



# MULLERIAN

Vol 32

Quarterly Bulletin of Father Muller Homoeopathic Medical College and Hospital

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## EDITORIAL

Dear Friends,

*Happy New Year to all of you*

Time never stops for any one for any reason and another year has already begun. I am very happy to present to you the first issue of this year's quarterly news bulletin "Mullerian," enriched with information about the various activities of the College, Staff and Alumni.

Indeed I am happy to inform you that the reconstruction work of the OP and IP Department of our Hospital is in progress, with the intention of providing better amenities to the patients and good learning facilities for the students. In this regard we have started four new OPD units - Dental, Reproductive and Child Health (RCH), Dermatology and Physiotherapy in the campus and intend to start Yoga and Naturopathy Units.

It is with great pleasure that I share with you the happiness that the Final Year students have secured 100% results in their final exams (2012), conducted by RGUHS Karnataka. We had our Institution Day celebrations and a sports meet "Run Bhoomi" to commemorate the occasion of Hahnemann's Day 2012 with enthusiastic participation from students, teaching staff and all non-teaching staff.

I also take this opportunity to inform and invite all our Alumni readers to join the Alumni Meet - "Dosthaana 2012" on May 12<sup>th</sup> and 13<sup>th</sup> at Kalpetta, Wayanad, the green paradise situated in an elevated picturesque mountainous plateau in the Western Ghats. (Details on the last page)

Although the mission of a Doctor is patient-care, there are many opportunities for practitioners to get involved in other educational and academic activities. Most practitioners find academic activities a useful adjunct to their clinical work. These being educational and broadening horizons of their knowledge, such activities stimulate practitioners to think and reappraise their own clinical work and their practice. Keeping this in mind, in this issue we present a case study of "Gall stones." This article aims to give an overview of the range of opportunities available for Homoeopaths while managing such cases.

So wishing once again all our readers a Prosperous New Year and a Happy reading.

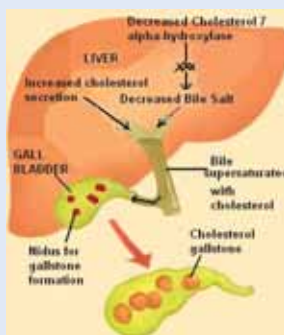
**Dr Guruprasad MN**

*Editor*

## GALLSTONES

Gallstones are small, pebble-like substances that develop in the gallbladder. The gallbladder is a small, pear-shaped sac located below the liver in the right upper abdomen. Gallstones form when bile stored in the gallbladder hardens into pieces of stone-like material. Bile is made in the liver, and then stored in the gallbladder until the body needs it. The gallbladder contracts and pushes the bile into the common bile duct - that carries it to the small intestine, where it helps in digestion.

Bile contains water, cholesterol, fats, bile salts, proteins, and bilirubin - a waste product. Bile salts break



*contd... on page 3*

## PHOTO ALBUM



**Inauguration of new units cum blessing ceremony**



**Women's day celebration**

**The Inauguration of the training programme for  
AYUSH doctors**



**Dr Ramdas  
Panduranga Pai**

**World Cancer Day Celebration**

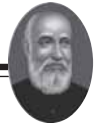


**Dr Uday Kiran spoke  
on World T.B. Day**

**Inauguration of Internship Programme (23rd Batch)**



**INSTITUTIONS AND GRADUATION DAY CEREMONY 2012**



up fat, and bilirubin gives bile and stool a yellowish-brown color. If the liquid bile contains too much cholesterol, bile salts, or bilirubin, it can harden into gallstones.

The two types of gallstones are **cholesterol stones** and **pigment stones**. Cholesterol stones are usually yellow-green and are made primarily of hardened cholesterol. They account for about 80 percent of gallstones. Pigment stones are small, dark stones made of bilirubin. Gallstones can be as small as a grain of sand or as large as a golf ball. The gallbladder can develop just one large stone, hundreds of tiny stones, or a combination of the two.

Gallstones can block the normal flow of bile if they move from the gallbladder and lodge in any of the ducts that carry bile from the liver to the small intestine. The ducts include the

- hepatic ducts, which carry bile out of the liver
- cystic duct, which takes bile to and from the gallbladder
- common bile duct, which takes bile from the cystic and hepatic ducts to the small intestine

Bile trapped in these ducts can cause inflammation in the gallbladder, the ducts, or in rare cases, the liver. Other ducts open into the common bile duct, including the pancreatic duct, which carries digestive enzymes out of the pancreas. Sometimes gallstones passing through the common bile duct provoke inflammation in the pancreas called gallstone pancreatitis an extremely painful and potentially dangerous condition.

