

**BHARATI VIDYAPEETH  
(DEEMED TO BE UNIVERSITY) PUNE (INDIA)**

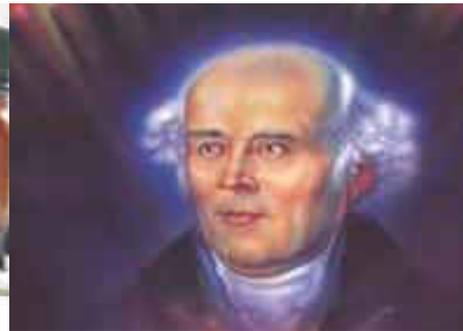
Accredited by NAAC with 'A+' Grade

**Faculty of Homoeopathy**

**COMPETENCY BASED DYNAMIC  
CURRICULUM FOR  
3<sup>rd</sup> BHMS PROFESSIONAL COURSES - 2022**

**HOMOEOPATHY EDUCATION BOARD  
NATIONAL COMMISSION FOR HOMOEOPATHY**

**MINISTRY OF AYUSH, GOVERNMENT OF INDIA**



**SYLLABUS AND EXAMINATION PATTERN**

# **Bharati Vidyapeeth**

## **Nurturing Values Since 1964....**

Established on 10th May 1964 by Visionary Leader Dr. Patangraoji Kadam, Bharati Vidyapeeth, the parent body of Bharati Vidyapeeth (Deemed to be University) is celebrating 60 glorious years in the education sector. Bharati Vidyapeeth today is widely acclaimed as one of the largest Educational Conglomerate in India imparting quality education right from pre-primary up to doctoral level through its 190+ institutions and 29 constituent units.

The ambit of Bharati Vidyapeeth institutions of higher education encompasses all professional disciplines which include the colleges of Medicine, Dentistry, Nursing, Audiology, Optometry, Physiotherapy, Ayurved, Homeopathy, Engineering, Architecture, Management, Law, Pharmacy, Hotel Management and Catering Technology, Environment Education, Physical Education, Health Management, Biotechnology etc.

Research today is at the center stage of every educational institution. Foreseeing it way back in 1986, Dr. Patangraoji Kadam founded two self-financed indigenous research institutes viz; R&D Centre for Pharmaceutical Sciences and Applied Chemistry; and Yashwantrao Chavan Institute of Social Science Studies and Research. Subsequently in 2001 International Research School for Health Affairs (IRSHA) was incorporated, which has collaboration with research partners from India and Abroad. These institutes have inculcated a research culture in the campuses of Bharati Vidyapeeth.

With a strong belief in social inclusion and living up to its mission statement 'Social Transformation through Dynamic Education', Bharati Vidyapeeth has spread its wings to provide educational opportunities to both the haves and have nots of the society by establishing campuses at Pune, New Delhi, Navi Mumbai, Kolhapur, Solapur, Karad, Satara and Panchgani.

## **BHARATI VIDYAPEETH (DEEMED TO BE UNIVERSITY) PUNE**

In recognition of excellence in the field of education, Ministry of Human Resources Development, Government of India on recommendation of UGC conferred the prestigious Deemed to be University status to 12 institutions of Bharati Vidyapeeth in 1996. The BVDU is one of the leading multi-disciplinary deemed university in India.

The University offers a wide range of academic programmes at the Undergraduate, Postgraduate and Doctoral levels covering various disciplines. The university has a vibrant campus life, with over 24,000+ students from diverse backgrounds and cultures, and more than 1600+ faculty members who are renowned experts in their fields.

The university has made significant contributions to the advancement of knowledge and research across multiple domains from cutting-edge technology to healthcare breakthroughs. The university has a strong focus on fostering innovation and entrepreneurship among its students and faculty. The university has established several centers and initiatives to support the development of new ideas and solutions for various societal and industrial challenges.

it has 29 constituent colleges and another 13 schools and departments under 12 faculties:

### **Faculty & Constituent Units of BVDU:**

#### **1. Faculty of Medical Sciences**

- ▶ Medical College, Pune
- ▶ Medical College and Hospital, Sangli
- ▶ School of Audiology and Speech Language Pathology, Pune
- ▶ School of Optometry, Pune
- ▶ School of Optometry, Sangli
- ▶ School of Physiotherapy, Pune
- ▶ School of Physiotherapy, Sangli

#### **2. Faculty of Dentistry**

- ▶ Dental College & Hospital, Pune
- ▶ Dental College and Hospital, Navi Mumbai
- ▶ Dental College & Hospital, Sangli

#### **3. Faculty of Ayurved**

- ▶ College of Ayurved, Pune

#### **4. Faculty of Homoeopathy**

- ▶ Homoeopathic Medical College, Pune

## **5. Faculty of Nursing**

- ▶ College of Nursing, Pune
- ▶ College of Nursing, Navi Mumbai
- ▶ College of Nursing, Sangli

## **6. Faculty of Engineering and Technology**

- ▶ College of Engineering, Pune
- ▶ Department of Engineering & Technology (Off Campus), Navi Mumbai
- ▶ College of Architecture, Pune

## **7. Faculty of Pharmaceutical Sciences**

- ▶ Poona College of Pharmacy, Pune

## **8. Faculty of Management Studies**

- ▶ Institute of Management & Entrepreneurship Development, Pune
- ▶ Institute of Management and Research, New Delhi
- ▶ Yashwantrao Mohite Institute of Management, Karad
- ▶ Department of Management Studies (Off Campus, Navi Mumbai)
- ▶ Institute of Management & Rural Development Administration, Sangli
- ▶ Institute of Management, Kolhapur
- ▶ Abhijit Kadam Institute of Management and Social Sciences, Solapur
- ▶ Institute of Hotel Management & Catering Technology, Pune

## **9. Faculty of Arts, Social Sciences and Commerce**

- ▶ Yashwantrao Mohite College of Arts, Science and Commerce, Pune
- ▶ College of Physical Education, Pune
- ▶ School of Visual Arts, Pune
- ▶ School of Photography, Pune
- ▶ Social Sciences Centre (M.S.W.), Pune
- ▶ School of Performing Arts, Pune

## **10. Faculty of Sciences**

- ▶ Rajiv Gandhi Institute of Information Technology & Bio-Technology, Pune
- ▶ Institute of Environment Education & Research, Pune

## **11. Faculty of Law**

- ▶ New Law College, Pune
- ▶ Department of Law (off Campus), New Delhi

## **12. Faculty of Interdisciplinary Studies**

- ▶ Centre for Health Management Studies and Research, Pune

### **Research Institutes**

- ▶ Interactive Research School for Health Affairs, Pune
- ▶ Research and Development Centre in Pharmaceutical Sciences and Applied Chemistry, Pune
- ▶ Yashwantrao Chavan Institute of Social Science Studies and Research, Pune.

All the constituent colleges are known for its excellent infrastructure, experienced and caring faculty, contemporary curricula, ICT based teaching learning methodology, thrust on research and ample opportunities for co-curricular & extra-curricular activities.

## **Distinctive Features of Bharati Vidyapeeth (Deemed to be University)**

- ▶ The University offers 250+ programmes under 12 faculties.
- ▶ High quality all-around education with many students from all over India and 35 countries to pursue their studies.
- ▶ 24000+ students enrolled into various programmes offered by the University.
- ▶ Behind the reputation of the University are the solid credentials of accomplished and experienced 1600+ faculty members, imparting quality education.
- ▶ Excellent placement record for its students across faculties and has known industry endorsements for continuous industry institution interactions.
- ▶ Strong alumni network spread across the globe.
- ▶ Programmes are designed to enhance employability of students with focus on collaborative and experiential learning pedagogy.
- ▶ Entrepreneurship cell has been established to develop entrepreneurial skill and incubate innovative business ideas.
- ▶ University constantly encourages and facilitates its faculties to be actively engaged in academic research and publications besides their teaching assignments by establishing collaborative and interdisciplinary research links with industries and institutions around the world.
- ▶ All professional programmes are approved by respective Statutory Councils
- ▶ As part of dissemination of knowledge, University organizes International and National Conferences, Seminars, Workshops etc, on recent and upcoming themes.
- ▶ Knowledge Resource Centre (Libraries) have an excellent collection of books, print journals, e-journals, and magazines etc. which are regularly being expanded by adding latest publications.
- ▶ Augmented infrastructural facilities including smart classrooms, tools for blended learning, laboratories equipped with latest technologies, free accessibility to Wi-Fi, lush green campuses,

adequate recreational facilities, on campus residential accommodation etc.

➤ University is committed to engage for the welfare of the society through various schemes of outreach Programmes, field work and community engagement.

### **University Achievements:**

- ❖ Accredited with 'A++' Grade (2024) by NAAC
- ❖ 'A' Grade University Status by MHRD, Govt. of India
- ❖ Category-I (Deemed to be University Grade) by University Grants Commission
- ❖ Recognized under Section '12 B' of UGC Act (1956) by University Grants Commission
- ❖ Ranked 78th among Top 100 Universities by NIRF 2024

### **Other Achievements of the University:**

#### **NBA**

- College of Engineering have been accredited with National Board of Accreditation for its 3 UG Programmes
- B.Pharm programme of Poona College of Pharmacy has been accredited with NBA

#### **NABH**

- Bharati Hospital and Research Centre of Medical College has undergone assessments for full NABH accreditation.

#### **NABL**

- Hospital Laboratories in Pathology, Microbiology and Biochemistry have been accredited with NABL
- Centre for food testing Laboratory

### **FDA Approval**

- NABH accreditation and FDA approval for Hospital Blood Bank, Safe-I accreditation of the NABH for Infectious diseases was also received.
- Blood Bank
- Public Testing Laboratory of Poona College of Pharmacy, Pune

**Bharati Vidyapeeth (Deemed to be University) Homoeopathic Medical College & Hospital,  
Post Graduate Department & Research Centre, Pune**

**Bharati Vidyapeeth (Deemed to be University) Homoeopathic Medical College & Hospital, Post Graduate Department & Research Centre, Pune** established in 1990, is a leading institution offering comprehensive education in homoeopathy. Our Homoeopathic College has Deemed University status since 1996, it stands as a beacon of academic excellence, accredited with an 'A+' grade by NAAC in 2017. The college provides a range of academic programs including the undergraduate B.H.M.S. degree, postgraduate M.D. (Hom.) in five specialized subjects, and a Ph.D. program in four disciplines, all recognized by the National Commission of Homoeopathy (NCH) & Ministry of AYUSH, Govt. of India.

The campus features one of the best infrastructure with 34,000 sq.ft. Dedicated to academic facilities and a separate 32,000 sq.ft. Homoeopathic Hospital, offering a 100-bed facility with diagnostic services like X-ray, ultrasound, and clinical pathology labs & attached Bharati Hospital. These facilities ensure that students gain real-world clinical experience in a professional healthcare environment. Additionally, the college boasts a well-equipped library with over 14,936 books, plenty medical journals, and access to digital resources such as DELNET and Web OPAC. The integration of modern Information and Communication Technology (ICT) into teaching provides students with cutting-edge e-learning tools and platforms, supported by a digital library, virtual labs, and plagiarism check systems.

The college is dedicated to holistic student development, with a highly qualified dedicated faculty delivering personalized, student-focused education. Many faculty members hold Ph.D. degrees, ensuring that students receive expert guidance throughout their academic journey. The practical learning experience is further enhanced through clinical exposure at the hospital and through mobile clinics operating in seven rural areas around Pune. These mobile clinics not only extend essential homoeopathic healthcare services to underserved populations but also offer students hands-on experience in addressing rural health challenges, understanding epidemiological patterns, and gaining insight into the social factors affecting healthcare. Students are actively encouraged to participate in various intercollegiate, intercollegiate, and university-level activities, including sports, cultural events, and research initiatives, fostering their overall development and enhancing their academic and extracurricular skills.

In keeping with its commitment to innovation in education, the institution employs advanced teaching methods, utilizing smart classrooms and a robust online platform where faculty regularly upload lectures, e-content, and supplementary materials. Students benefit from 24/7 access to these resources, enhancing their learning experience. With a mission to extend homeopathic care beyond urban areas, the college actively promotes healthcare outreach through its rural clinics, providing both academic and clinical benefits to its students while addressing the healthcare needs of the community.

**COMPETENCY BASED DYNAMIC CURRICULUM FOR  
III- BHMS PROFESSIONAL COURSES - 2022**

**INDEX**

Sr. No.	Particular	Page No.
<b>(A)</b>	<b>Notification</b>	1
<b>(B)</b>	<b>Part-I</b>	
1	Eligibility for admission/qualification and age	1 - 3
2	Duration of Bachelor of Homoeopathic Medicine and Surgery (B.H.M.S) course	3
3	Degree awarded	3
4	Pattern of study	3 - 7
5	Electives	7
6	Methodology for supplementing modern advancement, Research and technology in Homoeopathy (SMART-Hom.)	7 - 9
<b>II</b>	<b>Examination</b>	
1	General guidelines for examinations, results and re-admission	9 -13
2	Assessment	13 - 17
3	Migration of students during the study	17 - 18
<b>III</b>	<b>Internship Programme</b>	
1	Compulsory Rotatory Internship Training	18 - 24
<b>IV</b>	<b>SCHEDULE relating to "SPECIFIED DISABILITY"</b>	24 - 29
<b>(C)</b>	<b>Part-II</b>	
1	Foundation Programme	30 – 32
2	Tentative Template Of Academic Calendar	33
3	Guidelines For Attendance Maintenance	34
4	Various forms	35 - 36
<b>(D)</b>	<b>Part-III</b> Pattern of Study III- BHMS	37
<b>(E)</b>	<b>Part-IV</b>	
	<b>III-B.H.M.S</b>	
1	Preamble	38 – 39
2	Homoeopathic Materia Medica	40 – 48
3	Organon medicine Homoeopathic Philosophy Fundamentals of Psychology	49 – 58
4	Homoeopathic Repertory and case taking;	59 – 66
5	Practice of Medicine	67 – 78
6	Essentials of Pharmacology;	79 – 85
7	Surgery;	86 – 100
8	Gynecology and Obstetrics;	101 – 115
9	Community Medicine Research Methodology and Biostatistics	116 - 129
10	Yoga for health promotion;	130

# NATIONAL COMMISSION FOR HOMOEOPATHY

## NOTIFICATION

New Delhi, the 6th December, 2022

**(A) F. No. 3-34/2021/NCH/HEB/CC/10758.**—In exercise of the powers conferred by sub – section (1) and clauses (h), (i), (q), (s) and (t) of sub-section (2) of section 55 of the National Commission for Homoeopathy Act, 2020 (15 of 2020) and in supersession of Homoeopathy (Degree course) B.H.M.S. Regulations, 1983, except as respects thing done or omitted to be done before such supersession, the Commission hereby makes the following regulations, namely: -

1. **Short title and commencement.** – (1) These regulations may be called National Commission for Homoeopathy (Homoeopathy Graduate Degree Course – Bachelor of Homoeopathic Medicine and Surgery (B.H.M.S). Regulations- 2022.

(2) They shall come into force on the date of their publication in the Official Gazette.

2. **Definitions.**- (1) In these regulations, unless the context otherwise requires, -

- (i) “Act” means the National Commission for Homoeopathy Act, 2020 (15 of 2020);
- (ii) “Annexure” means an Annexure appended to these regulations;
- (iii) “Appendix” means an Appendix appended to these regulations;
- (iv) “Commission” means the National Commission for Homoeopathy constituted under section 3 of this Act;
- (v) “Electives” means the course of study devised to enrich the educational expression of the student.

(2) Words and expressions used herein and not defined but defined in the Act shall have the same meanings as respectively assigned to them in the Act.

### **B) PART I**

**Bachelor of Homoeopathic Medicine and Surgery (B.H.M.S) Course.**- The Bachelor of Homoeopathic Medicine and Surgery (B.H.M.S) shall produce Graduates, having profound knowledge of Homoeopathy with contemporary advancement in the field, supplemented with knowledge of scientific and technological advancement in modern health science and related technology along with extensive practical training, be able to function as an efficient holistic health care practitioner in health care service in the urban and rural areas.

3. **Eligibility criteria for admission and manner of admissions.** -(1) The eligibility for admission in Bachelor of Homoeopathic Medicine and Surgery (B.H.M.S.) Course shall be, namely:-

- (a) the candidate shall have passed 10+2 or its equivalent examination from any recognised Board with Physics, Chemistry, Biology and have obtained minimum of fifty percent. marks taken together in Physics, Chemistry and Biology/Biotechnology in case of student belonging to general category and forty percent. marks in case of student belonging to the Scheduled Castes, Scheduled Tribes and Other Backward Classes:

Provided that in respect of person with disability specified under the Rights of Persons with Disabilities Act, 2016 (49 of 2016), the qualifying marks in the examinations shall be forty-five percent. in case of General category and forty percent. in case of the Scheduled Castes, Scheduled Tribes and Other Backward Classes.

- (b) Biology/Biotechnology studied as Additional Subject at 10+2 level also shall not be considered for such admission:
- (c) Candidate passed 10+2 from Open School or as Private candidate shall not be eligible to appear for National Eligibility-cum-Entrance Test.
- (d) No candidate shall be considered for admission in Bachelor of Homoeopathic Medicine and Surgery (B.H.M.S.) Course unless the candidate attains the age of seventeen years or before the 31st day of December of the year of admission in the first year of the Course;

(2) There shall be a uniform Entrance Examination for all Homoeopathy Medical Institution namely National Eligibility-cum- Entrance Test (NEET) for admission to under-graduate course in medical institution in each academic year and shall be conducted by an authority designated by the National Commission for Homoeopathy:

Provided that for foreign national candidate, any other equivalent qualification approved by the Central Government may be allowed for admission and sub-regulation (2) of regulation 4 shall not be applicable in this behalf.

- (3) No candidate obtaining less than marks at 50<sup>th</sup> percentile in the National Eligibility-cum-Entrance Test for undergraduate course conducted for the said academic year shall be considered for such admission:

Provided that the candidate belonging to the Scheduled Castes, Scheduled Tribes and Other Backward Classes obtain marks not less than 40<sup>th</sup> percentile and the candidate belonging to person with the disability as specified under the Rights of Persons with Disabilities Act, 2016 (49 of 2016) obtains the marks not less than 45<sup>th</sup> percentile in case of General category and not less than 40<sup>th</sup> percentile in case of the Scheduled Castes, Scheduled Tribes and Other Backward Classes shall be considered for admission.

Provided further that the Commission may, in consultation with the Central Government lower the marks required for admission to undergraduate course for candidate belonging to respective category and marks so lowered by the Commission shall be applicable for that academic year.

- (4) An All-India common merit list as well as State-wise merit list of the eligible candidate shall be prepared on the basis of the marks obtained in the National Eligibility-cum-Entrance Test conducted for the academic year and the candidate within the respective category shall be considered for admission to undergraduate course from the said merit list.
- (5) The seat matrix for admission in the Government institution, Government-aided institution and private Institution shall be fifteen percent. for all-India quota and eighty-five percent. for the State quota and Union territory quota as the case may be:

Provided that, -

- (a) the all India quota for the purpose of admission to the Deemed University both Government and private shall be hundred percent.;
- (b) The university and institute having more than fifteen percent. all India quota seat shall continue to maintain that quota;
- (c) five percent. of the annual sanctioned intake capacity in Government and Government aided institution shall be filled up by candidate belonging to persons with disability as specified under the provisions of the Rights of Persons with Disabilities Act, 2016 (49 of 2016)

*Explanation.-* For the purposes of this regulation, the specified disability contained in the Schedule to the Rights of Persons with Disabilities Act, 2016 (49 of 2016) specified in *Appendix "A"* and the eligibility of candidate to pursue a course in Homoeopathy with specified disability shall be in accordance with the guidelines specified in *Appendix "B"*.

- (6) The designated authority for counseling of State and Union territory quota for admission to undergraduate course in medical institution in State and Union territory including institution established by the State Government, University, Trust, Society, Minority Institution, Corporation or Company shall be the respective State or Union territory in accordance with the applicable rules and regulations of the concerned State or Union territory, as the case may be.
- (7) (a) The counselling for admission to Bachelor of Homoeopathic Medicine and Surgery (B.H.M.S.) course for seats under all India quota as well as the all-medical institution established by the Central Government shall be conducted by the authority designated by the Central Government in this behalf;
- (b) The counselling for admission to Bachelor of Homoeopathic Medicine and Surgery (B.H.M.S.) Course for hundred percent. seats of Deemed University both Government and Private shall be conducted by the authority designated by the Central Government, in this behalf.
- (8) The admission shall be done;-
- (a) through counseling except foreign nationals;
- (b) by any means other than manner specified in these regulations shall not be approved and any institution found admitting the students in contravention of the provisions of these

regulations shall be denied permission for taking admission for subsequent academic year;

- (c) the medical institution shall have to submit the list of admitted students in the format decided by the Commission on or before six p.m. on the cutoff date for admission decided by it from time to time for verification;
  - (d) the medical institution shall approve the admission of the candidate except foreign national who has been allotted seat through counseling (Central, State or Union territory, as the case may be).
  - (9) The candidate who fails to obtain the minimum eligibility marks as referred to under sub-regulation (3) shall not be admitted to undergraduate course in the said academic year.
  - (10) No authority or medical institution shall admit any candidate to the under-graduate course in contravention of the criteria or procedure specified in these regulations and any admission made in contravention of these regulations shall be cancelled by the Commission forthwith.
  - (11) The authority or medical institution which grants admission to any student in contravention of the provisions of these regulations shall be dealt as specified under the Act.
  - (12) The medical institution shall send the list of admitted students to the Commission within one month of his admission and the Commission may verify the medical institution to ensure the compliance of the provisions of the regulations at any time.
4. **Duration of Bachelor of Homoeopathic Medicine and Surgery (B.H.M.S) Course** -The duration of the Bachelor of Homoeopathic Medicine and Surgery (B.H.M.S) Course shall be five years and six months as specified in the table below, namely:-

**Table-1**

<b>Serial Number</b>	<b>Bachelor of Homoeopathic Medicine and Surgery (B.H.M.S) Course</b>	<b>Duration</b>
(1)	(2)	(3)
(1)	First Professional Bachelor of Homoeopathic Medicine and Surgery (B.H.M.S)	Eighteen Months;
(2)	Second Professional Bachelor of Homoeopathic Medicine and Surgery (B.H.M.S)	Twelve Months;
(3)	Third Professional Bachelor of Homoeopathic Medicine and Surgery (B.H.M.S)	Twelve Months;
(4)	Fourth (Final) Professional Bachelor of Homoeopathic Medicine and Surgery (B.H.M.S)	Twelve Months;
(5)	Compulsory Rotatory Internship	Twelve Months.

5. **Degree to be awarded.** -The candidate shall be awarded Bachelor of Homoeopathic Medicine and Surgery (B.H.M.S) Degree after passing all the examinations and completion of the laid down course of study extending over the laid down period and the compulsory rotatory internship extending over twelve months.
6. **Pattern of study.** -The Bachelor of Homoeopathic Medicine and Surgery (B.H.M.S) course shall consist of main programme and electives and the pattern of study shall follow the following manner, namely:-
- (1) Main programme :-
    - (a) after admission, the student shall be inducted to the Bachelor of Homoeopathic Medicine and Surgery (B.H.M.S) course through a Foundation Programme not less than ten working days/sixty hours based on the 'Content for Foundation programme' which intends to introduce newly admitted student to Homoeopathy system of medicine and skills required to make him well aware of the Bachelor of Homoeopathic Medicine and Surgery (B.H.M.S) course he is going to undergo for next five years and six months.
    - (b) during the Foundation Programme, the student of Homoeopathy shall learn history of Homoeopathy, get oriented with development of homoeopathic science across the globe, understanding on improvising interpersonal communication skills, management of stress and time, basic life support and first-aid along with other subjects as per syllabus specified in
    - (c) total teaching hours for first professional session shall be not less than two thousand one hundred and six (2106) while for second, third and fourth professional session, a minimum of one thousand four

hundred and four (1404) hours teaching in each professional session to complete.

- (d) working hour may be increased by the University or medical institution as per requirement to complete the stipulated period of teaching and requisite activity.

*Explanation.* - For the purposes of this sub-regulation, -

- (a) "Lectures" means Didactic teaching such as classroom teaching,
- (b) Non – lecture includes Practical or Clinical and Demonstrative teaching and the Demonstrative teaching includes Small group teaching or Tutorials or Seminars or Symposia or Assignments or Role play or Drug Picture presentation or Pharmacy training or Laboratory training or Dissection or Field visits or Skill lab training or Integrated learning or Problem based learning or Case based learning or Early clinical exposure or Evidence based learning etc. as per the requirement of the subject and in Non-lectures, the Clinical or Practical part shall be seventy percent. and demonstrative teaching shall be thirty per cent.
- (e) new department and subject like fundamentals of Psychology, Yoga, essentials of Modern Pharmacology and Research Methodology and Biostatistics are introduced in degree course to provide holistic and integrated knowledge of the health science along with development of research aptitude.
- (f) the Bachelor of Homoeopathic Medicine and Surgery (B.H.M.S) Course shall consist of following Departments/Subjects, namely : -

**Table 2**

Serial Number	Name of Department
(1)	(2)
1	Homoeopathic Materia Medica;
2	Organon of Medicine and Homoeopathic Philosophy and Fundamentals of Psychology;
3	Homoeopathic Pharmacy;
4	Homoeopathic Repertory and Case Taking;
5	Human Anatomy;
6	Human Physiology and Biochemistry;
7	Forensic Medicine and Toxicology;
8	Pathology and Microbiology;
9	Community Medicine, Research Methodology and Biostatistics;
10	Surgery;
11	Gynaecology and Obstetrics;
12	Practice of Medicine with Essentials of Pharmacology;
13	Yoga for health promotion;

- (g) The following subjects shall be taught in first professional session as per the syllabus laid down by Homoeopathy Education Board and approved by the Commission, namely:-

**Table-3**

Serial Number	Subject Code	Subject
(1)	(2)	(3)
1	HomUG-HMM-I	Homoeopathic Materia Medica;
2	HomUG-OM-I	Organon of Medicine and Homoeopathic philosophy and Fundamentals of Psychology;
3	HomUG-R-I	Homoeopathic Repertory and case taking;
4	HomUG-HP	Homoeopathic Pharmacy;
5	HomUG-AN	Human Anatomy;

6	HomUG-PB	Human Physiology and Biochemistry;
7	HomUG-Yoga I	Yoga for health promotion.

(h) The second professional session shall ordinarily start after completion of first professional examination and the following subjects shall be taught as per the syllabus laid down by the Homoeopathy Education Board and approved by Commission, namely: -

**Table-4**

Serial Number	Subject Code	Subject
(1)	(2)	(3)
1.	HomUG-HMM-II	Homoeopathic Materia Medica;
2.	HomUG-OM-II	Organon of Medicine and Homoeopathic Philosophy;
3.	HomUG-R-II	Homoeopathic Repertory and case taking;
4.	HomUG-FMT	Forensic Medicine and Toxicology;
5.	HomUG-Path M	Pathology and Microbiology;
6.	HomUG-Sur-I	Surgery;
7.	HomUG-ObGy-I	Gynecology & Obstetrics;
8.	Hom-UG PM-1	Practice of Medicine;
9.	HomUG-Yoga-II	Yoga for health promotion.

(i) The third professional session shall ordinarily start after completion of second professional examination and following subjects shall be taught as per the syllabus laid down by Homoeopathy Education Board and approved by the Commission, namely: -

**Table-5**

Serial Number	Subject Code	Subject
(1)	(2)	(3)
1	HomUG-HMM-III	Homoeopathic Materia Medica;
2	HomUG-OM-III	Organon of Medicine and Homoeopathic Philosophy;
3	HomUG-R-III	Homoeopathic Repertory and case taking;
4	HomUG-PM-II	Practice of Medicine ;
5	HomUG-Mod.Pharm	Essentials of Pharmacology;
6	HomUG-Sur-II	Surgery;
7	HomUG-ObGy-II	Gynecology and Obstetrics;
8.	HomUG-CM-I	Community Medicine ;
9.	HomUG-Yoga -III	Yoga for health promotion;

(j) The fourth professional session shall ordinarily start after completion of third professional examination and following subject shall be taught as per the syllabus laid down by Homoeopathy Education Board and approved by the Commission, Namely:-

**Table-6**

Serial Number	Subject Code	Subject
(1)	(2)	(3)
1	Hom UG-HMM-IV	Homoeopathic Materia Medica;

2	Hom UG-OM-IV	Organon of Medicine and Homoeopathic Philosophy;
3	Hom UG-R-IV	Homoeopathic Repertory and case taking;
4	Hom UG-PM-III	Practice of Medicine;
5	Hom UG-CM-RM-Stat-II	Community Medicine, Research Methodology and Biostatistics;
6	Hom UG-Yoga - IV	Yoga for health promotion.

- (k) Clinical training. -Clinical training of the student shall start from the first professional session after second term and subject related clinical training shall be provided in the attached hospital by the concerned faculty and department in non-lecture hour as per the requirement of the subject as mentioned below-
- (i) During first professional session, clinical training shall be provided in Outpatient Department (OPD), Inpatient Department (IPD), community and peripheral clinics and clinical exposure may also be arranged through appropriate audio-visual media or simulated patient.
  - (ii) Students shall be placed in Hospital Pharmacy to get familiar with prescription patterns, medicine names, dosage, dispensing of medicines etc.
  - (iii) During second, third and fourth professional session, clinical training shall be provided through the specialty Outpatient Department (OPD) and Inpatient Department (IPD), peripheral Outpatient Departments (OPDs) and community posting wherein teacher of the above departments shall be consultant. The students shall be involved in screening patients in Outpatient Department (OPD); case taking, analysis, evaluation and totality of symptoms, clinical examination, repertorisation and investigation including Radiology, Hematology and Pathology Laboratory and prescription writing.
  - (iv) Training/ orientation on add on therapy: Training for Yoga, Physiotherapy and diet and nutrition shall be provided to the student by the concerned professional.
  - (v) Clinical training shall be on rotation basis as per the non-lecture/clinical batches and in accordance with the clinical/ non-lecture teaching hour stipulated for the following subjects, namely: -
    - (A) Homoeopathic special and general Outpatient Department (OPD) and Inpatient Department (IPD), peripheral Outpatient Department (OPD), community Outpatient Department (OPD), with compulsory repertorisation through software.
    - (B) Practice of Medicine: Outpatient Department (OPD), Inpatient Department (IPD) and specialty clinics like Pediatrics, Pulmonology, Cardiology, Nephrology, Gastroenterology, Dermatology, Psychiatry, Oncology or any other, functioning under the department, in attached hospital/Super specialty hospital with Memorandum of Understanding (MoU).
    - (C) Surgery: Eye, Ear Nose Throat (ENT), Dental Outpatient Department and any other related specialty clinics; Operation Theater Unit, Preparation room, postoperative recovery room, Sterilization, wound care & infection control, bio- waste management and any specialty units in the attached hospital/Super specialty hospital with Memorandum of Understanding (MoU).
    - (D) Gynecology and Obstetrics: Outpatient Department (OPD), Inpatient Department (IPD), Labour room, procedural room, and other related specialty clinics for reproductive, mother & child health, if any.
    - (E) Department of Community Medicine will provide training through specialty clinics, adopted villages /health programmes i.e. awareness camps, campaigns and public health programs and Inpatient Department (IPD) for waste management, prophylaxis and health education programs. Inpatient Department (IPD) Nutritional assessment and diet requirement of cases admitted in Inpatient Department (IPD) shall be determined by the dietitian of the Hospital. Awareness about nutritional disorders and balanced diet shall be included in the training programme.
    - (F) Clinical Outpatient Department (OPD), Inpatient Department (IPD) and clinics functioning under School Health programme .
  - (vi) Clinical training for the fourth professional session shall be provided in Outpatient department (OPD), Inpatient department (IPD), and Physiotherapy room in accordance with the requirement of subject, and shall be on rotation basis as per the non- lecture/clinical batches and also in accordance with the clinical/ non-lecture teaching hour stipulated for the following subjects, namely: -

(A) General and special Homoeopathic Outpatient Department (OPD) and

Inpatient Department (IPD)

- (B) Emergency/Casualty department in hospital
- (C) Skill lab in hospital;
- (D) Practice of Medicine: Outpatient Department (OPD), Inpatient Department (IPD) and specialty clinic (Pediatrics, Pulmonology, Cardiology, Nephrology, Gastroenterology, Dermatology, Psychiatry, Oncology) functioning under the department if any, in attached hospital /Super speciality hospital with Memorandum of Understanding (MoU).

(2) **Electives-** (a) It constitutes an optional course of study devised to enrich the educational experience of the student and each discipline has distinctive requirements not adequately covered by the regular courses.

- (b) The Electives shall be conducted as an online programme by the Commission:
  - (i) Each student from first professional Bachelor of Homoeopathic Medicine and Surgery (B.H.M.S) Course to third professional Bachelor of Homoeopathic Medicine and Surgery (B.H.M.S) Course shall opt two electives in each academic year.
  - (ii) The electives shall start from the second term of first professional Bachelor of Homoeopathic Medicine and Surgery (B.H.M.S) course.
  - (iii) One elective shall be compulsory in each professional year for student and he may select any one elective from the list provided by the Commission for a particular professional year.
  - (iv) Completion of two electives shall be compulsory for passing the respective academic year.
  - (v) Each elective may vary in terms of duration of the academic year but shall be available and divided into component of approximately two or more hours and the content or presentation shall be hosted on the online portal of the commission.
  - (vi) Each component shall comprise an audio-visual component in the form of lecture/demonstration, some suggested reading material/activity and an assessment.
  - (vii) The student may progress from one component to the next after satisfactorily completing each assessment.
  - (viii) At the end of each elective, the commission shall issue an elective completion certificate online to the student and the certificate, having the grade, shall be submitted to the medical institution authority as proof of completing the electives and same shall be sent to affiliating university.
  - (ix) The student who fails to complete the electives shall not be allowed to appear in annual university examination.
  - (x) The commission shall provide a unique number to the student to log in the portal.

