



MULLERIAN



Father Muller Homoeopathic Medical College & Hospital

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Quarterly Bulletin

July - September 2015

Editorial

Dear Readers,

Warm Greeting for the festive season in the days to come.

During this phase we have the new students entering into the portals of Fr Muller Homoeopathic Medical College to pursue their further studies. Most of the freshers expressed their contentment after joining this college on the Inauguration day and showcased their talents on the Freshers' day.

We are pleased to welcome the new Assistant Administrator, Rev. Fr Sylvester Vincent Lobo, who takes keen interest in all the activities of the college.

We would like to announce the opening of the Yoga and Naturopathy centre at FMHMCH, Deralakatte for the patients.

In this issue, a case of Alopecia is depicted with changes seen before and after therapy. The case is shared with us by our Alumnus Dr Rajachandra G.

We request all Alumni members to document their cases and we would be pleased if you'll share it with the Alumni through our quarterly bulletin.

Happy reading.....

Dr Jyoshna Shivaprasad
Editor

ALOPECIA

Alopecia is the general medical term for hair loss. There are many types of hair loss with different symptoms and causes.

Some of the more common types of hair loss are described below, including:

- ▶ male- and female-pattern baldness
- ▶ alopecia areata
- ▶ scarring alopecia
- ▶ anagen effluvium
- ▶ telogen effluvium

Male- and female-pattern baldness:

Male-pattern baldness is the most common type of hair loss, affecting around half of all men by 50 years of age. It usually starts around the late twenties or early thirties and most men have some degree of hair loss by their late thirties.

Before Treatment

03.03.2014



After Treatment

13.08.2014



Refer to case details on page 4

It generally follows a pattern of a receding hairline, followed by thinning of the hair on the crown and temples, leaving a horseshoe shape around the back and sides of the head.

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Campus News



01.07.15: To honour the dedicated services and the commitment of Dr B C Roy in the field of medicine, Doctors' Day was celebrated at the Father Muller Homoeopathic Medical College. The Chief Guest for the function was Prof. Dr Sunny Mathew, Former Medical Superintendent, Father Muller Homoeopathic Medical College and Hospital.

Homoeopathic Medical Camps



02.08.15: A General Medical Camp was organized at Uduma, Acheri by Arjuna Sports Club in association with the United medical Centre, Kasaragod & Father Muller Homoeopathic Medical College & Hospital, Mangaluru. Dr Sajan K R was the team leader.



05th, 07th & 08.08.15: The Department of Obstetrics & Gynecology organized a Health Awareness camp for the benefit of mothers. The theme for this year was "Importance of Breast Feeding and Working." A mock show was presented on the topic "Difficulties faced by the working mothers while breast feeding and the solution".



05.08.15: The AYUSH Federation of India and the Pediatric Department of FMHMC jointly organized a Health Education and Homoeopathic Awareness Programme in view of Breast Feeding Week at Ullal Primary Health Centre. A skit was acted out on the theme of this year along with scientific talks on breast feeding. Dr Jyoshna Shivaprasad led the team.



24.08.15: A General Medical Camp was held at G.V.H.S.S. School, Mogral, Kasaragod organized by CODP, Mangaluru. Dr Mini I. V. led the team to assist the camp.



14.09.15 to 16.09.15: Spandana Trust in association with FMHMC organized a Health education cum Homoeopathic awareness programme and a general medical camp. Around 345 were benefitted from this camp.





Sometimes it can progress to complete baldness, although this is not common. Male-pattern baldness is hereditary, which means it runs in families. It's thought to be caused by oversensitive hair follicles, linked to having too much of a certain male hormone.

Besides affecting men, it can sometimes affect women (female-pattern baldness). During female-pattern baldness, hair usually only thins on top of the head.

It's not clear if female-pattern baldness is hereditary and the causes are less well understood. However, it tends to be more noticeable in women who have been through menopause (when a woman's periods stop at around age 52), perhaps because they have fewer female hormones.

Alopecia areata:

Alopecia areata causes patches of baldness about the size of a large coin. They usually appear on the scalp but can occur anywhere on the body. It can occur at any age, but mostly affects teenagers and young adults.

