



GREATER GLASGOW HEALTH BOARD
WESTERN INFIRMARY / GARTNAVEL GENERAL HOSPITAL UNIT

CLINICAL TEACHING CASE STUDY

**ADULT
HOMEOPATHY
CLINIC**

Illustrative Case No. 4

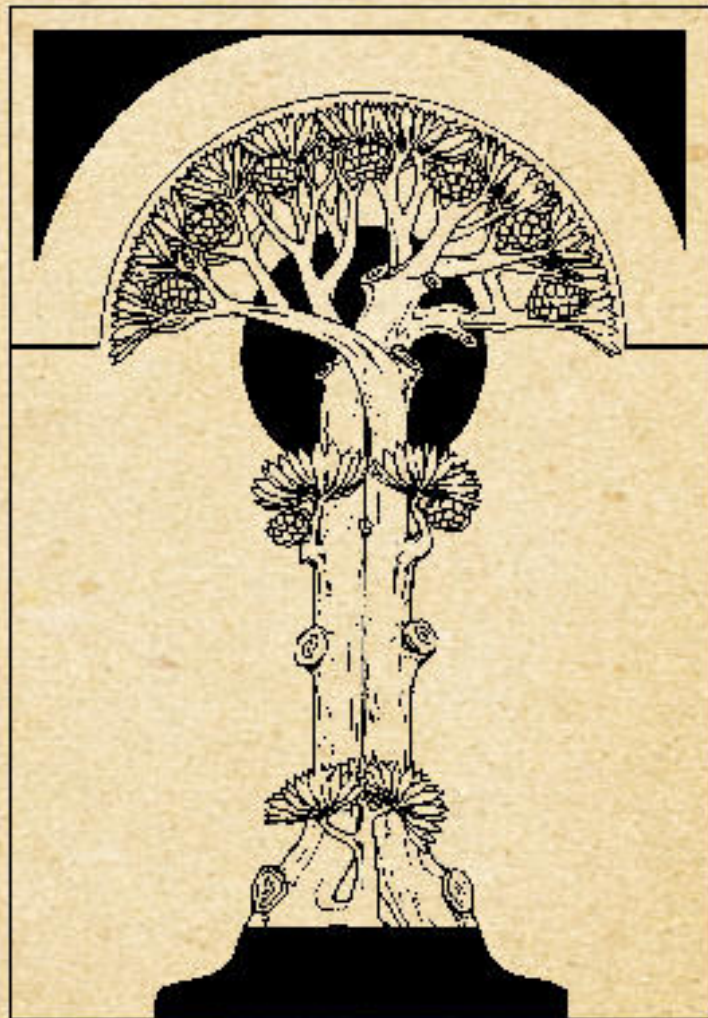
Name: Claire O.

CONFIDENTIAL

CLINICAL TEACHING CASE No 4.

Respect Patient Confidentiality

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



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Name: **Claire O.** Presenting Complaint / Principal diagnosis:
Age at First Consultation 20 yrs Post-Viral Fatigue State

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 **5**
View the fourth review consultation in week:



ADULT HOMEOPATHY CLINIC

Homeopathy service for this patient originally provided at:
Baillieston NHS (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 (empty)
Case Recording Sheets
Original Written Notes (First Consultation)
Investigation Reports
Repertoristions & Searches (empty)
Clinical Audit / Outcome Reports
Clinical Photographs / Images Miscellaneous (empty)

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/DI0yIMP-yvc>

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

Personal:

Menstrual History:

Family History:

Examination:

FIRST CONSULTATION

HOMEOPATHIC SYMPTOMS

GENERALS

Heat: Cold: Perspiration:
Time: Weather:

STOMACH

Appetite: Disordered:
Aversions: Thirst:
Desires:

SLEEP

PARTICULARS

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

MIND

FIRST CONSULTATION

Continuation sheet

Patient name / id

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FIRST CONSULTATION

Continuation sheet

Patient name / id.

