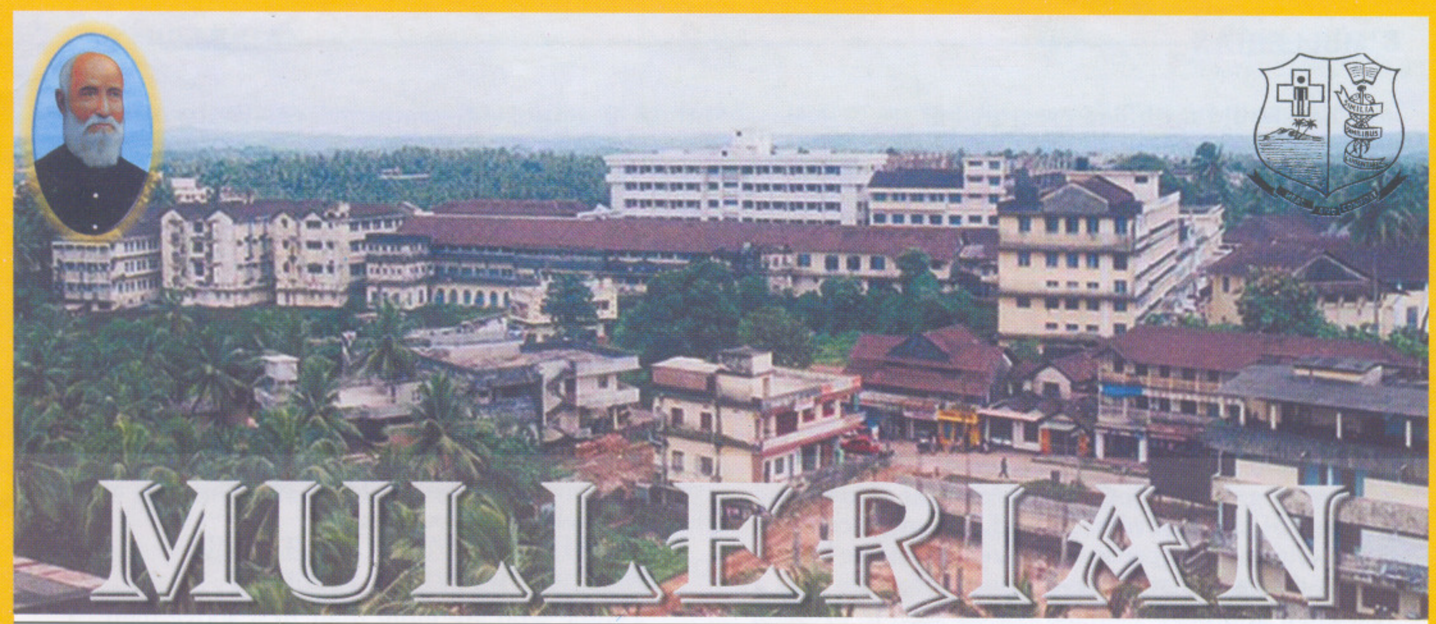


VOL No. 9 Jul-Sept 2002

## EDITORIAL

*With pleasure I am placing before you the third issue of 'Mullerian'. This issue is special as we present ourselves with a better outlook, with more colors, which will remain with 'Mullerian" forever. This is going to become a permanent feature with 'Mullerian'.*

*In this issue we are trying to understand Hypertension, the disease of the developing world, which can cause multiple and debilitating complications. - the clinical concepts in management, its miasmatic outlook and its treatment with Homoeopathy. This is being highlighted with the help of a sample case of Hypertension.*

*We have been receiving many queries and letters of appreciation with critical acclaim from our readers. We will not be able to publish these letters - as we have very limited space available in our bulletin. However we will try to respond to all the letters individually and answer the queries by our esteemed and valuable readers.*

*We invite the readers to write to us their suggestions on how to improve the 'Mullerian' further.*

**Dr. M.K. Kamath**
*Editor*

## WHAT IS BLOOD PRESSURE ?

Blood pressure is the pressure of the blood flowing through your blood vessels against the vessel walls. It depends on your blood flow (how much blood is pumped by your heart) and the resistance of your blood vessels to blood flow. If the pressure is high, your heart must work much harder to maintain adequate blood flow to your body.