### Causes gallstones

Scientists believe cholesterol stones form when bile contains too much cholesterol, too much bilirubin, or not enough bile salts, or when the gallbladder does not empty completely or often enough. The reason these imbalances occur is not known.

The cause of pigment stones is not fully understood. The stones tend to develop in people who have liver cirrhosis, biliary tract infections, or hereditary blood disorders such as sickle cell anemia in which the liver makes too much bilirubin.

- **Sex.** Women are twice as likely as men to develop gallstones. Excess estrogen from pregnancy, hormone replacement therapy, and birth control pills appears to increase cholesterol levels in bile and decrease gallbladder movement, which can lead to gallstones.

- **Family history.** Gallstones often run in families, pointing to a possible genetic link.
- **Weight.** A large clinical study showed that being even moderately overweight increases the risk for developing gallstones. The most likely reason is that the amount of bile salts in bile is reduced, resulting in more cholesterol. Increased cholesterol reduces gallbladder emptying. Obesity is a major risk factor for gallstones, especially in women.
- **Diet.** Diets high in fat and cholesterol and low in fiber increase the risk of gallstones due to increased cholesterol in the bile and reduced gallbladder emptying.
- **Rapid weight loss.** As the body metabolizes fat during prolonged fasting and rapid weight loss such as “crash diets” the liver secretes extra cholesterol into bile, which can cause gallstones.
- **Age.** People older than 60 years are more likely to develop gallstones than younger people. As people age, the body tends to secrete more cholesterol into bile.
- **Ethnicity.** American Indians have a genetic predisposition to secrete high levels of cholesterol in bile.
- **Cholesterol-lowering drugs.** Drugs that lower cholesterol levels in the blood actually increase the amount of cholesterol secretion into bile. In turn, the risk of gallstones increases.
- **Diabetes.** People with diabetes generally have high levels of fatty acids called triglycerides. These fatty acids may increase the risk of gallstones.

### Symptoms of gallstones

As gallstones move into the bile ducts and create blockage, pressure increases in the gallbladder and one or more symptoms may occur. Symptoms of blocked bile ducts are often called a gallbladder ‘attack’ because they occur suddenly. Gallbladder attacks often follow fatty meals, and they may occur during the night. A typical attack can cause

- steady pain in the right upper abdomen that increases rapidly and lasts from 30 minutes to several hours
- pain in the back between the shoulder blades
- pain under the right shoulder

Although these attacks often pass as gallstones move, the gallbladder can become infected and rupture if a blockage remains.



Many people with gallstones have no symptoms; these gallstones are called ‘silent stones.’ They do not interfere with gallbladder, liver, or pancreas function and do not need treatment.

**Diagnosis**

Frequently, gallstones are discovered during tests for other health conditions.

- **USG**
- **Computerized tomography (CT) scans.**
- **Cholescintigraphy (HIDA scan).** The patient is injected with a small amount of nonharmful radioactive material that is absorbed by the gallbladder, which is then stimulated to contract.
- **Endoscopic retrograde cholangiopancreatography (ERCP).** ERCP is used to locate and remove stones in the bile ducts.
- **Blood tests.** Blood tests may be performed to look for signs of infection, obstruction, pancreatitis, or jaundice.

**Treatment:**

In modern medicine surgery is the only treatment choice to the patient.

**Surgery**

Surgery to remove the gallbladder a nonessential organ is one of the most common surgeries performed on adults.

If gallstones are present in the bile ducts, ERCP is used to locate and remove them before or during gallbladder surgery.

**Non-surgical Treatment**

Nonsurgical approaches are used only in special situations such as when a patient has a serious medical condition preventing surgery and only for cholesterol stones. Stones commonly recur within 5 years in patients treated non-surgically.

- **Oral dissolution therapy.** Drugs made from bile acid are used to dissolve gallstones. Months or years of treatment may be necessary before all the stones dissolve.
- **Contact dissolution therapy.** This experimental procedure involves injecting a drug directly into the gallbladder to dissolve cholesterol stones.

