



Vol - 12

July - September - 2003

EDITORIAL

Seasons Greetings to all the Readers of *Mullerian*.

The past three months have witnessed lots of celebrations in the campus beginning with Birthday Celebration of Rev Dr Baptist Menezes, our Director, followed by Birthday Celebration of Rev Fr Stany Tauro, our Administrator. The students organized Teacher's Day Celebration in honor of their Teachers in a grand style.

The happiest moment of any institution will be when a new batch of students joins in full strength. And indeed we are proud, that a total of 75 students joined the I BHMS during the present academic year. And to top it all, our students bagged the First Prize in the *National Homoeopathic Quiz 2003*, held on the occasion of Decennial Celebrations of HMAI, Karnataka in Bangalore. Congratulations to all of them.

In the clinical side it has been a good sign all over. The peripheral units have shown considerable improvements in the patient care and education. And in this issue we try to bring into focus one of the commonest problem, affecting the masses - Contact Irritant Dermatitis. This case underlines the importance of observations, in selecting a *Simillimum* and it also explores the scope of 50 millesimal potencies in day-to-day Homoeopathic practice.

Dr M.K. Kamath

Editor

IRRITANT CONTACT DERMATITIS

Irritant contact dermatitis occurs when chemicals or physical agents damage the surface of the skin faster than the skin is able to repair the damage. The dermatitis or eczema is often well demarcated with a glazed surface but there may be redness, itching, swelling, blistering and scaling of the damaged area. The severity of the

dermatitis is highly variable and depends on many factors including:

- Amount and strength of the irritant
- Length and frequency of exposure (eg. short heavy exposure or repeated/prolonged low exposure)

- Skin susceptibility (eg. thick, thin, oily, dry, very fair, previously damaged skin or pre-existing atopic tendency)
- Environmental factors (eg. high or low temperature or humidity)

Irritants include such everyday things as water, detergents, solvents, acids, alkalis, adhesives, metalworking fluids and friction. Often several of these act together to injure the skin. Irritants damage the skin by removing oils and moisture from its outer layer, allowing the irritants to penetrate more deeply and cause further damage by triggering inflammation.

Irritant contact dermatitis may affect anyone, given sufficient exposure to irritants, but those with atopic dermatitis are particularly susceptible. 80% of cases of occupational hand dermatitis are due to irritants, most often affecting cleaners, hairdressers and food handlers.

CLINICAL FEATURES

The dermatitis is usually confined to the site of contact with the irritant, at least at first. If the dermatitis is prolonged or severe it may spread later to previously unaffected areas. Irritant contact dermatitis can appear differently according to the conditions of exposure.

- Accidental exposure to a strong irritant such as a strong acid or alkali substance may cause an immediate skin reaction resulting in pain, swelling and blistering.
- Contact with mild irritants such as water and soap or detergent may over a period of weeks cause dryness, itching and cracking of the skin. Eventually sores may appear which form crusts and scales.

CASE



On 9.7.2003



On 23.7.2003



On 30.7.2003



On 13.8.2003

Some typical examples of irritant contact dermatitis include:

- ❖ Napkin dermatitis due to urine and faeces.
- ❖ Chemical burns from strong acids (eg. hydrochloric acid) and particularly alkalis (eg. sodium or calcium hydroxide).
- ❖ Housewife's eczema is hand dermatitis caused by excessive exposure to water, soaps, detergents, bleaches and polishes.
- ❖ Dermatitis on a finger underneath a ring. Soaps, shampoos, detergents and hand creams may accumulate under the ring and cause irritant contact dermatitis.
- ❖ Rubber gloves or the powder or sweat or tiny quantities of chemicals that have been occluded inside them may have a direct irritant action on hands (rubber may also result in latex or rubber antioxidant allergy).
- ❖ Fiberglass may cause direct mechanical/frictional damage.
- ❖ Dry cold air may cause dry irritable skin (winter itch)
- ❖ Cosmetics may irritate sensitive facial skin (especially in rosacea) resulting in immediate stinging, burning and redness followed by itching and dryness. Gels and solutions

tend to be more irritating than creams and ointments.

In time, the skin may develop some tolerance to mild irritants.

