DISCLAIMER ACKNOWLEDGEMENT

I, Sabrine Batshon. ..... of my own volition will be giving my full medical case history for the purposes of Homeopathic medical advice. I fully acknowledge the entire Anamnesis will be recorded and I give my complete consent for it to be used in future for teaching purposes.

I hereby agree and give my consent to all above terms.

Signature: .....

Name: SABRINA BATSHON

Address: 52 Slannon Avenue Meylands 2160.

Date: 15.1.24

MAIN COMPLAINTS AND OTHER ASSOCIATED TROUBLES: (AND DETAILED HISTORY OF THE PRESENT ILLNESS, THE ONSET AND COURSE WITH DATES).

I've been having the fear of being alone - since I can remember
OCD - cleaning since I can remember
Terrified when no one is around
I've had alot of exposure to DV —
and felt suicide most of my life
If not my family, my boyfriends
would Rape or hit me.

ORIGIN OF CAUSE : Can you trace the origin of the present illness to any particular circumstance, accident, illness, incident or mental upset? (e.g. Shock, worry, errors in diet, overexertion, overexposure to cold, heat etc.)?

* Vaccination & Inoculations:
Indicate number of times you were vaccinated for the following:

Small-pox ✓	~~Polio~~ ✓	Cholera ✓	Measles (1 shot)
Triple ✓	B. C. G. ✓	Typhoid ✓	~~Tetanus~~ ✓

Was there any reaction or particular trouble after any of above vaccination or inoculations?
Give details: NO

(If married) How is the health of your husband/wife: I dont see my Ex I dont know.

* Number of children living and dead. If dead, state causes.
Mention ages of children and their condition of health.

Child's Name	Male/Female	Age	Disease Suffered
ERIC	MALE	6	—

Any abortions, miscarriages or still births? Yes - 1 Miscarriage 1 Abortion x 2 failed 1st Attempt

Your Habits	How much?
Smoking	little Bit —
Snuff	
~~Chewing tobacco~~	
Alcohol	
Tea	Yes.
Sleeping Pills	Yes. not now —
Laxatives / Purgatives	yes.

Did you suffer from any sexually transmitted disease? Syphilis? Gonorrhoea? Herpes? HIV? NO —

Did you have increased desire or decreased desire for sex? lately Increase —

What is the method you use for family planning (contraception)? nothing

FOR MEN

Any difficulty in erection?

Wanted erection ? Unwanted erection? Weak erection? Failing erection? Describe.

Any other trouble in sex? Describe in details.

FOR WOMEN

Menses : How are the periods; regular or irregular?

At what age did you start? 14

Was there any trouble then? no

Mention interval between two periods.

Mention number of days of flow. 4 days maximum —

Menstrual flow: Is there any change now in quantity, colour, smell or consistency? clot sometimes

Are the stains difficult to wash? no —

Have you noticed any variation in quality and quantity of flow during menses? How and when? changes —

Do you suffer in any way before, during or after menses? If so, describe: terribly, no sleep Anxiety terrible panic attacks anger —

~~What symptoms did you suffer during menopause?~~

Do you feel internal parts coming down?

accident fell of A Bike
helmet fell of head smashed on concrete

Chronic Headaches, Numbness, Cramps, Fits, Convulsions Polio, Paralysis etc. Meningitis - Any Lumbar puncture done.	Any major accident Beaten by Brother or injury to body or head split open. head needed Stitches. Any occasion of unconsciousness. ✓ head — Any major bleeding from any part of the body. Anus — face — suffocated with a pillow by Partner —	Skin diseases like Pimples, Boils, Carbuncles, Ringworms, Fungus, Scabies, Eczema, Herpes, Urticaria, Allergy, Ulcers on any part of the body.

Dogs Cats mouth throat

Chest + Area + Back.

☆ Head put In Bath by mother

☆ Punched In the eye -

☆ I also Self harmed + cut myself. Recent

☆ Many Bruises during Domestic violence

FAMILY INFORMATION

List of major diseases
Anaemia
Cancer
Diabetes
Insanity
Rheumatism
T. B. / Pleurisy
Leprosy
Epilepsy / Fits
Bleeding tendency
Urticaria
Eczema
Asthma
Paralysis
Hypertension
Heart trouble
Kidney disease
Liver disease etc.

