



GREATER GLASGOW HEALTH BOARD  
WESTERN INFIRMARY / GARTNAVEL GENERAL HOSPITAL UNIT

**CLINICAL TEACHING CASE STUDY**

**ADULT  
HOMEOPATHY  
CLINIC**

**Study Case No. 6.**

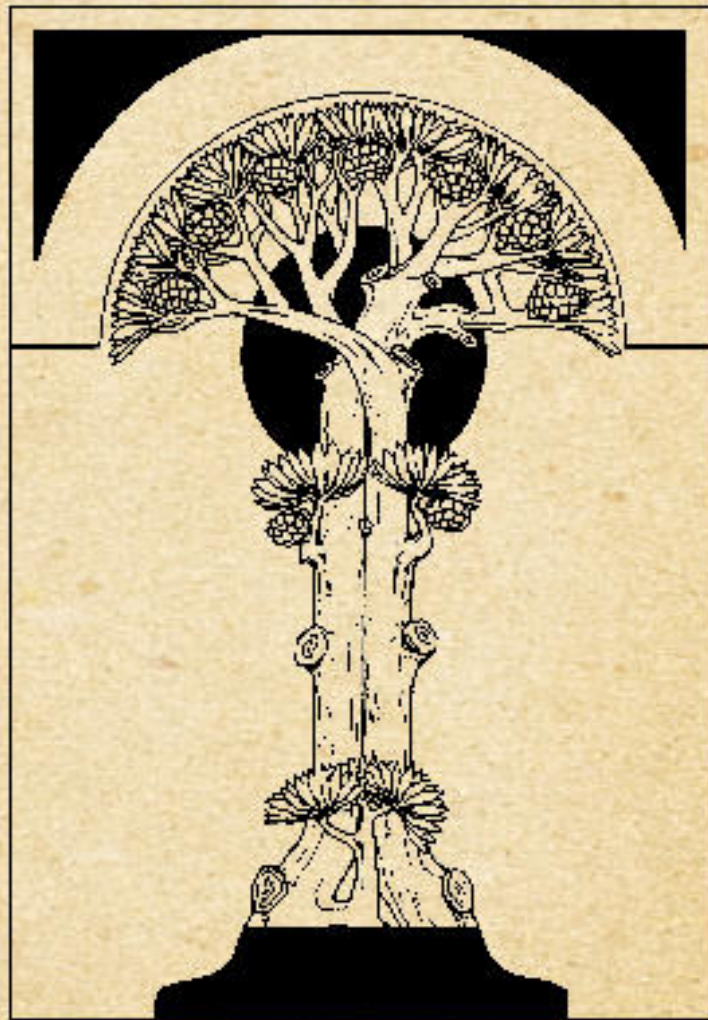
**Name: Elizabeth W.**

**CONFIDENTIAL**

## CLINICAL TEACHING CASE No 6.

### Respect Patient Confidentiality

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



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**Name:** Elizabeth W.

**Age at First Consultation** 40 yrs

Presenting Complaint / Principal diagnosis:  
Musculoskeletal pain, 'Palindromic arthritis'

### INSTRUCTIONS FOR LEARNERS:

Study the referral and [view the first consultation](#) for this case in week: **3**  
[View the first review](#) consultation and consider further treatment in week: **4**  
[View the second review](#) consultation in week: **5**  
View the third review consultation in week:  
View the fourth review consultation in week:



### **ADULT HOMEOPATHY CLINIC**

Homeopathy service for this  
patient originally provided at:  
Baillieston (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)

**REFERRAL LETTER**  
 ——— MEDICAL IN CONFIDENCE ———



Hospital use only	Clinic	Day Date	Time	Hospital No.
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<div style="border: 1px solid black; padding: 2px;">Transport required?</div>	<b>REFERRAL LETTER</b> MEDICAL IN CONFIDENCE
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<b>REFERRAL TO</b>	
HomeopathyAC General Referral	——— <b>Consultant / receiving practitioner and/or specialty clinic</b>
Glasgow Homeopathic Hospital 1000 Great Western Road Glasgow G12	——— <b>Hospital and hospital address</b> Hospital unit no. <input style="width: 100%;" type="text"/> Email address <input style="width: 100%;" type="text"/>
Date of Referral (set by referrer) Date referral was submitted Urgency of referral	<b>Armed Forces Personnel, Immediate Families &amp; Veterans</b> <input type="checkbox"/> On active service <input type="checkbox"/> Condition related to service <input type="checkbox"/> Immediate family member
<b>Impairment(s)</b> <input type="checkbox"/> Learning <input type="checkbox"/> Visual <input type="checkbox"/> Hearing	
<b>Miscellaneous</b> <input type="checkbox"/> Requires support of a translator	

