

Ordinance Governing Homoeopathy Degree 2nd BHMS Professional Course

Competency Based
Dynamic Curriculum

2023-24



Accredited 'A+' Grade by NAAC (3rd Cycle)
Placed in 'A' Category by Government of India (MHRD)

KLE Academy of Higher Education & Research (Deemed-to-be-University)

[Declared as Deemed-to-be-University u/s 3 of the UGC Act, 1956
vide Government of India Notification No. F.9 -19/2000-U.3 (A)]

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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 / organization, interaction/collaborations with regional/national/international bodies.
- To establish healthy systems for communication among all stakeholders for vision oriented growth. To fulfill the national obligation through 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 innovation 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 life long learning.
- To promulgate process for effective, continuous, objective oriented student performance evaluation.
- To ordinate periodic performance evaluation 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 "KAHER 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 a possibility.

Empowering Professionals...

'Empowering Professionals', inscription at the base of the Emblem conveys that out 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.



KLE ACADEMY OF HIGHER EDUCATION AND RESEARCH

(Formerly known as KLE University)

(Deemed-to-be-University established u/s 3 & 12B of the UGC Act, 1956)

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Ref. : KAHER/2024-25/D-27122434

21st December, 2024

NOTIFICATION

Sub : Ordinance governing revision in the course curriculum of Revised Competency Based Dynamic (CBDC) for 2nd BHMS course under the Faculty of Homoeopathy applicable from the academic year 2022-23 onwards.

Ref : Minutes of the 57th Academic Council meeting held on 18th October, 2024.

In exercise of the powers conferred under Rule 6 (9) of the Memorandum of Association of the KLE Academy of Higher Education and Research in its 57th Academic Council meeting held on 18th October, 2024 has approved revision in the curriculum for Revised Competency Based Dynamic (CBDC) for 2nd BHMS course under the Faculty of Homoeopathy applicable from the academic year 2022-23 onwards..

Dr. Mrs. Jyoti M. Nagamoti
Director, Academic Affairs

By order,

Prof. Dr. M.S. Ganachari
Registrar



To,
The Dean,
Faculty of Homoeopathy,
Belagavi.

CC To,

1. The Special Officer to Hon. Vice-Chancellor, KAHER, Belagavi.
2. The Principal, KLE Homoeopathic Medical College & Hospital, KAHER, Belagavi.
3. The Controller of Examinations, KAHER, Belagavi.
4. The Director, Academic Affairs, KAHER, Belagavi.
5. The Director, IQAC, KAHER, Belagavi.

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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 centered 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 organizations' 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.

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I - STEPS TAKEN TO FORMULATE HOMOEOPATHY CBDC MANUAL

In this section we will detail the process undertaken in the formulation of this manual. The account will be of use to the users viz. the academicians, teachers and students to better grasp the significance of the effort and the role that each would have to play. The subsequent section will outline the correct use of the manual in order to derive the maximum benefit.

I - Defining National Goals and Programme Outcomes

The process of identifying competency is a complex one. Defining the outcome clearly helps in defining the relevant competency thus enabling a person acquiring it with relative ease. In case of the medical graduate, the outcome or goal is determined by the health care needs of the community as perceived by the statutory authorities and the ability of the particular health care system to respond to this need. India has a pluralistic health tradition and the community accesses the several health care systems to fulfil their multiple health needs. Scientific evidence is generally relied upon to determine and differentiate the role of each system in providing health care. This, however, may not always be forthcoming to the required degree of precision.

Considering the above, the NCH has formulated broad national goals which a Homoeopathic graduate would be expected to be able to achieve.

NATIONAL GOALS :

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

- a. Recognize the strength of homoeopathy, its applicability and limitations in health care of society and the individual.
- b. Integrate Homoeopathy along with conventional line of treatment for effective delivery of health care.
- c. Recognize the purpose of the National Health Policy and “Health for all” as a national goal and health right of all citizens and undergo training to achieve the realization of this social responsibility
- d. Develop a scientific temper, acquire educational experience for proficiency in profession and promote healthy living based on the tenets of homoeopathy.

- e. Become an exemplary citizen by observing medical ethics and fulfilling social and professional obligations so as to respond to national aspirations.
- f. Achieve competence in the practice of homoeopathy with holistic approach, encompassing promotive, preventive, curative and rehabilitative aspects of common disease.
- g. Establish Homoeopathy as an evidence-based system of medicine & practice it with zeal so that it stands at par to other scientific healing methods.

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

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:

- i) 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.
- ii) be competent to use homoeopathic medicines scientifically for health problems in preventive, promotive, curative palliative and rehabilitative mode.
- iii) Appreciate the rationale for the use of different therapeutic modalities & engage in cross-referral when required in the interest of the patient.
- iv) 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.

- v) 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.
- vi) develop sensitivity to environmental sustainability and engage in community work towards achieving it with responsibility and commitment.
- vii) be trained in critical thinking, evidence-based practice and possess research aptitude and documentation skills necessary in professional work.
- viii) Possess the attitude for lifelong learning and be ready to develop competencies as and when conditions of practice demand it.
- ix) 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.
- x) 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.
- xi) 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.
- xii) be competent to work in a variety of health care settings.
- xiii) 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.

PROGRAMME OUTCOMES :

At the end of the Programme of the undergraduate studies, the homoeopathic physician must

- 1) Develop the knowledge, skills, abilities and confidence as a primary care homoeopathic practitioner to attend to the health needs of the community in a holistic manner

- 2) Correctly assess and clinically diagnose common clinical conditions prevalent in the community from time to time
- 3) Identify and incorporate the socio-demographic, psychological, cultural, environmental & economic factors affecting health and disease in clinical work
- 4) Recognize the scope and limitation of homoeopathy in order to apply Homoeopathic principles for curative, prophylactic, primitive, 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.

Defining the Programme outcomes is a crucial step since this allows us to derive the competencies the homoeopathic graduate should possess at the end of the period of training. Care is taken to ensure that the National goals are covered as much as possible by the various aspects of the Programme Outcomes. Further, the annual course objectives for each academic year will be formulated separately based on the Courses studied and the nature of clinical or community activities undertaken each year. Accordingly, the corresponding competencies for the respective years have been defined.

Domains of Competencies for Homoeopathic Medical Graduate

The training of undergraduates in homoeopathy is now based on the philosophy of enabling competencies. The graduates are expected to demonstrate professional competencies as required and relevant for basic homoeopathic practice. In this

background, the domains of performance need to be clearly projected for mapping the professional performance for both training and assessment.

Therefore, drawing on the proposals made in the ACGME, and Can MEDS documents, a taxonomy of competencies for homoeopathic graduates is proposed with six domains – knowledge & scholarship; patient care; homoeopathic orientation, communication skills, practice-based learning& improvement; and professionalism.

A detailed clarity on the six domains of competencies is provided as follows :

I. Knowledge and Scholarship

To acquire relevant and optimal levels of knowledge of the basic, clinical, and behavioral sciences, and apply these in the context of patient care.

1. Describe the normal structure and function of the human body and each of its major organ systems.
2. Recognize the altered structure and function of major organ systems that are seen in common diseases and conditions.
3. Relate the clinical, laboratory, and radiologic manifestations of common disease and conditions.
4. Correlate the behavioral, psychosocial, genetic, and cultural factors associated with the origin, progression, and treatment of common diseases and conditions.
5. Identify the epidemiological dimensions of common diseases and conditions within a defined population.

II Patient care

To provide individualized therapeutic and individualized and community-wide preventive care for a range of conditions.

1. Gather accurate, complete, and unbiased information through history taking, physical examination, and laboratory & imaging data.
2. Interpret the symptoms and correlate them with the outcomes of physical examination, and laboratory & imaging data.
3. Prioritize the outcomes of interpretation to prepare the basis for patient care decisions.
4. Plan for the management of therapeutic care on the basis of disease state, patient individuality, and the psycho-social influencers.

5. Plan for a community-based preventive care on the basis of socio-cultural, and health belief paradigms.
6. Engage the patients, family / care givers, and the community members to empower them for therapeutic / preventive care.
7. Provide evidence-based information for the patient and community to introspect and develop self-sufficiency for continued care.

III Homeopathic orientation

To make evidence-based decisions that are anchored into the spirit of homeopathy for both individual and community care, and for therapeutic and preventive care.

1. Relate the patient's history, physical examination, and laboratory & imaging data for developing a picture of homeopathic diagnosis.
2. Position the case in Hahnemann's disease classification.
3. Identify the operating school of philosophy in the case.
4. Assess the prognostic possibilities as per Dake's hypothesis.
5. Track the progress of disease and specify its current state.
6. Select the prescription approach as Materia Medica-based therapeutics-based, or repertory- based.
7. In the case of repertory-based prescription, select the appropriate repertorisation medium.
8. Identify the similimum including the potency and dosage.
9. Assess the remedy reaction as per Hering's Law or Direction of Cure, and Kent's 12 Observations.

Manage the case in line with principles of homeopathy.

IV. Communication Skills

Shall be able to communicate and interact effectively with patients, their families and members of the inter-professional healthcare team.

1. Practice empathic and patient-centered interviewing and communication.
2. Obtain an accurate and complete medical history considering the patient's culture, beliefs, personal preferences and level of health literacy.

3. Communicate effectively, both orally and in writing, with patients, families and members of the healthcare team / other healthcare professionals.
4. Function as a member of a healthcare team, collaborating effectively with other healthcare professionals in caring for patients.

VI. Practice-Based Learning and Improvement

Develop the ability to investigate and evaluate their care of patients, to appraise and assimilate scientific evidence, and to continuously improve patient care based on constant self-evaluation and life-long learning

1. Recognize strengths, deficiencies and limitations in their knowledge and skills.
2. Articulate the goals for self-regulated learning and improvement.
3. Perform learning activities that address gaps in the knowledge, skills and / or attitudes.
4. Use information technology to optimize learning.
5. Demonstrate commitment to continuously improve knowledge, skills and/or attitudes by incorporating formative evaluation and feedback into daily practice.
6. Participate in the education of patients, families, trainees, peers and other health professionals.
7. Obtain information about individual patients, populations of patients or communities of patients to improve care.
8. Practice life-long learning skills by continually identifying, analysing and implementing new knowledge, guidelines, standards, technologies, products or services.

VI Professionalism.

Demonstrate a commitment to upholding professional duties guided by ethical principles.

1. Demonstrate respect for patients by using the appropriate form of address, attending to a patient's comfort, displaying appropriate attire and grooming, and honouring a patient's privacy and right to make decisions.

2. Demonstrate responsibility in actions by being punctual, managing emotions when confronted with adversity and confrontation, and recognizing personal and peer impairments.
3. Demonstrate honour and integrity by being honest about role and experience level, admitting mistakes and shortcomings, appropriately attributing sources of ideas and data, and respecting boundaries between patients, peers, and educators.
4. Demonstrate reverence for human life, understanding that sympathy for suffering is a fundamental concern of the medical profession and that the needs of the patient are paramount and should govern a physician's actions.
5. Demonstrate knowledge of the principles that govern ethical decision-making and rules and regulations regarding healthcare delivery, incorporating them into clinical practice and research

Teachers implementing this curriculum shall use these guardrails to guarantee that the curriculum implementation is firmly on track, and is transparent for monitoring and verification of progress.

This now equips us to chart the competencies against the expanded functions of the homoeopathic physician in each of the areas mentioned above. The components of each of the areas has been expanded to include all actions which the trained student would be expected to undertake.

This also helps us to zero down on the tasks which the homoeopathic student would need to be trained to perform. With this background, we should be able to approach the Manual which is being issued for 2nd, 3rd and 4th BHMS. It will be noted that the 6 domains of competencies will be aligned with the specific learning objectives for each item of learning.

Considerable fresh thought has gone into the framing of this document of CBDC for 2nd, 3rd and 4th BHMS. The existing templates were unable to satisfy the very foundations on which homoeopathic practice rests and have been extensively elaborated and modified in the Preamble to the CBDC for 2nd, 3rd and 4th BHMS. The two features which may be emphasized here are :

1. Close adherence to homoeopathic philosophy and principles at every stage of education and training
2. This in turn demands a rare amount of integration at horizontal, vertical and spiral form

The next section will deal with how the Competency table was formulated and how it should be used.

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5. UNDERSTANDING THE COMPETENCY TABLE

The Competency Table has been designed keeping in mind the domains of competencies required by the learner to attain the overall Program Outcomes (PO) as well as Course Outcomes (CO) of all courses.

A. Methodology in preparation of the Competency Table

The following methodology was adopted in preparing the Competency table for each course (or subject) of 2nd, 3rd and 4th year of the BHMS program once the National Goals, Programme Outcomes, and domains of competencies were identified :

- ✧ Course Outcomes (CO) were identified for each course (or subject) that were in alignment with the National goals and Programme Outcomes (PO)

- ❖ Finalizing the syllabus or the list of topics which will help to achieve not only the Course Outcomes (CO) but also the overall Program Outcomes (PO)
- ❖ Aligning the competencies from the 6 domains with the content.
- ❖ Identifying the Learning Objectives and Specific Learning Objectives (SLO) for each topic.
- ❖ Identifying the level of Miller's Pyramid for each Specific Learning Objectives (SLO)
- ❖ Classifying each Specific Learning Objective (SLO) as per Bloom's Taxonomy and Guibert's Level
- ❖ Defining the priority of each Specific Learning Objective (SLO) into 'Must know' or 'Desirable to know' or 'Nice to know' categories
- ❖ Choosing the appropriate Teaching Learning method/s and media and the assessment method/required for achieving each objective or outcome
- ❖ Identifying the Horizontal, Vertical and Spiral Integration with other courses (or subjects) required for holistic understanding of the topic

We will now illustrate how the Competency table is to be read with respect to the Community Medicine Course (subject)

Illustrative Diagrammatic Representation of Competencies Table with example of the Community Medicine Course

Concepts of Health, Disease Causation & Prevention and Homoeopathy										
Competency No	Domain of Competency	Miller	Content	Specific Learning Objectives	Bloom/Guilber t	Priority	T-L/M/M	Assessment		Integration
								Formative	Summative	
Hom UG CM I-T 2.1	KS	KH	Concept of health	Discuss the history of health Discuss the biomedical, ecological, psychological, and spiritual dimensions of holistic health	C-II	DK	1. Lecture 2. Small Group Discussion	MCQ Viva Quiz	MCQ, SAQ	Organon of Medicine
Hom UG CM I-T 2.2	KS	K	Health	Define the term "Health" as per WHO.	C-I	DK	1. Lecture 2. Small Group Discussion	MCQ Viva Quiz	MCQ,	

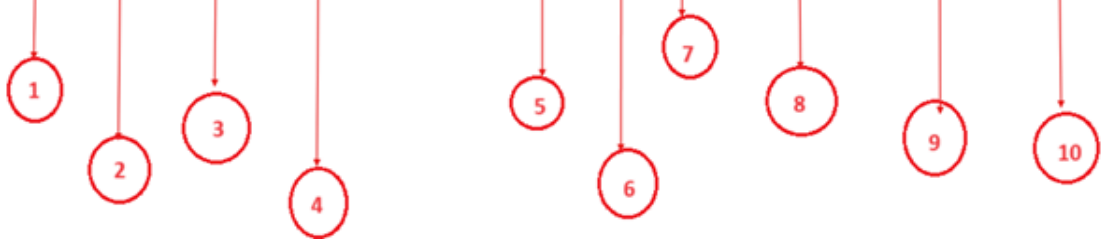


Table 1 : Description of the Competencies table

Sl. No.	Description
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1	Unique number of the competency / outcome (Hom UG CM I-T 2.1) Hom UG CM I-T 2.1 to be read as Homoeopathy Under Graduate Program, Community Medicine course 3rd BHMS, Theory Component Unit , Topic 2.followed by serial number of the Specific Learning Objectives (SLO)
2	Domain of Competency covered by the topic- Domain Competency : KS-Knowledge and Scholarship PC- Patient care HO- Homoeopathic orientation CS- Communication Skills PBL- Practice-Based Learning and Improvement PRF- Professionalism
3	Mapping of the Level of Specific Learning Objectives (SLO) to Miller's Pyramid-Knows (K)/ Knows How (KH)/ Shows How (SH)/ Does (D)
4	Content to be covered from the topic
5	Description of Specific Learning Objectives (SLO) for the topic
6	The Blooms Domain addressed by the Specific Learning Objectives (SLO)- Cognitive (C) or Affective (A)or Psychomotor (P) Domain and Mapping of the Specific Learning Objective (SLO) to Guilbert's Level of Learning in the Cognitive or Affective or Psychomotor Domain
7	Assigning priority to Specific Learning Objective (SLO) as per Must know (MK) or Desirable to know (DK) or Nice to know (NK) areas
8	Teaching Learning methods and media for each SLO
9	Assessment methods for each SLO classified under formative and summative assessment
10	Vertical or horizontal integration with other courses to improve understanding. If the subject is taught for more than 1 year, it must be integrated spirally in all the years.

III. USING THE COMPETENCY TABLE

A Competency Based Dynamic Curriculum necessitates that each topic in a course (or subject) be elaborated in terms of the outcomes that are to be achieved by the learner at the end of the particular topic. This in turn will help the learner to achieve the competencies at the course and overall, at the program level.

1. Linking the Specific learning Objective (SLO) to the competencies and Miller's Level

Concepts of Health, Disease Causation & Prevention and Homoeopathy										
Competency No	Domain of Competency	Miller	Content	Specific Learning Objectives	Bloom/Guilber	Priority	T-L/M/M	Assessment		Integration
								Formative	Summative	
Hom UG CM I-T 2.1	KS	KH	Concept of health	Discuss the history of health Discuss the biomedical, ecological, psychological, and spiritual dimensions of holistic health	C-II	DK	1. Lecture 2. Small Group Discussion	MCQ Viva Quiz	MCQ, SAQ	Organon of Medicine
Hom UG CM I-T 2.2	KS	K	Health	Define the term "Health" as per WHO.	C-I	DK	1. Lecture 2. Small Group Discussion	MCQ Viva Quiz	MCQ,	

Each Specific learning Objective (SLO) will help the learner to acquire the required domains of competencies (abilities that a basic homoeopathic doctor would be trusted to have acquired as a consequence of his / her learning).

