



MULLERIAN

Vol - 17

April-June, 2005

EDITORIAL

Dear Readers,

The Mother Nature, as its wont, often reminds us that it has its own design in all that goes on around us. The ups and downs in life are often encountered in the happiness of a birth and the sadness of death. Our campus experienced a lot of ups and a considerable downs in its feeling state in the last three months.

The season started with the 250th Birthday celebrations of Dr Samuel Hahnemann, with all the fanfare and happiness. Then we had the results of the just concluded RGUHS Examinations – that gave a heady feeling to all of us. But that was not all in the bag. The deaths of Dr Nirmala, Alumna of 1989 batch and Dr Sumod Jacob, Alumnus of 1990 batch, have stunned us. They were in their prime of life and their profession, but God had different plans for them. We at Fr Muller's share the loss of their family. We also share the grief of Dr S.K. Tiwari and Dr N.C. Dhole who are mourning the loss of their fathers.

*But the Nature is still bountiful with lots to learn from it. And, in this issue of **Mullerian**, we try to understand Sycotic Miasm, its evolution in a clinical condition and its treatment, with the help of a case of Glomerulonephritis. Thanks to Dr T. Semparuthi, Alumnus of 1987 batch, who has contributed this case.*

I therefore, invite all our readers to join us in another session of reading, and learning.

Dr M.K. Kamath
EDITOR

MIASMS - UNDERSTANDING THE ROOTS OF THE DISEASE

Why is it necessary for a Homoeopath to know the chronic miasms? Some might say as long as one prescribes according to the law of similia he cures his cases. The important factor here is "so long as he selects the most similar remedy as possible." The fact is, we cannot select "the most similar remedy possible" unless we understand the phenomena of the acting miasm.

The true similimum is always based on the existing miasm. It makes the difference between fighting the disease in the dark and in bright light when one knows the underlying principle that fathers the phenomena. If one has no knowledge of the laws of action and reaction, how can one watch the progress of a case without a definite knowledge of the disease forces (miasms) with their mysterious and persistent progressions? So, if we can know nothing about the traits and characteristics of our enemy, it's impossible to wage war against the disease.

In Hahnemann's words, "the true natural chronic diseases are those that arise from a chronic miasm, which when left to themselves, and unchecked by the employment of those remedies that are specific for them, always go on increasing and growing worse, notwithstanding the best mental and corporeal regimen, and torment the patient to the end of his life with ever aggravated sufferings." §78 Organon of Medicine.

Hahnemann spent 12 years of his life investigating miasms, collecting proof for these findings going unnoticed by others in the medical professions. In this way "*The Chronic Diseases*" was written. In it he has also described the conditions that would modify a miasm in a person's body which would be things like, climate and peculiar and physical character of the person it is in, mental delays, excesses, or abuses in life, in diet, passions, habits and various customs.

The medical profession has put names on various diseases such as, jaundice, dropsy, leucorrhoea, hemorrhoids, eczema, asthma, hysteria,

rheumatism, herpes, mania to name a few. Hahnemann considered all these coming from the same beginnings. They are a slow progression of imbalances being treated by suppressive medicines turning into further and further complications as the disease lasts and goes deeper into the human mind and physical body, even years go by without a let-up.

Thus a disease state is usually a combination of miasms with its main focus on one miasm. It is important to perceive each miasmatic state of the remedy, in order to understand the disease state, because then we become aware of how a person perceives and reacts to his surroundings, how he perceives himself and how he reacts when things become unmanageable and stressful.

Only the totality of the signs of the individual state of each particular patient is used to cure the disease. So no real cure of miasms can take place without a strict particular treatment (individualization) of each case of disease. Chronic miasms are much hidden; the symptoms are much more difficult to be ascertained.

These things Hahnemann wrote about in his theory of disease. The physician skilled in anti-miasmatic prescribing dips deeper into the case and applies an agent that has a deeper and closer relationship with the perverted life force. The results are always better.

The mind and body work together as a unit and the disturbances are expressed in both spheres. In *Sycotic Miasm* there is hypersensitive response to something specific arising from a deficiency of the normal response like tumors, allergies, keloids.

Personality - Secretiveness, hides his weakness, tense, constantly covering up situations, fixed habits, suspicious, jealous, forgetful.

