



GREATER GLASGOW HEALTH BOARD  
WESTERN INFIRMARY / GARTNAVEL GENERAL HOSPITAL UNIT

**CLINICAL TEACHING CASE STUDY**

**ADULT  
HOMEOPATHY  
CLINIC**

**CONFIDENTIAL**

**Name: Charles W.**

**Illustrative Case No. 13**



CLINICAL TEACHING CASE No 13.

PAPER CASE

Respect Patient Confidentiality

Discussion or disclosure is not permitted, except within your training group.



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PAPER CASE

Name: **CHARLES W.**      Presenting Complaint / Principal diagnosis:  
Age at First Consultation 45      Fatigue, Gilberts Syndrome

INSTRUCTIONS FOR LEARNERS

This is a predominantly a paper case (There is no first consultation video for this patient).  
Read through the notes for the first consultation in week: 10.  
Try to select symptoms and repertorise on a few of the most pertinent rubrics  
Write in your treatment recommendation.



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Referral / Correspondence GP  
Case Note extract  
Original Written Notes

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Dear Dr.

Re Charles W. (Date of birth 1/8/ ) Address .

Further to our recent telephone conversation I would like to refer this gentleman for your opinion. Charles is now 45 years old, he is married with one teenage son and is an accountant with a large accountancy firm. He has been known to have hyperbilirubinaemia for a number of years.

Possibly partly as a result of this he periodically gets upper right quadrant pain. His concerns have come to a head recently because of a severe episode of right upper quadrant pain, which lasted for several days. This necessitated hospital admission but he feels that something passed before the normal ultrasound which he subsequently had.

He has since had a gastroscopy which was similarly unremarkable. This was due particularly because of his concerns that he may have helicobacter but biopsies for this were negative. The tiredness is something which affects him periodically. It occurs for several weeks at a time and he finds it insurmountable. He apparently can get up feeling fairly well in the morning but he feels he hits a "brick wall " in the afternoon. So that although he has the will to go on at that time, he physically finds impossible and usually has to retire to bed.

He does tend to find that the right upper quadrant discomfort and his degree of yellowness tends to be worse at these times. Although he has previously felt that these symptoms have been related to stress he recently asked me if this could be due to his body having difficulty accessing his energy reserves. He then produced a newspaper article and asked if it would be possible to have his anaerobic threshold and alkaline reserve measured.

Re Charles W. (Date of birth 1/8/ ) Address

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On further discussion it transpired that he felt conventional medicine was not sorting him out. Indeed we have always found when he has tried any medication, particularly central acting ones that he has been very sensitive to their effects and unable to tolerate them for more than a few days.

Apart from the investigations already mentioned, he has had viral antibodies, auto-immune profile and immunoglobulins checked, all of which were normal. His bilirubin levels usually run at a level of about 40.

In the past medical history he was extensively investigated for chest pain in 1976, including exercise ECG and coronary angiography all of which were normal. He was noted to have an ejection systolic murmur in [date].

He has a long history of rhinitis and had a bilateral antral washout and intra-nasal antrostomy in [date]. He has been seen again by the local ENT consultant earlier this year because of nasal congestion and sinus discomfort. He was taking nasal Fluticasone earlier this year for this.

Although most of his symptoms may still be down to stress he does seem to be having significant problems. He has got to the stage where he is considering giving up his work and in view of this I think it is reasonable to explore all the possible avenues. I would therefore be grateful as to your advice as to whether Homoeopathy can offer any help here. Many thanks for your help.

Yours sincerely,

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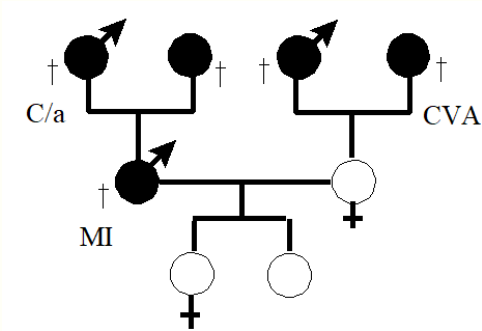
REPORTS

OTHER

FIRST CONSULTATION

Summary Casenote

Patient name / id



FIRST REVIEW

Continuation sheet

Patient name / id.



 [https://youtu.be/IAU\\_bsSSpgU](https://youtu.be/IAU_bsSSpgU)