HOMEOPATHY
QUESTIONS TO ASK

Here is a nice long questionnaire you can use to help determine the right remedy. Once you know all the personality, symptoms etc. You can go to your Repertory to find answers. You can also go to search online, example: 'homeopathy insomnia' (or whatever the problem is) to give you an idea of the most popular remedies used.

CHIEF COMPLAINT:

Describe your chief complaint in as much detail as possible including the history of the onset and course of these complaints. How does it affect your life? What have you done about it? How have you treated it until now?

_____

_____

_____

ORIGIN OF CAUSE: Can you trace the origin of the illness to any particular circumstance accident, medications, incident or mental upset such as shock or worry, errors in diet, overexertion, exposure to heat, cold etc.

_____

_____

TIME LOCATION SENSATION MODALITY INTENSITY

_____

_____

DESCRIBE YOUR ADDITIONAL COMPLAINTS:

PAIN/SENSATIONS: [circle] Throbbing Stabbing Burning Cramping Comes on suddenly Hot Comes on gradually Appears and disappears gradually Appears gradually and disappears suddenly Cold Brings nausea Pressure Unbearable Pain Gnawing Clawing Periodic Darting Sharp Cutting Stitching Shooting Moves from one area to another Jerking Crawling Sensation Irritating Itching

SYMPTOMS Better: Mark "B" or Worse: "W" (Modalities)
Bending forward Bending Backward Upon rising Movement Morning Noon Afternoon Evening Midnight 1-3am 3-5am Coughing Having Sex Blowing nose With exertion With Cold With Hot/Warm Wind After bowel movement After sleep After eating With pressure Yawning Walking Urinating Touch Eating cold food Drinking cold drinks Eating warm food Drinking warm drinks Eating anything greasy Being jarred Slightest movement Slight draft of cold air Air conditioning Lying down Standing Sitting Vomiting Bright light Dark Smells Smoke Swallowing Laughing Crying Panting Kneeling Milk Coffee

LOCATION: **[circle] left side right side head face ears: L R eyes: L R throat chest heart arm(s) leg(s) hip(s) buttock neck(front) neck (back) spine lower back kidney(s) liver stomach intestines ovary bladder feet ankles hands wrists eyes fingers temple(s) Above Behind Under**

DISCHARGE DESCRIPTION:

This could be vomiting, blood, phlegm, or a discharge from ulcers, fistula, abscess, eruptions, the skin, lungs, eyes, nose, ears, mouth, vagina, etc. [circle] as many of the following as you desire.
Texture: watery thin thick stringy jelly-like scab white of an egg guey sticky frothy
Colour: yellow white milky yellow-green green red brownish clear bloody
Smell: cheesey bad meat sour fetid like death fishy bad eggs
Other: profuse scant dribbles oozes shoots out

PAST HISTORY OF ILLNESSES:

Every disease, poisoning, drug or accident leaves its mark and remains as a weak point in the system. This examines the ailments you have suffered from in the past and the treatments you have taken. It helps in the choice of the homeopathic remedy and also helps track all the symptoms.
In the list below, [circle] around names of ALL illnesses so far suffered and give its relevant details.

Food Poisoning	**Measles**	**Malaria**	**Miscarriage,**	**Abortion**
Worms	**Rubella**	**Jaundice**	**Menopause related**	**Asthma**
Diarrhea	**Chicken pox**	**Hepatitis**	**Toxemic**	**Pregnancy**
Acidity/	**Ulcers**	**Mumps**	**Colitis**	**Prolapse of uterus**
Backache	**Whooping cough**	**Rheumatism**	**Atypical Pap smear**	
Sciatica	**Scarlatina**	**Herpes**	**Yeast infections**	
Allergies	**Prolapse**	**Mitral Valve**	**Sex. transmit. disease**	
Diabetes etc.	**Ear Infections**	**Enlarged prostate**	**Thyroid**	
Sinusitis	**Vertigo**	**Osteoporosis**	**Blood disorders**	
Kidney/Bladder infections		**High/low Blood pressure**		

Recurrent infections:
Any operation such as: Tonsils, Appendix Hernia,
Any shock, grief, fright,
Tonsillitis, Ear, Hemorrhoids, Uterus, Kidney stone, Gallstones, Phimosis, Asthma, disappointments, Influenza, Hydrocele, Cataracts, Teeth, Caesarian Section bronchitis, panic attacks, Pneumonia, General or local anesthesia, Nervous breakdown
Chronic Headaches, Any major accident or injury to body or head. Acne, Rosacea, Boils, Numbness, Cramps, Any occasion of unconsciousness. Carbuncles, Ringworms, Convulsions, Paralysis, etc., Scabies, Eczema, Meningitis Any major bleeding from any part of the body Fungus, Psoriasis.

