



MULLERIAN

EDITORIAL

Dear Readers

After a few years when we look back, the past 3 months may become very significant. The events that have taken place have created major perceptive changes and, therefore may become the milestones in the history of the Father Muller Homoeopathic Medical College.

The college stepping into its 25th year is one such event, and we had a grand inauguration of the year long celebrations by Dr Veerabrahmachary, President of Karnataka Board of Homoeopathy. This has initiated a lot of academic and clinical activities. To mark the occasion many new peripheral rural health centres have been started.

Another defining moment, is the change of guards at the administrative level. On 5th of September Dr Srinath Rao, Professor of Materia Medica and Vice principal, was appointed as Principal and Dr Shivaprasad, Professor and HOD of Organon, as Vice Principal. These changes became necessary as Dr S K Tiwari left the institution for better prospects. While we thank Dr S K Tiwari for his

dedicated service to the institution and valuable guidance to the students of homoeopathy for all these years, we welcome Dr Srinath Rao and Dr Shivaprasad in their new position and wish them the very best. May the College reach greater heights under their leadership.

With happiness and pride we observe that during the Silver Jubilee year we have been able to reach the IBHMS admissions to its full strength.

Continuing our journey in search of superior knowledge, in this issue we are dealing with a case of Pulmonary Tuberculosis, reported to the OPD. This case helps us to understand the importance of pathology and the characteristics in the treatment of chronic cases.

I welcome you to yet another journey of learning and sharing.

Dr M.K. Kamath
Editor

TUBERCULOSIS

(From the Fact Sheets of WHO)

Infection and transmission

Tuberculosis (TB) is a contagious disease. Like the common cold, it spreads through the air. Only people who are sick with TB in their lungs are infectious. When infectious people cough, sneeze, talk or spit, they propel TB bacilli, into the air. A person needs only to inhale a small number of these to be infected.

Left untreated, each person with active TB disease will infect on an average between 10 and 15 people every year. But people infected with TB bacilli will not necessarily

become sick with the disease. The immune system “walls off” the TB bacilli which, protected by a thick waxy coat, can lie dormant for years. When someone’s immune system is weakened, the chances of becoming sick are greater.

- Every second someone in the world is newly infected with TB bacilli.
- Overall, one-third of the world’s population is currently infected with the TB bacillus.

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CAMPUS NEWS

Silver Jubilee Celebrations



Inauguration - July 14th - To mark 25 years of existence of Homoeopathic Medical College, the Silver Jubilee Year is celebrated from July 2009 till June 2010.

The inauguration of the event was held on July 14th 2009. Dr Veerabrahmachary, President of Karnataka Board of Homoeopathy was the chief guest and Rev. Fr Peter Noronha, the founder Director, was the Guest of Honour. After inaugurating the celebrations Dr Veerabrahmachary in his message, stressed on the importance of improving the standards of Homoeopathic Education and Practice.

The village outreach programmes were launched by Rev. Fr Peter Noronha. In his message he expressed his joy to be a part of the celebrations, since his vision for the Homoeopathic Medical College has come true.

Rev. Fr Patrik Rodrigus, Director presided over the function. He inaugurated the Drug Proving programme. Rev. Fr Wilfred Prakash, Administrator, Dr S.K.Tiwari, Principal, Dr Srinath Rao and Dr Shivaprasad were also present on the occasion.

CME Programmes -



1. Anatomy and Physiology - July 25th - A one day CME was organised by the Departments of Anatomy and Physiology on "Anatomical and Physiological Basis of

understanding Neurological Diseases". Dr Prabhukiran HOD of Anatomy elaborated the anatomical aspects of CNS, Dr Deena HOD of Physiology explained the physiological aspects of CNS. Dr C. K. Ballal, one of the leading neurosurgeons of Mangalore presented the Investigation procedures and Primary management of various neurological diseases, with emphasis on recent advances in the science of Neurology. A total of 193 people participated in the event.



