MULLERIAN

Vol 22 | Quarterly Bulletin of Father Muller Homoeopathic Medical College and Hospital | Jan - March 2008

EDITORIAL

Dear Reader

We have traveled far in the field of Education and patient care through Homoeopathy since the inception in the year 1985. With Silver Jubilee Celebration of the college on the horizon, we have to step forward into the future with better knowledge and preparations. In this regard Mullerian is trying to bring in newer aspects and better insights in the education and patient care.

With happiness I say that our college was one of the centers for the Reorientation of Teachers Training Program (ROTP) organized by AYUSH, Govt of India. Our college has completed the first module for the six subjects for ROTP. The response from the participants has been very encouraging and overwhelming.

I am also proud to share with all of you that Dr Suhaila M. (2002-07 batch) of our college was awarded the Gold Medal for the highest marks in the Subject of Homoeopathic Materia Medica, in the 10th Annual Convocation of Rajiv Gandhi University of Health Sciences, Karnataka on 29th March 2008. Congratulations to her. I hope she becomes an inspiration to the coming batches of students to bring more laurels to the College.

This year in Mullerian we try to focus on Homoeopathy and Psychiatry. Psychiatry is a medical specialty which exists to study, prevent, and treat mental disorders in humans. The science of the clinical application of psychiatry has been considered a bridge between the social world and those who are mentally ill. Both its research and clinical application are considered interdisciplinary. Because of this, various subspecialties and theoretical approaches exist in psychiatric research and practice.

While the medical specialty of psychiatry utilizes research in the field of neuroscience, psychology, medicine, biology, biochemistry, and pharmacology, it has generally been considered a middle ground between neurology and psychology. The physician needs to specialize in the doctor-patient relationship and be trained in the use of psychotherapy and other therepautic communication techniques.

Obsessive Compulasive Disorder (OCD), is a type of anxiety disorder, a potentially disabling illness that traps people in endless cycles of repetitive thoughts and behaviors. People with OCD may be aware that their obsessions and compulsions are senseless or unrealistic, but they cannot stop themselves. In this issue of Mullerian we try to understand Obsessive Compulasive Disorder and its management with the help of a case.

So I welcome you once again to another journey of learning and sharing.

Dr M.K. Kamath
Editor

OBSESSIVE-COMPULSIVE DISORDER

Obsessive-compulsive disorder (OCD) is a psychiatric anxiety disorder most commonly characterized by the subject's obsessive, distressing, intrusive thoughts and related compulsions (tasks or "rituals") which attempt to neutralize the obsessions.

To be diagnosed with obsessive-compulsive disorder, one must have either obsessions or compulsions alone, or obsessions and compulsions, according to the DSM-IV-TR diagnostic criteria. The Quick Reference to the diagnostic criteria from DSM-IV-TR (2000) describes these obsessions and compulsions:

Obsessions are defined by:

1. Recurrent and persistent thoughts, impulses, or images that are experienced at some time during the disturbance, as intrusive and inappropriate and that cause marked anxiety or distress.

2. The thoughts, impulses, or images are not simply excessive worries about real-life problems.
3. The person attempts to ignore or suppress such thoughts, impulses, or images, or to neutralize them with some other thought or action.
4. The person recognizes that the obsessional thoughts, impulses, or images are a product of his or her own mind, and are not based in reality.

Compulsions are defined by:

1. Repetitive behaviors or mental acts that the person feels driven to perform in response to an obsession, or according to rules that must be applied rigidly.
2. The behaviors or mental acts are aimed at preventing or reducing distress or preventing some dreaded event or situation; however, these behaviors or mental acts either are not connected in a realistic way with what they are designed to neutralize or prevent or are clearly excessive.

In addition to these criteria, at some point during the course of the disorder, the sufferer must realize that his/her obsessions or compulsions are unreasonable or excessive. Moreover, the obsessions or compulsions must be time-consuming (taking up more than one hour per day), cause distress, or cause impairment in social, occupational, or school functioning. OCD often causes feelings similar to those of depression.

What Are the Symptoms of Obsessive-Compulsive Disorder?