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DETAILS OF PAST ILLNESSES:

_____

_____
_____
_____
_____

INFORMATION ABOUT HEALTH OF FAMILY MEMBERS:

(Major diseases: anemia, cancer, diabetes, insanity, rheumatism, T.B., Pleurisy, Ulcerative Colitis, Epilepsy/fits, Bleeding tendency, Urticaria, Eczema, Asthma, Paralysis)

Relationship	Alive/dead	Age	Diseases	Cause of death
Paternal Grand Father				
Paternal Grand Mother				
Maternal Grand Father				
Maternal Grand Mother				
Father				
Mother				

Diseases Suffered

Paternal Uncles_____
Paternal Aunts_____
Maternal Uncles_____
Maternal Aunts_____
Cousin Brother &_____
Sister on Father's side_____

SIBLING INFORMATION:

Provide information about your siblings - the eldest being #1. Indicate your position by writing 'SELF'.

Sibling No.	Brother /Sister	Alive/Dead	Age	Diseases suffered
1.				
2.				
3.				
4.				
5.				
6.				
7.				
8.				

INFORMATION ABOUT SPOUSE AND CHILDREN:

How is the health of your spouse? Please explain.

_____
_____

Children and their condition of health. If any children died, please state causes:

Child's name	Male/Female	Age	Diseases Suffered

Have you had any abortions, miscarriages or still birth? (yes) (no) What was the identified cause?

_____

INFORMATION ABOUT YOU AS AN INDIVIDUAL

YOUR PERSONAL HISTORY:

Birth History:

Did your mother have any problem during pregnancy? _____
Did she take any medications during pregnancy? _____ What were they?_____
Was there any difficulty during your birth? _____ Give details. _____

Problems as a child:

Teething _____ Sitting _____ Standing _____ Walking _____ Stammering _____
Urine control, Bed wetting etc. _____ Any other problem about your growth & development: ____

_____

Circle if you have had any animal bites such as:

Dog Spider Bees Snake Scorpion Jelly Fish
Did you take anti-rabies or anti –venom or any other treatment? (yes) (no)

Vaccination:

Indicate number of times you were vaccinated for the following:
Small pox ___ DPT ___ Meningitis ___ MMR ___ Scarlet Fever ___ Chickenpox ___
Hepatitis ___ Typhoid ____ Flu _____ Travel shots _____ Pneumonia _____ Meningitis ____
Shingles _____

Was there any reaction or particular trouble after any of above vaccinations?

_____

PERSONAL HABITS:

Your Habits	How much		How much
Smoking	_____	Snuff	_____
Chewing Tobacco	_____	Alcohol	_____
Tea	_____	Sleeping Pills	_____
Laxatives /Purgatives	_____	Recreational Drugs	_____

REACTIONS TO DIFFERENT FOODS:

Like the food: Circle the name if liked. If strongly like, put a check mark inside the circle
Dislike the food: "X" mark if dislike the food (or if the food disagrees). Put circle with "x" inside if strongly dislike the food (or if it strongly disagrees with you).
Eggs Salt Sweet Meat Sour Foods Bread Butter Warm food/drink Milk Coffee Fruits Mud/chalk Onions Icy drinks Fish Cabbages Extra Spicy food Fats Wine Ice cream Cold food/drink

APPETITE AND THIRST:

How is your appetite-[circle] good decreased never hungry always hungry picky eater can't finish a meal hungry soon after a meal

When are you hungry? _____
What happens if you have to remain hungry for long? _____
How fast do you eat? _____
How much thirst do you have? _____
Any particular times are you especially thirsty? _____
Do you feel any change in your taste and feeling in your mouth? _____
Food/drink you crave: _____
Food/drink you dislike: _____

BOWEL MOVEMENTS:

Do you have any problem with your bowel movements? Explain.

_____

When and how many times a day do you pass BM? _____

Is there a history of diarrhea, constipation or irritable bowel symptoms

_____

Do you experience any urgency or incontinence?_____

Do you have to strain for stool? Even for soft stool?_____

Do you burp or pass gas excessively? Describe its character._____

Does burping or passing gas relieve?_____

Description of bowel movements [circle] regular frequent hard large scanty soft dry watery bloody loose copious greasy frothy bilious fetid odorless colic before stool urge without success slimy mucous in stool involuntary stool painful stool diarrhea constipation gas griping/cramping bloating heartburn feeling of emptiness fullness heaviness cutting pain

Colour of stool [circle]: brown yellow grey black white ash bluish orange green

Shape of stool [circle]: flat 's' shape narrow chopped pasty small little balls full of air/gas holes mushy

URINATION & URINE:

Tell of any problems with your urination regarding frequency and character of urine?

_____

Any unusual smell or color? _____

Do you have any trouble before, during and after urination? _____

Describe any difficulty with the flow such as slow to start, interrupted, dribbling etc.?

_____

Is there any urinary incontinence or bed wetting or history of either? _____ When? _____

SWEAT-FEVER-CHILL:

How much do you sweat? _____

What parts of your body are prone to sweating? _____

Do you sweat on palms, soles, nose, upper lip? _____

Is the sweat warm, cold, clammy, sticky, musty, greasy, stiffens the linen etc.? _____

Is there any peculiar odor such as foul, pungent, sour, urine? _____

Does it stain the clothes, if yes, what color? _____

Are the stains easily washed off? _____

Do you experience any symptoms after sweating? _____

When do you get fever or chill? What brings it on? _____

Do you experience any sense of heat or cold in any part of your body at any particular time?