2. Pathology and Surgery - August 29th - A one day CME was organised by the Departments of Pathology and Surgery on "Malignancies". Dr Shwethadri, Professor, Dept of Pathology, FMCI, briefed on the basics of pathology and recent advances in oncology. Dr Blany Lobo, Asst Professor, Dept. of Surgery, FMHMC outlined the homoeopathic approach to malignancy. Dr Rohan Gatty, Asst Professor, Dept. of Oncology, FMCI elaborated on the various investigative procedures and primary management with emphasis on the recent advances in oncology. A total of 198 people participated in the event.



3. Psychiatry and Organon - September 12th - A one day CME was organised by the Departments of Psychiatry and Organon on "Holistic Approach through Homoeopathic Philosophy". Dr Rajendran E.S., Former Dean, Sri Vinayaka Mission's HMC explained Perceiving

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- 5-10% of people who are infected with TB bacilli (but who are not infected with HIV) become sick or infectious at some time during their life. People with HIV and TB infection are much more likely to develop TB.

Global and regional incidence

The World Health Organization (WHO) estimates that the largest number of new TB cases in 2005 occurred in the South-East Asia Region, which accounted for 34% of incident cases globally. However, the estimated incidence rate in sub-Saharan Africa is nearly twice that of the South-East Asia Region, at nearly 350 cases per 100 000 population.

It is estimated that 1.6 million deaths resulted from TB in 2005. Both the highest number of deaths and the highest mortality per capita are in the Africa Region. The TB epidemic in Africa grew rapidly during the 1990s, but this growth has been slowing each year, and incidence rates now appear to have stabilized or begun to fall.

In 2005, estimated per capita TB incidence was stable or falling in all six WHO regions. However, the slow decline in incidence rates per capita is offset by population growth. Consequently, the number of new cases arising each year is still increasing globally and in the WHO regions of Africa, the Eastern Mediterranean and South-East Asia.

HIV and TB

HIV and TB form a lethal combination, each speeding up the other's progress. HIV weakens the immune system. Someone who is HIV-positive and infected with TB bacilli is many times more likely to become sick with TB than someone infected with TB bacilli who is HIV-negative. TB is a leading cause of death among people who are HIV-positive. In Africa, HIV is the single most important factor contributing to the increase in incidence of TB since 1990.

Drug-resistant TB

Until 50 years ago, there were no medicines to cure TB. Now, strains that are resistant to a single drug have been documented in every country surveyed; what is more, strains of TB resistant to all major anti-TB drugs have emerged. Drug-resistant TB is caused

by inconsistent or partial treatment, when patients do not take all their medicines regularly for the required period because they start to feel better, because doctors and health workers prescribe the wrong treatment regimens, or because the drug supply is unreliable. A particularly dangerous form of drug-resistant TB is multidrug-resistant TB (MDR-TB), which is defined as the disease caused by TB bacilli resistant to at least isoniazid and rifampicin, the two most powerful anti-TB drugs. Rates of MDR-TB are high in some countries, especially in the former Soviet Union, and threaten TB control efforts.

While drug-resistant TB is generally treatable, it requires extensive chemotherapy (up to two years of treatment) with second-line anti-TB drugs which are more costly than first-line drugs, and which produce adverse drug reactions that are more severe, though manageable. Quality-assured second-line anti-TB drugs are available at reduced prices for projects approved by the Green Light Committee.

The emergence of extensively drug-resistant (XDR) TB, particularly in settings where many TB patients are also infected with HIV, poses a serious threat to TB control, and confirms the urgent need to strengthen basic TB control and to apply the new WHO guidelines for the programmatic management of drug-resistant TB.

The "Stop TB" Strategy, the Global Plan to Stop TB, 2006-2015 and targets for TB control

In 2006, WHO launched the new Stop TB Strategy. The core of this strategy is DOTS, the TB control approach launched by WHO in 1995. The six components of the Stop TB Strategy are:

- Pursuing high-quality DOTS expansion and enhancement. Making high-quality services widely available and accessible to all those who need them, including the poorest and most vulnerable.
- Addressing TB/HIV, MDR-TB and other challenges. Addressing TB/HIV, MDR-TB and other challenges requires much greater action and input than DOTS implementation and is essential to achieving the targets set for 2015, including the United Nations Millennium Development Goal relating to TB (Goal 6; Target 8).