The symptoms of OCD, which are the obsessions and compulsions, may vary. Common obsessions include:

Symptoms may include some, all, or perhaps none of the following:

- Repeated hand washing
- Repeated clearing of the throat, although nothing may need to be cleared.
- Specific counting systems
- Perfectly aligning objects at complete, absolute right angles, or aligning objects perfectly parallel etc.
- Fear of acting out on violent or aggressive impulses, or feeling overly responsible for the safety of others.
- Sexual obsessions or unwanted sexual thoughts.
- Strange and chronic worries about certain events such as sleeping, eating, leaving home, etc. without proper items.
- Fear of going crazy.
- Having to "cancel out" bad thoughts with good thoughts.
- A fear of contamination. Some OCD sufferers even fear that the soap they are using is contaminated.
- A need for both sides of the body to feel even.
- An obsession with numbers.
- Twisting the head on a toy around, then twisting it all the way back exactly in the opposite direction.
- Fear of transformation.
- In some cases, a pattern of uniformity on a bank account may indicate obsessive-compulsive spending.
- Often, the brain challenges the person to a challenge that you feel you will die if you do not do it correctly.

There are many other possible symptoms. Formal diagnosis should be performed by a mental health professional (a psychologist, a psychiatrist, a psychoanalyst, etc.). Furthermore, possessing the symptoms above is not an absolute diagnosis of OCD

What Causes Obsessive-Compulsive Disorder?

Although the exact cause of OCD is not fully understood, studies have shown that a combination of biological and environmental factors may be involved.

How Common Is Obsessive-Compulsive Disorder?

OCD afflicts about 3.3 million adults and about 1 million children and adolescents in the U.S. The disorder usually first appears in childhood, adolescence or early adulthood. It occurs about equally in men and women and affects people of all races and socioeconomic backgrounds.

How Is Obsessive-Compulsive Disorder Diagnosed?

There is no laboratory test to diagnose OCD. The doctor bases his or her diagnosis on an assessment of the patient's symptoms, including how much time the person spends performing his or her ritual behaviors.

How Is Obsessive-Compulsive Disorder Treated?

OCD will not go away by itself, so it is important to seek treatment. The most effective approach to treating OCD combines medications with cognitive-behavior therapy.

In severe cases of OCD and in people who do not respond to medical and behavioral therapy, electroconvulsive therapy (ECT) or a surgical procedure called bilateral cingulotomy that interrupts the pathway of the brain involved in the development of OCD. With the pathway disrupted, OCD symptoms should stop. This procedure also may be done using stereotactic radiosurgery, also called a Gamma Knife.

What Is the Outlook for People With Obsessive-Compulsive Disorder?

In most cases, OCD can be successfully treated with medication, cognitive-behavior therapy or both. With ongoing treatment, most people can achieve long-term relief from symptoms and return to normal or near-normal functioning.

- Dr M.K. Kamath

CASE STUDY

Preliminary Data:

Name: Mr. P.K.N, Age: 23 Yrs, Marital Status: Single, Education: III Bsc, Religion: Hindu

Socio-Economic Background: Middle Class Family

Patient is cooperative, Insight present, Able to narrate his complaints well

Chief Complaints:

No.	Location	Sensation Pathology	Modalities A.F.,<,>	Accompaniments
1	Mind: Since 4-5 Yrs On Allopathic Medication: 1.Fluvaxin 50mg 0-1-1 2.Oleanz 2.5 mg 0-0-1	Decreased activity Poor mingling Weak memory Difficult in concentration Irritation on seeing class mates, cats, dogs Fear of exams Inferiority feeling Dwells on past bad events Suicidal thoughts	Temporary relief medication by allopathic	Weakness
2.	General : Left Side Of Chest To Left Mandible	Pulling type of pain		

History Of Presenting Illness:

Compliant started gradually 4-5 years back. Compliant started with decrease in daily activities and weakness of memory. He found difficult in mingle with the class mates, difficulty to concentrate. He has inferiority feeling and also fear of exams. He constantly dwells on past bad events, his suicidal thoughts. He gets irritated on seeing classmates and animals like dogs and cats. His studies were affected and then gradually he started developing inferiority feeling, and also a hatred feeling towards the classmates. These feelings have grown stronger now for a few years.

Past Medical & Psychiatric History:

-History of psychogenic dyspepsia- 3 yrs back

-Malaria in 1996

Family History:

- Father has joint complaints(arthralgia) since 6 yrs. since 4 yrs he is under treatment
- No history of any serious respiratory and cardiac illness in the family

Family History Of Mental Illness:

No significant history of mental illness

Current Social Situation:

Family is under financial stress .The whole family has to depend on the father for their day to day requirement. And patient has not completed his studies .Patient wants to work and earn money for him and also for the family

Personal History

1) Prenatal history: No adequate data available.
2) Birth history: Full term, normal, hospital delivery without any complication.
3) Childhood history: Motor activity, Speech was at normal period
4) Educational history: Patient was doing well in his studies from 1 st to 7 th class and scored 90%.But after change of school his studies became poor.
5) Puberty: Development was at normal period, but patient was not able to mingle with opposite sex due to inferiority feeling.

