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વીર નર્મદ દક્ષિણ ગુજરાત યુનિવર્સિટી

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-: પરિપત્ર :-

હોમીયોપેથી વિદ્યાશાખા હેઠળની સંલગ્ન કોલેજોના આચાર્યશ્રીઓને જણાવવાનું કે, શૈક્ષણિક વર્ષ ૨૦૨૪-૨૫ બેચથી નવા CBDC MD (Homoeopathy) કોર્સની અંગે વિચારણા કરતા હોમિયોપેથી વિદ્યાશાખાની તા.૩૦/૦૧/૨૦૨૫ની સભાનાં ઠરાવ ક્રમાંક: ૨ થી કરેલ ભલામણને એકેડેમિક કાઉન્સિલની તા.૧૧/૦૨/૨૦૨૫ની સભાનાં ઠરાવ ક્રમાંક:૩૪ થી સ્વીકારી મંજૂર કરેલ છે. જેનો અમલ કરવા આથી જાણ કરવામાં આવે છે.

હોમિયોપેથીક વિદ્યાશાખાની તા.૩૦/૦૧/૨૦૨૫ની સભાનાં ઠરાવ ક્રમાંક: ૨

- :: આથી ઠરાવવામાં આવે છે કે, શૈક્ષણિક વર્ષ ૨૦૨૪-૨૫ બેચથી નવા CBDC MD (Homoeopathy) કોર્સની ગાઈનલાઈન સ્વીકારી મંજૂર કરી એકેડેમિક કાઉન્સિલને ભલામણ કરવામાં આવે છે.

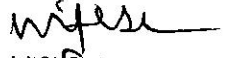
એકેડેમિક કાઉન્સિલની તા.૧૧/૦૨/૨૦૨૫ની સભાનાં ઠરાવ ક્રમાંક:૩૪

- :: આથી ઠરાવવામાં આવે છે કે, હોમિયોપેથી વિદ્યાશાખાની તા.૩૦/૦૧/૨૦૨૫ની સભાનાં ઠરાવ ક્રમાંક: ૨ અન્વયે કરેલ ભલામણ સ્વીકારી મંજૂર કરવામાં આવે છે.

(બિડાણ: ઉપર મુજબ)

ક્રમાંક:ઓથોરિટીઝ/પરિપત્ર/૩૯૩૯/૨૦૨૫

તા.૧૩/૦૨/૨૦૨૫


કુલસચિવ ઉગ્

પ્રતિ,

- ૧) હોમિયોપેથી વિદ્યાશાખા હેઠળની તમામ સંલગ્ન કોલેજોનાં આચાર્યશ્રીઓ.
..... આપશ્રીની કોલેજના સંબંધિત શિક્ષકોને જાણ કરી અમલ કરવા સારું.
- ૨) અધ્યક્ષશ્રી, હોમિયોપેથી વિદ્યાશાખા.
- ૩) પરીક્ષા નિયામકશ્રી, પરીક્ષા વિભાગ, વી.ન.દ.ગુ.યુનિ. સુરત.
.....જાણ તેમજ અમલ સારું.

सत्यमेव जयते

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राष्ट्रीय होम्योपैथी आयोग

अधिसूचना

नई दिल्ली, 18 मार्च, 2024

फा. सं. 3-42/2021/एनसीएच/एचईबी/पीजी. रजि.—राष्ट्रीय होम्योपैथी आयोग अधिनियम, 2020 (2020 का 15) की धारा 16 और धारा 26 के साथ पठित धारा 55 की उप-धारा (1) और उपधारा (2) के खंड (द) द्वारा प्रदत्त शक्तियों का प्रयोग करते हुए और होम्योपैथी (स्नातकोत्तर डिग्री पाठ्यक्रम) एम.डी. (होम्यो.) विनियम, 1989 का अधिक्रमण करते हुए, ऐसे अधिक्रमण से पहले किए गए या किए जाने वाले कार्यों के लोप के सिवाय, आयोग एतद्वारा निम्नलिखित विनियम बनाता है, नामतः -

- संक्षिप्त शीर्षक एवं प्रारंभ - (1) इन विनियमों को राष्ट्रीय होम्योपैथी आयोग (होम्योपैथी स्नातकोत्तर डिग्री पाठ्यक्रम - होम्योपैथी में डॉक्टर ऑफ मेडिसिन) विनियम, 2024 कहा जाएगा।
(2) ये विनियम भारत के राजपत्र में प्रकाशन की तिथि से प्रवृत्त होंगे।
- परिभाषाएँ- (1) इन विनियमों में, जब तक कि संदर्भ से अन्यथा अपेक्षा न हो-
 - “अधिनियम” से राष्ट्रीय होम्योपैथी आयोग अधिनियम, 2020 (2020 का 15) अभिप्रेत है;
 - “अनुलग्नक” से इन विनियमों के साथ संलग्न एक अनुलग्नक अभिप्रेत है;
 - “परिशिष्ट” से इन विनियमों के साथ संलग्न परिशिष्ट अभिप्रेत है;
 - “ऐच्छिक” से अभिप्रेत है छात्र की शैक्षणिक अभिव्यक्ति को समृद्ध करने के लिए तैयार किए गए अध्ययन का एक वैकल्पिक पाठ्यक्रम;

- (ड) "एम.डी. (होम्योपैथी) से अभिप्रेत है इन विनियमों में यथा-विनिर्दिष्ट होम्योपैथी (होम्योपैथी में डॉक्टर ऑफ मेडिसिन) में स्नातकोत्तर डिग्री अथवा उपाधि;
- (च) "पाठ्यविवरण (सिलेबस)" में इन विनियमों के तहत राष्ट्रीय होम्योपैथी आयोग द्वारा यथा विनिर्दिष्ट अध्ययन के लिए पाठ्यचर्या अंतर्विष्ट है।
- (2) इन विनियमों में प्रयुक्त शब्दों एवं अभिव्यक्तियों को यहां पारिभाषित नहीं किया गया है परंतु उन्हें अधिनियम में पारिभाषित किया गया है, उनका वही अर्थ होगा जो उन्हें अधिनियम में क्रमशः पारिभाषित किया गया है।

3. होम्योपैथी स्नातकोत्तर प्रशैक्षणिक कार्यक्रम का उद्देश्य - होम्योपैथी स्नातकोत्तर प्रशैक्षणिक कार्यक्रम का उद्देश्य निम्न प्रकार होगा, नामतः -

- (क) होम्योपैथी की महत्ता को राष्ट्रीय प्राथमिकताओं और समुदाय की स्वास्थ्य आवश्यकताओं के संदर्भ में मान्यता देना;
- (ख) होम्योपैथी की प्रैक्टिस नैतिकता और प्रणाली (सिस्टम) के सिद्धांतों के अनुरूप करना;
- (ग) स्वतः-निर्देशित छात्र के रूप में कौशल विकसित करना, निरंतर शिक्षा आवश्यकताओं को मान्यता देना, उपयुक्त अधिगम संसाधनों का चयन एवं उपयोग करना।
- (घ) शोध प्रविधि अर्थात् रिसर्च मैथोडोलॉजी एवं जानपदिक विज्ञान के मूलभूत सिद्धांतों में अपनी अभिज्ञता को प्रदर्शित करना और संबद्ध प्रकाशित शोध साहित्य का विस्तृत रूप से विश्लेषण करना।
- (ङ) किसी दिए गए मामले में स्वास्थ्य के सामाजिक, आर्थिक, पर्यावरणीय, जैवकीय और भावनात्मक निर्धारकों की पहचान करना, और थेराप्यूटिक अथवा चिकित्साविधान, पुनर्वास, रोकथाम और प्रोत्साहक उपायों या रणनीतियों की योजना बनाते हुए उनको ध्यान में रखना;
- (च) स्वास्थ्य समस्याओं का निदान करना और नैदानिक मूल्यांकन, जांचों आदि के आधार पर और होम्योपैथी के दायरे के अनुसार प्रबंध करना;
- (छ) उचित शोध प्रविधि का प्रयोग करके शोधनिबंध (डिसर्टेशन) या शोध परियोजना शुरू करके वैज्ञानिक कौशल का प्रदर्शन करना;
- (ज) होम्योपैथी के साथ राष्ट्रीय स्वास्थ्य कार्यक्रमों के कार्यान्वयन में सौंपी गई भूमिका को प्रभावशाली ढंग से और जिम्मेदारी से निभाना;
- (झ) आयुष क्लिनिक या अस्पताल या क्षेत्र/फील्ड में पर्याप्त प्रबंधकीय कौशल का प्रदर्शन करते हुए चुनी हुई या सौंपी गई स्वास्थ्य परिचर्या सेवाओं को व्यवस्थित करना और पर्यवेक्षण करना; और
- (ञ) होम्योपैथी चिकित्सा छात्रों के शैक्षणिक के लिए लागू शैक्षणिक विधियों और तकनीकों का उपयोग करने में उनमें कौशल विकसित करना।

4. स्नातकोत्तर पाठ्यक्रम के संघटक - स्नातकोत्तर पाठ्यचर्या प्रत्येक विशेषता वाले विषय अथवा प्रत्येक स्पेशिएलिटी सबजेक्ट के लिए पारिभाषित परिणामों के आधार पर अभिज्ञता आधारित एकीकृत फ्रेमवर्क में स्थापित की जाएगी। अन्य विशिष्ट संघटकों के अलावा, इसमें निम्नलिखित शामिल होंगे, अर्थातः -

- (क) सैद्धांतिक और व्यावहारिक ज्ञान;
- (ख) विशेषज्ञता वाले विषय से संबंधित व्यावहारिक, नैदानिक (क्लिनिकल), समुदाय और प्रबंधन संबंधी कौशल;
- (ग) शोधनिबंध कार्य पूरा करना;
- (घ) किसी शोध लेख का किसी पीयर-रिव्यूड वैज्ञानिक जर्नल में प्रकाशन या शोध आलेख का प्रस्तुतीकरण संबंधित सोसायटी के राष्ट्रीय सम्मेलन में करना;
- (ङ) अंतर्वैयक्तिक और संचार कौशलों सहित सॉफ्ट कौशल और विशेषताएं;
- (च) शोध प्रविधि, चिकित्सा नैतिकता और चिकित्सा-विधिक पहलुओं में प्रशैक्षणिक; और

(छ) पूरे व्यावसायिक जीवन में निरंतर सीखने की प्रतिबद्धता एवं व्यावसायिकता।

5. प्रवेश के लिए पात्रता मानदंड और प्रवेश की प्रक्रिया- (1) एम.डी. (होम्योपैथी) पाठ्यक्रम में प्रवेश के लिए पात्रता निम्नलिखित होगी, अर्थात: -

(क) किसी भी उम्मीदवार को एम.डी. (होम्योपैथी) पाठ्यक्रम में प्रवेश नहीं दिया जाएगा जब तक उसके पास निम्नलिखित डिग्री न हो:-

- (i) एक वर्ष की अनिवार्य रोटेटरी इन्टर्नशिप सहित पांच वर्ष और छह महीने की अवधि के अध्ययन पाठ्यक्रम को उत्तीर्ण करने के बाद, होम्योपैथी में बैचलर ऑफ होम्योपैथिक मेडिसिन और सर्जरी या समकक्ष अर्हता, जो अधिनियम के उपबंधों के तहत अनुसूची या चिकित्सा अर्हता मान्यता सूची में शामिल हो; या
- (ii) कम से कम दो वर्ष की अवधि के अध्ययन पाठ्यक्रम को उत्तीर्ण करने के बाद, होम्योपैथी में बैचलर ऑफ होम्योपैथिक मेडिसिन और सर्जरी (ग्रेडेड डिग्री) या समकक्ष अर्हता, जो होम्योपैथी केंद्रीय परिषद अधिनियम, 1973 (1973 का 59) की दूसरी अनुसूची में शामिल हो;

(ख) उम्मीदवार राज्य बोर्ड या परिषद, जैसा भी मामला हो, के साथ पंजीकृत हो।

- (2) सभी होम्योपैथिक स्नातकों के लिए समान प्रवेश परीक्षा होगी, नामतः, प्रत्येक शैक्षणिक वर्ष में चिकित्सा संस्थान में स्नातकोत्तर पाठ्यक्रम में प्रवेश के लिए अखिल भारतीय आयुष स्नातकोत्तर प्रवेश परीक्षण (ए आई ए पी जी ई टी) परीक्षा, जो राष्ट्रीय होम्योपैथी आयोग द्वारा नामित प्राधिकारी द्वारा आयोजित की जाएगी:

बशर्ते कि विदेशी नागरिक उम्मीदवारों के लिए, केंद्र सरकार द्वारा अनुमोदित कोई अन्य समकक्ष अर्हता को प्रवेश के लिए अनुमति दी जा सकेगी और इस उप-विनियम के उपरोक्त उपबंध लागू नहीं होंगे।

- (3) कोई भी उम्मीदवार, जो उक्त शैक्षणिक वर्ष के लिए आयोजित स्नातकोत्तर पाठ्यक्रम के लिए अखिल भारतीय आयुष स्नातकोत्तर प्रवेश परीक्षा में 50वीं परसेंटाइल से कम अंक प्राप्त करता है, के प्रवेश के लिए विचार नहीं किया जाएगा:

बशर्ते कि अनुसूचित जाति, अनुसूचित जनजाति और अन्य पिछड़ा वर्ग के उम्मीदवारों जिन्होंने न्यूनतम 40वीं परसेंटाइल प्राप्त किए हैं और दिव्यांग व्यक्तियों के अधिकार अधिनियम, 2016 (2016 का 49) के तहत निर्दिष्ट दिव्यांगों के लिए न्यूनतम अंक सामान्य वर्ग के मामले में न्यूनतम 45वीं परसेंटाइल और अनुसूचित जाति, अनुसूचित जनजाति और अन्य पिछड़ा वर्ग के मामले में न्यूनतम 40वीं परसेंटाइल प्राप्त किए हैं, उन्हें प्रवेश के लिए विचार किया जाएगा:

बशर्ते यह और कि जब संबंधित श्रेणियों में पर्याप्त संख्या में उम्मीदवार स्नातकोत्तर पाठ्यक्रमों में प्रवेश हेतु किसी भी शैक्षणिक वर्ष के लिए आयोजित अखिल भारतीय आयुष स्नातकोत्तर प्रवेश परीक्षा में न्यूनतम अंक प्राप्त करने में विफल रहते हैं, तो आयोग केंद्र सरकार के परामर्श के साथ, संबंधित श्रेणी के उम्मीदवारों के लिए स्नातकोत्तर पाठ्यक्रम में प्रवेश के लिए आवश्यक अंकों को कम कर सकेगा और आयोग द्वारा कम किए गए अंक केवल उसी शैक्षणिक वर्ष के लिए लागू होंगे।

- (4) नामित प्राधिकारी द्वारा शैक्षणिक वर्ष के लिए आयोजित अखिल भारतीय आयुष स्नातकोत्तर प्रवेश परीक्षा में प्राप्त अंकों के आधार पर एक अखिल भारतीय सामान्य योग्यता अथवा मेरिट सूची के साथ-साथ पात्र उम्मीदवारों की राज्य-वार योग्यता सूची तैयार की जाएगी और संबंधित श्रेणी के भीतर उम्मीदवार को उक्त योग्यता सूची से स्नातकोत्तर पाठ्यक्रम में प्रवेश के लिए विचार किया जाएगा।
- (5) सरकारी संस्थान, सरकारी सहायता प्राप्त संस्थान और निजी संस्थानों में प्रवेश के लिए सीट मैट्रिक्स अखिल भारतीय कोटा के लिए पंद्रह प्रतिशत और राज्य कोटा एवं संघ राज्य क्षेत्र कोटा, जैसा भी मामला हो, के लिए पचासी प्रतिशत होगा:

बशर्ते कि, -

(क) मानद (डीम्ड) विश्वविद्यालयों में प्रवेश के प्रयोजन के लिए अखिल भारतीय कोटा सरकारी और निजी दोनों के लिए एक सौ प्रतिशत होगा;

(ख) पंद्रह प्रतिशत से अधिक अखिल भारतीय कोटा सीट वाले विश्वविद्यालय और संस्थान उक्त कोटा को अक्षुण्ण रखेंगे;

- (ग) सरकारी और सरकारी सहायता प्राप्त संस्थानों में वार्षिक स्वीकृत सीट संख्या का पांच प्रतिशत, दिव्यांग जन अधिकार अधिनियम, 2016 (2016 का 49) के प्रावधानों के तहत विनिर्दिष्ट दिव्यांगता वाले उम्मीदवारों द्वारा भरा जाएगा।

स्पष्टीकरण - इस विनियम के प्रयोजनों के लिए, दिव्यांग जन अधिकार अधिनियम, 2016 (2016 का 49) की अनुसूची में निहित निर्दिष्ट दिव्यांगता परिशिष्ट "क" में निर्दिष्ट है और होम्योपैथी में निर्दिष्ट दिव्यांगता के साथ किसी पाठ्यक्रम की पढ़ाई करने के लिए उम्मीदवारों की पात्रता परिशिष्ट "ख" में निर्दिष्ट दिशानिर्देशों के अनुसार होगी। यदि किसी विशेष श्रेणी में दिव्यांग जन के लिए आरक्षित सीटें उम्मीदवारों की अनुपलब्धता के कारण खाली रह जाती हैं, तो उन सीटों को संबंधित श्रेणी के लिए वार्षिक स्वीकृत सीटों में शामिल किया जाएगा।

- (6) राज्य सरकार, विश्वविद्यालय, ट्रस्ट, सोसायटी, अल्पसंख्यक संस्थान, निगम या कंपनी द्वारा स्थापित संस्थानों सहित राज्यों और संघ राज्य क्षेत्रों में सभी होम्योपैथिक शैक्षणिक संस्थानों में स्नातकोत्तर पाठ्यक्रम में प्रवेश के लिए राज्य और संघ राज्य क्षेत्र के पचासी प्रतिशत कोटा की काउंसलिंग के लिए नामित प्राधिकारी संबंधित राज्य सरकार या संघ राज्य क्षेत्र प्रशासन के संबद्ध नियमों और विनियमों के अनुसार संबंधित राज्य या संघ राज्य क्षेत्र, जैसा भी मामला हो, का होगा।
- (7) अखिल भारतीय कोटा के तहत सीटों के साथ-साथ केंद्र सरकार द्वारा स्थापित सभी होम्योपैथी शैक्षणिक संस्थानों के लिए स्नातकोत्तर पाठ्यक्रम में प्रवेश हेतु काउंसलिंग केंद्र सरकार द्वारा नामित प्राधिकारी द्वारा आयोजित की जाएगी :-
- (8) प्रवेश निम्न प्रक्रिया में दिया जाएगा :-
- (क) विदेशी नागरिकों के सिवाय, विनियम 5 के उप-विनियम (ख) के अनुसार काउंसलिंग के माध्यम से;
- (ख) इन विनियमों में निर्दिष्ट प्रक्रिया के सिवाय, कोई अन्य प्रक्रिया को किसी भी संस्थान द्वारा अनुमोदित नहीं किया जाएगा और इन विनियमों के विनियम 5 के प्रावधानों का उल्लंघन करके छात्रों को प्रवेश देने वाले किसी भी संस्थान को आगे के शैक्षणिक वर्ष के लिए प्रवेश लेने की अनुमति से वंचित कर दिया जाएगा;
- (9) चिकित्सा संस्थानों को प्रवेश दिए गए सभी छात्रों की सूची आयोग द्वारा प्रवेश के लिए समय-समय पर नियत कटऑफ तिथि को सायंकाल छह बजे या उससे पहले उसके द्वारा निर्दिष्ट प्रारूप में जमा करनी होगी;
- (10) चिकित्सा संस्थानों को प्रवेश दिए गए उन छात्रों की सूची भी उपलब्ध करानी होगी जिन्हें विदेशी नागरिकों के सिवाय, काउंसलिंग प्राधिकारी (केंद्र, राज्य या संघ राज्य क्षेत्र, जैसा भी मामला हो) के माध्यम से सीटें आवंटित की गई हैं।
- (11) जो उम्मीदवार उप-विनियम (3) के तहत विनिर्दिष्ट न्यूनतम पात्रता अंक प्राप्त करने में विफल रहा है, उसे उक्त शैक्षणिक वर्ष में स्नातकोत्तर पाठ्यक्रम में प्रवेश नहीं दिया जाएगा।
- (12) कोई भी प्राधिकारी या चिकित्सा संस्थान इन विनियमों में निर्दिष्ट मानदंडों या प्रक्रिया के उल्लंघन में किसी भी उम्मीदवार को स्नातकोत्तर पाठ्यक्रम में प्रवेश नहीं देगा और इन विनियमों के उल्लंघन में किए गए किसी भी प्रवेश को आयोग द्वारा तुरंत रद्द कर दिया जाएगा।
- (13) प्राधिकारी या चिकित्सा संस्थान, जो इन विनियमों के प्रावधानों के उल्लंघन में किसी भी छात्र को प्रवेश देता है, तो वह अधिनियम के विनियम 28 के उप-विनियम (1) के खंड (च) के तहत विहित कार्रवाई के लिए उत्तरदायी होगा।
- (14) चिकित्सा संस्थान प्रवेश बंद होने के एक महीने के भीतर प्रवेश दिए गए छात्रों की अंतिम सूची आयोग को भेजेगा और आयोग किसी भी समय पर नियमों के प्रावधानों का अनुपालन सुनिश्चित करने के लिए चिकित्सा संस्थान का सत्यापन करेगा।

6. अध्ययन पाठ्यक्रम.- (1) होम्योपैथी स्नातकोत्तर डिग्री पाठ्यक्रम के लिए विशेषज्ञता के विषय निम्नलिखित होंगे, अर्थात:

- (क) होम्योपैथिक मटेरिया मेडिका;
- (ख) ऑर्गेनन ऑफ मेडिसिन और होम्योपैथिक फिलासफी;

- (ग) होम्योपैथिक रिपोर्टरी और केस टेकिंग;
 - (घ) होम्योपैथिक फार्मेसी;
 - (ङ.) चिकित्सा का अभ्यास;
 - (च) बाल चिकित्सा;
 - (छ) मनोचिकित्सा;
 - (ज) सामुदायिक चिकित्सा;
 - (झ) त्वचाविज्ञान।
 - (2) पाठ्यक्रम नियमित, पूर्णकालिक और तीन वर्ष की अवधि का होगा।
 - (3) छात्र नियमित अध्ययन करेगा और परिसर में संस्थागत-नौकरी अथवा हाउस-जॉब के एक वर्ष के दौरान निवासित रहेगा और उसे विनियमन 7 के प्रावधानों के अनुसार प्रशैक्षणिक दिया जाएगा:
- बशर्ते कि छात्र अपने प्रवेश की तारीख से अधिकतम छह वर्ष की अवधि के भीतर एक विशेषज्ञता वाले विषय में एम.डी. (होम्योपैथी) का पाठ्यक्रम पूरा करेगा।
- (4) प्रत्येक कार्यक्रम को दो भागों में विभाजित किया जाएगा, अर्थात् प्रत्येक अठारह महीने की अवधि के क्रमशः एम.डी. (होम्योपैथी) भाग-I और एम.डी. (होम्योपैथी) भाग-II।
 - (5) प्रत्येक कार्यक्रम के भाग-I के अंतर्गत पाठ्यक्रम निम्न प्रकार होंगे: -
- (क) एम.डी. (होम्योपैथी) होम्योपैथिक मटेरिया मेडिका -
 - (i) होम्योपैथिक मटेरिया मेडिका के मूलभूत सिद्धांत;
 - (ii) होम्योपैथिक मटेरिया मेडिका में नैदानिक चिकित्सा के मूलभूत सिद्धांत; और
 - (iii) शोध प्रविधि एवं जैव सांख्यिकी।
 - (ख) एम.डी. (होम्योपैथी) ऑर्गेनन ऑफ मेडिसिन और होम्योपैथिक फिलॉसफी-
 - (i) ऑर्गेनन ऑफ मेडिसिन और होम्योपैथिक फिलॉसफी के मूल सिद्धांत;
 - (ii) ऑर्गेनन ऑफ मेडिसिन और होम्योपैथिक फिलॉसफी में नैदानिक चिकित्सा के मूलभूत सिद्धांत; और
 - (iii) शोध प्रविधि और जैव सांख्यिकी।
 - (ग) एम.डी. (होम्योपैथी) होम्योपैथिक रिपोर्टरी और केस टेकिंग -
 - (i) रिपोर्टरी और केस टेकिंग के मूलभूत सिद्धांत;
 - (ii) होम्योपैथिक रिपोर्टरी और केस टेकिंग में नैदानिक चिकित्सा के मूलभूत सिद्धांत; और
 - (iii) शोध प्रविधि एवं जैव सांख्यिकी।
 - (घ) एम.डी. (होम्योपैथी) होम्योपैथिक फार्मेसी -
 - (i) होम्योपैथी फार्मेसी के मूलभूत सिद्धांत;
 - (ii) होम्योपैथिक फार्मेसी में नैदानिक चिकित्सा के मूलभूत सिद्धांत; और
 - (iii) शोध प्रविधि एवं जैव सांख्यिकी।
 - (ङ.) एम.डी. (होम्योपैथी) चिकित्सा अभ्यास -
 - (i) चिकित्सा अभ्यास के मूल सिद्धांत;
 - (ii) चिकित्सा अभ्यास में होम्योपैथी के मूल सिद्धांत; और
 - (iii) शोध प्रविधि एवं जैव सांख्यिकी।

(च) एम.डी. (होम्योपैथी) बाल चिकित्सा -

- (i) बाल चिकित्सा के मूल सिद्धांत;
- (ii) बाल चिकित्सा में होम्योपैथी के मूल सिद्धांत; और
- (iii) शोध प्रविधि एवं जैव सांख्यिकी।

(छ) एम.डी. (होम्योपैथी) मनोचिकित्सा -

- (i) मनोचिकित्सा के मूल सिद्धांत;
- (ii) मनोचिकित्सा में होम्योपैथी के मूल सिद्धांत; और
- (iii) शोध प्रविधि एवं जैव सांख्यिकी।

(ज) एम.डी. (होम्योपैथी) सामुदायिक चिकित्सा -

- (i) सामुदायिक चिकित्सा के मूल सिद्धांत;
- (ii) सामुदायिक चिकित्सा में होम्योपैथी के मूल सिद्धांत; और
- (iii) शोध प्रविधि एवं जैव सांख्यिकी।

(झ) एम.डी. (होम्योपैथी) त्वचाविज्ञान -

- (i) त्वचाविज्ञान के मूल सिद्धांत;
- (ii) त्वचाविज्ञान में होम्योपैथी के मूलभूत सिद्धांत; और
- (iii) शोध प्रविधि एवं जैव सांख्यिकी।

(6) एम.डी. (होम्योपैथी) भाग-II परीक्षा के लिए, केवल दो प्रश्नपत्रों के साथ मुख्य विशेषता वाला विषय होगा।

7. प्रशैक्षणिक का तरीका (पैटर्न) - (1) होम्योपैथी पोस्ट-ग्रेजुएट डिग्री इन स्पेशिएलिटी सब्जेक्ट के लिए प्रशैक्षणिक की अवधि परीक्षा अवधि सहित तीन पूर्ण वर्ष होगी।

(2) स्नातकोत्तर प्रशैक्षणिक की शुरुआत में, सात दिनों का एक प्रवेश कार्यक्रम (इंडक्शन प्रोग्राम) होगा जिसमें निम्न शामिल होगा -

(क) स्नातकोत्तर पाठ्यक्रम के बारे में अभिविन्यास; और

(ख) विषय विशेषज्ञों के साथ संबंधित विषय विशेषज्ञता में कार्यशाला।

(3) होम्योपैथी स्नातकोत्तर डिग्री पाठ्यक्रम के सभी विशेषज्ञता वाले विषयों में स्नातकोत्तर छात्रों को एम.डी. (होम्योपैथी) भाग-I में जूनियर रेजिडेंट और एम.डी. (होम्योपैथी) भाग-II में सीनियर रेजिडेंट कहा जाएगा।

(4) स्नातकोत्तर पाठ्यक्रम के दौरान, नैदानिक प्रशैक्षणिक पर अधिक जोर दिया जाएगा और उपदेशात्मक व्याख्यान पर कम दिया जाएगा।

(5) छात्र को सेमिनार, समूह चर्चाओं, नैदानिक बैठकों और जर्नल क्लब बैठकों में भाग लेना चाहिए।

(6) छात्र को विनियम 8 में वर्णन के अनुसार एक शोधनिबंध लिखना होगा।

(7) छात्र को अस्पताल परिसर में ड्यूटी रोस्टर के अनुसार उसकी देखभाल के तहत दाखिल मरीजों के प्रबंधन और उपचार हेतु उच्च जिम्मेदारी दी जाएगी।

(8) छात्र स्नातक छात्रों या इन्टर्न के शैक्षणिक और प्रशैक्षणिक में भाग लेगा।

(9) छात्रों को एक ई-लॉग बुक या लॉग बुक कायम रखनी होगी और प्रत्येक विशेषज्ञता वाले विषय की जरूरतों को ध्यान में रखते हुए प्रयोगशाला या नैदानिक कार्य करने होंगे।

- (10) एम.डी. होम्योपैथी पाठ्यक्रम की पढाई करने वाला छात्र पूरी अवधि में संस्थान के संबंधित विभाग में एक नियमित छात्र के रूप में अध्ययन करेगा। होम्योपैथी स्नातकोत्तर डिग्री कार्यक्रम की पढाई करने के दौरान किसी भी छात्र को किसी प्रयोगशाला या महाविद्यालय या उद्योग या फार्मसी में कार्य करने की अनुमति नहीं है। होम्योपैथी स्नातकोत्तर डिग्री पाठ्यक्रम की अवधि के दौरान कोई भी छात्र भारत या विदेश में किसी अन्य विश्वविद्यालय में किसी अन्य नियमित डिग्री कार्यक्रम में प्रवेश नहीं लेगा।
- (11) स्नातकोत्तर छात्रों को संस्थान के प्रमुख की अनुमति से एम.डी. (होम्योपैथी) पाठ्यक्रम के लिए सौंपे गए कार्य या कर्तव्यों में कोई व्यवधान के बिना विभिन्न कौशलों में सुधार लाने के लिए मुक्त दूरस्थ अधिगम या ऑनलाइन मोड के माध्यम से विश्वविद्यालय अनुदान आयोग द्वारा अनुमोदित प्रमाणपत्र या डिप्लोमा पाठ्यक्रमों की अनुमति दी जा सकती है।
- (12) उपस्थिति की गणना के प्रयोजन के लिए प्रत्येक वर्ष को एक इकाई के रूप में लिया जाएगा।
- (13) प्रत्येक छात्र को विभाग या महाविद्यालय या विश्वविद्यालय द्वारा यथा निर्दिष्ट प्रत्येक वर्ष के दौरान संगोष्ठियों, सेमिनारों, सम्मेलनों, जर्नल क्लब की बैठकों और व्याख्यानो में अनिवार्य रूप से भाग लेना होगा और बिना किसी वैध कारण और संस्थान के प्रमुख की पूर्व अनुमति के बिना अनुपस्थित नहीं रहना होगा।
- (14) कोई छात्र जिसने न्यूनतम पचहत्तर प्रतिशत उपस्थिति प्राप्त की है और वह संतोषजनक प्रगति दिखाता है, तो उसे क्रमशः एम.डी. (होम्योपैथी) भाग-I और भाग-II परीक्षाओं में उपस्थित होने की अनुमति दी जाएगी।
- (15) कोई भी छात्र जो उपरोक्त में उल्लेखित प्रक्रिया में पाठ्यक्रम पूरा करने में विफल रहता है, तो उसे विश्वविद्यालय परीक्षाओं में बैठने की अनुमति नहीं दी जाएगी। इस संबंध में संबंधित महाविद्यालय के प्राचार्य द्वारा विश्वविद्यालय को एक प्रमाण पत्र भेजा जाएगा।
- (16) प्रत्येक छात्र एम.डी. (होम्योपैथी) के लिए एक ई-लॉग बुक या लॉगबुक (भाग-I और भाग-II के लिए अलग-अलग) कायम रखेगा और विभाग द्वारा आयोजित प्रशैक्षणिक कार्यक्रमों, जैसे कि जर्नल समीक्षाएं, नैदानिक प्रस्तुतीकरणों, सेमिनारों में अपनी सहभागिता को दर्ज करेगा।
- (17) विभागाध्यक्ष और संस्था प्रमुख द्वारा कार्य डायरी की संवीक्षा और प्रमाणन किया जाएगा और प्रैक्टिकल परीक्षा के समय पर विश्वविद्यालय में, यथा आवश्यकता, प्रस्तुत की जाएगी।
- (18) छात्र द्वारा प्रस्तुत प्रस्तुतीकरणों के साथ-साथ छात्र द्वारा किए गए परीक्षणों या प्रयोगशाला प्रक्रियाओं के विवरण का विशेष रूप से उल्लेख किया जाएगा।
- (19) प्रस्तुतीकरणों का मूल्यांकन संकाय सदस्यों और पीयर्स द्वारा 1 से 10 तक संख्यात्मक रेटिंग स्केल पर किया जाएगा।

8. सिनोप्सिस एवं शोध प्रबंध:- (1) प्रत्येक छात्र को पाठ्यक्रम शुरू होने की तारीख से नौ महीने की अवधि के भीतर या विश्वविद्यालय द्वारा अधिसूचित तिथि से पहले प्रस्तावित शोध अध्ययन के विवरणों सहित एक रूपरेखा (सिनोप्सिस) अनुलग्नक में दिए गए विहित प्रोफार्मा में विश्वविद्यालय के सक्षम प्राधिकारी को प्रस्तुत करनी होगी। सिनोप्सिस को गाइड अथवा निर्देशक, संबंधित विशेषज्ञता विभाग के प्रमुख के माध्यम से प्रस्तुत करना होगा और संस्थान के प्रमुख द्वारा प्रतिहस्ताक्षरित की जाएगी।

- (2) प्रत्येक स्नातकोत्तर छात्र अपने गाइड की देखरेख में विश्वविद्यालय द्वारा निर्दिष्ट प्रारूप में अपने शोध अध्ययन के बारे में शोधनिबंध लिखेंगे और विश्वविद्यालय के पास उसे जमा करेंगे। इसमें समस्या की पहचान करना, शोध प्रश्न का सूत्रीकरण, हाइपोथिसिस साहित्य की समीक्षा, अध्ययन डिजाइन सहित शोध प्रविधि, शोध अध्ययन संचालित करने के परिणामों और विधियों पर चर्चा, डेटा संग्रहण, सांख्यिकीय विश्लेषण और निष्कर्ष निकालना शामिल है।
- (3) एम.डी. (होम्योपैथी) डिग्री कोर्स करने वाले प्रत्येक छात्र को एम.डी. (होम्योपैथी) भाग-II परीक्षा आयोजित करने के छह महीने पहले कम से कम दस हजार शब्दों में अपने स्वयं के शोध अध्ययन के शोधनिबंध की छह मुद्रित प्रतियां या संबंधित विश्वविद्यालय की अपेक्षानुसार प्रतियां तथा सॉफ्ट कॉपी, यदि आवश्यक हो, विश्वविद्यालय को अनुमोदन के लिए जमा कराना आवश्यक है।

- (4) सिनोप्सिस के निरस्तीकरण के मामले में, छात्र को किसी भी स्थिति में एमडी (होम्योपैथी) भाग-I परीक्षा से तीन महीने पहले, अपने गाइड के माध्यम से संबंधित विश्वविद्यालय को सिनोप्सिस फिर से जमा करनी होगी।
- (5) प्रस्तावित अध्ययन की सिनोप्सिस को संस्थागत नैतिक समिति से नैतिक अनुमोदन प्राप्त करने के बाद भारत की क्लिनिकल ट्रायल्स रजिस्ट्री के साथ पंजीकृत किया जाना चाहिए।
- (6) शोधनिबंध निम्नलिखित शीर्षकों के तहत लिखा जाना चाहिए, अर्थात: -
 - (क) सारसंक्षेप (एक्सट्रैक्ट);
 - (ख) परिचय;
 - (ग) अध्ययन के लक्ष्य और उद्देश्य;
 - (घ) साहित्य की समीक्षा;
 - (ङ.) सामग्री और विधियाँ;
 - (च) प्रेक्षण और परिणाम;
 - (छ) चर्चा;
 - (ज) उपसंहार;
 - (झ) संदर्भ; और
 - (ञ) अनुलग्नक या परिशिष्ट
- (7) शोधनिबंध का लिखित पाठ पचास पृष्ठों से कम नहीं होगा और संदर्भों, तालिकाओं, आंकड़ों तथा अनुलग्नों को छोड़कर, दो सौ पृष्ठों से अधिक नहीं होगा। इसे बांड पेपर (ए4 आकार, 8.27" x 11.69") के एक तरफ डबल लाइन स्पेसिंग के साथ साफ-सुथरे ढंग से टाइप किया जाना चाहिए और उचित रूप में बाइंड होना चाहिए। स्पायरल बाइंडिंग नहीं की जानी चाहिए। शोध निबंध को गाइड एवं सह-गाइड (यदि कोई हो), विभागाध्यक्ष और संस्थान प्रमुख द्वारा प्रमाणित किया जाएगा।
- (8) एक छात्र को समय-समय पर संशोधित साहित्यिक चोरी नीति और कॉपीराइट अधिनियम, 1957 (1957 का 14) का पालन करना होगा और इसके लिए लिखित रूप में एक वचनपत्र देना होगा।
- (9) शोधनिबंध को विश्वविद्यालय में जमा करने के लिए नियत समय से कम से कम तीन महीने पहले गाइड को प्रस्तुत किया जाएगा। गाइड या सुपरवाइजर प्रमाणित करेगा कि शोध प्रबंध की सामग्री/कन्टेंट्स उम्मीदवार का मूल कार्य है और उसे किसी भी डिग्री या डिप्लोमा प्रदान करने के लिए किसी अन्य विश्वविद्यालय में प्रस्तुत नहीं किया गया है। जिस छात्र का शोधनिबंध विश्वविद्यालय द्वारा स्वीकार नहीं किया गया है, तो छात्र द्वारा एम.डी. (होम्योपैथी) भाग-II परीक्षा से पहले तीन महीने की अवधि के भीतर उसे फिर से जमा करने की अनुमति दी जा सकती है।
- (10) छात्र से अपेक्षा की जाती है कि वह अपने शोधनिबंध के आधार पर एक शोध पत्र लिखे और उसे किसी पीयर-रिव्यूड वैज्ञानिक जर्नल में प्रस्तुत करे या राष्ट्रीय स्तर के सेमिनार में प्रस्तुत करे।

9. स्नातकोत्तर गाइड या परीक्षक के लिए पात्रता - (1) किसी व्यक्ति के पास गाइड या परीक्षक बनने के लिए पात्र होने के लिए निम्नलिखित अर्हताएं और अनुभव होना चाहिए, अर्थात: -

- (क) एम.डी. (होम्योपैथी), जो होम्योपैथी केंद्रीय परिषद अधिनियम, 1973 (1973 का 59) की दूसरी अनुसूची या राष्ट्रीय होम्योपैथी आयोग अधिनियम, 2020 (2020 का 15) की चिकित्सा अर्हता मान्यता सूची में शामिल है; और
- (ख) होम्योपैथी चिकित्सा संस्थान में शिक्षक, जो संबंधित विषय में स्नातकोत्तर डिग्री प्राप्त करने के बाद संबंधित विशेषज्ञता वाले विषय में संयुक्त प्रोफेसर या प्रोफेसर के पद पर है:

बशर्ते कि जो शिक्षक पहले से स्नातकोत्तर गाइड के रूप में अनुमोदित हैं, वे स्नातकोत्तर गाइड बने रहेंगे।

बशर्ते कि त्वचा विज्ञान और सामुदायिक चिकित्सा जैसे नए शुरु किए गए विशेषज्ञता वाले विषयों में, वे शिक्षक स्नातकोत्तर गाइड या परीक्षक बनने के लिए पात्र होंगे जो क्रमशः होम्योपैथी में स्नातकोत्तर अर्हता के साथ चिकित्सा अभ्यास और सामुदायिक चिकित्सा के साथ स्नातकपूर्व विभाग में शिक्षक हैं और एसोसिएट प्रोफेसर अथवा प्रोफेसर के रूप में तैनात हैं। यह व्यवस्था इन विनियमों की अधिसूचना की तारीख से दस वर्ष तक लागू रहेगी:

बशर्ते यह और कि स्नातकोत्तर विशेषज्ञता का गाइड या सुपरवाइजर केवल उसी विशेषज्ञता के लिए गाइड या सुपरवाइजर बना रहेगा और वह एक से अधिक विशेषज्ञता वाले विषयों के लिए गाइड या सुपरवाइजर नहीं बन सकता है।

(2) सह-गाइड के चयन के लिए शैक्षणिक अर्हता और अनुभव- खंड (क) में उल्लेखित या राष्ट्रीय होम्योपैथी आयोग द्वारा मान्यता प्राप्त महाविद्यालय में सात वर्ष के शैक्षणिक अनुभव के साथ विशेषज्ञता वाले विषय में स्नातकोत्तर डिग्री अर्हता:

(3) किसी विशेष चिकित्सा संस्थान के शैक्षणिक संकाय केवल उसी संस्थान के स्नातकोत्तर छात्रों के गाइड या सुपरवाइजर बनने के लिए पात्र हैं। विषयवार गाइड सूची संबंधित विश्वविद्यालय द्वारा अनुमोदित की जाएगी।

10. छात्र गाइड अनुपात.- (1) यदि गाइड प्रोफेसर संवर्ग का है तो छात्र-गाइड अनुपात 3:1 होगा।

(2) यदि गाइड एसोसिएट प्रोफेसर संवर्ग का है तो छात्र-गाइड अनुपात 2:1 होगा।

11. माइग्रेशन- किसी भी परिस्थिति में, होम्योपैथी स्नातकोत्तर डिग्री पाठ्यक्रम की पढ़ाई कर रहे छात्र का एक महाविद्यालय से दूसरे महाविद्यालय में माइग्रेशन या स्थानांतरण की अनुमति किसी भी विश्वविद्यालय या प्राधिकारी द्वारा नहीं दी जाएगी।

12. मूल्यांकन की योजना.- (1) प्रत्येक कार्यक्रम के लिए मूल्यांकन रचनात्मक और समग्र का होगा। रचनात्मक मूल्यांकन के विवरण सक्षमता आधारित मूल्यांकन फ्रेमवर्क में प्रत्येक विशेषता के लिए अलग से तैयार किए जाएंगे। इनका रिकॉर्ड रखा जाएगा और इन्हें उचित महत्व दिया जाएगा। समग्र मूल्यांकन के लिए उपस्थित होने के लिए पात्र होने से पहले उम्मीदवार को रचनात्मक मूल्यांकन में संतोषजनक प्रदर्शन करना होगा। यह एम.डी. (होम्योपैथी) भाग-I के साथ-साथ एम.डी. (होम्योपैथी) भाग-II के लिए भी होगा और समग्र मूल्यांकन में निम्न शामिल होगा: -

(क) लिखित परीक्षा; और

(ख) क्लिनिकल या प्रैक्टिकल और मौखिक परीक्षा (वाइवा-वोस)

(2) मूल्यांकन की अनुसूची:-मूल्यांकन की अनुसूची निम्नलिखित तालिका के अनुसार होगी, अर्थात्

तालिका

	रचनात्मक मूल्यांकन (आंतरिक मूल्यांकन)	समग्र मूल्यांकन (विश्वविद्यालय परीक्षा)
एम.डी.(होम्यो.) भाग-I	पहले सत्र की परीक्षा - प्रशैक्षणिक के छठे माह के दौरान	प्रशैक्षणिक के अठारहवें माह के दौरान
	दूसरे सत्र की परीक्षा - प्रशैक्षणिक के बारहवें माह के दौरान	
एम.डी.(होम्यो.) भाग-II	पहले सत्र की परीक्षा - प्रशैक्षणिक के चौबीसवें माह के दौरान	प्रशैक्षणिक के छत्तीसवें माह के दौरान
	दूसरे सत्र की परीक्षा - प्रशैक्षणिक के तीसवें माह के दौरान	

(3) एम.डी. (होम्योपैथी) भाग-I परीक्षा - परीक्षा उत्तीर्ण करने हेतु प्रत्येक विषय के लिए अधिकतम अंक और उत्तीर्णांक निम्नवत होंगे, अर्थात्: -

(क) एम.डी. (होम्योपैथी) होम्योपैथिक मटेरिया मेडिका -

	थ्योरी (सैद्धांतिकी)	मौखिक (वाइवा-वोस) सहित

विषय				व्यावहारिक या नैदानिक परीक्षा	
		अधिकतम अंक	उत्तीर्णांक	अधिकतम अंक	उत्तीर्णांक
प्रश्नपत्र-I	होम्योपैथिक मटेरिया मेडिका के मूलभूत सिद्धांत	100	50	200*	100*
प्रश्नपत्र-II	होम्योपैथिक मटेरिया मेडिका में नैदानिक चिकित्सा के मूलभूत सिद्धांत	100	50	(160+40) (समग्र मूल्यांकन- 160 अंक) (आंतरिक मूल्यांकन- 40 अंक)	(80+20) (समग्र मूल्यांकन- 80 अंक) (आंतरिक मूल्यांकन- 20 अंक)
प्रश्नपत्र-III	शोध प्रविधि एवं जैवसांख्यिकी	100	50	--	--

(*प्रश्नपत्र-I और II (100 अंक व्यावहारिक + 100 अंक मौखिक परीक्षा) के लिए एक सामान्य व्यावहारिक परीक्षा आयोजित की जाएगी; बीस प्रतिशत भारांक आंतरिक मूल्यांकन के लिए दिया जाएगा, जिसकी गणना केवल व्यावहारिक या मौखिक सहित नैदानिक परीक्षा के लिए की जाएगी। छः महीने के प्रत्येक सत्र और औसतन दो सत्रों के बाद 40 अंक के आंतरिक मूल्यांकन (20 अंक (व्यावहारिक या नैदानिक) + 20 अंक (मौखिक परीक्षा) पर विचार किया जाएगा। *अस्सी प्रतिशत भारांक समग्र मूल्यांकन के लिए दिया जाएगा।)

(ख) एम.डी. (होम्योपैथी) ऑर्गेनन ऑफ मेडिसिन और होम्योपैथिक फिलोसफी –

विषय		सैद्धांतिकी (थ्योरी)		मौखिक (वाइवा-वोस) सहित व्यावहारिक या नैदानिक परीक्षा	
		अधिकतम अंक	उत्तीर्णांक	अधिकतम अंक	उत्तीर्णांक
प्रश्नपत्र-I	ऑर्गेनन ऑफ मेडिसिन और होम्योपैथिक फिलॉसफी के मूल सिद्धांत;	100	50	200*	100*
प्रश्नपत्र-II	ऑर्गेनन ऑफ मेडिसिन और होम्योपैथिक फिलॉसफी में नैदानिक चिकित्सा के मूलभूत सिद्धांत; और	100	50	(160+40) (समग्र मूल्यांकन- 160 अंक) (आंतरिक मूल्यांकन- 40 अंक)	(80+20) (समग्र मूल्यांकन- 80 अंक) (आंतरिक मूल्यांकन- 20 अंक)
प्रश्नपत्र-III	शोध प्रविधि एवं जैवसांख्यिकी	100	50	--	--

(*प्रश्नपत्र-I और II (100 अंक व्यावहारिक + 100 अंक मौखिक परीक्षा) के लिए एक सामान्य व्यावहारिक परीक्षा आयोजित की जाएगी; बीस प्रतिशत भारांक आंतरिक मूल्यांकन के लिए दिया जाएगा, जिसकी गणना केवल व्यावहारिक या मौखिक सहित नैदानिक परीक्षा के लिए की जाएगी। छः महीने के प्रत्येक सत्र और औसतन दो सत्रों के बाद 40 अंक के आंतरिक मूल्यांकन (20 अंक (व्यावहारिक या नैदानिक) + 20 अंक (मौखिक परीक्षा) पर विचार किया जाएगा। *अस्सी प्रतिशत भारांक समग्र मूल्यांकन के लिए दिया जाएगा।)

(ग) एम.डी. (होम्योपैथी) होम्योपैथिक रिपोर्टरी और केस टेकिंग –

विषय		सैद्धांतिकी (थ्योरी)		मौखिक (वाइवा-वोस) सहित व्यावहारिक या नैदानिक परीक्षा	
		अधिकतम अंक	उत्तीर्णांक	अधिकतम अंक	उत्तीर्णांक
प्रश्नपत्र-I	होम्योपैथिक रिपोर्टरी और केस टेकिंग के मूलभूत सिद्धांत	100	50	200*	100*
प्रश्नपत्र-II	होम्योपैथिक रिपोर्टरी और केस टेकिंग में नैदानिक चिकित्सा के मूलभूत सिद्धांत	100	50	(160+40) (समग्र मूल्यांकन- 160 अंक) (आंतरिक मूल्यांकन- 40 अंक)	(80+20) (समग्र मूल्यांकन- 80 अंक) (आंतरिक मूल्यांकन- 20 अंक)

प्रश्नपत्र-III	शोध प्रविधि एवं जैवसांख्यिकी	100	50	--	--

(*प्रश्नपत्र-I और II (100 अंक व्यावहारिक + 100 अंक मौखिक परीक्षा) के लिए एक सामान्य व्यावहारिक परीक्षा आयोजित की जाएगी; बीस प्रतिशत भारांक आंतरिक मूल्यांकन के लिए दिया जाएगा, जिसकी गणना केवल व्यावहारिक या मौखिक सहित नैदानिक परीक्षा के लिए की जाएगी। छः महीने के प्रत्येक सत्र और औसतन दो सत्रों के बाद 40 अंक के आंतरिक मूल्यांकन (20 अंक (व्यावहारिक या नैदानिक) + 20 अंक (मौखिक परीक्षा) पर विचार किया जाएगा। *अस्सी प्रतिशत भारांक समग्र मूल्यांकन के लिए दिया जाएगा।)

(घ) एम.डी. (होम्योपैथी) होम्योपैथिक फॉर्मसी -

विषय		सैद्धांतिकी (थ्योरी)		मौखिक (वाइवा-वोस) सहित व्यावहारिक या नैदानिक परीक्षा	
		अधिकतम अंक	उत्तीर्णांक	अधिकतम अंक	उत्तीर्णांक
प्रश्नपत्र-I	होम्योपैथिक फॉर्मसी के मूलभूत सिद्धांत	100	50	200* (160+40)	100* (80+20) (समग्र मूल्यांकन- 80 अंक)
प्रश्नपत्र-II	होम्योपैथिक फॉर्मसी में नैदानिक चिकित्सा के मूलभूत सिद्धांत	100	50	(समग्र मूल्यांकन- 160 अंक) (आंतरिक मूल्यांकन- 40 अंक)	(आंतरिक मूल्यांकन- 20 अंक)
प्रश्नपत्र-III	शोध प्रविधि एवं जैवसांख्यिकी	100	50	--	--

(*प्रश्नपत्र-I और II (100 अंक व्यावहारिक + 100 अंक मौखिक परीक्षा) के लिए एक सामान्य व्यावहारिक परीक्षा आयोजित की जाएगी; बीस प्रतिशत भारांक आंतरिक मूल्यांकन के लिए दिया जाएगा, जिसकी गणना केवल व्यावहारिक या मौखिक सहित नैदानिक परीक्षा के लिए की जाएगी। छः महीने के प्रत्येक सत्र और औसतन दो सत्रों के बाद 40 अंक के आंतरिक मूल्यांकन (20 अंक (व्यावहारिक या नैदानिक) + 20 अंक (मौखिक परीक्षा) पर विचार किया जाएगा। *अस्सी प्रतिशत भारांक समग्र मूल्यांकन के लिए दिया जाएगा।)

(ड.) एम.डी. (होम्योपैथी) चिकित्सा का अभ्यास -

विषय		सैद्धांतिकी (थ्योरी)		मौखिक (वाइवा-वोस) सहित व्यावहारिक या नैदानिक परीक्षा	
		अधिकतम अंक	उत्तीर्णांक	अधिकतम अंक	उत्तीर्णांक
प्रश्नपत्र-I	चिकित्सा का अभ्यास के मूलभूत सिद्धांत	100	50	200* (160+40)	100* (80+20)
प्रश्नपत्र-II	चिकित्सा का अभ्यास में होम्योपैथी के मूलभूत सिद्धांत	100	50	(समग्र मूल्यांकन- 160 अंक) (आंतरिक मूल्यांकन- 40 अंक)	(समग्र मूल्यांकन- 80 अंक) (आंतरिक मूल्यांकन- 20 अंक)
प्रश्नपत्र-III	शोध प्रविधि एवं जैवसांख्यिकी	100	50	--	--

(*प्रश्नपत्र-I और II (100 अंक व्यावहारिक + 100 अंक मौखिक परीक्षा) के लिए एक सामान्य व्यावहारिक परीक्षा आयोजित की जाएगी; बीस प्रतिशत भारांक आंतरिक मूल्यांकन के लिए दिया जाएगा, जिसकी गणना केवल व्यावहारिक या मौखिक सहित नैदानिक परीक्षा के लिए की जाएगी। छः महीने के प्रत्येक सत्र और औसतन दो सत्रों के बाद 40 अंक के आंतरिक मूल्यांकन (20 अंक (व्यावहारिक या नैदानिक) + 20 अंक (मौखिक परीक्षा) पर विचार किया जाएगा। *अस्सी प्रतिशत भारांक समग्र मूल्यांकन के लिए दिया जाएगा।)

(च) एम.डी. (होम्योपैथी) बाल चिकित्सा –

विषय		सैद्धांतिकी (थ्योरी)		मौखिक (वाइवा-वोस) सहित व्यावहारिक या नैदानिक परीक्षा	
		अधिकतम अंक	उत्तीर्णांक	अधिकतम अंक	उत्तीर्णांक
प्रश्नपत्र-I	बाल चिकित्सा के मूलभूत सिद्धांत	100	50	200*	100*
प्रश्नपत्र-II	बाल चिकित्सा में होम्योपैथी के मूलभूत सिद्धांत	100	50	(160+40) (समग्र मूल्यांकन- 160 अंक) (आंतरिक मूल्यांकन- 40 अंक)	(80+20) (समग्र मूल्यांकन- 80 अंक) (आंतरिक मूल्यांकन- 20 अंक)
प्रश्नपत्र-III	शोध प्रविधि एवं जैवसांख्यिकी	100	50	--	--

(*प्रश्नपत्र-I और II (100 अंक व्यावहारिक + 100 अंक मौखिक परीक्षा) के लिए एक सामान्य व्यावहारिक परीक्षा आयोजित की जाएगी; बीस प्रतिशत भारांक आंतरिक मूल्यांकन के लिए दिया जाएगा, जिसकी गणना केवल व्यावहारिक या मौखिक सहित नैदानिक परीक्षा के लिए की जाएगी। छः महीने के प्रत्येक सत्र और औसतन दो सत्रों के बाद 40 अंक के आंतरिक मूल्यांकन (20 अंक (व्यावहारिक या नैदानिक) + 20 अंक (मौखिक परीक्षा) पर विचार किया जाएगा। *अस्सी प्रतिशत भारांक समग्र मूल्यांकन के लिए दिया जाएगा।)

(छ) एम.डी. (होम्योपैथी) मनोचिकित्सा –

विषय		सैद्धांतिकी (थ्योरी)		मौखिक (वाइवा-वोस) सहित व्यावहारिक या नैदानिक परीक्षा	
		अधिकतम अंक	उत्तीर्णांक	अधिकतम अंक	उत्तीर्णांक
प्रश्नपत्र-I	मनोचिकित्सा के मूलभूत सिद्धांत	100	50	200*	100*
प्रश्नपत्र-II	मनोचिकित्सा में होम्योपैथी के मूलभूत सिद्धांत	100	50	(160+40) (समग्र मूल्यांकन- 160 अंक) (आंतरिक मूल्यांकन- 40 अंक)	(80+20) (समग्र मूल्यांकन- 80 अंक) (आंतरिक मूल्यांकन- 20 अंक)
प्रश्नपत्र-III	शोध प्रविधि एवं जैवसांख्यिकी	100	50	--	--

(*प्रश्नपत्र-I और II (100 अंक व्यावहारिक + 100 अंक मौखिक परीक्षा) के लिए एक सामान्य व्यावहारिक परीक्षा आयोजित की जाएगी; बीस प्रतिशत भारांक आंतरिक मूल्यांकन के लिए दिया जाएगा, जिसकी गणना केवल व्यावहारिक या मौखिक सहित नैदानिक परीक्षा के लिए की जाएगी। छः महीने के प्रत्येक सत्र और औसतन दो सत्रों के बाद 40 अंक के आंतरिक मूल्यांकन (20 अंक (व्यावहारिक या नैदानिक) + 20 अंक (मौखिक परीक्षा) पर विचार किया जाएगा। *अस्सी प्रतिशत भारांक समग्र मूल्यांकन के लिए दिया जाएगा।)

(ज) एम.डी.(होम्योपैथी) सामुदायिक चिकित्सा –

विषय		सैद्धांतिकी (थ्योरी)		मौखिक (वाइवा-वोस) सहित व्यावहारिक या नैदानिक परीक्षा	
		अधिकतम अंक	उत्तीर्णांक	अधिकतम अंक	उत्तीर्णांक
प्रश्नपत्र-I	सामुदायिक चिकित्सा के मूलभूत सिद्धांत	100	50	200*	100*
				(160+40)	(80+20) (समग्र)

प्रश्नपत्र-II	सामुदायिक चिकित्सा में होम्योपैथी के मूलभूत सिद्धांत	100	50	(समग्र मूल्यांकन- 160 अंक) (आंतरिक मूल्यांकन- 40 अंक)	मूल्यांकन- 80 अंक (आंतरिक मूल्यांकन- 20 अंक)
प्रश्नपत्र-III	शोध प्रविधि एवं जैवसांख्यिकी	100	50	--	--

(*प्रश्नपत्र-I और II (100 अंक व्यावहारिक + 100 अंक मौखिक परीक्षा) के लिए एक सामान्य व्यावहारिक परीक्षा आयोजित की जाएगी; बीस प्रतिशत भारांक आंतरिक मूल्यांकन के लिए दिया जाएगा, जिसकी गणना केवल व्यावहारिक या मौखिक सहित नैदानिक परीक्षा के लिए की जाएगी। छः महीने के प्रत्येक सत्र और औसतन दो सत्रों के बाद 40 अंक के आंतरिक मूल्यांकन (20 अंक (व्यावहारिक या नैदानिक) + 20 अंक (मौखिक परीक्षा) पर विचार किया जाएगा। *अस्सी प्रतिशत भारांक समग्र मूल्यांकन के लिए दिया जाएगा।)

(झ) एम.डी. (होम्योपैथी) त्वचाविज्ञान -

विषय		सैद्धांतिकी (थ्योरी)		मौखिक (वाइवा-वोस) सहित व्यावहारिक या नैदानिक परीक्षा	
		अधिकतम अंक	उत्तीर्णांक	अधिकतम अंक	उत्तीर्णांक
प्रश्नपत्र-I	त्वचाविज्ञान के मूलभूत सिद्धांत	100	50	200*	100*
प्रश्नपत्र-II	त्वचाविज्ञान में होम्योपैथी के मूलभूत सिद्धांत	100	50	(160+40) (समग्र मूल्यांकन- 160 अंक) (आंतरिक मूल्यांकन- 40 अंक)	(80+20) (समग्र मूल्यांकन- 80 अंक) (आंतरिक मूल्यांकन- 20 अंक)
प्रश्नपत्र-III	शोध प्रविधि एवं जैवसांख्यिकी	100	50	--	--

(*प्रश्नपत्र-I और II (100 अंक व्यावहारिक + 100 अंक मौखिक परीक्षा) के लिए एक सामान्य व्यावहारिक परीक्षा आयोजित की जाएगी; बीस प्रतिशत भारांक आंतरिक मूल्यांकन के लिए दिया जाएगा, जिसकी गणना केवल व्यावहारिक या मौखिक सहित नैदानिक परीक्षा के लिए की जाएगी। छः महीने के प्रत्येक सत्र और औसतन दो सत्रों के बाद 40 अंक के आंतरिक मूल्यांकन (20 अंक (व्यावहारिक या नैदानिक) + 20 अंक (मौखिक परीक्षा) पर विचार किया जाएगा। *अस्सी प्रतिशत भारांक समग्र मूल्यांकन के लिए दिया जाएगा।)

(4) एम.डी. (होम्योपैथी) भाग-II परीक्षा - परीक्षा उत्तीर्ण करने के लिए प्रत्येक विषय के लिए अधिकतम और न्यूनतम अंक निम्नानुसार होंगे, अर्थातः -

विषय	सैद्धांतिकी (थ्योरी)		मौखिक (वाइवा-वोस) सहित व्यावहारिक या नैदानिक परीक्षा	उत्तीर्णांक अंक
	अधिकतम अंक	उत्तीर्णांक	अधिकतम अंक	उत्तीर्णांक
(i) विशेषज्ञता विषय प्रश्नपत्र-I	100	50	200* (160+40) (समग्र मूल्यांकन- 160 अंक)	100* (80+20) (समग्र मूल्यांकन- 80 अंक)

(ii) विशेषज्ञता विषय प्रश्नपत्र-II	100	50	(आंतरिक मूल्यांकन- 40 अंक)	(आंतरिक मूल्यांकन- 20 अंक)

(प्रश्नपत्र-I और II (100 अंक व्यावहारिक + 100 अंक मौखिक परीक्षा) के लिए एक सामान्य व्यावहारिक परीक्षा आयोजित की जाएगी; बीस प्रतिशत भारांक आंतरिक मूल्यांकन के लिए दिया जाएगा, जिसकी गणना केवल व्यावहारिक या मौखिक सहित नैदानिक परीक्षा के लिए की जाएगी। छः महीने के प्रत्येक सत्र और औसतन दो सत्रों के बाद 40 अंक के आंतरिक मूल्यांकन (20 अंक (व्यावहारिक या नैदानिक) + 20 अंक (मौखिक परीक्षा) पर विचार किया जाएगा। *अस्सी प्रतिशत भारांक समग्र मूल्यांकन के लिए दिया जाएगा।)

(5) परीक्षा के लिए दिशानिर्देश निम्न प्रकार होंगे, अर्थात:-

- (क) सैद्धांतिकी/थ्योरी परीक्षा में लघु उत्तर वाले प्रश्नों के लिए चालीस प्रतिशत अंक होंगे और लंबे व्याख्यात्मक उत्तर वाले प्रश्नों के लिए चालीस प्रतिशत अंक होंगे जिसमें वर्णनात्मक, केस सिनेरियो और नैदानिक अनुप्रयोग-आधारित प्रश्न शामिल होंगे, और समस्या-आधारित प्रश्न के लिए बीस प्रतिशत अंक होंगे तथा ये प्रश्न विषय के पूरे पाठ्यविवरण/सिलेबस को कवर करेंगे।
- (ख) परीक्षा उत्तीर्ण करने के लिए सैद्धांतिकी घटक में आवश्यक न्यूनतम अंक पचास प्रतिशत और प्रैक्टिकल या क्लिनिकल घटक में (जिसमें प्रैक्टिकल, क्लिनिकल, वाइवा-वोस शामिल है) प्रत्येक विषय में पचास प्रतिशत अंक अलग से होंगे।
- (ग) प्रत्येक सैद्धांतिकी परीक्षा तीन घंटे की अवधि की होगी।
- (घ) प्रत्येक विशेषज्ञता वाले विषय में मौखिक परीक्षा या प्रैक्टिकल या नैदानिक परीक्षा और शोधनिबंध का मूल्यांकन, कम से कम चार परीक्षकों द्वारा किया जाएगा, जिनमें से दो बाह्य परीक्षक होंगे और दो आंतरिक परीक्षक होंगे।
- (ङ.) विश्वविद्यालय को परिणाम की अनुशंसा करने के लिए चार परीक्षक संयुक्त रूप से प्रत्येक छात्र के ज्ञान का मूल्यांकन करेंगे। छात्र के मूल्यांकन के लिए चार परीक्षकों के औसत अंकों पर विचार किया जाएगा।
- (च) विश्वविद्यालय परिणाम घोषित होने के छह महीने के भीतर असफल छात्रों के लिए परीक्षा आयोजित करने की अनुमति देगा।
- (छ) विश्वविद्यालय किसी भी विषय के लिए एक वर्ष में दो से अधिक परीक्षाएं आयोजित नहीं करेगा, दोनों परीक्षाओं के बीच छह महीने से कम का अंतराल नहीं होगा।
- (ज) एम.डी. (होम्योपैथी) भाग-I परीक्षा एक वर्ष की अवधि की संस्थागत नौकरी (हाउस जॉब) पूरी होने के अठारहवें महीने में आयोजित की जानी है।
- (झ) एम.डी. (होम्योपैथी) भाग-I पाठ्यक्रम के किसी एक विषय में परीक्षा उत्तीर्ण नहीं करने वाला छात्र उस विषय के सभी भागों की फिर से परीक्षा देगा, लेकिन उक्त परीक्षा के लिए केवल एक अवसर मिलेगा जिसमें विफल रहने पर उसे एम.डी. (होम्योपैथी) भाग-I पाठ्यक्रम के सभी विषयों (सभी भागों में) की परीक्षा दोबारा देनी होगी।
- (ञ) विश्वविद्यालय द्वारा घोषित परिणाम सैद्धांतिकी या प्रैक्टिकल या क्लिनिकल या मौखिक परीक्षा तथा शोधनिबंध मूल्यांकन में प्राप्त अंकों के रूप में अलग से प्रदर्शित किए जाएंगे।
- (ट) एम.डी. (होम्योपैथी) परीक्षाओं के लिए किसी भी दिन क्लिनिकल या प्रैक्टिकल और मौखिक परीक्षा में छात्रों की अधिकतम संख्या दस से अधिक नहीं होगी।