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FIRST REVIEW

Continuation sheet

Patient Name / id.:

Time since first seen:



<https://youtu.be/cnne-WLReEA>

SECOND REVIEW

Continuation sheet

Patient Name / id.:

Time Since Last Review



<https://youtu.be/g9BaTXH9nZw>

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THIRD REVIEW

Continuation sheet

Patient Name / id.:

Time since first seen:



<https://youtu.be/2cnIrRzpBgU>

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FIRST CONSULTATION

CLARE O'

B6825

Age 20, Student

HOMOEOPATHIC HISTORY

Presenting Complaint

18/2

ME 6 months ago
 Had viral infection
 With poor recovery
 Emergent fatigue + muscle aching
 (especially thighs)
 Hypersomnia + had a phase of
 turning night into day.
 Couldn't sleep between 11pm - 4am
 + then slept during the day
 Sleep pattern correcting now but remains
 fatigued ++ Energy 3-4/10
 Consultant appt: ME Now
 Investigation negative

No current infection
 but throat red
 tenderness in ex glands/
 throat on bad tired days

Recently attended
 physio on Tuesdays
 - but was taking
 2-3 days to recover
 from a session - so
 stopped meanwhile

Past Medical History

Nil significant.
 No operations
 URTI prior to trigger infection.
 Has been isolated due to ME so fewer
 contacts = fewer colds since onset

Reaction to Vaccination

None
 Spots appearing on face - pt ? attributes to meds.

Family history:

T.B.
 Carcinoma
 Mother
 Father
 Sibs

1 Brother: (Hx of asthma since infancy)

regular

Married, Widowed, Single, Divorced
 No current boyfriend. Not on oral -
 - contraception. No ac at onset of ME.

Social History

Student studying IT. Keen dancer - 3 nights per week
 Tours with shows/events.

Smokes

Non smoker. Parents smoked until 21, ago. Now pt a bit
 intolerant of cigarette smoke, but no reactive sensitivity.

Alcohol

FIRST CONSULTATION

Quiet voice - sounds a bit
 rough

Generals

Prefers warm

Heat >

Cold <

Probably

Chilly

Rain

Stuffy rooms

Indoors

Clothes

Perspiration

Bad time of day

Thirst

Appetite

Desires

Salt

Spicy

Averse

Menses

Sleep

Mentals

Placid

Anxious

Anticipation

Consolation

Sympathetic

Irritability

Jealous

Tidy

Fears

Others

Neck

Waist

Throat tender

intermittently

Denims

clean + well turned out

Intolerant on waking. > once up + about

Energy flagging mid afternoon + evening <

cat-naps at the end of the day

Sweet

Fat

Chocolate ++

stopped for a while + had withdrawals

(? + headaches)

A bit on the heavy side. Some cramping in occasional

No PMS. Dysmenorrhoea cycles

Still extended sleep - clearly not v. refreshed but Time -> becoming N

Frustrated by lack of

clear medical solutions

High personal standards +

quite ambitious. Wants degree

> After receiving diagnosis

of ME + some reassurance

'and a good job out of it'

(? misplaced)

Strong functional

relationships

Thinks ahead: Not retrospective

Close to family

Friends important. Social - usually likes

going out with Fr

Noise? Draughts N

Speaker feelings - not reserved esp

with family

has pets - dog died 2/1 ago. would have a dog

again

No phobias. (dislikes spiders)

Seems positive in spite of fatigue

? reason for antidepressant Rx?

Not objectively depressed

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LANARKSHIRE
HEALTHCARE
NHS TRUST



Case #: 

Patient's Name:

Registration Date:

Age/Sex:

Report Date:

Contact No:

Specimen:

Reference:

Consultant:

HAEMATOLOGY REPORT

Result

Tests	Normal Range	Unit	Result
BLOOD COMPLETE COUNT			
Haemoglobin	13 - 18	g/dl	12.9
WBC (TLC)	4 - 11	$\times 10^3/\mu\text{L}$	4.8
Total RBC	4.5 - 6.0	$\times 10^6/\mu\text{L}$	5.4
HCT (PVC)	38 - 52	%	49
MCV	80 - 96	fL	92
MCH	27 - 32	pg	30
MCHC	30 - 35	g/dL	35
Platelets	150 - 450	$\times 10^3/\mu\text{L}$	186
DIFFERENTIAL LEUCOCYTES COUNT			
Neutrophils	40 - 75	%	66
Lymphocytes	20 - 45	%	37
Monocytes	02 - 10	%	03
Eosinophils	01 - 06	%	02

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CLAIRE

B6825

New Patient.

