



MULLERIAN

Vol 28

Quarterly Bulletin of Father Muller Homoeopathic Medical College and Hospital

July - Sept., 2010

EDITORIAL

Dear friends,

We are now heading towards the end of the year 2010 and I am very happy to present the 3rd issue of “*Mullerian*” with lots of Alumni news, many celebrations, academic and cultural events that happened in the campus.

We had a General Body Meeting of the Alumni Association held in the campus (1st Aug. 2010) and it was decided to increase the pages of “*Mullerian*” with many articles from the Alumni with effect from 2011.

In the last issue of “*Mullerian*” I had appealed to all the Alumni to contribute evidence- based articles /case studies, which could enrich the wonderful art of healing. This time I got a prompt response from many of our Alumni. Because of the limited number of pages, we have selected the article of Dr Winston Varghese (1st batch of Alumni). I thank him for his support. I also thank

Dr Sadath Sait, President of the Alumni Association for encouraging the Alumni to write research articles.

Continuing the search for superior knowledge, in this issue we take up another topic of clinical interest “*Peripheral vascular disease*”. This is one of the commonest Surgical conditions which many Homoeopaths come across. Many of us might have treated such cases, but what we lack is evidence. So, please make a habit of preserving the documents of each case before and after, may be in the form of photographs, lab reports, videos etc.

Please don't forget to send your valuable articles, suggestions and your recent achievements which I will be happy to include in the forth coming issues of our “*Mullerian*”. I wish you all happy reading.

Dr Guruprasad M.N
Editor

PERIPHERAL VASCULAR DISEASE

Definition

Peripheral vascular disease (PVD), commonly referred to as **peripheral arterial disease (PAD)** or **peripheral artery occlusive disease (PAOD)**, refers to the obstruction of large arteries not within the coronary, aortic arch vasculature, or brain. Often PAD is the term used to refer to atherosclerotic blockages found in the lower extremity.

PVD also includes a subset of diseases classified as microvascular diseases resulting from episodal narrowing of the arteries (Raynaud's phenomenon), or widening thereof (erythromelalgia), i.e. vascular spasms.

Alternative Names

Peripheral vascular disease, PVD, PAD, Arteriosclerosis obliterans, Blockage of leg arteries, Claudication, Intermittent claudication, Vaso-occlusive disease of the legs, Arterial insufficiency of the legs, Recurrent leg pain and cramping, Calf pain with exercise. **Epidemiology:** The prevalence of peripheral vascular disease in the general population is 12-14%, affecting up to 20% of those over 70, 70%-80% of affected individuals are asymptomatic. Only a minority ever require revascularisation or amputation. Peripheral vascular disease affects 1 in 3 diabetics over the age of 50.



Before the treatment

After the Homoeopathic treatment

contd... on page 3

PHOTO ALBUM

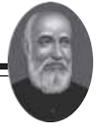


The Independence Day Celebration : Dr Madona Joseph H.O.D of the FMT, was the chief guest where in she hoisted the flag and spoke on the occasion.



The Onam Celebration





The incidence of symptomatic PVD increases with age, from about 0.3% per year for men aged 40-55 years to about 1% per year for men aged over 75 years. Diagnosis is critical, as people with PAD have a four to five times higher risk of Myocardial Ischemia or Cerebrovascular accidents.

Causes

Risk factors contributing to PAD are the same as those for atherosclerosis:

- **Smoking** - the use of tobacco in any form is the single most important modifiable cause of PVD internationally. Smokers have up to tenfold increase in relative risk for PVD in a dose-related effect. Exposure to second-hand smoke from environmental exposure has also been shown to promote changes in blood vessel lining (endothelium) which is a precursor to atherosclerosis.
- **Diabetes mellitus** - causes between two and four times increased risk of PVD by causing endothelial and smooth muscle cell dysfunction in peripheral arteries. Diabetics account for up to 70% of non traumatic amputations performed, and a known diabetic who smokes runs an approximately 30% risk of amputation within 5 years.
- **Dyslipidemia** (high low density lipoprotein [LDL] cholesterol, low high density lipoprotein [HDL] cholesterol) - elevation of total cholesterol, LDL cholesterol, and triglyceride levels each have been correlated with accelerated PAD.
- **Hypertension** - elevated blood pressure is correlated to an increase in the risk of developing PAD, as well as in associated coronary and cerebrovascular events (heart attack and stroke).
- Risk of PAD also increases in individuals who are over the age of 50, male, obese, or with a family history of vascular disease, heart attack, or stroke.