(6) प्रश्न पत्रों का मूल्यांकन निम्न प्रकार होगा, अर्थात:-

- (क) स्नातकोत्तर परीक्षाओं के लिए सभी पात्र परीक्षक उत्तर पुस्तिकाओं का मूल्यांकन कर सकते हैं।

- (ख) सभी उत्तर पुस्तिकाओं का संबंधित विश्वविद्यालय द्वारा दो मूल्यांकन किए जाएंगे। प्रश्नपत्र के लिए दो मूल्यांकनकर्ताओं द्वारा दिए गए कुल अंकों में से उच्चतम, जिसे निकटतम अंक तक पूर्णांकित किया जाना है, अंकों को परिणामों की गणना के लिए विचार किया जाएगा।
- (ग) सभी उत्तर पुस्तिकाओं, जहाँ दो मूल्यांकनों के बीच का अंतर प्रश्नपत्र के लिए निर्धारित कुल अंकों में से दस प्रतिशत से अधिक है, का तीसरा मूल्यांकन किया जा सकता है।
- (घ) प्रश्नपत्र के लिए तीन मूल्यांकनकर्ताओं द्वारा दिए गए अंकों में से, दो मूल्यांकनकर्ताओं द्वारा दिए गए सर्वोत्तम कुल अंकों, जिन्हें निकटतम अंक तक पूर्णांकित किया जाना है, को परिणामों की अंतिम गणना के लिए विचार किया जाएगा।
- (ङ.) अंकों की गणना और परिणामों की घोषणा के बाद, किसी भी प्राधिकारी द्वारा किसी भी परिस्थिति में पुनर्मूल्यांकन की अनुमति नहीं है।
- (च) स्नातकोत्तर पाठ्यक्रम प्रदान करने वाले सभी स्वास्थ्य विश्वविद्यालय या संस्थान बार-कोडित डिजिटल मूल्यांकन के लिए एक प्लेटफॉर्म विकसित करेंगे।
- (7) एम.डी. (होम्योपैथी) भाग-I परीक्षा में प्रवेश चाहने वाले प्रत्येक उम्मीदवार को निम्नलिखित दस्तावेजों के साथ विश्वविद्यालय में आवेदन जमा करना होगा, अर्थात: -
- (क) संस्थान या महाविद्यालय (जहाँ पाठ्यक्रम प्रदान किया गया है) के प्राचार्य या प्रमुख से उन विषयों के पाठ्यक्रम को पूर्ण करने के बारे में एक प्रमाण पत्र जिस परीक्षा में उम्मीदवार प्रवेश चाहता है; और
- (ख) पाठ्यक्रम के अनिवार्य भाग के रूप में, होम्योपैथिक अस्पताल में एक वर्ष की संस्थागत नौकरी पूरी करने का प्रमाण पत्र।
- (ग) इन विनियमों में निर्दिष्ट समय के भीतर सिनोप्सिस प्रस्तुत करने के संबंध में गाइड से एक प्रमाण पत्र;
- (घ) एम.डी. (होम्योपैथी) भाग-I परीक्षाओं में उपस्थित होने के लिए पात्र बनने हेतु उपस्थिति न्यूनतम पचहत्तर प्रतिशत होगी।
- (ङ.) किसी भी स्नातकोत्तर छात्र को इन विनियमों के अनुसार अनिवार्य कोर्स वर्क और आंतरिक मूल्यांकन पूरा किए बिना परीक्षा में बैठने की अनुमति नहीं दी जाएगी।
- (8) एम.डी. (होम्योपैथी) भाग-II परीक्षा में प्रवेश चाहने वाले प्रत्येक उम्मीदवार को निम्नलिखित दस्तावेजों के साथ विश्वविद्यालय में आवेदन जमा करना होगा, अर्थात: -
- (क) अंकतालिका या परीक्षाफल, जो यह दर्शाता हो कि छात्र ने एम.डी. (होम्योपैथी) भाग-I परीक्षा उत्तीर्ण की है;
- (ख) शोधनिबंध प्रस्तुत करने के समर्थन में और इन नियमों में निर्दिष्ट समय के भीतर गाइड द्वारा उसकी स्वीकारिता का प्रमाण पत्र;
- (ग) संस्थान या महाविद्यालय (जहाँ पाठ्यक्रम प्रदान किया गया है) के प्राचार्य या प्रमुख से उन विषयों के पाठ्यक्रम को पूर्ण करने के बारे में एक प्रमाण पत्र जिस परीक्षा में उम्मीदवार प्रवेश चाहता है;
- (घ) एम.डी. (होम्योपैथी) भाग-II परीक्षा में उपस्थित होने के लिए पात्र बनने हेतु स्नातकोत्तर छात्र की उपस्थिति न्यूनतम पचहत्तर प्रतिशत होगी;
- (ङ.) किसी भी स्नातकोत्तर छात्र को इस विनियमन के अनुसार अनिवार्य कोर्स वर्क और आंतरिक मूल्यांकन पूरा किए बिना परीक्षा में बैठने की अनुमति नहीं दी जाएगी।
- (9) परीक्षकों के लिए निम्नलिखित शर्तों को ध्यान में रखा जाएगा, अर्थात:-
- (क) परीक्षकों के लिए मानदंड वही होंगे जो स्नातकोत्तर गाइड के लिए होंगे;
- (ख) दो आंतरिक परीक्षक होंगे; और
- (ग) कम से कम पचास प्रतिशत परीक्षक बाह्य परीक्षक होंगे।

13. सामान्य अनिवार्य पाठ्यक्रम कार्य (कोर्स वर्क)- (1) एमडी (होम्योपैथी) भाग-I के लिए, निम्नलिखित पाठ्यक्रम कार्य यानी कोर्स वर्क विशेषज्ञता वाले विषय के बावजूद सभी स्नातकोत्तर छात्रों के लिए सामान्य और अनिवार्य होगा, अर्थात: -

(क) बेसिक कार्डिएक लाइफ सपोर्ट स्किल्स में पाठ्यक्रम-

- (i) सभी स्नातकोत्तर छात्रों को बेसिक कार्डिएक लाइफ सपोर्ट स्किल्स में एक कोर्स पूरा करना होगा जो केंद्र सरकार के मान्यता प्राप्त संस्थान से विधिवत प्रमाणित किया गया हो। यदि किसी छात्र ने पहले ही यह कोर्स कर लिया है और केंद्र सरकार के मान्यता प्राप्त संस्थान से प्रमाणपत्र प्राप्त कर लिया है, वह इस विनियम के खंड (3) में उल्लिखित ऐच्छिक की सूची में से कोई अन्य पाठ्यक्रम चुन सकता है।
- (ii) छात्रों को बैच शुरू होने के एक वर्ष के भीतर कोर्स कार्य पूरा करना होगा।
- (iii) किसी भी स्नातकोत्तर छात्र को उपरोक्त प्रमाणीकरण के बिना एम.डी. (होम्योपैथी) भाग-I परीक्षाओं में बैठने की अनुमति नहीं दी जाएगी।

(ख) बायोएथिक्स में कोर्स-

- (i) सभी स्नातकोत्तर छात्रों को बायोएथिक्स में गुड क्लिनिकल प्रैक्टिस सहित एक कोर्स पूरा करना होगा, जिसे संस्थानों द्वारा स्वयं या किसी अन्य विधि द्वारा संचालित किया जाना है।
- (ii) छात्रों को बैच शुरू होने के एक वर्ष के भीतर कोर्स पूरा करना होगा।
- (iii) किसी भी स्नातकोत्तर छात्र को उपरोक्त कोर्स पूरा किए बिना एम.डी. (होम्योपैथी) भाग-I परीक्षा में बैठने की अनुमति नहीं दी जाएगी।

(2) एमडी (होम्योपैथी) भाग-II के लिए निम्नलिखित कोर्स विशेषज्ञता-विषय के बावजूद सभी स्नातकोत्तर छात्रों के लिए सामान्य और अनिवार्य होगा, अर्थात: -

- (क) सभी स्नातकोत्तर छात्रों को चिकित्सा शिक्षा प्रौद्योगिकी में एक बेसिक कोर्स पूरा करना होगा जिसे केंद्र सरकार के मान्यता प्राप्त संस्थान द्वारा विधिवत प्रमाणित किया गया हो।
- (ख) सभी स्नातकोत्तर छात्रों को वैज्ञानिक लेखन में एक पाठ्यक्रम पूरा करना होगा जो केंद्र सरकार के मान्यता प्राप्त संस्थान से विधिवत प्रमाणित हो।

(3) संस्थानों को टेलीमेडिसिन, प्रभावी प्रस्तुतीकरणों, पबमेड का उपयोग, चिकित्सा लेखापरीक्षा प्रबंधन में जागरूकता, स्वास्थ्य अर्थशास्त्र, स्वास्थ्य सूचना प्रणाली, सांख्यिकी के मूलभूत तत्व, मानव व्यवहार से एक्सपोजर और होम्योपैथिक फार्मसी का अध्ययन एवं ज्ञान जैसे ऐच्छिक विषयों पर प्रशैक्षणिक कार्यक्रमों की व्यवस्था करनी होगी। प्रत्येक छात्र के लिए यह अनिवार्य है कि वह स्नातकोत्तर पाठ्यक्रम की पूरी अवधि में उपरोक्त ऐच्छिक विषयों में से किसी एक को पूरा करे।

14. स्नातकोत्तर होम्योपैथिक चिकित्सा संस्थानों के लिए अतिरिक्त मूलभूत ढांचे की आवश्यकता और शर्तें - राष्ट्रीय होम्योपैथी आयोग (होम्योपैथिक महाविद्यालयों और संबद्ध अस्पतालों के लिए न्यूनतम आवश्यक मानक), विनियम, 2024 में उल्लिखित स्नातक डिग्री कार्यक्रम के लिए न्यूनतम आवश्यक मानकों के अलावा, स्नातकोत्तर होम्योपैथिक संस्थानों के लिए निम्नलिखित आवश्यकताएं अनिवार्य होंगी, अर्थात :-

- (1) किसी मान्यता प्राप्त होम्योपैथिक महाविद्यालय को स्नातकोत्तर केंद्र के रूप में माना जाएगा जो होम्योपैथिक चिकित्सा एवं शल्यचिकित्सा डिग्री पाठ्यक्रम संचालित करने के लिए सभी निर्धारित न्यूनतम आवश्यकताओं, मानदंडों और मानकों को पूरा करता है, और लगातार पांच वर्षों तक सफलतापूर्वक होम्योपैथिक चिकित्सा एवं शल्यचिकित्सा डिग्री पाठ्यक्रम चला रहा है।
- (2) ऐसे प्रत्येक चिकित्सा संस्थान या शैक्षणिक अस्पताल में संबंधित विशेषज्ञता का एक विभाग होगा और इन नियमों में निर्दिष्ट अतिरिक्त सुविधाएं भी होंगी।
- (3) स्नातकोत्तर पाठ्यक्रम में वार्षिक प्रवेश क्षमता अधिकतम दस सीटें होंगी, लेकिन सबसे पहले अनुमति किसी विशेषज्ञता वाले विषय में अधिकतम सात सीटों के लिए दी जाएगी। चिकित्सा संस्थान स्नातकोत्तर पाठ्यक्रम

के लिए प्रवेश क्षमता में वृद्धि के लिए आवेदन, स्नातकोत्तर पाठ्यक्रम के पहले बैच को पूरा करने के बाद या अपने स्नातक पाठ्यक्रम के पहले बैच के पूरा होने के बाद स्नातकोत्तर पाठ्यक्रम शुरू करने के बाद कर सकता है।

- (4) अस्पताल की आवश्यकता निम्नलिखित अतिरिक्त आवश्यकताओं के साथ राष्ट्रीय होम्योपैथी आयोग (होम्योपैथिक महाविद्यालयों और संबद्ध अस्पतालों के लिए न्यूनतम आवश्यक मानक), विनियम-2024 में यथा निर्दिष्ट होगी, अर्थात: -

- (क) होम्योपैथिक चिकित्सा एवं शल्यचिकित्सा स्नातक पाठ्यक्रम चलाने वाले चिकित्सा संस्थान के अस्पताल में पिछले पांच कैलेंडर वर्षों के दौरान प्रतिदिन औसतन न्यूनतम तीन सौ रोगियों वाला बाह्य रोगी विभाग।
- (ख) प्रत्येक विशेषज्ञता वाले नैदानिक विषय के लिए प्रति छात्र एक बिस्तर अलग से रखा जाएगा, जो कि उसके एक वर्ष में औसतन शैक्षणिक (महाविद्यालयी) होम्योपैथिक अस्पताल में होम्योपैथिक चिकित्सा एवं शल्यचिकित्सा स्नातक पाठ्यक्रम के लिए आवश्यक बिस्तरों के अलावा, बिस्तरों की संख्या न्यूनतम 50% होगी।
- (ग) संबद्ध होम्योपैथिक अस्पताल के बाह्य रोगी विभाग और अंतरंग रोगी विभाग में उक्त उपस्थिति उस दिन उपलब्ध होनी चाहिए जब चिकित्सा संस्थान के अधिकारियों द्वारा राष्ट्रीय होम्योपैथी आयोग से मान्यता या अनुमोदन के लिए आवेदन किया जाता है।

- (5) राष्ट्रीय होम्योपैथी आयोग के पास ऐसी सूचना और विवरणिकाएं (रिटर्न) की मांग करने की शक्ति होगी जो वह विश्वविद्यालय और चिकित्सा संस्थानों से उचित समझे और वे राष्ट्रीय होम्योपैथी आयोग द्वारा यथा निर्दिष्ट सूचना प्रस्तुत करेंगे:

वशर्ते कि यदि चिकित्सा संस्थान निर्दिष्ट समय सीमा के भीतर सूचना एवं विवरणिका प्रदान करने में विफल रहते हैं, तो आयोग अधिनियम की धारा 28 के अधीन संबंधित चिकित्सा संस्थान के खिलाफ यह मानते हुए कार्रवाई की सिफारिश करेगा कि संबंधित संस्थान विनियमन के प्रावधानों का अनुपालन नहीं कर रहा है।

- (6) प्रत्येक महाविद्यालय आयोग द्वारा नियुक्त निरीक्षकों को उनके कर्तव्यों और कार्यों के निर्वहन के लिए निरीक्षण के दौरान उनके द्वारा अपेक्षित सभी आवश्यक सूचना, दस्तावेज और रिकॉर्ड उपलब्ध करेगा।
- (7) प्रशासनिक क्षेत्र राष्ट्रीय होम्योपैथी आयोग (होम्योपैथिक महाविद्यालयों और संबद्ध अस्पतालों के लिए न्यूनतम आवश्यक मानक), विनियम-2024 में यथा अधिसूचित होगा।
- (8) व्याख्यानों, बैठकों, सेमिनारों, सम्मेलनों, संगोष्ठियों और परामर्श आदि के लिए महाविद्यालय परिसर में कम से कम दो सौ व्यक्तियों के बैठने की क्षमता वाला एक सेमिनार हॉल उपलब्ध होगा। हॉल में पर्याप्त विद्युतीय और बैठने की व्यवस्था, क्लोज सर्किट टेलीविजन, इंटरनेट सुविधाओं के साथ दृश्य-श्रव्य व्यवस्था होगी।
- (9) बायोमैट्रिक उपस्थिति के लिए निम्नलिखित शर्तें पूरी की जाएंगी, अर्थात: -

- (क) सभी चिकित्सा संस्थान मानव संसाधनों की उपस्थिति की नियमित रूप से उपस्थिति दर्ज करने के लिए समय-समय पर आयोग द्वारा यथा निर्देशित प्रक्रिया में आधार सक्रिय बायोमैट्रिक उपस्थिति मशीन स्थापित करेंगे जो शिक्षा के न्यूनतम आवश्यक मानकों की अक्षुण्णता को सुनिश्चित करने के लिए केंद्र सरकार, राज्य सरकार या संघ राज्य क्षेत्रों के प्रशासन और आयोग के लिए अनिवार्य रूप से एक्सेस योग्य होगी।
- (ख) आधार सक्रिय बायोमैट्रिक उपस्थिति चिकित्सा संस्थान की वेबसाइट के डैशबोर्ड पर और आयोग के निर्देशानुसार समर्पित पोर्टल पर होम्योपैथी में चिकित्सा आकलन एवं रेटिंग बोर्ड को उपलब्ध कराई जाएगी। आयोग शिक्षा के न्यूनतम आवश्यक मानकों के अनुपालन के लिए मूल्यांकन के दौरान या उसके बाद चिकित्सा संस्थान से उक्त उपस्थिति का रिकॉर्ड मांगेगा।
- (ग) आधार सक्रिय बायोमैट्रिक उपस्थिति प्रणाली की संस्थापना, रखरखाव और निरंतर सुचारु संचालन चिकित्सा संस्थानों की जिम्मेदारी होगी और बायोमैट्रिक प्रणाली के कामकाज में किसी भी तकनीकी समस्या को बायोमैट्रिक उपस्थिति प्रणाली के लिए नामित प्रभारी नोडल अधिकारी

के माध्यम से तुरंत आयोग को सूचित की जानी चाहिए जिसे रिपोर्टिंग की तारीख से सात दिनों की अवधि के भीतर उसे ठीक किया जाएगा।

(घ) आधार सक्रिय बायोमैट्रिक मशीनों द्वारा दर्ज की गई न्यूनतम एक वर्ष की उपस्थिति का रिकॉर्ड आयोग या मूल्यांकन टीम को उपलब्ध कराया जाना चाहिए और महाविद्यालय कम से कम एक वर्ष के लिए रिकॉर्ड कायम रखेगा।

(10) प्रत्येक स्नातकोत्तर विभाग के लिए राष्ट्रीय होम्योपैथी आयोग की अनुमति से एक कैमरा स्थापित किया जाएगा।

(11) महाविद्यालय की वेबसाइट का रख-रखाव निम्न प्रकार होगा, अर्थात:-

(क) प्रत्येक और हर चिकित्सा संस्थान की अपनी वेबसाइट होगी जिसमें प्रत्येक विषय में स्वीकृत सीटों के साथ स्नातकोत्तर छात्रों के संबंध में, वर्तमान वर्ष और पिछले शैक्षणिक सत्रों के लिए उनके मेरिट-वार, श्रेणी-वार विषय-वार सभी प्रासंगिक विवरणों के साथ हर वर्ष प्रवेश दिए गए छात्रों के सभी विवरण तथा उनके अखिल भारतीय आयुष स्नातकोत्तर प्रवेश परीक्षा स्कोर होंगे।

(ख) बुनियादी ढांचे, स्टाफ (शैक्षणिक और अशैक्षणिक), पुस्तकालय, उपकरण, चार्ट या इलेक्ट्रॉनिक डिस्प्ले, नमूनों के संबंध में सभी विशेषज्ञता विषय के स्नातकोत्तर विभाग के विवरण वेबसाइट पर तस्वीरों के साथ अपलोड किए जाएंगे।

(ग) अस्पताल से संबंधित सूचना, बाह्य रोगी विभाग और अंतरंग रोगी विभाग का डेटा हर महीने अपडेट किया जाएगा।

15. स्टाफ की आवश्यकताएँ - (1) शैक्षणिक स्टाफ - एम.डी. (होम्योपैथी) के लिए पाठ्यक्रम के अनुसार न्यूनतम पूर्णकालिक शैक्षणिक स्टाफ होगा (राष्ट्रीय होम्योपैथी आयोग में निर्दिष्ट न्यूनतम शैक्षणिक स्टाफ के अतिरिक्त (होम्योपैथिक महाविद्यालयों और संबद्ध अस्पतालों के लिए न्यूनतम आवश्यक मानक) विनियम, 2024), नामतः:-

तालिका

क्र. सं.	विभाग का नाम	प्रोफेसर	एसोसिएट प्रोफेसर
(1)	होम्योपैथिक मटेरिया मेडिका	1	2
(2)	ऑर्गेनन ऑफ मेडिसिन और होमियोपैथिक फिलोसफी	1	2
(3)	होम्योपैथिक रिपर्टरी और केस टेकिंग	1	2
(4)	होम्योपैथिक फॉर्मसी	1	2
(5)	चिकित्सा अभ्यास	1	2
(6)	बाल चिकित्सा	1	2
(7)	मनोचिकित्सा	1	2
(8)	सामुदायिक चिकित्सा	1	2
(9)	त्वचारोग विज्ञान	1	2
(10)	शोध प्रविधि एवं जैवसांख्यिकी	1	1

(2) सांख्यिकीय विश्लेषण हेतु शिक्षकों और छात्रों की सहायता के लिए एक पूर्णकालिक सांख्यिकीय सहायक नियुक्त किया जाएगा।

16. विभाग एवं उनकी विशिष्ट आवश्यकताएँ - (1) होम्योपैथिक मटेरिया मेडिका विभाग -

(क) चिकित्सा संस्थान स्नातकपूर्व पाठ्यक्रम हेतु प्रत्येक विभाग के लिए आवश्यकतानुसार उपलब्ध कराए गए क्षेत्र के अतिरिक्त कम से कम नब्बे वर्ग मीटर क्षेत्र उपलब्ध करेगा। स्नातकोत्तर छात्रों के लिए चर्चा

कक्ष, स्नातकोत्तर शैक्षणिक संकाय कक्ष और विभागीय पुस्तकालय के लिए स्थान ऑडियो-विजुअल और इंटरनेट सुविधाओं के प्रावधान के साथ उपलब्ध कराना होगा।

- (ख) ऑनलाइन सत्रों के दौरान बेहतर कनेक्टिविटी के लिए हाई स्पीड इंटरनेट सुविधा उपलब्ध करानी होगी।
- (ग) स्नातकोत्तर पाठ्यचर्या में अलग से अधिसूचित यथा निर्दिष्ट विभागीय पुस्तकों और पुस्तक सूची के भंडारण के लिए दो अलमारियाँ होंगी। प्रत्येक छात्र के लिए ई-पुस्तकालय सदस्यता अनिवार्य है।
- (घ) विभाग में न्यूनतम दो एसोसिएट प्रोफेसर और एक प्रोफेसर होगा या निचले संवर्ग के संकाय के विपरीत उच्च संवर्ग के अतिरिक्त संकाय पर विचार किया जाएगा।
- (ङ.) एक गैर-तकनीकी स्टाफ, जैसे कि सहायक या परिचारक उपलब्ध होगा।
- (च) उपकरण एवं सामग्री निम्नलिखित तालिका के अनुसार होगी:-

तालिका

क्र. सं.	उपकरण एवं सामग्रियाँ	मात्रा
(1)	डेस्कटॉप या लैपटॉप	2
(2)	लिट्रिड क्रिस्टल डिस्प्ले (एलसीडी) प्रोजेक्टर	01
(3)	गोल या सेंटर टेबल (बैठने की बेहतर व्यवस्था के लिए)	01
(4)	कुर्सियाँ	20
(5)	सूचना पट्ट	01
(6)	बाह्य हार्ड डिस्क	01
(7)	चार्ट और इलेक्ट्रॉनिक डिस्प्ले	15
(8)	पुस्तकें	5 सेट
(9)	एक्सरे व्यू बॉक्स	01
(10)	शोधनिबंधों पर पोस्टर प्रस्तुतीकरण	पिछले तीन शैक्षणिक वर्षों के शोधप्रबंध

(छ) चार्ट या इलेक्ट्रॉनिक डिस्प्ले की सूची,-

- (i) साइंस और फिलोसफी ऑफ होम्योपैथिक मटेरिया मेडिका;
- (ii) होम्योपैथिक मटेरिया मेडिका का अध्ययन के भिन्न उपागम;
- (iii) पीरियोडिक टेबल;
- (iv) आरेख - तीन पॉलीक्रेस्ट - पौधे, पशु, खनिज पारिस्थितिकी प्रत्येक से एक-एक;
- (v) नोडोजिज - कोई दो दवाएं;
- (vi) सारकोड- एक दवा;
- (vii) समूह लक्षण या अध्ययन - तीन समूह;
- (viii) किन्हीं तीन रोगों का उपचार।

(2) ऑर्गेनन ऑफ मेडिसिन और होम्योपैथिक फिलॉसफी विभाग -

- (क) चिकित्सा संस्थान स्नातकपूर्व पाठ्यक्रम के लिए उपलब्ध कराए गए क्षेत्र के अतिरिक्त, कम से कम नब्बे वर्ग मीटर क्षेत्र उपलब्ध करेगा। स्नातकोत्तर छात्रों के लिए चर्चा कक्ष, स्नातकोत्तर शैक्षणिक संकाय कक्ष और विभागीय पुस्तकालय के लिए स्थान ऑडियो-विजुअल और इंटरनेट सुविधाओं के प्रावधान के साथ उपलब्ध होगा।
- (ख) ऑनलाइन सत्र के दौरान बेहतर कनेक्टिविटी के लिए हाई-स्पीड इंटरनेट सुविधाएं उपलब्ध होंगी।
- (ग) अलग से अधिसूचित स्नातकोत्तर पाठ्यक्रम में यथा निर्दिष्ट विभागीय पुस्तकों और पुस्तक-सूची के भंडारण के लिए दो अलमारियाँ। प्रत्येक छात्र के लिए ई-पुस्तकालय सदस्यता अनिवार्य है।
- (घ) विभाग में न्यूनतम दो एसोसिएट प्रोफेसर और एक प्रोफेसर होगा या निचले संवर्ग के संकाय के विपरीत उच्च संवर्ग के अतिरिक्त संकाय पर विचार किया जाएगा।
- (ङ.) एक गैर-तकनीकी स्टाफ, यानी सहायक या परिचारक उपलब्ध होगा।
- (च) उपकरण और सामग्रियां नीचे दी गई तालिका के अनुसार होंगी:-

तालिका

क्र. सं.	उपकरण एवं सामग्रियां	मात्रा
(1)	डेस्कटॉप या लैपटॉप	2
(2)	लिक्विड क्रिस्टल डिस्प्ले (एलसीडी) प्रोजेक्टर	01
(3)	गोल या सेंटर टेबल (बैठने की बेहतर व्यवस्था के लिए)	01
(4)	कुर्सियां	20
(5)	सूचना पट्ट	01
(6)	बाह्य हार्ड डिस्क	01
(7)	चार्ट या इलेक्ट्रॉनिक डिस्प्ले	15
(8)	पुस्तकें	5 सेट
(9)	एक्सरे व्यू बॉक्स	01
(10)	शोधनिबंधों पर पोस्टर प्रस्तुतीकरण	पिछले तीन शैक्षणिक वर्षों के शोधनिबंध

(छ) चार्ट या इलेक्ट्रॉनिक डिस्प्ले की सूची -

- भिन्न सिद्धांत;
- केस टेकिंग;
- रोग का वर्गीकरण;
- ऑर्गेनन का ग्राउंड प्लान;
- होम्योपैथी के कार्डिनल सिद्धांत;
- रोग विकास की अवधारणा;
- ऑर्गेनन ऑफ मेडिसिन का भिन्न संस्करण;
- रोग परिदृश्य - मियास्मस-प्सोरा, साइकोसिस, ठ्यूबरकुलर, सिफलिस;
- रोग का कारण;
- मनुष्य की हैनिमैनीयन अवधारणा;

- (xi) पोसोलॉजी पर प्रदर्शन;
- (xii) संवेदनशीलता का निर्धारण;
- (xiii) सी.वॉन. बीओनिंगहौसेन द्वारा लक्षणों का मूल्यांकन;
- (xiv) जे.टी.केंट द्वारा लक्षणों का मूल्यांकन; और
- (xv) सी.एम. बोगर द्वारा लक्षणों का मूल्यांकन।

(3) होम्योपैथिक रिपर्टरी और केस टेकिंग विभाग -

- (क) चिकित्सा संस्थान स्नातकपूर्व पाठ्यक्रम के लिए उपलब्ध कराए गए क्षेत्र के अतिरिक्त कम से कम नब्बे वर्ग मीटर क्षेत्र उपलब्ध करेगा। स्नातकोत्तर छात्रों के लिए चर्चा कक्ष, स्नातकोत्तर, शैक्षणिक संकाय कक्ष और विभागीय पुस्तकालय के लिए स्थान ऑडियो-विजुअल और इंटरनेट सुविधाओं के प्रावधान के साथ उपलब्ध होगा।
- (ख) ऑनलाइन सत्र के दौरान बेहतर कनेक्टिविटी के लिए हाई स्पीड इंटरनेट सुविधा उपलब्ध होगी।
- (ग) अलग से यथा निर्दिष्ट अधिसूचित स्नातकोत्तर पाठ्यक्रम में विभागीय पुस्तकों और पुस्तक-सूची के भंडारण के लिए दो अलमारियाँ। कार्ड रिपर्टरी या मॉडल प्रदर्शन और चर्चा के लिए उपलब्ध किया जाना चाहिए। प्रत्येक छात्र के लिए ई-पुस्तकालय सदस्यता अनिवार्य है।
- (घ) विभाग में न्यूनतम दो एसोसिएट प्रोफेसर और एक प्रोफेसर होगा या निचले संवर्ग के संकाय के विपरीत उच्च संवर्ग के अतिरिक्त संकाय पर विचार किया जाएगा।
- (ङ.) एक गैर-तकनीकी स्टाफ, यानी सहायक या परिचारक उपलब्ध होगा।
- (च) उपकरण और सामग्रियां नीचे दी गई तालिका के अनुसार होंगी:-

तालिका

क्र. सं.	उपकरण एवं सामग्रियां	मात्रा
(1)	डेस्कटॉप या लैपटॉप	5
(2)	लिक्विड क्रिस्टल डिस्प्ले (एलसीडी) प्रोजेक्टर	01
(3)	गोल या सेंटर टेबल	01
(4)	कुर्सियां	20
(5)	सूचना पट्ट	01
(6)	बाह्य हार्ड डिस्क	01
(7)	चार्ट या इलेक्ट्रॉनिक डिस्प्ले	15
(8)	होम्योपैथी रिपर्टरी सॉफ्टवेयर (अधिमानतः बहुउपयोगी)	5
(9)	एक्सरे व्यू बॉक्स	01
(10)	शोधनिबंधों पर पोस्टर प्रस्तुतीकरण	पिछले तीन शैक्षणिक वर्षों के शोधनिबंध
(11)	पुस्तकें	5 सेट

(छ) चार्ट या इलेक्ट्रॉनिक डिस्प्ले की सूची -

- (i) रिपर्टरीज़ का उद्भव;

- (ii) रेपटोरियल उपागम (एप्रोचिज) - जे.टी.केंट;
- (iii) रेपटोरियल उपागम - सी.वॉन.बोएनिंगहौसेन;
- (iv) रेपटोरियल उपागम - सी.एम.बोगर;
- (v) की-नोट लक्षणों की अवधारणा;
- (vi) गैर रिपोर्टोरियल उपागम - संरचनाकरण;
- (vii) कार्ड रिपर्टरीज़;
- (viii) रेपटोरियल सिंड्रोम और संभावित भिन्नात्मक क्षेत्र;
- (ix) रूब्रिक और सब रूब्रिक का अर्थ;
- (x) रेपटोरिज़ेशन की सामान्य अवधारणाएँ;
- (xi) रिपर्टरी और रिपर्टरीज़ेशन;
- (xii) क्षेत्रीय रिपर्टरीज़;
- (xiii) कंप्यूटर सॉफ्टवेयर;
- (xiv) केस- टेकिंग और रिपर्टरी;
- (xv) लक्षणों का विश्लेषण और मूल्यांकन;
- (xvi) रिपर्टरी का वर्गीकरण।

(4) होम्योपैथिक फार्मसी विभाग -

- (क) चिकित्सा संस्थान स्नातकोत्तर छात्रों के लिए ऑडियो-विजुअल और इंटरनेट सुविधाओं के प्रावधान के साथ चर्चा कक्ष, स्नातकोत्तर, शैक्षणिक संकाय कक्ष और विभागीय पुस्तकालय सहित कम से कम नब्बे वर्ग मीटर क्षेत्र उपलब्ध करेगा।
- (ख) ऑनलाइन सत्र के दौरान बेहतर कनेक्टिविटी के लिए हाई स्पीड इंटरनेट सुविधा उपलब्ध होगी।
- (ग) स्नातकोत्तर पाठ्यचर्या में अलग से यथा अधिसूचित विभागीय पुस्तकों और पुस्तक सूची के भंडारण के लिए दो अलमारियाँ। प्रत्येक छात्र के लिए ई-पुस्तकालय सदस्यता अनिवार्य है।
- (घ) विभाग में न्यूनतम दो संयुक्त प्रोफेसर और एक प्रोफेसर होगा या निचले संवर्ग के संकाय के विपरीत उच्च संवर्ग के अतिरिक्त संकाय पर विचार किया जाएगा।
- (ङ.) एक गैर-तकनीकी स्टाफ, यथा सहायक या परिचारक उपलब्ध होगा।
- (च) उपकरण और सामग्रियां नीचे दी गई तालिका के अनुसार होंगी:-

तालिका

क्र. सं.	उपकरण एवं सामग्री	मात्रा
(1)	डेस्कटॉप या लैपटॉप	2
(2)	लिक्विड क्रिस्टल डिस्प्ले (एलसीडी) प्रोजेक्टर	01
(3)	गोल या सेंटर टेबल (बैठने की बेहतर व्यवस्था के लिए)	01

(4)	कुर्सियां	20
(5)	सूचना पट्ट	01
(6)	बाह्य हार्ड डिस्क	01
(7)	चार्ट या इलेक्ट्रॉनिक डिस्प्ले	16
(8)	हर्बेरियम शीटें	20
(9)	एक्सरे व्यू बॉक्स	01
(10)	शोधनिबंधों पर पोस्टर प्रस्तुतीकरण	पिछले तीन शैक्षणिक वर्षों के शोधनिबंध
(11)	पुस्तकें	5 सेट

(छ) चार्ट या इलेक्ट्रॉनिक डिस्प्ले की सूची -

- (i) होम्योपैथिक फार्माकोपिया;
- (ii) दवाओं का मानकीकरण - ऑर्गेनोलेप्टिक मूल्यांकन;
- (iii) दवाओं का मानकीकरण - सूक्ष्मदर्शी मूल्यांकन;
- (iv) दवाओं का मानकीकरण - भौतिक मूल्यांकन;
- (v) दवाओं का मानकीकरण - रासायनिक मूल्यांकन;
- (vi) दवाओं का मानकीकरण - जैविक मूल्यांकन;
- (vii) औषधियों और उनकी प्रभावकारिता का संरक्षण;
- (viii) होम्योपैथिक दवाओं का निर्माण - हैनिमैनियन विधि;
- (ix) होम्योपैथिक दवाओं का निर्माण - नई विधि;
- (x) पोटेंशियलाइजेशन (प्रभावकारिता) के पैमाने;
- (xi) पोटेंशियलाइजेशन की विधियाँ;
- (xii) पोसोलॉजी के सिद्धांत;
- (xiii) फार्माकोनॉमी;
- (xiv) होम्योपैथिक फार्मेसी अधिनियम और नियम;
- (xv) विभिन्न प्रकार की औषधि क्रियाएं;
- (xvi) भारतीय औषधियाँ और उनके स्थानीय नाम।

(ज) संबद्ध औषधि अधिनियम विधियां एवं विधायन प्रत्येक चिकित्सा संस्थान में रखे जाएंगे।

(5) चिकित्सा अभ्यास विभाग -

- (क) चिकित्सा संस्थान दृश्य-श्रव्य और इंटरनेट सुविधाओं के प्रावधान के साथ स्नातकोत्तर छात्रों के लिए चर्चा कक्ष, स्नातकोत्तर शैक्षणिक संकाय कक्ष और विभागीय पुस्तकालय के लिए स्थान सहित कम से कम नब्बे वर्ग मीटर क्षेत्र उपलब्ध करेगा।
- (ख) ऑनलाइन सत्र के दौरान बेहतर कनेक्टिविटी के लिए हाई-स्पीड इंटरनेट सुविधाएं उपलब्ध होंगी।
- (ग) अलग से अधिसूचित स्नातकोत्तर पाठ्यक्रम में यथा निर्दिष्ट विभागीय पुस्तकों और पुस्तक-सूची के भंडारण के लिए दो अलमारियाँ। प्रत्येक छात्र के लिए ई-पुस्तकालय सदस्यता अनिवार्य है।
- (घ) विभाग में न्यूनतम दो संयुक्त प्रोफेसर और एक प्रोफेसर होगा या निचले संवर्ग के संकाय के विपरीत उच्च

संवर्ग के अतिरिक्त संकाय पर विचार किया जाएगा।

(ड) एक गैर-तकनीकी स्टाफ, यानी सहायक या परिचारक उपलब्ध होगा।

(च) उपकरण और सामग्रियां नीचे दी गई तालिका के अनुसार होगी:-

तालिका

क्र. सं.	उपकरण एवं सामग्रियां	मात्रा
(1)	डेस्कटॉप या लैपटॉप	2
(2)	लिव्किड क्रिस्टल डिस्प्ले (एलसीडी) प्रोजेक्टर	01
(3)	गोल या सेंटर टेबल (बैठने की बेहतर व्यवस्था के लिए)	01
(4)	कुर्सियां	20
(5)	सूचना पट्ट	01
(6)	बाह्य हार्ड डिस्क	01
(7)	चार्ट या इलेक्ट्रॉनिक डिस्प्ले	15
(8)	नैदानिक प्रशैक्षणिक के लिए चिकित्सा उपकरण	आवश्यकता के अनुसार
(9)	एक्सरे व्यू बॉक्स	01
(10)	पुस्तकें	5 सेट
(11)	शोधनिबंधों पर पोस्टर प्रस्तुतीकरण	पिछले तीन शैक्षणिक वर्षों के शोधनिबंध

(छ) चार्ट या इलेक्ट्रॉनिक डिस्प्ले की सूची -

- (i) पेरीफेरल नर्व इवेल्युएशन एक्सिस (पीएनई) अक्ष और उनके घटक;
- (ii) ब्रोन्कोपल्मोनरी सीक्वैस्ट्रेशन (बीपीएस) मॉडल और कारणता की अवधारणा;
- (iii) डर्माटोम्स और परिधीय तंत्रिका आपूर्ति;
- (iv) संवेदनशीलता और विभिन्न पैरामीटर;
- (v) हार्मोनल ऐस्से और इनकी व्याख्या;
- (vi) रुमेटॉइड गठिया के निदान के लिए अमेरिकन एसोसिएशन ऑफ रुमेटोलॉजी क्राइटेरिया;
- (vii) विभिन्न कार्डियोवेस्कुलर में असामान्य ईसीजी खोजें;
- (viii) मियाज़म और इसकी विशिष्ट अभिव्यक्तियाँ;
- (ix) मधुमेह मेलिटस का विश्व स्वास्थ्य वर्गीकरण;
- (x) प्राथमिक और माध्यमिक त्वचा घाव;
- (xi) कार्डिएक और रिस्पाइरेटरी डिसनिया के बीच अंतर;
- (xii) अतिसंवेदनशीलता प्रतिक्रियाओं के प्रकार;
- (xiii) गुर्दे के दर्द का मटेरियामेडिका (भेषजगुणविज्ञान) चिकित्सा विधान;
- (xiv) सांस की तकलीफ (डिस्पेनिया) का मटेरियामेडिका चिकित्सा विधान;

(xv) बुखार का मटेरिया मेडिका चिकित्सा विधान

(6) बाल चिकित्सा विभाग:-

- (क) चिकित्सा संस्थान कम से कम नब्बे वर्ग मीटर जमीन उपलब्ध कराएगा जिसमें स्नातकोत्तर छात्रों के लिए स्थान, चर्चा के लिए कक्ष, स्नातकोत्तर शैक्षणिक संकाय के लिए कक्ष और ऑडियो-विजुअल (श्रव्य-दृश्य) और इंटरनेट सुविधाओं के प्रावधान के साथ विभागीय पुस्तकालय शामिल हैं।
- (ख) ऑनलाइन सत्रों के दौरान बेहतर कनेक्टिविटी के लिए हाई-स्पीड इंटरनेट सुविधाएं उपलब्ध होंगी।
- (ग) विभागीय पुस्तकों और अलग से अधिसूचित स्नातकोत्तर पाठ्यक्रम में यथा उल्लिखित बुकलिस्ट (पुस्तकों की सूची) के भंडारण के लिए दो अलमारी। प्रत्येक छात्र के लिए ई-लाइब्रेरी की सदस्यता अनिवार्य है।
- (घ) विभाग में कम से कम दो एसोसिएट प्रोफेसर और एक प्रोफेसर होगा या निचले संवर्ग (कैडर) संकाय की तुलना में उच्च संवर्ग (कैडर) के अतिरिक्त संकाय पर विचार किया जाएगा।
- (ङ) एक गैर-तकनीकी कर्मचारी जैसे सहायक या परिचारक उपलब्ध होंगे।
- (च) उपकरण और सामग्रियां नीचे दी गई तालिका के अनुसार होंगी:-

तालिका

क्र.सं.	उपकरण और सामग्रियां	मात्रा
(1)	डेस्कटॉप या लैपटॉप	2
(2)	लिट्रिड क्रिस्टल डिस्प्ले (एलसीडी) प्रोजेक्टर	01
(3)	राउंड या सेंटर टेबल (बैठने की बेहतर व्यवस्था के लिए)	01
(4)	कुर्सियां	20
(5)	सूचना बोर्ड	01
(6)	एक्सटर्नल हार्ड डिस्क	01
(7)	चार्ट या इलेक्ट्रॉनिक डिस्प्ले	13
(8)	बाल चिकित्सा में नैदानिक प्रशैक्षणिक के लिए चिकित्सा उपकरण एवं औजार	आवश्यकतानुसार
(9)	एक्स-रे व्यू बॉक्स	01
(10)	पुस्तकें	5 सेट
(11)	शोध प्रबंधों पर पोस्टर प्रस्तुतियां	पिछले तीन शैक्षणिक वर्षों के शोध प्रबंध

(छ) मॉडल और चार्ट या इलेक्ट्रॉनिक डिस्प्ले की सूची -

(i) मॉडल:-

- (क) स्तन (ब्रेस्ट) मॉडल;
- (ख) पोषण मॉडल;
- (ग) विकासात्मक मॉडल;
- (घ) प्रशैक्षणिक पुतले या डमी;
- (ङ) प्रशैक्षणिक के लिए पुतले या डमी - कार्डियोपल्मोनरी पुनर्जीवन (रिससिटेशन), इंटरवेनस कैनुला इन्सर्शन।

(ii) चार्ट या इलेक्ट्रॉनिक डिस्प्ले -

- (क) सामान्य अल्पता चार्ट या इलेक्ट्रॉनिक डिस्प्ले - मैक्रो और माइक्रोन्यूट्रिएंट्स - प्रोटीन ऊर्जा कुपोषण, मोटापा, रिकेट्स, स्कर्वी;
- (ख) पूरक आहार चार्ट;
- (ग) चित्रों के साथ सामान्य जन्मजात विसंगतियां चार्ट;
- (घ) वंशावली चार्ट ;
- (ङ) विश्व स्वास्थ्य संगठन विकास चार्ट या इलेक्ट्रॉनिक डिस्प्ले;
- (च) मुखाकृति, पल्स, मुखविरूपता, कार्यकलाप और श्वसन स्कोर;
- (छ) पानी की कमी के ग्रेड;
- (ज) डिस्पेनिया के ग्रेड;
- (झ) इलेक्ट्रोलाइट असंतुलन;
- (ञ) बाल चिकित्सा में सामान्य एंथ्रोपोमेट्री सूत्र;
- (ट) किन्हीं तीन संकेतों के साथ बच्चों के सामान्य संवैधानिक उपचार के चित्र;
- (ठ) दो होम्योपैथिक चिकित्सा उपचार के साथ चित्रों के साथ बच्चों में रोग की सामान्य स्थिति - खसरा, चिकन पॉक्स, गल गण्ड रोग, कृमि संक्रमण, दस्त रोग इत्यादि;
- (ड) विस्तृत क्लिनिकोपैथोलॉजिकल वर्णन और विकास के साथ दो नैदानिक स्थितियां।

(7) मनोचिकित्सा विभाग:-

- (क) चिकित्सा संस्थान कम से कम नब्बे वर्ग मीटर जमीन उपलब्ध कराएगा जिसमें स्नातकोत्तर छात्रों के लिए स्थान, चर्चा के लिए कक्ष, स्नातकोत्तर शैक्षणिक संकाय के लिए कक्ष और ऑडियो-विजुअल (श्रव्य-दृश्य) और इंटरनेट सुविधाओं के प्रावधान के साथ विभागीय पुस्तकालय शामिल हैं।
- (ख) ऑनलाइन सत्रों के दौरान बेहतर कनेक्टिविटी के लिए हाई-स्पीड इंटरनेट सुविधाएं उपलब्ध होंगी।
- (ग) विभागीय पुस्तकों और अलग से अधिसूचित स्नातकोत्तर पाठ्यक्रम में यथा उल्लिखित बुकलिस्ट (पुस्तकों की सूची) के भंडारण के लिए दो अलमारी। प्रत्येक छात्र के लिए ई-लाइब्रेरी की सदस्यता अनिवार्य है।
- (घ) विभाग में कम से कम दो एसोसिएट प्रोफेसर और एक प्रोफेसर होगा या निचले संवर्ग (कैडर) संकाय की तुलना में उच्च संवर्ग (कैडर) के अतिरिक्त संकाय पर विचार किया जाएगा।
- (ङ) एक गैर-तकनीकी कर्मचारी जैसे सहायक या परिचारक उपलब्ध होंगे।
- (च) उपकरण और सामग्रियां नीचे दी गई तालिका के अनुसार होंगी:-

तालिका

क्र.सं.	उपकरण और सामग्रियां	मात्रा
(1)	डेस्कटॉप या लैपटॉप	2
(2)	लिक्विड क्रिस्टल डिस्प्ले (एलसीडी) प्रोजेक्टर	01
(3)	राउंड या सेंट्रल टेबल (बैठने की बेहतर व्यवस्था के लिए)	01
(4)	कुर्सियां	20
(5)	सूचना बोर्ड	01
(6)	एक्सटर्नल हार्ड डिस्क	01
(7)	चार्ट या इलेक्ट्रॉनिक डिस्प्ले	15

(8)	एक्स-रे व्यू बॉक्स	01
(9)	साइकोमेट्रिक मूल्यांकन उपकरण → 1. इंटेलीजेंस का परीक्षण-व्हिसलर इंटेलीजेंस स्केल फॉर चिल्ड्रेन 2. सोशल कोशंट का परीक्षण – विनेलैंड सोशल मैचुरिटी स्केल्स 3. वस्तुनिष्ठ व्यक्तित्व परीक्षण (क) मिलन क्लिनिकल मल्टीएक्सियल इन्वेंटरी (ख) मिनेसोटा मल्टीफेसिक परसोनेलिटी इन्वेंटरी 4. प्रोजेक्टिव परीक्षण (क) रोशचैच टेस्ट (ख) टर्नएराउंड टाइम (ग) टर्नएराउंड एक्सियल टोमोग्राफी 5. रेटिंग स्केल: प्रकार और उनके उपयोग	
(10)	पुस्तकें	5 सेट
(11)	शोध प्रबंधों पर पोस्टर प्रस्तुतियां	पिछले तीन शैक्षणिक वर्षों के शोध प्रबंध

(छ) चार्ट या इलेक्ट्रॉनिक डिस्प्ले की सूची –

- (i) मस्तिष्क संरचना और इसका कार्य;
- (ii) मानसिक स्वास्थ्य के मॉडल;
- (iii) सुलिवन का पारस्परिक संबंधों का सिद्धांत;
- (iv) मानसिक रोगों के हैनिमैनियन वर्गीकरण को प्रदर्शित करने वाला चार्ट;
- (v) मानसिक बीमारी का आधुनिक वर्गीकरण;
- (vi) व्यक्तित्व विकारों का क्लस्टर वर्गीकरण;
- (vii) संज्ञानात्मक, भावनात्मक या व्यक्तित्व मूल्यांकन से संबंधित चर्चा और सीखने के लिए विभिन्न साइकोमेट्रिक परीक्षण;
- (viii) मानसिक स्थिति की जांच;
- (ix) मिनी मानसिक स्थिति जांच;
- (x) सीसीए (अनुभूति, इच्छाशक्ति और प्रभाव);
- (xi) चिंता विकारों का वर्गीकरण और अभिव्यक्ति;
- (xii) मनोलैंगिक और मनो-सामाजिक विकास (तुलना);
- (xiii) बाल मनोचिकित्सा नैदानिक स्थितियां;
- (xiv) भावात्मक विकार और उनका वर्गीकरण;
- (xv) स्किज़ोफ्रेनिया स्पेक्ट्रम विकार;
- (xvi) मॉडल (कोई दो)
 - (क) मास्लो का मॉडल;

(ख) एरिकसन मनोसामाजिक मॉडल;

(ग) जीन पियागेट का संज्ञानात्मक विकास का सिद्धांत.

(8) सामुदायिक चिकित्सा विभाग-

- (क) चिकित्सा संस्थान कम से कम नब्बे वर्ग मीटर जमीन उपलब्ध कराएगा जिसमें स्नातकोत्तर छात्रों के लिए स्थान, चर्चा के लिए कक्ष, स्नातकोत्तर शैक्षणिक संकाय के लिए कक्ष और ऑडियो-विजुअल (श्रव्य-दृश्य) और इंटरनेट सुविधाओं के प्रावधान के साथ विभागीय पुस्तकालय शामिल हैं।
- (ख) ऑनलाइन सत्रों के दौरान बेहतर कनेक्टिविटी के लिए हाई-स्पीड इंटरनेट सुविधाएं उपलब्ध होंगी।
- (ग) विभागीय पुस्तकों और अलग से अधिसूचित स्नातकोत्तर पाठ्यक्रम में यथा उल्लिखित बुकलिस्ट (पुस्तकों की सूची) के भंडारण के लिए दो अलमारी। प्रत्येक छात्र के लिए ई-लाइब्रेरी की सदस्यता अनिवार्य है।
- (घ) विभाग में कम से कम दो एसोसिएट प्रोफेसर और एक प्रोफेसर होगा या निचले संवर्ग (कैडर) संकाय की तुलना में उच्च संवर्ग (कैडर) के अतिरिक्त संकाय पर विचार किया जाएगा।
- (ङ) एक गैर-तकनीकी कर्मचारी जैसे सहायक या परिचारक उपलब्ध होंगे।
- (च) उपकरण और सामग्रियां नीचे दी गई तालिका के अनुसार होंगी:-

तालिका

क्र.सं.	उपकरण और सामग्रियां	मात्रा
(1)	डेस्कटॉप या लैपटॉप	5
(2)	लिट्रिड क्रिस्टल डिस्प्ले (एलसीडी) प्रोजेक्टर	01
(3)	राउंड या सेंटर टेबल (बैठने की बेहतर व्यवस्था के लिए)	01
(4)	कुर्सियां	20
(5)	सूचना बोर्ड	01
(6)	एक्सटर्नल हार्ड डिस्क	01
(7)	चार्ट अथवा इलैक्ट्रॉनिक डिस्प्ले	16
(8)	एक्स-रे व्यू बॉक्स	01
(9)	पुस्तकें	5 सेट
(10)	शोध प्रबंधों पर पोस्टर प्रस्तुतियां	जो भी उपलब्ध हो

(छ) चार्ट अथवा इलैक्ट्रॉनिक डिस्प्ले और चित्रों की सूची -

- (i) स्वास्थ्य और बीमारी की अवधारणा;
- (ii) संचारी रोगों का महामारी विज्ञान;
- (iii) टीकाकरण और टीकाकरण अनुसूची;
- (iv) होमियोपैथिक रोकथाम;
- (v) जनसांख्यिकी और परिवार नियोजन;
- (vi) स्वास्थ्य जानकारी और बायोस्टैटिस्टिक्स;

- (vii) आहार, पोषण और पोषण संबंधी समस्याएं और कार्यक्रम;
- (viii) राष्ट्रीय स्वास्थ्य कार्यक्रम;
- (ix) अंतर्राष्ट्रीय स्वास्थ्य एजेंसियां;
- (x) पानी और सीवेज उपचार;
- (xi) चिकित्सा कीटविज्ञान;
- (xii) व्यावसायिक स्वास्थ्य;
- (xiii) धूम्रपान, शराब और नशीली दवाओं की लत;
- (xiv) स्वास्थ्य प्रशासन और स्वास्थ्य देखभाल वितरण प्रणाली;
- (xv) रोगों की जांच;
- (xvi) संचारी रोगों, आहार, रोगनिरोधी, राष्ट्रीय स्वास्थ्य कार्यक्रमों से संबंधित अन्य सामग्री।

(9) त्वचाविज्ञान विभाग,

- (क) चिकित्सा संस्थान कम से कम नब्बे वर्ग मीटर जमीन उपलब्ध कराएगा जिसमें स्नातकोत्तर छात्रों के लिए स्थान, चर्चा के लिए कक्ष, स्नातकोत्तर शैक्षणिक संकाय के लिए कक्ष और ऑडियो-विजुअल (श्रव्य-दृश्य) और इंटरनेट सुविधाओं के प्रावधान के साथ विभागीय पुस्तकालय शामिल हैं।
- (ख) ऑनलाइन सत्रों के दौरान बेहतर कनेक्टिविटी के लिए हाई-स्पीड इंटरनेट सुविधाएं उपलब्ध होंगी।
- (ग) विभागीय पुस्तकों और अलग से अधिसूचित स्नातकोत्तर पाठ्यक्रम में यथा उल्लिखित बुकलिस्ट (पुस्तकों की सूची) के भंडारण के लिए दो अलमारी। प्रत्येक छात्र के लिए ई-लाइब्रेरी की सदस्यता अनिवार्य है।
- (घ) विभाग में कम से कम दो एसोसिएट प्रोफेसर और एक प्रोफेसर होगा या निचले संवर्ग (कैडर) संकाय की तुलना में उच्च संवर्ग (कैडर) के अतिरिक्त संकाय पर विचार किया जाएगा।
- (ङ) एक गैर-तकनीकी कर्मचारी जैसे सहायक या परिचारक उपलब्ध होंगे।
- (च) उपकरण और सामग्रियां नीचे दी गई तालिका के अनुसार होंगी:-

तालिका

क्र.सं.	उपकरण और सामग्री	मात्रा
(1)	डेस्कटॉप या लैपटॉप	2
(2)	लिक्विड क्रिस्टल डिस्प्ले (एलसीडी) प्रोजेक्टर	01
(3)	राउंड या सेंटर टेबल (बैठने की बेहतर व्यवस्था के लिए)	01
(4)	कुर्सियां	20
(5)	सूचना बोर्ड	01
(6)	एक्सटर्नल हार्ड डिस्क	01
(7)	चार्ट अथवा इलैक्ट्रॉनिक डिस्प्ले	13
(8)	स्लाइड्स	30 नैदानिक स्थितियां (सबसे आम)
(9)	एक्स-रे व्यू बॉक्स	01
(10)	पुस्तकें	5 सेट

(11)	शोध प्रबंधों पर पोस्टर प्रस्तुतियां	जो भी उपलब्ध हो

(छ) विभाग में चार्ट अथवा इलैक्ट्रॉनिक डिस्प्ले अथवा एल्बम की सूची –

- (i) गंजापन;
- (ii) मस्सा;
- (iii) एटोपिक डर्मेटाइटिस एक्जिमा और इसके प्रकार;
- (iv) पेम्फिगस (जलपीटिका रोग);
- (v) ल्यूकोप्लाकिया;
- (vi) मोलस्कमकंटेजियोसा;
- (vii) सोराइसिस (छालरोग);
- (viii) खुजली;
- (ix) टीनियाक्रूरिस;
- (x) लाइकेन प्लेनस;
- (xi) पित्ती;
- (xii) सफेद दाग;
- (xiii) सेबोरिक डर्मेटाइटिस (त्वचा वसा स्राव)।

(10) शोध प्रविधि और जैव सांख्यिकी विभाग-

- (क) इस विभाग के लिए चिकित्सा संस्थान कम से कम नब्बे वर्ग मीटर जमीन उपलब्ध कराएगा जिसमें स्नातकोत्तर छात्रों के लिए स्थान, चर्चा के लिए कक्ष, स्नातकोत्तर शैक्षणिक संकाय के लिए कक्ष और ऑडियो-विजुअल (श्रव्य-दृश्य) और इंटरनेट सुविधाओं के प्रावधान के साथ विभागीय पुस्तकालय शामिल हैं।
- (ख) ऑनलाइन सत्रों के दौरान बेहतर कनेक्टिविटी के लिए हाई-स्पीड इंटरनेट सुविधाएं उपलब्ध होंगी।
- (ग) विभागीय पुस्तकों और अलग से अधिसूचित स्नातकोत्तर पाठ्यक्रम में यथा उल्लिखित बुकलिस्ट (पुस्तकों की सूची) के भंडारण के लिए एक अलमारी। प्रत्येक छात्र के लिए ई-लाइब्रेरी की सदस्यता अनिवार्य है।
- (घ) विभाग में एक एसोसिएट प्रोफेसर और एक प्रोफेसर होगा।
- (ङ) उपकरण और सामग्रियां नीचे दी गई तालिका के अनुसार होंगी:-

तालिका

क्र.सं.	उपकरण और सामग्री	मात्रा
(1)	डेस्कटॉप या लैपटॉप	1
(2)	लिक्विड क्रिस्टल डिस्प्ले (एलसीडी) प्रोजेक्टर	01
(3)	राउंड या सेंटर टेबल (बैठने की बेहतर व्यवस्था के लिए)	01
(4)	कुर्सियां	10
(5)	सूचना बोर्ड	01
(6)	एक्सटर्नल हार्ड डिस्क	01
(7)	चार्ट अथवा इलैक्ट्रॉनिक डिस्प्ले	05

(8)	पुस्तकें	पुस्तकों के 5 सेट, प्रत्येक सेट अनुसंधान पद्धति और बायोस्टैटिस्टिक्स पर

(च) चार्ट अथवा इलैक्ट्रॉनिक डिस्प्ले की सूची—

- (i) केयर केस रिपोर्ट दिशानिर्देश चेक लिस्ट;
- (ii) नैदानिक परीक्षण रजिस्ट्रियों के लिए अंतर्राष्ट्रीय मानक;
- (iii) नैदानिक अध्ययन रिपोर्ट;
- (iv) होम्योपैथी की बेहतर नैदानिक पद्धतियां;
- (v) फार्माको सतर्कता।

17. शैक्षणिक और अशैक्षणिक कर्मचारी – (1) शैक्षणिक कर्मचारियों का वेतन राष्ट्रीय होम्योपैथी आयोग (होम्योपैथिक महाविद्यालयों और संबद्ध अस्पतालों के लिए न्यूनतम आवश्यक मानक), विनियम, 2024 के अनुसार विनिर्दिष्ट किया जाएगा।

(2) स्नातकोत्तर होम्योपैथिक महाविद्यालय और संबद्ध अस्पताल के अशैक्षणिक और अस्पताल कर्मचारियों के लिए योग्यताएं राष्ट्रीय होम्योपैथी आयोग (होम्योपैथिक महाविद्यालयों और संबद्ध अस्पतालों के लिए न्यूनतम आवश्यक मानक) विनियम, 2024 की तृतीय अनुसूची के अनुसार विनिर्दिष्ट होंगी।

(3) शैक्षणिक कर्मचारियों की नियुक्ति के लिए निम्नलिखित सामान्य प्रावधान लागू होंगे, अर्थात्:-

(क) इन विनियमों की अधिसूचना से पूर्व संबंधित निर्धारित विनियम को पूरा करने वाले महाविद्यालयों में नियमित शैक्षणिक स्टाफ के रूप में नियुक्त व्यक्तियों के संबंधित विषय में शैक्षणिक अनुभव को इन विनियमों में विनिर्दिष्ट शैक्षणिक कर्मचारी की नियुक्ति के लिए ध्यान में रखा जाएगा।

स्पष्टीकरण - इस विनियमन के प्रयोजनार्थ किसी शिक्षक के उस विषय में शैक्षणिक अनुभव, जिस विषय के लिए उसे नियुक्त किया गया है, केवल उसी विषय के लिए गिना जाएगा।

(ख) शैक्षणिक कर्मचारी की नियुक्ति के लिए पैंतालीस वर्ष की आयु से पहले मान्यता प्राप्त स्नातकोत्तर योग्यता प्राप्त की जाएगी:

परंतु यह कि पैंतालीस वर्ष का यह आयु मानदंड इन विनियमों की अधिसूचना जारी किए जाने से पहले नियुक्त मौजूदा कर्मचारियों पर लागू नहीं होगा।

(ग) किसी मान्यता प्राप्त होम्योपैथिक मेडिकल कॉलेज या चिकित्सा संस्थान में शैक्षणिक के अनुभव की गणना की जाएगी।

(4) स्नातकोत्तर चिकित्सा संस्थान के शैक्षणिक कर्मचारी के लिए योग्यता निम्न प्रकार होंगी, अर्थात्:-

1. प्रोफेसर: - होम्योपैथिक विषय अर्थात् होम्योपैथिक मटेरिया मेडिका, ऑर्गेनन ऑफ मेडिसिन और होम्योपैथिक फिलॉसफी, होम्योपैथिक फार्मेसी और होम्योपैथिक रिपर्टरी और केस टेकिंग -

(क) अनिवार्य योग्यता: अभ्यर्थी के पास हो -

(i) होम्योपैथी में मान्यता प्राप्त स्नातकोत्तर योग्यता के साथ एसोसिएट प्रोफेसर के रूप में संबंधित विषय में कम से कम पांच वर्ष का शैक्षणिक अनुभव या किसी मान्यता प्राप्त होम्योपैथिक चिकित्सा संस्थान में संबंधित विषय में कम से कम दस वर्ष का नियमित शैक्षणिक अनुभव होना चाहिए;

(ii) किसी सूचीबद्ध या विषय-विशेषज्ञों के संपादकीय बोर्ड द्वारा संपादित पत्रिका में प्रमुख या सह-लेखक के रूप में दो मूल लेख प्रकाशित हुए हों।

(ख) वांछनीय योग्यता: अभ्यर्थी के पास हो -

- (i) होम्योपैथी में स्नातकोत्तर कार्यक्रम में पर्यवेक्षक या गाइड के रूप में कम से कम पांच वर्ष का अनुभव; अथवा
- (ii) होम्योपैथिक मेडिकल कॉलेज या अस्पताल में कम से कम तीन वर्ष का प्रशासनिक अनुभव; अथवा
- (iii) संबंधित विश्वविद्यालय और या राज्य सरकार या केंद्र सरकार या केंद्र शासित प्रदेश प्रशासन से मान्यता प्राप्त अनुसंधान संस्थान में अनुसंधान में या क्लिनिकल ट्रायल रजिस्ट्री-इंडिया से पंजीकृत किसी परियोजना में अनुसंधान का अनुभव।