Relationship	Alive / Dead	Age	Diseases suffered (Drinker)	Cause of death
Paternal Grand Father	~~Father~~ Dead	50's	heart attack trauma.	
Paternal Grand Mother	Dead	90	old age.	
Maternal Grand Father	Dead			
Maternal Grand Mother	Dead			
Father	Alive.	60's		
Mother	Alive	70's		

	Diseases suffered
Paternal Uncle	
Paternal Aunts	
Maternal Uncle	
Maternal Aunts	
Cousin Brother &	
Cousin Brother &	
Did any of your relatives have trouble similar to	Bowel cancer.

STOOL

Do you have any problem regarding your stools? constipation- hemeroids -

When and how many times a day you pass stools? When is it urgent? Once if lucky

Do you have any problem about bowel movements? yes -

Do you have to strain for stool? Even if soft? yes I strain or have discomfort

Do you have belching or passing gas? Describe its character. yes at times Gas -

How do you feel after passing gas up or down? better -

URINATION & URINE

Any problem about urine? yes - I

Any strong smell? Like what? not always

Do you have any trouble before, during and after passing urine? terrible pain

Any difficulty about the flow? Slow to start, interrupted, feeble, dribbling etc? I leak - I pee on myself sometime

Any involuntary urination? When? ✓ when I'm nervous - I feel a prolapse also - because I feel unsettled -

SWEAT / PERSPIRATION - FEVER - CHILL

How much do you sweat? not much -

Where and on what part do you sweat most?

Do you perspire on the palms or soles? sometimes

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

What is the smell like ? e.g. foul, pungent, sour, ruinous etc?

Is there any white discharge?
If so, mention the nature, colour, consistency and smell of discharge. ivory

When and under what circumstances is it more or less. Has the discharge any relation to menses? ovulation

What is the effect of this discharge on your general feeling? Or any of your symptoms? feel sexual and dirty.

Any itching, excoriation etc. due to discharge? Do you pass any gas from vagina? didn't know that was possible –

Any trouble with breasts? No other than tenderness –

ANY COMPLAINTS ABOUT:

VERTIGO: Do you have giddiness - vertigo? Yes

FAINTNESS: Do you ever feel faint? yes

HEAD: Do you get headaches ? EYES & VISION: yes

EARS & Sense of hearing: NOSE & Sense of smell : FACE & Facial expression:

MOUTH & Sense of taste:

About LIPS, MOUTH, TONGUE etc.: has white on tongue sometimes

TEETH,GUMS, e.g. carious teeth, bleeding gums. swollen gums. have experienced it –

LIPS: Cracked, peeling of skin etc.

THROAT (including tonsils): tonsolitis – Adenoids removed –
Any difficulty in swallowing?

Do you have any trouble in your BACK, LIMBS OR JOINTS? Describe in detail: pain in hips + back –

If you have pains, do they shift?
In what direction do they extend?

MALE

Is there any abnormality, swelling, numbness, paralysis etc. in any part of the body?

Is there any complaint of SKIN : such as itching, eruptions ulcers, warts, corns, peeling etc.? (Describe its nature) I have alot of cyste –

Any change in colour of the skin or spots of any part of the body?
Is there any complaint or abnormality of the NAILS or skins around? nail on toe fell off little toe –

Is there any complaint with the HAIR such as falling, graying, dandruff, dryness, oily, poor excessive or unusual growth? feel Im losing hair becoming len –

