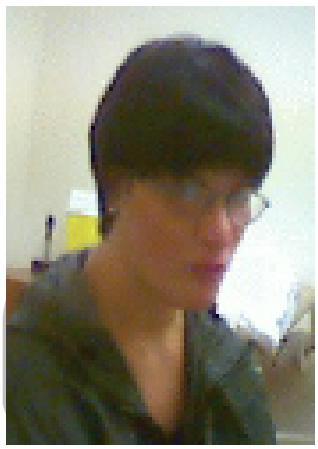
Pre-membership Course in Medical Homeopathy

Clinical Case Study

Case Ref:	Case 2		For Study in Week:	1
Patient:	Mhairi F.		Age:	23
Domain:	Mental Health		Please respect patient confidentiality. Case studies are provided for personal study within this course only.	
Therapeutic Area / Presentation:		1. Developmental / Social Delay	Psychosocial	
		2. Cyclical symptoms incl. motor disturbances	Therapeutics	
		3. Behaviour / mood	Mental / Emotional	
Life stage:	Adolescence			
Homeopathic Category:	Illustrative			

Notes / Learner Instructions

Read through the prepared notes on 1-3 and quickly review the historical records, including the paediatric correspondence to p 13. See if you can get a sense of who this young lady is.

This case is mainly included as an illustration of many common modalities of 'adolescence' even though the patient herself is 23 years old.

We will use the case in tutorial mainly for illustrative purposes. You are, however, welcome to look for repertorisable features in the case and perform an analysis before the discussion if you wish.

You will get most out of the session if you have identified and understood the main mental / emotional and social themes.

Case Study: Mhairi F. (135837) aged 23 at first consultation

First appointment 23/01/98

Initial impressions:
Looks younger than age.
Slightly dysmorphic and dyskinetic - shoulders not symmetrical
Awkward stooped young woman
Child-like use of language
Socially lacking confidence. Some inappropriateness
Good quality clothes but poorly chosen and don't seem to fit well.
Hair parting askew.
Reticent. Quivery / Tremulous

PC

Lacking in confidence. Tries to make friends but it is too hard.
Mother is very dominant.
Comes from a wealthy, socially prominent, family.
Lives with mother and father at home
Argues with her mother - big differences of opinion.
Father is a doctor - chooses a time to talk to him.
Used to have tantrums and complain of unfairness.

Patient plays the piano and is currently on YTS scheme looking after horses.
'I wonder if I have music in me and nothing else'
Did a college course for a year after she left school
(Sister is blonde, beautiful and successful - Oxford University in her honours year)
Patient's face contorts when she speaks of her sister.

SI

Very nasal, suffers from nasal obstruction like her mother
The nose runs all the time, variable disch. thick or coryzal
? allergy to hay or straw
Occasional 'chest infections'
Left shoulder is pulled forward
Has a narrow chest

Generals

Not good in the morning 'crabbit' as soon as she is up.
preference for a warm environment.
Menstrual periods aggravate all her symptoms. On a mini-pill in attempt to allieviate this.
Thirsty for water or sugar-free juice.
Diet coke aggravates
Averse to sugar
Desire for Chocolate and fruit

'I know I can't blame my anger on others now'
'I busy with a lot of relatively solitary activities'
'I quite like being on my own at times, trying to make myself liked is very tiring'
'I can't get the words out when I am trying to explain some things'
'I want to forget about myself'
'I had a siezure - can't carry on with driving lessons' (Sister brings her boyfriends home in the car.)

Treatment 1:

Review: 20/02/98

Woke with a nosebleed after the remedy.
Felt awful for the first week and stayed off work for the first day.
The nose didn't bleed again.

Hasn't been feeling very good. Sometimes feeling sick in the morning or in the day.
Itchy chillblains on the hands.
Spots coming up on the face, sometimes itchy.

Her pet rabbit died that same week. The family dog died recently too.
Gets sweaty a lot. Feet are especially sweaty.
The nose is still running all the time.
Washing her hair daily, scalp feels hot and itchy.

Her appetite is down.
Enjoys breakfast but has lost her desire for the things she used to like.
Still eats fruit. Less chocolate.

Feeling better abut getting up in the morning. More relaxed and able to focus better. Less panicky.
Feels more confidant than one month ago.
'I'm less likely to hold onto grievances'

Treatment:

...
By the time of **May review:**

'I have difficulty in letting go of some feelings'
'I have started to talk to boys at work.'
'I try to be thick skinned'
'I would like to be more involved with groups'
'I try to keep myself out of the conversation with difficulty'
'I get miserable comparing myself to my dad or my sister.'
Going for dental check next week - sharp pain in Left molars extending rightwards.
Feelings of regret.
Experiencing momenary sensations of heat with occasional sick feeling if hungry.
Overall mother thinks there has been a sustained improvement.

Treatment:
....

