



Homeopathy Brochure

Homeopathy is a holistic medicine that treats the whole person, it works to stimulate and help the body to heal itself. Rather than relying on chemicals to control unwanted symptoms or force a particular response, homeopathy treats a person's health problems by triggering the body's natural ability to heal.

In doing this, two things happen: the body is stimulated to correct its own state of ill-health, and it is strengthened to be more resistant to the problem in the future.

Homeopathy is gentle and effective. Its medicines, called remedies, are obtained mainly from mineral, plant, and animal sources. These are converted into sub-molecular preparations by a process called "potentisation", which increases the healing effect of the original substance and removes any toxicity.

As a result, homeopathic remedies are energetic medicines free of chemical side-effects. They do not poison, will not interact with other medications, and are non-addictive. They are safe for people of all ages, including babies, the elderly and the pregnant.

Homeopathy is effective for both acute and chronic problems. The correct remedy resolves deep-seated complaints such as arthritic, digestive, and respiratory disorders just as easily as minor ones like headaches, discomfort of teething. Mental and emotional problems such as jealousy, lack of confidence, depression, panic-attacks, and children's behavioral disorders.

Duration of Treatment

Duration of treatment can vary depending upon the nature and type of the disease, and on the individual response. In certain cases, just a few doses can be helpful in acute cases, however in chronic cases it may take a few weeks to months based on various individual factors.

The initial consultation lasts 1 hour for most health conditions. the length of time needed for follow-up appointments will depend on your health condition.

Frequency of Follow up

The follow-up appointments are advised on case to case basis by the practitioner during the appointment, however generally in chronic cases, the patient may be required to see the homeopath in 10 - 14 days' time based on the condition. Number of visits you will need, will depend on your health condition.

Prognosis

Different people have different experiences following their first homeopathic treatment. For some, the results are dramatic and profound; for others, they seem mild and almost unnoticeable. Remember, homeopathic treatment is a shared responsibility – while you depend on your homeopath to make a good prescription and manage your case well, they depend on you to provide accurate information and note any changes that happen.

Once you have taken your first dose of a homeopathic remedy, one of the following things will happen

- A curative response – your symptoms get better and go away
- New symptoms appear for a short time, but your old ones stay the same
- Your symptoms improve but, in the process, a new one appears for a short period
- Your existing symptoms improve but, in the process, old symptoms from the past return for a short period



- Absolutely nothing happens

What do they mean? Plenty to a homeopath! Each response reveals whether the correct remedy has been prescribed and provides valuable information your homeopath will use to adjust your treatment and help return you to health.

During the medicines' course of action, detoxification process of body may take place and can produce symptoms which you don't understand – speak to your homeopath and follow the advice.

Administration, Dietary Restrictions and Storage of Homeopathic medicine

The following points should be kept in mind during the treatment and handling of the homeopathic medicine:

- Avoid drinking water immediately after taking homeopathic medicine
- Avoid eating 25-30 minutes before and after the medicine
- The medicine should not be kept near the strong odor (like perfumes, camphor or anything having strong chemical base)
- Avoid drinking coffee as it can antidote the effect of the medicine
- If some other medication is also going on, then it is better to keep a difference of two hours between the two drugs

Practice hours

Weekdays (Monday to Friday): 9:00 am – 7:00 pm

Saturday & Sunday - With prior appointment only

Phone and online consultations are available upon request within and outside of practice hours. Please reach out to us for any schedule request.

[Please reach out to us for any queries or concerns](#)



Pre-Informed Consent

All recommendations made by the homeopathic practitioner are based on the principles of homeopathy and not replacements to any medical regimens or treatments prescribed by one's medical doctor or any other licensed care provider. The course of action one takes with his or her health care is solely the responsibility of the individual.

Homeopathic treatment consists of homeopathic consultation and prescription of homeopathic remedy with required dosage, mode of taking and diet/ regimen required with it.

It is recommended that the patient communicates openly with all of his or her medical doctors or licensed care givers about any prescription by the homeopathic practitioner.

