MULLERIAN

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EDITORIAL

Dear Friends, it has been an event filled second quarter of this year and we also look forward to a hectic third quarter as we are all set to shift our college and hospital to a new campus at Derlakatte. This has been a long pending work that has gained momentum over the past few months with an intention to grow and attain maturity in the coming years. The new college building is all set to open its doors to welcome the students from 1st August 2006. It may take another 6 months for the completion of the whole process of shifting.

This quarter we celebrated the Birthday of our master Dr Samuel Hahnemann with all the enthusiasm and vigor. There was a free medical camp organized to mark the occasion. This was an occasion for all homoeopaths to rededicate themselves to the system.

The results of the last exams conducted, brought happiness to all. The students bettered their performance from that of past years and the credit goes to all the students and the teachers.

The good news for the Alumni is that it has opened a new overseas chapter in Dubai - UAE. This heralds a new era in the Alumni Association of FMHMC, with the college completing its 21st year of imparting knowledge and education.

In continuing our efforts to share our knowledge, in this issue we are bringing out cases of Lichen planus, an uncommon disorder involving a recurrent, itchy, inflammatory rash or lesion on the skin or in the mouth. The exact cause of which is unknown. There is no definite cure for lichen planus, but in this study we try to bring out the effectiveness of Homoeopathy in treating such disorders.

Dr M. K. Kamath
Editor

LICHEN PLANUS

Lichen planus is a relatively common skin disease that comes in episodes lasting months to years. The onset may be gradual or quick, but its cause, like many skin diseases, is unknown. It appears to be a reaction in response to more than one provoking factor. Theories include stress, genetics, infective (viral hepatitis C) and immunologic (autoimmune). There are also drugs that produce lichen planus-like allergic reactions to high blood pressure, heart

disease, and arthritis medications. There is an inherited form also which is often more severe and can have a protracted course.

This disease occurs most often in men and women between the ages of 30 and 70 years. It is uncommon in the very young and elderly. All racial groups seem susceptible to lichen planus.

Causes, incidence, and risk factors

The exact cause is unknown, but the disorder is likely to be related to an allergic or immune reaction.

The disorder has been known to develop after exposure to potential allergens such as medications, dyes, and other chemical substances. Symptoms increase with emotional stress, possibly because of changes in immune system during stress.

Lichen planus generally occurs at or after middle age. It is less common in children. The initial attack may last for weeks to months, resolve, then recur for years.

Lichen planus may be associated with several other disorders, most notably hepatitis C.

Chemicals or medications associated with the development of lichen planus include gold (used to treat rheumatoid arthritis), antibiotics, arsenic, iodides, chloroquine, quinacrine, quinidine, antimony, phenothiazines, diuretics such as chlorothiazide, and many others.

Symptoms

- Itching in the location of a lesion, mild to severe
- Skin lesion:
  - Usually located on the inner areas of the wrist, legs, torso, or genitals
  - Generalized, with symmetric appearance
  - Single lesion or clusters of lesions, often at sites of skin trauma
  - Papule of 2 - 4 cm size
  - Papules clustered into a plaque or large, flat-topped lesion
  - Distinct, sharp borders to lesions
  - Possibly covered with fine white streaks or linear scratch marks called Wickham's striae
  - Shiny or scaly appearance
  - Color dark — reddish-purple (skin) or gray-white (mouth)
  - Possibility of developing blisters or ulcers
- Ridges in the nails (nail abnormalities)
- Dry mouth
- Metallic taste in the mouth
- Mouth lesions
  - Tender or painful (mild cases may have no discomfort)
  - Located on the sides of the tongue or the inside of the cheek
  - Occasionally located on the gums
  - Poorly defined area of blue-white spots or "pimples"
  - Linear lesions forming a lacy-appearing network of lesions
  - Gradual increase in the size of affected area
  - Lesions occasionally erode to form painful ulcers
- Hair loss

Lichen planus takes several forms.

Classical lichen planus

Classical lichen planus is characterized by shiny, flat-topped, firm papules (bumps) varying from pin point size ('guttate') to larger than a centimetre. They are of purple colour and often are crossed by fine white lines (called 'Wickham's striae'). They may be close together or widespread, or grouped in lines (linear lichen planus) or rings (annular lichen planus). Linear lichen planus can be the result of scratching or injuring the skin. Although sometimes there are no symptoms, it is often very itchy.