The Specific learning Objective (SLO) also indicates at what level the competency is defined in the Miller's Pyramid which in the above example is at the level of 'Knows' and 'Knows How' – the ability to recall facts and ideas and the domain of competency covered is Knowledge and Scholarship.

1. Specific learning Objective (SLO) for each topic

Concepts of Health, Disease Causation & Prevention and Homoeopathy										
Competency No	Domain of Competency	Miller	Content	Specific Learning Objectives	Bloom/Guilber t	Priority	T-L/M/M	Assessment		Integration
								Formative	Summative	
Hom UG CM I-T 2.1	KS	KH	Concept of health	Discuss the history of health Discuss the biomedical, ecological, psychological, and spiritual dimensions of holistic health	C-II	DK	1. Lecture 2. Small Group Discussion	MCQ Viva Quiz	MCQ, SAQ	Organon of Medicine
Hom UG CM I-T 2.2	KS	K	Health	Define the term "Health" as per WHO.	C-I	DK	1. Lecture 2. Small Group Discussion	MCQ Viva Quiz	MCQ,	

Specific Learning Objectives (SLOs) start with the "Action Verb" as per the Domain and level and describe what students should know or be able to do at the end of a learning session.

1. Bloom/ Guilbert's level of SLO

Concepts of Health, Disease Causation & Prevention and Homoeopathy											
Competency No	Domain of Competency	Miller	Content	Specific Learning Objectives	Bloom/Guilbert	Priority	T-L/M/M	Assessment		Integration	
								Formative	Summative		
Hom UG CM I-T 2.1	KS	KH	Concept of health	Discuss the history of health Discuss the biomedical, ecological, psychological, and spiritual dimensions of holistic health	C-II	DK	1. Lecture 2. Small Group Discussion	MCQ Viva Quiz	MCQ, SAQ	Organon of Medicine	
Hom UG CM I-T 2.2	KS	K	Health	Define the term "Health" as per WHO.	C-I	DK	1. Lecture 2. Small Group Discussion	MCQ Viva Quiz	MCQ,		

The SLOs are written as per the Blooms Domain (Cognitive or Affective or Psychomotor) under which they are categorized.

In the above example three Specific Learning Objectives (SLOs) have been described that belong to the Cognitive domain.

They are then mapped to Guilbert's Level of Learning in the Cognitive or Affective or Psychomotor Domain.

In the above example, the first two SLOs belong to level-II of Guilbert's level of learning under cognitive domain whereas the third SLO belongs to level-I of Guilbert's level of learning under cognitive domain.

2. Priority of Learning of SLO

Competency No	Domain of Competency	Miller	Content	Specific Learning Objectives	Bloom/Guilber	Priority	T-L/M/M	Assessment		Integration
								Formative	Summative	
1.1	KS	KH	Concept of health	Discuss the history of health Discuss the biomedical, ecological, psychological, and spiritual dimensions of holistic health	C-II	DK	1. Lecture 2. Small Group Discussion	MCQ Viva Quiz	MCQ, SAQ	Organization of Medicin
1.2	KS	K	Health	Define the term "Health" as per WHO.	C-I	DK	1. Lecture 2. Small Group Discussion	MCQ Viva Quiz	MCQ,	

The priority of learning is represented as 'Must know', 'Desirable-to-know', and 'Nice-to-know'. Prioritization is a critical component of curriculum design because it classifies the specific learning objectives 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 multiplying 'frequency and impact' of the learning for professional needs.

In the above example, all the three SLOs are 'Desirable to Know'.

3. Teaching Learning methods and media for each topic

Concepts of Health, Disease Causation & Prevention and Homoeopathy										
Competency No	Domain of Competency	Miller	Content	Specific Learning Objectives	Bloom/Guilber t	Priority	T-L/M/M	Assessment		Integration
								Formative	Summative	
Hom UG CM I-T 2.1	KS	KH	Concept of health	Discuss the history of health Discuss the biomedical, ecological, psychological, and spiritual dimensions of holistic health	C-II	DK	1. Lecture 2. Small Group Discussion	MCQ Viva Quiz	MCQ, SAQ	Organon of Medicine
Hom UG CM I-T 2.2	KS	K	Health	Define the term "Health" as per WHO.	C-I	DK	1. Lecture 2. Small Group Discussion	MCQ Viva Quiz	MCQ,	

The Teaching- Learning methods and media have been identified that are most suitable to the Specific Learning Objectives (SLOs) formed for each topic and as per the Domain of each of the Specific Learning Objectives (SLOs).

In the above example, Lectures, Small Group Discussions are the Teaching- Learning methods to be adopted for achieving the SLO. The media could be projectors, models, whiteboard etc.

The Teaching Learning Methods and media will vary as per the Specific Learning Objectives (SLO) and the Domains they cover.

4. Assessment methods for each topic

Concepts of Health, Disease Causation & Prevention and Homoeopathy										
Competency No	Domain of Competency	Miller	Content	Specific Learning Objectives	Bloom/Guilber	Priority	T-L/M/M	Assessment		Integration
								Formative	Summative	
Hom UG CM I-T 2.1	KS	KH	Concept of health	Discuss the history of health Discuss the biomedical, ecological, psychological, and spiritual dimensions of holistic health	C-II	DK	1. Lecture 2. Small Group Discussion	MCQ Viva Quiz	MCQ, SAQ	Organon of Medicine
Hom UG CM I-T 2.2	KS	K	Health	Define the term "Health" as per WHO.	C-I	DK	1. Lecture 2. Small Group Discussion	MCQ Viva Quiz	MCQ,	

The Assessment methods have been identified that are most suitable to the Specific Learning Objectives (SLOs) formed for each topic and as per the Domain of each Specific Learning Objectives (SLOs) to assess the learner.

In the above example, Multiple Choice Questions (MCQ), Short Answer Questions (SAQ), Viva Voce and Quiz are the assessment methods to be adopted for assessing the SLO. The Assessment Methods will vary as per the SLO and the Domain it covers.

They are further classified into formative and summative assessment methods.

Formative assessment methods will be used at the end of every topic to assess whether the student has achieved the desired SLOs and give feedback. In the above example, MCQ's, Viva, Quiz are the formative assessment methods to be used to assess the particular SLOs.

Summative assessment methods will be used to assess the student on a particular topic for internal assessment and the Final University Examination. In the above example, MCQ's, SAQ's are the summative assessment methods that would be used to assess whether the student has achieved these SLOs.

5. Integrated Learning

Concepts of Health, Disease Causation & Prevention and Homoeopathy										
Competency No	Domain of Competency	Miller	Content	Specific Learning Objectives	Bloom/Guilber t	Priority	T.L/M/M	Assessment		Integration
								Formative	Summative	
Hom UG CM I-T 2.1	KS	KH	Concept of health	Discuss the history of health Discuss the biomedical, ecological, psychological, and spiritual dimensions of holistic health	C-II	DK	1. Lecture 2. Small Group Discussion	MCQ Viva Quiz	MCQ, SAQ	Organon of Medicine
Hom UG CM I-T 2.2	KS	K	Health	Define the term "Health" as per WHO.	C-I	DK	1. Lecture 2. Small Group Discussion	MCQ Viva Quiz	MCQ,	

Horizontal or Vertical Integrated Learning with other subjects is required for a holistic understanding of the topic from different points of view.

In the above example, the above topic should be integrated with Organon of Medicine for better understanding of the topic.

Spiral integration is required as the subject will be taught in II, III and IV BHMS.

Legend : Abbreviations

Sr. No.	Acronym	Description
1.	PO	Programme outcomes
2.	CO	Course outcomes
3.	ACO	Annual Course Objectives
4.	SLO	Specific Learning Objective
5.	KS	Knowledge and Scholarship
6.	PC	Patient Care
7.	HO	Homoeopathic Orientation
8.	CS	Communication Skills
9.	PBL	Practice Based Learning and Improvement
10.	PRF	Professionalism
11.	K	Knows
12.	KH	Knows How
13.	SH	Shows How
14.	D	Does
15.	C-I/II/III	Cognitive Domain- Gilbert's Level-I/II/III
16.	P-I/II/III	Psychomotor Domain- Gilbert's Level-I/II/III
17.	A-I/II/III	Affective Domain- Gilbert's Level-I/II/III
18.	MK	Must Know
19.	DK	Desirable to Know
20.	NK	Nice to Know
21.	MCQ	Multiple Choice Question
22.	SAQ	Short Answer Question
23.	LAQ	Long Answer Question
24.	OSPE	Objective Structured Practical Examination
25.	OSCE	Objective Structured Clinical Examination

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 for 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 judgmental 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 judgmental, 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 assessments 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)

Curriculum Design

Kern's Six Steps of Curriculum Development

National commission of Homoeopathy has prescribed the minimum standard curriculum for the Bachelor of Homoeopathic Medicine and Surgery (B.H.M.S). KLE Homoeopathic Medical College & Hospital, Belagavi follows the curriculum prescribed by NCH. The Board of Studies (BoS) KAHER and the departmental committee regulate & fine tune the curriculum based on global needs to meet the Professional standards and community responsibilities with competency to delivery health care services. After detailed discussions, the BoS approves the conceptual design along with the draft of the curriculum. This draft is forwarded to the external committee for review and suggestions. Curricula adopted have been designed to have relevance to the Program educational objectives, Programme outcomes and course outcomes in tune with concepts of Outcome-based Education (OBE).

- | | | |
|--------|--|--|
| Step 1 | General need assessment | <ol style="list-style-type: none">1. Health care problem2. Current approach3. Ideal approach |
| Step 2 | Target need Assessment | <ol style="list-style-type: none">a. Choose targeted learnersb. Find out information about the targeted learnersc. Determine characteristics of the learning environment. |
| Step 3 | Goal, competencies | <ol style="list-style-type: none">1. Define Goal & Objectives2. Identify and define competencies3. Objectives specific and measurable |
| Step 4 | Educational strategies <ul style="list-style-type: none">• Content• T-L Methods | <ol style="list-style-type: none">1. Cognitive objectives : Lecture, SDL2. Psychomotor objectives3. Skill or competency objectives-simulations4. Affective objectives, Reflection, Role models. |
| Step 5 | Implementation | Planning |
| Step 6 | Evaluation | Programmes and Assessment.
(formative and summative methods) |

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 recognized 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 undergraduate 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.
- (13) 'The Central Government or the State Government or the Union Territory counseling authority shall submit complete data of allotted students to the National Commission for Homoeopathy in the format, within the time line specified by Commission from time to time for verification.'.

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

Serial Number	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

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

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

Table-3

Serial Number	Subject Code	Subject
(1)	(2)	(3)
1	HomUG-HMM-I	Homoeopathic Materia Medica;
2	HomUG-OM-I	Organon of Medicine and Homoeopathic philosophy and Fundamentals of Psychology;
3	HomUG-R-I	Homoeopathic Repertory and case taking;
4	HomUG-HP	Homoeopathic Pharmacy;
5	HomUG-AN	Human Anatomy;
6	HomUG-PB	Human Physiology and Biochemistry;
7	HomUG-Yoga I	Yoga for health promotion.

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

Table - 4

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

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

Table - 5

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

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

Table-6

Serial Number	Subject Code	Subject
(1)	(2)	(3)
1	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 specialty hospital with Memorandum of Understanding (MoU).

“(3) Competency Based Dynamic Curriculum at Graduate level – the Homoeopathy Education Board shall publish the competency based dynamic curriculum and the outcome objectives of the same from time to time on the National Commission for Homoeopathy website. The curriculum standards are subject to modification from time to time with the changing healthcare scenario. The Competency Based Dynamic Curriculum document modifications shall only be done after approval from the Commission in the meetings of Commission.”

(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.

(3) Competency Based Dynamic Curriculum at Graduate level – the Homoeopathy Education Board shall publish the competency based dynamic curriculum and the outcome objectives of the same from time to time on the National Commission for Homoeopathy website. The curriculum standards are subject to modification from time to time with the changing healthcare scenario. The Competency Based Dynamic Curriculum document modifications shall only be done after approval from the Commission in the meetings of Commission.

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, digitalization, 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, standardization 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.

Explanation :- Theory and practical examinations are two components of same subject. If student fails in any one of the component or both it

shall be treated as failed in the subject and in such case, the student shall appear for both theory and practical examinations.

(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 recognized 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 recognized 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 recognized 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 14th month) 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			
(1)	(2)	(3)			
		First Term	Second Term	Third Term and University exam	
		(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 (UE)
		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 (UE)	

(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 (UE)
(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 (UE)

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

(2) Summative Assessment. –

- (a) 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 which shall include the complete syllabus for the respective professional year.
- (b) There shall be double evaluation system and shall be no provision for revaluation.
- (c) There shall be two examiners (one internal and one external) for university practical/clinical/viva voce examinations for hundred marks and it shall increase to four (two internal and two external) for two hundred marks.
- (d) During supplementary examination for two hundred marks, if students are less than fifty then examination can be conducted by one internal and one external examiner but if students are more than fifty, then four examiners are required (two internal and two external examiner).
- (e) While declaring the result of Summative Assessment, Internal Assessment component shall be considered as per the distribution of marks pattern provided in Table-10, Table- 12, Table- 14 and Table-16.

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
Foundation Course = 10 Working days (60hours)			
Teaching Hours :2046			

Table – 10

Marks distribution First Year Bachelor of Homoeopathic Medicine and Surgery (B.H.M.S)									
Sl. No.	Subject Code	Papers	Theory	Practical or Clinical Assessment					Grand Total
(1)	(2)	(3)	(4)	(5)					(6)
				Practical/ Clinical	Viva	IA	Electives grade	Sub total	
				(a)	(b)	(c)	(d)	(e)	
1	HomUG - OM-I	1	100	50	40	10	Elective I - Elective II-	100	200
2	HomUG - AN	2	200	100	80	20		200	400
3	HomUG - PB	2	200	100	80	20		200	400
4	HomUG - HP	1	100	50	40	10		100	200
5	HomUG - HMM- I	1	100	50	40	10		100	200
Grand Total									1400

Table - 11

Second Professional Bachelor of Homoeopathic Medicine and Surgery (B.H.M.S). (2 terms)				
Teaching hours = 1404				
Serial Number	Subject Code	Number of teaching hours		
(1)	(2)	(3)		
		Lectures	Non-Lectures	Total
		(a)	(b)	(c)
1	HomUG - HMM - II	150	100	250
2	HomUG - OM - II	150	100	250
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	24	104
8	Hom UG Sur- I	92	24	116
9	Hom UG ObGy - I	100	24	124
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)									
Sl. No.	Subject Code	Papers	Theory	Practical Clinical	Practical or Clinical Assessment				
(1)	(2)	(3)	(4)	(5)	(6)				
					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				
Sl. No.	Subject Code	Number of teaching hours		
(1)	(2)	(3)		
		Lectures	Clinical / Practical	Total
		(a)	(b)	(c)
1	HomUG- -HMM-III	150	50	200
2	HomUG-OM-III	150	50	200
3	HomUG-R-III	100	50	150
4	HomUG-PM-II	120	100	220
5	Hom UG Sur- II	120	100	220
6	Hom UG ObGy- II	110	79	189
7	HomUG-CM	100	60	160
8	Hom.UG-Mod. Phar-I	45	-	45
9	HomUG Yoga-III		20	20
	Grand Total	895	509	1404

Table-14

Marks Distribution of Third Professional Bachelor of Homoeopathic Medicine and Surgery (B.H.M.S). Subjects									
Sl. No.	Subject Code	Papers	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	HomUG -HMM- III	1	100	50	40	Elective I Elective II	10	100	200
2	HomUG -OM-III	2	200	100	80		20	200	400
3	HomUG -R-III	1	100	50	40		10	100	200
4	HomUG Sur-II	2	200	100	80		20	200	400
5	HomUG ObGy- II	2	200	100	80		20	200	400
6	HomUG -CM	1	100	50	40		10	100	200
7	HomUG ESS of Pharmacology	1	50		40		10	50	100
Grand Total									1900

Table-15

Fourth Professional Bachelor of Homoeopathic Medicine and Surgery (B.H.M.S) (2 terms)				
Teaching hours = 1404				
Sl. No.	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)								
Sl. No.	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
4	HomUG-PM-III	3	300	100	80	20	200	500
5	HomUG-CM-RM-STAT	1	100	50	40	10	100	200
Grand Total								1500

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 recognized 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 recognized 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.

13. Compulsory Rotatory Internship Training.

- There shall be compulsory rotatory internship training , followingly :-

- (1)
 - (a) Each candidate shall be required to undergo compulsory rotatory internship including internship orientation and finishing Programme within one year from passing of fourth Bachelor of Homoeopathic Medicine and Surgery (B.H.M.S.) examination.
 - (b) Ordinarily the internship training shall commence on first working day of April for regular batch students and first working day of September for supplementary batch students.
 - (c) The student shall be eligible to join the compulsory internship Programme after passing all the subjects from First to Fourth (Final) Professional examination including six electives and after getting provisional 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 organized 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 recognized 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)			
Sl. No.	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%)
- (g) A Certificate shall be awarded to the intern stating the title of the project and grade received.

14. Electronic Logbook / Logbook.

- (i) It shall be compulsory for an intern to maintain the record of procedures done/assisted/observed by him on day-to-day basis in a specified e-logbook/ logbook as the case may be and the intern shall maintain a record of work, which shall be verified and certified by the concerned Medical Officer or Head of the Unit or Department under whom he is placed for internship.
- (ii) Failure to produce e-logbook/ logbook, complete in all respects certified by the concerned authority to the Dean / Principal / Director at the end of Internship Training Programme, may result in cancellation of his performance in any or all disciplines of Internship Training Programme.
- (iii) The institution shall retain soft copy of the completed and certified –e log book/ logbook and available for further verification, if required.

