



MULLERIAN



Father Muller Homoeopathic Medical College & Hospital
Accredited by NAAC with 'A' Grade

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Quarterly Bulletin

July - September 2016

Editorial

Dear Readers,

In the past 3 months, the College has witnessed some notable events and added further milestones to its glorious existence. We have extended our hospital consultation services in the evening hours at Deralakatte campus and a separate Homoeopathic wing (consultation services) has started functioning at Wenlock District Hospital on all week days which has been initiated by District AYUSH, Karnataka. Besides this, the Management has widened the scope of health care services & Homoeopathic treatment to a destitute home at Olavinahalli, Kinya.

Hectic arrangements and preparations are going on to organize Esplorare '16, the annual national Homoeopathic conference under the leadership of Dr Srinath Rao. We are hopeful of attracting a large audience especially from our Alumni members.

Once again, 'PRERANA', the cultural and literary competitions for the Pre-University College students of Mangaluru and Udupi districts was conducted successfully this year with the common aims and aspirations of creating awareness and promoting Homoeopathy.

A string of Health awareness talks and camps were organized by the Hospital and the Department of Community Medicine which reached a large population in and around Deralakatte.

May this festive season add joy to all dear friends.

Happy reading

Dr John Paul K
Editor

MEDICAL RENAL DISEASES

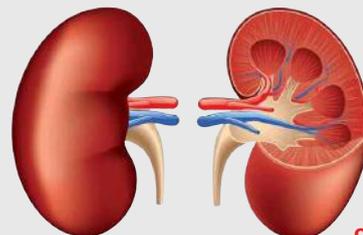
Medical renal diseases are those that involve principally the parenchyma of the kidneys. Hematuria, proteinuria, pyuria, oliguria, polyuria, pain, renal insufficiency with azotemia, acidosis, anemia, electrolyte abnormalities and hypertension may occur in a wide variety of disorders affecting any portion of the parenchyma of the kidney, the blood vessels, or the excretory tract.

A complete medical history and physical examination, a thorough examination of the urine, blood and urine chemistry examinations as indicated are essential initial steps in the workup of any patient.

History & Examination

A. Family History

The family history may reveal disease of genetic origin, for example, tubular metabolic anomalies, polycystic kidneys, unusual types of nephritis, or vascular or coagulation defects that may be essential clues to the diagnosis.



cont.... on page 3

Campus News



01.07.16 : “Doctors Day” was observed at the Father Muller Homoeopathic Medical College to salute the dedicated services of Dr B C Roy. The Chief Guest was Dr Mohammed Iqbal, District AYUSH Officer, Dakshina Kannada.

02.07.16 : The AYUSH specialty clinic at Wenlock District Hospital was inaugurated by Dr Rajeshwari, District Surgeon. FMHMC doctors are appointed to render their services along with the Karnataka Ayurvedic College. Ms Keerthana K was felicitated with a shield for securing overall highest marks in BHMS course in Dakshina Karnataka.



04th, 05th, 06th & 07.07.16 : The research committee of FMHMC conducted an awareness class for all the staff and interns' guides with regard to the writing of a research article, conducting a research study and publishing a thesis.



14th, 15th, 16.07.16 & 10.09.16 : The PTSA meetings were held at Father Muller Homoeopathic Medical College Auditorium for the I, III, IV & II BHMS students respectively. The topic selected was "Challenges Faced". Dr Audrey Pinto, Professor, School of Social Work, Roshini Nilaya, Mangaluru, Dr Norbert Lobo, Associate Professor and H.O.D, Economics, St Aloysius College, Mangaluru, Mr Issac Sikha, Bth & B.D, MSc Counselling, Professional counselor, and Mrs Elsie Tharien, Professor & former H.O.D, Psychology, St Agnes College were the resource persons. Dr Rita Chakraborty, Coordinator PTSA convened the programme. Dr Jolly D'Mello, Chief Mentor, I BHMS, Dr Jacintha Monteiro, Chief Mentor, III BHMS, Dr Sheena Salin, Class Coordinator, IV BHMS and Dr Deepa Rebello, Chief Mentor, II BHMS were instrumental in organizing the event.



08.07.16: The Department of Forensic Medicine & Toxicology organized a “Mock Court” for the II BHMS students in the College auditorium.