Premorbid History

Interpersonal Relationship: Is poor, does not mingle with any one .Desires to be alone in his room reading old news papers which he used to collect regularly. He used to recollect the old bad incidence by sitting alone.

Use Of Leisure Time: Reading old news papers in order to recollect the things which happened on a particular day. Watching television. Sitting alone.

Predominant Mood: More fixed ideas in mind and sadness.Repeats the same contents.

Attitude To Self And Others: Does not take interest in taking self care like bathing, combing hair, brushing of teeth. To others more of irritability

Attitude To Work And Responsibility: Does not want to take any responsibility. Least interest in any matters. Wants to sit idle.

Religious Beliefs And Moral Attitudes: Aversion to Muslims due to some old bad incident that happened in his life.

Mental Status Examination:

1. General Appearance And Behavior
   a) General Appearance: Untidy, uncombed hair, bad breath, dull looking
   b) Attitude towards Examiner: Cooperative, appears disinterested
   c) Comprehension: Intact
   d) Gait and Posture: Normal
   e) Motor Activity: No change in the activity
   f) Social Manner: Eye to eye contact preserved
   g) Rapport: Good.

2. Speech
   a) Rate and Quantity: maintained
   b) Volume and Tone: Appropriate
   c) Flow and Rhythm: Appropriate

3. Mood and Affect: Appears dull and disinterested. Affect is fixed ideas or wrong belief

4. Thought
   a) Stream and Form: Maintained
   b) Content: Fixed ideas .Which patient narrates in different circumstances

5. Perception : Clear and responds well.

6. Cognition (Higher Mental Functions)
   a) Consciousness: Fully conscious
   b) Orientation: time, place, person preserved
   c) Attention: Preserved
   d) Concentration: Good
   e) Memory: Good
   f) Intelligence: preserved
   g) Abstract thinking: Answers to appropriate questions asked

7. Insight: Present

8. Judgement: Good. Able to judge the circumstance

Patient As A Person:

Moderately built and well nourished
Appetite: good
Thirst: 10 liters/day
Craving: sweets3, Spicy
Aversion: to chapatti. Feels teeth will be spoiled
Oral hygiene: Poor, Teeth - Blackish discoloration, caries present
Bowel: once/day. Satisfied
Bladder: 4-5 times/day
Sleep: 11.30 pm - 7 am .Good

Dreams: Something pushing his front teeth and breaking them. Dreams are present for a week, and absent for next one month.

Thermal State: Likes monsoon, wants fan, covers till neck, bath-in tepid water - HOT PATIENT

Life Space Investigation:

Patient hails from a middle class family. Father is a retired income tax officer; mother is a house wife. He has one younger brother studying engineering

Patient studied in Bunder from 1 st to 7 th standard. He was good at studies and was scoring 90%.He was lively and smart.

Later he shifted to Yeyyadi due to his father's transfer. In the new school many students came from CBSE, spoke good English. He started comparing himself with them and found that they were better in studies than him. He started feeling inferior .Those students used to insult him. He stopped speaking to his class mates and became more silent. His studies declined gradually. He some how managed to pass SSLC.When he was in this school he started stealing money from home to buy pen , digital diary etc, which his classmates had and he also had craze for them. He said that initially he was asking parents for the requirements but when they refused he started stealing. After completing SSLC he went to a coaching centre. There, once his teacher and all laughed at him. He felt insulted but didn't react.

In 2002 he went to a dentist. After 10 visit she (dentist) removed one tooth and put a crown. After a week he suddenly had a thought that his tooth was removed because of the dentist. The dentist belonged to the Muslim community. He feels that only after visiting the dentist he came up with complaints.

He has an aversion to Muslim and Christian communities. Whenever he prays he sees the images of mosque and churches due to which he gets irritated.

He says his Father's brother did some black - magic on him, and he and his family knew about it. But his father didn't do anything and even now they come to his house. Patient doesn't speak to them.

He has an aversion to college-mates, animals (cats and dogs) and insects. He worships religious animals like cows, elephants etc.

He says when he sees his classmates or some animals on the street he remembers some bad events of the past and gets irritated with that. He remembers the things which he wants to forget. When he is alone in the room he thinks about the past and cries. He never shares his feelings with anyone. If anyone consoles him he gets irritated and cries. He sits alone for hours together. During case taking patient was cooperative and was answering all questions. Eye to eye contact was maintained.