_____

CHEST-HEART – COLD – COUGH

Do you catch cold often? _____

Describe the symptoms, nature of discharge etc. _____

Is there any trouble with the CHEST or HEART? ___ Explain.

_____

Is there any trouble with the voice or speech? ___ Explain.

Is there any difficulty in breathing? _____

Do you have a cough? _____

Is it aggravated at any particular time? _____

CARDIO:

Heart Palpitations:

When _____

Better lying on right side _____ **Better lying on left side** _____ **Other:** _____

Irregular Heart Beat _____ **Worse when:** _____ **Better when:** _____

Chest pain _____ **Worse when:** _____ **Better when:** _____

Other: _____

RESPIRATORY:

[Circle] What applies: wheezing accelerated breathing difficult breathing deep breathing asthmatic short of breath obstructed respiration weak respiration grasping for air pain irregular respiration slow respiration loud rattling whistling asphyxia frequent respiratory infections bloody sputum yellow catarrh persistent cough

SEXUAL SPHERE (GENERAL):

Any excessive indulgence in sex or masturbation in past and present? _____

Has it produced any ill-effect on health? ____ **Explain.** _____

Any particular feeling or symptoms appear before, during and after sexual intercourse? _____

Suffering from any sexually transmitted diseases? _____

Unusually increased or decreased desire for sex? _____

What is used family planning? _____

FOR MEN:

Do you experience any difficulty in erection? _____ **Explain.** _____

Are there any other troubles such as impotency or sterility? _____

Experiencing any of the following [circle]: enlarged prostate variocele slowing of urine frequent nighttime visits to urinate hydrocele prem. ejaculation erection difficulties pain on ejaculation pain on urination

FOR WOMEN:

Menses:
How are the menstrual cycles- regular or irregular? _____

At what age did the first menses start? _____

Was there any trouble then? ____ **Explain.** _____

Number of days of flow. _____

Menstrual flow (if still applicable):
Have you noticed any variation in quality, quantity, color, smell, or consistency of flow during menses?
_____

Are the stains difficult to wash? _____

Suffering in any way before, during or after menses? ____ **If so, describe:**
_____

What symptoms of suffering during menopause?
_____

Feel like internal parts coming down? _____

Is there any vaginal discharge? ____ **If so, describe the nature, colour, consistency & smell of discharge.** _____

Does it produce any itching or rash or cracks? _____

Does the discharge increase or decrease in relation to menstrual cycle? _____

What is the effect of this discharge on your general feeling? _____

Passing gas from vagina? _____

Any breast trouble? _____

Menopause:
[Circle] any of these menopause symptoms you are having: Hot flashes depression vaginal dryness lack of sexual appetite osteoporosis weight gain bloating headaches

Had hysterectomy or partial hysterectomy? _____ **Why** _____

Taking any medications or supplements for menopause symptoms, give details
_____

GENERAL COMPLAINTS:

VERTIGO: Is there any dizziness or vertigo? _____ Explain. _____

FAINTNESS: Feeling faint? _____

HEAD: Migraines or headaches?_____ Have you had them in the past? _____ Describe.

_____

EYES & Vision: Describe. _____

EARS & sense of hearing: _____

NOSE & sense of smell: _____

FACE & Facial expression: _____

MOUTH & sense of taste: _____

TEETH, GUMS:

LIPS: cracked, peeling of skin etc.? _____

THROAT (including tonsils): Any difficulty in swallowing or post nasal drip? _____

BACK, LIMBS OR JOINTS: Describe in detail. _____

PAIN: Do they shift? ____ In what direction do they extend? _____

SKIN: such as itching, eruptions, ulcers, warts, corns, peeling, psoriasis etc.? Describe.

_____

Any change in colour of the skin or spots on any part of the body? _____

Is there excessive perspiration? _____

Do wounds heal slowly? _____ Do wounds tend to form pus? _____ Form keloid? _____

NAILS: Is there any complaint or abnormality of the NAIL or skin around? _____

HAIR: (falling, graying, dandruff, dryness, oily, poor excessive or unusual growth) _____

BLOOD: Do you have any tendency to bleed or bruise? _____

SIDES: Are your troubles one sided? _____ Which side? _____ Do they proceed from one to the other side? _____ Or do they alternate or shift? _____

TREMORS/TREMBLING/JERKING/TWITCHES: If so, When? _____

WEAKNESS: Is there any sense of weakness? _____ When is it more or less? _____

Is it in any particular part of the body? _____

FACTORS THAT AFFECT YOU - MODALITITES

Below you will find a list of things that you are exposed to. Each of these factors may affect you in a particular way.

Do you feel worse or better in any way from each of the factors? Please write in what way you are affected by each of the following. For example, write headache against sun, if you get headaches while under sun, Uneasy against hot weather, if you become uneasy in heat, asthma gets worse by lying down, write against lying down, asthma worse.

Sometimes one factor may make you feel worse in some respect, and better in some other respect, For instance cold air may cause headache but headache but make you feel better in general. If this is so, please mention this difference clearly.

