



MULLERIAN

Vol 27

Quarterly Bulletin of Father Muller Homoeopathic Medical College and Hospital

April- June, 2010

EDITORIAL

Dear friends,

Days are passing so quickly that, we are already in the middle of 2010 and the 2nd issue of "Mullerian" of this year is in your hands with lots of nostalgic moments of "Milan 2010" and glimpses of the "Silver Jubilee Celebrations" of FMHMC.

We have new office bearers for the Alumni Association of our college. I thank Dr Vinod the former President, Dr Girish Navada the Secretary and all the other office bearers. I also congratulate Dr Sadat Sait and his team of new office bearers of the Alumni Association for the year 2010-2011.

This time we have a case presentation from Dr Deo Prakash(5th batch). I thank him for us sending this case.

The modern era seeks evidence. So in this "Silver Jubilee Year" I request every "Mullerian" to pledge to contribute evidence- based articles/case studies, which could enrich the wonderful art of healing. With your experiences, enlighten the budding homoeopaths to render great service to homoeopathy in future.

We had many academic programmes after the Silver Jubilee finale; all our UG and PG seats are full

Continuing in search of superior knowledge, in this issue we take up another topic of clinical interest "Ovarian Cyst". This is one of the commonest Gynaecological conditions which many Homoeopaths come across

As monsoon started in south India, I hope this issue of "Mullerian" makes you warm with news of our campus and nostalgic memory of the get together we had this year.

Please don't forget to send your valuable articles, suggestions and your recent achievements and I will be happy to publish the same in the forth coming issues of our "Mullerian". I wish you all happy reading.

Dr Guruprasad M.N
Editor

OVARIAN CYST

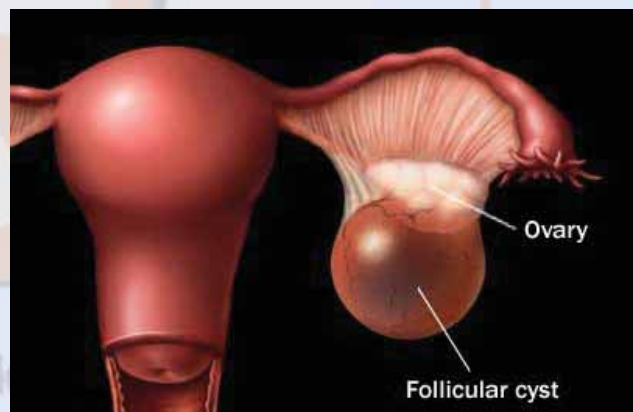
An ovarian cyst is any collection of fluid, surrounded by a very thin wall, within the ovary. Any ovarian follicle that is larger than about two centimetres is termed an ovarian cyst. An ovarian cyst can be as small as a pea, or larger than an orange.

Most ovarian cysts are functional in nature and harmless (benign). Ovarian cysts are found in nearly all premenopausal women, and in up to 14.8% of postmenopausal women.

Ovarian cysts affect women of all ages. They occur most often, however, during a woman's childbearing years. Some ovarian cysts cause problems, such as bleeding and pain. Surgery may be required to remove cysts larger than 5 centimetres in diameter by modern system.

