



MULLERIAN

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Quarterly Bulletin of Father Muller Homoeopathic Medical College and Hospital

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EDITORIAL

Dear Reader

Paracelsus said "Time is a brisk wind, for each hour it brings something new... but who can understand and measure its sharp breath, its mystery and its design?" We have been trying to understand this but we have failed often in our quest.

Here at Father Muller Homoeopathic Medical College, we had a hectic schedule organizing camps to distribute medicines in the areas affected by Chikungunya in association with District Health Authorities and adjusting with the administrative reshuffle with Rev. Fr Stany Tauro having been appointed as Administrator of Father Muller Medical College Hospital and Rev. Fr Wilfred Prakash appointed as the Administrator of Father Muller Homoeopathic Medical College and Hospital.

The district of Dakshina Kannada suffered from the outbreak of Chikungunya since May 2008, thousands of people having been affected by it. It had a major impact on the people due to its disabling arthralgia (joint pains) remaining for several weeks to months even after fever subsided. Considering the magnitude of the disease it was felt that Homoeopathic intervention would help in preventing this public menace. The Institution with the help of its Doctors has been instrumental in distributing Homoeopathic medicines to scores of people affected by Chikungunya under the guidance of DHO. In addition to giving medicines, the team also concentrated on educating the general public regarding the spread and control of Chikungunya.

Rev. Fr Stany Tauro who served as the Administrator of FMHMCH for the past 8 years has been appointed as Administrator of Father Muller Medical College Hospital. He has been instrumental in giving us an independent status at Deralakatte. We remain grateful to Rev. Fr Stany Tauro and wish him all success in his new mission.

Rev. Fr Wilfred Prakash who has been the Assistant Director of Father Muller's Homoeopathic Pharmaceutical Division for the past 4 years has now been appointed as Administrator of FMHMC with effect from May 21, 2008. We extend a cordial welcome to our new Administrator and promise our full support and co-operation.

In continuation of our series on 'Homoeopathy and Psychiatry', in this issue we will deliberate on Generalised Anxiety Disorder. Almost everyone experiences temporary anxiety, a feeling of nervousness or fear, as a normal reaction to a stressful situation at some point in life. However, people who experience anxiety that is overwhelming and consuming may have a condition called generalized anxiety disorder. It often begins at an early age, and the signs and symptoms may develop more slowly than in other anxiety disorders. Many people with generalized anxiety disorder can't recall when they last felt relaxed or at ease. They are constantly plagued by worries. They may feel anxious and worried about things both large and small.

In the case study that has been deliberated upon, we have tried to highlight the difficulties the patient had been going through and how well-selected Homoeopathic Medicine has helped her to overcome her difficulties gradually, even to the extent of stopping the drugs that she has been taking for more than three years.

Thus to conclude I quote Charles Caleb Colton, "Time is the most undefinable yet paradoxical of things; the past is gone, the future is not come, and the present becomes the past even while we attempt to define it, and, like the flash of lightning, at once exists and expires."

So I call upon our readers to join us in another journey in an attempt to define.

Dr M.K. Kamath

Editor

GENERALISED ANXIETY DISORDER

It's normal to feel anxious or worried at times. Everyone does. In fact, a moderate amount of anxiety can be good. Anxiety helps to respond appropriately to real danger, and it can help to excel at work and at home.

But if you often feel very anxious without reason and your worries disrupt your daily life, you may have generalized anxiety disorder. Generalized anxiety disorder causes excessive or unrealistic anxiety and worry - well beyond what's appropriate for a situation.

Definition

Generalized anxiety disorder (GAD) is an anxiety disorder that is characterized by excessive, uncontrollable and often irrational worry about everyday things, which is disproportionate to the actual source of worry. This excessive worry often interferes with daily functioning, as individuals suffering GAD typically catastrophise, anticipate disaster, and are overly concerned about everyday matters such as health issues, money, family problems, friend problems or work difficulties. It most often begins in childhood or adolescence, but can begin in adulthood. It is more common in women than in men.

Causes

The exact cause of GAD is not fully known, but a number of factors including genetics, brain chemistry and environmental stresses appear to contribute to its development.

