



MULLERIAN

The Quarterly Bulletin of Fr. Muller's Homoeopathic Medical College & Hospital

Sponsored by

(Alumni Association of Fr. Muller's Homoeopathic Medical College)

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EDITORIAL

Dear Reader,

Greetings on our Founder's birthday.

We have great pleasure in placing before you this new and expanded version of Mullerian. We are also happy to announce that Mullerian has completed successfully two years in the field of homoeopathic publication.

The first inaugural issue was released on 10th April 2000, on the occasion of Hahnemann's birthday. Over the past two years we have become more knowledgeable and experienced in the field of publication and in bringing it out in time. We thank our readers and well-wishers profusely, who for the past two years have been supporting us with their valuable suggestions. Based on these we have added on new sections in this expanded version, which is being released on 10th of April 2002, our Founders Birthday.

Mullerian will carry forward the tradition of spreading the achievements, efficiency and scientific aspects of homoeopathy and also keeping a track of rapidly expanding frontiers of medical science.

Over the past two years Mullerian has been building a network of effective communication amongst the homoeopathic fraternity to create a better awareness of the system. And I hope this will continue to grow and develop to create a close knit homoeopathic family.

We invite our readers to give their valuable and constructive suggestions.

Dr. M.K. Kamath
Editor

MESSAGE

The Homoeopaths world over celebrate 10th April the birthday of Dr. Samuel Hahnemann with great enthusiasm, devotion, love and joy. It is because he is the Founder of Homoeopathic System of Medicine and all that Homoeopathy stands for. It is but fitting that Father Muller's Homoeopathic Medical College dedicates its quarterly bulletin "MULLERIAN" to the memory of the revered Founder of Homoeopathy, Dr. Hahnemann. On this occasion, I wish the fraternity of Homoeopaths all good wishes with the hope and prayer that it will make Homoeopathy Medicine and the study of it, more effective and popular.

Rev. Dr. Baptist Menezes
Director

MESSAGES

On 10th April, the birthday of Dr. Frederick Christian Samuel Hahnemann, the founder of Homoeopathic System of Medicine, is celebrated all over the world. It is an occasion to recall the life of a man whose work has marked an important era in the history of Homoeopathic System of Medicine and whose name will descend to posterity as the founder of a school of medicine. This birthday is celebrated every year to honour this illustrious man as recognition of the reform in medicine inaugurated by him. When this birthday is celebrated, let us strive to realize what he has been fondly saying, "The time has come when Homoeopathy of the purer kind will be popular, but it is a very long time". Should it be very long time? This question is a challenge to the Homoeopaths of 21st century. May the clan of the founder of Homoeopathic System increase year after year, to see Homoeopathy of the purer kind.

Rev. Fr. Stany Tauro
Administrator - FMHMCH.

A new version of the 'Mullerian', the quarterly bulletin of Fr Muller's Homoeopathic Medical College is in your hand. After completing two years of its successful achievement of uniting and enriching our fellow Homoeopathic colleague, it is expected that Mullerian would continue its mission with a great zeal to communicate the important medical events in Homoeopathic field as well as the role of Fr Muller's in advancing Homoeopathic education and practice.

I congratulate the new editor and editorial board for their teamwork to bring out this useful issue on 10th April 2002.

DR. SHASHI KANT TIWARI
PRINCIPAL

POINTS TO PONDER

HEALTH TIPS FOR CANCER PATIENTS -

1. Make a FRIEND - At the cancer center the research is pointing to a connection between social support and a stronger immune system. Evidence suggests that our immune system may actually search out and destroy undesirable cells - such as cancer cells. Stronger friendships and close ties to family may reduce the stress hormones that can weaken our defenses.
2. Seal your LIPS - It seems that lipstick has much more to offer than sheer cosmetic appeal. Did you know that men are seven times more likely to get lip cancer than women? To reduce your risk, men and women should cover their lips with a product that provides a sunscreen.
3. Choose GOOD FATS - Noted for their heart healthy effects, mono saturated fats also may reduce the risk of certain cancers. According to recent studies, women who consumed more mono-unsaturated fats - olive, peanut and sunflower oils - had a lower risk of developing breast cancer than women who used polyunsaturated fats found primarily in vegetable oils such as corn, soybean, and cotton seed.
4. Lighten up - WEIGHT REDUCTION - if you need yet another reason to shed a few pounds, consider this: women who gain weight during adulthood may increase their risk of developing breast cancer. Research suggests that women also gained more than 44 pounds since they were 18 years old faced twice the risk of developing breast cancer.
5. Eat your BERRIES - Straw berries, cran berries, and red and black raspberries are source of ellagic acid, a chemo protective substance. Freeze dried as a convenient supplement, it could prevent certain cancers.
6. Get physical - Did you know aerobic activity not only decreases your risk of heart disease but also cancer? Consistent physical activity can help protect you against some cancers.