By the time of the **July review:**

Head is itchy scalp 'has little lumps on it.'
Using a lotion (?) and the eruption is gradually getting better.
Doesn't feel stressed.
A bit huffy at times.
Menstrual periods no longer associated with deteriorations.

Treatment:

Acute Review September:

Cough.
Complains of difficulty swallowing.
Sore throat. Dry stickiness in angles of mouth.
Worse since drinking coke and staying out in the sun too long.
Disorientated and inappropriate. Unpredicatable behaviour.
Feels angry and vicious. Katy always goes to Dad.
Feet have been bad with eczema.
Her fingers seem very red.
Recent announcement of sister's engagement may have been a destabilising event.
Ideas are flying. Seems almost manic today. Confused?
Dwelling on her childhood.
'You can't change the past'
Has had music blaring today.
Last night she dreamt she was swimming in the pond (where her father fishes)

Treatment 2:

Remedy 4 days ago didn't seem to improve things much, perhaps prevented deterioration.
Father wants to sedate her, because the family is upset by her current confusion.
Mother more inclined to seek a homeopathic approach.

Treatment 3:

The confusion lifted half an hour after the first tablet.
Still a bit hot and cold and nauseous.
Slow at the moment and feeling hot.
Able to play cards and cooking meals with help.
Cough at night, green catarrh.
Memories of the past - affairs concerning herself and others.
Remembering bad times.

Gradual improvement.

ven
INGston Village Patient of Dr

11.74 CLINICAL NOTES

len Paediatric Clinic:

s little girl was reviewed at Howden Health Centre this rnoon. She was born at the Western General Hospital e she was noted at birth to have a congenital deformity he right scapula. On follow up during the first year of it became evident that motor development was retarded that Mhairi's head circumference was increasing at a er than normal rate. Since then motor development has oved and has recently been thought to be within normal ts for her age. However development of speech remains rded. At the present time Mhairi is having speech apy twice weekly from Mrs McColl and Mrs Forbes thinks is proving very beneficial. A hearing test in St Giles ol in June 1978 showed that Mhairi had some reduction in ing particularly at low frequency. Her concentration was hy.

the past week Mhairi has had a runny nose and slight cough a tendency to wheeze and has appeared listless. On ination nasal mucous membrane looked normal, throat not cted, no abnormal glands, ears wax ++, not apparently ammed. Chest clear on physical examination, chest x-ray nged.

: Dr Stewart should contact Mrs McColl to ascertain how hearing testing has progressed and then probably arrange rral to Dr Cowan at RHSCE. I think Mhairi should also een by a psychologist in the near future as Mrs Forbes mistically anticipates that she will enter a normal ary school in September 1979 at the age of $4\frac{3}{4}$. To be ewed in this clinic in 3 months time.

iss Russell

Russell
n Consultant Paediatrician

MEDICAL PAEDIATRIC DEPARTMENT

Paediatricians
Dr A J KEAY
Dr J SYME
Dr D G BARR

Western
General
Hospital CREWE ROAD • EDINBURGH EH4 2XU
A Hospital within the North Lothian District
A District of the Lothian Health Board Telephone: 031-332 2525

AJK/MG/210212
30th April, 1976.

Dr. G. Stark,
Paediatric Neurologist,
Royal Hospital for Sick Children,
Sciennes Road,
EDINBURGH.

Dear Gordon,

Re: Mhari d.o.b.
Norven House, Livingstone

I should be most grateful if you would see this little girl whose father is in General Practice at Livingstone, but not in the Centre. He is aware that I am writing to you.

At birth on 17.11.74 at an estimated 35½ weeks gestation, she weighed 2.6 kgs, was 47 cms long and the head circumference was 31.7 cms and was thus rather smaller than expected for her weight and length. She was noted to have a short neck with asymmetry of the shoulders and an exostosis of the left scapula, but movements of the arms appeared to be full. There was a prominent sacro-coccygeal dimple with an overlying tuft of hair but no other evidence of spina bifida.

The apgar score at one and five minutes was 8 and 9 and no resuscitation was necessary. She was subsequently noted on occasions to be minimally cyanosed and blood gas analysis showed PO2 of 60 mm Hg with a PCO2 of 39, base excess of -2 and a Ph of 7.37. She became jittery but the calcium, magnesium and glucose levels were all normal. Breast feeding was successfully established and baby was discharged home on the 14th day, weighing 2.75 kgs. Thus, apart from the doubtfully small size of the head and the shoulder abnormality no specific peri-natal problem which might have given rise to later difficulty had been encountered.

Mother subsequently brought Mhari to the Clinic on a number of occasions initially because of constipation for which suppositories had been given at home. Physical examination, however, never confirmed the presence of any hard faeces, and particularly because of the degree of anxiety expressed by mother, Mhari was referred back to me by my Registrar, Dr. Whitfield, who had been seeing her at the Baby Clinic. On regular follow-up it became evident that motor development was retarded and that the head circumference was increasing at a slower than normal rate and that the sutures were beginning to close. X-rays have, however, at no stage shown any evidence of synostosis. The present situation is that Mhari is 80 cms long, weighs 9.4 kgs, but the head circumference has remained stationary at 44 cms for the past three months. At no time has there been any clinical or opthalmoscopic evidence of raised intra-cranial pressure and vision appears normal.

