



Pre-membership Course in Medical Homeopathy

Clinical Case Study

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

REFERRAL LETTER



MEDICAL IN CONFIDENCE

Hospital use only	Clinic	Day Date	Time	Hospital No.
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Transport required?

REFERRAL LETTER
MEDICAL IN CONFIDENCE

REFERRAL TO	
HomeopathyAC TAY General Referral	— Consultant / receiving practitioner and/or specialty clinic
Royal Victoria Hospital Jedburgh Road Dundee DD2 1SP	— Hospital and hospital address
	Hospital unit no. <input type="text" value="T107H"/>
	Email address <input type="text" value="-"/>
Date of Referral (set by referrer) 03-Oct-2016	Armed Forces Personnel, Immediate Families & Veterans
Date referral was submitted 03-Oct-2016	<input type="checkbox"/> On active service
Urgency of referral Routine	<input type="checkbox"/> Condition related to service
	<input type="checkbox"/> Immediate family member
	Impairment(s)
	<input type="checkbox"/> Learning
	<input type="checkbox"/> Visual
	<input type="checkbox"/> Hearing
	Miscellaneous
	Interpreter Required: No
	Details of "Other" Language: None

PATIENT DETAILS		Patient's address
Surname <input type="text" value="S"/>	Forename(s) <input type="text" value="ROSEMARIE"/>	<input type="text" value="12 ANCRUM ROAD
DUNDEE
TAYSIDE
DD4"/>
Title <input type="text" value="MRS"/>	Sex <input type="text" value="Female"/>	
Date of birth <input type="text" value="02-Apr"/>	CHI no. <input type="text" value=""/>	Contact number(s) <input type="text" value=""/>
		Voice <input type="text" value="119933"/> Voice: <input type="text" value="01382669500"/>

REGISTERED GP DETAILS		Practice address
Name <input type="text" value="Dr Faye Sinclair"/>	GMC code <input type="text" value="6167662"/> GP code <input type="text" value="71331"/>	<input type="text" value="12-14 ANCRUM ROAD
DUNDEE
TAYSIDE"/>
Practice name <input type="text" value="Ancrum Medical Centre"/>	Practice code <input type="text" value="11096"/>	
		Contact number(s) <input type="text" value=""/>
		Voice: <input type="text" value="01382669500"/>

REFERRING PRACTITIONER DETAILS		Practice address
Name <input type="text" value="Dr. Paul Clarke"/>	GMC code <input type="text" value="6100842"/> GP code <input type="text" value="71323"/>	<input type="text" value="12 Ancrum Road
Dundee"/>
Practice name <input type="text" value="Ancrum Medical Centre (11096)"/>	Practice code <input type="text" value="11096"/>	
		Contact number(s) <input type="text" value=""/>
		Voice: <input type="text" value="01382 669500"/>

Periods of Future Unavailability None provided.

Screening Notes

Ambulance required	No
Redirected between specialties	No
Redirected between locations	No
Clinic booking recommendation	Yes
Cancelled	No
Manual entry to Topas	Yes

BOOKING DETAILS

CLINIC:	Homeopathy Clinic		
DATE:	4/01/2016	SCREENED BY:	Kirsteen Bovill:Screening Admin User
SPECIALTY:	T107H_AC	BOOKED IN TOPAS:	No
ORIGINAL URGENCY:	Routine	LATEST URGENCY:	Routine
INSTRUCTIONS:	None entered		
SUGGESTED CLINICIAN:	None selected		
CLINICAL INSTRUCTIONS:	None entered		

CLINICAL INFORMATION**History of presenting complaint / examination findings / investigation results****Presenting complaint**

Description: patient requests homeopathy clinic for help with perceived hormonal abnormalities

Comment: Thank you for considering seeing this 58 year-old lady. She has recently had a mirena coil removed which she believed has poisoned her. She has had multiple symptoms which she feels are resolving having had her coil removed. As part of our work up for feeling unwell she was found to have an underactive thyroid gland. Rosemarie feels this is due to the mirena coil and has declined conventional medication to treat this. She also feels that her hormonal balance is upset with the coil and has requested homeopathy clinic referral to address this. I would be grateful for your help.

