

## FOR THE PATIENTS PLEASE NOTE

The symptoms which you consider are most strange or weird in relation to your problems help us the most. Please elaborate the symptoms to the most. Based on your communication we portray a picture of your totality and only thereafter we can prescribe it correctly.

A Homeopathic Remedy can succeed if and only if the totality of symptoms is conveyed to your Homeopath. This communication is always confidential and none else than you would have access to it.

Dr. PS Malik

---

Name: -

Age:-

Sex: - Male /Female

Contact No.:-

E-Mail Address:-

Occupation:-

### **1. Chief Complaints :- Present History**

All the complaints that you, the patient, are experiencing including their duration and sequence. Please write down "all" the complaints that you have.

#### **Elaborate each symptom as to:**

Cause”

Character

Location

Extension

Radiation of pain or sensation

Associated concomitants

Aggravation & amelioration: regarding

- a) Time
- b) Temperature & weather
- c) Bathing

- d) Rest or motion
- e) Position
- f) External stimuli
- g) Eating etc.
- h) Before or after
- i) Menses
- j) Coition
- k) Defecation etc.

**2. Appearance:-**

Thin, Obese, Tall, Short, Fair, Dark.

Tongue :( Its Appearance; If Coated, The Colour & Nature Of Coating)

Throat :( Appearance, Conditions Of Tonsils & Uvula)

Swallowing :( Liquids, Solids Or Empty)

**3. Symptoms Of Special Senses:**

- a) eyes & vision
- b) ears & hearing
- c) nose & smell
- d) mouth & taste
- e) skin & touch

**4. Appetite:-**

Normal, decreased or increased) Any trouble before or after eating in general e.g. pain, burning, heaviness, sleepiness, distension etc., from any particular food, article.)

LIKING for hot or cold

**5. Thirst:-**

Medium, increased or decreased:-

- a) How many glasses per day?
- b) Cold / Normal water?

**6. Desires:-**

- a) Taste of food you like ? ( i.e. Spicy, Sour, Sweet, Salty etc.

b) Any specific craving for a particular food item ?

**7. Aversion:-**

Any food item that you don't like or the one that aggravates your complaints

**8. Flatulence-**

- a) Bloating of abdomen, when?
- b) Passing of gas up or down gives relief

**9. Constipation:**

- a) Whether unsuccessful urging or no desire?
- b) Hemorrhoids (blind or bleeding)
- c) Fissures

**10. Stool:-**

- a) Satisfied /unsatisfied?
- b) Constipation / Loose-motions.?

**11. Urine:**

- a) Increased during day & night
- b) Burning in urine
- c) Incontinence of urine

PAIN: - character, before, during or after

**12. Perspiration:-**

- a) Increased on any particular part of your body?
- b) Offensive
- c) Stains or not?
- d) Whether feels weak or no effect?

**13. Sleep:-**

- a) Character
- b) Posture during sleep{back sides abdomen etc.}
- c) Whether refreshed or tired after sleep
- d) Whether aggravation or amelioration during or after

**14. Dreams:-**

Nature & character {confused, pleasant, horrible, frightful, disgusting, disagreeable, vivid etc.}

**15. Past History:-**

Have you suffered from any major illness in the past like Malaria Typhoid, Tuberculosis, Hepatitis, Skin problems etc. or any Surgery undertaken?

**16. Family History:-**

Any history of Hypertension, Diabetes, Tuberculosis, Heart problems, Cancer etc. in the family

**17. Addictions**

If any?

**18. Any Complaint In Limbs & Joints**

**19. Any Skin Eruptions**

**20. Tendency:**

- a) To catch cold {when & how }
- b) To suppurate easily
- c) To bleed
- d) To faint {under what circumstances }
- e) To tumors, cysts, polyps, warts, moles
- f) To certain diseases

**21. GENERAL REACTIONS Aggravations Or Ameliorations As A Whole**

- a) warmth, warmth of bed; warm room (hot)
- b) cold, cold air, cold wind (chilly)
- c) hot & cold; wet & dry weather changes:
- d) thunderstorms or storm (before, during & after)
- e) open air or closed rooms, changes from one to another
- f) hot sun, wind, fog, snow
- g) stuffy crowded places, draughts, heat of stove, uncovering
- h) rest & motions (slow, rapid, ascending or descending; on first motion; after moving while, while moving, after moving, traveling in car, bus train sea, air etc.