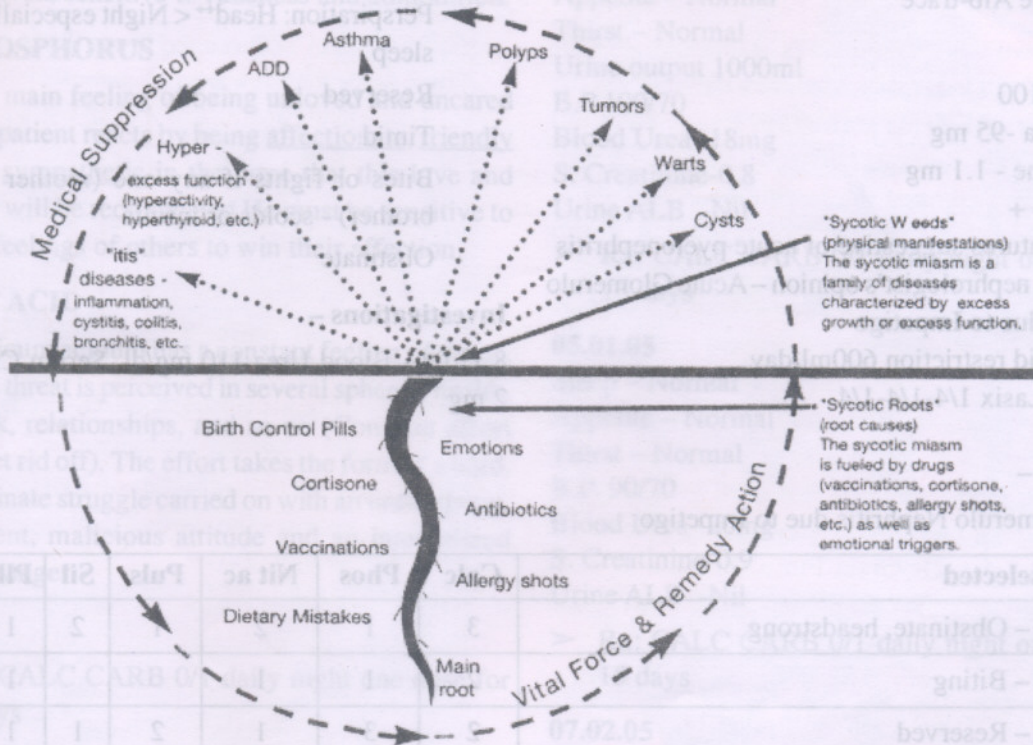
General Nature - Over production of growth like warts, condylomata, fibrous tissue, attack internal organs, pelvis, and sexual organs.

Dermatological Symptoms - Warts, moles, unnatural thickening of the skin, herpes, scars, nails are thick and irregular—corrugated, oily skin with oozing, disturbed pigment in patches.

Pains - Joint pains, rheumatic pains are < cold, damp, > motion, stitching, pulsating, wandering

Clinical conditions - Abortion, acne without pus, angina pectoris, anemia, appendicitis, cough (whooping), colic, pelvic disease + sexual organs, piles, prostatitis, nephritis (kidney), gout, arthritis, dry asthma, dysmenorrhoea, herpes, rheumatism, warts, urinary ailments.

Pathophysiology of Sycotic Miasm -



Bibliography: Organon 5th and 6th edition - Hahnemann. The Substance Of Homoeopathy –Sankaran. Miasmatic Diagnosis-S. K. Banerjea. The Chronic Miasms And Pseudo Psora —J.H.Allen.

CASE

Mast CV, Male aged 5 years, presented on 13-11-2004 with the following complaints

Location	Sensation & Pathology	AF; Modalities	Concomitants
Genitourinary system Since one month	Scanty Urine output Haematuria Facial Edema BP- 140/100		Bilateral Pedal edema

History of the presenting complaint

Pt was apparently alright till one month back – but had developed skin eruptions, two months back was treated allopathically. After that patient started

passing scanty and bloody urine. Was taken for consultation with a Nephrologist and after detailed investigation was diagnosed to be suffering from Acute Glomerulo Nephritis due to Impetigo.

