

Dr Jeremy Coleman

M.B., B.S.(Hons), F.R.A.C.P

Consultant Physician and Allergist

ABN: 60 003 386 687

31 Watt Street, Newcastle NSW 2300

Tel: 4926 5453 Fax: 4929 5325

14 May 2012

Dr JOHN GOSWELL
101 NEW ENGLAND HWY
LOCHINVAR NSW 2321

Dear John

RE: **Miss BELINDA J EASTER** dob: 16/08/1979
58 GOVERNMENT ROAD THORNTON NSW 2322
Date of Consult: 10-5-12

Many thanks for asking me to review this 32-year-old single lady.

She has been on the contraceptive pill since she was 17. She did have two breaks and was amenorrhoeic for at least seven months. Because she was amenorrhoeic it was suggested she go back on the pill. Going back on the pill will certainly ensure she has a regular period, but it won't sort out the underlying problem as to the original cause of the amenorrhoea. It may just be that she has been on the pill for a long time.

She has been a number of oral contraceptive pills and all in due course have caused mid-cycle bleeding. Apparently she has endometriosis and a small fibroid.

She had a pelvic ultrasound two years ago.

Currently on Microgynon-30 she has craving of food prior to her period, she is moody, her libido is low, there is a bit of vaginal dryness and throughout her life she has had a little bit of dryness at the introitus but once things get underway and she is better lubricated the pain settles.

On this background she has urticaria if she has excess chocolate. Exposure to deodorants often triggers headaches. She has had recurrent headaches since the age of four.

She has had bloating on and off over the last 12 months. She is aware that consuming alcohol of any sort, be it wine, spirits, beer, all exacerbate her bloating. It is clear therefore that she has some evidence in her history of food sensitivity.

When I examined her she had pain over the left ovary. As she is shortly to see you I suggested she discuss the pain with you and you can take this further, either by way of a pelvic exam or pelvic ultrasound.

In my view she should go off the pill and then we can assess why she is amenorrhoeic. It may be primary ovarian or pituitary failure.



I have asked her to go off the pill. For the next months I have put her on bioidentical hormones in what should be the luteal phase of her cycle. In a month I will check her oestrogen and progesterone (again in the luteal phase) to see what is happening to her hormone profile.

Given her bloating which has been a problem for her I reckon she should go off wheat, dairy and packet food and basically concentrate on fresh fruits and vegetables.

I have also suggested she look up information on MACCA a Peruvian herb or root that has been shown to increase sperm count in men and regulate abnormal periods in women. It is cheap, it is easy and it is devoid of side effects and it may be of benefit over a six-month period.

We will commence her on progesterone. I have done basic hormone and immunological profiling today but whilst on the pill it would seem as if she should have menopausal levels of oestrogen and progesterone.

The other issue, when I examined her, is that she does have zinc spots so I have checked her zinc. Because of her bloating I have looked to see whether she has underlying coeliac disease which really is pretty low on the cards given her symptoms.

I will review her in a couple of months.

Skin tests showed positive reactions to dust mite which clearly is not relevant as she doesn't have any ongoing rhinitis. She also had enormous reactions to pollens but doesn't have any seasonal pollenosis. She reacts to moulds.

She certainly has a very interesting story. Given the fact she is 32, single and at some point would like to have a family I think it is important to optimise her general health but in particular optimise her hormonal health and to this end she will need to go off the pill for a period of time.

Kind regards,

JEREMY COLEMAN

Provider No: 0480666J

JC : bs

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11 September 2012

Dr JOHN GOSWELL
101 NEW ENGLAND HWY
LOCHINVAR NSW 2321

Dear John

RE: **Miss BELINDA J EASTER** dob: 16/08/1979
58 GOVERNMENT ROAD THORNTON NSW 2322
Date of Consult: 6/9/12

I reviewed Belinda today. Firstly all her hormone levels were menopausal when I first saw her, but she was on the pill.

