Pre-membership Course in Medical Homeopathy

Clinical Case Study

Case Ref:	**2.9 (H103)**		For Study in Week:	**10/11**
Patient:	**Kathleen H.**		Age:	**49**
Domain:				
Therapeutic Area / Presentation:	1. **ME / Chronic Fatigue**			
	2. **Idiopathic Abdominal Pain**			
	3.			
Life stage:	**Mid-life / Post-men.**			
Homeopathic Category:	**Chronic / Multi-morbid**			

Notes / Learner Instructions

This is a complex case. You should put time aside to review both the notes and the correspondence pertaining to her past investigation.
The first consultation is provided on video and on this occasion it is unedited. You may wish to watch the video over several sessions and make notes as you go along.
You may wish to print out the summary notes and annotate or mark up the symptoms and features that you feel are important.
You should aim to make a well argued prescription by the second tutorial, providing reasons for your choice.
Don't be too concerned about finding the 'right' answer, focus on how you would model the illness and what you would incorporate into your analysis and treatment strategy.

GO TO CHRONOLOGICAL SUMMARY

GO TO FIRST CONSULTATION VIDEO AND SUMMARY NOTES

GO TO ORIGINAL HAND-WRITTEN HOMEOPATHIC CASE RECORD

GO TO REVIEW SUMMARIES

Mrs K H Aged 49 (H103)

GO TO FIRST CONSULTATION VIDEO AND SUMMARY NOTES

Presenting on 20/02/01 with: extreme weakness, emaciation, chronic abdominal pain

Chronological Past Medical History:

1975: Influenza prior to marriage: associated with anorrexia
1983: Intermittent right iliac fossa pain 'IBS'
1983: Amenorrhoea for two years

Correspondence CN1, CN2

1984 - May - Pericoronitis - antibiotics - wisdom tooth extraction arranged CN3
1984: Had a severe gastroenteritis returning from Corfu. Seemed to recover fully.
1984 - Oct - Wisdom tooth extraction - dry socket - Penicillin CN4
1985 - Intermittent right iliac fossa pain - 'IBS'
'ME' for more than 10 years
Became ill in May 1989
Previously a very energetic person with a strong work ethic.
Had been keen on sports - especially tennis.

Acute onset. Half an hour after going to bed woke with excruciating abdominal pain.
GP thought she might have appendicitis and arranged admission. CN5
Treated conservatively and pain subsided. Discharged a few days later. CN6

RIF pain became persistent from the time of her discharge CN7
Sometimes the pain seemed to extend up the oesophagus. Her abdomen was distended.
1989 - June - Thyroid function tests were checked because she was perspiring all the time - normal

Admitted as day case for Barium enema CN8

CN9 29/08/89
Dear Dr Wight,
I saw your patient today at Mr Miller's surgical clinic. As you say she has been troubled with a grumbling right iliac fossa pain for the last couple of months or so. She complains of increased urinary frequency but no other urinary symptoms. Her bowels have been regular with no blood or mucus PR. She has no gynaecological symptoms of note, but her periods are somewhat irregular.

One examination her abdomen was essentially soft. There was an area of tenderness in her left iliac fossa. The right side was unremarkable. Rectal examination revealed tenderness in both para-rectal pouches, more so on the left.

Given the bilateral nature of this lady's symptoms, I think it is unlikely that she has trouble with a grumbling appendix and an ovarian or tubal pathology is more likely. I have taken a urine sample for MSU and arranged for her to have a pelvic ultrasound.

I note with interest that your recently carried out barium enema showed no abnormality.

GO TO ORIGINAL HAND-WRITTEN HOMEOPATHIC CASE RECORD

GO TO FIRST CONSULTATION VIDEO
AND SUMMARY NOTES

If this lady's symptoms worsen in the interim it may be worthwhile trying her on a course of Augmentin and Metronidazole, just in case pelvic inflammatory disease is a t the root of her problem. I will write to both you and her when we have the results of her pelvic ultrasound and take management further at that time.

Kind regards,

Yours sincerely,

JSF Surgical registrar.

CN10

Dear Dr Wight

Further to Mr F's letter of the 29th August, I write to say that this patient has now undergone an ultrasound examination of her pelvis. The only abnormality seen was of acoustic shadows which raised the possibility of fibroid enlargement. I will therefore see her back at the clinic and if her symptoms continue I will arrange a barium series and also ask one of our gynaecological colleagues for their opinion.

Yours sincerely,

WM
Consultant Surgeon

1989 - September - Generalisised pruritis recurrently - haemotology/biochemistry - normal

CN11

CN12

CN15

CN16

CN17

CN18

CN19

CN20

1990- Oct - Private consultation with consultant physician
1990 - Nov - Colonoscopy
1991 - Jan - Endoscopy
1991 - May - Private consultation with gastroenterologist
1991 - August - placed on antidepressant and elective appendicectomy discussed

GO TO ORIGINAL HAND-WRITTEN
HOMEOPATHIC CASE RECORD

GO TO FIRST CONSULTATION VIDEO
AND SUMMARY NOTES

1991 - September - elective appendicectomy - the appendix was found to be swollen and adherent to the bowel (expectations were that it would be normal)

1991 - Oct/Nov - very slow recovery after operation, although abdominal pain a lot better
1991 - Dec - antidepressant discontinued
1992 - March - Went back to work ("I only slept and worked")

1992 - Increasingly stressed at work due to impaired performance and persistent fatigue
1992 - Had to go through in interview with the head of the education department - instigated a grievance procedure.
1992-3 - Increasing myalgic and rheumatic pain with fatigue.

1993 - Jan - Private consultation with physician - found to be Coxsackie B positive - post viral fatigue syndrome diagnosed
1993 - Feb - Investigation of persistent vaginal discharge
1993 - May - Antibiotics for vaginal discharge
1993 - Oct - granted ill-health retirement by Scottish Office Pensions Agency

1994 - Most severe aggravation of fatigue associated with 'uncontrollable body tremors' which began a long phase of deterioration.

1995 - Upper GI endoscopy following a lengthy period of nausea attacks, emerging food intolerances, severe stomach pains and marked weight loss.
reflux with oesophagitis identified - commenced on maximal doses of Losec.
1995 - Gynae referral for investigation of vaginal pain and discomfort CN22
CN23

1996 - Nov - Investigated for Helicobacter pylorii because of ongoing weight loss and abdominal pain - negative
CN24

1997 - Weight loss and weakness causing debility. Fell in the garden resulting in fractured ribs and extensive bruising to the legs. Treated in A&E.

1997 - ECG following prolonged and sometimes severe chest pains (known family history of heart disease). ECG normal and pain attributed to ME. The pains persist.
1998 - Sept - Gynae referral for menorrhagia and dysmenorrhoea CN24
CN25
CN26
1999 - Walking only 50 yards with support of sticks.

1999 - Persistent skin eruptions with flaking of scalp and neck - prescribed Dermovate
1999 - April commenced on Progest
2000 - Nov - Changed to Projuven.

GO TO ORIGINAL HAND-WRITTEN
HOMEOPATHIC CASE RECORD

Hospital use Only | Clinic Dr | Day Date | Time | Hospital No. | GP112

REQUEST FOR OUT-PATIENT CONSULTATION

Urgent Appointment Required YES/NO

Hospital .... Ayrshire Central Hosp... Date 13.7.83...

PARTICULARS OF PATIENT IN BLOCK LETTERS PLEASE

Please arrange for this patient to attend the ..... Gyn clinic ..... clinic of Dr/Mr .....

Patient's Surname ..... H

First Names ..... K

Address .....

.....

Postal Code ..... Telephone Number .....

Maiden Surname .....

Single/Married/Widowed/Other

Date of Birth .....

Patient's Occupation .....

Has the patient attended hospital before YES/NO if "YES" please state:

Name of Hospital ..... North Ayrshire District General .....

Year of Attendance 1 982 ..... Hospital No .... 207497 .....