15. Evaluation of Internship program.

- (1) The evaluation system shall assess the skills of an intern while performing the minimum number of procedures as enlisted with an objective that successful learning of these procedures will enable the interns to conduct the same in his/her actual practice.
- (2) The evaluation shall be carried out by respective Head of Department at the end of each posting and the reports shall be submitted to Head of the institute in Form-1.
- (3) On completion of one year of compulsory rotatory internship including submission of project, the Head of the Institute shall evaluate all the assessment reports as specified in Form-1, as provided by Head of the Department at the end of respective posting and if found satisfactory, the intern shall be issued Internship Completion Certificate in Form-2 within seven working days.
- (4) If performance of an intern is declared as unsatisfactory upon obtaining below fifteen marks as per Form-2 or less than fifty per cent. of marks, in an assessment in any of the Departments, he shall be required to repeat the posting in the respective department for a period of thirty percent. of the total number of days, laid down for that department in Internship Training and posting.
- (5) The intern shall have the right to register his grievance in any aspect of conduct of evaluation and award of marks, separately to the concerned

Head of the Department and Head of the Institution, within three days from the date of completion of his evaluation, and on receipt of such grievance, the Head of the Institution in consultation with the Head of the concerned Department shall redress and dispose of the grievance within seven working days.

16. Leave for interns.

- (i) During compulsory rotatory internship of one year, fifteen days of leaves shall be permitted.
- (ii) Any kind of absence beyond the period of fifteen days shall be extended accordingly.

17. Completion of internship.-

- (1) If there is any delay in the commencement of internship or break during internship due to unavoidable conditions, in such cases, internship period shall be completed within maximum period of twenty four months from the date of passing the qualifying examination of Fourth Final Professional Bachelor of Homoeopathic Medicine and Surgery and in such case, the student shall take prior permission from the Head of the institution in writing with all supporting documents thereof;
- (2) It shall be the responsibility of the Head of the institution/college to scrutinise the documents, and assess the genuine nature of the request before issuing permission letter;
- (3) if the student rejoins internship, he shall submit the request letter along with supporting document, in this regard to the head of institution/college.

18. 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.

19. 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 asunder :-

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 10degree.
 - (ii) "Low-vision" means a condition where a person has any of the following conditions, namely :-
 - a) Visual acuity not exceeding 6/18 or less than 20/60 up to 3/60 or up to 10/200 (Snellen) in the better eye with best possible corrections; or
 - b) Limitation of the field of vision subtending an angle of less than 40 degree up to 10 degree.
 - (c) Hearing impairment-
 - (i) "Deaf" means persons having 70 DB hearing loss in speech frequencies in both ears;
 - (ii) "Hard of hearing" means person having 60 DB hearing loss in speech frequencies in both ears,
 - (d) "Speech and language disability" means a permanent disability arising out of conditions such as laryngectomy or aphasia affecting one or more components of speech and language due to organic or neurological causes;
 - (e) Intellectual disability a condition characterized by significant limitation both in intellectual functioning (reasoning, learning, problem solving) and in a dative behavior which covers a range of every day, social and practical skills, including-

- (i) “Specific learning disabilities” means a heterogeneous group of conditions wherein there is a deficit in processing language, spoken or written, that may manifest itself as a difficulty to comprehend, speak, read, write, spell, or to do mathematic calculations and includes such conditions as perceptual disabilities, dyslexia, dysgraphia, dyscalculia, dyspraxia and developmental aphasia.
 - (ii) “Autism spectrum disorder” means a neuro-developmental condition typically appearing in the first three years of life that significantly affects a person’s ability to communicate, understand relationships and relate to others and is frequently associated with unusual or stereotypical rituals or behaviors.
- 2. “Mental illness” means a substantial disorder of thinking, mood, perception, orientation or memory that grossly impairs judgment, behaviors, capacity to recognize reality or ability to meet the ordinary demands of life, but does not include retardation which is a condition of arrested or incomplete development of mind of a person,
- 3. Disability caused due to-
 - a) Chronic neurological conditions, such as-
 - (i) “Multiple sclerosis” means an inflammatory, nervous system disease in which the myelin sheaths around the axons of nerve cells of the brain and spinal cord are damaged, leading to demyelination and affecting the ability of nerve cells in the brain and spinal cord to communicate with each other.
 - (ii) “Parkinson’s disease” means a progressive disease of the nervous system marked by tremor, muscular rigidity and slow, imprecise movement, chiefly affecting middle-aged and elderly people associated with degeneration of the basal ganglia of the brain and a deficiency of the neurotransmitter dopamine.
 - (b) Blood disorder-
 - (i) “Hemophilia” means an inherited disease, usually affecting only male but transmitted by women to their male children, characterized by loss or impairment of the normal clotting ability of blood so that a minor wound may result in fatal bleeding,

- (ii) "Thalassemia" means a group of inherited disorders characterized by reduced or absence of hemoglobin.
 - (iii) "Sickle cell disease" means a hemolytic disorder characterized 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

Sl. No.	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.	
			* 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.			
			** Attention should be paid to impairment of vision, hearing, cognitive function etc. and corresponding recommendations be looked at.			
			*** 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.			
		(B) Visual Impairment (*)	(a) Blindness (b) Low Vision	Less than 40% disability (i.e. Category	'(10%)' I(20%)' & II (30%)	Equal to or more than 40% disability (i.e. Category III and above)
		(C) Hearing Impairment @	(a) Deaf (b) Hard of hearing	Less than 40% disability		Equal to or more than 40% disability

			(*) 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.		
			@ 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.		
			In addition to this, the individual should have a speech discrimination score of more than 60%.		
(D) Speech & language		Organic/ neurological causes	Less than 40%		Equal to or more than
		disability		disability	40% disability
		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.			
		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.			
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 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, Asperser syndrome (disability of 40-60% as Per ISAA) where the individual is deemed fit for Bachelor of Homoeopathic Medicine and Surgery (B.H.M.S). course by an expert panel	Currently,not recommended due to lack of objective method. However, the Benefit of reservation/quota may be considered in future after developing better methods of disability assessment.	Equal to or more than 60% disability or presence of cognitive/ intellectual disability and/ or if the person is deemed unfit for pursuing Bachelor of Homoeopathic Medicine and Surgery course by an expert panel.
3.	Mental Behavior		Mental illness	Absence or mild disability : less than 40% (under IDEAS)	Currently, not recommended due to lack of objective method to establish presence and extent of mental illness.	Equal to or more than disability or if the person

					However, the Benefit of reservation / quota may be considered in future after developing better methods of disability assessment.	
3.	Mental Behavior		Mental illness	Absence or mild disability : less than 40% (under IDEAS)	Currently, not recommended due to lack of objective method to establish presence and extent of mental illness. However, the Benefit of reservation / quota may be considered in future after developing better methods of disability assessment.	Equal to or more than disability or if the person
4.	Disability caused 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) Thalassemia			
(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.		

				Combining formula as notified by the related Gazette Notification issued by the Govt. of India :
				$a+b (90-a)$
				90
				(where a=higher value of disability % and b=lower value of disability % as calculated for different disabilities) is recommended 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

Note : 1- 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

Sl. No.	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

Sl. No.	Topic	Type of activity	Duration hours
(1)	(2)	(3)	(4)
14.	Who is professional?	Debate between two sides on a topic	2
15.	Time management	Practical exercise	3
16.	First aid – principles and techniques	Demonstration and presentation	2
17.	National health priorities and policies	Presentation	1
18.	Importance of Mental Health and Hygiene to a medical student in the medical profession		
	Stress management including importance of sports and extracurricular activities	Practical demonstration / video	4
19.	Concept and practice of mentoring	Interactive discussion	4
20.	Constitutional values, equality, gender sensitization and ragging policy	Presentation and Interactive discussion	3
21.	Universal precautions and vaccinations	Presentation followed by discussion	1
22.	Importance of Observation and Documentation in Homoeopathic practice	Practice exercise through video observation	4
23.	Team working	Game and debriefing	2
24.	Patient safety and biomedical hazards	Video and presentation	1
25.	Computer skills	Demonstration and practice of basic use of word, Excel and PPT	2
26.	Language skills	Language labs	2
	TOTAL		60 Hours

Annexure -II

PART A

TENTATIVE TEMPLATE OF ACADEMIC CALENDAR

First Professional Bachelor of Homoeopathic Medicine and Surgery (B.H.M.S).

(18 MONTHS)

Sl. No.	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.	First Working Day of April	Start of second professional year
	<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)

Sl. No.	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.	First Working day of April	Commencement of third/fourth/ internship professional year
	<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 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

Sl. No.	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

Sl. No.	Category	Marks obtained
(1)	(2)	(3)
	(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

Signature of the Head of the
Department and Office Seal

FORM 2

[See sub-regulations (3) and (4) of regulation 16]

(NAME OF THE COLLEGE AND ADDRESS)

(BACHELOR OF HOMOEOPATHIC MEDICINE AND SURGERY – (B.H.M.S))

COURSE CERTIFICATE OF COMPLETION OF COMPULSORY ROTATORY

INTERNSHIP

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

TABLE 20

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

During the internship period, the conduct of the student is

Date :

Place :

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

Form-3

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

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

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

Homoeopathic Materia Medica

S.No	Description	Page Numbers
1.	Course code and Name of course	
2.	Preamble	
3.	Course Outcomes (CO)	
4.	Learning Objectives (LO)	
5.	Course Content And Term –wise Distribution	
6.	Teaching Hours	
7.	Teaching Learning Methods	
8.	Details of Assessment	
9.	List of Recommended Books	
10.	List of Contributors	
11.	Content Mapping (Competencies table) Reference – F.NO.3-133/2024 / NCH /HEB / CBDC / 2nd,3rd,4th,BHMS / 1800-1808 ; Dated-25/6/2024 (Pg- no-9 to 13)	

1. Course code and name of course

Subject : Homoeopathic Materia Medica

Subject code : Hom UG-HMM-II

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 a greater 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

- i. To grasp the basic concept and philosophy of Homeopathic Materia Medica based on Hahnemann an directions.

- ii. To understand the different sources and types of Materia Medica.
- iii. To mould Homoeopathic students by equipping them to readily grasp the symptoms of the sick individual corresponding to the symptoms of the drug.
- iv. To understand the drug with its pharmacological data, adaptability, sphere of action, along with characteristic sensations and functions both at level of mind and body along with doctrine of signatures.
- v. To construct the portrait of the drug with its predisposition, disposition both mental and physical, diathesis and disease expression with Miasmatic correlation and its susceptibility expression at various times taking in to consideration of the environment around him/ her.
- vi. To understand the drug from its therapeutic application in various pathological conditions and allied clinical subjects like practice of medicine, surgery, obstetrics and Gynaecology.
- vii. To understand the group characteristics of the drugs and the individualizing symptoms of the individual remedies of the group.
- viii. To differentiate medicines arising from the reportorial process and to arrive at an appropriate similimum.
- ix. To grasp the concept of remedy relationship and its application in practice.
- x. To understand the Miasmatic expressions and evolution in a given drug.
- xi. To understand and apply the bio-chemic system of medicine in practice.
- xii. To understand and apply the utility of mother tinctures in practice.

4. Learning objectives

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

- i. Discuss the different approaches for studying Homoeopathic Materia Medica.
- ii. Understand the drug picture of medicines in the syllabus of II BHMS in context of its pharmacological data, constitution, temperament, sphere of action, pathogenesis, ailments from, modalities, mentals, physical generals and particulars, miasms and relationship with other remedies including the doctrine of Signature.
- iii. Integrate the knowledge of Anatomy, Physiology, Pharmacy, Psychology, Organon of Medicine, Pathology and Toxicology for the understanding of a particular drug.

- iv. Compare and contrast symptoms of similar remedies of I and II BHMS syllabus.
- v. Demonstrate the steps of case taking as per guidelines given in Organon of medicine.
- vi. Demonstrate basic physical examination skills.
- vii. Recognise the importance of interpretation of basic investigations in a given case.
- viii. Analyse the symptoms of a case to categorize them as Mentals, Physical Generals and Particulars.
- ix. Recognise the PQRS of a drug in the case taken.

5. Course content and its term-wise distribution (theory)

5.1 Introductory lectures

5.1.1 Assessment of Entry Behaviour for I BHMS syllabus

5.1.2 Different approaches for studying Homoeopathic Materia Medica

5.1.3 Integrating the knowledge of Pathology, Toxicology, Practice of Medicine, Surgery and Gynaecology-Obstetrics in a better understanding of Homoeopathic Materia Medica.

5.2 Homoeopathic medicines :

1. Acetic Acid	17. Cactus Grandiflorus	33. Helleborus Niger
2. Actea Racemosa	18. Calcarea Arsenicosa	34. Hyoscyamus Niger
3. Aesculus Hippocastanum	19. Calcarea Iodata	35. Kali Bichromicum
4. Agaricus Muscarius	20. Camphora	36. Kali Bromatum
5. Agnus Castus	21. Cannabis Indica	37. Kali Carbonicum
6. Alumina	22. Cannabis Sativa	38. Natrum Carbonicum
7. Ambra Grisea	23. Cantharis	39. Nux Moschata
8. Anacardium Orientalis	24. Cardus Marianus	40. Opium

9. Antimonium Arsenicosum	25. Causticum	41. Petroleum
10. Apocynum Cannabinum	26. Ceanothus Americanus	42. Phosphorus
11. Arsenicum Iodatum	27. Chelidonium Majus	43. Secale Cornutum
12. Argentum Nitricum	28. Chininum Arsenicosum	44. Sepia
13. Baptisia Tinctoria	29. Digitalis Purpurea	45. Stramonium
14. Berberis Vulgaris	30. Echinacea Angustifolia	46. Thuja Occidentalis
15. Bellis Perennis	31. Equisatum Hyemale	47. Urtica Urens
16. Bromium	32. Ferrum Metallicum	48. Veratrum Album

5.3 Content for Term I

5.3.1 Introductory Lectures :

5.3.1.1 Assessment of Entry Behavior for I BHMS syllabus.

5.3.1.1.1 Different approaches for studying Homoeopathic Materia Medica.

5.3.1.2 Integrating the knowledge of Pathology, Toxicology, Practice of Medicine, Surgery and Gynaecology-Obstetrics in better understanding of Homoeopathic Materia Medica.

5.3.2 Homoeopathic Medicines

1. Acetic Acid	9. Cardus Marianus	17. Kali Bromatum
2. Aesculus Hippocastanum	10. Causticum	18. Kali Carbonicum
3. Agaricus Muscarius	11. Ceanothus Americanus	19. NatrumCarbonicum
4. Alumina	12. Chelidonium Majus	20. Opium

5. Anacardium Orientalis	13. Chininum Arsenicosum	21. Thuja Occidentalis
6. Apocynum Cannabinum	14. Echinacea Angustifolia	22. Urtica Urens
7. Baptisia Tinctoria	15. Helleborus Niger	
8. Bellis Perrenis	16. Kali Bichromicum	

5.4 Contents for Term II :

Homoeopathic medicines :

1. Actea Racemosa	11. Calcarea Iodatam	21. Petroleum
2. Agnus Castus	12. Camphora	22. Phosphorus
3. Ambra Grisea	13. Cannabis Indica	23. Secale Cornuatum
4. Antimonium Arsenicosum	14. Cannabis Sativa	24. Sepia
5. Argentum Nitricum	15. Cantheris	25. Stramonium
6. Arsenicum Iodatam	16. Digitalis Purpurea	26. Veratrum Album
7. Berbers Vulgaris	17. Equisatum Hyemale	
8. Bromium	18. Ferrum Metallicum	
9. Cactus Grandiflora	19. Hyoscyamus Niger	
10. Calcarea Aarsenicosum	20. Nux Moschata	

Non-lectures shall be equally distributed to both term I and II, as per the feasibility of individual institution

6. Teaching hours

6.1 Gross division of teaching hours

Homoeopathic Materia Medica		
Year	Teaching hours - Lectures	Teaching hours - Non-lectures
II BHMS	150 Hours	100 Hours

6.2 Teaching hours theory

S. No	List of Topics	Hours
1	Assessment of Entry Behavior of I BHMS syllabus	2
2	Different approaches for studying Homoeopathic Materia Medica	4
3	Integrating the knowledge of Pathology and Toxicology, Practice of Medicine, Surgery and Gynaecology-Obstetrics in better understanding of Homoeopathic Materia Medica	2
4	Study of Drug pictures (Term I)	70
5	Study of Drug pictures (Term II)	72
	Total	150 Hours

6.3 Teaching hours Non-lecture

Sr. No.	Non-Lecture Teaching Learning methods	Term	Time Allotted per Activity (Hours)
1	Clinical(to be integrated with topics under Pathology, Practice of Medicine, Surgery and Ob Gy)	I & II	75
2	Demonstration	I & II	25 (Distribution as mentioned below)
2(a)	Seminar / Tutorials		10
2(b)	Problem based learning / Case Based Learning		10
2(c)	Assignment / Symposium / Group discussion		5
	Total		100 Hours

7. Teaching learning methods

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

8. Details of assessment

8.1 Overall Scheme of Assessment (Summative)

Sr. No.	Professional Course	Term I (1-6 Months)		Term II (7-12 Months)		
1	Second Professional BHMS	PA I (end of 3 months)	TT I (end of 6 months)	PA II (end of 9 months)	FUE (end of 12 months)	
		10 Marks Viva	50 Marks Practical / Viva Viva voce -25 marks Clinical performance – 25 marks (Case Taking and analysis of symptoms)	10 Marks Viva	100 marks theory	100 marks (Clinical / practical + Viva + IA)

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

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

Sr. No.	Course Code	Papers	Theory	Practical/ Clinical	Viva Voce	Internal Assessment**	Grand Total
1	Hom UG - HMM - II	01	100 marks*	50 marks Journal -10 marks (Five acute and 5 chronic cases) Case taking and analysis of symptoms - 40 marks	40 marks	10 marks (Marks of PA I + TT I + PA II)	200 marks

* 30 % of questions shall be from I BHMS syllabus and 70 % of questions shall be from II BHMS syllabus.

** Method of calculation of Internal Assessment marks for Final University Examination :

Marks of IA - (Marks of PA-1 + Marks of TT + Marks of PA-2) / 70 X 10

8.3 Paper Layout

Summative assessment (FUE) : Theory- 100 marks

MCQ	10 marks
SAQ	40 marks
LAQ	50 marks

8.4 Distribution of questions for theory exam

Sr. No.	Paper	B Term	C Marks	D Type of Questions		
				MCQ (1 Mark)	SAQ (5 Marks)	LAQ (10 Marks)
1	BHMS I Syllabus	-	Refer to table 8.5 below	05	03	01
2	Different approaches for studying Homoeopathic Materia Medica	I		0	01	0
3	Integrating the knowledge of Pathology and Toxicology in better understanding of Homoeopathic Materia Medica	I		0	0	0
4	Homoeopathic Medicines of II BHMS (48)	I&II		05	04	04

8.5 Theme-wise distribution :

Theme	Topics	Term	Marks	MCQ's	SAQ's	LAQ's
A-D	BHMS I Syllabus	-	30	5	3	1
E	Different approaches for studying Homoeopathic Materia Medica	I	5	0	1	0
F	Homoeopathic Medicines of II BHMS (48)	I & II	65	5	4	4

8.6 Question paper blueprint

A Question Serial Number	B Type of Question	Question Paper Format (Refer table 8.5 for themes)
Q1	Multiple Choice Questions(MCQ) 10 Questions 1 mark each All compulsory Must know part : 7 MCQ Desirable to know : 2MCQ. Nice to know : 1 MCQ	1. Theme A-D 2. Theme A-D 3. Theme A-D 4. Theme A-D 5. Theme A-D 6. Theme F 7. Theme F 8. Theme F 9. Theme F 10. Theme F
Q2	Short answer Questions (SAQ) Eight Questions 5 Marks Each All compulsory Must Know part : 6 SAQ Desirable to Know : 2 SAQ	1. Theme A-D 2. Theme A-D 3. Theme A-D 4. Theme E 5. Theme F 6. Theme F 7. Theme F 8. Theme F
Q3	Long answer Questions (LAQ) Five Questions 10 marks each All compulsory All questions on Must Know No Questions on Nice to Know and Desirable to Know	1. Theme A-D 2. Theme F 3. Theme F 4. Theme F 5. Theme F

9. List of recommended text/reference books

- Allen H. C. (2005). Keynotes Rearranged and Classified with Leading Remedies of the Materia Medica and Bowel Nosodes, (Reprint edition), B. Jain Publishers, New Delhi.
- Choudhuri N. M. (2006). A Study On Materia Medica Enriched with real case studies, (Reprint revised edition). B. Jain Publishers, New Delhi.
- Kent J. T. (2015). Lectures on Homoeopathic Materia Medica (Reprint edition,) B. Jain Publishers, New Delhi.
- Burt W. (2009).Physiological Materia Medica, (Third edition) B. Jain Publishers, New Delhi.
- Nash E. B. (2007). Leaders in Homeopathic Therapeutics with Grouping and Classification, (Sixth edn.) B. Jain Publishers, New Delhi.
- Tyler M. L. (2007). Homoeopathic Drug Picture. (First edition), B. Jain Publishers, New Delhi.
- Farrington E. A. (2007) Lectures on Clinical Materia Medica in family order (Fourth edition.) B. Jain Publishers Pvt. Ltd., New Delhi.
- Farrington E. A. (2005), Comparative Materia Medica. (Reprint edition.) B. Jain Publishers, New Delhi.
- Boericke W., Dewey W., 2016, The Twelve Tissue Remedies by Schussler, Reprint edition, B. Jain Publishers, New Delhi
- All source books.

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Subject Name : Organon of Medicine and Homeopathic Philosophy

Subject Code : HomUG-OM-II

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1. Course code and name of course

Subject : Organon of Medicine and Homoeopathic Philosophy

Subject code : Hom UG-OM-II

2. Preamble

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

The biggest challenge in teaching-learning of homoeopathic philosophy 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, pharmacy and HMM. Homoeopathic philosophy 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 Dr. Hahnemann, medical science has advanced by leaps and bounds. Since Homoeopathy is based on principles rooted in nature, they would stand the test of time. However, their application in the changing times and circumstances would find newer avenues to heal. This is an opportunity for a homoeopath to connect the current advances while relating with the fundamental laws. Mastering all this will make him a master healer and will move him towards higher purpose of existence.

3. Course outcomes

At the end of the BHMS program, a student will be able to-

- i. Understand Mission of a Physician & Higher Purpose of Existence as per the Master's thoughts and words
- ii. Understand Hahnemannian concept of man and integrating it with the concept from the bio-psycho-social perspective.
- iii. Know homoeopathy as a Holistic & Individualistic medical science
- iv. Understand the concept of dynamism and vital force to get insight in health, disease, diathesis and disease.
- v. Relate concepts of Prevention, Promotion & Cure with the Hahnemannian approach
- vi. Know the Healer within the Homoeopathic Physician and work towards bringing forth the qualities of healing.
- vii. Understand Philosophy of Life & Health by applying basic fundamental laws of Homoeopathy.
- viii. Understand homoeopathic philosophy in the context of research

4. Learning outcomes

- i. Understanding the evolution of chronic disease in view of pathogenesis
- ii. Knowing Hahnemannian classification of diseases and its importance
- iii. Correlation of Microbiology and Homeopathy with miasms.
- iv. Correlation of laboratory investigation with the evolution of pathology and miasm
- v. Learning the concept of prevention of disease
- vi. Understanding the concept of causation and relating to homoeopathy

- vii. Classification and analysis of symptoms and correlation with repertory.
- viii. Developing a portrait of disease by integrating the Hahnemannian concept

5. Course content and its term-wise distribution

Sl. No.	Topic
Term I	
1.	Natural Disease vs Artificial Disease (Aphorisms 28-33)*
2.	The Correctness of Homoeopathic Therapeutic Law of Nature (Aphorisms 34-51)*
3.	Classification of Diseases (Hahnemannian Classification of Disease) with Introduction to Miasm (Aphorisms 71-82)*
4.	Case Taking (Aphorisms 83-103)*
5.	Homoeopathic Philosophy :
5.1	Symptomatology : Details regarding Symptomatology are to be comprehended by referring to the relevant aphorisms of Organon of medicine and chapters of the books on homoeopathic philosophy.
5.2	Case taking : The purpose of homoeopathic case-taking is not merely the collection of disease symptoms from the patient but comprehending the patient as a whole, with the correct appreciation of the factors responsible for the genesis and maintenance of illness. Hahnemann's concept and method of case-taking, as stated in Organon is to be stressed. Case receiving-perceiving techniques and symptoms-grading needs to be introduced and discussed. The prerequisite of the physical environment & of the physician also needs to be outlined.
5.3	Case processing : This includes-
5.3.1	Analysis of Symptoms
5.3.2	Evaluation of Symptoms
5.3.3	Totality of symptoms
5.3.4	Susceptibility

Term II	
6.	Record Keeping (Aphorism 104)*
7.	Various Systems of Medicine (Aphorisms 52-70)*
8.	Causation : Thorough comprehension of the evolution of disease, taking into account pre-disposing, fundamental, exciting and maintaining causes.
9.	Individuality- individualization- its process
10.	Anamnesis- evolution of disease
11.	Disease-its progress- complex disease relation with miasm
12.	Introduction to the concept of suppression

6. Teaching hours

6.1 Gross division of teaching hours

Organon of Medicine and Homoeopathic Philosophy		
Year	Teaching hours- Lectures	Teaching hours- Non-lectures
II BHMS	150 Hours	100 Hours

6.2 Teaching hours theory

Sl. No.	List of Topics	Hours
1	Natural Disease vs Artificial Disease	05
2	The Correctness of Homoeopathic Therapeutic Law of Nature	20
3	Classification of Diseases with introduction to Miasm	20
4	Case Taking (Aphorisms 83-103)	20
5	Symptomatology	07

6	Case taking (Homoeopathic Philosophy)	12
7	Case processing	15
8	Various systems of Medicine	15
9	Record Keeping	02
10	Causation	15
11	Anamnesis-evolution of disease, Disease its progress-complex disease, Individualization-its process, Susceptibility- types and factors modifying it	16
12	Introduction to the concept of suppression	3
	Total	150 Hours

6.3. Teaching hours Non-lecture

Sr. No.	Non-Lecture Activity	Term	Time Allotted per Activity (Hours)
1	Clinical(to be integrated with topics under Pathology, Practice of Medicine, Surgery and ObGy)	I & II	75
2	Demonstrative	I & II	25
2 (a)	Seminar / Tutorials		10
2 (b)	Problem based learning / Case Based Learning		10
2 (c)	Assignment/ Symposium / Group discussion		5
	Total		100 Hours

7. Teaching learning methods

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

There have to be classroom lectures, small group discussions, case discussions where case-based learning (CBL) and problem-based learning (PBL) are especially helpful.

Audiovisual (AV) methods for classroom teaching may be an innovative aid in order to demonstrate the related graphics and animations etc. In the case of clinical demonstration – DOAP (Demonstration – Observation – Assistance – Performance) is very well applicable.

8. Details of assessment

8.1 Overall Scheme of Assessment (Summative)

Sr. No.	Professional Course	Term I (1-6 Months)		Term II (7-12 Months)		
1	Second Professional BHMS	PA I (end of 3 months)	TT I (end of 6 months)	PA II (end of 9 months)	FUE (end of 12 months)	
		10 Marks Viva	50 Marks Practical / Viva i) Viva voce-25marks ii) Clinical performance – 25 marks Case taking and analysis and evaluation	10 Marks Viva	100 marks theory	100 marks (Clinical/practical + Viva + IA)

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

Sr. No.	Course Code	Papers	Theory	Practical / Clinical	Viva Voce	Internal Assessment**	Grand Total
1	Hom UG -OM-II	01	100 marks	50 marks a) Case taking-10 marks b) Case processing-25 marks c) Case presentation-5 marks d) Journal*-10 marks	40 marks	10 marks (Marks of PA I + TT I + PA II)	200 marks

- * Journal with 10 cases needs to be maintained by the students which should include Case Taking, Case Processing -Analysis & Evaluation, Investigations, Probable Diagnosis, Classification of disease in that case, Susceptibility
- ** Method of Calculation of Internal Assessment Marks for Final University Examination : Marks of IA-(Marks of PA-1 + Marks of TT + Marks of PA-2) /70X 10

8.3 Paper Layout

Summative assessment (FUE) :

Theory- 100 marks

MCQ	10 marks
SAQ	40 marks
LAQ	50 marks

8.4 Distribution of questions for theory exam

Sr. No.	Paper	B Term	C Marks	D Type of Questions		
				A List of Topics	MCQ (1 Mark)	SAQ (5 Marks)
1	Aphorism 28- 70 and 83-104	I & II	Refer to table 8.5 below	4	2	2
2	Case taking -receiving-perceiving techniques prerequisites of physician, Symptomatology, Analysis, Evaluation, Totality of Symptoms	I & II		2	2	1
3	Classification of disease with introduction to miasm (Aphorism 71-82); Its correlation with pathogenesis and Homoeopathic management	I		2	1	1
4	Anamnesis-evolution of disease, Disease its progress-complex disease, Individualization-its process, Susceptibility : types and factors modifying it	II			2	
5	Causation; Introduction to the concept of suppression	II			1	1

8.5 Theme-wise distribution

No.	Chapter/ Topic	Term	Theme	Marks	LAQ	SAQ	MCQ
1	Aphorism 28-104	I & II	A	34	20	10	4
2	Case taking -receiving-perceiving techniques prerequisites of physician, Symptomatology, Analysis, Evaluation, Totality of Symptoms	I&II	B	22	10	10	2
3	Classification of Disease with respect to Pathogenesis, miasm and correlation with homeopathic management	I	C	17	10	5	2
4	Anamnesis-evolution of disease, Disease its progress-complex disease, Individualization-its process, Susceptibility : types and factors modifying it	II	D	12		10	2
5	Causation; Introduction to the concept of suppression	II	E	15	10	5	

8.6 Question paper blueprint

A Question Serial Number	B Type of Question	Question Paper Format (Refer Table 8.5 for themes)
Q.1	Multiple choice Questions (MCQ) 10 Questions 1mark each All compulsory Must know part : 7 Desirable to know :3 Nice to know : Nil	Theme A Theme A Theme A Theme A Theme B Theme B Theme C Theme C Theme D Theme D
Q.2.	Short answer Questions (SAQ) 8 Questions 5 marks each All Compulsory Must know part :5 Desirable to Know : 2 Nice to know :1	Theme A Theme A Theme B Theme B Theme C Theme D Theme D Theme E
Q.3	Long answer Questions (LAQ) 5 Questions 10 marks each All Compulsory Must know part :3 Desirable to Know : 2 Nice to know : Nil	Theme A Theme A Theme B Theme C Theme E

9. List of recommended text/reference books

- Hahnemann Samuel, Organon of Medicine 6th edition translated By W. Boericke
- Hahnemann Samuel, Organon of Medicine 5th&6th combined edition translated By R. E. Dudgeon
- Kent J.T. Lectures on Homoeopathic Philosophy
- Roberts H. A. The Principle and Art of Cure By Homoeopathy
- Close Stuart, The Genius of Homoeopathy Lectures and Essay on Homoeopathic Philosophy
- Sarkar B. K., Commentary on Organon
- Das A. K., A Treatise on Organon of Medicine
- Schmidt Pierre, The Art of Case Taking and Interrogation
- Goel Sumit, A study on Organon of Medicine and Homoeopathic Philosophy

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Homoeopathic Repertory and Case Taking

Subject Name- Homoeopathic Repertory and Case Taking

Subject Code : Hom UG-R-II

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1. Course code and name of course

Subject Name- Homoeopathic Repertory and Case Taking

Subject Code : Hom UG-R-II

2. Preamble :

The repertory is a dictionary or storehouse or an index to the huge mass of symptoms of the 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 Materia Medica and additions made by authors based on their clinical experience. As no mind can memorize all the symptoms of the Materia Medica with their relative grading, repertories serve as an instrument at the disposal of the physician for sifting through the maze of symptoms of the vast Materia

Medica. Case taking is the elementary mode of collecting data from the patient and the principles and techniques of case taking will demand constant updating of knowledge of the disease processes and way of interacting with human beings.

Need of the repertory as a tool arose when the number of remedies went on increasing and it was becoming humanly difficult to remember all the symptoms. A simple solution was to index the symptoms with the name of the drug. Repertories aim at simplifying the work of the physician to find the indicated remedy by eliminating the non-indicated remedies. Repertorisation is not the end but means to arrive to the simillimum and reference to 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. 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 undergraduate level is expected to learn the philosophy and application of basic core repertories namely Kent, BCCR and BTPB. The subject of Repertory must not be taught in isolation but must be taught in horizontal integration with Anatomy and Physiology in I BHMS, Pathology in II BHMS, Surgery and Gynaecology in III BHMS and Practice of Medicine in IV BHMS and vertically integrated with Materia Medica and Organon and Homoeopathic Philosophy in all the years. Integrated teaching over 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 virtually integrating all the subjects taught from the I through IV BHMS in the consulting room or at the bedside. The physician can never say that he has learnt all every new patient has a new lesson to teach. The advent of computerization and resulting software has opened many new avenues to collate and correlate the vast information found in the Materia Medica through the repertories. Continued exploration of these connections will generate new data, new repertories and the new application to existing or new illnesses.

3. Course outcomes

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

- i. Explain the need and utility of repertory as a tool to find the simillimum and in the study of Materia Medica.

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

4. Learning objectives

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

1. Describe the steps of case taking in acute and chronic cases
2. Perform simple case taking in acute and chronic case under guidance
3. Illustrate the structure of Boericke repertory
4. Locate different pathological rubrics from Boericke repertory and Kent's repertory
5. Course content and its term-wise distribution(theory)

4.1 Case Taking (Term I)

4.1.1 Demonstration of Homoeopathic case taking in simple, acute and chronic cases (refer to the table in Annex-A at the end defining category of the cases)

4.1.2 Instructions given in Organon regarding case taking

4.2 Correlation of Repertory with Disease and Pathology (Term II)

4.2.1 Introduction to Boericke's repertory

4.2.2 Representation of different pathologies and pathogenesis in Boericke and Kent repertory

4.2.3 Understanding holistic concept of disease, constitution, diathesis, susceptibility and temperament

6. Teaching hours

6.1 Gross division of teaching hours

Homoeopathic Repertory and Case Taking		
Year	Teaching hours - Lectures	Teaching hours - Non - lectures
II BHMS	50 Hours	30 Hours

6.2 Teaching hours theory

Sl. No.	List of Topics	Hours (Total 50 hrs)
	Term I	
1.	Demonstration of Homoeopathic case taking in simple acute cases	09
2.	Demonstration of Homoeopathic case taking in simple chronic cases	08
3.	Instruction given in Organon regarding case taking	05
	Total	22 Hours
	Term II	
4.	Introduction to Boericke repertory	10
5.	Representation of different pathologies and pathogenesis in Boericke and Kent repertory	06
6.	Understanding holistic concept of disease, constitution, diathesis, susceptibility and temperament	12
	Total	28 Hours

6.3 Teaching hours Non-lecture

Sr. No.	Non-Lecture Activity	Hours
Term I		
1	Clinical	15
2	Demonstrative	
2(a)	Seminar / Tutorials	01
2(b)	Problem based learning/ Case Based Learning	02
2(c)	Assignment/ Symposium / Group discussion	02
Term II		
1	Clinical	05
2	Demonstrative	
2 (a)	Seminar / Tutorials	01
2 (b)	Problem based learning/ Case Based Learning	01
2 (c)	Assignment/ Symposium / Group discussion// Rubric hunting exercises	03
	Total	30 Hours

7. Teaching learning methods

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

8. Details of assessment

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

Overall Scheme of Internal Assessment (IA)*

Professional Course / Subject	Term I (1-6 Months)		Term II (7-12 Months)	
II BHMS / Repertory	PA I (end of 3 months)	TT I (end of 6 months)	PA II (end of 9 months)	TT II (end of 12 months)
	10 Marks Viva- A	50 Marks Clinical/ Practical and Viva - E i) Viva voce -25 marks ii) Clinical/practical- 25 a. Recording of Simple acute case - 20 marks b. Analyse the case for acute and chronic disease as per Hahnemann's classification of disease - 05 marks	10 Marks Viva- B	50 Marks Clinical / Practical and Viva – F Viva voce -25 marks i) Clinical/practical- 25 a. Recording of Simple chronic case-15 marks c. Analyse the case for acute and chronic disease as per Hahnemann's classification of disease – 05 marks b. Locate the rubrics for pathologies in Boericke & Kent's repertory- 05 mark

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

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

9. List of recommended text/reference books

- Ahmed Munir R(2016). Fundamentals of repertories : Alchemy of homeopathic methodology.
- Bidwell GI.(1915). How to Use the Repertory.
- Boericke, W. (2003). New manual of homoeopathic materia medica and repertory.
- Hahnemann, S. (2014). Organon of Medicine
- Kent, J. T. (2008). Lectures on Homeopathic Philosophy,
- Kent, J. T. (2016). Repertory of the homeopathic materia medica.
- Kent, J. T : How to study the Repertory, how to use the Repertory.
- Tiwari SK. (2007). Essentials of Repertorization.

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Annexure A (in reference of course content sub clause 4.1.1)

	Simple case	Moderate case	Difficult case
Acute Case	A case of acute nature as defined by Hahnemann; which is presenting with complete symptoms of either one location or one system of single malady with no other comorbid conditions. Cases where case processing is easy and constructing totality/ rubric search for reference/ Repertorization is easy.	A case of acute nature as defined by Hahnemann; which is presenting with mixed symptomatology (complete as well incomplete symptoms) of multiple location or of single malady of functional level with other comorbid conditions of functional level. Cases where case processing needs a certain set of knowledge, skill for construction of totality and rubric search/ Repertorization is somewhat more difficult than simple cases.	A case of acute nature as defined by Hahnemann; which is presented with mixed symptomatology of multiple locations with structural changes or a complex disease. Cases where case processing needs a certain set of knowledge, skill for construction of totality and rubric search/ Repertorization is somewhat difficult than moderate cases.
Chronic Case	A case of chronic nature as defined by Hahnemann; which is having complete symptoms of either one location or one system of single malady with no other comorbid conditions. Cases where case processing is easy and constructing Repertorial totality/ rubric search/ Repertorization is easy.	A case of chronic nature as defined by Hahnemann; which is presenting with mixed symptomatology (complete as well incomplete symptoms) of multiple locations or of single malady of functional level with other comorbid conditions of functional level. Cases where case processing needs a certain set of knowledge, skill for construction of totality and rubric search/ Repertorization is somewhat difficult than simple cases.	A case of chronic nature as defined by Hahnemann; with mixed symptomatology of multiple locations with structural changes or a complex disease. Cases where case processing needs a certain set of knowledge, skill for construction of totality and rubric search/ Repertorization is somewhat difficult than moderate cases.

FORENSIC MEDICINE AND TOXICOLOGY

1. Course code and name of course

Subject name : - Forensic Medicine and Toxicology

Subject code : Hom. UG- FMT

Index

Sl. No.	Description	Page Number
1.	Course code and name of course	
2.	Preamble	
3.	Course Outcomes (CO)	
4.	Learning Objectives (LO)	
5.	Course Content and Term – wise Distribution	
6.	Teaching Hours	
7.	Details of Assessment	
8.	Teaching Learning Methods	
9.	List of Recommended Books	
10.	List of Contributors	
11.	Content Mapping (Competencies table) Reference – F.NO.3 - 133 / 2024 / NCH / HEB / CBDC / 2nd, 3rd, 4th, BHMS / 1800-1808; Dated-25 / 6 / 2024 (Pg- no-7 to 23)	

2. Preamble

Forensic Medicine and Toxicology encompass a multifaceted understanding of the medical, legal, and medico-legal obligations incumbent upon physicians, alongside a profound comprehension of medical ethics, decorum, and the toxicological ramifications of poisons. This field intersects with the elucidation of symptoms associated with homeopathic remedies. It is imperative for every registered Homoeopathic medical practitioner, whether practicing privately or within governmental institutions, to undertake medico-legal examinations as mandated by statute. In the current landscape characterized by burgeoning consumerism in medical services, familiarity with laws pertinent to medical practice, doctrines of medical negligence, and ethical codes assumes paramount importance. Practitioners must be cognizant of their medico-legal responsibilities, adept at making astute observations, drawing logical inferences, and arriving at significant conclusions during investigations into criminal matters and associated medico-legal intricacies.

Furthermore, proficiency in identifying, diagnosing, and studying the management protocols of both acute and chronic poisonings is indispensable. Decisions regarding treatment and referral should be judiciously made, considering the prevailing circumstances and severity of the condition, thereby ensuring timely intervention. Moreover, an understanding of the medico-legal dimensions of poison-related incidents is crucial.

Additionally, recognizing that the toxicological manifestations of poisons may bear resemblance to either the proving or clinical symptoms of certain Homoeopathic remedies underscoring the importance of integration between these disciplines. Such integration not only sheds light on the evolving drug profiles but also enhances comprehension of toxicological and therapeutic principles.

3. Course outcomes (CO)

At the end of BHMS II course in Forensic Medicine and Toxicology, the student shall -

- i. Identify, examine and prepare reports / certificates in medico-legal cases/situations in accordance with the law of land.
- ii. Demonstrate awareness of legal/court procedures applicable to medico legal/medical practice.
- iii. Acquire knowledge in Forensic medicine and recognize its scope and limitations in Homoeopathic practice

- iv. Be conversant with the code of ethics, etiquette, duties and rights of medical practitioners' profession towards patients, profession, society, state and humanity at large; infamous conduct, medical negligence, and punishment on violation of the code of ethics.
- v. Be able to identify poisons/poisoning, and management of poisoning within the scope of homoeopathy.
- vi. Develop knowledge of Materia Medica by application of knowledge gained by the study of Toxicology
- vii. Develop skills in medical documentation
- viii. Be aware of the principles of environmental, occupational and preventive aspects of general Toxicology

4. Learning Objectives (LO)

At the end of the course the student shall

- i. Be acquainted with medico-legal procedures, medical ethics and various provisions of Consumer Protection Act.
- ii. Be competent to handle medico-legal cases apart from giving evidence in such cases whenever required.
- iii. Have the knowledge of toxicology to identify the poison and adapt necessary emergency measures.
- iv. Expand his knowledge of Materia Medica by incorporating the knowledge gained through the study of toxicology.
- v. Demonstrate basic knowledge of relevant section of penal code.
- vi. Demonstrate awareness of inquest, legal and court procedure application to medico-legal cases.
- vii. Demonstrate awareness of code of ethics, duties & rights of medical practitioner, duties towards patients, society, punishment on violation of code of ethics, various forms of medical negligence and duties towards his/her professional colleagues.

5. Course content and its term-wise distribution

Sl. No.	List of Topics	Term
Forensic Medicine		
1.	Introduction to Forensic Medicine	I
2.	Medical ethics	I
3.	Legal procedures	I
4.	Personal Identification	I
5.	Death and its medico-legal importance	I
Toxicology		
1.	General Toxicology	I
2.	Clinical toxicology	I
3.	Injury and its medico-legal importance	II
4.	Forensic psychiatry	II
5.	Post-mortem examination (ML autopsy)	II
6.	Impotence and sterility	II
7.	Virginity, defloration; pregnancy and delivery.(Integration with OBG)	II
8.	Abortion and infanticide (Integration with OBG)	II
9.	Sexual Offences	II
10.	Clinical Toxicology	II
Legislation relating to medical profession (relevant areas)		
1.	Legislation relating to medical profession	II

6. Teaching hours

6.1 Gross division of teaching hours

Forensic Medicine and Toxicology		
Year	Teaching hours- Lectures	Teaching hours- Non-lectures
II BHMS	120 Hours	50 Hours

6.2 Teaching hour's theory

Sl. No.	List of Topics	Hours
1	Introduction to Forensic Medicine	02
2	Medical Ethics	03
3	Legal Procedures	04
4	Personal Identification	07
5	Death and its medicolegal importance	13
6	General Toxicology	07
7	Clinical Toxicology : Part-I	20
8	Injury and its medicolegal importance	10
9	Forensic Psychiatry	04
10	Postmortem Examination (ML Autopsy)	04
11	Impotence and Sterility	03
12	Virginity, Defloration, Pregnancy and Delivery (Integration with OBG)	03
13	Abortion and Infanticide (Integration with OBG)	04
14	Sexual Offences	06
15	Clinical Toxicology : Part-II	25
16	Legislation relating to Homoeopathic Medical Profession	05
	Total	120 Hours

6.3 Teaching hours : Non-lecture

Sr. No.	Non-Lecture Activity	Term	Time Allotted per Activity (Hours)
1	Practical	I & II	35
1(a)	Demonstration a) Weapons b) Toxicology - corrosives, irritants, systemic and miscellaneous poisons, gastric lavage c) Charts, diagrams, photographs, models, bones, x-ray films of medico- legal importance		10
1(b)	Certificate Writing a) Various certificates like sickness certificate, physical fitness certificate, death certificate, consent form, birth certificate. b) Knowledge of injury certificate, examination of rape victim and assailant, drunkenness, post-mortem examination report, age certification		3
1(c)	Consent- Medical consent, implied consent, patient confidentiality, autonomy, role of care giver, audio-video recording of cases, safety and custody of medical records		2
1(d)	Demonstration of at least ten medico-legal autopsies.		20
2	Demonstrative	I & II	15
2(a)	Court Procedures (Moot Court)		05
2(b)	Field Visits		10
	Total		50 Hours

7. Details of assessment

7.1 Overall Scheme of Assessment (Summative)

Sr. No.	Professional Course	Term I (1-6 Months)		Term II (7-12 Months)		
		PA I (end of 3 months)	TT I (end of 6 months)	PA II (end of 9 months)	FUE (end of 12 months)	
1	Second Professional BHMS	10 Marks Viva	50 Marks Practical / Viva 1. Viva voce -25 marks 2. Practical- 25 marks (Identification of weapons, poisons, X-Rays- 10 Marks, Certificate writing- 10 Marks Case Scenario of consent taking- 5 marks)	10 Marks Viva	100 marks theory	100 marks (Clinical / practical + Viva + IA)

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

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

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

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

**** Details of practical assessment at FUE**

Sr. No.	Headings	Marks
1	6 spotters – Bones, weapons, Toxicology specimens, Photographs, models – with their medicolegal aspects - 5 marks Each	30
2	Certificate Writing	10
3	Journal	10
	Total	50

7.3 Paper Layout

Summative assessment (FUE) : Theory- 100 marks

MCQ	10 marks
SAQ	40 marks
LAQ	50 marks

7.4 Distribution of questions for 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 (5Marks)	LAQ (10 Marks)
1	Introduction to Forensic Medicine & Medical Ethics Legal procedure	I	Refer Next Table 7.5	No	Yes	No
2	Personal Identification	I		Yes	Yes	No
3	Death and Its Medicolegal importance	I		Yes	No	Yes

Sr. No.	Paper	B Term	C Marks	D Type of Questions "Yes" can be asked. "No" should not be asked.		
				MCQ (1 Mark)	SAQ (5Marks)	LAQ (10 Marks)
	A List of Topics					
4	Injury and Its medicolegal importance	II		Yes	No	Yes
5	Impotence and sterility	II		Yes	Yes	Yes
	Virginity , defloration pregnancy and Delivery	II				
	Abortion and infanticide	II				
	Sexual offences	II				
6	General Toxicology	I		Yes	Yes	No
7	Clinical Toxicology- Corrosive Poisons	I		Yes	Yes	No
8	Clinical Toxicology- Irritant Poisons	I		Yes	No	Yes
9	Clinical Toxicology- Asphyxiant poisons	I		No	Yes	No
10	Clinical Toxicology- Neurotics Poisons	II		No	Yes	No
11	Clinical Toxicology- Cardiac Poisons	II		No	Yes	No
12	Clinical Toxicology- Miscellaneous Poisons	II		Yes	No	No
13	Clinical Toxicology- Food Poisoning, Drug Dependence and drug abuse	II		Yes	No	No
14	Legislation relating to medical profession	II		No	No	Yes

7.5 Theme-wise distribution of questions :

Theme	Topics	Term	Marks	MCQ's	SAQ's	LAQ's
A	Introduction to Forensic Medicine Medical ethics Legal procedure	I	5	0	5	0
B	Personal Identification	I	6	1	5	0
C	Death and Its Medicolegal importance	I	11	1	0	10
D	Injury and Its medicolegal importance	II	11	1	0	10
E	Impotence and sterility Virginity, defloration pregnancy and Delivery, Abortion, Infanticide Sexual offence	II	16	1	5	10
F	General Toxicology	I	6	1	5	0
G	Clinical Toxicology - Corrosive Poisons	I	6	1	5	0
H	Clinical Toxicology - Irritant Poisons	I	11	1	0	10
I	Clinical Toxicology - Asphyxiant poisons	I	5	0	5	0
J	Clinical Toxicology - Neurotics Poisons	II	5	0	5	0
K	Clinical Toxicology - Cardiac Poisons	II	5	0	5	0
L	Clinical Toxicology - Miscellaneous Poisons	II	2	2	0	0
M	Clinical Toxicology - Food Poisoning, Drug Dependence and drug abuse	II	1	1	0	0
N	Legislation relating to medical profession	II	10	0	0	10

7.6 Question paper blueprint

A Question Serial Number	B Type of Question	Question Paper Format (Refer table 7.5 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 : 2MCQ	<ol style="list-style-type: none"> 1. Theme B 2. Theme C 3. Theme D 4. Theme E 5. Theme F 6. Theme G 7. Theme H 8. Theme L 9. Theme L 10. Theme M
Q2	Short answer Questions(SAQ) 8Questions 5 Marks Each , All compulsory Must know part :7 SAQ Desirable to know : 1 SAQ Nice to know : Nil	<ol style="list-style-type: none"> 1. Theme A 2. Theme B 3. Theme E 4. Theme F 5. Theme G 6. Theme I 7. Theme J 8. Theme K
Q3	Long answer Questions (LAQ) 5 Questions 10 Marks each All compulsory	<ol style="list-style-type: none"> 1. Theme C 2. Theme D 3. Theme E 4. Theme H 5. Theme N

8. Teaching Learning Methods

Lectures (Theory)	Non-lectures (Practical/Demonstrative)
Lectures	Clinical demonstration
Small group discussion	Problem based discussion
Integrated lectures	Case based learning
Structured interactive sessions	Tutorials
	Seminars
	Video clips
	Assignments
	Field visits (Court visit and Isolation hospitals).
	Self-learning

9. List of recommended Books

- C. K. Parikh, 2019, Text Book of Medical Jurisprudence Forensic Medicine & Toxicology (edition 21st) , CBS Publishers
- K.S. Narayan Murty, 2022, The Essentials of Forensic Medicine & Toxicology, Jaypee Publication ,
- Modi, N.J ,A Text Book of Medical Jurisprudence and Toxicology
- Biswas Gautam, 2015, Review of Forensic Medicine and Toxicology (Including Clinical & Pathological Aspects), Jaypee Brothers Medical Publisher (P) Ltd;.
- Nandy Apurba, Principles of Forensic Medicine Including Toxicology,
- Sharma D B, 2022, Essential of Forensic Medicine and Toxicology, (First edition) , B. Jain Publishers.

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11. Content mapping : Content Mapping (Competencies table)

1. Reference – F.NO.3-133 / 2024 / NCH / HEB / CBDC / 2nd, 3rd, 4th, BHMS / 1800-1808; Dated - 25 / 6 / 2024 (Pg No 7 to 40)

**DEPARTMENT OF
PATHOLOGY AND MICROBIOLOGY**

SL.No	TITLE
1.	Course code and name of course
2.	Preamble
3.	Course outcome (CO)
4.	Learning Objectives (LO)
5.	Course content
6.	Teaching methods
7.	Number of teaching hours
8	Assessment
9	Reference
10	Content Mapping (competency table)

1. Course code and name of course

Course code - HomUG-Path-M

Name of course- Pathology and microbiology

2. Preamble

Pathology and Microbiology provide comprehensive knowledge of the pathologic basis of disease, to enable a complete understanding of the reaction of man to different morbid factors causing disease -its natural course, clinical manifestations, complications and sequel. The students must be able to discriminate symptoms of the patient & disease satisfying the Hahnemannian requirements of physicians as mentioned in aphorism 3 of Organon of Medicine, make them competent in diagnosis and to substantiate miasmatic perspective with pathology for an accurate homoeopathic prescription. Knowledge also helps in deciding the scope, limitation and prognosis of a case through the understanding of susceptibility. Immune mediated illnesses are becoming important areas where homoeopathic interventions can play a significant part in alleviating suffering and in bringing about a cure. The teaching should be aligned and integrated vertically in organ systems recognizing deviations from normal structure and function and clinically correlated to provide an overall understanding of the aetiology, mechanisms, laboratory diagnosis and management of diseases and horizontally with Homoeopathic Philosophy, Homoeopathic Materia Medica and Repertory to understand the Homeopathic concept of Disease and its management. Pathology will need alignments with Anatomy and Physiology on one side and clinical subjects on the other side with the foundation of homoeopathic subjects.

3. Course outcome (CO)

At the end of the II BHMS course the students will be able to :

1. Recognize the importance of study of Pathology and Microbiology in Homoeopathic system of medicine
2. Understand the morphological changes in cell structure in disease and recognize the mechanism of the etiological factors in the causation of such changes
3. Integrate the study of Pathology and Microbiology with Homoeopathic philosophy, Materia Medica, and Repertory.
4. Understand classification of diseases as per Master Hahnemann.

5. Understand common and important diseases based on their evolution, aetio-pathogenesis, pathology, progress and prognosis.
6. Develop skill in the identification of pathological features specifically histo-pathological features, and gross pathological specimens.
7. Able to interpret laboratory reports for diagnosis and treatment purpose.
8. Develop a positive attitude towards the role of Pathology and Microbiology in Homoeopathic system

4. Learning Objectives (LO)

At the end of the course a student shall :

- a. know about change in the cells and tissues as a result of disease in correlation to homoeopathy
- b. Know the pathogenicity and the virulence of the microbes in relation to the susceptibility of the constitution.
- c. Be able to understand the level of the affection of the illness, the scope of homoeopathy, determining the principles of posology, setting priorities of approach for treatment, prognosis, general management and drawing prophylactic measures.
- d. Be able to correlate the subjective symptoms with the objective clinical signs on the basis of underlying pathology wherever necessary.
- e. Be able to study pathology in relation with concept of miasms.
- f. Study the procedures of basic pathological, biochemical, and microbiological investigations, and interpretation of the same for promotive, prophylactic and therapeutic purposes.
- g. Be able to correlate the knowledge of pathology to homoeopathic concepts.

5. Course content

5.1 Course content and its term-wise distribution

TERM 1

Theory	
Sr. No.	Topic
1.	Introduction to Pathology
2.	General Pathology
3.	Introduction to Microbiology
4.	Sterilisation and Disinfection
5.	Culture medias and methods
6.	Infection and Disease
7.	Human Microbiome
8.	Gram positive bacterias
9.	Introduction to Virology
10.	Introduction to Parasitology
11.	Protozoans
Non –lecture- Practical/Demonstrative	
1.	Demonstration of Instruments
2.	Demonstration of Methods of sterilisation
3.	Demonstration of culture medias
4.	Estimation of haemoglobin
5.	Total count of Red Blood Cells
6.	Total count of White Blood Cells
7.	Bleeding time and clotting time
8.	Blood grouping.
9.	Gram staining
10	Demonstration of histopathological slides
11	Demonstration of Pathological specimen/models

TERM 2

Theory	
Sr. No.	Topic
1.	Systemic Pathology
2.	Gram negative bacterias
3.	Acid fast bacterias
4.	Spirochaetes
5.	Virology-DNA,RNA virus
6.	Parasitology –Helminths
7.	Mycology
8.	Diagnostic procedures in Microbiology
Non –lecture- Practical/Demonstrative	
1.	Staining of thin and thick films.
2.	Differential count.
3.	Erythrocyte sedimentation rate-demonstration
4.	Urine examination-physical, chemical and microscopical examination.
5.	Examination of Faeces- demonstration
6.	Hanging drop preparation.- demonstration
7.	Acid fast staining –demonstration
8.	Interpretation of laboratory reports (serological tests, LFT, RFT, TFT etc.) and its clinico pathological correlation
9.	Demonstration of common pathological specimens/models from each system
10	Demonstration of common Pathological slides from each system

6. Teaching methods

Lectures (Theory)	Non-lectures (Practical/Demonstrative)
<ul style="list-style-type: none"> -Lectures -Group discussion -Integrated lectures 	<ul style="list-style-type: none"> -Clinical demonstration -Practicals /Experiential learning -Problem based discussion -Case based learning -Tutorials/Seminars/Symposium - Assignments -Library reference -Self-learning

7. Number of teaching hours

Pathology and Microbiology		
Year	Teaching hours- Lectures	Teaching hours - Non-lectures II BHMS
BHMS II	200 Hours	80 Hours

Perticulars	Recommended by NCH	Actual allotted by KLE HMC
Lecture (Theory)	200 Hours	220 Hours
Non-lecture (Practical)	80 Hours	100 Hours

7.1 Number of teaching hours theory

Sl. No.	Topic	Hours
	Paper 1	
1.	Introduction	3
	General pathology	
1.	Cell Injury and cellular adaptation Neoplasia	10
2.	Inflammation and repair	10
3.	Neoplasia	10
4.	immunopathology	8
5.	Haemodynamic disorders	10
6.	Environmental and Nutrition	2

Sl. No.	Topic	Hours
Systemic Pathology		
1.	Diseases of the Haematopoietic system, bone marrow and blood	9
2.	Diseases of the Respiratory system.	5
3.	Diseases of the oral cavity, salivary glands and gastro intestinal tract	6
4.	Diseases of liver, gall bladder, and biliary ducts	4
5.	Diseases of the Pancreas	1
6.	Diseases of blood vessels and lymphatics	2
7.	Diseases of Cardiovascular system	5
8.	Diseases of kidney and lower urinary tract	6
9.	Diseases of male reproductive system and prostate	1
10.	Diseases of the female genitalia and breast	4
11.	Diseases of the skin and soft tissue	1
12.	Diseases of the musculo-skeletal system	2
13.	Diseases of Endocrine glands -thyroid	2
14.	Diseases of nervous system	1
Total		102

Sl. No.	Topic	Hours
	Paper 2	
	Microbiology and parasitology	
1.	General introduction, Bacterial structure, growth and metabolism & genetics	3
2	Identification and cultivation of bacteria (staining, culture medias, methods)	3
3	Sterilization and disinfection	2
4	Infection and disease	2
5	Gram positive cocci	5
6	Gram negative cocci	2
7	Gram positive aerobic bacilli	2
8	Gram positive anaerobic bacilli	3
9	Gram negative bacilli	9
10	Acid Fast Bacterias	4
11	Spirochaetes	3
12	Fungi- general characters- cutaneous, systemic mycosis, opportunistic	3
13	Introduction to parasitology	2
14	Protozoans	9
15	Helminths – cestodes, trematodes and nematodes	14
16	Virology-introduction &,Bacteriophages	2
17	DNA viruses	11
18	RNA viruses	12
19	Emerging and re-emerging diseases	2
20	Human Microbiome- homoeopathic concept	3
21	Diagnostic procedures in Microbiology	2
	Total	98

7.2 Number of teaching hours non-lectures

Sl. No.	Practicals	60 Hrs
1.	Demonstration of common and latest equipments used in pathology and microbiology laboratory	4
2.	Estimation of haemoglobin (by acidometer)	2
3.	Total count of Red Blood Cells	2
4.	Total count of White Blood Cells,	2
5.	Bleeding time and Clotting time.	2
6.	Blood grouping.	2
7.	Staining of thin and thick films- demonstration	2
8.	Differential count of WBC	2
9.	Erythrocyte sedimentation rate -demonstration	2
10.	Urine examination physical, chemical and microscopical examination.	4
11.	Examination of Faeces- demonstration of physical, chemical (occult blood)and microscopical for ova and protozoa.	2
12.	Demonstration of Methods of sterilisation	2
13.	Common culture medias- demonstration	1
14.	Gram staining	2
15.	Acid fast staining – demonstration	2
16.	Hanging drop preparation.- demonstration	2
17.	Interpretation of laboratory reports (serological tests, LFT, RFT, TFT etc) and its clinico pathological correlation.	5
18.	Demonstration of common pathological specimens/models	10
19.	Demonstration of common histopathological slides	10

Sl. No.	Practicals	60 Hrs
	Demonstrative Activities	20
1.	Seminar / tutorials / Symposium	8
2.	PBL/CBL	6
3.	Group discussion	6

8. Assessment

1 Overall Scheme of Assessment (Summative)

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

2. Number of papers and Mark Distribution for Final University Examination (FUE)

Sr. No.	Professional Course	Term I (1-6 Months)		Term II (7-12 Months)		
		PA I (end of 3 months)	TT I (end of 6 months)	PA II (end of 9 months)	FUE (end of 12 months)	
1.	Second Professional BHMS	20 Marks Viva	100 Marks Practical / Viva i) Viva voce – 50 marks ii) Practical – 50 marks	20 Marks Viva	200 marks theory	200 marks Practical + Viva + IA

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

9. Reference

List of recommended text/reference books Theory

1. Harsh Mohan (2023), Textbook of Pathology (9th Edition). Jaypee Publisher (CBME)
2. Vinay Kumar and Abul K Abbas(2023), Robbins & Kumar Basic Pathology (11th SAE), Elsevier
3. Apurba S Sastry , Sandhya Bhat (2023), Essentials of Medical Microbiology (4 th Edition), ARYA Publications. (CBME) CBS publishers.
4. Ananthanarayan.R and Jayaram Paniker CK (2022), Ananthanarayan and Paniker's Textbook of Microbiology (12th Edition), Universities Press (CBME)
5. Chatterjee K D, (2023), Parasitology (Protozoology and Helminthology), (13th Edition), CBS publishers.
6. Ghosh Sougata (2021), Paniker’s Textbook of Medical Parasitology, (9 th Edition), Jaypee Publisher (CBME)
7. Fiona Roberts, (2018), Pathology Illustrated International, (8th Edition), Elsevier
8. Nayak Ramadas(2017),Essentials in Hematology and Clinical Pathology, (2 nd Edition), Jaypee Publishers.
9. Sunil Kumar Mohanty (2014), Text Book of Immunology, (2 nd Edition), Jaypee Brothers Medical Publishers Practical
10. Harsh Mohan, (RP 2023) Practical Pathology, (5th Edition). Jaypee Publisher (CBME)
11. Santosh Kumar Mondal , (2024) Pathology Practicals With OSPE, (2 nd Edition), CBS Publishers. (CBME)
12. Anamika Vyas, Sheethal. S (2023), Concise Workbook in Practical Microbiology, Jaypee Publishers. (CBME)
13. Dr Baveja C P (2021), Practical Microbiology for MBBS, (5 th Edition), ARYA Publications.

PRACTICE OF MEDICINE

Subject : PRACTICE OF MEDICINE

Subject code : HomUG PM-I

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1. Course code and name of course

Subject : PRACTICE OF MEDICINE

Subject code : : HomUG PM-I

2. Preamble

Practice of Medicine with Homoeopathic therapeutics is concerned with study of clinical methods, clinical presentations of systemic diseases, differential diagnosis and prognosis, general management and integration with Homoeopathic principles to evolve homoeopathic therapeutics. Homoeopathy has a distinct approach to the concept of disease. It recognizes the ailing individual by studying him as a whole rather than in terms of sick parts and emphasizes the study of the man, his state of health, state of illness. The emphasis is on study of man in respect of health, disposition, diathesis, disease, taking all predisposing and precipitating factors, i.e. fundamental cause, maintaining cause and exciting cause. The study of the concept of individualization is essential so that the striking features which are characteristic to the individual become clear, in contrast to the common picture of the respective disease condition. Hahnemann's theory of chronic miasms provides us an evolutionary understanding of the chronic diseases : psora, sycosis, tubercular and syphilis, and acute manifestations of chronic diseases and evolution of the natural disease shall be comprehended in the light of theory of chronic miasms. This will demand correlation of the disease conditions with basics of anatomy, physiology, biochemistry and pathology. Application of Knowledge of Organon of Medicine and Homoeopathic Philosophy, Materia Medica and Repertory in dealing with the disease conditions should be actively taught. Life style disorders have burgeoned in modern times. Homoeopathy has a great deal to offer through its classical holistic approach. There are plenty of therapeutic possibilities which Homoeopathy needs to exploit in the years to come.

3. Course outcomes

- i. Develop as a sound homoeopathic clinician who can function indifferent clinical settings by applying knowledge, clinical skills and attitudes in studying the individual as a whole.
- ii. Able to correlate the disease conditions with the basics of anatomy, physiology, biochemistry and pathology.

- iii. Able to apply the knowledge of causation, pathophysiology, pathogenesis, manifestations, and diagnosis (including differential diagnosis) to understand the disease.
- iv. Develop adequate knowledge for rational use of investigations and its interpretation to arrive at a final diagnosis of disease.
- v. Ability to make a rational assessment of prognosis and general management of different disease conditions.
- vi. Ability to understand and provide preventive, curative, palliative, rehabilitative and holistic care with compassion, following the principles of Homoeopathy.
- vii. Able to integrate the clinical state of the disease with the concepts of Organon of Medicine and Homoeopathic Philosophy, Repertory and Homoeopathic Materia Medica for the management of the patient.

4. Learning objectives

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

- i. Clinico-pathological evaluation of common signs and symptoms with miasmatic integration.
 - a. Understanding Common Signs and Symptoms : By the end of the course, students will be proficient in recognizing and evaluating common signs and symptoms presented by patients, utilizing a holistic approach that integrates clinical and pathophysiological processes involved.
 - b. Diagnostic Competence : Through case-based learning and clinical exposure, students will develop the skills necessary to conduct comprehensive clinico-pathological evaluations, to identify underlying disease tendencies and susceptibilities.
 - c. Therapeutic Proficiency : Students will be able to able to select Homoeopathic remedies based on the disease expression.
- ii. Infectious Diseases general outline and introduction and common expression and investigation; Water & Electrolyte Disturbances, Acid Base Metabolism
 - a. Comprehensive Understanding : Students will acquire a comprehensive understanding of the principles of infectious

- diseases, including their aetiology, pathogenesis, epidemiology, and clinical manifestations, within the context of homeopathic philosophy.
- b. Recognition of Common Infections : Through case studies and practical sessions, students will learn to identify common infectious diseases encountered in clinical practice, integrating homeopathic principles with conventional approaches to diagnosis.
 - c. Diagnostic Approach : Students will develop proficiency in employing diagnostic methods relevant to infectious diseases, including physical examination findings, laboratory tests, and imaging studies, while considering holistic aspects of the patient's health.
 - d. Introduction to Prevention and Control Measures : Students will be able to define preventive strategies and public health measures aimed at controlling the spread of infectious diseases, incorporating principles of homeopathy into discussions of hygiene, immunity, and environmental factors.
- iii. General Considerations of Immunity & Susceptibility
- a. Understanding Immune Function : Students will acquire a comprehensive understanding of the immune system, including its cellular and humoral components, mechanisms of recognition, and response to pathogens and foreign antigens.
 - b. Exploration of Susceptibility : Through theoretical study and clinical case discussions, students will explore the concept of susceptibility in homeopathy, examining factors that influence an individual's predisposition to disease and their response to homeopathic treatment.
 - c. Integration of Immune Concepts : Students will learn to integrate concepts of immunity and susceptibility into the homeopathic framework, considering the role of constitutional factors, miasmatic influences, and environmental exposures in shaping an individual's health status.
- iv. Introduction to Medical Genetics
- a. Foundational Principles : Students will gain an introductory understanding of medical genetics, including principles of inheritance, genetic variation, and gene-environment interactions relevant to human health and disease.

- b. Genetic Disorders : Through theoretical study, students will familiarize themselves with common genetic disorders, including single gene disorders, chromosomal abnormalities, and their clinical manifestations.

These course outcomes aim to equip second-year homoeopathy degree students with the knowledge, skills, and perspectives necessary to approach the evaluation and management of common clinical presentations, infectious diseases and establishing the relationship between knowledge of genetics and immunology with Homoeopathic concept of qualitative aspects of Susceptibility

5. Course content and its term-wise distribution

Theory	Non-lectures (Clinical/Demonstrative)
Term I	
1. Clinico - pathological evaluation of common signs and symptoms with miasmatic integration* - 35 Hours 2. Introduction to Medical genetics* - 5 hours	Clinical : 10 Hours Demonstrative : 2 Hours
Term II	
1. Immunity & Susceptibility - General considerations* - 5 Hours 2. Infectious Diseases and Tropical Diseases* - 35 Hours	Clinical : 10 Hours Demonstrative : 2 Hours
Total 80 Hours	Total 24 Hours

6. Teaching hours Practice of Medicine

6.1. Gross division of teaching hours

Year	Teaching hours - Lectures	Teaching hours - Non-lectures	Total
II BHMS	80 Hours	24 Hours	104 Hours

6.2. Teaching hours theor

Sr. No	Topic	Hours
1	Clinico - pathological evaluation of common signs and symptoms with miasmatic integration	35
2	Immunity & Susceptibility - General considerations	5
3	Introduction to Medical genetics	5
4	Infectious Diseases and Tropical Diseases	35
	Total	80

6.3. Teaching hours Non-lecture

Sr. No.	Non-lectures	Hours
Clinical		
1	Approach to Patient : a) Doctor & Patient : General Principles of History Taking b) Physical Examination General Principles c) Differential Diagnosis : The beginning of management plan	3
2	General Assessment : a) Psychological Assessment b) Nutritional Assessment	3
3	General Physical Examination Skill	14
Demonstrative		
4	Case Based / Problem Based Discussion on any of the topic of II BHMS Syllabus topic to be conducted [as per availability of the case material or patient]	4
	Total	24

6.4. Distribution of teaching hours with breakup of each topic

6.4.1 Clinico - pathological evaluation of Common signs and symptoms with miasmatic integration Cardinal Manifestations and Presentation of Diseases with relevant investigations

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

Sr. No.	Topic	Topic breakup	Hours	Term
1	Pain	1) Pain : Pathophysiology, types of pain 2) Chest Discomfort 3) Abdominal Pain 4) Headache 5) Back and Neck Pain	4	I
2	Alterations in Body Temperature	6) Fever : Definition, types of fever, aetiology, pathophysiology, physical examination, investigations and management 7) Fever and Rash : Definition of rash, Approach - causes and its presentation, examinations, investigations and management 8) Fever of Unknown Origin : Definition, types, aetiology and epidemiology, diagnostic tests, differential diagnosis and management	3	I
3	Neurological Symptoms	9) Syncope : Definition, classification and its aetiology and its pathophysiology, clinical features as per the types, investigations, management 10) Dizziness and Vertigo : Definition, clinical approach with its pathophysiology and management 11) Fatigue : Definition, differential diagnosis, clinical approach and management	6	I

Sr. No.	Topic	Topic breakup	Hours	Term
		<p>12) Neurologic Causes of Weakness and Paralysis : Definition [Weakness, Paralysis, Tone, Spasticity, Rigidity, Paratonia, flaccidity, Fasciculations], Pathogenesis [Upper Motor Neuron Weakness, Lower Motor Neuron Weakness, Neuromuscular Junction Weakness, Myopathic Weakness, & Psychogenic Weakness], Distribution and its approach</p> <p>13) Numbness, Tingling, and Sensory Loss : Definition, pathophysiology and differential diagnosis.</p> <p>14) Gait Disorders, Imbalance, and Falls :</p> <p>a) Anatomy and physiology related to Gait balance.</p> <p>b) Definition, pathophysiology and clinical significance related to different types of gait disorders.</p> <p>c) Definition, pathophysiology and clinical manifestation of disorders of balance.</p> <p>d) Assessment for the patient with falls.</p> <p>15) Confusion and Delirium : Definition, epidemiology, risk factors, pathogenesis, clinical features, physical examinations, investigations, diagnostic criteria, differential diagnosis and general management.</p> <p>16) Coma and disorders of consciousness : Definition, stages, Diagnostic approach : History, aetiology and its differential diagnosis, neurological examinations, investigations, management and prognosis</p>	6	I