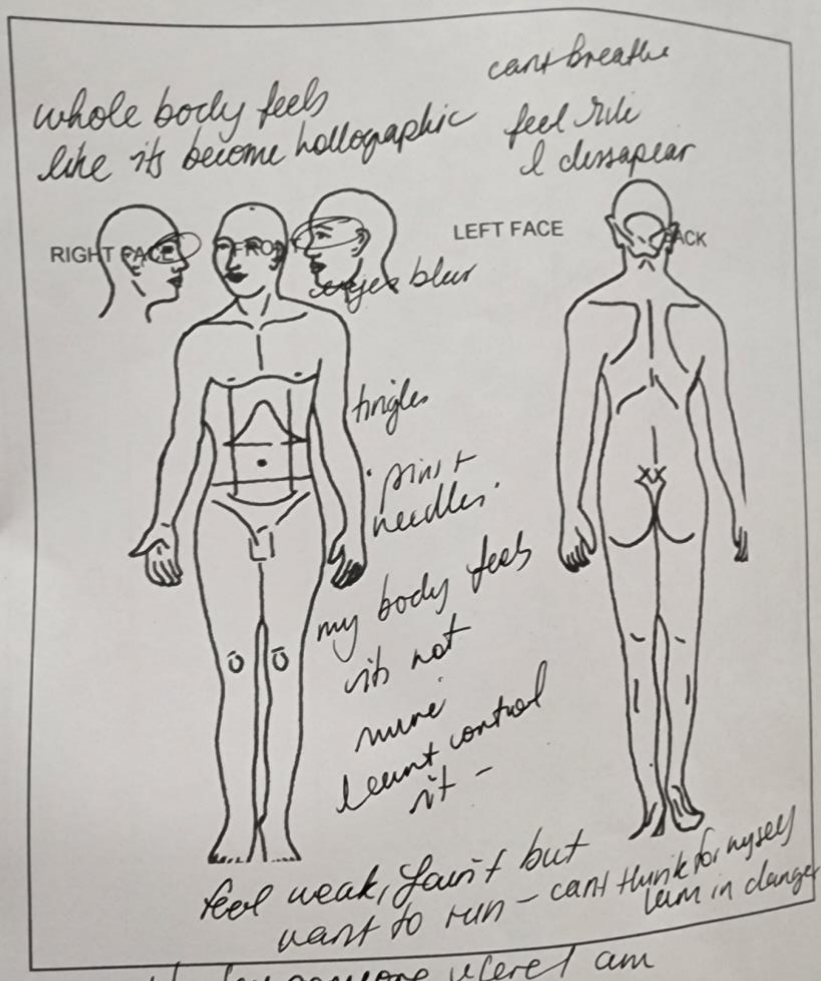
Do wounds heal slowly?
Form keloid? Do wounds tend to form pus? No
Have you a tendency to bleed? Yes –

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

Is there any trembling? When? Yes –

Is there any senses of weakness? Where? When is it more or less? Yes –
Is it in any particular part of the body?

figure, the locations of your trouble and write the exact sensation or type of pain you experience at those spots. For example if you have throbbing pain on the right side of you head please mark as shown



whole body feels like it become holloqaphic

can't breathe
feel sick
I dissapear

sorjek blur

tingle

pins + needles

my body feels
it's not
mine
I can't control
it -

feel weak, faint but want to run - can't think for myself I am in danger

I need to tell someone where I am or I am unsafe -

it's my fault if something happen to me

because no one knows where I am

what if I jump in front of a car or die - what if I collapse and I can't get back home?

FOR CHILDREN
OR
YOU AS A CHILD (IN CASE OF ADULT)

1) Please tick mark once (√) if the child or you as child had any of the following qualities : Tick mark twice (√√) if they are more intense :

	Tick here
Obstinacy	√
Temper tantrums	
Disobedience	
Aggression	
Hyperactivity	
Destructiveness	
Courage	
Possessiveness	√
Competition - winning spirit	√
Slibling jealousy	√
Any special skills	
Unusual desires (for what)	√√
Boasting	
Stealing	√
Telling lies	

	Tick here
Unusual fears	√√
Shyness	
Unusual attachments (to whom)	mum
Habits like :-	ticks, cleaning
Biting nails	
Thumb sucking	
Picking and playing with	mupsel genital
(a) mother's body parts	
(b) shawls, handkerchieves	
(c) anything else	
Religious	
Dullness of memory	
Slowness (in what)	getting ready
Laziness / Indolence	
Sensitive / Emotional	√√

2) Please 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) Please describe any other aspects you feel are striking about the child.

MIND

It is now universally acknowledged that your mind has tremendous influence on your body. For giving proper treatment it is absolutely necessary for us to understand your emotional and intellectual nature. We can thus treat you as a whole.

In order to understand you we will be asking certain questions. Answer them freely, carefully and completely. This information will help us much in giving you the correct remedy. Also such a remedy will help improve your mental make up.

Answer freely. Answer frankly. Answer completely.