General Examination:

No signs of pallor, icterus, cyanosis, clubbing, lymphadenopathy and edema

Vitial Signs: Temperature: Afebrile, Pulse: 74/min, Respiratory Rate: 18/min

Blood pressure: 130/90 mmHg, Weight: 62 kg

Cardio-Vascular System: S1 and S2 heard. No murmurs

Respiratory System: Normal vesicular breath sound. No added sound

Gastro-Intestinal System: No abnormality detected

Nervous System: No abnormality detected

Provisional Diagnosis:

Obsessive compulsive disorder (ocd) with predominantly obsessional thoughts:

-Persistent unwanted thoughts

-Repeated irrational behavior

-Features of anxiety present

Constitutional Totality:

Mental generals:

Dullness in activity
Weak memory
Difficulty to concentrate
Brooding - dwells on past bad events
Suicidal thoughts
Poor mingling-Likes to be alone
Inferiority feeling
Consolation aggravation
Dreams - teeth is breaking

Physical generals:

Thirst: increased
Craving: Sweets3, spicy
Aversion: chapatti
Thermal: Hot

Remedy: Natrum Muraticum

General Management:

Nutritious diet
Proper hygiene- combing, brushing teeth twice daily, trimming nails
Counselling
Take him to social gathering
Improve confidence through -Yoga and meditation

First Prescription: (10/7/07)

1. PLACEBO (1 PACKET) HS Today
2. 2 grain tab 3-3-3 FOR ONE WEEK

Follow up Criteria:

1) Dullness in activities
2) Memory and concentration
3) Brooding on sad events
4) Inferiority feeling
5) Sleep - Disturbed
6) Thirst - Increased

Progress Notes:

2nd Follow up (17/7/07)

1	2	3	4	5	6
>	S	S	S	S	S

Generally feels better

Thinks both good and bad events

Irritation on seeing classmates, dogs.

O/E: Teeth caries present
Halitosis present

REMEDY: 1) Placebo 1 packet HS today
2) 2 grain tablet 3-3-3 For one week

3rd Follow up (24/7/07)

Symptom changes:

1	2	3	4	5	6
$>^1$	$>^1$	>	>	S	S

Fear of exams -Better

Feels somebody is controlling the negative thoughts

Thirst: 10 liters/day

REMEDY: 1) Placebo 1 Packet HS today
2) 2 grain tablet 3-3-3 For one week

4th Follow up (31/7/07)

Symptom changes:

1	2	3	4	5	6
$>^1$	<	<	>	S	S

On 27/7/07 he went to Kalki Ashram and stayed for 3 days. He went with his neighbor as he said 'You will be cured'.

There he was asked to cry .His complaints were worse.

Thought- that he will take poison if he stays there one more day.

Negative thoughts - Increased.

HAS NOT TAKEN ALLOPATHIC REMEDY FOR ONE WEEK

REMEDY: 1) NATRUM MUR 200 (2 packet)
1 packet start and 1 packet HS today
2) 2 grain tablet 3-3-3 for one week

5th Follow up (7/8/07)

Symptom changes:

1	2	3	4	5	6
>	>	>	>	>	S

Irritation, < Studying, < Seeing books

Trembling in upper lip on hearing sound.

TAKEN ALLOPATHIC TABLET 2/day.

REMEDY: 1) NATRUM MURATICUM 200 (2packet) 1 packet HS for 2 days
2) 2 grain tablet 3-3-3 f or 1 week

6th Follow up (14/8/07)

Symptom changes:

1	2	3	4	5	6
$>^3$	$>^3$	$>^2$	$>^2$	$>^1$	>

Feels like going to college

Wants to meet his classmates

Trembling in upper lip - same

For past one week able to concentrate in prayer.

REMEDY: 1) Placebo (2Packet) HS for 2 days
2) 2 grain tablet 3-3-3 for one week

- Dr Girish Navada

CAMPUS NEWS

Sept. 5th 2007 : Teachers Day was celebrated by the students.

Oct. 3rd & 4th 2007 : Sports and games competitions were held for the students and staff of FMHMC. The whole college was divided into four groups. Hahnemannian House, Boenninghausen House, Kentian House and Clarke House.

Nov. 12th 2007 : Students organized a farewell programme called 'ORSA-08' for the final year BHMS students.

Nov. 14th 2007 : Dept. of Paediatrics conducted 'Healthy Baby Contest' on the occasion of Children's Day. About 60 babies took part in this competition. Awareness about 'Child Health Care' was given through slide-show for the mothers. The same day Diabetic Camp was organized on the occasion of WORLD DIABETIC DAY by the Department of Medicine and Dept of Preventive and Social Medicine. Around 215 patients made use of this camp.

