis and treatment? निदान और उपचार के बारे में समझाया ?	✓	
3	How is work experience of staff? कर्मचारियों का कार्य अनुभव कैसा हैं ?	✓	
4	During your problem did employee or staff respond you on time or not? जब आप अपनी समस्या बताते हैं, तो कर्मचारी ठीक से सुनते हैं ?	✓	
5	Did staff treat you with dignity and respect? क्या कर्मचारी आप से गरिमा और सम्मान के साथ व्यवहार करते है ?	✓	
6	Did you have confidence and trust in the staff? क्या आप कर्मचारी के कार्य क्षमता से संतुष्ट हैं ?	✓	
7	What one thing would you change about the department? इस विभाग में कोई एक भी ऐसी चीज जिस में आप सुधार चाहते है ?		✓

Your comments / आपके सुझाव

Date: 5/12/22

Signature (Hospital Authority)

Signature (MD/MS)

Signature (Patient/Guardian)

KRM AYURVEDA PVT. LTD.
77, Tarun Enclave, 2nd Floor,
Gate No. 2, Parwana Road,
Pitampura, New Delhi-110034