
Karma ayurveda
RENPLUS ULTRA KWATH
Quantity -
KRM AYURVEDA PVT. LTD.
MFG Sep-22 EXP Aug-25
UHID KAOP2324/ KRM00
Medicine REN PLUS ULTRA KWATH
Dose 1/2 PACK , BID
Anupan WITH EQUAL WATER
KRM AYURVEDA PVT
MFG Sep-22 EXP
UHID KAOP2324/ KRM
Medicine NEPHRO WIN
Dose 20ML , 2 B/O
Anupan WITH EQUAL WATER
Karma ayurveda
NEPHRO-WIN
Quantity -
KRM AYURVEDA PVT
MFG Sep-22 EXP
UHID KAOP2324/ KRM
Medicine T. RENAL PLUS
Dose 2 TAB, TDS
Anupan WITH WATER
T. Renal
Quantity -
AYURVEDA PVT. LTD.
-22 EXP Aug-25
P2324/ KRM00
CHANDRA PRABHA VATI
TAB , 2 B/O
WITH WATER

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

OPD ID - KMOP2324 9667474437.
UHID KRmo2248 Name Rampati Devi/Sitaramat Age/Sex 40/F Dated 19/12/22
Jun

Chief compaints with Duration-

- Ghabrahat + Bechani
- vomiting.
- Generalness
- Puffyness on face.

} 1 year.

H/O

K/C/O HTN X 1 year.

K/C/O CKD X 2 months

O/E
B.P. 150/98
P.R. 90/mt.
SPO2- 98%.
Temp- (N)
wt-40Kg

Appetite - ↓.
Bowel - (N)
Urine output - frothy + burning sensation.

Provisional/Final Diagnosis

CKD + HTN
(वृक्क विकार)

Rx

- Tab Renal plus 2 TID ∈ water A/F
- Syp. Nephrowin 20 ml BD ∈ water A/F
- Tab Chandraprabha 2 BD ∈ water A/F
- Ren plus vitta Kwath 1/2 pack BD ∈ water B/F

Advice

9/12/22
Cr - 1.95
Urea - 33.7

17/11/2022
Hb - 11.4

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

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

Prognosis Explained

(This prescription is not valid for medico-legal purpose)

Benefit - Slow down ~~Prognosis~~ progression of disease.

Risk - Vomitting / Nausea / Vomitting

Alternative - Consult OPD.

Outcome - Conservative t/t

Do's

- Home blend diet including Ghiya, Tori, Tinda, Carrot
- Yoga & Pranayama

Don't

- spicy, oily & fried food
- preservative drinks / food
- Processed food.
- Stress

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

Prognosis explained

PATIENT ID: KRM00 2248
DATE: 14/12/22

KRM AYURVEDA

Patient Information Form

Name Rampati Devi
Age 40 Marital Status Married ☑ Single ☐ Sex M ☐ F ☑
Address Kaushambi, 331 Bhowapur Shahibabad
City Ghaziabad State U.P. Pin Code 201010.
Telephone 9667474437 E-mail ID PSSingh9878@gmail.com
Occupation Pvt. Job Height 4'11 Weight 40 Kg Referred by/Found us online
Vaccination Status 2dose Vaccine Name Covi-shield

S.No	Chief Complaints	Duration
1	- Ghabrahat + Bechani	1year.
2	- Gen. weakness	
3	- vomitting	
4	- puffyness of face	
5		
6	K/C/O HTN —	1year
7	K/C/O CKD —	2months
8		

Other Complaints: No

History of Present Illness (Specific History): Pt visited OPD & above mentioned complains. Pt stopped BP medicines suddenly and went outside & diagnosed c CKD. so, directly approached OPD

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PAST MEDICAL HISTORY

	History	Duration	Taking Medicine	Current Status
HTN	~~Yes~~/NO	1 year	~~Yes~~/NO	Uncontrol
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.

SYSTEMIC EXAMINATION

BOWELS

Vega / Frequency ____ / ____ day (N)

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 yes

ACIDITY

Intensity ☑ Mild ☐ Moderate ☐ Severe

After food / Before food / Always

Any medication for Acidity No

Heart burn / Acid reflux / Sour blenching / Other

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 Other

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URINE

Frequency D4N1 Colour P.Yellow Associated with Other

Foamy + burning sensation.

EYES

Pallor ☐ Mild ☐ Moderate ☐ Severe

Icterus ☐ Mild ☐ Moderate ☐ Severe

Vision (2) Other

SLEEP

Disturbed.

Duration Intensity of Disturbance Sleeping Pills 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 Medicines Other

ADDICTION HABITS

Tea / Coffee / Tobacco / Alcohol / Smoking / Paan / Others After Tea-vomiting.