If the patient's name and/or address has/have changed since then please give details:

Name, Address and Telephone Number of MEDICAL/DENTAL PRACTITIONER

South Beach Practice
17 South Crescent
Ardrossan KA22 8EP
Tel : 630[illegible]

I would be grateful for your opinion and advice on the above named patient. A brief outline of history, symptoms and signs is given below:

Dear Dr

Many thanks for seeing the above patient.

She is a 30 year old teacher, Para 0 + 0, whose LMP was on 20/4/83. A pregnancy test was negative in mid April and vaginal examination at this time appeared normal.

She has had periods since she was 12, 5/25 - 32, with some dysmenorrhea and mid cycle pain. She has used no contraception for the last 9 - 12 months.

She is wondering why she has had no periods for the last 6 months but at present doesn't wish any infertility investigations although I have suggested to her that this would be perfectly in order if she so desires.

I would be grateful for you opinion and advice.

Many thanks.

Yours sincerely

GO TO CHRONOLOGICAL SUMMARY

GO TO FIRST CONSULTATION VIDEO AND SUMMARY NOTES

Dr G porteous.

Diagnosis/provisional diagnosis: .....

Present drug treatment and potential special hazards: .....

X-ray 10 day rule (women of childbearing age). Date of first day of L.M.P. .....

Relevant X-rays available from: ..... No. (if known) .....

Mrs K H Aged 49 (H103)

Presenting on 20/02/01 with: extreme weakness, emaciation, chronic abdominal pain

Chronological Past Medical History:

1975: Influenza prior to marriage: associated with anorrexia
1983: Intermittent right iliac fossa pain 'IBS'
1983: Amenorrhoea for two years

Hospital use Only Clinic DR MACDONALD DUNE Day Date 8/8/83 Time 11.15 Hospital No. (H) GP112

REQUEST FOR OUT-PATIENT CONSULTATION

Urgent Appointment Required YES/NO

Hospital .... Ayrshire Central Hosp ... Date 13.7.83.

Please arrange for this patient to attend the ..... Gyn clinic ..... clinic of Dr/Mr .....

PARTICULARS OF PATIENT IN BLOCK LETTERS PLEASE

Patient's Surname ..... H
First Names ..... K
Address .....

Maiden Surname .....
Single/Married/Widowed/Other
Date of Birth .....
Patient's Occupation .....

Postal Code ..... Telephone Number .....
Has the patient attended hospital before YES/NO if "YES" please state:
Name of Hospital ..... North Ayrshire District General .....
Year of Attendance 1982 ..... Hospital No 207497 .....
If the patient's name and/or address has/have changed since then please give details:

Name, Address and Telephone Number of MEDICAL/DENTAL PRACTITIONER

South Beach Practice
17 South Crescent
Ardrossan KA22 8EP
Tel · 630··

Please use rubber stamp

I would be grateful for your opinion and advice on the above named patient. A brief outline of history, symptoms and signs is given below:

Dear Dr

Many thanks for seeing the above patient.

She is a 30 year old teacher, Para 0 + 0, whose LMP was on 20/4/83. A pregnancy test was negative in mid April and vaginal examination at this time appeared normal.

She has had periods since she was 12, 5/25 - 32, with some dysmenorrhea and mid cycle pain. She has used no contraception for the last 9 - 12 months.

She is wondering why she has had no periods for the last 6 months but at present doesn't wish any infertility investigations although I have suggested to her that this would be perfectly in order if she so desires.

I would be grateful for you opinion and advice.

Many thanks.

Yours sincerely

GO TO CHRONOLOGICAL SUMMARY

GO TO FIRST CONSULTATION VIDEO AND SUMMARY NOTES

EMacD/JM 14 December 1983

Dr Porteous
17 South Crescent
Ardrossan

Dear Dr Porteous

Mrs K[redacted] K[redacted], [redacted], [redacted]

I saw this patient again at my Gynaecological Clinic on 12.12.83. She has had no further periods. Her hormone tests showed no significant abnormality. In the circumstances, I think no treatment is called for until she is desirous of starting a family.

Kind regards.

Yours sincerely

E MacDonald, F.R.C.S., F.R.C.O.G.
Consultant Obstetrician & Gynaecologist

GO TO CHRONOLOGICAL SUMMARY

GO TO FIRST CONSULTATION VIDEO AND SUMMARY NOTES

1984 - May - Pericoronitis - antibiotics - wisdom tooth extraction arranged

Hospital use Only | Clinic: Dental | Day Date: WED 13-6-84 | Time: 11.15 | No. | GP11

REQUEST FOR OUT-PATIENT CONSULTATION

Hospital: N.A.D.G.H. Date: 26/5/84

Urgent Appointment Required YES/N

Please arrange for this patient to attend the DENTAL clinic of ~~Dr~~/Mr N.R. MERCHANT.

PARTICULARS OF PATIENT IN BLOCK LETTERS PLEASE

Patient's Surname: M[redacted] Maiden Surname: MARRONI.

First Names: [redacted] Single/Married/Widowed/Other: [redacted]

Address: [redacted] Date of Birth: [redacted] 52

Patient's Occupation: TEACHER.

Postal Code: [redacted] Telephone Number: 68491

Has the patient attended hospital before YES/NO if "YES" please state:

Name of Hospital:

Year of Attendance: Hospital No:

Name, Address and Telephone Number of MEDICAL/DENTAL PRACTITIONER

If the patient's name and/or address has/have changed since then please give details:

GO TO CHRONOLOGICAL SUMMARY

GO TO FIRST CONSULTATION VIDEO AND SUMMARY NOTES

I would be grateful for your opinion and advice on the above named patient. A brief outline of history, symptoms and signs is given below:

Dear Mr. Merchant

This pt. presented on 28/5/84

c/o Pain ⌜Q.

o/E- Good dentition, pericoronitis ⌜8. (Has recurrent episodes)

⌜6 heavily filled & was slightly TT.

I took bitewing radiographs & no obvious caries ⌜6. (enclosed).

PMH - NAD.

PDH - regular attender.

I prescribed antibiotics & pt is also using corsodyl mouthwash.

I would be grateful if you could arrange for extraction of ⌜8.

Yours sincerely Gordon Stewart.

Diagnosis/provisional diagnosis:

Present drug treatment and potential special hazards:

FJMcC/MCB/207497

23rd October, 1984.

Mr. G.J. Stewart,
Dental Surgeon.
21 Bank Street,
IRVINE.

Dear Mr. Stewart,

This lady attended the department on the 9th of October and underwent the surgical removal of both upper and lower left wisdom teeth under a local anaesthetic. Unfortunately, however, she developed a dry socket and returned again on the 18th of October. The socket was washed out and packed with a Whitehead's varnish pack.

Mrs. [redacted] was also put on a course of Penicillin and reviewed again on the 22nd of October. The pack was then taken out and she has been given a home syringe to keep the socket clean. She is no longer suffering from any acute pain. We will review the situation again in a week's time.

Yours sincerely,

F.J. McCallum,
Senior House Officer.

GO TO CHRONOLOGICAL SUMMARY

GO TO FIRST CONSULTATION VIDEO
AND SUMMARY NOTES

Dr. G. PORTEO
Dr. A. MERRY
Dr. D. CARSON

SOUTH BEACH SURGERY
17 SOUTH CRESCENT
ARDROSSAN
AYRSHIRE, KA22 8EB
Telephone: (0294) 63011

Dear Dr

This lady has central abdominal pain at moment and now has pain RIF with soft abdomen, but guarding RIF and rebound tender. Bowel sounds present. Temp 101°F P-80/m.

I am not sure that this is an acute appendicitis but can't be completely sure and would like an opinion.

Yours

GO TO CHRONOLOGICAL SUMMARY

GO TO FIRST CONSULTATION VIDEO AND SUMMARY NOTES

HH/LH/207497

29 June 1989 DICT: 20.6.89

Dr Wight
17 South Crescent
ARDROSSAN

Dear Dr Wight

Re: K H

This patient was admitted on the 9 June as an emergency with colicky upper abdominal pain and also the right iliac fossa.