In most cases of alopecia areata, hair will grow back in a few months. At first, hair may grow back fine and white, but over time it should thicken and regain its normal colour. Some people go on to develop a more severe form of hair loss, such as:

- alopecia totalis (no scalp hair)
- alopecia universalis (no hair on the scalp and body)

Alopecia areata is caused by a problem with the immune system (the body's natural defence against infection and illness). It's more common among people with other autoimmune conditions, such as an overactive thyroid (hyperthyroidism), diabetes or Down's syndrome.

It's also believed some people's genes make them more susceptible to alopecia areata, as one in five people with the condition have a family history of the condition.

Alopecia areata can occur at any age, although it's more common in people aged 15-29. It affects one or two people in every 1,000 in the UK.

Scarring alopecia:

Scarring alopecia, also known as cicatricial alopecia, is usually caused by complications of another condition. In this type of alopecia, the hair follicle (the small hole in your skin that an individual hair grows out of) is completely destroyed. This means your hair won't grow back.

Depending on the condition, the skin where the hair has fallen out is likely to be affected in some way.

Conditions which can cause scarring alopecia include:

- **scleroderma** – a condition affecting the body's connective (supporting) tissues, resulting in hard, puffy and itchy skin
- **lichen planus** – an itchy rash affecting many areas of the body
- **discoid lupus** – a mild form of lupus affecting the skin, causing scaly marks and hair loss
- **folliculitis decalvans** – a rare form of alopecia that most commonly affects men, causing baldness and scarring of the affected areas
- **frontal fibrosing alopecia** – a type of alopecia that affects post-menopausal women where the hair follicles are damaged, and the hair falls out and is unable to grow back. Scarring alopecia occurs in both males and females, but is less common in children than adults. It accounts for about 7% of hair loss cases.

Anagen effluvium:

Anagen effluvium is widespread hair loss that can affect your scalp, face and body.

One of the most common causes of this type of hair loss is the cancer treatment chemotherapy. In some cases, other cancer treatments – including immunotherapy and radiotherapy – may also cause hair loss.

The hair loss is usually noticeable within a few weeks of starting treatment. However, not all chemotherapy drugs cause hair loss and sometimes the hair loss is so small it's hardly noticeable.

It may be possible to reduce hair loss from chemotherapy by wearing a special cap that keeps the scalp cool. However, scalp cooling is not always effective and not widely available.

In most cases, hair loss in anagen effluvium is temporary. Your hair should start to grow back a few months after chemotherapy has stopped.

Telogen effluvium:

Telogen effluvium is a common type of alopecia where there is widespread thinning of the hair, rather than specific bald patches. Your hair may feel thinner, but you're unlikely to lose it all and your other body hair isn't usually affected.



Telogen effluvium can be caused by your body reacting to:

- hormonal changes, such as those that take place when a woman is pregnant
- intense emotional stress
- intense physical stress, such as childbirth
- a short-term illness, such as a severe infection or an operation
- a long-term illness, such as cancer or liver disease
- changes in your diet, such as crash dieting
- some medications, such as anticoagulants (medicines that reduce the ability of your blood to clot) or beta-blockers (used to treat a number of conditions, such as high blood pressure)

In most cases of telogen effluvium, your hair will stop falling out and start to grow back within six months.

Treatment:

More common types of hair loss, such as male-pattern baldness, don't need treatment because they're a natural part of ageing and don't pose a risk to your health.

However, any type of hair loss can be distressing, so you should see your GP if you're worried about it.

Your GP should be able to diagnose your type of hair loss by examining your hair. They can also discuss possible treatments with you so it's advisable to visit your GP before trying a private consultant dermatologist (skin care specialist).

If you want treatment for male-pattern baldness for cosmetic reasons, two medications called finasteride

and minoxidil can be used. Minoxidil can also be used to treat female-pattern baldness.

However, these treatments don't work for everyone and only work for as long as they're continued. They are not available on the NHS and can be expensive.

Alopecia areata is usually treated with steroid injections, although it's sometimes possible to use a steroid cream, gel or ointment. A treatment called immunotherapy may also be used. This involves stimulating hair growth by causing an intentional allergic reaction in the affected areas of skin.

If you have significant hair loss of any type, you may decide to wear a wig. Wigs are available on the NHS, but you may have to pay unless you qualify for help with charges.

There are also some surgical options for hair loss, including a hair transplant and artificial hair implants.

Emotional issues:

Hair loss can be difficult to come to terms with. The hair on your head can be a defining part of your identity. If you start to lose your hair, it can feel as if you're losing part of your identity. This can affect your self-confidence and sometimes lead to depression.

