

Self diagnosis

about constitution and disorders

If you want to know more about your constitution or your humoral disturbances, you may use this table in two ways:

1. Constitution

To discover what your constitution is, you need to read well the table below and reflect on your whole life story of health and related profession from childhood till now, and tick the appropriate boxes one by one. At last, you count down the number of ticked boxes. The highest number shows your leading humor and constitution, and the second indicates the secondary humor. If you find a double equal number or result that are very close, that means that you have a combined constitution. When the three result numbers are equal, it means that you have a balanced constitution and a good equilibrium between the humors.

2. Humoral disturbance

Tick on the tables one by one according to the story of your health within three years until now, the leading numbers of the humor will reveal the nature or origin of the disorder.

If you find a double equal number or very close results, that means that two humors cause disorder. When the three numbers are equal, the three humors are involved

General scale of the test

Normal 0-6 points

Health is normal and is not dominated or disturbed by the humors.

Constitutional disorder 7-13 points

The situation shows symptoms and more than 7 indicates a constitutional disorder. Health should be restored by diet and behavior, and, if necessary, by medicines and therapy.

Pathological sign 14-20 points

If the test result is superior to 14, it means that a humor has pathologically increased and also requires a medical treatment.

This table give some information to your body constitution. This method should not be used as a medical purpose unless you are traditionally trained as a Tibetan physician.

SELF DETERMINATION OF CONSTITUTION AND HUMORS DISORDERS

1	How is your mother's character ?	<input type="checkbox"/>	Nervous	<input type="checkbox"/>	Aggressive	<input type="checkbox"/>	Calm and quiet
2	How is your father's character ?	<input type="checkbox"/>	Nervous	<input type="checkbox"/>	Aggressive	<input type="checkbox"/>	Calm and quiet
3	How is your digestion ?	<input type="checkbox"/>	Unstable	<input type="checkbox"/>	Fast	<input type="checkbox"/>	Slow
4	When does discomfort manifest?	<input type="checkbox"/>	During the empty stomach	<input type="checkbox"/>	During the digestion	<input type="checkbox"/>	Just after the meal
5	What kind of stomach complains do you have ?	<input type="checkbox"/>	Excess gas	<input type="checkbox"/>	Acidity	<input type="checkbox"/>	Indigestion
6	What taste do you like ?	<input type="checkbox"/>	Hot, strong	<input type="checkbox"/>	Bitter, sweet	<input type="checkbox"/>	Sweet, salty
7	What food are you allergic to, have intolerance or is difficult to digest ?	<input type="checkbox"/>	Coffee, Green Capsicum, Beans	<input type="checkbox"/>	Milk, garlic, alcohol, fatty food	<input type="checkbox"/>	Carbohydrate, cucumber, raw vegetables
8	Which organs and body parts are weak or sensitive ?	<input type="checkbox"/>	Heart, colon, skin, chest and left shoulder	<input type="checkbox"/>	Liver, eyes, gall bladder, small intestine, right shoulder, headache	<input type="checkbox"/>	Kidney, urinary bladder, spleen, stomach, lower back, legs
9	Which sensory organs are weak ?	<input type="checkbox"/>	Ear, tongue, skin	<input type="checkbox"/>	Eyes, skin, throat	<input type="checkbox"/>	Nose, lips, excess mucus
10	How is your body temperature ?	<input type="checkbox"/>	Cold	<input type="checkbox"/>	Hot	<input type="checkbox"/>	Cold and humid
11	How is your body structure ?	<input type="checkbox"/>	Thin, short or tall with thin	<input type="checkbox"/>	Medium size with broad shoulders	<input type="checkbox"/>	Obesity and big heap
12	What is your color of hair and skin ?	<input type="checkbox"/>	Dark or grey, fragile, dry and rough skin	<input type="checkbox"/>	Greasy hair, red, curly, dry and red skin	<input type="checkbox"/>	Strong and black hair, straight, moist and smooth skin
13	What climate gives you trouble ?	<input type="checkbox"/>	Cold wind	<input type="checkbox"/>	Hot	<input type="checkbox"/>	Humid and dumbness
14	How many times do you need to take a bath in a week ?	<input type="checkbox"/>	Rarely	<input type="checkbox"/>	Often	<input type="checkbox"/>	Some times
15	How is your sleeping ?	<input type="checkbox"/>	Short; Nightmare, insomnia	<input type="checkbox"/>	Sleepy in the day and less in the night	<input type="checkbox"/>	Profound sleeping
16	What are your dreams about?	<input type="checkbox"/>	Flying, blue, black colors,	<input type="checkbox"/>	Violence, red or yellow color	<input type="checkbox"/>	Falling or going down, green or water
17	How is your mental attitude ?	<input type="checkbox"/>	Emotional, sentimental	<input type="checkbox"/>	Aggressive, fearful	<input type="checkbox"/>	Depressed, melancholic
18	What kind of psychological or physical problems do you have ?	<input type="checkbox"/>	Hyper sensitivity, emotional anxiety and nervousness	<input type="checkbox"/>	Headache, diarrhea, infection, fever inflammation	<input type="checkbox"/>	Indigestion, water retention, non-inflammatory chronic disorders
19	How is your tongue?	<input type="checkbox"/>	Red and dry	<input type="checkbox"/>	Yellowish and thick cover	<input type="checkbox"/>	Pale, whitish with thick saliva
20	How is your bowel movement ?	<input type="checkbox"/>	Constipation	<input type="checkbox"/>	Tendency to diarrhea	<input type="checkbox"/>	Normal
	Results	<input type="checkbox"/>	Wind	<input type="checkbox"/>	Bile	<input type="checkbox"/>	Phlegm