**What causes it?**

The causes of high blood pressure can vary, and most of the time, the cause isn't known. This form of the condition is called "essential hypertension." It might be due to a narrowing of the arteries, more blood than normal, or the heart beating more forcefully or faster than it usually should. Any of these conditions can raise the force of the blood against the artery walls.

Sometimes high blood pressure can be caused by another medical problem, such as kidney disease. When this happens, the condition is called "secondary hypertension." As the name indicates, treating the mair problem makes the blood pressure go down.

**Should you be worried about high blood pressure?**

For the most part, you can't tell if you have hypertension (high blood pressure), and most people with hypertension have no symptoms. So the only way to find out if it's high is to have it measured. This statement may come as a surprise, because many people are convinced that they can tell when their pressure is high. It's certainly true that when you get angry or anxious you may feel yourself tensing up, and your heart pounding. You may even go red in the face, something that's often erroneously associated with high blood pressure. And you're right: your pressure is likely to be high at such times. But that's perfectly normal, and unless you spend your life being permanently angry, which fortunately most of us don't, it doesn't mean much. High blood pressure is of concern only when it's still high when you are not angry or tense. As pressure builds up in the blood vessels, the heart has to work harder to pump blood throughout the body.

**What should my blood pressure be?**

| Category | Systolic | Diastolic |
|---|---|---|
| Optimal blood pressure | <120 | <80 |
| Normal | <130 | <85 |
| High-Normal | 130-139 | 85-89 |
| High | >140 | >90 |

## HYPERTENSION PREVENTION

Despite the prevalence of hypertension (high blood pressure), a cure still eludes medical researchers. Hypertension medication can be lifesaving, but it does not correct the underlying cause of the disorder. Indeed, for most cases of hypertension the cause is not known. At one time, it was thought that a rise in blood pressure was a normal and necessary part of the ageing process, which is why hypertension not caused by some other underlying disease was called essential hypertension. Increased blood pressure was thought to be essential to maintain adequate circulation in older adults.

But blood pressure does not increase with age in many other cultures, especially in non-industrialized countries. What is it about the western way of life that makes us so prone to hypertension? Can an understanding of the relationship between life-style and the development of hypertension help us prevent this disorder?

### Risk Factors

Hypertension appears to have both genetic and environmental causes. Many risk factors for the development of hypertension have been identified. Unmodifiable risk factors include:

- family history of hypertension (people whose parents or siblings developed hypertension are at increased risk)
- age (risk increases with age)
- ethnicity (black Americans have greater risk)
- gender (men have more hypertension between the ages of 18 and 54, and women have more hypertension after age 65).

People who fall into a high-risk group should not worry. (Worrying will only increase your blood pressure.) A wellness life-style can significantly reduce a person's risk of developing hypertension and decrease its severity should it develop. Life-style change is particularly effective in helping to lower blood pressure for those with borderline or mild hypertension, 80% of hypertensives.

### Diet

A healthful diet can help prevent hypertension. Almost everyone has heard that minimising sodium intake is important. Sodium sensitivity often develops with age, so even though excess sodium does not currently raise your blood pressure, it may in the future. Anyone at risk for hypertension, and indeed anyone planning to grow old, may benefit from not acquiring a taste for salty food.

Alcohol consumption has been strongly associated with hypertension: The greater the alcohol intake, the greater one's risk of hypertension. Many people find that their blood pressure improves when they decrease their alcohol consumption. Caffeine is a stimulant and increases blood pressure, so consumption should be limited if one has or is at risk for developing hypertension.

### Obesity

People who are more than 20% above their desirable weight have twice as much hypertension. Extra fat in the abdominal region is more strongly associated with hypertension than excess fat in the hips and thighs. A small weight loss can significantly decrease blood pressure, even if the person does not lose all of the extra weight.

Abdominal obesity is also associated with insulin resistance. The insulin receptors located in the cell membrane are not sensitive enough to respond correctly, and blood insulin levels rise. Insulin stimulates sympathetic nervous system activity, similar to the stress response that causes blood pressure to rise. Weight loss often helps restore insulin sensitivity.

### Smoking

Nicotine is a potent vasoconstrictor, so here's one more reason not to smoke. When a cigarette is smoked, nicotine enters the blood immediately, and vasoconstriction occurs systemically. The more nicotine and the more frequently one smokes, the greater the vasoconstriction. Smokers usually have chronically elevated blood nicotine levels and increased vascular resistance.