I asked her to stop the pill which she did. I checked her hormones a month or two later and they were all still menopausal.

When she first went on Progesterone the first month she felt reasonably well but the second month she felt emotionally flat, tired, sluggish and she had mood swings. The only way I can make sense of this is either she has genetic polymorphism, or alternatively because her oestrogen and testosterone levels were still low, I further exacerbated low oestrogen by giving her Progesterone. Having said that, when she went on magnesium two at night she felt unwell and had poor sleep which is totally the opposite to what we would expect.

Currently she is dry vaginally and she has low libido. There are no hot flushes.

She is not on any medications or hormones at present. I will recheck her oestrogen and progesterone and I will check her anti-Mullerian antibodies, LH and FSH.

The remainder of her blood tests were all pretty good. I note that she still has a small uterine fibroid. At this point I have asked Belinda to adopt a wait and see policy and not use Progesterone proterm. I would like to see how long it takes before she starts cycling on her own. It may take some months. I have tentatively made an appointment for her in the New Year but I will certainly see her sooner if need be.

Lastly, she had quite low DHEA and I will recheck this. DHEA is important for proper ovulation. I have given Belinda information on DHEA but I have yet to start it. I would like to review this before we commence it.

Kind regards,

JEREMY COLEMAN

Provider No: 0480666J

JC : sw

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6 February 2013

Dr JOHN GOSWELL
101 NEW ENGLAND HWY
LOCHINVAR NSW 2321

Dear John

RE: **Miss BELINDA J EASTER** dob: 16/08/1979
58 GOVERNMENT ROAD THORNTON NSW 2322
Date of Consult: 6/2/13

I reviewed Belinda today. Since I saw her last September she has not had a period. In September her sex steroid hormones were all in the menopausal range although FSH and LH were normal. A couple of years ago she had an MRI which showed no changes to her pituitary.

She has probably had her prolactin checked before but I haven't done it so I am going to check her prolactin. I will check her hormones.

Her DHEA is low and I have started her on DHEA.

Her anti-Müllerian antibody levels are down still further compared to when they were done at the beginning of the year but she doesn't have very much in the way of ovarian reserve.

I have rechecked her hormone levels. Copies will be coming your way.

In herself Belinda has been tired. She hasn't had any bleeding, breast tenderness or any other hormone symptoms. Because of her lethargy and because her DHEA is low I have commenced her on 20mg of DHEA in the morning. I would like to review her in three or four months.

Kind regards,

JEREMY COLEMAN

Provider No: 0480666J

JC : sw

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4 December 2013

Dr JOHN GOSWELL
101 NEW ENGLAND HWY
LOCHINVAR NSW 2321

Dear John

RE: **Miss BELINDA J EASTER** dob: 16/08/1979
3/6 PROSERPINE CLOSE ASHTONFIELD NSW 2323
Date of Consult: 3-12-13

I reviewed Belinda recently. She continues to be supported with bioidentical hormones throughout her cycle. The last three or four months she's actually had a bleed which is the first time probably in almost 18 months to two years.

Overall she is feeling much improved. Her libido is improving. She is getting a period. Vaginal dryness has improved. The question is whether or not these improvements can be maintained if she goes off hormone support.

Currently she is on DHEA, oestrogen and progesterone throughout the cycle as well as testosterone.

I'd like to check her hormone levels 10 hours after the last dose of hormones in the luteal phase of her cycle. We had a discussion about what the optimum pathway forward would be from here. It's actually quite hard to predict what will happen when Belinda goes off hormone support. I would, however, recommend that she continue on the program until March of April 2014 and then we'll review the situation with a possible view to ceasing hormone support to see whether or not she can maintain ovarian function under her own steam.

All the numbers suggested she had primary ovarian ^{pit} failure with low LH, FSH and menopausal levels of oestrogen and progesterone.

She has been taking Maca and this was recently ceased. In herself she is really well.

I will review her in April.