- Contributing to health system strengthening. National TB control programmes must contribute to overall strategies to advance financing, planning, management, information & supply systems and innovative service delivery scale-up.
- Engaging all care providers. TB patients seek care from a wide array of public, private, corporate and voluntary health-care providers. To be able to reach all patients and ensure that they receive high-quality care, all types of health-care providers are to be engaged.
- Empowering people with TB, and communities. Community TB care projects have shown how people and communities can undertake some essential TB control tasks. These networks can mobilize civil societies and also ensure political support and long-term sustainability for TB control programmes.
- Enabling and promoting research. While current tools can control TB, improved practices and elimination will depend on new diagnostics, drugs and vaccines.
- Targets linked to the MDGs and endorsed by the Stop TB Partnership:
 - * by 2005: detect at least 70% of new sputum smear-positive TB cases and cure at least 85% of these cases
 - * by 2015: reduce TB prevalence and death rates by 50% relative to 1990
 - * by 2050: eliminate TB as a public health problem (1 case per million population)

Progress towards the targets

In 2005, an estimated 60% of new smear-positive cases were treated under DOTS - just short of the 70% target.

Treatment success in the 2004 DOTS cohort of 2.1 million patients was 84% on average, close to the 85% target. However, cure rates in the African and European regions were only 74%.

The 2007 WHO report Global TB Control concluded that both the 2005 targets were met by the Western Pacific Region, and by 26 individual countries (including 3 of the 22 high-burden countries: China, the Philippines and Viet Nam).

The global TB incidence rate had probably peaked in 2005, and if the Stop TB Strategy is implemented as set out in the Global Plan, the resulting improvements in TB control should halve prevalence and death rates in all regions except Africa and Eastern Europe by 2015.

The Global Plan is a comprehensive assessment of the action and resources needed to implement the Stop TB Strategy and to achieve the following targets:

- Millennium Development Goal (MDG) 6, Target 8: Halt and begin to reverse the incidence of TB by 2015

CASE

Presentation:

Mr M aged 45 yrs presented with the complaints of cough and dyspnoea since 2yrs, which has increased since last ten days. All these complaints are worse in rainy season, exposure to draft of air and after eating ice cream

Associated with this the patient had restlessness and marked weakness

Examination of the chest revealed polyphonic wheeze all over the lung fields and occasional crepitus.

Observation:

On examination table there was no cough.

Patient was kept under observation in Day care centre.

15/06/09

He was administered a dose of Psorinum 200 1P stat. (the reasons being Dypsnea --> lying down --> Psorinum). Till evening no changes were observed

Thus the patient was admitted and was sent for



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detailed investigations.

Routine blood investigations showed lymphocytosis, ESR 45 after 1st hour.

Chest X ray confirmed the presence of Pulmonary TB in Right middle lobe.

We were in a dilemma whether to start Homoeopathic treatment for this patient or not.

After detailed case taking, it was decided to take the case & start homoeopathic treatment for the following reasons

- Characteristics are available
- Remedy is clear

Characteristic symptoms of the patient:

Fear of disease & thunder storm

Pulmonary tuberculosis

< Draft of cold air

Tall & lean

Outline of the treatment strategy:

- To give Phosphorous 0/1 daily morning
- Monitoring the progress through ESR
- Consultation with experts periodically
- X ray after three months

Follow up:

Cough, dyspnoea reduced

O/E chest became clear, No added sounds

ESR gradually reduced from 44mm on 23-06-2009 to 25 mm on 3-07-3009

In between the patient had one bout of acute coryza, watery nasal discharge which he used to get many years back.

Stayed in the hospital for 3 weeks till 20/7/09

Patient showed marked improvement.

Experts were consulted & they opined that there is improvement in the case, advised not to stop the homoeopathic treatment.

Patient is on regular OPD visits - complaints are totally under control, no further attacks of cough & dyspnoea.