- i) Position: standing, sitting, stooping, rising on painful side; back, sides, abdomen, head high or low, leaning head backward, forward, sidewise, upwards closing or opening eyes any unusual position
- j) External stimuli:
  - Touch
  - Pressure & rubbing
  - Constriction (clothing etc.)
  - Light, noise, music, smell
  - Jar, riding, stepping
- k) Eating & drinking(before, during or after)
  - Fasting
  - Any particular item of food
- l) Emotions: anxiety, grief, joy etc.
  - Before important engagements
- m) Exertions: physical & mental
- n) company, crowds, loneliness etc.
- o) Time, hour, day, night or midnight

## **22. PERIODICITY-Daily, Alt Days, Weakly, Yearly Etc.**

### **23. For Females Only**

#### 1. Menstrual History:-

- a) Menstrual flow for how many days and after how many days?
- b) Any associated complaints with menses?
- c) If menopause: - Any complaints before/during and after menopause. ?

#### 2) Leucorrhoea if present?

- a) Colour, Stains or not, offensive or any peculiar smell.
- b) acrid or bland
- c) whether feels hot to parts
- d) Circumstances under which more or less {e.g. lying, walking, exertion, menses, day, night, morning, night etc.}

#### 3) Obstetric History:-

- a) No. of children - Normal / Caesarian delivery?

- b) Abortions – if yes specify which month?
- c) Any complaints during / after pregnancy?

4) Sexual sphere:-

- a) sexual desire-normal, increased, decreased or suppressed
- b) any aversion to sex or coition

**24. For Males Only**

Premature ejaculation, impotence, wet dreams, relaxation of genitals, masturbation.

CLIMATE

: -Preferred hot /cold BATH

: -Warm /cold LIKES

: - Fan / ACMIND

**25. Mental**

Please note: for the patient to detail: Homeopathy is a holistic system of medicine and is most useful if information about the whole person is generously supplied, so please give information regarding yourself as to :

- i. What bothers you ?
- ii. Any FEARS or PHOBIAS. ?
- iii. Anxieties , Irritability , Imaginations ?
- iv. Emotional state — Brooding , crying, Suicidal etc. ?
- v. Likes company or loner and why ?
- vi. Dreams—-if you remember any particular dream or any dream you have seen repeatedly.?
- vii. Do you cry easily?
- viii. Does music, kind words of others, grief, fight of others make you cry?
- ix. Do you get offended easily or can take criticism from others or do you feel hurt or insulted easily?
- x. When you are upset, if you are consoled by your family or friends, how do you take it i.e. does sympathizing help you or make matters worse?
- xi. Do you speak out your emotions, worries etc. or pent them inside you and later brood over it?
- xii. Do you feel anxious/ apprehensive before exams, meetings, public speaking, any stress situations?

- xiii. Are you a perfectionist—being very particular about cleanliness, punctuality, fastidious and even finicky?
- xiv. Is there any grief that you have felt it or any greatest joy you have experienced in life (please give in detail)?
- xv. Do you like music or not, or does it affect you by any chance?

For homeopathic doctors please note that the mental symptoms can be classified into

**a) WILL**

**b) UNDERSTANDING**

**c) MEMORY** I am elaborating the full range of mental symptoms in these three groups, search for these symptoms, if patient has.

**A WILL**

1. Anxious or fearful—animals, being alone, darkness, death, disease, health, robbers, future, noises

2. Indifferent— to business, husband, relations etc.,

loathing of life; suicidal

hate

greedy, haughty

doubtful, suspicious (for what)

wants company or loneliness

irritable, quarrelsome, offended easily

depressed, sad, brooding

impatient, hurried,

jealous

wants sympathy or hates

changeable, indecisive

shy, timid, cowardly

obstinate, affectionate

silent or talkative

mild, yielding, gentle

tidy or untidy

reaction to contradictions

hopeful or hopeless

cheerful, happy, calm

## B UNDERSTANDING

Delusions, hallucinations, illusions

Absorbed

Clairvoyance

Confusion

Dullness of comprehension

Comprehension-difficult or easy

Ecstasy

Excitements

Imbecility

Loss of time sense

## C. MEMORY

Concentration

Absent minded

Errors in answers

Mistakes in writing & speech

Disorders of speech

## **26. Treatment Taken So Far**

## **27. Physical Examination & Pathological Findings**

## **28. Laboratory Findings**