Lichen planus may affect any area, but is most often seen on the front of the wrists, lower back, and ankles. On the palms and soles the papules are firm and yellow. Very thick scaly patches are particularly itchy and are most likely to arise around the ankles (hypertrophic lichen planu).

New lesions may appear while others are clearing. As the lichen planus papules clear they are often replaced by areas of greyish-brown discolouration, especially in darker skinned people. This is called postinflammatory hyperpigmentation and can persist for months.

Oral lichen planus

The mouth is involved in 50% of cases and is often the only affected area. The usual areas affected are the inside of the cheeks and the sides of the tongue,

but the gums and lips may also be involved. The most common features are:

- Painless white streaks in a lacy or fern-like pattern
- Painful and persistent ulcers (erosive lichen planus)
- Diffuse redness and peeling of the gums (desquamative gingivitis)

In some cases oral lichen planus affecting the gums is due to contact allergy to mercury in amalgam fillings on nearby teeth. The cause can be confirmed by patch testing. In these patients the lichen planus may resolve on replacing the fillings with composite material. If the lichen planus is not due to mercury allergy removing amalgam fillings is very unlikely to result in cure.

Vulval lichen planus

As in the mouth, lichen planus may cause painless white streaks. Erosive lichen planus is more common and is one cause of vulvodynia (burning discomfort of the vulva). Erosive lichen planus affects the labia minora (inner lips) and introitus (entrance to the vagina). The affected mucosa is bright red and raw. The labia minora can shrink and stick to each other or to the labia majora (the outer lips). Erosive lichen planus can be very painful, preventing sexual intercourse. It can also scar, closing over the vagina.

Sometimes lichen planus affects deeper within the vagina where it causes desquamative vaginitis. The surface cells in the vagina peel off and cause a mucky discharge. The eroded vagina may bleed easily on contact.

Penile lichen planus

Classical papules are the most common form of lichen planus on the penis and mostly occur in a ring around the glans (the tip of the penis). White streaks and erosive lichen planus are much less common on the penis.

Other mucosal sites

Erosive lichen planus uncommonly affects the eyelids, external ear canal, oesophagus, larynx, bladder and anus.

Lichen planopilaris

Follicular lichen planus, also known as lichen planopilaris, results in tiny red spiny papules around a cluster of hairs. Rarely, blistering occurs in the lesions. Permanently bald patches may develop. Sometimes no follicular scaling or inflammation is present but bald areas of scarring slowly appear, often looking rather like footprints in the snow. This is known as 'pseudopelade'.

Frontal fibrosing alopecia is thought to be a limited form of lichen planopilaris.

Lichen planus of the nails

Lichen planus affects one or more nails in 10% of cases, sometimes without involving the skin surface - if all nails are abnormal and nowhere else is affected it is called twenty nail dystrophy. The nail plate tends to thin and may become grooved and ridged. The nail may darken, thicken up or lift off the nail bed (onycholysis). Sometimes the cuticle is destroyed and forms a scar (pterygium). The nails may shed, stop growing altogether and rarely, completely disappear.

Lichen planus pigmentosa

In some patients oval greyish brown marks appear on the face and neck or trunk and limbs without an inflammatory phase.

Actinic lichen planus

Actinic lichen planus only affects sun exposed sites such as face, neck and the backs of the hands.

Bullous lichen planus

Bullous lichen planus is rare; blisters appear within lichen planus papules or by themselves, generally on the lower legs.

Lichenoid drug eruption

Lichenoid drug eruption refers to a lichen planus-like rash caused by medications. It tends to cause asymptomatic or itchy pink or purple flat slightly scaly patches on the trunk, but the oral mucosa and other sites are also sometimes affected. Many drugs can rarely cause lichenoid eruptions but the most common are:

- Gold, used for arthritis
- Antimalarials
- Captopril

Actinic lichenoid drug eruption is confined to sun exposed sites. The most likely drugs to cause this are quinine, taken for leg cramps, and thiazide diuretics, used for hypertension and heart failure.