Burning too few calories may lead to increased risk of cancer at several sites including the colon.

7. Kick the HABITS - With smoking related cancer deaths on the rise, health care professionals continue to look for new tricks to help the 80-90% of smokers who say they want to quit. Keep a journal noting when you are most likely to crave cigarette. If talking on the telephone and driving are tempting situations, find an alternative to keep your hands busy like a water bottle, lollipops or pretzel rods.

(Courtesy - The James Cancer Hospital and Research Institute, The Ohio state University, USA)

FACTS ABOUT ANGINA

What is angina?

ANGINA PECTORIS ("ANGINA") IS A recurring pain or discomfort in the chest that happens when some part of the heart does not receive enough blood. It is a common symptom of coronary heart disease (CHD), which occurs when vessels that carry blood to the heart become narrowed and blocked due to atherosclerosis

Angina feels like a pressing or squeezing pain, usually in the chest under the breastbone, but sometimes in the shoulders, arms, neck, jaws, or back. Angina is usually precipitated by exertion. It is usually relieved within a few minutes by resting or by taking prescribed angina medicine.

What brings on angina?

Episodes of angina occur when the heart's need for oxygen increases beyond the oxygen available from the blood nourishing the heart. Physical exertion is the most common trigger for angina. Other triggers can be emotional stress, extreme cold or heat, heavy meals, alcohol, and cigarette smoking.

Is all chest pain "angina"?

No, not at all. Not all chest pain is from the heart, and not all pain from the heart is angina. For example, if the pain lasts for less than 30 seconds or

if it goes away during a deep breath, after drinking a glass of water, or by changing position, it almost certainly is NOT angina and should not cause concern. But prolonged pain, unrelieved by rest and accompanied by other symptoms may signal a heart attack.

How is angina diagnosed?

Usually the doctor can diagnose angina by noting the symptoms and how they arise. However one or more diagnostic tests may be needed to exclude angina or to establish the severity of the underlying coronary disease. These include the electrocardiogram (ECG) at rest, the stress test, and x-rays of the coronary arteries (coronary "arteriogram" or "angiogram").

How is angina treated?

The underlying coronary artery disease that causes angina should be attacked by controlling existing "risk factors." These include high blood pressure, cigarette smoking, high blood cholesterol levels, and excess weight. If the doctor has prescribed a drug to lower blood pressure, it should be taken as directed. Advice is available on how to eat to control weight, blood cholesterol levels, and blood pressure. A physician can also help patients to stop smoking. Taking these steps reduces the likelihood that coronary artery disease will lead to a heart attack.

Most people with angina learn to adjust their lives to minimize episodes of angina, by taking sensible precautions and using medications if necessary.

Usually the first line of defense involves changing one's living habits to avoid bringing on attacks of angina. Controlling physical activity, adopting good eating habits, moderating alcohol consumption, and not smoking are some of the precautions that can help patients live more comfortably and with less angina. Controlling weight, reducing the amount of fat in the diet, and avoiding emotional upsets may also help.

Angina is often controlled by drugs. The most commonly prescribed drug for angina is nitroglycerin, which relieves pain by widening blood vessels. This allows more blood to flow to the heart

muscle and also decreases the work load of the heart. Nitroglycerin is taken when discomfort occurs or is expected. Doctors frequently prescribe other drugs, to be taken regularly, that reduce the heart's workload.

Can a person with angina exercise?

Yes. It is important to work with the doctor to develop an exercise plan. Exercise may increase the level of pain-free activity, relieve stress, improve the heart's blood supply, and help control weight. A person with angina should start an exercise program only with the doctor's advice. Many doctors tell angina patients to gradually build up their fitness level—for example, start with a 5-minute walk and increase over weeks or months to 30 minutes or 1 hour. The idea is to gradually increase stamina by working at a steady pace, but avoiding sudden bursts of effort.

