

YOUR OIL Five Elements physical states check-up chart

木	<input type="checkbox"/> Fatigue and drying eyes	<input type="checkbox"/> Irritated · angryish	Wood 1. Serenity 2. Calm
	<input type="checkbox"/> Have dizziness sometimes	<input type="checkbox"/> Headache	
	<input type="checkbox"/> Menstrual irregularity / menstrual pain	<input type="checkbox"/> Mass in menstrual blood	
	<input type="checkbox"/> Shallow sleep	<input type="checkbox"/> Many night owls and lack of sleep	
	<input type="checkbox"/> Stiff shoulder	<input type="checkbox"/> Often cramp face and leg muscle	
	<input type="checkbox"/> Nails are chipped or easily broken	<input type="checkbox"/> Dining out · Many meals at night	
	<input type="checkbox"/> Often drink alcohol or drink everyday	_____	
火	<input type="checkbox"/> Cheeks are red · face is flushed	<input type="checkbox"/> Palpitations/shortness of breath/arrhythmia	Fire 2. Calm 3. Warm
	<input type="checkbox"/> Can't sleep · many dreams	<input type="checkbox"/> Red tip of tongue or whole tongue	
	<input type="checkbox"/> Slurred speech recently	<input type="checkbox"/> Always feel anxiety and frustrated	
	<input type="checkbox"/> Forgetful	<input type="checkbox"/> Not concentration	
	<input type="checkbox"/> High cholesterol	<input type="checkbox"/> Abnormal blood pressure	
	<input type="checkbox"/> Cold hands and feet	<input type="checkbox"/> Pain or numb feeling of lower left shoulder and shoulder blades numb _____	
土	<input type="checkbox"/> Weak stomach/loose stool/diarrhea	<input type="checkbox"/> Weak hands and feet and no strength	Earth 4. Tummy-ease
	<input type="checkbox"/> Often get stomatitis	<input type="checkbox"/> Chapped and cracked lips	
	<input type="checkbox"/> Often get pimples around the mouth	<input type="checkbox"/> Often eat sweets	
	<input type="checkbox"/> Many things to worry about	<input type="checkbox"/> Abdomen often feels bloated and gassy	
	<input type="checkbox"/> Menorrhagia/vaginal bleeding	<input type="checkbox"/> Easily get edema in the upper body	
	<input type="checkbox"/> Take cold drinks and foods	_____	
金	<input type="checkbox"/> Susceptible to colds and infections	<input type="checkbox"/> Smoker(the person or family member)	Metal 5. Breeze
	<input type="checkbox"/> Coughing and having phlegm	<input type="checkbox"/> Job dealing with chemicals	
	<input type="checkbox"/> Nasal inflammation/hay-fever/empyema	<input type="checkbox"/> Excessive sweating or no sweat	
	<input type="checkbox"/> Dry and sensitive skin	<input type="checkbox"/> Become pessimistic everything	
	<input type="checkbox"/> Easily moved to tears lately	<input type="checkbox"/> Diarrhea and constipation	
	<input type="checkbox"/> Atopic dermatitis	<input type="checkbox"/> Asthma	
水	<input type="checkbox"/> Dullness of the facial skin	<input type="checkbox"/> Menstrual irregularities	Water 6. Feminine 7. Physique
	<input type="checkbox"/> Hearing loss and tinnitus	<input type="checkbox"/> Easily get edema in the lower body	
	<input type="checkbox"/> No motivation/ motivation does not last	<input type="checkbox"/> Subvirile	
	<input type="checkbox"/> Like beer or cold drink	<input type="checkbox"/> Have history of cystitis	
	<input type="checkbox"/> Heavy legs and lower back/backache	<input type="checkbox"/> Hair loss and gray hair suddenly increased	
	<input type="checkbox"/> Weak finish when urinating	<input type="checkbox"/> Frequent urination occurs in the night	
your type		recommended YOUR OIL	