



GREATER GLASGOW HEALTH BOARD  
WESTERN INFIRMARY / GARTNAVEL GENERAL HOSPITAL UNIT

**CLINICAL TEACHING CASE STUDY**

**ADULT  
HOMEOPATHY  
CLINIC**


**Study Case No 6.**

**Name: Fiona McC.**

**CONFIDENTIAL**

Pre-membership Course in Medical Homeopathy

Clinical Case Study

Case Ref:			For Study in Week:	
Patient:			Age:	
Domain:			<p>Please respect patient confidentiality. Case studies are provided for personal study within this course only.</p>	
Therapeutic Area / Presentation:	1.			
	2.			
	3.			
Life stage:				
Homeopathic Category:				
Notes / Learner Instructions				
				



B6944

Hospital use Only	Clinic <b>DR. MALCOLM</b>	Day Date <b>FRI 6.5.</b>	Time <b>10.00AM</b>	Hospital No.	GP112
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**REQUEST FOR OUT-PATIENT CONSULTATION**  
 THE INFORMATION IN THIS SECTION MUST BE COMPLETED

Appointment Category  
 Routine  Soon  Urgent

PARTICULARS OF PATIENT IN BLOCK LETTERS PLEASE

Hospital **Homoeopathic** Date **22.3.** CHI No. [ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ]

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

Patient's Surname **McI** Maiden Surname .....

First Names **FIONA** Single/Married/Widowed/Other .....

Address **3 GARDENS** Date of Birth **1.1.1**

**MOUNT VERNON** Patient's Occupation .....

Postal Code **G32** Contact telephone number **778**

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

Name of Hospital .....

Year of Attendance .....

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

**DRS. MACKINNON, TOUGH HARPER and CALDER**  
**BAILLIESTON HEALTH CENTRE**  
**20 MUIRSIDE ROAD**  
**BAILLIESTON G69 7AD**  
**041 773 2500**

Please use rubber stamp

46305

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 Doctor,

This pleasant lady has had repeat problems with low back pain, with no obvious mechanical cause. She appears to be going through the menopause, and wonders if this may be part of her problem. She has also noticed quite marked fluid retention, and an inability to lose weight despite fairly rigorous exercising.

She would welcome a more homoeopathic assessment of her condition, and we would be very grateful if you would see her, and advise us.

Yours faithfully,

*C Calder*  
 ) A. Harper.

*(Circular stamp)*

Diagnosis/provisional diagnosis: .....

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

X-ray (women of childbearing age). Date of first day of: .....

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

Signature .....

GREATER GLASGOW HEALTH BOARD  
WESTERN INFIRMARY/GARINAVEL GENERAL HOSPITAL UNIT

Ref ... RM/PC  
Ref .....  
phoning  
k for ..... Dr. Malcolm.....

Homoeopathic Out Patient Clinic  
62 Buchanan Street,  
Baillieston,  
Glasgow G69 6DA.  
Tel: 041-771 7396

10th May,

Dr. A. Harper,  
Baillieston Health Centre,  
20 Muirside Road,  
Baillieston, G69 7AD.

Dear Dr. Harper,

Re : Mrs. Fiona McC , 3 Gardens,  
Mount Vernon - D.O.B. 1/1/

Thank you for referring this lady to the Homoeopathic Out-Patient clinic. She presents with marked fluid retention pre-menstrually. This is associated with intermittent head sweats and paroxysms of light headedness and vertigo. In addition she frequently feels nauseous following her periods.

An extended history has yielded information concerning environmental sensitivities and disposition. On the basis of this, treatment has been started with homoeopathic 30C and 200C, in stat doses.

A review appointment in 5 weeks has been arranged.

Yours sincerely,

Dr. R. Malcolm.

MB. ChB. BA. MF Hom.

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# 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/FCGDaWjaN20>

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 CONSULTATION

Dr HARPER  
BAILLIEBTON

B6944

Name Mrs. FIONA M. C.  
3 GDS  
Address MT. VERNON, 932-1 1.  
Complaint  
History of Present Illness

History of Present Illness

Started 9 1/2 ago at Gaster Severe headaches  
fluid retention while on holiday. As though head going to burst  
Sensation prior to menses - after  
Profuse persp<sup>n</sup> with least effect.  
Head swells ++  
Up at night with persp<sup>n</sup> & to chest  
Feels generally unwell prior to menses  
flexion sensation: lightheadedness  
dizziness  
Swelling: hands face, thighs.  
Cotton wool head  
ground coming up  
Stomach flaps  
over left feeling  
nauseous

Previous Illnesses

No TB  
4th pelvic floor repair:-  
Appendectomy.

Personal

Wife & Husband  
daughter 20, Son 13,  
mother (70) well.

Menstrual History

Family History

Mother had TB after delivering  
patient & FWS

Examination

heavy 2 days. Stops 2 1/2 then returns light:- Now feeling unwell  
1/2 after and 1/2 prior to menses.

FIRST CONSULTATION

Sunlight: - severe rash

light clothing upset  
esp sour milk

HOMOEOPATHIC SYMPTOMS

Generals

Heat	Warm	Cold	Sweat
Time	overheating	Weather	paroxysms of sweat
Stomach	? - night persp <sup>n</sup> < morning	Disordered	esp = excitement
Appetite		Thirst	hoarseness
Aversions	likes sour		
Desires	fruit, veg, fish, seafood, steak, salt		
Sleep	100 hrs can sleep all the time		occ wakes with headaches

Particulars

little sensitive to bright sunlight

Head	Stomach	No dreams, getting a fright while going to sleep. a banging in the head
Eye	Abdomen	a little loose on occasions
Ear	Bowels	
Nose	Genito-urinary	- Frequently PU & following repair. No discharges
Throat	Back	
Face	Extremities	
Mouth	Skin	bruises easily.
Respiratory		likes caring for people

Catambal: (was bad as a child)  
Sutures - Cough or! No mouth ulceration

MENTALS

Not mostly a bad temper  
A little nervous and less inclined to cope.  
Not weepy.  
Drops + daughter.

Easy going  
Always sees good side  
Not unpredictable or temperamental.  
Reasonably outgoing  
Awards issue to avoid hurting others.  
Fear of snakes; phobia.

30/2 200/1



# FIRST REVIEW

Continuation sheet

Patient Name / id.:

Time since first seen:



# FIRST REVIEW

1-1-

No. B6944

Name. MRS. FIONA M'CA

Address. 3-A GUNS, MT. VERNON.

7/6/

Very good for  $\frac{2}{52}$  No more night sweats.  
No night sweats for  $\frac{2}{52}$  But then put her  
on Propanolol.

Has been using this for past three weeks.

Feels she was coping better

felt much more alive & moving initially

Developed sinus catarrh

+ took Simutab

Marked improvement not maintained

because extending symptoms

blocked  $\bar{c}$  medication

30/3

(2000 Not avail)

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