GREATER GLASGOW HEALTH BOARD
WESTERN INFIRMARY/GARTNAVEL GENERAL HOSPITAL UNIT

CLINICAL TEACHING CASE STUDY

ADULT HOMEOPATHY CLINIC

Study Case No 13.

Name: Carly H.

CONFIDENTIAL

Pre-membership Course in Medical Homeopathy

Clinical Case Study

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

Notes / Learner Instructions

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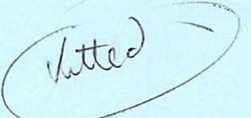

Hospital use only	Clinic	Day Date	Time	Hospital No.

Transport required?	**REFERRAL LETTER** MEDICAL IN CONFIDENCE	**Unique Care Pathway Number** 101015440025Z

REFERRAL TO

HomeopathyAC TAY General Referral	—	**Consultant / receiving practitioner** and/or **specialty clinic**
Royal Victoria Hospital Jedburgh Road Dundee DD2 1SP	—	**Hospital** and **hospital address** Hospital unit no. T107H Email address -

Date of Referral (set by referrer)	08-Feb-2018
Date referral was submitted	09-Feb-2018
Urgency of referral	Routine

Armed Forces Personnel, Immediate Families & Veterans
- ☐ On active service
- ☐ Condition related to service
- ☐ Immediate family member

Impairment (s)
- ☐ Learning
- ☐ Visual
- ☐ Hearing

Miscellaneous
Interpreter Required: No
Details of "Other" Language: None

PATIENT DETAILS

Surname	H
Forename (s)	CARLY
Title	MISS
Sex	Female
Date of birth	24-Sep-
CHI no.	

Patient's address

Contact number(s)
Voice:

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CLINICAL INFORMATION

History of presenting complaint / examination findings / investigation results

Presenting complaint

Description: Endometriosis

Comment: This 34 year old lady has recently been diagnosed with endometriosis. She has bilateral endometriomas in her ovaries and also a haematosalpinx on the left side which is quite sizeable.

She is really struggling to control symptoms. She cannot tolerate contraceptive pills nor coils. She is having side-effect from many of the medications we are trying for her. She is a yoga teacher and it is impacting on her life. She very much would welcome an appointment at the Homeopathic Clinic to see if there is anything you could suggest.

Yours sincerely,

Dr Karen C Scallan

Examinations and Investigations

Ex smoker:	Smoking status on date of event: Ex-smoker.	2014-06-16
Alcohol intake within recommended sensible limits:	Drinking status on eventdate: Current drinker, Units of alcohol drank per week: 2.	2014-06-16
Exercise grading:	Type of exercise: Moderate. NOTES: yoga pilates.	2014-06-16

Most recent height, weight, BMI and Blood Pressure

Height:	1.7	m	Recorded Date: None provided
Weight:	64.9	Kg	Recorded Date: None provided
BMI:	22.4	Kg/m^2	Recorded Date: None provided
Blood Pressure:	113/87	mmHg	Recorded Date: None provided

Reason for referral

Care type requested: Out Patient

Expected outcome: Not Specified

Past medical history

Pre-existing conditions

Description	Laterality	Modifier	Extension	Date of onset
Diet good	-	-	Type of diet: Good. NOTES: eats varied diet .	16-Jun-2014

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Diet - patient initiated	-	-	Type of diet: Good.	17-Dec-2013
Occupations	-	-	fitness instructor	17-Dec-2013
Cervical intraepithelial neoplasia	-	First ever	GRADE 111	11-Aug-2011
Mumps	-	First ever	-	26-Jan-1988

Past procedures

Description	Laterality	Modifier	Date performed
Serum ferritin	-	-	02-Feb-2018
Magnetic resonance imaging of abdomen abnormal	-	-	12-Jan-2018
Cervical smear: negative	-	-	11-Aug-2017
CA125 level	-	-	11-Aug-2017
Serum total HCG level	-	-	11-Aug-2017
Serum alpha-feto protein	-	-	11-Aug-2017
Serum lactate dehydrogenase level	-	-	11-Aug-2017
Ca cervix - screen done	-	-	11-Aug-2017
Patient given advice	-	-	11-Aug-2017

Current and recent medication

Current repeat medication

No current repeat medications recorded

Recent acute medication (last 30 days)

Drug name	BNF code	Formulation	Dosage	Frequency	Course started	Dura
Goserelin 3.6mg implant pre-filled syringes	68040020	pre-filled disposable injection	ONE TO BE INJECTED MONTHLY	-	30-Jan-2018	-

Clinical warnings

Additional relevant information

Administrative information

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Women and Child Health
Clinical Group
Acute Services
NHS Tayside
Ninewells Hospital
Dundee
DD1 9SY

Tel 01382 660111
Fax 01382 632096
www.nhstayside.scot.nhs.uk

Carly H
23 W
Friockheim
Arbroath
Angus
DD11

Date	19/03/2018
Your Ref	
Our Ref	/TC/
Enquiries to	Mrs Tracy Carlin : 09/03/2018
Extension	32089
Direct Line	01382 632089
Email	tracycarlin@nhs.net

Dear Carly

Carly H , 23 W , Friockheim, Arbroath, Angus, DD11 DOB: 24/09/

Thank you for meeting with me on 09.03.18.