TESTING FOR IRRITANT CONTACT DERMATITIS

Sometimes it is easy to recognise irritant contact dermatitis and no specific tests are necessary. The rash usually heals once the irritant is removed and, if necessary, special measures are taken. Irritant dermatitis in any case is usually the result of the cumulative effect of multiple irritants.

TREATMENT

It is important to recognize how you are in contact with the responsible substance(s) so that, where possible, you can avoid it (them) or at least reduce exposure.

Irritant contact dermatitis is usually treated with the following:

- Chemical burns are usually flushed with water followed by use of antidote or specific remedy against the particular toxic chemical.
- Compresses, creams and ointments may assist healing.

CASE

A 55-year-old housewife presented with the following -

LOCATION	SENSATION	MODALITIES	COINCOMITANTS
1. Hands - Palm Bilateral Since 20 Yrs Taken Ayurvedic medicines without much relief.	Itching+++ Cracks Peeling Redness Burning+++ Bleeding	<Soap+++ <Night+++ >Washing with warm water < Rainy Season+++ >Moist covering <cold water	Sleeplessness++ Difficulty in folding the fingers
2. GIT Rectum Since 23 Yrs	Burning Bleeding Hard stools	<While passing stools <Spicy food <Strong Cofee <Bread	
3. Upper GI	Sour Eructations		

Moderately built, and nourished.

Perspiration - Generally increased all over the body.

App- Good. Thirst - Takes 2 Glasses/Day

Eliminations - Stool- hard stools, once a day.

Urine - 3-4 times during the rainy days. Summer difficult urination - burning with.

Sleep - good, 6-7 hrs of sleep. With sleep loss has vertigo and vomiting.

Menopause - 10 yrs back.

Emotional State -

Irritable ---> abusive.

Weepy ---> Sadness ---> feels very sad for small things. Thinks her complaints are very grave, so doesn't want to live. But worried that if she dies her children have no body to look after. She wants to see them settled in life. Feels sad when alone. Feels better after consolation.

Fear ---> of dead insects ---> screams aloud.

Dreams ---> of Dead, being burnt alive.

Meteorological -

Likes ---> Monsoon

Likes ---> fan

Likes ---> uncovering

Desires ---> cold-water bath

Past History -

Father had similar complaints, Hemiplegia.

Mother had hemorrhoids, hypertension and diabetes mellitus.

Physical examination -

Pulse - 72/min

BP - 100/60mmHg

Wt - 45kg

Respiratory System - NAD

Skin - multiple flat, black warts on the dorsal aspect of the feet.

Local Examination - Palms --> Erythema++, Peeling++.

Provisional Diagnosis - Irritant Contact Dermatitis

First Prescription - 09-07-2003

1. Dulcamara 30 1P

2. Sl Tabs 2-1-1 x 3 days.

Dulcamara was based on -

Cracks over the palm with burning, itching and bleeding.

<Rainy season+++.

>Warmth.

<Cold.

<Night+++.

Flat warts over the dorsum of feet.

Follow-up Criteria -

1. Cracks/Redness
2. Peeling
3. Burning/Itching
4. Bleeding
5. Bowel habits
6. Sleep

12-07-03	<table border="1"> <tr> <td>1</td> <td>2</td> <td>3</td> <td>4</td> <td>5</td> <td>6</td> </tr> <tr> <td>>+</td> <td>+</td> <td>>+</td> <td>0</td> <td>R</td> <td>↓</td> </tr> </table>	1	2	3	4	5	6	>+	+	>+	0	R	↓	Interpretation - The medicine is acting, repeat the same.	<ol style="list-style-type: none"> 1. Dulcamara 30 1p hs 2. SL Tabs 2-1-1
1	2	3	4	5	6										
>+	+	>+	0	R	↓										
19-07-03	<table border="1"> <tr> <td>1</td> <td>2</td> <td>3</td> <td>4</td> <td>5</td> <td>6</td> </tr> <tr> <td><</td> <td><</td> <td><</td> <td><</td> <td>R</td> <td>↓</td> </tr> </table> <p>App- ↓. Flexing the fingers has become very difficult and painful.</p>	1	2	3	4	5	6	<	<	<	<	R	↓	Interpretation - Too early repetition of remedy. The individual sensitivity is very high.	<ol style="list-style-type: none"> 1. Dulc 0/1 100mL, 1tsp TDS 2. Unmedicated Glycerine to apply
1	2	3	4	5	6										
<	<	<	<	R	↓										

