PROPOSED COURSE CURRICULUM FOR BHMS

PRESCRIBED BY NATIONAL COMMISSION FOR HOMOEOPATHY

HOMOEOPATHY EDUCATION BOARD

NATIONAL COMMISSION FOR HOMOEOPATHY

JANAKPURI NEW DELHI-110058

INTRODUCTION

The National Commission for Homoeopathy (NCH) has been constituted by an act of Parliament known as The National Commission for Homoeopathy Act, 2020 which came into force on 05.07.2021 by gazette notification dated 05.07.2021. The Board of Governors in supersession of Central Council of Homoeopathy constituted under section 3 of The Homoeopathy Central Council Act, 1973 stands dissolved thereafter.

MISSION AND VISION

The aims of The National Commission for Homoeopathy (NCH) are to (i) improve access to quality and affordable medical education in Homoeopathy, (ii) ensure availability of adequate and high quality Homoeopathy medical professionals in all parts of the country; (iii) promote equitable and universal healthcare that encourages community health perspective and makes services of Homoeopathy medical professionals accessible and affordable to all the citizens; (iv) promotes national health goals; (v) encourage Homoeopathy medical professionals to adopt latest medical research in their work and to contribute to research; (vi) has objectively access medical institutions periodically in a transparent manner; (vii) maintain a Homoeopathy medical register for India; (viii) enforce high ethical standards in all aspects of medical services; (x) have an effective grievance redressal mechanism

FUNCTIONS OF NATIONAL COMMISSION FOR HOMOEOPATHY

(a) lay down policies for maintaining a high quality and high standards in medical education of Homoeopathy and make necessary regulations in this behalf;

(b) lay down policies for regulating Homoeopathic medical institutions, medical researches and Homoeopathic medical professionals and make necessary regulations in this behalf;

(c) assess the requirements in healthcare, including human resources for health and healthcare infrastructure and develop a road map for meeting such requirements;

(d) frame guidelines and lay down policies by making such regulations as may be necessary for the proper functioning of the Commission, the Autonomous Boards and the State Medical Councils of Homoeopathy;

(e) ensure co-ordination among the Autonomous Boards;

(f) take such measures, as may be necessary, to ensure compliance by the State Medical Councils of Homoeopathy of the guidelines framed and regulations made under this Act for their effective functioning under this Act;

(g) exercise appellate jurisdiction with respect to the decisions of the Autonomous Boards;

(h) make regulations to ensure observance of professional ethics in medical profession and to promote ethical conduct during the provision of care by Homoeopathic medical practitioners;

(i) frame guidelines for determination of fees and all other charges in respect of fifty per cent. of seats in private homoeopathic medical institutions and deemed to be universities which are governed under the provisions of this Act;

(j) exercise such other powers and perform such other functions as may be prescribed

NCH Autonomous Board

In exercise of the powers conferred by sub-section (1) of section 18 of the National Commission for Homoeopathy Act, 2020 (15 of 2020), the Central Government hereby constitutes the following Autonomous Boards, namely:—

Homoeopathy Education Board

The Homoeopathy Education Board (HEB) has been constituted under section 18, of the National Commission for Homoeopathy Act, 2020 as an Autonomous Board under the overall supervision of the Commission, to perform the functions assigned in the Act. Its objectives -

To lay down policies for maintaining a high quality and high standards in education of Homoeopathy and make necessary regulations in this behalf; lay down policies for regulating homoeopathic medical institutions, medical researches and homoeopathic medical professionals and make necessary regulations in this behalf; assess the requirements in healthcare, including human resources for health and healthcare infrastructure and develop a road map for meeting such requirements

Medical Assessment and Rating Board for Homoeopathy

The Medical Assessment and Rating Board for Homoeopathy (MARBH) has been constituted under section 18, of the National Commission for Homoeopathy Act, 2020 as an Autonomous Board under the overall supervision of the Commission, to perform the functions assigned in the Act. Its objectives –

To lay down policies for regulating homoeopathic medical institutions and homoeopathic medical education, and make necessary regulations in this behalf; has an objective periodic and transparent assessment of medical institutions and facilitate to improve the educational system all over the country, at par with other approved systems of medicine.

Board of Ethics and Registration for Homoeopathy

The Board of Ethics and Registration for Homoeopathy (BERH) has been constituted under section 18, of the National Commission for Homoeopathy Act, 2020 as an Autonomous Board under the overall supervision of the Commission, to perform the functions assigned in the Act. Its objective-
To take such measures, as may be necessary, to ensure compliance by the State Medical Councils of Homoeopathy of the guidelines framed and regulations made under this Act for their effective functioning under this Act; make regulations to ensure observance of professional ethics in Medical profession and to promote ethical conduct during the provision of care by medical practitioners.

PREAMBLE TO THE REVISED SYLLABUS FOR BHMS

Background

The last major revision of the BHMS syllabus has occurred in 2016. A lot of changes in the health and educational field have occurred since then. The country, and the world, has gone through a pandemic which has sharply focussed on the need to strengthen the health care structure of the country at all levels. Never before has the need for pluralistic health care been experienced with all health care disciplines needing to contribute to the alleviation of the community distress keeping in mind a scientific, evidence-based approach. Over the years, our country has been witnessing the gradual shift of illness pattern from communicable to non-communicable illnesses including mental health conditions. The National Educational Policy 2020 recommends a vast change in our approach to higher education including the institution of student-centred educational practices, using education for ushering a transformational change with the teacher playing the role of a guide and a facilitator. The National Homoeopathy Commission (NCH) has been charged to develop a competency based dynamic curriculum for Homoeopathy at all levels while raising the quality of health care education having regard to needs of the country as well as global standards.

Medical education all over the world has been undergoing a sea change in its approach and focus and methods of teaching and assessment. Our country is a leader in the Homoeopathic world and hence must keep pace with the changes taking place elsewhere in order to remain a leader in Homoeopathic education. We have an opportunity to become an international hub of education and training as all AYUSH disciplines are accorded equal status by the Government of India and we have access to all clinical and research facilities on par with the allopathic medical science. It is the duty of the Homoeopathic medical profession, especially teachers and academicians to make maximum use to elevate our standard of delivering quality health care and education and conducting research.

Revisions-the what and the why

In the light of the above, it has been found necessary to make a major revision of the syllabus keeping the following in mind:

1. Educational input must be focussed. The student must know what is to be learnt in any particular subject, how it is to be imbibed and how it will be assessed. Hence effort has gone into framing learning objectives for each subject which varies in level and complexity as the student ascends the ladder of learning. This will bring in the much needed rationale for what is being taught and what is expected to be learnt.
2. The essence of sound homoeopathic practice is its holistic nature. It rests on the underlying principles rooted in the philosophy propounded by Hahnemann in the Organon and further evolved by the numerous Masters who followed him. Hence the teaching of Homoeopathic philosophy forms the bedrock of all homoeopathic education. The syllabus of Organon with Homoeopathic Philosophy has been accordingly revised and its application to the clinical disciplines has been emphasized.

3. Successful homeopathic practice demands integration of all disciplines at the bedside or in the clinic. This faculty is not innate in us but needs to be inculcated through the formative years. The classroom and the clinic are the fields where this integration has to be experienced by the student so that this becomes a regular practice of thought, feeling and action. Hence all the syllabi have underlined points where such integration can be demonstrated.
4. Year-end examinations are a point of stress for a number of students leading to a number of mental health issues. This is not inevitable. Moreover, term ending examinations are not the best way of assessing competence. There is a need to reduce this stress and distribute assessments through the year. This change has been brought about where 20% of the final assessment comprises of the internal assessment carried out through the year. The Final exam papers need to be structured in a uniform way. Multiple choice questions have been re-introduced to ease the pressure and enable integrated knowledge to be assessed through the other questions.
5. Electives have become a regular part of medical education elsewhere. The Homoeopathic Education Board has taken the bold step of introducing it for the first time in a structured way for students of BHMS. A detailed note provides the rationale and mode of functioning for the student and the teacher. It is hoped that this new initiative will open up new avenues for students and faculty alike.
6. Four new subjects have been introduced in response to the changing times. 'Fundamentals of Psychology in relation to Homoeopathy' will place the study of the much neglected mind on par with the study of the body in the first year. Homoeopathic practitioners constantly face the need to decode the properties and effects of allopathic drugs prescribed for their patients. Hence the subject of 'Principles of Modern Pharmacology' is being introduced in the third year to familiarize the graduate to a clinical reality which exists. The last year will see the learning of 'Principles of Research Methodology and Biostatistics' which will help to put evidenced based approach to the practice of Homoeopathy on a strong footing. Yoga and its philosophy is being introduced in first and final year, with a clear idea of the different section of asana, pranayama, kriya and meditation. This will train the students in understanding the relationship between Yoga and Homoeopathy in a holistic approach, and the point of application of yoga in part of treatment.

The decks have been thus cleared for issuing a fresh Homoeopathic Degree Regulation and corresponding MSR which should come into effect for the academic batch of 2022-23.

The future: what and how

As indicated above, the NCH will now initiate steps to institute Competency based dynamic curriculum in homoeopathic education. We have already taken the first step through the formulation of this revised syllabus. Board has also started developing competency based dynamic curriculum and a sample competency based curriculum for the subject of anatomy is enclosed in this document subject to modifications as suggested by the experts and fraternity. The teachers will have to be in the forefront of planning this curriculum and the greatest impact of these changes will be borne by the teachers. One of the major transformations they will need to undergo is a change in

their role from ‘information providers’ to ‘knowledge facilitators’. The construction of this revised syllabus has seen their ready, timely and informed participation. This readiness now will have to spread to the homoeopathic colleges all across the country so that their invaluable efforts and time will see our fresh graduates functioning as efficient health practitioners along with their colleagues of other health care disciplines. This will be the first step to restore Homoeopathy to the pride of place in catering to the health care needs of our people in the rural and tribal areas, in the towns and metros as well as internationally in the wide world.

Dr. Tarkeshwar Jain
President
Homoeopathy education board
National Commission for Homoeopathy

1. HOMOEOPATHIC MATERIA MEDICA

I. Background

Homoeopathic Materia Medica (HMM) is the study of the action of drugs on healthy human being as a whole taking into consideration individual susceptibility and its reaction to various circumstances and time. A good prescription by a homoeopath mainly depends upon the case receiving, processing and a sound knowledge of Homoeopathic Materia Medica.

Every homoeopathic medicine has its own affinity to an area, direction, spread, tissue, organ, system, duration and a peculiar sensation and altered function. An altered sensation, function and structure results in pathology which is also expressed in the pathogenesis of the drugs. Application of this knowledge to a particular disease condition is known as therapeutics. Apart from the symptoms produced by drug proving on healthy human beings, Materia Medica also has symptoms from toxicological and clinical provings.

Apart from the source books of Materia Medica there are different types of Materia Medicas constructed on different philosophical backgrounds by different authors. Materia Medica also forms the source books of various repertories. Some of the source books of Materia Medica deal with sources of the drugs. Each drug in Materia Medica has its own personality with its Mental and Physical constitution. It becomes very important for a student of Homoeopathy to study Materia Medica by integrating all the subjects of his Homoeopathic Medical education. It is also important to keep in mind that the end point of the teaching of HMM is not to burden the student with information of more number of remedies but to equip with an approach which will help to apply the knowledge in practice.

Newer illnesses will keep on emerging and newer drugs or newer, undiscovered facets of existing drugs will be needed to treat these. Existing chronic or incurable illnesses are perennially inviting relief from the Homoeopathic physician. The exploration of Materia Medica is an endless journey.

II. Learning Objectives

1. To grasp the basic concept and philosophy of Homeopathic Materia Medica based on Hahnemannian directions
2. To understand the different sources and types of Materia Medica
3. To mould Homoeopathic students by equipping them to readily grasp the symptoms of the sick individual corresponding to the symptoms of the drug.
4. To understand the drug with its pharmacological data, adaptability, sphere of action, along with characteristic sensations and functions both at level of mind and body along with doctrine of signatures.
5. To construct the portrait of the drug with its predisposition, disposition both mental and physical, diathesis and disease expression with Miasmatic correlation and its susceptibility expression at various times taking in to consideration of the environment around him/ her.

6. To understand the drug from its therapeutic application in various pathological conditions and allied clinical subjects like practice of medicine, surgery, obstetrics and gynaecology.
7. To understand the group characteristics of the drugs and the individualizing symptoms of the individual remedies of the group.
8. To differentiate medicines arising from the reportorial process and to arrive at an appropriate similimum.
9. To grasp the concept of remedy relationship and its application in practice
10. To understand the Miasmatic expressions and evolution in a given drug
11. To understand and apply the bio-chemic system of medicine in practice
12. To understand and apply the utility of mother tinctures in practice

The specific Objectives and Contents for each year is now given separately for each year.

III. Contents

I BHMS

General Objectives

1. Know the evolution, construction and types of Materia Medica and the concepts behind the construction of Materia Medica.
2. Understand the application of the knowledge of anatomy, physiology, pharmacy and psychology in Materia Medica

Specific Objectives

1. Study of Symptomatology with classification & types
2. History and Evolution of Homoeopathic Materia Medica
3. Construction and philosophies of various Materia Medica
4. Students should also be in a position to form the drug picture and regional Materia Medica as mentioned in Organon by applying the knowledge of anatomy, physiology, pharmacy and psychology.

I BHMS Contents

1. **Introductory Lectures**
   a. Definition and introduction of basic materia medica
   b. Sources, types, scope and limitation of Homoeopathic Materia Medica
   c. Theory of Biochemic system of medicine, its comparision with Homoeopathy and study of **12 Biochemic tissue salts** with their physico-chemical reaction.
   d. How to study Materia Media – Lesser writings by Dr Kent on study of Materia

2. Drug List is formulated so that students can grasp the basics of Materia Medica relevant to teaching of that year in first year, the effort is made to demonstrate the integration of Anatomy, physiology, psychology and pharmacy.

Homoeopathic Medicines Ist BHMS:

1. Aconite	18. Calcarea phos	35. Hypericum
2. Aethusacynapium	19. Calendula	36. Ignatia
3. Allium cepa	20. Carbo veg	37. Ipecac
4. Aloe soc	21. Chamomilla	38. Ledum pal
5. Ammonium carb	22. Cina	39. Lycopodium
6. Ammonium mur	23. Cinchona	40. Natrum carb
7. Antim crud	24. Cocculus	41. Natrum mur
8. Antim tart	25. Coffea cruda	42. Nux vomica
9. Apismel	26. Colchicum	43. Podophyllum
10. Arnica montana	27. Colocynth	44. Pulsatilla
11. Ars alb	28. Dioscoriavillosa	45. Rhus tox
12.Arum triph	29. Croton tig	46. Ruta
13. Baryta carb	30. Drossera	47. Silicea
14. Belladona	31. Dulcamara	48. Spongia
15. Borax	32. Euphrasia	49. Sulphur
16. Bryonia alba	33. Gelsemium	50. Symphytum
17. Calc carb	34. Heparsulph	

12 Biochemic tissue salts

1. Calc flour	5. Kali mur	9. Nat mur
2. Calc phos	6. Kali phos	10. Nat phos
3. Calc sulph	7. Kali sulph	11. Nat sulph
4. Ferr phos	8. Mag phos	12.Silicea

Teaching Learning Method

Demonstrate the ability to apply Materia Medica in practical situation. At clinical teaching there should be discussions/demonstrations of clinical cases with reference to Materia medica.So the students acclimatize to clinical environments, develop professionally, interact with patients with more confidence, develop self reflection and appraisal skills.

There could be mentorship programmes where mentor and mentee both present topics/presentations and are both assessed.

Innovative techniques to be used with artificial intelligence including web based applicatons, which the college can identify, develop and use.

Apart from lectures the students should be also encouraged to make herbarium, drug cartoons (self-directed learning) herbal garden visits and assignments highlighting the pharmacological aspects of the drugs correlating with the symptomatology of the drugs.

Student led objective tutorials are to be encouraged.

Maintaining of minimum 10 drug pictures in terms of psychology, anatomy and physiology in Journal of Homoeopathy Materia Medica along with observations in OPD/ IPD clinical hours.

No of Teaching Hours

1st BHMS Homoeopathic Materia Medica		
YEAR	**TEACHING HOURS-LECTURES**	**OPD/IPD**
1st BHMS	120	75

1 Assessment:

Refer to Homoeopathic Degree Regulation 2022
2 Formative assessment: 40

Internal assessment	
Theory	**20 marks**
Practical	**20 marks**

3. Summative assessment:
Theory- 80 marks

MCQ	**20 marks**	**30 min**
SAQ	**30 marks**	**1 hour**
LAQ	**30 marks**	**1 hour**

4 Practical & Viva→80 marks

Spotting	20 marks
Journal	10 marks
Viva voce	50 marks

5. The pass marks in each subject of examination shall be 50%.

II BHMS

General Objectives:

1. Correlate Homoeopathic Materia Medica with pathology and pathogenesis

2. Understand Regional Materia Medica through knowledge of pathology
3. Know the different Nosodes and their preparation and application
4. Understand the toxicological expression of remedies and relate with proving
5. Correlation of bio-psycho-social model of aetio-pathogenesis along with miasm in understanding common polychrest remedies
6. Able to differentiate Homoeopathic Materia Medica with other system of medicine and able to define the scope and limitation of HMM
7. Relating patho-physiology with biochemical system of medicine

Specific Objectives:

1. Developing a drug portrait further by integrating modern concept of pathology and miasm.
2. History of development of Homoeopathic materiamedicas from source books to later adaptations
3. Compare Homoeopathic Materia Medica with other systems Materia Medica
4. Different approaches in study of HMM wirhreference to the remedies

Drug List is prepared keeping in mind the pathology, pathogenesis of the remedies and with reference to community medicine. Also, toxicological study of the remedies keeping in view the list from toxicology

Homoeopathic Medicines IInd BHMS:

1. Acetic acid	18. Calcarea fluor	35. Hyoscymus
2. Actearacemosa	19. Calcarea iod	36. Kali carb
3. Aesculus hipp	20.Calcarea sulph	37. Kali phos
4. Agaricusmus	21. Camphora	38. Kali sulph
5. Agnus castus	22. Cannabis indica	39. Nat carb
6. Alumina	23. Cannabis sativa	40. Nat phos
7. Ambra grisea	24. Cantharis	41. Nat sulph
8. Anacardium orien	25. Cardus marianus	42. Opium
9. Antim ars	26. Causticum	43. Petroleum
10. Apocynum	27. Ceanothus	44. Phosphorus
11. Ars iod	28. Chelidonium	45. Secale cor
12. Baptisia	29. China ars	46. Sepia
13. Berberis vulgaris	30. Digitalis	47. Stramonium
14. Bellis per	31. Echinacea	48. Thuja
15. Bromium	32. Equisetum	49. Urtica urens
16. Cactus g	33. Ferrum met	50. Veratrum album
17. Calcareaars	34. Helleborus	

In addition to above drug list---

A. General Materia Medica- Comparision of HMM with other system Materia Medica, Different approaches in study of HMM with ref to the remedies in syllabus, Comparative Materia Medica

B. Syllabus of I BHMS

Teaching Learning Methods

Demonstrate the ability to apply Materia Medica in practical situation. At clinical teaching there should be discussions/demonstrations of clinical cases with reference to Materia medica, department of Pathology and microbiology, Forensic Medicine and Organon and Homoeopathic Philosophy so that the drugs which have pathological generals and toxicological importance have to be taught together. With the integration of pathology and miasm the drugs which have miasmatic expression should be also taught together.

Apart from the lecture classes the students should be guided to conduct integrated inter departmental seminars so that the above-mentioned objectives are achieved. Assignments on this integration are to be encouraged. Group discussion on drugs pathogenesis and systemic pathology should to be entertained.

Innovative techniques to be used with artificial intelligence including web based applicatons, which the college can identify, develop and use.

10 acute and 10 Chronic Case records to be maintained.

No of Teaching Hours

2nd BHMS Homoeopathic Materia Medica		
YEAR	**TEACHING HOURS-** **LECTURES**	**OPD/IPD**
2nd BHMS	150	30

1 Assessment:

Refer to Homoeopathic Degree Regulation 2022
2 Formative assessment: 40 marks

Internal assessment	
Theory	**20 marks**
Practical	**20 marks**

3. Summative assessment:

<u>Theory-80 marks</u>

30 percentage of questions from the first BHMS portions and 70 percentage of questions shall be from the portions of second BHMS.

MCQ	**20 marks**	**30 min**
SAQ	**30 marks**	**1 hour**
LAQ	**30 marks**	**1 hour**

4 Practical & Viva→80 marks

Bed side examination and viva voce

Case taking and processing of case	20 marks
Journal	10 marks
Viva voce	50 marks

5. The pass marks in each subject of examination shall be 50%.

III BHMS

General objectives

1. Knowledge of application of clinical subjects of surgery, gynaecology and obstetrics, and practice of medicine in homoeopathic Materia Medica.
2. Student is able to grasp the concept and process of comparative Materia Medica and differentiation of remedies
3. Develop the ability to apply knowledge of Materia Medica to therapeutics
4. Understand philosophy and construction of different Materia Medica and their history and evolution
5. Able to apply the knowledge of symptomatology to construct the portrait of remedy
6. Able to apply the clinical knowledge and integrate with proving to develop regional Materia Medica

Specific Objectives

1. Capacity to form the drug picture from the application of the clinical subjects in Materia Medica.
2. Ability to construct drug pictures taking into consideration all the knowledges gathered so far till 3rd BHMS

Drug List is prepared to accommodate more drugs related to surgery and gynaecology along with polychrest remedies.

Homoeopathic Medicines IIIrd BHMS:

1. Actea spicata	4. Arg met	7. Asteria rubens
2. Adrenalinum	5. Arg nit	8. Aurum met
3. Aranea d	6. Asafoetida	9. Benzoic acid

10. Bismuth	32. Kali brom	54. Sabina
11. Bovista	33. Kreosotum	55. Sarsaparilla
12. Bufo	34. Lachesis	56. Selenium
13. Caladium	35. Lilium tig	57. Staphysagria
14. Capsicum	36. Lithium carb	58. Sulphuric acid
15. Carbolic acid	37. Millifolium	59. Thalapsi bursa pestoris
16. Caulophyllum	38. Moschus	60. Tabaccum
17. Cholesterinum	39. Murex	61. Taraxacum
18. Clematis	40. Muriatic acid	62. Tarentula cub
19. Cocca	41. Naja	63. Tarentula hisp
20. Collinsonia	42. Nitric acid	64. Terebinthina
21. Conium	43. Nuxmoschata	65. Theridion
22. Crocus sativus	44. Onosmodium	66. Thyroidinum
23. Crotalus h	45. Oxalic acid	67. Trillium pendulum
24. Cyclamen	46. Phosp acid	68. Ustilago
25. Erigeron	47. Physostigma	69. Viburnum opulus
26. Fluoric acid	48. Picric acid	70. X Ray
27. Graphites	49. Platina	
28. Helonias	50. Radium brom	
29. Hydrastis	51. Raphanus	
30. Iodum	52. Rathania	
31. Kali bich	53. Sabal serrulata	

In addition to above drug list---

A. General Materia Medica- Group Study,Remedy relationship and Concordances,Concept of Diathesis

B. Group study of Sarcodes, Acids, Noble Metals, Natrum, Kali, Calcarea, Ophidia, Spiders etc

C.Syllabus of I BHMS & II BHMS

Teaching Learning Methods

Demonstrate the ability to apply Materia Medica in practical situations. In clinical teaching there should be discussions/demonstrations of clinical subjects of surgery, gynaecology and obstetrics, and practice of medicine in homoeopathic Materia Medica.

Apart from the lecture classes the students should be guided to conduct integrated, interdepartmental seminars so that the above-mentioned objectives are achieved. Assignments on this integration are to be encouraged.

Innovative techniques to be used with artificial intelligence including web based applicatons, which the college can identify, develop and use.

Innovative techniques to be used with artificial intelligence including web based applicatons, which the college can identify, develop and use.

There has to be a case oriented clinical meeting of at least two hours in a week covering a particular clinical condition and application of the drug in that clinical condition.

10 acute and 10 chronic case records to be maintained by the student.

No of Teaching Hours

3rd BHMS Homoeopathic Materia Medica		
YEAR	**TEACHING HOURS-** **LECTURES**	**OPD/IPD**
3rd BHMS	150	80

1 Assessment:

Refer to Homoeopathic Degree Regulation 2022

2 Formative assessment: 40

Internal assessment	
Theory	**20 marks**
Practical	**20 marks**

3. Summative assessment:

Theory- 80 marks

30 percentage of questions from the first and second BHMS portions and 70 percentage of questions shall be from the portions of third BHMS.

MCQ	**20 marks**	**30 min**
SAQ	**30 marks**	**1 hour**
LAQ	**30 marks**	**1 hour**

4 Practical& Viva→80 marks

Bed side examination and viva voce

Chronic case taking and processing of case	20 marks
Acute Case taking and processing of case	10 marks
Journal	10 marks

Viva voce	40marks

5.The pass marks in each subject of examination shall be 50%.

IV BHMS

General Course objectives

1. Understand concept of generalization and individualization and approach to group study
2. Understand the concept of remedy relationship and demonstration through few examples of clinical importance
3. Understand the concept of mother tincture and relating with its action based on pathogenesis
4. Learn to build portrait and regional Materia medica

Specific objectives

1. Developing portrait from proving data from source book
2. Should be in a position to construct the totality of the drug from predisposition, disposition, diathesis, and disease expression in time and space.
3. Able to construct regional HMM from source books
4. Know the different group symptom of common groups used in practice
5. Know different remedy relationship with few examples
6. Study of mother tinctures and their application with examples

List of Drugs

This is prepared from clinico pathological correlation and application in practice of medicine along with further introduction of more polychrestremedies

Homoeopathic Medicines IVth BHMS

1. Abies canadensis	15. Carbo animlais	29. Hydrocotyle
2. Abies nigra	16. Carcinocin	30. Jonosiaasoka
3. Abroma augusta	17. Carica papaya	31. Justicia adhatoda
4. Abrotanum	18. Casiasaphora	32. Kalmia
5. Acalypha indica	19. Cedron	33. Lac can
6. Adonis vernalis	20. Cicuta	34. Lac def
7. Amyl nitrate	21. Condurango	35. Lobelia
8. Anthracinum	22. Corralium rubrum	36. Lyssin
9. Artemisia vulgaris	23. Crataegusoxyacantha	37. Mag carb
10. Avena sativa	24. Cuprum met	38. Mag mur
11. Baccillinum	25. Diphtherinum	39. Mag phos
12. Baryta mur	26. Euptorium per	40. Malandrinum
13. Blattaorientalis	27. Ficus religiosa	41. Medorrhinum
14. Calotropis	28. Glonoine	42. Melilotus

43. Menyanthus
44. Mephitis
45. Merc cor
46. Merc cynatus
47. Merc dulcis
48. Merc sol
49. Merc sulph
50. Mezerium
51. Ocimumsanctum
52. Passiflora
53. Plumbum met
54. Psorinum
55. Pyrogen
56. Ranunculus bulb
57. Rauwolfiaserp
58. Rheum
59. Rhododendron
60. Rumex
61. Sabadilla
62. Sambucus
63. Sanguinaria
64. Sanicula
65. Spigelia
66. Squilla
67. Stannum met
68. Stictapal
69. Syphilinum
70. Syzigium
71. Tuberculinum
72. Vaccinum
73. Valeriana
74. Variolinum
75. Veratrum viridae
76. Vinca minor
77. Zincum met

In addition to above drug list---

A**.** General Materia Medica- Group Study of drugs of I, II, III BHMS, Remedy relationship and Concordences, Mother tinctures

B. Group studies:

1. Group Study- Nosodes
2. Group Study – Metals
3. Group Study- Magnesium
4. Family Study- Logainacea, Compositae, Solanaceae, Rananunculaceae.

C. Syllabus of I, II & III BHMS

There has to be integration of all the subjects the students have studied throughout the course. Apart from the lectures, seminars and assignments, a case oriented clinical meeting of at least two hours in a week should be organized where all the concepts which have been learned in the earlier years and in the final year are to be seen to be implemented.At clinical teaching there should be discussions/demonstrations of clinical cases with reference to Materia medica.

The seminars hours can be utilized for dramatic representation of drug pictures. Assignments should be oriented towards comparative and clinical study.

Student should also maintain 20 acute and 20 chronic case records.

No of Teaching Hours

Classroom teaching hours and Practical hours

4th BHMS Materia Medica Classroom teaching and Practical hours		
YEAR	**TEACHING HOURS-** **LECTURES**	**OPD/IPD**
4th BHMS	202	100

1 Assessment

Refer to Homoeopathic Degree Regulation 2022

2. Formative –

Internal assessment	
Theory	**40 marks**
Practical	**40 marks**

3.Summative assessment:

Theory- 160 marks

Paper-1 (80 marks)First, second, third year portions			
1	**MCQ**	**20 marks**	**30 min**
2	**SAQ**	**30 marks**	**1 hour**
3	**LAQ**	**30 marks**	**1 hour**
Paper-2 (80 marks) Final BHMS Portions			
1	**MCQ**	**20 marks**	**30 min**
2	**SAQ**	**30 marks**	**1 hour**
3	**LAQ**	**30 marks**	**1 hour**

4.Practical & Viva→160 marks

Bed side examination and viva voce

Chronic case taking and processing of case	40 marks
Acute Case taking and processing of case	20 marks
Journal	10 marks
Viva voce	90 marks

5. The pass marks in each subject of examination shall be 50%.

Text Books and Reference Books

TEXT BOOKS

1st BHMS

1. KEYNOTES AND CHARACTERISTICS WITH COMPARISONS of some of THE LEADING REMEDIES of the MATERIA MEDICA - Allen H.C.
2. Key notes of homoeopathic materia medica by CCRH Vol – 1,2
3. A Study on Materia Medica – N.M. Choudhuri.
4. Lectures On Homoeopathic Materia Medica – J.T.Kent
5. Physiological Materia Medica – William Burt
6. The 12 Tissue Remedies of Schussler – Boericke & Dewey

2nd BHMS

1. All The Books Mentioned In Previous Year
2. Pocket Manual of Homoeopathic Materia Medica & Repertory - W. Boericke
3. Key to the Homoeopathic Materia Medica - Pulford
4. Clinical Materia Medica - E. A. Farrington
5. Pointers to the common remedies- M. L. Tyler
6. Studies of Homoeopathic remedies-Gibson Miller
7. CCRH drug monograph - bellis perennis

3rd BHMS

1. All The Books Mentioned In Previous Years
2. M. L. Tyler - Drug Pictures of Homoeopathic Materia Medica
3. Comparative Materia Medica – Farrington E. A.
4. Leaders In Homoeopathic Therapeutics with Grouping And Classification – E. B. Nash
5. Materia Medica of Homoeopathic Medicine - S. R. Phatak
6. Bedside prescriber by Dr. Farokh Master
7. CCRH drug monograph – kali muriaticum

4th BHMS

1. All The Books Mentioned In Previous Years
2. Guiding Symptoms of Homoeopathic Materia Medica - C. Hering
3. A Synoptic Key of the Materia Medica – Boger C. M.
4. A Dictionary of Practical Materia Medica - Vol. I to III - Clarke J.H.
5. Homoeopathic Therapeutics – Samuel Lilienthal
6. Keynotes and Redline Symptoms of the Materia Medica - Lippe A.
7. The Bowel Nosodes - John Paterson

8. Materia medica of Homoeopathic medicines – S.R.Pathak
9. Common books on group symptoms: ICR symposium volume-F, Clinical Materia Medica – Farrington; Gems
10. Bedside prescriber by Dr.Farokh J Master
11. Absolute Homoeopathic Materia Medica by Dr. Ajit Kulkarni
12. Cassia sophera drug monograph – CCRH
13. Carica papaya Drug monograph – CCRH
14. Acalypha indica drug monograph – CCRH

REFERENCE BOOKS

1. Textbook of Homoeopathic Materia Medica – L. K. Nanda
2. Materia Medica of Nosodes with Repertory – Julian O. A.
3. Pneumonias - Borland
4. Digestive Drugs - Borland D.M.
5. A Textbook Of Materia Medica And Therapeutics – Cowperthwaite
6. Lotus Materia Medica – Robin Murphy
7. Materia Medica Pura – Hahnemann S.
8. Homoeopathic Psychology – Philip M. Bailey
9. Psyche And Substance By – Edward C. Whitmont
10. A Portrait of Homoeopathic Materia Medica (Volume I to III)- Catherine Coulter
11. Chronic Diseases (Vol I & II) - S. Hahnemann
12. Encyclopedia of Homoeopathic Materia, Medica (Vol 1 to12) - T. F. Allen
13. A Manual of Pharmacodynamics (volume I to IV) – Richard Hughes
14. A Cyclopaedia of Drug Pathogenesy - Hughes
15. The Materia Medica of the Nosodes with Proving of the X Ray – Allen H. C.
16. Handbook of Homoeopathy Materia Medica - T. F. Allen
17. An Update on Bowel Nosode with Comparison – Chaturbhuja Nayak

2. ORGANON OF MEDICINE WITH HOMOEOPATHIC PHILOSOPHY AND FUNDAMENTALS OF PSYCHOLOGY

I. Background

Organon of Medicine with Homoeopathic Philosophy is a central fulcrum around which education and training of a homoeopathic physician revolves. It lays down the foundations of homoeopathic practice, education, training and research. It not only elaborates on the fundamental laws but also how to apply them in practice. It defines the qualities of a healer, guides the homoeopathic physician in inculcating values and attitude and develop skills.

Nature nurtures us. It is well depicted in our science. Therefore, Homoeopathy is in synchronizationwith nature. The need to keep life force within us well balanced with nature is well established inthe Organon of Medicine by Dr Hahnemann.Dr Hahnemann as an ecologist was well ahead of his time. Philosophically, it connects man and his actions to the dynamic forces available in nature, thus bringing to fore the holistic approach. Lateralization of these concepts helps the student to develop insight into various facets of Life & Living. Homoeopathic philosophyorients the students to homoeopathy as an Art & Science. It's comprehensive understanding needs a core competency in logic and the concepts of generalization and individualization. Its treatment of disease process and relating to the concept of miasm makes it a study of the process of scientific investigation.

The biggest challenge in teaching-learning of homoeopathic philosophyis to first understand the fundamentals acoording to the Master's writing and then demonstrate them in practice. Quality and real time integration with other subjects helps a student to conceive the holistic perceiving of Man and Materia Medica. The concepts and knowledge required by the Physician with operational knowledge of management of patients and their diseases will need horizontal and vertical integration with Homoeopathic subjects and clinical subjects. First BHMS will need horizontal integration with Anatomy, physiology, pharmacy and HMM. Homoeopathic philosophywill have spiral integration with itself and vertical integration with clinical subjects. Second year will need integration with pathology, community medicine, forensic medicine, along with other homoeopathic subjects. Third and fourth year establishes links with clinical subjects, research methodologyand pharmacology.

Science is never static. Since the time of Dr.Hahnemann, medical science has advanced by leaps and bounds. Since Homoeopathy is based on principles rooted in nature, they would stand the test of time. However, their application in the changing times and circumstances would find newer avenues to heal. This is an opportunity for a homoeopath to connect the current advances while relating with the fundamental laws. Mastering all this will make him a master healer and will move him towards higher purpose of existence.

II. Learning Objectives (Broad)

1. Understanding Mission of a Physician & Higher Purpose of Existence as per the Master's thoughts and words
2. Understanding Hahnemannian concept of man and integrating it with the conceptfrom the bio-psycho-social perspective.
3. Know homoeopathy as a Holistic & Individualistic medical science
4. Understanding the concept of dynamism and vital force to get insight in health, disease, diathesis and disease.
5. Relatingconcepts of Prevention, Promotion & Cure with the Hahnemannian approach
6. Knowing the Healer within the Homoeopathic Physician and work towards bringing forth the qualities of healing.
7. Understanding Philosophy of Life & Health by applying basic fundamental laws of Homoeopathy.
8. Understand homoeopathic philosophy in the context of research

The specific learning objectives along with the Course Content and Teaching Methods will now be specified separately for each year

1st BHMS

Specific Objectives

1. Knowing history of medicine and history of homoeopathy and its evolution
2. Understanding the first six aphorisms and its application in the study of anatomy, physiology, pharmacy.
3. Knowing concept of health, indisposition and disease and its importance in learning anatomy, physiology, pharmacy and psychology
4. Dynamization and relating with health, disease and drug
5. Developing portrait of drug with help of knowledge of anatomy, physiology, psychology and pharmacy.
6. Understanding the philosophy of Drug proving and its practical application, specifically in context with modern research findings

I BHMS Contents

Topics: These are listed and the references from the standard texts used are referred to in the table

1. Introduction
   - 1.1. History of medicine in brief
   - 1.2. History of Homoeopathy
     Short history of Hahnemann's life, his contributions, and situation leading to discovery of Homoeopathy
   - 1.3. Brief life history and contributions of Kent, Boenninghausen, Boger, Hering, T F Allen and M L Sircar
   - 1.4 History and Development of Homoeopathy in India.

1.5. Fundamental Principles of Homoeopathy.
1.6. Basic concept of:
    1.6.1. Health: Hahnemann's concept and modern concept.
    1.6.2. Disease: Hahnemann's concept and modern concept.
    1.6.3. Cure.
1.7. Different editions and constructions of Dr.Hahnemann's Organon of Medicine.

2. Logic: To understand Organon of medicine and homoeopathic philosophy, it is essential to be acquainted with the basics of LOGIC to grasp inductive and deductive reasoning. Preliminary lectures on inductive and deductive logic (with reference to philosophy book of Stuart Close Chapter 3 and 16).
3. § 1 to 28 of Organon of medicine, § 105 to 145
4. The physician – purpose of existence, qualities, duties and knowledge
5. Vital force- dynamisation- homoeopathic cure- natures law of cure & its Implications- drug proving

Table E- 1: Topics with reference list referring to Chapters from the text books

Topic	Kent	Roberts	Close	Principles and Practice Dhawale
Understanding the first six aphorisms and its application in the study of anatomy, physiology, pharmacy.	1-6	1	6	4
Concept of health, indisposition and disease and its importance in learning anatomy, physiology, pharmacy and psychology	1 to 9	2, 3, 4	6	2
Dynamisation and relating with health, disease and drug	10, 11	2-6	14, 15	2, 16
Developing portrait of drug with help of knowledge of anatomy, physiology, psychology and pharmacy	13,21-25,26	15	15	16

Teaching-Learning Methods

Assignments- Group work,

Problem Based Learning through Cases- Literature
Group Discussion – Problem based learning
Simulator in reference to understand above objectives
There could be mentorship programmes where mentor and mentee both present topics/presentations and are both assessed

Innovative techniques to be used with artificial intelligence including web based applicatons, which the college can identify, develop and use.

Project work with its presentations in class

Practicing Evaluation & Feedback system.

Practical – community – OPD-IPD -Clinical Hospital work

Students will be exposed to OPD-IPD-community from first BHMS:
Students will understand the first six aphorisms in action and will get sensitized to socio-cultural-political-economical perspective of the community. They should develop insight into what constitutes health and how disease develops.
Introduce Journals from 1st year–
Habit of collecting evidence and noting them down vis-a-vis the expected objective will train them for evidence-based learning and inculcating the habit of using logic so inherent in Homoeopathic practice.
They also will realize the importance of skill and attitude and relevance of each subject in relation to Organon and Homoeopathic philosophy
They will write their experience of the clinic/OPD in relation to Observation/Cure/relief/Mission/Prevention/acute/chronic/indisposition etc.

(i) 5 remedies from HMM to correlate with Physiology-Anatomy-Pharmacy.
(ii) 5 cases observed in opd.

No of Teaching Hours

Classroom teaching hours and Practical field hours

1st BHMS Organon Classroom teaching and Practical field hours		
YEAR	**TEACHING HOURS-** **LECTURES**	**OPD/IPD**
1ST BHMS	150	143

1. Assessment

Refer to Homoeopathic Degree Regulation 2022

2. Formative assessment: 40

Internal assessment	
Theory	**20 marks**
Practical	**20 marks**

3. Summative assessment:
Theory- 80 marks

MCQ	**20 marks**	**30 min**
SAQ	**30 marks**	**1 hr**
LAQ	**30 marks**	**1 hr**

4. Practical & Viva→80 marks

Spotting	20 marks
Journal (Field work & Clinical Project)	10 marks
Viva voce	50 marks

5.The pass marks in each subject of examination shall be 50%.

2nd BHMS

Specific Objectives:

1. Understanding the evolution of chronic disease in view of pathogenesis
2. Knowing Hahnemannian classification of diseases
3. Correlation of microbiology and homeopathy with miasms
4. Correlation of laboratory investigation with evolution of pathology and miasm
5. Learning concept of prevention of disease
6. Understanding the concept of causation and relating with homoeopathy
7. Classification and analysis of symptom and correlation with repertory
8. Developing portrait of disease by integrating Hahnemannian concept

II BHMS Content:

1. Aphorisms 29-104 including foot notes of Organon of Medicine (5^{th}& 6^{th} Editions translated by R.E. Dudgeon and W. Boericke).
2. Homoeopathic philosophy:

2.2.Symptomatology:

Details regarding Symptomatology are to be comprehended by referring to the relevant aphorisms of Organon of medicine and chapters of the books on homoeopathic philosophy.

2.3. Causation:

Thorough comprehension of the evolution of disease, taking into account pre-disposing, fundamental, exciting and maintaining causes.

2.4. Case taking:

The purpose of homoeopathic case taking is not merely collection of disease symptoms from the patient, but comprehending the patient as a whole with the correct appreciation of the factors responsible for the genesis and maintenance of illness. Hahnemann's concept and method of case taking, as stated in Organon is to be stressed upon.

2.5. Case processing: This includes,

(i) Analysis of Symptoms,

(ii) Evaluation of Symptoms,

(iii) Miasmatic diagnosis,

(iv) Totality of symptoms

3. Biological concept of disease- acute -chronic diseases- pathogenesis-miasm and correlation with homoeopathy - management
4. Introduction to the evolutionary concept of miasm
5. Symptom- state- disposition. Expression of symptom and correlation with evolution of miasm
6. Individuality- individualization- its process
7. Totality- anamnesis- evolution of disease
8. Disease-its progress- complex disease relation with miasm
9. Case taking- receiving perceiving techniques symptomsgradingpre-requisiteof physical environment & of physician
10. Introduction to the concept of suppression

Table E-2: II BHMS Topics with reference list referring to Chapters from the text books

Topic	Kent	Roberts	Close	Principles and Practice Dhawale
a. Relation of Homoeopathy to pathology	1, 11, 18-	22-31	8	2

	21			
b. Understanding the evolution of chronic disease in view of pathogenesis	18-21	22 to 31	8	2
c. Classification of diseases	18-21	22	8	18
d. Correlation of microbiology and homeopathy with miasm	18-21	22-31	6, 8	18
e. Correlation of laboratory investigation with evolution of pathology and miasm	18-21	22-31	6, 8	18
f. Concept of prevention of disease	14, 15, 37		7	14
g. Understanding the concept of causation and relating with homoeopathy	1, 9, 11, 12	22	6	2
h. Classification and analysis of symptom and correlation with repertory	30, 31, 32, 33	9	11	3
i. Developing portrait of disease by integrating Hahnemannian concept	30	9	11, 12	2, 12

Teaching-Learning Methods

Assignments- Group work
Problem Based Learning through Cases- Literature
Group Discussion – Problem based learning
Simulator in reference to understand above objectives
There could be mentorship programmes where mentor and mentee both present topics/presentations and are both assessed.

Innovative techniques to be used with artificial intelligence including web based applicatons, which the college can identify, develop and use.

Project work with its presentations in class

Practicing Evaluation & Feedback system- after Project work, assignments & Group Discussions.

Practical – community – OPD-IPD -Clinical Hospital work.

Drawing table of Classification of disease/ Evolution of Miasm & Disease.
10 cases (05 Acute cases and 05 Chronic cases) with correlation with miasm & classification of disease- with specifying Interview techniques applied in the case- Deriving symptoms from the case taking-at verbatim.
Small Project of Drug Proving-with observations

No. of Teaching Hours

Classroom teaching hours and Practical field hours

2nd BHMS Organon Classroom teaching and Practical field hours		
YEAR	**TEACHING HOURS-LECTURES**	**OPD/IPD**
2ND BHMS	150	30

1 Assessment:

Refer to Homoeopathic Degree Regulation 2022

2 Formative assessment: 40

Internal assessment	
Theory	**20 marks**
Practical	**20 marks**

3. Summative assessment:

Theory- 80 marks

MCQ	**20 marks**	**30 min**
SAQ	**30 marks**	**1 hour**
LAQ	**30 marks**	**1 hour**

4 Practical & Viva→80 marks

Bed side examination and viva voce

Chronic case taking and processing of	20 marks

case	
Acute Case taking and processing of case	10 marks
Journal	10 marks
Viva voce	40 marks

5. The pass marks in each subject of examination shall be 50%.

3rd BHMS

Specific Objectives:

1. Correlation of clinico-pathological understanding with evolution of disease and miasm
2. Further enhancing the insight in to the classification of disease
3. Understanding the concept of susceptibility visa vis clinico-pathological dimension of the disease
4. Developing further insight in to case taking by correlating bio-psycho-social model of aetio-pathogenesis and evolution of individual from predisposition to disposition to diathesis to disease
5. Understanding Surgical diseases- classification scope and limitation
6. KnowingPosology and its correlation with clinico-pathological understanding of the disease
7. Understanding remedy response by incorporating current concept of disease
8. Understanding suppression in terms of current medical practices
9. Further developing insight in to the management of acute and chronic illness
10. Understanding the scope and limitation of homoeopathy
11. Understanding Concept of palliation and correlation with susceptibility
12. Knowing concept of chronic disease and miasm and current advances in the modern concept of causation, pathology and clinical expression, investigation.
13. KnowingHering's law of cure and its correlation with clinical understanding of remedy response
14. Concept of ancillary treatment, education and diet as per Hahnemannian guidelines and current evolution.

III BHMS Content:

In addition to revision of Aphorisms studied in First B.H.M.S. and Second B.H.M.S., the following shall be covered, namely:-

1. Hahnemann's Prefaces and Introduction to Organon of Medicine.

2. Aphorisms 145 to 210, 231-294 of Hahnemann's Organon of Medicine, including foot notes

(6th Editions translated by R.E. Dudgeon and W. Boericke)

2.1 Actions of medicine- points necessary for the cure

2.2 Treatment of various kind of diseases- acute-chronic-surgical-one sided-epidemic

2.3 Susceptibility, idiosyncrasy, suppression, palliation, remedy reaction, 2nd prescription, posology

2.4 Ancillary-auxillary measures-diet

3. Hahnemannian classification of diseases further insight and correlation with scope and limitation

4. Chronic Diseases

4.1. Hahnemann's Theory of Chronic Diseases.

4.2. J.H. Allen's The Chronic Miasms – Psora and Pseudo-psora; Sycosis.

Special directives:

(a) Emphasis should be given on the way in which each miasmatic state evolves and the characteristic expressions are manifested at various levels and attempt should be made to impart a clear understanding of Hahemann's theory of chronic miasms.

(b) The characteristics of the miasms need to be explained in the light of knowledge acquired from different branches of medicine.

(c) Teacher should explain clearly therapeutic implications of theory of chronic miasms in practice and this will entail a comprehension of evolution of natural disease from miasmatic angle, and it shall be correlated with applied material medica.

Table E-3: III BHMS Organon Topics with reference list referring to Chapters from the text books

Topic	Kent	Roberts	Close	Principles and Practice Dhawale
a. Correlation of clinico-pathological understanding with evolution of disease and miasm	17-21	22-31	8	2, 18
b. Further enhancing the insight in to the classification of disease	17-21	22	8	18
c. Understanding the concept of susceptibility vis-a-vis clinico-pathological dimension of the disease	14	17	7	14
d. Surgical diseases classification scope and limitation	5	19	4	14

e. Posology and its correlation with clinico-pathological understanding of the disease	34, 35, 36	12,13	13, 14, 15	16
f. Understanding the remedy response by incorporating current concept of disease	34, 35, 36	14	13	15
g. Suppression in terms of current medical practices	37	18	6	14
h. Further developing insight in the management of acute and chronic illness		22, 19	8	18
i. Understanding the scope and limitation of homoeopathy	35,37	19	4	20
j. Concept of palliation and correlation with susceptibility	14, 37	19	7	14
k. Concept of chronic disease and miasm and current advance in the modern concept of causation, pathology and clinical expression, investigation.	17-21	22-31	8	12, 18
l. Hering's law of cure and its correlation with clinical understanding of remedy response	35,36	14	9,11	15
m. Concept of ancillary treatment, education and diet as per Hahnemannian guidelines and current evolution.	NA	NA	NA	NA

Teaching-Learning Methods

Assignments- Group work
Problem Based Learning through Cases- Literature
Group Discussion – Problem based learning
Simulator in reference to understand above objectives
There could be mentorship programmes where mentor and mentee both present topics/presentations and are both assessed.

Innovative techniques to be used with artificial intelligence including web based applicatons, which the college can identify, develop and use.

Project work with its presentations in class
Practicing Evaluation & Feedback system- after Project work, assignments & Group Discussions.

Practical – community – OPD-IPD -Clinical Hospital work.

10 Chronic and 10 Acute cases in each year
Demonstration of Homoeopathic principles in cases (Miasm, prognosis, Hhering's Law, causations, maintaining cause, ancillary care, 2 nd prescription, kent's observations, etc. in the

cases)

No of Teaching Hours

Classroom teaching hours and Practical field hours

3rd BHMS Organon Classroom teaching and Practical field hours		
YEAR	**TEACHING HOURS-** **LECTURES**	**OPD/IPD**
3rd BHMS	150	80

1 Assessment

Refer to Homoeopathic Degree Regulation 2022

Internal assessment	
Theory	**40 marks**
Practical	**40 marks**

2.Summative assessment:

3. Theory- 160 marks

Paper-1 (80 marks)50% syllabus from 1st BHMS & 50% syllabus from 2nd BHMS			
1	**MCQ**	**20 marks**	**30 min**
2	**SAQ**	**30 marks**	**1 hour**
3	**LAQ**	**30 marks**	**1 hour**
Paper-2 (80 marks) Syllabus of 3rd BHMS			
1	**MCQ**	**20 marks**	**30 min**
2	**SAQ**	**30 marks**	**1 hour**
3	**LAQ**	**30 marks**	**1 hour**

4. Practical& Viva→160 marks

Bed side examination and viva voce

Chronic case taking and processing of case	30 marks
Acute Case taking and processing of case	20 marks
Journal	10 marks
Viva voce	100 marks

5. The pass marks in each subject of examination shall be 50%.

IV BHMS

Specific Objectives:

1. Understanding the case taking technique in complex cases
2. Understanding the concept of miasm and susceptibility in complex cases and one-sided cases
3. Clinic-pathological and miasmatic studies of various diseases and application of Organon
4. Understanding the management of complex cases
5. Hahnemannian concept of mental diseases
6. Developing further insight in to the journey of unprejudiced observer

Content:

Topics

1. Mental diseases-classification, expression, case taking, susceptibility and management Aphorism: 211-230
2. Revision of all the aphorisms, chapters by J.T Kent, H.ARoberts, Stuart close
3. H A Roberts – Phenomenological viewpoint
4. On case taking, symptomatology, value of symptoms, forming of portrait, susceptibility and miasm, posology and remedy reaction

Since the subject is taught in all the years, the above key concepts can be unfolded with increasing complexity, in 4th BHMS student can be exposed to difficult and complex cases

Teaching-Learning Methods

Assignments- Group work,
Problem Based Learning through Cases- Literature,

Group Discussion – Problem based learning
Simulator in reference to understand above objectives
There could be mentorship programmes where mentor and mentee both present topics/presentations and are both assessed.

Innovative techniques to be used with artificial intelligence including web based applicatons, which the college can identify, develop and use.

Project work with its presentations in class

Practicing Evaluation & Feedback system- after Project work, assignments & Group Discussions.

Practical – community – OPD-IPD -Clinical Hospital work.

10 Chronic and 10 Acute cases in each year

No of Teaching Hours

Classroom teaching hours and Practical field hours

4th BHMS Organon Classroom teaching and Practical field hours		
YEAR	**TEACHING HOURS-** **LECTURES**	**OPD/IPD**
4TH BHMS	150	100

1 Assessment:

Refer to Homoeopathic Degree Regulation 2022

2 Formative assessment: 40

Internal assessment	
Theory	**20 marks**
Practical	**20 marks**

3. Summative assessment:

Theory- 80 marks

MCQ	**20 marks**	**30 min**
SAQ	**30 marks**	**1 hour**
LAQ	**30 marks**	**1 hour**

4 Viva-Practical→80 marks

Bed side examination and viva voce

Chronic case taking and processing of case	20 marks
Acute Case taking and processing of case	10 marks
Journal	10 marks
Viva voce	40 Marks

5. The pass marks in each subject of examination shall be 50%.

I. Text book/s
Standard Books

1. Organon of Medicine 6th edition – By W. Boericke
2. Lectures on Homoeopathic philosophy- Dr James Tyler Kent
3. Commentary on Organon BY Dr. B.K. Sarkar
4. The Principles And Practice Of Homoeopathy, Richard Hughes
5. The Principle And Art Of Cure By Homoeopathy, Herbert A. Roberts
6. The Genius Of Homoeopathy Lectures And Essay On Homoeopathic Philosophy, Stuart Close
7. The Chronic Miasm With Repertory, J. Henry Allen
8. Principal and Practice of Homoeopathy l Dhawale
9. Chronic diseases- Its cause and cure, Dr P.Banerjee
10. Drug proving – training manual by CCRH
11. 11. Ccase taking to prescribing – CCRH
12. 12. Lesser writings by Dr Hahnemann

II. Reference books

1. Pioneers Of Homoeopathy, Mahindra Singh
2. A treatise on Organon of medicine, Prof A. K. Das
3. History Of Medicine- By Chawla
4. Pioneers Of Homoeopathy- by Mahindra Singh
5. History of Medicine &Homeopathy, NavinPawaskar
6. ICR symposium volumes Dr M L Dhawale Memorial trust

7. Science of Homoeopathy- By George Vithoulkas
8. Bedside Organon of Medicine- Dr farokh Master
9. Lectures on Organon of Medicine- Dr Manish Bhatia
10. Notes on miasm- Dr P.S Ortega
11. Lesser writings of Dr Kent and Dr Boenninghausen

FUNDAMENTALS OF PSYCHOLOGY

I. Background:

Psychology is a science of understanding the psychological organization of the human being and thus with Anatomy and Physiology forms a triumvirate to understand Man in health. Mind is an invisible dynamic force operating on the body which can be seen and felt with its expressions at multiple levels. While understanding Man it is important to know how he behaves, feels and thinks in general of his life and in different situations.

Health is a balanced condition of the living organism in which the integral, harmonious performance of the vital functions tends to the preservation of the organism ensuring the normal development of the individual. The study of mind is thus, an inseparable component of the study of man and is essential for prescribing. Thus mind remains an integral component of Homoeopathic prescribing. In § 5 of Organon of Medicine, Dr Hahnemann talked of basic knowledges required for Homoeopathic practice of Holistic cure. These are:

a. Constitution of Man
b. His moral & intellectual character
c. Mode of living habits
d. His social & domestic relations
e. His adaptations with the environment

Hence knowledge of Man needs an integrated understanding of the biological, psychological, social and spiritual aspects of the human being. Hahnemann's emphasis on the latter particularly is important and hence Homoeopathic philosophy forms the bedrock of the understanding of psychology. Since mental symptoms are important part for prescribing, application of psychology to materia medica and repertory is important from the very first year. Psychological imbalance would result from stress getting generated internally or externally. Hence knowledge of cause of suffering by delving in to detailed enquiry involves exploring evolutionary aspects from childhood to present, from family history – past history to present illness - all of which will indicate the qualities of the human in health as well as in disease. Thus the study of the subject gets into close relationship with Pathology, Medicine and Community medicine.

Modern concept of psychology has talked of Mental Health and Hygiene which indicates the importance and great need for ensuring psychological wellbeing in us. This state is under constant stress due to the rapid changes taking place in the life situation due to internal pressures and external environment. Exploration of advances in psychology and relating to homoeopathic subjects will carry immense benefit for the advancement of all facets of Homoeopathic medicine

II. Learning Objectives

1. Understanding the different components of psychological organization in terms of Emotions(Affect), Intellect (Cognition) and Behavior (Conation) and their mutual relationship
2. Exploring the neural basis of conscious and unconscious psychological functioning
3. Understanding basic growth and development of human mind and body and how these occur in a coordinate manner
4. Learning the relationship between the psychological organization with Hahnemannian concept of Mind and Man as reflected in Homoeopathic Philosophy.
5. Understanding basic psychological functions and their representation in the Repertory and Materia Medica.
6. Understanding the importance of learning in enabling the human being to adapt successfully to changes in the environment
7. Understanding the concept of Personality and its relationship with Temperament
8. Understanding the genesis of human conflict and its impact on all levels of human functioning
9. Learning the importance of study of Mind in life and in the practice of Homoeopathy

III. Contents

Each topic should be related with relevant clinical examples and the relationship with the subjects of Homoeopathic Philosophy, Materia Medica and Repertory must be made.

1. Introduction to the study of Mind in Homoeopathy
   - A. Concept of Mind- i. Contemporary schools of psychology
     ii. Concept of Mind by Hahnemann
2. Psychological organization and the interrelationship of Thought (Cognition), Feelings (Affect) and Behaviour (Conation); Conscious and Unconscious elements
   - A. Psychological Organisation i. Definition of Emotions and its types
     ii. Definition of Thinking and its types
     iii. Definition of Behavior and its types
   - B. Effects on Thought (Cognition), Feelings (Affect) and Behaviour (Conation) on Mind and Body
   - C. Interrelationship of Thought (Cognition), Feelings (Affect) and Behaviour (Conation) on Mind and Body
   - D. Representation of Thought (Cognition), Feelings (Affect) and Behaviour (Conation) in Materia Medica
   - E. Representation of Thought (Cognition), Feelings (Affect) and Behaviour (Conation) in Repertory

3. Physiological basis of behaviour - the place of conditioned and unconditioned reflex
    i. Scientific study of Behavior and its expressions
    ii. Conditioned and unconditioned reflexes on Mind / Body
    iii. Cause-effect relation and its effect on Mind / Body

4. Understanding Emotion, its different definitions and expressions in Repertory and Materia Medica
    A. Scientific study of Emotions
        i. Definition of Emotions and its types
        ii. Effects Emotions on Mind and Body
        iii. Interrelationship of Emotions on Mind and Body
    B. Representation of Emotions in Materia Medica-
    C. Representation of Emotions in Repertory

5. Understanding Intellect: Attention, memory and its function and expression in Repertory and Materia Medica

    Basic concepts of Thinking
    A. Definition of Thinking and its types
    B. Intelligence and its measurement
    C. Definition and Difference between:
        i. Sensation
        ii. Perception
        iii. Image
        iv. Illusion
        v. Hallucination
        vi. Delusion
        vii. Intelligence
        viii. Aptitude
        ix. Attention
        x. Thinking
        xi. Memory
    D. Effects of Thinking /Thought (Cognition) on Mind and Body
    E. Representation of Thinking /Thought (Cognition) in Materia Medica
    F. Representation of Thinking /Thought in Repertory

6. Motivation and their types with role in our lives

    Study of Motivation and its types

Importance of study of Motivation for Homoeopathic Physicians

7. Learning and its place in adaptation

(a) Study Learning:

Definition of Learning and its types

Study of relevance of Learning for Homoeopathic Physician

Study of disturbances/ malfunctioning of Learning

(b) Adaption

Definition and its dynamic nature

Successful and unsuccessful adaptation

8. Growth and development of Mind and its expressions from Infancy to old age

Study of Developmental Psychology

i. Normal developments since birth to maturity (both physical and psychological)
ii. Deviations- in Growth and Development and its effects on later behaviour.
iii. Understanding the bio-psycho-socio-cultural-economical-political-spiritual concept of evolution
iv. Importance of above study to understand Materia Medica drug proving

9. Structure of Personality, the types, their assessment, relationship to Temperament and representation in Materia Medica

i. Definition of Personality and its types
ii. Various constituents of Personality like Traits and Temperament
iii. Theories of Personality by psychologists
iv. Measures for the assessment of Personality, relationship to Temperament and representation in Materia Medica

10. Conflicts: their genesis and effects on the mind and body

i. Conflicts and their types
ii. Genesis of Conflicts and effects on the mind and body
iii. Genesis of Conflicts and related Materia Medica images

11. Applied Psychology: Clinical, Education, Sports, Business, Industrial

Application of knowledge of Psychological Components and its Integration in understanding

i. Psychological basis of Clinical Conditions
ii. Education
iii. Sports
iv. Business

v. Industrial

12. Psychology and its importance in Homoeopathic practice for Holistic Management of the patient

IV. Teaching-Learning Methods

a. Classroom teaching
   i. Lecture (Key concepts with examples)
   ii. Demonstration (Application of the concepts and hands-on training)
   iii. Group discussion (Articles)
   iv. Problem based learning (Research scenario)
b. Practical
   i. Searching relevant journals /articles for review
   ii. Writing small case report
c. Individual learning
   i. Assignment
   ii. Short project -e.g. searching MM or Repertory for representation of emotions, thoughts and behaviour
d. There could be mentorship programmes where mentor and mentee both present topics/presentations and are both assessed.
e. Innovative techniques to be used with artificial intelligence including web based applicatons, which the college can identify, develop and use.

V. Practical – Lab work – Field – Clinical Hospital work

a. Journal club: a team of students to present the understanding of current development in psychological aspects of every day events
b. Field work - Some survey for identification of psychological disturbance in Common Man
c. Clinical Hospital Work- Small project on psychometric testings

VI. No of Teaching Hours

Table C-1: Teaching hours

Sr. No	Topic	No of lectures	Non-lectures
1.	Introduction to the study of Mind in Homoeopathy	1	-
2.	Psychological organization and the interrelationship of Thought (Cognition), Feelings (Affect) and Behaviour (Conation); Conscious and Unconscious elements	2	2
3.	Physiological basis of behaviour - the place of conditioned and unconditioned reflex	2	-
4.	Understanding Emotion, its different definitions and expressions in	2	2

	Repertory and Materia Medica		
5.	Understanding Intellect: Attention, memory and its function and expression in Repertory and Materia Medica	2	2
6.	Understanding Intellect: Perception and expressions in Repertory and Materia Medica	2	2
7.	Understanding Intellect: Thinking, intelligence and its measurement and expressions in Repertory and Materia Medica	2	2
8.	Understanding Behavior and Functioning and expressions in Repertory and Materia Medica	2	2
9.	Motivation and their types with role in our lives	1	1
10.	Learning and its place in adaptation	1	1
11.	Growth and development of Mind and its expressions from Infancy to old age	4	2
12.	Structure of Personality, the types, their assessment, relationship to Temperament and representation in Materia Medica	3	1
13.	Conflicts: their genesis and effects on the mind and body	2	1
14.	Applied Psychology: Clinical, Education, Sports, Business, Industrial	2	1
15.	Psychology and its importance in Homoeopathic practice	2	1
	Total	30	20

F. Table C-2: Foundations of PsychologyTeaching hours			
Sr No.	Subject Demonstration	Theoretical Lecture	Practical/Clinical Posting
01	Foundations of Psychology	30 hrs.	20 hrs.

VII. Assessment

Refer to Homoeopathic Degree Regulation 2022

1. Formative assessment: 20

Internal assessment	
Theory	**10 marks**
Practical	**10 marks**

2. **Summative assessment:**
3. **<u>Theory- 40 marks</u>**

1	**MCQ**	**10 marks**	**15 min**
2	**SAQ**	**10 marks**	**20 min**
3	**LAQ**	**20 marks**	**40 min**

4. **<u>Practical & Viva</u>**→40 marks

Model of Theories	10 marks
Viva	10 marks
Spotting (short project)	20 marks
a. Identification of psychological disturbance b. Identification of rubrics psychological disturbance c. Identification of expression of psychological disturbance in Materia Medica remedies	

5. The pass marks in each subject of examination shall be 50%.

VIII. Text book/s

Standard textbook:

1. Health psychology, Shelley E Tylor, 10th edition, 2018
2. Introduction to psychology, Shashi Jain, Kalyani publishers (2014) 4th edition
3. Psychology textbook for class XI, NationalCouncil for EducationalResearch and training publisher, 7th edition 2013
4. Psychology textbook for class XII, NationalCouncil for EducationalResearch and training publisher, 7th edition 2013

IX. Reference texts

1. Textbook of Normal Psychology by Morgan Clifford Thomas
2. Psychology by Baron Misra
3. Developmental psychology by Diana Papilia
4. Introduction to Psychology by Atkinsons & Hilgard
5. Normal Psychology by Margaret Hurlock

3. HOMOEOPATHIC PHARMACY

I. Background

Pharmacy holds a unique place in Homoeopathic practice and education. It involves knowledge of sources of drugs and the process through which these are processed to obtain dynamic, potent homoeopathic drugs for use at the bedside. It encompasses knowledge of drug action, drug proving, methods of Quality testing, standardization & storage with up todate information of changing drug laws related to Homoeopathic Pharmaceutical Industry & Homoeopathy.

We all know the travails which Master went through while establishing the right to manufacture and dispense what he had so painfully discovered. The challenges have not lessened in the modern era when 'scientific' evidence has been gathered for dubbing Homoeopathic medicines as nothing more than a placebo. It is important that the entrant to our science is introduced to the scientific nature of the process employed to prepare our medicines and he develops confidence in the soundness of the practices as well as its efficacy. The student should also appreciate the more than 250 year advance that Hahnemann was able to establish of Homoeopathic science. We now know that Homoeopathy is the 'greenest' of all medical systems in existence and that is sustainable, eco-friendly and the most economic while being effective over a wide range of conditions.

The way that this can be conveyed is by adopting an integrated approach to Pharmacy education and training. Effective linkages with the subjects of Homoeopathic Philosophy and Materia Medica will be able to convey the strong roots that the practice of Pharmacy has not only in the philosophical approach but also the experimental results as seen through the proving from which the world of Materia Medica has evolved.

Simultaneously, the recent advances in the bio-physical and quantum physics has opened new avenues to address the age-old question of how homoeopathic medicines act. A host of researchers are already doing work which the student needs to be made conversant with. That will produce an insight of the way new researches and developments in related fields of the 21st century are able to start explaining Hahnemann's insights of the 18th! This will also firmly root the student in the first year itself to being a participant in ongoing research related to the discipline which will be his own. Hence the teacher of Pharmacy has a crucial role to play in being abreast of the developments in the field and lend to the student the excitement that becomes a part of teaching-learning.

II. Learning Objectives

At the end of the course, I BHMS Student should be able to-

1. Acquire basic knowledge of the Principles & Practice of Homoeopathic Pharmacy
2. Acquire knowledge of the scientific & logical basis of the Principles & Practice of Dynamization
3. Acquire Knowledge of the scientific & logical basis of Drug Action & the Concept of Drug Proving
4. Know the Various methods of Quality Testing, Standardisation & Storing.
5. Sensitize to the Drug Laws related to Homoeopathic Pharmaceutical Industry & Homoeopathy.

6. Learn the applied importance of Homoeopathic Pharmacy to be implemented in future Professional Practice in connection to Potentization, Preservation, Posology & Dispensing
7. Learn on writing an Ideal Prescription.

III. CONTENTS

A. THEORY

Table H-1: Homoeopathic Pharmacy Theory	
a) General Concepts and Orientation:	
History of Pharmacy with emphasis on emergence of Homoeopathic Pharmacy.	Definition of Pharmacy & Homoeopathic Pharmacy Concept of Drug substance, Drug, Medicine & Remedy Forming Basic concept of other AYUSH Schools of Pharmacy (Ayurveda, Siddha, Sowa Rigpa& Unani Pharmacy)
Homoeopathic Pharmacy Basics	Sources of Homoeopathic Pharmacy Branches of Pharmacy Scope of Homoeopathic Pharmacy Specialty and originality of Homoeopathic Pharmacy The Principles of Homoeopathy Law of Similia, Simplex & Minimum Theory of Chronic Disease & Vital Force Doctrine of Drug Proving & Drug Dynamisation
Homoeopathic Pharmacopoeia	The Evolution, History & Development of Homoeopathic Pharmacopoeias throughout the world (year wise Publications) – GHP, BHP, HPUS, FHP Official –(HPI) &Unofficial Pharmacopoeias – (M Bhattacharya & Co's Homoeopathic Pharmacopoeia Encyclopaedia of Homoeopathic Pharmacopoeia – P N Verma, Homoeopathic Pharmaceutical Codex) Monograph, Contents of Monograph with its individual importance
Ideal laboratory	Pre requisites of ideal Laboratory (General Laboratory), Laboratory safety Rules Role of Laboratory in Homoeopathic Pharmacy Education
Weights and measurements.	Metrology Basics & Units of Apothecary System, British Imperial System, Metric System Interrelationship between various systems of Weight & Measure Concept on Domestic Measures with Metric Equivalents

Nomenclature	The Basic Rules of Nomenclature Nomenclature of Homoeopathic Drugs Important terminologies like scientific names, common names, synonyms Anomalies in Nomenclature
Pioneers of Homoeopathic Pharmacy	Role & contributions of Pioneers in development of Homoeopathic Pharmacy
b) Raw Material: Drugs and Vehicles	
Source of drugs in Homoeopathy	Different sources - Plant kingdom, Animal kingdom, Mineral kingdom, Nosodes, Sarcodes, Imponderabilia, Synthetic source, New Sources - Allersode, Isodes with reference to their clinical utility Introduction to Bowel Nosodes, Tissue remedies
Collection of drug substances	General and Specific guidelines for collecting drugs from all available sources
Vehicles.	Definition, classification, General Use Source, Properties & Particular use of Vehicles with respect to List Provided in Appendix D Preparation – Commercial Lactose, Alcohol Purity tests – Water, Alcohol, Sugar of Milk
b) **Homoeopathic Pharmaceutics:**	
Drug standardization – principles and practices, standardization techniques, HomoeopathicPharmacopoeia of India, standardization monographs	
Mother tincture and its preparation	Extraction – Principles & Various Methods Old Method (Based on Class I to IX) Concept of Uniform Drug Strength Estimation of Moisture Content Necessity New Method/Modern Approach of Homoeopathic Drug Preparation
Various Scales of Potentization in Homoeopathic pharmacy.	History of development, Introducer, Designation, Preparation, Administration & Application with respect to Centesimal Scale, Decimal Scale & 50 Millesimal Scale

Drugs Dynamisation	The Evolution of Dynamisation Concept in Homoeopathy Potentisation & its types The Merits of Potentisation Succussion & Trituration Various types of Potency– Fluxion Potency, Jumping Potency, Back Potency, Single Vial Potency, Multiple Vial Potency, Mixed Vial Potency Post-Hahnemannian Potentization Techniques
External applications	Scope of administration of External Applications in Homoeopathic Practice Dr Hahnemann's View as per Organon (5^{th}& 6^{th} Ed) Preparation & Uses of lotion, glycerol, liniment and ointment. Commercial Preparation of Ointment
Posology	Basic principles of Homoeopathic Posology Related aphorisms of Organon of medicine. Criteria for Selection of Potency & Repetition of Dose Various Kinds of Dose, Emphasis on Minimum Dose
Prescription	Prescription Writing Important Abbreviations Parts & Contents of Prescription Merits & Demerits of Prescription Writing
Dispensing of Homoeopathic Medicines	Various Dosage Forms – Solid, Liquid Dosage Forms, Methods of Dispensing
Placebo.	Concept of Homoeopathic Placebo The Philosophy of administration of placebo Concept of Placebo Effect
Pharmaconomy	Routes of Homoeopathic drug administration.
Preservation	Preservation Rules – Raw Materials Drug Substance, Mother Preparations, Finished products & Vehicles
d) Pharmacodynamics	
▪ Doctrine of Signature.	Basic Concept, Its Evolution & Application in Ancient Medical System Supporters of the Doctrine Dr Hahnemann's view on the Doctrine
▪ Drug Proving.	Homoeopathic Pharmacodynamics With reference to aphorisms 105 – 145 of Organon of Medicine – 5^{th} Ed) Post Hahnemannian Drug Proving Homoeopathic Pathogenetic Trial (HPT) CCRH & Other Protocols on HPT Other Noted Provers & their work on Drug Proving

▪ Pre-clincial and pharmacolocial action of homoepathic drugs	Preclinical studies Toxicological studies Pharmacological studies on homeopathic drugs
▪ Adverse Drug Reactions	Basic Idea, Reporting of ADE Drug safety with Ref to HPI Medication errors, Causality Assessment Incompatible Remedies
	Pharmacovigilance in Homoeopathy Activities of Pharmacovigilance Centres Awareness on Medicinal Preparations against Homoeopathic Principles – Patents, Combinations
▪ Pharmacological study of drugs	listed in Appendix-A (Any 15)
e) Quality Control:	
• Quality ofhomoepathic drugs	Quality Control of Raw Materials – Various Evaluation techniques In Process Quality Control Quality Control of finished products – Various standard parameters
• Industrial pharmacy.	Good Manufacturing Practices (GMP) Schedule M1of Drugs and Cosmetic Act 1940 and rules 1945
• Homoeopathic pharmacopoeia laboratory (HPL)	Functions and Activities of HPL relating to quality control of drugs. Pharmacopoeia Commission for Indian Medicines
f) Legislations pertaining to Homoeopathic Pharmacy:	
The Drugs and Cosmetics Act, 1940 (23 to 1940)	
Drugs and Cosmetics Rules, 1945	
Medicinal and Toilet Preparations (Excise Duties) Act, 1955 (16 of 1955)	
Drugs and Magic Remedies (Objectionable Advertisements) Act, 1954 (21 of 1954)	
The Narcotic Drugs and Psychotropic Substances Act, 1985 (61 of 1985)	
Dangerous Drug Act, 1930	
g) Recent Advances in Homoeopathic Pharmacy	
Homoeopathic Drug action 1. Principles of Drug action 2. Basic research in homoeopathy 3. Introduction to Nanomedicine	

4. Mechanism of Drug Action 5. Reverse pharmacology
Scope of Research in Homoeopathic Pharmacy 1. Drug Discovery 2. Validation of action of drugs 3. Pre-Clinical Research in Homoeopathy.
h) Homoeopathic Pharmacy – Relationships
Relation of Homoeopathic Pharmacy with Anatomy
Relation of Homoeopathic Pharmacy with Physiology
Relation of Homoeopathic Pharmacy with Materia Medica With reference to Source of Drugs, Identification, Common Name of Drugs, Role of Drug Proving & Other Types of Proving in construction of Materia Medica, Clinical Verification Family wise study of Sphere of action – Solanaceae, Loganiaceae, Compositae, Liliaceae, Anacardiaceae, Rubiaceaeetc

IV. Teaching Learning Methods

The Teaching Learning activities in Homoeopathic Pharmacy requires change in structure & process in order to be more skill based & providing hands on experience. The Teaching Learning methods with respect to Homoeopathic Pharmacy may be covered in the following manner –

a) **Class Room Lectures** – Oral Presentation, Board Work, Power point Presentation
b) **Tutorials** – Special Classes on Doubt Clearing of Completed topics/Chapters, Special Classes for Slow Learners (involving Students in Groups comprising 5-10)
c) **Practical Class** – Demonstration & Explanation of the Experiments, this would follow by conduction of the Experiment by the students on their own, write up of the Experiment conducted
d) **Clinical Class** – Visit **to** IPD/OPD for gaining Knowledge on Prescription writing, Administration of Homoeopathic medicines based on Homoeopathic Posology, Visiting Hospital Pharmacy to observe & Gain Knowledge on dispensing techniques,visit to Standardization laboratories, visits to preclinical study laboratories, pharmacological Laboratories.

e) There could be mentorship programmes where mentor and mentee both present topics/presentations and are both assessed.

f) Innovative techniques to be used with artificial intelligence including web based applicatons, which the college can identify, develop and use.

g) **Field Visit** – Visit to One GMP Compliant Homoeopathic Manufactory.
Visit to One Medicinal Plant Garden

h) **Student Activities –** Working out the Assignments, Projects, Power point presentations as assigned

V. Practical – Lab Work – Field – Clinical Hospital Work

Laboratory Work –

Practical Class (Experiments) - Maintaining Record of Experiments Conducted
(Principle, Requirements, Calculation if applicable, Process, Label, Conclusion/Inference)
Practical Class (Demonstration) – Maintaining Records of Practical Demonstrated
(Principle, Requirements, Calculation if applicable, Process, Label, Conclusion/Inference)

Field Visits-

A) Maintain File/Report on Visit to GMP Compliant Large Scale Medicine Manufacturing Unit (Format should be as per Appendix – E)

B) Maintain File/Report on Visit to Medicinal Plant Garden

(Format should be as per Appendix - F)

Activity –

A) Clinical Hospital Work – Maintain Record (Activities/Posting in Dispensing Section, Prescriptions based on Homoeopathic Principles in IPD/OPD) – Record to be maintained as per format in Appendix G

B) Seminar – Maintain Record on Seminar Presentation on Topics of Homoeopathic Pharmacy as assigned – Record to be maintained as per Appendix - H

C) Herbarium – Maintenance of 30 Plant Drug Substances Samples

B. PRACTICALS

Table H-2 : Homoeopathic Pharmacy Practicals	
Sr No.	**Particulars of Experiments**
1	Estimation of size of globules
2	Medication of globules (Small Scale)
3	Purity test of Sugar of milk
4	Purity test of water
5	Purity test of Ethyl alcohol

6	Determination of Specific gravity of a given liquid Vehicle & identifying the same.
7	Preparation of dispensing alcohol from strong alcohol.
8	Preparation of dilute alcohol from strong alcohol.
9	Trituration of drug in Old Method (One each of Class VII, VIII & IX)
10	Trituration of one drug as per HPI
11	Succussion in decimal scale from Mother Tincture (Prepared in Old Method) to 3X potency.
12	Succussion in decimal scale from Mother Tincture (Prepared in New Method) to 3X potency
13	Succussion in centesimal scale from Mother Tincture (Prepared in Old Method) to 3C
14	Succussion in centesimal scale from Mother Tincture (Prepared in New Method) to 3C
15	Conversion of Trituration to liquid potency: Decimal scale 6X to 8X potency.
16	Conversion of Trituration to liquid potency: Centesimal scale 3C to 4C potency.
17	Preparation of 0/2 potency (Solid form) (LM scale) of 1 Drug from 3rd Trituration.
18	Preparation of external applications – Lotion
19	Preparation of external applications – Glycerol
20	Preparation of external applications – Liniment
21	Preparation of external applications – Ointment
22	Writing of prescription & Dispensing the Medicine in Water with preparation of Doses
23	Writing of prescription & Dispensing the Medicine in Sugar of Milk with Preparation of Doses
24	Preparation of mother tinctures according to Old Hahnemannian method (Class I, II, III, IV)
25	Preparation of mother solutions according to Old Hahnemannian method (Class Va, Vb, VIa, VIb)

Demonstration

1. Homoeopathic pharmaceutical instruments and appliances with their cleaning (List provided in Appendix C)
2. Estimation of moisture content using water bath
3. Paper chromatography & TLC of any mother tincture.
4. Laboratory methods – Sublimation, distillation, decantation, filtration, crystallization.
5. Preparation of mother tincture – Maceration and Percolation
6. Study & demonstration of Drug Substances (listed in Appendix B)-
   i)Macroscopic Characteristic (Any 15)
   ii) Microscopic characteristic (Any 05)
7. Study & demonstration of vehicles (Solid, Liquid & Semi solid – as available)
8. Microscopical study of Trituration (One drug up to 3X Potency)
9. Medication of Globule (Large Scale)

Activities

1. Collection of 30 drugs for herbarium
2. Visit to a Large-scale manufacturing unit of Homoeopathic medicine (GMP compliant).
3. Visit to a Medicinal Plant /Botanical Garden & shall keep details Visit report. Visit to drug research laboratories.

4. Clinical Class: Visit to IPD, OPD to take note on prescriptions as per Homoeopathic Principles & keep record
5. Visit to Hospital dispensing section to observe & gain knowledge on Dispensing techniques & Keep Records

VI. Teaching hours

Homeopathic Pharmacy Teaching Hours	
Theory	**Practical + Posting at IPD/OPD/Hospital Dispensing Section**
130	120

(Considering Homoeopathic Pharmacy being taught in 1st BHMS – 18 Months Duration)

1 Assessment:Refer to Homoeopathic Degree Regulation 2022

2Formative assessment: 40

Internal assessment	
Theory	**20 marks**
Practical	**20 marks**

3. Summative assessment: Refer to Homoeopathic Degree Regulation 2022

Theory- 80 marks

MCQ	**20 marks**	**30 min**
SAQ	**30 marks**	**1 hour**
LAQ	**30 marks**	**1 hour**

4 Practical& Viva→80 marks

Bed side examination and viva voce

spotting	20 marks

experiment	20 marks
Journal	10 marks
Viva voce	30 marks

5.The pass marks in each subject of examination shall be 50%.

VII. Text Books

1. Augmented Text Book of Homoeopathic Pharmacy – D D Banerjee
2. A Text Book of Homoeopathic Pharmacy – Mandal & Mandal
3. Art & Science of Homoeopathic Pharmacy – Sumit Goel
4. Principles & Practice of Homoeopathic Pharmacy for Students – M K Sahani
5. Text book of pharmacy by Dr K P Majumdar
6. Pharmacological action of homoepathic drugs – CCRH
7. A handbook of medicinal plants used in homoepathy – CCRH
8. Drugs of animal origin – CCRH
9. Plants in Ethno Medicine of the Nilgiri Tribes In Tamil Nadu,India- CCRH
10. Identification of Hom.Drugs of Plant Origin – CCRH
11. Hughes Pharmacodynamics vol 1-4

VIII. Reference Texts

1. Homoeopathic Pharmacopoeia of India: Vol I – X
2. Nano dynamics – Prof E S Rajendran
3. Commercial Manual on Drugs & Cosmetics – Ram Avtar Garg
4. Advances in Personalized Nanotherapeutics – Springer
5. The Emerging Science of Homoeopathy: Complexity, Biodynamics & Nano pharmacology – Paolo Bellavitte& Andrea Signorini
6. Fundamentals of Medicinal Chemistry – Gareth Thomas
7. Encyclopedia of Pharmacopeia Vol I-IV, Dr P. N. Verma &Dr.InduVaidh
8. Scientific advancements in homoeopathy – CCRH

APPENDIX – A			
List of drugs included in the syllabus of Homoeopathic Pharmacy for study of Pharmacological action: -			
1.	Aconitum napellus	16.	Glonoinum
2.	Adonis vernalis	17.	Hydrastis canadensis
3.	Allium cepa	18.	Hyoscyamus niger
4.	Argentum nitricum	19.	Kali bichromicum
5.	Arsenicum album	20.	Lachesis

6.	Atropa belladonna	21.	Lithium carbonicum
7.	Cactus grandifloras	22.	Mercurius corrosivus
8.	Cantharis vesicatoria	23.	Najatripudians
9.	Cannabis indica	24.	Nitricumacidum
10.	Cannabis sativa	25.	Nux vomica
11.	Cinchona officinalis	26.	Passiflora incarnate
12.	Coffea cruda	27.	Stannummetallicum
13.	Crataegus oxyacantha	28.	Stramonium
14.	Crotalus horridus	29.	Symphytum officinale
15.	Gelsemium sempervirens	30.	Tabacum

APPENDIX – B

List of drugs for identification

i. **Vegetable Kingdom**

1. Aegle folia
2. Anacardium orientale
3. Andrographis paniculata
4. Calendula officianlis
5. Cassia sophera
6. Cinchona officinalis
7. Cocculus indicus
8. Coffea cruda
9. Colocynthis
10. Crocus sativa
11. Croton tiglium
12. Cynodondactylon
13. Ficus religiosa
14. Holarrhenaantidysenterica
15. Hydrocotyle asiatica
16. Justicia adhatoda
17. Lobelia inflata
18. Nux vomica
19. Ocimum sanctum
20. Opium
21. Rauwolfia serpentina
22. Rheum
23. Saraca indica
24. Senna
25. Stramonium
26. Vinca minor

ii. **Chemicals or Minerals**

1. Acetic acid
2. Alumina
3. Argentum metallicum

4. Argentum nitricum 5. Arsenicum album 6. Calcareacarbonica 7. Carbo vegetabilis 8. Graphites 9. Magnesium phosphoric 10. Natrum muriaticum 11. Sulphur
iii. **Animal Kingdom**
1. Apismellifica 2. Blattaorientalis 3. Formica rufa 4. Sepia 5. Tarentula cubensis

Appendix C			
List of Instrument & Appliances for Demonstration & Study			
Crucible with lid	Test Tube	Tripod stand	Hot Air Oven
Porcelain Basin	Conical Flask	Wire gauze	Water bath
Mortar & Pestle Porcelain	Volumetric flask	Spatula	Macerating Jar
Ointment Slab	Minim glass	Leather pad	Percolator
Chemical Balance	Thermometer	Stop watch	Microscope
Hydrometer	Mortar & Pestle - Glass	Chopping Board	pH Meter
Alcoholometer	Glass Phials	Chopping Knife	Burette
Lactometer	Pyknometer	Sieve	Pipette
Spoon	Measuring Cylinder	Tincture Press	Dropper
Beaker	Graduated Conical Flask	Funnel	Glass Rod

Appendix – D (List of Important Vehicles for Study)

Appendix – D (List of Important Vehicles for Study)		
Solid	**Liquid**	**Semisolid**
Sugar of Milk	Water	Vaseline
Globules	Ethyl Alcohol	Beeswax

Tablets	Glycerine	Lanolin
Cane Sugar	Olive Oil	Spermaceti
	Simple Syrup	Isin glass
	Lavender Oil, Sesame Oil, Rosemary Oil, Almond Oil	

Appendix E
Format for Maintaining Record on visit to Homoeopathic Manufactory (GMP Compliant)
Date of Visit No. of Visiting Students & Teaching Faculty Name of Teaching Faculty Detail of the Instructor/s at the Manufactory How the Tour was arranged Name & Location of the Homoeopathic Manufactory History about the Manufactory Different Sections of the manufactory with its working process Activities of R&D Dept How the visit helped in corelation with topics studied in Theory Conclusion **(Any other related information, not mentioned in format, if required can be included)**

Appendix F
Format for Maintaining Record on visit to Medicinal Plant Garden
Date of the Visit No. of visiting Students & Teaching Faculty

Name of Teaching Faculty Detail of Instructor/s How the Tour was arranged Name & Location of the Medicinal Plant Garden History & about the Medicinal Plant Garden A list Medicinal Plants seen with brief description, Conclusion

Appendix G
Format for maintaining record on Hospital Activities (Visit to OPD/IPD & Dispensing Section)
Record on Prescriptions based on Homoeopathic Principles in IPD/OPD No of Cases: Total 10 cases (5 Acute, 5 Chronic) Format - Patient ID Complaint Diagnosis Details of 1st Prescription – Name of Medicine, Potency, Dose with its Repetition, Second Prescription (if Record is available) Conclusion at the end of Acute & Chronic Cases on Lessons learnt on Homoeopathic Principles
Record on Activities/Posting in Hospital Dispensing Section Total No. of Patients Date wise, Sl No as per Prescription Register, Dosage form- Liquid/solid,

Name of Vehicle used, Medication Process etc Conclusion at the end on Lessons learnt on Homoeopathic Dispensing Techniques

Appendix H
Format for Maintaining record on Departmental Seminars
Maintenance of Record on Seminar Presentation on Topics of Homoeopathic Pharmacy as assigned Circular/Notice of Departmental Seminar Title of Topic for Presentation, Date Presented by Name of Student/s Brief Report on the Seminar Any New Information provided by the Speakers Rating on a Scale of 10 No of Students & Faculty Members attending the Seminar Photos Signed by the Departmental Head

4.REPERTORY AND CASE TAKING

I. BACKGROUND

The repertory is a dictionary or storehouse or an index to the huge mass of symptoms of the Homoeopathic Materia Medica. The repertory is organized in a practical form indicating the

relative gradation of drugs. Repertories not only contain symptoms of proving but also clinical and pathological symptoms found in the Homoeopathic Materia Medica. As no mind can memorize all the symptoms in the Homoeopathic Materia Medica with their relative grading, repertories serve as an instrument at the disposal of the physician for shifting through the maze of symptoms of the vast Homoeopathic Materia Medica. Case taking is the elementary mode of collecting data from the patient and the principles and techniques of case taking will demand constant updating of knowledge of the disease processes and way of interacting with human beings.

Need of the repertory as a tool arose when the number of remedies went on increasing and it was becoming humanly difficult to remember all the symptoms. Simple solution was to index the symptoms with the name of the drug. Repertories aim at simplifying the work of the physician to find the indicated remedy by eliminating the non-indicated remedies**.**Repertorisation is not the end but a means to arrive to the similimum and reference to Homoeopathic Materia Medica based on sound principles of Philosophy is the final court of appeal.

Each repertory has been compiled on the basis of distinct philosophy, structure and utility. In order to use these instruments effectively, one must understand thoroughly its conceptual base, construction and utility and limitations. Even though there are a number of repertories, the student at the under graduate level is expected to learn the philosophy and application of basic core repertories namely Kent, BBCR and Boger.The subject of Repertory must not be taught in isolation but must be taught in horizontal integration with Anatomy and Physiology in I BHMS, Pathology and Community Medicine in II BHMS, Surgery and Gynaecology in III BHMS and Practice of Medicine in IV BHMS and vertically integrated with Homoeopathic Materia Medica and Organon and Homoeopathic Philosophy in all the years. Integrated teaching in all the years will help the student to grasp and understand the subjects better and connect repertory to all other subjects.

Similarly, case taking demands virtual integration of all the subjects taught from the Ist BHMS to IV BHMS in the consulting room or at the bedside. The physician can never say that he has learnt all that is to the case taking process. Every new patient has a new lesson to teach.

The advent of computerization and resulting software has opened up vast newer avenues to collate and correlate the vast information found in the Homoeopathic Materia Medica through the repertories. Continued exploration of these connections will generate new data, newer repertories and the newer application to existing or newer illnesses.

II. LEARNING OBJECTIVES

At the end of course on Repertory, the learner will be able to:

1. Explain the need and utility of repertory as a tool to find the similimum and in the study of Materia Medica
2. Describe the philosophical backgrounds, construction, utility and limitation of Kent, BTBP, BBCR and Boericke, clinical repertories and modern repertories.
3. Able to describe the various dimension of case taking and able to demonstrate case taking in moderately difficult cases
4. Classify and categorize the symptoms, evaluate the symptoms according to their importance and construct the totality of symptomsbased on different philosophies (Dr

Kent, Dr Boenninghausen, Dr Hahnemann, Garth Boericke)

5. Choose an appropriate approach for the case, construct the Repertorial Totality and select the appropriate rubrics and technique of repertorisation
6. Identify the medium, method, process and technique of repertorization
7. Display empathy with the patient and family during case taking
8. Communicate to the patient and attendants the need for sharing patient related information for a complete homoeopathic case taking
9. Understanding and evolution of modern repertories, computerized repertories,Operate and use computer software for repertorization
10. Develop ability to apply different case taking skills
11. Search for the appropriate rubrics in different repertory
12. Advances in reportorial methods and approaches such as polarity analysis, reverse materia medica, validation of drugs, development of new repertories

III. Contents And Individual Year Objectives

I BHMS

Learning Objectives

At the end of I BHMS, the learner will be able to:

1. Define Repertory and explain the need and utility of repertory
2. Structure of the Kent's repertory
3. Locate different rubrics from anatomy, physiology and psychology in Kent repertory

I BHMS Contents

Topics:

1) Introduction to Repertory, Definition and Meaning of Repertory
2) Need and uses of repertory and repertorisation
3) Terminologies used in repertory
4) Correlation of Anatomy, Physiology and Psychology with Repertory
5) Schematic representation of chapters in Kent's repertory

TEACHING-LEARNING METHODS

- Theory Lectures
- Integrated Teaching with Anatomy and Physiology
- There could be mentorship programmes where mentor and mentee both present topics/presentations and are both assessed.
- Innovative techniques to be used with artificial intelligence including web based applicatons, which the college can identify, develop and use.

PRACTICAL – CLINICAL HOSPITAL WORK

1. Journal/ Project: Basic Structure of Repertory showing arrangement of rubric of anatomy, physiology and psychology

Teaching hours

Repertory Teaching Hours		
YEAR	**TEACHING HOURS-** **LECTURES**	**Practical/ Clinics**
1st BHMS	20	Integrated clinics in Ist BHMS

II BHMS

Learning Objectives

1. Describe the steps of case taking in acute and chronic cases
2. As an observer able to identify the knowledge, skill and attitude necessary for case taking
3. Background and basics of clinical repertories
4. Structure of Boericke repertory
5. Able to locate different pathological rubrics from Boericke and Kent repertory

Content;

Case Taking

Topics:

1) Demonstration of Homoeopathic case taking in simple cases (importance and its application)
2) Instructions given in Organon regarding case taking
3) Case Taking in simple Acute and Chronic Diseases

Correlation of Repertory with Disease and Pathology

1) Introduction to Boericke's repertory
2) Representation of different pathologies and pathogenesis in Boericke and Kent repertory
3) Representation of different miasms and pathological symptoms of that miasm
4) Understanding holistic concept of disease, miasm, constitution, diathesis, susceptibility and temperament

TEACHING-LEARNING METHODS

1. Theory lectures
2. Integrated Teaching with Pathology and Community Medicine.

3. Practical/ Clinical Teaching in OPD and IPD
4. There could be mentorship programmes where mentor and mentee both present topics/presentations and are both assessed.
5. Innovative techniques to be used with artificial intelligence including web based applicatons, which the college can identify, develop and use.

PRACTICAL – CLINICAL HOSPITAL WORK

1) Journal (Clinical Hospital Work): 10 cases with Anatomical, Physiological. Psychological and Pathological rubrics from Boericke and Kent

Teaching hours

Repertory Teaching Hours		
YEAR	**TEACHING HOURS-** **LECTURES**	**Practical/ Clinics**
2nd BHMS	20	30

III BHMS

Learning Objectives

At the end of **III BHMS**, the learner will be able to:

1. Demonstrate case taking in simple acute and chronic cases under supervision
2. Classify and categorize the symptoms, evaluate the symptoms according to their importance and construct the totality of symptomsas per the philosophy of Dr Boenningahusen , and Dr Kent
3. Describe the philosophical background, construction and utility of BTBP and BBCR repertory
4. Choose an appropriate repertory (Kent, BTBP, BBCR, Boericke) for the case, construct the Repertorial Totality and select the appropriate rubric
5. Identify the medium, method, process and technique of repertorization

Content;

Case taking and Repertory

1) Demonstration of case taking in moderately difficult cases with integration of different knowledge and skill acquired till now from different stream
2) Integration of repertory with Surgery, Obstetrics and Gynaecology and medicine
3) Types of symptoms
4) Grading of symptoms

Totality of Symptoms

1) Analysis and classification of Symptoms
2) Evaluation of Symptoms
3) Concept of totality of symptom

Classification of Repertories

1) Classification of Repertories- Need, Types of Repertory
2) Advantage and Disadvantages of each type of Repertory

Study of Basic Repertories

Philosophical background, construction, uses and advantages, limitations and method of repertorization:

1) Kent's Repertory
2) Boenninghausen's Therapeutic Pocket Book
3) Boger Boenninghausen's Characteristics and Repertory

Study of repertory of Kent and Boenninghausen (BTPB, BBCR)

1) Steps of repertorization
2) Analysis and Evaluation of symptoms
3) Repertorial totality and Potential Differential Field
4) Selection of Rubrics
5) Methods, techniques and process of repertorisation
6) Repertorisation- classical method, approach to Repertorization basic approaches- Kent, Boenninghausen
7) Logic of Repertories- Inductive Logic and Deductive Logic

TEACHING-LEARNING METHODS

1) Theory lectures
2) Integrated Teaching with Surgery and OBGYN
3) Practical/ Clinical Teaching in OPD and IPD
4) Seminars-Student presentations
5) Record of five cases using Boericke repertory
6) There could be mentorship programmes where mentor and mentee both present topics/presentations and are both assessed.
7) Innovative techniques to be used with artificial intelligence including web based applicatons, which the college can identify, develop and use.

PRACTICAL – CLINICAL HOSPITAL WORK

1) Journal:

2) Record of five cases out by using Kent's repertory
3) Record of five cases repertorized using BTPB
4) Record of five cases repertorized using BBCR

Teaching hours

Repertory		
YEAR	**TEACHING HOURS-** **LECTURES**	**OPD/IPD**
3rd BHMS	100	80

1 Assessment

2 Formative assessment: 40

Internal assessment	
Theory	**20 marks**
Practical	**20 marks**

3. Summative assessment:Refer to Homoeopathic Degree Regulation 2022

Theory- 80 marks

MCQ	**20 marks**	**30 min**
SAQ	**30 marks**	**1 hour**
LAQ	**30 marks**	**1 hour**

4 Practical & Viva→80 marks

Bed side examination and viva voce

Chronic case taking and processing of case	20 marks

Acute Case taking and processing of case	10 marks
Journal	10 marks
Viva voce	40 marks

5The pass marks in each subject of examination shall be 50%.

IV BHMS

Learning Objectives

At the end of **IV BHMS**, the learner will be able in addition to all the objectives in III BHMS to:

1. Explain philosophical background, construction, utility and limitation of Card repertory and Boger's approach
2. Borland's pneumonia and Bell's diarrhea as an example of regional repertory
3. Evolution of modern repertories, computerization in repertorisation, Operate and use computer software for repertorization any one
4. Techniques in computerized repertories

Content:

Introduction to Clinical and Regional Repertories

1) Orientation of clinical and regional repertories and their utility in clinical practice
2) Borland's pneumonia and Bell's diarrhea as an example of regional repertory
3) Demonstration of case taking in difficult cases
4) Integration with practice of medicine

Modern Repertories including Software Repertories

Understanding of synthesis, and complete repertories – approaches

1) Computer Software Repertories- modules, expert systems

TEACHING-LEARNING METHODS

Theory

1) Integrated Teaching with Organon and Homoeopathic Philosophy and Materia Medica
2) Integrated Teaching with Medicine
3) Practical/ Clinical Teaching in OPD and IPD
4) Seminars-Student presentations
5) There could be mentorship programmes where mentor and mentee both present topics/presentations and are both assessed.
6) Innovative techniques to be used with artificial intelligence including web based applicatons, which the college can identify, develop and use.

PRACTICAL – CLINICAL HOSPITAL WORK

1) Journal:
2) Fivecases each with kent, BTBP, BBCR, Boger, Boericke, regional and computer
3) Five cases to be cross checked on repertories using homoeopathic softwares

Teaching hours

Repertory Teaching Hours		
YEAR	**TEACHING HOURS-** **LECTURES**	**OPD/IPD**
4TH BHMS	50	150

1 Assessment:
Refer to Homoeopathic Degree Regulation 2022

2 Formative assessment: 40

Internal assessment	
Theory	**20 marks**
Practical	**20 marks**

3. Summative assessment:
Theory- 80 marks

MCQ	**20 marks**	**30 min**
SAQ	**30 marks**	**1 hour**
LAQ	**30 marks**	**1 hour**

4 Practical & Viva→80 marks

Bed side examination and viva voce

Chronic case taking and processing of case	20 marks
Acute Case taking and processing of case	10 marks
Journal	10 marks
Viva voce	40 marks

5The pass marks in each subject of examination shall be 50%.

TEXT BOOK/S

Standard textbooks:

1. Kent, JT: Repertory of the Homoeopathic Materia Medica
2. Allen TF.: Boenninghausen's Therapeutic Pocket Book
3. C. M. Boger: Boenninghausen's Characteristics and Repertory
4. C. M. Boger - Study of Materia Medica and Case taking
5. M. L. Dhawale- Principles and Practice ofHomoeopathy
6. Kent, J. T: How to study the Repertory, how to use the Repertory.
7. Boericke, W: Pocket manual of Homoeopathic MateriaMedica with Repertory
8. Barthel and Klunker: Synthetic Repertory of the Materia Medica
9. Schroyens, Fredrick; Synthesis Repertory
10. Murphy, Robin; Homoeopathic Medical Repertory
11. A Concise repertory of Homoeopathic Medicines: Alphabetically arranged, S.R. Phatak
12. A Clinical Repertory to the Dictionary of Homoeopathic Materia Medica, J.H. Clarke
13. Essentials of repertorization by Dr S.K.Tiwari
14. Case taking and repertorisation by Dr RP Patel

Reference texts

1. Knerr C. B. - Repertory of Herrings Guiding Symptoms of our Materia Medica, B. Jain Publisher, NewDelhi.
2. Jugal Kishore - Card Repertory - Kishore Publication. Indira Chowk, Connaught Place, NewDelhi,
3. S. R. Phatak - Concise Repertory of Homoeopathy, B. Jain Publisher, NewDelhi.
4. Bell James - 1'he Homoeopathic of Diarrhea, B. Jain Publisher. New Delhi.
5. Essentials of Repertorisation, Shashikant Tiwari
6. Allen H. C. - Therapeutics of Fever, B. Jain Publisher, NewDelhi.

7. Dhawale, M. L. (Ed): ICR Symposium Volume on Hahnemannian Totality, Area D.
8. Boger, C. M: General Analysis.
9. Borland, Douglas:Pneumonias.
10. Logic of Repertories, J Benedict Castro
11. Evolution of Homoeopathic Repertories and Repertorisation, Jugal Kishore
12. How to use repertory, G.I. Bidwell

6. ANATOMY, HISTOLOGY & EMBRYOLOGY

1. Background

Anatomy is a study of the structural organization and development of man from gross to cellular aspects along with exploring the interrelationship of different tissues, organs and systems.

An important aspect for the homoeopathic student to grasp is the essentially holistic approach emphasized by Hahnemann. From that perspective, study of anatomy is not a study of isolated organs, parts or tissues but that of a hierarchical system which is intimately interconnected and functions with a purpose of striking balance when in a state of adaptation. The subtle ways in which this balance is lost through a malfunctioning of the vital force needs to be appreciated. This can occur when anatomy is taught with applied anatomy in the background. This delivers an immediate clinical relevance in the mind of the student who is being simultaneously being exposed to clinical practice in the OPD and IPD.

While anatomy explores the structural organization of man, physiology gives us an understanding of the functional organization of the human being. These subjects, which are in reality the two sides of the coin, need to be taught interdependently. This enables the student to develop an insight into the essential interconnection of both in normal health and how both these alter when the disease process gets initiated in the system. This will also reduce the number of teaching hours due to avoiding duplication of information. While the clinical integration is taking place, homoeopathic connection is emphasized when the relevance of the Homoeopathic subjects being taught in the 1st year (Philosophy, Materia Medica, Pharmacy and Repertory), is simultaneously brought to the forefront and hence student centred teaching of the first BHMS year be achieved.

Advances in the understanding of tissues and cell structures which subsume functions of the organs and systems can afford a fertile area for exploring the action of drugs of Materia medica.

2. Learning Objectives:-

(a) To understand the evolution of life and earth and hence the developmental anatomy and genetics.
(b) Know the ethics of Anatomy-Anatomy act, Body donation & receiving procedure and its legal aspects, develop respect to the human cadaver.
(c) To understand the structural organization of man from micro to macro and its evolution from embryo
(d) To correlate the structural organization of man with functional organization and its applied aspect
(e) To correlate structural organization of man with homeopathic philosophy and concept of man.
(f) To correlate structural organization of man with homoeopathic Materia Medica, Repertory and Pharmacy
(g) To correlate structural organization with different investigations

Instructions

(a) Instructions in anatomy should be so planned as to present a general working knowledge of the structure of the human body both at micro and macro level and should correlate with function. Topics-syllabus should be planned out in parallel with other subjects for better understanding & to achieve integration.
(b) The amount of detail which a student is required to memories should be reduced to the minimum but should connect to syllabus of other subjects and applied anatomy
(c) Major emphasis should be laid on functional anatomy of the living subject rather than on the static structures of the cadaver and on general anatomical positions and broad relations of the viscera, muscles, blood vessels, nerves and lymphatics and study of the cadaver is the only means to achieve this
(d) Students should know the basic applied anatomy & should not be burdened with minute anatomical details which have no clinical significance.
(e) Only such details which have professional or general educational value for the Homoeopathic medical students need to be focused.
(f) Normal radiological anatomy may also form part of practical or clinical training and the structure of the body should be presented linking functional aspects.
(g) A good part of theoretical lectures on anatomy can be transferred to tutorial classes with the demonstrations/Dissection.
(h) Lectures or demonstration on the clinical and applied anatomy should be arranged in the later part of the course and it should aim at demonstrating the anatomical basis of physical signs and the value of anatomical knowledge to the students. For better exposure of applied & Clinical aspects of all the subjects, student should be allotted clinical posting at various OPDs/Clinical Pathology lab/Radiology/Dispensing/ Community OPDs/Causality etc
(i) Seminars and group discussion to be arranged periodically with view of presenting these subjects in an integrated manner.

(j) More stress on demonstrations and tutorials should be given. Emphasis should be laid on the general anatomical positions and broad relations of the viscera, muscles, blood vessels, nerves and lymphatics.

(k) There should be joint seminars with the departments of Physiology and Bio-Chemistry, Repertory, HMM, Philosophy and Pharmacy which should be organized once a month considering that syllabus of all the subjects is arranged in an integrated form.-Teaching tool can be a CASE (Clinical Posting) which students have attended.

(l) There should be a close correlation in the teaching of gross Anatomy, Histology, Embryology and Genetics and the teaching of Anatomy, Physiology including Bio Chemistry along with Homoeopathic subjects shall be integrated.

Though dissection of the entire body is essential for the preparation of the student for his clinical studies, the burden of dissection can be reduced and much saving of time can be affected with considerable reduction of the amount of topographical details while following the above points-

The purpose of dissection is to give the student an understanding of the body-Structure from Macro to Micro correlate to its function- Functional anatomy to integrate with Physiology and the dissection should be designed to achieve this goal.

(i) Dissection should be preceded by a course of lectures on the general structure of the organ or the system under discussion and then its function. In this way anatomical and physiological knowledge can be presented to students in an integrated form and the instruction of the whole course of anatomy and physiology made interesting, lively practical or clinical. Syllabus of all the subjects of First BHMS should be structured to run parallely horizontally&verticallyas far as possible to achieve maximum integration.

(ii) Students should be able to identify anatomical specimens and structures displayed in the dissection. Teaching and Demonstration methods should be supported with latest soft ware/Practical/Charts/OHP slides/Working or 3D Diagrams, Audio-Visual/ Multimedia presentation/Stimulation to train clinical application.

3. Content

Syllabus Planning:-

(a) Syllabus should start with revision of some of important topics of BIOLOGY- (To connect Biology to Medical Science) Origin of Earth- Environment - Origin of LIFE- Evolution of Human Lives.

(b) The complete course of Human Anatomy should be subdivided in number ofmodules- according to topics/region/system.

(c) Syllabus of other subjects of same year should plan out where the maximum integration (Vertical & Horizontal) of topics is possible.

(d) Theory/Practical/Tutorial/Clinical posting should be arranged in parallel.

(e) Integrated Syllabus planning of whole year should be briefed to clinician where clinical postings are going to be arranged for application of classroom knowledge to clinical knowledge.

(f) Each module should be planned according to the need of system-Co-relation with Homoeopathy & time dimension. (No. of hours)

(g) At the end of each module knowledge should be assessed by arranging joint seminars. (Application of classroom knowledge to practical understanding)

A. Theory:-

The curriculum includes the following from an introductory stage which would include

1. Anatomy Act
2. Body donation procedure and its legal aspects.
3. Develop respect to the human cadaver, empathy towards diseased and sense of gratification for the voluntary body donors and their families
4. Anatomy and Ethics

The rest of the contents have been detailed below:

1. General Anatomy: -
   - 1.1 Modern concepts of cell and its components; cell division, types with their significance.
   - 1.2 Tissues- Theory & demonstration of each basic Tissue (Structure, Location & Function)-Organ formation- Histology.
   - 1.3 Genetics
   - 1.4 Basics of General Anatomy-
     - i. Definition & Subdivision of Anatomy
     - ii. History of Anatomy
     - iii. Anatomical Terms, Position & Movements
     - iv. Superficial and Deep fasciae
     - v. Muscles
     - vi. Bones
     - vii. Joints
     - viii. Blood vessels
     - ix. Lymphatic system
     - x. Nerves

2. Developmental anatomy (Embryology): -
   - 2.1 Male & Female reproductive organs (Superficial)
   - 2.2 Spermatogenesis
   - 2.3 Oogenesis
   - 2.4 Fertilization
   - 2.5 Formation of Germ Layers-Tissue formation & its classification
   - 2.6 Notochord
   - 2.7 Yolk Sac

2.8 Amniotic Sac
2.9 Developmental embryogenic disk
2.10 Placenta
2.11 Development of abdominal organ
2.12 Development of cardio vascular system
2.13 Development of nervous system
2.14 Development of respiratory system
2.15 Development of body cavities
2.16 Development of uro-genital system

3. Regional or systemic anatomy:

Each of the areas below will cover: -

(a) Osteology
(b) Syndesmology (Joints)
(c) Myology
(d) Angiology
(e) Neurology
(f) Splanchnology (Viscera and Organ)
(g) Histology
(h) Surface anatomy
(i) Applied anatomy
(j) Radiographic anatomy
(k) Correlation with homoeopathic subjects

This will be taught under the following regions: -

3.1 Upper and Lower extremities
3.2 Blood
3.3 Head, Neck and Face-
3.4 Special Senses,
3.5 Endocrine & Exocrine system
3.6 Brain- CNS system
3.7 Thorax- Respiratory & Cardio vascular system
3.8 Abdomen- GIT, Metabolism, Excretory, RE system, Lymphatics & Reproductive

4. Teaching – Learning Methods

Different teaching-learning methods must be used / applied for understanding holistic and integrated way of anatomy. There has to be classroom lectures, small group discussions, case discussion where case-based learning (CBL) and problem based learning (PBL) must be apply. In the topic of applied anatomy, this Case discussion (CBL-PBL) methods are helpful to students. AV – Methods for the demonstration for anatomy is very

helpful to understand. In process of Clinical Anatomy – DOAP (Demonstration – Observation – Assistance – Performance) is very well applicable.

There could be mentorship programmes where mentor and mentee both present topics/presentations and are both assessed.

Innovative techniques to be used with artificial intelligence including web based applicatons for dissections, diagnosis,etc which the college can identify, develop and use.

5. Practical – Lab work – Field – Clinical Hospital work

1. Dissection of whole Human Body, Demonstration of dissected parts.- Small group discussion
2. Identification of histological slides, related to tissue & Organs. -Microscope/OHP slides
3. Students shall maintain Practical-Dissection & Histology record and clinical journals

6. Teaching hours:

Table A-1: Anatomy Teaching hours			
Sr No.	Subject Demonstration	Theoretical Lecture	Practical / Tutorial / Seminar / Clinical Posting
01	Anatomy	310hrs.	325hrs.

7.Assessment: - Refer to Homoeopathic Degree Regulation 2022

Formative assessment:

Internal assessment	
Theory	**40 marks**
Practical	**40 marks**

Summative assessment:

<u>Theory- 160 marks</u>

Paper-1 (80 marks) General Anatomy, Head, face and neck, Central nervous System, upper extremities and Embryology

1	**MCQ**	**20 marks**	**30 min**
2	**SAQ**	**30 marks**	**1 hour**
3	**LAQ**	**30 marks**	**1 hour**
Paper-2 (80 marks) Thorax, Abdomen, Pelvis, Lower extremities and Histology (micro anatomy).			
1	**MCQ**	**20 marks**	**30 min**
2	**SAQ**	**30 marks**	**1 hour**
3	**LAQ**	**30 marks**	**1 hour**

Viva-Practical→160 marks

Osteology	50 marks
Soft part	50 marks
Extremities	40 marks
Histology	10 marks
Journal	10 marks

5. The pass marks in each subject of examination shall be 50%.

Text book/s
Standard Books

(a) HUMAN ANATOMY Volume-1,2 & 3 by B.D.CHAURASIA
(b) HANDBOOK OF ANATOMY –by B.D. CHAURASIA

7. Reference books

(a) Gray's Anatomy for Students, Richard Drake, Wayne Vogl, Adam Mitchell
(b) Principals of Anatomy and Physiology, Gerrad Tortora, Bryan Derrickson
(c) Manual of Practical Anatomy Vol-I,II,III, Cunningham
(d) Human Embryology, InderbirPal,G.P

(e) Human Histology, Inderbir
(f) Interactive Histology Atlas, Wheates
(g) A Brief Atlas of The Skeleton Surface Anatomy, And Selected Medical Images, Tortora,Gerard,J
(h) Hand Book of Osteology, Poddae,SBhage,A
(i) Basic Human Gentics, Kapur,V.J

6.PHYSIOLOGY AND BIOCHEMISTRY

I. Background

Physiology studies the functional organization of man at several levels like atom, chemical, cells, tissues, organ systems and the whole body to understand fundamental mechanisms that operate in a living organism. The underlying goal is to explain the operations in a living organism.

Besides satisfying a natural curiosity about how humans function, the study of physiology is of central importance in medicine and related health sciences, as it underpins advances in our understanding of disease and our ability to treat it more effectively. It is also important from psychological and philosophical viewpoints, helping us to understand the different systems. Homoeopathic Philosophy postulates the force animating every cell as the Vital Force which helps in homoeostasis. When it is deranged due to web of causes, disease develops.

Homoeopath must understand Man in a holistic way which would help him to deliver the therapeutic action for the purpose of bringing about a cure. Understanding the structural organisation (Anatomy) along with psychological organisation (psychology) go hand in hand. Their interplay maintains health and delivers optimum function for healthy living and progressing towards higher purpose as per Hahnemannian guidelines. Hence physiology needs to be integrated horizontally with Anatomy, Materia Medica, Organon of Medicine, Psychology & Pharmacy as well as vertically with Pathology, Surgery, Obstetrics &Gynaecology, Community Medicine, Practice of Medicine & Repertory for better grasp of health, disease and process of cure.

Advances in biochemical processes have been occurring at an astonishing pace. The action of homoeopathic medicines does occur at sub-cellular levels. Hence an in-depth understanding and correlation of the processes in health and disease can open up a whole new way of understanding Homoeopathic drugs and their far-reaching effects.

II. Learning Objectives

1. Understand the concept of HEALTHhormesis and normal functioningaccording to modern understanding and Hahnemannian philosophy
2. Understands functional organisation of cell, tissue, organ and system
3. Demonstrate the balance between Anatomy, Physiology, Psychology & Philosophy.
4. Develop an understanding of physical structures and fucntions and concepts of dynamism, and , Psychology .
5. Understand the functions of human body in an evolutionary manner.
6. Understand and demonstrate the interrelations of the cell, tissue, organ systems to each other.

7. Demonstrate action based learning principle through clinics & Practical.application of physiology
8. Predict and explain the integrated responses of the organ systems of the body to physiological and pathological stresses.
9. To establish the co-relation between other subjects of homoeopathy.

Instructions:

I. (a) The purpose of a course in physiology is to teach the functions, processes and inter-relationship of the different organs and systems of the normal disturbance in disease and to equip the student with normal standards of reference for use while diagnosing and treating deviations from the normal;

(b) There can be no symptoms of disease without vital force animating the human organism and it is primarily the vital force which is deranged in disease;

(c) Physiology shall be taught from the stand point of describing physical processes underlying them in health;

(d) Applied aspect of every system including the organs is to be stressed upon while Teaching the subject.

(e) Correlation with Organon and philosophy especially the concept of health and its derangement the interplay of different cell, tissue organ and system, their representation in repertory and integration in HMM

II. (a) There should be close co-operation between the various departments while teaching the different systems;

(b) There should be joint courses between the two departments of anatomy and physiology so that there is maximum co-ordination in the teaching of these subjects;

(c) Seminars should be arranged periodically and lecturers of anatomy, physiology and bio-chemistry should bring home the point to the students that the integrated approach is more meaningful.

III. Contents:

Physiology

General physiology:

Introduction to cellular physiology
Cell Junctions
Transport through cell membrane and resting membrane potential
Body fluids compartments
Homeostasis

1. **Body fluids:**
   Blood
   Plasma Proteins
   Red Blood Cells
   Erythropoiesis
   Haemoglobin and Iron Metabolism
   Erythrocyte Sedimentation Rate
   Packed Cell Volume and Blood Indices
   Haemolysis and Fragility of Red Blood Cells
   White Blood Cell
   Immunity
   Platelets
   Haemostasis
   Coagulation of Blood
   Blood groups
   Blood Transfusion
   Blood volume
   Reticulo-endothelial System and Tissue Macrophage
   Lymphatic System and Lymph
   Tissue Fluid and Oedema

2. **Cardio-vascular system:**
   Introduction to cardiovascular system
   Properties of cardiac muscle
   Cardiac cycle
   General principles of circulation
   Heart sounds
   Regulation of cardiovascular system
   Normal and abnormal Electrocardiogram (ECG)
   Cardiac output
   Heart rate
   Arterial blood pressure
   Radial Pulse
   Regional circulation- Cerebral, Splanchnic, Capillary, Cutaneous & skeletal muscle circulation.
   Cardiovascular adjustments during exercise

3. **Respiratory system and environmental physiology:**
   Physiological anatomy of respiratory tract
   Mechanism of respiration: Ventilation, diffusion of gases

Transport of respiratory gases
Regulation of respiration
Pulmonary function tests
High altitude and space physiology
Deep sea physiology
Artificial respiration
Effects of exercise on respiration

4. Digestive system:

Introduction to digestive system
Composition and functions of digestive juices
Physiological anatomy of Stomach, Pancreas, Liver and Gall bladder, Small intestine, Large intestine
Movements of gastrointestinal tract
Gastrointestinal hormones
Digestion and absorption of carbohydrates, proteins and lipids

5. Renal physiology and skin:

Physiological anatomy of kidneys and urinary tract
Fluid & electrolyte with acid base balance need to be include
Renal circulation
Urine formation: Renal clearance, glomerular filtration, tubular reabsorption, selective secretion, concentration of urine, acidification of urine
Renal functions tests
Micturition
Skin
Sweat
Body temperature and its regulation

6. Endocrinology

Introduction of endocrinology and importance of PNEI axis
Hormones and hypothalamo- hypophyseal axis
Pituitary gland
Thyroid gland
Parathyroid
Endocrine functions of pancreas
Adrenal cortex
Adrenal medulla
Endocrine functions of other organs

7. Reproductive system

Male reproductive system-testis and its hormones; seminal vesicles, prostate gland, semen.

Introduction to female reproductive system

Menstrual cycle

Ovulation

Menopause

Infertility

Pregnancy and parturition

Placenta

Pregnancy tests

Mammary glands and lactation

Fertility

Foetal circulation

8. Central nervous system

Introduction to nervous system

Neuron

Neuroglia

Receptors

Synapse

Neurotransmitters

Reflex

Spinal cord

Somato-sensory system and somato-motor system

Physiology of pain

Brain stem, Vestibular apparatus

Cerebral cortex

Thalamus

Hypothalamus

Internal capsule

Basal ganglia

Limbic system

Cerebellum – Posture and equilibrium

Reticular formation

Reticular formation

Proprioceptors

Higher intellectual function

Electroencephalogram (EEG)

Physiology of sleep

Cerebro-spinal fluid (CSF)
Autonomic Nervous System (ANS)

9. Special senses

Eye: Photochemistry of vision, Visual pathway, Pupillary reflexes, Colour vision, Errors of refraction
Ear: Auditory pathway, Mechanism of hearing, Auditory defects
Sensation of taste: Taste receptors, Taste pathways
Sensation of smell: Olfactory receptors, olfactory, pathways
Sensation of touch

10. Nerve muscle physiology

Physiological properties of nerve fibres
Nerve fibre- types, classification, function, Degeneration and regeneration of peripheral nerves
Neuro-Muscular junction
Physiology of Skeletal muscle
Physiology of Cardiac muscle
Physiology of Smooth muscle
EMG

11. Bio-physical sciences

Filtration
Ultra-filtration
Osmosis
Diffusion
Adsorption
Hydrotropy
Colloid
Donnan Equilibrium
Tracer elements
Dialysis
Absorption
Assimilation
Surface tension

Bio-chemistry

Theory

1. Carbohydrates:(Chemistry, Metabolism, Glycolysis, TCA, HMP, Glycogen synthesis and

degradation, Blood glucose regulation)

2. Lipids: (Chemistry, Metabolism, Intestinal uptake, Fat transport, Utilization of stored fat, Activation of fatty acids, Beta oxidation and synthesis of fatty acids)
3. Proteins: (Chemistry, Metabolism, Digestion of protein, Transamination, Deamination Fate of Ammonia, Urea cycle, End products of each amino acid and their entry into TCA cycle
4. Enzymes: (Definition, Classification, Biological Importance, Diagnostic use, Inhibition)
5. Vitamins: (Daily requirements, Dietary source, Disorders and physiological role)
6. Minerals (Daily requirement, Dietary Sources, Disorders and physiological role) mineral metabolism
7. Organon function tests

IV. Teaching-Learning Methods

Different teaching-learning methods must be apply for understanding holistic and integrated way of physiology. There has to be classroom lectures, small group discussions, case discussion where case based learning (CBL) and problem based learning (PBL) must be apply. In the topic of applied physiology this Case discussion (CBL-PBL) methods are helpful to students. AV – Methods for the demonstration for any physiological process is very helpful to understand. In process of Clinical Physiology – DOAP (Demonstration – Observation – Assistance – Performance) is very well applicable.
There could be mentorship programmes where mentor and mentee both present topics/presentations and are both assessed.

Innovative techniques to be used with artificial intelligence including web based applicatons for dissections, diagnosis,etc which the college can identify, develop and use.

V. Practical – Lab work – Field – Clinical Hospital work

Table B-1: Physiology – Haematology: Practical – lab work		
No	**Practical**	**Demonstration / Performance**
Physiology		
Practical – 100 Hrs		

Haematology:		
1	Study of the Compound Microscope	Performance
2	Introduction to Haematology	Demonstration
3	Collection of Blood Samples	Performance
4	Estimation of Haemoglobin Concentration	Performance
5	Determination of Haematocrit	Demonstration
6	Haemocytometry	Performance
7	Total RBC Count	Performance
8	Determination of RBC Indices	Demonstration
9	Total Leucocytes Count (TLC)	Performance
10	Preparation And Examination Of Blood Smear	Performance
11	Differential Leucocyte Count (DLC)	Performance
12	Absolute Eosinophil Count	Demonstration
13	Determination of Erythrocyte Sedimentation Rate	Demonstration
14	Determination of Blood Groups	Performance
15	Determination of Bleeding Time and Coagulation Time	Performance
Biochemistry		
Practical: - 60 Hrs		
1	Demonstration of Uses Of Instruments Or Equipment	Demonstration
2	Qualitative Analysis of Carbohydrates, Proteins And Lipids	Performance
3	Normal Characteristics of Urine	Performance
4	Abnormal Constituents of Urine	Performance
5	Quantitative Estimation of Glucose, Total Proteins, Uric Acid in Blood	Performance
6	Liver Function Tests	Demonstration

7	Kidney Function Tests	Demonstration
8	Lipid Profile	Demonstration
9	Interpretation And Discussion of Results of Biochemical Tests. Test for Vitamin D, B12, Electrolyte tests, blood gas analysis Electrolyte tests, blood gas analysis	Demonstration
Human Experiments: - 165 Hrs – Included With System		
1	General Examination	Performance
2	Respiratory System- Clinical Examination, Spirometry, Stethography	Performance
3	Gastrointestinal System- Clinical Examination	Performance
4	Cardiovascular System- Blood Pressure Recording, Radial Pulse, ECG, Clinical Examination	Performance
5	Nervous System- Clinical Examination	Performance
6	Special Senses- Clinical Examination	Performance
7	Reproductive System- Diagnosis of Pregnancy	Performance

Practical & Clinics are the best medium to demonstrate the all physiological processes in objective ways. It also helps us to understand the physiological signsso that one can rule out what is not normal. To demonstrate that haematological& biochemistry practicals are done in laboratory, one can apply the DOAP (Demonstration – Observation – Assistance – Performance) & OSPE (Objective Structured Practical Examination) methods. All this can be recorded in the journal.

In the clinics / OPD / IPD / Bed side there will be exposure to Clinical & Applied Physiology and anatomy. We can demonstrate this via DOAP (Demonstration – Observation – Assistance – Performance) & OSCE (Objective Structured Clinical Examination) methods. These methods are more objectives so it will help students to develop the attitude as a clinician.

Other Innovative methods to teach them topics are chart making & model making which help their innovative thinking.

VI. No of Teaching Hours

Table B-2: Physiology Teaching hours			
Sr No.	Subject Demonstration	Theoretical Lecture	Practical / Tutorial / Seminar / Clinical Posting
01	Physiology including Biochemistry	310 hrs.	325 hrs.

VII. Assessment

1. Formative – Refer to Homoeopathic Degree Regulation 2022

Internal assessment	
Theory	**40 marks**
Practical	**40 marks**

2. Summative assessment:

3. Theory- 160 marks

Paper-1 (80 marks) General Physiology, Biophysics, Body fluids, Cardiovascular system, Reticuloendothelial system, Respiratory system, Excretory system, Regulation of body temperature, Skin, Nerve Muscle physiology system			
1	**MCQ**	**20 marks**	**30 min**
2	**SAQ**	**30 marks**	**1 hour**
3	**LAQ**	**30 marks**	**1 hour**
Paper-2 (80 marks) Endocrine system, Central Nervous System, Digestive system and metabolism, Reproductive system, Sense organs, Biochemistry, Nutrition -			
1	**MCQ**	**20 marks**	**30 min**
2	**SAQ**	**30 marks**	**1 hour**
3	**LAQ**	**30 marks**	**1 hour**

4. **<u>Practical & Viva</u>**→160 marks

Hematology	30 marks
Bio-chemistry	30 marks
Spotting	10 marks
Journal	10 marks
Viva Voce	80 marks

5. The pass marks in each subject of examination shall be 50%.

VIII. Text book/s

Standard Books

1) Textbook Of Medical Physiology by , Guyton
2) Principles of Anatomy & Physiology, Tortora G.R.
3) Text Book Of Physiology Vol – 1 & 2, DR Prof Jain A K
4) Glynn Hutchison's Clinical Methods, Swash

IX. Reference books

1) Human Physiology Volume – 1 & 2, Chatterjee C.C.
2) Essential Of Medical Physiology, Mahapatra Sigh Buran Anil
3) Essential Of Medical Physiology, Khurana Indu

7. FORENSIC MEDICINE & TOXIOCOLOGY

I. BACKGROUND:

Forensic Medicine and Toxicology is concerned with knowledge about medical, legal and medico-legal responsibilities of a physician,medical ethics and etiquette and toxicological effects of poisons which can be integrated with proving symptoms of homoeopathic drugs.

Medico-legal examination is the statutory duty of every registered medical practitioner, whether he is in private practice or engaged in Government sector and especially in the present scenario of growing consumerism in medical practice. Knowledge of laws in relation to medical practice, medical negligence and codes of medical ethics is very essential. Any practitioner should be well-informed about medico-legal responsibility in medical practice and the important observations and conclusions arrived at by logical deductions in any inquiry in criminal matters and connected medico-legal problems.

It is also essential to identify, diagnose and treat common poisonings in their acute and chronic state and take judicious decisions based on the circumstances and severity to enable timely management and referral and also understanding the medico-legal aspects.

Toxicological symptoms of the poisons do bear a relationship with the provings or clinical symptoms of some of these which are used in homoeopathic practice. Integration at this level will throw light on the evolving drug picture as well.

II. LEARNING OBJECTIVES:

At the end of the course in Forensic Medicine, the student shall /should: -

1. Identify, examine and prepare reports / certificates in medico-legal cases/situations in accordance with the law of land.
2. Demonstrate awareness of legal/court procedures applicable to medicolegal/medical practice
3. Acquire knowledge in Forensic medicine and recognize its scope and limitations in Homoeopathic practice
4. Be conversant with the code of ethics, etiquette, duties and rights of medical practitioners' profession towards patients, profession, society, state and humanity at large; infamous conduct, medical negligence, punishment on violation of the code of ethics.
5. Be able to identify poisons/poisoning, management of poisoning within the scope of homoeopathy.
6. Develop knowledge of Materia Medica by application of knowledge gained by the study of Toxicology
7. Develop skills in medical documentation
8. Be aware of the principles of environmental, occupational and preventive aspects of general Toxicology

III. Contents

A. Forensic Medicine

a. Theory:

1. Introduction

a. Definition of forensic medicine, medical jurisprudence.
b. History of Forensic medicine in India.

2. Medical ethics

a. Medical Ethics and etiquette – Code of ethics, Infamous conduct, medical negligence, professional secrecy, privileged communication, Rights and duties of doctors and patients etc*
b. National Commission for Homoeopathy and State Homoeopathic Medical Councils Structure, functions and legislation
c. Homoeopathic Practitioners (Professional Conduct, Etiquette and Code of Ethics) Regulations,1982 with amendments (up to 2014)
d. Duties of Registered Homoeopathic Medical practitioner in medico-legal cases.
e. Consent, types of consent and its importance in practice
f. Bioethics - Introduction and principles

3. Legal procedure

a. Understanding legal terms – CrPC, IPC, IEA, offence, civil and criminal cases
b. Inquest, types of inquest
c. Courts of law in India, jurisdiction, hierarchy and power of different courts of law
d. and the sentences passed by them (India) legal procedure
e. Medical evidences in courts, dying declaration, dying deposition, including medical
f. certificates and medico-legal reports.
g. Recording of evidence
h. Witnesses and types
i. Conduct and duties of doctors in witness box

4. Personal identification

Define and recognize the concept of corpus delicti

a. Determination of age, gender, race, religion in the living and the dead
b. Dactylography, foot prints.
c. Bones, scars and teeth, tattoo marks, handwriting, anthropometry and other identification data
d. Examination of biological stains and hair.
e. DNA finger printing
f. Medicolegal importance of the above

5. Death and its medico-legal importance

a. Thanatology, Death and its types, their medico-legal importance
i. somatic death, molecular death, asphyxia, coma, syncope, suspended animation
ii. Differentiate cause, manner and mode of death
iii. Pathology of asphyxial death, negative autopsy, sudden death and causes
iv. Organ transplantation and the laws governing organ transplantation
v. Identifying / declaration ofdeath/brain deat**h**
vi. Cryonics (freezing of dead bodies)

Signs of death (1) immediate, (2) early, (3) late and their medico-legal importance, estimation of post-mortem interval
Asphyxial deaths (mechanical asphyxia and drowning).
Death from starvation, cold and heat etc.

6. Injury and its medico-legal importance

Mechanical, thermal, firearm, regional, transportation and traffic injuries; injuries from radiation, blast, electrocution and lightning and their medicolegal importance

7. Forensic psychiatry

a. Definitions, delusion, delirium, illusion, hallucinations; impulse, obsession, mania ICD 10 classification of Insanity, mental subnormality
b. Definition and brief overview of common mental illnesses.
c. True and feigned mental illness.
d. Civil and criminal responsibilities of a personwith mentalillness/disability.
e. Development of insanity, diagnosis, admission to mental asylum, care of mentally ill person and discharge.

8. Post-mortem examination (ML autopsy)

a. Purpose, procedure, legal bindings; difference between pathological and medico-legal autopsies.
b. External examination, internal examination of adult, foetus and skeletal remains.
c. Artefacts
d. Forensic scienceLaboratory

9. Impotence and sterility

a. Impotence, sterility, sterilization, Artificial Insemination, surrogacy, in-vitro fertilization.
b. Legal issues related to impotence, sterility and artificial insemination, surrogacy, in-vitro fertilizationlegitimacy,sperm donation, sperm banks, ova banks, freezing ofgametes, frozen embroys, medicolegal importance

10.Sexual abuse, exploitation in all genders,defloration; pregnancy and delivery.

The presumptive, probable and positive signs of pregnancy,sexual exploitation, sexual abuse,pregnancy, delivery, posthumous child, pseudocyesis, superfoetation, superfecundation, legitimacy and paternity - legal aspects

11. Abortion and infanticide (Integration with OBG)

a. Abortion: different methods, complications, accidents following criminal abortion, MTP, medicolegal importance
b. Abortificent drugs and methods
c. Infant death, signs of live birth, legal definitions, battered baby syndrome, cot death, Munchausen's syndrome

12. Sexual Offences

a. Natural sexual offenses, Unnatural sexual offenses, Sexual perversions
b. The clinical examination and findings of victim and assailant
c. IPC sections
d. The medicolegal aspects of sexual offenses and perversions

B.Toxicology

1. General Toxicology

a. Forensic Toxicology and Poisons
b. Classification of poisons
c. Medico – legal aspects of poisons,
d. Antidotes and types
e. Diagnosis of poisoning in living and dead,
f. General principles of management of poisoning
g. Duties of Homoeopathic Practitioners in cases of poisoning

2. Clinical toxicology

(a) Types of Poisons:

i. Corrosive poisons (Mineral acids, Caustic alkalis, Organic acids, Vegetable acids)
ii. Irritant poisons (organic poisons – Vegetable and animal; Inorganic poisons – metallic and non-metallic; Mechanical poisons)
iii. Asphyxiant poisons (Carbon monoxide; Carbon dioxide; Hydrogen sulphide and some war gases)
iv. Neurotic poisons (Nux vomica, Opium, Alcohol, Fuels like kerosene and petroleum products, Cannabis, Coccaine, Datura, Belladonna, Hyoscyamus Anaesthetics Sedatives and Hypnotics, Agrochemical compounds, Curare, Conium)
v. Cardiac poisons (Digitalis purpurea, Oleanders, Aconite, Nicotine,Quinine,)

vi. Miscellaneous poisons (Analgesics and Antipyretics, Antihistamines, Tranquilizers, antidepressants, Stimulants, Hallucinogens, Street drugs etc.)
vii. Food poisoning
viii. Drug dependence and druguse

Integration with Materia Medica:

The following poisons to be integrated with the Homoeopathic materia medica drugs.

Arsenic, Mercury, Lead (Plumbum met), Sulphuric acid, Muriatic acid, Nitric acid, Carbolic acid, Oxalic acid, Cantharis, Vipera, Bees, Anacardium, Capsicum, Phosphorus, Coccaine, Nux vomica, Opium, Cannabis, Datura, Belladonna, Hyoscyamus, Curare, Conium, Croton tig, Digitalis, Aconite, Nicotine, Oleander, Quinine, Gelsemium

B. Legislation relating to medical profession – including latest amendments andsuperceeding acts as and when applicable

Specific emphasis on areas relevant to medical profession and homeopathic doctos–

National Commission for Homoeopathy Act, 2020. (complete) Homoeopathy Central Council Act 1973 (brief)

i. "Homoeopathic Practitioners (Professional Conduct, Etiquette and Code of Ethics) Regulations, 1982" with amendments upto 2014 (complete)
ii. Consumer Protection Act, 1986 (68 of 1986); Consumer Protection Act, 2019 (amendment)
iii. Workmen's compensation Act, 1923 (8 of 1923);
iv. Employees State Insurance Act, 1948 (34 of 1948);
v. Medical Termination of Pregnancy Act, 1971 (34 of 1971); The Medical Termination of Pregnancy (Amendment) Bill, 2020
vi. Mental Health Act, 1987 (14 of 1987); The Mental Health Care Act,2017
vii. Indian Evidence Act, 1872 (1 of 1872);
viii. Prohibition of Child Marriage Act, 2006 (6 of 2007);
ix. Personal Injuries Act, (Insurance Compensation Act)1963 (37 of 1963)
x. Drugs and Cosmetics Act, 1940 (23 of 1940) and the rules made therein;
xi. Drugs and Magic Remedies (Objectionable Advertisements) Act, 1954 (21 of 1954);
xii. Transplantation of Human Organs Act, 1994 (42 of 1994);
xiii. Bio-medical Waste Rules 2016
xiv. Pre-natal Diagnostic Techniques (Regulation and Prevention of Misuse) Act, 1994 (57 of 1994);
xv. Drugs Control Act, 1950 (26 of 1950);
xvi. Indian Penal Code (45 of 1860) and the Criminal Procedure Code (2 of 1974) (relevant provisions

xvii. Persons with Disabilities (Equal Opportunities, Protection of Rights and Full Participation Act, 1995 (1 of 1996);

xviii. Clinical Establishment (Registration and Regulation) Act, 2010 ((23 of 2010).

IV. Teaching learning Methods:

Students must be involved in some project or Power Point presentation in Forensic Medicine & toxicology as it develops interest about the subject and will increase their quest in the deep study of the subject. Further in addition the teacher may ask them situational questions to make the subject application based, not on the basis of theory only. It is also suggested that students must also read contemporary topics in the daily newspaper and paste in the scrapbook so that they can easily understand the practical value of the topic and can learn to apply. All the above practices increase interest and involvement of the students more in the subject as well as it will be very helpful for the teachers to differentiate easily regular, creative and studious students among all.

There could be mentorship programmes where mentor and mentee both present topics/presentations and are both assessed. Innovative techniques to be used with artificial intelligence including web based applicatons for dissections, forensics, diagnosis,etc which the college can identify, develop and use.

Other than didactic lectures

(a) Structured interactive sessions
(b) Simulation based learning
(c) Small group discussions
(d) Practicals including demonstrations
(e) Problem Based Learning
(f) Flipped Classroom
(g) Think-pair-Share
(h) Moot court
(i) Video clips
(j) Written case scenario
(k) Self-learning tools
(l) Interactive learning
(m) Integrated learning
(n) Google classrooms
(o) Field visits (Autopsy & Court visit and Isolation hospitals).

V. Practicals:

1. **Demonstrations**:

(a) Weapons
(b) Toxicology - corrosives, irritants, systemic and miscellaneous poisons, gastric lavage
(d) Charts, diagrams, photographs, models, bones, x-ray films of medico-legal importance

* During the students 'clinical posting in OPD and IPD, the need of following ethical practices and protecting patients' rights and patient doctor communication should be duly emphasized.

2. CONSENT – Medical consent, implied consent, patient confidentiality, autonomy, role of care giver, audio-video recording of cases, safety and custody of medicalrecords.

3. Certificate Writing:
(a) Various certificates like sickness certificate, physical fitness certificate, death certificate, birth certificate.
(b) Knowledge of injury certificate, examination of rape victim and assailant, drunkenness, post-mortem examination report, age certification

4. Attending demonstration of at least 5-10 medico-legal autopsies. (Field visits/ video lecture/ video streaming/ AI)
5. Spotting in practical examination should include forensic medicine spot, Toxicology spot & Certificate wrting etc.

VI. No of teaching hours :

Forensic Medicine Teaching Hours		
Theory	Practicals / Demonstrations	Observing Medicolegal autopsy, Field visits: Court visit (to understand court proceedings), Visits to Forensic Science Laboratory, mental asylum(desirable)
120	40	10 hrs

1 Assessment:

Refer to Homoeopathic Degree Regulation 2022

2 Formative assessment: 40

Internal assessment	
Theory	**20 marks**
Practical	**20 marks**

3. Summative assessment:
Theory- 80 marks

MCQ	**20 marks**	**30 min**
SAQ	**30 marks**	**1 hour**
LAQ	**30 marks**	**1 hour**

4 Practical & Viva→80 marks

spotting	**30 marks**
Journal	**10 marks**
Viva voce	**40 marks**

Journal marks must include Practical records, Field visit records & Medico legal autopsies records.

5 The pass marks in each subject of examination shall be 50%.

VII Standard Books

1) Text Book of Medical Jurisprudence Forensic Medicine &Toxciology, Parikh,C.K
2) The Essentials of Forensic Medicine & Toxicology, Reddy, Narayan.K

VIII Reference books

1) A Text Book of Medical Jurisprudence and Toxicology, Modi, N.J
2) Review of Forensic Medicine and Toxicology: Including Clinical and Pathological Aspects, Biswas, Gautam
3) Principles of Forensic Medicine Including Toxicology, NandyApurba

8. PATHOLOGY AND MICROBIOLOGY

I Background

Pathology and Microbiology provides comprehensive knowledge of the pathologic basis of disease, in order to enable a complete understanding of the reaction of man to different morbid factors causing disease -its natural course, clinical manifestations, complications and sequel.

The students must be able to discriminate symptoms of the patient & disease satisfying the Hahnemannian requirements of physicians as mentioned in aphorism 3 of Organon of Medicine, make them competent in diagnosis and to substantiate miasmatic perspective with pathology for an accurate homoeopathic prescription and for adjusting the dose and potency of indicated homoeopathic remedy. Knowledge also helps in deciding the scope, limitation and prognosis of a case through the understanding of susceptibility. Immune mediated illnesses are becoming important areas where homoeopathic interventions can play a significant part in alleviating suffering and in bringing about a cure.

The teaching should be aligned and integrated vertically in organ systems recognizing deviations from normal structure and function and clinically correlated so as to provide an overall understanding of the aetiology, mechanisms, laboratory diagnosis and management of diseases and horizontally with Homoeopathic Philosophy, Homoeopathic Materia Medica and Repertory to understand the Homeopathic concept of Disease and its management. General pathology will need alignments with general anatomy and physiology on one side and clinical subject on other side with the foundation of homoeopathic subjects.

II Learning Objectives

1. Recognise the importance of General and Systemic Pathology and Microbiology in Homoeopathic system
2. Differentiate the morphological changes in cell structure in disease and recognise the mechanism of the etiological factors in causation of such changes in relation to Homoeopathy.
3. Relate the concept of Pathology and Microbiology in relation to Homoeopathic concepts of Miasms in correlation with immunity, susceptibility and thereby emphasizing homoeopathic concept of evolution of disease and cure.
4. Integrate the disease pathology with Homoeopathic Materia Medica (drug pathology) and also the miasmatic understanding of the remedy.
5. Correlate clinical repertories in pathological findings of diseases and classification of diseases based on symptoms.
6. Differentiate common and important diseases on the basis of their evolution, aetio-pathogenesis, mode of presentation, progress and prognosis.
7. Develop skill in identification of pathological features specifically histo-pathological features, and gross pathological specimen and relate with miasm

8. Develop a positive attitude towards the role of Pathology and Microbiology in Homoeopathic system
9. Develop interest in clinical practice by observing the changes during Homoeopathic treatment.

III. Contents

Table I-1 :Pathology and Microbiology Content		
Sr. no	**Topic**	
1.	Introduction	How to learn pathology, contribution of important scientists to Pathology and Microbiology. Common terminologies used in pathology and microbiology. Classification of disease – modern &homoeopathic, Homoeopathic concept of evolution of disease and cure
II	**GENERAL PATHOLOGY**	
1.	Cell Injury and cellular adaptation	- Causes and mechanism of cell injury and their clinical significance -Cellular adaptation- Hyperplasia and hypertrophy, Atrophy, Metaplasia -Reversible cell injury – hydropic swelling, fatty Hyaline & mucoid Changes - Irreversible cell injury – Necrosis, Apoptosis, Gangrene -Intracellular accumulation- fats, proteins, carbohydrates, pigments -Pathological Calcification Correlate and integrate each topic in cell injury with theory of susceptibility, homoeopathic miasm and its expression in repertory and Homoeopathic Materia Medica. Comparison with symptomatology of homoeopathic drugs with reversible and irreversible cell injury and cellular adaptations.
2.	Inflammation and repair	- Inflammation, types, cardinal signs -Acute inflammation- Causes, Sequences, Vascular changes, Cellular events, mediators of acute inflammation, Morphological patterns and outcome - Chronic inflammation -Repair and regeneration -Wound healing –primary and secondary union -Healing at specific sites Factors promoting and delaying the process.

		Correlate the events of inflammation and outcome of various types of inflammation with miasm and representation in repertory and different Materia Medica.
3.	Haemodynamic disorders	-Edema -Shock - Hyperemia - Congestion,Haemorrhage - Thrombosis - Embolism - Ischaemia - Infarction Definition, aetiology, types, pathogenesis, morphology and fate in each. Homoeopathic philosophy of haemodynamic disorders. Miasmatic approach of this disorder and scope in homoeopathy. Correlate the disease pathology with drug pathology. Homoeopathic medicines which shows the pathogenesis similar to these changes.
4.	Immunopathology	Non-specific defenses of the host, cells in immune system, compliment system. Antigen; Antibody; Antigen – Antibody reactions, Transplantation , Immunity, Hypersensitivity, Autoimmune disorders, Immunodeficiency syndromes, immunological tolerance, Amyloidosis Concept of immunity and hypersensitivity correlated with the susceptibility which explains the Homoeopathic concepts of disease and cure.Prognosis and course of disease modified by state of immunity and susceptibility. Homoeopathic medicinal symptoms of different immune reactions.
6.	Neoplasia	Definition, nomenclature and taxonomy, characteristics of neoplastic cells, aetiology and pathogenesis, molecular basis, metastasis, grading and staging, diagnostic approaches, interrelationship of tumor and host and course. Miasmatic concept of neoplastic disorder with classification of psoric, sycotic and syphilitic pathological changes in different stages of neoplasia. Medicines indicating these various changes of growth.
7	Environmental and Nutritional diseases	Effects of radiation, Obesity, Malnutrition and deficiency diseases, metabolic disorders. Pathogenesis of disorders and its consequences of each. Miasmatic and Constitutional interpretation. Changes in generalities during Nutritional and metabolic disorder with their miasmatic approach and leading

		homoeopathic drugs with their pathophysiological characteristic for these disorders
III	**SYSTEMIC PATHOLOGY** In each system, the important and common diseases should be taught, keeping in view their evolution, aetio-pathogenesis, pathology (gross & microscopic), mode of presentation, laboratory findings, progress and prognosis. Stage wise pathological changes of the following in the light of homoeopathic philosophy, miasm. Emphasis on disease pathogenesis and drug pathogenesis in homoeopathy and its significance in using Homoeopathic repertories.	
1.	***Diseases of Cardiovascular system*** Ischaemic heart disease, Rheumatic Heart disease, Infective endocarditis, CCF, Cardiomyopathy,Tumours of heart, pericarditis and pericardial effusion	
2.	***Diseases of blood vessels and lymphatics*** Atherosclerosis, Arteriosclerosis, Hypertension, Aneurysms, Tumors, lymphangitis, lymphadenitis	
3.	***Diseases of kidney and lower urinary tract*** Nephrotic syndrome, nephritic syndrome, Glomerulonephritis, Nephrosclerosis, renal stone, pyelonephritis, Urinary tract infection, Renal failure, Renal tumors, RFT.	
4.	***Diseases of male reproductive system and prostate*** Inflammatory conditions and tumours of testis Prostate – Prostatitis, Benign prostatic hyperplasia, prostatic cancer	
5.	***Diseases of the female genitalia and breast*** Cervicitis, endometriosis, endometritis, adenomyosis, leiomyomas, carcinoma of the cervix, endometrium & ovary, gestational trophoblastic neoplasms Mastitis, Fibroadenoma, Carcinoma breast.	
6.	***Diseases of eye, ENT and neck***-inflammatory conditions, tumors	
7.	***Diseases of the respiratory system.*** Infections –URTI, Pulmonary tuberculosis, Pneumonias Chronic obstructive lung diseases, Chronic interstitial lung diseases, occupational lung diseases, lung abscess, Pneumothorax, Tumors of lungs and pleura, pleural effusion	
8.	***Diseases of the oral cavity and salivary glands***. Inflammatory conditions and tumors	
9.	***Diseases of the GI system*** Esophagitis, Barrett esophagus, Carcinoma oesophagus, Gastritis, Peptic ulcer, gastric carcinoma, intestinal tumors, IBS, Inflammatory	

	bowel disease, Carcinoma colon.
10.	***Diseases of liver, gall bladder, and biliary ducts*** Jaundice and cholestasis, hepatitis, Alcoholic and non alcoholic liver disease, Cirrhosis, Tumours of liver, Cholecystitis, Gall stones and tumours.
11.	***Diseases of the pancreas*** Acute and chronic pancreatitis, diabetes mellitus.
12.	***Diseases of the haemopoetic system, bone marrow and blood*** Red cell disorders - Definition and classification of anemia, Iron deficiency anemia, Megaloblastic anemia, Aplastic anemia, haemolytic anemia, Polycythemia White cell disorders-leukocytosis, leukopenia, leukemoid reactions, Leukaemias Hemorrhagic disorders, plasma cell myeloma, lymphoid neoplasms- Hodgkin's and non- Hodgkin's lymphoma, splenomegaly
13.	***Diseases of glands***-thymus, pituitary, thyroid, and parathyroid, adrenals, parotid. Hypothyroidism, Hyperthyroidism, Thyroiditis, goiter, tumors of thyroid, pituitary, parathyroid, adrenals glands.
14.	***Diseases of the skin and soft tissue***. Skin and soft tissue tumors
15.	***Diseases of the musculo-skeletal system.*** Osteomyelitis, osteoarthritis and rheumatoid arthritis, septic arthritis, gout, pseudo gout, bone tumors and muscle tumors.
16.	***Diseases of the nervous system.*** Meningitis, stroke, Alzheimer's disease, Parkinson's disease, CNS tumors
IV	**MICROBIOLOGY**
1.	***General topics*** Koch's postulate, Morphology of Bacteria, Classification of bacteria, normal bacterial flora, pathogenicity of microorganism and diagnostic microbiology. Relate with cause effect relationship in Homoeopathy Hahnemannian concept of infection, manifestation of microbial infections and concept of acute or chronic disease, homoepathic philosophical understanding of host-pathogen interaction.
2.	**Bacteriology** Morphology, Culture, Virulence factors, Pathogenesis, Diseases caused, Laboratory diagnosis of various bacteria is explained. It is correlated with the concept of Homoeopathy, relationship between host, agent, environment and correlation with concept of susceptibility. Relate the disease pathogenesis and drug pathogenesis of these infectious diseases.
i	***Bacterial structure, growth and metabolism & genetics***
ii	***Sterilization and disinfection***

iii	***Identification and cultivation of bacteria*** Culture medias and methods
iv	***Gram positive cocci –aerobic*** Staphylococci, Pneumococci , Streptococci
v	***Gram negative cocci*** Neisseria gonorrhoeae, Neisseria meningitides
vi	***Gram positive aerobic bacilli*** Corynebacterium, Bacillus anthrax,B. cereus.
vii	***Gram positive anaerobic bacilli*** Clostridium- C. tetani, C. perfringens, C. botulinum, C. Difficile
viii	***Gram negative bacilli*** Enterobacterias - Escherichia coli, Shigella, Salmonella, Klebsiella, Proteus, Yersinia. Vibrio cholera, Pseudomonas, H. Influenza, B. Pertussis, Brucella
ix	***Acid Fast Bacterias*** M.tuberculosis, M. Leprae,
x	***Spirochetes*** Treponema pallidum, Non venereal treponems, Borrelia, Leptospira,
xi	***Others*** H.pylori, Lactobacillus, Rickettsiae, Chlamydia.
3	**Fungi and Parasites:**
	Fungi–pathogenesis and clinical manifestations of various fungal infections, its lab identification. Correlate with the susceptibility Selection of remedies according to the symptomatology.
i	***General characteristics of Pathogenic fungi, classification, lab diagnosis***. True pathogens -cutaneous, sub-cutaneous and systemic Mycoses Opportunistic pathogens
4	**Parasitology -** Habitat, Morphology, life cycle, pathogenicity, clinical Manifestations and lab diagnosis of various parasites. Homoeopathic concepts in Parasitic infections and application in management.
i	***Introduction to parasitology*** **–** Definitions, classification, types of hosts, types of host parasite relationships. ***Protozoa*** - Intestinal -Entamoeba histolytica, Giardia lamblia. Urogenital -Trichomonas vaginalis Blood and Tissues -Plasmodium-species, Toxoplasma gondii, Trypanosoma species, leishmania species.
ii	***Helminths –*** - *Cestodes* - Echinococcus granulosus, Taenia solium, Taenia saginata, - *Trematodes*- Paragonimuswestermani, Schistosoma haematobium, F.hepatica - *Nematodes*- Ankylostoma duodenale, Ascaris lumbricoides, Enterobius

	vermicularis, Strongyloidesstercoralis, Trichuris trichiura, Filarial Nematodes-WuchereriabancroftiiBrugiamalayi, Loa loa, Onchocerca volvulus, Dracunculus medinensis
5	**Virology** Morphology, vectors, Hostrange, Pathogenicity, Pathogenesis, clinical manifestations, complications and Laboratory diagnosis of each virus. Virus-Host interactions and its significance in Homoeopathy & Philosophical concept of viral disease management.
i	***Introduction*** Structure , Classification, Viral Multiplication, Viral inclusion bodies, Lab Diagnosis of Viral Infections, Virus –host Interactions
ii	Bacteriophages
iii	**DNA virus** - Pox viruses - Papovavirus- HPV - Herpes Viruses- HSV, Varicella, Herpes zoster, CMV, HHV, EBV - Adenoviruses- - Hepadna virus –HBV
iv	**RNA viruses** -Orthomyxovirus-Influenza virus - Paramyxovirus-Mumps, Measles, Rubella virus, RSV - Corona virus - Rhabdovirus-Rabies -Picorna virus- Polio virus -Arbo virus- Dengue, Chikungunya ,Yellow fever, Japanese encephalitis etc - Retro virus- HIV -Hepatitis viruses-HAV,HCV,HDV,HEV ***Others –*** Emerging/re-emerging viral diseases
6	**Clinical microbiology:** Correlated with homoeopathic fundamental principles.
	-Human Microbiome – its influence in immune homeostasis, Host- microbiome interactions that contribute to health and disease, its correlation with fundamental principles of Homoeopathy. -Homoeopathic prophylaxis and genus epidemics
7.	**Diagnostic procedures in microbiology** Its significance in Homoeopathic disease diagnosis and medicine selection
	Diagnostic microbiology –common laboratory test for infectious diseases.
8.	**Infection and Disease** Types, Sources of infections, portals of entry, modes of transmission, Pathogenicity, mechanism and control. Pyrexia, Hospital infection,nosocomial infections, Drug resistant strains

IV. Teaching-Learning Methods

1. Didactic Lecture
2. Group discussions
3. Tutorials
4. Seminars / integrated seminars
5. Demonstration
6. Self directed learning/Peer assisted learning
7. Problem based learning / Case based studies
8. Simulation based studies.
9. Project based learning (Assignment /Mini projects)
10. Practicals /Experiential learning
11. There could be mentorship programmes where mentor and mentee both present topics/presentations and are both assessed.
12. Innovative techniques to be used with artificial intelligence including web based applicatons for dissections, pathology, diagnosis, etc which the college can identify, develop and use.

V. Practical – Lab work – Field – Clinical Hospital work

Table I-2: Pathology and Microbiology: Practical – Lab work	
	PRACTICAL SYLLABUS Significance in the diagnosis, determination of disease,its management. Interpretation of various laboratory reports, their significance in Homoeopathy.
i	***Clinical and Chemical Pathology:***
	Estimation of haemoglobin (by acidometer)
	Red Blood Cells counts and morpholgy
	Differetial and total White Blood Cells,and morphology

	Bleeding time, Clotting time.
	Staining of thin and thick films.
	platelet count and morphology
	Erythrocyte sedimentation rate.
ii	***Urine examination*** physical, chemical and microscopical examination.
iii	***Examination of Faeces- demonstration*** physical, chemical (occult blood)and microscopical for ova and protozoa.
	Semen analysis
iv	***Microbiology***
	Demonstration of Methods of sterilisation
	Use of microscope
	Gram staining
	Motility preparation.
v	***Common culture medias***- demonstration
vi	Interpretation of laboratory reports (serological tests, LFT, RFT, TFT etc) and its clinico pathological correlation.
vii	***Exposure to latest equipment***- auto-analyzer, cell counter, ELISA reader etc.
	ELISA – UPT, microbiological testing
viii	***Histopathology*** How to Identify and describe various pathological findings in gross specimens and slides and its importance in Homoeopathic diagnosis and management
a	Demonstration of common slides from each system After the completion of each chapter related histopathological slides are demonstrated for identifying the characteristic pathology.
b	Demonstration of gross pathological specimens from each system After the completion of each chapter related specimens are demonstrated for identifying the characteristic gross pathological findings

VI. No of Teaching Hours

Pathology Teaching Hours		
Theory	**Practicals**	**Total hours**
200	80	280

I. <u>Assessment</u>: -

Refer to Homoeopathic Degree Regulation 2022

2. Formative assessment:

Internal assessment	
Theory	**40 marks**
Practical	**20 marks**

3. Summative assessment:

4. <u>Theory- 160 marks</u>

Paper-1 (80 marks) General Pathology , Systemic Pathology			
1	**MCQ**	**20 marks**	**30 min**
2	**SAQ**	**30 marks**	**1 hour**
3	**LAQ**	**30 marks**	**1 hour**
Paper-2 (80 marks) Bacteriology Fungi & parasites Virology Clinical microbiology & diagnostic procedures Microbial control & mechanism of pathogenicity Infection and disease			
1	**MCQ**	**20 marks**	**30 min**
2	**LAQ**	**30 marks**	**1 hour**
3	**SAQ**	**30 marks**	**1 hour**

<u>4. Practical & Viva</u>→80 marks

Spotters	10 marks
Histopathological slides	10 marks
Experiment	20 marks
Journal	10 marks
Viva voce	30 marks

5. The pass marks in each subject of examination shall be 50%.

VII. Text book/s

Standard Books

1. Robbin's and Cotran Pathologic Basis of Diseases
2. Text-Book of Pathology by Harsh Mohan
3. Textbook of Pathology, N.C. Dey & T.K. Dey
4. Text book of Microbiology Anantha Narayan and Jayaram Panicker
5. Essentials of Medical microbiology by Apurba S Sastry,Sandhya Bhat
6. Parasitology by K D Chatterjee
7. Essentials of Medical Parasitology – Apurba S Sastry,Sandhya Bhat
8. Pathology of Practical Work by Harsh Mohan
9. Textbook of Parasitology, Ghosh

VIII. Reference texts

Reference books

1. Pathology Illustrated by Robin Reid
2. Robbin's Basic Pathology Kumar,Abbas,
3. Anderson's Pathology by Ivan Damjanov,James Linder
4. Virology, Dr (Mrs) Shilpa U Nair
5. Textbook of Medical Parasitology: Protozoology and Helminthology S.C. Parija
6. Parasitology by Jayaram Panicker
7. Essentials of Medical Microbiology by Rajesh Bhatia
8. Medical Microbiology- David Greenwood, Richard Stack, John Pentherer
9. Essential Hematology by A.V.Hoffbrand
10. Text Book of Immunology by Sunil Kumar Mohanty.
11. ICR symposium volume area-C

9. COMMUNITY MEDICINE AND PUBLIC HEALTH

I. Background

Community medicine identifies different bio-psycho-social-cultural-economical-environmental-occupational and climatic factors which determine health and influence the human body and derange it if the adaptation to these factors gets deviated. These influence the quality of life and predispose individuals to disease. A number of genetic, nutritional and microbiological factors, if taken care of in early stages, not only prevents diseases but also helps in promotion of health and enhances quality of life. Psychological factors play a key role in keeping man healthy and maintaining better adaptation to other factors. Psychosomatic and Life stress illnesses are also on the rise which needs better understanding for their prevention.

Community Medicine has acquired a special importance in recent times. The immediate reason is the severe impact on Public Health that the recent pandemic has brought about throughout the world and in all likelihood more such pandemics are likely to in the future. This has occurred in the background of massive ecological changes brought about by unrestrained human consumption resulting in far reaching climate change which is engulfing all of us. In these circumstances, all physicians including Homoeopathic, have a special responsibility to educate themselves and to use this orientation to sensitize and educate communities so that all of us may consider and alter some of our ways of living to save the planet and ourselves.

Organon of medicine and community medicine are natural allies to evolve a competent healer. The Homoeopathic physician, as directed in aphorism 4, is the preserver of the health and helps community to live for the higher purpose of existence. It is in the Organon that these issues are presciently described and alsodirections for their prevention and management are laid down.Community medicine deals with prevention at the individual and community levels and an integration of it with Organon will equip the homeopathic physician better to manage them. The values and duties assigned by Hahnemann to the healer makes a homoeopath more sensitive to receive and manage all these factors in an effective way. Diet and counselling forms the integral part of Organon which can be further expanded depends on current advances in the science. The concept of health and factors affecting health like diet, nutrition, etc. need to be verticallyintegrated with physiology and other clinical subjects and horizontallyintegrated with pathology, Organon becoming the fulcrum. This will help the Homoeopathic physician to become a holistic healer and leader in all caring disciplines. Due attention to social, cultural, economic, environmental and climatic factors would translate into‘health for all’. This will require early exposure to community posting so that the student understands the web of causation which preserves health, and when derailed, gives rise to illnesses. To understand the first six aphorisms, exposure to community in the first and second years will enable the understanding of the first six aphorisms of the Organon. The current concept of prevention and promotion will become clear through the integration of Organon with community medicine. It would enable the

student to be proud that the Homoeopathy is the 'greenest' therapeutic science - ecofriendly, effective, sustainable and economical.

The recent pandemic had demonstrated the role of healer from all the above perspectives. And not surprisingly, it is none other than Dr Hahnemann who will guide us on this path for the higher purpose of existence so that we may contribute in prevention thus utilizing our resources for improving our quality of life. The immense contribution of Hahnemann and Homoeopathic Philosophy in making sense of this ongoing struggle between Man and Environment has been insufficiently understood. This requires not only to be acknowledged but further research is mandatory to explore the wider ramifications of Hahnemannian thought on influencing Public Health outcome measures.

II. Learning Objectives

1. Establishing correlation of Hahnemannian and WHO concept of health
2. Understanding the relationship between Hahnemannian concept of disease and all other modern concept as disease as they have evolved
3. Relating Hahnemannian concept of causation with modern concept of causation including web of causation
4. Understanding biological causation and its impact on community health and role of prevention as per modern approach and Hahnemannian approach
5. Understanding Bio-psycho-social-cultural- economical-political and environment factors which influence life and living of the planet→communities→individual organisms and the role of homoeopath and homoeopathy to keep the community healthy
6. Understanding Homoeopath as a curative, promotive and preventive healer
7. Understanding epidemiological approach to disease and the role of homoeopathy
8. Understanding Hahnemannian concept of mental health and role of counselling
9. Understanding Hahnemannian concept of ancillary measures and diet
10. Knowing directions of Hahnemann for systemic documentation to gain insight in to the factors governing health and disease and also able to logically relate them
11. Knowing common application of biostatistics in community medicine and homoeopathic practice.
12. Knowing the different National health programs and the role of Homoeopath and Homoeopathy in them

Instructions:

1. This subject is of utmost importance and throughout the period of study attention of the student should be directed towards the importance of preventive medicine and the measures for the promotion of positive health.
2. Physician's function is not limited to merely prescribing homoeopathic medicines for curative purpose, but he has a wider role to play in the community. It is insufficiently

understood that the subject of Community Medicine is not one to be taught in the classroom but to be experienced through field visits and community projects undertaken by the Department involving the students. That places the onus on the College and the Department to forge links with surrounding communities and expose the students to different facets of Community health.

3. During teaching, focus should be laid on community medicine concept, man and society, aim and scope of preventive and social medicine, social causes of disease and social problems of the sick, relation of economic factors and environment in health and disease.
4. He has to be well conversant with the national health problems of rural as well as urban areas so that he can be assigned responsibilities to play an effective role not only in the field of curative but also preventive and social medicine including family planning.
5. A new subject 'Introduction to the Principles of Research Methodology' is to be introduced in the IV BHMS. Theepidemiological designs, research methodology, medical ratios and biostatistics component being a part of the syllabus of Community Medicine, thus is an integral part of this new subject as well.
6. The subject of Community Medicine is to be taught in the second year. Emphasis is to be placed on designing suitable Projects and evaluating their outcome thereby preparing the student to undertake meaningful research in the final year. It would be advantageous to expose the student while maintaining connections with Homoeopathic principles to enable relevance to be established.
7. Instructions in this course shall be given by lectures, practical, seminars, group discussions, demonstration and field studies.

III. Contents

Topics

1. Man and Medicine
2. Concept of health and disease in conventional medicine and homoeopathy
3. Nutrition and health
   - (a) Food and nutrition
   - (b) Food in relation to health and disease
   - (c) Balanced diet
   - (d) Nutritional deficiencies and Nutritional survey
   - (e) Food Processing
   - (f) Pasteurisation of milk
   - (g) Adulteration of food
   - (h) Food Poisoning
4. Environment and health
   - (a) air, light and sunshine
   - (b) radiation.
   - (c) effect of climate

(d) comfort zone
(e) personal hygiene
(f) physical exercise
(g) sanitation of fair and festivals
(h) disinfection and sterilization
(i) atmospheric pollution and purification of air, land, water, soil
sewage treatment
chemical pollutant

5. Water
   (a) distribution of water, uses; impurities and purification
   (b) standards of drinking water
   (c) water borne diseases
   (d) excreta disposal
   (e) disposal of deceased.
   (f) disposal of refuse.
   (g) medical entomology- insecticides, disinfection, Insects in relation to disease, Insect control.
6. Occupational health
7. Preventive medicine in pediatrics and geriatrics
8. Epidemiology
   (a) Principles and methods of epidemiology
   (b) Epidemiology of communicable diseases:
   (c) General principles of prevention and control of communicable diseases;
   (d) Communicable diseases: their description, mode of spread and method of prevention.
   (e) Protozoan and helminthic infections- Life cycle of protozoa and helminths, their prevention.
   (f)Epidemiology of non-communicable diseases: general principles of prevention and control of non-communicable diseases
   (g) Screening of diseases

9. Bio-statistics
   (a) Need of biostatistics in medicine
   (b) Elementary statistical methods
   (c) Sample size calculation
   (d) Sampling methods
   (e) Test of significance
   (f) Presentation of data
   (g) Vital statistics
10. Demography and Family Planning; Population control; contraceptive practices; National Family Planning Program.

11. Health education and health communication
12. Health care of community
13. International Health
14. Mental Health
15. Maternal and Child Health
16. School Health Services
17. National Health Policy and national health Programs of India including national health mission, Rashtriya Bal ChikitsaKaryakram
18. Hospital waste management
19. Disaster management
20. Study of aphorisms of organon of medicine and other homoeopathic literatures, relevant to above topics including prophylaxis.

IV. Teaching-Learning Methods

1. Student centered method with minimum didactic lectures, problem based and objective based mall and large group sessions to be taken. Integration with Organon, pathology and clinical subjects. There could be mentorship programmes where mentor and mentee both present topics/presentations and are both assessed. Innovative techniques to be used with artificial intelligence including web based applicatons for which the college can identify, develop and use.

V. Practical – Lab work – Field – Clinical Hospital work

Village adoption programme Unnat Bharat Abhiyan must be continued to achieve a holistic healing approach and spread of Homoeopathy through Community Health check ups Promotion of National Helath Programmes, Schools checkups etc.

1. Food additives; food fortification, food adulteration; food toxicants
2. Balanced diet
3. Survey of nutritional status of school children,
4. Risk assessment, Screening and detection of pollution – type and management
5. Medical entomologyand insecticidal/ control measures
6. Family planning and contraception
7. Demography
8. Disinfection
9. Participation in national and sate campaigns of health – and in IEC activities
10. Development of IEC material
11. Biomedical waste discposal in hospital
12. Hospital kitchen

13. Hospital Linen store and laundary

Field Visits

1. Milk dairy
2. Primary Health Centre
3. Infectious Diseases Hospital
4. Industrial unit
5. Sewage treatment plant
6. Water purification plant
7. Old age home
8. Rehabilitation centre for physical and intellectual disabilities
9. Facilitysuch as prisons, rescue homes,remand homes, child care centres.

Note:

1. Village adoption programme documentation with respect to activities conducted in the adopted village must be maintained in the college department.
2. Students are to maintain practical records or journals in support of above practical or field visits related to Village adoption programme activities.
3. Reports of the above field visits are to be submitted by the students.
4. Each student has to maintain records of at least ten health screening/ infectious diseases/ non communicable diseases with details on preventive /health promotionactivites and actions advised and underataken.

VI. No of Teaching Hours

Community medicine Teaching Hours		
Theory lectures	Practical and field visits	**Total**
135	100	235

1 Assessment:

Refer to Homoeopathic Degree Regulation 2022

2 Formative assessment: 40

Internal assessment	
Theory	**20 marks**
Practical	**20 marks**

3. Summative assessment:

Theory- 80 marks

MCQ	**20 marks**	**30 min**
LAQ	**30 marks**	**1 hour**
SAQ	**30 marks**	**1 hour**

4 Practical & Viva→80 marks

spotting	30 marks
Journal	10 marks
Viva voce	40 marks

Marks for Journal must include Practical records, Field visit record etc.

5The pass marks in each subject of examination shall be 50%.

VII. Text book/s

Standard Books

1) Park's Textbook of preventive & Social medicine, 26 th Edition
2) IAPSM's Textbook of Community Medicine- AM Kadri

VIII. Reference Books

1) CCRH publications on Dengue, chikungunya, COVID – 19 , HIV
2) Essential of Community Medicine – DK Mahabalraju
3) Foundation Of Community Medicine- Dhaar& Rabbani
4) Preventive & Social Medicine – Dr. Balaram Jana
5) Preventive and Social Medicine – Surendra S. Shastri

10. SURGERY

I. Background

Surgery is concerned with acute or chronic injuries, deformities or diseases where physical intervention is considered by way of removal, repair or reconstruction of the particular part or organ. ENT, Ophthalmology, Dentistry, Orthopedics have acquired prominence as also superspecialties like cardiac, neuro or oncosurgery.

A homoeopathic physician is unable to take up deeper exploration of surgery or any of these branches as he faces limitations in carrying out actual intervention. Nevertheless, experience has shown that Homoeopathy has a definite role to play in preventing a number of surgical interventions provided the physician is able to diagnose the evolving condition early and intervene with the similimum at the right time while taking care of the ancillary measures. Hence a homoeopathic physician should be competent in the basic knowledge of surgery. He needs to diagnose the clinical condition so that the scope and limitation of homoeopathy in surgical cases can be addressed successfully.

To know the state and stage of disease, knowledge of pathology is vital. Hahnemannian classification of disease should be taught so that the connections of surgery with tenets of Homoeopathic philosophy can be established. The concepts of chronic disease and susceptibility leads to correct posology and effective and safe management. Management of surgical case according to modern medicine and Organon is a necessary part of the education and training of the homoeopathic student.

Advanced knowledge and application of homoeopathic principles and the correct knowledge of drugs can lead to use of homoeopathy in a a number of acute and chronic surgical conditions which have hitherto been assumed as falling out of the scope of homoeopathy.

II. Learning Objectives

II BHMS

1. Learning approach to surgical case taking
2. Understanding common surgical symptomatology and its differential approach
3. Learning basic surgical procedures useful during emergency
4. Learning the basic management procedures of general surgery. Eg. Dressing, ABC management, Fluid therapy
5. Grasping the concepts required to diagnose surgical clinical conditions
6. Understanding role of examination and investigation in diagnosing surgical disorders
7. Identifying referral criteria for medical emergencies and surgical conditions
8. Learning to classify symptoms and integration with repertory
9. Learning to identify different rubrics in repertory
10. Learning applied Materia Medica andPosology in common surgical diseases which can be managed with homoepathy

III BHMS

1. Learning the concept of special surgical cases.
2. Knowing the different branches in surgery and how to utilize the concept of pathology in learning special surgical condition. Eg. Venous disease - > varicose vein
3. Integrating the concept of causation and expression from stand point of organon and surgery.
4. Learning to arrive at Miasmatic understanding of the surgical case through the integration of homoeopathic philosophy with surgery.
5. Learning to arrive at an understanding of susceptibility with its co-relation with posology in surgical cases.
6. Learning to study different remedies from the standpoint of pathogenesis and how to differentiate them.
7. Learning the role of ancillary measures and education and orientation re outcome of disease and surgery
8. Understanding the role of homoeopathyand in pre surgical prepation.
9. Understanding post surgical complaints and their medical management through Homoeopathy
10. Understanding the role of homoeopathy in management of surgical complications and sequelae

III. Content

SURGERY syllabus content			
MODULE	**MODULE NAME**	**TOPICS & SUB TOPICS**	**CLINICS** **OPD/IPD/CASUALTY**
III BHMS			
1	TRAUMA / INJURY	**Injury – types** Head injury; Road traffic accident; injury to chest, abdomen	1. Case taking of surgical case 2. Symptomatology 3. Examination of Trauma case 4. Examination of head injury case
		Wound & wound healing Scar, keloid	Examination of wound
		Hemorrhage Blood transfusion	Examination of hemorrhagic case
		Shock	Examination of shock

		Fluid, electrolytes and acid-base balance	Clinical Examination and evaluation
		Burn, skin grafting	Clinical Examination
2	CONCEPT OF INFECTIOUS DISEASE AND HOST RESPONSE	**Common surgical infections** Boil, Carbuncle, Abscess, Cellulitis, and erysipelas, Hidradenitis suppurativa, septicemia, pyemia,	Clinical Examination
		Special infections Tuberculosis, syphilis, acquired immunodeficiency syndrome, actinomycosis, leprosy, tetanus, infective gangrene	Clinical examination
3	CONCEPT OF SWELLING	Tumors: Benign, malignant; Carcinoma, sarcoma, fibrosarcoma; naevus, melanoma	Examination of lump
		Cysts	
		Lipoma, fibroma, adenoma, neuroma, Neurilemmoma, Neurofibroma, Hemanigoma	Examination of lump
		Hernia - Etiology, Classification, Herniography, Inguinal, Strangulated, Sliding, Pantaloon, Infantile, Femoral, Ventral, Incisional, Umbilical, Paraumbilical, Epigastric, Obturator, Lumbar;	Examination of hernia
		Ulcers	Examination of ulcer
		Sinus and fistula	Examination of sinus, fistula
III BHMS			
4	Diseases of Transporting	Diseases of blood vessels: **Arteries:** Arterial occlusion;	1. Examination of peripheral vascular system. 2. Examination of

	channels	Ischemic disease of arteries, Injury, Aneurysm, Embolism, Thromobosis, Atherosclerosis, Gangrene, Thrombo-angiitis obliterans (Burger's Disease), Raynaud's disease, **Veins:** Thrombosis: Thrombophlebitis, Deep Vein Thrombosis, Varicose veins, Venous ulcer **Lymphatics and lymph nodes:-** lymphangiography, lymphoedema, lymphomas, Hodgkin's lymphoma, non-Hodgkin's lymphoma, Burkitt's lymphoma, cutaneous T cell lymphoma, chylous ascites, chylothorax, sarcoidosis Acute lymphangitis, Acute lymphadenitis, chronic lymphadenitis **Nerves:Peripheral nerves -** injury of Brachial plexus, Median nerve, Ulnar nerve, Radial nerve, axillary, common perineal, long thoracic, medial Popliteal, Carpal tunnel syndrome, claw hand, foot drop	Lymphatic system 3. Examination of peripheral nerve lesions 4. Identification of Gangrene, hypo andhyper/anaesthetic skin
5	Diseases of the alimentary tract	a) Examination of palate, Cheek, Tongue, Floor of the mouth Examination of Salivary Glands b) Esophagus: Esophagitis, investigations, Congenital abnormalities, Perforation, Injuries, GERD, Hiatus hernia, tumors c) Peritoneum: Peritonitis - Acute, Biliary, Postoperative; Pelvic abscess, Subphrenic spaces & Subphrenic abscesses,	1. Examination of a case of Dysphagia 2. Examination of Abdomen: Injury, 3. Acute Abdomen, Chronic Abdomen 4. Organomegaly tenderness 5. Examination of rectum 6. Lymph node examination

		Mesenteric cysts d) Retroperitoneal Spaces: Fibrosis, Swelling, Tumours, Psoas Abscess e) Stomach & Duodenum: Test for gastric secretion, Gastritis, Peptic ulcer, gastric & duodenal ulcer, Hematemesis, Gastric outlet Obstruction, Pyloric stenosis, Neoplasm, duodenum diverticula, fistula f) Small intestine & Large intestine: Congenital, Diverticulum, ulcerative colitis, Ischemic colitis, Faecal fistula, Tumors, Barium enema, Intestinal obstruction, Intussusception, Adhesion and Bands g) Appendix: Appendicitis h) Abdominal Tuberculosis i) Rectum & anal canal: Investigation, examination, fissure in ano, piles, pruritus ani, prolapse of rectum, fistula in ano, ano-rectal abscess.	
6	Thorax, heart and pericardium	Pleural tap, Bronchoscopy, Flail Chest and Stove in chest, Pneumothorax, Tension Pneumothorax, Hemothrox, Emphyema, Lung Abscess, Intercostal tube drainage, Shock lung (Stiff lung)Pulmonary embolism, Surgical emphysema, Lung cysts,Mediastinal tumour, Pancostal tumours, Chest wall tumours, Pericarditis, Diaphragmatic hernia, Pericardium & Heart: Cardiac tamponade, Congenital	Examination of thorax

		cardiac disease, valvular disease, Pericarditis	
7	Diseases of liver, spleen, gall bladder and bile duct	a) Liver; Liver Tumours: Benign, Primary malignant; Portal HTN - esophageal varices, Ascites, Hepatic failure, Hepatic encephalopathy b) Liver: Liver insufficiency, investigations, injuries, Hepatomegaly, Infection of liver - Amoebic liver abscess, Hydatid cyst, Actinomycosis, Pyogenic c) Gall bladder & bile duct: Investigations, injuries, gall stone, Acute and chronic cholecystitis, stone in common bile duct, Biliary stricture, biliary fistula, Surgical jaundice, CA d) Spleen: Investigation, Injury, Splenomegaly, splenic artery aneurysm infarct & rupture, Cyst of spleen, TB, Abscess, Neoplasm e) Pancreas: investigations, Anomalies, Pancreatitis, Abscess, Calculus, Trauma, Fistula, Cyst, Tumors	Examination of abdomen
8	Diseases of urogenital system.	Urology: Investigation- Urine, renal function, urography, pyelography, cystography, USG **Kidney:**Hematuria, PCKD, Ureterocele, Injuries to Kidney, Renal TB< Hydronephrosis, Pyonephrosis, Perinephric abscess, Renal calculus, Ureteric calculi, Wilm's tumour, Renal cell carcinoma, **Urinary Bladder:** Anomalies, Vesical calculus, Cystitis, Recurrent	1. Examination and investigation of urinary case 2. Examination of inguinoscrotal swelling 3. Examination of swelling in groin 4. Examination of scrotal swelling 5. Examination of penis

		cystitis, Bladder tumour, Bladder injury, Neurogenic bladder, Vesicoureteric reflux, Urinary fistula **Prostrate:** BPH, Prostatitis, Ca prostrate **Urethra:** Injury, Stricture, Hypospadias, Urethral calculi, Urethritis, Retention of urine **Penis:** Phimosis, paraphimosis, Circumcision, Ca of Penis **Scrotum:** Hydrocele, Hematocele, Pyocele, Cyst of Epididymis, varicocele **Testis:** Undescended testis, Ectopic testis, Torsion of testis, Orchitis, epididymis	
9	Difficulty in Support and Movement	Diseases of the bones, cranium, vertebral column, fractures and dislocations Diseases of the joints. Diseases of the muscles, tendons and fascia	1. Examination of Joints 2. Examination of bone continuity 3. Examination of spine, Back
10	Hearing and Balance of body (EAR)	Applied anatomy and applied physiology of ear Examination of ear Diseases of external, middle and inner ear	Examination of Ear
11	Filtration of Air, Moistening air and smell (NOSE)	Applied anatomy and physiology of nose and paranasal sinuses. Examination of nose and paranasal sinuses Diseases of nose and paranasal sinuses	Examination of Nose and sinus
12	Passageway for air, food and	Applied Anatomy and applied Physiology of pharynx, larynx,	1. Examination of Throat, tonsil 2. Examination of Neck,

	liquid (Throat) NECK	tracheobronchial tree, oesophagus Examination of pharynx, larynx, tracheobronchial tree, esophagus Diseases of the Throat (external and internal)	Thyroid
13	The difficulty of Eye and vision	Applied Anatomy, Physiology of eye Examination of eye Identification of bitot spots, pallor, conjunctival injection, pupillary reactions, to identify systemic and eye conditons. Diseases of eyelids, eyelashes and lachrymal drainage system. Diseases of Eyes including injury related problems. Acuity of vision, visual field and vision defects Accommodation defects	Examination of eye, vision
14	Problems of oral mucosa.	Applied anatomy, physiology of teeth and gums; Milestones related to teething. Examination of Oral cavity Diseases of gums Diseases of teeth Problems of dentition Oral malignancies Oral hygiene Oral health in systemic disorders	Examination of oral mucosa, salivary glands, tongue, Teeth, gums
15			Instruments, X-ray, Procedures

IV. Teaching-Learning Methods

There should be a mix of teaching-learning methods—lecture method where topic is informative and needs to be taught. Interactive method will also be useful as it will create interest in the mind of students.

There could be mentorship programmes where mentor and mentee both present topics/presentations and are both assessed.

Innovative techniques to be used with artificial intelligence including web based applicatons for which the college can identify, develop and use.

After each module student is required to give a small presentation that will enable the teacher to know what has gone into the student.

Problem-based learning-related (CASE) can be distributed among the students and then case discussion can bring in the concepts of surgery and its integration with other subjects like organon of medicine, repertory, and Materia Medica.

V. Practical – Lab work – Field – Clinical Hospital work

1. OPD/ IPD posting of students: All students should have their clinical register.

CLINICAL REGISTER – 3RD BHMS

Name Of Student:_____ **Roll No:**_____ **Batch:**_____

Sr. No.	Date	Reg No. / SCR No.	Name of Patient	Age/ Sex	Clinical Diagnosis	Treatment / Operation / Procedure	OPD/ Rural / IPD / Casualty	Department / Physician	Work advised	Working done / Working checked / Feedback received	Sign of Teacher

2. This should be checked by Assistant Professor and topics which have already been taught in the classroom should be demonstrated to students – clinical teaching.
3. 5 cases of general surgery in 2nd year ,
4. 10 cases of surgery from third year and10 cases from special surgery, Ophthalmology ENT, Dental, Orthopedics in 3rd year.
5. Journal: should be integrating the surgery, Organon, Materia medica and repertory.
6. Students should be posted in surgery wards of collegiate hospital and tie-up hospitals for exposure of minor surgical procedures.

VI. No of Teaching Hours:

SURGERY teaching hours			
		Clinical	IPD/OPD/casualty
2nd BHMS	General surgery	54	45

	Total	**54**	**45**
3rd BHMS	Systemic Surgery	115	45
	Ortho	20	25
	Ear	15	18
	Nose	10	15
	Throat	10	15
	Opthal	20	20
	Dental	10	12
	Total	**200**	**150**

1. Assessment:

Refer Homoeopathic Degree Regulations 2022

2. Formative assessment:

Internal assessment	
Theory	**40 marks**
Practical	**40 marks**

3. Summative assessment:

Theory- 160 marks

Paper-1 **(80 marks)** General Surgery-with therapeutics ENT, Ophthalmic, dentistry and Orthopedic with therapeutics			
1	**MCQ**	**20 marks**	**30 min**
2	**SAQ**	**30 marks**	**1 hour**
3	**LAQ**	**30 marks**	**1 hour**

Paper-2 (80 marks) Systemic Surgery (Peripheral vascular, Lymphaticnerve, GIT, GUT along with therapeutics Systemic surgery (Thorax, abdominal wall, umbilicus, hernias, heart and pericardium along with therapeutics			
1	**MCQ**	**20 marks**	**30 min**
2	**SAQ**	**30 marks**	**1 hour**
3	**LAQ**	**30 marks**	**1 hour**

4.Practical & Viva→160 marks

Bed side examination and viva voce

One Chronic case taking with Homoeopathic Theraupatics	40 marks
Identification of instruments, X-rays	30 marks
journals	10 marks
Viva Clinical & Therapeutics	80 marks

Journal must include Case records, Assisngments& Practical records

5.The pass marks in each subject of examination shall be 50%.

VII. Text book/s:

Standard textbooks:

1. Short Practice of Surgery By Love and Bailey.
2. Text Book of Surgery By S. Das.
3. Ophthalmology: Handbook of Ophthalmology By B. M. Chatterjee, CBS Publishers and Distributors.
4. ENT: Diseases of Ear, Nose and Throat By P. L. Dhingra, B. I. Churchill
5. Essential Orthopedics-Maheshwari J

Clinical Examination skill books:

1. A Manual on Clinical Surgery By Dr. S. Das
2. Demonstration of Physical Signs in Clinical Surgery By Hamilton Bailey, IOP Publishing Ltd.

Therapeutic books:

1. Surgery Therapeutics By Shrikant Kulkarni, B. Jain Publishers.
2. Homoeopathic Therapeutics By Samuel Lilienthal, B. Jain Publishers.

3. Practical Homoeopathic Therapeutics By W. A Dewey, B. Jain Publishers.

VIII. Reference texts

1. SRB's manual of surgery by Bhat M Sriram
2. SRB's Clinical method in surgery
3. Parson's Diseases of Eye, Elsevier, a division of Reed Elsevier India, Pvt.Ltd.

11. GYNAECOLOGY AND OBSTETRICS

I. Background

Gynaecologyis a branch of medical science that provides comprehensive knowledge in all areas of female reproductive system and its disease conditions. Obstetrics is a branch of medical science that provides care of prenatal, intranatal and postnatal periods and its sequels along with newborn care.

A Homoeopathic physician trained in Gynaecology and Obstetrics should be capable of performing special clinical methods of investigation for diagnosing clinical conditions and individualizing cases, refer for surgical intervention either as a life saving measure or for removing mechanical obstacles, if necessary, as well as their management by using homoeopathic medicines & other auxiliary methods of treatment. Pregnancy is the best time to eradicate genetic dyscrasias in women and this should be specially stressed while teaching Prenatal and Antenatal Homoeopathic management. Mother and child form a single biological unit and this peculiar intimate physiological relationship persists for at least two years. The main scope of this subject in Homoeopathic education is to enable the under graduate students to acquire the knowledge, skills, attitudes, ethical values, responsiveness and research attitudes so that the student may function promptly and effectively as a care provider in the discipline of Obstetrics and Gynaecology. They also gain the ability to optimally diagnose and manage common conditions through Homoeopathic principles of management.

Each clinical entity needs to be studied thoroughly to get a holistic understanding of disease evolution and approach to diagnosis and management.Thusthis subject should be taught integrated with horizontal and vertical integration with other subjects of the curriculumaccording to the Homoeopathic philosophy and Hahnemannian principles incorporated with modern concepts by considering women as a wholein her family and in the larger socio-economic-cultural-political settings, as an individual with holistic understanding of disease evolution and approach to diagnosis and management.The teaching should integrate vertically and horizontally with other disciplines to achieve the goal. Thus correlation with pathology and miasmatic approach, case taking principles at different stages of the woman’s life cycle, repertorial study for different clinical conditions and working out tissue affinities and clinical drug pictures should be done.

Clinical homoeopathic research has been successfully carried out in a number of gynecological conditions thereby avoiding surgical intervention as in fibroids or in cases of infertility. The possibilities of further research are open and homoeopaths should be well equipped to carry forward the promise of homoeopathy to reach all sections of the female population.

II Learning Objectives

II BHMS

1. Understanding applied anatomy, endocrinology and physiology including abnormality of female reproductive system during puberty, menstruation, menopause and in different stages of womanhood
2. Integrating the various knowledges to get a holistic understanding of disease evolution and approach to disease diagnosis and management.
3. Understanding developmental anomalies, uterine displacements and Sex and intersexuality
4. Knowing skills required in case taking, clinical examination and common diagnostic modalities in Gynecology and Obstetrics.
5. Understanding the process of normal pregnancy and minor ailments during pregnancy
6. Comprehending the process of diagnosis of normal pregnancy, prenatal, antenatal, postnatal maternal and fetal surveillance, care of newborn, care of puerperium
7. Understanding the mechanism and stages of normal labour, and intra-partum management.
8. Understanding General and Homoeopathic Management in common of all the above clinical stages and diseases.

II BHMS

Unit A – 1 (a - h) Gynaecology theory portion

Unit A – 2 (a - l) Obstetrics theory portion

Table L-2 :Gynaecology and Obstetrics Theory

Unit A 1	**II BHMS GYNAECOLOGY**
1.a	Introduction to Gynaecology with Definition of Hahnemannian classification of disease. Importance in the review of the Homoeopathic literature, Therapeutics and Repertory source books
1.b	A review of the applied anatomy of female reproductive system, development and Developmental anomalies
1.c	A review of the applied physiology of female reproductive systems, puberty, menstruation and its disorders including Menorrhagia, Metrorrhagia, Dysfunctional uterine bleeding and menopause with related ailments and its scope and management in Homoeopathy and integrate Where ever necessary (Vertically and Horizontally) with other disciplines.
1.d	Gynaecological Case taking, physical examination, investigation and approach to clinical diagnosis and Differential diagnosis.
1.e	Epidemiology -Predisposition including fundamental miasm: personality type known to develop particular disease

1.f	Uterine displacements – Prolapse, Retroversion and inversion with its exciting and maintaining causes, disease manifestations, prognosis, management and scope in homoeopathic perspective.
1.g	Sex & Intersexuality- Knowledge and scope to eradicate genetic Dyscrasias, predisposition, miasm and personality types known to develop particular diseases through Homoeopathic outlook.
1.h	General and Homoeopathic Management, repertorisation, therapeutics, posology, Formulation of prognostic criteria and Prognosis of related topics in Gynaecology.

Table L-3 :Gynaecology and Obstetrics Theory (continued)	
Unit **A 2**	**II BHMS** **TOPICS- OBSTETRICS & NEWBORN CARE**
2.a	Introduction to Obstetrics and Newborn care related with Homoeopathic Philosophy, Therapeutics and Repertorisation.
2.b	Fundamentals of reproduction
2.c	Development of intra uterine pregnancy
2.d	Diagnosis of pregnancy, investigations & examinations, applied anatomy & physiology, Normal pregnancy – physiological changes
2.e	Antenatal care – aims, objectives, visits, advise, procedures, investigations, identifying high risk cases, scope and limitation of management in Homoeopathy
2.f	Common conditions such as Vomiting, backache, constipation in pregnancy and Homoeopathic management
2.g	Normal labour with its causes of onset, anatomy, physiology, mechanism, stages, events and clinical course in each stage, importance of Homoeopathic scope and management
2.h	Postnatal & puerperal cure - scope and limitation of management in Homoeopathy

2.i	Care of new born in homoeopathic point of view
2.j	General and Homoeopathic Management, repertorisation, therapeutics, posology, Formulation of prognostic criteria and Prognosis of related topics in Obstetrics and newborn care.
2.k	Important Investigations for diagnosis in Obstetrics

Learning Objectives

III BHMS

1. Learning skills in case taking, physical examination, diagnostic procedures and managements of benign and malignant conditions, trauma, infections and inflammations related with female genitalia, and pre-malignancy screening procedures.
2. Understanding the causes related with male and female Infertility, their diagnosis, Artificial Reproductive Techniques and skill in Homoeopathic management along with population dynamics and control of Conception.
3. Comprehending the indications of surgical procedures, their complications, after effects and indications for surgical intervention either as a life saving measure or for removing mechanical obstacles.
4. Understanding common problems during abnormal pregnancy and labour to manage it through Homoeopathic perspective including scope, limitations and timely referral.
5. Comprehending postnatal, puerperal care, diseases of fetus, newborn and medico legal aspects with Homoeopathic perspective.
6. Learning general and homoeopathicmanagement of common Gynecological and Obstetric conditions

Unit B – 1 (a - n) Gynaecology theory portion
Unit B – 2 (a - l) Obstetrics theory portion

Table L-4 :Gynaecology and Obstetrics Theory	
UNIT **B 1**	**III BHMS** **TOPICS - GYNAECOLOGY**
1.a	Introduction to abnormal disease conditions in Gynaecology with Homoeopathic management related to causation, Clinicopathological and miasmatic correlations with pathological end result. Review of the Homoeopathic literature, Therapeutics and Repertory source books

1.b	Infections & Ulcerations of the female genital organs, their Causation and modifying factors: exciting-maintaining causes from micro-organisms to environmental to climacteric to occupational etc. Psychosomatic aspect, Pathogenesis, Pathology, Clinico-pathological and miasmatic correlations with pathological end result including Homoeopathic management
1.c	Injuries of the genital tract, Homoeopathic management - scope and limitations.
1.d	Disorders of Female genital tract - Abnormal vaginal discharge, Pelvic pain, Low backache, Vaginismus, Dyspareunia, Abdomino pelvic lump, withHomoeopathic management
1.e	Urinary problems in gynaecology – Incontinence, retention, urinary tract infection, dysuria and urethral carungle with Homoeopathic management
1.f	Diseases of breasts with Homoeopathic management
1.g	Sexually transmitted diseases including Homoeopathic management
1.h	Endometriosis and Adenomyosis - scope and limitation of management in Homoeopathy
1.i	Etiological factors related with male and female Infertility, their diagnosis, Artificial Reproductive Techniques, scope and limitation of Homoeopathic management along with population dynamics and control of Conception
1.j	Genital non malignant growths - scope and limitation of management in Homoeopathy
1.k	Genital malignancy with scope of Homoeopathic treatment and its limitations
1.l	Identifying the indications of surgical procedures in Gynaecology, its complications, after effects and to refer for surgical intervention either as a life saving measure or for removing mechanical obstacles.
1.m	Radiotherapy, Chemotherapy, Immunotherapy, Gene therapy, Tumor markers - utility and its complications
1.n	General and Homoeopathic Management, repertorisation, therapeutics, posology, Formulation of prognostic criteria, Prognosis and future advances of related topics in Gynaecology.

Table L-5 :Gynaecology and Obstetrics Theory (continued)

UNIT B 2	III BHMS TOPICS - OBSTETRICS & NEWBORN CARE
2.a	Introduction to Abnormal pregnancy and labour with its scope and limitation in Homoeopathy Review of literature, Therapeutics and Repertory source books.
2.b	High risk labour, Dystocia - mal-positions and mal-presentation, prolapse of cord and limbs, abnormalities in the action of the uterus, abnormal conditions of soft parts, contracted pelvis, obstructed labour, complications of 3rd state of labour, preterm labour, post maturity, injuries of birth canal, scope and limitation in Homoeopathy
2.c	Abnormal pregnancies - Hemorrhages during Antepartum, postpartum and early pregnancy, multiple pregnancy, hypertensive disorders, in identifying common problems during Abnormal pregnancy and to manage it in Homoeopathic perspective including scope, limitations and timely referral.
2.d	Common disorders and systemic diseases associated with pregnancy. A holistic understanding of disease evolution and approach to diagnosis, prognosis, Homoeopathic management, scope and limitations
2.e	Understanding Pre- natal diagnostic Techniques (Regulation and Prevention of Misuse) Act 1994
2.f	Knowledge about the indication of common obstetrical operations, medical termination of pregnancy, criminal abortion, caesarean section, induction of labour, episiotomy. etc and its complications, after effects and to refer for surgical intervention either as a life saving measure or for removing mechanical obstacles.
2.g	Emergency obstetric care
2.h	Infant care - neonatal hygiene, common disorders of newborn, breast feeding , artificial feeding, management of premature child, asphyxia, birth injuries, neonatal infections, Congenital malformations of newborn intrauterine growth retardation, foetal anomalies including scope and limitation in Homoeopathy and timely referral.
2.i	Knowledge about Reproductive and child health care (a) safe motherhood and child survival (b) Risk approach – MCH care (c) Maternal mortality and morbidity (d) Perinatal mortality and morbidity (e) Diseases of foetus and new born.
2.k	Medico legal aspects in obstetrics
2.l	General and Homoeopathic Management, repertorisation, therapeutics, posology, Formulation of prognostic criteria, Prognosis and future advances in Obstetrics

	and newborn care.

V TEACHING LEARNING METHODS

Theory lectures:

- **a.** Lecture
- **b.** Black board
- **c.** Audio visual aids
- **d.** Lecture cum discussion
- **e.** Tutorials
- **f.** Integrated teaching - There could be mentorship programmes where mentor and mentee both present topics/presentations and are both assessed.
- **g.** Innovative techniques to be used with artificial intelligence including web based applicatons for like pelvic examination, deliveries, surgeries,etc which the college can identify develop and use.
- **h.** Demonstration
    a) Models
    b) Charts
    c) Pelvis and dummy
    d) Birth simulators
    e) Neonatal manikin & Resuscitation Simulators
    f) Specimens
    g) Instruments
    h) Videos
- **i. Student centric Methods**
    a) Experiential learning (Clinical Observer ship in Tertiary care centers- Modern Medicine)
    b) Problem Based Learning (Solving Case scenarios)
    c) Project Based Learning (Assignments, minor Research Projects)
    d) Simulator Based Learning
    e) Flipped classroom
    f) Participatory learning
        (i) Quiz
        (ii) Seminar
        (iii) Demonstrate Observe Assist and Perform (DOAP)

j. Patient centric Methods

(Clinical Posting- Documentation of case history in a case record Format -10 Gynaecology& 10 Obstetrical cases), Take part in Screening Camps and awareness Programs, Maintain its Log Book)

VI PRACTICAL – LAB WORK – FIELD – CLINICAL HOSPITAL WORK PRACTICALS & CLINICALS – SYLLABUS

Students should be posted for one term of three months in Gynaecology and Obstetrics ward and outpatient department in collegiate and tie-up hospitals.

Hospitals should have gynaecology OPDs where students can be posted.

Student should be trained about proper history taking, clinical examination, advising / ordering relevant necessary investigations, their interpretation and instituting how to apply homoeopathic management

Emphasis should be on self-learning, bedside learning, group discussions and case presentations. Formulation of common repertorial rubrics related to the clinical condition and repertorisation and coming to common indicated remedies for the clinical condition, plan of management and follow upanalysis.

Writing clinical notes regularly and maintaining records, patient care in OPD, wards, casualty, labourward in tie up hospital and collegiate hospital.

Teaching hours

Gyn/obs	Teaching hours-lectures	OPD/IPD
2nd BHMS	80	66
3rd BHMS	150	127

1. Assessment: Refer to Homoeopathic Degree Regulation 2022

2. Formative assessment:

Internal assessment	
Theory	**40 marks**
Practical	**40 marks**

3. Summative assessment:

<u>Theory- 160 marks</u>

Paper-1 **(80 marks)** Gynaecology and Homoeopathy			
1	**MCQ**	**20 marks**	**30 min**

2	**SAQ**	**30 marks**	**1 hour**
3	**LAQ**	**30 marks**	**1 hour**
Paper-2 (80 marks) Obstetrics, Infant care and Homoeopathy (To include the knowledge: Application of Homoeopathic philosophy therapeutics and reportorial rubrics related to the clinical conditions)			
1	**MCQ**	**20 marks**	**30 min**
2	**SAQ**	**30 marks**	**1 hour**
3	**LAQ**	**30 marks**	**1 hour**

3. Practical & Viva→160 marks

Bed side examination and viva voce

Chronic case with case analysisgynacology	30 marks
Chronic case with case analysis/Obs	30 marks
Identification of instruments, models and specimens	30 marks
journals	10 marks
Viva Clinical & Therapeutics	60 marks

Journal must include Case records, Assisngments& Practical records

5. The pass marks in each subject of examination shall be 50%.

VIII RECOMMENDED TEXT BOOKS

Standard Books

1. D.C. Dutta- Text book of Obstetrics -6th edition, New Central Book Agency Pvt. Ltd. (2004)
2. D.C. Dutta -Text book of Gynaecology, 4th edition,New Central Book Agency Pvt. Ltd. (2007)
3. Homoepathy for Mother and Child care – Volume 1
4. Handbook on homeopathy for mother and child care
5. Text book of Gynaecology by Cowperthwaite Reprint 2001B Jain Publishers (P) Ltd.

6. Gynaecologic and Obstetric Therapeutics, KulkarniShrikant
7. Uterine therapeutics by Henry Minton Reprint 2005B Jain Publishers (P) Ltd.
8. Samuel Lilienthal- Homoeopathic Therapeutics, 5th Edition , B Jain Publishers (P) LTD. (Reprint 2003)

IX REFERENCE BOOKS

1. C. S. Dawn - Textbook of Obstetrics and Neonatology –15th edition 2001, Smt. Arati Dawn Dawn Books Kolkata.
2. C. S. Dawn – Textbook of Gynaecology Contraception and Demography, 14th edition 2003, Smt. Arati Dawn &Debabrata Dawn
3. Five Teachers text book of Gynaecology, Khan,Rashid Latif
4. Gems of Obstetric and Gynecology With Homoeopathic Therapeutics, Patil,J.D
5. Homoeopathy for Mother and Child Care Vol-III, Jalasa.S
6. Principles & Practice of Homeopathy in Obstetrics& Pediatrics, Guernsey H.N
7. Handbook of Homoeopathic Therapeutics on Obstetrics and Gynaecology
8. Mudaliar and Menon's Clinical Obstetrics 12th Edition

12. PRACTICE OF MEDICINE WITH INTRODUCTION TO MODERN PHARMACOLOGY

I. Background

Practice of Medicine with Homoeopathic therapeutics is concerned with study of clinical methods, clinical presentations of systemic diseases, differential diagnosis and prognosis, general management and integration with Homoeopathic principles to evolve homoeopathic therapeutics.

Homoeopathy has a distinct approach to the concept of disease. It recognizes the ailing individual by studying him as a whole rather than in terms of sick parts and emphasizes the study of the man, his state of health, state of Illness.The emphasis is on study of man in respect of health, disposition, diathesis, disease, taking all predisposing and precipitating factors, i.e. fundamental cause, maintaining cause and exciting cause. The study of the concept of individualization is essential so that the striking features which are characteristic to the individual become clear, in contrast to the common picture of the respective disease condition. Hahnemann's theory of chronic miasms provides us an evolutionary understanding of the chronic diseases: psora, sycosis, tubercular and syphilis, and acute manifestations of chronic diseases and evolution of the natural disease shall be comprehended in the light of theory of chronic miasms.

This will demand correlation of the disease conditions with basics of anatomy, physiology, biochemistry and pathology. Application of Knowledge of Organon of Medicine and Homoeopathic Philosophy, Materia Medica and repertory in dealing with the disease conditions should be actively taught.

Life style disorders have burgeoned in modern times. Homoeopathy has a great deal to offer through its classical holistic approach. There are plenty of therapeutic possibilities which Homoeopathy needs to exploit in the years to come.

Study of subject - The study of the subject will be done in THREE years - in Second BHMS, Third B.H.M.S and Fourth B.H.M.S, but examination shall be conducted at the end of Fourth B.H.M.S.

II. **Learning Objectives:**

a. **Knowledge**: At the end of the course, the student should be able to appreciate the symptomatic approach and evaluation of the following clinical conditions:

II BHMS

i. Clinico – pathological evaluation of common signs and symptoms with miasmatic integration.

ii. Infectious Diseases general outline and introduction and common expression and investigation; Water & Electrolyte Disturbances, Acid Base Metabolism,

III BHMS:

i. Respiratory Disorders, Gastro-intestinal Pancreatic and Hepato-biliary Disorders, Genito Urinary System, Immunologic and allergic disorder general over view and Musculoskeletal Disorders, Cardiovascular Disorders;

IV BHMS:

i. Disorders of Central Nervous System, Psychiatric Disorders, Dermatological Disorders,Pediatrics, Nutritional Disorders, Endocrinology, Hematology and Oncology,Metabolic Disorders and Diabetes Mellitus, Medical Genetics, Geriatric medicine, palliative and end of life care, critical care medicine and disorders associated withenvironmental exposure
ii. Outline various modes of management including homoeopathic therapeutics with indications and contra-indications.
iii. Propose diagnostic and investigative procedures and ability to interpret them.
iv. Provide first level management of acute emergencies promptly and efficiently and decide the timing and level of referral, if required.
v. Recognize geriatric disorders and their management.

b. **Skills**: At the end of the course, the student should be able to:
   i. Develop clinical skills (history taking, clinical examination and other instruments of examination) to diagnose various common medical disorders and emergencies.
   ii. Integrate the knowledge acquired in General Medicine with concepts of Homoeopathic Philosophy, Miasm and the Principles of Homoeopathic Therapeutics to achieve the true holistic potential of Homoeopathy
   iii. Refer a patient to secondary and/or tertiary level of health care after having instituted primary care.
   iv. Assist the common bedside simple routine investigations like hemogram, stool, urine, sputum and biological fluid examinations.

General instructions:

i. Reflecting on learning achieved at applied anatomy & physiology of the respective system.
ii. Understanding general pathological processes involved in respective system and correlating with the symptoms & signs of the respective system.
iii. Understanding different causations and their correlation with evolution of disease including psycho social causes
iv. Learning approach to specific symptoms in the light of altered functions, structure and its correlation with investigation so that students are able to understand the process of differential diagnosis. This will help in deriving homoeopathic approach to specific systems where the student is able to

appreciate the evolutionary aspects of disease, miasm, general & specific management of disease condition.

v. Tutorial should be planned in small groups where focus should be on problem-based teaching-learning methodology.

III. **Contents**

II BHMS

Table M-1 :II BHMS- Practice of Medicine and Homoeopathic Therapeutics Integration
Systems to be covered
Clinico - pathological evaluation of common signs and symptoms with miasmatic integration
Infectious Diseases general outline and introduction and common expression and investigation
Water & Electrolyte Disturbances, Acid Base Metabolism

III BHMS

Table M-2: III BHMS- Practice of Medicine and Homoeopathic Therapeutics Integration
System to be covered
Respiratory Disorders
Gastro-intestinal Pancreatic and Hepato-biliary Disorders
Genito Urinary System
Immunologic and allergic disorders general over view and Musculoskeletal Disorders
Cardiovascular Disorders

IV BHMS

Table M-3: IV BHMS - Practice of Medicine and Homoeopathic Therapeutics Integration
Systems to be covered
Disorders of Central Nervous System
Psychiatric Disorders

Hematology and Oncology
Dermatological Disorders
Pediatrics
Nutritional Disorders
Endocrinology, Metabolic Disorders and Diabetes Mellitus
Medical Genetics and epigenetics and Human microbiome
Geriatric medicine
Palliative and end of life care
Critical care medicine
Disorders associated with environmental exposure

Contents: System wise

1. **Cardinal Manifestations and Presentation of Diseases** with relevant investigations

(Ref: Harrison's Principles of Internal Medicine 21stEd)

Table M- 4: Practice of Medicine: System wise content		
Sr. No.	**Topic Lecture**	**Topic breakup**
1	Pain	Pain: Pathophysiology, Investigations for Chest Discomfort, Abdominal Pain, Headache, Back and Neck Pain
2	Fever	Fever: types of fever, Etiology and Pathophysiology of Fever and Rash, Fever of Unknown Origin
3	Neurological Symptoms	Pathophysiological evaluation, Investigations of Syncope, Dizziness and Vertigo, Fatigue, Neurologic Causes of Weakness and Paralysis, Numbness, Tingling, and Sensory Loss, Gait Disorders, Imbalance, and Falls, Confusion and Delirium, Coma and disorders of consciousness, Dementia, Aphasia,

		Memory Loss, and Other Cognitive Disorders,
4	Circulatory and Respiratory Dysfunctions	Causes, Pathophysiological evaluation, Investigations of Dyspnea, Cough, Hemoptysis, Hypoxia and Cyanosis, Edema, Palpitations
5	Abdominal/GIT Dysfunctions	Causes, Pathophysiological evaluation, Investigations of Dysphagia, Nausea, Vomiting, and Indigestion, Diarrhea and Constipation, Dysentry Unintentional Weight Loss, Gastrointestinal Bleeding, Jaundice, Ascites.
6	Renal and Urinary Tract Dysfunctions	Causes, Pathophysiological evaluation, Investigations of Interstitial Cystitis/Bladder Pain Syndrome, Dysuria, Azotemia, Fluid and Electrolyte Imbalance.
7	Hematological alterations	Causes, Pathophysiological evaluation, Investigations of Anemia, Leukocytosis, Leucopenia, Bleeding diatheses. Interpretation of Peripheral Blood Smears
8	Psychological symptoms	Causes of Fatigue, asthenia, anxiety, sadness, thought disorders and delusions, perceptual disorders and hallucinations, Sleep disorders and relevant investigations

2. <u>Infectious Diseases and Tropical Diseases</u> (Common infectious illnesses should be taken up in details and the less common may be designed for self-study)

Table M-5 : Practice of Medicine: Infectious & Tropical Diseases		
Sr. No.	**Topic Lecture**	**Topic breakup**
1	Measles, Mumps & Chicken Pox, Herpes Simplex, Herpes Zoster, Infectious mononucleosis – EBV, Smallpox (variola) - pox virus infection	Causative agents, Epidemiology, Pathogenesis, Clinical features, Complications, Investigations, Management
2	Dengue, Chikungunya yellow fever	Causative agents, Epidemiology, Pathogenesis, Clinical features, Investigations, Complications and Management
3	HIV	Clinical examination, Epidemiology and biology (Modes of transmission), Natural history,

		Classification, Problems, Management
4	Polio, Rabies, & Japanese B Encephalitis	Causative agent, Epidemiology, Pathogenesis, Complication, Investigations, Management
5	Rickettsial infection	Causative agent, Epidemiology, Pathogenesis, Complication, Investigations, Management
6	New emerging infections-H1N1, SARS, bird flu, Zika, Covid 19	Clinical features, Investigations, Management, Prevention
7	Fever of unknown origin	Clinical assessment, Etiology, Investigations
8	Febrile neutropenia, fever in immune comprised	Definition, Investigations, Treatment
9	Staphylococcal, streptococcal infections	Skin infections, wound infections, cannula related infections, MRSA Staph toxic shock syndrome and management
10	Typhoid Fever	Causative agents, Epidemiology, Pathogenesis, Clinical features, Complication, Investigations, Management
11	Gastroenteritis & Cholera	Causative agents, Epidemiology, Clinical features Complications, Investigations, Prevention
12	Tetanus / Leptospirosis	Epidemiology, Pathogenesis, Clinical features, Complications, Prevention
13	Anthrax, brucellosis, plague	Causative agents, Epidemiology, Pathogenesis Clinical features, Complications, Treatment, Prevention
14	Leprosy	Types, Definition, Investigation, Complication, Management
15	Sexually Transmitted Disease, Syphilis	Causative agent, Epidemiology, Pathogenesis Stages of syphilis, Clinical features of each stage. Complications, Treatment, Prevention
16	Malaria	Causative agents, Epidemiology, Pathogenesis, Clinical features Complications, Investigation, Management, Prevention.
17	Amoebiasis, Amoebic Liver Abscess & Kala Azar,	Causative agents, microbiology, Epidemiology, Pathogenesis, Clinical features and Complications Treatment, Prevention
18	Filariasis/ Worm infestations	Causative agents, Epidemiology, Pathogenesis Clinical features, Complications, Investigations Management
19	Malaria &Kalazar	Life cycle of malaria parasite & Leishmaniasis Clinical features of vivax, falciparum malaria,

		kalaazaar Complication of falciparum malaria, &kalazaar Management of malaria &kalazaar
20	Leptospirosis	Causative agents, Epidemiology, Pathogenesis Clinical features, Complications, Investigations Management
21	HIV	Biology of HIV virus, Prevalence of HIV, acute HIV syndrome, Early & late magnification of HIV disease Diagnosis of HIV & follow up
22	Extra pulmonary tuberculosis	Clinical presentations, Investigations, Management
23	Diphtheria	Causative agents, Epidemiology, Pathogenesis Clinical features, Complications, Investigations Management
24	Pertussis (whooping cough)	Causative agents, Epidemiology, Pathogenesis Clinical features, Complications, Investigations Management
25	Therapeutics of Infectious Disorders	

All systems should cover all the dimensions of illnesses viz Infective, Nutritional, Occupational, Environmental, Immunological, Neoplasia both benign and malignant, Degenerative, Hemodynamic, Genetics etc. pertaining to that system and priority to be given to commonly prevalent general illnesses and also local prevalent diseases.

Each system should be begun by the general approach and the general symptoms taught in the II year may be revisited. Each system should end with delineation of therapeutics related to the system.

3. Pulmonary Disorders

Table M-6 :Practice of Medicine: Pulmonary disorders	
SL NO	**TOPICS**
General	Approach Patient with Disease of RS:
1	Upper respiratory tract infections: Rhinitis, Pharyngitis, Sinusitis
2	Bronchial Asthma and acute Bronchitis
3	Chronic Obstructive Lung Disease: Chronic Bronchitis, Emphysema
4	Pneumonia
5	Bronchiectasis

6	Lung abscess
7	Pulmonary Tuberculosis
8	Tropical pulmonary eosinophilia
9	Occupational & Environmental Lung Disorders
10	Sarcoidosis
11	Pulmonary Thromboembolism
12	Pleurisy & Pleural Effusion
13	Pneumothorax
14	Empyema
15	Atelectasis
16	Interstitial lung diseases
17	Cystic fibrosis of lung
18	Neoplasia
19	Hyperventilation Syndromes
20	SARS

4. Diseases of Digestive System and Peritoneum

Table M-7: Practice of Medicine: Digestive system	
Sl No	**TOPICS**
General	Applied Anatomic and Physiology of GIT
1	Apthous Ulceration, Stomatitis
2	Parotitis
3	Achalasia cardia
4	Hiatus hernia
5	GERD and Esophagitis
6	Gastritis:
7	Peptic Ulcers
8	Gastritis: Acute & Chronic
9	Gastric carcinoma
10	Malabsorption Syndrome: Coeliac disease,lactose intolerance
11	Irritable Bowel Syndrome
12	Inflammatory Bowel Diseases: Ulcerative colitis, Crohn's disease
13	Abdominal Tuberculosis
15	Neoplasia of the bowel
16	Anorectal disorders
17	Diverticulitis

5. Diseases of Liver Gallbladder and Pancreas

Table M-9 :Practice of Medicine: Liver, Gall bladder & Pancreas	
Sl No	**TOPICS**
General	Hepatobiliary - Clinical approach to hepatobiliary and Pancreatic diseases
1	Acute Viral Hepatitis
2	Chronic hepatitis
3	Alcoholic Liver Diseases
4	Cirrhosis of Liver, Portal Hypertension & Hepatic Failure
5	Liver abscess& Cysts
6	Cholecystitis: Acute & Chronic&
7	Cholelithiasis
8	Acute and Chronic Pancreatitis
9	Hepatocellular carcinoma

6. GENETIC FACTORS (co-relating diseases with concept of chronic miasms)

Table M- 10 : Practice of Medicine: Genetic factors	
Sl No	**TOPICS**
General	Introduction of Medical genetics: Definition, Concept of Dominance &Recessivenessand related disease conditions , diagnostic tests
	Cytogenetics - definition, classification of chromosomal abnormality
1	Down's Syndrome
2	Turner's &Klinfelter's Syndrome
3	Cystic fibrosis Huntington's disease & Marfan's syndrome
4	Poly cystic kidney disease
5	Neoplasia
6	Rare diseases – basic concept

7. Immunological factors in disease with concept of susceptibility

Table M-11 :Practice of Medicine: Immunological factors	
Sl No	**TOPICS**
General	Homoeopathic relation of immunity & Susceptibility - General considerations
1	Introduction and Primary & Secondary Immunodeficiency States
2	Hypersensitivity reactions: I,II,III,IV

3	Autoimmune diseases
4	HIV
5	Transplantations and graft rejection

8. Disorders of water & electrolyte balance

Table M-12 :Practice of Medicine: Disorder of water & electrolyte balance	
Sl No	**TOPICS**
GENERAL	Approach to disorders of electrolyte imbalance
1	Hypo &Hypernatraemia
2	Hypo &Hyperkalaemia
3	Hypo &Hyperphosphataemia
4	Metabolic Acidosis & Alkalosis
5	Respiratory Acidosis & Alkalosis

9. Nutritional & Metabolic Diseases

Table M-13 :Practice of Medicine: Nutritional & Metabolic diseases	
Sl No	**TOPICS**
GENERAL	General approach to Nutritional deficiency disorders – undernutrition, over nutrition andmalnutrition
1	Stunting , underweight
2	Protein Energy Malnutrition
3	Deficiency of Fat soluble vitamins
4	Deficiency of Water Soluble vitamins
5	Overnutrition, Obesity
6	Iodine deficiency
7	Micronutrient deficiencies
8	Wilson's disease/Haemochromatosis/ porphyrias.
9	Amyloidosis

10. Diseases of Hematopoietic system

Table M-14 :Practice of Medicine: Diseases of Hematopoietic system	
Sl No	**TOPICS**
General	Approach to disorders of the Haemopoetic system: Anemia, Bleeding disorders, platelets dysfunction

1	Anemia Introduction and classification
2	Iron deficiency anemia
3	Megaloblastic anemia& Pernicious Anemia
4	Bone Marrow failure syndromes: Aplastic anemia
5	Hereditary Hemolytic anemia: G6PD Deficiency, Sickle cell syndrome, Acquired Hemolytic anemia: Blood transfusion Reaction etc.
6	Leukemia: Acute & Chronic: Myeloid & Lymphoid
7	Lymphomas: Hodgkin's & Non- Hodgkin's
8	Disorders due to deficiency of Clotting factors: Haemophilia, Disseminated Intravascular Coagulation
9	Platelet Disorders: Immune Thrombocytopenic Purpura [ITP], Thrombocytosis &Thromboasthenia
10	Von Willebrand diseases
11	Plasma cell disorder: Multiple myelomas.
12	Diseases associated with splenomegaly, Approach to a patient with splenomegaly, Hypersplenism
13	Polycythemia vera

11. Endocrinal Diseases and Metabolic disorders

Table M-15 :Practice of Medicine: Endocrinal Diseases	
Sl No	**TOPICS**
General	Approach to Endocrine disorder
1	Hypothyroidism
2	Hyperthyroidism, Thyrotoxicosis – Grave's Disease
3	Autoimmune thyroid disease - Hashimoto's thyroiditis
4	Goiter: Simple and multi-nodular goiter - simple diffuse goitre, multinodular goitre
5	Hypo & Hyper Parathyroidism
6	Hypercalcaemia
7	Hypocalcaemia
8	Disorders of Adrenal Gland: Cushing's syndrome, Phaeochromocytoma, Addison's disease, Spontaneous hypoglycaemia
9	Dwarfism
10	Nelson's Syndrome
11	Acromegaly and Gigantism
12	Diabetes insipidus
13	Diabetes Mellitus

12. Diseases of Cardiovascular System

Table M-16: Practice of Medicine: cardiovascular disease	
Sl No	**TOPICS**
General	Clinical approach to Cardiology
1	Heart failure
2	Ischemic heart disease
3	Rheumatic fever: Acute & Chronic
4	Valvular heart diseases: Stenosis & Regurgitation: Mitral, Tricuspid, Aortic &Pulmonary
5	Infective Endocarditis
6	Hypertension
7	Cardiomyopathies
8	Arrhythmias, Supraventricular Tachycardia
9	Cor-pulmonale and pulmonary hypertension.
10	Congenital heart diseases: Acyanotic&Cyanotic- ASD,VSD, COA, PDA, TOF
11	Disorders of Myocardium
12	Diseases of Pericardium
13	Disease of Aorta
14	Vascular Disorders of Extremities

13. Diseases of Urogenital tract

Table M-17 :Practice of Medicine: Urogenital tract diseases	
Sl No	**TOPICS**
General	Symptomatology and clinical syndromes & Renal function tests
1	Urinary Tract Infections: Asymptomatic bacteriuria, Acute pyelonephritis, Renal abscess, Acute cystitis, Acute urethritis, Acute prostatitis, Septicaemia
2	Nephrotic Syndrome
3	Glomerulopathies
4	Renal failure: acute & chronic
5	Renal Vascular diseases
6	Nephrolithiasis/obstructive uropathy.
7	Tumors of Genito urinary tract
8	Tubulo-interstitial Diseases
9	Cystic Kidney diseases

14. Diseases of Central Nervous System & Peripheral Nervous System

Table M-18: Practice of Medicine: diseases of CNS & PNS

Sl No	TOPICS
General	Approach to the Neurologic Patient
1	Stroke: Ischemic & Intracranial hemorrhage
2	Alzheimer's Disease
3	Seizure Disorders& Epilepsy
4	Brain Infections - Meningitis, encephalitis
5	Movement Disorders - Parkinson's Disease, Cerebellar Disorders
6	Hyperkinetic movement disorders: Tremor, Chorea
7	Ataxic disorders
8	Neuralgia - Trigeminal neuralgia, Bell's Palsy
9	Demyelinating Disorders
10	Disorders of Peripheral Nervous System
11	Polymyositis, Muscular Dystrophies
12	Motor Neuron Disease, Myasthenia Gravis, Spinal Muscular atrophies
13	Spinal Cord Disorders
14	Intracranial and Spinal Cord Tumors

15. Diseases of Locomotor System

Table M-19: Practice of Medicine: disease of Locomotor system	
Sl NO	**TOPICS**
General	Basic considerations, connective tissue, articular cartilage, joints, classification of rheumatic diseases
1	Ankylosing Spondylosis, SLE, Systemic Sclerosis and Sjogren's Syndrome
2	Reiter's syndrome or Reactive arthritis
3	Psoriatic arthritis (PsA)
4	Vasculitis
5	Arthropathies - RA, OA, Neurogenic arthropathy
6	Gout and Pseudo Gout
7	Osteoporosis &Osteomalacia
8	Cervical and Lumbar Spondylosis
9	Approach to Low Backache
10	Fibromyalgia – An Approach
11	Inflammatory Muscle Diseases
12	Infectious arthritis
13	Soft tissue rheumatism and Regional Rheumatic Pain Syndromes (Periarticular Disorders of the extremities)

16. Psychiatric Disorders

Table M-20 :Practice of Medicine: Psychiatric Disorders	
Sl No	**TOPICS**
General	Approach to mental disorder
1	Mood disorders: Major depressive - Episode & Disorder Minor depressive - Episode & Disorder Dysthymic Disorder Bipolar Disorder
2	Anxiety Disorders: GAD – Generalized Anxiety Disorder OCD – obsessive compulsive disorder Panic episode and disorder Phobias
3	Psychotic disorders: Schizophrenia Acute psychosis
4	Organic Brain syndromes Delirium and dementia
5	Personality disorders
6	Substance Abuse
7	Hysteria / Conversion disorder/Somatoform disorders

17. Diseases of Skin & Sexually Transmitted Diseases

Table M-21 :Practice of Medicine: diseases of Skin & Sexually transmitted diseases	
Sl No	**TOPICS**
General	Approach to the Patient with a Skin Disorder
1	Bacterial infections
2	Fungal infections
3	Viral infection
4	Parasitic infestations of the skin: Scabies
5	Eczema & Dermatitis
6	Disorders of sebaceous glands: Acne
7	Urticaria and Angioedema
8	Papulosquamous Disorders -Psoriasis
9	Lichen Planus
10	Pigment disorders
11	Hair & Nail disorders

12	Syphilis/ HIV/Gonorrhoea
13	Vesiculo-bullous disorders
14	Vitiligo

18. Paediatric disorders

Table M-22: Practice of Medicine: Paediatric disorders	
Sl No	**TOPICS**
General	Basic paediatric parameter, Variation in normal development and Approach to sick child
1	Normal growth and development, Disorders of Growth &Development (Failure to thrive and delayed milestones):
2	Behavioral disordersin children (ADHD), anxiety disorders in children
3	Diseases of New born infants - common physiological neonatal conditons, neonatal jaundice, birth defects, seizures, hypothermia, hyoperthermia, seizures
4	Immunization in Children
5	GI disorders – Diarrhoeal Disorders inChildren, pica, constipation
6	Infectious diseases - approach to fever
7	URTI, LRTI, hypersensitive airway disease, approach to Pertussis cough
8	Otitis media,ear pain
9	acute rheumatic fever
10	Acute glomerulonephritis, nephrotic syndrome,
11	Indian childhood Cirrhosis
12	Cerebral Palsy ,Hydrocephalus, Intelelctual disability, Autism spectrum disorders, ADHD
13	Convulsive disorders in Children: Febrile Convulsion
14	Approach to atopic Dermatitis, pyoderma
15	Approach to abdominal pain, evening colic
16	Common Helminthic infection
17	Adolescent care – basic understanding and communicating with adolescents

19. Geriatric Disorders

Table M-23 :Practice of Medicine: Geriatric disorders	
Sl No	**TOPICS**
1	Geriatric care-disabilities in geriatric population
2	Common Geriatric problems (multimorbidity and Adjunct homoepathy treatment in geriatrics)
3	Gait disorders
4	Elder abuse

20. Disorders associated with environmental exposure

Table M-24: **Practice of Medicinedisorders associated with environmental exposure**	
Sl no	TOPICS
1	Diseases of altitude
2	Diseases of cold exposure
3	Diseases of heat exposure
4	Environmental poisoning

21. Palliative and end of life care

22. Miscellaneous

Table M-26: **Practice of Medicine: Miscellaneous**	
1	Stem cell biology and current status of therapy
2	Tele-medicine and tele-homoeopathy
3	Integrative health care: current status and possibilities

V- Teaching learning Methodology

Teaching of Homoeopathic Therapeutics: Each system and its homoeopathic therapeutics should be taught keeping in mind the concepts of:

i. Tissue affinity - location/system/organ/parts affected
ii. Pathological changes in that particular tissue – its stage and state
iii. Pace of the disease, Time, Onset, progression and duration – Acute/Sub-acute/Chronic
iv. Causation: Specific to that particular system/organ/tissue or condition
v. Concomitant: Mental & Physical concomitant to the clinical condition/system affected.
vi. Stress should be on selection of similimum using different methods including repertorization by using appropriate repertories as per to the demand of the case.
vii. Relationship of remedies and its differential features related to that particular condition or system affected.
viii. Effective use of different scales and potency as per clinical experience.
ix. Teaching of Homoeopathic Therapeutics should emphasize on Homoeopathic Concept of disease and its general to specific management.
x. Reference for specific disease conditions therapeutic books by various masters should be referred for learning from their clinical experiences and correlating/corresponding with current clinical experiences.
xi. Study of the disease from perspective of predisposition-disposition-diathesis and disease.
xii. Integrated teaching - There could be mentorship programmes where mentor and mentee both present topics/presentations and are both assessed.

VI Practical Training:

i. Bed-side teaching at IPD and OPD should be the emphasis, where clinical approach to symptoms with homoeopathic approach to the patient should be focus.
ii. Students should be given exposure to various other clinical services like Pathology lab, Radiology, ECG, EEG & PFT etc where s/he is able to understand the need for various investigations and also able to interpret in the light of presenting complaints.
iii. Exposure to community/peripheral OPD where student is able learn and become sensitive to the patient's suffering while receiving a patient, and develop skills to deal with different challenges while treating patients in different clinical set-up.
iv. Adequate exposure & training on various instruments & specimen should be done periodically
v. Rotatory duties in skill lab and emergency unit to gain the exposure about critical care, emergency management, burn and trauma management and other mechanical procedures like suturing, IV/ IM infusions, bandaging etc.

vi. Teaching Hours

The following is the required number of classes, keeping in mind that all the hours will not be available for the purpose of teaching and learning

Table M-27: **Practice of Medicine: Teaching Hours**

	Class room teaching – including theory classes, Tutorials	IPD/OPD – Clinical/Bedside classes
II BHMS	80 hours	92 hours
III BHMS	100 hours	100hours
Final BHMS	300 hours	350 hours

Note - *Bedside Clinical classes to train the individual student in detailed case taking, clinical examination, differential diagnosis, clinical diagnosis, miasmatic evaluation, and remedial diagnosis, planning the management and prognostic evaluation.

** OPD exposure in Homoeopathic way of case taking, discussion regarding case analysis, miasmatic evaluation, clinical diagnosis, remedial diagnosis,

repertorisation of the case therapeutic planning and programming with prognostic evaluation and following-up the cases that they have taken as primary physicians.

VII Assessment–

1.Each candidate shall submit of twenty complete case records during examinations (ten in Third B.H.M.S and ten in Fourth B.H.M.S).

2. The examination procedure will include one long case and one short case to be prepared. During clinical training, each student has to be given adequate exposure to, -
   a. Comprehensive case taking following Hahnemann's instructions;
   b. Physical examinations (general, systemic and regional);
   c. Laboratory investigations required for diagnosis of disease conditions;
   d. Differential diagnosis and provisional diagnosis and interpretation of Investigation reports;
   e. Selection of similimum and general management.

1.Formative assessment: **Refer to Homoeopathic Degree Regulation 2022**

Internal assessment	
Theory	**60 marks**
Practical	**40 marks**

2.Summative assessment:

Theory- 240 marks

Paper-1 **(80 marks)** All Topics from II BHMS, Respiratory Disorders, Gastrointestinal Disorders, Infectious disorders, Pancreatic and Hepatobiliary Disorders, Water and Electrolyte Imbalance, Acid base Imbalance, Hematology and Oncology with Homoeopathic Therapeutics			
1	**MCQ**	**20 marks**	**30 min**
2	**SAQ**	**30 marks**	**1 hour**
3	**LAQ**	**30 marks**	**1 hour**
Paper-2 (80 marks) Genitourinary Disorders, Musculoskeletal Disorders, Cardiovascular Disorders, Disorders of CNS, Endocrinology and DM,			

Metabolic Disorders, Medical genetics, Immunology and Allergic Disorders, Critical care with Homoeopathic Therapeutics			
1	**MCQ**	**20 marks**	**30 min**
2	**SAQ**	**30 marks**	**1 hour**
3	**LAQ**	**30 marks**	**1 hour**
Paper -3(80 marks) Pediatrics, Dermatology and Psychiatry Geriatrics and Palliative care, Environmental medicine with Homoeopathic Therapeutics			
1	**MCQ**	**20 marks**	**30 min**
2	**SAQ**	**30 marks**	**1 hour**
3	**LAQ**	**30 marks**	**1 hour**

3.Practical& Viva→160 marks
Bed side examination and viva voce

One Acute case taking with Homoeopathic Therapautics	30 marks
One Chronic case taking with Homoeopathic Theraupatics	40 marks
Identification of instruments, models and specimens	20 marks
journals	10 marks
Viva Clinical & Therapeutics	60 marks

4. The pass marks in each subject of examination shall be 50%.

VIII Text Books for the Students:

a. Kumar and Clark's Clinical Medicine
b. API textbook of medicine
c. Davidsons Principles and Practice of Medicine
d. Hutchinson's Clinical Methods
e. Essentials of Pediatrics by O P Ghai
f. Manual of Practical Medicine by R Alagappan

g. Macleod’s Clinical Examination
h. Textbook of Medicine by K V Krishna das
i. Practical Medicine by P.J. Mehta
j. Common Symptoms by P.J. Mehta
k. Understanding Ecg Electrocardiography by P.J. Mehta
l. Homoepathy for mother and child care volume 2 & 3- CCRH
m. Homoeopathy for healthy child - CCRH

Books for therapeutics:

1. Homoeopathic Therapeutics by Sameul Lilienthal
2. Practical Homoeopathic Therapeutics W. A. Dewey
3. Regional Therapeutics like:
    a. Borland’s Pneumonia
    b. Bell’s Diarrhea
    c. Therapeutics of Intermittent fever: H.C. Allen
4. Leaders in Homoeopathic Therapeutics with Grouping and Classification: E. B. Nash
5. HOMŒOPATHIC MATERIA MEDICA by William BOERICKE, Phatak, Boger etc.
6. Pointers to common remedies by M L TYler

IX Reference books

1. Harrisons Principles of Internal Medicine
2. Cecil textbook of medicine
3. Chamberlain's Symptoms and Signs in Clinical Medicine
4. Nelsons Textbook of Pediatrics
5. An Introduction to Electrocardiography by Schamroth
6. French’s Index of Differential Diagnosis
7. The Merck Manual of Diagnosis and Therapy
8. Oxford Textbook of Medicine
9. Fundamentals of Chest Radiology by Andrew J. Meholic
10. Oxford Handbook of Clinical Examination and Practical skills

PRINCIPLES OF MODERN PHARMACOLOGY

I. Background

Principles of Modern Pharmacology is concerned with imparting rational and scientific clinical and pathophysiological basis of therapeutics and know the effects of the different classes of drugs on various human systems. Achieving 'Health for All' for our country assumes that the contribution of all health care disciplines is brought to bear in the care of the patient in outpatient or inpatient care. This has several implications:

1. Health practitioners of different health care disciplines need to familiarize themselves with the nature of clinical working adopted by the different streams so that better mutual understanding evolves and a team effort where each partner plays a role becomes a reality.
2. NITI Aayog is working towards evolving a model of Integrated Health Care whereby the patient is able to get the benefit of the best of different 'pathies' available in the country. To this effect, literacy of the health practitioners is the first step and the NMC is planning to introduce Indian Systems of Medicine and Homoeopathy in the MBBS course as well as enable the medical students to choose electives in the different disciplines.
3. Crosspathy prescribing is disallowed by law. However, all homoeopathic practitioners encounter chronically ill patients who are receiving allopathic medication for their various chronic ailments. The knowledge of the mode of action of these medicines (and the side effects) becomes necessary since these do impact the susceptibility of the patient which often needs to be attended to in the course of instituting homoeopathic treatment. Knowledge enables a constructive communication with the allopathic consultants so important for integrated health care to be delivered.
4. It is common knowledge that some drugs (especially in oncology) produce significant undesirable side effects which may interfere with patient compliance to the prescribed treatment Early research carried by the CCRH has shown that homoeopathic intervention is capable of effectively treating these side effects thus enabling the compliance with allopathic drugs to continue.
5. Ministry of Health has started Integrated Health centres which,so far, have been closed to homoeopathic graduates because they are not aware of the basic pharmacological principles. It is hoped that the knowledge imparted by the subject will enable them to overcome this hurdle.

All the above reasons have been responsible for the decision to introduce a new subject 'Principles of Modern Pharmacology' in the BHMS course. The syllabus is not designed to enable the homoeopathic graduate to prescribe allopathic drugs for which the homoeopathic graduate is neither qualified nor legally allowed.

The broad goal of teaching principles of Modern pharmacology is to inform the homoeopathic graduate of the rational and scientific clinical and pathophysiological basis of therapeutics and to appreciate the effects of the different classes of drugs on various human systems.

II. Learning Objectives

At the end of the course, the student shall be able to –

i. Understand pharmacokinetics and pharmacodynamic principles involved in the use of modern drugs
ii. Understand and identify the various factors that can affect the action of modern drugs
iii. Know the various routes of administration with advantages and disadvantages
iv. Know the reasons why drugs are prescribed based on clinico-pathological and symptomatic basis
v. Know the basic mechanism through which the different categories/classes of drugs act
vi. Be able to understand the adverse drug effects of different classes of drugs are produced as well as the drug interactions
vii. Know the processes used to introduce new drugs and the principle of clinical trials

III. Contents

(The number of Hours against each topic has been specified to indicate the extent of details needed for each topic in the light of the above elaboration)

1. **INTRODUCTION:** (1hr)

Introduction elementary Pharmacotherapeutic concepts, definition of drug; nature and sources of drugs;

2. **GENERAL PHARMACOLOGY:** (3hrs)

Pharmacokinetics:Absorption, Elimination, Bioavailability and half life of drugs,

Pharmacodynamics: Principles of Drug Action, Mechanisms of drug action, Mode of drug administration.

Adverse Drug Reactions

Drug interactions

Drug allergies , hypersentitivity reactions, intolerances

Drug overdose and toxicity

DRUGS USED FOR DIFFERENT CLINICAL CONDITIONS

The schema for teaching drugs in each clinical condition would be as follows:

i Classify the drugs as per their modes of action emphasizing the patho-physiological basis of the thinking

ii Describe the use of each category of drug for the clinical condition with the limitations

iii Focus should be on the basis of precibing the drugs, the pharmacological

action that the drugs produce and the principles of drug dependence and

drug resistance

iv Describe the adverse side effects and drug interactions with other categories and related drugs

3. **AUTONOMIC PHARMACOLOGY:**GeneralConsiderations
(3hrs)

Adrenergic & Cholinergic agonists Adrenergic antagonists I &II : - blockers, Anticholinesterases, Antimuscarinic drugs

4. **CARDIOVASCULAR SYSEM INCLUDING DRUGS AFFECTING COAGULATION AND THOSE ACTING ON KIDNEYS:**
(3hrs)

General Considerations and Overview of antihypertensive therapy; Diuretics

Angiotensin Converting Enzyme (ACE) inhibitors

Sympatholytics& vasodilators

Calcium channel blockers

Pharmacotherapy of IHD
(3hrs)

Antianginal: Nitrates & others Thrombolytics & Antiplatelet agents Hypolipidaemic drugs

5. **HAEMATINICS AND HAEMATOPOIETIC FACTORS:**
(2hrs)

Agents used in therapy of iron deficiency anaemia and megaloblasticanaemia;

Management of different types of anaemia

Chelating agents

Management of bleeding disorders (Haemophilia, thalassemia)

6. **NEUROPSYCHIATRIC PHARMACOLOGY INCLUDING**
(5hrs)

ANTIPYRETIC, INFLAMMATON, PAIN & SUBSTANCE ABUSE

General Considerations Sedative-Hypnotics

Psychopharmacology; Antianxiety; Antipsychotics; Antidepressants Antiepileptics

Analgesics: Opioids; NSAIDs Pharmacotherapy of pain including migraine

Pharmacotherapy of rheumatoid arthritis and gout

Substance abuse: Management of opioid, alcohol and tobacco addictions

7. **MISCELLANEOUS TOPICS- I:**
(3hrs)

Antiallergics: Antihistaminics

Pharmacotherapy ofinhalers, expectorants, bronchodilators, nebulization

Vaccines& sera

Dialysis

8. **DRUGS USED IN INFECTIONS INCLUDING:** (6 hrs)

General considerations: General principles of Antimicrobial use

Antimicrobial agents: Sulphonamides& Cotrimoxazole Quinoline derivatives

Penicillins, Aminoglycosides, Macrolides

Tetracyclines & Chloramphenicol

Antimycobacterial therapy: Anti-Koch's agents; Anti-leprotic agents

Antiprotozoal agents:

Antiamoebic,Antimalarials and Anti Kala azar

Antihelminthics(against intestinal Nematodes and Cestodes; extra intestinal Nematodes and Trematodes)

Antifungal agents

Retroviral drugs

9. **ENDOCRINOLOGY**: (4hrs)

Glucocorticoids: Use andMisuse

Oral contraceptives &profertility agents Thyroxine and antithyroid agents

Hypoglycemic agents for Diabetes Diabetes Mellitus

Insulin – forms, and types for insulin dependent diabetes mellitus

10. AGENTS USED IN GASTROINTESTINAL DISORDERS:(2hrs)

Pharmacotherapy of nausea & vomiting (1hr) Pharmacotherapy of

gastritis, peptic ulcer (PPIS) (1hr)

11. ONCOLOGYchemotherapy and radiotherapy, immunonotherapy(3hrs)

12. PERIOPERATIVE MANAGEMENT:

(2hrs)

Preanaesthetic medication

Preparation of surgical site: antiseptics etc. Local Anaesthetics

Drugs used in post operative period: analgesics, antiemetics etc.

13.Supplements – use, abuse, and overdose – Vitamin, mineral, proteinsupplements

14.MISCELLANEOUS TOPICS-II (5hrs)

Drug-Drug Interactions

Drug use at extremes of age, in pregnancy & in organ dysfunction (2hrs) Snake bite, OPP, stings & bites

Ocular pharmacology Dermatopharmacology

NCE

Orphan drugs

Stem cell therapy

Allergic reactions to medical dyes

Treatment of ADRs

Drug dependence and dose tapering and drug withdrawl

IV. Learning methods:

1) Lectures which will emphasize on the rationale for prescribing the drugs through explaining the clinical and pathophysiological basis of prescription.

2) Case studies: Since there would be no ward visits, the teacher will incorporate case studies to illustrate the use of the drugs and to explain the scope, limitation and drug interactions.

3) There could be mentorship programmes where mentor and mentee both present topics/presentations and are both assessed.

V. Practical – lab work – field (None)

VI. Teaching Hours

Total number of teaching hours -45 hours

VII. Assessment:

1. Formative assessment: 10 marks (: **Refer to Homoeopathic Degree Regulation 2022)**

2. Summative assessment

Paper 40 marks

MCQ	**10 marks**	**15 min**
SAQ	**10 marks**	**20 min**
LAQ	**20 marks**	**40 in**

3.Practical and Viva 40 marks

VIII. <u>Standard text book:</u>

Pharmacology and Pharmacotherapeutics by Satoskar

IX. <u>Reference book</u>

Manual of Pharmacology and Therapeutics by Goodman and Gillman

13.RESEARCH METHODOLOGY AND BIOSTATISTICS

I. Background:

Research Methodology involves sensitizing the student to research principles underlying evidence-based medicine and clinical documentation, developing logical and critical thinking in evaluating and writing scientific communication and plan and develop a simple research study

The science of Homeopathy has been constantly under threat due to a concerted skeptical effort from diverse corners who represent ignorance, prejudice or vested interests which are inimical to the propagation of Homoeopathy. Several homoeopaths, teachers and even students are researching to prove the scientific aspect of homoeopathy and also demonstrate its use for curative and preventive health care. However, the quality of these research studies is doubtful rendering meta-analysis inconclusive. There is also a need to upgrade the research aptitude and skills of our postgraduate students and inculcate a research ethos in our educational institutions. And most crucial of all, is the need to make explicit the scientific, evidence based method of creating reliable and valid knowledge in the Homoeopathic practitioner which will inform everyday practice thus inculcating lifelong educational values. As all worldwide modern developments in medical education indicate, all this can be made possible through the inculcation of research acumen in the undergraduate students of Homoeopathy..

It is necessary to appreciate that while the broad knowledge, skills and attitude for conducting Research are the same across the spectrum from undergraduate to PhD studies, the nature of research questions, depth, complexity, rigor and methodological framework would differ at several levels. The purpose of this subject at the BHMS level is not to produce homoeopathic researchers but to sensitize the homoeopathic graduate to the place sound research principles have played in the origin and evolution of Homoeopathic science. S/he should appreciate the principles underlying evidence-based medicine and clinical documentation which results in the creation of reliable knowledge, be able to develop logical and critical thinking in evaluating and writing scientific communication and be able to plan and develop a simple research study.

The concept of “Homoeopathic research” will be clear to the students by knowing how Hahnemann and other stalwarts used research as a foundation for developing homoeopathic principles. Imbibing a research attitude, thus, is possible by studying the contribution of Hahnemann as a researcher, his innovative and critical thinking and his emphasis on documentation.

The principles of biostatistics are taught at II BHMS in the subject of community medicine. Through the various activities undertaken while studying the subject, the student will learn their application in weighing scientific evidence and their place for conducting homoeopathic research.

II. Learning Objectives:

1. Appreciate the importance that research principles have played in the growth and development of Homoeopathic science
2. Understand how the research principles form the foundation of homoeopathic science by studying the work of various pioneers
3. Develop a research attitude by appreciate the qualities of Hahnemann as a researcher
4. Understand how an inquisitive and questioning attitude and application of rational thought processes helps to solve clinical problems.
5. Be competent in the use of online methods for conducting literature search.
6. Understand the structure and organisation of a scientific paper and to critically analyse the results.
7. Formulate research question/s on a selected topic demonstrating critical thinking, analysis and understanding of the topic.
8. Be familiar with the research designs commonly useful in Homoeopathic research
9. Develop an understanding of scientific methods, including technical and ethical principles used when designing experiments for tackling the selected research question
10. Appreciate the value of the knowledge of biostatistics in understanding results of research and designing projects
11. Be able to carry through a simple research project and report the findings through a written as well as oral presentation
12. Write a case report along standard scientific lines
13. Be able to complete a scientific project during the Internship

III. Content

a. Foundation of homoeopathic research
    1) Development of key homoeopathic principles from the research perspective
    2) Dr Hahnemann as researcher
    3) Essential qualities of a homoeopathic researcher
    4) Use of inductive and deductive logic in Homoeopathy and Research
    5) Objectives of research

b. Evidence in Homoeopathic research
    1) Types of evidence in research
    2) Meaning of evidence in homoeopathic research
    3) Nature of evidence in a single homoeopathic case –in case receiving, analysis, synthesis and action result complex

c. Reviewing existing knowledge
    1) Purpose of review of literature
    2) Primary and secondary Sources of literature , grey literature
    3) Formulating review queries
    4) Techniques of using medical search engines – PubMed, google scholar, medical data base, Cochrane
    5) Critical review of an article
    6) Writing literature review from available knowledge
    7) Understanding types of reviews - literature review, systematicreview
    8) Care Guidelines and HOM-CASE guidelines
    9) Copyright and Plagiarism – meaning and avpoiding plagiarism
    10) Reporting guideleins – SPIRIT, STROBE, CONSORT and theirhomoepathy extensions
    11) Research registries – CTRI

d. Research Process
    1) Characteristics of sound research
    2) Steps of research Process
    (i) Planning
    (ii) Execution
    (iii)Interpretation

e. Developing research question
    1) Translating experience (Clinical, literary) in researchable problem
    2) Research question – essential qualities
    3) Testing feasibility of research question

f. Knowing types of Research
    1) Descriptive Research
    2) Analytical /Relational / Causal
    3) Basic research
    4) Experimental Research
    5) Qualitative research
    6) In-vivo & In-vitro
    7) Agro-homoeopathic research
    8) Veterinary Homoeopathic research

g. Data in research
    1) Types of data
    2) Measurement of data
    3) Presentation of Data

h. Basic principles of Research design:
    1) Descriptive research design:

i. Data collection techniques – Interview, Questionnaire, Observations,copyright and permissions

2) Analytical research design:
(i) Principle of Association and Causation
(ii) Direction of study
(iii)Matching of groups
(iv)Types of Control
3) Basic research designs
(i) Descriptive research design – Survey, Case Studies, Case Reports
(ii) Observational research design – Cohort, Case-Control design

i. Documentation in research
1) Basic principles
2) Data documentation – which and when
3) Creating special case record formats for the documentation

j. Ethics in Research
1) Evolution of Ethics
2) Basic ethical principles
3) Declaration of helsinki
4) different ethical guidleeins (basic introduction)
5) Ethical issues in documenting the evidence
6) Consent, assent,confidentiality, autonomy

k. Descriptive statistics - (part revision)

l. Knowing the use of Research and Biostatistics in medicine and Homoeopathy
Types of research done in homeopathy – clinical, drug, basic, clinical verification, drug validation, drug proving, literary, public health, operational, etc.
Research publicaitons – common journals, data base

m. Research proposal writing – presenting a research idea

n. Writing a case report using CARE and HOM-CASE guidelines

o. HCCR portal

IV. Teaching-learning Method

a. Classroom teaching
1) Lecture (Key concepts with examples)
2) Demonstration (Application of the concepts and hands-on training)
3) Group discussion (Articles)
4) Problem based learning (Research scenario)

b. Practical
   1) Searching review using medical search engine
   2) Difference between research writing and popular writying
   3) Creating special case record format

c. Mentored learning
   1) Reading and appreciating research literature
   2) Short project

V. Practical – Lab work – Field – Clinical Hospital work

a. Journal club: a team offaculty and students to present the understanding of research paper.
b. Clinical data of hospital: Data capture, organization and presentation
c. Problem-based work: a research scenario to understand the practical issues of research

VI. No of Teaching Hours:

RESEARCH METHODOLOGY AND BIOSTATISTICS			
Sr No.	Subject Demonstration	Theoretical Lecture	Practical / Tutorial / Seminar / Clinical Posting
01	**RESEARCH METHODOLOGY AND BIOSTATISTICS**	35 hours	25 hours

VII. Assessment

1.Formative assessment: **Refer to Homoeopathic Degree Regulation 2022**

Internal assessment	
Theory	**10 marks**
Practical	**10 marks**

2.Summative assessment: – 40 marks

MCQ	**10 marks**	**15 min**
SAQ	**10 marks**	**20 min**
LAQ	**20 marks**	**40 min**

3.Practical & Viva →40 marks

Spotting	20 marks
Viva voce	10 marks
Short project	10 marks

4. The pass marks in each subject of examination shall be 50%.

VIII. Textbook/s

a. These should be WHO books , Cochrane, ICMR and CCRH publications
Refernce books :
b. Research Methodology – Methods and techniques by C R Kothari
c. Methods in biostatistics by B K Mahajan
d. Research methodology by J V Dixit

IX. Reference texts

a. Fundamentals of Research Methodology and Statistics - By Yogesh Kumar Sing, New Age International Publications
b. Research Methodology – by Ranjit Kumar, Sage Publication
c. Qualitative research Methods – By Paul Atkinson, Sage Publication

WEBSITES

PubMed website athttps://www.ncbi.nlm.nih.gov

Medscape website at https://www.medscape.com

WHO website at https://www.who.int.

ClinicalKey website at https://www.clinicalkey.com

MedicineNet website at https://www.medicinenet.com

AMA website at https://www.ama-assn.org

https://www.ijrh.org/

https://www.ccrhindia.nic.in

14.FUNDAMENTALS OF YOGA

BACKGROUND

Yoga is an Art and Science of healthy living. It is a spiritual discipline based on an extremely subtle science, which focuses on bringing harmony between mind and body. The holistic approach of Yoga is well established and it brings harmony in all walks of life and thus, known for disease prevention, promotion of health and management of many lifestyle –related disorders. Today, Yoga is popular across the globe, not just because of its efficacy in the management of some diseases, but also of its strength in providing relief to the practitioner, from mental and emotional distress and providing a feeling of well-being. Hence, now-a-days Yoga is being practiced as part of healthy life style across the globe.

LEARNING OBJECTIVES

1. Holistic approach of yoga therapy targets total integrated treatment or management of an individual at all levels of being. It is therefore, the best way to achieve optimal health at a multi-dimensional level.
2. To reduce health problems -To promote good mental and physical health through yoga and to link between protection of health and sustainable health development.
3. **To help students cope with stress -** The introduction of Yoga is not meant to bring the traditional discipline to par with other BHMS subjects but to help students cope with the stress and pressures of the demanding profession. It creates opportunities for holistic development i.e. physical and mental development of medical students who have stressful careers.
4. To connect people to the nature by practicing yoga.

1st BHMS

The syllabus of Yoga for the 1st BHMS students should include the basic concept of Yoga and its philosophy, with a clear idea of the different section of asana, pranayama, kriya and meditation. Total 100 hours of class will include a 50 hours theory and 50 hours practical training. The students will be trained in understanding the relationship between Yoga and Homoeopathy in a wholistic approach and the point of application of yoga in part of treatment. The topic and respective allotted hours are as follows-

TOPIC	CLASSES
Yoga definition,concept,types,benefits	5
Origin of yoga	1
History and development of Yoga	3
Patanjali yoga philosophy	3
Astangayoga,Hathayoga	4
Asana-Types,Examples,benefits	2
Pranayama-Types,Benefits	2
Meditation-Types, Methods,Benefits	2

Kriya-Types,Methods,Benefits	2
Wholistic philosophy of yoga	2
Relationship of yoga and Homoeopathy on wholistic plane	2
Application of yoga in terms of Hahnemann's Accessory circumstances	2
Correlation of Vital Force and Prana	2
Application of Yoga in diet and regimen	2
Yoga and accessory treatment	2
Yogic principles and practices in healthy living	2
Yoga and Human values-(Myself,Humanrelationship,Moraleducation,Social responsibilities)	8
Details of gyanyoga,karmayoga,bhaktiyoga,rajyoga	4
	Total 50 hours Theory
Practical learning about asanas(postures)-Pawanmuktasana,backstreching,sunsalutation,classical sequences	15
Practical learning about Breathing,Pranayama including abdominal,thoracic,clavicular,hasthamudra,vilom,lung sensitising	15
Practice of relaxation,tense and relax, short yoganidra,extended savasana, yoganidra,sankalpa	10
Meditation practice,sitting posture, kaya sthairam,omchanting,Trataka	10
	Total 50 hours of practical
	Grand total of 100 hours

Final BHMS

The syllabus of Yoga for the Final BHMS students should include the application of Yoga and its philosophy, in various disease conditions. Total 50 hours of class will include the learning of therapeutic yoga in a systematic manner with a combination of theory and practical classes. Special emphasize should be given on practical methods and clinical Yoga therapy. The topic and respective allotted hours are as follows-

TOPIC	**CLASSES**
Knowledge of Yoga application in schools, sports, stress and elderly persons	04

Basis of Yoga therapy-concept in health, disease, healing	02
Yoga Psychology-States of consciousness according to yoga scriptures Learning and remembering in context of Gyan yoga Types of personalities and cause of emotion in context of yoga	04
Application of Meditation in psychological patients	02
Yoga therapy and management in disorders of CNS, CVS, Respiratoy, G.I, Urinogenital, Musculoskeletal, Connective tissue disorders, Immunology	20
Shatkarmas-Vastradhauti, Sutraneti,Kapalbhati,Naulichalana, Jyoti trataka, Agnisara	10
Practice of Bandha and mudras	04
Dietatics in applied yoga	04
	Total 50

I B.H.M.S

1.Assessment

Refer to Homoeopathic Degree Regulation2022

2. Formative Assessment

Internal assessment	
Theory	**10 marks**
Practical	**10 marks**

3. Summative assessment:

Theory-40 marks

MCQ	**10 marks**	**15 min**
SAQ	**10 marks**	**20 min**

LAQ	**20 marks**	**40min**

3 **Practical & Viva**→40 marks

Spotting	10 marks
Viva voce	20 marks
Short project	10 marks

4. The pass marks in each subject of examination shall be 50%.

IV B.H.M.S

1.Assessment

Refer to Homoeopathic Degree Regulation2022

2. Formative Assessment

Internal assessment	
Theory	**10 marks**
Practical	**10 marks**

3. Summative assessment:

Theory-40 marks

MCQ	**10 marks**	**15 min**
SAQ	**10 marks**	**20 min**
LAQ	**20 marks**	**40 min**

4.Practical & Viva→40 marks

Spotting	10 marks
Viva voce	20 marks
Short project	10 marks

5. The pass marks in each subject of examination shall be 50%.

REFERENCES

NAME OF BOOK	AUTHOR	PUBLICATION
Philosophy OF Yoga	Swami Jnananda	Shri Ramakrishna Shama Publication
Rajyoga	Swami Vivekananda	Ashrama Publication
Patanjali yoga	PradeepaUmananda Tirtha	Geeta press Gorakhpur
Light on yoga	B.K.S.Iyenger	HerpercolinsPublishers,India
Prana,Pranayama and Pranvidya	Swami NiranjananandSaraswati	Yoga Publication Trust Munger 2005
Philosophy of Hathayoga	Bharati,Swami Veda Reddy Venkata	Himalayan Publications,Pensylvania
Yoga and Health	Dr.R.Nagarathna and Dr.H.R.Nagendra	Swami Vivekananda yoga prakasana 2002
Yoga for common ailments	H.R. Robin monroe,Nagarathna R and Nagendra	GUIA publications 1990 U.K.
Dr.Yoga-A complete guide to the medical benefits of Yoga	Nirmala Heniza	Penguin books

ELECTIVES IN UNDERGRADUATE HOMOEOPATHIC EDUCATION

The NCH has decided to introduce a new activity of 'Electives' to be implemented at the BHMS course from academic year 2022-23. Electives have been a feature in Medical Education in many parts of the world. It constitutes an optional course of study devised to enrich the educational experience of the student. Each discipline has distinctive requirements which are not adequately covered by the regular courses. The electives accordingly are devised to provide the students and teachers an opportunity to meet these additional needs. This document aims to define the nature of these requirements for homoeopathic students and lays down the framework for homoeopathic colleges and teachers to conduct and assess the programme.

1. Goals: To enable the undergraduate students to widen their knowledge horizons through interdisciplinary work, engage in self-directed study, foster innovation and creativity – all of which would instill the value of lifelong learning.

2. Objectives:

1. Assist the homoeopathic students to delve deeper into a subject/topic of their interest
2. Explore avenues for self-growth and development
3. Foster qualities of creativity, innovation and enterprise
4. Develop the qualities of logical, interdisciplinary and holistic thinking necessary for a homoeopath in practice

3. Programme

(a) The elective programme will start in the second term of the I BHMS and extend through the II and III year

(b) A list of elective topics is provided as a guideline for the BHMS course students.

(c) Each student will be required to choose two electives every year and complete six electives 2 in each year in 1st, 2nd and 3rd BHMS. The student will make a choice and communicate the topic selected to the coordinator of the respective year.

(d) Electives are not a part of classroom work. The institute will not be required to organize any formal course or teaching programme for the students to do the electives. However, the concerned will guide the student at regular intervals to complete the electives selected.

(e) Institute will assign students to teachers (HOD/guide/mentor) of that particular year who would be responsible for encouraging and guiding the students to complete the chosen electives.

(f) Electives will be submitted one month prior to the final examination of respective year.

(g) The Institute will ensure that the electives are freshly undertaken every year and are not copy-pasted from year to year.

(h) All electives will be graded (as below) and grades will be part of final mark sheet of that year.

(i) No student will be promoted unless the electives have been submitted and graded.

4. Evaluation of Electives. -Electives shall be evaluated in terms of attendance and assessment by grading

(a) Grade weight age shall be only for two electives per professional session i.e., one elective subject from each set of respective professional session.

(b) A separate online certificate shall be generated for each elective mentioning grades obtained

(c) The examination branch of the institution shall compile the grade of electives obtained by students as specified above and submit to University through the Head of the Institution so that the University shall add the same ***to final mark sheet***

(d) List of electives to be completed during course is mentioned point 7 of this annexure.

5. Grading of electives

(a) Electives will be assessed by the teacher who has guided the student

(b) The following points would guide the assessor
  (i) Depth of problem definition 15%
  (ii) Extent of work undertaken 20%
  (iii) Innovation 15%
  (iv) Logic and integrated way of presentation 20%
  (v) Quality of learning derived 20%
  (vi) Adequacy of references undertaken 10%

(c) The final grades would be as follows:
  (i) 'A' – excellent (above 70%)
  (ii) 'B' – good (above 60%)
  (iii) 'C' – average (around 50%)
  (iv) 'D' – below average (around 40%)
  (v) 'E' – poor (below 40%)

(d) The student will need to get a minimum 'C' in all the electives in order to clear the BHMS course.

(e) The grades would be sent to the University so that they may be incorporated in the mark sheet

(f) The grades allotted will not determine the 'Pass' or 'Fail' of the candidate. This will be determined solely by the marks obtained in the summative exam together with the internal assessment.

6. Structure of the elective

(a) Electives will be submitted in English and will be between 2500 – 5000 words.

(b) They will be typed and carry the name of the student, topic, year of study, name of the guide and the name of the Institution on the cover page

(c) The broad structure of the elective will be as follows:

(i) Title page (as above)
(ii) Introduction stating reason/s for selecting the topic for elective study
(iii) Background/need identified
(iv) Problem/s identified for exploration
(v) Methodology followed (which may include referencing/discussions/survey/ experiments conducted/visits, etc.)
(vi) Results/Findings/Outcome arrived through the investigative process
(vii) Evaluation of the results
(viii) Learning from the electives
(ix) Acknowledgement
(x) References

7. Tentative topics of Electives

(a) Introduction to IPR
(b) Introduction to communication skills
(c) Introduction to biomedical engineering
(d) Introduction to epidemiology
(e) Introduction to biostatistics
(f) Introduction to other local health traditions in the India
(g) Introduction to physiotherapy,
(h) Introduction to occupational therapy
(i) Introduction to Counselling
(j) Introduction to Medical Ethics
(k) Introduction to Nutritional assessment
(l) Introduction to Medical transcription
(m) Introduction to Medical economics
(n) Introduction to Cyber security
(o) Introduction to Robotics process automation
(p) Introduction to A
(q) Introduction to Media (Social, News, Print etc.)
(r) Introduction to medical popular literature
(s) Introduction to Scientific writing
(t) Elective on Ayurveda (15 hr), Unani (10 hr), Sowa Rigpa (5 hr.), Siddha (10 hr.)
(u) Introduction to Medical tourism
(v) Introduction to Human organ donation and transplantation
(w) Orientation about Homoeopathic Medicine Manufacturing industry
(x) Good clinical practices
(y) Medical and research ethics
(z) Communication with patients and care givers
(aa) Communicating death, disability

(bb) Presentation and speech skills
(cc) Local language of state (where college is located)

Any other elective topic from allied fields approved by concerned HOD/Guide/Mentor allotted to the student.

ACKNOWLEDGEMENT

Homoeopathy Education Board-Core Committee			
1	Dr. Kumar M. Dhawale	Former Principal, Dr. M.L. Dhawale Memorial Homoeopathic Institute	9324014217 icrkumar@gmail.com
2	Dr. P.K. Sudhir	Vice Chancellor, Vinayaka Mission's Research Foundation, (Deemed to be University)	9447749360 9362104171 vc@vmu.edu.in sudhir_pk@yahoo.co.uk
3	Dr. Girish Savjibhai Patel	Professor & Head (Dept of Repertory) in Swami Vivekanand Homoeopathic Medical College and Hospital	9825207801 8511186018 director@svhmc.org Deanfohbhavun@yahoo.com
4	Dr. Shyamal Kumar Mukherjee	Former Executive member of CCH and former principal D.N.De Homoeopathic medical college , Kolkata	9831113383 Shyamalmukherjee@gmail.com
5	Dr. Srinivas Reddy	Professor (PG) &HOD, Organon of Medicine, J.S.P.S. Govt. Homoeopathic Medical College, Telangana, Hyderabad	9849149986 srinivasreddych289@gmail.com
6	Dr. Chintamani Nayak	Associate Professor, National Institute of Homoeopathy, Kolkata Gomti Nagar Lucknow	9433161854 drcnayak@gmail.com
7	Dr. Bhasker Jamubhai Bhatt	Senior Homoeopathic Physician Former Presidentof Homoeopathic Medical Association of India.	9825046693 bjbhatt55@gmail.com

Experts for BHMS syllabus Convenor: Dr. Kumar Dhawale, Former member, Board of Governors, CCH and Director, Dr. M. L. Dhawale Memorial Homoeopathic Institute			Status
1. Anatomy			
	Dr Bharat Panchal HoD, Anatomy Dept. SmtSmt Malini Kishore Sanghvi Homoeopathic Medical College Karjan	9998982987 bharatpanchal1970@gmail.com	Convenor
	Dr Vaishali Khobragade Head, Dr DY Patil HMC Pimpri, Pune	8149204885 8149204885 vaishali.khobragade@dpu.edu.in	
	Dr. Gautam Ash HOD,Pratap Chandra Memorial HMC, Kolkata	dr.gautam.ash@gmail.com 9433182783	
	Dr E S J Prabhu Kiran Principal Father Muller Homoeopathic Medical College & Hospital University Road, Deralakatte, Mangalore – 575 018 Phone no. 0824-2203901/2203905	9845167098 drprabhukiran@yahoo.com	
2. Physiology			
	Dr. Shishir Mathur Professor & Vice Principal, Dr. MPK Homoeopathic College, Hospital & Research Centre, Jaipur	9414239918; mathur_shishir@hotmail.com	
	Dr Ajay Chaudhary	9831088601 drakc@hotmail.com	
	Dr. Juhi Gupta Reader, GHMC, Bhopal	sanjanhvi@yahoo.co.in 9425609774	
	Dr Anu Rajesh, Reader (NFSG) Department of Physiology & Biochemistry, NHMC	798276570 dranurajesh@gmail.com	
	Dr. Chirag Shah Prof, MKSH HMC, Karjan	chirashana@gmail.com 9376939627	Convenor
3. Pharmacy			
	Dr. ParthAphale	parth.aphale@gmail.com	
	Dr Ram Jyothis ANSSHMC, Kottayam, Kerala	9497053705 pharmakon07@gmail.com	
	Dr Kaushik Deb Das Prof & Head, Dept of Homoeopathic	9932298682 drkaushikddas75@gmail.com	Convenor

	Pharmacy, The Calcutta Homoeopathic Medical College & Hospital		
	Dr Vivek Sakthidharan Father Muller Homoeopathic Medical College, Karnataka	91 90355 26266 drviveksakthi@fathermuller.in	
4. Pathology			
	Dr Rajneesh Sharma Principal, Kamdar HMRC Rajkot	8219834117 drrajnesh71@gmail.com	
	Dr Shubhamoy Ghosh, HOD,Dept of Pathology, D N De Homoeopathic Medical College, Kolkata	98310 34229 shubhamoy67@gmail.com	
	Dr Mehul Trivedi, Government Homoeopathic Medical College, Gujarat	94273 28117 drmctrivedi_7479@yahoo.co.in	
	Dr. R. S. Gopika Professor Department of Pathology Sarada Krishna Homoeopathic Medical College, Kulasekharam,Kanyakumari district, Tamil Nadu,629161	drrsgopika@gmail.com 9495151980	Convenor
	Dr. Sheena Salin Prof, FMHMC, Mangalore	sheenasalin@rediffmail.com 9449039003	
5. FMT			
	Dr. Bindu Pereira, Prof, FMT, GHMC Thiruvananthapuram	94470 13721 drbindupererias@gmail.com	
	Dr Dharmendra Sharma DY Patil HMC Pune	9422330045 drdbsharma@yahoo.com	
	Dr. Salini Chandran Prof, SKHMC, Kulasekharan	**dr.salinic@yahoo.com** 9442366399	Convenor
	Dr R C Bawiskar Profe. Forensic Medicine & Toxicology Dr B R Sur Homeopathic Medical College Govt. Of NCT of Delhi	8830790656 drrcbawiskar@gmail.com	
	Dr Shiv Mishra Associate Prof.(FMT) NHMC & H	8700161817 drshiv65@gmail.com	
6. Community Medicine			
	Dr Prasant Rath Dept. of Community Medicine, NIH Kolkata	9433392105 drprasantarath09@gmail.com	
	Dr SrinivasluGadugu JSPS Govt. HMC Hyderabad	srinivasulugadugu@gmail.com 9440203747	
	Dr Abdul MotinMolla, Assoc Prof ,	79827 82201	

	Community Medicine, NHMC	dr1motin@gmail.com	
	Dr Rajendra Singh Government SDJH Medical College & Hospital, Chandeswar, Azamgarh-276128, UP	9827004022 drrajputbpl@gmail.com	
7. **Organon of Medicine and Homoeopathic philosophy**			
	Dr. Neeraj Gupta Prof, NHMC, Delhi	drneerajgupta2003@yahoo.co.in 9212013664	
	Dr. Mihir Parikh Prof, MKSH, Karjan	drmihir10@gmail.com 9879521788	Convenor
	Dr. Nimish Mehta Reader, CMP, Mumbai	drnimishm@gmail.com 9820170918	
	Dr. K. Shivprasad Principal, Yenepoya HMC, Mangalore	shivprasadk.sk@gmail.com 9343561455	
8. **Materia Medica**			
	Dr. Hitesh Purohit Prof, MKSH, Karjan	drhiteshp@gmail.com 9825592130	
	Dr. Swati Bhagwat Prof, YMT, Kharghar	swati_bhagwat_29@yahoo.co.in 9969337242	
	Dr. Chintaman Nayak Prof, NIH, Kolkata	drcnayak@gmail.com 9433161854	
	Dr. Winston Varghese Prof, SKHMC, Kulasekharan	drwinstonv@gmail.com 9443692478	Convenor
9. **Surgery**			
	Dr. Jigar Shah Prof, MKSH, Karjan	drjigarhomoeo@gmail.com 9376939626	Convenor
	Dr. Asim Das CHMC, Kolkata	drakd64@gmail.com 9433132147	
	Dr. K. John Paul Reader, FMHMC, Mangalore	hmcsurgery@fathermuller.in 9035238146	
10. **Gynecology and Obstetrics**			
	Dr. Vilma Meera D'Souza Prof, FMHMC, Mangalore	vilmameera@gmail.com 9535687221	
	Dr. AmilaModak CHMC, Kolkata	amilamodak@gmail.com 7044642098	
	Dr. Shanthi Serene Sylum V HOD, Dept. Obstetrics and Gynaecology Sarada Krishna Homoeopathic Medical College, Kulasekharam.	santhielims66@gmail.com 9442366399 8547102733	Convenor
11. **Medicine**			
	Dr. Manisha Solanki Principal, DSHMC, Pune	dr.mvsolanki@gmail.com 9822839740	
	Dr. Mohit Mathur	drmohitmathur@gmail.com	

	Reader, NHMC, Delhi	9868396616	
	Dr. DilipNandha Prof, MKSH, Karjan	dgnandha@gmail.com 9376939631	
	Dr. Madhav Kamath Prof, FMHMC, Mangalore	drmkkamath@gmail.com 9448409624	Convenor
12. **Fundamentals of Psychology in relation to Homoeopathy**			
	Dr. MahendraGaushal Principal, SKHMC, Beed	kaizen.mg@gmail.com 9822852735	
	Dr. Sunita Nikumbh Prof. MLDMHI, Palghar	sunita.nikumbh@gmail.com 7721076363	Convenor
	Dr. Girish Navada Prof, FMHMC, Mangalore	navadagirish2@gmail.com 9448164566	
	Dr. Jayashree Janagam Reader, NHRIMH, Kottayam	drjayajanagam@gmail.com 9177709429	
13. **Introduction to Principles of Research Methodology and Biostatistics**			
	Dr. Prashant Tamboli Reader, MLDMHI, Palghar	drtamboli@gmail.com 9322283197	Convenor
	Dr. K. C. Murleedharan Director, NHRIMH, Kottayam	drkcmurali@gmail.com 9869321223	
	Dr. LingrajMagdum Reader, Bharatesh, Karnataka	drlmagadum@rediffmail.com 9901591449	
	Dr. Vanija Sharma Prof, Jaipur University, Jaipur	drvanijasharma@gmail.com 9860438770	
14. **Repertory**			
	Dr. Kamlesh Mehta Former HOD, CMP College	drkamleshmehta@yahoo.com 9833150025	
	Dr. LoknathBehra Reader, NIH, Kolkata	lokanath.behera@yahoo.in 9477747610	
	Dr. Manish Arya Prof, D Y Patil, Pune	drmparya@gmail.com 9422301824	Convenor
	Dr. Uttara Agale Reader, YMT, Kharghar	uttaraagale@gmail.com 8451868406	
15. Yoga			
	Dr. Sourik Ghosh Associate professor, Department of Organon of Medicine, Dr.M.P.K.Homoeopathic Medical College, Hospital and Research Centre.	iamsourik@gmail.com 8949484517	
	Amrita Ghosh Yoga Therapist Department of Organon of Medicine,	saatul@gmail.com 8949695006	

	Dr.M.P.K.Homoeopathic Medical College, Hospital and Research Centre.		