25.07.16 & 15.09.16 : A team of doctors constituted by the Central Council of Homoeopathy and AYUSH visited our campus and inspected the College for the continuation of recognition and affiliation of the BHMS and MD courses.



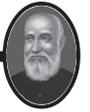
28.07.16: In view of “World Hepatitis Day”, the Department of Community Medicine arranged a talk for the final BHMS students. Dr Saurabh Kumar, Associate Professor, Department of Community Medicine, FMHC was the resource person.



29.07.16 : “World ORS day” was celebrated to highlight the importance of oral rehydration solutions as a health intervention in acute diarrhoeal diseases. The final BHMS students led by the staff of the Department of Community Medicine reached out to ten Anganwadi schools of Kotekar village and demonstrated the method of preparation and administration of ORS.

05.08.16 : The NSS unit of Father Muller Homoeopathic Medical College celebrated “Vanamahotsava” the forest festival, in the botanical garden of our campus. Rev Fr Sylvester Vincent Lobo, Assistant Administrator, FMHMC was the Chief Guest for the programme. Dr Revan B.L, the NSS Officer, coordinated this event.





B. Past History

The past personal history should cover infections, injuries, and exposure to toxic agents, anticoagulants, or drugs that may produce toxic or sensitivity reactions. A history of diabetes, hypertensive disease, or autoimmune disease may be obtained. The inquiry may also elicit symptoms of uremia, debilitation, and the vascular complications of chronic renal disease, but often the patient is asymptomatic and presents with abnormal laboratory findings.

Physical Examination

Pallor, edema, hypertension, retinopathy, or stigmas of congenital and hereditary disease may be detected.

Laboratory Findings

A. Urinalysis

Examination of the urine is the essential part of the investigation.

1. Proteinuria

Proteinuria of any significant degree (2-4+) is suggestive of medical renal disease (parenchymal involvement). Formed elements present in the urine additionally establish the diagnosis. Significant proteinuria occurs in immune-mediated glomerular diseases or disorders with glomerular involvement such as diabetes mellitus, myeloma, or amyloidosis. Interstitial nephritis, polycystic kidneys, and other tubular disorders are not associated with significant proteinuria.

2. Erythrocyte casts

Red blood cell casts point to glomerulonephritis. If red blood cell (erythrocyte) casts are not present, microscopic hematuria may or may not be of glomerular origin. Phase contrast microscope study may reveal dysmorphic changes in the erythrocytes present in the urine in patients with parenchymal renal disorders.

3. Fatty casts and oval fat bodies

Tubular cells showing fatty changes occur in degenerative diseases of the kidney (nephrosis,

glomerulonephritis, autoimmune disease, amyloidosis, and damage due to toxins such as lead or mercury).

4. Granular casts

These types of casts result from degeneration of cellular casts. They are nondiagnostic of a specific renal disorder but do reflect an inflammatory condition in the kidneys.

B. Other Findings

Abnormal urinary chemical constituents may be the only indication of a metabolic disorder involving the kidneys.

These disorders include diabetes mellitus, renal glycosuria, aminoacidurias (including cystinuria), oxaluria, gout, hyperparathyroidism, hemoglobinuria, and myoglobinuria.

Examination of the Kidneys & Urinary Tract

Roentgenographic, sonographic, and radioisotopic studies provide information about the size, structure, blood supply, and function of the kidneys.

Renal Biopsy

Renal biopsy is a valuable diagnostic procedure. The technique has become well established, providing sufficient tissue for light and electron microscopy and for immunofluorescence examination. Contraindications for percutaneous kidney biopsy may include the anatomic presence of only 1 kidney, severe malfunction of one kidney even though function is adequate in the other, bleeding diathesis, and an uncooperative patient.

Clinical indications for renal biopsy, in addition to the necessity for establishing a diagnosis, include the need to determine prognosis, to follow progression of a lesion and response to treatment, to confirm the presence of a generalized disease (autoimmune disorder, amyloidosis, sarcoidosis), and to diagnose renal dysfunction in a transplanted kidney. Ultrasound or computed tomography (CT) guidance provides a more effective biopsy result. More recently, laparoscopic approach has been used by some urologists.