### Physical Activity

Many studies have found that regular aerobic exercise can normalise blood pressure in people with borderline hypertension. Exercise may exert this protective effect partly by contributing to a person's weight control efforts. Regular aerobic exercise may also lead to decreased vascular resistance, perhaps by increasing parasympathetic output (the relaxation response) when the person is at rest.

Insulin sensitivity improves for many hours after exercise. Many people find that exercise helps them relax and decreases their stress reactivity. Things don't upset them as easily. Several studies

have demonstrated an association between stress and hypertension, so exercise may be helpful because it reduces a person's stress response.

**Stress Management**

It has been hypothesized that chronic stress may lead to a chronic elevation in sympathetic nervous system activity. This includes an elevation in the hormones associated with the stress response, including epinephrine and norepinephrine, which might cause chronic high blood pressure. Stress management techniques can help a person learn relaxation skills that decrease sympathetic output and thus reduce blood pressure.

## UNDERSTANDING OF MIASM IN ESSENTIAL HYPERTENSION

Miasms can be understood in following ways in hypertension

1} According to the predisposing (aetiological) factors
2} According to pathological understanding, signs and symptoms.

**According to the predisposing factors:**

**A) Non- modifiable factors:**

**Age:** BP in elderly age with atherosclerotic changes with past history of suppressed gonorrhea indicates sycotic miasm. Elderly people with complications such as organ failure suggests the syphilitic miasm. Where as in young, elevated BP with the family history of syphilis suggests syphilitic miasm.

**Personality:** Type-A personality highly ambitious, active, responsible, fastidious and industrious, are common indications for psora or pseudo psora.

**B) Modifiable factors:**

**Obesity:** it is an important etiological factor for hypertension; miasmatically obese, fats, flabby persons belong sycotic group.

Excess salt desire is a feature of psora; this is an important risk factor for development of hypertension. Desire for fat, alcohol, fatty foods are a feature of psora.

Alcohol consumption for over a period of time results in fatty changes of various organs, which results in fat deposition in the cells. This is a feature of sycotic miasms.

**Environmental stress:**

Stress plays an important role in development of hypertension many studies have proved this factors. Cases with psychosomatic relations like fright, fear anxiety, anger, suppressed emotion, grief etc. may initiate or aggravate the problem. These factors are purely psoric in origin. Psychological stress factors, which results in dullness, depression, defect in thinking, and sluggishness, which leads to hypertension, is a feature of sycotic miasm. Changeable mood, erratic behavior, restlessness and hyperactivity usually suggest pseudo psora (tubercular miasm). Suicidal tendencies, total destructive tendency, rage and tendencies to inflict harm to others usually are a feature of syphilitic miasm.

**According to pathological understanding:**

1. Increased peripheral resistance results in thickness of walls of the big and small arteries. Atheroma developed in large artery results in narrowing of lumen and stenosis, which is suggestive of sycotic miasm. Fibrinoid necrosis of the vascular wall is a feature of malignant hypertension, suggests syphilitic miasm.

2. There is a greater impedance of left ventricular emptying, which results in left ventricular hypertrophy. Hypertrophy is a feature of sycotic miasm. In well-developed and long-standing cases left ventricle failure, which expressed as exertional dyspnoea, orthopnoea and paroxysmal nocturnal dyspnoea, suggests syphilitic miasm.

3. Reduction in renal perfusion leads to excess rennin production, which activates angiotensinogen to angiotensin-I. Angiotensin-I to Angiotensin-II, which stimulates the production of aldosterone and further contributes to salt and water retention. Retention of salt and water, which usually expressed as edema of the tissues swelling of face and extremities (pedal edema) with increased BP usually, suggests sycotic miasm. Reduction of renal perfusion leads to decreased glomerular filtration- reduces sodium and water excretion, results in sodium and water retention, which expresses as sycotic miasm.

In malignant hypertension pressure rises rapidly without treatment, death may occur within one to two years. The accelerated rise in BP produces following changes -

- Cerebral edema expression of sycotic miasm.
- Left ventricular failure expressed as syphilitic miasm.
- Severe renal impairment with proteinuria and microscopic haematuria, which results in pseudo psoric (tubercular) miasmatic expression.
- Retinal hemorrhage- exudates and papilledema is a strong indication of tubercular miasm.