Are you anxious ? About which matters? hurting my son with my illness damaging his/her organs — being alone, parenting, aging being abandoned. my ex, my parents loving or condoling me —

Are you fearful of anything such as ~~animals, people, being alone, darkness, death~~, disease, robbers, sudden noises, thunder, of the future, of something unknown, high places, etc?

Are you doubtful or suspicious? Of what? cheating, men —

What are you jealous about? other peoples freedom + success I cant have + Of whom? From what symptoms do you suffer when jealousy? beauty —

In which matter are you impatient? Hurried? I feel impatient always,

How long do you remember hurts caused to you by others? never forget

How much revengeful are you? less than I used to be —

What are you proud of? Does your pride get easily hurt? ✓ yes not much —

ention ages	Male/Fema le	e
hild's Name	MALE	6 —

palpitation speedy thoughts

What bodily symptoms do you develop when angry? e.g. trembling, sweating etc. ✓
Do you like company? Or like to remain alone? not too much —
How seriously are you affected by disorder and uncleanliness in your surrounding? very — greatly impacted — confusion surgency to clean —,

What are the greatest griefs that you have gone through in your life? losing
What are the greatest joys that you have had in life? meeting my ex — and our good times love, losing my sister —

What activities you deeply like? Card reading my son — my manifestation due to her
Are there any matters which you deeply dislike? hypocracy — conceitme - husband secretly assuming me —

In your opinion, which aspects of your mind and moods are not agreeable to you? In spite of your awareness and maturity, are you unable to change these aspects?
The fears that keeps me Reliant on others
I cannot change that!

Give a clear cut picture of your situation in life and your relationship with each of your family members, friends and associates in work.

mother - love with he. but feel estranged —
father → he same but dependent on him -
Sisters - both hairs dont like them
Brothers - Dont Deal with much —
Son - lives with me - feel guilty — because he deserves best. than me -
support workers are with me more than anyone —

How does the future look to you? scary -

When you are free, what thoughts come to your mind? when I read a book I feel like nothing —

Are you worried or unhappy over any personal, domestic, economical, social or any other condition?
If so describe in detail: yes I can't live alone I rely on unhealthy people the father of my child doesn't contribute at all to my life raising our son — Most my career - I lost a social life I can't even take my son for a walk alone, I need covers to go out I can't date or even have sex because I can't be alone with men —

If asked for 3 desires or wishes in life, what will you ask for?
to reconcile with my abusive Ex - I know I'm stupid don't judge me I judge myself enough —
to have a miracle + be able to sleep + be alone —

SLEEP

Describe your posture in sleep, on the back, side, abdomen etc.
back + left side —

Are you able to sleep in any position? no —

In which position you can't sleep? on my tummy

During sleep do you:
Snore? ~~Grind teeth?~~ Dribble saliva? Sweat?
~~Keep~~ eyes or mouth open? Walk? Talk? Moan? ~~Weep~~? I don't know —
Become restless? Wake up with a jerk? yes) ✓

Describe if anything else is unusual about your sleep: (Sleepy, Sleeplessness, etc. if so when) sleepless - panic need people to be on the phone for me to sleep like leave someone available for a call —

How much do you cover?
Do you have to uncover any parts? always my private parts

Depress, Brooding, etc.?

Do you ever become suicidal? When? I have been I can't now I have a son –
If so in what manner do you contemplate to end your life? cut my wrist or have someone kill me drive my car into something.
Even then, are you afraid of dying? Yes –

When are you cheerful? when I'm doing magickal or hate my son proud of act brave – Singing dancing being desirable.

Are you sexual-minded?
Yes very! I objectify myself –

Any unwanted thoughts any time? yes
What are they? hurting myself or others –
Have you any imaginary sensations or fears? yes me losing myson – or being trapped or becoming a monster myself
Do you hear voices, or that you are called, or anything else in this line keeps on occurring in your mind unduly?

How is your memory? too good –
For what is it poor? E.g. names, places, faces, what you have read, etc.
?

