



GREATER GLASGOW HEALTH BOARD  
WESTERN INFIRMARY/GARTNAVEL GENERAL HOSPITAL UNIT

**CLINICAL TEACHING CASE STUDY**

**ADULT  
HOMEOPATHY  
CLINIC**



**Study Case No 12.**

**Name: Alice W.**

**CONFIDENTIAL**

Pre-membership Course in Medical Homeopathy

Clinical Case Study

Case Ref:			For Study in Week:	
Patient:			Age:	
Domain:			<p>Please respect patient confidentiality. Case studies are provided for personal study within this course only.</p>	
Therapeutic Area / Presentation:	1.			
	2.			
	3.			
Life stage:				
Homeopathic Category:				
Notes / Learner Instructions				
				

**PATIENT QUESTIONNAIRE**

Please complete this questionnaire as fully as possible. Providing this information leaves more time during the interview for a detailed discussion of your problems.

**YOUR DETAILS:**

Name: Mr/Mrs/Ms\* ALICE W

Address: 87 W DR  
GLASGOW

Postcode: G13

Your Date of Birth: 11. 11

Your General Practitioner's Name & Address:  
Dr. COLIN GUTHRIE  
1440 DUMPARTON RD  
SLIESTOWN G14

If the patient is a child: Name of Parent / Guardian:

**CURRENT MEDICATION:**

Please list the names of all the medicines you are taking at present, including any creams and ointments that you use.

1. ATENAOLN
2. BENDROFLUAZIDE?
- 3.
- 4.
- 5.
- 6.
- 7.
- 8.
- 9.
- 10.

Have you ever experienced side effects from any of the drugs you have listed: Y/N\*

Are you allergic to Penicillin? Y/N\*

Are you allergic to any other drugs? Please list them below.

- A.
- B.
- C.
- D.

HAVE YOU TAKEN ANY HOMOEOPATHIC MEDICINES IN THE LAST SIX MONTHS? Y/N

If so, please list them, stating the potency, when and for how long used

**General Information:**

How tall are you? 5' 4"

Do you know how much you weigh?

11 Stones 8 lbs. ..... Kilos

Do you drink coffee? Y/N\*

..... 3 cups per day.

Do you smoke? Y/N\*

..... per day

Do you drink alcohol: Y/N\*

..... 5 units per week.

Are you right handed or left handed? Right/Left\*

Your Provident Society Number (if applicable)

- \*BUPA:
- \*PPP:
- \*Other:

\*Delete where applicable.

# FIRST CONSULTATION

Name: / Age:

You can annotate this recording sheet while you view the video case. You may find it more convenient, however, to download and print the recording sheet from supplemental materials and patch in the history by hand.  
Complaint:



History of Present Illness:

### SHORT EDIT

<https://youtu.be/vS4chNX612g>



### LONG EDIT

<https://youtu.be/SLiG2JwL7ys>



Use the link above to access the Consultation Video. Size the video player window on your computer desktop so that you can simultaneously make entries into this case recording sheet.

Personal:

Menstrual History:

Family History:

Examination:

# FIRST CONSULTATION

## HOMEOPATHIC SYMPTOMS

### GENERALS

Heat: Cold: Perspiration:  
Time: Weather:

### STOMACH

Appetite: Disordered:  
Aversions: Thirst:  
Desires:

### SLEEP

### PARTICULARS

Head Stomach  
Eye Abdomen  
Ear Bowel  
Nose Genito-urinary  
Throat Back  
Respiratory Extremities  
Skin

### MIND

# FIRST CONSULTATION

Continuation sheet

Patient name / id

INDEX

CORRESPONDENCE

NOTES

REPORTS

OTHER

# FIRST CONSULTATION

Continuation sheet

Patient name / id.

INDEX

CORRESPONDENCE

NOTES

REPORTS

OTHER

## FIRST REVIEW

Continuation sheet

Patient Name / id.:

Time since first seen:



[https://youtu.be/7\\_\\_odvpo7KA](https://youtu.be/7__odvpo7KA)

## SECOND REVIEW

Continuation sheet

Patient Name / id.:

Time Since Last Review



<https://youtu.be/uReL1EAm2g8>

INDEX

CORRESPONDENCE

NOTES

REPORTS

OTHER

INDEX

CORRESPONDENCE

NOTES

REPORTS

OTHER

# FIRST CONSULTATION

Name ALICE W D.O.B. 11-11- Sex Female Occ. Nursing nurse Date 27-2-

Address

Complaint

History of Present Illness

No > factors.   
 Paris 9.   
 Chest feels that a cough would clear.   
 No palpitations   
 No inf.   
 No accidents.   
 No major triggers

beats sensation = chest + head. Not always coinciding.   
 Nose feels full. All over.   
 Also has a 'thing' = her chest. Usually not a great heaviness, not a pain.   
 Not breathlessness. Went to GP for investigation.   
 Started in September.   
 Started gradually.   
 nose symptoms first.

(R) = (L)   
 central   
 chest   
 usually not together   
 = nose feels that if it would bleed it would anaesthetise.

