



VOL No. 10

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EDITORIAL

Dear Reader

Seasons Greetings.

We are very happy to place before you the first issue of year 2003. With this we are crossing another milestone in the publication of MULLERIAN. The response from the readers is immense and overwhelming. We thank our readers profusely for their kind support and encouragement, which is bestowed on us in the past 4 years.

The past one eventful year culminated with the successful hosting of the National Homoeopathic Conference 2002 in December. The yearly event at Fr. Muller's is becoming one of the major events in the calendar year of Homoeopathy in India, which was evident with delegates attending the academic and clinical experience from all over India.

The first three months of this year we had a busy schedule to prepare ourselves for the major event in our institution - that is Graduation Day and Institutions day. This year Shri Taralbalu Jagadguru Dr. Shivamurthy Shivacharya Mahaswamiji graced the occasion as chief guest and gave away the certificates to the graduates.

In this issue we look at one of the uncommon problems of the female genital tract - *chocolate cyst of ovary*, one of the many types of Ovarian Cysts. This is an interesting case that was treated successfully in our OPD. Such cured cases confirm and reconfirm the efficacy of Homoeopathic medicines and help the practitioner to treat the so called incurable cases confidently.

Hope this learning and commitment will transmit down to the readers and practitioners of homoeopathy.

Dr. M.K. Kamath
Editor

WHAT IS AN OVARIAN CYST?

An ovarian cyst is a fluid-filled sac usually found on the surface of an ovary. There are many types of ovarian cysts, each with a different underlying cause. Many women will have cysts at some point during their childbearing years. Most are completely without symptoms. However, some types of ovarian cysts can cause serious health problems.

Are Ovarian Cysts Dangerous?

Most ovarian cysts are harmless "functional" or "physiologic" cysts. Between 4% and 10% of women of childbearing age develop a potentially serious metabolic dysfunction, known as polycystic ovarian syndrome (PCOS). Multiple ovarian cysts are one hallmark of PCOS. PCOS also includes hormonal

disruptions that can result in persistent acne, Excessive body hair, thinning scalp hair, infertility, obesity, and increased risk of diabetes, cardiovascular disease, and uterine or breast cancer.

Ovarian cysts can cause discomfort during intercourse. They may bleed, rupture, or twist the ovary, causing significant pelvic pain. Sudden or severe pelvic pain, especially with vomiting or a fever, should be treated as a medical emergency.

Some ovarian cysts can become cancerous. These are all rare cancers and are most common in women in their fifties. Cancerous ovaries are usually not painful unless they grow very large before they are discovered. Annual pelvic exams are the best preventive method for detecting gynecologic cancers in the early, most treatable stages.

Ovarian Cyst Symptoms

It's not easy to know whether you have ovarian cysts. You can have cysts without any symptoms at all, or you may have vague abdominal symptoms that could suggest a number of health problems that are completely unrelated to ovarian cysts.

Some abdominal conditions with symptoms similar to painful ovarian cysts are : appendicitis, diverticulitis, intestinal inflammation or obstruction, gall bladder disease, kidney stone, or bladder infection, Gynaecological Problems with symptoms similar to ovarian cysts are : pelvic inflammatory disease, endometriosis, ectopic or tubal pregnancy, or *mittelschmirtz*, the pain some women feel at mid-cycle, after normal ovulation.

In general, one or more of the following symptoms could be related to ovarian cysts :

- Menstrual irregularities.
- Pelvic pain - a dull ache, either constant or intermittent, possibly radiating to the low back or thighs.
- Pelvic pain during intercourse.
- Pelvic pain just before your period begins or just after it ends.
- A fullness or heaviness in your abdomen.
- Feeling of pressure on your bladder or rectum.
- Nausea or breast tenderness similar to when you're pregnant.

- Continuous, creamy or clear-like-eggwhite vaginal discharge that persists unchanged for a month or more.

Any of these symptoms are sufficient cause to consult with your health professional.

Types of Benign Ovarian Cysts

- 1) **Functional (physiologic) cysts:** The most common type of ovarian cyst is the functional cyst, also called a physiologic cyst. "Physiologic" means the cyst is non-pathogenic. It develops from tissue that changes during the process of ovulation. Your ovaries normally grow cystic structures called follicles each month. Typically, these resolve back to normal ovarian tissue after ovulation. But sometimes there is a glitch and the fluid-filled cyst stays on for a while.

Functional cysts fall into two categories; follicular cyst, and corpus luteum cyst.