She was kept under the impression of acute appendicitis and on conservative management the pain subsided. She was given an enema and her bowels moved.

She was allowed home on the 11 June without follow-up.

Yours sincerely

GO TO CHRONOLOGICAL SUMMARY

H Hassan
SURGICAL REGISTRAR

GO TO FIRST CONSULTATION VIDEO AND SUMMARY NOTES

Hospital use Only | Clinic | Day Date | Time | Hospita No. | GP112

REQUEST FOR OUT-PATIE SULTATION | Urgent Appointment Required YES/NO

Hospital ..... CROSSHOUSE ..... Date ... 7.7.89 ..

Please arrange for this patient to attend the ..... SURGICAL ..... clinic of Dr/Mr . MILLER .....

PARTICULARS OF PATIENT IN BLOCK LETTERS PLEASE

Patient's Surname .....
First Names ..... K
Address .....
.....
Postal Code ..... Telephone Number .....

Maiden Surname .....
Single/Married/Widowed/Other
Date of Birth 52
Patient's Occupation .....

Has the patient attended hospital before YES/NO if "YES" please state:
Name of Hospital ... CROSSHOUSE .....
Year of Attendance . 1989 ..... Hospital No . 207497 .....
If the patient's name and/or address has/have changed since then please give details:

Name, Address and Telephone Number of MEDICAL/D ENTAL PR ACTITIO NE R

South Beach Practice
17 South Crescent
Ardrossan KA22 8EB
Tel: 0294 63011

Please use rubber stamp

I would be grateful for your opinion and advice on the above named patient. A brief outline of history, symptoms and signs is given below:

Dear Mr Miller

This patient was admitted last month with an acute abdomen, but settled with conservative management after two days. She has attended the surgery at roughly weekly intervals since discharge, complaining of RIF pain. The only finding is some tenderness in the RIF. She has a history of attendances with similar symptoms in 1983 and 1985.

Since discharge from hospital she has been treated with Fybogel and Colofac with a provisional diagnosis of irritable bowel syndrome.

I would be obliged if you would see her at your clinic for further assessment.

Kind regards.

Yours sincerely

A Wight

GO TO CHRONOLOGICAL SUMMARY

GO TO FIRST CONSULTATION VIDEO AND SUMMARY NOTES

Diagnosis/provisional diagnosis: .....

Present drug treatment and potential special hazards: .....

X-ray (women of childbearing age). Date of first day of L.M.P. .....

Relevant X-rays available from: ..... No. (if known) .....

GO TO FIRST CONSULTATION VIDEO
AND SUMMARY NOTES

CROSSHOUSE / AYRSHIRE CENTRAL 3288/89
RADIOLOGY REQUEST STA0208

Ward/Dept. Surname Forename
H K

GU.AK 18.8.89

X-Ray No. .....3288/89.....

CHEST - NORMAL HEART AND LUNG FIELDS

BARIUM ENEMA - NO ABNORMALITY HAS BEEN DEMONSTRATED IN THE COLON.
THE APPENDIX DID NOT FILL

G URQUHART
CONSULTANT RADIOLOGIST

Radiologist Use

GO TO CHRONOLOGICAL SUMMARY

Signature.....J.....

JSF/AC/207497

Dictated: 29.8.89

Typed: 31.8.89

Dr A Wight
South Beach Practice
11 South Crescent
ARDROSSAN

Dear Dr Wight

Re: [illegible]

I saw your patient today at Mr Miller's surgical clinic. As you say she has been troubled with [illegible] right iliac fossa pain for the last couple of months or so. She complains of [illegible] frequency but no other urinary symptoms. Her bowels have been regular with no [illegible] PR. She has no gynaecological symptoms of note but her periods are somewhat irregular.

On examination her abdomen was essentially soft. There was an area of tenderness in her left iliac fossa. The right side was unremarkable. Rectal examination revealed tenderness in both para-rectal pouches, more so on the left.

Given the bilateral nature of this lady's symptoms I think it unlikely that she has trouble with a grumbling appendix and an ovarian or tubal pathology is probably more likely. I have taken a urine sample for MSU and arranged for her to have a pelvic ultrasound.

I note with interest that your recently carried out barium enema showed no abnormality.

If this lady's symptoms worsen in the interim it may be worthwhile trying her on a course of Augmentin and Metronidazole just in case pelvic inflammatory disease is at the root of her problem. I will write to both you and her when we have the results of her pelvic ultrasound and take management further at that time.

Kind regards

Yours sincerely

J S Falconer
SURGICAL REGISTRAR

GO TO CHRONOLOGICAL SUMMARY

GO TO FIRST CONSULTATION VIDEO AND SUMMARY NOTES

Further to Mr Falconer's letter of the 29th August, I write to say that this patient has now undergone an ultrasound investigation of her pelvis. The only abnormality seen was of acoustic shadows which raised the possibility of fibroid enlargement. I will therefore see her back at the clinic and if her symptoms continue I will arrange a barium series and also ask one of our gynaecological colleagues for their opinion.

Dr Wight
17 South Crescen
Andreasan

Dear Dr Wight

[redacted]

Further to Mr Falconer's letter of the 29th August, I write to say that this patient has now undergone an ultrasound examination of her pelvis. The only abnormality seen was of acoustic shadow which raised the possibility of fibroid enlargement. I will therefore see her back at the Clinic and if her symptoms continue I will arrange a barium series and also ask one of our gynaecological colleagues for their opinion.

Yours sincerely

W Miller
Consultant Surgeon

GO TO CHRONOLOGICAL SUMMARY

GO TO FIRST CONSULTATION VIDEO AND SUMMARY NOTES

SKS/RDC/207497

Dictated: 08.11.89
Typed: 20.11.89

Dr A Wight
The Surgery
17 South Crescent
ARDROSSAN

Dear Dr Wight

K H

I saw this lady at the surgical clinic today.

Her symptoms remain unchanged and as you may know her ultrasound has shown acoustic shadowing suggestive of fibroid uterus. She said that she also gets pain radiating into the back from her lower central abdominal pain. Her bowels are regular. She denies any history of vomiting.

I have initially arranged for her to have a barium meal and follow through just to check her small intestine and if this is normal she needs a gynaecological opinion.

Yours sincerely

S K SHETTY
SURGICAL REGISTRAR TO MR MILLER

GO TO CHRONOLOGICAL SUMMARY

GO TO FIRST CONSULTATION VIDEO AND SUMMARY NOTES

AYRSHIRE & ARRAN HEALTH BOARD

RADIOLOGY including ULTRASONICS

CROSSHOUSE HOSPITAL X-RAY REPORT

K.U.B.

13/06/90

58125 A

H MILLER

BARIUM FOLLOW-THROUGH

THIS EXAMINATION WAS CARRIED OUT BUT THE INFORMATION SUPPLIED ON THE REQUEST CARD WOULD BE MORE PERTUNENT TO BARIUM ENEMA AS THE HISTORY IS OF LOWER ABDOMINAL PAIN AND CONSTIPATION.

NO ABNORMALITY IS DEMONSTRATED IN THE OESOPHAGUS, STOMACH OR DUODENUM OR SMALL BOWEL BUT TRANSIT TIME IS SLOW, TAKING NEARLY 6 HOURS TO REACH THE CAECUM.

Pp. A. McConnell.

