



MULLERIAN

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EDITORIAL

As we move into another year with lots of plans and visions, let me wish all our readers a happy New Year and the season's greetings.

Usually we await what the New Year brings for us —this year in—the first quarter the whole of India suffered from Bird Flue scare. As there are many theories doing their rounds as to how this fear was generated and how it hyped, we, in this issue of Mullerian try to look into the details of Bird flue and its homoeopathic management in detail.

Coming to the plans and visions, we at Fr Muller Homoeopathic Medical College are all geared up to move to a new campus in Deralakatte from the next academic year onwards. Still lots of things are needed to be attended to. But as the college crosses its teens and enters into another phase of life it is all but natural that it has to make its own identity separate from its parent organization. We are moving in that direction and in this endeavor we need the support of all well wishers and supporters of homoeopathy to join hands with us in achieving this objective.

We also expect that with the CCH inspection being completed we may also be at the threshold of beginning new PG courses in clinical subjects at our institution from the next academic year. Hope this wishful thinking comes true.

With every good wish all our readers I invite all to join us in another journey of learning and sharing.

Dr M. K. Kamath
Editor

BIRD FLU AND ITS HOMOEOPATHIC APPROACH

Introduction –

Bird flu or avian influenza is an infectious disease of birds ranging from mild to severe form of illness. All birds are thought to be susceptible to bird flu, though some species are more resistant to infection than others. Some forms of bird flu can cause illness to humans.

Etiology –

Bird flu is caused by different sub types of influenza A virus affecting chickens, ducks and other birds. Viruses which cause mild disease can mutate into viruses that can cause serious disease (highly pathogenic). To date, all outbreaks of the highly pathogenic form have been caused by Influenza A / H5N1 virus, the only sub type that cause severe disease in humans.

Transmission –

It is transmitted by direct contact with discharges from infected birds, especially feces and respiratory secretions, contaminated feed, water, cages equipment, vehicles and clothing. Clinically normal waterfowl and sea birds may introduce the virus into flocks

Eggs from infected hens can break and contaminate incubators. Birds that survive infection excrete virus for at least 10 days, orally and in feces. Highly pathogenic viruses can survive for long periods in tissue, water and the environment, especially when temperatures are low.

The outbreaks of bird flu can spread within the country by -

1. Domestic birds can get the infection when they: roam freely, share water supply with wild birds and use a water supply that might be contaminated by infected droppings
2. Contaminated equipment, vehicles, feeds, cages, or clothing, especially shoes can carry the virus from farm to farm
3. Wet markets where live chickens and other birds are sold under crowded and sometimes unsanitary conditions

Bird flu is transmitted to humans from direct or indirect contact with infected wild ducks and chickens through infected aerosols, discharges and surfaces. A person handling or taking care infected chickens or came near or inside a poultry or market where there are sick chickens can inhale the particles

from dried discharges or feces with the bird flu virus. Discharges can get in contact with the nose or eyes of a person handling infected chickens. There is no reported case of bird flu in humans after handling dressed chicken. Since the virus is easily inactivated by heat, one does not get bird flu from thoroughly cooked chicken meat. There is no evidence of human-to- human transmission.

Then why we should be concerned with bird flu? There are a number of reasons why we are concerned with bird flu: (a) Bird flu or Avian influenza (AI) causes serious illness and death in humans. (b) Avian and human influenza viruses can recombine to form a totally new influenza A virus which is capable of spreading from person to person and from which the human population do not have protection. (c) AI causes severe epidemics and mass death of chickens affecting the poultry industry.

Symptoms and Signs of Bird Flu in Chickens -

Infection causes a wide spectrum of symptoms in birds, ranging from mild illness to a highly contagious and rapidly fatal disease resulting in severe epidemics.

Decrease in activity

Drastic decline in egg production

Facial swelling with swollen and bluish-violet colored combs and wattles

Hemorrhages on internal membrane surfaces

Gasping for breath

Muscle weakness/paralysis

Diarrhoea

Sudden deaths (mortality that can reach 100 per cent)

Virus isolation needed for definitive diagnosis

Symptoms and Signs of Bird Flu in Humans -

In many patients, the disease caused by H5N1 virus follows an unusually aggressive clinical course, with rapid deterioration and high fatality. Like most

emerging disease, H5N1 influenza in humans is poorly understood. Moreover, the current picture could change given the propensity of this virus to mutate rapidly and unpredictably.

The incubation period of H5N1 avian influenza may be longer than that of normal seasonal influenza, which is around two to three days. Current data for H5N1 infection indicate an incubation period ranging from 2-8 days and possibly as long as 17 days. WHO currently recommends that an incubation period of 7 days be used for field investigations and monitoring the patient contacts.