It would therefore appear that this baby has a primary failure of cerebral growth which may well have started ante-natally. So far, mother has found it extremely difficult to accept this, but has now I think realised that her baby's development is abnormal and is likely to continue to be so. I think, however, that it would be extremely useful to have a second opinion on this and would be very grateful if you would arrange to see Mrs. Forbes and to decide where best her future follow-/

Seen by Dr Stark at Howden Health Centre

I was interested to see this little girl for review and pleased to hear of her encouraging developmental progress. At the age of two Mhairi is now walking with support but is still unsteady on her feet. Her hand function is however good ; she enjoys scribbling with a pencil, playing with Lego bricks and feeding herself with a fork and spoon. She attempts very simple jigsaw puzzles with some success and shows a lot of make-believe in her play at home.

Although her hearing is acute and she has no difficulty in understanding speech Mhairi's own speech is still not entirely intelligible except to her mother. She does, however, appear to be using simple sentences but makes many articulatory errors.

Her general health has been good.

On examination : she was a bright, sociable little girl. Apart from her difficulties in the gross motor field I felt that she was behaving normally for her age.

Nevertheless, her occipito frontal circumference at 45.0 cm. was still small and the anterior fontanelle closed. Mhairi is, however, of rather small stature like her mother.

The neurological picture was characterised by mild hypotonia, especially in the lower limbs and a wide-based ataxic gait with abduction of the arms. Tendon reflexes were brisk and symmetrical and the plantar responses flexor. There were no features to suggest raised intracranial pressure or a degenerative metabolic disorder. Examination of her other systems was essentially negative except for the minor abnormalities previously noted.

As Mhairi continues to make good progress I am reasonably content with the provisional diagnosis of congenital cerebellar ataxia and see no indication for further investigation at the moment. I think that in the long run she is likely to be a little clumsy rather than significantly physically handicapped. Her present behaviour does not suggest any degree of mental handicap.

I think that Miss Rutter should continue to keep a watchful physiotherapeutic eye on Mhairi but see no reason for any change in her present management. Her mother has begun to introduce her to playgroup activities and I am sure that this will prove most beneficial.

I would like to see her for review in a year's time.

c.c. Dr A J Keay, Consultant Paediatrician, WGH ;
Miss Rutter, Community Physiotherapist ;
RHSC case notes.

GOUR GENERAL HOSPITAL

. 2119 TLF

With the Compliments

of

Records Dept.

Mhairi Village
Date of

I saw Mhairi for review here on 14.9.81. Despite adenoidectomy she is still prone to upper respiratory infection and nocturnal cough. She has, however, had no recent attacks of wheezing or dyspnoea.

Examination revealed a healthy little girl with no front teeth. She had a distinctly nasal tone to her speech which has apparently deteriorated since adenoidectomy. The palate moved quite well but she had quite a long maxilla and deep nasopharynx, as a result of which there was slight nasal escape. There was no nasal obstruction and her ears were clear. Her chest was also clinically clear on this occasion.

As previously noted, she had marked prominence of the left shoulder due to an exostosis of the scapula. It was clear, however, that both shoulder were abnormal with the scapulae set unusually far laterally and forwards. There was no apparent shoulder girdle weakness to explain the abnormality which is probably a dysmorphic feature.

In view of the possibility that Mhairi's nocturnal cough could be related to chronic sinus infection with post-nasal drip, I obtained an x-ray of her sinuses which proved to be clear.

Although Mhairi has a number of mild physical peculiarities and is prone to upper respiratory symptoms, she is basically a normal child and I suspect that the less attention that we pay to her various minor problems, the better for her and her parents. I do not think that much would be gained by excision of the exostosis on Mhairi's left scapula, as the abnormal position of the scapulae would remain. Since, however, Mrs. Forbes has been asking Dr. Briggs whether anything could be done about the shoulder, I am asking my colleague, Mr. MacKinlay, to see Mhairi. I have reassured Mrs. Forbes about Mhairi's speech which is likely to improve as the range of palatal movement increases following adenoidectomy, which has clearly left a wide gap in the nasopharynx. I am writing to Mrs. McCall, however, since I think that improvement may be accelerated by speech therapy.

I would like to see Mhairi for review in Howden Health Centre in six months.

Yours sincerely,

Gordon Stark

Consultant Paediatrician.

c. Bangour General Hospital.
Dr. F. Stewart, Howden Health Centre.
Dr. Carrie.
Mrs. McCall, Senior Speech Therapist, West Lothian.

ROYAL HOSPITAL FOR SICK CHILDREN
SCIENNES ROAD, EDINBURGH EH9 1LF. Telephone: 031-667 1991

ATE/MM/199040

135837

Trans Bathgate Attopter 3/4/84

8th February, 1984

Dr Baird,
Main Street,
EAST CALDER.