Effect		Effect	
Hot weather		Walking	
Cold weather		Running	
Rainy weather		Climbing stairs	
Cloudy weather		Going downstairs	
Change of season		Riding in bus, car etc.	
Thunderstorm		Lying covered	
Covering		Lying on back	
Warm bath		Lying on left side	
Warm room		Cool room	
Sun		Lying on right side	
Cold bathing		Lying on abdomen	
Lying with head low		Burping or passing gas	
Sitting		Drinking	
Sitting erect		Dust	
Standing		Smoke	
Looking up		Touch	
Looking down		Pressure	
Looking from high places		Massage	
Looking at moving object		Tight clothes	
Noise		Before sleep	
Sudden noise		During sleep	
Music		After sleep	
Light		After afternoon nap	
Strong smells		Loss of sleep	
When constipated		Before stools	
Before urine		During stools	
During urine		After stools	
After urinating		Coughing	
Before menses		Sneezing	
During menses		Laughing	
After menses		Talking	
After Sweating		Reading	
When Fasting		Writing	

After Eating _____
Before an important engagement _____
Before exams _____
When angry _____
When worried _____
When sad _____
After weeping _____
Consolation _____
In a crowd _____
In a closed room _____
Thinking of illness _____
Full / new moon _____
Morning _____
Afternoon _____
Evening _____
Night _____
Bathing _____
Draft air _____
Biting or chewing _____
Blowing nose _____
When alone _____
In company _____
Physical exertion _____
Belching _____
Bending backwards _____
Upon moving _____
With cold applications _____
With warm applications _____
Opening a window _____
At onset of menses _____
In bed _____
Put feet in icy water _____

Stooping _____
After intercourse _____
After hair cut _____
Combing hair _____
Brushing teeth _____
Moonlight _____
Opening the mouth _____
Smoking _____
Hanging the limbs _____
Hanging the arms _____
Near sea _____
Shaving _____
Stretching _____
Swallowing _____
Listening others talk _____
Vomiting _____
Yawning _____
Moving the eyes _____
Opening the eyes _____
Closing the eyes _____
Getting feet wet _____
Over eating _____
Working in water _____
Fanning _____
Doubled over _____
Resting _____
Applying pressure to area _____
At sea/seashore _____
Left alone _____
In cold wet weather _____
In the dark _____

EMOTIONAL MAKE-UP & STATE OF MIND:

It is established that all illnesses have an emotional component. It does not mean that mind is the seat of disease or is the cause of all diseases. It merely means that both mind and body are affected in their individual ways and express their discomfort in any given stressful situation. For instance, one can become irritable or depressed with a fractured leg and emotional breakdown can trigger a progression of physical pathologies. We are more than just the parts.

Treated as a whole, the unit has a tremendous potential to experience the sense of whole being. Homeopathic treatment is about bringing harmony to the individual as a whole. In order to treat you as a whole and provide precisely accurate homeopathic treatment, it is necessary for us to understand your emotional and intellectual nature in addition to the physical characteristics. Please answer the following questions frankly without any hesitation.

Do you get anxious? ____ What circumstances make you anxious? _____

Have you had any situations of panic? _____

Are you fearful of anything such as [circle]: animals, people, being alone, darkness, death, diseases, robbers, sudden noises, thunder, of the future, of something unknown, high places, doctors, examinations, crowds, flying, public speaking, leaving your house, snakes, spiders

What symptoms do you experience? _____

Any phobias – claustrophobia, agorophobia, heights, flying? _____

Do you have hallucinations? _____ Of What: _____

Are you doubtful or suspicious of anyone or anything? _____

What are you jealous about? _____

Do you experience any symptoms from jealousy? _____

In which matters are you impatient or hurried? _____

How long do you remember hurts caused to you by others? _____

Do you take revenge or contemplate it? _____

What are you proud of?_____ Does your pride get easily hurt? _____

Depressed, Brooding, Mood Swings, etc.? Describe in detail. _____
_____

Do you ever become suicidal? _____When? _____

If so in what manner do you contemplate to end your life? _____

Have you made any attempts or contemplated? ___ How? _____

When are you most cheerful? _____

Any unwanted thoughts any time? ____ What are they? _____

Do you experience any strange and unexplainable sensations or hearing voices? _____

How is your memory? _____ If poor: for what is it poor? e.g. names, places, faces, what you have read, etc. _____

Do you cry or become emotional easily? ___ What makes you cry? _____
_____

How do you feel after crying? _____

How do you feel if someone offers sympathy and consolation? _____

Are you easily irritated? What triggers your anger? _____

What bodily symptoms do you develop when angry or irritated such as trembling, sweating, losing voice, weakness etc.? _____

Do you prefer to be alone or with company? _____

How seriously are you affected by disorder and uncleanliness in your surrounding? _____

What are the greatest griefs that you have gone through in your life? _____**What effects did they have on you?** _____

What are the greatest joys that you have had in life? _____

What activities you deeply enjoy, hobbies? _____

Are there any matters which you deeply dislike? _____
_____

In your opinion, which aspects of yourself, your personality or moods are not agreeable to you? Inspite of your awareness and maturity, are you unable to change these aspects?