**A CASE OF ACUTE CALCULUS CHOLECYSTITIS**

**Abstract:**

A 10 year old boy was brought by his parents with severe right hypochondriac pain radiating to back and chest since three days. Clinical suspicion of gall bladder pathology was confirmed by real time Ultrasonography of Abdomen. USG revealed calculus cholecystitis due to calculus in the neck of the gall bladder. They consulted a surgeon and he advised Immediate Cholecystectomy. He was treated with acute short acting Homoeopathic medicines for the relief of colic and after passage of the stone with constitutional Homoeopathic medicine to eradicate the Cholelithaemic tendency.

**Dr Prasanna Kumar,**

BHMS, MD (Hom)

Asst. Professor,  
Dept. of Community Medicine, FMHMC



**Introduction:**

Gallbladder calculi are more common in the adult population and remain relatively uncommon in children; however, the incidence of cholelithiasis in children has increased. The distribution of gallstone types in children differs from the adult population, with cholesterol stones being the most common type of stone in adults and black pigment stones being the most common type in children. They are formed when bile becomes supersaturated with calcium bilirubinate, the calcium salt of unconjugated bilirubin.

**CASE REPORT:** A 10 year old boy was brought to us with following presentation -

LOCATION	SENSATION & PATHOLOGY	MODALITIES	ACCOMPANIMENTS
<b>Abdomen</b> (Right Hypochondriac region) Radiating to back and chest On and off since one week, Episodes lasts for 15- 20 min. 6-7 episodes / day. Consulted surgeon Advised Immediate cholecystectomy.	PAIN+++ Severe, crampy, colicky ++	< standing + < eating ++ < lying down+++ > moving about	Nausea++ Vomiting+ Anorexia Feverish feeling ++ Excessive sweating++

**On Examination:**

Tenderness in right Hypochondriac region.  
MURPHY'S SIGN- POSITIVE.

Pulse- 90/min. Temperature- 99.8° F

**USG ABDOMEN: (8/10/2011) Revealed Calculus Cholecystitis due to calculus in the neck of the gall**

**Acute medicine selected: DIOSCOREA VILLOSA in 30 POTENCY.**

DATE	OBSERVATION/FOLLOW UP	REMEDY PRESCRIBED
8.10.2011	Severe right upper pain abdomen +++ Boy was screaming with pain and moving here and there to get relief during the pain episode. Today had 9 episodes of pain. Each episode lasted for 15 min to 20 min. Consulted surgeon. He advised Immediate cholecystectomy.	1. <i>Dioscorea V 30</i> . 10 powders. Three hourly one packet.
9.10.2011	Severity of the pain reduced by 50 % Had only 5 episodes today.	Advised to take one packet of <i>Dioscorea 30</i> , during the pain episode.
12.10.11	Severity of pain has reduced by 80 % Had only two episodes from last 2 days.	Advised to take <i>Dioscorea 30</i> , one packet during severe pain.
17.10.11	Pain almost - NIL No pain since one week. <b>Repeat USG revealed NO EVIDENCE OF GALL STONES.</b> Other generals were enquired- <b>Mental generals-</b> Short tempered ++, Irritability, ambitious + <b>Physical generals -</b> Chilly subject, Constipated bowels, craving for spicy and pungent foods.	<i>Nux Vomica 1M</i> , one powder as constitutional medicine. No 40 pills to continue.  If pain comes advised to take <i>Dioscorea 30</i> , pills to continue.
25.10.11	No complaints.	Advice to continue No 40 pills
20.12.11	Advised stop the treatment.	

(USG reports before and after treatment are available in the mullerian website: [www.mullerian.org](http://www.mullerian.org))

