



GREATER GLASGOW HEALTH BOARD
WESTERN INFIRMARY / GARTNAVEL GENERAL HOSPITAL UNIT

CLINICAL TEACHING CASE STUDY

**CHILDREN'S
HOMEOPATHY
CLINIC**

CONFIDENTIAL

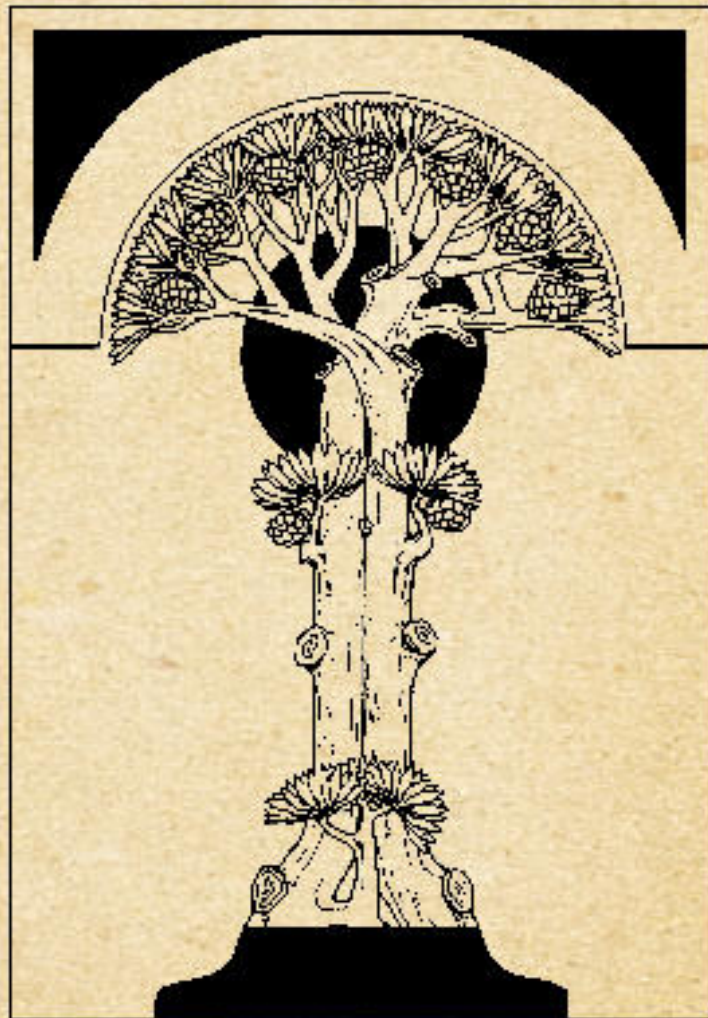
Name: John F.

Illustrative Case No. 3

CLINICAL TEACHING CASE No 3.

Respect Patient Confidentiality

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



Centre for Integrative Medical Training 2021
Provided on licence to registered students of
Homeopathy Property of CIMT. All rights reserved.

Name: **John F.**

Age at First Consultation 8 yrs

Presenting Complaint / Principal diagnosis:

Psoriasis

INSTRUCTIONS FOR LEARNERS

Study the referral and [view the first consultation](#) for this case in week: **2**
[View the first review](#) consultation and consider further treatment in week: **3**

[View the second review](#) consultation in week: **4**

View the third review consultation in week:

View the fourth review consultation in week:

CHILDREN'S HOMEOPATHY CLINIC

Homeopathy service for this patient originally provided at:
Sandyford Place (MALCOLM)

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

INDEX

Referral / Correspondence GP LETTER

Case Recording Sheets

Original Written Notes (First Consultation)

Investigation Reports(empty)

Repertoristions & Searches (empty)

Clinical Audit / Outcome Reports (empty)

Clinical Photographs / Images

Miscellaneous (empty)

PARTICULARS OF PATIENT
IN BLOCK LETTERS PLEASE

Hospital use Only	Clinic	Day Date	Time	Hospital No.	GPFH112B
Ambulance Transport Required: Yes/No <input type="checkbox"/> Sitting/Stretchers <input type="checkbox"/>		REQUEST FOR OUT-PATIENT CONSULTATION THE INFORMATION IN THIS SECTION MUST BE COMPLETED		Appointment Category Routine <input type="checkbox"/> Soon <input type="checkbox"/> Urgent <input type="checkbox"/>	
Hospital 22 SANDYFORD PLACE, GLASGOW		Date 28-2-	CHI No. 5132		
Please arrange for this patient to attend the HOMEOPATHIC clinic of Dr/Mr MR MALCOLM					
Patient's Surname F (Master)		Maiden Surname			
First Names JOHN		Single/Married/Widowed/Other			
Address BURNSIDE ROAD		Date of Birth 29-3-			
Postal Code N		Patient's Occupation			
Contact telephone number		HB of residence LANARKSHIRE			
Has the patient attended hospital before? YES/NO If "YES" please state:					
Name of Hospital LAW (CASUALTY)		Name, Address and Telephone number of MEDICAL/DENTAL PRACTITIONER			
Year of Attendance JUNE/19		Hospital No. 016607/93			
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					
Please use rubber stamp					

DRS. MACINNES, POWELL
RAEBURN, McLAUGHLIN
AND CARRNEY
60 HIGH STREET
NEWARTHILL, MOTHERWELL

G.P. FUNDHOLDER

GP's Code L1219 Practice Code 62760
Contract Number

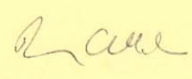
I would be grateful for your (1) diagnosis and advice on (2) diagnosis and treatment of the above named patient. A brief outline of history, symptoms and signs is given below:

Dear Dr. Malcolm,

This young man has got psoriasis, for which he has used various medicaments in the past, including Dovonex: Crude Coal Tar: Trimovate: 1% Salicylic Acid in YSP: etc.