Examinations and Investigations

Ex smoker:	Smoking status on date of event: Ex-smoker.	30-Jul-2014
Alcohol intake within recommended sensible limits:	Drinking status on eventdate: Current drinker, Units of alcohol drank per week: 6.	30-Jul-2014
Enjoys light exercise:		07-Sep-2007

Most recent height, weight, BMI and Blood Pressure

Height:	1.61	m	Recorded Date: None provided
Weight:	60	Kg	Recorded Date: None provided
BMI:	23.1	Kg/m ²	Recorded Date: None provided
Blood Pressure:	119/76	mmHg	Recorded Date: None provided

Reason for referral

Care type requested: Out Patient
Expected outcome: Not Specified

Past medical history**Pre-existing conditions**

<u>Description</u>	<u>Laterality</u>	<u>Modifier</u>	<u>Extension</u>	<u>Date of onset</u>
Hypothyroidism	-	First ever	-	16-Sep-2016
Vulvodynia	-	-	-	03-May-2016
Fragility fracture	-	First ever	-	13-Apr-2015
Lichen sclerosus et atrophicus	-	-	-	14-Mar-2011
Diffuse diseases of connective tissue	-	-	, limited systemic sclerosis	31-May-2007
Primary biliary cirrhosis	-	-	-	05-Dec-2006
Raynaud's syndrome	-	-	-	25-Aug-2006
Iron deficiency anaemias	-	-	-	15-Mar-2005
Migraine	-	-	-	20-Nov-2003
Irritable bowel syndrome	-	-	-	28-Mar-2002

Current and recent medication**Current repeat medication**

<u>Drug name</u>	<u>BNF code</u>	<u>Formulation</u>	<u>Dosage</u>	<u>Frequency</u>	<u>Course started</u>	<u>Duration</u>
Ursodeoxycholic acid 250mg capsules	67733020	capsule	TAKE TWO TWICE DAILY	-	12-Jan-2010	-
Ovestin 1mg cream (Aspen Pharma Trading Ltd)	53182020	gram	APPLY TWICE WEEKLY AT NIGHT A[more]	-	24-Dec-2014	-
Dermol 500 lotion (Dermal Laboratories Ltd)	82373020	ml	APPLY DIRECTED	-	27-May-2016	-
Accrete D3 tablets (Internis Pharmaceuticals Ltd)	00299021	tablet	1 TABLET(S) TWICE A DAY. DO N[more]	-	03-Aug-2015	-

Recent acute medication (last 30 days)

No recent acute medications recorded

Clinical warnings

Allergies

Allergy =0 . Basis of normal range: POP000. NOTES: TOTAL IGE : 132
skin test : - ALLERGENS : negative MIXED FOODS : 0 OILSEED RAPE : 0
MUSTARD : 0.

Additional relevant information

Administrative information

Referred By:Registered GP

Signature of referring doctor (or other professional) Date

Medicine Directorate
Endoscopy Unit
Acute Services Division
NHS Tayside
Ninewells Hospital
Dundee
DD1 9SY

www.nhstayside.scot.nhs.uk

Dr FJ Sinclair
Ancrum Medical Centre
12 Ancrum Road
Dundee
DD2 2HZ

Date 28/03/2016
Clinic Date 25/03/2016
Your Ref
Our Ref KT/EM/
Enquiries to Kirsty Turnbull 40078
Extension 01382 740078
Direct Line kirstytumbull@nhs.net
Email

Dear Dr Sinclair

Rosemarie S, 2, Dundee, DD4 DOB: 02/04/

Diagnosis: PBC
Systemic sclerosis
Reynaud's
Vulva and vaginal atrophy
Clinical improvement with topical oestrogen

Current Medications: Ursodeoxycholic acid
Accrete
Vitamin C supplements
Over the counter Turmeric

Investigations Pending: Blood tests

Fibroscan result

Stiffness (Kpa)	6.7
Interquart Range (Kpa)	1.4
Success (%)	100

Recordings

BP	
Weight	66kg
BMI	28

I reviewed Rosemarie today in the nurse-led Hepatology clinic. She has a medical appointment in May which on this occasion I think she should attend. She was asking many questions with regard to parasites and bacterial issues from PBC and I had to admit that my knowledge of this was non-existent. She tells me that bacterial growth can cause a problem in PBC and may also cause her rectal bleeding. I did reiterate that Dr Henry had said in May last year that she did not think that her PBC was causing her rectal bleeding or her vulval issues. I simply carried out a fibroscan and repeated blood tests in preparation for her medical appointment. I shall not routinely reappoint her in the nurse led service however would be happy to accept her back once her issues are resolved.