You told me that you are 34 and have not had any pregnancies. You told me you had your first period aged 11 but started having cyclical pelvic pain at the age of 14. You are troubled with severe pain in your back just before your period. It is present with every period which is heavy however you have noticed it is worse every three months. This is affecting your work as you are self employed. You have no bleeding in between periods. You are not using any hormonal form of contraception as you have previously been sensitive to it and you also found the Mirena coil unacceptable. You are not requiring any contraception at present as your partner has had a vasectomy. However, you are avoiding sexual intercourse due to the pain in your pelvis. Although you are not immediate planning a family, you still wish to have this option open. You have previously seen my colleague, Dr Bhushan, who had arranged an ultrasound scan and MRI which showed endometriomas on both your ovaries. She had previously discussed surgery and a medication called Zoladex with you and you met with me to discuss this further.

On examination your tummy was soft and not tender today. I performed an ultrasound vaginally and I saw no obvious endometriosis in between your vagina and your back passage. However, I did see two large endometriomas on each ovary that were causing your ovaries to meet behind your womb in what we call ‘kissing ovaries’. There was also fluid filled area that was described on the MRI as fluid in the tube. When I measured your endometriomas, one measured at 7cm and the other at 5cm.

I feel that both these endometriomas are significant enough to be causing your pain and that your best treatment would be surgery. I explained that Zoladex would suppress any further endometriosis development but may not necessarily help these cysts resolve. When I saw you I discussed whether I should refer you on to Dr Chien, our endometriosis specialist, or to proceed with the surgery myself. Since then, I have spoken to the radiologists with a special interest in gynaecology and gone through your MRI. It does not look as if the bowel is attached on to the endometriosis cyst but I would not be able to confirm this until I perform the surgery. She also felt that the fluid swelling in your tube was likely to represent your left tube.

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I would therefore suggest that we proceed with keyhole surgery and I would aim to remove both endometriomas but leave your ovaries in place. The problem that can occur with this is that if your ovaries start to bleed heavily it could be that the only way I could stop the bleeding would be to remove your ovary. This is unlikely to occur but is something you should be aware of. Regarding your swollen tube, it is possible just to drain the fluid from it. However, as it has been stretched, it would mean a higher risk of getting ectopic pregnancy when you do want to conceive and this would even be if you were to proceed with IVF. I would therefore advise removing the tube if it is indeed swollen. There is no suggestion that your right tube is swollen and therefore, by leaving this in place, I would be hopeful that you would still be able to conceive. I would aim not to perform a hysterectomy.

After the surgery, it might be worthwhile starting you on either hormonal contraception or Zoladex to stop the endometriosis returning. At present, I have not placed you on my waiting list but I would be grateful if you could contact my secretary on the above number if you wish to proceed with surgery or if you would like to speak with me again.

I would be happy to do your procedure, however, I am also happy to refer you on to Dr Chien.

I look forward to hearing from you.

Yours sincerely

Authorised on 21/03/2018 15:24:25 by Caithlin Neill.

Dr Caithlin Neill
Consultant Obstetrician & Gynaecologist

(D) Dr KC Scallan, Friockheim Health Centre, Westgate, Friockheim, DD11 4TX

Patient name:	Carly H	**CHI Number:**		**Sex:**	Female
Date of birth:	24 Sep	:			
Address:					

Reported	**Specialty**	**Location**	**Clinician**	**Status**
08 Feb 2018 18:09	Blood Sciences	T13335-FRIOCKHEIM HEALTH CENTR	Dr KAREN C SCALLAN (General Practice)	F

This report is linked to other reports. Click on the links below to see these linked reports:

- FERRITIN (02 Feb 2018 14:12)
  - Hidden because: Final Report Overwritten

Sample C186052205 (Blood) Collected 02 Feb 2018 09:39 Received 02 Feb 2018 13:33

CLINICAL DETAILS :
endometriosis, pale, tired all the time

LAB COMMENTS :
25-HYDROXYVITAMIN D performed by GRI

Sample C186052205 (Blood) Collected 02 Feb 2018 09:39 Received 02 Feb 2018 13:33

FERRITIN

FERRITIN	26	ug/L	13 - 150

TOTAL 25-OH VITAMIN D

TOTAL 25-OH VITAMIN D	19	nmol/L	

25-OH Vit D: <25 Deficient,

25-50 Insufficient,

>50 Adequate.

End of report

Patient name:	Carly H	CHI Number:	Sex:	Female
Date of birth:	24 Sep	:		
Address:				

Reported	Specialty	Location	Clinician	Status
23 Nov 2017 16:24	Radiology	NW OP OBS & GYNAE CLINIC	Dr Yeswanthini BHUSHAN (Obstetrics & Gynaecology (Obstetrics & Gynaecology)	F

Radiology Examination 6620661: 21 Nov 2017 13:50

MRI Pelvis gynaecological

MRI Pelvis gynaecological

Clinical History :

Large pelvic mass, thought to be ?ovarian in origin.
ca125 = 156. MRI please to assess the nature of mass.