CASE HISTORY

By: Dr Elamaran Karunanidhi
Alumnus – 2003 UG Batch

Mrs LA, 50 yrs old menopausal female from Tanjore, reported to the clinic with the complaints of lower abdominal pain along with burning micturition since the morning. She also had vomiting and eructations. Vomitus is watery and also contains food particles that she ate the previous day. Her temperature was also above normal. She was very weak and prostrated that she could barely stand or walk. She was immediately advised to do a routine urine examination and get an ultrasound of her abdomen and pelvis.

PAST HISTORY

There was a history of bilateral renal calculi first on the right and then on the left which were operated surgically. She had knee joint pains that started on the right, one year ago and later involved the left knee six months back. Three months ago, she had developed pain in the right side of the abdomen that was better by Allopathic treatment.

FAMILY HISTORY

Her father expired during her childhood and her mother, seven years back. Her elder sister suffers from Hypertension and Osteoarthritis and her younger sister from Diabetes.

PERSONAL HISTORY

Appetite: decreased (easy satiety) since 1 week. Generally, cannot tolerate hunger, feels giddy and weak, at times develops headache.

Thirst : Diminished

Stool : Regular

Urine : Increased in frequency but passes scanty. There is an associated pain during and after urination

Sleep : Good

Thermals : Hot patient

LIFE SPACE INVESTIGATION

She belongs to a middle class joint family living with her elder sister. She has two sons and her sister has two sons. The sons of both the families are married and they reside independently. It was her decision to

keep them away from her. At home, she is very strict with everyone. She gets angry if anyone in the family doesn't listen to her.

She wants her in-laws to attend all the family functions and events. If they fail to attend, she calls them over phone and shouts at them. After her sons' marriages, she is the one who takes much responsibility to run the family. She even took care of the education of her niece and also arranged their marriage. She revealed that, her anger produces a shivering of the entire body.

TOTALITY OF SYMPTOMS

- Dictatorial
Anger with trembling
Hunger aggravation
Thirstless
Hot Patient
Complaints from right to left

MISAMATIC TOTALITY

Sycosis to Syphilis

INVESTIGATIONS DONE

URINE COMPLETE

- Colour - Turbid
Pus cells - 20 -30/hpf
RBCs - 5-10/hpf
Albumin - Trace

USG

- Grade 1 Medical Renal Disease
Bilateral Renal Calculi - Hydronephrosis
Small Cyst – Body of pancreas
Mild Fatty Liver

PRESCRIPTION:

SEP 2013:

23.09.13:

Lycopodium 200, 1dose,

She was asked to report on the next day



24.09.13:

Weakness better
Appetite improved
Fever present
No vomiting.
Patient generally better

OCT 2013:

Completely relieved from all the ailments that were reported on 23.09.13
Complained pain in the knees
Rx Sac Lac x 1 month

DEC 2013:

Complained of mild cough and headache
Rx Sac Lac x 1 month
Advised to take an USG of abdomen and pelvis for review

JAN 2014

USG revealed a normal study other than a *single small right renal calculus*.
Lycopodium 1M was prescribed.

Scan reports before and after treatment after Pg. 6

Staff in News

Dr Shivaprasad K: Gave an interview in All India Radio (AIR) in Kannada on the topic “Homoeopathy a Holistic Treatment” on 29.09.16. Was the Chief Guest for “World Seniors Day” celebrated at Prashant Nivas Ashram on 30.09.16.

Dr Srinath Rao: Was the team leader for a health education programme and general medical camp held at Bamadapadavu on 17.07.16.

Dr Vilma D’ Souza: Gave breast feeding awareness talks on 05.08.16 & 09.08.16 at Netaji Hospital, Thokkottu and Kinya respectively. Also a general health camp was conducted at Kinya. Gave a live interview in Konkani on “Health issues of women over 40 years” in All India Radio (AIR) on 06.09.16.

Dr Jyoshna S: Was the team leader for a health education programme, homoeopathic awareness and general medical camp held at Madur Anganwadi School on 02.07.16. Organised an “Awareness talk & Skit on Breast Feeding” at Ullal PHC in association with AYUSH Federation of India on 03.08.16 and at FMHMCH on 08.08.16.

Dr Girish Navada: Gave a talk on “Career Guidance” to students of Sacred Heart PU College at Madanthyar, Belthangadi.

Dr Anita Lobo: Conducted a specialty camp on Infertility at FMHMCH on 22.08.16. Also, awareness talks were given by the Post Graduates.