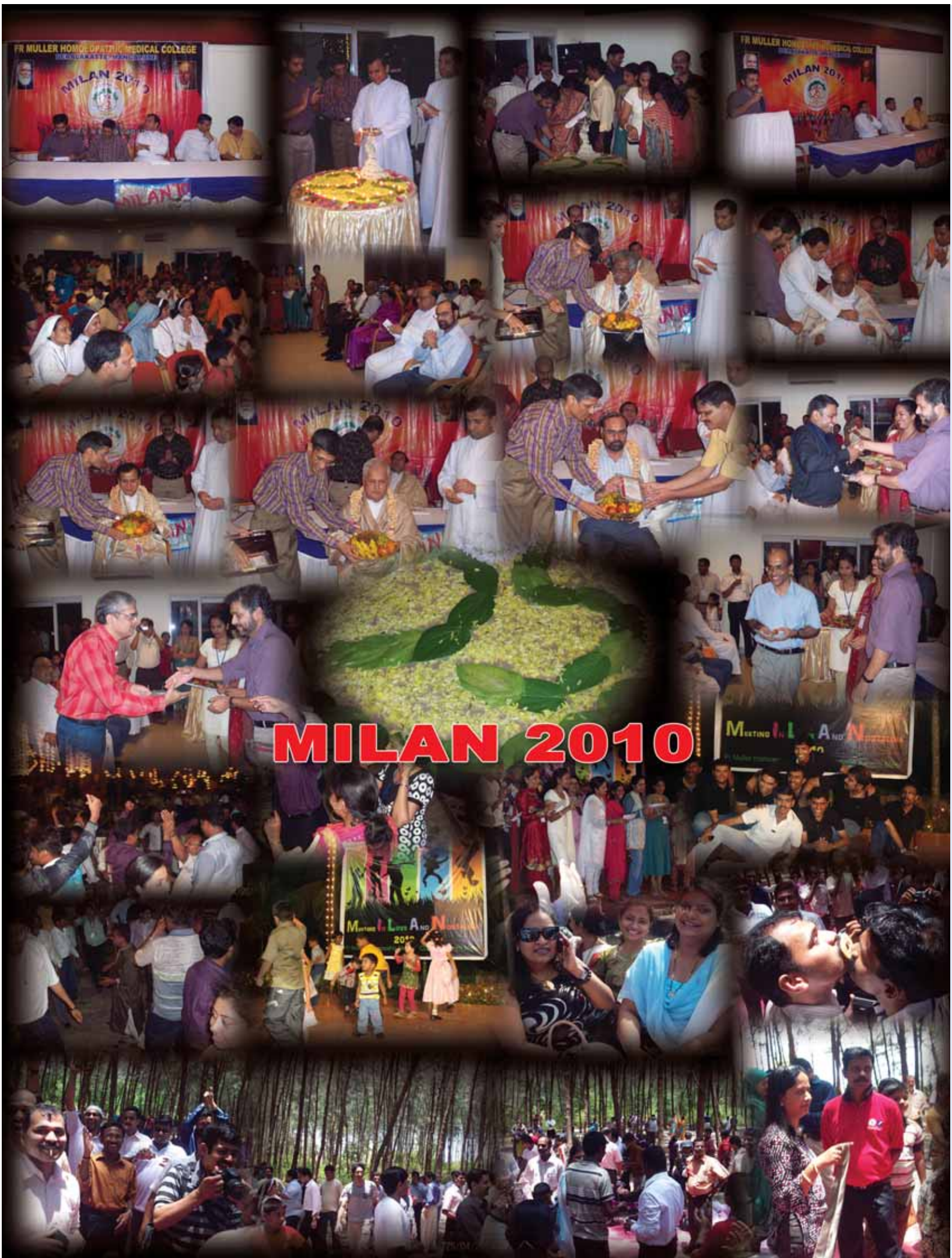
Classification - Functional cysts

Functional cysts, or simple cysts, are part of the normal process of menstruation. They have nothing to do with



disease, and can be treated. These types of cysts occur during ovulation. If the egg is not released, the ovary can fill up with fluid. Usually these types of cysts will go away after a few menstrual cycles.

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MILAN 2010

Meeting In Love And Nature
2010



Mullerian

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Follicular cyst (of ovary): One type of simple cyst, which is the most common type of ovarian cyst, is the *graafian follicle cyst, or follicular cyst.*

Lutein cysts:

- **Corpus luteum cyst:** Which may rupture about the time of menstruation, and take up to three months to disappear entirely

- **Theca lutein cyst** is a type of functional ovarian cyst.