Dear Dr. Baird,

Re: Mhairi

Problems:
1. Recurrent chest infections.
2. Right sided aortic arch with aberrant left subclavian vein.
3. Other minor skeletal abnormalities including exostosis of the left scapula, sacrococcygeal dimple and partial syndactyly of the 2nd and 3rd toes.
4. Mild strabismus.
5. Speech difficulties following adenoidectomy.

I reviewed this 9 year 2 month old girl in outpatients on 7th February. Despite her long list of previous problems Mhairi is now extremely well. Her speech has improved considerably in recent years and she no longer requires any active treatment for her squint. As you know, a decision has been taken, after consultation with Mr. Mackinlay, that her scapula exostosis does not require surgery. I was very pleased to hear that although Mhairi still develops a troublesome cough in association with upper respiratory tract infections, she has not had any significant respiratory difficulties for a long time now. Mrs. Forbes told me that things have improved to such an extent that she even managed without antibiotics during her last cold. Mhairi still has fairly frequent physiotherapy when she is well and this is intensified during infections. This seems to be a very reasonable precaution in view of her past problems. I note that her lung fields were reported normal on her last chest X-ray in 1981. I have repeated the X-ray today and the result will be appended to this letter.

Since Mhairi is now so well I do not think there is any need for her to continue attending this Clinic regularly. I think perhaps the best plan for long term follow-up would be for her to be seen occasionally at Howden Health Centre by Dr.Stark and Dr. Stewart, as has already been arranged. Mrs. Forbes agreed with this suggestion. Mhairi therefore does not have another appointment here, though I would, of course, be very happy to see her again at any time in the future if further difficulties arise.

Yours sincerely,

A.T. EDMUNDS
Consultant Paediatrician

Howden
Health Centre HOWDEN LIVINGSTON
WEST LOTHIAN EH54 6TP
Telephone: 01506 418518
Fax: 01506 460757

STJ135837/BVH020602
FIS/MLS/78255
17th May 1995

Dr AKINTEWE
Monday 14th June
2.30
(Lord sent 24/5).

Dr. T. Akintewe,
Locum Consultant Physician,
St. John's Hospital,
Livingston.

Dear Dr. Akintewe,

Re: Miss Mhairi '41)

I would be very grateful for your opinion about this 20 year old girl, who is a daughter of Dr. J who practices in r. Mhairi has been found to have a very high free T4 and undetectable TSH.

Mhairi has had a number of developmental problems in childhood, and psychological and psychiatric problems in adolescence. She is presently on Lithium in the form of Camcolit 250mg, four tablets each morning. She also takes Microgynon, to regulate her periods. She has, in the past, been on other psychiatric drugs, namely Droleptan and Procyclidine, but she is not on these at present. She has been troubled recently with nausea and vomiting, and she is taking Prochlorperazine (Stemetil) occasionally just now.

As part of the routine review of a patient on Lithium therapy, Mhairi had her thyroid function tests and serum lithium checked on 10th May. The lithium level was 0.57mmol/l as compared with the target therapeutic range of 0.60-1.0. Her free T4 was very raised at 77.2pmol/l and total T3 also raised at 6.39, with TSH undetectable.

I called Mhairi for examination to review these results. She was a little jittery and agitated, but did not show obvious signs of hyperthyroidism. Her pulse was regular at about 100 per minute and her blood pressure 100/60. She showed no lid retraction or lid lag. Her height was 159.5cm and her weight 48.3kg. I thought her thyroid gland was just palpable but probably not abnormally enlarged for a young woman of her age. She has always been of slim build. She had rather gurgly, overactive bowel sounds.

The T4 was repeated, just in case this had been a rogue result in the laboratory. A similar level (68.3) has been reported.

I am rather puzzled by all this, particularly as the purpose of our checking the thyroid function test was to look for underactivity on someone on Lithium. I would be very grateful for your assistance.

Yours sincerely,

Frank Stevens

PATIENT TRACKING
SECTION
26 MAY 1995

Dr Stewart
HOWDEN HEALTH CENTRE

MA/JM/135837
22 June 1995
Medical Unit
2086

CLINIC DATE: 19.6.95

Dear Dr Stewart

MHAIRI **.11.74**

Thank you for your letter about this 20 year old girl whom I saw in the medical outpatients clinic on the 19th of June 1995 when she was accompanied by her mother. Her previous history is detailed in your letter and she is presently on Lithium 1g/day for manic depressive illness. She has over the last few weeks been complaining of nausea and vomiting and had occasionally been feeling hot and cold overnight and also complained of occasional sore throats. She has a good appetite and has noticed a slight swelling in the neck but has no marked tremor or sweaty palms, complains of no palpitations, shortness of breath or loose bowel motions. Her other medication consisted of Microgynon, Beconase and Droperidol. Stemetil had helped her nausea and sickness and this had now been discontinue. Systemic enquiry was unremarkable. I was told Mhairi's grandfather had hypothyroidism but there were no other family history of any significance. She doesn't smoke or take any alcohol.

