



MULLERIAN

EDITORIAL

Dear Friends,

As the new dawn begins on the horizon of The Father Muller Homoeopathic Medical College, we step into the celebration of The Silver Jubilee Year from 14th July 2009 to 13th July 2010. The year-long celebration is filled with lots of academic activities to enrich and enthral the mind of the learners, and the teachers alike. In addition there also are plans to start outreach healthcare programs to the needy in the celebration year. Let me wish the Organising Committee all the success in their efforts to make this year a memorable one in the history of The Father Muller Homoeopathic Medical College.

We were glad when the results of RGHHS May 2009 Examination of MD (Hom), were declared because our students had secured 100% results again. That is a great achievement for the students and also for the college.

This quarter of the year also witnessed the 254th birthday celebration of Dr Samuel Hahnemann - founder of

Homoeopathy. He gave us a rational system of Healing of which we do not say that we have the whole truth; we say that we have still to develop, to know quite a lot more about our science. It was an opportunity for all of us to re-dedicate ourselves to this System of Medicine.

In this issue of 'Mullerian' we will try to understand the causes, types and management of Leg and Foot Ulcers, along with a case demonstrating the successful treatment of Post Paraplegic Tropic Ulcer of the foot. Thanks to Dr Winston Varghese, from Kanyakumari - who is our alumni from the First Batch of students, for sharing his learning with all of us.

So dear friends, I welcome you once again to join us in this journey of learning, and also in sharing the happiness of the celebrations.

Dr M K Kamath
Editor

LEG AND FOOT ULCERS

An ulcer is a discontinuity of the skin exhibiting complete loss of the epidermis and often portions of the dermis and even subcutaneous fat.

Types of leg and foot ulcers

The three most common types of leg and foot ulcers include:

- Venous stasis ulcers
- Arterial (ischemic ulcers)
- Neurotrophic (diabetic ulcers)

Ulcers are typically defined by the appearance of the ulcer, the ulcer location, and the way the borders and surrounding skin of the ulcer look.

1. Venous stasis ulcers

Venous ulcers are located below the knee and are primarily found on the inner part of the leg, just above the ankle.

The base of a venous ulcer is usually red. It may also be covered with yellow fibrous tissue or there may be a green or yellow discharge if the ulcer is infected. Fluid drainage can be significant with this type of ulcer.

The borders of a venous ulcer are usually irregularly shaped and the surrounding skin is often discoloured and swollen. It may even feel warm or hot. The skin may appear shiny and tight, depending on the amount of oedema (swelling). The skin may also have brown or

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CAMPUS NEWS



Hahnemann's Day - The 254th Birth Anniversary of Dr Samuel Hahnemann, Founder of Homoeopathy, was celebrated on 15th April 2009. Dr Arunachalam Kumar, Dean of KSHEMA, Deralakatte was the Chief Guest. In his address he appreciated the efforts of the management and the staff in taking Homoeopathic Medical College to greater heights. He also shared his experience and



association in working for the college during its early years of establishment. Dr Srivals G Menon MD, Aditya Institute of Homoeopathic Medical Science was the Guest of Honour. He shared his experiences in starting a multi-speciality homoeopathy clinic. Rev. Fr Patrick Rodrigues, Director of The Father Muller Charitable Institutions presided over the function. The celebration concluded with cultural competitions.

World Health Day - was celebrated on April 7th. On this occasion there was a guest lecture organised by The Dept of Community Medicine on the topic 'Save Life - Make Hospital Safe in Emergency' by Dr J P Majra, HOD, Professor of Community Medicine, KSHEMA, Deralakatte.

RGUHS May 2009 Results - A total of 10 Students appeared for the MD (Hom) Part II examination in May 2009, and all have passed the examination successfully.



PG Course Inauguration - a total of 22 of students joined the Post Graduate Courses on 15-06-2009. Rev. Fr Patrick Rodrigues, Director of The Father Muller Charitable Institutions inaugurated the course by lighting the lamp along with Rev. Fr Wilfred Prakash D'Souza, Administrator, Dr. S.K. Tiwari, Principal, Dr Shivaprasad K., P.G. Course Co-ordinator and a student representative. In his message the Director asked the students to avail the benefits and opportunity available in the campus for the study purpose.

Medical Camps - The following 4 free Homoeopathic Medical Camps were organised -

1. At Vorkady Church Premises on 3-05-2009, in association with CODP, Mangalore. A total of 112 patients attended the camp. A team of 8 Doctors was lead by Dr Deepa Pais.



2. At the Saya Adyanadka Primary School on 3-05-2009, in association with CODP, Mangalore. A total of 164 patients attended the camp. A team of 9 Doctors was lead by Dr Vilma D'Souza.