The term “**hemorrhagic ovarian cyst**” is used to describe cysts where significant quantities of blood has entered. “Hemorrhagic follicular cyst” is classified under N83.0 in ICD-10, and “hemorrhagic corpus luteum cyst” is classified under N83.1. They are fluid-filled, sac like growths on the ovaries. They can occur and regress, undetected, during a normal menstrual cycle. They are very common in women during their reproductive years. These cysts usually disappear within one or two menstrual cycles and the woman is rarely aware of them.

Non-functional cysts

There are several other conditions affecting the ovary that are described as types of cysts, but are not usually grouped with the functional cysts. (Some of these are more commonly or more properly known by other names.) These include:

- **Dermoid cyst** is a cystic teratoma that contains developmentally mature skin complete with hair follicles and sweat glands, sometimes luxuriant clumps of long hair, and often pockets of sebum, blood, fat, bone, nails, teeth, eyes, cartilage, and thyroid tissue. Because it contains mature tissue, a dermoid cyst is almost always benign.
- **Chocolate cyst (of ovary):** *An endometrioma, endometrioid cyst, endometrial cyst, or chocolate cyst* is caused by endometriosis, and formed when a tiny patch of endometrial tissue bleeds, sloughs off, becomes transplanted, and grows and enlarges inside the ovaries.
- **A polycystic-appearing ovary** is diagnosed based on its enlarged size, usually twice normal with small cysts present around the outside of the ovary. It can be found in “normal” women, and in women with endocrine disorders. Polycystic-appearing ovary is different from the polycystic ovarian syndrome, which includes other symptoms in addition to the presence of ovarian cysts.

Signs and symptoms

Some or all of the following symptoms may be present,

though it is possible not to experience any symptoms:

- Dull aching, or severe, sudden, and sharp pain or discomfort in the lower abdomen (one or both sides), pelvis, vagina, lower back, or thighs; pain may be constant or intermittent.
- Fullness, heaviness, pressure, swelling, or bloating in the abdomen
- Breast tenderness
- Pain during or shortly after beginning or end of menstrual period.
- Irregular periods, or abnormal uterine bleeding or spotting. Change in frequency or ease of urination (such as inability to fully empty the bladder), or difficulty with bowel movements due to pressure on adjacent pelvic anatomy
- Weight gain
- Nausea or vomiting
- Fatigue
- Infertility
- Increased level of hair growth
- Increased facial hair or body hair
- Headaches
- Strange pains in ribs, which feel muscular
- Bloating
- Strange nodules that feel like bruises under the layer of skin

Diagnosis

Ovarian cysts are usually diagnosed by either Ultrasound or CT scan.

Treatment

About 95% of ovarian cysts are benign, meaning they are not cancerous.

Treatment for cysts depends on the size of the cyst and symptoms. For small, asymptomatic cysts, the wait and see approach with regular check-ups will most likely be recommended.

Cysts that persist beyond two or three menstrual cycles, or occur in post-menopausal women, should be investigated through Ultrasonography and Laparoscopy, surgical biopsy. Additionally, a blood test may be taken before surgery to check for elevated CA-125, a tumor marker, which is often found in increased levels in ovarian cancer, although it can also be elevated by other conditions resulting in a large number of false positives.



CASE

Ms. P, Age-31, Sex- Female, Occupation- Lecturer, Engineering College

Education-M.E, Marital status - Divorcee,

Presenting Complaints:

The patient came with the USG report saying that she was advised for surgery for the finding of Haemorrhagic cyst- Left ovary. Her periods are normal and no discharge P/V and no pain. Other complaints - Hair fall since one year.

Past History:

She had recurrent cold at 15 years of age. The symptoms were sneezing², rhinorrhoea², and nose block. The symptoms were brought on by working in water³ and cold weather. She has Hypothyroidism since the year 2000 and no other significant past history.

Treatment History:

For recurrent cold she took allopathic treatment for 2 years. For Hypothyroidism she is taking Eltroxin-100mg 1 OD. For the Haemorrhagic cyst she is advised surgery.