REPERTORIAL CONCEPTS IN ANGINA PECTORIS

Following clinical rubrics from Synthesis can be taken for repertorisation in the treatment of Angina Pectoris -

1. MIND - DEATH - sensation of
2. MIND - FEAR - death of
3. FACE - DISCOLORATION - pale
4. FACE - EXPRESSION - anxious
5. FACE - PERSPIRATION - cold
6. RECTUM -URGING
7. BLADDER - URGING -to urinate
8. CHEST -ANGINA - pectoris
9. CHEST - CEASES to beat, as if heart - had ceased
10. CHEST - CONSTRICTION
11. CHEST - CONSTRICTION - night - bed, in
12. CHEST - CONSTRICTION - band, as from
13. CHEST - CONSTRICTION - exertion, from
14. CHEST - CONSTRICTION - walking, while
15. CHEST - PAIN - Sternum, behind
16. CHEST - PAIN - Heart
17. CHEST - PAIN - Heart - exertion

18. CHEST - PAIN - Heart - motion - agg
19. CHEST - PAIN - Heart - walking
20. CHEST - PAIN - Heart - extending to - arm - right
21. CHEST - PAIN - pressing - Heart
22. CHEST - PAIN - sore, bruised
23. CHEST - PAIN - stitching - Heart
24. CHEST - PAIN - tearing - Heart, region of
25. CHEST - PALPITATION of Heart - paroxysmal
26. CHEST - PALPITATION of Heart - tumultuous, violent, vehement
27. EXTRIMITIES - HEAVYNESS - Upper limb - left
28. GENERALS - PULSE - frequent
29. GENERALS - PULSE - irregular

The pathological symptoms/signs of Angina Pectoris that can be found in the Synthesis are -

1. EYE - PUPILS - dilated
2. FACE - CONTRACTION
3. THROAT - SPASMS
4. STOMACH - VOMITING
5. FEVER - FEVER, heat in general
6. GENERALS - COLLAPSE
7. GENERALS - PULSE - small
8. GENERALS - PULSE - soft

LATRODECTUS MACTANS

N.O.: ARACHNIDA

Proved by: S.A. JONES, A.J. TAFEL

Introduction: A Spider of the genus *Retitelariae*, of the family *theridiidae*.

Preparation: Mother tincture is prepared from the live spider.

Sphere of action: Heart, Vasomotor, and Blood

By acting on the heart produces a typical picture of Angina pectoris. Blood becomes thin watery.

Toxicological effects:

It must be admitted that certain spiders of the

genus *Latrodectus* have the power to inflict poisonous bites, which may bring about the death of a human being. A case (September 4, 1853) in which a man bitten on the prepuce at 1st there was itching; nausea; abdominal pains; precordial pain extends to axilla, fingers with numbness of the extremities cold skin; bite produced tetanic effects.

By acting on the heart it produces symptoms of *Angina*. Spider poisons are akin to the serpent poisons in their property of producing a disorganization of the blood.

KEY NOTES:

1. Precordial pain → CARDIAC PAIN, violent pain, sharp to shoulder or both arms, with numbness: Angina pectoris.
2. Extreme *apnea* with fear of loosing breath.
3. Coldness of entire surface *skin cold as marble*.
4. Anxiety screams with pain.

MIND:

Extreme *anxiety*, screams fearfully, exclaiming that she would lose her breath & die. Anxiety - screams with pain.

CHEST:

Extreme *apnea*, gasping respiration, fears losing breath. *Violent precordial pain* extending to axilla and down left arm, fingers with *numbness*. Pain from precordium extends to the back of head, Restless with cardiac pain and prostration. Pulse quick, feeble, rapid thready. Pulse is so frequent that it could not be counted and so feeble that it could scarcely be felt. Sinking sensation in the epigastrium. Cramping pain from the chest to the abdomen.

EXTREMITIES:

Pain in left arm, feels as if paralyzed. Weakness of legs followed by cramps in the abdominal muscles. Parasthesia of the lower limbs.

SKIN:

Coldness of the entire surface, skin cold as marble. Redness and itching of part bitten.

RELATION SHIP:

Compare: *Latrodectus hasselti*, *Arania*, *Mygale*, *Theridion*, *Katipa* (New Zealand spider)

Conclusion:

The resemblance between the symptoms of *Angina Pectoris* & the effects of the poison of *Latrodectus Mactans* are so striking as to justify the

presentation of a comparison; and it is hoped that physicians of wide reading will pardon what may seem to them a piece of supererogation for the sake of many, a humbler practitioner whose opportunities have not been so happy.