Speak to your GP if you're finding it difficult to deal with your hair loss. They may suggest counselling. You may also benefit from joining a support group or speaking to other people in the same situation – for example, through online forums.

A CASE STUDY ON ALOPECIA

By: Dr RAJACHANDRA G

Alumnus – UG-2000 batch & PG-2007 batch

Homoeopathy is a natural science which abides by the nature laws. In its perfect symbiosis, it best suits mankind than any other system of medicine at a cheapest but more fruitful way.

One cannot yield the harvest without sowing a seed similarly it's hard to expect cures without investing our heart on the cardinal principles of homoeopathy. Lack of faith in our own prescriptions makes up to frequently repeat the doses and also

change the remedies. If a single dose cannot bring the desirable effect then what change you expect from multiple doses.

I present this case to you not to share my success, but to express my gratitude to my teachers who taught me to wait and watch, in particular Dr Prafull vijayakar whose teachings and explanations always inspired me.



Date of Case taking-3rd March 2014

Presenting Complaints: Patient named Mast H aged 5 years old, Islam by religion, came with the complaints of fever and cough with yellowish expectoration which is more at night since 2 days, patchy hair loss from the scalp in the occipital region. He also complains of weakness, decreased appetite and thirst associated with the complaints.

Past History: During the case taking patients mother revealed that the child suffered with pulmonary tuberculosis at the age of 8 months. He was promptly treated with allopathic medicines for 6 months following that he was tested negative for tuberculosis.

Personal History: Patient is generally thirst less, thermally chilly, eats well with good appetite. He craves for spicy food, fried eggs, fried food and bananas. He dislikes sweets. He bowel and bladder habits are regular no difficulty encountered.

Family History: Mother is a known case of allergic rhinitis since childhood and maternal grandmother is suffering from type 2 diabetes mellitus from her 40s presently she is on allopathic medication.

Nature Of Child: This child enjoys company, mingles well with friends, he loves the company of guests and relatives at home, he is also obstinate with his desires- when he asks for something it need to be given immediately, if not he gets angry and shouts. He is very good in studies

Treatment details: Patients mother informed me that she was taking treatment for this child from a homoeopathic health care centre in Mangalore from September 2013 till date. On her request the doctor disclosed the treatment details of the patient and prescription. Patient had recurrent history of fever and cough with yellowish expectoration, during that time he received multiple doses of **Antim Tart 200**. Patient was improving timely. Later when prescription was changed to **Phosphorous 1m**, 4 doses were given in a time interval of 2 weeks, following this he had aggravation of symptoms developed severe cough and expectoration for which he was hospitalized. Phos is discontinued and **Pulsatilla 200** started, initially he showed a better response later the dosage of Pulsatilla was not stopped and potencies were ascending. In the month of December patient showed allergic symptoms to dust and he started developing wheezing episodes every time he has an attack of cold. On 28th Jan

2014, patient experienced severe attack of wheezing and breathlessness and got admitted(treated with inhalers)In the month of March, Mother noticed patchy hair loss from scalp of the occipital region.

Observations Made After evaluating the case, it is understood that with acute remedies like Antim tart child showed good response as child developed runny nose which is good sign in the treatment of lower respiratory tract infections. But remedies like Phosphorous and Pulsatilla even though partially indicated instead of helping the condition, patient gradually worsened & developed more serious lower respiratory tract infections along with allergic symptoms and finally ended up with asthmatic bronchitis which even required admission to the hospital. It did not stop there; child also developed patchy hair loss (alopecia areata).The disease that has travelled from upper respiratory to lower respiratory passages of Infectious etiology to allergic responses and then to autoimmune modification. This is called METASTASIS of the disease.

ACTION Considering the above phenomenon an intercurrent remedy was worked out on the basis of recurrent respiratory symptoms, past history of tuberculosis, obstinate nature of the child, Patchy hair loss etc, **Tuberculinum 1m** was prescribed and patient was asked to report after 2 weeks.

On 17th March 2014 patient came and on examination with a hand lens was happy to notice new hair follicles emerging from that patch and also the respiratory symptoms were present but tolerable. Placebo given.

On 31st March 2014 Patch was completely covered with new hair follicles, mother was happy and hopeful. Generally patient was better. Placebo given.

7th April 2014 Patient came to clinic with 3 days of fever and runny nose, patch on the scalp is completely covered and hair is also growing thick in those areas. Generals of the patient improved and unchanged. Considering the exteriorization of the disease which is a good sign. Placebo continued along with kali phos 6x.