Lichenoid drug eruptions clear up slowly when the responsible medication is withdrawn.

Complications

Rarely, longstanding erosive lichen planus can result in skin cancer (squamous cell carcinoma) of the mouth (oral cancer), vulva (vulvar cancer) and penis (penile cancer). This should be suspected if there is an enlarging lump or an ulcer with thickened edges.

Diagnosis

The diagnosis of lichen planus is often made by a dermatologist, oral surgeon or dentist by the typical appearance. However, a biopsy is often recommended to confirm or make the diagnosis and to look for cancer. The histopathological signs are of a 'lichenoid tissue reaction' affecting the epidermis (the skin cell layer). Typical features include:

- Irregularly thickened epidermis
- Degenerative skin cells
- Liquefaction degeneration of the basal layer of the epidermis
- Band of inflammatory cells just beneath the epidermis
- Melanin (pigment) beneath the epidermis

Direct staining by immunofluorescent techniques may reveal deposits of immunoglobulins at the base of the epidermis.

Treatment

Treatment is not always necessary. But the conventional therapy suggests the use of Topical steroids, in extensive cases systemic steroids, and other drugs including long term antibiotics, oral antifungal agents, phototherapy, acitretin, methotrexate and hydroxychloroquine.

Homoeoapthic Appreciation -

Homoepathic perspective of any disease holds good even for Lichen Planus, because Lichen Planus is not just a skin deep disorder.

Disturbances at dynamic level exprseed initially as functional changes, but later localizes itself into some part of the body as structural changes. During the process of pathogenesis various factors play a role in deciding the type of tissue changes and system involvememnt.

Miasm is one of the most important factor which determines the type and quality of the response to stress. They modify the susceptibility. Hence understanding Miasm becomes an essential part of understanding and management of Lichen Planus.

Lichen Planus is essentially a trimiasmatic disease entity just like Psoriasis. It implies that treatment is not very easy and different miasmatic phases at different times needs to be tackled during the treatment. Methodology of treatment is very simple. Acording to the presenting miasmatic phase remedies may need to be changed. The physician needs to be very observant about the changing picture, otherwise undue delay would result in the pace of improvement.

Case

This is the case of a software engineer aged 21 years presented with the following -

Location	Sensation	AF/Modalities	Concomitants
Skin Since last 4 moths Lower extremities Over the shin and lateral aspect of leg	Blackish eruptions Started as pale colorless eruptions in the beginning Itching++	<Evening++ <scratching >pressure >hot water bathing	

History of the presenting complaint - The patient presented with complaints of itching hyperpigmeted eruption over the lower limbs - since last 4 months over the shin and lateral aspect of both legs. The complaints are worse in the evening after returning from work when he changes the clothes. The complaints are also better with hot water bathing and pressure. He has taken allopathic medication and local applications, but without much relief.

Physical generals - App- goog, Thirst - one L/day, Cravings - Curds++. Addictions - nil

Sweat - general+, Stools - daily once, regular..

Mental state - Mild, Anxiety while going to new palces and meeting new people.

Past History - Chicken pox eight years back.

Family History - father Diabetes mellitus, Mother - Hypertension

Local examination of skin over the legs - Multiple hyperpigmented lichenified patches over the medial and lateral aspect of both the legs. Surface is irregular, hard and rough.

First Prescription - 20-03-2004
1. Rumex 30 3p hs
2. 3G tab tds for 2 weeks

3-04-2004
Itching is very much decreased. Lesions have decreased in size
1. SL continued

11-05-2004 Itching slight <+, but lesions are >++
1. Rumex 30 3P HS
2. 3G tab tds for 2 weeks

15-05-2004
Itching -0, no new lesions. First lesion still -S. other lesions have flattened
1. SL continued

26-06-2004
Since 3 days itching has <d, <evening++ no new eruptions gen - n
1. Rumex 30 1P hs
2. 3G tab tds for 2 weeks

24-07-2004
Occ itching+, New lesions are + but disappear with in 7 days. Hyperpigmentation still+ but lichenification is >++
1. Rumex 30 1p hs
2. 2. 3G tab tds for 2 weeks