_____
_____

Give a clear cut picture of your situation in life and your relationship with each of your family members, friends and associates in work. How does the future look to you?

_____
_____

Are you worried or unhappy over any and personal, domestic, economical, social or any other condition? If so describe in detail:

_____
_____

What or who do you dislike - [circle]: a family member husband wife strangers company friends music noise sun light odors exercise being indoor closed windows tight clothes being contradicted being consoled mental work writing being wrong bathing

What do you have an addiction to: [circle] alcohol coffee milk sweets chocolate sex narcotics diet pills sedatives tobacco drugs

Do you thirst for [circle] large quantities of water small quantities of water hot drinks

cold drinks coffee room temperature drinks ice cold drinks

SLEEP
Describe your posture in sleep. On the back, side, abdomen etc. _____

Are you able to sleep in any position? _____ If not, in which position you can't sleep?_____

During sleep do you [circle]: Snore Grind teeth Dribble saliva Sweat Weep
Keep eyes or mouth open Walk Talk Moan Become restless Wake up with a jerk

Describe if anything else is unusual about your sleep: (drowsiness, insomnia, interrupted sleep) If so when and what helps?

_____

How much do you cover? _____ Do you have to uncover any parts? _____

Do you find you feel better sleeping on [circle]: your right side your left side your stomach
your back in fetal position(curled up) constantly need to be changing position

Do you have a recurring dream, describe _____

DREAMS:

Dreams are important for choosing the correct homeopathic remedy, please [circle] the dreams that you have had. Describe in detail those that created an impression on your mind. Also, describe the reoccuring dreams in detail.

Animal	**Cats-dogs**	**Horse**	**Wild animals**	**Snakes**	**Rbbers**
Thieves	**Anxious**	**Fearful**	**Ghosts**	**Traveling**	**Riding**
Flying	**Swimming**	**Drowning**	**Houses**	**Fruits**	**Trees**
Water	**Snow**	**Death**	**Dead bodies**	**Dead person**	**Parts of Body**
Suicide	**Being Hungry**	**Drinking**	**Being Thirsty**	**Eating**	**Fire**
Lightning	**Storm**	**Rain**	**Accidents**	**Falling**	**Shootin**
Wars	**Talking**	**Singing**	**Dancing**	**Pleasure**	**Business**
Money	**Forgotten work**	**Day's work**	**Passing Stool**	**Vomiting**	**Urinating**
Praying	**Bathrooms**	**Romantic**	**Blood –bleeding**	**Rape**	**Nakedness**
Sexual pleasure	**Religious**	**Pain**	**Illness**	**Sickness**	**Misfortunes**
Danger	**Temple**	**Church**	**Failure/exams**	**God**	**Grief**
Missing train	**Being unprepared**	**Weeping**	**Quarrels**	**Jealousy**	**Insecurity**
Police	**Imprisonment**	**Crime**	**Murder**	**Killing**	**Poison**
Of People	**Children**	**Parties**	**Feasts**	**Marriage**	**Of events**
Remote	**Physical Exertion**	**Future**	**Prophetic**	**Fatigue**	**Colored**
Recent	**Multi-colored**	**Mental Exertion**	`	**Pursued - whom, for what**	
Unsuccessful efforts for					

Recurring Dreams:

_____

_____

CHILDHOOD

1) If this questionnaire is for you, it pertains to your childhood. If you are filling this out for help for your own child, answer for their tendencies. Mark (X) for any of following qualities, mark (XX) if they are more intense:

Obstinacy	_____	**Unusual fears**	_____
Temper tantrums	_____	**Shyness**	_____
Disobedience	_____	**Unusual attachments (to whom)**	_____
Aggression	_____	**Religious**	_____
Hyperactivity	_____	**Biting nails**	_____
Destructiveness	_____	**Thumb –sucking**	_____
Courage	_____	**Picking and playing with:**	
Possessiveness	_____	**(a) mother's body parts**	_____
Competition-winning spirit	_____	**(b) shawls , handkerchieves**	_____
Sibling jealousy	_____	**(c) anything else**	_____
Boasting	_____	**(d) genitals**	_____
Stealing	_____	**Dullness of memory**	_____
Telling lies	_____	**Slowness**	_____
Sensitive/Emotional	_____	**Laziness /Indolence**	_____

2) Write in detail, if the mother suffered from any physical or emotional stress during pregnancy. Also describe the dreams the mother got during pregnancy.

_____
_____
_____
_____

3) Describe your nature as a child or your child's nature in detail.

_____
_____
_____
_____

4) Describe one incident from the child's life when he/she was very upset.