Kind regards,

JEREMY COLEMAN

Provider No: 0480666J

JC : bs

Dr Jeremy Coleman

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3 November 2014

Dr JOHN GOSWELL
101 NEW ENGLAND HWY
LOCHINVAR NSW 2321

Dear John

RE: **Miss BELINDA J EASTER** dob: 16/08/1979
3/6 PROSERPINE CLOSE ASHTONFIELD NSW 2323
Date of Consult: 28-10-14

I reviewed Belinda recently. She continues to use bioidentical hormones to support her cycle. When she is off hormone support she is amenorrhoeic. FSH and LH are low. Antimullerian antibodies are low with decreased ovarian reserves. She has no evidence of pituitary disease.

Recently Belinda has been getting some acne around her periods. I want to recheck her hormone profile in the luteal phase of her cycle. She is on DHEA, testosterone, oestrogen and progesterone, all of these hormones were low prior to starting bioidentical hormone supplementation.

She will check her hormones 10 hours after her dose of hormones, in the luteal phase of her cycle. I will pay special attention to her testosterone and di-hydro-testosterone. Obviously we may need to reduce the dose.

Copies of investigations will come your way.

Kind regards,

JEREMY COLEMAN

Provider No: 0480666J

JC : bs

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15 May 2014

Dr JOHN GOSWELL
101 NEW ENGLAND HWY
LOCHINVAR NSW 2321

Dear John

RE: **Miss BELINDA J EASTER** dob: 16/08/1979
3/6 PROSERPINE CLOSE ASHTONFIELD NSW 2323
Date of Consult: 14-5-14

I reviewed Belinda yesterday.

Belinda has been off the troches which were prescribed to support her amenorrhoea. Almost immediately she started to lose energy, she was tired during the day, she noticed a dramatic difference being off the hormones. It has been about five or six weeks since her last period. It seems at this point that she's going to get a period when she's off the hormones.

I have checked her hormone levels now, six weeks after her last period. The last period was certainly generated with the use of bioidentical hormone supplements.

I have checked her FSH, LH, prolactin, etc.

Initially I suggested Belinda remain off the hormones for a bit longer but she's very keen to get back on to them because of the overwhelming improvement of her sense of wellbeing when she's on them.

Kind regards,

JEREMY COLEMAN

Provider No: 0480666J

JC : bs

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17 June 2015

Dr JOHN GOSWELL
101 NEW ENGLAND HWY
LOCHINVAR NSW 2321

Dear John

RE: **Miss BELINDA J EASTER** dob: 16/08/1979
3/6 PROSERPINE CLOSE ASHTONFIELD NSW 2323
Date of Consult: 9-6-15

I reviewed Belinda recently.

Belinda is doing very well on bioidentical hormones. She has no issues at all with any hormonal symptoms of note. She went to Thailand and Laos and she didn't take her troches or hormone supplements that month and she had no ill effects.

Coming back from overseas she developed what sounds like a bowel infection. She had loose stools and pain over both kidneys. She was cold and then had a febrile reaction at 39°. She had a number of tests done including excluding malaria, typhoid and other tropical diseases, all of which were negative. I believe she was given Flagyl and settled down reasonably quickly. Stool culture as I understand was not contributory.

She is now well with no bowel symptoms. She has a normal bowel movement.

For my own records I will get the details from Maitland Hospital.

As you know when she's not on hormones her FSH and LH are low. She is amenorrhoeic and antimullerian studies show decreased ovarian reserves and there is no evidence of primary pituitary disease.

She has gone back on to her hormones. She remains well. Currently she is on a troche that contains biest 9mg and she takes ¼ a day from day 5 to day 17. From day 17 to day 26 she is on progesterone 370mg, biest 4.5mg in a troche and she takes ¼ of this bd.

I will organise to have her hormones checked between day 20 and day 23, preferably 10 hours after last use of hormones, to assess the adequacy or otherwise of her supplementary regime.