## CAMPUS NEWS

**EVENTS:**

- 02.01.2012: "Inauguration of new units cum blessing ceremony"** of the Physiotherapy, Yoga and Naturopathy, Dental, Reproductive and Child Health units, renovated Conference hall and Vice-Principal's Chamber was held at the O.P.D of FMHMC. Dr Sripathi Rao, Dean, Yenepoya Dental College inaugurated the Dental unit. Dr Rukmini Devi spoke about public health and importance of Reproductive and Child Health care and NRHM. Mr. Narasimman stressed on the importance of integrated approach, in treating the patients
- 02.01.2012: Prayer meeting** was arranged in the college auditorium to give thanks to GOD for blessings received and seek graces for the new academic year 2012.
- 26.01.2012: "Staff Picnic"** was organised by the teaching staff club to Mulki. The staff members along with their families had a get together and enjoyed the day.
- 04.02.2012: "World Cancer Day Celebration"** was observed by the dept of community medicine FMHMC . Dr Ramdas Panduranga Pai, Professor of Community Medicine FMHC spoke about the various aspects of cancer, There was a essay competition was held on that day.
- 13.02.2012: "The Inauguration of the training programme for AYUSH doctors"** on Mother and Child Care, organised by Dept. of O.B.G. and Paediatric sponsored by NRHM was held in the campus . Around 15 doctors from various parts from Karnataka attended this workshop for a week. Dr Roshan Pinto Professor was the co ordinator for the one week programme..
- 06.03.2012: "Inauguration of 23rd batch of Internship Programme"** was held. A total of 64 students joined the internship programme
- 08.03.2012: "Women's day celebration"** was held. Dr Sujaya Prabhakar, M.B.B.S, D.G.O., from



Nethaji .A. Ellappa Memorial Hospital, Thokkottu spoke on 'Health Awareness & Treatment Programme for Women'. 58 women participated in the awareness & free checkup programme.

8. **09.03.2012: "Institution day competition of FMCI":** Eastern singing competition was held in FMCI. Dr Blany lobo and team( Dr Madona Joseph, Dr Rita Chakraborty, Dr P Chakraborty, Dr Anitha Lobo, Dr Anusha G , Dr Sheetal A, Dr Kurian, Dr Vivek S) won the 2<sup>nd</sup> prize.
9. **13.03.2012: "Institutions day celebration":** was held in FMCI stadium. Prof Shantha Sinha was the chief guest, Dr KS Sriprakash , Hon'ble Vice Chancellor of RGUHS, Karnataka, Bangalore was the Guest of Honor. 68 graduates and 21 Post graduates of FMHMC were graduated and awarded the certificates and medals. Dr Krishna Das R(UG) and Dr A.S. Mridul( PG) were the best out going students of the graduating batch.
10. **13.03.2012: Visit of Vice Chancellor.** Dr KS Sriprakash, Hon'ble Vice Chancellor of RGUHS, Karnataka, Bangalore visited the FMHMC campus , addressed the staff members and appreciated the infra structure and quality of work done in FMHMC.
11. **20.03.2012: "Salaamath 2012"** Thanks giving programme for the Management & teaching faculty was organised by the out going batch of Interns.
12. **23.03.2012: "World T.B. Day Celebration"** was observed by the Dept of Community medicine. Dr Uday Kiran H.O.D. Of Community Medicine KSHEMA spoke about various aspects of TB to the faculty & students.
13. **28.03.2012: "Sports & Athletic meet"** was held in the renowned college grounds at Deralakatte. Shree K Ravindra Shetty Managing Director of Rathna Education Trust Deralakatte inaugurated the meet and addressed the students.

