

**Ordinance Governing**  
**HOMOEOPATHY DEGREE**  
**Third BHMS PROFESSIONAL COURSE**  
**COMPETENCY BASED DYNAMIC CURRICULUM**

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



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

**KLE ACADEMY OF HIGHER EDUCATION AND RESEARCH**

**JNMC Campus, Nehru Nagar, Belagavi-590 010. Karnataka, INDIA.**

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## **VISION**

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

## **MISSION**

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

## **OBJECTIVES**

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

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



**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)

Accredited 'A+' Grade by NAAC (3<sup>rd</sup> Cycle) Placed in Category 'A' by MoE (GoI)

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Ref.: KAHER/2025-26/D-16022602

21<sup>st</sup> January, 2026

**NOTIFICATION**

**Sub: Ordinance governing revision in the course curriculum of III BHMS: Revised Competency Based Dynamic Curriculum (CBDC) program under the Faculty of Homoeopathy.**

**Ref.: Minutes of the 60<sup>th</sup> Academic Council meeting held on 4<sup>th</sup> December, 2025.**

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 60<sup>th</sup> Academic Council meeting held on 4<sup>th</sup> December, 2025, has approved revision in the curriculum of III BHMS: Revised Competency Based Dynamic Curriculum (CBDC) program under the Faculty of Homoeopathy from the academic year 2022-23 batch.

By order,

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

**Dr. V.M. Pattanshetti**  
Registrar

To,

**The Dean,**  
Faculty of Homoeopathy,  
KAHER, Belagavi.



CC to:

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

<b>CONTENTS</b>		
<b>Sl. No.</b>	<b>Topics</b>	<b>Page Nos.</b>
1.	Preamble	
2.	Goals	
3.	Programme Outcomes	
4.	Deriving Competencies of the Homoeopathic Medical Graduate	
5.	Glossary of terms used in the template	
6.	Regulations Governing I BHMS Course	
<b>Competency Based Dynamic Curriculum for 3<sup>rd</sup> BHMS Professional Course</b>		
7.	Homoeopathic Materia Medica	
8.	Organon of Medicine	
9.	Repertory and Case-taking	
10.	Practice of Medicine	
11.	Essentials of Pharmacology	
12.	Surgery & Homoeopathic Therapeutics	
13.	Gynecology and Obstetrics	
14.	Community Medicine	
15.	Yoga for Health Promotion	

## 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.

## References

1. Frank Jason R, et al (2010) Competency-based medical education: theory to practice,  
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2. Harris Peter, Linda Snell, Martin Talbot, Ronald M. Harden & for the International CBME Collaborators (2010) Competency-based medical education: implications for undergraduate programs, *Medical Teacher*, 32:8, 646-650, DOI: 10.3109/0142159X.2010.500703
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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

### **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 honoring 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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4. Arora Aman (2020) Building Generic Competencies Model Conference: International Conference on Recent Trends and Innovations in Business Management, Social Sciences and Technology - NCIBM 2020, New Delhi accessed at <https://www.researchgate.net/publication/345001112> on 5th December 2022

## **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 2<sup>nd</sup>, 3<sup>rd</sup> and 4<sup>th</sup> 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

S. No	Description
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 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,		

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	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

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 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	Priority	T-L/MM	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

<b>Sr. No</b>	<b>Acronym</b>	<b>Description</b>
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

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

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

<b>Areas</b>	<b>Cognitive</b>	<b>Personal</b>	<b>Interpersonal</b>	<b>Community</b>
	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"><li>1. Health care problem</li><li>2. Current approach</li><li>3. Ideal approach</li></ol>  |
| Step 2 | Target need Assessment   | <ol style="list-style-type: none"><li>a. Choose targeted learners</li><li>b. Find out information about the targeted learners</li><li>c. Determine characteristics of the learning environment.</li></ol>                               |
| Step 3 | Goal, competencies & Objectives  | <ol style="list-style-type: none"><li>1. Define Goal</li><li>2. Identify and define competencies</li><li>3. Objectives specific and measurable</li></ol>  |
| Step 4 | Educational strategies <ul style="list-style-type: none"><li>• Content</li><li>• T-L Methods</li></ul> | <ol style="list-style-type: none"><li>1. Cognitive objectives: Lecture, SDL</li><li>2. Psychomotor objectives</li><li>3. Skill or competency objectives-simulations</li><li>4. Affective objectives ,Reflection, Role models.</li></ol> |
| Step 5 | Implementation   | Planning  |
| Step 6 | Evaluation   | Programmes and Assessment.<br>( 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 50<sup>th</sup> percentile in the National Eligibility-cum- Entrance Test for undergraduate course conducted for the said academic year shall be considered for such admission:

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

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

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

Provided that, -

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

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

- (6) The designated authority for counseling of State and Union territory quota for admission to undergraduate course in medical institution in State and Union territory including institution established by the State Government, University, Trust, Society, Minority Institution, Corporation or Company shall be the respective State or Union territory in accordance with the applicable rules and regulations of the concerned State or Union territory, as the case may be.
- (7) (a) The counselling for admission to Bachelor of Homoeopathic Medicine and Surgery (B.H.M.S.) course for seats under all India quota as well as the all-medical institution established by the Central Government shall be conducted by the authority designated by the Central Government in this behalf;
- (b) The counselling for admission to Bachelor of Homoeopathic Medicine and Surgery (B.H.M.S.) Course for hundred percent. seats of Deemed University both Government and Private shall be conducted by the authority designated by the Central Government, in this behalf.

- (8) The admission shall be done;-
- (a) through counseling except foreign nationals;
  - (b) by any means other than manner specified in these regulations shall not be approved and any institution found admitting the students in contravention of the provisions of these regulations shall be denied permission for taking admission for subsequent academic year;
  - (c) the medical institution shall have to submit the list of admitted students in the format decided by the Commission on or before six p.m. on the cutoff date for admission decided by it from time to time for verification;
  - (d) the medical institution shall approve the admission of the candidate except foreign national who has been allotted seat through counseling (Central, State or Union territory, as the case may be).
- (9) The candidate who fails to obtain the minimum eligibility marks as referred to under sub- regulation (3) shall not be admitted to undergraduate course in the said academic year.
- (10) No authority or medical institution shall admit any candidate to the 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.

**5. Duration of Bachelor of Homoeopathic Medicine and Surgery (B.H.M.S) Course** -The duration of the Bachelor of Homoeopathic Medicine and Surgery (B.H.M.S) Course shall be five years and six months as specified in the table below, namely:-

**Table-1**

Seria	Bachelor of Homoeopathic	Duration
-------	--------------------------	----------

I Numb er	Medicine and Surgery (B.H.M.S) Course	
(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**

<b>Serial Number</b>	<b>Name of Department</b>
(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**

<b>Serial Number</b>	<b>Subject Code</b>	<b>Subject</b>
(1)	(2)	(3)
1	HomUG-HMM-III	Homoeopathic Materia Medica;
2	HomUG-OM-III	Organon 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).

**(2) Electives-**

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

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

- (1) To accomplish the supplementation of modern advancement, scientific and technological developments in Homoeopathy System of Medicine, all the thirteen departments as mentioned in table 2 of regulation 7, shall be supplemented, enriched and updated with relevant and appropriate advancement or development in the area of diagnostic tools, conceptual advancement and emerging areas as under-
  - (a) Innovations or advancement or new development in basic sciences like Biology, Chemistry, Physics, Mathematics, Microbiology, Bioinformatics, Molecular biology etc.;
  - (b) Diagnostic advancements;
  - (c) Pharmaceutical technology including quality and standardization of drugs, drug development etc.;
  - (d) Teaching, Training methods and Technology;
  - (e) Research Methods, Parameters, Equipment and Scales etc.;
  - (f) Technological automation, software, artificial Intelligence, 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.
- (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**

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

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

**Table-8**

**[Scheme of Assessment (Formative and Summative)]**

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

(3)	Third Professional Bachelor of Homoeopathic Medicine and Surgery (B.H.M.S).	First PA and First TT	Second PA	Third Professional Bachelor of Homoeopathic Medicine and Surgery (B.H.M.S) exam (FUE)
(4)	Fourth (Final) Professional Bachelor of Homoeopathic Medicine and Surgery (B.H.M.S).	First PA and First TT	Second PA	Fourth (Final) Professional Bachelor of Homoeopathic Medicine and Surgery (B.H.M.S) exam (FUE)

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

**(2) Summative Assessment. –**

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

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

**Table -09**

<b>First Year Bachelor of Homoeopathic Medicine and Surgery (B.H.M.S) (3 terms)</b>			
<b>Subject</b>	<b>Number of teaching hours</b>		
(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**

<b>Marks distribution First Year Bachelor of Homoeopathic Medicine and Surgery (B.H.M.S)</b>									
<b>Serial Number</b>	<b>Subject Code</b>	<b>Papers</b>	<b>Theory</b>	<b>Practical or Clinical Assessment</b>					<b>Grand Total</b>
(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	HomU G- HMM- I	1	100	50	40	10	100	200
Grand Total								1400

**Table-11**

<b>Second Professional Bachelor of Homoeopathic Medicine and Surgery (B.H.M.S). ( 2 terms)</b> <b>Teaching hours=1404</b>				
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**

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

**Table-13**

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

**Table-14**

Marks Distribution of Third Professional Bachelor of Homoeopathic Medicine and Surgery (B.H.M.S). Subjects									
Serial No	Subject Code	Papers	Theory	Practical or Clinical Assessment					Grand Total
(1)	(2)	(3)	(4)	(5)					(6)
				Practical Clinical	Viva	Electives grade	IA	Sub Total	
				(a)	(b)	(c)	(d)	(e)	
1	HomUG-HMM- III	1	100	50	40	Elective I -	10	100	200
2	HomUG-OM-III	2	200	100	80		Elective II-	20	200
3	Hom-UG-R-III	1	100	50	40	10		100	200
4	Hom-UG Sur-II	2	200	100	80	20		200	400
5	Hom-UG ObGy-II	2	200	100	80	20		200	400
6	Hom-UG-CM	1	100	50	40		10	200	200
Grand Total								1800	

**Table-15**

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

**Table-16**

Marks Distribution of Fourth Professional Bachelor of Homoeopathic Medicine and Surgery (B.H.M.S). Subjects)								
Serial Number	Subject Code	Papers	Theory	Practical or Clinical Assessment				Grand Total
(1)	(2)	(3)	(4)	(5)				(6)
				Practical or Clinical	Viva	IA	Sub Total	
				(a)	(b)	(c)	(d)	
1	HomUG-HMM-IV	2	200	100	80	20	200	400

2	HomUG-OM-IV	1	100	50	40	10	10 0	200
3	HomUG-R-IV	1	100	50	40	10	10 0	200
4	HomUG-PM-III	3	300	10 0	80	20	20 0	500
5	HomUG- CM-RM-STAT	1	100	50	40	10	20 0	200
6	HomUG- Ess. of Pharmacol ogy	1	5 0		40	10	50	100
Grand Total								1600

**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 non-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 Degree Certificate from respective Universities and provisional registration Certificates from respective State Board or Council for Compulsory Rotatory Internship.

(2) During internship, the interns belonging to institute of the Central Government, State Government or Union territory as the case may be, and all the private homoeopathic medical colleges/institutions shall be eligible to get the stipend at par with other medical systems under respective Government and there shall not be any discrepancy between medical systems.

(3) (a) Migration during internship shall be issued with the consent of both the medical institution and university; in the case where migration is between the medical institution of two different Universities.

(b) If migration is only between medical institution of the same university, the consent of both the medical institution shall be required.

(c) Migration shall be accepted by the university on the production of the character certificate issued by the institute or medical institution and the application forwarded by the medical institution and university with a 'No Objection Certificate' as the case may be.

(4) The objective of the orientation Programme shall be to introduce the activity to be

undertaken during the internship.

**(a)** The interns shall attend an orientation Programme regarding internship and it shall be the responsibility of the teaching institution to conduct the orientation before the commencement of the internship.

**(b)** The orientation shall be conducted with an intention to make the intern to acquire the requisite knowledge as following , namely:-

(i) Rules and Regulations of the Medical Practice and Profession,

(ii) Medical Ethics;

(iii) Medico legal Aspects;

(iv) Medical Records;

(v) Medical Insurance;

(vi) Medical Certification;

(vii) Communication Skills;

(viii) Conduct and Etiquette;

(ix) National and State Health Care Programme;

(x) Project work.

**(c)** The orientation workshop shall be 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 consist of clinical training of twelve months in Homoeopathy hospital attached to the medical institution and the record of attendance during twelve months in hospital attached to medical institution shall be maintained by the intern according to his posting and shall be certified by the Medical Officer/Deputy medical superintendent/ Research officer/ Resident Medical Officer

(RMO)/Faculty/ Outpatient Department (OPD) in-charge, where the intern undergo the training and shall also be submitted to and counter signed by Dean/ Principal of medical institution on monthly basis.

(V) Division of Clinical work during posting in Option I and Option II. The clinical work during internship shall be conducted as per the following table, namely:-

**Table-17**

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

	Board for Hospitals) accredited private hospital of Homoeopathy		
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(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 IV<sup>th</sup> Bachelor of Homoeopathic medicine and Surgery (B.H.M.S)
  - (b) It would be the responsibility of the intern to choose the topic of the subject (clinical/community/education) within the first month of the internship and shall communicate to guide/mentor allotted by Principal.
  - (c) The project shall run through three phases of planning (three months), data collection (three months) and finalization and writing (three months).
    - (d) The writing shall be as per the format taught in the course on research methodology and will be minimal one thousand five hundred words and it shall be type written and submitted in a spiral bond form as well as in the electronic format.
    - (e) The project shall end with a brief presentation to the IV Bachelor of Homoeopathic Medicine and Surgery (B.H.M.S.) students.

- (f) The principal shall assign a teacher to evaluate the project which will be with respect to the following:
- (i) Originality of the idea
  - (ii) Scientific methodology followed in formulating the ideas and the designs
  - (iii) Analysis
  - (iv) Results and conclusion
  - (v) Merits of writing
  - (vi) The grades shall range from A (70% and above), B (60 - 70%), C (50-60%) and D (below 50%)
- (c) A Certificate shall be awarded to the intern stating the title of the project and grade received.

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

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

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

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

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

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

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

(6)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.