On examination she appeared well and apart from sinus tachycardia with a pulse of 100 per minute she had no other obvious signs suggestive of thyrotoxicosis. Mhairi's thyroid function tests are a little unusual in that one more commonly associates hypothyroidism with Lithium therapy. Your thyroid function tests from the 10th of May 1995 and again from the 16th of May 1995 show a grossly elevated Free T4 and also Total T3 with an undetectable TSH and these would be consistent with thyrotoxicosis. Her thyroid function tests on the 19th of June 1995 however show an elevated TSH at 26.45 with a low Free T4 at 6.3 and these would suggest hypothyroidism. Her urea and electrolytes, liver function tests and plasma lipids were normal. Lithium level was 1.2mmol/l.

I think Mhairi may have some form of thyroiditis which would explain these thyroid function tests. Another possibility would be if she had been commenced on Carbimazole for her very high Free T4 and Total T3 and undetectable TSH. Looking through your letter there is nothing to suggest that she has been commenced on any such therapy.

/.....

09

I think Mhairi will probably turn out to have some form of thyroiditis and the results of her isotope thyroid scan and thyroid autoantibodies are awaited.

I will write to you again when the results of these investigations are available and she has in the meantime an appointment to be reviewed in the clinic in a few weeks time.

Yours sincerely

DR M AHMED
Staff Grade Physician

Howden
Health Centre

HOWDEN LIVINGSTON
WEST LOTHIAN EH54 6TP
Telephone: 01506 418518
Fax: 01506 460757

CLINICAL BIOCHEMISTRY

ST. JOHN'S HOSPITAL AT HOWDEN
LIVINGSTON (01506 419666)

PATIENT No.	SEX	DATE OF BIRTH	AGE	CONSULTANT/GP
8123	F	17/11/1974	20Y	Unknown G P

SJH 135837
MHAIRI

Howden Health Centre
LIVINGSTON VILLAGE
Dr Buchan & Partners

CLINICAL DETAILS: PREV ^ TFT'S
LAB No. 950057172 SAMPLE DATE 04/07/95 SAMPLE TIME 09:20 SAMPLE TYPE Blood

TESTS	RESULT		UNITS	REF-RANGE	REMARKS
TSH	>100		mIU/L	0.38-4.70	
Free T4	3.3	LO	pmol/L	9.1-23.8	

FILE 32
APPT.
OTHER DR. Abbas 2d
COMPUTER

NOTE:

H High Result
S Haemolysed Sample
I Icteric Sample
IS Insufficient Sample
LP Lipaemic Sample
LO Low Result
ND Not Detected
NS No Sample Rec'd
TF To Follow
TL Too Late For Analysis
SC Sample Clotted
US Unlabelled Sample

DATE PRINTED: 05/07/95
TIME PRINTED: 12:07
PAGE NO: 1 of 1

Dr Abbas
with compliments
I find it all very confusing!
Frank Stewart
6/7/95

DR. FRANK STEWART,
HOWDEN HEALTH CENTRE
LIVINGSTON

Write to GP.
for thyroxine

Name MIRA F | D.O.B. | Sex F | Occ. Working Lioness | Date 25/1

Address 21

Complaint LIVINGSTON VILLA

History of Present Illness

Lacking in confidence
? tries to make friends too hard
Mother dominant

Resp piano
Went to College after 1st
School Solver + T.T.S.

Has a fit / seizure in Aug + Sept
while talking to sister.
Father placed for an ambulance.

Using Betnovate
+ Becanose.

Previous Illnesses :-

Personal :-

Argues c M: differences of opinions.
F: doctor: doesn't a time to talk to
him

Menstrual History

Q OC M.P. not heavy.

Family History :- lives c mother + father at home
Closer relationship c sister.
Used to have some feelings of jealousy of
Sister.

Examination

Stress getting. Retreat. Quivery. Tearfulness.
Uses to have tantrums + complain of unfairness.

Heads slowly mood : month Sun OK

(L) Shoulder pulled forward

HOMOEOPATHIC SYMPTOMS

Generals

Heat – heated

Time – couldn't [illegible] in morning as soon as [illegible]

Stomach

Appetite : –

Aversions : – (sugar)

Desires : – choc. used to love beef. fruit++

Sleep : – 1.20. 2.30 waking.

Cold : – prefers warm environment

Weather

Sweat – can sweat quite a lot when working

Disordered : –

Thirst – Thirst ++ → water

< coke

Sugar free diluting juice

Particulars

Head : –

Eye

Ear – Very [illegible]

Nose – Sinus / nasal obstruction like mother. Nose runs all the time

Throat – [illegible] (congest)

Face

Mouth – On check inflation

Respiratory

Stomach – Bowel OK

Abdomen

Bowels

Genito-urinary : –

Back – I know I can't blame anger on others now

Extremities

Skin

Pulses a lot after meals

? allergy to hay & straw

Busy in a lot of relatively solitary activities

Plays (piano). Reads.