2. प्रोफेसर:- चिकित्सा का अभ्यास, बाल चिकित्सा, मनोचिकित्सा, सामुदायिक चिकित्सा और त्वचाविज्ञान ।

(क) अनिवार्य योग्यता: अभ्यर्थी के पास हो-

- (i) होम्योपैथी में मान्यता प्राप्त स्नातकोत्तर योग्यता के साथ एसोसिएट प्रोफेसर के रूप में संबंधित विषय में कम से कम पांच वर्ष का शैक्षणिक अनुभव या डिग्री स्तर के किसी मान्यता प्राप्त होम्योपैथिक चिकित्सा संस्थान में संबंधित विषय में कम से कम दस वर्ष का नियमित शैक्षणिक अनुभव हो या चिकित्सा अभ्यास विभाग में उपर्युक्त अनुभव रखने वाले शिक्षकों को इस विनियम के प्रकाशन की तारीख से दस वर्ष की अवधि के लिए त्वचाविज्ञान विभाग में नियुक्ति के लिए विचार किया जाएगा; अथवा
संबंधित विषय में एसोसिएट प्रोफेसर के रूप में कम से कम पांच वर्ष के शैक्षणिक अनुभव के साथ संबंधित विषय में भारतीय चिकित्सा परिषद या राष्ट्रीय आयुर्विज्ञान आयोग से मान्यता प्राप्त स्नातकोत्तर चिकित्सा डिग्री या राज्य अथवा केंद्र सरकार से अनुमति प्राप्त किसी होम्योपैथिक कॉलेज या किसी मेडिकल कॉलेज में संबंधित विषय में नियमित शैक्षणिक का दस वर्ष का अनुभव हो; और
- (ii) किसी सूचीबद्ध या विषय-विशेषज्ञों के संपादकीय बोर्ड द्वारा संपादित पत्रिकाओं में प्रमुख या सह-लेखक के रूप में दो मूल लेख प्रकाशित हुए हों।

(ख) वांछनीय योग्यता: अभ्यर्थी के पास हो-

- (i) होम्योपैथी में स्नातकोत्तर कार्यक्रम में पर्यवेक्षक या गाइड के रूप में कम से कम पांच वर्ष का अनुभव; अथवा
- (ii) होम्योपैथिक मेडिकल कॉलेज या अस्पताल में कम से कम तीन वर्ष का प्रशासनिक अनुभव; अथवा
- (iii) संबंधित विश्वविद्यालय और या राज्य सरकार या केंद्र सरकार से मान्यता प्राप्त अनुसंधान संस्थान में या क्लिनिकल ट्रायल रजिस्ट्री-इंडिया से पंजीकृत किसी परियोजना में अनुसंधान का अनुभव।

3. प्रोफेसर: शोध प्रविधि और जैव सांख्यिकी

(क) अनिवार्य योग्यता: अभ्यर्थी ने -

होम्योपैथी में मान्यता प्राप्त स्नातकोत्तर योग्यता के साथ एसोसिएट प्रोफेसर के रूप में संबंधित विषय में कम से कम पांच वर्ष का शैक्षणिक अनुभव हो या किसी मान्यता प्राप्त होम्योपैथिक चिकित्सा संस्थान में संबंधित विषय में कम से कम दस वर्ष का नियमित शैक्षणिक अनुभव हो किसी सूचीबद्ध अथवा विषय-विशेषज्ञों के संपादकीय बोर्ड द्वारा संपादित पत्रिका में प्रमुख या सह-लेखक के रूप में न्यूनतम दो लेख प्रकाशित हुए हों; अथवा

मेडिकल स्टैटिस्टिक्स (चिकित्सा सांख्यिकी) या बायोस्टैटिस्टिक्स (जैव सांख्यिकी) या महामारी विज्ञान (एपिडेमियोलॉजी) या अनुसंधान पद्धति (रिसर्च मेथडोलॉजी) या मेडिकल स्टैटिस्टिक्स के अन्य प्रासंगिक विषय में स्नातकोत्तर डिग्री के साथ संबंधित विश्वविद्यालय या राज्य सरकार या केंद्र सरकार या केंद्र शासित प्रदेश प्रशासन से मान्यता प्राप्त अनुसंधान संस्थान में समूह "क" पद में नियमित सेवा में रहते हुए दस वर्ष का पूर्णकालिक शोध अनुभव और किसी सूचीबद्ध या विशेषज्ञ द्वारा संपादित पत्रिका में प्रमुख या सह-लेखक के रूप में कम से कम चार मूल लेख प्रकाशित हुए हों और इसके प्रचालन में आने की तारीख से पहले राष्ट्रीय शिक्षक पात्रता परीक्षा पास कर ली हो।

(ख) वांछनीय योग्यता: अभ्यर्थी के पास हो -

- (i) होम्योपैथी में स्नातकोत्तर कार्यक्रम में पर्यवेक्षक या गाइड के रूप में कम से कम पांच वर्ष का अनुभव; अथवा
- (ii) होम्योपैथिक चिकित्सा महाविद्यालय या अस्पताल में कम से कम तीन वर्ष का प्रशासनिक अनुभव; अथवा
- (iii) संबंधित विश्वविद्यालय और या राज्य सरकार या केंद्र सरकार, केंद्र शासित प्रदेश प्रशासन से मान्यता प्राप्त अनुसंधान संस्थान में या क्लिनिकल ट्रायल रजिस्ट्री-इंडिया से पंजीकृत किसी परियोजना में अनुसंधान का अनुभव।

4. **एसोसिएट प्रोफेसर:** होम्योपैथिक फिलॉसफी, होम्योपैथिक मटेरिया मेडिका, होम्योपैथिक फार्मेसी और होम्योपैथिक रिपर्टरी।

(क) अनिवार्य योग्यताएं: अभ्यर्थी के पास हो -

किसी मान्यता प्राप्त होम्योपैथिक चिकित्सा संस्थान में संबंधित विषय में कम से कम पांच वर्ष के शैक्षणिक अनुभव के साथ होम्योपैथी में मान्यता प्राप्त स्नातकोत्तर योग्यता हो। किसी सूचीबद्ध अथवा विषय-विशेषज्ञों के संपादकीय बोर्ड द्वारा संपादित पत्रिका में प्रमुख या सह-लेखक के रूप में कम-से-कम एक लेख प्रकाशित हुआ हो; अथवा

केंद्र सरकार या राज्य सरकार या केंद्र शासित प्रदेश प्रशासन या विश्वविद्यालय या राष्ट्रीय संस्थान से मान्यता प्राप्त अनुसंधान संस्थान में नियमित सेवा में रहते हुए कम-से-कम पांच वर्ष के पूर्णकालिक शोध अनुभव के साथ संबंधित विषय में होम्योपैथी में मान्यता प्राप्त स्नातकोत्तर योग्यता हो और किसी सूचीबद्ध अथवा विषय-विशेषज्ञों के संपादकीय बोर्ड द्वारा संपादित पत्रिका में कम-से-कम तीन लेख प्रकाशित हुए हों और आयोग द्वारा आयोजित राष्ट्रीय शिक्षक पात्रता परीक्षा उत्तीर्ण की हो; या

संबंधित विषय में स्नातकोत्तर योग्यता प्राप्त करने के बाद केंद्र सरकार की स्वास्थ्य सेवाओं या राज्य सरकार की स्वास्थ्य सेवाओं, आयुष मंत्रालय में नियमित सेवा में कम से कम पांच वर्ष का अनुभव या संबंधित विषय में स्नातकोत्तर योग्यता प्राप्त करने के बाद मान्यता प्राप्त होम्योपैथी चिकित्सा संस्थान में नियमित सेवा में चिकित्सा अधिकारी के रूप में पूर्णकालिक पांच वर्ष का अनुभव हो और आयोग द्वारा आयोजित राष्ट्रीय शिक्षक पात्रता परीक्षा उत्तीर्ण की हो।

(ख) वांछनीय योग्यता: अभ्यर्थी के पास हो-

- (i) होम्योपैथी में स्नातकोत्तर कार्यक्रम में पर्यवेक्षक या गाइड के रूप में कम से कम पांच वर्ष का अनुभव; अथवा
- (ii) संबंधित विश्वविद्यालय या राज्य सरकार या केंद्र सरकार या केंद्र शासित प्रदेश प्रशासन से मान्यता प्राप्त अनुसंधान संस्थान में या क्लिनिकल ट्रायल रजिस्ट्री-इंडिया से पंजीकृत किसी परियोजना में अनुसंधान का अनुभव।

5. **एसोसिएट प्रोफेसर :** चिकित्सा का अभ्यास और सामुदायिक चिकित्सा -

(क) अनिवार्य योग्यता : अभ्यर्थी के पास हो-

होम्योपैथी में मान्यता प्राप्त स्नातकोत्तर योग्यता के साथ किसी मान्यता प्राप्त होम्योपैथिक चिकित्सा संस्थान में संबंधित विषय में कम से कम पांच वर्ष का शैक्षणिक अनुभव और किसी सूचीबद्ध अथवा विषय-विशेषज्ञों के संपादकीय बोर्ड द्वारा संपादित पत्रिका में प्रमुख या सह-लेखक के रूप में कम-से-कम एक लेख प्रकाशित हुआ हो; अथवा

संबंधित विषय में मेडिकल काउंसिल ऑफ इंडिया (भारतीय चिकित्सा परिषद) या राष्ट्रीय आयुर्विज्ञान आयोग से मान्यता प्राप्त स्नातकोत्तर चिकित्सा डिग्री के साथ डिग्री स्तर के किसी होम्योपैथिक चिकित्सा संस्थान में या केंद्र सरकार या राष्ट्रीय आयुर्विज्ञान आयोग द्वारा अनुमत मेडिकल कॉलेज में संबंधित विषय में पांच वर्ष का शैक्षणिक अनुभव और किसी सूचीबद्ध अथवा विषय-विशेषज्ञों के संपादकीय बोर्ड द्वारा संपादित पत्रिका में प्रमुख या सह-लेखक के रूप में कम-से-कम एक लेख प्रकाशित हुआ हो; अथवा

केंद्र सरकार या राज्य सरकार या केंद्र शासित प्रदेश प्रशासन या विश्वविद्यालय या राष्ट्रीय संस्थानों की अनुसंधान परिषदों में नियमित सेवा में कम से कम पांच साल के पूर्णकालिक अनुसंधान अनुभव के साथ संबंधित विषय में होम्योपैथी में मान्यता प्राप्त स्नातकोत्तर योग्यता और किसी सूचीबद्ध अथवा विषय-विशेषज्ञों के संपादकीय बोर्ड द्वारा संपादित पत्रिका में प्रमुख या सह-लेखक के रूप में कम-से-कम तीन लेख प्रकाशित हुए हों और आयोग द्वारा आयोजित राष्ट्रीय शिक्षक पात्रता परीक्षा उत्तीर्ण की हो; अथवा

संबंधित विषय में स्नातकोत्तर योग्यता प्राप्त करने के बाद, केंद्र सरकार की स्वास्थ्य सेवाओं या राज्य सरकार की स्वास्थ्य सेवाओं, आयुष मंत्रालय में नियमित सेवा का कम से कम पांच वर्ष का अनुभव या मान्यता प्राप्त होम्योपैथी चिकित्सा संस्थान में संबंधित विषय में स्नातकोत्तर योग्यता प्राप्त करने के बाद नियमित सेवा में चिकित्सा अधिकारी के रूप में पूर्णकालिक पांच वर्ष का अनुभव और आयोग द्वारा आयोजित राष्ट्रीय शिक्षक पात्रता परीक्षा उत्तीर्ण की हो।

(ख) वांछनीय योग्यता: अभ्यर्थी के पास हो—

- (i) होम्योपैथी में स्नातकोत्तर कार्यक्रम में पर्यवेक्षक या गाइड के रूप में कम से कम पांच वर्ष का अनुभव; अथवा
- (ii) संबंधित विश्वविद्यालय या राज्य सरकार या केंद्र सरकार या केंद्र शासित प्रदेश प्रशासन से मान्यता प्राप्त अनुसंधान संस्थान में या क्लिनिकल ट्रायल रजिस्ट्री-इंडिया से पंजीकृत किसी परियोजना में अनुसंधान का अनुभव।

6. एसोसिएट प्रोफेसर: त्वचाविज्ञान, बाल रोग और मनोचिकित्सा —

(क) अनिवार्य योग्यता: अभ्यर्थी के पास हो -

होम्योपैथी में मान्यता प्राप्त स्नातकोत्तर योग्यता के साथ डिग्री स्तर के किसी होम्योपैथिक चिकित्सा संस्थान में संबंधित विषय में कम से कम पांच वर्ष का शैक्षणिक अनुभव और किसी सूचीबद्ध अथवा विषय-विशेषज्ञों के संपादकीय बोर्ड द्वारा संपादित पत्रिका में प्रमुख या सह-लेखक के रूप में कम-से-कम एक लेख प्रकाशित हुआ हो या चिकित्सा अभ्यास में स्नातकोत्तर डिग्री और चिकित्सा अभ्यास विभाग में पांच वर्ष का शैक्षणिक अनुभव रखने वाले शिक्षकों को भी इस अधिसूचना के प्रकाशन की तारीख से दस वर्ष की अवधि के लिए त्वचाविज्ञान या बाल रोग या मनोचिकित्सा विभाग में नियुक्ति के लिए विचार किया जाएगा; अथवा

संबंधित विषय में मेडिकल काउंसिल ऑफ इंडिया (भारतीय चिकित्सा परिषद) या राष्ट्रीय आयुर्विज्ञान आयोग से मान्यता प्राप्त स्नातकोत्तर चिकित्सा डिग्री के साथ डिग्री स्तर के किसी होम्योपैथिक चिकित्सा संस्थान में या केंद्र सरकार या राष्ट्रीय आयुर्विज्ञान आयोग द्वारा अनुमत महाविद्यालय में संबंधित विषय में कम-से-कम पांच वर्ष का शैक्षणिक अनुभव और किसी सूचीबद्ध अथवा विषय-विशेषज्ञों के संपादकीय बोर्ड द्वारा संपादित पत्रिका में प्रमुख या सह-लेखक के रूप में कम-से-कम एक लेख प्रकाशित हुआ हो; अथवा

केंद्र सरकार या राज्य सरकार या केंद्र शासित प्रदेश प्रशासन या विश्वविद्यालय या राष्ट्रीय संस्थानों की अनुसंधान परिषदों में नियमित सेवा में कम से कम पांच वर्ष के पूर्णकालिक अनुसंधान अनुभव के साथ संबंधित विषय में होम्योपैथी में मान्यता प्राप्त स्नातकोत्तर योग्यता और किसी सूचीबद्ध अथवा विषय-विशेषज्ञों को संपादकीय बोर्ड द्वारा संपादित पत्रिका में प्रमुख या सह-लेखक के रूप में कम-से-कम तीन लेख प्रकाशित हुए हों और इसके प्रचालन में आने की तारीख से पहले आयोग द्वारा आयोजित राष्ट्रीय शिक्षक पात्रता परीक्षा उत्तीर्ण की हो; अथवा

केंद्र सरकार की स्वास्थ्य सेवाओं या राज्य सरकार की स्वास्थ्य सेवाओं, आयुष मंत्रालय में नियमित सेवा (संबंधित विषय में स्नातकोत्तर योग्यता प्राप्त करने के बाद) का कम से कम पांच वर्ष का अनुभव या किसी मान्यता प्राप्त होम्योपैथी मेडिकल कॉलेज में पूर्णकालिक चिकित्सा अधिकारी के रूप में कम-से-कम पांच वर्ष का अनुभव (संबंधित विषय में स्नातकोत्तर योग्यता प्राप्त करने के बाद) और किसी सूचीबद्ध अथवा विषय-विशेषज्ञों के संपादकीय बोर्ड द्वारा संपादित पत्रिका में प्रमुख या सह-लेखक के रूप में कम-से-कम तीन लेख प्रकाशित हुए हों तथा इसके प्रचालन में आने की तारीख से पहले आयोग द्वारा आयोजित राष्ट्रीय शिक्षक पात्रता परीक्षा उत्तीर्ण की हो।

(ख) वांछनीय योग्यता: अभ्यर्थी के पास हो —

- (i) होम्योपैथी में स्नातकोत्तर कार्यक्रम में पर्यवेक्षक या गाइड के रूप में कम से कम पांच वर्ष का

अनुभव; अथवा

- (ii) संबंधित विश्वविद्यालय या राज्य सरकार या केंद्र सरकार या केंद्र शासित प्रदेश प्रशासन से मान्यता प्राप्त अनुसंधान संस्थान में या क्लिनिकल ट्रायल रजिस्ट्री-इंडिया से पंजीकृत किसी परियोजना में अनुसंधान का अनुभव।

7. एसोसिएट प्रोफेसर: शोध प्रविधि और जैव सांख्यिकी -

- (क) अनिवार्य योग्यता: अभ्यर्थी के पास हो -

होम्योपैथी में मान्यता प्राप्त स्नातकोत्तर योग्यता के साथ होम्योपैथिक मेडिकल कॉलेज में कम से कम पांच वर्ष का शैक्षणिक अनुभव हो और शोध प्रविधि भी पढ़ाई हो और किसी सूचीबद्ध अथवा विषय विशेषज्ञ द्वारा संपादित पत्रिका में प्रमुख या सह-लेखक के रूप में कम-से-कम एक लेख प्रकाशित हुआ हो; अथवा

होम्योपैथी में मान्यता प्राप्त स्नातकोत्तर योग्यता या मेडिकल स्टैटिस्टिक्स (चिकित्सा सांख्यिकी) या बायोस्टैटिस्टिक्स (जैव सांख्यिकी) या महामारी विज्ञान (एपिडेमियोलॉजी) या शोध प्रविधि (रिसर्च मेथडोलॉजी) या चिकित्सा सांख्यिकी (मेडिकल स्टैटिस्टिक्स) के अन्य प्रासंगिक विषय में स्नातकोत्तर डिग्री के साथ संबंधित विश्वविद्यालय या राज्य सरकार या केंद्र सरकार या केंद्र शासित प्रदेश प्रशासन से मान्यता प्राप्त अनुसंधान संस्थान में नियमित सेवा में रहते हुए कम-से-कम पांच वर्ष का पूर्णकालिक शोध अनुभव हो और किसी सूचीबद्ध या विषय-विशेषज्ञ द्वारा संपादित पत्रिका में प्रमुख या सह-लेखक के रूप में कम से कम चार मूल लेख प्रकाशित हुए हों और इसके प्रचालन में आने की तारीख से पहले राष्ट्रीय शिक्षक पात्रता परीक्षा उत्तीर्ण की हो।

- (ख) वांछनीय योग्यता: अभ्यर्थी के पास हो -

(i) होम्योपैथी में स्नातकोत्तर कार्यक्रम में पर्यवेक्षक या गाइड के रूप में कम से कम तीन वर्ष का अनुभव; अथवा

(ii) संबंधित विश्वविद्यालय या राज्य सरकार या केंद्र सरकार या केंद्र शासित प्रदेश प्रशासन से मान्यता प्राप्त अनुसंधान संस्थान में या क्लिनिकल ट्रायल रजिस्ट्री-इंडिया से पंजीकृत किसी परियोजना में अनुसंधान का अनुभव।

डॉ. तारकेश्वर जैन, अध्यक्ष

[विज्ञापन-III/4/असा./843/2023-24]

परिशिष्ट क

(विनियम 5 का उप-विनियम (5) देखें)

दिव्यांग जन अधिकार अधिनियम, 2016 (2016 का 49) की धारा 2 के खंड (यग) में उल्लिखित "विनिर्दिष्ट दिव्यांगता" से संबंधित अनुसूची में प्रावधान निम्नानुसार हैं:-

1. शारीरिक दिव्यांगता-

- (क) लोकोमोटर दिव्यांगता (मस्कुलोस्केलेटल या तंत्रिका तंत्र या दोनों की पीड़ा के परिणामस्वरूप स्वयं और वस्तुओं की गति से जुड़े विशिष्ट कार्यकलापों को निष्पादित करने में किसी व्यक्ति की असमर्थता), जिसमें शामिल हैं-
- (i) "कुष्ठ रोग से ठीक होने वाले व्यक्ति" का अर्थ है एक व्यक्ति जो कुष्ठ रोग से ठीक हो गया है लेकिन उसमें निम्नलिखित के कारण काम करने की कमी है-
- (क) हाथों या पैरों में संवेदना की हानि के साथ-साथ आंख और पलकों में संवेदना और पैरेसिस की हानि लेकिन कोई प्रत्यक्ष विकृति नहीं;
- (ख) प्रत्यक्ष विकृति और पैरेसिस लेकिन उनके हाथों और पैरों में पर्याप्त गतिशीलता होने से वे सामान्य आर्थिक कार्यकलाप में संलग्न हो सकें;
- (ग) अत्यधिक शारीरिक विकृति के साथ-साथ बड़ी हुई उम्र जो उसे कोई भी लाभकारी व्यवसाय करने से रोकती है और "कुष्ठ रोग से ठीक होने वाले" शब्द का तदनुसार अर्थ लगाया जाएगा।

- (ii) "सेरेब्रल पाल्सी" का अर्थ है शरीर की गतिशीलता और मांसपेशियों के समन्वय को प्रभावित करने वाली नॉन-प्रोग्रेसिव न्यूरोलॉजिकल स्थिति का एक समूह, जो मस्तिष्क के एक या अधिक विशिष्ट क्षेत्रों को नुकसान के कारण होता है, जो आमतौर पर जन्म से पहले, जन्म के दौरान या उसके तुरंत बाद होता है।
- (iii) "बौनापन" का अर्थ है एक ऐसी चिकित्सा या आनुवंशिक स्थिति जिसके परिणामस्वरूप वयस्क की लंबाई 4 फीट 10 इंच (147 सेंटीमीटर) या उससे कम होती है।
- (iv) "मस्कुलर डिस्ट्रॉफी" का अर्थ है वंशानुगत आनुवंशिक मांसपेशी रोग का एक ऐसा समूह जो मानव शरीर को चलाने वाली मांसपेशियों को कमजोर करता है और मल्टीपल डिस्ट्रॉफी वाले व्यक्तियों के जीन में गलत और जानकारी का अभाव होता है, जो उन्हें मांसपेशियों के स्वास्थ्य के लिए आवश्यक प्रोटीन बनाने से रोकती है। यह प्रोग्रेसिव स्केलेटल मसल (कंकाल की मांसपेशियों) की कमजोरी, मांसपेशियों के प्रोटीन में दोष और मांसपेशियों की कोशिकाओं और ऊतकों की मृत्यु के रूप में परिलक्षित होता है।
- (v) "एसिड हमला पीड़ित" का अर्थ है एसिड या इसी तरह के क्षयकारी पदार्थ फेंककर हिंसक हमले किए जाने के कारण विकृत हुआ व्यक्ति।
- (ख) दृष्टि हानि-
- (i) "अंधापन" का अर्थ है एक ऐसी स्थिति जिसमें किसी व्यक्ति में सर्वोत्तम सुधार के बाद भी निम्नलिखित में से कोई भी स्थिति होती है-
- (क) पूर्ण दृष्टि हानि, या
- (ख) सर्वोत्तम संभव सुधार के साथ बेहतर आंखों में 3/60 से कम या 10/200 (स्लेन) से कम दृष्टि तीक्ष्णता, या
- (ग) 10 डिग्री से कम का कोण अंतरित करने वाले दृष्टि क्षेत्र की सीमा
- (ii) "कम-दृष्टि" का अर्थ है एक ऐसी स्थिति जिसमें किसी व्यक्ति में निम्नलिखित में से कोई भी स्थिति हो अर्थात्:-
- (क) सर्वोत्तम संभव सुधार के साथ बेहतर आंख में दृश्य तीक्ष्णता 6/18 से अधिक नहीं होना या 20/60 से 3/60 तक या 10/200 (स्लेन) से कम होना; या
- (ख) 40 डिग्री से कम के कोण को 10 डिग्री तक अंतरित करने वाले दृष्टि क्षेत्र की सीमा।
- (ग) श्रवण हानि -
- (i) "बधिर" का अर्थ है दोनों कानों में बोलने की आवृत्ति में 70 डेसीबल्स (डीबी) श्रवण हानि वाले व्यक्ति;
- (ii) "सुनने में कठिनाई" का अर्थ है वह व्यक्ति जिसके दोनों कानों में बोलने की आवृत्ति में 60 डेसीबल्स (डीबी) की श्रवण हानि हो,
- (घ) "वाक् और भाषा दिव्यांगता" का अर्थ है जैविक या तंत्रिका संबंधी कारणों से बातचीत और भाषा के एक या अधिक घटकों को प्रभावित करने वाली लेरिजेक्टोमी या वाचाघात जैसी स्थितियों से उत्पन्न होने वाली स्थायी दिव्यांगता;
- (ङ) बौद्धिक दिव्यांगता एक ऐसी स्थिति है जो बौद्धिक कामकाज (तर्क करने, सीखने, समस्या को सुलझाने) और मूल व्यवहार दोनों में महत्वपूर्ण सीमा को दर्शाती है जिसमें दिन-प्रतिदिन के अनेक सामाजिक और व्यावहारिक कौशल आते हैं, जिसमें निम्नलिखित शामिल हैं-
- (i) "सीखने से संबंधित विशिष्ट अक्षमताएं" का अर्थ है स्थितियों का एक ऐसा विषम समूह जिसमें बोली जाने वाली या लिखित भाषा को संसाधित करने की कमी होती है, जो समझने, बोलने, पढ़ने, लिखने, वर्तनी, या गणितीय गणना करने में कठिनाई के रूप में प्रकट हो सकती है और इसमें स्थायी दिव्यांगता, डिस्लेक्सिया, डिस्ग्राफिया, डिस्केलुलिया, डिस्प्रेक्सिया और विकासात्मक वाचाघात जैसी स्थितियां शामिल हैं।
- (ii) "ऑटिज्म स्पेक्ट्रम डिसऑर्डर" का अर्थ है आमतौर पर जीवन के पहले तीन वर्षों में दिखाई देने वाली न्यूरो-डेवलपमेंट संबंधी स्थिति जो किसी व्यक्ति की संवाद करने, रिश्तों को समझने और दूसरों के साथ संबंध को

समझने की क्षमता को महत्वपूर्ण रूप से प्रभावित करती है और यह अक्सर पारंपरिक या रूढ़िवादी रिवाजों या व्यवहारों से जुड़ी होती है,

2. "मानसिक बीमारी" का अर्थ है सोच, मनोदशा, धारणा, अभिविन्यास या स्मृति में पर्याप्त विकार जो निर्णय, व्यवहार, वास्तविकता को पहचानने की क्षमता या जीवन की सामान्य मांगों को पूरा करने की क्षमता को बाधित करता है, लेकिन इसमें मंदता शामिल नहीं है जो किसी व्यक्ति के मस्तिष्क के अवरुद्ध या अधूरे विकास की स्थिति होती है,

3. निम्नलिखित के कारण दिव्यांगता-

(क) पुरानी न्यूरोलॉजिकल स्थितियां जैसे -

- (i) "मल्टीपल स्केलेरोसिस" का अर्थ है एक इन्फ्लेमेटरी, तंत्रिका तंत्र रोग जिसमें मस्तिष्क और रीढ़ की हड्डी की तंत्रिका कोशिकाओं के अक्षतंतु के चारों ओर माइलिन आवरण क्षतिग्रस्त हो जाते हैं, जिससे विघटन होता है और मस्तिष्क तथा रीढ़ की हड्डी की तंत्रिका कोशिकाओं की एक दूसरे के साथ संवाद करने की क्षमता प्रभावित होती है।
- (ii) "पार्किंसंस रोग" का अर्थ है तंत्रिका तंत्र की एक उत्तरोत्तर बढ़ने वाली बीमारी जो कंपकंपी, मांसपेशियों की कठोरता और धीमी, गलत गति के रूप में चिह्नित होती है, जो मुख्य रूप से मस्तिष्क के बेसल गैंग्लिया विकार और न्यूरोट्रांसमीटर डोपामाइन की कमी वाले मध्यम आयु वर्ग और बुजुर्ग लोगों को प्रभावित करती है।

(ख) रक्त विकार-

- (i) "हीमोफिलिया" का अर्थ है एक विरासत में मिली बीमारी, जो आमतौर पर केवल पुरुष को प्रभावित करती है, लेकिन महिलाओं के माध्यम से उनके मेल बच्चों में प्रेषित होती है जिससे रक्त का सामान्य थक्का जमने की क्षमता के नुकसान या हानि के रूप में परिलक्षित होता है जिसके कारण एक मामूली घाव घातक रक्तस्राव में बदल सकता है,
- (ii) "थैलेसीमिया" का अर्थ है विरासत में मिले विकारों का एक समूह जो हीमोग्लोबिन की कमी या अनुपस्थिति को परिलक्षित करता है,
- (iii) "सिकल सेल रोग" का अर्थ है एक हेमोलिटिक विकार जो पुरानी एनीमिया (खून की कमी), दर्दनाक घटनाओं और संबंधित उतकंठ व अंग क्षति के कारण विभिन्न जटिलताओं के रूप में परिलक्षित होती है "हेमोलिटिक" लाल रक्त कोशिकाओं की कोशिका झिल्ली के विकार को दर्शाता है जिसके परिणामस्वरूप हीमोग्लोबिन का स्राव होता है।

4. बहरा, अंधापन सहित बहु दिव्यांगता (ऊपर निर्दिष्ट दिव्यांगताओं में से एक से अधिक) जिसका अर्थ है एक ऐसी स्थिति जिसमें किसी व्यक्ति को श्रवण और दृश्य हानि दोनों हो सकता है जिसके कारण गंभीर संचार, विकास और शैक्षणिक समस्याएं होती हैं।

5. केंद्र सरकार द्वारा समय-समय पर अधिसूचित की जाने वाली कोई अन्य श्रेणी।

परिशिष्ट ख

(विनियम 5 का उप-विनियमन (5) देखें)

होम्योपैथी स्नातकोत्तर डिग्री पाठ्यक्रम-डॉक्टर ऑफ मेडिसिन इन होम्योपैथी में दिव्यांग जन अधिकार अधिनियम, 2016 (2016 का 49) के तहत "विनिर्दिष्ट दिव्यांगता" वाले छात्रों के प्रवेश के संबंध में दिशानिर्देश।

- (1) "दिव्यांगता प्रमाण पत्र" दिव्यांग जन अधिकार नियमावली, 2017 के अनुसार जारी किया जाएगा।
- (2) किसी व्यक्ति की "विनिर्दिष्ट दिव्यांगता" की सीमा का मूल्यांकन दिव्यांग जन अधिकार अधिनियम, 2016 (2016 का 49) के तहत दिनांक 4 जनवरी, 2018 को संख्या एस.ओ. 76 (ई) द्वारा भारत के राजपत्र, असाधारण, भाग II, धारा 3, उप-धारा (ii) में प्रकाशित दिशा-निर्देशों के अनुसार किया जाएगा।
- (3) दिव्यांगता की न्यूनतम डिग्री चालीस प्रतिशत होनी चाहिए। विनिर्दिष्ट दिव्यांगता वाले व्यक्तियों द्वारा आरक्षण का लाभ उठाने के पात्र होने के लिए (बेंचमार्क दिव्यांगता)।

(4) 'शारीरिक रूप से दिव्यांग' (पीएच) शब्द के बजाय 'दिव्यांग जन (पीडब्ल्यूडी) शब्द का प्रयोग किया जाएगा।

तालिका

क्रम संख्या	श्रेणी	दिव्यांगता का प्रकार	विनिर्दिष्ट दिव्यांगता	दिव्यांगता की सीमा		
				(5)		
(1)	(2)	(3)	(4)	होम्योपैथी स्नातकोत्तर डिग्री कोर्स के लिए पात्र-होम्योपैथी में डॉक्टर ऑफ मेडिसिन, दिव्यांग जन के लिए पात्र नहीं	होम्योपैथी स्नातकोत्तर डिग्री कोर्स के लिए पात्र-होम्योपैथी में डॉक्टर ऑफ मेडिसिन, दिव्यांग जन कोटा के लिए पात्र	पाठ्यक्रम के लिए पात्र नहीं

1.	शारीरिक दिव्यांगता	(क) विनिर्दिष्ट दिव्यांगताओं सहित लोकोमोटर दिव्यांगता, (क से च).	(क) कुछ रोग से ठीक हुआ व्यक्ति*	40% से कम दिव्यांगता	40-80% दिव्यांगता- 80% से अधिक दिव्यांगता वाले व्यक्तियों को भी मामला-दर-मामला आधार पर अनुमति दी जा सकती है और उनकी कार्य अक्षमता में सहायक उपकरणों की सहायता ली जाएगी, इनका उपयोग यह देखने के लिए किया जाएगा कि क्या इससे दिव्यांगता 80% से नीचे आ गई है और क्या उनके पास इस पाठ्यक्रम को संतोषजनक ढंग से आगे बढ़ाने और पूरा करने के लिए आवश्यक पर्याप्त मोटर, क्षमता है।	80% से अधिक
			(ख)सेरेब्रल पाल्सी**			
			(ग) बौनापन			
			(घ) मस्कलर डिस्ट्राफीक (मांसपेशीय दुर्विकास)			
			(ङ) एसिड हमला के पीड़ित			
			(च) अन्य ** जैसे विच्छेदन, पोलियोमाइलाइटिस, इत्यादि।			
			* उंगलियों और हाथों में संवेदनाओं के नुकसान, विच्छेदन तथा आंखों के योगदान और संबंधित सिफारिशों पर ध्यान दिया जाना चाहिए। ** दृष्टि, श्रवण, संज्ञानात्मक कार्य आदि की हानि पर ध्यान दिया जाना चाहिए और संबंधित सिफारिशों को भी ध्यान में रखा जाना चाहिए। *** होम्योपैथी पोस्ट-ग्रेजुएट डिग्री कोर्स - डॉक्टर ऑफ मेडिसिन इन होम्योपैथी के लिए पात्र माने जाने के लिए दोनों हाथ सही-सलामत होना, उनमें पूरी संवेदना, पर्याप्त ताकत और पूरी तरह गति का होना आवश्यक है।			

		(ख) दृष्टि हानि (*)	(क) अंधापन (ख) कम दिखाई देना	40% से कम दिव्यांगता (अर्थात् श्रेणी '0 (10%)' I (20%) II (30%)		40% के बराबर या इससे अधिक दिव्यांगता (अर्थात् श्रेणी III और इससे ऊपर)
		(ग) श्रवण हानि@	(क) बहरापन (ख) कम सुनाई देना	40% से कम दिव्यांगता		40% के बराबर या इससे अधिक दिव्यांगता
		(*) 40% से अधिक दृश्य हानि/दृश्य दिव्यांगता वाले व्यक्तियों को होम्योपैथी में पोस्ट ग्रेजुएट डिग्री कोर्स-डॉक्टर ऑफ मेडिसिन करने के लिए पात्र बनाया जा सकता है और आरक्षण दिया जा सकता है बशर्ते कि दृश्य दिव्यांगता को दूरबीन/मैग्निफायर जैसे कम दृष्टि के लिए उन्नत उपकरणों की सहायता से 40% के बेंचमार्क से कम के स्तर पर लाया जाए। @ 40% से अधिक श्रवण दिव्यांगता वाले व्यक्तियों को होम्योपैथी में बैचलर ऑफ होम्योपैथी, स्नातकोत्तर डिग्री कोर्स- डॉक्टर ऑफ मेडिसिन करने के लिए पात्र बनाया जा सकता है और उन्हें आरक्षण दिया जा सकता है, बशर्ते कि श्रवण दिव्यांगता को सहायक उपकरणों की सहायता से 40% के बेंचमार्क से कम स्तर पर लाया जाए। इसके अलावा, व्यक्ति के पास 60% से अधिक स्पीच डिस्क्रिमिनेशन (वातचीत विभेदन) स्कोर होना चाहिए।				
		(घ) वातचीत और भाषा	ऑर्गेनिक/न्यूरोलॉजिकल कारण	40% से कम		बराबर या उससे अधिक

		दिव्यांगता		दिव्यांगता		40% दिव्यांगता
		होम्योपैथी पोस्ट-ग्रेजुएट डिग्री कोर्स- डॉक्टर ऑफ मेडिसिन इन होम्योपैथी में प्रवेश के लिए स्पीच इंटेलिजिबिलिटी अफेक्टेड स्कोर 3 (जो 40% से कम के सदृश होगा) से अधिक नहीं होगा। इस स्कोर से अधिक स्कोर वाले व्यक्ति होम्योपैथी पोस्ट-ग्रेजुएट डिग्री कोर्स- डॉक्टर ऑफ मेडिसिन इन होम्योपैथी कोर्स में प्रवेश के लिए पात्र नहीं होंगे। 40% तक अपासिया कोशंट (एक्यू) वाले व्यक्ति होम्योपैथी पोस्ट-ग्रेजुएट डिग्री कोर्स-डॉक्टर ऑफ मेडिसिन इन होम्योपैथी करने के लिए पात्र हो सकते हैं, लेकिन इससे अधिक होने पर वे न तो होम्योपैथी पोस्ट-ग्रेजुएट डिग्री कोर्स- डॉक्टर ऑफ मेडिसिन इन होम्योपैथी करने के लिए पात्र होंगे और न ही उन्हें कोई आरक्षण मिलेगा।				

2.	बौद्धिक दिव्यांगता		(क) सीखने की विशिष्ट अक्षमता (अवधारणात्मक दिव्यांगता, डिस्लेक्सिया, डिस्क्लेकुलिया, डिस्प्रेक्सिया और विकासात्मक अपासिया) #	# फिलहाल, एसएलडी की गंभीरता का आकलन करने के लिए कोई गणना पैमाना उपलब्ध नहीं है; इसलिए 40% का कट-ऑफ मनमाना है तथा इसके लिए और अधिक सबूतों की आवश्यकता है।
				40% से कम दिव्यांगता 40% के बराबर या उससे अधिक दिव्यांगता लेकिन विशेषज्ञ पैनल द्वारा उपचारात्मक/सहायक प्रौद्योगिकी/सहायक

					उपकरणों (एड्स)/ अवसंरचनात्मक परिवर्तनों की सहायता से मूल्यांकन की गई सीखने की योग्यता के आधार पर चयन होगा।	
			(ख) ऑटिज्म स्पेक्ट्रम विकार	जिन मामलों में किसी व्यक्ति को किसी विशेषज्ञ पैनल द्वारा होम्योपैथी पोस्ट- ग्रेजुएट डिग्री कोर्स- डॉक्टर ऑफ मेडिसिन इन होम्योपैथी कोर्स के लिए योग्य माना जाता है, उन मामलों में दिव्यांगता, न हो या कम दिव्यांगता हो, एस्पर्सर सिंड्रोम (आईएसएए के अनुसार 40- 60% दिव्यांगता)	फिलहाल, वस्तुनिष्ठ पद्धति की कमी के कारण अनुशंसित नहीं है। तथापि, दिव्यांगता आकलन की बेहतर पद्धति विकसित करने के बाद आरक्षण/कोटा के लाभ पर भविष्य में विचार किया जा सकता है।	60% के बराबर या इससे अधिक दिव्यांगता या संज्ञानात्मक/बौद्धि क दिव्यांगता और/या यदि किसी व्यक्ति को किसी विशेषज्ञ पैनल द्वारा होम्योपैथी में डॉक्टर ऑफ मेडिसिन- पोस्ट ग्रेजुएट डिग्री कोर्स करने के लिए अयोग्य माना जाता है।
3.	मानसिक व्यवहार		मानसिक रोग	दिव्यांगता न होना या हल्का होना: 40% से कम (आईडीईएएस के तहत)	फिलहाल, मानसिक बीमारी होने और उसकी सीमा की पुष्टि करने की वस्तुनिष्ठ पद्धति नहीं होने के कारण अनुशंसित नहीं है। तथापि, दिव्यांगता आकलन की बेहतर पद्धति विकसित करने के बाद आरक्षण/कोटा के लाभ पर भविष्य में विचार किया जा सकता है।	40% के बराबर या उससे अधिक दिव्यांगता या यदि व्यक्ति को अपने दायित्वों के निर्वहन के लिए अयोग्य माना जाता है। “योग्यता” के मानक तैयार किए जा सकते हैं।

4.	के कारण दिव्यांगता	(क) क्रोनिक न्यूरोलॉजिकल	(i) मल्टिपल स्क्लेरोसिस	40% से कम	40% 80%	80% से अधिक दिव्यांगता

		स्थितियां	(ii) पार्किंसनिज़्म	दिव्यांगता	दिव्यांगता	80% से अधिक दिव्यांगता
		(ख) रक्त विकार	(i) हीमोफीलिया (अधिक रक्तस्राव)	40% से कम दिव्यांगता	40%80% दिव्यांगता	
			(ii) थैलेसीमिया			
			(iii)सिकल सेल रोग			
5.	बहरापन, अंधापन सहित विविध दिव्यांगता		ऊपर विनिर्दिष्ट दिव्यांगताओं में से एक से अधिक	व्यक्तिगत मामलों में उपर्युक्त में से किसी की भी अर्थात्, दृश्य, श्रवण, बातचीत और भाषा दिव्यांगता, बौद्धिक दिव्यांगता और मानसिक बीमारी उपस्थिति के संबंध में सिफारिशों पर निर्णय लेते समय विविध दिव्यांगता के घटक के रूप में उपर्युक्त सभी पर विचार किया जाना चाहिए। भारत सरकार द्वारा जारी संबंधित राजपत्र अधिसूचना द्वारा अधिसूचित सूत्र का संयोजन: <u>क+ख (90-क)</u> 90 (जहां विभिन्न दिव्यांगताओं के लिए की गई गणना के अनुसार क = दिव्यांगता का उच्च % मूल्य और ख = दिव्यांगता का कम % मूल्य) की अनुशंसा उस दिव्यांगता की गणना करने के लिए की गई है जब किसी व्यक्ति में एक से अधिक दिव्यांगता होती है। इस सूत्र का उपयोग विविध दिव्यांगता वाले मामलों में किया जा सकता है, और किसी व्यक्ति में मौजूद विशिष्ट दिव्यांगताओं के अनुसार प्रवेश और/या आरक्षण के बारे में सिफारिशें की जा सकती हैं।		

नोट 1: दिव्यांग जन (पीडब्ल्यूडी) श्रेणी के तहत चयन के लिए अभ्यर्थी को भारत सरकार के संबंधित प्राधिकरण द्वारा नामित दिव्यांगता मूल्यांकन बोर्डों द्वारा काउंसलिंग की निर्धारित तिथि से पहले जारी दिव्यांगता प्रमाण पत्र प्रस्तुत करना आवश्यक होगा।

नोट 2: किसी भी श्रेणी में पात्र उम्मीदवारों की अनुपलब्धता के मामले में, खाली सीटों को अखिल भारतीय कोटा सीटों या राज्य कोटा सीटों, जैसा भी मामला हो, की सामान्य श्रेणी में परिवर्तित कर दिया जाएगा।

अनुलग्नक

सारांश मूल्यांकन प्रोफार्मा

(विनियम 8 का उप-विनियम (1) देखें)

क्र.सं.	प्रस्तुत शीर्षक और सारांश का विवरण	
1.	कॉलेज:	कॉलेज का कोड कॉलेज का नाम
2.	पाठ्यक्रम:	विषय/विशेषता के साथ पीजी डिग्री कोर्स का नाम
3.	छात्र:	छात्र का नाम (पहला नाम _____ मध्य नाम _____ अंतिम नाम)

		संपर्क नंबर: ई-मेल आईडी:
4.	वैच:	शैक्षणिक वर्ष जिसमें छात्र को प्रवेश दिया गया – प्रवेश की तारीख (तारीख/माह/वर्ष)
5.	गाइड/सुपरवाइजर:	गाइड/सुपरवाइजर का नाम: संपर्क नंबर: ई-मेल आईडी:: पीजी मान्यता की स्थिति:
6.	पात्रता:	संबद्ध विश्वविद्यालय द्वारा छात्र को जारी किया गया अनुमति पत्र और स्नातकोत्तर विभाग की पात्रता (पत्र की तारीख और संदर्भ संख्या)
7.	शोध प्रविधि कार्यशाला:	क्या उपस्थित हुआ: हाँ/नहीं यदि हाँ, तो उपस्थिति की तारीख (तारीख/माह/वर्ष) भागीदारी प्रमाण पत्र संलग्न है: हाँ/नहीं
8.	सारांश का शीर्षक:	(विश्वविद्यालय में प्रस्तुत कर दिया गया)

छात्र का नाम:

विषय विशेषज्ञता:

प्रवेश का वर्ष:

सारांश प्रस्तुत करने की तारीख:

स्नातकोत्तर गाइड से अनुमोदन की तारीख:

संस्थान में भर्ती प्रत्येक विषय विशेषज्ञता में प्रत्येक छात्र के सारांश का मूल्यांकन करने के लिए सभी होम्योपैथी स्नातकोत्तर संस्थानों के लिए सारांश मूल्यांकन जांच-सूची (चेकलिस्ट)।

सभी छात्रों की संकलित जानकारी नीचे उल्लिखित चेकलिस्ट में अनुमोदन के लिए विश्वविद्यालय को भेजी जाएगी

सारांश मूल्यांकन जांच-सूची						टिप्पणी, यदि कोई हो
क्र.सं.	मद	घटक	हां	नहीं	उ०न०	
1.	शीर्षक	1. स्पष्ट और संक्षिप्त				
		2. उल्लिखित महत्वपूर्ण वेरिएबल				
		3. रोगी/प्रतिभागी				
		4. कार्यकलाप				
		5. कंप्यूटर				
		6. परिणाम				
		7. अध्ययन डिजाइन को दर्शाता है				
		8. प्राथमिक उद्देश्यों को दर्शाता है				
		9. लक्षित जनसंख्या शामिल है				

		10. क्या शीर्षक/अध्ययन दोहराया गया है				
2.	रिसर्च गैप	1. अब तक किए गए अनुसंधान में अंतराल की पहचान की गई है				
3.	अनुसंधान प्रश्न	1. व्यवहार्य				
		2. रोचक				
		3. अभिनव				
		4. नैतिकतापूर्ण				
		5. प्रासंगिक				
		6. सामाजिक रूप से प्रासंगिक				
4.	प्राक्कल्पना	1. स्पष्ट रूप से बताया गया				
		2. दो या दो से अधिक वैरिएबल के बीच संबंध को दर्शाता है				
5.	प्रस्तावना	1. अध्ययन का औचित्य				
		2. प्रासंगिक महामारी विज्ञान डेटा				
		3. मौजूदा ज्ञान की कमी और इस तरह की कमी को कैसे दूर किया जाए				
6.	साहित्य की समीक्षा	1. वर्तमान अध्ययन के लिए प्रासंगिक हाल में किए गए शोध अध्ययन शामिल हैं				
		2. बताई गई समस्या के बारे में ज्ञान कमी को प्रस्तुत करता है				
		3. अनुसंधान प्रश्न को सही ठहराता है				
		4. निम्नलिखित स्रोतों से संदर्भ लिए गए: -पत्रिकाएं, पाठ्यपुस्तकें, सरकारी रिपोर्ट, शास्त्रीय पाठ्यपुस्तकें, संदर्भ पुस्तकें, डेटाबेस, वेबसाइटें इत्यादि।				
7.	उद्देश्य:	स्मार्ट मानदंडों को पूरा करता है? विशिष्ट —सुधार के लिए एक				

		विशिष्ट क्षेत्र को लक्षित करें। मापने योग्य – मात्रा या कम से कम प्रगति का एक संकेतक सुझाएं। असाइनेबल (निर्धार्य) – निर्दिष्ट करें कि यह कौन करेगा यथार्थवादी-बताएं कि उपलब्ध संसाधनों को देखते हुए वास्तव में क्या परिणाम प्राप्त किए जा सकते हैं। समय से संबंधित-बताएं कि परिणाम कब प्राप्त किए जा सकते हैं।				
8.	पद्धति	1. अध्ययन डिजाइन का प्रकार				
		2. सेटिंग (अध्ययन का स्थान)				
		3. अध्ययन की अवधि				
		4. अध्ययन विषयों के चयन की विधि (पात्रता मानदंड) - समावेशन मानदंड - बहिर्वेषण मानदंड				
		5. तुलना/नियंत्रण समूह के चयन की विधि				
		6. मिलान मानदंड				
		7. प्रचालन परिभाषाएं				
		8. उपकरणों और संबंधित मापों की विशिष्टता				
9.	आंकड़ा संग्रह के लिए निर्दिष्ट और बताई गई शोध प्रविधि	1. नमूना आकार				
		2. नमूना तैयार करने की तकनीक				
		3. उद्देश्यों के लिए प्रासंगिक संग्रह की विधि				
		4. अध्ययन उपकरण या आंकड़ा संग्रह उपकरण				
		5. आंकड़ा प्रबंधन और विश्लेषण प्रक्रिया (कोडिंग और कंप्यूटर का उपयोग)				

		6. सांख्यिकीय विक्षेपण की योजना				
10.	नैतिक मंजूरी					
11.	संदर्भ शैली:	1. वैकूवर				
12.	अनुलग्नक:	1. अध्ययन में उपयोग किया जाने वाला केस रिकॉर्ड फॉर्म या प्रश्नावली या प्रोफार्मा या कोई अन्य अध्ययन उपकरण 2. रोगी का सूचना पत्र और सूचित सहमति फॉर्म (स्थानीय भाषा सहित) 3. मान्य और प्रामाणिक संक्षिप्त नाम 4. अध्ययन परिणामों के मूल्यांकन के मानदंड 5. सहयोगी शोध कार्य के प्रामाणिक दस्तावेज, यदि कोई हो (बुनियादी अवसंरचना, मानव संसाधन इत्यादि का उपयोग) 6. परिशिष्ट 'क' (सारांश प्रस्तुत करने के पत्र का शीर्षक) 7. परिशिष्ट 'ख' (आचार समिति का अनुमोदन) 8. छात्र द्वारा भाग ली गई शोध प्रविधि कार्यशाला का प्रमाण पत्र				
13.	मूल्यांकनकर्ता द्वारा समापन टिप्पणी:	1. स्वीकार किया गया 2. संशोधनों के साथ स्वीकार किया गया 3. खारिज कर दिया गया				
14.	सुझाए गए संशोधन:					

हस्ताक्षर

दिनांक:

मूल्यांकनकर्ता का नाम, पदनाम और पता

NATIONAL COMMISSION FOR HOMOEOPATHY**NOTIFICATION**

New Delhi, the 18th March, 2024.

F. No. 3-42/2021/NCH/HEB/PG.Reg.—In exercise of the powers conferred by sub-section (1) and clause (r) of sub-section (2) of section 55 read with section 16 and section 26 of the National Commission for Homoeopathy Act, 2020 (15 of 2020) and in supersession of the Homoeopathy (Post Graduate Degree Course) M.D.(Hom.) Regulations, 1989, except as respect things 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 the National Commission for Homoeopathy (Homoeopathy Post-Graduate Degree Course- Doctor of Medicine in Homoeopathy) Regulations, 2024.
(2) They shall come into force from the date of their publication in the Official Gazette.
2. **Definitions.**— (1) In these regulations, unless the context otherwise requires-
 - (a) “Act” means the National Commission for Homoeopathy Act, 2020 (15 of 2020);
 - (b) “annexure” means an annexure appended to these regulations;
 - (c) “appendix” means an appendix appended to these regulations;
 - (d) “electives” means an optional course of studies devised to enrich the educational expression of the student;
 - (e) “M.D. (Homoeopathy)” means a post-graduate degree in Homoeopathy (Doctor of Medicine in Homoeopathy);
 - (f) “syllabus” includes the curriculum for study as specified by the National Commission for Homoeopathy under these regulations.
(2) The words and expressions used in these regulations and not defined, but defined in the Act shall have the same meanings as respectively assigned to them in the Act.
3. **Objective of homoeopathy post-graduate training programme.**— The objective of homoeopathy post-graduate training programme are as follows, namely :—
 - (a) recognise the importance of Homoeopathy in context with National priorities and health needs of the community;
 - (b) practice Homoeopathy ethically and in step with the principles of the system;
 - (c) develop skills as a self-directed learner, recognise continuing education needs, select and use appropriate learning resources;
 - (d) demonstrate competence in basic concepts of research methodology and epidemiology and be able to critically analyse relevant published research literature;
 - (e) identify social, economic, environmental, biological and emotional determinants of health in a given case, and take them into account while planning therapeutic, rehabilitative, preventive and promotive measures or strategies;
 - (f) diagnose health problems and manage as per the scope of homoeopathy on the basis of clinical assessment, investigations etc;
 - (g) demonstrate scientific acumen by undertaking dissertation or research project using proper research methodology;
 - (h) play the assigned role in the implementation of national health programmes with homoeopathy, effectively and responsibly;
 - (i) organise and supervise the chosen or assigned health care services demonstrating adequate managerial skills in the AYUSH clinic or hospital or in the field; and
 - (j) develop skills in using educational methods and techniques applicable to the teaching of homoeopathy medical students.
4. **Components of the post-graduate curriculum.**— The post-graduate curriculum shall be set in a competency based integrated framework based on the outcomes defined for each speciality subject. Among other specific constituents, it shall comprise the following, namely:—

- (a) theoretical and applied knowledge;
 - (b) practical, clinical, community and management related skills pertaining to the speciality subject;
 - (c) completion of dissertation work;
 - (d) publication or submission of a research article in a peer- reviewed scientific journal or presentation of the paper in the National Conference of the concerned society;
 - (e) soft skills and attributes including interpersonal and communication skills;
 - (f) training in Research Methodology, Medical Ethics and Medicolegal aspects; and
 - (g) professionalism and commitment to continued learning throughout professional life.
5. Eligibility criteria for admission and manner of admission.— (1) The eligibility for admission to M.D. (Homoeopathy) course shall be the following, namely: -
- (a) No candidate shall be admitted to M.D.(Homoeopathy) course unless he possesses the degree of:-
 - (i) Bachelor of Homoeopathic Medicine and Surgery or equivalent qualification in Homoeopathy included in the Schedule or medical qualification recognition list under the provisions of the Act, after undergoing a course of study of not less than five years and six months duration including one-year compulsory rotatory internship; or
 - (ii) Bachelor of Homoeopathic Medicine and Surgery (Graded Degree) or equivalent qualification in Homoeopathy included in the Second Schedule of The Homoeopathy Central Council Act, 1973 (59 of 1973), after undergoing a course of study of not less than two years duration;
 - (b) The candidate has registered himself with the State Board or Council, as the case may be.
- (2) There shall be a uniform entrance examination for all Homoeopathic graduates, namely, All India AYUSH Post-Graduate Entrance Test examination for admission to the post-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 candidates, any other equivalent qualification approved by the Central Government may be allowed for admission and above provision of this sub-regulation shall not be applicable.
- (3) No candidate obtaining less than 50th percentile in the All-India AYUSH Post-graduate Entrance Test for post-graduate course conducted for the said academic year shall be considered for such admission:
- Provided that the candidates belonging to the Scheduled Castes, the Scheduled Tribes and the Other Backward Classes obtain marks not less than 40th percentile and the candidates with the disability as specified under the Rights of Persons with Disabilities Act, 2016 (49 of 2016) obtain the marks not less than 45th percentile in case of General category and not less than 40th percentile in case of the Scheduled Castes, the Scheduled Tribes and the Other Backward Classes shall be considered for admission:
- Provided further that when sufficient number of candidates in the respective categories fail to secure minimum marks in the All India AYUSH Post-graduate Entrance Test as specified above, held for any academic year for admission to post-graduate courses, the Commission may, in consultation with the Central Government, lower the marks required for admission to post-graduate course for candidates belonging to respective category and marks so lowered by the Commission shall be applicable for that academic year only.
- (4) An All-India common merit list as well as State-wise merit list of the eligible candidates shall be prepared by the designated authority based on the marks obtained in the All-India AYUSH Post-graduate Entrance Test conducted for the academic year and the candidate within the respective category shall be considered for admission to post-graduate course from the said merit list.
 - (5) The seat matrix for admission in the Government institution, Government- aided institution and private institutions shall be fifteen per cent. for All- India quota and eighty-five per cent. for the State quota and the Union territory quota as the case may be:

Provided that, -

- (a) the All-India quota for the purpose of admission to the Deemed to be University, both Government and private shall be one hundred per cent.;

- (b) the University and institute having more than fifteen per cent. all India quota seat shall continue to maintain that quota;
- (c) five per cent. of the annual sanctioned intake capacity in the Government and Government aided institutions shall be filled up by candidates 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 candidates to pursue a course in Homoeopathy with specified disability shall be in accordance with the guidelines specified in *Appendix "B"*. 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.

- (6) The designated authority for counseling of eighty-five per cent., State and Union territory quota for admissions to post-graduate course in all Homoeopathic educational institutions in the States and Union territories including institutions 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 relevant rules and regulations of the concerned State Government or Union territory Administration, as the case may be.
 - (7) The counseling for all admissions to the post-graduate course for seats under all India quota as well as for all Homoeopathy educational institutions established by the Central Government shall be conducted by the authority designated by the Central Government.
 - (8) The admission shall be done,—
 - (a) through counseling as per sub-regulation (b) of regulation 5 except for foreign nationals;
 - (b) by any manner other than the manner specified in these regulations shall not be approved and any institution found admitting the students in contravention of the provisions of regulation 5 of these regulations shall be denied permission for taking admission for subsequent academic year;
 - (9) The medical institutions shall have to submit the list of all 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;
 - (10) The medical institutions shall also provide the list of the admitted students who have been allotted seats through the counseling authority (Central, State or Union territory, as the case may be) except foreign nationals.
 - (11) The candidate who fails to obtain the minimum eligibility marks as referred to under sub- regulation (3), shall not be admitted to the post-graduate course in the said academic year.
 - (12) No authority or medical institution shall admit any candidate to the post-graduate course in contravention of the criteria or procedure specified in these regulations and any admission made in contravention of these regulation shall be cancelled by the Commission forthwith.
 - (13) The authority or medical institution which grants admission to any student in contravention of the provisions of these regulations shall be dealt within the manner as specified under the clause (f) of sub-regulation (1) of regulation 28 of the Act.
 - (14) The medical institution shall send the final list of admitted students to the Commission within one month of closure of admissions and the Commission shall verify the medical institution to ensure the compliance of the provisions of the regulations at any time.
6. Course of study.—(1) Subjects of specialisation for Homoeopathy post-graduate degree course shall be the following, namely: -
- (a) Homoeopathic Materia Medica;
 - (b) Organon of Medicine and Homoeopathic Philosophy;
 - (c) Homoeopathic Repertory and Case Taking;
 - (d) Homoeopathic Pharmacy;
 - (e) Practice of Medicine;
 - (f) Pediatrics;
 - (g) Psychiatry;
 - (h) Community Medicine;

- (i) Dermatology.
- (2) The Course shall be regular, full time and for a duration of three years.
- (3) The student shall be regular and will be resident during one year of house-job in the campus and shall be given training as per the provisions of regulation 7:
- Provided that a student shall complete the course of M.D.(Homoeopathy) in a speciality subject within the duration of maximum six years from the date of his admission.
- (4) Each programme shall be divided into two parts comprising of eighteen month each in M.D.(Homoeopathy) Part-I and M.D.(Homoeopathy) Part-II respectively.
- (5) The Courses under Part-I of each programme shall be as follows:-
- (a) M.D. (Homoeopathy) Homoeopathic Materia Medica,—
 - (i) Fundamentals of Homoeopathic Materia Medica;
 - (ii) Fundamentals of Clinical Medicine in Homoeopathic Materia Medica; and
 - (iii) Research Methodology and Biostatistics.
 - (b) M.D. (Homoeopathy) Organon of Medicine and Homoeopathic Philosophy,—
 - (i) Fundamentals of Organon of Medicine and Homoeopathic Philosophy;
 - (ii) Fundamentals of Clinical Medicine in Organon of Medicine and Homoeopathic Philosophy; and
 - (iii) Research Methodology and Biostatistics.
 - (c) M.D. (Homoeopathy) Homoeopathic Repertory and Case Taking,—
 - (i) Fundamentals of Repertory and Case Taking;
 - (ii) Fundamentals of Clinical Medicine in Homoeopathic Repertory and Case Taking; and
 - (iii) Research Methodology and Biostatistics.
 - (d) M.D. (Homoeopathy) Homoeopathic Pharmacy,—
 - (i) Fundamentals of Homoeopathy Pharmacy;
 - (ii) Fundamentals of Clinical Medicine in Homoeopathic Pharmacy; and
 - (iii) Research Methodology and Biostatistics.
 - (e) M.D. (Homoeopathy) Practice of Medicine,—
 - (i) Fundamentals of Practice of Medicine;
 - (ii) Fundamentals of Homoeopathy in Practice of Medicine; and
 - (iii) Research Methodology and Biostatistics.
 - (f) M.D. (Homoeopathy) Pediatrics,—
 - (i) Fundamentals of Pediatrics;
 - (ii) Fundamentals of Homoeopathy in Pediatrics; and
 - (iii) Research Methodology and Biostatistics.
 - (g) M.D. (Homoeopathy) Psychiatry,—
 - (i) Fundamentals of Psychiatry;
 - (ii) Fundamentals of Homoeopathy in Psychiatry; and
 - (iii) Research Methodology and Biostatistics.
 - (h) M.D. (Homoeopathy) Community Medicine,—
 - (i) Fundamentals of Community Medicine;
 - (ii) Fundamentals of Homoeopathy in Community Medicine; and
 - (iii) Research Methodology and Biostatistics.

(i) M.D. (Homoeopathy) Dermatology,—

- (i) Fundamentals of Dermatology;
- (ii) Fundamentals of Homoeopathy in Dermatology; and
- (iii) Research Methodology and Biostatistics.

(6) For M.D. (Homoeopathy) Part-II examination, there shall be main specialty subject only with two papers.

7. Pattern of training.— (1) The period of training for obtaining Homoeopathy post- graduate degree in speciality subject shall be three completed years including the period of examination.

- (2) In the beginning of post-graduate training, there shall be an induction programme for seven days which will comprise of –
 - (a) orientation about post-graduate course; and
 - (b) workshop in concerned subject specialty with subject experts.
- (3) The post-graduate students shall be called Junior Resident in M.D.(Homoeopathy) Part-I and senior resident in M.D.(Homoeopathy) Part-II, in all speciality subjects of Homoeopathy post-graduate degree course.
- (4) During the post-graduate course, the emphasis shall be more on clinical training and less on didactic lectures.
- (5) The student should take part in seminars, group discussions, clinical meetings and journal club meetings.
- (6) The student shall be required to write a dissertation as mentioned in regulation 8.
- (7) The student shall be given graded responsibility in the hospital campus in the management and treatment of patients entrusted to his care as per duty roster.
- (8) The student shall participate in teaching and training of under-graduate students or interns.
- (9) The students shall maintain an e-Log Book or Log book and do the laboratory or clinical work keeping in view the needs of each speciality subject.
- (10) A student pursuing M. D. (Homoeopathy) Course shall study in the concerned Department of the institution for the entire period as a regular student. No student is permitted to work in any laboratory or college or industry or pharmacy, while pursuing the Homoeopathy post-graduate degree programme. No student shall join any other regular degree program in any other University in India or Abroad during the period of Homoeopathy post-graduate degree course.
- (11) University Grants Commission approved Certificate or Diploma courses through open distance learning or online mode may be allowed for post- graduate students for improving various skills with permission of the Head of the institute without disturbing the work or duties assigned for M.D. (Homoeopathy) course.
- (12) Each year shall be taken as a unit for the purpose of calculating attendance.
- (13) Every student shall mandatorily attend symposia, seminars, conferences, journal club meetings and lectures during each year as prescribed by the Department or college or University and not remain absent without any valid reasons and prior permission of the Head of the Institute.
- (14) A student who has secured a minimum of seventy five per cent. of attendance and shows satisfactory progress, shall be permitted to appear at M.D. (Homoeopathy) Part-I and Part-II examinations respectively.
- (15) Any student who fails to complete the course in the manner stated above shall not be permitted to appear at the University examinations. A certificate to this effect shall be sent to University by the Principal of the concerned college.
- (16) Every student shall maintain an e-Log Book or Logbook (separately Part-I and part-II) for M.D. (Homoeopathy) and record his participation in the training programmes conducted by the Department such as journal reviews, clinical presentations, seminars.
- (17) The work diary shall be scrutinised and certified by the Head of the Department and Head of the Institution and presented in the University at the time of practical examination, if called for.
- (18) Special mention shall be made of the presentations by the student as well as details of experiments or laboratory procedures conducted by the student.