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

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

**15. 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.

**16. 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.

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

## Appendix A

(See sub regulation (5) of regulation 4)

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

1. Physical disability-
- (a) Locomotor disability (a person's inability to execute distinctive activities associated

with movement of self and objects resulting from affliction of musculoskeletal or nervous system or both), including-

- (i) "Leprosy cured person" means a person who has been cured of leprosy but is suffering from-
  - a) Loss of sensation in hands or feet as well as loss of sensation and paresis in the eye and eye-lid but with no manifest deformity;
  - b) Manifest deformity and paresis but having sufficient mobility in their hands and feet to enable them to engage in normal economic activity;
  - c) Extreme physical deformity as well as advanced age which prevents him/her from undertaking any gainful occupation, and the expression "leprosy cured" shall construed accordingly.
- (ii) "Cerebral palsy" means a group of non-progressive neurological condition affecting body movements and muscle coordination, caused by damage to one or more specific areas of the brain, usually occurring before, during or shortly after birth.
- (iii) "Dwarfism" means a medical or genetic condition resulting in an adult height of 4 feet 10 inches (147 centimeters) or less.
- (iv) "Muscular dystrophy" means a group of hereditary genetic muscle disease that weakens the muscles that move the human body and persons with multiple dystrophy have incorrect and missing information in their genes, which prevents them from making the proteins they need for health of muscles. It is characterized by progressive skeletal muscle weakness, defects in muscle proteins, and the death of muscle cells and tissues.
- (v) "Acid attack victim" means a person disfigured due to violent assaults by throwing acid or similar corrosive substance.
- (b) Visual impairment-
  - (i) "blindness" means a condition where a person has any of the following conditions, after best correction-
    - a) Total absence of sight, or
    - b) Visual acuity less than 3/60 or less than 10/200 (Snellen) in the better eye with best possible correction, or
    - c) Limitation of the field of vision subtending an angle of less than 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 40degree 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 4<sup>th</sup> January, 2018 under the Rights of Persons with Disabilities Act, 2016 (49 of 2016).
- (3) The minimum degree of disability should be forty percent. (Benchmark disability) in order to be eligible for availing reservation for persons with specified disability.
- (4) The term 'Persons with Disabilities' (PwD) shall be used instead of the term 'Physically Handicapped' (PH)

TABLE 18

Serial Number	Disability Category	Type of Disabilities	Specified Disability	Disability Range		
				(5)		
(1)	(2)	(3)	(4)	Eligible for Bachelor of Homoeopathic Medicine and Surgery (B.H.M.S). Course, Not Eligible for	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	(A) Locomotor	(a) Lepros	Less than 40%	40-80%	More than 80%

Disability	disability, including specified disabilities (a to f).	<p>(a) Disabled person*</p> <p>(b) Cerebral Palsy**</p> <p>(c) Dwarfism</p> <p>(d) Muscular Dystrophy</p> <p>(e) Acid attack victims</p>	disability	<p>disability- Persons with more than 80% disability may also be allowed on 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%</p>		
			(f) Other* **such as Amputation, Polio myelitis, etc.		And whether they possess sufficient motor, ability as required to pursue and complete the Course satisfactorily.	
			<p>* Attention should be paid to loss of sensations in fingers and hands, amputation, as well as involvement of eyes and corresponding recommendations be looked at.</p> <p>** Attention should be paid to impairment of vision, hearing, cognitive function etc. and corresponding recommendations be looked at.</p> <p>*** Both hands intact, with intact sensations, sufficient strength and range of motion are essential to be considered eligible for Bachelor</p>			

			of Homoeopathic Medicine and Surgery (B.H.M.S). Course.			
		(B) Visual Impairment(*)	(a) Blindness	Less than 40% disability (i.e. Category I (10%)' I (20%)' & II (30%)		Equal to or more than 40% disability (i.e. Category III and above)
		(C)Hearing Impairment@	(a) Deaf	Less than 40% disability		Equal to or more than 40% disability
			(b) Hard of hearing			
			<p>(*) Persons with visual impairment/ visual disability of more than 40% may be made eligible to pursue Bachelor of Homoeopathic Medicine and Surgery (B.H.M.S). Course and may be given reservation, subject to the condition that the visual disability is brought to a level of less than the benchmark of 40% with advanced low vision aids such as telescopes / magnifier.</p> <p>@ Persons with hearing disability of more than 40% may be made eligible to pursue Bachelor of Homoeopathic Medicine and Surgery (B.H.M.S). Course and may be given reservation, subject to the condition that the hearing disability is brought to a level of less than the benchmark of 40% with the aid of assistive devices.</p> <p>In addition to this, the individual should have a speech discrimination score of more than 60%.</p>			
		(D) Speech & language	Organic/ neurological causes	Less than 40%		Equal to or more than

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, Asperger syndrome (disability of 40-60% as per ISAA) where the individual is deemed fit for Bachelor of Homoeopathic Medicine and Surgery (B.H.M.S).	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.
	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.		

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

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

## **Annexure –I**

### **Foundation Programme**

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

#### **BACKGROUND**

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

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

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

#### **Goals and Objectives**

Broad goals of the Foundation Programme in Homoeopathy include:

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

## Objectives

- (a) The Objectives of the Foundation Programme are to: Orient the learners to:
  - (i) The medical profession and the mission of a homoeopath in society
  - (ii) The BHMS Course
  - (iii) Vision and Mission of the institute
  - (iv) Concept of holistic and positive health and ways to acquire and maintain it
  - (v) History of Medicine and Homoeopathy and the status of Homoeopathy in the world
  - (vi) Medical ethics, attitudes and professionalism
  - (vii) Different health systems available in the country
  - (viii) Health care system and its delivery
  - (ix) National health priorities and policies
  - (x) Principles of primary care (general and community-based care)
  - (xi) Concept of mentorship programme
- (b) Enable the learners to appreciate the need to enhance skills in:
  - (i) Language
  - (ii) Observation, documentation & understanding of basic medical technologies
  - (iii) Interpersonal relationships and team behavior
  - (iv) Communication across ages and cultures
  - (v) Time management
  - (vi) Stress management
  - (vii) Use of information technology
- (c) Train the learners to provide:
  - (i) First-aid/ Emergency management
  - (ii) Basic life support
  - (iii) Universal precautions and vaccinations
  - (iv) Patient safety and biohazard safety
- (d) Impart Language and Computer skills
  - (i) Local language programme
  - (ii) English language programme
  - (iii) Computer skills

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

The programme will be run in professional session which must be interactive. The major components of the Foundation Programme include:

1) Orientation Program:

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

2) Skills Module (Basic):

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

3) Field visits to Community and Primary Health Centre:

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

4) Professional development including Ethics:

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

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

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

## Structure of the program for students

<b>Table 19: Foundation Programme</b>			
<b>Serial Number</b>	<b>Topic</b>	<b>Type of activity</b>	<b>Duration hours</b>
(1)	(2)	(3)	(4)
1.	Welcome and Introduction to Vision/Mission of the Institute	Lecture	1
2.	Mission and role of Homoeopathy and a Homoeopath in society including showcasing effects of Homoeopathy	Interactive discussion	3
3.	BHMS Course of study and introducing to first year faculty	Presentation	1
4.	Visit to institution / campus / facilities	Walking tour	2
5.	Concept of Holistic and Positive health	Interactive discussion	2
6.	History of Medicine and Homoeopathy and state of Homoeopathy in the world	Presentation	2
7.	Adult learning principles	Interactive discussion	2
8.	Health care system and delivery	Visit to PHC/ Urban Health Centre and interaction with staff	3
9.	Different health care systems recognized in the country and the concept of pluralistic health care systems	Presentation	1
10.	Primary community care	Interaction	2
11.	Basic life support	Demonstration video and practice	4
12.	Communication – its nature and importance in different social and professional settings	Practical with scenarios and enactment with observation	4
13.	Medical ethics – role in enhancing patient care	Role play	2

14.	Who is professional?	Debate between two sides on a topic	2
15.	Time management	Practical exercise	3
16.	First aid – principles and techniques	Demonstration and presentation	2
17.	National health priorities and policies	Presentation	1
18.	Importance of Mental Health and Hygiene to a medical student in the medical profession Stress management including importance of sports and extracurricular activities	Practical demonstration / video	4
19.	Concept and practice of mentoring	Interactive discussion	4
20.	Constitutional values, equality, gender sensitization and ragging policy	Presentation and Interactive discussion	3
21.	Universal precautions and vaccinations	Presentation followed by discussion	1
22.	Importance of Observation and Documentation in Homoeopathic practice	Practice exercise through video observation	4
23.	Team working	Game and debriefing	2
24.	Patient safety and biomedical hazards	Video and presentation	1
25.	Computer skills	Demonstration and practice of basic use of word, Excel and PPT	2
26.	Language skills	Language labs	2
	TOTAL		60 <b>Hours</b>

## Annexure -II

### PART A

#### TENTATIVE TEMPLATE OF ACADEMIC CALENDAR

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

(18 MONTHS)

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

## PART-B

### TENTATIVE TEMPLATE OF ACADEMIC CALENDAR

Second/Third/Fourth Professional Bachelor of Homoeopathic  
Medicine and Surgery (B.H.M.S).

(12 MONTHS)

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



(b) Number of days attended :

(c) Number of days leave availed :

(d) Number of days absent :

Assessment of Internship

Number	Category	Marks obtained
(1)	(2)	(3)
1.	General	Maximum 10
(a)	Responsibility and Punctuality	( ) out of 2
(b)	Behavior with sub-ordinates, colleagues and superiors	( ) out of 2
(c)	Documentation ability	( ) out of 2
(d)	Character and conduct	( ) out of 2
(e)	Aptitude for research	( ) out of 2
2.	Clinical	Maximum 20
(a)	Proficiency in fundamentals of subject	( ) out of 4
(b)	Bedside manners & rapport with patient	( ) out of 4
(c)	Clinical acumen and competency as acquired	( ) out of 4
	(i) By performing procedures	
	(ii) By assisting in procedures	( ) out of 4
	(iii) By observing procedures	( ) out of 4
Total Score obtained		( ) out of 30

Performance Grade of marks

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

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

Date:

Place:

Signature of the Intern

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:\_\_\_\_\_”.

**Subject:** Homoeopathic Materia Medica

**Subject code:** Hom UG-HMM-III

**Index**

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

## **1.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.

## **Course outcomes (CO)**

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

- i. Correlate the knowledge of Surgery, Gynaecology and Obstetrics, Practice of medicine in better understanding of Homoeopathic Materia Medica.
- ii. Construct the drug picture/portrait of remedy using the knowledge of symptomatology and interpretation of clinical subjects.

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

### **1. Learning objectives (LO)**

- i. Discuss the importance of Group characters in better understanding of Homoeopathic Materia Medica.
- ii. Describe the group characters of Sarcodes, Acids, and Noble metals, Natrum, Kali, Calcarea, Ophidia and Spiders.etc
- iii. Discuss the concept of Diathesis in better understanding of the symptomatology of the remedies.
- iv. Understand the Remedy relationship and Concordance for better application of Homoeopathic Materia Medica.
- v. Understand the drug picture of the remedies of 3<sup>rd</sup> BHMS in context of its pharmacological data, Doctrine of Signature, Sphere of action, Pathogenesis, A/F, Constitution, Temperament, Diathesis, Miasmatic Background, Mentals, Physical Generals, Physical Particulars, Modalities,
- vi. Remedy Relationship, Comparison including Clinical Indication
- vii. Integrate the knowledge of Anatomy, Physiology, Pharmacy, Pathology, Toxicology, Organon of Medicine, Surgery, Obstetrics – Gynaecology, Practice of Medicine and Repertory for better understanding of

- the drug.
- viii. Compare and contrast symptoms of similar remedies of 1<sup>st</sup>, 2<sup>nd</sup> and 3<sup>rd</sup> BHMS Syllabus.
  - ix. Record both Acute and Chronic history in proper sequence as per guideline given in Organon.
  - x. Demonstrate the physical examination skills with reference to knowledge of Surgery, Obstetrics –Gynaecology and Practice of Medicine.
  - xi. Recognize the importance of investigations in a case.
  - xii. Analyse the symptoms of a case to categorize as Mentals, Physical Generals and Physical Particulars.
  - xiii. Evaluate the symptoms of the case.
  - xiv. Construct the characteristic totality of the case to arrive at the similimum.
  - xv. Arrive at indicated remedy with appropriate posology and auxiliary mode of treatment.
  - xvi. Correlate the symptoms of the case to Repertorial Rubrics.

## 2. Course content and its term wise distribution

### 2.1. Content for Term I:

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

### 3.1.8 Homoeopathic Medicines:

1. ArgentumMetallicum	2. Collinsonia	3. Murex
4. AurumMetallicum	5. Conium	6. Muriatic Acid

7. Asafoetida	8. Crocus sativus	9. Nitric Acid
10. Asteriarubens	11. Cyclamen	12. Phosphoric Acid
13. Bismuth	14. Graphites	15. Picric Acid
16. Bovista	17. Helonias	18. Platina
19. Capsicum	20. Hydrastis	21. Raphanus Sativus
22. Carboic Acid	23. Iodum	24. Ratanhia
25. Caulophyllum	26. Liliuntigrinum	27. Sulphuric Acid

## 2.2. Content of Term II

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

### 2.2.2. Homoeopathic Medicines:

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

## Teaching hours

### 2.3. Gross division of teaching hours:

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

### 2.4. Teaching hours (Theory)

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

**2.5. Teaching Hours Non-lecture: There shall be 50non**

**lecture hours divided into activities as mentioned in table**

**given below Non-Lecture Activities (Practical)**

Sr. No	Non-Lecture Teaching Learning methods	Term	Time Allotted per Activity (Hours)
1	Clinical(to be integrated with topics under Practice of Medicine, Surgery and ObGy)	I & II	35
2	Demonstrative	I & II	15
2(a)	Seminar / Tutorials		10
2(b)	Problem based learning/		5

	Case Based Learning /Assignment/ Symposium / Group discussion/Role play or Drug picture presentation		
	<b>Total</b>		<b>50</b>

## 5. Teaching learning methods

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

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

## 6. Details of assessment

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

Sr. No	Professional Course	1 <sup>st</sup> term (1-6 Months)		2 <sup>nd</sup> Term (7-12 Months)		
1	Third Professional BHMS	1stPA	1ST TT	2nd PA	FUE	
		10	50 Marks	10	100	100 marks

		Marks Viva	Practical/ Viva Viva voce -25 marks Case Taking, and Case Presentation (detailed case history, analysis, evaluation, repertorisation) – 25 marks	Marks Viva	marks theory	(Clinical/practical+ Viva+ IA)
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**PA: Periodical Assessment; TT: Term Test; FUE: Final University Examinations**

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

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

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

$$\text{IA} = \frac{\text{PA1 (Practical/Viva)} + \text{TT (Practical/ Viva)} + \text{PA2 (Practical/Viva) (10 Marks)} + (50 \text{ Marks}) + (10 \text{ Marks})}{10}$$

## 6C - Paper Layout

Summative assessment: Theory- 100 marks

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

## 6 D- I - Distribution of Theory exam

Sr. No	Paper	A	B	C	D		
					MCQ (1 Mark)	SAQ (5 Marks)	LAQ (10 Marks)
		<b>List of Topics</b>	<b>Term</b>	<b>Marks</b>	Type of Questions "Yes" can be asked. "No" should not be asked.		
1	BHMS I & II Syllabus	I		Refer to the 8E- II	Yes	Yes	Yes
2	Importance of Group Study	I			No	No	No
3	Describe the group characters of Sarcodes, Acids, Noble metals, Natrum, Kali, Calcareo, Ophidia and spider group of remedies	I & II			Yes	Yes	Yes
4	Integrate the knowledge of Surgery, GyOb, Practice of Medicine, Organon and Repertory in a better understanding of Materia Medica	I & II			Yes	Yes	No
5	Study of remedy relationship and concordances	I & II			Yes	No	No

6	Study of diathesis in understanding symptomatology of remedies	I & II		No	Yes	No
7	Correlate knowledge of miasms in symptomatology of remedies	I & II		Yes	Yes	No
8	Correlate symptomatology of remedies to rubrics in repertory	I & II		No	No	No
9	Sixty five five Homoeopathic Medicines	I & II		Yes	Yes	Yes

#### 6D- II - Theme table

The me	Topics	Term	Mark s	MCQ' s	SAQ's	LAQ's
A-F	BHMS I& II Syllabus	-	30	Yes	Yes	Yes
G*	Importance of Group Study	I	-	No	No	No
H	Describe the group characters of Sarcodes, Acids, Noble metals, Natrum, Kali, Calcarea, Ophidia and spider group of remedies	I & II	6	Yes	Yes	Yes
I	Integrate the knowledge of Surgery, GyOb, Practice of Medicine, Organon and Repertory in a better understanding of Materia Medica	I & II	6	Yes	Yes	No
J	Study of remedy relationship and concordances	I & II	1	Yes	No	No
K	Study of diathesis in understanding symptomatology of remedies	I & II	5	No	Yes	No
L	Correlate knowledge of miasms in symptomatology of remedies	I & II	6	Yes	Yes	No
M*	Correlate symptomatology of remedies to rubrics in repertory	I & II	-	No	No	No
N	Sixty five Homoeopathic Medicines	I&II	46	Yes	Yes	Yes

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

**6E- Question paper Blueprint**

<b>A Question Serial Number</b>	<b>B Type of Question</b>	<b>Question Paper Format (Refer table 7D- II Theme table for themes)</b>
Q1	Multiple Choice Questions(MCQ) 10 Questions 1 mark each All compulsory Must know part: 7 MCQ Desirable to know: 2 MCQ. Nice to know: 1 MCQ	1. Theme A-F 2. Theme A-F 3. Theme A-F 4. Theme A-F 5. Theme A-F 6. Theme H 7. Theme I 8. Theme J 9. Theme L 10. Theme N
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-F 2. Theme A-F 3. Theme A-F 4. Theme H 5. Theme I 6. Theme K 7. Theme L 8. Theme N
Q3	Long answer Questions (LAQ) Five Questions 10 marks each All compulsory All questions on Must Know No Questions on Nice to Know and Desirable to Know	1. Theme A-F 2. Theme N 3. Theme N 4. Theme N 5. Theme N

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

- Allen H.C.(2005). Keynotes Rearranged and Classified with Leading Remedies of the Materia Medica and Bowel Nosodes, (Reprint edition), B.Jain Publishers, New Delhi
- Choudhuri N.M. (2006). A Study On Materia Medica Enriched with real case studies, (Reprint revised edn). B.Jain Publishers, New Delhi.
- Kent J.T. (2015). Lectures on Homoeopathic Materia Medica (Reprint edn,) B.Jain

Publishers, New Delhi.

