

CURRICULUM DOCUMENT
M.D. (Homoeopathy) Practice of Medicine

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

M.D. (Homoeopathy) Practice of Medicine.

II. COMPONENTS OF THE CURRICULUM

II (1) Part I

- (i) Fundamentals of Practice of Medicine.
- (ii) Fundamentals of Homoeopathy in Practice of Medicine.
- (iii) Research Methodology and Biostatistics.

II (2) Part II

- (i) Fundamentals of Practice of Medicine -Paper 1.
- (ii) Fundamentals of Practice of Medicines. -Paper 2.

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

The purpose of a post-graduate specialty program in the Practice of Medicine is to train the homoeopathic graduate in the field of general medicine and to treat the sick depending upon the principles and philosophy of homoeopathy and to produce excellent professional thinkers, researchers and teachers in homoeopathy with special emphasis in the field of medicine.

They shall recognize the health needs of community and carry out professional obligations ethically and contribute for the advancement of community health of the people of our country and even globally and play responsible role in implementation of national health programs.

The competency-based training program aims to produce postgraduate student who after undergoing required training should be able to deal effectively with the needs of the community, be aware of scope and limitations and acquire skills in training medical and

paramedical students.

They shall have mastered most of the competencies about the homoeopathic practice of medicine that is required to be practiced at the secondary and tertiary levels of healthcare delivery systems. The importance of physical, mental, social, and spiritual health and its adaptability in the context of health while practicing homoeopathy. They shall have acquired the spirit of scientific enquiry and are oriented to the principles of research methodology and epidemiology.

IV. COURSE OBJECTIVES (ENTRUST ABLE PROFESSIONAL ACTIVITIES – EPAS)

After three years of residency training program, postgraduate should be able to

- (i) Practice efficiently as a homoeopathic physician with internal medicine specialty having applied knowledge of basic science; ability to gather a history and skills to perform physical examination.
- (ii) Possess sound knowledge of common disease conditions in adults and children with the ability to prioritize differential diagnosis following clinical encounters.
- (iii) Recommend and interpret common screening and diagnostic tests considering differential diagnosis in a diseased individual.
- (iv) Demonstrate skills in documentation of case details including demographic profile / data and all clinical encounters in the patient record.
- (v) Plan and deliver comprehensive treatment through homoeopathy considering the miasmatic evolution of the disease and applying the knowledge of homoeopathic principles and therapeutics.
- (vi) Apply appropriate Homoeopathic tools for prescription and assessment of progress.
- (vii) Exercise empathy and a caring attitude and maintain professional integrity, honesty and high ethical standards.
- (viii) Plan and advice measures for the prevention and rehabilitation of patients identifying social, economical, environmental, biological and emotional determinants of health.
- (ix) Recognize a patient requiring urgent or emergency care, initiate evaluation and

management by providing Basic Life Support (BLS) and timely referring to the

emergency care unit for effective resuscitation.

- (x) Supervise the process of patient transfer to maintain continuity of care both during and after transfer.
- (xi) Play the assigned role in the implementation of National Health Programs.
- (xii) Demonstrate competence in basic concepts of research methodology and clinical epidemiology.
- (xiii) Share knowledge and skills with a colleague or a junior and teach the junior, any learner on concepts of health education.
- (xiv) Continue to evince keen interest in continuing education irrespective of whether he/she is in a teaching institution or is practicing and use appropriate learning resources.
- (xv) Be well versed in medico-legal responsibilities.
- (xvi) Undertake research - both basic and clinical, to publish the work and present the work at scientific forums to promote the quality of Homoeopathic services.
- (xvii) Publish education-based clinical outcomes in credible journals.
- (xviii) Collaborate as a member of inter-professional team to offer integrative approach in patient care.
- (xix) Improve instructional methods and assessment practices at UG and PG level.
- (xx) Use Information technology tools for training and preparing basic treatment algorithms for Homoeopathic Management.
- (xxi) Adhere to legal and ethical principles in professional practice.
- (xxii) Apply various teaching-learning techniques for imparting undergraduate and postgraduate education.

IV (1). MAPPING OF EPAS AND DOMAIN COMPETENCIES

KS : Knowledge and Scholarship **PC** : Patient care **HO** : Homoeopathic Orientation
CS : Communication skills **PBL** : Practice based learning **Prf**: Professionalism

Sr. No	EPA	KS	PC	HO	CS	PBL	Prf
1	Practice efficiently as a homoeopathic physician with internal medicine specialty having applied knowledge of basic science; ability to gather a history and skills to perform physical examination.	√	√	√	√	√	√
2	Possess sound knowledge of common disease conditions in adults and children with ability to prioritize differential diagnosis following clinical encounter.	√	–	√	√	√	√
3	Recommending and interpreting common screening and diagnostic tests considering differential diagnosis in a diseased individual..	√	√	√	√	√	–
4	Demonstrate skills in documentation of case details including demographic data and all clinical encounters in the patient record	√	–	√	√	√	√
5	Plan and deliver comprehensive treatment through homoeopathy considering the miasmatic evolution of disease and applying the knowledge of homeopathic principles and therapeutics	√	√	√	√	√	–
6	Apply appropriate Homoeopathic tools for prescription and assessment of progress	√	√	√	–	√	–
7	Exercise empathy and a caring attitude and maintain professional integrity, honesty and high ethical standards.	–	–	–	√	–	√
8	Plan and advice measures for the prevention and rehabilitation of patients identifying social, economical, environmental, biological and emotional determinants of health	√	√	√	√	√	√
9	Recognize a patient requiring urgent or emergency care,	√	√	√	√	√	–

	initiate evaluation and management by providing Basic Life Support (BLS) and timely referring to emergency care unit for effective resuscitation.						
10	Supervise the process of patient transfer for maintaining continuity of care both during and after transfer	√	√	√	√	–	√
11	Play the assigned role in the implementation of National Health Programs.	√	–	√	√	–	√
12	Demonstrate competence in basic concepts of research methodology and clinical epidemiology.	√	–	√	–	–	–
13	Share knowledge and skills with colleague or a junior and teach junior, any learner on concepts of health education.	√	–	√	√	–	√
14	Continue to evince keen interest in continuing education irrespective of whether he/she is in a teaching institution or is practicing and use appropriate learning resources.	√	–	√	√	–	√
15	Be well versed with medico-legal responsibilities.	√	√	√	–	–	√
16	Undertake research - both basic and clinical, with the aim of publishing the work and presenting the work at scientific forums for promoting quality of Homoeopathic services	√	–	√	√	–	√
17	Publish education based clinical outcome in credible journals.	√	–	√	–	–	–
18	Collaborate as a member of inter professional team to offer integrative approach in patient care.	√	–	√	√	–	√
19	Improve instructional methods and assessment practices at UG and PG level	√	–	√	√	–	√
20	Use Information technology tools for training and preparing basic treatment algorithm for Homoeopathic Management	√	√	√	√	√	–

21	Adhere to legal and ethical principles in professional practice	√	√	√	–	–	√
22	Apply various teaching-learning techniques for imparting undergraduate and postgraduate education.	√	√	√	√	√	√

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

EPA level:

1. No permission to act
2. Permission to act with direct proactive supervision present in a room
3. Permission to act with indirect supervision, not present but quickly available if needed
4. Permission to act under distant supervision; not directly available (unsupervised)
5. Permission to provide supervision to junior trainees

Sr. No.	EPAs	Semester 1	Semester 2	Semester 3	Semester 4	Semester 5	Semester 6
1	Practice efficiently as a homoeopathic physician with internal medicine specialty having applied knowledge of basic science. Ability to gather history and skills to	2 Document systematically data collected during History Taking and findings of Physical examination	3 Demonstrate skills of Physical Examination relevant to patient history	4 Apply knowledge and skills of Physical Examination to derive at probable diagnosis.	5 Exhibit application of knowledge and skills of history taking and physical examination to arrive at provisional diagnosis and	5 Exhibit application of knowledge and skills of history taking and physical examination to arrive at provisional diagnosis and integrate	5 Exhibit application of knowledge and skills of history taking and physical examination to arrive at provisional diagnosis and integrate with Homoeopathic perspective

	perform physical examination.				integrate with Homoeopathic perspective	with Homoeopathic perspective	
2	Possesses sound knowledge of common disease conditions in adults and children with ability to prioritize differential diagnosis following clinical encounters.	2 Gather information of common disease and grasp skills of examination which can help arrive at differential diagnosis	3 Document systematically the data collected through history taking and physical examination is accurate in a given clinical encounter to arrive at differential diagnosis	4 Apply the Knowledge of common diseased conditions with ability to prioritise differential diagnosis in a clinical encounter	5 Confirm Juniors follow the steps to prioritise differential diagnosis in a given clinical Encounter through direct supervision	5 Confirm Juniors follow the steps to prioritise differential diagnosis in a given clinical examination . Encounter through direct supervision	5 Confirm Juniors follow the steps to prioritise differential diagnosis in a given clinical examination. Encounter through direct supervision
3	Recommend and interpret common screening and diagnostic tests considering differential diagnosis in a	2 Document accurately Diagnostic tests from basic to advance to be carried out in a	2 Document accurately Diagnostic tests from basic to advance to be carried out in a	3 Interpret the diagnostic / screening tests to be performed	4 Advice and interpret the results of Diagnostic tests in view of	5 Monitor that the juniors follow the accurate steps in recommending and	5 Monitor that the juniors follow the accurate steps in recommending and interpreting the Diagnostic / screening tests

	diseased individual	given clinical encounter	given clinical encounter	d in a given clinical encounter	diseased individual	interpreting the Diagnostic / screening tests in a given clinical encounter	in a given clinical encounter
4	Demonstrate skills in the documentation of case details including demographic data and all clinical encounters in the patient record.	2 Document the data gathered in all communities and clinical encounters	3 Demonstrate the patient record in clinical as well as community setting mentioning demographic data	4 Interpret the data in view of clinical / community encounter	5 Ensure juniors follow the steps accurately while gathering the data and its interpretation in clinical / community encounter	5 Ensure juniors follow the steps accurately while gathering the data and its interpretation in clinical / community encounter	5 Ensure juniors follow the steps accurately while gathering the data and its interpretation in clinical / community encounter
5	Plan and deliver comprehensive treatment through homoeopathy considering the miasmatic	2 Know accurately the principles of Homoeopathic	3 Document the plan of homoeopathic management considering the	4 Demonstrate the ability to plan and execute comprehensive	5 Verify juniors follow the steps accurately while planning	5 Verify juniors follow the steps accurately while planning	5 Verify juniors follow the steps accurately while planning comprehensive treatment and its execution

	evolution of disease and applying the knowledge of homoeopathic principles and therapeutics	Management, miasmatic diagnosis and the plan for therapeutic intervention .	miasmatic evaluation of the diseased and defining the scope and limitations appropriately .	treatment	comprehensive treatment and its execution	comprehensive treatment and its execution	
6	Apply appropriate Homoeopathic tools for prescription and assessment of progress	2 Document appropriately Homoeopathic tools for prescription and assessment of progress	3 Demonstrate appropriate use of Homoeopathic tools for prescription and assessment of progress	4 Display the ability to use appropriate Repertory as per the case and arriving at final prescription by confirming Materia Medica and interprets the	5 Confirm Juniors follow all the steps while application of tools for decision making of final prescription and assessment program during follow up	5 Confirm Juniors follow all the steps while application of tools for decision making of final prescription and assessment progress during follow up	5 Confirm Juniors follow all the steps while application of tools for decision making of final prescription and assessment progress during follow up

				remedy response while arriving at the progress			
7	Exercise empathy and a caring attitude and maintain professional integrity, honesty and high ethical standards.	2 Demonstrate the process of ethical practice and demonstrate empathy and caring attitude and professional integrity	3 Develop empathy, caring attitude, maintaining professional integrity through following accurately the steps of ethical practice.	4 Display the ability to effectively demonstrate the importance of ethical practice	5 Monitor juniors develop and effectively apply the steps of ethical practice and demonstrate empathy, caring attitude, maintaining professional integrity	5 Monitor juniors develop and effectively apply the steps of ethical practice and demonstrate empathy, caring attitude, maintaining professional integrity	5 Monitor juniors develop and effectively apply the steps of ethical practice and demonstrate empathy, caring attitude, maintaining professional integrity
8	Plan and advice measures for the prevention and rehabilitation	2 Document the aspects of preventive and	3 Instruct and demonstrate appropriately preventive rehabilitative	4 Apply appropriate application of	5 Steer juniors for preventive and rehabilitative	5 Steer juniors for preventive and rehabilitative	5 Steer juniors for preventive and rehabilitative measures by understanding

	of patients identifying social, economic, environmental, biological and emotional determinants of health	rehabilitative process by understanding the determinants of health	measures	rehabilitation and preventive measures	preventive measures by understanding and identifying determinants of health	preventive measures by understanding and identifying determinants of health	and identifying determinants of health
9	Recognize a patient requiring urgent or emergency care, initiate evaluation and management by providing Basic Life Support (BLS) and timely referring to the emergency care unit for effective resuscitation.	2 Document the basic approach to manage emergency and perform basic procedure like providing BLS and timely referring practices for emergency care	3 Demonstrate the basic emergency management protocol like providing BLS and timely referring practices for emergency care	4 Exhibit the ability through effective management of emergency situation and appropriate transfer of patients	5 Direct juniors to follow the basic protocol for management of emergency and ensure that they follow appropriately	5 Direct juniors to follow the basic protocol for management of emergency and ensure that they follow appropriately	5 Direct juniors to follow the basic protocol for management of emergency and ensure that they follow appropriately
10	Supervise the process of patient	2 Gather information	3 Document the process	4 Perform the	5 Ensure Juniors	5 Ensure Juniors	5 Ensure Juniors follow

	transfer for maintaining continuity of care both during and after transfer.	for the process of documentation for transfer of patients	of transfer of patients and do appropriate documentation	process of transfer of patient ensuring the continuity of care during and after transfer	follow accurately the process of transfer of patient and continuity care and document accurately	follow accurately the process of transfer of patient and continuity care and document accurately	accurately the process of transfer of patient and continuity care and document accurately
11	Play the assigned role in the implementation of National Health Programs.	2 Document the role in process of implementation of National Health Care	3 Participate in various National Health Program and understand the process	4 Execute independently National Health Program at your Health Care Organisation abiding the process and document	4 Execute independently National Health Program at your Health Care Organisation abiding the process and document	4 Execute independently National Health Program at your Health Care Organisation abiding the process and document	5 Mentor juniors to execute National Health Program and ensure they abide the process accurately and document
12	Demonstrate competence in basic concepts	2 Gather information	3 Demonstrate the concepts	4 Apply the	5 Guide juniors and	5 Guide juniors and	5 Guide juniors and ensure

	of research methodology and clinical epidemiology.	of basic concept of Research Methodology	of Research Methodology and document the same accurately	concepts of Research Methodology in Internal Medicine	ensure appropriate use of concept of Research Methodology and clinical epidemiology	ensure appropriate use of concept of Research Methodology and clinical epidemiology	appropriate use of concept of Research Methodology and clinical epidemiology
13	Share knowledge and skills with colleagues or a junior and teach junior, any learner on concepts of health education.	2 Gather information on concepts of Health Education.	3 Demonstrate the skills appropriately to impart health education	4 Disseminate knowledge and skills to juniors while imparting health education using modern teaching skills	5 Monitor juniors understand and make appropriate use of knowledge and skills while imparting Health Education	5 Monitor juniors understand and make appropriate use of knowledge and skills while imparting Health Education	5 Monitor juniors understand and make appropriate use of knowledge and skills while imparting Health Education
14	Continue to evince keen interest in continuing education irrespective of	2 Explain the process and benefit of Life Long Learner	3 Demonstrate the ability to be a lifelong learner	4 Exhibit the ability for self-directed learning	5 Facilitate the benefit of self directed learning in	5 Facilitate the benefit of self directed learning in	5 Facilitate the benefit of self directed learning in juniors

	whether he/she is in a teaching institution or is practising and using appropriate learning resources.				juniors	juniors	
15	Be well versed with medico-legal responsibilities.	2 Gather accurate information regarding Medico Legal responsibility	3 Document appropriately medico legal issues in clinical practice during various clinical conditions and settings	4 Demonstrate and document medico legal issues and participate in the process of Medico legal enquiries	5 Ensure juniors are well versed with medico legal responsibilities and work efficiently and appropriately in medico legal issues	5 Ensure juniors are well versed with medico legal responsibilities and work efficiently and appropriately in medico legal issues	5 Ensure juniors are well versed with medico legal responsibilities and work efficiently and appropriately in medico legal issues
16	Undertake research - both basic and clinical, to	2 Document the steps for undertaking	2 Document the steps for undertaking	3 Develop the method	4 Undertake Research both basic	5 Lead juniors to undertake	5 Lead juniors to undertake research and

	publish the work and present the work at scientific forums to promote the quality of Homoeopathic services	Research and follow accurately so that it can be accepted for presentation at scientific forum or publication	Research and follow accurately so that it can be accepted for presentation at scientific forum or publication	to conduct Research and prepare synopsis and follow accurately steps laid down	and clinical and publish the research completed at the scientific forum and credible journals	research and ensure that they follow steps accurately while undertaking research proposal and complete it	ensure that they follow steps accurately while undertaking research proposal and complete it
17	Publish education-based clinical outcomes in credible journals.	2 Document the steps accurately required for publication of clinical outcome in credible journals and enlist the credible journals for publishing the outcome	3 Prepare manuscript and participate in review process	4 Publish scientific papers in credible journals	5 Ensure Juniors follow steps accurately for manuscript preparation and select the credible journals for publications	5 Ensure Juniors follow steps accurately for manuscript preparation and select the credible journals for publications	5 Ensure Juniors follow steps accurately for manuscript preparation and select the credible journals for publications
18	Collaborate as a member of inter-professional	2 Explain the process for team	3 Participate as a team member of	4 Implement collabora	5 Establish participation of	5 Establish participation of juniors	5 Establish participation of juniors as a

	team to offer integrative approach in patient care.	formation and its functioning and grasp the final tenets of being inter professional team member	inter professional team for collaborative actions and also in the formation of a team and define your role in integrative approach	tive actions being a member of a team and assess the outcome	juniors as a member of inter professional team for the effective outcome of collaborati on	as a member of inter professional team for the effective outcome of collaboratio n	member of inter professional team for the effective outcome of collaboration
19	Improve instructional methods and assessment practices at UG and PG levels.	2 Document the process of assessment and instruction methods accurately	2 Document the process of assessment and instruction methods accurately	3 Apply the process of instruction methods and assessment accurately	4 Implement and suggest improvement or application of newer methodology for assessment and instruction methods	5 Exhibit appropriate use of assessment and instructions by juniors	5 Exhibit appropriate use of assessment and instructions by juniors
20	Use Information technology tools for training and	2 Document the fundamentals of	3 Demonstrate use of IT Tools for training and	4 Exhibit appropriate applicatio	5 Ensure juniors apply the treatment	5 Ensure juniors apply the treatment	5 Ensure juniors apply the treatment algorithm with

	preparing basic treatment algorithms for Homoeopathic Management	Information Technology for preparing treatment algorithm for Homoeopathic management in various clinical conditions	preparing basic treatment algorithms for Homoeopathic Management of various clinical conditions	n of use of IT tools for training and treatment algorithm as appropriate	algorithm with appropriate ly use of IT	algorithm with appropriate ly use of IT	appropriately use of IT
21	Adhere to legal and ethical principles in professional practice	2 Document the basic tenets of legal and ethical principles in homoeopathic practice	2 Document the basic tenets of legal and ethical principles in homoeopathic practice	3 Demonstrate through practice application of law and ethics	4 Display the legal and ethical adherence in practice	5 Exhibit application of legal and ethical principles in homoeopathic practice by Juniors	5 Exhibit application of legal and ethical principles in homoeopathic practice by Juniors
22	Apply various teaching-learning techniques for imparting undergraduate and postgraduate	1 Acquaint with knowledge and skills of educational methodology	2 Document the lesson plan. Identify learning objectives for their	3 Demonstrate the levels of Guilbert. Indicate the level in	4 Exhibit the objectives for all domains of Blooms Taxonomy and levels	5 Train juniors in educational methodology and application of various	5 Train juniors in educational methodology and application of various teaching learning

	education.		domains in Bloom taxonomy	Millar's Pyramid and select appropriate instructional activity	of Guilbert . Identify assessment tools appropriate ly for the context	teaching learning methods for imparting UG and PG training	methods for imparting UG and PG training
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PART I Paper 1:

V. TOPICS AND TOPIC OBJECTIVES.

Part I Paper I:

Fundamentals of Practice of Medicine Hom-PG-PM

(Topic 1)- Clinical Examination, Functional anatomy, physiology, investigations and cardinal manifestations under general medicine, paediatrics, psychiatry and dermatology, Laboratory investigations, Evidence based medicine, application of Homoeopathic Concepts with miasmatic evolution of disease and Applied Materia Medica.

- **Hom-PG PM 01. Cardiovascular system**
- **Hom-PG PM 02. Respiratory system and its major manifestations**
- **Hom-PG PM 03. Alimentary Tract and Pancreas and Liver and biliary tract and its major manifestations**
- **Hom-PG PM 04. Kidney and Genitourinary system and its major manifestations**
- **Hom-PG PM 05. Musculoskeletal system and major manifestation of musculoskeletal system**

- **Hom-PG PM 06. Reproductive system and major manifestation of reproductive disease**
- **Hom-PG PM 07. Endocrine system and manifestation of endocrine diseases**
- **Hom-PG PM 08. Haematological (Blood) disorders**
- **Hom-PG PM 09. Nervous system and its major manifestations of neurological disorders**
- **Hom-PG PM 10. Skin and appendages and its major manifestations**
- **Hom-PG PM 11. Psychiatric Disorders and its major manifestations**
- **Hom-PG PM 12. Pain and its Cardinal Manifestations**
- **Hom-PG PM 13. Fever**
- **Hom – PG PM 14. Integrative Approaches in Clinical Diagnostics and Homeopathy: Evidence-Based Practices, Ethical Considerations, and Miasmatic Interpretations**
- **a) Laboratory and Radiological Investigations and their interpretation**
- **b) Concept of evidence based medicine, ethical issues, guidelines and its importance Homoeopathic orientation and its application**
- **c) Integrate and interpret the cardinal manifestations of system under general medicine, paediatric, psychiatry and dermatology in diseased individual according to Homoeopathic concepts. Understand and correlate miasmatic evolution of expressions of disease. Applied Materia Medica and use of Repertory for therapeutic application.**

VI. TOPIC DESCRIPTION

Topic Name: Hom-PG-PM-(Topic 1) Clinical Examination, Functional anatomy, physiology, investigations and cardinal manifestations under general medicine, paediatrics, psychiatry and dermatology , Laboratory investigations, Evidence based medicine, application of Homoeopathic Concepts with miasmatic evolution of disease and Applied Materia Medica

Topic Overview	<p>Overview of clinical examination of all the systems and General physical examination, functional anatomy, physiology, investigations, cardinal manifestations of systems under General Medicine, Paediatrics, Psychiatry and Dermatology, Lab investigations and Practice of evidence-based medicine.</p> <p>Contents of topic and competencies</p>
Learning Outcome	<p>HOM-PG PM 01. CARDIOVASCULAR SYSTEM</p> <p>Competency 1</p> <p>Applied anatomy, physiology, cardinal manifestations, investigations and Clinical examination.</p> <p>KNOWLEDGE OF</p> <ul style="list-style-type: none"> • Developmental anatomy of the heart • Cardiac cycle in foetus and adults • Clinical approach and differential diagnosis of cardinal manifestations of the cardiovascular system like, chest pain, palpitations, breathlessness, (dyspnoea), oedema, cyanosis, pre-syncope, syncope. • Bedside investigations/ initial investigations e.g. ECG etc for clinical evaluation of symptomatology • Advice specific investigations to arrive at a final diagnosis • Basic principles of history taking integrating with homoeopathic perspective. <p>SKILLS</p> <ul style="list-style-type: none"> • Clinical Examination of the cardiovascular system • Eliciting signs/ findings on Inspection, Palpation, Percussion and Auscultation • General Examination for assessment of vital data: Temperature, Pulse, BP, Respiratory Rate, etc. • Correlating the examination findings with differential

	<p>symptomatology to arrive at a provisional diagnosis</p> <ul style="list-style-type: none"> • Demonstrate the skills of history taking integrating homoeopathic perspective. <p>REFLECTION</p> <ul style="list-style-type: none"> • Able to evaluate the symptoms of cardio- the vascular system to know the probable causes and able to do clinical examinations of the cardiovascular system in a patient to understand the deviation from normal functioning of the cardiovascular system by eliciting the signs of various clinical conditions to arrive at a provisional diagnosis and establish final diagnosis with appropriate interpretation with laboratory and or radiological investigations. • Application of knowledge of disease to knowledge of medicine based on principles of Homoeopathy and individualization. Selection of Homoeopathic remedy with the use of repertory and applied Materia Medica as a decision-making tool for prescribing • Documentation of case with analysis, evaluation, totality of symptoms reportorial approach, justifying the selection of remedy as well as assessing the progress for evidence-based medicine.
Competency Based Learning Methods	<ul style="list-style-type: none"> • Peer-based learning methods-Problem-based, case based, Brainstorming, Bedside, Ward rounds, Out-patient based, Lab-Based, Flipped learning , Roleplay. • Individual – based learning methods –Self regulated learning, reflective learning, portfolio-based, library based, e-learning, simulations, spaced repetition, deliberate practice, formative self-assessment.
Assessments	<ul style="list-style-type: none"> • Continuous Programmatic assessment. • Practical assessment. • Written assessment. • Assignment, MCQ, OSCE, Bed Side Examination, DOPS (Direct

	<p>Observation of Procedural Skills), Mini CEX (Clinical Evaluation Exercise) Case based assessment, Simulation based assessment, spotting, Standardised Patients, Portfolio, Rubrics, Viva voce.</p> <ul style="list-style-type: none"> • SAQ, LAQ- Descriptive, Case Scenario, Clinical application based, Problem Based Assessment.
Prescribed Texts	Refer to list attached
Domains Of Competencies	Knowledge and Scholarship, Patient Care, Homoeopathic Orientation / Practice Based Learning, Communication Skill.
Learning Outcome	<p>HOM-PG PM 02. RESPIRATORY SYSTEM AND ITS MAJOR MANIFESTATIONS</p> <p>Competency 2</p> <p>Applied anatomy, physiology, cardinal manifestations, investigations and Clinical examination.</p> <p>KNOWLEDGE OF</p> <ul style="list-style-type: none"> • Developmental anatomy of the Respiratory system • Respiratory cycle and its regulation • Pulmonary volumes and capacities • Clinical approach and differential diagnosis of cardinal manifestations of Respiratory system like, Cough, Dyspnoea, Expectoration, Chest Pain, Haemoptysis • Bedside investigations/ initial investigations e.g. Chest X-ray, Spirometry, etc for clinical evaluation of symptomatology • Advice specific investigations to arrive at a final diagnosis • Basic principles of history taking integrating with homoeopathic perspective. <p>SKILLS</p> <ul style="list-style-type: none"> • Clinical Examination of Respiratory System • Eliciting signs/ findings on Inspection, Palpation

	<ul style="list-style-type: none"> • Percussion and Auscultation • General Examination for assessment of vital data, pulse, BP, Respiratory Rate, Temperature etc. • Correlating the examination findings with differential symptomatology to arrive at a provisional diagnosis • Demonstrate the skills of history taking integrating with homoeopathic perspective. <p>REFLECTION</p> <ul style="list-style-type: none"> • Able to evaluate the symptoms of respiratory system to know the probable causes and able to do clinical examinations of respiratory system in a patient to understand the deviation from normal functioning of respiratory system by eliciting the signs of various clinical conditions to arrive at a provisional diagnosis and establish final diagnosis with appropriate interpretation with laboratory and or radiological investigations. • Application of knowledge of disease to knowledge of medicine based on principles of Homoeopathy and individualization. Selection of Homoeopathic remedy with the use of repertory and applied Materia Medica as a decision making tool for prescribing • Documentation of case with analysis, evaluation, totality of symptoms, reportorial approach, justifying the selection of remedy as well as assessing the progress for evidence based medicine.
Competency Based Learning Methods	<ul style="list-style-type: none"> • Peer-based learning methods-Problem-based, case based, Brainstorming, Bedside, Ward rounds, Out-patient based, Lab-Based, Flipped learning , Roleplay. • Individual – based learning methods –Self regulated learning, reflective learning, portfolio-based, library based, e-learning,

	simulations, spaced repetition, deliberate practice, formative self-assessment.
Assessments	<ul style="list-style-type: none"> • Continuous / Programmatic assessment. • Practical assessment. • Written assessment. • Assignment, MCQ, OSCE, Bed Side Examination, DOPS (Direct Observation of Procedural Skills), Mini CEX (Clinical Evaluation Exercise) Case based assessment, simulation based assessment, spotting, Standardised Patients, Portfolio, Rubrics, Viva voce. • SAQ, LAQ- Descriptive, Case Scenario, Clinical application based, Problem Based Assessment.
Prescribed Texts	Refer to List Attached
Domains of Competencies	Knowledge and Scholarship ,Patient Care , Homoeopathic Orientation ,Practice Based Learning, Communication Skill
Learning Outcome	<p>HOM-PG PM 03. ALIMENTARY TRACT AND PANCREAS, LIVER AND BILIARY TRACT DISEASE AND ITS MAJOR MANIFESTATIONS</p> <p>Competency 03</p> <p>Applied anatomy, physiology, cardinal manifestations, investigations and Clinical examination.</p> <p>KNOWLEDGE OF</p> <ul style="list-style-type: none"> • Developmental anatomy of Alimentary Tract and Pancreas, functional anatomy, physiology of Liver and biliary tract • Process of digestion • Clinical approach and differential diagnosis of cardinal manifestations of Alimentary Tract and Pancreas and Liver and Biliary tract like, dysphagia, dyspepsia, nausea, vomiting, indigestion, diarrhoea and constipation, malabsorption, weight

	<p>loss, gastrointestinal bleeding, abdominal pain, ascites, jaundice, asymptomatic abnormal liver function test, hepatic encephalopathy.</p> <ul style="list-style-type: none"> • Bedside investigations/ initial investigations e.g. Stool examination, blood examination, Radiology etc for clinical evaluation of symptomatology • Advice specific investigations to arrive at a final diagnosis • Basic principles of history taking integrating with homoeopathic perspective. <p>SKILLS</p> <ul style="list-style-type: none"> • Clinical Examination of Alimentary Tract and Pancreas, Liver and Biliary tract • Eliciting signs/ findings on Inspection, Palpation, Percussion and Auscultation • Local examination – per rectal examination. • General Examination for assessment of vital data, pulse, B.P, Respiratory Rate, Temperature etc. • Correlating the examination findings with differential symptomatology to arrive at a provisional diagnosis. • Demonstrate the skills of history taking integrating homoeopathic perspective. <p>REFLECTION</p> <ul style="list-style-type: none"> • Able to evaluate the symptoms of Alimentary Tract and Pancreatic diseases and Liver Biliary tract to know the probable causes and able to do clinical examinations of Alimentary Tract and Pancreas and Liver Biliary tract in a patient to understand the deviation from normal functioning of Alimentary Tract and Pancreas and Liver Biliary tract by eliciting the signs of various
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	<p>clinical conditions to arrive at a provisional diagnosis and establish final diagnosis with appropriate interpretation with laboratory and or radiological investigations.</p> <ul style="list-style-type: none"> • Application of knowledge of disease to knowledge of medicine based on principles of Homoeopathy and individualization. Selection of Homoeopathic remedy with the use of repertory and applied Materia Medica as a decision making tool for prescribing • Documentation of case with analysis, evaluation, totality of symptoms, reportorial approach, justifying the selection of remedy as well as assessing the progress for evidence based medicine.
Competency Based Learning Methods	<ul style="list-style-type: none"> • Peer-based learning methods-Problem-based, case based, Brainstorming, Bedside, Ward rounds, Out-patient based, Lab-Based, Flipped learning , Roleplay. • Individual – based learning methods –Self regulated learning, reflective learning, portfolio-based, library based, e-learning, simulations, spaced repetition, deliberate practice, formative self-assessment.
Assessments	<ul style="list-style-type: none"> • Continuous / Programmatic assessment. • Practical assessment. • Written assessment. • Assignment, MCQ, OSCE, Bed Side Examination, DOPS (Direct Observation of Procedural Skills), Mini CEX (Clinical Evaluation Exercise) Case based assessment, simulation based assessment, spotting, Standardised Patients, Portfolio, Rubrics, Viva voce. • SAQ, LAQ- Descriptive, Case Scenario, Clinical application based, Problem Based Assessment.
Prescribed Texts	Refer to list attached

Domains of Competencies	Knowledge and Scholarship , Patient Care , Homoeopathic Orientation , Practice Based Learning, Communication S
Learning Outcome	<p>HOM-PG PM 04. KIDNEY AND GENITOURINARY SYSTEM AND ITS MAJOR MANIFESTATIONS</p> <p>Competency 04</p> <p>Applied anatomy, physiology, cardinal manifestations, investigations and Clinical examination.</p> <p>KNOWLEDGE OF</p> <ul style="list-style-type: none"> • Developmental anatomy of Kidney and Genitourinary system. • Physiology of excretion through kidney and urine formation. • Clinical approach and differential diagnosis of cardinal manifestations of disorders like urine volume, hematuria, proteinuria, oedema, incontinence Bedside investigations/ initial investigations e.g. X ray abdomen, CT scan, MRI, ultrasonography, urine examination, Radiology etc for clinical evaluation of symptomatology • Advice specific investigations to arrive at a final diagnosis • Basic principles of history taking integrating homoeopathic perspective. • Classification of symptoms • Formation of totality of symptoms • Miasmatic evolution of disease • Applied Materia Medica and appropriate use of Repertory for selection of remedy. <p>SKILLS</p> <ul style="list-style-type: none"> • Clinical Examination of Kidney and Genitourinary system. • Eliciting signs/ findings on Inspection, Palpation. • Percussion and Auscultation.

	<ul style="list-style-type: none"> • General Examination for assessment of vital data, pulse, B.P, Respiratory Rate, Temperature etc. • Correlating the examination findings with differential symptomatology to arrive at a provisional diagnosis • Demonstrate the skills of history taking integrating homoeopathic perspective. <p>REFLECTION</p> <ul style="list-style-type: none"> • Able to evaluate the symptoms of Kidney and Genitourinary system diseases to know the probable causes and able to do clinical examinations of Kidney and Genitourinary system in a patient to understand the deviation from normal functioning of Kidney and Genitourinary system by eliciting the signs of various clinical conditions to arrive at a provisional diagnosis and establish final diagnosis with appropriate interpretation with laboratory and or radiological investigations. • Application of knowledge of disease to knowledge of medicine based on principles of Homoeopathy and individualization. Selection of Homoeopathic remedy with the use of repertory and applied Materia Medica as a decision making tool for prescribing. • Documentation of case with analysis, evaluation, totality of symptoms, reportorial approach, justifying the selection of remedy as well as assessing the progress for evidence based medicine.
Competency Based Learning Methods	<ul style="list-style-type: none"> • Peer-based learning methods-Problem-based, case based, Brainstorming, Bedside, Ward rounds, Out-patient based, Lab-Based, Flipped learning , Roleplay. • Individual – based learning methods –Self regulated learning, reflective learning, portfolio-based, library based, e-learning,

	simulations, spaced repetition, deliberate practice, formative self-assessment.
Assessments	<ul style="list-style-type: none"> • Continuous / Programmatic assessment. • Practical assessment. • Written assessment. • Assignment, MCQ, OSCE, Bed Side Examination, DOPS (Direct Observation of Procedural Skills), Mini CEX (Clinical Evaluation Exercise) Case based assessment, simulation based assessment, spotting, Standardised Patients, Portfolio, Rubrics, Viva voce. • SAQ, LAQ- Descriptive, Case Scenario, Clinical application based, Problem Based Assessment.
Prescribed Texts	Refer to list attached
Domains of Competencies	Knowledge and Scholarship ,Patient Care , Homoeopathic Orientation , Practice Based Learning, Communication Skill
Learning Outcome	<p>HOM-PG PM 05. MUSCULOSKELETAL SYSTEM AND MAJOR MANIFESTATION OF MUSCULOSKELETAL SYSTEM</p> <p>Competency 5</p> <p>Applied anatomy, physiology, cardinal manifestations, investigations and Clinical examination.</p> <p>KNOWLEDGE OF</p> <ul style="list-style-type: none"> • Developmental anatomy of Musculoskeletal system, Muscle attachments, nerve innervations and blood supply, types of joints and movements. • Clinical approach and differential diagnosis of cardinal manifestations of disorders like joint pain, stiffness, swelling,

	<p>muscle pain and weakness, wasting, and deformity. Bedside investigations/ initial investigations e.g. Radiology, haematology, immunological test etc for clinical evaluation of symptomatology.</p> <ul style="list-style-type: none"> • Advice specific investigations to arrive at a final diagnosis. • Basic principles of history taking integrating homoeopathic perspective. • Classification of symptoms • Formation of totality of symptoms • Miasmatic evolution of disease • Applied Materia Medica and appropriate use of Repertory for selection of remedy. <p>SKILLS</p> <p>.</p> <ul style="list-style-type: none"> • Clinical Examination of Musculoskeletal system. • Eliciting signs/ findings on Inspection, Palpation. • Percussion and Auscultation. • General Examination for assessment of vital data, pulse, B.P, Respiratory Rate, Temperature etc. • Correlating the examination findings with differential symptomatology to arrive at a provisional diagnosis. • Demonstrate the skills of history taking integrating homoeopathic perspective. <p>REFLECTION</p> <ul style="list-style-type: none"> • Able to evaluate the symptoms of Musculoskeletal system disorders to know the probable causes and able to do clinical examinations of Musculoskeletal system in a patient to understand the deviation from normal functioning of Musculoskeletal system by eliciting the signs of various clinical
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	<p>conditions to arrive at a provisional diagnosis and establish final diagnosis with appropriate interpretation with laboratory and or radiological investigations.</p> <ul style="list-style-type: none"> • Application of knowledge of disease to knowledge of medicine based on principles of Homoeopathy and individualization. Selection of Homoeopathic remedy with the use of repertory and applied Materia Medica as a decision making tool for prescribing <ul style="list-style-type: none"> • Documentation of case with analysis, evaluation, totality of symptoms, reportorial approach, justifying the selection of remedy as well as assessing the progress for evidence based medicine.
Competency Based Learning Methods	<ul style="list-style-type: none"> • Peer-based learning methods-Problem-based, case based, Brainstorming, Bedside, Ward rounds, Out-patient based, Lab-Based, Flipped learning , Roleplay. • Individual – based learning methods –Self regulated learning, reflective learning, portfolio-based, library based, e-learning, simulations, spaced repetition, deliberate practice, formative self-assessment.
Assessments	<ul style="list-style-type: none"> • Continuous / Programmatic assessment. • Practical assessment. • Written assessment. • Assignment, MCQ, OSCE, Bed Side Examination, DOPS (Direct Observation of Procedural Skills), Mini CEX (Clinical Evaluation Exercise) Case based assessment, simulation based assessment, spotting, Standardised Patients, Portfolio, Rubrics, Viva voce. • SAQ, LAQ- Descriptive, Case Scenario, Clinical application based, Problem Based Assessment.

Prescribed Texts	Refer to list attached
Domains of Competencies	Knowledge and Scholarship ,Patient Care , Homoeopathic Orientation , Practice Based Learning, Communication Skill
Learning Outcome	<p>HOM-PG PM 06. REPRODUCTIVE SYSTEM AND MAJOR MANIFESTATION OF REPRODUCTIVE DISEASE</p> <p>Competency 6</p> <p>Applied anatomy, physiology, cardinal manifestations, investigations and Clinical examination.</p> <p>KNOWLEDGE OF</p> <ul style="list-style-type: none"> • Developmental anatomy of Reproductive system, Reproductive and Hormonal functions of the Male and female. • Clinical approach and differential diagnosis of cardinal manifestations of disorders like menstrual disorders, leucorrhoea and infertility. Bedside investigations/ initial investigations e.g. USG Abdomen, semen analysis, hormonal assays etc for clinical evaluation of symptomatology. • Advice specific investigations to arrive at a final diagnosis. • Basic principles of history taking integrating homoeopathic perspective. • Classification of symptoms • Formation of totality of symptoms • Miasmatic evolution of disease • Applied Materia Medica and appropriate use of Repertory for selection of remedy. • <p>SKILLS</p> <ul style="list-style-type: none"> • Clinical Examination of Reproductive system.

	<ul style="list-style-type: none"> • Eliciting signs/ findings on local examination. • Per vaginal examination, male genitalia examination. • General Examination for assessment of vital data, pulse, B.P, Respiratory Rate, Temperature etc. • Correlating the examination findings with differential symptomatology to arrive at a provisional diagnosis. • Demonstrate the skills of history taking integrating homoeopathic perspective. <p>REFLECTION</p> <ul style="list-style-type: none"> • Able to evaluate the symptoms of Reproductive system diseases to know the probable causes and able to do clinical examinations of Reproductive system in a patient to understand the deviation from normal functioning of Reproductive system by eliciting the signs of various clinical conditions to arrive at a provisional diagnosis and establish final diagnosis with appropriate interpretation with laboratory and or radiological investigations. • Application of knowledge of disease to knowledge of medicine based on principles of Homoeopathy and individualization. Selection of Homoeopathic remedy with the use of repertory and applied Materia Medica as a decision making tool for prescribing. • Documentation of case with analysis, evaluation, totality of symptoms, reportorial approach, justifying the selection of remedy as well as assessing the progress for evidence based medicine.
Competency Based Learning Methods	<ul style="list-style-type: none"> • Peer-based learning methods-Problem-based, case based, Brainstorming, Bedside, Ward rounds, Out-patient based, Lab-Based, Flipped learning , Roleplay.

	<ul style="list-style-type: none"> Individual – based learning methods –Self regulated learning, reflective learning, portfolio-based, library based, e-learning, simulations, spaced repetition, deliberate practice, formative self-assessment.
Assessments	<ul style="list-style-type: none"> Continuous / Programmatic assessment. Practical assessment. Written assessment. Assignment, MCQ, OSCE, Bed Side Examination, DOPS (Direct Observation of Procedural Skills), Mini CEX (Clinical Evaluation Exercise) Case based assessment, simulation based assessment, spotting, Standardised Patients, Portfolio, Rubrics, Viva voce. SAQ, LAQ- Descriptive, Case Scenario, Clinical application based, Problem Based Assessment.
Prescribed Texts	Refer to list attached
Domains of Competencies	Knowledge and Scholarship ,Patient Care , Homoeopathic Orientation , Practice Based Learning, Communication Skill
Learning Outcome	<p>HOM-PG PM 07. ENDOCRINE SYSTEM AND MANIFESTATION OF ENDOCRINE DISEASES</p> <p>Competency 7</p> <p>Applied anatomy, physiology, cardinal manifestations, investigations and Clinical examination.</p> <p>KNOWLEDGE OF</p> <ul style="list-style-type: none"> Developmental anatomy of Endocrine glands. Functional anatomy and physiology of hypothalamus, pituitary, thyroid, parathyroid, adrenal gland and endocrine functions of pancreas. Clinical approach, differential diagnosis and cardinal

	<p>manifestations of endocrinal abnormalities. Bedside investigations/ initial investigations e.g. Hormonal assays, USG, CT scan, MRI etc for clinical evaluation of symptomatology.</p> <ul style="list-style-type: none"> • Advice specific investigations to arrive at a final diagnosis. • Basic principles of history taking integrating homoeopathic perspective. • Classification of symptoms • Formation of totality of symptoms • Miasmatic evolution of disease • Applied Materia Medica and appropriate use of Repertory for selection of remedy. <p>SKILLS</p> <ul style="list-style-type: none"> • Clinical Examination of Endocrine glands. • Eliciting signs/ findings on local and systemic examination. • General Examination for assessment of vital data, pulse, B.P, Respiratory Rate, Temperature etc. • Correlating the examination findings with differential symptomatology to arrive at a provisional diagnosis. • Demonstrate the skills of history taking integrating homoeopathic perspective. <p>REFLECTION</p> <ul style="list-style-type: none"> • Able to evaluate the symptoms of Endocrine disorders to know the probable causes and able to do clinical examinations of Endocrine glands in a patient to understand the deviation from normal functioning of Endocrine glands by eliciting the signs of various clinical conditions to arrive at a provisional diagnosis and establish final diagnosis with appropriate interpretation with laboratory and or radiological investigations. • Application of knowledge of disease to knowledge of medicine
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	<p>based on principles of Homoeopathy and individualization.</p> <p>Selection of Homoeopathic remedy with the use of repertory and applied Materia Medica as a decision making tool for prescribing.</p> <ul style="list-style-type: none"> • Documentation of case with analysis, evaluation, totality of symptoms, reportorial approach, justifying the selection of remedy as well as assessing the progress for evidence based medicine.
Competency Based Learning Methods	<ul style="list-style-type: none"> • Peer-based learning methods-Problem-based, case based, Brainstorming, Bedside, Ward rounds, Out-patient based, Lab-Based, Flipped learning , Roleplay. • Individual – based learning methods –Self regulated learning, reflective learning, portfolio-based, library based, e-learning, simulations, spaced repetition, deliberate practice, formative self-assessment.
Assessments	<ul style="list-style-type: none"> • Continuous / Programmatic assessment. • Practical assessment. • Written assessment. • Assignment, MCQ, OSCE, Bed Side Examination, DOPS (Direct Observation of Procedural Skills), Mini CEX (Clinical Evaluation Exercise) Case based assessment, simulation based assessment, spotting, Standardised Patients, Portfolio, Rubrics, Viva voce. • SAQ, LAQ- Descriptive, Case Scenario, Clinical application based, Problem Based Assessment.
Prescribed Texts	Refer to list attached
Domains of Competencies	Knowledge and Scholarship ,Patient Care , Homoeopathic Orientation , Practice Based Learning, Communication Skill

Learning Outcome	<p>HOM-PG PM 08. HAEMATOLOGICAL (BLOOD) DISORDERS</p> <p>Competency 8</p> <p>Applied anatomy, physiology, cardinal manifestations, investigations and Clinical examination.</p> <p>KNOWLEDGE OF</p> <ul style="list-style-type: none"> • Developmental anatomy of bone marrow. • Haematopoiesis in foetus and adult, Immune system and Blood coagulation. • Clinical approach, differential diagnosis and cardinal manifestations like dyspnea, bleeding, pallor, hepatosplenomegaly . Bedside investigations/ initial investigations e.g. complete blood count, peripheral blood smear etc, for clinical evaluation of symptomatology. • Advice specific investigations to arrive at a final diagnosis. • Basic principles of history taking integrating homoeopathic perspective. • Classification of symptoms • Formation of totality of symptoms • Miasmatic evolution of disease • Applied Materia Medica and appropriate use of Repertory for selection of remedy. • <p>SKILLS</p> <ul style="list-style-type: none"> • Clinical Examination of Haemopoietic system. • Eliciting signs/ findings on systemic examination. • Percussion, Auscultation. • General Examination for assessment of vital data, pulse, B.P,

	<p>Respiratory Rate, Temperature etc.</p> <ul style="list-style-type: none"> • Correlating the examination findings with differential symptomatology to arrive at a provisional diagnosis. • Demonstrate the skills of history taking integrating homoeopathic perspective. <p>REFLECTION</p> <ul style="list-style-type: none"> • Able to evaluate the symptoms of Haemopoietic system disorders to know the probable causes and able to do clinical examinations of Haemopoietic disorders in a patient to understand the deviation from normal functioning of Haemopoietic system by eliciting the signs of various clinical conditions to arrive at a provisional diagnosis and establish final diagnosis with appropriate interpretation with laboratory and or radiological investigations. • Application of knowledge of disease to knowledge of medicine based on principles of Homoeopathy and individualization. Selection of Homoeopathic remedy with the use of repertory and applied Materia Medica as a decision making tool for prescribing. • Documentation of case with analysis, evaluation, totality of symptoms, reportorial approach, justifying the selection of remedy as well as assessing the progress for evidence based medicine.
Competency Based Learning Methods	<ul style="list-style-type: none"> • Peer-based learning methods-Problem-based, case based, Brainstorming, Bedside, Ward rounds, Out-patient based, Lab-Based, Flipped learning , Roleplay. • Individual – based learning methods –Self regulated learning, reflective learning, portfolio-based, library based, e-learning, simulations, spaced repetition, deliberate practice, formative self-assessment.

Assessment	<ul style="list-style-type: none"> • Continuous / Programmatic assessment. • Practical assessment. • Written assessment. • Assignment, MCQ, OSCE, Bed Side Examination, DOPS (Direct Observation of Procedural Skills), Mini CEX (Clinical Evaluation Exercise) Case based assessment, simulation based assessment, spotting, Standardised Patients, Portfolio, Rubrics, Viva voce. • SAQ, LAQ- Descriptive, Case Scenario, Clinical application based, Problem Based Assessment.
Prescribed Texts	Refer to list attached
Domains of Competencies	Knowledge and Scholarship ,Patient Care , Homoeopathic Orientation ,Practice Based Learning, Communication Skill
	<p>HOM-PG PM 09. NERVOUS SYSTEM AND ITS MAJOR MANIFESTATIONS OF NEUROLOGICAL DISORDERS</p> <p>Competency 9</p> <ul style="list-style-type: none"> • Applied anatomy, physiology, cardinal manifestations, investigations and Clinical examination. <p>KNOWLEDGE OF</p> <ul style="list-style-type: none"> • Developmental anatomy of nervous system. • Organization of the nervous system, Basic functions of synapses, neurotransmitters and receptors. • Clinical approach, differential diagnosis and cardinal manifestations like faintness, syncope, dizziness, vertigo, headache, weakness, myalgia, sensory disturbances, aphasia, memory loss and dementia, sleep disorders, coma and disorders of movement.

	<p>Bedside investigations/ initial investigations e.g. CT Scan, MRI etc. for clinical evaluation of symptomatology.</p> <ul style="list-style-type: none"> • Advice specific investigations to arrive at a final diagnosis. • Basic principles of history taking integrating homoeopathic perspective. • Classification of symptoms • Formation of totality of symptoms • Miasmatic evolution of disease • Applied Materia Medica and appropriate use of Repertory for selection of remedy. • <p>SKILLS</p> <ul style="list-style-type: none"> • Clinical Examination of nervous system. • Eliciting signs/ findings on Higher mental functions, cranial nerve examination, motor, sensory and cerebella signs • General Examination for assessment of vital data, pulse, B.P, Respiratory Rate, Temperature etc. • Correlating the examination findings with differential symptomatology to arrive at a provisional diagnosis. • Demonstrate the skills of history taking integrating homoeopathic perspective. <p>REFLECTION</p> <ul style="list-style-type: none"> • Able to evaluate the symptoms of nervous system disorders to know the probable causes and able to do clinical examinations of nervous system disorders in a patient to understand the deviation from normal functioning of nervous system by eliciting the signs of various clinical conditions to arrive at a provisional diagnosis and establish final diagnosis with appropriate interpretation with laboratory and or radiological investigations.
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	<ul style="list-style-type: none"> • Application of knowledge of disease to knowledge of medicine based on principles of Homoeopathy and individualization. Selection of Homoeopathic remedy with the use of repertory and applied Materia Medica as a decision making tool for prescribing. • Documentation of case with analysis, evaluation, totality of symptoms, reportorial approach, justifying the selection of remedy as well as assessing the progress for evidence based medicine.
Competency Based Learning Methods	<ul style="list-style-type: none"> • Peer-based learning methods-Problem-based, case based, Brainstorming, Bedside, Ward rounds, Out-patient based, Lab-Based, Flipped learning , Roleplay. • Individual – based learning methods –Self regulated learning, reflective learning, portfolio-based, library based, e-learning, simulations, spaced repetition, deliberate practice, formative self-assessment.
Assessment	<ul style="list-style-type: none"> • Continuous / Programmatic assessment. • Practical assessment. • Written assessment. • Assignment, MCQ, OSCE, Bed Side Examination, DOPS (Direct Observation of Procedural Skills), Mini CEX (Clinical Evaluation Exercise) Case based assessment, simulation based assessment, spotting, Standardised Patients, Portfolio, Rubrics, Viva voce. • SAQ, LAQ- Descriptive, Case Scenario, Clinical application based, Problem Based Assessment.
Prescribed Texts	Refer to list attached

Domains of competencies	Knowledge and Scholarship , Patient Care, Homoeopathic Orientation , Practice Based Learning, Communication Skill
Learning Outcomes	<p>HOM-PG PM 10. SKIN AND APPENDAGES AND ITS MAJOR MANIFESTATIONS</p> <p>Competency 10</p> <ul style="list-style-type: none"> • Applied anatomy, physiology, cardinal manifestations, investigations and Clinical examination. <p>KNOWLEDGE OF</p> <ul style="list-style-type: none"> • Developmental anatomy of skin and its layers including sweat glands and hair follicles, Regenerative potential of skin. • Clinical approach, differential diagnosis and cardinal manifestations like pruritis, eruptive skin lesions, disorders of pigmentation, types of alopecia. Bedside investigations/ initial investigations e.g. Skin swab, scrapings, skin biopsy, skin prick test etc. for clinical evaluation of symptomatology. • Advice specific investigations to arrive at a final diagnosis. • Basic principles of history taking integrating homoeopathic perspective. • Classification of symptoms • Formation of totality of symptoms • Miasmatic evolution of disease • Applied Materia Medica and appropriate use of Repertory for selection of remedy. <p>SKILLS</p> <ul style="list-style-type: none"> • Clinical Examination of skin. • Eliciting signs/ findings on Local examination and systemic examination General Examination for assessment of vital data, pulse, B.P, Respiratory Rate, Temperature etc.

	<ul style="list-style-type: none"> • Correlating the examination findings with differential symptomatology to arrive at a provisional diagnosis. • Demonstrate the skills of history taking integrating homoeopathic perspective. <p>REFLECTION</p> <ul style="list-style-type: none"> • Able to evaluate the symptoms of skin disorders to know the probable causes and able to do clinical examinations of skin disorders in a patient to understand the deviation from normal functioning of integumentary system by eliciting the signs of various clinical conditions to arrive at a provisional diagnosis and establish final diagnosis with appropriate interpretation with laboratory and or radiological investigations. • Application of knowledge of disease to knowledge of medicine based on principles of Homoeopathy and individualization. Selection of Homoeopathic remedy with the use of repertory and applied Materia Medica as a decision making tool for prescribing. • Documentation of case with analysis, evaluation, totality of symptoms, reportorial approach, justifying the selection of remedy as well as assessing the progress for evidence based medicine.
Competency Based Learning Methods	<ul style="list-style-type: none"> • Peer-based learning methods-Problem-based, case based, Brainstorming, Bedside, Ward rounds, Out-patient based, Lab-Based, Flipped learning , Roleplay. • Individual – based learning methods –Self regulated learning, reflective learning, portfolio-based, library based, e-learning, simulations, spaced repetition, deliberate practice, formative self-assessment.

Assessment	<ul style="list-style-type: none"> • Continuous / Programmatic assessment. • Practical assessment. • Written assessment. • Assignment, MCQ, OSCE, Bed Side Examination, DOPS (Direct Observation of Procedural Skills), Mini CEX (Clinical Evaluation Exercise) Case based assessment, simulation based assessment, spotting, Standardised Patients, Portfolio, Rubrics, Viva voce. • SAQ, LAQ
Prescribed Texts	Refer to list attached
Domains of Competencies	Knowledge and Scholarship , Patient Care , Homoeopathic Orientation ,Practice Based Learning, Communication Skill
Learning Outcomes	<p>HOM-PG PM 11. PSYCHIATRIC DISORDERS AND ITS MAJOR MANIFESTATIONS</p> <p>Competency 11</p> <ul style="list-style-type: none"> • Cardinal manifestations, investigations and Clinical examination. <p>KNOWLEDGE OF</p> <ul style="list-style-type: none"> • Normal Functioning of mind - cognition, conation and affect and factors affecting this function. • Clinical approach, differential diagnosis and cardinal manifestations like depressive symptoms, anxiety symptoms, delusions and hallucinations, self harm. Bedside investigations/ initial investigations for clinical evaluation of symptomatology. • Components of mental state examination • Advice specific investigations to arrive at a final diagnosis. • Basic principles of history taking integrating homoeopathic perspective.

	<ul style="list-style-type: none"> • Classification of symptoms • Formation of totality of symptoms • Miasmatic evolution of disease • Applied Materia Medica and appropriate use of Repertory for selection of remedy. <p>SKILLS</p> <ul style="list-style-type: none"> • Mental state examination and clinical Examination of Psychiatric Disorders and eliciting signs/ findings on higher mental functions. • General Examination for assessment of vital data, pulse, B.P, Respiratory Rate, Temperature etc. • Correlating the examination findings with differential symptomatology to arrive at a provisional diagnosis. • Demonstrate the skills of history taking integrating homoeopathic perspective. <p>REFLECTION</p> <ul style="list-style-type: none"> • Able to evaluate the symptoms of Psychiatric Disorders to know the probable causes and able to do clinical examinations of Psychiatric Disorders in a patient to understand the deviation from normal functioning by eliciting the signs of various clinical conditions to arrive at a provisional diagnosis and establish final diagnosis with appropriate interpretation with laboratory and or radiological investigations. • Application of knowledge of disease to knowledge of medicine based on principles of Homoeopathy and individualization. Selection of Homoeopathic remedy with the use of repertory and applied Materia Medica as a decision making tool for prescribing. • Documentation of case with analysis, evaluation, totality of symptoms, reportorial approach, justifying the selection of
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	remedy as well as assessing the progress for evidence based medicine.
Competency Based Learning Methods	<ul style="list-style-type: none"> • Peer-based learning methods-Problem-based, case based, Brainstorming, Bedside, Ward rounds, Out-patient based, Lab-Based, Flipped learning , Roleplay. • Individual – based learning methods –Self regulated learning, reflective learning, portfolio-based, library based, e-learning, simulations, spaced repetition, deliberate practice, formative self-assessment.
Assessment	<ul style="list-style-type: none"> • Continuous / Programmatic assessment. • Practical assessment. • Written assessment. • Assignment, MCQ, OSCE, Bed Side Examination, DOPS (Direct Observation of Procedural Skills), Mini CEX (Clinical Evaluation Exercise) Case based assessment, simulation based assessment, spotting, Standardised Patients, Portfolio, Rubrics, Viva voce. • SAQ, LAQ.
Prescribed Texts	Refer to list attached
Domains of competencies	Knowledge and Scholarship , Patient Care , Homoeopathic Orientation ,Practice Based Learning ,Communication Skill
Learning Outcomes	<ul style="list-style-type: none"> • HOM-PG PM 12. PAIN AND ITS CARDINAL MANIFESTATIONS competency 12 <ul style="list-style-type: none"> • Pathophysiology, investigations and Clinical examination. KNOWLEDGE OF

	<ul style="list-style-type: none"> • Pain pathway, aetiology and types of pain. • Clinical approach, differential diagnosis and management of pain. Bedside investigations/ initial investigations for clinical evaluation of pain. • Advice specific investigations to arrive at a final diagnosis <p>SKILLS</p> <ul style="list-style-type: none"> • Clinical Examination and management • Eliciting signs/ findings to differentiate various aetiologies of pain. • General Examination for assessment of vital data, pulse, B.P, Respiratory Rate, Temperature etc. • Correlating the examination findings to arrive at a provisional diagnosis. • Cardinal manifestations of different pains like Chest pain, Abdominal pain, Head ache, Back pain, Neck pain • Basic principles of history taking integrating homoeopathic perspective. • Classification of symptoms • Formation of totality of symptoms • Miasmatic evolution of disease • Applied Materia Medica and appropriate use of Repertory for selection of remedy. • Demonstrate the skills of history taking integrating homoeopathic perspective. <p>REFLECTION</p> <ul style="list-style-type: none"> • Able to evaluate the patients with pain to know the probable causes to arrive at a provisional diagnosis and establish final diagnosis with appropriate interpretation with laboratory and or
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	<p>radiological investigations and to manage the pain.</p> <ul style="list-style-type: none"> • Application of knowledge of disease to knowledge of medicine based on principles of Homoeopathy and individualization. Selection of Homoeopathic remedy with the use of repertory and applied Materia Medica as a decision making tool for prescribing. • Documentation of case with analysis, evaluation, totality of symptoms, reportorial approach, justifying the selection of remedy as well as assessing the progress for evidence based medicine.
Competency Based Learning Methods	<ul style="list-style-type: none"> • Peer-based learning methods-Problem-based, case based, Brainstorming, Bedside, Ward rounds, Out-patient based, Lab-Based, Flipped learning , Roleplay. • Individual – based learning methods –Self regulated learning, reflective learning, portfolio-based, library based, e-learning, simulations, spaced repetition, deliberate practice, formative self-assessment.
Assessment	<ul style="list-style-type: none"> • Continuous / Programmatic assessment. • Practical assessment. • Written assessment. • Assignment, MCQ, OSCE, Bed Side Examination, DOPS (Direct Observation of Procedural Skills), Mini CEX (Clinical Evaluation Exercise) Case based assessment, simulation based assessment, spotting, Standardised Patients, Portfolio, Rubrics, Viva voce. • SAQ, LAQ .
Prescribed Texts	Refer to list attached

Domains of competencies	Knowledge and Scholarship ,Patient Care , Homoeopathic Orientation , Practice Based Learning, Communication Skill
Learning Outcome	<p>HOM-PG PM 13. FEVER</p> <p>Competency 13</p> <ul style="list-style-type: none"> • Pathophysiology, investigations and Clinical examination. <p>KNOWLEDGE OF</p> <ul style="list-style-type: none"> • Regulation of body temperature. • Aetiology and Types of fever. • Clinical approach and differential diagnosis of fever. Bedside investigations/ initial investigations, for clinical evaluation of symptomatology. • Advice specific investigations to arrive at a final diagnosis. • Basic principles of history taking integrating homoeopathic perspective. • Classification of symptoms • Formation of totality of symptoms • Miasmatic evolution of disease • Applied Materia Medica and appropriate use of Repertory for selection of remedy. <p>SKILLS</p> <ul style="list-style-type: none"> • Clinical Examination. • Eliciting signs/ findings • General Examination for assessment of vital data, pulse, B.P, Respiratory Rate, Temperature etc. • Correlating the examination findings with differential symptomatology to arrive at a provisional diagnosis • Demonstrate the skills of history taking integrating homoeopathic perspective.

	<p>REFLECTION</p> <ul style="list-style-type: none"> • Able to evaluate the patients with fever to know the probable causes to arrive at a provisional diagnosis and establish final diagnosis with appropriate interpretation with laboratory and or radiological investigations and to manage the fever. • Application of knowledge of disease to knowledge of medicine based on principles of Homoeopathy and individualization. Selection of Homoeopathic remedy with the use of repertory and applied Materia Medica as a decision making tool for prescribing. • Documentation of case with analysis, evaluation, totality of symptoms, reportorial approach, justifying the selection of remedy as well as assessing the progress for evidence based medicine.
Competency Based Learning Methods	<ul style="list-style-type: none"> • Peer-based learning methods-Problem-based, case based, Brainstorming, Bedside, Ward rounds, Out-patient based, Lab-Based, Flipped learning , Roleplay. • Individual – based learning methods –Self regulated learning, reflective learning, portfolio-based, library based, e-learning, simulations, spaced repetition, deliberate practice, formative self-assessment.
Assessment	<ul style="list-style-type: none"> • Continuous / Programmatic assessment. • Practical assessment. • Written assessment. • Assignment, MCQ, OSCE, Bed Side Examination, DOPS (Direct Observation of Procedural Skills), Mini CEX (Clinical Evaluation Exercise) Case based assessment, simulation based assessment, spotting, Standardised Patients, Portfolio, Rubrics, Viva voce. • SAQ, LAQ.

Prescribed Texts	Refer to List attached
Domain of competencies	Knowledge and Scholarship ,Patient Care , Homoeopathic Orientation , Practice Based Learning ,Communication Skill
Learning Outcome	<ul style="list-style-type: none"> • HOM – PG PM 14. INTEGRATIVE APPROACHES IN CLINICAL DIAGNOSTICS AND HOMEOPATHY: EVIDENCE-BASED PRACTICES, ETHICAL CONSIDERATIONS, AND MIASMATIC INTERPRETATIONS <p>a) Laboratory and Radiological Investigations and their interpretation</p> <p>Competency 14</p> <ul style="list-style-type: none"> • Haematology. • Serology. • Biochemistry. • Microbiology. • Hormonal Assays and other special tests • X-rays • CT Scan, MRI – Basic Concepts of radio imaging and its interpretation • USG • ECG, Stress test <p>KNOWLEDGE OF</p> <ul style="list-style-type: none"> • Interpretation of investigations at various stages of disease • Knowledge of preparation of patient before procedure / investigations (if any)

	<p>SKILLS</p> <ul style="list-style-type: none"> • Confirmation of provisional diagnosis based on interpretation of investigations and decide the scope and limitations • Preparation of patient for the procedure • Demonstrate the skills of history taking integrating homoeopathic perspective. <p>REFLECTION</p> <ul style="list-style-type: none"> • Appropriate action / interventions depending on diagnosis and stage of disease condition and final treatment plan including auxiliary measures for the case
Competency Based Learning Methods	<ul style="list-style-type: none"> • Peer-based learning methods-Problem-based, case based, Brainstorming, Bedside, Ward rounds, Out-patient based, Lab-Based, Flipped learning, Roleplay. • Individual – based learning methods –Self regulated learning, reflective learning, portfolio-based, library based, e-learning, simulations, spaced repetition, deliberate practice, formative self-assessment.
Assessment	<ul style="list-style-type: none"> • Continuous / Programmatic assessment. • Practical assessment. • Written assessment. • Assignment, MCQ, OSCE, Bed Side Examination, DOPS (Direct Observation of Procedural Skills), Mini CEX (Clinical Evaluation Exercise) Case based assessment, simulation based assessment, spotting, Standardised Patients, Portfolio, Rubrics, Viva voce. • SAQ, LAQ- Descriptive, Case Scenario, Clinical application based,

Prescribed Texts	Refer to list attached
Domain of competencies	Knowledge and Scholarship , Patient Care , Homoeopathic Orientation ,Practice Based Learning, Communication Skill
Learning Outcomes	<p>B. CONCEPT OF EVIDENCE BASED MEDICINE, ETHICAL ISSUES, GUIDELINES AND ITS IMPORTANCE</p> <p>HOMOEOPATHIC ORIENTATION AND ITS APPLICATION</p> <p>Sub competency</p> <p>Case based knowledge of evidence based medicine. Importance of ethical guidelines in clinical practice.</p> <p>KNOWLEDGE OF</p> <ul style="list-style-type: none"> • Components and types of Evidence based Medicine. • Different types of evidences and how to collect evidences in clinical practice • Ethical guidelines to be followed while managing the case and collecting data for research purpose <p>SKILLS</p> <ul style="list-style-type: none"> • Record keeping of evidences of cases treated in OPD / IPD • Utilization of records of clinical evidences for research purpose • Application of knowledge of Ethical guidelines during managing cases in OPD / IPD and emergency settings etc. <p>REFLECTION</p> <ul style="list-style-type: none"> • Ability to utilize evidences collected for understanding clinical medicine and for research purpose • Ability to utilize knowledge of ethical guidelines for clinical practices and research

Competency Based Learning Methods	<ul style="list-style-type: none"> • Peer-based learning methods-Problem-based, case based, Brainstorming, Bedside, Ward rounds, Out-patient based, Flipped learning, Roleplay. • Individual – based learning methods –Self regulated learning , reflective learning , portfolio-based, library based , e-learning, spaced repetition , deliberate practice, formative self-assessment.
Assessment	<ul style="list-style-type: none"> • Continuous / Programmatic assessment. • Practical assessment. • Written assessment. • Assignment, MCQ, OSCE, Bed Side Examination, DOPS (Direct Observation of Procedural Skills), Mini CEX (Clinical Evaluation Exercise) Case based assessment, simulation based assessment, spotting, Standardised Patients, Portfolio, Rubrics, Viva voce. • SAQ.
Prescribed Texts	Refer to list attached
Domain of competencies	Knowledge and Scholarship ,Patient Care , Homoeopathic Orientation , Practice Based Learning, Communication Skill
Learning Outcomes	<p>c. Integrate and Interpret The Cardinal Manifestations Of System Under General Medicine, Paediatric, Psychiatry And Dermatology In Diseased Individual According To Homoeopathic Concepts. Understand And Correlate Miasmatic Evolution Of Expressions Of Disease. Applied Materia Medica And Use Of Repertory For Therapeutic Application.</p> <p>Sub competency</p> <ul style="list-style-type: none"> • Understand and correlate miasmatic evolution of expressions of disease. • Appropriate use of repertory and applied Materia Medica and its

therapeutics applications

KNOWLEDGE OF

- Homoeopathic concept of disease
- Role of Psycho-neuro- endocrine axis (PNE) and Reticuloendothelial system (RES) in maintenance of health and causing disease.
- Various expression of disease and its miasmatic correlation
- Understanding of formation of totality in a given case and use of repertory and applied Materia Medica for prescribing
- Basic principles of history taking integrating homoeopathic perspective.
- Classification of symptoms
- Formation of totality of symptoms
- Miasmatic evolution of disease
- Applied Materia Medica and appropriate use of Repertory for selection of remedy.

SKILLS

- Case taking and case processing with understanding of disease expression and pathology in an individual
- Explore factors responsible for affection of Psycho-neuro- endocrine axis (PNE) and Reticuloendothelial system (RES).
- Formulate totality and come to a probable remedy to be confirmed by referring various Materia Medica
- Demonstrate the skills of history taking integrating homoeopathic perspective.
- Construct the totality of symptoms
- Explain miasmatic evolution of disease

REFLECTION

- Ability to make final diagnosis with understanding the stage of

	<p>disease</p> <ul style="list-style-type: none"> • Identify the factors which may have contributed in affection of PNE and RES in a given case. • Explore use of repertory for arriving at a group of remedies in a given case. • Ability to differentiate between various remedies after referring Materia Medica. • Ability to prescribe final remedy with understanding susceptibility with Posology.
Competency Based Learning Methods	<ul style="list-style-type: none"> • Peer-based learning methods-Problem-based, case based, Brainstorming, Bedside, Ward rounds, Out-patient based, Lab-Based, Flipped learning , Roleplay. • Individual – based learning methods –Self regulated learning,reflective learning , portfolio-based, library based , e-learning , spaced repetition , deliberate practice, formative self-assessment.
Assessment	<ul style="list-style-type: none"> • Continuous / Programmatic assessment. • Practical assessment. • Written assessment. • Assignment, MCQ, OSCE, Bed Side Examination, DOPS (Direct Observation of Procedural Skills), Mini CEX (Clinical Evaluation Exercise) Case based assessment, simulation based assessment, spotting, Standardised Patients, Portfolio, Rubrics, Viva voce. • SAQ, LAQ- Descriptive, Case Scenario, Clinical application based.
Prescribed Texts	Refer to list attached

Domain of competencies	Knowledge and Scholarship ,Patient Care , Homoeopathic Orientation , Practice Based Learning, Communication Skill
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VII ASSESSMENT

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

VII (1). M.D. (HOMOEOPATHY) PART-I EXAMINATION –MAXIMUM MARKS FOR EACH SUBJECT AND MINIMUM MARKS REQUIRED TO PASS SHALL BE AS FOLLOWS:

Subjects	Theory		Practical or Clinical Examination, including Viva	
	Maximum Marks	Pass Marks	Maximum Marks	Pass Marks
i. Fundamentals of Practice of Medicine	100	50	200* (160 + 40) (Summative Assessment 160 Marks) (Internal Assessment 40 Marks)	100* (80 + 20) (Summative Assessment 80 Marks) (Internal Assessment 20 Marks)
ii. Fundamentals of Homoeopathy in Practice of Medicine	100	50		

iii. Research Methodology and Biostatistics	100	50	-	-
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(*A common practical exam for paper I and II (100 marks practical + 100 marks viva) shall be conducted; twenty per cent. weight age shall be for internal assessment, which shall be calculated for practical or clinical including viva voce only. One internal assessment of 40 marks [20 marks (practical or clinical) + 20 marks (viva voce)] after each term of six months and average of two terms shall be considered. *eighty per cent. Weight age shall be for summative assessment).

VII (2). Assessment Blueprint – Theory (*Benchmarked by the module-wise distribution.*)

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

Types of Questions with Marks

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

Part I – Paper I. TOPIC NUMBERS

Part I Paper I: Fundamentals of Practice of Medicine Hom-PG-PM

(Topic 1)- Clinical Examination, Functional anatomy, physiology, investigations and cardinal manifestations under general medicine, paediatrics, psychiatry and dermatology,

Laboratory investigations, Evidence based medicine, application of Homoeopathic Concepts with miasmatic evolution of disease and Applied Materia Medica

- **Hom-PG PM 01. Cardiovascular system**
- **Hom-PG PM 02. Respiratory system and its major manifestations**
- **Hom-PG PM 03. Alimentary Tract and Pancreas and liver and biliary tract and its major manifestations**
- **Hom-PG PM 04. Kidney and Genitourinary system and its major manifestations**
- **Hom-PG PM 05. Musculoskeletal system and major manifestation of musculoskeletal system**
- **Hom-PG PM 06. Reproductive system and major manifestation of reproductive disease**
- **Hom-PG PM 07. Endocrine system and manifestation of endocrine diseases**
- **Hom-PG PM 08. Haematological (Blood) disorders**
- **Hom-PG PM 09. Nervous system and its major manifestations of neurological disorders**
- **Hom-PG PM 10. Skin and appendages and its major manifestations**
- **Hom-PG PM 11. Psychiatric Disorders and its major manifestations**
- **Hom-PG PM 12. Pain and its Cardinal Manifestations**
- **Hom-PG PM 13. Fever**
- **Hom – PG PM 14. Integrative Approaches in Clinical Diagnostics and Homeopathy: Evidence-Based Practices, Ethical Considerations, and Miasmatic Interpretations**
 - a) **Laboratory and Radiological Investigations and their interpretation**
 - b) **Concept of evidence based medicine, ethical issues, guidelines and its importance Homoeopathic orientation and its application**
 - c) **Integrate and interpret the cardinal manifestations of system under general medicine, paediatric, psychiatry and dermatology in diseased individual according to Homoeopathic concepts. Understand and correlate miasmatic evolution of**

expressions of disease. Applied Materia Medica and use of Repertory for therapeutic application.

VII (2b) QUESTION PAPER LAYOUT

Q No.	Type Of Question	Content	Marks
1	Problem Based	Case based question on any clinical condition. (From Topic Content Hom-PG PM 01 to Hom-PG PM 09)	20
2	LAQ	Hom-PG PM 01 Cardiovascular system OR Hom-PG PM 02 Respiratory System OR Hom-PG PM 09 Nervous system	10
3	LAQ	Hom-PG PM 03 Alimentary Tract, Pancreas, Liver and Biliary tract diseases OR Hom-PG PM 04 Kidney and Genitourinary diseases OR Hom-PG PM 09 Nervous system	10
4	LAQ	Hom-PG PM 05 Musculoskeletal system AND / OR Hom-PG PM 6 Reproductive system	10
5	LAQ	Hom-PG PM 07 Endocrine System AND/ OR Hom-PG PM 08 Haematology	10
6	SAQ	Hom-PG PM 09 Nervous system	05

7	SAQ	Hom-PG PM 10 Skin diseases	05
8	SAQ	Hom-PG PM 11 Psychiatric Disorders	05
9	SAQ	Hom-PG PM 12 Pain and its Cardinal manifestations	05
10	SAQ	Hom-PG PM 13 Fever types ,evaluation of febrile patients, Pyrexia of unknown origin	05
11	SAQ	Hom-PG PM 14 (a ,b)Lab , Radiological investigations / Evidence based medicine	05
12	SAQ	Hom-PG PM 01 Cardiovascular system OR Hom-PG PM 02 Respiratory System OR Hom-PG PM 09 Nervous system	05
13	SAQ	Hom-PG PM 03 Alimentary Tract, Pancreas, Liver and Biliary tract diseases OR Hom-PG PM 04 Kidney and Genitourinary diseases OR Hom-PG PM 09 Nervous system	05

Note:-

- 1) Topic Content of Hom-PG PM 14 (c) can be applied in multiple contexts as appropriate while drawing the question paper.**
- 2) When drawing the question paper the examiner must ensure that every part of topic content is addressed.**
- 3) To ensure balanced coverage questions shall be designed as under –**
 - Question No.1 –Problem Based – Case based or Clinical Scenario based.**
 - Question No.2 to 5 – LAQ- Application based encouraging integrated approach**
 - Question No 6 to 13 – SAQ – Questions focused to access knowledge and cognitive level from recall to evaluation**

VII (3) Assessment Blueprint –Practical / Viva.

VII (3a) CLINICAL EXAMINATION.

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

VII (3b). VIVA VOCE.

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

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

8. REFERENCE BOOKS (RECOMMENDED READING)

Clinical Medicine

(Text Books-Latest Editon)

- Kamath, S.A, 1969, API Textbook of Medicine Jaypee Bro, New Delhi, 12th Ed.
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Harrison's, Principles and Practice of Medicine Mc Graw Hill, New York, 21st Ed.

- Ralston, S. H, Penman,I.D, Strachan,M.W.J and Hobson,R.P. ,1952, Davidson's, Principles and Practice of Medicine, Elsevier Pub, London, 24th Ed.
- Weatherall, D.J,Ledingham,J.G.G., and Warrell,D.A Oxford Text book of Medicine ,1983,Oxford Medical Publication, New York 3rd Ed.
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- Bahr, P.E.C and Bell, D.R, 1987, Manson's Tropical Diseases, ELBS Pub, London, 19th Ed.
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- Sherlock,S,1963,Diseases of the Liver and Biliary System, Blackwell Scientific Publications,London,8th Ed.
- Singh,M,1992, Pediatric Clinical Methods,Sagar Publications,New Delhi.
- Sleisenger, M.H and Fordtran, J.S, 1993, Gastrointestinal Disease, W.B.Saunders Company, Philadelphia,5th Ed.
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- Walton,J.N,1962,Brain's Diseases of the Nervous System, Oxford University Press,Bombay,8th Ed.
- Wanger,G.S,1994,Marriott's Practical Electrocardiography,B.I.Waverly,PVT LTD,New Delhi,9th Ed.
- Williams, M.A and Snyder, L.M, 2011, Wallach's Interpretation of Diagnostic Tests, Wolters Kluwer, New Delhi,9th Ed.
- Wyngaarden, J, B. and Smith, L.H.Cecil,1985,Text Book of Medicine,W.B.Saunders Com, Philadelphia.17th Ed.

CLINICAL METHOD BOOKS

- Bates,Barbara,Bickley,L.S and Hoekelman,R.A,1995,Physical Examination and History Taking,J.B.Lippincott Company,Philadelphia,6th Ed.
- Bickerstaff,E.R and Spillane,J.A,1991,Neurological examination in clinical practice,Oxford University Press,Madras, 5th Ed.
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LIST OF RECOMMENDED REFERENCE BOOKS FOR HOMOEOPATHIC PHILOSOPHY

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- Speight, P., 1989, A Comparison of the Chronic Miasms, B Jain Pub, New Delhi.

LIST OF RECOMMENDED REFERENCE BOOKS FOR HOMOEOPATHIC MATERIA MEDICA

- Allen, T.F, 1990, Handbook Of Materia Medica And Homoeopathic Therapeutics, B.Jain Publishers, New Delhi.
- Allen H.C, 2005, Keynotes Rearranged And Classified With Leading Remedies of the Materia Medica and Bowel Nosodes Including Repertorial Index, B.Jain Publishers, New Delhi, 10th Ed.
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- Allen, T.F, 1985, The Encyclopaedia of Pure Materia Medica, Vol 1 to Vol 12, B.Jain Publishers, New Delhi.
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LIST OF RECOMMENDED REFERENCE BOOKS FOR HOMOEOPATHIC REPERTORY

- Barthel, H, Wilhemsfeldand Heidelberg, 1984 ,Synthetic Repertory: Psychic and General Symptoms of the Homoeopathic Materia Medica vol 1 and 2 , Indian Books and Periodicals Syndicate, New Delhi,2nd Ed.
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- Schroyens, F.,1994, Synthesis Repertorium Homoeopathicum Syntheticum: The Source Repertory, B.Jain Publishers, USA, and 9.1th Ed
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RECOMMENDED JOURNAL READING

- Indian Journal of Research in Homoeopathy
- Homoeopathic Link
- New Homoeopath
- International Journal of Homoeopathic Science

- Journal of Integrated standardized homoeopathy
- The Homoeopathic Heritage
- National Journal of Homoeopathy
- Indian Journal of Medical Ethics
- Indian Journal of Medical Sciences
- Indian Journal of Genetics and Molecular Research
- Journal of Homoeopathy By National Institute of Homoeopathy

Part II Paper 1, 2

V. TOPICS AND TOPIC OBJECTIVES.

Part II: (includes: Advance learning in Practice of Medicine)

Topic -2 Part II Paper I

System-based diseases- General Medicine including Pediatrics and Dermatology with respect to understanding Patho-Physiology, Epidemiology, Clinical Features, Complications, Investigations, Management, General Principles of Management, General Measures, Miasmatic evolution of disease and Homoeopathic Approach, defining Scope and Limitations.

- **HOM-PG PM 15: CARDIOVASCULAR DISEASE**
 - 1.1 Disorders of heart rate, rhythm and conduction
 - 1.2 Atherosclerotic vascular disease
 - 1.3 Coronary heart diseases
 - 1.4 Vascular diseases
 - 1.5 Hypertension
 - 1.6 Diseases of heart valves
 - 1.7 Congenital heart diseases
 - 1.8 Diseases of myocardium

- 1.9 Diseases of pericardium
- 1.10 Heart failure
- 1.11 Acute circulatory failure
- 1.12 Cardiac arrest and sudden cardiac death

- **HOM-PG PM 16 : RESPIRATORY SYSTEM**

- 2.1. Diseases of nasopharynx, larynx and trachea
- 2.2. Diseases of pleura, diaphragm, and chest wall
- 2.3. Obstructive Pulmonary diseases
- 2.4. Sleep disordered breathing
- 2.5. Respiratory Failure
- 2.6. Infections of the Respiratory system
- 2.7. Interstitial and Infiltrative pulmonary diseases
- 2.8. Pulmonary Vascular diseases
- 2.9. Tumours of bronchus and lung

- **HOM-PG PM 17: KIDNEY AND GENITOURINARY DISEASES**

- 3.1 Congenital abnormalities of kidney and urinary system
- 3.2 Glomerular diseases
- 3.3 Tubulo-interstitial diseases
- 3.4 Infections of kidney and urinary tract
- 3.5 Urinary tract calculi and nephrocalcinosis
- 3.6 Renal involvement in systemic diseases
- 3.7 Renal vascular diseases
- 3.8 Tumours of kidney and genitourinary tract

- **HOM-PG PM 18: ENDOCRINE AND METABOLIC DISEASE**

- 4.1 Diseases of Hypothalamus and Pituitary gland
- 4.2 Diseases of Thyroid gland
- 4.3 Diseases of Parathyroid gland
- 4.4 Diseases of Adrenal gland

4.5 Diseases of Endocrine pancreas

4.6 Diabetes Mellitus

- **HOM-PG PM 19: ALIMENTARY TRACT AND PANCREATIC DISEASES**

5.1 Diseases of mouth and salivary glands

5.2 Diseases of Oesophagus, Stomach and Duodenum

5.3 Diseases of Small Intestine

5.4 Diseases of Pancreas

5.5 Irritable Bowel Syndrome

5.6 Inflammatory Bowel Disease

5.7 Disorders of Colon and Anorectum

5.8 Diseases of Peritoneal cavity

5.9 Diseases of Gut Injury

- **HOM-PG PM 20: LIVER AND BILIARY TRACT DISEASE**

6.1 Acute fulminant hepatic failure

6.2 Liver cirrhosis and Chronic liver failure

6.3 Portal Hypertension

6.4 Hepatic encephalopathy

6.5 Hepatorenal Failure

6.6 Specific causes of Parenchymal liver disease

6.7 Tumours of liver

6.8 Miscellaneous liver diseases

6.9 Gall bladder and other Biliary diseases

- **HOM-PG PM 21: BLOOD DISORDERS**

7.1 Leukopenia, leucocytosis, thrombocytopenia, thrombocytosis, pancytopenia

7.2 Anaemia

7.3 Blood products and transfusion

7.4 Haematological malignancies

7.5 Myeloproliferative disorders

7.6 Bleeding disorders

7.7 Venous thrombosis

- **HOM-PG PM 22: MUSCULOSKELETAL DISEASES AND DISORDERS OF BONE METABOLISM**

8.1 Degenerative joint diseases

8.2 Inflammatory joint diseases

8.3 Fibromyalgia

8.4 Diseases of the Bone

8.5 Systemic Connective tissue diseases

8.6 Musculoskeletal manifestations of disease in other systems

8.7 Miscellaneous musculoskeletal conditions

- **HOM-PG PM 23: NEUROLOGICAL DISEASE**

9.1 Cerebro- vascular diseases

9.2 Inflammatory diseases of CNS

9.3 Degenerative diseases

9.4 Diseases of Nerves

9.5 Disorders of Muscles

9.5 Disorders of Spine and Spinal cord

9.6 Infections of Nervous System

9.7 Intracranial mass lesions and Raised intracranial pressure

- **HOM-PG PM 24: SKIN DISEASE (DERMATOLOGY)**

10.1 Skin manifestations in Systemic Disease

10.2 Eczema

10.3 Urticaria

10.4 Psoriasis and other Erythematous Scaly Eruptions

10. 5.Disorders of the Pilosebaceous Unit

10. 6 .Some Common Skin Infections and Infestations

10.7 Pressure sores

- 10.8. Skin Tumours
- 10.9 Disorders of Pigmentations
- 10.10. Disorders of the Nails

Topic 3: Part II Paper II

Infection, Immunology, Nutrition, Genetics, Medical Psychiatry, Geriatric Medicine, Oncology, Women's Disease, Lifestyle Disease, Critical Care, Palliative Care And Pain Management, Emergency Medicine, Poisoning, National Health Programs, Miasmatic evolution of disease and Homoeopathic Approach, defining Scope and Limitations.

- **HOM-PG PM 25 :INFECTION AND IMMUNE FAILURE**

- 11.1 Patterns of infection
- 11.2 Microorganism - Host interaction
- 11.3 Vaccine development
- 11.4 The febrile patient
- 11.5 Generalised infections
- 11.6 Rashes and infection
- 11.7 Food poisoning and gastroenteritis
- 11.8 Tropical and International health
- 11.9 Sexually transmitted infections
- 11.10 Human immunodeficiency virus infection and Acquired immunodeficiency syndrome
- 11.11 The management of infection

- **HOM-PG PM 26: WATER ELECTROLYTE AND ACID – BASE BALANCE**

- 12.1 Physiology of Water and Electrolyte
- 12.2 Disorders of Water metabolism: Dysnatraemias
- 12.3 Disorders of Potassium Metabolism: Dyskalaemias
- 12.4 Acid Base disorders

12.5 Disorders of Divalent ion metabolism

- **HOM-PG PM 27: NUTRITIONAL, METABOLIC AND ENVIRONMENTAL DISEASE**

13.1 Nutritional assessment and nutritional needs

13.2 Nutritional and Metabolic disorders

13.3 Vitamins and Minerals

13.4 Other metabolic disorders

13.5 Environmental disorders

- **HOM-PG PM 28: CLINICAL GENETICS**

14.1 The role of clinical geneticist

14.2 The anatomy of the human genome

14.3 Types of genetic disease

14.4 Common presentations of genetic disease

14.5 Investigations of genetic disease

14.6 Genetic counselling and testing

- **HOM-PG PM 29: PSYCHIATRIC AND ADDICTION DISORDERS**

15.1 Classification of psychiatric disorders and aetiological factors in psychiatric disorders

15.2 Anxiety disorders, Obsessive compulsive disorder, Schizophrenia and Delusional disorders Affective (Mood) disorders

15.3 Somatoform Disorders, Personality Disorders,

15.4 Psychiatric and psychological aspects of chronic and progressive diseases
Substance abuse / misuse

15.5 LEGAL ASPECTS OF PSYCHIATRY

- **HOM-PG PM 30: GERIATRIC MEDICINE-FRAIL OLDER PEOPLE**

16.1 Normal aging and concept of "Homeostenosis" and Major manifestations in old people

16.2 Frailty Syndrome, Major manifestations of disease in frail older people
Clinical assessment, investigations and Rehabilitation

- **HOM-PG PM31: ONCOLOGY**

17.1 Approach to a patient with cancer Diagnosis, clinical assessment, investigations, and staging
Principals of Treatment

- **HOM-PG PM 32: WOMEN'S DISEASES**

18.1 Infertility

Endometriosis

Pelvic Inflammatory Diseases

Disorders of Menstrual regulation

Health issues in Menopausal women

18.2 Malignancies (Gynecological Cancers)

Polycystic Ovarian Syndrome (PCOS.)

Medical diseases in pregnancy

- **HOM-PG PM 33: LIFE STYLE ILLNESSES**

19.1 Concept of Life Style Illnesses

Role of the individual and environment in their genesis and maintenance

Homoeopathic perspective of Life style illnesses

Comprehensive Homoeopathic assessment and management

Role of Education, Family education and ancillary measures in restoring health

- **Hom-PG PM 34: Critical care**

20.1 Provision of critical care

General principles of critical care management and monitoring
Major manifestations of critical illness- Circulatory failure. Respiratory failure, Renal failure, Neurological failure (Coma), Hepatic failure, Sepsis, Disseminated intravascular coagulation

Scoring system in critical care

- **HOM-PG PM 35: PALLIATIVE CARE AND PAIN MANAGEMENT**

21.1 Palliative care Symptoms control, rehabilitation, continuity of care, terminal care

- **HOM-PG PM 36: EMERGENCY MEDICINE**

22.1 Initial Pre-Hospital Care

Patient assessment

Medical emergencies of cardio- circulatory disorders, Respiratory disorders, Neurological disorders, abdominal emergencies, Orthopedic emergencies and Nephrology emergencies

22.2 Basic Knowledge of Trauma Care

- **HOM-PG PM 37: POISONING**

23.1 General approach to the poisoned patient

Poisoning by specific pharmaceutical agents

23.2 Chemicals and pesticides

Envenomation

Environmental poisoning and illnesses

- **HOM-PG PM 38: NATIONAL HEALTH PROGRAMS**

24.1 Current National health Programs - Concept/ Objectives/ Implementations/ Ground realities/ Impact National Programs under NRHM Contribution of Homoeopathy in National Health Programs

NOTE: -Advancements in Internal Medicine and Homoeopathy must be incorporated periodically in teaching programs.

VI TOPIC DESCRIPTION

Topic Name (Topic 2): Hom-PG-PM: **System-based diseases- General Medicine**

including Pediatrics and Dermatology with respect to understanding Patho-Physiology, Epidemiology, Clinical Features, Complications, Investigations, Management, General Principles of Management, General Measures and Applied Homoeopathy comprising of Miasmatic evolution of disease and Homoeopathic Approach, defining Scope and Limitations.

Topic overview	This topic will provide students of MD Hom (Practice of Medicine) with an over view of system based diseases from General Medicine including Paediatrics and Dermatology - with respect to understanding Applied Anatomy, Applied Physiology, Patho - Physiology, Epidemiology, Clinical features, complications, investigations. General principles of management, Ancillary measures, specific treatment with homoeopathy defining the scope and limitations of homoeopathy
Learning Outcome	<p>HOM-PG PM 15: CARDIOVASCULAR DISEASE</p> <p>1.1 Disorders of heart rate, rhythm and conduction</p> <p>KNOWLEDGE</p> <ul style="list-style-type: none"> • Aetiopathogenesis, clinical presentation, diagnosis, investigations, complications of • Sinus rhythms, atrial tachyarrhythmias, junctional tachyarrhythmias, ventricular tachyarrhythmias, sinoatrial disease, atrioventricular and bundle branch block. • Standard line of treatment • Principles of Management • Miasmatic expression of disease • Use of appropriate repertory • Applied Materia Medica • Ancillary measures <p>SKILLS</p>

	<ul style="list-style-type: none"> • Case taking with physical examination to assess the vitals and elicit the signs to arrive at the provisional diagnosis. • Interpretation of investigations to confirm the diagnosis • Decision of acceptance or referral of case • Infer the miasm in a given case. • Role of Homoeopathy in management (Curative/Palliative/Adjuvant) • Arriving at the totality of symptoms • Remedy differentiation and final selection of remedy with appropriate use of repertory and referencing Materia Medica as a prescription decision tool • Documentation of the same <p>REFLECTION</p> <ul style="list-style-type: none"> • Arriving at a final diagnosis by appropriate interpretation of investigations • Formulate the totality; Miasmatic evolution of expression of disease, use of repertory if necessary and or referencing Materia Medica to arrive at the selection of indicated remedy, potency, repetition with justification • Plan for assessment of the condition for evidence based medicine
Competency Based Learning Methods	<ul style="list-style-type: none"> • Peer-based learning methods-Problem-based, case based, Brainstorming, Bedside, Ward rounds, Out-patient based, Lab-Based, Flipped learning , Roleplay. • Individual – based learning methods –Self regulated learning, reflective learning, portfolio-based, library based, e-learning, simulations, spaced repetition, deliberate practice, formative self-assessment.

Assessments	<ul style="list-style-type: none"> • Written assessment. • Assignment, MCQ, OSCE, Bed Side Examination, DOPS (Direct Observation of Procedural Skills), Mini CEX (Clinical Evaluation Exercise) Case based assessment, simulation based assessment, spotting, Standardised Patients, Portfolio, Rubrics, Viva voce. • SAQ, LAQ- Descriptive, Case Scenario, Clinical application based, Problem Based Assessment.
Prescribed Texts	Refer to list attached
Domains of Competencies	Knowledge and Scholarship / Patient Care / Homoeopathic Orientation / Communication skill/ Practice Based Learning/ / Professionalism
Learning Outcome	1.2 ATHEROSCLEROTIC VASCULAR DISEASE KNOWLEDGE <ul style="list-style-type: none"> • Aetiopathogenesis, clinical presentation, diagnosis, investigations, complications of atherosclerotic vascular disease • Standard line of treatment • Principles of Management • Miasmatic expression of disease • Use of appropriate repertory • Applied Materia Medica • Ancillary measures SKILLS <ul style="list-style-type: none"> • Case taking with physical examination to assess the vitals and elicit the signs to arrive at the provisional diagnosis. • Interpretation of investigations to confirm the diagnosis • Decision of acceptance or referral of case

	<ul style="list-style-type: none"> • Infer the miasm in a given case. • Role of Homoeopathy in management (Curative/Palliative/Adjuvant) • Arriving at the totality of symptoms • Remedy differentiation and final selection of remedy with appropriate use of repertory and referencing Materia Medica as a prescription decision tool • Documentation of the same <p>REFLECTION</p> <ul style="list-style-type: none"> • Arriving at a final diagnosis by appropriate interpretation of investigations • Formulate the totality; Miasmatic evolution of expression of disease use of repertory if necessary and or referencing Materia Medica to arrive at the selection of indicated remedy, potency, repetition with justification • Plan for assessment of the condition for evidence based medicine
Competency Based Learning Methods	<ul style="list-style-type: none"> • Peer-based learning methods-Problem-based, case based, Brainstorming, Bedside, Ward rounds, Out-patient based, Lab-Based, Flipped learning , Roleplay. • Individual – based learning methods –Self regulated learning, reflective learning, portfolio-based, library based, e-learning, simulations, spaced repetition, deliberate practice, formative self-assessment.
Assessments	<ul style="list-style-type: none"> • Written assessment. • Assignment, MCQ, OSCE, Bed Side Examination, DOPS (Direct Observation of Procedural Skills), Mini CEX (Clinical Evaluation Exercise) Case based assessment, simulation based assessment,

	spotting, Standardised Patients, Portfolio, Rubrics, Viva voce. <ul style="list-style-type: none"> • SAQ, LAQ- Descriptive, Case Scenario, Clinical application based, Problem Based Assessment.
Prescribed Texts	Refer to list attached
Domains of Competencies	Knowledge and Scholarship / Patient Care / Homoeopathic Orientation / Communication skill/ Practice Based Learning/ / Professionalism
Learning Outcome	1.3 CORONARY HEART DISEASES KNOWLEDGE <ul style="list-style-type: none"> • Aetiopathogenesis, clinical presentation, diagnosis, investigations, complications of stable angina, unstable angina, myocardial infarction • Basics of BLS • Standard line of treatment • Principles of Management • Miasmatic expression of disease • Use of appropriate repertory • Applied Materia Medica • Ancillary measures SKILLS <ul style="list-style-type: none"> • Case taking with physical examination to assess the vitals and elicit the signs to arrive at the provisional diagnosis. • Interpretation of investigations to confirm the diagnosis. • Decision of acceptance or referral of case. • Infer the miasm in a given case. • Basics of BLS. • Role of Homoeopathy in management (Curative/Palliative/

	<p>Adjuvant).</p> <ul style="list-style-type: none"> • Arriving at the totality of symptoms. • Remedy differentiation and final selection of remedy with appropriate use of repertory and referencing Materia Medica as a prescription decision tool. • Documentation of the same. <p>REFLECTION</p> <ul style="list-style-type: none"> • Arriving at a final diagnosis by appropriate interpretation of investigations. • Formulate the totality; Miasmatic evolution of expression of disease use of repertory if necessary and or referencing Materia Medica to arrive at the selection of indicated remedy, potency, repetition with justification • Plan for assessment of the condition for evidence based medicine.
Competency Based Learning Methods	<ul style="list-style-type: none"> • Peer-based learning methods-Problem-based, case based, Brainstorming, Bedside, Ward rounds, Out-patient based, Lab-Based, Flipped learning , Roleplay. • Individual – based learning methods –Self regulated learning, reflective learning, portfolio-based, library based, e-learning, simulations, spaced repetition, deliberate practice, formative self-assessment.
Assessments	<ul style="list-style-type: none"> • Written assessment. • Assignment, MCQ, OSCE, Bed Side Examination, DOPS (Direct Observation of Procedural Skills), Mini CEX (Clinical Evaluation Exercise) Case based assessment, simulation based assessment, spotting, Standardised Patients, Portfolio, Rubrics, Viva voce. • SAQ, LAQ- Descriptive, Case Scenario, Clinical application based, Problem Based Assessment.

Prescribed Texts	Refer to list attached
Domains of Competencies	Knowledge and Scholarship / Patient Care / Homoeopathic Orientation / Communication skill/ Practice Based Learning/ / Professionalism
Learning Outcome	<p>1.4 VASCULAR DISEASES</p> <p>KNOWLEDGE</p> <ul style="list-style-type: none"> • Aetiopathogenesis, clinical presentation, diagnosis, investigations, complications of peripheral arterial disease, diseases of aorta. • Standard line of treatment. • Principles of Management. • Miasmatic expression of disease • Use of appropriate repertory • Applied Materia Medica. • Ancillary measures. <p>SKILLS</p> <ul style="list-style-type: none"> • Case taking with physical examination to assess the vitals and elicit the signs to arrive at the provisional diagnosis. • Interpretation of investigations to confirm the diagnosis. • Decision of acceptance or referral of case. • Infer the miasm in a given case. • Role of Homoeopathy in management (Curative/Palliative/Adjuvant). • Arriving at the totality of symptoms. • Remedy differentiation and final selection of remedy with appropriate use of repertory and referencing Materia. Medica

	<p>as a prescription decision tool.</p> <ul style="list-style-type: none"> • Documentation of the same. <p>REFLECTION</p> <ul style="list-style-type: none"> • Arriving at a final diagnosis by appropriate interpretation of investigations. • Formulate the totality; Miasmatic evolution of expression of disease use of repertory if necessary and or referencing Materia Medica to arrive at the selection of indicated remedy, potency, repetition with justification <p>Plan for assessment of the condition for evidence based medicine</p>
Competency Based Learning Methods	<ul style="list-style-type: none"> • Peer-based learning methods-Problem-based, case based, Brainstorming, Bedside, Ward rounds, Out-patient based, Lab-Based, Flipped learning , Roleplay. • Individual – based learning methods –Self regulated learning, reflective learning, portfolio-based, library based, e-learning, simulations, spaced repetition, deliberate practice, formative self-assessment.
Assessments	<ul style="list-style-type: none"> • Written assessment. • Assignment, MCQ, OSCE, Bed Side Examination, DOPS (Direct Observation of Procedural Skills), Mini CEX (Clinical Evaluation Exercise) Case based assessment, simulation based assessment, spotting, Standardised Patients, Portfolio, Rubrics, Viva voce. • SAQ, LAQ- Descriptive, Case Scenario, Clinical application based, Problem Based Assessment.
Prescribed Texts	Refer to list attached
Domains of	

Competencies	Knowledge and Scholarship / Patient Care / Homoeopathic Orientation / Communication skill/ Practice Based Learning/ / Professionalism
Learning Outcome	<p>1.5 HYPERTENSION</p> <p>KNOWLEDGE</p> <ul style="list-style-type: none"> • Aetiopathogenesis, clinical presentation, diagnosis, investigations, complications of Hypertension. • Standard line of treatment. • Principles of Management • Miasmatic expression of disease • Use of appropriate repertory • Applied Materia Medica • Ancillary measures <p>SKILLS</p> <ul style="list-style-type: none"> • Case taking with physical examination to assess the vitals and elicit the signs to arrive at the provisional diagnosis. • Interpretation of investigations to confirm the diagnosis • Decision of acceptance or referral of case • Infer the miasm in a given case • Role of Homoeopathy in management (Curative/Palliative/Adjuvant) • Arriving at the totality of symptoms • Remedy differentiation and final selection of remedy with appropriate use of repertory and referencing Materia Medica as a prescription decision tool • Documentation of the same <p>REFLECTION</p> <ul style="list-style-type: none"> • Arriving at a final diagnosis by appropriate interpretation of investigations

	<ul style="list-style-type: none"> • Formulate the totality; Miasmatic evolution of expression of disease use of repertory if necessary and or referencing Materia Medica to arrive at the selection of indicated remedy, potency, repetition with justification • Plan for assessment of the condition for evidence based medicine
Competency Based Learning Methods	<ul style="list-style-type: none"> • Peer-based learning methods-Problem-based, case based, Brainstorming, Bedside, Ward rounds, Out-patient based, Lab-Based, Flipped learning , Roleplay. • Individual – based learning methods –Self regulated learning, reflective learning, portfolio-based, library based, e-learning, simulations, spaced repetition, deliberate practice, formative self-assessment.
Assessments	<ul style="list-style-type: none"> • Written assessment. • Assignment, MCQ, OSCE, Bed Side Examination, DOPS (Direct Observation of Procedural Skills), Mini CEX (Clinical Evaluation Exercise) Case based assessment, simulation based assessment, spotting, Standardised Patients, Portfolio, Rubrics, Viva voce. • SAQ, LAQ- Descriptive, Case Scenario, Clinical application based, Problem Based Assessment.
Prescribed Texts	Refer to list attached
Domains of Competencies	Knowledge and Scholarship / Patient Care / Homoeopathic Orientation / Communication skill/ Practice Based Learning/ / Professionalism
Learning Outcome	1.6 DISEASES OF HEART VALVES

	<p>KNOWLEDGE</p> <ul style="list-style-type: none"> • Aetiopathogenesis, clinical presentation, diagnosis, investigations, complications of Rheumatic heart disease, mitral valve disease, aortic valve disease, tricuspid valve disease, infective endocarditic. • Standard line of treatment • Principles of Management • Miasmatic expression of disease • Use of appropriate repertory • Applied Materia Medica • Ancillary measures <p>SKILLS</p> <ul style="list-style-type: none"> • Case taking with physical examination to assess the vitals and elicit the signs to arrive at the provisional diagnosis. • Interpretation of investigations to confirm the diagnosis • Decision of acceptance or referral of case • Infer the miasm in a given case • Role of Homoeopathy in management (Curative/Palliative/ Adjuvant) • Arriving at the totality of symptoms • Remedy differentiation and final selection of remedy with appropriate use of repertory and referencing Materia Medica as a prescription decision tool • Documentation of the same <p>REFLECTION</p> <ul style="list-style-type: none"> • Arriving at a final diagnosis by appropriate interpretation of investigations • Formulate the totality; Miasmatic evolution of expression of disease use of repertory if necessary and
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	<p>or referencing Materia Medica to arrive at the selection of indicated remedy, potency, repetition with justification</p> <ul style="list-style-type: none"> Plan for assessment of the condition for evidence based medicine.
Competency Based Learning Methods	<ul style="list-style-type: none"> Peer-based learning methods-Problem-based, case based, Brainstorming, Bedside, Ward rounds, Out-patient based, Lab-Based, Flipped learning , Roleplay. Individual – based learning methods –Self regulated learning, reflective learning, portfolio-based, library based, e-learning, simulations, spaced repetition, deliberate practice, formative self-assessment.
Assessments	<ul style="list-style-type: none"> Written assessment. Assignment, MCQ, OSCE, Bed Side Examination, DOPS (Direct Observation of Procedural Skills), Mini CEX (Clinical Evaluation Exercise) Case based assessment, simulation based assessment, spotting. SAQ, LAQ- Descriptive, Case Scenario, Clinical application based, Problem Based Assessment.
Prescribed Texts	Refer to list attached
Domains of Competencies	Knowledge and Scholarship / Patient Care / Homoeopathic Orientation / Communication skill/ Practice Based Learning/ / Professionalism
Learning Outcome	1.7 Congenital heart diseases. KNOWLEDGE

	<ul style="list-style-type: none"> • Aetiopathogenesis, clinical presentation, diagnosis, investigations, complications of congenital heart diseases- persistent ductus arteriosus, coarctation of aorta, atrial septal defect, ventricular septal defect, tetralogy of Fallot, other causes of cyanotic congenital heart diseases. • Standard line of treatment • Principles of Management • Miasmatic expression of disease • Use of appropriate repertory • Applied Materia Medica • Ancillary measures <p>SKILLS</p> <ul style="list-style-type: none"> • Case taking with physical examination to assess the vitals and elicit the signs to arrive at the provisional diagnosis • Interpretation of investigations to confirm the diagnosis • Decision of acceptance or referral of case • Infer the miasm in a given case • Role of Homoeopathy in management (Curative/Palliative/ Adjuvant) • Arriving at the totality of symptoms • Remedy differentiation and final selection of remedy with appropriate use of repertory and referencing Materia Medica as a prescription decision tool • Documentation of the same <p>REFLECTION</p> <ul style="list-style-type: none"> • Arriving at a final diagnosis by appropriate interpretation of investigations • Formulate the totality; Miasmatic evolution of
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	<p>expression of disease use of repertory if necessary and or referencing Materia Medica to arrive at the selection of indicated remedy, potency, repetition with justification</p> <ul style="list-style-type: none"> Plan for assessment of the condition for evidence based medicine
Competency Based Learning Methods	<ul style="list-style-type: none"> Peer-based learning methods-Problem-based, case based, Brainstorming, Bedside, Ward rounds, Out-patient based, Lab-Based, Flipped learning , Roleplay. Individual – based learning methods –Self regulated learning, reflective learning, portfolio-based, library based, e-learning, simulations, spaced repetition, deliberate practice, formative self-assessment.
Assessments	<ul style="list-style-type: none"> Written assessment. Assignment, MCQ, OSCE, Bed Side Examination, DOPS (Direct Observation of Procedural Skills), Mini CEX (Clinical Evaluation Exercise) Case based assessment, simulation based assessment, spotting, Standardised Patients, Portfolio, Rubrics, Viva voce. SAQ, LAQ- Descriptive, Case Scenario, Clinical application based, Problem Based Assessment.
Prescribed Texts	Refer to list attached
Domains of Competencies	Knowledge and Scholarship / Patient Care / Homoeopathic Orientation / Communication skill/ Practice Based Learning/ / Professionalism
Learning Outcome	1.8 DISEASES OF MYOCARDIUM KNOWLEDGE

	<ul style="list-style-type: none"> • Aetiopathogenesis, clinical presentation, diagnosis, investigations, complications of acute myocarditis, cardiomyopathy, specific diseases of heart muscle, cardiac tumours. • Standard line of treatment • Principles of Management • Miasmatic expression of disease • Use of appropriate repertory • Applied Materia Medica • Ancillary measures <p>SKILLS</p> <ul style="list-style-type: none"> • Case taking with physical examination to assess the vitals and elicit the signs to arrive at the provisional diagnosis. • Interpretation of investigations to confirm the diagnosis • Decision of acceptance or referral of case • Infer the miasm in a given case • Role of Homoeopathy in management (Curative/Palliative/ Adjuvant) • Arriving at the totality of symptoms • Remedy differentiation and final selection of remedy with appropriate use of repertory and referencing Materia Medica as a prescription decision tool • Documentation of the same <p>REFLECTION</p> <ul style="list-style-type: none"> • Arriving at a final diagnosis by appropriate interpretation of investigations • Formulate the totality; Miasmatic evolution of expression of disease use of repertory if necessary and
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	<p>or referencing Materia Medica to arrive at the selection of indicated remedy, potency, repetition with justification</p> <ul style="list-style-type: none"> Plan for assessment of the condition for evidence based medicine
Competency Based Learning Methods	<ul style="list-style-type: none"> Peer-based learning methods-Problem-based, case based, Brainstorming, Bedside, Ward rounds, Out-patient based, Lab-Based, Flipped learning , Roleplay. Individual – based learning methods –Self regulated learning, reflective learning, portfolio-based, library based, e-learning, simulations, spaced repetition, deliberate practice, formative self-assessment.
Assessments	<ul style="list-style-type: none"> Written assessment. Assignment, MCQ, OSCE, Bed Side Examination, DOPS (Direct Observation of Procedural Skills), Mini CEX (Clinical Evaluation Exercise) Case based assessment, simulation based assessment, spotting, Standardised Patients, Portfolio, Rubrics, Viva voce. SAQ, LAQ- Descriptive, Case Scenario, Clinical application based, Problem Based Assessment.
Prescribed Texts	Refer to list attached
Domains of Competencies	Knowledge and Scholarship / Patient Care / Homoeopathic Orientation / Communication skill/ Practice Based Learning/ / Professionalism
Learning Outcome	<p>1.9 DISEASES OF PERICARDIUM</p> <p>KNOWLEDGE</p> <ul style="list-style-type: none"> Aetiopathogenesis, clinical presentation, diagnosis,

	<p>investigations, complications of acute pericarditis, pericardial effusion, tuberculosis pericarditis, chronic constructive pericarditis.</p> <ul style="list-style-type: none"> • Standard line of treatment • Principles of Management • Miasmatic expression of disease • Use of appropriate repertory • Applied Materia Medica • Ancillary measures <p>SKILLS</p> <ul style="list-style-type: none"> • Case taking with physical examination to assess the vitals and elicit the signs to arrive at the provisional diagnosis. • Interpretation of investigations to confirm the diagnosis • Decision of acceptance or referral of case • Infer the miasm in a given case • Role of Homoeopathy in management (Curative/Palliative/ Adjuvant) • Arriving at the totality of symptoms • Remedy differentiation and final selection of remedy with appropriate use of repertory and referencing Materia Medica as a prescription decision tool • Documentation of the same <p>REFLECTION</p> <ul style="list-style-type: none"> • Arriving at a final diagnosis by appropriate interpretation of investigations • Formulate the totality; Miasmatic evolution of expression of disease use of repertory if necessary and or referencing Materia Medica to arrive at the selection of indicated remedy, potency, repetition with
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	<p>justification</p> <ul style="list-style-type: none"> Plan for assessment of the condition for evidence based medicine
Competency Based Learning Methods	<ul style="list-style-type: none"> Peer-based learning methods-Problem-based, case based, Brainstorming, Bedside, Ward rounds, Out-patient based, Lab-Based, Flipped learning , Roleplay. Individual – based learning methods –Self regulated learning, reflective learning, portfolio-based, library based, e-learning, simulations, spaced repetition, deliberate practice, formative self-assessment.
Assessments	<ul style="list-style-type: none"> Written assessment. Assignment, MCQ, OSCE, Bed Side Examination, DOPS (Direct Observation of Procedural Skills), Mini CEX (Clinical Evaluation Exercise) Case based assessment, simulation based assessment, spotting, Standardised Patients, Portfolio, Rubrics, Viva voce. SAQ, LAQ- Descriptive, Case Scenario, Clinical application based, Problem Based Assessment.
Prescribed Texts	Refer to list attached
Domains of Competencies	Knowledge and Scholarship / Patient Care / Homoeopathic Orientation / Communication skill/ Practice Based Learning/ / Professionalism
Learning Outcome	<p>1.10 HEART FAILURE</p> <p>KNOWLEDGE</p> <ul style="list-style-type: none"> Aetiopathogenesis, clinical presentation, types, diagnosis, investigations, complications of heart failure Standard line of treatment

	<ul style="list-style-type: none"> • Principles of Management • Miasmatic expression of disease • Use of appropriate repertory • Applied Materia Medica • Ancillary measures <p>SKILLS</p> <ul style="list-style-type: none"> • Case taking with physical examination to assess the vitals and elicit the signs to arrive at the provisional diagnosis. • Interpretation of investigations to confirm the diagnosis • Decision of acceptance or referral of case • Infer the miasm in a given case • Role of Homoeopathy in management (Curative/Palliative/ Adjuvant) • Arriving at the totality of symptoms • Remedy differentiation and final selection of remedy with appropriate use of repertory and referencing Materia Medica as a prescription decision tool • Documentation of the same <p>REFLECTION</p> <ul style="list-style-type: none"> • Arriving at a final diagnosis by appropriate interpretation of investigations • Formulate the totality; Miasmatic evolution of expression of disease use of repertory if necessary and or referencing Materia Medica to arrive at the selection of indicated remedy, potency, repetition with justification • Plan for assessment of the condition for evidence based medicine
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Competency Based Learning Methods	<ul style="list-style-type: none"> • Peer-based learning methods-Problem-based, case based, Brainstorming, Bedside, Ward rounds, Out-patient based, Lab-Based, Flipped learning , Roleplay. • Individual – based learning methods –Self regulated learning, reflective learning, portfolio-based, library based, e-learning, simulations, spaced repetition, deliberate practice, formative self-assessment.
Assessments	<ul style="list-style-type: none"> • Written assessment. • Assignment, MCQ, OSCE, Bed Side Examination, DOPS (Direct Observation of Procedural Skills), Mini CEX (Clinical Evaluation Exercise) Case based assessment, simulation based assessment, spotting, Standardised Patients, Portfolio, Rubrics, Viva voce. • SAQ, LAQ- Descriptive, Case Scenario, Clinical application based, Problem Based Assessment.
Prescribed Texts	Refer to list attached
Domain of Competencies	Knowledge and Scholarship / Patient Care / Homoeopathic Orientation / Communication skill/ Practice Based Learning/ / Professionalism
Learning Outcome	1.11 ACUTE CIRCULATORY FAILURE KNOWLEDGE <ul style="list-style-type: none"> • Aetiopathogenesis, clinical presentation, diagnosis, investigations, complications of acute circulatory failure • Standard line of treatment • Principles of Management • Miasmatic expression of disease • Use of appropriate repertory • Applied Materia Medica

	<ul style="list-style-type: none"> Ancillary measures <p>SKILLS</p> <ul style="list-style-type: none"> Case taking with physical examination to assess the vitals and elicit the signs to arrive at the provisional diagnosis. Interpretation of investigations to confirm the diagnosis Decision of acceptance or referral of case Infer the miasm in a given case Role of Homoeopathy in management (Curative/Palliative/ Adjuvant) Arriving at the totality of symptoms Remedy differentiation and final selection of remedy with appropriate use of repertory and referencing Materia Medica as a prescription decision tool Documentation of the same <p>REFLECTION</p> <ul style="list-style-type: none"> Arriving at a final diagnosis by appropriate interpretation of investigations Formulate the totality; Miasmatic evolution of expression of disease use of repertory if necessary and or referencing Materia Medica to arrive at the selection of indicated remedy, potency, repetition with justification Plan for assessment of the condition for evidence based medicine
Competency Based Learning Methods	<ul style="list-style-type: none"> Peer-based learning methods-Problem-based, case based, Brainstorming, Bedside, Ward rounds, Out-patient based, Lab-Based, Flipped learning , Roleplay. Individual – based learning methods –Self regulated learning,

	reflective learning, portfolio-based, library based, e-learning, simulations, spaced repetition, deliberate practice, formative self-assessment..
Assessments	<ul style="list-style-type: none"> • Written assessment. • Assignment, MCQ, OSCE, Bed Side Examination, DOPS (Direct Observation of Procedural Skills), Mini CEX (Clinical Evaluation Exercise) Case based assessment, simulation based assessment, spotting, Standardised Patients, Portfolio, Rubrics, Viva voce. • SAQ, LAQ- Descriptive, Case Scenario, Clinical application based, Problem Based Assessment.
Prescribed Texts	Refer to list attached
Domain of Competencies	Knowledge and Scholarship / Patient Care / Homoeopathic Orientation / Communication skill/ Practice Based Learning/ / Professionalism
Learning Outcome	<p>1.12 CARDIAC ARREST AND SUDDEN CARDIAC DEATH</p> <p>KNOWLEDGE</p> <ul style="list-style-type: none"> • Aetiopathogenesis, clinical presentation, diagnosis, investigations, complications of Cardiac arrest. • Standard line of treatment • Principles of Management • Miasmatic expression of disease • Use of appropriate repertory • Applied Materia Medica • Ancillary measures <p>SKILLS</p> <ul style="list-style-type: none"> • Case taking with physical examination to assess the vitals and elicit the signs to arrive at the provisional

	<p>diagnosis.</p> <ul style="list-style-type: none"> • Interpretation of investigations to confirm the diagnosis • Decision of acceptance or referral of case • Infer the miasm in a given case • Basics of BLS • Role of Homoeopathy in management (Curative/Palliative/ Adjuvant)/Defining Scope and Limitations • Arriving at the totality of symptoms • Remedy differentiation and final selection of remedy with appropriate use of repertory and referencing Materia Medica as a prescription decision tool • Documentation of the same <p>REFLECTION</p> <ul style="list-style-type: none"> • Arriving at a final diagnosis by appropriate interpretation of investigations • Formulate the totality; Miasmatic evolution of expression of disease use of repertory if necessary and or referencing Materia Medica to arrive at the selection of indicated remedy, potency, repetition with justification • Plan for assessment of the condition for evidence based medicine
Competency Based Learning Methods	<ul style="list-style-type: none"> • Peer-based learning methods-Problem-based, case based, Brainstorming, Bedside, Ward rounds, Out-patient based, Lab-Based, Flipped learning , Roleplay. • Individual – based learning methods –Self regulated learning, reflective learning, portfolio-based, library based, e-learning, simulations, spaced repetition, deliberate practice, formative

	self-assessment.
Assessments	<ul style="list-style-type: none"> • Written assessment. • Assignment, MCQ, OSCE, Bed Side Examination, DOPS (Direct Observation of Procedural Skills), Mini CEX (Clinical Evaluation Exercise) Case based assessment, simulation based assessment, spotting, Standardised Patients, Portfolio, Rubrics, Viva voce. • SAQ, LAQ- Descriptive, Case Scenario, Clinical application based, Problem Based Assessment.
Prescribed Texts	Refer to list attached
Domains of Competencies	Knowledge and Scholarship / Patient Care / Homoeopathic Orientation / Communication skill/ Practice Based Learning/ / Professionalism
Learning Outcome	<p>HOM-PG PM 16 : RESPIRATORY SYSTEM</p> <p>Sub – competencies</p> <p>2.1. Diseases of nasopharynx, larynx and trachea</p> <p>KNOWLEDGE OF</p> <ul style="list-style-type: none"> • Aetiopathogenesis, clinical presentation, differential diagnosis, investigations, complications of allergic rhinitis , chronic laryngitis, laryngeal paralysis, laryngeal obstruction, acute tracheitis, tracheal obstruction, trachea- oesophageal fistula, • Principles of Management • Miasmatic expression of disease • Use of appropriate repertory • Applied Materia Medica • Ancillary measures <p>SKILL</p>

	<ul style="list-style-type: none"> • Case taking with Physical Examination to assess the vitals and elicit the signs to arrive at the provisional diagnosis • Interpretation of investigations to confirm the diagnosis • Decision of acceptance or referral of case • Infer the miasm in a given case • Role of Homoeopathy in management- curative/ palliative /adjuvant • Remedy differentiation and final selection of remedy with appropriate use of repertory and referencing Materia Medica as a prescription decision tool • Documentation of the same <p>REFLECTION</p> <ul style="list-style-type: none"> • Arriving at a final diagnosis by appropriate interpretation of investigations • Formulate the totality; Miasmatic evolution of expression of disease use of repertory if necessary and or referencing Materia Medica to arrive at the selection of indicated remedy, potency, repetition with justification • Plan for assessment of the condition for evidence based medicine
Competency Based Learning Methods	<ul style="list-style-type: none"> • Peer-based learning methods-Problem-based, case based, Brainstorming, Bedside, Ward rounds, Out-patient based, Lab-Based, Flipped learning , Roleplay. • Individual – based learning methods –Self regulated learning, reflective learning, portfolio-based, library based, e-learning, simulations, spaced repetition, deliberate practice, formative self-assessment.

Assessments	<ul style="list-style-type: none"> • Continuous / Programmatic assessment. • Practical assessment. • Written assessment. • Assignment, MCQ, OSCE, Bed Side Examination, DOPS (Direct Observation of Procedural Skills), Mini CEX (Clinical Evaluation Exercise) Case based assessment, simulation based assessment, spotting, Standardised Patients, Portfolio, Rubrics, Viva voce. • SAQ, LAQ- Descriptive, Case Scenario, Clinical application based, Problem Based Assessment.
Prescribed Texts	Refer to list attached
Domains of Competencies	Knowledge and Scholarship / Patient Care / Homoeopathic Orientation / Communication skill/ Practice Based Learning/ / Professionalism
Learning Outcome	<p>2.2. DISEASES OF PLEURA, DIAPHRAGM, AND CHEST WALL</p> <p>KNOWLEDGE OF</p> <ul style="list-style-type: none"> • Aetiopathogenesis, clinical presentation, differential diagnosis, investigations, complications of Pleurisy, pleural effusion, empyema, pneumothorax, mesothelioma of the pleura, abnormalities of diaphragm - congenital disorders, and acquired • disorders, deformities of the chest wall • Principles of Management • Miasmatic expression of disease • Use of appropriate repertory • Applied Materia Medica • Ancillary measures

	<p>SKILL</p> <ul style="list-style-type: none"> • Case taking with Physical Examination to assess the vitals and elicit the signs to arrive at the provisional diagnosis • Interpretation of investigations to confirm the diagnosis • Role of Homoeopathy in management- curative/ palliative / adjuvant • Infer the miasm in a given case • Arriving at the totality of symptoms of the case • Remedy differentiation and final selection of remedy with appropriate use of repertory and referencing Materia Medica as a prescription decision tool • Documentation of the same <p>REFLECTION</p> <ul style="list-style-type: none"> • Confirm the final diagnosis with appropriate laboratory, radiological investigations and its interpretation. • In emergency conditions initiate the management and monitor vitals till the case is referred to emergency care unit • Recognise the stage of disease pathology correlating with miasmatic evaluation of disease to define scope and limitations of homoeopathy • Formulate the totality; use of repertory if necessary and or referencing Materia Medica to arrive at the selection of indicated remedy, potency, repetition with justification • Plan for assessment of the condition for evidence based medicine
Competency Based	<ul style="list-style-type: none"> • Peer-based learning methods-Problem-based, case based,

Learning Methods	<p>Brainstorming, Bedside, Ward rounds, Out-patient based, Lab-Based, Flipped learning , Roleplay.</p> <ul style="list-style-type: none"> • Individual – based learning methods –Self regulated learning, reflective learning, portfolio-based, library based, e-learning, simulations, spaced repetition, deliberate practice, formative self-assessment.
Assessments	<ul style="list-style-type: none"> • Continuous / Programmatic assessment. • Practical assessment. • Written assessment. • Assignment, MCQ, OSCE, Bed Side Examination, DOPS (Direct Observation of Procedural Skills), Mini CEX (Clinical Evaluation Exercise) Case based assessment, simulation based assessment, spotting, Standardised Patients, Portfolio, Rubrics, Viva voce. • SAQ, LAQ- Descriptive, Case Scenario, Clinical application based, Problem Based Assessment.
Prescribed Texts	Refer to list attached
Domains of Competencies	Knowledge and Scholarship / Patient Care / Homoeopathic Orientation / Communication skill/ Practice Based Learning/ / Professionalism
Learning Outcome	<p>2.3. OBSTRUCTIVE PULMONARY DISEASES</p> <p>KNOWLEDGE</p> <ul style="list-style-type: none"> • Aetiopathogenesis, clinical presentation, differential diagnosis, investigations, complications of Chronic obstructive pulmonary disease (COPD), chronic bronchitis, bronchiectasis Asthma emphysema, cystic fibrosis • Principles of Management

	<ul style="list-style-type: none"> • Miasmatic expression of disease • Use of appropriate repertory • Standard line of treatment • Applied Materia Medica • Ancillary measures <p>SKILL</p> <ul style="list-style-type: none"> • Case taking and Physical Examination with assessment of vitals and elicit the signs to arrive at the provisional diagnosis • Interpretation of investigations to confirm the diagnosis • Decision of acceptance or referral of case • Infer the miasm in a given case • Role of Homoeopathy in management- curative/ palliative / adjuvant • Arriving at the totality of symptoms of the case • Remedy differentiation and final selection of remedy with appropriate use of repertory and referencing Materia Medica as a prescription decision tool • Documentation of the same <p>REFLECTION</p> <ul style="list-style-type: none"> • Interpretation of clinical findings and lab, radiological investigation to arrive at final diagnosis • Assessing the stage of clinical condition for defining the scope of Homoeopathy • Miasmatic evolution of expression of disease for planning the Homoeopathic management • Integrate the knowledge of Repertory and Materia Medica to arrive at final selection of remedy prescription, potency, repetition with justification • Plan for assessment of the condition for evidence based
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	medicine
Competency Based Learning Methods	<ul style="list-style-type: none"> • Peer-based learning methods-Problem-based, case based, Brainstorming, Bedside, Ward rounds, Out-patient based, Lab-Based, Flipped learning , Roleplay. • Individual – based learning methods –Self regulated learning, reflective learning, portfolio-based, library based, e-learning, simulations, spaced repetition, deliberate practice, formative self-assessment.
Assessments	<ul style="list-style-type: none"> • Continuous / Programmatic assessment. • Practical assessment. • Written assessment. • Assignment, MCQ, OSCE, Bed Side Examination, DOPS (Direct Observation of Procedural Skills), Mini CEX (Clinical Evaluation Exercise) Case based assessment, simulation based assessment, spotting, Standardised Patients, Portfolio, Rubrics, Viva voce. • SAQ, LAQ- Descriptive, Case Scenario, Clinical application based, Problem Based Assessment.
Prescribed Texts	Refer to list attached
Domains of Competencies	Knowledge and Scholarship / Patient Care / Homoeopathic Orientation / Communication skill/ Practice Based Learning/ / Professionalism
Learning Outcome	2.4. SLEEP DISORDERED BREATHING KNOWLEDGE <ul style="list-style-type: none"> • Aetiopathogenesis, clinical presentation, differential diagnosis, investigations, complications of sleep apnoea,

	<p>hypopnoea syndrome</p> <ul style="list-style-type: none"> • Principles of Management • Miasmatic expression of disease • Use of appropriate repertory • Applied Materia Medica • Ancillary measures <p>SKILL</p> <ul style="list-style-type: none"> • History taking and Physical Examination with assessment of vitals and elicit the signs to arrive at the provisional diagnosis • Interpretation of investigations to confirm the diagnosis • Role of Homoeopathy in management- curative/ palliative/ adjuvant • Infer the miasm in a given case • Arriving at the totality of symptoms of the case • Application of Repertory and referencing Materia Medica for selection of remedy • Documentation of the same <p>REFLECTION</p> <ul style="list-style-type: none"> • Interpretation of clinical findings and lab, radiological investigation to arrive at final diagnosis • Assessing the stage of clinical condition for defining the scope of Homoeopathy • Miasmatic evolution of expression of disease for planning the Homoeopathic management • Integrate the knowledge of Repertory and Materia Medica to arrive at final selection of remedy ,potency, repetition with justification • Plan for assessment of the condition for evidence based medicine
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Competency Based Learning Methods	<ul style="list-style-type: none"> • Peer-based learning methods-Problem-based, case based, Brainstorming, Bedside, Ward rounds, Out-patient based, Lab-Based, Flipped learning , Roleplay. • Individual – based learning methods –Self regulated learning, reflective learning, portfolio-based, library based, e-learning, simulations, spaced repetition, deliberate practice, formative self-assessment.
Assessments	<ul style="list-style-type: none"> • Continuous / Programmatic assessment. • Practical assessment. • Written assessment. • Assignment, MCQ, OSCE, Bed Side Examination, DOPS (Direct Observation of Procedural Skills), Mini CEX (Clinical Evaluation Exercise) Case based assessment, simulation based assessment, spotting, Standardised Patients, Portfolio, Rubrics, Viva voce. • SAQ, LAQ- Descriptive, Case Scenario, Clinical application based, Problem Based Assessment.
Prescribed Texts	Refer to list attached
Domains of Competencies	Knowledge and Scholarship / Patient Care / Homoeopathic Orientation / Communication skill/ Practice Based Learning/ / Professionalism
Learning Outcome	2.5. RESPIRATORY FAILURE KNOWLEDGE <ul style="list-style-type: none"> • Risk factors, aetiopathogenesis, clinical presentation, Classification of respiratory failure, course of disease, differential diagnosis, complications and investigations of acute type 1 respiratory failure, Acute type II

	<p>respiratory failure, Acute on chronic type I and type II respiratory failure</p> <ul style="list-style-type: none"> • Standard line of treatment • Principles of Management • Miasmatic expression of disease • Use of appropriate repertory • Applied Materia Medica • Ancillary measures <p>SKILLS</p> <ul style="list-style-type: none"> • Case taking and Physical Examination with assessment of vitals and elicit the signs to arrive at the provisional diagnosis • Interpretation of investigations to confirm the diagnosis • Decision about acceptance or referral of case • Role of Homoeopathy in management- curative/ palliative/ adjuvant / Defining scope and limitations • Infer the miasm in a given case • Arriving at the totality of symptoms of the case • Application of Repertory and referencing Materia Medica for selection of remedy • Documentation for the same <p>REFLECTION</p> <ul style="list-style-type: none"> • Interpretation of clinical findings and lab, radiological investigation to arrive at final diagnosis • Assessing the stage of clinical condition for defining the scope of Homoeopathy • Miasmatic evolution of expression of disease for planning the Homoeopathic management • Integrate the knowledge of Repertory and Materia Medica to arrive at final selection of remedy potency,
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	<p>repetition with justification</p> <ul style="list-style-type: none"> • Plan for assessment of the condition for evidence based medicine • Orient patient and relative about the disease condition and time required for the recovery and importance of ancillary measures • Explain patient and family about complications and need for hospitalization
Competency Based Learning Methods	<ul style="list-style-type: none"> • Peer-based learning methods-Problem-based, case based, Brainstorming, Bedside, Ward rounds, Out-patient based, Lab-Based, Flipped learning , Roleplay. • Individual – based learning methods –Self regulated learning, reflective learning, portfolio-based, library based, e-learning, simulations, spaced repetition, deliberate practice, formative self-assessment.
Assessments	<ul style="list-style-type: none"> • Continuous / Programmatic assessment. • Practical assessment. • Written assessment. • Assignment, MCQ, OSCE, Bed Side Examination, DOPS (Direct Observation of Procedural Skills), Mini CEX (Clinical Evaluation Exercise) Case based assessment, simulation based assessment, spotting, Standardised Patients, Portfolio, Rubrics, Viva voce. • SAQ, LAQ- Descriptive, Case Scenario, Clinical application based, Problem Based Assessment.
Prescribed Texts	Refer to list attached
Domains of Competencies	Knowledge and Scholarship / Patient Care / Homoeopathic

	Orientation / Communication skill/ Practice Based Learning/ / Professionalism
Learning Outcome	<p>2.6. Infections of the Respiratory system</p> <p>KNOWLEDGE</p> <ul style="list-style-type: none"> • Various organisms causing infection of respiratory system • Aetiopathogenesis, epidemiology, clinical presentation, course of disease differential diagnosis, complications, investigations and preventive measures of upper respiratory tract, infections- viral, bacterial, etc. Pneumonia- community acquired, suppurative and aspirational, lung abscess, and hospital acquired pneumonia in immunocompromised patients. Tuberculosis. Diseases due to fungi- allergic Bronchopulmonary Aspergillosis, Invasive pulmonary Aspergillosis. • Standard line of treatment • Principles of Management • Miasmatic expression of disease • Use of appropriate repertory • Applied Materia Medica • Ancillary measures <p>SKILLS</p> <ul style="list-style-type: none"> • Case taking and Physical Examination with assessment of vitals and elicit the signs to arrive at the provisional diagnosis • Interpretation of investigations to confirm the diagnosis • Decision about acceptance or referral of case • Infer the miasm in a given case

	<ul style="list-style-type: none"> • Role of Homoeopathy in management- curative/ palliative/ adjuvant • Arriving at the totality of symptoms of the case • Application of Repertory and referencing Materia Medica for selection of remedy • Documentation of the same <p>REFLECTION</p> <ul style="list-style-type: none"> • Interpretation of clinical findings and lab, radiological investigation to arrive at final diagnosis • Assessing the stage of clinical condition for defining the scope of Homoeopathy • Miasmatic evolution of expression of disease for planning the Homoeopathic management • Integrate the knowledge of Repertory and Materia Medica to arrive at final selection of remedy, potency, repetition with justification • Plan for assessment of the condition for evidence based medicine • Orient patient and relative about the disease condition and time required for the recovery and importance of ancillary measures <p>Explain patient and family about complications and need for hospitalization</p>
Competency Based Learning Methods	<ul style="list-style-type: none"> • Peer-based learning methods-Problem-based, case based, Brainstorming, Bedside, Ward rounds, Out-patient based, Lab-Based, Flipped learning , Roleplay. • Individual – based learning methods –Self regulated learning, reflective learning, portfolio-based, library based, e-learning, simulations, spaced repetition, deliberate practice, formative self-assessment.

Assessments	<ul style="list-style-type: none"> • Continuous / Programmatic assessment. • Practical assessment. • Written assessment. • Assignment, MCQ, OSCE, Bed Side Examination, DOPS (Direct Observation of Procedural Skills), Mini CEX (Clinical Evaluation Exercise) Case based assessment, simulation based assessment, spotting, Standardised Patients, Portfolio, Rubrics, Viva voce. • SAQ, LAQ- Descriptive, Case Scenario, Clinical application based, Problem Based Assessment.
Prescribed Texts	Refer to list attached
Domains of Competencies	Knowledge and Scholarship / Patient Care / Homoeopathic Orientation / Communication skill/ Practice Based Learning/ / Professionalism
Learning Outcome	<p>2.7. Interstitial and Infiltrative pulmonary diseases</p> <p>KNOWLEDGE</p> <ul style="list-style-type: none"> • Risk factors, aetiopathogenesis, clinical presentation, course of disease differential diagnosis, investigations, complications of interstitial lung diseases, sarcoidosis cryptogenic fibrosing alveolitis, lung diseases due to organic and inorganic dust, lung diseases due to systemic inflammatory disease, pulmonary eosinophilia due to radiation and drugs and rare interstitial lung disease. • Standard line of treatment • Principles of Management • Miasmatic expression of disease

	<ul style="list-style-type: none"> • Use of appropriate repertory • Applied Materia Medica • Ancillary measures <p>SKILLS</p> <ul style="list-style-type: none"> • Case taking and Physical Examination with assessment of vitals and elicit the signs to arrive at the provisional diagnosis • Interpretation of investigations to confirm the diagnosis • Decision about acceptance or referral of case • Infer the miasm in a given case • Role of Homoeopathy in management- curative/ palliative/ adjuvant • Arriving at the totality of symptoms of the case • Application of Repertory and referencing Materia Medica for selection of remedy • Documentation of the same <p>REFLECTION</p> <ul style="list-style-type: none"> • Interpretation of clinical findings and lab, radiological investigation to arrive at final diagnosis • Assessing the stage of clinical condition for defining the scope of Homoeopathy • Miasmatic evolution of expression of disease for planning the Homoeopathic management • Integrate the knowledge of Repertory and Materia Medica to arrive at final selection of remedy, potency, repetition with justification • Plan for assessment of the condition for evidence based medicine • Orient patient about the disease condition and time required for the recovery and importance of ancillary
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	<p>measures</p> <ul style="list-style-type: none"> • Explain patient and family about complications and need for hospitalization
Competency Based Learning Methods	<ul style="list-style-type: none"> • Peer-based learning methods-Problem-based, case based, Brainstorming, Bedside, Ward rounds, Out-patient based, Lab-Based, Flipped learning, Roleplay. • Individual – based learning methods –Self regulated learning, reflective learning, portfolio-based, library based, e-learning, simulations, spaced repetition, deliberate practice, formative self-assessment.
Assessments	<ul style="list-style-type: none"> • Continuous / Programmatic assessment. • Practical assessment. • Written assessment. • Assignment, MCQ, OSCE, Bed Side Examination, DOPS (Direct Observation of Procedural Skills), Mini CEX (Clinical Evaluation Exercise) Case based assessment, simulation based assessment, spotting, Standardised Patients, Portfolio, Rubrics, Viva voce. • SAQ, LAQ- Descriptive, Case Scenario, Clinical application based, Problem Based Assessment.
Prescribed Texts	Refer to list attached
Domains of Competencies	Knowledge and Scholarship / Patient Care / Homoeopathic Orientation / Communication skill/ Practice Based Learning/ / Professionalism
Learning Outcome	2.8. Pulmonary Vascular diseases KNOWLEDGE

	<ul style="list-style-type: none"> • Risk factors, aetiopathogenesis, clinical presentation, course of disease, differential diagnosis, complications and investigations of pulmonary venous thromboembolism, severe pulmonary hypertension • Principles of Management • Miasmatic expression of disease • Use of appropriate repertory • Applied Materia Medica • Ancillary measures <p>SKILL</p> <ul style="list-style-type: none"> • Case taking and Physical Examination with assessment of vitals and elicit the signs to arrive at the provisional diagnosis • Interpretation of investigations • Decision about acceptance or referral of case • Infer the miasm in a given case • Role of Homoeopathy in management- curative/ palliative/ adjuvant • Arriving at the totality of symptoms of the case • Application of Repertory and referencing Materia Medica for selection of remedy • Documentation of the same <p>REFLECTION</p> <ul style="list-style-type: none"> • Interpretation of clinical findings and lab, radiological investigation to arrive at final diagnosis • Assessing the stage of clinical condition for defining the scope of Homoeopathy • Miasmatic evolution of expression of disease for planning the Homoeopathic management • Integrate the knowledge of Repertory and Materia
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	<p>Medica to arrive at final selection of remedy ,potency, repetition with justification</p> <ul style="list-style-type: none"> • Plan for assessment of condition for evidence based practice • Orient patient about the disease condition and time required for the recovery and importance of ancillary measures • Explain patient and family about complications and need for hospitalization
Competency Based Learning Methods	<ul style="list-style-type: none"> • Peer-based learning methods-Problem-based, case based, Brainstorming, Bedside, Ward rounds, Out-patient based, Lab-Based, Flipped learning , Roleplay. • Individual – based learning methods –Self regulated learning, reflective learning, portfolio-based, library based, e-learning, simulations, spaced repetition, deliberate practice, formative self-assessment.
Assessments	<ul style="list-style-type: none"> • Continuous / Programmatic assessment. • Practical assessment. • Written assessment. • Assignment, MCQ, OSCE, Bed Side Examination, DOPS (Direct Observation of Procedural Skills), Mini CEX (Clinical Evaluation Exercise) Case based assessment, simulation based assessment, spotting. • SAQ, LAQ- Descriptive, Case Scenario, Clinical application based, Problem Based Assessment.
Prescribed Texts	Refer to list attached
Domains of	Knowledge and Scholarship / Patient Care / Homoeopathic

Competencies	Orientation / Communication skill/ Practice Based Learning/ / Professionalism
Learning Outcome	<p>2.9. TUMOURS OF BRONCHUS AND LUNG</p> <p>KNOWLEDGE</p> <ul style="list-style-type: none"> • Risk factors, aetiopathogenesis, clinical presentation, course of disease, differential diagnosis, complications and investigations of large bronchus obstruction, primary tumours of lung, bronchial carcinoma, Secondary tumours of lung, tumours of mediastinum • Miasmatic expression of disease • Use of appropriate repertory • Standard line of treatment • Applied Materia Medica • Ancillary measures <p>SKILLS</p> <ul style="list-style-type: none"> • Case taking and Physical Examination with assessment of vitals and elicit the signs to arrive at the provisional diagnosis • Interpretation of investigations • Decision about acceptance or referral of case • Infer the miasm in a given case • Role of Homoeopathy in management- curative/ palliative/ adjuvant /Defining Scope and limitations • Arriving at the totality of symptoms of the case • Application of Repertory and referencing Materia Medica for selection of remedy • Documentation of the same <p>REFLECTION</p> <ul style="list-style-type: none"> • Interpretation of clinical findings and lab, radiological

	<p>investigation to arrive at final diagnosis</p> <ul style="list-style-type: none"> • Assessing the stage of clinical condition for defining the scope of Homoeopathy • Miasmatic evolution of expression of disease for planning the Homoeopathic management • Integrate the knowledge of Repertory and Materia Medica to arrive at final selection of remedy, potency, repetition with justification • Plan for assessment of condition for evidence based practice • Orient patient about the disease condition and its outcome, time required for the recovery and importance of ancillary measures
Competency Based Learning Methods	<ul style="list-style-type: none"> • Peer-based learning methods-Problem-based, case based, Brainstorming, Bedside, Ward rounds, Out-patient based, Lab-Based, Flipped learning, Roleplay. • Individual – based learning methods –Self regulated learning, reflective learning, portfolio-based, library based, e-learning, simulations, spaced repetition, deliberate practice, formative self-assessment.
Assessments	<ul style="list-style-type: none"> • Continuous / Programmatic assessment. • Practical assessment. • Written assessment. • Assignment, MCQ, OSCE, Bed Side Examination, DOPS (Direct Observation of Procedural Skills), Mini CEX (Clinical Evaluation Exercise) Case based assessment, simulation based assessment, spotting, Standardised Patients, Portfolio, Rubrics, Viva voce. • SAQ, LAQ- Descriptive, Case Scenario, Clinical application based, Problem Based Assessment.

Prescribed Texts	Refer to list attached
Domains of Competencies	Knowledge and Scholarship / Patient Care / Homoeopathic Orientation / Communication skill/ Practice Based Learning/ / Professionalism
Learning Outcome	<p>HOM-PG PM 17: KIDNEY AND GENITOURINARY DISEASES</p> <p>3.1 Congenital abnormalities of kidney and urinary system</p> <p>KNOWLEDGE</p> <ul style="list-style-type: none"> • Aetiopathogenesis, clinical presentation, differential diagnosis, investigations, complications of • Congenital abnormalities of kidney and urinary system • Standard line of treatment • Principles of Management • Miasmatic expression of disease • Use of appropriate repertory • Applied Materia Medica • Ancillary measures <p>SKILLS</p> <ul style="list-style-type: none"> • Case taking with Physical Examination to assess the vitals and elicit the signs to arrive at the provisional diagnosis • Interpretation of investigations to confirm the diagnosis • Decision of acceptance or referral of case • Infer the miasm in a given case • Role of Homoeopathy in management- curative/ palliative /adjuvant • Remedy differentiation and final selection of remedy with appropriate use of repertory and referencing

	<p>Materia Medica as a prescription decision tool</p> <ul style="list-style-type: none"> • Documentation of the same <p>REFLECTION</p> <ul style="list-style-type: none"> • Arriving at a final diagnosis by appropriate interpretation of investigations • Formulate the totality; Miasmatic evolution of expression of disease use of repertory if necessary and or referencing Materia Medica to arrive at the selection of indicated remedy, potency, repetition with justification <p>Plan for assessment of the condition for evidence based medicine</p>
Competency Based Learning Methods	<ul style="list-style-type: none"> • Peer-based learning methods-Problem-based, case based, Brainstorming, Bedside, Ward rounds, Out-patient based, Lab-Based, Flipped learning , Roleplay. • Individual – based learning methods –Self regulated learning, reflective learning, portfolio-based, library based, e-learning, simulations, spaced repetition, deliberate practice, formative self-assessment.
Assessments	<ul style="list-style-type: none"> • Continuous / Programmatic assessment. • Practical assessment. • Written assessment. • Assignment, MCQ, OSCE, Bed Side Examination, DOPS (Direct Observation of Procedural Skills), Mini CEX (Clinical Evaluation Exercise) Case based assessment, simulation based assessment, spotting, Standardised Patients, Portfolio, Rubrics, Viva voce. • SAQ, LAQ- Descriptive, Case Scenario, Clinical application based, Problem Based Assessment.

Prescribed Texts	Refer to list attached
Domains of Competencies	Knowledge and Scholarship / Patient Care / Homoeopathic Orientation / Communication skill/ Practice Based Learning/ / Professionalism
Learning Outcome	<p>3.2 GLOMERULAR DISEASES</p> <ul style="list-style-type: none"> • Aetiopathogenesis, clinical presentation, differential diagnosis, investigations, complications of • Inherited glomerular diseases, thin GBM disease, Glomerulonephritis, membranous nephropathy, IgA nephropathy and Henoch-Schoenlein purpura • Principles of Management • Miasmatic expression of disease • Use of appropriate repertory • Applied Materia Medica • Ancillary measures <p>SKILLS</p> <ul style="list-style-type: none"> • Case taking with Physical Examination to assess the vitals and elicit the signs • to arrive at the provisional diagnosis • Interpretation of investigations to confirm the diagnosis • Decision of acceptance or referral of case • Infer the miasm in a given case • Role of Homoeopathy in management- curative/ palliative /adjuvant • Remedy differentiation and final selection of remedy with appropriate use of repertory and referencing Materia Medica as a prescription decision tool • Documentation of the same

	REFLECTION <ul style="list-style-type: none"> • Arriving at a final diagnosis by appropriate interpretation of investigations • Formulate the totality; Miasmatic evolution of expression of disease use of repertory if necessary and or referencing Materia Medica to arrive at the selection of indicated remedy, potency, repetition with justification • Plan for assessment of the condition for evidence based medicine
Competency Based Learning Methods	<ul style="list-style-type: none"> • Peer-based learning methods-Problem-based, case based, Brainstorming, Bedside, Ward rounds, Out-patient based, Lab-Based, Flipped learning , Roleplay. • Individual – based learning methods –Self regulated learning, reflective learning, portfolio-based, library based, e-learning, simulations, spaced repetition, deliberate practice, formative self-assessment.
Assessments	<ul style="list-style-type: none"> • Continuous / Programmatic assessment. • Practical assessment. • Written assessment. • Assignment, MCQ, OSCE, Bed Side Examination, DOPS (Direct Observation of Procedural Skills), Mini CEX (Clinical Evaluation Exercise) Case based assessment, simulation based assessment, spotting, Standardised Patients, Portfolio, Rubrics, Viva voce. • SAQ, LAQ- Descriptive, Case Scenario, Clinical application based, Problem Based Assessment.
Prescribed Texts	Refer to list attached

Domains of Competencies	Knowledge and Scholarship / Patient Care / Homoeopathic Orientation / Communication skill/ Practice Based Learning/ / Professionalism
Learning Outcome	3.3 TUBULO-INTERSTITIAL DISEASES KNOWLEDGE <ul style="list-style-type: none"> • Aetiopathogenesis, clinical presentation, differential diagnosis, investigations, complications of • Interstitial nephritis, analgesic nephropathy, sickle-cell nephropathy, reflux nephropathy, cystic kidney disease, cystic diseases of renal medulla, • Principles of Management • Miasmatic expression of disease • Use of appropriate repertory , • Applied Materia Medica • Ancillary measures SKILLS <ul style="list-style-type: none"> • Case taking with Physical Examination to assess the vitals and elicit the signs to arrive at the provisional diagnosis • Interpretation of investigations to confirm the diagnosis. • Decision of acceptance or referral of case • Infer the miasm in a given case • Role of Homoeopathy in management- curative/ palliative /adjuvant • Remedy differentiation and final selection of remedy with appropriate use of repertory and referencing Materia Medica as a prescription decision tool • Documentation of the same REFLECTION

	<ul style="list-style-type: none"> • Arriving at a final diagnosis by appropriate interpretation of investigations • Formulate the totality; Miasmatic evolution of expression of disease use of repertory if necessary and or referencing Materia Medica to arrive at the selection of indicated remedy, potency, repetition with justification • Plan for assessment of the condition for evidence based medicine
Competency Based Learning Methods	<ul style="list-style-type: none"> • Peer-based learning methods-Problem-based, case based, Brainstorming, Bedside, Ward rounds, Out-patient based, Lab-Based, Flipped learning , Roleplay. • Individual – based learning methods –Self regulated learning, reflective learning, portfolio-based, library based, e-learning, simulations, spaced repetition, deliberate practice, formative self-assessment.
Assessments	<ul style="list-style-type: none"> • Continuous / Programmatic assessment. • Practical assessment. • Written assessment. • Assignment, MCQ, OSCE, Bed Side Examination, DOPS (Direct Observation of Procedural Skills), Mini CEX (Clinical Evaluation Exercise) Case based assessment, simulation based assessment, spotting, Standardised Patients, Portfolio, Rubrics, Viva voce. • SAQ, LAQ- Descriptive, Case Scenario, Clinical application based, Problem Based Assessment.
Prescribed Texts	Refer to list attached
Domains of	Knowledge and Scholarship / Patient Care / Homoeopathic

Competencies	Orientation / Communication skill/ Practice Based Learning/ / Professionalism
Learning Outcome	<p>3.4 INFECTIONS OF KIDNEY AND URINARY TRACT</p> <p>KNOWLEDGE</p> <ul style="list-style-type: none"> • Aetiopathogenesis, clinical presentation, differential diagnosis, investigations, complications of infections of lower urinary tract, infections of upper urinary tract and kidney • Principles of Management • Miasmatic expression of disease • Use of appropriate repertory , • Applied Materia Medica • Ancillary measures <p>SKILLS</p> <ul style="list-style-type: none"> • Case taking with Physical Examination to assess the vitals and elicit the signs to arrive at the provisional diagnosis • Interpretation of investigations to confirm the diagnosis • Decision of acceptance or referral of case • Infer the miasm in a given case • Role of Homoeopathy in management- curative/ palliative /adjuvant • Remedy differentiation and final selection of remedy with appropriate use of repertory and referencing Materia Medica as a prescription decision tool • Documentation of the same <p>REFLECTION</p> <ul style="list-style-type: none"> • Arriving at a final diagnosis by appropriate interpretation of investigations

	<ul style="list-style-type: none"> • Formulate the totality; Miasmatic evolution of expression of disease use of repertory if necessary and or referencing Materia Medica to arrive at the selection of indicated remedy, potency, repetition with justification • Plan for assessment of the condition for evidence based medicine • Orient patient about the disease condition and time required for the recovery and importance of ancillary measures
Competency Based Learning Methods	<ul style="list-style-type: none"> • Peer-based learning methods-Problem-based, case based, Brainstorming, Bedside, Ward rounds, Out-patient based, Lab-Based, Flipped learning , Roleplay. • Individual – based learning methods –Self regulated learning, reflective learning, portfolio-based, library based, e-learning, simulations, spaced repetition, deliberate practice, formative self-assessment.
Assessments	<ul style="list-style-type: none"> • Continuous / Programmatic assessment. • Practical assessment. • Written assessment. • Assignment, MCQ, OSCE, Bed Side Examination, DOPS (Direct Observation of Procedural Skills), Mini CEX (Clinical Evaluation Exercise) Case based assessment, simulation based assessment, spotting, Standardised Patients, Portfolio, Rubrics, Viva voce. • SAQ, LAQ- Descriptive, Case Scenario, Clinical application based, Problem Based Assessment.
Prescribed Texts	Refer to list attached

Domains of Competencies	Knowledge and Scholarship / Patient Care / Homoeopathic Orientation / Communication skill/ Practice Based Learning/ / Professionalism
Learning Outcome	<p>3.5 URINARY TRACT CALCULI AND NEPHROCALCINOSIS</p> <p>KNOWLEDGE</p> <ul style="list-style-type: none"> • Aetiopathogenesis, clinical presentation, differential diagnosis, investigations, complications of • Urinary tract calculi and nephrocalcinosis • Principles of Management • Miasmatic expression of disease • Use of appropriate repertory , • Applied Materia Medica • Ancillary measures <p>SKILLS</p> <ul style="list-style-type: none"> • Case taking with Physical Examination to assess the vitals and elicit the signs to arrive at the provisional diagnosis • Interpretation of investigations to confirm the diagnosis • Decision of acceptance or referral of case • Infer the miasm in a given case • Role of Homoeopathy in management- curative/ palliative /adjuvant • Remedy differentiation and final selection of remedy with appropriate use of repertory and referencing Materia Medica as a prescription decision tool • Documentation of the same <p>REFLECTION</p> <ul style="list-style-type: none"> • Arriving at a final diagnosis by appropriate interpretation of investigations

	<ul style="list-style-type: none"> • Formulate the totality; Miasmatic evolution of expression of disease use of repertory if necessary and or referencing Materia Medica to arrive at the selection of indicated remedy, potency, repetition with justification • Plan for assessment of the condition for evidence based medicine
Competency Based Learning Methods	<ul style="list-style-type: none"> • Peer-based learning methods-Problem-based, case based, Brainstorming, Bedside, Ward rounds, Out-patient based, Lab-Based, Flipped learning , Roleplay. • Individual – based learning methods –Self regulated learning, reflective learning, portfolio-based, library based, e-learning, simulations, spaced repetition, deliberate practice, formative self-assessment.
Assessments	<ul style="list-style-type: none"> • Continuous / Programmatic assessment. • Practical assessment. • Written assessment. • Assignment, MCQ, OSCE, Bed Side Examination, DOPS (Direct Observation of Procedural Skills), Mini CEX (Clinical Evaluation Exercise) Case based assessment, simulation based assessment, spotting, Standardised Patients, Portfolio, Rubrics, Viva voce. • SAQ, LAQ- Descriptive, Case Scenario, Clinical application based, Problem Based Assessment.
Prescribed Texts	Refer to list attached
Domains of Competencies	Knowledge and Scholarship / Patient Care / Homoeopathic Orientation / Communication skill/ Practice Based Learning/ /

	Professionalism
Learning Outcome	3.6 RENAL INVOLVEMENT IN SYSTEMIC DISEASES KNOWLEDGE <ul style="list-style-type: none"> • Aetiopathogenesis, clinical presentation, differential diagnosis, investigations, complications of Diabetes mellitus, systemic vacuities, SLE, malignant diseases, pregnancy, and drug induced renal disease. • Principles of Management • Miasmatic expression of disease • Use of appropriate repertory , • Applied Materia Medica • Ancillary measures SKILLS <ul style="list-style-type: none"> • Case taking with Physical Examination to assess the vitals and elicit the signs to arrive at the provisional diagnosis • Interpretation of investigations to confirm the diagnosis • Decision of acceptance or referral of case • Infer the miasm in a given case • Role of Homoeopathy in management- curative/ palliative /adjuvant • Remedy differentiation and final selection of remedy with appropriate use of repertory and referencing Materia Medica as a prescription decision tool • Documentation of the same REFLECTION <ul style="list-style-type: none"> • Arriving at a final diagnosis by appropriate interpretation of investigations • Formulate the totality; Miasmatic evolution of

	<p>expression of disease use of repertory if necessary and or referencing Materia Medica to arrive at the selection of indicated remedy, potency, repetition with justification</p> <ul style="list-style-type: none"> • Plan for assessment of the condition for evidence based medicine
Competency Based Learning Methods	<ul style="list-style-type: none"> • Peer-based learning methods-Problem-based, case based, Brainstorming, Bedside, Ward rounds, Out-patient based, Lab-Based, Flipped learning , Roleplay. • Individual – based learning methods –Self regulated learning, reflective learning, portfolio-based, library based, e-learning, simulations, spaced repetition, deliberate practice, formative self-assessment.
Assessments	<ul style="list-style-type: none"> • Continuous / Programmatic assessment. • Practical assessment. • Written assessment. • Assignment, MCQ, OSCE, Bed Side Examination, DOPS (Direct Observation of Procedural Skills), Mini CEX (Clinical Evaluation Exercise) Case based assessment, simulation based assessment, spotting, Standardised Patients, Portfolio, Rubrics, Viva voce. • SAQ, LAQ- Descriptive, Case Scenario, Clinical application based, Problem Based Assessment.
Prescribed Texts	Refer to list attached
Domains of Competencies	Knowledge and Scholarship / Patient Care / Homoeopathic Orientation / Communication skill/ Practice Based Learning/ / Professionalism

Learning Outcome	3.7 RENAL VASCULAR DISEASES KNOWLEDGE <ul style="list-style-type: none"> • Aetiopathogenesis, clinical presentation, differential diagnosis, investigations, complications of • Renal artery stenosis, diseases of small intrarenal vessels • Principles of Management • Miasmatic expression of disease • Use of appropriate repertory , • Applied Materia Medica SKILLS <ul style="list-style-type: none"> • Case taking with Physical Examination to assess the vitals and elicit the signs to arrive at the provisional diagnosis • Interpretation of investigations to confirm the diagnosis • Decision of acceptance or referral of case • Infer the miasm in a given case • Role of Homoeopathy in management- curative/ palliative /adjuvant • Remedy differentiation and final selection of remedy with appropriate use of repertory and referencing Materia Medica as a prescription decision tool • Documentation of the same REFLECTION <ul style="list-style-type: none"> • Arriving at a final diagnosis by appropriate interpretation of investigations • Formulate the totality; Miasmatic evolution of expression of disease use of • Principles of Management • Applied Materia Medica • Ancillary measures
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Competency Based Learning Methods	<ul style="list-style-type: none"> • Peer-based learning methods-Problem-based, case based, Brainstorming, Bedside, Ward rounds, Out-patient based, Lab-Based, Flipped learning , Roleplay. • Individual – based learning methods –Self regulated learning, reflective learning, portfolio-based, library based, e-learning, simulations, spaced repetition, deliberate practice, formative self-assessment.
Assessments	<ul style="list-style-type: none"> • Continuous / Programmatic assessment. • Practical assessment. • Written assessment. • Assignment, MCQ, OSCE, Bed Side Examination, DOPS (Direct Observation of Procedural Skills), Mini CEX (Clinical Evaluation Exercise) Case based assessment, simulation based assessment, spotting, Standardised Patients, Portfolio, Rubrics, Viva voce. • SAQ, LAQ- Descriptive, Case Scenario, Clinical application based, Problem Based Assessment.
Prescribed Texts	Refer to list attached
Domains of Competencies	Knowledge and Scholarship / Patient Care / Homoeopathic Orientation / Communication skill/ Practice Based Learning/ / Professionalism
Learning Outcome	3.8 TUMOURS OF KIDNEY AND GENITOURINARY TRACT KNOWLEDGE <ul style="list-style-type: none"> • Aetiopathogenesis, clinical presentation, differential diagnosis, investigations, complications of • Tumours of kidney, tumours of the renal pelvis, uterus

	<p>and bladder, prostatic disease, testicular tumours.</p> <ul style="list-style-type: none"> • Standard line of treatment • Principles of Management • Miasmatic expression of disease • Use of appropriate repertory , • Applied Materia Medica • Ancillary measures <p>SKILLS</p> <ul style="list-style-type: none"> • Case taking with Physical Examination to assess the vitals and elicit the signs to arrive at the provisional diagnosis • Interpretation of investigations to confirm the diagnosis • Decision of acceptance or referral of case • Infer the miasm in a given case • Role of Homoeopathy in management- (curative/ palliative /adjuvant)/ Defining Scope and limitations • Remedy differentiation and final selection of remedy with appropriate use of repertory and referencing Materia Medica as a prescription decision tool • Documentation of the same <p>REFLECTION</p> <ul style="list-style-type: none"> • Arriving at a final diagnosis by appropriate interpretation of investigations • Formulate the totality; Miasmatic evolution of expression of disease use of repertory if necessary and or referencing Materia Medica to arrive at the selection of indicated remedy, potency, repetition with justification • Plan for assessment of the condition for evidence based medicine
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Competency Based Learning Methods	<ul style="list-style-type: none"> • Peer-based learning methods-Problem-based, case based, Brainstorming, Bedside, Ward rounds, Out-patient based, Lab-Based, Flipped learning , Roleplay. • Individual – based learning methods –Self regulated learning, reflective learning, portfolio-based, library based, e-learning, simulations, spaced repetition, deliberate practice, formative self-assessment.
Assessments	<ul style="list-style-type: none"> • Continuous / Programmatic assessment. • Practical assessment. • Written assessment. • Assignment, MCQ, OSCE, Bed Side Examination, DOPS (Direct Observation of Procedural Skills), Mini CEX (Clinical Evaluation Exercise) Case based assessment, simulation based assessment, spotting, Standardised Patients, Portfolio, Rubrics, Viva voce. • SAQ, LAQ- Descriptive, Case Scenario, Clinical application based, Problem Based Assessment.
Prescribed Texts	Refer to list attached
Domains of Competencies	Knowledge and Scholarship / Patient Care / Homoeopathic Orientation / Communication skill/ Practice Based Learning/ Professionalism
Learning Outcome	HOM-PG PM 18: ENDOCRINE AND METABOLIC DISEASE 4.1 Diseases of Hypothalamus and Pituitary gland KNOWLEDGE <ul style="list-style-type: none"> • Aetiopathogenesis, clinical presentation, differential

	<p>diagnosis, investigations, complications of Diseases of hypothalamus and pituitary gland</p> <ul style="list-style-type: none"> • Hypopituitarism, visual field defect, galactorrhoea, pituitary and hypothalamic tumours, hypothalamic and posterior pituitary disease • Standard line of treatment • Principles of Management • Miasmatic expression of disease • Use of appropriate repertory , • Applied Materia Medica • Ancillary measures <p>SKILLS</p> <ul style="list-style-type: none"> • Case taking with Physical Examination to assess the vitals and elicit the signs to arrive at the provisional diagnosis • Interpretation of investigations to confirm the diagnosis • Decision of acceptance or referral of case • Infer the miasm in a given case • Role of Homoeopathy in management- curative/ palliative /adjuvant • Remedy differentiation and final selection of remedy with appropriate use of • repertory and referencing Materia Medica as a prescription decision tool • Documentation of the same <p>REFLECTION</p> <ul style="list-style-type: none"> • Arriving at a final diagnosis by appropriate interpretation of investigations • Formulate the totality; Miasmatic evolution of expression of disease use of repertory if necessary and
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	<p>or referencing Materia Medica to arrive at the selection of indicated remedy, potency, repetition with justification</p> <ul style="list-style-type: none"> Plan for assessment of the condition for evidence based medicine
Competency Based Learning Methods	<ul style="list-style-type: none"> Peer-based learning methods-Problem-based, case based, Brainstorming, Bedside, Ward rounds, Out-patient based, Lab-Based, Flipped learning , Roleplay. Individual – based learning methods –Self regulated learning, reflective learning, portfolio-based, library based, e-learning, simulations, spaced repetition, deliberate practice, formative self-assessment.
Assessments	<ul style="list-style-type: none"> Continuous / Programmatic assessment. Practical assessment. Written assessment. Assignment, MCQ, OSCE, Bed Side Examination, DOPS (Direct Observation of Procedural Skills), Mini CEX (Clinical Evaluation Exercise) Case based assessment, simulation based assessment, spotting, Standardised Patients, Portfolio, Rubrics, Viva voce. SAQ, LAQ- Descriptive, Case Scenario, Clinical application based, Problem Based Assessment.
Prescribed Texts	Refer to list attached
Domains of Competencies	Knowledge and Scholarship / Patient Care / Homoeopathic Orientation / Communication skill/ Practice Based Learning/ / Professionalism
Learning Outcome	4.2 DISEASES OF THYROID GLAND

	<p>KNOWLEDGE</p> <ul style="list-style-type: none"> • Aetiopathogenesis, clinical presentation, differential diagnosis, investigations, complications of Diseases of thyroid gland, Hypothyroidism, hyperthyroidism, simple goitre, solitary thyroid nodule, malignant tumours • Standard line of treatment • Principles of Management • Miasmatic expression of disease • Use of appropriate repertory, • Applied Materia Medica • Ancillary measures <p>SKILLS</p> <ul style="list-style-type: none"> • Case taking with Physical Examination to assess the vitals and elicit the signs to arrive at the provisional diagnosis • Interpretation of investigations to confirm the diagnosis • Decision of acceptance or referral of case • Infer the miasm in a given case • Role of Homoeopathy in management- curative/ palliative /adjuvant • Remedy differentiation and final selection of remedy with appropriate use of repertory and referencing Materia Medica as a prescription decision tool • Documentation of the same <p>REFLECTION</p> <ul style="list-style-type: none"> • Arriving at a final diagnosis by appropriate interpretation of investigations • Formulate the totality; Miasmatic evolution of expression of disease use of repertory if necessary and or referencing Materia Medica to arrive at the selection
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	<p>of indicated remedy, potency, repetition with justification</p> <ul style="list-style-type: none"> Plan for assessment of the condition for evidence based medicine
Competency Based Learning Methods	<ul style="list-style-type: none"> Peer-based learning methods-Problem-based, case based, Brainstorming, Bedside, Ward rounds, Out-patient based, Lab-Based, Flipped learning , Roleplay. Individual – based learning methods –Self regulated learning, reflective learning, portfolio-based, library based, e-learning, simulations, spaced repetition, deliberate practice, formative self-assessment.
Assessments	<ul style="list-style-type: none"> Continuous / Programmatic assessment. Practical assessment. Written assessment. Assignment, MCQ, OSCE, Bed Side Examination, DOPS (Direct Observation of Procedural Skills), Mini CEX (Clinical Evaluation Exercise) Case based assessment, simulation based assessment, spotting, Standardised Patients, Portfolio, Rubrics, Viva voce. SAQ, LAQ- Descriptive, Case Scenario, Clinical application based, Problem Based Assessment.
Prescribed Texts	Refer to list attached
Domains of Competencies	KS,PC,HO,CS,PBL,PRF Knowledge and Scholarship / Patient Care / Homoeopathic Orientation / Communication skill/ Practice Based Learning/ / Professionalism
Learning Outcome	4.3 DISEASES OF PARATHYROID GLAND

	<p>KNOWLEDGE</p> <ul style="list-style-type: none"> • Aetiopathogenesis, clinical presentation, differential diagnosis, investigations, complications of Diseases of the Parathyroid Glands • hypercalcaemia, hypocalcaemia, hyperparathyroidism. • Standard line of treatment • Principles of Management • Miasmatic expression of disease • Use of appropriate repertory , • Applied Materia Medica • Ancillary measures <p>SKILLS</p> <ul style="list-style-type: none"> • Case taking with Physical Examination to assess the vitals and elicit the signs to arrive at the provisional diagnosis • Interpretation of investigations to confirm the diagnosis • Decision of acceptance or referral of case • Infer the miasm in a given case • Role of Homoeopathy in management- curative/ palliative /adjuvant • Remedy differentiation and final selection of remedy with appropriate use of repertory and referencing Materia Medica as a prescription decision tool • Documentation of the same <p>REFLECTION</p> <ul style="list-style-type: none"> • Arriving at a final diagnosis by appropriate interpretation of investigations • Formulate the totality; Miasmatic evolution of expression of disease use of repertory if necessary and or referencing Materia Medica to arrive at the selection
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	<p>of indicated remedy, potency, repetition with justification</p> <ul style="list-style-type: none"> Plan for assessment of the condition for evidence based medicine
Competency Based Learning Methods	<ul style="list-style-type: none"> Peer-based learning methods-Problem-based, case based, Brainstorming, Bedside, Ward rounds, Out-patient based, Lab-Based, Flipped learning , Roleplay. Individual – based learning methods –Self regulated learning, reflective learning, portfolio-based, library based, e-learning, simulations, spaced repetition, deliberate practice, formative self-assessment.
Assessments	<ul style="list-style-type: none"> Continuous / Programmatic assessment. Practical assessment. Written assessment. Assignment, MCQ, OSCE, Bed Side Examination, DOPS (Direct Observation of Procedural Skills), Mini CEX (Clinical Evaluation Exercise) Case based assessment, simulation based assessment, spotting, Standardised Patients, Portfolio, Rubrics, Viva voce. SAQ, LAQ- Descriptive, Case Scenario, Clinical application based, Problem Based Assessment.
Prescribed Texts	Refer to list attached
Domains of Competencies	<p>Knowledge and Scholarship / Patient Care / Homoeopathic Orientation / Communication skill/ Practice Based Learning/ / Professionalism</p>

Learning Outcome	<p>4.4 DISEASES OF ADRENAL GLAND</p> <p>KNOWLEDGE</p> <ul style="list-style-type: none"> • Aetiopathogenesis, clinical presentation, differential diagnosis, investigations, complications of Diseases of adrenal gland • Cushing's Syndrome, adrenal insufficiency, mineralocorticoid excess and primary hyperaldosteronism, phaeochromocytoma, congenital adrenal hyperplasia • Standard line of treatment • Principles of Management • Miasmatic expression of disease • Use of appropriate repertory , • Applied Materia Medica • Ancillary measures <p>SKILLS</p> <ul style="list-style-type: none"> • Case taking with Physical Examination to assess the vitals and elicit the signs to arrive at the provisional diagnosis • Interpretation of investigations to confirm the diagnosis • Decision of acceptance or referral of case • Infer the miasm in a given case • Role of Homoeopathy in management- curative/ palliative /adjuvant • Remedy differentiation and final selection of remedy with appropriate use of repertory and referencing Materia Medica as a prescription decision tool • Documentation of the same <p>REFLECTION</p> <ul style="list-style-type: none"> • Arriving at a final diagnosis by appropriate interpretation of
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	<p>investigations</p> <ul style="list-style-type: none"> • Formulate the totality; Miasmatic evolution of expression of disease use of repertory if necessary and or referencing Materia Medica to arrive at the selection of indicated remedy, potency, repetition with justification • Plan for assessment of the condition for evidence based medicine
Competency Based Learning Methods	<ul style="list-style-type: none"> • Peer-based learning methods-Problem-based, case based, Brainstorming, Bedside, Ward rounds, Out-patient based, Lab-Based, Flipped learning , Roleplay. • Individual – based learning methods –Self regulated learning, reflective learning, portfolio-based, library based e-learning, simulations, spaced repetition, deliberate practice, formative self-assessment.
Assessments	<ul style="list-style-type: none"> • Continuous / Programmatic assessment. • Practical assessment. • Written assessment. • Assignment, MCQ, OSCE, Bed Side Examination, DOPS (Direct Observation of Procedural Skills), Mini CEX (Clinical Evaluation Exercise) Case based assessment, simulation based assessment, spotting, Standardised Patients, Portfolio, Rubrics, Viva voce. • SAQ, LAQ- Descriptive, Case Scenario, Clinical application based, Problem Based Assessment.
Prescribed Texts	Refer to list attached
Domains of Competencies	<p>Knowledge and Scholarship / Patient Care / Homoeopathic Orientation / Communication skill/ Practice Based Learning/ / Professionalism</p>

Learning Outcome	<p data-bbox="526 247 1166 279">4.5 DISEASES OF ENDOCRINE PANCREAS</p> <p data-bbox="526 302 743 333">KNOWLEDGE</p> <ul data-bbox="574 359 1433 905" style="list-style-type: none"> • Aetiopathogenesis, clinical presentation, differential diagnosis, investigations, complications of Diseases of endocrine pancreas • spontaneous hypoglycaemia, • Standard line of treatment • Principles of Management <ul data-bbox="656 695 1117 842" style="list-style-type: none"> • Miasmatic expression of disease • Use of appropriate repertory , • Applied Materia Medica • Ancillary measures <p data-bbox="526 978 643 1010">SKILLS</p> <ul data-bbox="574 1035 1433 1629" style="list-style-type: none"> • Case taking with Physical Examination to assess the vitals and elicit the signs to arrive at the provisional diagnosis • Interpretation of investigations to confirm the diagnosis • Decision of acceptance or referral of case • Infer the miasm in a given case • Role of Homoeopathy in management- curative/ palliative /adjuvant • Remedy differentiation and final selection of remedy with appropriate use of repertory and referencing Materia Medica as a prescription decision tool • Documentation of the same <p data-bbox="526 1650 737 1682">REFLECTION</p> <ul data-bbox="656 1707 1433 1854" style="list-style-type: none"> • Arriving at a final diagnosis by appropriate interpretation of investigations • Formulate the totality; Miasmatic evolution of

	<p>expression of disease use of repertory if necessary and or referencing Materia Medica to arrive at the selection of indicated remedy, potency, repetition with justification</p> <ul style="list-style-type: none"> • Plan for assessment of the condition for evidence based medicine
Competency Based Learning Methods	<ul style="list-style-type: none"> • Peer-based learning methods-Problem-based, case based, Brainstorming, Bedside, Ward rounds, Out-patient based, Lab-Based, Flipped learning , Roleplay. • Individual – based learning methods –Self regulated learning, reflective learning, portfolio-based, library based, e-learning, simulations, spaced repetition, deliberate practice, formative self-assessment.
Assessments	<ul style="list-style-type: none"> • Continuous / Programmatic assessment. • Practical assessment. • Written assessment. • Assignment, MCQ, OSCE, Bed Side Examination, DOPS (Direct Observation of Procedural Skills), Mini CEX (Clinical Evaluation Exercise) Case based assessment, simulation based assessment, spotting, Standardised Patients, Portfolio, Rubrics, Viva voce. • SAQ, LAQ- Descriptive, Case Scenario, Clinical application based, Problem Based Assessment.
Prescribed Texts	Refer to list attached
Domains of Competencies	Knowledge and Scholarship / Patient Care / Homoeopathic Orientation / Communication skill/ Practice Based Learning/ /

	Professionalism
Learning Outcome	<p>4.6 DIABETES MELLITUS</p> <ul style="list-style-type: none"> • Aetiopathogenesis, clinical presentation, differential diagnosis, investigations, complications of • Diabetes mellitus. • Standard line of treatment • Principles of Management • Miasmatic expression of disease • Use of appropriate repertory , • Applied Materia Medica • Ancillary measures <p>SKILLS</p> <ul style="list-style-type: none"> • Case taking with Physical Examination to assess the vitals and elicit the signs to arrive at the provisional diagnosis • Interpretation of investigations to confirm the diagnosis • Decision of acceptance or referral of case • Infer the miasm in a given case. • Role of Homoeopathy in management- curative/ palliative /adjuvant • Remedy differentiation and final selection of remedy with appropriate use of repertory and referencing Materia Medica as a prescription decision tool • Documentation of the same <p>REFLECTION</p> <ul style="list-style-type: none"> • Arriving at a final diagnosis by appropriate interpretation of investigations • Formulate the totality; Miasmatic evolution of expression of disease use of repertory if necessary and

	<p>or referencing Materia Medica to arrive at the selection of indicated remedy, potency, repetition with justification</p> <ul style="list-style-type: none"> Plan for assessment of the condition for evidence based medicine
Competency Based Learning Methods	<ul style="list-style-type: none"> Peer-based learning methods-Problem-based, case based, Brainstorming, Bedside, Ward rounds, Out-patient based, Lab-Based, Flipped learning , Roleplay. Individual – based learning methods –Self regulated learning, reflective learning, portfolio-based, library based, e-learning, simulations, spaced repetition, deliberate practice, formative self-assessment.
Assessments	<ul style="list-style-type: none"> Continuous / Programmatic assessment. Practical assessment. Written assessment. Assignment, MCQ, OSCE, Bed Side Examination, DOPS (Direct Observation of Procedural Skills), Mini CEX (Clinical Evaluation Exercise) Case based assessment, simulation based assessment, spotting, Standardised Patients, Portfolio, Rubrics, Viva voce. SAQ, LAQ- Descriptive, Case Scenario, Clinical application based, Problem Based Assessment.
Prescribed Texts	Refer to list attached
Domains of Competencies	Knowledge and Scholarship / Patient Care / Homoeopathic Orientation / Communication skill/ Practice Based Learning/ / Professionalism
Learning Outcome	HOM-PG PM 19: ALIMENTARY TRACT AND PANCREATIC

DISEASES

5.1 Diseases of mouth and salivary glands

KNOWLEDGE OF

- Aetiopathogenesis, clinical presentation, differential diagnosis, investigations, complications of aphthous ulceration, candidiasis, parotitis, Vincent's angina
- Principles of Management
- Miasmatic expression of disease
- Use of appropriate repertory ,
- Applied Materia Medica
- Ancillary measures

SKILLS

- Case taking with Physical Examination to assess the vitals and elicit the signs to arrive at the provisional diagnosis
- Interpretation of investigations to confirm the diagnosis
- Decision of acceptance or referral of case
- Infer the miasm in a given case
- Role of Homoeopathy in management- curative/ palliative /adjuvant
- Remedy differentiation and final selection of remedy with appropriate use of repertory and referencing Materia Medica as a prescription decision tool
- Documentation of the same

REFLECTION

- Arriving at a final diagnosis by appropriate interpretation of investigations
- Formulate the totality; Miasmatic evolution of expression of disease use of repertory if necessary and or referencing Materia Medica to arrive at the selection

	<p>of indicated remedy, potency, repetition with justification</p> <ul style="list-style-type: none"> • Plan for assessment of the condition for evidence based medicine
Competency Based Learning Methods	<ul style="list-style-type: none"> • Peer-based learning methods-Problem-based, case based, Brainstorming, Bedside, Ward rounds, Out-patient based, Lab-Based, Flipped learning , Roleplay. • Individual – based learning methods –Self regulated learning, reflective learning, portfolio-based, library based, e-learning, simulations, spaced repetition, deliberate practice, formative self-assessment.
Assessments	<ul style="list-style-type: none"> • Continuous / Programmatic assessment. • Practical assessment. • Written assessment. • Assignment, MCQ, OSCE, Bed Side Examination, DOPS (Direct Observation of Procedural Skills), Mini CEX (Clinical Evaluation Exercise) Case based assessment, simulation based assessment, spotting, Standardised Patients, Portfolio, Rubrics, Viva voce. • SAQ, LAQ- Descriptive, Case Scenario, Clinical application based, Problem Based Assessment.
Prescribed Texts	Refer to list attached
Domains of Competencies	Knowledge and Scholarship / Patient Care / Homoeopathic Orientation / Communication skill/ Practice Based Learning/ / Professionalism
Learning Outcome	5.2 DISEASES OF OESOPHAGUS, STOMACH AND DUODENUM

	<p>KNOWLEDGE</p> <ul style="list-style-type: none"> • Aetiopathogenesis, clinical presentation, differential diagnosis, investigations, complications of Gastro-oesophageal reflux disease, motility disorders, tumours of oesophagus, perforation of oesophagus, gastritis, peptic ulcer disease, functional disorders, tumours of the stomach • Principles of Management • Miasmatic expression of disease • Use of appropriate repertory , • Applied Materia Medica • Applied Materia Medica • Ancillary measures <p>SKILLS</p> <ul style="list-style-type: none"> • Case taking with Physical Examination to assess the vitals and elicit the signs to arrive at the provisional diagnosis • Interpretation of investigations to confirm the diagnosis • Decision of acceptance or referral of case • Infer the miasm in a given case. • Role of Homoeopathy in management- curative/ palliative /adjuvant • Remedy differentiation and final selection of remedy with appropriate use of repertory and referencing Materia Medica as a prescription decision tool • Documentation of the same <p>REFLECTION</p> <ul style="list-style-type: none"> • Arriving at a final diagnosis by appropriate interpretation of investigations • Formulate the totality; Miasmatic evolution of
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	<p>expression of disease use of repertory if necessary and or referencing Materia Medica to arrive at the selection of indicated remedy, potency, repetition with justification</p> <ul style="list-style-type: none"> Plan for assessment of the condition for evidence based medicine
Competency Based Learning Methods	<ul style="list-style-type: none"> Peer-based learning methods-Problem-based, case based, Brainstorming, Bedside, Ward rounds, Out-patient based, Lab-Based, Flipped learning , Roleplay. Individual – based learning methods –Self regulated learning, reflective learning, portfolio-based, library based, e-learning, simulations, spaced repetition, deliberate practice, formative self-assessment.
Assessments	<ul style="list-style-type: none"> Continuous / Programmatic assessment. Practical assessment. Written assessment. Assignment, MCQ, OSCE, Bed Side Examination, DOPS (Direct Observation of Procedural Skills), Mini CEX (Clinical Evaluation Exercise) Case based assessment, simulation based assessment, spotting, Standardised Patients, Portfolio, Rubrics, Viva voce. SAQ, LAQ- Descriptive, Case Scenario, Clinical application based, Problem Based Assessment.
Prescribed Texts	Refer to list attached
Domains of Competencies	<p>Knowledge and Scholarship / Patient Care / Homoeopathic Orientation / Communication skill/ Practice Based Learning/ / Professionalism</p>

Learning Outcome	<p data-bbox="526 247 1078 279">5.3 DISEASES OF SMALL INTESTINE</p> <p data-bbox="526 302 740 333">KNOWLEDGE</p> <ul data-bbox="659 359 1433 951" style="list-style-type: none"> <li data-bbox="659 359 1433 663">• Aetiopathogenesis, clinical presentation, differential diagnosis, investigations, complications of disorders causing mal-absorption, motility disorders, miscellaneous disorders of small intestine, adverse food reactions, infections of small intestine, tumours of small intestine <li data-bbox="659 688 1040 720">• Principles of Management <li data-bbox="659 745 1117 777">• Miasmatic expression of disease <li data-bbox="659 802 1081 833">• Use of appropriate repertory , <li data-bbox="659 858 1016 890">• Applied Materia Medica <li data-bbox="659 915 951 947">• Ancillary measures <p data-bbox="526 972 643 1003">SKILLS</p> <ul data-bbox="659 1029 1433 1675" style="list-style-type: none"> <li data-bbox="659 1029 1433 1171">• Case taking with Physical Examination to assess the vitals and elicit the signs to arrive at the provisional diagnosis <li data-bbox="659 1197 1409 1228">• Interpretation of investigations to confirm the diagnosis <li data-bbox="659 1253 1230 1285">• Decision of acceptance or referral of case <li data-bbox="659 1310 1105 1341">• Infer the miasm in a given case. <li data-bbox="659 1367 1433 1455">• Role of Homoeopathy in management- curative/ palliative /adjuvant <li data-bbox="659 1480 1433 1623">• Remedy differentiation and final selection of remedy with appropriate use of repertory and referencing Materia Medica as a prescription decision tool <li data-bbox="659 1648 1052 1680">• Documentation of the same <p data-bbox="526 1705 737 1736">REFLECTION</p> <ul data-bbox="659 1761 1433 1843" style="list-style-type: none"> <li data-bbox="659 1761 1433 1843">• Arriving at a final diagnosis by appropriate interpretation of investigations

	<ul style="list-style-type: none"> • Formulate the totality; Miasmatic evolution of expression of disease use of repertory if necessary and or referencing Materia Medica to arrive at the selection of indicated remedy, potency, repetition with justification • Plan for assessment of the condition for evidence based medicine
Competency Based Learning Methods	<ul style="list-style-type: none"> • Peer-based learning methods-Problem-based, case based, Brainstorming, Bedside, Ward rounds, Out-patient based, Lab-Based, Flipped learning , Roleplay. • Individual – based learning methods –Self regulated learning, reflective learning, portfolio-based, library based, e-learning, simulations, spaced repetition, deliberate practice, formative self-assessment.
Assessments	<ul style="list-style-type: none"> • Continuous / Programmatic assessment. • Practical assessment. • Written assessment. • Assignment, MCQ, OSCE, Bed Side Examination, DOPS (Direct Observation of Procedural Skills), Mini CEX (Clinical Evaluation Exercise) Case based assessment, simulation based assessment, spotting, Standardised Patients, Portfolio, Rubrics, Viva voce. • SAQ, LAQ- Descriptive, Case Scenario, Clinical application based, Problem Based Assessment.
Prescribed Texts	Refer to list attached
Domains of	Knowledge and Scholarship / Patient Care / Homoeopathic

Competencies	Orientation / Communication skill/ Practice Based Learning/ / Professionalism
Learning Outcome	<p>5.4 DISEASES OF PANCREAS</p> <p>KNOWLEDGE</p> <ul style="list-style-type: none"> • Aetiopathogenesis, clinical presentation, differential diagnosis, investigations, complications of acute and chronic pancreatitis, congenital abnormalities of pancreas, tumours of pancreas. • Principles of Management • Miasmatic expression of disease • Use of appropriate repertory , • Applied Materia Medica • Ancillary measures <p>SKILLS</p> <ul style="list-style-type: none"> • Case taking with Physical Examination to assess the vitals and elicit the signs to arrive at the provisional diagnosis • Interpretation of investigations to confirm the diagnosis • Documentation of the same • Decision of acceptance or referral of case • Infer the miasm in a given case. • Role of Homoeopathy in management- curative/ palliative /adjuvant • Remedy differentiation and final selection of remedy with appropriate use of repertory and referencing Materia Medica as a prescription decision tool • Documentation of the same <p>REFLECTION</p> <ul style="list-style-type: none"> • Arriving at a final diagnosis by appropriate

	<p>interpretation of investigations</p> <ul style="list-style-type: none"> • Formulate the totality; Miasmatic evolution of expression of disease use of repertory if necessary and or referencing Materia Medica to arrive at the selection of indicated remedy, potency, repetition with justification • Plan for assessment of the condition for evidence based medicine
Competency Based Learning Methods	<ul style="list-style-type: none"> • Peer-based learning methods-Problem-based, case based, Brainstorming, Bedside, Ward rounds, Out-patient based, Lab-Based, Flipped learning , Roleplay. • Individual – based learning methods –Self regulated learning, reflective learning, portfolio-based, library based, e-learning, simulations, spaced repetition, deliberate practice, formative self-assessment.
Assessments	<ul style="list-style-type: none"> • Continuous / Programmatic assessment. • Practical assessment. • Written assessment. • Assignment, MCQ, OSCE, Bed Side Examination, DOPS (Direct Observation of Procedural Skills), Mini CEX (Clinical Evaluation Exercise) Case based assessment, simulation based assessment, spotting, Standardised Patients, Portfolio, Rubrics, Viva voce. • SAQ, LAQ- Descriptive, Case Scenario, Clinical application based, Problem Based Assessment.
Prescribed Texts	Refer to list attached
Domains of Competencies	Knowledge and Scholarship / Patient Care / Homoeopathic Orientation / Communication skill/ Practice Based Learning/ /

	Professionalism
Learning Outcome	<p>5.5 IRRITABLE BOWEL SYNDROME</p> <p>KNOWLEDGE</p> <ul style="list-style-type: none"> • Aetiopathogenesis, clinical presentation, differential diagnosis, investigations, complications of irritable bowel syndrome • Principles of Management • Miasmatic expression of disease • Use of appropriate repertory , • Applied Materia Medica • Ancillary measures <p>SKILLS</p> <ul style="list-style-type: none"> • Case taking with Physical Examination to assess the vitals and elicit the signs to arrive at the provisional diagnosis • Interpretation of investigations to confirm the diagnosis • Decision of acceptance or referral of case • Infer the miasm in a given case • Role of Homoeopathy in management- curative/ palliative /adjuvant • Remedy differentiation and final selection of remedy with appropriate use of repertory and referencing Materia Medica as a prescription decision tool • Documentation of the same <p>REFLECTION</p> <ul style="list-style-type: none"> • Arriving at a final diagnosis by appropriate interpretation of investigations • Formulate the totality; Miasmatic evolution of expression of disease use of repertory if necessary and

	<p>or referencing Materia Medica to arrive at the selection of indicated remedy, potency, repetition with justification</p> <ul style="list-style-type: none"> Plan for assessment of the condition for evidence based medicine
	<ul style="list-style-type: none"> Peer-based learning methods-Problem-based, case based, Brainstorming, Bedside, Ward rounds, Out-patient based, Lab-Based, Flipped learning , Roleplay. Individual – based learning methods –Self regulated learning, reflective learning, portfolio-based, library based, e-learning, simulations, spaced repetition, deliberate practice, formative self-assessment.
Assessment	<ul style="list-style-type: none"> Continuous / Programmatic assessment. Practical assessment. Written assessment. Assignment, MCQ, OSCE, Bed Side Examination, DOPS (Direct Observation of Procedural Skills), Mini CEX (Clinical Evaluation Exercise) Case based assessment, simulation based assessment, spotting, Standardised Patients, Portfolio, Rubrics, Viva voce. SAQ, LAQ- Descriptive, Case Scenario, Clinical application based, Problem Based Assessment.
Prescribed Texts	Refer to list attached
Domain of competencies	Knowledge and Scholarship / Patient Care / Homoeopathic Orientation / Communication skill/ Practice Based Learning/ / Professionalism
Learning Outcome	5.6 INFLAMMATORY BOWEL DISEASE

	<p>KNOWLEDGE</p> <ul style="list-style-type: none"> • Aetiopathogenesis, clinical presentation, differential diagnosis, investigations, complications of inflammatory bowel syndrome • Principles of Management • Miasmatic expression of disease • Use of appropriate repertory , • Applied Materia Medica • Ancillary measures <p>SKILLS</p> <ul style="list-style-type: none"> • Case taking with Physical Examination to assess the vitals and elicit the signs to arrive at the provisional diagnosis • Interpretation of investigations to confirm the diagnosis • Decision of acceptance or referral of case • Infer the miasm in a given case. • Role of Homoeopathy in management- curative/ palliative /adjuvant • Remedy differentiation and final selection of remedy with appropriate use of repertory and referencing Materia Medica as a prescription decision tool • Documentation of the same <p>REFLECTION</p> <ul style="list-style-type: none"> • Arriving at a final diagnosis by appropriate interpretation of investigations • Formulate the totality; Miasmatic evolution of expression of disease use of repertory if necessary and or referencing Materia Medica to arrive at the selection of indicated remedy, potency, repetition with justification
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	<ul style="list-style-type: none"> Plan for assessment of the condition for evidence based medicine
Competency Based Learning Methods	<ul style="list-style-type: none"> Peer-based learning methods-Problem-based, case based, Brainstorming, Bedside, Ward rounds, Out-patient based, Lab-Based, Flipped learning , Roleplay. Individual – based learning methods –Self regulated learning, reflective learning, portfolio-based, library based, e-learning, simulations, spaced repetition, deliberate practice, formative self-assessment.
Assessments	<ul style="list-style-type: none"> Continuous / Programmatic assessment. Practical assessment. Written assessment. Assignment, MCQ, OSCE, Bed Side Examination, DOPS (Direct Observation of Procedural Skills), Mini CEX (Clinical Evaluation Exercise) Case based assessment, simulation based assessment, spotting, Standardised Patients, Portfolio, Rubrics, Viva voce. SAQ, LAQ- Descriptive, Case Scenario, Clinical application based, Problem Based Assessment.
Prescribed Texts	Refer to list attached
Domains of Competencies	Knowledge and Scholarship / Patient Care / Homoeopathic Orientation / Communication skill/ Practice Based Learning/ / Professionalism
Learning Outcome	5.7 DISORDERS OF COLON AND ANORECTUM KNOWLEDGE <ul style="list-style-type: none"> Aetiopathogenesis, clinical presentation, differential diagnosis, investigations,

	<p>complications of Tumours of colon and rectum, diverticulosis, constipation and disorders of defaecation, faecal incontinence, haemorrhoids, pruritis ani, solitary rectal ulcer syndrome, anal fissure, anorectal abscesses and fistulae</p> <ul style="list-style-type: none"> • Principles of Management • Miasmatic expression of disease • Use of appropriate repertory , • Applied Materia Medica • Ancillary measures <p>SKILLS</p> <ul style="list-style-type: none"> • Case taking with Physical Examination to assess the vitals and elicit the signs to arrive at the provisional diagnosis • Interpretation of investigations to confirm the diagnosis • Decision of acceptance or referral of case • Infer the miasm in a given case • Role of Homoeopathy in management- curative/ palliative /adjuvant • Remedy differentiation and final selection of remedy with appropriate use of repertory and referencing Materia Medica as a prescription decision tool • Documentation of the same <p>REFLECTION</p> <ul style="list-style-type: none"> • Arriving at a final diagnosis by appropriate interpretation of investigations • Formulate the totality; Miasmatic evolution of expression of disease use of repertory if necessary and or referencing Materia Medica to arrive at the selection of indicated remedy, potency, repetition with
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	<p>justification</p> <ul style="list-style-type: none"> Plan for assessment of the condition for evidence based medicine
Competency Based Learning Methods	<ul style="list-style-type: none"> Peer-based learning methods-Problem-based, case based, Brainstorming, Bedside, Ward rounds, Out-patient based, Lab-Based, Flipped learning , Roleplay. Individual – based learning methods –Self regulated learning, reflective learning, portfolio-based, library based, e-learning, simulations, spaced repetition, deliberate practice, formative self-assessment.
Assessments	<ul style="list-style-type: none"> Continuous / Programmatic assessment. Practical assessment. Written assessment. Assignment, MCQ, OSCE, Bed Side Examination, DOPS (Direct Observation of Procedural Skills), Mini CEX (Clinical Evaluation Exercise) Case based assessment, simulation based assessment, spotting, Standardised Patients, Portfolio, Rubrics, Viva voce. SAQ, LAQ- Descriptive, Case Scenario, Clinical application based, Problem Based Assessment.
Prescribed Texts	Refer to list attached
Domains of Competencies	Knowledge and Scholarship / Patient Care / Homoeopathic Orientation / Communication skill/ Practice Based Learning/ / Professionalism
Learning Outcome	<p>5.8 DISEASES OF PERITONEAL CAVITY</p> <p>KNOWLEDGE</p> <ul style="list-style-type: none"> Aetiopathogenesis, clinical presentation, differential

	<p>diagnosis, investigations, complications of Peritonitis and tumours of peritoneal cavity</p> <ul style="list-style-type: none"> • Principles of Management • Miasmatic expression of disease • Use of appropriate repertory , • Applied Materia Medica • Ancillary measures <p>SKILLS</p> <ul style="list-style-type: none"> • Case taking with Physical Examination to assess the vitals and elicit the signs to arrive at the provisional diagnosis • Interpretation of investigations to confirm the diagnosis • Decision of acceptance or referral of case • Infer the miasm in a given case. • Role of Homoeopathy in management- curative/ palliative /adjuvant • Remedy differentiation and final selection of remedy with appropriate use of repertory and referencing Materia Medica as a prescription decision tool • Documentation of the same <p>REFLECTION</p> <ul style="list-style-type: none"> • Arriving at a final diagnosis by appropriate interpretation of investigations • Formulate the totality; Miasmatic evolution of expression of disease use of repertory if necessary and or referencing Materia Medica to arrive at the selection of indicated remedy, potency, repetition with justification • Plan for assessment of the condition for evidence based medicine
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Competency Based Learning Methods	<ul style="list-style-type: none"> • Peer-based learning methods-Problem-based, case based, Brainstorming, Bedside, Ward rounds, Out-patient based, Lab-Based, Flipped learning , Roleplay. • Individual – based learning methods –Self regulated learning, reflective learning, portfolio-based, library based, e-learning, simulations, spaced repetition, deliberate practice, formative self-assessment.
Assessments	<ul style="list-style-type: none"> • Continuous / Programmatic assessment. • Practical assessment. • Written assessment. • Assignment, MCQ, OSCE, Bed Side Examination, DOPS (Direct Observation of Procedural Skills), Mini CEX (Clinical Evaluation Exercise) Case based assessment, simulation based assessment, spotting, Standardised Patients, Portfolio, Rubrics, Viva voce. • SAQ, LAQ- Descriptive, Case Scenario, Clinical application based, Problem Based Assessment.
Prescribed Texts	Refer to list attached
Domains of Competencies	Knowledge and Scholarship / Patient Care / Homoeopathic Orientation / Communication skill/ Practice Based Learning/ / Professionalism
Learning Outcome	5.9 DISEASES OF GUT INJURY KNOWLEDGE <ul style="list-style-type: none"> • Aetiopathogenesis, clinical presentation, differential diagnosis, investigations, complications of Ischaemic gut injury (Acute small bowel ischaemia, acute colonic

	<p>ischaemia, chronic mesenteric ischaemia)</p> <ul style="list-style-type: none"> • Principles of Management • Miasmatic expression of disease • Use of appropriate repertory , • Applied Materia Medica • Ancillary measures <p>SKILLS</p> <ul style="list-style-type: none"> • Case taking with Physical Examination to assess the vitals and elicit the signs to arrive at the provisional diagnosis • Interpretation of investigations to confirm the diagnosis • Decision of acceptance or referral of case • Infer the miasm in a given case. • Role of Homoeopathy in management- curative/ palliative /adjuvant • Remedy differentiation and final selection of remedy with appropriate use of repertory and referencing Materia Medica as a prescription decision tool • Documentation of the same <p>REFLECTION</p> <ul style="list-style-type: none"> • Arriving at a final diagnosis by appropriate interpretation of investigations • Formulate the totality; Miasmatic evolution of expression of disease use of repertory if necessary and or referencing Materia Medica to arrive at the selection of indicated remedy, potency, repetition with justification • Plan for assessment of the condition for evidence based medicine
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Competency Based Learning Methods	<ul style="list-style-type: none"> • Peer-based learning methods-Problem-based, case based, Brainstorming, Bedside, Ward rounds, Out-patient based, Lab-Based, Flipped learning , Roleplay. • Individual – based learning methods –Self regulated learning, reflective learning, portfolio-based, library based, e-learning, simulations, spaced repetition, deliberate practice, formative self-assessment.
Assessments	<ul style="list-style-type: none"> • Continuous / Programmatic assessment. • Practical assessment. • Written assessment. • Assignment, MCQ, OSCE, Bed Side Examination, DOPS (Direct Observation of Procedural Skills), Mini CEX (Clinical Evaluation Exercise) Case based assessment, simulation based assessment, spotting, Standardised Patients, Portfolio, Rubrics, Viva voce. • SAQ, LAQ- Descriptive, Case Scenario, Clinical application based, Problem Based Assessment.
Prescribed Texts	Refer to list attached
Domains of Competencies	Knowledge and Scholarship / Patient Care / Homoeopathic Orientation / Communication skill/ Practice Based Learning/ / Professionalism
Learning Outcome	HOM-PG PM 20: LIVER AND BILIARY TRACT DISEASE 6.1 Acute fulminant hepatic failure KNOWLEDGE <ul style="list-style-type: none"> • Risk factors, aetiopathogenesis, clinical presentation, grades, diagnosis, investigations, complications of Acute fulminant hepatic failure standard line of treatment

	<ul style="list-style-type: none"> • Principles of Management • Miasmatic expression of disease • Use of appropriate repertory , • Applied Materia Medica • Ancillary measures <p>SKILLS</p> <ul style="list-style-type: none"> • Case taking with physical examination to assess the vitals and elicit the signs to arrive at the provisional diagnosis. • Interpretation of investigations to confirm the diagnosis • Decision of acceptance or referral of case • Infer the miasm in a given case. • Role of Homoeopathy in management (curative/Palliative/ Adjuvant) • Arriving at the totality of symptoms • Remedy differentiation and final selection of remedy with appropriate use of repertory and referencing Materia Medica as a prescription decision tool • Documentation of the same <p>REFLECTION</p> <ul style="list-style-type: none"> • Arriving at a final diagnosis by appropriate interpretation of investigations • Formulate the totality; Miasmatic evolution of expression of disease use of repertory if necessary and or referencing Materia Medica to arrive at the selection of indicated remedy, potency, repetition with justification • Plan for assessment of the condition for evidence based medicine.
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Competency Based Learning Methods	<ul style="list-style-type: none"> • Peer-based learning methods-Problem-based, case based, Brainstorming, Bedside, Ward rounds, Out-patient based, Lab-Based, Flipped learning , Roleplay. • Individual – based learning methods –Self regulated learning, reflective learning, portfolio-based, library based, e-learning, simulations, spaced repetition, deliberate practice, formative self-assessment.
Assessments	<ul style="list-style-type: none"> • Continuous / Programmatic assessment. • Practical assessment. • Written assessment. • Assignment, MCQ, OSCE, Bed Side Examination, DOPS (Direct Observation of Procedural Skills), Mini CEX (Clinical Evaluation Exercise) Case based assessment, simulation based assessment, spotting, Standardised Patients, Portfolio, Rubrics, Viva voce. • SAQ, LAQ- Descriptive, Case Scenario, Clinical application based, Problem Based Assessment.
Prescribed Texts	Refer to list attached
Domains of Competencies	Knowledge and Scholarship / Patient Care / Homoeopathic Orientation / Communication skill/ Practice Based Learning/ / Professionalism
Learning Outcome	6.2 LIVER CIRRHOSIS AND CHRONIC LIVER FAILURE KNOWLEDGE <ul style="list-style-type: none"> • Risk factors, aetiopathogenesis, clinical presentation, grades, diagnosis, investigations, complications of Liver cirrhosis and chronic liver failure • Standard line of treatment • Principles of Management

	<ul style="list-style-type: none"> • Miasmatic expression of disease • Use of appropriate repertory , • Applied Materia Medica • Ancillary measures <p>SKILLS</p> <ul style="list-style-type: none"> • Case taking with physical examination to assess the vitals and elicit the signs to arrive at the provisional diagnosis. • Interpretation of investigations to confirm the diagnosis • Decision of acceptance or referral of case • Infer the miasm in a given case • Role of Homoeopathy in management (curative/Palliative/ Adjuvant) • Arriving at the totality of symptoms • Remedy differentiation and final selection of remedy with appropriate use of repertory and referencing Materia Medica as a prescription decision tool • Documentation of the same <p>REFLECTION</p> <ul style="list-style-type: none"> • Arriving at a final diagnosis by appropriate interpretation of investigations • Formulate the totality; Miasmatic evolution of expression of disease use of repertory if necessary and or referencing Materia Medica to arrive at the selection of indicated remedy, potency, repetition with justification • Plan for assessment of the condition for evidence based medicine
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Competency Based Learning Methods	<ul style="list-style-type: none"> • Peer-based learning methods-Problem-based, case based, Brainstorming, Bedside, Ward rounds, Out-patient based, Lab-Based, Flipped learning , Roleplay. • Individual – based learning methods –Self regulated learning, reflective learning, portfolio-based, library based, e-learning, simulations, spaced repetition, deliberate practice, formative self-assessment.
Assessments	<ul style="list-style-type: none"> • Continuous / Programmatic assessment. • Practical assessment. • Written assessment. • Assignment, MCQ, OSCE, Bed Side Examination, DOPS (Direct Observation of Procedural Skills), Mini CEX (Clinical Evaluation Exercise) Case based assessment, simulation based assessment, spotting, Standardised Patients, Portfolio, Rubrics, Viva voce. • SAQ, LAQ- Descriptive, Case Scenario, Clinical application based, Problem Based Assessment.
Prescribed Texts	Refer to list attached
Domains of Competencies	Knowledge and Scholarship / Patient Care / Homoeopathic Orientation / Communication skill/ Practice Based Learning/ / Professionalism
Learning Outcome	6.3 PORTAL HYPERTENSION KNOWLEDGE <ul style="list-style-type: none"> • Risk factors, aetiopathogenesis, clinical presentation, grades, diagnosis, investigations, complications of Portal hypertension • Standard line of treatment

	<ul style="list-style-type: none"> • Principles of Management • Miasmatic expression of disease • Use of appropriate repertory , • Applied Materia Medica • Ancillary measures <p>SKILLS</p> <ul style="list-style-type: none"> • Case taking with physical examination to assess the vitals and elicit the signs to arrive at the provisional diagnosis. • Interpretation of investigations to confirm the diagnosis • Decision of acceptance or referral of case • Infer the miasm in a given case. • Role of Homoeopathy in management (curative/Palliative/ Adjuvant) • Arriving at the totality of symptoms • Remedy differentiation and final selection of remedy with appropriate use of repertory and referencing Materia Medica as a prescription decision tool • Documentation of the same <p>REFLECTION</p> <ul style="list-style-type: none"> • Arriving at a final diagnosis by appropriate interpretation of investigations • Formulate the totality; Miasmatic evolution of expression of disease use of repertory if necessary and or referencing Materia Medica to arrive at the selection of indicated remedy, potency, repetition with justification • Plan for assessment of the condition for evidence based medicine.
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Competency Based Learning Methods	<ul style="list-style-type: none"> • Peer-based learning methods-Problem-based, case based, Brainstorming, Bedside, Ward rounds, Out-patient based, Lab-Based, Flipped learning , Roleplay. • Individual – based learning methods –Self regulated learning, reflective learning, portfolio-based, library based, e-learning, simulations, spaced repetition, deliberate practice, formative self-assessment.
Assessments	<ul style="list-style-type: none"> • Continuous / Programmatic assessment. • Practical assessment. • Written assessment. • Assignment, MCQ, OSCE, Bed Side Examination, DOPS (Direct Observation of Procedural Skills), Mini CEX (Clinical Evaluation Exercise) Case based assessment, simulation based assessment, spotting, Standardised Patients, Portfolio, Rubrics, Viva voce. • SAQ, LAQ- Descriptive, Case Scenario, Clinical application based, Problem Based Assessment.
Prescribed Texts	Refer to list attached
Domains of Competencies	Knowledge and Scholarship / Patient Care / Homoeopathic Orientation / Communication skill/ Practice Based Learning/ / Professionalism
Learning Outcome	6.4 HEPATIC ENCEPHALOPATHY KNOWLEDGE <ul style="list-style-type: none"> • Risk factors, aetiopathogenesis, clinical presentation, grades, diagnosis, investigations, complications of Hepatic encephalopathy • Standard line of treatment • Principles of Management

	<ul style="list-style-type: none"> • Miasmatic expression of disease • Use of appropriate repertory , • Applied Materia Medica • Scope and limitations of Homoeopathy <p>SKILLS</p> <ul style="list-style-type: none"> • Case taking with physical examination to assess the vitals and elicit the signs to arrive at the provisional diagnosis. • Interpretation of investigations to confirm the diagnosis • Decision of acceptance or referral of case • Infer the miasm in a given case. • Role of Homoeopathy in management (curative/Palliative/ Adjuvant)/ Defining scope and limitations • Arriving at the totality of symptoms • Remedy differentiation and final selection of remedy with appropriate use of repertory and referencing Materia Medica as a prescription decision tool <p>REFLECTION</p> <ul style="list-style-type: none"> • Arriving at a final diagnosis by appropriate interpretation of investigations • Formulate the totality; Miasmatic evolution of expression of disease use of repertory if necessary and or referencing Materia Medica to arrive at the selection of indicated remedy, potency, repetition with justification • Plan for assessment of the condition for evidence based medicine.
Competency Based	<ul style="list-style-type: none"> • Peer-based learning methods-Problem-based, case based,

Learning Methods	<p>Brainstorming, Bedside, Ward rounds, Out-patient based, Lab-Based, Flipped learning , Roleplay.</p> <ul style="list-style-type: none"> • Individual – based learning methods –Self regulated learning, reflective learning, portfolio-based, library based, e-learning, simulations, spaced repetition, deliberate practice, formative self-assessment.
Assessments	<ul style="list-style-type: none"> • Continuous / Programmatic assessment. • Practical assessment. • Written assessment. • Assignment, MCQ, OSCE, Bed Side Examination, DOPS (Direct Observation of Procedural Skills), Mini CEX (Clinical Evaluation Exercise) Case based assessment, simulation based assessment, spotting, Standardised Patients, Portfolio, Rubrics, Viva voce. • SAQ, LAQ- Descriptive, Case Scenario, Clinical application based, Problem Based Assessment. •
Prescribed Texts	Refer to list attached
Domains of Competencies	<p>Knowledge and Scholarship / Patient Care / Homoeopathic Orientation / Communication skill/ Practice Based Learning/ / Professionalism</p>
Learning Outcome	<p>6.5 HEPATORENAL FAILURE</p> <p>KNOWLEDGE</p> <ul style="list-style-type: none"> • Risk factors, aetiopathogenesis, clinical presentation, grades, diagnosis, investigations, complications of Hepatorenal Failure • Standard line of treatment • Principles of Management • Miasmatic expression of disease

	<ul style="list-style-type: none"> • Use of appropriate repertory , • Applied Materia Medica • Scope and limitations of Homoeopathy <p>SKILLS</p> <ul style="list-style-type: none"> • Case taking with physical examination to assess the vitals and elicit the signs to arrive at the provisional diagnosis. • Interpretation of investigations to confirm the diagnosis • Decision of acceptance or referral of case • Infer the miasm in a given case. • Role of Homoeopathy in management (curative/Palliative/ Adjuvant) /Defining scope and limitations • Arriving at the totality of symptoms • Remedy differentiation and final selection of remedy with appropriate use of repertory and referencing Materia Medica as a prescription decision tool <p>REFLECTION</p> <ul style="list-style-type: none"> • Arriving at a final diagnosis by appropriate interpretation of investigations • Formulate the totality; Miasmatic evolution of expression of disease use of repertory if necessary and or referencing Materia Medica to arrive at the selection of indicated remedy, potency, repetition with justification • Plan for assessment of the condition for evidence based medicine
Competency Based Learning Methods	<ul style="list-style-type: none"> • Peer-based learning methods-Problem-based, case based, Brainstorming, Bedside, Ward rounds, Out-patient based, Lab-

	<p>Based, Flipped learning , Roleplay.</p> <ul style="list-style-type: none"> • Individual – based learning methods –Self regulated learning, reflective learning, portfolio-based, library based, e-learning, simulations, spaced repetition, deliberate practice, formative self-assessment.
Assessments	<ul style="list-style-type: none"> • Continuous / Programmatic assessment. • Practical assessment. • Written assessment. • Assignment, MCQ, OSCE, Bed Side Examination, DOPS (Direct Observation of Procedural Skills), Mini CEX (Clinical Evaluation Exercise) Case based assessment, simulation based assessment, spotting, Standardised Patients, Portfolio, Rubrics, Viva voce. • SAQ, LAQ- Descriptive, Case Scenario, Clinical application based, Problem Based Assessment.
Prescribed Texts	Refer to list attached
Domains of Competencies	Knowledge and Scholarship / Patient Care / Homoeopathic Orientation / Communication skill/ Practice Based Learning/ / Professionalism
Learning Outcome	<p>6.6 SPECIFIC CAUSES OF PARENCHYMAL LIVER DISEASE KNOWLEDGE</p> <ul style="list-style-type: none"> • Risk factors, aetiopathogenesis, clinical presentation, classification, diagnosis, investigations, complications of Viral hepatitis, alcoholic liver disease, fatty liver and non-alcoholic steatohepatitis, autoimmune hepatitis, haemochromatosis, Wilson’s disease, alpha 1 antitrypsin deficiency, biliary cirrhosis, sclerosing cholangitis, vascular diseases of liver,

	<ul style="list-style-type: none"> • Standard line of treatment • Principles of Management • Miasmatic expression of disease • Use of appropriate repertory , • Applied Materia Medica • Scope and limitations of Homoeopathy • Ancillary measures <p>SKILLS</p> <ul style="list-style-type: none"> • Case taking with physical examination to assess the vitals and elicit the signs to arrive at the provisional diagnosis. • Interpretation of investigations to confirm the diagnosis • Decision of acceptance or referral of case • Infer the miasm in a given case. • Role of Homoeopathy in management (curative/Palliative/ Adjuvant) • Arriving at the totality of symptoms • Remedy differentiation and final selection of remedy with appropriate use of repertory and referencing Materia Medica as a prescription decision tool • Documentation of the same <p>REFLECTION</p> <ul style="list-style-type: none"> • Arriving at a final diagnosis by appropriate interpretation of investigations • Formulate the totality; Miasmatic evolution of expression of disease use of repertory if necessary and or referencing Materia Medica to arrive at the selection of indicated remedy, potency, repetition with justification • Plan for assessment of the condition for evidence based
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	medicine
Competency Based Learning Methods	<ul style="list-style-type: none"> • Peer-based learning methods-Problem-based, case based, Brainstorming, Bedside, Ward rounds, Out-patient based, Lab-Based, Flipped learning , Roleplay. • Individual – based learning methods –Self regulated learning, reflective learning, portfolio-based, library based, e-learning, simulations, spaced repetition, deliberate practice, formative self-assessment.
Assessments	<ul style="list-style-type: none"> • Continuous / Programmatic assessment. • Practical assessment. • Written assessment. • Assignment, MCQ, OSCE, Bed Side Examination, DOPS (Direct Observation of Procedural Skills), Mini CEX (Clinical Evaluation Exercise) Case based assessment, simulation based assessment, spotting, Standardised Patients, Portfolio, Rubrics, Viva voce. • SAQ, LAQ- Descriptive, Case Scenario, Clinical application based, Problem Based Assessment.
Prescribed Texts	Refer to list attached
Domains of Competencies	Knowledge and Scholarship / Patient Care / Homoeopathic Orientation / Communication skill/ Practice Based Learning/ / Professionalism
Learning Outcome	6.7 TUMOURS OF LIVER KNOWLEDGE <ul style="list-style-type: none"> • Risk factors, aetiopathogenesis, clinical presentation, diagnosis, investigations, complications of tumours of liver

	<ul style="list-style-type: none"> • Standard line of treatment • Principles of Management • Miasmatic expression of disease • Use of appropriate repertory , • Applied Materia Medica • Ancillary measures <p>SKILLS</p> <ul style="list-style-type: none"> • Case taking with physical examination to assess the vitals and elicit the signs to arrive at the provisional diagnosis. • Interpretation of investigations to confirm the diagnosis • Decision of acceptance or referral of case • Infer the miasm in a given case. • Role of Homoeopathy in management (curative/Palliative/ Adjuvant)/Defining scope and limitations • Arriving at the totality of symptoms • Remedy differentiation and final selection of remedy with appropriate use of repertory and referencing Materia Medica as a prescription decision tool • Documentation of the same <p>REFLECTION</p> <ul style="list-style-type: none"> • Arriving at a final diagnosis by appropriate interpretation of investigations • Formulate the totality; Miasmatic evolution of expression of disease use of repertory if necessary and or referencing Materia Medica to arrive at the selection of indicated remedy, potency, repetition with justification • Plan for assessment of the condition for evidence based
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	medicine
Competency Based Learning Methods	<ul style="list-style-type: none"> • Peer-based learning methods-Problem-based, case based, Brainstorming, Bedside, Ward rounds, Out-patient based, Lab-Based, Flipped learning , Roleplay. • Individual – based learning methods –Self regulated learning, reflective learning, portfolio-based, library based, e-learning, simulations, spaced repetition, deliberate practice, formative self-assessment.
Assessments	<ul style="list-style-type: none"> • Continuous / Programmatic assessment. • Practical assessment. • Written assessment. • Assignment, MCQ, OSCE, Bed Side Examination, DOPS (Direct Observation of Procedural Skills), Mini CEX (Clinical Evaluation Exercise) Case based assessment, simulation based assessment, spotting, Standardised Patients, Portfolio, Rubrics, Viva voce. • SAQ, LAQ- Descriptive, Case Scenario, Clinical application based, Problem Based Assessment.
Prescribed Texts	Refer to list attached
Domains of Competencies	Knowledge and Scholarship / Patient Care / Homoeopathic Orientation / Communication skill/ Practice Based Learning/ / Professionalism
Learning Outcome	6.8 MISCELLANEOUS LIVER DISEASES KNOWLEDGE <ul style="list-style-type: none"> • Risk factors, aetiopathogenesis, clinical presentation, diagnosis, investigations, complications of Liver abscess, hepatic nodule, cystic and fibropolycystic disease

	<ul style="list-style-type: none"> • Standard line of treatment • Principles of Management • Miasmatic expression of disease • Use of appropriate repertory , • Applied Materia Medica • Ancillary measures <p>SKILLS</p> <ul style="list-style-type: none"> • Case taking with physical examination to assess the vitals and elicit the signs to arrive at the provisional diagnosis. • Interpretation of investigations to confirm the diagnosis • Decision of acceptance or referral of case • Infer the miasm in a given case. • Role of Homoeopathy in management (Curative/Palliative/ Adjuvant) • Arriving at the totality of symptoms • Remedy differentiation and final selection of remedy with appropriate use of repertory and referencing Materia Medica as a prescription decision tool • Documentation of the same <p>REFLECTION</p> <ul style="list-style-type: none"> • Arriving at a final diagnosis by appropriate interpretation of investigations • Formulate the totality; Miasmatic evolution of expression of disease use of repertory if necessary and or referencing Materia Medica to arrive at the selection of indicated remedy, potency, repetition with justification • Plan for assessment of the condition for evidence based medicine
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Competency Based Learning Methods	<ul style="list-style-type: none"> • Peer-based learning methods-Problem-based, case based, Brainstorming, Bedside, Ward rounds, Out-patient based, Lab-Based, Flipped learning , Roleplay. • Individual – based learning methods –Self regulated learning, reflective learning, portfolio-based, library based, e-learning, simulations, spaced repetition, deliberate practice, formative self-assessment.
Assessments	<ul style="list-style-type: none"> • Continuous / Programmatic assessment. • Practical assessment. • Written assessment. • Assignment, MCQ, OSCE, Bed Side Examination, DOPS (Direct Observation of Procedural Skills), Mini CEX (Clinical Evaluation Exercise) Case based assessment, simulation based assessment, spotting, Standardised Patients, Portfolio, Rubrics, Viva voce. • SAQ, LAQ- Descriptive, Case Scenario, Clinical application based, Problem Based Assessment.
Prescribed Texts	Refer to list attached
Domains of Competencies	Knowledge and Scholarship / Patient Care / Homoeopathic Orientation / Communication skill/ Practice Based Learning/ / Professionalism
Learning Outcome	6.9 GALL BLADDER AND OTHER BILIARY DISEASES KNOWLEDGE <ul style="list-style-type: none"> • Risk factors, aetiopathogenesis, clinical presentation, diagnosis, investigations, complications of gallstones, cholecystitis, choledocholithiasis, tumours of gallbladder and bile duct, miscellaneous biliary disorders.

	<ul style="list-style-type: none"> • Standard line of treatment • Principles of Management • Miasmatic expression of disease • Use of appropriate repertory , • Applied Materia Medica • Ancillary measures <p>SKILLS</p> <ul style="list-style-type: none"> • Case taking with physical examination to assess the vitals and elicit the signs to arrive at the provisional diagnosis. • Interpretation of investigations to confirm the diagnosis • Decision of acceptance or referral of case • Infer the miasm in a given case. • Role of Homoeopathy in management (curative/Palliative/ Adjuvant) • Arriving at the totality of symptoms • Remedy differentiation and final selection of remedy with appropriate use of repertory and referencing Materia Medica as a prescription decision tool • Documentation of the same <p>REFLECTION</p> <ul style="list-style-type: none"> • Arriving at a final diagnosis by appropriate interpretation of investigations • Formulate the totality; Miasmatic evolution of expression of disease use of repertory if necessary and or referencing Materia Medica to arrive at the selection of indicated remedy, potency, repetition with justification • Plan for assessment of the condition for evidence based medicine
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Competency Based Learning Methods	<ul style="list-style-type: none"> • Peer-based learning methods-Problem-based, case based, Brainstorming, Bedside, Ward rounds, Out-patient based, Lab-Based, Flipped learning , Roleplay. • Individual – based learning methods –Self regulated learning, reflective learning, portfolio-based, library based, e-learning, simulations, spaced repetition, deliberate practice, formative self-assessment.
Assessments	<ul style="list-style-type: none"> • Continuous / Programmatic assessment. • Practical assessment. • Written assessment. • Assignment, MCQ, OSCE, Bed Side Examination, DOPS (Direct Observation of Procedural Skills), Mini CEX (Clinical Evaluation Exercise) Case based assessment, simulation based assessment, spotting, Standardised Patients, Portfolio, Rubrics, Viva voce. • SAQ, LAQ- Descriptive, Case Scenario, Clinical application based, Problem Based Assessment.
Prescribed Texts	Refer to list attached
Domains of Competencies	Knowledge and Scholarship / Patient Care / Homoeopathic Orientation / Communication skill/ Practice Based Learning/ / Professionalism
Learning Outcome	<p>HOM-PG PM 21: BLOOD DISORDERS</p> <p>7.1 LEUKOPENIA, LEUCOCYTOSIS, THROMBOCYTOPENIA, THROMBOCYTOSIS, PANCYTOPENIA</p> <p>KNOWLEDGE</p> <ul style="list-style-type: none"> • Aetiopathogenesis, clinical presentation, diagnosis,

	<p>investigations, complications of</p> <ul style="list-style-type: none"> • Leukopenia, leucocytosis, thrombocytopenia, thrombocytosis, pancytopenia • Standard line of treatment • Principles of Management • Miasmatic expression of disease • Use of appropriate repertory , • Applied Materia Medica • Ancillary measures <p>SKILLS</p> <ul style="list-style-type: none"> • Case taking with physical examination to assess the vitals and elicit the signs to arrive at the provisional diagnosis. • Interpretation of investigations to confirm the diagnosis • Decision of acceptance or referral of case • Infer the miasm in a given case. • Role of Homoeopathy in management (Curative/Palliative/ Adjuvant) • Arriving at the totality of symptoms • Remedy differentiation and final selection of remedy with appropriate use of repertory and referencing Materia Medica as a prescription decision tool • Documentation of the same <p>REFLECTION</p> <ul style="list-style-type: none"> • Arriving at a final diagnosis by appropriate interpretation of investigations • Formulate the totality; Miasmatic evolution of expression of disease use of repertory if necessary and or referencing Materia Medica to arrive at the selection of indicated remedy, potency, repetition with
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	<p>justification</p> <ul style="list-style-type: none"> Plan for assessment of the condition for evidence based medicine.
Competency Based Learning Methods	<ul style="list-style-type: none"> Peer-based learning methods-Problem-based, case based, Brainstorming, Bedside, Ward rounds, Out-patient based, Lab-Based, Flipped learning , Roleplay. Individual – based learning methods –Self regulated learning, reflective learning, portfolio-based, library based, e-learning, simulations, spaced repetition, deliberate practice, formative self-assessment.
Assessments	<ul style="list-style-type: none"> Continuous / Programmatic assessment. Practical assessment. Written assessment. Assignment, MCQ, OSCE, Bed Side Examination, DOPS (Direct Observation of Procedural Skills), Mini CEX (Clinical Evaluation Exercise) Case based assessment, simulation based assessment, spotting, Standardised Patients, Portfolio, Rubrics, Viva voce. SAQ, LAQ- Descriptive, Case Scenario, Clinical application based, Problem Based Assessment.
Prescribed Texts	Refer to list attached
Domains of Competencies	Knowledge and Scholarship / Patient Care / Homoeopathic Orientation / Communication skill/ Practice Based Learning/ / Professionalism
Learning Outcome	<p>7.2 ANAEMIA</p> <p>KNOWLEDGE</p> <ul style="list-style-type: none"> Aetiopathogenesis, clinical presentation, diagnosis,

	<p>investigations, complications of Iron deficiency anaemia, megaloblastic anaemia, chronic anaemia, haemolysis, congenital haemolysis, acquired haemolytic anaemia, haemoglobinopathies</p> <ul style="list-style-type: none"> • Standard line of treatment • Principles of Management • Miasmatic expression of disease • Use of appropriate repertory , • Applied Materia Medica • Ancillary measures <p>SKILLS</p> <ul style="list-style-type: none"> • Case taking with physical examination to assess the vitals and elicit the signs to arrive at the provisional diagnosis. • Interpretation of investigations to confirm the diagnosis • Decision of acceptance or referral of case • Infer the miasm in a given case. • Role of Homoeopathy in management (Curative/Palliative/ Adjuvant) • Arriving at the totality of symptoms • Remedy differentiation and final selection of remedy with appropriate use of repertory and referencing Materia Medica as a prescription decision tool • Documentation of the same <p>REFLECTION</p> <ul style="list-style-type: none"> • Arriving at a final diagnosis by appropriate interpretation of investigations • Formulate the totality; Miasmatic evolution of expression of disease use of repertory if necessary and or referencing Materia Medica to arrive at the selection
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	<p>of indicated remedy, potency, repetition with justification</p> <ul style="list-style-type: none"> • Plan for assessment of the condition for evidence based medicine.
Competency Based Learning Methods	<ul style="list-style-type: none"> • Peer-based learning methods-Problem-based, case based, Brainstorming, Bedside, Ward rounds, Out-patient based, Lab-Based, Flipped learning , Roleplay. • Individual – based learning methods –Self regulated learning, reflective learning, portfolio-based, library based, e-learning, simulations, spaced repetition, deliberate practice, formative self-assessment.
Assessments	<ul style="list-style-type: none"> • Continuous / Programmatic assessment. • Practical assessment. • Written assessment. • Assignment, MCQ, OSCE, Bed Side Examination, DOPS (Direct Observation of Procedural Skills), Mini CEX (Clinical Evaluation Exercise) Case based assessment, simulation based assessment, spotting, Standardised Patients, Portfolio, Rubrics, Viva voce. • SAQ, LAQ- Descriptive, Case Scenario, Clinical application based, Problem Based Assessment.
Prescribed Texts	Refer to list attached
Domains of Competencies	Knowledge and Scholarship / Patient Care / Homoeopathic Orientation / Communication skill/ Practice Based Learning/ / Professionalism
Learning Outcome	7.3 BLOOD PRODUCTS AND TRANSFUSION

	<p>KNOWLEDGE</p> <ul style="list-style-type: none"> • Different types of blood products • Procedure of blood and blood product transfusion • Indications and contraindications of transfusion • Adverse effects of transfusion <p>SKILLS</p> <ul style="list-style-type: none"> • Appropriate use of various blood products after confirming the diagnosis through interpretation of investigations. • Standard procedures for pre- transfusion samples and administering transfusion • Decision of acceptance or referral of case • Documentation of the same <p>REFLECTION</p> <ul style="list-style-type: none"> • Plan for assessment of a progress of the condition for evidence based medicine
Competency Based Learning Methods	<ul style="list-style-type: none"> • Peer-based learning methods-Problem-based, case based, Brainstorming, Bedside, Ward rounds, Out-patient based, Lab-Based, Flipped learning , Roleplay. • Individual – based learning methods –Self regulated learning, reflective learning, portfolio-based, library based, e-learning, simulations, spaced repetition, deliberate practice, formative self-assessment.
Assessments	<ul style="list-style-type: none"> • Continuous / Programmatic assessment. • Practical assessment. • Written assessment. • Assignment, MCQ, OSCE, Bed Side Examination, DOPS (Direct Observation of Procedural Skills), Mini CEX (Clinical Evaluation

	<p>Exercise) Case based assessment, simulation based assessment, spotting, Standardised Patients, Portfolio, Rubrics, Viva voce.</p> <ul style="list-style-type: none"> • SAQ, LAQ- Descriptive, Case Scenario, Clinical application based, Problem Based Assessment.
Prescribed Texts	Refer to list attached
Domains of Competencies	Knowledge and Scholarship / Patient Care / Homoeopathic Orientation / Communication skill/ Practice Based Learning/ / Professionalism
Learning Outcome	<p>7.4 HAEMATOLOGICAL MALIGNANCIES</p> <p>KNOWLEDGE</p> <ul style="list-style-type: none"> • Aetiopathogenesis, clinical presentation, diagnosis, investigations, complications of leukaemia, lymphomas, paraproteinaemias, aplastic anaemia • Standard line of treatment • Scope and limitations of Homoeopathy • Principles of Management • Miasmatic expression of disease • Use of appropriate repertory , • Applied Materia Medica • Ancillary measures <p>SKILLS</p> <ul style="list-style-type: none"> • Case taking with physical examination to assess the vitals and elicit the signs to arrive at the provisional diagnosis. • Interpretation of investigations to confirm the diagnosis • Decision of acceptance or referral of case

	<ul style="list-style-type: none"> • Infer the miasm in a given case. • Role of Homoeopathy in management (Curative/Palliative/ Adjuvant) • Arriving at the totality of symptoms • Remedy differentiation and final selection of remedy with appropriate use of repertory and referencing Materia Medica as a prescription decision tool • Documentation of the same <p>REFLECTION</p> <ul style="list-style-type: none"> • Arriving at a final diagnosis by appropriate interpretation of investigations • Formulate the totality; Miasmatic evolution of expression of disease use of repertory if necessary and or referencing Materia Medica to arrive at the selection of indicated remedy, potency, repetition with justification • Plan for assessment of the condition for evidence based medicine
Competency Based Learning Methods	<ul style="list-style-type: none"> • Peer-based learning methods-Problem-based, case based, Brainstorming, Bedside, Ward rounds, Out-patient based, Lab-Based, Flipped learning , Roleplay. • Individual – based learning methods –Self regulated learning, reflective learning, portfolio-based, library based, e-learning, simulations, spaced repetition, deliberate practice, formative self-assessment.
Assessments	<ul style="list-style-type: none"> • Continuous / Programmatic assessment. • Practical assessment. • Written assessment. • Assignment, MCQ, OSCE, Bed Side Examination, DOPS (Direct

	<p>Observation of Procedural Skills), Mini CEX (Clinical Evaluation Exercise) Case based assessment, simulation based assessment, spotting, Standardised Patients, Portfolio, Rubrics, Viva voce.</p> <ul style="list-style-type: none"> • SAQ, LAQ- Descriptive, Case Scenario, Clinical application based, Problem Based Assessment.
Prescribed Texts	Refer to list attached
Domains of Competencies	<p>Knowledge and Scholarship / Patient Care / Homoeopathic Orientation / Communication skill/ Practice Based Learning/ / Professionalism</p>
Learning Outcome	<p>7.5 MYELOPROLIFERATIVE DISORDERS</p> <p>KNOWLEDGE</p> <ul style="list-style-type: none"> • Aetiopathogenesis, clinical presentation, diagnosis, investigations, complications of myelofibrosis • Standard line of treatment • Scope and limitations of Homoeopathy • Principles of Management • Miasmatic expression of disease • Use of appropriate repertory , • Applied Materia Medica • Ancillary measures <p>SKILLS</p> <ul style="list-style-type: none"> • Case taking with physical examination to assess the vitals and elicit the signs to arrive at the provisional diagnosis. • Interpretation of investigations to confirm the diagnosis • Decision of acceptance or referral of case • Infer the miasm in a given case.

	<ul style="list-style-type: none"> • Role of Homoeopathy in management (Curative/Palliative/ Adjuvant) • Arriving at the totality of symptoms • Remedy differentiation and final selection of remedy with appropriate use of repertory and referencing Materia Medica as a prescription decision tool • Documentation of the same <p>REFLECTION</p> <ul style="list-style-type: none"> • Arriving at a final diagnosis by appropriate interpretation of investigations • Formulate the totality; Miasmatic evolution of expression of disease use of repertory if necessary and or referencing Materia Medica to arrive at the selection of indicated remedy, potency, repetition with justification • Plan for assessment of the condition for evidence based medicine
Competency Based Learning Methods	<ul style="list-style-type: none"> • Peer-based learning methods-Problem-based, case based, Brainstorming, Bedside, Ward rounds, Out-patient based, Lab-Based, Flipped learning , Roleplay. • Individual – based learning methods –Self regulated learning, reflective learning, portfolio-based, library based, e-learning, simulations, spaced repetition, deliberate practice, formative self-assessment.
Assessments	<ul style="list-style-type: none"> • Continuous / Programmatic assessment. • Practical assessment. • Written assessment. • Assignment, MCQ, OSCE, Bed Side Examination, DOPS (Direct Observation of Procedural Skills), Mini CEX (Clinical Evaluation

	<p>Exercise) Case based assessment, simulation based assessment, spotting, Standardised Patients, Portfolio, Rubrics, Viva voce.</p> <ul style="list-style-type: none"> • SAQ, LAQ- Descriptive, Case Scenario, Clinical application based, Problem Based Assessment.
Prescribed Texts	Refer to list attached
Domains of Competencies	Knowledge and Scholarship / Patient Care / Homoeopathic Orientation / Communication skill/ Practice Based Learning/ / Professionalism
Learning Outcome	<p>7.6 BLEEDING DISORDERS</p> <p>KNOWLEDGE</p> <ul style="list-style-type: none"> • Aetiopathogenesis, clinical presentation, diagnosis, investigations, complications of disorders of primary haemostasis, vessel wall abnormalities, platelet functional disorders, coagulation disorders, congenital bleeding disorders, acquired bleeding disorders • Standard line of treatment • Principles of Management • Miasmatic expression of disease • Use of appropriate repertory , • Applied Materia Medica • Ancillary measures <p>SKILLS</p> <ul style="list-style-type: none"> • Case taking with physical examination to assess the vitals and elicit the signs to arrive at the provisional diagnosis. • Interpretation of investigations to confirm the diagnosis

	<ul style="list-style-type: none"> • Decision of acceptance or referral of case • Infer miasm in a given case. • Role of Homoeopathy in management (Curative/Palliative/ Adjuvant) • Arriving at the totality of symptoms • Remedy differentiation and final selection of remedy with appropriate use of repertory and referencing Materia Medica as a prescription decision tool • Documentation of the same <p>REFLECTION</p> <ul style="list-style-type: none"> • Arriving at a final diagnosis by appropriate interpretation of investigations • Formulate the totality; Miasmatic evolution of expression of disease use of repertory if necessary and or referencing Materia Medica to arrive at the selection of indicated remedy, potency, repetition with justification • Plan for assessment of the condition for evidence based medicine
Competency Based Learning Methods	<ul style="list-style-type: none"> • Peer-based learning methods-Problem-based, case based, Brainstorming, Bedside, Ward rounds, Out-patient based, Lab-Based, Flipped learning , Roleplay. • Individual – based learning methods –Self regulated learning, reflective learning, portfolio-based, library based, e-learning, simulations, spaced repetition, deliberate practice, formative self-assessment.
Assessments	<ul style="list-style-type: none"> • Continuous / Programmatic assessment. • Practical assessment. • Written assessment.

	<ul style="list-style-type: none"> • Assignment, MCQ, OSCE, Bed Side Examination, DOPS (Direct Observation of Procedural Skills), Mini CEX (Clinical Evaluation Exercise) Case based assessment, simulation based assessment, spotting, Standardised Patients, Portfolio, Rubrics, Viva voce. • SAQ, LAQ- Descriptive, Case Scenario, Clinical application based, Problem Based Assessment. <p>Refer to list attached</p>
Prescribed Texts	Knowledge and Scholarship / Patient Care / Homoeopathic Orientation / Communication skill/ Practice Based Learning/ / Professionalism
Domains of Competencies	
Learning Outcome	<p>7.7 VENOUS THROMBOSIS</p> <p>KNOWLEDGE</p> <ul style="list-style-type: none"> • Aetiopathogenesis, clinical presentation, diagnosis, investigations, complications of Haematological disorders predisposing to venous thromboembolism. • Standard line of treatment • Principles of Management • Miasmatic expression of disease • Use of appropriate repertory , • Applied Materia Medica • Ancillary measures <p>SKILLS</p> <ul style="list-style-type: none"> • Case taking with physical examination to assess the vitals and elicit the signs to arrive at the provisional

	<p>diagnosis.</p> <ul style="list-style-type: none"> • Interpretation of investigations to confirm the diagnosis • Decision of acceptance or referral of case • Infer the miasm in a given case. • Role of Homoeopathy in management (Curative/Palliative/ Adjuvant) • Arriving at the totality of symptoms • Remedy differentiation and final selection of remedy with appropriate use of repertory and referencing Materia Medica as a prescription decision tool • Documentation of the same <p>REFLECTION</p> <ul style="list-style-type: none"> • Arriving at a final diagnosis by appropriate interpretation of investigations • Formulate the totality; Miasmatic evolution of expression of disease use of repertory if necessary and or referencing Materia Medica to arrive at the selection of indicated remedy, potency, repetition with justification • Plan for assessment of the condition for evidence based medicine
Competency Based Learning Methods	<ul style="list-style-type: none"> • Peer-based learning methods-Problem-based, case based, Brainstorming, Bedside, Ward rounds, Out-patient based, Lab-Based, Flipped learning, Roleplay. • Individual – based learning methods –Self regulated learning, reflective learning, portfolio-based, library based, e-learning, simulations, spaced repetition, deliberate practice, formative self-assessment.
Assessments	<ul style="list-style-type: none"> • Continuous / Programmatic assessment. • Practical assessment.

	<ul style="list-style-type: none"> • Written assessment. • Assignment, MCQ, OSCE, Bed Side Examination, DOPS (Direct Observation of Procedural Skills), Mini CEX (Clinical Evaluation Exercise) Case based assessment, simulation based assessment, spotting, Standardised Patients, Portfolio, Rubrics, Viva voce. • SAQ, LAQ- Descriptive, Case Scenario, Clinical application based, Problem Based Assessment.
Prescribed Texts	Refer to list attached
Domains of Competencies	Knowledge and Scholarship / Patient Care / Homoeopathic Orientation / Communication skill/ Practice Based Learning/ / Professionalism
Learning Outcome	<p>HOM-PG PM 22: MUSCULOSKELETAL DISEASES AND DISORDERS OF BONE METABOLISM</p> <p>KNOWLEDGE</p> <ul style="list-style-type: none"> • Aetiopathogenesis, clinical features, investigations, complications of Musculoskeletal Diseases • standard line of treatment • scope and limitations of Homoeopathy • Miasmatic expression of disease • Use of appropriate repertory , • Applied Materia Medica <p>SKILL</p> <ul style="list-style-type: none"> • Case taking with physical examination to assess the vitals and elicit the signs to arrive at the provisional diagnosis

	<ul style="list-style-type: none"> • Interpretation of investigations to confirm the diagnosis • Decision of acceptance or referral of case • Infer the miasm in a given case. • Role of homoeopathy in management - (curative/ palliative /adjuvant) • Arriving at the totality of the symptoms of the case • Remedy differentiation and final selection of remedy with appropriate use of repertory and referring Materia Medica as a prescription decision tool <p>REFLECTION</p> <ul style="list-style-type: none"> • Arriving at a final diagnosis by appropriate interpretation of investigations • Formulate the totality, use of repertory if necessary and or referring Materia Medica to arrive at selection of indicated remedy
Competency Based Learning Methods	<ul style="list-style-type: none"> • Peer-based learning methods-Problem-based, case based, Brainstorming, Bedside, Ward rounds, Out-patient based, Lab-Based, Flipped learning, Roleplay. • Individual – based learning methods –Self regulated learning, reflective learning, portfolio-based, library based, e-learning, simulations, spaced repetition, deliberate practice, formative self-assessment.
Assessments	<ul style="list-style-type: none"> • Continuous / Programmatic assessment. • Practical assessment. • Written assessment. • Assignment, MCQ, OSCE, Bed Side Examination, DOPS (Direct Observation of Procedural Skills), Mini CEX (Clinical Evaluation Exercise) Case based assessment, simulation based assessment,

	<p>spotting, Standardised Patients, Portfolio, Rubrics, Viva voce.</p> <ul style="list-style-type: none"> • SAQ, LAQ- Descriptive, Case Scenario, Clinical application based, Problem Based Assessment.
Prescribed Texts	Refer to list attached
Domains of Competencies	<p>Knowledge and Scholarship / Patient Care / Homoeopathic Orientation / Communication skill/ Practice Based Learning/ / Professionalism</p>
Learning Outcome	<p>8.1 DEGENERATIVE JOINT DISEASES</p> <p>KNOWLEDGE</p> <ul style="list-style-type: none"> • Epidemiology aetio-pathogenesis, clinical features, investigations, complications • standard line of Osteoarthritis and other degenerative joint disorder • Key management goals • Ancillary measures • Miasmatic expression of disease • Use of appropriate repertory , • Applied Materia Medica <p>SKILL</p> <ul style="list-style-type: none"> • Case taking with physical examination to assess stage of disease and elicit the signs to arrive at the provisional diagnosis • Interpretation of investigations to confirm the diagnosis • Decision of acceptance or referral of case

	<ul style="list-style-type: none"> • Infer the miasm in a given case. • Role of homoeopathy in management - (curative/ palliative /adjuvant) • Arriving at the totality of the symptoms of the case • Miasmatic evolution of expression of disease • Remedy differentiation and final selection of remedy with appropriate use of repertory and referencing Materia Medica as a prescription decision tool <p>REFLECTION</p> <ul style="list-style-type: none"> • Arriving at a final diagnosis by appropriate interpretation of investigations • Formulate the totality, use of repertory if necessary and or referencing Materia Medica to arrive at selection of indicated remedy with Posology.
Competency Based Learning Methods	<ul style="list-style-type: none"> • Peer-based learning methods-Problem-based, case based, Brainstorming, Bedside, Ward rounds, Out-patient based, Lab-Based, Flipped learning , Roleplay. • Individual – based learning methods –Self regulated learning, reflective learning, portfolio-based, library based, e-learning, simulations, spaced repetition, deliberate practice, formative self-assessment.
Assessments	<ul style="list-style-type: none"> • Continuous / Programmatic assessment. • Practical assessment. • Written assessment. • Assignment, MCQ, OSCE, Bed Side Examination, DOPS (Direct Observation of Procedural Skills), Mini CEX (Clinical Evaluation

	<p>Exercise) Case based assessment, simulation based assessment, spotting, Standardised Patients, Portfolio, Rubrics, Viva voce.</p> <ul style="list-style-type: none"> • SAQ, LAQ- Descriptive, Case Scenario, Clinical application based, Problem Based Assessment.
Prescribed Texts	Refer to list attached
Domains of Competencies	Knowledge and Scholarship / Patient Care / Homoeopathic Orientation / Communication skill/ Practice Based Learning/ / Professionalism
Learning Outcome	<p>8.2 INFLAMMATORY JOINT DISEASES</p> <p>KNOWLEDGE</p> <ul style="list-style-type: none"> • Epidemiology aetio-pathogenesis, clinical features, investigations, complications – Rheumatoid arthritis, Seronegative Spondyloarthritis, Crystal- Associated Disease, Gout, Calcium Pyrophosphate Dehydrate Crystal Deposition Disease (CPPD), Bone and Joint Infection, Septic Arthritis, Viral Arthritis, Juvenile idiopathic arthritis. • Key management goals • Standard line of treatment • Ancillary measures • Miasmatic expression of disease • Use of appropriate repertory , • Applied Materia Medica <p>SKILL</p> <ul style="list-style-type: none"> • Case taking with physical examination to assess progress of disease, development of extra articular

	<p>manifestations (if any) and elicit the signs to arrive at the provisional diagnosis</p> <ul style="list-style-type: none"> • Interpretation of investigations to confirm the diagnosis • Decision of acceptance or referral of case • Infer the miasm in a given case. • Role of homoeopathy in management - (curative/ palliative /adjuvant) • Arriving at the totality of the symptoms of the case • Remedy differentiation and final selection of remedy with appropriate use of repertory and referring Materia Medica as a prescription decision tool <p>REFLECTION</p> <ul style="list-style-type: none"> • Arriving at a final diagnosis by appropriate interpretation of investigations • Formulate the totality, use of repertory if necessary and or referring Materia Medica to arrive at selection of indicated remedy • Orient patient and family about the disease condition and time required for recovery and importance of ancillary measures
Competency Based Learning Methods	<ul style="list-style-type: none"> • Peer-based learning methods-Problem-based, case based, Brainstorming, Bedside, Ward rounds, Out-patient based, Lab-Based, Flipped learning , Roleplay. • Individual – based learning methods –Self regulated learning, reflective learning, portfolio-based, library based, e-learning, simulations, spaced repetition, deliberate practice, formative self-assessment.
Assessments	<ul style="list-style-type: none"> • Continuous / Programmatic assessment. • Practical assessment. • Written assessment.

	<ul style="list-style-type: none"> • Assignment, MCQ, OSCE, Bed Side Examination, DOPS (Direct Observation of Procedural Skills), Mini CEX (Clinical Evaluation Exercise) Case based assessment, simulation based assessment, spotting, Standardised Patients, Portfolio, Rubrics, Viva voce. • SAQ, LAQ- Descriptive, Case Scenario, Clinical application based, Problem Based Assessment.
Prescribed Texts	Refer to list attached
Domains of Competencies	Knowledge and Scholarship / Patient Care / Homoeopathic Orientation / Communication skill/ Practice Based Learning/ / Professionalism
Learning Outcome	<p>8.3 FIBROMYALGIA</p> <p>KNOWLEDGE</p> <ul style="list-style-type: none"> • Epidemiology aetio-pathogenesis, clinical features, investigations, • Principles of Management • Miasmatic expression of disease • Use of appropriate repertory , • Applied Materia Medica • Ancillary measures <p>SKILL</p> <ul style="list-style-type: none"> • Case taking with physical examination and elicit the signs to arrive at the provisional diagnosis • Interpretation of investigations to confirm the diagnosis • Role of homoeopathy in management - (curative/ palliative /adjuvant) • Infer the miasm in a given case.

	<ul style="list-style-type: none"> • Arriving at the totality of the symptoms of the case. • Remedy differentiation and final selection of remedy with appropriate use of repertory and referring Materia Medica as a prescription decision tool <p>REFLECTION</p> <ul style="list-style-type: none"> • Arriving at a final diagnosis by clinical assessment and appropriate interpretation of investigations. • Educate the patient concerning the nature of problem and non inflammatory cause of chronic pain. • Formulate the totality, use of repertory if necessary and or referring. • Materia Medica to arrive at selection of indicated remedy.
Competency Based Learning Methods	<ul style="list-style-type: none"> • Peer-based learning methods-Problem-based, case based, Brainstorming, Bedside, Ward rounds, Out-patient based, Lab-Based, Flipped learning , Roleplay. • Individual – based learning methods –Self regulated learning, reflective learning, portfolio-based, library based, e-learning, simulations, spaced repetition, deliberate practice, formative self-assessment.
Assessments	<ul style="list-style-type: none"> • Continuous / Programmatic assessment. • Practical assessment. • Written assessment. • Assignment, MCQ, OSCE, Bed Side Examination, DOPS (Direct Observation of Procedural Skills), Mini CEX (Clinical Evaluation Exercise) Case based assessment, simulation based assessment, spotting, Standardised Patients, Portfolio, Rubrics, Viva voce. • SAQ, LAQ- Descriptive, Case Scenario, Clinical application based, Problem Based Assessment.

Prescribed Texts	Refer to list attached
Domains of Competencies	Knowledge and Scholarship / Patient Care / Homoeopathic Orientation / Communication skill/ Practice Based Learning/ / Professionalism
Learning Outcome	8.4 DISEASES OF THE BONE KNOWLEDGE <ul style="list-style-type: none"> • aetio-pathogenesis, clinical features, investigations, complications • standard line of treatment – Goals of management of Osteoporosis, Osteomalacia and rickets, Paget’s Disease, Cancer associated bone disease • Scope and limitations of Homoeopathy • Miasmatic expression of disease • Use of appropriate repertory , • Applied Materia Medica SKILL <ul style="list-style-type: none"> • Case taking with physical examination to assess and elicit the signs to arrive at the provisional diagnosis • Interpretation of investigations to confirm the diagnosis • Decision of acceptance or referral of case • Infer the miasm in a given case. • Role of homoeopathy in management - (curative/ palliative /adjuvant) • Arriving at the totality of the symptoms of the case • Remedy differentiation and final selection of remedy with appropriate use of repertory and referencing

	<p>Materia Medica as a prescription decision tool</p> <p>REFLECTION</p> <ul style="list-style-type: none"> • Arriving at a final diagnosis by appropriate interpretation of investigations • Formulate the totality, use of repertory if necessary and or referring Materia Medica to arrive at selection of indicated remedy • Orient the patient and family about the nature of disease , time required for recovery and preventive measures
Competency Based Learning Methods	<ul style="list-style-type: none"> • Peer-based learning methods-Problem-based, case based, Brainstorming, Bedside, Ward rounds, Out-patient based, Lab-Based, Flipped learning, Roleplay. • Individual – based learning methods –Self regulated learning, reflective learning, portfolio-based, library based, e-learning, simulations, spaced repetition, deliberate practice, formative self-assessment.
Assessments	<ul style="list-style-type: none"> • Continuous / Programmatic assessment. • Practical assessment. • Written assessment. • Assignment, MCQ, OSCE, Bed Side Examination, DOPS (Direct Observation of Procedural Skills), Mini CEX (Clinical Evaluation Exercise) Case based assessment, simulation based assessment, spotting, Standardised Patients, Portfolio, Rubrics, Viva voce. • SAQ, LAQ- Descriptive, Case Scenario, Clinical application based, Problem Based Assessment.
Prescribed Texts	Refer to list attached

Domains of Competencies	Knowledge and Scholarship / Patient Care / Homoeopathic Orientation / Communication skill/ Practice Based Learning/ / Professionalism
Learning Outcome	<p>8.5 SYSTEMIC CONNECTIVE TISSUE DISEASES</p> <p>KNOWLEDGE</p> <ul style="list-style-type: none"> • Aetio-pathogenesis, clinical features, investigations, complications of Systemic lupus erythematosus (SLE) Systemic Scleroderma, Mixed Connective tissue disorder, Sjogren's Syndrome, Polymyositis and Dermatomyositis , systemic vasculitis, Polymyalgia, Rheumatica, Giant cell arthritis, Takayasu's Arteritis, Polyarteritis Nodosa, Kawasaki disease, Small vessel disease of arthritis, veins and capillaries and other forms of Vasculitis • Standard line of treatment • Goals of management • Ancillary measures • Miasmatic expression of disease • Use of appropriate repertory , • Applied Materia Medica <p>SKILL</p> <ul style="list-style-type: none"> • Case taking with physical examination to assess and elicit the signs to arrive at the provisional diagnosis • Interpretation of investigations to confirm the diagnosis • Decision of acceptance or referral of case • Infer the miasm in a given case. • Role of homoeopathy in management - (curative/ palliative /adjuvant)

	<ul style="list-style-type: none"> • Arriving at the totality of the symptoms of the case • Remedy differentiation and final selection of remedy with appropriate use of repertory and referring Materia Medica as a prescription decision tool <p>REFLECTION</p> <ul style="list-style-type: none"> • Arriving at a final diagnosis by appropriate interpretation of investigations • Formulate the totality, use of repertory if necessary and or referring Materia Medica to arrive at selection of indicated remedy
Competency Based Learning Methods	<ul style="list-style-type: none"> • Peer-based learning methods-Problem-based, case based, Brainstorming, Bedside, Ward rounds, Out-patient based, Lab-Based, Flipped learning , Roleplay. • Individual – based learning methods –Self regulated learning, reflective learning, portfolio-based, library based, e-learning, simulations, spaced repetition, deliberate practice, formative self-assessment.
Assessments	<ul style="list-style-type: none"> • Continuous / Programmatic assessment. • Practical assessment. • Written assessment. • Assignment, MCQ, OSCE, Bed Side Examination, DOPS (Direct Observation of Procedural Skills), Mini CEX (Clinical Evaluation Exercise) Case based assessment, simulation based assessment, spotting, Standardised Patients, Portfolio, Rubrics, Viva voce. • SAQ, LAQ- Descriptive, Case Scenario, Clinical application based, Problem Based Assessment.
Prescribed Texts	Refer to list attached

Domains of Competencies	Knowledge and Scholarship / Patient Care / Homoeopathic Orientation / Communication skill/ Practice Based Learning/ / Professionalism
Learning Outcome	<p>8.6 MUSCULOSKELETAL MANIFESTATIONS OF DISEASE IN OTHER SYSTEMS</p> <p>KNOWLEDGE</p> <ul style="list-style-type: none"> • Aetio-pathogenesis, clinical features, investigations, complications of malignant disease, endocrine disease, metabolic disorder, sarcoidosis, neuropathic Joints • standard line of treatment • scope and limitations of Homoeopathy • Goals of management • Miasmatic expression of disease • Use of appropriate repertory , • Applied Materia Medica <p>SKILL</p> <ul style="list-style-type: none"> • Case taking with physical examination to assess and elicit the signs to arrive at the provisional diagnosis • Interpretation of investigations to confirm the diagnosis • Decision of acceptance or referral of case • Infer the miasm in a given case. • Role of homoeopathy in management - (curative/ palliative /adjuvant) • Arriving at the totality of the symptoms of the case • Remedy differentiation and final selection of remedy with appropriate use of repertory and referring Materia Medica as a prescription decision tool <p>REFLECTION</p>

	<ul style="list-style-type: none"> • Arriving at a final diagnosis by appropriate interpretation of investigations • Formulate the totality, use of repertory if necessary and or referring Materia Medica to arrive at selection of indicated remedy, Orient the patient about the nature of disease, time required for recovery and preventive measures
Competency Based Learning Methods	<ul style="list-style-type: none"> • Peer-based learning methods-Problem-based, case based, Brainstorming, Bedside, Ward rounds, Out-patient based, Lab-Based, Flipped learning, Roleplay. • Individual – based learning methods –Self regulated learning, reflective learning, portfolio-based, library based, e-learning, simulations, spaced repetition, deliberate practice, formative self-assessment.
Assessments	<ul style="list-style-type: none"> • Continuous / Programmatic assessment. • Practical assessment. • Written assessment. • Assignment, MCQ, OSCE, Bed Side Examination, DOPS (Direct Observation of Procedural Skills), Mini CEX (Clinical Evaluation Exercise) Case based assessment, simulation based assessment, spotting, Standardised Patients, Portfolio, Rubrics, Viva voce. • SAQ, LAQ- Descriptive, Case Scenario, Clinical application based, Problem Based Assessment.
Prescribed Texts	Refer to list attached
Domains of Competencies	Knowledge and Scholarship / Patient Care / Homoeopathic Orientation / Communication skill/ Practice Based Learning/ Professionalism
Learning Outcome	8.7 MISCELLANEOUS MUSCULOSKELETAL CONDITIONS

	<p>KNOWLEDGE</p> <ul style="list-style-type: none"> • Aetio-pathogenesis, clinical features, investigations, complications of miscellaneous musculoskeletal conditions for eg Osteogenesis imperfecta, Osteopetrosis, Osteosclerosis inherited connective tissue disorders • Standard line of treatment • Scope and limitations of Homoeopathy • Miasmatic expression of disease • Use of appropriate repertory, • Applied Materia Medica <p>SKILL</p> <ul style="list-style-type: none"> • Case taking with physical examination and elicit the signs to arrive at the provisional diagnosis of rare musculoskeletal conditions • Interpretation of investigations to confirm the diagnosis • Miasmatic evolution of expression of Disease • Role of homoeopathy in management - (curative/palliative /adjuvant) • Infer miasm in a given case. • Arriving at the totality of the symptoms of the case • Remedy differentiation and final selection of remedy with appropriate use of repertory and referring Materia Medica as a prescription decision tool <p>REFLECTION</p> <ul style="list-style-type: none"> • Arriving at a final diagnosis by appropriate interpretation of investigations • Formulate the totality, use of repertory if necessary and or referring Materia Medica to arrive at selection of indicated remedy
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	<ul style="list-style-type: none"> Assess the stage of clinical condition to define the role of Homoeopathy. Orient the patient and family about the nature of disease , time required for recovery and preventive measures
Competency Based Learning Methods	<ul style="list-style-type: none"> Peer-based learning methods-Problem-based, case based, Brainstorming, Bedside, Ward rounds, Out-patient based, Lab-Based, Flipped learning , Roleplay. Individual – based learning methods –Self regulated learning, reflective learning, portfolio-based, library based, e-learning, simulations, spaced repetition, deliberate practice, formative self-assessment.
Assessments	<ul style="list-style-type: none"> Continuous / Programmatic assessment. Practical assessment. Written assessment. Assignment, MCQ, OSCE, Bed Side Examination, DOPS (Direct Observation of Procedural Skills), Mini CEX (Clinical Evaluation Exercise) Case based assessment, simulation based assessment, spotting Standardised Patients, Portfolio, Rubrics, Viva voce. SAQ, LAQ- Descriptive, Case Scenario, Clinical application based, Problem Based Assessment.
Prescribed Texts	Refer to list attached
Domains of Competencies	Knowledge and Scholarship / Patient Care / Homoeopathic Orientation / Communication skill/ Practice Based Learning/ / Professionalism
Learning Outcome	HOM-PG PM 23: NEUROLOGICAL DISEASE 9.1 CEREBRO- VASCULAR DISEASES

	<p>KNOWLEDGE</p> <ul style="list-style-type: none"> • aetio-pathogenesis, epidemiology, clinical features, investigations, complications of • Cerebrovascular disease, Acute Focal Stroke, Cerebral Infarction, Intracerebral Haemorrhage, Subarachnoid Haemorrhage, Cerebral Venous disease • Standard line of treatment • Principles of acute management, • Miasmatic expression of disease • Use of appropriate repertory , • Applied Materia Medica • Rehabilitation and secondary prevention <p>SKILL</p> <ul style="list-style-type: none"> • Case taking with physical examination to assess the vitals and elicit the signs to arrive at the provisional diagnosis with understanding of Focal area affected and progression of stroke for preventing major damage of functions, thus assessing the stage and progress of Disease • Miasmatic evolution of the expression of disease • Interpretation of investigations to confirm the diagnosis • Decision of acceptance or referral of case • Infer miasm in a given case. • Role of homoeopathy in management - (curative/ palliative /adjuvant) • Specially nursing care, rehabilitative measures and planning for secondary prevention • Arriving at the totality of the symptoms of the case • Remedy differentiation and final selection of remedy with appropriate use of repertory and referring Materia
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	<p>Medica as a prescription decision tool</p> <ul style="list-style-type: none"> • Documentation of the same <p>REFLECTION</p> <ul style="list-style-type: none"> • Arriving at a final diagnosis by appropriate interpretation of investigations • Referring the patient to stroke unit or neuro- surgical unit to minimize the damage • Define your role in management of the case and work as a member of inter-professional team • Formulate the totality, use of repertory if necessary and or referring Materia Medica to arrive at selection of indicated remedy
Competency Based Learning Methods	<ul style="list-style-type: none"> • Peer-based learning methods-Problem-based, case based, Brainstorming, Bedside, Ward rounds, Out-patient based, Lab-Based, Flipped learning , Roleplay. • Individual – based learning methods –Self regulated learning, reflective learning, portfolio-based, library based, e-learning, simulations, spaced repetition, deliberate practice, formative self-assessment.
Assessments	<ul style="list-style-type: none"> • Continuous / Programmatic assessment. • Practical assessment. • Written assessment. • Assignment, MCQ, OSCE, Bed Side Examination, DOPS (Direct Observation of Procedural Skills), Mini CEX (Clinical Evaluation Exercise) Case based assessment, simulation based assessment, spotting, Standardised Patients, Portfolio, Rubrics, Viva voce. • SAQ, LAQ- Descriptive, Case Scenario, Clinical application based, Problem Based Assessment.

Prescribed Texts	Refer to list attached
Domains of Competencies	Knowledge and Scholarship / Patient Care / Homoeopathic Orientation / Communication skill/ Practice Based Learning/ / Professionalism
Learning Outcome	<p>9.2 INFLAMMATORY DISEASES OF CNS</p> <p>KNOWLEDGE</p> <ul style="list-style-type: none"> • Aetio-pathogenesis, clinical features, investigations, complications – Multiple Sclerosis, Acute Disseminated Encephalomyelitis ,Acute Transverse Myelitis • standard line of treatment • Ancillary measures • Miasmatic expression of disease • Use of appropriate repertory , • Applied Materia Medica <p>SKILL</p> <ul style="list-style-type: none"> • Case taking with physical examination to assess the vitals and elicit the signs to arrive at the provisional • Interpretation of investigations to confirm the diagnosis • Miasmatic evolution of the expression of disease • Decision of acceptance or referral of case • Infer miasm in a given case • Role of homoeopathy in management - (curative/ palliative /adjuvant) • Arriving at the totality of the symptoms of the case • Remedy differentiation and final selection of remedy with appropriate use of repertory and referring Materia Medica as a prescription decision tool

	REFLECTION <ul style="list-style-type: none"> • Arriving at a final diagnosis by appropriate interpretation of investigations • Formulate the totality, use of repertory if necessary and or referring Materia Medica to arrive at selection of indicated remedy, work as a member of inter professional team , • Planning of assessment , criteria to assess the progress prognosis of the case
Competency Based Learning Methods	<ul style="list-style-type: none"> • Peer-based learning methods-Problem-based, case based, Brainstorming, Bedside, Ward rounds, Out-patient based, Lab-Based, Flipped learning , Roleplay. • Individual – based learning methods –Self regulated learning, reflective learning, portfolio-based, library based, e-learning, simulations, spaced repetition, deliberate practice, formative self-assessment.
Assessments	<ul style="list-style-type: none"> • Continuous / Programmatic assessment. • Practical assessment. • Written assessment. • Assignment, MCQ, OSCE, Bed Side Examination, DOPS (Direct Observation of Procedural Skills), Mini CEX (Clinical Evaluation Exercise) Case based assessment, simulation based assessment, spotting, Standardised Patients, Portfolio, Rubrics, Viva voce. • SAQ, LAQ- Descriptive, Case Scenario, Clinical application based, Problem Based Assessment.
Prescribed Texts	Refer to list attached
Domains of Competencies	Knowledge and Scholarship / Patient Care / Homoeopathic Orientation / Communication skill/ Practice Based Learning/ /

	Professionalism
Learning Outcome	9.3 DEGENERATIVE DISEASES KNOWLEDGE <ul style="list-style-type: none"> • aetio-pathogenesis, clinical features, investigations, complications – Degenerative causes of Dementia, Alzheimer’s Disease Parkinson’s Disease and Akinetic – Rigid syndromes, Wilson’s Disease, Huntigton’s Disease, Hereditary Ataxias, Motor Neuron Disease, Spinal Muscular Atrophies • standard line of treatment • Applied Materia Medica • Ancillary measures • Miasmatic expression of disease • Use of appropriate repertory, SKILL <ul style="list-style-type: none"> • Case taking with physical examination and elicit the signs to arrive at the provisional diagnosis • Interpretation of investigations to confirm the diagnosis • Decision of acceptance or referral of case • Infer miasm in a given case. • Role of homoeopathy in management - (curative/ palliative /adjuvant) • Arriving at the totality of the symptoms of the case • Remedy differentiation and final selection of remedy with appropriate use of repertory and referring Materia Medica as a prescription decision tool REFLECTION <ul style="list-style-type: none"> • Arriving at a final diagnosis by appropriate

	<p>interpretation of investigations</p> <ul style="list-style-type: none"> • Formulate the totality, use of repertory if necessary and or referring Materia Medica to arrive at selection of indicated remedy with appropriate potency and repetition • Defining the role as a member of interprofessional team • Planning of assessment criteria to assess the progress prognosis of the case
Competency Based Learning Methods	<ul style="list-style-type: none"> • Peer-based learning methods-Problem-based, case based, Brainstorming, Bedside, Ward rounds, Out-patient based, Lab-Based, Flipped learning , Roleplay. • Individual – based learning methods –Self regulated learning, reflective learning, portfolio-based, library based, e-learning, simulations, spaced repetition, deliberate practice, formative self-assessment.
Assessments	<ul style="list-style-type: none"> • Continuous / Programmatic assessment. • Practical assessment. • Written assessment. • Assignment, MCQ, OSCE, Bed Side Examination, DOPS (Direct Observation of Procedural Skills), Mini CEX (Clinical Evaluation Exercise) Case based assessment, simulation based assessment, spotting, Standardised Patients, Portfolio, Rubrics, Viva voce. • SAQ, LAQ- Descriptive, Case Scenario, Clinical application based, Problem Based Assessment.
Prescribed Texts	Refer to list attached
Domains of Competencies	Knowledge and Scholarship / Patient Care / Homoeopathic Orientation / Communication skill/ Practice Based Learning/ / Professionalism
Learning Outcome	9.4 DISEASES OF NERVES

	<p>KNOWLEDGE</p> <ul style="list-style-type: none"> • Aetio-pathogenesis, clinical features, investigations, complications – Disease of the Peripheral nervous system, Guillain Barre syndrome, Entrapment neuropathies, Diseases affecting cranial nerves, Idiopathic facial nerve palsy, • Standard line of treatment • Applied Materia Medica • Ancillary measures • Miasmatic expression of disease • Use of appropriate repertory <p>SKILL</p> <ul style="list-style-type: none"> • Case taking with physical examination and to assess and elicit the signs to arrive at the provisional diagnosis • Interpretation of investigations to confirm the diagnosis • Decision of acceptance or referral of case • Infer the miasm in a given case. • Role of homoeopathy in management - (curative/ palliative /adjuvant) • Arriving at the totality of the symptoms of the case • Remedy differentiation and final selection of remedy with appropriate use of repertory and referring Materia Medica as a prescription decision tool <p>REFLECTION</p> <ul style="list-style-type: none"> • Arriving at a final diagnosis by appropriate interpretation of investigations • Formulate the totality, use of repertory if necessary and or referring Materia Medica to arrive at selection of
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	<p>indicated remedy potency, repetition with its justification</p> <ul style="list-style-type: none"> Defining the role as a member of interprofessional team
Competency Based Learning Methods	<ul style="list-style-type: none"> Peer-based learning methods-Problem-based, case based, Brainstorming, Bedside, Ward rounds, Out-patient based, Lab-Based, Flipped learning, Roleplay. Individual – based learning methods –Self regulated learning, reflective learning, portfolio-based, library based, e-learning, simulations, spaced repetition, deliberate practice, formative self-assessment.
Assessments	<ul style="list-style-type: none"> Continuous / Programmatic assessment. Practical assessment. Written assessment. Assignment, MCQ, OSCE, Bed Side Examination, DOPS (Direct Observation of Procedural Skills), Mini CEX (Clinical Evaluation Exercise) Case based assessment, simulation based assessment, spotting, Standardised Patients, Portfolio, Rubrics, Viva voce. SAQ, LAQ- Descriptive, Case Scenario, Clinical application based, Problem Based Assessment.
Prescribed Texts	Refer to list attached
Domains of Competencies	Knowledge and Scholarship / Patient Care / Homeopathic Orientation / Communication skill/ Practice Based Learning/ / Professionalism
Learning Outcome	<p>9.5 DISORDERS OF MUSCLES</p> <p>KNOWLEDGE</p> <ul style="list-style-type: none"> Aetio-pathogenesis, clinical features, investigations, complications – Disease of Disorders of the Neuromuscular junction, Myasthenia Gravis, Diseases

	<p>of muscle, Muscular Dystrophies, Inflammatory myopathy/ polymyositis</p> <ul style="list-style-type: none"> • Standard line of treatment • Miasmatic expression of disease • Use of appropriate repertory , • Applied Materia Medica • Ancillary measures <p>SKILL</p> <ul style="list-style-type: none"> • Case taking with physical examination and to assess and elicit the signs to arrive at the provisional diagnosis • Interpretation of investigations to confirm the diagnosis • Decision of acceptance or referral of case • Infer miasm in a given case. • Role of homoeopathy in management - (curative/ palliative /adjuvant) • Arriving at the totality of the symptoms of the case • Remedy differentiation and final selection of remedy with appropriate use of repertory and referring Materia Medica as a prescription decision tool <p>REFLECTION</p> <ul style="list-style-type: none"> • Arriving at a final diagnosis by appropriate interpretation of investigations • Formulate the totality, use of repertory if necessary and or referring Materia Medica to arrive at selection of indicated remedy potency, repetition with its justification • Defining the role as a member of inter professional team
Competency Based	<ul style="list-style-type: none"> • Peer-based learning methods-Problem-based, case based,

Learning Methods	<p>Brainstorming, Bedside, Ward rounds, Out-patient based, Lab-Based, Flipped learning , Roleplay.</p> <ul style="list-style-type: none"> • Individual – based learning methods –Self regulated learning, reflective learning, portfolio-based, library based, e-learning, simulations, spaced repetition, deliberate practice, formative self-assessment.
Assessments	<ul style="list-style-type: none"> • Continuous / Programmatic assessment. • Practical assessment. • Written assessment. • Assignment, MCQ, OSCE, Bed Side Examination, DOPS (Direct Observation of Procedural Skills), Mini CEX (Clinical Evaluation Exercise) Case based assessment, simulation based assessment, spotting, Standardised Patients, Portfolio, Rubrics, Viva voce. • SAQ, LAQ- Descriptive, Case Scenario, Clinical application based, Problem Based Assessment.
Prescribed Texts	Refer to list attached
Domains of Competencies	<p>Knowledge and Scholarship / Patient Care / Homoeopathic Orientation / Communication skill/ Practice Based Learning/ / Professionalism</p>
Learning Outcome	<p>9.5 DISORDERS OF SPINE AND SPINAL CORD</p> <p>KNOWLEDGE</p> <ul style="list-style-type: none"> • Aetio-pathogenesis, clinical features, investigations, complications – Compression of Spinal Cord, Cervical Spondylosis with radiculopathy, CervicalSpondylotic Myelopathy, Lumbar disc Herniation Lumbar Canal stenosis, syringomyelia • Standard line of treatment

	<ul style="list-style-type: none"> • Miasmatic expression of disease • Use of appropriate repertory , • Applied Materia Medica • Ancillary measures <p>SKILL</p> <ul style="list-style-type: none"> • Case taking with physical examination to assess and elicit the signs to arrive at the provisional diagnosis • Interpretation of investigations to confirm the diagnosis • Decision of acceptance or referral of case • Infer the miasm in a given case • Role of homoeopathy in management - (curative/ palliative /adjuvant) • Arriving at the totality of the symptoms of the case • Remedy differentiation and final selection of remedy with appropriate use of repertory and referring Materia Medica as a prescription decision tool <p>REFLECTION</p> <ul style="list-style-type: none"> • Arriving at a final diagnosis by appropriate interpretation of investigations • Formulate the totality, use of repertory if necessary and or referring Materia Medica to arrive at selection of indicated remedy
Competency Based Learning Methods	<ul style="list-style-type: none"> • Peer-based learning methods-Problem-based, case based, Brainstorming, Bedside, Ward rounds, Out-patient based, Lab-Based, Flipped learning, Roleplay. • Individual – based learning methods –Self regulated learning, reflective learning, portfolio-based, library based, e-learning, simulations, spaced repetition, deliberate practice, formative self-assessment.

Assessments	<ul style="list-style-type: none"> • Continuous / Programmatic assessment. • Practical assessment. • Written assessment. • Assignment, MCQ, OSCE, Bed Side Examination, DOPS (Direct Observation of Procedural Skills), Mini CEX (Clinical Evaluation Exercise) Case based assessment, simulation based assessment, spotting, Standardised Patients, Portfolio, Rubrics, Viva voce. • SAQ, LAQ- Descriptive, Case Scenario, Clinical application based, Problem Based Assessment.
Prescribed Texts	Refer to list attached
Domains of Competencies	Knowledge and Scholarship / Patient Care / Homoeopathic Orientation / Communication skill/ Practice Based Learning/ / Professionalism
Learning Outcome	<p>9.6 INFECTIONS OF NERVOUS SYSTEM</p> <p>KNOWLEDGE</p> <ul style="list-style-type: none"> • Aetio-pathogenesis, clinical features, investigations, complications –standard line of treatment of Meningitis, Parenchymal viral infections, Parenchymal bacterial infections, Prion diseases: Transmissible spongiform, encephalopathies • Scope and limitations of Homoeopathy <ul style="list-style-type: none"> • Miasmatic expression of disease • Use of appropriate repertory , • Applied Materia Medica <p>SKILL</p> <ul style="list-style-type: none"> • Case taking with physical examination to assess the

	<p>vitals and elicit the signs to arrive at the provisional diagnosis</p> <ul style="list-style-type: none"> • Decision of acceptance or referral of case • Infer the miasm in a given case • Role of homoeopathy in management - (curative/ palliative /adjuvant) • Arriving at the totality of the symptoms of the case • Remedy differentiation and final selection of remedy with appropriate use of repertory and referring Materia Medica as a prescription decision tool <p>REFLECTION</p> <ul style="list-style-type: none"> • Arriving at a final diagnosis by appropriate interpretation of investigations • Formulate the totality, use of repertory if necessary and or referring Materia Medica to arrive at selection of indicated remedy • Defining the role as a member of inter professional team
Competency Based Learning Methods	<ul style="list-style-type: none"> • Peer-based learning methods-Problem-based, case based, Brainstorming, Bedside, Ward rounds, Out-patient based, Lab-Based, Flipped learning , Roleplay. • Individual – based learning methods –Self regulated learning, reflective learning, portfolio-based, library based, e-learning, simulations, spaced repetition, deliberate practice, formative self-assessment.
Assessments	<ul style="list-style-type: none"> • Continuous / Programmatic assessment. • Practical assessment. • Written assessment. • Assignment, MCQ, OSCE, Bed Side Examination, DOPS (Direct Observation of Procedural Skills), Mini CEX (Clinical Evaluation

	<p>Exercise) Case based assessment, simulation based assessment, spotting, Standardised Patients, Portfolio, Rubrics, Viva voce.</p> <ul style="list-style-type: none"> • SAQ, LAQ- Descriptive, Case Scenario, Clinical application based, Problem Based Assessment.
Prescribed Texts	Refer to list attached
Domains of Competencies	Knowledge and Scholarship / Patient Care / Homoeopathic Orientation / Communication skill/ Practice Based Learning/ / Professionalism
Learning Outcome	<p>9.7 Intracranial mass lesions and Raised intracranial pressure</p> <p>KNOWLEDGE</p> <ul style="list-style-type: none"> • Aetio-pathogenesis, clinical features, investigations, complications – Raised intracranial pressure, Intracranial Neoplasms, Neurofibromatosis, Acoustic Neuroma, Paraneoplastic, Neurological disease, Hydrocephalus, Idiopathic Intracranial Hypertension • Standard line of treatment • Scope and limitations of Homoeopathy • Miasmatic expression of disease • Use of appropriate repertory , • Applied Materia Medica <p>SKILL</p> <ul style="list-style-type: none"> • Case taking with physical examination to assess the vitals and elicit the signs to arrive at the provisional diagnosis • Decision of acceptance or referral of case • Infer the miasm in a given case

	<ul style="list-style-type: none"> • Role of homoeopathy in management - (curative/ palliative /adjuvant) • Arriving at the totality of the symptoms of the case • Remedy differentiation and final selection of remedy with appropriate use of repertory and referring Materia Medica as a prescription decision tool <p>REFLECTION</p> <ul style="list-style-type: none"> • Arriving at a final diagnosis by appropriate interpretation of investigations • Formulate the totality, use of repertory if necessary and or referring Materia Medica to arrive at selection of indicated remedy • Defining the role as a member of inter professional team
Competency Based Learning Methods	<ul style="list-style-type: none"> • Peer-based learning methods-Problem-based, case based, Brainstorming, Bedside, Ward rounds, Out-patient based, Lab-Based, Flipped learning , Roleplay. • Individual – based learning methods –Self regulated learning, reflective learning, portfolio-based, library based, e-learning, simulations, spaced repetition, deliberate practice, formative self-assessment.
Assessments	<ul style="list-style-type: none"> • Continuous / Programmatic assessment. • Practical assessment. • Written assessment. • Assignment, MCQ, OSCE, Bed Side Examination, DOPS (Direct Observation of Procedural Skills), Mini CEX (Clinical Evaluation Exercise) Case based assessment, simulation based assessment, spotting, Standardised Patients, Portfolio, Rubrics, Viva voce. • SAQ, LAQ- Descriptive, Case Scenario, Clinical application based, Problem Based Assessment.

Prescribed Texts	Refer to list attached
Domains of Competencies	Knowledge and Scholarship / Patient Care / Homoeopathic Orientation / Communication skill/ Practice Based Learning/ / Professionalism
Learning Outcome	<p>HOM-PG PM 24: SKIN DISEASE (DERMATOLOGY)</p> <p>10.1 SKIN MANIFESTATIONS IN SYSTEMIC DISEASE</p> <p>KNOWLEDGE</p> <ul style="list-style-type: none"> • Aetiopathogenesis, clinical presentation, differential diagnosis, complications and investigations of • Neurofibromatosis, Tuberous Sclerosis, Xanthomas, Amyloidosis, Porphyria, Sarcoidosis, Erythema Multiforme, Erythema Nodosum, Pyoderma Gangrenosum, Acanthosis Nigricans, Necrobiosis Lipoidica, Granuloma Annulare, Drug Eruptions, • Principles of Management • Miasmatic expression of disease • Use of appropriate repertory , • Applied Materia Medica • Ancillary measures <p>SKILL</p> <ul style="list-style-type: none"> • Case taking and Physical Examination and elicit the signs to arrive at the provisional diagnosis • Interpretation of investigations • Decision about acceptance or referral of case • Infer the miasm in a given case • Role of Homoeopathy in management- curative/ palliative/ adjuvant • Arriving at the totality of symptoms of the case

	<ul style="list-style-type: none"> • Application of Repertory and referencing Materia Medica for selection of remedy • Documentation of the same <p>REFLECTION</p> <ul style="list-style-type: none"> • Interpretation of clinical findings and investigations if necessary to arrive at final diagnosis • Assessing the stage of clinical condition for defining the scope of Homoeopathy • Miasmatic evolution of expression of disease for planning the Homoeopathic management • Integrate the knowledge of Repertory and Materia Medica to arrive at final selection of remedy ,potency, repetition with justification • Plan for assessment of condition for evidence based practice
Competency Based Learning Methods	<ul style="list-style-type: none"> • Peer-based learning methods-Problem-based, case based, Brainstorming, Bedside, Ward rounds, Out-patient based, Lab-Based, Flipped learning , Roleplay. • Individual – based learning methods –Self regulated learning, reflective learning, portfolio-based, library based, e-learning, simulations, spaced repetition, deliberate practice, formative self-assessment.
Assessments	<ul style="list-style-type: none"> • Continuous / Programmatic assessment. • Practical assessment. • Written assessment. • Assignment, MCQ, OSCE, Bed Side Examination, DOPS (Direct Observation of Procedural Skills), Mini CEX (Clinical Evaluation Exercise) Case based assessment, simulation based assessment, spotting, Standardised Patients, Portfolio, Rubrics, Viva voce.

	<ul style="list-style-type: none"> • SAQ, LAQ- Descriptive, Case Scenario, Clinical application based, Problem Based Assessment.
Prescribed Texts	Refer to list attached
Domains of Competencies	Knowledge and Scholarship / Patient Care / Homoeopathic Orientation / Communication skill/ Practice Based Learning/ / Professionalism
Learning Outcome	<p>10.2 ECZEMA</p> <p>KNOWLEDGE</p> <ul style="list-style-type: none"> • Aetiopathogenesis, clinical presentation, differential diagnosis, complications and investigations of • Eczema • Principles of Management • Miasmatic expression of disease • Use of appropriate repertory , • Applied Materia Medica • Ancillary measures <p>SKILL</p> <ul style="list-style-type: none"> • Case taking and Physical Examination and elicit the signs to arrive at the provisional diagnosis • Interpretation of investigations • Decision about acceptance or referral of case • Infer the miasm in a given case • Role of Homoeopathy in management- curative/ palliative/ adjuvant • Arriving at the totality of symptoms of the case • Application of Repertory and referencing Materia Medica for selection of remedy

	<ul style="list-style-type: none"> • Documentation of the same <p>REFLECTION</p> <ul style="list-style-type: none"> • Interpretation of clinical findings and investigations if necessary to arrive at final diagnosis • Assessing the stage of clinical condition for defining the scope of Homoeopathy • Miasmatic evolution of expression of disease for planning the Homoeopathic management • Integrate the knowledge of Repertory and Materia Medica to arrive at final selection of remedy ,potency, repetition with justification • Plan for assessment of condition for evidence based practice
Competency Based Learning Methods	<ul style="list-style-type: none"> • Peer-based learning methods-Problem-based, case based, Brainstorming, Bedside, Ward rounds, Out-patient based, Lab-Based, Flipped learning , Roleplay. • Individual – based learning methods –Self regulated learning, reflective learning, portfolio-based, library based, e-learning, simulations, spaced repetition, deliberate practice, formative self-assessment.
Assessments	<ul style="list-style-type: none"> • Continuous / Programmatic assessment. • Practical assessment. • Written assessment. • Assignment, MCQ, OSCE, Bed Side Examination, DOPS (Direct Observation of Procedural Skills), Mini CEX (Clinical Evaluation Exercise) Case based assessment, simulation based assessment, spotting, Standardised Patients, Portfolio, Rubrics, Viva voce. • SAQ, LAQ- Descriptive, Case Scenario, Clinical application based, Problem Based Assessment.

Prescribed Texts	Refer to list attached
Domains of Competencies	Knowledge and Scholarship / Patient Care / Homoeopathic Orientation / Communication skill/ Practice Based Learning/ / Professionalism
Learning Outcome	10.3 URTICARIA KNOWLEDGE <ul style="list-style-type: none"> • Aetiopathogenesis, clinical presentation, differential diagnosis, complications and investigations of • Urticaria, Photo sensitivity, blisters, leg ulcers, vulval itch • Principles of Management • Miasmatic expression of disease • Use of appropriate repertory , • Applied Materia Medica • Ancillary measures SKILL <ul style="list-style-type: none"> • Case taking and Physical Examination and elicit the signs to arrive at the provisional diagnosis • Interpretation of investigations • Decision about acceptance or referral of case • Infer the miasm in a given case • Role of Homoeopathy in management- curative/ palliative/ adjuvant • Arriving at the totality of symptoms of the case • Application of Repertory and referencing Materia Medica for selection of remedy • Documentation of the same

	<p>REFLECTION</p> <ul style="list-style-type: none"> • Interpretation of clinical findings and investigations if necessary to arrive at final diagnosis • Assessing the stage of clinical condition for defining the scope of Homoeopathy • Miasmatic evolution of expression of disease for planning the Homoeopathic management • Integrate the knowledge of Repertory and Materia Medica to arrive at final selection of remedy ,potency, repetition with justification • Plan for assessment of progress of condition for evidence based practice
Competency Based Learning Methods	<ul style="list-style-type: none"> • Peer-based learning methods-Problem-based, case based, Brainstorming, Bedside, Ward rounds, Out-patient based, Lab-Based, Flipped learning , Roleplay. • Individual – based learning methods –Self regulated learning, reflective learning, portfolio-based, library based, e-learning, simulations, spaced repetition, deliberate practice, formative self-assessment.
Assessments	<ul style="list-style-type: none"> • Continuous / Programmatic assessment. • Practical assessment. • Written assessment. • Assignment, MCQ, OSCE, Bed Side Examination, DOPS (Direct Observation of Procedural Skills), Mini CEX (Clinical Evaluation Exercise) Case based assessment, simulation based assessment, spotting, Standardised Patients, Portfolio, Rubrics, Viva voce. • SAQ, LAQ- Descriptive, Case Scenario, Clinical application based, Problem Based Assessment.

Prescribed Texts	Refer to list attached
Domains of Competencies	Knowledge and Scholarship / Patient Care / Homoeopathic Orientation / Communication skill/ Practice Based Learning/ / Professionalism
Learning Outcome	<p>10.4 PSORIASIS AND OTHER ERYTHEMATOUS SCALY ERUPTIONS</p> <p>KNOWLEDGE OF</p> <ul style="list-style-type: none"> • Aetiopathogenesis, clinical presentation, differential diagnosis, investigations, complications of • Stable Plaque Psoriasis, Guttate Psoriasis, Erythrodermic Psoriasis, Pustular Psoriasis, Lichen Planus, • Principles of Management • Miasmatic expression of disease • Use of appropriate repertory , • Applied Materia Medica • Ancillary measures <p>SKILL</p> <ul style="list-style-type: none"> • Case taking with Physical Examination to elicit the signs to arrive at the provisional diagnosis • Interpretation of investigations to confirm the diagnosis • Role of Homoeopathy in management- curative/ palliative / adjuvant • Infer the miasm in a given case • Arriving at the totality of symptoms of the case • Remedy differentiation and final selection of remedy with appropriate use of repertory and referencing Materia Medica as a prescription decision tool

	<ul style="list-style-type: none"> • Documentation of the same <p>REFLECTION</p> <ul style="list-style-type: none"> • Confirm the final diagnosis with appropriate laboratory, radiological investigations and its interpretation. • Recognise the stage of disease pathology correlating with miasmatic evaluation of disease to define scope and limitations of homoeopathy • Formulate the totality; use of repertory if necessary and or referencing Materia Medica to arrive at the selection of indicated remedy, potency, repetition with justification • Plan for assessment of the condition for evidence based medicine
Competency Based Learning Methods	<ul style="list-style-type: none"> • Peer-based learning methods-Problem-based, case based, Brainstorming, Bedside, Ward rounds, Out-patient based, Lab-Based, Flipped learning , Roleplay. • Individual – based learning methods –Self regulated learning, reflective learning, portfolio-based, library based, e-learning, simulations, spaced repetition, deliberate practice, formative self-assessment.
Assessments	<ul style="list-style-type: none"> • Continuous / Programmatic assessment. • Practical assessment. • Written assessment. • Assignment, MCQ, OSCE, Bed Side Examination, DOPS (Direct Observation of Procedural Skills), Mini CEX (Clinical Evaluation Exercise) Case based assessment, simulation based assessment, spotting, Standardised Patients, Portfolio, Rubrics, Viva voce. • SAQ, LAQ- Descriptive, Case Scenario, Clinical application based, Problem Based Assessment.

Prescribed Texts	Refer to list attached
Domains of Competencies	Knowledge and Scholarship / Patient Care / Homoeopathic Orientation / Communication skill/ Practice Based Learning/ / Professionalism
Learning Outcome	<p>10. 5. Disorders of the Pilosebaceous Unit</p> <p>KNOWLEDGE</p> <ul style="list-style-type: none"> • Aetiopathogenesis, clinical presentation, differential diagnosis, investigations, complications of • Acne Vulgaris, Acne Rosacea, • Principles of Management • Miasmatic expression of disease • Use of appropriate repertory , • Applied Materia Medica • Ancillary measures <p>SKILL</p> <ul style="list-style-type: none"> • Case taking and Physical Examination with assessment of vitals and elicit the signs to arrive at the provisional diagnosis • Interpretation of investigations to confirm the diagnosis • Decision of acceptance or referral of case • Infer the miasm in a given case • Role of Homoeopathy in management- curative/ palliative / adjuvant • Arriving at the totality of symptoms of the case • Remedy differentiation and final selection of remedy with appropriate use of repertory and referencing Materia Medica as a prescription decision tool

	<ul style="list-style-type: none"> • Documentation of the same <p>REFLECTION</p> <ul style="list-style-type: none"> • Interpretation of clinical findings and lab, radiological investigation to arrive at final diagnosis • Assessing the stage of clinical condition for defining the scope of Homoeopathy • Miasmatic evolution of expression of disease for planning the Homoeopathic management • Integrate the knowledge of Repertory and Materia Medica to arrive at final selection of remedy prescription, potency, repetition with justification • Plan for assessment of the condition for evidence based medicine
Competency Based Learning Methods	<ul style="list-style-type: none"> • Peer-based learning methods-Problem-based, case based, Brainstorming, Bedside, Ward rounds, Out-patient based, Lab-Based, Flipped learning , Roleplay. • Individual – based learning methods –Self regulated learning, reflective learning, portfolio-based, library based, e-learning, simulations, spaced repetition, deliberate practice, formative self-assessment.
Assessments	<ul style="list-style-type: none"> • Continuous / Programmatic assessment. • Practical assessment. • Written assessment. • Assignment, MCQ, OSCE, Bed Side Examination, DOPS (Direct Observation of Procedural Skills), Mini CEX (Clinical Evaluation Exercise) Case based assessment, simulation based assessment, spotting, Standardised Patients, Portfolio, Rubrics, Viva voce. • SAQ, LAQ- Descriptive, Case Scenario, Clinical application based, Problem Based Assessment.

Prescribed Texts	Refer to list attached
Domains of Competencies	Knowledge and Scholarship / Patient Care / Homoeopathic Orientation / Communication skill/ Practice Based Learning/ / Professionalism
Learning Outcome	<p>10. 6 . Some Common Skin Infections and Infestations</p> <p>KNOWLEDGE</p> <ul style="list-style-type: none"> • Aetiopathogenesis, clinical presentation, differential diagnosis, investigations, complications of • Fungal Infection of Skin (Ringworm), Tinea Corporis, Tinea Cruris, Tinea Pedis, • Principles of Management • Miasmatic expression of disease • Use of appropriate repertory , • Applied Materia Medica • Ancillary measures <p>SKILL</p> <ul style="list-style-type: none"> • History taking and Physical Examination and elicit the signs to arrive at the provisional diagnosis • Interpretation of investigations to confirm the diagnosis • Role of Homoeopathy in management- curative/ palliative/ adjuvant • Infer the miasm in a given case • Arriving at the totality of symptoms of the case • Application of Repertory and referencing Materia Medica for selection of remedy • Documentation of the same <p>REFLECTION</p>

	<ul style="list-style-type: none"> • Interpretation of clinical findings and lab, radiological investigation to arrive at final diagnosis • Assessing the stage of clinical condition for defining the scope of Homoeopathy • Miasmatic evolution of expression of disease for planning the Homoeopathic
Competency Based Learning Methods	<ul style="list-style-type: none"> • Peer-based learning methods-Problem-based, case based, Brainstorming, Bedside, Ward rounds, Out-patient based, Lab-Based, Flipped learning , Roleplay. • Individual – based learning methods –Self regulated learning, reflective learning, portfolio-based, library based, e-learning, simulations, spaced repetition, deliberate practice, formative self-assessment.
Assessments	<ul style="list-style-type: none"> • Continuous / Programmatic assessment. • Practical assessment. • Written assessment. • Assignment, MCQ, OSCE, Bed Side Examination, DOPS (Direct Observation of Procedural Skills), Mini CEX (Clinical Evaluation Exercise) Case based assessment, simulation based assessment, spotting, Standardised Patients, Portfolio, Rubrics, Viva voce. • SAQ, LAQ- Descriptive, Case Scenario, Clinical application based, Problem Based Assessment.
Prescribed Texts	Refer to list attached
Domains of Competencies	Knowledge and Scholarship / Patient Care / Homoeopathic Orientation / Communication skill/ Practice Based Learning/ / Professionalism
Learning Outcome	10.7 PRESSURE SORES

	<p>KNOWLEDGE</p> <ul style="list-style-type: none"> • Aetiopathogenesis, clinical presentation, differential diagnosis, investigations, complications of • Pressure sores • Principles of Management • Miasmatic expression of disease • Use of appropriate repertory , • Applied Materia Medica • Ancillary measures <p>SKILL</p> <ul style="list-style-type: none"> • History taking and Physical Examination and elicit the signs to arrive at the provisional diagnosis • Interpretation of investigations to confirm the diagnosis • Role of Homoeopathy in management- curative/ palliative/ adjuvant • Infer the miasm in a given case • Arriving at the totality of symptoms of the case • Application of Repertory and referencing Materia Medica for selection of remedy • Documentation of the same <p>REFLECTION</p> <ul style="list-style-type: none"> • Interpretation of clinical findings and lab, radiological investigation to arrive at final diagnosis • Assessing the stage of clinical condition for defining the scope of Homoeopathy • Miasmatic evolution of expression of disease for planning the Homoeopathic
Competency Based Learning Methods	<ul style="list-style-type: none"> • Peer-based learning methods-Problem-based, case based, Brainstorming, Bedside, Ward rounds, Out-patient based, Lab-

	<p>Based, Flipped learning , Roleplay.</p> <ul style="list-style-type: none"> • Individual – based learning methods –Self regulated learning, reflective learning, portfolio-based, library based, e-learning, simulations, spaced repetition, deliberate practice, formative self-assessment.
Assessments	<ul style="list-style-type: none"> • Continuous / Programmatic assessment. • Practical assessment. • Written assessment. • Assignment, MCQ, OSCE, Bed Side Examination, DOPS (Direct Observation of Procedural Skills), Mini CEX (Clinical Evaluation Exercise) Case based assessment, simulation based assessment, spotting, Standardised Patients, Portfolio, Rubrics, Viva voce. • SAQ, LAQ- Descriptive, Case Scenario, Clinical application based, Problem Based Assessment.
Prescribed Texts	<p>Refer to list attached</p> <p>Knowledge and Scholarship / Patient Care / Homoeopathic Orientation / Communication skill/ Practice Based Learning/ / Professionalism</p>
Learning Outcome	<p>10.8. SKIN TUMOURS</p> <p>KNOWLEDGE</p> <ul style="list-style-type: none"> • Risk factors, aetiopathogenesis, clinical presentation, course of disease differential diagnosis, investigations, Melanocytic Naevi, Seborrhoeic Warts (Basal Cell Papilloma), Keratoacanthoma, Pre-Malignant Tumours, Malignant Tumours, Basal cell Carcinoma(BCC), Squamous Cell Carcinoma (SCC), Cutaneous T-Cell Lymphoma (Mycosis Fungoides)

	<ul style="list-style-type: none"> • Principles of Management • Miasmatic expression of disease • Use of appropriate repertory , • Applied Materia Medica • Ancillary measures <p>SKILLS</p> <ul style="list-style-type: none"> • Case taking and Physical Examination and elicit the signs to arrive at the provisional diagnosis • Interpretation of investigations to confirm the diagnosis • Decision about acceptance or referral of case • Infer the miasm in a given case • Role of Homoeopathy in management- curative/ palliative/ adjuvant • Arriving at the totality of symptoms of the case • Application of Repertory and referencing Materia Medica for selection of remedy • Documentation of the same <p>REFLECTION</p> <ul style="list-style-type: none"> • Interpretation of clinical findings and investigations to arrive at final diagnosis • Assessing the stage of clinical condition for defining the scope of Homoeopathy • Miasmatic evolution of expression of disease for planning the Homoeopathic management • Integrate the knowledge of Repertory and Materia Medica to arrive at final selection of remedy, potency, repetition with justification • Orient patient and family about the disease condition and time required for the recovery and importance of ancillary measures
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Competency Based Learning Methods	<ul style="list-style-type: none"> • Peer-based learning methods-Problem-based, case based, Brainstorming, Bedside, Ward rounds, Out-patient based, Lab-Based, Flipped learning , Roleplay. • Individual – based learning methods –Self regulated learning, reflective learning, portfolio-based, library based, e-learning, simulations, spaced repetition, deliberate practice, formative self-assessment.
Assessments	<ul style="list-style-type: none"> • Continuous / Programmatic assessment. • Practical assessment. • Written assessment. • Assignment, MCQ, OSCE, Bed Side Examination, DOPS (Direct Observation of Procedural Skills), Mini CEX (Clinical Evaluation Exercise) Case based assessment, simulation based assessment, spotting, Standardised Patients, Portfolio, Rubrics, Viva voce. • SAQ, LAQ- Descriptive, Case Scenario, Clinical application based, Problem Based Assessment.
Prescribed Texts	Refer to list attached
Domains of Competencies	Knowledge and Scholarship / Patient Care / Homoeopathic Orientation / Communication skill/ Practice Based Learning/ / Professionalism
Learning Outcome	10.9 DISORDERS OF PIGMENTATIONS KNOWLEDGE <ul style="list-style-type: none"> • Risk factors, aetiopathogenesis, clinical presentation, Classification of respiratory failure, course of disease, differential diagnosis, complications and investigations of

	<ul style="list-style-type: none"> • Decreased Pigmentation- Oculocutaneous Albinism, Vitiligo, • Increased Pigmentations- Localized Hypermelanosis, Diffuse Hypermelanosis, • Principles of Management • Miasmatic expression of disease • Use of appropriate repertory , • Applied Materia Medica • Ancillary measures
	<p>SKILLS</p> <ul style="list-style-type: none"> • Case taking and Physical Examination and elicit the signs to arrive at the provisional diagnosis • Interpretation of investigations to confirm the diagnosis • Decision about acceptance or referral of case • Infer the miasm in a given case • Role of Homoeopathy in management- curative/ palliative/ adjuvant • Arriving at the totality of symptoms of the case • Application of Repertory and referencing Materia Medica for selection of remedy • Documentation for the same <p>Reflection</p> <ul style="list-style-type: none"> • Interpretation of clinical findings and lab, radiological investigation to arrive at final diagnosis • Miasmatic evolution of expression of disease for planning the Homoeopathic management • Integrate the knowledge of Repertory and Materia Medica to arrive at final selection of remedy potency, repetition with justification • Plan for assessment of the condition for evidence based

	medicine
Competency Based Learning Methods	<ul style="list-style-type: none"> • Peer-based learning methods-Problem-based, case based, Brainstorming, Bedside, Ward rounds, Out-patient based, Lab-Based, Flipped learning , Roleplay. • Individual – based learning methods –Self regulated learning, reflective learning, portfolio-based, library based, e-learning, simulations, spaced repetition, deliberate practice, formative self-assessment.
Assessments	<ul style="list-style-type: none"> • Continuous / Programmatic assessment. • Practical assessment. • Written assessment. • Assignment, MCQ, OSCE, Bed Side Examination, DOPS (Direct Observation of Procedural Skills), Mini CEX (Clinical Evaluation Exercise) Case based assessment, simulation based assessment, spotting, Standardised Patients, Portfolio, Rubrics, Viva voce. • SAQ, LAQ- Descriptive, Case Scenario, Clinical application based, Problem Based Assessment.
Prescribed Texts	Refer to list attached
Domains of Competencies	Knowledge and Scholarship / Patient Care / Homoeopathic Orientation / Communication skill/ Practice Based Learning/ / Professionalism
Learning Outcome	10.10. Disorders of the Nails KNOWLEDGE OF <ul style="list-style-type: none"> • Clinical presentation, differential diagnosis, complications,

	<p>investigations, Nail Fold Disorders, Nail Plate Disorders, Congenital Disease, Traumatic Nail Disease, Nail in Systemic disease, Nail in some common skin disease</p> <ul style="list-style-type: none"> • Principles of Management • Miasmatic expression of disease • Use of appropriate repertory , • Applied Materia Medica • Ancillary measures <p>SKILLS</p> <ul style="list-style-type: none"> • Case taking and Physical Examination and elicit the signs to arrive at the provisional diagnosis • Role of Homoeopathy in management- curative/ palliative/ adjuvant • Infer the miasm in a given case • Arriving at the totality of symptoms of the case • Application of Repertory and referencing Materia Medica for selection of remedy • Documentation of the same <p>REFLECTION</p> <ul style="list-style-type: none"> • Interpretation of clinical findings and investigations if necessary to arrive at final diagnosis • Miasmatic evolution of expression of disease for planning the Homoeopathic management • Integrate the knowledge of Repertory and Materia Medica to arrive at final selection of remedy, potency, repetition with justification • Orient patient and family about the disease condition and time required for the recovery and preventive measures
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Competency Based Learning Methods	<ul style="list-style-type: none"> • Peer-based learning methods-Problem-based, case based, Brainstorming, Bedside, Ward rounds, Out-patient based, Lab-Based, Flipped learning , Roleplay. • Individual – based learning methods –Self regulated learning, reflective learning, portfolio-based, library based, e-learning, simulations, spaced repetition, deliberate practice, formative self-assessment.
Assessments	<ul style="list-style-type: none"> • Continuous / Programmatic assessment. • Practical assessment. • Written assessment. • Assignment, MCQ, OSCE, Bed Side Examination, DOPS (Direct Observation of Procedural Skills), Mini CEX (Clinical Evaluation Exercise) Case based assessment, simulation based assessment, spotting, Standardised Patients, Portfolio, Rubrics, Viva voce. • SAQ, LAQ- Descriptive, Case Scenario, Clinical application based, Problem Based Assessment.
Prescribed Texts	Refer to list attached
Domains of Competencies	Knowledge and Scholarship / Patient Care / Homoeopathic Orientation / Communication skill/ Practice Based Learning/ / Professionalism

Part II Paper II

Topic Name (Topic 3) Infection, Immunology, Nutrition, Genetics, Medical Psychiatry, Geriatric Medicine, Oncology, Women's Disease , Lifestyle Disease, Critical Care, Palliative Care and Pain Management, Emergency Medicine, Poisoning, National Health Programs and Applied Homoeopathy comprising of Miasmatic evolution of disease and Homoeopathic Approach, defining Scope and Limitations.

Learning outcomes	HOM-PG PM 25 INFECTION AND IMMUNE FAILURE
Learning Outcome	11.1 PATTERNS OF INFECTION KNOWLEDGE <ul style="list-style-type: none"> • Patterns of infection in developed and tropical countries • Common prevalent infections in developed countries and tropical countries • like measles, diphtheria, pertussis, poliomyelitis, tetanus, Hepatitis B, gastroenteritis, malaria, meningococcal disease, Acute diarrhoeal illness, leprosy, tuberculosis, trachoma, amoebiasis, intestinal helminths, dengue fever etc. • Miasmatic expression of disease • Use of appropriate repertory • Applied Materia Medica SKILLS <ul style="list-style-type: none"> • Case taking with physical examination to assess the vitals and elicit the signs to arrive at the provisional diagnosis. • Interpretation of investigations to confirm the diagnosis • Decision of acceptance or referral of case • Infer the miasm in a given case • Role of Homoeopathy in management (Curative/Palliative/Adjuvant/ Preventive) • Arriving at the totality of symptoms • Remedy differentiation and final selection of remedy with appropriate use of repertory and referring Materia Medica as a prescription decision tool

	<ul style="list-style-type: none"> • Documentation of the same <p>REFLECTION</p> <ul style="list-style-type: none"> • Arriving at a final diagnosis by appropriate interpretation of investigations • Formulate the totality, use of repertory if necessary and or referring materia to arrive at selection of indicated remedy. • Explain the preventive measures.
Competency Based Learning methods	<ul style="list-style-type: none"> • Peer-based learning methods-Problem-based, case based, Brainstorming, Bedside, Ward rounds, Out-patient based, Lab-Based, Flipped learning , Roleplay. • Individual – based learning methods –Self regulated learning, reflective learning, portfolio-based, library based, e-learning, simulations, spaced repetition, deliberate practice, formative self-assessment.
Assessment	<ul style="list-style-type: none"> • Continuous / Programmatic assessment. • Practical assessment. • Written assessment. • Assignment, MCQ, OSCE, Bed Side Examination, DOPS (Direct Observation of Procedural Skills), Mini CEX (Clinical Evaluation Exercise) Case based assessment, simulation based assessment, spotting, Standardised Patients, Portfolio, Rubrics, Viva voce. • SAQ, LAQ- Descriptive, Case Scenario, Clinical application based, Problem Based Assessment.
Prescribed Texts	Refer to list attached
Domain of competencies	Knowledge and Scholarship / Patient Care / Homoeopathic Orientation / Communication skill/ Practice Based Learning/ / Professionalism

Learning Outcome	11.2 MICROORGANISM - HOST INTERACTION KNOWLEDGE <ul style="list-style-type: none"> • Clinical effects of infections on the body- Acute, chronic, allergic or immune mediated, toxic or toxin mediated • Pathology of infection • Source/route of transmission, method of spread of different infections • Prevention of different infections SKILLS <ul style="list-style-type: none"> • Case taking with physical examination to assess the vitals and elicit the signs to arrive at the provisional diagnosis. • Interpretation of investigations to confirm the diagnosis • Decision of acceptance or referral of case • Role of Homoeopathy in management (Curative/Palliative/Adjuvant/Preventive) • Arriving at the totality of symptoms • Remedy differentiation and final selection of remedy with appropriate use of repertory and referring Materia Medica as a prescription decision tool • Documentation of the same REFLECTION <ul style="list-style-type: none"> • Explain guidelines of prevention of infection • Arriving at a final diagnosis by appropriate interpretation of investigations • Formulate the totality, use of repertory if necessary and or referring materia to arrive at selection of indicated remedy.
Competency	<ul style="list-style-type: none"> • Peer-based learning methods-Problem-based, case based,

based learning methods	<p>Brainstorming, Bedside, Ward rounds, Out-patient based, Lab-Based, Flipped learning , Roleplay.</p> <ul style="list-style-type: none"> • Individual – based learning methods –Self regulated learning, reflective learning, portfolio-based, library based, e-learning, simulations, spaced repetition, deliberate practice, formative self-assessment.
Assessment	<ul style="list-style-type: none"> • Continuous / Programmatic assessment. • Practical assessment. • Written assessment. • Assignment, MCQ, OSCE, Bed Side Examination, DOPS (Direct Observation of Procedural Skills), Mini CEX (Clinical Evaluation Exercise) Case based assessment, simulation based assessment, spotting, Standardised Patients, Portfolio, Rubrics, Viva voce. • SAQ, LAQ- Descriptive, Case Scenario, Clinical application based, Problem Based Assessment.
Prescribed Texts	Refer to list attached
Domain of competencies	Knowledge and Scholarship / Patient Care / Homoeopathic Orientation / Communication skill/ Practice Based Learning/ / Professionalism
Learning Outcome	<p>11.3 VACCINE DEVELOPMENT</p> <p>KNOWLEDGE</p> <ul style="list-style-type: none"> • Different vaccines and toxoids • Characteristics of effective vaccines • Guidelines for immunisation against infectious disease • Vaccination Schedule <p>SKILLS</p> <ul style="list-style-type: none"> • Administration of Vaccines

	<ul style="list-style-type: none"> • Documentation of vaccination schedule REFLECTION <ul style="list-style-type: none"> • Ask and orient about vaccination schedule
Competency based learning methods	<ul style="list-style-type: none"> • Peer-based learning methods-Problem-based, case based, Brainstorming, Bedside, Ward rounds, Out-patient based, Lab-Based, Flipped learning , Roleplay. • Individual – based learning methods –Self regulated learning, reflective learning, portfolio-based, library based, e-learning, simulations, spaced repetition, deliberate practice, formative self-assessment.
Assessment	<ul style="list-style-type: none"> • Continuous / Programmatic assessment. • Practical assessment. • Written assessment. • Assignment, MCQ, OSCE, Bed Side Examination, DOPS (Direct Observation of Procedural Skills), Mini CEX (Clinical Evaluation Exercise) Case based assessment, simulation based assessment, spotting, Standardised Patients, Portfolio, Rubrics, Viva voce. • SAQ, LAQ- Descriptive, Case Scenario, Clinical application based, Problem Based Assessment.
Prescribed Texts	Refer to list attached
Domain of competencies	Knowledge and Scholarship / Patient Care / Homoeopathic Orientation / Communication skill/ Practice Based Learning/ / Professionalism
Learning outcome	11.4 THE FEBRILE PATIENT KNOWLEDGE <ul style="list-style-type: none"> • Anatomy of thermostat and physiology of thermoregulation

- Physiology of febrile response
- Aetiopathogenesis of fever
- Different clinical presentations of fever (rash, cough, headache, joint pain, neck stiffness, lymphadenopathy, pain in abdomen, fever of returning traveller, pyrexia of unknown origin, fever in injecting drug user,)
- Course of disease/fever
- Different sites of recording temperature
- Standard line of treatment
- Scope and limitations of Homoeopathy
- Miasmatic expression of disease
- Use of appropriate repertory
- Applied Materia Medica
- Ancillary measures

SKILLS

- Case taking with physical examination in different presentations of fever to assess the vitals and elicit the signs to arrive at the provisional diagnosis.
- Specific examinations pertaining to diagnosis
- Interpretation of investigations to confirm the diagnosis
- Decision of acceptance or referral of case
- Infer the miasm in a given case
- Standard line of treatment
- Role of Homoeopathy in management (Curative/Palliative/Adjuvant/Preventive)
- Arriving at the totality of symptoms
- Remedy differentiation and final selection of remedy with appropriate use of repertory and referring Materia Medica as a prescription decision tool
- Documentation of the same

	REFLECTION <ul style="list-style-type: none"> • Arriving at a final diagnosis by appropriate interpretation of investigations • Formulate the totality, use of repertory if necessary and or referring materia to arrive at selection of indicated remedy. • Orient about pattern and course of fever
Competency Based learning methods	<ul style="list-style-type: none"> • Peer-based learning methods-Problem-based, case based, Brainstorming, Bedside, Ward rounds, Out-patient based, Lab-Based, Flipped learning , Roleplay. • Individual – based learning methods –Self regulated learning, reflective learning, portfolio-based, library based, e-learning, simulations, spaced repetition, deliberate practice, formative self-assessment.
Assessment	<ul style="list-style-type: none"> • Continuous / Programmatic assessment. • Practical assessment. • Written assessment. • Assignment, MCQ, OSCE, Bed Side Examination, DOPS (Direct Observation of Procedural Skills), Mini CEX (Clinical Evaluation Exercise) Case based assessment, simulation based assessment, spotting, Standardised Patients, Portfolio, Rubrics, Viva voce. • SAQ, LAQ- Descriptive, Case Scenario, Clinical application based, Problem Based Assessment.
Prescribed Texts	Refer to list attached
Domain of competencies	Knowledge and Scholarship / Patient Care / Homoeopathic Orientation / Communication skill/ Practice Based Learning/ / Professionalism

Learning Outcome	<p>11.5 GENERALISED INFECTIONS</p> <p>KNOWLEDGE</p> <ul style="list-style-type: none"> • Risk factors, aetiopathogenesis, mode of transmission, course of disease, clinical features, investigations, complications of Glandular fever syndrome, Brucellosis, Leptospirosis, Lyme Borreliosis, Q fever, Toxoplasmosis etc. • Prevention of infection • Standard line of treatment • Scope and limitations of Homoeopathy • Miasmatic expression of disease • Use of appropriate repertory • Applied Materia Medica • Ancillary measures <p>SKILLS</p> <ul style="list-style-type: none"> • Case taking with physical examination to assess the vitals and elicit the signs to arrive at the provisional diagnosis. • Interpretation of investigations to confirm the diagnosis • Decision of acceptance or referral of case • Infer the miasm in a given case • Role of Homoeopathy in management (Curative/Palliative/Adjuvant/Preventive) • Arriving at the totality of symptoms • Remedy differentiation and final selection of remedy with appropriate use of repertory and referring Materia Medica as a prescription decision tool • Documentation of the same <p>REFLECTION</p> <ul style="list-style-type: none"> • Arriving at a final diagnosis by appropriate interpretation of investigations

	<ul style="list-style-type: none"> • Formulate the totality, use of repertory if necessary and or referring materia to arrive at selection of indicated remedy. • Orient about pattern and course of fever • Explain the preventive measures.
Competency based learning methods	<ul style="list-style-type: none"> • Peer-based learning methods-Problem-based, case based, Brainstorming, Bedside, Ward rounds, Out-patient based, Lab-Based, Flipped learning , Roleplay. • Individual – based learning methods –Self regulated learning, reflective learning, portfolio-based, library based, e-learning, simulations, spaced repetition, deliberate practice, formative self-assessment.
Assessment	<ul style="list-style-type: none"> • Continuous / Programmatic assessment. • Practical assessment. • Written assessment. • Assignment, MCQ, OSCE, Bed Side Examination, DOPS (Direct Observation of Procedural Skills), Mini CEX (Clinical Evaluation Exercise) Case based assessment, simulation based assessment, spotting, Standardised Patients, Portfolio, Rubrics, Viva voce. • SAQ, LAQ- Descriptive, Case Scenario, Clinical application based, Problem Based Assessment.
Prescribed Texts	Refer to list attached
Domain of competencies	Knowledge and Scholarship / Patient Care / Homoeopathic Orientation / Communication skill/ Practice Based Learning/ / Professionalism
Learning Outcome	11.6 RASHES AND INFECTION KNOWLEDGE <ul style="list-style-type: none"> • Different patterns of rash associated with infection (macular, maculo-papular, haemorrhagic, urticarial, vesicular, pustular,

	<p>nodular, erythematous, chancres, etc)</p> <ul style="list-style-type: none"> • Risk factors, aetiopathogenesis, mode of transmission, course of disease, clinical features, investigations, complications of • Direct skin infections (impetigo, folliculitis, furuncles, carbuncles, other staphylococcal infections- wound infections, cannula related infections, injection site infection in intravenous drug users, erysipelas, cellulitis, severe necrotising soft tissue infections, clostridial soft tissue infections, Bacteroides infection), etc. • Toxic erythematous rashes(streptococcal scarlet fever, streptococcal toxic shock syndrome, staphylococcal scalded skin syndrome, staphylococcal toxic shock syndrome), • Rashes with haemorrhage(yellow fever, viral haemorrhagic fever, and meningococcal meningitis) • Erythematous and vesiculopustular eruptions (Herpes simplex virus, human herpes virus, chicken pox, Shingles, hand-foot and mouth disease, herpangina) • Viral exanthemata (Measles, rubella, parvovirus B 19, mumps) • Prevention of infection • Standard line of treatment • Scope and limitations of Homoeopathy • Miasmatic expression of disease • Use of appropriate repertory • Applied Materia Medica • Ancillary measures <p>SKILLS</p> <ul style="list-style-type: none"> • Case taking with physical examination to assess the vitals and elicit the signs to arrive at the provisional diagnosis. • Interpretation of investigations to confirm the diagnosis
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	<ul style="list-style-type: none"> • Standard line of treatment • Decision of acceptance or referral of case • Infer the miasm in a given case • Role of Homoeopathy in management (Curative/Palliative/Adjuvant/Preventive) • Arriving at the totality of symptoms • Remedy differentiation and final selection of remedy with appropriate use of repertory and referring Materia Medica as a prescription decision tool • Documentation of the same <p>REFLECTION</p> <ul style="list-style-type: none"> • Arriving at a final diagnosis by appropriate interpretation of investigations • Formulate the totality, use of repertory if necessary and or referring materia to arrive at selection of indicated remedy. • Orient about pattern and course of fever • Explain the preventive measures.
Competency based learning methods	<ul style="list-style-type: none"> • Peer-based learning methods-Problem-based, case based, Brainstorming, Bedside, Ward rounds, Out-patient based, Lab-Based, Flipped learning , Roleplay. • Individual – based learning methods –Self regulated learning, reflective learning, portfolio-based, library based, e-learning, simulations, spaced repetition, deliberate practice, formative self-assessment.
Assessment	<ul style="list-style-type: none"> • Continuous / Programmatic assessment. • Practical assessment. • Written assessment. • Assignment, MCQ, OSCE, Bed Side Examination, DOPS (Direct Observation of Procedural Skills), Mini CEX (Clinical Evaluation

	<p>Exercise) Case based assessment, simulation based assessment, spotting, Standardised Patients, Portfolio, Rubrics, Viva voce.</p> <ul style="list-style-type: none"> • SAQ, LAQ- Descriptive, Case Scenario, Clinical application based, Problem Based Assessment.
Prescribed Texts	Refer to list attached
Domain of competencies	Knowledge and Scholarship / Patient Care / Homoeopathic Orientation / Communication skill/ Practice Based Learning/ / Professionalism
Learning Outcome	<p>11.7 FOOD POISONING AND GASTROENTERITIS</p> <p>KNOWLEDGE</p> <ul style="list-style-type: none"> • Principles of food hygiene • Risk factors, aetiopathogenesis, clinical features, investigations, complications of acute gastroenteritis, acute diarrhoea, acute food poisoning with predominant vomiting, acute watery diarrhoea, acute bloody diarrhoea, parasitic causes of acute diarrhoea, traveller's diarrhoea, chronic diarrhoea • Assessment of patient with diarrhoea and management of acute diarrhoea • Preventive measures • Standard line of treatment • Principles of Fluid replacement • Miasmatic expression of disease • Use of appropriate repertory , • Applied Materia Medica • Scope and limitations of Homoeopathy • Ancillary measures <p>SKILLS</p>

	<ul style="list-style-type: none"> • Case taking with physical examination to assess the vitals and elicit the signs to arrive at the provisional diagnosis. • Interpretation of investigations to confirm the diagnosis • Standard line of treatment/Principles of management • Decision of acceptance or referral of case • Infer the miasm in a given case • Role of Homoeopathy in management (Curative/Palliative/Adjuvant/Preventive) • Arriving at the totality of symptoms • Remedy differentiation and final selection of remedy with appropriate use of repertory and referring Materia Medica as a prescription decision tool • Documentation of the same <p>REFLECTION</p> <ul style="list-style-type: none"> • Arriving at a final diagnosis by appropriate interpretation of investigations • Formulate the totality, use of repertory if necessary and or referring materia to arrive at selection of indicated remedy. • Orient about pattern and course of fever • Explain the food hygiene and preventive measures.
Competency based learning methods	<ul style="list-style-type: none"> • Peer-based learning methods-Problem-based, case based, Brainstorming, Bedside, Ward rounds, Out-patient based, Lab-Based, Flipped learning , Roleplay. • Individual – based learning methods –Self regulated learning, reflective learning, portfolio-based, library based, e-learning, simulations, spaced repetition, deliberate practice, formative self-assessment.
Assessment	<ul style="list-style-type: none"> • Continuous / Programmatic assessment. • Practical assessment.

	<ul style="list-style-type: none"> • Written assessment. • Assignment, MCQ, OSCE, Bed Side Examination, DOPS (Direct Observation of Procedural Skills), Mini CEX (Clinical Evaluation Exercise) Case based assessment, simulation based assessment, spotting, Standardised Patients, Portfolio, Rubrics, Viva voce. • SAQ, LAQ- Descriptive, Case Scenario, Clinical application based, Problem Based Assessment.
Prescribed Texts	Refer to list attached
Domain of competencies	Knowledge and Scholarship / Patient Care / Homoeopathic Orientation / Communication skill/ Practice Based Learning/ / Professionalism
Learning Outcome	<p>11.8 TROPICAL AND INTERNATIONAL HEALTH KNOWLEDGE</p> <ul style="list-style-type: none"> • Aetiopathogenesis, clinical features, mode of transmission, course of disease, investigations, complications of , • Fever in/from tropics, • Fever without localising signs (Malaria) • Fever with rash- (typhoid and paratyphoid fevers, dengue, African trypanosomiasis or sleeping sickness, American Trypanosomiasis or chagas disease) • Fever with haemorrhage- (yellow fever, viral haemorrhagic fevers) • Fever following arthropods bites- (Rickettsia fevers, lyme disease, louse borne relapsing fever, plague) • Chronic Fever- (Amoebic liver abscess, visceral leishmaniasis or kala azar)

- **Diphtheria**
- **Eosinophilia and tropical infections**
- **Parasitic causes of eosinophilia**(soil- transmitted helminthiasis, ancylostomiasis, strongyloidiasis, ascaris lumbricoides)
- **Helminths not associated with eosinophilia-** (Enterobius vermicularis, Trichuris trichiura)
- **Filariases-** (lymphatic filariasis, non-filarial elephantiasis, onchocerciasis, other filariases)
- **Schistosomiasis**
- **Liver flukes**
- **Cysticercosis and hydatid disease-** (Taenia saginata, taenia solium and cysticercosis, echinococcusgranulosus and hydatid disease, other tapeworms.)
- **Skin conditions in tropics-** (cutaneous larva migrans, cutaneous leishmaniasis, tropical ulcer, Buruli ulcer, yaws, pinta and bejel)
- **Subcutaneous swellings-** (Jiggers, myiasis, dracunculiasis, mycetoma)
- **Leprosy**
- **Splenomegaly in/from tropics**
- **Other systemic infections-** (Japanese B encephalitis, Nipah virus encephalitis, melioidosis)
- **Systemic fungal infections-** (histoplasmosis, histoplasma duiboisii, aspergillosis, coccidioidomycosis, paracoccidioidomycosis, blastomycosis, cryptococcosis, candidiasis)
- Travel medicine and malaria prophylaxis
- Personal protection
- Preventive measures

- Vaccination and prophylaxis
- Standard line of treatment
- Scope and limitations of Homoeopathy
- Miasmatic expression of disease
- Use of appropriate repertory
- Applied Materia Medica
- Ancillary measures

SKILLS

- Case taking with physical examination to assess the vitals and elicit the signs to arrive at the provisional diagnosis.
- Interpretation of investigations to confirm the diagnosis
- Standard line of treatment/Principles of management
- Decision of acceptance or referral of case
- Infer the miasm in a given case
- Role of Homoeopathy in management (Curative/Palliative/Adjuvant/Preventive)
- Arriving at the totality of symptoms
- Remedy differentiation and final selection of remedy with appropriate use of repertory and referring Materia Medica as a prescription decision tool
- Documentation of the same

REFLECTION

- Arriving at a final diagnosis by appropriate interpretation of investigations
- Formulate the totality, use of repertory if necessary and or referring materia to arrive at selection of indicated remedy.
- Orient about pattern and course of disease
- Explain preventive measures.

Competency based learning methods	<ul style="list-style-type: none"> • Peer-based learning methods-Problem-based, case based, Brainstorming, Bedside, Ward rounds, Out-patient based, Lab-Based, Flipped learning , Roleplay. • Individual – based learning methods –Self regulated learning, reflective learning, portfolio-based, library based, e-learning, simulations, spaced repetition, deliberate practice, formative self-assessment.
Assessment	<ul style="list-style-type: none"> • Continuous / Programmatic assessment. • Practical assessment. • Written assessment. • Assignment, MCQ, OSCE, Bed Side Examination, DOPS (Direct Observation of Procedural Skills), Mini CEX (Clinical Evaluation Exercise) Case based assessment, simulation based assessment, spotting. • SAQ, LAQ- Descriptive, Case Scenario, Clinical application based, Problem Based Assessment.
Prescribed Texts	Refer to list attached
Domain of competencies	Knowledge and Scholarship / Patient Care / Homoeopathic Orientation / Communication skill/ Practice Based Learning/ / Professionalism
Learning Outcome	<p>11.9 SEXUALLY TRANSMITTED INFECTIONS</p> <p>KNOWLEDGE</p> <ul style="list-style-type: none"> • Aetiopathogenesis, clinical features, mode of transmission and control, course of disease, investigations, complications of • Sexually transmitted bacterial infections- (syphilis, congenital syphilis, gonorrhoea, non- gonococcal urethritis and chlamydial infections in males, chlamydial infection in females, other chlamydial infections, other sexually transmitted bacterial infections)

- **Sexually transmitted viral infections-** (genital herpes simplex, anogenital warts, molluscum contagiosum, hepatitis)
- **Other genital conditions-** (Balanitis and Balanoposthitis, vulvovaginal conditions)
- Preventive measures
- Standard line of treatment
- Scope and limitations of Homoeopathy
- Miasmatic expression of disease
- Use of appropriate repertory
- Applied Materia Medica
- Ancillary measures

SKILLS

- Case taking with physical examination to assess the vitals and elicit the signs to arrive at the provisional diagnosis.
- Interpretation of investigations to confirm the diagnosis
- Standard line of treatment/Principles of management
- Decision of acceptance or referral of case
- Infer the miasm in a given case
- Role of Homoeopathy in management (Curative/Palliative/Adjuvant/Preventive)
- Arriving at the totality of symptoms
- Remedy differentiation and final selection of remedy with appropriate use of repertory and referring Materia Medica as a prescription decision tool
- Documentation of the same

REFLECTION

- Arriving at a final diagnosis by appropriate interpretation of investigations
- Formulate the totality, use of repertory if necessary and or referring materia to arrive at selection of indicated remedy.

	<ul style="list-style-type: none"> • Explain preventive measures.
Competency based learning methods	<ul style="list-style-type: none"> • Peer-based learning methods-Problem-based, case based, Brainstorming, Bedside, Ward rounds, Out-patient based, Lab-Based, Flipped learning , Roleplay. • Individual – based learning methods –Self regulated learning, reflective learning, portfolio-based, library based, e-learning, simulations, spaced repetition, deliberate practice, formative self-assessment.
Assessment	<ul style="list-style-type: none"> • Continuous / Programmatic assessment. • Practical assessment. • Written assessment. • Assignment, MCQ, OSCE, Bed Side Examination, DOPS (Direct Observation of Procedural Skills), Mini CEX (Clinical Evaluation Exercise) Case based assessment, simulation based assessment, spotting, Standardised Patients, Portfolio, Rubrics, Viva voce. • SAQ, LAQ- Descriptive, Case Scenario, Clinical application based, Problem Based Assessment.
Prescribed Texts	Refer to list attached
Domain of competences	Knowledge and Scholarship / Patient Care / Homoeopathic Orientation / Communication skill/ Practice Based Learning/ / Professionalism
Learning Outcome	11.10 HUMAN IMMUNODEFICIENCY VIRUS INFECTION AND ACQUIRED IMMUNODEFICIENCY SYNDROME KNOWLEDGE <ul style="list-style-type: none"> • Epidemiology, global epidemic and regional patterns, virology

	<p>and immunology, natural history and classification, aetiopathogenesis, clinical features, mode of transmission, course of disease, investigations, differential diagnosis, complications of, HIV and AIDS</p> <ul style="list-style-type: none"> • Clinical syndromes and specific conditions-(mucocutaneous disease, specific skin condition, specific oral condition, gastrointestinal disease, specific conditions, respiratory disease, specific conditions, nervous system and eye disease, miscellaneous conditions, neoplasms) • Management of HIV • Prevention of infection • Scope and limitations of Homoeopathy • Miasmatic expression of disease • Use of appropriate repertory • Applied Materia Medica • Ancillary measures <p>SKILLS</p> <ul style="list-style-type: none"> • Case taking with physical examination to assess the vitals and elicit the signs to arrive at the provisional diagnosis. • Interpretation of investigations to confirm the diagnosis • Standard line of treatment/Principles of management • Decision of acceptance or referral of case • Infer the miasm in a given case • Role of Homoeopathy in management (Curative/Palliative/Adjuvant/Preventive) • Arriving at the totality of symptoms • Remedy differentiation and final selection of remedy with appropriate use of repertory and referring Materia Medica as a prescription decision tool
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	<ul style="list-style-type: none"> • Documentation of the same REFLECTION <ul style="list-style-type: none"> • Arriving at a final diagnosis by appropriate interpretation of investigations • Formulate the totality, use of repertory if necessary and or referring materia to arrive at selection of indicated remedy. • Explain preventive measures.
Competency based learning methods	<ul style="list-style-type: none"> • Peer-based learning methods-Problem-based, case based, Brainstorming, Bedside, Ward rounds, Out-patient based, Lab-Based, Flipped learning , Roleplay. • Individual – based learning methods –Self regulated learning, reflective learning, portfolio-based, library based, e-learning, simulations, spaced repetition, deliberate practice, formative self-assessment.
Assessment	<ul style="list-style-type: none"> • Continuous / Programmatic assessment. • Practical assessment. • Written assessment. • Assignment, MCQ, OSCE, Bed Side Examination, DOPS (Direct Observation of Procedural Skills), Mini CEX (Clinical Evaluation Exercise) Case based assessment, simulation based assessment, spotting, Standardised Patients, Portfolio, Rubrics, Viva voce. • SAQ, LAQ- Descriptive, Case Scenario, Clinical application based, Problem Based Assessment.
Prescribed Texts	Refer to list attached
Domain of competencies	Knowledge and Scholarship / Patient Care / Homoeopathic Orientation / Communication skill/ Practice Based Learning/ / Professionalism
Learning	11.11 THE MANAGEMENT OF INFECTION

Outcome	KNOWLEDGE <ul style="list-style-type: none"> • Principles of antimicrobial therapy • Antimicrobial resistance • Selection of appropriate antibiotic therapy • Antimicrobial agents
Assessment	<ul style="list-style-type: none"> • Continuous / Programmatic assessment. • Practical assessment. • Written assessment. • Assignment, MCQ, OSCE, Bed Side Examination, DOPS (Direct Observation of Procedural Skills), Mini CEX (Clinical Evaluation Exercise) Case based assessment, simulation based assessment, spotting, Standardised Patients, Portfolio, Rubrics, Viva voce. • SAQ, LAQ- Descriptive, Case Scenario, Clinical application based, Problem Based Assessment.
Prescribed Texts	Refer to list attached
Domain of competencies	Knowledge and Scholarship / Patient Care / Homoeopathic Orientation / Communication skill/ Practice Based Learning/ / Professionalism
	HOM-PG PM 26: WATER ELECTROLYTE AND ACID – BASE BALANCE 12.1 PHYSIOLOGY OF WATER AND ELECTROLYTE KNOWLEDGE <ul style="list-style-type: none"> • Principal of Homeostasis, Normal Distribution of water and electrolyte, Nephron segments and functions DISORDERS OF VOLUME STATUS KNOWLEDGE <ul style="list-style-type: none"> • Understanding pathophysiology and clinical presentation of Extra cellular fluid volume overload and Extra cellular fluid

	<p>volume depletion</p> <ul style="list-style-type: none"> • General principles of Management <p>SKILLS</p> <ul style="list-style-type: none"> • Eliciting the clinical findings. • Advising and interpretation of investigations. • Initiating the management by application of general measures and intervention with indicated Homoeopathic medicine based on totality. • Documentation of the same <p>REFLECTION</p> <ul style="list-style-type: none"> • Defining the scope by Arriving at a final diagnosis by appropriate interpretation of investigations and clinical assessment • Appropriate referencing. Initial management to overcome acute state by application of general measures. Selection of Homoeopathic remedy by using repertory and Materia Medica as a decision making tool
Competency based learning methods	<ul style="list-style-type: none"> • Peer-based learning methods-Problem-based, case based, Brainstorming, Bedside, Ward rounds, Out-patient based, Lab-Based, Flipped learning , Roleplay. • Individual – based learning methods –Self regulated learning, reflective learning, portfolio-based, library based, e-learning, simulations, spaced repetition, deliberate practice, formative self-assessment.
Assessment	<ul style="list-style-type: none"> • Continuous / Programmatic assessment. • Practical assessment. • Written assessment. • Assignment, MCQ, Bed Side Examination, Mini CEX (Clinical Evaluation Exercise) Case based assessment, spotting, Standardised

	<p>Patients, Portfolio, Rubrics, Viva voce.</p> <ul style="list-style-type: none"> • SAQ.
Prescribed Texts	Refer to list attached
Domain of competencies	Knowledge and Scholarship / Patient Care / Homoeopathic Orientation / Communication skill/ Practice Based Learning/ / Professionalism
Learning Outcome	<p>12.2 DISORDERS OF WATER METABOLISM: DYSNATRAEMIAS</p> <p>KNOWLEDGE</p> <ul style="list-style-type: none"> • Aetiopathogenesis, clinical presentation and signs of • Hyponataemia, Syndrome of inappropriate ADH secretion, Hypernatraemia and Polyuria • Principles of Management • Applied Materia Medica • Ancillary measures <p>SKILLS</p> <ul style="list-style-type: none"> • Assessing the clinical presentation by history taking, examination, vital data assessment and eliciting signs to arrive at the provisional diagnosis. • Advising investigations and its interpretation for confirmation of diagnosis. • Decision of acceptance or referencing of the case. • Initiating management by applying general principals • Documentation of the same <p>REFLECTION</p> <ul style="list-style-type: none"> • Defining the scope by arriving at a final diagnosis by appropriate interpretation of investigations and clinical assessment • Appropriate referencing. • Initial management to overcome acute state by application of

	general measures. Selection of Homoeopathic remedy by using repertory and Materia Medica as a decision making tool
Community based learning methods	<ul style="list-style-type: none"> • Peer-based learning methods-Problem-based, case based, Brainstorming, Bedside, Ward rounds, Out-patient based, Lab-Based, Flipped learning , Roleplay. • Individual – based learning methods –Self regulated learning, reflective learning, portfolio-based, library based, e-learning, simulations, spaced repetition, deliberate practice, formative self-assessment.
Assessment	<ul style="list-style-type: none"> • Continuous / Programmatic assessment. • Practical assessment. • Written assessment. • Assignment, MCQ, Bed Side Examination, Mini CEX (Clinical Evaluation Exercise) Case based assessment, spotting, Standardised Patients, Portfolio, Rubrics, Viva voce. • SAQ.
Prescribed Texts	Refer to list attached
Domains of competencies	Knowledge and Scholarship / Patient Care / Homoeopathic Orientation / Communication skill/ Practice Based Learning/ / Professionalism
Learning Outcome	12.3 DISORDERS OF POTASSIUM METABOLISM: DYSKALAEMIAS KNOWLEDGE <ul style="list-style-type: none"> • Aetiopathogenesis, clinical presentation and signs of • Hyperkalaemia, Hypokalaemia • Principles of Management

	<ul style="list-style-type: none"> • Applied Materia Medica • Ancillary measures <p>SKILLS</p> <ul style="list-style-type: none"> • Assessing the clinical presentation by history taking, examination, vital data assessment and eliciting signs to arrive at the provisional diagnosis. • Advising investigations and its interpretation for confirmation of diagnosis. Decision of acceptance or referencing of the case. Initiating management by applying general principals and documentation of the same <p>REFLECTION</p> <ul style="list-style-type: none"> • Defining the scope by Arriving at a final diagnosis by appropriate interpretation of investigations and clinical assessment • Appropriate referencing. Initial management to overcome acute state by application of general measures. Selection of Homoeopathic remedy by using repertory and Materia Medica as a decision making tool
	<ul style="list-style-type: none"> • Peer-based learning methods-Problem-based, case based, Brainstorming, Bedside, Ward rounds, Out-patient based, Lab-Based, Flipped learning , Roleplay. • Individual – based learning methods –Self regulated learning, reflective learning, portfolio-based, library based, e-learning, simulations, spaced repetition, deliberate practice, formative self-assessment.
Assessment	<ul style="list-style-type: none"> • Continuous / Programmatic assessment. • Practical assessment. • Written assessment. • Assignment, MCQ, Bed Side Examination, Mini CEX (Clinical

	<p>Evaluation Exercise) Case based assessment, spotting, Standardised Patients, Portfolio, Rubrics, Viva voce.</p> <ul style="list-style-type: none"> • SAQ.
Prescribed Texts	Refer to list attached
Domain of competencies	Knowledge and Scholarship / Patient Care / Homoeopathic Orientation / Communication skill/ Practice Based Learning/ / Professionalism
Learning Outcome	<p>12.4 ACID BASE DISORDERS</p> <p>KNOWLEDGE</p> <ul style="list-style-type: none"> • Aetiopathogenesis, clinical presentation of Acid base disorders • Normal values and interpretation of changes in arterial (H⁺), PaCO₂, plasma bicarbonates in acid base disturbances • Aetiopathogenesis and clinical presentation of Metabolic acidosis, Metabolic alkalosis, Respiratory acidosis, Respiratory alkalosis and mixed Acid Base Disorders • Principles of Management • Scope and limitations of Homoeopathy • Ancillary measures <p>SKILLS</p> <ul style="list-style-type: none"> • Clinical assessment of a case by history taking, examination of vital data, physical examination to elicit signs to arrive at provisional diagnosis • Decision of acceptance or referral of case • Initial management by application of general measures • Indicated Homoeopathic medicine based on totality • Documentation of the same <p>REFLECTION</p> <ul style="list-style-type: none"> • Defining the scope by arriving at a final diagnosis by appropriate interpretation of investigations and clinical

	<p>assessment</p> <ul style="list-style-type: none"> • Appropriate referencing. Initial management to overcome acute state by application of general measures. Selection of Homoeopathic remedy by using repertory and Materia Medica as a decision making tool
	<ul style="list-style-type: none"> • Peer-based learning methods-Problem-based, case based, Brainstorming, Bedside, Ward rounds, Out-patient based, Lab-Based, Flipped learning , Roleplay. • Individual – based learning methods –Self regulated learning, reflective learning, portfolio-based, library based, e-learning, simulations, spaced repetition, deliberate practice, formative self-assessment.
Assessment	<ul style="list-style-type: none"> • Continuous / Programmatic assessment. • Practical assessment. • Written assessment. • Assignment, MCQ, Bed Side Examination, Mini CEX (Clinical Evaluation Exercise) Case based assessment, spotting, Standardised Patients, Portfolio, Rubrics, Viva voce. • SAQ.
Prescribed Texts	Refer to list attached
Domain of competencies	Knowledge and Scholarship / Patient Care / Homoeopathic Orientation / Communication skill/ Practice Based Learning/ / Professionalism
Learning Outcome	<p>12.5 DISORDERS OF DIVALENT ION METABOLISM</p> <p>KNOWLEDGE</p> <ul style="list-style-type: none"> • Calcium and Phosphate metabolism • Aetiopathogenesis and clinical presentation of • Hypocalcaemic Hypophosphatemia • Hypercalcaemic Hypophosphatemia • Hypomagnesaemia

	<ul style="list-style-type: none"> • Hypermagnesaemia • Standard line of treatment • Principles of Management • Ancillary measures <p>SKILLS</p> <ul style="list-style-type: none"> • Clinical assessment of the case by history taking, physical examination and assessment of vital signs • Interpretation of investigations to confirm the diagnosis • Decision of acceptance or referral of case • General principle of management • Defining the role of Homoeopathy and arriving at the indicated medicine based on totality • Documentation of the same <p>REFLECTION</p> <ul style="list-style-type: none"> • Defining the scope by arriving at a final diagnosis by appropriate interpretation of investigations and clinical assessment • Appropriate referencing. Initial management to overcome acute state by application of general measures. Selection of Homoeopathic remedy by using repertory and Materia Medica as a decision making tool
	<ul style="list-style-type: none"> • Peer-based learning methods-Problem-based, case based, Brainstorming, Bedside, Ward rounds, Out-patient based, Lab-Based, Flipped learning , Roleplay. • Individual – based learning methods –Self regulated learning, reflective learning, portfolio-based, library based, e-learning, simulations, spaced repetition, deliberate practice, formative self-assessment.
Assessment	<ul style="list-style-type: none"> • Continuous / Programmatic assessment. • Practical assessment.

	<ul style="list-style-type: none"> • Written assessment. • Assignment, MCQ, Bed Side Examination, Mini CEX (Clinical Evaluation Exercise) Case based assessment, spotting, Standardised Patients, Portfolio, Rubrics, Viva voce. • SAQ.
Prescribed Texts	Refer to list attached
Domain of competencies	Knowledge and Scholarship / Patient Care / Homoeopathic Orientation / Communication skill/ Practice Based Learning/ / Professionalism
Learning Outcome	<p>HOM-PG PM 27: NUTRITIONAL, METABOLIC AND ENVIRONMENTAL DISEASE</p> <p>13.1 NUTRITIONAL ASSESSMENT AND NUTRITIONAL NEEDS KNOWLEDGE</p> <ul style="list-style-type: none"> • Assessment of Nutritional status of patient • Understanding of Nutrient and energy requirements in patients <p>SKILLS</p> <ul style="list-style-type: none"> • To assess nutritional status of patient by clinical examination and history taking • Understanding daily requirement of nutrients and energy to understand deficiency and its impact on health • Interpretation of investigations to confirm the diagnosis • Role of Homoeopathy in management (curative/Palliative/Adjuvant) • Arriving at the totality of symptoms • Remedy differentiation and final selection of remedy with appropriate use of repertory and referencing MateriaMedica as a prescription decision tool • Documentation of the same

	REFLECTION <ul style="list-style-type: none"> • Arriving at a final diagnosis after clinical examination with eliciting signs and appropriate interpretation of investigations • Give basic diet advice to patients after understanding flaws in diet • Understand impact on dietary deficiency on health • Plan for assessment of a progress of the condition for evidence based medicine
	<ul style="list-style-type: none"> • Peer-based learning methods-Problem-based, case based, Brainstorming, Bedside, Ward rounds, Out-patient based, Community Postings, Lab-Based, Flipped learning , Roleplay. • Individual – based learning methods –Self regulated learning, reflective learning, portfolio-based, library based, e-learning, simulations, spaced repetition, deliberate practice, formative self-assessment.
Assessment	<ul style="list-style-type: none"> • Continuous / Programmatic assessment. • Practical assessment. • Written assessment. • Assignment, MCQ, OSCE, Bed Side Examination, DOPS (Direct Observation of Procedural Skills), Mini CEX (Clinical Evaluation Exercise) Case based assessment, simulation based assessment, spotting, Standardised Patients, Portfolio, Rubrics, Viva voce. • SAQ, LAQ- Descriptive, Case Scenario, Clinical application based, Problem Based Assessment.
Prescribed Texts	Refer to list attached
Domain of competencies	Knowledge and Scholarship / Patient Care / Homoeopathic Orientation / Communication skill/ Practice Based Learning/ / Professionalism
Learning Outcome	13.2 NUTRITIONAL AND METABOLIC DISORDERS KNOWLEDGE

- Aetio-pathogenesis of Obesity and Lipoprotein disorders
- Aetiopathogenesis, clinical features and complications of PEM and Malnutrition in Hospital population
- Understanding role of Diet and Nutrition in this cases
- Standard line of treatment
- Miasmatic expression of disease
- Use of appropriate repertory
- Applied Materia Medica
- Ancillary measures

SKILLS

- To assess nutritional status of patient by clinical examination and history taking
- Understanding daily requirement of nutrients and energy to understand deficiency and its impact on health
- Interpretation of investigations to confirm the diagnosis
- Role of Homoeopathy in management (curative/Palliative/Adjuvant)
- Infer the miasm in a given case
- Arriving at the totality of symptoms
- Remedy differentiation and final selection of remedy with appropriate use of repertory and referencing Materia Medica as a prescription decision tool
- Documentation of the same

REFLECTION

- Arriving at a final diagnosis after clinical examination with eliciting signs and appropriate interpretation of investigations
- Give basic diet advice to patients after understanding flaws in diet
- Understand impact on dietary deficiency on health

	<ul style="list-style-type: none"> Plan for assessment of the condition for evidence based medicine
Competency based learning methods	<ul style="list-style-type: none"> Peer-based learning methods-Problem-based, case based, Brainstorming, Bedside, Ward rounds, Out-patient based, Lab-Based, Flipped learning , Roleplay. Individual – based learning methods –Self regulated learning, reflective learning, portfolio-based, library based, e-learning, simulations, spaced repetition, deliberate practice, formative self-assessment.
Assessment	<ul style="list-style-type: none"> Continuous / Programmatic assessment. Practical assessment. Written assessment. Assignment, MCQ, OSCE, Bed Side Examination, DOPS (Direct Observation of Procedural Skills), Mini CEX (Clinical Evaluation Exercise) Case based assessment, simulation based assessment, spotting, Standardised Patients, Portfolio, Rubrics, Viva voce. SAQ, LAQ- Descriptive, Case Scenario, Clinical application based, Problem Based Assessment.
Prescribed Texts	Refer to list attached
Domain of competencies	Knowledge and Scholarship / Patient Care / Homoeopathic Orientation / Communication skill/ Practice Based Learning/ / Professionalism
Learning Outcome	13.3 VITAMINS AND MINERALS KNOWLEDGE <ul style="list-style-type: none"> Understanding daily requirement and role of Vitamins and Inorganic nutrients Understanding signs and symptoms of Deficiency of Vitamins and inorganic nutrients

	<ul style="list-style-type: none"> • Standard line of treatment • Principles of Management • Miasmatic expression of disease • Use of appropriate repertory • Applied Materia Medica • Ancillary measures <p>SKILLS</p> <ul style="list-style-type: none"> • To assess nutritional status of patient by clinical examination and history taking • Understanding daily requirement of nutrients and energy to understand deficiency and its impact on health • Interpretation of investigations to confirm the diagnosis • Role of Homoeopathy in management (curative/Palliative/Adjuvant) • Infer the miasm in a given case • Arriving at the totality of symptoms • Remedy differentiation and final selection of remedy with appropriate use of repertory and referencing Materia Medica as a prescription decision tool • Documentation of the same <p>REFLECTION</p> <ul style="list-style-type: none"> • Arriving at a final diagnosis after clinical examination with eliciting signs and appropriate interpretation of investigations • Give basic diet advice to patients after understanding flaws in diet • Understand impact on dietary deficiency on health • Plan for assessment of the condition for evidence based medicine
Competency	<ul style="list-style-type: none"> • Peer-based learning methods-Problem-based, case based,

based learning outcomes	<p>Brainstorming, Bedside, Ward rounds, Out-patient based, Lab-Based, community Postings, Flipped learning , Roleplay.</p> <ul style="list-style-type: none"> • Individual – based learning methods –Self regulated learning, reflective learning, portfolio-based, library based, e-learning, simulations, spaced repetition, deliberate practice, formative self-assessment.
Assessment	<ul style="list-style-type: none"> • Continuous / Programmatic assessment. • Practical assessment. • Written assessment. • Assignment, MCQ, OSCE, Bed Side Examination, DOPS (Direct Observation of Procedural Skills), Mini CEX (Clinical Evaluation Exercise) Case based assessment, simulation based assessment, spotting, Standardised Patients, Portfolio, Rubrics, Viva voce. • SAQ, LAQ- Descriptive, Case Scenario, Clinical application based, Problem Based Assessment.
Prescribed Texts	Refer to list attached
Domain of competencies	Knowledge and Scholarship / Patient Care / Homoeopathic Orientation / Communication skill/ Practice Based Learning/ / Professionalism
Learning Outcome	<p>13.4 OTHER METABOLIC DISORDERS</p> <p>KNOWLEDGE</p> <ul style="list-style-type: none"> • Aetiopathogenesis, clinical presentation, diagnosis, investigations, complications of Porphyrias and Amyloidosis • Principles of Management • Scope and limitations of Homoeopathy <p>SKILLS</p> <ul style="list-style-type: none"> • Case taking with physical examination to assess the vitals and elicit the signs to arrive at the provisional diagnosis. • Interpretation of investigations to confirm the diagnosis

	<ul style="list-style-type: none"> • Decision of acceptance or referral of case • Role of Homoeopathy in management (curative/Palliative/Adjuvant) • Arriving at the totality of symptoms • Remedy differentiation and final selection of remedy with appropriate use of repertory and referencing Materia Medica as a prescription decision tool <p>REFLECTION</p> <ul style="list-style-type: none"> • Arriving at a final diagnosis by appropriate interpretation of investigations • Formulate the totality; Miasmatic evolution of expression of disease use of repertory if necessary and or referencing Materia Medica to arrive at the selection of indicated remedy, potency, repetition with justification • Plan for assessment of the condition for evidence based medicine
Community based learning methods	<ul style="list-style-type: none"> • Peer-based learning methods-Problem-based, case based, Brainstorming, Bedside, Ward rounds, Out-patient based, Lab-Based, community postings, Flipped learning , Roleplay. • Individual – based learning methods –Self regulated learning, reflective learning, portfolio-based, library based, e-learning, simulations, spaced repetition, deliberate practice, formative self-assessment.
Assessment	<ul style="list-style-type: none"> • Continuous / Programmatic assessment. • Practical assessment. • Written assessment. • Assignment, MCQ, OSCE, Bed Side Examination, DOPS (Direct Observation of Procedural Skills), Mini CEX (Clinical Evaluation Exercise) Case based assessment, simulation based assessment, spotting,

	<p>Standardised Patients, Portfolio, Rubrics, Viva voce.</p> <ul style="list-style-type: none"> • SAQ, LAQ- Descriptive, Case Scenario, Clinical application based, Problem Based Assessment.
Prescribed Texts	Refer to list attached
Domain of competencies	Knowledge and Scholarship / Patient Care / Homoeopathic Orientation / Communication skill/ Practice Based Learning/ / Professionalism
Learning Outcome	<p>13.5 ENVIRONMENTAL DISORDERS</p> <p>KNOWLEDGE</p> <ul style="list-style-type: none"> • Clinical presentation, diagnosis, investigations, complications of Diving illness, Hyperthermia and heart illness, Hypothermia, Drowning/ Near Drowning, High-altitude illness, Radiation exposure • Standard line of treatment • Principles of Management • Scope and limitations of Homoeopathy • Ancillary measures <p>SKILLS</p> <ul style="list-style-type: none"> • Case taking with physical examination to assess the vitals and elicit the signs to arrive at the provisional diagnosis. • Start basic management for acute conditions and Decision of acceptance or referral of case • Interpretation of investigations to confirm the diagnosis • Role of Homoeopathy in management (curative/Palliative/ Adjuvant). • Arriving at the totality of symptoms • Remedy differentiation and final selection of remedy with appropriate use of repertory and referencing Materia Medica as a prescription decision tool • Documentation of the same

	REFLECTION <ul style="list-style-type: none"> • Understanding of acute emergency and steps to be followed for basic management of acute state • Arriving at a final diagnosis by appropriate interpretation of investigations • Formulate the totality; use of repertory if necessary and or referencing Materia Medica to arrive at the selection of indicated remedy, potency, repetition with justification • Plan for assessment of the condition for evidence based medicine • Competency
Competency based learning methods	<ul style="list-style-type: none"> • Peer-based learning methods-Problem-based, case based, Brainstorming, Bedside, Ward rounds, Out-patient based, Lab-Based, Flipped learning , Roleplay. • Individual – based learning methods –Self regulated learning, reflective learning, portfolio-based, library based e-learning, simulations, spaced repetition, deliberate practice, formative self-assessment.
Assessment	<ul style="list-style-type: none"> • Continuous / Programmatic assessment. • Practical assessment. • Written assessment. • Assignment, MCQ, OSCE, Bed Side Examination, DOPS (Direct Observation of Procedural Skills), Mini CEX (Clinical Evaluation Exercise) Case based assessment, simulation based assessment, spotting, Standardised Patients, Portfolio, Rubrics, Viva voce. • SAQ, LAQ- Descriptive, Case Scenario, Clinical application based, Problem Based Assessment.
Prescribed Texts	Refer to list attached

Domain of competencies	Knowledge and Scholarship / Patient Care / Homoeopathic Orientation / Communication skill/ Practice Based Learning/ / Professionalism
Learning Outcome	HOM-PG PM 28 CLINICAL GENETICS 14.1 THE ROLE OF CLINICAL GENETICIST KNOWLEDGE <ul style="list-style-type: none"> • How to diagnose all types of genetic diseases, birth defects, and developmental anomalies • How to assess genetic risk • How to do genetic risk
Competency based learning methods	<ul style="list-style-type: none"> • Peer-based learning methods-Problem-based, case based, Brainstorming, Bedside, Ward rounds, Out-patient based, Lab-Based, Flipped learning , Roleplay. • Individual – based learning methods –Self regulated learning, reflective learning, portfolio-based, library based, e-learning, simulations, spaced repetition, deliberate practice, formative self-assessment.
Assessments	<ul style="list-style-type: none"> • Continuous / Programmatic assessment. • Practical assessment. • Written assessment. • Assignment, MCQ, Bed Side Examination, Mini CEX (Clinical Evaluation Exercise) Case based assessment, spotting, Standardised Patients, Portfolio, Rubrics, Viva voce. • SAQ.
Learning Outcome	14.2 THE ANATOMY OF THE HUMAN GENOME KNOWLEDGE <ul style="list-style-type: none"> • Structure of DNA, chromosome and genes

Competency based learning methods	<ul style="list-style-type: none"> • Peer-based learning methods-Problem-based, case based, Brainstorming, Bedside, Ward rounds, Out-patient based, Lab-Based, Flipped learning , Roleplay. • Individual – based learning methods –Self regulated learning, reflective learning, portfolio-based, library based, e-learning, simulations, spaced repetition, deliberate practice, formative self-assessment.
Assessments	<ul style="list-style-type: none"> • Continuous / Programmatic assessment. • Practical assessment. • Written assessment. • Assignment, MCQ, Bed Side Examination, Mini CEX (Clinical Evaluation Exercise) Case based assessment, spotting, Standardised Patients, Portfolio, Rubrics, Viva voce. • SAQ.
Learning Outcome	<p>14.3 TYPES OF GENETIC DISEASE KNOWLEDGE</p> <ul style="list-style-type: none"> • Risk factors, aetiopathogenesis, clinical features, investigations, complications of • Chromosomal disorders • Mutations • Duplications • Polymorphism • Genetic factors in common diseases • Inheritance patterns
Competency based learning	<ul style="list-style-type: none"> • Peer-based learning methods-Problem-based, case based, Brainstorming, Bedside, Ward rounds, Out-patient based, Lab-Based, Flipped learning , Roleplay.

methods	<ul style="list-style-type: none"> • Individual – based learning methods –Self regulated learning, reflective learning, portfolio-based, library based, e-learning, simulations, spaced repetition, deliberate practice, formative self-assessment.
Assessments	<ul style="list-style-type: none"> • Continuous / Programmatic assessment. • Practical assessment. • Written assessment. • Assignment, MCQ, Bed Side Examination, Mini CEX (Clinical Evaluation Exercise) Case based assessment, spotting, Standardised Patients, Portfolio, Rubrics, Viva voce. • SAQ.
Learning Outcome	<p>14.4 COMMON PRESENTATIONS OF GENETIC DISEASE KNOWLEDGE</p> <ul style="list-style-type: none"> • Risk factors, aetiopathogenesis, clinical features, investigations, complications of common presentations of genetic diseases in different systems- multisystem, respiratory, cardiovascular, renal, gastrointestinal, hepatic, metabolic, endocrine, haematological, neuromuscular, central nervous system, connective tissue, skin, eye. • Miasmatic expression of disease <p>SKILLS</p> <ul style="list-style-type: none"> • Case taking with physical examination to assess the vitals and elicit the signs to arrive at the provisional diagnosis. • Interpretation of investigations to confirm the diagnosis • Decision of acceptance or referral of case • Infer the miasm in a given case • Role of Homoeopathy in management (Curative/Palliative/Adjuvant/Preventive)

	<ul style="list-style-type: none"> • Arriving at the totality of symptoms • Remedy differentiation and final selection of remedy with appropriate use of repertory and referring Materia Medica as a prescription decision tool • Documentation of the same <p>REFLECTION</p> <ul style="list-style-type: none"> • Arriving at a final diagnosis by appropriate interpretation of investigations • Formulate the totality, use of repertory if necessary and or referring materia to arrive at selection of indicated remedy
Competency based learning methods	<ul style="list-style-type: none"> • Peer-based learning methods-Problem-based, case based, Brainstorming, Bedside, Ward rounds, Out-patient based, Lab-Based, Flipped learning , Roleplay. • Individual – based learning methods –Self regulated learning, reflective learning, portfolio-based, library based, e-learning, simulations, spaced repetition, deliberate practice, formative self-assessment.
Assessment	<ul style="list-style-type: none"> • Continuous / Programmatic assessment. • Practical assessment. • Written assessment. • Assignment, MCQ, Bed Side Examination, Mini CEX (Clinical Evaluation Exercise) Case based assessment, spotting, Standardised Patients, Portfolio, Rubrics, Viva voce. • SAQ.
Prescribed Texts	Refer to list attached
Domain of competencies	Knowledge and Scholarship / Patient Care / Homoeopathic Orientation / Communication skill/ Practice Based Learning/ / Professionalism

Learning Outcome	14.5 INVESTIGATIONS OF GENETIC DISEASE KNOWLEDGE <ul style="list-style-type: none"> Investigations of genetic disease
Competency based learning methods	<ul style="list-style-type: none"> Peer-based learning methods-Problem-based, case based, Brainstorming, Bedside, Ward rounds, Out-patient based, Lab-Based, Flipped learning , Roleplay. Individual – based learning methods –Self regulated learning, reflective learning, portfolio-based, library based, e-learning, simulations, spaced repetition, deliberate practice, formative self-assessment.
Assessments	<ul style="list-style-type: none"> Continuous / Programmatic assessment. Practical assessment. Written assessment. Assignment, MCQ, Bed Side Examination, Mini CEX (Clinical Evaluation Exercise) Case based assessment, spotting. SAQ.
Learning Outcome	14.6 GENETIC COUNSELLING AND TESTING KNOWLEDGE <ul style="list-style-type: none"> Constructing a pedigree Risk calculation Information and support Genetic testing- genetic screening, prenatal testing, diagnostic test, predictive tests. Ethical issues in genetic testing

Competency based learning methods	<ul style="list-style-type: none"> • Peer-based learning methods-Problem-based, case based, Brainstorming, Bedside, Ward rounds, Out-patient based, Lab-Based, Flipped learning , Roleplay. • Individual – based learning methods –Self regulated learning, reflective learning, portfolio-based, library based, e-learning, simulations, spaced repetition, deliberate practice, formative self-assessment.
Assessment	<ul style="list-style-type: none"> • Continuous / Programmatic assessment. • Practical assessment. • Written assessment. • Assignment, MCQ, Bed Side Examination, Mini CEX (Clinical Evaluation Exercise) Case based assessment, spotting, Standardised Patients, Portfolio, Rubrics, Viva voce. • SAQ.
Prescribed Texts	Refer to list attached
Domain of competencies	Knowledge and Scholarship / Patient Care / Practice Based Learning
Learning Outcome	HOM-PG PM 29: PSYCHIATRIC AND ADDICTION DISORDERS 15.1 Classification of psychiatric disorders and aetiological factors in psychiatric disorders Clinical Interview and Mental State Examination and Major Manifestations of Psychiatric illnesses

	<p>KNOWLEDGE OF</p> <ul style="list-style-type: none"> • Classification of psychiatric disorders • Etiological factors in psychiatric disorders • Major Manifestations of Psychiatric illnesses • Miasmatic expression of disease • Use of appropriate repertory • Applied Materia Medica <p>SKILL</p> <ul style="list-style-type: none"> • Clinical assessment of a psychiatric patient in context to Hahnemann classification of mental disorders. • Infer the miasm in a given case • Use of the Primary Care Evaluation of Mental Disorders (PRIME_MD and Patient Health Questionnaire) • Role of Homoeopathy in management- curative/ palliative /adjuvant <p>REFLECTION</p> <ul style="list-style-type: none"> • Arriving at a final diagnosis through clinical and laboratory assessment. • Formulate the totality • Plan for assessment of a progress of the condition
Competency based learning methods	<ul style="list-style-type: none"> • Peer-based learning methods-Problem-based, case based, Brainstorming, Bedside, Ward rounds, Out-patient based, Flipped learning , Roleplay. • Individual – based learning methods –Self regulated learning, reflective learning, portfolio-based, library based, e-learning, simulations, spaced repetition, deliberate practice, formative self-assessment.
Assessment	<ul style="list-style-type: none"> • Continuous / Programmatic assessment.

	<ul style="list-style-type: none"> • Practical assessment. • Written assessment. • Assignment, MCQ, OSCE, Bed Side Examination, DOPS (Direct Observation of Procedural Skills), Mini CEX (Clinical Evaluation Exercise) Case based assessment, simulation based assessment, spotting, Standardised Patients, Portfolio, Rubrics, Viva voce. • SAQ, LAQ
Prescribed Texts	Refer to list attached
Domain of competencies	Knowledge and Scholarship / Patient Care / Homoeopathic Orientation / Communication skill/ Practice Based Learning/ / Professionalism
Learning Outcome	<p>15.2 ANXIETY DISORDERS, OBSESSIVE COMPULSIVE DISORDER, SCHIZOPHRENIA AND DELUSIONAL DISORDERS AFFECTIVE (MOOD) DISORDERS</p> <p>KNOWLEDGE OF</p> <ul style="list-style-type: none"> • Clinical presentation of • Anxiety disorders, Obsessive compulsive disorder, Schizophrenia and Delusional disorders • Affective (Mood) disorders <ul style="list-style-type: none"> • Miasmatic expression of disease • Use of appropriate repertory • Applied Materia Medica <p>SKILL</p> <ul style="list-style-type: none"> • Clinical assessment of a patient in context to Hahnemann classification of mental disorders. • Infer the miasm in a given case • Use of the Primary Care Evaluation of Mental Disorders

	<p>(PRIME_MD and Patient Health Questionnaire)</p> <ul style="list-style-type: none"> • Role of Homoeopathy in management- curative/ palliative /adjuvant <p>REFLECTION</p> <ul style="list-style-type: none"> • Arriving at a final diagnosis through clinical and laboratory assessment. • Formulate the totality • Plan for assessment of a progress of the condition
Competency based learning methods	<ul style="list-style-type: none"> • Peer-based learning methods-Problem-based, case based, Brainstorming, Bedside, Ward rounds, Out-patient based, Flipped learning , Roleplay. • Individual – based learning methods –Self regulated learning, reflective learning, portfolio-based, library based, e-learning, simulations, spaced repetition, deliberate practice, formative self-assessment.
Assessment	<ul style="list-style-type: none"> • Continuous / Programmatic assessment. • Practical assessment. • Written assessment. • Assignment, MCQ, OSCE, Bed Side Examination, DOPS (Direct Observation of Procedural Skills), Mini CEX (Clinical Evaluation Exercise) Case based assessment, simulation based assessment, spotting, Standardised Patients, Portfolio, Rubrics, Viva voce. • SAQ, LAQ
Prescribed Texts	Refer to list attached
Domain of competencies	Knowledge and Scholarship / Patient Care / Homoeopathic Orientation / Communication skill/ Practice Based Learning/ / Professionalism

Learning Outcome	<p>15.3 SOMATOFORM DISORDERS , PERSONALITY DISORDERS, KNOWLEDGE OF</p> <ul style="list-style-type: none"> • Somatoform Disorders • Behavioural Syndromes associated with Physiological Disturbances, • Personality Disorders • Miasmatic expression of disease • Use of appropriate repertory • Applied Materia Medica <p>SKILL</p> <ul style="list-style-type: none"> • Case taking, Physical examinations to arrive at provisional diagnosis and Clinical assessment of a patient in context to Hahnemann classification of mental disorders. • Infer the miasm in a given case • Use of the Primary Care Evaluation of Mental Disorders (PRIME_MD and Patient Health Questionnaire) • Role of Homoeopathy in management- curative/ palliative /adjuvant <p>REFLECTION</p> <ul style="list-style-type: none"> • Arriving at a final diagnosis through clinical and laboratory assessment. • Formulate the totality • Plan for assessment of a progress of the condition
Competency based learning methods	<ul style="list-style-type: none"> • Peer-based learning methods-Problem-based, case based, Brainstorming, Bedside, Ward rounds, Out-patient based, Flipped learning , Roleplay. • Individual – based learning methods –Self regulated learning, reflective learning, portfolio-based, library based, e-learning,

	simulations, spaced repetition, deliberate practice, formative self-assessment.
Assessment	<ul style="list-style-type: none"> • Continuous / Programmatic assessment. • Practical assessment. • Written assessment. • Assignment, MCQ, OSCE, Bed Side Examination, DOPS (Direct Observation of Procedural Skills), Mini CEX (Clinical Evaluation Exercise) Case based assessment, simulation based assessment, spotting, Standardised Patients, Portfolio, Rubrics, Viva voce. • SAQ, LAQ
Prescribed Texts	Refer to list attached
Domain of competencies	Knowledge and Scholarship / Patient Care / Homoeopathic Orientation / Communication skill/ Practice Based Learning/ / Professionalism
Learning Outcome	<p>15.4 PSYCHIATRIC AND PSYCHOLOGICAL ASPECTS OF CHRONIC AND PROGRESSIVE DISEASES</p> <p>SUBSTANCE ABUSE / MISUSE</p> <p>KNOWLEDGE OF</p> <ul style="list-style-type: none"> • Psychiatric and psychological aspects of chronic and progressive diseases • Substance abuse / misuse • Miasmatic expression of disease • Use of appropriate repertory • Applied Materia Medica <p>SKILL</p> <ul style="list-style-type: none"> • Clinical assessment of a patient in context to Hahnemann classification of mental disorders.

	<ul style="list-style-type: none"> • Infer the miasm in a given case. • Role of Homoeopathy in management- curative/ palliative /adjuvant <p>REFLECTION</p> <ul style="list-style-type: none"> • Arriving at a final diagnosis through clinical and laboratory assessment. • Formulate the totality • Plan for assessment of a progress of the condition
Competency based learning methods	<ul style="list-style-type: none"> • Peer-based learning methods-Problem-based, case based, Brainstorming, Bedside, Ward rounds, Out-patient based, Flipped learning , Roleplay. • Individual – based learning methods –Self regulated learning, reflective learning, portfolio-based, library based, e-learning, simulations, spaced repetition, deliberate practice, formative self-assessment.
Assessment	<ul style="list-style-type: none"> • Continuous / Programmatic assessment. • Practical assessment. • Written assessment. • Assignment, MCQ, OSCE, Bed Side Examination, DOPS (Direct Observation of Procedural Skills), Mini CEX (Clinical Evaluation Exercise) Case based assessment, simulation based assessment, spotting, Standardised Patients, Portfolio, Rubrics, Viva voce. • SAQ, LAQ.
Prescribed Texts	Refer to list attached
Domain of competencies	Knowledge and Scholarship / Patient Care / Homoeopathic Orientation / Communication skill/ Practice Based Learning/ / Professionalism

Learning Outcome	15.5 LEGAL ASPECTS OF PSYCHIATRY KNOWLEDGE OF <ul style="list-style-type: none"> • Legal aspects of psychiatry SKILL <ul style="list-style-type: none"> • Assessment of the patient for its acceptance or referral REFLECTION <ul style="list-style-type: none"> • Arriving at a final diagnosis through clinical and laboratory assessment. • Formulate the totality • Plan for assessment of a progress of the condition
Competency based learning methods	<ul style="list-style-type: none"> • Peer-based learning methods-Problem-based, case based, Brainstorming, Bedside, Ward rounds, Out-patient based, Flipped learning , Roleplay. • Individual – based learning methods –Self regulated learning, reflective learning, portfolio-based, library based, e-learning, simulations, spaced repetition, deliberate practice, formative self-assessment.
Assessment	<ul style="list-style-type: none"> • Continuous / Programmatic assessment. • Practical assessment. • Written assessment. • Assignment, MCQ, OSCE, Bed Side Examination, DOPS (Direct Observation of Procedural Skills), Mini CEX (Clinical Evaluation Exercise) Case based assessment, simulation based assessment, spotting, Standardised Patients, Portfolio, Rubrics, Viva voce. • SAQ, LAQ
Prescribed Texts	Refer to list attached

Domain of competencies	Knowledge and Scholarship / Patient Care /Practice Based Learning
Learning Outcome	<p>HOM-PG PM 30: GERIATRIC MEDICINE-FRAIL OLDER PEOPLE</p> <p>16.1 NORMAL AGING AND CONCEPT OF "HOMEOSTENOSIS" AND MAJOR MANIFESTATIONS IN OLD PEOPLE</p> <p>KNOWLEDGE OF</p> <ul style="list-style-type: none"> • Normal aging and concept of "Homeostenosis" • Major manifestations in old people <p>SKILL</p> <ul style="list-style-type: none"> • History and clinical examination of geriatric cases • Role of Homoeopathy in management- curative/ palliative /adjuvant <p>REFLECTION</p> <ul style="list-style-type: none"> • Arriving at a final diagnosis through clinical and laboratory assessment. • Formulate the totality • Plan for assessment of a progress of the condition
Competency based learning methods	<ul style="list-style-type: none"> • Peer-based learning methods-Problem-based, case based, Brainstorming, Bedside, Ward rounds, Out-patient based, Lab-Based, Flipped learning , Roleplay. • Individual – based learning methods –Self regulated learning, reflective learning, portfolio-based, library based, e-learning, simulations, spaced repetition, deliberate practice, formative self-assessment.
Assessment	<ul style="list-style-type: none"> • Continuous / Programmatic assessment. • Practical assessment.

	<ul style="list-style-type: none"> • Written assessment. • Assignment, MCQ, OSCE, Bed Side Examination, DOPS (Direct Observation of Procedural Skills), Mini CEX (Clinical Evaluation Exercise) Case based assessment, simulation based assessment, spotting, Standardised Patients, Portfolio, Rubrics, Viva voce. • SAQ.
Prescribed Texts	Refer to list attached
Domain of competencies	Knowledge and Scholarship / Patient Care /Practice Based Learning
Learning Outcome	<p>16.2 FRAILTY SYNDROME, MAJOR MANIFESTATIONS OF DISEASE IN FRAIL OLDER PEOPLE</p> <p>CLINICAL ASSESSMENT, INVESTIGATIONS AND REHABILITATION</p> <p>KNOWLEDGE OF</p> <ul style="list-style-type: none"> • Frailty Syndrome ,Clinical assessment , investigations andf Rehabilitation <p>SKILL</p> <ul style="list-style-type: none"> • History and clinical examination of geriatric cases • Role of Homoeopathy in management- curative/ palliative /adjuvant <p>REFLECTION</p> <ul style="list-style-type: none"> • Arriving at a final diagnosis through clinical and laboratory assessment. • Formulate the totality • Plan for assessment of a progress of the condition

Competency based learning methods	<ul style="list-style-type: none"> • Peer-based learning methods-Problem-based, case based, Brainstorming, Bedside, Ward rounds, Out-patient based, Lab-Based, Flipped learning , Roleplay. • Individual – based learning methods –Self regulated learning, reflective learning, portfolio-based, library based, e-learning, simulations, spaced repetition, deliberate practice, formative self-assessment.
Assessment	<ul style="list-style-type: none"> • Continuous / Programmatic assessment. • Practical assessment. • Written assessment. • Assignment, MCQ, OSCE, Bed Side Examination, DOPS (Direct Observation of Procedural Skills), Mini CEX (Clinical Evaluation Exercise) Case based assessment, simulation based assessment, spotting, Standardised Patients, Portfolio, Rubrics, Viva voce. • SAQ.
Prescribed Texts	Refer to list attached
Domain of competencies	Knowledge and Scholarship / Patient Care /Practice Based Learning
Learning Outcome	HOM-PG PM31: ONCOLOGY 17.1 Approach to a patient with cancer Diagnosis, clinical assessment, investigations, and staging Principals of Treatment Case Study Oncological emergencies KNOWLEDGE OF

	<ul style="list-style-type: none"> • Approach to a patient with cancer • Diagnosis, clinical assessment, investigations, and staging • Principals of Treatment • Case Study • Oncological emergencies • Miasmatic expression of disease • Use of appropriate repertory • Applied Materia Medica <p>SKILL</p> <ul style="list-style-type: none"> • History and clinical examination of oncology cases. • Infer the miasm in a given case • Role of Homoeopathy in management- curative/ palliative /adjuvant <p>REFLECTION</p> <ul style="list-style-type: none"> • Arriving at a final diagnosis through clinical and laboratory assessment. • Formulate the totality • Plan for assessment of a progress of the condition
Competency based learning methods	<ul style="list-style-type: none"> • Peer-based learning methods-Problem-based, case based, Brainstorming, Bedside, Ward rounds, Out-patient based, Lab-Based, Flipped learning , Roleplay. • Individual – based learning methods –Self regulated learning, reflective learning, portfolio-based, library based, e-learning, simulations, spaced repetition, deliberate practice, formative self-assessment.
Assessment	<ul style="list-style-type: none"> • Continuous / Programmatic assessment. • Practical assessment. • Written assessment.

	<ul style="list-style-type: none"> • Assignment, MCQ, OSCE, Bed Side Examination, DOPS (Direct Observation of Procedural Skills), Mini CEX (Clinical Evaluation Exercise) Case based assessment, simulation based assessment, spotting, Standardised Patients, Portfolio, Rubrics, Viva voce. • SAQ, LAQ- Descriptive, Case Scenario, Clinical application based, Problem Based Assessment.
Prescribed Texts	Refer to list attached
Domain of competencies	Knowledge and Scholarship / Patient Care / Homoeopathic Orientation / Communication skill/ Practice Based Learning/ / Professionalism
Learning Outcome	<p>HOM-PG PM 32: WOMEN'S DISEASES</p> <p>18.1 Infertility</p> <p>Endometriosis</p> <p>Pelvic Inflammatory Diseases</p> <p>Disorders of Menstrual regulation</p> <p>Health issues in Menopausal women</p> <p>KNOWLEDGE OF</p> <ul style="list-style-type: none"> • Infertility • Endometriosis • Pelvic Inflammatory Diseases • Disorders of Menstrual regulation • Health issues in Menopausal women • Miasmatic expression of disease • Use of appropriate repertory • Applied Materia Medica <p>SKILL</p>

	<ul style="list-style-type: none"> • History and clinical examination of gynaecology cases. • Role of Homoeopathy in management- curative/ palliative /adjuvant • Infer the miasm in a given case <p>REFLECTION</p> <ul style="list-style-type: none"> • Arriving at a final diagnosis through clinical and laboratory assessment. • Formulate the totality • Plan for assessment of a progress of the condition
Competency based learning methods	<ul style="list-style-type: none"> • Peer-based learning methods-Problem-based, case based, Brainstorming, Bedside, Ward rounds, Out-patient based, Lab-Based, Flipped learning , Roleplay. • Individual – based learning methods –Self regulated learning, reflective learning, portfolio-based, library based, e-learning, simulations, spaced repetition, deliberate practice, formative self-assessment.
Assessment	<ul style="list-style-type: none"> • Continuous / Programmatic assessment. • Practical assessment. • Written assessment. • Assignment, MCQ, OSCE, Bed Side Examination, DOPS (Direct Observation of Procedural Skills), Mini CEX (Clinical Evaluation Exercise) Case based assessment, simulation based assessment, spotting, Standardised Patients, Portfolio, Rubrics, Viva voce. • SAQ, LAQ- Descriptive, Case Scenario, Clinical application based, Problem Based Assessment.
Prescribed Texts	Refer to list attached

Domain of competencies	Knowledge and Scholarship / Patient Care / Homoeopathic Orientation / Communication skill/ Practice Based Learning/ / Professionalism
Learning Outcome	<p>18.2 MALIGNANCIES (GYNECOLOGICAL CANCERS)</p> <p>POLYCYSTIC OVARIAN SYNDROME (PCOS.)</p> <p>MEDICAL DISEASES IN PREGNANCY</p> <p>KNOWLEDGE OF</p> <ul style="list-style-type: none"> • Malignancies (Gynecological Cancers) • Polycystic Ovarian Syndrome (PCOS.) • Medical diseases in pregnancy • Miasmatic expression of disease • Use of appropriate repertory • Applied Materia Medica <p>SKILL</p> <ul style="list-style-type: none"> • History and clinical examination of cases. • Role of Homoeopathy in management- curative/ palliative /adjuvant • Infer the miasm in a given case <p>REFLECTION</p> <ul style="list-style-type: none"> • Arriving at a final diagnosis through clinical and laboratory assessment. • Formulate the totality • Plan for assessment of a progress of the condition
Competency based	<ul style="list-style-type: none"> • Peer-based learning methods-Problem-based, case based, Brainstorming, Bedside, Ward rounds, Out-patient based, Lab-Based,

learning methods	<p>Flipped learning , Roleplay.</p> <ul style="list-style-type: none"> • Individual – based learning methods –Self regulated learning, reflective learning, portfolio-based, library based, e-learning, simulations, spaced repetition, deliberate practice, formative self-assessment.
Assessment	<ul style="list-style-type: none"> • Continuous / Programmatic assessment. • Practical assessment. • Written assessment. • Assignment, MCQ, OSCE, Bed Side Examination, DOPS (Direct Observation of Procedural Skills), Mini CEX (Clinical Evaluation Exercise) Case based assessment, simulation based assessment, spotting, Standardised Patients, Portfolio, Rubrics, Viva voce. • SAQ, LAQ- Descriptive, Case Scenario, Clinical application based, Problem Based Assessment.
Prescribed Texts	Refer to list attached
Domain of competencies	Knowledge and Scholarship / Patient Care / Homoeopathic Orientation / Communication skill/ Practice Based Learning/ / Professionalism
Learning Outcome	<p>Hom-PG PM 33: LIFE STYLE ILLNESSES</p> <p>19.1 CONCEPT OF LIFE STYLE ILLNESSES</p> <p>Role of the individual and environment in their genesis and maintenance</p> <p>Homoeopathic perspective of Life style illnesses</p> <p>Comprehensive Homoeopathic assessment and management</p> <p>Role of Education, Family education and ancillary measures in restoring</p>

	<p>health</p> <p>KNOWLEDGE OF</p> <ul style="list-style-type: none"> • Concept of Life Style Illnesses • Role of the individual and environment in their genesis and maintenance • Homoeopathic perspective of Life style illnesses • Comprehensive Homoeopathic assessment and management • Role of Education, Family education and ancillary measures in restoring health <p>SKILL</p> <ul style="list-style-type: none"> • History and clinical examination of cases of life-style diseases • Role of Homoeopathy in management- curative/ palliative /adjuvant • Infer the miasm in a given a case <p>REFLECTION</p> <ul style="list-style-type: none"> • Arriving at a final diagnosis through clinical and laboratory assessment. • Formulate the totality • Plan for assessment of a progress of the condition
Competency based learning methods	<ul style="list-style-type: none"> • Peer-based learning methods-Problem-based, case based, Brainstorming, Bedside, Ward rounds, Out-patient based, Lab-Based, Flipped learning , Roleplay. • Individual – based learning methods –Self regulated learning, reflective learning, portfolio-based, library based, e-learning, simulations, spaced repetition, deliberate practice, formative self-assessment.
Assessment	<ul style="list-style-type: none"> • Continuous / Programmatic assessment. • Practical assessment.

	<ul style="list-style-type: none"> • Written assessment. • Assignment, MCQ, OSCE, Bed Side Examination, DOPS (Direct Observation of Procedural Skills), Mini CEX (Clinical Evaluation Exercise) Case based assessment, simulation based assessment, spotting, Standardised Patients, Portfolio, Rubrics, Viva voce. • SAQ, LAQ- Descriptive, Case Scenario, Clinical application based, Problem Based Assessment.
Prescribed Texts	Refer to list attached
Domain of competencies	Knowledge and Scholarship / Patient Care / Homoeopathic Orientation / Communication skill/ Practice Based Learning/ / Professionalism
Learning Outcome	<p>HOM-PG PM 34: CRITICAL CARE</p> <p>20.1 PROVISION OF CRITICAL CARE</p> <p>General principles of critical care management and monitoring</p> <p>Major manifestations of critical illness-Circulatory failure. Respiratory failure, Renal failure, Neurological failure (Coma),Hepatic failure, Sepsis, Disseminated intravascular coagulation</p> <p>Scoring system in critical care</p> <p>KNOWLEDGE OF</p> <ul style="list-style-type: none"> • Provision of critical care • General principles of critical care management and monitoring • Major manifestations of critical illness- Circulatory failure. Respiratory failure, Renal failure, Neurological failure (Coma), Hepatic failure, Sepsis, Disseminated intravascular coagulation

	<p style="text-align: center;">Scoring system in critical care</p> <p>SKILL</p> <ul style="list-style-type: none"> • Clinical assessment of critically ill patient using SOFA/ APACHE II scoring system. • Preliminary demonstration about: • Insertion of arterial lines/ central venous line • Arterial blood gas analysis • Pulse oximeter • Endotracheal intubation • Mechanical ventilation • High flow oxygen delivery system • Clinical assessment of a comatose patient. • Interpretation of investigations to confirm the diagnosis. • Role of Homoeopathy in management- curative/ palliative /adjuvant <p>REFLECTION</p> <ul style="list-style-type: none"> • Arriving at a final diagnosis through clinical and laboratory assessment. • Formulate the totality • Define the scope and limitations of homoeopathy • Plan for assessment of a progress of the condition
Competency based learning methods	<ul style="list-style-type: none"> • Peer-based learning methods-Problem-based, case based, Brainstorming, Bedside, Ward rounds, Lab-Based, Flipped learning , Roleplay. • Individual – based learning methods –Self regulated learning, reflective learning, portfolio-based, library based, e-learning, simulations, spaced repetition, deliberate practice, formative self-

	assessment.
Assessment	<ul style="list-style-type: none"> • Continuous / Programmatic assessment. • Practical assessment. • Written assessment. • Assignment, MCQ, OSCE, Bed Side Examination, DOPS (Direct Observation of Procedural Skills), Mini CEX (Clinical Evaluation Exercise) Case based assessment, simulation based assessment, spotting, Standardised Patients, Portfolio, Rubrics, Viva voce. • SAQ, LAQ-
Prescribed Texts	Refer to list attached
Domain of competencies	Knowledge and Scholarship / Patient Care / Homoeopathic Orientation / Communication skill/ Practice Based Learning/ / Professionalism
Learning Outcome	<p>HOM-PG PM 35: PALLIATIVE CARE AND PAIN MANAGEMENT</p> <p>21.1 PALLIATIVE CARE SYMPTOMS CONTROL, REHABILITATION, CONTINUITY OF CARE, TERMINAL CARE</p> <p>GENERAL PRINCIPLES OF PAIN</p> <p>Mechanisms, psychological aspects of chronic pain and chronic illness</p> <p>Assessment and measurement of pain</p> <p>Treatment of pain</p> <p>CASE STUDY WITH APPROACH</p> <p>KNOWLEDGE OF</p> <ul style="list-style-type: none"> • Palliative care Symptoms control, rehabilitation, continuity of care, terminal care • General principles of pain

	<ul style="list-style-type: none"> • Mechanisms, psychological aspects of chronic pain and chronic illness • Assessment and measurement of pain • Treatment of pain • Case study with approach <p>SKILL</p> <ul style="list-style-type: none"> • Role of Homoeopathy in management of palliative care with respect to Symptoms control, rehabilitation, continuity of care, terminal care. <p>REFLECTION</p> <ul style="list-style-type: none"> • Arriving at a final diagnosis through clinical and laboratory assessment. • Formulate the totality • Plan for assessment of a progress of the condition
Competency based learning methods	<ul style="list-style-type: none"> • Peer-based learning methods-Problem-based, case based, Brainstorming, Bedside, Ward rounds, Out-patient based, Lab-Based, Flipped learning , Roleplay. • Individual – based learning methods –Self regulated learning, reflective learning, portfolio-based, library based, e-learning, simulations, spaced repetition, deliberate practice, formative self-assessment.
Assessment	<ul style="list-style-type: none"> • Continuous / Programmatic assessment. • Practical assessment. • Written assessment. • Assignment, MCQ, OSCE, Bed Side Examination, DOPS (Direct Observation of Procedural Skills), Mini CEX (Clinical Evaluation Exercise) Case based assessment, simulation based assessment, spotting, Standardised Patients, Portfolio, Rubrics, Viva voce. • SAQ

Prescribed Texts	Refer to list attached
Domain of competencies	Knowledge and Scholarship / Patient Care / Homoeopathic Orientation / Communication skill/ Practice Based Learning/ / Professionalism
Learning Outcome	<p>HOM-PG PM 36: EMERGENCY MEDICINE</p> <p>22.1 INITIAL PRE-HOSPITAL CARE</p> <p>Patient assessment</p> <p>Medical emergencies of Cardio- Circulatory disorders, Respiratory disorders, Neurological disorders, abdominal emergencies, Orthopedic emergencies and Nephrology emergencies</p> <p>KNOWLEDGE OF</p> <ul style="list-style-type: none"> • Initial Pre-Hospital Care • Patient assessment • Medical emergencies of Cardio- Circulatory disorders, Respiratory disorders, Neurological disorders, Abdominal emergencies, Orthopaedic emergencies and Nephrology emergencies <p>SKILL</p> <ul style="list-style-type: none"> • Clinical assessment of critically ill patient using SOFA/ APACHE II scoring system. • Preliminary demonstration about: • Insertion of arterial lines/ central venous line • Arterial blood gas analysis • Pulse oximeter • Endotracheal intubation

	<ul style="list-style-type: none"> • Mechanical ventilation • High flow oxygen delivery system • Clinical assessment of a comatose patient. • Interpretation of investigations to confirm the diagnosis. • Role of Homoeopathy in management- curative/ palliative /adjuvant <p>REFLECTION</p> <ul style="list-style-type: none"> • Arriving at a final diagnosis through clinical and laboratory assessment. • Formulate the totality • Plan for assessment of a progress of the condition
Competency based learning methods	<ul style="list-style-type: none"> • Peer-based learning methods-Problem-based, case based, Brainstorming, Bedside, Ward rounds, Lab-Based, Flipped learning , Roleplay. • Individual – based learning methods –Self regulated learning, reflective learning, portfolio-based, library based, e-learning, simulations, spaced repetition, deliberate practice, formative self-assessment.
Assessment	<ul style="list-style-type: none"> • Continuous / Programmatic assessment. • Practical assessment. • Written assessment. • Assignment, MCQ, OSCE, Bed Side Examination, DOPS (Direct Observation of Procedural Skills), Mini CEX (Clinical Evaluation Exercise) Case based assessment, simulation based assessment, spotting, Standardised Patients, Portfolio, Rubrics, Viva voce. • SAQ, LAQ.
Prescribed	

Texts	Refer to list attached
Domain of competencies	Knowledge and Scholarship / Patient Care / Homoeopathic Orientation / Communication skill/ Practice Based Learning/ / Professionalism
Learning Outcome	<p>HOM-PG PM 36: EMERGENCY MEDICINE</p> <p>22.1 INITIAL PRE-HOSPITAL CARE</p> <p>Patient assessment</p> <p>Medical emergencies of Cardio- Circulatory disorders, Respiratory disorders, Neurological disorders, abdominal emergencies, Orthopedic emergencies and Nephrology emergencies</p> <p>KNOWLEDGE OF</p> <ul style="list-style-type: none"> • Initial Pre-Hospital Care • Patient assessment • Medical emergencies of Cardio- Circulatory disorders, Respiratory disorders, Neurological disorders, Abdominal emergencies, Orthopaedic emergencies and Nephrology emergencies <p>SKILL</p> <ul style="list-style-type: none"> • Clinical assessment of critically ill patient using SOFA/ APACHE II scoring system. • Preliminary demonstration about: • Insertion of arterial lines/ central venous line • Arterial blood gas analysis • Pulse oximeter • Endotracheal intubation • Mechanical ventilation

	<ul style="list-style-type: none"> • High flow oxygen delivery system • Clinical assessment of a comatose patient. • Interpretation of investigations to confirm the diagnosis. • Role of Homoeopathy in management- curative/ palliative /adjuvant <p>REFLECTION</p> <ul style="list-style-type: none"> • Arriving at a final diagnosis through clinical and laboratory assessment. • Formulate the totality • Plan for assessment of a progress of the condition
Competency based learning methods	<ul style="list-style-type: none"> • Peer-based learning methods-Problem-based, case based, Brainstorming, Bedside, Ward rounds, Lab-Based, Flipped learning , Roleplay. • Individual – based learning methods –Self regulated learning, reflective learning, portfolio-based, library based, e-learning, simulations, spaced repetition, deliberate practice, formative self-assessment.
Assessment	<ul style="list-style-type: none"> • Continuous / Programmatic assessment. • Practical assessment. • Written assessment. • Assignment, MCQ, OSCE, Bed Side Examination, DOPS (Direct Observation of Procedural Skills), Mini CEX (Clinical Evaluation Exercise) Case based assessment, simulation based assessment, spotting, Standardised Patients, Portfolio, Rubrics, Viva voce. • SAQ.
Prescribed Texts	Refer to list attached

Domain of competencies	Knowledge and Scholarship / Patient Care / Homoeopathic Orientation / Communication skill/ Practice Based Learning/ / Professionalism
Learning Outcome	<p>22.2 BASIC KNOWLEDGE OF TRAUMA CARE</p> <p>KNOWLEDGE OF</p> <ul style="list-style-type: none"> • Basic Knowledge of Trauma Care • To acquire skills for its appropriate use of necessary equipments like - Nebulizer, Suction apparatus, Oxygen cylinder with regulator, Fingertip pulse oxymeter Laryngoscope, Airways, Ambu bag, ECG machine, IV Canulla 16-21G butterfly Syringes-different sizes 3cc, 50cc, Glucometer, Defibrillator • Essential clinical skills for Therapeutics and Diagnostics procedures • Venous and arterial puncture, open airway with or without airway devices. Ventilate a patient, performance of Cardio-pulmonary resuscitation (CPR one or two supporters). Interpretation of arterial blood gases, surgical suture of injuries, apply cast to extremity fractures • Essential emergency medications- To know the Pharmacodynamics, Pharmacokinetics, therapeutic actions and route of administration- Adrenaline • 1:1000 vials. Chlorpheniramine IV vials, Promethazine IV vials, Salbutamol respiratory solution. Prednisolone tablets, IV hydrocortisone vials, Rectal diazepam preparation. Aspirin tablets, Morphine tablets. IV furosemide vials Diclofenac sodium suppository. Hyoscine butylbromide vials, IV fluids-N Saline, 5% dextrose, 50% dextrose

	<p>SKILL</p> <ul style="list-style-type: none"> • Appropriate use of necessary equipment like - Nebulizer, Suction apparatus, Oxygen cylinder with regulator, Fingertip pulse oximeter Laryngoscope, Airways, Ambu bag, ECG machine, IV Canulla 16-21G butterfly Syringes-different sizes 3cc, 50cc, Glucometer, Defibrillator. • Venous and arterial puncture, open airway with or without airway devices. Ventilate a patient, performance of Cardio-pulmonary resuscitation (CPR one or two supporters). Interpretation of arterial blood gases, surgical suture of injuries, apply cast to extremity fractures. • Defining the scope and limitations of homoeopathy.
Competency based learning methods	<ul style="list-style-type: none"> • Peer-based learning methods-Problem-based, case based, Brainstorming, Bedside, Ward rounds, Lab-Based, Flipped learning , Roleplay. • Individual – based learning methods –Self regulated learning, reflective learning, portfolio-based, library based, e-learning, simulations, spaced repetition, deliberate practice, formative self-assessment.
Assessment	<ul style="list-style-type: none"> • Continuous / Programmatic assessment. • Practical assessment. • Written assessment. • Assignment, MCQ, OSCE, Bed Side Examination, DOPS (Direct Observation of Procedural Skills), Mini CEX (Clinical Evaluation Exercise) Case based assessment, simulation based assessment, spotting, Standardised Patients, Portfolio, Rubrics, Viva voce. • SAQ.
Prescribed Texts	Refer to list attached

Domain of competencies	Knowledge and Scholarship / Patient Care / Homoeopathic Orientation / Communication skill/ Practice Based Learning/ / Professionalism
Learning Outcome	<p>HOM-PG PM 37: POISONING</p> <p>23.1 GENERAL APPROACH TO THE POISONED PATIENT</p> <p>POISONING BY SPECIFIC PHARMACEUTICAL AGENTS</p> <p>KNOWLEDGE OF</p> <ul style="list-style-type: none"> • General approach to the poisoned patient • Poisoning by specific pharmaceutical agents <p>SKILL</p> <ul style="list-style-type: none"> • History taking and clinical assessment of poisoned patient • Role of Homoeopathy in management of poisoned patient
Competency based learning methods	<ul style="list-style-type: none"> • Peer-based learning methods-Problem-based, case based, Brainstorming, Bedside, Ward rounds, Out-patient based, Lab-Based, Flipped learning , Roleplay. • Individual – based learning methods –Self regulated learning, reflective learning, portfolio-based, library based, e-learning, simulations, spaced repetition, deliberate practice, formative self-assessment.
Assessment	<ul style="list-style-type: none"> • Continuous / Programmatic assessment. • Practical assessment. • Written assessment. • Assignment, MCQ, OSCE, Bed Side Examination, DOPS (Direct Observation of Procedural Skills), Mini CEX (Clinical Evaluation Exercise) Case based assessment, simulation based assessment, spotting,

	<p>Standardised Patients, Portfolio, Rubrics, Viva voce.</p> <ul style="list-style-type: none"> • SAQ.
Prescribed Texts	Refer to list attached
Domain of competencies	<p>Knowledge and Scholarship / Patient Care / Homoeopathic Orientation / Communication skill/ Practice Based Learning/ / Professionalism</p>
Learning Outcome	<p>23.2 CHEMICALS AND PESTICIDES</p> <p>ENVENOMATION</p> <p>ENVIRONMENTAL POISONING AND ILLNESSES</p> <p>KNOWLEDGE OF</p> <ul style="list-style-type: none"> • Clinical features and management of • Chemicals and pesticides • Envenomation • Environmental poisoning and illnesses <p>SKILL</p> <ul style="list-style-type: none"> • History taking and clinical assessment of poisoned patient • Role of Homoeopathy in management of poisoned patient
Competency based learning methods	<ul style="list-style-type: none"> • Peer-based learning methods-Problem-based, case based, Brainstorming, Bedside, Ward rounds, Out-patient based, Lab-Based, Flipped learning , Roleplay. • Individual – based learning methods –Self regulated learning, reflective learning, portfolio-based, library based, e-learning, simulations, spaced repetition, deliberate practice, formative self-assessment.
Assessment	<ul style="list-style-type: none"> • Continuous / Programmatic assessment.

	<ul style="list-style-type: none"> • Practical assessment. • Written assessment. • Assignment, MCQ, OSCE, Bed Side Examination, DOPS (Direct Observation of Procedural Skills), Mini CEX (Clinical Evaluation Exercise) Case based assessment, simulation based assessment, spotting, Standardised Patients, Portfolio, Rubrics, Viva voce. • SAQ
Prescribed Texts	Refer to list attached
Domain of competencies	Knowledge and Scholarship / Patient Care / Homoeopathic Orientation / Communication skill/ Practice Based Learning/ / Professionalism
Learning Outcome	<p>HOM-PG PM 38: NATIONAL HEALTH PROGRAMS</p> <p>SUB – COMPETENCIES</p> <p>24.1 Current National health Programs - Concept/ Objectives/ Implementations/ Ground realities/ Impact</p> <p>National Programs under NRHM</p> <p>Contribution of Homoeopathy in National Health Programmers</p> <p>KNOWLEDGE OF</p> <ul style="list-style-type: none"> • Current National health Programmes - Concept/ Objectives/ Implementations/ Ground realities/ Impact • National Programs under NRHM • Contribution of Homoeopathy in National Health Programmes <p>SKILL</p> <ul style="list-style-type: none"> • Get versed with implementation of various National Health Programmes. <p>REFLECTION</p>

	<ul style="list-style-type: none"> • Role of homoeopathy in implementation of various National Health Program through active participation at community level • Documentation of evidences
Competency based learning methods	<ul style="list-style-type: none"> • Peer-based learning methods-Problem-based, case based, Brainstorming, Bedside, Ward rounds, Out-patient based, Lab-Based, Community Postings, Flipped learning , Roleplay. • Individual – based learning methods –Self regulated learning, reflective learning, portfolio-based, library based, e-learning, simulations, spaced repetition, deliberate practice, formative self-assessment.
Assessment	<ul style="list-style-type: none"> • Continuous / Programmatic assessment. • Practical assessment. • Written assessment. • Assignment, MCQ, OSCE, Bed Side Examination, DOPS (Direct Observation of Procedural Skills), Mini CEX (Clinical Evaluation Exercise) Case based assessment, simulation based assessment, spotting, Standardised Patients, Portfolio, Rubrics, Viva voce. • SAQ.
Prescribed Texts	Refer to list attached
Domain of competencies	Knowledge and Scholarship , Patient Care , Homoeopathic Orientation, Communication Skill

VII ASSESSMENT

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

VII (1). M.D. (Homoeopathy) Part-II examination –Maximum marks for each subject and minimum marksrequired to pass shall be as follows:

Subjects	Theory		Practical or clinical exams including Viva-Voce and dissertation	
	Maximum Marks	Pass Marks	Maximum Marks	Pass Marks
Fundamentals of practice of medicine paper I	100	50	200* (160 + 40) (Summative Assessment 160 Marks) (Internal Assessment 40 Marks)	100* (80 + 20) (Summative Assessment 80 Marks) (Internal Assessment 20 Marks)
Fundamentals of practice of medicine paper II	100	50		

(*A common practical exam for paper I and II (100 marks practical + 100 marks viva) shall be conducted; twenty per cent. weightage shall be for internal assessment, which shall be calculated for practical or clinical including viva voce only. One internal assessment of

40 marks [20 marks (practical or clinical) + 20 marks (viva voce)] after each term of six months and average of two terms shall be considered. *eighty per cent. weightage shall be for summative assessment).

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

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

TYPES OF QUESTIONS WITH MARKS

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

PART II – PAPER I. TOPIC NUMBERS

LIST OF TOPICS

PART II: (INCLUDES: ADVANCE LEARNING IN PRACTICE OF MEDICINE (ALPM))

TOPIC-II

- **HOM-PG PM 15: CARDIOVASCULAR DISEASE**

1.1 Disorders of heart rate, rhythm and conduction

1.2 Atherosclerotic vascular disease

1.3 Coronary heart diseases

1.4 Vascular diseases

1.5 Hypertension

1.6 Diseases of heart valves

1.7 Congenital heart diseases

- 1.8 Diseases of myocardium
- 1.9 Diseases of pericardium
- 1.10 Heart failure
- 1.11 Acute circulatory failure
- 1.12 Cardiac arrest and sudden cardiac death

- **HOM-PG PM 16 : RESPIRATORY SYSTEM**

- 2.1. Diseases of nasopharynx, larynx and trachea
- 2.2. Diseases of pleura, diaphragm, and chest wall
- 2.3. Obstructive Pulmonary diseases
- 2.4. Sleep disordered breathing
- 2.5. Respiratory Failure
- 2.6. Infections of the Respiratory system
- 2.7. Interstitial and Infiltrative pulmonary diseases
- 2.8. Pulmonary Vascular diseases
- 2.9. Tumours of bronchus and lung

- **HOM-PG PM 17: KIDNEY AND GENITOURINARY DISEASES**

- 3.1 Congenital abnormalities of kidney and urinary system
- 3.2 Glomerular diseases
- 3.3 Tubulo-interstitial diseases
- 3.4 Infections of kidney and urinary tract
- 3.5 Urinary tract calculi and nephrocalcinosis
- 3.6 Renal involvement in systemic diseases
- 3.7 Renal vascular diseases
- 3.8 Tumours of kidney and genitourinary tract

- **HOM-PG PM 18: ENDOCRINE AND METABOLIC DISEASE**

- 4.1 Diseases of Hypothalamus and Pituitary gland
- 4.2 Diseases of Thyroid gland

- 4.3 Diseases of Parathyroid gland
- 4.4 Diseases of Adrenal gland
- 4.5 Diseases of Endocrine pancreas
- 4.6 Diabetes Mellites

- **HOM-PG PM 19: ALIMENTARY TRACT AND PANCREATIC DISEASES**

- 5.1 Diseases of mouth and salivary glands
- 5.2 Diseases of Oesophagus, Stomach and Duodenum
- 5.3 Diseases of Small Intestine
- 5.4 Diseases of Pancreas
- 5.5 Irritable Bowel Syndrome
- 5.6 Inflammatory Bowel Disease
- 5.7 Disorders of Colon and Anorectum
- 5.8 Diseases of Peritoneal cavity
- 5.9 Diseases of Gut Injury

- **HoM-PG PM 20: LIVER AND BILIARY TRACT DISEASE**

- 6.1 Acute fulminant hepatic failure
- 6.2 Liver cirrhosis and Chronic liver failure
- 6.3 Portal Hypertension
- 6.4 Hepatic encephalopathy
- 6.5 Hepatorenal Failure
- 6.6 Specific causes of Parenchymal liver disease
- 6.7 Tumours of liver
- 6.8 Miscellaneous liver diseases
- 6.9 Gall bladder and other Biliary diseases

- **HOM-PG PM 21: BLOOD DISORDERS**

- 7.1 Leukopenia, leucocytosis, thrombocytopenia, thrombocytosis, pancytopenia
- 7.2 Anaemia
- 7.3 Blood products and transfusion

7.4 Haematological malignancies

7.5 Myeloproliferative disorders

7.6 Bleeding disorders

7.7 Venous thrombosis

- **HOM-PG PM 22: MUSCULOSKELETAL DISEASES AND DISORDERS OF BONE METABOLISM**

8.1 Degenerative joint diseases

8.2 Inflammatory joint diseases

8.3 Fibromyalgia

8.4 Diseases of the Bone

8.5 Systemic Connective tissue diseases

8.6 Musculoskeletal manifestations of disease in other systems

8.7 Miscellaneous musculoskeletal conditions

- **HOM-PG PM 23: NEUROLOGICAL DISEASE**

9.1 Cerebro- vascular diseases

9.2 Inflammatory diseases of CNS

9.3 Degenerative diseases

9.4 Diseases of Nerves

9.5 Disorders of Muscles

9.5 Disorders of Spine and Spinal cord

9.6 Infections of Nervous System

9.7 Intracranial mass lesions and Raised intracranial pressure

- **HOM-PG PM 24: SKIN DISEASE (DERMATOLOGY)**

10.1 Skin manifestations in Systemic Disease

10.2 Eczema

10.3 Urticaria

10.4 Psoriasis and other Erythematous Scaly Eruptions

10. 5. Disorders of the Pilosebaceous Unit

10. 6 . Some Common Skin Infections and Infestations

10.7 Pressure sores

10.8. Skin Tumours

10.9 Disorders of Pigmentations

10.10. Disorders of the Nails

Part II – Paper II. Topic Numbers

List of Topics

Part II: (includes: Advance learning in Practice of Medicine (ALPM))

TOPIC 3:

- **HOM-PG PM 25 :INFECTION AND IMMUNE FAILURE**

11.1 Patterns of infection

11.2 Microorganism - Host interaction

11.3 Vaccine development

11.4 The febrile patient

11.5 Generalised infections

11.6 Rashes and infection

11.7 Food poisoning and gastroenteritis

11.8 Tropical and International health

11.9 Sexually transmitted infections

11.10 Human immunodeficiency virus infection and Acquired immunodeficiency syndrome

11.11 The management of infection

- **HOM-PG PM 26: WATER ELECTROLYTE AND ACID – BASE BALANCE**

12.1 Physiology of Water and Electrolyte

12.2 Disorders of Water metabolism: Dysnatraemias

12.3 Disorders of Potassium Metabolism: Dyskalaemias

12.4 Acid Base disorders

12.5 Disorders of Divalent ion metabolism

- **HOM-PG PM 27: NUTRITIONAL, METABOLIC AND ENVIRONMENTAL DISEASE**

13.1 Nutritional assessment and nutritional needs

13.2 Nutritional and Metabolic disorders

13.3 Vitamins and Minerals

13.4 Other metabolic disorders

13.5 Environmental disorders

- **HOM-PG PM 28 CLINICAL GENETICS**

14.1 The role of clinical geneticist

14.2 The anatomy of the human genome

14.3 Types of genetic disease

14.4 Common presentations of genetic disease

14.5 Investigations of genetic disease

14.6 Genetic counselling and testing

- **HOM-PG PM 29: PSYCHIATRIC AND ADDICTION DISORDERS**

15.1 Classification of psychiatric disorders and aetiological factors in psychiatric disorders

15.2 Anxiety disorders, Obsessive compulsive disorder, Schizophrenia and Delusional disorders
Affective (Mood) disorders

15.3 Somatoform Disorders , Personality Disorders,

15.4 Psychiatric and psychological aspects of chronic and progressive diseases Substance
abuse / misuse

15.5 Legal aspects of psychiatry

- **HOM-PG PM 30: GERIATRIC MEDICINE-FRAIL OLDER PEOPLE**

16.1 Normal aging and concept of "Homeostenosis" and Major manifestations in old people

16.2 Frailty Syndrome, Major manifestations of disease in frail older people

Clinical assessment, investigations and Rehabilitation

- **HOM-PG PM31: ONCOLOGY**

17.1 Approach to a patient with cancer Diagnosis, clinical assessment, investigations, and staging
Principals of Treatment

- **HOM-PG PM 32: WOMEN'S DISEASES**

18.1 Infertility

Endometriosis

Pelvic Inflammatory Diseases

Disorders of Menstrual regulation

Health issues in Menopausal women

18.2 Malignancies (Gynecological Cancers)

Polycystic Ovarian Syndrome (PCOS.)

Medical diseases in pregnancy

- **HOM-PG PM 33: LIFE STYLE ILLNESSES**

19.1 Concept of Life Style Illnesses

Role of the individual and environment in their genesis and maintenance

Homoeopathic perspective of Life style illnesses

Comprehensive Homoeopathic assessment and management

Role of Education, Family education and ancillary measures in restoring health

- **HOM-PG PM 34: CRITICAL CARE**

20.1 Provision of critical care

General principles of critical care management and monitoring

Major manifestations of critical illness- Circulatory failure. Respiratory failure, Renal failure,

Neurological failure (Coma), Hepatic failure, Sepsis, Disseminated

intravascular coagulation

Scoring system in critical care

- **HOM-PG PM 35: PALLIATIVE CARE AND PAIN MANAGEMENT**

21.1 Palliative care Symptoms control, rehabilitation, continuity of care, terminal care

- **HOM-PG PM 36: EMERGENCY MEDICINE**

22.1 Initial Pre-Hospital Care

Patient assessment

Medical emergencies of cardio- circulatory disorders, Respiratory disorders, Neurological disorders, abdominal emergencies, Orthopedic emergencies and Nephrology emergencies

22.2 Basic Knowledge of Trauma Care

- **HOM-PG PM 37: POISONING**

23.1 General approach to the poisoned patient

Poisoning by specific pharmaceutical agents

23.2 Chemicals and pesticides

Envenomation

Environmental poisoning and illnesses

- **HOM-PG PM 38: NATIONAL HEALTH PROGRAMS**

24.1 Current National health Programs-Concept/Objectives/Implementations/ Groundrealities/
Impact National Programs under NRHM Contribution of Homoeopathy in National Health
Programs

VII (2B). QUESTION PAPER LAYOUT

THEORY QUESTION PAPER LAYOUT

PART II PAPER I ADVANCED LEARNING OF PRACTICE OF MEDICINE

Q No.	Type of Question	Content	Marks
1	Problem Based	Case based question on any clinical condition (Topic content from Hom-PG PM 15 to Hom-PG PM 24)	20
2	LAQ	Hom-PG PM 15 Cardiovascular Diseases	10

		OR Hom-PG PM 16 Respiratory diseases	
3	LAQ	Hom-PG PM 17 Kidney and Genitourinary diseases OR Hom-PG PM 18 Endocrine diseases	10
4	LAQ	Hom-PG PM 19 Alimentary Tract and Pancreatic Disease OR Hom-PG PM 20 Liver and Biliary tract diseases	10
5	LAQ	Hom-PG PM 21 Blood disorders OR Hom-PG PM 22 Musculoskeletal diseases	10
6	SAQ	Hom-PG PM 23 Neurological Disease	05
7	SAQ	Hom-PG PM 24 Skin Disease	05
8	SAQ	Hom-PG PM 23 Neurological Disease	05
9	SAQ	Hom-PG PM 24 Skin Disease	05
10	SAQ	Hom-PG PM 15 Cardiovascular Diseases OR Hom-PG PM 16 Respiratory diseases	05
11	SAQ	Hom-PG PM 17 Kidney and Genitourinary diseases OR Hom-PG PM 18 Endocrine diseases	05
12	SAQ	Hom-PG PM 19 Alimentary Tract and Pancreatic Disease OR Hom-PG PM 20 Liver and Biliary	05

		tract diseases	
13	SAQ	Hom-PG PM 21 Blood disorders OR Hom-PG PM 22 Musculoskeletal diseases	05

Note:-

1) When drawing the question paper the examiner must ensure that every part of topic is addressed.

2) To ensure balanced coverage questions shall be designed as under –

- Question No.1 – Problem Based – Case based or Clinical Scenario based.
- Question No.2 to 5 – LAQ- Application based encouraging integrated approach .
- Question No 6 to 13 – SAQ – Questions focused to access knowledge and cognitive level from recall to evaluation

THEORY QUESTION PAPER LAYOUT

PART II PAPER II ADVANCED LEARNING OF PRACTICE OF MEDICINE

Q No.	Type of Question	Content	Marks
1	Problem Based	Case based question on any clinical condition (Topic content from Hom-PG PM 25, Hom-PG PM 27, Hom-PG PM 29, Hom-PG PM 31, Hom-PG PM 32, Hom-PG PM 33, Hom-PG PM 34	20

2	LAQ	Hom-PG PM 25 Infection	10
3	LAQ	Hom-PG PM 27 Nutritional, Diseases AND / OR Hom-PG PM 29 Psychiatric Disorder	10
4	LAQ	Hom-PG PM 31 Oncology AND / OR Hom-PG PM 32 Women's Diseases	10
5	LAQ	Hom-PG PM 33 Lifestyle diseases OR Hom-PG PM 34 Critical Care	10
6	SAQ	Hom-PG PM 26 Water electrolyte and Acid – Base Balance	05
7	SAQ	Hom-PG PM 28 Clinical Genetics	05
8	SAQ	Hom-PG PM 30 Geriatric Medicine	05
9	SAQ	Hom-PG PM 35 Palliative Care	05
10	SAQ	Hom-PG PM 36 Emergency medicine	05
11	SAQ	Hom-PG PM 37 Poisoning	05
12	SAQ	Hom-PG PM 38 National Health Programme	05
13	SAQ	Hom-PG PM 33 Life Style Illnesses OR Hom-PG PM 34 Critical Care	05

Note:-

1) When drawing the question paper the examiner must ensure that every part of Topic is addressed.

2) To ensure balanced coverage questions shall be designed as under –

- Question No.1 – problem Based – Case based or Clinical Scenario based.
- Question No.2 to 5 – LAQ- Application based encouraging integrated approach
- Question No 6 to 13 – SAQ – Questions focused to access knowledge and cognitive level from recall to evaluation

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

VII (3A). CLINICAL EXAMINATION.

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

VII (3b). VIVA VOCE.

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

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

8. REFERENCE BOOKS (RECOMMENDED READING)

CLINICAL MEDICINE

(TextBooks-Latest Editon)

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CLINICAL METHOD BOOKS

- Bates,barbara,bickley,l.s and hoekelman,r.a,1995,physical examination and history taking,j.b.lippincott company,philadelphia,6th ed.
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LIST OF RECOMMENDED REFERENCE BOOKS FOR HOMOEOPATHIC PHILOSOPHY

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LIST OF RECOMMENDED REFERENCE BOOKS FOR HOMOEOPATHIC MATERIA MEDICA

- Allen,T.F,1990,Handbook Of Materia Medica And Homoeopathic Therapeutics, B.Jain Publishers,New Delhi.
- Allen H.C,2005,Keynotes Rearranged And Classified With Leading Remedies of the Materia Medica and Bowel Nosodes Including Repertorial Index, B.Jain Publishers,New Delhi,10th Ed.
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LIST OF RECOMMENDED REFERENCE BOOKS FOR HOMOEOPATHIC REPERTORY

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- Zandorvoot,R.,1994,Complete Repertory, Inst for Research in Homoeopathic Information Symptomatology.

RECOMMENDED JOURNAL READING

- Indian Journal of Research in Homoeopathy
- Homoeopathic Link
- New Homoeopath
- International Journal of Homoeopathic Science
- Journal of Integrated standardized homoeopathy
- The Homoeopathic Heritage
- National Journal of Homoeopathy
- Indian Journal of Medical Ethics
- Indian Journal of Medical Sciences
- Indian Journal of Genetics and Molecular Research
- Journal Of Homoeopathy Of National Institute of Homoeopathy

PART I PAPER 2

I. TITLE OF THE FUNDAMENTAL TOPIC , AND ITS ABBREVIATION: FUNDAMENTALS OF HOMOEOPATHY IN PRACTICE OF MEDICINE HOM-PG-FHPOM

II. COMPONENTS OF THE CURRICULUM

II (1). Part I

- (i) Fundamentals of Practice of Medicine.
- (ii) Fundamentals of Homoeopathy in Practice of Medicine.
- (iii) Research Methodology and Biostatistics.

II (2). Part II

- (i) Fundamentals of Practice of Medicine .Paper 1.
- (ii) Fundamentals of Homoeopathy in Practice of Medicines. Paper 2.

III. BRIEF DESCRIPTION OF THE TOPIC AND ITS RELEVANCE IN HOMEOPATHY POST-GRADUATE TOPIC - (HOM-PG-FHPOM) PAPER-2

The practice of Homoeopathy is based on the tenets of Homoeopathic Philosophy. This premise sharply differentiates it from the practice of Medicine in the allopathic stream where management is based on scientific evidence bereft of any underlying philosophical base. The homoeopathic practitioner has to undertake the task of not only acquiring the clinical base but applying insights born out of a study of principles of Homoeopathic philosophy and their application through Repertory and Materia Medica and evolving the therapeutic approach. Thus, the trilogy of Organon, Repertory and Materia Medica conjoint with Clinical Medicine allows the precise practice of Homoeopathic science. We

need to evolve an integrated course.

Study of the Fundamentals of Homoeopathy should thus allow the postgraduate student to utilize the basic understanding of Health, Disease, Recovery, Cure and Palliation as seen from the perspective of Homoeopathic Philosophy and apply the operational understanding of Materia Medica and Repertory in his daily clinical work to produce evidence-based results. Simultaneously, he works in the area of preventive and community health where he utilizes the principles of Organon to extend the reach of the physician in preserving health and preventing disease.

IV. COURSE OBJECTIVES. (ENTRUST ABLE PROFESSIONAL ACTIVITIES – EPAS)- SAME AS PER PAPER ONE

PART I PAPER 2:

V. TOPICS AND TOPIC OBJECTIVES

1. Hom-PG-FHPOM-01 –
HAHNEMANNIAN CONCEPT OF MAN , HEALTH AND DISEASE.
2. Hom-PG-FHPOM-02 –
CONCEPT OF DYNAMISM, RECOVERY AND CURE AND OBSTACLES TO CURE
3. Hom-PG-FHPOM -03 –
CONCEPT OF ARTIFICIAL DISEASE AND PORTRAIT OF DISEASE
4. Hom-PG-FHPOM-04 –
CONCEPT OF UNPREJUDICED OBSERVATION AND CASE TAKING
5. Hom-PG-FHPOM-05 –
CONCEPT OF SYMPTOMATOLOGY
6. Hom-PG-FHPOM-06 –
CONCEPT OF SUSCEPTIBILITY AND ACUTE AND CHRONIC DISEASE
7. Hom-PG-FHPOM-07 –

CONCEPT OF SUPPRESSION, MIASMS AND VACCINATIONS IN MEDICINE

8. Hom-PG-FHPOM-08 –

CONCEPT OF TOTALITY

9. Hom-PG-FHPOM-09 –

CONCEPT OF SIMILAR AND SIMILLIMUM

10. Hom-PG-FHPOM-10 –

CONCEPT OF THERAPEUTIC MANAGEMENT

At the end of studying the course the postgraduate student of MD (Clinical Medicine) should possess the following competencies and thus should be able to–

1. Demonstrate how Aphorisms 1-6 of the Organon of Medicine provide a comprehensive base for the functioning of a Homoeopathic physician in Clinical medicine
2. Apply the knowledge of HMM, Organon and Homoeopathic Philosophy and Repertory in case taking in given patient.
3. Carry out reportorial analysis, remedy selection and case management.
4. Identify the conceptual basis of the travel of the patient from Health to Disease in the Bio-psycho-socio-spiritual environment and its application in practice.
5. Apply the knowledge in the management of illness and preservation of health of patient.
6. Display case taking skills for knowing the illness and the person through inter-relationship of man and environment to determine what causes and maintains the illness and its application in preventive and promotive practices.
7. Illustrate evidence-based approach to practice Homoeopathy in clinical medicine
8. Document the case record in accordance with Principles of Homoeopath enunciated in the Organon.
9. Identify the characteristics in acute and chronic disease and the significance of these in their management
10. Explain and assess the role played by the disordered vital force in altering the

quantitative and qualitative aspects of susceptibility

11. Identify the influence of miasmatic forces in affecting disease expressions, course and outcome.
12. Demonstrate the method of processing clinical data utilizing the appropriate principles to arrive at a Hahnemannian totality
13. Identify the acute phase, chronic and Inter current totalities in a given case
14. Demonstrate the use of the appropriate repertorial and non-repertorial methods to arrive at the similimum.
15. Validate the correspondence using the source books and commentaries of Materia Medica.
16. Comply with the principles of homoeopathic management and use of remedial forces appropriately with respect to time of administration, potency and repetition.
17. Choose the use of ancillary measures, diet and patient education, etc. useful to restore the patient to health.

TOPIC CONTENT

(I) HOM-PG-FHPOM-01

HAHNEMANNIAN CONCEPT OF MAN, HEALTH AND DISEASE

- Concept of Health, disease and causation.
- Concept of health by WHO
- Hahnemannian concept of man and its further extension by Kent, Boenninghausen and Boger and its influence on their writing in repertory and HMM.(REP AND HMM)
- Evolution of disease: Predisposition-disposition-diathesis-disease
- Philosophical basis and the Construction of the three original repertories (Kent, TPB, BBCR) representation of above concepts in the repertories.
- Science and philosophy of HMM

(II) HOM-PG-FHPOM-02

CONCEPT OF DYNAMISM, RECOVERY AND CURE AND OBSTACLES TO CURE

- Concept of vital force in maintaining health and in genesis of disease
- Concepts of recovery and cure and the essential difference between the two. (ORG)
- Concept of pseudo chronic diseases. (ORG)
- Knowledge of various factors - mental and physical - which derange health and act as obstacles to cure and how to remove them to ensure cure. (ORG)
- Role of miasm in causing and maintaining disease and addressing the same to ensure cure.(ORG)
- Understanding the above concepts and its representation and utility in study of HMM (HMM) and its representation in different standard Repertories (REP)

(III) HOM-PG-FHPOM-03

CONCEPT OF ARTIFICIAL DISEASE AND PORTRAIT OF DISEASE

- Mission of physician and knowledge of physician (ORG)
- Drug proving (ORG, HMM)
- Process of recording and manner of recording artificial and natural diseases (ORG)
- Creating portraits of artificial and natural disease and learning the art of matching. (ORG, HMM)
- Art of creating portrait of polychrest remedies through analysis, evaluation and construction of totality at level of mind, physical general and particulars (HMM).

(IV) HOM-PG-FHPOM-04

CONCEPT OF UNPREJUDICED OBSERVATION AND CASE TAKING

- A. Studying the guidelines given by Hahnemann for case taking and evolve a standardised case record for homoeopathic practice. (ORG)
- B. Demonstrating the concept of unprejudiced physician through the process of knowing oneself through practical bed-side demonstration of analysis of physician-

patient interaction in detail. (ORG)

- C. Utilising the concept of unprejudiced in perceiving the patient and constructing totality for correct prescribing. (ORG)

(V) HOM-PG-FHPOM-05

CONCEPT OF SYMPTOMATOLOGY

- Symptomatology and value of a symptom from the standpoint of homoeopathic practice. (ORG)
- Concept of individualisation and generalisation as given by Kent and Boenninghausen and their essential difference between the two. (ORG, Repertory)
- Concept of individualisation and generalisation in the construction of different repertories viz Kent, Boenninghausen, Boger and TPB. (Rep)
- Understanding the concept of classification of symptoms and its utility in the study of HMM
- Understanding the concept of generalisation vs individualisation and its utility in generalising the individual drug symptom into Group symptoms and deriving group characteristics (HMM)
- Study of group remedies based on above concept (HMM).

(VI) HOM-PG-FHPOM-06

CONCEPT OF SUSCEPTIBILITY AND DISEASE

- Various parameters in determining susceptibility in different types of cases - acute, chronic, intermittent, mental, and periodic illnesses and its application in practice. (ORG)
- Application of the knowledge of classification of diseases as given by Hahnemann and in defining the scope and limitations by demonstrating its application in different types of cases. (ORG)
- Construction of different regional repertories as an aid to case taking and managing a variety of clinical conditions. e.g. Boericke's Repertory, Phatak's repertory with examples. (REP)

- Clinical Materia Medica and remedy differentiation in different types of cases.

(VII) HOM-PG-FHPOM-07

CONCEPT OF SUPPRESSION AND MIASMS

- Concept of suppression in homoeopathy and its types (surgical/non-surgical) in progression of disease and its management (ORG)
- Concept of Miasm from Hahnemannian perspective and its further expansion by Allen, Kent and ML Dhawale (ORG)
- Use of Miasm in classifying and understanding the evolution of different remedies(HMM)
- Utilising the knowledge of indications of anti-miasmatic remedies .
- Role of miasm as a fundamental cause and `its influence on the expressions in disease and remedies ie. through the Miasmatic expressions of Psora, Sycosis, Tubercular and Syphilis. (HMM)
- Rubrics of suppression from different repertories (REP)
- Rubrics of different expressions of Miasm from different repertories and study of different Miasm rubrics (REP)

(VIII) HOM-PG-FHPOM-08

CONCEPT OF TOTALITY

- Process of constructing acute, chronic and inter current totalities. (ORG)
- Mastering the concept of classification and evaluation of symptoms (REP)
- Selecting the suitable approach and constructing reportorial totality as per Kent, Boenninghausen and Boger. (REP)
- Understanding the process of reportorial and non-reportorial approach and how to select one (REP)
- Solving the case with the help of available homoeopathic softwares. (REP)
- Understanding the non-reportorial approach namely structuralization, synthetic approach and key-note. (REP)
- Differentiation of similar remedies in acute and chronic cases by refereeing to the source books, commentaries and clinical Materia medica. (HMM)

- Building up totalities of different remedies through source books and other commentaries. (HMM)

(IX) HOM-PG-FHPOM-09

CONCEPT OF SIMILAR AND SIMILIMUM

- Understanding single, simple, minimum substance as Similimum following from the Law of Similars. (ORG)
- Finer differentiation of similar remedies by learning to refer to source books, commentaries and clinical materia medica.(HMM)
- Understanding remedy relationships - complementary, inimical, antidote, follows well, similar with examples. (HMM)
- Learning the concept of concordances as evolved by Boenninghausen and its utility in practice. (REP)

(X) HOM-PG-FHPOM-10

CONCEPT OF THERAPEUTIC MANAGEMENT

- A. Practical application of Kent's 12 observations in the assessment of remedy response and in the second prescription. (ORG)
- B. Utility of knowledge of disease, knowledge of investigations and recent advances in the field of medicine to assess comprehensive response to homoeopathic remedies. (ORG)
- C. Study of therapeutics and study of different Materia Medica with respect to various clinical conditions.
- D. Remedy relationship in determining the second prescription. (HMM)
- E. Patient education and orientation about disease. (ORG)
- F. Use of ancillary measures in acute and chronic diseases, namely diet, exercise, yoga, relaxation techniques, supplements for aiding recovery and preventing the progress of disease.(ORG)

VI. TOPIC DESCRIPTION

NOTE:

Some topic contents in the templates are displayed here for guidelines only . Rest of the content shall be prepared by the institute for their implementation and documentation at their end.

Topic Overview	This Topic will provide students of MD Hom (Practice Of Medicine) with an overview of the significance of study of fundamentals of homoeopathy with the integrated knowledge of Homoeopathic Philosophy, Materia Medica and Repertory in various clinical stages of different clinical conditions in practice to produce evidence based results.
Learning Outcomes	HOM-PG-FHPOM-01 COMPETENCY 1: HAHNEMANNIAN CONCEPT OF MAN, HEALTH, DISEASE KNOWLEDGE OF :- <ul style="list-style-type: none">• Concept of Health, disease and causation.• Concept of health by WHO• Hahnemannian concept of man and its further extension by Kent, Boenninghausen and Boger and its influence on their writing of Repertory and HMM.• Evolution of disease: Predisposition-disposition-diathesis-disease

	<ul style="list-style-type: none"> Philosophical basis and the Construction arrangement of the three original repertories (Kent, TPB, BBCR) representation of above concepts in the repertories. Science and philosophy of HMM <p>SKILLS</p> <ul style="list-style-type: none"> Elicit the causation of disease in a given case Demonstrate utility of causation in management of cases Demonstrate application of Repertory and HMM from causative perspective <p>REFLECTION</p> <ul style="list-style-type: none"> Relate the evolution of disease with understanding of predisposition , disposition and diathesis in a given case. Reason out the utility of Repertory and HMM for selection of remedy in clinical practice.
Competency Based Learning Methods	<ul style="list-style-type: none"> Peer-based learning methods-Problem-based, case based, Brainstorming, Bedside, Word rounds, Out-patient based, Flipped learning , roleplay. Individual – based learning methods –Self regulated learning, reflective learning, portfolio-based, library based, e-learning, simulations, spaced repetition, deliberate practice, formative self-assessment.
Assessments	<ul style="list-style-type: none"> Continuous / Programmatic assessment. Practical assessment.

	<ul style="list-style-type: none"> • Written assessment. • Assignment, MCQ, OSCE, Bed Side Examination, DOPS (Direct Observation of Procedural Skills), Mini CEX (Clinical Evaluation Exercise) Case based assessment, simulation based assessment, spotting, Standardised Patients, Portfolio, Rubrics, Viva voce. • SAQ.
Prescribed texts	As per list
Domains of competencies	KS,PC,HO,CS,PBL

Learning Outcomes	<p>HOM-PG-FHPOM-02</p> <p>COMPETENCY 2 : CONCEPT OF DYNAMISM, RECOVERY AND CURE AND OBSTACLES TO CURE</p> <p>KNOWLEDGE OF –</p> <ul style="list-style-type: none"> • Concept of vital force in maintaining health and in genesis of disease • Concepts of recovery and cure and the essential difference between the two. (ORG) • Concept of pseudo chronic diseases. (ORG) • Knowledge of various factors - mental and physical - which derange health and act as obstacles to cure and how to remove them to ensure cure. (ORG) • Role of miasm in causing and maintaining disease and addressing the same to ensure cure.(ORG) • Understanding the above concepts and its representation and utility in study of HMM (HMM) and its representation in different standard Repertories (REP)
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	<p>SKILLS</p> <ul style="list-style-type: none"> • Demonstrate logically the difference between recovery and cure. • Identify the obstacles to cure in a given case. <p>REFLECTION</p> <ul style="list-style-type: none"> • Relating the vital force concept with health and disease. • Illustrate how to remove the obstacles to cure in a given case. • Relate the miasmatic understanding in maintaining the chronic disease.
Competency Based Learning Methods	<ul style="list-style-type: none"> • Peer-based learning methods-Problem-based, case based, Brainstorming, Bedside, Word rounds, Out-patient based, Flipped learning, roleplay. • Individual – based learning methods –Self regulated learning, reflective learning, portfolio-based, library based , e-learning , simulations, spaced repetition , deliberate practice, formative self-assessment.
Assessments	<ul style="list-style-type: none"> • Continuous / Programmatic assessment. • Practical assessment. • Written assessment. • Assignment, MCQ, OSCE, Bed Side Examination, DOPS (Direct Observation of Procedural Skills), Mini CEX (Clinical Evaluation Exercise) Case based assessment, simulation based assessment, spotting, Standardised Patients, Portfolio, Rubrics, Viva voce. • SAQ
Prescribed texts	As per list

Domains of competencies	KS,PC,HO,CS,PBL
Learning Outcomes	<p>HOM-PG-FHPOM-03</p> <p>COMPETENCY 3: CONCEPT OF ARTIFICIAL DISEASE AND PORTRAIT OF DISEASE</p> <p>KNOWLEDGE OF-</p> <ul style="list-style-type: none"> • Mission and knowledge of physician (ORG) • Drug proving (ORG, HMM) • Process of recording and system of recording artificial and natural diseases (ORG) • Creating portraits of artificial and natural disease and learning the art of matching. (ORG, HMM) • Art of creating portrait of polychrest remedies through analysis, evaluation and construction of totality at level of mind, physical general and particulars (HMM). <p>SKILLS</p> <ul style="list-style-type: none"> • Implement knowledge of physician in clinical practice in all the types of clinical settings. • Construct the portrait of artificial and natural disease and their matching. • Classify the data from artificial and natural disease through analysis and evaluation. <p>REFLECTION</p> <ul style="list-style-type: none"> • Relate the knowledge of physician in the clinical practice. • Illustrate the portrait of remedy in a given case.
Competency Based	<ul style="list-style-type: none"> • Peer-based learning methods-Problem-based, case based, Brainstorming, Bedside, Word rounds, Out-patient based, Flipped

Learning Methods	<p>learning , roleplay.</p> <ul style="list-style-type: none"> Individual – based learning methods –Self regulated learning, reflective learning , portfolio-based, library based , e-learning , simulations, spaced repetition , deliberate practice, formative self-assessment.
Assessments	<ul style="list-style-type: none"> Continuous / Programmatic assessment. Practical assessment. Written assessment. Assignment, MCQ, OSCE, Bed Side Examination, DOPS (Direct Observation of Procedural Skills), Mini CEX (Clinical Evaluation Exercise) Case based assessment, simulation based assessment, spotting, Standardised Patients, Portfolio, Rubrics, Viva voce. SAQ
Prescribed texts	As per list
Domains of competencies	KS,PC,HO,CS,PBL

Learning Outcomes	<p>HOM-PG-FHPOM-04</p> <p>COMPETENCY 4 : CONCEPT OF UNPREJUDICED OBSERVATION AND CASE TAKING</p> <p>KNOWLEDGE OF :-</p> <ul style="list-style-type: none"> The guidelines given by Hahnemann for case taking and evolve a standardised case record for homoeopathic practice. (ORG) Discuss the concept of unprejudiced physician through the process of knowing oneself through practical bed-side demonstration of analysis of physician-patient interaction in
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	<p>detail. (ORG)</p> <ul style="list-style-type: none"> Utilising the concept of unprejudiced in perceiving the patient and constructing totality for correct prescribing. (ORG) <p>SKILLS</p> <ul style="list-style-type: none"> Exhibit the skill of perceiving the patient and constructing totality through unprejudiced observation in patient <p>REFLECTION</p> <ul style="list-style-type: none"> Relate the role of prejudices in perceiving and constructing totality. Contextualizing the knowledge of case taking and unprejudiced observation in construction of totality.
Competency Based Learning Methods	<ul style="list-style-type: none"> Peer-based learning methods-Problem-based, case based, Brainstorming, Bedside, Word rounds, Out-patient based, Flipped learning, roleplay. Individual – based learning methods –Self regulated learning, reflective learning , portfolio-based, library based , e-learning , simulations, spaced repetition , deliberate practice, formative self-assessment.
Assessments	<ul style="list-style-type: none"> Continuous / Programmatic assessment. Practical assessment. Written assessment. Assignment, MCQ, OSCE, Bed Side Examination, DOPS (Direct Observation of Procedural Skills), Mini CEX (Clinical Evaluation Exercise) Case based assessment, simulation based assessment, spotting, Standardised Patients, Portfolio, Rubrics, Viva voce. SAQ, LAQ- Descriptive, Case Scenario, Clinical application based, Problem Based Assessment.

Prescribed texts	As per list
Domains of competencies	KS,PC,HO,CS,PBL

Learning Outcomes	<p>HOM-PG-FHPOM-05</p> <p>COMPETENCY 5:- CONCEPT OF SYMPTOMATOLOGY</p> <p>KNOWLEDGE OF :-</p> <ul style="list-style-type: none"> • Symptomatology and value of a symptom from the standpoint of homoeopathic practice. (ORG) • Concept of individualisation and generalisation as given by Kent and Boenninghausen and their essential difference between the two. (ORG, Repertory) • Concept of individualisation and generalisation in the construction of different repertories viz Kent, Boenninghausen, Boger and TPB. (Rep) • Understanding the concept of classification of symptoms and its utility in the study of HMM • Understanding the concept of generalisation vs individualisation and its utility in generalising the individual drug symptom into Group symptoms and deriving group characteristics (HMM) • Study of Materia Medica with the help of concept of generalisation. (HMM). • Study of group remedies based on above concept (HMM).
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	<p>SKILLS</p> <ul style="list-style-type: none"> • Construct the totality by using concept of generalization and individualization • Construct the totality of symptoms of a group remedy through generalization. <p>REFLECTION</p> <ul style="list-style-type: none"> • Relate the application of study of group remedies in clinical practice • Reason out the process of generalization and individualization in totality formation • Contextualize the value of symptom in matching with HMM and referring to repertory.
Competency Based Learning Methods	<ul style="list-style-type: none"> • Peer-based learning methods-Problem-based, case based, Brainstorming, Bedside, Word rounds, Out-patient based, Flipped learning , roleplay. • Individual – based learning methods –Self regulated learning ,reflective learning , portfolio-based, library based , e-learning , simulations, spaced repetition , deliberate practice, formative self-assessment.
Assessments	<ul style="list-style-type: none"> • Continuous / Programmatic assessment. • Practical assessment. • Written assessment. • Assignment, MCQ, OSCE, Bed Side Examination, DOPS (Direct Observation of Procedural Skills), Mini CEX (Clinical Evaluation Exercise) Case based assessment, simulation based assessment, spotting, Standardised Patients, Portfolio, Rubrics, Viva voce. • SAQ, LAQ- Descriptive, Case Scenario, Clinical application based, Problem Based Assessment.

Prescribed texts	<ul style="list-style-type: none"> As per list
Domains of competencies	KS,PC,HO,CS,PBL

Learning Outcomes	<p>HOM-PG-FHPOM-06</p> <p>COMPETENCY 6 :- CONCEPT SUSCEPTIBILITY, ACUTE AND CHRONIC DISEASE</p> <p>KNOWLEDGE OF :-</p> <ul style="list-style-type: none"> Various parameters in determining susceptibility in different types of cases - acute, chronic, intermittent, mental, and periodic illnesses and its application in practice. (ORG) Application of the knowledge of classification of diseases as given by Hahnemann and its role in defining the scope and limitations by demonstrating its application in different types of cases. (ORG) Construction of different regional repertories as an aid to case taking and managing a variety of clinical conditions. E.g. Boericke's Repertory, Phatak's repertory with examples. (REP) Clinical Materia Medica and remedial differentiation in different types of cases . <p>SKILLS</p> <ul style="list-style-type: none"> Apply susceptibility concept in management of cases in clinical practice.
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	<ul style="list-style-type: none"> • Demonstrate the disease classification as per Hennenmann in a given case • Document scope and limitations as per classification of diseases in the light of clinical medicine. <p>REFLECTION</p> <ul style="list-style-type: none"> • Relate the role of susceptibility in homoeopathic practice • Illustrate the utility of regional repertory in clinical practice
Competency Based Learning Methods	<ul style="list-style-type: none"> • Peer-based learning methods-Problem-based, case based, Brainstorming, Bedside, Word rounds, Out-patient based, Flipped learning, roleplay. • Individual – based learning methods –Self regulated learning, reflective learning, portfolio-based, library based e-learning, simulations, spaced repetition, deliberate practice, formative self-assessment.
Assessments	<ul style="list-style-type: none"> • Continuous / Programmatic assessment. • Practical assessment. • Written assessment. • Assignment, MCQ, OSCE, Bed Side Examination, DOPS (Direct Observation of Procedural Skills), Mini CEX (Clinical Evaluation Exercise) Case based assessment, simulation based assessment, spotting, Standardised Patients, Portfolio, Rubrics, Viva voce. • SAQ.
Prescribed texts	As per list
Domains of competencies	KS,PC,HO,CS,PBL

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<p>Learning Outcomes</p>	<p>COMPETENCY: HOM-PG-FHPOM-07</p> <p>COMPETENCY 7: CONCEPT OF SUPPRESSION AND MIASM</p> <p>KNOWLEDGE OF –</p> <ul style="list-style-type: none"> • Concept of suppression in homoeopathy and its types (surgical/non-surgical) in progression of disease and its management (ORG) • Concept of Miasm from Hahnemannian perspective and its further expansion by Allen, Kent and ML Dhawale (ORG) • Use of Miasm in classifying and understanding the evolution of different remedies(HMM) • Utilising the indications of anti-miasmatic remedies as per list. • Role of miasm as a fundamental cause and `its influence in the expressions in disease and remedies through the Miasmatic expression of Psora, Sycosis, Tubercular and Syphilis. (HMM) • Rubrics of suppression from different repertories (REP) • Rubrics of different expressions of Miasm from different repertories and study of different Miasm rubrics (REP) <p>SKILLS</p> <ul style="list-style-type: none"> • Identify the suppression in clinical cases • Derive miasmatic understanding in acute and chronic disease • Choose anti-miasmatic remedy prescribing in clinical cases. • Illustrate miasmatic symptoms in a given case.
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	REFLECTION <ul style="list-style-type: none"> • Relate the evolution of disease with miasm in clinical practice. • Review the concept of suppression and relate it through the study of repertory and Materia Medica.
Competency Based Learning Methods	<ul style="list-style-type: none"> • Peer-based learning methods-Problem-based, case based, Brainstorming, Bedside, Word rounds, Out-patient based, Flipped learning , roleplay. • Individual – based learning methods –Self regulated learning ,reflective learning , portfolio-based, library based , e-learning , simulations, spaced repetition , deliberate practice, formative self-assessment.
Assessments	<ul style="list-style-type: none"> • Continuous / Programmatic assessment. • Practical assessment. • Written assessment. • Assignment, MCQ, OSCE, Bed Side Examination, DOPS (Direct Observation of Procedural Skills), Mini CEX (Clinical Evaluation Exercise) Case based assessment, simulation based assessment, spotting, Standardised Patients, Portfolio, Rubrics, Viva voce. • SAQ, LAQ- Descriptive, Case Scenario, Clinical application based, Problem Based Assessment.
Prescribed texts	As per list
Domains of competencies	KS,PC,HO,CS,PBL

Learning	HOM-PG-FHPOM-08
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Outcomes	<p>COMPETENCY 8 : CONCEPT OF TOTALITY</p> <p>KNOWLEDGE OF-</p> <ul style="list-style-type: none"> • Process of constructing acute, chronic and inter current totalities. (ORG) • Mastering the concept of classification and evaluation of symptoms (REP) • Selecting the suitable approach and constructing reportorial totality as per Kent, Boenninghausen and Boger. (REP) • Understanding the process of reportorial and non-reportorial approach and how to select one (REP) • Solving the case with the help of available homoeopathic softwares. (REP) • Understanding the non-repertorial approach namely structuralization, synthetic approach and key-note. (REP) • Differentiation of similar remedies in acute and chronic cases by reference to source books, commentaries and clinical Materia Medica. (HMM) • Building up totalities of different remedies through source books and other commentaries from the list. (HMM) <p>SKILLS</p> <ul style="list-style-type: none"> • Construct acute, chronic and inter current totality • Construct reportorial totality • Solving the case with suitable software • Perform differentiation of remedies using different HMM viz source book, commentaries , clinical Materia Medica and key notes
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	REFLECTION <ul style="list-style-type: none"> Justify the construction of totality in a given case. Reason out the basis for different approaches and references to repertory Establish the role of various Materia Medica based on totality of cases.
Competency Based Learning Methods	<ul style="list-style-type: none"> Peer-based learning methods-Problem-based, case based, Brainstorming, Bedside, Word rounds, Out-patient based, Flipped learning , roleplay. Individual – based learning methods –Self regulated learning ,reflective learning , portfolio-based, library based , e-learning , simulations, spaced repetition , deliberate practice, formative self-assessment.
Assessments	<ul style="list-style-type: none"> Continuous / Programmatic assessment. Practical assessment. Written assessment. Assignment, MCQ, OSCE, Bed Side Examination, DOPS (Direct Observation of Procedural Skills), Mini CEX (Clinical Evaluation Exercise) Case based assessment, simulation based assessment, spotting, Standardised Patients, Portfolio, Rubrics, Viva voce. SAQ.
Prescribed texts	As per list
Domains of competencies	KS,PC,HO,CS,PBL

Learning Outcomes	HOM-PG-FHPOM-09 COMPETENCY 9: CONCEPT OF SIMILAR AND SIMILIMUM
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	<p>KNOWLEDGE OF -</p> <ul style="list-style-type: none"> • Understanding single, simple, minimum substance as Similimum following from the Law of Similars.(ORG) • Learning the concept of concordances as evolved by Boennninghausen and its utility in practice. (REP) • Finer differentiation of similar remedies by learning to refer to source books, commentaries and clinical materia medica.(HMM) • Understanding remedy relationships - complementary, inimical, antidotal, follows well, similar with examples. (HMM) <p>SKILLS</p> <ul style="list-style-type: none"> • Apply fundamental laws of Homoeopathy in practice • Apply the remedy relationship in clinical practice <p>REFLECTION</p> <ul style="list-style-type: none"> • Review the fundamental laws of homoeopathy observed in clinical cases • Relate the remedy relationship through case studies and correlate with concordance in Repertory
<p>Competency Based Learning Methods</p>	<ul style="list-style-type: none"> • Peer-based learning methods-Problem-based, case based, Brainstorming, Bedside, Word rounds, Out-patient based, Flipped learning , roleplay. • Individual – based learning methods –Self regulated learning ,reflective learning , portfolio-based, library based , e-learning , simulations, spaced repetition , deliberate practice, formative self-

	assessment.
Assessments	<ul style="list-style-type: none"> • Continuous / Programmatic assessment. • Practical assessment. • Written assessment. • Assignment, MCQ, OSCE, Bed Side Examination, DOPS (Direct Observation of Procedural Skills), Mini CEX (Clinical Evaluation Exercise) Case based assessment, simulation based assessment, spotting, Standardised Patients, Portfolio, Rubrics, Viva voce. • • SAQ
Prescribed texts	As per list
Domains of competencies	KS,PC,HO,CS,PBL

Learning Outcomes	<p>HOM-PG-FHPOM-10</p> <p>COMPETENCY 10 : CONCEPT OF THERAPEUTIC MANAGEMENT</p> <p>KNOWLEDGE OF –</p> <ul style="list-style-type: none"> • Practical application of Kent’s 12 observations in the assessment of remedy response and in the second prescription. (ORG) • Utility of knowledge of disease, knowledge of investigations and recent advances in the field of medicine to assess comprehensive response to homoeopathic remedies. (ORG) • Remedy relationship in determining the second prescription. (HMM) • Patient education and orientation about disease. (ORG)
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	<ul style="list-style-type: none"> • Use of ancillary measures in acute and chronic diseases, namely diet, exercise, yoga, relaxation techniques, supplements for aiding recovery and preventing the progress of disease.(ORG) <p>SKILLS</p> <ul style="list-style-type: none"> • Select second prescription based on remedy response of Kent's observation • Perform patient education and orientation • Demonstrate the ancillary management in acute and chronic diseases <p>REFLECTION</p> <ul style="list-style-type: none"> • Evaluate the remedy response in clinical cases • Plan investigations with reference to current advances and its utility in judging remedy response • Planning and undertaking the ancillary management in a given case.
Competency Based Learning Methods	<ul style="list-style-type: none"> • Peer-based learning methods-Problem-based, case based, Brainstorming, Bedside, Word rounds, Out-patient based, Flipped learning , roleplay. • Individual – based learning methods –Self regulated learning ,reflective learning , portfolio-based, library based , e-learning , simulations, spaced repetition , deliberate practice, formative self-assessment.
Assessments	<ul style="list-style-type: none"> • Continuous / Programmatic assessment. • Practical assessment. • Written assessment. • Assignment, MCQ, OSCE, Bed Side Examination, DOPS (Direct Observation of Procedural Skills), Mini CEX (Clinical Evaluation Exercise) Case based assessment, simulation based assessment, spotting, Standardised Patients, Portfolio, Rubrics, Viva voce.

	<ul style="list-style-type: none"> SAQ, LAQ- Descriptive, Case Scenario, Clinical application based, Problem Based Assessment.
Prescribed texts	As per list
Domains of competencies	KS,PC,HO,CS,PBL

Following examples of list of repertories besides Kent, TPB, BBCR are suggested during the course.

- Bell's diarrhoea,
- Allen's therapeutics of fevers,
- Phatak's repertory,
- Murphy's repertory
- Boericke's repertory
- Boger synoptic Key
- Borland Pneumonia

As an example the list of remedies for different aspects for study of applied Materia Medica is given here under. However this should not be taken as exclusive for the course purpose.

Clinical HMM	Drug picture	Group study	Anti-miasmatic
1. Aconite	1. Alumina	1. sodium	Bacillinum
2. Aesculus	2. Antimony crud	2. Magnesium	2. Tuberculinum
3. Aethusa	3. Apis mel	3. Calcarea	3. Thuja
4. Agaricus	4. Argentum met	4. Kali	4. Medorrhinum
5. Aloes	5. Argentum nit	8. Loginneacea	5. Psorinum
6. Ammonium carb	6. Arsenic alb	9. Solanacea	6. Sulphur
7. Anacardium	7. Aurum met	10. Compositae	7. Syphilinum
8. Antimony ars	8. Baryta carb.	11. Ophidia	

9. Antimony tart	9. Baryta mur.	12. Spider	
10. Arnica	10. Calc. carb.	13. Metals	
11. Ars iod	11. Calc. flur.	15. Acids	
12. Baptisia	12. Calc. iod.		
13. Belladona	13. Calc. phos.		
14. Bellis per	14. Calc. sulph.		
15. Berberis v.	15. Calc. sil		
16. Borax	16. Causticum		
17. Bromium	17. China		
18. Bryonia. alb.	18. Conium		
19. Cactus g.	19. Ferrum met.		
20. Calc. ars.	20. Ferrumphos.		
21. Carbo. an	21. Fluoric acid		
22. Cantharis.	22. Graph.		
23. Carb. veg.	23. Ignatia		
24. Caulophyllum	24. Iodine		
25. Chamomila	25. Kali bichrom.		
26. Chelidonium m.	26. Kali brom.		
27. China ars.	27. Kali carb.		
28. Cicut a v.	28. Kali iod.		
29. Cimicifuga	29. Kali mur.		
30. Cina	30. Kali sulph.		
31. Coca	31. Lac. can.		
32. Cocculus	32. Lachesis		
33. Coccus cacti	33. Lycopodium		
34. Collinsonia	34. Lyssin		
35. Colocynth	35. Mag. carb.		
36. Corallium	36. Mag. mur		
rubrum	37. Mag. phos.		
37. Crategus	38. Mag. sulph		
38. Crotalus h.	39. Medorrhinum		

39. Croton tig	40. Mercurius sol.		
40. Cup. met.	41. Naja		
41. Digitalis	42. Natrum carb.		
42. Dioscorea	43. Natrum mur.		
43. Drosera	44. Natrum phos.		
44. Dulcamara	45. Natrum sulph.		
45. Echinacia	46. Nitric acid		
46. Euphrasia	47. Nuxvom.		
47. Gelsemium	48. Opium		
48. Glonoine	49. Petroleum		
49. Hammamelis	50. Phos.		
50. Helleborus	51. Phos. ac		
51. Hepar sulph	52. Platina		
52. Hyoscyamus.	53. Psorinum		
53. Hypericum.	54. Puls.		
54. Ipecac	55. Rhus tox.		
55. Kali ars.	56. Sanicula		
56. Lactrodectus m	57. Sepia		
57. Laurocerasus	58. Silica		
58. Ledum	59. Stannum met.		
59. Lilium tig.	60. Staph		
60. Lobelia	61. Stram.		
61. Manganum	62. Sulphur		
62. Merc. dul.	63. Tarent h.		
63. Merc. iod. fl.	64. Thuja		
64. Merc. ior. r.	65.		
65. Mercurius cor.	Tuberculinumbov		
66. Mezereum	66. Verat. alb.		
67. Muriatic acid	67. Zincum		
68. Murex			
69. Nux moschata			

70. Phytolacca			
71. Plumbum			
72. Podophyllum			
73. Pyrogen			
74. Ranunculus bulb			
75. Ratanhia			
76. Rheum			
77. Rhododendron			
78. Rumex			
79. Ruta g.			
80. Sabadilla			
81. Sabina			
82. Sambucus			
83. Sanguinaria			
84. Sarsaparilla			
85. Secale cor.			
86. Selenium			
87. Senega			
88. Spigelia			
89. Spongia			
90. Sticta			
91. Symphytum			
92. Tarentula. c.			
93. Thlaspi bursa			
94. Veratrum vir.			

VII. ASSESSMENT

	Formative Assessment (Internal Assessment)	Summative Assessment (University Examination)
M.D.(Hom.)	1st Term Test: During sixth month of	During eighteenth month of

Part-I	training	training
	2nd Term Test: During twelfth month of training	

VII (1). M.D. (HOMOEOPATHY) PART-I EXAMINATION –MAXIMUM MARKS FOR EACH SUBJECT AND MINIMUM MARKS REQUIRED TO PASS SHALL BE AS FOLLOWS:

Subjects	Theory		Practical or Clinical Examination, including Viva	
	Maximum Marks	Pass Marks	Maximum Marks	Pass Marks
1) Fundamentals of Practice of Medicine	100	50	200* (160 + 40) (Summative Assessment 160 Marks) (Internal Assessment 40 Marks)	100* (80 + 20) (Summative Assessment 80 Marks) (Internal Assessment 20 Marks)
1) Fundamentals of Homoeopathy in Practice of Medicine				
2) Research Methodology and Biostatistics	100	50	-	-

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

VII (2). Assessment Blueprint – Theory (*Benchmarked by the module-wise distribution.*)

VII (2a). Distribution of Courses for Theory-Based Assessment.

Types of Questions with Marks

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

Part 1 – Paper 2. Topic Numbers

Hom-PG-FHPOM-01 - Hahnemannian Concept of man, Health, Disease

Hom-PG-FHPOM-02 - Concept of Dynamism, Recovery and Cure and Obstacles to Cure

Hom-PG-FHPOM -03 - Concept of Artificial Disease and Portrait of Disease

Hom-PG-FHPOM-04 - Concept of Unprejudiced observation and Case taking

Hom-PG-FHPOM-05 - Concept of Symptomatology

Hom-PG-FHPOM-06 - Concept of Susceptibility and Acute and Chronic Disease

Hom-PG-FHPOM-07 - Concept of Suppression, Miasm and vaccinations in paediatrics

Hom-PG-FHPOM-08 - Concept of Totality

Hom-PG-FHPOM-09 - Concept of Similar and Simillimum

Hom-PG-FHPOM-10 - Concept of Therapeutic management

VII (2B). QUESTION PAPER LAYOUT

Q. No.	Type of Question	Content	Marks
1	Problem Based	Hom-PG-FHPOM--/10	20
2	LAQ	Hom-PG-FHPOM-07	10
3	LAQ	Hom-PG-FHPOM-04	10
4	LAQ	Hom-PG-FHPOM-03	10
5	LAQ	Hom-PG-FHPOM-05	10
6	SAQ	Hom-PG-FHPOM-01	5
7	SAQ	Hom-PG-FHPOM-02	5
8	SAQ	Hom-PG-FHPOM-06	5
9	SAQ	Hom-PG-FHPOM-06	5
10	SAQ	Hom-PG-FHPOM-08	5
11	SAQ	Hom-PG-FHPOM-09	5
12	SAQ	Hom-PG-FHPOM-08	5
13	SAQ	Hom-PG-FHPOM-03	5

VII (3). Assessment Blueprint –Practical / Viva.

VII (3a). Clinical examination: A Common Practical/viva for Part I Paper 1 and 2.

VIII. List of Reference Books (As per APA Format).

List of Recommended Reference Books – along with standard text books of Practice of medicine and repertory:

- Allen J.H, 1998, Diseases of therapeutics of the skin, B.Jain Publishers, New Delhi.

- Blackkow,R.S,1983,Macbride's Clinical Signs and symptoms,Lippincott,6th Ed.
- Boericke's W, 1998, Boericke New Manual of Homoeopathic Materia Medica with Repertory, B.Jain Publishers,USA,9th Ed.
- Boger,C.M,1994,A Synoptic Key of the Materia Medica, B.JainPublishers,New Delhi.
- Choudhuri,N.M,2001,A Study on Materia Medica, B.JainPublishers,New Delhi.
- Clarke,J.H,2006,A Dictionary of Practical Materia Medica Vol 1 to Vol 3,IBPP,New Delhi.
- Close, S, 2005, The Genius of Homoeopathy Lectures And Essays on Homoeopathic Philosophy With Word Index, B.Jain Publishers Pvt.Ltd, USA, 2nd Ed.
- Dahlke,Rand Dethlefsen,T,2002 Healing Power of illness,Vega.
- Dhawale, M.L, 1994, Principles and Practice of Homoeopathy: Homoeopathic Philosophy andRepertorization, B.JainPublishers,New Delhi.
- Hahnemann, S, 2002, Organon of medicine B.Jain Publishers, New Delhi, 6th Ed.
- Hahnemann,S, 1982,The Chronic Diseases: Their Peculiar Nature and Their Homoeopathic Cure, Jain Publishers, New Delhi.
- Hahnemann,S,1984, Materia Medica Pura, Vol 1 and 2 Jain Publishing,New Delhi.
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- Hering,C,1984,The Guiding Symptoms of Homoeopathic Materia Medica Vol 1 to vol 10, B.JainPublishers,New Delhi.
- Kent,J.T,2002,Lectures on Homoeopathic Materia Medica, B.JainPublishers,New Delhi.
- Kent,J.T,2002,Lectures on Homoeopathic Philosophy, B.Jain Publishers, USA.
- **Loscalzo, J.Kasper,D.L.,Longo,D.L.,Fauci,A.S, Hauser,S.L.andJameson,J.L. 1958 Harrison's, Principles and Practice of Medicine Mc Graw Hill, New York, 21st Ed.**
- Morgan,C.T,King,R.A,Weisz,J.Rand Schopler,J,1986,Introduction to Psychology, McGraw Hill Education (India) Private Limited,7th Ed.
- Phatak,S.R,1999,Materia Medica of Homoeopathic Medicines, B.Jain Publishers,USA,2nd Ed.
- Robbins and Cotran,2014,Pathologic Basic of Diseases,Vol 1 and Vol 2,Elsevier Pub,New Delhi.

- Robert H.A, 2002, The Principles and Art of Cure by Homoeopathy: A Modern Textbook, B.Jain Publishers Pvt.Ltd, USA.
- Tortora,G.J,1996,Principles of Anatomy And Physiology, Harper Collins College Publishers,New York,8th Ed.
- Tyler,M.L,1992,Homoeopathic Drug Pictures, B.Jain Publishers, New Delhi.

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