Sr. No.	Topic	Topic breakup	Hours	Term
		<p>17) Dementia : Definition, functional anatomy of dementia, aetiology and its differential diagnosis, Diagnostic approach : History physical & neurological examinations, cognitive and neuropsychiatric examination, investigations and management.</p> <p>18) Aphasia, Memory Loss, and Other Cognitive Disorders : Definition, applied anatomy, clinical examination.</p> <p>19) Sleep Disorders : Physiology of sleep and wakefulness, approach to sleep disorders and treatment; evaluation of insomnia and its treatment</p>		
4	Circulatory and Respiratory Dysfunctions	<p>20) Dyspnoea : Definition, epidemiology, mechanisms underlying dyspnoea, assessment, differential diagnosis; Clinical approach : history, physical examination, investigations and management.</p> <p>21) Cough : Definition, mechanism of cough, impaired cough, aetiology, classification, assessment of chronic cough, differential diagnosis, approach : history, physical examination, investigations and management.</p> <p>22) Haemoptysis : Definition, understanding anatomy & physiology of it, aetiopathogenesis, evaluation of haemoptysis : history, physical examination, diagnostic evaluation, and management.</p>	6	I

Sr. No.	Topic	Topic breakup	Hours	Term
		<p>23) Hypoxia and Cyanosis : a) Hypoxia : Definition, response to hypoxia, aetiology, pathophysiology, adaptation to hypoxia. b) Cyanosis : Definition, types, differential diagnosis with its aetiology, approach to cyanosis.</p> <p>24) Oedema : Definition, aetiopathogenesis, differential diagnosis – Generalized and Localized oedema; distribution of oedema; Approach : History taking, Clinical examination and investigations.</p> <p>25) Palpitations : Definition, aetiopathogenesis, differential diagnosis, Approach : History taking, Clinical examination, investigations and management.</p>		
5	Abdominal / GIT Dysfunctions	<p>26) Dysphagia : Definition, physiology of swallowing, pathophysiology; Approach : history taking, Clinical examination, diagnostic procedures and management.</p> <p>27) Nausea, Vomiting and Indigestion : Definition, mechanism, causes & differential diagnosis, Approach : history taking, Clinical examination, diagnostic testing and management.</p> <p>28) Diarrhoea and Constipation : Definition, Normal physiology, types and causes, differential diagnosis, Approach : history taking, Clinical examination, diagnostic testing and management.</p>	6	I

Sr. No.	Topic	Topic breakup	Hours	Term
		<p>29) Dysentery : Definition, causes, differential diagnosis, Approach : history taking, Clinical examination, diagnostic testing and management.</p> <p>30) Unintentional Weight Loss : Definition, physiology of weight regulation with aging, causes and differential diagnosis, assessment and testing, management.</p> <p>31) Gastrointestinal Bleeding : Definition, source of the bleeding and its causes and its mechanism, Approach : history taking, differentiation of UGIB & LGIB - its assessment, evaluation and management.</p> <p>32) Jaundice : Definition, clinical evaluation, metabolism of bilirubin, aetiopathogenesis, classification and its causes, differential diagnosis, Approach : history taking, Clinical examination, diagnostic testing and management.</p> <p>33) Abdominal Swelling & Ascites : Definition, causes, differential diagnosis, Approach : history taking, Clinical examination, investigations and its evaluation. Ascites : Definition, aetiopathogenesis, evaluation, management and complications.</p>		

Sr. No.	Topic	Topic breakup	Hours	Term
6	Renal and Urinary Tract Dysfunctions	<p>34) Interstitial Cystitis / Bladder Pain Syndrome : Definition, aetiopathogenesis, clinical presentation, investigations, diagnostic evaluation, management, complication and prognosis.</p> <p>35) Dysuria : Definitions, aetiology, pathophysiology, assessment and diagnostic evaluation.</p> <p>36) Azotaemia and Urinary Abnormalities : Definitions, aetiology, pathophysiology, assessment and diagnostic evaluation.</p> <p>37) Fluid and Electrolyte Imbalance : Causes, pathophysiological evaluation, Investigations</p>	4	I
7	Haematological alterations	<p>38) Anaemia : Definition, applied anatomy & physiology of RBC, regulation of its production; classification, clinical presentation; Approach : History taking, clinical examination, investigations and diagnostic evaluation</p> <p>39) Leucocytosis & Leukopenia : Definition, Aetiology, differential diagnosis.</p> <p>40) Bleeding diatheses : Bleeding & Thrombosis : Definitions, applied anatomy & physiology of Haemostasis, aetiology of disorder of haemostasis, clinical presentation and history taking, clinical examination, laboratory evaluation.</p> <p>41) Interpretation of Peripheral Blood Smears</p>	4	I

Sr. No.	Topic	Topic breakup	Hours	Term
8	Psychological symptoms	42) Causes of asthenia, anxiety, sadness, thought disorders and delusions, perceptual disorders and hallucinations and relevant investigations	2	I
5.4.2 Medical genetics				
9	Medical genetics	i. Cytogenetics - definition, classification of chromosomal abnormality ii. Down's Syndrome iii. Turner's & Klinefelter's Syndrome iv. Cystic fibrosis, Huntington's disease & Marfan's syndrome v. Poly cystic kidney disease vi. Neoplasia vii. Rare diseases – basic concept viii. Integrating concept of Genetics with Homoeopathy	5	I
6.4.3 Immunological factors in disease with concept of susceptibility :				
10	Immunological factors in disease with concept of susceptibility :	1. Introduction and Primary & Secondary Immunodeficiency States 2. Hypersensitivity reactions : I, II, III, IV 3. Autoimmune diseases 4. Transplants, Graft rejection 5. HIV 6. Integrating concept of Immunity with Homoeopathy : Susceptibility	5	II
6.4.4 Infectious and tropical diseases				

Sr. No.	Topic	Topic breakup	Hours	Term
1	Infectious and tropical diseases	Herpes simplex viruses [HSV] infections	1	II
2		Varicella-zoster virus (VZV) infection	1	II
3		Epstein-Barr virus [EBV] Infections	1	II
4		Poliovirus Infections	1	II
5		Measles	1	II
6		Mumps	1	II
7		Rabies	1	II
8		Dengue	1	II
9		Japanese B Encephalitis	1	II
10		BIRD FLU	1	II
11		Influenza A H1N1 virus	1	II
12		Chikungunya	1	II
13		COVID 19 Virus Infection	1	II
14		Yellow fever	1	II
15		Smallpox (variola) - poxvirus infection	1	II
16		HIV Infection	1	II
17		Zika virus infection	1	II
18		Rickettsial infection	1	II
19		Staphylococcal, streptococcal infections	1	II

Sr. No.	Topic	Topic breakup	Hours	Term
20		Typhoid Fever	1	II
21		Gastroenteritis	1	II
22		Cholera	1	II
23		Tetanus	1	II
24		Anthrax, brucellosis, plague	1	II
25		Leprosy	1	II
26		Sexually Transmitted Disease, Syphilis	1	II
27		Amoebiasis, Amoebic Liver Abscess	1	II
28		Filariasis / Worm infestations	1	II
29		Malaria & Kalazar	1	II
30		Leptospirosis	1	II
31		Tuberculosis	1	II
32		Extra pulmonary tuberculosis	1	II
33		Diphtheria	1	II
34		Pertussis (whooping cough)	1	II
35		Therapeutics of Infectious Disorders	3	II

For study of infectious and tropical diseases :
Emphasis shall be on the following headings :

- i. Definition
- ii. Causative agents
- iii. Epidemiology
- iv. Pathogenesis
- v. Clinical features
- vi. Investigations
- vii. Diagnostic features
- viii. Differential Diagnosis
- ix. Complications
- x. Management
- xi. Prevention
- xii. Prognosis
- xiii. Homoeopathic classification of disease with its reasons
- xiv. Repertorial coverage / reference related to the disease
- xv. Homoeopathic therapeutics to the disease

6.4.5 Teaching hours distribution to clinical / practical / demonstrative activities (Non-lectures)

Sr. No.	Non-lectures	Hours
1	Approach to Patient : a) Doctor & Patient : General Principal of History Taking b) Physical Examination General Principal c) Differential Diagnosis : The beginning of management plan	3
2	General Assessment : a) Psychiatric Assessment b) Nutritional Assessment	3

3	General Examination Skill :	14
	i) Temp recording and its documentation and interpretation 1 ii) Pulse examination at different site and its documentation and interpretation	1
	iii) RR examination and its documentation and interpretation iv) BP Recoding and its documentation and its interpretation	1
	v) Height measurement and its documentation and interpretation vi) Weight measurement and its documentation and interpretation vii) BMI and Nutrition Assessment and its documentation and interpretation	1
	viii) Observation of Appearance, Built, and assessing Body proportion : Documentation and interpretation 1 ix) Observation of Gait and its Assessment& documentation x) Observation of Decubitus and its assessment& documentation	1
	xi) Ear examination and its documentation and interpretation xii) Nose examination and its documentation and interpretation xiii.) Throat examination and its documentation and interpretation	3
	xiv.) Eye examination and its documentation and interpretation 2	2
	xv.) Face examination and its documentation and interpretation 2 xvi.) Mouth examination and its documentation and interpretation	2
	xvii.) Lymph Nodes examination at different sites and documentation and interpretation xviii.) Nails examination and its documentation and interpretation xix.) Skin examination and its documentation and interpretation	3

4	<p>Case Based / Problem Based Discussion on any of the following topic to be conducted [as per availability of the case material or patient</p> <p>a) Approach to Case of Fever with any system presenting symptoms [GIT / RS / Skin / Renal / MSS etc.]</p> <p>b) Approach to Case presenting with Neurological Symptoms</p> <p>c) Approach to Case presenting with Circulatory and / or Respiratory Symptoms</p> <p>d) Approach to Case presenting with Abdominal/GIT Symptoms</p> <p>e) Approach to Case presenting with Renal and Urinary Tract symptoms</p> <p>f) Approach to Case presenting with Haematological symptoms</p> <p>g) Approach to Case presenting with psychological symptoms</p>	4
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7. Teaching learning methods

Lectures	Non-lectures (clinical / practical / demonstrative)
Classroom lectures with oral presentation/ AV aid	Clinical Demonstration exercise :
Integrated teaching	Case Based Discussion
	PBL - Problem Based Learning
	Simulation – with mannequins
	OSCE – Objective Structure Clinical Examination
	Mini-CEX - mini clinical evaluation
	Seminar : Integrated Medical Education, Seminar
	Tutorials ;Small Group Projects
	Chart and Model
	Assignment

8. Details of assessment

Note- The assessment in II BHMS shall be done only as Internal Assessment (IA) in terms of Periodical Assessments (PA) and Term Tests (TT) as detailed below.

There shall not be any Final University Examination (FUE) at this level. The marks obtained in IA during II BHMS will be added to the marks of IA in the IV BHMS University Examination.

Overall Scheme of Internal Assessment (IA)**

Overall Scheme of Internal Assessment (IA)***

Professional Course / Subject	Term I (1-6 Months)		Term II (7-12 Months)	
	II BHMS / Practice of medicine	PA I (end of 3 months)	TT I (end of 6 months)	PA II (end of 9 months)
	20 Marks Viva- A	100 Marks Clinical / Practical and Viva - E i) Viva voce -50 marks ii) Clinical / practical*- 50	20 Marks Viva- B	100 Marks Clinical / Practical and Viva - F i) Viva voce -50 marks ii) Clinical / practical**- 50

**** Practical Examinations**

- i. Case taking : 20 Marks for case taking, including history, symptoms of patient in detail.
- ii. Examination skills : 10 marks for the proper demonstration of skills.
- iii. Bedside Q n A session : 15 marks for demonstrating understanding of concepts and for applying knowledge to identify the problem.
- iv. Spotters : 5 marks (Instruments : Identification and Indications; Reports : Observations, Causes, Diagnosis/Differential Diagnosis)

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

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

9. List of recommended text/reference books

- Alagappan, R. (2017). Manual of Practical Medicine (6th ed.). Jaypee Brothers Medical Publishers (P) Ltd.
- Penman I.D., Ralston S.H., Strachan M.W.J., & Hobson R. (2022). Davidson's Principles and Practice of Medicine (24th ed.) Elsevier Health Sciences.
- Anudeep, B. A. P. (2022). Insider's guide to clinical medicine (2nd ed). Jaypee Brothers Medical (P) Ltd.
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- Glynn, M., & Drake, W. M. (2017). Hutchison's clinical methods : An Integrated Approach to Clinical Practice. Saunders.
- Harrison's principles of internal medicine (2vols) (21st ed.). (2022). McGraw-Hill.
- Bickley. (2016). Bates' pocket guide to physical exam & history taking (8th ed.). Wolters Kluwer India Pvt. Ltd.
- Dover, A. R., Innes, J. A., & Fairhurst, K. (2023). Macleod's clinical examination international edition. (15th ed.). Elsevier.
- Allen, H. C. (1998). Therapeutics of intermittent fever. B. Jain Publishers
- Bell, J. B. (2016). The homeopathic therapeutics of diarrhea, dysentery, cholera, cholera morbus, cholera infantum, and all other loose evacuations of the bowels (Classic reprint). Forgotten Books.
- Boericke, W. (2022). New Manual of Homoeopathic Materia Medica and Repertory with Relationship of Remedies : Including Indian Drugs, Nosodes Uncommon, Rare Remedies, Mother Tinctures, Relationship, Sides of the Body, Drug Affinities and List of Abbreviation (3rd ed.). B Jain Publishers Pvt Limited.
- Hahnemann, S. (2004). Organon of Medicine. B Jain Publishers Pvt Limited.
- Lilienthal, S. (2005). Homoeopathic therapeutics. B Jain Pub Pvt Limited.
- Nash, E. B. (2002). Leaders in homoeopathic therapeutics. B Jain Pub Pvt Limited.
- Tyler, M. L. (1993). Pointers to the common remedies. B. Jain Publishers

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Surgery

1. Course code and name of course

Subject Name – Surgery

Subject code – HomUG - Sur - I

Index

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2. Preamble

Surgery involves addressing acute or chronic injuries, deformities, or diseases through physical intervention such as removal, repair, or reconstruction of a specific part or organ. Specialized fields like ENT, Ophthalmology, Dentistry, and Orthopedics, as well as super specialties like cardiac, neuro, and oncosurgery, have gained prominence.

Homoeopathy has proven to play a significant role in preventing several surgical interventions, provided that the physician can diagnose the condition early and administer the appropriate treatment while also considering supplementary measures. Therefore, a homoeopathic physician should possess a solid understanding of surgery. A student of homoeopathy should be able to diagnose clinical conditions to effectively address the scope and limitations of homoeopathy in surgical cases. It is essential for students to learn the Hahnemannian concept of surgical diseases, chronic diseases, and susceptibility for the effective management of surgical conditions.

The management of surgical cases according to both modern medicine and Organon is a crucial part of the education and training of homoeopathic students. A comprehensive understanding and application of Homoeopathic principles, along with the correct knowledge of Homoeopathic medicines, can extend the use of Homoeopathy to a range of acute and chronic surgical conditions that were previously considered beyond its scope. Understanding surgical conditions enables students to provide continuity of care, particularly when patients transition between surgical interventions and homeopathic management. Equipping homeopathic students with knowledge of surgical conditions allows them to make informed decisions and recommend suitable treatment options, whether surgical or non-surgical. By studying surgical conditions, homeopathic students can offer comprehensive and integrated healthcare to their patients, leading to improved health outcomes and patient satisfaction.

3. Course outcomes

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

- i) Diagnose common surgical conditions.
- ii) Understand the role of Homoeopathic treatment in pseudo-surgical and true surgical diseases.

- iii) Record the surgical case history that is complete and relevant to disease identification, help to find the correct Homoeopathic medicine that can be used for treating the condition.
- iv) Understand the fundamentals of examination of a patient with surgical problems.
- v) Demonstrate the ability to perform the bedside clinical procedures and the physical examination that is relevant for diagnosis and management of the disease.
- vi) Demonstrate ability to advise appropriate diagnostic tests (including radio-diagnosis) and interpretation of the test in the individual surgical case.
- vii) Perform basic management procedures of general surgery like wound dressing, ABC management, suturing, transport of the injured and fluid therapy etc.
- viii) Discuss causation, manifestations, management and prognosis of surgical conditions.
- ix) Understand the miasmatic background of surgical disorders, wherever applicable.
- x) Apply Materia medica (therapeutics) and posology in common surgical conditions.
- xi) Understand the use of repertory in Homoeopathic prescriptions for surgical conditions.

4. Learning objectives (to be edited according to the II BHMS content)

At the end of II BHMS course, the learner shall be able to-

- i. Understand surgical case taking.
- ii. Understand common surgical symptomatology and its differential approach.
- iii. Demonstrate the basic management procedures of general surgery. Eg. dressing, ABC management and fluid therapy
- iv. Describe the concepts required to diagnose surgical clinical conditions taught in II BHMS.

- v. Understand the role of examination and investigation in diagnosing surgical disorders.
- vi. Identify referral criteria for medical emergencies and surgical conditions.
- vii. Classify symptoms and integration with repertory.
- viii. Understand applied Materia Medica and posology in common surgical conditions (taught in II BHMS) which can be managed with Homoeopathy.