- (19) The presentations shall be assessed by the faculty members and peers and assessed on numeric rating scale from 1 to 10.
8. Synopsis and dissertation.— (1) Every student shall submit to the competent authority of the University in the prescribed proforma given at Annexure, a synopsis containing particulars of proposed research study within a period of nine months from the date of commencement of the course or before the date notified by the University. The synopsis shall be submitted through the Guide, Head of Department of concerned speciality and counter signed by the Head of the institution.
- (2) Every post-graduate students shall write dissertation about his research study in the format specified by the University, under the supervision of his Guide, and submit to the University. It includes identification of the problem, formulation of research question, hypothesis, review of literature, research methodology including the study design, discussing results and methods of conducting research study, collection of data, statistical analysis and drawing conclusions.
- (3) Every student pursuing M.D.(Homoeopathy) degree course is required to submit six printed copies of dissertation or as required by the concerned University and soft copies, if required, of not less than ten thousand words embodying his own research study to the University for approval, not later than six months prior to holding of M.D.(Homoeopathy) Part-II examination.
- (4) In case of rejection of synopsis, the student has to resubmit the synopsis to the University concerned through his Guide, in any case three months prior to the M.D. (Homoeopathy) Part-I examination.
- (5) The synopsis of the proposed study has to be registered with clinical trials registry of India after obtaining ethical approval from Institutional ethical committee.
- (6) The dissertation should be written under the following headings, namely:-
- abstract;
 - introduction;
 - aim and objectives of study;
 - review of literature;
 - material and methods;
 - observation and result;
 - discussion;
 - conclusion;
 - references; and
 - annexures or appendices.
- (7) The written text of dissertation shall not be less than fifty pages and shall not exceed two hundred pages, excluding references, tables, figures and annexures. It should be neatly typed with double line spacing on one side of the bond paper (A4 size, 8.27" x 11.69") and bound properly. Spiral binding should be avoided. The dissertation shall be certified by the guide and Co-guide (if any), Head of the Department and Head of the Institution.
- (8) A student shall adhere to plagiarism policy and the Copyright Act, 1957(14 of 1957) as amended from time to time, and give an undertaking in writing for the same.
- (9) The dissertation shall be submitted to the guide at least three months before the time fixed for submitting it to the University. The guide or supervisor shall certify that the contents of the dissertation are the original work of the candidate and has not been submitted to any other University for the award of any degree or diploma. The student, whose dissertation has not been accepted by the University may be permitted to resubmit the same within a period of three months prior to M.D. (Homoeopathy) part-II examination.
- (10) The student is expected to write a research paper on the basis of his dissertation and submit to a peer-reviewed scientific journal or present in National level seminar.
9. Eligibility for post-graduate guide or examiner.— (1) A person shall possess the following qualifications and experience for being eligible to become a guide or examiner, namely: -
- M.D. (Homoeopathy) included in the Second Schedule of the Homoeopathy Central Council

Act, 1973 (59 of 1973) or Medical qualification recognition list of the National Commission for Homoeopathy Act, 2020 (15 of 2020); and

- (b) A teacher in a homoeopathy medical institution who is in post of Associate professor or Professor in concerned specialty subject after obtaining post-graduate degree in concerned subject: Provided that teachers who are already approved as post-graduate guide shall continue to remain post-graduate guide.

Provided further that in the newly instituted speciality subjects like Dermatology and Community Medicine, teachers from under-graduate Department of Practice of Medicine and Community Medicine with post-graduate qualification in Homoeopathy and who are posted as Associate Professor or Professor shall be eligible for becoming post-graduate guide or examiner respectively. These provisions shall remain in force up to ten years from the date of notification of these regulations:

Provided also that the guide or supervisor of a post-graduate speciality shall remain the guide or supervisor for that speciality only and he cannot become guide or supervisor for more than one speciality

subject.

- (2) Educational qualification and experience for selection of Co-guide- post-graduate degree qualification in the speciality subject as stated in clause (a) or seven years teaching in a college recognised by the National Commission for Homoeopathy:
- (3) The teaching faculty of a particular medical institution are only eligible to become guide or supervisor of post-graduate students of that institution. The subject wise guide list shall be approved by the concerned University.
10. Student guide ratio.— (1) The student – guide ratio shall be 3:1 if the guide is of Professor cadre.
- (2) The student – guide ratio shall be 2:1 if the guide is of Associate Professor cadre.
11. Migration.— Under no circumstances, migration or transfer of student undergoing Homoeopathy post-graduate degree course from one college to other shall be permitted by any University or Authority.
12. Scheme of assessment.— (1) The Assessment for each programme shall be formative and summative type. The details of the formative assessment shall be worked out separately for each specialty in the framework of competency based assessment framework. A record of these would be maintained and due weightage may be accorded to these. The candidate shall be required to perform satisfactorily in formative assessment before being eligible to appear for the summative assessment. This will hold true for M.D. (Homoeopathy) Part-I as well as M.D. (Homoeopathy) Part-II and the summative assessment would comprise of:-
- (a) written paper; and
- (b) clinical or practical and Viva-Voce examination.
- (2) Schedule of assessment:- Schedule of assessment shall be as following table, namely:-

Table

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

- (3) M.D. (Homoeopathy) Part-I examination –Maximum marks for each subject and minimum marks required to pass shall be as follows, namely: -

(a) M.D. (Homoeopathy) Homoeopathic Materia Medica:-

Subjects		Theory		Practical or Clinical examination including Viva- Voce	
		Maximum marks	Pass marks	Maximum marks	Pass marks
Paper-I	Fundamentals of Homoeopathic Materia Medica	100	50	200*	100*

Paper-II	Fundamentals of Clinical Medicine in Homoeopathic Materia Medica	100	50	(160+40) [Summative assessment-160 marks] [Internal assessment-40 marks]	(80+20) [Summative assessment-80 marks] [Internal assessment-20 marks]
Paper-III	Research Methodology and Biostatistics	100	50	--	--

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

(b) M.D. (Homoeopathy) Organon of Medicine and Homoeopathic Philosophy:—

Subjects		Theory		Practical or Clinical examination including Viva-Voce	
		Maximum marks	Pass marks	Maximum marks	Maximum marks
Paper- I	Fundamentals of Organon of Medicine and Homoeopathic philosophy	100	50	200* (160+40) [Summative assessment- 160 marks] [Internal assessment- 40 marks]	100* (80+20) [Summative assessment- 80 marks] [Internal assessment- 20 marks]
Paper- II	Fundamentals of Clinical Medicine in Organon of Medicine and Homoeopathic philosophy	100	50	--	--
Paper- III	Research Methodology and Biostatistics	100	50	--	--

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

(c) M.D. (Homoeopathy) Homoeopathic Repertory and Case Taking:—

Subjects		Theory		Practical or examination including Viva-Voce	
		Maximum marks	Pass marks	Maximum marks	Pass marks
Paper- I	Fundamentals of Homoeopathic Repertory and Case Taking	100	50	200* (160+40)	100* (80+20)
Paper- II	Fundamentals of Clinical Medicine in Homoeopathic Repertory and Case Taking	100	50	[Summative assessment-160 marks] [Internal	[Summative assessment-80 marks] [Internal

				assessment- 40 marks]	assessment- 20 marks]
Paper- III	Research Methodology and Biostatistics	100	50	--	--

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

(d) M.D. (Homoeopathy) Homoeopathic Pharmacy:—

Subjects		Theory		Practical or Clinical examination including Viva-Voce	
		Maximum marks	Pass marks	Maximum marks	Pass marks
Paper- I	Fundamentals of Homoeopathic Pharmacy	100	50	200* (160+40)	100* (80+20)
Paper- II	Fundamentals of Clinical Medicine in Homoeopathic Pharmacy	100	50	[Summative assessment- 160 marks] [Internal assessment- 40 marks]	[Summative assessment- 80 marks] [Internal assessment- 20 marks]
Paper- III	Research Methodology and Biostatistics	100	50	--	--

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

(e) M.D. (Homoeopathy) Practice of Medicine:—

Subjects		Theory		Practical or Clinical examination including Viva-Voce	
		Maximum marks	Pass marks	Maximum marks	Pass marks
Paper-I	Fundamentals of Practice of Medicine	100	50	200* (160+40) [Summative assessment- 160 marks] [Internal assessment- 40 marks]	100* (80+20) [Summative assessment- 80 marks] [Internal assessment- 20 marks]
Paper- II	Fundamentals of Homoeopathy in Practice of Medicine	100	50		
Paper- III	Research Methodology and Biostatistics	100	50	--	--

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

(f) M.D. (Homoeopathy) Pediatrics:—

Subjects		Theory		Practical or Clinical examination including Viva-Voce	
		Maximum marks	Pass marks	Maximum marks	Pass marks
Paper- I	Fundamentals of Pediatrics	100	50	200*	100*
Paper- II	Fundamental of Homoeopathy in Pediatrics	100	50	(160+40) [Summative assessment- 160 marks] [Internal assessment- 40 marks]	(80+20) [Summative assessment- 80 marks] [Internal assessment- 20 marks]
Paper- III	Research Methodology and Biostatistics	100	50	--	--

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

(g) M.D. (Homoeopathy) Psychiatry:—

Subjects		Theory		Practical or Clinical examination including Viva-Voce	
		Maximum marks	Pass marks	Maximum marks	Pass marks
Paper-I	Fundamentals of Psychiatry	100	50	200*	100*
Paper- II	Fundamentals of Homoeopathy in Psychiatry	100	50	(160+40) [Summative assessment- 160 marks] [Internal assessment- 40 marks]	(80+20) [Summative assessment- 80 marks] [Internal assessment- 20 marks]
Paper-III	Research Methodology and Biostatistics	100	50	--	--

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

(h) M.D. (Homoeopathy) Community Medicine:—

Subjects		Theory		Practical or Clinical examination including Viva- Voce	
		Maximum marks	Pass marks	Maximum marks	Pass marks
Paper- I	Fundamentals of Community Medicine	100	50	200* (160+40) [Summative assessment- 160 marks] [Internal	100* (80+20) [Summative assessment- 80 marks] [Internal
Paper- II	Fundamentals of	100	50		

	Homoeopathy in Community Medicine			assessment- 40 marks]	assessment- 20 marks]
Paper- III	Research Methodology and Biostatistics	100	50	--	--

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

(i) M.D. (Homoeopathy) Dermatology:—

Subjects		Theory		Practical or Clinical examination including Viva- Voce	
		Maximum marks	Pass marks	Maximum marks	Pass marks
Paper- I	Fundamentals of Dermatology	100	50	200* (160+40)	100* (80+20)
Paper- II	Fundamentals of Homoeopathy in Dermatology	100	50	[Summative assessment- 160 marks] [Internal assessment- 40 marks]	[Summative assessment- 80 marks] [Internal assessment- 20 marks]
Paper- III	Research Methodology and Biostatistics	100	50	--	--

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

(4) M.D. (Homoeopathy) Part-II examination –Maximum marks for each subject and minimum marks required to pass shall be as follows, namely:-

Subjects	Theory		Practical or clinical exams including Viva-Voce and dissertation	Pass marks
	Maximum marks	Pass marks	Maximum marks	Pass marks
(i) Speciality Subject Paper-I	100	50	200* (160+40) [Summative assessment-160 marks] [Internal assessment- 40 marks]	100* (80+20) [Summative assessment- 80 marks] [Internal assessment- 20 marks]
(ii) Speciality Subject Paper-II	100	50		

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

(5) Guidelines for examination shall be as follows, namely:-

- (a) the theory examination shall have forty per cent. marks for short answer questions and forty per cent. marks for long explanatory answer questions that includes descriptive, case scenario and clinical application-based questions and twenty per cent. marks for problem- based question and these questions shall cover the entire syllabus of the subject;

- (b) minimum marks required for passing the examination shall be fifty per cent. in theory component and fifty per cent. in practical or clinical component (that include practical, clinical, Viva-Voce) separately in each subject;
 - (c) each theory examination shall be of three hours duration;
 - (d) viva-voce or practical or clinical examination and assessment of dissertation in each specialty subject, to be held by not less than four examiners together, out of whom two shall be external examiners and two shall be internal examiners;
 - (e) four examiners shall jointly assess the knowledge of each student for recommending the result to the University. Average marks of four examiners shall be considered for assessment of the student;
 - (f) the University shall allow to conduct the examination for failed students within six months from declaration of the results;
 - (g) the University shall conduct not more than two examinations in a year, for any subject, with an interval of not less than six months between the two examinations;
 - (h) M.D. (Homoeopathy) Part-I examination is to be held in eighteenth month after completion of house job of one year duration;
 - (i) a student not passing examination in a subject of M.D. (Homoeopathy) Part-I course shall re-appear in all parts of that subject but only one chance to re-appear in that subject of examination shall be provided failing which he has to re-appear in examination in all the subjects (in all parts) of M.D. (Homoeopathy) Part-I course;
 - (j) results declared by the University shall be displayed as marks obtained in theory or practical or clinical or Viva-Voce examination as well as dissertation assessment separately;
 - (k) The maximum number of students to be examined in clinical or practical and Viva-Voce examinations on any day shall not exceed ten for M.D. (Homoeopathy) examinations.
- (6) Valuation of examination papers shall be as follows, namely:-
- (a) all eligible examiners for post-graduate examinations can perform the valuation of the answer scripts;
 - (b) all the answer scripts shall be subjected for two valuations by the concerned University. The highest of the total marks awarded by the two evaluators for the paper, which is rounded off to the nearest value, shall be considered for computation of the results;
 - (c) all the answer scripts, where the difference between two valuations is more than ten per cent. of the total marks prescribed for the paper, may be subjected to third valuation;
 - (d) the highest of the best two total marks, awarded by the three valuers for the paper, rounded off to the nearest value, shall be considered for final computation of the results;
 - (e) after the computation and declaration of the results, re-valuation is not permitted by any authority under any circumstances;
 - (f) all the Health Universities or Institutions imparting post-graduate courses shall develop a platform for bar-coded digital valuation.
- (7) Every candidate seeking admission to M.D. (Homoeopathy) Part-I of the examination shall submit application to the University with the following documents, namely: -
- (a) A Certificate from the Principal or Head of the institution or college (where course is imparted) about the completion of the course of studies in the subjects in which the candidate seeks admission to the examination;
 - (b) A Certificate of having completed one year house job in a Homoeopathic hospital as an essential part of the course;
 - (c) A Certificate from the Guide regarding submission of synopsis within the time specified in these regulations;
 - (d) minimum seventy-five per cent. attendance is required to become eligible for appearing in M.D.(Homoeopathy) Part – I examinations;
 - (e) no post-graduate student shall be permitted to appear in the examination without completing the mandatory course work and internal assessment as per these regulation.

- (8) Every candidate seeking admission to M.D. (Homoeopathy) Part-II examination shall submit application to the University with the following documents, namely: -
- (a) A mark sheet or result showing that the student has passed M.D. (Homoeopathy) Part-I examinations;
 - (b) A certificate from the guide in support of submission of the dissertation and accepted by the guide within the time specified in these regulations;
 - (c) A certificate from the Principal or Head of the Institution or College (where course is imparted) about the completion of the course of studies in the subject in which the candidate seeks admission to the examination;
 - (d) there shall be minimum of seventy-five per cent. attendance of post- graduate student to become eligible for appearing in M.D. (Homoeopathy) Part-II examination;
 - (e) no post-graduate student shall be permitted to appear in the examination without completing the mandatory course work and internal assessment as per this regulation.
- (9) For the examiners, the following conditions shall be taken into consideration, namely:-
- (a) the criteria for examiners shall be the same as in the post-graduate guide;
 - (b) there shall be two internal examiners; and
 - (c) at least fifty per cent. of the examiners shall be external examiners.
13. Common mandatory course work- (1) For the MD (Homoeopathy) Part-I, the following course work shall be common and mandatory for all post-graduate students irrespective of specialty, namely:-
- (a) Course in Basic Cardiac Life Support Skills,-
 - (i) all post-graduate students shall complete a course in Basic Cardiac Life Support skills and get duly certified from recognised institute of the Central Government. If any student has already done this course and obtained certificate from recognised institute of the Central Government, he may choose any other course from the list of electives mentioned in clause (3) of this regulation.
 - (ii) the students must complete the course work within one year of the commencement of the batch.
 - (iii) no post-graduate student shall be permitted to appear in the M.D.(Homoeopathy) Part-I examinations without the above certification.
 - (b) Course in Bioethics,-
 - (i) all post-graduate students shall complete a course in Bioethics including Good Clinical Practices, to be conducted by the Institutes themselves or by any other method.
 - (ii) the students must complete the course within one year of the commencement of the batch.
 - (iii) no post-graduate student shall be permitted to appear in the M.D. (Homoeopathy) Part-I examination without completing the above course.
- (2) For the MD (Homoeopathy) Part-II the following course work shall be common and mandatory for all post-graduate students irrespective of specialty, namely: -
- (a) all post-graduate students shall complete a basic course in medical education technology and be duly certified by the recognised Institute of the Central Government.
 - (b) all post-graduate students shall complete a course in scientific writing and be duly certified from the recognised Institute of the Central Government.
- (3) The institutions shall arrange training programmes on electives such as Telemedicine, Making effective presentations, use of PubMed, Awareness in medical audit management, Health economics, Health information system, basics of statistics, exposure to human behavior and study and knowledge of homoeopathic pharmacy. It is mandatory for each student to complete any one of the above electives in the entire duration of post-graduate course.
14. Additional infrastructure requirement and conditions for the post-graduate Homoeopathic Medical Institutions. – In addition to the minimum essential standards for graduate degree program as mentioned in the National Commission for Homoeopathy (Minimum Essential Standards for Homoeopathic Colleges and Attached Hospitals) Regulations, 2024, the following requirements shall be mandatory for the post-graduate homoeopathic

institutions, namely :-

- (1) A recognised Homoeopathic College shall be treated as post-graduate center which meets all the prescribed minimum requirements, norms, and standards for conducting Bachelor of Homoeopathic Medicine and Surgery degree course, and has been running Bachelor of Homoeopathic Medicine and Surgery degree course successfully for five consecutive years.
- (2) Every such medical institution or teaching hospital shall have a Department of the concerned speciality and shall also have the additional facilities as specified in these regulations.
- (3) The annual intake capacity in post-graduate course shall be maximum ten seats but first permission shall be granted for maximum seven seats in a specialty subject. A medical institution may apply for an increase in the intake capacity for post-graduate course, only after completing first batch of post-graduate course or starting of post- graduate course only after completion of first batch of its under-graduate course.
- (4) Requirement of hospital shall be as specified in the National Commission for Homoeopathy (Minimum Essential Standards for Homoeopathic Colleges and Attached Hospitals) Regulations, 2024 along with the following additional requirements, namely: -
 - (a) out-patient Department with minimum of three hundred patients on an average per day during last five calendar years in the hospital of the medical institution running Bachelor of Homoeopathic Medicine and Surgery course.
 - (b) one bed shall be earmarked per student for each clinical subject of specialty, in addition to the beds required for Bachelor of Homoeopathic Medicine and Surgery course in its teaching (collegiate) Homoeopathic Hospital, with a minimum 50% bed occupancy.
 - (c) the said attendance in the Out-patient Department and In-patient Department of the attached Homoeopathic Hospital has to be available on the day when an application is moved by the medical institution authorities seeking recognition or approval from National Commission for Homoeopathy.
- (5) The National Commission for Homoeopathy shall have the power to call for such information and returns as it may deem fit from University and medical institution and they shall furnish the information as specified by the National Commission for Homoeopathy:

Provided that if the medical institutions fail to provide the information and return to Commission within the specified time limit, the Commission shall recommend for action against the concerned medical institution under section 28 of the Act, assuming that the concerned college is not complying with the provisions of these regulation.

- (6) Every college shall provide all necessary information, documents and records to the Inspectors appointed by the Commission to discharge their duties and functions, required by them during the inspection.
- (7) The administrative area shall be as notified in the National Commission for Homoeopathy (Minimum Essential Standards for Homoeopathic Colleges and Attached Hospitals) Regulations, 2024.
- (8) A seminar hall with sitting capacity for a minimum of two hundred persons shall be available within the college premises for lectures, meetings, seminars, conferences, symposia, and counseling etc. The hall shall have adequate electrical and sitting arrangement, closed circuit television, and audio-visual system with internet facilities.
- (9) The following conditions shall be fulfilled for biometric attendance, namely:-
 - (a) all medical institutions shall install aadhar enabled biometric attendance machine as directed by the Commission from time to time for regular capturing of the attendance of human resources in the manner as specified and shall be essentially accessible to the Central Government, State Government or Union territories Administration and Commission to ensure maintenance of the minimum essential standards of education.
 - (b) the aadhar enabled biometric attendance shall be made available on the dashboard of medical institution website and to Medical Assessment and Rating Board for Homoeopathy on dedicated portal as directed by the Commission. The Commission shall seek such record of attendance from medical institution during or after assessment for compliance of minimum essential standards of education.
 - (c) the installation, maintenance and continuous smooth functioning of aadhar enabled biometric attendance system shall be the responsibility of medical institutions and any technical problem in the functioning of biometric system should be immediately reported to the Commission through nodal officer in-charge designated for the biometric attendance system and shall be rectified within a period of seven days from the date of reporting.

- (10) minimum one year attendance record by aadhar enabled biometric machine should be made available to the commission or assessment team and the college shall maintain record for at least one year. One camera shall be installed for each post-graduate Department permitted by the National Commission for Homoeopathy.
- (11) College Website shall be maintained as follows, namely:-
- each and every medical institution shall have its own website containing all the details with regard to information of post-graduate students with intake capacity sanctioned in each subject, subject-wise students admitted every year with all relevant details, merit-wise, category-wise, for current year and previous academic sessions along with their All India AYUSH Post-graduate Entrance Test scores.
 - all speciality subject post-graduate Department details with regard to infrastructure, staff (teaching and non- teaching), library, equipment, charts or electronic display, specimens to be uploaded on the website along with the photographs.
 - Hospital information, Out-patient Department and In-patient Department data shall be updated every month.

15. Staff requirements.—(1) Teaching staff,— There shall be minimum full time teaching staff for M.D.(Homoeopathy) (Additional to minimum teaching staff specified in the National Commission for Homoeopathy (Minimum Essential Standards for Homoeopathic Colleges and Attached Hospitals) Regulations, 2024 course as per the following table, namely: **Table**

Sl. No.	Name of Department	Professor	Associate Professor
(1)	Homoeopathic Materia Medica	1	2
(2)	Organon of Medicine and Homoeopathic Philosophy	1	2
(3)	Homoeopathic Repertory and Case Taking	1	2
(4)	Homoeopathic Pharmacy	1	2
(5)	Practice of Medicine	1	2
(6)	Pediatrics	1	2
(7)	Psychiatry	1	2
(8)	Community Medicine	1	2
(9)	Dermatology	1	2
(10)	Research Methodology and Biostatistics	1	1

(2) One Full-time Statistical Assistant shall be appointed to assist the teachers and students for statistical analysis.

16. Departments and their specific requirements. – (1) Department of Homoeopathic Materia Medica,—
- Medical institution shall provide at least ninety square meter area in addition to the area which is provided for undergraduate course for each Department as required. The space for post-graduate student discussion rooms, post-graduate teaching faculty room and departmental library shall be available with the provision of audio-visual facilities.
 - High speed internet facility shall be available for good connectivity during online sessions.
 - Two cupboards for storage of departmental books and booklist as specified in separately notified post-graduate curriculum. E-Library subscription is mandatory for each student.
 - There shall be minimum two Associate Professor and one Professor in the Department or additional faculty of higher cadre shall be considered against the lower cadre faculty.
 - One non-technical staff such as Assistant or Attendant shall be available.
 - Equipment and material shall be as per following table:-

Table

S. No.	Equipment and Materials	Quantity
(1)	Desktop or Laptop	2
(2)	Liquid-crystal display Projector	01
(3)	Round or Center table (for good seating arrangements)	01
(4)	Chairs	20
(5)	Notice board	01
(6)	External hard disc	01
(7)	Charts or Electronic Display	15
(8)	Books	5 sets
(9)	X- Ray View Box	01
(10)	Poster presentations on Dissertations	Dissertations of last three academic years

(g) List of Charts or Electronic Display,–

- (i) Science and Philosophy of Homoeopathic Materia Medica;
- (ii) Different approaches to study Homoeopathic Materia Medica;
- (iii) Periodic table;
- (iv) Pictorial – Three polychrest – one each from Plant, Animal, Mineral kingdom;
- (v) Nodoses – Any two medicines;
- (vi) Sarcodes-One medicine;
- (vii) Group symptoms or study – Three groups ;
- (viii) Therapeutic of any three illness.

(2) Department of Organon of Medicine and Homoeopathic Philosophy,-

- (a) Medical institution shall provide at least ninety square meter in addition to the area which is provided for under-graduate course. The space for post- graduate students' discussion rooms, post-graduate teaching faculty room and departmental library shall be available with the provision of audio-visual facilities.
- (b) High-speed internet facilities shall be available for good connectivity during online sessions.
- (c) Two cupboards for storage of departmental books and booklist as specified in separately notified post-graduate curriculum. E-Library subscription is mandatory for each student.
- (d) There shall be minimum two Associate Professor and one Professor in the Department or additional faculty of higher cadre shall be considered against the lower cadre faculty.
- (e) One non-technical staff such as assistant or attendant shall be available.
- (f) Equipment and materials shall be as per the Table given below :–

Table

S. No.	Equipment and Materials	Quantity
(1)	Desktop or Laptop	2
(2)	Liquid-crystal display Projector	01
(3)	Round or Center table (for good seating arrangements)	01
(4)	Chairs	20
(5)	Notice board	01
(6)	External hard disc	01
(7)	Charts or Electronic	15

	Display	
(8)	Books	5 sets
(9)	X- Ray View Box	01
(10)	Poster presentations on Dissertations	Dissertations of last three academic years

(g) List of Charts or Electronic Display,—

- (i) Different philosophies;
- (ii) Case Taking;
- (iii) Classification of disease;
- (iv) Ground plan of Organon;
- (v) Cardinal principles of homoeopathy;
- (vi) Concept of disease evolution;
- (vii) Different edition of Organon of Medicine;
- (viii) Disease Phenomenon-Miasmas-psora, sycosis, tubercular, syphilis;
- (ix) Causation of disease;
- (x) Hahnemannian Concept of Man;
- (xi) Display on posology;
- (xii) Assessment of susceptibility;
- (xiii) Evaluation of symptoms by C.Von.Beonninghausen;
- (xiv) Evaluation of symptoms by J.T.Kent; and
- (xv) Evaluation of symptoms by C.M. Boger.

(3) Department of homoeopathic repertory and case taking,-

- (a) Medical institution shall provide at least ninety square meter area including in addition to the area which is provided for under-graduate course. Space for post-graduate students' discussion rooms, post- graduate, teaching faculty room and departmental library shall be available with the provision of audio-visual facilities.
- (b) High speed internet facility shall be available for good connectivity during online sessions.
- (c) Two cupboards for storage of departmental books and booklist shall be as specified in separately notified post-graduate curriculum. Card repertory or model may be available for demonstration and discussion. E-Library subscription is mandatory for each student.
- (d) There shall be minimum two Associate Professor and one Professor in the Department or additional faculty of higher cadre shall be considered against the lower cadre faculty.
- (e) One non-technical staff such as Assistant or Attendant shall be available.
- (f) Equipment and Materials shall be as per the Table given below :-

Table

S. No.	Equipment and Material	Quantity
(1)	Desktop or Laptop	5
(2)	Liquid-crystal display Projector	01

(3)	Round or Center table	01
(4)	Chairs	20
(5)	Notice board	01
(6)	External hard disk	01
(7)	Charts or Electronic Display	15
(8)	Homoeopathic Repertory Software (Preferably multiuser)	5
(9)	X- Ray View Box	01
(10)	Poster presentations on Dissertations	Dissertations of last three academic years
(11)	Books	5 sets

(g) List of Charts or Electronic Display,—

- (i) Evolution of Repertories;
- (ii) Repertorial approaches- J.T.Kent;
- (iii) Repertorial approaches -C.Von.Boenninghausen;
- (iv) Repertorial approaches –C.M.Boger;
- (v) Concept of Key note Symptoms;
- (vi) Non reportorial approach – Structurisation;
- (vii) Card Repertories;
- (viii) Repertorial syndrome and Potential differential field;
- (ix) Meaning of Rubric and Sub Rubric;
- (x) General concepts of Repertorisation;
- (xi) Repertory and Repertorisation;
- (xii) Regional Repertories;
- (xiii) Computer Software;
- (xiv) Case- Taking and Repertory;
- (xv) Analysis and Evaluation of Symptoms;
- (xvi) Classification of repertory.

(4) Department of homoeopathic pharmacy,—

- (a) Medical institution shall provide at least ninety square meter area including the space for post-graduate students' discussion rooms, post- graduate, teaching faculty room and departmental library shall be available with the provision of audio-visual facilities.
- (b) High speed internet facility shall be available for good connectivity during online sessions.
- (c) Two cupboards for storage of departmental books and booklist as specified in separately notified in the post-graduate curriculum. E- Library subscription is mandatory for each student.
- (d) There shall be minimum two Associate Professor and one Professor in the Department or

additional faculty of higher cadre shall be considered against the lower cadre faculty.

(e) One non-technical staff such as Assistant or Attendant shall be available.

(f) Equipment and Materials shall be as per the Table given below :-

Table

S.No.	Equipment and Material	Quantity
(1)	Desktop or Laptop	2
(2)	Liquid-crystal display Projector	01
(3)	Round or Center table (for good seating arrangements)	01
(4)	Chairs	20
(5)	Notice board	01
(6)	External hard disc	01
(7)	Charts or Electronic Display	16
(8)	Herbarium sheets	20
(9)	X Ray View Box	01
(10)	Poster presentations on Dissertations	Dissertations of last three academic years
(11)	Books	5 sets

(g) List of Charts or Electronic Displays,—

- (i) Homoeopathic Pharmacopoeia;
- (ii) Standardisation of drugs – Organoleptic evaluation;
- (iii) Standardisation of drugs – Microscopic evaluation;
- (iv) Standardisation of drugs – Physical evaluation;
- (v) Standardisation of drugs – Chemical evaluation;
- (vi) Standardisation of drugs – Biological evaluation;
- (vii) Preservation of drugs and potencies;
- (viii) Preparation of Homoeopathic drugs – Hahnemannian method;
- (ix) Preparation of Homoeopathic drugs – New method;
- (x) Scales of potentiation;
- (xi) Methods of potentiation;
- (xii) Principles of posology;
- (xiii) Pharmaconomy;
- (xiv) Homoeopathic pharmacy acts and rules;
- (xv) Various types of drug actions;
- (xvi) Indian medicines and their local names.

(h) Relevant Drug Act Laws and legislations shall be kept in every medical institution.

(5) Department of practice of medicine,—

- (a) Medical institution shall provide at least ninety square meter area including the space for post-graduate students' discussion rooms, post-graduate, teaching faculty room and departmental library with the provision of audio-visual facilities.
- (b) High-speed internet facilities shall be available for good connectivity during online sessions.

- (c) Two cupboards for storage of departmental books and booklist as specified in separately notified post-graduate curriculum. E-Library subscription is mandatory for each student.
- (d) There shall be minimum two Associate Professor and one Professor in the Department or additional faculty of higher cadre shall be considered against the lower cadre faculty.
- (e) One non-technical staff such as Assistant or Attendant shall be available.
- (f) Equipment and Materials shall be as per the Table given below:-

Table

S. No.	Equipment and Materials	Quantity
(1)	Desktop or Laptop	2
(2)	Liquid-crystal display Projector	01
(3)	Round or Center table (for good seating arrangements)	01
(4)	Chairs	20
(5)	Notice board	01
(6)	External hard disc	01
(7)	Charts or Electronic Display	15
(8)	Medical equipment for clinical training	As per requirement
(9)	X- Ray View Box	01
(10)	Books	5 sets
(11)	Poster presentations on Dissertations	Dissertations of last three academic years

(g) List of Charts or Electronic Display,–

- (i) Peripheral Nerve Evaluation axis and its components;
- (ii) Bronchopulmonary Sequestration model and concept of Causation;
- (iii) Dermatomes and peripheral Nerve supply ;
- (iv) Susceptibility and various parameters;
- (v) Hormonal Assay and its interpretation;
- (vi) American association of Rheumatology criteria of diagnosis of Rheumatoid Arthritis;
- (vii) Abnormal electrocardiogram findings in various Cardiovascular pathologies;
- (viii) Miasm and its characteristic expressions;
- (ix) World Health Classification of Diabetes Mellitus;
- (x) Primary and secondary skin lesions;
- (xi) Difference between Cardiac and respiratory dyspnea;
- (xii) Types of hypersensitivity Reactions;
- (xiii) Materia medica therapeutics of Renal colic;
- (xiv) Materia medica therapeutics of Dyspnea;
- (xv) Materia medica therapeutics of fever.

(6) Department of pediatrics,–

- (a) Medical institution shall provide at least ninety square meter area including the space for post-graduate students, discussion rooms, post-graduate teaching faculty room and departmental library with the provision of audio- visual facilities.
- (b) High-speed internet facilities shall be available for good connectivity during online sessions.
- (c) Two cupboards for storage of departmental books and booklist as mentioned in separately

notified post-graduate curriculum. E-Library subscription is mandatory for each student.

- (d) There shall be minimum two Associate Professor and one Professor in the Department or additional faculty of higher cadre shall be considered against the lower cadre faculty.
- (e) One non-technical staff such as Assistant or Attendant shall be available.
- (f) Equipment and Materials shall be as per the Table given below:-

Table

S. No.	Equipment and Materials	Quantity
(1)	Desktop or Laptop	2
(2)	Liquid-crystal display Projector	01
(3)	Round or Center table (for good seating arrangements)	01
(4)	Chairs	20
(5)	Notice board	01
(6)	External hard disc	01
(7)	Charts or Electronic Display	13
(8)	Medical instruments and equipment for clinical training in pediatrics	As per requirement
(9)	X -Ray View Box	01
(10)	Books	5 sets
(11)	Poster presentations on Dissertations	Dissertations of last three academic years

(g) List of Models and Charts or Electronic Display,—

(i) Models:-

- (a) Breast model;
- (b) Nutrition model;
- (c) Developmental model;
- (d) Training mannequins or dummies;
- (e) Mannequins or dummies for training - Cardiopulmonary resuscitation, Intravenous cannula insertion.

(ii) Charts or Electronic Display:—

- (a) Common deficiency Charts or Electronic Display – macro and micronutrients – protein energy malnutrition, obesity, rickets, scurvy;
- (b) Complementary feeding chart;
- (c) Common congenital anomalies chart with images;
- (d) Pedigree chart ;
- (e) World Health Organisation growth Charts or Electronic Display;
- (f) Appearance, Pulse, Grimace, activity, and respiration score;
- (g) Grades of dehydration;
- (h) Grades of dyspnea;
- (i) Electrolyte imbalance;
- (j) Common anthropometry formulae in Pediatrics;

- (k) Common constitutional remedy pictures of children with indications of any three;
- (l) Common disease conditions in children with images – measles, chicken pox, mumps, worm infestation, diarrheal diseases, etc. with Homoeopathic therapeutics of two;
- (m) Two clinical conditions with detail clinicopathological representation and evolution.

(7) Department of psychiatry,–

- (a) Medical institution shall provide at least ninety square meter area including the space for post-graduate students' discussion rooms, post-graduate teaching faculty room and departmental library with the provision of audio- visual facilities.
- (b) High speed internet facility shall be available for good connectivity during online sessions.
- (c) Two cupboards for storage of departmental books and booklist as mentioned in separately notified post-graduate Curriculum. E-Library subscription is mandatory for each student.
- (d) There shall be minimum two Associate Professor and one Professor in the Department or additional faculty of higher cadre shall be considered against the lower cadre faculty.
- (e) One non-technical staff such as Assistant or Attendant shall be available.
- (f) Equipment and Materials shall be as per the Table given below:-

Table

S. No.	Equipment and Materials	Quantity
(1)	Desktop or Laptop	2
(2)	Liquid-crystal display Projector	01
(3)	Round or Center table (for good seating arrangements)	01
(4)	Chairs	20
(5)	Notice board	01
(6)	External hard disc	01
(7)	Charts or Electronic Display	15
(8)	X-Ray View Box	01
(9)	Psychometric assessment tool → 1. Tests for intelligence- Wechsler Intelligence Scale for Children 2. Tests for social quotient – Vineland Social Maturity Scales 3. Objective personality tests (a) Millon Clinical Multiaxial Inventory (b) Minnesota Multiphasic Personality Inventory 4. Projective tests (a) Rorschach test	

	(b) Turnaround time (c) Computerized axial tomography 5.Rating scales: The types and their uses	
(10)	Books	5 sets
(11)	Poster presentations on Dissertations	Dissertations of last three academic years

(g) List of Charts or Electronic Display,—

- (i) Brain structure and its function;
- (ii) Models of mental health;
- (iii) Sullivan's theory of interpersonal relationships;
- (iv) Chart displaying the Hahnemannian classification of mental diseases;
- (v) Modern classification of mental illness;
- (vi) Cluster classification of personality disorders;
- (vii) Various psychometric tests for discussion and learning related to cognitive, emotional or personality evaluations;
- (viii) Mental Status Examination;
- (ix) Mini Mental Status Examination;
- (x) Cognition Conation and Affect;
- (xi) Classification and expressions of anxiety disorders;
- (xii) Psychosexual and psycho-social development (comparison);
- (xiii) Child psychiatry clinical conditions;
- (xiv) Affective disorders and their classification;
- (xv) Schizophrenia spectrum disorders;
- (xvi) Model (any two) -
 - (a) Maslow's model;
 - (b) Ericksons psychosocial model;
 - (c) Jean piagets theory of cognitive development.

(8) Department of community medicine,—

- (a) Medical institution shall provide at least ninety square meter area including the space for post-graduate students' discussion rooms, post-graduate teaching faculty room and departmental library with the provision of audio-visual facilities.
- (b) High-speed internet facilities shall be available for good connectivity during online sessions.
- (c) Two cupboards for storage of departmental books and booklist as mentioned in separately notified post-graduate curriculum. E-Library subscription is mandatory for each student.
- (d) There shall be minimum two Associate Professor and one Professor in the Department or additional faculty of higher cadre shall be considered against the lower cadre faculty.
- (e) One non-technical staff such as Assistant or Attendant shall be available.
- (f) Equipment and Materials shall be as per the Table given below:-

Table

S. No	Equipment and Materials	Quantity
(1)	Desktop or Laptop	5
(2)	Liquid-crystal display	01

	Projector	
(3)	Round or Center table (for good seating arrangements)	01
(4)	Chairs	20
(5)	Notice board	01
(6)	External hard disc	01
(7)	Charts or Electronic Display	16
(8)	X- Ray View Box	01
(9)	Books	5 sets
(10)	Poster presentation on Dissertations	As available

(g) List of Charts or Electronic Display and diagrams,—

- (i) Concept of health and disease;
- (ii) Epidemiology of communicable diseases;
- (iii) Immunization and immunization schedule;
- (iv) Homoeoprophylaxis;
- (v) Demography and family planning;
- (vi) Health information and biostatistics;
- (vii) Diet, nutrition and nutritional problems and programme;
- (viii) National health programmes;
- (ix) International health agencies;
- (x) Water and sewage treatment;
- (xi) Medical entomology;
- (xii) Occupational health;
- (xiii) Smoking, alcoholism and drug addiction;
- (xiv) Health administration and health care delivery system;
- (xv) Screening of diseases;
- (xvi) Other material concerning communicable diseases, diet, prophylactics, national health programs.

(9) Department of dermatology,—

- (a) Medical institution shall provide at least ninety square meter area including the space for post-graduate students' discussion rooms, post-graduate teaching faculty room and departmental library with the provision of audio-visual facilities.
- (b) High-speed internet facilities shall be available for good connectivity during online sessions.
- (c) Two cupboards for storage of departmental books and booklist as mentioned in separately notified post-graduate curriculum. E-Library subscription is mandatory for each student.
- (d) There shall be minimum two Associate Professor and one Professor in the Department or additional faculty of higher cadre shall be considered against the lower cadre faculty.
- (e) One non-technical staff such as Assistant or Attendant shall be available.
- (f) Equipment and Materials shall be as per the Table given below:-

Table

S. No.	Equipment and Material	Quantity
(1)	Desktop or Laptop	2
(2)	Liquid-crystal display Projector	01
(3)	Round or Center table (for Good seating arrangements)	01
(4)	Chairs	20
(5)	Notice board	01
(6)	External hard disc	01
(7)	Charts or Electronic Display	13
(8)	Slides	30 Clinical conditions (most common)
(9)	X- Ray View Box	01
(10)	Books	5 sets
(11)	Poster presentations on Dissertations	As available

(g) List of Charts or Electronic Display or Albums in Department,—

- (i) Alopecia areata;
- (ii) Warts;
- (iii) Atopic dermatitis Eczema and its types;
- (iv) Pemphigus;
- (v) Leukoplakia;
- (vi) Molluscum contagiosa;
- (vii) Psoriasis;
- (viii) Scabies;
- (ix) Tinea cruris;
- (x) Lichen planus;
- (xi) Urticaria;
- (xii) Vitiligo;
- (xiii) Seborrheic dermatitis.

(10) Department of research methodology and biostatistics,—

- (a) Medical institution shall provide at least ninety square meter for this Department. The space for the teaching faculty room and departmental library shall be available with the provision of audio-visual facilities. A well-equipped central research facility shall be provided that can be shared by different departments. High-speed internet facilities shall be available for good connectivity during online sessions.
- (b) One cupboard for Storage of departmental books and booklist shall be as mentioned in separately notified post-graduate curriculum. E-Library subscription is mandatory for each student.
- (c) There shall be one Associate Professor and one Professor in the Department.
- (d) Equipment and Materials shall be as per the Table given below:-

Table

S. No.	Equipment and Material	Quantity
(1)	Desktop or Laptop	1
(2)	Liquid-crystal display Projector	01
(3)	Round or Center table (for good seating arrangements)	01
(4)	Chairs	10
(5)	Notice board	01
(6)	External hard disc	01
(7)	Charts or Electronic Display	05
(8)	Books	5 sets of books, each on Research methodology and Biostatistics.

(e) List of Charts or Electronic Display,—

- (i) Case report guidelines check list;
- (ii) International Standards for Clinical Trial Registries;
- (iii) Clinical study Reports;
- (iv) Good Clinical Practices for homoeopathy;
- (v) Pharmacovigilance.

17. Teaching and Non-teaching Staff.— (1) Salary of teaching staff shall be as specified in the National Commission for Homoeopathy (Minimum Essential Standards for Homoeopathic Colleges and Attached Hospitals) Regulations, 2024.

(2) Qualifications for non-teaching and hospital staffs of post-graduate homoeopathic college and attached hospital shall be as specified in the Third Schedule of the National Commission for Homoeopathy (Minimum Essential Standards for Homoeopathic Colleges and Attached Hospitals) Regulations, 2024.

(3) The following general provisions shall be applicable for appointment of teaching staff, namely:—

- (a) The teaching experience in the concerned subject of persons appointed as regular teaching staff in the colleges, fulfilling the concerned prescribed regulation, prior to notification of these regulations, shall be taken into consideration for appointment of teaching staff as specified in these regulations.

Explanation— For the purposes of this regulation, teaching experience of a teacher in a subject in which he is appointed shall be the teaching experience counted for that subject only.

- (b) Recognised post-graduate qualifications shall be obtained before the age of forty-five years for the appointment of teaching staff:

Provided that this age criteria of forty-five years shall not be applicable to the existing staff appointed prior to notification of these regulations.

- (c) Teaching experience counted shall be in a recognised Homoeopathic Medical College or Medical Institution.

(4) Qualifications for Teaching Staff of post-graduate medical institution shall be as follows, namely:—

1. PROFESSOR:— Homoeopathic subjects namely, Homoeopathic Materia Medica, Organon of Medicine and Homoeopathic Philosophy, Homoeopathic Pharmacy and Homoeopathic Repertory and Case taking,—

(A) Essential qualifications : The candidate,—

- (i) must possess recognised post-graduate qualification in homoeopathy with not less than five years of teaching experience in the subject concerned as an Associate Professor or

not less than ten years of regular teaching experience in the subject concerned in a recognised homoeopathic medical institution;

- (ii) must have published two original publications as Principal author or Co-author in indexed or peer reviewed journal.

(B) Desirable qualifications : The candidate may have,—

- (i) experience of not less than five years as supervisor or guide for post-graduate programme in Homoeopathy; or
- (ii) administrative experience of not less than three years in a homoeopathic medical college or hospital; or
- (iii) research experience in a research institution recognised by the University concerned and or the State Government or the Central Government, or in a project registered with Clinical Trial Registry -India.

2. PROFESSOR:- Practice of Medicine, Pediatrics, Psychiatry, Community medicine and Dermatology,—

(A) Essential qualification: The candidate,—

- (i) must possess recognised post-graduate qualification in homoeopathy with not less than five years of teaching experience in the subject concerned as an Associate Professor or not less than ten years of regular teaching experience in the subject concerned in a recognised homoeopathic medical institution of degree level or teachers holding above mentioned experience in the Department of Practice of Medicine shall be considered for appointment in the Department of Dermatology for a period of ten years from the date of publication of this regulation; or

post-graduate Medical Degree in the subject concerned recognised by the Medical Council of India or National Medical Commission with five years of teaching experience as Associate Professor in the subject concerned or ten years of regular teaching experience in the subject concerned in a Homoeopathic College or in a medical college permitted by the State or the Central Government; and

- (ii) having minimum two publications as Principal or Co-author in an indexed or peer-reviewed journal.

(B) Desirable qualification : The candidate may have,—

- (i) experience of not less than five years as supervisor or guide for post- graduate programme in Homoeopathy; or
- (ii) administrative experience of not less than three years in a homoeopathic medical college or hospital; or
- (iii) research experience in a research institution recognised by the University concerned and or the State Government or the Central Government, or in a project registered with Clinical Trial Registry -India.

3. PROFESSOR: Research Methodology and Biostatistics,—

(A) Essential qualification: The candidate,—

must possess recognised post-graduate qualification in homoeopathy with not less than five years of teaching experience in the subject concerned as an Associate Professor or not less than ten years of regular teaching experience in the subject concerned in a recognised homoeopathic medical institution and having minimum two publications as Principal or Co-author in an indexed or peer-reviewed journal; or

post-graduate degree in Medical Statistics or Biostatistics or Epidemiology or other relevant discipline of Research Methodology or Medical statistics with ten years of full time research experience in regular service in group “A” post in research institution recognised by the concerned University or the State Government or the Central Government or Union territory Administration and having at least four original publications as Principal or Co-author in an indexed or peer-reviewed journal and having qualified National Teachers Eligibility Test from the date it is operational.

(B) Desirable qualification: The candidate may have,—

- (i) experience of not less than five years as supervisor or guide for post-graduate programme in

Homoeopathy; or

- (ii) administrative experience of not less than three years in a homoeopathic medical college or hospital; or
- (iii) research experience in a research institution recognized by the University concerned and or the State Government or the Central Government, Union territory Administration or in a project registered with Clinical Trial Registry -India.

4. ASSOCIATE PROFESSOR: Homoeopathic philosophy, Homoeopathic Materia Medica, Homoeopathic Pharmacy and Homoeopathic Repertory,—

(A) Essential qualifications: The candidate shall have,—

recognised post-graduate qualification in homoeopathy with not less than five years of teaching experience in the subject concerned in a recognised homoeopathic medical institution. Must have published at least one publication as principal or co-author in indexed or peer reviewed journal; or

recognised post-graduate qualification in Homoeopathy in subject concerned with not less than five years of full time research experience in Teaching Institution or in Research Councils of the Central Government or the State Government or Union territory Administration or University or National Institutions with at least three publication in indexed or peer reviewed journal and qualified National Teachers Eligibility Test conducted by the Commission; or

must have not less than five years of experience in regular service, after acquiring post-graduate qualification in concerned subject in the Central Government Health Services or the State Government health Services, Ministry of Ayush or full time five year of experience as medical officer in regular service after acquiring post-graduate qualification in the concerned subject in recognised Homoeopathy Medical Institute and having qualified National Teachers Eligibility test conducted by the Commission.

(B) Desirable qualifications: The candidate may have,—

- (i) experience of not less than three years as supervisor or co-supervisor or guide or co-guide for Post-graduate course in homoeopathy; or
- (ii) research experience in a research institution recognised by the University concerned or the State Government or Central Government or Union territory Administration or in a project registered with Clinical Trials Registry-India.

5. ASSOCIATE PROFESSOR : Practice of Medicine and Community medicines,—

(A) Essential qualification : The candidate shall have,—

recognised post-graduate qualification in homoeopathy with not less than five years of teaching experience in the subject concerned in a recognised homoeopathic medical institution and must have published at least one publication as principal or co-author in indexed or peer reviewed journal; or

post-graduate medical degree in the subject concerned recognised by the Medical Council of India or National Medical Commission with five years of teaching experience in the subject concerned in a Homoeopathic Medical institution of degree level or in a medical college permitted by the Central Government or National Medical Commission and having minimum one publication as Principal or Co-author in an indexed or peer reviewed journal; or

recognised post-graduate qualification in Homoeopathy in subject concerned with not less than five years of full time research experience in Teaching Institution or in Research Councils of the Central Government or State Government or Union territory Administration or University or National Institutions with at least three publication in indexed or peer reviewed journal and qualified National Teachers Eligibility Test conducted by the Commission; or

must have not less than five years of experience in regular service, after acquiring post-graduate qualification in subject concerned in the Central Government Health Services or the State Government health Services, Ministry of Ayush or full time five year of experience as medical officer in regular service after acquiring post- graduate qualification in the concerned subject in recognised Homoeopathy Medical Institute and having qualified National Teachers Eligibility test conducted by the Commission.

(B) Desirable qualification: The candidate may have,—

- (i) experience of not less than three years as supervisor or co-supervisor or guide or co-guide for post-graduate course in homoeopathy; or
- (ii) research experience in a research institution recognised by the University concerned or the State Government or the Central Government or Union territory Administration or in a project registered with Clinical Trials Registry-India.

6. ASSOCIATE PROFESSOR: Dermatology, Pediatrics and Psychiatry,—

(A) Essential qualification: The candidate shall have,—

recognised post-graduate qualification in Homoeopathy with not less than five years of teaching experience in the subject concerned in a Homoeopathic Medical institution of degree level and having minimum one publication as Principal or Co- author in an indexed or peer-reviewed journal or teachers holding post-graduate degree in practice of medicines and five years of teaching experience in the Department of practice of medicine shall also be considered for appointment in the Department of Dermatology or Pediatrics or Psychiatry for a period of ten years from the date of publication of this notification; or

post-graduate medical degree in the subject concerned recognised by the Medical Council of India or National Medical Commission with not less than five years of teaching experience in the subject concerned in a Homoeopathic Medical institution of degree level or in a medical college permitted by the Central Government or National Medical Commission and having minimum one publication as Principal or Co-author in an indexed or peer reviewed journal; or

recognised post-graduate qualification in Homoeopathy in subject concerned with not less than five years of fulltime research experience in Teaching Institution or in Research Councils of the Central Government or the State Government or the Union territory Administration or University or National Institutions with at least three publications as Principal or Co-author in an indexed or peer reviewed journal and qualified National Teachers Eligibility Test from the date it is operational; or

must have not less than five years of experience in regular service (after possessing post-graduate qualification in the subject concerned) in the Central Government Health Services or the State Government Health services, Ministry of Ayush, or not less than five years of experience as fulltime medical officer (after possessing post-graduate qualification in the concerned subject) in a recognised Homoeopathy Medical College and having minimum three publication as Principal or Co-author in an indexed or peer-reviewed journal and qualified National Teachers Eligibility Test from the date it is operational.

(B) Desirable qualification: The candidate may have,—

- (i) experience of not less than three years as supervisor or co-supervisor or guide or co-guide for post-graduate course in homoeopathy; or
- (ii) research experience in a research institution recognised by the University concerned or the State Government or the Central Government or Union territory Administration or in a project registered with Clinical Trials Registry-India.

7. ASSOCIATE PROFESSOR: Research Methodology and Biostatistics,—

(A) Essential qualification: The candidate shall have,—

recognised post-graduate qualification in Homoeopathy with not less than five years of teaching experience in a Homoeopathic Medical College and has additionally taught research methodology and has at least one publication as Principal or Co-author in an indexed or peer-reviewed journal; or

recognised post-graduate qualification in Homoeopathy or post-graduate degree in Medical Statistics or Biostatistics or Epidemiology or other relevant discipline of Research Methodology or Medical statistics with not less than five years of fulltime research experience in Teaching Institution or in a research institution recognised by the University concerned or the State Government or the Central Government or Union territory Administration with at least four original publications as Principal or Co-author in an indexed or peer reviewed journals and having qualified National Teachers Eligibility Test from the date it is operational.

(B) Desirable qualification: The candidate may have,—

- (i) experience of not less than three years as supervisor or co-supervisor or guide or co-guide for post-graduate course in homoeopathy; or

- (ii) research experience in a research institution recognised by the University concerned or the State Government or the Central Government or Union territory Administration or in a project registered with Clinical Trials Registry-India.

Dr. TARKESHWAR JAIN, President

[ADVT.-III/4/Exty./843/2023-24]

Appendix A

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

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

1. Physical disability-

- (a) Locomotor disability (a person’s inability to execute distinctive activities associated with movement of self and objects resulting from affliction of musculoskeletal or nervous system or both), including-

(i) “Leprosy cured person” means a person who has been cured of leprosy but is suffering from-

- (a) Loss of sensation in hands or feet as well as loss of sensation and paresis in the eye and eye-lid but with no manifest deformity;
- (b) Manifest deformity and paresis but having sufficient mobility in their hands and feet to enable them to engage in normal economic activity;
- (c) Extreme physical deformity as well as advanced age which prevents him/her from undertaking any gainful occupation, and the expression “leprosy cured” shall construed accordingly.

(ii) “Cerebral palsy” means a group of non-progressive neurological condition affecting body movements and muscle coordination, caused by damage to one or more specific areas of the brain, usually occurring before, during or shortly after birth.

(iii) “Dwarfism” means a medical or genetic condition resulting in an adult height of 4 feet 10 inches (147 centimeters) or less.

(iv) “Muscular dystrophy” means a group of hereditary genetic muscle disease that weakens the muscles that move the human body and persons with multiple dystrophy have incorrect and missing information in their genes, which prevents them from making the proteins they need for health of muscles. It is characterized by progressive skeletal muscle weakness, defects in muscle proteins, and the death of muscle cells and tissues.

(v) “Acid attack victim” means a person disfigured due to violent assaults by throwing acid or similar corrosive substance.

(b) Visual impairment-

(i) “blindness” means a condition where a person has any of the following conditions, after best correction-

- (a) Total absence of sight, or
- (b) Visual acuity less than 3/60 or less than 10/200 (Snellen) in the better eye with best possible correction, or
- (c) Limitation of the field of vision subtending an angle of less than 10 degree.

(ii) “Low-vision” means a condition where a person has any of the following conditions, namely:-

- (a) Visual acuity not exceeding 6/18 or less than 20/60 up to 3/60 or up to 10/200 (Snellen) in the better eye with best possible corrections; or
- (b) Limitation of the field of vision subtending an angle of less than 40 degree up to 10 degree.

(c) Hearing impairment-

(i) “Deaf” means persons having 70 decibels hearing loss in speech frequencies in both ears;

(ii) “Hard of hearing” means person having 60 decibels 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, characterised 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 characterised by reduced or absence of hemoglobin.
 - (iii) “Sickle cell disease” means a hemolytic disorder characterised by chronic anaemia, painful events, and various complications due to associated tissue and organ damage “Hemolytic” refers to the destruction of cell membrane of red blood cells resulting in the release of hemoglobin,
 4. Multiple Disabilities (more than one of the above specified disabilities) including deaf, blindness which means a condition in which a person may have combination of hearing and visual impairments causing severe communication, developmental, and educational problems.
 5. Any other category as may be notified by the Central Government from time to time.

Appendix B

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

Guidelines regarding admission of students, with “Specified Disabilities” under the Rights of Persons with Disabilities Act, 2016 (49 of 2016), in Homoeopathy Post-Graduate Degree Course- Doctor of Medicine in Homoeopathy.

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

- (4) The term 'Persons with Disabilities' shall be used instead of the term 'Physically Handicapped'.

TABLE

Serial Number	Disability Category	Type of Disabilities	Specified Disability	Disability Range		
				(5)		
(1)	(2)	(3)	(4)	Eligible for Homoeopathy Post-Graduate Degree Course- Doctor of Medicine in	Eligible for Homoeopathy Post-Graduate Degree Course- Doctor of Medicine in	Not Eligible for Course
				Homoeopathy,	Homoeopathy,	
				Not Eligible for Persons with Disabilities Quota	Eligible for Persons with Disabilities Quota	

2.	Intellectual disability		(a) Specific learning disabilities (Perceptual disabilities, Dyslexia, Dyscalculia, Dyspraxia And Developmental aphasia)#	# Currently there is no quantification scale available to assess the severity of Specific Learning Disability; 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 or assisted technology or aids or infrastructural changes by the expert panel.	
			(b) Autism spectrum disorders	Absence or Mild Disability, Asperser syndrome (disability of 40-60% as per ISAA) where the individual is deemed fit for	Currently, not recommended due to lack of objective method. However, the benefit of reservation or quota may be considered in future after developing better	Equal to or more than 60% disability or presence of cognitive or intellectual disability and or if the person is

				Homoeopathy Post- Graduate Degree Course- Doctor of Medicine in Homoeopathy course by an expert panel	methods of disability assessment.	deemed unfit for pursuing Homoeopathy Post- Graduate Degree Course- Doctor of Medicine in Homoeopathy by an expert panel.

3.	Mental Behaviour		Mental illness	Absence or mild disability: less than 40% (under IDEAS)	Currently, not recommended due to lack of objective method to establish presence and extent of mental illness. However, the benefit of reservation or quota may be considered in future after developing better methods of disability assessment.	Equal to or more than 40% disability or if the person is deemed unfit to perform his or her duties. Standards may be drafted for “fitness to practice medicine”

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 and language disability, intellectual disability, and mental illness as a component of multiple disabilities. Combining formula as notified by the related Gazette Notification issued by the Government of India: $\frac{a+b(90-a)}{90}$ (where a=higher value of disability % and b=lower value of disability % as calculated for different disabilities) is recommended for computing the disability or when more than one disabling condition is present in a given		

				individual. This formula may be used in cases with multiple disabilities, and recommendations regarding admission and or reservation made as per the specific disabilities present in a given individual

Note 1: For selection under Person with disability 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: In case of non-availability of eligible candidates in any category the unfilled seats shall be converted into the general category of All India Quota seats or State Quota seats as the case may be.

ANNEXURE**SYNOPSIS EVALUATION PROFORMA**

(See sub-regulation (1) of regulation 8)

Sl. No.	PARTICULARS OF TITLE AND SYNOPSIS SUBMITTED	
1.	College:	College Code College Name
2.	Course:	Name of the P.G Degree course along with subject or specialty
3.	Scholar:	Name of the student (first name _____ middle name _____ last name) Contact no.: email id.:
4.	Batch:	Student admitted in academic year – Date of admission (dd/mm/yyyy)
5.	Guide/Supervisor:	Name of the Guide or Supervisor: Contact no.: email id.: PG recognition status:
6.	Eligibility:	Letter of permission to the student issued by affiliating university and eligibility of the Post-graduate department. (date and reference number of letter)
7.	Research methodology workshop:	Whether attended: Yes/No If yes, date of attendance (dd/mm/yyyy) Certificate of participation attached: Yes/No
8.	Title of synopsis:	(Submitted to University)

Name of Student:**Subject specialty:****Year Of Admission:****Date of submission of synopsis:****Date of approval from Post-graduate Guide:**

Synopsis evaluation checklist for all the Homoeopathy Post-graduate Institutes to evaluate synopsis of each student in each subject specialty admitted to institute.

The compiled information of all the students is to be sent to the University for approval in the checklist as mentioned below.

SYNOPSIS EVALUATION CHECKLIST						Remark, if any
S. No.	Item	Component	Yes	No	N.A	
1.	Title	1. Clear and brief				

		2. Important variable mentioned				
		3. Patient or Participant				
		4. Intervention				
		5. Comparator				
		6. Outcome				
		7. Reflects study design				
		8. Reflects primary objectives				
		9. Includes target population				
		10. Whether the title or study has been repeated				
2.	Research Gap	1. Gaps in research done till now have been identified				
3.	Research question	1. Feasible				
4.	Hypothesis	2. Interesting				
		3. Novel				
		4. Ethical				
		5. Relevant				
		6. Socially relevant				
		1. Clearly stated				
5.	Introduction	2. Reflects relation between two or more variables				
		1. Rationale of the study				
		2. Relevant epidemiological data				
6.	Review of literature	3. Existing knowledge gaps and how to bridge such gaps				
		1. Includes recent research studies relevant to the present study				
		2. Presents knowledge gap for the stated problem				
		3. Justifies research question				
7.	Objectives:	4. References from the following sources: -Journals, Textbooks, Govt. reports, classical textbooks, reference books, databases, websites etc.				
		Meets SMART criteria?				
		Specific – target a specific area for improvement.				
		Measurable – quantity or at least suggest an indicator of progress				
		Assignable – specify who will do it				
		Realistic – state what results can				

		realistically be achieved, given available resources. Time-related – specify when the results can be achieved.				
8.	Methodology	1. Type of study design				
		2. Setting (location of study)				
		3. Duration of study				
		4. Method of selection of study subjects (eligibility criteria) - Inclusion criteria - Exclusion criteria				
		5. Method of selection of comparison or control group				
		6. Matching criteria				
		7. Operational definitions				
		8. Specification of instruments and related measurements.				
9.	Research methodology specified and explained for data collection	1. Sample size				
		2. Sampling technique				
		3. Method for data collection relevant to objectives				
		4. Study instrument or data collection tool.				
		5. Data management and analysis procedure (coding and use of computers)				
		6. Plan for statistical analysis				
10.	Ethical clearance					
11.	Reference style:	1. VANCOUVER				
12.	Annexures:	1. Case record form or Questionnaire or Performa or any other study instrument to be used in study 2. Patient's information sheet and Informed consent form (including vernacular language) 3. Abbreviation validated and authentic 4. Parameters for assessment of study outcomes. 5. Authentic documents of collaborative research work, if any (utilization of infrastructure, human				

		resources etc.) 6. Appendix 'A' (Title of Synopsis submission letter) 7. Appendix 'B' (Approval of Ethics Committee) 8. Certificate of research methodology workshop attended by student				
13.	Concluding remarks by assessor:	1. Accepted 2. Accepted with modifications. 3. Rejected				
14.	Modifications suggested:					

Signature

Date:

Name, Designation and Address of Evaluator

Competency Based Dynamic Curriculum for MD (Homoeopathy) Course

*(Applicable from Batch 2024-2025 onwards for 5 years or until further notification by
National Commission for Homoeopathy whichever is earlier)*



**HOMOEOPATHY EDUCATION BOARD
NATIONAL COMMISSION FOR HOMOEOPATHY
MINISTRY OF AYUSH, GOVERNMENT OF INDIA**

**JAWAHAR LAL NEHRU BHARTIYA CHIKITSA AVUM HOMOEOPATHY
ANUSANDHAN BHAVAN**

**No.61-65, Institutional Area, opp. 'D' block, Janak Puri,
New Delhi-110 058**

MD HOMOEOPATHY COURSE DOCUMENT

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PREFACE

In recent years, the landscape of medical education has undergone a transformative shift, moving towards competency-based frameworks that focus not just on the acquisition of knowledge but on the practical application of that knowledge in real-world clinical settings. This shift is particularly pertinent to homeopathy, a system of medicine that blends deep theoretical knowledge with the art and science of individualized patient care. As the scope and complexity of healthcare continue to evolve, it is essential for homeopathic education to embrace a model that emphasizes measurable competencies, ensuring that graduates are equipped with the skills, judgment, and professionalism needed to navigate the increasingly demanding healthcare environment.