**7. Methodology for supplementing modern advancement, research and technology in Homoeopathy(SMART-Hom.)-**

(1) To accomplish the supplementation of modern advancement, scientific and technological developments in Homoeopathy System of Medicine, all the thirteen departments as mentioned in table 2 of regulation 7, shall be supplemented, enriched and updated with relevant and appropriate advancement or development in the area of diagnostic tools, conceptual advancement and emerging areas as under-

- (a) Innovations or advancement or new development in basic sciences like Biology, Chemistry, Physics, Mathematics, Microbiology, Bioinformatics, Molecular biology etc.;
- (b) Diagnostic advancements;
- (c) Pharmaceutical technology including quality and standardization of drugs, drug development etc.;
- (d) Teaching, Training methods and Technology;

- (e) Research Methods, Parameters, Equipment and Scales etc.;
  - (f) Technological automation, software, artificial Intelligence, digitalisation,documentation etc.;
  - (g) Biomedical advancements;
  - (h) Medical equipment;
  - (i) Any other innovations, advancement, technologies and development useful for understanding, validating, teaching, investigation, diagnosis, treatment, prognosis, documentation, standardisation and conduction of research in Homoeopathy.
- (2) There shall be multidisciplinary Core Committee constituted by the Commission for the purpose of supplementation of modern advancement, scientific and technological developments in Homoeopathy, that identify the advancement and developments that are suitable and appropriate to include in anyone or multiple departments.
- (3) There shall be an Expert Committee for each department constituted by Commission, to define and suggest the method of adaptation and incorporation of the said advancement and developments and also specify the inclusion of the same at undergraduate or postgraduate level and the expert committee shall develop detailed methodology for usage, standard operating procedure and interpretation as required.
- (4) Teaching staff, practitioner, researcher, student and innovator etc. may send his suggestions through a portal specified by National Commission for Homoeopathy regarding supplementation of modern advancement, scientific and technological development in Homoeopathy and suggestion shall be placed by Homoeopathy Education Board before core committee for consideration.
- (5) The modern advancement shall be incorporated with due interpretation of the said advancement based on the principles of Homoeopathy, supported by the studies and after five years of inclusion of such advancement in syllabus, they shall be considered as part of Homoeopathy syllabus.
- (6) Once Core Committee approves the recommendations of the Expert Committee, National Commission for Homoeopathy shall direct the Homoeopathy Education Board, to include the same in curriculum of undergraduate or postgraduate course as specified by the Expert Committee and the Commission shall issue guidelines or if required to conduct orientation of teacher for incorporation of the recommended modern advancement or scientific and technological development.
- (7) (a) There shall be a Core Committee for each department comprising of the following persons, namely -
- (i) President, Homoeopathy Education Board–Chairman;
  - (ii) four experts from Homoeopathy (one expert from Materia Medica, Organon of Medicine, Repertory and Practice of Medicine)–members;
  - (iii) one expert (either retired or in service) each from Central Council for Research in Homoeopathy (CCRH), National Institute of Homoeopathy (NIH), pharma industry, public health – member;
  - (iv) one educational technologist–member;
  - (v) Member of Homoeopathy Education Board-Member Secretary:
- Provided that the core committee may co-opt an expert as per the needs and with permission of the Commission.
- (b) Terms of reference. – (i) The term of the Committee shall be three years;
- (i) The committee shall meet at least twice in a year.
  - (ii) The committee shall identify any modern advancement, scientific and technical development as specified in the sub-regulation (1) of regulation for; -
- (A) understanding of validating conduction of research activities in Homoeopathy;
  - (B) diagnosis or prognosis in a specific clinical condition and treatment;
  - (C) teaching and training;

(D)health care services through Homoeopathy.

(iii)The committee shall ensure the applicability of the identified modernadvancements or scientific and technical development to basic principles of Homoeopathy with the help of the four expert members of Homoeopathy.

(iv)The Core Committee shall identify and recommend suitable expert for the Expert Committee to develop methodology for identification of modern advancement or development.

(v) The Core Committee shall suggest the application of the advancements or developments in terms of its usage in specific department or to incorporate in under-graduate or post-graduate syllabus etc. as the case may be.

(vi)The Core Committee shall identify the outdated part of the modern science and technology and suggest the Commission to replace it with the appropriate modern advancements.

(8) (a) There shall be an expert committee for each department consisting of the following persons namely:-

(i) Subject Expert as recommended by Homoeopathy Education Board– Chairman;

(ii)Two experts from relevant Homoeopathy subjects, one from under graduate (UG) andone from post graduate ( PG) –members;

(iii) One expert from relevant modern subject–member;

(iv) One expert from teaching technology –member:

Provided that the Expert Committee may co-opt concerned expert in accordance to theselected area with the permission of the Commission.

(b) Terms of reference. –

(i) the term of the Expert Committee shall be three years;

(ii)The Expert Committee shall meet as many times as per the direction of the Commission;

(iii) The Expert Committee shall work on the suggestion from the core committee and decide how to incorporate it in the syllabus, its mode of teaching (i.e., lecture/non-lecture) and the assessment with the help of educational technologist, experts;

(iv) The Expert Committee shall first understand the application of modern advancement that are identified to incorporate and its relevance to the basic principles of Homoeopathy;

(v)The Expert Committee shall also identify the need of advance technology in Homoeopathy particular to that vertical and identify the suitable technology and recommend its usage along with the standard operating procedure or methodology;

(vi) The Expert Committee shall suggest Core Committee regarding the modern advancement and technology to be included at undergraduate or post graduate level.

#### **8. General guidelines for examinations, results and re-admission.-**

(1) The University or agencies empowered by the Commission shall conduct examination for the Bachelor of Homoeopathic Medicine and Surgery (B.H.M.S) Course.

(2) The examining body shall ensure the minimum number of hours for lectures or demonstrations or practical or seminars etc. in the subject in each Bachelor of Homoeopathic Medicine and Surgery (B.H.M.S.) examination as specified in these regulations are followed, before allowingmedical institution to send the student for university examination.

(3) The examining body shall ensure that the student of the medical institution, who does not fulfillthe criteria laid down in these regulations are not sent for the university examination.

(4) Each student shall be required to maintain at least seventy five percent. attendance in each subject in theory/lecture hours/ practical and clinical / non-lecture hours separately for appearing at examination.

(5) Where the medical institution is maintaining physical register, it shall be recorded in cumulative numbering method as per Annexure-III and at the end of the course/ term/ part of the course, after obtaining each student signature, the same shall be certified by respective Head of the Department and approved by Head of the institute.

- (6) The approved attendance shall be forwarded to the concerned university.
- (7) Internal assessment examinations to be conducted by medical institution during first, second, third and fourth Bachelor of Homoeopathic Medicine and Surgery (B.H.M.S) professional year.
- (8) The weightage of internal assessment shall be ten percent. of the total marks specified for each subject for main university examination and internal assessment shall be in the forms of practical only.
- (9) Internal assessment examination shall include one periodic assessment and one term test in each term of six months.
- (10) It is compulsory for every student to pass with minimum fifty percent. marks in the internal assessment examination prior to filling the final university examination form of the respective professional year and Head of medical institution shall send the marks of internal assessment and term test to the university prior to final examination of any professional year.
- (11) There shall be no separate class for odd batch student (those students who could not keep the term) and the student must attend the class along with regular batch or with junior batch as applicable.
- (12) To become eligible for joining the Compulsory Rotatory Internship programme, a student must pass all four professional examinations and qualified in six electives and the entire course of Bachelor of Homoeopathic Medicine and Surgery (B.H.M.S) including internship shall be completed within a period of maximum ten years.
- (13) The theory examination shall have ten percent. marks for Multiple Choice Questions (MCQ), forty per cent. marks for Short Answer Questions (SAQ) and fifty percent. marks for Long Explanatory Answer Questions (LAQ) and these questions shall cover the subject widely.
- (14) Each theory examination shall be of three hours duration.
- (15) The minimum marks required for passing the examination shall be fifty percent. in theory component and fifty percent. in practical component including practical, clinical, viva-voice, internal assessment and electives wherever applicable separately in each subject.
- (16) Electives shall be assessed in terms of attendance and assessment by grading as following, namely: -
  - (a) Grading shall be only for two electives per professional session and mentioned in the certificate obtained by the student after online teaching and assessment.
  - (b) Grading shall be mentioned in the University mark sheet of student.
  - (c) The examination branch of the institution shall compile the grade of electives obtained by student and submit to university through the head of institution so that the University shall add the same to final mark sheet of the student.
- (17) Grading of electives shall be assessed as following, namely :-
  - (a) Electives shall be assessed online by the resource person who has prepared the contents of elective and assessed to the student.
  - (b) The following points shall be taken in to consideration for grading , namely:-
    - (i) Depth of problem definition – 15%
    - (ii) Extent of work undertaken – 20%
    - (iii) Innovation – 15%
    - (iv) Logical and integrated way of presentation – 20%
    - (v) Quality of learning derived – 20%
    - (vi) Adequacy of references undertaken – 10%
  - (c) The final grades would be as follows, namely: -
    - (i) “A” – Excellent (above 70%)
    - (ii) “B” – Good (above 60 %)
    - (iii) “C” – Average (around 50%)
    - (iv) “D” – below average (around 40%)
    - (v) “E” – Poor (below 40%)
  - (d) The student shall have to secure at least ‘C’ grade in all the electives in order to

pass the Bachelor of Homoeopathic Medicine and Surgery (B.H.M.S) course.

- (18) The examining body shall hold examinations on such date and time as the examining body may determine and the theory and practical examination shall be conducted on the center approved by the examining body.
  - (19) There shall be a regular examination and a supplementary examination in a year and the supplementary examination shall be conducted within three months of declaration of results of regular examination including issuance of mark sheets.
  - (20) A candidate obtaining sixty percent. and above marks shall be awarded first class in the subject and seventy five percent. and above marks shall be awarded distinction in the subject.
  - (21) The award of class and distinction shall not be applicable for supplementary examination.
  - (22) For non-appearance in an examination, a candidate shall not have any liberty for availing additional chance to appear at that examination.
  - (23) Any Diploma/Degree qualification, at present included in Schedule II and Schedule III of the Homoeopathy Central Council Act 1973 (59 of 1973) where nomenclature is not in consonance with these regulations shall cease to be recognised medical qualification when granted after commencement of these regulations. However, this clause will not apply to the students who are already admitted to these courses before the enforcement of these regulations.
  - (24) (a) No person shall be appointed as an external or internal examiner or paper setter or moderator in any of the subjects of the Professional examination, leading to and including the final Professional examinations for the award of the Bachelor of Homoeopathic Medicine and Surgery (B.H.M.S) degree unless he has taken at least three years previously, a M.D.(Hom.) degree of a recognised university or an equivalent qualification in the particular subject as per recommendation of the Commission on teachers' eligibility qualification and has had at least three years of teaching experience in the subject concerned in a college affiliated to a recognised university at a faculty position.  
(b) Non-medical scientist engaged in the teaching of medical students as full time teacher, may be appointed examiner in his concerned subject provided he possess requisite Post Graduate qualification and three-year teaching experience of medical students after obtaining his postgraduate qualifications:  
Provided further that the fifty percent. of the examiner (Internal and External) shall be from the medical qualification stream.  
(c) A university having more than one college shall have separate set of examiner for each college, with internal examiner from the concerned college.  
(d) In a state where more than one affiliating university is existing, the external examiner shall be from other university.  
(e) External examiner shall rotate at an interval of two years.  
(f) Any fulltime teacher with teaching experience of not less than three years in a concerned subject in a Homoeopathic Medical Institution shall be appointed internal / external examiner by rotation in his subject.
9. **University examination.** – (1) First Bachelor of Homoeopathic Medicine and Surgery (B.H.M.S) examination:
- (a) The student shall be allowed to appear for the First Bachelor of Homoeopathic Medicine and Surgery (B.H.M.S) examination provided that he has required attendance as per clause (4) of regulation 9 of head of the medical institution.
  - (b) The process of conduction of examination and declaration of the results of First Bachelor of Homoeopathic Medicine and Surgery (B.H.M.S) shall be completed between seventeen to eighteen Months from the date of admission.
  - (c) In order to be declared as "Passed" in First Bachelor of Homoeopathic Medicine and Surgery (B.H.M.S) examination, a candidate shall have to pass all the subjects of university examination including the internal assessments examination.
- (2) Second Bachelor of Homoeopathic Medicine and Surgery (B.H.M.S) Examination:
- (a) No candidate shall be allowed for the Second Bachelor of Homoeopathic Medicine and Surgery (B.H.M.S) examination unless he has passed all the subjects of First Bachelor of

Homoeopathic Medicine and Surgery (B.H.M.S) examination and has required attendance as specified in sub section (4) of regulation 9.

- (b) The process of conduction of examination and declaration of results of Second Bachelor of Homoeopathic Medicine and Surgery (B.H.M.S) examination shall be completed between twenty nine to thirty Months from the date of admission.
- (c) In order to be declared “Passed” in the Second Bachelor of Homoeopathic Medicine and Surgery (B.H.M.S) examination, a candidate shall have to pass all the subjects of university examination including the internal assessment examination.
- (3) Third Bachelor of Homoeopathic Medicine and Surgery (B.H.M.S) Examination:
  - (a) No candidate shall be allowed for the Third Bachelor of Homoeopathic Medicine and Surgery (B.H.M.S) examination unless he has passed all the subjects of the Second Bachelor of Homoeopathic Medicine and Surgery (B.H.M.S) examination and has required attendance as specified in sub section (4) of regulation 9.
  - (b) The process of examination conduction and results of Third Bachelor of Homoeopathic Medicine and Surgery (B.H.M.S.) shall be completed between forty one to forty two month from the date of admission.
  - (c) In order to be declared as “Passed” in the Third Bachelor of Homoeopathic Medicine and Surgery (B.H.M.S) examination, a candidate shall have to pass all the subjects of university examination including the internal assessment examination.
- (4) Fourth Bachelor of Homoeopathic Medicine and Surgery (B.H.M.S) Examination:
  - (a) No candidate shall be allowed for the Fourth Bachelor of Homoeopathic Medicine and Surgery examination unless he has passed all the subjects of Third Bachelor of Homoeopathic Medicine and Surgery examination and has required attendance as specified in sub section (4) of regulation 9.
  - (b) The process of conduction of examination and declaration of result of Third Bachelor of Homoeopathic Medicine and Surgery (B.H.M.S) examination shall be completed between fifty three to fifty four Month from the date of admission.
  - (c) In order to be declared as “Passed” in the Fourth Bachelor of Homoeopathic Medicine and Surgery (B.H.M.S.) examination, a candidate shall have to pass all the subjects of University examination including the internal assessment examination.

Result : (a) The examining body shall ensure to publish the results within one month from the last date of examination so that student can complete the course in five and half year after admission.

- (b) Who passes in one or more subjects need not to appear in that subject or those subjects again in the subsequent examinations if the candidate passes the whole examination within four chances including the original examination.
- (c) Notwithstanding contained in the foregoing regulations, the student shall be allowed the facility to keep term on the following conditions:
  - (i) The candidate shall pass First Bachelor of Homoeopathic Medicine and Surgery examination in all the subjects at least one term of six months before he is allowed to appear at the Second Bachelor of Homoeopathic Medicine and Surgery examination.
  - (ii) The candidate shall have to pass the Second Bachelor of Homoeopathic Medicine and Surgery examination at least one term of six months before he is allowed to appear at the third Bachelor of Homoeopathic Medicine and Surgery examination.
  - (iii) The candidate must pass the Third Bachelor of Homoeopathic Medicine and Surgery examination at least one term of six months before he is allowed to appear at the Fourth Bachelor of Homoeopathic Medicine and Surgery examination.
- (d) The student who has not passed any of the four professional examinations even after exhausting all four attempts, shall not be allowed to continue his Course:

Provided that in case of any unavoidable circumstances, the vice Chancellor of the concerned university may provide two more chances in any one of four professional examination.

- (e) The examining body may under exceptional circumstances, partially or wholly cancel any examination conducted by it under intimation to the commission and arrange for conducting re-examination in those subjects within a period of thirty days from the date of such cancellation.
- (f) The university or examining authority shall have the discretion to award grace marks not exceeding to ten marks in total if a student fails in one or more subjects.
10. **Assessment.**-Assessment of students shall be in the form of Formative and Summative Assessments as under-
- (1) **Formative Assessment.** - Student shall be assessed periodically to assess his performance in the class, determine the understanding of Bachelor of Homoeopathic Medicine and Surgery (B.H.M.S.) course material and his learning outcome in the following manner, namely: -
- (a) Periodical Assessment shall be carried out in practical and at the end of teaching of a topic or module or a particular portion of syllabus and the following evaluation method may be adopted as appropriate to the content, namely:-

**Table -7**

<b>Serial Number</b>	<b>Evaluation Method</b>
(1)	(2)
1.	Practical/Clinical Performance;
2.	Viva Voce;
3.	Open Book Test (Problem based);
4.	Summary Writing (Research Papers or Synopsis);
5.	Class Presentations; Work Book Maintenance;
6.	Problem based Assignment;
7.	Objective Structured Clinical Examination (OSCE), Objective Structured Practical Examination (OPSE), Mini Clinical Evaluation Exercise (Mini-CEX), Direct Observation of Procedures (DOP), Case Based Discussion(CBD)
8.	Extra-curricular activities, (Social work, Public awareness, Surveillance or Prophylaxis activities, Sports or Other activities which may be decided by the Department);
9.	Small Project.

- (b) (i) First Bachelor of Homoeopathic Medicine and Surgery(B.H.M.S.) course : There shall be minimum three periodical assessments for each subject (ordinarily at 4<sup>th</sup>, 9<sup>th</sup>, and 14<sup>th</sup>month) and two term test (ordinarily at 6<sup>th</sup> and 12<sup>th</sup> month) followed by final University examination.
- (ii) Second, Third and Fourth Bachelor of Homoeopathic Medicine and Surgery(B.H.M.S.) course: There shall be minimum two periodical assessments at 4<sup>th</sup> and 9<sup>th</sup> month and one term examination at 6<sup>th</sup> month followed by final university examination.
- (iii) The scheme and calculation of assessment shall be as per the following tables, namely:-

**Table-8**  
**[Scheme of Assessment (Formative and Summative)]**

Serial Number	Professional Course	Duration of Professional Course			
		(3)			
		First Term	Second Term	Third Term and University exam	
(1)	(2)	(a)	(b)	(c)	
(1)	First Professional Bachelor of Homoeopathic Medicine and Surgery (B.H.M.S).	First PA and First TT-1	Second PA and Second TT-2	Third PA	First Professional Bachelor of Homoeopathic Medicine and Surgery (B.H.M.S). Exam (FUE)
		<b>First Term</b>	<b>Second Term and University exam</b>		
(2)	Second Professional Bachelor of Homoeopathic Medicine and Surgery (B.H.M.S).	First PA and First TT-1	Second PA	Second Professional Bachelor of Homoeopathic Medicine and Surgery (B.H.M.S) exam (FUE)	
(3)	Third Professional Bachelor of Homoeopathic Medicine and Surgery (B.H.M.S).	First PA and First TT	Second PA	Third Professional Bachelor of Homoeopathic Medicine and Surgery (B.H.M.S) exam (FUE)	
(4)	Fourth (Final) Professional Bachelor of Homoeopathic Medicine and Surgery (B.H.M.S).	First PA and First TT	Second PA	Fourth (Final) Professional Bachelor of Homoeopathic Medicine and Surgery (B.H.M.S) exam (FUE)	

PA: Periodical Assessment; TT: Term Test; FUE: Final University Examinations; B.H.M.S: (Bachelor of Homoeopathic Medicine and Surgery).

**(2) Summative Assessment. –**

- (a) Final University examinations conducted at the end of each professional Bachelor of Homoeopathic Medicine and Surgery (B.H.M.S.) course shall be the Summative Assessment.
- (b) There shall be double evaluation system and shall be no provision for revaluation.
- (c) There shall be two examiners (one internal and one external) for university practical/clinical/viva voce examinations for hundred marks and it shall increase to four (two internal and two external) for two hundred marks.
- (d) During supplementary examination for two hundred marks, if students are less than fifty then examination can be conducted by one internal and one external examiner but if students are more than fifty, then four examiners are required (two internal and two external examiner).
- (e) While declaring the result of Summative Assessment, Internal Assessment component shall be considered as per the distribution of marks pattern provided in Table-10, Table-12, Table-14 and Table-16.

**11. The Profession wise Subjects, Number of Papers, Teaching Hours and Marks Distribution shall be as specified in the Tables below namely: -**

Table -09

First Year Bachelor of Homoeopathic Medicine and Surgery (B.H.M.S)			
(3 terms)			
Subject	Number of teaching hours		
(1)	(2)		
	Lectures	Non- Lectures	Total
	(a)	(b)	(c)
Hom UG-OM-I	180	100	280
Hom UG-AN	325	330	655
Hom UG-PB	325	330	655
Hom UG-HP	100	110	210
Hom UG-HMM-I	120	75	195
Hom UG-R-I	21	-	21
HomUG-Yoga-I	-	30	30
Total	1071	975	2046
Foundation Course=10 Working days (60hours) Teaching Hours :2046			

Table – 10

Marks distribution First Year Bachelor of Homoeopathic Medicine and Surgery (B.H.M.S)									
S.N.	SubjectCode	Papers	Theory	Practical or Clinical Assessment					Grand Total
(1)	(2)	(3)	(4)	(5)					(6)
				Practical/ Clinical	Viva	IA	Electives grade	Sub total	
				(a)	(b)	(c)	(d)	(e)	
1	HomUG- OM-I	1	100	50	40	10	Elective I - Elective II-	100	200
2	HomUG- AN	2	200	100	80	20		200	400
3	HomUG- PB	2	200	100	80	20		200	400
4	HomUG- HP	1	100	50	40	10		100	200
5	HomUG- HMM-I	1	100	50	40	10		100	200
Grand Total									1400

Table-11

Second Professional Bachelor of Homoeopathic Medicine and Surgery (B.H.M.S). ( 2 terms)				
Teaching hours=1404				
Serial Number	Subject Code	Number of teaching hours		
(1)	(2)	(3)		
		Lectures	Non-Lectures	Total
		(a)	(b)	(c)
1	Hom UG-HMM-II	150	30	180
2	Hom UG-OM-II	150	30	180
3	Hom UG R-II	50	30	80
4	Hom UG-FMT	120	50	170
5	Hom UG-Path-M	200	80	280
7	Hom UG-PM-I	80	92	172
8	Hom UG Sur- I	92	60	152
9	Hom UG ObGy- I	100	60	160
10	Hom UG-Yoga-II	-	30	30
		942	462	1404

Table-12

Marks distribution of Second Year Bachelor of Homoeopathic Medicine and Surgery (B.H.M.S)									
Serial Number	Subject Code	Papers	Theory	Practical Clinical	Practical or Clinical Assessment				
					(6)				
(1)	(2)	(3)	(4)	(5)	Viva	Electives Grade	IA	Sub Total	Grand Total
					(a)	(b)	(c)	(d)	(e)
1.	HomUG-HMM-II	1	100	50	40	Electives I- Electives II-	10	100	200
2.	HomUG-OM-II	1	100	50	40		10	100	200
3.	HomUG-FMT-I	1	100	50	40		10	100	200
4.	HomUG-Path M	2	200	100	80		20	200	400
Grand Total									1000

Table-13

Third Professional Bachelor of Homoeopathic Medicine and Surgery (B.H.M.S). ( 2 terms) Teaching hours=1404				
Serial Number	Subject Code	Number of teaching hours		
		(3)		
(1)	(2)	Lectures	Clinical/ Practical	Total
		(a)	(b)	(c)
1	HomUG- -HMM-III	150	50	200
2	HomUG-OM-III	150	50	200
3	HomUG-R-III	100	50	150
4	HomUG-PM-II	120	100	220
5	Hom UG Sur- II	120	100	220
6	Hom UG ObGy- II	110	79	189
7	HomUG-CM	100	60	160
8	Hom.UG-Mod. Phar-I	45	-	45
9	HomUG Yoga-III		20	20
Grand Total		895	509	1404

Table-14

Marks Distribution of Third Professional Bachelor of Homoeopathic Medicine and Surgery (B.H.M.S). Subjects									
Serial Number	Subject Code	Papers	Theory	Practical or Clinical Assessment					Grand Total
				(5)					
(1)	(2)	(3)	(4)	Practical or Clinical	Viva	Electives grade	IA	Sub Total	(6)
				(a)	(b)	(c)	(d)	(e)	
1	HomUG-HMM-III	1	100	50	40	Elective I - Elective II-	10	100	200
2	HomUG-OM-III	2	200	100	80		20	200	400
3	Hom-UG-R-III	1	100	50	40		10	100	200
4	Hom-UG Sur-II	2	200	100	80		20	200	400

5	Hom-UG ObGy-II	2	200	100	80	20	200	400
6	Hom-UG-CM	1	100	50	40	10	200	200
Grand Total								1800

**Table-15**

<b>Fourth Professional Bachelor of Homoeopathic Medicine and Surgery (B.H.M.S) ( 2 terms)</b> <i>Teaching hours=1404</i>				
Serial number	Subject Code	Number of teaching hours		
(1)	(2)	(3)		
		Lectures	Non-Lectures	Total
		(a)	(b)	(c)
1	HomUG-HMM-IV	200	83	283
2	HomUG-OM-IV	100	75	175
3	HomUG-R-IV	60	120	180
4	HomUG-PM-III	300	300	600
5	HomUG-CM II including RM-stat	71	75	146
6	HomUG-Yoga-II	-	20	20
	Total	731	673	
Grand Total				1404

**Table-16**

<b>Marks Distribution of Fourth Professional Bachelor of Homoeopathic Medicine and Surgery (B.H.M.S). Subjects)</b>								
S.N.	Subject Code	Papers	Theory	Practical or Clinical Assessment				Grand Total
(1)	(2)	(3)	(4)	(5)				(6)
				Practical or Clinical	Viva	IA	Sub Total	
				(a)	(b)	(c)	(d)	
1	Hom UG-HMM-IV	2	200	100	80	20	200	400
2	Hom UG-OM-IV	1	100	50	40	10	100	200
3	Hom UG-R-IV	1	100	50	40	10	100	200
4	Hom UG-PM-III	3	300	100	80	20	200	500
5	Hom UG-CM-RM-STAT	1	100	50	40	10	200	200
6	Hom UG-Ess. of Pharmacology	1	50		40	10	50	100
Grand Total								1600

12. **Migration of students during the study:** -(1 ) The student may be allowed to take migration to continue his study in another medical institution after passing the first professional examination, but the student who fails in such examination shall not be considered for transfer and mid-term migration.
- (2) For migration, the students shall have to obtain the mutual consent of both Medical Institution and University and it shall be against the vacant seat.
  - (3) Migration from one Medical Institution to other is not a right of a student.
  - (4) Migration of students from the Medical Institution to another Medical Institution in India shall be considered by the Commission only in exceptional cases on compassionate ground, if following criteria are fulfilled and routine migrations on other grounds shall not be allowed;
    - (a) Medical Institution at which the student is studying present and Medical Institution to which migration is sought are recognised as per provisions of Commission.

- (b) The applicant shall submit his application in the Form- 3 for migration, complete in all respects, to the Medical Institution within a period of one month of passing (declaration of result) the first professional Bachelor of Homoeopathic Medicine and Surgery examination.
  - (c) The applicant shall submit an affidavit stating that he shall pursue twelve months of prescribed study before appearing at second professional Bachelor of Homoeopathic Medicine and Surgery examination at the transferee college, which shall be duly certified by the Registrar of the concerned University in which he is seeking transfer and the transfer shall be effective only after receipt of the affidavit.
  - (d) Migration during internship training shall be allowed on extreme compassionate grounds and the migration shall be allowed only with the mutual consent of the medical institution at which the student is studying at present and the medical institution one to which migration is sought are recognised as per provisions of Commission.
- (5) All applications for migration shall be referred to the Commission by medical institution and nonmedical institution shall allow migration without the approval of the Commission.
- (6) The Commission reserves the right not to entertain any application except under the following compassionate grounds, namely: -
- (a) death of a supporting guardian;
  - (b) illness of candidate causing disability supported by medical grounds certified by a recognized hospital;
  - (c) disturbed conditions as declared by concerned Government in the area where the college is situated.
- (7) A student applying for transfer on compassionate ground shall apply in Form 3.

13. **Compulsory Rotatory Internship Training.** - There shall be compulsory rotatory internship training, followingly :-

- (1) (a) Each candidate shall be required to undergo compulsory rotatory internship including internship orientation and finishing programme within one year from passing of fourth Bachelor of Homoeopathic Medicine and Surgery (B.H.M.S.) examination.
  - (b) Ordinarily the internship training shall commence on first working day of April for regular batch students and first working day of September for supplementary batch students.
  - (c) The student shall be eligible to join the compulsory internship programme after passing all the subjects from First to Fourth (Final) Professional examination including six electives and after getting Provisional Degree Certificate from respective Universities and provisional registration Certificates from respective State Board or Council for Compulsory Rotatory Internship.
- (2) During internship, the interns belonging to institute of the Central Government, State Government or Union territory as the case may be, and all the private homoeopathic medical colleges/institutions shall be eligible to get the stipend at par with other medical systems under respective Government and there shall not be any discrepancy between medical systems.
- (3) (a) Migration during internship shall be issued with the consent of both the medical institution and university; in the case where migration is between the medical institution of two different Universities.
- (b) If migration is only between medical institution of the same university, the consent of both the medical institution shall be required.
  - (c) Migration shall be accepted by the university on the production of the character certificate issued by the institute or medical institution and the application forwarded by the medical institution and university with a 'No Objection Certificate' as the case may be.
- (4) The objective of the orientation programme shall be to introduce the activity to be undertaken during the internship.
- (a) The interns shall attend an orientation programme regarding internship and it shall be the responsibility of the teaching institution to conduct the orientation before the commencement of the internship.

- (b) The orientation shall be conducted with an intention to make the intern to acquire the requisite knowledge as following , namely:-
- (i) Rules and Regulations of the Medical Practice and Profession,
  - (ii) Medical Ethics;
  - (iii) Medico legal Aspects;
  - (iv) Medical Records;
  - (v) Medical Insurance;
  - (vi) Medical Certification;
  - (vii) Communication Skills;
  - (viii) Conduct and Etiquette;
  - (ix) National and State Health Care Programme;
  - (x) Project work.
- (c) The orientation workshop shall be organised at the beginning of internship and an e-log book shall be maintained by each intern, in which the intern shall enter date-wise details of activities undertaken by him/her during orientation.
- (d) The period of orientation shall be for three days prior to date of commencement of internship.
- (e) The manual for conducting the orientation as prescribed from time to time by the National Commission for Homoeopathy shall be followed.
- (5) (a) There shall be a finishing programme for three days at the completion of internship.
- (b) This programme is designed for the interns and will consist of ten sessions spread over a period of three days. The program may include both online and offline modes of training. It is aimed to enlighten the interns on various career opportunities available after successful completion of the program and how to equip themselves to meet the requirements and fulfill their dreams.
- (c) After successful completion of this training the student will be able to:
- (i) list the various career opportunities available after successful completion of the degree program.
  - (ii) identify their Strengths and Weaknesses;
  - (iii) choose a career of their choice;
  - (iv) enumerate the requirements to be met to become a successful professional;
  - (v) demonstrate positive outlook and attitude towards the profession;
  - (vi) exhibit better skills in communication, problem solving, writing, team building,time management, decision making etc.;
  - (vii) demonstrate ethical and professional values and be a compassionate and caring citizen / professional.
- (6) The finishing programme shall be as follows, namely:-
- (a) Job opportunities after successful completion of the program
  - (b) Study opportunities in India and abroad after successful completion of the program
  - (c) Entrepreneurship opportunities after successful completion of the program
  - (d) Research opportunities after successful completion of the program
  - (e) Public Service opportunities after successful completion of the program
  - (f) Training and awareness about Competitive exams
  - (g) Self analysis to choose the right option
  - (h) Building Interpersonal & Soft Skills including Interview skills, Leadership

skills, Resume writing skills, problem solving and decision making skills

- (i) Certificate writing and prescription writing and medico-legal issues relevant to the profession
- (j) Loan assistance and other scholarship facilities available for establishment and study.
- (k) Ethical / Professional and Social responsibilities after successful completion of internship

(7) Activities during Internship shall consist of clinical work and project work.

(a) (i) Clinical work in the Outpatient Department (OPD)s/ medical institution hospital/ memorandum of understanding hospital/ Primary Health Centre or Community Health Centre or Research institute of Central Council for research in Homoeopathy or Rural Hospital or district hospital or civil Hospital or any government hospital of modern medicine or homoeopathy medicine or National Accreditation Board and for Hospital accredited private hospital of Homoeopathy.

(ii) The daily working hours of intern shall be not less than eight hour and the intern shall maintain an e-log book/log book containing all the activities undertaken by him/her during internship.

(iii) The medical institution shall opt any one of the Option as specified below for completion of internship and the same shall be mentioned in its prospectus.

(A) Option I shall be divided into clinical training of ten months in the Homoeopathy hospital attached to the college and two months in Primary Health Centre or Community Health Centre or Research institute of Central Council for Research in Homoeopathy or Rural Hospital or District Hospital or Civil Hospital or any Government Hospital of Modern Medicine or Homoeopathy Medicine or National Accreditation Board for Hospital accredited private hospital of Homoeopathy.

(I) The interns shall be posted in any of the following centers where National Health Programs are being implemented and these postings shall be to get oriented and acquaint with the knowledge of implementation of National Health Programmes in regard to,-

- (a) Primary Health Centre;
- (b) Community Health Centre or Civil Hospital or District Hospital;
- (c) Any recognized or approved Homeopathy Hospital or Dispensary;
- (d) In a clinical unit/hospital of Central Council for Research in Homoeopathy.

(II) All the above institutions mentioned in clauses (a) to (d) shall have to be recognised by the concerned University or Government designated authority for providing such training.