ENTERED BY: Kirsty Brown (medical)

MRI Pelvis gynaecological :

T2 sagittal, space, T1 axial and 2 and fat sat sequences performed. The patient could not tolerate Buscopan or contrast so the images were carried out without buscopan and no post contrast sequences are obtained.

The uterus is anteverted and returns normal signal.

The right ovary is visualised with a well-defined 4 x 2.5 cm lesion with T1 hyperintensity and T2 shading consistent with an endometrioma.

The multi loculated left-sided lesion demonstrated on CT scan, contains areas of high T1 signal and demonstrates T2 shading with some areas of fluid signal. These appear to be

interconnected. This appearance raises the possibility of a haematosalpinx.

Smaller lesions with similar signal intensity is also noted seperate and in relation to the left ovary consistent with endometriomas.

No size significant or abnormal lymphadenopathy.

Opinion :

Bilateral endometriomas with possible left haematosalpinx.
DR ANU KAMALASANAN / KAMA

Patient name:	Carly H	**CHI Number:**		**Sex:**	Female
Date of birth:	24 Sep	:			
Address:					

Radiology Examination 6574436: 19 Sep 2017 15:11

CT Thorax & abdo & pelvis with contrast

CT Thorax & abdo & pelvis with contrast

Clinical History :

34 yr old, 9 cm solid and cystic lesion- pelvis- origib unknown on TVS ? LEFT OVARIAN

ca 125- 150

ENTERED BY: Yeswanthini Bhushan (Medical)

BLEEP: 5478

CT Thorax & abdo & pelvis with contrast :

Large 8 cm x 9 cm x 8 cm multiloculated cystic mass arising from the pelvis displacing the premenopausal uterus anteriorly to the right, as per recent ultrasound findings of 06/07/17. Allowing for the low spatial resolution of CT as compared with the ultrasound, there is no obvious intralocular enhancing soft tissue, though solid components were indeed demonstrated on ultrasound. No internal calcification. The left ovary is not clearly identified, however, a normal right ovary is visible, demonstrating a physiological 2 cm follicular cyst.

Regional small bowel loops and rectum are slightly displaced though no signs to suggest direct invasive pathology.

No free fluid in the abdomen and pelvis. No acute omental pathology
The upper abdominal solid viscera are normal.
No intra-abdominal, pelvic wall or inguinal lymphadenopathy.
No acute pulmonary disease.
No mediastinal or hilar lymphadenopathy.
No destructive acute bone abnormality.

Conclusion:

Stable appearances of known multicystic large 9 cm pelvic mass of uncertain aetiology though likely left ovarian nature. In view of rather indolent nature, this is most likely a benign lesion with no signs of progressive disease. No other acute pathology.

NICOLA SCHEMBRI / NSCHEMBRI

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Patient name:	Carly H	**CHI Number:**		**Sex:**	Female
Date of birth:	24 Sep	**:**			
Address:					

Reported	**Specialty**	**Location**	**Clinician**	**Status**
11 Aug 2017 19:36	Blood Sciences	T13335-FRIOCKHEIM HEALTH CENTR	Dr DUNCAN R MACDONALD (General Practice)	F

This report is linked to other reports. Click on the links below to see these linked reports:

- LACTATE DEHYDROGENASE (11 Aug 2017 18:43)
- AFP, LACTATE DEHYDROGENASE (11 Aug 2017 18:55)
  - Hidden because: Final Report Overwritten
- AFP, LACTATE DEHYDROGENASE, TOTAL HCG (11 Aug 2017 19:10)
  - Hidden because: Final Report Overwritten

Sample C175672572 (Blood) Collected 11 Aug 2017 15:07 Received 11 Aug 2017 18:02

```
CLINICAL DETAILS :
: Postmenopausal
AS REQUESTED FROM HOSPIATL


LAB COMMENTS :
** NICE GUIDANCE SUGGESTS FURTHER INVESTIGATION IF THE
CA125 IS GREATER THAN 35 **
```

Sample C175672572 (Blood) Collected 11 Aug 2017 15:07 Received 11 Aug 2017 18:02

AFP				
alpha-FETOPROTEIN		2	kU/L	0 - 7
LACTATE DEHYDROGENASE				
LACTATE DEHYDROGENASE		195	U/L	120 - 246
TOTAL HCG				
TOTAL HCG		LT1	U/L	0 - 5
CA 125				
CA125	*[HI]	156	kU/L	0 – 30

CA-125, which stands for “Cancer Antigen 125” is a protein that may be found in high amounts in the blood of patients with ovarian cancer. CA-125 is produced on the surface of cells and is released in the bloodstream. This protein is elevated in more than 80 percent of women with advanced ovarian cancers, and in 50 percent of those with early-stage cancers.

The CA-125 test is among the blood tests that may be ordered by a doctor if ovarian cancer is suspected.