A CASE

Mrs. Z, 37 Years old hailing from a poor socioeconomic family presented to OPD of our hospital on 25 - 2 - 2002 with an acute presentation of the following complaints -

NO	LOCATION	SENSATION	MODALITIES	ACCOMPANIMENTS
1	CHEST Left side: Radiating to Neck & back. Since two yrs, on and off Increased since a week	Pain ³ - Pricking, Burning. Lasts for few minutes Heavy sensation ³ . Palpitation Gasping for breath	< Exertion, walking. < During menses < Lying on back. < Eating after < Climbing steps < Night < Walking < Lifting things > Lying on left side	Fear of death Anxiety Appetite decreased Sleep disturbed Weakness Giddiness Cold feeling H/ O: Loss of Consciousness, with

ON EXAMINATION:

Temp: Normal, Pulse: 97/minute, regular, feeble, all peripheral pulse felt.

Respiratory Rate: 18/minute.

Blood Pressure: 130/80 mm of Hg, Pallor ++, Pedal edema - pitting on pressure ++, No cyanosis, No clubbing, No significant lymphadenopathy.

Cardio Vascular System:

Inspection: No scars, no dilated veins, no precordial bulge, apex beat is not visible, pulsations at suprasternal area.

Palpation: Inspectory findings are confirmed. Apeical impulse shifted laterally, Tenderness over the precordial area, No precordial bulge.

Percussion: Normal cardiac dullness,

Auscultation: S1, S2 heard, splitting of 2nd heart sound,

Investigation:

Hb: 9.8gm%, Total Count WBC : 9,800, Nutrophils: 55, Lymphocytes: 42, Eosinophils: 3

Urine: Normal study.

ECG: T wave inversion in Chest lead 5 & 6, Q waves in Chest lead 3,5, Left axis deviation.

Diagnosis:

Angina pectoris with h/o of Myocardial infarction.

PATIENT AS A PERSON:

First & second Abortion: 6month. Third alive. Fourth abortion (7 month), Fifth abortion (6month) sixth abortion (3rd month). All home deliveries. Tubectomy is done 8yrs back. Patient is hailing from a poor socioeconomic family, she has 3 brothers and, she got married at the age of 16, and husband is a coolly worker. Her son is now 16 years old and working with is father.

She is working as a beedi roller, and she developed her complaints 2 years back suddenly and that time it was diagnosed as Myocardial Infarction, and since then she was on sublingual tablets, but it costs more so she completely stopped tablets for the last 3months, in these 3 months she got two attacks and she was hospitalized. But the pain continued, so she came for Homoeopathic treatment.

Basically she is very kind natured person, mixes well with others. She cries whenever others ask her about her complaints, worried about her health and whenever she gets the chest pain she feels as if she is going to die, if at that time somebody gives her little courage, she feels relieved. She is also

worried about her future, that if something happens to her as to who will look after her family? Presently she is staying in a slum.

Physical generals:

Desires vegetables, aversion to Meat, Fatty food.

Perspiration: Increased on back. Bowels & micturition regular.

Menses: Regular cycle, profuse flow, all her complaints aggravate during the menses.

Management:

Since the complaints are acute she was

hospitalized, vital parameters were monitored hourly.

Follow up criteria:

- 1 Appetite
- 2 Sleep
- 3 Chest pain
- 4 Chest burning
- 5 Heavy sensation
- 6 Palpitation
- 7 Loss of breath (apnoea)
- 8 Weakness
- 9 Giddiness

Date	Complaints										Remedy
25-2-02	Admitted to the ward 10 am										1. Latrodectus Mac 6 3 pills 3hourly. 2. 5 Grain tablets 1-1-1
2.15 pm	S	Ok	>+	+	>+	+	+	+	S	>+	
	O\ E: Splitting of 2nd Heart sound, Tenderness on precordial region even touch of the stethoscope is intolerable, Pulse: 98/ minute, regular, feeble. Pedal edema pits on pressure bilateral++.										
4.15 pm	S	Good	>++	>+	0	0	0	0	>++	>+	1. Latrodectus Mac 6 3 pills 3hourly 2. 5 Grain tablets 1-1-1
	O\ E: Precordial tenderness reduced (she allows to keep the stethoscope on precordium), Pulse: 78 / minute, regular, feeble, Pedal edema reduced,										
26-2-02 8.45 am	OK	Good	>++	>++	0	0	0	0	>++	>+	1. Latrodectus Mac 6 3 pills tds 2. 5 Grain tablets 1-1-1
	Generally she looks better; she had an acute attack of chest pain at night and then at that time medicine was repeated she had sound sleep afterwards. O\ E: Pulse: 78/ minute, regular, feeble, BP: 120 / 86 mmHg, RR: 18/ minute.										
27-2-02	Good	Good	0	0	0	0	0	0	>++		1. Latrodectus Mac 6 3 pills Twice daily. 2. 5 Grain tablets 1-1-1
	O\ E: Pulse: 76/ minute, regular, BP: 120/86 mmHg, RR: 17 / minute, No precordial tenderness.										
28 & 29 Feb 2002	Patient was kept under observation no attacks of chest pain										1. Latrodectus Mactens 6 (sos)