## REPERTORIAL CONCEPTS OF HYPERTENSION IN MURPHY

BLOOD, HYPERTENSION, (76)
BLOOD, HYPERTENSION, sudden rise of (2)
BLOOD, HYPERTENSION, hypotension, low blood pressure (25)
BLOOD, HYPERTENSION, hypotension, low blood pressure diastolic (1)
URINE, ALBUMINOUS, proteinuria hypertension, with (1)
URINE, ALBUMINOUS, proteinuria hypertension, with orthostatic (1)
All the rubrics under chapter BLOOD, ORGASM, may be taken for Hypertension as reference.

## CASE STUDY

No.: 4002/98. Retaken on: 24/09/99 Dr S.R/Dr GN
Name: Dr. K.A.R. Age: 47yrs. Sex: M Marital Status: M Religion: Hindu. Occupation: Reader; M U.

**1. Chief complaints:**

| LOCATION | SENSATION | MODALITIES | CONCOMITANTS |
|---|---|---|---|
| **General.**<br>Since 18yrs.<br>❑ Ayurvedic<br>Homoeopathic<br>Daonil tab. TDS.<br>Presently1tab OD. | Known diabetic.<br>Numbness of extremities. | A/F mental strain.<br>(Between 1978-81) | ↑ Sexual urge.<br>↑ Urinary frequency. |
| **Head** occasionally. | Vertigo as of things is moving in a circle. | A/F mental strain<br>Tension. | |
| **Eye.**<br>Since childhood<br>13.08.1951. | Diagnosed as Retinitis pigmentosa.<br>Able to see axial point only, focal object is visible.<br>Lateral vision is damaged.<br>Night blindness.<br>Pain in eyeballs.<br>Blurring vision. | < Night.<br>< Reading.<br>< Eyestrain.<br>< Looking at computer screen. | |
| **Ear.**<br>Since 8 -10 yrs. | Mild loss of hearing capacity.<br>Occasional though he hears; it is difficult to Understand and comprehend.<br>Diagnosed as conductive deafness. | A/F recurrent cold. | |
| **Neck pain.**<br>Since 1 month.<br>Left side.<br>Sudden onset. | Bursting pain[3].<br>Radiates to occiput. | A/F sleep after.<br>< Moving the neck.<br>< Traveling.<br>< Coughing while. | |

**History of Present Complaint(s):** Patient developed his complaints between 1978-1981 at this period patient had lot of stress in his work area as well as in the family, same period patient shifted to M. Since then complains of numbness and tingling, giddiness. He was diagnosed to have diabetes mellitus, hypertension. Presently patient C/O neck pain radiates to occiput.

**Past History with Treatment History:** Patient was diagnosed to have Retinitis Pigmentosa he was given

orientation regarding this disease. He was treated with Daonil 1 tab thrice a day for his diabetes mellitus. He was on antihypertensive drugs for the last 8 yrs, presently on Atenol-5 mg OD.

**Family History:** patients father died with diabetic coma, hemiplegia. Mother was suffering with Bronchial asthma, brother suffering from Diabetes mellitus. Younger sister was suffering from depression.

**Patient as a person (physical general):**

**Appetite:** Good
**Desires:** Sour[3], sweets[3].
**Thirst:** increased, 8 -9 glasses/day.
**Perspiration:** increased on face[3], extremities[3], chest[2].
**Stool:** 1/day. Occasionally constipated when fish was taken.
**Urine:** increased frequency at night, 4-5 times at night. No burning. No other abnormal discharges.
**Sexual Functions:** excessive urge. Increased desire.
**Sleep:** generally disturbed due to increased frequency of urination.
**Dreams:** frightful, anxious dreams of exams, unremembered dreams.
**Sleep and dreams:** good sleep with anxious dreams.
**Materiological:** < sun exposure
**Thermal Reaction:**
Bath: hot.
Seasons: prefers winter, cold climate.
Covering: thin in general.
Fan: likes in full speed.
**Intellectual state**
Intellect - Highly qualified with high working capacities, excellent in his performance, resource personality for the research work.
**Responsible, Meticulous, Perfectionist**
High motive and drive.
Obsessive thoughts
**Emotional state** (causation, characteristics/intensity)
A/F Lack of love[3].
A/F Jealous[3].
Oversensitive[3] feels offended easily
Despair[3] with alteration of mood sadness to joy
Contradiction aggravates[3]
**Anxious - Anticipatory[3]** Hatred[3] - towards M.I.L
< Contradiction[3], -gets angry whenever students or friends contradict him.
> Meditation, > counseling, >Reading books.