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

## Organon of Medicine and Homoeopathic Philosophy

### Index:

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

**1. Course Name:** Organon of Medicine and Homeopathic Philosophy

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

## **2. Course Outcomes (CO)**

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

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

## **3. Learning Objectives:**

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

- xiii. Knowing Hering's law of cure and its correlation with clinical understanding of remedy response
- xiv. Concept of ancillary treatment, education and diet as per Hahnemannian guidelines and current evolution.

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

##### A. Content:

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

1. Hahnemann's Preface and Introduction to Organon of Medicine.
2. Aphorisms 146 to 209, 231-294 of Hahnemann's Organon of Medicine, including foot notes (6<sup>th</sup> Editions translated by R.E. Dudgeon and W. Boericke)
  - 2.1 Actions of medicine- points necessary for the cure
  - 2.2 Management and Treatment of various kind of diseases- acute/chronic/surgical/one sided/epidemic, etc.
  - 2.3 Repetition, Follow up and Prejudice in Prescription
  - 2.4 Pharmacy, Routes of Administration and some fundamental Laws of Homeopathy.
  - 2.5 Diet and Regimen, Ancillary-auxiliary measures.
3. Philosophy:
  - 3.1 Susceptibility
  - 3.2 Idiosyncrasy
  - 3.3 Palliation and Suppression
  - 3.4 Remedy Reaction and Second Prescription
  - 3.5 Posology
4. Hahnemannian classification of diseases further insight and correlation with scope and limitation
  - 4.1 Scope of Homeopathy
  - 4.2 General Pathology of Homoeopathy
5. Chronic Diseases
  - 5.1 Hahnemann's Theory of Chronic Diseases.
  - 5.2 J.H. Allen's

The Chronic Miasms –  
Psora and Pseudo-  
psora; Sycosis. Special  
directives:

Emphasis should be given on the way in which each miasmatic state evolves, and the characteristic expressions are manifested at various levels

and attempt should be made to impart a clear understanding of Hahnemann's theory of chronic miasms.

- (a) The characteristics of the miasms need to be explained in the light of knowledge acquired from different branches of medicine.
- (b) Teacher should explain clearly therapeutic implications of theory of chronic miasms in practice and this will entail a comprehension of evolution of natural disease from miasmatic angle, and it shall be correlated with applied Materia Medica.

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

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

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

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

Topic	<b>Kent J. T.</b> (Lectures on Homoeopathic Philosophy)	<b>Roberts H. A.</b> (The Principles and Art of Cure by Homoeopathy)	<b>Close Stuart</b> (The Genius of Homoeopathy)
Correlation of clinicopathological understanding with evolution of disease and Miasm	18-21	22-31	8
Further enhancing the insight into the classification of disease	18-21	22	8
Understanding the concept of susceptibility vis-a-vis clinic-pathological dimension of the disease	17	14	7
Surgical diseases classification scope and limitation	5	19	4
Posology and its correlation with clinical-pathological understanding of the disease	34, 35, 36	12,13	13, 14, 15
Understanding the remedy response by incorporating current concept of disease	34, 35, 36	14	13
Suppression in terms of current medical practices	37	18	6,9
Further developing insight in the management of acute and chronic	26	22, 19	8

Illness			
Understanding the scope and limitation of homoeopathy	35,37	19	4
Concept of palliation and correlation with susceptibility	14, 37	19	7
Concept of chronic disease and Miasm and current advance in the modern concept of causation, pathology and clinical expression, investigation.	17-21	22-31	8
Second Prescription	36	16	
Hering's law of cure and its correlation with clinical understanding of remedy response	35,36	14	9,11

## 5. Teaching Hours

### a. Gross division of teaching hours- lectures and non-lectures

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

### b. Teaching hours - Theory

Sl. No	List of Topics	Hours
1.	Hahnemann's Preface and Introduction to Organon of Medicine	5
2.	Actions of medicine- points necessary for the cure (§ 146-149)	2
3.	Management and Treatment of various kind of diseases- acute/chronic/surgical/one sided/epidemic, etc ( § 150-209)	25
4.	Revision of Aphorism 1-70	10
5.	Hahnemann's Theory of Chronic Diseases	20

6.	Management and Treatment of various kind of diseases- ( § 231-244)	10
7.	Repetition, Follow up and Prejudice in Prescription (§ 245-258)	8
8.	Pharmacy, Routes of Administration and some fundamental Laws of Homeopathy (§264-285)	8
9.	Diet and Regimen, Ancillary-auxiliary measures (§259-263, §285-291)	7
10.	Susceptibility, idiosyncrasy, suppression, palliation, remedy reaction, Second prescription, posology	20
11.	Hahnemannian classification of diseases further insight and correlation with scope and limitation	5
12.	J.H. Allen's The Chronic Miasms – Psora and Pseudo-psora; Sycosis	20
13.	Revision of Aphorism 71-145	10
	<b>Total</b>	<b>150</b>

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

### **c. Teaching hours - Non-lecture**

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

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

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

Different teaching-learning methods must be applied for understanding the subject.

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

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

Special attention to be paid for following during small group interactions

- *Project work with its presentations,*
- *Practicing evaluation & feedback system-after project work, assignment, and group discussion*
- *Journal Entry -cases with emphasis on case taking, case processing*

**7. Details of assessment**

**Overall Scheme of assessment**

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

	nal BHMS	20 Marks Viva Practical / Viva	100 Marks Practical / Viva i.Viva voce 50 Marks ii.Clinical Performanc e- 50 Marks Case taking, Case solving Miasmatic Diagnosis	20 Marks Practi cal / Viva	200 Marks Theory	200 Marks (Clinica l/Practi cal +Viva+ IA)
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**(Summative) Number of Papers and Marks distribution**

Sr No	Course Code	Pap er	Theor y	Practicals	Viva voce	Internal Assessment **	Grand Total
1	HomUG -OM-III	1	100 Marks	100 Marks 1. Short Case-20 Marks	80 Mark s	20 Marks	400 Marks
		2	100 Marks	2. Long Case-50 Marks 3. Case presentation/ Communication Skills- 10 Marks 4. Journal*-20 Marks			

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

**\*\*Method of calculation of Internal assessment marks for Final University Examination**

Marks of IA- (Marks of PA-1 + Marks of TT + Marks of PA-2) / 140 X 20

## Paper Layout

### Summative Assessment (FUE):

#### Theory -200 Marks

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

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

### Distribution of questions for theory exam

Sr. No	Paper I A	B	C	Type of Questions D		
				MCQ (1 Mark)	SAQ (5 Marks)	LAQ (10 Marks)
	<b>List of Topics</b>	<b>Term</b>	<b>Marks</b>			
<b>1</b>	Aphorisms 1-145	<b>I &amp; II</b>	<b>17</b>	<b>2</b>	<b>1</b>	<b>1</b>
<b>2</b>	Actions of medicine- points necessary for the cure (§ 146-149)	<b>I</b>	<b>1</b>	<b>1</b>	<b>-</b>	<b>-</b>
<b>3</b>	Management and Treatment of various kind of diseases - acute/ chronic/ surgical/ one sided/epidemic, etc (§150-209)	<b>I</b>	<b>22</b>	<b>2</b>	<b>2</b>	<b>1</b>
<b>4</b>	Management and Treatment of various kind of diseases- (§231-244)	<b>II</b>	<b>22</b>	<b>2</b>	<b>2</b>	<b>1</b>
<b>5</b>	Repetition, Follow up and Prejudice in Prescription (§ 245-258)	<b>II</b>	<b>15</b>	<b>-</b>	<b>1</b>	<b>1</b>
<b>6</b>	Pharmacy, Routes of Administration and some fundamental Laws of Homeopathy (§264-285)	<b>II</b>	<b>17</b>	<b>2</b>	<b>1</b>	<b>1</b>
<b>7</b>	Diet and Regimen, Ancillary-auxiliary measures (§259-263, §285-291)	<b>II</b>	<b>6</b>	<b>1</b>	<b>1</b>	<b>-</b>

Sr. No	Paper II A List of Topics	B Term	C Marks	D Type of Questions		
				MCQ (1 Mark)	SAQ (5 Marks)	LAQ (10 Marks)
1	Hahnemann's Preface and Introduction to Organon of Medicine	I	6	1	1	
2	Hahnemann's Theory of Chronic Diseases	I	22	2	2	1
3	Susceptibility, idiosyncrasy, suppression, palliation, remedy reaction, Second prescription, posology	II	33	3	2	2
4	Hahnemannian classification of diseases further insight and correlation with scope and limitation	II	22	2	2	1
5	J.H. Allen's The Chronic Miasms – Psora and Pseudo-psora; Sycosis	II	17	2	1	1

### Theme-wise distribution

#### Paper I

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

## Paper II

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

## Question Paper blueprint: Paper I

A Question Serial Number	B Type of Question	Question Paper Format (Refer Table 8.5 for themes)
Q.1	Multiple choice Questions (MCQ) 10 Questions 1 mark each All compulsory	1. Theme A 2. Theme A 3. Theme A 4. Theme B 5. Theme B 6. Theme B 7. Theme B 8. Theme D 9. Theme D 10. Theme E

<b>Q.2</b>	Short Answer Questions (SAQ) 8 Questions 5 marks each All compulsory	1. Theme A 2. Theme B 3. Theme B 4. Theme B 5. Theme B 6. Theme C 7. Theme D 8. Theme E
<b>Q.3</b>	Long Answer Questions (LAQ) 5 Questions 10 marks each All compulsory	1. Theme A 2. Theme B 3. Theme B 4. Theme C 5. Theme D

## Paper II

<b>A Question Serial Number</b>	<b>B Type of Question</b>	<b>Question Paper Format (Refer Table 8.5 for themes)</b>
<b>Q.1</b>	Multiple choice Questions (MCQ) 10 Questions 1 mark each All compulsory	1. Theme A 2. Theme B 3. Theme B 4. Theme B 5. Theme C 6. Theme C 7. Theme D 8. Theme D 9. Theme E 10. Theme E
<b>Q.2</b>	Short Answer Questions (SAQ) 8 Questions 5 marks each All compulsory	1. Theme A 2. Theme B 3. Theme B 4. Theme C 5. Theme C 6. Theme D 7. Theme D 8. Theme E

<b>Q.3</b>	Long Answer Questions (LAQ) 5 Questions 10 marks each All compulsory	<ol style="list-style-type: none"> <li>1. Theme B</li> <li>2. Theme B</li> <li>3. Theme C</li> <li>4. Theme D</li> <li>5. Theme E</li> </ol>
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### **8. List of Recommended Books**

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

## Homoeopathic Repertory and Case Taking

### Index

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

- 1. Subject name- Homoeopathic Repertory and Case Taking**
- 2. Subject code HomUG-R-III**

### **1.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, BBCR 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.

## **2.Course Outcomes (CO)-**

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

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

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

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

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

V. Identify the medium, method, process and technique of Repertorisation

- v. Identify the medium, method, process and technique of Repertorisation.

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

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

- 1.1.1 Demonstrate case taking in moderate acute and chronic cases
- 1.1.2 Classification of symptoms
- 1.1.3 Analysis of case according to the philosophy of Dr. Boenninghausen, Dr. Kent and Dr. Boger.
- 1.1.4 Evaluation of symptoms according to the philosophy of Dr. Boenninghausen, Dr. Kent and Dr. Boger.
- 1.1.5 Construction of totality of symptoms according to the philosophy of Dr. Boenninghausen, Dr. Kent and Dr. Boger.
- 1.1.6 Classification of repertory - need, basis of classification, advantage, disadvantage and adaptability of each type.
- 1.1.7 Steps of Repertorisation
- 1.1.8 Identify the medium, method, process and technique of Repertorisation
- 1.1.9 Construction of Repertorial Syndrome (RS) and Potential Differential Field (PDF) of a Repertorial Totality (RT).