(III) During the two months internship training in Primary Health Centre or Research institute of Central Council for Research in Homoeopathy or Rural Hospital or Community Health Centre or District Hospital or any recognized or approved hospital of Modern Medicine or Homoeopathy Hospital or Dispensary, the interns shall:-

- (1) get acquainted with routine of the Primary Health Centre and maintenance of their records;
- (2) get acquainted with the diseases more prevalent in rural and remote areas and their management;
- (3) involve in teaching of health care methods to rural population and also various immunization programmes;
- (4) get acquainted with the routine working of the medical or non-medical staff of Primary Health Centre and be always in contact with the staff in this period;
- (5) develop research aptitude;
- (6) get familiarized with the work of maintaining the relevant register like daily patient register, family planning register, surgical register, etc. and take active participation in different Government health schemes or programmes;
- (7) participate actively in different National Health Programmes implemented by the State

Government.

- (IV). The record of attendance during two months in Primary Health Center (PHC)/Community Health Center (CHC)/Dispensary must be maintained by the interns according to his posting and should be certified by the Medical Officer/Deputy medical superintendent/ Research officer/Resident Medical Officer (RMO)/Faculty/Outpatient department in-charge, where student undergone the training and shall be submitted to and counter signed by the principal of medical institution on monthly basis.
- (B) Option II shall consists of clinical training of twelve months in Homoeopathy hospital attached to the medical institution and the record of attendance during twelve months in hospital attached to medical institution shall be maintained by the intern according to his posting and shall be certified by the Medical Officer/Deputy medical superintendent/ Research officer/ Resident Medical Officer (RMO)/Faculty/ Outpatient Department (OPD) in-charge, where the intern undergo the training and shall also be submitted to and counter signed by Dean/ Principal of medical institution on monthly basis.
- (V) Division of Clinical work during posting in Option I and Option II. The clinical work during internship shall be conducted as per the following table, namely:-

**Table-17**

<b>(Distribution of Internship duration)</b>			
<b>Serial Number</b>	<b>Departments</b>	<b>Option I</b>	<b>Option II</b>
(1)	(2)	(3)	(4)
1.	Practice of Medicine Outpatient Department including Psychiatry and Yoga, Dermatology, and related specialties and respective section of Inpatient Department	two month;	three months;
2.	Surgery Outpatient Department including Operation theatre, related specialties and Ophthalmology, Ear Nose Throat( ENT) and respective section of Inpatient Department	two month;	two months;
3.	Gynecology and Obstetrics Outpatient Department, related specialties including Operation theatre, and respective section of Inpatient Department	two month;	two months;
4.	Pediatric Outpatient Department related specialties including Neonatal Intensive Care Unit, and respective section of Inpatient Department	one month;	two months;
5.	Community Medicine Outpatient Department, related specialties including Rural/Public Health /Maternal and Child Health and respective section of Inpatient Department	two month;	two months;
6.	Casualty	one month;	one month;
7.	Primary Health Centre or Community Health Centre or Research institute of Central Council for Research in Homoeopathy or Rural Hospital or District Hospital or Civil Hospital or any Government Hospital of Modern Medicine or Homoeopathy Medicine or NABH (National Accreditation Board for Hospitals) accredited private hospital of Homoeopathy	two month;	

(D) The intern shall undertake the following activities in respective department in the hospital attached to the College, namely: -

- (1) The intern shall be practically trained in practice of medicine to acquaint with and to make him competent to deal with following, namely: -
- (a) all routine works such as case taking, investigations, diagnosis and management of patients with homoeopathic medicine;

- (b) routine clinical pathological work such as hemoglobin estimation, complete haemogram, urine analysis, microscopic examination of blood parasites, sputum examination, stool examination, interpretation of laboratory data and clinical findings and arriving at a diagnosis and all pathological and radiological investigations useful for monitoring the status of different disease conditions;
  - (c) training in routine ward procedure and supervision of patients in respect of his diet, habits and verification of medicine schedule.
- (2) The intern shall be practically trained in Surgery to acquaint with and to make him competent to deal with following, namely:-
- (a) Clinical examination, diagnosis and management of common surgical disorders according to homoeopathic principles using homoeopathic medicines;
  - (b) Management of certain surgical emergencies such as fractures and dislocations, acute abdomen;
  - (c) Intern shall be involved in pre-operative and post-operative managements;
  - (d) Surgical procedures in ear, nose, throat, dental problems, ophthalmic problems;
  - (e) Examinations of eye, ear, nose, Throat and Refractive error with the supportive instruments in Out-Patient Department; and
  - (f) Practical training of a septic and antiseptic techniques, sterilization;
  - (g) Practical use of local anesthetic techniques and use of anesthetic drugs;
  - (h) Radiological procedures, clinical interpretation of X-ray, Intra venous Pyelogram, Barium meal, Sonography and Electro Cardio Gram;
  - (i) Surgical procedures and routine ward techniques such as-
    - (i) suturing of fresh injuries;
    - (ii) dressing of wounds, burns, ulcers and similar ailments;
    - (iii) incision and drainage of abscesses;
    - (iv) excision of cysts and;
    - (v) venesection;
- (3) The intern shall be practically trained in Gynecology and Obstetrics to acquaint with and to make him competent to deal with following, namely:-
- (a) Ante-natal and post-natal problems and their remedies, ante-natal and post-natal care;
  - (b) Management of normal and abnormal labors;
  - (c) Minor and major obstetric surgical procedures;
  - (d) All routine works such as case taking, investigations, diagnosis and management of common gynecological conditions with homoeopathic medicine;
  - (e) Screening of common carcinomatous conditions in women.
- (4) The intern shall be practically trained in pediatrics to acquaint with and to make him competent to deal with following, namely:-
- (a) Care of newborns along with immunization programme;
  - (b) Important pediatric problems and their homoeopathic management;
- (5) The intern shall be practically trained in Community Medicine to acquaint with and to make him competent to deal with following, namely:-
- (a) Programme of prevention and control of locally prevalent endemic diseases including nutritional disorders, immunization, management of infectious diseases, etc.;
  - (b) Family Welfare Planning programme;
  - (c) All National Health Programme of Central Government at all levels
  - (d) Homoeopathic prophylaxis and management in cases of epidemic/endemic/pandemic diseases.
- (6) The intern shall be practically trained in Emergency or Casualty management to acquaint with and to make him competent to deal with all emergency condition and participate actively in Casualty section of the hospital for identification of casualty and trauma cases and his first aid treatment and also procedure for referring such cases to the identified hospital.
- (b) The project work shall consist of the following, namely:-
- (a) Each intern will undertake a project utilizing the knowledge of Research Methodology and Biostatistics acquired in IVth Bachelor of Homoeopathic medicine and Surgery (B.H.M.S)
  - (b) It would be the responsibility of the intern to choose the topic of the subject (clinical/community/education) within the first month of the internship and shall

communicate to guide/mentor allotted by Principal.

- (c) The project shall run through three phases of planning (three months), data collection (three months) and finalization and writing (three months).
- (d) The writing shall be as per the format taught in the course on research methodology and will be minimal one thousand five hundred words and it shall be type written and submitted in a spiral bond form as well as in the electronic format.
- (e) The project shall end with a brief presentation to the IV Bachelor of Homoeopathic Medicine and Surgery (B.H.M.S.) students.
- (f) The principal shall assign a teacher to evaluate the project which will be with respect to the following:
  - (i) Originality of the idea
  - (ii) Scientific methodology followed in formulating the ideas and the designs
  - (iii) Analysis
  - (iv) Results and conclusion
  - (v) Merits of writing
  - (vi) The grades shall range from A (70% and above), B (60 - 70%), C (50-60%) and D (below 50%)

(c) A Certificate shall be awarded to the intern stating the title of the project and grade received.

**14. Electronic Logbook / Logbook.** -(i) It shall be compulsory for an intern to maintain the record of procedures done/assisted/observed by him on day-to-day basis in a specified e-logbook/ logbook as the case may be and the intern shall maintain a record of work, which shall be verified and certified by the concerned Medical Officer or Head of the Unit or Department under whom he is placed for internship.

(ii) Failure to produce e-logbook/ logbook, complete in all respects certified by the concerned authority to the Dean / Principal / Director at the end of Internship Training Programme, may result in cancellation of his performance in any or all disciplines of Internship Training Programme.

(iii) The institution shall retain soft copy of the completed and certified –e log book/ logbook and available for further verification, if required.

**15. Evaluation of Internship program.** -(1) The evaluation system shall assess the skills of an intern while performing the minimum number of procedures as enlisted with an objective that successful learning of these procedures will enable the interns to conduct the same in his/her actual practice.

(2) The evaluation shall be carried out by respective Head of Department at the end of each posting and the reports shall be submitted to Head of the institute in Form-1.

(3) On completion of one year of compulsory rotatory internship including submission of project, the Head of the Institute shall evaluate all the assessment reports as specified in Form-1, as provided by Head of the Department at the end of respective posting and if found satisfactory, the intern shall be issued Internship Completion Certificate in Form-2 within seven working days.

(4) If performance of an intern is declared as unsatisfactory upon obtaining below fifteen marks as per Form-2 or less than fifty per cent. of marks, in an assessment in any of the Departments, he shall be required to repeat the posting in the respective department for a period of thirty percent. of the total number of days, laid down for that department in Internship Training and posting.

(5) The intern shall have the right to register his grievance in any aspect of conduct of evaluation and award of marks, separately to the concerned Head of the Department and Head of the Institution, within three days from the date of completion of his evaluation, and on receipt of such grievance, the Head of the Institution in consultation with the Head of the concerned Department shall redress and dispose of the grievance within seven working days.

**16. Leave for interns.**-(1) During compulsory rotatory internship of one year, fifteen days of leaves shall be permitted.

(ii) Any kind of absence beyond the period of fifteen days shall be extended accordingly.

**17. Completion of internship.**-(1) If there is any delay in the commencement of internship or break during internship due to unavoidable conditions, in such cases, internship period shall be

completed within maximum period of twenty four months from the date of passing the qualifying examination of Fourth Final Professional Bachelor of Homoeopathic Medicine and Surgery and in such case, the student shall take prior permission from the Head of the institution in writing with all supporting documents thereof;

- (2) It shall be the responsibility of the Head of the institution/college to scrutinise the documents, and assess the genuine nature of the request before issuing permission letter;
- (3) if the student rejoins internship, he shall submit the request letter along with supporting document, in this regard to the head of institution/college.

SEC.4] **Academic calendar:** University, Institution/ College shall prepare academic calendar of a particular batch in accordance with the template of tentative academic calendar specified in Annexure II in these regulations and the same shall be circulated to students, hosted in respective websites, and followed accordingly.

18. **Tuition fee.** -Tuition fee as laid down and fixed by respective state fee regulation committee as applicable, shall be charged for four and half years study period only and no tuition fee shall be charged for extended duration of study in case of failing in examination or for any other reason and there shall not be any fee for doing internship in the same institute.

Dr. TARKESHWAR JAIN, President, (Homoeopathy Education Board)

[ADVT.-III/4/Exty./453/2022-23]

### Appendix A

(See sub regulation (5) of regulation 4)

**SCHEDULE relating to “SPECIFIED DISABILITY” referred to in Clause (zc) of Section 2 of the Rights of Persons with Disabilities Act, 2016 (49 of 2016), provides as under:-**

1. Physical disability-
  - (a) Locomotor disability (a person’s inability to execute distinctive activities associated with movement of self and objects resulting from affliction of musculoskeletal or nervous system or both), including-
    - (i) “Leprosy cured person” means a person who has been cured of leprosy but is suffering from-
      - a) Loss of sensation in hands or feet as well as loss of sensation and paresis in the eye and eye-lid but with no manifest deformity;
      - b) Manifest deformity and paresis but having sufficient mobility in their hands and feet to enable them to engage in normal economic activity;
      - c) Extreme physical deformity as well as advanced age which prevents him/her from undertaking any gainful occupation, and the expression “leprosy cured” shall construed accordingly.
    - (ii) “Cerebral palsy” means a group of non-progressive neurological condition affecting body movements and muscle coordination, caused by damage to one or more specific areas of the brain, usually occurring before, during or shortly after birth.
    - (iii) “Dwarfism” means a medical or genetic condition resulting in an adult height of 4 feet 10 inches (147 centimeters) or less.
    - (iv) “Muscular dystrophy” means a group of hereditary genetic muscle disease that weakens the muscles that move the human body and persons with multiple dystrophy have incorrect and missing information in their genes, which prevents them from making the proteins they need for health of muscles. It is characterized by progressive skeletal muscle weakness, defects in muscle proteins, and the death of muscle cells and tissues.
    - (v) “Acid attack victim” means a person disfigured due to violent assaults by throwing acid or similar corrosive substance.
  - (b) Visual impairment-
    - (i) “blindness” means a condition where a person has any of the following conditions, after best correction-
      - a) Total absence of sight, or
      - b) Visual acuity less than 3/60 or less than 10/200 (Snellen) in the better eye with best possible

correction, or

- c) Limitation of the field of vision subtending an angle of less than 10 degree.
- (ii) "Low-vision" means a condition where a person has any of the following conditions, namely:-
  - a) Visual acuity not exceeding 6/18 or less than 20/60 up to 3/60 or up to 10/200 (Snellen) in the better eye with best possible corrections; or
  - b) Limitation of the field of vision subtending an angle of less than 40 degree up to 10 degree.
- (c) Hearing impairment-
  - (i) "Deaf" means persons having 70 DB hearing loss in speech frequencies in both ears;
  - (ii) "Hard of hearing" means person having 60 DB hearing loss in speech frequencies in both ears,
- (d) "Speech and language disability" means a permanent disability arising out of conditions such as laryngectomy or aphasia affecting one or more components of speech and language due to organic or neurological causes;
- (e) Intellectual disability a condition characterized by significant limitation both in intellectual functioning (reasoning, learning, problem solving) and in a dative behavior which covers a range of every day, social and practical skills, including-
  - (i) "Specific learning disabilities" means a heterogeneous group of conditions wherein there is a deficit in processing language, spoken or written, that may manifest itself as a difficulty to comprehend, speak, read, write, spell, or to do mathematic calculations and includes such conditions as perceptual disabilities, dyslexia, dysgraphia, dyscalculia, dyspraxia and developmental aphasia.
  - (ii) "Autism spectrum disorder" means a neuro-developmental condition typically appearing in the first three years of life that significantly affects a person's ability to communicate, understand relationships and relate to others and is frequently associated with unusual or stereotypical rituals or behaviors.
- 2. "Mental illness" means a substantial disorder of thinking, mood, perception, orientation or memory that grossly impairs judgment, behaviors, capacity to recognize reality or ability to meet the ordinary demands of life, but does not include retardation which is a condition of arrested or incomplete development of mind of a person,
- 3. Disability caused due to-
  - (a) Chronic neurological conditions, such as-
    - (i) "Multiple sclerosis" means an inflammatory, nervous system disease in which the myelin sheaths around the axons of nerve cells of the brain and spinal cord are damaged, leading to demyelination and affecting the ability of nerve cells in the brain and spinal cord to communicate with each other.
    - (ii) "Parkinson's disease" means a progressive disease of the nervous system marked by tremor, muscular rigidity and slow, imprecise movement, chiefly affecting middle-aged and elderly people associated with degeneration of the basal ganglia of the brain and a deficiency of the neurotransmitter dopamine.
  - (b) Blood disorder-
    - (i) "Hemophilia" means an inherited disease, usually affecting only male but transmitted by women to their male children, characterized by loss or impairment of the normal clotting ability of blood so that a minor wound may result in fatal bleeding,
    - (ii) "Thalassemia" means a group of inherited disorders characterized by reduced or absence of haemoglobin.
    - (iii) "Sickle cell disease" means a hemolytic disorder characterised by chronic anaemia, painful events, and various complications due to associated tissue and organ damage "Hemolytic" refers to the destruction of cell membrane of red blood cells resulting in the release of hemoglobin,
- 4. Multiple Disabilities (more than one of the above specified disabilities) including deaf, blindness which means a condition in which a person may have combination of hearing and visual impairments causing severe communication, developmental, and educational problems.
- 5. Any other category as may be notified by the Central Government from time to time.

## Appendix B

### (See sub-regulation (5) of regulation 4)

Guidelines regarding admission of students, with “Specified Disabilities” under the Rights of Persons with Disabilities Act, 2016 (49 of 2016), in Bachelor of Homoeopathic Medicine and Surgery (B.H.M.S).

- (1) The “Certificate of Disability” shall be issued in accordance with the Rights of Persons with Disabilities Rules, 2017.
- (2) The extent of “specified disability” of a person shall be assessed in accordance with the guidelines published in the Gazette of India, Extraordinary, Part II, Section 3, Sub-section (ii), vide number S.O. 76 (E), dated the 4<sup>th</sup> January, 2018 under the Rights of Persons with Disabilities Act, 2016 (49 of 2016).
- (3) The minimum degree of disability should be forty percent. (Benchmark disability) in order to be eligible for availing reservation for persons with specified disability.
- (4) The term ‘Persons with Disabilities’ (PwD) shall be used instead of the term ‘Physically Handicapped’ (PH)

TABLE 18

Serial Number	Disability Category	Type of Disabilities	Specified Disability	Disability Range		
				(5)		
(1)	(2)	(3)	(4)	Eligible for Bachelor of Homoeopathic Medicine and Surgery (B.H.M.S). Course, Not Eligible for Persons with Disabilities Quota	Eligible for Bachelor of Homoeopathic Medicine and Surgery (B.H.M.S). Course, Eligible for Persons with Disabilities Quota	Not Eligible for Course
1.	Physical Disability	(A) Locomotor disability, including specified disabilities (a to f).	(a) Leprosy cured person* (b) Cerebral Palsy** (c) Dwarfism (d) Muscular Dystrophy (e) Acid attack victims	Less than 40% disability	40-80% disability- Persons with more than 80% disability may also be allowed on case to case basis and their function of incompetency will the aid of assistive devices, if it is being used, to see if its is brought below 80%	More than 80%
			(f) Other* ** such as Amputation, Poliomyelitis, etc.		and whether they possess sufficient motor, ability as required to pursue and complete the Course satisfactorily.	

			<p>* Attention should be paid to loss of sensations in fingers and hands, amputation, as well as involvement of eyes and corresponding recommendations be looked at.</p> <p>** Attention should be paid to impairment of vision, hearing, cognitive function etc. and corresponding recommendations be looked at.</p> <p>*** Both hands intact, with intact sensations, sufficient strength and range of motion are essential to be considered eligible for Bachelor of Homoeopathic Medicine and Surgery (B.H.M.S). Course.</p>		
		(B) Visual Impairment(*)	(a) Blindness	Less than 40% disability (i.e. Category '0 (10%)' I(20%)' & II (30%)	Equal to or more than 40% disability (i.e. Category III and above)
			(b) Low vision		
		(C) Hearing Impairment@	(a) Deaf	Less than 40% disability	Equal to or more than 40% disability
			(b) Hard of hearing		
			<p>(*) Persons with visual impairment/ visual disability of more than 40% may be made eligible to pursue Bachelor of Homoeopathic Medicine and Surgery (B.H.M.S). Course and may be given reservation, subject to the condition that the visual disability is brought to a level of less than the benchmark of 40% with advanced low vision aids such as telescopes / magnifier.</p> <p>@ Persons with hearing disability of more than 40% may be made eligible to pursue Bachelor of Homoeopathic Medicine and Surgery (B.H.M.S). Course and may be given reservation, subject to the condition that the hearing disability is brought to a level of less than the benchmark of 40% with the aid of assistive devices.</p> <p>In addition to this, the individual should have a speech discrimination score of more than 60%.</p>		
		(D) Speech & language	Organic/neurological causes	Less than 40%	Equal to or more than
		disability		disability	40% disability
		<p>For admission to Bachelor of Homoeopathic Medicine and Surgery (B.H.M.S). course the Speech Intelligibility Affected (SIA) score shall not exceed 3 (which will correspond to less than 40%) to be eligible to pursue the Bachelor of Homoeopathic Medicine and Surgery (B.H.M.S) course. The individuals beyond this score will not be eligible for admission to the Bachelor of Homoeopathic Medicine and Surgery (B.H.M.S) course.</p> <p>Persons with an Aphasia Quotient (AQ) upto 40% may be eligible to pursue Bachelor of Homoeopathic Medicine and Surgery (B.H.M.S). course but beyond that they will neither be eligible to pursue the Bachelor of Homoeopathic Medicine and Surgery (B.H.M.S) course nor will they have any reservation.</p>			
2.	Intellectual disability		(a) Specific learning disabilities (Perceptual	# Currently there is no quantification scale available to assess the severity of SLD; therefore the cut-off of 40% is arbitrary and more evidence is needed.	

			disabilities, Dyslexia, Dyscalculia, Dyspraxia &Developmental aphasia)#	Less than 40% disability	Equal to or more than 40% disability but selection will be based on the learning competency evaluated with the help of the remediation/assisted technology/ aids/ infrastructural changes by the expert panel.	
			(b) Autism spectrum disorders	Absence or Mild Disability, Asperger syndrome (disability of 40-60% as per ISAA) where the individual is deemed fit for Bachelor of Homoeopathic Medicine and Surgery (B.H.M.S).  course by an expert panel	Currently, not recommended due to lack of objective method. However, the benefit of reservation/quot a may be considered in future after developing better methods of disability assessment.	Equal to or more than 60% disability or presence of cognitive/intellectual disability and/ or if the person is deemed unfit for pursuing Bachelor of Homoeopathic Medicine and Surgery course by an expert panel.
3.	Mental Behaviour		Mental illness	Absence or mild disability: less than 40% (under IDEAS)	Currently, not recommended due to lack of objective method to establish presence and extent of mental illness.  However, the benefit of reservation/quota may be considered in future after developing better methods of disability assessment.	Equal to or more than disability or if the person
4.	Disability caused dueto	(a) Chronic neurological conditions	(i) Multiple Sclerosis	Less than 40% disability	40%80% disability	More than 80% disability
			(ii) Parkinsonism			
		(b) Blood disorders	(i) Hemophilia	Less than 40% disability	40%80% disability	More than 80% disability
			(ii) Thalassaemia			
			(iii) Sickle cell disease			
5.	Multiple disabilities including deafness blindness		More than one of the above specified disabilities	Must consider all above while deciding in individual cases recommendations with respect to presence any of the above, namely , visual, hearing, speech & language disability, intellectual disability, and mental illness as a component of multiple disabilities.		

				<p>Combining formula as notified by the related Gazette Notification issued by the Govt. of India:</p> $\frac{a+b(90-a)}{90}$ <p>(where a=higher value of disability % and b=lower value of disability % as calculated for different disabilities) is recommended</p> <p>for computing the disability ar when more than one disabling condition is present in a given individual. This formula may be used in cases with multiple disabilities, and recommendations regarding admission and/or reservation made as per the specific disabilities present in a given individual</p>
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**Note:** For selection under PwD category, candidate shall be required to produce Disability Certificate before his scheduled date of counselling issued by the disability assessment boards as designated by concerned authority of Government of India.

**Note:** 2- if the seats reserved for the persons with disabilities in a particular category remain unfilled on account of unavailability of candidates, the seats shall be included in the annual sanctioned seats for the respective category.

## Annexure -I

### Foundation Programme

[See clause (b) of sub-regulation (1) of regulation 7]

#### BACKGROUND

Homoeopathic medical education in India requires orientation of the new entrants to a basic philosophical orientation, a need to think in an integrated and holistic manner, an ability to function in a team at the bedside and a capacity to invest in a life-long learning pattern. Homoeopathy, though more than 225 years old, is relatively young as a scientific discipline and has attracted several negative community exposure due to a variety of reasons. In India, we are aware that the students who enter the portals of a homoeopathic college rarely do so out of their volition. It is often an exercise as the last choice or one which is adopted as a stepping stone to a 'medical' degree. Hence, the mind-set of the new entrants is rarely informed, positive, and self-affirming.

However, we know that like all medical disciplines, homoeopathy training includes a wide spectrum of domains that involves exposure to human interactions and interpersonal relationships in various settings including hospital, community, clinics etc. The training is intense and demands great commitment, resilience and lifelong learning. It is desirable to create a period of acclimatization and familiarization to the new environment. This would include an introduction to the course structure, learning methods, technology usage, and peer interactions which would facilitate their smooth transition from junior college to homoeopathic college.

This is planned to be achieved through a dedicated 10 days exclusive "Foundation Programme", at the beginning of the BHMS course to orient and sensitize the students to various identified areas.

#### Goals and Objectives

Broad goals of the Foundation Programme in Homoeopathy include:

1. Orienting the students to various aspects of homoeopathic system of medicine;
2. Creating in them the conscious awareness of the 'Mission' as defined by Master Hahnemann;
3. Equipping them with certain basic, but important skills required for going through this professional course and taking care of patients;
4. Enhancing their communication, language, computer and learning skills;
5. Providing an opportunity for peer and faculty interactions and introducing an orientation to various learning methodologies.

#### Objectives

(a) The Objectives of the Foundation Programme are to:

Orient the learners to:

- (i) The medical profession and the mission of a homoeopath in society
- (ii) The BHMS Course
- (iii) Vision and Mission of the institute
- (iv) Concept of holistic and positive health and ways to acquire and maintain it
- (v) History of Medicine and Homoeopathy and the status of Homoeopathy in the world
- (vi) Medical ethics, attitudes and professionalism
- (vii) Different health systems available in the country
- (viii) Health care system and its delivery
- (ix) National health priorities and policies
- (x) Principles of primary care (general and community-based care)
- (xi) Concept of mentorship programme

(b) Enable the learners to appreciate the need to enhance skills in:

- (i) Language
- (ii) Observation, documentation & understanding of basic medical technologies
- (iii) Interpersonal relationships and team behavior
- (iv) Communication across ages and cultures

- (v) Time management
  - (vi) Stress management
  - (vii) Use of information technology
- (c) Train the learners to provide:
- (i) First-aid/ Emergency management
  - (ii) Basic life support
  - (iii) Universal precautions and vaccinations
  - (iv) Patient safety and biohazard safety
- (d) Impart Language and Computer skills
- (i) Local language programme
  - (ii) English language programme
  - (iii) Computer skills

These may be arranged as per the needs of the particular batch and extra coaching may be continued after the Foundation programme

#### Content and Methodology

The programme will be run in professional session which must be interactive.

The major components of the Foundation Programme include:

1) Orientation Program:

This includes orienting students to all the components mentioned below with special emphasis on the role of Homoeopathy and homoeopath in today's times.

2) Skills Module (Basic):

This involves skill sessions such as Basic Life Support/ Emergency Management, First aid, Universal Precautions and Biomedical Waste and Safety Management that students need to be trained prior to entering the patient care areas.

3) Field visits to Community and Primary Health Centre:

These visits provide orientation to the care delivery through community and primary health centres, and include interaction with health care workers, patients and their families.

4) Professional development including Ethics:

This is an introduction to the concept of Professionalism and Ethics and is closely related to Hahnemann's emphasis on the conduct of a physician. This component will provide students with understanding that clinical competence, communication skills and sound ethical principles are the foundation of professionalism. It will also provide understanding of the consequences of unethical and unprofessional behavior, value of honesty, integrity and respect in all interactions. Professional attributes such as accountability, altruism, pursuit of excellence, empathy, compassion and humanism will be addressed. It should inculcate respect and sensitivity for gender, background, culture, regional and language diversities. It should also include respect towards the differently abled persons. It introduces the students to the basic concept of compassionate care and functioning as a part of a health care team. It sensitizes students to "learning" as a behavior and to the appropriate methods of learning.

5) Enhancement of Language / Computer skills / Learning skills:

These are sessions to provide opportunity for the students from diverse background and language competence to undergo training for speaking and writing English, fluency in local language and basic computer skills. The students should be sensitized to various learning methodologies such as small group discussions, skills lab, simulations, documentation and concept of Self-Directed learning.

## Structure of the program for students

**Table 19: Foundation Programme**

<b>Serial Number</b>	<b>Topic</b>	<b>Type of activity</b>	<b>Duration hours</b>
(1)	(2)	(3)	(4)
1.	Welcome and Introduction to Vision/ Mission of the Institute	Lecture	1
2.	Mission and role of Homoeopathy and a Homoeopath in society including showcasing effects of Homoeopathy	Interactive discussion	3
3.	BHMS Course of study and introducing to first year faculty	Presentation	1
4.	Visit to institution / campus / facilities	Walking tour	2
5.	Concept of Holistic and Positive health	Interactive discussion	2
6.	History of Medicine and Homoeopathy and state of Homoeopathy in the world	Presentation	2
7.	Adult learning principles	Interactive discussion	2
8.	Health care system and delivery	Visit to PHC/ Urban Health Centre and interaction with staff	3
9.	Different health care systems recognized in the country and the concept of pluralistic health care systems	Presentation	1
10.	Primary community care	Interaction	2
11.	Basic life support	Demonstration video and practice	4
12.	Communication – its nature and importance in different social and professional settings	Practical with scenarios and enactment with observation	4
13.	Medical ethics – role in enhancing patient care	Role play	2
14.	Who is professional?	Debate between two sides on a topic	2
15.	Time management	Practical exercise	3
16.	First aid – principles and techniques	Demonstration and presentation	2
17.	National health priorities and policies	Presentation	1
18.	Importance of Mental Health and Hygiene to a medical student in the medical profession Stress management including importance of sports and extracurricular activities	Practical demonstration / video	4
19.	Concept and practice of mentoring	Interactive discussion	4
20.	Constitutional values, equality, gender sensitization and ragging policy	Presentation and Interactive discussion	3
21.	Universal precautions and vaccinations	Presentation followed by discussion	1
22.	Importance of Observation and Documentation in Homoeopathic practice	Practice exercise through video observation	4
23.	Team working	Game and debriefing	2
24.	Patient safety and biomedical hazards	Video and presentation	1
25.	Computer skills	Demonstration and practice of basic use of word, Excel and PPT	2
26.	Language skills	Language labs	2
	TOTAL		60

**Annexure -II****PART A**

**TENTATIVE TEMPLATE OF ACADEMIC CALENDAR**  
**First Professional Bachelor of Homoeopathic Medicine and Surgery (B.H.M.S).**  
**(18 MONTHS)**

Serial Number	DATE / PERIOD	ACADEMIC ACTIVITY
(1)	(2)	(3)
1.	First working day of October	Course commencement
2.	10 working days	Foundation Programme
3	First periodic assessment	January- Internal Assessment (PA-1)
4.	Fourth Week of March	First Terminal Test -Internal Assessment (TT-1)
5	Second periodic assessment	June -Internal Assessment (PA-2)
6.	First week of September	Second Terminal Test -Internal Assessment (TT-2)
7.	Third periodic assessment	November – Internal Assessment – (PA-3)
8.	Second week of February to March	University Examination
9.	<i>First Working Day of April</i>	<i>Start of second professional year</i>
	<p>NOTE.-</p> <ol style="list-style-type: none"> <li>1. University / Institution / College shall specify dates and year while preparing academic calendar of that particular batch of students. The same is to be informed to students and displayed in respective websites.</li> <li>2. Institution/College established in Extreme Weather Conditions may adjust the timings as required by maintaining the stipulated hours of teaching. However, the structure of academic calendar shall not be altered.</li> <li>3. Academic calendar may be modified according to directions of National Commission for Homoeopathy issued from time to time.</li> </ol>	

**PART-B**

**TENTATIVE TEMPLATE OF ACADEMIC CALENDAR**  
**Second/Third/ Fourth Professional Bachelor of Homoeopathic Medicine and Surgery (B.H.M.S).**  
**(12 MONTHS)**

Serial Number	DATE / PERIOD	ACADEMIC ACTIVITY
(1)	(2)	(3)
1.	First working day of April	Course commencement
2.	Fourth week of July	First periodic - Internal Assessment (PT-1)
3.	Fourth week of September	First terminal examination- Internal Assessment (TT-1)
4.	Fourth week of December	Second periodic - Internal Assessment (PT-2)
5.	Third week of February	University Examination
6.	<i>First Working day of April</i>	<i>Commencement of third/fourth/internship professional year</i>
	<p>NOTE. -</p> <ol style="list-style-type: none"> <li>1. University/ Institution / College shall specify dates and year while preparing academic calendar of that particular batch of students. The same is to be informed to students and displayed in respective websites.</li> <li>2. Institution / College established in Extreme Weather Condition may adjust the timing as required by maintaining the stipulated hour of teaching and however, the structure of academic calendar shall not be altered</li> <li>3. Academic calendar may be modified according to directions of National Commission for Homoeopathy issued from time to time.</li> </ol>	

## **Annexure-III**

### **GUIDELINES FOR ATTENDANCE MAINTENANCE (THEORY/PRACTICAL/CLINICAL/NON-LECTURE HOURS)**

Institutes/colleges offering education in Homoeopathy are recommended to maintain online attendance system. However, in case physical registers are being maintained for recording attendance of various teaching/training activities, the following guidelines are to be followed:

- (1) Attendance is to be marked in cumulative numbering fashion:
  - (a) In case presence, it is to be marked as 1, 2, 3, 4, 5, 6.....soon;
  - (b) In case of absence, it must be marked as 'A';
  - (c) Example: P PPP A P P AA P P P.... may be marked as (1, 2, 3, 4, A, 5, 6, A, A, 7, 8,9...).
- (2) Avoid strictly marking 'P' for presence.
- (3) Separate register for theory and practical/clinical/non-lecture activities are to be maintained.
- (4) At the end of term or course or part of syllabus, the last number to be taken as total attendance.
- (5) The total attendance after student's signature is to be certified by respective Head of department (HOD) followed by approval by Principal.
- (6) In case of multiple terms, at the end of course all term attendance is to be summarised and percentage is to be calculated separately for theory and practical including clinical & non- lecture hours.

[Note : \*If any discrepancy is found between Hindi and English version, the English version will be treated as final.]

**FORM 1**

[See sub- regulation (2) and (3) of regulation 16] (NAME OF THE COLLEGE AND ADDRESS)  
 BACHELOR OF HOMOEOPATHIC MEDICINE AND SURGERY (B.H.M.S)  
 COURSE DEPARTMENT OF  
 CERTIFICATE OF ATTENDANCE AND ASSESSMENT OF INTERNSHIP

(1) Name of the Intern :

(2) Attendance during internship

Period of training From-----to-----

- (a) Number of working days :
- (b) Number of days attended :
- (c) Number of days leave availed :
- (d) Number of days absent :

Assessment of Internship

Serial Number	Category	Marks obtained
(1)	(2)	(3)
1.	General	Maximum 10
(a)	Responsibility and Punctuality	(____)outof2
(b)	Behavior with sub-ordinates, colleagues and superiors	(____)outof2
(c)	Documentation ability	(____)outof2
(d)	Character and conduct	(____)outof2
(e)	Aptitude for research	(____)outof2
2.	Clinical	Maximum 20
(a)	Proficiency in fundamentals of subject	(____)outof4
(b)	Bedside manners & rapport with patient	(____)outof4
(c)	Clinical acumen and competency as acquired	(____)outof4
	(i) By performing procedures	
	(ii) By assisting in procedures	(____)outof4
	(iii) By observing procedures	(____)outof4
Total Score obtained		(____)out of 30

Performance Grade of marks

Poor < 8, Below average 9-14, Average 15-21, Good 22-25, Excellent 26 and above

Note: An intern obtained unsatisfactory score (below 15) shall be required to repeat one third of the total period of posting in the concerned department.

Date:

Place:

Signature of the Intern

Signature of the Head of the Department and

Office Seal

**FORM 2**

[See sub-regulations (3) and (4) of regulation 16](NAME OF THE COLLEGE AND ADDRESS)  
(BACHELOR OF HOMOEOPATHIC MEDICINE AND SURGERY – (B.H.M.S)) COURSE CERTIFICATE  
OF COMPLETION OF COMPULSORY ROTATORY INTERNSHIP

This is to certify that \_\_\_(name of the intern) an intern of ,\_\_\_\_\_(name of the college and address),  
has completed his/her Compulsory Rotatory Internship at the \_\_\_\_\_( Name of college, address  
and place of posting) for one year \_\_\_\_\_to \_\_\_\_\_in following departments.

**TABLE 20**

Serial Number.	Name of the Department	Period of training(From) (dd/mm/yyyy)	Period of training (to) (dd/mm/yyyy)
(1)	(2)	(3)	(4)
1.			
2.			
3.			
4.			
5.			
6.			
7.			
8.			

During the internship period, the conduct of the student is \_\_\_\_\_ Date:

Place:

Signature of the Internship in charge / Principal/Dean/Director with Office seal

**Form-3**

{See sub – regulation (4) and (7) of regulation 13}

Migration of Mr. / Miss \_\_\_\_\_ from Homoeopathic Medical College \_\_\_\_\_ to \_\_\_\_\_  
Homoeopathic Medical College \_\_\_\_\_

1. Date of admission in First Bachelor of Homoeopathic Medicine and Surgery (B.H.M.S) course
2. Date of passing First Bachelor of Homoeopathic Medicine and Surgery (B.H.M.S) University examination
3. Date of application
4. Number objection certificate from relieving college (enclosed) – Yes/No
5. Number objection certificate from relieving University (enclosed) – Yes/No
6. Number objection certificate from receiving college (enclosed) – Yes/No
7. Number objection certificate from receiving University (enclosed) – Yes/No
8. Number objection certificate from State Government wherein the relieving college is located – Yes/ No
9. Affidavit, duly sworn before First Class Magistrate containing an undertaking that “I will study for full twelve months in existing class of Bachelor of Homoeopathic Medicine and Surgery (B.H.M.S) course in transferred Homoeopathic Medical College before appearing in the IInd Professional University examination” (enclosed) – Yes/No
10. Reasons for migration in brief (please enclose copy of proof) – Yes/No
11. Permanent address: \_\_\_\_\_”.

## Pattern of study – III - BHMS

The third professional session shall ordinarily start after completion of second professional examination and following subjects shall be taught as per the syllabus laid down by Homoeopathy Education Board and approved by the Commission, namely: -

**Table-5**

<b>Serial Number</b>	<b>Subject Code</b>	<b>Subject</b>
(1)	(2)	(3)
1	HomUG-HMM-III	Homoeopathic Materia Medica
2	HomUG-OM-III	Organon medicine Homoeopathic Philosophy Fundamentals of Psychology
3	HomUG-R-III	Homoeopathic Repertory and case taking;
4	HomUG-PM-II	Practice of Medicine
5	HomUG-Mod.Pharm	Essentials of Pharmacology;
6	HomUG-Sur-II	Surgery;
7	HomUG-ObGy-II	Gynecology and Obstetrics;
8.	HomUG-CM-I	Community Medicine Research Methodology and Biostatistics
9.	HomUG-Yoga -III	Yoga for health promotion;

## **PREAMBLE TO THE COMPETENCY BASED DYNAMIC CURRICULUM for III BHMS PROFESSIONAL COURSE**

The National Commission for Homoeopathy (NCH) has undertaken major revisions in the educational regulations in the last year and has devised a new Syllabus to ensure that the student who completes the Homoeopathic undergraduate course grows into a Homoeopathic physician who is informed and capable of performing as a professional with competency to deliver services as required for addressing the health needs of the person and society at large. It is based on the premise that a correct adherence to Homoeopathic principles and knowledge imparted will enable the physician to deliver results in all aspects of health, viz. preventive promotive, curative and rehabilitative.

The Homoeopathic Education Board (HEB) is obliged by the NCH Act 26 (b) to “develop a competency based dynamic curriculum for Homoeopathy at all levels in accordance with the regulations made under this Act, in such manner that it develops appropriate skill, knowledge, attitude, values and ethics among the graduates, postgraduate and super-specialty students and enables them to provide healthcare, to impart medical education and to conduct medical research”.

The NCH has formulated broad national goals which a Homoeopathic graduate would be expected to be able to achieve.

### **NATIONAL GOALS:**

At the end of undergraduate program, the Homoeopathic medical student should be able to:

- a. Recognize the strength of homoeopathy, its applicability and limitations in health care of society and the individual.
- b. Integrate Homoeopathy along with conventional line of treatment for effective delivery of health care.
- c. Recognize the purpose of the National Health Policy and “Health for all” as a national goal and health right of all citizens and undergo training to achieve the realization of this social responsibility
- d. Develop a scientific temper, acquire educational experience for proficiency in profession and promote healthy living based on the tenets of homoeopathy.
- e. Become an exemplary citizen by observing medical ethics and fulfilling social and professional obligations so as to respond to national aspirations.
- f. Achieve competence in the practice of homoeopathy with holistic approach, encompassing promotive, preventive, curative and rehabilitative aspects of common diseases.
- g. Establish Homoeopathy as an evidence-based system of medicine & practice it with zeal so that it stands at par to other scientific healing methods.

The above goals, though desirable, are broad. To realize them, the student entering into the undergraduate Homoeopathic programme needs to be equipped with a set of competencies which would fall in the domains of knowledge, skills and attitudes. The broad goals need to be defined in specific actionable terms which will form the Programme outcomes. These will enable all the stakeholders to be clear of the nature of functioning expected from the Homoeopathic physician at the end of the training. Accordingly, the team of resource persons worked together to formulate Programme Outcomes

### **PROGRAMME OUTCOMES:**

At the end of the programme of the undergraduate studies, the Homoeopathic physician must

- 1) Develop the knowledge, skills, abilities and confidence as a primary care Homoeopathic practitioner to attend to the health needs of the community in a holistic manner
- 2) Correctly assess and clinically diagnose common clinical conditions prevalent in the community from time to time
- 3) Identify and incorporate the socio-demographic, psychological, cultural, environmental & economic factors affecting health and disease in clinical work
- 4) Recognize the scope and limitation of homoeopathy in order to apply Homoeopathic principles for curative, prophylactic, promotive, palliative, and rehabilitative primary health care for the benefit of the individual and community
- 5) Be willing and able to practice homoeopathy as per medical ethics and professionalism.
- 6) Discern the scope and relevance of other systems of medical practice for rational use of cross referrals and role of life saving measures to address clinical emergencies
- 7) Develop the capacity for critical thinking, self-reflection and a research orientation as required for developing evidence based Homoeopathic practice.
- 8) Develop an aptitude for lifelong learning to be able to meet the changing demands of Clinical practice
- 9) Develop the necessary communication skills and enabling attitudes to work as a responsible team member in various healthcare settings and contribute towards the larger goals of national health policies such as school health, community health and Environmental conservation.

**Subject: Homoeopathic Materia Medica**  
**Subject code: Hom UG – HMM - III**

**Index**

<b>S.No</b>	<b>Description</b>	<b>Page Number</b>
1.	Course Outcomes (CO)	
2.	Learning objectives (LO)	
3.	Term –wise Course Content	
4.	Teaching Hours	
5.	Teaching Learning Methods	
6.	Details of Assessment	
7.	List of Recommended Books	
8.	List of Contributors	

## 1. Course outcomes (CO)

At the end of BHMS III course, the students should be able to-

- i. Correlate the knowledge of Surgery, Gynaecology and Obstetrics, Practice of medicine in better understanding of Homoeopathic Materia Medica.
- ii. Construct the drug picture/portrait of remedy using the knowledge of symptomatology and interpretation of clinical subjects.
- iii. Explore the depths of clinical dimensions of Materia Medica for better understanding of a given remedy.
- iv. Discuss the importance of Group characters in better understanding of Homoeopathic Materia Medica.
- v. Apply understanding of Materia Medica to evolve therapeutics.
- vi. Explain the relevance of Comparative Materia Medica for differentiation of remedies.
- vii. Relate the dimensions of clinical knowledge with drug proving to develop Regional Materia Medica.
- viii. Correlate the understanding of Miasms with symptomatology of remedies.
- ix. Explore the remedy relationship and concordances.
- x. Relate the concept of diathesis with symptoms of remedies.
- xi. Integrate knowledge of Organon of Medicine and Repertory in better understanding and application of Homoeopathic Materia Medica.
- xii. Record both acute and chronic history in proper sequence as per guidelines given in Organon.
- xiii. Construct the characteristic totality of the case to arrive at the Similimum.

## 2. Learning objectives (LO)

- i. Discuss the importance of Group characters in better understanding of Homoeopathic Materia Medica.
- ii. Describe the group characters of Sarcodes, Acids, and Noble metals, Natrum, Kali, Calcarea, Ophidia and Spiders.etc
- iii. Discuss the concept of Diathesis in better understanding of the symptomatology of the remedies.
- iv. Understand the Remedy relationship and Concordance for better application of Homoeopathic Materia Medica.
- v. Understand the drug picture of the remedies of 3<sup>rd</sup> BHMS in context of its pharmacological data, Doctrine of Signature, Sphere of action, Pathogenesis, A/F, Constitution, Temperament, Diathesis, Miasmatic Background, Mentals, Physical Generals, Physical Particulars, Modalities, Remedy Relationship, Comparison including Clinical Indications.
- vi. Integrate the knowledge of Anatomy, Physiology, Pharmacy, Pathology, Toxicology, Organon of Medicine, Surgery, Obstetrics – Gynaecology, Practice of Medicine and Repertory for better understanding of the drug.
- vii. Compare and contrast symptoms of similar remedies of 1<sup>st</sup>, 2<sup>nd</sup> and 3<sup>rd</sup> BHMS Syllabus.
- viii. Record both Acute and Chronic history in proper sequence as per guideline given in Organon.
- ix. Demonstrate the physical examination skills with reference to knowledge of Surgery, Obstetrics –Gynaecology and Practice of Medicine.
- x. Recognize the importance of investigations in a case.
- xi. Analyse the symptoms of a case to categorize as Mentals, Physical Generals and Physical Particulars.
- xii. Evaluate the symptoms of the case.
- xiii. Construct the characteristic totality of the case to arrive at the similimum.

- xiv. Arrive at indicated remedy with appropriate posology and auxiliary mode of treatment.
- xv. Correlate the symptoms of the case to Repertorial Rubrics.

### 3. Course content and its term wise distribution

#### 3.1. Content for Term I:

- 3.1.1. Assessment of entry behaviour for I and II BHMS syllabus
- 3.1.2. Explain the importance of group study in understanding Homoeopathic Materia Medica
- 3.1.3 Describe the group characters of Calcarea, Kali, Natrum and Noble Metals.
- 3.1.4 Integrating the knowledge of Surgery, Gynaecology and Obstetrics, Practice of medicine and Organon of medicine in a better understanding of Homoeopathic Materia Medica
- 3.1.5 Study the remedy relationship and concordance
- 3.1.6 Study the concept of diathesis in understanding the symptomatology of the remedies
- 3.1.7 Correlate knowledge of Miasms in understanding symptomatology of remedies

#### 3.1.8 Homoeopathic Medicines:

1. ArgentumMetallicum	2. Collinsonia	3. Murex
4. AurumMetallicum	5. Conium	6. Muriatic Acid
7. Asafoetida	8. Crocus sativus	9. Nitric Acid
10. Asteriarubens	11. Cyclamen	12. Phosphoric Acid
13. Bismuth	14. Graphites	15. Picric Acid
16. Bovista	17. Helonias	18. Platina
19. Capsicum	20. Hydrastis	21. Raphanus Sativus
22. Carbolic Acid	23. Iodum	24. Ratanhia
25. Caulophyllum	26. Liliuntigrinum	27. Sulphuric Acid

#### 3.2. Content of Term II

3.2.1. Group characters of and Acid group, Ophidia, Spiders and sarcodes

#### 3.2.2. Homoeopathic Medicines:

1. Actea spicata	14. Lachesis	27. Tabacum
2. Adrenaline	15. Lithium Carbonicum	28. Taraxacum
3. Aranea Diadema	16. Millifolium	29. Tarentula Cubensis
4. Benzoic Acid	17. Naja Tripudans	30. Tarentula Hispanica
5. Bufo	18. Onosmodium	31. Terebinthina
6. Caladium	19. Oxalic acid	32. Thalapsi bursa pastoris
7. Clematis erecta	20. Physostigma	33. Theridion
8. Cholesterinum	21. Radium Bromatum	34. Thyroidinum
9. Coca	22. Sabal serrulata	35. Trillium pendulum
10. Crotalus Horridus	23. Sabina	36. Ustilago
11. Erigeron	24. Sarsaparilla	37. Vibernum opulus
12. Fluoric Acid	25. Selenium	38. X Ray
13. Kreosotum	26. Staphysagria	

#### 4. Teaching hours

##### 4.1. Gross division of teaching hours:

Homoeopathic Materia Medica		
Year	Teaching hours- Lectures	Teaching hours- Non-lectures
IIIBHMS	150	50

##### 4.2. Teaching hours (Theory)

S. No.	List of Topics	Hours
1.	Assessment of entry behavior of I and II BHMS syllabus	2
2.	Explain the importance of group study, remedy relationship and concordance, concept of Diathesis	5
3.	Describe the group characters of Sarcodes, Calcarea, Ophidia and Spider group of remedies	8
4.	Describe the group characters of Acids, Noble metals, Natrum and Kali group of remedies	8
5.	Integrating the knowledge of Surgery, Gynaecology and Obstetrics, Practice of medicine and Organon of medicine in a better understanding of Homoeopathic Materia medica	2
6.	Study of Drugs (Term I)	62
7.	Study of Drug picture (Term II)	63
	<b>Total</b>	<b>150</b>

##### 4.3. Teaching Hours Non-lecture: There shall be 50 non lecture hours divided into activities as mentioned in table given below Non-Lecture Activities (Practical)

Sr. No	Non-Lecture Teaching Learning methods	Term	Time Allotted per Activity (Hours)
1	Clinical(to be integrated with topics under Practice of Medicine, Surgery and ObGy)	I & II	35
2	Demonstrative	I & II	15
2(a)	Seminar / Tutorials		10
2(b)	Problem based learning/ Case Based Learning /Assignment/ Symposium / Group discussion/Role play or Drug picture presentation		5
	<b>Total</b>		<b>50</b>

## 5. Teaching learning methods

Lectures (Theory)	Non-lectures (Practical)
Lectures	Clinical demonstration
Small group discussion	Problem based discussion
Integrated lectures	Case based learning
Library reference	Tutorials
Self-learning	Seminars
	Symposium
	Role play
	Assignments

Different teaching-learning methods must be applied for understanding holistic and integrated Materia medica. There has to be classroom lectures, small group discussions, case discussion where case-based learning (CBL) and Problem-Based Learning (PBL) are especially helpful. In the applied Materia medica, Case Discussion (CBL-PBL) method is beneficial for students. Audio visual (AV) methods for classroom teaching may be an innovative aid in order to demonstrate the related graphics and animations etc. In case of clinical demonstration – DOAP (Demonstration – Observation – Assistance – Performance) is very well applicable.

## 6. Details of assessment

### 6A - Scheme of overall assessment (Formative and Summative)

Sr. No	Professional Course	1 <sup>st</sup> term (1-6 Months)		2 <sup>nd</sup> Term (7-12 Months)		
		1 <sup>st</sup> PA	1 <sup>ST</sup> TT	2 <sup>nd</sup> PA	FUE	
	Third Professional BHMS	10 Marks Viva	50 Marks Practical/ Viva Viva voce -25 marks Case Taking, and Case Presentation (detailed case history, analysis, evaluation, repertorisation) – 25 marks	10 Marks Viva	100 marks theory	100 marks (Clinical/practical+ Viva+ IA)

**PA: Periodical Assessment; TT: Term Test; FUE: Final University Examinations**

**6B- Number of papers and Marks Distribution for Final University Examination (FUE)**

<b>Sr. No.</b>	<b>Course Code</b>	<b>Papers</b>	<b>Theory</b>	<b>Practical/ Clinical</b>	<b>Viva Voce</b>	<b>Internal Assessment- Practical only (IA)**</b>	<b>Grand Total</b>
1	Hom UG- HMM- III	01	100 marks (30 % of questions shall be from I & II BHMS syllabus and 70 % of questions shall be from III BHMS Syllabus)	50 marks Case taking and case presentation (detailed case history, analysis, evaluation, repertorisation, prescription) --- 40 marks Journal -10 marks (Ten acute and Ten chronic cases)	40 marks	10 marks	200 marks

**\*\*Method of Calculation of Internal Assessment Marks for Final University Examination:**

IA = PA (Viva-10 marks) + TT (Practical+ Viva- 50 marks) + PA<sub>2</sub> (Viva -10 Marks) X 10 Marks

## 6C - Paper Layout

### Summative assessment:

#### Theory- 100 marks

MCQ	10 marks
SAQ	40 marks
LAQ	50 marks

### 6 D– I - Distribution of Theory exam

Sr. No	Paper	B Term	C Marks	D Type of Questions “Yes” can be asked. “No” should not be asked.		
				MCQ (1 Mark)	SAQ (5 Marks)	LAQ (10 Marks)
1	BHMS I& II Syllabus	I	Refer to the 8E- II	Yes	Yes	Yes
2	Importance of Group Study	I		No	No	No
3	Describe the group characters of Sarcodes, Acids, Noble metals, Natrum, Kali, Calcarea, Ophidia and spider group of remedies	I & II		Yes	Yes	Yes
4	Integrate the knowledge of Surgery, GyOb, Practice of Medicine, Organon and Repertory in a better understanding of Materia Medica	I & II		Yes	Yes	No
5	Study of remedy relationship and concordances	I & II		Yes	No	No
6	Study of diathesis in understanding symptomatology of remedies	I & II		No	Yes	No
7	Correlate knowledge of miasms in symptomatology of remedies	I & II		Yes	Yes	No
8	Correlate symptomatology of remedies to rubrics in repertory	I & II		No	No	No
9	Sixty five five Homoeopathic Medicines	I & II		Yes	Yes	Yes

### 6D– II - Theme table

Theme	Topics	Term	Marks	MCQ's	SAQ's	LAQ's
A-F	BHMS I& II Syllabus	-	30	Yes	Yes	Yes
G*	Importance of Group Study	I	-	No	No	No

H	Describe the group characters of Sarcodes, Acids, Noble metals, Natrum, Kali, Calcarea, Ophidia and spider group of remedies	I & II	6	Yes	Yes	Yes
I	Integrate the knowledge of Surgery, GyOb, Practice of Medicine, Organon and Repertory in a better understanding of Materia Medica	I & II	6	Yes	Yes	No
J	Study of remedy relationship and concordances	I & II	1	Yes	No	No
K	Study of diathesis in understanding symptomatology of remedies	I & II	5	No	Yes	No
L	Correlate knowledge of miasms in symptomatology of remedies	I & II	6	Yes	Yes	No
M*	Correlate symptomatology of remedies to rubrics in repertory	I & II	-	No	No	No
N	Sixty five Homoeopathic Medicines	I & II	46	Yes	Yes	Yes

**\*Note : Theme G and Theme M are for conceptual understanding only**

#### 6E- Question paper Blueprint

A Question Serial Number	B Type of Question	Question Paper Format (Refer table 7D- II Theme table for themes)
Q1	Multiple Choice Questions (MCQ) 10 Questions 1 mark each All compulsory Must know part: 7 MCQ Desirable to know: 2 MCQ. Nice to know: 1 MCQ	Theme A-F Theme A-F Theme A-F Theme A-F Theme A-F Theme H Theme I Theme J Theme L Theme N
Q2	Short answer Questions (SAQ) Eight Questions 5 Marks Each All compulsory Must Know part: 6 SAQ Desirable to Know: 2 SAQ	Theme A-F Theme A-F Theme A-F Theme H Theme I Theme K Theme L Theme N
Q3	Long answer Questions (LAQ) Five Questions 10 marks each All compulsory All questions on Must Know No Questions on Nice to Know and Desirable to Know	1. Theme A-F 2. Theme N 3. Theme N 4. Theme N 5. Theme N

## 7. List of recommended text/reference books:

- Allen H.C.(2005). Keynotes Rearranged and Classified with Leading Remedies of the Materia Medica and Bowel Nosodes, (Reprint edition), B.Jain Publishers, New Delhi
- Choudhuri N.M. (2006). A Study On Materia Medica Enriched with real case studies, (Reprint revised edn). B.Jain Publishers, New Delhi.
- Kent J.T. (2015). Lectures on Homoeopathic Materia Medica (Reprint edn,) B.Jain Publishers, New Delhi.
- Boericke W.(2015) , New manual of Homoeopathic Materia Medica and Repertory. (Reprint ed.) B. Jain Publishers Pvt Ltd New Delhi
- Clarke JH (2008), A Dictionary of Practical Materia Medica .B. Jain Publishers Pvt Ltd New Delhi.
- Burt W. (2009). Physiological Materia Medica, (Third edn) B.Jain Publishers, New Delhi.
- Nash E.B. (2007). Leaders in Homeopathic Therapeutics with Grouping and Classification, (Sixth edn.) B Jain Publishers, New Delhi.
- Tyler M.L. (2007). Homoeopathic Drug Picture. (First edn), B Jain Publishers , New Delhi.
- Farrington E.A. (2007) Lectures on Clinical Materia Medica in family order (Fourth edn.) B Jain Publishers Pvt Ltd, New Delhi.
- Lilienthal S. (2006) Homoeopathic Therapeutics. (Second edn), B.Jain Publishers Pvt Ltd, New Delhi.
- Farrington E.A. (2005), Comparative Materia Medica. (Reprintedn.) B.Jain Publishers, New Delhi
- Lesser Otto (2019) Text book of Homoeopathic Materia Medica, B. Jain Publishers Pvt Ltd New Delhi
- Dewey W. A. (2009) Practical Homoeopathic Therapeutics (Third edition revised and enlarged) Medica, B. Jain Publishers Pvt Ltd New Delhi Phatak S. R. (2007) Materia Medica of Homoeopathic Medicines (Second edition Revised and Enlarged), B. Jain Publishers Pvt Ltd New Delhi
- Patil J. D. (2007) Group Study in Homoeopathic Materia Medica, B. Jain Publishers Pvt Ltd New Delhi
- Boericke W. (2003) A compendium of the Principles of Homoeopathy, as taught by Hahnemann and verified by a Century of Clinical Application (First reprint edition), B. Jain Publishers Pvt Ltd New Delhi
- All source books.

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**Subject Name:** Organon of Medicine and Homeopathic Philosophy

**Subject Code:** Hom UG-OM-III

**Index:**

<b>Sr. No.</b>	<b>Title</b>	<b>Page No.</b>
1.	Course Outcomes (CO)	
2.	Learning Objectives (LO)	
3.	Course Content and Term –wise Distribution	
4.	Teaching Hours	
5.	Content Mapping (Competencies Table)	
6.	Teaching Learning Methods	
7.	Details of Assessment	
8.	List of Recommended Books	
9.	List of Contributors	

## 1. Course Outcomes (CO)

At the end of III BHMS the student should be able to

- i. Correlate the clinicopathological understanding with evolution of disease and miasm in OPD / IPD Cases.
- ii. Apply the Hahnemannian Classification of disease in the cases
- iii. Understand the scope and limitations of Homeopathy
- iv. Use the concept of susceptibility in the cases to determine the posology and the remedy reactions
- v. Understand the remedy response after the prescription in follow up in various cases.
- vi. Corelate the concept of palliation and suppression in Management of patient.
- vii. Apply the concept of Miasms in Case solving and its management
- viii. Apply the concept of ancillary management, diet and regimen in the OPD / IPD patients

## 2. Learning Objectives:

- i. Correlation of clinicopathological understanding with evolution of disease and miasm
- ii. Further enhancing the insight into the classification of disease
- iii. Understanding the concept of susceptibility vis-a-vis clinicopathological dimension of the disease
- iv. Developing further insight into case taking by correlating bio-psycho-social model of aetiopathogenesis and evolution of individual from predisposition to disposition to diathesis to disease
- v. Understanding Surgical diseases- classification, scope and limitation
- vi. Knowing Posology and its correlation with clinicopathological understanding of the disease
- vii. Understanding remedy response by incorporating current concept of disease
- viii. Understanding suppression in terms of current medical practices
- ix. Further developing insight into the management of acute and chronic illness
- x. Understanding the scope and limitation of homoeopathy
- xi. Understanding Concept of palliation and correlation with susceptibility
- xii. Knowing concept of chronic disease and miasm and current advances in the modern concept of causation, pathology and clinical expression, investigation.
- xiii. Knowing Hering's law of cure and its correlation with clinical understanding of remedy response
- xiv. Concept of ancillary treatment, education and diet as per Hahnemannian guidelines and current evolution.

## 3. Course content and its term –wise distribution

### A. Content:

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

1. Hahnemann's Preface and Introduction to Organon of Medicine.
2. Aphorisms 146 to 209, 231-294 of Hahnemann's Organon of Medicine, including foot notes (6<sup>th</sup> Editions translated by R.E. Dudgeon and W. Boericke)
  - 2.1 Actions of medicine- points necessary for the cure
  - 2.2 Management and Treatment of various kind of diseases- acute/chronic/surgical/one sided/epidemic, etc.
  - 2.3 Repetition, Follow up and Prejudice in Prescription
  - 2.4 Pharmacy, Routes of Administration and some fundamental Laws of Homeopathy.
  - 2.5 Diet and Regimen, Ancillary-auxiliary measures.
3. Philosophy:
  - 3.1 Susceptibility
  - 3.2 Idiosyncrasy
  - 3.3 Palliation and Suppression

- 3.4 Remedy Reaction and Second Prescription
- 3.5 Posology
- 4. Hahnemannian classification of diseases further insight and correlation with scope and limitation
  - 4.1 Scope of Homeopathy
  - 4.2 General Pathology of Homoeopathy
- 5. Chronic Diseases
  - 5.1. Hahnemann's Theory of Chronic Diseases.
  - 5.2. J.H. Allen's The Chronic Miasms – Psora and Pseudo-psora; Sycosis. Special directives:

- (a) Emphasis should be given on the way in which each miasmatic state evolves, and the characteristic expressions are manifested at various levels and attempt should be made to impart a clear understanding of Hahnemann's theory of chronic miasms.
- (b) The characteristics of the miasms need to be explained in the light of knowledge acquired from different branches of medicine.
- (c) Teacher should explain clearly therapeutic implications of theory of chronic miasms in practice and this will entail a comprehension of evolution of natural disease from miasmatic angle, and it shall be correlated with applied Materia Medica.

***Horizontal integration with HMM, Repertory, Community Medicine, Modern Pharmacology, Practice of Medicine, Gynaecology and Obstetrics and Surgery***

**B. Term-wise distribution of the content-**

Sl. No.	Topic
<b>Term I</b>	
1.	Hahnemann's Preface and Introduction to Organon of Medicine
2.	Actions of medicine- points necessary for the cure (§ 146-149)
3.	Management and Treatment of various kind of diseases- acute/chronic/surgical/one sided/epidemic, etc. (§ 150-209)
4.	Revision of Aphorism 1-70
5.	Hahnemann's Theory of Chronic Diseases
<b>Term II</b>	
6.	Management and Treatment of various kind of diseases- ( § 231-244)
7.	Repetition, Follow up and Prejudice in Prescription (§ 245-258)
8.	Pharmacy, Routes of Administration and some fundamental Laws of Homeopathy (§264-285)
9.	Diet and Regimen, Ancillary-auxiliary measures (§259-263, §285-291)
10.	Susceptibility, idiosyncrasy, suppression, palliation, remedy reaction, Second prescription, posology
11.	Hahnemannian classification of diseases further insight and correlation with scope and limitation
12.	J.H. Allen's The Chronic Miasms – Psora and Pseudo-psora; Sycosis
13.	Revision of Aphorism 71-145

**Table of Topics with reference list referring to Chapters from the Philosophy text books**

Topic	<b>Kent J. T.</b> (Lectures on Homoeopathic Philosophy)	<b>Roberts H. A.</b> (The Principles and Art of Cure by Homoeopathy)	<b>Close Stuart</b> (The Genius of Homoeopathy)
Correlation of clinicopathological understanding with evolution of disease and Miasm	18-21	22-31	8
Further enhancing the insight into the classification of disease	18-21	22	8
Understanding the concept of susceptibility vis-a-vis clinic-pathological dimension of the disease	17	14	7
Surgical diseases classification scope and limitation	5	19	4
Posology and its correlation with clinical-pathological understanding of the disease	34, 35, 36	12,13	13, 14, 15
Understanding the remedy response by incorporating current concept of Disease	34, 35, 36	14	13
Suppression in terms of current medical practices	37	18	6,9
Further developing insight in the management of acute and chronic Illness	26	22, 19	8
Understanding the scope and limitation of homoeopathy	35,37	19	4
Concept of palliation and correlation with susceptibility	14, 37	19	7
Concept of chronic disease and Miasm and current advance in the modern concept of causation, pathology and clinical expression, investigation.	17-21	22-31	8
Second Prescription	36	16	
Hering's law of cure and its correlation with clinical understanding of remedy response	35,36	14	9,11

#### 4. Teaching Hours

##### 4.1 Gross division of teaching hours- lectures and non-lectures

<b>Organon of Medicine and Homoeopathic Philosophy</b>		
<b>Year</b>	<b>Teaching hours- Lectures</b>	<b>Teaching hours- Non-lectures</b>
III BHMS	150	50

## 4.2 Teaching hours theory

Sl. No	List of Topics	Hours
1.	Hahnemann's Preface and Introduction to Organon of Medicine	5
2.	Actions of medicine- points necessary for the cure (§ 146-149)	2
3.	Management and Treatment of various kind of diseases- acute/chronic/surgical/one sided/epidemic, etc ( § 150-209)	25
4.	Revision of Aphorism 1-70	10
5.	Hahnemann's Theory of Chronic Diseases	20
6.	Management and Treatment of various kind of diseases- ( § 231-244)	10
7.	Repetition, Follow up and Prejudice in Prescription (§ 245-258)	8
8.	Pharmacy, Routes of Administration and some fundamental Laws of Homeopathy (§264-285)	8
9.	Diet and Regimen, Ancillary-auxiliary measures (§259-263, §285-291)	7
10.	Susceptibility, idiosyncrasy, suppression, palliation, remedy reaction, Secondprescription, posology	20
11.	Hahnemannian classification of diseases further insight and correlation with scope and limitation	5
12.	J.H. Allen's The Chronic Miasms – Psora and Pseudo-psora; Sycosis	20
13.	Revision of Aphorism 71-145	10
	<b>Total</b>	<b>150</b>

The number of lectures is based upon the weightage but can be changed to suit the needs of the learning of the students as per the formative assessment conducted by the faculties from time to time.

## 4.3 Teaching hours Non-lecture

Sr. No	Non-Lecture Activity	Term	Time Allotted per Activity (Hours)
1	Clinical (to be integrated with topics under Pathology, Practice of Medicine, Surgery and Obstetrics-Gynae)	I & II	35
2	Demonstrative	I & II	15
2(a)	Seminar / Tutorials		10
2(b)	Problem based learning/ Case Based Learning		05
2(c)	Assignment/ Symposium / Group discussion		
	<b>Total</b>		<b>50</b>

## 5. Teaching Learning Methods for lectures (Theory) and non-lectures (clinical/practical/demonstrative)

Lectures (Theory)	Non-lectures (Practical)
Lectures	Clinical demonstration
Integrated lectures	Problem based group discussion, Symposium
Library reference	Case based learning
Self-learning	Tutorials
	Seminars
	Assignments

Different teaching-learning methods must be applied for understanding the subject. There has to be classroom lectures, small group discussions, case discussion where case-based learning (CBL) and problem-based learning (PBL) are especially helpful. Audio visual (AV) methods for classroom teaching may be an innovative aid to demonstrate the related graphics and animations etc. In case of clinical demonstration – DOAP (Demonstration – Observation – Assistance – Performance) is very well applicable.