Yours sincerely

Authorised on 30/03/2016 15:47:06 by Gastro Spec Nurses Kirsty Turnbull.

Kirsty Turnbull
Nurse Specialist Gastroenterology

Community Therapy Services
NHS Tayside
Kings Cross Health & Community Care Centre
Hospital Street Entrance
Dundee
DD3 8EA
sPrefPhoneNo
sPrefFax
www.nhstayside.scot.nhs.uk

Dr FJ Sinclair
Ancrum Medical Centre
12-14 Ancrum Road
DUNDEE
DD2 2HZ

Date	05/10/2016
Clinic Date	16/06/2016
Your Ref	
Our Ref	CD/KQ/
Enquiries to	Carolyn Davie
Extension	Extension DirectLine
Direct Line	
Email	Email

Dear Dr Sinclair

Rosemarie S , 2 , Dundee, DD4 DOB: 02/04/

This lady was assessed in the pelvic floor clinic on 7th March 2016. She described symptoms of urinary frequency and stress urinary continence with coughing and sneezing. She also admitted to faecal urgency and having to support her perineum to defaecate. She was also having some issues with her vaginal skin including discomfort. She also described haemorrhoids and PR bleeding and mucus since her colonoscopy.

On examination she had a mild anterior vaginal wall, mild anterior vaginal wall descent and a moderate squeeze of her pelvic floor muscles.

She was advised on caffeine reduction, bladder retraining and pelvic floor exercises. She was reviewed in our clinic on 22nd April 2016 but admitted to forgetting to carry out regular pelvic floor exercises. I carried out some transperineal ultrasound to give her feedback on her pelvic floor muscles and felt that she was actually carrying out a mild valsalva when trying to relax. I felt that she needed to concentrate more on pelvic floor relaxation. Unfortunately Rosemary failed to attend her further review appointment on 20th May 2016 and we have had no further contact from her. She has been discharged from our lists.

Yours sincerely

Carolyn Davie
Advanced Physiotherapy Practitioner & Non Medical Prescriber
(Specialist in Pelvic Floor Dysfunction)

Authorised on 07/10/2016 09:44:31 by Carolyn Davie.

Gastroenterology Department
Medicine Directorate
Acute Services Division
NHS Tayside
Ninewells Hospital
Dundee
DD1 9SY

01382 660111
01382 425504
www.nhstayside.scot.nhs.uk

Dr FJ Sinclair
Ancrum Medical Centre
12 Ancrum Road
Dundee
DD2 2HZ

Date	23/08/2016
Clinic Date	10/08/2016
Your Ref	
Our Ref	JFD/LLC/ 0204580064
Enquiries to	Ward 2 secretaries
Extension	32176
Direct Line	
Email	lesley.cushnie@nhs.net

Dear Dr Sinclair

Rosemarie S, 2 _____, Dundee, DD4 DOB: 02/04/

**Diagnosis: Primary biliary cholangitis
Systemic sclerosis
Raynaud's syndrome
Vulval and vaginal skin abnormalities**

I reviewed this woman in outpatients today. She was previously followed up in our Nurse Led clinic. We had a conversation today about her concerns and worries around her vulval skin conditions and whether this was affecting her liver. Recent removal of her coil appears to have improved this quite dramatically so she is much more positive.

I was able to reassure her that her liver disease appears to be very stable and her fibroscan score is low. I have referred her back to our Nurse Led clinic for annual fibroscan tests to see if her disease progresses over the next couple of years or not.

She continues on ursodeoxycholic acid and Accrete D3.

Yours sincerely

Authorised on 25/08/2016 08:26:34 by Gastro John Dillon.