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

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

## 2. Teaching Hours-

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

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

S. No.	List of topics	Hours
<b>Term 1</b>		
1.	Demonstration of homoeopathic case taking in moderate acute cases	02
2.	Demonstration of homoeopathic case taking in moderate chronic cases	03
3.	Classification of symptoms	03
4.	Analysis of case according to the philosophy of Dr. Boenninghausen.	02
5.	Analysis of case according to the philosophy of Dr. Kent.	02
6.	Analysis of case according to the philosophy of Dr. Boger.	02
7.	Evaluation of symptoms according to the philosophy of Dr. Boenninghausen.	02
8.	Evaluation of symptoms according to the philosophy of Dr. Kent	02
9.	Evaluation of symptoms according to the philosophy of Dr. Boger.	02
10.	Construction of totality of symptoms according to the philosophy of Dr. Boenninghausen.	03
11.	Construction of totality of symptoms according to the philosophy of Dr. Kent.	03
12.	Construction of totality of symptoms according to the philosophy of Dr. Boger.	03
13.	Classification of repertory - need, basis of classification, advantage, disadvantage and adaptability of each type.	03
14.	Steps of Repertorisation	03
15.	Identify the medium, method, process and technique of Repertorisation.	08
16.	Construction of Repertorial Syndrome and Potential Differential Field	05
<b>Term II</b>		
17.	Study of the philosophical background, construction, scope, limitation and utility of Boenninghausen's Therapeutic Pocket Book (BTPB)	15
18.	Study of the philosophical background, construction, scope, limitation and utility of Repertory of Homoeopathic Materia Medica by J T Kent (Kent's Repertory)	15
19.	Study of the philosophical background, construction, scope, limitation and utility of Boger Boenninghausen's Characteristics and Repertory (BBCR).	15

<b>20.</b>	Identify chapters and locate rubrics for symptoms/ conditions related to Gynaecology, Obstetrics, Surgery and Practice of Medicine.	<b>05</b>
<b>21.</b>	Understanding miasm and identify rubrics related to symptoms of each miasm from BTPB, Kent and BBCR Repertories.	<b>02</b>
	<b>TOTAL</b>	<b>100</b>

### 1.1 Teaching hour Lectures (Theory)

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

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

### 5.Teaching-Learning methods-

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

## Details of Assessment-

### 6.1 Overall Scheme of Assessment (Summative)

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

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

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

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

				chronic case = 30 b)Rubric hunting = c)Journal ** = 10			
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\* Method of Calculation of Internal Assessment Marks for Final University

Examination: Marks of IA (M) =  $S + T / 2$  S = Marks of IA in II BHMS T = Marks of IA in

III BHMS =  $(\text{Marks of PA-1} + \text{Marks of TT} + \text{Marks of PA-2}) / 70 \times 10$

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

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

### 6.2 Paper Layout for Summative assessment-

**Theory- 100 marks**

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

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

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

Theme	Paper	B Term	C* Marks	D Type of Questions		
				MCQ (1 Mark)	SAQ (5 Marks)	LAQ (10 Marks)
A	List of Topics (As per Course content & topics)	II BHMS CBDC TERM II Syllabus	6	1	1	0
B	Demonstrate Case-taking in moderate acute and chronic cases	I	10	0	0	1

C	Classification of symptoms	I	6	1	1	0
D	Analysis of case according to the philosophy of Dr. Boenninghausen, Dr. Kent and Dr. Boger.	I	10	0	0	1
E	Evaluation of symptoms according to the philosophy of Dr. Boenninghausen, Dr. Kent and Dr. Boger.	I	6	1	1	0
F	Construction of totality of symptoms according to the philosophy of Dr. Boenninghausen, Dr. Kent and Dr. Boger.	I	10	0	0	1
G	Classification of repertory - need, basis of classification, advantages, disadvantages and adaptability of each type.	I	6	1	1	0
H	Steps of Repertorisation	I	11	1	0	1
I	Identify the medium, method, process and technique of Repertorisation	I	6	1	1	0
J	Construction of Repertorial Syndrome (RS) totality And Potential Differential Field(PDF) of a Repertorial Totality (RT)	I	6	1	1	0
K	Study of the philosophical background, construction, scope, limitation and utility of BTPB, Kent's repertory and BBCR Repertories.	II	11	1	0	1
L	Identify chapters and locate rubrics for symptoms / conditions related to Gynaecology, Obstetrics, Surgery and Practice of Medicine.	II	6	1	1	0
M	Understanding miasm and identify rubrics related to symptoms of each miasm from BTPB, Kent's repertory and BBCR Repertories.	II	6	1	1	0

### 6.5 Question paper blueprint-

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

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

Q 19 - Q 23	Long answer Questions (LAQ) Questions = 05in number 10 marks each All compulsory All questions on Must Know	Theme B Theme F Theme H Theme K
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**List of recommended reference books Standard textbooks:**

- Bidwell G.I.(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

## PRACTICE OF MEDICINE

### Index

SI No	Description	Page no
1	Preamble	
2	Course Outcomes (CO)	
3	Learning Objectives (LO)	
4	Term-Wise Course Content and Teaching Hours	
5	Teaching Learning Methods	
6	Details of Assessment	
7	List of Recommended Books	
8	List of Contributors	
9	Content Mapping(Competencies Table) (Reference-Page no.15-209)	

**Subject Name : PRACTICE OF MEDICINE**

**Subject code: HomUG PM-II**

## **1.Preamble**

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

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

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

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

### **1. Course outcomes (CO)**

- 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.

### **Study of Subject:**

The study of the subject will be done in THREE years - in Second BHMS,

Third B.H.M.S and Fourth B.H.M.S, but Final University Examination shall be conducted at the end of Fourth B.H.M.S.

## 2. Learning objectives (LO)

### A. Pulmonary disorders:

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

### B. Diseases of the kidney

- i. **Understand Renal Anatomy and Physiology:** Learn the structure and function of the kidneys, including their role in fluid balance, electrolyte regulation, acid-base balance, and waste excretion.
- ii. **Understand Disease Processes:** Study the **pathophysiology, clinical features, and outcomes** of common renal disorders like acute kidney injury (AKI), chronic kidney disease (CKD), glomerulonephritis, nephrotic syndrome, and nephrolithiasis.
- iii. **Develop Diagnostic Skills:** Take detailed histories, perform systemic examinations, order relevant tests (e.g., renal profile, urine analysis, imaging), and interpret results to diagnose and differentiate kidney disorders.
- iv. **Integrate Homoeopathic Principles:** Correlate symptoms with structural/functional changes in the kidneys, assess **susceptibility and miasmatic states**, and identify disease **stages** (acute, chronic,

reversible, and irreversible).

- i. **Therapeutic Competence:** Create **personalized homoeopathic treatment plans** based on symptoms, manage acute and chronic conditions, and recommend **dietary changes, lifestyle interventions, and adjunctive therapies** (e.g., dialysis) to slow disease progression and optimize renal function.
- ii. **Manage Complications:** Develop strategies to address complications like electrolyte imbalances, hypertension, anaemia, bone disease, and cardiovascular issues, aiming to prevent further kidney damage.
- iii. **Preventive Measures:** Promote renal health by managing risk factors like hypertension, diabetes, obesity, and nephrotoxic drug exposure.
- iv. **Patient Education:** Educate patients about their condition, treatment options, and self-care to empower them in managing their health.
- v. **Interdisciplinary Collaboration:** Collaborate with nephrologists, dietitians, and other healthcare professionals to provide comprehensive care for renal disorders.

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

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

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

- i. **Understand Disease Processes:** Learn the **pathophysiology, clinical features, and outcomes** of common digestive disorders like GERD, gastritis, peptic ulcers, IBS, malabsorption, IBD, and peritonitis.
- ii. **Develop Diagnostic Skills:** Learn to take GI histories, perform exams, order tests (e.g., blood, imaging), and interpret results to diagnose and differentiate digestive disorders.
- iii. **Integrate Homoeopathic Principles:** Correlate symptoms with structural/functional changes in the
- iv. **Therapeutic Competence:** Create personalized homoeopathic treatment plans based on symptoms, manage acute and chronic conditions, and recommend dietary, lifestyle, and adjunctive therapies.

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

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

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

- i. **Understand Disease Processes:** Study the **pathophysiology, clinical features, and outcomes** of endocrine disorders like thyroid, adrenal, and pituitary gland dysfunctions.
- ii. **Develop Diagnostic Skills:** Take detailed histories, perform systemic

examinations, order relevant tests (e.g., hormonal assays, imaging), and interpret results to diagnose and differentiate endocrine disorders.

- iii. **Integrate Homoeopathic Principles:** Correlate symptoms with structural/functional changes, assess **susceptibility and miasmatic states**, and identify disease **stages** (acute, chronic, reversible, and irreversible).
- iv. **Therapeutic Competence:** Create **personalized homoeopathic treatment plans** based on symptoms, manage acute and chronic conditions, and recommend **hormonal therapy, dietary changes, lifestyle interventions, and adjunctive therapies** to restore hormonal balance and improve health.

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

- i. Develop proficiency in conducting comprehensive patient assessments, including history-taking, physical examination, and formulation of differential diagnoses during bedside clinics.
- ii. Apply critical thinking and diagnostic reasoning skills to interpret clinical findings, integrate patient history and examination findings and formulate accurate diagnoses in a clinical setting.
- iii. Develop ability to integrate clinic-pathologio-miasmatic correlation to appreciate state of Susceptibility [Qualitative and Quantitative] in Homoeopathic practice.
- iv. Develop effective communication skills with patients, including active listening, empathy during bedside clinics.
- v. Exhibit professionalism and ethical conduct in all aspects of patient care during bedside clinics, including respect for patient autonomy, confidentiality, and cultural sensitivity.
- vi. Practice accurate and thorough clinical documentation skills, including recording patient histories, examination findings, diagnostic results, and treatment plans in accordance with institutional standards and guidelines.
- vii. Engage in self-reflection and self-assessment of clinical skills and

knowledge gaps identified during bedside clinics, and demonstrate a commitment to lifelong learning and professional development.

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

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

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

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

#### 3.2 Gross division of teaching hours:

Sr No	Subject	Lecture	Non-lecture
1	HomUG-PM-II	120 Hours	100 Hours 1. Clinical 70 2. Demonstrative – 30

#### 3.3 Teaching hours theory: 120 hours

##### 3.3.1 Pulmonary disorders

Sr. No.	Topics	Hours
<b>General</b>	Approach Patient with Disease of RS	1
1	Upper respiratory tract infections: Rhinitis, Pharyngitis, Sinusitis	1
2	Bronchial Asthma and acute Bronchitis	2
3	Chronic Obstructive Lung Disease: Chronic Bronchitis, Emphysema	3
4	Pneumonia	2
5	Bronchiectasis	1
6	Lung abscess	1
7	Pulmonary Tuberculosis	1
8	Tropical pulmonary eosinophilia	1
9	Occupational & Environmental Lung Disorders	2
10	Sarcoidosis	1

11	Pulmonary Thromboembolism	1
12	Pleurisy & Pleural Effusion	1
13	Pneumothorax	1
14	Empyema	1
15	Atelectasis	1
16	Interstitial lung diseases	2
17	Cystic fibrosis of lung	1
18	Neoplasia	1
19	Hyperventilation Syndromes	1
20	SARS	1
21	Therapeutics related to RS	3
<b>Total</b>		<b>30</b>

#### 4.3.2. Urogenital tract diseases

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

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

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

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

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

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

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

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

#### 4.3.2. Endocrine and metabolic disorders

Sr. No.	Topics	Hours
<b>General</b>	Approach to Endocrine disorder	2
1	Hypothyroidism	2
2	Hyperthyroidism, Thyrotoxicosis – Grave's Disease	2
3	Autoimmune thyroid disease - Hashimoto's thyroiditis	1
4	Goitre: Simple and multi-nodular goitre - simple diffuse goitre, multinodular goitre	2
5	Hypo & Hyper Parathyroid disorders	2
6	Hypercalcaemia and Hypocalcaemia	1
7	Disorders of Adrenal Gland: Cushing's syndrome, Pphaeochromocytoma, Addison's disease, Spontaneous hypoglycaemia	3
8	Dwarfism	1

9	Nelson's Syndrome	1
10	Acromegaly and Gigantism	1
11	Diabetes insipidus	1
12	Diabetes Mellitus	3
13	Therapeutics related to endocrine disorders	3
<b>Total</b>		<b>25</b>

### 1.1 Teaching hours Non-lecture:

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

## 5. Teaching learning methods

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

## 6. Details of assessment

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

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

Professional Course / Subject	Term I (1-6 Months)		Term II (7-12 Months)	
	III BHMS/ Practice of Medicine	PA I (end of 3 months)	TT I (end of 6 months)	PA II (end of 9 months)
	20 Marks Viva- <b>A</b>	100 Marks Clinical/Practical and Viva - <b>E</b>	20 Marks Viva- <b>B</b>	100 Marks Clinical/Practical and Viva - <b>F</b>

dic ine		i) Viva voce - 40 marks ii) Clinical/practical*- 60marks : <ul style="list-style-type: none"> <li>• Bedside- 25marks</li> <li>• Spotting – 15marks</li> <li>• Assignment 20marks</li> </ul>		i) Viva voce -40 marks ii) Clinical/practical*- 60 <ul style="list-style-type: none"> <li>• Bedside- 25marks</li> <li>• Spotting – 15marks</li> <li>• Assignment 20marks</li> </ul>
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**\*Clinical/Practical Examinations:**

Sl.no.	Practical/clinical activity	Marks
<b>Clinical</b>		
<b>A.</b>	<b>Detailed case-taking</b>	
a.	One case taking – detailed bedside case taking with case analysis and evaluation (include prescription in term II)	10 marks
b.	Demonstration of clinical examination of the case (OSCE)- general and systemic	10 marks
c.	Investigations, provisional diagnosis and differential diagnosis	05 marks
<b>Practical</b>		
B.	<b>Spotters</b> (minimum 3 and maximum 5 spotters)	15 marks
C.	<b>Assignment</b>	
a.	Case report- detailed case, analysis, evaluation, investigations, diagnosis, differential diagnosis, homoeopathic management/prescription	10 marks
b.	Short review on a common disease with its homoeopathic therapeutics	10 marks
<b>Total</b>		<b>60 marks</b>

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

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

## 7. Reference books:

### a. Clinical Medicine

- Alagappan, R. (2017). *Manual of Practical Medicine* (6th ed.). Jaypee Brothers Medical Publishers (P) Ltd.
- Anudeep, B. A. P. (2022). *Insider's guide to clinical medicine* (2nd ed). Jaypee Brothers Medical (P) Ltd.
- Bickley. (2016). *BATES' POCKET GUIDE TO PHYSICAL EXAM & HISTORY TAKING* (8th ed.). Wolters Kluwer India Pvt Ltd.
- Das, K. K. (2017). *Textbook of Medicine: Two Volume Set*. JP Medical Ltd.
- Dover, A. R., Innes, J. A., & Fairhurst, K. (2023). *MACLEOD'S CLINICAL EXAMINATION INTERNATIONAL EDITION*. (15th ed.). Elsevier.
- Firth, J., Cox, T., & Conlon, C. (2020). *Oxford Textbook of Medicine: Vol. 4 volumes* (6th ed.). Oxford University Press.
- French, H. (2016). *French's index of Differential Diagnosis: An A-Z*.
- Glynn, M., & Drake, W. M. (2017). *Hutchison's clinical methods: An Integrated Approach to Clinical Practice*. Saunders.
- Golwala, A. F., & Vakil, R. J. (2008). *Physical diagnosis A textbook of symptoms and signs* (16th ed.). Media Promoters & Publishers.
- *HARRISON'S PRINCIPLES OF INTERNAL MEDICINE (2VOLS)* (21st ed.). (2022). McGraw-Hill.
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- Kamath, S. A. (2022). *API Textbook of Medicine* (12th ed., Vol. 2). Jaypee Brothers Medical Publishers.
- Ketai, L., Lofgren, R., & Meholic, A. (2006). *Fundamentals of Chest Radiology*.

- Kinirons, M. T., & Ellis, H. (2015). *FRENCH'S INDEX OF DIFFERENTIAL DIAGNOSIS AN A TO Z* (16th ed.). CRC Press.
- Kliegman, R. M., & St Geme, J. (2019). *Nelson Textbook of Pediatrics, 2-Volume set*. Elsevier.
- Loscalzo. (2022). *Harrison`s Principles of Internal Med, 2: VOL SET*. McGraw Hill / Medical Publishers.
- Mehta, N. P., Mehta, S. P., & Joshi, S. (2022). *P. J. Mehta's Practical Medicine* (22nd ed.).
- Mehta, P. J. (2017). *Understanding ECG electrocardiography* (6th ed.). CBS Publishers and Distributors Pvt Ltd.
- Narsimhan, C., & Francis, J. (2017). *Leo Schamroth An Introduction to Electrocardiography* (8th ed.). Wiley India Exclusive.
- Paul, V. K., & Bagga, A. (2022). *GHAJ Essential Pediatrics* (10th ed.). CBS Publishers and Distributors Pvt Ltd.
- *The Merck Manual of Diagnosis and Therapy*. (2018). Merck.
- Thomas, J., & Monaghan, T. (2014). *Oxford Handbook of Clinical Examination and Practical Skills*. Oxford University Press, USA.