14th April 2014 Patient reported with betterment of his symptoms, his generals were much better. Considering the constitutional totality Calc phos 200 single dose was given to the patient



Patient still continues his treatment for acute ailments and was never admitted to the hospital during the treatment period with asthma or serious cough. He developed runny nose and allergic rash in the folds of the skin which is voluntarily ignored. His patches lost their identity and I advised for a clean shave of hair from scalp, now it is rich with thick terminal hair. His weight also steadily improved during the course of treatment and academic performance is also good.

Conclusion: Tuberculinum is not a difficult choice for me and not to anyone after reading this case. But what I like to highlight is to wait and watch, and to build a logical criteria to assess the follow-ups. **Hering's law** was a myth to me before I clearly perceived it in patients. Your eyes will only see what your mind knows. It's true to every homoeopath till we consciously make effort to wait and to watch logically on a pre designed criteria.

(Refer to page 1 for before & after treatment)

Staff in News

- **Dr Shivaprasad K:** Delivered the Key note address in the Inauguration of the New Batch of B.H.M.S in Dr B.D. Jatti Homoeopathic Medical College, Dharwad. An Interview on "Migrane and Spondylosis with Homoeopathic Management" was broadcasted on 10.09.2015 in All India Radio, Mangalore.
- **Dr Jyoshna S:** Nominated as member of PG Board of Studies from July 2015. Was instrumental in arranging an awareness camp along with AYUSH federation of India on the theme 'Breast feeding & Work-Let's make it work' at Ullal PHC on 5.8.2015.
- **Dr Pravas Pal:** Nominated as member of PG Board of Studies from July 2015.
- **Dr Vilma D'Souza:** Nominated as member of UG Board of Studies from July 2015. Gave awareness talk on 'Breast Feeding' at Lady Goshan and Bhat's Nursing Home in August 2015. Was the Chief Guest for the Breast Feeding Week organised at FMHC and FMCON.
- **Dr Anita Lobo:** Was a Resource Person for a talk on 'Womens Health and Hygiene' at Carmel College, Madankap, Mangaluru on 16th Sept 2015.
- **Dr Joseph Thomas:** Nominated as member of PG Board of Studies from July 2015. Attended a Pharmacy Workshop at Ghaziabad HPL from 19th to 21st August 2015.
- **Dr Shivaprasad K, Dr Joseph Thomas & Dr Vivek S:** Were instrumental in arranging a stall on Homoeopathy at a health exhibition conducted by the Health Minister of Karnataka at Pilikula.
- **Dr Sheena Salin:** Published an article on 'The science of Biochemics' in IHK news - Sept 2015 issue. Gave a guest lecture on 'Neoplasia-Miasmatic perspective' on 7.8.2015 at Bharatesh HMC, Belgaum.
- **Dr Mini IV:** Presented a scientific paper on 'Dealing with GIT disorders' for the CME conducted by Govt. of Kerala, Kanganad.
- **Dr Prennie V:** Published an article on 'The Deadliest Dengue' and 'The Science of Depression' in August and September issue of Daijiworld weekly.
- **Dr Salini M:** Incharge of a programme conducted at United Hospital, Kasargod during the Breast feeding week in August 2015. Was instrumental in organizing a camp, 'Janani' from 14th to 16th of September at Spandana Trust and delivered a health talk on 'Diseases of women and their scope in Homoeopathy.'
- **Dr Sheethal A:** Gave an awareness talk on 'Mosquito borne diseases and its prevention' at Spandana trust on 22.7.2015.
- **Dr Rajachandra G.:** Published an article on 'Cancer Markers' in the IHK news, Sept 2015 issue.
- All staff of Anatomy, Physiology & Pharmacy departments attended a workshop on 'Curriculum re-designing' at Bharatesh HMC, Belgaum on 28th & 29th of Sept 2015 organised by RGUHS, Bengaluru.
- All staff of Organon, Materia Medica & Repertory departments attended a workshop on 'Curriculum re-designing' at HKE's HMC, Gulbarga on 5th & 6th of October 2015 organised by RGUHS, Bengaluru.
- All staff of Medicine Department was instrumental in arranging a CME, "Focuz 2015" on Nephrology at FMHMC on 9.8.2015.
- **Dr Deepa Rebello:** Published an article on 'A case of Renal Calculi-A constitutional approach' in Sept issue of IHK News.
- **Dr Jolly D'Mello:** Published an article on 'A review on the scope and limitations of Homoeopathy' in Sept issue of IHK News.