Symptoms

About 20% of the patients with mild PAD may be asymptomatic; other symptoms include:

- Claudication - pain, weakness, numbness, or cramping in muscles due to decreased blood flow
- Sores, wounds, or ulcers that heal slowly or not at all
- Noticeable change in colour (blueness or paleness) or temperature (coolness) when compared to the other limb
- Diminished hair and nail growth on affected limb and digits. When peripheral artery disease becomes severe, there may be:

- Pain or tingling in the foot or toes, which can be so severe that even the weight of clothes or bed sheets is painful
- Pain that is worse when the leg is elevated and improves when it is dangled over the side of the bed

Examination and Tests

- Weak or absent pulse in the limb
- Loss of hair on the legs or feet
- A whooshing sound with the stethoscope over the artery (arterial bruits)
- Decreased blood pressure in the affected limb

When PAD is more severe, findings may include:

- Paleness of the skin or blue color in the toes or foot (cyanosis)
- Atrophied calf muscles
- Hair loss over the toes and feet
- Thick toe nails
- Shiny, tight skin
- Painful, nonbleeding ulcers on the feet or toes (usually black) that are slow to heal

Blood tests may show high cholesterol or diabetes.

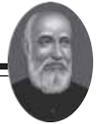
Tests for peripheral artery disease:

- Blood pressure measured in the arms and legs for comparison (ankle/brachial index, or ABI)
- Angiography of the arteries in the legs (arteriography)
- Magnetic resonance angiography or CT angiography
- Doppler ultrasound exam of an extremity

Treatment

Dependent on the severity of the disease, the following steps can be taken -

- Smoking cessation (cigarettes promote PVD and are a risk factor for cardiovascular disease).
- Management of diabetes, hypertension, cholesterol, and medication with antiplatelet drugs.
- Regular exercise for those with claudication helps open up alternative small vessels (collateral flow) and the limitation in walking often improves. Treadmill exercise (35 to 50 minutes, 3 to 4 times per week) has been reviewed as another treatment with a number of positive outcomes including reduction in cardiovascular events and improved quality of life.
- Treatment to relieve symptoms of claudication.
- Angioplasty
- Plaque excision



- Bypass grafting is needed to circumvent a seriously stenosed area of the arterial vasculature.
- Rarely, sympathectomy
- When gangrene of toes has set in, amputation is often the last resort to stop infected dying tissues from causing septicemia.

Outlook (Prognosis)

Individuals with PAD have an “exceptionally elevated risk for cardiovascular events and the majority will eventually die of a cardiac or cerebrovascular etiology”; prognosis is correlated with the severity of the PAD as measured by the Ankle brachial pressure index (ABPI). [It is the ratio of the blood pressure in the lower legs to the blood pressure in the arms. Compared to the arm, lower blood pressure in the leg

is an indication of blocked arteries (peripheral vascular disease). The ABI is calculated by dividing the higher systolic blood pressure in either the dorsalis pedis or posterior tibial arteries by the higher of the two systolic blood pressures in the arms

$$ABPI_{Leg} = \frac{P_{Leg}}{P_{Arm}}$$

Where P_{Leg} is the systolic blood pressure of dorsalis pedis or posterior tibial arteries and P_{Arm} is the highest of the left and right arm brachial systolic blood pressure.

Large-vessel PAD increases mortality from cardiovascular disease significantly. PAD carries a greater than “20% risk of a coronary event in 10 years”.

CASE

Mr. C. aged 67 yrs from Kootapanai Thirunelveli

Presenting complaints:

Presented with painful ulcer in the left foot since 3 months. Pain aggravated at night. He has also got numbness of the lower extremities especially at night. This gets worsened while walking and lying on sides.