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

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

## Essentials of Pharmacology

### Index

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

**Course:** Essentials of Pharmacology

**Course Code:** HomUG-Mod.Pharm

## 1.Preamble

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

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

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

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

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

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

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

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

Please note: **This course is designed to provide a general overview of pharmacology.**

**It is not intended to replace the knowledge and expertise of medical doctors or pharmacists.**

## 1. Course outcomes

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

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

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

## **2. Course content**

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

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

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

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

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

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

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

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

- i. Cholinergic and Anticholinergic drugs,

- ii. Adrenergic and Antiadrenergic Drugs, T/t of Glaucoma
- iii. Autacoids: Serotonin and drugs acting on Serotonergic System+ T/t of Migraine,
- iv. Histamine and Antihistaminic
- B. NSAID-** Drugs used in RA and Gout
- C. CNS**
  - i. Anxiolytics
  - ii. Antiepileptics
  - iii. Antipsychotics and Antidepressants
  - iv. Opioid Analgesics
- D. Respiratory system**
  - i. Drugs for cough
  - ii. Bronchial asthma and COPD
- E. Hormones**
  - i. Insulin and oral Hypoglycemic drugs
  - ii. Adrenocortical steroids
  - iii. Estrogens, Progesterone and OCPs
  - iv. Vitamin D, Calcium and Drugs affecting Calcium Balance
- F. CVS**
  - i. T/t of Hypertension
  - ii. Angina, MI
  - iii. Cardiac Glycosides and Drugs for Heart failure
  - iv. Hypolipidemic drugs
- G. Renal system-** Diuretics and Antidiuretics
- H. Blood-** Hematinics, T/t of Iron deficiency anaemia and Megaloblastic anemia
- I. GIT**
  - i. Drugs for Peptic Ulcer and GERD
  - ii. Drugs for constipation and diarrhea
  - iii. Antiemetics
- J. Chemotherapy**
  - i. Sulfonamides and Cotrimoxazole,
  - ii. Quinolones,
  - iii. Beta Lactam Antibiotics,
  - iv. Tetracyclines, Chloramphenicol
  - v. Aminoglycosides
  - vi. Antitubercular drugs and Antileprosy drugs
  - vii. Antimalarial drugs
- K. Miscellaneous**
  - i. Disinfectants
  - ii. Vitamins

#### 4. Teaching hours

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

#### 4.1 Term-wise teaching hours division:

Sr. No	Topics	Teaching Hours
	<b>Term I</b>	
<b>1</b>	<b>. Module 1: Pharmacology (Introduction)</b>	<b>5</b>
<b>2</b>	<b>Module 2: Pharmacokinetics</b>	<b>5</b>
<b>3</b>	<b>Module 3: Pharmacodynamics</b>	<b>5</b>
<b>4</b>	<b>Module 4: Major Drug Classifications</b>	
<b>i</b>	ANS AND AUTACOIDS	4
<b>ii</b>	NSAID, Drugs used in RA and Gout	2
<b>iii</b>	CNS	2
<b>iv</b>	Respiratory System	3
	<b>Term II</b>	
<b>v</b>	Hormones	4
<b>vi</b>	CVS	2
<b>vii</b>	Renal System	2
<b>viii</b>	Blood	1
<b>ix</b>	GIT	4
<b>x</b>	Chemotherapy	4
<b>xi</b>	Miscellaneous	2
	<b>Total</b>	<b>45</b>

## 5. Teaching Learning Methods

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

## 6. Details of assessment

### 6.1 Overall Scheme of Assessment (Summative)

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

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

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

Sr. No.	Course Code	Papers	Theory	Viva Voce	Internal Assessment*	Grand Total

				<b>ce</b>		
1	Hom.UG-Mod. Phar-I	01	50 marks	40 marks	10 marks (Marks of PA I + TT I + PA II)	100 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) / 35 X 10

### 6.3 Paper Layout

**Summative assessment (FUE):**

**Theory- 50 marks**

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

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

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

### 6.5 Question paper blueprint

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

## 7 List of recommended Books

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

## SURGERY

### TABLE OF CONTENTS

<b>SI No</b>	<b>Title</b>	<b>Page No</b>
1	Course Code and Name of Course	
2	Preamble	
3	Course Outcomes (CO)	
4	Course Content	
5	Teaching Methods	
6	Number of Teaching Hours	
7	Assessment	
8	References/Resources	

**Subject name – Surgery**  
**Subject code – HomUG-Sur-II**

**1. Preamble**

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

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

A thorough understanding of pathology is essential to accurately evaluate the state and stage of a disease. Knowledge of pathological processes enables homeopathic students to identify critical symptoms and signs, aiding in the early detection of complications and timely referrals to specialists. Incorporating the Hahnemannian classification of disease in the curriculum bridges surgical conditions with the fundamental tenets of homeopathic philosophy. Concepts such as chronic disease and susceptibility guide the application of correct posology and individualized treatment plans, ensuring effective and safe management. By understanding these principles, students learn to balance modern medical

diagnostics with homeopathic therapeutic approaches.

The education and training of homeopathic students must include the management of surgical cases, integrating both modern medical approaches and the principles outlined in the Organon of Medicine. Training in surgical conditions enhances the physician's ability to provide first aid effectively in emergencies, such as controlling bleeding, stabilizing fractures, and managing wounds. Homeopathic principles can also complement modern medicine by promoting natural healing, reducing inflammation, and improving post-surgical recovery. Additionally, students should be trained to advise on accessory measures such as physiotherapy, wound care, and dietary modifications, ensuring holistic management.

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

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

## **2. Course outcomes (CO)–**

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

- i) Understand the Management of Complex Surgical Cases
- ii) Integrate Surgical Specialties with Pathological Principles
- iii) Synthesize Homoeopathic and Surgical Concepts of Causation and Disease Expression
- iv) Apply miasmatic Understanding to Surgical Cases. Analyse surgical cases through a miasmatic framework, utilizing homoeopathic philosophy to provide a comprehensive understanding and management of the disease process.

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

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

- i. Understand the fundamental principles of diagnostic and therapeutic approaches for surgical and medical conditions.
- ii. Demonstrate the ability to integrate knowledge of anatomy, pathology, surgery, and medicine to analyse complex clinical scenarios.
- iii. Identify clinical signs and symptoms of surgical diseases through comprehensive history-taking and physical examination.

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

## Course content and its term-wise distribution

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

### 1. Teaching hours

#### 1.1 Gross division of teaching hours

<b>Surgery</b>		
<b>Year</b>	<b>Teaching hours- Lectures</b>	<b>Teaching hours- Non-lectures</b>
III BHMS	120	100

#### 3.1. Teaching hours theory

Sl. No.	Topic	Teaching hours
1.	Diseases of Blood vessels and nerves – Arteries. Veins, Lymphatics & Peripheral nerves	10

2.	Diseases of Alimentary tract – Palate, cheek, Tongue, Floor of mouth, Oesophagus, Peritoneum, Retroperitoneal space, stomach and Duodenum, Small intestine, large intestine, Rectum and Anal canal	20
3.	Diseases of Liver, Gallbladder, Bile duct, Pancreas and Spleen	7
4.	Diseases of Thorax, Heart and Pericardium, Breast	10
5.	Diseases of Urogenital system – Kidney, Urinary Bladder, Prostate, Urethra, Penis, Scrotum, Testes	20
6.	ENT, Thyroid and other Neck swellings	16
7.	Orthopedics	22
8.	Ophthalmology	10
9.	Dentistry	5
	<b>Total</b>	120

### 1.1. Teaching hours Non-lecture

Sl. No	Non-Lecture Activity -Clinical /Practical Total Time Allotted: 70 hours	Term
1	Clinical examination of Gangrene	I
2	Clinical examination of the varicose vein	I
3	Clinical examination of the Lymphatic system	I
4	Clinical examination of the lesion of peripheral nerves.	I
5	Clinical examination of the Oral cavity/Tongue/Salivary Glands	I

6	Examination of a case of Dysphagia	I
7	Counselling patients with peptic ulcer on lifestyle modifications	I
8	Clinical examinations to identify signs of appendicitis	I
9	Clinical examination – Acute Abdomen /Chronic abdomen	I
10	Examination of Rectal case	I
11	Examination of abdominal lump	I
12	Examination of liver & Gall Bladder	I
13	Clinical Examination of spleen	I
14	Clinical examination of a case of low back pain	I
15	Clinical examination for shoulder injuries, and assess for humerus fractures	I
16	Clinical examination for upper limb injuries	I
17	Clinical examination to assess for pelvic fracture, including inspection, palpation, and stability tests	I
18	Clinical examination to assess for fracture of the neck of femur	I
19	Clinical examination of the knee joint	I
20	Clinical examination of the leg, ankle, and foot	I
21	Clinical examination of the spine	I
22	Clinical examination for traumatic paraplegia	I
23	Observe/ Perform emergency care of fractures, including immobilization techniques (e.g., splinting), managing open fractures (e.g., wound dressing), and assessing for neurovascular injury	I
24	Clinical examination to assess for pelvic fracture, including inspection, palpation, and stability tests	I
25	Clinical examination to assess for fracture of the neck of femur	I
26	Patient education and counselling on BOO management, including lifestyle modifications	II
27	Examination of urinary case	II
28	Urethral catheterisation	II
29	Examination of inguinoscrotal swelling	II
30	Examination of groin swelling	II

31	Examination of scrotal swelling	II
32	Examination of penis	II
33	Examination of disease of chest	II
34	Ear examination	II
35	Examination of case of Deafness	II
36	Examination of the case of Vertigo	II
37	Examination of Nose: Anterior Rhinoscopy & Posterior Rhinoscopy & paranasal sinus	II
38	Examination of Pharynx	II
39	Examination of Larynx	II
40	Examination of the thyroid gland	II
41	Examination of Neck swelling	II
42	Breast examination	II
43	Examination of Teeth and Gums	II
44	Examination of Eye/Vision – Visual acuity and Colour vision	II
<b>Sl. No</b>	<b>Non-Lecture Activity Demonstrative- Skill lab/Simulation training/Role play/ Seminar/Tutorial/Assignment Total Time Allotted: 30 hours</b>	<b>Term</b>
1	Case-based/problem based discussions	I/II
2	Observe/Perform ICD on a mannequin	II
3	Perform /Observe pericardiocentesis under supervision	II
4	X- ray, Instruments and Surgical items for demonstration	II
5	Seminars	I/II
6	Tutorials	I/II
7	Assignments	II
8	Role play	I /II

## 1. Teaching learning methods

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

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

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

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

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

Roll No: \_\_\_\_\_

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

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

- c.) The clinical register should be checked by teaching faculty.
- d.) The topics already taught in the classroom should be demonstrated to students through clinical teaching.

- e.) Students should be trained in proper history taking, clinical examination, advising relevant investigations, interpreting the results, and applying Homoeopathic management effectively.
- f.) Journal/Record: Students should document 10 cases from General Surgery/Systemic surgery and 10 cases from each of the special surgery units, including Ophthalmology, ENT, Dental, and Orthopaedics, during the third year. It should be integrating the Surgery, Organon, Materia medica and repertory.
- g.) Students should be posted in surgery wards of collegiate hospital and tie-up hospitals for exposure of minor surgical procedures.

#### 4. 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	Third Professional BHMS	PA I (end of 3 months)	TT I (end of 6 months)	PA II (end of 9 months)
		20 Marks Viva	100 Marks Practical/Viva Viva voce - 50 marks Practical – 50 marks a) Surgical case taking, analysis and evaluation-30 marks. b) OSCE- 20 marks	20 Marks Viva	200 marks theory	200 marks (refer table 8.8) Practical+ Viva+ IA

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

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

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

### \*Method of Calculation of Internal Assessment Marks for Final University

Examination: Marks of IA (M) =  $S + T / 2$

S = Marks of IA in II BHMS

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

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

### PAPER LAYOUT

#### SUMMATIVE ASSESMENT

#### Theory 200 Marks

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

#### Paper-2 (100 marks)

Systemic Surgery (Peripheral vascular, Lymphatics, Nerve, GIT, GUT, Thorax, abdominal wall, umbilicus, breast, hernias, heart and pericardium along with therapeutics

1	LAQ	50 marks
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2	SAQ	40 marks
3	MCQ	10 marks

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

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

<b>C- Concept of Swelling</b>	Tumours: Benign, malignant; Carcinoma, sarcoma, fibrosarcoma; naevus, melanoma Lipoma, fibroma, adenoma, neuroma, Neurilemmoma, Neurofibroma, Haemangioma Cysts <b>Homoeopathic therapeutics</b>	I	YES	YES	YES	15
<b>D- Orthope dics</b>	Diseases of the bones, cranium, vertebral column, fractures and dislocations Diseases of the joints. Diseases of the muscles, tendons and fascia <b>Homoeopathic therapeutics</b> for orthopaedic conditions	II	YES	YES	YES	15
<b>E- Ophthal mology</b>	Applied Anatomy, Physiology of eye Examination of eye Identification of bitot spots, pallor, conjunctival injection, pupillary reactions, to identify systemic and eye conditions. Diseases of eyelids, eyelashes and lachrymal drainage system. Diseases of Eyes including injury related problems. Acuity of vision, visual field and vision defects Accommodation defects <b>Homoeopathic therapeutics</b> for diseases of Eyes	II	YES	YES	YES	15

<b>F- ENT, Thyroid, Neck</b>	<p>Applied anatomy and applied physiology of ear Examination of ear Diseases of external, middle and inner ear</p> <p>Applied anatomy and physiology of nose and paranasal sinuses. Examination of nose and paranasal sinuses Diseases of nose and paranasal sinuses</p> <p>Applied Anatomy and applied Physiology of pharynx, larynx, tracheobronchial tree, Examination of pharynx, larynx, tracheobronchial tree, oesophagus Diseases of the Throat External/ and Internal, Thyroid</p> <p><b>Homoeopathic therapeutics for Diseases</b> of Nose and Paranasal sinuses, Ear and Throat (External and Internal)</p>	II	YES	YES	YES	20
<b>G- Dentistry and diseases of oral cavity</b>	<p>Applied anatomy, physiology of teeth and gums; Milestones related to teething. Examination of Oral cavity Diseases of gums Diseases of teeth Problems of dentition Oral malignancies Oral hygiene Oral health in systemic disorders</p> <p><b>Homoeopathic therapeutics</b> for diseases of Teeth and Gums</p>	II	YES	YES	YES	10