Family History: Father- Business- Healthy. Paternal GF- Healthy. Paternal GM-Healthy. Mother- House wife, Diabetes mellitus since one year. Maternal GF- DM. Maternal GM- Healthy. Siblings- One younger brother - Allergic rhinitis - better now with allopathy.

Patient as a person:

Likes cold weather and does not use covering during sleep. Takes cold water bath in all weathers. Thermal state-Hot-C₂H₃. Appetite- Normal, Thirst-Normal, Cravings- Coffee, fruits, and raw-rice but no pica. Aversion - Non-Veg., Perspiration- Normal, Urine-Normal, Stool- Normal 1/day. Menses- Attained menarche at 15yrs of age. Cycles are regular-26 to 28 days, flow profuse for 4 days. Dysmenorrhoea at the beginning of the flow. Sleep - normal.

Life space:

The father of the patient is a business man. Mother is a housewife. She has one younger brother. Patient has a master's degree in engineering. She got married late since her parents did not want her to go to IT field and abroad. But her married life was not successful. She broke the marriage due to physical and mental torture from her husband and her in laws. She took divorce. Now she is working as a lecturer in an engineering college. She was deeply hurt because of her unsuccessful marriage. She is very angry with her husband and MIL. And if possible she wants to take revenge on them. Basically her husband's family is poorer than theirs, her MIL never allowed the patient and her husband to be together. Now she is staying with

her parents and she wants to get married again and wants to show the people who spoiled her life for no reason that she too can live a happy life.

During the interview the patient wept once. And she was repeatedly asking whether these medicines are safe since she is taking homoeopathy for the first time. She said she is afraid of the side effects.

Investigation:

USG report on 23.6.09 says - Normal sized uterus - a small anterior wall myoma 1.2 cm. Left ovary - Haemorrhagic cyst- 5.7x4.5cm.

Diagnoses:

Clinical Diagnosis - Haemorrhagic cyst left ovary. Fibroid Uterus.

Problem Definition:

1) Totality:

Mind- Suspicious That medicines may produce side effects.

Revengeful- She wants to take revenge on the people who hurt her.

Ailments from - Grief and anger.

Physical generals- C2H3. Craving - Coffee, fruits. - Aversion-Non veg.

Particular- Hair fall, Dryness of lips. Dysmenorrhoea at the beginning of the menses. Left ovary Haemorrhagic cyst, Uterine wall myoma.

2) Defining the problem:

A 31 years old female, divorcee, highly qualified, had under gone deep emotional hurt that led to grief and anger. This triggered the Fundamental sycotic miasm to acute syphilitic miasm - Haemorrhagic cyst and revengeful attitude.

Problem resolution:

Rx LACHESIS 30 1 dose was given on 2.7.09, again repeated on 4.8.09. When she showed signs that she got better with the grief and revengeful attitude, USG was taken on 5.11.09 showed that the cyst got cleared. (To see the USG reports log on to www.fathermuller.com)

Learning:

The evolution of the disease from sycosis to syphilis was cured by LACHESIS and she has now come back to her fundamental sycotic phase. She is now under THUJA 30 sporadically, subsequently the patient got married on March 10th and settled in Chennai.

Dr Deo Prakash

BHMS, MD (Hom)

5th batch (1989-1995) FMHMC



CAMPUS NEWS

EVENTS:

1. **7/4/2010:** A “**World Health day**” programme was organised by the Dept of Community Medicine. Dr J.P.Majra Prof Dept of Community Medicine, K.S. Hegde Hospital gave a talk on “**1000 cities & 1000 lives**”

2. **10/4/2010: Hahnemann’s day celebration:** The 255th Birth anniversary of Dr Samuel Hahnemann was celebrated on 10th April; Rev Fr Valerian D’Souza Director of St Joseph’s Engineering College was the Chief Guest. Dr Sadath Sait of 1988 batch a distinguished alumni of FMHMC was the guest of Honour. The celebration concluded with cultural competitions

3. **24/4/2010: Homoeopathic Conference 2010:** The annual Homoeopathic Conference of Father Muller Homoeopathic Medical College was held on the 24th of April 2010. This year’s conference emphasized on ‘Health for all through Homoeopathy’ and attracted 451 delegates from all parts of the country. Mr G N Srikantaiah, IFS, Director of Department of AYUSH was the Chief Guest of the programme.

