



GREATER GLASGOW HEALTH BOARD
WESTERN INFIRMARY / GARTNAVEL GENERAL HOSPITAL UNIT

CLINICAL TEACHING CASE STUDY

**ADULT
HOMEOPATHY
CLINIC**

Study Case No. 2.1

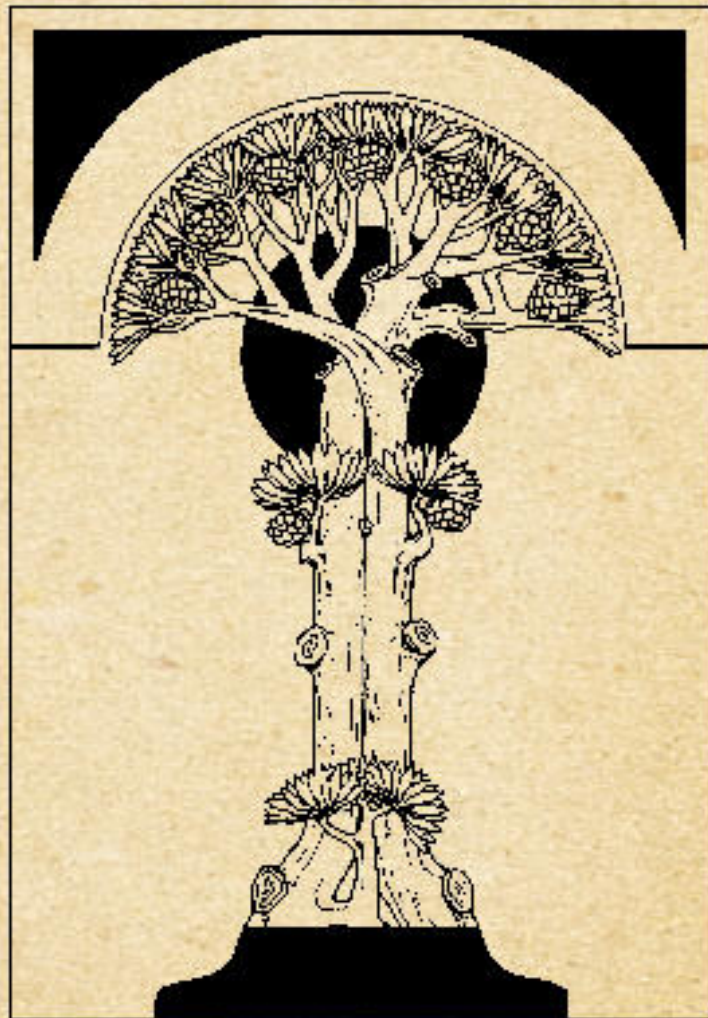
Name: Elspeth McD.

CONFIDENTIAL

CLINICAL TEACHING CASE No 2.1

Respect Patient Confidentiality

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



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Name: Elspeth McD. Presenting Complaint / Principal diagnosis:
Age at First Consultation 52 yrs Rheumatoid arthritis, Menopause

INSTRUCTIONS FOR LEARNERS:

Study the referral and [view the first consultation](#) for this case in week: **1**
[View the first review](#) consultation and consider further treatment in week: **2**



ADULT HOMEOPATHY CLINIC

Homeopathy service for this patient originally provided at:
North Queensferry (MALCOLM)

After you have added your own notes to this interactive pdf file, be sure to save it to your computer. Once the case review for this patient has been concluded, save the final copy to your training portfolio.

INDEX

Referral / Correspondence
GP LETTER
Case Recording Sheets
Original Written Notes (First Consultation)
Investigation Reports(empty)
Repertoristions & Searches (empty)
Clinical Audit / Outcome Reports (empty)
Clinical Photographs / Images
Miscellaneous (empty)



Dr R Malcolm
Battery House
3 East Bay
North Queensferry
KY11 1JX

Our ref AM/SF/EM/13/2

13 February

Dear Dr M

regarding: Elspeth McD East L Date of Birth: 26/12/

Thank you for seeing this 52 year old lady. She was dignosed with Seropositive Rheumatoid arthritis in which, due to the physical nature of her work and recreation, initially caused her significant concern.

Her rheumatoid so far has not taken an aggressive course and for most of the time she has been managed successfully with minimal use of non-steroidal drugs.

Mrs McD Has recently noticed some deterioration in her pain levels and her inflammatory markers have shown a modest increase.

She would like to avoid the need for increases to her medication and her other main concern at present are menopausal flushes, which she finds disrupting and uncomfortable. She is reluctant to start HRT for these, having read some negative press reports recently.

I would be grateful for your further assessment and your opinion as to whether homeopathy might be helpful for her.

Yours sincerely

A. D McL

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:



https://youtu.be/NT2NhdgL_7A

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

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CORRESPONDENCE

NOTES

REPORTS

OTHER

FIRST CONSULTATION

Continuation sheet

Patient name / id.