Campus News



07.08.15 & 08.08.15: The Student Association of FMHMC organized PRERANA 2015, an Intercollegiate Cultural Fest for the Pre-university College Students. Rev. Fr Alwyn Serrao, Principal, Padua PU College, Mangaluru was the Chief Guest.

15.08.15: The 69th Independence Day was celebrated and Rev Fr Sylvester Vincent Lobo, the Chief Guest hoisted the flag on the occasion. Also a competition on patriotic songs for the students was conducted which included songs from different regions and different languages.



17th to 21.08.15: Inter-house cultural competitions were held in the college, marking the grand cultural fest for this year IKTARA '15. Rev. Fr Ajith Menezes, Assistant Administrator, FMMCH was the Chief Guest. The vote of thanks was proposed by Mr Vishnuvardhan, Cultural Secretary.



24.08.15 & 25.08.15: The Parents, Teachers and Student Association meetings were held at the Father Muller Homoeopathic Medical College coordinated by Dr Rita Chakraborty. Rev. Fr Arun Lobo, Director, Shanti Kiran Counseling Centre, was the resource person.



02.09.15: The inauguration of the MD course for the academic year 2015-16 was held at the college and presided over by Rev Fr Patrick Rodrigues, Director FMCL.



12.09.15: Dr C S Shastri, Principal, Nitte Gulabi Shetty Memorial Institute of Pharmaceutical Sciences, the Chief Guest inaugurated the 1 BHMS course for the year 2015-16.



19.09.15: The student council with the management organized Prayukti '15, honouring the teachers. The traditional offering of Gurudakshina to the faculty was done by the student representatives headed by Mr Abymon George, President of Student council.



20.09.15: The Institute of Practicing Homoeopathy in collaboration with FMHMC conducted a one day seminar – 'Refresh 2015'. A team of practitioners based in Andhra Pradesh headed by Dr B S Mohan enlightened the gathering about the construction of Homoeopathy Clinics, status of Homoeopathy in and around India and evidence-based case studies.

20.09.15: The Institute of Practicing Homoeopathy in collaboration with FMHMC conducted a one day seminar – 'Refresh 2015'. A team of practitioners based in Andhra Pradesh headed by Dr B S Mohan enlightened the gathering about the construction of Homoeopathy Clinics, status of Homoeopathy in and around India and evidence-based case studies.



09.08.15: 'FOCUZ 15' a seminar on nephrology was organized by the Department of Practice of Medicine. Dr Raghavendra Kamath spoke on the "Diagnosing trends and early diagnosis in nephrology". Dr Saji K, an eminent Homoeopathic practitioner deliberated on "Homoeopathic approach to nephrological conditions". Dr Ramidas spoke on the "Treatment of nephrological cases through Homoeopathy".



Alumni in news

The Silver Reunion of the 6th batch of Alumni of Father Muller Homoeopathic Medical College was organized on the 1st & 2nd of August in the College campus at Kankanady & Deralakatte followed by a stay at Red Rock Resort, Suratkal. 27 batch mates made it to the reunion with their family members.



Wedding Bells

- ▶ Dr Jayakrishnan (PG 2011 batch) with Miss Radhika on July 9th 2015
- ▶ Dr Arun Ghosh (UG 2000 batch) with Dr Alaka on August 30th 2015
- ▶ Dr Safiya (2004 UG batch) with Mr Sirajuddin on 31st August 2015
- ▶ Dr Nicola Cutinho (2004 UG batch) with Mr Kay Schneutzer on 27th August 2015

New Arrivals

- ▶ Dr Ramakrishna Rao (UG 2001 batch) was blessed with a baby boy on September 13th 2015
- ▶ Dr Reju Kareem (UG 2000 batch) was blessed with a baby boy on September 20th 2015
- ▶ Dr Raisa Nawaz (UG 2007 batch) was blessed with a baby boy in September 2015
- ▶ Dr Vidya Ashok (UG 2007 batch) was blessed with a baby girl in September 2015



Editorial Board: Dr Jyoshna Shivaprasad, Dr Deena Monteiro, Dr Guruprasad M.N., Dr Kurian P.J. and Dr John Paul K.

Book Post

To,

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