Special attention to be paid for following during small group interactions

*Project work with its presentations*

*Practicing evaluation & feedback system-after project work, assignment, and group discussion*

*Journal Entry -cases with emphasis on case taking, case processing*

## 6. Details of assessment

### 6.1 Overall Scheme of assessment

Sr No	Professional Course	Term I (1-6 Months)		Term II (7-12 Months)		
1.	Third Professional BHMS	PA I (end of 3 months)	TT I (end of 6 months)	PA II (end of 9 months)	FUE (end of 12 months)	
		20 Marks Viva Practical / Viva	100 Marks Practical / Viva Viva voce 50 Marks Clinical Performance- 50 Marks Case taking, Case solving Miasmatic Diagnosis	20 Marks Practical / Viva	200 Marks Theory	200 Marks (Clinical/Practical +Viva+ IA)

### 6.2.(Summative) Number of Papers and Marks distribution

Sr. No	Course Code	Paper	Theory	Practicals	Viva voce	Internal Assessment **	Grand Total
1	Hom UG-OM-III	1	100 Marks	100 Marks Short Case-20 Marks Long Case-50 Marks	80 Marks	20 Marks	400 Marks
		2	100 Marks	Case presentation/ Communication Skills- 10 Marks Journal*-20 Marks			

\* Journals with 15 cases (10 long cases & 5 Short cases) needs to be maintained by the students which should include Case Taking, Case Processing-Analysis& Evaluation, Investigations, Probable and Differential Diagnosis (with ICD 11), Hahnemannian Classification of disease in that case, Susceptibility, Miasmatic understanding of the case, Remedy with reasons.

**\*\*Method of calculation of Internal assessment marks for Final University Examination**  
Marks of IA- (Marks of PA-1 + Marks of TT + Marks of PA-2) / 140 X 20

## 6.1 Paper Layout Summative Assessment (FUE):

### Theory -200 Marks

Paper I and II: Each Paper will have distribution as follows

<b>MCQ</b>	<b>10 Marks</b>
<b>SAQ</b>	<b>40 Marks</b>
<b>LAQ</b>	<b>50 Marks</b>

## 6.2 Distribution of questions for theory exam

Sr. No	Paper I	B	C	Type of Questions		
	A			D	MCQ (1 Mark)	SAQ (5 Marks)
	<b>List of Topics</b>	<b>Term</b>	<b>Marks</b>			
1	Aphorisms 1-145	I & II	17	2	1	1
2	Actions of medicine- points necessary for the cure (§ 146- 149)	I	1	1	-	-
3	Management and Treatment of various kind of diseases- acute/chronic/ surgical/ one sided/epidemic, etc ( § 150-209)	I	22	2	2	1
4	Management and Treatment of various kind of diseases- ( § 231-244)	II	22	2	2	1
5	Repetition, Follow up and Prejudice in Prescription (§ 245- 258)	II	15	-	1	1
6	Pharmacy, Routes of Administration and some fundamental Laws of Homeopathy (§264-285)	II	17	2	1	1
7	Diet and Regimen, Ancillary-auxiliary measures (§259-263, §285-291)	II	6	1	1	-
Sr. No	Paper II			D		
	<b>A</b>	<b>B</b>	<b>C</b>	<b>Type of Questions</b>		
	<b>List of Topics</b>	<b>Term</b>	<b>Marks</b>	<b>MCQ (1 Mark)</b>	<b>SAQ (5 Marks)</b>	<b>LAQ (10 Marks)</b>
1	Hahnemann's Preface and Introduction to Organon of Medicine	I	6	1	1	
2	Hahnemann's Theory of Chronic Diseases	I	22	2	2	1
3	Susceptibility, idiosyncrasy, suppression, palliation, remedy reaction, Secondprescription, posology	II	33	3	2	2
4	Hahnemannian classification of diseases further insight and correlation with scope and limitation	II	22	2	2	1
5	J.H. Allen's The Chronic Miasms – Psora and Pseudo- psora; Sycosis	II	17	2	1	1

### 6.3 Theme-wise distribution Paper I

No	Chapter / Topic	Term	Theme	Marks	LAQ	SAQ	MCQ
1	Aphorisms 1-145	I & II	A	18	1	1	3
2	Management and Treatment of various kind of diseases- acute/chronic/surgical/one sided/epidemic, etc (§ 150-209 & § 231-244 )	I & II	B	44	2	4	4
3	Repetition, Follow up and Prejudice in Prescription (§ 245-258)	II	C	15	1	1	-
4	Pharmacy, Routes of Administration and some fundamental Laws of Homeopathy (§264-285)	II	D	17	1	1	2
5	Diet and Regimen, Ancillary-auxiliary measures (§259-263, §285-291)	II	E	6	-	1	1

### Paper II

No	Chapter / Topic	Term	Theme	Marks	LAQ	SAQ	MCQ
1	Hahnemann's Preface and Introduction to Organon of Medicine	I	A	6	-	1	1
2	Hahnemann's Theory of Chronic Diseases	I	C	22	1	2	2
3	Susceptibility, idiosyncrasy, suppression, palliation, remedy reaction, Secondprescription, posology	II	B	33	2	2	3
4	Hahnemannian classification of diseases further insight and correlation with scope and limitation	II	D	22	1	2	2
5	J.H. Allen's The Chronic Miasms – Psora and Pseudo-psora; Sycosis	II	E	17	1	1	2

### 6.4 Question Paper blueprint: Paper I

A Question Serial Number	B Type of Question	Question Paper Format (Refer Table 8.5 for themes)
Q.1	Multiple choice Questions (MCQ) 10 Questions 1mark each All compulsory	Theme A Theme A Theme A Theme B Theme B Theme B Theme B Theme D Theme D Theme E
Q.2	Short Answer Questions (SAQ) 8 Questions 5 marks each All compulsory	Theme A Theme B Theme B Theme B Theme B Theme C Theme D Theme E

<b>Q.3</b>	Long Answer Questions (LAQ) 5 Questions 10 marks each All compulsory	Theme A Theme B Theme B Theme C Theme D
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## Paper II

<b>A Question Serial Number</b>	<b>B Type of Question</b>	<b>Question Paper Format (Refer Table 8.5 for themes)</b>
<b>Q.1</b>	Multiple choice Questions (MCQ) 10 Questions 1mark each All compulsory	Theme A Theme B Theme B Theme B Theme C Theme C Theme D Theme D Theme E Theme E
<b>Q.2</b>	Short Answer Questions (SAQ) 8 Questions 5 marks each All compulsory	Theme A Theme B Theme B Theme C Theme C Theme D Theme D Theme E
<b>Q.3</b>	Long Answer Questions (LAQ) 5 Questions 10 marks each All compulsory	Theme B Theme B Theme C Theme D Theme E

### List of Recommended Books

- Hahnemann Samuel, Organon of Medicine 6<sup>th</sup> edition translated By W. Boericke
- Hahnemann Samuel, Organon of Medicine 5<sup>th</sup>&6<sup>th</sup> combined edition translated By R. E. Dudgeon
- Hahnemann Samuel, The Chronic Diseases, their peculiar Nature and their Homeopathic Cure, Second Edition, translated by Prof. Louis H. Tafel, Vol. I
- Allen J. Henry, The Chronic Miasms, Psora and Pseudo Psora, Vol. I and II
- Kent J.T. Lectures on Homoeopathic Philosophy
- Roberts H. A. The Principle and Art of Cure By Homoeopathy
- Close Stuart, The Genius of Homoeopathy Lectures and Essay on Homoeopathic Philosophy
- Sarkar B. K., Commentary on Organon
- Das A. K., A Treatise on Organon of Medicine
- Schmidt Pierre, The Art of Case Taking and Interrogation
- Goel Sumit, A study on Organon of Medicine and Homoeopathic Philosophy

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## **Subject name- Homoeopathic Repertory and Case Taking**

### **Subject code- Hom UG – R - III**

#### **Index**

<b>S. No.</b>	<b>Description</b>	<b>Page no.</b>
1.	Course Outcomes (CO)	
2.	Learning objectives(LO)	
3.	Course content and term-wise distribution	
4.	Teaching hours	
5.	Teaching-Learning methods	
6.	Details of Assessment	
7.	List of recommended reference books	
8.	List of contributors	

## 1. Course Outcomes (CO)-

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

- i. Explain the need and utility of repertory as a tool to find the simillimum and in the study of Materia Medica.
- ii. Describe the philosophical backgrounds, construction, utility and limitation of Kent repertory, BTBP, BBCR, Boericke repertory, other clinical repertories and modern repertories.
- iii. Able to describe the various dimensions of case taking and able to demonstrate case taking in moderate and difficult cases.
- iv. Classify the symptoms, evaluate the symptoms according to their importance and construct the totality of symptoms-based on different philosophies (Dr. Kent, Dr. Boenninghausen, Dr. Hahnemann, Garth Boericke).
- iv. Choose an appropriate approach for the case, construct the Repertorial Totality and select the appropriate rubrics and technique of repertorisation.
- v. Identify the medium, method, process and technique of Repertorisation.
- vi. Display empathy with the patient and family during case taking.
- vii. Communicate to the patient and attendants the need for sharing patient related information for a complete homoeopathic case taking.
- viii. Develop ability to apply different case taking skills.
- ix. Search for the appropriate rubrics in different repertory.
- x. Understanding and evolution of modern repertories, computerized repertories, operate and use software-based repertories for repertorization.

## 2. Learning objectives(LO)-

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

- i. Demonstrate case taking in Moderate acute and chronic cases.
- ii. Classify symptoms, evaluate the symptoms according to their importance and construct the totality of symptoms as per the philosophy of Dr. Boenninghausen, Dr. Kent and Dr. Boger.
- iii. Describe the philosophical background, construction, scope, limitation and utility of BTPB, Kent's repertory and BBCR.
- iv. Choose appropriate repertory (BTPB, Kent's repertory, BBCR) and method of Repertorisation for construction of repertorial totality and selection of appropriate rubric
- v. Identify the medium, method, process and technique of Repertorisation.

## 3. Course Content and its term-wise distribution

### 3.1 Term I- Case taking and case processing:

- 3.1.1 Demonstrate case taking in moderate acute and chronic cases
- 3.1.2 Classification of symptoms
- 3.1.3 Analysis of case according to the philosophy of Dr. Boenninghausen, Dr. Kent and Dr. Boger.
- 3.1.4 Evaluation of symptoms according to the philosophy of Dr. Boenninghausen, Dr. Kent and Dr. Boger.
- 3.1.5 Construction of totality of symptoms according to the philosophy of Dr. Boenninghausen, Dr. Kent and Dr. Boger.
- 3.1.6 Classification of repertory - need, basis of classification, advantage, disadvantage and adaptability of each type.
- 3.1.7 Steps of Repertorisation
- 3.1.8 Identify the medium, method, process and technique of Repertorisation
- 3.1.9 Construction of Repertorial Syndrome (RS) and Potential Differential Field (PDF) of a

Repertorial Totality (RT).

### 3.2 Term II-Study of general repertories and their application:

- 3.2.1 Study of the philosophical background, construction, scope, limitation and utility of BTPB, Kent and BBCR Repertories.
- 3.2.2 Identify chapters and locate rubrics for symptoms / conditions related to Gynaecology, Obstetrics, Surgery and Practice of Medicine.
- 3.2.3 Understanding miasm and identify rubrics related to symptoms of each miasm from BTPB, Kent and BBCR Repertories.

## 4. Teaching Hours-

### 4.1 Gross division of teaching hours- lectures and non-lectures

Homoeopathic Repertory and Case Taking		
Year	Teaching hour - lecture	Teaching hour - Non-lecture
III BHMS	100	50

### 4.2 Teaching hour Lectures (Theory)

S. No.	List of topics	Hours
<b>Term 1</b>		
1.	Demonstration of homoeopathic case taking in moderate acute cases	02
2.	Demonstration of homoeopathic case taking in moderate chronic cases	03
3.	Classification of symptoms	03
4.	Analysis of case according to the philosophy of Dr. Boenninghausen.	02
5.	Analysis of case according to the philosophy of Dr. Kent.	02
6.	Analysis of case according to the philosophy of Dr. Boger.	02
7.	Evaluation of symptoms according to the philosophy of Dr. Boenninghausen.	02
8.	Evaluation of symptoms according to the philosophy of Dr. Kent	02
9.	Evaluation of symptoms according to the philosophy of Dr. Boger.	02
10.	Construction of totality of symptoms according to the philosophy of Dr. Boenninghausen.	03
11.	Construction of totality of symptoms according to the philosophy of Dr. Kent.	03
12.	Construction of totality of symptoms according to the philosophy of Dr. Boger.	03
13.	Classification of repertory - need, basis of classification, advantage, disadvantage and adaptability of each type.	03
14.	Steps of Repertorisation	03
15.	Identify the medium, method, process and technique of Repertorisation.	08
16.	Construction of Repertorial Syndrome and Potential Differential Field	05
<b>Term 2</b>		

17.	Study of the philosophical background, construction, scope, limitation and utility of Boenninghausen's Therapeutic Pocket Book (BTPB)	15
18.	Study of the philosophical background, construction, scope, limitation and utility of Repertory of Homoeopathic Materia Medica by J T Kent (Kent's Repertory)	15
19.	Study of the philosophical background, construction, scope, limitation and utility of Boger Boenninghausen's Characteristics and Repertory (BBCR).	15
20.	Identify chapters and locate rubrics for symptoms/ conditions related to Gynaecology, Obstetrics, Surgery and Practice of Medicine.	05
21.	Understanding miasm and identify rubrics related to symptoms of each miasm from BTPB, Kent and BBCR Repertories.	02
<b>TOTAL</b>		<b>100</b>

#### 4.3 Teaching hours Non-lecture (Clinical/practical/demonstrative activities)

S. No.	Non-lecture activity	Term	Time allotted per activity (hour)
1	<b>Clinical</b>	<b>I &amp; II</b>	<b>35</b>
2	<b>Demonstrative</b>	<b>I &amp; II</b>	<b>15</b>
	2.1 Seminar/ Tutorial		10
	2.2 Problem based/ Case based learning/Assignment/Symposium/ Group Discussion/ Rubric hunting exercises		05
<b>TOTAL</b>			<b>50</b>

#### 5. Teaching-Learning methods-

Lectures (Theory)	Non-lectures (Practical/Demonstrative)
Lecture	Clinical Class
Small Group Discussion	Rubric hunting exercises
Integrated discussion with subjects of Organon of Medicine, Gynaecology, Obstetrics, Surgery and Practice of Medicine.	Case based learning
Assignments	Seminar
	Tutorial
	Group Discussion

## 6. Details of Assessment-

### 6.1 Overall Scheme of Assessment (Summative)

Sr. No	Professional Course	Term I (1-6 Months)		Term II (7-12 Months)		
1	Third professional BHMS	PA I (end of 3 months)	TT I (end of 6 months)	PA II (end of 9 months)	FUE (end of 12 months)	
		10 Marks Viva	50 Marks Clinical/Practical and Viva Viva voce -25 marks Clinical/practical- 25 a. Recording of moderate acute case and analysis of case = 10 marks Recording of moderate chronic case and analysis of case = 15 marks	10 Marks Viva	100 marks theory	100 marks (Clinical/practical+ Viva+ IA)

PA: Periodical Assessment; TT: Term Test; FUE: Final University Examinations; IA: Internal Assessment

### 6.2 Number of papers and Mark Distribution for Final University Examination (FUE)

Sr. No.	Course Code	Papers	Theory	Practical/ Clinical	Viva Voce	Internal Assessment*	Grand Total
1	Hom UG-R-III	1	100	50 (30+10+10) a) Case taking and processing of moderate	40	10 (Marks of PA I)	200
				acute & chronic case = 30 Rubric hunting = 10 Journal ** = 10		+ TT I + PA II)	

**\*Method of Calculation of Internal Assessment Marks for Final University Examination:**

$$\text{Marks of IA (M)} = \frac{S + T}{2}$$

**S = Marks of IA in II BHMS**

**T = Marks of IA in III BHMS = (Marks of PA-1 + Marks of TT + Marks of PA-2) / 70 X 10**

**\*\*Journal with 10 cases needs to be maintained by the students which should include Case Taking, Case Processing -Analysis & Evaluation, Investigations, Probable Diagnosis, Totality, Repertorial Totality, repertorisation and repertorial result analysis**

**Note-** for the Internal assessment, only viva marks obtained in two PAs and practical/clinical + viva marks in one TT will be considered as and to be calculated as above. Theory marks shall not be considered for this purpose.

### 6.3 Paper Layout for Summative assessment- Theory- 100 marks

<b>MCQ</b>	<b>10 marks</b>
<b>SAQ</b>	<b>40 marks</b>
<b>LAQ</b>	<b>50 marks</b>

### 6.4 Theme-wise distribution of questions for theory exam-

Theme table showing the distribution of topics distributed to different themes (named as theme A, B, C....), marks allotted to each type of questions (/to MCQ, SAQ and LAQ) and total marks allotted to each theme:

Theme	Paper	B Term	C* Marks	D Type of Questions		
	A List of Topics (As per Course content & topics)			MCQ (1 Mark)	SAQ (5 Marks)	LAQ (10 Marks)
A	Study of the philosophical background, construction, scope, limitation and utility of Boericke repertory	II BHMS CBDC TERM II	6	1	1	0
		Syllabus				
B	Demonstrate Case-taking in moderate acute and chronic cases	I	10	0	0	1
C	Classification of symptoms	I	6	1	1	0
D	Analysis of case according to the philosophy of Dr. Boenninghausen, Dr. Kent and Dr. Boger.	I	10	0	0	1
E	Evaluation of symptoms according to the philosophy of Dr. Boenninghausen, Dr. Kent and Dr. Boger.	I	6	1	1	0
F	Construction of totality of symptoms according to the philosophy of Dr. Boenninghausen, Dr. Kent and Dr. Boger.	I	10	0	0	1
G	Classification of repertory - need, basis of classification, advantages, disadvantages and adaptability of each type.	I	6	1	1	0
H	Steps of Repertorisation	I	11	1	0	1
I	Identify the medium, method, process and technique of Repertorisation	I	6	1	1	0

J	Construction of Repertorial Syndrome (RS) totality and Potential Differential Field (PDF) of a Repertorial Totality (RT).	I	6	1	1	0
K	Study of the philosophical background, construction, scope, limitation and utility of BTPB, Kent's repertory and BBCR Repertories.	II	11	1	0	1
L	Identify chapters and locate rubrics for symptoms / conditions related to Gynaecology, Obstetrics, Surgery and Practice of Medicine.	II	6	1	1	0
M	Understanding miasm and identify rubrics related to symptoms of each miasm from BTPB, Kent's repertory and BBCR Repertories.	II	6	1	1	0

### 6.5 Question paper blueprint-

Showing number of questions, types of questions, choices and distribution of themes to the questions:

A Question Serial Number	B Type of Question	Question Paper Format (Refer table 7.4 for themes)
Q 1 - Q 10	Multiple Choice Questions (MCQ)	Theme B
	Questions = 10 in number	Theme E
	1 mark each question	Theme G
	All compulsory	Theme H
	Must know part: 7	Theme I
	Desirable to know: 2	Theme J
	Nice to know: 1	Theme K Theme L
Q 11 - Q 18	Short answer Questions (SAQ) Questions = 08 in number 5 Marks Each All compulsory Must Know part: 6 Desirable to Know: 2	Theme A Theme C Theme D Theme E Theme F Theme G Theme I Theme J Theme K
Q 19 - Q 23	Long answer Questions (LAQ) Questions = 05 in number 10 marks each All compulsory All questions on Must Know	Theme B Theme F Theme H Theme K

### 7. List of recommended reference books Standard textbooks:

- Bidwell GI. (1915). How to Use the Repertory.
- Boericke, W. (2003). New manual of homoeopathic materia medica and repertory.
- Hahnemann, S. (2014). Organon of Medicine.

- Kent, J. T. (2008). Lectures on Homeopathic Philosophy.
- Kent, J. T. (2016). Repertory of the homeopathic materia medica.
- Kent, J. T: How to study the Repertory, how to use the Repertory.
- Tiwari SK. (2007). Essentials of Repertorization.
- Allen TF (2016). The Principles & Practicability of Boenninghausen's Therapeutic Pocket Book
- Ahmed Munir R(2016). Fundamentals of repertories: Alchemy of homeopathic methodology.
- Boger (2019). Boger Boenninghausen's Characteristics & repertory

### **Reference texts**

Textbooks and reference books indicated in the subjects of Materia Medica, Obstetrics & Gynecology, Surgery, Practice of Medicine, Organon of Medicine & Homoeopathic Philosophy.

### **8. List of contributors**

- I. Dr. Anoop Nigwekar, Professor & HoD, Repertory, Dr. M.L. Dhawale Memorial Homoeopathic Institute, Palghar, Maharashtra
- II. Dr. Yashasvi Shakdviya, Associate Professor & HoD, Repertory, University College of Homoeopathy, DSRRU, Jodhpur, Rajasthan.
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## **Subject: Practice of Medicine**

**Subject code: Hom UG PM-II**

### **Index**

<b>Sr. No</b>	<b>Description</b>	<b>Page no</b>
1	Preamble	
2	Course Outcomes (CO)	
3	Learning Objectives (LO)	
4	Term-Wise Course Content and Teaching Hours	
5	Content Mapping	
6	Teaching Learning Methods	
7	Details of Assessment	
8	List of Recommended Books	
9	List of Contributors	

## 1. Preamble

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

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

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

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

## 2. Course outcomes (CO)

- i. Develop as a sound homoeopathic clinician who can function in different clinical settings by applying knowledge, clinical skills and attitudes in studying the individual as a whole.
- ii. Able to correlate the disease conditions with the basics of anatomy, physiology, Biochemistry and pathology.
- iii. Able to apply the knowledge of causation, pathophysiology, pathogenesis, manifestations, and diagnosis (including differential diagnosis) to understand the disease.
- iv. Develop adequate knowledge for rational use of investigations and its interpretation to arrive at a final diagnosis of disease.
- v. Ability to make a rational assessment of prognosis and general management of different disease conditions.
- vi. Ability to understand and provide preventive, curative, palliative, rehabilitative and holistic care with compassion, following the principles of Homoeopathy.
- vii. Able to integrate the clinical state of the disease with the concepts of Organon of Medicine and Homoeopathic Philosophy, Repertory and Homoeopathic Materia Medica for the management of the patient.

### Study of Subject:

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

## 3. Learning objectives (LO)

### A. Pulmonary disorders:

- i. **Understand Disease Processes:** Study **pathophysiology, clinical features, and outcomes** of common pulmonary disorders like asthma, COPD, pneumonia, tuberculosis, and occupational lung diseases.
- ii. **Develop Diagnostic Skills:** Perform **respiratory examinations**, order and interpret relevant tests (e.g., blood, sputum, imaging, pulmonary function tests), and formulate **differential diagnoses**.
- iii. **Integrate Homoeopathic Principles:** Correlate symptoms with structural/functional changes, assess **susceptibility and miasmatic states**, and identify disease **stages** (acute, chronic, reversible, and irreversible).
- iv. **Therapeutic Competence:** Create **individualized treatment plans** using homoeopathic remedies and manage acute/chronic conditions. Incorporate **ancillary measures** like diet, lifestyle changes, and avoidance of triggers.

## **B. Diseases of the kidney**

- i. **Understand Renal Anatomy and Physiology:** Learn the structure and function of the kidneys, including their role in fluid balance, electrolyte regulation, acid-base balance, and waste excretion.
- ii. **Understand Disease Processes:** Study the **pathophysiology, clinical features, and outcomes** of common renal disorders like acute kidney injury (AKI), chronic kidney disease (CKD), glomerulonephritis, nephrotic syndrome, and nephrolithiasis.
- iii. **Develop Diagnostic Skills:** Take detailed histories, perform systemic examinations, order relevant tests (e.g., renal profile, urine analysis, imaging), and interpret results to diagnose and differentiate kidney disorders.
- iv. **Integrate Homoeopathic Principles:** Correlate symptoms with structural/functional changes in the kidneys, assess **susceptibility and miasmatic states**, and identify disease **stages** (acute, chronic, reversible, and irreversible).
- v. **Therapeutic Competence:** Create **personalized homoeopathic treatment plans** based on symptoms, manage acute and chronic conditions, and recommend **dietary changes, lifestyle interventions, and adjunctive therapies** (e.g., dialysis) to slow disease progression and optimize renal function.
- vi. **Manage Complications:** Develop strategies to address complications like electrolyte imbalances, hypertension, anaemia, bone disease, and cardiovascular issues, aiming to prevent further kidney damage.
- vii. **Preventive Measures:** Promote renal health by managing risk factors like hypertension, diabetes, obesity, and nephrotoxic drug exposure.
- viii. **Patient Education:** Educate patients about their condition, treatment options, and self-care to empower them in managing their health.
- ix. **Interdisciplinary Collaboration:** Collaborate with nephrologists, dieticians, and other healthcare professionals to provide comprehensive care for renal disorders.

## **C. Disorders of water & electrolyte balance:**

- i. **Understand Physiology:** Learn the mechanisms regulating water and electrolyte balance, including the roles of the kidneys, hormones, and fluid compartments.
- ii. **Understand Imbalances and Disease Processes:** Identify and interpret common electrolyte imbalances (e.g., hyponatraemia, hypernatremia, hypokalaemia, hyperkalaemia) using clinical and lab findings, and study their pathophysiology, symptoms, and outcomes.
- iii. **Integrate Homoeopathic Principles:** Correlate symptoms with water and electrolyte disturbances, assess **susceptibility and miasmatic states**, and identify disease **stages** (acute, chronic, reversible, and irreversible).
- iv. **Therapeutic Competence:** Design personalized homoeopathic treatments based on symptoms, manage acute and chronic conditions, and use supportive measures like fluid and electrolyte therapy to restore balance and enhance health.

## **D. Diseases of the digestive system and peritoneum:**

- i. **Understand Disease Processes:** Learn the **pathophysiology, clinical features, and outcomes** of common digestive disorders like GERD, gastritis, peptic ulcers, IBS, malabsorption, IBD, and peritonitis.

- ii. **Develop Diagnostic Skills:** Learn to take GI histories, perform exams, order tests (e.g., blood, imaging), and interpret results to diagnose and differentiate digestive disorders.
- iii. **Integrate Homoeopathic Principles:** Correlate symptoms with structural/functional changes in the digestive system, assess susceptibility and miasmatic states, and identify disease **stages** (acute, chronic, reversible, and irreversible).
- iv. **Therapeutic Competence:** Create personalized homoeopathic treatment plans based on symptoms, manage acute and chronic conditions, and recommend dietary, lifestyle, and adjunctive therapies.

#### **E. Diseases of liver, gallbladder, and pancreas:**

- i. **Understand Disease Processes:** Study the **pathophysiology, clinical features, and outcomes** of diseases like viral hepatitis, cholelithiasis, pancreatitis, and hepatic cirrhosis.
- ii. **Develop Diagnostic Skills:** Take detailed histories, perform systemic examinations, order relevant tests (e.g., blood, imaging), and interpret results to diagnose and differentiate liver, gallbladder, and pancreatic disorders.
- iii. **Integrate Homoeopathic Principles:** Correlate symptoms with structural/functional changes, assess **susceptibility and miasmatic states**, and identify disease **stages** (acute, chronic, reversible, and irreversible).
- iv. **Therapeutic Competence:** Create **personalized homoeopathic treatment plans** based on symptoms, manage acute and chronic conditions, and recommend **dietary, lifestyle, and adjunctive therapies**.

#### **F. Endocrine diseases and metabolic disorders:**

- i. **Understand Disease Processes:** Study the **pathophysiology, clinical features, and outcomes** of endocrine disorders like thyroid, adrenal, and pituitary gland dysfunctions.
- ii. **Develop Diagnostic Skills:** Take detailed histories, perform systemic examinations, order relevant tests (e.g., hormonal assays, imaging), and interpret results to diagnose and differentiate endocrine disorders.
- iii. **Integrate Homoeopathic Principles:** Correlate symptoms with structural/functional changes, assess **susceptibility and miasmatic states**, and identify disease **stages** (acute, chronic, reversible, and irreversible).
- iv. **Therapeutic Competence:** Create **personalized homoeopathic treatment plans** based on symptoms, manage acute and chronic conditions, and recommend **hormonal therapy, dietary changes, lifestyle interventions, and adjunctive therapies** to restore hormonal balance and improve health.

#### **G. Bedside clinics / demonstrative activities:**

- i. Develop proficiency in conducting comprehensive patient assessments, including history-taking, physical examination, and formulation of differential diagnoses during bedside clinics.
- ii. Apply critical thinking and diagnostic reasoning skills to interpret clinical findings, integrate patient history and examination findings and formulate accurate diagnoses in a clinical setting.

- iii. Develop ability to integrate clinic-pathologico-miasmatic correlation to appreciate state of Susceptibility [Qualitative and Quantitative] in Homoeopathic practice.
- iv. Develop effective communication skills with patients, including active listening, empathy during bedside clinics.
- v. Exhibit professionalism and ethical conduct in all aspects of patient care during bedside clinics, including respect for patient autonomy, confidentiality, and cultural sensitivity.
- vi. Practice accurate and thorough clinical documentation skills, including recording patient histories, examination findings, diagnostic results, and treatment plans in accordance with institutional standards and guidelines.
- vii. Engage in self-reflection and self-assessment of clinical skills and knowledge gaps identified during bedside clinics, and demonstrate a commitment to lifelong learning and professional development.

#### 4. Term-wise course content and teaching hours distribution:

##### 4.1 Term-wise distribution of course content-

Terms	Topic
I	1) Pulmonary disorders
	2) Diseases of Kidney
	3) Disorders of Water & Electrolyte Balance
II	4) Diseases of Digestive System and Peritoneum
	5) Diseases of Liver Gallbladder and Pancreas
	6) Endocrine Diseases and Metabolic Disorders

*Refer tables 4.3.1 – 4.3.6 for detailed content (topics breakup)*

##### 4.2 Gross division of teaching hours:

Sr No	Subject	Lecture	Non-lecture
1	HomUG-PM- II	120 Hours	100 Hours Clinical 70 Demonstrative – 30

##### 4.3 Teaching hours theory: 120 hours

##### 4.3.1 Pulmonary disorders

Sr. No.	Topics	Hours
<b>General</b>	Approach Patient with Disease of RS	1
1	Upper respiratory tract infections: Rhinitis, Pharyngitis, Sinusitis	1
2	Bronchial Asthma and acute Bronchitis	2
3	Chronic Obstructive Lung Disease: Chronic Bronchitis, Emphysema	3
4	Pneumonia	2

5	Bronchiectasis	1
6	Lung abscess	1
7	Pulmonary Tuberculosis	1
8	Tropical pulmonary eosinophilia	1
9	Occupational & Environmental Lung Disorders	2
10	Sarcoidosis	1
11	Pulmonary Thromboembolism	1
12	Pleurisy & Pleural Effusion	1
13	Pneumothorax	1
14	Empyema	1
15	Atelectasis	1
16	Interstitial lung diseases	2
17	Cystic fibrosis of lung	1
18	Neoplasia	1
19	Hyperventilation Syndromes	1
20	SARS	1
21	Therapeutics related to RS	3
<b>Total</b>		<b>30</b>

#### 4.3.2. Urogenital tract diseases

Sr. No.	Topics	Hours
General	Symptomatology and clinical syndromes & Renal function tests	1
1	Urinary Tract Infections: Asymptomatic bacteriuria, Acute pyelonephritis, Renal abscess, Acute cystitis, Acute urethritis, Acute prostatitis, Septicaemia	2
2	Nephrotic Syndrome	1
3	Glomerulopathies	2
4	Renal failure: acute & chronic	2
5	Renal Vascular diseases	1
6	Nephrolithiasis/obstructive uropathy.	1
7	Tumours of Genito urinary tract	1
8	Tubulo-interstitial Diseases	1
9	Cystic Kidney diseases	1
10	Thera related to renal disorders	2
<b>Total</b>		<b>15</b>

#### 4.3.3. Disorder of water & electrolyte balance

SR. NO.	TOPICS	HOURS
General	Approach to disorders of electrolyte imbalance	1
1	Hypo & Hyponatremia	1
2	Hypo & Hyperkalemia	1
3	Hypo & Hyperphosphatemia	1

4	Metabolic Acidosis & Alkalosis	1
5	Respiratory Acidosis & Alkalosis	1
6	Therapeutics related to Disorder of water & electrolyte balance	1
<b>Total</b>		<b>7</b>

#### 4.3.4. Diseases of digestive system and peritoneum

Sr. No.	Topics	Hours
General	Applied Anatomic and Physiology of GIT	1
1	Aphthous Ulceration, Stomatitis	1
2	Parotitis	1
3	Achalasia cardia	1
4	Hiatus hernia	1
5	GERD and Esophagitis	1
6	Gastritis: Acute & Chronic	2
7	Peptic Ulcers	1
8	Gastric carcinoma	1
9	Malabsorption Syndrome: Coeliac disease, lactose intolerance	2
10	Irritable Bowel Syndrome	1
11	Inflammatory Bowel Diseases: Ulcerative colitis, Crohn's disease	2
12	Abdominal Tuberculosis	1
13	Neoplasia of the bowel	2
15	Anorectal disorders	1
16	Diverticulitis	1
17	Thera related to GIT	3
<b>Total</b>		<b>23</b>

#### 4.3.5. Disorder of liver, gall bladder & pancreas

Sr. No.	Topics	Hours
General	Hepatobiliary - Clinical approach to hepatobiliary and Pancreatic diseases	2
1	Acute Viral Hepatitis	2
2	Chronic hepatitis	2
3	Alcoholic Liver Diseases	1
4	Cirrhosis of Liver, Portal Hypertension & Hepatic Failure	3
5	Liver abscess& Cysts	1
6	Cholecystitis: Acute & Chronic	2
7	Cholelithiasis	1
8	Acute and Chronic Pancreatitis	2
9	Hepatocellular carcinoma	1
10	Thera related to Liver, Gall bladder & Pancreas disorders	3
<b>Total</b>		<b>20</b>

#### 4.3.6. Endocrine and metabolic disorders

Sr. No.	Topics	Hours
<b>General</b>	Approach to Endocrine disorder	2
1	Hypothyroidism	2
2	Hyperthyroidism, Thyrotoxicosis – Grave's Disease	2
3	Autoimmune thyroid disease - Hashimoto's thyroiditis	1
4	Goitre: Simple and multi-nodular goitre - simple diffuse goitre, multinodular goitre	2
5	Hypo & Hyper Parathyroid disorders	2
6	Hypercalcaemia and Hypocalcaemia	1
7	Disorders of Adrenal Gland: Cushing's syndrome, Pheochromocytoma, Addison's disease, Spontaneous hypoglycaemia	3
8	Dwarfism	1
9	Nelson's Syndrome	1
10	Acromegaly and Gigantism	1
11	Diabetes insipidus	1
12	Diabetes Mellitus	3
13	Therapeutics related to endocrine disorders	3
<b>Total</b>		<b>25</b>

#### 4.4 Teaching hours Non-lecture:

Sr. No.	Non-lectures	Hours
<b>Clinical</b>		
1	Case-taking and processing from the perspective of Practice of Medicine	<b>70</b>
2	DOPS- Direct observation of procedural skills, DOAP – Demonstration- Observation- Assistance- Performance (Focus on practical demonstrations of clinical skills, procedures, and patient interactions)	
3	OSCE – Objective Structured Clinical Examination (Structured clinical examination to evaluate students' clinical competence.)	
<b>Demonstrative</b>		
4	Case Based / Problem Based Discussion on any of the topic of III BHMS Syllabus topic [ <i>as per availability of the case material or patient</i> ]	<b>30</b>
5	Skill lab training , Simulation – with mannequins (Hands-on practice of clinical skills and emergency scenarios using mannequins.)	
6	Seminars/ Tutorials/ Journal club meetings	
7	Role playing- Students act as doctors, patients, or family members to practice communication, history-taking, and empathy	
8	Projects, charts, models, assignments etc.	
<b>Total</b>		<b>100</b>

## 5. Teaching learning methods

Lectures (Theory)	Non-lectures (Practical/Demonstrative)
Lectures- black board, AV aids	Clinical demonstration- DOAP, DOPS, OSCE
Small group discussion	Problem based learning/discussion- Case based learning.
Integrated lectures	Simulation – with mannequins
	Projects, charts, assignments
	Participatory learning e.g. tutorials, quiz, seminar, role play etc.
	Library reference
	Self-learning

## 6. Details of assessment

***Note-*** The assessment in III BHMS shall be done only as Internal Assessment (IA) in terms of Periodical Assessments (PA) and Term Tests (TT) as detailed below. There shall not be any Final University Examination (FUE) at this level. The marks obtained in IA during III BHMS will be added to the marks of IA in the IV BHMS University Examination.

