



MULLERIAN

Vol - 16

January-March, 2005

EDITORIAL

Dear Readers,

The year that passed has been an event filled year at Fr Muller's as the Institution celebrated 125 years of its fruitful existence in the field of Medical Care and Education. The celebrations culminated on the March 12th and 13th with Graduation Day celebrations, and a grand finale of the Post Centenary Silver Jubilee celebrations. This occasion was marked by the inauguration of the new chapel in the campus and also the announcement of some new projects.

During the same time Fr Muller Homoeopathic Medical College completed 20 years of fruitful existence. As a part of the Post Centenary Silver Jubilee celebrations of the Institutions, the foundation stone for a new building of the Homoeopathic College at Deralakatte was laid. The changes are an inevitable part of the growth.

There has been a tendency in modern homoeopathy to focus more and more on the mental and general symptoms of the individual while paying little, if any, attention to the classical doctrine of the chronic miasms. This is not a new phenomenon. In his Lesser Writings, Baron von Boenninghausen bemoaned the fact that many practitioners were ignoring Hahnemann's teachings on the miasms as expressed in Aphorisms 5 and 206 of the Organon. Even Constantine Hering was skeptical when Hahnemann first introduced his miasmatic theory. But after observing the syndromes in his own patients, Hering became a great contributor to the further development of the doctrine. In this issue we look at the expressions of Psora and learn how to identify and manage it in a given case. This is a slight deviation from our previous presentations where we had discussed clinical conditions and their homoeopathic management. I hope that the learning from this case will enable us to look at our practice from a different perspective.

Thus let me invite all our readers to join us for this year's first issue of Mullerian, wherein learning and sharing of experiences continue.

Dr. M.K. Kamath
Editor

PSORIC MIASM - AN OVERVIEW

Since the dawn of medical history there has been a constant search for the causes of the acute and chronic diseases that afflict humanity. This quest was greatly advanced when the ancient Greek physician, Hippocrates, taught that all diseases were caused by the predisposition inherent in the innate constitution and its susceptibility to a constellation of causation rather than to any one single effect. In Greek philosophy, disease is caused by an interdependent set of circumstances disrupting the natural ebb and flow of the *pneuma* (vital force) within the organism. In the *Organon*, Samuel Hahnemann separated the origin of disease into two categories, the exciting and fundamental causes; each of these he related to the susceptibility of the physical constitution (Vide Aphorism 5).

The etiology of a disease, the constitution and temperament of the individual, and the totality of the signs and symptoms, are three factors forming the complete picture of an illness. In homoeopathy we always speak of the totality of the symptoms as the basis for selecting a remedy, but sometimes we forget to include the causative factors, the miasms, and the nature of the physical constitution of the individual.

It is necessary for a homoeopath to understand the nature of the exciting causes of acute diseases as well as the underlying fundamental cause of long lasting diseases, which is usually due to the chronic miasms. Acute diseases are self-limiting disorders, which have quick onsets, rapid progressions, and a tendency to develop an immediate crisis. Many of these acute diseases are actually acute exacerbations of the chronic states latent within the constitution that have been brought forth by exciting factors. The nature of chronic miasmatic disease is slow and insidious in its onset and gradual in its progression. Hahnemann taught that the susceptibility to the exciting factors lies in the fundamental cause – the chronic miasms.

Understanding the innate constitution is fundamental to homoeopathic treatment because it

holds the key to an individual's susceptibility as well as the inherited effects of the chronic miasms. This is why Hahnemann included a complete physical description of each individual constitution when taking a case history.

What started Hahnemann on the road to his theory of chronic diseases was his observation that patients under treatment with a properly selected homoeopathic remedy would show the expected improvement in their symptoms only to suffer a reappearance of their illness, perhaps in a changed form and with progressive worsening of their condition. He began to compile the symptomatology of the diseases that so recurred and to enquire closely from the patients about their medical histories, he found in a vast number of such cases that the patient had somewhere early in his history an itching skin eruption, which had been suppressed either through medication or through some mechanical means. He concluded that the suppression had driven the miasm causing this itchy condition ever inward, and that, with each successive treatment of a new outcropping of the miasm, the disease was implanted deeper and deeper upon the economy. Hahnemann called this miasmatic disease *psora*, and he attributed most of the present illnesses of humanity to the suppression of the early manifestations of *psora*.