From 6/8/09 onwards the patient is on placebo.

Conclusion:

When a remedy is well indicated the case would improve satisfactorily irrespective of diagnosis, and the case also demonstrates the effectiveness of Phosphorous in LM scale in the treatment of Pulmonary Tuberculosis.

Care must be taken to appraise and assess the pathology & also evaluate the markers of improvement.

- Dr Pravin Raj P



School Health Programmes - were organised at the following places in association with CODP, Mangalore with an objective of educating the students about hygiene, nutrition and preventive aspects of various diseases.

On 23-07-2009 at the Govt Higher Primary School, Mooduperar. The team of doctors was lead by Dr Anusha. A total of 354 students including their parents underwent health check-up.

On 4-08-2009 at Yedapadavu School. The team of doctors was lead by Dr Lydia. A total of 112 students underwent health checkup.

On 18-08-2009 at Falah School, Talapady. The team of doctors was lead by Dr Lydia. A total of 355 students underwent health check-up.

On 22-08-2009 at the Govt. School, Patna, Talapady. The team of doctors was lead by Dr Lydia. A total of 117 students underwent health check-up.

HEALTH AWARENESS CAMPS

In association with CODP Mangalore the following Health Awareness Programs about General Health, Hygiene, Sanitation, Nutrition and about Homoeopathic System of Medicine were organised :



Date	Place	Beneficiaries
07-07-2009	Ukkinadka, Kasaragod	56
08-07-2009	Barekad, Bantwal	112
17-07-2009	Parpkariya, Kasaragod	48
20-07-2009	Jakribettu, Bantwal	32
29-07-2009	Maripalla, Bantwal	46
31-07-2009	Narampady, Kasaragod	63
02-08-2009	Shamboor	70
08-08-2009	Mogral	74
12-08-2009	Muliyalu & Bakilapadavu	86
25-08-2009	Badiyadka	55
28-08-2009	Maniampare	74
06-09-2009	Kempugudde, Bantwal	150
25-09-2009	Kumbla	32

In association with the Rotary Club of Kasaragod, a Health Awareness Program about General Health, Hygiene, Sanitation, Nutrition and about Homoeopathic System of Medicine was organised at Ambika School, Palakkunnu on 26-07-2009. A team of ten doctors was lead by Dr Smija, RMO of United Hospital, Kasargod.

FACULTY IN LIGHT

Dr Madona Joseph, presented a lecture at St. Theresa's High School, Mangalore on 'Goodness in Greens' that dealt with medicinal value of different plants on 18th July 2009.



Dr Pravas K Pal, was one of the resource persons for ROTP on Homoeopathic Pharmacy at Dr Abinchandra Homoeopathic Medical College and Hospital, Bhubaneswar. He presented a lecture on Standardisation of Homoeopathic Medicines, on 17-08-2009.

Dr Madona Joseph, presented a paper on "Phosphorus - Its Clinical Utility in Homoeopathy" at CLINIFORENSICON - 2009, National Conference organised by Kasturba Medical College, mangalore on 18th September, 2009.



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Miasms in Clinical Practice. Dr Praveen Raj, Professor, Dept of Organon, elaborated on Perceiving Uncommon Symptoms in Clinical Practice. Dr Ravish Tunga, Professor and HOD of Psychiatry, KMC, Mangalore deliberated on Perceiving Common Psychiatric Conditions in Clinical Practice. A total of 283 people participated in the event.

July 1st - To commemorate the birthday of Dr B.C. Roy, Doctors's Day was celebrated. Principal Dr S.K. Tiwari in his address gave some instances in the life of Dr B.C.Roy, which showed his efficiency and his love for humanity. Rev. Fr Wilfred Prakash, Administrator



was present on the occasion. This was organised by NSS Unit of the college.



July 20th -22 - A 3 day CME for Govt. Medical Officers on Mother and Child Health was organised in the college, sponsored by the Department of Ayush. 27 delegates from all over the country participated in the programme.