23-07-03	<table border="1"> <tr><td>1</td><td>2</td><td>3</td><td>4</td><td>5</td><td>6</td></tr> <tr><td>↓</td><td>↓</td><td>↓</td><td>0</td><td>R</td><td>OK</td></tr> </table> <p>App- Still ↓. Cant use soap</p>	1	2	3	4	5	6	↓	↓	↓	0	R	OK	Interpretation - The 50 mill potency is helping the patient and is also taking care of her sensitivity.	1. Dulc 0/1 100mL, 1tsp TDS
1	2	3	4	5	6										
↓	↓	↓	0	R	OK										
30-07-03	<table border="1"> <tr><td>1</td><td>2</td><td>3</td><td>4</td><td>5</td><td>6</td></tr> <tr><td>↓++</td><td>↓</td><td>↓++</td><td>0</td><td>R</td><td>G</td></tr> </table> <p>Can use soap, can flex and open her fingers properly. Warts on LL- diminished in size and have become more flat.</p>	1	2	3	4	5	6	↓++	↓	↓++	0	R	G		1. Dulc 0/1 100mL, 1tsp TDS
1	2	3	4	5	6										
↓++	↓	↓++	0	R	G										
6-08-03	<table border="1"> <tr><td>1</td><td>2</td><td>3</td><td>4</td><td>5</td><td>6</td></tr> <tr><td>↓++</td><td>↓</td><td>0</td><td>0</td><td>R</td><td>G</td></tr> </table> <p>Itching is felt in between the fingers in the web spaces, >warm water.</p>	1	2	3	4	5	6	↓++	↓	0	0	R	G		1. Dulc 0/1 100mL, 1tsp TDS
1	2	3	4	5	6										
↓++	↓	0	0	R	G										
13-08-03	<table border="1"> <tr><td>1</td><td>2</td><td>3</td><td>4</td><td>5</td><td>6</td></tr> <tr><td>↓++</td><td>↓</td><td>0</td><td>0</td><td>R</td><td>G</td></tr> </table> <p>Itching occ in between the fingers.</p>	1	2	3	4	5	6	↓++	↓	0	0	R	G		1. Dulc 0/1 100mL x 2 bottles 1tsp TDS
1	2	3	4	5	6										
↓++	↓	0	0	R	G										

Learning - This case demonstrates the importance of detailed examination and also the importance of the need of observations in selecting the Simillimum.

Only if the warts were not observed, this case like many other cases of CID would have gone in the way of Ars Alb, that wouldn't have helped the patient.

HOMOEOPATHIC CONFERENCE - 2003

organised by

Fr Muller Homoeopathic Medical College, Mangalore

on

13th and 14th December 2003

Venue - Conference Hall,

Fr Muller Institute of Health Sciences

CLINICAL THEMES

Boger's Repertory: Its utility in Clinical Practice

Homoeopathy in Neurological Disorders

Low Back Pain

Registration fees

Before 25th Nov. 2003

After 25th Nov. 2003

Delegates

Rs. 400/-

Rs. 500/-

Student / Intern

Rs. 300/-

Rs. 400/-

For further details contact -

Dr Alphonse D'Souza, Organising Secretary

Fr Muller Homoeopathic Medical College and Hospital, Kankanady, Mangalore

Ph : 0824-2436301 (10 lines) Mobile : 98452 91121 e-mail : souzaalphs@hotmail.com

CAMPUS NEWS

1. Birthday of Rev Dr Baptist Menezes, Director of Fr Muller Charitable Institutions, was celebrated on 28th July 2003. All the heads of affiliated institutions felicitated him, and wished him a long and happy life, so that he can serve the needy with all his might.
2. Birthday of Rev Fr Stany Tauro, Administrator of Fr Muller Homoeopathic Medical College and Hospital, with great joy and happiness, on 20th August 2003 by the Teaching faculty and Students of the Institution. He was felicitated and wished by all who had gathered, that all his dreams come true.
3. A group of 39 students have joined for the Compulsory one year Rotatory Internship Training Program from 21st August 2003.
4. The students celebrated Teacher's Day on 5th September 2003. On the occasion the Administrator Rev Fr Stany Tauro on behalf of all the students felicitated Principal Dr S.K. Tiwari. The day witnessed various academic and cultural activities by the students and also by the staff.
5. A new batch of 75 students joined I BHMS on 12th Sept 2003, for the academic year 2003 -04. A small inauguration program was organized on the occasion and Director of the Institutions Rev Dr Baptist Menezes addressed the new students and apprised them with the ethos of the Institution.
6. The NSS Unit of Fr Muller Homoeopathic Medical College organized a Workshop on "Rain Water Harvesting and Save Water For Better Future," on 18th September 2003. Mr Shree Padre was the resource person who enlightened the gathering regarding the importance of Rain Water Harvesting and its Preservation.
7. Mr. Bhagyavasan and Mr Ahmed Zubair, students of Final BHMS won the First Prize in the National Homoeopathic Quiz 2003, held on 27th and 28th of September 2003 on the occasion of Decennial Celebrations of HMAI-Karnataka Unit in Bangalore.

