

Ordinance Governing
FIRST BHMS PROFESSIONAL COURSE
COMPETENCY BASED DYNAMIC CURRICULUM

(Applicable from Batch 2022-2023 onwards for 5 years or until further notification
by National Commission for Homoeopathy whichever is earlier)



Accredited 'A' Grade by NAAC (2nd Cycle)
Placed in Category 'A' Grade by MHRD (GoI)

**KLE ACADEMY OF HIGHER EDUCATION AND
RESEARCH**

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VISION

To be an outstanding KAHER of excellence, ever in pursuit of newer horizons, to build self-reliant global citizens through assured quality educational programs.

MISSION

- To promote sustainable development of higher education consistent with statutory and regulatory requirements.
- To plan continuously provide necessary infrastructure, learning resources required for quality education and innovations.
- To stimulate to extend the frontiers of knowledge through faculty development and continuing education programs.
- To make research a significant activity involving staff, students and society.
- To promote industry / organizations, interaction/ collaborations with regional national/international bodies.
- To establish healthy systems for communications among all stakeholders for vision oriented growth.
- To fulfill the national's obligations rural health missions.

OBJECTIVES

The objectives are to realize the following at KAHER and its constituent institutions:

- To implement effectively the programs through creativity and innovations in teaching, learning and evaluation.
- To make existing programs more careers oriented through effective system of review and redesign of curriculum.
- To impart spirit of enquiry and scientific temperament among students through research oriented activities
- To enhance reading and learning capabilities among faculty and students and inculcate sense of lifelong learning.
 - To promulgate process for effective, continuous objective oriented student performance evaluation
 - To ordinate periodic performance of the faculty.
- To incorporate themes to build values, Civic responsibilities & sense of national integrity.
- To ensure that the academic, career and personal counseling are in-built into the system of curriculum delivery.
- To strengthen, develop and implement staff and student welfare programs
- To adopt and implement principles of participation, transparency and accountability in governance of academic and administrative activities.
- To constantly display sensitivity and respond to changing educational, social and community demands.
- To promote public-private partnership.

INSIGNIA



The Emblem of the **KAHER** is a philosophical Statement in Symbolic.

The Emblem...

A close look at the emblem unveils a pillar, a symbol of the "University of Excellence" built on strong values & principles.

The Palm and the Seven Stars...

The Palm is the Palm of the teacher- the hand that acts, promises & guides the students to reach for the Seven Stars...

The Seven Stars Signify the "Saptarishi Dnyanamandal", the Great bear-a constellation made of Seven Stars in the sky, each signifying a particular Domain. Our culture says: The true objective of human birth is to master these Knowledge Domains.

The Seven Stars also represent the Saptarishis, the founders of KLE Society whose selfless service and intense desire for "Dnyana Dasoha" laid the foundation for creating the knowledge called KLE Society.

Hence another Significance of the raised palm is our tribute to these great Souls for making this KAHER Possibility.

Empowering Professionals...

"Empowering Professionals", inscription at the base of the Emblem conveys that our Organization with Its strength, maturity and wisdom forever strive to empower the student community to become globally competent professionals. It has been a guiding force for many student generations in the past, and will continue to inspire many forth coming generations.

NOTIFICATION

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PREAMBLE TO THE COMPETENCY BASED DYNAMIC CURRICULUM

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.

There is a significant change in the approach and contents in the newly designed curriculum, with the intention of making it more coherent for the present and future needs of society. The designing of curriculum is based on the sound theories of educational methodology as applicable for the health professionals' education, and therefore, the outcomes are quite transparent and achievable.

The Homoeopathic Educational 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-speciality students and enables them to provide healthcare, to impart medical education and to conduct medical research”.

Competency based medical education (CBME) has been around in the medical world for more than three decades. It has undergone several revisions and adaptations through this period which has placed the NCH in an advantageous position to learn from the varied experiences of curriculum formulation, implementation and assessment.

It should be emphasized that the switch over to CBME involves a sea change in the understanding of the processes and outcomes for which all stakeholders need to be adequately sensitized and the teachers trained to minimize the difficulties inevitable in any transition. The following four pillars need a special mention to grasp the nature of the change being brought about (Frank Jason R, et al 2010).

1. The focus is on ensuring that the end user of the health care services is benefited. Hence it is important that the outcomes of the training are defined in clear terms so that the teacher, the student and the community are aware of what can be expected from the training.
2. The second logical focus is on bringing the abilities of the physician to the level when the outcomes defined above are realized. This involves the definition of the competencies required in the discharge of various functions of the physician. This

would involve certain generic competencies such as problem solving or effective communication and certain specific ones related to the subject of study like. Anatomy, Materia Medica or others. This coupling of the outcome and abilities leads automatically to the third pillar.

3. We have been used to consider all training as time bound as the BHMS course is 5 1/2 years duration. But when we realize that the rate of mastering different abilities would vary from student to student, we should de-emphasize the fixed period of training and instead look at how the student can be helped to master the specific competency.
4. The fourth pillar becomes the student herself/himself. The entire education and training become learner centred and hence the teacher takes a great effort in defining the outcomes, competencies, teaching and learning methods and most important of all, assessment which is predominantly formative and hence intends to shape the evolving capacities of the learner.

While formulating the competency based dynamic curriculum (CBDC) for the homoeopathy undergraduate, we must bear in mind the central role that homoeopathy philosophy and the principle of holistic care plays in the therapeutic actions of the homoeopathic interventions. This is a distinctive aspect which has hardly received the attention it deserves despite Hahnemann's clear recommendations in the first six Aphorisms of the Organon. The revised syllabus has brought this change and the formulation of the competency-based curriculum provides an opportunity to incorporate this approach at all levels of teaching and training. The implications lie in bringing about a sensitive and effective integration (horizontal/vertical/spiral) of all aspects of the syllabus throughout the five and half years of the undergraduate course.

There are five compelling factors that form the fulcrum to drive the change (Harris Peter, et al, 2010):

1. Design of curriculum: This needs careful attention due to its novelty. Homoeopathy, as a holistic discipline resting on the foundations of philosophy, needs a holistic approach from the first year itself. Several novel situations will need to be envisaged and catered to. And yet, a number of issues will remain. This is the dynamic nature of the enterprise, and we must be prepared to accept the well-known adage: Change, the only constant!
2. Teacher training: Our teachers have discharged the role of information providers and the teaching-learning process calls for a transformation in the role of the teacher (Sidhu Navdeep S. et al 2022). The future will need them to wear multiple hats and hence they will need to develop competencies viz. planner, facilitator, assessor, education manager, role model, etc, to be effective for these roles.
3. Assessment: Assessment practices must be based on a robust platform of validity, reliability, and objectivity, so that the tools of assessment blend fluidly

with the academic flow. In this background, the focus is to shift the assessment approach from the monopoly of summative assessment to a significant allowance for formative assessment, which are supportive for learning and correction on-the-go.

4. Student issues: Along with the parents and the community, a significant re-orientation is called for while changing it from that of a 'last-minute' sprinter to a long range 'racer'! All stakeholders should be on the same page so that the processes can operate in a well-oiled manner. Glitches are to be expected when a largely 'rights' based social mind set has to shift gears to adopt a competency oriented one. Understanding that change needs patience and good will go a long way to make the latter orientation a way of life.
5. Systems: All educational systems from the colleges to universities need to incorporate the multiple changes within their systems. We are used to consider results as 'pass' and 'fail' with the latter carrying the stigma. While there is an expressed need to wish to cater to all categories of learners – fast, normal, slow – the need to bring about changes in the systems is not so readily accepted. The institutions need to develop as 'learning organisations' that spur the 'growth mind-set' of its members – the teachers, students, and all those who are in the loop of curricular or co-curricular management.

GOALS

NATIONAL GOALS:

At the end of undergraduate program, the 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. Learn the integration of medical services 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. Achieve competence in the practice of homoeopathy with holistic approach, encompassing promotive, preventive, curative and rehabilitative aspects of common diseases.
- e. Develop a scientific temper, acquire educational experience for proficiency in profession and promote healthy living based on the tenets of homoeopathy.
- f. Become an exemplary citizen by observing medical ethics and fulfilling social and professional obligations so as to respond to national aspirations.
- g. Develop skills to perpetuate homoeopathy & practice it with zeal so that it stands parallel to other scientific healing methods.

INSTITUTIONAL GOALS:

In consonance with the national goals, each homoeopathic medical institution should evolve institutional goals to define the kind of trained homoeopathic professionals they intend to produce. The undergraduate students coming out of a homoeopathic medical institute should:

- a. Be competent in clinical diagnosis and homoeopathic management of the health problems of the individual and the community, commensurate with his/her position as a member of the health team at the primary, secondary or tertiary levels, using his/her clinical skills based on history, physical examination and relevant investigations.
- b. Be competent to use homoeopathic medicines scientifically for health problems in preventive, promotive, curative palliative and rehabilitative mode.
- c. Appreciate the rationale for the use of different therapeutic modalities & engage in cross-referral when required in the interest of the patient.
- d. Be able to appreciate the socio-psychological, cultural, economic and environmental factors affecting health and develop a humane attitude towards patients in discharging professional responsibilities.
- e. Be able to identify community health problems and learn to work to resolve these

- by understanding, designing, instituting corrective steps as per homoeopathic principles and evaluating outcome of such measures.
- f. Develop sensitivity to environmental sustainability and engage in community work towards achieving it with responsibility and commitment.
 - g. Be trained in critical thinking, evidence-based practice and possess research aptitude and documentation skills necessary in professional work.
 - h. Possess the attitude for lifelong learning and be ready to develop competencies as and when conditions of practice demand it.
 - i. Be familiar with the basic factors which are essential for the implementation and integration of the National Health Programmes with homoeopathy including practical aspects of the following: (i) Family Welfare and Mother and Child Health (MCH) (ii) Sanitation and water supply (iii) Prevention and control of communicable and non- communicable diseases (iv) Immunization (v) Health Education.
 - j. Acquire basic management skills in the area of human resources, materials and resource management related to homoeopathy in health care delivery, general and hospital management, principal inventory skills and counseling.
 - k. Be able to work as an active and responsible partner in health care teams and acquire proficiency in communication skills with colleagues, patients and the community at large.
 - l. Be competent to work in a variety of health care settings.
 - m. Develop personal characteristics and attitudes required for professional life such as personal integrity, sense of responsibility and dependability and ability to relate to or show concern for other individuals.

GOALS OF THE LEARNER

Towards attaining the goals of this program, the homoeopathic graduate must be able to function in the following roles appropriately and effectively:

- a. Clinician who understands and provides holistic preventive, promotive, curative, palliative and rehabilitative care with compassion.
- b. Leader and member of the health care team and system with capabilities to collect, analyse, synthesize and communicate health data.
- c. Communicator with patients, families, colleagues and community.
- d. Lifelong learner committed to continuous improvement of skills and knowledge.
- e. Professional, who is committed to excellence, is ethical, responsive and accountable to patients, community and profession.

PROGRAMME OUTCOMES:

At the end of the course 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.

Deriving Competencies of the Homoeopathic Medical Graduate

Seven broad dimensions of practice were identified in which all actions of the homoeopathic physician in the context of our health care system could be classified (Englander, et al, 2013). The definitions of these terms in our medical and social context are as follows:

Table 1: Dimensions of Practice of the Homoeopathic Physician

	Dimensions of Practice of the Homoeopathy Physician	Definition
1.	Knowledge of Homoeopathy Practice	Demonstrates knowledge of established and evolving biomedical, clinical, epidemiological and social-behavioral sciences, as well as the application of this knowledge to patient care using homoeopathy as a means of intervention.
2.	Patient Care	Provides patient-centered, individualized care that is compassionate, appropriate, and effective for the treatment of health problems and the promotion of health.
3.	Interpersonal and Communication Skills	Demonstrates interpersonal and communication skills that result in the effective exchange of information and collaboration with patients, families, and health professionals.
4.	Professionalism	Demonstrates a commitment to carrying out professional responsibilities and an adherence to ethical principles.
5.	Practice based learning and Improvement	Demonstrate the ability to investigate and evaluate one's care of patients, to appraise and assimilate scientific evidence, and to continuously improve patient care based on constant self-evaluation and life-long learning.
6.	Health care systems	Demonstrate an awareness of and responsiveness to the larger context and system of health care in the country, as well as the ability to call effectively on other resources in the system to provide optimal health care.
7.	Scholarship	Demonstrate the qualities required to sustain lifelong personal and professional growth.

Table 2: Generic competencies relevant to the functioning of the physician

Areas	Cognitive	Personal	Interpersonal	Community
	Analytical	Self-reflection	Empathetic	Ethical awareness
	Synthetic	Self-Awareness	Leadership	Community awareness
	Objective	Safety compliane	Team work	Safety awareness
	Organizing and Planning	Lifelong learning	Collaboration	
	Problem Solving	Compassion	Respect for Privacy and autonomy	
	Information gathering	Personal integrity	Communication skills -oral and written	
	Documentation	Healthy coping mechanisms	Executive ability	
	Information managemnt	Flexibility		
	Creative thinking	Dealing with uncertainty		
	Holistic approach			
	System based thinking			

Glossary of terms used in the template.

Goals

These are broad outcomes expected of a student at the end of the course of studies. These are to be contrasted with Objectives/Outcomes which are more specifically and narrowly defined.

Programme

A range of learning experiences offered to students in a formal manner over a period of one- to-four years leading to certificates/ diplomas/ degrees. Examples:BA (Economics) BSc (Physics). All possible formal degree Programmes are identified by UGC. BHMS is one such Programme

Programme Outcome

Programme Outcomes (POs) are what knowledge, skills and attitudes a graduate should have at the time of graduation. The Programme Outcomes of professional disciplines are identified at national level by the concerned accrediting agency. In this case, it would be the National Commission of Homoeopathy which would be involved.

Course

Course for the purpose of this Manual represents a subject e.g. Anatomy. In homoeopathic education some of the courses extend over several years e.g. Materia Medica. The relevance of this is in the formulation of Course Outcome

Course Outcome

Course Outcomes are statements that describe what students should be able to do at the end of a course. Where a Course extends over a number of years, it is necessary to define distinct Course Outcomes over the entire teaching programme of the subject. These will vary in depth and extent of the coverage of the subject.

Competency

An observable ability of a health professional, integrating multiple components such as knowledge, skills, values, and attitudes. Since competencies are observable, they can be measured and assessed to ensure their acquisition.

Generic competency:

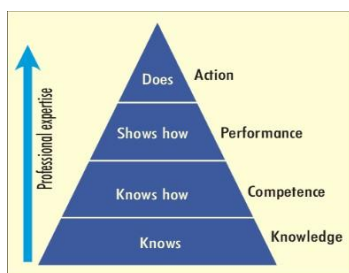
Professional performances are denoted by certain demonstrable attributes that the learners imbibe and internalise as reflex activities. These are the abilities of the professional that characterise the quality and level of performance. The generic competencies therefore are the abilities that a basic homoeopathic doctor would be trusted to have acquired as a consequence of his / her learning. The examples include Information gathering, problem identification, etc. The generic competencies therefore refer to the overall frames of abilities.

Subject area:

Subject area is a chunk of content in a given subject. It could be a chapter, topic, sub-topic, etc.

Millers Levels:

Miller's Pyramid is a diagrammatic representation of the convergence of learning. It maps the pathway of learning to show a person gains the ability and competence in a series of increasingly progressive phases of learning.



The broad base of this pyramid - 'Knows' – has the ability to recall facts and ideas that form the bedrock of professional requirements. 'Knows How' is the next phase of learning, where the students gains the insight into the relationships between the various units of 'knows' and can relate them meaningfully to reach the 'knows how' capacity. These phases would largely be in the Cognitive Domain of Bloom's Taxonomy of Learning Objectives.

Learning is not just about knowing and knowing how, but also to enable that the 'know how' is put into practice. This is the third phase of Miller's Pyramid – the 'Shows How'. During this phase of learning, the student is able to demonstrate the reasoning ability that he / she has acquired in controlled or real situations. This ability also includes the psychomotor dimension of Bloom's Taxonomy. The summit of pyramid, i.e., 'Does' also includes the emotional aspect of learning in the form of values, attitudes, communication, etc, that denote the 'Affective Domain' of Bloom's Taxonomy.

The Miller's Pyramid is a valuable tool to represent the increasing levels of competencies that the students need to acquire, and also a framework to assess the level of competency that is achieved. Interestingly, the framework focuses on what the learner would be doing, rather than on what the teacher would be doing.

Specific competency:

Specific competencies are the abilities that the student is expected to acquire in a focused area of expertise, which could be a discipline-based knowledge, a skill, an attitude, or a combination of these.

Specific Learning Objectives / Outcomes:

Specific Learning Objectives / Outcomes (SLOs) describe what students should know or be able to do at the end of a learning session, that they couldn't do before. These

are written and communicated in a 'low context communication style', that is to say, whoever reads the SLO would have the same understanding that the person who wrote it had. That is, there would be no communication gap.

That is the reason why the SLOs are written specifically and exclusively as units of learning in one of the domains of Bloom, and further at one of the levels of Guilbert. This will ensure that the learning that is expected is clearly communication among all those who refer to it, including those who set the assessment and evaluate the student performance. Further, the SLOs are ALWAYS written with an ACTIVE verb, so as to make the statement observable and measurable.

Bloom's domain:

Bloom's Taxonomy of Educational Objectives is a tool for classifying learning under the categories of 'knowledge', 'skill', and 'attitude / value / communication', represented by the technical terms 'Cognitive', 'Psychomotor', and 'Affective' domains respectively. Each of these domains distinguish the dimension of learning in a particular area. The importance of such classification is that it offers a clear model for both teaching and students' assessment.

Guilbert's level:

Guilbert's Hierarchy is a tool that describes the various levels of learning that can be mapped and managed in the Bloom's domains of learning – cognitive, psychomotor, and affective. This tool also has the additional benefit to identify the appropriate teaching – learning methods / media, and also the assessment strategies.

In the 'knowledge' domain Guilbert's approach to learning proceeds from recall of facts to understanding / interpreting the different sets of data, and finally to the ability to make decisions and solve problems on the basis of the understanding / interpretation. This simple three-step process builds a sequential order of learning; it clearly brings out that decisions shall be made NOT on the basis of facts alone, but through a process of understanding and interpretation.

The 'skill' domain builds the learning from the stage of observing and imitation to gaining control over the skills and culminating in automatism of the skill. In simple terms, any skill will be learnt initially by observing its performance, and imitating the same in the sequential order. In the next phase, the learner tries to gain control over the skill initially under the supervision, and ultimately will be able to perform it independently.

Learning in the affective domain proceeds from the stage where the learner is open and receptive to the stimulus or trigger situation, responding to it in a desirable manner, and finally internalising the responses.

Priority of learning:

The priority of learning is represented as 'Must know', 'Desirable-to-know', and 'Nice-to-know'. Prioritisation is a critical component of curriculum design because it classifies the learning outcomes on the basis of their importance and usefulness for the ultimate professional standards. The priority of learning is objectively assigned by a formula that gives weightage on the basis of 'frequency and impact' of the learning for professional needs.

TL Method / Media:

The teaching-learning (TL) methods and media are the vehicles that enable the acquisition of stated outcomes. Teaching method is simply 'what the teacher does or what the teacher enables the students with', such as giving a lecture, conducting a demonstration, or facilitating a group discussion. Teaching-learning media is 'what the teacher or the students use' to enable the learning; with examples such as a board, or projector, or model, or specimen, among others.

The teaching-learning methods and media are specific to the domains and levels in the domains. It must also be remembered that learning is a continuum, and a range of methods and media would be appropriate in the different phases in the continuum of learning.

Assessment:

Assessment of learning is an important component of curriculum. This measures the performance of the students in comparison to the expected outcomes of learning. Therefore the learning outcomes must be stated and communicated clearly and objectively to all the stakeholders of education. Assessment strategy is based on the domain and the level of domain in which the outcome is to be measured. Assessment could be judgemental for the extent and quality of outcomes, when it is called 'assessment of learning', or it could also be supportive for learning, when it is called as 'assessment for learning'. There are two major approaches to assessment – formative, and summative. The tools of assessment are provided in the annexure.

Formative Assessment:

Formative assessment is NOT judgemental, in that it does not brand the learner as 'pass' or 'fail'. The formative assessments measure the extent and quality of learning with reference to the expected learning outcomes, so that the students can be given feedback to improve on their performance. The formative assessments promote mastery learning, that is to say, each student achieves the stated level of mastery of performance because of the feedback and support. Formative assessment is also called as continuous assessment.

Summative Assessment:

Summative assessment has the mandate to judge the achievement of the learner at the end of a period of learning, and label him / her as 'pass' or 'fail', assign a rank, approve for eligibility to be promoted or eligibility to be admitted to a course. These

assessment also serve as quality check to ensure that those who are being certified conform to a minimum standard of professional competence.

Integration:

Integration of learning is an essential requirement for aligning various data points of knowledge and skills for getting a holistic understanding and enabling a unified performance. Integration can be achieved at various dimensions and at various levels.

The dimensions of integration could be temporal in the form of Horizontal, Vertical, or Spiral. Horizontal integration is the alignment of learning on a longitudinal timeline, where the comparable contents of various subjects in the same term or year are integrated, for example the structure from anatomy, function from physiology, symptoms from materia medica, and rubrics from repertory in the pre-clinical phase of BHMS.

Vertical integration is seen in the subjects that build on the pre-existing knowledge and skills of another subject. For example, the integration between the basic sciences such as anatomy, physiology, and biochemistry for the para-clinical learning such as in pathology, and the integration of basic and para-clinical skills into clinical learning.

Spiral integration is where a subject is recurring at various levels in the same course. For example, materia medica is learnt from the first to final BHMS, and the focus of the subject is not the same in each year. There would be iteration of the same knowledge from different perspectives and capabilities across the different phases of BHMS.

The levels of integration represent the increasing approximation of knowledge from different subjects, so as to reach an approximation of fusion. The attempt to integration may begin with arranging the comparable contents of different subjects at the same cross sections of timeline. Further, there could be positioning the content of one subject into another subject to bring some kind of co-existence. Still further, the contents can be seamlessly merged to create an aligned learning content. Such integrative efforts can bring about holistic learning for a meaningful homeopathic capacity-building.

Understanding the Competencies Table & Using The Competencies Table
(Reference – F.No-3-90/2022/NCH/HEB/HEB Notice- Circular / 13099-13107; Dated: 14 Feb 2023; Page no18-26)

REGULATIONS GOVERNING BHMS COURSE
NATIONAL COMMISSION FOR HOMOEOPATHY

NOTIFICATION

New Delhi, the 6th December, 2022

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.
3. **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.
4. **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 on 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 50th 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 40th 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 45th percentile in case of General category and not less than 40th 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.

5. **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

Seria l Numb er	Bachelor of Homoeopathic Medicine and Surgery (B.H.M.S) Course	Duration
(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.

6. **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.

7. **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 Annexure -I

- (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

Seria l Numb er	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

Seria l Numb er	Subject Code	Subje ct
(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-I	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

Seria l Numb er	Subject Code	Subje ct
(1)	(2)	(3)
1	HomUG-HMM-IV	Homoeopathic Materia Medica;
2	HomUG-OM-IV	Organon of Medicine and Homoeopathic Philosophy;
3	HomUG-R-IV	Homoeopathic Repertory and case taking;
4	HomUG-PM-III	Practice of Medicine;
5	HomUG-CM- RM-Stat-II	Community Medicine, Research Methodology and Biostatistics;
6	HomUG-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.

8. 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 modern advancements 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) and one 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 the selected 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.

9. 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 allowing medical institution to send the student for university examination.
- (3) The examining body shall ensure that the student of the medical institution, who does not fulfill the 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.

10. 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.

11. **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

Serial Number	Evaluation Method
(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 4th, 9th, and 14thmonth) and two term test (ordinarily at 6th and 12th 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 4th and 9th month and one term examination at 6th 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)
		First Term	Second Term and University exam		
(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 reevaluation.
- (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.

12. 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
<i>Foundation Course=10 Working days (60hours) Teaching Hours :2046</i>			

Table – 10

Marks distribution First Year Bachelor of Homoeopathic Medicine and Surgery (B.H.M.S)									
Seri al Num ber	Subje ct Code	Pape rs	Theor y	Practical or Clinical Assessment					Gran d Total
(1)	(2)	(3)	(4)	(5)					(6)
				Practical /Clinical	Viva	IA	Electives grade	Sub total	
				(a)	(b)	(c)	(d)	(e)	
1	HomU G- OM-I	1	100	50	40	10	Elective I-	10 0	200
2	HomU G- AN	2	200	100	80	20	Elective II-	20 0	400
3	HomU G- PB	2	200	100	80	20		200	400
4	HomU G- HP	1	100	50	40	10		100	200
5	HomU G- HMM- I	1	100	50	40	10		100	200
Grand Total									140 0

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	HomUG-HMM-II	150	30	180
2	HomUG-OM-II	150	30	180
3	HomUG R-II	50	30	80
4	HomUG-FMT	120	50	170
5	HomUG-Path-M	200	80	280
7	HomUG-PM-I	80	92	172
8	Hom UG Sur- I	92	60	152
9	Hom UG ObGy- I	100	60	160
10	HomUG-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	15 0	50	200
2	HomUG-OM-III	15 0	50	200
3	HomUG-R-III	10 0	50	150
4	HomUG-PM-II	12 0	10 0	220
5	Hom UG Sur- II	12 0	10 0	220
6	Hom UG ObGy- II	11 0	79	189
7	HomUG-CM	10 0	60	160
8	Hom.UG-Mod. Phar-I	45	-	45
9	HomUG Yoga-III		20	20
	Grand Total	89 5	50 9	1404

Table-14

Marks Distribution of Third Professional Bachelor of Homoeopathic Medicine and Surgery (B.H.M.S). Subjects									
Serial No	Subject Code	Pape rs	Theory	Practical or Clinical Assessment					Grand Total
(1)	(2)	(3)	(4)	(5)					(6)
				Practical or Clinical	Viva	Electives grade	IA	Sub Total	
				(a)	(b)	(c)	(d)	(e)	

1	<i>HomUG-HMM- III</i>	1	100	50	40	Elective I- Elective II-	1 0	100	200
2	<i>HomUG-OM-III</i>	2	200	100	80		2 0	200	400
3	<i>Hom-UG-R-III</i>	1	100	50	40		1 0	100	200
4	<i>Hom-UG Sur-II</i>	2	200	100	80		2 0	200	400
5	<i>Hom-UG ObGy-II</i>	2	200	100	80		2 0	200	400
6	<i>Hom-UG-CM</i>	1	100	50	40		1 0	200	200
								Grand Total	1800

Table-15

Fourth 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	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

Marks Distribution of Fourth Professional Bachelor of Homoeopathic Medicine and Surgery (B.H.M.S). Subjects)								
Serial Number	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	HomUG-HMM-IV	2	200	100	80	20	200	400
2	HomUG-OM-IV	1	100	50	40	10	100	200
3	HomUG-R-IV	1	100	50	40	10	100	200

							0	
4	HomUG-PM-III	3	300	10 0	80	20	20 0	500
5	<i>HomUG- CM-RM-STAT</i>	1	100	50	40	10	20 0	200
6	<i>HomUG- Ess. of Pharmacol ogy</i>	1	5 0		40	10	50	100
	Grand Total							1600

13. **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 no medical 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.

14. 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 maybe.
- (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

(Distribution of Internship duration)			
Serial Number	Departments	Option I	Option II
(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.

15. **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.

16. **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.

17. 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.

18. 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.

19. 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.

20. **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.

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 adaptive 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 4th 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	Eligible for Bachelor of Homoeopathic Medicine and Surgery (B.H.M.S). Course, Eligible for Persons with Disabilities Quota	Not Eligible for Course

				Persons with Disabilities Quota		
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 disabilities, Dyslexia, Dyscalculia, Dyspraxia & Developmental aphasia)#	# 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. Less than an 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	Currently, not recommended due to lack of objective method. However, the benefit of reservation/quota may be considered in future after developing	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

				<p>Homoeopathic Medicine and Surgery (B.H.M.S).</p> <p>course by an expert panel</p>	<p>better methods of disability assessment.</p>	<p>expert panel.</p>
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3.	Mental Behaviour		Mental illness	Absence of 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
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4.	Disability caused due to	(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			
Serial Number	Topic	Type of activity	Duration hours
(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	2

		on a topic	
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, gendersensitization 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 -IIPART 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"> 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. 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. 3. Academic calendar may be modified according to directions of National Commission for Homoeopathy issued from time to time. 	

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>
	NOTE. - <ol style="list-style-type: none">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.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 altered3. Academic calendar may be modified according to directions of National Commission for Homoeopathy issued from time to time.	

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	(___) out of 2
(b)	Behavior with sub-ordinates, colleagues and superiors	(___) out of 2
(c)	Documentation ability	(___) out of 2
(d)	Character and conduct	(___) out of 2
(e)	Aptitude for research	(___) out of 2
2.	Clinical	Maximum 20
(a)	Proficiency in fundamentals of subject	(___) out of 4
(b)	Bedside manners & rapport with patient	(___) out of 4
(c)	Clinical acumen and competency as acquired	(___) out of 4
	(i) By performing procedures	
	(ii) By assisting in procedures	(___) out of 4
	(iii) By observing procedures	(___) out of 4
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
Department and Office Seal

Signature of the Head of the

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: _____”.

ORGANON OF MEDICINE AND HOMOEOPATHIC PHILOSOPHY AND FUNDAMENTALS OF PSYCHOLOGY

TABLE OF CONTENTS:

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1.Course Code and Name of Course

Course Code	Name of Course
HomUG-OM-I	Organon of Medicine and Homoeopathic philosophy and Fundamentals of Psychology.

1. PREAMBLE:

ORGANON OF MEDICINE AND HOMOEOPATHIC PHILOSOPHY

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

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

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

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

Psychology

Mind is an invisible dynamic force operating on the body which can be seen and felt with its expressions at multiple levels. While understanding Man it is important to know how he behaves, feels and thinks in general of his life and in different situations.

Health is that balanced condition of the living organism in which the integral, harmonious performance of the vital functions tends to the preservation of the organism ensuring the normal development of the individual. In a similar way, study of mind is an inseparable component of the study of man and is essential for prescribing. Thus mind remains an integral component of Homoeopathic prescribing.

In § 5 of Organon of Medicine, Dr Hahnemann talked of basic knowledge required for Homoeopathic practice of Holistic cure. According to him homoeopathic physician has to have knowledge of:

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

Above knowledge will help the Homoeopathic physician not only to understand the person in the patient but also to identify the cause of suffering by delving in to detailed enquiry. This may take the form of exploring evolutionary aspects from childhood to present, from family history – past history to present illness - all of which will indicate the qualities of the human in health as well as in disease.

Psychology is a science of mind and behavior which is important and necessary in all areas of life including the growth and development of human being. Theoretically, psychology examines psychological phenomena and behavioral patterns that appear as individual's external behavioral reactions against any stimulus - be it Biological–Psychological– Emotional –Social-Spiritual.

Modern concept of psychology has talked of Mental Health and Hygiene which indicates the importance and great need for ensuring psychological wellbeing in us. This state is under constant stress due to the rapid changes taking place in the life situation due to internal pressures and external environment.

2. COURSE OUTCOMES (CO):

At the end of course in Organon of Medicine and Homoeopathic philosophy and Fundamentals of Psychology, the BHMS student shall be able to:

1. Explain the Cardinal Principles and Fundamental laws of Homoeopathy.
2. Describe the concept of Health, Disease and Cure in Homeopathy
3. Interpret a case according to the Hahnemannian Classification of Disease
4. Apply the Theory of Chronic Disease to determine the miasmatic background in a case.
5. Demonstrate case taking and show empathy with the patient and family during case taking
6. Demonstrate Analysis, evaluation of the case to form the Portrait of disease
7. Apply the concept of Susceptibility to determine posology in a given case
8. Interpret the action of the medicine in a case on the basis of Remedy reactions.
9. Apply knowledge of various therapeutic modalities, auxiliary measures & its integration with prevalent & other concepts in the management of patients.
10. Identify the various obstacles to cure and plan treatment accordingly.
11. Display qualities, duties & roles of a Physician as true practitioner of healing art
12. Develop the competencies essential for primary health care in clinical diagnosis and treatment of diseases through the judicious application of homoeopathic principles
13. Recognize the scope and limitation of homoeopathy and to apply the Homoeopathic Principles for curative, prophylactic, promotive, palliative, and rehabilitative primary health care for the benefit of the individual and community.
14. Discern the relevance of other systems of medical practice for rational use of cross referral and life saving measures, so as to address clinical emergencies
15. Develop capacity for critical thinking and research aptitude as required for evidence based homoeopathic practice.
16. Demonstrate aptitude for lifelong learning and develop competencies as and when conditions of practice demand.
17. Be competent enough to practice homoeopathy as per the medical ethics and professionalism.
18. Develop the necessary communication skills to work as a team member in various healthcare setting and contribute towards the larger goals of national policies such as school health, community health, environmental conservation.
19. Identify socio-demographic, psychological, cultural, environmental & economic factors that affect health and disease and plan homoeopathic intervention to achieve the sustainable development Goal.

Specific Objectives of Organon of Medicine and Homoeopathic philosophy in 1st BHMS

- a. Recall the history of medicine and history of homoeopathy to relate it's evolution
- b. Correlate the first six aphorisms of Organon of Medicine for the study of anatomy, physiology, pharmacy.
- c. Discuss the concept of health, indisposition and disease and its importance into the learning of anatomy, physiology, pharmacy and psychology
- d. Discuss concept of Dynamization with health, disease and drug
- e. Develop portrait of drug in the context of knowledge of anatomy, physiology, psychology and pharmacy
- f. Explain the procedure and ethics of Drug proving

COURSE OUTCOMES (CO) OF ORGANON OF MEDICINE AND HOMOEOPATHIC PHILOSOPHY FOR I BHMS

At the end of IBHMS, the student should be able to,

1. Summarize the important milestones in the History of Medicine and development of Homoeopathy.
2. Value the contributions and qualities of Dr.Hahnemann as a physician and person
3. Recall the contributions of stalwarts in development of Homoeopathy
4. Explain the Cardinal Principles and Fundamental laws of Homoeopathy
5. Explain the Homoeopathic concept of Health, Disease and Cure in light of modern concepts
6. Apply Inductive and Deductive Logic in the study of the Basic principles of Homoeopathy
7. Describe the important features of the various editions and Ground plan of Organon of Medicine
8. Explain the meaning and significance of aphorisms §1-27
9. Relate the concepts of homoeopathic philosophy with other pre-, para-, and clinical skills by way of horizontal, vertical and spiral integration.

COURSE OUTCOMES OF FUNDAMENTALS OF PSYCHOLOGY:

1. Explain the concept of Mind as perceived by Hahnemann and other stalwarts
2. Define the structure of the mind as conscious and unconscious and its various constituents / components in terms of Emotion, Thinking, Behavior, Sleep and Dreams
3. Identify the conscious expressions of Mind as Emotion, Thought and Behavior
4. Explain the neurophysiological basis of mental functioning
5. Discuss the relationship between the growth of the brain and the mind and its correlation with physical growth of the from infancy to old age and psychosocial development.
6. Evaluate the role that emotions and intellectual functions play in our daily lives
7. Derive the importance of the role of 'Learning' in human adaptation and change

8. Discuss 'Personality' as a synthesis of inborn traits and learnt responses occurring over the growing years
9. Realize the various forms of 'conflict', their origins and their role in determining the quality of our personal and social lives
10. Integrate the concept of mind as conceived in homoeopathic philosophy with that in modern psychology
11. Demonstrate the importance of the study of the Mind in approaching the study of Repertory and Materia Medica
12. Realize how a healthy individual experiences the harmonious functioning of the different constituents of the mind
13. Summarize the importance of knowledge of Psychology in Modern life and in Homoeopathic practice

General Instructions

1. Instructions in psychology should be planned in such a way that students should be able to present a basic understanding of the structure of mind, brain and its functioning with the kind of interrelationship they are sharing with each other.
2. Each topic should be planned in parallel with others subjects of Homeopathy where ever relevant to achieve integration with other subjects.
3. Since this subject is dealing with the human mind and its functions, topic should be dealt in more interactive ways where maximum learning will be achieved by doing rather than memorizing the things.
4. Emphasis would be more on the organization of the brain areas, their functions and correlated with the medical concept and philosophical concept of Mind.
5. Student should learn the psychological organization with learning the importance of special senses and their functions in great details that forms the foundation of the subject.
6. Most of the basic topics can be studied in interactive ways, discussion based on clinical case or any relevant event/ incidence of daily life.
7. Topics having philosophical connection should be taught with the help of discussion or in the form of story -telling with connections to the principles of philosophy.
8. Topics requiring a lot of analysis of information can be taught with role-play with directed observation method followed by discussion on the same pointing out its relevance and importance.
9. Nice to know topics along with a lot of community related information should be dealt with survey methods
10. Topics which are interrelated with other subjects of Homoeopathy should be presented and discussed.
11. Lectures or demonstration on the clinical and applied part of psychology should be arranged in the 3rd semester of the course and it should aim at demonstrating the structural-physiological –psychological basis of mental expressions of the symptoms and its value in Homeopathy.