Dr Blany Lobo: Was the team leader for a health awareness camp held at Bramarkotlu on 11.09.16.

Dr Sheena K N: Was the team leader for a health awareness talk and medical camp held at Devinagara on 12.07.16.

Dr Deepa Rebello: Was the team leader for a health awareness and general medical camp held at Panjikallu, Bantwal on 26.07.16.

Dr Sajan K R: Was the team leader for a health education programme and general medical camp held at Kaneerthota on 16.07.16 and Thumbbe Government Higher Primary School on 03.09.16.



Dr Rajachandra G: Was the team leader for a health education programme and general medical camp held at Addur on 24.07.16.

Dr Revan B L: Was the team leader for a general medical health camp held at Daddalkadu, Bantwal on 28.08.16.

Dr Vivek Sakthidharan: Was the team leader for a general medical camp held at Cherkala, Kasaragod on 27.08.16.

Dr Reshel Noronha: Was the team leader for a health awareness camp held at Bagambilla, Anganwadi Kotekar on 03.09.16.

Dr Prennie Vidiera: Published an article on “The Most Common Carpal Tunnel Syndrome” in Daiji World Weekly, August 2016.

Dr Anjali Maria Fernandez: Was the team leader for a medical health and awareness camp held at Beeri Anganwadi School on 16.09.16.

Dr Salini Mandal B G: Published articles titled “Polycystic Ovarian Syndrome – An Unwanted Guest” in the September 2016 issue of ‘Homoeopathy for All’

and “A Study on Non Insulin Dependent Diabetes Mellitus” in the Aug – Oct 2016 issue of ‘Advancements in Homoeopathic Research’. Also assisted the infertility camp held at FMHMCH on 22.08.16 and breast feeding awareness camp held at Kinya on 09.08.16.

Dr Anusha G: Gave a talk on ‘Nutrition’ at Bagambilla for Anganwadi workers on 03.09.16

Dr Sudhamathi S M: Gave a talk on “Monsoon diseases and Homoeopathic Treatment on 27.08.16 in All India Radio (AIR).

Dr Hafis: Was the team leader for a health education programme and general medical camp held at Kotekar Panchayat on 20.07.16.

Dr Bayula Babu: Was the team leader for a homoeopathic awareness and general medical camp held at Nithyadhar church, Babukatte on 07.08.16 and Vamanapadavu, Bantwal on 08.09.16

Dr Sebastian P A: Was the team leader for a General medical Camp held at St Joseph’s Church, Kasaragod on 10.07.16.

Alumni in News



- ♥ Dr Aparna P. Rajput (2010 PG Batch) wed Dr Sagar S. on 22.08.16
- ♥ Dr Poovai (2011 PG Batch) wed Mr Chandru on 04.09.16
- ♥ Dr Shruthi G P (2010 UG Batch) wed Mr Jinesh K P on 27.09.16

New Arrivals

- ◆ Dr Revan B L was blessed with a baby girl on 15.07.16



BEST SCAN CENTRE
CT, COLOUR DOPPLER
ULTRA SOUND SCAN

Royal Hospital complex,
1624, South Main Street,
Thanjavur - 613 009.
: 04362 - 270470

Date 23-Sep-13

Patient Name: Mrs. Lalitha

Age: 54 Yrs

Sex: Female

Ref. ELAMARAN, BHMS.,

Done By: Dr.S.Jeyasri Ceaser, MBBS, DMRD

Thanks for the Reference

ULTRASOUND SCAN OF ABDOMEN AND PELVIS

Real time B Mode Ultrasonogram of Abdomen was performed. The Study reveals the following:

RESULT:

- Liver:** Normal size Parenchymal echogenicity mildly increased without obscuration hepatic vessels. No intrahepatic biliary radical dilatation. No focal lesion.
- Gall bladder:** Normally distended. No calculus or growth seen.
- Portal vein:** Measures 7 mm and appears normal.
- Common bile duct:** Normal.
- Pancreas:** Head of the pancreas measures about 1.8 cm, body measures 1.6 cm. About 1.3 x 1.1 cm size well defined rounded anechoic lesion seen in body of the pancreas. Remaining pancreatic parenchyma appears normal. No evidence of peri-pancreatic inflammatory changes.
- Spleen:** 8.7 cm in size and normal echo pattern seen.
- Right Kidney:** Size measures 9.7 x 4.1 cm and shows increased cortical echoes. Corticomedullary differentiation maintained. About 8.8 mm size calculus is seen in the lower pole calyx. Pelvi-calyceal system not dilated. Ureter not dilated.
- Left kidney:** Size measures 9.7 x 4.3 cm and shows increased cortical echoes. Corticomedullary differentiation maintained. About 3.5 mm size calculus seen in the lower pole calyx. Pelvi-calyceal system not dilated. Ureter not dilated.
- Urinary Bladder:** Normally distended. No calculus seen.
- Uterus:** Anteverted. size measures 6.0 x 2.7 x 2.3 cm. Endometrial thickness mm. Myometrium shows post menopausal atrophic changes. No evidence of mass lesion. Cervix appears normal.
- Both ovaries:** Not visualized - suggestive of atrophy.
- Adnexa:** No evidence of mass lesion.
- RIF:** No focal mass or collection.
- No free fluid seen in the peritoneal cavity. Aorta and IVC normal. No significant lymphadenopathy.

IMPRESSION:

- Medical renal disease - Grade-I
- Small cyst in body of pancreas.
- Bilateral renal calculus - hydronephrosis.
- Mild fatty liver.
- Normal study of gall bladder, spleen, bladder and uterus.

V. S. Jeyasri



BEST SCAN CENTRE

CT COLOUR DOPPLER & ULTRASOUND SCAN

Patient Name: Mrs. Lalitha

Age: Yrs

Date: 6-Jan-14

Ref. By: Dr. K. ELAMARAN., BHMS.,

ULTRASOUND SCAN OF ABDOMEN AND PELVIS

Real time B Mode Ultrasonogram Abdomen was performed. The Study reveals the following:

RESULT:

- Liver:** Normal size. Parenchymal echoes appear normal. Hepatic veins are normal.
 → intrahepatic biliary radicles dilatation. → focal ← diffuse lesion.
- Gall bladder:** Normally distended. *No calculus* → *growth seen*. Wall thickness appears normal.
- Portal vein:** Appears normal and shows normal hepatopedal flow.
- Common bile duct:** Normal, not dilated.
- Pancreas:** Normal in size. Parenchymal echotexture appears normal. focal lesion.
- Spleen:** Normal in size. Normal echo pattern seen.
- Right Kidney:** Size measures about 9.8 3.8 cm. Shows normal cortical echoes. Corticomedullary differentiation is maintained. **There is evidence of calculus measuring about 7 mm is seen in the lower calyx.** Pelvi-calyceal system is not dilated. Ureter is not dilated.
- Left kidney:** Size measures about 10.5 4.0 cm. Shows normal cortical echoes. Corticomedullary differentiation maintained. *No calculus is seen.* Pelvi-calyceal system is not dilated. Ureter is not dilated.
- Urinary Bladder:** Normally distended. *No calculus seen.* *Wall thickness appears normal.*
- Uterus:** **Retroverted**, size measures about 3.9 3.6 cm. Endometrial thickness measures about 3 mm. Myometrium shows post menopausal atrophic changes. **No evidence of mass lesion.** Cervix appears normal.
- Both ovaries:** Appears normal in size and echotexture.
- Adnexa:** No evidence of mass lesion.
- POD:** No free fluid seen.
- RIF:** *No focal mass or collection.*
- GI:** No evidence of focal or diffuse bowel wall thickening.
- No free fluid seen in the peritoneal cavity. Aorta and IVC is normal. No significant lymphadenopathy.

(P.T.O)

IMPRESSION:

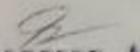
Single small right renal calculus. No hydronephrosis.

Normal study of liver, gall bladder, spleen, pancreas, left kidney, bladder, uterus, ovaries and adnexa. No cholelithiasis. No ascites.

Kindly correlate clinically.

Thanks for the Reference

DR. A. S. Lohanathan, MBBS., DMRD.,
Consultant Radiologist & Sonologist.


DR. Vasuki Ganesan, MD, RD.,
Consultant Radiologist & Sonologist.