- **Follicular cyst:** The pituitary gland sends a message, by increasing luteinizing hormone (LH), to the follicle holding the ripening egg. This is called a "LH surge". Normally, the egg is released from the follicle and starts down the fallopian tube where it may then become fertilized by a sperm cell. If the LH surge does not occur, the follicle doesn't rupture or release its egg. Instead, it grows until it becomes a cyst. These cysts seldom cause pain, are usually harmless, and may disappear within two or three menstrual cycles.
 - **Corpus luteum cyst:** When there is a successful LH surge and the egg is released, the follicle responds by becoming a new, temporary little secretory gland called the corpus luteum. The corpus luteum produces large amounts of progesterone and a little bit of estrogen, to prepare the uterus for conception. But occasionally, after the egg is released, the escape hatch seals off prematurely and tissue accumulates inside, causing the corpus luteum to enlarge. This type of cyst will usually disappear after a few weeks.
- 2) **Dermoid cyst:** A dermoid cyst is mainly fat but can also contain a mix of different tissues. They

are often small and usually don't cause symptoms. Very rarely, they become large and rupture, causing bleeding into the abdomen, which is a medical emergency.

- 3) **Endometrioma or "chocolate cyst":** These are cysts that form when endometrial tissue (the type that lines the inside of the uterus) invades an ovary. It is responsive to monthly hormonal changes, which causes the cyst to fill with blood. It's called a "chocolate cyst" because the blood is dark, reddish-brown in color. Multiple endometriomas are found in the condition called "endometriosis". Although often asymptomatic, chocolate cysts can be painful, especially during the period or during intercourse.
- 4) **Cystadenoma:** Cystadenomas are cysts that develop from cells on the surface of the ovary. They are usually benign. Occasionally, they can become quite large and thus interfere with abdominal organs and cause pain.
- 5) **Multiple cysts - the polycystic ovary:** Women who don't ovulate on a regular basis can develop multiple cysts. The ovaries are often enlarged and contain many small cysts clustered under a thickened, outer capsule. There are many factors causing a woman to not ovulate and develop polycystic ovaries. Polycystic ovarian syndrome is a complex condition that involves multiple hormonal and organ system dysfunction.

How Ovarian Cysts are Diagnosed

Pelvic Exam: The doctor may discover an ovarian cyst during a pelvic exam, while she is palpating your ovaries. If a cyst is suspected, an ultrasound is usually

the next step-Pelvic Ultrasound. Ultrasound is a painless procedure where sound waves are transmitted through your pelvic area and an image of your ovaries and uterus is shown on a video screen. The image is analyzed to determine the nature of the cyst.

Laparoscopy: Laparoscopy is a surgical procedure performed when the doctor wants to see the cyst. A thin, lighted telescope, called a laparoscope, is inserted through a small incision into the abdomen. Laparoscopy may be used for treatment as well as diagnosis.

How Ovarian Cysts are Usually Treated

Watchful Waiting: The concept behind watchful waiting is to not actively treat the cyst until it does not go away as your hormones change. An unchanging or growing cystic ovary needs further investigation.

Birth Control Pills: If you have a functional cyst that is larger in size and causing some symptoms, birth control pills may be prescribed. The purpose of birth control pills is to alter your hormone levels, so the cyst will shrink.

Surgery: The cyst may be surgically removed if it is large, solid or filled with debris, persistently growing, irregularly shaped, or causing pain or other symptoms. If the cyst is not cancerous, it can be surgically removed without also removing the ovary. This is called a cystectomy. In some cases, the doctor may want to remove the affected ovary, while leaving the other intact in order to maintain your ability to have a normal hormone cycle.

Representation of Ovarian Cysts in Homoeopathic Repertories

Synthesis - FEMALE GENITALIA/SEX - TUMORS - Ovaries - cysts - apis;2; arg-met.;1;2 bov.;2; bufo;2; canth.;1; carb-an.;1; coloc.;2; iod.;2; kali-br.;2; lach.;2; merc.;1; murx.;1; plat.;2; prun.;1; rhod.;1; rhus-t.;2; syph.;1; thuj.;1.