Initial symptoms include a high fever, usually with a temperature higher than 38°C, and influenza like symptoms. Diarrhea, vomiting, abdominal pain, chest pain and bleeding from nose and gums have also been reported as early symptoms in some patients. Watery diarrhea without blood appears to be more common in H5N1 avian influenza than in normal seasonal influenza. The spectrum of clinical symptoms may be broader and not all confirmed patients have presented with respiratory symptoms.

One feature seen in many patients is the development of manifestations in lower respiratory tract early in the illness when they first seek treatment. On present evidence, difficulty in breathing develops around five days following the first symptoms. Respiratory distress, a hoarse voice and a crackling sound when inhaling are commonly seen. Sputum production is variable and sometimes bloody. Almost all patients develop pneumonia. During the Hong Kong outbreak, all severely ill patients had primary viral pneumonia. Limited data on patients in the current outbreak indicate the presence of a primary viral pneumonia in H5N1, usually without microbiological evidence of bacterial super infection at presentation.

In patients infected with H5N1 virus, clinical deterioration is rapid. In Thailand, the time between onsets of illness to the development of acute respiratory distress was around six days. In severe cases in Turkey, clinicians have observed respiratory

failure three to five days after symptom onset.

Another common feature is multi organ dysfunction. Common laboratory abnormalities include leucopenia (mainly lymphopenia), mild to moderate thrombocytopenia, elevated aminotransferases and in some disseminated intravascular coagulation.

Diagnosis –

One suspects that a patient with influenza or pneumonia or any other respiratory illness is a case of bird flu avian influenza if the patient has had direct or indirect contact through handling or having taken care or getting near sick chickens or other birds. A laboratory confirmation of the bird flu infection and epidemiologic link with unusual death or epidemics of chickens will support the diagnosis of bird flu.

Treatment –

Treatment for H5N1 infection is essentially the same as for other influenza viruses. Antiviral drugs, some of which can be used for both treatment and prevention, are clinically effective against influenza A virus strains in otherwise healthy adults and children, but have some limitations. Some of these drugs are also expensive and supplies are limited.

There is no vaccine against bird flu. The vaccine currently available against the circulating strains in humans will not protect from the disease caused by H5N1. However, it is recommended for individuals who are potentially exposed to bird flu like poultry handlers, workers and breeders to prevent recombination of avian with the human influenza virus.

Prevention of Bird Flu –

1. The ban on importation of live chickens and other poultry products from countries affected with bird flu is a critical step to prevent the entry of bird flu into the country.
2. For poultry caretakers and handlers of chickens and other birds:
 - a. Avoid contact of poultry with wild birds, in particular waterfowl
 - b. Control human traffic into poultryries

- c. Practice proper hand washing and cleaning and disinfection procedures in poultries
 - d. Report to authorities any unusual death or illness of chickens and other birds
 - e. Report to authorities any illness among the workers in poultry farms
3. For the general public:
- a. Thoroughly wash hands with soap and water before and after handling chicken meat
 - b. Clean kitchen surfaces and utensils before and after use
 - c. Cook chicken well by seeing to it that the boiling temperature is reached
 - d. Do not sell live chickens in the market while there is a threat of bird flu.
 - e. Do not let chickens roam freely. Keep them in cages or pens.
 - f. Do not place chickens, ducks and pigs together in one area, cage or pen.
 - g. Do not catch, get near or keep in captivity wild birds.
 - h. Report to authorities any unusual death or illness of chickens and other birds. Report to authorities any case of respiratory illness with history of exposure to sick or dead chickens and other birds

Bird flu is not transmitted from one person to another. Individuals at risk are those are directly or indirectly exposed to sick chickens and other fowl. The government thereby advises travelers to countries affected with bird flu not to go to bird parks (aviaries), poultry farms or market where live poultry is sold.

To Remember -

1. Experts say there is no need to be apprehensive about consuming meat or egg provided they are well cooked. There was "minimal risk from

consuming the infected eggs or infected meat, provided it is well cooked" as there was no evidence that flu was a food-borne disease, according to World Health Organisation.

2. The danger is greater if human beings inhale the infected material or come into contact with bird droppings.
3. The WHO warns that the consumption of raw poultry, eggs, pork may spark an "additional" risk of other dangerous infections.
4. Practice of thorough hand washing after handling birds or their droppings, suspect the occurrence of bird flu if the birds have ruffled feather or there is slowing down in laying of the eggs, according to the literature on bird flu available on WHO website.
5. The UN health agency also advises people not to go to poultry farms and markets where birds are sold when there is an outbreak of the epidemic. As the bird flu virus can survive for long periods at freezing temperatures, it is advisable to avoid frozen food, the WHO said.