3. At the Govt Lower Primary School, Uduma, Kasargod on 10-05-2009, in association with SNDP - a social organisation, Uduma Unit. A total of 271 patients attended the camp. A team of 6 Doctors was lead by Dr Sunny Mathew.

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purple discoloration about the lower leg, known as “stasis skin changes.”

Venous stasis ulcers are common in patients who have a history of leg swelling, long standing varicose veins, or a history of blood clots in either the superficial or the deep veins of the legs. Ulcers may affect one or both legs.

Venous ulcers account for 80 to 90% of all leg ulcers.

2. Arterial (ischemic)

Arterial ulcers are usually located on the feet and often occur on the heels, tips of toes, between the toes where the toes rub against one another or anywhere the bones may protrude and rub against bed sheets, socks or shoes. Arterial ulcers also occur commonly in the nail bed if the toenail cuts into the skin or if the patient has had recent aggressive toe nail trimming or an ingrown toenail removed.

The base of an arterial or ischemic ulcer usually does not bleed. It has a yellow, brown, gray, or blackened colour. The borders and surrounding skin usually appear as though they have been punched out. If irritation or infection are present, there may or may not be swelling and redness around the ulcer base. There may also be redness on the entire foot when the leg is dangled; this redness often turns to a pale white/yellow color when the leg is elevated.

Arterial ulcers are typically very painful, especially at night. The patient may instinctively dangle his/her foot over the side of the bed to get pain relief. The patient usually has prior knowledge of poor circulation in their legs and may have an accompanying disorder.

3. Neurotrophic

A decubitus ulcer due to trophic disturbances following interruption or disease of afferent nerve fibers plus the factor of external trauma.

Neurotrophic ulcers are usually located at increased pressure points on the bottom of the feet. However, neurotrophic ulcers related to trauma can occur anywhere on the foot. They occur primarily in people with diabetes although they can affect anyone who has an impaired sensation of the feet.

The base of the ulcer is variable, depending on the patient’s circulation. It may appear pink/red or brown/black. The borders of the ulcer are punched out, while the surrounding skin is often calloused.

Neuropathy and peripheral artery disease often occur together in people who have diabetes. Nerve damage (neuropathy) in the feet can result in a loss of foot

sensation and changes in the sweat-producing glands. As a result, a person may not feel the development of foot calluses or cracks, increasing the risk of injury or infection. Symptoms of neuropathy include tingling, numbness, burning or pain.

Causes of leg ulcers

Leg ulcers may be caused by:

- Poor circulation, often caused by arteriosclerosis
- Venous insufficiency (a failure of the valves in the veins of the leg that causes congestion and slowing of blood circulation in the veins)
- Other disorders of clotting and circulation that may or may not be related to atherosclerosis
- Diabetes
- Renal (kidney) failure
- Hypertension (treated or untreated)
- Lymphedema (a buildup of fluid that causes swelling in the legs or feet)
- Inflammatory diseases including vasculitis, lupus, scleroderma or other rheumatological conditions
- Other medical conditions such as high cholesterol, heart disease, high blood pressure, sickle cell anemia, bowel disorders
- History of smoking (either current or past)
- Pressure caused by lying in one position for too long
- Genetics (they may be hereditary)
- A malignancy (tumor or cancerous mass)
- Infections
- Certain medications

Diagnosis

First, the patient’s medical history is evaluated. Detailed examination of the wound followed by tests such as X-rays, MRIs, CT scans and noninvasive vascular studies to help develop a treatment plan.

Management

The goals of treatment are to relieve pain, rapid recovery and healing of the wound. Each patient’s treatment plan is individualized, based on the cause of the problem, the patient’s health, medical condition and ability to care for the wound.

Treatment options for all ulcers may include:

- Treatment of infection, if present
- Treatment to improve the circulation and prevent a blood clot



- Topical wound care therapies
- Compression garments
- Prosthetics or orthotics, available to restore or enhance normal lifestyle function

Venous ulcers are treated with compression of the leg to minimize edema or swelling. Compression treatments include wearing compression stockings, multilayer compression wraps, or dressing from the toes or foot to the area below the knee. The type of dressing prescribed for ulcers is determined by the type of ulcer, the appearance at the base of the ulcer and amount of drainage from the ulcer.