**Action:**
Speech coherent, Perfectionist, meticulous in his work. Punctual in his all the activities.

**LIFE SPACE:**

Patient hails from a small village from a U.K. district of K. Patient was eldest among 5 members to his parents. Patient's father was an agriculturist mother was housewife. As there was no much education to his parents there was no much love and affection from parents to patient and to his siblings. Patient himself studied in his effort, he stood 1st throughout his school and college days. He himself says that he and his siblings were quite intelligent in the matter of studies. At home father and mother were used to work in agriculture field and used to earn for their livelihood. Patient himself used to help his parents in this work yet patient says in this family setup there was no love from them to patient.

After his degree patient joined for higher education. He completed master degree in statistics and later he joined as a tutor. He got government job as tutor in M U. He enjoys his subject and became one of the favorites among the students. He was known for his strictness and punctuality. In tern he got good interaction with his students. He married in 1978 and in this period he had lot of mental stress both from family and in job. It was an arranged marriage. Initial days of marriage there was no much problems later there was problem between patient and his parents and he got separated from his parents and started living in quarters.

The patient had lots of hopes of getting love from mother-in-law. An initial day patient was given due importance by patients MIL, BIL & SIL, but later loving attitude has been less and less. At this period the patient had a kind of irritability especially when he sees parents loving their children, playing with children. It is due to the feeling state of patient that ' I have got no opportunity of this kind'. In one of the incidence he started hating MIL. He worries on trifles, which affects him very much.

Patient is very meticulous and perfect in his work. He does the work in time, he expect his students to be punctual and perfect in their task. He is very much attached to students, any comments from them he takes it very seriously and it hurts him.

In relation with other colleagues, patient has good interaction with others, but he is reserved, very anxious about work done by him, anxious before taking a class, student reactions, but he inspite of this anxious nature his outcome is good. He has few friends- he is intimate with only one. Usually talks to the points nothing extra. Present family set up: Patient live in M with wife and son. Wife is mild, at times when patient talks bad about her mother (MIL); she gets irritated and argues with him. Patient's son is studying in Eng. College.

**Other information's:** At times patient used to get mood alterations, that is he feels excessive joy and sorrow (total dejected moods). Lately he developed interest in Parapsychology started reading books related to that, he is thinking about his son and his future. Prefers to be at home or working place, he needs someone's company wherever he is, but has very few words of interactions with them. He cannot tolerate any one contradicting his views, he gets irritated and expresses immediately.

**GENERAL PHYSICAL EXAMINATION:**

**Appearance:** moderately built and nourished.
**Weight:** 57 kg. **Eyes:** Dark ring around eye
**Vision:** impaired **Hearing:** impaired Rt side
**Tongue:** white coated
**Pallor:** Nil. **Edema:** Nil. **Glands:** Nil
**Pulse:** 74/min; regular, full volume, no thickening of arterial wall.
BP: 160/102mmHg, on right arm supine position- 24/9/99.
160/102mmHg, on right arm supine position - 27/9/99.
**Temp:** 98.4° F.
**Respiratory rate:** 18/min.

**SYSTEMIC EXAMINATION:**

**CVS:** Clinically normal.
**RS:** Clinically normal.
**CNS:** Higher mental functions are normal
2nd cranial nerve - visual acuity - 6/60, other cranial nerves are normal
Remaining functions are clinically normal.
ABDOMEN: No organomegaly.
EYE: Ophthalmologist's opinion: patient is having low visual acuity 6/60 with intact axial point vision.

**PROVISIONAL DIAGNOSIS:**

1. DIABETES MELLITUS
2. ESSENTIAL HYPERTENSION
3. RETINITIS PIGMENTOSA

**INVESTIGATIONS:**

7/5/99: Blood - Hb - 123.28mg (115mg normal).
Total WBC - 10,800.
DC - $N_{64}$%; $L_{32}$%; $E_4$%; $M_0$.
ESR - 08mm/hr
Blood sugar - FBS- 136.16
-PPBS- 189mg /dl.
Urea - 26mg/dl.
Creatinine- 1mg/dl.
Cholesterol - 200mg/dl.
ECG-With in normal limit. (7/5/99)

**PRESCRIPTION:**

24/9/99 - 1. Aur.met 200 1p, HS today.