Wonders whether he has anything else.

? Kali ars ? Mur ac ? Ign ? Phos ? Staph ? Hyos. Sense smelly

MENTALS Quite likes being on her own at times

Used to ride when young but not strong, bridged on horses.

Very disjointed walking – seems a bit uncoordinated.

Goes of camping up on swings – pool, I get a fright

Now scared about deep water. Used to love swimming.

Can't get words out when she is trying to explain some things.

Wants to forget about herself. Likes routine of the morning but acknowledges that it gets boring.

20/2/09

SURNAME (block letters)
Mr
Mrs
Miss

DATE	
23/01/09	Came up to [illegible] a [illegible] woke following [illegible], nosebleed
20/2/98	, [illegible] [illegible] better for a [illegible]
	Face sore . ears sore. Also started [illegible] this morning
	a bit late.
	Applying test – Calend. 11. Took some twice day
	labeled.

20/2/09

First week after remedy felt awful. stayed off work because she woke with a nosebleed. Stayed off 1st day. Nose didn't bleed again.

Hasn't been feeling v. good: sometimes feeling sick in the morning. Sometimes during the day.

Itchy chilblains on hands. Spots coming up on face sometimes itchy.

Rabbit died that same week. Dog also died recently.

Gets sweaty a lot. Sweaty feet.

Nose running all the time still

Appetite down. Enjoys breakfasts but less of a [illegible] for the things she used to like. Still eats fruit. [illegible] less choc.

Feels better about getting up in the morning. More relaxed. Able to focus better. Less panicky. Feels more confident than 1/12 ago.

Less likely to hold onto grievances.

Washing hair daily. Scalp feels hot + itchy.

(SL | 3)

(Hyosc)

(Standby)

DATE

27/3/98 Feels a bit [illegible]. Sometimes snappy or rude to people
feels she is not doing the right.

Some feelings of jealousy resurfacing.

Physically not too bad. Not quite so worried
Gets absorbed in work.

Skin a bit spotty. Using astringents and skin oils
stops spots from itching. Some [illegible] eczema around the
mouth.

Nose stuffy & blocked up

Becoming a bit more self assertive - some arguments
arising out of her tendency to rebel

Comparing herself with her sister's situation - independent.

Feels she is treated like - baby and that her opinion
is not valued

Feels she was happy until age 13. No medication until
that point. Then depression.
Sister who is 2 years older her
Nearly lost a boyfriend but he found [illegible] else at [illegible]
school

Now feels she is being inadequate at times - [illegible]

To Hyose 30/2 2007

1/5/98 Took powders beginning of April
Nausea and [illegible] [illegible] at night [illegible] feel a bit
sick. Went to Belgium. Had [illegible] [illegible] [illegible]
[illegible] after a 'clean' Sandwich. Some head - [illegible] [illegible]
[illegible] again [illegible] [illegible] [illegible]. [illegible] [illegible] [illegible]
[illegible] [illegible].

Wait 5 ✓

3/6/98 Screen of teeth. Some PMS. A bit [illegible]
at times. Still displaying some [illegible] jealousy in respect
of other girls and their relationships

DATE

H/Pam.

Finds difficulty of letting go of some feelings
Starting to talk to boys at work.
Going to get dental check up next Friday
Very sharp pain (L) molars ext → (R).
Tries to be [illegible] [illegible]
Would like to be involved with groups.
Tries to keep herself out of the conversation & difficulty.
Gets miserable comparing herself to her dad/sister
Some feelings of regret
D :- sausages, pasta, veg, boiled potatoes.
[illegible] salt

A :-

T° : [illegible] feelings of heat
[illegible] [illegible] feeling of [illegible].

Overall mother thinks there has been a [illegible]
improvement. 4

17/7/98 Head is itchy & has little lumps on it.
doesn't feel stressed. Washing hair every day
Using a lotion. Eruption gradually getting better.
A bit huffy at times. Sleeping quite well.
Things are going well according to mum.
MP no longer causing [illegible].
Eruptions : herbal remedy No 2 from Napier
(Rosemary & Eucalyptus)
Nothing on other eruptions really.
5

Wait

WLT348

DATE

27/9/98 Became unwell 5-6/7 ago. Disorientated + inappropriate with unaccustomed dreams and unpredictable behaviour.
Catarrhal + seems to be in the throes of acute URTI. TFTs noted to be low and replacement instituted by GP

Recent announcement of sister's engagement may have been a destabilising event.

Today tired having had marked sleep disturbance last night with wandering
Not too agitated.
Catarrhal [illegible]. Hyos 4/7 ago didn't improve markedly but may have prevented marked deterioration.
Father wishes to sedate since family so upset by her current confusion.
Mother more inclined to seek a homoeopathic solution.