MENSTRUAL HISTORY (Female patient)

Normal.

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

INVESTIGATION DETAILS

9/12/22
Cr - 1.95
Urea - 33.7

17/11/2022
Hb - 11.4.

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NAADI

V ++ P + K +

DIAGNOSIS

CKD + HTN / ~~पित्त~~ ~~विकार~~

CHIKITSA SUTRA

Deepan / Pachan / Mutral / Balya

SPECIFIC ADVICE / PROCEDURE

Follow diet & yoga.

Rx

- Tab. Renal plus 2 TID ∈ water A/F
- Syp. Nephrowin 2ml BD ∈ water A/F
- Tab Chandraprabha 2 BD ∈ water A/F
- Ren plus Ultra Kwath 1/2 pack BD ∈ water B/F

|

1 month

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Prakurti Chart Form

UHID No. KRM002248 OPD No. KAOP2324 DATE 14/12/22.

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.

Pain Score

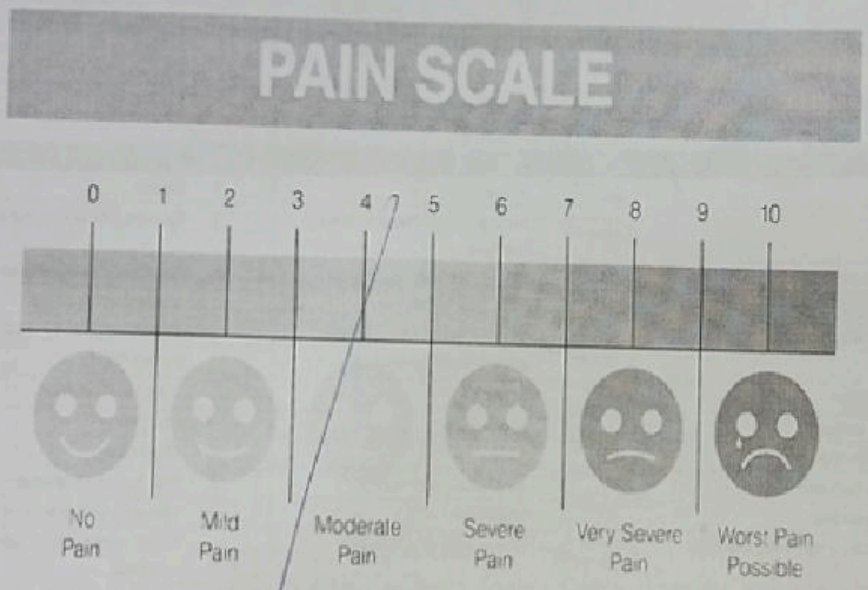
Functional Evaluation:

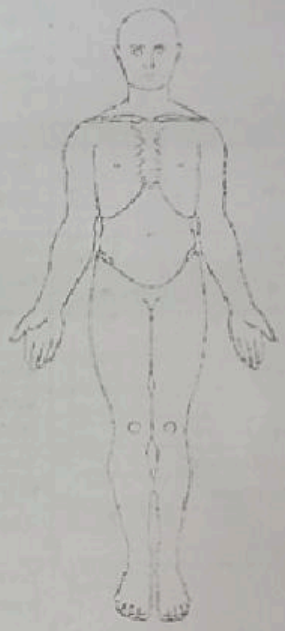
Balance disorders

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	1 month.
Next Follow Date	

KRM Ayurveda Pvt. Ltd.

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

COVID-19 MANDATORY SELF DECLARATION

Date : 14/Dec/22

Name : Rampati Devi Age : 40 Gender :M/F F

Address : 9667474437 G2B(U.P)

Contact Number :

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.

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 form 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.

(D/o patient)

Patient Signature

KRM Ayurveda Pvt. Ltd.

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

FEEDBACK FORM (प्रतिक्रिया फॉर्म)

UHID No.: KRM002248 OPD No.: KAOP2324 Date: 14/Dec/22

Patient Name (रोगी का नाम) Rampati Devi Age (उम्र) 40 Sex (लिंग) F

Name of W/O, D/O, S/O (पिता/पति का नाम) Lt. Shankar Pandit

Address (पता) GZB (U.P)

Phone No (फोन नं.) 9667474437 Email (ईमेल) jsingh9878@gmail.com

Name of Doctor /डॉक्टर का नाम: Dr Varun / Dr Kanika

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 नहीं 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 हैं ?	✓	
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 हैं ?		✓
Your comments / आपके सुझाव			

Date: 14/Dec/2022

Signature (MD/MS)

Signature (Hospital Authority)

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

Signature (Patient/Guardian)