Murphy - FEMALE, CYSTS, genitalia cysts, ovarian - 3 APIS, 1 apoc, 1 arn, 1 ars, 1 aur, 2 aur-i, 1 aur-m-n, 1 bell, 2 bov, 1 bry, 2 bufo, 1 canth, 1 carb-an, 1 chin, 2 colch, 2 coloc, 1 con, 1 ferr-i, 1 form, 1 graph, 2 iod, 2 kali-br, 1 kali-fcy, 2 lach, 1 lil-t, 2 lyc, 1 med, 1

merc, 1 murx, 2 ov, 2 plat, 1 prun, 1 rhod, 2 rhus-t, 1 sabin, 1 sep, 1 syc-co, 1 syph, 1 ter, 3 THUJ, 1 zinc

Murphy - FEMALE, CYSTS, genitalia cysts, ovarian left - 1 apis, 1 coloc, 2 kali-bi, 3 LACH, 2 podo, 2 sil, 3 THUJ

Murphy - FEMALE, CYSTS, genitalia cysts, ovarian right - 3 APIS, 1 fl-ac, 2 iod, 3 LYC, 2 podo, 2 sil

Phatak - OVARIES, CYSTIC - 1 apis, 1 apoc, 1 aur, 1 form, 1 iod, 1 kali-br, 1 lyc

Boericke - Female Sexual, OVARIES, CYSTS, DROPSY - 3 APIS, 2 apoc, 2 arn, 2 ars, 3 AUR-I, 2 lil-t, 3 LYC, 2 med, 2 rhod, 2 sabin, 2 ter, 2 aur-m-n, 2 bell, 2 bov, 2 bry, 2 chin, 3 COLOC, 2 con, 2 ferr-i, 2 graph, 3 IOD, 2 kali-br, 2 lach, 2 zinc

CASE

A female aged 26 years, working as a teacher presented to the OPD with following complaints -

Location	Sensation	Modalities	Concomitants
FGT Since 5-6 years	Irregular menses Dark Clots++		Vomiting++ Back pain++
Duration 15-25 days Allopathi medication Hormonal Therapy	Flow - Black red Spasmodic profuse flow, pain with	<menses during	
Has been advised surgery	USG Report dated 19th Jan 02 - Chocolate Cyst of Ovary		

Patient as a person -

Moderately built and nourished. Complexion - fair. Perspiration generally decreased, partial - over head and neck. Thirst - decreased. Cr- Eggs+++ , spicy food++. Motion - daily, but tendency for constipation++. Urine - 5-6 times a day.

Menstrual Function -

FMP - 16 years. LMP - 13-2-02, duration 15-25 days. Flow - moderate to profuse. Color - black-dark red, clots++. Sever spasmodic pains at the beginning and during menses. Vomiting++ during menses.

Sexual Function -

Pain during intercourse++. Desire for sex is normal but decreased due to pain. No issues. Married at the age of 18, married since last 8 years. No family planning has been followed.

Emotional state -

Anxious - about her disease and her future. Brooding - of not having any children. Thinks that her husband feels bad, and weeps when alone. >Consolation, Likes Company. Fear of hen++.

Reactions -

Does not use fan. Bath warm or hot. likes covering. Covering thin. Thermally - chilly.

Past History -

Hemorrhoids. Tonsillitis. Otitis media.

General Physical Examination -

Patient is moderately built and nourished. BP- 120/80mmHg. Weight - 54kg

Per Abdomen - Inspection - Abdomen is flat
Rt half of abdomen appears full when compared to left.

Palpation - tenderness++ in lower half of abdomen. No organomegaly.

Auscultation- normal bowel sounds heard.

Other systems - normal findings.

Investigation reports - USG on 19-01-02

Bilateral Ovarian Cyst with thick debris - chocolate cysts of ovary. Rt ovary - measures 9.1cm x 5.8cm Lt ovary - measures 5.8cm x 4.9cm

Totality of symptoms -

Anxiety - anticipatory about health

Pain during menses+++

Profuse bleeding, vomiting with

Ovarian cyst bilateral

Sweating and feels cold during menses

Extremities become cold

Chilly patient.

Based on these features Silicea is selected as the constitutional remedy and Pulsatilla as acute remedy.

Case was taken on 25-03-2002. Placebos were given for 10 days, and the case was worked out.

9-04-2002	LMP - 26-03-2002 till 4-04-2002. flow - profuse++. Clots++. Pain++ during menses. Thirst - decreased. Pain+ during intercourse	1. Silicea 200 4p weekly hs 2. SL tabs 4tds for 1 month.
3-05-2002	LMP-20-04-2002 till 25-04-2002. Clots >++. Pain >+. Appetite-good. Thirst - decreased. Occ constipation+.	1. Silicea 200 4p weekly hs 2. SL tabs 4tds for 1 month
7-06-2002	LMP - 17-05-2002 till 24-05-2002. had profuse flow on first 3 days. Pain >+ during menses. Pain >+ during intercourse. Feels generally better. Sleep - disturbed due to tension and anxiety about the complaints. USG - Both ovaries are normal in shape and size, texture. Evidence of follicle is noted measuring 11mm on both sides. Adnexia - no mass. POD - no fluid. Impresion - normal study.	Repeated the same.