Mother has now thought that homeopathic remedy might be helpful. Any thoughts that you might have would be greatly appreciated.

Yours sincerely,



DR. D. C. MacINNES

2-00 21st MARCH

send apph

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

FIRST CONSULTATION

Name: Age:

You can annotate this recording sheet while you view the video case. You may find it more convenient, however, to download and print the recording sheet from supplemental materials and patch in the history by hand.
Complaint:



History of Present Illness:



<https://youtu.be/JVR-aLuj1Wo>

Use the link above to access the Consultation Video. Size the video player window on your computer desktop so that you can simultaneously make entries into this case recording sheet.

Personal:

Menstrual History:

Family History:

Examination:

FIRST CONSULTATION

HOMEOPATHIC SYMPTOMS

GENERALS

Heat: Cold: Perspiration:
Time: Weather:

STOMACH

Appetite: Disordered:
Aversions: Thirst:
Desires:

SLEEP

PARTICULARS

Head Stomach
Eye Abdomen
Ear Bowel
Nose Genito-urinary
Throat Back
Respiratory Extremities
Skin

MIND

FIRST CONSULTATION

Continuation sheet

Patient name / id

INDEX

CORRESPONDENCE

NOTES

REPORTS

OTHER

FIRST CONSULTATION

Continuation sheet

Patient name / id.

INDEX

CORRESPONDENCE

NOTES

REPORTS

OTHER

FIRST REVIEW

Continuation sheet

Patient Name / id.:

Time since first seen:



<https://youtu.be/IBqDupmmgaU>

SECOND REVIEW

Continuation sheet

Patient Name / id.:

Time Since Last Review



<https://youtu.be/D4l7MrYetp8>

INDEX

CORRESPONDENCE

NOTES

REPORTS

OTHER

INDEX

CORRESPONDENCE

NOTES

REPORTS

OTHER

FIRST CONSULTATION

Name JOHN f D.O.B. Sex M Occ. Date 21/3

Address

Complaint

History of Present Illness

Might have occurred at a point of injury

Psoriasis since ? putting tar on it getting worse each time it re-emerges. quite late psoriasis. Started as one patch on leg.

Previous Illnesses :- Chlamydia. Colds. Not many sore throats but after many nose.

Personal

Menstrual History

Family History

Examination

1 sister :- well

M :-

F :-

Conni has psoriasis (ME) Maternal GF: psoriasis and mother on elbows. GM - c/a. GF - c/a. GM -

No glandular swelling

FIRST CONSULTATION

Sun : likes .

> in sunlight .

itching :- < night .

HOMOEOPATHIC SYMPTOMS

Generals

Heat :- warm . Cold :-

Time ? a little overheated . Weather

Sweat :- fairly sweaty !

Stomach

Appetite Disordered

Aversions

Desires :- burgers, pizzas, apples oranges, salt

Sleep :- sleeps OK.

Thirst :- drinks a lot of milk .

Particulars

Head

Eye :- No nosebleeds .

Ear

Nose | Catarrhal & cold

Throat | Fairly good teeth

Face

Mouth | OC OW

Respiratory

Stomach

Abdomen | ? constipation

Bowels

Genito-urinary

Back

Extremities

Skin :- Not very cautious .

Not very creative or imaginative .

Quite active Cheeky gets bored . likes company Bored on his own

No nightmares .

MENTALS

Shrinks at people in street and they threaten to hit him .

embarrassed by psoriasis car, head face .

Playful . Quite nervous at times

Worries about things happening at school .

Doesn't lie much . Gets on well with other children

Worries : anything : if he can't get his own way .

Happy Superficial .

INDEX
CORRESPONDENCE
NOTES
REPORTS
OTHER

INDEX
CORRESPONDENCE
NOTES
REPORTS
OTHER

FIRST REVIEW

3/6

Cleaning up well.

After powder - flared up everywhere
mainly groin back + head, after a couple of
weeks on tablets which were started 2/52 afterwards.

Acne clearing nicely. Ran out of tablets last
Tuesday. Hamit shipped back since.

SECOND REVIEW

R

1/8

Scalp very dry + flaking

Pale. Shy. Non-impulsive, Introvert.

Warm blooded. No easy bruising.

Untidy. Plays football. Fond of company

of girls. Happy in sun

Shrinks down in chair. Easily intimidated?

Didn't want to come today because mother
not here.

12/23/01

Repertory Links

<http://www.homeoint.org/hidb/kent/index.htm>

https://play.google.com/store/apps/details?id=softsolutions.repertory_en&hl=en_GB&gl=US

INDEX

CORRESPONDENCE

NOTES

REPORTS

OTHER

Clinical Photography - First consultation - John F.



INDEX

CORRESPONDENCE

NOTES

REPORTS

OTHER

With a patient's consent, consultations are sometimes recorded for the purpose of research, or for use in the post-graduate teaching of medical doctors who are studying homoeopathy.

DECLARATION

I AGNES consent to audio-visual recording of my interview, for the purpose of a) further study of my case for therapeutic purposes*/ b) research into homoeopathic treatments for my condition* / c) the teaching of postgraduate doctors in homoeopathic medicine (delete as required).

I understand that information is treated confidentially, and used solely and expressly for the purposes outlined above.

Signed, Agnes Date: 21-3