### STAFFS IN NEWS

1. **Dr Shivaprasad K :** Gave a Radio talk on the Topic "**Homoeopathy a Rational System of Medicine**" which was broadcasted on 4<sup>th</sup> March 2012.
2. **Dr Vilma D'Souza:** was a resource person for a NRHM programme on "Antenatal Care & Advice" held on 15<sup>th</sup> Feb 2012 sponsored by AYUSH at FMHMC.
3. **Dr Roshan Pinto:** Attended PG BOS at KUHAS board under Kerala Govt, He also gave a Health talk on Geriatric care at Mulky.
4. **Dr Prabhu Kiran** was elected the President of IHMA State Chapter Karnataka and **Dr Guruprasad MN** the Treasurer .
5. **Dr Jyoshna S:** presented a paper on "Paediatric case taking" under NRHM programme sponsored by AYUSH held at FMHMC on 18<sup>th</sup> Feb 2012.
6. **Dr Girish Navada UK, Dr Praveen Raj P, Dr Guruprasad MN, Dr Amitha Baliga, Dr Joseph Thomas, Dr Nimai Chandra Dhole** were approved as PG Guides under RGUHS Bangalore.
7. **Dr Anitha Lobo:** presented a paper at Gwalior National Homoeo Conference on "Efficacy of Homoeopathy in PCOD" 21<sup>st</sup> & 22<sup>nd</sup> Jan 2012. She also presented a paper on "Scope of Homoeopathy in High Risk cases of pregnancy & advice for referral" under NRHM sponsored programme by AYUSH held on 13<sup>th</sup> Feb 2012 at FMHMC.
8. **Dr Sheena Salin:** presented a paper on "**Diabetes and its miasmatic prespective**" during a IHMA CME held on 26<sup>th</sup> Feb 2012 Mangalore.
9. **Dr Blany Lobo:** presented a paper at Gwalior National Homoeo Conference on 'Evidence based case presentation' on 21<sup>st</sup> & 22<sup>nd</sup> Jan 2012.
10. **Dr Praveen Raj:** gave a talk on "Homoeopathy" at a AYUSH organised programme at Alake, Vittal PHC on 17<sup>th</sup> March 2012. He was selected as a Judge for the National level Inter colliagiate HR event at the Mangalore University on 30<sup>th</sup> March 2012.
11. **Dr Prasanna Kumar K:** selected as the columnist for writing an awareness articles on homoeopathy and various aspects of health in "Sukhi Siri", a supplement of Hosadigantha Kannada news paper. He published an articles on risk factors of the disease and its prevention in "Vignana Sangathi", a monthly science journal published by Hampi Kannada University. He was a resource person for the health workshop organized at Kanachur Institute of Science and Management held on 24.2.2012.
12. **Dr Kurian:** was a resource person for the CME of Govt Homoeo Medical Officers of Kerala held on Feb 9<sup>th</sup> and 10<sup>th</sup> 2012 at Kozhikode conducted by RAECH govt.of Kerala
13. **Dr Jenita R Fernandes:** published an article on "Value of Symptoms" in Homoeo Era Feb 2012.



# “SPORTS & ATHLETIC MEET” - “RUN BHOOMI”



## ALUMNI NEWS

1. **Dr S. Karthikeyan**, (14<sup>th</sup> batch ) The Management is grateful to him for his generous offer of a Spirometer, Electrocardiogram, and Pulse oximeter worth Rs. 80,000, to his Alma mater. The management, staff and students of Father Muller Homoeopathic Medical College thank him and wish him all success in his future endeavors.
2. **Dr Salini** (11<sup>th</sup> batch of PG) got married to Dr Subhash on 19<sup>th</sup> March 2012
3. **Dr Divya Kamath** ( 20<sup>th</sup> batch ) got married to Chi Sandesh on 12<sup>th</sup> Feb 2012
4. **Dr R Samaran** (17<sup>th</sup> batch ) got married to S Sharmila MBA on 1<sup>st</sup> Feb 2012
5. **Dr Damika** (19<sup>th</sup> batch) was blessed with a baby boy
6. **Dr John Mathew** (19<sup>th</sup> batch) was blessed with a baby girl
7. **Dr Jhanavi** (19<sup>th</sup> batch) was blessed with a baby boy
8. **Dr Sandhya** (17<sup>th</sup> batch ) Dept of Medicine left the Institution for better prospectus.
9. **Dr Anju Alice** (19<sup>th</sup> batch) was blessed with baby boy
10. **Dr Pearl** (19<sup>th</sup> batch) was blessed with a baby boy
11. **Dr Jaslin** ( 18<sup>th</sup> batch) was blessed with baby girl on Feb 1st 2012

*Let us all congratulate them for their achievements.*



**Dr Mrs Jyothi** (18<sup>th</sup> batch) left to Heavenly Adobe on 13<sup>th</sup> Feb 2012.



**Alumni Meet 2012**  
May 12<sup>th</sup>, 13<sup>th</sup> (Saturday after noon to Sunday after noon).

**WELCOME TO WAYANAD**

**Dosthaana 2012**

**Location**

Haritagiri Hotel & Ayurvedic Village

Kalyatta - Wayanad - Kerala - South India Ph: +91 9636 203146, 203146, 203147, 203148  
Fax: +91 9636 203149 Website: www.hotelharitagiri.com, Email: info@hotelharitagiri.com

**Registration Fee** -2750 for Single alumni  
-5000 for Family (H&F 2 children)  
-1600 for Extra person

**Includes** Food & Accommodation, Special welcome gift, all soft & warm drinks, programmes, inner transport

Dr Sreevals G Menon, ICICI BANK Remittance (In) Savings A/C NO 074801502178,  
IFSC CODE-ICIC0000748

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To

BOOK POST