At no time can the homeopathic practitioner guarantee the outcome of the homeopathic treatment. One must be aware that the outcome and duration of homeopathic treatment vary by individual and cannot be guaranteed. We do not claim to cure each and every case, nor do we guarantee any magic cure.

Name: _____ Address: _____

Phone : _____ Email: _____

I, the undersigned, do understand that the practitioner will explain me the nature and purpose of homeopathic treatment in general and my treatment in particular.

I further acknowledge and confirm that I have been made aware about homeopathy and basic principles of homeopathy, the nature of homeopathic treatment, acute and chronic illnesses, prognosis, treatment expectations, nature and safety of medicine and fee schedule and all the information I provide is confidential and who will have access to it. I'm also aware of the possibility of follow-up visits.

I understand that I can withdraw my consent at any time.

I understand that a record will be kept of the health services provided to my child. This record will be kept confidential and will not be released to others unless so directed by myself or when law requires it.

I understand that I may look at my child's medical record at any time and can request a copy of it or have a report drawn up by paying the appropriate fee. I understand that information from my child's medical record may be analyzed for research purposes and that my identity will be protected and kept confidential.

As a result, I do hereby voluntarily provide my informed consent for the recommended treatment specified above.

I consent to the homeopathic treatments offered or recommended to me for my child by my homeopath. I intend this consent to apply to all my present and future homeopathic treatments that I may take for my child.

Child's parents / legal guardian's signature

MM/ DD / YYYY
Date



Intake Form

Name: _____ Age: _____ Date of Birth: _____ M/F _____

Parent / Guardian Name: _____ Cell: _____

Email: _____ Number of Siblings: _____

Address: _____

What are your child's main concerns?

| Complaint | Since | Causes |
|-----------|-------|--------|
| | | |
| | | |
| | | |

Has your child been vaccinated? Did you notice any ill effects or changes after vaccination?

Please mark which vaccinations your child has had:

| | |
|--|------------------------------|
| DTaP-IPV-Hib (Diphtheria, Tetanus, Whooping Cough, Polio, Hib) | |
| Pneu-C-7 (Pneumococcal disease) | Men-C: Meningococcal disease |
| Influenza | MMR: Measles, Mumps, Rubella |
| Varicella: Chicken Pox | HPV Vaccine |
| | |

Please encircle, if your child has had any of the following conditions:

| | | | | |
|----------------|-----------------|-----------------------|----------------------|-----------------|
| Jaundice | Low Energy | Hyperactivity | Bedwetting | Convulsions |
| Ear Infections | Skin Conditions | Constipations | Vision Problems | Speech Problems |
| Colic | Sleep problems | Learning Difficulties | Breathing problems | Heart Murmur |
| Diarrhea | Teeth Problems | Allergies | Behavioural problems | |

Please indicate any surgeries if your child has had:

| Operation | When | Complications (If Any) |
|-----------|------|------------------------|
| | | |
| | | |
| | | |

Please indicate any injuries if your child has had:

| Injury | When | Long Term Effects (If Any) |
|--------|------|----------------------------|
| | | |
| | | |
| | | |



Birth History:

Weight at Birth: _____

Any complications during or after delivery? _____

| | | |
|-------------------|--------------------|-----------|
| Forceps/ Vacuum | Premature | Cesarean |
| Epidural | Pitocin / Oxytocin | Induction |
| Other Medications | | |

Did the child breastfeed? _____ If yes until what age? _____

When were solids first introduced? _____

What were the first foods introduced? _____

Are there any milestones your child was slow to reach or had difficulty with?

History of Mother's Pregnancy:

Any emotional stresses in pregnancy?

Any physical stresses (illness) in pregnancy?

Were any medications, cigarettes, coffee, antibiotics, etc used during the pregnancy? which ones?

Are there any major ailments that are prevalent in the immediate or extended family?

Primary Physician:

Name: _____ Phone #: _____

Child's parents / legal guardian's signature

MM / DD / YYYY
Date