4-09-2004
First lesion is still itching occ. Other lesions have become smooth, only pigmentation+. No itching
1. Rumex 30 1p hs
2. 2. 3G tab tds for 2 weeks

18-12-2004
Occ itching still + <evening
1. Rumex 30 1p hs
2. 2. 3g tab bd for 2 weeks

05-02-2005
Lesion over the rt leg slight itching still+, lichenification over the lesion still+
1. Rumex 30 1p hs
2. 2. 5G tab bd for 2 weeks

02-04-2005
Lesion is flattening. No itching
1. SL is continued

04-05-2005
Amelioration is continuing
1. SL continued

11-06-2005
Lesions are flattening
1. SL continued

27-08-2005
Itching - nil. Black colored lesions+ but lichenification is >+++
1. SL Continued

CAMPUS NEWS

The result of B.H.M.S. Examination March 2006 conducted by Rajiv Gandhi University of Health Sciences, Karnataka is as follows

CLASS	TOTAL NO. OF STUDENTS APPEARED	TOTAL NO. OF STUDENTS PASSED	DISTINCTION	I CLASS	II CLASS	%
I B.H.M.S	70	59	6	46	7	84.28%
II B.H.M.S.	75	66	-	25	41	80%
III B.H.M.S.	53	52	-	37	15	98%
IV B.H.M.S.	26	26	-	20	6	100%

The result of M.D.(Hom) Examination May 2006 conducted by Rajiv Gandhi University of Health Sciences, Karnataka is as follows

CLASS	TOTAL NO. OF STUDENTS APPEARED	TOTAL NO. OF STUDENTS PASSED	%
M.D.(HOM) PART-I	6	5	83.3%
M.D.(HOM) PART-I	3	3	100%

HAHNEMANN'S DAY:

The 251st Birth anniversary of Dr Samueal Hahnemann was celebrated in the campus of Fr Muller Homoeopathic Medical College in two phases.

On 09.04.2006 Sunday, a free medical camp was organised in the premises for Dermatological, Respiratory, Gynaecological, Paediatric and joint disorders. Rev. Dr Baptist Menezes, Director, FMCI inaugurated the camp. Around 260 patients were the beneficiaries of the camp.

On 28.04.2006 Hahnemann's Day was celebrated by the students in the Academy Hall. Eminent paediatrician, Professor in the Dept. of Paediatrics, Kasturba Medical College, Mangalore, Dr U.V. Shenoy, was the Chief Guest.

He spoke about the relevance of Homoeopathic system. He said that its unique perspective of the sick and the sickness makes this system more special and relavant in the field of medicine. Rev. Dr Baptist Menezes, Director, FMCI, Rev. Fr Stany Tauro, Administrator, FMHMCH, Dr S.K. Tiwari, Principal, FMHMCH and Dr Praveen Raj P., Organising Secretary were present on the dais. Various literary & cultural competitions for students were arranged on this occasion.

ADMISSION :

The admission process for BHMS course is going on. The course will commence on 1st August, 2006.

Ten P.G.students have joined the course 2006-07 as mentioned below -
Materia Medica - 6
Organon - 1
Repertory - 3

The course was inaugurated by Rev. Dr Baptist Menezes, Director, FMCI on 20.06.2006.

1. Dr S.K. Tiwari, Principal, Fr Muller Homoeopathic Medical College visited U.A.E. from 24th May to 4th June 2006. He was appointed as a Homoeopathic expert by the Ministry of Health, United Arab Emirates in the panel of Board to conduct interview of the candidates appearing for getting licence to practice Homoeopathy in U.A.E. The interview was conducted on 2nd June, 2006 at Dubai.
2. Alumni Association of Fr Muller Homoeopathic Medical College, UAE Chapter was inaugurated on 02.06.2006 by Dr S.K. Tiwari at Dubai. Alumni Dr Hallowine, Dr Alphonse D'Souza, Dr Seethalaxmi, Dr Milan, Dr Sai Kumar were present. Dr Hallowine was elected as President and Dr Alphonse D'Souza as Secretary.
3. Dr Shivaprasad K., P.G. Co-ordiantor attended a workshop for CCH Inspectors/visitors held on 18th March, 2006 at the Vinayaka Missions Homoeopathic Medical College, Salem. All Executives including the President participated in the workshop.
4. Dr Anand Kapse, ICR, Mumbai conducted a Orientation Programme in Case taking and Analysis for P.G. students on 3rd and 4th July 2006.
5. Dr Guruprasad M.N. presented a paper on Behavioural Disorder in children on 19.02.2006 at a state level Conference organized by The Tamil Nadu Homoeopathic Association at Coimbatore.

