

<p>Circulation System</p> <ul style="list-style-type: none"> <input type="checkbox"/> Coughing <input type="checkbox"/> Running Nose <input type="checkbox"/> Shortness of Breath <input type="checkbox"/> Excessive phlegm, color ___ <input type="checkbox"/> Asthma/wheezing <input type="checkbox"/> Chest pain <input type="checkbox"/> Palpitation <input type="checkbox"/> Irregular Heart Beat <input type="checkbox"/> Coronary Heart Disease <input type="checkbox"/> High Blood Pressure <input type="checkbox"/> Low Blood Pressure <input type="checkbox"/> Problem in Blood Vessels <input type="checkbox"/> Other 	<p>Hemopoietic System</p> <ul style="list-style-type: none"> <input type="checkbox"/> Nausea <input type="checkbox"/> Vomiting <input type="checkbox"/> Gas Distention <input type="checkbox"/> Heartburn <input type="checkbox"/> Hiccup <input type="checkbox"/> Epigastric Pain <input type="checkbox"/> Abdominal Pain <input type="checkbox"/> Hypochondria Pain <input type="checkbox"/> Ulcer <input type="checkbox"/> Cholecystitis <input type="checkbox"/> Hepatitis <input type="checkbox"/> Gall Bladder Stone <input type="checkbox"/> Cirrhosis <input type="checkbox"/> Anemia <input type="checkbox"/> Other 	<p>Urinary & Respiratory System</p> <ul style="list-style-type: none"> <input type="checkbox"/> Frequency of urination <input type="checkbox"/> Incontinence of urine <input type="checkbox"/> Enuresis <input type="checkbox"/> Urinary Retention <input type="checkbox"/> Pain in urination <input type="checkbox"/> Blood in urine <input type="checkbox"/> Kidney Stone <input type="checkbox"/> Bladder infection <input type="checkbox"/> Prostate problems <input type="checkbox"/> Testicular pain <input type="checkbox"/> Seminal emission <input type="checkbox"/> Impotence <input type="checkbox"/> Decreased libido <input type="checkbox"/> Other
<p>Metabolism, Endocrine Immunity & Others</p> <ul style="list-style-type: none"> <input type="checkbox"/> Diabetes <input type="checkbox"/> Gout <input type="checkbox"/> Hypertension <input type="checkbox"/> Hyperthyroidism <input type="checkbox"/> Overweight <input type="checkbox"/> HIV positive <input type="checkbox"/> Fatigue <input type="checkbox"/> Drinking alcohol ___/time <input type="checkbox"/> Smoking ___ pack/day <input type="checkbox"/> Use of narcotics/Cocaine <input type="checkbox"/> Other 	<p>Musculoskeletal System</p> <ul style="list-style-type: none"> <input type="checkbox"/> Joint pain <input type="checkbox"/> Muscle pain <input type="checkbox"/> Shoulder/Neck pain <input type="checkbox"/> Rib pain <input type="checkbox"/> Leg cramps <input type="checkbox"/> Upper back pain <input type="checkbox"/> Lower back pain <input type="checkbox"/> Cervical spondylopathy <input type="checkbox"/> Arthritis <input type="checkbox"/> Tennis elbow <input type="checkbox"/> Carpal Tunnel Syndrome <input type="checkbox"/> Sprain <input type="checkbox"/> Other 	<p>Surgical & Skin Disease</p> <ul style="list-style-type: none"> <input type="checkbox"/> Hemorrhoid <input type="checkbox"/> Appendicitis <input type="checkbox"/> Gangrene <input type="checkbox"/> Varicose veins <input type="checkbox"/> Eczema <input type="checkbox"/> Herpes <input type="checkbox"/> Acne <input type="checkbox"/> Skin rashes <input type="checkbox"/> Itching/dry skin <input type="checkbox"/> Shingles <input type="checkbox"/> Psoriasis <input type="checkbox"/> Hair loss <input type="checkbox"/> Other
<p>Gynecology</p> <ul style="list-style-type: none"> <input type="checkbox"/> Dismenorrhea <input type="checkbox"/> Amenorrhea <input type="checkbox"/> Irregular menstruation <input type="checkbox"/> Leukorrhea <input type="checkbox"/> Pelvic inflammation <input type="checkbox"/> Vaginal dryness <input type="checkbox"/> PMS <input type="checkbox"/> Menopause Syndrome <input type="checkbox"/> Uterine fibroid <input type="checkbox"/> Ovarian cyst <input type="checkbox"/> Breast cyst <input type="checkbox"/> Infertility <input type="checkbox"/> Morning Sickness <input type="checkbox"/> Threatened miscarriage <input type="checkbox"/> Wrong Position of fetus <input type="checkbox"/> Difficult Labor <input type="checkbox"/> Insufficient lactation <input type="checkbox"/> Postpartum body pain <input type="checkbox"/> Breast Infection <input type="checkbox"/> Other 	<p>Eye, Ear Nose & Throat</p> <ul style="list-style-type: none"> <input type="checkbox"/> Poor vision <input type="checkbox"/> Dry eyes/floaters <input type="checkbox"/> Night blindness <input type="checkbox"/> Red eyes <input type="checkbox"/> Eye pain <input type="checkbox"/> Cataracts <input type="checkbox"/> Glaucoma <input type="checkbox"/> Sore throat <input type="checkbox"/> Dry mouth <input type="checkbox"/> Excessive saliva <input type="checkbox"/> Swollen glands <input type="checkbox"/> Enlarged thyroid <input type="checkbox"/> Nose bleeding <input type="checkbox"/> Sinus problem <input type="checkbox"/> Ringing in ears <input type="checkbox"/> Poor hearing <input type="checkbox"/> Ear aches <input type="checkbox"/> TMJ <input type="checkbox"/> Other 	<p>Nerve & Physiological System</p> <ul style="list-style-type: none"> <input type="checkbox"/> Poor memory <input type="checkbox"/> Headache <input type="checkbox"/> Insomnia <input type="checkbox"/> Dizziness <input type="checkbox"/> Numbness in the limbs <input type="checkbox"/> Facial spasm <input type="checkbox"/> Paralysis <input type="checkbox"/> Stroke <input type="checkbox"/> Epilepsy <input type="checkbox"/> Difficulty in balancing <input type="checkbox"/> Anxiety <input type="checkbox"/> Depression <input type="checkbox"/> Bipolar <input type="checkbox"/> Panic Attacks <input type="checkbox"/> Stress Syndrome <input type="checkbox"/> Other