Do you weep easily? no –
What makes you weep? humans being selfish or children being hurt
How do you feel after weeping? depends –

How do you feel if someone offers sympathy and consolation? dependson who it is

Are you easily irritated? yes

What makes you angry? lying – and deflecting accountability.
Gas lighting
people choosing wrong action after being fully informed of
Loneliness

Circle types of dream that you have

Animals Cats - Dogs Horse Wild animals Snakes	Robbers Thieves Anxious Fearful Ghosts	Travelling Riding Flying Swimming Drowning	Houses Fruits Trees Water Snow	Death, Whose? family Dead bodies Dead persons Part of Body Suicide
Being Hungry Being Thirsty Drinking Eating	Fire Lightning Storm Rain flood	Accidents Falling Shooting Wars	Talking Singing Dancing Pleasant	Business Money Day's work Forgotten work
Vomiting Passing stool Urinating Blood- bleeding Excrements / soiling	Romantic Sexual Pleasure Rape Nakedness	Pain Illness Sickness Mutilations	Praying Religious Temple Church God	Failure / Exams Unsuccesful efforts ? For what ? Missing Train Being unprepared

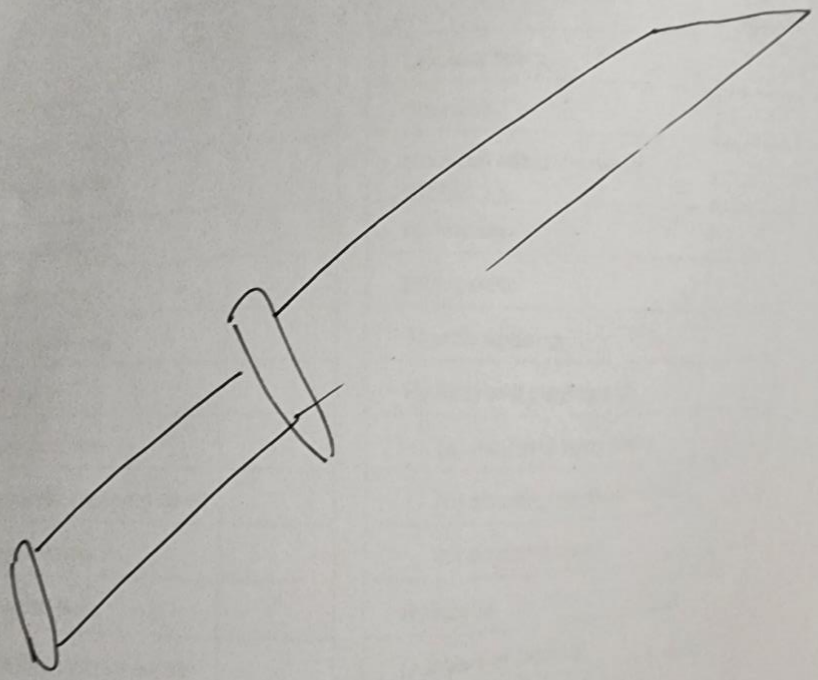
4) Describe one incident from the child's life when he/she very upset.

many times
when my brother hurt me
my mum screaming at me
pulling my hair
my mum called me a witch, evil
my brother in law molested me and I
was blamed
my mum scared me washing my hair
putting face in wet pulling hair -

Grief Weeping Vexation Quarrels Jealousy Insults	Police Imprisonment Crime Murder Killing Poison	Misfortunes Insecurity Danger Being pursued - By whom ? - For what ?	If any other, specify in the space below:
Of people Children Parties Feasts Marriage	Of events Remote Recents Future Prophetic	Physical Exertion Mental Exertion Fatigue Coloured Multi-Coloured	

they have Happened

Please draw something that comes to your mind at present or your favourite drawing:



What colour does it stain the clothing?
Is the stain easy to wash off or difficult?

Any symptoms after sweating?

When do you get fever or chill? What brings it on? when I am sick or nervous

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

Do you have burning or heat in your palms or soles? sometimes —

CHEST - HEAT - COLD - COUGH

Do you catch cold often? If so, how? no —

Describe the symptoms, nature of discharge etc.

Is there any trouble with your CHEST or HEART? Is there any trouble with your voice or speech? I lose it from screaming
Is there any difficulty in breathing? sometimes I have asthma —

Do you have cough? sometimes
Is it more at any particular time? when asthma is flared —

SEXUAL SPHERE (GENERAL)

Any excessive indulgence in sex in past and present? No
Any effect on your health? urinary tract ~~infection~~

How do you feel after sexual intercourse? sometimes Good mostly shameful Shameful

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

Do you suffer from any sexual disturbance?