Past History

29.10.04 :Blood Urea-68 mg, Serum Creatinine – 2mg

Urine Alb ++

30.10.04

Blood Urea 87 mg

S.Creatinine 1.8 mg

Urine Alb-trace

4.11.04

BP – 160/100

Blood Urea -95 mg

S.Creatinine - 1.1 mg

Urine Alb- +

USG – Features suggestive of acute pyelonephritis

Consultant nephrologist's opinion – Acute Glomerulo

Nephritis due to Impetigo

Adv – Fluid restriction 600ml/day

T. Lasix 1/4-1/4-1/4

T. Nifedine 5mg 1/4-0-1/4

Cap Mox

Patient as a person –

Appetite- Diminished

Motion- Normal

Cravings: EGG³, CHICKEN³

Thermal State: Covering full, Bathing-Cold

Perspiration: Head⁺⁺ < Night especially during sleep

Reserved

Timid

Bites or fights if any one (mother or elder brother) - scolds or insults

Obstinate

Investigations –

8.11.04 - Blood Urea 110 mg/dl, Serum Creatinine 2 mg

Diagnosis –

Acute Glomerulo Nephritis due to Impetigo

Rubrics selected	Calc	Phos	Nit ac	Puls	Sil	Plb	Bell
1. Mind – Obstinate, headstrong	3	1	2	1	2	1	3
2. Mind – Biting	2	1	1			1	3
3. Mind – Reserved	2	3	1	2	1	1	1
4. Mind – Timidity	3	3	1	4	4	3	1
5. Generals – Food and Drinks – eggs –desire	2			2	1		
6. Generals – Food and Drinks – chicken – desire		2					
7. Head- perspiration of scalp	3	3	2	3	3	1	2
8. Head perspiration of scalp – night	3		1		2		
9. Urine – Albuminous	2	2	2	1		3	
10. Extremities – Swelling – dropsical			1	1		1	1
11. Urine – Scanty	1	2	3	2	1	3	2
12. General – Hypertension	1	1	1	1	1	2	1

A suppression of impetigo, leading to Glomerulonephritis.

This tendency of internalization of symptoms itself indicates a constitutional defect.

Involvement of Kidney leading to Glomerulonephritis is Sycotic feature

DIFRENTIAL DIAGNOSIS OF REMEDIES

● **CALC CARB –**

Calcarea carbonica children can be very obstinate and can even get aggressive, but this behavior is confined only to within their home and is directed especially to their parents. Outside, they are quite timid and fearful, well-behaved, sensitive to rudeness and admonition.

● **PHOSPHORUS**

The main feeling of being unloved and uncared for, patient reacts by being affectionate, friendly and sympathetic in the hope that this love and care will be reciprocated He must be sensitive to the feelings of others to win their affection.

● **NIT ACID**

Nitricum acidum has a constant feeling of threat. This threat is perceived in several spheres: health, work, relationships, and so on (Constant effort to get rid off). The effort takes the form of a hard, obstinate struggle carried on with an unforgiving, violent, malicious attitude and an internalized cold anger.

13.11.04

> Rx: CALC CARB 0/1 daily night one dose for 7 days

REASON FOR SELECTING 50 MILLISIMAL POTENCY

1. The involvement of vital organ
2. The pathology and progression of disease - i.e. from less vital to more vital
3. As a precaution that it wont go in for further complications (medicinal agg - which is not advisable in such conditions)- as a reaction to the well indicated remedy - which would not have been tolerated by the patient.

20.11.04

Sleep – Normal
Appetite – Normal
Thirst – Normal
Urine output increased
B.P 110/70

Blood Urea -24.5mg

S. Creatinine-0.9

Urine ALB -Nil

> Rx: CALC CARB 0/1 daily night one dose for 15 days

04.12.04

Sleep – Normal
Appetite – Normal
Thirst – Normal
Urine output 1000ml
B.P 100/70
Blood Urea -18mg
S. Creatinine-0.8
Urine ALB -Nil

> Rx: CALC CARB 0/1 daily night one dose for 15 days

05.01.05

Sleep – Normal
Appetite – Normal
Thirst – Normal
B.P 90/70
Blood Urea -20mg
S. Creatinine-0.9
Urine ALB -Nil

> Rx: CALC CARB 0/1 daily night one dose for 15 days

07.02.05

Sleep – Normal
Appetite – Normal
Thirst – Normal
Urine - Normal
B.P 90/70
Skin-Eruptions reappearing

> Sac lac for 15 days

04.03.05

Skin eruptions increased 10 days back now in the stage of regression

> Sac lac for 30 days

04-04-2005

Blood Urea 22mg/dL
Serum creatinine 0.9mg/dL
USG – Kidneys show Normal sonographic pattern

The case contributed by Dr T. Semparuthi, Alumns of 1987 batch

CAMPUS BUZZ

Hahnemann's Day – 2005 - As the Homoeopathic fraternity all over the world celebrated the 250th birthday of founder Dr Samuel Hahnemann, we at Fr Muller's celebrated Hahnemann's Day on 9th and 10th of April 2005, with academic, clinical and cultural activities.