- **Genetics:** Some research suggests that family history plays a part in increasing the likelihood that a person will develop GAD.
- **Brain chemistry:** GAD has been associated with abnormal levels of certain neurotransmitters in the brain. This can alter the way the brain reacts in certain situations, leading to anxiety.
- **Environmental factors:** Trauma and stressful events, such as abuse, the death of a loved one, divorce, changing jobs or schools, may lead to GAD. GAD also may become worse during periods of stress. The use of and withdrawal from addictive substances, including alcohol, caffeine and nicotine, can also worsen anxiety.

Symptoms

GAD affects the way a person thinks, but the anxiety can lead to physical symptoms, as well. Symptoms of

GAD include:

- Excessive, ongoing worry and tension
- An unrealistic view of problems
- Restlessness or a feeling of being "edgy"
- Irritability
- Muscle tension
- Headaches
- Sweating
- Difficulty in concentrating
- Nausea
- The need to go to the bathroom frequently
- Tiredness
- Trouble falling or staying asleep
- Trembling
- Being easily startled

In addition, people with GAD often have other anxiety disorders (such as panic disorder, obsessive-compulsive disorder and phobias), suffer from depression, and/or abuse drugs or alcohol.

Diagnosis

According to the Diagnostic and Statistical Manual IV-Text Revision (DSM-IV-TR), the following criteria must be met for a person to be diagnosed with Generalized Anxiety Disorder.

1. Excessive anxiety and worry (apprehensive expectation), occurring more days than not for at least six months, about a number of events or activities (such as work or school performance).
2. The person finds it difficult to control the worry.
3. The anxiety and worry are associated with three (or more) of the following six symptoms (with at least some symptoms present for more days than not for the past 6 months).

Note: Only one item is required in children.

- i. restlessness or feeling keyed up or on edge
- ii. being easily fatigued
- iii. irritability
- iv. muscle tension
- v. difficulty falling or staying asleep, or restless unsatisfying sleep
- vi. difficulty in concentrating or the mind going blank

Symptoms can also include nausea, vomiting, and chronic stomach aches.

Treatment

Treatment for GAD most often includes a combination of medication and cognitive-behavioral therapy.

- Medication: Medicines are especially helpful for people whose anxiety is interfering with daily functioning. The medications most often used to treat GAD are from a class of drugs called benzodiazepines. These medications are sometimes referred to as "tranquilizers". These medicines work by decreasing the physical symptoms of GAD, such as muscle tension and restlessness.
- Pharmaceutical treatments for GAD also includes selective serotonin reuptake inhibitors (SSRIs), which are antidepressants that influence brain chemistry to block the reabsorption of serotonin in the brain. SSRIs are mainly indicated for clinical depression, but are also effective in treating anxiety disorders. Common side effects include nausea, sexual dysfunction, headache, diarrhea, among others.
- Cognitive-behavioral therapy: Involves a therapist working with the patient to understand how thoughts and feelings influence behavior. The goal of the therapy is to change negative thought patterns that lead to the patient's anxiety, replacing them with positive, more realistic ones. Elements of the therapy include exposure strategies to allow the patient to gradually confront their anxieties and feel more comfortable in anxiety-

provoking situations, as well as to practice the skills they have learned. CBT can be used alone or in conjunction with medication.

In addition, relaxation techniques, such as deep breathing and biofeedback, may help to control the muscle tension that often accompanies GAD.

Complications

Include Depression, Substance abuse, Insomnia, Digestive or bowel problems, Headache, Teeth grinding (bruxism), Dependency on anti-anxiety medications, sleepiness and sexual problems.

Prevention

Anxiety disorders cannot be prevented; however, there are some things that can be done to control or lessen symptoms, including:

- Stop or reduce the consumption of products that contain caffeine, such as coffee, tea, cola and chocolate.
- Ask doctor or pharmacist before taking any over-the-counter medicines or herbal remedies. Many contain chemicals that can increase anxiety symptoms.
- Exercise daily and eat a healthy, balanced diet.
- Seek counseling and support after a traumatic or disturbing experience.

Dr M. K. Kamath

CASE STUDY

Preliminary Data:

Name: Miss. A, Age: 27 Yrs. Sex: Female, Education: Post Graduation

Occupation: Lecturer in college, Status: Single, Religion: Hindu. Date of case taking 26.02.2008.