5. Course content and its term-wise distribution

Sl. No.	Topic
Term I	
1.	Introduction to surgery, Scope and limitations of Homoeopathy in surgical conditions, Surgical diseases explained in relation to Organon of medicine
2.	Trauma / Injury; different types of injuries - head injury; road traffic accident; injury to chest and abdomen
3.	Wound and wound healing; scars and keloids
4.	Haemorrhage and blood transfusion
5.	Shock; various types of shock
6.	Fluid, electrolyte and acid- base balance
7.	Burns and Skin grafting
8.	Nutrition
9.	Common surgical infections
Term II	
10.	Special infections
11.	Tumours and Cysts (Swellings)
12.	Hernia
13.	Ulcers
14.	Sinus and fistula

6. Teaching hours

6.1 Gross division of teaching hours

Surgery		
Year	Teaching hours- Lectures	Teaching hours- Non-lectures
II BHMS	92 Hours	24 Hours

6.2 Teaching hours theory

Sl. No.	Topic	Teaching hours
1.	Introduction to surgery, Scope and limitations of Homoeopathy in surgical conditions	3
2.	Injury – types head injury, Road traffic accident; injury to chest, abdomen.	10
3.	Wound & wound healing, Scar, keloid	5
4.	Haemorrhage, Blood transfusion.	4
5.	Shock	6
6.	Fluid, electrolytes and acid-base balance	6
7.	Burn, skin grafting	7
8.	Nutrition – consequents of malnutrition in surgical patients, nutritional requirement in surgical patients and methods of providing nutritional support	3
9.	Common surgical infections-Boil, Carbuncle, Abscess, Cellulitis, and erysipelas, Hidradenitis suppurativa, septicemia, pyaemia	8
10.	Special infections-Tuberculosis, syphilis, acquired immunodeficiency syndrome, actinomycosis, leprosy, tetanus, infective gangrene	8

Sl. No.	Topic	Teaching hours
11.	Concept of swellings-Tumours : Benign-Lipoma, fibroma, adenoma, neuroma, Neurilemmoma, Neurofibroma, Haemangioma Malignant-Carcinoma, sarcoma, fibrosarcoma; naevus, melanoma Cysts – Classification	12
12	Hernia-Aetiology, General Classification, Abdominal hernias-Basic anatomy, Types, clinical features, management	10
13.	Ulcers	8
14.	Sinus and fistula	2
	Total	92

6.3 Teaching hours Non-lecture

Sl. No.	Clinical	Hours
1	Case taking of surgical case	2
2	Examination of Trauma case, Transport of the injured	2
3	Examination of head injury case	2
4	Examination of wound, suture technique	1
5	Examination of haemorrhagic case	1
6	Examination of shock	1
7	Fluid, electrolytes and acid base balance - Clinical Examination and evaluation	1
8	Burns - Clinical Examination	1
9	Common surgical infections - Clinical Examination	2
10	Special infections - Clinical examination	2

Sl. No.	Clinical	Hours
11	Examination of swelling- cysts and tumours	2
12	Examination of hernia	2
13	Examination of ulcer	2
14	Examination of sinus, fistula	1
15	ABC management, wound dressing, fluid therapy	2
	Total	24

7. Teaching learning methods

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

8. Details of assessment

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

Overall Scheme of Internal Assessment (IA)*

Professional Course / Subject	Term I (1-6 Months)		Term II (7-12 Months)	
II BHMS /	PA I (end of 3 months)	TT I (end of 6 months)	PA II (end of 9 months)	TT II (end of 12 months)

Surgery	20 Marks Viva-A	100 Marks Clinical / Practical and Viva- E i) Viva voce -50 marks ii) Clinical/practical- 50 Surgical Case taking - 25marks (Mandatory); Examination of wound / Cleaning and dressing of wound / Demonstration of Steps of Basic life support / Transport of the injured / Demonstration of suturing technique. (Demonstration of any one of the procedures mentioned) – 25 marks	20 Marks Viva- B	100 Marks Clinical / Practical and Viva - F i) Viva voce -50 marks ii) Clinical/practical- 50 Surgical case taking and Examination of surgical case – 15 + 15 = 30 marks; Surgical case file (5 cases)-20 marks
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***Method of Calculation of Internal Assessment Marks in II BHMS for Final University Examination to be held in III BHMS :**

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

9. List of recommended text/reference books

- Williams, N., O'Connell, P. R., & McCaskie, A. (2018).
- Bailey and Love's Short Practice of Surgery, 27th Edition : the Collector's Edition. Chapman and Hall/CRC.
- Sriram Bhat. (2019). SRB's manual of surgery. Jaypee Brothers.
- A concise text book of surgery, 11th edition – S Das
- Das, S. (2024). A Manual on Clinical Surgery. Jaypee Brothers Medical Publishers Pvt Limited.

- Sriram, B. M. (2019). SRB's clinical methods in surgery. Jaypee Brothers Medical Publishers.
- Kulkarni, S. (2002). Surgery Therapeutics. B. Jain Publishers.
- Lilienthal, S. Homoeopathic Therapeutics.
- Willis Alonzo Dewey. (2018). Practical Homeopathic Therapeutics. B. Jain Publishers.

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Obstetrics and Gynaecology

Subject : Gynaecology and Obstetrics

Subject code : HomUG-ObGy - I

Index

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1. Course code and name of course

Subject : Gynaecology and Obstetrics

Subject code : HomUG-ObGy-I

2. Preamble

Obstetrics stands at the forefront of maternal health, emphasizing the care and well-being of expectant mothers throughout pregnancy, childbirth, and the postpartum period. From prenatal care to labour and delivery, obstetricians play a pivotal role in ensuring safe pregnancies and healthy births. Gynaecology encompasses the diagnosis and treatment of conditions affecting the female reproductive system, from adolescence through menopause, including menstrual disorders, fertility concerns, sexually transmitted infections, and gynecological cancers. Infant care extends beyond the moment of birth, encompassing the critical early stage of a newborn's life. From breastfeeding guidance to newborn screening and immunization.

The fields of Obstetrics, Infant care and Gynaecology intersect to provide holistic care to women across the reproductive lifespan. By addressing the physical, emotional and social aspects of women's health, healthcare providers empower individuals to make informed decisions about their bodies and well-being. In the realm of obstetrics and gynaecology, homeopathy offers a holistic approach that seeks to address the physical, emotional and spiritual aspects of women's health.

Homeopathy, a system of medicine based on the principle of "like cures like" and individualized treatment, can play a significant role in promoting well-being and managing various conditions in obstetrics and gynaecology. Homeopathy offers safe and gentle remedies to support women throughout pregnancy. From alleviating common discomforts such as nausea, fatigue, and back pain to addressing emotional concerns like anxiety and mood swings, homeopathic treatments can provide relief without adverse effects on the developing fetus. Additionally, homeopathy can aid in preparing the mother's body for labor and delivery, promoting a smooth and natural

In the postpartum period, homeopathy offers support for new mothers as they navigate the physical and emotional changes following childbirth, and breastfeeding difficulties, promote lactation, and support the overall recovery of the mother.

Homeopathy provides a holistic approach to managing various gynaecological conditions, including menstrual disorders, hormonal imbalances, polycystic ovarian syndrome (PCOS), endometriosis, and menopausal symptoms. Homeopathy considers the individual's unique constitution and emotional state.

In conclusion, homoeopathy offers a holistic and patient-centred approach to obstetrics and gynaecology, addressing the physical, emotional, and spiritual aspects of women's health.

3. Course outcomes

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

- i. Understand applied anatomy, endocrinology and physiology including abnormality of female reproductive system during puberty, menstruation, menopause and in different stages of womanhood.
- ii. Learn skills in case taking, physical examination, diagnostic procedures and managements of benign and malignant conditions, trauma, infections and inflammations related with female genitalia, and pre-malignancy screening procedures.
- iii. Integrate the various knowledge's to get a holistic understanding of disease evolution and approach to disease diagnosis and management.
- iv. Understand developmental anomalies, uterine displacements and Sex and intersexuality
- v. Understand the causes related with male and female Infertility, their diagnosis, Artificial Reproductive Techniques and skill in Homoeopathic management along with population dynamics and control of Conception.
- vi. Know skills required in case taking, clinical examination and common diagnostic modalities in Gynecology and Obstetrics.
- vii. Understand the process of normal pregnancy and minor ailments during pregnancy
- viii. Comprehend the process of diagnosis of normal pregnancy, prenatal, antenatal, postnatal maternal and fetal surveillance, care of newborn, care of puerperium
- ix. Understanding common problems during abnormal pregnancy and labour to manage it through Homoeopathic perspective including scope, limitations and timely referral.

- x. Comprehending postnatal, puerperal care, diseases of fetus, new-born and medico legal aspects with Homoeopathic perspective.
- xi. Learning general and homoeopathic management of common Gynecological and Obstetric conditions.

4. Learning objectives

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

1. Understand the applied anatomy, endocrinology and physiology including abnormality of female reproductive system during puberty, menstruation, menopause and in different stages womanhood.
2. Integrate the knowledge with Anatomy, Physiology, Organon of medicine, Practice of medicine and Homoeopathic Materia Medica to get a holistic
3. Understanding of disease evolution and approach to disease diagnosis and management.
4. Discuss the developmental anomalies, Uterine displacements and Sex and intersexuality to understand the Predisposition including fundamental miasms, personality type known to develop particular disease, causation and modifying factors like exciting and maintaining factors.
5. Acquire skill in case taking, clinical examination and common diagnostic modalities in Gynaecology and Obstetrics.
6. Describe anatomical, physiological, endocrinological changes and minor ailments during pregnancy
7. Understand prenatal, antenatal, postnatal maternal and foetal surveillance, care of new-born, care of puerperium
8. Integrate the knowledge with Organon of medicine and Homoeopathic Materia Medica for eradicating genetic dyscrasias in the mother and foetus.
9. Describe the mechanism and stages of normal labour, and intra-partum management.
10. Discuss general and Homoeopathic management for the related conditions through integration with repertorisation and therapeutics.

5. Course content and its term-wise distribution

5.I Unit 1 : Gynaecology and Homoeopathic Therapeutics

S.No.	List of Topics	Term
1.a	Introduction to Gynaecology with Definition of Hahnemannian classification of disease. Importance in the review of the Homoeopathic literature, Therapeutics and Repertory source books	I
1.b	A review of the applied anatomy of female reproductive system, development and Developmental anomalies	I
1.c	A review of the applied physiology of female reproductive system - Puberty, Menstruation and its disorders including, amenorrhea, dysmenorrhea, menorrhagia, metrorrhagia, epimenorrhoea, AUB, Postmenopausal bleeding and menopause with related ailments and its scope and management in Homoeopathy and integrate wherever necessary with other disciplines	I
1.d	Gynaecological Case taking, physical examination, investigation and approach to clinical diagnosis and Differential diagnosis	I
1.e	Epidemiology -Predisposition including fundamental miasm : personality type known to develop particular disease	I
1.f	Uterine displacements – Prolapse, Retroversion and inversion with its exciting and maintaining causes, disease manifestations, prognosis, management and scope in homoeopathic perspective.	II
1.g	Sex & Intersexuality- Knowledge and scope to eradicate genetic Dyscrasias, predisposition, miasm and personality types known to develop particular diseases through Homoeopathic outlook.	II
1.h	General and Homoeopathic Management, repertorisation, therapeutics, posology, Formulation of prognostic criteria and Prognosis of related topics in Gynecology.	II

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

S.No.	List of Topics	Term
2.a	Introduction to Obstetrics and Newborn care related with Homoeopathic Philosophy, Therapeutics and Repertorisation.	I
2.b	Fundamentals of reproduction	I
2.c	Development of intra uterine pregnancy	
2.d	Diagnosis of pregnancy, investigations & examinations, applied anatomy & physiology, Normal pregnancy – physiological changes	I
2.e	Antenatal care – aims, objectives, visits, advise, procedures, investigations, identifying high risk cases, scope and limitation of management in Homoeopathy	I
2.f	Common conditions such as Vomiting, backache, constipation in pregnancy and Homoeopathic management	I
2.g	Normal labour with its causes of onset, anatomy, physiology, mechanism, stages, events and clinical course in each stage, importance of Homoeopathic scope and management	II
2.h	Postnatal & puerperal cure - scope and limitation of management in Homoeopathy	II
2.i	Care of new born in homoeopathic point of view	II
2.j	General and Homoeopathic Management, repertorisation, therapeutics, posology, Formulation of prognostic criteria and Prognosis of related topics in Obstetrics and new-born care.	II
2.k	Important Investigations for diagnosis in Obstetrics	II

6. Teaching hours

6.1 Gross division of teaching hours

Gynaecology and Obstetrics		
Year	Teaching hours- Lectures	Teaching hours- Non-lectures
II BHMS	100 Hours	24 Hours

6.2 Teaching hours theory

6.2.1 Unit 1 : Gynaecology and Homoeopathic Therapeutics

Sl. No.	List of Topics	Lecture Hours
1.a	Introduction to Gynecology with definition of Hahnemannian classification of disease. Importance in the review of the Homoeopathic literature, Therapeutics and Repertory source books	02 hrs.
1.b	A review of the applied anatomy of the female reproductive system.	03 hrs.
	Developmental anomalies	03 hrs
1.c	A review of the applied physiology of the female reproductive system HPO axis & Menstruation	02 hrs
	Puberty	03 hrs.
	Disorders of Menstruation including – Amenorrhoea, Dysmenorrhoea, Menorrhagia, Metrorrhagia, Epimenorrhoea, AUB.	09 hrs.
	Post-Menopausal Bleeding & Menopause with related ailments	05 hrs.
1.d	Gynaecological case taking, Physical examination, investigation and approach to clinical diagnosis and differential diagnosis.	04 hrs.
1.f	Epidemiology – Predisposition including fundamental miasm; personality type known to develop particular disease.	04 hrs.

Sl. No.	List of Topics	Lecture Hours
1.g	Uterine displacements- Prolapse, retroversion and inversion with its exciting and maintaining causes, disease manifestations, prognosis, management and scope in homoeopathic perspective	08 hrs.
1.h	Sex & Intersexuality – Knowledge and scope to eradicate genetic dyscrasians, predisposition, miasm and personality types known to develop particular diseases through Homoeopathic outlook	05 hrs.
1.i	Correlate homoeopathic remedies, Therapeutics, posology. Formulation of prognostic criteria and prognosis related to Gynaecological conditions.	02 hrs
	Total	50 hrs.

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

Sl. No.	List of Topics	Lecture Hours
2.a	Introduction to Obstetrics and Newborn Care Related with Homoeopathic Philosophy. Therapeutics and Repertorisation.	02 hr.
2.b	Fundamentals of reproduction	04 hrs.
2.c	Development of intrauterine pregnancy- Placenta and foetus.	04 hrs.
2.d	Diagnosis of pregnancy : Investigations & examinations, applied anatomy & physiology, Normal pregnancy – Physiological changes.	07 hrs.
2.e	Antenatal care – aims, objectives, visits, advice, procedures, investigations, identifying high-risk cases, scope and limitation of management in Homeopathy	06 hrs.
2.f	Vomiting in pregnancy	04 hrs.
2.g	Normal labour with its causes of onset, anatomy, physiology, mechanism, stages, events and clinical course in each stage and management	08 hrs.

Sl. No.	List of Topics	Lecture Hours
2.h	Postnatal & puerperal cure – scope and limitation of management in Homoeopathy	06 hrs.
2.i	Care of New-born in a homoeopathic point of view	04 hrs.
2.j	Correlate homoeopathic remedies, Therapeutics, posology. formulation of prognostic criteria and prognosis related to Obstetrical conditions	02 hrs.
2.k	Important investigations for diagnosis in Obstetrics	03 hrs.
	Total	50 hrs.

6.2.3 Teaching hours Non-lecture

Sl. No	Non Lecture Activity		Hours
1.	Clinical		
	a.	Gynaecological Case taking	04
	b.	Obstetrical Case taking	04
	c.	Gynaecological Examination	04
	d.	Obstetrical Examination	04
	e.	Investigations, Diagnosis , D/D	04
2.	Demonstrative		
	a.	Problem based / Case based learning- Foetal skull & maternal pelvis	
		Demonstration of labour in Mannequin - skill lab	04
	Total		24 Hours

7. Teaching learning methods

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

8. Details of assessment

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

Overall Scheme of Internal Assessment (IA)***

Professional Course / Subject	Term I (1-6 Months)		Term II (7-12 Months)	
	PA I (end of 3 months)	TT I (end of 6 months)	PA II (end of 9 months)	TT II (end of 12 months)
II BHMS / Obstetrics and Gynaecology	20 Marks Viva- A	100 Marks Clinical / Practical and Viva - E i) Viva voce -50 marks ii) Clinical / practical* - 50 marks	20 Marks Viva- B	100 Marks Clinical / Practical and Viva - F iii) Viva voce -50 marks iv) Clinical/practical** - 50

*Practical Examinations TT I :

- a) **Case taking** : Recording of case in Obstetrics & Gynaecology. **(20 marks)**
- b) **Demonstration** : (15 Marks)
 - General physical examination
 - Per abdominal examination
 - Pelvic grips
- c) **Lab Investigations** : Suggest the relevant lab investigations for 1st, 2nd and 3rd trimester (5 marks)
- d) Demonstration of foetal skull & Pelvic diameters **(10 marks)**

****Practical Examinations TT II :**

- a) **Case taking** : Recording of case taking in Obstetrics & Gynaecology. **(20 marks).**
- b) **Examination of the patient (10 marks)**
 - General physical examination
 - Breast examination
 - Obstetric examinations
 - Post-natal examinations.
 - New born care examination
- c) **Analysis of the case (5 marks)**
- d) **Journal submission - 5 cases (10 marks)**
 Journal shall have following cases with analysis-
 Gynaec-3, ANC-1, PNC-1
- e) **Dummy & Pelvis** : Demonstration of fetal skull diameters, Sutures and pelvic diameters. **(05 marks)**

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

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

9. List of recommended text/Reference books

- Dutta,D.C,(2023).Text book of Obstetrics,10thedition, New Central Book Agency Pvt Ltd.,
- Dutta D.C (2020).Text book of Gynaecology, 8th edition, New Central Book Agency Pvt Ltd.
- Lilienthal Samuel (Reprint 2003), Homoeopathic Therapeutics, 5 edition B Jain Publishers (P) Ltd
- Guernsey H.N. Principles & Practice of Homoeopathy in Obstetrics & Paediatrics.
- Minton, Uterine therapeutics Maderia Medica& Repertory, B Jain publishers (P) Ltd.

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Subject Code : HomUG-Yoga II

Subject : Yoga for Health Promotion

The syllabus of Yoga for the 2nd 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-

Sl. No.	Topic	Class
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, hasthamudra, 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