



Pre-membership Course in Medical Homeopathy

Clinical Case Study

Case Ref:			For Study in Week:	10
Patient:	Wendy P.		Age:	51
Domain:				
Therapeutic Area / Presentation:	1. Tamoxifen intolerance			
	2.			
	3.			
Life stage:	Menopause			
Homeopathic Category:				
<p>Notes / Learner Instructions</p> <p>Consider the symptomatology at the first presentation and consider the treatment, repertorising as necessary.</p> <p>Look at the polarity analysis questionnaires after the second review and undertake a polarity analysis. Suggest a remedy based on the results.</p> 				

Week 10, Case 18 -Wendy P.

Referral:

I reviewed this patient in my nurse led clinic.

In February 2017 she underwent a left wide local excision and central node biopsy with bilateral breast reduction. This was for a 15mm grade 3 invasive carcinoma, which was node negative and oestrogen receptor positive. Wendy is currently on Tamoxifen 20mg daily for a total of ten years.



She came to see me today with some problems in her breast and chatted about her menopausal symptoms and hot flushes and she was quite interested to hear about your service.

We also chatted about her low libido and I have given her some vaginal lubricant samples to take away today as well as recommended Vagisan which is a non-oestrogen topical ointment.

Once again, thank you for your input.

Yours sincerely,

First appointment: 23/10/17

Hot flushes < night

Hot feet.

Symptoms at work.

Covers on and off at night.

Libido very low.

Some change in body image.

(Closed to further questioning on this.)

Still some tenderness in the left breast and some local numbness.

Tenderness around the scar area, quite a large area.

Sensitive to topical creams so avoids.

Memory not so sharp. Forgets things a bit.

Occupation: Practice Nurse.

SH: Husband and two daughters at home

Younger girl has mental health problems and she is not very well at the moment.

FH: strong family history of heart disease.

Sister had MI at 40

Two aunts died of cancer (one of lung c/a)

Drugs: Tamoxifen 20mg OD

Flushes: feels hot, not sweating.

Quite sudden onset. Doesn't happen every day.

They have no relationship to the ambient room temperature / weather.

No headache

Vision & Hearing OK

Mouth: currently OK - history of dental problems & gingivitis

RS NAD

GI: Hx of diverticulitis

Stomach 'plays up' < tomatoes

Gets a dragging pain in Left Iliac Fossa

Coeliac - gluten intolerant

Uses Buscopan for GI symptoms

Abdomen is fairly quiet at the moment

No use of probiotics

Uses Fybogel to manage stool pattern

GU:

Some vaginal dryness

No itching, no discharge.

Some local discomfort

Loco:

Known to have a degree of osteopaenia

Some low back pain - stemming from before Cancer diagnosis

On calcichew: Vit D/Ca⁺⁺ supl.

When flushes occur at night, they are associated with some perspiration.
Wakes sweating - wetness around the back of her neck and hairline
Typically happen around 1am
Sleep patterns not as good as prior to diagnosis / treatment.

Mind:

Overall fine

Matter of fact and sticking to the factual aspects of her presentation.

Tense and avoiding much discussion of her emotional state and inner life.

Some tendency to 'overthink'

Work in general preoccupies and distracts her.

Some self-questioning 'Have I done the right thing'

Says she stays calm and relaxed, but doesn't seem this in the consultation.

Hobbies: exercise, walking

Meets friends for coffee

Modalities and cyclic symptoms:

Used to get regular periods but they are petering out.

No history of PMS

Pressure and touch aggravate the local post-operative discomfort in her Left breast where the tissues are still healing.

Quite a lot of hair loss overall in the course of her treatment.

Correspondence:

Dear [referrer]

Thank you for asking me to see Wendy.

She continues to experience some local tenderness around the site of her surgery and her local symptoms are aggravated with touch and pressure.

Psychologically, Wendy has experienced changes in her body image which seem to have contributed to her loss of libido. She also experiences some anxiety, mainly concerning the future. Much of her anxiety relates to the well-being of her family, but this also seems to be entangled with some of her own health concerns.

She is concerned about the effects of these issues on her marital relationship. Ostensibly she enjoys a caring relationship with her husband and she tells me that communication between them is good.

I have commenced treatment with _____ as stat daily doses of 12c. I hope that she will notice an improvement in her flushing and a reduction in her local post-surgical tenderness. A further review etc. ...

TREATMENT 1:

Review: 11 / 12 / 17

'Nerve-ending pain is better'

Generally local discomfort is a lot less noticeable, but still a some lingering symptoms.

Less sensitive at the site of surgery overall.

Previously upset - previously not able to speak about her body and her symptoms.

Now able to speak about it.

Flushes have improved a bit.

Menses: bleeds for only 1 day.

Flushes still occur independently of the temperature around her.

Normally 'cold blooded'. Sun tolerant

No clustering of flushes during the day.

Good mixed diet and stable weight.

Fruit and veg, porridge, chicken, fish, blueberries

Doesn't drink much water.

Correspondence:

Dear [referrer]

Wendy has made significant progress since her last appointment, physically and emotionally.

She noticed an early improvement in the hypersensitivity at her operation site and is now able to talk about many of the issues that surrounded her previous stress.

Her flushes have also improved somewhat and she is generally feeling more relaxed in herself. I

have commenced her on _____ 12 c bd for one week and have followed this with _____ 30c daily, for her residual local symptoms.