History of presenting complaints

The patient is a known diabetic since 3 yrs. Three months before he had an injury the left little toe and took some herbal external application, but his condition worsened and went to allopathic hospital near his house where the toe was amputated. The patient developed gangrene over the amputated site and was referred to the Chennai hospital where it was diagnosed as vascular obstruction and advised to undergo vascular surgery.

Past illness : 13 years of age developed chicken pox, 32 years of age had fracture of leg, 64 years of age operated for cataract.

Family History

Brother & Mother: Diabetic, Brother & Father: Hypertensive,

Brother : Insane, Brother :Bronchial asthma

Personal History

Non vegetarian, Smoking :35- 40 cigarettes per day, Consumes : alcohol every day but stopped since two months.

Physical Generals

Appetite :diminished, Thirst: increased for cold water, Sleep :disturbed due to pain, Stools :regular,

Urine: increased frequency to pass < night, Sweat: increased over the head and chest, Desires: cold food, drinks, sweets and alcohol

Thermal State

Desires fanning, aversion to covering and prefers winter season and cold water bathing

Physical Examination

A single Ulcer 13cm x12 cm, Floor was filled with slough and gangrenous matter, base Meta tarsal bone.

Arterial Doppler Study

Done on 25-01-08 of lower limb reveals severe atherosclerotic peripheral vascular occlusive diseases involving the entire left lower limb arterial system.

MR Angio Report done on 28-01-08

Right Lower Limb

Complete occlusion of superficial femoral artery seen immediately after profunda femoris with distal flow formed by muscular and profunda femoris collaterals. Length of occluded segment measuring 20cm.

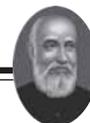
Left Lower Limb

Complete occlusion of superficial femoral artery seen after profunda femoris. Length of the occluded segment measuring 30cm. Distal flow formed by profunda femoral and muscular collaterals.

Impression: The above findings are suggestive of peripheral femoral popliteal vaso occlusive disease.

Diagnosis

Dry Gangrene with Peripheral Vaso Occlusive Disease and Diabetes Mellitus.



With this presentation and investigations the following reportorial totality was constructed

1. Circulation Blood vessels hard, sclerotic, thickened (816)
2. Skin & Exterior of body, Gangrene cold (765)
3. Skin & Exterior of body Ulcer gangrenous (782)
4. Skin& Exterior of Body Ulcer sensitive(785)
5. Appetite desire for alcoholic liquors (285)
6. Appetite desire sweets (287)
7. Appetite desires cold liquids, water (286)
8. Condition in general < time night (914)
9. Lower extremities numbness (669)

Finally **Arsenic Alb** was selected and treatment was started with **Ars alb 0/3 QDS**. Then the Potency was raised to **0/6** and **0/12**. Over a period of **six months** the patient showed improvement in the ulcer and diabetes.

Accessory Management

The diet was modified in such a manner that the patient was asked to consume lots of fresh vegetables, salads and sprouted materials. As the patient was already on insulin, it was allowed to be continued after strict monitoring of urine sugar. The patient was admitted in the IP for a period of three months.

The wound was dressed with calendula glycerine twice a day.

Discussion

This case presented with very advanced pathological changes and there was lack of

characteristic symptoms, which has forced us to select the pathological symptoms for prescription.

As the pathology was very prominent the **Boger Boeninghausen's Characteristic Repertory** was used for repertorization. Since we are dealing with very advanced pathology we felt the need of a safe potency so **50 millisimal potency** was used which has also allowed us for frequent repetition of the doses.

During the course of the treatment after a month the patient was seen by a Surgeon who has nibbled the metatarsal bone which has allowed the growth of granulation tissue. While the patient was under the Surgeon's care he was given a course of antibiotics by him. The Surgeon was astonished over the bleeding while nibbling the bone and while referring back he remarked that the vascularity was adequate.