Homeopathic Management -

Taking into consideration of the symptomatology presented by H5N1 in the humans -

1. Fever - continued fever
 2. Fever - internal heat
 3. Extremities - pain, fever during
 4. Chest - inflammation, lungs
 5. Generals - hemorrhage, orifices of the body, from
 6. Mouth - bleeding gums
 7. Rectum - diarrhea fever (with all sub rubrics)
- we have a group of drugs coming up after repertorisation. They are -

Bryonia, Pyrogen, China, Eupatorium perf, Rhustox, Phos, Ars alb, Merc sol, Arnica, Nux vomica and Lachesis, in that order.

compiled by Dr M. K. Kamath, Dr Girish Navada,
Dr Guruprasad M.N. and Dr Roshan Pinto

CAMPUS BUZZ

1. **“Gratitude -06”** - The Final BHMS students organized a thanksgiving ceremony on 28th January 2006 in the Academy Hall. The Director Rev. Dr Baptsit Menezes speaking on the occasion stressed on the need of dedicating ourselves to the system and values the Institution stands for. The Administrator Rev. Fr Stany Tauro highlighted the need of a deeper understanding of the system and need of further research in the system.
2. **Central Council of Homoeopathy, New Delhi** inspected the Under Graduate and Post Graduate facilities of the college on 14th and 15th February 2006. Dr B. Sohan Singh (Hyderabad) Dr S. Chandra (Patna) and Dr Praveen Dilpe (Aurangabad) were the inspectors.
3. **CME on Respiratory Disorders** - was organized by The Karnataka Board of Homoeopathic System of Medicine on 19th February 2006, in the Academy Hall of Fr Muller Charitable Institutions. It was inaugurated by Dr Veerabrahmachary, President of The Karnataka Board of Homoeopathic System of Medicine. In his presidential address Rev. Dr Baptist Menezes, Director of Fr Muller Charitable Institutions said that KBHSM has taken a bold step in organizing the CME to help the doctors. He said similar types of programmes should be held all over the country to help the practicing doctors to update their knowledge. Dr Prabhu Kiran, Dr M. K. Kamath and Dr S. K. Tiwari presented papers on the occasion.
4. **Institutions Day and Graduation Day** - was held on 13th march 2006. Dr B.N. Prakash, Director, Indian System of Medicine and Homoeopathy, Govt. of Karnataka was the Chief Guest. After giving the certificates to the graduates he said “there should never be any compromise with regard to service in medical profession.” He also suggested the graduates to enhance their capacity through perseverance, commitment and research in their respective fields. The Guest of Honor Dr Harris A. Berman, Dean of Public Health & Professional Degree Programs, Tufts University School of Medicine, Boston, USA, suggested that the medical graduates should go to rural areas and serve the poor and needy. The newly established Cardiothoracic Surgery Department and Counselling centre was inaugurated and Fr Muller Health card was launched on the occasion. Rev. Dr Baptist Menezes, Director of Father Muller Charitable Institutions welcomed the gathering and presented the annual report. Most Rev. Dr Aloysius Paul D’Souza, Bishop of Mangalore presided over the function.

STAFF MEMBERS IN LIGHT

1. Dr S.K. Tiwari presented a paper on ‘Repertorial resources of Respiratory Disorders’ at C.M.E. Belgaum on 4th December 2005 and on 19th February 2006 in Mangalore, organized by The Karnataka Board of Homoeopathic System of Medicine.
2. Dr E.S.J. Prabhu Kiran presented a paper on ‘Role of Embryology in understanding disease manifestations’ at Homoeopathic Conference 2005 organized by Fr Muller Homoeopathic Medical College, Mangalore on Dec 10th and 11th 2005 and at the National Homoeopathic Conference organized by The Research Society of Homoeopathy and A.P. Postgraduate Teachers Association, Hyderabad on 21st and 22nd of Jan 2006.
3. Dr Sheena K.N. presented a paper on ‘Pathological basis of understanding of Miasms’ at Homoeopathic Conference 2005 organized by Fr Muller Homoeopathic