**Professor J F Dillon
Consultant Hepatologist and Gastroenterologist**

(P) Mrs Kirsty Turnbull, Gastroenterology Nurse Specialist, Endoscopy unit, Ninewells

CHOLESTEROL		
TOTAL CHOLESTEROL	4.48	mmol/L 0.00 - 5.00
IRON		
IRON	14	umol/L 5 - 28
TRANSFERRIN		
TRANSFERRIN	3.41	g/L 2.00 - 4.00
% SATN OF TRANSFERRIN		
% SATN OF TRANSFERRIN	*[L O] 16	% 22 - 55
GGT		
GGT	*[HI] 82	U/L 3 - 73
PHOSPHATE		
PHOSPHATE	1.19	mmol/L 0.8 - 1.5
TRIGLYCERIDES		
TRIGLYCERIDES	0.85	mmol/L 0.00 - 2.30
Urea & Electrolytes		
SODIUM	139	mmol/L 133 - 146
POTASSIUM	5.3	mmol/L 3.5 - 5.3
UREA	4.3	mmol/L 2.5 - 7.8
CREATININE	68	umol/L 44 - 80
AKI		
AKI	Not detected: but may not exclude AKI in all cases	
Liver Function Tests (LFT)		
ALT	26	U/L 5 - 55
BILIRUBINS	14	umol/L 0 - 21
ALKALINE PHOSPHATASE	*[HI] 144	U/L 30 - 130
ALBUMIN	41	g/L 35 - 50
ESTIMATED GFR		
ESTIMATED GFR	GT60	mL/min
CKD Stage		
CKD Stage	IF HIGH RISK, EXCLUDE CKD1/2. CHECK FOR HAEMATURIA AND PROTEINURIA	
TOTAL CHOL/HDL-CHOL		
HDL-CHOLESTEROL	1.54	mmol/L 0.60 -

TOTAL CHOL/HDL- CHOL	2.90		L	2.50
AST				
AST	31		U/L	10 - 45
FERRITIN				
FERRITIN	27		ug/L	13 - 150
AFP				
alpha-FETOPROTEIN	2		kU/L	0 - 7
FBC				
Hb	129	g/L		120 - 160
WBC	5.6	x10 ⁹ /L		4.0 - 11.0
PLT	298	x10 ⁹ /L		150 - 400
RBC	4.56	x10 ¹² /L		3.8 - 4.8
HCT	0.404			0.37 - 0.47
MCV	88.7	fl		85 - 105
MCH	28.4	pg		27 - 32
MCHC	320	g/L		320 - 360
NE#	3.2	x10 ⁹ /L		2.0 - 7.5
LY#	1.8	x10 ⁹ /L		1.5 - 4.0
MO#	0.4	x10 ⁹ /L		0.2 - 0.8
EO#	0.30	x10 ⁹ /L		0.0 - 0.4
BA#	0.1	x10 ⁹ /L		0.0 - 0.1
Coagulation Screen				
Prothrombin Time	11.9	secs.		9.5 - 14.0
PT Ratio:	1.0			
APTT	*[HI] 35.7	secs.		22.9 - 34.4
APTT Ratio	1.2			

NHS Tayside, Ninewells Hospital, Dundee, Microbiology Report

Patient name: Rosemarie S **CHI Number:** **Sex:** Female
Date of birth: 02 Apr :
Address: 2 xxxxxxxxxxx xxxxxx xxxxx, DUNDEE DD4

Reported	Specialty	Location	Clinician	Status
16 May 2016 10:36	Microbiology	T11096-ANCRUM MEDICAL CENTRE	Dr Sarah J ARTHUR (GP) (General Practice)	F

Sample 16B507345 (VULVAL SWAB) Collected 13 May 2016 10:31 Received 13 May 2016 11:57

Sample 16B507345 (VULVAL SWAB) Collected 13 May 2016 10:31 Received 13 May 2016 11:57

Microscopy

- *[PA]
No Trichomonas

Clue cells seen on microscopy

Culture:

Mixed growth of faecal organisms including
No Candida Isolated

Organism *[PA] Group B Streptococci

Organism Growth *[PA] Profuse Growth

Penicillin S

Erythromycin S

Doxycycline R

Co-trimoxazole S

18/10/16

S
ROSEMARIE

80064

F

2 BXXXXXXXX XXXXXX XXXX
DUNDEE DD4

Ancrum Medical Centre, 12 Ancrum Ro

Inspection period of a screening.
Took tests prior to Mirena coil
removal.