Because CA-125 misses half of early cancers and can be elevated by benign conditions, such as diverticulitis, endometriosis, liver cirrhosis, pregnancy, and uterine fibroids, it is not used by itself to diagnose the disease, and the National Cancer Institute and the United States Preventive Services Task Force do not endorse using it to screen women for ovarian cancer who are at ordinary risk or in the general population.

CA-125, however, is approved by the Food and Drug Administration to monitor the effectiveness of treatment for ovarian cancer and for detecting disease recurrence after treatment.

Patient name:	Carly H	CHI Number:		Sex:	Female
Date of birth:	24 Sep	:			
Address:					

Reported	Specialty	Location	Clinician	Status
06 Jul 2017 15:36	Radiology	ARBROATH INF OP GYNAE CLINIC	Dr Yeswanthini BHUSHAN (Obstetrics & Gynaecology (Obstetrics & Gynaecology)	F

Radiology Examination 6495922: 06 Jul 2017 14:15

US Pelvis transvaginal

	US Pelvis transvaginal	*		

Clinical History :

h/o heavy menstrual flow; para 0 +1

o/e retroverted uterus ? posterior fibroid/adenomyosis

patient declining to attend Ninewells and Perth for ultrasound scan (due to bad experience) Arbroath secretary has spoken to Radiology in Arbroath who have said that she can be scanned in Arbroath and hence this request on ICE

ENTERED BY: Yeswanthini Bhushan (Medical)

US Pelvis transvaginal :

The uterus and adnexae have been examined.

The patient was scanned transabdominally and transvaginally. Verbal consent obtair

Assistant present.

There is an unexpected finding of a large abnormal mass which appears to arise frc
adnexa measuring approximately 9cm x 7cm. The mass contains both solid and cystic
The origin of the mass could not be ascertained sonographically but may be ovariar
left ovary could be identified. The right ovary was visualised and appears ultras
normal.

No pelvic free fluid seen. The uterus appears ultrasonically normal.

This finding was discussed with Dr Bhushan, who will arrange management of the pat
requested the patient's notes be sent from Arbroath Infirmary to Ninewells which h
arranged via Beverly Wren, Medical secretary, Out patients, Arbroath Infirmary.

Nicola Ritchie (sonographer)
NICOLA RITCHIE / WALU

Patient name:	Carly H	**CHI Number:**		**Sex:**	Female
Date of birth:	24 Sep	:			

Address:

Reported	Specialty	Location	Clinician	Status
12 May 2016 13:53	Blood Sciences	T13335-FRIOCKHEIM HEALTH CENTR	Dr DUNCAN R MACDONALD (General Practice)	F

This report is linked to other reports. Click on the links below to see these linked reports:

- Creatinine and Electrolytes, AKI, Liver Function Tests (LFT), Bone Group, ESTIMATED GFR, CKD Stage (12 May 2016 14:07)
  - Hidden because: Final Report Overwritten
- Creatinine and Electrolytes, AKI, Liver Function Tests (LFT), Bone Group, ESTIMATED GFR, CKD Stage, TSH (12 May 2016 14:18)

Sample H164661312 (EDTA) Collected 12 May 2016 10:31 Received 12 May 2016 13:26

```
CLINICAL DETAILS :
On T4?: No
recurrent heavy periods with pain
```

Sample H164661312 (EDTA) Collected 12 May 2016 10:31 Received 12 May 2016 13:26

FBC

Hb		139	g/L	120 - 160
WBC		8.1	$x10^9/L$	4.0 - 11.0
PLT		206	$x10^9/L$	150 - 400
RBC		4.57	$x10^{12}/L$	3.8 - 4.8
HCT		0.434		0.37 - 0.47
MCV		94.9	fl	85 - 105
MCH		30.4	pg	27 - 32
MCHC		320	g/L	320 - 360
NE#		6.3	$x10^9/L$	2.0 - 7.5
LY#	*[LO]	1.4	$x10^9/L$	1.5 - 4.0
MO#		0.5	$x10^9/L$	0.2 - 0.8
EO#		0.06	$x10^9/L$	0.0 - 0.4
BA#		0.0	$x10^9/L$	0.0 - 0.1

End of report

Listen to a reading of this case record

28/2/18

Endometriosis

Haemorrhagic salpinx. (L) follicular —

Heavy bleeding c clots every month

Pain c heaviness → low back, dull heavy ache

Also a back. pulls down a back.

sacrum → front as starts to bleed

→ problems c bowel movements

Trouble with urination on day 1+2

Constipation alt diarrhoea.

Certain foods cause problems.

Urination c painful.

Everything alt during need.

20 y ago :- Started with heavy periods

→ pain started c last 8 y

Has Raynaud's disease c first attack 14 y

and first started contraception :

Continued O.C. for 10 y then came off 6/12

and then went back a 8 y, then stopped

altogether 8 y ago.

Was sexually active. Periods were heavy.

First periods 8 y c length was 11 y.

Not heavy..

Two bouts of Gastroenteritis when small.

Was a teenager everything through school + bullying. Abs then started.

Treatments c Hx.

S. for Naproxen :- which gave her heartburn even with omeprazole.

Mefenamic acid → constipated ...