July 27th - Awareness and prevention camp for Chikungunya was organised in the premises of Sessions Court, Mangalore and also at City Corporation Building, Mangalore. The team of doctors was lead by Dr Guruprasad. A total of 433 people were administered preventive medicines on this day.

August 11th - The Internship programme was inaugurated for the students who completed their final year BHMS in the just concluded RGHUS examinations. Rev. Fr Wilfred Prakash, Administrator presided over the function. Dr Srinath Rao, Principal Incharge and

Dr Girish Navada, Intern's Co-ordinator were present on the occasion.

August 14th - On the eve of Independence Day a blood donation camp was organised by NSS Unit of FMHMC, under the guidance of NSS Co-ordinator Dr N. C. Dhole. Mr Keshav Salian, President of Kotekar Panchayat was



the Chief Guest. Rev. Fr Wilfred Prakash, Administrator, Dr Srinath Rao, Principal In-charge, and Ms. Crystal Moras, In-charge of Blood Bank FMCI were present on the occasion. 74 people donated blood on this occasion.

August 15th - 63rd Independence Day was celebrated in the college campus. Rev. Fr Rudolf Ravi D'Sa was the Chief Guest. He was accompanied by Rev. Fr Wilfred Prakash, Administrator, Dr Srinath Rao, Principal In-charge in unfurling the tricolour.

August 17th - The inauguration of 2009-2010 batch of BHMS was held on 17th August 2009. a total of 75 students took admission this year. Rev. Fr Patrik Rodrigues, Director of Father Muller Charitable Institutions presided over the function. In his message



he highlighted the importance of hard work and determination in achieving greater heights for oneself.



Rev. Fr Wilfred Prakash, Administrator, Dr Srinath Rao Principal in-charge, and Dr Vilma Co-ordinator of the batch were present.

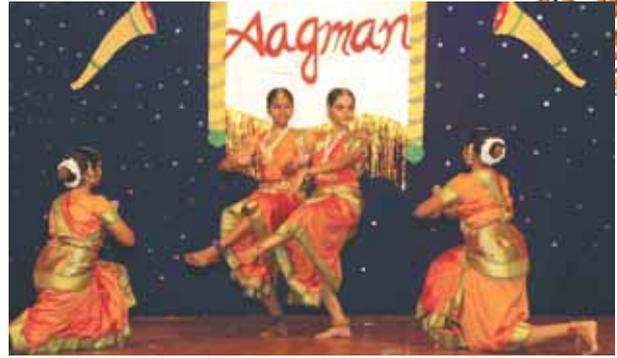


September 5th - Teacher's Day "Sarathi '09" was celebrated by the students, by welcoming the teachers with traditional arti and the offering of flowers. Rev. Fr Patrik Rodrigues presided over the function. Rev. Fr Wilfred Prakash, Administrator, Dr Srinath Rao, Principal were present on the occasion.



September 9th - Onam was celebrated by the students and staff with all the splendour and flourish in the college auditorium. The cultural event highlighted the traditions of Kerala with an emphasis on the celebrations of Onam.

September 19th - Fresher's day "Aagman" was organised by the senior students to welcome the Juniors who joined



the IBHMS. Rev. Fr Patrik Rodrigues presided over the function, and in his message he encouraged the freshers to use the facilities provided by the college to the maximum. Rev. Fr Wilfred Prakash, Administrator, Dr Srinath Rao, Principal were present on the occasion. The event concluded with cultural programme by the freshers.



Mr. Sebastian P.A, Mr. Avinash, Mr. Karthikeyan, Mr. Dijo Das and Dr Ilayaraja of our college participated in Mysore Zone RGUHS Chess Tournament, held in A.L.N.Rao Memorial Ayurvedic Medical College, Koppa, Chikmagalore, on 11.09.2009. They won the Runners-up title and were qualified for the Interzonal Chess Tournament of RGUHS, and were placed in 4th position.



Mr Avinash of Final BHMS got selected for the RGUHS Chess Team for the second consecutive year. And he played in the Inter-University Southwest Zonal Chess Tournament held at Hosur, TN, between 30th September to 4th October.

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To