The papers presented during the conference were:
1: Dr B T Rudresh - ‘Success stories of Infertility’

Dr B T Rudresh a well known homoeopath shared his experience of treating primary infertility cases through homoeopathy.

2 : Dr Farokh J Master: “Acute emergency & Cancer”

Dr Farokh J Master, a stalwart of homoeopathy in Mumbai, explained the utility of repertory by using RADAR software in acute as well emergency conditions.

4. **24/4/2010: MILAN2010 Alumni meet of FMHMC:** The Silver Jubilee year of FMHMC witnessed yet another memorable and cherished event in the form of the alumni meet on the 24th of April 2010 followed by an alumni get together the next day. **Meeting In Love And Nostalgia - MILAN**, indeed became a wonderful gathering due to the splendid response from the alumni who attended this programme from far and wide. There were alumni from all 20 batch’s of UGs and PGs right from 1985 to 2004 who attended this programme.

MILAN 2010 began on 24th April at 7.30 p.m. at Mangalore Club by a short ice breaking session conducted by Dr Siju Thomas. The President of the Alumni Association Dr Vinod welcomed the gathering.

The Alumni members then felicitated the 2 eminent persons responsible for the birth of FMHMC, - founder Director Rev. Fr. Peter Noronha and founder Principal Dr K. A. Joseph. They also honoured the former Assistant Director Rev. Fr. Patrick Rodrigues, former Administrator Rev. Fr. Stany Tauro, former Principal Dr Shashikant Tiwari and all former faculty members.

Dr K. A. Joseph then expressed his sentiments and joy on seeing all his former students and faculty members and congratulated the alumni association for organising such a programme. He went down the memory lane and relived all the glorious moments of his tenure. Rev Fr. Patrick Rodrigues, the Director of Father Muller Charitable Institutions wished the jubilarians success all through and suggested that the alumni return to their almamater more often and support the activities of the institution.

They were glad to have such a nostalgic get together, memories of which they would treasure for life. With melodious music in the background, the alumni engaged in a sumptuous dinner, games and dance and had a fabulous time catching up with their earlier days. A few of the alumni and the faculty of FMHMC presented songs to entertain the gathering. The ‘**Meeting In Love And Nostalgia**’ ended for the day on a glorious note, with all alumni being truly enthralled by it.

5. **25-04-2010:** Holy mass was celebrated in St. Joseph’s Chapel. After the mass, MILAN 2010 continued as all the alumni travelled to Sultan Battery and got into the ferry there to cross over to Tannirbavi. The get together began with the alumni general body meeting. Following this all the alumni and their families moved on to the beach side for some fun and frolic. Games were organised for children and the adults. The get together came to an end with a delicious lunch arranged at the church hall in Tannirbavi. All alumni enjoyed this get together and returned with happy memories.

6. **25/4/2010: Graduation day:** Father Muller Homoeopathic Medical College and Hospital celebrated the Grand Finale of the Silver Jubilee Year and the Graduation Ceremony with great fervour on 25th of April at 5 p.m. at the college grounds, Derelakatte.

Her Excellency Mrs. Margaret Alva, Honourable Governor of Uttarakhand was the Chief Guest, Dr Ramjee Singh, President of Central Council of Homoeopathy was the Guest of Honour and Most Rev Dr. Aloysius Paul D’souza, Bishop of Mangalore was the President of the function.

The 69 undergraduates and 10 post graduates received their convocation certificates from the Chief Guest. The founder Director, Rev Fr Peter Noronha, founder Principal Dr K A Joseph and Dr N L Tiwari, representing Late Dr M L Dhawale’s Institute of clinical research were honoured on this auspicious occasion by Most Rev. Dr. Aloysius Paul Dsouza, Bishop of Mangalore and President of FMCI.