NEWS

Institution Day cum Graduation Ceremony :

Institution Day cum Graduation ceremony was held on 13.03.02 at 5.00 p.m. A total no. of 41 Homoeopathic graduates, 7 Post graduates and other graduates of Fr Muller's Institute of Health Sciences received the degree from the Chief Guest Prof. B. Hanumaiah, Vice Chancellor, Mangalore University. Rev. Dr Baptist Menezes, Director welcomed the gathering and presented the annual report of all the departments under Fr Muller's Charitable Institutions. He emphasized the need of conviction and moral values in the present day education. Shri A.K. Monnappa, IAS, Deputy Commissioner, D.K. District, Mangalore was the Guest of Honour and Most Rev. Dr Ignatius Pinto, Archbishop of Bangalore presided over the function. The other dignitaries Rev. Dr Lawrence D'Souza, Administrator, FMMC, Rev. Fr Stany Tauro, Administrator, FMHMCH, Dr Sanjeeva Rai, Dean, FMMC, Dr S.K. Tiwari, Principal, FMHMCH and Sr Loredana, Principal, FMCON were also present on the dias.

The following students got meritorious awards -

Dr Deepika Nandyala, Dr Manjula M. Mathew, Dr Vijoy Joseph, Dr Merlin J., Dr Vidya Angraje, Ms Neelanjana Saxena, Ms Edathila Valappil Reshma, Ms Neeti Batra, Ms Shreedhanya K.K., Mr Ahmed Zubair E., Mr K. Bagyavasan.

Dr S.K. Tiwari, Principal administered Homoeopathic Oath to the graduates. Dr Shrinath Rao, Vice Principal called the name of meritorious students to receive prizes during the function. Rev. Fr Stany Tauro, Administrator actively participated and helped proceedings of the function. The function was followed by dinner. All the graduates, their parents, prize winners and faculty members, prize sponsors were the invitees.

Examination: Sessional/Internal Assessment examination is being conducted for BHMS students. The University examination is scheduled to be held from 6th May 2002.

Medical camp: As a part of regular Medical camp, a Medical camp was organised at Manjeshwar on 17.03.02 by Fr Muller's Homoeopathic Medical College. A total no. of 135 patients were attended by the faculty, P.G. students and interns. Another follow-up medical camp was held on 07.04.2002 at Pavor where a total of 60 patients were attended

to. The consultation and medicines were given free of charges.

Hostel Day Celebration: The Hostelites organised a colourful programme on 16.02.02, to celebrate the Hostel day. The programme was followed by dinner. The programme was inaugurated by the Director. The Administrator and Vice Principal also spoke on the occasion.

Farewell/Alvidah 2002 : Junior students organized a Farewell function to bid farewell to the Final year students on 02.03.02. The programme witnessed variety entertainment and was followed by dinner. The Director, Administrator and Principal spoke on this occasion and wished the final year students all the best.

Thanks Giving Function 2002: Thanks Giving function was organised by Final year students on 16.03.02 to express their gratitude to their teachers and management. The programme was followed by a dinner.

Faculty members in light:

Dr S.K. Tiwari was invited to deliver lectures for P.G. students at J.S.P.S. Govt Homoeopathic Medical College, Hyderabad in the month of January 2002.

Dr S.K. Tiwari was appointed as external examiner for M.D.(Hom) by Sardar Patel University to conduct Repertory examination on 19th and 21st of February 2002.

Dr Shivaprasad was one of the guests of honour for valedictory function of the Conference organised by Durga Homoeo Medical Association, Chitradurga.

Dr S.K. Tiwari and Dr Joseph Thomas attended TOT programme at B.D. Jatti Homoeopathic Medical College, Dharwad in the month of March 2002. The training programme was organised by Academy of Health Sciences, Rajiv Gandhi University of Health Sciences, Bangalore.