Drugs :- No other medicines

Allergies :- Intolerant to C.T. scan dye given ;

doesn't feel right with meds.

P.C. :- Heavy bleeding + pain with heaviness

Most months : heavy bleeding c clots

Few months ... — always get bad pain

1-2 days to bleed.

FIRST CONSULTATION

Wears pads for debilitate, heavy pains -
Pain starts up again towards end of cycle

Also pain ē ovulation :- (L) side > (R)

S :- 7/28 :-

spotty ē face. has growth on face 1/2 year to menses. (embarrassing)

Migraines - headaches (No migraine since stopping OC)

Cold + flu like symptoms. Fatigue.

No use of painkillers -

Uses occasionally, cold/flu like muscular pains -

(happens ē a bad [illegible])

PMH :- Depressed with fibromyalgia + ME

as soon as she stopped OC. >>>

OC.

Theory :- overloaded with oestrogen..

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FIRST CONSULTATION

SH :- lives ē partner :-

Occ :- yoga teacher + engineer .

a lot stressed .

No family desire .

Never wanted children :-

Doesn't want to be left alone with 2 children

likes to make [illegible] -

M : was single mother until pt 2-8/12

Head :- Nowhere near as bad as they used to be.

Standard headache -

Not migraines . No aura -

Frontal :- grey black across front of head :-

Cerebellar > deep -

Sleep :-> restless many nights.

GUT? :- allergy from dairy

Some [illegible] tendency :- a lot of bugs -

\- season .

Mouth :- Occ mouth ulcers + gums bleeds on MP week.

FIRST CONSULTATION

Eating certain foods : gets a blockage of
(R) submandibular salivary glands.

: postnatal – | Red wine <
| Hard drinks for 3-4/1
| M.P. heavier
| (coloured <<)

Dry mouth regularly /

Drink water :- Not as much as she should.

Tea :- 8-10 / day.

BS :- ○ C ○ UV · 3 ○ ?

Ice during M.P. palpitations

Odd flying :- gets some breathlessness

CC :- Bloating during before + after M.P.

Certain foods . White bread + pasta

Usual offenders.

Cons :- down the way.

Diet :- When stress not eating properly.

Stress : a lot of do with others

FIRST CONSULTATION

Some demanding students

Managing : a lot of stress.

Eating Clean water

Cup of tea.

Most mornings doesn't eat anything till 11 am

Can eat early 5 MS week

Toast soup or sandwich for lunch

Sometimes : evening meal v. late

→ lighter or quiet

Soup / noodles.

Food barely any at the moment.

Cut. :- Haemorrhoids,

Cramps during period week

Bumping or skin go through week.

Some fissures . or bleeding.

A little bleeding,

Some itching.

FIRST CONSULTATION

No itching or outbreaks or discharges -

Mind :— Calm
Until something gets her stuff
→ of someone else is wrong'
Unfair things..
Other people battles -
If something to do with herself
→ takes a back seat

Example :— colleague = company / cathedral
property problem -

Fertility :- for 3 yrs -
Been very tired
Hasn't been looking after herself well enough

Able to engage with grey areas.
Quite pre-occupied.

Repression of anxieties
Brought up to believe that you get it right first time

FIRST CONSULTATION

T° :— Freezing, most of the time.
(T) :-- Afternoon best.
Mid afternoon >
Cold is morning
Feet v. cold -
Two pairs of tennis socks.

Muscles :- joints <— damp: - a bit stiffer
a lot colder when damp

Skin :- Dryness of skin
Out itchy over nipples
Used a perfumed soap.
Very sensitive to things put on skin.

Trying to break down many things told as a child

Dreams :— Travel
Trains. aeroplanes boats & roads
Trying to find stations.
Dreams :-- very peaceful a lot of the time.

certain things : politics <.
These are last 2/12
Annoyed with how others treat people
'People are nasty + others all the time'
Can't be doing with waitresses.
Social justice warriors
Having to create distance.
Doing some reflection.
Feels anxious + jealous + not being good enough
going through all that.
Reading about Women + Feminist [illegible]
Masculine [illegible] + times : recognised
1:1 work .. wants to make others feel better
about themselves. Gives [illegible] to yoga students.
Wants to help others love themselves.

30/6
. 30c
[illegible]

30/8/18

Post. 12c 00
(following PA

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Complete & Return to:
Dr R Malcolm
Homeopathy Clinic
Roxburghe House
Royal Victoria Hospital
Jedburgh Road
Dundee DD2 1SP

QUESTIONNAIRE FOR CHRONIC ILLNESS — GYNAECOLOGY

Date: 17/07/18 Patientname: Carly

To enable us to find a suitable homeopathic remedy, we need you to *precisely record here all changes in how you feel* which have arisen during the *current illness*. To do this:

1) Below, write the main symptoms you have noticed with your illness:

MAIN SYMPTOMS (for example: premenstrual headache, menstruation too strong and too long)

Pain (lower back) possibly due to 'kissing' ovaries. Very heavy flow with clots.

2) Underline below whatever applies to you during your illness.