_____
_____
_____
_____

STRANGE, RARE & PECULIAR examples

ARNICA
- **the head is hot but the body is cold**
- **They can taste rotten eggs in the mouth**

ARSENICUM
- **face is hot, but body is chilled**
- **burning pains relieved by heat**

ACONITE
- **thinks thoughts are coming from the stomach.**
- **thinks parts of the body are thick**
- **thinks what just happened was in a dream, not real**
- **face is not, red, flushed, but becomes pale when sits up.**

BELLADONNA
- **normally a pleasant child, but turns into a raging, kicking, biting monster with desire to escape**
- **can become very strong even though he might be small**
- **can break into fits of laughter even though very sick.**

CALCAREA CARBONICA
- **craving for indigestible things like chalk, lime, plaster**
- **puts out lots of energy and imagination but inept on practical level**
- **has desire or is repulsed by milk**

CHAMOMILLA
- **one cheek is red and hot; the other is pale (esp. when teething)**
- **worse lying on the painless side (usually it is better lying on the pain)**
- **in teething, child will have diarrhea which is grass green like chopped spinach and it will be hot**
- **sour and smell like spoiled eggs**
- **aversion to open air, but worse in warm bed**

IGNATIA
- **lump sensation in throat even though there isn't one, causes to sigh and gulp**
- **headaches can often terminate with a profuse flow of urine**
- **contractory: perceives by act differently. eg. indigestion relieved by eating; sore throat better for swallowing food**
- **can be better with coffee, or worse with coffee**

LYCOPODIUM
- **bossy, irritable at home, but well behaved outside home**
- **worse with warmth and warm room, but better with warm drinks and warm food**
- **one foot is cold, the other is hot. Wants one foot out of the bed.**

NAT MUR
- **laughs over serious matters**
- **dry, but oily skin**
- **dreams of robbers**
- **Seaside can make better or worse**

PHOSPHORUS
- **A very cold person but his stomach is better for cold drinks. When sick, he craves cold water which is vomited as soon as it is warmed in the stomach.**

- craves salt/spice, but is worse for it.
- worse with cold air, but better with cold food.
- chest, throat and neck symptoms are worse with cold air BUT their head and face symptoms are better with cold air.
- sensation as if anus remains open
- difficulty hearing human voice
- small wounds bleed a lot
- painless laryngitis

SEPIA

- better with warmth, but also cold drinks

SULPHUR

- warm, yet sensitive to drafts of air
- burns at both ends
- either rotound, jollylooking or just the opposite: lean and lanky

NOTE: When patient refers to himself as MY instead of I, use Puls. eg. My headache is awful in the house, It drives me out of bed... When they use "I" as in I just can't stand it, or I can't move my leg - it comes under General and not Peculiar.

Environmental Antidotes

These can negate and have a detrimental affect on homeopathic medicines:

- **Touching the Medicine – especially if your hands have been with strong odors, perfumes. Avoid contaminating the homeopathic medicine by touching it or touching any applicators.**
- **Avoid wearing perfume when taking the homeopathic.**
- **Discard spilled or transferred medicine – if any should spill, don't return it to the container. Avoid reusing containers when they are empty, they still carry medicinal properties.**
- **Coffee can antidote homeopathic medicine in certain sensitive people. Also avoid coffee flavoured foods and drinks. Note that Black tea, herb teas, Coca Cola and other caffeine containing substances generally do not antidote.**
- **Camphor is often used for heat rubs, liniments etc. Even Chapstick, Blistex, Tea tree oil, eucalyptus, listerine, mothballs, Noxema should not be used.**
- **Avoid foods you are sensitive to.**
- **Marijuana will usually antidote.**
- **Cocaine always antidotes**
- **Traditional medicine can be a problem. An occasional Tylenol or aspirin does not cause a problem.**
- **Tea tree oil, eucalyptus and Melaleuca oil, all antidote.**
- **Immunizations may antidote and may disrupt the immune system.**
- **Xrays, mammograms or ultrasounds can antidote. CT/MRI's almost always antidote.**
- **Best not to mix acupuncture, polarity therapy, psychic healing and other energy plane manipulations with homeopath.**
- **Magnets can antidote as well.**