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

Theme	Topics	Term	LAQ	SAQ	MCQ	Marks
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<p><b>A- Diseases of transportin g channels</b></p>	<p>Diseases of blood vessels:</p> <p><b>A. Arteries:</b> Arterial occlusion; Ischemic disease of arteries, Injury, Aneurysm, Embolism, Thrombosis, Atherosclerosis, Gangrene, Thrombo-angiitis obliterans (Burger's Disease), Raynaud's disease,</p> <p><b>B. Veins:</b> Thrombosis: Thrombophlebitis, Deep Vein Thrombosis, Varicose veins, Venous ulcer</p> <p><b>C. Lymphatics and lymph nodes:</b> - lymphangiography,</p> <p><b>D. Diseases nerves</b></p> <p><b>E. Nerves: Peripheral nerves</b> - injury of Brachial plexus, Median nerve, Ulnar nerve, Radial nerve, axillary, common perineal, long thoracic, medial Popliteal, Carpal tunnel syndrome, claw hand, foot drop</p> <p><b>F. Homoeopathic therapeutics</b> for diseases of Arteries, Veins, Lymphatics and Nerves</p>	<p>I &amp; II</p>	<p>YES</p>	<p>YES</p>	<p>YES</p>	<p>20</p>
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<p><b>B- Diseases of the alimentary tract</b></p>	<p>a. Diseases of palate, Cheek, Tongue, Floor of the mouth &amp; Salivary Glands</p> <p>b. Oesophagus: Esophagitis, investigations, Congenital abnormalities, Perforation, Injuries, GERD, Hiatus hernia, tumours</p> <p>c. Peritoneum: Peritonitis - Acute, Biliary, Postoperative; Pelvic abscess, Subphrenic abscesses, Mesenteric cysts</p> <p>d. Retroperitoneal Spaces: Fibrosis, Swelling, Tumours, Psoas Abscess</p> <p>e. Stomach &amp; Duodenum: Test for gastric secretion, Gastritis, Peptic ulcer, gastric &amp; duodenal ulcer, Hematemesis, Gastric outlet Obstruction, Pyloric stenosis, Neoplasm, duodenum diverticula, fistula</p> <p>f. Small intestine &amp; Large intestine: Congenital, Diverticulum, ulcerative colitis, Ischemic colitis, Faecal fistula, Tumours, Barium enema, Intestinal obstruction, Intussusception, Adhesion and Bands</p> <p>g. Appendix: Appendicitis</p> <p>h. Abdominal Tuberculosis</p> <p>i. Rectum &amp; anal canal: Investigation,</p>	<p>I &amp; II</p>	<p>YES</p>	<p>YES</p>	<p>YES</p>	<p>25</p>
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	<p>examination, fissure in ano, piles, pruritus ani, prolapse of rectum, fistula in ano, ano-rectal abscess</p> <p>j. Abdominal hernias</p> <p>k. <b>Homoeopathic therapeutics</b> for diseases of alimentary tract , Hernias</p>					
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<p><b>C- Diseases of liver, spleen, gall bladder and bile duct</b></p>	<p>A) Liver: Liver Tumours: Benign, Primary malignant; Portal HTN - oesophageal varices, Ascites, Hepatic failure, Hepatic Encephalopathy</p> <p>B) Liver: Liver insufficiency, investigations, injuries, Hepatomegaly, Infection of</p>	<p>I &amp; II</p>	<p>YES</p>	<p>YES</p>	<p>YES</p>	<p>20</p>
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	<p>liver - Amoebic liver abscess, Hydatid cyst, Actinomycosis, Pyogenic</p> <p>C) Gall bladder &amp; bile duct: Investigations, injuries, gall stone, Acute and chronic cholecystitis, stone in common bile duct, Biliary stricture, biliary fistula, Surgical jaundice, CA</p> <p>D) Spleen: Investigation, Injury, Splenomegaly, splenic artery aneurysm infarct &amp; rupture, Cyst of spleen, TB, Abscess, Neoplasm</p> <p>E) Pancreas: investigations, Anomalies, Pancreatitis, Abscess, Calculus, Trauma, Fistula, Cyst, Tumours</p> <p><b>Homoeopathic therapeutics</b> for diseases of Liver, Gallbladder, Pancreas and Spleen</p>					
<b>D. Thorax, heart</b>	<p>Pleural tap, Bronchoscopy, Flail Chest and Stove in chest, Pneumothorax, Tension Pneumothorax, Haemothorax, Emphysema, Lung Abscess, Intercostal tube drainage, Shock lung (Stiff lung) Pulmonary embolism, Surgical emphysema, Lung cysts, Mediastinal tumour, Pancoast tumours, Chest wall tumours, , Diaphragmatic hernia, Pericardium &amp; Heart: Cardiac tamponade, Congenital cardiac disease, valvular disease, Pericarditis</p> <p><b>Homoeopathic therapeutics</b> for diseases of Thorax, Heart and Pericardium Diseases of Breast with Homoeopathic therapeutics</p>	I & II	YES	YES	YES	10
<b>E Diseases of urogenital system.</b>	<p>A. Urology: Investigation- Urine, renal function, urography, pyelography, cystography, USG</p> <p>B. <b>Kidney:</b> Haematuria, PCKD,</p>	II	YES	YES	YES	25

	<p>Injuries to Kidney, Renal TB, Hydronephrosis, Pyonephrosis, Perinephric abscess, Renal calculus, Ureteric calculi, Wilm's tumour, Renal cell carcinoma,</p> <p>C. <b>Urinary Bladder:</b> Anomalies, Vesical calculus, Cystitis, Recurrent cystitis, Bladder tumour, Bladder injury, Neurogenic bladder, Vesicoureteric reflux, Urinary fistula</p> <p>D. <b>Prostrate:</b> BPH, Prostatitis, Ca prostrate</p> <p>E. <b>Urethra:</b> Injury, Stricture, Hypospadias, Urethral calculi, Urethritis, Retention of urine</p> <p>F. <b>Penis:</b> Phimosis, paraphimosis, Circumcision, Ca of Penis</p> <p>G. <b>Scrotum:</b> Hydrocele, Haematocele, Pyocele, Cyst of Epididymis, varicocele</p> <p>H. <b>Testis:</b> Undescended testis, Ectopic testis, Torsion of testis, Orchitis, epididymis</p> <p>I. <b>Homoeopathic therapeutics</b> for diseases Genitourinary system</p>					

### Question paper blue print Paper I

Question serial No	Type of Question	Theme Table for Framing Question paper - Refer Theme Table No 8.4 for themes
Q. 1	Multiple choice Question (MCQ) Total 10 questions – 1 Mark each Attempt all questions	Theme – A Theme – B Theme – C Theme – D Theme – E Theme – F Theme – G

Q.2	Short answer questions (SAQ) Total - 8 questions - 5 marks each Attempt all questions	Theme – A Theme – B Theme – C Theme – D Theme – E Theme – F Theme – G
Q.3	Long answer questions (LAQ) Total – 5 questions – 10 marks each Attempt all questions	Theme – A Theme – C Theme – D Theme – E Theme – F

### Question paper blue print PaperII

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

	10 marks each Attempt all questions	– E
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### 8.1 Details of practical assessment

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

### 5. Recommended books

#### Text books

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

### Clinical Examination skill books

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

### Therapeutics books

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

### Reference books

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

## Gynecology and Obstetrics

### Index

<b>S.No</b>	<b>Description</b>	<b>Page Number</b>
1.	Preamble	
2.	Course Outcomes (CO)	
3.	Learning Objectives (LO)	
4.	Term –wise Course Content	
5.	Teaching Hours	
6.	Teaching Learning Methods	
7.	Details of Assessment	
8.	List of Recommended Books	
9	Content Mapping(Competencies table) Reference – Pg- no-91-109)	

## **Gynecology and Obstetrics**

### **Subject Code: HomUG-ObGy-II**

#### **1. 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, homoeopathy offers a holistic approach that seeks to address the physical, emotional and spiritual aspects of women's health.

Homoeopathy, 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. Homoeopathy 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, homoeopathic treatments can provide relief without adverse effects on the developing fetus. Additionally, homoeopathy 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.

## **2. Course outcomes (CO):**

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

i. Acquire knowledge and skill in applied anatomy, endocrinology and physiology including abnormality of female reproductive system during puberty, menstruation, and menopause and in different stages womanhood, integrate the knowledge with Anatomy, Physiology, Organon of medicine, Practice of medicine and Homoeopathic material medica to get a holistic understanding of disease evolution and approach to disease diagnosis and management.

ii. Acquire knowledge in the Developmental anomalies, Uterine displacements and Sex and intersexuality to understand the Predisposition including fundamental miasm, personality type known to develop particular disease, causation and modifying factors like exciting and maintaining factors.

iii. Acquire skill in case taking, clinical examination and common diagnostic modalities in Gynaecology and Obstetrics.

iv. Acquire knowledge in anatomical, physiological, endocrinological changes and minor ailments during pregnancy and skill in diagnosis of normal pregnancy, prenatal, antenatal, postnatal maternal and fetal surveillance, care of newborn, care of puerperium and integrate the knowledge with Organon of medicine and Homoeopathic Materia medica for eradicating genetic dyscrasias in the mother and fetus.

v. Acquire Knowledge in identification of causes related with male and female Infertility, their diagnosis, Artificial Reproductive Techniques and skill in Homoeopathic management along with population dynamics and control of Conception.

vi. Develop Knowledge in identifying the indications of surgical procedures, its complications, after effects and to refer for surgical intervention either as a life saving measure or for removing mechanical obstacles.

vii. Develop skill in identifying common problems during abnormal pregnancy and labour to manage it in Homoeopathic perspective including scope,

limitations and timely referral.

viii. Acquire Knowledge and develop skill in postnatal, puerperal care, diseases of fetus, and newborn and medico legal aspects with Homoeopathic perspective.

ix. Acquire skill in General and Homoeopathic Management for the related conditions in this subject and to formulate the reportorial rubrics for repertorization to arrive at the common indicated remedies for the available clinical condition.

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

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

i. Learning skills in case taking, physical examination, diagnostic procedures and managements of benign and malignant conditions, trauma, infections and inflammations related with female genitalia, and pre-malignancy screening procedures.

ii. Understanding the causes related with male and female Infertility, their diagnosis, Artificial Reproductive Techniques and skill in Homoeopathic management along with population dynamics and control of Conception.

iii. Comprehending the indications of surgical procedures, their complications, after effects and indications for surgical intervention either as a life saving measure or for removing mechanical obstacles.

iv. Understanding common problems during abnormal pregnancy and labour to manage it through Homoeopathic perspective including scope, limitations and timely referral.

v. Comprehending postnatal, puerperal care, diseases of fetus, newborn and medico legal aspects with Homoeopathic perspective.

vi. Acquire skill in case taking, clinical examination and common diagnostic modalities in Gynaecology and Obstetrics.

vii. Learning general and homoeopathic management of common Gynecological and Obstetric conditions.

viii. Integrate the knowledge with Anatomy, Physiology, Organon of medicine, Practice of medicine and Homoeopathic materia medica to get a holistic understanding of disease evolution and approach to disease diagnosis and management.

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

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

Sl. No.	List of topics	Term
1.a	Introduction to abnormal disease conditions in Gynaecology with Homoeopathic management related to causation, Clinico-pathological and miasmatic correlations with pathological end result. Review of the Homoeopathic literature, Therapeutics and Repertory source books	I
1.b	Infections & Ulcerations of the female genital organs, their Causation and modifying factors: exciting-maintaining causes from micro-organisms to environmental to climacteric to occupational etc. Psychosomatic aspect, Pathogenesis, Pathology, Clinico-pathological and miasmatic correlations with pathological end result including Homoeopathic management	I
1.c	Injuries of the genital tract, Homoeopathic management - scope and limitations.	I
1.d	Disorders of Female genital tract - Abnormal vaginal discharge, Pelvic pain, Low backache, Vaginismus, Dyspareunia, Abdomino-pelvic lump, with Homoeopathic management	I
1.e	Urinary problems in gynaecology – Incontinence, retention, urinary tract infection, dysuria and urethral carbuncle with Homoeopathic management	I
1.f	Diseases of breasts with Homoeopathic management	I
1.g	Sexually transmitted diseases including Homoeopathic management	I
1.h	Endometriosis and Adenomyosis - scope and limitation of management in Homoeopathy	II
1.i	Etiological factors related with male and female Infertility, their diagnosis, Artificial Reproductive Techniques, scope and limitation of Homoeopathic management along with population dynamics and control of Conception	II
1.j	Genital non-malignant growths - scope and limitation of management in Homoeopathy	II
1.k	Genital malignancy with scope of Homoeopathic treatment and its limitations	II
1.l	Identifying the indications of surgical procedures in Gynaecology, its complications, after effects and to refer for surgical intervention either as a life saving measure or for removing mechanical obstacles.	II
1.m	Radiotherapy, Chemotherapy, Immunotherapy, Gene therapy, Tumour markers - utility and its complications	II
1.n	General and Homoeopathic Management, repertorization,	II

	therapeutics, posology, Formulation of prognostic criteria, Prognosis and future advances of related topics in Gynaecology.	
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## Unit 2: Obstetrics, new born care & Homoeopathic therapeutics

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

	Congenital malformations of new-born Intrauterine growth retardation, Foetal anomalies including scope and limitation in Homoeopathy and timely referral.	
2.i	Knowledge about Reproductive and child health care.(a) Safe motherhood and child survival (b) Risk approach – MCH care (c) Maternal mortality and morbidity (d) Perinatal mortality and morbidity (e)Diseases of foetus and new born.	II
2.j	Medico legal aspects in obstetrics	II
2.k	General and Homoeopathic Management, repertorization, Therapeutics, Posology, Formulation of prognostic criteria, Prognosis and future advances in Obstetrics and new-born care.	II

#### 4. Teaching hours:

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

**Total Teaching hours: 189 hours**

<b>Gynaecology and Obstetrics</b>		
<b>Year</b>	<b>Teaching hours- Lectures</b>	<b>Teaching hours- Non-lectures</b>
III BHMS	110	79

##### 4.2 Teaching hours theory:

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

<b>Sl. No.</b>	<b>List of topics</b>	<b>Lecture hours</b>
1.a	<ul style="list-style-type: none"> <li>Introduction to abnormal disease conditions in Gynaecology with Homoeopathic management related to</li> </ul>	03 hrs

	<p>causation,</p> <ul style="list-style-type: none"> <li>• Clinico-pathological and miasmatic correlations with pathological end result.</li> <li>• Review of the Homoeopathic literature,</li> <li>• Therapeutics and Repertory source books</li> </ul>	
1.b	<ul style="list-style-type: none"> <li>• Infections &amp; Ulcerations of the female genital organs, their Causation and modifying factors: exciting-maintaining causes from micro-organisms to environmental to climacteric to occupational etc.</li> <li>• Psychosomatic aspect, Pathogenesis, Pathology, Clinico-pathological and miasmatic correlations with pathological end result including Homoeopathic management</li> </ul>	05 hrs
1.c	<ul style="list-style-type: none"> <li>• Injuries of the genital tract, Homoeopathic management - scope and limitations.</li> </ul>	02 hrs
1.d	<ul style="list-style-type: none"> <li>• Disorders of Female genital tract - Abnormal vaginal discharge, Pelvic pain, Low backache, Vaginismus, Dyspareunia, Abdomino-pelvic lump, with Homoeopathic management</li> </ul>	03 hrs
1.e	<ul style="list-style-type: none"> <li>• Urinary problems in gynaecology – Incontinence, retention, urinary tract infection, dysuria and urethral carbuncle with Homoeopathic management</li> </ul>	03 hrs
1.f	<ul style="list-style-type: none"> <li>• Diseases of breasts with Homoeopathic management</li> </ul>	02 hrs
1.g	<ul style="list-style-type: none"> <li>• Sexually transmitted diseases including Homoeopathic management</li> </ul>	02 hrs
1.h	<ul style="list-style-type: none"> <li>• Endometriosis and Adenomyosis - scope and limitation of management in Homoeopathy</li> </ul>	04 hrs
1.i	<ul style="list-style-type: none"> <li>• Etiological factors related with male and female Infertility, their diagnosis,</li> <li>• Artificial Reproductive Techniques, scope and limitation of Homoeopathic management along with population dynamics and control of Conception</li> </ul>	03 hrs
1.j	<ul style="list-style-type: none"> <li>• Genital non-malignant growths - scope and limitation of management in Homoeopathy</li> </ul>	04 hrs
1.k	<ul style="list-style-type: none"> <li>• Genital malignancy with scope of Homoeopathic treatment and its limitations</li> </ul>	04 hrs
1.l	<ul style="list-style-type: none"> <li>• Identifying the indications of surgical procedures in Gynaecology, its complications, after effects and to refer for surgical intervention either as a life saving measure or for removing mechanical obstacles.</li> </ul>	02 hrs
1.m	<ul style="list-style-type: none"> <li>• Radiotherapy, Chemotherapy, Immunotherapy, Gene therapy, Tumour markers - utility and its complications</li> </ul>	02 hrs
1.n	<ul style="list-style-type: none"> <li>• General and Homoeopathic management</li> <li>• Repertorization,</li> <li>• Therapeutics, posology.</li> </ul>	03 hrs. 03 hrs. 02 hrs.