A further review in 8 weeks etc

Review:

Keeping well.

Feels (1) _____ made a difference.

In the meantime, had a bit of a scare. She had noticed some cording below the scar. Breast review - everything OK.

Getting massage and doing exercises.

Some tiredness - more in the evenings.

Doesn't sleep brilliantly.

Has developed foot sweats and experiences a burning sensation in her feet.

Covers are on and off at night.

Period is still changing - they are short in duration but very heavy.

Sometimes gets a bit more cramping than she is used to.

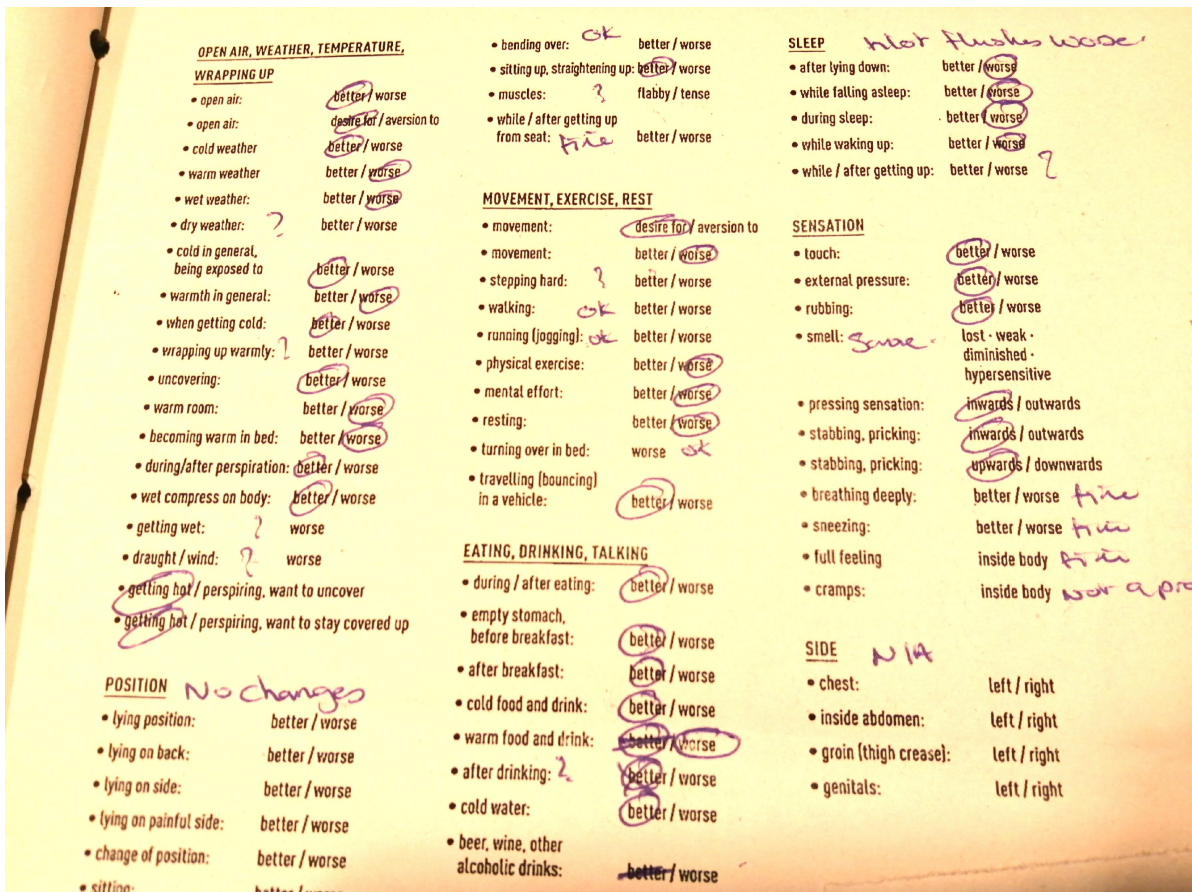
Correspondence

Dear [referrer]

Wendy has made good progress and appears to have responded well to a combination of _____ and _____ in sequence.

At present she is experiencing some menopausal symptoms with some bleeding pattern disturbance and some flushes from time to time of modest severity.

I have commenced her on _____ twice daily which I hope will improve her current symptoms ...



Wendy P - Case 18, Week 11-12

Review 30/07/18

Fewer flushes, especially during the day.

Overall keeping really well and feeling generally positive.

Sleep can still be disrupted - typically after 2-3 hours. Can waken with heat or just wakens.

But generally back to sleep quite quickly .

Drugs:

Tamoxifen

Calcichew

Omeprazole

Her diverticulitis plays up 'for no reason'

Maybe eating the wrong stuff. Then left iliac fossa pain.

Gets nausea and distension too and can feel a bit blown out.

Treatment:

Review 30/10/18

Abdomen quiet.

Flushes are still better.

Periods can be heavy - but overall significantly better - no clotting now.

Can get a bit of muscle pain in the region of her cancer treatment, esp.when overdoing things.

Sporadic shooting pains - can also happen even if not doing anything.

Treatment:

Review: 14 /01/19

Flushes >>>

Periods have stopped too.

Felt cream helped too. No pains since she adopted new workplace methods.

Otherwise everything is ok.

Started a masters course - some deadline stress, which can affect sleep.

Mostly fine. Energy today 7/10.

Treatment: