

CURRICULUM DOCUMENT

M.D. (Homoeopathy): Homoeopathic Repertory and Case Taking,

I. TITLE OF THE SPECIALITY COURSE, AND ITS ABBREVIATION.

M.D. (Homoeopathy) Homoeopathic Repertory and Case Taking.

II. COMPONENTS OF THE CURRICULUM

II (1). Part I

- (i) Fundamentals of Repertory and Case Taking;
- (ii) Fundamentals of Clinical Medicine in Homoeopathic Repertory and Case Taking;
and
- (iii) Research Methodology and Biostatistics.

II (2). Part II

- (i) Repertory and Case Taking. Paper 1
- (ii) Repertory and Case Taking. Paper 2.

III. BRIEF DESCRIPTION OF SPECIALITY AND ITS RELEVANCE IN HOMOEOPATHY POST-GRADUATE COURSE.

Undergraduate education in repertory has oriented the students to the philosophy and construction of the most repertories and their clinical utility in day-to-day practice in common diseases and primary level of management.

Post graduate studies in repertory will take students on the journey of extending and deepening the understanding of the application of repertories at bedside. As well as grasping and internalizing the concept on which newer repertories are built and their application at bedside. Simultaneously, the concept and practice of case taking will be broadened and deepened to extend to several clinical conditions and settings thus building the experiential bridge between case taking and the repertory.

He ought to learn the background that existed in creation of these repertories by various masters. He should be able to learn the difference between two repertories. Difference between offerings of physical and software-based repertories. Explore this comparative learning at bedside to demonstrate the utility of one over the other.

He should be proficient to apply the philosophical, clinical, regional, software-based repertories at bedside as per the demand of the case. Master the art of analysis and evaluation of symptoms in the most proficient manner.

This background in depth will allow them to address the scope and limitations of different repertories and their utility in different clinical states and situations. Further depth and refinement in symptom classification, evaluation and basic philosophy of different

approaches with repertorial totality and PDF will help in approaching cases of secondary and tertiary level. This in-depth study will also help in expanding and addition to Homoeopathic Materia Medica.

He should demonstrate effective application of Kent's 12 observations and application of Remedy relationship chapters in various repertories based on these 12 observations. Software and artificial intelligence will become a part of day-to-day practice and understanding their scope, limitations and development will impart insight at basic level which will help repertory post graduate to develop the logic.

In-depth study also will help in developing insights in case taking which will help in developing different facets and areas of exploration and adding them to current repertories or building new repertories based on dissertations on case receiving and repertory. These can form the foundation for further research work and authentication. Utilizing this knowledge to achieve depth in case receiving as well as developing a competency to translate data in rubrics and visa a versa.

He explores the possibilities of integration of this tool with various other homoeopathic speciality subjects and train those candidates in the art and science of use of repertory at bedside.

With changing socio, cultural, political, economic situation one also needs to look into addition and modification of the repertorial rubrics and add bio-psycho-social model for upcoming repertories. Postgraduates would need to be oriented for the same. This will allow them to explore different avenues of research and will help in updating as well as expanding those repertories based on the philosophy and concepts on which they are built and not randomly expanding them.

So, the curriculum so designed shall address these professional activities and competency.

IV. COURSE OBJECTIVES. (ENTRUSTABLE PROFESSIONAL ACTIVITIES – EPAS)

1. Gather homoeopathic history and perform a physical examination in various settings.
2. Obtain information for homoeopathic case management decisions through case analysis.
3. Prioritize a differential diagnosis following a clinical encounter.
4. Recommend and interpret common diagnostic screening investigations as appropriate.
5. Determine the appropriate diagnostic investigations for planning comprehensive homeopathic management.
6. Document the homoeopathic as well as clinical data and the processing of case.
7. Apply appropriate homeopathic tools for prescription and assessment of progress.
8. Prioritize the Repertorial approach for making homeopathic prescription.
9. Adapt the axioms of Information and Communication Technology for unbiased repertorisation along with PDF.
10. Form clinical questions and retrieve evidence to advance patient care.
11. Identify the need for second opinion/expert advice to improve quality of care.
12. Document a clinical encounter in the patient record.
13. Provide oral presentation of a clinical encounter.
14. Adhere to legal and ethical principles in professional practice.
15. Consistently demonstrate characteristics of self-directed learning by recognizing continuing educational needs and using appropriate learning resources.
16. Teach juniors and patients on aspects of health education.
17. Improve instructional methods and assessment practices for repertory at undergraduate and postgraduate levels.
18. Conduct research relevant for promoting quality of homeopathic services through repertory-based competencies.
19. Publish evidence driven documentation of repertory-based clinical outcomes in credible journals.
20. Collaborate as a member of an interprofessional team.
21. Function as effective leader of team that is engaged in healthcare, research and training.
22. Apply various teaching-learning techniques for imparting undergraduate and postgraduate education.

IV(1). MAPPING OF EPAS AND DOMAIN COMPETENCIES

KS : Knowledge & Scholarship

PC : Patient care

HO : Homoeopathic Orientation

CS : Communication skills

PBL : Practice based learning

Prf: Professionalism

SL. No	EPA	KS	PC	HO	CS	PBL	Prf
1	Gather homoeopathic history and perform a physical examination.	√	√	√	√	√	√
2	Obtain information for homoeopathic case management decisions through case analysis.	√	-	√	√	√	-
3	Prioritize a differential diagnosis following a clinical encounter	√	√	√		√	
4	Recommend and interpret common diagnostic screening investigations as appropriate.	√	√	-	-	-	-
5	Determine the appropriate diagnostic investigations for planning comprehensive homeopathic management	√	-	√	-	√	-
6	Document the homoeopathic as well as clinical data and the processing of case	√	-	√	-	√	-
7	Apply appropriate homeopathic tools for prescription and assessment of progress	√	-	√	-	-	-
8	Prioritize the significance of repertory for making homoeopathic prescription	-	-	√	-	√	-
9	Adapt the axioms of Information and Communication Technology for unbiased repertorisation.	-	-	√	-	√	√
10	Form clinical questions and retrieve evidence to advance patient care	√	√	-	√	√	-
11	Identify the need for second opinion/expert advice to improve quality of care	-	√	√	-	√	√
12	Document a clinical encounter in the patient record	-	-	-	√	√	-
13	Provide oral presentation of a clinical encounter	-	-	-	√	-	√
14	Adhere to legal and ethical principles in professional practice.	-	-	-	-	-	√
15	Consistently demonstrate characteristics of self-directed learning by recognizing continuing educational needs and using appropriate learning resources.	-	-	-	-	√	√

16	Teach juniors and patients on aspects of health education	√	-	-	√	-	√
17	Improve instructional methods and assessment practices for repertory at undergraduate and postgraduate levels	-	-	-	-	√	√
18	Conduct research relevant for promoting quality of homoeopathic services through repertory-based competencies.	-	-	√	-	√	√
19	Publish evidence-driven documentation of repertory-based clinical outcomes in credible journals	-	-	-	√	-	√
20	Collaborate as a member of an inter professional team	-	-	-	√	-	√
21	Function as effective leader of team that is engaged in health care, research and training	-	-	-	√	-	√
22	Apply various teaching-learning techniques for imparting undergraduate and postgraduate education.	√	-	-	√	√	√

IV(2). SEMESTER WISE TABLE EPA LEVELS AND COMPETENCIES APPLICABLE TO EACH EPA.

EPA Level:

1 = No permission to act

2 = Permission to act with direct, proactive supervision present in the room

3 = Permission to act with indirect supervision, not present but quickly available if needed

4 = Permission to act under distant supervision not directly available (unsupervised)

5 = Permission to provide supervision to junior trainees

<i>EPAs</i>	<i>Hom-PG-R -Part 1</i>			<i>Hom-PG-R -Part 2</i>		
	<i>Sem / Mod 1</i>	<i>Sem / Mod 2</i>	<i>Sem / Mod 3</i>	<i>Sem / Mod 4</i>	<i>Sem / Mod 5</i>	<i>Sem / Mod 6</i>
Gather homoeopathic history and Perform physical examination	2 Documents accurately and legibly.	2 Demonstrates respect for patient privacy and autonomy	3 Communicates effectively with patient and or attendants, care givers etc.	4 Becomes aware of use of knowledge, skill and emotional limitation of self	4 Develops ability to withstand and cope up with stress	5 Works effectively in various health care settings and demonstrates application of appropriate

						knowledge, skill and attitude
Obtaining formation for homoeopathic case management decisions through case analysis.	2 Gather information that will help case management decision	2 Ensure the data gathered is accurate	3 Define the scope of homoeopathy	3 Inform patient scope of homoeopathy	4 Conclude the scope of homoeopathy and ensure	5 Ensures juniors follow steps defined accurately.
Prioritize a differential diagnosis following a clinical encounter	2 Organizes the data obtained and suggest a differential diagnosis	3 Concludes the differential diagnosis based on case, examination	3 Concludes the differential diagnosis based on case, examination.	4 Conveys the process adopted in arriving at differential diagnosis	4 Concludes the differential diagnosis based on case, examination	5 Orients the juniors the process to be adopted to arriving at differential diagnosis
Recommend and interpret common diagnostic screening investigations as appropriate.	2 Demonstrates the ability to identify common and characteristic symptoms	3 Identifies and suggests suitable investigation reports relevant to differential diagnosis.	4 Advises suitable investigations to arrive at the provisional diagnosis	4 Correlates the investigation reports with the clinical condition.	4 Correlates the investigation reports with the clinical condition.	5 Orients the juniors on the process of identifying common and characteristic homoeopathic symptoms and advise of relevant investigations and help them correlate clinically.
Determine the appropriate diagnostic investigations	2 Identifies area involved in planning	2 Documents appropriately and accurately	3 Demonstrates accurate documentation of	3 Seeks proactively feedback on process	3 Seeks proactively feedback on	4 Demonstrates effective implementation of

for planning comprehensive homoeopathic management	comprehensive homoeopathic management	the planning of comprehensive homoeopathic management	diagnostic position for planning comprehensive homoeopathic management	of diagnostic position for comprehensive homoeopathic management documented	assessment of process adopted in periodic follow ups of patients in determining continuation or revision for diagnostic position planning comprehensive homoeopathic management	diagnostic position for planning comprehensive homoeopathic management
Document the homoeopathic as well as clinical data and the processing of case	2 Attempts to document the clinical and homoeopathic data accurately and appropriately in the patient records of the organization	3 Demonstrates accurate and appropriate documentation of clinical and homoeopathic data in the patient records of the organization.	3 Demonstrates accurate and appropriate analysis and evaluation of clinical and homoeopathic data in the patient records of the organization.	4 Demonstrates willingness to receive feedback and improve the skills of processing of the case	4 Recognizes the need of developing ability of self-assessment to improve the skills of processing of the case	5 Orients juniors the various steps required for accurate processing of case
Apply appropriate homeopathic tools for prescription and assessment of	3 Demonstrates knowledge of choice an appropriate	3 Demonstrates knowledge of evaluation and sign	4 Can apply the evaluation and sign and symptoms	4 Can choose appropriate homoeopathic tool (Basic, regional,	5 Applies appropriate homoeopathic tool (Basic, regional,	5 Demonstrates application of appropriate homoeopathic

progress	repertory for the case (Basic, regional, clinical, modern, softwares etc.), remedy relationship section of repertory	and symptoms to assess of patient and correlate with Kent's 12 observations and use of remedy relationship section of repertory	to assess of patient and correlate with Kent's 12 observations and use of remedy relationship section of repertory	clinical, modern, softwares etc.) for prescription applicable for progress assessed of the patient in primary setting	clinical, modern, softwares etc.) for prescription applicable for progress assessed of the patient in secondary & tertiary setting	hic tool (Basic, regional, clinical, modern, softwares etc.) for prescription applicable for progress assessed of the patient in various specialty subjects
Prioritize the significance of repertory for making homoeopathic prescription	3 Applies basic repertories- Kent, TPB, BBCR	4 Applies regional and modern repertories in various specialty subjects and settings	4 Applies softwares in various specialty subjects and settings	5 Monitors the effective application of basic repertories by juniors	5 Monitors the effective application of regional and modern repertories by juniors	5 Monitors the effective application of software repertories by juniors
Adapt the axiom of Information and Communication Technology for unbiased repertorisation.	3 Explores the various softwares and their application	4 Demonstrates the utility of various features of repertory softwares in clinical practice	4 Demonstrates the utility of various features of repertory softwares in study of materia medica & development of new repertories	5 Engages the students in understanding the various applications in the repertory softwares	5 Engages the students in understanding the utility of repertory softwares in study of Materia Medica	5 Engages the students in understanding the various repertory softwares in creation of new repertories
Form clinical questions and retrieve	2 Explore the process of	3 Documents accurately	3 Analyses the	4 Demonstrates the	4 Effectively replicates	5 Trains the juniors to

evidence to advance patient care	prognostication of the disease	the experience shared by patient	document created to advance patient care	synthesis of evidences to advance patient care	the application of evidence to advance patient care	create appropriate questions and retrieve evidence to advance patient care
Identify the need for second opinion/expert advice to improve quality of care	2 Learns when to seek second opinion / expert advice	3 Attempts to define reasons for second opinion / expert advice	3 Communicates with patient and colleagues the need for second opinion / expert advice	4 Communicate with expert reasons for second opinion	4 Learn to accept feedback on gaps in self's evidence based medicine	5 Demonstrates the process of how and when to seek second opinion / expert advice
Document a clinical encounter in the patient record	2 Demonstrate the ability to record details expressed by patient	3 Explores the deficiencies in clinical record by engaging with the patient	3 Systematically records the events of interaction with patient	4 Accepts feedback proactively on lacunae within self in documenting the expression of patient in the record	4 Demonstrate the effective utilization of patient record to generate evidence based medicine	5 Orients the importance of accurate documentation of clinical record
Provide oral presentation of a clinical encounter	2 Accurately narrates the information	3 Accurately expresses the nuances of communication of patient	3 Accepts proactively feedback on gaps in oral presentation	4 Attempts to judge self's performance on the presentation	4 Identifies why of personal prejudices in the oral presentation	5 Demonstrates the importance and advantages of accurate oral presentation of clinical encounter
Adhere to	2	2	3	3	4	4

legal and ethical principles in professional practice.	Demonstrates awareness of responsibilities	Adheres to responsibilities	Ensures adherence to responsibilities	Proactively open to feedback in gaps in adherence.	Ensure awareness of adherence in various clinical settings and clinical conditions	Demonstrates the adherence in various clinical settings and clinical conditions
Consistently demonstrate characteristics of self-directed learning by recognizing continuing educational needs and using appropriate learning resources.	1 Proactively seeks the process	2 Attempts to demonstrates the importance through actions	2 Demonstrate the value experienced through consistent self-driven effort	3 Submits to feedback on the process adopted and tools utilized	3 Attempts to proactively adapt and change based on feedback	4 Demonstrates through action the use of tools to become a self-directed learner.
Teach juniors and patients on aspects of health education	2 Identifies the skill essential	3 Attempts to implement the skill acquired	3 Masters the various skills of communication	4 Attempts the application in various settings	4 Consistently applies the process across all settings and personalities	5 Observes the students and patients in action
Improve instructional methods and assessment practices for repertoire at undergraduate and postgraduate levels	1 Orients self to various instructional assessment practices	2 Acquires the basic knowledge of how to do it	3 Attempts to apply at UG level	4 Attempts to apply at PG level	4 Demonstrates how to apply at UG and PG level	5 Monitors application at UG and PG level
Conduct research relevant for promoting. Quality of	1 Orients self to research methodology as a	2 Proactively seeks guidance in application	3 Identifies the avenues and processes	3 Concludes the topic to work and applies the	4 Conducts the research on the topic	5 Reviews the conclusions and

homeopathic services through repertory-based competencies .	subject	of research methodology	that can be taken	learnt processes	selected and consolidate s the findings	identifies future areas for research
Publishevide nce- drivendocum entationofrep ertory- basedclinical outcomesincr ediblejournal s.	1 Becomes aware of importance	2 Explores the documentat ion already published	2 Consolidat es the process to adopted	3 Attempts to document	3 Effectively documents	4 Ensures publication of research conducted
Collaborate as a member of an inter professional team	1 Becomes aware of need	2 Identifies situations by observation	2 Proactively participates	3 Proactively seeks others participatio n	3 Attempts to seek feedback on self's lacunae in the process	4 Effectively contributes as a team member
Function as effective leader of team that is engaged in health care, research and training	1 Becomes aware of essential leadership qualities	2 Proactively seeks leadership role	2 Attempts to deliver leadership role	3 Seeks feedback on self's leadership traits	3 Explores opportuniti es to demonstrat e leadership	4 Demonstrat es effective leadership
Apply various teaching-learning techniques for imparting undergraduate and postgraduate education.	Justify the need for educational methodology as a component of PG Course.	Identify the learning objectives for their domain in Bloom's taxonomy. Identify the contexts of learning.	Recognise the levels of Guilbert. Indicate the level in Miller's Pyramid. Select appropriate instructiona l activities.	Write objectives for all domains of Bloom and levels of Guilbert. Identify assessment tools appropriate for the context.	Conduct evidence driven TL and Assessment of UG students.	Apply various teaching-learning techniques for imparting undergradu ate and postgraduat e education.

PART I Paper 1:

V. TOPIC AND TOPIC OBJECTIVES.

Part 1-Paper I:

FUNDAMENTALS OF HOMOEOPATHIC REPERTORY AND CASE TAKING (HOM-PG-R)

- **HOM-PG-R- 01** Concept of repertory in Homoeopathy
- **HOM-PG-R- 02** Historical evolution of Repertories
- **HOM-PG-R-03** Terminologies
- **HOM-PG-R- 04** Symptomatology
- **HOM-PG-R- 05** Case taking in various settings and situations.
- **HOM-PG-R- 06** Analysis and evaluation of symptoms
- **HOM-PG-R-07** Case analysis
- **HOM-PG-R-08** Repertorisation
- **HOM-PG-R- 09** Evolution – Plan – Construction – Application of Philosophical repertories

VI. TOPIC DESCRIPTION.

- **HOM-PG-R– 01**

CONCEPT OF REPERTORY IN HOMOEOPATHY

- Correlation of Repertory as a database of symptoms based on the Materia medica.
- Repertory as a decision making tool to demonstrate evidence based homeopathic practice.

- **HOM-PG-R– 02**

HISTORICAL EVOLUTION OF REPERTORIES

- Background behind need of repertory
- Concepts and development of various kinds of repertories
- Historical evolution of repertories
- Scientific background of development of repertories

- **HOM-PG-R– 03**

TERMINOLOGIES

- Genesis of terminologies used in the repertories such as Boenninghausen, Kent, Boger, Boericke, Murphy, Synthesis, Synthetic, Knerr

- Interpretation of terminologies used in the repertories such as Boenninghausen, Kent, Boger, Boericke, Murphy, Synthesis, Synthetic, Knerr

▪ **HOM-PG-R– 04**

SYMPTOMATOLOGY

- Various types of symptoms
- Classification of symptoms as per masters' philosophies
- Representation of these symptoms in various repertories

▪ **HOM-PG-R– 05**

CASE TAKING IN VARIOUS SETTINGS AND SITUATIONS.

- Define case taking, purpose and objectives of case taking in different settings and scenarios
- Understanding of process of arriving at clinical diagnosis and differential diagnosis
- Science and Art of case taking in different types of acute cases
- Science and Art of case taking in non – communicable chronic, psychosomatic diseases, mental diseases, etc.
- Identify the pace of progression of disease, susceptibility of patient, patient as a person, why the person is suffering.
- Arrive at a set of symptoms that need to be repertorised.

▪ **HOM-PG-R– 06**

ANALYSIS AND EVALUATION OF SYMPTOMS

- Symptom analysis as per philosophies of different masters
- Evaluation of symptoms as per the philosophies of Boenninghausen, Kent and Boger

▪ **HOM-PG-R– 07**

CASE ANALYSIS

- Identify case category – acute / chronic, mental / physical, miasmatic / surgical.
- Classify acute case, chronic case.
- Classify type of mental disease, physical disease
- Classify miasmatic nature of the case.
- Define the scope of homoeopathy in each case.

▪ **HOM-PG-R– 08**

REPERTORISATION

- Discuss concept of Repertorization

- Arrange the symptoms as per the philosophy applicable for the case.
- Identify cases which don't need philosophical repertorisation
- Explore different methods & technique of repertorization described by various master's writings
- Apply different methods and technique of repertorization in various cases of different scenarios
- Organise symptoms as per the demand of philosophical approach in RS & PDF
- Demonstrate the logic applied in creating RS & PDF filters

▪ **HOM-PG-R- 09**

EVOLUTION – PLAN – CONSTRUCTION – APPLICATION OF PHILOSOPHICAL REPERTORIES

- Boenninghausen's Therapeutic Pocket Book – T.F. Allen
- Repertory of the Homoeopathic Materia Medica – J. T. Kent
- Boger Boenninghausen's Characteristic Repertory – C. M. Boger
 - Source and origin of repertory with the editions.
 - Background the author and its influence on the essence of that repertory
 - Chapters in the repertory.
 - Structure of the rubrics represented in the repertory.
 - Years of publication of the editions, difference in various editions and reason behind the editions.
 - Unique rubrics.
 - Number of remedies in the repertory
 - Utility of philosophical repertory in specific conditions
 - Observe, document and correlates the verbal and non – verbal communication and give a logical meaning to the expression
 - Cross references suggested are checked for appropriateness to the symptoms of the case.
 - Utility in specific conditions.
 - Limitation of the utility in specific conditions

TOPIC NAME HOM-PG-R– 01**CONCEPT OF REPERTORY IN HOMOEOPATHY**

Topic Overview:	This topic will provide students of MD Hom (Repertory) with an overview of the significance of repertory as credible database for short listing prescription possibilities.
Learning Outcomes:	<p>COMPETENCY: HOM-PG-R– 01- 1:</p> <p>EXPLAIN THE POSITION OF REPERTORY AS A DATABASE OF SYMPTOMS.</p> <p>KNOWLEDGE</p> <ul style="list-style-type: none"> Recall the felt need for repertory by the early stalwarts of homeopathy. Discuss the efforts of Boenninghausen for a granular indexing symptom-remedy connect. Illustrate the relationship of repertory with materia medica. <p>SKILL</p> <ul style="list-style-type: none"> Search the relevant data to seek basis of creation of repertory. <p>REFLECTION</p> <ul style="list-style-type: none"> Recall the experience with referencing the reportorial result with materia medica before confirming the prescription. <p>COMPETENCY: HOM-PG-R– 01- 2:</p> <p>JUSTIFY THE NECESSITY FOR REPERTORY IN HOMEOPATHIC PRACTICE.</p> <p>KNOWLEDGE</p> <ul style="list-style-type: none"> Describe repertory as a clinical decision tool. State the taxonomy of evidence for clinical decision. Discuss importance of evidence-supported decision in clinical practice. <p>SKILL</p> <ul style="list-style-type: none"> To logically demonstrate the need of repertory <p>REFLECTION</p> <ul style="list-style-type: none"> Identify the critical incidents that supported your prescription decision to be unbiased.
Learning Methods	<ul style="list-style-type: none"> Brain storming / e-learning / library based / self-regulated.
Assessment:	<ul style="list-style-type: none"> Continuous / Programmatic assessment /Practical assessment/Written assessment / SAQ / LAQ / Viva / Assignment
Prescribed Texts:	Refer to list attached
Domains of Competencies	Knowledge & Scholarship / Patient Care / Homoeopathic Orientation / Practice Based Learning

TOPIC NAME: HOM-PG-R- 02**HISTORICAL EVOLUTION OF REPERTORIES**

Topic Overview:	This topic will provide students of MD Hom (Repertory) with an overview of the Historical evolution of Repertory.
	Competency: HOM-PG-R- 02 -1: DISCUSS CHRONOLOGICAL DEVELOPMENT OF REPERTORIES. KNOWLEDGE <ul style="list-style-type: none">▪ Identify background behind the very first need of Repertory.▪ Recognize efforts done by master Hahnemann for creation of repertories.▪ Relate Evolution of concepts and development of various kind of Repertories▪ Illustrate Historical evolution of Repertories.▪ Discuss the philosophy and scientific background of development of Repertories. SKILL <ul style="list-style-type: none">▪ Future scope of repertories – identifying future methods of use of Repertory for study of Materia Medica – clinical conditions at mental and physical level REFLECTION <ul style="list-style-type: none">▪ Justification of selection of repertory in variety of cases
Learning Method	<ul style="list-style-type: none">• Brain storming / Self regulated learning / Library based / e-learning / formative self assessment
Assessment:	<ul style="list-style-type: none">• Continuous / Programmatic assessment / Practical assessment / Written assessment / SAQ / LAQ / Viva / Assignment / MCQ
Prescribed Texts:	Refer to list attached
Domains of Competencies	Knowledge & Scholarship / Homoeopathic Orientation

TOPIC NAME: HOM-PG-R-03**TERMINOLOGIES**

Topic Overview:	This topic will provide students of MD Hom (Repertory) with an understanding the genesis and interpretation of terminologies used in various repertories
	COMPETENCY :HOM-PG-R-03- 1: UNDERSTANDING THE GENESIS AND INTERPRETATION OF TERMINOLOGIES USED IN VARIOUS REPERTORIES. KNOWLEDGE <ul style="list-style-type: none">▪ Discuss the genesis and interpretation of terminologies used in the repertories such as Boenninghausen, Kent, Boger, Boericke, Murphy, Synthesis, Synthetic, Knerr. SKILL <ul style="list-style-type: none">▪ Apply various terminologies used in repertory according to the case REFLECTION <ul style="list-style-type: none">▪ Correlate terminologies used specific to different repertories
Learning Method	<ul style="list-style-type: none">• Library / Brain storming / e-learning / formative self assessment
Assessment:	<ul style="list-style-type: none">• Continuous / Programmatic assessment /Practical assessment/Written assessment / SAQ / Assignment / Viva / MCQ
Prescribed Texts:	Refer to list attached
Domains of Competencies	Knowledge & Scholarship / Homoeopathic Orientation

TOPIC NAME: HOM-PG-R- 04**SYMPTOMATOLOGY**

Topic Overview:	This topic will provide students of MD Hom (Repertory) with an overview of the significance of various type of symptoms & its utility in different types of cases and situation.
Learning Outcomes:	COMPETENCY: HOM-PG-R- 04 - 1: SIGNIFICANCE OF VARIOUS TYPE OF SYMPTOMS & ITS UTILITY IN DIFFERENT TYPES OF CASES AND SITUATION KNOWLEDGE <ul style="list-style-type: none">▪ Define symptoms and glossary of symptoms.▪ Classify symptoms as per various stalwarts.▪ Explain the position of repertory as a database of symptoms. SKILL <ul style="list-style-type: none">▪ Apply various types of symptoms as per their significance in framing totality in different types of cases and situation. REFLECTION <ul style="list-style-type: none">▪ Recall your experience with referencing the case with symptom analysis before confirming the totality.
Learning Method	<ul style="list-style-type: none">• Library / Brain storming / e-learning / formative self assessment
Assessment:	<ul style="list-style-type: none">• Continuous / Programmatic assessment / Practical assessment / Written assessment / SAQ / Assignment / Viva / MCQ
Prescribed Texts:	Refer to list attached
Domains of Competencies	Knowledge & Scholarship / Patient Care / Homoeopathic Orientation / Practice Based Learning

TOPIC NAME: HOM-PG-R- 05**CASE TAKING IN VARIOUS SETTINGS AND SITUATIONS.**

Topic Overview:	This topic will provide students of MD Hom (Repertory) with in-depth understanding of case taking in Homoeopathic Practice in different settings and scenarios
Learning Outcomes:	<p>COMPETENCY: HOM-PG-R- 05- 1:</p> <p>DEVELOP CASE TAKING SKILLS IN DIFFERENT TYPE OF CLINICAL CONDITIONS AND SETUPS.</p> <p>KNOWLEDGE</p> <ul style="list-style-type: none">▪ Define Case taking, Purpose and objectives of case taking.▪ Recall various components of clinical case taking and homoeopathic case taking.▪ Discuss the Art of Case taking in different types of cases as in acute (Individual, Sporadic, Epidemic, Acute diseases with a Chronic background)▪ Discuss the art of case taking in Chronic –Non – Communicable, Psychosomatic diseases, Mental diseases, intermittent with acute- exacerbation etc.▪ Demonstrate In-depth understanding of Disease diagnosis with Differential diagnosis,▪ Classify the phase of the disease acute or chronic.▪ Differentiate the Nature of disease,▪ Identify the Pace and progress of disease,▪ Classify the Level of disease in the health-disease paradigm, Derive the Susceptibility of the person to disease,▪ Define the patient as a person,▪ Conclude the vitality of the patient.▪ Identify why the patient is suffering.▪ Perform Case analysis for Repertorisation. <p>SKILL</p> <ul style="list-style-type: none">▪ Conducts general physical examination.▪ Conducts systemic examination.▪ Records the examination finding appropriately.▪ Request for appropriate investigations to establish the diagnosis.▪ Observes the non – verbal expressions of patient and other care givers.▪ Documents the verbal and non – verbal communication

expressed by the patient and other care givers.

- Analyses the documented expressions.
- Correlates the verbal and non – verbal communication and give a logical meaning.
- Prescribe suitable dietary measure.
- Advise suitable physical therapies.
- Orient the patient and his care givers prognosis of the case.
- Orient the scope and limitation of the therapeutic action envisaged.
- Utilize latest technologies for case taking

REFLECTION

- Problem identification strategies (communication oral and physical to demonstrate the intent of helping the patient)
- Problem solving strategies (choosing of repertorial or non – repertorial approach to arrive at the medicine, decision on auxiliary therapy, decision on diet and regimen)
- To appropriately use the case record of the institute to document the symptoms expressed by the patient and care givers at the right places.

COMPETENCY: HOM-PG-R– 05-2:

DIFFERENTIATES THE DATA OBTAINED BETWEEN DIAGNOSTIC AND HOMOEOPATHIC.

KNOWLEDGE

- Enumerate different types of symptoms.

SKILL

- Differentiate various signs and symptoms and their relevance.

REFLECTION

- To establish the clinical problem, the patient is suffering from and the characteristic expressions individualising the patient as a person.

COMPETENCY: HOM-PG-R– 05- 3:

ORGANISATION OF DATA FOR ARRIVING AT THE DIFFERENTIAL DIAGNOSIS.

	<p>KNOWLEDGE</p> <ul style="list-style-type: none"> ▪ Analysing the symptoms and signs to arrive at group of diagnosis. ▪ Identifying suitable investigations based on history and examination findings. ▪ Correlating the history – examination and investigations to arrive at provisional diagnosis and differential diagnosis. <p>SKILL</p> <ul style="list-style-type: none"> ▪ Request for appropriate investigations to establish diagnosis. <p>REFLECTION</p> <ul style="list-style-type: none"> ▪ To integrate the various information from case taking, physical examination, investigation records, past medical records
Learning Method	<ul style="list-style-type: none"> • Library / Brain storming / Bedside / Patient based / Role play / formative self assessment / Reflective learning
Assessment:	<ul style="list-style-type: none"> • Continuous / Programmatic assessment / Practical assessment/ Written assessment / OSCE / Mini – CEX/ Simulation based / DOPS
Prescribed Texts:	Refer to list attached
Domains of Competencies	Knowledge & Scholarship / Patient Care / Homoeopathic Orientation / Practice Based Learning / Communication skills / Professionalism.

TOPIC NAME: HOM-PG-R- 06**ANALYSIS AND EVALUATION OF SYMPTOMS**

Topic Overview:	This topic will provide students of MD Hom (Repertory) with an understanding of Analysis and Evaluation of symptoms.
Learning Outcomes:	COMPETENCY: HOM-PG-R- 06 -1: EXPLAIN ANALYSIS AND EVALUATION OF SYMPTOMS. KNOWLEDGE: <ul style="list-style-type: none">▪ Define Symptom analysis as per different stalwarts.▪ Discuss evaluation of symptoms as per Boenninghausen, Kent, Boger SKILL: <ul style="list-style-type: none">▪ Application of analysis and evaluation of symptoms in various cases for framing totality. REFLECTION: <ul style="list-style-type: none">▪ Recall your experience with referencing the case taking for framing the totality.
Learning Method	<ul style="list-style-type: none">• Library / Brain storming / e-learning / formative self assessment
Assessment:	<ul style="list-style-type: none">• Continuous / Programmatic assessment / Practical assessment / Written assessment / SAQ / Assignment / Viva / MCQ
Prescribed Texts:	Refer to list attached
Domains of Competencies	Knowledge & Scholarship / Patient Care / Homoeopathic Orientation / Practice Based Learning

TOPIC NAME: HOM-PG-R-07**CASE ANALYSIS**

Topic Overview:	This topic will provide students of MD Hom (Repertory) with an insight into method, significance of case analysis & its practical utility in various clinical situation.
Learning Outcomes:	<p>COMPETENCY: HOM-PG-R-07 - 1:</p> <p>DESCRIBE THE PROCESS OF CASE ANALYSIS IN TERMS OF SCOPE OF HOMOEOPATHY.</p> <p>KNOWLEDGE:</p> <ul style="list-style-type: none">▪ Identify case category – acute / chronic.▪ Identify case category mental / physical.▪ Identify case category miasmatic / surgical.▪ Classify acute case.▪ Classify chronic case.▪ Classify type of mental disease▪ Classify type of physical disease▪ Classify miasmatic nature of the case.▪ Define the scope of homoeopathy in each case. <p>SKILL:</p> <ul style="list-style-type: none">▪ Classify the given case as per scope and limitations of Homoeopathy. <p>REFLECTION:</p> <ul style="list-style-type: none">▪ Able to define the process of choosing a case for homoeopathic management.
Learning Method	<ul style="list-style-type: none">• Library / Brain storming / e-learning / formative self assessment
Assessment:	<ul style="list-style-type: none">• Continuous / Programmatic assessment / Practical assessment / Written assessment / SAQ / Assignment / Viva / MCQ
Prescribed Texts:	Refer to list attached
Domains of Competencies	Knowledge & Scholarship / Patient Care / Homoeopathic Orientation / Practice Based Learning

TOPIC NAME: HOM-PG-R-08**REPERTORISATION**

Topic Overview:	This topic will provide students of MD Hom (Repertory) with an In-depth knowledge and application of various methods and technique of repertorization&its utility in different types of cases and situation.
Learning Outcomes:	<p>COMPETENCY: HOM-PG-R-08 - 1:</p> <p>ILLUSTRATE CONCEPT OF REPERTORIZATION AND ITS DEMAND BASED ON DEMAND OF THE CASE.</p> <p>KNOWLEDGE:</p> <ul style="list-style-type: none"> ▪ Discuss concept of Repertorization. ▪ Identifies symptom in the case. ▪ Classifies the symptoms. ▪ Evaluates the importance of the symptom. ▪ Arranges the symptoms as per the philosophy applicable for the case. ▪ Identifies cases which don't need philosophical repertorisation. <p>SKILL:</p> <ul style="list-style-type: none"> ▪ Applying all prerequisites of repertorization for process of repertorization <p>REFLECTION:</p> <ul style="list-style-type: none"> ▪ Future scope of repertories – identifying future methods of use of Repertory for studyof Materia Medica – clinical conditionsat mental and physical level. <p>COMPETENCY: HOM-PG-R-08 - 2:</p> <p>APPLY METHOD, TECHNIQUE, AND PROCESS OF REPERTORIZATION IN VARIOUS CASES OF DIFFERENT SCENARIOS.</p> <p>KNOWLEDGE:</p> <ul style="list-style-type: none"> ▪ Explore different methods & technique of repertorization described by various master's writings, their working methods, advantages and disadvantages and clinical application. <p>SKILL:</p> <ul style="list-style-type: none"> ▪ Apply different methods and technique of repertorizationin various cases of different scenarios.

	<p>REFLECTION:</p> <ul style="list-style-type: none"> ▪ Appreciates the utilisation of repertorisation in different scenarios <p>COMPETENCY: HOM-PG-R-08 - 3:</p> <p>APPLY METHOD, TECHNIQUE, AND PROCESS OF CREATING REPORTORIAL SYNDROME (RS) & POTENTIAL DIFFERENTIAL FIELD (PDF) IN VARIOUS CASES OF DIFFERENT SCENARIOS.</p> <p>KNOWLEDGE:</p> <ul style="list-style-type: none"> ▪ Organises symptoms as per the demand of philosophical approach in RS & PDF ▪ Demonstrate the logic applied in creating RS & PDF <p>SKILL:</p> <ul style="list-style-type: none"> ▪ Apply the appropriate filters required for RS& PDF. <p>REFLECTION:</p> <ul style="list-style-type: none"> ▪ Appreciates the importance of repertorization using concept of RS& PDF in arriving at the simillimum of the case.
	<ul style="list-style-type: none"> • Case based / bed – side / self – regulated learning / spaced repetition / deliberate practice
Assessment:	<ul style="list-style-type: none"> • Continuous / Programmatic assessment / Practical assessment / Written assessment / Assignment / Rubric / Checklist / Rating scales / Portfolio
Prescribed Texts:	Refer to list attached
Domains of Competencies	Knowledge & Scholarship / Patient Care / Homoeopathic Orientation / Practice Based Learning

TOPIC NAME: HOM-PG-R- 09

EVOLUTION – PLAN – CONSTRUCTION – APPLICATION OF PHILOSOPHICAL REPERTORIES

Topic Overview:	<p>This topic will provide students of MD Hom (Repertory) with an in depth understanding of the significance of philosophical repertories in clinical practice.</p> <ul style="list-style-type: none">• Boenninghausen’s Therapeutic Pocket Book – T.F. Allen• Repertory of the Homoeopathic Materia Medica – J. T. Kent• Boger Boenninghausen’s Characteristic Repertory – C. M. Boger
Learning Outcomes:	<p>COMPETENCY: HOM-PG-R- 09 - 1:</p> <p>EXPLAIN THE SOURCE AND ORIGIN OF REPERTORY, ABOUT WRITER, DEVELOPMENTS, AND EDITION SUBSEQUENTLY.</p> <p>KNOWLEDGE:</p> <ul style="list-style-type: none">▪ Recall the source and origin of repertory with the editions.▪ Discuss background the author and its influence on the essence of that repertory. <p>SKILL:</p> <ul style="list-style-type: none">▪ Organises the information in a logical manner. <p>REFLECTION:</p> <ul style="list-style-type: none">▪ Understands the importance of appreciating the link between author’s background in creation of his repertory. <p>COMPETENCY :HOM-PG-R- 09 - 2:</p> <p>UNDERSTANDS AND DEMONSTRATES THE PHILOSOPHICAL BACKGROUND AND ITS BASIS OF PLAN AND CONSTRUCTION OF THE REPERTORY.</p> <p>KNOWLEDGE:</p> <ul style="list-style-type: none">▪ Understands the chapters in the repertory.▪ Recalls the structure of the rubrics represented in the repertory.▪ Remembers the years of publication of the editions.▪ Recalls the difference in various editions.▪ Understands the reason behind the editions.▪ Recalls the unique rubrics.▪ Recalls the number of remedies in the repertory.

SKILL:

- Able to demonstrate the relationship between the background and plan and construction of the repertory.

REFLECTION:

- Appreciates the process involved in application of philosophy to creation of the repertory.

COMPETENCY: HOM-PG-R- 09 - 3:**DEMONSTRATE THE ADAPTABILITY, SCOPE, AND LIMITATIONS OF PHILOSOPHICAL REPERTORIES IN CLINICAL PRACTICE.****KNOWLEDGE:**

- Understands utility of philosophical repertory in specific conditions.
- Applies in the specific conditions.
- Refers in specific conditions.
- Oriented to cross reference in specific conditions.
- Aware of limitation of the utility in specific conditions.

SKILL:

- Utilises the repertories at bedside as appropriate to the clinical condition.

REFLECTION:

- Derives assessment of utility of application of the repertories at bedside.

COMPETENCY: HOM-PG-R- 09 - 4:**DEMONSTRATE THE SKILLS OF CHOOSING APPROPRIATE RUBRICS AND EXPLAINS THE INTERPRETATION LOGIC ADOPTED.****KNOWLEDGE:**

- Observes the non – verbal expressions of patient and other care givers.
- Documents the verbal and non – verbal communication expressed by the patient and other care givers.
- Analyses the documented expressions.
- Correlates the verbal and non – verbal communication and gives a logical meaning to the expression.
- Chooses an appropriate word that represents the expression of the patient.
- Attempts to choose an appropriate rubric representing the word of the expression.

SKILL:

- Ensures that the interpretation made is matching to the experience shared by the patient or care giver.

	<ul style="list-style-type: none"> Utilises right section of the repertory for reference. Ensure all the cross references suggested are checked for appropriateness to the symptoms of the case. <p>REFLECTION:</p> <ul style="list-style-type: none"> Adapt to the plan, construction based on the background of the philosophy of the repertory to the case in hand. Understands the limitation of self in choosing of the appropriate rubric. <p>COMPETENCY: HOM-PG-R- 09 - 5:</p> <p>ANALYSES AND COMPARES UTILITY OF VARIOUS REPERTORIES IN RELATIONSHIP TO REPERTORIES CLASSIFIED AS PHILOSOPHICAL.</p> <p>KNOWLEDGE:</p> <ul style="list-style-type: none"> Understands the utility in specific conditions. Applies in the specific conditions. Refers in specific conditions. Oriented to cross reference with clinical repertories in specific conditions. Aware of limitation of the utility in specific conditions. Recalls the structure of the rubrics represented in the repertory. Recalls the unique rubrics. <p>SKILL:</p> <ul style="list-style-type: none"> Demonstrates awareness of the various repertories and when they can be applied. <p>REFLECTION:</p> <ul style="list-style-type: none"> Identifies the advantages and limitation of each of the repertories compared at bedside.
Learning Methods	<ul style="list-style-type: none"> Case based learning / Problem based learning / Bedside / Flipped learning / Self regulated learning / Library / Spaced repetition / formative self assessment
Assessment:	<ul style="list-style-type: none"> Continuous / Programmatic assessment / Practical assessment / Written assessment / MCQ / SAQ / LAQ / assignment / Portfolio / Checklist / Viva / Bedside
Prescribed Texts:	<ul style="list-style-type: none"> Boenninghausen's Therapeutic Pocket Book – T.F. Allen Repertory of the Homoeopathic Materia Medica – J. T. Kent Boger Boenninghausen's Characteristic Repertory – C. M. Boger Refer to list attached
Domains of Competencies	Knowledge & Scholarship / Patient Care / Homoeopathic Orientation / Practice Based Learning

VII. ASSESSMENT

	Formative Assessment (Internal Assessment)	Summative Assessment (University Examination)
M.D.(Hom.) Part-I	1st Term Test: During sixth month of training	During eighteenth month of training
	2nd Term Test: During twelfth month of training	

VII (1). M.D. (HOMOEOPATHY) PART-I EXAMINATION –

MAXIMUM MARKS FOR EACH SUBJECT AND MINIMUM MARKS REQUIRED TO PASS SHALL BE AS FOLLOWS:

Subjects	Theory		Practical or Clinical Examination, including Viva	
	Maximum Marks	Pass Marks	Maximum Marks	Pass Marks
i. Fundamentals of Homoeopathic Repertory and Case Taking	100	50	200* (160 + 40) (Summative Assessment 160 Marks) (Internal Assessment 40 Marks)	100* (80 + 20) (Summative Assessment 80 Marks) (Internal Assessment 20 Marks)
ii. Fundamentals of Clinical Medicine in Homoeopathic Repertory and Case Taking	100	50		
iii. Research Methodology and Biostatistics	100	50	-	-

*(*A common practical exam for paper I and II (100 marks practical + 100 marks viva) shall be conducted; twenty per cent. weightage shall be for internal assessment, which shall be calculated for practical or clinical including viva voce only. One internal assessment of 40 marks [20 marks (practical or clinical) + 20 marks(viva voce)] after each term of six months and average of two terms shall be considered. *eighty per cent. weightage shall be for summative assessment).*

VII (2). ASSESSMENT BLUEPRINT – THEORY (*Benchmarked by the module-wise distribution.*)

VII (2A). DISTRIBUTION OF COURSES FOR THEORY-BASED ASSESSMENT.

TYPES OF QUESTIONS WITH MARKS

Types of question	No. of questions to be asked	Marks per question	Total
Problem Based Question	01	20	20
Long Answer Question	04	10	40
Short Answer Question	08	05	40
Total			100

Part 1 – Paper 1.

FUNDAMENTALS OF HOMOEOPATHIC REPERTORY AND CASE TAKING (HOM-PG- FHRCT)

- **HOM-PG-R- 01** Concept of repertory in Homoeopathy
- **HOM-PG-R- 02** Historical evolution of Repertories
- **HOM-PG-R-03** Terminologies
- **HOM-PG-R- 04** Symptomatology
- **HOM-PG-R- 05** Case taking in various settings and situations.
- **HOM-PG-R- 06** Analysis and evaluation of symptoms
- **HOM-PG-R-07** Case analysis
- **HOM-PG-R-08** Repertorisation
- **HOM-PG-R- 09** Evolution – Plan – Construction – Application of Philosophical repertories

VII (2b). QUESTION PAPER LAYOUT (PART I -PAPER I)

Q. No.	Type of Question	Content	Marks
1	Problem Based	Case Based Question using either of any one repertory HOM-PG-R- 09	20
2	LAQ	HOM-PG-R- 02	10
3	LAQ	HOM-PG-R-03	10
4	LAQ	Hom-PG- FHRCT-05	10
5	LAQ	HOM-PG-R-08	10
6	SAQ	HOM-PG-R- 06	5
7	SAQ	HOM-PG-R- 06	5
8	SAQ	HOM-PG-R-07	5
9	SAQ	HOM-PG-R- 09	5
10	SAQ	HOM-PG-R- 05	5
11	SAQ	HOM-PG-R- 04	5
12	SAQ	HOM-PG-R- 04	5
13	SAQ	HOM-PG-R- 01	5

VII (3). ASSESSMENT BLUEPRINT –PRACTICAL / VIVA.**VII (3a). CLINICAL EXAMINATION.**

CLINICAL		
1	Internal Assessment	20 Marks
2	One Long Case	50 Marks
3	One Short case	20 Marks
4	Logbook	05 Marks
5	Micro Teaching	05 Marks
Total		100 Marks

VII (3B). VIVA VOCE.

VIVA		
1	Internal Assessment	20 Marks
1	Discussion of Synopsis	20 Marks
2	Viva (Applied Homoeopathy, Clinical understanding, Laboratory / Imaging investigations – 20 + 20 + 20)	60 Marks
Total		100 Marks

VIII. LIST OF REFERENCE BOOKS (AS PER APA FORMAT).

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5. Berridge, E. W. (1973). *Complete Repertory to the Homoeopathic Materia Medica, Diseases of the Eyes*. New Delhi: Harjeet & Co. New Delhi.
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8. Boericke, G. (1986). *A compend of the Principles of Homoeopathy for students in Medicine* (Reprint ed.). New Delhi: B. Jain Publishers Pvt. Ltd., New Delhi.
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15. Clarke, J. H. (2003). *The Prescriber* (Reprint ed.). New Delhi: Indian Books & Periodicals Publishers, New Delhi.
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20. Gallavardin, J. P. (1986). *Repertory of Psychic Medicines with Materia Medica* (Second Edition ed.). New Delhi: B. Jain Publishers (P) Ltd, New Delhi.

21. Hahnemann, S. (2002). *Materia Medica Pura* (Reprint Edition ed.). New Delhi: B. Jain Publishers Pvt. Ltd., New Delhi.
22. Hahnemann, S. (2001). *The Chronic Diseases* (Reprint ed.). New Delhi: B. Jain Publishers Pvt. Ltd, New Delhi.
23. Kent, J. T. (2012). *Repertory of the Homoeopathic Materia Medica* (Low Price Edition- 10th impression ed.). New Delhi: B. Jain Publishers Pvt. Ltd, New Delhi.
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Part II Paper I & II

V. TOPICS AND TOPIC OBJECTIVES.

PART II: REPERTORY AND CASE TAKING. (HOM-PG-R -PART II – PAPER I)

- Hom-PG-R – 10 Evolution – Plan – Construction – Application of Clinical repertories& Puritan repertories
- Hom-PG-R – 11 Evolution – Plan – Construction – Application of Post – Kentian repertories.

VI. TOPIC DESCRIPTION.

Hom – PG – RCT – 10:

EVOLUTION – PLAN – CONSTRUCTION – APPLICATION OF CLINICAL REPERTORIES & PURITAN REPERTORIES

- Boericke's Materia Medica with Repertory – W. Boericke
- Concise Repertory of Homoeopathy – S. R. Pathak
- Prescriber – J. H. Clarke
- A Clinical Repertory to Dictionary of Homoeopathic Materia Medica – J. H. Clarke
- Sensation as if – H. A. Robert
- The Rheumatic Remedies – H. A. Roberts
- Analytical Repertory of the symptoms of the Mind – C. Herring
- Repertory of Hering's Guiding Symptoms of our Materia Medica – C. B. Knerr
- Source and origin of repertory with the editions.
- Background the author and its influence on the essence of that repertory
- Chapters in the repertory.
- Structure of the rubrics represented in the repertory.
- Years of publication of the editions, difference in various editions and reason behind the editions.
- Unique rubrics.
- Number of remedies in the repertory
- Utility of repertory in specific conditions
- Observe, document and correlates the verbal and non – verbal communication and give a logical meaning to the expression
- Cross references suggested are checked for appropriateness to the symptoms of the case.
- Utility in specific conditions.
- Limitation of the utility in specific conditions
- Differentiating features of two similar repertories.

Hom – PG - RCT – 11:

**EVOLUTION – PLAN – CONSTRUCTION – APPLICATION OF POST
– KENTIAN REPERTORIES.**

- Kent's Repertorium Generale – Jost Kunzli
- Kent's Final General Repertory - Pierre Schmidt & Diwan Harishchandra
- Kent's Comparative Repertory of the Homoeopathic Materia Medica - Dockx and Kokelenberg
- Essential Synthesis – Fredrick Schroyens
- Synthetic Repertory- Barthol & Klunker
- Homoeopathic Medical Repertory – Robin Murphy
- Additions to Kent's Repertory by Dr C. M. Boger
- Repertory of the more Characteristic Symptoms of our Materia Medica – C. Lippe
- A Synoptic Key to Materia Medica – C.M.Boger
- Complete Repertory - Roger Von Zandvoort
- Source and origin of repertory with the editions.
- Background the author and its influence on the essence of that repertory
- Chapters in the repertory.
- Structure of the rubrics represented in the repertory.
- Years of publication of the editions, difference in various editions and reason behind the editions.
- Unique rubrics.
- Number of remedies in the repertory
- Utility of repertory in specific conditions
- Observe, document and correlates the verbal and non – verbal communication and give a logical meaning to the expression
- Cross references suggested are checked for appropriateness to the symptoms of the case.
- Utility in specific conditions.
- Limitation of the utility in specific conditions
- Differentiating features of two similar repertories.

TOPIC NAME: HOM-PG-R – 10:**EVOLUTION – PLAN – CONSTRUCTION – APPLICATION OF CLINICAL & PURITAN REPERTORIES**

Course Overview:	<p>This topic will provide students of MD Hom (Repertory) with an in depth understanding of the significance of clinical & puritan repertories in clinical practice.</p> <ul style="list-style-type: none">• Boericke's Materia Medica with Repertory – W. Boericke• Concise Repertory of Homoeopathy – S. R. Pathak• Prescriber – J. H. Clarke• A Clinical Repertory to Dictionary of Homoeopathic Materia Medica – J. H. Clarke• Sensation as if – H. A. Robert• The Rheumatic Remedies – H. A. Roberts• Analytical Repertory of the symptoms of the Mind – C. Herring• Repertory of Hering's Guiding Symptoms of our Materia Medica – C. B. Knerr
Learning Outcomes:	<p>COMPETENCY: HOM-PG-R – 10- 1:</p> <p>EXPLAIN THE SOURCE AND ORIGIN OF REPERTORY, ABOUTAUTHOR, DEVELOPMENTS, AND SUBSEQUENT EDITIONS.</p> <p>KNOWLEDGE:</p> <ul style="list-style-type: none">▪ Recall the source and origin of repertory with the editions.▪ Discuss background the author and its influence on the essence of that repertory. <p>SKILL:</p> <ul style="list-style-type: none">▪ Organises the information in a logical manner. <p>REFLECTION:</p> <ul style="list-style-type: none">▪ Understands the importance of appreciating the link between author's background in creation of his repertory. <p>COMPETENCY: HOM-PG-R – 10- 2:</p> <p>UNDERSTANDS AND DEMONSTRATES THE BACKGROUND AND BASIS OF PLAN AND CONSTRUCTION OF THE CLINICAL &PURITAN REPERTORIES.</p> <p>KNOWLEDGE:</p> <ul style="list-style-type: none">▪ Understands the chapters in the repertory.▪ Recalls the structure of the rubrics represented in the repertory.

- Remembers the years of publication of the editions.
- Recalls the difference in various editions.
- Understands the reason behind the editions.
- Recalls the unique rubrics.
- Recalls the number of remedies in the repertory.

SKILL:

- Able to demonstrate the relationship between the background and plan and construction of the repertory.

REFLECTION:

- Appreciates the process involved in application of philosophy to creation of the repertory.

COMPETENCY: HOM-PG-R – 10- 3:

DEMONSTRATE THE ADAPTABILITY, SCOPE, AND LIMITATIONS OF CLINICAL&PURITAN REPERTORIES IN CLINICAL PRACTICE.

KNOWLEDGE:

- Understands in utility in specific conditions.
- Applies in the specific conditions.
- Refers in specific conditions.
- Oriented to cross reference in specific conditions.
- Aware of limitation of the utility in specific conditions.

SKILL:

- Utilises the repertories at bedside as appropriate to the clinical condition.

REFLECTION:

- Derives assessment of utility of application of the repertories at bedside.

COMPETENCY: HOM-PG-R – 10- 4:

DEMONSTRATE THE SKILLS OF CHOOSING APPROPRIATE RUBRICS AND EXPLAINS THE INTERPRETATION LOGIC ADAPTED.

KNOWLEDGE:

- Observes the non – verbal expressions of patient and other care givers.
- Documents the verbal and non – verbal communication expressed by the patient and other care givers.
- Analyses the documented expressions.
- Correlates the verbal and non – verbal communication and gives a logical meaning to the expression.

- Chooses an appropriate word that represents the expression of the patient.
- Attempts to choose an appropriate rubric representing the word of the expression.

SKILL:

- Ensures that the interpretation made is matching to the experience shared by the patient or care giver.
- Utilises right section of the repertory for reference.
- Ensure all the cross references suggested are checked for appropriateness to the symptoms of the case.

REFLECTION:

- Adapt to the plan, construction based on the background of the philosophy of the repertory to the case in hand.
- Understands the limitation of self in choosing of the appropriate rubric.

COMPETENCY: HOM-PG-R – 10- 5:

ANALYSES AND COMPARE UTILITY OF VARIOUS REPERTORIES IN RELATIONSHIP TO CLINICAL&PURITAN REPERTORIES.

KNOWLEDGE:

- Understands the utility in specific conditions.
- Applies in the specific conditions.
- Refers in specific conditions.
- Oriented to cross reference with clinical repertories in specific conditions.
- Aware of limitation of the utility in specific conditions.
- Recalls the structure of the rubrics represented in the repertory.
- Recalls the unique rubrics.

SKILL:

- Demonstrates awareness of the various repertories and when they can be applied.

REFLECTION:

- Identifies the advantages and limitation of each of the repertories compared at bedside.

COMPETENCY: HOM-PG-R – 10- 6:

COMPARE REPERTORIES BEFORE CHOOSING THE SIMILLIMUM.

KNOWLEDGE:

	<ul style="list-style-type: none"> Identifies the differentiating features of two similar clinical repertories. <p>SKILL:</p> <ul style="list-style-type: none"> Demonstrates clinical utility of two similar clinical repertories. <p>REFLECTION:</p> <ul style="list-style-type: none"> Enhances the awareness of utility of similar clinical repertories
Learning Methods:	<ul style="list-style-type: none"> Case based learning / Problem based learning / Bedside / Flipped learning / Self regulated learning / Library / Spaced repetition / formative self assessment
Assessment:	<ul style="list-style-type: none"> Continuous / Programmatic assessment /Practical assessment/Written assessment / MCQ / SAQ / LAQ / assignment / Portfolio / Checklist / Viva / Bedside
Prescribed Texts:	<ul style="list-style-type: none"> Boericke's Materia Medica with Repertory – W. Boericke Concise Repertory of Homoeopathy – S. R. Pathak Prescriber – J. H. Clarke A Clinical Repertory to Dictionary of Homoeopathic Materia Medica – J. H. Clarke Sensation as if – H. A. Robert The Rheumatic Remedies – H. A. Roberts Analytical Repertory of the symptoms of the Mind – C. Herring Repertory of Hering's Guiding Symptoms of our Materia Medica – C. B. Knerr Refer to list attached
Domains of Competencies	Knowledge & Scholarship / Patient Care / Homoeopathic Orientation / Practice Based Learning

TOPIC NAME: HOM-PG-R – 11:

EVOLUTION – PLAN – CONSTRUCTION – APPLICATION OF POST – KENTIAN REPERTORIES.

Course Overview:	<p>This topic will provide students of MD Hom (Repertory) with an in depth understanding of the significance of Post Kentian repertories in clinical practice.</p> <ul style="list-style-type: none">• Kent's Repertorium Generale – Jost Kunzli• Kent's Final General Repertory - Pierre Schmidt & Diwan Harishchandra• Kent's Comparative Repertory of the Homoeopathic Materia Medica - Dockx and Kokelenberg• Essential Synthesis – Fredrick Schroyens• Synthetic Repertory- Barthel & Klunker• Homoeopathic Medical Repertory – Robin Murphy• Additions to Kent's Repertory by Dr C. M. Boger• Repertory of the more Characteristic Symptoms of our Materia Medica – C. Lippe• A Synoptic Key to Materia Medica – C.M.Boger• Complete Repertory - Roger Von Zandvoort
Learning Outcomes:	<p>COMPETENCY: HOM-PG-R – 11- 1:</p> <p>EXPLAIN THE SOURCE AND ORIGIN OF REPERTORY, ABOUT WRITER, DEVELOPMENTS, AND EDITION SUBSEQUENTLY.</p> <p>KNOWLEDGE:</p> <ul style="list-style-type: none">▪ Recall the source and origin of repertory with the editions.▪ Discuss background the author and its influence on the essence of that repertory. <p>SKILL:</p> <ul style="list-style-type: none">▪ Organises the information in a logical manner. <p>REFLECTION:</p> <ul style="list-style-type: none">▪ Understands the relationship between the background of the author and its role in creation of the repertory. <p>COMPETENCY: HOM-PG-R – 11- 2:</p> <p>UNDERSTANDS AND DEMONSTRATES THE BACKGROUND AND BASIS OF PLAN AND CONSTRUCTION OF THE POST KENTIAN REPERTORIES.</p>

KNOWLEDGE:

- Understands the chapters in the repertory.
- Recalls the structure of the rubrics represented in the repertory.
- Remembers the years of publication of the editions.
- Recalls the difference in various editions.
- Understands the reason behind the editions.
- Recalls the unique rubrics.
- Recalls the number of remedies in the repertory.

SKILL:

- Able to demonstrate the relationship between the background and plan and construction of the repertory.

REFLECTION:

- Appreciates the process involved in application of philosophy to creation of the repertory.

COMPETENCY: HOM-PG-R – 11- 3:**DEMONSTRATE THE ADAPTABILITY, SCOPE, AND LIMITATIONS OF POST KENTIAN REPERTORIES IN CLINICAL PRACTICE.****KNOWLEDGE:**

- Understands in utility in specific conditions.
- Applies in the specific conditions.
- Refers in specific conditions.
- Oriented to cross reference in specific conditions.
- Aware of limitation of the utility in specific conditions.

SKILL:

- Utilises the repertories at bedside as appropriate to the clinical condition.

REFLECTION:

- Derives assessment of utility of application of the repertories at bedside.

COMPETENCY: HOM-PG-R – 11- 4:**DEMONSTRATE THE SKILLS OF CHOOSING APPROPRIATE RUBRICS AND EXPLAINS THE INTERPRETATION LOGIC ADAPTED.****KNOWLEDGE:**

- Observes the non – verbal expressions of patient and other care givers.
- Documents the verbal and non – verbal communication

expressed by the patient and other care givers.

- Analyses the documented expressions.
- Correlates the verbal and non – verbal communication and gives a logical meaning to the expression.
- Chooses an appropriate word that represents the expression of the patient.
- Attempts to choose an appropriate rubric representing the word of the expression.

SKILL:

- Ensures that the interpretation made is matching to the experience shared by the patient or care giver.
- Utilise right section of the repertory for reference.
- Ensure all the cross references suggested are checked for appropriateness to the symptoms of the case.

REFLECTION:

- Ability to adapt to the plan, construction based on the background of the philosophy of the repertory to the case in hand.
- Understands the limitation of self in choosing of the appropriate rubric.

COMPETENCY: HOM-PG-R – 11- 5:

ANALYSES AND COMPARE UTILITY OF VARIOUS REPERTORIES IN RELATIONSHIP TO POST KENTIAN REPERTORIES.

KNOWLEDGE:

- Understands the utility in specific situations.
- Applies in the specific situations.
- Refers in specific situations.
- Oriented to cross reference with Post Kentian repertories in specific situations.
- Aware of limitation of the utility in specific situations.
- Recalls the structure of the rubrics represented in the repertory.
- Recalls the unique rubrics.

SKILL:

- Demonstrates awareness of the various repertories and when they can be applied.

REFLECTION:

- Identifies the advantages and limitation of each of the repertories compared at bedside.

	<p>COMPETENCY: HOM-PG-R – 11- 6:</p> <p>COMPARE POST KENTIAN REPERTORIES & PHILOSOPHICAL REPERTORIES BEFORE CHOOSING THE SIMILLIMUM.</p> <p>KNOWLEDGE:</p> <ul style="list-style-type: none"> Identifies the differentiating features between Post Kentian repertories Identifies the differentiating features between Post Kentian repertories & philosophical repertories Identifies the differentiating features between philosophical repertories <p>SKILL:</p> <ul style="list-style-type: none"> Demonstrates differentiating features between Post Kentian repertories Demonstrates differentiating features between Post Kentian repertories & Philosophical repertories Demonstrates differentiating features between philosophical repertories <p>REFLECTION:</p> <ul style="list-style-type: none"> Enhances the awareness of differentiating features Post Kentian repertories & Philosophical repertories
Learning Methods:	<ul style="list-style-type: none"> Case based learning / Problem based learning / Bedside / Flipped learning / Self regulated learning / Library / Spaced repetition / formative self assessment
Assessment:	<ul style="list-style-type: none"> Continuous / Programmatic assessment /Practical assessment/Written assessment / MCQ / SAQ / LAQ / assignment / Portfolio / Checklist / Viva / Bedside
Prescribed Texts:	<ul style="list-style-type: none"> Kent's Repertorium Generale – Jost Kunzli Kent's Final General Repertory - Pierre Schmidt & Diwan Harishchandra Kent's Comparative Repertory of the Homoeopathic Materia Medica - Dockx and Kokelenberg Essential Synthesis – Fredrick Schroyens Synthesis - Repertorium Homeopathicum Syntheticum 9.1 – Fredrick Schroyens Synthetic Repertory- Barthel& Klunker Homoeopathic Medical Repertory – Robin Murphy Additions to Kent's Repertory by Dr C. M. Boger Repertory of the more Characteristic Symptoms of our Materia Medica – C. Lippe A Synoptic Key to Materia Medica – C. M. Boger Complete Repertory - Roger Von Zandvoort Refer to list attached

Domains of Competencies	Knowledge & Scholarship / Patient Care / Homoeopathic Orientation / Practice Based Learning
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PART II: REPERTORY AND CASE TAKING. (HOM-PG-R -PART II – PAPER II)

HOM-PG-R Part II – Paper II:

- **HOM-PG-R – 12 Evolution – Plan – Construction – Application of Regional repertories.**
- **HOM-PG-R – 13 Evolution – Plan – Construction – Application of Software based repertories**

VI TOPIC DESCRIPTION:

- **HOM – PG – R – 12: Evolution – Plan – Construction – Application of Regional repertories.**
 - The Homoeopathic therapeutics of Diarrhoea – James Bell
 - Therapeutics of Fever- H. C. Allen
 - Pneumonias – Douglas Borland
 - Accoucher’s emergency Manual in Obstetrics – W. A. Yingling
 - Uterine Therapeutics – Minton
 - Cough and Expectoration by Dr Lee and Dr Clarke
 - Time of Remedies and Moon Phases – C. M. Boger
 - Source and origin of repertory with the editions.
 - Background the author and its influence on the essence of that repertory
 - Chapters in the repertory.
 - Structure of the rubrics represented in the repertory.
 - Years of publication of the editions, difference in various editions and reason behind the editions.
 - Unique rubrics.
 - Number of remedies in the repertory
 - Utility of repertory in specific conditions
 - Observe, document and correlates the verbal and non – verbal communication and give a logical meaning to the expression
 - Cross references suggested are checked for appropriateness to the symptoms of the case.
 - Utility in specific conditions.
 - Limitation of the utility in specific conditions
 - Differentiating features of two similar repertories.
- **HOM – PG – R – 13: Evolution – Plan – Construction – Application of Software based repertories**
 - Recall the source and origin of repertory with the upgrades.
 - Discuss background the author and its influence on the essence of that software-based repertory.
 - Operate the software and its various applications and features.
 - The versions and reasons of upgrade

- Unique rubrics.
- Understands the utility of various features of the software-based repertory.
- Able to demonstrate the relationship between the various search features across various repertories and materia medica supplied by software-based repertory.
- Utility of repertory in specific conditions
- Observe, document and correlates the verbal and non – verbal communication and give a logical meaning to the expression
- Cross references suggested are checked for appropriateness to the symptoms of the case.
- Utility in specific conditions.
- Limitation of the utility in specific conditions
- Differentiating features of two similar repertories.
- Identifies the differentiating features between Software based repertories
- Identifies the differentiating features between Software based repertories& philosophical repertories

TOPIC NAME: HOM-PG-R – 12:

EVOLUTION – PLAN – CONSTRUCTION – APPLICATION OF REGIONAL REPERTORIES.

Topic Overview:	<ul style="list-style-type: none">• This topic will provide students of MD Hom (Repertory) with an in depth understanding of the significance of Regional repertories in clinical practice.• The Homoeopathic therapeutics of Diarrhoea – James Bell• Therapeutics of Fever- H. C. Allen• Pneumonias – Douglas Borland• Accoucher’s emergency Manual in Obstetrics – W. A. Yingling• Uterine Therapeutics – Minton• Cough and Expectoration by Dr Lee and Dr Clarke• Time of Remedies and Moon Phases – C. M. Boger
Learning Outcomes:	<p>COMPETENCY: HOM-PG-R – 12- 1:</p> <p>EXPLAIN THE SOURCE AND ORIGIN OF REPERTORY, ABOUT WRITER, DEVELOPMENTS, AND EDITION SUBSEQUENTLY.</p> <p>KNOWLEDGE:</p> <ul style="list-style-type: none">▪ Recall the source and origin of repertory with the editions.▪ Discuss background the author and its influence on the essence of that repertory. <p>SKILL:</p> <ul style="list-style-type: none">▪ Organises the information in a logical manner. <p>REFLECTION:</p> <ul style="list-style-type: none">▪ Understands the relationship between the background of the author and its role in creation of the repertory. <p>COMPETENCY: HOM-PG-R – 12- 2:</p> <p>UNDERSTANDS AND DEMONSTRATES THE BACKGROUND AND BASIS OF PLAN AND CONSTRUCTION OF THE REGIONAL REPERTORIES.</p> <p>KNOWLEDGE:</p> <ul style="list-style-type: none">▪ Understands the chapters in the repertory.▪ Recalls the structure of the rubrics represented in the repertory.▪ Remembers the years of publication of the editions.▪ Recalls the difference in various editions.▪ Understands the reason behind the editions.▪ Recalls the unique rubrics.

- Recalls the number of remedies in the repertory.
- SKILL:**
- Demonstrate the relationship between the background and plan and construction of the repertory.
- REFLECTION:**
- Understand the process involved in application of philosophy to creation of the repertory.

COMPETENCY: HOM-PG-R – 12- 3:

DEMONSTRATE THE ADAPTABILITY, SCOPE, AND LIMITATIONS OF REGIONAL REPERTORIES IN CLINICAL PRACTICE.

KNOWLEDGE:

- Understands in utility in specific conditions.
- Applies in the specific conditions.
- Refers in specific conditions.
- Oriented to cross reference in specific conditions.
- Aware of limitation of the utility in specific conditions.

SKILL:

- Utilises the repertories at bedside as appropriate to the clinical condition.

REFLECTION:

- Derives assessment of utility of application of the repertories at bedside.

COMPETENCY: HOM-PG-R – 12- 4:

DEMONSTRATE THE SKILLS OF CHOOSING APPROPRIATE RUBRICS AND EXPLAINS THE INTERPRETATION LOGIC ADAPTED.

KNOWLEDGE:

- Observes the non – verbal expressions of patient and other care givers.
- Documents the verbal and non – verbal communication expressed by the patient and other care givers.
- Analyses the documented expressions.
- Correlates the verbal and non – verbal communication and gives a logical meaning to the expression.
- Chooses an appropriate word that represents the expression of the patient.
- Attempts to choose an appropriate rubric representing the word of the expression.

SKILL:

- Ensures that the interpretation made is matching to the experience shared by the patient or relatives.
- Utilise right section of the repertory for reference.
- Ensure all the cross references suggested are checked for appropriateness to the symptoms of the case.

REFLECTION:

- Ability to adapt to the plan, construction based on the background of the philosophy of the repertory to the case in hand.
- Understands the limitation of self in choosing of the appropriate rubric.

COMPETENCY : HOM-PG-R – 12-5:**ANALYSES AND COMPARE UTILITY OF VARIOUS REPERTORIES IN RELATIONSHIP TO REGIONAL REPERTORIES.****KNOWLEDGE:**

- Understands the utility in specific situations.
- Applies in the specific situations.
- Refers in specific situations.
- Oriented to cross reference with regional repertories in specific situations.
- Aware of limitation of the utility in specific situations.
- Recalls the structure of the rubrics represented in the repertory.
- Recalls the unique rubrics.

SKILL:

- Demonstrates awareness of the various repertories and when they can be applied.

REFLECTION:

- Identifies the advantages and limitation of each of the repertories compared at bedside.

COMPETENCY: HOM-PG-R – 12- 6:**COMPARE REGIONAL & PHILOSOPHICAL REPERTORIES.****KNOWLEDGE:**

- Identifies the differentiating features between regional repertories.
- Identifies the differentiating features between regional & philosophical repertories.

	<p>SKILL:</p> <ul style="list-style-type: none"> ▪ Demonstrates differentiating features between regional repertories. ▪ Demonstrates differentiating features between regional repertories & Philosophical repertories <p>REFLECTION:</p> <ul style="list-style-type: none"> ▪ Enhances the awareness of differentiating features regional repertories & Philosophical repertories
Learning Methods	<ul style="list-style-type: none"> ▪ Case based learning / Problem based learning / Bedside / Flipped learning / Self regulated learning / Library / Spaced repetition / formative self assessment
Assessment:	<ul style="list-style-type: none"> ▪ Continuous / Programmatic assessment / Practical assessment / Written assessment / MCQ / SAQ / LAQ / assignment / Portfolio / Checklist / Viva / Bedside
Prescribed Texts:	<ul style="list-style-type: none"> ▪ Refer to list attached
Domains of Competencies	<ul style="list-style-type: none"> ▪ Knowledge & Scholarship / Patient Care / Homoeopathic Orientation / Practice Based Learning

TOPIC NAME: HOM-PG-R – 13:

EVOLUTION – PLAN – CONSTRUCTION – APPLICATION OF SOFTWARE BASED REPERTORIES.

Topic Overview:	This topic will provide students of MD Hom (Repertory) with an in depth understanding of the significance of Software based repertories in clinical practice.
Learning Outcomes:	<p>COMPETENCY: HOM-PG-R – 13- 1:</p> <p>EXPLAIN THE SOURCE AND ORIGIN OF SOFTWARE BASED REPERTORIES, ABOUT WRITER, DEVELOPMENTS, AND EDITION SUBSEQUENTLY.</p> <p>KNOWLEDGE:</p> <ul style="list-style-type: none">▪ Recall the source and origin of repertory with the upgrades.▪ Discuss background the author and its influence on the essence of that software-based repertory. <p>SKILL:</p> <ul style="list-style-type: none">▪ Organises the information in a logical manner.▪ Operate the software and its various applications and features. <p>REFLECTION:</p> <ul style="list-style-type: none">▪ Appreciate the use of technology in the current form and its future applications. <p>COMPETENCY: HOM-PG-R – 13- 2:</p> <p>UNDERSTANDS AND DEMONSTRATES THE UTILITY OF THE SOFTWARE BASED REPERTORIES, ITS VARIOUS FEATURES, APPLICATIONS.</p> <p>KNOWLEDGE:</p> <ul style="list-style-type: none">▪ Understands the chapters in the repertory.▪ Recalls the structure of the rubrics represented in the repertory.▪ Remembers the versions of upgrade.▪ Recalls the difference in various upgrades.▪ Understands the reason behind the upgrades.▪ Recalls the unique rubrics.▪ Recalls the number of remedies in the repertory.▪ Understands the utility of various features of the software-based repertory.

SKILL:

- Able to demonstrate the relationship between the various search features across various repertories and materia medica supplied by software-based repertory.

REFLECTION:

- Appreciates the technical process involved in utilisation of computer repertory.

COMPETENCY: HOM-PG-R – 13- 3:**DEMONSTRATE THE ADAPTABILITY, SCOPE, AND LIMITATIONS OF COMPUTER REPERTORIES IN CLINICAL PRACTICE.****KNOWLEDGE:**

- Understands in utility in specific conditions.
- Applies in the specific conditions.
- Refers in specific conditions.
- Oriented to cross reference in specific conditions.
- Aware of limitation of the utility in specific conditions.

SKILL:

- Utilises the repertories at bedside as appropriate to the clinical condition.
- Utilises the various applications and features to deliver best of care to the patient.

REFLECTION:

- Derives assessment of utility of application of the computer repertories at bedside.

COMPETENCY: HOM-PG-R – 13- 4:**DEMONSTRATE THE SKILLS OF CHOOSING APPROPRIATE RUBRICS AND EXPLAINS THE INTERPRETATION LOGIC ADAPTED.****KNOWLEDGE:**

- Observes the non – verbal expressions of patient and other care givers.
- Documents the verbal and non – verbal communication expressed by the patient and other care givers.
- Analyses the documented expressions.
- Correlates the verbal and non – verbal communication and gives a logical meaning to the expression.
- Chooses an appropriate word that represents the expression of the patient.

- Attempts to choose an appropriate rubric representing the word of the expression.

SKILL:

- Ensures that the interpretation made is matching to the experience shared by the patient or relatives.
- Utilises right section of the repertory for reference.
- Ensure all the cross references suggested are checked for appropriateness to the symptoms of the case.

REFLECTION:

- Ability to adapt to the plan, construction of the software-based repertory to the case in hand.
- Understands the limitation of self in choosing of the appropriate rubric.

COMPETENCY: HOM-PG-R – 13- 5:

ANALYSES AND COMPARE UTILITY OF VARIOUS SOFTWARE-BASED REPERTORIES.

KNOWLEDGE:

- Understands the utility in specific situations.
- Applies in the specific situations.
- Refers in specific situations.
- Oriented to cross reference with software-based repertories in specific situations.
- Aware of limitation of the utility in specific situations.
- Recalls the structure of the rubrics represented in the repertory.
- Recalls the unique rubrics.

SKILL:

- Demonstrates awareness of the various features of software-based repertories and when they can be applied.

REFLECTION:

- Identifies the advantages and limitation of each of the software-based repertories when compared at bedside.

COMPETENCY: HOM-PG-R – 13- 6:

COMPARE SOFTWARE BASED REPERTORIES & PHILOSOPHICAL REPERTORIES.

KNOWLEDGE:

- Identifies the differentiating features between Software based repertories
- Identifies the differentiating features between Software

	<p>based repertories & philosophical repertories.</p> <p>SKILL:</p> <ul style="list-style-type: none"> ▪ Demonstrates differentiating features between Software based repertories. ▪ Demonstrates differentiating features between Software based repertories & philosophical repertories. <p>REFLECTION:</p> <ul style="list-style-type: none"> ▪ Enhances the awareness of differentiating features of Software based repertories & philosophical repertories
Learning Methods:	<ul style="list-style-type: none"> ▪ Case based learning / Problem based learning / Bedside / Flipped learning / Self regulated learning / Library / Spaced repetition / formative self assessment
Assessment:	<ul style="list-style-type: none"> ▪ Continuous / Programmatic assessment / Practical assessment / Written assessment / MCQ / SAQ / LAQ / assignment / Portfolio / Checklist / Viva / Bedside
Prescribed Texts:	<ul style="list-style-type: none"> ▪ Refer to list attached
Domains of Competencies	<ul style="list-style-type: none"> ▪ Knowledge & Scholarship / Patient Care / Homoeopathic Orientation / Practice Based Learning

VII. ASSESSMENT

	Formative Assessment (Internal Assessment)	Summative Assessment (University Examination)
M.D.(Hom.) Part-II	1st Term Test: During twenty fourth month of training	During thirty sixth month of training
	2nd Term Test: During thirtieth month of training	

VII (1). M.D. (HOMOEOPATHY) PART-II EXAMINATION

MAXIMUM MARKS FOR EACH SUBJECT AND MINIMUM MARKS REQUIRED TO PASS SHALL BE AS FOLLOWS:

Subjects	Theory		Practical or clinical exams including Viva-Voce and dissertation	
	Maximum Marks	Pass Marks	Maximum Marks	Pass Marks
Repertory and Case Taking. Paper 1	100	50	200* (160 + 40) (Summative Assessment 160 Marks)	100* (80 + 20) (Summative Assessment 80 Marks)

			(Internal Assessment 40 Marks)	(Internal Assessment 20 Marks)
Repertory and Case Taking. Paper 2	100	50		

*(*A common practical exam for paper I and II (100 marks practical + 100 marks viva) shall be conducted; twenty per cent. weightage shall be for internal assessment, which shall be calculated for practical or clinical including viva voce only. One internal assessment of 40 marks [20 marks (practical or clinical) + 20 marks (viva voce)] after each term of six months and average of two terms shall be considered. *eighty per cent. weightage shall be for summative assessment).*

VII (2). ASSESSMENT BLUEPRINT – THEORY *(Benchmarked by the module-wise distribution.)*

VII (2A). DISTRIBUTION OF COURSES FOR THEORY-BASED ASSESSMENT.

TYPES OF QUESTIONS WITH MARKS

Types of question	No. of questions to be asked	Marks per question	Total
Problem Based Question	01	20	20
Long Answer Question	04	10	40
Short Answer Question	08	05	40
Total			100

Part 2 – Paper 1. Topic Numbers

- HOM-PG-R – 10 Evolution – Plan – Construction – Application of Clinical repertories& Puritan repertories
- HOM-PG-R –11 Evolution – Plan – Construction – Application of Post – Kentian repertories.

Part 2 – Paper 2. Topic Numbers

- HOM-PG-R – 12Evolution – Plan – Construction – Application of Regional repertories.
- HOM-PG-R – 13Evolution – Plan – Construction – Application of Software based repertories.

VII (2b). QUESTION PAPER LAYOUT

PART II – PAPER I

Q. No.	Type of Question	Content	Marks
1	Problem Based	HOM- PG – R – 10 / 11	20
2	LAQ	HOM- PG – R – 11	10
3	LAQ	HOM- PG – R – 11	10
4	LAQ	HOM- PG – R – 10	10
5	LAQ	HOM- PG – R – 11	10
6	SAQ	HOM- PG – R – 10 / 11	5
7	SAQ	HOM- PG – R – 10	5
8	SAQ	HOM- PG – R – 11	5
9	SAQ	HOM- PG – R – 10	5
10	SAQ	HOM- PG – R – 10	5
11	SAQ	HOM- PG – R – 11	5
12	SAQ	HOM- PG – R – 10	5
13	SAQ	HOM- PG – R – 11	5
Total			100

PART II – PAPER II

Q. No.	Type of Question	Content	Marks
1	Problem Based	HOM- PG – R – 13	20
2	LAQ	HOM- PG – R – 12	10
3	LAQ	HOM- PG – R – 12 / 13	10
4	LAQ	HOM- PG – R – 12	10
5	LAQ	HOM-- PG – R - 13	10
6	SAQ	HOM- PG – R – 12	5
7	SAQ	HOM- PG – R – 13	5
8	SAQ	HOM- PG – R – 12	5
9	SAQ	HOM- PG – R – 13	5
10	SAQ	HOM- PG – R – 12	5
11	SAQ	HOM- PG – R – 12	5
12	SAQ	HOM- PG – R – 12	5
13	SAQ	HOM- – PG – R – 13	5

VII (3). ASSESSMENT BLUEPRINT –PRACTICAL / VIVA.**VII (3A). CLINICAL EXAMINATION.**

CLINICAL		
1	Internal Assessment	20 Marks
2	One Long Case	50 Marks
3	One Short case	20 Marks
4	Logbook	5 Marks
5	Micro Teaching	5 Marks
Total		100 Marks

VII (3B). VIVA VOCE.

VIVA		
1	Internal Assessment	20 Marks
1	Discussion of Synopsis	20 Marks
2	Viva (Applied Homoeopathy, Clinical understanding, Laboratory / Imaging investigations – 20 + 20 + 20)	60 Marks
Total		100 Marks

VIII. LIST OF REFERENCE BOOKS (AS PER APA FORMAT).

1. Allen, H. C. (1993). *The Therapeutics of Fever* (Reprint Edition ed.). New Delhi: B. Jain Publishers Pvt. Ltd.
2. Allen, T. F. (2003). *Boenninghausen's Therapeutics Pocket Book* (Reprint ed.). New Delhi: Indian Books & Periodicals Publishers, New Delhi.
3. Barthel, H., & Klunker, W. (2008). *Synthetic Repertory* (Reprint Edition ed.). New Delhi: Indian Books and Periodicals Syndicate, New Delhi.
4. Bell, J. B. (1997). *The Homoeopathic Therapeutics of Diarrhoea* (Reprint Edition ed.). New Delhi: B. Jain Publishers Pvt. Ltd.
5. Berridge, E. W. (1973). *Complete Repertory to the Homoeopathic Materia Medica, Diseases of the Eyes*. New Delhi: Harjeet & Co. New Delhi.
6. Bidwell, G. I. *How to use the Repertory*. New Delhi: Indian Books and Periodicals Syndicate, New Delhi.
7. Boenninghausen, C. (2019). *The Lesser Writings of C. M. F. Boenninghausen* (14th Edition ed.). New Delhi: B. Jain Publishers Pvt. Ltd.
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Part I Paper 2

I. TITLE OF THE SPECIALITY TOPIC , AND ITS ABBREVIATION.

M.D. (Homoeopathy) Homoeopathic Repertory and Case Taking.

FUNDAMENTALS OF CLINICAL MEDICINE IN HOMOEOPATHIC REPERTORY AND CASE TAKING (HOM-PG-FMR)

II. BRIEF DESCRIPTION OF SPECIALITY AND ITS RELEVANCE IN HOMOEOPATHY POST-GRADUATE COURSE.

This paper deals with the clinical stream to provide a foundation for homoeopathic practice and therefore is expected to deliver the basic clinical approach. This paper supports the evolution of an integrated approach to relating clinical symptomatology with homoeopathic fundamentals, including the miasmatic interpretation in the context of Homoeopathic Repertory. This intends to impart knowledge for a basic clinical approach required by a homoeopathic professional for practising clinical medicine concerning homoeopathic principles in general and homoeopathic repertory in particular.

3. COURSE OUTCOMES:

1. Perform homoeopathic case taking from the perspective of man and environment.
2. Correlate symptomatology and clinical examination for repertorisation
3. Interpret investigation in the light of clinical diagnosis and repertory.
4. Evaluate differential diagnosis through a symptom-based approach in clinical practice.
5. Relate miasms and susceptibility to repertory.
6. Associate the information of case anamnesis with the essence of repertorisation.
7. Display ethical based clinical practice in repertory.
8. Perform evidence based homoeopathic clinical practice and correlate with repertory.