This was followed by a grand cultural programme and fireworks which added glitter to the festive mood that filled the whole place.



7. **8/5/2010 “Womens health camp”** was organised at Kedampadi in association with CODP. Dr Lydia Lobo emphasised issues related to female health. 62 persons availed of the benefits from this camp.

8. **25/5/2010: Health awareness & Medical camp** was conducted at Venoor organised by CODP. Dr Lydia Lobo addressed the gathering about importance of hygiene & sanitation in the maintenance of good health. 52 persons availed of the benefits from this camp

9. **27/5/10: A free medical checkup & health awareness camp** was held in Pilankatte in association with CODP Mangalore. Dr Sandhya gave a talk on female disorders. 54 members benefited from this camp.

10. **5/6/2010: The Inauguration 13th Batch of PG** was held at the campus. 20 PG Students from all over India joined the college in various specialities.

11. **13/6/2010: A Medical camp** was organized at Manjathoor near Bakrebail. 55 persons benefited from this camp.

STAFFS IN NEWS:

Dr Srinath Rao: Was an expert committee member of CCRH for verification of documents of clinically proved medicines at New Delhi on 2nd & 3rd June. He attended B.O.S meeting of RGUHS on 16th June 2010. He was also a resource person for ROTP at Bhuvaneshwar on 23rd June 2010.

Dr Madona Joseph: Published an article on “Homoeopathy” in Interdisciplinary research journal of All Saints College “SEEK” an yearly magazine in June 2010.

Dr Vilma D’Souza: Attended C.M.E programme on “P.P.H - Reducing Maternal Mortality” organised by the F.M.M.C on 23rd May 2010. She was also appointed as an external examiner for III BHMS students at Shri Kamaxidevi H.M.C at Goa on 20th and 21st May 2010.

Dr Roshan Pinto: Was a PG Examiner at Calicut University Govt Homoeopathic Medical College May- June 2010. He was also a PG Examiner at BD Jatti HMC at Dharwaad & UG Examiner at Goa University KHMC on May 2010. He was the Chief Guest at Chalakkudi during Hahnemanns day celebrations organised by Adithya Institute of Homoeopathic Medical Science.

Dr Praveen Raj P: Was the resource person at Sharada Krishna HMC for Hahnemanns Day celebrations and presented a paper on “Hahnemann as Medical Reformer”. He was also a resource person IHMA Kannur chapter seminar on 2/5/10 and presented a paper on Thyroid disorder. He published an article on “A case of chronic backache in Homoeo Era Vol 1, Issue 5, June 2010 and Published a Kannada article in Anupama magazine.

Dr Guruprasad MN: Published an article about “Glonine” in Homoeo Era Vol I, Issue 3 April 2010.

Dr Prasanna Kumar: Published an article on “Dyslipidaemia” in Homoeo Era April 2010, Attended theme meeting on medical instrument organized by FMMC 28/5/10 along with **Dr Praveen Raj, Dr NC Dhole** and **Dr Sajan**. He is also writing regular article in Vaidyaloka column of Hosa Digantha since May 2010 a Kannada Daily.

Dr Deepa Rebello: Published an article titled “Social Issues in HIV infected persons” in “Deeksha” Vol 8, No 2, a Biannual Journal of Social Work, St Aloysius College, Mangalore.

Dr Kurian P.J: Published an article on “Beatitudes of Research” Homoeo Era, Vol 1, Issue-3, April 2010. He also wrote an article on “Research Grant writing” in Homoeo Era, Vol 1, Issue 5, June 2010

Dr Jolly D Mello & Dr Sheetal Adyar: Attended a ROTP in Physiology & Biochemistry at Sharadha Krishna Homoeopathic Medical College Kanyakumari.

Dr Sheetal Adyar: Published an article on “Somnambulism” in Vital Informer June 2010.

ALUMNI IN NEWS:

1. **Dr Mujeeb Rehman** (20th batch) opened his clinic on April 5th Madakkara, Turuthi, Kasaragod.
2. **Dr K.V.Nagesh Kumar N** (20th batch) opened his clinic on April 6th Chirala, Prakasam Dist, A.P.
3. **Dr.Vinod, Dr Prashob, Dr.Santhosh, Dr.Vinayan** had a family get together at Ooty.
4. **Dr Arumuga Rajan** (14th batch) got married on May 19th 2010
5. **Dr Pithambar** PG from dept of Repertory, joined as a staff in Alva’s Homoeopathic Medical College Moodabidri.
6. **Dr Madhusudhan Reddy** (8th Batch of PG), Lecturer in Dept of Organon, left the Institution to join as an ESI Medical Officer at New Delhi.
7. **Dr Mullai** (18th batch), got married on 2nd June 2010.
8. **Dr Nicola M Coutino**, Dr Tripti T, Dr Eshwar H, Dr Reshal Noronha (20th batch), Dr M John Pradeep (19th batch), Dr Anitha P, Dr Tinu Mathew (18th batch), Dr Sr Gisha V George, Dr Ramakrishna Rao (17th batch), Dr Sr Liza Michael (12th batch), joined for PG Studies in FMHMC.
9. **Dr Sreevals G Menon:** Has been selected for the 5 day Assessor training course for accreditation for AYUSH hospitals in New Delhi. He was a guest for Asia Net morning show “Suprabatham” on 7th June. He was also appeared in Kairali TV “Doctor Plus programme” 30th June, 3 pm on “Life style diseases and homoeopathy”.

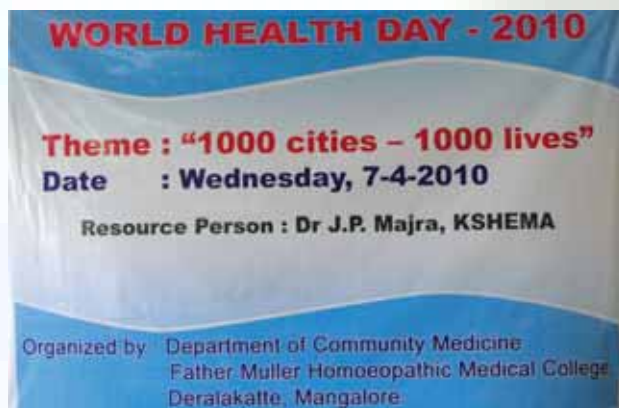
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UNIVERSITY ROAD, DERALAKATTE, MANGALORE - 575

HOMOEOPATHIC CONFERENCE - 2010

CONFERENCE & GRADUATION DAY





10. **Dr Usmaan** (20th batch), opened his clinic in Pullepady, Ernakulam on 25th June 2010
 11. **Dr Mythili Bhat** (18th batch) Got married on 28/6/10
 12. **Dr J Sumathi** (7th batch of PG), Lecturer in Dept of Materia Medica left the Institution for the better prospects.

DONATIONS

Dear Friends,

As decided in the general body meeting, a new account has been opened at Oriental Bank of Commerce, Kotekar Branch, FMHMC Campus, Mangalore to make your donations for the Alumni Association . Now you can send your donations by Cash/Cheque/DD in favour of "FMHMC Alumni - Donation" payable at Mangalore. You can also directly transfer the money to Oriental Bank of Commerce, A/c No. 12592191002437 (IFSC Code: ORBC 0101259)

ADDRESS UPDATES

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Many of you do not seem to be getting our Quarterly Bulletin - "Mullerian". To ensure your copy of Mullerian please send us your updated present address, contact no.

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To



Inauguration of 13th batch of PG Course



Medical camp at Venoor

& Email address to the addresses given below. If you are regularly receiving every issue of Mullerian, please also acknowledge the fact through post/call/e-mails to the addresses given below.

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