Arterial ulcer treatments vary, depending on the severity of the arterial disease. Non-invasive vascular tests provide the physician with the diagnostic tools to assess the potential for wound healing. Depending on the patient's condition, invasive testing, endovascular therapy or bypass surgery to restore circulation to the affected leg may be necessary. The goals for arterial ulcer treatment include:

- Providing adequate protection of the surface of the skin
- Preventing new ulcers
- Removing contact irritation to the existing ulcer
- Monitoring for signs and symptoms of infection that may involve the soft tissues or bone.

Treatment for **neurotrophic ulcers** includes avoiding pressure and weight-bearing on the affected leg until the ulcer has started to heal. Regular debridement (the removal of infected tissue) is usually necessary before a neurotrophic ulcer can heal. Frequently, special shoes or orthotic devices must be worn.

Wound Care at Home

Patients are given instructions to care for their wounds at home. These instructions include:

- Keeping the wound clean
- Changing the dressing as directed
- Taking prescribed medications as directed
- Drinking plenty of fluids
- Following a healthy diet, as recommended, including plenty of fruits and vegetables
- Exercising regularly, as directed by a physician
- Wearing appropriate shoes
- Wearing compression wraps, if appropriate, as directed

The treatment of all ulcers begins with careful skin and foot care.

Foot and skin care guidelines:

Inspecting the feet and skin is very important, especially for people suffering with predisposing conditions. Detecting and treating foot and skin sores early can help to prevent infection and prevent the sore from getting worse. The guidelines are:

1. Gently wash the affected area on the leg and feet every day with mild soap and lukewarm water. Washing helps to loosen and remove the dead skin and other debris or drainage from the ulcer. Gently and thoroughly dry the skin and feet, including between the toes. Do not rub the skin or area between the toes.
2. Every day, examine the legs as well as the tops and bottoms of the feet and the areas between the toes. Look for any blisters, cuts, cracks, scratches or other sores. Also check for redness, increased warmth, ingrown toenails, corns and calluses.
3. Once or twice a day, apply a lanolin-based cream to the legs and soles and the dorsum of the feet to prevent dry skin and cracking. Do not apply lotion between the toes or on areas where there is an open sore or cut. If the skin is extremely dry, use the moisturizing cream more often.
4. Care for the toenails regularly. Cut the toenails after bathing, when they are soft. Cut toenails straight across and smooth with an emery board.
5. Do not self-treat corns, calluses or other foot problems.
6. Don't wait to treat a minor foot or skin problem.

Prevention of ulcers

Controlling risk factors can help to prevent ulcers from developing or getting worse. Here are some ways to reduce the risk factors:

- Quit smoking
- Manage the blood pressure
- Control the blood cholesterol and triglyceride levels by making dietary changes and taking medications.
- Limit the intake of sodium (salt)
- Manage the diabetes and other health conditions, if applicable
- Exercise - start a walking program to lose weight



CASE

Name : Mr. K, Age: 35 yrs, Place: Kulasekharam, Kanyakumari

On 17/4/04 the patient presented with the complaint of a non-healing ulcer since two years over the left heel. The ulcer is punched out and with very offensive discharge. There is no pain. The patient is a known Paraplegic, after an injury to his spinal cord, subsequent to a fall into a well. The ulcer started after the patient became ambulatory and started using his leg.

He also has got incontinence of urine and a prolapsed rectum following the injury to spinal cord. Along with these complaints he had fullness of the abdomen and flatulence which got < after farinaceous food.

Past history of asthma in the childhood which got < during moon phases, cold exposure.

Family history of Asthma in brother and one of the sisters and Rheumatism in mother

The Physical generals include increased sweat over the palms and soles and thermally he has aversion to both extremes of temperature and prefers fan in summer. Prefers covering in all season with moderately thick cloth and desires cold water bathing. There is craving for fish and pungent things

Mentally he is very optimistic and easily gets irritated while being contradicted. He was also artistic participating in drama and music concerts. Has got a very sharp memory.

The examination of the Ulcer revealed the following findings

The size of the ulcer measured about 4cmx4cm with a depth of 5cm. The margins are punched out and the floor is by the necrotizing bone. There is no sensation (A sterile scoop was introduced during dressing and the necrotized bone was scooped out without anaesthesia) There was also another small ulcer present near the medial aspect of the foot.

The diagnosis - Post paraplegic tropic ulcer.

With this presentation initially Fluoric acid 30 was given for two days followed by Aurum met 30. There was no progress, the offensiveness was still continuing. So I thought of reconsidering the drug. Now the Miasmatic interpretation was given as syphilitic miasm because of the punched out ulcers and the necrosis of bones. On 21/9/2004 the case was given Merc. Sol 0/6 TDS and following this, offensiveness drastically reduced within two days. Merc. Sol was continued for another five months in 0\12, 0\30 potencies. Later on Sulphur was given as the Constitutional remedy, with that the patient even showed improvement in the incontinence of urine and prolapsed rectum.