(6)

Nux-mosch 1m/ two hourly.

7/10/98 The confusion lifted ½ hr after 1st tablet.
Sleep still didn't settle so chlorpromazine was employed.
Still a bit hot + cold + sore. Slow at the moment feeling hot. Able to play cards, cooking meals with help. No dreams remembered. Cough at night. Green catarrh. Memories of past - affairs of herself + others. Remembering bad times. Separation from others.

(8)

Mag

29/9/98 Some thoughts of childhood.
Last night she dreamt she was swimming in a pond. F. pushes there. Chilly
Sore throat. Dry stickiness. | Con of the Sun yesterday.
Some flight of ideas
Hard cough - convulsive(?) | Thoughts of past experiences - Scorp.
Some difficulty swallowing
Mumps
Feels angry + vicious - Katy always goes to Dad.
Feet have been bad with eczema. Couldn't wear boots. Fingers seem v. red. Hot + cold.
Went back to work yesterday after a spell.
Pale + drawn tonight: Signs of ennui. mania?
Able to sit at relative peace. No pacing
You can't change the past.
Pill count is OK. Probably nothing missed
?? Correct dose given 4/52. Mood was up and was well until recent dose of hyos.

(7)

Has had music blaring today. Hyos.

Margin notes: apoc. / [illegible] / staph / stram / cann / [illegible]
Margin notes (left): [illegible]

23/10/98 Felt better. More herself again
But short periods of agitation
Hungry for pasta / meat!

Energy variable.
Concentration variable
Piano playing – just starting again.
Sleeping OK. Nightmare – wolf in room
Dream of dead relatives – face changes.
Thinks grandmother is talking to her
laughing / jokes. Wakes & she is not there

Cold has gone. Chest 4° gone.
No sweats, chills but get v. cold.
Suddenly goes cold
Suddenly can go hot
Skin eruption on scalp.
Isolated spots: sores on trunk that are
drying up. (Face flared with eczema
after 1st remedy) Head is itching ⊕

11/98 Scalp ↗ with Berberis. Skin a bit more
quiescent. Sleeping OK. Tired & grumpy at
times. Some white stuff / yellow on cough. Berberis.
Anxiety about future

~~TO HOLSTEINS~~
~~BARDOVAN~~
~~PHILPSTOUN~~ EH49 7RU

⑪ Staphysagria 6x

DATE 14/12/98

1/2/99 Using sun bed because psoriasis ↗ in Sun abroad
Still a bit itchy at times

Getting tired + v. hot. Can chill then go hot
can happen every day. Not faint.

Can suddenly get warm + nauseous. Sometimes dizzy
Mouth tastes worse than before.

At work :- mucking out, bedding & straw, hay nets.
brushing & leading ponies. Still working at riding
school. Hasn't heard about new job.

Less people around : fewer lessons
Work relationships OK at the moment.

Drove back from w/e outing. | Carbimazole :- 750..
Did 45 min of music theory. | Thyroxine : 75mcg OD.
Music is going OK

Getting a bit bumbled. W?? while on holiday
Nose with nasal catarrh : less bad

Rx : Two regular medications (file not available)

Foot sore (L) :- walking . NAD

Not too bad since last course.

Sudden drastic drops in thyroid function : ? psychoneuroendocrine

Less pre / post menstrual mood drop. Current MP overdue.

Concentration a little wandering. Can't be bothered doing a lot
Not as cautious, at times

⑫

Perspiration ++ feet (feel wet!

Sat off to bed in Disgrace - does everything
opposite to what told
Anger Confusion
Warm outside
Redden with embarrassment
Cold inside
Boys make her blush
Sweating + shivering
Anger alternates with cheerfulness
Fluctuating mood

13/12/99 Stresses become sister stresses - kidney troubles
coughs, colds.
Had her party - says it went well.
Feels powder made her drowsy + sleepy.
Still a Dulephan but seems to be coping
Eyes get blurry:
Sometimes a bit low. Anticlimax after party.
Took medication to prevent her getting too excited
Still thinking about sister's wedding
Thinking about her responsibilities, walk dog,
piano. Feels overburdened at times.
"I'm not grown up yet" Finding her friends
have moved on. Expressing herself better.
Sister snapping at her. Emotional today.
'Mother tells her to shut up at times' Father
cajolls her but a bit condescending (?)
Rambling today a minutiae of her concerns
Sometimes they are listening (: world of her
birthday. Stressed about practice of piano.
Trying to be self sufficient. Some loneliness.
Piano is a solace but also ? isolator.