M. MCMILLAN/AM 29/11/89

CROSSHOUSE HOSPITAL
DEPARTMENT OF RADIOLOGY

GO TO CHRONOLOGICAL SUMMARY

GO TO FIRST CONSULTATION VIDEO AND SUMMARY NOTES

RIF pain became persistent from the time of her discharge
Sometimes the pain seemed to extend up the oesophagus. Her abdomen was distended.
1989 - June - Thyroid function tests were checked because she was perspiring all the time - normal

Admitted as day case for Barium enema

1989 - September - Generalisised pruritis recurrently - haemotology/biochemistry - normal

GO TO CHRONOLOGICAL SUMMARY

GO TO FIRST CONSULTATION VIDEO AND SUMMARY NOTES

ayr (42) FRI 23/3/90 9.50

AYRSHIRE & ARRAN HEALTH BOARD

CROSSHOUSE HOSPITAL

CROSSHOUSE
KILMARNOCK KA2 0BE
Telephone:
Kilmarnock (0563) 21133

SURGICAL UNIT
Mr. W. Miller
Mr. B. A. Sugden
Mr. C. G. Morran

Our Ref.: SKS/JMcI/207497

Your Ref.:

Date: Dictated: 31.1.90
Typed: 5.2.90

Walker
Consultant Gynaecologist
Crosshouse Hospital

Dear Dr Walker

K H

I would be most grateful if you could kindly see this young lady who was admitted in June with right iliac fossa pain which subsided with conservative therapy. The differential diagnosis was between appendicitis and chronic constipation. Since discharge from the hospital she continued to have pain in the right iliac fossa. Her barium enema and barium meal and follow through were normal. Urine culture did not grow any organisms. When I saw her in the Clinic today, she bitterly complained of continuing pain. The only abnormality found in her barium was a slow transit time in the small bowel, taking about 6 hours to reach the caecum. She denies any history of weight loss and her appetite is good. Clinical examination is normal. I wonder if you could see her with a view to laparoscopy.

Yours sincerely

S K Shetty

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AYRSHIRE and ARRAN HEALTH BOARD

STA1071

- Crosshouse Hospital

CROSSHOUSE
KILMARNOCK KA2 0BE
Telephone (0563) 21133

Our Ref. EMW/YD/207497 Your Ref. If 'phoning ask for: Miss Dawson ext 3305

DEPARTMENT OF GYNAECOLOGY

27 March 1990

Dr Wight
17 South Crescent
ARDROSSAN

Dear Dr Wight

Re: K H

This 37-year-old nulliparous lady was referred to me by the Surgeons. She gives a long history of right iliac fossa discomfort which she does not think is particularly related to her menstrual cycle. She has always had an irregular cycle. Interestingly she has had infertility for many years but has chosen not to be investigated for this.

On examination she was quite thin. The vulva, vagina and cervix appeared healthy. I have taken a cervical smear. The uterus was quite retroverted. There were no adnexal masses. I have discussed diagnostic laparoscopy with her and given her a date for admission in May to have this done.

Yours sincerely

E M WALKER
CONSULTANT GYNAECOLOGIST

cc Dr S K Shetty, Surgical Registrar, Level 5 West

GO TO CHRONOLOGICAL SUMMARY

GO TO FIRST CONSULTATION VIDEO AND SUMMARY NOTES

AYRSHIRE AND ARRAN HEALTH BOARD

H [redacted], K [redacted]
[redacted] 1952
DR. A. WIGHT

WARD F/
DEPT ARDROSSAN
C/H

STA0215

Ward/Dept.....

DATE 17/5/10

SURGEON Mr D Walker.

ANAESTHETIST Dr M Morris

ASSISTANT

OPERATION PERFORMED Diagnostic Laparoscopy

DESCRIPTION OF PROCEDURE

Routine Laparoscopy
Normal Pelvis
Healthy tubes, no endometriosis
Healthy appendix seen.
Small ruptured atrophic ovarian
Dexon for skin.

GO TO CHRONOLOGICAL SUMMARY

GO TO FIRST CONSULTATION VIDEO AND SUMMARY NOTES

DRAINS..... PACKS.....

SPECIAL INSTRUCTIONS TO WARD

Signature.....

AYRSHIRE and ARRAN HEALTH BOARD

STA1071

Crosshouse Hospital

CROSSHOUSE
KILMARNOCK KA2 0BE
Telephone (0563) 21133

Our Ref. EMW/YD/207497 Your Ref. If 'phoning ask for: Miss Dawson Ext 3305

DEPARTMENT OF GYNAECOLOGY

23 May 1990

Mr W Miller
Consultant Surgeon
Level 5 West
CROSSHOUSE HOSPITAL

Dear Mr Miller

Re: [redacted]

This 37-year-old nulliparous lady whom you had been investigating for chronic abdominal pain and asked me to see was admitted for diagnostic laparoscopy on 16.5.90. In fact, we did not detect any abnormality in the pelvis to account for her pain.

Her uterus, tubes and ovaries were normal. We did see her appendix and it did appear quite healthy. There was no obvious small bowel abnormality. I note that she has already had a barium enema and barium meal and the only abnormality found was a rather slow transient time in the small bowel. I have not arranged to see her again.

Her husband spoke to me just after her discharge from the Ward and he is under the impression you will be reviewing this lady again although I am not sure if this was really your plan.

Yours sincerely

E M WALKER
CONSULTANT GYNAECOLOGIST

GO TO CHRONOLOGICAL SUMMARY

GO TO FIRST CONSULTATION VIDEO AND SUMMARY NOTES

WM/IC/207497

Dict: 10.8.90
Typ : 16.8.90

Dr Wight
17 South Crescent
ARDROSSAN

Dear Dr Wight

I saw this patient for review with her husband at the clinic on the 13th of June. At that time she was still complaining bitterly of pain but as you know from her previous investigations no abnormality had been found neither on barium enema nor on barium meal. Haematological investigations were all normal. I found it difficult to fit her description of continuous right iliac fossa pain in with any clinical condition and as you know Dr Walker had performed a diagnostic laparoscopy but was unable to detect any abnormality at all. In order to complete her investigations I arranged for an ultrasound examination of her gall bladder but no abnormality was demonstrated in the liver, gall bladder or pancreas. An intravenous pyleogram was performed on her return from holiday but once again no abnormality was seen. The bladder was normal and emptied satisfactorily. Mrs [redacted] and her husband are very anxious about her state of health and in particular, Mr [redacted] feels that she has not been properly investigated. I am really at a loss as to how to deal with this allegation but I will see them both at my clinic in the near future and inform them of the negative outcome of her investigations.

Yours sincerely

W Miller
CONSULTANT SURGEON

GO TO CHRONOLOGICAL SUMMARY

GO TO FIRST CONSULTATION VIDEO AND SUMMARY NOTES

JM/YB/207497

20 November 1990

Dr Norton
17 South Crescent
ARDROSSAN

Dear Dr Norton

K DATE OF BIRTH

I carried out colonoscopy on Mrs H on 14 November 1990. I had an excellent view of the rectum, left and transverse colon. The mucosa looked absolutely normal throughout, the only abnormality was an excess of mucus, this of course would be in keeping with an Irritable Bowel Syndrome.

I do not know if there is anything else one would wish to do when as you she had been extensively investigated in the past.

My impression of a functional disability is very strong. I think that all one can do is treat her along the lines which I outlined in my previous letter. I have to admit that I am not terribly optimistic that we will dispel her symptoms.

Yours sincerely

J Morrow
Consultant Physician

GO TO CHRONOLOGICAL SUMMARY

GO TO FIRST CONSULTATION VIDEO AND SUMMARY NOTES

JM/JC/207497

Dict: 22.1.91
Typed: 28.1.91

Dr Norton
17 South Crescent
ARDROSSAN

Dear Dr Norton

K H . DOB .52

I saw this patient on 16.1.91. The litany of her symptoms goes on unabated. She continues to have her lower abdominal pain for which she is currently taking Colofac. Colpermin which I previously suggested had to be withdrawn. She now reports epigastric pain, vomiting at Christmas-time, and states at that time she coughed up a small amount of blood. She had done this previously. She had started on Zantac which had partly controlled the situation. She informed me that following her colonoscopy she was very run down.

On examination mucous membranes were well-injected. There was epigastric and general abdominal tenderness but no rebound. There were no palpable viscera or masses. I have arranged to carry out an endoscopy of the upper alimentary tract in a fortnight's time. I append the result of her biochemistry and haematology.