Dr Winston Varghese, BHMS, MD (Hom)

1st Batch (1985 -1991) FMHMC



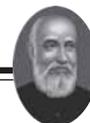
Dr Winston Varghese is Professor and P. G. Coordinator in the Dept. of Materia Medica. Sarada Krishna Homoeopathic Medical College Kulasekharam, Kanyakumari Dist. Tamilnadu. He is also a consultant Homoeopath at Lissy Homoeopathic Clinic, Marthandam,

Kanyakumari Dist, Tamilnadu.

CAMPUS NEWS

EVENTS

1. **01.07.2010 : Doctors day** was celebrated to commemorate the birthday of Dr B.C Roy.
2. **03.07.2010: A Health Awareness & Medical Camp** was organized by C.O.D.P in association with FMHMC at Bumbrana. 65 persons availed of the benefits from this camp headed by **Dr Deepa Rebello**.
3. **12.07.2010 : A Health Awareness & Medical Camp** was held at Balepuni Govt. school, 200 students were examined and treated in the camp led by **Dr Lydia Lobo**.
4. **19.07.2010: A Health Education & Medical Camp** was held at Nettherkere - Benjanpadavu, 250 persons availed the benefits from the camp headed by **Dr Prasanna Kumar**.
5. **21.07.2010 : A Health Awareness & Medical Camp** was held at Bakrabail Govt. school. 113 students were examined and treated in the camp led by **Dr Lydia Lobo**.
6. **07.08.2010: Women's Health & Homoeopathic Awareness Camp** was held at Bedrampalla. Around 79 persons benefited from the camp headed by **Dr Lydia Lobo**.
7. **11.08.2010 : The Inauguration of the 26th batch of B.H.M.S** was held at the campus . 60 UG students from all over India joined the "**Mullerian**" family.
8. **15.08.2010 : The 62nd Independence Day Celebration** was held in the campus. **Dr Madona Joseph** H.O.D of the forensic medicine & toxicology department was the chief guest, where in she hoisted the flag and spoke on the occasion.
9. **20.08.2010 : Sadbhavana Diwas** was celebrated by the NSS Unit of FMHMC led by **Dr N.C.Dhole**. Dr Ronald A. Fernandes the Principal correspondent of Deccan Herald News Paper, was the Chief Guest, who inaugurated the "**Communal Harmony Fortnight**".
10. **21.08.2010 : A Health Awareness and Medical Camp** was held at Meremajal school. 143 students were examined and treated in the camp led by **Dr Jolly Dmello**.



11. **23.08.2010 : The ONAM Celebration** was held in the campus with great enthusiasm. A flower carpet (pookalam) competition was organized followed by a cultural programme depicting the beauty and tradition of Kerala.
12. **26.08.10 and 03.09.10: A School Health Camp** was held at Kukkate school and Kaduma Govt. school. 300 students benefited from both the camp led by **Dr Lydia Lobo**.
13. **04.09.2010 : The Teacher's Day Celebration** was organised by the PG & UG students of FMHMC. All the teachers were honoured with a memento on the occasion followed by a cultural programme.
14. **13.09.2010: The Inauguration of Internship Programme** was held for the supplementary batch. A total of 8 students joined the internship programme.
15. **18.09.2010: Freshers Day Celebration** was held in the Campus and they exhibited a lot of talents.
16. **20.09.2010: The Inauguration of Chapel & Priests Residence in Deralakatte Campus** was done by Rev Msgr Denis Moras Prabhu, Vicar General & Vice President of FMCI.
17. **24.09.2010: NSS Day Celebration** was held in the college auditorium. Dr. Shivaprakash & Mrs Vinitha spoke on the theme "Man with plastic - the modern Bhasmasura"
18. **26.09.2010: A Health Awareness & Medical Camp** was held at Saraswathi Club, Saripalla, organised by the BSW students of St Agnes college, Mangalore in association with CODP, Spandana Trust & FMHMC . 132 persons availed of the benefits from the camp led by Dr Sheetal Adyar.