IMPORTANT EVENTS

Homoeopathic Conference 2002: The faculty and students of the college, organized a National Homoeopathic Conference which was on held on 14th and 15th December 2002. More than 300 delegates from different parts of India participated in the event. Mr. D.P. Negi, I.G.P. Mangalore, inaugurated the Conference by lighting the lamp. Dr. D.P. Rastogi Chairman, P.G.Committee, Central Council of Homoeopathy, Govt. of India was the Guest of Honour for the inaugural function.

Dr. S.K. Tiwari, Chairman, Homoeopathic Conference welcomed the gathering and introduce the Chief Guest as well as the Guest of Honour. Rev. Fr. Stany Tauro felicitated the delegates and emphasized the need for organizing Homoeopathic Conferences more often.

Mr. D.P. Negi, I.G.P. Mangalore, in his inaugural address appreciated the services of Fr Muller Homoeopathic Medical College and the utility of Homoeopathic Medicines to serve the public at large, and congratulated the Institutions for holding the Conference annually.

Dr. D.P. Rastogi expressed his satisfaction and the standard maintained by Fr Muller Homoeopathic Medical College and appreciated the role of Fr. Muller Homoeopathic Medical College in setting a standard in Homoeopathic education and practice.

Rev. Dr. Baptist Menezes, Director of FMCI, in his presidential address emphasized the need of research in Homoeopathic system of medicine and greeted the deligates who came to participate in two days conference from all over India. Dr. Prabhu Kiran, Organizing Secretary proposed the vote of thanks.

Dr. S.M. Singh, Dr. Madonna Joseph, Dr. Vilma D'Souza, and Dr. Reju M.T., Dr. M. K. Kamath and Dr. A.U. Ramakrishnan, Dr. Shivaprasad, Dr. Girish Gupta, Dr. D.P. Rastogi and Dr. G.S. Johar presented the papers. The valedictory function was held on 15.12.02 at 4.30 p.m. The Chief Guest for the function was Rev.Fr.Valerian D'Souza, Director of St. Joseph Engineering College, Mangalore who released the Souvenir 2002.

Workshop on Objective Structured Clinical Examination: A Workshop on OSCE was held on 20.01.2003 at Fr Muller Homoeopathic Medical College under the auspices of Rajiv Gandhi University of Health Sciences. Three Senior members including Principals from all the Homoeopathic Medical Colleges of Karnataka participated in the Workshop. Dr D.K.Srinivas, Consultant, Curriculum Development and Dr.Munir Ahamed were the resource persons.

Rev. Dr. Baptist Menezes, Director FMCI, inaugurated the Workshop by lighting the lamp. In his inaugural address Rev. Dr. Baptist Menezes emphasized the need for value based education for medical students.

The Graduation/Institutions Day : was celebrated on 14th of March 2003. Rev Fr. Dr. Baptist Menezes, Director, FMCI welcomed the gathering and read the annual report of the institution. A total no. of 50 Homoeopathic Undergraduates and 9 Homoeopathic Postgraduates participated in the Graduation ceremony. Shri Taralabalu Jagadguru Dr. Shivamurthy Shivacharya Mahaswamiji was the Chief Guest, and distributed the certificates to the

graduates. President of Fr. Mullers Charitable Society, Bishop of Mangalore Most Rev. Dr. Aloysius Paul D'Souza, graced the occasion and gave the meritorious awards to the following students. Dr Neelanjana Saxena, Dr Edathila Valappil Reshma, Dr Supraja Mr S. Balaraj, Ms Susan Anna Markose, Ms Sudha Parimala, Mr K.Bagyavasan, Mr Ahmed Zubair E., Sr Letha K. Robin, Sr Temy Thomas.

Farewell: The Ist, IInd and IIIrd BHMS students organized a grand farewell function 'Aloha - 2003' to the final year students on 22.03.2003. Director, Rev. Dr. Baptist Menezes presided over the function. The function witnessed several variety entertainment programmes and transferring of lamps from Administrator and Principal to the senior students, which symbolises transferring of the knowledge and values.

The outgoing batch of students have instituted an award for the best outgoing student of final year BHMS by donating Rs. 10,000/-.

P.G. Examinations : Our college is selected for MD(Hom) practical examinations of Rajiv Gandhi University of Health Sciences of Karnataka from 26th March 2003 to 29th March 2003.

Free Medical Camps : Monthly free medical camps were conducted in the following places by the active participation of the Staff, Post Graduate students and Interns.