Chief Complaints:

LOCATION	SENSATION & PATHOLOGY	MODALITIES	ACCOMPANIMENTS
Gastro Intestinal Tract: since 3 years Epigastrium	Bowel - 2-3 times/morning Urging for stool Burning pain Nausea, Vomiting	A/F: New job < Morning > Eating solid < Chicken, Fish < Pastry > Passing stool < Sour drinks	Weakness Drowsiness Anxiety-Facing any new situation.
On Allopathic medication: Since 1 year -DUVANTA 20 mg 0-0-1 -TRYPTOMER 10 mg 0-0-1			

History Of Chief Complaint:

Patient was apparently healthy 3 years back. Complaint started all of a sudden when she was preparing for an exam 3 years back. Night 10 pm she had milk and vomited everything. Next morning when she got up she had burning in epigastrium and anxiety. She did not go to college on that day due to weakness after vomiting.

She consulted a doctor on that day and he told it is gastritis and gave medication for 1 week. After a month she went to another doctor for the same complaint. He advised for admission and ordered all routine investigations including USG of abdomen & Gastroscopy, but revealed nothing

After a few months she went to a surgeon and he advised all investigations again, which revealed nothing. He advised medication for gastritis and anxiety. She continued the treatment for 6 month.

Past 1 year she is under Psychiatric treatment for her anxiety and there was temporary relief. But again in recent months she has developed anxiety and burning in the abdomen.

Family History:

Father- Hypertension. No other significant Psychiatric history elicited in the family.

Patient As A Person:

Appearance: Lean. Perspiration: decreased in general
Appetite: decreased. Thirst: 1-2L/day. Craving: spicy

Bowel: once/day, soft. Bladder: 4-5/day. No difficulty

Sleep: good. Occasionally disturbed due to thoughts of previous days work

Menstrual function:

F.M.P: 13 Years L.M.P: 3rd February

MENSES: Regular. CYCLE: 30 Days. DURATION: 3 Days

DURING FLOW: Urging for stool .1-2/day with backache.

Mental State:

FEAR - when alone in a room, evening (when no work). Disturbance of sleep

ANXIETY- Urging for stool, burning in abdomen

Anticipatory Anxiety- Facing any situation like going

to meet any higher authority, new place .Anxiety starts when told about that situation itself and remains till she goes through that particular situation, and performs well .Anxiety sensation like abdomen burning, restlessness mentally.

Company desires. Does not want to stay alone.

Life Space Investigation:**CHILDHOOD HISTORY:**

-FEAR/ANXIETY about exams only when not covered the portion for exam.

- Anxiety -Performing on stage. But once goes to stage perform well.

Studies-Perform well even though with anxiety

FIRST JOB :

Joined as a lecturer in a college

First day went on without any stress

Second day had to take class, the previous night she was preparing, took a glass of milk and vomited immediately.

Next morning developed a state of soreness of tongue, burning in epigastric and urging for stool.

Which remains for 4-5 hours till 10 am and did not go to college.

TODAY MORNING:

Early morning got phone call from her friend to go to a bank.

-She developed an anxiety state with soreness of tongue, mouth.

-Urging for stool (2-3 times)

-Burning in epigastric, better by eating solid food.

General Physical Examination:

No Pallor, cyanosis, clubbing, icterus, oedema, lymphadenopathy.

Vital Signs: Pulse: 88/min, B.P: 120/70 mmHg, Temp: A febrile, Weight: 47 Kg

Systemic examination: CVS-NAD, RS-NAD, Abdomen-NAD

Provisional Diagnosis:

GENERALIZED ANXIETY DISORDER (F41.1 I.C.D-10)

-Insidious onset in 3rd decade and common in women

often related chronic environmental stress.

- Persistent generalized anxiety
- Apprehension about future
- Autonomic over activity like epigastric discomfort

Differential Diagnosis:

HYPOCHONDRIACAL DISORDER (F45.2 I.C.D-10)

-Persistent belief in the presence of serious physical illness.

-Repeated investigations and examinations have identified no adequate physical disorder

-Persistent refusal to accept the advice and reassurance of several different doctor.

Ruled out due to following reasons:

- Anxiety is the accompaniments along the physical disorder.
- Anticipation had brought her physical complaints.