We should take a moment to look at the precise meaning of Hahnemann's term *psora*, since critics of homoeopathy have taken great pleasure in ridiculing him for claiming that seven-eighths of humankind's ills could be traced to some thing called "the itch." Herbert A. Roberts, M.D., writing in the 1940s, suggested that there may be a misunderstanding arising from the translation of Hahnemann's term. Whereas the Latin and Greek derivations of the word *psora* indicate that it means "scabies" or "psoriasis", Roberts suggests that Hahnemann derived his term from the Hebrew language, with which he was quite familiar, and that the true origin of the word is *tsorat* (a groove, a fault, a pollution, a stigma).

Psora has several phases of development, which includes susceptibility, heredity, the incubation period, the primary stage, the latent state, and its manifestation as secondary psora with severe pathology. We have to study psora by following the way in which the psoric processes develop within the constitution after susceptibility has been established. The four factors, which predispose one toward psora, are mental stress, poor nutrition, poor hygiene and difficult living and working conditions.

Each of the chronic miasms has its own characteristic signs that are an integral part of the totality of the symptoms. Psora tends to produce irritation, inflammation, and hypersensitivity. As far as the physical constitution, psora tends to make the

organism toxic, the skin unhealthy, and perverts the functions of the digestive and eliminative organs.

The psoric temperament is full of pseudo-scientific, philosophical, political, religious ideas. They are self-expressive, talkative, self-deceptive and may think they are full of genius, yet seem foolish and impractical to others. The pains of psora are itchy, crawling, tickling, pulling and burning.

The skin of psora is dry, rough, and unhealthy, every little injury becomes infected and the lesions are itchy and have scanty pus. Psora presents with characteristic modalities like: worse by standing, exertion, and better by rest, lying down & warm applications.

UNDERSTANDING PSORA IN DAILY PRACTICE

This is a case of a 23-year-old housewife, presented with the following complaints -

Location	Sensation	Modalities	Accompaniments
Extremities Knee Joint Since 2-3 days Sudden onset Radiating from Rt shoulder to rt hip and to the rt knee and ankle From Rt Hip to Ankle	Pain Pulling type Numbness Numbness	<Sitting <Initial motion <Exertion <Standing <Lying on Rt side >Rest >Lying on Lt side	Weakness Increased anger

Had similar complaints one year back during pregnancy, with pain in knee joints due to weight gain. Had not taken any medication, was relieved after delivery.

PATIENT AS A PERSON :

Well built and well nourished, tall in stature.

Thermally she is hot.

Perspiration is partial, more on the neck and increases during night.

Appetite is good. Thirst is normal, takes boiled and cooled water.

Craving for Chocolates³, Ice cream³, Sweets. Aversion to spicy food.

Elimination - stools twice per day. Urine - 5-6times/day.

Sleeps well, dreams are unremembered.

Menstrual function - FMP 13yrs, LMP 17-2-05.

Menstrual cycles are regular. Initially had irregular cycles with scanty flow but now has profuse flow for 7 days of dark red blood with clots. During the periods has nausea, decreased appetite, and lower abdominal pain, back pain and weakness.

Obstetric History - G1P1A0L1. Had gestational diabetes from 7th month of pregnancy. Delivery was by Vacuum suction. Weight of the baby was 3.5Kg.

LIFE-SPACE INVESTIGATION:

Patient hails from a middle class family. She is married and had suffered with primary infertility as she was suffering from PCOD, and needed to take treatment for the same. During that time she had some sadness, as she didn't have issues for some time. Now most of her time is spent looking after the child.

One month back her only sister committed suicide because of some disappointment in love affair. Patient was very close to her sister and used to share her problems with her, before she got married.

She stays along with FIL and MIL, and they look after her as their own daughter. Her in-laws said she has to get up early so that her husband can get ready to go early in the morning. She doesn't like anyone directing her to do this and that. Others usually tell her that she is careless as many a times she drops things she is holding, and she feels bad about it. Moreover she doesn't like consolation, but doesn't like silence and always wants to be with someone.

She liked her college life very much. She wanted to go for modeling and was interested in fashion designing. But as soon as she finished her degree she got married.

Now her parents stay with her, as they are alone. Patient is worried that they have now become alone after her sister's death.

During the interview she was found to be friendly and vivacious.

PHYSICAL EXAMINATION:

Patient is afebrile. Pulse rate - 73/min, Resp rate 18/min, Blood pressure - 130/80mmHg. Weight 65Kg.

No pallor, No cyanosis, No clubbing, No edema.

Systemic Examination- Respiratory system - Normal
Vesicular breath sounds.

Cardiovascular system -S1 and S2 heard. No murmurs.