For example: if it gets worse when you perspire, mark: during / after perspiration better / worse

OPEN AIR, WEATHER, TEMPERATURE, WRAPPING UP
- open air: better / worse
- open air: desire for / aversion to
- cold weather: better / worse
- warm weather: better / worse
- wet weather: better / worse
- dry weather: better / worse
- cold in general, being exposed to: better / worse
- warmth in general: better / worse
- when getting cold: better / worse
- wrapping up warmly: better / worse
- uncovering: better / worse
- warm room: better / worse
- becoming warm in bed: better / worse
- during/after perspiration: better / worse
- wet compress on body: better / worse
- getting wet: worse
- draught / wind: worse
- getting hot / perspiring, want to uncover
- getting hot / perspiring, want to stay covered up

POSITION
- lying position: better / worse
- lying on back: better / worse
- lying on side: better / worse
- lying on painful side: better / worse
- change of position: better / worse
- sitting: better / worse
- sitting bent over: better / worse
- standing: better / worse

- bending over: better / worse
- sitting up, straightening up: better / worse
- muscles: flabby / tense
- while / after getting up from seat: better / worse

MOVEMENT, EXERCISE, REST
- movement: desire for / aversion to
- movement: better / worse
- stepping hard: better / worse
- walking: better / worse
- running (jogging): better / worse
- physical exercise: better / worse
- mental effort: better / worse
- resting: better / worse
- turning over in bed: worse
- travelling (bouncing) in a vehicle: better / worse

EATING, DRINKING, TALKING
- during / after eating: better / worse
- empty stomach, before breakfast: better / worse
- after breakfast: better / worse
- cold food and drink: better / worse
- warm food and drink: better / worse
- after drinking: better / worse
- cold water: better / worse
- beer, wine, other alcoholic drinks: better / worse
- thirst: thirsty / absence of thirst
- appetite: hunger / loss of appetite

SLEEP
- after lying down: better / worse
- while falling asleep: better / worse
- during sleep: better / worse
- while waking up: better / worse
- while / after getting up: better / worse

SENSATION
- touch: better / worse
- external pressure: better / worse
- rubbing: better / worse
- smell: lost · weak · diminished · hypersensitive
- pressing sensation: inwards / outwards
- stabbing, pricking: inwards / outwards
- stabbing, pricking: upwards / downwards
- breathing deeply: better / worse
- sneezing: better / worse
- full feeling: inside body
- cramps: inside body

SIDE
- chest: left / right
- inside abdomen: left / right
- groin (thigh crease): left / right
- genitals: left / right

GENITALS
- menstruation: early / late
- menstruation: profuse / weak
- menstruation: short / long duration
- menstrual blood: dark / bright
- menstrual blood: biting, offensive smell, clotted (lumpy)
- before / at start of / during / after menstruation: worse
- menstruation does not occur
- menstruation, delayed, starts late at puberty
- uterine haemorrhage
- bloody discharge between menstruation
- sex drive: strong / weak
- during / after sexual intercourse: worse
- sexual excess: worse
- uterine spasms
- vaginal discharge: irritating / bland
- vaginal discharge: in general, bloody, burning, thick, yellow, itchy, milky, slimy, mucous, offensive, watery

PREGNANCY / BIRTH / BREASTFEEDING
- nausea: in general, in throat, in stomach, in abdomen
- vomiting: in general, bloody, bilious (bitter), sour, mucous, offensive, watery
- vomiting: worse
- pregnancy: worse
- bloody discharge during pregnancy
- miscarriage
- labour-like pain
- labour ceasing / spasmodic / painful / weak
- pain after birth
- period of time after childbirth: worse

- increased / diminished breast milk
- breastfeeding: worse

MENOPAUSE
- female complaints: worse
- getting hot / perspiring, want to uncover
- getting hot / perspiring, but want to stay covered up
- hot flushes or hot flashes
- dryness of internal parts that are usually moist
- sensation that inner parts are dropping out
- osteoporosis

URINARY TRACT / EXCRETION
- urination: profuse / scanty
- urination: frequent / infrequent
- before / at start of / during / after urination: worse
- urge to urinate: in general / ineffective
- urination: drop by drop, involuntary, at night, interrupted

STATE OF MIND
- irritable / mild
- sad / happy

} depends on time of month
- being alone: better / worse

FURTHER SYMPTOMS NOT MENTIONED IN THE QUESTIONNAIRE:

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FIRST REVIEW

1/10/18

Had only just started new.
Bowel movement changed: More frequent & more like they should be.
Kali-p didn't make much difference
Getting a deeper sleep overall.
Just came off a lump of menstruation
Better mood & less snappy
Usually snappy just before menstruation & also before ovulation
Always used to menstruate at full moon & ovulate at new moon. Seems to be changing.

C/T

SECOND REVIEW

19/11/18

Not bad in herself
Things looking better the last month.
Hasn't gone through full cycle
Last cycle bearable. Next one 3/12
Currently v. good. Feels there has been a dramatic change in skin. Fewer ridges & much healthier.
Not a dramatic reduction in blood-flow maybe less brown & clots smaller.

Repeat dose.