As you know she has been very fully investigated in the past and it is not my intention to re-open these investigations. If the upper alimentary endoscopy is normal, I would not propose any further investigation. I wonder if a visit to the Psychologist might then be the most appropriate course.

Yours sincerely

GO TO CHRONOLOGICAL SUMMARY

GO TO FIRST CONSULTATION VIDEO AND SUMMARY NOTES

J Morrow
Consultant Physician

PS - MSSU negative.
Platelets 227, WBC 4.3, RBC <3.88, Hb <11.9g/dl, HCt 0.364, MCV 94, MCH 30.7, MCHC 32.7.
Urea 4.9 mmol/l, Creat 77 umol/l, Sodium 139 mmol/l, Potassium 4.3 mmol/l, Chlor 104 mmol/l, Bicarb 26 mmol/l, AST 19 iu/l, ALT 12 iu/l, Alk P 51 iu/l, Bilirubin <3 umol/l.

JM/YB/207497

14 February 1991

Dr Norton
17 South Crescent
ARDROSSAN

Dear Dr Norton

This patient's gastro-intestinal endoscopy was carried out on 30 January 1991 and showed no abnormality in the oesophagus, stomach or duodenum.

Yours sincerely

J Morrow
Consultant Physician

GO TO CHRONOLOGICAL SUMMARY

GO TO FIRST CONSULTATION VIDEO AND SUMMARY NOTES

1990 - Oct - Private consultation with consultant physician
1990 - Nov - Colonoscopy
1991 - Jan - Endoscopy

1991 - May - Private consultation with gastroenterologist
1991 - August - placed on antidepressant and elective appendicectomy discussed
1991 - September - elective appendicectomy - the appendix was found to be swollen and adherent to the bowel (expectations were that it would be normal)
1991 - Oct/Nov - very slow recovery after operation, although abdominal pain a lot better
1991 - Dec - antidepressant discontinued
1992 - March - Went back to work ("I only slept and worked")
1992 - Increasingly stressed at work due to impaired performance and persistent fatigue
1992 - Had to go through in interview with the head of the education department - instigated a grievance procedure.
1992-3 - Increasing myalgic and rheumatic pain with fatigue.
1993 - Jan - Private consultation with physician - found to be Coxsackie B positive - post viral fatigue syndrome diagnosed
1993 - Feb - Investigation of persistent vaginal discharge
1993 - May - Antibiotics for vaginal discharge
1993 - Oct - granted ill-health retirement by Scottish Office Pensions Agency
1994 - Most severe aggravation of fatigue associated with 'uncontrollable body tremors' which began a long phase of deterioration.
1995 - Upper GI endoscopy following a lengthy period of nausea attacks, emerging food intolerances, severe stomach pains and marked weight loss.
reflux with oesophagitis identified - commenced on maximal doses of Losec.

1995 - Gynae referral for investigation of vaginal pain and discomfort

1995 - Gynae referral for investigation of vaginal pain and discomfort

Hospital use Only | Clinic ACH N McARA | Day FRI Date 10/11/95 | Time 11·15 | Hospital No. | GP112

REQUEST FOR OUT-PATIENT CONSULTATION
THE INFORMATION IN THIS SECTION MUST BE COMPLETED

Appointment Category
Routine ☐ Soon ☐ Urgent ☐

Hospital CROSSHOUSE Date 9.10.95

CHI No. 11 1 2 5 2 3 4 6 4

Please arrange for this patient to attend the GYNAECOLOGY CLINIC clinic of Dr/Mr BAIRD

Patient's Surname H [redacted]
First Names K [redacted]
Address [redacted]
Postal Code ..... Contact telephone number .....

Maiden Surname .....
Single/Married/Widowed/Other .....
Date of Birth [redacted]/52
Patient's Occupation .....

Has the patient attended hospital before? YES/NO If "YES" please state:
Name of Hospital .....
Year of Attendance ..... Hospital No. .....
If the patient's name and/or address has/have changed since then please give details:

Can patient attend at short notice? YES/NO
If YES, minimum notice required ..... days

Name, Address and Telephone number of MEDICAL/DENTAL PRACTITIONER

South Beach Practice
17 South Crescent
Ardrossan KA22 8EB
Tel.: 63011

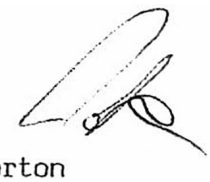
Please use rubber

I would be grateful for your opinion and advice on the above named patient. A brief outline of history, symptoms and signs is given below:

Dear Dr Baird,

Thank you for seeing this lady who suffers from Post Viral Fatigue syndrome and recently has had some vaginal pain. When I examined her I thought she had a small skin tag in her peronia region but I could detect no other abnormality. I wondered if she had perhaps a small bartholins cyst. In view of her discomfort I would welcome your opinion.

Yours sincerely



Dr Norton

GO TO CHRONOLOGICAL SUMMARY

GO TO FIRST CONSULTATION VIDEO AND SUMMARY NOTES

Diagnosis/provisional diagnosis: .....

LM/LG/207497

GYNAECOLOGY UNIT

16/11/1995

Dr Norton
17 South Crescent
ARDROSSAN

Dear Dr Norton

Re: [redacted]

Thank you for referring this 43-year-old lady with a short history of vaginal discomfort. This was associated with a prolonged episode of increased bowel activity and since then her symptoms seem to have improved slightly. She has no specific menopausal symptoms.

On examination the vagina and vulva were healthy and there was no evidence of any abrasions or vaginal cysts. She has a small skin bridge at the introitus but this would not cause the recent history of vaginal discomfort.

I have reassured her and not arranged any further follow-up at the clinic. However, should her symptoms recur, perhaps a short course of Vagifem would be appropriate to reduce any vaginal irritation.

Yours sincerely

LENA MACARA
SENIOR REGISTRAR TO DR BAIRD

GO TO CHRONOLOGICAL SUMMARY

GO TO FIRST CONSULTATION VIDEO AND SUMMARY NOTES

36 DF

Hospital use Only | Clinic Gyn Baird | Day Date Thurs 17/9/98 | Time 1.30 | Hospital No. 207497 | GP112

REQUEST FOR OUT-PATIENT CONSULTATION
THE INFORMATION IN THIS SECTION MUST BE COMPLETED

Appointment Category: Routine ☐ Soon ☐ Urgent ☐

Hospital CROSSHOUSE Date 20/7/98

CHI No. 1 1 1 2 5 2 3 4 6 4

Please arrange for this patient to attend the GYNAECOLOGY clinic of Dr/MX BAIRD

PARTICULARS OF PATIENT IN BLOCK LETTERS PLEASE

Patient's Surname H[redacted] Maiden Surname

First Names K[redacted] Single/Married/Widowed/Other

Address [redacted] Date of Birth [redacted]52

Contact telephone number

Has the patient attended hospital before? YES / NO If "YES" please state:

Name of Hospital CROSSHOUSE

Year of attendance 1997 Hospital No.

If the patient's name and/or address has/have changed since then please give details:

Can patient attend at short notice? YES / NO

If YES, minimum notice required days

Name, Address and Telephone number of MEDICAL / DENTAL PRACTITIONER

SOUTH BEACH PRACTICE
17 SOUTH CRESCENT
ARDROSSAN
TEL : 01294 463011

Please use rubber stamp

I would be grateful for your opinion and advice on the above named patient. A brief outline of history, symptoms and signs is given below:

Dear Dr Baird

Thank you for seeing this lady who suffers from ME. Recently her periods have been cramping with passage of neumerous clots. I tried her on some Ponstan Forte but she took a reaction this. I wonder if you feel she merits endometrial sampling and I would welcome your opinion.

Yours sincerely

Dr J G Norton

GO TO CHRONOLOGICAL SUMMARY

GO TO FIRST CONSULTATION VIDEO AND SUMMARY NOTES

Diagnosis / provisional diagnosis:

Present drug treatment and potential special hazards:

X-ray (women of childbearing age). Date of first day of L.M.P.