Local Examination - Right Knee Joint - No swelling
No local rise of temperature
No tenderness
No crepitus
No restriction of movements

Right lower limb - SLRT negative.

Diagnosis - Non-specific Arthralgia

First Prescription -

05-03-2005 1. Sulph 200 1P morning
2. No ii Pills 4BD

Sulphur was selected on following grounds -

1. Psoric phase of the presentation
2. Hot patient
3. Perspiration around neck, especially in the night (In Synthesis Repertory, only two drugs are given **Calc C, Sulph**).

Follow-up -

09-03-2005 Pain in knee joint is better.

Weakness is better.

Numbness in the rt lower limb - same.

Generals - no change

1. S.L. 1P morning
2. No ii Pills 4BD

16-03-2005 Pain in knee joint is better.

Weakness is better.

Numbness in the rt lower limb - better.

Generals - no change

1. S.L. 1P morning
2. No ii Pills 4BD

30-03-2005 Pain in knee joint is nil.

Weakness is nil.

Numbness in the rt lower limb - nil.

1. Calc carb 200 1P HS
2. No ii Pills 4BD

Discussion -

This case, which presented with pulling type of pain in the knee joint and numbness in the right lower limb, that was worse on standing & exertion and better by rest. This is a typical presentation of Psoric manifestations. This becomes very clear when we look at her past history and obstetric history where she had similar joint pains and also had gestational diabetes during her pregnancy. All these including the arthralgia disappeared on its own after delivery. This strongly indicates Psoric dominance.

Further the present complaint is only a functional aberrations manifested as vague pains after the stress of sister's untimely death. This is confirmed by local examination of the affected joint and limb. Thus we get a clearer picture of Psora in this case which is causing disturbances in the health of the patient.

Thus is the need of an antipsoric remedy Sulphur to counter the effects of Psoric dominance, that has brought in an effective amelioration of the complaints as evident in the follow-ups.

- Article by : Dr Praveen Raj

CAMPUS BUZZ

Au Revoir 2005 - The I, II and III BHMS students organised a grand farewell function "Au Revoir 2005" to bid farewell to the Final year students on 22nd Jan 2005. The function witnessed several entertainment programs and transferring of lamps - symbolic transferring of the values and knowledge, from Administrator, Principal and Senior Students to Junior Students. Rev. Dr Baptist Menezes, Director of FMCI presided over the function and gave a meaningful message.

Tribute '05 - A Thanksgiving programme for the teachers and management was organised by the outgoing batch on 19th Feb 2005. It included a short entertainment programme followed by dinner.

Internship Programme - A total of 19 students joined for internship on 25-02-2005, after successful completion of their Final BHMS examinations held in Nov 2004.

Post -centenary Silver Jubilee Celebrations - Father Muller Charitable Institutions celebrated the Post-centenary Silver Jubilee on 12th and 13th March 2005. On 12th afternoon Graduation Ceremony was held for students of Father Muller Institute of Health Sciences. Shri Iqbal Ansari, Hon'ble Minister for Medical Education, Government of Karnataka was the Chief Guest, and gave the certificates to the

graduates. Most Rev. Dr Aloysius Paul D'Souza , Bishop of Mangalore and President of FMCI, presided over the function and gave away the prizes to the academic toppers. The same evening there was an Alumni get-together, followed by Graduation Dinner at Father Muller Stadium.

On 13th March 2005, the newly constructed St Joseph Chapel was inaugurated by Most Rev. Dr Bernard Moras, Arch Bishop of Bangalore. It was blessed by Most Rev. Dr Aloysius Paul D'Souza , Bishop of Mangalore and President of FMCI. His Eminence Varkey Cardinal Vithayathil, C.Ss.R., Major Archbishop of Ernakulam - Angamaly, was the main celebrant with Bishops of Karnataka region.

At 5.00 p.m. on the same day curtains were drawn to the year long activities of Post-centenary Silver Jubilee Celebrations with a grand finale where in Shri Osacr Fernandes, Hon'ble Union Minister for Statistics and Programme Implementation was the Chief Guest. He released the Souvenir to commemorate the occasion. His Eminence Varkey Cardinal Vithayathil, C.Ss.R., Major Archbishop of Ernakulam - Angamaly, felicitated. People's representatives, Academic personalities and Bishops of Karnataka region were the Guests of Honor. Most Rev. Dr Aloysius Paul D'Souza , Bishop of

Mangalore and President of FMCI, presided over the function. This was followed by a Kannada Ballet on the Life and Mission of our founder Father Muller - "Sankalpa Siddhi."