Feels that progesterone in Mirena coil is
treating chest symps.

Post menopause: had some spotting

Gynaec: biopsy removed → col 4/1. ago.

Diagnosed more in 2012

Some gynaec inflammation: 2013

▷ like scleroma: - research online
found doctor online in USA.

Gave her paper → biopsy

Showed non-specific inflammation: -

Considered Mirena coil. If steroid

coil. Dermovate helped for a time

Last yr: was getting atrophy? advised

Vaginal tests + disfigurement + pain.

→ went to gynaec clinic +

felt pr felt she had bacterial infⁿ

Felt she was being eaten away

By last August : sought second opinion
-> Aberdeen : Took 1/2 to get report.

4/10 : opinion :- bile sclerosis

Clinical diagnosis - wants to biopsy to
get confirmation.

Has done further research :- reading up on
adverse effects. Felt that Mincor oil was
not discussed. Was offered HCT. And refused
Hx of Breast C/A.

Felt (? angry re Mincor oil +

1° biliary sclerosis. Uses Ursodeoxycholic acid.
? wash to help biliary flow. Slowly progressive

? Environment / genetic. Felt she is dangerous
thing near minerals. Felt there is a pocket
of people susceptible to celiac.

In May this year :- - not to leave doctor
Suzie take. Streptococcal + Gardnerella
found a Suis :- 2 courses of antibiotics

Went to Dr : - sur-

Asked to be examined : for damage + disfigurement.
Felt that mine coil : gave to rupture.
No intercourse since 1st or early 80s

Moved around health clinic.

Spoke to Dr Glenn :- about damage +
'shocked at condition'

Atrophy, Ulcer. Scarring. Atrophia.

Labia deformed.

Went to Voluta clinic :- saw copies of letters

Has done research :- discovered that some patients
suffer retrograde.

Has been quite outrageous. Arnold :- what do you feel
aggravated.

Getting some hot flashes since diagnosed. Flashes
reappear since prostate coil removed -

Feels they have damaged her 'through the back
door' Has been v. angry regarding about damage.

Hasn't her :- a relationship : Couldn't be
due to the men.

Attrib : - goes during the phase of exposure.

Feels she has been a guinea pig : felt she ~~was~~ was part of a clinical trial without consent.

Feels that consultants have been malpractice.

Feels that coil changes give experience.

Has been less reinforced & opinions by all research.

Currently worried about increased risk of Breast CA (aged 52) Had genetic testing : - BRCA negative

Symptoms :-

Currently uning, Dermate aturest spirilla

Pain itching locally

Can walk in at 3am / 4am with pain.

Was seeing better after coil removed.

Touching genital area :-

Feeling tenderness scalp

Some burning noises

Feels tenderness around breast area laterally

Feeling pain @ I.E. & rect weeks.

2 1/2 ago had a pain / round joints ? numbness/telecta

Save heaven / pain shits

like pants round both lower legs 2 1/2

subside

low also found gone: 5 tentacles, were
moving: felt these started in last 2-3/52.

Head: - .

ENT: - slightly retracted

Mouth: - slight bloody yucca.

PS: - o c o w - B - S - S :: had some symptoms
also coil in situ.

Hx

AS:

Present PR.

Poorly formed stool

Murms

Had a ball of yellow with blood in it.

Had epistaxis -

Since there coil out

Stools appeared + new brown.

Last Normal stool 2012

Not bleeding ~~that~~ PR now: periodic

constit.

Was really to get 'hanging of blood' & much

& junk

Going back to general surgery

Diet :- In morning, not much to eat
before 10.30

Boiled water

1/2 cup coffee

10.30 - - naked bar:

Quarman

Lunchtime :- sandwich: out of supermarket

→ salad

→ 25% / hr.

→ carton of fruit

Dinner plenty water

Recently :- using a whole
chicken / quorn.

- turmeric -

brown rice.

Some home-made apps

→ preserves.

Some meat things.

Broccoli

Carrots &

more than

any other

veg.

SH :-

lives alone -

Occ :- works for Scottish courts

was operations clerk in courts

but 20% helping others in workplace.

→ New branch chair for union.

- a busy person: policy work
attends a lot of meetings.