Best
imaginable

To help people say how good or bad a health state is, we have drawn a scale (rather like a thermometer) on which the best state you can imagine is marked 100 and the worst state you can imagine is marked 0.

We would like you to indicate on this scale how good or bad your own health is today, in your opinion. Please do this by drawing a line from the box below to whichever point on the scale indicates how good or bad your health state is today.

Your own
health state
today



0
Worst
imaginable

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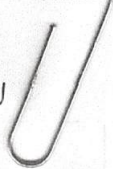
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CLAIRE

B6825

1st Review



The following questions ask you what has been the overall effect of any treatment you have had so far at this hospital on your health difficulties, general feeling of well-being, and your coping with the problem up to the present time?

- +4 Cured /Back to normal
- +3 Major Improvement
- +2 Moderate improvement, affecting daily living
- +1 Slight improvement, no effect on daily living
- 0 No change/Unsure
- 1 Slight deterioration, no effect on daily living
- 2 Moderate deterioration, affecting daily living
- 3 Major deterioration
- 4 Disastrous deterioration

Please complete the 3 boxes using the scale shown above:

1. The health difficulties for which you came for treatment
2. Your overall coping with the problem
3. Your overall well-being

0
+1
0

As a result of any treatment you have had so far at this hospital:

Do you feel:

	Much better	Better	Same/less	Not Applicable
1. Able to cope with life.....			✓	
2. Able to understand your illness.....			✓	
3. Able to cope with your illness.....		✓		
4. Able to keep yourself healthy.....		✓		
5. Confident about your health.....			✓	
6. Able to help yourself.....			✓	

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Your own health state today

Best imaginable

100



0

Worst imaginable

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2nd Review

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The following questions ask you what has been the overall effect of any treatment you have had so far at this hospital on your health difficulties, general feeling of well-being, and your coping with the problem up to the present time?

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3. Your overall well-being

+2
+1
+2

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CLAIRE



B6825

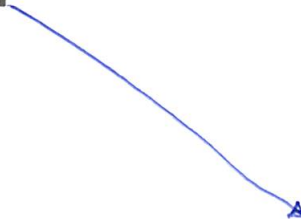
2nd Review

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Your own
health state
today



Worst
imaginable

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The following questions ask you what has been the overall effect of any treatment you have had so far at this hospital on your health difficulties, general feeling of well-being, and your coping with the problem up to the present time?

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- 4 Disastrous deterioration

Please complete the 3 boxes using the scale shown above:

1. The health difficulties for which you came for treatment
2. Your overall coping with the problem
3. Your overall well-being

+3
+4
+3

As a result of any treatment you have had so far at this hospital:

Do you feel:

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3. Able to cope with your illness.....	✓			
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5. Confident about your health.....	✓			
6. Able to help yourself.....		✓		



CLAIRE

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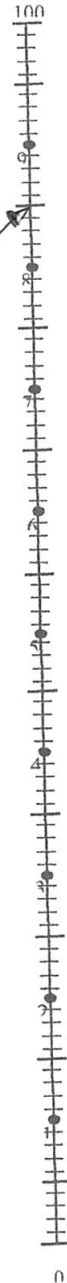
3rd Review

Best
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Your own
health state
today



Worst
imaginable

CLAIRE

B6825

[Handwritten signature]

The following questions ask you what has been the overall effect of any treatment you have had so far at this hospital on your health difficulties, general feeling of well-being, and your coping with the problem up to the present time?

4th r

- +4 Cured /Back to normal
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+4
+4
+4

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