REMEDY	ANTIDOTE	REMEDY	ANTIDOTE
Aconitum	Vinum, Acid. veg.	Mercurius (Mercury)	Arnica, Silica, Sulphur, Bella. Camphor, Peruv bk, Hepar Sulph, Iodine, Mezereum, Nit acid, Opium, Sass., Sepia
Agaricus Mus.	Camphor, coffee, pulsatilla, wine	Mezereum	Camphor, Mercury
Aumina (aluminum)	Camphor, Chamomila, Ipecacuanha	Moschus	Camphor
Ambra grisea	Nux vomica	Muriaticum acidum	Camphor
Ammonium Muriaticum	Camphor	Natrum carbonicum	Camphor
Antimonium crudum	Hepar Sulph, Mercury	Natrum muriaticum	Camphor, “Sweet Spirit of Nitre
Arnica Montana	Camphor, Ipec., Wine	Kali Nitricum	Spiritus Aetheris Nitrici, Camphor aggravates
Arsenic Album	Peruvian Bark, Iron, Graphites, Ipec. Nux Vom., Elder, Veratru	Nitr. Acidum	Camphor, Hemlock, Hep Sulph. Mez., Sulphur
Belladonna	Coffee, Hep sulph, Puls., Wine, Vinegar	Nux Vomica	Aconite, Camphor, Cocc ., Chamomila, Coffee, Ignatia, Pulsatilla, Spirit of wine.
Borax	Chamomile, coffee	Petroleum	Nux Vomica
Bryonia	Rhus	Phosphous	Camphor, Coffee, Nux, wine
Camphora	Spirtus Aethaeris Nit.	Phosphorus Acidum	Camphor, Coffee
Cantharis	Camphor	Platinum	Pulsatilla
Capsicum	Camphor	Plumbum (lead)	Alum., Belladonna,, Hyosciamus, Opium, Platina, Stramonium, Electr.
Carbo animalis	Camphor	Psorinum	Silica
Carbo veg.	Camphor, Cofee	Pulsatilla nigricans	Chamomila, Coffee, Ignatia, Nux
Causticum	Coffee, Spiritus Aeth.	Ranunclus Bulbosus	Puls., Coffee, Wine
Chamomilla	Cocculus, Coffee, Ignatia, Nux, Puls.	Rhus toxicodendron	Bryony, Camphory, Coffee, Sulphur
China	Arnica, Arsenic, Belladon., Colc., Ipec, Iron, Mercury, Muriate of Soda	Ruta Graveolus	Camphor
Clematis	Bryonia, Camphor	Sabadilla, Veratrum Sab.	Camphor, Pulsatilla
Cocculus	Camphor, Nux	Sabina, juniperus sabinae	Caphor
Coffea	Chamomile, Ignatia,, Nux	Secale cornutum	Camphor, Solanum Nigrum
Colchicum	Nux, Puls	Selenium	Wine, bark increase symp.

Colocynthis	Camphor, Caustic, Chamomile, Coffee, Staphisagria		Senega	Arnica, Belladonna, Bryony, Camphor
Conium Maculatum	Coffee, Spr.Nitr. Dulc.		Senna	Chamomila
Crocus	Opium		Sepia	Veg.acids, aconite, sweet spirit of nire, emetic trtar
Cuprum (copper)	Nux		Silicea	Camphor, Liver of Sulphur
Digitalis (foxglove)	Nux, Opium		Solanum nig.	Secale
Drosera	Camphor		Spigelia	Camphor
Dulcamara	Camphor		Spongia	Camphor
Ferrum (iron)	Arsenic, Peruv.Bark, Hep Sulph, Puls., Veratrum		Squilla maritima	Camphor
Graphites	Arsenic, Nux		Staphisagria	Camphor
Helleborus niger	Camphor, Peruvian Bark		Stramonium	Veg.acids, nux, tobacco
Hepar Sulphuris, Calcarea Sulphuris	Veg. Acids, Belladonna		Stroniana carb	Camphor
Hyosciamus niger	Belladonna, Camphor		Sulphur	Camphor Chamomila, Mercury, Nux, Puls, Sepia
Ignatia amar	Arnica, Camphor, Chamomila, Cocc., Coffee,, Nux, Puls		Sulphuris acidum	Pusatiloa
Ipecacuanha	Arnica, Arsenic, Peruvian bark		Tabacuum	Camphor, Ipec. Nux
Lactuca irosa	Camphor, Wine		Tartarus emeticus	Ipec.. Puls.
Laurocerasus, Prunus Laurocerasus	Camphor, Coffee,, Ipec.		Thuja	Camphor
Ledum Palustre	Camphor		Valeriana	Belladonna, Camphor, Coffee, Mercury
Lycopodium, clavatum	Camphor, Pulsatilla		Veratrum album	Aconite, Arsenic, Camphor, Coffee, Peruvian Park
Magnesia murias, Mag. muriatica	Camphor		Zincum	Caphor, Liver of Sulphur, Ignatia
Manganum, Manganesium	Coffee			

What follows is a one page assessment that I often like to use when deciding a remedy. It covers most of the bases. There are two different ones that you can try and see if it works for you.

NAME

_____

DATE

_____

MAIN PROBLEM

_____
_____
_____
_____

HEALT H

(1=poor, 10=good)
1 2 3 4 5 6 7 8 9 10

OBSTACLES (meds, smoking, heavy metals, parasites, poisoning)

_____
_____
_____
_____

CONSTITUTION:

symptoms since childhood.

_____
_____
_____
_____
_____
_____
_____

AFFINITIES (body parts)

_____
_____
_____
_____

SUPPRESSIONS:

antibiotics drugs
surgeries cortizone
birth control
Other:_____

PHYSICALS/ PATHOLOGY

_____
_____
_____
_____
_____
_____
_____
_____

PATHO PHYSIOLOGY

Plain, simple inflammation - Psora.

Chronic inflammatory process, which does not show any tendency to heal and progresses slowly: Syc.

Suppuration, bloody discharges, pus - Tub.

Complete destruction and ulceration of tissues and surrounding tissues of that organ, poor or no immune response: Syph.