Relevant X-rays available from: No. (if known)

Signature

CHB/DL/0000207497

GYNAECOLOGY UNIT

24/09/1998

Dr J G Norton
17 South Crescent
ARDROSSAN, KA22 8EA

Dear Dr Norton

Re: K

Many thanks for your further letter about this lady who is having problems with her periods.

She attended my clinic on 17 September 1998 and indicated that her periods are fairly regular, not particularly heavy but ecessively painful.

She is now aged 48 and as you know she has been diagnosed as having ME and this condition is incapcitating.

Clinical examination was fairly normal. Albeit with a pelvic check revealing a somewhat bulky anteverted uterus. No adnexal lesions were evident.

I feel that hysteroscopy and diagnostic curettage is indicated to exclude endometrial condition such as polypi or fibroids. She reacted to anaesthetics in the past and I would hope that we could do this under either local anaesthesia or under sedation. Admission has been arranged for 28 October 1998 with a view to carrying out this procedure on the following day.

Yours sincerely

GO TO CHRONOLOGICAL SUMMARY

GO TO FIRST CONSULTATION VIDEO AND SUMMARY NOTES

CLIVE H BAIRD
CONSULTANT GYNAECOLOGIST

cc: Dr Morris Consutlant Anaesthetist Room 902G CROSSHOUSE HOSPITAL

1996 - Nov - Investigated for Helicobacter pylorii because of ongoing weight loss and abdominal pain - negative

1997 - Weight loss and weakness causing debility. Fell in the garden resulting in fractured ribs and extensive bruising to the legs. Treated in A&E.
1997 - ECG following prolonged and sometimes severe chest pains (known family history of heart disease). ECG normal and pain attributed to ME. The pains persist.
1998 - Sept - Gynae referral for menorrhagia and dysmenorrhoea

GO TO CHRONOLOGICAL SUMMARY

GO TO FIRST CONSULTATION VIDEO AND SUMMARY NOTES

CHB/DL/0000207497

GYNAECOLOGY UNIT

19/11/1998

Dr J G Norton
17 South Crescent
ARDROSSAN, KA22 8EA

Dear Dr Norton

Re: K H 1952

This lady who was suffering from menstrual disarray was admitted as arranged.

Examination under anaesthesia and diagnostic curettage was undertaken under local anaesthesia on 29 October 1998. She was generally tender over the vulval area which made this procedure somewhat difficult. The uterus however, was of normal size and anteverted and no adnexal lesions were evident. The cervix was of healthy appearance but contained a simple looking polyp which was avulsed. Normal looking curettings were obtained.

Histology showed the cervical polyps to be simple, showed normal proliferative and early secretory phase endometrium and also a benign slightly hyperplastic endometrial polyp.

She recovered uneventfully from the trip to theatre and further management was discussed with her. She indicated that the main ongoing current problem was dysmenorrhoea but could not tolerate preparations such as Ponstan. Hopefully removal of the polypi will if anything help her symptoms. Should the dysmenorrhoea persist I would suggest treating with an alternative analgesic in the first instance. I would be happy to see her again if you feel it necessary.

Yours sincerely

CLIVE H BAIRD
CONSULTANT GYNAECOLOGIST

GO TO CHRONOLOGICAL SUMMARY

GO TO FIRST CONSULTATION VIDEO AND SUMMARY NOTES

Mrs K H Aged 49 (H103)

Presenting on 20/02/01 with: extreme weakness, emaciation, chronic abdominal pain

https://youtu.be/XX7Up8-feGA

HPC - recent

GO TO ORIGINAL HAND-WRITTEN HOMEOPATHIC CASE RECORD

Aggravated May 2000 after previous ten year illness (see Chronological PMH)
Became sick and nauseated with an 'unwell feeling inside'. The bowel became unpredictable. Felt she was able to cope with frequency of stool (3 /day), but was very upset by malodorous flatus and eructations 'like rotten eggs'
Stopped eating and the nausea and rotten egg eructations settled a bit, but the pain returned to her right side. (had been less marked overall in the previous 18 months

Now:

HEAD: headache: generalised: < eye movement. Head pain < raising arms above her head.
ENT: catarrhal in the morning
MOUTH: intermittent mouth ulcers: deep craters
cut out yeast and suger in her diet and stopped using fluoride toothpaste, which helped
RS: Intermittent chest tightness (ECG normal)
GI: Nausea < stress
Persistent pain RIF sometimes also LIF
Stool: reasonably formed. Abdominal pain sometimes ameliorated by stool / flatus.
Some swelling in abdomen - more on the right
Some pain extending to Right loin/renal angle mid month and concomitant with period.
STOMACH: used to crave cheese, melon and coffee - but now on a very altered diet.
GU: Urge to pass urine in the morning. Soreness aggravated by pressure.
Intermittent discharge of mucus PV.
SKIN: eruption on knuckles and axillae. Had a bad phase with eruptions on scalp and back of neck (treated with Dermovate !). Less troublesome now and topicals not used in the past year.
EXTREMITIES: Raynaud's phenomenon fingers.

ALLERGIES/INTOLERANCES:

Mefanamic acid: caused palpitations and shortness of breath and throat constriction.
Aspirin: causes vomiting
Paracetamol: causes nausea, (Cocodamol also causes drowsiness)

SOCIAL:
Lives with husband
Medically retired schoolteacher (had a lot of sore throats when she started teaching - each episode treated with antibiotics)
DIET: Totally organic
Makes her own bread: mixture of flour; millet rice; barley; cornflour and oat bran; olive oil and soya milk. Also eats fruit and homemade scone. Low fat yoghurt.
Lunchtime: scone and veg soup.
5pm: Vegetables and potato and some fish

GO TO CHRONOLOGICAL SUMMARY

8-9pm: 3 homemade biscuits, hot water or green tea.

GENERALS:
Chilly ++ but intolerant of heat (heat of summer drains her energy ++)
Damp weather aggravates myalgic / joint pain
Energy for only short periods of time: not at all good by evening.
Overexertion: gives rise to a ‘nippy throat’, flushes of heat, and discomfort in her piles.
Weight 6st 4lb.

GO TO CHRONOLOGICAL SUMMARY

GO TO ORIGINAL HAND-WRITTEN HOMEOPATHIC CASE RECORD

MIND

Observation:
Thin, frail looking lady with black hair (conspicuously greying)
Deeply lined ‘saturnal’ face. Sharp features.
Frown lines.
Quick intelligent speech but somewhat pressured.
Tense and attentive.
Wears long dark fulsome clothing which disguises her thinness. Walking with sticks.

Interview
“others go to me with their problems. I have the appearance of being laid back.”
[seems pretty tense to me]
things worry her - worries in advance
people think she is stronger than she is
usually persevering
experiences panic attacks which she controls
- worse when bowel or ME is aggravated
- accompanied by anxieties about medical intervention: focuses on investigations and treatments which might be instigated and worries (since most treatment ends up aggravating)

now happy just to do things in her home: cross-stitch and a little gardening

holds to a strong routine
strong bond with husband [seem to have gravitated towards roles of carer and dependent]

Prior to becoming unwell didn’t sleep too well. Was up at 5am working around the house and was always active: voluntary work & work with disadvantaged children.

Her nature and capabilites have ‘totally changed’ since then.

Confides that she had a mild ‘eating disorder’ as a teenager. Which she believes was sorted out and had ceased to be an issue by the end of her teens.

Her mother is a manipulative domineering woman whose own health has been deteriorating. She is critical of KH and believes that her problems are ‘all in her mind’ (because the investigations were normal) and has said that she should snap out of it. Mother has had surgery for skin cancer last year. Father died of MI in 1971.

GO TO REVIEW SUMMARIES

GO TO CHRONOLOGICAL SUMMARY

GO TO ORIGINAL HAND-WRITTEN HOMEOPATHIC CASE RECORD

K A H

6 January 2002

Dr Russell S Malcolm FFHom
Consultant in Medical Homoeopathy
Claremont Homoeopathic Clinic
11 North Claremont Street
GLASGOW
G3 7NR

Dear Dr Malcolm,

I refer to my recent consultation with you and would confirm both my permission for you accessing my medical records and using them along with my case history for teaching purposes.