2 son : natural birder 23/ 25/

→ live in England
doing well.

was named. Quores 1995

Split up 1993.

when younger child was 1/

Went to Scottish Court Service straight from
school.

Amis

- Motivated at work.

Compassionate in our shop

Positive person.

Enjoys being in company

Enjoys our time

Wife solitary life & self determination.

Looks things up. Self education

Inquiries. Asks questions.

Feels naive that she didn't challenge

treatment choices :- Had trust &

Medical profession +

Wants health to be balanced
wants to get back to being \bar{N} and interact
wants return to avoid further appearance
feels depressed:

—
Symptoms: — wants to know what is going on...
I know that things are happening. Although she
feels better knowing what has been & believed
to be despair.

06/12/16

Over a car letter
Presc helpful to
Took mess.

Started 4-5 Nov.

Given 4/52 of Pabaxgel: few that really helped.
Took 3 tabs + second rev. Took Benethis 10

repeat 4/7 ago.

Difficulty taking liquid regularly

If she has been done it once. At w/bs.

Overall the region is much less exposed

Center +

Only used steroids in a tiny quantity the region.
Felt a movement across scale after facilities to
do so.

Test thyroid before moving out :- and recoveries after
can resume.

Berry :- a busy place.

Has 1° biliary dilatation.

Felt depleted of energy

Abnormal bone movement = bones.

Theory about bones. (Osteoporosis diagnosed 21 yrs)

They secrete twice daily (vit D, Calc)

Was named about research about spine osteo

reports. Also, Selenium Vit A, C, E.

Homoeopathy Clinic
Macmillan Day Care Unit
Roxburghe House
Royal Victoria Hospital
Jedburgh Road
Dundee
DD2 1SP

www.nhstayside.scot.nhs.uk

Dr PD Clarke
Ancrum Medical Centre
12-14 Ancrum Road
Dundee
DD2 2HZ

Date	24/10/2016
Clinic Date	18/10/2016
Your Ref	
Our Ref	RM/KB/
Enquiries to	Kirsteen Bovill
Extension	26141
Direct Line	01382 423141
Email	kbovill@nhs.net

Dear Dr Clarke

Rosemarie S, 2 B , Dundee, DD4 DOB: 02/04/

Thank you for asking me to see Rosemarie. She attended for her first homeopathic appointment on 18th October 2016.

As you are aware, Rosemarie has a number of theories concerning her own symptomatology. I note that thyroid dysfunction has been identified recently. Rosemarie has also engaged extensively in internet searches concerning possible causes for her myriad symptoms.

Recent review has suggested lichen planus as a principal cause for her vaginal symptoms. Rosemarie tells me that previous biopsies were inconclusive and it appears that this is largely a clinical diagnosis. Topical treatment with Dermovate has been suggested, although Rosemarie herself feels that previous steroid use has been responsible for a degree of local atrophy.

With this in mind, I have suggested a trial of natural treatments for her problems and a period of evaluation. Given her history, and her belief that she has been damaged by previous interventions, I feel that we should reserve the use of topical steroids for a little longer, at least until such time as we have been able to evaluate gentler, less interventionist, treatments.

I note from her history that there is a long history of functional bowel disturbance and stool pattern disturbance. Rosemarie herself presents with longstanding intermittent abdominal pain. This may suggest that there is a degree of background GI dysbiosis, which itself may predispose her to recurrent genitourinary infection.

In view of this, I have started treatment with _____ which has known affinities for mixed bacterial vaginosis. In addition, I have provided her with a prescription for _____ LM1, since there appears to be some functional overlay with a degree of somatisation.

Additionally, I have suggested that she use _____ for the next month. I hope that this will help to promote a healthy local flora and reduce inflammatory activity in her vaginal mucosa.

cntd

2

Letter to Clarke
Ancrum Medical Centre

Rosemarie Smith, 2 Broughty Ferry Walk, Dundee, DD4 8UX DOB: 02/04/1958

A review appointment in six weeks has been arranged but I would be happy to hear from Rosemarie if she is failing to make progress or has any queries concerning her treatment.

With best wishes

Yours sincerely

Authorised on 01/11/2016 10:10:28 by Dr Russell Malcolm.

**Dr Russell Malcolm FFHom
Specialist Physician in Homeopathy**