DATE	
24/1/00	Problems c̄ drawing support. ? fiance problem.
	The fiance also feel she should leave a.
	Has interview with Princes' Trust
	Some disappointment. Psoriasis v. bad itchy
	Arms + legs troublesome. & Also had bath.
	Gets itchy + starts to bleed
	Phos 6x
6/3/00	Started a new course. Learning computer skills
	On 20 March doing Princes Trust. Some residential
	+ work experience. Plan to go to college in Sept
	Wants to be veterinary assistant.
	Feeling a bit sick. Some nausea. Lith c 30/3
27/3/00	Doing OK. Passed diplomas
	Happier. Enjoying variety. Got a splendid
	report from SSPCA. Which certificate in small
	animal care. Two sessions with Mr Hart
9/5/00	Came back from Poland. Lithium levels too
	high. Confused + a bit low emotionally.
	Lith c 30/3
26/6/00	Low in mood + not sleeping. Periods of being inarticulate
	and other phrases. Brother + ... going to South Africa.
	Work experience has fallen through. SSPCA didn't reserve
	a place for her. Last week wasn't good from last
	Thursday. Was hearing voices so given Prodeptan by
	Mother. Sensitive to fluorescent lights. Psoriasis was

Phos-iod ? graph carb ... graph 30s ...

DATE	SHEET No.
	nearly away - has returned again
	Overall more aware of her own feelings and
	insight generally better.
	All the confidence conferred by Princes Trust
	have been cancelled.
	Two rejections in the last week.
	Not sleeping quite so well overall.
	Prodeptan does tend to give a broken sleep.
	Head:- chocolate may aggravate headache.
	ENT:- a bit of catarrh.
	Mouth:- lips a bit swollen + cracked.
	RS:- cough + wheeze.
	GI:-
	GU:- Had a very painful UTI which lasted longer than usual.
	Skin:- aggravation of psoriasis arms + legs. uses Bob sq. tincture on scalp.
	Sister's wedding Sept 2nd. Has a driving test Aug
	Had two small fits. Hasn't had one for a long time.
	Very motivated by Princes Trust. Coordination got
	so much better with the intensive sports programme
	Exercise
	Almost seems like an awkward transition between childhood
	+ adulthood.
	Cicuta vir.
	30/3

DATE

27/7/00 Skin is flattening off. Plaques diminishing.
Sleeping OK. Appetite smaller. Not eating so much.
No reaction but did a feeling of nausea.
Smells & items of news before going to sleep.

M feels she is unfocused - lethargic. M feels she is adolescent.
Great tension & families at the moment.
Sister's wedding plans etc.

Wait

11/9/00 Previous letter. Was ok at wedding.
Driving test: problem c looking. Some kind of mix up.
Has come back from holiday.
Not playing piano, not doing much on her own account.
Energy not too good. Feels she has to have everything perfect every time. Still comparing herself to Claire.

Wait

[illegible]/00 Settling into College. Some computer studies. Livestock management. Biology. Learns about small animals.
Goes to Balerno x1 /week. Reproductive science. HNC in small animal care. Studies + projects.
Feels a bit frustrated. Panics a bit due to assignments. Quite a lot of information to remember. Having to re-learn learning strategies.
[illegible]. Group dynamics at college not all working well. A bit upset by classes' top girl. Poor attitude?

[illegible] [illegible]

DATE | SHEET No.

4/12/00 Went back a OK for previous pain. Had seizure at night while asleep. Feeling dyskinesia the following day. Another seizure in sleep following night. Saw Dr. Hardy with a view to reducing Lithium. Suggestion of trying sodium valproate. Currently OK.
Given [illegible] + [illegible] after M was admitted to hearing voices. (usually doesn't admit to this) ? improved insight. Nausea in the morning.
Making some final progress of maturity. Hygiene [illegible]
Psoriasis has currently resolved.

2/1/01 Seizure at night with sickness on 20/12/00. OK on holiday until 28/12. 4am came through to M. [illegible] found herself sleeping on floor. Was upset ? seizure. Overall good since. OK prior to around this time. Became shaky & tremulous [illegible] prior to [illegible]. On Wednesday last had a short seizure on the exact time & day that seizure would be expected. [illegible] has gone after a post-ictal phase with tremor. Overall improved, M remains worried about concentration loss after seizure.
Driving is not so good since Wednesday.
Passed all her exams except urinary tract when she was unwell + missed lecture.

Wait

ATE

3/01 Busy. Overall better. Shaking spells during MP Rx Diazepam 2mg
No seizure this time. Also given 2mg diazepam for shakiness
at ovulation

Oenanthe crocata 30/2 29/1

24/01 Overall quite good: less shaking with menses
Slightly odd reaction at menses: v. pale for 3/7.
No low mood after MP this time.
Sin currently.

Wait

6/9 Passed course but not entirely happy. Quite busy, family
events. ? Slightly at loose end following end of term.
Currently looking for a job. Thinking about a further
course of study next yr. Would like to work with
animals. Would ultimately work c Veterinary Centre.
Some upset that friend leaving for NZ. Updating CV.
Emotionally variable: with mood swings.

Nat-mur.

?7/01 Some indignation following argument c F'
Using her 'learning difficulties' as an excuse for failure to
listen to F's instructions. Has her own car now. coming
in next 2/52.

Staphys 30/3.