27 August 2018 10:34:51

	Rhus.	Kali-n.	Mosch.	Plat.	Nat-c.	Nux-v.	Ign.	Kreos.	Mur-ac.	Cina.	Sabin.	M-aus.	Cycl.	Verb.	Arg.	Phos.
Number of hits	10	8	9	8	9	11	10	12	7	6	12	7	5	5	3	12
Sum of grades	27	18	17	22	21	29	25	21	18	10	31	13	11	10	10	29
Polarity difference	**16**	**13**	**13**	**12**	**12**	**11**	**9**	**9**	**9**	**9**	**8**	**8**	**8**	**8**	**8**	**7**
leucorrhoea, thick [11] (608)					2						3					
leucorrhoea, milky [16] (613)								1			1					1
leucorrhoea, slimy, mucous [38] (616)		2				2		2			2					1
leucorrhoea, mild (p) [9] (614)						1		1								
sexual instinct, strong (p) [82] (581)	1	1	3	4	3	4	2	1	1		3	2		1		4
uterine spasms [31] (994)	1		2	2		3	3	2								1
menstruation, too early (p) [84] (594)	4	2	2	3	2	4	3	3	2	3	4	3				4
menstruation, profuse (p) [80] (599)	2	2	2	4	2	4	1	2	2	2	4	3	2			3
menstruation, menstrual blood, clotted (lumpy) [28] (590)	4			4		1	3	1			3					
menstruation, menstrual blood, offensive smell [19] (591)				1			2				3					1
urination, profuse (p) [99] (531)	4	3	1		2	1	3	2	4	1	2	1	2	4	4	1
urination, frequent (p) [90] (524)	4	4	1		3		3	3	3	1	1	1	2	2	4	2
urination, urging, in general [112] (554)	3	2	1		2	4	2	2	3	1	4	2	2	2	2	3
muscles, tense (p) [34] (1309)	2		3	3	1	4								1		4
> rubbing (p) [74] (2584)	2	2	2	1	4	1	3	1	3	2	1	1	3			4
leucorrhoea, acrid (p) [37] (615)							*2*	*2*								*4/CI*
sexual instinct, weak (p) [55] (580)				*1*			*1*		*3/CI*		*1*					*1*
menstruation, late (p) [69] (598)	*1*				*1*	*1*	*1*				*3*					*2*
menstruation, weak (p) [66] (597)	*1*		*1*	*1*		*1*	*2*				*1*					*3*
urination, scanty (p) [91] (523)	*1*	*1*			*1*	*3/CI*		*1*			*1*	*1*	*1*			*3/CI*
urination, infrequent (p) [68] (525)						*3/CI*			*1*		*1*	*2*				*1*
muscles, flabbiness (p) [53] (1304)				*1*	*2*				*1*							
< rubbing (p) [44] (2324)					*1*			*1*	*1*							*1*

27 August 2018 10:34:51

	Coff.	Ant-c.	Selen.	Tarx.	Calc.	Bell.	Am-m.	Thuj.	Olnd.	Ph-ac.	Zinc.	Chin.	Stann.	Sec-c.	Guaj.	Spig.
Number of hits	7	7	5	4	10	12	7	6	5	8	11	10	10	9	6	6
Sum of grades	14	12	11	10	28	26	12	12	7	20	20	19	18	15	15	13
Polarity difference	**7**	**7**	**7**	**7**	**6**	**6**	**6**	**6**	**6**	**5**	**5**	**5**	**5**	**5**	**5**	**5**
leucorrhoea, thick [11] (608)											2					
leucorrhoea, milky [16] (613)					4											
leucorrhoea, slimy, mucous [38] (616)					3	1	2	1			2		3		1	
leucorrhoea, mild (p) [9] (614)					1											
sexual instinct, strong (p) [82] (581)	3	3			3	1		2			3	4	1			1
uterine spasms [31] (994)	2					2					2		3	1		
menstruation, too early (p) [84] (594)	1				4	2	3			2	2	2	2	3		1
menstruation, profuse (p) [80] (599)	3	2	2		4	4	2			2	1	3	2	4		
menstruation, menstrual blood, clotted (lumpy) [28] (590)						3				2		3		1		
menstruation, menstrual blood, offensive smell [19] (591)						4						1		1		
urination, profuse (p) [99] (531)	1	1	2	3	1	2	1	2	1	3	1	1	1	1	3	4
urination, frequent (p) [90] (524)	3	2	3	2	2	2		3	2	3	1	1	1	1	2	3
urination, urging, in general [112] (554)	1	1	2	3	2	3	1	1	1	4	2	1	2	1	3	3
muscles, tense (p) [34] (1309)		1				1	1		1	2	1	1	1		3	
> rubbing (p) [74] (2584)		2	2	2	4	1	2	3	2	2	3	2	2	2	3	1
leucorrhoea, acrid (p) [37] (615)		*1*			*1*			*1*		*1*		*1*				
sexual instinct, weak (p) [55] (580)		*1*	*1*		*1*	*1*				*3/CI*			*1*			*1*
menstruation, late (p) [69] (598)					*2*	*1*				*1*	*3/CI*	*1*		*1*	*2*	*1*
menstruation, weak (p) [66] (597)					*1*			*2*			*2*				*2*	
urination, scanty (p) [91] (523)	*1*	*2*	*1*		*1*	*3/CI*	*1*			*2*	*1*	*3/CI*	*2*	*2*		
urination, infrequent (p) [68] (525)					*1*	*2*	*1*			*1*	*1*	*2*	*1*	*2*		
muscles, flabbiness (p) [53] (1304)					*4/CI*			*1*				*2*		*1*		*1*
< rubbing (p) [44] (2324)	*3/CI*				*2*		*1*			*1*			*1*		*2*	*2*