STAFF IN NEWS:

1. **Dr Srinath Rao:** Attended a academic council meeting held in RGUHS on July 7th 2010 as the dean of faculty. He also attended a teachers day programme held in RGUHS at Bangalore on Sep 6th 2010 in which homoeopathic faculty was honoured.
2. **Dr Rita Chakraborty:** Published an article "A glance at the manual of homoeopathy"(1885) by Fr Augustus Muller, edited by Dr S.K. Tiwari(2009). A book review published in Homoeo Era Vol 1, issue 8, Sep 2010.
3. **Dr Deena Monteiro :** "Aconitum Napellus its characteristics" in Homoeo Times July 2010. She also published an article on "Cholelithiasis" in Homoeo Era Aug 2010. "Characteristic features of Cal Carb children according Robbin Murphys Repertory in Homoeo Era, Sep 2010.
4. **Dr Girish Navada U.K.:** Published an article on "Hypertension & Homoeopathic Treatment" in Homoeo Era, Aug 2010.
5. **Dr Praveen Raj P:** Published an article on "Thyroid disorder in clinical practice" in Homoeopathic

Medical Panorama Vol 17, No:4, 2010. He also published a Kannada article regarding "Asthma in children" in "Anupama"

6. **Dr Guruprasad MN:** Published an article on "Scope of homoeopathy in genetic disorder, Duchenne muscular dystrophy" in Homoeopathic Medical Panorama, Vol 17, No:4, 2010.
7. **Dr Prasanna Kumar:** Is regularly writing article in Vaidyaloka column of Hosa Digantha Kannada news paper on homoeopathy on different topics.
8. **Dr Deepa Rebello:** Published an article about "Issue on headache and its homoeopathic approach" in "Rakhno" a Konkani Weekly, Sep 2010
9. **Dr A.B. Ramjyothis :** Attended one day workshop on NABH accreditation for AYUSH hospitals organised by Quality council of India on Sep 18th 2010 at Amrita Institute of Medical Sciences, Cochin.
10. **Dr Kurian P.J. & Dr Ramakrishna Rao:** Published an article on "Efficacy of homoeopathic prophylaxis in chikunguniya" in Muller journal of medical science & research Sep 2010.

ALUMNI IN NEWS:

Dr Anantharaman (7th batch) was blessed with a baby girl on July 5th 2010 and named her Sanjana

Dr Ganapathi (5th batch) was blessed with a baby girl on July 6th 2010.

Dr Sajan (8th batch of PG) was blessed with baby boy on 17th July 2010 and named him Rony K. He also opened a clinic at Ullal on July 10th 2010.

Dr Anvar Sadiq (18th Batch) got married to **Dr Simi Nesreen** (20th batch) on 25th July 2010.

Dr Sadath Sait (4th batch) took awareness class on geriatrics at Marthoma church on 7th Aug, also awareness class on geriatrics Homoeopathy at Panampallinagar resident association on 7th Sep. Dr Sait's Homoeopathy is starting a new branch at Kothamangalam, Puthheekal building next to Kala Auditorium, Sep 25th

Dr Anusha K (17th batch) got married on 22nd Aug 2010

Dr Venmani (20th batch) opened her clinic on 23rd Aug 2010 at Sathur, Virudhunagar, Tamilnadu.

Dr Shara John Lobo (15th batch) & **Dr Sandeep Ram** (8th batch of PG) were blessed with a baby girl on 23rd Aug 2010.

Dr Aishwarya (18th batch) was blessed with a baby boy on 26th Aug 2010 and named him Adwaith.

Dr Shivprasad K (1st batch) became Vice president of The Dakshina Kannada District Chapter of AYUSH Federation of India (A.F.I)

Dr Praveen Raj Paleri (7th batch) & **Dr Prasanna Kumar** (10th batch) became the Vice President and Joint Secretary of A.F.I. Mangalore Chapter respectively.



Sadbhavana Diwas Celebration



NSS Day Celebration



General Medical Camp at Bumbrana



The Teachers' Day Celebration



The Inauguration of Chapel & Priests Residence in Deralakatte Campus was done by Rev Msgr Denis Moras Prabhu, Vicar General & Vice President of FMCI.