	<ul style="list-style-type: none"> <li>• Formulation of prognostic criteria and</li> <li>• Prognosis of related topics in GYNAECOLOGY care</li> </ul>	02 hrs. 01 hr
<b>Total</b>		<b>50 hrs</b>

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

Sl. No.	List of topics	Lecture hours
2.a	<ul style="list-style-type: none"> <li>• Introduction to Abnormal pregnancy and labour with its scope and limitation in Homoeopathy Review of literature, Therapeutics and Repertory source books.</li> </ul>	02 hrs
2.b	High risk labour, <ul style="list-style-type: none"> <li>• Dystocia</li> <li>• Mal-positions and mal-presentation, Prolapse of cord and limbs, Abnormalities in the action of the uterus, Abnormal conditions of soft parts, Contracted pelvis,</li> <li>• Obstructed labour,</li> <li>• Complications of 3rd state of labour, Preterm labour,</li> <li>• Post maturity,</li> <li>• Injuries of birth canal,</li> <li>• Scope and limitation in Homoeopathy</li> </ul>	10 hrs
2.c	Abnormal pregnancies: <ul style="list-style-type: none"> <li>• Haemorrhages during Antepartum, postpartum and early pregnancy, Multiple pregnancy,</li> <li>• Hypertensive disorders, in identifying common problems during abnormal pregnancy and to manage it in Homoeopathic perspective including scope, limitations and timely referral.</li> </ul>	06 hrs
2.d	<ul style="list-style-type: none"> <li>• Common disorders and systemic diseases associated with pregnancy.</li> <li>• A holistic understanding of disease evolution and approach to diagnosis, prognosis, Homoeopathic management, scope and limitations</li> </ul>	04 hrs
2.e	<ul style="list-style-type: none"> <li>• Understanding Pre- natal diagnostic Techniques (Regulation and Prevention of Misuse) Act 1994</li> </ul>	03 hrs
2.f	<ul style="list-style-type: none"> <li>• Knowledge about the indication of common obstetrical operations,</li> <li>• Medical termination of pregnancy, Criminal abortion,</li> </ul>	04 hrs

	<ul style="list-style-type: none"> <li>• Caesarean section,</li> <li>• Induction of labour, Episiotomy. etc and its complications, after effects and to refer for surgical intervention either as a life saving measure or for removing mechanical obstacles.</li> </ul>	
2.g	<ul style="list-style-type: none"> <li>• Emergency obstetric care</li> </ul>	03 hrs
2.h	<p>Infant care :</p> <ul style="list-style-type: none"> <li>• Neonatal hygiene,</li> <li>• Common disorders of new-born,</li> <li>• Breast feeding,</li> <li>• Artificial feeding,</li> <li>• Management of premature child,</li> <li>• Asphyxia &amp; Ophthalmia Neonatorum</li> <li>• Birth injuries,</li> <li>• Neonatal infections,</li> <li>• Congenital malformations of new-born Intrauterine growth retardation,</li> <li>• Foetal anomalies including scope and limitation in Homoeopathy and timely referral.</li> <li>• .</li> </ul>	10 hrs
2.i	<p>Knowledge about Reproductive and child health care.</p> <ul style="list-style-type: none"> <li>• Safe motherhood and child survival (b) Risk approach – MCH care</li> <li>• Maternal mortality and morbidity</li> <li>• Perinatal mortality and morbidity</li> <li>• (e) Diseases of foetus and new born</li> </ul>	02 hrs
2.j	<ul style="list-style-type: none"> <li>• Medico legal aspects in obstetrics</li> </ul>	02 hrs
2.k	<ul style="list-style-type: none"> <li>• General and Homoeopathic management</li> <li>• Repertorization,</li> <li>• Therapeutics, posology.</li> <li>• Formulation of prognostic criteria and</li> <li>• Prognosis of related topics in OBSTETRICS AND NEW BORN care</li> </ul>	03 hrs. 03 hrs. 03 hrs. 02 hrs. 03 hrs

#### 4.3 Teaching hours Non-lecture:

S. NO.	Non lecture activity	Hours
<b>CLINICAL / PRACTICAL</b>		<b>55 hrs</b>
A	Homoeopathic OPD postings	25 hrs
B	Homoeopathic case taking	
C	Homoeopathic management: <ul style="list-style-type: none"> <li>• Repertorization</li> <li>• Potency and dose</li> <li>• Different remedies</li> <li>• Prescription,</li> <li>• General and auxiliary management</li> </ul>	
D	Bedside IPD clinics	30 hrs
E	Gynaecological Case taking	
F	Gynaecological Examination- OSCE	
G	Obstetrical Case taking	
H	Obstetrical Examination- OSCE	
<b>2.</b>	<b>DEMONSTRATIVE -24 hours</b>	<b>24 hrs</b>
A	Small group teaching/seminars/tutorials/field visits/Problem based / Case based learning/ skill lab training /integrated learning/group discussion/ assignments	18 hrs.
B	Investigations, Diagnosis , D/D	02 hrs.
C	Instruments - demonstration	02 hrs
D	Models , charts & specimens	02 hrs
<b>TOTAL</b>		<b>79 HRS</b>

## 6. Teaching learning methods

Lectures (Theory) Non-lectures (Practical/Demonstrative)	Lectures (Theory) Non-lectures (Practical/Demonstrative)
Lectures- black board, AV aids	Demonstration of charts, models, pelvis and dummy, birth simulators, neonatal

	manikin & resuscitation simulators, specimens, instruments, videos, simulator based learning, tutorials etc.
Small group discussion	Clinical demonstration, DOAP, DOPS, OSCE
Integrated lectures	Problem based learning/discussion-Case based learning, assignments, minor research projects
	Flipped classroom
	Participatory learning e.g. quiz, seminar etc.
	Library reference
	Self-learning

## 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)		
1. 1 Details of assessment	Third Professional BHMS	PA I (end of 3 months)	TT I (end of 6 months)	PA II (end of 9 months)	FUE (end of 12 months)	
		20 Marks Viva	100 Marks Practical/ Viva i) Viva voce - 50 marks ii) Practical* - 50 marks	20 Marks Viva	200 marks theory	200 marks Practical+ Viva+ IA

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

**Practical examinations TT I:**

**Case taking: total 2 cases to be taken, one for each Gynaecological and Obstetrical condition-**

Construct the portrait of disease in presenting Gynaec./Obs. condition with relevance to Hahnmeannian case taking. **(5 marks)**

Perceive the symptomatology and derive the rubrics **(5 marks)**

Derive at the miasmatic background of presenting gynaecological condition with help of clinico-pathological findings including

Homoeopathic management **(5 marks)**

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

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

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

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

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

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

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

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

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

**7.3 Paper Layout**

**Summative assessment (FUE):**

**Theory- 200 marks**

<b>Paper I (100 Marks)</b>		
<b>Gynaecology &amp; homoeopathic therapeutics</b>		
1	LAQ	50

2	SAQ	40
3	MCQ	10
<b>Paper II (100 Marks)</b> <b>Obstetrics, new born care &amp; homoeopathic therapeutics</b>		
1	LAQ	50
2	SAQ	40
3	MCQ	10

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

Theme	Topics	Term		Marks	MCQ	SAQ	LAQ
		II BHMS	III BHMS				
<b>A</b>	Introduction to Gynaecology with definition of Hahnemannian classification of disease. <input type="checkbox"/> Importance in the review of the Homoeopathic	<b>I</b>		<b>10</b>	<b>YES</b>	<b>YES</b>	<b>NO</b>

literature, Therapeutics and Repertory source books							
A review of the applied anatomy of female reproductive system, Development and Developmental anomalies	I				YES	YES	NO
Gynaecological Case taking, physical examination, investigation and approach to clinical diagnosis and Differential diagnosis.	I				YES	YES	NO
Epidemiology - Predisposition including fundamental miasm: personality type known to develop particular disease	I				YES	YES	NO
Sex & Intersexuality- Knowledge and scope to eradicate genetic Dyscrasias, predisposition, miasm and personality types known to develop particular diseases through Homoeopathic outlook.	II				YES	YES	NO
Introduction to abnormal disease conditions in Gynaecology with Homoeopathic management related to causation, Clinicopathological and miasmatic correlations with		I			YES	YES	NO

	pathological end result. Review of the Homoeopathic literature, Therapeutics and Repertory source books						
<b>B</b>	A review of the applied physiology of female reproductive systems, puberty, menstruation and its disorders including Menorrhagia, A review of the applied physiology of female reproductive systems, puberty, menstruation and its disorders including Menorrhagia,	<b>I</b>		<b>20</b>	<b>Yes</b>	<b>Yes</b>	<b>Yes</b>
	Uterine displacements – Prolapse, Retroversion and inversion with its exciting and maintaining causes, disease manifestations, prognosis, management and scope in homoeopathic perspective	<b>II</b>			<b>Yes</b>	<b>Yes</b>	<b>Yes</b>
	Urinary problems in gynaecology – Incontinence, retention, urinary tract infection, dysuria and urethral caruncle with Homoeopathic management		<b>I</b>		<b>Yes</b>	<b>Yes</b>	<b>Yes</b>
<b>C</b>	General and Homoeopathic	<b>II</b>		<b>20</b>	<b>Yes</b>	<b>Yes</b>	<b>Yes</b>

	Management, repertorization, therapeutics, posology, Formulation of prognostic criteria and Prognosis of related topics in Gynaecology						
	Infections & Ulcerations of the female genital organs, their Causation and modifying factors: exciting-maintaining causes from microorganisms to environmental to climacteric to occupational etc. Psychosomatic aspect, Pathogenesis, Pathology, Clinico-pathological and miasmatic correlations with pathological end result including Homoeopathic management		<b>I</b>		<b>Yes</b>	<b>Yes</b>	<b>NO</b>
	Injuries of the genital tract, Homoeopathic management - scope and limitations.		<b>I</b>		<b>Yes</b>	<b>Yes</b>	<b>NO</b>
	Etiological factors related with male and female Infertility, their diagnosis, Artificial Reproductive Techniques, scope and limitation of Homoeopathic management along		<b>II</b>		<b>Yes</b>	<b>Yes</b>	<b>Yes</b>

	with population dynamics and control of Conception						
	General and Homoeopathic Management, repertorization, therapeutics, posology, Formulation of prognostic criteria, Prognosis and future advances of related topics inGynaecology.		<b>II</b>		<b>Yes</b>	<b>Yes</b>	<b>Yes</b>
<b>D</b>	Disorders of Female genital tract - Abnormal vaginal discharge, Pelvic pain, Low backache, Veganism's, Dyspareunia, Abdomino pelvic lump, withHomoeopathic management  Sexually transmitted diseases including Homoeopathic management		<b>I</b>  <b>I</b>	<b>15</b>	<b>Yes</b>  <b>Yes</b>	<b>Yes</b>  <b>Yes</b>	<b>NO</b>  <b>No</b>
<b>E</b>	Genital non-malignant growths - scope and limitation of management in Homoeopathy		<b>II</b>	<b>20</b>	<b>Yes</b>	<b>Yes</b>	<b>Yes</b>
	Diseases of breasts with Homoeopathic		<b>I</b>		<b>Yes</b>	<b>Yes</b>	<b>NO</b>

	management						
	Endometriosis and Adenomyosis - scope and limitation of management in Homoeopathy		II		Yes	Yes	Yes
<b>F</b>	Genital malignancy with scope of Homoeopathic treatment and its limitations		II	<b>15</b>	Yes	Yes	Yes
	Identifying the indications of surgical procedures in Gynaecology, its complications, after effects and to refer for surgical intervention either as a life saving measure or for removing mechanical obstacles.		II		Yes	Yes	No
	Radiotherapy, Chemotherapy, Immunotherapy, Gene therapy, Tumor markers - utility and its complications		II		Yes	Yes	No

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

Theme	Topics	Term		Marks	MCQ	SAQ	LAQ
		II BHMS	III BHMS				
<b>A</b>	Introduction to Obstetrics and Newborn care related with Homoeopathic Philosophy, Therapeutics and Repertorisation.	I		<b>10</b>	YES	YES	NO
	Fundamentals of	I			YES	YES	NO

	reproduction						
	Development of intra uterine pregnancy	I			<b>YES</b>	<b>YES</b>	<b>NO</b>
	Diagnosis of pregnancy, investigations & examinations, applied anatomy & physiology, Normal pregnancy – physiological changes	I			<b>YES</b>	<b>YES</b>	<b>NO</b>
	Understanding Pre- natal diagnostic Techniques (Regulation and Prevention of Misuse) Act 1994	II			<b>YES</b>	<b>YES</b>	<b>NO</b>
<b>B</b>	Antenatal care – aims, objectives, visits, advise, procedures, investigations, identifying high risk cases, scope and limitation of management in Homoeopathy	I		<b>10</b>	<b>Yes</b>	<b>Yes</b>	<b>No</b>
	Common conditions such as Vomiting, backache, constipation in pregnancy and Homoeopathic management	I			<b>Yes</b>	<b>Yes</b>	<b>No</b>
	Important Investigations for diagnosis in Obstetrics	II			<b>Yes</b>	<b>Yes</b>	<b>No</b>
	Knowledge about Reproductive and child health care. Safe motherhood and child survival (b) Risk approach – MCH care Maternal mortality and morbidity Perinatal mortality and morbidity (e) Diseases of foetus and new born.		II		<b>Yes</b>	<b>Yes</b>	<b>No</b>
	<ul style="list-style-type: none"> <li>Medico legal aspects in obstetrics</li> </ul>		II		<b>Yes</b>	<b>Yes</b>	<b>NO</b>

<b>C</b>	Normal labour with its causes of onset, anatomy, physiology, mechanism, stages, events and clinical course in each stage, importance of Homoeopathic scope and management	<b>II</b>		<b>20</b>	<b>Yes</b>	<b>Yes</b>	<b>Yes</b>
	Postnatal & puerperal cure - scope and limitation of management in Homoeopathy		<b>II</b>		<b>Yes</b>	<b>Yes</b>	<b>Yes</b>
	Introduction to Abnormal pregnancy and labour with its scope and limitation in Homoeopathy Review of literature, Therapeutics and Repertory source books		<b>I</b>		<b>Yes</b>	<b>Yes</b>	<b>No</b>
	Common disorders and systemic diseases associated with pregnancy. A holistic understanding of disease evolution and approach to diagnosis, prognosis, Homoeopathic management, scope and limitations		<b>I</b>		<b>Yes</b>	<b>Yes</b>	<b>No</b>
<b>D</b>	High risk labour, Dystocia Mal-positions and mal-presentation, Prolapse of cord and limbs, Abnormalities in the action of the uterus, Abnormal conditions of soft parts, Contracted pelvis, Obstructed labour, Complications of 3rd state of labour, Preterm labour, Post maturity		<b>I</b>	<b>20</b>	<b>Yes</b>	<b>Yes</b>	<b>Yes</b>

	Injuries of birth canal, Scope and limitation in Homoeopathy						
	Indication of common obstetrical operations, Medical termination of pregnancy, Criminal abortion, Caesarean section, Induction of labour, Episiotomy. etc and its complications, after effects and to refer for surgical intervention either as a life saving measure or for removing mechanical obstacles.		II		Yes	Yes	NO
	Emergency obstetric care		II		Yes	Yes	No
<b>E</b>	Abnormal pregnancies: Hemorrhages during Antepartum, postpartum and early pregnancy, Multiple pregnancy, Hypertensive disorders, in identifying common problems during Abnormal pregnancy and to manage it in Homoeopathic perspective including scope, limitations and timely referral.		I	<b>20</b>	Yes	Yes	Yes
	General and Homoeopathic Management, reperitisation, therapeutics, posology, Formulation of prognostic criteria and Prognosis of related topics in Obstetrics and newborn care.	II			No	Yes	Yes

