

INSTITUTE OF INDIGENOUS MEDICINE, UNIVERSITY OF COLOMBO, RAJAGIRIYA
FINAL BUMS SUPPLEMENTARY EXAMINATION – JULY 2016

MOALIJATI

Time - 03 Hours
(1.00 pm - 4.00 pm)

Answer all questions.

Q1 Write short notes on :

- | | |
|---|-------------|
| a. Subat | (04 marks) |
| b. Khadar | (04 marks) |
| c. Sarsam | (04 marks) |
| d. Duvar | (04 marks) |
| e. Tashannuj | (04 marks) |
| Q2 | |
| a. Define the term 'Sara' | (02 marks) |
| b. Write the aetiopathogenesis of Sara | (3.5 marks) |
| c. Give the general treatment for Sara | (05 marks) |
| d. Define Tamaddud | (02 marks) |
| e. Give the Usool Ijaj and Ilaj of Tamaddud | (7.5 marks) |
| Q3 | |
| a. What are the asbab for Da-us-Sadaf | (03 marks) |
| b. How will you differentiate this condition from Da-ul-Asad (Leprosy) | (07 marks) |
| c. Give the principles of treatment and the treatment proper | (10 marks) |
| Q4 | |
| Define the term Ilthihab-e-Soab, and describe its Aqsam, Alamat, Asbab, Usool-e-Ilaj and Ilaj proper. | (20 marks) |
| Q5 Write notes on the following : | |
| a. Qutrub | (04 marks) |
| b. Kaaboos | (04 marks) |
| c. Mania | (04 marks) |
| d. Daul Kalb | (04 marks) |
| e. Nisyan | (04 marks) |

08.2016

INSTITUTE OF INDIGENOUS MEDICINE, UNIVERSITY OF COLOMBO, RAJAGIRIYA

FINAL BUMS SUPPLEMENTARY EXAMINATION – JULY 2016

MOALIJAT - II

Time: 03 hours
29.08.2016
(1.00 p.m – 4.00 p.m.)

Answer all questions.

11. A 73 year old retired bank manager presented with a blackout at home. His wife had seen the event and gave the following history, the attack began with twitching of the left thumb and fore finger, which spread to the whole hand and then the left arm. Then the left foot and leg also twitched and her husband went unconscious with groaning and foaming at the mouth. He woke 10 minutes later but his thoughts appeared confused and but he could not remember the attack. He had suffered no previous attacks, was taking no drugs, and was in good general health. He smoked 10 cigarettes each day. There was no history of any injury. On examination, 6 hours after the attack, there were no abnormal physical signs. The patient had no memory of the attack apart from remembering some difficulty with stopping his hand from moving before he lost consciousness. His thought process were otherwise normal.

1. What was the attack described by the patient? (04 Marks)
2. Suggest the most likely cause? (02 Marks)
3. Give six investigations that might be useful? (06 Marks)
4. How do you manage this patient ? (08 Marks)

12. A 62-year-old man presented with increasing shortness of breath on exercise and loss of weight. He had suffered five chest infections during the previous winter, despite being a non-smoker. On examination, there was moderate, bilateral cervical lymphadenopathy and left inguinal lymph node enlargement. The spleen and liver were enlarged 5cm below the costal margins. There was no bone tenderness and there were no lesions in the skin. On investigation, his haemoglobin (13.2g/l) and platelet count ($251 \times 10^9/l$) but his white-cell count was $150 \times 10^9/l$; the film showed that 98% of these were small lymphocytes.

1. What could be the most probable diagnosis? (04 Marks)
2. What is the investigation would you request to confirm your diagnosis? (04 Marks)
3. What are the other investigations would be useful during her follow up period? (04 Marks)
4. List out the complications which could occur in this patient if not treated properly? (04 Marks)
5. How do you manage this patient? (04 Marks)

03. A 26-year-old woman presented with painful, stiff knees of 4 weeks duration. She had a 6-year history of Raynaud's phenomenon. On examination, she had bilateral effusions in both knee joints, but all other joints were normal. She had no skin lesions, muscle tenderness, proteinuria or fever. She improved with aspirin for painful knees over 4 weeks and then remained symptom-free for 5 years. During this time, her blood reports remained same. After a month, she developed a bilateral, blotchy rash on her hands and thighs, consistent with active vacuities. Her Raynaud's phenomenon concurrently became much worse.

1. What could be the most probable diagnosis? (04 Marks)
2. What are the investigations are needed to confirm your diagnosis? (04 Marks)
3. What are the investigations are necessary during her follow up period? (04 Marks)
4. List out the complications which could occur in this patient if not treated properly? (04 Marks)
5. How do you manage this patient? (04 Marks)

04. A 41 year old man complained of nausea and vomiting for 3 days history. his brother died at his age of 34 years due to myocardial infarction.

1. What could be your differential diagnosis? (03 Marks)
2. What investigations would you order in this patients ? (03 Marks)

His lipid profile is follows,

Total cholesterol	5.7 mmol/l (4.7 – 6.2)
HDL	2.9 mmol/l (0.96 – 2)
LDL	4 mmol/l (2.4 – 5)
Triglyceride	8.1 mmol/l (0.74 - 2.1)

3. What is your likely diagnosis ? (04 Marks)
4. What single biochemical test would help to confirm your diagnosis ? (02 Marks)
5. What are the complications could be expected in this patients ? (04 Marks)
6. How can you manage this patient ? (04 Marks)

05. A 63 years old man was admitted to the orthopaedic ward with **sudden severe back pain and unable to walk**. Bone mineral density (BMD) was measured and found to be as a **BMD of more than 2.5 SD below the young adult mean value**. He had a past history of **mumps** as child. he was married with **no children**.

1. What is the most probable cause for severe back pain? (03 Marks)
2. What are the other common sites can be affected in this above condition? Marks (03 Marks)
3. What are the other conditions can be associated with this patient? (03 Marks)
4. What are the risk factors can worsen this above condition ? (03 Marks)
5. What are the other investigations you will consider in this patient? (04 Marks)
6. How can you manage the above condition? (04 Marks)