Any habit like (masturbation etc.) in past as well as present? How often? lately yes —

FACTORS THAT AFFECT YOU

Below are the list of things that you are exposed to each of these factors may affect you in a particular way. Please write in what way you are affected by each of the following. Do you feel worse or better in any way from each of the factors. In what way do they affect you.

For instance take the factor "sun". Suppose by going in the sun you get a headache then write "Headache" opposite to "Sun".

Take another example If in hot weather you feel uneasy, then write "Uneasy" opposite to "Hot Weather" in the column.

In this way write the effect of each factor on you. Especially write the effect each factor has on your main complaints. For instance if your main complaint is Asthma and this is worse when lying on the back then opposite to "lying on the back" write "Asthma becomes 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 make you feel better in general. If this is so, please mention this difference clearly.

This section is most important. Do not go through it hurriedly. Think carefully about the effect of each factor before you write.

	Effect
Hot weather	hate it / panic
Cold weather	love it.
Rainy weather	love it
Cloudy weather	depression
Change of season	anxiety
Thunder - storm	used to panic
Covering	?
Warm bath	hate it
Sun	hate it.

	Effect
Walking	Scared of distance -
Running	
Climbing stairs	ok.
Going downstairs	ok.
Riding in bus / car	I don't like public transport.
Lying	sometimes difficult
Lying on back	
Lying on left side	okay.
Lying on right side	Don't like it
Lying on abdomen	Don't

	Effect
Before important engagement	nervous –
Before exams	nervous –
When angry	panicked –
When worried	panicked.
When sad	panicked
After Weeping	relief hopeful
Consolation / Sympathy	feel it always
In a crowd	hate it
In a closed room	hate it
When thinking of illness	scared –
Full Moon / New Moon	neg it for ritual –
Morning	nervous hopeful
Afternoon	nervous for night
Evening	panik
Night	Panik
Bathing	nervous –
Draft air	ok –
Biting or chewing	dont love –
Blowing Nose	hate it
When alone	scared
In company	ok depend on who
Physical exertion	?
Belching	hate it

	Effect
Passing gas	embarrassed –
After hair cut	nervous but ok sometimes
Combing hair	I dont like it.
Brushing teeth	its a chore –
Moonlight	love it.
Opening the mouth	?
Smoking	no –
Hanging the limbs	?
Raising the arms	hard –
Near Sea	nice –
Shaving	ok
Stretching	work –
Swallowing	easy
Listening to others	ok.
Vomiting	hate it.
Yawning	ok –
Moving the eyes	depends –
Opening the eyes	necessary
Closing the eyes	scared
Getting feet wet	depends –
Over eating	sick
Working in water	?
Fanning	

	Effect
Lying with head low	
Sitting	
Sitting erect	uncomfortable.
Standing	not too long.
Looking up	I don't do it much –
Looking down	?
Looking from high places	don't like it –
Looking from moving object	don't like it can sick
Noise	Too loud scares me –
Sudden Noise	scares me –
Music	like it –
Light	can be scary!
Strong smells	headache –
When constipated	
Before Urine	
During Urine	?
After Urine	
Before Menses	
During Menses	
After Menses	
After Sweating	

	Effect
Drinking	
After sexual	
Dust	
Smoke	
Touch	
Pressure	
Massage	love them.
Tight Clothes	Don't like it
Before Sleep	scared
During Sleep	wake up –
After Sleep	retry –
After afternoon nap	would like it
Loss of sleep	regular –
Before stools	sick
During stools	pain
After stools	dirty –
Coughing	sick
Sneezing	sick
Laughing	scared of my eyes closing when I laugh –
Talking	depends –
Reading	love it –
Writing	do it alot.
Stooping	

Coffee			✓
Mud / Chalk			✓

Fruits	✓		
Anything else			

* Number of children living

Mention ages of children and their condition of

Child's Name	Male/Female	Age	Disease Suffered
	MALE	6	—

Cold bathing	Cold Showers ✓

Speaking	

Tick mark (ü) if any animal bites such as:

Dog		Rat		Snake		Scorpion	

Mention if any order:

Did you take anti-rabies or anti-venom or any other treatment?