**Criteria for follow-up**

1. Emotions.
2. Mood.
3. Sexual urge.
4. Sleep.
5. Bowel.
6. Urine frequency.
7. Vertigo.
8. Hearing.
9. Vision.
10. Blood pressure

12/11/99

| 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 | Prescription |
|---|---|---|---|---|---|---|---|---|---|---|
| S | S | S | >+ | S | S | S | S | S | 160/100 0 | 1. Aur.met200 (2p) 1p HS. Fortnight. 2. No.ii 1p HS Daily |
| Mental stress<+. | | | | | | | | | | |

17/12/99

| 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 | Prescription |
|---|---|---|---|---|---|---|---|---|---|---|
| >+ | >++ | S | G | S | S | >++ | + | >+ | 156/100 | 1. Arum met 200.1p H.S, fortnightly 2. Noii pills 4BD - Daily |
| Weight -59kg < morning | | | | | | | | | | |

21/1/2000

| <+ | <+ | S | G | S | <++ | 0 | S | S | 160/100 | 1. Lyco2001p HS wkly. 2. Noii p HS x daily |
|---|---|---|---|---|---|---|---|---|---|---|
| Irritable $^3$. Anxious $^3$, fear of cancer of eye. Sleep with unremembered dreams. PPBS-195mg/dl | | | | | | | | | | |

3/3/2000

| <+ | <+ | >+ | >+ | S | >++ | >++ | S | S | 154/96 | 1. SL packets 2p HS Fortnightly. 2. Noii p HS x alt. |
|---|---|---|---|---|---|---|---|---|---|---|
| Irritable + Impatient + Anxious about health PPBS - 159mg/dl. Weight -59kg. | | | | | | | | | | |

7/4/2000

| <++ | <++ | ↑ | G | >+ | >+ | <+ | S | S | 150/92 | 1. Mag mur 200-1pHSx 2 days. |
|---|---|---|---|---|---|---|---|---|---|---|
| Feels lonely, despair, loss of self-esteem since 15 days. Irritability 3. Giddiness ++. Feels no one loves him, hatred towards MIL, desire for love from someone. | | | | | | | | | | |

16/6/2000.

| >++ | >++ | >++ | <+ | >+ | >+ | | | | 156/94 | 1. SL packets1p HS alternate days 2. No 40 pills 4-0-4. |
|---|---|---|---|---|---|---|---|---|---|---|
| Hatred feeling >++. Feels generally well Weight 59kg. | | | | | | | | | | |

29/9/2000.

| <+ | <+ | ↑+ | <+ | <+ | ↑++ | 0 | >+ | >+ | 152/90 | 1. Lyco 200 4p HS wkly 2. No ii p 1p HS alt. |
|---|---|---|---|---|---|---|---|---|---|---|
| Retro sternal burning >warm drinks. Feels depressed; anxious about future. Much anxious at his work. Urine sugar green. Weight 57kg. | | | | | | | | | | |

17/11/2000

| >++ | >++ | >++ | G | >++ | >+ | 0 | >+ | >+ | 140/90 | 1. Lyco 1M.1p HS Fortnightly. 2. Noii HS alt.days. |
|---|---|---|---|---|---|---|---|---|---|---|
| Anxiety<+. Vision improved +. Weight 58kg. | | | | | | | | | | |

16/1/2001

| >++ | >++ | >++ | G | >++ | >++ | 0 | >+ | >+ | 136/90 | 1. Lyco 1M 1pHS fortnightly 2. Noii p HS x alt. |
|---|---|---|---|---|---|---|---|---|---|---|
| Patient feels subjectively much better. Ophthalmologists opined - patient's field of vision is improved; he will retain his vision. Weight $59^1/_2$ kg. | | | | | | | | | | |

**DR GIRISH NAVADA UK**

## FACULTY MEMBERS IN LIGHT

Dr (Sr) Vida Olivera, Reader, Dept. of Social and Preventive Medicine, Dr M.K. Kamath, Reader, Dept. of Medicine, Dr Roshan Pinto, Reader, Dept. of Organon, Dr Vilma D'Souza, Reader, Dept. of Obstetrics and Gynecology, Dr Prabhu Kiran, Reader, Dept. of Anatomy, Dr Pravas Kumar Pal, Lecturer, Dept. of Pharmacy and Dr Amitha Baliga, Lecturer, Dept of Materia Medica were appointed as external examiners by Calicut University to conduct BHMS Examinations in the month of September 2002.