<b>F</b>	<p>Infant care :  Neonatal hygiene,  Common disorders of newborn,  Breast feeding,  Artificial feeding,  Management of premature child,  Asphyxia  &amp;OphthalmiaNeonatorum  Birth injuries,  Neonatal infections,  Congenital malformations of newborn Intrauterine growth retardation,  □□Foetal anomalies including scope and limitation in Homoeopathy and timely referral.</p>		<b>II</b>	<b>20</b>	<b>Yes</b>	<b>Yes</b>	<b>Yes</b>
	<p>□□Care of new born in homoeopathic point of view</p>	<b>II</b>			<b>Yes</b>	<b>Yes</b>	<b>Yes</b>
	<p>General and Homoeopathic Management, repertorisation, Therapeutics, Posology, Formulation of prognostic criteria, Prognosis and future advances in Obstetrics and newborn care.</p>		<b>II</b>		<b>No</b>	<b>Yes</b>	<b>Yes</b>

**7.6 Question paper blue print Paper I- Gynaecology & Homoeopathic Therapeutics**

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

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

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

### 7.8 Details of practical assessment

Clinical performance - Bedside case taking - ANC, PNC or Gynae with case analysis	15 marks
Diagnosis and D/D (in Gynaec case),	03 marks
Investigations	02 marks
Totality, Remedy selection, Potency selection, Repetition of dose, Repertorization etc.	20 marks
Identification of instruments, models and specimens	30 marks
Case Records to be maintained by each student ( <b>10 Gynae cases + 10 Obs cases</b> )	20 marks
Log Book/ Problem based assignments/ Small project, clinical evaluation, DOPS/OSCE etc.	10 marks
Viva Voce -Theory (Obstetrics, Gynaecology and Infant care with Homoeopathic Therapeutics)	80 marks
Internal Assessment	20 marks
<b>Total marks for viva &amp; clinical exam</b>	<b>200 Marks</b>

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

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

### Reference books

1. S. Dawn - Textbook of Obstetrics and Neonatology –15th edition 2001, Smt. Arati Dawn Books Kolkata.
2. S. Dawn – Textbook of Gynaecology Contraception and Demography, 14th edition 2003, Smt. Arati Dawn &Debabrata Dawn
3. Five Teachers text book of Gynaecology, Khan, Rashid Latif
4. Gems of Obstetric and Gynecology With Homoeopathic Therapeutics,

Patil,J.D

5. Homoeopathy for Mother and Child Care Vol-III, Jalasa.S
6. Principles & Practice of Homeopathy in Obstetrics& Pediatrics, Guernsey H.N
7. Handbook of Homoeopathic Therapeutics on Obstetrics and Gynaecology
8. □□Mudaliar and Menon's Clinical Obstetrics 12th Edition

## Community Medicine

### Index

<b>S. No</b>	<b>Description</b>	<b>Page Number</b>
1.	Preamble	3
2.	Program Outcomes (PO)	4

3.	Course Outcomes (CO)	5
4.	Learning Objectives (LO)	6
5.	Course Content and Term –wise Distribution	6-11
6.	Teaching Hours	11-12
7.	Content Mapping	13-148
8.	Teaching Learning Methods	148
9.	Details of Assessment	149-157
10.	List of Recommended Books	157
11.	List of Contributors	158

**Subject name:** - Community Medicine

**Subject code:** HomUG-CM -I

## 1. Preamble

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

Homoeopathic practitioners' responsibility is not only to restore the sick to

health with their basic clinical skills but also to analyse the community health problem, prevent diseases at the community level as well as promote good health. To improve community health homoeopathic community medicine practitioners are required to work beyond their medical knowledge, they should possess knowledge of other sub-disciplines such as biostatistics, social and behavioral health, environmental health, healthcare management, public health nutrition, health economics, health financing, health informatics, and other related disciplines.

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

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

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

## **2. Course outcomes**

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

- i. Recognise community health problems, apply clinical skills, and manage the problems using homoeopathic principles.
- ii. Identify determinants of health and disease, and use the knowledge for prevention, and control of diseases and promote good health in the

community.

- iii. Identify, prioritise, manage, and report diseases of public health importance at the appropriate levels.
- iv. Outline the process of epidemics/outbreak investigation and manage them with a homoeopathic approach.
- v. Participate in screening of diseases at individual and community levels.
- vi. Promote community participation in disease prevention and control; and promotion of health.
- vii. Identify community behaviours associated with health problems and provide interventions.
- viii. Factor in epidemiological principles while conducting studies /research; collect, collate, analyse, and report public health problems.
- ix. Plan and participate in implementing national health programs in the community.

Select an appropriate research study design to conduct research in homoeopathy.

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

The learning objectives for this course are to-

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

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

Sl. No.	List of Topics	Term
1.	<b>Fundamental Concepts of Community Medicine, Public Health, and History of Community Medicine.</b> 1.1. Basic definitions 1.2. Public health 1.3. History of public health 1.4. History of public health in India 1.5. Importance of community medicine for Homoeopath 1.6. Role of homoeopaths in public health	
2.	<b>Concepts of Health, Disease Causation &amp; Prevention and Homoeopathy</b> 2.1. Concept of health 2.2. Health 2.3. Disease causation 2.4. Biomedical Model of Health 2.5. Web of Causation 2.6. Natural history of disease 2.7. Levels of prevention 2.8. Determinants of health 2.9. Iceberg phenomenon 2.10. Spectrum of health 2.11. Disease elimination and control 2.12. Concept of health and disease from a Homoeopathic perspective 2.13. Concept of well-being 2.14. Indicators of health and disease 2.15. Mortality Rates 2.16. Morbidity Rates 2.17. Disability rates 2.18. Summary measures 2.19. Health status of India	
3.	<b>Community Health, Healthcare of the Community, and Healthcare Delivery Systems in India</b> 3.1. Health System 3.2. Types of health systems 3.3. Health systems framework 3.4. Healthcare of the community 3.5. Healthcare Levels in India 3.6. Healthcare Delivery Systems in India	
4.	<b>Social and Behavioural Health and its Relevance to Homoeopathy</b> 4.1. Social and Behavioural Health 4.2. Health Behaviour 4.3. Medical Sociology 4.4. Social Determinants of Health	

	<p>4.5. Community</p> <p>4.6. Family in Health and Disease</p> <p>4.7. Social Stratification: Socioeconomic status, social class, Poverty, and Health</p> <p>4.8. Health promotion, Behavioural health theories, and Behaviour Change Communication (BCC)</p> <p>4.9. Clinical, social-cultural, and demographic assessment of individual, family, and community (Medico social case workup)</p> <p>4.10. Family Health Record</p>	
<b>5.</b>	<p><b>Nutrition for Community Health</b></p> <p>5.1. Nutrition: General concepts</p> <p>5.2. Dietary standards: Recommended Dietary Allowance (RDA and Estimated Average Requirement (EAR)</p> <p>5.3. Energy</p> <p>5.4. Proximate Principles of Food, Protein, Fats, Carbohydrates</p> <p>5.5. Dietary fibre</p> <p>5.6. Vitamins</p> <p>5.7. Minerals</p> <p>5.8. Nutritional requirements of special groups</p> <p>5.9. Nutritional problems of public health importance</p> <p>5.10. Milk and Meat</p> <p>5.11. Nutritional assessment, surveillance, education and rehabilitation</p> <p>5.12. Food Safety, Food Hygiene, Food Processing, Food Additives, Food preservatives, Food Fortification, Food adulteration and food toxicants.</p> <p>5.13. National Nutritional Programs</p>	
<b>6.</b>	<p><b>Environment and Health</b></p> <p>6.1. Basic introduction to environmental health</p> <p>6.2. Water and Health</p> <p>6.3. Sanitation, Solid Waste, Human Excreta and Sewage disposal</p> <p>6.4. Disposal of Solid waste and wastewater</p> <p>6.5. Excreta Disposal</p> <p>6.6. Bio-medical waste and its management</p> <p>6.7. Temperature and health</p> <p>6.8. Noise and health</p> <p>6.9. Environmental Pollution</p> <p>6.10. Air and health</p> <p>6.11. Ventilation and health</p> <p>6.12. Radiation and health</p> <p>6.13. Light and Health</p> <p>6.14. Housing and Health</p> <p>6.15. Laws of environmental pollution</p> <p>6.16. Medical Entomology</p>	

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

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

## 1. Teaching Hours

### 1.1. Gross division of teaching hours

Community Medicine		
Year	Teaching hours- Lectures	Teaching hours- Non-lectures
III BHMS	100	60

### 6.2 Teaching hours theory

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

## 6.2 Teaching hours: Non-lecture

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

### 1. Teaching learning methods

Lectures (Theory)	Non-lectures (Practical/Demonstrative)
Lectures	Practical /Lab work

Small group discussion	Field Visits
Integrated lectures	Community-Based Activity
Structured interactive sessions	Clinical /Hospital Posting
	Problem based discussion
	Case based learning
	Tutorials
	Seminars
	Video clips
	Assignments

## 5. Details of assessment

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

Sr. No	Professional Course	Term I (1-6 Months)		Term II(7-12 Months)		
1	Third Professional BHMS	PA I (end of 3 months)	TT I (end of 6 months)	PA II (end of 9 months)	FUE (end of 12 months)	
		10 Marks Viva	50 Marks Practical/ Viva 1. Viva voce - 25 marks 2. Practical- 25 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**

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

Sr. No.	Headings	Total Marks	Time
1.	Viva Voce	25 Marks	

2.	<b>Experiment: (One)</b> i. Measuring anthropometric measurements of a simulated patient ii. Measuring specified adulteration using appropriate Instruments (Water & Milk Adulteration)	5 marks × 1 Experiment = <b>5 marks</b>	<b>15 mins</b>
3.	<b>Case Study: (One)</b> i. Calculating Morbidity, Mortality, and Disability Rate ii. Plotting of the Growth Chart iii. Identifying infectious disease from the given Case description iv. Identifying Deficiency disease from the given Case description	5 marks × 1 Case Study = <b>5 marks</b>	<b>15 mins</b>
	description		
4.	<b>Spotting (5):</b>	<b>10 Marks</b>	<b>15 mins</b>
	ANY FIVE SPOTTINGS (Health Definitions/ Disease Definitions/ Vital Statistics Formulae/ Behavioural Health/ Food spots & RDA values/ Food Nutritional values/ Food Safety & Adulteration tests)	2 marks X 5 Spotters = 10 marks	3 minutes for each spotting=15 minutes

5.	Journal or Practical Record Book	5 marks	
<b>Total</b>		<b>50 Marks</b>	

### 1.1. 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	HomUG-CMI	01	100 marks	50 marks**	40 marks	10 marks  (Marks of PA I + TT I + PA II)	200marks

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

70 X 10

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

Sr. No.	Headings	Total Marks	Time
1.	<b>Experiment / Case Study: (One)</b> <b>Examples</b> iii. Measuring anthropometric measurement of simulated patient iv. Segregation of Bio Medical waste v. Measuring specified	5 marks × 1 Experiment = 5 marks	15 mins

	adulteration using appropriate Instruments (Water & Milk Adulteration)		
2.	<b>Case Study: (One)</b> v. Plotting of the Growth Chart vi. Identifying infectious disease from the given Case description vii. Identifying Deficiency disease from the given Case description	5 marks × 1 Case Study = 5 marks	<b>15 mins</b>
3.	<b>Spotters (5)</b> ANY FIVE SPOTTERS (Instruments/ Equipment/ Specimens / Models)- <ul style="list-style-type: none"> <li>• Identify the spot</li> <li>• List the characteristic features/ utility of the spot</li> </ul>	3 marks X 5 Spotters = 15 marks	<b>3 minutes for each spotting=15 minutes</b>
4.	<b>Spotting (5):</b> <b>ANY FIVE SPOTTINGS</b> <b>(Food Items / Family Planning contraceptive devices/growth cycle of infective agents / Formula of vital statistics/calculations of BMI percentile growth charts)-</b> <ul style="list-style-type: none"> <li>• Identify the spot</li> <li>• List the characteristic Features/ utility of the spot</li> </ul>	3 marks X 5 Spotters = 15 marks	<b>3 minutes for each spotting=15 minutes</b>
5.	<b>Journal or Practical Record Book</b>	10 marks	
6.	<b>Viva-voce</b>	40 marks	

<b>7.</b>	<b>Internal assessment (IA)</b>	10 marks	
<b>Total</b>		<b>100 marks</b>	

## 5.2. Paper Layout

**Summative assessment(FUE):**

**THEORY 100 Marks**

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

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

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

### 5.3. Question paper blueprint

<b>A</b> Question Serial Number	<b>B</b> Type of Question	<b>Question Paper Format (Refer table 8.16 for themes)</b>
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"> <li>1. Theme B</li> <li>2. Theme C</li> <li>3. Theme E</li> <li>4. Theme F</li> <li>5. Theme G</li> <li>6. Theme H</li> <li>7. Theme I</li> <li>8. Theme J</li> <li>9. Theme K</li> <li>10. Theme L</li> </ol>
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"> <li>1. Theme C</li> <li>2. Theme D</li> <li>3. Theme E</li> <li>4. Theme F</li> <li>5. Theme G</li> <li>6. Theme J</li> <li>7. Theme K</li> <li>8. Theme L</li> </ol>
Q3	Long Answer Questions (LAQ) 5 Questions 10 Marks each All compulsory	<ol style="list-style-type: none"> <li>1. Theme B</li> <li>2. Theme E</li> <li>3. Theme F</li> <li>4. Theme H</li> <li>5. Theme K</li> </ol>

### 5.4. OSPE STATIONS:

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

**TOPIC SPECIFICATION:** Assessing Practical Skills

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

Experiment

**For Candidate:**

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

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

**For Examiner:**

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

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

**TOPIC SPECIFICATION:** Case-based identification

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

**For Candidate:**

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

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

**For Examiner:**

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

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

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

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

**For Candidate:**

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

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

**For Examiner:**

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

**STATION # 4: SPOTTING (Unobserved Station) For Organizer:****TOPIC SPECIFICATION:** Identification of the spotting and its characteristics**SAMPLE MATERIAL:** Food Items / Family Planning contraceptive devices/growth cycle of infective agents / Formula of vital statistics/calculations of BMI percentile growth charts**For Candidate:****Max. Marks:** 15 Marks **Time Allowed:** 15 minutes **Task:**

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

**For Examiner:**

Key	Allotted Marks
Assessment of the identification of the spot (correct answer key)	1
List the characteristic features/utility of the spot (based on the checklist)	2

**6. List of recommended Books Basic Books**

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

**Reference**

- Kishore, J. (2023). National health programs of India: national policies and legislations related to health. *Peer-reviewed, Official Publication of the Indian Academy of Geriatrics*, 165.

- Detels, R., Beaglehole, R., Lansang, M. A., & Gulliford, M. (2011). *Oxford textbook of public health*. Oxford University Press.

**COMPETENCY BASED DYNAMIC CURRICULUM FOR THIRD YEAR PROFESSIONAL  
COURSE  
DEPARTMENT OF YOGA**

**TABLE OF CONTENTS**

<b>SI No</b>	<b>Title</b>	<b>Page No</b>
1	Course Code and Name of Course	
2	Preamble	
3	Course Outcomes (CO)	
4	Course Content	

Subject: Yoga for Health Promotion

Subject Code: Hom UG-YOGA III

Program Outcome (PO): The student shall learn the application of Yoga and its

philosophy. Special emphasis should be given on practical methods and clinical yoga therapy.

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

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

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

S.NO	Topic	No of Hrs
	Advance yoga practices	02 hrs
	Yoga therapy and application	02 hrs
	Teaching and practical skills	02 hrs
	Yogic management of lifestyle disorders	02 hrs
	Importance of yoga in homeopathy	05 hrs
	Indian culture and historical concept of yoga	02 hrs
	Concept of Prana and Vital force	01 hrs
	Guided meditation sessions	02 hrs
	Understanding the core concepts and principles of yoga	02 hrs
	Practical application of yoga principles in the Context of homoeopathic treatment	01 hrs