Previous Illnesses

Chance finding that BP was up.   
 BP 110/70   
 operations   
 TB   
 ulcerative colitis   
 by steroids   
 anaesthetised 20 yrs ago.

Personal

M: (H) I: - well   
 children: research.   
 dentistry

Menstrual History

M.P. 5. no P.M.T. well. 2. No hay fever M/GF 2/4.   
 No allergies - GM 90+

Family History

1) Paracetamol: - since beginning September.   
 2) Atenolol: -   
 F/GF/GM lower ch.

Examination

Onset of symptoms after Paracetamol but before Atenolol.

GRH   
 JMcC/913052

# FIRST CONSULTATION

HOMOEOPATHIC SYMPTOMS

Generals

Heat

Time

Stomach

Appetite

Aversions

Desires

Sleep

Particulars

Head

Eye

Ear

Nose

Throat

Face

Mouth

Respiratory

MENTALS

reasonably or atleast   
 tight   
 Motion very   
 No fasting   
 Sweat   
 Not XS   
 exercise can   
 Disordered   
 Thirst   
 occasionally craves coffee.   
 No dreams.   
 No headach.   
 No epistaxis.   
 No hypersensitivity.   
 No drows.   
 No doubt.   
 No significant cough.   
 No bad taste.   
 No palpitations.   
 No part problem.   
 No skin problem.   
 Probably found looking   
 Can't lead to high feeling.   
 Can lose temper - with people she doesn't like.   
 Anticipatory. Some humming.   
 Extremely faint smile if dining + feeling late.   
 Feels breast c/a. Seeking diagnosis. Has to be doing things.   
 Changeable. Not relaxed.   
 30/2 200/1

INDEX

CORRESPONDENCE

NOTES

REPORTS

OTHER

INDEX

CORRESPONDENCE

NOTES

REPORTS

OTHER

## FIRST REVIEW

3/4/

WGH: HH breaking with Carzcan -

No remedy reaction

2 weeks ago had symptoms for a full week

May correspond to second week of menstrual cycle.

Over last fortnight not symptomatic

had symptomatic period was not so bad.

Feels slightly better = herself :- not quite so often

No new symptoms. No exacerbations  
(Can get overheated)

wait

Please send rpt. presc.  
to Mrs Alice W.

87,

Dr.

Glasgow G13.

30/2/2001

leave file out please

## LATER REVIEW

6/11

powder seems to help

Overall much better since first meeting

No reaction or upset with powder.

Overall within 3/52 seemed to help.

No sensation in chest until 3/52

ago. Whilst flying, flew to Dublin =

Dublin week. Also had pressure & constraints.

End of holiday had visitors had a disaster

= see letter. Calmed a little after

that. Has never been as bad as first

to first visit.

Symptoms :- feels a bit excited or off

afraid. Sensation at top of chest &

tensed. Not as long lasting

23/2/  
Heaviness in chest  
used to look for  
low  
Symptoms. + few  
+ without about  
events. 1

Remedy helped and symptoms

abated. Feels symptoms are coming back

again. Previously felt heaviness, tightness in chest

pressure sensation in nose as though about to

burst. As though about to sneeze.

30/2, 2001

+ rem info sheet.

2/3/

30/2, 2001



If you would prefer to leave this column blank, these details can be covered in the course of your consultation with Dr. Malcolm.

**Your Family History:**

*Marital status:*

~~Single~~ / Married / ~~Widowed~~ / ~~Divorced~~ / ~~Separated~~\*

Have you had children? Y/N\*

~~Boy~~ / Girl\* Age: 24

Boy / ~~Girl~~\* Age: 21

Boy / Girl\* Age:.....

Boy / Girl\* Age:.....

Boy / Girl\* Age:.....

Boy / Girl\* Age:.....

Boy / Girl\* Age:.....

*Family health:*

Is there any family history of asthma? Y/N\*

details:.....

Is there any family history of eczema? Y/N\*

details:.....

Has anyone in your family, or in your parents' families, had Tuberculosis? Y/N\*

details:.....

*Occupation:*

What is your job?  
..... NURSERY NURSE

How long have you been doing this work?  
..... 30 YEARS

Have you ever worked abroad? Y/N\*  
Where..... TANZANIA

How long?..... 1 YEAR

With a patient's consent, consultations are sometimes recorded for the purpose of research, or for use in the post-graduate teaching of medical doctors who are studying homoeopathy.

**DECLARATION**

I ..... consent to audio-visual recording of my interview, for the purpose of a) further study of my case for therapeutic purposes\*/ b) research into homoeopathic treatments for my condition\* / c) the teaching of postgraduate doctors in homoeopathic medicine (delete as required).

I understand that information is treated confidentially, and used solely and expressly for the purposes outlined above.

Signed, ..... Date: .....

For office use only:

FH. ....

.....  
.....  
.....  
.....  
.....  
.....  
.....  
.....

SH. ....

.....  
.....  
.....  
.....  
.....