### Overall Scheme of Internal Assessment (IA)\*\*

Professional Course/ Subject	Term I (1-6 Months)		Term II (7-12 Months)	
	III BHMS/ Practice of Medicine	PA I (end of 3 months)	TT I (end of 6 months)	PA II (end of 9 months)
	20 Marks Viva- A	100 Marks Clinical/Practical and Viva - E Viva voce -40 marks Clinical/practical*- 60marks : Bedside- 25marks Spotting – 15marks Assignment 20marks	20 Marks Viva- B	100 Marks Clinical/Practical and Viva - F Viva voce -40 marks Clinical/practical*- 60 Bedside- 25marks Spotting – 15marks Assignment 20marks

**\*Clinical/Practical Examinations:**

Sl.no.	Practical/clinical activity	Marks
	<b>Clinical</b>	
<b>A.</b>	<b>Detailed case-taking</b>	
a.	One case taking – detailed bedside case taking with case analysis and evaluation (include prescription in term II)	10 marks
b.	Demonstration of clinical examination of the case (OSCE)- general and systemic	10 marks

c.	Investigations, provisional diagnosis and differential diagnosis	05 marks
<b>Practical</b>		
B.	<b>Spotters</b> (minimum 3 and maximum 5 spotters)	15 marks
C.	<b>Assignment</b>	
a.	Case report- detailed case, analysis, evaluation, investigations, diagnosis, differential diagnosis, homoeopathic management/prescription	10 marks
b.	Short review on a common disease with its homoeopathic therapeutics	10 marks
<b>Total</b>		<b>60 marks</b>

**\*\*Method of Calculation of Internal Assessment Marks in III BHMS for Final University Examination to be held in IV BHMS:**

Marks of PA I	Marks of PA II	Periodical Assessment Average PA I+ PA II /2	Marks of TT I	Marks of TT II	Terminal Test Average TT I + TT II / 200 x 20	Final Internal Assessment Marks
A	B	D	E	F	G	D+G/2

**7. Reference books:**

**a. Clinical Medicine**

- Alagappan, R. (2017). *Manual of Practical Medicine* (6th ed.). Jaypee Brothers Medical Publishers (P) Ltd.
- Anudeep, B. A. P. (2022). *Insider's guide to clinical medicine* (2nd ed). Jaypee Brothers Medical (P) Ltd.
- Bickley. (2016). *BATES' POCKET GUIDE TO PHYSICAL EXAM & HISTORY TAKING* (8th ed.). Wolters Kluwer India Pvt Ltd.
- Das, K. K. (2017). *Textbook of Medicine: Two Volume Set*. JP Medical Ltd.
- Dover, A. R., Innes, J. A., & Fairhurst, K. (2023). *MACLEOD'S CLINICAL EXAMINATION INTERNATIONAL EDITION*. (15th ed.). Elsevier.
- Firth, J., Cox, T., & Conlon, C. (2020). *Oxford Textbook of Medicine: Vol. 4 volumes* (6th ed.). Oxford University Press.
- French, H. (2016). *French's index of Differential Diagnosis: An A-Z*.
- Glynn, M., & Drake, W. M. (2017). *Hutchison's clinical methods: An Integrated Approach to Clinical Practice*. Saunders.
- Golwala, A. F., & Vakil, R. J. (2008). *Physical diagnosis A textbook of symptoms and signs* (16th ed.). Media Promoters & Publishers.
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- Kamath, S. A. (2022). *API Textbook of Medicine* (12th ed., Vol. 2). Jaypee Brothers Medical Publishers.
- Ketai, L., Lofgren, R., & Meholic, A. (2006). *Fundamentals of Chest Radiology*.

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- Kliegman, R. M., & St Geme, J. (2019). *Nelson Textbook of Pediatrics, 2-Volume set*. Elsevier.
- Loscalzo. (2022). *Harrison's Principles of Internal Med, 2: VOL SET*. McGraw Hill / Medical Publishers.
- Mehta, N. P., Mehta, S. P., & Joshi, S. (2022). *P. J. Mehta's Practical Medicine* (22nd ed.).
- Mehta, P. J. (2017). *Understanding ECG electrocardiography* (6th ed.). CBS Publishers and Distributors Pvt Ltd.
- Narsimhan, C., & Francis, J. (2017). *Leo Schamroth An Introduction to Electrocardiography* (8th ed.). Wiley India Exclusive.
- Paul, V. K., & Bagga, A. (2022). *GHAI Essential Pediatrics* (10th ed.). CBS Publishers and Distributors Pvt Ltd.
- *The Merck Manual of Diagnosis and Therapy*. (2018). Merck.
- Thomas, J., & Monaghan, T. (2014). *Oxford Handbook of Clinical Examination and Practical Skills*. Oxford University Press, USA.

**b. Homoeopathic Books References for Therapeutics:**

- Allen, H. C. (1998). *Therapeutics of intermittent fever*. B. Jain Publishers
- Bell, J. B. (2016). *The homeopathic therapeutics of diarrhea, dysentery, cholera, cholera morbus, cholera infantum, and all other loose evacuations of the bowels (Classic reprint)*. Forgotten Books.
- Borland, D. M. (2004b). *Pneumonias*. B. Jain Publishers.
- Clarke, J. H. (2003). *Prescriber*. B Jain Pub Pvt Limited.
- Dewey, W. A. (2003). *Practical Homoeopathic therapeutics*. B Jain Pub Pvt Limited.
- Lilienthal, S. (2005). *Homoeopathic therapeutics*. B Jain Pub Pvt Limited.
- Tyler, M. L. (1993). *Pointers to the common remedies*. B. Jain Publishers

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**Course: Essentials of Pharmacology**

**Course Code: Hom UG-Mod. Phar**

### **Index**

<b>S. No</b>	<b>Description</b>	<b>Page No</b>
1	Preamble	
2	Course Outcomes (CO)	
3	Course Content and Term –wise Distribution	
4	Teaching Hours	
6	Teaching Learning Methods	
7	Details of Assessment	
8	List of Recommended Books	
9	List of contributors	

## 1. Preamble

Welcome, homeopathy students, to the world of pharmacology! This course will delve into the fascinating realm of medicines and their interactions with the human body. While homeopathy focuses on stimulating the body's natural healing response, understanding conventional medications is crucial for several reasons:

**Complementary Care:** Homeopathy can sometimes be used alongside traditional medications

**Drug Interactions:** Being aware of potential interactions between homeopathic remedies and conventional drugs is essential for safe patient care.

**Patient Education:** Many patients will be taking other medications and understanding how they work can empower you to better educate and guide them.

This course will equip you with a foundational knowledge of pharmacology, covering key areas such as: Drug classifications and mechanisms of action

**Pharmacokinetics:** How drugs are absorbed, distributed, metabolized, and excreted

**Pharmacodynamics:** How drugs produce their effects on the body  
Common medications used in various therapeutic areas

By the end of this course, you'll gain a deeper appreciation for the science of pharmacology and its valuable role in healthcare. We'll explore how this knowledge can complement your understanding of homeopathy and ensure you provide the safest and most informed care to your future patients.

Please note: This course is designed to provide a general overview of pharmacology. It is not intended to replace the knowledge and expertise of medical doctors or pharmacists.

## 2. Course outcomes

Upon successful completion of this pharmacology course, homeopathy students will be able to:

- i. Demonstrate a foundational knowledge of major drug classifications and their mechanisms of action.
- ii. Apply a scientific foundation to their understanding of medication and therapeutics, aligning with core principles of homeopathy.
- iii. Demonstrate a comprehensive understanding of major drug classifications and their mechanisms of action.
- iv. Explain the pharmacokinetics and pharmacodynamics of medications, including how drugs are absorbed, distributed, metabolized, excreted, and produce their effects in the body.
- v. Identify common medications used in various treatment areas.
- vi. Apply their understanding of Pharmacology to assess potential interactions between homeopathic remedies and conventional medications to ensure patient safety.
- vii. Communicate medication information effectively to patients, empowering them to make informed decisions about their healthcare.
- viii. Provide safe and complementary care to their patients by understanding conventional medications.
- ix. Educate patients about potential interactions between medications.
- x. Collaborate effectively with other healthcare providers when necessary.
- xi. Treat and solve the adverse drug reactions of the patients with the homeopathy drugs.

**Disclaimer:** This course is designed to provide a general foundation in pharmacology. It is not a substitute for the expertise of medical doctors or pharmacists.

### **3. Course content**

#### **I. Module 1: Pharmacology**

- i. Introduction to Pharmacology
- ii. Definition and Scope of Pharmacology
- iii. Drug Nomenclature and Classification Systems
- iv. Routes of Drug Administration

#### **II. Module 2: Pharmacokinetics**

- i. Absorption, Distribution, Metabolism, and Excretion of Drugs (ADME)
- ii. Factors Affecting Pharmacokinetics

#### **III. Module 3: Pharmacodynamics**

- i. Mechanisms of Drug Action on Body Systems
- ii. Dose-Response Relationships
- iii. Factors Modifying Drug Action

#### **IV. Module 4: Major Drug Classifications**

##### **A. ANS AND AUTACOID**

- i. Cholinergic and Anticholinergic drugs,
- ii. Adrenergic and Antiadrenergic Drugs, T/t of Glaucoma
- iii. Autacoids: Serotonin and drugs acting on Serotonergic System+ T/t of Migraine,
- iv. Histamine and Antihistaminic

##### **B. NSAID- Drugs used in RA and Gout**

##### **C. CNS**

- i. Anxiolytics
- ii. Antiepileptics
- iii. Antipsychotics and Antidepressants
- iv. Opioid Analgesics

##### **D. Respiratory system**

- i. Drugs for cough
- ii. Bronchial asthma and COPD

##### **E. Hormones**

- i. Insulin and oral Hypoglycemic drugs
- ii. Adrenocortical steroids
- iii. Estrogens, Progesterone and OCPs
- iv. Vitamin D, Calcium and Drugs affecting Calcium Balance

##### **F. CVS**

- i. T/t of Hypertension
- ii. Angina, MI
- iii. Cardiac Glycosides and Drugs for Heart failure
- iv. Hypolipidemic drugs

##### **G. Renal system- Diuretics and Antidiuretics**

##### **H. Blood- Hematinics, T/t of Iron deficiency anaemia and Megaloblastic anemia**

**I. GIT**

- i. Drugs for Peptic Ulcer and GERD
- ii. Drugs for constipation and diarrhea
- iii. Antiemetics

**J. Chemotherapy**

- i. Sulfonamides and Cotrimoxazole,
- ii. Quinolones,
- iii. Beta Lactam Antibiotics,
- iv. Tetracyclines, Chloramphenicol
- v. Aminoglycosides
- vi. Antitubercular drugs and Antileprosy drugs
- vii. Antimalarial drugs

**K. Miscellaneous**

- i. Disinfectants
- ii. Vitamins

**4. Teaching hours**

Year/Subject	Teaching hours- Lectures
III BHMS/ Essentials of Pharmacology	45

**4.1. Term-wise teaching hours division:**

Sr. No	Topics	Teaching Hours
	<b>Term I</b>	
<b>1</b>	<b>Module 1: Pharmacology (Introduction)</b>	<b>5</b>
<b>2</b>	<b>Module 2: Pharmacokinetics</b>	<b>5</b>
<b>3</b>	<b>Module 3: Pharmacodynamics</b>	<b>5</b>
<b>4</b>	<b>Module 4: Major Drug Classifications</b>	
<b>i</b>	ANS AND AUTACOIDS	4
<b>ii</b>	NSAID, Drugs used in RA and Gout	2
<b>iii</b>	CNS	2
<b>iv</b>	Respiratory System	3
	<b>Term II</b>	

v	Hormones	4
vi	CVS	2
vii	Renal System	2
viii	Blood	1
ix	GIT	4
x	Chemotherapy	4
xi	Miscellaneous	2
<b>Total</b>		<b>45</b>

### 5. Teaching Learning Methods

- Lectures (including AV aid), Small group discussion, Integrated lectures, Library reference, Self directed learning etc.
- While lectures can provide a foundation, they shouldn't be the sole method Incorporate active learning strategies such as engage students through case studies, problem-based learning (PBL). PBL challenges students to solve real-world scenarios.
- Utilize online resources, explore online learning modules, simulations, and interactive quizzes to reinforce concepts at the student's pace.

### 6. Details of assessment

#### 6.1. Overall Scheme of Assessment (Summative)

Sr. No	Professional Course	Term I (1-6 Months)		Term II(7-12 Months)		
		1	Third Professional BHMS	PA I (end of 3 months)	TT I (end of 6 months)	PA II (end of 9 months)
		05 Marks Viva	25 Marks Viva voce	05 Marks Viva	50 marks theory	50 marks (Viva+ IA)

**PA: Periodical Assessment; TT: Term Test; FUE: Final University Examinations; IA: Internal Assessment**

#### 6.2. Number of papers and Marks Distribution for Final University Examination (FUE)

Sr. No.	Course Code	Papers	Theory	Viva Voce	Internal Assessment*	Grand Total
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1	Hom.UG-Mod. Phar-I	01	50 marks	40 marks	10 marks (Marks of PA I+ TT I + PA II)	100 marks
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**\*Method of Calculation of Internal Assessment Marks for Final University Examination:  
Marks of IA- (Marks of PA-1 + Marks of TT + Marks of PA-2) / 35 X 10**

### 6.3. Paper Layout

**Summative assessment (FUE):**

**Theory- 50 marks**

<b>MCQ</b>	<b>5 marks ( 5 questions each of 1mark)</b>
<b>SAQ</b>	<b>15 marks ( 3 questions each of 5 marks)</b>
<b>LAQ</b>	<b>30marks ( 3 questions each of 10 marks)</b>

### 6.4. Theme-wise distribution of questions for theory paper:

<b>Theme</b>	<b>Topics</b>	<b>Marks</b>	<b>MCQ's</b>	<b>SAQ's</b>	<b>LAQ's</b>
<b>A</b>	Introduction to Pharmacology	2	02	0	0
<b>B</b>	Pharmacokinetics	5	0	01	0
	Pharmacodynamics				
<b>C</b>	ANS and Autacoids	10	0	0	01
<b>D</b>	NSAID	2	02		
	CNS	10	0	0	01
	Respiratory system				
<b>F</b>	Renal system	1	01	0	0
<b>G</b>	Blood	5		01	
<b>H</b>	GIT	10	0	0	01
<b>I</b>	Hormones	5	0	01	0
	CVS				
	Chemotherapy				
	Miscellaneous				
	<b>Total</b>	50	05	03	03

## 6.5. Question paper blueprint

<b>A</b> Question Serial Number	<b>B</b> Type of Question	<b>Question Paper Format</b> (Refer Table 2 for themes)
<b>Q.1</b>	Multiple choice Questions (MCQ) 5 Questions 1 mark each All compulsory	Theme A Theme D Theme F
<b>Q.2</b>	Short Answer Questions (SAQ) 3 Questions 5 marks each All compulsory	Theme B Theme G Theme I
<b>Q.3</b>	Long Answer Questions (LAQ) 3 Questions 10 marks each All compulsory	Theme C Theme E Theme H

### 7. List of recommended Books

- Rang & Dale's Pharmacology
- Goodman & Gilman's The Pharmacological Basis of Therapeutics
- K.D. Tripathi – Essentials of Medical Pharmacology
- Katzung's Basic & Clinical Pharmacology

### 8. List of contributors :

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Renowned Homoeopathic Practitioner

# **Subject name – Surgery Subject**

## **Code – Hom UG-Sur-II**

### **1. Preamble**

Surgery addresses acute and chronic injuries, deformities, and diseases that require physical intervention through the removal, repair, or reconstruction of specific organs or tissues. Specialties such as ENT, Ophthalmology, Dentistry, and Orthopaedics have gained prominence, alongside super specialties like Cardiac Surgery, Neurosurgery, and Oncosurgery. While homeopathic physicians are limited in performing surgical procedures, they must possess foundational knowledge of surgery to appropriately identify surgical cases, determine their scope, and understand their limitations. This knowledge equips the physician to diagnose surgical diseases accurately, identify early complications, and refer patients to higher centres when necessary. Moreover, this understanding aids in administering effective first aid and providing comprehensive care.

Experience demonstrates that Homeopathy can play a significant role in preventing certain surgical procedures when evolving conditions are diagnosed early and the similimum is administered at the appropriate time. Homeopathic physicians can utilize their training to manage early stages of conditions conservatively, thereby potentially avoiding invasive interventions. Additionally, they can judiciously use homeopathic medicines to alleviate symptoms, enhance recovery, and prevent complications. Ancillary management strategies, including proper hygiene, dietary advice, and physical support, further improve patient outcomes.

A thorough understanding of pathology is essential to accurately evaluate the state and stage of a disease. Knowledge of pathological processes enables homeopathic students to identify critical symptoms and signs, aiding in the early detection of complications and timely referrals to specialists. Incorporating the Hahnemannian classification of disease in the curriculum bridges surgical conditions with the fundamental tenets of homeopathic philosophy. Concepts such as chronic disease and susceptibility guide the application of correct posology and individualized treatment plans, ensuring effective and safe management. By understanding these principles, students learn to balance modern medical diagnostics with homeopathic therapeutic approaches. The education and training of homeopathic students must include the management of surgical cases, integrating both modern medical approaches and the principles outlined in the Organon of Medicine. Training in surgical conditions enhances the physician's ability to provide first aid effectively in emergencies, such as controlling bleeding, stabilizing fractures, and managing wounds. Homeopathic principles can also complement modern medicine by promoting natural healing, reducing inflammation, and improving post-surgical recovery. Additionally, students should be trained to advise on accessory measures such as physiotherapy, wound care, and dietary modifications, ensuring holistic management.

Advanced knowledge of homeopathic principles and a precise understanding of the Materia Medica can expand the application of homeopathy to a range of acute and chronic surgical conditions previously considered beyond its scope. This includes managing post-surgical complications, alleviating pain, and enhancing recovery. The integration of homeopathic therapeutics with modern surgical knowledge fosters a comprehensive approach, allowing the

physician to play a supportive role in multidisciplinary care teams.

In conclusion, the integration of homeopathic philosophy with surgical knowledge equips the homeopathic physician to address surgical cases comprehensively. This training enhances their ability to diagnose and manage surgical conditions effectively, refer cases promptly when necessary, provide first aid, and utilize homeopathy judiciously. Such an approach ultimately contributes to delivering effective and holistic patient care.

## **2. Course outcomes (CO)–**

**At the end of III BHMS students shall able to**

- i) Understand the Management of Complex Surgical Cases
- ii) Integrate Surgical Specialties with Pathological Principles
- iii) Synthesize Homoeopathic and Surgical Concepts of Causation and Disease Expression
- iv) Apply miasmatic Understanding to Surgical Cases. Analyse surgical cases through a miasmatic framework, utilizing homoeopathic philosophy to provide a comprehensive understanding and management of the disease process.
- v) Correlate Patient Susceptibility with Posology in Surgical Management. Evaluate the relationship between a patient's susceptibility and the dosage (posology) of homoeopathic remedies, ensuring individualized and precise therapeutic interventions.
- vi) Differentiate Remedies Based on Pathogenesis. Develop advanced skills in studying and differentiating homoeopathic remedies based on their pathogenesis to enhance treatment outcomes in surgical cases.
- vii) Promote ancillary Measures and Patient Education for Improved Outcomes. Recognize the role of supportive measures and patient education in improving clinical outcomes, including post-operative recovery and long-term health maintenance.
- viii) Address post-surgical complaints, complications, and their sequelae using Homoeopathic principles to support holistic recovery, alleviate post-operative issues, and improve the quality of life through comprehensive and integrative care.
- ix) Evaluate and Manage Surgical Complications and Sequelae. Assess and address surgical complications and their sequelae through homoeopathic interventions, ensuring comprehensive and integrative patient care.
- x) Provide Preventive Counselling and Emphasize Regular Screenings. Counsel patients on preventive strategies, the importance of regular health screenings, and appropriate management pathways to promote early detection and prevent disease progression.
- xi) Deliver empathetic and comprehensible education to patients, enhancing their understanding of diagnoses, therapeutic options, and the importance of follow-up care for sustained health outcomes.

## **3. Learning objectives (LO)-**

- i. Understand the fundamental principles of diagnostic and therapeutic approaches for surgical and medical conditions.
- ii. Demonstrate the ability to integrate knowledge of anatomy, pathology, surgery, and medicine to analyse complex clinical scenarios.
- iii. Identify clinical signs and symptoms of surgical diseases through comprehensive history-taking and physical examination.
- iv. Differentiate between conditions based on clinical findings, imaging results, and laboratory investigations with accuracy.
- v. Conduct systematic and focused examinations for specific conditions such as breast lumps,

- abdominal masses, or dysphagia.
- vi. Analyse patient presentations and correlate clinical findings to formulate accurate differential diagnoses.
  - vii. Interpret diagnostic results, including imaging studies, endoscopic findings, and biopsy reports, to guide clinical decision-making.
  - viii. Evaluate the effectiveness of treatment strategies and make necessary modifications to optimize patient outcomes.
  - ix. Effectively communicate examination findings and management plans to peers, the healthcare team, and patients.
  - x. Counsel patients on preventive measures, regular screening, and appropriate management strategies for various conditions.
  - xi. Educate patients about their diagnosis, treatment options, and follow-up care in an empathetic and comprehensible manner.
  - xii. Uphold ethical principles in patient interactions, ensuring respect, confidentiality, informed consent, and professionalism.
  - xiii. Apply theoretical concepts to practical situations, enhancing diagnostic and therapeutic decision-making in clinical practice.
  - xiv. Recognize the role of Homoeopathy in managing surgical cases and its integration with conventional medical approaches.
  - xv. Prescribe homoeopathic remedies based on a comprehensive understanding of pathogenesis and differentiation of remedies.
  - xvi. Identify red flag signs and symptoms and ensure timely referral of patients to specialized centres for advanced management.
  - xvii. Apply first aid principles effectively in emergency situations requiring immediate intervention.
  - xviii. Utilize homoeopathic medicines appropriately in pre-surgical preparation and post-surgical recovery phases.
  - xix. Use of Repertories and Materia Medica tools to identify the similimum in surgical cases, whenever indicated
  - xx. Incorporate the Miasmatic background of surgical conditions through the integration of homoeopathic philosophy, enhancing the overall management of surgical pathologies.

#### 4. Course content and its term-wise distribution

Sl. No.	Topic
<b>Term I</b>	
1.	Diseases of Blood vessels and nerves – Arteries. Veins, Lymphatics & Peripheral nerves
2.	Diseases of Alimentary tract – Palate, cheek, Tongue, Floor of mouth, Oesophagus, Peritoneum, Retroperitoneal space, stomach and Duodenum, Small intestine, large intestine, Rectum and Anal canal
3.	Diseases of Liver, Gallbladder, Bile duct, Pancreas and Spleen
4.	Orthopaedics
<b>Term II</b>	
5.	Diseases of Thorax, Heart and Pericardium
6.	Diseases of Urogenital system – Kidney, Urinary Bladder, Prostate, Urethra, Penis, Scrotum, Testes
7.	ENT, Thyroid and other Neck swellings

8.	Diseases of Breast
9.	Ophthalmology
10.	Dentistry

## 5. Teaching hours

### 5.1. Gross division of teaching hours

Surgery		
Year	Teaching hours- Lectures	Teaching hours- Non-lectures
III BHMS	120	100

### 5.2. Teaching hours theory

Sl. No.	Topic	Teaching hours
1.	Diseases of Blood vessels and nerves – Arteries. Veins, Lymphatics & Peripheral nerves	10
2.	Diseases of Alimentary tract – Palate, cheek, Tongue, Floor of mouth, Oesophagus, Peritoneum, Retroperitoneal space, stomach and Duodenum, Small intestine, large intestine, Rectum and Anal canal	20
3.	Diseases of Liver, Gallbladder, Bile duct, Pancreas and Spleen	7
4.	Diseases of Thorax, Heart and Pericardium, Breast	10
5.	Diseases of Urogenital system – Kidney, Urinary Bladder, Prostate, Urethra, Penis, Scrotum, Testes	20
6.	ENT, Thyroid and other Neck swellings	16
7.	Orthopaedics	22
8.	Ophthalmology	10
9.	Dentistry	5
<b>Total</b>		<b>120</b>

### 5.3. Teaching hours Non-lecture

Sl. No	Non-Lecture Activity -Clinical /Practical Total Time Allotted: 70 hours	Term
1	Clinical examination of Gangrene	I
2	Clinical examination of the varicose vein	I
3	Clinical examination of the Lymphatic system	I
4	Clinical examination of the lesion of peripheral nerves.	I
5	Clinical examination of the Oral cavity/Tongue/Salivary Glands	I
6	Examination of a case of Dysphagia	I
7	Counselling patients with peptic ulcer on lifestyle modifications	I
8	Clinical examinations to identify signs of appendicitis	I
9	Clinical examination – Acute Abdomen /Chronic abdomen	I
10	Examination of Rectal case	I
11	Examination of abdominal lump	I

12	Examination of liver & Gall Bladder	I
13	Clinical Examination of spleen	I
14	Clinical examination of a case of low back pain	I
15	Clinical examination for shoulder injuries, and assess for humerus fractures	I
16	Clinical examination for upper limb injuries	I
17	Clinical examination to assess for pelvic fracture, including inspection, palpation, and stability tests	I
18	Clinical examination to assess for fracture of the neck of femur	I
19	Clinical examination of the knee joint	I
20	Clinical examination of the leg, ankle, and foot	I
21	Clinical examination of the spine	I
22	Clinical examination for traumatic paraplegia	I
23	Observe/ Perform emergency care of fractures, including immobilization techniques (e.g., splinting), managing open fractures (e.g., wound dressing), and assessing for neurovascular injury	I
24	Clinical examination to assess for pelvic fracture, including inspection, palpation, and stability tests	I
25	Clinical examination to assess for fracture of the neck of femur	I
26	Patient education and counselling on BOO management, including lifestyle modifications	II
27	Examination of urinary case	II
28	Urethral catheterisation	II
29	Examination of inguinoscrotal swelling	II
30	Examination of groin swelling	II
31	Examination of scrotal swelling	II
32	Examination of penis	II
33	Examination of disease of chest	II
34	Ear examination	II
35	Examination of case of Deafness	II
36	Examination of the case of Vertigo	II
37	Examination of Nose: Anterior Rhinoscopy & Posterior Rhinoscopy & paranasal sinus	II
38	Examination of Pharynx	II
39	Examination of Larynx	II
40	Examination of the thyroid gland	II
41	Examination of Neck swelling	II
42	Breast examination	II
43	Examination of Teeth and Gums	II
44	Examination of Eye/Vision – Visual acuity and Colour vision	II

Sl. No	<b>Non-Lecture Activity Demonstrative- Skill lab/Simulation training/Role play/ Seminar/Tutorial/Assignment Total Time Allotted: 30 hours</b>	Term
1	Case-based/ problem based discussions	I/II
2	Observe/Perform ICD on a mannequin	II
3	Perform /Observe pericardiocentesis under supervision	II
4	X- ray, Instruments and Surgical items for demonstration	II
5	Seminars	I/II
6	Tutorials	I/II
7	Assignments	II
10	Role play	I /II

## 7. Teaching learning methods

Lectures (Theory)	Non-lectures (Practical/Demonstrative) *
Lectures	Clinical demonstration- DOAP, DOPS
Audio visual aid	Problem based discussion, small group discussions, seminar, tutorials
Integrated lectures	Case based learning
	OSCE, Skill lab
	Radiology workshops
	Assignments
	Library reference
	Self-learning

### \*Training- Practical – Lab work – Field – Clinical Hospital work

- Students should undergo clinical postings in General Surgery outpatient departments (OPDs) and surgery wards. Additionally, rotations should be arranged in ENT, Ophthalmology, Orthopaedics, Dental Surgery units and Casualty, either within the collegiate hospital or in affiliated hospitals with which a Memorandum of Understanding (MOU) has been established for such training.
- OPD/ IPD posting of students: All students should have their clinical register.

### CLINICAL REGISTER – 3<sup>RD</sup> BHMS

Name Of Student: \_\_\_\_\_

Batch: \_\_\_\_\_

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

- The clinical register should be checked by teaching faculty.
- The topics already taught in the classroom should be demonstrated to students through clinical teaching.
- Students should be trained in proper history taking, clinical examination, advising relevant investigations, interpreting the results, and applying Homoeopathic management effectively.
- Journal/Record: Students should document 10 cases from General Surgery/Systemic surgery and 10 cases from each of the special surgery units, including Ophthalmology, ENT, Dental, and Orthopaedics, during the third year. It should be integrating the Surgery, Organon, Materia medica and repertory.
- Students should be posted in surgery wards of collegiate hospital and tie-up hospitals for exposure of minor surgical procedures.