Discussion: The remedy Fluoric acid and Aurum met were withdrawn as there was no relief. The first and foremost sign of improvement in such type of ulcers is the reduction in offensiveness. Merc sol was selected in this case after defining the Miasm and also the diagnosis of Tropic ulcer. Boger in his Synoptic Key writes that Merc sol is indicated in painless ulcers after damage to nerves. When we understand the pathology of Tropic ulcer it resembles what Boger has narrated along with the other symptoms of offensiveness and the lardaceous base due to the necrotizing bone. The administration of Merc sol reduced the offensiveness.

The wound was also dressed with Calendula glycerine and in later stages after complete epithelialization laser was used for a faster granulation and keratinisation.

Conclusion: Usually the management of Tropic ulcers is a tedious one, but with homoeopathic remedies a speedy recovery was brought in this case. In this patient In spite of two years of conventional treatment the healing was not taking place, but within five months without any other surgical procedures the healing was complete.

Along with proper homoeopathic remedies, if accessory methods are used as advocated by our Master Hahnemann the recovery and cure could be rapid, gentle and permanent.

**CME Program as a part of The Silver Jubilee Celebrations of The Father Muller Homoeopathic Medical College**

The undergraduates, Postgraduates, Alumni, Teaching faculty and the practitioners are invited to participate in the forthcoming CME Programs. There will be no registration fee, however the participants will have to pay Rs 150/- towards lunch, refreshments and other expenses.

Date	Departments conducting the CME
July 25th 2009	Department of Anatomy and Physiology
August 29th 2009	Department of Pathology and Surgery
September 12th 2009	Department of Organon and Psychiatry
October 10th 2009	Department of ObGyn and Paediatrics
November 21st 2009	Department of Materia Medica, Pharmacy and Forensic Medicine and Toxicology
December 12th 2009	Department of Repertory
February 27th 2010	Department of Community Medicine and Practice of Medicine

For further details contact -

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Dr Rita - 9448309048 Dr Divya Rai - 9964448041

CME - MOTHER AND CHILD HEALTH - 20th of JULY 2009 to 22nd JULY 2009

A CME program for Teachers & Practitioners will be conducted at Father Muller Homoeopathic Medical College, Deralakatte from 20th to 22nd July 2009 with financial assistance from the Dept. of AYUSH, Ministry of Health & Family Welfare, Govt. of India, New Delhi on the subject of **Mother and Child Health**. A total of 30 participants are permitted to participate in this programme as per the guidelines of Dept. of AYUSH. Eminent Resource persons on the subject will be conducting the sessions.

Day 1 - 20th of JULY

- Recent advancement in diagnosis of pregnancy, Complications during the Ante Natal Period - Dr Nisha Shah, Professor & Head, Dept. of OBG, A.M Shaikh HMC, Belgaum
- Pregnancy related Acts, Rules and Regulations, Discussion on Ante Natal Care - Dr Prashanth Hegde, Assoc. Professor, Dept. of OBG FMHC, Mangalore
- Role of Homoeopathic constitutional Medicine for maintaining normal pregnancy and preventing complications during antenatal period - Dr (Mrs.) Shaila Udachankar, Professor, A.M. Shaikh HMC, Belgaum
- Scope and limitations of Homoeopathic Medicine for hastening labour, smooth and uncomplicated vaginal delivery, Homoeopathic therapeutic management of complications after delivery with auxillary treatment - Dr Pushpa V. Choudhary, Professor, Bhartesh HMC, Belgaum

Day 2 - 21st JULY 2009

- Management of normal delivery, Common complications during labour, when it is called abnormal or complicated Labour - Dr Prema D'Cunha, Professor, Dept. of OBG, KMC, Mangalore.
- Research works in Homoeopathy about cases of Infertility - Dr Vilma D'Souza, Professor & Head, Dept. of OBG FMHMC, Mangalore
- Common Complications after delivery - Dr Latha Sharma, Professor, Dept. of OBG, AJ Shetty Medical College & Hospital, Mangalore
- Care of the new born - Dr Sanjeev Rai, Professor, Chief of Medical Services, FMMCH, Mangalore
- Scope of Anti Miasmatic Homoeopathic medicine to mother during pregnancy for delivering a healthy child - Dr S.K. Tiwari, Principal, FMHMC, Mangalore

Day 3- 22nd JULY 2009

- Common complications of a new born & child hood problems up to the age of 10 years - Dr Varadraj Shenoy, Professor & HOD, Dept. of Paediatrics, FMHC, Mangalore
- Homoeopathic Therapeutic management of common diseases in the new born and the Role of Homoeopathic medicines in Paediatric care - Dr Y. Dinesh Rao, Asst. Professor, Dr ML Dhawale Mother & Child Care Hospital, Mumbai.
- Panel discussion on Maternal care and Management and Child Care and Management



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4. At Nithydar Church at Salettur on 17-05-2009, in association with Ananya Mahasangha, a unit of CODP, Mangalore. A total of 98 patients attended the camp. A team of 8 Doctors was lead by Dr Prasanna Kumar.