- Medical College, Mangalore on Dec 10th and 11th 2005.
4. Dr Joseph Thomas presented a paper on 'Homoeopathic approach to Psychosomatic disorders' in a seminar organized by HMAI, Madhyapradesh State branch, at Jabalpur on 17th and 18th Dec 2005.
 5. DR N.C. Dhole presented a paper on 'Psychosomatic disorders and its Homoeopathic treatment' in a seminar organized by HMAI, Madhyapradesh State branch, at Jabalpur on 17th and 18th Dec 2005.
 6. Dr Vilma D'Souza presented a paper on 'Infertility – A follicular study on PCOD and its Homoeopathic approach' on 17th and 18th Dec 2005 at HKE's Homoeopathic Medical College, Gulbarga.
 7. Dr Jyoshna Shivaprasad presented a paper on 'Osteoarthritis – A diffuse joint pathology, its approach' on 17th and 18th Dec 2005 at HKE's Homoeopathic Medical College, Gulbarga.
 8. Dr Valarmathy presented a paper on 'Indispensability of repertory in clinical practice' at the National Homoeopathic Conference organized by Research Society of Homoeopathy and A.P. Postgraduate Teachers Association, Hyderabad on 21st and 22nd of Jan 2006.
 9. Dr Shivaprasad K was the Guest speaker at The South Kanara Homoeopathic Medical association on the topic 'Homoeopathic approach on acute and chronic diseases' on 05-02-2006.
 10. Dr E.S.J. Prabhu Kiran presented a paper on 'Basics of Respiratory system' on 19th Feb 2006 at CME organized by The Karnataka Board of Homoeopathic System of Medicine at Fr Muller Charitable Institutions, Mangalore.
 11. Dr M. K. Kamath presented a paper on 'Evaluation of Respiratory disorders' on 19th Feb 2006 at CME organized by The Karnataka Board of Homoeopathic System of Medicine at Fr Muller Charitable Institutions, Mangalore.

CONFERENCE CALLING

We the faculty of Fr Muller Homoeopathic Medical are happy to announce the *Homoeopathic Conference 2006* to be held on **Dec 9th and 10th** with **Dr Rajan Sankaran, Mumabi**.

Dr. Rajan Sankaran is a well known name in the field of Homoeopathy. He has given us the classification of remedy states into kingdoms and has added miasms to the already known ones. He has created a unique system of miasmatic analysis, based on his life-long clinical experience. His concept of disease as a Delusion changed the process of case taking from mere data collection to understanding the patient beyond the physical level.

He has written (to name a few) - *The Spirit of Homoeopathy*, which explains his concept of disease as a state; *The Substance of Homoeopathy*, which explains his idea of miasms, classification of states, as well as his idea of classifying remedies and states into kingdoms; *The Soul of Remedies*, in which he has given his understanding and essence of a hundred remedies.

Further details of the Conference will be announced in the next issue of *Mullerian*.

Photo Album



Glimpses of 'Gratitude - '06' - Thanks giving ceremony organised by Final BHMS students on 28th January 2006



Inauguration of CME on Respiratory Disorders by Dr Veerabrahmachary, President of The Karnataka Board of Homoeopathic System of Medicine. Also seen are the other dignitaries on the dais.



Institutions Day & Graduation Day ceremony - Rev. Dr Baptist Menezes, Director of the Institutions welcoming the gathering.



Homoeopathic graduate receiving the certificate from the Guest of Honour Dr Harris A. Berman.



AN APPEAL

Fr Muller Homoeopathic Medical College has completed 21 years of its fruitful services in training homoeopaths and imparting quality treatment to the needy patients. At this juncture we are moving to a new building complex, housing the college, library and the hospital at Deralakatte. This building is being built as per the guidelines of Central Council of Homoeopathy, New Delhi.

Whatever contributions you send will be used towards the Library, Digital Library, Clinical Laboratory, Teaching and Hospital facilities at the new College complex.

You may send your contributions to - The Director, Father Muller Charitable Institutions, Mangalore - 2.

FR MULLER HOMOEOPATHIC MEDICAL COLLEGE & HOSPITAL, MANGALORE ADMISSION 2006-2007

B.H.M.S. : Duration of the course: 4½ +1 year (Internship)
Eligibility : 10+2 (Physics, Chemistry, & Biology 50% aggregate)

For further details contact –

Admission Officer
Fr Muller Homoeopathic Medical College
Kankanady, Mangalore – 575002
Ph: 0824 2436301 Ext.224
Email : muller@sancharnet.in

M.D.(Hom) : Duration of the course: 3 years
Eligibility : B.H.M.S.

For further details and application form please check the Website of Rajiv Gandhi University of Health Sciences, Karnataka - www.rguhs.ac.in.

Senders Name and Address
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BOOK POST

To