Dr Praveen Raj was appointed as external examiner by the M.G. University, Kottayam to conduct BHMS Examination August/September 2002.

Dr S.K. Tiwari presented a Scientific Paper on ADHD at Homoeo - Sangam, Lucknow on 8th of September 2002. His paper was much appreciated by the participants and found a good coverage in almost all Local newspapers.

Dr Girish Navada U.K. attended a NSS Training and Orientation programme from 29th August 2002 to 07th September 2002 at Mysore.

## NEWS

**University Results:**

Rajiv Gandhi University of Health Sciences Examinations for I, II, III and IV BHMS were held in the month of May 2002. Results of the same were as follows.

| Class | No. of student appeared | Passed | I Class | II Class | % |
|---|---|---|---|---|---|
| I BHMS | 55 | 44 | 37 | 8 | 81 |
| II BHMS | 53 | 43 | 35 | 8 | 81.1 |
| III BHMS | 46 | 32 | 29 | 3 | 69.5 |
| IV BHMS | 48 | 37 | 26 | 11 | 77 |

- The 54th Birthday of Rev. Dr. Baptist Menezes, Director was celebrated on 28.07.02. The celebration included felicitation by the representatives of all he educational units and other departments. Dr. S.K. Tiwari, Principal felicitated on behalf of faculty of Fr. Muller's Institute of Health Sciences on this occasion. The programme was followed by cultural events organised by students of all the educational Institutions.
- The 54th Birthday of Rev Fr. Stany Tauro, Administrator, Fr. Muller's Homoeopathic Medical College was celebrated by great zeal and enthusiasm by faculty members and students on 20.08.02. It was followed by cultural programme.
- Teacher's day was celebrated by students on 4th September, 2002. The students expressed their gratitude to the teachers by Organising various programme on this occasion.
- M.D. (Hom) I & II Theory examination are scheduled to be held from 18th September 2002 onwards.

**Free Medical Camps:**

The regular Medical Camps were organized as follows:

| Date | Place | No. of patients |
|---|---|---|
| 14.04.02 | Moorje | 46 |
| 11.05.02 | Punjalkatte | 55 |
| 02.06.02 | Pavoor | 38 |
| 07.07.02 | Pavoor | 76 |
| 28.07.02 | Vamadapadav | 275 |
| 04.08.02 | Pavoor | 68 |
| 10.08.02 | Bela | 120 |
| 17.08.02 | Baddakatte-Bantwal | 113 |
| 24.08.02 | Bela | 162 |
| 01.09.02 | Pavoor | 53 |
| 07.09.02 | Bela | 148 |
| 11.09.02 | Siddakatte | 158 |

**Internship Programme:** A total of 20 interns completed their internship programme on 10.08.02 and 37 interns joined for Internship Programme on 17.08.02.

## CONFERENCE CALLING

The faculty of Father Muller's Homoeopathic Medical College has decided to organise the Homoeopathic Conference - 2002, 14th and 15th December 2002.

It may be noted that Homoeopathic Conference is an annual feature and a part of academic activities of this college. This activity has been taken up by the faculty members with an objective of highlighting the scientific aspects of Homoeopathy among the learners and practitioners of this system of rational healing art.

We, at Fr. Muller's, are working in this direction and would like to share our experience and to learn from others experiences too. Hence we arrange a common platform for all, to have a dialogue and fruitful discussion on various themes, so that the learning through experience becomes a reality at the end of two days of scientific sessions.

**COME AND JOIN US.**

**CLINICAL THEMES**

- Psoriasis
- Leucoderma
- Ovarian Disorders

<u>Scientific papers are invited in the above clinical themes.</u>

**(Last date of receiving the papers - 31st October 2002)**

| **Registration fee** | **Before 25th Nov** | **After 25th Nov** |
|---|---|---|
| Delegates | Rs. 400/- | Rs. 500/- |
| Student/Intern | Rs. 300/- | Rs. 400/- |

*For further details contact :*

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*Organising Secretary*
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Senders Name & Address: Fr. Muller's Homoeopathic Medical College & Hospital.
Fr. Muller's Road, Kankanady Post, Mangalore - 575 002
Printed at Codeword Process & Printers, Mangalore - 1. Ph. : 421418, 428218