Dr Deepu Dev (18th batch) got married on 3rd Sep 2010

Dr Harinarayan(20thbatch) opened his clinic on 5th Aug 2010 at Chamravattom, Tirur.

Dr Divya Kumar Verma (7th batch of PG) published an article on *Homoeopathy – an art of dilution and science of healing, Journal of Herbal Medicine and Toxicology*, 4(1) 83-88 (2010). He has been awarded a **Gold medal** by Rajasthan Vidyapeeth Homoeopathic Medical College, Udaipur for securing 17th rank in the Rajasthan Public Service Commission Homoeopathic Medical Officers Exam.

Dr Remya T.D (16th batch) got married on 10th Sep 2010.

Dr Allen Samuel (15th batch) got married to Dr Sherlin Sheeba (20th batch) on 11th Sep 2010.

Dr K.P Manoj Kumar (12th batch) House warming ceremony was held on 12th Sep 2010.

Dr Stanly Stevenson (10th batch) got married on 10th Sep 2010.

Dr Nasali Edith (20th batch) was blessed with a baby boy on Sep 11th 2010.

Dr Reena Maria Alva (10th batch) completed her MSc Anatomy and Joined as a lecturer in Father Muller Medical College.

Dr Raja Chandra (15th batch) completed his MD in Medicine and joined back as a staff member of FMHMC on 17th Sep 2010.



Ms Sreeja Gopinath (11th batch) left to Heavenly Abode on 30th Sep 2010.

ALUMNI MEETING:

There was a Executive Committee Meeting of Alumni Association held on 1st Aug.'10 at the Council Hall, FMCI, Mangalore. Director Rev, Fr Patrick Rodrigues, Administrator Rev. Fr Wilfred Prakash, and Vice-Principal Dr Shivprasad, President Dr Sadath Sait, Secretary, Dr Sandeep Ram, Treasurer Dr Jyoshna S, Joint Secretary Dr Arun Ghosh, and Executive Committee members Dr Vinod, Dr Vinayan, Dr P J Kurian were present for the meeting.

Amount collected from the Alumni members till date:

Dr Shivprasad K (1st Batch) : Rs. 25,000/-

Dr Usha Kumari (4th Batch) : Rs. 10,000/-

Senders Name and Address:

Father Muller Homoeopathic Medical College & Hospital
University Road, Deralakatte, Mangalore 574 160
Ph: 0824-2203901 Fax: 0824-2203904

To

APPEAL

Dear Alumni,

As you all know that our college has completed the 25 years of successful existence which was celebrated with great zeal and enthusiasm. We are very much thankful to all the Alumni for their participation and support during “Homoeopathic Conference” and “Milan 2010” . We also expect your co-operation and support for the future activities to strengthening the Alumni Association.

We are planning for more reunions to bring closer our Alumni. New format of our news bulletin “Mullerian” and website (www.mullerian.org) is also under consideration. Hopefully, we will also be having our association’s office in the college campus very soon.

In the same process we have decided to donate *medical equipments (ECG Machine / Pulse-oxymeter / USG Machine)* to the alma mater on this occasion of Silver Jubilee year. “Mullerian” – **Alumni Association of Father Muller Homoeopathic Medical College appeal you all alumni members to donate generously for this noble cause.**

You can send your donations by Cash/Cheque/DD in favour of “FMHMC Alumni – Donation” payable at Mangalore. You can also directly transfer the money on Oriental Bank of Commerce, Kotekar Branch, Deralakatte, A/c No. 12592191002437 (IFSC Code: ORBC 0101259).

For more details contact following persons –

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Some Clinical Tips from W. Boericke's Materia Medica:

1. **Myristica Sebifera:** Acts more powerfully often than Hepar Sulph or Silicea
2. **Oleum Jecoris Aselli:** Locally in ringworm & nightly rubbing for dwarfish, emaciated babies
3. **Platanus Occidentalis:** Apply the tincture for tarsal tumors
4. **Cochlearia Armoracia:** Locally cures dandruff
5. **Momordica Balsamina:** Tincture used externally as a liniment & poultice for burns and chapped hands

BOOK POST