Kind regards,

JEREMY COLEMAN

Provider No: 0480666J

JC : bs

Dr Jeremy Coleman
31 Watt Street
NEWCASTLE NSW 2300
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530923

AA75338754

F
N
EASTER, BELINDA, Miss
F 3/6 PROSERPINE CLOSE ASHTONFIELD NSW 2323
F Tel: Mob: 0427733440 DOB: 16/08/1979
Ref: GOSWELL, JOHN, Dr
Ref Details: 038123AH Ref Date: 4/06/2013
E M/C No: 2516 62639 3 (1) Exp: 1/05/2016
S **DR JEREMY COLEMAN 0480666J** Patient Claiming
C

(Tick appropriate boxes)

PBS ☐

RPBS ☐

Brand substitution not permitted ☐

x 7 keto over 20mg x 100
2 more (100)
Rats x 100
2/12 x 100
Sinterals 100g/day (100g)
x 100
Rats 4.5 / 1/4 BD 17-26
x 100

JC said
15mg
7 keto.

Privacy note
on reverse

Doctor's signature

Date 1/12/15

I declare that I have received
this/these medicine(s) and
the information relating
to any entitlement to a
pharmaceutical benefit
is correct.

4001_05/11

Patient's or agent's signature

Date of supply

Agent's address

Dr Jeremy Coleman
MB, BS (Hons) FRACP
31 Watt Street
NEWCASTLE NSW 2300
Phone: (02) 4926 5453

VH

530923

AB12243896

Patient
Medicines

EASTER, BELINDA, Miss

Patient 3/6 PROSERPINE CLOSE ASHTONFIELD NSW 2323

Patient Tel: Mob: 0427733440 DOB: 16/08/1979

Ref: GOSWELL, JOHN, Dr

Ref Details: 038123AH

Ref Date: 4/06/2013

Entitled M/C No: 2516 62639 3 (1) Exp: 1/05/2016

PBS entitlement **DR JEREMY COLEMAN 0480666J**

Patient Claiming

(Tick appropriate boxes)

PBS ☐

RPBS ☐

Brand substitution not permitted ☐

7 Keta DHEA 15mg
+ more (100)

Besl 9mg
1/4 day 5-17

Privacy notice
on reverse

Doctor's signature



Date 12/1/16

I declare that I have received
this/these medicine(s) and
the information relating
to any entitlement to a
pharmaceutical benefit
is correct.

PB021.1310

Patient's or agent's signature



Agent's address

Date of supply

/ /

EASTER, BELINDA, Miss

58 GOVERNMENT ROAD THORNTON NSW 2322

Tel: Mob: 0413952980

DOB: 16/08/1979

Ref: GOSWELL, JOHN, Dr

Ref Details: 038123AH

Ref Date: 10/05/2012

M/C No: 2516 62639 3 (1) Exp: 1/05/2016

DR JEREMY COLEMAN 0480666J

Patient Claiming

SKIN PRICK TEST

DATE: 10.5.12

1. Control _____
2. Dust Mite 17 x 8 _____
3. Feather Mix _____
4. Cat _____
5. Dog _____
6. Horse _____
7. Aspergillus Mix 4 x 3 _____
8. Mould Mix 11 x 7 _____
9. Cladosporan 4 x 5 _____
10. Alternaria _____

- Egg White _____
- Egg Yolk _____
- Cow's Milk _____
- Peanut _____
- Cod _____
- Wheat, whole grain _____
- Corn, whole grain _____
- Soy bean _____
- Tomato _____
- Potato _____

1. Grass Mix 7 _____
2. Bermuda Grass _____
3. Rye Grass _____
4. Acacia _____
5. Bahia Grass _____
6. Plantain _____
7. Candida Albicans _____

- Rice 3 x 3 _____
- Prawn _____
- Bakers Yeast 5 x 3 _____
- ~~Brewers Yeast~~ _____
- Orange _____
- Beef _____
- Chicken _____
- Banana _____

READ: 1615

Others: _____

COMMENTS: _____