Follow Up Criteria:

1. Weakness
2. Burning of epigastria
3. Urging for stool
4. Anxiety
5. Fear

26/2/2008[FIRST PRESCRIPTION]

REMEDY:

- 1) ARG.NIT.200 (2 packet) 1 packet HS x 2 days
- 2) SL packet (7 packet) early morning empty stomach
- 3) No 40 pills 4- 0- 4 x 1 week

GENERAL MANAGEMENT:

DIET:

-Avoid oily food, Fried items, Spicy food. Take adequate water.

4/3/2008[SECOND PRESCRIPTION]

1	2	3	4	5
S	<	S	S	S

After taking medicine developed nausea and vomiting

So, stopped the medicines and continued allopathic medicine.

Loose stool after having dinner in a party. Which remained for 2 days.

Generals-Good

REMEDY:

- 1) ARG.NIT.1M (2 packet) (1 packet) HS x 2 days
- 2) SL packet (7 packets) early morning empty stomach
- 3) No 40 pills 4 - 0- 4 x 1 week

11/3/2008[THIRD PRESCRIPTION]

1	2	3	4	5
S	<	S	>	S

Loose motion -2 times /early morning, <waking on, A/F:Change of food

Burning of abdomen -full day and night

Thirst: increased. No anxiety/Tension

REMEDY:

- 1) ARG.NIT. (0)(2 packet) (1 packet)HS x 2 days
- 2) No 40 pills 4- 0- 4 x 1 week

25/3/2008[FOURTH PRESCRIPTION]

1	2	3	4	5
<	<	S	S	S

Burning in abdomen

Empty stomach, not better by eating.

<Sour food/drinks. < fruits.

Dependant on the Remedy.

CHANGE OF REMEDY BASED ON CONTRADICTORY SYMPTOMS

REMEDY:

- 1) IGNATIA.10M (2 packet) (1 packet)HS x 2 days
- 2) No 40 pills 4- 4- 4 x 1 week

1/4/2008 [FIFTH PRESCRIPTION]

1	2	3	4	5
>	>+	>	S	S

-Burning pain remains for some time and feels better.

-No vomiting /loose stool

-Intolerance to sour food.

REMEDY:

- 1) IGNATIA.(0) (2 packet)(1 packet)HS x 2 days
- 2) No 40 pills 4- 4- 4 x 1 week

8/4/2008[SIXTH PRESCRIPTION]

1	2	3	4	5
>	>	>	>	>

Burning in abdomen <empty stomach,>Hard pressure

No vomiting /loose stool

Generals -Good

REMEDY:

1) IGNATIA.(0) (2 packet)(1 packet)HS x 2 days

2) No 40 pills 4- 4- 4 x 1 week

15/4/2008[SEVENTH PRESCRIPTION]

1	2	3	4	5
>	>+	>+	>	>

Generals -Good

Reduced Tryptomer 10mg 0-0-1/2 since 4 days

REMEDY:

1) IGNATIA.(0) (4 packet) (1 packet)HS x 2 days weekly

2) No 40 pills 4- 4- 4 x 2 week

29/4/2008[EIGHTH PRESCRIPTION]

1	2	3	4	5
>+	>+	>+	>	>

-Has stopped Allopathic medications since 1 week

-Generals -Good

O/E: Pallor +

P/A-NAD

Weight-43 Kg. B.P:116/70 mmHg.

REMEDY:

1) IGNATIA.10M (1 packet) HS today

2) No 40 pills 4- 4- 4 x 1 week

Dr Girish Navada

STRAFF MEMBERS IN LIGHT

- Dr Jacintha Monteiro**, Asst. Prof., Dept. of Organon - Health awareness talk about Chikungunya at Sacred Heart of Jesus Church, Vorkady on 29.06.2008.
- Dr Praveen Raj**, Asst. Prof., Dept. of Organon - Chikungunya information and Homoeopathic approach at Guardian Angel Church, Angelore on 29.06.2008.
- Dr Shivaprasad**, Prof. & HOD, Dept. of Organon - Guest speaker in Phone-in programme hosted by V4 Media, Local T.V. Channel on 20.06.2008 and telecasted on 22.06.2008 and 25.06.2008.
- Dr Prasanna Kumar**, Asst. Prof., Dept. of Community Medicine delivered a talk on Chikungunya, Dengue and Malaria at St Aloysius College, Mangalore on 12.07.2008.
- Attended phone-in programme organized by 'Vijayakarnataka' daily.
- Dr Prasanna Kumar, Dr Anusha and Dr Ramakrishna Rao**
- 'Chikungunya Prevention and treatment through Homoeopathy' for Catholic Sabha members of Mangalore Diocese on 19.06.2008 at Fr Muller Homoeopathic Medical College, Deralakatte.
- Awareness talk and interaction with Faculty members of Madhani College, Ullal on 07.07.2008 at Fr Muller Homoeopathic Medical College, Deralakatte.
- Dr Roshan Pinto** delivered a talk on Chikungunya on 26.06.2008 at Little Flower High School, Kinnigoli
- Awareness programme and interaction with the Y.C.M. members of Pakshigere Parish regarding Prevention and Treatment of Chikungunya on 13.07.2008.
- Dr Girish Navada**, Awareness & orientation regarding Chikungunya for self help group workers at Kalatoor, Puttige Panchayat on 10.07.2008.
- Dr Joseph Thomas**, Asst. Prof., Dept. of Materia Medica - Health awareness talk on Chikungunya at Bela on 01.06.2008.
- Dr Kurian, Lecturer**, Dept. of Repertory - delivered a talk on Chikungunya at Bela, Thalapady and Kumbla on 01.06.2008, 22.06.2008 and 02.07.2008 respectively.

CAMPUS NEWS



April 1st 2008 - A Farewell program was organized for Dr Sr. Vida Olivera, Professor and HOD of Community Medicine Department who was retiring from her dedicated service in FMHMC for 14 years and FMCI for 24 years.



April 4th 2008 - 66 students of the Final Year BHMS, who successfully completed their examinations of RGUHS in Feb 2008, joined for the Internship Program.

April 7th 2008 - A Health Education Program for self help group volunteers was organized by the Dept of Community Medicine along with the Departments of Paediatrics and OBG - in connection with 'World Health Day' Celebrations.



April 9th 2008 - Hahnemann's Day Celebration. The Celebration was organized by the Department of Materia Medica. Various competitions were conducted for U.G and P.G students such as Essay writing, Debate, Poster Presentation on the topic "Mother and Child", Rangoli, Pencil sketching, Cartoon Drawing & Quiz. Dr Vinod Kumar, Alumni of FMHMC was the Guest of Honor and shared his experiences in FMHMC.

April 26th 2008 - Dr Jatin Valia, Homoeopathic Sports Medicine specialist to various Indian teams addressed the staff and students on "Homoeopathic Sports Medicine".

21st May 2008 Rev. Fr Wilfred Prakash D'Souza took charge as 'Administrator of FMHMC' in place of Rev. Fr Stany Tauro who was appointed as Administrator of Father Muller Medical College Hospital.



May & June 2008 - This year Chikungunya affected various parts of Dakshina Kannada District. The college with the help of the Staff, P.Gs and Interns conducted awareness programme, gave preventive medicines and treated the affected cases in various parts of Puttur and Bantwal Taluk. The villages visited were Uppinangadi, Koyla, Kaniyoor, Nelyadi, Tanner Pantha, Thalapady, Moorugooli, Natekal, Vittal, Peruvai, Manchi and also Bela a village in Kasargod taluk.

Preventive Medicines were distributed to 71,100 people and around 13,709 affected cases were treated. In total 84,809 people were treated with Homoeopathic Medicine till 28th June 2008



31st May 2008 - The hostelites of FMHMC celebrated the Hostel Day "FRESCO '08" on 31st may 2008, which had various cultural events and was followed by Dinner.

4th June 2008 - A Health Awareness talk was organized by the Department of Community Medicine, in view of



"Tobacco Free Week". Professor Dr B.M Hegde, former Vice Chancellor of Manipal University delivered a talk on the occasion.



10th June 2008 - A get-together of staff, P.G and Interns who participated in Chikungunya Control Program was arranged to appreciate the hard work done by the team.

13th June 2008 - A Thanks-giving program was organized by FMHMC for Rev. Fr Stany Tauro, our Former Administrator who has now taken charge as



Administrator of Fr Muller Medical College Hospital. The Program was to appreciate his services to FMHMC and to thank him for the same.

17th June 2008 - Inauguration of M.D (Hom) Course 2008-09 batch was organized with 22 students taking admission in different specialties.

Senders Name and Address:

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BOOK POST

To