The main records will be held by my GP, Dr Norton of South Beach Practice, Ardrossan, Crosshouse Hospital in Kilmarnock and at Gartnavel Hospital in Glasgow. Other relevant records can be obtained from Dr Allan at the Nuffield Hospital in Glasgow and from Irvine Central Hospital. Earlier records which may also have some bearing should be available at Ballochmyle Hopspital.

Yours faithfully,

Kathleen A.

Kathleen A. H

GO TO CHRONOLOGICAL SUMMARY

Acute Hospitals NHS Trust

Crosshouse Hospital
Crosshouse
Kilmarnock KA2 0BE
Telephone: 01563 521133
Fax:
www.show.scot.nhs.uk/aaaht

NHS
Ayrshire
& Arran

Our Ref: RHB/GVL/207497

Your Ref:

E-mail address: Val.Law@aaaht.scot.nhs.uk
Direct Dial: 01563 577076

30th October, 2002

Dr R S Malcolm
Claremont Homoeopathic Clinic & Dispensary
11 North Claremont Street
GLASGOW
G3 7NR

Dear Sirs

KATHLEEN H

I have now had the approval of the relevant Clinician(s) to provide you with a copy of the medical records you require.

On receipt of the payment advised in our letter of 4th September, 2002 I will forward the copy records to you. Cheques should be made payable to Ayrshire and Arran Acute Hospitals NHS Trust and sent to the undersigned.

Yours faithfully,

MR R H BRYDEN
HEAD OF HEALTH RECORDS SERVICES

GO TO CHRONOLOGICAL SUMMARY

Mrs Kathleen H.

H

SOUTH BEACH ... CTICE
SOUTH CRESCENT
ARDROSSAN

GO TO CHRONOLOGICAL SUMMARY

20.2.01

"ME"

° I ° A ° D

° Life events.

for some time

1st ill 1989.

May 1989 was.

was always working hard.

Had been v. energetic person.

Normally played sports : tennis

Went to bed.

Woke ½ later with excruciating abdo pain

Went to G.P. D appendicitis . . delay for 24.

Admission to hospital . Rx enema.

Given saline drip. ?? analgesia.

Woken up to be examined.

Had temperature :- ?? antipyretics ?? IV Abs.

Discharged a few days later.

Had TFTs. done because she was perspiring ++.

Never lost pain in side for 24

Sometimes pain extended up gullet.

Abdomen was distended.

(1)

Losec 20mg od

Gingko biloba 100..

Starflower 1000..

Garlic cap 2mg

MSM sulph 1000mg

Boots veg multivit.

Digestive [illegible]

(2)

Was placed on anti-depressant for 1-2/52 prior to appendix

Dr Morrow: ⊃ problem ∈ bowel.
Eventually Dr sent to Mr Allen at Nuffield
Mucus ⊂ bowel
(Was on saline drip during acute ? 11/bs)

Stress at school due to impaired work ↓ perf.

Admitted to GGH. Suggested, elective appendicectomy
? appendix swollen + adherent to bowel.
Pain resolved a few weeks after procedure.
Was v. slow to recover from procedure.

1993: Dr Allen ⊃ ME.

Coxsackie B found to be positive. 1993.
No energy + a lot of myalgic / rheumatic pain.
The only painkiller she could take was Panadol: used for period pain..

GO TO CHRONOLOGICAL SUMMARY

Had to go through interview with head of education department. Grievance procedure.

Occasional migraine: used panadol.
Was constantly tired. Managed to get back to work more than 6/12 after operation. Only slept + woke
Pain May aggravated. Sick + nauseated. Unwell for
feeling sick. Bowel unpredictable.
Able to cope with frequency of stool < 3
Offensive flatus like rotten eggs.
Had been eating pumpkin seed :- ? gallbladder not
Stopped eating :- > nausea. And rotten egg sensation >. Pain returned to (L) side

Sept 2000 : suggested Bx enema :- didn't undergo.
5/12 for appt to come through. Has gone through
laxatives x3. Bx enema x1 in past. (prior to
appendisectomy). Had toothache during prep.
Had 'flu Dark swarthy complexion.
quiet speech.
timid.
Cardiac : Slight

Head :- recent headache or fall : ? change of glasses.
? ↑ eye movement Has Bx lavender oil.

ENT :- catarrhal in morning - used to expectorate every morning.

Mouth :- ulcers : deep craters intermittently
cut out yeast + soya which helped
also cut out fluoride toothpaste →

RS :- °C °W °B °P. : has some tightness in chest
some ? myalgic pains in chest : "syndrome X" by
GP. ?

GI :- Still irritable. Some nausea + stress
Bowel : formed stool. Sometimes pain over stool.
Still pain (P) I.F. occasionally (D) I.F.

D :- Used to crave cheese + melon + coffee.

Some swelling c abdomen (R) side.
Some pain extending to (R) loin and mouth
and with MP. Intermittently at other times
Some gas / acid :- sometimes relieves probs.

GU :- Some urge to PU. in morning.
Soreness < pressure.
° Pain · Inf'.

Skin :- usually eruptions on knuckles.
also under arms.
had a bad phase with eruptions on scalp.
+ back of neck : betnovate → dermovate.
Not used for > 1/12.

Allergies :- allergy to penicillin + aspirin / paracetamol
penicillin ↙ caused palpitations + shortness of breath
Some throat constriction
aspirin ↘ vomiting
paracetamol ↓ cocodamol → nausea. → sleep.

GO TO CHRONOLOGICAL SUMMARY

SH :- H'.
Never pregnant.
Two years without MP. was very thin
and amenorrhoea.
? A/bs 1975. ← (Flu) prior to marriage' : couldn't eat.
GP Rx duphaston which cleared probs → D+C.

ulcers ? cervical cauterised.

Has a lot of sore throats when she started teaching

Given antibiotics for each.

1984 :- had a severe Gastroenteritis or coming back from Corfu :. ? injection. Seemed to have full recovery.

Doesn't weight herself :?7 st 5" ? probably toss of wt.

Was going a bit pissed to recent bowel prep.

Diet : has problems :- cuts out yeast + sugar

Makes her own bread : mixture of flour: millet rice & barley + cornflour, oat bran. Olive oil + soya milk

Also eats fruit + homemade stone also low fat yoghurt

Lunchtime : stone + veg soup often vegetables + potatoes + some fish. 8-9 per 3 homemade biscuits: Hot water a green tea. Totally organic diet

GO TO CHRONOLOGICAL SUMMARY

T° : chilly but intolerant of heat

Also has migraines:

(T) : if not good by evening. Energy only lasts for a short space of time

Weather :- damp : ~~sore~~ < pain (sore) heat of summer drains her

GO TO CHRONOLOGICAL SUMMARY

Mind :- others go to her with their problems
appearance of being last leach
(seems brave to me)

things wrong her :- worried in advance
people think she is stronger than she seems.
Usually perseveres
Now having panic attacks which she controls.
Was bowel a IBS < ; anxiety <.
Additional anxieties about medical interventions
→ focuses on this + worries.

? cancer
? ars-a.
? thus-t.
? influenz.
? chest
? bowel mos.

Happy just to do things in her house.
cross-stitch. A bit of gardening.

Has a strong routine
Strong bond with husband : ? gravitated to a role.
Reason to illness didn't sleep too well :-
Was up at 5am. working around house → was always
active. Voluntary work + work with disadvantaged children
Nature has totally changed since then.
Enjoyed a lot of activity. Wanted to keep herself fit.
? obsessive to move. Flushes < nipply throat
+ piles too.

(8)

GO TO TOP

KH
First review 05/04/2001
felt dreadful prior to last sachet of her treatment: her face was flushed but her hands and feet were ‘like blocks of ice’. Inside she felt awful and her body was hot and sweaty. Within 30-40 minutes of the third dose she felt better.
After the remedy began to sleep quite well which hasn’t been possible for some time.