The postgraduate level of homeopathic education represents a critical phase in the development of advanced clinical skills and specialized knowledge. As practitioners progress in their education, they must not only refine their diagnostic and therapeutic techniques but also deepen their understanding of the philosophical foundations and advanced therapeutic strategies that distinguish homeopathy as a system of medicine. At this stage, students are expected to integrate their foundational knowledge with complex clinical scenarios, demonstrating the ability to treat a wide array of cases with clinical excellence and professional maturity.

This postgraduate curriculum is designed to meet these advanced learning needs by adopting a competency-based approach that focuses on the measurable outcomes essential to safe and effective practice. The integration of *Entrustable Professional Activities* (EPAs) into the curriculum provides a practical framework to assess the readiness of postgraduate students to undertake high-level clinical responsibilities. EPAs are designed to identify specific, observable tasks—such as conducting comprehensive patient interviews, formulating personalized treatment plans, and assessing treatment progress—that, when performed successfully, indicate that the student is ready for independent, unsupervised practice.

Postgraduate students in homeopathy will be challenged to further hone their clinical reasoning, patient communication skills, and ability to integrate homeopathic principles with the wider medical context. Unlike the undergraduate stage, where foundational knowledge and basic clinical skills are developed, postgraduate education emphasizes the refinement and application of these skills in more complex, real-world situations. Students are expected to develop greater autonomy in their practice, handle intricate cases with confidence, and contribute to the growing body of knowledge in homeopathy through research, critical reflection, and continuous learning.

This curriculum provides the flexibility to address the diverse needs of postgraduate students by offering personalized learning paths and opportunities for self-directed study. Through ongoing formative assessments, direct observation, and feedback from mentors and patients, students will be guided in their development, ensuring that their clinical competencies are refined to a high standard of professional excellence. Importantly, the emphasis on continuous reflection and feedback ensures that students are not just passive recipients of knowledge but active participants in their own learning journey.

At the postgraduate level, the goal is not simply to produce knowledgeable practitioners but to cultivate homeopaths who are well-prepared to lead and innovate within the profession. These practitioners will be equipped to handle a variety of complex cases, offer integrative care, and navigate the evolving landscape of modern healthcare. By aligning the curriculum with contemporary expectations and global standards for medical education, we aim to produce homeopathic practitioners who are capable of delivering high-quality, patient-centred care while contributing meaningfully to the ongoing development and integration of homeopathy within the broader medical community.

Through this advanced, competency-based approach to postgraduate homeopathic education, we aspire to produce practitioners who are not only proficient in their technical skills but also embody the values of professionalism, ethical practice, and lifelong learning—ensuring the continued evolution and relevance of homeopathy in the 21st century.

(Dr. Tarkeshwar Jain)

President

Homoeopathy Education Board

FOREWORD

The New Education Policy (NEP) 2020 emphasizes a shift in the educational paradigm, focusing on developing critical thinking, creativity, and adaptability rather than rote memorization. This change is crucial in responding to the evolving new trends in education and health care, where learning how to learn is paramount.

Aligned with the NEP, the National Commission for Homoeopathy aims to enhance access to quality medical education, ensuring a robust supply of skilled homoeopathic professionals across the Country. The transition from traditional teaching methods to a competency-based, application-focused approach is essential, especially in medical training, which must prioritize preventive healthcare and community medicine.

The rapidly evolving landscape of healthcare demands that our medical professionals are not only well – versed in theoretical knowledge but also adopt in critical thinking, problem-solving, and innovative practices. This curriculum reflects our commitment to fostering these essential skills, ensuring that our post graduates are not just competent practitioners but also lifelong learners who can adapt to the changing needs of society.

The newly introduced post graduate curriculum for Homoeopathy education is designed to be dynamic and competency based. Its key features include:

- A foundational program to help students acclimatize to their studies.
- Common mandatory coursework for all Post graduate students.
- EPA's (Entrustable Professional Activities) is introduced to ensure the quality of training and assessment for safe healthcare activities.
- Resources for trainers to enhance learning activities.
- Supportive materials for learners to aid in instructor-led sessions and future applications.
- Guidance for understanding and completing assessments.
- Resources for self-directed learning.

Each chapter of this document is straightforward and actionable, aimed at fostering meaningful discussions and initiatives. It is hoped that educators and leaders will find this document valuable in transforming the educational landscape of homoeopathy into a more innovative and engaging model.

(Dr. Anil Khurana)
Chairperson
National Commission for Homoeopathy

ACKNOWLEDGEMENT

The formulation of the Competency-Based Dynamic Curriculum (CBDC) for Homoeopathy has been a monumental effort, made possible by the vision, leadership, and unwavering support of several distinguished individuals.

First and foremost, we extend our sincere gratitude to the **Honourable Prime Minister, Shri Narendra Modiji**, whose visionary leadership through the National Education Policy 2020 has fostered a transformative shift from knowledge-centric to competency-based education, guiding the future of our youth.

We are also deeply grateful to the **Hon'ble Minister of State for Ministry of Ayush (Independent charge), Shri. Jadhav Prataprao Ganpatrao ji**, for his proactive steps in implementing the National Education Policy within the AYUSH sector. His commitment to enhancing education in this field has been invaluable.

A special acknowledgment is due to **Secretary, Ministry of Ayush, Vaidya Shri Rajesh Kotecha ji**, whose persistent emphasis on the urgency of this reform, coupled with his direction and resource support, has enabled the transition to a Competency-Based Curriculum in Homoeopathy.

The Chairperson of the National Commission for Homoeopathy (NCH), **Dr. Anil Khurana ji**, has provided continuous monitoring and encouragement, ensuring that the steps taken in formulating and implementing the CBDC are both organized and effective. We are also thankful to all the esteemed Presidents and members of the Boards, Secretary NCH and members of the NCH, whose valuable suggestions contributed significantly to the final draft of the PG CBDC.

The **Advisory Council of the NCH** has been a strong pillar of support for the progressive changes being introduced in the Homoeopathy sector. Their guidance has been essential in the development of this curriculum.

We would like to express our gratitude to **Dr. Tarkeshwar Jain, President, Homoeopathy Education Board**, for his keen oversight of the various committees tasked with formulating the CBDC for the MD (Hom.) course. His leadership has been instrumental in ensuring that timelines and objectives were met.

We are also deeply appreciating all the subject expert after undergoing training in medical education technology, worked diligently to draft the curriculum for their respective subjects in record time.

We owe a great debt of gratitude to the CBDC core committee members, **Dr. Munir Ahmed R and Dr. Bipin Jain**, for their tireless contributions in shaping the framework of the curriculum. Their selfless dedication and countless hours of work ensured the success of this endeavour.

Additionally, our thanks go to **Dr. Vanija Sharma** for her valuable contributions to the final shaping of this document and mapping with the PG regulation.

Our sincere thanks to Dr. Sakshi Mehrotra & Dr. Rupali, former consultant for her technical and editorial assistance in refining this document, as well as to Mr. Sandeep Thakur, and the entire Homoeopathy Education Board team for their dedicated efforts in meeting every deadline throughout the process.

(Dr. Mangesh Jatkar)

Member,

Homoeopathy Education Board

LIST OF SUBJECT EXPERTS

Sl. No.	Name of Subject Expert	Designation	Institute Name	Subject
1	Dr. M. Udachankar	Professor & Principal	KLE Homeopathic Medical College, Belgavi	Materia Medica
2	Dr. Swapan Paul	Asso. Professor	National Institute of Homoeopathy, Kolkata	
3	Dr. George Mathew	Professor	Nehru Homeopathic Medical College, Delhi	
4	Dr. Heena Rawal	Professor & Principal	Ahmedabad Homoeopathic Medical College	Organon/ Homoeopathy Philosophy
5	Dr. Bipin Jethani	Professor	Nehru Homeopathic Medical College, Delhi	
6	Dr. Gobind Gupta	Assistant Prof.	National Institute of Homoeopathy, Kolkata	
7	Dr. Anoop Nigwekar	Professor	Dr. M.L. Memorial Homoeopathic Institute, Palghar	Repertory
8	Dr. Abhishek Dalmia	Professor	Homoeopathy University, Jaipur Rajasthan	
9	Dr. Maneesha V Solanki	Professor & Principal	D.S. Homeopathic Medical College, Pune	Practice of Medicine
10	Dr. Mohit Mathur	Professor	Nehru Homeopathic Medical College, Delhi	
11	Dr. N. Sugathan	Professor & Principal	Sharada Krishna Homeopathic Medical College	
12	Dr. C. P. Sharma	Professor & Principal	Bakson Homoeopathic medical College	Pharmacy
13	Dr. C. Rajamanickan	Professor	Vinayaka Mission Homoeopathic Medical College	
14	Dr. Manisha Gajendra Gadkar	Professor	Bharti Vidyapeeth Homeopathic Medical College	
15	Dr. R Bhuwaneshwari	Asso. Professor	National Homoeopathy Research Institute in Mental Health	Psychiatry
16	Dr. Kathika Chattopadhyay	Professor	Bakson Homoeopathic Medical College	
17	Dr. Girish Navada	Professor	Father Muller Homoeopathic Medical College	
18	Dr. Goda C. R.	Professor	Dr. M.L. Memorial Homoeopathic Institute, Palghar	Paediatrics
19	Dr. Praveen Jain	Practitioner	Mumbai	
20	Dr. Neeraj Tuteja	Associate Professor	SMS Govt. Medical College , Jaipur	
21	Dr. Nikita Mehta Oza	Assistant Prof.	Dr. M.L. Memorial Homoeopathic Institute, Palghar	
22	Dr. Prashant Tamboli	Professor	Dr. M.L. Memorial Homoeopathic Institute, Palghar	Research Methodology
23	Dr. Divya Taneja	Research Officer / Scientist	CCRH	
24	Dr. Subhranil Saha	Assistant Prof.	D.N.De Homoeopathic Medical college, Kolkata	

PREAMBLE

THE PURPOSE :

The National Commission for Homoeopathy (NCH), New Delhi, which is mandated by an Act of Parliament to state the quality standards for homoeopathic education across the country, and to monitor and evaluate their implementation has undertaken major revisions in the educational regulations in the past year.

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

As part of this mandate, Homoeopathy education board has devised a new curriculum to ensure that the student who completes the homoeopathic post-graduate Course grows into a specialty homoeopathic professional who is informed and can be trusted to perform with competency and deliver services as required for addressing the healthcare needs of the society and individuals. The post-graduate Course is designed and developed on the strict philosophical platform of homoeopathic science and with an inclusivity of clinical, social, psychological and ethical principles of healthcare practices, to deliver results in all aspects of health, viz. preventive promotive, curative and rehabilitative.

Postgraduate studies in homeopathic medical education assume importance to prepare the homoeopathic professionals for advanced level of thinking, reasoning, decision-making as applied to the various specialty disciplines in the practice of homoeopathy. The post-graduation experience empowers the learners to develop competencies that are consistent with the global benchmarks of healthcare services. This phase of training inspires the learners to progress and performs as consistently reliable professionals on the stated yardsticks of Course outcomes.

In the absence of a comprehensive guidance from homoeopathic academic antecedents, it is considered to draw from the recommendations of World Federation of Medical Education (WFME, 2023), the reasoning for post-graduation in medical related domain. The WFME recommends postgraduate curriculum as a managerial, ideological, and planning document that should among others, promote and define appropriate outcomes of postgraduate medical education that will have an impact on the health of patients and communities, advise the teacher and supervisor what to do to deliver the content, and support the postgraduate doctor in their task of personal and professional development, enable the responsible body to set appropriate assessments of the postgraduate doctor's achievements and implement relevant evaluations of the postgraduate medical education provision, and inform society how the Course is executing its responsibility to produce the next generation of specialised doctors appropriately .

Drawing inspiration from the globally accepted standards for post-graduate medical education, the aggregate experience and evidences of conducting postgraduate studies for almost three decades, and also embracing the emerging evidences in the domain of health professionals' education to design a futuristic and user-friendly interphase of curriculum model, the National Commission for Homoeopathy, New Delhi has sculpted contemporary paradigm of curriculum, by explicitly stating the Entrustable Professional Activities (EPAs) that are epitome of a comprehensive homeopathic specialty professional.

The essential intent of postgraduate studies in health professionals' education, and by extension into homoeopathic education is three fold – to develop competent clinicians, groom conscientious researchers, and to cultivate teachers. With this as the driving purpose, the

curriculum of MD Homoeopathy has been carefully designed to include elements of learning and assessment that support and promote the acquisition of these qualities by the end of the Course.

Since the homoeopathic post-graduation is a clinically aligned discipline, it is imperative to develop the clinical acumen and skills for homoeopathy-based healthcare practices. As there is a need for generating and validating objective evidences to support the homoeopathic clinical decisions, it is imperative to groom the post-graduates for a mindset and skillset of research that is germane for the nature of homoeopathic ideology. Further, as there is a compelling need for expanding the horizons of homoeopathic academics, and to scale the reach of homoeopathic education, there is an obligation to qualify the post-graduates also in the realm of educational methodology.

With these in the background, the Entrustable Professional Activities of MD Homoeopathy Course have been carefully devised to develop a comprehensive homoeopathic clinical professional who is also a conscientious researcher, and responsible teacher.

The thrust on research is also made imperative by the mandate of National Health Research Policy that says that the medical education system needs to develop a research culture. However, the idea and process of research has to conform with the homoeopathic principles, and at the same time, be relevant for societal benefit. To support the development of research temperament, and the requisite knowledge, ethics, and skills in a separate paper to be studied and assessed in the Part 1 of MD Homoeopathy course. The Journal Club discussions provide a fertile ground for nurturing practical and ethical dimensions of research skills.

The provision for cultivating skills of communication and teaching are built into the various formal and informal encounters that the post-graduate makes with the undergraduates, interneers, and of course the patients and their attendants. This skill is further reinforced by the checklist and rating scales for assessing teaching and communication abilities as a continuing learning and assessment activity.

For the purpose of achieving a new paradigm of homeopathic specialty professional, the NCH has already laid a solid foundation by making the undergraduate homeopathy education as a Competency-Based Dynamic Curriculum (CBDC). The elaborate exercise that was conducted both as prelude to the curriculum design, and as part of the curriculum design have shifted the aptitude and emphasis of homeopathic academics to a new direction of outcomes-based learning model. Segueing this trend into the post-graduate curriculum, attempt is made to conflate the concepts and diligence so as to create an academic document that would advance the learning from basic homoeopathic professional at the end of undergraduate Course, to a specialty homoeopathic professional, by the end of post-graduate course.

THE PROCESS :

Curriculum is the overarching course document that provides all the answers to how the course is structured and shall be implemented, what are the responsibilities and accentualities of the various stakeholders such as the apex body, university, institution, teachers, and students. Therefore, transparency in the articulation of curriculum's purpose and outcomes is a key feature for its success. In this background, there have been innumerable attempts to design a functional document that serves the purpose.

Recent history is witness to Flexner's Report that set-in motion an organised attempt for curriculum design in medical education. Though one of the drivers for Flexner's committee was an animosity for homoeopathy by the then medical establishment, even the early homoeopathic curriculum documents were patterned after his recommendations. Gradually, as the wisdom of

precision medicine and personalisation of healthcare started gaining ground, Harden proposed a SPICES model, which is a harbinger for competency and outcomes-based medical education.

As the ball set rolling, the collective efforts of national bodies such as Royal College of Physicians and Surgeons of Canada, and Accreditation Council for Graduate Medical Education of the United States, and Universities such as Case Western, McMaster, and Maastricht among other resulted in the gradual adaption of Competency Based Education, and now, the movement for Entrustable Professional Activities (EPAs).

The recent efforts by the Homoeopathy education board, National Commission for Homoeopathy, New Delhi for recasting the undergraduate curriculum as competency-based model was a courageous and successful effort. One of the key differentiators of the NCH attempt was the inclusion of faculty orientation that HEB conducted across the country. With such a commitment, the Commission took up the onerous task of redesigning the postgraduate courses on competency-based platform. This was an historic opportunity for homeopathy education to adapt the latest global model of EPAs, and design the curriculum on the new paradigm.

For achieving this, the subject-matter experts stretched an extra inch to gain insights into the principles of educational methodology as applied to homeopathic education, and related these principles to the designing of post-graduate curriculum.

These concepts were discussed in a workshop format during the two-days of interactions that enabled them to design the competency-based curriculum that is benchmarked on Entrustable Professional Activities. As a pre-workshop activity they were introduced to readings on need for faculty training in educational methodology, and components of curriculum, that is, stating learning objectives, instructional activities, and assessment methods.

The Entrustable Professional Activities (EPAs) were stated as the first step, as these would form the foundations for the curriculum design. Some of the EPAs were common across all the specialties of MD Hom course, while some were specific to the specialty.

The next step was to define the Domains of Competencies as relevant and valid for homeopathic post-graduate professional. These were stated as six dimensions – (1) Knowledge & Scholarship; (2) Patient Care; (3) Homoeopathic Orientation; (4) Communication Skills; (5) Practice Based Learning and Improvement; and (6) Professionalism. The specific indicators for these six domain competencies were also elaborated, as attached in annexure – 1.

The broad description of learning is classified under three headings – knowledge, skill, and reflection, so as to infuse clarity to outline, design and develop a performance-based model of learning and assessment for the homeopathy post graduate scholars.

Knowledge and skills are rather easy to understand; these represent the knowledge levels (lower or higher), skill is the process of performance. Reflective activity is the internal feedback that learners gain during and after the process / product of learning. This determines how strongly the learning will be anchored and the longevity of learning.

The various elements of learning are to be arranged for each topic or unit under these themes, which will help to determine the assessment parameters, and will also give clarity to learners on how they will be assessed. This exercise also helped to include the relevant and essential knowledge and skills into our syllabus and scheme of student assessment.

THE PRODUCT:

The final outcome is the curriculum document that is spread over five sections – (1) Introduction to the MD Homoeopathy Course; (2) Gazetted Regulations of MD Homoeopathy

course; (3) Speciality-wise Syllabus Documents; (4) Ethical dimensions of homoeopathic practice; and (5) Monitoring Learning Progress.

The introductory component of the document presents the Foreword to document, acknowledges the contributions by various sources, provides a preamble to the document that state the purpose of the document, explains the process that culminated in the final product, i.e., the final curriculum document. It also explains the structure of the document by describing the salient features, and concludes with a glossary of terminology that is used in the document.

The Gazetted Regulations of MD Homoeopathy are the official document as approved by the Parliament, and published in the official gazette.

Subject Speciality-wise distribution of learning outcomes, processes, and contents are elaborated for the general subjects, as well as the specialty subjects. The designing of this document follows a standard pattern as below:

1. Title of the subject / specialty
2. Executive Summary of the subject / specialty and its relevance for homeopathic postgraduate studies.
3. Course Objectives (CO) / Entrustable Professional Activities (EPA).
4. Domains of Competencies, and mapping them to the EPAs.
5. Tabulation of Semester-wise EPA distribution / Competency Attainment.
6. List of topics under each subject / specialty.
7. Outline of topics content along with statements of learning outcomes under Competencies.
8. Distribution of topics for theory-based examinations for part 1 and part 2.
9. Assessment Blueprint including Question Paper pattern, and Clinical-Based Assessment for University Examinations.
10. List of references.

The exception to this rule is the two general subjects, 'Research Methodology & Biostatistics'; and 'Fundamentals of Clinical Medicine in Homoeopathic Speciality subject / Fundamentals of Homoeopathy in Clinical speciality'. Here the EPAs are not stated because the EPAs of concerned speciality subject are overarching for these general subjects in their speciality. List of competencies however is diligently presented and elaborated in their respective syllabus.

The syllabus document has certain innovations, which merit illustration for gaining functional clarity. EPAs are similar to the COs that we have seen in the undergraduate curriculum of BHMS in the CBDC model. The singularity of EPAs is that they lend a positive assurance and confidence on the stated professional performance. The history of EPAs is seeped into the movement for Outcomes Based Education, which later transitioned as Competence Model of Education. Some EPAs are generic to the entire MD Hom Course, while some are specific to the speciality. **An example of EPAs is shown in Table –1**

Course Objectives.(Entrustable Professional Activities -EPAs)

1. Gather a homoeopathic history and perform a physical examination in various settings.
2. Obtain information for homoeopathic case management decisions through case analysis.
3. Prioritize a differential diagnosis following a clinical encounter.
4. Recommend and interpret common diagnostic screening investigations as appropriate.
5. Determine the appropriate diagnostic investigations for planning comprehensive homeopathic management.
6. Document the homoeopathic as well as clinical data and the processing of case.
7. Apply appropriate homeopathic tools for prescription and assessment of progress.

Table No. 1 – Examples of EPAs

Domains of Competencies are the dimensions that perceive a comprehensive homoeopathic professional from multiple and cross cutting angles. These are the perspectives that assert thematic professional strands that get woven to strengthen the fabric of professional performance. The six domains of competence that are identified for homeopathic practice are – (1) Knowledge & Scholarship; (2) Patient Care; (3) Homoeopathic Orientation; (4) Communication Skills; (5) Practice Based Learning and Improvement; and (6) Professionalism.

The domains of competencies shall be differentiated from the performance competencies in the syllabus. The performance competencies describe the level of capability for a particular performance. These are mapped on the Miller's Pyramid, and illustrate the incremental degrees of competency acquisition.

The EPAs are mapped for their relevance to the Domains of Competencies in a tabular form as shown in Table – 2.:

Mapping of EPAs & Domain Competencies

Sr. No	EPA	KS	PC	HO	CS	PBL	Prf
1	Gather a homoeopathic history and perform a physical examination.	√	√	√	√	√	√
2	Obtain information for homoeopathic case management decisions through case analysis.	√	-	√	√	√	-
3	Prioritize a differential diagnosis following a clinical encounter	√	√	√		√	
4	Recommend and interpret common diagnostic screening investigations as appropriate.	√	√	-	-	-	-
5	Determine the appropriate diagnostic investigations for planning comprehensive homeopathic management	√	-	√	-	√	-

KS : Knowledge & Scholarship
HO : Homoeopathic Orientation
PBL : Practice based learning

PC : Patient care
CS : Communication skills
Prf : Professionalism

Table No. 2-Mapping of EPAs and Domain Competencies

The EPAs are distributed over the longitudinal learning stages in the incremental nature of their attainment, as shown in Table – 3:

EPA Level:

1 = No permission to act

2 = Permission to act with direct, proactive supervision present in the room

3 = Permission to act with indirect supervision, not present but quickly available if needed

4 = Permission to act under distant supervision not directly available (unsupervised)

5 = Permission to provide supervision to junior trainees

EPAs	Part 1			Part 2		
	Sem / Mod 1	Sem / Mod 2	Sem / Mod 3	Sem / Mod 4	Sem / Mod 5	Sem / Mod 6
Gather a homoeopathic history and perform a physical examination	2 Documents accurately and legibly.	2 Demonstrates respect for patient privacy and autonomy	3 Communicates effectively with patient and or attendants, care givers etc.	4 Becomes aware of use of knowledge, skill and emotional limitation of self	4 Develops ability to withstand and cope up with stress	5 Works effectively in various health care settings and demonstrates application of appropriate knowledge, skill and attitude

Table No. 3- Levels of EPAs distributed over Semesters

The list of topics is provided as per Table – 4:

List of Topics

- **Hom-PG- R - 01** Concept of repertory in Homoeopathy
- **Hom-PG- R - 02** Historical evolution of Repertories
- **Hom-PG- R - 03** Terminologies
- **Hom-PG- R - 04** Symptomatology
- **Hom-PG- R - 05** Case taking in various settings and situations.
- **Hom-PG- R - 06** Analysis and evaluation of symptoms
- **Hom-PG- R - 07** Case analysis
- **Hom-PG- R - 08** Repertorisation
- **Hom-PG- R - 09** Evolution – Plan – Construction – Application of Philosophical repertories

Table No. 4- List of Topics

Topic overview for the distribution of contents under knowledge, skill, and reflection is provided as Table – 5.

Topic Overview:	This topic will provide students of MD Hom (Repertory) with an overview of the significance of repertory as credible database for shortlisting prescription possibilities.
Learning Outcomes:	Competency Hom-PG- R – 01-1: Explain the position of repertory as a database of symptoms. <u>Knowledge</u> Recall the felt need for repertory by the early stalwarts of homeopathy. Discuss the efforts of Boenninghausen for a granular indexing symptom-remedy connect. Illustrate the relationship of repertory with materia medica. <u>Skill</u> Search the relevant data to seek basis of creation of repertory. <u>Reflection</u> Recall the experience with referencing the reportorial result with materia medica before confirming the prescription. Competency Hom-PG- R – 01-2: Justify the necessity for repertory in homeopathic practice. <u>Knowledge</u> Describe repertory as a clinical decision tool. State the taxonomy of evidence for clinical decision. Discuss importance of evidence-supported decision in clinical practice. <u>Skill</u> To logically demonstrate the need of repertory <u>Reflection</u> Identify the critical incidents that supported your prescription decision to be unbiased.
Learning Methods	Brain storming / e-learning / library based / self-regulated.
Assessment:	Continuous / Programmatic assessment/Practical assessment/Written assessment/ SAQ / LAQ / Viva / Assignment
Prescribed Texts:	Refer to list attached
Domains of Competencies	Knowledge & Scholarship / Patient Care / Homoeopathic Orientation / Practice Based Learning

Table No.5- Content distribution for competencies

It is suggested that the teachers and students organise the syllabus to map the competency with the domain of competency, the performance-competency, level of performance as per Miller, the specific learning outcome, categorisation as per Bloom's Taxonomy and Guilbert's levels, Learning Methods, probable assessment approach for formative and summative, areas for reflection, and possible remediation to the stated and achieved outcomes gap. Such an exercise with the background understanding of principles of educational methodology would harmonise the mutual agreement on learning and assessment into the academic practices.

Individual methods Self-regulated, reflective, portfolio-based, library-reference-based, e-learning, simulations, spaced repetition, deliberate practice, formative self-assessment.

Peer-based methods Problem-based, case-based, journal club, seminar, symposium, group discussion, project, workshop, brainstorming, bed-side, ward rounds, out-patient based, lab-based, community postings, roleplay, flipped learning, Jigsaw method.

Chart 1: Classification of learning methods for PG level CBDC

The topics are distributed for the theory-based university examinations, so as to have clarity of assessment blueprint, as shown in Table – 6.

Content Distribution - Part I Paper I

Clinical Examination, Functional anatomy, physiology, investigations and cardinal manifestations of system under general medicine, pediatrics, psychiatry and dermatology, laboratory investigations, Evidence based medicine, application of Homoeopathic concepts with miasmatic evolution and applied Materia Medica

Sr. No	Content	Marks Allotted	Percentage (%)
1	Cardiovascular System	10/5+5	10%
2	Respiratory System	10/5+5	10%
3	Alimentary tract and pancreatic diseases & Kidney and genitourinary diseases	10/5+5	10%
4	Muskuloskeletal Disorder & Skin Disease	10/5+5	10%
5	Reproductive system and major manifestation of reproductive disease & Endocrine System and manifestation of endocrine disease	10/5+5	10%
6	Blood disorders & Pain & Fever-types, febrile patient evaluation, Pyrexia of Unknown Origin	10/5+5	10%
7	Nervous system and major manifestation of neurological disorder & Psychiatric Disorder	10/5+5	10%
8	Homoeopathic Approach and Applied Materia Medica	10+10+5+5	30%
Total		100	100%

Table-6: Theory Assessment Blueprint

Question Paper Pattern as per Table – 7a, and Clinical and Viva Assessment blueprint as per Table – 7b are illustrated with an example:

Theory Question Paper Pattern

Q. No	Marks	Content
1	20	Problem Based
2	10	LAQ
3	10	LAQ
4	10	LAQ
5	10	LAQ
6 -13	5	SAQ

Table No. 7a- QP Pattern

Clinical and Viva-voce Examination

Clinical		
1	Internal Assessment	20 Marks
2	1 Long case	50 Marks
3	1 Short case	20 Marks
4	Log Book	5 Marks
5	Micro Teaching	5 Marks

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

Table No. 7(b)-Clinical and Viva Assessment blueprint

The following list of clinical assessment tools may be considered: -

- Checklist
- Rating Scale
- Rubrics
- Direct observation of Procedure
- Mini-clinical evaluations
- OSCE
- Script Concordance
- Key feature Item
- Workplace- Based Assessments
- Multi Source Feedback

As per the Gazette notification, a common practical exam for paper I and II (100 marks practical + 100 marks viva voce) shall be conducted; twenty per cent. weightage shall be for internal assessment, which shall be calculated for practical or clinical including viva voce only. One internal assessment of 40 marks [20 marks (practical or clinical) + 20 marks (viva voce)] after each term of six months and average of two terms shall be considered. Eighty per cent weightage shall be for summative assessment. The Part 2 Examination also Shall have a similar scoring scheme.

Nota Bene: In case of speciality Courses of Homoeopathic Pharmacy, and Community Medicine, the Long Case shall be substituted by Major Experiment, and the Short Case shall be substituted by Minor Experiment. Rest of the components shall be common across all subject specialities.

The list of references is provided at the end of the syllabus document to add authentic literature connections for the academic Course.

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DIMENSIONS OF COMPETENCIES FOR HOMEOPATHIC POST-GRADUATION

I. KNOWLEDGE AND SCHOLARSHIP

To acquire relevant and optimal levels of knowledge of the basic, clinical, and behavioural 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. Recognise 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 behavioural, 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 individualised therapeutic and individualised 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. Prioritise 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.
10. 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-centred 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.

V. PRACTICE-BASED LEARNING AND IMPROVEMENT

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

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

VI. PROFESSIONALISM.

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

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

GLOSSARY OF TERMS USED IN THE CURRICULUM DOCUMENT OF MD HOM

ASSESSMENT:

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

BLOOM’S DOMAINS:

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.

CASE BASED LEARNING:

Case-based learning (CBL) is a small group learning method used in medical education that uses real or simulated cases to provide context for learning. CBL uses human cases to impart relevance and aid in connecting theory to practice. The impact of CBL can reach from simple knowledge gains to changing patient care outcomes.

CBL has to be differentiated from Problem Based Learning (PBL). CBL focuses on applying existing knowledge to a specific case, while PBL focuses on constructing new knowledge from a general problem. CBL provides more structure and guidance to learners, while PBL allows more autonomy and flexibility.

COMMUNICATION SKILLS:

The ability to communicate and interact effectively with patients, their families and members of the inter-professional healthcare team. It is important to practice empathic and patient-centred interviewing and communication, and obtain an accurate and complete medical history considering the patient’s culture, beliefs, personal preferences and level of health literacy

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.

COMPETENCY BASED EDUCATION:

Competency-based medical education is an outcomes-based approach to the design, implementation, and evaluation of education Courses. It uses competencies or observable abilities to assess learners. It is a flexible, lifelong learning experience with knowledge and / or skills acquired and assessed throughout the process. It emphasises on developing mastery in all the learners, especially by taking teaching-learning techniques that keep students as the main focus, inclusive of formative assessment.

COURSE:

In the context of this academic document, Course is a longitudinal academic quest that culminates in the award of a qualification by the university conducting such a Course. MD Hom would qualify as Course in this context.

COURSE OUTCOMES:

Course Outcomes (COs) are what knowledge, skills and attitudes a graduate should have at the time of graduation. The Course 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.

CURRICULUM AND SYLLABUS:

Curriculum is a set of courses and contents offered by an educational institution, while a syllabus is a descriptive list of subjects to be taught in a class. Curriculum therefore is the broader, overarching framework that outlines the educational goals and structure of an entire Course, while the syllabus is a specific document that provides detailed information about an individual course within that Course. Curriculum is the regulatory component of a Course, while syllabus is the academic aspect of the Course.

DOMAIN OF COMPETENCIES:

These are the statements of the complex knowledge, skills, attitudes, behaviours, and values applied to specific situations. In the context of this Course, six dimensions are recognised as relevant for the homeopathic postgraduate – (1) Knowledge & Scholarship; (2) Patient Care; (3) Homoeopathic Orientation; (4) Communication Skills; (5) Practice Based Learning and Improvement; and (6) Professionalism.

DIRECT OBSERVATION OF PROCEDURAL SKILLS (DOPS):

Designed by the Royal Medical College of England, Direct Observation of Procedural Skills (DOPS) is an assessment method used in medical education to assess a trainee's clinical skills. DOPS can assess all domains of learning, including cognitive, affective, and psychomotor skills. In a DOPS assessment, a trainer directly observes a trainee performing a procedure on a real patient in a real clinical setting. The trainer provides feedback to the trainee on their performance.

ENTRUSTABLE PROFESSIONAL ACTIVITIES (EPAS):

The professional Courses are characterised by the learners acquiring skillsets that ensure performance of professional tasks at optimal levels of confidence and trust for the safety of society. These are the professional performances that are denoted by certain demonstrable attributes that the learners imbibe and internalize as reflex activities. These are the abilities of the professional that characterize the quality and level of performance. The construct of Course Objectives in the BHMS Course of CBDC are similar to the EPAs in the postgraduate Course of MD Hom.

EPA LEVELS:

The Entrustable Professional Activity that is stated is the ideal level of performance, and would require continuous and gradual acquisition of skillsets. The distribution of competency stages to reach the desired entrustable level are the incremental stages of development. Mapping these provides a clarity to both the learners and teachers / assessors on the roadmap of academic activities.

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.

GUILBERT'S LEVELS:

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.

HOMOEOPATHIC ORIENTATION:

This is central to ensure adherence to the principles of homeopathy in all aspects of clinical decisions, and activities. Homeopathic orientation as a domain of competency ensures 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.

JOURNAL CLUB:

Journal club is a small group learning approach that is a standard feature of postgraduate healthcare education. The small group of postgraduates under the supervision of a mentor / guide meet to discuss published literature related to their speciality. It serves as practicum for developing the procedural and ethical skills for research methodology.

KNOWLEDGE & SCHOLARSHIP:

Acquiring relevant and optimal levels of knowledge of the basic, clinical, and behavioural sciences, is critical to the context of patient care. Recognising the normal structure and function of the human body and each of its major organ systems is imperative for understanding the altered structure and function of major organ systems that are seen in common diseases and conditions. Making connections between the patient's nosological status with the psycho-social dimensions and associating them with homeopathic principles is the key for success as homeopathic professional. These attributes are acquired as a commitment to knowledge and scholarship of relevant fields.

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.

OBJECTIVE STRUCTURED CLINICAL EXAMINATION:

An Objective Structured Clinical Examination (OSCE) is a performance-based exam used in medical education to assess clinical competence. Developed by Harden in the 1970s, it shifts learning priority from knowledge-based rote learning to performance-based skill and values honing. OSCE's are helpful in medical education because they allow students to practice and demonstrate clinical skills in a standardized medical scenario. Students are assessed for each step that they perform correctly and in the proper sequence. During an OSCE, students are observed and evaluated as they go through a series of simulated stations. These stations may involve history collection, physical assessment, laboratory investigation, and treatment.

In the context of practical skills, the OSPE, or Objective Structured Practical Examination can be substituted with similar satisfaction and success.

MINI-CEX:

Mini-CEX stands for Mini-Clinical Evaluation Exercise. It is a concise, validated method of assessment used by supervisors in workplace settings. In a mini-CEX, a supervisor observes a trainee during a consultation with a real patient and provides feedback to the trainee about their performance. It is one of the components or station in the larger OSCE format for teaching or assessing history taking and clinical assessment performance.

PATIENT CARE:

This is the pivotal role in any clinical situation. The purpose of this competency is to provide individualised therapeutic and individualised and community-wide preventive care for a range of conditions. It also entails providing evidence-based information for the patient and community to introspect and develop self-sufficiency for continued care.

PORTFOLIO:

Portfolio is a collection of students' works that shows their efforts, progress, and achievements. Portfolios are used in medicine to study critical thinking and self-directed learning during the development from student to the professional. It is used as an assessment tool, documentation of

competence, and for revalidation purposes, and also to appraise the difficult-to-assess areas such as students' attitudes, professionalism, and teamwork.

PRACTICE BASED LEARNING AND IMPROVEMENT:

It is an educational approach that involves physicians monitoring, analysing, and improving their own practice behaviours. It also involves keeping up with advances in relevant medical disciplines, so as to 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

PROBLEM BASED LEARNING:

PBL is an innovative and challenging approach to medical education. Developed and improvised at McMaster University in Canada, this approach to learning has proved to be genuinely learner-centric, and enabling learning in a holistic manner with the entire person as the centre of learning, rather than making compartmentalised reductionism. It is an innovative model because it is a new way of using clinical material to help students learn. It's challenging because it requires the medical teacher to use facilitating and supporting skills rather than didactic, directive ones.

PBL includes the presentation of an applied problem to a small group of students who engage in discussion over several sessions. For example, a group of medical students might work through a case study involving a new patient experiencing a variety of symptoms. PBL offers medical students an opportunity to gain a comprehensive understanding of a patient's condition. Through active engagement, they collaboratively tackle real-world medical challenges and complex questions within their PBL groups

PROFESSIONALISM:

It is the blend of intellectual depth for performance, skillsets as appropriate for optimal performance, and adherence to the code of conduct. It shall demonstrate a commitment to upholding professional duties guided by ethical principles.

PROGRAMMATIC ASSESSMENT:

This is the defining feature of competency-based education. It uses multiple data points, such as assignments, participation, peer feedback, presentations, and oral exams, instead of a single exam. It uses multiple data points, such as assignments, participation, peer feedback, presentations, and oral exams, instead of a single exam. *Programmatic* assessment is a cycle of inquiry that allows Courses to regularly evaluate their goals and how well they're achieving them. It's a radical approach to assessment that was designed to address endemic problems in assessment. This includes a range of assessment approaches such as formative, summative & continues assessment.

REFLECTION:

Reflection is an important component of learning in medical education. It can help improve understanding, clinical competence, and performance. This provides an opportunity to introspect on the critical success factors or critical checkmates that hindered success. Reflection can also promote a desire for lifelong learning and ensure continual professional development.

REMEDIATION OF LEARNING:

Remediation is a learning approach that involves facilitating the students who have previously failed to learn it, to make attempts to develop the expected learning outcomes. The trigger for remediation is assessment of learning gaps, that is, the deficit between expected outcomes, and the actual outcomes by the learner. Observation and feedback are the factors that ensure remediation of learning.

PERFORMANCE COMPETENCIES:

Performance 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.

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.

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.

Section II: Gazetted Regulations of MD Homoeopathy Course.

SECTION III: SPECIALITY-WISE SYLLABUS DOCUMENTS. (Attached Separately)

A. General subjects (in MD Hom Part 1)

1. Fundamentals of Speciality Subject.
2. Fundamentals of Clinical Medicine in homoeopathic speciality subject / Fundamentals of Homoeopathy in Clinical speciality subjects.
3. Research Methodology & Biostatistics

B. Speciality subjects (in MD Hom Part 2):

1. Homoeopathic Materia Medica.
2. Organon of Medicine and Homoeopathic philosophy.
3. Homoeopathic Repertory and case taking.
4. Homeopathic Pharmacy.
5. Practice of Medicine.
6. Paediatrics.
7. Psychiatry.

SECTION IV: ETHICAL REFLECTIONS FOR HOMOEOPATHIC PRACTICE.

Hahnemann established the entire essence of homoeopathic practice on bedrock of ethical principles and practices. The Organon of Medicine is replete with both conceptual directives, and practical archetypes of conscientious illustrations. It would however, be desirable to understand the philosophical foundations that discuss ethical aspects of healthcare practice, and relate them with the practice of homoeopathy.

The organised acceptance of ethical dimensions in healthcare could be traced to the ancient healers and philosophers such as Charaka and Hippocrates, whose oaths are cited as epitomising moral high standards for healthcare practice. The rise of ethics as code of conduct for physicians and surgeons and other healthcare practitioners anchors its lineage to Thomas Percival, whose seminal work Code of Institutes and Precepts Adapted to the Professional Conduct of Physicians and Surgeons, published in 1803. This work elaborated on professional duties and ideal behaviour relative to hospitals and other charities, and has been a harbinger of various improvisations to establish ethics as integral to healthcare practice.

The significance of ethical undertones to healthcare practice is underscored because of the quintessence of the service that surrounds matters of life and death. It therefore is inclusive of a range of elements such as trust, hope, confidentiality, competence, consent, patient rights, etc. The delicate balancing of competing emotions and dilemmas that one has to grapple on a routine basis, and perhaps making a split second decision render this aspect of professional feature all the more challenging.

Because ethics entails choosing the best option among the decisions in the given circumstance and context, a thorough foundations of the principles that guide for an informed decision is imperative. It is therefore necessary to have a thorough grasp of the ethical, legal, intellectual dimensions that are germane for the cultural ethos to make conscientious decisions.

The foundations of ethical interpretations can be ascribed to two philosophical concepts –utilitarianism / consequentialism, and deontology. These two ideologies may have competing stances and may not have notional congruence; but are united in their aspiration to provide interpretive clarity to make objective and contextual decisions that extenuates their moral predicament.

Popularised by John Stuart Mill and Jeremy Bentham, Utilitarianism or Consequentialism as a concept proposes that morality of an action is dependent absolutely on its outcomes or consequences. If the decision or action begets beneficial results, the decision is to be preferred no matter how disagreeable that action be, and if the outcomes are not perceived as beneficial, the action or decision is not preferable, however agreeable it may seem to be. In simple terms it implies that ‘ends justify the means’.

Deontology – advocated by Immanuel Kant, on the other hand, asserts that course of action is not to be determined by its outcomes or consequences, but by the virtue of action or decision itself. It argues that the correct course of action is dependent on what your duties and obligations are, and not the consequences of such action. Basing on the idea of ‘categorical imperative’ deontological decisions appeal to the moral compunctions regardless of their consequences. This ideology lays down a set of rules that are definite, and are not biased by assumption of possible consequences, and therefore avoid subjectivity. Deontology conforms to ‘duty-based ethics’.

In substantive situations, it may not be feasible to be always guided by the binaries of utilitarian or deontological arbitrations, as life is not simple, and the issues relating to health and disease tend to swaddle with multiple and complex layers. Therefore, to mitigate the dilemma of consternation, it is pragmatic to be sublimating and practically prudent, and be guided by the principles of ‘prima facie’ duties (Ross, 2022), which has at least one right-making feature. At

the same time, he also speaks of ‘prima facie wrong’, when there is at least one wrong making feature.

The clarity for adapting situational ethics can be guided by the moral compass of four principles – beneficence, nonmaleficence, respect for autonomy, and justice (Beauchamp & Childress, 2001). These pillars of healthcare ethics shall be understood in the backdrop of ‘prima facie duties’ described by Ross. The presence of at least one of these principles would qualify it as ethically right and absence of any one would make it ethically wrong. Therefore, according to Ross, an act is morally right if and only if it has the greatest balance of prima facie rightness over prima facie wrongness, which is an assertion of deontological advocacy.

The principle of ‘beneficence’ is to provide benefits to persons and contribute to their welfare, while the principle of ‘nonmaleficence’ is desisting from any act that could harm a person. These two principles are considered in unison as they form two sides of the same coin. These follow the traditional Hippocratic moral obligation of medicine is to provide net medical benefit to patients with minimal harm - that is, beneficence with non-maleficence. The appropriate training and capacity-building is foundational to ensuring that these two principles are met. The balancing of these two principles requires careful moral and intellectual undertones in each individual context, and has to be diligently customised for context considering the net benefit.

The principle of ‘respect for autonomy’ is to acknowledge a person’s liberty to make choices, to hold views, and to take actions based on personal values and beliefs. In Kantian terms, it is treating others as ends in themselves and not means as per ‘categorical imperative’, and accepting that such acts would be the norms and rules. This principle brings into play the conundrum of confidentiality, informed consent, and clarity and content of communication. Making an informed decision about breaking a bad news about prognosis and the timing of such communication is a matter that may pose considerable predicament.

The principle of ‘justice’ is to arbitrate the competing demands, and make a fair decision. The contesting claims could stem from a need to distribute resources equitably, respect the beliefs and values of people, and upholding the moral and legal compulsions.

Apart from these four classic pillars of ethical decision making, Ross has suggested the attributes of ‘fidelity’, which is the quality or state of being faithful or loyal; ‘reparations’ which is the action of making amends for a wrong one has done, by providing payment or other assistance to those who have been wronged; ‘gratitude’, which is a feeling of appreciation to someone or something for what the person has done to help you; and ‘self-improvement’, that is the improvement of one's knowledge, status, or character by one's own efforts.

In the specific context of homoeopathic practice, the legal and ethical dimensions have been explicitly published as ‘the National Commission for Homoeopathy (Professional Conduct, Etiquette and Code of Ethics for Practitioners of Homoeopathy) Regulations, 2022’. These consist of –

- General Principals, that include Character of Practitioner of Homoeopathy, Standards of Character and Morals, Responsibility of Practitioner of Homoeopathy, Prescription and Medical certificate, Advertising, and professional Service.
- Duties of Homoeopathic Practitioners to their Patients, that describe Obligations to the sick, Patient not to be neglected, Acts of negligence, Practitioner of Homoeopathy to obey law and regulations, Behaviour towards patients, Prognosis, and Ethics of Privacy, Confidentiality and Medical Records (Patience, Delicacy and Secrecy).
- Duties of practitioner of Homoeopathy to the Profession, that explain Upholding honour of profession, Membership of Medical Society, exposing unethical conduct, Association

with unregistered persons or indulging in malpractice, Appointment of substitutes, Service without fees to fellow Practitioner, Emergency visit, and Engagement for an Obstetrics case.

- Duties of practitioner of Homoeopathy in Consultation, that clarify aspects relating to matters such as Consultation shall be encouraged, Patient referred to another medical practitioner of Homoeopathy, Consultation by telemedicine, Conduct in consultation, Consent to medical treatment, Treatment after consultation, and Consultant not to take charge of the case.
- Duties of Practitioners of Homoeopathy to the Public, that include Practitioners as citizens, Public health, and dispensing.
- Matters related to misconduct, such as Professional or ethical Misconduct, Pharmacovigilance, Guidelines on proper prescription and dispensing, and also the procedure for taking disciplinary action and the procedure for receiving complaints.

The document has also published the Hahnemannian Oath that every homoeopathic professional has to proclaim at the time of his / her registration with the homoeopathic council. The oath states "On my honour, I swear that, I shall practice the teachings of Homoeopathy, perform my duty as expected from me, render justice to my patients and help the sick whosoever comes to me for treatment. May the teachings of Master Hahnemann inspire me and may I have the strength for fulfilment of my mission with the aim to cure the sick."

The details of twelve item declaration that the homeopathic professional shall submit, which include the assertion to the effect:

1. I solemnly pledge myself to consecrate my life to the service of humanity.
2. Even under threat, I will not use my medical knowledge contrary to the laws of humanity.
3. I will maintain the utmost respect for human life.
4. I will not permit considerations of religion, nationality, race, political beliefs or social standing to intervene between my duty and my patient.
5. I will practice my profession with conscience and dignity in accordance with the principles of Homoeopathy.
6. The health of my patient shall be my first consideration.
7. I will respect the secrets which are confided to me, during homoeopathic consultation.
8. I will give to my teachers the respect and gratitude which is their due.
9. I will maintain by all means in my power the honour and noble traditions of medical profession.
10. I will treat my colleagues with respect and dignity.
11. I make these promises solemnly, freely and upon my honour.
12. I shall abide by the Code of Ethics, Rules and Regulation for Homoeopathic practice as amended time to time.

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SECTION V: MONITORING LEARNING PROGRESS

PREAMBLE TO CONCEPT OF COMPETENCY-BASED ACADEMICS:

This curriculum is based on the philosophy of Competency-Based Medical Education, which has now become the preferred and accepted model of training future healthcare professionals across the globe. It is imperative to understand the principles of competency-based academics for a successful implementation of this curriculum.

The learning model to attain the stated competencies is dependent on a practice called Constructive Alignment, which has been a mainstay in the higher education circles. Drawing inspiration from Ralph Tylor's four principles of curriculum and instruction, Constructive Alignment establishes a philosophy of learner-centric practices that spring from the purpose for learning, the experiences that support the realization of those purposes, methods of effectively organizing the learning experiences, and assessing the attainment of the stated purposes.

Developed by John Biggs, the crux of constructive alignment is that, the three elements of curriculum – stated learning objectives, instructional strategies, and student assessment practices are positively blended to create an aligned model of inter-dependency and collaborative achievement. That is to say, the selection of teaching – learning activities, and the student assessment activities are directly influenced by the stated outcomes.

In this model of education which is learner-centric, the learners construct meaning from what they do to learn. This concept recognizes the importance of linking new material to concepts and experiences in the learner's memory, and extrapolation to possible future scenarios via the abstraction of basic principles through reflection. Such a conscious effort provides the learners with a clearly specified goal, a well-designed learning activity or activities that are appropriate for the task, and well-designed assessment criteria for giving feedback to the learner.

The role of teachers is to make a deliberate alignment between the planned learning activities and the learning outcomes. Therefore, for the success of this curriculum, teachers have to consciously move from the previously prevalent teacher-centric model to this new approach.

The monitoring of learning progress not only factors in, the classroom-based teaching – learning activities, but also emphasizes on the informal and personalised paradigms of learning. It must also be insisted here that teachers shall plan the curriculum implementation schedule with a significant involvement of students, so that there is a clarity and acceptance of learning responsibilities by the students. This would not only entail the harmonising the scheduling, but also enlightening the students about the various learner-activities and their importance for achieving the stated outcomes.

The Entrustable Professional Activities that form the essence of this post-graduate Course intend to ensure certain base-level professional competencies that are developed in the background of national health needs, and the role that homoeopathy can play in supporting the nation's health. Therefore, the responsibility of teachers is not only to teach, but also assess for the authentic attainment of the competencies.

Considering the dual challenges of time limits, and the need to ensure competent performance, the Competency-Based Academics has evolved a dynamic model of 'mentoring and monitoring', so as to provide continuous and immediate feedback to make course corrections 'on the go'. Therefore, the philosophy of assessment in competency-based academics is also called as 'Coursematic Assessment', wherein, the learner is given specific, and supportive feedback to improve his / her performance. This is also known as 'assessment for learning, as against 'assessment of learning', which is the traditional end-of-the-course assessment.

In this context, there are certain tools that are provided as Appendices in this document that can lead the teachers to design the planning and implementation of curriculum with greater possibility of reaching the outcomes.

OUTLINE OF TRAINING SCHEDULE:

The MD (Hom) Course is in two phases – Phase I, and Phase II, each of eighteen months' duration. The outcomes of training shall reflect the Dimensions of Competencies as listed in this document – Knowledge and Scholarship, Patient Care, Homoeopathic Orientation, Communication Skills, Practice-Based Learning and Improvement, and Professionalism.

In the first phase of Course, the postgraduate students shall undergo one-year compulsory house job at the hospital, during which time, the hospital authorities shall monitor their performance in all the dimensions of competencies. The monitoring shall be a continuous and regular process, based on the criteria, as provided in the respective checklists. These assessment tools not only help the teachers to assess students, but also students to self- assess.

During the house job, the postgraduates shall gauge their aptitude for professional growth, and the opportunities available at the hospital / institution, so as to develop a proposal for conducting a study that would culminate as Dissertation. To get an authentic clarity on the research study that they would conduct as partial fulfilment of the postgraduate Course, they shall conduct at least a couple of exploratory studies. This would also give them a feel of research ambience.

As part of the hospital-based activity, the postgraduate shall also be observed for, and given feedback to improve the professional values and soft skills that are consequential for a benevolent homoeopathic practitioner. These include personal attitudes such as caring, trustworthiness, reliability, ability to work in teams, taking initiative, critical thinking, organizational ability, and potential to cope with stressful situations, among others.

Simultaneously, they also need to prepare a proposal – known as Synopsis – for conducting study, within nine months of admission to the Course, and this has to be submitted to the affiliating University for approval to start the study. The purpose of such study is to enrich the evidences of homoeopathy in a range of healthcare decision making. Therefore, both the synopsis, and later the study needs to be taken with the seriousness that they deserve.

The study shall start as soon as the synopsis is approved by the university, which shall give the student sufficient time for the study, its analysis, and final documentation, so that the Dissertation can be submitted to the university for approval and eligibility to appear for the final examination.

TRAINING AND ASSESSMENT METHODS:

As the philosophy of learning is competency-based the learning methods would naturally be problem-based and discovery driven, and also match the phase of competency. This means that teaching–learning and assessment would focus on the development of competencies and would continue till the desired competency is achieved.

The training methods in postgraduate Courses of health sciences' streams is generally either in the clinical spaces or in the laboratories, or in the community as the case may be. Further, there will also be discussions and deliberations among the peer group, as well as individual efforts and practices.

It is seen as a common practice that the postgraduates are posted to hospital or laboratory or community duties in the first half of the day, and in the post lunch session there will be group discussions, seminars, journal club meetings, clinical case presentation, case discussion, teaching

assignments, etc. All these activities are performed as per the Standard Operating Procedures, and also simultaneously assessed on the same parameters. Such a fusion of learning and assessment into a single activity is the hallmark of constructive alignment, and therefore a distinguishing attribute of competency-based academics. These activities are documented in the Log Book or Portfolio for each individual postgraduate.

They are also required to make at least one podium presentation and two poster presentations at national level seminar / conference / colloquium / workshop as part of the Course of study, and publish at least two articles in peer reviewed journals as first or second author, any time during the course . These shall be counted as eligibility to appear for the final examination, apart from the requisite attendance, coursework, dissertation submission, and clearing the Part 1 Examination. Coursework is mandatory for the completion of Part I of MD (Hom.) as per clause 13(a)& 13(b) of National Commission for Homoeopathy (Homoeopathy Post-Graduate Degree Course- Doctor of Medicine in Homoeopathy) Regulations, 2024.

The Log Book records participation of individual postgraduates in various didactic or interactive activities by the students. The number of activities that they present or actively participate and the number in which they are passive participants are recorded. In the log book, which should periodically be validated by the Supervisors.

The hospital related learning includes training and assessment for acquisition of patient management, practice-based learning, communication, homeopathic orientation, and professionalism. The generic soft skills include sincerity, punctuality, and professional and personal integrity. The contexts of learning in hospital would include patient encounters at the screening stations, and in the OPDs & wards. Students can be trained and assessed for clinical skills on **Rating Scale – 6, for Assessment of Clinical Skills**. Further the skills of presentation can be trained and assessed as per Students can be trained and assessed for clinical / laboratory / community skills on **Rating Scale – 5, for Assessment of Clinical Presentations**.

The community related learning includes training and assessment for acquisition of communication, homeopathic orientation, team-building, leadership, health promotion & disease prevention, and professionalism, apart from the generic soft skills.

In the laboratory related learning, the training would focus on the training and assessment of observations, psychomotor refinement, critical thinking, analytical skills, apart from the generic soft skills.

Journal Club is the practicum for learning research methodology. This learning method is both an individual, and small group learning activity. The students develop the skills for literature search, selecting appropriate study for discussion, in-depth review of the published articles, identification of the study and sampling designs, ethical issues in the study, referencing styles, presentations skills, and use of audio-visual aides. The presentation, and discussion is assessed by peer and faculty on **Rating Scale – 1, for Assessment of Journal Review**.

Symposia are the team presentation activities that promote the acquisition of knowledge, developing scholastic mindset, professionalism, communication skills, team work, etc. Students can be trained and assessed for Symposia on **Rating Scale – 2, for Assessment of Symposium**.

Seminars are the defining feature in postgraduate studies as these facilitate a range of critical thinking and learning skills. There are two approaches to conducting seminar – classical, and traditional. The classical approach adapts the Socratic dialogic model of discussion where questions are posed and their answers explored in a series of discussions spread across a longitudinal span and anchored to a theme under the guidance of a faculty. The traditional model has a postgraduate making a didactic presentation on an allotted topic with end-of-the presentation Q & A Session, with the supervisor providing the concluding remarks. Students can be trained and assessed on **Rating Scale – 3, for Assessment of Seminar**.

Group discussions are the small group learning methods where topics of current interest or relevant to the cases in the wards are discussed under the supervision of a faculty. These reinforce knowledge acquisition, developing scholastic mindset, professionalism, communication skills, etc. Case presentation is a hallmark of postgraduate learning where the cases are discussed on a standard frame to explore the depth of communication, practice-based learning, professionalism, homoeopathic orientation, etc. Students can be trained and assessed on **Rating Scale – 4, for Assessment of Group Discussion.**

Teaching skills are introduced with a sensitisation on educational methodology, and the postgraduates are observed for communication, interpersonal relationship, depth of knowledge and professionalism on a specific checklist. Students can be trained and assessed on **Rating Scale – 7, for Assessment of Teaching Skill Practice.**

The postgraduates are also given individual and group assignments to reinforce knowledge acquisition, developing scholastic mindset, professionalism, communication skills, teamwork, etc.

Once the research study starts, the students will have to be monitored for the compilation of data as per the study design. While the privacy of data is inviolable, the relevant data has to be documentation and stored in an easily retrievable format, with restricted access to only the postgraduate student and the guide / supervisor. There has to be periodic review of the progress, and feedback shall be given to monitor the momentum in the right direction. Students can be trained and assessed on the **Rating Scale for Continuous Assessment of Dissertation Work by Guide.**

ILLUSTRATION OF STRUCTURED TRAINING:*

Activity	< 6 Months	6-12 Months	12-18 Months	18- 24 Months	24-30 Months	30-36 Months
Induction	7 Days					
Supervised Clinical Work						
Guided Independence						
Remote Independence						
Course Work						
Synopsis	9 Months					
Research & Dissertation						
Group Discussion / Clinical Presentation / JCM/ Seminar/Symposium						
UG Teaching Skill						

Daily schedule*	
9:00AM TO 1:00PM	OPD Duty
1:00PM TO 1:30PM	Lunch
1:30PM TO 2:30PM	Master Class/ Guest Lecture
2:30 PM TO 5:00PM	JCM, CP, Seminar, UG Teaching, etc.

**The schedule is indicative of institutional time only. Apart from this the hospital based duties such as IPD, OPD , Night duty , Extension duties, etc ate to be performed as per institutional norms.*

ASSESSMENT METHODS:

As the Course is based on the concept of demonstrating entrustable professional activities, the assessment would have a continuous component, and a certifying component. The overarching continuous assessment is suggested on a multi-source feedback framework (**Template – 4: Multi Source Feedback Rating Scale: MSF-RS**) that covers four areas – clinical soft skills, social and emotional responses, team work, and managerial roles. It is on forty-two units of performance rating scale. The continuous assessment of clinical skills shall be on the rating scale of Mini Clinical Evaluation Exercise (**Template – 3: Mini Clinical Evaluation Exercise Rating Scale: Mini CEX-RS**); procedural skills on the rating scale of Direct Observation of Procedural Skills (**Template – 2: Direct Observation of Procedural Skills DOPS: Rating Scale**), and reflective writing on a template that rates for External Seminar / Conference / CME (**Template – 1: Reflective Writing on External Seminar / Conference / CME: Rating Scale**). These continuous assessment frameworks can also be used for formative assessment or assessment for learning.

The summative assessment shall follow the pattern of university examinations as indicated in the regulations of the MD (Hom) Course. There shall be periodic internal assessments for every term / semester, and also at the end of every clinical / community / laboratory posting.

The portfolio of every learner shall reflect the performance on continuous, formative, and summative assessments.

MODEL RATING SCALES

Rating Scale – 1: Model Rating Scale for Assessment of Journal Review.

Rating Scale – 2: Model Rating Scale for Assessment of Symposium.

Rating Scale – 3: Model Rating Scale for Assessment of Seminar.

Rating Scale – 4: Model Rating Scale for Assessment of Group Discussion.

Rating Scale - 5: Rating Scale Assessment of Clinical Presentations.

Rating Scale – 6: Model Rating Scale for Assessment of Clinical Work in I.P.D. / O.P.D

Rating Scale - 7: Model Rating Scale for Assessment of Teaching Skill Practice.

Rating Scale – 8: Continuous Assessment of Dissertation Work by Guide.

TEMPLATE FOR LOGBOOK / PORTFOLIO

TABLE OF ACADEMIC ACTIVITIES ATTENDED

RATING SCALE – 1: MODEL RATING SCALE FOR ASSESSMENT OF JOURNAL REVIEW.

Name of the PG Scholar:

Name of the Faculty/ Observer:

Date:

Sl. No.	Items for observation during presentation	Poor 0	Below Average 1	Average 2	Good 3	Very Good 4
1	Selection of article.					
2	Assessment of ethical dimension / conflict of interest in the study.					
3	Extent of understanding of scope and objectives of the paper by the PG Scholar.					
4	Critique on the methodology used.					
5	Correlation of objectives, hypothesis, results.					
6	Consulting the cross - references in the article					
7	Consulting other relevant publications.					
8	Ability to respond to questions on the paper / subject.					
9	Clarity of Presentation.					
10	Audio – Visual aids used					
Total Score						

FOLLOW-UP ACTIVITIES

Peer feedback	
Guide feedback	
Mitigation planned by the PG Scholar	
Guide Signature	

RATING SCALE – 2: MODEL RATING SCALE FOR ASSESSMENT OF SYMPOSIUM.

Name of the PG Scholar:

Name of the Faculty/ Observer:

Date:

Sl. No.	Items for observation during presentation	Poor 0	Below Average 1	Average 2	Good 3	Very Good 4
1	Selection of topic / sub-topic					
2	Articulation of objectives					
3	Relevance of content					
4	Sequencing of content.					
5	Clarity of Presentation					
6	Coordination with other presenters.					
7	Ability to answer questions					
8	Time Scheduling					
9	Appropriate use of Audio – Visual aids					
10	Overall performance					
	Total Score					

FOLLOW-UP ACTIVITIES

Peer feedback	
Guide feedback	
Mitigation planned by the PG Scholar	
Guide Signature	

RATING SCALE – 3: MODEL RATING SCALE FOR ASSESSMENT OF SEMINAR.

Name of the PG Scholar:

Name of the Faculty/ Observer:

Date:

Sl. No.	Items for observation during discussion	Poor 0	Below Average 1	Average 2	Good 3	Very Good 4
1	Relevance of theme to the Course.					
2	Continuity and alignment of discussion with the theme.					
3	All participants are well prepared with theme and current topic.					
4	All participants contribute for discussion.					
5	Questions are relevant to the theme and current discussion.					
6	Questions are follow-up or clarifying in nature.					
7	Group maintains eye contact with the person who is speaking.					
8	Each participant is allowed to participate in equal measure					
9	No mid-way interruption of the speakers.					
10	Next level of topic in the theme decided during the current discussion.					
	Total Score					

FOLLOW-UP ACTIVITIES

Peer feedback	
Guide feedback	
Mitigation planned by the PG Scholar	
Guide Signature	

RATING SCALE – 4: MODEL RATING SCALE FOR ASSESSMENT OF GROUP DISCUSSION.

Name of the PG Scholar:

Name of the Faculty/ Observer:

Date:

Sl. No.	Items for observation during discussion	Poor 0	Below Average 1	Average 2	Good 3	Very Good 4
1	Relevance of topic to the Course.					
2	Significance of topic for career advancement.					
3	All participants are well prepared with topic.					
4	All participants contribute for discussion.					
5	Questions are relevant to the discussion.					
6	Questions are follow-up or clarifying in nature.					
7	Group maintains eye contact with the person who is speaking.					
8	Each participant is allowed to participate in equal measure					
9	No mid-way interruption of the speakers.					
10	Summarisation of the discussion made by the group coordinator.					
	Total Score					

FOLLOW-UP ACTIVITIES

Peer feedback	
Guide feedback	
Mitigation planned by the PG Scholar	
Guide Signature	

RATING SCALE - 5: ASSESSMENT OF CLINICAL PRESENTATIONS.