V. COURSES AND COURSE OBJECTIVES.

PART I PAPER II :

FUNDAMENTALS OF CLINICAL MEDICINE IN HOMOEOPATHIC REPERTORY AND CASE TAKING (HOM-PG-FMR)

(I) HOM-PG-FMR -01

INTRODUCTION TO THE PRACTICE OF EVIDENCE-BASED MEDICINE.

- a. Concept of evidence-based practice and its importance in Homoeopathy in relation to Repertory.

- b. Importance of developing an ethical base while adhering to the above with relation to repertory.

(II) Hom-PG-FMR -02

DEVELOPING A BASIC CLINICAL APPROACH. ALL THE FOLLOWING CONTENT MUST BE DELIVERED THROUGH CLINICAL CASES OR PRESENTATION.

- a. Correlative study of Normal structure and function to reveal Structural and functional integrity in Health and understanding the clinical and Hahnemannian concept of health through clinical cases.
- b. Role of Control Systems (Psycho-Neuro-Endocrine axis and the Reticulo-endothelial System) in the maintenance of Health and initiating the process of breakdown and onset of illness.
- c. Different components which influence health at individual, family and community level leading to insight into preventive and community medicine through Hahnemannian philosophy of holistic health.
- d. Concept of predisposition and disposition and its influence on development of diseases and application to repertory.
- e. Bio-psycho-social and environmental model of Etiology and correlating with the Hahnemannian concept of causation and evolution of disease and repertory.
- f. Development of a Symptom as an indication of loss of functional competence followed by loss of structural integrity – the pathogenesis of symptom formation and the Hahnemannian concept of disease and its expression and application to repertory.
- g. Clinico-pathological correlations and the concept of a syndrome and its utility in understanding miasmatic evolution and repertory.
- h. Bed side- General and Systematic examination and understanding their basis.
- i. Role of physical examination and clinical investigation in the study of disease and miasm.
- j. Understanding the process of clinical diagnosis
- k. Importance of differential diagnosis-probable diagnosis and final diagnosis

THE FOLLOWING STUDY SHALL HELP IN BUILDING CLINICAL APPLICATION OF REPERTORY

- a. Predisposition:
- b. Causation and modifying factors:
- c. Pathogenesis, Pathology, Clinico-pathological and miasmatic correlations with pathological result
- d. Representation of rubrics to correlate with classification and evolution of disease according to varying expressions of susceptibility:
- e. Case taking, examination, investigation, and approach to clinical diagnosis:
- f. Differential diagnosis:
- g. Management-General and Homoeopathic:
 - i. General Management
 - ii. Standard management: Detailed aspects of currently accepted medication from modern medicine, their pharmacological effects, their management and adverse drug reactions and ways in which they affect the susceptibility of the patient. And choosing appropriate rubrics for the state
This may include the following:
 - iii. Principles of Homoeopathic management:
 - 1.Scope and limitations:
 - 2.Role of different forces:
 - 3.Potency and repetition:
 - 4.Follow up management:
- h. Prognosis
- i. Future advances

(III) Hom-PG-FMR -03

STUDYING THE CARDINAL MANIFESTATIONS OF DISEASE THROUGH THEIR PATHO-PHYSIOLOGY WITH HAHNEMANNIAN CLASSIFICATION OF SYMPTOMS AND MIASMATIC CLASSIFICATION AND REPRESENTATION IN REPERTORY THROUGH CLINICAL CASES AND BEDSIDE

- a. Pain
 - i. Pain: Patho-physiology
 - ii. Chest Pain
 - iii. Abdominal pain
 - iv. Headache
 - v. Back and Neck pain
- b. Fever-types
- c. Alteration in Nervous system functions
 - i. Faintness, syncope, dizziness, vertigo
 - ii. Weakness, myalgias, imbalance
 - iii. Numbness, tingling and sensory loss
 - iv. Acute confusional states

- v. Aphasias
 - vi. Memory loss and dementia
 - vii. Sleep disorder
- d. Alteration in Respiratory and Circulation
 - i. Dyspnoea
 - ii. Cough and hemoptysis
 - iii. Cyanosis
 - iv. Edema
 - v. Shock
- e. Alteration in Gastrointestinal functions
 - i. Dysphagia
 - ii. Nausea, vomiting, indigestion
 - iii. Diarrhea and Constipation
 - iv. Weight loss
 - v. Gastrointestinal bleeding
 - vi. Jaundice
 - vii. Abdominal swelling and ascites
- f. Alteration in Urinary functions and electrolytes
 - i. Incontinence and lower urinary symptoms
 - ii. Urinary abnormalities
- g. Alteration in Reproductive and Sexual functions
 - i. Erectile dysfunction
 - ii. Disturbances of Menstruation
 - iii. Leucorrhea
 - iv. Hirsutism
 - v. Infertility
- h. Alteration in Skin functions
 - i. Itching
 - ii. Eruptions
 - iii. Disorders of pigmentation
- i. Hematological alterations
 - i. Anemia
 - ii. Bleeding
 - iii. Enlargement of Lymph nodes and spleen

(IV) HOM-PG-FMR -04

BASIC CONCEPTS OF NUTRITION, NUTRITIONAL DISEASES, AND MIASMATIC ASSESSMENT

- a. Nutritional and Dietary assessment
- b. Malnutrition
- c. Vitamin and Mineral deficiency
- d. Obesity
- e. Eating disorders

(V) HOM-PG-FMR -05

INTERPRETATIONS OF LABORATORY AND RADIOLOGICAL INVESTIGATIONS

- a. Hematology - All basic tests
- b. Serology
- c. Biochemistry
- d. Microbiology
- e. Special tests – Hormonal Assays – Thyroid function tests, LH, FSH, Prolactin, TORCH, Triple marker, IgG/ IgM, HLA B27, Beta HCG, Anti-thyroid antibodies, Anti-cardiolipin antibodies.
- f. Basis Concepts of Radio Imaging like X-rays, CT, MRI
- g. USG
- h. ECG (Basic applications)

VI. TOPIC DESCRIPTION

• HOM-PG-FMR-01

- Deriving symptoms from experience of patient
- Authentic data publication in journals and dissertation.
- Truthfulness in writing the right symptoms choosing right words.
- Publication ready document which ensure free of plagiarism and no manipulation of data

• HOM-PG-FMR-02

- Patho – physiological processes involved in genesis of pain
- Role of Psycho – neuro endocrine axis in genesis of pain.
- Representation of pain related rubrics in applicable repertories
- Appropriate enquiry of pain
- Advice appropriate investigations

• HOM-PG-FMR-03

- Learn various pathological conditions leading to Gastro-intestinal bleeding
- Role of predisposition and dispositions prone for gastrointestinal bleeding
- Identify clinical and homoeopathic data relate the gastrointestinal bleedings with examination findings differential diagnosis of the gastrointestinal bleedings
- Define various pathogenesis, clinicopathological correlation and miasmatic correlation
- Identify causation at the level of bio-psycho-social-cultural-economical - political-religious responsible for the gastrointestinal bleeding
- Classification of the diseases with gastrointestinal bleeding from Hahnemannian classification

- Scope and limitation of homoeopathic management for the same
 - Symptom classification and evaluation, construct repertorial totality, select appropriate rubrics, select applicable clinical repertories
 - Perform differentiation of remedies
 - Construct acute, intercurrent and chronic totalities of gastrointestinal bleedings
- **HOM-PG-FM-04**
 - Etiopathogenesis of dyspnoea
 - Conclude etiopathogenesis of dyspnoea from homoeopathic perspective
 - clinical features associated with dyspnoea
 - Plan investigation for confirmation of diagnosis
 - Clinical differentiation of symptoms for assessment of nosological diagnosis
 - Hahnemann's concept and modern medicine for the understanding of dyspnoea
 - Plan Diet as regimen as per the nosological diagnosis and Hahnemann's directions.
 - Classify the symptoms with analysis and evaluation
 - Choose appropriate approach and clinical repertories
 - Differentiate closely coming Materia medica
 - Plan the line of management (Medicinal and/or auxiliary management)
 - Plan Strategy for homoeopathic management
- **HOM-PG-FMR-05**
 - Various patho – physiological processes involved in genesis malnutrition, vitamin and mineral deficiency, obesity and eating disorders
 - Role of psycho – neuro endocrine axis in genesis
 - Role of predisposition and susceptibility
 - Subjective and objective signs and symptoms
 - Levels of malnutrition, vitamin and mineral deficiency, obesity and eating disorders
 - role of diet and nutritional supplements
 - Scope of homoeopathy alone
 - Representation in Repertory of signs and symptoms

Topic Overview:	This topic will provide students of MD Hom (Repertory) with an overview of the significance of displaying ethical based clinical practice in repertory.
Learning Outcomes:	<p>COMPETENCY: HOM-PG-FMR-01- 1:</p> <p>IDENTIFIES ETHICAL BASED CLINICAL PRACTICES IN REPERTORY.</p> <p>KNOWLEDGE</p> <ul style="list-style-type: none"> ▪ Describes the process of deriving symptoms from experience of patient. ▪ explain importance of converting the symptoms into appropriate rubric. ▪ Identifies the relevant rubric amongst the cross references. ▪ Explain importance of authentic data publication in journals and dissertation. ▪ Aware of issue related to plagiarism. <p>SKILL</p> <ul style="list-style-type: none"> ▪ Demonstrates fidelity in converting the experience shared by patient using all senses. ▪ Demonstrates truthfulness in writing the right symptoms choosing right words. ▪ Ensures the rubrics used have the intended meaning desired by the author of the repertory. ▪ Comply with a publication ready document which ensure free of plagiarism and no manipulation of data. <p>REFLECTION</p> <ul style="list-style-type: none"> ▪ Appreciates the process involved ensuring ethical based clinical practice in repertory.
Learning Methods:	<ul style="list-style-type: none"> • Case based learning / Problem based learning / Flipped learning / Self regulated learning / Spaced repetition / formative self assessment
Assessment:	<ul style="list-style-type: none"> • Continuous / Programmatic assessment /Practical assessment/Written assessment / MCQ / SAQ / LAQ / assignment
Prescribed Texts:	
Domains of Competencies	Knowledge & Scholarship / Patient Care / Homoeopathic Orientation / Practice Based Learning

Topic Overview:	This topic will provide students of MD Hom (Repertory) with an overview of the significance of utilisation of repertory as credible database for shortlisting prescription possibilities for pain in general and various locations in particular.
Learning Outcomes:	<p>COMPETENCY: HOM-PG-FMR-02- 1:</p> <p>EXPLAIN THE PATHOGENESIS OF PAIN IN GENERAL AND LOCATIONS IN PARTICULAR.</p> <p>KNOWLEDGE</p> <ul style="list-style-type: none"> ▪ Describes the various patho – physiological processes involved in genesis of pain. ▪ Identify the role of psycho – neuro endocrine axis in genesis of pain. ▪ Discuss the representation of pain related rubrics in applicable repertories. <p>SKILL</p> <ul style="list-style-type: none"> ▪ Demonstrate bedside case taking skills. ▪ Identify the symptom based on subjective and objective expressions. ▪ Select the relevant rubrics in appropriate repertory. ▪ Demonstrate the logic behind the choice of repertory. <p>REFLECTION</p> <ul style="list-style-type: none"> ▪ Recall the experience with referencing the repertorial result with cause of pain. <p>COMPETENCY: HOM-PG-FMR-02- 2:</p> <p>DIFFERENTIATES THE TYPES OF PAIN BASED ON LOCATION ASSOCIATION.</p> <p>KNOWLEDGE</p> <ul style="list-style-type: none"> ▪ Identify the different types of pains in relation to location. ▪ Relate with the pathogenesis. ▪ Identify the pain and enquires appropriately. ▪ Identifies the characteristics in the pain sensation . ▪ Explain the role of homoeopathy ▪ Identifies the investigations to be indented. ▪ Concludes the clinical diagnosis. ▪ Aware of representation of pain and location in repertory <p>SKILL</p> <ul style="list-style-type: none"> ▪ Explain logically demonstrate the need of repertory

	REFLECTION <ul style="list-style-type: none"> Identify the critical incidents that supported your prescription decision to be unbiased.
Learning Methods:	<ul style="list-style-type: none"> Case based learning / Problem based learning / Bedside / Flipped learning / Self regulated learning / library / Spaced repetition / formative self assessment
Assessment:	<ul style="list-style-type: none"> Continuous / Programmatic assessment / Practical assessment / Written assessment / MCQ / SAQ / LAQ / assignment / Viva / Bedside
Prescribed Texts:	
Domains of Competencies	Knowledge & Scholarship / Patient Care / Homoeopathic Orientation / Practice Based Learning

HOM-PG-FMR-03

Topic Overview:	This topic will provide students of MD Hom (Hom. Materia Medica) with an overview of the significance of utilisation of HMM as credible source for management and treatment possibilities for Gastro-intestinal bleeding.
Learning Outcomes:	<p>COMPETENCY: HOM-PG-FMR-03- 1:</p> <p>EXPLAIN THE PATHOGENESIS OF GASTRO-INTESTINAL BLEEDING.</p> <p>KNOWLEDGE</p> <ul style="list-style-type: none">▪ Describes the various pathological conditions leading toGastro-intestinal bleeding.▪ Describe the predisposition and dispositions prone for gastrointestinal bleeding▪ Interpret the data collected from the case taking▪ Assemble the clinical and homoeopathic data Relate the gastrointestinal bleedings with examination findings▪ Discuss differential diagnosis of the gastro intestinal bleedings▪ Relate gastrointestinal bleeding with investigation findings▪ Identifies the symptom based on subjective and objective expressions▪ Describe the various pathogenesis, clinicopathological correlation and miasmatic correlation▪ Explain the different causation at the level of bio-psycho-social-cultural-economical -political-religious responsible for the gastrointestinal bleeding▪ Classify the different evolution of gastrointestinal bleeding from reversible to irreversible pathologies▪ Classify the diseases with gastrointestinal bleeding from Hahnemannian classification▪ Define the scope and limitation of homoeopathic management for the same▪ Perform symptom classification and evaluation▪ Construct repertorial totality▪ Select appropriate rubrics▪ Select applicable clinical repertories▪ Perform differentiation of remedies▪ Relate gastrointestinal bleedings with range of susceptibility

	<ul style="list-style-type: none"> ▪ Define the follow up criteria and remedy response for the gastrointestinal bleedings ▪ Describe range of susceptibility and miasm of gastrointestinal bleeding remedies <p>SKILL</p> <ul style="list-style-type: none"> ▪ Demonstrates bedside case taking skills in cases of Gastro-intestinal bleeding. ▪ Perform homoeopathic clinical case taking of the gastrointestinal bleeding ▪ Demonstrate the physical examination skill. ▪ Construct different reportorial totalities and reportorial references of gastrointestinal bleeding ▪ Construct acute, intercurrent and chronic totalities of gastrointestinal bleedings <p>REFLECTION</p> <ul style="list-style-type: none"> ▪ Recall the experience with clinical repertories used in cases of Gastro-intestinal bleeding. ▪ Recall different clinical rubrics from clinical repertories used in cases of Gastro-intestinal bleeding based on nature and location.
Learning Methods:	<ul style="list-style-type: none"> • Case based learning / Problem based learning / Bedside / Flipped learning / Self regulated learning / Library / Spaced repetition / formative self assessment
Assessment:	<ul style="list-style-type: none"> • Continuous / Programmatic assessment / Practical assessment / Written assessment / MCQ / SAQ / LAQ / assignment / Portfolio / Checklist / Viva / Bedside
Prescribed Texts:	As per the list
Domains of Competencies	Knowledge & Scholarship / Patient Care / Homoeopathic Orientation / Practice Based Learning.