IMMUNE STATUS

Psora: hypersensitive, allergies, eczema, dermatitis,
Syc: aberrant reactions eg. autoimmune
Tub: hypersensitive with suppurative
Syph: Absolutely poor immune response, so malignancies

GENERAL SENSITIVITY

Psora mentally and physically hypersensitive
Sycosis sensitive but not as much as Psora
Syph either extremely hypersensitive or no sensitivity at all. Extreme pain or numbness because of the destruction of the nerves.

GENERALS:

Worse:

_____
_____
_____

Better:

_____
_____
_____

MIND:

_____
_____

FAMILY HISTORY

Cancer (cancer miasm)
Heart Troubles (Syph)
Lung Troubles (Tuber)
Diabetes (Tuber)
Thyroid (Syph-autoimmune)
Thyroid (Syc - stagnant hypo)
Tuberculosis
Fibroids (Syc)
Arthritis (Syc)
Stroke (syph)
Blind/Deaf (syph)
Paralysis (syph)
Small pox (basis for all herpes (syph)
Psoriasis (syph)
Mac. Degeneration (TB)
Acid Reflux (syc)
Musculoskeltal prob (syc)
Suicide (syph)
Kidney Diathesis
Gout (syc)
CNS,Brain,bones (syph)
Glandular Prob. (TB)

MIASMS:

Most dominant:

_____

Next most dominant:

_____

Sarcodes to use:

_____
_____
_____
_____
_____

Nosodes to use:

_____
_____

Local Examination

_____
_____
_____
_____
_____
___

Repertorization if used

_____
_____
_____
_____
_____
_____

PLAN:

Constitutional:

_____

Pathology:

_____
_____

Miasm(s)

_____

Sarcodes:

_____

Nosodes

_____
_____

OTHER:

_____
_____
_____
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_____
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_____
_____
___

NAME:

_____

DATE:

_____

MAIN PROBLEMS

_____

_____

_____

_____

HEALTH

1 2 3 4 5 6 7 8 9 10

poor good

OBSTACLES

meds, smoke, fungi, heavy metals, drugs, parasites, poisoning

PREV. DISEASES:

Bronchitis (TB)
Cancer (cncr)
Celiac (syph)
Chicken pox (syph)
Crohns (Psor/TB)
Cystitis (syc)
Epstein Barr/Mono (cnr)
Herpes(syph)
Heart Attack (syc)
Leukemia (cncr)
Measles (syc)
Pelvic dis/fibroid (syc)
Pneumonia (TB)
Psoriasis (syph)
Stroke (syph)
Tonsilitis (TB)

_____

_____

_____

Accidents/trauma

_____

_____

_____

_____

CONSTITUTION:

symptoms since childhood.

_____

_____

_____

_____

_____

_____

PHYSICALS/ PATHOLOGY

_____

_____

_____

_____

_____

_____

_____

_____

_____

NEVER BEEN WELL SINCE

_____

PATHO PHYSIOLOGY

Plain, simple inflammation Hypersensitive, allergies, skin probl. itches - Psora.

Chronic inflammatory process, which does not show any tendency to heal, progresses slowly, autoimmune: Syc.

Suppuration, bloody discharges, pus. hypersensitive - Tub.

Complete destruction and ulceration of tissues and surrounding tissues of that organ, poor or no immune response, malignancies, no sensitivity, pain/numbness is because of destruction: Syph.

IMMUNE STATUS. CD4

0...50...500...1000....1500

poor immune normal

GENERALS:

Worse:

_____

_____

Better:

_____

_____

_____

MIND:

_____

_____

_____

_____

_____

_____

SUPPRESSIONS:

antibiotics drugs
surgeries birth control
cortisol Vaccines
Other:_____

FAMILY HISTORY

Acid Reflux (syc)
Alcoholism (syph)
Arthritis (Syc)
Blind/Deaf (syph)
Bones, CNS,Brain (syph)
Cancer (cancer miasm)
Diabetes (Tuber)
Fibroids (Syc)
Glandular Prob. (TB)
Gout (syc)
Heart Troubles (Syph)
Herpes (syph)
Kidney Diathesis
Lung Troubles (Tuber)
Mac. Degeneration (TB)
MS (syph)
Musculoskeltal prob (syc)
Paralysis (syph)
Parkinsons (syph)
Polio (TB)
Psoriasis (syph)
Small pox (basis for all)
Stroke (syph)
Suicide (syph)
Thyroid (Syph-autoimmune)
Thyroid (Hypo/stagnant: Syc)
Thyroid (hyper - Tuber)
Tuberculosis
Ulcerative Colitis (TB)

_____

_____

_____

_____

_____

_____

_____

Our Examination results:

Bl.Pressure_____

Blood ox._____

PLAN:

Constitutional Remedy

_____

Pathology Remed(ies)

_____

Miasm(s) Remedy
Most dominant:

_____

Next:

_____

Sarcodes (organs) needed:

_____

Nosodes needed:

_____

Other:

_____

THERAPIES / REMEDIES GIVEN: end with Sulphur (psora)

Date Remedy

_____

_____

_____

_____

_____

_____

_____

_____

_____

_____

_____

_____

_____

_____

_____

_____

_____ _____ _____ _	**AFFINITIES (where affected)** _____ _____ _____ _____		