12. Learning of applied psychology would be more qualitative in the various OPDs/Peripheral OPDs where contact with community will improve their knowledge, observation skills, attitude of communication with the community.
13. Some of the theoretical lectures should conclude with discussion on the learning achieved with its importance.
14. Periodical seminars on general topics related to philosophical aspect and its connection with psychology should be arranged for vertical, horizontal and spiral integration.
15. Role of observation and correlation should be demonstrated while discussing the intricacies of the subject of psychology.
16. Inter-departmental or joint seminars should be planned
17. While working on community survey- purpose should be kept very broad with the following objectives.
 - (i) Experiencing the community in actuality for the demographic configuration, different cultural traditions, different practices and inter-relationship and its effect on Mind and Body as a joint system.
 - (ii) Learning the functioning of human being in multiple situations of stress and process of getting adapted with those.
 - (iii) Quality of Mental Health of the community and its varied expressions

Quality of Inter-relationship within different castes, communities, religions and its impact on Individuals

4. COURSE CONTENT for HomUG-OM-I

ORGANON OF MEDICINE & HOMOEOPATHIC PHILOSOPHY:

Course Contents-

1. Introduction:
 - 1.1. History of medicine
 - 1.2. History of Homoeopathy

Short history of Hahnemann's life, his contributions, and situation leading to discovery of Homoeopathy
 - 1.3. Brief history and contributions of Boenninghausen, Hering, Kent, R L Dutt, M L Sircar & B K Sarkar.
 - 1.4. History and Development of Homoeopathy in brief in India, U.S.A. and European countries
 - 1.5. Fundamental Principles of Homoeopathy.
 - 1.6. Basic concept: Individualistic, Holistic & Dynamic
 - 1.6.1. Life; Hahnemann's concept and modern concept.
 - 1.6.2. Health: Hahnemann's concept and modern concept.
 - 1.6.3. Disease: Hahnemann's concept and modern concept.

1.6.4 Cure.

- 1.7. Understanding Homoeopathy in vertical, horizontal & spiral integration with pre, para & clinical subject.
2. Logic: To understand Organon of medicine and homoeopathic philosophy, it is essential to be acquainted with the basics of LOGIC to grasp inductive and deductive reasoning. Preliminary lectures on inductive and deductive logic (with reference to philosophy book of Stuart Close Chapter 3 and 16).
3. § 1 to 27 of Organon of medicine, § 105 to 145
4. The physician – purpose of existence, qualities, duties and knowledge
5. Vital force- dynamization- homoeopathic cure- nature's law of cure & its Implications- drug proving

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

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

Non lectures– community – OPD/IPD -

Students will be exposed to OPD/PD-community from first BHMS:

Students will understand the first six aphorisms in action and will get sensitized to sociocultural-political-economical perspective of the community. They should develop insight into what constitutes health and how disease develops.

Introduce Journals from 1st year–

Habit of collecting evidence and noting them down vis-a-vis the expected objective will train them for evidence-based learning and inculcating the habit of using logic so inherent in Homoeopathic practice.

They also will realize the importance of skill and attitude and relevance of each subject in relation to Organon and Homoeopathic philosophy

They will write their experience of the clinic/OPD in relation to Observation/Cure/relief/Mission/Prevention/acute/chronic/indisposition etc.

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

FUNDAMENTALS OF PSYCHOLOGY:

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

1. Introduction to the study of Mind in Homoeopathy
 - A. Concept of Mind-
 - i. Contemporary schools of psychology
 - ii. Concept of Mind by Hahnemann
2. Psychological organization and the interrelationship of Thought (Cognition), Feelings (Affect) and Behavior (Conation); Conscious and Unconscious elements
 - A. Psychological Organization
 - i. Definition of Emotions and its types
 - ii. Definition of Thinking and its types
 - iii. Definition of Behavior and its types
 - B. Effects on Thought (Cognition), Feelings (Affect) and Behavior (Conation) on Mind and Body
 - C. Interrelationship of Thought (Cognition), Feelings (Affect) and Behavior (Conation) on Mind and Body
 - D. Representation of Thought (Cognition), Feelings (Affect) and Behavior (Conation) in Materia Medica
 - E. Representation of Thought (Cognition), Feelings (Affect) and Behavior (Conation) in Repertory
3. Physiological and Evolutionary basis of behavior -
 - A. Instincts, Conditioned and unconditioned reflexes
 - B. Conscious and unconscious behavior
 - C. Scientific study of Behavior and its expressions
 - D. Evolutionary study of behavior

- E. Understanding Relationship of Behavior to Emotions and Thought
 - F. Expressions of Behavior in Repertory and Materia Medica
- 4. Understanding Emotion, its different definitions and expressions in Repertory and Materia Medica
 - A. Scientific study of Emotions
 - i. Definition of Emotions and its types
 - ii. Effects Emotions on Mind and Body
 - iii. Effect of emotions on sexual behavior
 - iv. Interrelationship of Emotions on Mind and Body
 - B. Representation of Emotions in Materia Medica-
 - C. Representation of Emotions in Repertory
- 5. Understanding Intellect: Attention, memory and its function and expression in Repertory and Materia Medica
 - Basic concepts of Thinking
 - A. Definition of Thinking and its types
 - B. Intelligence and its measurement
 - C. Effects of Thinking /Thought (Cognition) on Mind and Body
 - D. Representation of Thinking /Thought (Cognition) in Materia Medica
 - E. Representation of Thinking /Thought in Repertory
- 6. Motivation and their types with role in our lives
 - Study of Motivation and its types
 - Importance of study of Motivation for Homoeopathic Physicians
- 7. Learning and its place in adaptation
 - A. Study Learning:
 - Definition of Learning and its types
 - Study of relevance of Learning for Homoeopathic Physician
 - Study of disturbances/ malfunctioning of Learning
 - B. Adaption
 - Definition and its dynamic nature
 - Successful and unsuccessful adaptation
- 8. Growth and development of Mind and its expressions from Infancy to old age
 - Study of Developmental Psychology
 - i. Normal developments since birth to maturity (both physical and psychological)
 - ii. Deviations- in Growth and Development and its effects on later behavior

- iii. Understanding the bio-psycho-socio-cultural-economical-political-spiritual concept of evolution
 - iv. Importance of above study to understand Materia Medica drug proving
- 9. Structure of Personality, the types, their assessment, relationship to Temperament and representation in Materia Medica
 - i. Definition of Personality and its types
 - ii. Various constituents of Personality like Traits and Temperament
 - iii. Theories of Personality by psychologists
 - iv. Measures for the assessment of Personality, relationship to Temperament and representation in Materia Medica
- 10. Conflicts: their genesis and effects on the mind and body
 - i. Conflicts and their types
 - ii. Genesis of Conflicts and effects on the mind and body
 - iii. Genesis of Conflicts and related Materia Medica images
- 11. Applied Psychology: Clinical, Education, Sports, Business, Industrial
Application of knowledge of Psychological Components and its Integration in understanding
 - i. Psychological basis of Clinical Conditions
 - ii. Education
 - iii. Sports
 - iv. Business
- 12. Psychology and its importance in Homoeopathic practice for Holistic Management of the patient

5. Teaching Learning Methods

ORGANON OF MEDICINE & HOMOEOPATHIC PHILOSOPHY:

Assignments- Group work

Problem Based Learning through Cases- Literature

Group Discussion – Problem based learning

Project work with its presentations in class

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

Non-Lecture Activities

Seminars/ Workshops

Group Discussions

Problem based learning

Integrated Teaching

Case Based Learning

Self-Directed Learning

Tutorials, Assignments, Projects

FUNDAMENTALS OF PSYCHOLOGY:

- a. Classroom teaching
 - i. Lecture
 - ii. Demonstration
 - iii. Group discussion
 - iv. Problem based learning
- b. Practical
 - i. Psychometric Tests
 - ii. Facial recognition spotters
- c. Individual learning
 - i. Assignment
 - ii. Short project -e.g., searching MM or Repertory for representation of emotions, thoughts and behavior

Practical – Lab work – Field – Clinical Hospital work

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

6. Teaching Hours-

1 st BHMS Organon Classroom teaching and non-lecture hours		
YEAR	TEACHING HOURS- LECTURES	Non-lecture
1 ST BHMS	130	78

Teaching Hours ORGANON OF MEDICINE

Sr. No.	List of Topics	Term	Lectures	Non-Lectures
1	History of medicine in brief History and Development of Homoeopathy in brief in India, U.S.A. and European countries.	I	5	5
2	Short history of Hahnemann's life, his contributions, and situation leading to discovery of Homoeopathy	I	5	5
3	Brief history and contributions of Boenninghausen, Hering, Kent, R L Dutt, M L Sircar & B K Sarkar.	I	15	
4	Logic: To understand Organon of medicine and homoeopathic philosophy, it is essential to be acquainted with the basics of LOGIC to grasp inductive and deductive reasoning. Preliminary lectures on inductive and deductive logic (with reference to philosophy of Stuart Close).	I	5	5
5	Science & Art in Homoeopathy	I	5	
6	Different editions and constructions of Hahnemann's Organon of Medicine.	I	10	5
7	Fundamental Principles of Homoeopathy	II	20	5

8	<p>Basic concept of: Individualistic& Holistic</p> <p>Life: Hahnemann's concept and modern concept.</p> <p>Health: Hahnemann's concept and modern concept.</p> <p>Disease: Hahnemann's concept concept.</p> <p>Cure.</p>	II	5	5
9	§1-27&105-145 of Organon of medicine	II/III	60 (20+40)	48
			130	78

Teaching Hours: FUNDAMENTALS OF PSYCHOLOGY

Sr. No	Topic	No of lectures	Non-lectures
1.	Introduction to the study of Mind in Homoeopathy	3	-
2.	Psychological organization and the interrelationship of Thought (Cognition), Feelings (Affect) and Behaviour (Conation); Conscious and Unconscious elements	2	1
3.	Physiological basis of behaviour - the place of conditioned and unconditioned reflex	3	1
4.	Understanding Behavior and Functioning and expressions in Repertory and Materia Medica	4	2
5.	Understanding Emotion, its different definitions and expressions in Repertory and Materia Medica	5	3
6.	Understanding Intellect: Attention, memory and its function and expression in Repertory and Materia Medica	4	3
7.	Understanding Intellect: Perception and expressions in Repertory and Materia Medica	3	2
8.	Understanding Intellect: Thinking, intelligence and its measurement and expressions in Repertory and Materia Medica	4	2
9.	Motivation and their types with role in our lives	2	2
10.	Learning and its place in adaptation	4	2
11.	Growth and development of Mind and its expressions from Infancy to old age	4	2
12.	Structure of Personality, the types, their assessment, relationship to Temperament and representation in Materia Medica	4	2
13.	Conflicts: their genesis and effects on the mind and body	3	1
14.	Applied Psychology: Clinical, Education, Sports, Business, Industrial	2	-
15.	Psychology and its importance in Homoeopathic practice	2	-
	Total	50	22

7. Assessment

7A -Number of papers and Mark Distribution

Sr. No.	Course Code	Papers	Theory	Practical	Viva Voce	Internal Assessment Practical	Grand Total
1	HomUG-OM-I	1	100	50	40	10	200

7B -Scheme of Assessment (formative and Summative)

Sr. No	Professional Course	1 st term (1-6 Months)	2 nd Term (7-12 Months)	3 rd Term (13-18 Months)
1	First Professional BHMS	First PA + 1 ST TT	2 nd PA+2 ND TT	3 rd PA UE

PA: Periodical Assessment; TT: Term Test; UE: University Examinations

7 C- Evaluation Methods for Periodical Assessment

Sr. No	Evaluation Dimensions
1	Practical/Clinical Performance
2	Viva Voce, MCQs, MEQ (Modified Essay Questions/Structured Questions)
3	Open Book Test (Problem Based)
4	Reflective writing
5	Class Presentations; Work Book Maintenance
6	Problem Based Assignment
7	Co-curricular Activities, (Social Work, Public Awareness, Surveillance/ Prophylaxis Activities, Sports or Other Activities which may be decided by the Department).
8	Small Project

Sr. No	Professional Course	1 st term (1-6 Months)		2 nd term (1-6 Months)		3 rd Term (13-18 Months)		
		1 st PA	1 st TT	2 nd PA	2 nd TT	3 rd PA		
1	First Professional BHMS	10 Marks Practical/Viva	50 Marks Practical/Viva	10 Marks Practical/Viva	50 Marks Practical/Viva	10 Marks Practical/Viva		

7D - Scheme of Assessment (Formative)

For Internal assessment, Only Practical/Viva marks will be considered. Theory marks will not be counted)

7E - Method of Calculation of Internal Assessment Marks for Final University Examination:

PA1 Practical/ Viva(10 Marks)	PA2 Practical/V iva(10 Marks)	PA3 Practical/V iva(10 Marks)	Periodic al Assessm ent Average PA1+PA2+P A3/3	TT1 Practical/V iva(50 Marks)	TT2 Practical/V iva(50 Marks)	Termin alTest Averag e TT1 + TT2/ 100* 10	Final Internal Assessme ntMarks D+G/2
A	B	C	D	E	F	G	

PA: Periodical Assessment; TT: Term Test; UE: University Examinations

7 F- Paper Layout

Summative Assessment:

Theory 100 marks

Section 1-50 marks-Organon

MCQ	5 marks	10min
SAQ	25 marks	50 min
LAQ	20 marks	30 min

Section –II-50 marks- Psychology

MCQ	5 marks	10min
SAQ	25 marks	50 min
LAQ	20 marks	30 min

7 G- I- Distribution of Theory Exam- Organon

Sr. No	Paper	B	C	D		
				MCQ	SAQ	LAQ
	A	Term	Marks	(1 Mark)	(5 Marks)	(10 Marks)
	List of Topics					
				Type of Questions “Yes” can be asked. “No” should not be asked.		
1	Introductory Topics	I	Refer Next Table	Yes	Yes	No
2	Logic	I		No	Yes	No
3	§ 1 to 27 of Organon of medicine, § 105 to 145	II & III		No	Yes	Yes
4	The physician – purpose of existence, qualities, duties and knowledge	III		Yes	Yes	Yes
5	Vital force- dynamization - homoeopathic cure- natures law of cure & its Implications- drug proving	III		Yes	Yes	Yes

Theme*	Topics	Term	Marks	MCQ's	SAQ's	LAQ's
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Theme*	Topics	Term	Marks	MCQ's	SAQ's	LAQ's
A	Introductory Topics	I	10	Yes	Yes	No
B	Logic	I	05	No	Yes	No
C	§ 1 to 27 of Organon of medicine, § 105 to 145	II & III	25	No	Yes	Yes
D	The physician – purpose of existence, qualities, duties and knowledge	III	10	Yes	Yes	Yes

7 G –II- Theme Table Organon

A	Introduction to psychology	I	05	NO	Yes	No
B	Psychological organization of Mind –Structural and Functional	I	10	Yes	Yes	Yes
C	Understanding Emotion/thinking/ Behaviour	I	10	Yes	Yes	Yes
D	Motivation and their types withrole in our lives	I	05	Yes	Yes	Yes
E	Growth and development	II	10	Yes	Yes	Yes
F	Personality development and stress management	III	05	NO	yes	no
G	Applied Psychology	III	05	No	Yes	no

7 H- Question paper Blue print:

Section-I-Organon 50 marks

A Question Serial Number	B Type of Question	Question Paper Format (Refer table 4 F II Theme table for themes)
Q1	Multiple choice Questions (MCQ) 5 Questions 1 mark each All compulsory Must know part: 3 MCQ Desirable to know: 2 MCQ. Nice to know: Nil	Theme A Theme A Theme A Theme A Theme A

Q2	Short answer Questions (SAQ) 5 Questions 5 Marks Each All compulsory Must know part:5 SAQ Desirable to know: Nil Nice to know: Nil	Theme A Theme B Theme C Theme C Theme C
Q3	Long answer Questions (LAQ) Two Questions 10 marks each All compulsory All questions on must know No Questions on Nice to know and Desirable to know	Theme C Theme D

Section-II- Psychology -50 marks

Question Number	Serial	Type of Question	Question Paper Format (Refer table 4 F II Theme table for themes)
Q1		All compulsory Multiple choice Questions (MCQ) 5 Questions -1 mark each Must know – 3MCQ Desirable to know-1 MCQ Nice to know -1 MCQ	Theme B +C +E+F+G

Q2	Short answer Questions (SAQ) 5 Questions 5 Marks Each All compulsory Must know part: 3 SAQ Desirable to know: 1 SAQ Nice to know: 1 SAQ	Theme A+B+C+D+E +F+G
Q3	Long answer Questions (LAQ) 2 Questions 10 marks each All compulsory Must know part: 2 LAQ	Theme B+C +E+F+G

7 I-Distribution of Practical Exam

**Practical 100 marks –
Practical Organon: 50 marks**

Practical	25 marks
Viva voce	20 marks
Internal assessment	5 marks

Practical Psychology 50 Marks

Practical	25 marks
Viva voce	20 marks
Internal assessment	5 marks

8. References/Resources

ORGANON

Text book/s

1. Hahnemann S. Organon of medicine. 6ed (2016) New Delhi: Indian Book & Periodicals Publishers;.
2. Sarkar. B. K. Hahnemann's organon of medicine. (2014) Reprint ed. Birla Publications Pvt.Ltd;.
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9. Content Mapping (Competencies Table)

(Reference – F.No-3-90/2022/NCH/HEB/HEB Notice- Circular / 13099-13107;
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Human Anatomy

S.No	Description	Page Number
1.	Course Code and Name of Course	
2.	Preamble	
3.	Course Outcomes (CO)	
4.	Teaching Hours	
5.	Course Content	
6.	Teaching Learning Methods	
7.	Assessment	
8.	List of Recommended Books	
9.	Content Mapping (Competencies Table) (Reference – F.No-3-90/2022/NCH/HEB/HEB Notice- Circular / 13099-13107 ; Dated : 14 Feb 2023; Page no171-246)	

1. Course Name- Human Anatomy

Course Code: Hom UG-AN

2. PREAMBLE

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

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

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

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

3.COURSE OUTCOMES

At the end of the course, I BHMS student must be able to-

1. Discuss the evolution of life and the developmental anatomy and genetics of human.
2. Explain the ethics of Anatomy, such as Anatomy act, Body donation & receiving procedure and its legal aspects, develop respect to the human cadaver.
3. Differentiate the structural organization of man from micro to macro and its evolution from embryo
4. Correlate the structural organization of man with functional organization and its applied aspect
5. Apply anatomy knowledge to achieve vertical integration with clinical subjects
6. Correlate structural organization of man with homeopathic philosophy and concept of man, Homoeopathic Materia Medica, Repertory and Pharmacy.
7. Correlate structural organization in interpreting different investigations

4.TEACHING HOURS

Sr No.	Subject	Theoretical Lecture	Practical / Tutorial / Seminar / Clinical Posting
01	Anatomy	325 hrs.	330hrs.