<b>PATIENT DETAILS</b>	
<b>Surname</b> <input style="width: 90%;" type="text" value="W."/> <b>Forename(s)</b> <input style="width: 90%;" type="text" value="Elizabeth"/> Title <input style="width: 90%;" type="text" value="Mrs"/> Sex <input style="width: 90%;" type="text" value="Female"/> <b>Date of birth</b> <input style="width: 90%;" type="text" value="/ /1954"/> CHI no. <input style="width: 90%;" type="text"/>	<b>Patient's address</b> <input style="width: 100%; height: 50px;" type="text" value="Motherwell"/> Contact number(s) <input style="width: 100%;" type="text"/>

<b>REGISTERED GP DETAILS</b>	
<b>Name</b> <input style="width: 90%;" type="text" value="Dr S Jamieson"/> GMC code <input style="width: 20%;" type="text"/> GP code <input style="width: 20%;" type="text"/> Practice name <input style="width: 90%;" type="text"/> Practice code <input style="width: 90%;" type="text"/>	<b>Practice address</b> <input style="width: 100%; height: 40px;" type="text"/> Contact number(s) <input style="width: 100%;" type="text"/> Voice: <input style="width: 100%;" type="text"/>

<b>REFERRING PRACTITIONER DETAILS</b>	
<b>Name</b> <input style="width: 90%;" type="text" value="Dr S Jamieson"/> GMC code <input style="width: 20%;" type="text"/> GP code <input style="width: 20%;" type="text"/> Practice name <input style="width: 90%;" type="text"/> Practice code <input style="width: 90%;" type="text"/>	<b>Practice address</b> <input style="width: 100%; height: 40px;" type="text"/> Contact number(s) <input style="width: 100%;" type="text"/> Voice: <input style="width: 100%;" type="text"/>

## Screening Notes

Ambulance required	No
Redirected between specialties	No
Redirected between locations	No
Clinic booking recommendation	Yes
Cancelled	No

### BOOKING DETAILS

CLINIC:	Homeopathy Clinic		
DATE:	94	SCREENED BY:	
SPECIALTY:		BOOKED IN TOPAS:	No
ORIGINAL URGENCY:	Routine	LATEST URGENCY:	
INSTRUCTIONS:	None entered		
SUGGESTED CLINICIAN:	None selected		
CLINICAL INSTRUCTIONS:	None entered		

### FLAG HISTORY

	Date flagged	Flagged to	Flagged By	Cancelled	Cancelled by	Flag information
1		Andrea G	Kirsteen B	-	-	None entered

Dear Doctor,

Thank you for seeing this lady with a long history of worsening limb pain. Her pains typically have an erratic and migratory quality, which has made diagnosis difficult in the absence of clear clinical signs, obvious radiological changes, or serological indicators.

She has been seen by different practitioners in the practice over the past 10 years or so and, until around 4 years ago her visits unfortunately seemed to coincide with phases of remission.

We resisted offering treatment with second line anti-rheumatic drugs to begin with, until finally, after a very acute flare, Mrs W was seen by Dr Hunter, consultant rheumatologist, who diagnosed an uncommon form of palandromic arthritis and recommended that Mrs W be started on Hydroxychloroquine.

Mrs W is currently taking Plaquenil 200mg daily, in addition to Lederfen 250mg bd and Tagamet 400mg bd since she suffers from occasional GI irritation, possibly due to a mild hiatus hernia and the effects of her anti-inflammatory drugs.

Mrs W underwent thyroidectomy in and is now on thyroid replacement. Recent TFTs indicate that she is euthyroid on a current daily maintenance dose of 100mcg of Levothyroxine.

We have been concerned that Mrs W's symptoms have been deteriorating recently, and she appears to have developed some tolerance to her Plaquenil. Until recently this seemed to be providing her a reasonable level of symptom control.

I would be grateful if you would see her and advise whether homeopathy might have something to contribute. Given her complex medical history and GI symptoms, we have explained to Mrs W that we would be reluctant to increase her conventional drug regimen unless it becomes absolutely necessary.

Yours sincerely

Dr S Jamieson

Referral Management Service

# 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/k6bQuUXLb2Y>

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/y1c4yQgQOao>

## SECOND REVIEW

Continuation sheet

Patient Name / id.:

Time Since Last Review



<https://youtu.be/L2I7-8qOFWs>

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## THIRD REVIEW

Continuation sheet

Patient Name / id.:

Time since first seen:



## FORTH REVIEW

Continuation sheet

Patient Name / id.:

Time Since Last Review



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