Name of the PG Scholar:

Name of the Faculty:

Date:

Sl. No.	Observations	Po or 0	Below Average 1	Avera ge 2	Above Average 3	Very Good 4
1	Completeness of history.					
2	Clarity of Presentation.					
3	Logical order of presentation.					
4	Mentions all positive and negative points of importance.					
5	Accuracy of General Physical Examination.					
6	All Physical signs elicited correctly.					
7	No omission of major signs or their miss-interpretation.					
8	Diagnosis is based on history and findings.					
9	Correct interpretation of all the investigations.					
10	Case analysed for –					
	Hahneemann's Classification of Diseases,					
	Prognostic trend,					
	School of Philosophy,					
11	Staging of disease.					
	Symptom management for their –					
	Classification.					
	Analysis.					
12	Evaluation.					
	Totality of Symptoms.					
13	Quality of repertorisation.					
14	Selection of medicine including potency and dose.					
15	Ability to defend clinical decisions.					
Grand Total						

FOLLOW-UP ACTIVITIES

Peer feedback	
Guide feedback	
Mitigation planned by the PG Scholar	
Guide Signature	

**RATING SCALE – 6: MODEL RATING SCALE FOR ASSESSMENT OF
CLINICAL WORK
IN I.P.D. / O.P.D**

(To be completed once in a month by respective unit heads)

Name of the PG Scholar:

Name of the Faculty:

Date:

Sl. No.	Items for observation	Poor 0	Below Average 1	Average 2	Good 3	Very Good 4
1	Regularity of attendance.					
2	Punctuality.					
3	Maintenance of Case Records.					
4	Presentation of cases during rounds.					
5	Investigations work up.					
6	Repertorisation of the cases.					
7	Interaction with colleagues and supportive staff.					
8	Bedside manners.					
9	Rapport with patients.					
10	Overall quality of clinical work.					
	Total Score					

FOLLOW-UP ACTIVITIES

Peer feedback	
Guide feedback	
Mitigation planned by the PG Scholar	
Guide Signature	

RATING SCALE - 7: MODEL RATING SCALE FOR ASSESSMENT OF TEACHING SKILL PRACTICE.

Name of the PG Scholar:

Name of the Faculty:

Date:

Sl.No.	Observation	Strong Area	Weak Area
1	Introduces topic in interesting manner.		
2	Builds rapport with the students.		
3	Articulates the purpose of presentation.		
4	Relevance of content to objectives		
5	Logical sequencing of content.		
6	Appropriate use of AV Aids.		
7	Relevance of content to objectives		
8	Engages students during presentation.		
9	Maintains eye contact with all students.		
10	Encourages students to ask questions.		
11	Answers the questions appropriately.		
12	Gives positive feedback when students answer.		
13	Clarity of communication.		
14	Body language relaxed and non-threatening.		
15	Summarises at the end of class.		

FOLLOW-UP ACTIVITIES

Peer feedback	
Guide feedback	
Mitigation planned by the PG Scholar	
Guide Signature	

RATING SCALE – 8: CONTINUOUS ASSESSMENT OF DISSERTATION WORK BY GUIDE.

Name of the PG Scholar:

Name of the Faculty:

Date:

Sl. No.	Items for observation during presentations	Poor 0	Below Average 1	Average 2	Above Average 3	Very Good 4
1	Periodic consultation with Guide / Co-guide.					
2	Relevance of literature review.					
3	Regular collection of case material.					
4	Adherence to ethical practices.					
5	Conformity to the study and statistical designs.					
6	Depth of Analysis / Discussion.					
7	Departmental presentation of findings.					
8	Publication of relevant articles in approved journals.					
9	Maintenance of time schedule.					
10	Quality of final output.					
Total Score						

FOLLOW-UP ACTIVITIES

Peer feedback	
Guide feedback	
Mitigation planned by the PG Scholar	
Guide Signature	

LOG BOOK

TABLE: ACADEMIC ACTIVITIES ATTENDED

Name of the PG Scholar:

Name of PG Guide:

Admission Year:

University Registration Number:

College:

Date	Type of Activity	Remarks of Guide	Signature of Guide

TEMPLATE – 1:
REFLECTIVE WRITING ON EXTERNAL SEMINAR / CONFERENCE / CME:
RATING SCALE

Name of the PG Scholar:

Name of the Faculty/ Observer:

EVENT METADATA

Name of the event	
Level of the event	
Theme of event	
Organisers	
Dates	

REFLECTIONS OF LEARNING

Speakers / Panelists	
Objectives of the Sessions	
List the key take aways	
State what could have been better	
Explain how you would adapt the take aways	
Signature of PG Scholar	
Signature of Guide	

TEMPLATE – 2:
DIRECT OBSERVATION OF PROCEDURAL SKILLS (DOPS): RATING SCALE

Name of the PG Scholar:

Name of the Faculty/ Observer:

Procedure:

Clinical setting: OPD / IPD / Community / Laboratory / OT

Number of times same procedure was performed previously:

Observations by the supervisor / assessor.

Sl. No.	Grading as per observation	Poor 0	Below Average 1	Average 2	Good 3	Very Good 4
1	Fully aware of the name of procedure to be performed					
2	Obtains informed consent of the subject / patient					
3	Demonstrates appropriate pre-procedure preparation					
4	Demonstrates situation awareness					
5	Technical ability					
6	Seeks help when appropriate					
7	Post-procedure management					
8	Communication skills					
9	Consideration for patient					
10	Overall performance					
Strengths						
Areas for improvement						
Specific suggestions						

Signature of PG Scholar	
Signature of observer / assessor	

TEMPLATE – 3:
MINI CLINICAL EVALUATION EXERCISE (MINI CEX): RATING SCALE
(MINI CEX-RS)

Name of the PG Scholar:

Name of the Faculty/ Observer:

Procedure:

Clinical setting: OPD / IPD

Number of times same procedure was performed previously:

Observations by the supervisor / assessor.

Sl. No.	Grading as per observation	Poor 0	Below Average 1	Average 2	Good 3	Very Good 4
1	Clinical knowledge					
2	Patient assessment					
3	Planning					
4	Preparation					
5	Organisation / efficiency					
6	Clinical judgement					
7	Insight					
8	Patient interaction					
9	Risk mitigation					
10	Overall performance					
Strengths						
Areas for improvement						
Specific suggestions						

Signature of PG Scholar	
Signature of observer / assessor	

TEMPLATE – 4:
MULTI SOURCE FEEDBACK RATING SCALE (MSF-RS)

Name of the PG Scholar:

Name of the Faculty/ Observer:

Observations by the supervisor / assessor:

Sl. No.	Grading as per observation	Poor 0	Below Average 1	Average 2	Good 3	Very Good 4
Area 1: Clinical soft skills						
1	Develops positive relationships with patients					
3	Encourages patients and families to be a part of decision-making process					
4	Explains procedures to patients in a language that they can understand					
5	Informs patients of risks					
6	Encourages discussions and questions					
7	Provides written information to facilitate understanding					
8	Responds promptly to requests for assistance					
Area 2: Social and Emotional						
9	Displays empathy and compassion towards patients					
10	Treats patients as individuals recognising and respecting differences					
11	Honest and reliable in verbal and written communication					
12	Advocates for treatment and care that is in the best interest of the patient					
13	Respects patient's privacy and dignity					
14	Actively promotes safety and risk reduction					
15	Uses opportunities to promote health and prevent disease					

16	Recognises psychological aspects of illness					
17	makes appropriate use of community resources for psychological aspects of care					
18	appropriate referral for psychological aspects of illness					
Area 3: Team Work						
19	Is trustworthy					
20	Synthesizes and communicates relevant information					
21	Conveys management plan to team members with clear instructions as to roles and responsibilities					
22	Demonstrates a respectful attitude to all team members					
23	Participates in team aspects of care					
24	Safely hands over responsibility of patient care to others					
25	Effectively allocates resources during crisis					
26	Works with others to prevent and resolve conflicts					
27	Shows consideration for professional perspectives					
28	Recognises and values contribution of others					
Area 4: Managerial roles						
29	Is actively engaged and skilled in teaching students and other staff, facilitates learning of others.					
30	Initiates discussion and voices opinion					
31	Willing to consider advice, feedback and / or instruction					
32	Attends in time to adequately prepare and uses time well through effective prioritisation					
33	Formulates and articulates appropriate plans, including					

	anticipation of potential problems					
34	Allocates and prioritises cases effectively					
35	Prioritises clinical tasks to match workload					
36	Ensures suitable resources and environment for patient care					
37	Recognises limits of his / her expertise and experiences, seeks advice from appropriate staff when required, takes on responsibility appropriately					
38	Shows respect for confidentiality and privacy of patients and colleagues					
39	Is punctual, works in a calm and considerate manner					
40	Accepts feedback, acts to improve, and adapts to change, is consistent with self-perception					
41	Involves with professional development					
42	Flexible within role					

CURRICULUM DOCUMENT

M.D. (Homoeopathy) Homoeopathic Materia Medica

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

M.D. (Homoeopathy) Homoeopathic Materia Medica

II. COMPONENTS OF THE CURRICULUM

II (1). Part I

- (i) Fundamentals of Homoeopathic Materia Medica
- (ii) Fundamentals of Clinical Medicine in Homoeopathic Materia Medica
- (iii) Research Methodology and Biostatistics.

II (2). Part II

- (i) Homoeopathic Materia Medica. Paper 1
- (ii) Homoeopathic Materia Medica. Paper 2.

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

The purpose of Post Graduate Course in Homoeopathic Materia Medica is to enable attainment of professional competency to explore in-depth the potentials of homoeopathic medicines and their clinical applications. The Course intends to facilitate the post graduate students to be rational thinkers, committed research scholars and passionate teachers in homoeopathy, and be competent to provide professional services with empathy and humane approach.

This program ensure that the Post Graduate student is well acquainted with different types of Materia Medica on the basis of their philosophical background, and also the different approaches to study Homoeopathic Materia Medica. This would develop their competency to generalize the group characteristics and individualize the members of such groups. Comparative and Clinical Materia Medica enables competency for the differentiation of drugs to be a proficient clinician.

She/he is also trained to understand the principles of research methodology, biostatistics, self-directed learning for continuous professional development, and the methods of utilizing library resources. Thus, the program focuses on methods and techniques which provide to

the candidate with an entire experience of understanding Materia Medica by forming a portrait at the level of artificial disease and matching at the level of natural disease.

At the end of Post Graduate training in M.D. (Homoeopathy) Materia Medica, the Post Graduate scholar shall be able to –

- (a) Recognize the importance of Homoeopathic Materia Medica in context with national priorities and health needs of the community.
- (b) Practice Homoeopathy and application of HMM ethically and in step with the principles of the system.
- (c) Display skills as a self-directed learner, recognize continuing education needs, and select and use appropriate learning resources for Homoeopathic Materia Medica.
- (d) Demonstrate competence in basic concepts of research methodology and epidemiology and be able to critically analyze relevant published research literature in relation to HMM.
- (e) Identify social, economic, environmental, biological and emotional determinants of health in a given case, and take them into account while planning therapeutic, rehabilitative, preventive and promotive measures /strategies and incorporate in application in HMM.
- (f) Diagnose health problems and manage as per the scope of homoeopathy and HMM
- (g) Demonstrate scientific acumen by undertaking dissertation/research project using proper research methodology in HMM.
- (h) Play the assigned role in the implementation of national health programs with homoeopathy, effectively and responsibly with evolving utility of HMM.
- (i) Organize and supervise the chosen/assigned health care services demonstrating adequate managerial skills in the AYUSH clinic/hospital or in the field.
- (j) Develop skills in using educational methods and techniques as applicable to the teaching of homoeopathic Materia Medica to Homoeopathic medical students.

IV. COURSE OBJECTIVES. (ENTRUSTABLE PROFESSIONAL ACTIVITIES – EPAS)

ENTRUSTABLE PROFESSIONAL ACTIVITIES: EPAS

- 1. Explain the philosophical background, plan and construction of different HMM including source books
- 2. Construct and demonstrate the utility of the group study of HMM in clinical practice
- 3. Apply clinical HMM in systemic clinical practice including homoeo-prophylaxis
- 4. Construct acute, chronic and drug portrait of HMM from different sources

including remedy relationship and miasm

5. Receive the Case for the purposes of clinical and person understanding of patients as needed for HMM
6. Document the Homoeopathic clinical encounter in the patient record for processing to remedial diagnosis
7. Collate data for arriving at clinical problem definition and person diagnosis for conclusion of HMM
8. Recommend and interpret investigations for completing therapeutic problem definition and applying to HMM
9. Formulate comprehensive management plans and stages at the general (e.g. Life-style change), Specific (illness related), and homoeopathic level and planning their implementation from the understanding of similimum
10. Choose and applying appropriate approaches/tools for arriving at the similimum through differential HMM
11. List specific outcomes expected from intervention based on the comprehensive management plan through general and remedy relationship
12. Gather appropriate evidence to advance patient care and modifying management plans as considered appropriate
13. Identify the stage and time for getting second opinion / expert advice to improve quality of care as per the comprehensive management plan
14. Make an oral presentation of a clinical encounter (when indicated) with special reference to HMM
15. Give or receive a patient handover to transition care responsibility (when indicated)
16. Collaborate as a member of an interprofessional team (when indicated)
17. Adhere to legal and ethical principles in professional practice.
18. Formulate implementing and assess teaching plans based on clinical encounters special reference to study of HMM
19. Conduct research relevant for continuous quality improvement of homeopathic services with special reference to HMM
20. Identify areas for continuous growth in areas relevant to the self as well as mastery of the subject and relevant skills and implementing them
21. Apply various teaching-learning techniques for imparting undergraduate and postgraduate education.

IV (1). MAPPING OF EPASAND DOMAIN COMPETENCIES

KS : Knowledge & Scholarship

PC : Patient care

HO : Homoeopathic Orientation

CS : Communication skills

PBL : Practice based learning

Prf: Professionalism

Sl. No	EPA	KS	PC	HO	CS	PBL	Prf
1	Explain the philosophical background, plan and construction of different HMM including source books	✓		✓			
2	Construct and demonstrate the utility of the group study of HMM in clinical practice	✓	✓	✓	✓	✓	
3	Apply clinical HMM in systemic clinical practice including homoeo-prophylaxis	✓	✓	✓	✓	✓	
4	Construct acute, chronic and drug portrait of HMM from different sources including remedy relationship and miasm	✓		✓			
5	Receive the Case for the purposes of clinical and person understanding of patients as needed for HMM	✓	✓	✓	✓	✓	✓
6	Documenting the Homoeopathic clinical encounter in the patient record for processing to remedial diagnosis	✓	✓	✓		✓	✓
7	Collate data for arriving at clinical problem definition and person diagnosis for conclusion of HMM	✓		✓		✓	✓
8	Recommend and interpreting investigations for completing therapeutic problem definition and applying to HMM	✓	✓	✓	✓	✓	✓
9	Formulate comprehensive management plans and stages at the general (e.g. Life-style change), Specific (illness related),	✓	✓	✓		✓	

	and homoeopathic level and planning their implementation from the understanding of similimum						
10	Choose and applying appropriate approaches/tools for arriving at the similimum through differential HMM	✓	✓	✓		✓	
11	List specific outcomes expected from intervention based on the comprehensive management plan through general and remedy relationship	✓	✓	✓		✓	
12	Gather appropriate evidence to advance patient care and modifying management plans as considered appropriate	✓	✓	✓		✓	
13	Identify the stage and time for getting second opinion / expert advice to improve quality of care as per the comprehensive management plan	✓	✓	✓	✓	✓	✓
14	Make an oral presentation of a clinical encounter (when indicated) with special reference to HMM	✓		✓	✓	✓	✓
15	Give or receive a patient handover to transition care responsibility (when indicated)		✓		✓		✓
16	Collaborate as a member of an interprofessional team (when indicated)				✓		✓
17	Adhere to legal and ethical principles in professional practice		✓		✓		✓
18	Formulate, implement and assess teaching plans based on clinical encounters special reference to study of HMM	✓		✓	✓		✓
19	Conduct research relevant for continuous quality improvement of homeopathic services with special reference to HMM	✓	✓	✓		✓	✓
20	Identify areas for continuous growth in areas relevant to the self as well as mastery of the subject and relevant skills and implementing them	✓		✓		✓	✓

21	Apply various teaching-learning techniques for imparting undergraduate and postgraduate education.	✓			✓	✓	✓

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

EPA LEVEL:

1 = No permission to act

2 = Permission to act with direct, proactive supervision present in the room

3 = Permission to act with indirect supervision, not present but quickly available if needed

4 = Permission to act under distant supervision not directly available (unsupervised)

5 = Permission to provide supervision to junior trainees

No.	EPAS	Part 1			Part 2		
		Semester 1	Semester 2	Semester 3	Semester 4	Semester 5	Semester 6
1	Explain the philosophical background, plan and construction of different HMM including source books	2 Explain the plan, philosophy and construct from source book	3 Explain philosophy plan and construct include the clinical HMM	4 Explain plan, philosophy and construction Include the commentator	4 Include the key notes and differential HMM and remedy relationship	5 Able to demonstrate independently and guide juniors	5 Guides juniors
2	Construct and demonstrate the utility of the group study of HMM in clinical practice	2 Concept and philosophy of group study and process of building group indication	2 Able to organize the data based on the philosophical background	3 Built a conceptual image of group indication	3 Application of group indication to differentiation and anion to build individual remedy indication	3 Apply this knowledge in clinical practice	4 . Application in clinical practice

3	Apply clinical HMM in systemic clinical practice including homoeoprophylaxis	2 Insight in to philosophy and construct of different clinical HMM	3 Evolve differential HMM based on clinical indication	3 Apply knowledge of clinical HMM in clinical practice.	3 Apply in clinical practice	4 Apply in clinical practice	5 Able to guide juniors in clinical practice with application of clinical HMM
4	Construct acute, chronic and drug portrait of HMM from different sources including remedy relationship and miasm	2 Do analysis of the symptoms and evaluation. Philosophy of drug image construction	2 Do analysis and evaluation and construct image of acute and chronic and constitutional drug images	3 Construct image and incorporate miasmatic evolution and apply in clinical practice	4 Construct the image and apply in practice	4 Add and refine the indication based on the clinical outcome	5 able to direct juniors for construction of drug image
5	Receive the Case for the purposes of clinical and person understanding of patients as needed for HMM	2 homoeopathic case receiving including clinical data	3 homoeopathic case receiving including clinical data and also incorporate evolutionary data for HMM	3 homoeopathic case receiving including clinical data and also incorporate evolutionary data for HMM	4 homoeopathic case receiving including clinical data and also incorporate evolutionary data for HMM	4 homoeopathic case receiving including clinical data and also incorporate evolutionary data for HMM	5 Can guide juniors
6	Documenting the Homoeopathic clinical encounter	2 Able to document the data as per the	3 able to arrange the data as per analysis	3 Demonstrate the analysis and evaluation	4 Demonstrate the analysis and evaluation	4 Demonstrate the exact documentation and	5 Orients juniors the various steps required

	in the patient record for processing to remedial diagnosis	direction of organon and case record of the institute	and evaluation for processing to person and remedy diagnosis	n of clinical and homoeopathic data in 50 percent of cases	in 50 percent of cases	analysis and evaluation in 70 percent of the cases	for accurate processing of case
7	Collating data for arriving at clinical problem definition and person diagnosis for conclusion of HMM	3 Analysis, evaluation, Integration and synthesis of the data	3 Analysis, evaluation, Integration and synthesis of the data to come to clinical diagnosis and HMM	4 Analysis, evaluation, Integration and synthesis of the data to come to clinical diagnosis and HMM	4 Analysis, evaluation, Integration and synthesis of the data to come to clinical diagnosis and HMM	4 Analysis, evaluation, Integration and synthesis of the data to come to clinical diagnosis and HMM	5 Analysis, evaluation, Integration and synthesis of the data to come to clinical diagnosis and HMM
8	Recommending and interpreting investigations for completing therapeutic problem definition and applying to HMM	2 Connecting investigation and ordering for the clinical diagnosis	3 Connecting investigation and ordering for the clinical diagnosis and HMM	4 Connecting investigation and ordering for the clinical diagnosis and HMM also differential HMM	4 Connecting investigation and ordering for the clinical diagnosis and HMM also differential HMM	4 Connecting investigation and ordering for the clinical diagnosis and HMM also differential HMM	5 Connecting investigation and ordering for the clinical diagnosis and HMM also differential HMM
9	Formulating comprehensive management plans and stages	2 Comprehensive defining the problem and	3 Comprehensive defining the problem and	4 Comprehensive defining the problem and	4 Comprehensive defining the problem and noting	4 Comprehensive defining the problem and noting	5 Comprehensive defining the problem and noting

	at the general (e.g. Life-style change), Specific (illness related), and homoeopathic level and planning their implementation from the understanding of similimum	noting possible solution at the level of homoeopathy and counselling after understanding the similimum	noting possible solution at the level of homoeopathy and counselling after understanding the similimum	noting possible solution at the level of homoeopathy and counselling after understanding the similimum	possible solution at the level of homoeopathy and counselling after understanding the similimum	possible solution at the level of homoeopathy and counselling after understanding the similimum	possible solution at the level of homoeopathy and counselling after understanding the similimum
10	Choosing and applying appropriate approaches/tools for arriving at the similimum through differential HMM	2 Concept and philosophy for differential HMM	3 Concept and philosophy for differential HMM	4 Concept and philosophy for differential HMM and application to clinical practice	4 Concept and philosophy for differential HMM and application to clinical practice	4 Concept and philosophy for differential HMM and application to clinical practice	5 Concept and philosophy for differential HMM and application to clinical practice
11	Listing specific outcomes expected from intervention based on the comprehensive management	2 Able to relate to remedy response concept and philosophy and learn the concept	3 Able to relate to remedy response concept and philosophy and learn the concept	4 Able to relate to remedy response concept and philosophy and learn the concept	4 Able to relate to remedy response concept and philosophy and learn the concept of remedy	4 Able to relate to remedy response concept and philosophy and learn the concept of	5 Able to guide juniors

	nt plan through general and remedy relationship	of remedy relationship concept and philosophy	of remedy relationship concept and philosophy	of remedy relationship concept and philosophy	relationship concept and philosophy	remedy relationship concept and philosophy	

12	Gathering appropriate evidence to advance patient care and modifying management plans as considered appropriate And second prescription	2 Ability to gather follow up evidence for further action and second prescription and remedy relationship	3 Ability to gather follow up evidence for further action and second prescription and remedy relationship	4 Ability to gather follow up evidence for further action and second prescription and remedy relationship	4 Ability to gather follow up evidence for further action and second prescription and remedy relationship	4 Ability to gather follow up evidence for further action and second prescription and remedy relationship	5 Able to guide junior
13	Identifying the stage and time for getting second opinion / expert advice to improve quality of care as per the comprehensive management plan	2 Ability to develop insight about limitation of the self and pathology	3 Ability to define the limitation in further quality care and need for expert opinion	3 Ability to define the limitation in further quality care and need for expert opinion and choose the right one	4 Ability to define the limitation in further quality care and need for expert opinion and choose the right one and start communication and take guidance	4 Ability to define the limitation in further quality care and need for expert opinion and choose the right one and start communication and take guidance and alter	5 able to pass this to juniors

						managem nt plan	
14	Making an oral presentation of a clinical encounter (when indicated) with special reference to HMM	2 Ability to gather evidence of the clinical encounter and able to organize it to get insight in to the experience	3 Ability to prepare the presentation on clinical experience on the logic and outcome and able to present and receive the feedback	3 Ability to prepare the presentation on clinical experience on the logic and outcome and able to present and receive the feedback	4 Ability to prepare the presentation on clinical experience on the logic and outcome and able to present and receive the feedback	4 Ability to prepare the presentation on clinical experience on the logic and outcome and able to present and receive the feedback	5 Able to guide the juniors
15	Giving or receiving a patient handover to transition care responsibility (when indicated)	2 Gather evidence and able to define the reason for transition	2 Gather the evidence and able to create documents and communicate the reason for the transition	3 Gather the evidence and able to create documents and communicate the reason for the transition and advice on further therapeutic intervention and hmm	3 Gather the evidence and able to create documents and communicate the reason for the transition and advice on further therapeutic intervention and hmm	4 Gather the evidence and able to create documents and communicate the reason for the transition and advice on further therapeutic intervention and hmm	5 Able to guide juniors
16	Collaborating as a member of an inter-	2 Observe the process	2 Observe the process	3 Observe the process	3 Observe the process of being	4 participate	5 Guide juniors

	profession al team (when indicated)	of being member of the inter professi onal team and note down the quality required for the same	of being member of the inter professio nal team and note down the quality required for the same and discuss with the facilitator	of being member of the inter professio nal team and note down the quality required for the same and discuss with the facilitator	member of the inter professiona l team and note down the quality required for the same and discuss with the facilitator		
17	Adhering to legal and ethical principles in profession al practice.	2 Get aware about	3 Note down all the issue and experienc e during clinical and research session and discuss	3 Applicati on of this in practice and getting feedback	3 Application of this in practice and getting feedback	4 Applicatio n of this in practice and getting feedback	5 Guides junior
18	Formulati ng, implement ing and assessing teaching plans based on clinical encounters special reference to study of HMM	2 Participa te and get feed back	2 Participat e in advance teaching and learn modern teaching technolog y	3 Translati ng the clinical encounter in to the teaching material and deliverin g	3 Translating the clinical encounter in to the teaching material and delivering and working further on feedback	4 Evolving the teaching plan from clinic to classroom and classroom to clinic	5 Guiding juniors
19	Conductin g research	2 Learn	2 Applicati	3 Scientific	3 Scientific	3 Scientific	4 Presentati

	relevant for continuous quality improvement of homeopathic services with special reference to HMM	the basic of research and drug proving	on of the basic to formulate the project and synopsis	and evidence-based practice and data collection with review and undertaking reading	and evidence-based practice and data collection with review and undertaking reading and doing analysis and evaluation	and evidence-based practice and data collection with review and undertaking reading and doing analysis and evaluation with building up the discussion summary and conclusion with publication	on of the research outcome and learning
20	Identifying areas for continuous growth in areas relevant to the self as well as mastery of the subject and relevant skills and implementing them	2 Clinical/homoeopathy Critical thinking Logic Analysis, evaluation, synthesis, abstraction, comprehension, application Problem	2 Orientation to the area needs improvement and discussing with faculty and map plan	2 Implementation and feedback	3 Ability to do without active supervision	3 Ability to do without distant supervision supervisor	4 Ability to work on without supervision

		solving Observat ion, control, automati on, receivin g, respon ding and internali zation					
21	Apply various teaching-learning techniques for imparting undergraduate and postgraduate education.	Justify the need for educational methodology as a component of PG Course.	Identify the learning objectives for their domain in Bloom's taxonomy. Identify the contexts of learning.	Recognise the levels of Guilbert. Indicate the level in Miller's Pyramid . Select appropriate instructional activities.	Write objectives for all domains of Bloom and levels of Guilbert. Identify assessment tools appropriate for the context.	Conduct evidence driven TL and Assessment of UG students.	Apply various teaching-learning techniques for imparting undergraduate and postgraduate education.

PART I PAPER 1:

V. TOPIC AND TOPIC OBJECTIVES

PART I PAPER 1:

The syllabus of MD-Part I in HMM deals with the understanding of the basic science and philosophy of Materia Medica. These contents help the students to understand the functional, structural, psychological, and causative aspects of Materia Medica. These contents also deal with the evolution of remedies at the level of mind and body. It will also give them insights into Clinical Materia Medica that would be useful for their resident postings.

TOPIC OBJECTIVES: FUNDAMENTALS OF HOMOEOPATHIC MATERIA MEDICA

1) HOM-PG-HMM-01:

FOUNDATION OF HOMOEOPATHIC MATERIA MEDICA – CONCEPT, SCIENCE, PHILOSOPHY, APPLICATION, NATURE AND SCOPE WITH A SPECIAL FOCUS ON SOURCE BOOKS OF MATERIA MEDICA.

2) HOM-PG-HMM-02:

PLACE OF HOMOEOPATHIC MATERIA MEDICA IN COMPARISON TO OTHER SYSTEM OF MEDICINE AND COMPARISON IN CONCEPT, PHILOSOPHY, SCIENCE AND APPLICATION

3) HOM-PG-HMM-03:

FOUNDATION OF ELICITING THE SYMPTOMATOLOGY OF HOMOEOPATHIC MATERIA MEDICA AND CONCEPT OF DRUG PROVING AND ITS APPLICATION

4) HOM-PG-HMM-04:

CLINICAL MATERIA MEDICA CONCEPT, PHILOSOPHY AND CONSTRUCTION, RELATION WITH REPERTORY- BOERICKE, CLARKE, FARRINGTON, POINTERS TO COMMON REMEDY BY TYLER, HOMOEOPATHIC THERAPEUTICS BY LILIENHAL, HANDBOOK OF MATERIA MEDICA BY T F ALLEN

5) HOM-PG-HMM-05:

APPLICATION OF CLINICAL MATERIA MEDICA THROUGH THE STUDY OF THE CLINICOPATHOLOGICAL CORRELATION AND SPHERE OF ACTION AND ITS DERIVATION THROUGH ANALYSIS, EVALUATION AND SYNTHESIS.

6) HOM-PG-HMM-06:

PHYSIOLOGICAL ACTION OF THE REMEDY AND STUDY FUNCTIONAL ORGANISATION OF THE REMEDIES THROUGH THE STUDY OF MM AND THERAPEUTICS ARRANGED UPON A PHYSIOLOGICAL AND PATHOLOGICAL BASIS BY HEMPEL, PHYSIOLOGICAL MM BY WILLIAM BURT AND APPLYING IT TO CLINICAL PRACTICE

7) HOM-PG-HMM-07:

STUDY OF THE MIASM AND RELATING INSIGHT INTO THE CLINICOPATHOLOGICAL ACTION OF THE DRUG TO MIASM AND ITS EVOLUTION ALONG WITH THE DIFFERENT CAUSATION BY STUDYING THE SOURCEBOOK, COMMENTARY AND CLINICAL MATERIA MEDICA.

8) HOM-PG-HMM-08:

CONCEPT OF CAUSATION, BIO-PSYCHO-SOCIAL MODEL OF AETIOPATHOGENESIS AND ITS APPLICATION IN THE DIFFERENT EXPRESSION AND SYMPTOMATOLOGY OF HMM THROUGH THE STUDY OF CLINICAL MATERIA MEDICA, SOURCEBOOKS AND COMMENTATOR

9) HOM-PG-HMM-09:

THE STRUCTURE OF MIND THROUGH THE STUDY OF BASIC PSYCHOLOGY AND INTEGRATING WITH THE CONCEPT OF MIND AS PROPAGATED BY HAHNEMANN, KENT AND THE STUDY OF MIND FROM SOURCE BOOKS, BY KENT, TYLER AND FARRINGTON.

10) HOM-PG-HMM-10:

DEVELOPMENT AND MATURATION OF MIND FROM CHILDHOOD TO OLD AGE-NORMAL CHARACTERISTICS AND THE RELEVANCE AND APPLICATION TO HOMOEOPATHIC MATERIA MEDICA.

11) HOM-PG-HMM-11:

STUDY OF DISPOSITION, CONSTITUTIONS, AND TEMPERAMENTS IN THE CONCEPT OF HOMOEOPATHIC MATERIA MEDICA.

12) HOM-PG-HMM-12:

CRITICAL THINKING AND EVOLVING LOGIC IN THE STUDY OF HMM, LEARNING THE PROCESS OF DATA RECEIVING, DOCUMENTING, ANALYSING COMING TO LOGICAL CONCLUSIONS BY SYNTHESIS AND ABSTRACTION AND GETTING FEEDBACK BY ITS APPLICATION.

TOPIC CONTENT

- HOM-PG-HMM-01:

FOUNDATION OF HOMOEOPATHIC MATERIA MEDICA – CONCEPT, SCIENCE, PHILOSOPHY, APPLICATION, NATURE AND SCOPE WITH A SPECIAL FOCUS ON SOURCE BOOKS OF MATERIA MEDICA.

- Concept of homoeopathic Materia medica
- Science of homoeopathic Materia Medica
- Philosophy of Homoeopathic Materia Medica
- Nature and scope of Homoeopathic Materia Medica
- Application of Homoeopathic Materia Medica

- HOM-PG-HMM-02:

PLACE OF HOMOEOPATHIC MATERIA MEDICA IN COMPARISON TO OTHER SYSTEMS OF MEDICINE AND COMPARISON IN CONCEPT, PHILOSOPHY, SCIENCE AND APPLICATION.

- Comparison of homoeopathic Materia medica with other systems of medicine prevalent currently

- HOM-PG-HMM-03:

FOUNDATION OF ELICITING THE SYMPTOMATOLOGY OF HOMOEOPATHIC MATERIA MEDICA AND CONCEPT OF DRUG PROVING AND ITS APPLICATION

- Concept of artificial disease and natural disease
- Eliciting the symptomatology from patient
- Eliciting the symptomatology from prover
- Concept and application of drug proving as per direction of Hahnemann and CCRH
- Creating image of the drug through symptom analysis and evaluation

- HOM-PG-HMM-04:

CLINICAL MATERIA MEDICA CONCEPT, PHILOSOPHY AND CONSTRUCTION, RELATION WITH - BOERICKE, CLARKE, FARRINGTON, POINTERS TO COMMON REMEDY BY TYLER, HOMOEOPATHIC THERAPEUTICS BY LILIENTHAL, HANDBOOK OF MATERIA MEDICA BY T F ALLEN

- Concept and philosophy of Clinical Materia Medica

- Exploring different clinical Materia medica and studying their structure, concept, philosophy and clinical application-as per listed in the course

▪ HOM-PG-HMM-05:

APPLICATION OF CLINICAL MATERIA MEDICA THROUGH THE STUDY OF THE CLINICOPATHOLOGICAL CORRELATION AND SPHERE OF ACTION AND ITS DERIVATION THROUGH ANALYSIS, EVALUATION AND SYNTHESIS.

- Application of clinical Materia Medica In OPD and IPD by correlating clinicopathological characteristics
- Sphere of action through clinical Materia Medica
- Symptomatic classification and evaluation building drug image

▪ HOM-PG-HMM-06:

PHYSIOLOGICAL ACTION OF THE REMEDY AND STUDY FUNCTIONAL ORGANISATION OF THE REMEDIES THROUGH THE STUDY OF MM AND THERAPEUTICS ARRANGED UPON A PHYSIOLOGICAL AND PATHOLOGICAL BASIS BY HEMPEL, PHYSIOLOGICAL MM BY WILLIAM BURT AND APPLYING IT TO CLINICAL PRACTICE

- Physiological action of remedies and image of drugs
- Studying the concept and philosophy of Hempel and William Burt and its application to clinical practice

▪ HOM-PG-HMM-07:

STUDY OF THE MIASM AND RELATING INSIGHT INTO THE CLINICOPATHOLOGICAL ACTION OF THE DRUG TO MIASM AND ITS EVOLUTION ALONG WITH THE DIFFERENT CAUSATION BY STUDYING THE SOURCEBOOK, COMMENTARY AND CLINICAL MATERIA MEDICA.

SALIENT FEATURES OF DIFFERENT MIASM

- Utility of studying miasm in building image of the remedy
- Utility of knowledge of miasm in choice, differentiation and application of HMM in practice

▪ HOM-PG-HMM-08:

CONCEPT OF CAUSATION, BIO-PSYCHO-SOCIAL MODEL OF AETIOPATHOGENESIS AND ITS APPLICATION IN THE DIFFERENT EXPRESSION AND SYMPTOMATOLOGY OF HMM THROUGH THE STUDY OF CLINICAL MATERIA MEDICA, SOURCEBOOKS AND COMMENTATOR

- Concept of causation as per organon of medicine
- Bio-psycho-social concept of aetiopathogenesis

- Application and importance of concept of causation in building image of HMM
- Study of concept of causation through different HMM

▪ HOM-PG-HMM-09:

THE STRUCTURE OF MIND THROUGH THE STUDY OF BASIC PSYCHOLOGY AND INTEGRATING WITH THE CONCEPT OF MIND AS PROPAGATED BY HAHNEMANN, KENT AND THE STUDY OF MIND FROM SOURCE BOOKS, BY KENT, TYLER AND FARRINGTON.

- Structure of mind, mental symptoms, mental state and mental disposition
- Study of emotion, intellect and behaviour
- Mind as comprehended by Drs Hahnemann and Dr kent
- Study of mind of different remedies
- Concept of psychodynamic and psychosomatic and application to HMM -study Whitmont, Catherine Coulter, Vithoulkas and Philip Bailey

▪ HOM-PG-HMM-10:

DEVELOPMENT AND MATURATION OF MIND FROM CHILDHOOD TO OLD AGE-NORMAL CHARACTERISTICS AND THE RELEVANCE AND APPLICATION TO HOMOEOPATHIC MATERIA MEDICA.

- Evolutionary study of the man
- Studying the evolutionary study of different remedies

▪ HOM-PG-HMM-11:

STUDY OF DISPOSITION, CONSTITUTIONS, AND TEMPERAMENTS IN THE CONCEPT OF HOMOEOPATHIC MATERIA MEDICA.

- Concept of disposition, constitution, temperament
- Application of above in study of HMM

▪ HOM-PG-HMM-12:

CRITICAL THINKING AND EVOLVING LOGIC IN THE STUDY OF HMM, LEARNING THE PROCESS OF DATA RECEIVING, DOCUMENTING, ANALYSING COMING TO LOGICAL CONCLUSIONS BY SYNTHESIS AND ABSTRACTION AND GETTING FEEDBACK BY ITS APPLICATION.

VI TOPIC DESCRIPTION

HOM-PG-HMM-01

FOUNDATION OF HOMOEOPATHIC MATERIA MEDICA – CONCEPT, SCIENCE, PHILOSOPHY, APPLICATION, NATURE AND SCOPE WITH A SPECIAL FOCUS ON SOURCE BOOKS OF MATERIA MEDICA.

Topic overview	This topic will lay down the foundation for the study of the Materia Medica based on science and art of homoeopathic science
Learning outcomes	COMPETENCY- HOM-PG-HMM-01-01: EXPLAIN THE CONCEPT OF HOMOEOPATHIC MATERIA MEDICA KNOWLEDGE: ▪ Describe the concept of HMM. ▪ Apply concepts in study of HMM ▪ List the source books of HMM SKILL: Demonstrate the concepts in the study of HMM at the bedside REFLECTION: ▪ Relate the concept and philosophy while studying the HMM. ▪ Recall the experience of application of these concepts and philosophy at the bedside. COMPETENCY HOM-PG-HMM-01-02: EXPLAIN THE SCIENTIFIC ASPECT OF HMM KNOWLEDGE: ▪ Discuss the scientific aspect of HMM. ▪ Explain the science and philosophy of HMM ▪ Establish clinico pathological correlation of HMM at the bedside SKILL: Demonstrate the application of scientific aspects of Homoeopathy at the bedside.

	REFLECTION: - Recall your experience of applying the scientific aspect of HMM at the bedside. COMPETENCY HOM-PG-HMM-01-03: EXPLAIN THE NATURE AND SCOPE OF THE HMM KNOWLEDGE: - Explain the scope and limitations of HMM while applying at bedside. SKILL: - Demonstrate actual interpretation of clinical symptoms at bedside to correlate with symptoms in indicated remedy at bedside. Demonstrate the skill of communication of scope and limitations to the patient's relatives. REFLECTION - Recall the experience of application of various Source books at bedside.
Learning Methods	Self-regulated learning, library based, bedside
Assessment:	Continuous / programmatic assessment including Assessment.SA, Assignment,Viva, OSCE
Prescribed books:	As per the list
Domain of competencies	Knowledge and scholarship, Homoeopathic orientation, patient care, Practice based learning

TOPIC CODE: HOMPG-HMM-02**PLACE OF HOMOEOPATHIC MATERIA MEDICA IN COMPARISON TO OTHER SYSTEMS OF MEDICINE AND COMPARISON IN CONCEPT, PHILOSOPHY, SCIENCE AND APPLICATION**

Topic overview	This topic will make the learner understand the conceptual difference between HMM and other medical branches and enable the learner to compare these concepts.
Learning outcomes	COMPETENCY HOM-PG-HMM-02-01 EXPLAIN THE PHILOSOPHICAL BACKGROUND OF HMM KNOWLEDGE: ▪ Explain the construction of various HMMs ▪ Explain the science and philosophy of HMM ▪ Enumerate conceptual differences of HMM with other medical sciences. ▪ Recall the art of Trituration and succussion as processes of potentization. REFLECTION: ▪ Recall an experience of trituration and succussion in pharmacy lab COMPETENCY HOM-PG-HMM-02-02: EXPLAIN THE DIFFERENCES BETWEEN HMM AND OTHER MEDICAL SCIENCES KNOWLEDGE: ▪ Enumerate the sources of HMM ▪ Explain the process of drug proving. ▪ Explain the mode of preparation of medicines in Ayurveda and Modern medicine. SKILL ▪ Demonstrate the procedure of recording of subjective and objective symptoms during the process of drug proving REFLECTION: ▪ Recall an interaction with a colleague of modern medicine as to how HMM differs from other systems.
Learning methods	Self regulated learning, library based, deliberate practice.
Assessment:	Continuous / programmatic assessment SA, Assignment, Viva voce

Prescribed texts:	As per the list
Domain of competencies	Knowledge and scholarship, Homoeopathic orientation, Practice based learning.

TOPIC CODE- HOMPG-HMM- 03

FOUNDATION OF ELICITING THE SYMPTOMATOLOGY OF HOMOEOPATHIC MATERIA MEDICA AND CONCEPT OF DRUG PROVING AND ITS APPLICATION

Topic overview	This topic will lay down the foundation for eliciting the symptomatology of HMM from drug proving and understand the concept of drug proving.
Learning outcomes	COMPETENCY HOM-PG-HMM-03-01: EXPLAIN THE CONCEPT AND PRINCIPLES OF DRUG PROVING KNOWLEDGE: ▪ Explain the concept of Homoeopathic drug proving. SKILL: ▪ Demonstrate the steps involved in the process of drug proving. REFLECTION: ▪ Recall the first experience of drug proving on self. COMPETENCY HOM-PG-HMM-03-02: EXPLAIN THE FUNDAMENTALS OF DRUG PROVING IN THE LIGHT OF IDEAL PROVER, DRUG SUBSTANCE AND PHYSICIAN. KNOWLEDGE: ▪ Discuss the qualities of IDEAL prover. SKILL ▪ Demonstrate the process of selection of ideal prover and the drug substance. REFLECTION: ▪ Recall the first experience of selection of prover. COMPETENCY HOM-PG-HMM-03-03: VERIFY THE EFFICACY OF OUTCOME OF DRUG PROVING IN CLINICAL PRACTICE KNOWLEDGE: ▪ Differentiate the common and uncommon symptoms and elicit Determinative symptoms. SKILL: ▪ Demonstrate ability of receiving a case and differentiate common(Basic / absolute) and uncommon(determinative) symptoms from case received. REFLECTION ▪ Recall your first experience of case receiving and the difficulties faced in matching with that of artificial disease.

Learning methods	Self-regulated learning, deliberate practice
Assessment:	Continuous / programmatic assessment. SA, Assignment, viva voce
Prescribed Books:	As per the list
Domain of competencies	Knowledge and scholarship, Homoeopathic orientation, Practice based learning.

TOPIC CODE: HOM-PG-HMM-04:

CLINICAL MATERIA MEDICA CONCEPT, PHILOSOPHY AND CONSTRUCTION, BOERICKE, CLARKE, FARRINGTON, POINTERS TO COMMON REMEDY BY TYLER, HOMOEOPATHIC THERAPEUTICS BY LILIENTHAL, HANDBOOK OF MATERIA MEDICA BY T F ALLEN

Topic overview	This topic will create a scope to understand clinical material medicas of various authors and their concept, construction and philosophy.
Learning outcomes	COMPETENCY HOM-PG-HMM-04-01: EXPLAIN THE TYPES OF HMM AND DISCUSS THE PHILOSOPHY OF VARIOUS CLINICAL HMMS. KNOWLEDGE: • Enumerate the types of HMMs • Discuss the sources of HMMs. SKILL: ▪ Demonstrate the application of various clinical HMMs in a case received by interpreting the clinical presentations of a given case. REFLECTION: ▪ Recall your experience in receiving a case and interpreting the symptoms in light of Drug pictures of HMM. COMPETENCY HOM-PG-HMM-04-02: EXPLAIN THE CONCEPT AND CONSTRUCTION OF VARIOUS CLINICAL MATERIA MEDICAS KNOWLEDGE: ▪ Discuss the utility of each clinical HMM in clinical practice ▪ Differentiate the role of general HMM with clinical HMM in respect their utility in clinical practice. SKILL: ▪ Demonstrate the interpretation of symptomatology of general and clinical HMM REFLECTION: ▪ Recall the incidence when you actually used a clinical HMM for selection of similimum for the first case

COMPETENCY HOM-PG-HMM-04-03:**ESTABLISH A LOGICAL RELATION OF VARIOUS CLINICAL HMMS WITH VARIOUS REPERTORIES.****KNOWLEDGE:**

- Correlate the construction, concept and philosophy of all the clinical HMMS with concept and philosophy of Repertories.

SKILL:

- Demonstrate the skill of KEYNOTE prescription by using CLINICAL HMM in clinical practice and relate the same with reportorial approach.

REFLECTION:

- Write down the various experiences of KEY NOTE prescriptions and aim to construct a clinical HMM of your experience.

Learning methods	Self regulated learning, library based, deliberate practice,
Assessment:	Continuous / programmatic assessment.LA, SA, Assignment, viva voce
Prescribed Books:	As per the list
Domain of competencies	Knowledge and scholarship, Homoeopathic orientation, Practice based learning

TOPIC CODE: HOM-PG-HMM-05**APPLICATION OF CLINICAL MATERIA MEDICA THROUGH STUDY OF CLINICO-PATHOLOGICAL CORRELATION AND SPHERE OF ACTION AND ITS DERIVATION THROUGH ANALYSIS, EVALUATION AND SYNTHESIS**

Topic overview	This topic creates an opportunity for the PG scholar to actually explore clinico pathological aspects of symptomatology in Clinical HMM and also establish a clinicopathological correlation of a clinical presentation of a patient.
Learning outcomes	COMPETENCYHOM-PG-HMM-05-1: EXPLAIN THE SPHERE OF ACTION OF A REMEDY AND ESTABLISH CLINICO PATHOLOGICAL RELATION WITH THE SYMPTOMATOLOGY OF THE REMEDY. KNOWLEDGE: ▪ Discuss the sphere of action of a remedy. SKILL: ▪ Demonstrate the skill of snapshot prescriptionon the basis of sphere of action in clinical practice. REFLECTION: ▪ Recall a peculiar key note symptom which was explained in a class and you had the same in a patient. COMPETENCY HOM-PG-HMM-05- 2: ANALYSE, EVALUATE A CASE AND SELECT A SIMILIMUM APPLYING KNOWLEDGE OF SPHERE OF ACTION AND ITS CLINICO PATHOLOGICAL RELATION. KNOWLEDGE: ▪ Discuss various methods of analysis and evaluation of a patient. SKILL: ▪ Demonstrate a clinical analysis and synthesis of a case to arrive at a proper similimum. REFLECTION: ▪ Recall a first success story of a patient treated on this basis.
Learning methods	Self regulated learning, case based learning, problem based learning
Assessment:	Continuous / programmatic assessment: SA, Checklist, Ratingscales
Prescribed texts:	As per the list
Domain of competencies	Knowledge and scholarship, Homoeopathic orientation, Practice based learning.

TOPIC CODE: HOMPG-HMM-06

PHYSIOLOGICAL ACTION OF THE REMEDY AND STUDY FUNCTIONAL ORGANISATION OF THE REMEDIES THROUGH STUDY OF MM AND THERAPEUTICS ARRANGED UPON A PHYSIOLOGICAL AND PATHOLOGICAL BASIS BY HEMPEL. PHYSIOLOGICAL MM BY WILLIAM BURT” AND APPLYING IT TO CLINICAL PRACTICE.

Topic overview	This topic creates an opportunity for the PG Scholar to explore various literatures available of these authors and understand physiological actions of drugs and enable him to apply the same in clinical practice.
Learning outcomes	COMPETENCY HOMPG-HMM-06-1: DESCRIBE THE PHYSIOLOGICAL ACTION OF DRUGS AND CONNECT THE SAME WHILE INTERPRETATION OF SYMPTOMATOLOGY IN CLINICAL PRACTICE. KNOWLEDGE: ▪ Discuss the physiological action of the remedies. · Make a correlation with physiological action of the remedy and the symptoms of the respective drugs in Materia Medica. · Prepare systematic therapeutics on sphere of action of the remedies. SKILL: ▪ To develop observational skills depending upon the presenting symptoms of the case. · To develop interpretative skill in clinical application of drugs. REFLECTION: ▪ Recall your experience of applying patho-physiological aspect of HMM at bedside
Learning methods	Self regulated learning,library based
Assessment:	Continuous / programmatic assessment: SA, Assignment, Viva voce
Prescribed texts:	As per the list
Domain of competencies	Knowledge and scholarship, Homoeopathic orientation, Practice based learning.

TOPIC CODE: HOM-PG-HMM-07**STUDY OF THE MIASM AND RELATING INSIGHT INTO CLINICO-PATHOLOGICAL ACTION OF THE DRUG TO MIASM AND ITS EVOLUTION ALONG WITH THE DIFFERENT CAUSATION BY STUDYING THE SOURCE BOOKS, COMMENTARY AND CLINICAL MATERIA MEDICA**

Topic overview	This topic will create a scope for understanding the concept of miasms as fundamental causes of diseases. And correlation with the natural course of the disease and connect the same and apply in clinical practice.
Learning outcomes	COMPETENCY HOM-PG-HMM-07-1: KNOWLEDGE: ▪ Discuss the characteristics features (system-wise) of various miasms. · Make correlation of symptoms of various disease condition and corresponding miasmatic interpretation. · Prepare miasmatic analysis of symptoms of the leading polycrest drugs. SKILL: ▪ To develop observational skills to identify miasmatic diagnosis upon the presenting symptoms of the case. · To develop interpretative skill to find out similimum considering miasmatic background in the presenting case. REFLECTION: ▪ Recall your experience of applying miasmatic approach to HMM in clinical practice and at bedside.
Learning methods	Self regulated learning, library based, bedside
Assessment:	Continuous / programmatic assessment: LA, Assignment, Assignment, Viva voce,
Prescribed texts:	As per the list
Domain of competencies	Knowledge and scholarship, Homoeopathic orientation, Practice based learning.

TOPIC CODE: HOMPG-HMM-08

**CONCEPT OF CAUSATION, BIO-PSYCHO-SOCIAL MODEL OF AETIO-
PATHOGENESIS AND ITS APPLICATION IN THE DIFFERENT EXPRESSION AND
SYMPTOMATOLOGY OF HMM THROUGH STUDY OF CLINICAL MATERIA MEDICA,
SOURCEBOOKS AND COMMENTARIES.**

Topic overview	This topic will allow the PG Scholar to understand the concept of cause and effect and also understand the aetio pathogenesis of clinical symptoms and apply the same in clinical practice.
Learning outcomes	COMPETENCY HOMPG-HMM-08-1: KNOWLEDGE: ▪ Discuss evolutionary concept of cause & effect relationship from homoeopathic point of view. · Make a correlation of cause & effect of symptoms of drugs in Materia Medica. SKILL: ▪ To develop interpretative skill between cause and effect and its reflection in drugs of homoeopathic Materia Medica. · To develop understanding of cause & effect relationship and its application at bed-side. REFLECTION: ▪ Recall your experience of applying cause & effect relationship in clinical practice.
Learning methods	Self-regulated learning, library based, bedside,out-patient based
Assessment:	Continuous / programmatic assessment: MCQ, SA, Viva voce, Assignment
Prescribed texts:	As per the list
Domain of competencies	Knowledge and scholarship, Homoeopathic orientation, Practice based learning.

TOPIC CODE: HOMPG-HMM-09:**THE STRUCTURE OF MIND THROUGH STUDY OF BASIC PSYCHOLOGY AND INTEGRATING WITH CONCEPT OF MIND AS PROPAGATED BY DR HAHNEMANN, KENT AND STUDY OF MIND FROM SOURCE BOOKS, KENT, TYLER AND FARRINGTON**

Topic overview	This course will enable the PG Scholar to understand the basics of psychology and integrate the same with concept of mind as propagated by the named pioneers of Homoeopathy.
Learning outcomes	COMPETENCY HOMPG-HMM-09-1: EXPLAIN THE BASIC CONCEPTS OF PSYCHOLOGY AND INTEGRATE THE SAME WITH THE CONCEPTS OF MIND AS PROPAGATED BY VARIOUS PIONEERS AND APPLY THE SAME IN CLINICAL PRACTICE. KNOWLEDGE: ▪ Discuss various psychological aspects present in homoeopathic materia medica. ▪ Discuss the importance of mental symptoms in selecting similimum in a case. SKILL: ▪ To develop the interpretative skill of various mental symptoms of the drugs concerning various psychological aspects. · To develop an understanding of mental symptoms to treat psychological cases at the bedside REFLECTION: ▪ Recall your experience of prescribing similimum depending on mental or psychological correlation.
Learning methods	Self regulated learning, library based, e learning
Assessment:	Continuous / programmatic assessment :LA, SA, Assignment, Viva voce
Prescribed texts:	As per the list
Domain of competencies	Knowledge and scholarship, Homoeopathic orientation, Practice based learning.

TOPIC CODE- HOMPG-HMM-10:**DEVELOPMENT AND MATURATION OF MIND FROM CHILDHOOD TO OLD AGE-NORMAL CHARACTERISTICS AND THE RELEVANCE AND APPLICATION TO HOMOEOPATHIC MATERIA MEDICA.**

Understand the Significance of the study of Mental Symptoms in Homoeopathic Materia Medica by grasping the basic concepts of Modern Psychiatry as explained in Kaplan& Sadock's "Synopsis of Psychiatry"& Niraj Ahuja's "Short Textbook of Psychiatry"& Applying this knowledge of Psychiatry to comprehend the relevance of Mental Symptoms in HMM, through the study of "Textbook of Materia Medica" by JT Kent, "Pocketbook of Homoeopathic Materia Medica& Repertory" by William Boericke, "A Synoptic Key of the Materia Medica" by C.M. Boger, "A Study on Materia Medica" by N.M. Choudhuri.

Topic overview	This course will give an opportunity for PG Scholar to understand evolution of MIND and its development so as to enable him to understand personality. This will help him to erect a constitutional totality and interpret LIFE SITUATION in clinical practice.
Learning outcomes	COMPETENCY HOMPG-HMM-10-1: ERECT A CONSTITUTIONAL TOTALITY WHILE RECEIVING A CASE AND RELATE TO THE MENTAL SYMPTOMS AS PER THE ABOVE AUTHORS LEADING TO ESTABLISH A MENTAL TOTALITY IN CLINICAL PRACTICE. KNOWLEDGE: ▪ Explain the mile stones of mental development as per various authors mentioned above. ▪ Discuss the various types of Mental symptoms seen in above books of HMM ▪ Grasp the basic concepts of Modern Psychiatry ▪ Correlate these mental symptoms with Modern Psychiatry so as to realise their significance in understanding drug symptomatology, case taking and case analysis, to arrive at a similimum. SKILL: ▪ To develop observational skills to document the presentation of various mental symptoms during case taking. ▪ To develop interpretative skill of various mental symptoms of Homoeopathic drugs in relation to various psychiatric disorders.

	- Record and analyse a mental totality and relate to the suitable remedy through Materia Medica in clinical practice. REFLECTION: - Recall your experience of applying the knowledge of mental symptoms and their diagnostic value in differentiating similar remedies at bedside.
Learning methods	Self regulated learning, library based, e learning, deliberate practice
Assessment:	Continuous / programmatic assessment :SA, Assignment, viva voce
Prescribed texts:	As per the list
Domain of competencies	Knowledge and scholarship, Homoeopathic orientation, Practice based learning

TOPIC CODE HOMPG-HMM-11:**STUDY OF DISPOSITION, CONSTITUTIONS, TEMPERAMENTS IN CONCEPT OF HOMOEOPATHIC MATERIA MEDICA:**

Study of disposition, constitutions, temperaments, diathesis in concept of Homoeopathic Materia Medica understood through the writings of Von Grauvogl, J.H.Clarke's "Constitutional Medicine", J.T.Kent's "Lesser Writings", Leon Vannier's "Homoeopathy Human Medicine", "Constitutional Therapeutics" by A.W.Woodward, "The Principles & the Art of Cure" by H.A.Roberts, David Little's essay "Hahnemann on Constitution & Temperament", "Trait and Type theories of Personality"

Topic overview	This course will give an opportunity to the PG Scholar To understand concepts of constitution, temperament and dispositions as explained by various authors and apply the same in clinical practice.
Learning outcomes	COMPETENCY HOMPG-HMM-11-1: EXPLAIN THE CONCEPT OF CONSTITUTION, DISPOSITION AND TEMPERAMENT AND RELATE TO HMM AND APPLY IN CLINICAL PRACTICE KNOWLEDGE: ▪ Discuss the definitions and types of disposition, constitutions, temperaments & diathesis. ▪ Understand the relevance of these concepts from the above books in HMM ▪ Correlate the various types & manifestations of disposition, constitutions, temperaments & diathesis to the actual logical process involved in arriving at a similimum SKILL: ▪ To develop observational skills to identify various types of disposition, constitutions, temperaments & diathesis among the presenting symptoms of the case. ▪ To develop interpretative skill to find out similimum considering disposition, constitutions, temperaments & diathesis, in the presenting case. REFLECTION: ▪ Recall your experience of applying your understanding of disposition, constitutions, temperaments & diathesis to HMM in clinical practice and at the bedside.
Learning methods	Self directed learning, library based
Assessment:	Continuous/programmatic assessment :MCQ, SA, ASSIGNMENT, VIVA VOCE

Prescribed texts:	As per the list
Domain of competencies	Knowledge and scholarship, Homoeopathic orientation, Practice based learning

TOPIC CODE HOMPG-HMM-12:**CRITICAL THINKING AND EVOLVING LOGIC IN STUDY OF HMM, LEARNING THE PROCESS OF DATA RECEIVING DOCUMENTING, ANALYSING COMING TO LOGICAL CONCLUSION BY SYNTHESIS AND ABSTRACTION AND GETTING FEEDBACK BY ITS APPLICATION.**

Critical thinking and evolving logic in study of HMM, learning the process of data receiving, documenting, analysing, coming to logical conclusion by synthesis and abstraction and getting feedback from its application, as seen in “The Genius of Homoeopathy-Lectures and Essays on Homoeopathic Philosophy “by Stuart Close.

Topic overview	This topic will give a scope for PG Scholar to critically Look at the data received in the process of case receiving and come to a logical conclusion by analysing the same and apply it in clinical practice.
Learning outcomes	COMPETENCY HOMPG-HMM-12-1: RECEIVE THE DATA AND ANALYSE CRITICALLY AND COME TO A LOGICAL CONCLUSION OF A SIMILIMUM IN CLINICAL PRACTICE. KNOWLEDGE: ▪ Discuss the definition & different types of logic involved in the development of HMM. ▪ Correlate the role of Inductive & Deductive logic in developing HMM through Drug Proving ▪ Correlate the role of Logic in the whole process starting from case taking, till prescription and follow up and drawing inferences. SKILL: ▪ To develop observational skills to identify various types of Logic applied in evolving Homoeopathic Materia Medica. ▪ To develop interpretative skill to understand the application of Logic in the process of Drug Proving. ▪ To develop an understanding of the utilization of different types of Logic in the application of Homoeopathy at the bed-side. REFLECTION: ▪ Recall your experience of applying Inductive & Deductive Logic in clinical practice.
Learning methods	Case based learning ,bedside
Assessment:	Continuous / programmatic assessment: Checklist, Rating scales

Prescribed Books:	As per the list
Domain of competencies	Knowledge and scholarship, Homoeopathic orientation, Practice based learning

DRUG LISTED BELOW FOR DEMONSTRATION AND APPLICATION OF ALL ABOVE COURSE CONTENTS AND COMPETENCIES.

DRUGS FOR LONG ANSWER QUESTIONS			
Sr. No.	Name of the Drugs	Sr. No.	Name of the Drugs
1	Ambra grisea	24	Ignatia a
2	Amm Carb	25	Iodum
3	Anacardium orientale	26	Kali Bich
4	Arg Nitricum	27	Kali Carb
5	Ars Alb	28	Lac Can
6	Bacillinum	29	Lycopodium clavatum
7	Baryta Carb	30	Mag Carb
8	Belladonna	31	Medorrhinum
9	Bryonia alba	32	Merc Sol
10	Calc Carb	33	Nat Carb
11	Calc Flour	34	Nat Mur
12	Calc Iod	35	Nat Phos
13	Calc Phos	36	Nat Sulp
14	Calc Silica	37	Nux vomica
15	Calc Sulp	38	Opium
16	Cocculus ind	39	Psorinum
17	Conium Mac	40	Silicea
18	Gelsemium	41	Stramonium
19	Graphites	42	Sulphur
20	Carcinosin	43	Syphilinum
21	Causticum	44	Tarentula his
22	HepharSulp	45	Thuja occidentalis
23	Hyoscyamus n	46	Tuberculinum

DRUGS FOR SHORT ANSWER QUESTIONS

Sr. No.	Name of the Drugs	Sr. No.	Name of the Drugs
1	Actea spicata	54	Feltauri
2	Adonis vernalis	55	Ferrum Phos
3	Aesculus hip	56	Ficus relig
4	Aethusacyn	57	Formicum Acid
5	Aethusacyn	58	Gambojia
6	Agaricus musc	59	Ginseng
7	Agaricus musc	60	Glonoine
8	Agraphis nutans	61	Gnaphalium
9	Allium cepa	62	Grindelia
10	Allium sativa	63	Guaiaicum off
11	Aloe socotrina	64	Heloderma
12	Alumen	65	Helonias d
13	Aralia Racemosa	66	HydrocynaciumAcid
14	Artemesia vulgaris	67	Ipecac
15	Artemisia vulgaris	68	Iris ver
16	Arum triphyllum	69	Lac Defl
17	Asafoetida	70	Lactic Acid
18	Aspidospermium	71	Ledum pal
19	Badiaga	72	Lemna minor
20	Bellis perenis	73	Lithium Carb
21	Bellis perennis	74	Lobelia inflate
22	Benzoicum Acid	75	Magnesium phos
23	Berberis vulgaris	76	Melilotus alb
24	Boricum Acid	77	Menyathestrif
25	Bothrops l	78	Mephitis
26	Bovista	79	Mer Cor
27	Bromium	80	Myrica cerifera
28	Bufo rana	81	Niccolum Met
29	Butyricum Acid	82	Nux moschata
30	Cactus grandiflorus	83	Oleander
31	Cadmium Met	84	Oleum animale
32	Calendula officinalis	85	Oxalic Acid
33	Cannabis sativa	86	Paeonia officinalis
34	Cantharis	87	Palladium
35	Cardus marinus	88	Petroleum
36	Caulophyllum	89	Picric Acid
37	Cineraria maratima	90	Podophyllum
38	Citricum Acid	91	Ranunculus bulbosa

39	Clematis erecta	92	Sabal serrulata
40	Cobaltum Met	93	Sabina
41	Coccus cacti	94	Sambucus nigra
42	Collinsonia	95	Sanguinaria can
43	Colocynthis	96	SarasaparillaOffic
44	Corallium rubrum	97	Secale corn
45	Cup Aceticum	98	Solidago
46	Digitalis purp	99	Spigelia
47	Dioscorea villosa	100	StrophantusHispidus
48	Drosera r	101	Taraxacum
49	Dulcamara	102	Thalapsi bursa
50	Echinaceaa	103	Trillium pendulum
51	Elapsc	104	Valeriana office
52	Erigeron canadensis	105	Viburnum opulus
53	Eupatorium purpureum	106	Viburnum opulus

VII. ASSESSMENT

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

VII (1). M.D. (HOMOEOPATHY) PART-I EXAMINATION –

MAXIMUM MARKS FOR EACH SUBJECT AND MINIMUM MARKS REQUIRED TO PASS SHALL BE AS FOLLOWS:

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

Clinical Medicine in Homoeopathic Materia Medica				
iii. Research Methodology and Biostatistics	100	50	-	-

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

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

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

Types of Questions with Marks

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

Part 1 – Paper 1. Topic Numbers

1. **HOM-PG-HMM-01:**

FOUNDATION OF HOMOEOPATHIC MATERIA MEDICA – CONCEPT, SCIENCE, PHILOSOPHY, APPLICATION, NATURE AND SCOPE WITH A SPECIAL FOCUS ON SOURCE BOOKS OF MATERIA MEDICA.