Sr. No	Paper-I	
	A List of Topics	B Term
1	General Anatomy	I
2	Head, Neck & Face	II
3	Central Nervous System	II
4	Upper Extremities	I
5	Embryology	I

HOURS (THEORY)

Sr. No	Paper-II		
	A List of Topics	B Term	C Teaching Hours
1	Thorax	II	25
2	Abdomen & Pelvis	III	55
3	Lower Extremities	III	50
4	Histology	I	20

TEACHING HOURS (PRACTICAL)

Sr. No	A List of Topics	B Term	C Teaching Hours
1	Head, Neck & Face	II	24
2	Central Nervous System	II	18
3	Upper Extremities	I	72
4	Thorax	II	48
5	Abdomen & Pelvis	III	66
6	Lower Extremities	III	72
7	Histology	I	18
8	Embryology	I	12

5.COURSE CONTENT (THEORY)

Syllabus Planning:

- Syllabus should start with revision of some of important topics of BIOLOGY- (To connect Biology to Medical Science) Origin of Earth-Environment - Origin of LIFE-Evolution of Human Lives.
- The complete course of Human Anatomy should be subdivided in number of modules-according to topics/region/system.
- Syllabus of other subjects of same year should plan out where the maximum integration (Vertical & Horizontal) of topics is possible.
- Theory/Practical/Tutorial/Clinical posting should be arranged in parallel.
- Integrated Syllabus planning of whole year should be briefed to clinician where clinical postings are going to be arranged for application of classroom knowledge to clinical knowledge.
- Each module should be planned according to the need of system-Co-relation with Homoeopathy & time dimension. (No. of hours)
- At the end of each module knowledge should be assessed by arranging joint seminars.(Application of classroom knowledge to practical understanding)

A. Theory:-

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

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

The rest of the contents have been detailed below:

1. General Anatomy: -

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

2. Developmental anatomy (Embryology): -

- 2.1 Male & Female reproductive organs (Superficial)
- 2.2 Spermatogenesis
- 2.3 Oogenesis
- 2.4 Fertilization
- 2.5 Formation of Germ Layers-Tissue formation & its classification
- 2.6 Notochord
- 2.7 Yolk Sac
- 2.8 Amniotic Sac
- 2.9 Developmental embryogenic disk
- 2.10 Placenta
- 2.11 Development of abdominal organ
- 2.12 Development of cardio vascular system
- 2.13 Development of nervous system

- 2.14 Development of respiratory system
- 2.15 Development of body cavities
- 2.16 Development of uro-genital system

3. Regional Anatomy

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

This will be taught under the following regions: -

- 3.1 Upper and Lower extremities
- 3.2 Head, Neck and Face
- 3.3 Brain- CNS
- 3.4 Thorax- Respiratory & Cardio vascular system
- 3.5 Abdomen- GIT, Metabolism, Excretory, RE system, Lymphatics & Reproductive

Practical – Lab work – Field – Clinical Hospital work

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

THEORY

Sr. No.	Topics	Hrs	Term
1	GENERAL ANATOMY		I
	3.5 Modern concepts of cell and its components; cell division, types with their significance	2	
	1.1 Tissues- Theory & demonstration of each basic Tissue (Structure, Location & Function)-Organ formation- Histology	2	
	3.6 Basics of General Anatomy- xi. Definition & Subdivision of Anatomy xii. History of Anatomy xiii. Anatomical Terms, Position & Movements xiv. Superficial and Deep fasciae xv. Muscles xvi. Bones xvii. Joints xviii. Blood vessels xix. Lymphatic system xx. Nerves	2 1 1 1 2 2 2 1 1 1	
	1. Anatomy – Physiology Seminar on cell	1	
	2. Anatomy – Physiology Seminar on Musculoskeletal System	1	
	Total Hours	20 Hrs	
2	EMBRYOLOGY & GENETICS		I
	1. Developmental anatomy (Embryology): -		
	1.1 Male & Female reproductiveorgans (Superficial)	2	
	1.2 Spermatogenesis	1	
	1.3 Oogenesis	1	
	1.4 Fertilization	1	
	1.5 Formation of Germ Layers- Tissue formation & its classification	3	

	1.6 Notochord	1	
	1.7 Yolk Sac	1	
	1.8 Amniotic Sac	1	
	1.9 Developmental embryogenic disk	1	
	1.10 placenta	2	
	1.11 Development of abdominal organs	1	
	1.12 Development of cardio vascular system	1	
	1.13 Development of Nervous System	2	
	1.14 Development of Respiratory system	2	
	1.15 Development of Body Cavities	2	
	1.16 Development of Genitaln system	2	
3	HISTOLOGY		
	1. Modern concept of cell, tissue & systemic structure	1	
	2. Connective tissue	1	
	3. Histology lectures-General	3	
	4. Epithelial tissue	1	
	5. Nervous tissue	1	
	6. Histology lectures of specific organs	13	
	Total Hours	20 hrs	
4	UPPER LIMB		
	1. Brachial plexus	2	
	2. Mammary Gland	2	
	3. Shoulder Joint	2	
	4. Median nerve and wrist joint	2	
	5. Muscles of scapular region	2	
	6. Muscles of shoulder region	2	
	7. Back and Intermuscular spaces around scapula	2	
	8. Arm- Post. Aspect	1	
	9. Radial nerve	2	
	10. Forearm – superficial extensor	2	
	11. Forearm- Deep extensor	2	
	12. Elbow joint	2	
	13. Radioulnar joint	1	
	14. Extensor retinaculum	1	
	15. Ulnar nerve	2	
	16. Hand- post. Aspect	2	
	17. Pectoral region	2	
	18. Arm- Ant. Aspect	2	

	19. Musculocutaneous nerve	1	
	20. Cubital fossa	1	
	21. Forearm- superficial flexors	2	
	22. Forearm- deep flexors	2	
	23. Median nerve	2	
	24. Flexor retinaculum	1	
	25. Brachial, Ulnar & Radial artery	3	
	26. Venous drainage of upper limb	2	
	27. Anatomy – Physiology Seminar on nerves of upper limb & nervous system	1	
	28. Integrated lecture with Surgery on Joints of Upper limb	1	
	29. Tutorial	1	
	Total Hours	50 hrs	

5	LOWER LIMB		III
	1. Introduction to lower limb	1	
	2. Hip Joint	2	
	3. Knee Joint	2	
	4. Arches of foot	2	
	5. Sacral Plexus	1	
	6. Gluteal region	2	
	7. Back of thigh	2	
	8. Sciatic nerve	2	
	9. Popliteal fossa	2	
	10. Lat. Compartment of leg	2	
	11. Post. Compartment of leg	2	
	12. Femoral, popliteal & tibial artery	3	
	13. Ankle joint	2	
	14. Peroneal nerve	2	
	15. Median compartment of thigh	2	
	16. Obturator nerve	1	
	17. Femoral Triangle	2	
	18. Front of thigh & Tensor Fascia Lata	3	
	19. Femoral vessels	2	
	20. Ant. Compartment of leg	2	
	21. Venous drainage of lower limb	2	
	22. Saphenous vein	2	
	23. Retinaculum (Lat., Ant. & medial)	2	
	24. Sole of foot	2	
	25. Femoral nerve	1	
	26. Anatomy – Physiology Seminar on nerves of lower limb & nervous system	1	
	27. Integrated lecture with Surgery on Joints of Lower limb	1	

	28. Tutorial	1	
	Total Hours	50 hrs	

6	THORAX		II
	1. Introduction to thorax	1	
	2. Development of Heart and lung	2	
	3. Pericardium and Heart	2	
	4. Coronary circulation	1	
	5. Lungs and pleura	3	
	6. Trachea	1	
	7. Oesophagus	1	
	8. Thoracic duct	1	
	9. Diaphragm	1	
	10. Aorta	2	
	11. Mediastinum	2	
	12. Azygous vein	1	
	13. Sup. Vena cava	1	
	14. Inf. Vena cava	1	
	17. Tutorial	1	
	18. Anatomy – Physiology Seminar on Cardiovascular System	1	
	19. Revision	1	
	Total Hours	25 hrs	
7	ABDOMEN		III
	1. Introduction to Abdomen	1	
	2. Development of organs Abdominal	2	
	3. Oesophagus	1	
	4. Stomach	2	
	5. Duodenum	1	
	6. Small intestine	2	
	7. Revision	2	
	8. Caecum	1	
	9. Appendix	1	
	10. Large intestine	2	
	11. Rectum	2	
	12. Anal canal	1	

	13. Liver	2	
	14. Abdominal aorta	1	
	15. Female genital system	4	
	16. Post. Abdominal wall	2	
	17. Male reproductive system	2	
	18. Ant. Abdominal wall	2	
	19. Pancreas	2	
	20. Gall Bladder	1	
	21. Spleen	2	
	22. Kidney	2	
	23. Supra renal gland	1	
	24. Ureter	1	
	25. Urinary bladder	2	
	26. Pelvic diaphragm	1	
	27. Portal venous system	1	
	28. Peritoneum	2	
	29. Extrahepatic biliary apparatus	2	
	30. Walls of pelvis	1	
	31. Revision	6	
	Total Hours	55 hrs	
8	HNF		II
	1. Introduction to HNF	1	
	2. Ear	1	
	3. Tongue	1	
	4. Face- muscles	2	
	5. Contents of Orbit	1	
	6. Lachrymal apparatus	1	
	7. Extraocular muscles	2	
	8. Ant. Triangle of neck	2	
	9. Post. Triangle of neck	1	
	10. Common & Internal carotid artery	1	
	11. External carotid artery	1	
	12. Sternocleidomastoid muscle	1	
	13. Fascias of neck	1	
	14. Suboccipital triangle of neck	1	
	15. Contents of vertebral canal	1	
	16. Cranial cavity	2	
	17. Supra & Infra hyoid muscle	1	
	18. Vertebral artery	1	
	19. Scalp	1	
	20. Eyeball	2	
	21. Oral cavity	1	
	22. Pharynx	2	
	23. Larynx	2	
	24. Eustachian tube	1	
	25. Parotid gland	1	

	26. Submandibular gland	1	
	27. Thyroid gland	1	
	28. Muscles of mastication	1	
	29. Jugular vein	1	
	30. Lateral wall of Nose	1	
	31. Revision	3	
	Total Hours	40 hrs	
9	CNS		II
	1. Introduction to Brain	1	
	2. IIIrd Ventricle and Ventricle IVth	2	
	3. Pons	2	
	4. Medulla	2	
	5. Spinal cord	1	
	6. Lateral Ventricle	1	
	7. Cerebrum Sulci & gyri	2	
	8. Areas of cerebrum	2	
	9. Corpus callosum	1	
	10. White matter of cerebrum	1	
	11. Internal capsule	1	
	12. Basal ganglia	1	
	13. Midbrain	1	
	14. Blood supply of brain	1	
	15. Meninges	1	
	16. CSF	1	
	17. Thalamus	1	
	18. Cerebellum	2	
	19. Cranial nerves including special senses.	12	
	20. Revision	4	
	Total Hours	40 hrs	

Total – 325 hrs

PRACTICAL

Sr. No.	Topics	Hrs
1.	EMBRYOLOGY & GENETICS	
	Stages of Development	
	Spermatogenesis, Oogenesis and Germ layers.	
	Development of Embryogenic Disc, Placenta	
	Embryology of organs	
	Total Hours	12 hrs
2	HISTOLOGY	
	Histology lectures of specific organs	18
	Total Hours	18 hrs
3	UPPER LIMB	
	Practicals	
	Clavicle	6
	Scapula	6
	Humerus	6
	Radius	6
	Ulna	6
	Hand	6
	Surface Marking of Upper limb	6
	Dissection	
	Axilla & Arm	6
	Forearm & Hand	6
	Muscles of Back	6
	Muscles of Pectoral Region	6
	Radiology	
	Joints of Upper limb	6
		72 hrs
4	LOWER LIMB	
	Practicals	
	Hip Bone	6
	Femur	6
	Tibia	6
	Fibula	6
	Foot	6
	Surface Marking of Lower limb	6
	Dissection	
	Femoral Region	6
	Gluteal Region	6
	Thigh	6

	Leg	6
	Foot	6
	Radiology	
	Joints of Lower limb	6
		72 hrs
5	THORAX	
	Practicals	
	Ribs – Typical & Atypical	6
	Thoracic Vertebrae	6
	Sternum	6
	Dissection	
	Heart	6
	Mediastinum	6
	Lungs	6
	Surface Marking of thorax	6
	Radiology	6
	Total Hours	48 hrs
6	ABDOMEN	
	Practical	
	Lumbar Vertebrae	6
	Dissection	
	Abdominal cavity, Abdominal vessels	6
	Stomach, Pancreas, Spleen	6
	Relation of viscera	6
	Liver, Gall bladder	6
	Kidney, Ureter, Urinary bladder	6
	Peritoneum & Intestine	6
	Uterus, fallopian tubes, Ovaries	6
	Ant. Abdominal wall & Post. Abdominal wall	6
	Surface Marking of Abdomen	6
	Radiology	6
		66 hrs
7	Head, Neck and Face	
	Practical	
	Skull & Mandible	12
	Dissection	
	Face & Neck	6
	Radiology	6
		24 hrs
8	CNS	
	Cerebrum	6
	Cerebellum	6
	Midbrain, Pons & Medulla	6
		18 Hrs

Total – 330 Hrs

6. TEACHING LEARNING METHODS

General Instructions

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

- (k) There should be joint seminars with the departments of Physiology and Bio-Chemistry, Repertory, HMM, Philosophy and Pharmacy which should be organized once a month considering that syllabus of all the subjects is arranged in an integrated form.-Teaching tool can be a CASE (Clinical Posting) which students have attended.
- (l) There should be a close correlation in the teaching of gross Anatomy, Histology, Embryology and Genetics and the teaching of Anatomy, Physiology including Bio Chemistry along with Homoeopathic subjects shall be integrated.

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

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

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

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

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

- a) **Class Room Lectures** – Oral Presentation, Board Work, Power point Presentation.
- b) **Tutorials** on the topics covered.
- c) **Assignments** – For Slow Learners

d) **Practical Class** – Demonstration, Dissection, Surface Marking, Histology, Radiology

e) **Student Activities** – Working out the Assignments, Projects, PowerPoint presentations as assigned

f) **Case based Learning & Problem Based Learning (CBL & PBL)**- for students to understand the application of knowledge of Anatomy with Clinical subjects.

g) **DOAP (Demonstration – Observation – Assistance – Performance)**- For Clinical Anatomy

7.ASSESSMENT

Assessment Summary Number of papers and Mark Distribution

Sr. No.	Course Code	Papers	Theory	Practical	Viva Voce	Internal Assessment -Practical	Grand Total
1	HomUG-AN	2	200	100	80	20	400

Scheme of Assessment (formative and Summative)

Sl. No	Professional Course	1 st term (1-6 Months)	2 nd Term (7-12 Months)	3 rd Term (13-18 Months)	
1.	First Professional BHMS	1 st PA + 1 ST TT	2 nd PA+2 ND TT	3 rd PA	UE
		1 st PA – 4 th month 1 st TT – 6 th month	2 nd PA – 9 th month 2 nd TT – 12 th month	3 rd PA - 14 th month	17 th month

PA: Periodical Assessment; TT: Term Test; UE: University Examinations

Evaluation Methods for Assessment

Sl. No	Evaluation Criteria
1.	Theory, Practical, Viva voce Performance
2.	Theory: MCQs, SAQs and LAQs (MEQ - Modified Essay Questions/Structured Questions)

Paper Layout

Paper-1 (100 marks) General Anatomy, Head, face and neck, Central nervous System, upper extremities and Embryology		
1	MCQ	10 marks
2	SAQ	50 marks
3	LAQ	40 marks
Paper-2 (100 marks) Thorax, Abdomen, Pelvis, Lower extremities and Histology (micro anatomy).		
1	MCQ	10 marks
2	SAQ	50 marks
3	LAQ	40 marks

I- Distribution of Theory exam

Sr. No	Paper-I	B	C	D		
				Type of Question "Yes" can be asked. "No" should not be asked.		
	A List of Topics	Term	Marks	MCQ (1 Mark)	SAQ(5 Marks)	LA Q (10 Mar ks)
1	General Anatomy	I	Refer Next Table	Yes	Yes	No
2	Head, Neck & Face	II		Yes	Yes	Yes
3	Central Nervous System	II		Yes	Yes	Yes
4	Upper Extremities	I		Yes	Yes	Yes
5	Embryology	I		Yes	Yes	No

Paper-II

Sl. No	A	B	C	D		
				Type of Questions and marks allotted "Yes" can be asked. "No" should not be asked.		
	List of Topics	Term	Marks	MCQ (1 Mark)	SAQ (5 Marks)	LAQ (10 Marks)
1.	Thorax	II	ReferNext Table	Yes	Yes	Yes
2.	Abdomen, Pelvis & Perineum	III		Yes	Yes	Yes
3.	Lower Extremities	III		Yes	Yes	Yes
4.	Histology	I		Yes	Yes	No

II- Theme table

Paper I

Theme*	Topics	Term	Marks	MCQ's	SAQ's	LAQ's
A	General Anatomy	I	10	Yes	Yes	No
B	Upper Extremities	I	25	Yes	Yes	Yes
C	Embryology	I	15	Yes	Yes	No
D	Head, neck and Face	II	30	Yes	Yes	Yes
E	Central nervous System	II	20	Yes	Yes	Yes

Paper-II

Theme*	Topics	Term	Marks	MCQ's	SAQ's	LAQ's
A	Lower Extremities	III	30	Yes	Yes	Yes
B	Thorax	II	30	Yes	Yes	Yes
C	Abdomen and Pelvis	III	30	Yes	Yes	Yes
D	Histology	I	10	Yes	Yes	No

Question Paper Blue print

Paper I

A Question Serial Number	B Type of Question	Question Paper Format (Refer table 4 F 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	<ol style="list-style-type: none"> 1. Theme A 2. Theme A 3. Theme B 4. Theme B 5. Theme C 6. Theme C 7. Theme D 8. Theme D 9. Theme E 10. Theme E
Q2	Short answer Questions(SAQ) Ten Questions 5 Marks Each All compulsory Must know part: 7 SAQ Desirable to know: 2 SAQ Nice to know: 1 SAQ	<ol style="list-style-type: none"> 1. Theme A 2. Theme B 3. Theme B 4. Theme B 5. Theme C 6. Theme C 7. Theme D 8. Theme D 9. Theme E 10. Theme E
Q3	Long answer Questions(LAQ) Four Questions 10 marks each All compulsory All questions on must know No Questions on Nice to know and Desirable to know	<ol style="list-style-type: none"> 1. Theme B 2. Theme D 3. Theme D 4. Theme E

Paper II

A Question Serial Number	B Type of Question	Question Paper Format (Refer table 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	<ol style="list-style-type: none"> 1. Theme A 2. Theme A 3. Theme A 4. Theme B 5. Theme B 6. Theme C 7. Theme C 8. Theme C 9. Theme D 10. Theme D
Q2	Short answer Questions(SAQ) ten Questions 5 Marks Each All compulsory Must know part: 7 SAQ Desirable to know: 2 SAQ Nice to know: 1 SAQ	<ol style="list-style-type: none"> 1. Theme A 2. Theme A 3. Theme A 4. Theme B 5. Theme B 6. Theme C 7. Theme C 8. Theme C 9. Theme D 10. Theme D
Q3	Long answer Questions (LAQ) four Questions 10 marks each All compulsory All questions on must know No Questions on Nice to know and Desirable to know	<ol style="list-style-type: none"> 1. Theme A 2. Theme B 3. Theme C 4. Theme C

II. **Scheme of Practical and Viva voce Examination and distribution of marks**
(Practical 100 marks – Viva voce 80 marks + Internal assessment 20 marks: Total 200 marks)

Scheme of Practical Examination	
<p>1. Spotters: 4 (5 marks each)</p> <p>A. Histology Slide – 2 (5 marks each)</p> <p style="margin-left: 20px;">a) Identification – 1 mark</p> <p style="margin-left: 20px;">b) Draw and label – 2 marks</p> <p style="margin-left: 20px;">c) Two identification features – 2 marks</p> <p>B. Radiology – 2 X-RAYS (5 marks each)</p>	20 marks
<p style="margin-left: 40px;">a) Identification of X-Ray and its view – 1 mark</p> <p style="margin-left: 40px;">b) Identification of features – 4 marks</p>	
<p>2. Osteology - Bones of Upper Extremity, Lower Extremity, Skull, Ribs and Vertebrae.</p>	20 marks
<p>3.Viscera - Organs from Thorax, Abdomen and CNS.</p>	20 marks

4. Knowledge of dissected parts - Dissected Specimens of Upper and Lower Extremities.	20 marks
2. Surface marking	10 marks
3. Journal – Practical record of Anatomy including Histology and dissection card.	10 marks
Total	100 Marks

Viva voce Max. Marks - 80 + Internal assessment marks – 20	
Total marks	100 marks

9B - Scheme of Assessment (Formative)

Sr. No	Professional Course	1 st term (1-6 Months)		2 nd Term (7-12 Months)		3 rd Term (13-18 Months)	
		1 st PA	1 ST TT	2 nd PA	2 ND TT	3 rd PA	UE
1	First Professional BHMS	20 Marks Practical/Viva	100 Marks Practical/ Viva	20 Marks Practical/Viva	100 Marks Practical/ Viva	20 Marks Practical/Viva	

For Internal assessment, Only Practical/Viva marks will be considered. Theory marks will not be counted)Method of Calculation of Internal Assessment Marks for Final University Examination:

PA1 Practical/ Viva(20 Marks)	PA2 Practical/ Viva(20 Marks)	PA3 Practical/ Viva(20 Marks)	Periodical Assessment Average PA1+PA2+P A3/3	T T 1 Practic al/ Viva (100 Marks)	TT2 Practic al/ Viva (100 Marks)	Termi nal Test Avera ge TT1+ TT2/ 200*20	Final Internal Assesm entMarks
A	B	C	D	E	F	G	D+G/2

PA- Periodical Assessment, TT- Terminal Test, UE- University Examination

8. List of recommended books –

Standard Books

- Garg K, B.D. Chaurasia's Human Anatomy Regional & Applied, Dissection & Clinical. Upper limb & Thorax.
- Garg K, B.D. Chaurasia's Human Anatomy Regional & Applied, Dissection & Clinical. Lower limb & Abdomen
- Garg K, B.D. Chaurasia's Human Anatomy Regional & Applied, Dissection & Clinical. Head, Neck & Brain.
- Singh V. General Anatomy
- Singh V. Anatomy of Head, Neck & Brain
- Singh V. Anatomy of Upper limb & Thorax
- Singh V. Anatomy of Abdomen & Lower limb
- Singh V. Anatomy of Clinical embryology
- Garg K, Indira Bahl, Mohini Kaul. Textbook of Histology
- Halim A. Surface and Radiological Anatomy
- Khurana A, Khurana I, Garg K B.D. Chaurasia's Dream Human Embryology
- Loukas M, Benninger B, Tubbs R S. Gray's Clinical Photographic Dissector of Human Body
- Romanes G J. Cunningham's Manual of Practical Anatomy. Upper & Lower limb
- Romanes G J. Cunningham's Manual of Practical Anatomy. Abdomen & Pelvis
- Romanes G J. Cunningham's Manual of Practical Anatomy. Head & Neck

Reference books

- Eroschenko VP. *Di'fiore's Atlas of Histology with functional correlation*
 - Gunasegaran JP. *Text book of Histology & Practical Guide*
 - Hansen JT. *Netter's Atlas of Human Anatomy*. South Asian Ed
 - Mescher AL. *Junquera's Basic Histology Text & Atlas*
 - Mortan DA, Peterson KD, Albretine K. H. *Gray's Dissection Guide for Human Anatomy*
 - RomanesGJ. *Cunningham's Textbook of Anatomy*
 - Ross & Wilson. *Anatomy and Physiology in Health and Illness*
 - Singh, Inderbir. *Human Embryology*
 - Sinnathamby CS. *Snell's Clinical Anatomy for Medical Students*.
-
- Standring Susan. *Gray's Anatomy The Anatomical Basis of Clinical Practice*
 - Tortora GJ & Derrickson B. *Anatomy & Physiology*.

9. LIST OF CONTRIBUTORS

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9.Content Mapping (Competencies Table)

(Reference – F.No-3-90/2022/NCH/HEB/HEB Notice- Circular / 13099-13107 ; Dated : 14 Feb 2023; Page no171-246)

Human physiology & Biochemistry

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S.No	Description	Page No
1	Course Code and Name of Course	
2	Preamble	
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7	Assessment	
8	List of Recommended Books	
9	Content Mapping (Competencies Table) Reference no. F. No-3-90/2022/NCH/HEB/HEB Notice-Circular/13099-13107; Dated: 14.02.2023;Page No.290-424	

1.Course Name - Human physiology & Biochemistry

Course code: Hom UG - PB

2. PREAMBLE

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

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

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

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

3. Course Outcomes (COs):

At the end of the course the student will be able to:

- a. Discuss the Homoeopathic concept of health in relation to integrated body structure and functions.
- b. Explain the normal functioning of the human body at all levels of organization.
- c. Relate the concept of homoeostasis with relevant ideas in Anatomy, Materia medica and Organon of Medicine at BHMS I level .
- d. Elucidate the physiological aspects of normal growth and development with focus on evolution.
- e. Correlate micro functions at cellular level with macro functions at organ-system level.
- f. Use necessary communication skills required for history-taking of the patient & relating various clinical findings in the patient.
- g. Perform experiments in haematology, clinical physiology & biochemistry as required for the study of physiological phenomena and for assessment of normal function.
- h. Identify the normal values of haematology, clinical physiology & biochemistry.
- i. Perform clinical – physiological examination under supervision.
- j. Correlate knowledge of Organon & Materia Medica with Physiology.
- k. Explain the integrated responses of the organ systems of the body to physiological and pathological stresses

4. Teaching Hours

Sr No.	Subject	Theoretical Lecture	Practical / Tutorial / Seminar / Clinical Posting
01	PHYSIOLOGY & BIOCHEMISTRY	325hrs	330 hrs.

Theory Wise Teaching Hours Distribution – 325 Hours

Sr. No	Paper-I	
	List of System	Teaching Hours
1	General Physiology	20
2	Bio Physics Science	15
3	Skin & The Integumentary System	15
4	Body fluids & Immune mechanism	35
5	Nerve Muscle physiology	15
6	Cardiovascular system	20
7	Respiratory and Environmental Physiology	25
8	Renal Physiology	20
	Total	165
Sr. No	Paper-II	
	List of System	Teaching Hours
1	Central Nervous System	35
2	Endocrinology	30
3	Reproduction	15
4	Special Senses	20
5	Digestion and Nutrition	35
6	Biochemistry	25
	Total	160

Practical / Clinical Physiology / OPD Wise Teaching Hours Distribution – 330 Hours

Physiology – SEMESTER 1 : Practical – lab work			
No	Practical	Demonstration/ Performance	Number of Teaching Hours
HAEMATOLOGY			
1	Study of the Compound Microscope	Performance	05
2.	Collection of Blood Samples	Performance	05
3	Estimation of Haemoglobin Concentration	Performance	05
4	Determination of Haematocrit	Demonstration	05
5	Hemocytometry	Performance	05
6	Total RBC Count	Performance	10
7	Determination of RBC Indices	Demonstration	05
8	Total Leucocytes Count (TLC)	Performance	10
9	Preparation And Examination Of Blood Smear	Performance	10
10	Differential Leucocyte Count (DLC)	Performance	10
11	Absolute Eosinophil Count	Demonstration	05
12	Determination of Erythrocyte Sedimentation Rate	Demonstration	05
13	Determination of Blood Groups	Performance	05
14	Determination of Bleeding Time and Coagulation Time	Performance	05
BIOCHEMISTRY			
1	Demonstration of Uses Of Instruments Or Equipment	Demonstration	05
2	Qualitative Analysis of Carbohydrates, Proteins And Lipids	Performance	10
3	Normal Characteristics of Urine	Performance	04
4	Abnormal Constituents of Urine	Performance	10
5	Quantitative Estimation of Glucose, Total Proteins, Uric Acid in Blood	Performance	05
6	Liver Function Tests	Demonstration	04
7	Kidney Function Tests	Demonstration	04
8	Lipid Profile	Demonstration	04
9	Interpretation and Discussion of	Demonstration	04

	<u>Results of Biochemical Tests</u>		
	Total		140

CLINICAL PHYSIOLOGY			
1	Case Taking & Approach to pt	Performance	05
2	General Concept Of Examination	Performance	10
3	Examination of muscles, joints,	Performance	10
4	Cardio-Vascular System – Blood Pressure Recording, Radial Pulse, ECG, Clinical Examination	Performance	15
5	Nervous System- Clinical Examination	Performance	15
6	Respiratory System- Clinical Examination, Spirometry, Stethography	Performance	15
7	Special Senses- Clinical Examination	Performance	15
8	Reproductive System- Diagnosis of Pregnancy	Performance	05
9	Gastrointestinal System- Clinical Examination	Performance	10
	Total		100
OPD – APPLIED PHYSIOLOGY			
1	OPD (Applied Physiology)	Demonstration & Performance	90
	TOTAL		90

Semester Wise Distribution of Theory, Practical, Clinical Physiology & OPDs

Sr No./ Duration	Wk	Physiology
SEMESTER - 1		

Module 1. Organizational	16 Wks	<ul style="list-style-type: none"> • General physiology • Bio Physics Science • Skin & The integumentary System <p>Clinical Physiology :</p> <ul style="list-style-type: none"> • Case Taking & Approach to Patient • General concept of examination.
Module Principals		<ul style="list-style-type: none"> • Body Fluid & Immune Mechanism • Nerve Muscles Physiology <p>Practical :</p> <ul style="list-style-type: none"> • Study of the Compound Microscope • Collection of Blood Samples • Estimation of Haemoglobin Concentration • Determination of Haematocrit • Haemocytometry • Total RBC Count • Determination of RBC Indices • Total Leucocytes Count (TLC) • Preparation And Examination Of Blood Smear • Differential Leucocyte Count (DLC) • Absolute Eosinophil Count • Determination of Erythrocyte Sedimentation Rate • Determination of Blood Groups • Determination of Bleeding Time and Coagulation Time <p>Clinical Physiology :</p> <ul style="list-style-type: none"> • Examination of muscles, joints,
	4 th Month – 5 days PA 6 th Month – 10 days TT – including Viva Voce	
SEMESTER - 2		
Module 3. Vital Maintenance of the human body	16 Wks	<ul style="list-style-type: none"> • Cardiovascular System • Respiratory & Environmental Physiology <p>Clinical Physiology :-</p> <ul style="list-style-type: none"> • Cardio-Vascular System – Blood Pressure Recording, Radial Pulse, ECG, Clinical Examination • Respiratory System- Clinical Examination, Spirometry, Stethography • OPD (Applied Physiology)
Module 4. Control system of		<ul style="list-style-type: none"> • Central Nervous System • Endocrinology

the human body with continuity	<p>Clinical Physiology :</p> <ul style="list-style-type: none"> • Nervous System- Clinical Examination • Special Senses- Clinical Examination • Reproductive System – Diagnosis of pregnancy • OPD (Applied Physiology) 	
<p>9th Month – 5 days PA</p> <p>12th Month – 10 days TT – including Viva Voce</p>		
SEMESTER - 3		
Module 5. Energy maintenance of human body	16 wks	<ul style="list-style-type: none"> • Reproductive System • Special Senses • Digestion System & Nutrition • Renal Physiology • Bio-Chemistry <p>Practical : -</p> <ul style="list-style-type: none"> • Demonstration of Uses Of Instruments Or Equipment • Qualitative Analysis of Carbohydrates, Proteins And Lipids • Normal Characteristics of Urine • Abnormal Constituents of Urine • Quantitative Estimation of Glucose, Total Proteins, Uric Acid in Blood • Liver Function Tests • Kidney Function Tests • Lipid Profile • Interpretation and Discussion of Results of Biochemical Tests <p>Clinical Physiology :-</p> <ul style="list-style-type: none"> • Gastrointestinal System- Clinical Examination • OPD (Applied Physiology)
<p>14th Month – 5 days PA</p> <p>18th Month – 12 days TT – including Viva Voce – University exam</p>		

5. COURSE CONTENT

- a. The purpose of a course in physiology is to enable the students to learn the functions, processes and inter-relationship of the different organs and systems of the normal disturbance in disease so that the student is familiar with normal standards of reference while diagnosing deviations from the normal, and while treating the patients.
- b. There can be no symptoms of disease without vital force animating the human organism and it is primarily the vital force which is maintaining state of health
- c. Physiology shall be taught from the stand point of describing physical processes underlying them in health;
- d. Applied aspect of every system including the organs is to be stressed upon while teaching the subject.
- e. Correlation with Organon and philosophy especially the concept of health and its derangement the interplay of different cell, tissue organ and system, their representation in repertory and integration in HMM
- f. There should be close co-operation between the various departments while teaching the different systems;
- g. There should be joint courses between the two departments of anatomy and physiology so that there is maximum co-ordination in the teaching of these subjects;
- h. Seminars should be arranged periodically and lecturers of anatomy, physiology and bio-chemistry should bring home the point to the students that the integrated approach is more meaningful.

A. THEORY:-

1. GENERAL PHYSIOLOGY

Introduction to cellular physiology

Transport through cell membrane and resting
membrane potential Body fluids compartments
Homeostasis

2. BIO-PHYSICAL SCIENCES

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

3. SKIN & THE INTEGUMENTARY SYSTEM

Skin & Integumentary System
Layers of Skin Function of Skin Sweat
Body temperature and its regulation

4. BODY FLUID & IMMUNE MECHANISM

Blood
Plasma Proteins
Red Blood Cells
Erythropoiesis
Haemoglobin and Iron Metabolism
Erythrocyte Sedimentation Rate
Packed Cell Volume and Blood Indices
Haemolysis and Fragility of Red Blood Cells
White Blood Cell
Immunity Platelets
Haemostasis
Coagulation of Blood
Blood groups
Blood Transfusion

Blood volume

Reticulo-endothelial System and Tissue Macrophage Lymphatic System and Lymph

Tissue Fluid and Oedema

5. NERVE MUSCLE PHYSIOLOGY

Physiological properties of nerve fibres

Nerve fibre- types, classification, function, Degeneration and regeneration of peripheral nerves Neuro-Muscular junction

Physiology of Skeletal muscle

Physiology of Cardiac muscle

Physiology of Smooth muscle

EMG

6. CARDIO-VASCULAR SYSTEM

Introduction to cardiovascular system Properties of cardiac muscle

Cardiac cycle

General principles of circulation Heart sounds

Regulation of cardiovascular system

Normal and abnormal Electrocardiogram (ECG)

Cardiac output

Heart rate

Arterial blood pressure

Radial Pulse

Regional circulation- Cerebral, Splanchnic, Capillary, Cutaneous & skeletal muscle circulation. Cardiovascular adjustments during exercise

7. RESPIRATORY SYSTEM AND ENVIRONMENTAL PHYSIOLOGY

Physiological anatomy of respiratory tract

Mechanism of respiration: Ventilation, diffusion of gases

Transport of respiratory gases Regulation of respiration Pulmonary Function Test

High altitude and space physiology Deep sea physiology

Artificial respiration

Effects of exercise on respiration

8. CENTRAL NERVOUS SYSTEM

Introduction to nervous system Neuron

Neuroglia

Receptors

Synapse

Neurotransmitters

Reflex

Spinal cord

Somato-sensory system and somato-motor system Physiology of pain

Brain stem, Vestibular apparatus

Cerebral cortex

Thalamus

Hypothalamus

Internal capsule

Basal ganglia

Limbic system

Cerebellum – Posture and equilibrium

Reticular formation

Proprioceptors

Higher intellectual function Electroencephalogram (EEG)

Physiology of sleep

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

9. ENDOCRINOLOGY

Introduction of endocrinology and importance of PNEI axis Hormones and hypothalamo- hypophyseal axis

Pituitary gland

Thyroid gland

Parathyroid

Endocrine functions of pancreas Adrenal cortex

Adrenal medulla

Endocrine functions of other organs

10. REPRODUCTIVE SYSTEM

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

Menstrual cycle

Ovulation

Menopause

Infertility

Pregnancy and parturition Placenta

Pregnancy tests

Mammary glands and lactation Fertility

Foetal circulation

11. SPECIAL SENSES

Eye: Photochemistry of vision, Visual pathway, Pupillary reflexes, Colour vision, Errors of refraction Ear: Auditory pathway, Mechanism of hearing, Auditory defects

Sensation of taste: Taste receptors, Taste pathways

Sensation of smell: Olfactory receptors, olfactory, pathways Sensation of touch

12. DIGESTIVE SYSTEM & NUTRITION

Introduction to digestive system

Composition and functions of digestive juices

Physiological anatomy of Stomach, Pancreas, Liver and Gall bladder, Small intestine, Large- intestine

Movements of gastrointestinal tract

Gastrointestinal hormones

Digestion and absorption of carbohydrates, proteins and lipids

13. RENAL PHYSIOLOGY

Physiological anatomy of kidneys and urinary tract

Fluid & electrolyte with acid base balance need to be include

Renal circulation

Urine formation: Renal clearance, glomerular filtration, tubular reabsorption, selective secretion, concentration of urine, acidification of urine

Renal functions tests

Micturition

14. BIO-CHEMISTRY THEORY

Carbohydrates: (Chemistry, Metabolism, Glycolysis, TCA, HMP, Glycogen synthesis and degradation, Blood glucose regulation)

Lipids: (Chemistry, Metabolism, Intestinal uptake, Fat transport, Utilization of stored fat, Activation of fatty acids, Beta oxidation and synthesis of fatty acids)

Proteins: (Chemistry, Metabolism, Digestion of protein, Transamination, Deamination Fate of Ammonia, Urea cycle, End products of each amino acid and their entry into TCA cycle)

Enzymes: (Definition, Classification, Biological Importance, Diagnostic use, Inhibition)

Vitamins: (Daily requirements, Dietary source, Disorders and physiological role)

Minerals (Daily requirement, Dietary Sources, Disorders and physiological role)
mineral metabolism

Organ function test

B. PRACTICAL & CLINICAL PHYSIOLOGY:-

<u>No</u>	<u>Practical</u>	<u>Demonstration/ Performance</u>
HAEMATOLOGY		
1	Study of the Compound Microscope	Performance
2.	Collection of Blood Samples	Performance
3	Estimation of Haemoglobin Concentration	Performance
4	Determination of Haematocrit	Demonstration
5	Hemocytometry	Performance
6	Total RBC Count	Performance

7	Determination of RBC Indices	Demonstration
8	Total Leucocytes Count (TLC)	Performance
9	Preparation And Examination Of Blood Smear	Performance
10	Differential Leucocyte Count (DLC)	Performance
11	Absolute Eosinophil Count	Demonstration
12	Determination of Erythrocyte Sedimentation Rate	Demonstration
13	Determination of Blood Groups	Performance
14	Determination of Bleeding Time and Coagulation Time	Performance
BIOCHEMISTRY		
1	Demonstration of Uses Of Instruments Or Equipment	Demonstration
2	Qualitative Analysis of Carbohydrates, Proteins And Lipids	Performance
3	Normal Characteristics of Urine	Performance
4	Abnormal Constituents of Urine	Performance
5	Quantitative Estimation of Glucose, Total Proteins, Uric Acid in Blood	Performance
6	Liver Function Tests	Demonstration
7	Kidney Function Tests	Demonstration
8	Lipid Profile	Demonstration
9	<u>Interpretation and Discussion of Results of Biochemical Tests</u>	Demonstration
CLINICAL PHYSIOLOGY & OPD		
1	Case Taking & Approach to pt	Performance
2	General Concept Of Examination	Performance
3	Examination of muscles, joints,	Performance
4	Cardio-Vascular System – Blood Pressure Recording, Radial Pulse, ECG, Clinical Examination	Performance
5	Respiratory System- Clinical Examination, Spirometry, Stethography	Performance
6	Nervous System- Clinical Examination	Performance
7	Special Senses- Clinical Examination	Performance
8	Reproductive System- Diagnosis of Pregnancy	Performance

9	Gastrointestinal System- Clinical Examination	Performance
10	OPD (Applied Physiology)	Demonstration & Performance

6. Teaching Learning Methods

Different teaching-learning methods must be apply for understanding holistic and integrated way of physiology. There has to be classroom lectures, small group discussions, case discussion where case based learning (CBL) and problem based learning (PBL). In the applied physiology, Case discussion (CBL-PBL) methods are helpful for students. AV – Methods for demonstration of physiological processes will be very helpful. In process of Clinical Physiology – DOAP (Demonstration – Observation – Assistance – Performance) is very well applicable.

Practical & Clinics are the best medium to demonstrate all physiological processes in objective ways. They help us to understand and explain the physiological signs. Haematological& Biochemistry practicals are done in laboratory, where one can apply the DOAP (Demonstration – Observation – Assistance – Performance) & OSPE (Objective Structured Practical Examination) methods. All this should be recorded in the journal.

In the clinics / OPD / IPD / Bed side there shall be exposure of Clinical & Applied Physiology. These can be demonstratedby DOAP (Demonstration – Observation – Assistance – Performance) & OSCE (Objective Structured Clinical Examination) methods. These methods are more objective, and t will help students to develop the attitude as clinicians.

Other Innovative methods include preparation of charts and models.

7. Assessment

PHYSIOLOGY THEME TABLE

PAPER – 1

Theme*	Topics	Term	Marks	MCQ's	SAQ's	LAQ's
A	General Physiology	I	07	Yes	Yes	No
B	Biophysics Science	I	07	Yes	Yes	No
C	Body fluids & Immune Mechanism	I	16	Yes	Yes	Yes
D	Cardiovascular system	II	16	Yes	Yes	Yes
E	Respiratory system	II	16	Yes	Yes	Yes
F	Excretory system	III	16	Yes	Yes	Yes
G	Skin & The Integumentary System	I	11	Yes	Yes	No
H	Nerve Muscle physiology system	I	11	Yes	Yes	No

PAPER – 2

Theme*	Topics	Term	Marks	MCQ's	SAQ's	LAQ's
A	Endocrine system	II	21	Yes	Yes	Yes
B	Central Nervous System	II	21	Yes	Yes	Yes
C	Digestive system and Nutrition	III	21	Yes	Yes	Yes
D	Reproductive system	III	17	Yes	Yes	Yes

E	Sense organs	III	12	Yes	Yes	Yes
F	Biochemistry	III	08	Yes	Yes	No

QUESTION PAPER BLUE PRINT

UNIVERSITY EXAM PAPER-I – 100 MARKS

MCQs – 10 Marks. SAQs – 50 Marks. FAQs – 40 Marks

Question Serial Number	Type of Question	Question Paper Format (Refer Theme table for themes)
Q1	Multiple choice Questions (MCQ) 10 Questions 1 mark each All questions compulsory	1. Theme A 2. Theme A 3. Theme B 4. Theme B 5. Theme C 6. Theme D 7. Theme E 8. Theme F 9. Theme G 10. Theme H

Q2	Short answer Questions(SAQ) All questions compulsory 5 Marks Each	<ol style="list-style-type: none"> 1. Theme A 2. Theme B 3. Theme C 4. Theme D 5. Theme E 6. Theme F 7. Theme G 8. Theme G 9. Theme H 10. Theme H
Q3	Long answer Questions (LAQ) All questions compulsory 10 marks each	<ol style="list-style-type: none"> 1. Theme C 2. Theme D 3. Theme E 4. Theme F

UNIVERSITY EXAM PAPER-II – 100 MARKS

MCQs – 10 Marks. SAQs – 50 Marks. FAQs – 40 Marks

Question Serial Number	Type of Question	Question Paper Format (Refer Theme table for themes)
Q1	Multiple choice Questions (MCQ) 10 Questions 1 mark each All questions compulsory	<ol style="list-style-type: none"> 1) Theme A 2) Theme B 3) Theme C 4) Theme D 5) Theme D 6) Theme E 7) Theme E 8) Theme F 9) Theme F 10) Theme F

Q2	Short answer Questions(SAQ) All questions compulsory 5 Marks Each	1) Theme A 2) Theme A 3) Theme B 4) Theme B 5) Theme C 6) Theme C 7) Theme D 8) Theme D 9) Theme E 10) Theme F
Q3	Long answer Questions (LAQ) All questions compulsory 10 marks each	1) Theme A 2) Theme B 3) Theme C 4) Theme E

Distribution of Marks for Practical Exam:

Practical Exam: 100 Marks	
Hematology	20 marks
Bio-chemistry	20 marks
Clinical Physiology	20 marks
Spotters	30 marks
Journal	10 marks
Viva: 80 Marks	
Viva Voce	80 marks
Internal Assessment: 20	
IA	20

The Pass Marks in Each Component of the Examination shall be 50%.

7B- Scheme of Assessment (formative and Summative)

Sr. no	Professional course	1 st Term (1-6 Months)	2 nd Term (7-12 Months)	3 rd Term (13-18 Months)
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1	First Professional BHMS	1 st PA	1 st TT		2 nd PA	2 nd TT		3 rd PA	UE
		20 Marks Practical / Viva	100 Marks Theory	100 Marks Practical/ Viva	20 Marks Practical/ Viva	100 Marks Theory	100 Marks Practical / Viva	20 Marks Practical / Viva	

For internal assessment, only practical or viva marks will be considered. Theory marks will not be counted.

Method of calculation of internal assessment marks for final university examination.

PA 1 Practical / Viva (20 Marks)	PA 2 Practical / Viva (20 Marks)	PA 3 Practical / Viva (20 Marks)	Periodical Assessment Average PA1+PA2+PA3/ 3	TT1 Practical / Viva (100 Marks)	TT2 Practical / Viva (100 Marks)	Terminal test average TT1+TT2 / 200*20	Final Internal assessment marks
A	B	C	D	E	F	G	D+G/2

PA- Periodical assessment, **TT-** Terminal test, **UE-** University Examination

8. List Of Recommended Books Theory

A. Text Books:-

1. John N A (2023) Chatterjee C C. Text Book of Physiology 14th Edition. CBS Publication. (CBDC based)
2. Tortora G (2020). Principles of Anatomy & Physiology. Wiley Publication.
3. Jain A (2021). Text Book of Physiology Vol – 1 & 2. Avichal Publishing Company.
4. Glynn M (2022). Hutchion's Clinical Method, Elsevier Publication.
5. Reddy L P (2023) Fundamentals of Medical Physiology. CBS Publishers and Distributors (CBDC based)

B. Reference Books:-

1. Hall J. (2020). Guyton & Hall Text book of Medical Physiology. Elsevier Publication.
2. Khurana I (2021). Essential Medical Physiology. Elsevier Publication.

C. Practical & Clinical Physiology:-

1. Varshney VP, Bedi M, (2019) Practical Physiology: A Student's Workbook. 1st Edition. Jaypee Brothers Medical Publisher
2. Varshney VP, Bedi M, (2023) Ghai's Textbook of Practical Physiology: 10th Edition. Jaypee Brothers Medical Publisher (CBDC based)
3. John N Aet al (2021) C C Chatterjee's Manual of Practical Physiology: CBS Publishers and Distributors (CBDC based)
4. Jain A. (2019) Manual of Practical Physiology. 6th ed. Arya Publications.
5. Glynn M., William D. (2017). Hutchison's Clinical methods. 24th edition Elsevier Publication

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1.Course-Homoeopathic Pharmacy

Course code: Hom-UG-HP

2. PREAMBLE

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

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

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

Simultaneously, the recent advances in the bio-physical and quantum physics has opened new avenues to address the age-old question of how homoeopathic medicines act. A host of researchers are already doing work which the student needs to be made conversant with. That will produce an insight of the way new researches and developments in related fields of the 21st century are able to start explaining Hahnemann's insights of the 18th! This will also firmly root the student in the first year itself to being a participant in ongoing research related to the discipline 431

which will be his own. Hence the teacher of Pharmacy has a crucial role to play in being abreast of the developments in the field and lend to the student the excitement that becomes a part of teaching-learning.

3. COURSE OUTCOMES

At the end of the course of Homoeopathic Pharmacy, I BHMS Student will be able to

1. Explain the principles that govern homoeopathic pharmacy.
2. Discuss the pharmacognosical basis of homoeopathic drugs with respect to their identification, nomenclature, source, part used, method of collection and preparation.
3. Prepare homoeopathic medicines from their respective sources according to the different scales & methods of potentisation on a small scale in the laboratory.
4. Describe the pharmacology of homoeopathic drugs with respect to the types of drug action, sphere of action and pharmacological action of homoeopathic drugs integrated with Homoeopathic Materia Medica, Anatomy and physiology.
5. Relate the methodology of Homoeopathic Drug Proving integrated with Organon of Medicine.
6. Apply the principles of Homoeopathic Posology in different health care setting like OPD/IPD integrated with Organon of Medicine and Homoeopathic Materia Medica.
7. State the methods of standardization and quality control of homoeopathic medicines to ensure the genuineness of homoeopathic medicines.
8. Explain the principles of pharmaconomy, dispensing and preservation of homoeopathic medicines.
9. Engage the principles of pharmaco-vigilance, and adverse drug reaction in relation to homoeopathic medicines.
10. Write an ideal prescription.
11. Evaluate the scope for research in homoeopathic pharmacy in the context of the recent advancements in pharmaceutical sciences.

4. TEACHING HOURS

PARTICULARS	RECOMMENDED HOURS BY NCH	ACTUAL HOURS ALLOTTED
Theory	100	110
Practicals +Posting at IPD/OPD/Hospital Dispensing Section.	110	120

5.Course Content:

A. Theory: (105 Hours)

Marks: 100

List of Topics	B. TERM	C.Teaching Hours
a)General Concepts and Orientation		
History of Pharmacy with emphasis on emergence of Homoeopathic Pharmacy.	I	03
Homoeopathic Pharmacy Basics	I	04
Homoeopathic Pharmacopoeia	I	04

	Monograph, Contents of Monograph with its individual importance .		
Ideal laboratory	Pre requisites of ideal Laboratory (General Laboratory), Laboratory safety Rules Role of Laboratory in Homoeopathic Pharmacy Education	I	02
Weights and Measurements	Metrology Basics & Units of Apothecary System, British Imperial System, Metric System Interrelationship between various systems of Weight & Measure Concept on Domestic Measures with Metric Equivalentents	I	01
Nomenclature	The Basic Rules Nomenclature Nomenclature of Homoeopathic Drugs Important terminologies like scientific names, common names, synonyms Anomalies in Nomenclature	I	02
Pioneers of Homoeopathic Pharmacy	Role & contributions of Pioneers in development of Homoeopathic Pharmacy	I	02
b)Raw Material: Drugs and Vehicles			
Source of Drugs in Homoeopathy	Different sources – Plant kingdom, Animal kingdom, Mineral kingdom, Nosodes, Sarcodes, Imponderabilia, Synthetic source, New Sources – Allersode, Isodes with reference to their clinical utility Introduction to Bowel Nosodes, Tissue remedies	I	07
Collection of Drug Substances	General and Specific guidelines for collecting drugs from all available sources	I	03
Vehicles	Definition, classification, General Use Source, Properties & Particular use of Vehicles with respect to List Provided in Appendix D Preparation – Commercial Lactose, Alcohol Purity tests – Water, Alcohol, Sugar of Milk	I	06
c) Homoeopathic Pharmaceutics			
Mother tincture and its preparation	Extraction – Principles & Various Methods	II	07

	Old Method (Based on Class I to IX) Concept of Uniform Drug Strength Estimation of Moisture Content - Necessity New Method/Modern Approach of Homoeopathic Drug Preparation		
Various Scales used in Homoeopathic Pharmacy	History of development, Introducer, Designation, Preparation, Administration & Application with respect to - Centesimal Scale, Decimal Scale & 50 Millesimal Scale	II	03
Drug Dynamisation or Potentisation	The Evolution of Dynamisation Concept in Homoeopathy Potentisation & its types The Merits of Potentisation Succession & Trituration Various types of Potency– Fluxion Potency, Jumping Potency, Back Potency, Single Vial Potency, Multiple Vial Potency, Mixed Vial Potency Post- Hahnemannian Potentization Techniques	II	06
External applications (focus on scope of Homoeopathic lotion, Glycerol, Liniment and Ointment)	Scope of administration of External Applications in Homoeopathic Practice Dr Hahnemann's View as per Organon (5th & 6th Ed) Preparation & Uses of lotion, glycerol, liniment and ointment. Commercial Preparation of Ointment	II	05
Doctrine of Signature		II	
Posology	Basic principles of Homoeopathic Posology Related aphorisms of Organon of medicine. Criteria for Selection of Potency & Repetition of Dose Various Kinds of Dose, Emphasis on Minimum Dose	II	06
Prescription	Prescription Writing Important Abbreviations Parts & Contents of Prescription Merits & Demerits of Prescription Writing	III	02
Dispensing of Medicines	Various Dosage Forms – Solid, Liquid Dosage Forms, Methods of Dispensing	II	02
Placebo	Concept of Homoeopathic Placebo The Philosophy of administration of placebo Concept of Placebo Effect	II	01
Pharmacology	Routes of Homoeopathic drug administration	II	02

Preservation	Preservation Rules – Raw Materials Drug Substance, Mother Preparations, Finished products & Vehicles	II	02
d) Pharmacodynamics			
Doctrine of Signature	Basic Concept, Its Evolution & Application in Ancient Medical System Supporters of the Doctrine Dr Hahnemann's view on the Doctrine	II	01
Drug Proving	Homoeopathic Pharmacodynamics With reference to aphorisms 105 – 145 of Organon of Medicine – 6 th Ed) Post Hahnemannian Drug Proving Homoeopathic Pathogenetic Trial (HPT) CCRH & Other Protocols on HPT Other Noted Provers & their work on Drug Proving	II	06
Adverse Drug Reaction	Basic Idea, Reporting of ADE Drug safety with Ref to HPI Medication errors, Causality Assessment Incompatible Remedies	II	02
Pharmacovigilance	Pharmacovigilance in Homoeopathy Activities of Pharmacovigilance Centres Awareness on Medicinal Preparations against Homoeopathic Principles – Patents, Combinations	II	02
Pharmacological study of drugs	listed in Appendix-A (Any 15)	III	05
e) Quality Control:			
Standardisation in Homoeopathy	Different Methods of Standardisation Quality Control of Raw Materials – Various Evaluation techniques In Process Quality Control Quality Control of finished products – Various standard parameters	II	02
Industrial pharmacy.	Good Manufacturing Practices (GMP) Schedule M1	II	02
Homoeopathic pharmacopoeia laboratory (HPL)	Functions and Activities of HPL relating to quality control of drugs. Pharmacopoeia Commission for Indian Medicines	II	01
f) Legislations pertaining to Homoeopathic Pharmacy:		III	04
The Drugs and Cosmetics Act, 1940 (23 to 1940) Drugs and Cosmetics Rules, 1945 Medicinal and Toilet Preparations (Excise Duties) Act, 1955 (16 of 1955) Drugs			

and Magic Remedies (Objectionable Advertisements) Act, 1954 (21 of 1954) The Narcotic Drugs and Psychotropic Substances Act, 1985 (61 of 1985) Dangerous Drug Act, 193		
The Drugs and Cosmetics Act, 1940 (23 to 1940)		
Drugs and Cosmetics Rules, 1945		
Medicinal and Toilet Preparations (Excise Duties) Act, 1955 (16 of 1955)		
Drugs and Magic Remedies (Objectionable Advertisements) Act, 1954 (21 of 1954)		
The Narcotic Drugs and Psychotropic Substances Act, 1985 (61 of 1985)		
Dangerous Drug Act, 1930		
g) Recent Advances in Homoeopathic Pharmacy	III	02
<ol style="list-style-type: none"> 1. Modern theories related with Homoeopathic Drug action 2. Principles of Drug action 3. Introduction to Nanomedicine 4. Molecular Mechanism of Drug Action 5. Mechanism of Action of Homoeopathic Medicines 		
Scope of Research in Homoeopathic Pharmacy <ol style="list-style-type: none"> 1. Drug Discovery 2. Principles of New Drug discovery 3. Clinical evaluation of New Drugs 4. Pre-Clinical Research in Homoeopathic Pharmacy 	III	01
h) Homoeopathic Pharmacy - Relationships	III	02
Relation of Homoeopathic Pharmacy with Anatomy		
Relation of Homoeopathic Pharmacy with Physiology		
Relation of Homoeopathic Pharmacy with Materia Medica With reference to Source of Drugs, Identification, Common Name of Drugs, Role of Drug Proving & Other Types of Proving in construction of Materia Medica, Clinical Verification Family wise study of Sphere of action – Solanaceae, Loganiaceae, Compositae, Liliaceae, Anacardiaceae, Rubiaceae etc		

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

1. Laboratory Work – Practical Class (Experiments) - Maintaining Record of Experiments Conducted (Principle, Requirements, Calculation if applicable, Process, Label, Conclusion/Inference)

Practical Class (Demonstration) – Maintaining Records of Practical Demonstrated

(Principle, Requirements, Calculation if applicable, Process, Label, Conclusion/Inference)

Field Visits-

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

B) Maintain File/Report on Visit to Medicinal Plant Garden (Format should be as per Appendix - F)

Activity –

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

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

(c) Herbarium – Maintenance of 30 Plant Drug Substances Samples.

Homoeopathic Pharmacy Practicals		
Sl. No	Particulars of Experiments	Teaching Hours
1.	Estimation of size of Globules	2 hrs
2.	Medication of globules (small scale)	2 hrs
3.	Purity Test of sugar of milk	2 hrs
4	Purity Test of water	2 hrs
5	Purity Test of Ethyl alcohol	2 hrs
6.	Determination of specific gravity of a given liquid Vehicle & identifying the same.	2 hrs
7.	Preparation of dispensing alcohol from strong alcohol.	2 hrs
8.	Preparation of dilute alcohol from strong alcohol	2 hrs
9.	Trituration of drug in Old Method(one each of class VII,VIII& IX)	3 hrs
10.	Trituration of one drug as per HPI	
11.	Succussion in decimal scale from Mother tincture (Prepared in Old Method) to 3x potency.	2 hrs
12.	Succussion in decimal scale from Mother tincture (Prepared in New Method) to 3x potency.	2 hrs
13.	Succussion in Centesimal scale from Mother tincture (Prepared in Old Method) to 3C.	2 hrs
14.	Succussion in scale from Mother tincture (Prepared in New Method) to 3C.	2 hrs
15.	Conversion of Trituration to liquid potency : Decimal scale 6x to 8x potency	1 hr
16.	Conversion of trituration to liquid potency : Centesimal scale 3c to 4c potency	1 hr
17.	Preparation of 0/2 potency (Solid form) (LM scale) of 1 drug from 3 rd Degree Trituration.	2 hrs
18.	Preparation of external applications – Lotion	1 hr
19.	Preparation of external applications – Glycerol	1 hr
20.	Preparation of external applications – Liniment	1 hr
21.	Preparation of external applications – Ointment	1 hr
22.	Writing of prescription & Dispensing the Medicine in Water with preparation of Doses	1 hr
23.	Writing of prescription & Dispensing the Medicine in Sugar of Milk with Preparation of Dose	1 hr
24.	Preparation of mother tinctures according to Old	8 hrs

	Hahnemannian method (Class I, II, III, IV)	
25.	Preparation of mother solutions according to Old Hahnemannian method (Class Va, Vb, VIa, VIb)	4 hrs

Demonstration

1. Homoeopathic pharmaceutical instruments and appliances with their cleaning (List provided in Appendix C)-06 Hours
2. Estimation of moisture content using water bath-02 Hours
3. Paper chromatography & TLC of any mother tincture-04 Hours
4. Laboratory methods – Sublimation, distillation, decantation, filtration, crystallization.-04 Hours
5. Preparation of mother tincture – Maceration and Percolation- 04 Hours.
6. Study & demonstration of Drug Substances (listed in Appendix B)- 10 Hours i) Macroscopic Characteristic (Any 15) ii) Microscopic characteristic (Any 05)
7. Study & demonstration of vehicles (Solid, Liquid & Semi solid – as available)- 02 Hours
8. Microscopical study of Trituration (One drug up to 3X Potency)-02 Hours
9. Medication of Globule (Large Scale)-1 Hour

Clinical Hospital Work – Maintain Record (Activities/Posting in Dispensing Section, Prescriptions based on Homoeopathic Principles in IPD/OPD) – Record to be maintained as per format in Appendix G- 20 Hours .

Seminar – Maintain Record on Seminar Presentation on Topics of Homoeopathic Pharmacy as assigned- 07 Hours.

Activities

1. Collection of 30 drugs for herbarium.
2. Visit to a Large-scale manufacturing unit of Homoeopathic medicine (GMP compliant).
3. Visit to a Medicinal Plant /Botanical Garden & shall keep details Visit report.
4. Clinical Class: Visit to IPD, OPD to take note on prescriptions as per Homoeopathic Principles & keep record.
5. Visit to Hospital dispensing section to observe & gain knowledge on Dispensing techniques & Keep Records.

6. TEACHING LEARNING METHODS

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

- a) Class Room Lectures – Oral Presentation, Board Work, Power point Presentation
- b) Tutorials – Special Classes on Doubt Clearing of Completed topics/Chapters, Special Classes for Slow Learners (involving Students in Groups comprising 5-10)
- c) Practical Class – Demonstration & Explanation of the Experiments, this would follow by conduction of the Experiment by the students on their own, write up of the Experiment conducted.
- d) Clinical Class – Visit to IPD/OPD for gaining Knowledge on Prescription writing, Administration of Homoeopathic medicines based on Homoeopathic Posology, Visiting Hospital Pharmacy to observe & Gain Knowledge on dispensing techniques.
- e) Field Visit – Visit to One GMP Compliant Homoeopathic Manufactory. Visit to One Medicinal Plant Garden.
- f) Student Activities – Working out the Assignments, Projects, Power point presentations as assigned.

7. ASSESSMENT

Assessment Summary

7A- Number of papers and Mark Distribution

Sr No	Course Code	Papers	Theory	Practicals	Viva Voce	Internal Assessment- Practical	Electives Grade Obtained	Grand Total
1	HomUG-HP	1	100	50	40	10		100

7B - Scheme of Assessment (formative and Summative)

Sr. No	Professional Course	1 st term (1-6 Months)			2 nd Term (7-12 Months)			3 rd Term (13-18 Months)	
		1 st PA	1 ST TT		2 nd PA	2 ND TT		3 rd PA	UE
1	First Professional BHMS	10 Marks Practical/Viva	50 Marks Theory	50 Marks Practical/Viva	10 Marks Practical/Viva	50 Marks Theory	50 Marks Practical/Viva	10 Marks Practical/Viva	

For Internal assessment, Only Practical/Viva marks will be considered. Theory marks will not be counted.

Method of Calculation of Internal Assessment Marks for Final University Examination

PA- Periodical Assessment **TT-** Terminal Test **UE-** University Examination

7C - Evaluation Methods for Periodical Assessment

Sr. No	Evaluation Criteria
1	Practical Performance
2.	Viva Voce,MCQs,MEQ(Modified Essay Questions/Structured Questions)

7D- Paper Layout

MCQ	10 marks	15 min
SAQ	50 marks	85 min
LAQ	40 marks	80 min

7E- 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)
	A List of Topics					
1	General Concepts and Orientation	I	Refer Next Table	Yes	Yes	No
2	Raw Material: Drugs and Vehicles	I		Yes	Yes	Yes
3	Homoeopathic Pharmaceutics	II		Yes	Yes	Yes
4	Pharmacodynamics	III		Yes	Yes	Yes
5	Quality Control	II		No	Yes	No
6	Legislations pertaining to Homoeopathic Pharmacy	III		No	No	Yes
7	Homoeopathic Pharmacy - Relationships	III		No	Yes	No

7E -Theme table

Theme	Topics	Term	Marks	MCQ's	SAQ's	LAQ's
A	General Concepts and Orientation	I	11	Yes	Yes	No
B	Raw Material: Drugs and Vehicles	I	25	Yes	Yes	Yes
C	Homoeopathic Pharmaceutics	II	23	Yes	Yes	Yes
D	Pharmacodynamics	III	16	Yes	Yes	Yes

E	Quality Control	II	10	No	Yes	
F	Legislations pertaining to Homoeopathic Pharmacy	III	10	No	No	Yes
G	Homoeopathic Pharmacy - Relationships	III	05	No	Yes	No

7 F Question paper Blueprint

A Question Serial Number	B Type of Question	Question Paper Format (Refer table 7F ii Theme table 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 A 2. Theme B 3. Theme B 4. Theme B 5. Theme B 6. Theme B 7. Theme C 8. Theme C 9. Theme C 10. Theme D
Q2	Short answer Questions (SAQ) 10 Questions 5 Marks Each All compulsory Must know part: 10 SAQ Desirable to know: Nil Nice to know: Nil	1. Theme A 2. Theme A 3. Theme B 4. Theme B 5. Theme C 6. Theme C 7. Theme D 8. Theme E 9. Theme E 10. Theme G
Q3	Long answer Questions (LAQ) 4 Questions 10 marks each All compulsory All questions on must know No Questions on Nice to know and Desirable to know	1. Theme A 2. Theme B 3. Theme B 4. Theme B

7G - Distribution of Practical Exam Practical, Viva & Internal Assessment - 100 marks

Spotting	20 marks
Experiment	20 marks
Journal	10 marks
Viva Voce	40 marks
Internal assessment	10 marks

8. LIST OF RECOMMENDED BOOKS Text Books

1. Dr. Partha Mandal & Dr. Biman Mandal, A Textbook of Homoeopathic Pharmacy, Revised and Enlarged 3rd Edition, 2012, New Central Book Agency Publishers.

2. Dr. D.D. Banerjee, Augmented Textbook of Homoeopathic Pharmacy, 2 nd Edition, 2012, B. Jain Publishers.

3. Dr. K.P. Mujumdar, Textbook of Homoeopathic Pharmacy, 2013, New Central Book Agency Publishers

Reference Texts

1. Banerjee SK & Sinha N. (Reprint edition, 1993). A Treatise on Homoeopathic Pharmacy. B Jain Publishers, New Delhi.

2. Govt. of India, Ministry of Health & Family Welfare, New Delhi (1971 to 2006). Homoeopathic Pharmacopoeia of India (1-9 Vol.)

3. Hughes R (Reprint edition, 1999). A Manual of Pharmacodynamics. B Jain Publishers, New Delhi.

4. Dr. P.N. Verma & Dr. (Mrs.) InduVaid, Encyclopaedia of Homoeopathic Pharmacopoeia, Vol- I,II,III, Edition 2002,B. Jain Publishers.

APPENDIX-A

List of drugs included in the syllabus of Homoeopathic Pharmacy for Pharmacological action -

Sl. No	Drugs	Sl. No	Drugs
1	Aconitum napellus	16	Glonoinum
2	Adonis Vernails	17	Hydrastis Canadensis
3	Allium Cepa	18	Hyoscyamus Niger
4	Argentum Nitricum	19	Kali Bichromium
5	Arsenicum Album	20	Lachesis
6	Atropa Belladonna	21	Lithium Carbonicum
7	Cactus Grandiflorus	22	Mercurius Corrosives
8	Cantharis Vesicatoria	23	Naja Tripudians
9	Cannabis Indica	24	Nitricum Acidum
10	Cannabis Sativa	25	Nux Vomica
11	Cinchona Officinalis	26	Passiflora Incarnate
12	Coffea Cruda	27	Stannum Metallicum
13	Crataegus Oxyacantha	28	Stramonium

14	Crotalus Horridus	29	Symphytum Officinale
15	Gelsemium Sempervirens	30	Tabacum

APPENDIX-B

List of drugs for Identification

Sl. No	Drugs	Sl. No	Drugs
I	Vegetable Kingdom		
1	Aegle Folia	14	Holarrhena Antidysenterica
2	Anacardium Orientale	15	Hydrocotyle Asiatica
3	Andrographis Panniculata	16	Justicia Adhatoda
4	Calendula officinalis	17	Lobelia Inflata
5	Cassia Sophera	18	Nux Vomica
6	Cinchona Officinalis	19	Ocimum Sanctum
7	CocculusIndicus	20	Opium
8	CoffeaCruda	21	Rauwolfia Serpentina
9	Colocynthis	22	Rheum
10	Crocus Sativa	23	SaracaIndica
11	Croton Tiglium	24	Senna
12	CynodonDactylon	25	Stramonium
13	FicusReligiosa	26	Vinca Minor
II	Chemical or Minerals		
1	AceticumAcidum	7	CarboVegetabilis
2	Alumina	8	Graphites
3	Argentum metallicum	9	Magnesium Phosphorica
4	Argentum Nitricum	10	NatrumMuriaticum
5	Arsenicum Album	11	Sulphur
6	CalcareCarbonica		
III	Animal Kingdom		
1	ApisMellifica	4	Sepia
2	BlattaOrientalis	5	TarentulaCubensis
3	Formica Rufa		

Appendix C			
List of instrument & Appliances for Demonstration & Study			
Crucible with lid	Test Tube	Tripod stand	Hot Air Oven
Porcelain Basin	Conical Flask	Wire gauze	Water bath
Mortar & Pestle Porcelain	Volumetric flask	Spatula	Macerating Jar
Ointment Slab	Minim glass	Leather pad	Percolator
Chemical Balance r	Thermometer	Stop watch	Microscope
Hydrometer	Mortar & Pestle - Glass	Chopping Board	pH Meter
Alcoholometer	Glass Phials	Chopping Knife	Burette

Lactometer	Pyknometer	Sieve	Pipette
Spoon	Measuring Cylinder	Tincture Press	Dropper
Beaker	Graduated Conical Flask	Funnel	Glass Rod

Appendix – D (List of Important Vehicles for Study)

Appendix – D (List of Important Vehicles for Study)		
Solid	Liquid	Semisolid
Sugar of Milk	Water	Vaseline
Globules	Ethyl Alcohol	Beeswax
Tablets	Glycerine	Lanolin
Cane sugar	Olive oil	Spermaceti
	Simple syrup	Isin glass
	Lavender Oil, Sesame Oil, Rosemary oil, Almond oil	

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

Appendix F
Format for Maintaining Record on visit to Medicinal Plant Garden
Date of the Visit No. of visiting Students & Teaching Faculty Name of Teaching Faculty Detail of Instructor/s How the Tour was arranged Name & Location of the Medicinal Plant Garden History & about the Medicinal Plant Garden A list Medicinal Plants seen with brief description, Conclusion

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

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

9. Content Mapping (Competencies Table)

(Reference – F.No-3-90/2022/NCH/HEB/HEB Notice- Circular / 13099-13107 ; Dated : 14 Feb 2023; Page no 456-588)

Homoeopathic Materia Medica

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7.	Assessment	
8.	List of Recommended Books	
9.	Content Mapping (Competencies Table) Reference no-F.No-3-90/2022/NCH/HEB/HEB/ Circular/13099-13107 Notice- Page no- 623-647	

1. **Course Name** :Homoeopathic Materia Medica

Course code: Hom UG-HMM-I

2.PREAMBLE

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

Each drug in Materia Medica not only has its own personality with its mental and physical constitution but also has its own affinity to an area, direction, spread, tissue, organ, system. Study of a drug in context of altered sensation, function and structure covers the pathology caused by it, which is also expressed in the pathogenesis of the drugs. Materia Medica also has symptoms from toxicological and clinical proving. All this knowledge is of utmost importance in order to apply the remedies in various clinical conditions. This can be achieved only by integrating the study of Materia Medica with other parallel subjects taught during the course.

Apart from the source books of Materia Medica there are different types of Materia Medica constructed on different philosophical backgrounds by different authors. Materia Medica also forms the platform of various repertories. Therefore, it becomes very important for a student of homoeopathy to learn the plan and construction of all the basic Materia Medica in order to understand their practical utility in practice.

It is also important to keep in mind that the end point of the teaching of HMM is not to burden the student with information of more number of remedies but to equip with an approach which will help to develop the vision towards self-guided study and apply the knowledge in practice.

This self-directed learning can ultimately lead to a critical approach of studying Materia Medica hence empowering evidence based practice and initiate the process of lifelong learning. Exploring Materia Medica is an endless journey as newer illnesses will keep on emerging and newer drugs or undiscovered facets of existing drugs will be needed to explore for managing these situations.

3.COURSE OUTCOMES

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

1. Define the homoeopathic Materia Medica.
2. Understand the philosophy of homoeopathic Materia Medica.
3. Describe evolution, sources and construction of different types of Homoeopathic Materia Medica.
4. Enumerate the scope and limitations of Homoeopathic Materia Medica.
5. Evolve the portrait and symptomatology of a particular drug using the knowledge of pharmacy, psychology, anatomy, physiology and Organon of medicine.
6. Observe the symptoms of a particular medicine in a clinical set-up with emphasis on individualizing symptoms.

Learning Objectives

1. To define the homoeopathic Materia Medica and grasp the basic concept with philosophy of it based on Hahnemannian directions.
2. To discuss different sources and types of homoeopathic Materia Medica.
3. To understand the drug in context of its pharmacological data, constitution, temperament, sphere of action, pathogenesis, both mental and physical generals, particular symptoms, characteristic/ individualising symptoms, general and particular modalities, relationship with other remedies including doctrine of signature.
4. To study and understand the bio-chemic system of medicine.
5. To identify the symptoms of a sick individual corresponding to the symptoms of a particular drug.
6. To develop an insight into scopes and limitations of homoeopathic Materia Medica.

4. Teaching Hours

Distribution of Teaching hours.

Homoeopathic Materia Medica		
Year	Teaching hours- Lectures	Teaching hours- Non-lectures
1 st BHMS	120	75

4.A. Teaching Hours Theory:

S. no.	List of Topics	Hours
1.	Definition and introduction of Materia Medica	2
2.	Types of Homoeopathic Materia Medica	3
3.	Sources of Homoeopathic Materia Medica	3
4.	Study of drug picture (term I)	32
5.	Study of drug picture (term II)	33
6.	Theory of Bio chemic salts	2
7.	Individual bio chemic salts	15
8.	Study of drug picture (term III)	29
9.	Scope and Limitation of HMM	1
	Total	20

4.B. Teaching Hours Non-lecture:

Sr. No	A Study Setting	B Term	C Teaching Hours
1	OPD/IPD/Classroom	II & III	75

Non-Lecture Activities (Practical)-

Sr. No	Non Lecture Teaching Learning methods	Time Allotted per Activity (Hours)
1	Group Discussions	5
2	Problem based learning	5
3	Tutorials	10
4	Case Based Learning (live case)	55
	Total	75

5.COURSE CONTENTS BHMS I (Theory)

1. Introductory Lectures

- a. Definition and introduction of basic Materia Medica.
- b. Sources, types, scope and limitation of Homoeopathic Materia Medica
- c. Theory of biochemic system of medicine, its comparison with Homoeopathy and study of **12 biochemic tissue salts** with their physico-chemical reaction.

2. Homoeopathic medicines:

1. Aconite	18. Calcarea Phos	35. Hypericum
2. Aethusa cynapium	19. Calendula	36. Ignatia
3. Allium cepa	20. Carbo Veg	37. Ipecac
4. Aloe soc	21. Chamomilla	38. Ledum pal
5. Ammonium Carb	22. Cina	39. Lycopodium
6. Ammonium Mur	23. Cinchona	40. Natrum Carb
7. Antim Crude	24. Cocculus	41. Natrum Mur
8. Antim Tart	25. Coffea cruda	42. Nux vomica
9. Apis Mel	26. Colchicum	43. Podophyllum
10. Arnica montana	27. Colocynth	44. Pulsatilla
11. Ars Alb	28. Dioscoria villosa	45. Rhus tox
12. Arum triph	29. Croton tig	46. Ruta
13. Baryta Carb	30. Drossera	47. Silicea
14. Belladonna	31. Dulcamara	48. Spongia
15. Borax	32. Euphrasia	49. Sulphur
16. Bryonia alba	33. Gelsemium	50. Symphytum
17. Calc Carb	34. HeparSulph	

Biochemic tissue salts:

1. Calc Flour	5. Kali Mur	9. Nat Mur*
2. Calc Phos*	6. Kali Phos	10. Nat Phos
3. Calc Sulph	7. Kali Sulph	11. Nat Sulph
4. FerrPhos	8. Mag Phos	12. Silicea*

**Also included in the list of Homoeopathic medicines, hence total no. of medicines shall remain 59 for BHMS I*

Contents for Term I:

I. Introductory Lectures

- a. Definition and introduction of basic Materia Medica.
- b. Sources, types of Homoeopathic Materia **Medica**

II. Homoeopathic medicines

1. Arnica montana	8. Natrum Mur
2. Bryonia	9. Rhus tox
3. Baryta carb	10. Ruta
4. Calc Carb	11. Silicea
5. Calendula	12. Sulphur
6. Hypericum	13. Symphytum
7. Ledum pal	

Contents for Term II:

1. Homoeopathic medicines:

1. Aconite nap	11. Colchicum
2. Aloes soc	12. Colocynth
3. Apis mellifica	13. Dioscorea
4. Arsenic Alb	14. Dulcamara
5. Belladonna	15. Gelsemium
6. Cina	16. Ignatia
7. Chamomila	17. Lycopodium
8. Carbo veg	18. Nux vomica
9. Cinchona	19. Podophyllum
10. Cocculus	20. Pulsatilla nig.

- I. Theory of biochemic system of medicine, its comparison with Homoeopathy
- II. Study of 5 **biochemic tissue salts** with their physico-chemical reaction:

1. Calc Flour

2. Calc Phos
4. Natrum Phos
5. Natrum Sulph

Contents for Term III:

I. Homoeopathic medicines:

1. Aethusa cyn	9. Coffea cruda
2. Allium cepa	10. Croton tigris
3. Ammon Carb	11. Drosera
4. Ammon Mur	12. Euphrasia
5. Antim Crud	13. Hepar Sulph
6. Antim Tart	14. Ipecacuanha
7. Arum triph	15. Natrum Carb
8. Borax	16. Spongia

II. Study of 5 **biochemic tissue salts** with their physico-chemical reaction:

1. FerrPhos
2. Kali Mur
3. Kali Phos
4. Kali Sulph
5. Mag Phos

III. Scope and limitations of Homoeopathic Materia medica

6.TEACHING LEARNING METHODS

Lectures (Theory)	Non-lectures (Practical)
Lectures	Clinical demonstration
Small group discussion	Problem based discussion
Integrated lectures	Case Study
Assignments	
Library reference	

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 specially 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.

7.ASSESSMENT

Assessment Summary

7A- Number of papers and Mark Distribution

Sr. No.	Course Code	Papers	Theory	Practical (Assignment+ Spotting)	Viva Voce	Internal Assessment- Practical*	Grand Total
1	HomUG-HMM-I	1	100	20+10= 30	60	10	200

**Note- For Internal assessment, only Viva marks obtained in three PAs and two TTs will be considered as explained in table 8B-1 and to be calculated as per the table 8B-2 given below. Theory marks shall not be taken into account for this purpose.*

7B-I - Scheme of Assessment (formative and Summative)

Sr. No	Professional Course	1 st term (1-6 Months)			2 nd Term (7-12 Months)			3 rd Term (13-18 Months)	
1	First Professional BHMS	First PA + 1 ST TT			2 nd PA+2 ND TT			3 rd PA+UE	
		1 st PA	1 st TT		2 nd PA	2 nd TT		3 rd PA	UE
		10 marks practical/viva	50 marks theory	50 mark s viva	10 marks practical/viva	50 marks theory	50 mark s viva	10 marks practical/viva	As per table 8A

PA: Periodical Assessment to be done only through practical/viva; TT: Term Test shall include both theory and viva; UE: University Examinations shall include both theory and viva as per table 8A

7B-II- Method of calculation of internal assessment marks for final university examination:

PA1 Practical/Viva(10 Marks)	PA2 Practical/Viva(10 Marks)	PA3 Practical/Viva(10 Marks)	Periodical AssessmentAverage $PA1+PA2+PA3/3$	TT1 Practical/ Viva (50 Marks)	TT2 Practical/ Viva (50 Marks)	Terminal Test Average TT1 + TT2/ 10	Final Internal Assessment Marks
A	B	C	$D= A+B+C/3$	E	F	$G=E+F/10$	$D+G/2$

7 C - Evaluation Methods for Periodical Assessment

Sr. No	Evaluation Criteria
1	Practical/Clinical Performance
2	Viva Voce, MCQs, SAQs, LAQs

7D - Paper Layout

Summative assessment:

Theory- 100 marks

MCQ	10 marks
SAQ	50 marks
LAQ	40 marks

8 D- I - Distribution of Theory exam

Sr. No	Paper	B Ter m	C Mar ks	D Type of Questions “Yes” can be asked. “No” should not be asked.		
				MCQ (1 Mark)	S A Q (5 Mar ks)	LAQ (10 Marks)
1	Definition and introduction of basic materia medica and HMM; compare HMM and other Materia Medica	I	Ref er Ne xt Ta ble	Yes	Yes	No
2	Sources, types, construction, scope and limitation of Homoeopathic Materia Medica	I,III		Yes	Yes	Yes
3	Theory of Biochemic system of medicine, its comparison with Homoeopathy and study of 12 Biochemic tissue salts with their physico- chemical reaction	II		Yes	Yes	Yes
4	Drug Picture- 50 Homoeopathic Medicines	II & III		Yes	Yes	Yes

7D– II - Theme table

Theme*	Topics	Term	Marks	MCQ's	SAQ's	LAQ's
A	Definition and introduction of basic materia medica and HMM; compare HMM and other Materia Medica	I	7	Yes	Yes	No
B	Sources, types, construction, scope and limitation of Homoeopathic Materia Medica	I,III	17	Yes	Yes	Yes
C	Theory of Biochemic system of medicine, its comparison with Homoeopathy and study of 12 Biochemic tissue salts with their physico-chemical reaction	II & III	22	Yes	Yes	Yes
D	Drug Picture- 50 Homoeopathic Medicines	I,II& III	54	Yes	Yes	Yes

7E- Question paper Blue print

Question Serial Number	Type of Question	Question Paper Format (Refer table 8D- 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	<ol style="list-style-type: none"> 1. Theme A 2. Theme A 3. Theme B 4. Theme B 5. Theme C 6. Theme C 7. Theme D 8. Theme D 9. Theme D 10. Theme D

Q2	Short answer Questions (SAQ) ten Questions 5 Marks Each All compulsory Must know part: 7 SAQ Desirable to know: 2 SAQ Nice to know: 1 SAQ	<ol style="list-style-type: none"> 1. Theme A 2. Theme B 3. Theme C 4. Theme C 5. Theme D 6. Theme D 7. Theme D 8. Theme D 9. Theme D 10. Theme D
Q3	Long answer Questions (LAQ) Four Questions 10 marks each All compulsory All questions on must know No Questions on Nice to know and Desirable to know	<ol style="list-style-type: none"> 1. Theme B 2. Theme C 3. Theme D 4. Theme D

8F - Distribution of Practical Exam

Practical & Viva-100 marks

Viva voce	60 marks
Practical (Assignment)*	20 marks
Practical (Spotting)	10 marks
Internal assessment**	10 marks (viva/ clinical assessment)

*Assignment shall comprise of compilation of complete drug-portrait of 6 polychrest remedies and 4 biochemic salts

** Method of calculation explained in table no. 8B-II

6. LIST OF RECOMMENDED REFERENCE BOOKS:

- Allen HC, 2005, Keynotes Rearranged and Classified with Leading Remedies of the Materia Medica and Bowel Nosodes, Reprint edition, B.JainPublishers, New Delhi
- Choudhuri NM, 2006, A Study On Materia Medica Enriched with real case studies, Reprint revised edn, B.Jain Publishers, New Delhi
- Kent JT, 2015, Lectures On Homoeopathic Materia Medica, Reprint edn, B.Jain Publishers, New Delhi
- Burt W, 2009, Physiological Materia Medica, Third edn, B.Jain Publishers, New Delhi
- Boericke W, Dewey W, 2016, The Twelve Tissue Remedies By Schessler, Reprint edn, B.Jain Publishers, New Delhi
- All source books may be referred whenever required.

9. CONTENT MAPPING (COMPETENCIES TABLE)

Reference no-F.No-3-90/2022/NCH/HEB/HEB/ Notice-Circular/13099-13107

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1.COURSE CODE: Hom UG-R-I

COURSE NAME: HOMOEOPATHIC REPERTORY and CASE TAKING

PREAMBLE

The Homoeopathic Materia Medica has expanded manifold since the proving of "Cinchona Bark" by Dr. Samuel Hahnemann and today we have over five thousand remedies in the Materia Medica. It is impossible for any human mind to memorise all the symptoms of each drug and to recall those symptoms while prescribing. Therefore, the need of indexing of these symptoms along with the drugs producing those symptoms were felt by Dr. Samuel Hahnemann himself and subsequently by other homoeopaths for prescribing at the bedside of the patient.

Homoeopathic Repertory is a Dictionary or Storehouse or an index to the huge mass of symptoms of the Homoeopathic Materia Medica. The repertory is organized in a practical form indicating the relative gradation of drugs. Repertories not only contain symptoms of proving but also clinical and pathological symptoms found in the Homoeopathic Materia Medica. Repertories serve as an instrument at the disposal of the physician for sifting through the maze of symptoms of the vast Homoeopathic Materia Medica. Repertories aim at simplifying the work of the physician to find the indicated remedy by eliminating the non-indicated remedies. Repertorisation is not the end but a means to arrive to the simillimum and reference to Homoeopathic Materia Medica based on sound principles of Philosophy is the final court of appeal.

Each repertory has been compiled on the basis of distinct philosophy, structure and utility. In order to use these instruments effectively, one must understand thoroughly its conceptual base, construction and utility and limitations. Even though there are a number of repertories, the student at the under graduate level is expected to learn the philosophy and application of basic core repertories namely Kent, Boger's Boenninghausen Characteristics and Repertory and Boenninghausen's Therapeutic Pocket Book. The subject of Repertory must not be taught in isolation but must be taught in horizontal integration with Anatomy, Physiology in I BHMS; Pathology, Surgery, Gynaecology and Practice of Medicine in II BHMS; Surgery, Gynaecology, Practice of Medicine in III BHMS and Practice of Medicine in IV BHMS and vertically integrated with Homoeopathic Materia Medica and Organon and Homoeopathic Philosophy in all the years. Integrated teaching in all the years will help the student to grasp and understand the subjects better and connect repertory to all other subjects. Similarly, case taking demands virtual integration of all the subjects taught from the I BHMS to IV BHMS in the consulting room or at the bedside. The physician can never say that he has learnt all that is to the case taking process. Every new

patient has a new lesson to teach.

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

COURSE OUTCOMES OF REPERTORY FOR I BHMS

At the end of Ist BHMS, the student should be able to,

- 1) Define Repertory.
- 2) Explain the need and utility of repertory to find simillimum, and for the study of Materia Medica
- 3) Define various terminologies used in repertory
- 4) Locate different rubrics related to anatomy, physiology and psychology in Kent's Repertory
- 5) Illustrate the construction of Kent's Repertory as per the Hahnemannian Anatomical schema

TEACHING HOURS

Total Number of Teaching Hours: 21			
Course Name	Lectures	Non-Lectures	Total
Homoeopathic Repertory and Case Taking (Hom UG-R-I)	21	-	21

COURSE CONTENT (Hom - UG-R-I)

S.No	List of Topics	Lecture Hours
1	Introduction to Repertory, Definition and Meaning of Repertory <ul style="list-style-type: none"> ❖ General Introduction to Repertory ❖ Origin of Repertory ❖ Need of Repertory 	3

	<ul style="list-style-type: none"> ❖ Definition of Repertory ❖ Meaning of REPERTORIUM 	
2	<p>Need and uses of repertory and repertorisation</p> <ul style="list-style-type: none"> ❖ Uses and Scopes of Repertory ❖ Limitations of Repertory ❖ Definition of Repertorization ❖ Introduction to Methods and Techniques of Repertorization 	3
3	<p>Terminologies relevant to Repertory</p> <ul style="list-style-type: none"> ❖ Repertory ❖ Rubric ❖ Gradation ❖ Cross Reference ❖ Synonym ❖ Repertorization ❖ Totality of Symptoms ❖ Repertorial Totality ❖ Potential Differential Field ❖ Conceptual Image ❖ Case taking ❖ Analysis of a case ❖ Evaluation of a Case ❖ Longitudinal case Study ❖ Cross Section Study of a case ❖ General Repertory ❖ Regional Repertory ❖ Logico-Utilitarian Repertory ❖ Puritan Repertory 	3
4	<p>Correlation of Anatomy, Physiology and</p>	6

	<p>Psychology with Repertory</p> <ul style="list-style-type: none"> ❖ Introduction to correlation Anatomy, Physiology and Psychology with Repertory ❖ Chapters and Rubrics related to Anatomical parts in Dr. Kent's Repertory ❖ Chapters and Rubrics related to Physiology in Dr. Kent's Repertory ❖ Rubrics related to emotions, intellect and memory in Mind chapter of Dr. Kent Repertory 	
5	<p>Schematic representation of chapters in Kent's repertory</p> <ul style="list-style-type: none"> ❖ Introduction to Kent's Repertory ❖ Listing of Chapters in Kent's Repertory ❖ Correlation of Chapters in Kent's Repertory to Hahnemannian Anatomical Schema ❖ Chapters and Rubrics related to anatomical structures, physiological processes and psychology in Kent's Repertory 	6

Teaching Learning Methods

Theory	Practical's / Clinics
Lectures	Clinical Bedside Teaching
Small Group Discussion	Integrated Clinics
Integrated Lectures	Case Study
Integrated Seminars	Rubric Banks
Assignments	

Rubric Banks	
Library Reference	

List of Practical Topics

S.No	Name of Topic	Activity/ Practical	TL Method
1	Basic Structure of Repertory showing arrangement of rubric of anatomy, physiology and psychology	Arrangement of Chapters and rubrics related to anatomical structures, physiology and psychology (Emotions, intellect, and behavior) in Kent's Repertory	Integrated teaching in Clinics in IBHMS

List of Recommended Books

1. Dhawale ML (2000) - Principles and Practice of Homoeopathy, 3rd Edition, Institute of Clinical Research Mumbai
2. Hahnemann S (2017). Organon of Medicine 6th edition, 48th Impression, B. Jain Publishers
3. Kent, JT- Repertory of the Homoeopathic Materia Medica (Sixth American Edition), 54th Impression (2017), B. Jain Publishers
4. Kishore, Jugal (2004) - Evolution of Homoeopathic Repertories and Repertorization, Revised Edition, B. Jain Publishers
5. Munir Ahmed R (2016). Fundamentals of Repertories: alchemy of homeopathic methodology. Hi-Line Publishers, Bengaluru.
6. Patel, R.P (1998): The Art of Case Taking and Practical Repertorization, 6th Edition. Sai Homoeopathic Book Corporation
7. Tiwari, Shashikant (2005) - Essentials of Repertorisation, 4th Edition, B. Jain Publishers

Subject Code: HomUG-Yoga I**Subject: Yoga for Health Promotion**

The syllabus of Yoga for the 1st BHMS students should include the basic concept of Yoga and its philosophy, with a clear idea of the different section of asana, pranayama, kriya and meditation. Total 30 hours of class will include practical training. The students will be trained in understanding the relationship between Yoga and Homoeopathy in a wholistic approach, and the point of application of yoga in part of treatment.

The topic and respective allotted hours are as follows-

Sr.no.	TOPIC	CLASS
1		
1.	Yoga definition, concept, types, benefits, and origin.	Hours 1
2.	History and patanjali, yoga philosophy and development of yoga.	Hours 1
3.	Astanga, yoga, hathayoga.	Hours 1
4.	Asana-types, examples, benefits.	Hours 1
5	Corelation of vital force and prana.	Hours 1
6	Meditation-types, methods, benefits.	Hours 1
7	Kriya-types, methods, benefits.	Hours 1
8	Relationship of yoga and homoeopathy on wholistic plane.	Hours 1
9	Application of yoga in terms of hahnemann's accessory circumtanses.	Hours 1
10	Pranayanam, types, benefits.	Hours 1
11	Practical learning about asanas (postures)- pawanmuktasna, backstreching, sunsalutation, classical sequences.	Hours 5
12	Practical learning about Breathing, pranyama including abdominal, thoracic, clavicular, hathamudra, vilom, lung sensitising.	Hours 5
13	Practice of relaxation, tense and relax, short yoganidra, extended, savasana, yoganidra, sankalpa.	Hours 5
14	Meditation practice, sitting posture, kaya sthairam, omchanting, trataka.	Hours 5