FACULTY IN LIGHT

- Dr Shrinath Rao was appointed as an Observer for University Examinations by RGUHS, Karnataka.
- Dr Praveen Raj and Dr Alphonse D'Souza were appointed as Squad Chiefs for the University Examinations in various centers of RGUHS, Karnataka.
- Dr Shivaprasad was appointed as One Man Commission to inspect Bharatesh Homoeopathic Medical College, Belgaum by RGUHS, Karnataka.
- Dr S.K. Tiwari was appointed as one of the member of Inspection Team by CCH to inspect Homoeopathic Medical Colleges in West Bengal.
- Dr S. K. Tiwari and Dr Shivaprasad participated in the National Homoeopathic Conference - on 27th and 28th September 2003, organized by HMAI Karnataka, to commemorate its Decennial Celebrations.
- Dr S.K. Tiwari has been nominated as a member of BOS (P.G.) by Rajiv Gandhi University of Health Sciences, Karnataka, B'lore.

ATTENTION

All the Alumni are invited to register themselves as delegates for the Conference and attend the Alumni General Body Meeting at 5.00 p.m. on 13.12.2003. This will be followed by a Banquet get together.



Birthdya celebration of Rev Dr Baptist Menezes,
Director of FMCI



Inauguration of Rotatory Internship Training
Programme 2003-04 Batch



Inauguration of workshop on Rain Water Harvesting
& Preservation of Water for Better Future



Teacher's Day Celebration 5th September 2003

PHOTO ALBUM



Birthdya celebration of Rev Fr Stany Tauro,
Administrator of FMHMCH



Inauguration of First BHMS 2003-04 Batch



Winners of National Homoeopathic Quiz 2003



HOMOEOPATHIC CONFERENCE - 2003



PROGRAMME : 13.12.2003

- 9.00 a.m. - Registration
10.00 a.m. - Inauguration
11.00 a.m. - Tea Break

SCIENTIFIC SESSION I

- Theme** : Boger's Repertory : Its utility in Clinical Practice
Moderator : Dr Shashi Kant Tiwari
Speakers : 11.15 a.m. - Dr Valarmathy
12.15 a.m. - Dr K.B. Ramesh
1.15 p.m. - Lunch break
2.00 p.m. - Dr K.M. Dhawale
3.00 p.m. - Open Forum
3.30 p.m. - Tea break
3.45 p.m. - Panel Discussion for Practitioners
7.30 p.m. - Banquet

PROGRAMME : 14.12. 2003

SCIENTIFIC SESSION II

- Theme** : Neurological disorders
Moderator : Dr Sampath Rao
Speakers : 9.00 a.m. - Dr P.K. Pal
3.45 a.m. - Dr Kutumba Rao
10.30 a.m. - Tea
10.45 a.m. - Dr C.J. Varghese
11.30 a.m. - Open Forum

SCIENTIFIC SESSION III

- Theme** : Low Back-ache
Moderator : Dr Ravi M. Nair
Speakers : 12.00 p.m. - Dr Joseph Thomas
12.45 p.m. - Dr Roshan Pinto
1.30 p.m. - Lunch
2.00 p.m. - Dr Ismail Sait
2.45 p.m. - Open Forum

- 3.30 p.m. - Tea break
3.45 p.m. - Valedictory function

Senders Name and Address

Fr Muller Homoeopathic Medical College & Hospital
Fr Muller Road, Kankanady,
Mangalore 575 002

BOOK POST

To