Date	Place	No. of Patients
25.01.03	Goltamajalu	181
02.02.03	Kudane Gudda, Bantwal	173
03.03.03	Vamadapadavu	71

Faculty Members in Light:

1. Dr. S.K.Tiwari was nominated by Central Council of Research in Homoeopathy, Govt. of India as a member of Special Committee on Human Pathogenic Trial (Drug Proving) and attended a meeting of Drug Proving Committee C.C.R.H. at New Delhi on 10.02.03.
2. Rajiv Gandhi University of Health Sciences, Karnataka, has appointed Dr.Girish Navada as N.S.S. Officer.
3. Dr. M. K. Kamath presented a paper on *Cancer and Homoeopathy* at an International Homoeopathic Conference held in Agra on 8th and 9th February 2003, organized by Research Society of Homoeopathy, India.
4. Dr.S.K.Tiwari was the Guest of Honour for the Homoeopathic Conference organized at Bijapur on 16.02.03.
5. Dr. S. K. Tiwari presented a paper on *Homoeopathy in Children's Diseases* at a National Homoeopathic Conference in Indore held on 5th January 2003 and at a State Level Homoeopathic Conference in Madurai held on 2nd March 2003, organized by Q HOM Madurai.
6. Dr. Srinath Rao, Dr. Jacintha Monteiro & Dr. Valarmathy were deputed for Teachers Orientation Training Program at Gulbarga from 17.03.03 to 20.03.03.
7. Dr. S. K. Tiwari presented a scientific paper on *Evolution and Study of Boger Repertories*, in National Homoeopathic Postgraduates Scientific Conference - Hyderabad on 29th and 30th March 2003.

ALUMNI NEWS

The annual general body meeting of Fr. Muller Homoeopathic Medical College Alumni Association was held on 14-12-2002, and selected its new office bearers, for the year 2002-2003. Total 38 Alumni members attended the meeting and the following were elected unanimously -

1. President - Dr. Alphonse D'Souza
2. Vice President - Dr. Vilma D'Souza
3. General Secretary - Dr. Roshan Pinto
4. Joint Secretary - Dr. Sarojini
5. Treasurer - Dr. Praveen Raj
6. CME & Cultural Activities - Dr. Prince Vijayaraj

7. Communication/Career Guidance Cell - Dr. Reena Maria Alva
8. Executive Members - Dr. Tejasvi , Dr. Reji Nicholas, Dr. Merlin , Dr. Ranjith , Dr. Melita Lobo, Dr. Shivaprasad - Immediate past President

Alumni Members in light - Dr. Jinu Elizabeth Joseph and Dr. Vanessa Sequeira have joined for the Post Graduate program in Dr. M. L. Dhawale Memorial Homoeopathic Institute, Palghar.

Alumni members are invited to send the important events in their life and any interesting cases for publication in the quarterly bulletin "Mullerian".

Those who wish to institute an award/prize in their name or someone whom they wish to are welcome to do so by paying an amount of Rs. 10,000/- in favour of Fr. Muller Homoeopathic Medical College.

PHOTO ALBUM

*Inauguration of Homoeopathic Conference 2002
by Mr. D. P. Negi, IGP, Mangalore*



A Homoeopathic graduate receiving the Certificate from Shri Tharalabalu Jagadguru Dr. Shivamurthy Shivacharya Mahaswamiji and the graduates taking the Habnemannian oath



Most Rev. Dr. Aloysius Paul D'Souza, Bishop of Mangalore felicitating the chief guest Shri Tharalabalu Jagadguru Dr. Shivamurthy Shivacharya Mahaswamiji on the occasion of Institutions Day and Graduation Ceremony



Inaugural function - OSCE Orientation Programme



"Aloha" - the farewell programme for the outgoing batch

Homoeopathic Conference - 2003



Organised by
Fr. Muller Homoeopathic Medical College
Mangalore

On
13th and 14th December 2003
Venue - Conference Hall, Fr. Muller Institute of Health Sciences

Clinical Themes

Boger's Repertory in the selection of Similimum

Homoeopathy in Neurological Disorders

Low Back Pain

SCIENTIFIC PAPERS ARE INVITED IN THE ABOVE CLINICAL THEMES
(LAST DATE FOR THE RECEIPT OF SCIENTIFIC PAPERS - 31ST OCT. 2003)

Registration Fees	Before 31st Oct. 2003	After 31st Oct. 2003
Delegates	Rs. - 400/-	Rs. - 500/-
Student / Intern	Rs. - 300/-	Rs. - 400/-

For further details contact -

Dr. Alphonse D'Souza, Organising Secretary
Fr. Muller Homoeopathic Medical College and Hospital
Ph : 0824 - 2436301 - 307 (7 lines) Mobile : 98452 91121
e-mail : muller@sancharnet.in

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

Senders Name and Address:

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

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To