Topic Overview:	This topic will provide overview of dyspnoea, its understanding in clinical practise and its homoeopathic perspective.
Learning Outcomes:	<p>COMPETENCY: HOM-PG-FM-04- 1:</p> <p>EXPLORING DYSPNOEA AS A SYMPTOM AND ITS HOLISTIC UNDERSTANDING IN LIGHT OF HOMOEOPATHIC PERSPECTIVE AND CLINICAL MEDICINE</p> <p>KNOWLEDGE</p> <ul style="list-style-type: none"> • Discuss the etiopathogenesis of dyspnoea • Conclude etiopathogenesis of dyspnoea from homoeopathic perspective • Discuss the other clinical features associated with dyspnoea • Explain the pathogenesis of Dyspnoea • Plan investigation for confirmation of diagnosis • Formulate provisional clinical diagnosis and differential diagnosis • Explain Clinical differentiation of symptoms for assessment of nosological diagnosis • Discuss investigation for confirmation of diagnosis • Classify dyspnoea from Hahnemannian classification of disease • Apply clinical insight in classifying miasm (Psoric, Syphilitic and Sycotic) • Correlate Hahnemann's concept and modern medicine for the understanding of dyspnoea • Classify the symptoms with analysis and evaluation • Choose appropriate approach and clinical repertories • Differentiate closely coming Materia medica • Ascertain prognosis from clinical medicine and homoeopathic perspective • Plan Diet as regimen as per the nosological diagnosis and Hahnemann's directions. • Plan the line of management (Medicinal and/or auxiliary management) • Plan Strategy for homoeopathic management <p>SKILL:</p> <ul style="list-style-type: none"> • Perform Homoeopathic Case taking including anamnesis • Perform Clinical examination of chest and other relevant

	<p>systems.</p> <ul style="list-style-type: none"> • Display Homoeopathic approach in terms of anamnesis, susceptibility and miasmatic analysis • Construct prescribing Totality • Refer appropriate clinical repertory for dyspnoea <p>REFLECTION:</p> <ul style="list-style-type: none"> • Integrated approach in understanding dyspnoea • Identify social, economic, environmental, biological and emotional determinants of dyspnoea • Common rubrics and approach used in OPD and IPD for dyspnoea
Learning Methods:	Case based learning / Problem based learning / Bedside / Flipped learning / Self regulated learning / Library / Spaced repetition / formative self assessment
Assessment:	Continuous / Programmatic assessment /Practical assessment/Written assessment / MCQ / SAQ / LAQ / assignment / Portfolio / Checklist / Viva / Bedside
Prescribed Texts:	As per the list
Domains of Competencies	Knowledge & Scholarship / Patient Care / Homoeopathic Orientation

HOM-PG-FMR-05

Topic Overview:	This topic will provide students of MD Hom (Repertory) with an overview of the significance of utilisation of repertory as credible database for malnutrition, vitamin and mineral deficiency, obesity, eating disorder.
Learning Outcomes:	<p>COMPETENCY: HOM-PG-FMR-05- 1:</p> <p>IDENTIFIES SUBJECTIVE AND OBJECTIVE SIGNS AND SYMPTOMS OF MALNUTRITION, VITAMIN AND MINERAL DEFICIENCY, OBESITY, EATING DISORDER.</p> <p>KNOWLEDGE</p> <ul style="list-style-type: none">▪ Describes the various patho – physiological processes involved in genesis malnutrition, vitamin and mineral deficiency, obesity and eating disorders.▪ Identifies the role of psycho – neuro endocrine axis in genesis of malnutrition, vitamin and mineral deficiency, obesity and eating disorders.▪ Identifies the role of predisposition and susceptibility in genesis of malnutrition, vitamin and mineral deficiency, obesity and eating disorders.▪ Aware of subjective and objective signs and symptoms of malnutrition, vitamin and mineral deficiency, obesity and eating disorders.▪ Defines the level of malnutrition, vitamin and mineral deficiency, obesity and eating disorders.▪ Discuss the role of diet and nutritional supplements in management of malnutrition, vitamin and mineral deficiency, obesity and eating disorders.▪ Identifies the scope of homoeopathy alone in management of malnutrition, vitamin and mineral deficiency, obesity and eating disorders.▪ Awareness of representation in Repertory of signs and symptoms related to malnutrition, vitamin and mineral deficiency, obesity and eating disorders. <p>SKILL</p> <ul style="list-style-type: none">▪ Demonstrates case taking skills in assessment of malnutrition, vitamin and mineral deficiency, obesity and eating disorders.▪ Demonstrates the clinical examination skills of signs and symptom of malnutrition, vitamin and mineral deficiency, obesity and eating disorders.

	<ul style="list-style-type: none"> ▪ Demonstrates the assessment skills of level and intensity of malnutrition, vitamin and mineral deficiency, obesity and eating disorders. ▪ Refers appropriate repertory and relevant rubrics that represent the malnutrition, vitamin and mineral deficiency, obesity and eating disorders. <p>REFLECTION</p> <ul style="list-style-type: none"> ▪ Appreciates the process involved in assessment of malnutrition, vitamin and mineral deficiency, obesity and eating disorders and scope of homoeopathy. <p>COMPETENCY: HOM-PG-FMR-05- 2:</p> <p>REFERS APPROPRIATE REPERTORY AND RUBRICS TO MANAGE MALNUTRITION, VITAMIN AND MINERAL DEFICIENCY, OBESITY AND EATING DISORDERS. TYPES OF PAIN BASED ON LOCATION ASSOCIATION.</p> <p>KNOWLEDGE</p> <ul style="list-style-type: none"> ▪ Identifies the different repertories useful for management of malnutrition, vitamin and mineral deficiency, obesity and eating disorders. ▪ Identifies the appropriateness of rubrics in management of malnutrition, vitamin and mineral deficiency, obesity and eating disorders. <p>SKILL</p> <ul style="list-style-type: none"> ▪ To logically demonstrate the utility of repertory in management of malnutrition, vitamin and mineral deficiency, obesity and eating disorders. <p>REFLECTION</p> <ul style="list-style-type: none"> ▪ Identifies the scope of use of repertory in management of malnutrition, vitamin and mineral deficiency, obesity and eating disorders.
Learning Methods:	<ul style="list-style-type: none"> • Case based learning / Problem based learning / Bedside / Flipped learning / Self regulated learning / Library / Spaced repetition / formative self assessment
Assessment:	<ul style="list-style-type: none"> • Continuous / Programmatic assessment /Practical assessment/Written assessment / MCQ / SAQ / LAQ / assignment / Portfolio / Checklist / Viva / Bedside
Prescribed Texts:	
Domains of Competencies	Knowledge & Scholarship / Patient Care / Homoeopathic Orientation / Practice Based Learning

VII. ASSESSMENT

	Formative Assessment (Internal Assessment)	Summative Assessment (University Examination)
M.D.(Hom.) Part-I	1st Term Test: During sixth month of training	During eighteenth month of training
	2nd Term Test: During twelfth month of training	

VII (1). M.D. (HOMOEOPATHY) PART-I EXAMINATION –

MAXIMUM MARKS FOR EACH SUBJECT AND MINIMUM MARKS REQUIRED TO PASS SHALL BE AS FOLLOWS:

Subjects	Theory		Practical or Clinical Examination, including Viva	
	Maximum Marks	Pass Marks	Maximum Marks	Pass Marks
i. Fundamentals of Repertory and Case Taking	100	50	200* (160 + 40) (Summative Assessment 160 Marks) (Internal Assessment 40 Marks)	100* (80 + 20) (Summative Assessment 80 Marks) (Internal Assessment 20 Marks)
ii. Fundamentals of Clinical Medicine in Homoeopathic Repertory and Case Taking	100	50		
iii. Research Methodology and Biostatistics	100	50	-	-

*(*A common practical exam for paper I and II (100 marks practical + 100 marks viva) shall be conducted; twenty per cent. weightage shall be for internal assessment, which shall be calculated for practical or clinical including viva voce only. One internal assessment of 40 marks [20 marks (practical or clinical) + 20 marks (viva voce)] after each term of six months and average of two terms shall be considered. *eighty per cent. weightage shall be for summative assessment).*

VII (2). ASSESSMENT BLUEPRINT – THEORY (*Benchmarked by the module-wise distribution.*)

VII (2A). DISTRIBUTION OF COURSES FOR THEORY-BASED ASSESSMENT.

TYPES OF QUESTIONS WITH MARKS

Types of question	No. of questions to be asked	Marks per question	Total
Problem Based Question	01	20	20
Long Answer Question	04	10	40
Short Answer Question	08	05	40
Total			100

PART 1 – PAPER 2. COURSE NUMBERS

List the Courses

VII (2B). QUESTION PAPER LAYOUT

Q. No.	Type of Question	Content	Marks
1	Problem Based	Problem/ Case Based Question using either of any one repertory HOM-PG-FMR-01 or 03 or 04	20
2	LAQ	HOM-PG-FMR-01	10
3	LAQ	HOM-PG-FMR-03	10
4	LAQ	HOM-PG-FMR-02	10
5	LAQ	HOM-PG-FMR-03	10
6	SAQ	HOM-PG-FMR-04	5
7	SAQ	HOM-PG-FMR-03	5
8	SAQ	HOM-PG-FMR-02	5
9	SAQ	HOM-PG-FMR-05	5
10	SAQ	HOM-PG-FMR-03	5
11	SAQ	HOM-PG-FMR-02	5
12	SAQ	HOM-PG-FMR-05: d or e	5
13	SAQ	HOM-PG-FMR-05: f or g or h	5

VII (3). ASSESSMENT BLUEPRINT –PRACTICAL / VIVA.

VII (3A). CLINICAL EXAMINATION: A COMMON PRACTICAL/VIVA FOR PART I PAPER 1 AND 2.

VIII. LIST OF REFERENCE BOOKS (AS PER APA FORMAT).

LIST OF RECOMMENDED REFERENCE BOOKS FOR THE PRACTICE OF MEDICINE:

1. Bates, B., Bickley, Lynn, S. and Szilagyi, Peter, G. (2013) Bates' Guide to Physical Examination and history taking. Philadelphia u.a.: Wolters Kluwer, Lippincott Williams & Wilkins.
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3. Boyd, W. (1979). *A Textbook of Pathology* (8th ed.). London: Lea & Febiger, Philadelphia.
4. Cecil, R.L. and Kennedy, F. (1943) A text-book of medicine. Philadelphia: Saunders
5. Datey, K.K. and Shah, S.J. (1979) A.P.I. textbook of medicine. Bombay: Association of Physicians of India
6. Davis, M.A. (1999) Signs and symptoms in emergency medicine: Literature-based guide to emergent conditions; Mark A. Davis. St. Louis, MO: Mosby
7. Fauci, A. S., Kasper, D. L., Longo, D. L., Braunwald, E., Hauser, S. L., Jameson, J. L., et al. (Eds.). (2008). *Harrison's Principles of Internal Medicine* (17th Edition ed.). New York: Mc Graw Hill Medical.
8. Frazier, H.S. and Mosteller, F. (1995) Medicine worth paying for: Assessing Medical Innovations. Cambridge, MA: Harvard University Press.
9. Glynn, M., & Drake, W. (Eds.). (2012). *Hutchison's Clinical Methods* (23rd ed.). China: Saunders Elsevier.
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13. Kamath, S. A. (Ed.). (2022). *API Textbook of Medicine* (12th ed.). New Delhi: Jaypee Brothers Medical Publishers (P) Ltd, New Delhi.
14. Kaul, V. K., & Bagga, A. (Eds.). (2019). *Ghai Essential Pediatrics* (10th ed.). New Delhi: CBS Publishers & Distributors Pvt Ltd, New Delhi.
15. Kinirons, M., & Ellis, H. (Eds.). (2005). *French's Index of Differential Diagnosis* (14th ed.). London: Hodder Arnold.
16. Kumar, P., & Clark, M. (Eds.). (2005). *Clinical Medicine* (6th ed.). Elsevier Saunders.

17. Malhotra, N., Malhotra, J., Saxena, R., & Malhotra Bora, N. (Eds.). (2019). *Jeffcoate's Principles of Gynaecology* (9th ed.). New Delhi: Jaypee Brothers Medical Publishers (P) Ltd.
18. Mehta, P.J. and Palia, F.E. (1979) Practical medicine for students and Practitioners. Bombay: P.J. Mehta and F.E. Palia.
19. Munir Ahmed R Fundamentals of repertories: Alchemy of Homoeopathic Methodology; HiLine publishers and distributors
20. Ogilvie, C., & Evans, C. (2006). *Chamberlain's Symptoms and Signs in Clinical Practice* (12th ed.). New Delhi: Jaypee Brothers Medical Publishers (P) Ltd.
21. Parthasarathy, A., Menon, P., & Nair, M. (Eds.). (2019). *IAP Textbook of Pediatrics* (7th ed.). New Delhi: Jaypee Brothers Medical Publishers (P) Ltd, New Delhi.
22. Penman, I. D., Ralston, S. H., Strachan, M. W., & Hobson, R. P. (Eds.). (2022). *Davidson's Principles and Practice of Medicine* (24th Edition ed.). Elsevier.
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