Three days after the remedy, she experienced a ‘burning, nippy sensation in mouth, nose, throat and inside trachea into chest. Quite a lot of catarrh at that time. Stopped losec. Started to become hungry and enjoy meals.

Had one episode of Raynaud’s an then circulatory cut-offs stopped. None since.
Had heartburn for a time and flushings for three days particularly associated with the nippy sensation in the throat. Relapsing flushed sensation since.
An episode of ‘inner coldness’ and chill.
Clammy overnight on 6 March.
Had tickly cough and ‘nippy eyes’ 8 March
On 10-11 March throat and eyes became very nippy, but felt noticeably less breathless.
Stressful day 12 March and had to go to stool twice in the day for the first time in weeks.
Legs sore and tired but overall better by March 15.
Increase in catarrh on March 16, nippy throat and alternating between hot and cold. Flushing and a bit more breathless.
Sleep upset 18 March. Felt agitated in the morning. Some anxiety over small things.
Catarrh better and less discomfort in mouth and throat by March 19.
Piles prolapsed on 19 march but felt better in herself.
Used Preparation H and developed a perineal rash. Used some aloe vera gel since.
March 21: Fluttery tummy. Nausea and loss of appetite. Stayed in bed until 11am. Some wind and eructations, and piles out that day.
When period came, no cramps and nausea . Much better period than for years. Previously could be sick and faint. Legs remained tired and sore - exacerbated by period.
Piles were really uncomfortable on 23 March. Felt a bit down because of pain which disrupted sleep.
Bowel has been variable with ‘some niggles’ and calm phases in between. Pain on and off in right abdomen - but not dreadful.

Now:
Legs quite tired.
Still quite a lot of catarrh.
Less restless at night. Sleep better.
Nasal obstruction has cleared and no longer tends to mouth breathe.
Hunger and enjoying meals.
Less anxious over the past 3 weeks.
Able to walk a little further, but legs remain tired and sore.
Right side of abdomen niggles and swells intermittently - but pain is less bad overall.
Weight 7st 2lb.
Still getting rashes on hands. Worse during menstrual period, calmed afterwards.
Piles have calmed but experiencing a nippy sensation similar to the discomfort she had in the mouth. Similar sensation vaginal introitus.
Treatment:

Review: 7 May 2001
Variable. Had a down week. Picked up generally and went to the dentist. Had been having toothache. Dental treatment involved anaesthetic injection. Was surprisingly calm, but exhausted by the procedure. Was surprised that she was free of panic attacks during the dental treatment. Had full root canal treatment.
Three bowel movements in one day, 3 days after her dental treatment.
Had a mild recurrence of throat and mouth symptoms.
A couple of episodes of lightheadedness and dizziness.
Legs have been sore. Arms quite weak. A few niggles in the abdomen.
Last month anal itch, better after menses over.
Knuckles have broken out in an itchy rash. Nails are healthier overall.
Treatment:

Review: 12 June 2001
Overall improvement in spite of day to day variability
Some recurrent or relapsing throat symptoms - discomfort.
After period started rash on hand improved.
A 'sinusy feeling' at the back of palate.
Stamina up slightly, going a bit further over the past weekends.
Some lightheadedness. Dreadful pains during one period: used progest cream.
Episodic faintness with retching of mucus and saliva - lasts 2 hours.
Less body and leg pain. Still gets some rheumatic pains, but overall improvement.
Overall brighter in mood.
Dry mouth. Sips water.
Treatment:

Review: 28 August 2001
Took remedy on 1st July. Discomfort in mouth and throat >>.
Slight patch of eczema on left 5th MCP joint - resolved recently.
Agitated feeling during stool a fluttering feeling inside before, after or during stool.
These and other abdominal symptoms resolving.
Sometimes wakes coughing with sticky mucus in the back of her throat.
Feels it chokes her.
Has had one heavier, pain free, menstual period and one lighter more painful one.
Feet have become malodorous.
Starting to walk without a stick and beginning to walk further.
Weight 7st 10lb. VAS 5/10
Warming up a bit, but still cannot stand excessive heat.
A couple of hot flushes.
Treatment:

Review 13 November 2001
Took remedy 30 September. Was OK with first dose. Felt something sticking in chest between 2nd and 3rd dose. This sensation lasted 5-10 minutes and wasn't a pleasant feeling.
Walking a bit further and feeling a bit stronger. Now doesn't use a walking stick. Not walking so slowly. Husband tells me he notices a big difference.
Some niggly tired sensations between shoulder blades in recent weeks: comes and goes.
Less uptight and panicky about symptoms.
some sluggishness in the mornings, brighter in the afternoons and evenings.

Dermatitis on hands breaks out mid cycle and ameliorates after period. But better overall.
Periods have been 'odd'. 21 day cycle then 31 day cycle.
On the first period after the remedy had all the pain she has ever had pushed into two hours.
Last cycle was 28 days and period was pain free.
Circulation in hands and feet has been 'great'. But right index finger has gone white on six occasions. (First recurrence since the first homeopathic treatment)
Stomach symptoms have been very good. Some increased vaginal mucus.
Treatment:

Review: 4 January 2002
On 30 December had an argument with her mother. Piles came down but without pain. Short-term increase in oral discomfort. Improvement overall since.
Hot and cold feelings at times. Hot alternating with shivering. Concomitant sensations in throat and mouth.
Period on 29 November was very easy.
Headaches >.
Midback and shoulders less painful.
Dermatitis variable. Some extension between fingers.
Has reduced pillows. Used to have reflux and discomfort on lying with the head low. Had to be propped up.
Cough, reflux and breathing >>.
Treatment:

Review: 12 March 2002
Took remedy on 20 January
Shortly after 1st dose: pain L side of head.
Different from pain usually experienced. Lasted 10-15 minutes.
Similar symptom after 2nd dose. OK after the third dose.
Discomfort in the nose and throat >. Mouth discomfort almost gone.
Tickly cough: unproductive and only occasional now.
Pain in legs increased for a short time.
Piles came down only for a short time after the remedy.
Increase in nausea for a short time after the remedy.
Stool more variable: sometimes thin, elongated and bitty. Sometimes well formed.
Still going regularly and now butterflies now.
Back has been better overall, but worse prior to period.
Overall feeling a lot warmer. Much less chilled.
On 23rd January woke up feeling chilled then suddenly heated up from the feet.
Treatment:

Review: 9 July 2002
Walking more causing some increase in leg pain especially localised in the right thigh.
Thighs and knees sorer when sitting. Damp weather <
Abdomen >> Only occasional discomfort.
Piles >>>.
Able to do weeding in the garden and coping with some housework.
Walking without the aid of a stick most of the time. Can walk up steep inclines.
Less breathless on exertion. Clearly increased stamina.

Still waking occasionally with a cough, but no choking sensations.
Getting more sleep and the quality of her sleep in better.
Some irritation on the back of her head a sensation of an internal itch last experienced 2-3 years ago. Has had a longstanding patch of alopecia on occiput, hair starting to grow in again.
Energy still improving VAS 6.5
Has gone back to playing the piano.

Stress in relationship with mother. Disagreements evoke aggravation of physical symptoms.
Including:
- irritation in the scalp at sites where dermovate used in the past.
- raynaud's
- momentary twitching L eyelid
- irritation in areas of dermatitis on hands

Treatment:

Review: 3 September 2003
Took remedy 9 July 2002
Experienced a sharp pain at the site of the appendicectomy scar. Felt sensitive round about.
Head was achy and jaws, gums and teeth were sensitive. Toes prickled for a day.
Had increase in twitching of eyelids. Sensitivity and prickling around eye lid.
Further growth of hair in patch of alopecia.
Stamina more consistent. Able to help clear up after tea. Able to do ironing in the evening.
Circulation >. Coping better with temperature changes.
Adapting better.
Improvements in back. Tone better.
Energy improving VAS 6.75

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