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CORRESPONDENCE

NOTES

REPORTS

OTHER

FIRST CONSULTATION

Name ESPEHA MCD D.O.B. 26/12- Sex F Occ. Teacher. Date 25/3/
 Address 26/12-
 Complaint
 History of Present Illness

Used to occasionally get flushes sporadically
 Rheumatoid Arthritis
 Hot flushes.
 Arches + pains started 11/1 got worse at Christmas
 Blood test:- seropositive RhF.
 Hot flushes started at the same time.
 During the day Abt visible to others
 Shoulder painful. Constantly in shoulder.
 No effect lying a shoulder.
 Cramps in shoulder pins - needles down arms
 Sore getting out of bed.
 Sore swelling of forefoot.

Previous Illnesses :- 93.0 A → 0000 08
 Appendectomy: lig + cartilage operation :- fell over fence.
 Had problems = anaemia = 20's
 Menstrual History :- MP stopped 1/2 ago. Irreg for 1/2 prior to this.
 Family History Used to get migraines at time of aches: PMT.
 Examination M: H: well:- No children
 named late
 M - 4A + 30/1 ago
 F: - alive

FIRST CONSULTATION

Collectant of sun. day person. sea
 HOMOEOPATHIC SYMPTOMS
 (Calc-p.) Generals
 Heat Cold
 Time :- acting in am. snoozes evening energy 4:30
 Stomach Sleeps into copulation
 Appetite Aversions: red meat. has gone off fruit
 Desires choc: cakes, putting on weight, N salt. (? gone off it)
 Sleep Offer awake 3am getting to sleep 15 min.
 Particulars
 Head :- occasional: ugly patch @ 20
 Eye :- sensitive to bright light
 Ear
 Nose Catarrh :- for years.
 Throat sinus headaches.
 Face
 Mouth
 Respiratory Slighter tooth
 Mentals: Controls tendency to cry.
 Has always been active. Upset by her mistakes
 Outdoor activities upset if talking out with others.
 Tends to battle or regardless.
 Quite motivated + perfectionistic
 Not v. happy go lucky.
 Anxious re father's health.
 Had a spell of anticipatory anxiety
 Fear of what might happen
 Discharges: Swear: abnormal → lower Rx
 Skin :- fairer zones
 Quite shy out of context of work
 Keeps most things to herself
 Former looking.
 Respiratory teacher.
 Aquarobics, swimming.
 Fairly strong routine
 Mood: variable: weepy
 Collects old things.
 30/2 exp.

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INDEX CORRESPONDENCE NOTES REPORTS OTHER

FIRST REVIEW

Continuation sheet

Patient Name / id.:

Time since first seen:



<https://youtu.be/UUv7O6-xTxs>

6/7/ Subtely found that activities was great
Not fudges > sleeping >
But over last few weeks activities is coming
back. No upset shortly after given.
Sleeping better after 2/32.
Some return & last 2-3/32 of shoulder
pain.

Sleeping much better. More or less ok.

Calm. calmed headache.

Energy ok. Weight VS is now >.

Energy:

feet pain cleared for a time. Now some
slight return

Reacts to extremes of T₂.

Not able to do too much exercise & heat
Prefers to be warm than cold.

Bowel a bit sluggish.

D: the pasta, wine. | A: red meat (< shoulder)
fruit.

No easy bruising.

(T) :- 6.30 after evening meal dages.

During night gets a bit thirsty.

Mood quite happy. Getting on well & others.

Thematic Analysis Recording Sheet

NAME

	ORIENTATION / STANDPOINTS	TENSIONS / FLASHPOINTS	EXPRESSION / COMPENSATION
1. Self	MEANING - PURPOSIVE	WORK - LIFE	
	MEANING - RELATIONAL	LOVE - SEX	
	RESOURCES (including money)		
2. Others	FAMILY	ALLIANCE - CONFLICT	
	SOCIETY	ROLE(S) vs SYSTEM(S)	
		SOCIETAL / POLITICAL AFFINITIES	

PATIENT QUESTIONNAIRE

For those attending Dr Russell Malcolm's Homoeopathic clinic for the first time:

M134
Anchivator
in Chronic

ALL THE INFORMATION ON THIS FORM IS HELD

IN STRICTEST CONFIDENCE

YOUR DETAILS:

Name: Elspeth MCD
Mr/Mrs/Miss*
Address: East, PL
Postcode:
Telephone no:

Your Date of Birth: 26-12-
Your General Practitioner's Name & Address:
Dr. M^{ch}
Health Centre
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. Dixarit
- 2.
- 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

Rhus x 6

General Information:

How tall are you? 5ft 2

Do you know how much you weigh?

9 Stones 9 lbs. Kilos

Do you drink coffee? Y/N*
1 cups per day.

Do you smoke? Y/N*
per day

Do you drink alcohol: Y/N*
16 units per week.

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

Your Provident Society Number (if applicable)
*BUPA:
*PPP:
*Other:

*Delete where applicable.

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:.....

Boy / Girl* Age:.....

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?

TEACHER

How long have you been doing this work?

30 yrs

Have you ever worked abroad? Y/N*

Where:.....

How long?.....

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.