2. **HOM-PG-HMM-02:**

PLACE OF HOMOEOPATHIC MATERIA MEDICA IN COMPARISON TO OTHER SYSTEM OF MEDICINE AND COMPARISON IN CONCEPT, PHILOSOPHY, SCIENCE AND APPLICATION

3. **HOM-PG-HMM-03:**

FOUNDATION OF ELICITING THE SYMPTOMATOLOGY OF HOMOEOPATHIC MATERIA MEDICA AND CONCEPT OF DRUG PROVING

AND ITS APPLICATION

4. HOM-PG-HMM-04:

CLINICAL MATERIA MEDICA CONCEPT, PHILOSOPHY AND CONSTRUCTION, RELATION WITH REPERTORY- BOERICKE, CLARKE, FARRINGTON, POINTERS TO COMMON REMEDY BY TYLER, HOMOEOPATHIC THERAPEUTICS BY LILIENTHAL, HANDBOOK OF MATERIA MEDICA BY T F ALLEN

5. HOM-PG-HMM-05:

APPLICATION OF CLINICAL MATERIA MEDICA THROUGH THE STUDY OF THE CLINICOPATHOLOGICAL CORRELATION AND SPHERE OF ACTION AND ITS DERIVATION THROUGH ANALYSIS, EVALUATION AND SYNTHESIS.

6. HOM-PG-HMM-06:

PHYSIOLOGICAL ACTION OF THE REMEDY AND STUDY FUNCTIONAL ORGANISATION OF THE REMEDIES THROUGH THE STUDY OF MM AND THERAPEUTICS ARRANGED UPON A PHYSIOLOGICAL AND PATHOLOGICAL BASIS BY HEMPEL, PHYSIOLOGICAL MM BY WILLIAM BURT AND APPLYING IT TO CLINICAL PRACTICE

7. HOM-PG-HMM-07:

STUDY OF THE MIASM AND RELATING INSIGHT INTO THE CLINICOPATHOLOGICAL ACTION OF THE DRUG TO MIASM AND ITS EVOLUTION ALONG WITH THE DIFFERENT CAUSATION BY STUDYING THE SOURCEBOOK, COMMENTARY AND CLINICAL MATERIA MEDICA.

8. HOM-PG-HMM-08:

CONCEPT OF CAUSATION, BIO-PSYCHO-SOCIAL MODEL OF AETIOPATHOGENESIS AND ITS APPLICATION IN THE DIFFERENT EXPRESSION AND SYMPTOMATOLOGY OF HMM THROUGH THE STUDY OF CLINICAL MATERIA MEDICA, SOURCEBOOKS AND COMMENTATOR

9. HOM-PG-HMM-09:

THE STRUCTURE OF MIND THROUGH THE STUDY OF BASIC PSYCHOLOGY AND INTEGRATING WITH THE CONCEPT OF MIND AS PROPAGATED BY HAHNEMANN, KENT AND THE STUDY OF MIND FROM SOURCE BOOKS, BY KENT, TYLER AND FARRINGTON.

10. HOM-PG-HMM-10:

DEVELOPMENT AND MATURATION OF MIND FROM CHILDHOOD TO OLD AGE-NORMAL CHARACTERISTICS AND THE RELEVANCE AND APPLICATION TO HOMOEOPATHIC MATERIA MEDICA.

11. HOM-PG-HMM-11:

STUDY OF DISPOSITION, CONSTITUTIONS, AND TEMPERAMENTS IN THE CONCEPT OF HOMOEOPATHIC MATERIA MEDICA.

12. HOM-PG-HMM-12:

CRITICAL THINKING AND EVOLVING LOGIC IN THE STUDY OF HMM, LEARNING THE PROCESS OF DATA RECEIVING, DOCUMENTING, ANALYSING COMING TO LOGICAL CONCLUSIONS BY SYNTHESIS AND ABSTRACTION AND GETTING FEEDBACK BY ITS APPLICATION.

VII (2b). QUESTION PAPER LAYOUT

Q. No.	Type of Question	Content General Topics ALONG WITH DEMONSTRATION THROUGH DRUG LISTED IN LONG ANSWER QUESTION	Marks
1	Problem Based	HOM-PG-HMM 01 to 11	20
2	LAQ	HOM-PG-HMM 03 or 04	10
3	LAQ	HOM-PG-HMM 05or06	10
4	LAQ	HOM-PG-HMM 07or08	10
5	LAQ	HOM-PG-HMM 09or 10	10
6	SAQ	HOM-PG-HMM 03	5
7	SAQ	HOM-PG-HMM 04	5
8	SAQ	HOM-PG-HMM 05	5
9	SAQ	HOM-PG-HMM 06	5
10	SAQ	HOM-PG-HMM 07	5
11	SAQ	HOM-PG-HMM 08	5
12	SAQ	HOM-PG-HMM 09	5
13	SAQ	HOM-PG-HMM 11	5

VII (3). ASSESSMENT BLUEPRINT –PRACTICAL / VIVA.**VII (3A). CLINICAL EXAMINATION.**

CLINICAL		
1	Internal Assessment	20 Marks
2	One Long Case	50 Marks
3	One Short case	20 Marks
4	Logbook	05 Marks
5	Micro Teaching	05 Marks
Total		100 Marks

VII (3B). VIVA VOCE.

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

LIST OF BOOKS**1. TEXT BOOKS:**

1. Blackwood AL(2016)A manual of Materia medica, Therapeutics and Pharmacology with Clinical Index
2. Bhanja KC, (1972) Master Key to Materia Medica
3. BoerickeW(1993)Pocket Manual of The Homoeopathic. Materia Medica
4. Boger C. M.(2010)A Synoptic Key of the Materia Medica
5. Choudhuri N.M.(2003) A study on Materia Medica
6. Clarke J.H.(1990) Dictionary of Practical Materia Medica
7. Farrington EA(1992) A Clinical Materia Medica
8. HC Allen(2002) Key Notes
9. Kent JT(1992)Lectures on Homoeopathic Materia Medica
10. Lippe A(2002) Keynotes and Red Line symptoms of the Materia Medica
11. Lippe A.D. (2005) Textbook of Materia Medica
12. Mathur K. N.(2003) Systematic Materia Medica of Homoeopathic Remedies
13. Nash EB(2014) Leaders in homoeopathic Therapeutics
14. Phatak S. R.(2003) Materia Medica of Homeopathic Medicines
15. Pierce W.E. (2016)Plain Talks on Materia Medica

16. Pulford (2002) Homoeopathic Materia Medica of Graphic Drug Pictures.
17. Tyler M.L.(2008) Homoeopathic Drug Pictures

2. REFERENCE BOOKS:

1. Allen H.C.(2000) The Materia Medica of Some important Nosodes
2. Allen T.F.(2000) Encyclopedia of Pure Materia Medica
3. Allen T.F.(2001) Hand Book of Materia Medica and Homoeopathic Therapeutics
4. Anshutz E.P.(2002) New, Old & Forgotten Remedies
5. Bhanja KC (1978)The Homoeopathic Prescriber
6. BoerickeW.(2019) The Twelve Tissue Remedies of Schussler
7. Borland D (1939)Pneumonias
8. Bradford T.L. & Taffel, L.H.(1908)The Lesser Writings of C.M.F. von Boenninghausen
9. Burnett (2002) Best of Burnett
10. C.C.R.H.(2014) Homoeopathic Materia Medica of Indian Drugs
11. C.C.R.H.(2016) Keynotes of Homoeopathic Materia Medica, Vol I & II
12. C.C.R.H.(2018)Drugs of Animal Sources used in Homoeopathy
13. CandigabeEugene(1997) Comparative Materia Medica
14. Clarke J.H.(1972) The Prescriber
15. Clarke J.H.(1990) The Dictionary of Practical Materia Medica
16. Coulter C.(2002) Portrait of Homoeopathic Medicines
17. Cowperthwaite AC (2022) Text Book of Homoeopathic Materia Medica
18. Dewey W.(2009) Practical Homoeopathic Therapeutics
19. Dubey S.K.(1973) Text book of Materia Medica
20. Dunham C.(2021) Lectures on Materia Medica
21. Farrington E.A. (2005)The Comparative Materia Medica
22. Farrington E.A.(2010) Lesser Writings with Therapeutic Hints and Some Clinical Cases
23. FoubisterD.M.((1995)Carcinosin Drug Picture
24. Ghose S.C. , Drugs of Hindustan
25. Guernsey H.N(1887) Keynotes of the Materia Medica
26. H.P.L., Ghaziabad (1998) A Photographic Album on Medicinal plants used in Homoeopathy Vol I & II.
27. H.P.L., Ghaziabad, A Compendium of Active Principles/ Phytochemicals of Medicinal plants used in Homoeopathy Vol I & II.
28. Hahnemann S.(2022) Materia Medica Pura
29. Hahnemann S., Chronic Diseases
30. Hering C.(1900)Guiding Symptoms of our Materia Medica
31. Hering C.(2022) Condensed Materia Medica
32. Hoyne T.S.(2002) Clinical Therapeutics
33. Hughes R. &Dake J.P.(2022) A Cyclopaedia of Drug Pathogenesis
34. Hughes R.(2012) A Manual of Pharmacodynamics
35. Hughes, R.(2012) The Principles & Practice of Homoeopathy
36. Julian OA((2003) Dictionary of Homoeopathic Materia Medica

37. Julian OA(1984) Materia Medica of New Homeopathic Remedies
38. Julian OA,(2003) Materia Medica of Nosodes
39. Kent J.T.(1992) New Remedies, Clinical Cases, Lesser Writings, Aphorisms & Precepts.
40. LeesserO.(2000) Text book of Homoeopathic Materia Medica
41. Lilienthal S(1998) Homoeopathic Therapeutics
42. Nash E.B.(2001) Regional Leaders
43. Rajendran E.S.(2015) Nanodynamics
44. Roberts H.A. (2002)The Study of Remedies by Comparison
45. Tyler M.L.(2022) Pointers to Common Remedies
46. Vithoulkas G(2002) Talks on Classical Homoeopathy
47. Vithoulkas G(2008) Essence of Materia Medica
48. Vithoulkas G.(1989) Materia Medica Viva, Vol I to XIII

Note: Part I Paper 2 separately after Part II Paper 1 & 2.

PART 2 PAPER 1 & 2

I TO IV IS COMMON FOR BOTH PART ONE AND PART TWO

PG HMM PART-II

V. TOPICS AND TOPIC OBJECTIVES.

Part-2:

- **HOM-PG-HMM-13:**

DIFFERENT & CONCEPTS OF THE EARLIER TIMES & THEIR INFLUENCE ON THE CONSTRUCTION OF HOMOEOPATHIC MATERIA MEDICA.

- **HOM-PG-HMM-14:**

EVOLUTION OF HOMOEOPATHIC MATERIA MEDICA WITH FOCUS ON THE EVOLVING CONCEPTS, MASTERS AND THE BOOKS, THEIR CONSTRUCTION AND UTILITY.

- **HOM-PG-HMM-15:**

SOURCES OF HOMOEOPATHIC MATERIA MEDICA, DRUG PROVING AND COLLECTION OF SYMPTOMS.

- **HOM-PG-HMM-16:**

TYPES OF HOMOEOPATHIC MATERIA MEDICA-CONCEPT, PHILOSOPHY, SCOPE AND LIMITATION.

- **HOM-PG-HMM-17:**

DIFFERENT APPROACHES OF STUDY OF HOMOEOPATHIC MATERIA MEDICA. PSYCHO-CLINICO PATHOLOGICAL, SYNTHETIC, COMPARATIVE, ANALYTIC AND REMEDY RELATIONSHIP

- **HOM-PG-HMM-18:**

STUDY OF HOMOEOPATHIC DRUGS / MEDICINES AS PER LIST.

- HOM-PG-HMM-19:

STUDY AND CONSTRUCTION OF MATERIA MEDICA – BUILDING A PORTRAIT OF ARTIFICIAL DISEASE AND DRUG PICTURE INTEGRATING CONCEPT STUDIED IN THE PART

- HOM-PG-HMM-20:

THEORY OF BIOCHEMIC SYSTEM OF MEDICINE AND BIOCHEMIC MEDICINES.

- HOM-PG-HMM-21:

GROUP STUDY OF HOMOEOPATHIC MATERIA MEDICA.

- HOM-PG-HMM-22:

COMPARATIVE MATERIA MEDICA: FROM SYMPTOMATIC, REGIONAL LOCATION, CLOSELY COMING DRUG PICTURES.

- HOM-PG-HMM-23:

CLINICAL APPLICATION OF HMM IN MEDICINE,GYNAECOLOGY AND SURGERY

- HOM-PG-HMM-24:

MOTHER TINCTURES, NOSODES (INCLUDING BOWEL NOSODES),SARCODES.

- HOM-PG-HMM-25:

REPERTORIAL TECHNIQUES FOR THE EVOLUTION OF THE DRUG PICTURES FROM SYMPTOMS.

- HOM-PG-HMM-26:

HOMOEOPATHIC MATERIA MEDICA IN ACUTE ILLNESSES AND EMERGENCIES.

- HOM-PG-HMM-27:

STUDY OF HOMOEOPATHIC DRUGS/MEDICINES AS PER LIST.

CONTENT:

HOM-PG-HMM-13:

DIFFERENT & CONCEPTS OF THE EARLIER TIMES & THEIR INFLUENCE ON THE CONSTRUCTION OF HOMOEOPATHIC MATERIA MEDICA.

- Different concepts on which different Materia Medica were available before Hahnemann
- Their influence on Homoeopathic Materia Medica

HOM-PG-HMM-14:

EVOLUTION OF HOMOEOPATHIC MATERIA MEDICA WITH FOCUS ON THE EVOLVING CONCEPTS, MASTERS AND THE BOOKS, THEIR CONSTRUCTION AND UTILITY.

- Evolution of the HMM from the time of Hahnemann
- Concepts on which different HMM were written
- Study different masters and the construction of their HMM
- Utility of different HMM in Practice

HOM-PG-HMM-15:

SOURCES OF HOMOEOPATHIC MATERIA MEDICA, DRUG PROVING AND COLLECTION OF SYMPTOMS.

- Different Sources of Homoeopathic Materia Medica
- Concept of drug proving
- Concept of documenting the proving symptoms and evolving drug picture

HOM-PG-HMM-16:

TYPES OF HOMOEOPATHIC MATERIA MEDICA-CONCEPT, PHILOSOPHY, SCOPE AND LIMITATION.

- Types of Homoeopathic Materia Medica
- Concept and Philosophy on types of HMM evolved
- Scop and limitation of Homoeopathic Materia Medica

HOM-PG-HMM-17:

DIFFERENT APPROACHES OF STUDY OF HOMOEOPATHIC MATERIA MEDICA I.E.PSYCHO-CLINICO-PATHOLOGICAL, SYNTHETIC, COMPARATIVE,ANALYTICANDREMEDYRELATIONSHIP

- Different approaches to study HMM
- Psycho-Clinico-pathological
- Synthetic
- Comparative
- Analytic
- Remedy relationship

HOM-PG-HMM-18:

STUDY OF HOMOEOPATHIC DRUGS/ MEDICINES AS PER LIST

- AS PER LIST AT THE END OF COURSE OVERVIEW.

HOM-PG-HMM-19:

STUDY AND CONSTRUCTION OF MATERIA MEDICA – BUILDING A PORTRAIT OF ARTIFICIAL DISEASE AND DRUG PICTURE INTEGRATING CONCEPT STUDIED IN THE PART ONE AND TWO

- Portrait of artificial diseases as per list

HOM-PG-HMM-20:

THEORY OF BIOCHEMIC SYSTEM OF MEDICINE AND BIOCHEMIC MEDICINES.

- Theory of biochemic system
- Differentiate biochemic and homoeopathic system
- Application of biochemic system in practice

HOM-PG-HMM-21:

GROUP STUDY OF HOMOEOPATHIC MATERIA MEDICA.

- Concept of generalisation and individualisation
- Process of formulating group symptoms from Materia medica and Repertory
- Group study and application to individual remedy
- Application of group approach practice

HOM-PG-HMM-22:

COMPARATIVE MATERIA MEDICA: FROM SYMPTOMATIC, REGIONAL LOCATION, CLOSELY COMING DRUG PICTURES.

- Concept of comparative Materia medica
- Comparison of remedies from symptomatic, regional location, evolution, concomitant
- Comparison of remedies based on systems and themes

HOM-PG-HMM-23:

CLINICAL APPLICATION OF HMM IN MEDICINE, GYNAECOLOGY AND SURGERY

- Application of HMM in Medicine
- Application of HMM in gynaecology
- Application of HMM in surgery

HOM-PG-HMM-24:

MOTHER TINCTURES, NOSODES (INCLUDING BOWEL NOSODES), SARCODES

- Study of different mother tincture as per list and its clinical application
- Study of nosodes and its application in different role
- Study of sarcodes.

HOM-PG-HMM-25:

REPERTORIAL TECHNIQUES FOR THE EVOLUTION OF THE DRUG PICTURES FROM SYMPTOMS.

- Concept and utility of repertory
- Application of repertory in formulating drug picture

HOM-PG-HMM-26:

HOMOEOPATHIC MATERIA MEDICA IN ACUTE ILLNESSES AND EMERGENCIES

- Application of HMM in emergency
- Application of HMM in acute illnesses.

HOM-PG-HMM-27:

STUDY OF HOMOEOPATHIC DRUGS/MEDICINES AS PER LIST.

- Study drug picture at acute, chronic, intercurrent and constitutional level

VI. TOPIC DESCRIPTION

TOPIC CODE: HOMPG-HMM-13

DIFFERENT ERAS & CONCEPTS OF THE EARLIER TIMES & THEIR INFLUENCE ON THE CONSTRUCTION OF HOMOEOPATHIC MATERIA MEDICA.

Topic overview	This topic enables the learners to understand the different eras of Materia Medica of Earlier times and understand their influence of the concepts while evolving homeopathic Materia Medica
Learning outcome	COMPETENCY: HOM-PG-HMM-13-1 LIST THE CONCEPTS OF MATERIA MEDICA OF EARLIER TIMES KNOWLEDGE: ▪ Discuss the various eras of Materia medica of earlier times. ▪ Explain the various concepts of earlier Materia medica. ▪ Explain the different ways of constructions of earlier Materia medica. SKILL: ▪ Demonstrate the various influences of concepts of various Materia Medica on the construction of Homeopathic Materia medica and its clinical application REFLECTION: ▪ Relate the various concepts of earlier Materia medica. ▪ The way in which above understanding influences the conceptual differences with Homoeopathic Materia medica.
Learning methods	Self regulated learning, library based, e learning
Assessments	Formative and summative assessment. LA, SA, Assignment, viva voce
Prescribed text	As per the list
Domain of competency	Knowledge and scholarship, Homoeopathic orientation, patient care, Practice based learning

EVOLUTION OF HOMOEOPATHIC MATERIA MEDICA WITH FOCUS ON THE EVOLVING CONCEPTS, MASTERS AND THE BOOKS, THEIR CONSTRUCTION AND UTILITY.

Topic overview	This topic enables the learners to understand the evolution of Homoeopathic materia medica and its concepts put forth by various stalwarts focusing on their logic of application and construction of materia medica. The above learning will make the learner competent in utility of various materia medicas in live clinical situations.
Learning outcomes	COMPETENCY: HOM-PG-HMM-14-01 EXPLAIN THE EVOLUTION OF HOMOEOPATHIC MATERIA MEDICA KNOWLEDGE: ▪ Recall the evolution of Homoeopathic Materia Medica. ▪ Recall the various source books of Homoeopathic materia medica. ▪ Recall the logic of various stalwarts used in construction of their respective materia medicas SKILL: • Interpret the various evolutionary steps in development of Homoeopathic Materia Medica. • Interpretative skill in clinical application of Materia medica in live situations. REFLECTION: ▪ Recall your first experience when you read Hahnemann's materia medica pura.

Learning methods	Self regulated learning, library based, e learning
Assessment:	Formativeandsummativeassessments.LA, SA, Assignment, viva voce.
Prescribed texts	ASPERTHELIST
Domain of competencies	Knowledge and scholarship ,Homoeopathic orientation, patient care, Practice based learning

TOPIC CODE: HOMPG-HMM-15**SOURCES OF HOMOEOPATHIC MATERIA MEDICA, DRUG PROVING AND COLLECTION OF SYMPTOMS.**

Topic overview	This topic enables the learners to understand the various sources of Materia Medica. It also enables to understand the methods of drug proving including collection of symptoms
Learning outcomes	COMPETENCY: HOM-PG-HMM-15-01 ENUMERATE THE VARIOUS SOURCES OF MATERIA MEDICAS. KNOWLEDGE: ▪ Recall the various sources of Homoeopathic materia Medica. ▪ Recall the concept of correlating knowledge of toxicology, chemistry and other sources to the symptoms of Homoeopathic Materia Medica. SKILL: ▪ Interpretative skill in understating the symptoms of materia Medica in relation with findings of toxicology, chemistry etc. REFLECTION: ▪ Recall your first experience when you read a drug picture in materia Medica and correlated it with its findings of toxicology ▪ Enumerate the various sources of material Medicas.
Learning methods	Self regulated learning, library based,
Assessment:	Continuous/programmatic assessment: LA,SA, Assignment
Prescribed texts:	ASPERTHE LIST

Domain of competencies	Knowledge and scholarship, Homoeopathic orientation, patient care, Practice based learning

TOPIC CODE: HOMPG-HMM-16

TYPES OF HOMOEOPATHIC MATERIA MEDICA-CONCEPT, PHILOSOPHY, SCOPE AND LIMITATION.

Topic overview	This topic enables the learners to understand the various concepts , philosophies and scope , limitations of Homoeopathic materia Medica in clinical; practice.
Learning outcomes	COMPETENCY: HOM-PG-HMM-16-01 EXPLAIN THE CONCEPT AND PHILOSOPHY OF HOMOEOPATHIC MATERIA MEDICA KNOWLEDGE: • Explain the various concepts of Homoeopathic material Medicas. ▪ Discuss the various philosophies applied in evolution of Various Homoeopathic material Medicas. SKILL: ▪ Display the application of concept and philosophy of different material Medicas in clinical practice. REFLECTION: • Recall your first experience when you had an opportunity when you correlated the concept and philosophy while reading various material Medicas. COMPETENCY: HOM-PG-HMM-16-02 LIST THE VARIOUS SCOPE AND LIMITATIONS OF HOMOEOPATHIC MATERIA MEDICAS KNOWLEDGE: ▪ Explain the classification of diseases put forth by Dr, Hahnemann ▪ Discuss the scope and limitations of Homoeopathic Materia Medica SKILL: ▪ Demonstrate the scope and limitation of Homoeopathic Materia Medica in clinical practice

	REFLECTION: ▪ Recall your first experience when you experienced the limitation of HMM ▪ Recall the first experience when you experienced ▪ The scope of Homoeopathic Materia Medica
Learning methods	Brain storming, reflective learning,
Assessment	SA,LA, assignments, Viva
Prescribed texts	As per the list
Domain of competencies	Knowledge and scholarship, Homoeopathic orientation, patient care, Practice based learning

TOPIC CODE: HOM-PG-HMM-17**DIFFERENT APPROACHES OF STUDY OF HOMOEOPATHIC MATERIA MEDICA I.E. PSYCHO-CLINICO-PATHOLOGICAL, SYNTHETIC, COMPARATIVE, ANALYTIC AND REMEDY RELATIONSHIP**

Topic overview	This topic enables the learners to understand various approaches to study materia medica which will encompass a global approach in understanding the drug picture in relation to mental, physical, clinical, pathological symptoms which will be comparable with other drugs and establish a proper remedy relationship. This study will enable the student for proper selection of similimum in clinical practice.
Learning outcomes	COMPETENCY: HOM-PG-HMM-17-01 DEMONSTRATE PROPER METHOD OF STUDYING MATERIA MEDICA KNOWLEDGE: Illustrate the various drug pictures using Psycho- clinico-Pathological, Synthetic, Comparative, Analytic and Remedy relationship approached individually ▪ Apply Psycho- clinico-Pathological, Synthetic, Comparative, Analytic and Remedy relationship approaches in clinical practice SKILL: ▪ Construct drug picture using Psycho- clinico-Pathological, Synthetic, Comparative, Analytic and Remedy relationship approach individually and collectively REFLECTION: ▪ Recall your first experience when you read a remedy in Psycho- clinico-Pathological, Synthetic, Comparative, Analytical way and established a proper related remedy in clinical practice
Learning methods	Self regulated learning, library based,
Assessment:	Continuous/programmatic assessment and summative assessments LA, SA, Assignment, Viva voce
Prescribed texts:	ASPER THE LIST
Domain of competencies	Knowledge and scholarship, Homoeopathic orientation, patient care, Practice based learning

TOPIC CODE: HOM-PG-HMM-18

STUDY OF HOMOEOPATHIC DRUGS /MEDICINES AS PER LIST.

Topic overview	Study of Homoeopathic drugs as per list
Learning outcomes	COMPETENCY: HOM-PG-HMM-18-01 TO UNDERSTAND A DRUG PICTURE AND BE ABLE TO INTERPRET VARIOUS INDICATIONS AND COMPARE WITH OTHER NEARING DRUGS AND APPLIES IN A CLINICAL SITUATION. BE ABLE TO UNDERSTAND VARIOUS CLINICAL RELATIONSHIPS OF HOMOEOPATHIC REMEDIES KNOWLEDGE: ▪ summarize various drug pictures. ▪ summarize various group characters of group remedies. ▪ summarize the various clinical relationships of the drugs. SKILL: ▪ Construct totality of various drug as per the list ▪ Apply these totalities in clinical practice. REFLECTION: ▪ Recall your first experience while you received your first case and the way you erected a portrait of a patient and matched with the drug picture and arrived to a similimum.
Learning methods	Self regulated learning, library based, e learning
Assessment:	Continuous/programmatic assessment and summative assessment LA, SA, Assignment, viva voce
Prescribed texts :	ASPER THE LIST
Domain of competencies	Knowledge and scholarship, Homoeopathic orientation, patient care, Practice based learning

TOPIC CODE: HOM-PG-HMM-19

**STUDY AND CONSTRUCTION OF MATERIA MEDICA-BUILDING A PORTRAIT OF
ARTIFICIAL DISEASE AND DRUG PICTURE INTEGRATING CONCEPT STUDIED
IN PART I**

Topic overview	This course will enable the learner to erect a portrait of artificial disease through study of drug proving and enable to match the artificial disease with drug picture of materia Medica and be able to apply in clinical practice.
Learning outcomes	COMPETENCY1: HOM-PG-HMM-19-01 TO UNDERSTAND A DRUG PICTURE AND BE ABLE TO INTERPRET VARIOUS INDICATIONS AND COMPARE WITH OTHER NEARING DRUGS AND APPLIES IN A CLINICAL LIVE SITUATION. BE ABLE TO UNDERSTAND VARIOUS CLINICAL RELATIONSHIPS OF HOMOEOPATHIC REMEDIES KNOWLEDGE: ▪ Discuss the various drug pictures. ▪ Explain the various group characters of group remedies. ▪ Explain the physiological action of drugs. ▪ Discuss the various clinical relationships of the drugs. ▪ Apply functional, structural ,psychological, clinico-pathological and miasmatic concept in building portrait SKILL: ▪ Display Communication and observational skills in receiving a case history. ▪ Apply portrait to clinical practice ▪ Perform thorough clinical examination and be able to diagnose a disease condition. REFLECTION: ▪ Recall your first experience when you read the materia medica by any of the stalwarts and interpret the logic of construction of materia medica by the author
Learning methods	Case based, problem based, bedside
Assessment:	Continuous/programmatic assessment and summative assessment Checklist, Rating scales
Prescribed texts :	ASPER THE LIST
Domain of competencies	Knowledge and scholarship, Homoeopathic orientation, patient care, Practice based learning

TOPIC CODE: HOM-PG-HMM-20-01**THEORY OF BIOCHEMICAL SYSTEM OF MEDICINE AND BIOCHEMICAL MEDICINES.**

Topic overview	This topic enables the learner to understand theory of Twelve Tissue remedies as put forth by Schuessler and be able to understand and interpret the clinical presentations of the patient and apply in clinical practice
Learning outcomes	COMPETENCY: HOM-PG-HMM-20-01 RECALL THE THEORY OF TWELVE TISSUE REMEDIES AND LIST THEM. KNOWLEDGE: ▪ Discuss the theory and application of biochemical system of medicine ▪ Discuss the various drug pictures of Twelve Biochemical medicines. ▪ Explain the specific clinical indication of twelve tissue remedies SKILL: ▪ Demonstrate clinical application of drugs. REFLECTION: ▪ Recall your first experience when you read the theory of twelve tissue remedies and applied by prescribing the indicated biochemical remedy in a case received by you
Learning methods	Self regulated learning, library based, spaced repetition
Assessment:	Continuous/programmatic assessment and summative assessment LA, SA, MCQ, VIVA VOCE, ASSIGNMENT
Prescribed texts	AS PER THE LIST
Domain of competencies	Knowledge and scholarship, Homoeopathic orientation, patient care, Practice based learning

TOPIC CODE: HOM-PG-HMM-21**GROUP STUDY OF HOMOEOPATHIC MATERIA MEDICA.**

Topic overview	This topic enables the learner to understand the classification of Homoeopathic remedies into various groups and enable to compare and contrast remedies amongst the groups and the remedies of others group also. And apply this knowledge in choosing a corrects milimumin clinical practice.
Learning outcomes	COMPETENCY: HOMPG-HMM-21-01 RECALLTHEVARIOUSGROUPSUNDERWHICHALLHOMOEOPATHICREMEDIESHAVEBEENCLASSIFIED. KNOWLEDGE: ▪ Explain the concept of group studies. ▪ Discuss the historical evolution of group studies ▪ Discuss the various group characters of group remedies. As per list SKILL: ▪ Demonstrate the process of deriving group symptom ▪ Demonstrate the utility of repertory in deriving group symptoms ▪ Apply group symptom approach to arriving at similimum. ▪ Demonstrate the differential approach through group symptoms REFLECTION: ▪ Recall your first experience when you read the clinical material medica written by E.A. Farrington and what you felt about the grouping of Homoeopathic Remedies for better understanding and application.
Learning methods	Self regulated learning, library based
Assessment:	Continuous/programmatic assessment and summative assessment LA, SA, Assignment , viva voce
Prescribed texts	AS PER THE LIST
Domain of competencies	Knowledge and scholarship, Homoeopathic orientation, patient care, Practice based learning

TOPIC CODE: HOM-PG-HMM-22**COMPARATIVE MATERIA MEDICA:FROM SYMPTOMATIC, REGIONAL, LOCATION, CLOSELY COMING DRUG PICTURES.**

Topic overview	This course enables the learner to understand the importance of comparison of drugs with other similar drugs belonging to the same group or other wise and make the learner a competent prescriber.
Learning outcomes	COMPETENCY: HOM-PG-HMM-22-01 RECALL THE LOGIC OF COMPARATIVE MATERIA MEDICA AND APPLY IN SELECTION OF SIMILIMUM KNOWLEDGE: ▪ Discuss the logic of comparative material medica ▪ Differentiate various closely coming drugs at level of symptoms, region, location and drug pictures ▪ Differentiate the various kingdoms and groups. SKILL: ▪ Apply concept of remedy differentiation in clinical practice REFLECTION: ▪ Recall your first experience when you read the comparative material medica and compare two similar drugs belonging to same group and the way in which you arrived to a similimum in clinical practice.
Learning methods	Self regulated learning, deliberate practice
Assessment:	Continuous/programmatic assessment and summative assessment MCQ, VIVA VOCE, ASSIGNMENT
Prescribed texts :	ASPERTHELIST
Domain of competencies	Knowledge and scholarship, Homoeopathic orientation, patient care, Practice based learning

CODE: HOM-PG-HMM-23

APPLICATION OF HMM IN THE PRACTICE OF MEDICINE, SURGERY AND GYNECOLOGY-OBSTETRICS.

Topic overview	This course enable the learner to understand the importance of comparison of groups symptoms having similar focus of action in relation to medicine, surgery and gynecology-obstetric.
Learning outcomes	Competency: Hom-PG-HMM-23-01 Select a similimum for a given case of medicine, surgery and gynecology-obstetrics. KNOWLEDGE: ▪ Discuss differential HMM based on various clinical conditions and symptoms ▪ Apply HMM in clinical branches like medicine, surgery and gynecology-obstetrics. SKILL: ▪ Perform history taking and examination. ▪ Construct clinical prescribing ▪ Select appropriate clinical symptom or clinical diagnosis to build differential HMM ▪ Apply clinical HMM in practice REFLECTION: ▪ Recall your first experience when you select the similar remedy in all the clinical branches like medicine, surgery and gynecology-obstetrics.
Learning methods	Bedside, case based, problem based
Assessment:	Continuous/programmatic assessment and summative assessment MCQ, Assignment, viva voce
Prescribed texts:	ASPER THE LIST
Domain of competencies	Knowledge and scholarship, Homoeopathic orientation, patient care, Practice based learning

TOPIC CODE: HOM-PG-HMM-24

MOTHER TINCTURES, NOSODES (INCLUDING BOWEL NOSODES), SARCODES.

Topic overview	This topic enables the learner to understand the importance of Mother Tinctures, Nosodes (including Bowel Nosodes), Sarcodes and its clinical application
Learning outcomes	COMPETENCY 1: HOMPG-HMM-24-01 KNOWLEDGE: ▪ Discuss the general concepts of mother tincture and their utility ▪ Discuss the various mother tincture used in clinical practice. ▪ Explain the physiological action of mother tinctures. ▪ Apply various mother tinctures in various clinical conditions. SKILL: ▪ Apply mother tincture in clinical practice REFLECTION: ▪ Recall your first experience when you read the material medica of mother tinctures and applied the same for giving symptomatic relief in a received case.
	COMPETENCY 2: RECALL THE THEORY OF NOSODES AND SARCODES AND THEIR UTILITY AS UNDERCURRENT REMEDY KNOWLEDGE: ▪ Discuss theory of Nosodes and Sarcodes ▪ Discuss application of nosodes and sarcodes in Homoeopathic practice SKILL: ▪ Display the utility of nosodes as intercurrent in clinical practice

	▪ Display utility of nosodes and sarcodes in clinical practice REFLECTION: ▪ Recall your experience when you prescribed a Nosode or Sarcodes as a second prescription
Learning methods	Self regulated learning, library based
Assessment:	Continuous/programmatic assessment and summative assessment LA, SA, Viva voce, assignment
Prescribed texts:	ASPERTHELIST
Domain of competencies	Knowledge and scholarship, Homoeopathic orientation, patient care, Practice based learning

TOPIC CODE: HOMPG-HMM-25**REPERTORIAL TECHNIQUES FOR THE EVOLUTION OF THE DRUG PICTURE FROM SYMPTOMS.**

Topic overview	This topic enables the learner to understand the importance of application of knowledge of Repertory in evolving a drug picture from the symptoms received in a case.
Learning outcomes	COMPETENCY: HOMPG-HMM-25-01 TO EVOLVE A DRUG PICTURE CONSIDERING A TOTALITY OF SYMPTOMS SELECTED FOR A PARTICULAR METHOD OF REPERTORIZATION. KNOWLEDGE: • Discuss the concept and philosophy of Kent, BCCR and BSK repertory • Explain the concept of symptom classification, analysis and evaluation • Explain the concept of portrait building from symptoms SKILL: • Construct the portrait of the remedy through repertorial rubrics • Construct the regional portrait of the remedy from rubrics • Apply the portrait erected from repertory in clinical practice REFLECTION: • Recall your first experience when you erected a portrait of a remedy using Repertorial Techniques
Learning methods	Self regulated learning, library based
Assessment:	Continuous/programmatic assessment and summative assessment LA, SA, assignment
Prescribed texts:	AS PER THE LIST
Domain of competencies	Knowledge and scholarship, Homoeopathic orientation, patient care, Practice based learning

TOPIC CODE: HOM-PG-HMM-26**HOMOEOPATHIC MATERIA MEDICA IN ACUTE ILLNESSES AND EMERGENCIES.**

Topic overview	This topic enables the learner to understand the importance of Homoeopathic Drugs in treating acute illness and Emergencies.
Learning outcomes	COMPETENCY: HOM-PG-HMM-26-01 LIST THE REMEDIES USED IN ACUTE ILLNESSES AND EMERGENCIES. KNOWLEDGE: ▪ Discuss the various drugs used in acute illnesses. ▪ Discuss the differential HMM of acute illness and Emergency. ▪ Construct regional totality from patient and HMM in acute illness and emergency SKILL: ▪ Apply the HMM in emergency and acute illnesses. REFLECTION: ▪ Recall your first experience when you treated a first emergency and acute illness by using Homoeopathic Remedies
Learning methods	• Self regulated learning, bedside
Assessment:	• Continuous/programmatic assessment and summative assessment SA, MCQ, VIVA VOCE, ASSIGNMENT
Prescribed texts :	AS PER THE LIST
Domain of competencies	Knowledge and scholarship, Homoeopathic orientation, patient care, Practice based learning

Topic **CODE: HOM-PG-HMM-27**

STUDY OF HOMOEOPATHIC DRUGS/MEDICINES AS PER LIST.

Topic overview	This topic enables the learner to study and understand Homoeopathic drugs as per unit 1 to unit 5 and others such as Chemicals, Vegetables, Nosodes, Sarcodes etc.
Learning outcomes	COMPETENCY: HOMPG-HMM-27-01 To understand a drug picture and be able to interpret various indications and compare with other nearing drugs and apply in a clinical lives situation. Be able to understand various clinical relationships of homoeopathic remedies KNOWLEDGE: - Summarize the various drug pictures. - Summarize the various group characters of group remedies. - Summarize the various clinical relationships of the drugs. SKILL - Construct totality of various drug as per the list - Apply these totalities in clinical practice REFLECTION: - Recall your first experience when you read the material medica by any of the stalwarts and interpret the logic of construction of material medica by the author
Learning methods	Self-regulated learning, library based, problem based, case based, spaced repetition
Assessment:	SA, LA, VIVA, OSCE
Prescribed texts:	AS PER THE LIST
Domain of competencies	Knowledge and scholarship, Homoeopathic orientation, patient care, Practice based learning

List of Medicines

Polychrest		Regional		Rare	
1	Ambra grisea	1	Abies can	1	Abies nigra
2	Amm Carb	2	Acalypha indica	2	Amyl Nitrosum
3	Anacardium orientale	3	Aesculus hip	3	Ant Ars
4	Ant Crud	4	Aethusacyn	4	Aranea diad
5	Apis Mel	5	Agaricus musc	5	Ars Sulp
6	Arg Nitricum	6	Alfa alfa	6	Asparagus officinalis
7	Ars Alb	7	Aloe socotrina	7	Asteria rubens
8	Bacillinum	8	Amm Mur	8	Avena sativa
9	Baryta Carb	9	Ant Tart	9	Blattaorientalis
10	Belladona	10	Apocyanum	10	Canchalagua
11	Bryonia alba	11	Arnica Mont	11	Castaneavesca
12	Calc Carb	12	Ars Iod	12	Chenopodium anthelm
13	Calc Flour	13	Artemisia vulgaris	13	Chimaphiliaumbelleta
14	Calc Iod	14	Arum triphyllum	14	Chininum Ars
15	Calc Phos	15	Asafoetida	15	ChininumSulp
16	Calc Silica	16	Baptisia tinc	16	Chloroform
17	Calc Sulp	17	Baryta Mur	17	Chrysarobium
18	Cannabis indica	18	Bellis perenis	18	Cinnamonum
19	Carbo veg	19	Berberis vulgaris	19	Cistus canadensis
20	Carcinosin	20	Bovista	20	Cornuscircinata
21	Causticum	21	Bromium	21	Cubeba officinalis
22	Chamomilla	22	Bufo rana	22	Curare
23	China off	23	Cactus grandiflorus	23	Diptherinum
24	Cocculus ind	24	Caladium	24	Elaterium
25	Conium Mac	25	Calc Ars	25	Equisetum hyemale
26	Gelsemium	26	Calc Mur	26	Eucalyptus
27	Graphites	27	Calendula officinalis	27	Filix mass
28	HepharSulp	28	Camphora off	28	Formalin
29	Hyoscyamus n	29	Cannabis sativa	29	Formica rufa
30	Ignatia a	30	Cantharis	30	Guaninum
31	Iodum	31	Capsicum	31	Hekla Lava
32	Kali Bich	32	Carbo Anim	32	Hura
33	Kali Carb	33	Caulophyllum	33	Hydrangea arbo
34	Kali Mur	34	Chelidonium m	34	Iberis ambra
35	Kali Phos	35	Cicuta v	35	Jalapa
36	Kali Sulp	36	Coca	36	Jatrophia
37	Lac Can	37	Coffea cruda	37	Justicia adhatoda
38	Lycopodium clavatum	38	Colchicum autum	38	Latrodec mac
39	Mag Carb	39	Collinsonia	39	Lycopus v

40	Medorrhinum	40	Colocynthis	40	Mygalelasiod
41	Merc Sol	41	Condurango	41	Ocimum C
42	Nat Carb	42	Digitalis purp	42	Passiflora incarnata
43	Nat Mur	43	Dioscorea villosa	43	Pertussin
44	Nat Phos	44	Drosera r	44	Physostigma v
45	Nat Sulp	45	Dulcamara	45	Piper nigrum
46	Nux vomica	46	Euphrasia off	46	Pothosfoetidus
47	Opium	47	Gamboja	47	Raphanus
48	Psorinum	48	Glonoine	48	Strontia carb
49	Pyrogenum	49	Hamamelis virginica	49	Syzygiumjambolinum
50	Silicea	50	Hydrophobinum	50	Teucrium m v
51	Stramonium	51	Hypericum perf	51	Thiosinaminum
52	Sulphur	52	Ipecac	52	Vaccinium
53	Syphilinum	53	Kalmia latifolia	53	Variolinum
54	Tarentula his	54	Kreosetum	54	Verbascum
55	Thuja occidentalis	55	Lac Defl		
56	Tuberculinum	56	Ledum pal		
		57	Lithium Carb		
		58	Lobelia inflata		
		59	Mag Mur		
		60	Melilotus alb		
		61	Mer Cor		
		62	Merc Cyan		
		63	Merc Iod Flavus		
		64	Merc IodRuber		
		65	Nux moschata		
		66	Onosmodium		
		67	Petroleum		
		68	Podophyllum		
		69	Radium Brom		
		70	Ratanhia per		
		71	Rheum offic		
		72	Rhododenron		
		73	Rumex crispus		
		74	Sabina		
		75	Sambucus nigra		
		76	Sanguinaria can		
		77	SarasaparillaOffic		
		78	Secale corn		
		79	Senega offic		
		80	Spigelia		
		81	Spongiatosta		
		82	SquillaMaritima		
		83	Stictapulm		

		84	Symphytum officinale		
		85	Tabaccum		
		86	Tarentula c		
		87	Terebinthina		
		88	Thalapsi bursa		
		89	Theridion		
		90	Trillium pendulum		
		91	Uranium Nit		
		92	Ustilago		
		93	Viburnum opulus		
		94	Viscum album		
		95	X-ray		

GROUP CHARACTERISTICS

Group Study					
Plant Family		Mineral Group		Animal Groups	
1	Group characteristics of Compositae	1	Group characteristics of Acid Group	1	Group characteristics of Ophidia
2	Group characteristics of Solanaceae	2	Group characteristics of Alkali Group	2	Group characteristics of Spider
3	Group characteristics of Loganiaceae	3	Group characteristics of Alkaline Earths Group	3	Group characteristics of Mollusk
4	Group characteristics of Anacardiaceae	4	Group characteristics of Arsenic and Arsenates Group	4	Group characteristics of Insects
5	Group characteristics of Liliaceae	5	Group characteristics of Baryta Group	5	Group characteristics of Fish
6	Group characteristics of Cucurbitaceae	6	Group characteristics of Calcarea Group		
7	Group characteristics of Ranunculaceae	7	Group characteristics of Carbon Group		
8	Group characteristics of Rubiaceae	8	Group characteristics of Ferrum Group		
9	Group characteristics of Umbelliferae	9	Group characteristics of Halogen Group		
		10	Group characteristics of Magnesia Group		
		11	Group characteristics of Mercury Group		
		12	Group characteristics of Metal Group		
		13	Group characteristics of Natrum Group		
		14	Group characteristics of		

			Phosphorus and Phosphates Group		
		15	Group characteristics of Silicea and Silicate Group		
		16	Group characteristics of Sulphur, Sulphides, Sulphates Groups		

History and Theory, Indications & Contraindications of Bowel Nosodes		History and Theory, Indications & Contraindications of Sarcodes		History and Theory , Indications & Contraindications of Nosodes	
	Individual Bowel nosodes		Individual sarcodes		Individual nosodes-
1	Bach Morgan	1	Adrenaline	1	Anthraxinum
2	Dysentery co.	2	Cholesterinum	2	Botulinum
3	Bach gaertner	3	Cortisone	3	Diphtherinum
4	Bacillus no 7	4	Feltauri	4	Enterococcinum
5	Sycotic co	5	Folliculinum	5	Hippozeninum
6	Bacilli of morgan	6	Insulinum	6	Hydrophobinum
7	Bacillus no 10	7	OleumJecorisaselli	7	Influenzinum
		8	Oophorinum	8	Malandrinum
		9	Orchitinum	9	Malaria
		10	Pancreatinum	10	Morbillinum
		11	Parathyroidinum	11	Pertussinum
		12	Pepsinum	12	Pyrogenium
		13	Pituitrinum	13	Scarlatinum
		14	Thyroidinum	14	Tetenotoxinum
				15	Vaccinum
				16	Variolinum

Indications of Mother tinctures in terminal cases		History and Theory of Bio- chemic remedies	
	Mother Tinctures		Biochemic
1	Adonis vernalis:	1	Calc fl
2	Alfalfa	2	Calc phos
3	Arnica	3	Calc sul
4	Aspidosperma	4	Ferrumphos
5	Avena sativa	5	Kali mur
6	Brahmi (Bacopa m)	6	Kali phos
7	Calendula	7	Kali sul
8	Chelidonium	8	Mag phos
9	Condurango	9	Natrum mur
10	Convellariamajalis	10	Natrum Phos
11	Crategeus ox:	11	Natrum sul

12	Echinacea	12	Silicea
13	Fraxinus americanus:		
14	Ginkgo biloba		
15	Ginseng		
16	Gymnemasyl		
17	Hypericum		
18	Passiflora		
19	Plantago		
20	Sabal serrulata		
21	Syzygium jamb		
22	Thiosinaminum		

THERAPEUTIC STUDY OF DRUGS:

1. Drugs for Urinary disorders.
2. Drugs for GIT disorders.
3. Drugs for Respiratory disorders.
4. Drugs for Heart disorders.
5. Drugs for Liver disorders.
6. Drugs for Uterine disorders.
7. Drugs for Mouth disorders.
8. Drugs for Rectal disorders.
9. Drugs for Thyroid disorders.
10. Drugs for Glandular disorders.
11. Drugs for affections of Locomotor system
12. Drugs for Paralysis
13. Drugs for Diabetes
14. Drugs for Hypertension
15. Drugs for Affection of eye
16. Drugs for Affections of ear
17. Drugs for Vertigo
18. Drugs for Collapse
19. Drugs for Debility
20. Drugs for Neuralgia
21. Drugs for Fever
22. Drugs for Schizophrenia
23. Drugs for Anxiety disorder
24. Hysterical remedies
25. Drugs for behavioural disorder

VII. ASSESSMENT

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

VII (1). M.D. (HOMOEOPATHY) PART-II EXAMINATION –

MAXIMUM MARKS FOR EACH SUBJECT AND MINIMUM MARKS REQUIRED TO PASS SHALL BE AS FOLLOWS:

Subjects	Theory		Practical or clinical exams including Viva-Voce and dissertation	
	Maximum Marks	Pass Marks	Maximum Marks	Pass Marks
Homoeopathic Materia Medica Paper 1	100	50	200* (160 + 40) (Summative Assessment 160 Marks) (Internal Assessment 40 Marks)	100* (80 + 20) (Summative Assessment 80 Marks) (Internal Assessment 20 Marks)
Homoeopathic Materia Medica Paper 2	100	50		

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

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

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

TYPES OF QUESTIONS WITH MARKS

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

PART 2 – PAPER 1.

TOPIC NUMBERS

- HOM-PG-HMM-13:

DIFFERENT & CONCEPTS OF THE EARLIER TIMES & THEIR INFLUENCE ON THE CONSTRUCTION OF HOMOEOPATHIC MATERIA MEDICA.

- HOM-PG-HMM-14:

EVOLUTION OF HOMOEOPATHIC MATERIA MEDICA WITH FOCUS ON THE EVOLVING CONCEPTS, MASTERS AND THE BOOKS,THEIR CONSTRUCTION AND UTILITY.

- HOM-PG-HMM-15:

SOURCES OF HOMOEOPATHIC MATERIA MEDICA, DRUG PROVING AND COLLECTION OF SYMPTOMS.

- HOM-PG-HMM-16:

TYPES OF HOMOEOPATHIC MATERIA MEDICA-CONCEPT, PHILOSOPHY, SCOPE AND LIMITATION.

- HOM-PG-HMM-17:

DIFFERENT APPROACHES OF STUDY OF HOMOEOPATHIC MATERIA MEDICA I.E.PSYCHO-CLINICO-PATHOLOGICAL,

**SYNTHETIC, COMPARATIVE, ANALYTIC AND REMEDY
RELATIONSHIP**

- HOM-PG-HMM-18:

STUDY OF HOMOEOPATHIC DRUGS /MEDICINES AS PER LIST.

- HOM-PG-HMM-19:

**STUDY AND CONSTRUCTION OF MATERIA MEDICA – BUILDING A
PORTRAIT OF ARTIFICIAL DISEASE AND DRUG PICTURE
INTEGRATING CONCEPT STUDIED IN THE PART**

**PART 2 – PAPER 2.
TOPIC NUMBERS**

- HOM-PG-HMM-20:

**THEORY OF BIOCHEMIC SYSTEM OF MEDICINE AND BIOCHEMIC
MEDICINES.**

- HOM-PG-HMM-21:

GROUP STUDY OF HOMOEOPATHIC MATERIA MEDICA.

- HOM-PG-HMM-22:

**COMPARATIVE MATERIA MEDICA: FROM SYMPTOMATIC,
REGIONAL LOCATION, CLOSELY COMING DRUG PICTURES.**

- HOM-PG-HMM-23:

**CLINICAL APPLICATION OF HMM IN MEDICINE,GYNAECOLOGY
AND SURGERY**

- HOM-PG-HMM-24:

**MOTHER TINCTURES, NOSODES (INCLUDING BOWEL
NOSODES),SARCODES.**

- HOM-PG-HMM-25:

REPERTORIAL TECHNIQUES FOR THE EVOLUTION OF THE DRUG

PICTURES FROM SYMPTOMS.

- HOM-PG-HMM-26:

HOMOEOPATHIC MATERIA MEDICA IN ACUTE ILLNESSES AND EMERGENCIES.

- HOM-PG-HMM-27:

STUDY OF HOMOEOPATHIC DRUGS/MEDICINES AS PER LIST.

VII (2B). QUESTION PAPER LAYOUT

PART-2-PAPER 1

Q. No.	Type of Question	Content	Marks
1	Problem Based	Case Based Question HOM-PG-16	20
2	LAQ	HOM-PG-17	10
3	LAQ	HOM-PG-15	10
4	LAQ	HOM-PG-16	10
5	LAQ	HOM-PG-19	10
6	SAQ	HOM-PG-13	5
7	SAQ	HOM-PG-14	5
8	SAQ	HOM-PG-15	5
9	SAQ	HOM-PG-16	5
10	SAQ	HOM-PG-17	5
11	SAQ	HOM-PG-18	5
12	SAQ	HOM-PG-19	5
13	SAQ	HOM-PG-19	5

PART -2-PAPER 2

Q. No.	Type of Question	Content	Marks
1	Problem Based	Case Based Question HOM-PG-23	20
2	LAQ	HOM-PG-20	10
3	LAQ	HOM-PG-21	10
4	LAQ	HOM-PG-22	10
5	LAQ	HOM-PG-22	10
6	SAQ	HOM-PG-21	5
7	SAQ	HOM-PG-24	5
8	SAQ	HOM-PG-24	5
9	SAQ	HOM-PG-26	5
10	SAQ	HOM-PG-27	5
11	SAQ	HOM-PG-25	5
12	SAQ	HOM-PG-22	5
13	SAQ	HOM-PG-22	5

VII (3). ASSESSMENT BLUEPRINT –PRACTICAL / VIVA.**VII (3A). CLINICAL EXAMINATION.**

CLINICAL		
1	Internal Assessment	20 Marks
2	One Long Case	50 Marks
3	One Short case	20 Marks
4	Logbook	05Marks
5	Micro Teaching	05Marks
Total		100 Marks

VII (3b). VIVA VOCE.

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

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31. Hahnemann S., Chronic Diseases
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42. Lilienthal S(1998) Homoeopathic Therapeutics
43. Nash E.B.(2001) Regional Leaders
44. Roberts H.A. (2002)The Study of Remedies by Comparison
45. Rajendran E.S.(2015) Nano dynamics
46. Tyler M.L.(2022) Pointers to Common Remedies
47. Vithoukas G.(1989) Materia Medica Viva, Vol I to XIII
48. Vithoukas G(2002) Talks on Classical Homoeopathy
49. Vithoukas G(2008) Essence of Materia Medica

FUNDAMENTALS OF CLINICAL MEDICINE TO HOMOEOPATHIC MATERIA MEDICA

PART 1 PAPER 2

(HOM-PG-FCMHMM) PAPER-2

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

Fundamentals of Clinical Medicine to Homoeopathic Materia Medica

HOM-PG-FCMHMM

II. Same as paper one

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

This paper deals with the clinical stream to provide a foundation for homoeopathic practice and therefore is expected to deliver the basic clinical approach. This paper supports the evolution of an integrated approach to relating clinical symptomatology with homoeopathic fundamentals, including the miasmatic interpretation in the context of Homoeopathic Materia Medica. This intends to impart knowledge for a basic clinical approach required by a homoeopathic professional for practising clinical medicine concerning homoeopathic principles in general and homoeopathic Materia Medica in particular.

IV. SAME AS PROGRAM

V. TOPIC AND TOPIC OBJECTIVES:

TOPIC OBJECTIVES:

1. Perform evidence-based clinical practice in Homoeopathic Materia Medica
2. Display ethical standards in clinical practice in HMM.
3. Evaluate differential diagnosis by symptom-based approach in clinical practice
4. Relate symptomatology and clinical examination to homoeopathic Materia Medica
5. Interpret investigation in the light of clinical diagnosis and Homoeopathic Materia Medica.
6. Perform homoeopathic case-taking based on homoeopathic principles.
7. Relate the different cause and effect relationships in case taking.
8. Assemble data from the case taking and correlate to suitable clinical Materia Medica.
9. Apply the direction of clinical management from a homoeopathic perspective.
10. Relate the miasm and susceptibility of the patient to the symptoms of drugs in Homoeopathic Materia Medica.

TOPIC

Part -one paper-two:Fundamentals of Clinical Medicine to Homoeopathic Materia Medica (FCMHMM)

(I) Hom-PG-FCMHMM-01:

INTRODUCTION TO THE PRACTICE OF EVIDENCE-BASED MEDICINE

(II) Hom-PG-FCMHMM-02:

DEVELOPING A BASIC CLINICAL APPROACH. ALL THE FOLLOWING CONTENT HAS TO BE DELIVERED THROUGH CLINICAL CASES AND BEDSIDE CLINIC

(III) Hom-PG-FCMHMM-03:

STUDYING THE CARDINAL MANIFESTATIONS OF DISEASE THROUGH THEIR PATHO-PHYSIOLOGY WITH HAHNEMANNIAN CLASSIFICATION OF SYMPTOMS AND MIASMATIC CLASSIFICATION AND CLINICAL HMM THROUGH CLINICAL CASES AND BEDSIDE

(IV) Hom-PG-FCMHMM-04:

BASIC CONCEPTS OF NUTRITION, NUTRITIONAL DISEASES AND MIASMATIC ASSESSMENT

(V) Hom-PG-FCMHMM-05:

INTERPRETATIONS OF LABORATORY AND RADIOLOGICAL INVESTIGATION

TOPIC CONTENT:

(I) Hom-PG-FCMHMM-01:

INTRODUCTION TO THE PRACTICE OF EVIDENCE-BASED MEDICINE

- a. Concept of evidence-based practice and its importance in Homoeopathy in relation to HMM.
- b. Importance of developing an ethical base while adhering to the above with relation to HMM

(II) Hom-PG-FCMHMM-02:

DEVELOPING A BASIC CLINICAL APPROACH. ALL THE FOLLOWING CONTENT HAS TO BE DELIVERED THROUGH CLINICAL CASES AND BEDSIDE CLINIC

- a. Correlative study of Normal structure and function to reveal Structural and functional integrity in Health and understanding the clinical and Hahnemannian concept of health through clinical cases
- b. Role of Control Systems (Psycho-Neuro-Endocrine axis and the Reticulo-endothelial System) in the maintenance of Health and initiating the process of breakdown and onset of illness
- c. Different components which influence health at individual, family and community level leading to insight into preventive and community medicine through Hahnemannian philosophy of holistic
- d. Concept of predisposition and disposition and its influence on development of diseases and application to HMM
- e. Bio-psycho-social and environmental model of Aetiology and correlating with the Hahnemannian concept of causation and evolution of disease and HMM
- f. Development of a Symptom as an indication of loss of functional competence followed by loss of structural integrity – the pathogenesis of symptom formation and the Hahnemannian concept of disease and its expression and application to HMM
- g. Clinico-pathological correlations and the concept of a syndrome and its utility in understanding miasmatic evolution and HMM
- h. Bed side- General and Systematic examination and understanding their basis
- i. Role of physical examination and clinical investigation in the study of disease and miasm.
- j. Understanding the process of clinical diagnosis
- k. Importance of differential diagnosis-probable diagnosis and final diagnosis

FOLLOWING STUDY SHALL HELP IN BUILDING CLINICAL MATERIA MEDICA

- a. Predisposition:
- b. Causation and modifying factors:
- c. Pathogenesis, Pathology, Clinico-pathological and miasmatic correlations with pathological result
- d. Classification and evolution of disease according to varying expressions of susceptibility:
- e. Case taking, examination, investigation and approach to clinical diagnosis:
- f. Differential diagnosis:
- g. Management-General and Homoeopathic:
 - i. General Management
 - ii. Standard management: Detailed aspects of currently accepted medication from modern medicine, their pharmacological effects, their management and adverse drug reactions and ways in which they affect the susceptibility of the patient. And indicated HMM drugs for the state
This may include the following:
 - iii. Principles of Homoeopathic management:
 - 1.Scope and limitations:
 - 2.Role of different forces:
 - 3.Potency and repetition:
 - 4.Follow up management:
- h. Prognosis
- i. Future advances

(III) Hom-PG-FCMHMM-03:

STUDYING THE CARDINAL MANIFESTATIONS OF DISEASE THROUGH THEIR PATHO-PHYSIOLOGY WITH HAHNEMANNIAN CLASSIFICATION OF SYMPTOMS AND MIASMATIC CLASSIFICATION AND CLINICAL HMM THROUGH CLINICAL CASES AND BEDSIDE

- a. Pain
 - i. Pain: Pathophysiology
 - ii. Chest Pain
 - iii. Abdominal pain
 - iv. Headache
 - v. Back and Neck pain
- b. Fever-types
- c. Alteration in Nervous system functions
 - i. Faintness, syncope, dizziness, vertigo
 - ii. Weakness, myalgias, imbalance
 - iii. Numbness, tingling and sensory loss

- iv. Acute confusional states
- v. Aphasias
- vi. Memory loss and dementia
- vii. Sleep disorder
- d. Alteration in Respiratory and Circulation
 - i. Dyspnoea
 - ii. Cough and haemoptysis
 - iii. Cyanosis
 - iv. Oedema
 - v. Shock
- e. Alteration in Gastrointestinal functions
 - i. Dysphagia
 - ii. Nausea, vomiting, indigestion
 - iii. Diarrhoea and Constipation
 - iv. Weight loss
 - v. Gastrointestinal bleeding
 - vi. Jaundice
 - vii. Abdominal swelling and ascites
- f. Alteration in Urinary functions and electrolytes
 - i. Incontinence and lower urinary symptoms
 - ii. Urinary abnormalities
- g. Alteration in Reproductive and Sexual functions
 - i. Erectile dysfunction
 - ii. Disturbances of Menstruation
 - iii. Leucorrhoea
 - iv. Hirsutism
 - v. Infertility
- h. Alteration in Skin functions
 - i. Itching
 - ii. Eruptions
 - iii. Disorders of pigmentation
- i. Haematological alterations
 - i. Anaemia
 - ii. Bleeding
 - iii. Enlargement of Lymph nodes and spleen

(IV) Hom-PG-FCMHMM-04:

BASIC CONCEPTS OF NUTRITION, NUTRITIONAL DISEASES AND MIASMATIC ASSESSMENT

- a. Nutritional and Dietary assessment
- b. Malnutrition
- c. Vitamin and Mineral deficiency
- d. Obesity

- e. Eating disorders

(V) Hom-PG-FCMHMM-05:

INTERPRETATIONS OF LABORATORY AND RADIOLOGICAL INVESTIGATIONS

- a. Haematology - All basic tests
- b. Serology
- c. Biochemistry
- d. Microbiology
- e. Special tests – Hormonal Assays – Thyroid function tests, LH, FSH, Prolactin, TORCH, Triple marker, IgG/ IgM, HLA B27, Beta HCG, Anti-thyroid antibodies, Anti-cardiolipin antibodies.
- f. Basis Concepts of Radio Imaging like X-rays, CT, MRI
- g. USG
- h. ECG (Basic applications)

VI. TOPIC OVERVIEW:

NOTE:

Some topic and content templets are displayed here for guidelines as example rest of the institute shall prepare themselves for their implementation and documentation

Hom-PG-FCMHMM-01:**Table-1**

Topic Overview:	This course will provide students of MD Hom (HMM) with an overview of the significance of displaying ethical based clinical practice in HMM.
Learning Outcomes:	COMPETENCY : HOM-PG-FCMHMM-01-01 IDENTIFIES ETHICAL-BASED CLINICAL PRACTICES IN REPERTORY. KNOWLEDGE ▪ Describes the process of eliciting symptoms from the experience of the patient. ▪ Discuss the importance of converting the symptoms into prescribing totality. ▪ Identify the relevant HMM references amongst the cross references. ▪ Discuss the importance of authentic data publication in journals and dissertations. ▪ Comply with issues related to plagiarism. SKILL ▪ Demonstrates fidelity in converting the experience shared by patient using all senses. ▪ Demonstrates truthfulness in writing the right symptoms choosing right words. ▪ Construct the totality used have the intended meaning desired by the author. ▪ Delivers a publication ready document which ensure free of plagiarism and no manipulation of data. REFLECTION ▪ Appreciates the process involved ensuring ethical based clinical practice in HMM.
Learning methods	• Bedside, case based
Assessment:	• Continuous / Programmatic assessment /Practical assessment/Written assessment • SA, VIVA VOCE, ASSIGNMENT
Prescribed Texts:	
Domains of Competencies	Knowledge & Scholarship / Patient Care / Homoeopathic Orientation / Practice Based Learning

Table-2

Topic Overview:	This course will provide students of MD Hom (HMM) with an overview of the significance of utilisation of clinical Materia Medica as credible database for shortlisting prescription possibilities for pain in general and various locations in particular.
Learning Outcomes:	COMPETENCY : HOM-PG-FCMHMM-03-02-01: EXPLAIN THE PATHOGENESIS OF PAIN IN GENERAL AND LOCATIONS IN PARTICULAR. KNOWLEDGE ▪ Describes the various Patho – physiological processes involved in genesis of pain. ▪ Identifies the role of psycho – neuro endocrine axis in genesis of pain. ▪ Discuss the representation of pain in different remedies in clinical Materia Medica with differentiation. SKILL ▪ Demonstrates bedside case taking skills. ▪ Identifies the symptom based on subjective and objective expressions. ▪ Search the relevant symptomatology with differential symptoms from different clinical Materia Medica. ▪ Demonstrate the logic behind the choice of clinical Materia Medica. REFLECTION ▪ Recall the experience with referencing the clinical Materia Medica result with cause of pain. COMPETENCY 2: HOM-PG-FCMHMM-03-02-02: DIFFERENTIATES THE TYPES OF PAIN BASED ON LOCATION ASSOCIATION. KNOWLEDGE ▪ Identifies the different types of pains in relation to location. ▪ Relate with the pathogenesis. ▪ Identifies the pain and enquires appropriately. ▪ Identifies the characteristics in the pain sensation. ▪ Aware of the role of homoeopathy ▪ Identifies the investigations to be indented.