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Dr KC Scallan
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Dear Dr Scallan

Carly H , 23 , Friockheim, Arbroath, Angus, DOB: 24/09/

Thank you for asking me to see Carly. She attended for her first homeopathic appointment on 26th February 2018.

I note her history of endometriosis with fallopian and ovarian involvement. Carly has been suffering from menorrhagia on a monthly basis with considerable dysmenorrhoea. This is characterised by low abdominal pain extending to the perineum as she starts to bleed.

I note that she has longstanding variability in her bowel habit and that there are some foodstuffs which appear to aggravate this.

Carly also suffers from Raynaud's disease, since first commencing on contraception at the age of 14. She was continuously on oral contraception for ten years, was free for six, and went back on contraception for a further five years before stopping five years ago.

On the basis of her history and local symptoms, I have prescribed homeopathic *Proteus* nosode and I have asked her to follow this on with *Secale* 6C ~~tds~~. BD

I have also provided her with intermittent doses of *Folliculinum* to be used mid-cycle. I hope that, between them, these will reduce some of her cyclical localising symptoms and a further review in two months has been requested.

With kind regards

Yours sincerely

Dr Russell Malcolm FFHom
Specialist Physician in Homeopathy

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Dear Dr Scallan

Carly H , 23 , Friockheim, Arbroath, Angus, DD11 DOB: 24/09/

Carly attended for review at the Homeopathic Clinic on 1st May 2018.

She reports a marked improvement in her abdominal pain. She is generally positive and happy in herself.

It is not completely clear which element in the prescribing strategy has been the dominant agent for change. Carly herself feels herself that she is benefitting greatly from *Secale Cornutum* 6C bd. In view of this I have provided her with a further prescription and have asked her to continue with this medication for a further two months.

Carly continues to experience heavy menstrual bleeding for the first three days, and there is a possibility of modifying her treatment to reduce her menorrhagia if there is no spontaneous improvement in these symptoms in due course

A further review in eight to nine weeks has been requested but I would be happy to hear from Carly in the meantime if there are queries concerning her treatment.

With best wishes

Yours sincerely

Dr Russell Malcolm FFHom
Specialist Physician in Homeopathy

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Dear Dr Scallan

Carly H , 23 , Friockheim, Arbroath, Angus, DD11 DOB: 24/09

Carly attended for review at the Homeopathic Clinic on 9th July 2018.

Following an initially encouraging response to homeopathic *Secale* in treatment of dysmenorrhoea and menorrhagia, there has been some slipback in her symptoms. Some aspects of her variability seems to be linked to stress and difficulties related to her self-employment.

I have provided her with stat doses of *Kali phos* which I hope will help at a constitutional level.

Additionally I have provided her with *Mag phos* 30C to be used hourly as required for painful periods. I hope that she will experience a further improvement in due course and a review in 8 weeks has been requested.

With kind regards

Yours sincerely

Dr Russell Malcolm FFHom
Specialist Physician in Homeopathy

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Dear Dr Scallan

Carly H , 23 , Friockheim, Arbroath, Angus, DD11 DOB: 24/09/

Carly attended for review at the Homeopathic Clinic on 1st October 2018.

As you are aware she suffers from endometriosis, with menstrual bleeding-pattern disturbance, marked mood swings and dysmenorrhoea.

Carly appears to be in the throes of an early treatment response to *Kali Nitricum* which was started around three weeks ago. Overall she appears to be more positive and is keeping better in herself.

In view of this, it seems appropriate to wait a little longer to review the outcome from her current treatment.

A further review in six weeks has been requested but I would be happy to hear from Carly, in between, if there are any queries concerning her treatment.

With best wishes

Yours sincerely

Dr Russell Malcolm FFHom
Specialist Physician in Homeopathy

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Dear Dr Scallan

Carly , 23 , Friockheim, Arbroath, Angus, DD11 DOB: 24/09/

Carly was reviewed at the Homeopathic Clinic on 19th November 2018 by telephone.

She is currently keeping fairly well in herself and her last period was associated with less dysmenorrhoea, although there has been only a modest improvement in the bleeding pattern.

Natalie appears to be happy to continue with *Kali Nitricum* 12C once daily meanwhile, and we will review her after her next cycle, perhaps in the last week before Christmas or in early January, to see how she is faring.

With best wishes

Yours sincerely

Dr Russell Malcolm FFHom
Specialist Physician in Homeopathy

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