In association with CODP Mangalore following 5 **Health Awareness Programs** about General Health, Hygiene, Sanitation, Nutrition and about Homoeopathic System of Medicine were organised as follows -



1. On 23-06-2009, in the morning at Our Lady of Dolours Church at Bela. A total of 43 members of Self Help Group attended the Program and participated actively. A team of 5 Doctors was lead by Dr Lydia Lobo, conducted the program.



2. The same day in the afternoon at St. Thomas Church at Kollangana. A total of 42 members of Self Help Group attended the Program and participated actively. A team of 5 Doctors was lead by Dr Lydia Lobo, conducted the program.



3. On 27-06-2009, in the morning at St Mary's Prayer Hall, Melkar. A total of 19 members of Self Help Group attended the Program and participated actively. A team of 5 Doctors was lead by Dr Madhusudhana Reddy, conducted the program.



4. On the same day in the afternoon at the Anganavadi Centre, Thevukadu, Meramajalu. A total of 45 members of Self Help Group attended the Program and participated actively. A team of 5 Doctors was lead by Dr Madhusudhana Reddy, conducted the program.



5. On 29-06-2009, in the morning at Holy Family School, Bajpe. A total of 94 people attended the Program and participated actively. A team of 5 Doctors was lead by Dr Shivaprasad K, conducted the program.



**The Management, Staff and Students of
The Father Muller Homoeopathic Medical College,**
University Road, Deralakatte. Mangalore - 574160
Cordially Invite you to the
Inauguration of the Silver Jubilee Year (2009-2010)
Of The Father Muller Homoeopathic Medical College
On Tuesday, 14th July 2009 at 10.00am
at the College Auditorium.

Dr Veerabrahmachary

President, Karnataka Board of Homoeopathic System of Medicine, Bangalore
Will be the Chief Guest.

Rev. Fr Peter S. Noronha

Founder Director, FMHMC and Parish Priest, St Sebastian Church, Bendoor
Will be the Guest of Honour.

Rev. Fr Patrick Rodrigues

Director, Father Muller Charitable Institutions
will preside

Rev. Fr Wilfred Prakash D Souza

Administrator, FMHMC&H

Dr S.K.Tiwari

Principal, FMHMC

Chairman, Silver Jubilee Celebrations Committee

Dr Srinath Rao

Deputy Chairman

Silver Jubilee Celebrations Committee

Dr Shivaprasad K.

Organising Secretary

Silver Jubilee Celebrations Committee

DEPARTMENT OF ANATOMY AND PHYSIOLOGY

Father Muller Homoeopathic Medical College, Deralakatte, Mangalore

CME Program on Nervous System

Anatomical and Physiological Basis of Understanding Neurological Diseases - 25th July 2009

Venue - Auditorium, FMHMC

The deliberations will include a comprehensive brief about the basics in nervous system and the recent updates on the subject. Emphasis is mainly on updating the clinical acumen of learners, teachers and practitioners of Homoeopathy. Do avail of the opportunity provided by the Management and Staff of Father Muller Homoeopathic Medical College to update your knowledge and take part in this unique CME session.

Learning Sessions -

Session I - Dr Prabhu Kiran E S J, Professor and HOD, Dept. of Anatomy, F M H M C - includes a briefing on the basics of the CNS, Anatomical and Physiological basis of Pain, the mechanism of Disorders of Movement, Disturbances of Higher Cortical Function and Sensory Disturbances.

Session II - Dr Deena M Monteiro, Professor and HOD, Dept. of Physiology, F M H M C - includes the elucidation of the phenomenon of Sleep and Sleep Disorders, Vertigo and Epilepsy.

Session III - Dr C K Ballal, Consultant Neuro-Surgeon, F M M C - highlights various investigation procedures and primary management of various Neurological Diseases, with emphasis on the recent advances in the Science of Neurology

Delegate Fee: Rs. 150/-

For Details of Registration contact - **Dr Jacintha Monteiro - (0)9448155071**

For Details of Accommodation contact - **Dr Ramakrishna - (0)9886635388**

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To