The two day program was inaugurated by the Director, Rev. Dr Baptist Menezes by lighting the lamp and garlanding the portraits of Hahnemann and Fr Muller. In his message he stressed on the need of inculcating the ethos of the Institution – “*Heal and Comfort*” and the Principles of Homoeopathy to achieve the best. On this occasion while delivering his message, Rev. Fr Stany Tauro, Administrator of FMHMCH highlighted the need for research in Homoeopathy and told the students to derive maximum learning from Master's life. The Principal, Dr S.K. Tiwari in his message highlighted the significance of the day and the need to rededicate ourselves to the cause of Homoeopathy. The Chief Guest of the day Dr Greta Pinto, Alumna of First batch (1985), spoke about her experience and demonstrated a few challenging cases.

This was followed by Drug Picture presentation, Elocution competition, Cultural programs and prize distribution. These celebrations were organized by a committee headed by Dr Madonna as the chairperson.

On 10th April 2005, one day free Medical Camp was organized with the faculty members attending to 244 patients, suffering from skin disorders, allergic disorders, rheumatic complaints and respiratory disorders.

Results of B.H.M.S. Examinations, March 2005 conducted by RGUHS, Karnataka:

YEAR	Appeared	Passed	Distinction	I Class	II Class	%
IBHMS	75	71	4	52	14	94.67
II BHMS	54	51		42	3	94.44
III BHMS	25	24		16	7	96
IV BHMS	40	39		25	6	97.5

Students rejoined the classes on 30th May 2005 after the results were announced.

Internship Program – 34 students of the Final Year BHMS, who successfully completed their examinations of RGUHS in March 2005, joined for the Internship Program on 7th June 2005.

Obituary – We are sad to announce and condole the deaths of

- Sri Ram Sakal Tiwari aged 80 on 22nd May 2005, father of Dr S.K. Tiwari,
- Sri Jagannath Dhole aged 64 on 30th May 2005, father of Dr N.C. Dhole,
- Dr Nirmala Alva aged 34 years on 2nd June 2005, sister of Dr Reena Maria Alva.

May their souls rest in peace.

Coming Events

- Rev Dr Baptist Menezes, Director of FMCI will be celebrating his birthday on 28th of July 2005. Many happy returns of the day.
- 29th of July 2005 new batch of I BHMS will be inducted. They will be starting their regular classes from 30th of July 2005.
- RGUHS Karnataka, examinations for I, II, III and Final BHMS will be held from 18th Aug 2005.

Staff Members in Light

Dr S.K. Tiwari presented a paper on *Role of Repertories in General Practice* at Rajarshi Chatrapati Sahu Memorial Conference held on 11th and 12th at Kolhapur, Maharashtra.

Dr Girish Navada and Dr Guruprasad were invited to present scientific papers at a conference at Trichy, Tamilnadu on 26th June 2005. They presented papers on *Head and Neck malignancies & Its Homoeopathic Approach* and *Role of Investigations & Its Importance in Homoeopathic Practice*, respectively.

The Central Council of Homoeopathy has communicated in its letter No 14-9/2002-CCH/5697, dated 30th June 2005, that **Essentials of Repertorisation**, authored by **Dr S.K. Tiwari** has been approved as the text book of Repertory by Central Council of Homoeopathy at its meeting held on 22-03-2005. Congratulations to Dr S.K. Tiwari.

PHOTO ALBUM - HAHNEMANN'S DAY CELEBRATION



Rev. Dr Baptist Menezes, Director, F.M.C.I. inaugurating the celebrations by lighting the lamp



Rev. Fr Stany Tauro, Administrator, F.M.H.M.C.H. speaking of the occasion



Dr S.K. Tiwari, Principal speaking on the occasion



Chief Guest Dr Greta Pinto is felicitated



Dr Greta Pinto shares her experiences



Search for excellence and talents



Hahnemann's Day - Rev. Fr Stany Tauro, Administrator, F.M.H.M.C.H. inaugurating the Medical Camp



Rev. Dr Baptist Menezes, Director, F.M.C.I. speaking on the occasion of Medical Camp



Glimpses of Medical Camp organised on the occasion of Hahnemann's Day

OBITUARY



Dr Nirmala Alva
19-09-1971 - 02-06-2005



Dr Sumod Jacob
30-05-1973 - 07-06-2005

We the members of the Alumni Association of Fr Muller Homoeopathic Medical College express our heartfelt condolences to the members of the family of Dr Nirmala Maria Alva (Alumna of 1989 batch) and Dr Sumod Jacob Solomon (Alumnus of 1990 batch). They had great dreams to serve the people but God's wish was different.

We pray that God who has called them to Himself at the prime of youth may give them eternal rest.

Senders Name and Address

Fr Muller Homoeopathic Medical College & Hospital
Fr Muller Road, Kankanady,
Mangalore 575 002

BOOK POST

To