Campus News



06.08.16 : The Student Association of Father Muller Homoeopathic Medical College organized PRERANA '16, an Intercollegiate Cultural & Literary Competition for the Pre-University College students of DK and Udupi districts for the 8th consecutive time successfully. The events held were Extempore (English & Kannada), Water colouring and Quiz. 17 Pre-University Colleges took part in various events. Rev. Fr Robert D'Souza, Principal, Lourdes Central School, Bejai, Mangaluru was the Chief Guest.



15.08.16 : The 70th Independence Day was celebrated at the college premises and the Chief Guest Dr Vilma D'Souza, raised the flag and addressed the gathering. Marking the event, a competition on patriotic songs was conducted for the students.



15th to 19.08.16 : The cultural competitions of the Annual Cultural & Sports Fest "ZEST '16" for the students of FMHMC was organized by the staff and student cultural committee headed by Dr Vivek Sakthidharan, Cultural coordinator. The Chief Guest for the valedictory function was Rev. Fr. Onil D'Souza, Director, St. Antony Charity Institutes, Mangaluru. Mr. Gautham P, Cultural Secretary, FMHMC delivered the vote of thanks.



22nd, 23rd, & 24.07.16 : A retreat was organized by the management at the College Chapel for all the Christian students for the purpose of reconnecting themselves into spiritual divinity.



06.09.16 : The student association and the management organized Teachers Day, "Gurunamana 2016", honoring the teachers of the College by traditionally offering 'Gurudakshina' led by Mr Vinod Kalmegra, President, Student Association.



17.09.16 : Onam, the major festival of Kerala was celebrated in the campus by conducting a contest on floral carpet 'ONAPOOKALAM' for the students and also arranged 'Onam Sadya' a relishing feast prepared traditionally for everyone with seasonal vegetables. Dr Vivek Sakthidharan and Dr Salini Mandal B.G assisted the event.



28.08.16 : The Department of Surgery organized an orientation on the "Clinical Application of Physiotherapy Techniques" for the III BHMS students. Mrs Rinku Roshan, MPT (Neuro), Department of Physiotherapy, Father Muller College of Allied Health Sciences was the resource person.



Health education programmes, Homoeopathic awareness talks, Breast feeding camps, Infertility camp, Awareness skits and General medical camps were organized at different places in Mangaluru. Doctors, Post Graduates, Interns, and

Students as a team conducted these camps successfully. Mr Vivek Fernandez, Medical Social Worker was instrumental in arranging these community programmes.

Camps



02.07.16: Dr Jyoshna S, Madur Anganwadi School



10.07.16: Dr Sebastian P.A., St Joseph's Church, Kasaragod



12.07.16: Dr Sheena Salin, Devinagara Anganwadi School



16.07.16: Dr Sajan K R,
Kaneerthota Anganwadi School



17.07.16: Dr Srinath Rao,
Bamadapadavu



20.07.16: Dr Hafis Sherif,
Kotekar Panchayat



24.07.16: Dr Rajachandra G,
Addur



26.07.16: Dr Deepa Rebello,
Panjikallu, Bantwal



03.08.16: Dr Jyoshna S,
Ullal PHC



05.08.16: Dr Vilma D' Souza,
Thokkottu



07.08.16: Dr Bayula Babu,
Nithyadhar church, Babukatte



08.08.16: Dr Jyoshna S,
FMHMCH, Deralakatte



09.08.16: Dr Vilma D' Souza,
Kinya Village



22.08.16: Dr Anita Lobo,
FMHMCH, Deralakatte



27.08.16: Dr Vivek Sakhthidharan,
Cherkala, Kasaragod



28.08.16: Dr Revan,
Daddalkadu, Bantwal



03.09.16: Dr Reshel Noronha,
Bagambilla Anganwadi School



03.09.16: Dr Sajan K R,
Thumbe Government Higher Primary School



08.09.16: Dr Bayula Babu,
Bantwal



11.09.16: Dr Blany Lobo,
Bramarkotlu



16.09.16: Dr Anjali Fernandez,
Beeri

A Tribute



Dr Ayancovil Luke
(2001 - 02 PG Batch)

Alumnus passed away on 21.09.2016.
It is deeply condoled by the staff, students
and alumni of our college.



Editorial Board: Dr John Paul K., Dr Jyoshna Shivaprasad, Dr Rajachandra G., Dr Sheetal A. & Dr Reshel Noronha.

To,

Book Post

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