ALUMNI GET-TOGETHER AT ERNAKULAM

There will be a Fr Muller Homoeopathic Medical College Alumni Family Get-together at Ernakulam on 23rd and 24th of September 2006.

The two days activity includes formal lunch, seminar, cultural program and boating. For further details contact -

Organizing Chairman - Dr Prasobh Kumar K.C. Ph: 9447053428

Convener - Dr Sadat Sait Ph: 9847800393

Further details and individual invitations will be sent to all the members.

PHOTO ALBUM

Inauguaration of Hahnemann's birthday celebrations by Dr U.V. Shenoy

Dr U.V. Shenoy speaks on the relevance of Homoeopathic system

Inauguaration of Homoeopathic Medical Camp on the occasion of Hahnemann's birthday celebrations

A mime show in progress during the cultural events of Hahnemann's birthday celebration

Glimpses of Medical Camp organised on the occasion of Hahnemann's day

Inauguaration of the P.G. Course by Rev. Dr Baptist Menezes, Director, FMCI

Principal - Dr S.K. Tiwari with office bearers of Alumni Association - Dubai Chapter

CONFERENCE CALLING - 2006

Homoeopathic Conference - 2006 will feature Dr Rajan Sankaran speaking on *'building the case on the chief complaint in order to consistently connect the disturbed Vital Force and the Similimum'*, his discovery of **"Vital Sensations"** and application of his latest and most important development : **"The Seven Levels of Experience"** to achieve a clear road map to case receiving, remedy and potency selection. He will also delve deep into the newer levels of perception in order to develop the skills to listen and observe the actual vital sensations and energy patterns of our patients. Come and make the most of this unique opportunity.

PROGRAMME

9.12.2006

Registration	8:00 a.m.
Inauguration	9:30 a.m.
Scientific Session I	10:30 a.m.
Scientific Session II	12:00 p.m.
Scientific Session III	2:30 p.m.
Scientific Session IV	10:30 a.m.
Banquet	7:30 p.m.

10.12.2006

Scientific Session V	9:30 a.m.
Scientific Session VI	11:45 a.m.
Open forum	2:15 p.m.
Valedictory Function	3:15 p.m.

REGISTRATION FEE

	Till 15th Nov. 2006	After 15th Nov. 2006
Delegate fee:	**Rs.900**	**Rs.1000**
Student delegate fee: (PG, Intern & UG)	**Rs.750**	**Rs.850**

Student delegates should enclose a bonafide identification certificate from the Principal of the college.

Delegate fee includes tea, lunch on both days, break-fast on second day and Banquet

Note:

- **M.O. and Cheques are not accepted**
- **Seat numbers will be given as per the registration**

NO SPOT REGISTRATION

LAST DATE OF REGISTRATION : 30TH NOV. 2006

Contact :

Dr. Roshan Pinto
Organizing Secretary
Homoeopathic Conference 2006
Mobile: 98453 03492
E-mail: drroshan_pinto@yahoo.com

CONGRATULATIONS

Dr Ramjee Singh

Dr Arun Bhasme

Dr Ramjee Singh and Dr Arun Bhasme are elected as President and Vice-President of Central Council of Homoeopathy, New Delhi respectively.

The Management, Principal, Staff and Students of Fr Muller Homoeopathic Medical College congratulate the new office bearers and wish them all the success.

Sender's Name and Address:
Fr Muller Homoeopathic Medical College & Hospital
Fr Muller Road, Kankanady,
Mangalore 575 002

BOOK POST

To

Editorial Board : Dr M.K. Kamath, Dr Shivaprasad, Dr Jacintha Monteiro, Dr Roshan Pinto, Dr Guru Prasad, Dr Prasanna Kumar