FACULTY MEMBERS IN LIGHT

Dr S.K.Tiwari gave Dr T. Seshachari Memorial oration on Hyperactive Children (ADHD) and Homoeopathy on 27th February 2005 in Hyderabad organised by The Andhra Pradesh Homoeopathic Association.

Dr S.K. Tiwari was the resource person for CME programme sponsored by Government of India on Paediatric & Homoeopathy, and Reportorial Approach to Female Disorders at JSPS Government Homoeopathic Medical College, Hyderabad on 28th February 2005.

Dr Girish Navada and Dr Guruprasad M.N. participated in the proceedings of Homoeo Sangam organised by HAMAI on 5th and 6th Feb 2005 at Lucknow. They presented scientific papers on Essential Hypertension & Homoeopathic Approach and Mental Retardation - A Clinical Study, respectively.

Dr Madonna Joseph presented a paper on Lycopodium - Its efficacy in Azoospermia and Oligospermia at International Homoeopathic Conference, Dubai on 7.2.2005.

Dr S. K. Tiwari participated in the Silver Jubilee Celebrations of Central Council for Research

University Examinations - I, II, III and Final year BHMS examinations of RGUHS Karnataka, Bangalore were held in the month of March 2005.

in Homoeopathy, Govt of India, at New Delhi from 20th till 23rd March 2005. He also presented a paper on Minimising the Errors in Drug Proving on the occasion.

Dr Girish Navada, Dr Praveen Raj, Dr Roshan Pinto, Dr Madonna Joseph were appointed as external examiners for conducting examinations for B.H.M.S. by M.G. University, Kottayam, Kerala.

Dr Praveen Raj was appointed as external examiner for conducting examinations for B.H.M.S. by Kerala University, Thiruvananthapuram.

Dr Sr Vida Olivera and Dr Roshan Pinto were appointed as external examiners for conducting examinations for B.H.M.S. by Calicut University, Kerala.

Dr Srinath Rao and Dr Girish Navada were appointed as external examiners for conducting examinations for B.H.M.S. by M.G.R. Medical University of Tamilnadu.

Dr Sunny Mathew, Dr Sr Vida Olivera and Dr Vilma D'Souza were appointed as external examiners for conducting examinations by Vinayaka Mission's Research Foundation, Deemed University, Salem, Tamilnadu.

ANNOUNCEMENT

Fr Muller Homoeopathic Medical College will host a day's Workshop on 10th December 2005 followed by Homoeopathic Conference on 11th December 2005. The details will be communicated to all the Homoeopathic Medical Colleges in due course. The detailed programme will be published in the next issue of *Mullerian*.

PHOTO ALBUM



'Au Revoir 2005' Farewell to the Final B.H.M.S. students



Graduation Day 2005 - Rev. Dr Baptist Menezes, Director, F.M.C.I. reading the Annual Report



Homoeopathic Graduate receiving certificate from Most Rev. Dr Aloysius Paul D'Souza, Bishop of Mangalore



Formal unveiling ceremony of the foundation for Homoeopathic Medical College by Shri Iqbal Ansari, Hon'ble Minister for Medical Education, Govt. of Karnataka



Inauguration of Fr Muller Museum by Most Rev. Dr Ignatius Pinto, Archbishop Emeritus of Bangalore



A grand finale of Post Centenary Silver Jubilee Celebrations



"Sankalpa Siddhi" A still from the Kannada ballet on the Life and Mission of Fr Muller S.J.



Newly built St. Joseph Chapel



His Eminence Varkey Cardinal Vithayathil, C.Ss.R.,
Major Archbishop of Ernakulam,
the main celebrant of the Eucharist

Fr Muller Homoeopathic Medical College & Hospital, Mangalore

ADMISSION : 2005 - 2006

1. B.H.M.S. : Duration of the course : $4\frac{1}{2}$ + 1 Year.
Eligibility 10 + 2 (Physics, Chemistry & Biology 50% aggregate)
2. M.D. (Hom) : Duration of the course : 3 years.
Eligibility B.H.M.S.

Speciality offered:

- a. Homoeopathic Philosophy
- b. Materia Medica
- c. Repertory

For further details please contact :-

Admission Officer

Fr Muller Homoeopathic Medical College
Kankanady, Mangalore - 575 002
Ph. 0824 2436301 Ext. 224
Email: muller@sancharnet.in

Senders Name and Address
Fr Muller Homoeopathic Medical College & Hospital
Fr Muller Road, Kankanady,
Mangalore 575 002

BOOK POST

To