## 8. Details of assessment

### 8.1 Overall Scheme of Assessment (Summative)

Sr. No	Professional Course	Term I (1-6 Months)		Term II (7-12 Months)		
		PA I (end of 3 months)	TT I (end of 6 months)	PA II (end of 9 months)	FUE (end of 12 months)	
1	Third Professional BHMS	20 Marks Viva	100 Marks Practical/ Viva Viva voce -50 marks Practical – 50 marks a) Surgical OSCE- 20 marks	20 Marks Viva	200 marks theory	200 marks ( refer table 8.8) Practical+ Viva+ IA

**PA: Periodical Assessment; TT: Term Test; FUE: Final University Examinations; IA: Internal Assessment**

### 8.2 Number of papers and mark distribution for Final University Examination (FUE)

Sr. No.	Course Code	Papers	Theory	Practical/ Clinical**	Viva Voce	Internal Assessment*	Grand Total
1	Hom-UG Sur-II	02	200 marks	100 marks	80 marks	20 marks (Marks of PA I + TT I + PA II)	400 marks

**\*Method of Calculation of Internal Assessment Marks for Final University Examination:**

**Marks of IA (M) = S + T / 2 S = Marks of IA in II BHMS**

**T = Marks of IA in III BHMS = (Marks of PA-1 + Marks of TT + Marks of PA-2) / 140 X 20**

**\*\*Refer to the table 7.8 for the details of practical/clinical exam and marks distribution in FUE**

### 8.3 Paper Layout

**Summative assessment (FUE):**

**Theory- 200 marks**

Paper-1 (100 marks) General Surgery-with therapeutics ENT, Ophthalmic, dentistry and Orthopaedic with therapeutics		
1	LAQ	50 marks
2	SAQ	40 marks
3	MCQ	10 marks

<b>Paper-2 (100 marks)</b>		
Systemic Surgery (Peripheral vascular, Lymphatics, Nerve, GIT, GUT, Thorax, abdominal wall, umbilicus, breast, hernias, heart and pericardium along with therapeutics)		
1	LAQ	50 marks
2	SAQ	40 marks
3	MCQ	10 marks

#### 8.4 Theme-wise distribution of questions for theory exam paper I

Theme	Topics	Term	LAQ	SAQ	MCQ	Marks
<b>A</b>  <b>Trauma /Injury</b>	Introduction to surgery, Scope and limitations of Homoeopathy in surgical conditions	I	NO	YES	No	20
	<b>Injury – types</b> Head injury; Road traffic accident; injury to chest, abdomen <b>Wound &amp; wound healing</b> Scar, keloid Ulcers, Sinus and fistula Haemorrhage Blood transfusion Shock Fluid, electrolytes and acid-base balance Nutrition Burn, skin grafting <b>Homoeopathic Therapeutics</b> for – Injuries, Scar, Keloid, Ulcers, Sinus & Fistula, Haemorrhage, Shock, Burns	I	YES	YES	YES	
<b>B-</b>	<b>Common surgical infections</b> Boil, Carbuncle, Abscess, Cellulitis, and erysipelas,	I	NO	YES	YES	5
<b>Concept of Infectious Disease and Host Response</b>	Hidradenitis suppurativa, septicaemia, pyaemia <b>Homoeopathic Therapeutics</b>					
	<b>Special infections-</b> Tuberculosis, syphilis, acquired immunodeficiency syndrome, actinomycosis, leprosy, tetanus, infective gangrene <b>Homoeopathic therapeutics</b>	I	NO	YES	YES	
<b>C- Concept of Swelling</b>	Tumours: Benign, malignant; Carcinoma, sarcoma, fibrosarcoma; naevus, melanoma Lipoma, fibroma, adenoma, neuroma, Neurilemmoma, Neurofibroma, Haemangioma Cysts	I	YES	YES	YES	15

	<b>Homoeopathic therapeutics</b>					
<b>D- Orthopaedics</b>	Diseases of the bones, cranium, vertebral column, fractures and dislocations Diseases of the joints. Diseases of the muscles, tendons and fascia <b>Homoeopathic therapeutics</b> for orthopaedic conditions	II	YES	YES	YES	15
<b>E- Ophthalmology</b>	Applied Anatomy, Physiology of eye Examination of eye Identification of bitot spots, pallor, conjunctival injection, pupillary reactions, to identify systemic and eye conditions. Diseases of eyelids, eyelashes and lachrymal drainage system. Diseases of Eyes including injury related problems. Acuity of vision, visual field and vision defects Accommodation defects <b>Homoeopathic therapeutics</b> for diseases of Eyes	II	YES	YES	YES	15
<b>F- ENT, Thyroid, Neck</b>	Applied anatomy and applied physiology of ear Examination of ear Diseases of external, middle and inner ear Applied anatomy and physiology of nose and paranasal sinuses. Examination of nose and paranasal sinuses Diseases of nose and paranasal sinuses Applied Anatomy and applied Physiology of pharynx, larynx, tracheobronchial tree, Examination of pharynx, larynx, tracheobronchial tree, oesophagus Diseases of the Throat External/ and Internal, Thyroid <b>Homoeopathic therapeutics for Diseases</b> of Nose and Paranasal sinuses, Ear and Throat (External and Internal)	II	YES	YES	YES	20

<b>G- Dentistry and diseases of oral cavity</b>	Applied anatomy, physiology of teeth and gums; Milestones related to teething.					
	Examination of Oral cavity Diseases of gums Diseases of teeth Problems of dentition Oral malignancies Oral hygiene Oral health in systemic disorders <b>Homoeopathic therapeutics</b> for diseases of Teeth and Gums	II	YES	YES	YES	10

### 8.5 Distribution of questions for theory exam paper II

Theme	Topics	Term	LAQ	SAQ	MCQ	Marks
<b>A- Diseases of transportin g g channels</b>	Diseases of blood vessels: <b>Arteries:</b> Arterial occlusion; Ischemic disease of arteries, Injury, Aneurysm, Embolism, Thrombosis, Atherosclerosis, Gangrene, Thrombo-angiitis obliterans (Burger's Disease), Raynaud's disease, <b>Veins:</b> Thrombosis: Thrombophlebitis, Deep Vein Thrombosis, Varicose veins, Venous ulcer <b>Lymphatics and lymph nodes:</b> - lymphangiography, lymphoedema, lymphomas, Hodgkin's lymphoma, non Hodgkin's lymphoma, Burkitt's lymphoma, cutaneous T cell lymphoma, chylothorax, sarcoidosis Acute lymphangitis, Acute lymphadenitis, chronic lymphadenitis <b>Diseases nerves</b> <b>Nerves: Peripheral nerves</b> - injury of Brachial plexus, Median nerve, Ulnar nerve, Radial nerve, axillary, common perineal, long thoracic, medial Popliteal, Carpal tunnel syndrome, claw hand, foot drop <b>F. Homoeopathic therapeutics</b> for diseases of Arteries, Veins, Lymphatics and Nerves	I & II	YES	YES	YES	20
<b>B- Diseases of the</b>	a. Diseases of palate, Cheek, Tongue, Floor of the mouth & Salivary Glands	I & II	YES	YES	YES	25

<b>Alimentary tract</b>	<p>Oesophagus: Esophagitis, investigations, Congenital abnormalities, Perforation, Injuries, GERD, Hiatus hernia, tumours Peritoneum: Peritonitis - Acute, Biliary, Postoperative; Pelvic abscess, Subphrenic abscesses, Mesenteric cysts Retroperitoneal Spaces: Fibrosis, Swelling, Tumours, Psoas Abscess Stomach &amp; Duodenum: Test for gastric secretion, Gastritis, Peptic ulcer, gastric &amp; duodenal ulcer, Hematemesis, Gastric outlet Obstruction, Pyloric stenosis, Neoplasm, duodenum diverticula, fistula Small intestine &amp; Large intestine: Congenital, Diverticulum, ulcerative colitis, Ischemic colitis, Faecal fistula, Tumours, Barium enema, Intestinal obstruction, Intussusception, Adhesion and Bands Appendix: Appendicitis Abdominal Tuberculosis Rectum &amp; anal canal: Investigation, examination, fissure in Ano, piles, pruritus ani, prolapse of rectum, fistula in Ano, anorectal abscess Abdominal hernias</p> <p><b>Homoeopathic therapeutics</b> for diseases of alimentary tract , Hernias</p>					
<b>C- Diseases of liver, spleen, gall bladder And bile duct</b>	<p>Liver: Liver Tumours: Benign, Primary malignant; Portal HTN - oesophageal varices, Ascites, Hepatic failure, Hepatic encephalopathy</p>	I & II	YES	YES	YES	20

	<p>Liver: Liver insufficiency, investigations, injuries, Hepatomegaly, Infection of liver - Amoebic liver abscess, Hydatid cyst, Actinomycosis, Pyogenic</p> <p>Gall bladder &amp; bile duct: Investigations, injuries, gall stone, Acute and chronic cholecystitis, stone in common bile duct, Biliary stricture, biliary fistula, Surgical jaundice, CA</p> <p>Spleen: Investigation, Injury, Splenomegaly, splenic artery aneurysm infarct &amp; rupture, Cyst of spleen, TB, Abscess, Neoplasm</p> <p>Pancreas: investigations, Anomalies, Pancreatitis, Abscess, Calculus, Trauma, Fistula, Cyst, Tumours</p> <p><b>Homoeopathic therapeutics</b> for diseases of Liver, Gallbladder, Pancreas and Spleen</p>					
<b>D. Thorax, heart and pericardium</b>	<p>Pleural tap, Bronchoscopy, Flail Chest and Stove in chest, Pneumothorax, Tension Pneumothorax, Haemothorax, Emphysema, Lung Abscess, Intercostal tube drainage, Shock lung (Stiff lung) Pulmonary embolism, Surgical emphysema, Lung cysts, Mediastinal tumour, Pancoast tumours, Chest wall tumours, , Diaphragmatic hernia, Pericardium &amp; Heart: Cardiac tamponade, Congenital cardiac disease, valvular disease, Pericarditis</p> <p>Homoeopathic therapeutics for diseases of Thorax, Heart and Pericardium Diseases of Breast with Homoeopathic therapeutics</p>	I & II	YES	YES	YES	10

<b>E. Diseases of Urogenital system.</b>	A. Urology: Investigation- Urine, renal function, urography, pyelography, cystography, USG Kidney: Haematuria, PCKD, Injuries to Kidney, Renal TB, Hydronephrosis, Pyonephrosis, Perinephric abscess, Renal calculus, Ureteric calculi, Wilm's tumour, Renal cell carcinoma, Urinary Bladder: Anomalies, Vesical calculus, Cystitis, Recurrent cystitis, Bladder tumour, Bladder injury, Neurogenic bladder, Vesicoureteric reflux, Urinary fistula Prostrate: BPH, Prostatitis, Ca prostrate Urethra: Injury, Stricture, Hypospadias, Urethral calculi, Urethritis, Retention of urine Penis: Phimosi, paraphimosi, Circumcision, Ca of Penis Scrotum: Hydrocele, Haematocele, Pyocele, Cyst of Epididymis, varicocele Testis: Undescended testis, Ectopic testis, Torsion of testis, Orchitis, epididymis Homoeopathic therapeutics for diseases Genitourinary system	II	YES	YES	YES	25
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### 8.6 Question paper blue print Paper I

Question serial No	Type of Question	Theme Table for Framing Question paper - Refer Theme Table No 8.4 for themes
Q. 1	Multiple choice Question (MCQ) Total 10 questions – 1 Mark each Attempt all questions	Theme – A Theme – B Theme – C Theme – D Theme – E Theme – F Theme – G
Q.2	Short answer questions (SAQ) Total - 8 questions - 5 marks each Attempt all questions	Theme – A Theme – B Theme – C Theme – D Theme – E Theme – F Theme – G
Q.3	Long answer questions (LAQ) Total – 5 questions – 10 marks each Attempt all questions	Theme – A Theme – C Theme – D Theme – E Theme – F

## 8.7 Question paper blue print Paper I

Question serial No	Type of Question	Theme Table for Framing Question paper - Refer Theme Table No II: for themes
Q. 1	Multiple choice Question (MCQ) Total 10 questions – 1 Mark each Attempt all questions	Theme – A Theme – B Theme – C Theme – D Theme – E
Q.2	Short answer questions (SAQ) Total - 8 questions - 5 marks each Attempt all questions	Theme – A Theme – B Theme – C Theme – D Theme – E
Q.3	Long answer questions (LAQ) Total – 5 questions – 10 marks each Attempt all questions	Theme – A Theme – B Theme – C Theme – E

## 8.1 Details of practical assessment

Sl.no.	Practical/clinical activity	Marks
	<b>Clinical</b>	
<b>A.</b>	<b>Surgical case-taking</b>	
a.	One Surgical case taking – bedside case taking with case analysis	15 marks
b.	Demonstration of clinical examination of the surgical case- OSCE	15 marks
c.	Provisional diagnosis and differential diagnosis	10 marks
d.	Management General. Accessory, Surgical and Homoeopathic Therapeutics.	10 marks
	<b>Practical</b>	
B.	Identification of Instruments	15 marks
C.	X-ray interpretation	10 marks
D.	Journal/ Surgical case record	20 marks
E.	Clinical register maintenance	05 marks
F.	<b>Viva Voce -Clinical and therapeutics (Theory)</b>	<b>80 marks</b>
G.	<b>Internal assessment</b>	<b>20 marks</b>
	<b>Total</b>	<b>200 marks</b>

## 9. Recommended books

### *Text books*

1. P. Ronan O'Connell, McCaskie, A. W., & Williams, N. S. (2018). *Bailey & Love's Short Practice of Surgery, 27th Edition*. CRC Press.
2. Somen Das. (2008). *A concise textbook of surgery*. Dr S. Das.
3. Chatterjee B.M, & Agarwal, L. P. (2008). *Handbook of Ophthalmology*
4. Dhingra, P. L., & Shruti Dhingra. (2017). *Diseases of ear, nose and throat*. Elsevier India.
5. J Maheshwari, & Mhaskar, V. A. (2019). *Essential orthopaedics: including clinical methods*. Jaypee Brothers Medical Publishers.

### *Clinical Examination skill books*

1. Das, S. (2022). *A Manual on Clinical Surgery*. Jaypee Brothers Medical Publishers Pvt Limited.
2. Bailey, H., & Clain, A. *Hamilton Bailey's Demonstrations of Physical Signs in Clinical Surgery*.

### *Therapeutics books*

1. Kulkarni, S. (2002). *Surgery Therapeutics*. B. Jain Publishers.
2. Lilienthal, S. *Homoeopathic Therapeutics*.
3. Dewey, W. A. (1997). *Practical homeopathic therapeutics*. B. Jain.

### **Reference books**

1. *Sriram Bhat. (2019). SRB's manual of surgery. Jaypee Brothers.*
2. *Khurana, A., Khurana, A. K., & Khurana, B. P. (2023). Comprehensive Ophthalmology. Jaypee Brothers Medical Publishers Pvt Limited.*
3. *Sriram, B. M. (2019). SRB's clinical methods in surgery. Jaypee Brothers Medical Publishers.*
4. *Tandon, R. (2019). Parsons' Diseases of the Eye. Elsevier India.*
5. *Makhan Lal Saha. (2018). Bedside clinics in surgery : long and short cases, surgical problems, x-rays, surgical pathology, Preoperative preparations, minor surgical procedures, instruments, operative surgery and surgical anatomy. Jaypee Brothers Medical Publishers.*
6. *Materia Medica with repertory – boericke.*

### **10. List of Contributors**

- I. Dr. Thankaraj B  
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Nehru Homoeopathic Medical College & Hospital New Delhi
- II. Dr. Jigar Shah  
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New Delhi

## **Subject Name: Gynecology and Obstetrics**

### **Subject Code: Hom UG- ObGy- II**

#### **Index:**

<b>SL. NO.</b>	<b>CONTENTS</b>	<b>PAGE. NO.</b>
1.	Course Outcomes (CO)	
2.	Learning Objectives (LO)	
3.	Term-wise course content	
4.	Teaching Hours	
6.	Teaching-Learning methods	
7.	Details of Assessment:	
8.	List of recommended reference books	
9.	List of Contributors	

## 1. Course outcomes (CO):

At the end of the III BHMS course the student shall able to:

- i. Acquire knowledge and skill in applied anatomy, endocrinology and physiology including abnormality of female reproductive system during puberty, menstruation, and menopause and in different stages womanhood, integrate the knowledge with Anatomy, Physiology, Organon of medicine, Practice of medicine and Homoeopathic material medica to get a holistic understanding of disease evolution and approach to disease diagnosis and management.
- ii. Acquire knowledge in the Developmental anomalies, Uterine displacements and Sex and intersexuality to understand the Predisposition including fundamental miasm, personality type known to develop particular disease, causation and modifying factors like exciting and maintaining factors.
- iii. Acquire skill in case taking, clinical examination and common diagnostic modalities in Gynaecology and Obstetrics.
- iv. Acquire knowledge in anatomical, physiological, endocrinological changes and minor ailments during pregnancy and skill in diagnosis of normal pregnancy, prenatal, antenatal, postnatal maternal and fetal surveillance, care of newborn, care of puerperium and integrate the knowledge with Organon of medicine and Homoeopathic Materia medica for eradicating genetic dyscrasias in the mother and fetus.
- v. Acquire Knowledge in identification of causes related with male and female Infertility, their diagnosis, Artificial Reproductive Techniques and skill in Homoeopathic management along with population dynamics and control of Conception.
- vi. Develop Knowledge in identifying the indications of surgical procedures, its complications, after effects and to refer for surgical intervention either as a life saving measure or for removing mechanical obstacles.
- vii. Develop skill in identifying common problems during abnormal pregnancy and labour to manage it in Homoeopathic perspective including scope, limitations and timely referral.
- viii. Acquire Knowledge and develop skill in postnatal, puerperal care, diseases of fetus, and newborn and medico legal aspects with Homoeopathic perspective.
- ix. Acquire skill in General and Homoeopathic Management for the related conditions in this subject and to formulate the reportorial rubrics for repertorization to arrive at the common indicated remedies for the available clinical condition.

## 2. Learning Objectives (LO)-

At the end of the III BHMS course the student shall be able to:

- i. Learning skills in case taking, physical examination, diagnostic procedures and managements of benign and malignant conditions, trauma, infections and inflammations related with female genitalia, and pre-malignancy screening procedures.
- ii. Understanding the causes related with male and female Infertility, their diagnosis,

Artificial Reproductive Techniques and skill in Homoeopathic management along with population dynamics and control of Conception.

- iii. Comprehending the indications of surgical procedures, their complications, after effects and indications for surgical intervention either as a life saving measure or for removing mechanical obstacles.
- iv. Understanding common problems during abnormal pregnancy and labour to manage it through Homoeopathic perspective including scope, limitations and timely referral.
- v. Comprehending postnatal, puerperal care, diseases of fetus, newborn and medico legal aspects with Homoeopathic perspective.
- vi. Acquire skill in case taking, clinical examination and common diagnostic modalities in Gynaecology and Obstetrics.
- vii. Learning general and homoeopathic management of common Gynecological and Obstetric conditions.
- viii. Integrate the knowledge with Anatomy, Physiology, Organon of medicine, Practice of medicine and Homoeopathic materia medica to get a holistic understanding of disease evolution and approach to disease diagnosis and management.

### 3. Course content and its term-wise distribution:

#### 3.1. Unit 1: Gynaecology and Homoeopathic Therapeutics

Sl. No.	List of topics	Term
1.a	Introduction to abnormal disease conditions in Gynaecology with Homoeopathic management related to causation, Clinico-pathological and miasmatic correlations with pathological end result. Review of the Homoeopathic literature, Therapeutics and Repertory source books	I
1.b	Infections & Ulcerations of the female genital organs, their Causation and modifying factors: exciting-maintaining causes from micro-organisms to environmental to climacteric to occupational etc. Psychosomatic aspect, Pathogenesis, Pathology, Clinico-pathological and miasmatic correlations with pathological end result including Homoeopathic management	I
1.c	Injuries of the genital tract, Homoeopathic management - scope and limitations.	I
1.d	Disorders of Female genital tract - Abnormal vaginal discharge, Pelvic pain, Low backache, Vaginismus, Dyspareunia, Abdomino-pelvic lump, with Homoeopathic management	I
1.e	Urinary problems in gynaecology – Incontinence, retention, urinary tract infection, dysuria and urethral carbuncle with Homoeopathic management	I
1.f	Diseases of breasts with Homoeopathic management	I
1.g	Sexually transmitted diseases including Homoeopathic management	I
1.h	Endometriosis and Adenomyosis - scope and limitation of management in Homoeopathy	II

1.i	Etiological factors related with male and female Infertility, their diagnosis, Artificial Reproductive Techniques, scope and limitation of Homoeopathic management along with population dynamics and control of Conception	II
1.j	Genital non-malignant growths - scope and limitation of management in Homoeopathy	II
1.k	Genital malignancy with scope of Homoeopathic treatment and its limitations	II
1.l	Identifying the indications of surgical procedures in Gynaecology, its complications, after effects and to refer for surgical intervention either as a life saving measure or for removing mechanical obstacles.	II
1.m	Radiotherapy, Chemotherapy, Immunotherapy, Gene therapy, Tumour markers - utility and its complications	II
1.n	General and Homoeopathic Management, repertorization, therapeutics, posology, Formulation of prognostic criteria, Prognosis and future advances of related topics in Gynaecology.	II

## Unit 2: Obstetrics, new born care & Homoeopathic therapeutics

Sl. No.	List of topics	Term
2.a	Introduction to Abnormal pregnancy and labour with its scope and limitation in Homoeopathy Review of literature, Therapeutics and Repertory source books.	I
2.b	High risk labour, Dystocia Mal-positions and mal-presentation, Prolapse of cord and limbs, Abnormalities in the action of the uterus, Abnormal conditions of soft parts, Contracted pelvis, Obstructed labour, Complications of 3 <sup>rd</sup> stage of labour, Preterm labour, Post maturity, Injuries of birth canal, Scope and limitation in Homoeopathy	I
2.c	Abnormal pregnancies: Haemorrhages during Antepartum, postpartum and early pregnancy, Multiple pregnancy, Hypertensive disorders, in identifying common problems during Abnormal pregnancy and to manage it in Homoeopathic perspective including scope, limitations and timely referral.	I
2.d	Common disorders and systemic diseases associated with pregnancy. A holistic understanding of disease evolution and approach to diagnosis, prognosis, Homoeopathic management, scope and limitations	I
2.e	Understanding Pre- natal diagnostic Techniques (Regulation and Prevention of Misuse) Act 1994	II
2.f	Knowledge about the indication of common obstetrical operations, Medical termination of pregnancy, Criminal abortion, Caesarean section, Induction of labour, Episiotomy. etc and its complications, after effects and to refer for surgical intervention either as a life saving measure or for removing mechanical obstacles.	II

2.g	Emergency obstetric care	II
2.h 4.Te	Infant care : Neonatal hygiene, Common disorders of new-born, Breast feeding, Artificial feeding, Management of premature child, Asphyxia & Ophthalmia Neonatorum, Birth injuries, Neonatal infections, Congenital malformations of new-born Intrauterine growth retardation, Foetal anomalies including scope and limitation in Homoeopathy and timely referral.	II
2.i a c	Knowledge about Reproductive and child health care.(a) Safe motherhood and child survival (b) Risk approach – MCH care (c) Maternal mortality and morbidity (d) Perinatal mortality and morbidity (e) Diseases of foetus and new born.	II
2.j	Medico legal aspects in obstetrics	II
2.k	General and Homoeopathic Management, repertorization, Therapeutics, Posology, Formulation of prognostic criteria, Prognosis and future advances in Obstetrics and new-born care.	II

### Teaching hours:

#### 4.1 Gross division of teaching hours: Total Teaching hours: 189 hours

Gynaecology and Obstetrics		
Year	Teaching hours- Lectures	Teaching hours- Non-lectures
III BHMS	110	79

#### 4.2 Teaching hours theory:

##### 4.2.1 Unit 1: Gynaecology and Homoeopathic Therapeutics

Sl. No.	List of topics	Lecture hours
1.a	Introduction to abnormal disease conditions in Gynaecology with Homoeopathic management related to causation, Clinico-pathological and miasmatic correlations with pathological end result. Review of the Homoeopathic literature, Therapeutics and Repertory source books	03 hrs
1.b	Infections & Ulcerations of the female genital organs, their Causation and modifying factors: exciting-maintaining causes from micro-organisms to environmental to climacteric to occupational etc. Psychosomatic aspect, Pathogenesis, Pathology, Clinico-pathological and miasmatic correlations with pathological end result including Homoeopathic management	05 hrs
1.c	Injuries of the genital tract, Homoeopathic management - scope and limitations.	02 hrs

1.d	Disorders of Female genital tract - Abnormal vaginal discharge, Pelvic pain, Low backache, Vaginitis, Dyspareunia, Abdomino-pelvic lump, with Homoeopathic management	03 hrs
1.e	Urinary problems in gynaecology – Incontinence, retention, urinary tract infection, dysuria and urethral carbuncle with Homoeopathic management	03 hrs
1.f	Diseases of breasts with Homoeopathic management	02 hrs
1.g	Sexually transmitted diseases including Homoeopathic management	02 hrs
1.h	Endometriosis and Adenomyosis - scope and limitation of management in Homoeopathy	04 hrs
1.i	Etiological factors related with male and female Infertility, their diagnosis, Artificial Reproductive Techniques, scope and limitation of Homoeopathic management along with population dynamics and control of Conception	03 hrs
1.j	Genital non-malignant growths - scope and limitation of management in Homoeopathy	04 hrs
1.k	Genital malignancy with scope of Homoeopathic treatment and its limitations	04 hrs
1.l	Identifying the indications of surgical procedures in Gynaecology, its complications, after effects and to refer for surgical intervention either as a life saving measure or for removing mechanical obstacles.	02 hrs
1.m	Radiotherapy, Chemotherapy, Immunotherapy, Gene therapy, Tumour markers - utility and its complications	02 hrs
1.n	General and Homoeopathic management Repertorization, Therapeutics, posology. Formulation of prognostic criteria and Prognosis of related topics in GYNAECOLOGY care	03 hrs. 03 hrs. 02 hrs. 02 hrs. 01 hr.
<b>Total</b>		<b>50 hrs</b>

#### 4.2.2. Unit 2: Obstetrics, new born care & Homoeopathic therapeutics

Sl. No.	List of topics	Lecture hours
2.a	Introduction to Abnormal pregnancy and labour with its scope and limitation in Homoeopathy Review of literature, Therapeutics and Repertory source books.	02 hrs
2.b	High risk labour, Dystocia Mal-positions and mal-presentation, Prolapse of cord and limbs, Abnormalities in the action of the uterus, Abnormal conditions of soft parts, Contracted pelvis, Obstructed labour, Complications of 3 <sup>rd</sup> state of labour, Preterm labour, Post maturity, Injuries of birth canal, Scope and limitation in Homoeopathy	10 hrs

2.c	Abnormal pregnancies: Haemorrhages during Antepartum, postpartum and early pregnancy, Multiple pregnancy, Hypertensive disorders, in identifying common problems during abnormal pregnancy and to manage it in Homoeopathic perspective including scope, limitations and timely referral.	06 hrs
2.d	Common disorders and systemic diseases associated with pregnancy. A holistic understanding of disease evolution and approach to diagnosis, prognosis, Homoeopathic management, scope and limitations	04 hrs
2.e	Understanding Pre- natal diagnostic Techniques (Regulation and Prevention of Misuse) Act 1994	03 hrs
2.f	Knowledge about the indication of common obstetrical operations, Medical termination of pregnancy, Criminal abortion, Caesarean section, Induction of labour, Episiotomy. etc and its complications, after effects and to refer for surgical intervention either as a life saving measure or for removing mechanical obstacles.	04 hrs
2.g	Emergency obstetric care	03 hrs
2.h	Infant care : Neonatal hygiene, Common disorders of new-born, Breast feeding, Artificial feeding, Management of premature child, Asphyxia & Ophthalmia Neonatorum Birth injuries, Neonatal infections, Congenital malformations of new-born Intrauterine growth retardation, Foetal anomalies including scope and limitation in Homoeopathy and timely referral.	10 hrs
2.i	Knowledge about Reproductive and child health care. Safe motherhood and child survival (b) Risk approach – MCH care Maternal mortality and morbidity Perinatal mortality and morbidity (e) Diseases of foetus and new born.	02 hrs
2.j	Medico legal aspects in obstetrics	02 hrs
2.k	General and Homoeopathic management Repertorization, Therapeutics, posology. Formulation of prognostic criteria and Prognosis of related topics in OBSTETRICS AND NEW BORN care	03 hrs. 03 hrs. 03 hrs. 02 hrs. 03 hrs.
<b>Total</b>		<b>60 hrs</b>

#### 4.3 Teaching hours Non-lecture:

S. No.	Non lecture activity	Hours
<b>1.</b>	<b>CLINICAL / PRACTICAL</b>	<b>55 hrs</b>
A	Homoeopathic OPD postings	
B	Homoeopathic case taking	

C	Homoeopathic management: Repertorization Potency and dose Different remedies Prescription, General and auxiliary management	25 hrs
D	Bedside IPD clinics	30 hrs
E	Gynaecological Case taking	
F	Gynaecological Examination- OSCE	
G	Obstetrical Case taking	
H	Obstetrical Examination- OSCE	
<b>2.</b>	<b>DEMONSTRATIVE -24 hours</b>	<b>24 hrs</b>
A	Small group teaching/seminars/tutorials/field visits/Problem based / Case based learning/ skill lab training /integrated learning/group discussion/ assignments	18 hrs.
B	Investigations, Diagnosis , D/D	02 hrs.
C	Instruments - demonstration	02 hrs
D	Models , charts & specimens	02 hrs
	<b>TOTAL</b>	<b>79 HRS</b>

#### 4. Teaching learning methods

Lectures (Theory)	Non-lectures (Practical/Demonstrative)
Lectures- black board, AV aids	Demonstration of charts, models, pelvis and dummy, birth simulators, neonatal
Small group discussion	Clinical demonstration, DOAP, DOPS, OSCE
Integrated lectures	Problem based learning/discussion- Case based learning, assignments, minor research projects
	Flipped classroom
	Participatory learning e.g. quiz, seminar etc.
	Library reference
	Self-learning

#### 5. Details of assessment

##### 5.1. Overall Scheme of Assessment (Summative)

Sr. No	Professional Course	Term I (1-6 Months)		Term II (7-12 Months)	
		1. Details of assessment	Third Professional BHMS	PA I (end of 3 months)	TT I (end of 6 months)

		20 Marks Viva	100 Marks Practical/ Viva Viva voce - 50 marks Practical* – 50 marks	20 Marks Viva	200 marks theory	200 marks Practical+ Viva+ IA
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PA: Periodical Assessment; TT: Term Test; FUE: Final University Examinations; IA: Internal Assessment

*\*Practical examinations TTI:*

Case taking: total 2 cases to be taken, one for each Gynaecological and Obstetrical condition- Construct the portrait of disease in presenting Gynaec./Obs. condition with relevance to Hahnmeannian case taking. (5 marks)

Perceive the symptomatology and derive the rubrics (5 marks)

Derive at the miasmatic background of presenting gynaecological condition with help of clinico-pathological findings including Homoeopathic management (5 marks)

General physical/ Per abdominal/ per vaginal examination for the presenting complaint (5 marks)

Suggest the relevant lab investigations for the presenting condition ( 5 marks)

## 7.2 Number of papers and Mark Distribution for Final University Examination (FUE)

Sr. No.	Course Code	Papers	Theory	Practical/ Clinical**	Viva Voce	Internal Assessment*	Grand Total
1	Hom-UG ObGy-II	02	200 marks	100 marks	80 marks	20 marks (Marks of PA I + TT I + PA II)	400 marks

\*Method of Calculation of Internal Assessment Marks for Final University Examination: Marks of IA (M) = S + T / 2

S = Marks of IA in II BHMS

T = Marks of IA in III BHMS = (Marks of PA-1 + Marks of TT + Marks of PA-2) / 140 X 20

\*\*Refer to the table 7.8 for the details of practical/clinical exam and marks distribution in FUE

## 7.3 Paper Layout

**Summative assessment (FUE): Theory- 200 marks**

<b>Paper I (100 Marks)</b>		
<b>Gynaecology &amp; homoeopathic therapeutics</b>		
1.	LAQ	50
2.	SAQ	40
3.	MCQ	10
<b>Paper II (100 Marks)</b>		

Obstetrics, new born care & homoeopathic therapeutics		
1.	LAQ	50
2.	SAQ	40
3.	MCQ	10

#### 7.4. Theme-wise distribution of questions for theory exam paper I:

Theme	Topics	Term		Marks	MCQ	SAQ	LAQ
		II BHMS	III BHMS				
A	Introduction to Gynaecology with definition of Hahnemannian classification of disease. Importance in the review of the Homoeopathic literature, Therapeutics and Repertory source books	I		10	Yes	Yes	No
	A review of the applied anatomy of female reproductive system, Development and Developmental anomalies	I			Yes	Yes	No
	Gynaecological Case taking, physical examination, investigation and approach to clinical diagnosis and Differential diagnosis.	I			Yes	Yes	No
	Epidemiology -Predisposition including fundamental miasm: personality type known to develop particular disease	I			Yes	Yes	No
	Sex & Intersexuality- Knowledge and scope to eradicate genetic Dyscrasias, predisposition, miasm and personality types known to develop particular diseases through Homoeopathic outlook.	II			Yes	Yes	No
	Introduction to abnormal disease conditions in Gynaecology with Homoeopathic management related to causation, Clinico- pathological and miasmatic correlations with pathological end result. Review of the Homoeopathic literature, Therapeutics and Repertory source books		I		Yes	Yes	No
	A review of the applied physiology of female reproductive systems, puberty, menstruation and its disorders including Menorrhagia,	I			Yes	Yes	Yes
B	Metrorrhagia, Dysfunctional uterine bleeding and menopause with related ailments and its scope and management in Homoeopathy and integrate Where ever necessary (Vertically and Horizontally) with other disciplines.			20			
	Uterine displacements – Prolapse, Retroversion and inversion with its exciting and maintaining causes, disease manifestations, prognosis, management and scope in homoeopathic perspective	II			Yes	Yes	Yes

	Urinary problems in gynaecology – Incontinence, retention, urinary tract infection, dysuria and urethral caruncle with Homoeopathic management		<b>I</b>		<b>Yes</b>	<b>Yes</b>	<b>Yes</b>
<b>C</b>	General and Homoeopathic Management, repertorization, therapeutics, posology, Formulation of prognostic criteria and Prognosis of related topics in Gynaecology		<b>II</b>	<b>20</b>	<b>Yes</b>	<b>Yes</b>	<b>Yes</b>
	Infections & Ulcerations of the female genital organs, their Causation and modifying factors: exciting-maintaining causes from micro-organisms to environmental to climacteric to occupational etc. Psychosomatic aspect, Pathogenesis, Pathology, Clinico-pathological and miasmatic correlations with pathological end result including Homoeopathic management		<b>I</b>		<b>Yes</b>	<b>Yes</b>	<b>No</b>
	Injuries of the genital tract, Homoeopathic management - scope and limitations.		<b>I</b>		<b>Yes</b>	<b>Yes</b>	<b>No</b>
	Etiological factors related with male and female Infertility, their diagnosis, Artificial Reproductive Techniques, scope and limitation of Homoeopathic management along with population dynamics and control of Conception		<b>II</b>		<b>Yes</b>	<b>Yes</b>	<b>Yes</b>
	General and Homoeopathic Management, repertorization, therapeutics, posology, Formulation of prognostic criteria, Prognosis and future advances of related topics in Gynaecology.		<b>II</b>		<b>Yes</b>	<b>Yes</b>	<b>Yes</b>
<b>D</b>	Disorders of Female genital tract - Abnormal vaginal discharge, Pelvic pain, Low backache, Vaginism's, Dyspareunia, Abdomino pelvic lump, with Homoeopathic management		<b>I</b>	<b>15</b>	<b>Yes</b>	<b>Yes</b>	<b>No</b>
	Sexually transmitted diseases including Homoeopathic management		<b>I</b>		<b>Yes</b>	<b>Yes</b>	<b>No</b>
<b>E</b>	Genital non-malignant growths - scope and limitation of management in Homoeopathy		<b>II</b>	<b>20</b>	<b>Yes</b>	<b>Yes</b>	<b>Yes</b>
	Diseases of breasts with Homoeopathic management		<b>I</b>		<b>Yes</b>	<b>Yes</b>	<b>No</b>
	Endometriosis and Adenomyosis - scope and limitation of management in Homoeopathy		<b>II</b>		<b>Yes</b>	<b>Yes</b>	<b>Yes</b>
<b>F</b>	Genital malignancy with scope of Homoeopathic treatment and its limitations		<b>II</b>	<b>15</b>	<b>Yes</b>	<b>Yes</b>	<b>Yes</b>
	Identifying the indications of surgical procedures in Gynaecology, its complications, after effects and to refer for surgical intervention either as a life saving measure or for removing mechanical obstacles.		<b>II</b>		<b>Yes</b>	<b>Yes</b>	<b>No</b>
	Radiotherapy, Chemotherapy, Immunotherapy, Gene therapy, Tumor markers - utility and its complications		<b>II</b>		<b>Yes</b>	<b>Yes</b>	<b>No</b>