Dr M.K. Kamath, Dr Dolphin J. Karat, Dr. Shaji Kumar, Dr Joseph Thomas and Dr Roshan Pinto, Dr Shivaprasad and Dr(Sr) Vida Olivera were appointed as external examiners at Calicut in the month of March 2002.

Dr Shivaprasad, Professor and Dr Roshan Pinto, Lecturer were nominated as members of the faculty of Indian system of Medicine and Homoeopathy and Yoga & Naturopathy by the Vice-Chancellor, Rajiv Gandhi University of Health Sciences.

STALWARTS



DR. T. F. Allen was born on 24th April 1837. He got his degree in Medicine in 1861. He started his practice as a partner of Dr. C. Dunham, and later became the Professor of Materia Medica in the New York Homoeopathic Medical College. He became the Dean of the Faculty and then the President.

Prof. Allen as he was well known, became the most respected teacher and prescriber. He completed the exhaustive volumes on the Encyclopaedia of Pure Materia Medica and later on the Handbook of Materia Medica. He also produced a first edition of Boeninghausen's Therapeutic Pocket Book. The degree LL.D was conferred upon him in 1883.

He died in 1903.

P. G. NEWS

- ❖ Dr. Pushpalatha V. Rao, visited and guided the P.G. Students in their dissertation work during the month of January, 2002.
- ❖ Dr. S. M. Singh, visited our college in the month of February 2002, and conducted classes for the P.G. Students.
- ❖ Dr. Undale R.V. visited our college in the first week of April 2002. He conducted seminars, classes and guided the P.G. Students in their dissertation writing.
- ❖ P.G. students actively participated in the Institution Day celebrations. Dr. Nidhin Mohan, won the Second Prize, in the singing competition, and Dr. Jesley Hamza won the First Prize in Shot put.
- ❖ Three students from MD Part II, and Two students from MD Part I, appeared for examinations in March 2002 conducted by Rajiv Gandhi University of Health Sciences, Bangalore. The results are awaited.
- ❖ Regular Clinics, Journal Club, Seminars and Special classes were organised for the P.G. Students.

ADMISSION NOTICE

Applications are invited for admission to:

1. **B.H.M.S. DEGREE COURSE** : (Bachelor of Homoeopathic Medicine & Surgery) for the academic year 2002-2003.

Course Duration: 4 $\frac{1}{2}$ years + 1 year Compulsory Rotatory Internship.

ELIGIBILITY: P.U.C. or equivalent with minimum 50% marks in Physics, Chemistry & Biology. Those who await P.U.C. results can also apply. (40% marks for SC/ST candidates).

Prospectus and application forms can be obtained on payment of **Rs. 250/- by D.D. in favour of Fr. Muller's Homoeopathic Medical College, Mangalore.**

2. Applications are invited for admission to M.D. (Hom) (2000-2001) in the following subjects.

1. MATERIA MEDICA
2. ORGANON
3. REPERTORY

ELIGIBILITY: BHMS degree or equivalent qualification recognised by C.C.H., should have completed One Year Compulsory Rotatory Internship and have permanent registration with the State Board. Should not have failed more than thrice in final B.H.M.S. subject (SC/ST not more than four times) in which he/she desirous to pursue Post graduate Degree studies.

Prospectus and application forms can be obtained on payment of **Rs. 500/- by D.D. in favour of Fr. Muller's Homoeopathic Medical College, Mangalore.**

Write for Prospectus and Application form to:

THE ADMISSION OFFICER

Fr. Muller's Homoeopathic Medical College & Hospital
Fr. Muller's Road, Kankanady, Mangalore - 575 002.

HOMOEOPATHIC CONFERENCE 2002

The faculty of Fr. Muller's Homoeopathic Medical College has decided to organise the **Homoeopathic Conference - 2002** scheduled to be held on **14th and 15th December 2002.**

It may be noted that Homoeopathic conference is an annual feature and a part of academic activities of this college. This activity has been taken up by the faculty members with an objective of highlighting the scientific aspects of Homoeopathy among the learners and practitioners of this system of rational healing art.

We, at Fr. Muller's, are working in this direction and we would like to share our experience and to learn from others experiences too. Hence we arrange a common platform for all, to have a dialogue and fruitful discussion on various themes so that the *learning through experience* becomes a reality at the end of two days of scientific sessions.

The details about the conference will be published in the next issue of Mullerian.

Editorial Board : Dr. M.K. Kamath, Dr. Shivaprasad, Dr. Girish Navada U.K., Dr. Guru Prasad M.N., Dr. Praveen Raj, Dr. Anita Fernandes.