Dec. 8th & 9th 2007 : Annual Homoeopathic Conference - a 2 day programme held on 8th and 9th of December 2007. The topic was 'Research in Homoeopathy'. Around 302 delegates from different parts of the country participated in this National Homoeopathic Conference. Various Research papers were presented by the experts.

Dec. 19th 2007 : Students of our college took part in 'Christmas celebration 2007' held at FMCI campus, Kankanady. The theme given to our students 'Relevance of Christmas and Jesus in today'.

Jan 8th 2008 : Final year BHMS students organized a 'Thanksgiving' programme for the teachers as a token of gratitude.

March 11th 2008 : Blessing ceremony of the X-ray machine installed in the Dept. of Radiology at FMHMCH, Deralakatte.

March 13th 2008 : Institutions Day cum Graduation Ceremony 2008 took place at Father Muller Stadium, Kankanady. Around 72 U.G. Homoeopathy and 6 P.G. students were graduated on that day. Dr Angelica Joseph was awarded 'best outgoing student'.

17th March 2008 : A branch of Oriental Bank of Commerce was opened at FMHMC campus Deralakatte with ATM facility.

18th March 2008 : LIC of Rajiv Gandhi University of Health Science visited FMHMC&H to inspect the facilities in the college and hospital.

Sports: In the Sports Meet conducted by RGUHS - Mysore Division, students of FMHMC particpated in Volley ball, Shuttle, Table Tennis and Cricket.

Health camps: Many Homoeopathic Medical Camps were held at different places and good number of patients took the benefit of these camps.

Date	Place	No. of patients
23.09.2007	Kapri School, Varkady	158
13.01.2008	Belthangady	145
03.02.2008	Padukone	109
10.02.2008	Varkady	182
08.03.2008	Puttur	23
11.03.2008	Salethoor	216

N.S.S. : N.S.S. unit of the college conducted 'School Health Camps' in various schools of the surrounding area. Deserving children were given free treatment in FMHMC out patient department. Two students took part in the training programme of N.S.S. conducted by RGUHS during the 1st week of March 2008.

ROTP : A Reorientation Training Programme for the teachers was held in our college sponsored by Department of AYUSH, Ministry of Health and Family Welfare, Govt. of India. The 1st module in 6 subjects is already covered. The subjects were Homoeopathic Pharmacy, Preventive and Social Medicine, Surgery, Practice of Medicine, Forensic Medicine and Repertory. Around 150 participants and around 50 Resource persons took part in this programme. Programmes were held in February 4th to 9th and March 3rd to 8th.

Staff Members : Dr Reena M. Alva resigned on November 30th 2007. Dr Sr Vida Olivera retired from service on March 11th 2008. The following new staff members have joined the teaching faculty: Dr Sheethal Adyar, Dr Ramjyothis, Dr Anusha, Dr Jolly, Dr Vidya Angrage, Dr Kurian P.J, Dr Sumathi, Dr Ramakrishna Rao, Dr Shwetha Bhat, Dr Sandhya, Dr Samaran and Dr Gracy P. Varghese.

Dr M K Kamath presented a paper on 'A Clinical Study on Evaluation of Miasm & Homoeopathic Management in Depressive Disorders' at 16th National Homoeopathic Conference, Goa on 9th & 10th Feb 2008.

Dr Anitha Lobo presented a paper on 'Ovarian Cyst and their Complications treated Homoeopathically' at 16th National Homoeopathic Conference, Goa on 9th & 10th Feb 2008.

PHOTO ALBUM

Graduates receiving their certificates from Chief Guest - His Excellency Hynek Kmonicek Ambassador of the Czech Republic to India

Graduates taking oath

Dr Vasanth Kumar S. Registrar, RGUHS, Karnataka giving away the prize

Inauguration of ROTP Module I by Dr P.N. Verma

Participant of ROTP receiving the certificate from Director Rev Fr Patrick Rodrigues

Thanks giving by Final BHMS Students

Dr Suhaila M 2002-2007 batch student with her Gold medal received during 10th Annual Convocation of RGUHS

Glimpses of 'ORSA -'08' - Farewell Programme to the final years organised by Junior students

FR MULLER HOMOEOPATHIC MEDICAL COLLEGE AND HOSPITAL, MANGALORE
ADMISSION 2008-2009

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MD (Hom) : Duration of the course: 3 years

Specialities : Materia Medica, Repertory, Organon and Homoeopathic Philosophy, Practice of Medicne, Paediatrics, Psychiatry and Pharmacy.

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