## 7.5 Distribution of questions for theory exam paper II

Theme	Topic	II BHM S	III BHM S	Mark s	MCQ'S	SAQ' S	LAQ' S
		Term	Term				
A	Introduction to Obstetrics and Newborn care related with Homoeopathic Philosophy, Therapeutics and Repertorisation.	I		10	Yes	Yes	No
	Fundamentals of reproduction	I			Yes	Yes	No
	Development of intra uterine pregnancy	I			Yes	Yes	No
	Diagnosis of pregnancy, investigations & examinations, applied anatomy & physiology, Normal pregnancy – physiological changes	I			Yes	Yes	No
	Understanding Pre- natal diagnostic Techniques (Regulation and Prevention of Misuse) Act 1994	II			Yes	Yes	No
B	Antenatal care – aims, objectives, visits, advise, procedures, investigations, identifying high risk cases, scope and limitation of management in Homoeopathy	I		10	Yes	Yes	No
	Common conditions such as Vomiting, backache, constipation in	I			Yes	Yes	No
	pregnancy and Homoeopathic management						
	Important Investigations for diagnosis in Obstetrics	II			Yes	Yes	No
	Knowledge about Reproductive and child health care. Safe motherhood and child survival (b) Risk approach – MCH care Maternal mortality and morbidity Perinatal mortality and morbidity (e) Diseases of foetus and new born.		II		Yes	Yes	No
	Medico legal aspects in obstetrics		II		Yes	Yes	No
C	Normal labour with its causes of onset, anatomy, physiology, mechanism, stages, events and clinical course in each stage, importance of Homoeopathic scope and management	II		20	Yes	Yes	Yes
	Postnatal & puerperal cure - scope and limitation of management in Homoeopathy		II		Yes	Yes	Yes
	Introduction to Abnormal pregnancy and labour with its scope and limitation in Homoeopathy Review of literature, Therapeutics and Repertory source books.		I		Yes	Yes	No
	Common disorders and systemic diseases associated with pregnancy. A holistic understanding of disease evolution and approach to diagnosis, prognosis, Homoeopathic		I		Yes	Yes	No

	management, scope and limitations						
<b>D</b>	High risk labour, Dystocia Mal-positions and mal-presentation, Prolapse of cord and limbs, Abnormalities in the action of the uterus, Abnormal conditions of soft parts, Contracted pelvis, Obstructed labour, Complications of 3 <sup>rd</sup> state of labour, Preterm labour, Post maturity, Injuries of birth canal, Scope and limitation in Homoeopathy		<b>I</b>	<b>20</b>	<b>Yes</b>	<b>Yes</b>	<b>Yes</b>
	Indication of common obstetrical operations, Medical termination of pregnancy, Criminal abortion, Caesarean section,		<b>II</b>		<b>Yes</b>	<b>Yes</b>	<b>No</b>
	Induction of labour, Episiotomy. etc and its complications, after effects and to refer for surgical intervention either as a life saving measure or for removing mechanical obstacles.						
	Emergency obstetric care		<b>II</b>		<b>Yes</b>	<b>Yes</b>	<b>No</b>
<b>E</b>	Abnormal pregnancies: Hemorrhages during Antepartum, postpartum and early pregnancy, Multiple pregnancy, Hypertensive disorders, in identifying common problems during Abnormal pregnancy and to manage it in Homoeopathic perspective including scope, limitations and timely referral.		<b>I</b>	<b>20</b>	<b>Yes</b>	<b>Yes</b>	<b>Yes</b>
	General and Homoeopathic Management, repertorisation, therapeutics, posology, Formulation of prognostic criteria and Prognosis of related topics in Obstetrics and newborn care.		<b>II</b>		<b>No</b>	<b>Yes</b>	<b>Yes</b>
<b>F</b>	Infant care : Neonatal hygiene, Common disorders of newborn, Breast feeding, Artificial feeding, Management of premature child, Asphyxia & Ophthalmia Neonatorum Birth injuries, Neonatal infections, Congenital malformations of newborn Intrauterine growth retardation, Foetal anomalies including scope and limitation in Homoeopathy and timely referral.		<b>II</b>	<b>20</b>	<b>Yes</b>	<b>Yes</b>	<b>Yes</b>
	Care of new born in homoeopathic point of view		<b>II</b>		<b>Yes</b>	<b>Yes</b>	<b>Yes</b>

General and Homoeopathic Management, repertorisation, Therapeutics, Posology, Formulation of prognostic criteria, Prognosis and future advances in Obstetrics and newborn care.		<b>II</b>	<b>No</b>	<b>Yes</b>	<b>Yes</b>
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### 7.6 Question paper blue print Paper I- Gynaecology & Homoeopathic Therapeutics

<b>A Question Serial Number</b>	<b>B Type of Question</b>	<b>C Theme (Refer table 7.4 for themes)</b>
Q1	Multiple Choice Questions(MCQ) 10 Questions 1 mark each All compulsory	Theme A Theme B Theme C Theme D Theme E Theme F
Q2	Short answer Questions (SAQ) Eight Questions 5 Marks Each All compulsory	Theme A Theme B Theme C Theme D Theme E Theme F
Q3	Long answer Questions (LAQ) Five Questions 10 marks each All compulsory	Theme B Theme C Theme E Theme F

### 7.7 Question paper blue print Paper II- Obstetrics, New Born Care & Homoeopathic Therapeutics

<b>A Question Serial Number</b>	<b>B Type of Question</b>	<b>C Theme (Refer table 7.5 for themes)</b>
Q1	Multiple Choice Questions(MCQ) 10 Questions 1 mark each All compulsory	Theme A Theme B Theme C Theme D Theme E Theme F
Q2	Short answer Questions(SAQ) Eight Questions 5 Marks Each All compulsory	Theme A Theme B Theme C Theme D Theme E Theme F Theme G
Q3	Long answer Questions(LAQ) Five Questions 10 marks each All compulsory	Theme C Theme D Theme E Theme F Theme G

### 7.8 Details of practical assessment

Clinical performance - Bedside case taking - ANC, PNC or Gynae with case analysis	15 marks
Diagnosis and D/D (in Gynaec case),	03 marks
Investigations	02 marks
Totality, Remedy selection, Potency selection, Repetition of dose, Repertorization etc.	20 marks
Identification of instruments, models and specimens	30 marks

Case Records to be maintained by each student ( <b>10 Gynae cases + 10 Obs cases</b> )	20 marks
Log Book/ Problem based assignments/ Small project, clinical evaluation, DOPS/OSCE etc.	10 marks
Viva Voce -Theory (Obstetrics, Gynaecology and Infant care with Homoeopathic Therapeutics)	80 marks
Internal Assessment	20 marks
<b>Total marks for viva &amp; clinical exam</b>	<b>200 Marks</b>

#### 6. List of recommended text/reference books

- D.C. Dutta- Text book of Obstetrics -6th edition, New Central Book Agency Pvt. Ltd. (2004)
- D.C. Dutta -Text book of Gynaecology, 4th edition, New Central Book Agency Pvt. Ltd. (2007)
- Homoeopathy for Mother and Child care – Volume 1
- Handbook on homeopathy for mother and child care
- Text book of Gynaecology by Cowperthwaite Reprint 2001B Jain Publishers (P) Ltd.
- Gynaecologic and Obstetric Therapeutics, KulkarniShrikant
- Uterine therapeutics by Henry Minton Reprint 2005B Jain Publishers (P) Ltd.
- Samuel Lilienthal- Homoeopathic Therapeutics, 5th Edition , B Jain Publishers (P) LTD. (Reprint 2003)

#### Reference books

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

#### 7. List of contributors

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- **DR. NEETU SINGH – Subject Expert**, Professor & HOD, Department Of Gynaecology & Obstetrics, Mangilal Nirban Homoeopathic Medical College And Research Institute, Bikaner, Rajasthan.
- **DR REKHA THOMAS –Subject Expert**, Professor& HOD, Department Of Gynaecology and Obstetrics, Nehru Homoeopathic Medical College And Hospital, New Delhi.

## **Subject Name:- Community Medicine**

**Subject code: Hom UG-CM-I**

### **Index**

<b>S. No</b>	<b>Description</b>	<b>Page Number</b>
1.	Preamble	
2.	Program Outcomes(PO)	
3.	Course Outcomes (CO)	
4.	Learning Objectives (LO)	
5.	Course Content and Term-wise Distribution	
6.	Teaching Hours	
7.	Teaching Learning Methods	
8.	Details of Assessment	
9.	List of Recommended Books	
10.	List of Contributors	

## 1. Preamble

Community medicine identifies different bio-psycho-social-cultural-economical-environmental-occupational and climatic factors that determine health and influence the human body, and derange it if the adaptation to these factors gets deviated. These influence the quality of life and predispose individuals to disease. Several genetic, nutritional, and microbiological factors, if taken care of in early stages, not only prevent diseases but also help in the promotion of health and enhance the quality of life. Behavioral factors play a key role in keeping a man healthy and maintaining better adaptation to other factors. Many lifestyle illnesses and preventable diseases are on the rise which need better understanding for their prevention. The main goal of community medicine/public health is to improve the health of the community.

Homoeopathic practitioners' responsibility is not only to restore the sick to health with their basic clinical skills but also to analyze the community health problem, prevent diseases at the community level as well as promote good health. To improve community health homoeopathic community medicine practitioners are required to work beyond their medical knowledge, they should possess knowledge of other sub-disciplines such as biostatistics, social and behavioral health, environmental health, healthcare management, public health nutrition, health economics, health financing, health informatics, and other related disciplines.

Clinical specialists are generally confined to clinics or hospitals, whereas the scope of community medicine practitioners extends from clinic/hospital to community to provide their preventive, promotive curative, rehabilitative, and palliative services. The Homoeopathic physician, as directed in aphorism<sup>4</sup>, is the preserver of health and helps the community to live for the higher purpose of existence

Homoeopathic physicians as Community medicine practitioners should be able to identify and prioritize the health problems, as well as the health needs of the community. He/she must identify the determinants, provide appropriate intervention and also educate the community about prevention and maintaining good health. This will require early exposure to community posting so that the student understands the Multifactorial causes and preserves health when derailed.

Community medicine deals with prevention at the individual and community levels and integration of it with Organon will equip the homoeopathic physician better to manage them. Homoeopathic physicians should become a holistic healer and leaders in all caring disciplines. The current concept of prevention and promotion will become clear through the integration of homoeopathic subjects such as Organon, Materia Medica, and other medical courses with community medicine. It would enable the students to render their duties and responsibilities efficiently, effectively, and sustainable way. To accomplish this Community Medicine CBDC curriculum is aptly designed.

## 2. Program outcomes (PO)

- i. **PO1: Community Health Expertise**  
Demonstrate a comprehensive understanding of community health issues and apply homoeopathic clinical knowledge to effectively assess, manage, and resolve them.
- ii. **PO2: Preventive and Social Medicine Application**  
Integrate knowledge of health and disease determinants to develop strategies for disease prevention, health promotion, and control measures at the individual and population levels.
- iii. **PO3: Public Health Surveillance and Response**  
Identify and prioritize public health problems, initiate timely interventions, and contribute to disease surveillance and reporting systems at local, regional, and national levels.
- iv. **PO4: Epidemic and Outbreak Management**  
Understand and participate in the investigation and management of epidemics and outbreaks using standard public health tools and homoeopathic principles.
- v. **PO5: Community-Based Screening and Intervention**  
Engage in screening programs for early detection of diseases and provide relevant homoeopathic interventions at individual and community levels.
- vi. **PO6: Community Engagement and Empowerment**  
Promote and facilitate active community involvement in health-related decision-making and implementation of disease prevention and health promotion strategies.
- vii. **PO7: Socio-behavioral Health Interventions**  
Recognize the role of community behaviors and socio-cultural factors in health and disease and plan suitable health education and behavioral interventions.
- viii. **PO8: Epidemiology and Research Proficiency**  
Apply epidemiological methods in identifying, analyzing, and interpreting public health data; contribute to the planning and execution of health studies.
- ix. **PO9: National Health Program Implementation**  
Participate in the planning, execution, and monitoring of national and state health programs tailored to the needs of specific communities.
- x. **PO10: Research Methodology in Homoeopathy**  
Select and apply appropriate research study designs to conduct ethical, evidence-based research in community-oriented homoeopathy practice.

## 3. Course outcomes

**At the end of the Community Medicine course, the student shall be able to**

- i. Recognise community health problems, apply clinical skills, and manage the problems using homoeopathic principles.
- ii. Identify determinants of health and disease, and use the knowledge for prevention, and control of diseases and promote good health in the community.
- iii. Identify, prioritise, manage, and report diseases of public health importance at the appropriate levels.
- iv. Outline the process of epidemics/outbreak investigation and manage them with a homoeopathic approach.
- v. Participate in screening of diseases at individual and community levels.
- vi. Promote community participation in disease prevention and control and promotion of health.
- vii. Identify community behaviors associated with health problems and provide interventions.
- viii. Factor in epidemiological principles while conducting studies/research; collect, collate, analyse, and report public health problems.
- ix. Plan and participate in implementing national health programs in the community.
- x. Select an appropriate research study design to conduct research in homoeopathy.

#### 4. Learning objectives(LO)

The learning objectives for this course are to-

- i. Define the concept of community medicine and describe the growth and development of public health in India
- ii. Explain the concept of health, disease and causation from a public health point of view and specifically from the homoeopathic science perspective.
- iii. Explain the Community Health, Health care of the Community, and Healthcare Delivery Systems in India
- iv. Summarize the Social and Behavioral Health issues and their Relevance to Homoeopathy.
- v. Detect the role of Nutrition for Community Health.
- vi. Evaluate the role of environmental factors on health.
- vii. Illustrate the mental health issues in the community in general and those arising due to addiction.
- viii. Determine the reproductive, maternal, newborn, child, adolescent health, geriatric health, and communicable and occupational health issues.
- ix. Compile the Demography, and Vital Statistics.

#### 5. Course content and its term-wise distribution

SI. No.	List of Topics	Term
1.	<b>Fundamental Concepts of Community Medicine, Public Health, and History of Community Medicine.</b> 1.1 Basic definitions 1.2 Public health 1.3 History of public health 1.4 History of public health in India 1.5 Importance of community medicine for Homoeopath 1.6 Role of homoeopaths in public health	I
2.	<b>Concepts of Health, Disease Causation &amp; Prevention and Homoeopathy</b> 2.1 Concept of health 2.2 Health 2.3 Disease causation 2.4 Biomedical Model of Health 2.5 Web of Causation 2.6 Natural history of disease 2.7 Levels of prevention 2.8 Determinants of health 2.9 Ice berg phenomenon 2.10 Spectrum of health 2.11 Disease elimination and control 2.12 Concept of health and disease from a Homoeopathic perspective 2.13 Concept of well-being 2.14 Indicators of health and disease 2.15 Mortality Rates 2.16 Morbidity Rates 2.17 Disability rates 2.18 Summary measures 2.19 Health status of India	I

3.	<b>Community Health, Health care of the Community, and Health care Delivery Systems in India</b> 3.1 Health System 3.2 Types of health systems 3.3 Health systems framework 3.4 Healthcare of the community 3.5 Health care Levels in India 3.6 Health care Delivery Systems in India	I
4.	<b>Social and Behavioral Health and its Relevance to Homoeopathy</b> 4.1 Social and Behavioral Health 4.2 Health Behaviour 4.3 Medical Sociology 4.4 Social Determinants of Health 4.5 Community 4.6 Family in Health and Disease 4.7 Social Stratification: Socioeconomic status, social class, Poverty, and Health 4.8 Health promotion, Behavioral health theories, and Behaviour Change Communication (BCC) 4.9 Clinical, social-cultural, and demographic assessment of individual, family, and community (Medico social case workup) 4.10 Family Health Record	I
5.	<b>Nutrition for Community Health</b> 5.1 Nutrition: General concepts 5.2 Dietary standards: Recommended Dietary Allowance (RDA and Estimated Average Requirement (EAR) 5.3 Energy 5.4 Proximate Principles of Food, Protein, Fats, Carbohydrates 5.5 Dietary fibre 5.6 Vitamins 5.7 Minerals 5.8 Nutritional requirements of special groups 5.9 Nutritional problems of public health importance 5.10 Milk and Meat 5.11 Nutritional assessment, surveillance, education and rehabilitation 5.12 Food Safety, Food Hygiene, Food Processing, Food Additives, Food preservatives, Food Fortification, Food adulteration and food toxicants. 5.13 National Nutritional Programs	I
6.	<b>Environment and Health</b> 6.1 Basic introduction to environmental health 6.2 Water and Health 6.3 Sanitation, Solid Waste, Human Excreta and Sewage disposal 6.4 Disposal of Solid waste and waste water 6.5 Excreta Disposal 6.6 Bio-medical waste and its management 6.7 Temperature and health 6.8 Noise and health 6.9 Environmental Pollution 6.10 Air and health 6.11 Ventilation and health 6.12 Radiation and health	I

	6.13 Light and Health 6.14 Housing and Health 6.15 Laws of environmental pollution 6.16 Medical Entomology	
7.	<b>Mental Health</b> 7.1 Mental Health 7.2 Health problems due to tobacco, alcohol, and drug abuse.	II
8.	<b>Reproductive, Maternal, Newborn, Child and Adolescent Health and related National Health Programmes</b> 8.1 RMNCHA Introduction 8.2 Maternal Health 8.3 Gender issues and women's empowerment 8.4 Care of Newborn 8.5 Infant and Child Health care 8.6 Under-Five Children 8.7 Growth and Development of Child 8.8 Adolescents Health 8.9 Reproductive health 8.10 Immunisation	II
9.	<b>Geriatric Health and Health of Specially Abled Population</b> 9.1 Definitions 9.2 Concept of Geriatric Services 9.3 Prevention and Control of Health Problems of the Elderly 9.4 National Health Programs 9.5 End-of-Life Care and Palliative Care of the Elderly 9.6 Comprehensive Geriatric Assessment 9.7 Disability/Health care of Specially Abled population	II
10.	<b>Demography, Vital Statistics, Family Welfare Planning and Contraception</b> 10.1 Definition 10.2 Demographic Cycle/Transition 10.3 Population statistics 10.4 Demographic Profile 10.5 Vital Statistics 10.6 Measures of Fertility 10.7 Vital Statistics: Sources of information/vital statistics 10.8 Family Welfare 10.9 Contraception 10.10 MTP Act 10.11 PC PNDT Act	II
11.	<b>Communicable Diseases and Relevant National Health Programmes</b> 11.1 Definitions 11.2 Classification of Infectious Diseases 11.3 General epidemiology of air borne diseases 11.4 Respiratory Infections 11.5 Intestinal Infections 11.6 Arthropod Infections 11.7 Zoonoses Diseases 11.8 Surface Infection 11.9 Hospital-Acquired Infections/Nosocomial Infections	II

<b>12.</b>	<b>Occupational Health</b> 12.1 Occupational Health 12.2 Ergonomics 12.3 Health Hazards in Agriculture 12.4 Health Hazards in Healthcare Professionals 12.5 Health Hazards in other sectors 12.6 Occupational Diseases 12.7 Occupational Lung Diseases 12.8 Occupational industrial accidents 12.9 Occupational Dermatitis 12.10 Lead poisoning 12.11 Occupational burnout and stress 12.12 Working condition 12.13 Occupational health assessment	II
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## 6. Teaching Hours

### Gross division of teaching hours

<b>Community Medicine</b>		
<b>Year</b>	<b>Teaching hours-Lectures</b>	<b>Teaching hours- Non-lectures</b>
III BHMS	100	60

### Teaching hours theory

<b>S. no.</b>	<b>List of Topics</b>	<b>Hours</b>
1	Fundamental Concepts of Community Medicine, Public Health, and History of Community Medicine.	02
2	Concepts of Health, Disease Causation & Prevention and Homoeopathy	05
3	Community Health, Health care of the Community, and Health care Delivery Systems in India	08
4	Social and Behavioural Health and its Relevance to Homoeopathy	08
5	Nutrition for Community Health	10
6	Environment and Health	10
7	Mental Health	04
8	Reproductive, Maternal, Newborn, Child and Adolescent Health and related National Health Programmes	10
9	Geriatric Health and Health of Specially Abled Population	05
10	Demography, Vital Statistics, Family Welfare Planning and Contraception	06
11	Communicable Diseases and Relevant National Health Programmes	24
12	Occupational Health	08
	<b>Total</b>	<b>100</b>

### Teaching hours: Non-lecture

Sr. No.	Non-Lecture Activity	Term	Time Allotted per Activity (Hours)
<b>A.</b>	Practical:		42
1.	Balanced Diet	I	3
2.	Growth Chart (RMNCHA+)	II	3
3.	Menstrual Hygiene	II	3
4.	Family Planning & Contraceptive Methods	II	3
<b>B.</b>	Field Visits:		
1.	Water treatment plant	I	3
2.	Milk Pasteurization Plant	I	3
3.	Primary Health Centre/Sub-Centre/Anganwadi Centre	I	6
4.	Infectious Disease Hospital Visits	II	6
5.	Industrial units	II	6
6.	Old age home, Rehab centre for physical and mental disabilities, Mental health facility including Remand home, asylum, child care centre	II	6
<b>C.</b>	Demonstration:		18
1.	Water Quality & Purification	I	5
2.	Air Quality Assessment	I	4
3.	Food & Beverage Adulterations: Milk	I	4
4.	Nutritional Assessment	II	5
	Total Hours		60

### 1. Teaching learning methods

Lectures(Theory)	Non-lectures(Practical/Demonstrative)
Lectures	Practical/ Lab work
Small group discussion	Field Visits
Integrated lectures	Community-Based Activity
Structured interactive sessions	Clinical/Hospital Posting
	Problem based discussion
	Case based learning
	Tutorials
	Seminars
	Video clips
	Assignments

### 2. Details of assessment

#### Overall Scheme of Assessment (Summative)

Sr. No	Professional Course	Term I (1-6 Months)		Term II (7-12 Months)	
1	Third Professional BHMS	PA I (end of 3 months)	TT I (end of 6 months)	PA II (end of 9 months)	FUE (end of 12months)

		10 Marks Viva	50 Marks Practical/Viva Viva voce-25 marks Practical-25 marks*	10 Marks Viva	100 marks theory	100 marks (Clinical/practical + Viva + IA)
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**PA: Periodical Assessment; TT: Term Test; FUE: Final University Examinations; IA: Internal Assessment**

**\*Details of practical assessment at TERM I (OSPE Stations will remain the same as point 9.6):**

Sr. No.	Headings	Total Marks	Time
1.	Viva Voce	25 Marks	
2.	<b>Experiment:(One)</b> i. Measuring anthropometric measurements of a simulated patient ii. Measuring specified adulteration using appropriate Instruments (Water & Milk Adulteration)	5 marks× 1 Experiment =5 marks	15 mins
3.	<b>Case Study:(One)</b> Calculating i. Morbidity, Mortality, and Disability Rate ii. Plotting of the Growth Chart iii. Identifying infectious disease from the given Case description iv. Identifying Deficiency disease from the given Case description	5 marks×1 Case Study =5 marks	15 mins
4.	<b>Spotting (5):</b> ANY FIVE SPOTTINGS (Health Definitions/Disease Definitions/Vital Statistics Formulae/Behavioural Health/Food spots &RDA values/ Food Nutritional values/Food Safety& Adulteration tests)	2 marks X 5 Spotters = 10 marks	3 minutes for each spotting= 15 minutes
5.	Journal or Practical Record Book	5 marks	
<b>Total</b>		<b>50 marks</b>	

**Number of papers and Marks Distribution for Final University Examination (FUE)**

Sr. No.	Course Code	Papers	Theory	Practical/Clinical	Viva Voce	Internal Assessment*	Grand Total
1	Home UG-CMI	01	100 marks	50 marks**	40 marks	10 marks (Marks of PA I+TT I+PA II)	200 marks

**\*Method of Calculation of Internal Assessment Marks for Final University Examination:**  
**Marks of IA-(Marks of PA-1 + Marks of TT + Marks of PA-2) / 70 X 10**

**\*\*Details of practical assessment at FUE (OSPE Stations will remain the same as point9.6):**

<b>Sr. No.</b>	<b>Headings</b>	<b>Total Marks</b>	<b>Time</b>
<b>1.</b>	<b>Experiment/Case Study:(One)</b> <b>Examples</b> i. Measuring anthropometric measurement of simulated patient ii. Segregation of Bio Medical waste iii. Measuring specified adulteration using appropriate Instruments (Water & Milk Adulteration)	5 marks × 1 Experiment = 5 marks	<b>15 mins</b>
<b>2.</b>	<b>Case Study:(One)</b> i. Plotting of the Growth Chart ii. Identifying infectious disease from the given Case description iii. Identifying Deficiency disease from the given Case description	5 marks × 1 Case Study = 5 marks	<b>15 mins</b>
<b>3.</b>	<b>Spotters(5)</b> ANY FIVE SPOTTERS (Instruments/Equipment/ Specimens / Models)- •Identify the spot • List the characteristic features/utility of the spot	3 marks X 5 Spotters = 15 marks	<b>3 minutes for each spotting = 15 minutes</b>
<b>4.</b>	<b>Spotting(5):</b> ANY FIVE SPOTTINGS (Food Items/Family Planning contraceptive devices/growth cycle of infective agents / Formula of vital statistics/calculations of BMI percentile growth charts)- •Identify the spot • List the characteristic Features/utility of the spot	3 marks X 5 Spotters = 15 marks	3 minutes for each spotting = 15 minutes
<b>5.</b>	Journal or Practical Record Book	10marks	
<b>6.</b>	<b>Viva-voce</b>	40marks	
<b>7.</b>	Internal assessment(IA)	10marks	
<b>Total</b>		<b>100 marks</b>	

### **Paper Layout**

**Summative assessment (FUE): Theory- 100 marks**

<b>MCQ</b>	<b>10marks</b>
<b>SAQ</b>	<b>40marks</b>
<b>LAQ</b>	<b>50marks</b>

**Theme-wise distribution of questions for theory paper:**

Theme	Topics	Term	Marks	MCQ's	SAQ's	LAQ's
A.	Fundamental Concepts of Community Medicine, Public Health, and History of Community Medicine.	I	0	0	0	0
B.	Concepts of Health, Disease Causation & Prevention and Homoeopathy	I	11	01	0	10
C.	Community Health, Healthcare of the Community, and Healthcare Delivery Systems in India	I	06	01	05	0
D.	Social and Behavioural Health and its Relevance to Homoeopathy	I	05	0	05	0
E.	Nutrition for Community Health	I	16	01	05	10
F.	Environment and Health	I	16	01	05	10
G.	Mental Health	II	06	01	05	0
H.	Reproductive, Maternal, Newborn, Child and Adolescent Health and Related National Health Programmes	II	11	01	0	10
I.	Geriatric Health and Health of Specially Abled Population	II	01	01	0	0
J.	Demography, Vital Statistics, Family Welfare Planning and Contraception	II	06	01	05	0
K.	Communicable Diseases and Relevant National Health Programmes	II	16	01	05	10
L.	Occupational Health	II	06	01	05	0

**Question paper blueprint**

A Question Serial Number	B Type of Question	Question Paper Format (Refer table 8.16 for themes)
Q1	Multiple choice Questions(MCQ) 10 Questions 1 mark each All compulsory Must know part: 6 MCQ Desirable to know: 2 MCQ. Nice to know: 2 MCQ	1. Theme B 2. Theme C 3. Theme E 4. Theme F 5. Theme G 6. Theme H 7. Theme I 8. Theme J 9. Theme K 10. Theme L

Q2	Short answer Questions(SAQ) 8 Questions 5 Marks Each All compulsory Must know part: 7 SAQ Desirable to know: 1SAQ Nice to know: Nil	1. Theme C 2. Theme D 3. Theme E 4. Theme F 5. Theme G 6. Theme J 7. Theme K 8. Theme L
Q3	Long Answer Questions (LAQ) 5 Questions 10 Marks each All compulsory	1. Theme B 2. Theme E 3. Theme F 4. Theme H 5. Theme K

### OSPE STATIONS:

#### STATION# 1: EXPERIMENT (Observed Station) For Organizer:

**TOPIC SPECIFICATION:** Assessing Practical Skills

**SAMPLE MATERIAL:** Instruments or materials required to perform the Experiment

#### For Candidate:

**Max. Marks:** 5 Marks **Time Allowed:** 15 minutes **Task:**

1. Demonstrating the Practical skills in the given Experiment
2. Writing the results and conclusion of the experiment

#### For Examiner:

Sr. No.	Key	Allotted Marks
1.	Assessing Practical Skills as per the checklist (procedure)	3
2.	Assessing the Result section as per the checklist (quality of written result)	2

#### STATION# 2: CASE STUDY (Unobserved Station) For Organizer:

**TOPIC SPECIFICATION:** Case-based identification

**SAMPLE MATERIAL:** Case study (Case lets)

#### For Candidate:

**Max. Marks:** 5 Marks **Time Allowed:** 15 minutes **Task:**

1. Assessment of the Problem: Identification of Disease & Deficiency/Disease & Infectious Agent
2. Result & Conclusion: Preventive Approach/Dietary or Community Interventions/Assessment Parameters

#### For Examiner:

Sr. No.	Key	Allotted Marks
1.	Assessing the Problem(checklist for correct diagnosing and identifying the factors)	3
2.	Assessing the Result section as per the checklist(quality of written solutions to identified Problem)	2

**STATION# 3: SPOTTERS (Unobserved Station) For Organizer:**

**TOPIC SPECIFICATION:** Identification of the spotters and its characteristics

**SAMPLE MATERIAL:** Instruments/Equipment/Specimens/Models

**For Candidate:**

**Max. Marks:** 15 Marks **Time Allowed:** 15 minutes **Task:**

1. Identify the spot
2. List the characteristic features /utility of the spot

**For Examiner:**

Sr. No.	Key	Allotted Marks
1.	Assessment of the identification of the spotter (correct answer key)	1
2.	List the characteristic features/utility of the spot (based on the checklist)	2

**STATION# 4: SPOTTING (Unobserved Station) For Organizer:**

**TOPIC SPECIFICATION:** Identification of the spotting and its characteristics

**SAMPLE MATERIAL:** Food Items/Family Planning contraceptive devices/growth cycle of infective agents/Formula of vital statistics/calculations of BMI percentile growth charts

**For Candidate:**

**Max. Marks:** 15 Marks **Time Allowed:** 15minutes **Task:**

3. Identify the spot
4. List the characteristic features/utility of the spot

**For Examiner:**

Sr. No.	Key	Allotted Marks
1.	Assessment of the identification of the spot(correct answer key)	1
2.	List the characteristic features/utility of the spot(based on the checklist)	2

**3. List of recommended Books Basic Books**

- Bhalwar, R.(2024).*Textbook of community medicine*. Wolters Kluwer India Pvt Ltd.
- Kadri, A. M. (2024).*IAPSM's Textbook of Community Medicine* Jaypee Brothers Medical Publishers.

- Lal, S., Adarsh, P., & Pankaj. (2024). *Textbook of community medicine: Preventive and social medicine*. CBS.
- Park, K., & Park, K. (2024). *Preventive and social medicine*. m/s. Banarsidas Bhanot, Jabalpur.
- Gupta, M. C., & Mahajan, B. K. (2013). *Textbook of preventive and social medicine*. New Delhi: Jaypee Brothers, 2005. Fourth edition
- Suryakantha, A.H.(2009). *Community Medicine: (with Recent Advances)*. Jaypee Bros
- Hahnemann. S, *Organon of Medicine*, 6<sup>th</sup> Edition, B. Jain Publishers, New Delhi, Reprint 2010.

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- Kishore, J.(2023). National health programs of India: national policies and legislations related to health. *Peer-reviewed, Official Publication of the Indian Academy of Geriatrics*, 165.
- Detels, R., Beaglehole, R., Lansang, M.A., & Gulliford, M.(2011). *Oxford textbook of public health*. Oxford University Press.
- Bhalwar, R., Vaidya, R., Tilak, R., Gupta, R., & Kunte, R.(2009). *Textbook of Public Health and Community Medicine AFMC*. Pune WHO India Country Office.
- Kothari, C. R. *Research methodology : Methods and techniques*. New Age International.
- Rao NSN, Murthy NSN, *Applied Statistics in Health Sciences*, JP Brothers Medical Publishers.
- Hersh, W. R., & Hoyt, R.E.(2018). *Health Informatics: Practical Guide* Seventh Edition. Lulu.com.
- Stuart Close, *The Genius of Homoeopathy, Lectures and Essay on Homoeopathic Philosophy* B. Jain Publishers Pvt. Ltd.

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## **Subject: Yoga for Health Promotion**

### **Subject Code: Hom UG - YOGA III**

**Program Outcome (PO):** The student shall learn the application of Yoga and its philosophy. Special emphasis should be given on practical methods and clinical yoga therapy.

**Course Outcome (CO):** The student shall become competent enough in the application of Yoga in various disease conditions.

**Teaching Hours:** 20 hours of class (including Theory and Practical)

**Course content:** The topic and respective allotted hours are as follows:

<b>S. No.</b>	<b>TOPIC</b>	<b>No. of hrs.</b>
1.	Advance yoga practices	02 hrs
2.	Yoga therapy and application	02 hrs
3.	Teaching and practical skills	02 hrs
4.	Yogic management of lifestyle disorders	02 hrs
5.	Importance of yoga in homeopathy	05 hrs
6.	Indian culture and historical concept of yoga	02 hrs
7.	Concept of Prana and Vital force	01 hrs
8.	Guided meditation sessions	01 hrs
9.	Understanding the core concepts and principles of yoga	02 hrs
10.	Practical application of yoga principles in the context of homeopathic treatment	01 hrs

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