	▪ Concludes the clinical diagnosis. ▪ Aware of representation of pain and location in clinical Materia Medica books SKILL ▪ To logically demonstrate the need of clinical Materia Medica REFLECTION ▪ Identify the critical incidents that supported your prescription decision to be unbiased.
Learning methods	• Case based,problem based
Assessment:	• Continuous / Programmatic assessment /Practical assessment/Written assessment • MCQ, VIVA CHECKLIST
Prescribed Texts:	
Domains of Competencies	Knowledge & Scholarship / Patient Care / Homoeopathic Orientation / Practice Based Learning

TABLE-3

Topic Overview:	This topic will provide students of MD Hom (Hom. Materia Medica) with an overview of the significance of utilisation of HMM as credible source for management and treatment possibilities for Gastro-intestinal bleeding.
Learning Outcomes:	COMPETENCY 1: HOM-PG-FCMHMM-03-03-01 EXPLAIN THE PATHOGENESIS OF GASTRO-INTESTINAL BLEEDING. KNOWLEDGE ▪ Describes the various pathological conditions leading to Gastro-intestinal bleeding. ▪ Describe the predisposition and dispositions prone for gastrointestinal bleeding ▪ Interpret the data collected from the case taking ▪ Assemble the clinical and homoeopathic data Relate the gastrointestinal bleedings with examination findings ▪ Discuss differential diagnosis of the gastro intestinal bleedings ▪ Relate gastrointestinal bleeding with investigation findings ▪ Identifies the symptom based on subjective and objective expressions ▪ Describe the various pathogenesis, clinicopathological correlation and miasmatic correlation ▪ Explain the different causation at the level of bio-psycho-social-cultural-economical -political-religious responsible for the gastrointestinal bleeding ▪ Classify the different evolution of gastrointestinal bleeding from reversible to irreversible pathologies ▪ Classify the diseases with gastrointestinal bleeding from Hahnemannian classification ▪ Define the scope and limitation of homoeopathic management for the same ▪ Relate gastrointestinal bleedings with range of susceptibility ▪ Define the follow up criteria and remedy response for the gastrointestinal bleedings ▪ Apply all the clinical and homoeopathic knowledge to construct homoeopathic Materia medica for gastrointestinal bleeding ▪ Comparative study of various homoeopathic remedies for Gastro-intestinal bleeding based on nature and site and

	pathogenesis. ▪ Discuss differential HMM for gastrointestinal bleeding at the level of acute, chronic and intercurrent ▪ Describe range of susceptibility and miasm of gastrointestinal bleeding remedies ▪ Relate the different remedies of gastrointestinal bleeding to various clinical Materia medica (Farrington, Boericke, Clarke) SKILL ▪ Demonstrates bedside case taking skills in cases of Gastro-intestinal bleeding. ▪ Perform homoeopathic clinical case taking of the gastrointestinal bleeding ▪ Demonstrate the physical examination skill. ▪ Construct different reportorial totalities and reportorial references of gastrointestinal bleeding ▪ Construct acute, intercurrent and chronic totalities of gastrointestinal bleedings REFLECTION ▪ Recall the experience with homoeopathic remedies used in cases of Gastro-intestinal bleeding. ▪ Recall the experience of differentiating various homoeopathic remedies used in cases of Gastro-intestinal bleeding based on nature and location.
Learning methods	• Self regulated learning, library based
Assessment:	• Continuous / Programmatic assessment (including Problem Based Learning assessment).MCQ, VIVA VOCE ASSIGNMENT
Prescribed Texts:	As per the list
Domains of Competencies	Knowledge & Scholarship / Patient Care / Homoeopathic Orientation / Practice Based Learning.

TABLE-4

Topic Overview:	This course will provide overview of dyspnoea, its understanding in clinical practise and its homoeopathic perspective.
Learning Outcomes:	COMPETENCY 1: HOM-PG-FCMHMM-03-04-01 EXPLORING DYSPNOEA AS A SYMPTOM AND ITS HOLISTIC UNDERSTANDING IN LIGHT OF HOMOEOPATHIC PERSPECTIVE AND CLINICAL MEDICINE KNOWLEDGE ▪ Discuss the etiopathogenesis of dyspnoea ▪ Conclude etiopathogenesis of dyspnoea from homoeopathic perspective ▪ Discuss the other clinical features associated with dyspnoea ▪ Explain the pathogenesis of Dyspnoea ▪ Plan investigation for confirmation of diagnosis ▪ Formulate provisional clinical diagnosis and differential diagnosis ▪ Explain Clinical differentiation of symptoms for assessment of nosological diagnosis ▪ Discuss investigation for confirmation of diagnosis ▪ Classify dyspnoea from Hahnemannian classification of disease ▪ Apply clinical insight in classifying miasm (Psoric, Syphilitic and Sycotic) ▪ Correlate Hahnemann's concept and modern medicine for the understanding of dyspnoea ▪ Classify the symptoms with analysis and evaluation ▪ Ascertain prognosis from clinical medicine and homoeopathic perspective ▪ Plan Diet as regimen as per the nosological diagnosis and Hahnemann's directions. ▪ Plan the line of management (Medicinal and/or auxiliary management) ▪ Plan Strategy for homoeopathic management SKILL: ▪ Perform Homoeopathic Case taking including anamnesis ▪ Perform Clinical examination of chest and other relevant systems. ▪ Display Homoeopathic approach in terms of anamnesis, susceptibility and miasmatic analysis ▪ Construct prescribing Totality ▪ Refer appropriate clinical Materia Medica for dyspnoea for indicated and differential Materia Medica

	REFLECTION: ▪ Integrated approach in understanding dyspnoea ▪ Identify social, economic, environmental, biological and emotional determinants of dyspnoea ▪ Common remedies used in OPD and IPD for dyspnoea
Learning methods	Self regulated learning, library based, case based
Assessment:	Continuous / Programmatic assessment (including Problem Based Learning assessment). SA, MCQ, VIVA , ASSIGNMENT
Prescribed Texts:	As per the list
Domains of Competencies	Knowledge & Scholarship / Patient Care / Homoeopathic Orientation

Table-5

Topic Overview:	This Topic will provide students of MD Hom (HMM) with an overview of the significance of utilisation of clinical Materia Medica as credible database for malnutrition, vitamin and mineral deficiency, obesity, eating disorder.
Learning Outcomes:	Competency : Hom-PG-FCMHMM-03-05-01: Identifies subjective and objective signs and symptoms of malnutrition, vitamin and mineral deficiency, obesity, eating disorder. KNOWLEDGE ▪ Describes the various Patho – physiological processes involved in genesis malnutrition, vitamin and mineral deficiency, obesity and eating disorders. ▪ Identifies the role of psycho – neuro endocrine axis in genesis of malnutrition, vitamin and mineral deficiency, obesity and eating disorders. ▪ Identifies the role of predisposition and susceptibility in genesis of malnutrition, vitamin and mineral deficiency, obesity and eating disorders. ▪ Aware of subjective and objective signs and symptoms of malnutrition, vitamin and mineral deficiency, obesity and eating disorders. ▪ Defines the level of malnutrition, vitamin and mineral deficiency, obesity and eating disorders. ▪ Discuss the role of diet and nutritional supplements in management of malnutrition, vitamin and mineral deficiency, obesity and eating disorders. ▪ Identifies the scope of homoeopathy alone in management of malnutrition, vitamin and mineral deficiency, obesity and eating disorders. ▪ Awareness of representation in Repertory of signs and symptoms related to malnutrition, vitamin and mineral deficiency, obesity and eating disorders. ▪ Apply clinical symptoms and characteristics for referring clinical Materia Medica SKILL ▪ Demonstrates case taking skills in assessment of malnutrition, vitamin and mineral deficiency, obesity and eating disorders. ▪ Demonstrates the clinical examination skills of signs and symptom of malnutrition, vitamin and mineral deficiency, obesity and eating disorders. ▪ Demonstrates the assessment skills of level and intensity of malnutrition, vitamin and mineral deficiency, obesity and eating disorders.

	- Refers appropriate repertory and relevant rubrics that represent the malnutrition, vitamin and mineral deficiency, obesity and eating disorders. - Refer appropriate clinical Materia Medica for management of nutritional disorders REFLECTION - Appreciates the process involved in assessment of malnutrition, vitamin and mineral deficiency, obesity and eating disorders and scope of homoeopathy. COMPETENCY : HOM-PG-FCMHMM-03-05-02: REFERS APPROPRIATE CLINICAL MATERIA MEDICA TO MANAGE MALNUTRITION, VITAMIN AND MINERAL DEFICIENCY, OBESITY AND EATING DISORDERS. TYPES OF PAIN BASED ON LOCATION ASSOCIATION. KNOWLEDGE - Identifies the different clinical Materia Medica useful for management of malnutrition, vitamin and mineral deficiency, obesity and eating disorders. - Identifies the appropriateness of clinical Materia Medica in differentiation of remedies in management of malnutrition, vitamin and mineral deficiency, obesity and eating disorders. SKILL - To logically demonstrate the utility of clinical Materia Medica in management of malnutrition, vitamin and mineral deficiency, obesity and eating disorders. REFLECTION - Identifies the scope of use of clinical Materia Medica in management of malnutrition, vitamin and mineral deficiency, obesity and eating disorders.
Learning methods	Self regulated learning, library based, case based
Assessment:	Continuous / Programmatic assessment /Practical assessment/Written assessment MCQ, viva, assignment
Prescribed Texts:	As per the list
Domains of Competencies	Knowledge & Scholarship / Patient Care / Homoeopathic Orientation / Practice Based Learning

Hom PG-FMHMM-05:**Table-6**

Topic Overview:	This Topic will provide overview of dyspnoea, its understanding in clinical practise and its homoeopathic perspective.
Learning Outcomes:	COMPETENCY : HOM-PG-FCMHMM-05-06-01 INTERPRETATION OF LIVER FUNCTION TEST IN LIGHT OF HOMOEOPATHIC PERSPECTIVE AND CLINICAL MEDICINE. KNOWLEDGE ▪ Explain the liver functions ▪ Discuss Etiopathogenesis of liver disorders ▪ Interpret investigation for liver function. ▪ Classify the liver function in to functional and structural representation ▪ Classify the liver function as representation of different Miasm (Psoric, Syphilitic and Sycotic) ▪ Explain the march of susceptibility as per the liver function test ▪ Correlate Hahnemann's concept and modern medicine for the understanding liver function test ▪ Justify prognosis from clinical and homoeopathic medicine based on liver functions test. ▪ Plan the line of management based on Liver Function test ▪ Identify Striking, singular, uncommon, and peculiar symptoms based on laboratory findings. ▪ Relate liver function test to clinical Materia Medica ▪ Apply laboratory findings in selection of medicine, potency, repetition of doses. ▪ Apply laboratory findings in prescribing diet and regimen from modern and homoeopathic point of view. ▪ Discuss prognosis from clinical medicine and homoeopathic perspective. SKILL: ▪ Perform clinical and homoeopathic history based on laboratory findings. ▪ Corelation of clinical history with laboratory finding. REFLECTION: ▪ Relate use of laboratory test in judicious management of clinical cases ▪ Relate the utility of laboratory finding in differential Materia Medica

Learning methods	Self regulated learning, Case based,
Assessment:	Continuous / Programmatic assessment /Practical assessment/Written assessment SA, VIVA VOCE ASSIGNMENT
Prescribed Texts:	As per the list
Domains of Competencies	Knowledge & Scholarship / Patient Care / Homoeopathic Orientation

VII. ASSESSMENT

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

VII (1). M.D. (HOMOEOPATHY) PART-I EXAMINATION –

MAXIMUM MARKS FOR EACH SUBJECT AND MINIMUM MARKS REQUIRED TO PASS SHALL BE AS FOLLOWS:

Subjects	Theory		Practical or Clinical Examination, including Viva	
	Maximum Marks	Pass Marks	Maximum Marks	Pass Marks
i. Fundamentals of Homoeopathic Materia Medica	100	50	200* (160 + 40) (Summative Assessment 160 Marks) (Internal Assessment 40 Marks)	100* (80 + 20) (Summative Assessment 80 Marks) (Internal Assessment 20 Marks)
ii. Fundamentals of Clinical Medicine in Homoeopathic Materia Medica	100	50		
iii. Research Methodology and Biostatistics	100	50	-	-

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

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

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

TYPES OF QUESTIONS WITH MARKS

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

Part 1 – Paper 2. Topic Numbers

i. Hom-PG-FCMHMM-01:

INTRODUCTION TO THE PRACTICE OF EVIDENCE-BASED MEDICINE

ii. Hom-PG-FCMHMM-02:

DEVELOPING A BASIC CLINICAL APPROACH. ALL THE FOLLOWING CONTENT HAS TO BE DELIVERED THROUGH CLINICAL CASES AND BEDSIDE CLINIC

iii. Hom-PG-FCMHMM-03:

STUDYING THE CARDINAL MANIFESTATIONS OF DISEASE THROUGH THEIR PATHO-PHYSIOLOGY WITH HAHNEMANNIAN CLASSIFICATION OF SYMPTOMS AND MIASMATIC CLASSIFICATION AND CLINICAL HMM THROUGH CLINICAL CASES AND BEDSIDE

iv. Hom-PG-FCMHMM-04:Basic

CONCEPTS OF NUTRITION, NUTRITIONAL DISEASES AND MIASMATIC ASSESSMENT

v. Hom-PG-FCMHMM-05:

INTERPRETATIONS OF LABORATORY AND RADIOLOGICAL INVESTIGATION

VII (2b). QUESTION PAPER LAYOUT

Sr no	Course content	Problembased questions	Weightage
Q 01	HomPG-FMHMM-01 or 03 or 04	20 x1	20 marks
Q 02	HomPG-FMHMM-01	10 marks	40 marks
Q 03	HomPG-FMHMM-03: a or c	10 marks	
Q 04	HomPG-FMHMM-03: d	10 marks	
Q 05	HomPG-FMHMM-03: e	10 marks	
Q 06	HomPG-FMHMM-04	5 marks	40 marks
Q 07	HomPG-FMHMM-03: b or i	5 marks	
Q 08	HomPG-FMHMM-03: f	5 marks	
Q 09	HomPG-FMHMM-03: g	5 marks	
Q 10	HomPG-FMHMM-03: h	5 marks	
Q 11	HomPG-FMHMM-05: a or b or c	5 marks	
Q 12	HomPG-FMHMM-05: d or e	5 marks	
Q 13	HomPG-FMHMM-05: f or g or h	5 marks	

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

VII (3A). CLINICAL EXAMINATION: A COMMON PRACTICAL/VIVA FOR PART I PAPER 1 AND

6. LIST OF BOOKS

1. Adam Feather; David Randall; Mona Waterhouse . (2020). *Kumar and Clark's Clinical Medicine (10/E)*. Elsevier.
2. Allen, H. C. (2002). *Keynotes and Characteristics with Comparisons*.
3. Andrew R Houghton, David Gray. (2010). *Chamberlain's Symptoms and Signs in Clinical Medicine, An Introduction to Medical Diagnosis (13/E)*. Hodder Arnold.
4. Barbara Bates, Lynn S. Bickley. (2004). *Bates' Guide to Physical Examination and History Taking (8/E)*. Lippincott Williams and Wilkins.
5. Bhanja, K. C. (1972). *Masterkey to Homeopathic Materia Medica*.
6. Blackwood, A. L. (2016). *A manual of materia medica, therapeutics and pharmacology, with clinical index*.

7. Boericke, W. (1993). *Pocket Manual of Homoeopathic Materia Medica & Repertory*.
8. Boger, C. M. (2010). *A Synoptic Key of the Materia Medica*.
9. Choudhuri, N. M. (2003). *A Study on Materia Medica*.
10. Clarke, J. H. (1990). *A Dictionary Of Practical Materia Medica*.
11. Cyril M. Macbryde, R.S. Blacklow. (1983). *Signs and Symptoms: Applied Pathologic Physiology and Clinical Interpretation (6/E)*. HarperCollins, Australia.
12. Davis, M. A. (1999). *Signs and Symptoms in Emergency Medicine: Literature-Based Guide to Emergent Conditions*. Mosby.
13. Farrington, E. A. (1992). *Lectures on Clinical Materia Medica*.
14. Gupta. (2005). *Differential Diagnosis (Medicine, Surgery, Obs/Gynae, Ophth, Paed, Dental) (7/E)*. Jaypee Brothers Medical Publishers Private Limited.
15. Kamath, S. A. (2022). *API Textbook of Medicine (12/E)*. Jaypee Brothers Medical Publishers.
16. Kent, J. T. (1992). *Lectures on Homoeopathic Materia Medica*.
17. Lippe, A. (2005). *Text Book of Materia Medica*.
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20. Mathur, K. N. (2003). *Systematic Materia Medica of Homoeopathic Remedies*.
21. Mehta, P. J. (2023). *Practical Medicine (22/E)*. The National Book Depot.
22. Nash, E. B. (2014). *Leaders in homoeopathic Therapeutics*.
23. Penman, I. (2022). *Davidson's Principles and Practice of Medicine (24/E)*. ELSEVIER.
24. Phatak, S. R. (2003). *Materia Medica of Homoeopathic Medicines*.
25. Pierce, W. I. (2016). *Plain Talks On Materia Medica*.
26. Pulford, A. (2002). *Homoeopathic Materia Medica of Graphical Drug Pictures*.
27. Tyler, M. L. (2008). *Homoeopathic Drug Pictures*.

IX. List of contributors:

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CURRICULUM DOCUMENT

M.D. (Homoeopathy) Organon of Medicine and Homoeopathic Philosophy

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

M.D. (Homoeopathy) Organon of Medicine and Homoeopathic Philosophy

II. COMPONENTS OF THE CURRICULUM:

II (1). Part I

- i. Fundamentals of Homoeopathic Philosophy
- ii. Fundamentals of Clinical Medicine in Homoeopathic Philosophy; and
- iii. Research Methodology and Biostatistics

II (2).Part II

- i. Homoeopathic Philosophy, Paper 1
- ii. Homoeopathic Philosophy, Paper 2

III. BRIEF DESCRIPTION OF SPECIALTY AND ITS RELEVANCE IN HOMEOPATHY POST-GRADUATE COURSE.

The purpose of studying Homoeopathic Philosophy as a subject in MD (Hom.) degree course is to obtain a clear understanding of fundamental aspects of homoeopathic science and its philosophical basis. It aims to train the homoeopathic graduates to develop a clear understanding that homoeopathic philosophy is an extension and application of general philosophy in furtherance of healthcare decisions.

Philosophy is a significant aspect of healthcare education because it helps the students to develop skills and attitudes such as examining key assumptions, broadening their perspectives, infusing self-knowledge and developing critical thinking skills. It also provides the tools for analyzing concepts in medicine such as disease, health, and cure. It is all the more important for homoeopathic professionals as homoeopathy is based on a distinct holistic, individualistic, and dynamic understanding of life, health, and disease. The study of homoeopathic philosophy provides insights into the evaluation and management of disease at different levels of the healthcare delivery system.

The course gives a summary view of evolution of Hahnemannian and post Hahnemannian schools of philosophy through the study of eastern and western philosophies and their role in shaping clinical decision making in patient care. It also orients students to the basic concepts of modern schools of philosophies and their relevance in the holistic and individualistic understanding of patient.

This course enables the students to provide patient-centered care, based on homoeopathic principles for appropriate and effective therapeutic, preventive, and promotive healthcare. It helps to distinguish the uniqueness of homoeopathic philosophy concerning the modern concept of healthcare and apply it in a range of clinical and community contexts. To further these competencies, this program anchors the students in the fundamentals of general philosophy, logic, and scientific methods, and aligns them with Hahnemannian concepts. As a result, the students would be sensitized to critically review literature, and integrate and apply knowledge of established and evolving clinical and epidemiological sciences. It emphasizes on understanding of Homoeopathic philosophy in the context of the health needs of the community and the national priorities in the health sector. It also offers opportunities for validating and advancing the understanding of homoeopathic principles and engaging in evidence-based clinical practice.

IV. COURSE OBJECTIVES

(ENTRUSTABLE PROFESSIONAL ACTIVITIES - EPAS)

1. Relate homoeopathic philosophy as an extension and application of general philosophy in furtherance of healthcare decisions
2. Align different school of philosophies in clinical decision making in homoeopathic patient care
3. Evolve bio-pathography of disease as per modern and homoeopathic concepts.
4. Analyze the social, economic, environmental, biological, and emotional determinants of health and etio-pathogenesis of diseases as per modern and homoeopathic concepts.
5. Interpret the general pathology in light of Hahnemannian theory of chronic disease.
6. Diagnose and classify acute and chronic diseases based on clinical assessment in relation with concepts of homoeopathic philosophy.
7. Analyze the scope and limitations of Homoeopathy in acute and chronic diseases, especially in one sided diseases
8. Perform holistic homoeopathic case analysis for planning therapeutic, rehabilitative, preventive, and promotive measures/strategies with special emphasis on evolving susceptibility.
9. Plan posology in light of homoeopathic philosophy with special emphasis on evolving susceptibility.
10. Interpret the prognosis and remedy reactions in each case based on the teachings of Hahnemann and post-Hahnemannian stalwarts, especially Kent's Twelve observations.
11. Interpret the knowledge of modern philosophies and concepts in furtherance of holistic, individualistic, and dynamic understanding of life, health, and disease.
12. Evaluate the modern schools of homoeopathic philosophies and their relevance in the individualistic understanding of patient.
13. Assess the translational value of Homoeopathic principles and logic.

14. Demonstrate empathy and a humane approach towards patients and their families and exhibit appropriate interpersonal behavior in light of basic principles of psychology.
15. Evaluate the role of Homoeopathic philosophy in the context of the health needs of the community and the national priorities in the health sector.
16. Demonstrate competence in basic concepts of research methodology and epidemiology.
17. Critically analyze relevant published research literature in conjunction with Homoeopathic principles.
18. Publish evidence-based documentation for validation of principles of Homoeopathic philosophy.
19. Consistently demonstrate skills in using educational methods and techniques as applicable to the teaching of general physicians and health workers.
20. Apply various teaching-learning techniques for imparting undergraduate and postgraduate education.
21. Participate as a contributing and integrated member of an inter professional team.
22. Function as an effective leader of a health team engaged in health care, research or training.

IV (1). MAPPING OF EPASAND DOMAIN COMPETENCIES

KS : Knowledge & Scholarship

PC : Patient care

HO : Homoeopathic Orientation

CS : Communication skills

PBL : Practice based learning

Prf: Professionalism

Sr. No	EPA	KS	PC	HO	CS	PBL	PRF
1	Relate homoeopathic philosophy as an extension and application of general philosophy in furtherance of healthcare decisions	√	√	√	-	√	-
2	Align different school of philosophies in clinical decision making in homoeopathic patient care	√	√	√	-	√	-
3	Evolve bio-pathography of disease as per modern and homoeopathic concepts	√	√	√	√	√	√
4	Analyze the social, economic, environmental, biological, and emotional determinants of health and etio-pathogenesis of diseases as per modern and homoeopathic concepts	√	√	√	√	√	-
5	Interpret the general pathology in light of Hahnemannian theory of chronic disease.	√	√	√	-	√	-
6	Diagnose and classify acute and chronic diseases based on clinical assessment in relation with concepts of homoeopathic philosophy.	√	√	√	-	√	-

7	Analyze the scope and limitations of Homoeopathy in acute and chronic diseases, especially in one sided diseases	√	√	√	-	√	-
8	Perform holistic homoeopathic case analysis for planning therapeutic, rehabilitative, preventive, and promotive measures/strategies with special emphasis on evolving susceptibility	√	√	√	√	√	√
9	Plan posology in light of homoeopathic philosophy with special emphasis on evolving susceptibility	√	√	√	-	√	-
10	Interpret the prognosis and remedy reactions in each case based on the teachings of Hahnemann and post-Hahnemannian stalwarts, especially Kent's Twelve observations.	√	√	√	-	√	-
11	Interpret the knowledge of modern philosophies and concepts in furtherance of holistic, individualistic, and dynamic understanding of life, health, and disease	√	-	√	-	√	-
12	Evaluate the modern schools of homoeopathic philosophies and their relevance in the individualistic understanding of patient	√	-	√	-	√	-
13	Assess the translational value of Homoeopathic principles and logic	√	√	√	-	√	-
14	Demonstrate empathy and humane approach towards patients and their families and exhibit appropriate interpersonal behaviour in light of basic principles of psychology	√	√	√	√	√	√
15	Evaluate the role of Homoeopathic philosophy in the context of the health needs of the community and the national priorities in the health sector.	√	-	√	-	√	√
16	Demonstrate competence in basic concepts of research methodology and epidemiology	√	-	√	-	-	√
17	Critically analyse relevant published research literature in conjunction with Homoeopathic principles.	√	-	√	-	-	√
18	Publish evidence-based documentation for validation of principles of Homoeopathic philosophy.	√	-	√	-	-	√
19	Consistently demonstrate characteristics of self-directed learning by recognising continuing educational needs and using appropriate learning resources.	√	-	√	-	√	√

20	Apply various teaching-learning techniques for imparting undergraduate and postgraduate education.	√	-	√	-	√	√
21	Participate as a contributing and integrated member of an interprofessional team	√	-	-	√	-	√
22	Function as effective leader of team that is engaged in health care, research and training	√	-	-	√	-	√

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

EPA LEVEL:

1=No permission to act

2=Permission to act with direct, proactive supervision present in the room

3 = Permission to act with indirect supervision, not present but quickly available if needed

4=Permission to act under distant supervision not directly available (unsupervised)

5=Permission to provide supervision to junior trainees

EPAs	Part 1			Part 2		
	Sem / Mod 1	Sem / Mod 2	Sem / Mod 3	Sem / Mod 4	Sem / Mod 5	Sem / Mod 6
Relate homoeopathic philosophy as an extension and application of general philosophy in furtherance of healthcare decisions	2 Defines the concepts in General philosophy	2 Understands the various schools of General philosophies	3 Understands the philosophies of empiricism and rationalism	4 Understands rationalism in modern medicine with especial emphasis on Cartesian philosophy	4 Understands the empiricist philosophies of Locke, Hume and Francis Bacon	5 Demonstrates correlation of empiricism and homoeopathic philosophy
Align different school of philosophies in clinical decision making in	2 Basic concepts of Hahnemannian philosophy	2 Interprets the works in eastern and western philosophies	2 Understands Evolution of the homoeopathy	3 Interprets philosophy of Goethe in evolution	3 Understands philosophies of Immanuel	4 Correlates different philosophies in clinical decision

homoeopathic patient care		s	thic concepts through different school of philosophies	of Hahnemannian thoughts	I Kant, Swedenborg and Karl Poper in evolution of post Hahnemannian schools of philosophy	making in patient care
Evolve biopathography of disease as per modern and homoeopathic concepts	2 Demonstrates respect for patient privacy and autonomy Communicates effectively with patient and or attendants, care givers etc.	2 Understands the evolution of disease in different phases of life	3 Develops understanding of biopathographical progress of disease	4 Becomes aware of use of knowledge, skill and emotional limitation of self	4 Documents accurately and legibly.	5 Works effectively in various health care settings and demonstrates application of appropriate knowledge, skill and attitude
Analyze the social, economic, environmental, biological, and emotional determinants of health and enteropathogenesis of diseases as per modern	2 Gathers information regarding social, economic, cultural, environmental, biological and emotional factors influencing health and disease	2 Integrates the data gathered for case analysis	2 Defines the philosophy and importance of accessory circumstances	3 Applies knowledge and skill in utilising the information regarding social, economic, cultural, environmental, biological	4 Concludes the scope of homoeopathy considering holistic concept of health and disease	5 Ensures juniors follow steps defined accurately.

and homoeopathic concepts				and emotional factors influencing health and disease		
Interpret the general pathology in light of Hahnemannian theory of chronic disease.	2 Comprehends the concept of etiopathogenesis of diseases in light of homoeopathic philosophy	2 Understands the importance of predisposing and proximate cause in etiopathogenesis of diseases	2 Understands the importance of fundamental cause in etiopathogenesis of diseases	3 Applies Hahnemann's theory of acute and chronic miasm	4 Comprehends the clinical utility of miasmatic study of diseases	5 Demonstrates the clinical utility of miasmatic study of diseases
Diagnose and classify acute and chronic diseases based on clinical assessment in relation with concepts of homoeopathic philosophy.	2 Gathers clinical information with emphasis on anamnesis	2 Understands the homoeopathic concept of indisposition, acute and chronic diseases and their types	3 Diagnoses and classifies the disease according to homoeopathic philosophy	3 Develops the strategy for case management, based on clinical assessment in relation with concepts of homoeopathic philosophy.	4 Ensures compliance of case management	5 Demonstrates effective implementation of homoeopathic classification of disease
Analyze the scope and limitations of Homoeopathy	2 Defines the scope and limitation of homoeopathic system of	2 Demonstrates the scope and limitation of homoeopathic	3 Outlines the clinical management on	3 Identifies the tools for the implementation of	4 Applies case management strategy	5 Demonstrates the scope and limitation of homoeopathic

hy in acute and chronic diseases, especially in one sided diseases	medicine	y in different clinical settings, especially in one sided diseases	basis of understanding of homoeopathic philosophy	clinical management	and obtains feedback	y to the juniors and students
Perform holistic homoeopathic case analysis for planning therapeutic, rehabilitative, preventive, and promotive measures/strategies with special emphasis on evolving susceptibility	2 Understands the methods of holistic case analysis for planning therapeutic, rehabilitative, preventive, and promotive measures/strategies	2 Understands the modalities of therapeutic, rehabilitative, preventive, and promotive measures/strategies	2 Identifies the tools for the implementation of clinical management strategy	3 Applies different types of strategies for different clinical outcomes	4 Feedback and validation of treatment strategies	5 Demonstrates application of therapeutic, rehabilitative, preventive, and promotive measures/strategies to students and juniors
Plan posology in light of homoeopathic philosophy with special emphasis on evolving susceptibility	2 Understands the components of posology	2 Understands role of susceptibility in deciding posology	2 Understands role of susceptibility in deciding posology	3 Evaluates the different factors influencing susceptibility and hence posology	4 Application of understanding of evolving susceptibility in deciding posology	5 Plans and demonstrates posology selection on basis of evolving susceptibility
Interpret the prognosis and remedy reactions in each case based on the teachings of	2 Understands the Hahnemannian concept of remedy	2 Understands the post Hahnemannian concept of remedy	3 Understands prognosis and clinical	4 Applies knowledge and skills in assessment	4 Obtains feedback and validation of	5 Engages the students in understanding the various

Hahnemann and post-Hahnemannian stalwarts, especially Kent's Twelve observations	reaction and prognosis	reaction and prognosis	outcome in different case studies	nt of prognosis	prognostic markers	types of remedy reaction and prognosis
Interprets the knowledge of modern philosophies and concepts in furtherance of holistic, individualistic, and dynamic understanding of life, health, and disease	2 Understands basic concepts of modern philosophies	2 Comprehends different schools of modern philosophies	2 Understands the modern philosophies in context of holistic and patient centred paradigm of medicine	3 Evaluates homoeopathic principles in light of modern philosophies and concepts	4 Adapts different schools of modern philosophies and concepts in various clinical settings	5 Demonstrates the importance of modern philosophies and concepts in clinical care.
Evaluate the modern schools of homoeopathic philosophies and their relevance in the individualistic understanding of patient	2 Examines modern schools of Homoeopathic philosophies	2 Evaluates the origin of modern schools of Homoeopathic philosophies	2 Learns to analyse the merits of modern schools of Homoeopathic philosophies	3 Understands the role of different schools of Homoeopathic philosophies in various clinical settings	4 Validates different schools of Homoeopathic philosophies in various clinical settings	5 Demonstrates the importance of modern schools of Homoeopathic philosophies in clinical care.
Assess the translational value of Homoeopat	2 Thoroughly examines	2 Explores the	3 Develops skill in its	4 Applies Homoeopathic	4 Obtains feedback	5 Demonstrates the

the principles and logic	the Homoeopathic principles and logic	application of Homoeopathic principles and logic	application	principles and logic in different clinical settings	and validation of Homoeopathic principles in practise	importance and advantages of understanding Homoeopathic principles and logic
Demonstrate empathy and humane approach towards patients and their families and exhibit appropriate interpersonal behaviour in light of basic principles of psychology	2 Understands patient physician relationship in light of basic principles of psychology	2 Communicates with patient and family empathetically	3 Develops skill in Interpersonal behaviour	4 Exhibits the art of humane approach towards patients and their families	4 Effectively replicates the application of psychology to patient care	5 Demonstrates the process of empathy and humane approach towards patients
Evaluate the role of Homoeopathic philosophy in the context of the health needs of the community and the national priorities in the health sector.	2 Understands the health needs of the community and the national priorities in the health sector.	2 Explores the role of homoeopathic philosophy in the context of the health needs of the community.	2 Explores the role of homoeopathic philosophy in the context of the national priorities in the health sector.	3 Applies homoeopathic philosophy for health needs of community and nation	4 Ensures awareness of homoeopathy in context of the health needs of the community	5 Demonstrates the importance of homoeopathic philosophy in health of community and nation
Demonstrate competence in basic	1 Orients self to research methodology	2 Proactively seeks guidance in	3 Identifies the avenues	3 Applies the learnt processes	4 Conducts the research	5 Reviews the research outcomes

concepts of research methodology and epidemiology	y as a subject	application of research methodology	and processes that can be taken		on the topic selected and consolidates the findings	and identifies future areas for research
Critically analyse relevant published research literature in conjunction with Homoeopathic principles.	2 Critically analyses the published research literature	2 Attempts to demonstrate the importance of analyzing published research literature in conjunction with Homoeopathic principles	3 Seeks to validate the homoeopathic principles in light of modern researches	3 Identifies the avenues of scientific validation of homoeopathic principles	4 Submits to feedback on the process to be adopted for further validation	5 Demonstrates the need for critical review of research literature
Publish evidence-based documentation for validation of principles of Homoeopathic philosophy.	1 Becomes aware of importance of evidence-based documentation	2 Explores the documentation already published	2 Consolidates the process to adopted	3 Attempts to document and publish evidence-based studies	4 Effectively documents and publish evidence-based studies	5 Guides juniors regarding publication of research conducted
Consistently demonstrate characteristics of self-directed learning by recognising continuing educational needs and using appropriate learning	1 Proactively seeks the process	2 Attempts to demonstrate the importance through actions	2 Demonstrates the value experienced through consistent self-driven effort	3 Submits to feedback on the process adopted and tools utilized	4 Attempts to proactively adapt and change based on feedback	5 Demonstrates through action the use of tools to become a self-directed learner.

resources.						
Apply various teaching-learning techniques for imparting undergraduate and postgraduate education.	2 Identifies the skill essential	3 Attempts to implement the skill acquired	3 Masters the various skills of using educational methods and techniques	4 Attempts the application in various settings	4 Consistently applies the process across all settings and personalities	5 Observes the students and patients in action
Participate as a contributing and integrated member of an interprofessional team	1 Becomes aware of need	2 Identifies situations by observation	2 Proactively participates	3 Proactively seeks others participation	4 Attempts to seek feedback on self's lacunae in the process	5 Effectively contributes as a team member
Function as effective leader of team that is engaged in health care, research and training	1 Becomes aware of essential leadership qualities	2 Proactively seeks leadership role	2 Attempts to deliver leadership role	3 Seeks feedback on self's leadership traits	4 Explores opportunities to demonstrate leadership	5 Demonstrates effective leadership

PART I PAPER 1

V. TOPICS AND TOPICS OBJECTIVES.

PAPER 1 PART 1:

The syllabus of MD-Part I in Homoeopathic Philosophy deals with the understanding of the basic science and philosophy of Homoeopathy. It focusses on understanding the evolution of different facets of homoeopathic philosophy through eastern and western philosophies. These contents help the students to understand the holistic, individualistic, and dynamic understanding of life, health, and disease. It will also give them insights into Clinical aspects of homoeopathic philosophy that would be useful for their resident postings.

**TOPICS OBJECTIVES: FUNDAMENTALS OF HOMOEOPATHIC
PHILOSOPHY**

- **HOM – PG-OP – 01**

**HISTORY OF MEDICINE AND EVOLUTION OF
HOMOEOPATHY**

- **HOM – PG-OP – 02**

**INFLUENCE OF DIFFERENT SCHOOLS OF PHILOSOPHIES IN
EVOLUTION OF HOMOEOPATHIC SYSTEM OF
THERAPEUTICS**

- **HOM – PG-OP – 03**

**GENERAL INTERPRETATION OF HOMOEOPATHIC
PHILOSOPHY**

- **HOM – PG-OP – 04**

INTRODUCTION TO ORGANON OF MEDICINE

- **HOM – PG-OP – 05**

FUNDAMENTAL PRINCIPLES OF HOMOEOPATHY

- **HOM – PG-OP – 06**

PHILOSOPHY OF SUBSTANTIALISM

- **HOM – PG-OP – 07**

LIFE, HEALTH, AND DISEASE

- **HOM – PG-OP – 08**

CURE AND RECOVERY

- **HOM – PG-OP – 09**

PRESERVATION OF HEALTH

- **HOM – PG-OP – 10**

BIPHASIC ACTION OF MEDICINE AND MODERN PHARMACOLOGY

- **HOM – PG-OP – 11**

BASICS OF CLASSIFICATION OF DISEASES

- **HOM – PG-OP – 12**

EXAMINATION OF THE PATIENT AND CASE ANALYSIS.

- **HOM – PG-OP – 13**

BASIC OVERVIEW OF SUSCEPTIBILITY IN HOMOEOPATHIC PRACTICE

- **HOM – PG-OP – 14**

HUMAN DRUG PROVING

TOPIC CONTENTS

- **HOM – PG-OP – 01**

HISTORY OF MEDICINE AND EVOLUTION OF HOMOEOPATHY

- History of medicine in the ancient era
- History of Medicine in Dark ages and Renaissance
- Evolution and spread of Homoeopathy in the world

- **HOM – PG-OP – 02**

INFLUENCE OF DIFFERENT SCHOOLS OF PHILOSOPHIES IN EVOLUTION OF HOMOEOPATHIC SYSTEM OF THERAPEUTICS

- General philosophy of the contemporaries like Aristotle, Socrates, Plato and their influence on evolution of homoeopathic philosophy.
- Review of writings of Hippocrates, Immanuel Kant, Paracelsus and their influence on Hahnemannian Philosophy
- Influence of Philosophy of Goethe and Francis Bacon on Hahnemann
- Influence of Swedenborg's Philosophy on Kent
- History of Modern medicine and its influence on development of Homoeopathic philosophy

- **HOM – PG-OP – 03**

GENERAL INTERPRETATION OF HOMOEOPATHIC PHILOSOPHY

- Interpretation of homoeopathic philosophy rests upon the Law of Nature
- Concept of homoeopathy as science as well as an art

- **HOM – PG-OP – 04**

INTRODUCTION TO ORGANON OF MEDICINE

- Necessity and origin of Organon of medicine
- Salient features and ground plan of different editions and construction of Hahnemann's Organon of medicine.
- Role of Logic in ground plan of Organon

- **HOM – PG-OP – 05**

FUNDAMENTAL PRINCIPLES OF HOMOEOPATHY

- Overview of fundamental principles of homeopathy
- Correlation of the fundamental principles with modern concepts of epidemiological and biomolecular sciences
- Synergistic integration of concepts in Homoeopathy as a complete system of therapeutics

- **HOM – PG-OP – 06**

PHILOSOPHY OF SUBSTANTIALISM

- Historical review of substantialism and vitalism
- Development of Hahnemann's concept of vital force in light of philosophy of substantialism
- Vital force as expressed in functions: In health, in disease, in recovery, in cure.
- Concept of Simple Substance according to Kent
- Corroboration of philosophy of vitalism in context of modern medicine and developmental biology

- **HOM – PG-OP – 07**

LIFE, HEALTH, AND DISEASE

- Concept of Health as a balanced integral, harmonious function of the vital energy
- Appraise Disease as a changed condition of life
- Relevance of Anthropology, Sociology and Culture on life, Health Disease and cure.

- **HOM – PG-OP – 08**

CURE AND RECOVERY

- Hahnemann's modern concept of cure and protection from Sickness
- Evaluation of the concept of prophylaxis and its critical study in relation to principles of homoeopathic therapeutics

- **HOM – PG-OP – 09**

PRESERVATION OF HEALTH

- Physician as preserver of health from historical perspective
- Concepts of primordial and primary prevention of diseases
- Concept of Homoeo-prophylaxis

- **HOM – PG-OP – 10**

BIPHASIC ACTION OF MEDICINE AND MODERN PHARMACOLOGY

- Concept of primary and secondary action of medicine
- Biphasic action of medicine in modern pharmacology
- Arndt schulz law, Koetshu effect and Concept of Hormesis

- **HOM – PG-OP – 11**

BASICS OF CLASSIFICATION OF DISEASES

- Classification of diseases in history of medicine
- Clinical classification of diseases in homoeopathy

- **HOM – PG-OP – 12**

EXAMINATION OF THE PATIENT AND CASE ANALYSIS.

- Basic component of examination of the Patient
- Significance of case anamnesis
- Examination of the concepts relevant to case taking and patient examination with special emphasis on concept of auxiliary symptoms

- **HOM – PG-OP – 13**

BASIC OVERVIEW OF SUSCEPTIBILITY IN HOMOEOPATHIC PRACTICE

- Concept of susceptibility as a vital attribute of life
- Susceptibility in physiology and pathology and correlation with homoeopathic philosophy
- Concept of Idiosyncrasy

- **HOM – PG-OP – 14**

DRUG PROVING

- Concept of Human Drug proving and necessity to prove the medicine on human beings.
- Procedure and methodology of drug proving
- Different concepts and sources of drug proving
- Criteria of ideal prover, doses for drug proving and the process of recording of symptoms.

VI TOPICS DESCRIPTION

HOM – PG-OP – 01:

HISTORY OF MEDICINE AND EVOLUTION OF HOMOEOPATHY

Topic Overview:	This topic will provide students of MD Hom (Homoeopathic Philosophy) with an overview of the history of medicine in ancient era, dark ages and renaissance and their influence in evolution of Homoeopathy
Learning Outcomes:	COMPETENCY HOM – PG-OP – 01- 1: EXPLAIN THE HISTORY OF MEDICINE IN THE ANCIENT ERA KNOWLEDGE: • Summarize the important milestones in the History of medicine • Outline the state of Medicine in the primitive era • State the philosophy of Indian, Egyptian, Mesopotamian, Greek and Roman Medicine SKILL • Trace the development of Eastern and Western philosophies and their influence on medicine in general and homoeopathy in specific • Trace the origin of empirical, rationalistic and vitalistic philosophies REFLECTION • Evolution of medical practice of the ancients COMPETENCY HOM – PG-OP – 01-2:

	HISTORY OF MEDICINE IN DARK AGES AND RENAISSANCE KNOWLEDGE: - Summarize the period of dark age - Outline the re-emergence of Medical science in the Renaissance era - State the contributions of medical men during the Renaissance era SKILL - Trace the development of medicine during the Renaissance era REFLECTION - Evolution of medical practice during the Renaissance era COMPETENCY HOM – PG-OP – 01-3: EXPLAIN THE EVOLUTION AND SPREAD OF HOMOEOPATHY IN THE WORLD KNOWLEDGE: - Recall the nature and origin of Homoeopathy - Trace the growth and development of Homoeopathy in India, Europe and western countries. - Discuss Hahnemann's life, his contributions, and the discovery of homoeopathy - List the contributions of stalwarts in the development of Homoeopathy. SKILL - Establishing position of homoeopathy in field of medicine REFLECTION - Recall your experience with referencing Hahnemannian and post Hahnemannian contributions in the evolution of homoeopathic system of medicine - Development of scientific spirit and methods of science with reference to Hahnemannian homoeopathy as a Science.
Competency based Learning Methods	Brainstorming, Self-regulated learning, Library based, e-learning, spaced repetition, formative self assessment

Assessment:	Continuous / Programmatic assessment (including Problem Based Learning assessment). Formative Assessment tools: MCQ, Group discussion, Assignments
Prescribed Texts:	Ackerknecht Erwin H. Haushofer Lisa. 2016. A Short History of Medicine, Johns Hopkins University Press. Baltimore & London, Revised Edition Banerjee D.D. (2019). Glimpses of History of Medicine. B. Jain Publishers (P) Ltd, New Delhi. Dudgeon. R.E. (2019). Lesser Writings of Samuel Hahnemann. B. Jain Publishers (P) Ltd, New Delhi. Garrison Fielding H. (1917). An Introduction to The History of Medicine W. B. Saunders Company. Philadelphia and London Haehl R. (2016). Samuel Hahnemann His life and work. B. Jain Publishers (P) Ltd. 12th Impression Park, K. (2021)Textbook of Preventive and Social Medicine”, Twenty sixth edition, M/s Banarsidas Bhanot Publishers.
Domains of Competencies	Knowledge & Scholarship / Homoeopathic Orientation

HOM – PG-OP – 02:

INFLUENCE OF DIFFERENT SCHOOLS OF PHILOSOPHIES IN EVOLUTION OF HOMOEOPATHIC SYSTEM OF THERAPEUTICS

Overview:	This topic will provide students of MD Hom (Homoeopathic Philosophy) with an overview of different school of philosophies in evolution of Homoeopathic system of therapeutics
Learning Outcomes	COMPETENCY HOM – PG-OP – 02-1: STUDYING GENERAL PHILOSOPHY OF THE CONTEMPORARIES LIKE ARISTOTLE, SOCRATES, PLATO AND THEIR INFLUENCE ON HOMOEOPATHIC PHILOSOPHY. KNOWLEDGE: • Understand basic philosophy of Aristotle, Socrates, Plato • Recall and correlate with Hahnemann's Philosophy SKILL • Trace influence of these philosophies on Hahnemannian thoughts REFLECTION • Understanding the evolution of Hahnemann's Philosophy COMPETENCY HOM – PG-OP – 02-2: UNDERSTANDING WRITINGS OF HIPPOCRATES, IMMANUEL KANT, PARACELSUS AND THEIR INFLUENCE ON HAHNEMANNIAN PHILOSOPHY KNOWLEDGE: • Summarise the Writings of Hippocrates • Appraise the contribution of Immanuel Kant in the field of medicine • Analysis of the philosophy of Paracelsus in the development of homoeopathy SKILL • Trace influence of Hippocrates and Immanuel Kant on homoeopathic Principles. • Trace similarity and dissimilarity between Paracelsus and Hahnemann

- Trace the empirical, rationalistic and vitalistic thoughts

REFLECTION

- Understanding the evolution of Hahnemannian Philosophy.

COMPETENCY HOM – PG-OP – 02- 3:

INFLUENCE OF PHILOSOPHY OF GOETHE AND FRANCIS BACON ON HAHNEMANN

KNOWLEDGE:

- Interpret Philosophy of Goethe and Francis Bacon for the understanding of homoeopathy
- Recall Hahnemann's Philosophy

SKILL

- Trace influence of Philosophy of Goethe and Bacon on Hahnemann

REFLECTION

- Understanding the evolution of Hahnemann's Philosophy

COMPETENCY HOM – PG-OP – 02- 4:

INFLUENCE OF SWEDENBORG'S PHILOSOPHY ON KENT

KNOWLEDGE:

- Discuss the influence of Swedenborg's Kentian understanding of Organon of Medicine
- Describe the salient features of Kent's Philosophy

SKILL

- Trace influence of Swedenborg's Philosophy on Kent

REFLECTION

- Understanding the evolution of Kentian thoughts and Philosophy

COMPETENCY HOM – PG-OP – 02- 5:

HISTORY OF MODERN MEDICINE AND ITS INFLUENCE ON DEVELOPMENT OF HOMOEOPATHIC PHILOSOPHY

KNOWLEDGE:

- Discuss the history of modern medicine

	SKILL Trace influence of modern medicine on Homoeopathic philosophy REFLECTION Understanding the evolution of Homoeopathic philosophy in light of modern medicine
Competency based Learning Methods	Brainstorming, Self-regulated learning, Library based, e-learning, spaced repetition, formative self assessment
Assessment:	Continuous / Programmatic assessment (including Problem Based Learning assessment). Formative Assessment tools: MCQ, Group discussion, Assignments, SO
Prescribed Texts:	Bradford Thomas Lindsley. (2006). Life and Letters of Hahnemann. B. Jain Publishers (P) Ltd, New Delhi. Dudgeon. R.E. (2019). Lesser Writings of Samuel Hahnemann. B. Jain Publishers (P) Ltd, New Delhi. Dudgeon R. E. (2002). Lectures on the Theory and Practice of Homoeopathy. B. Jain publishers pvt Ltd, New Delhi. Haehl Richard. (2016). Samuel Hahnemann His Life & Work Vol.– I & II B. Jain Publishers (P) Ltd, New Delhi. 12th Impressions Hughes Richard. (2020). The Principles & Practice of Homoeopathy. B. Jain Publishers (P) Ltd, New Delhi. Handley Rima. (1993). A Homeopathic Love Story: The Story of Samuel and Melanie Hahnemann. North Atlantic Books, California. Dunham Carroll. (2019). Homoeopathy The Science of Therapeutics. B. Jain Publishers (P) Ltd, New Delhi. Cook Trevor M. April 2008. Samuel Hahnemann: His Life and Times. B. Jain Publishers (P) Ltd, New Delhi. Ackerknecht Erwin H. Haushofer Lisa. 2016. A Short History of Medicine, Johns Hopkins university press. Baltimore & London, Revised Edition Garrison Fielding H. (1917). An Introduction to The History of Medicine W. B. Saunders Company. Philadelphia and London Roberts, H. A. (1995). The principles and art of cure by homoeopathy. B. Jain publishers pvt. Ltd. Reprint edition Park, K. (2021) Text book of Preventive and Social Medicine”, Twenty sixth edition, M/s Banarsidas Bhanot Publishers.
Domains of Competencies	Knowledge / Homoeopathic Orientation

GENERAL INTERPRETATION OF HOMOEOPATHIC PHILOSOPHY

Overview:	This topic will provide students of MD Hom (Homoeopathic Philosophy) to understand that homoeopathic philosophy rests upon the system of nature and fundamental science.
Learning Outcomes:	COMPETENCY HOM – PG-OP – 3- 1: INTERPRETATION OF HOMOEOPATHIC PHILOSOPHY RESTS UPON THE LAW OF NATURE. KNOWLEDGE • Discuss the “Law of Nature” with reference to homoeopathic principles • Describe the cause-and-effect relationship in health and disease SKILL • Application of the homoeopathic principles based upon the System of Nature, which Science universally recognizes as fundamental. REFLECTION • Reflects Homoeopathy as a Scientifically valid system of medicine COMPETENCY HOM – PG-OP – 3- 2: EXPLAIN HOMOEOPATHY AS SCIENCE AS WELL AS AN ART KNOWLEDGE • Differentiate between ‘science’ and ‘art’. • Understand the importance of understanding logic in the evolution of Homoeopathic principles. • Discuss the social aspects of homoeopathy: What has homoeopathy to offer to young man SKILL • Understanding of the working principles of Homoeopathy. REFLECTION • Reflects upon the understanding of homoeopathy as a science and art.

Competency based Learning Methods	Self-regulated learning, Library based, e-learning, spaced repetition, formative self assessment
Assessment:	Continuous / Programmatic assessment (including Problem Based Learning assessment). Formative Assessment tools: MCQ, Group discussion, Assignments, SO
Prescribed Texts:	Close, Stuart. (2003). The Genius of Homoeopathy Lectures and Essays on Homoeopathy. IBPP, New Delhi. Dudgeon. R. E. (2019). Lesser writings of Samuel Hahnemann. B. Jain Publishers (P) Ltd, New Delhi. Dunham Carroll. (2019). Homoeopathy The Science of Therapeutics. B. Jain Publishers (P) Ltd, New Delhi. Haehl Richard. (2016). Samuel Hahnemann His Life & Work Vol.– I & II B. Jain Publishers (P) Ltd, New Delhi, 12 th Impressions. Hahnemann. Samuel. (2013). Organon of medicine Translated from fifth edition, With an Appendix, by R. E. Dudgeon and from 6 th edition by W. Boericke. B. Jain Publishers (P) Ltd, New Delhi.
Domains of Competencies	Knowledge & Scholarship / Homoeopathic Orientation

HOM – PG-OP – 04: INTRODUCTION TO ORGANON OF MEDICINE

Overview:	This topic will provide students of MD Hom (Homoeopathic Philosophy) the insight to the meaning of the word Organon, style and editions of the Organon of medicine, teachings of application of principles of homoeopathy into practice.
Learning Outcomes:	COMPETENCY HOM – PG-OP – 04-1: JUSTIFY THE NECESSITY OF ORGANON OF MEDICINE IN HOMOEOPATHIC PRACTICE KNOWLEDGE • Trace the origin of Organon of medicine • List the salient features of different editions and construction of Hahnemann's Organon of medicine. • Outline the Ground plan of Organon of medicine • Mention the basics of Logic and utility of logic in homoeopathy SKILL: • Appreciate the inter-relationship between philosophy, science and logic REFLECTION • Appreciating Organon as a product of application of inductive logical method of reasoning • Understanding Homoeopathy in vertical and horizontal integration with pre, para & clinical subject.
Competency based Learning Methods	Self-regulated learning, Library based, e-learning, spaced repetition, formative self assessment
Assessment:	Continuous / Programmatic assessment (including Problem Based Learning assessment). Formative Assessment tools: MCQ, Group discussion, Assignments
Prescribed Texts:	Dudgeon. R.E. (2019). Lesser Writings of Samuel Hahnemann. B. Jain Publishers (P) Ltd, New Delhi. Dunham Carroll. (2019). Homoeopathy The Science of Therapeutics. B. Jain Publishers (P) Ltd, New Delhi. Haehl Richard. (2016). Samuel Hahnemann His Life & Work Vol.– I & II B. Jain Publishers (P) Ltd, New Delhi, 12th Impressions. Hahnemann. Samuel. (2013). Organon of medicine Translated from fifth edition, With an Appendix, by R. E. Dudgeon and from 6th edition by W.

	Boericke. B. Jain Publishers (P) Ltd, New Delhi. Hughes Richard. (2020). The Principles & Practice of Homoeopathy. B. Jain Publishers (P) Ltd, New Delhi. Singh Mahendra. Singh Subhas. (2022). First Corrected, Re-Translated & Redacted English Edition of Organon of Medicine. 6th & 5th Edition with an Appendix & Word Meaning (of each aphorism) by Samuel Hahnemann. (Third Edition) B. Jain Publishers (P) Ltd, New Delhi.
Domains of Competencies	Knowledge / Homoeopathic Orientation

HOM – PG-OP – 5:

FUNDAMENTAL PRINCIPLES OF HOMOEOPATHY

Overview:	This topic will provide students of MD Hom (Homoeopathic Philosophy) to understand Homeopathy as a complete and scientific system of therapeutic medication.
Learning Outcomes:	COMPETENCY HOM – PG-OP – 5-1: EXPLAIN THE HOMOEOPATHIC PRINCIPLES IN LIGHT OF MODERN CONCEPTS OF EPIDEMIOLOGICAL AND BIOMOLECULAR SCIENCES KNOWLEDGE • State the Fundamental principles of homeopathy • Correlate the basic principles with modern concepts of epidemiological and biomolecular sciences • Discuss Homoeopathy as a method of therapeutic medication SKILL • Practical Application of Homoeopathic principles in demonstration of efficacy of homoeopathy. REFLECTION • Understanding the fundamental laws of homoeopathy and then demonstrate them in practice. • Appreciate Homeopathy as a complete system of therapeutic medication
Competency based Learning Methods	Self-regulated learning, Library based, e-learning, spaced repetition, formative self assessment
Assessment:	Continuous / Programmatic assessment (including Problem Based Learning assessment). Formative Assessment tools: MCQ, Group discussion, Assignments
Prescribed Texts:	Hahnemann. Samuel. (2013). Organon of medicine Translated from fifth edition, With an Appendix, by R. E. Dudgeon and from 6th edition by W. Boericke. B. Jain Publishers (P) Ltd, New Delhi. Organon of Medicine. 6th & 5th Edition with an Appendix & Word Meaning (of each aphorism) by Samuel Hahnemann. (Third Edition) B. Jain Publishers (P) Ltd, New Delhi Hughes Richard. (2020). The Principles & Practice of Homoeopathy. B. Jain Publishers (P) Ltd, New Delhi.

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Domains of Competencies	Knowledge & Scholarship / Patient Care / Homoeopathic Orientation / Practice Based Learning

PHILOSOPHY OF SUBSTANTIALISM

Overview:	This topic will provide overview of historical concept of substantialism and vitalism and their correlation with homoeopathic concept
Learning Outcomes:	COMPETENCY HOM – PG-OP – 06-1: UNDERSTANDING THE EVOLUTION OF SUBSTANTIALISM AND VITALISM KNOWLEDGE: • Historical review of substantialism and vitalism • Development of Hahnemann's concept of vital force in light of philosophy of substantialism • Explain vital force as expressed in functions: In health, in disease, in recovery, in cure. • Discuss the significance of Simple Substance according to Kent • Corroboration of philosophy of vitalism in context of modern medicine and developmental biology SKILL: • Correlate Hahnemann's concept and modern concepts of vital principle REFLECTION: • Understanding of Vital force in context of its nature and functions
Competency based Learning Methods	Brainstorming, Self-regulated learning, Library based, e-learning, spaced repetition, formative self assessment
Assessment:	Continuous / Programmatic assessment (including Problem Based Learning assessment). Formative Assessment tools: MCQ, Group discussion, Assignments
Prescribed Texts:	Close, Stuart. (2003). The Genius of Homoeopathy Lectures and Essays on Homoeopathy. IBPP, New Delhi. Hahnemann. Samuel. (2013). Organon of medicine Translated from fifth edition, With an Appendix, by R. E. Dudgeon and from 6th edition by W. Boericke. B. Jain Publishers (P) Ltd, New Delhi. Kent, J. T. (2002). Lectures on Homoeopathic Philosophy. Indian Book & Periodical Publishers, New Delhi. Roberts, H. A. (1995). The principles and art of cure by homoeopathy. B. Jain publishers pvt. Ltd. Reprint edition

	Sarkar B. K. (2003-2004) Organon of Medicine by Samuel Hahnemann with An Introduction and Commentary on the Text: Birla Publications Pvt. Ltd. Delhi. Singh Mahendra. Singh Subhas. (2022). First Corrected, Re-Translated & Redacted English Edition of Organon of Medicine. 6th & 5th Edition with an Appendix & Word Meaning (of each aphorism) by Samuel Hahnemann. B. Jain Publishers (P) Ltd, New Delhi.
Domains of Knowledge & Scholarship / Homoeopathic Orientation	
Competencies	

HOM – PG-OP – 07:**LIFE, HEALTH AND DISEASE**

Overview:	This topic will provide understanding of concept of Life, Health and Disease from anthropological perspective
Learning Outcomes:	COMPETENCY HOM – PG-OP – 07-1: UNDERSTANDING THE CONCEPT OF LIFE, HEALTH AND DISEASE FROM ANTHROPOLOGICAL PERSPECTIVE KNOWLEDGE • Justify Health as a balanced condition of the living organism in which the integral, harmonious performance of the vital functions. • Appraise Disease as a changed condition of life, which is inimical to the true development of the individual and tends to organic dissolution. • Critique the relevance of Anthropology, Sociology and Culture on life, Health Disease and cure. SKILL: • Identify social, economic, environmental, biological and emotional determinants of health and etio-pathogenesis of disease. • Understanding the evolution of disease from prodrome, diathesis to disease: functional to structural. REFLECTION: • Understanding health and disease as dynamic states in relation to physical character, environmental and social relations, and culture
Competency based Learning Methods	Brainstorming, Self-regulated learning, Library based, e-learning, spaced repetition, formative self assessment
Assessment:	Continuous / Programmatic assessment (including Problem Based Learning assessment). Formative Assessment tools: MCQ, Group discussion, Assignments

Prescribed Texts:	Close, Stuart. (2003). The Genius of Homoeopathy Lectures and Essays on Homoeopathy. IBPP, New Delhi. Dudgeon. R.E. (2019). Lesser Writings of Samuel Hahnemann. B. Jain Publishers (P) Ltd, New Delhi. Hughes Richard. (2020). The Principles & Practice of Homoeopathy. B. Jain Publishers (P) Ltd, New Delhi. Kent, J. T. (2002). Lectures on Homoeopathic Philosophy. Indian Book & Periodical Publishers, New Delhi. Park, K. (2023). Park's Textbook of Preventive & Social Medicine; M/s Banarsidas Bhanot Publishers. 27th edition
Domains Competencies	of Knowledge & Scholarship / Homoeopathic Orientation / Practice Based Learning

HOM – PG-OP – 08: CURE AND RECOVERY

Overview:	This topic will provide understanding of concept of cure and recovery which builds the conceptual base for the physician.
Learning Outcomes:	COMPETENCY HOM – PG-OP – 08-1: UNDERSTANDING CURE AND RECOVERY OF DISEASES KNOWLEDGE - Describe Hahnemann's modern concept of cure and protection from Sickness - Evaluate the concept of prophylaxis and its critical study in relation to principles of homoeopathic therapeutics SKILL - Understanding of cure and recovery according to Homoeopathy - Ability to plan therapeutics, rehabilitative, preventive measures / Strategies REFLECTION - Identify critical elements of treatment of the diseases through judicial application of homoeopathic principles
Competency based Learning Methods	Self-regulated learning, spaced repetition, formative self assessment
Assessment:	Continuous / Programmatic assessment (including Problem Based Learning assessment). Formative Assessment tools: MCQ, Group discussion, Assignments
Prescribed Texts:	Close, Stuart. (2003). The Genius of Homoeopathy Lectures and Essays on Homoeopathy. Reprint edition IBPP, New Delhi. Dudgeon R. E. (2002). Lectures on the Theory and Practice of Homoeopathy. B. Jain publishers pvt Ltd, New Delhi. Hahnemann. Samuel. (2013). Organon of medicine, Translated from fifth edition, With an Appendix, by R. E. Dudgeon and from 6th edition by W. Boericke. B. Jain Publishers (P) Ltd, New Delhi. Sarkar B. K. (2003-2004) Organon of Medicine by Samuel Hahnemann with An Introduction and Commentary on the Text: Ninth Revised Edition Birla Publications Pvt. Ltd. Delhi. Singh Mahendra. Singh Subhas. (2022). First Corrected, Re-Translated & Redacted English Edition of Organon of Medicine. 6th & 5th Edition with an Appendix & Word Meaning (of each aphorism) by Samuel Hahnemann. B. Jain Publishers (P) Ltd, New Delhi.
Domains of Competencies	Knowledge & Scholarship / Patient Care / Homoeopathic Orientation

HOM – PG-OP – 09: PRESERVATION OF HEALTH

Overview:	This topic will provide comprehension of health, its preservation and evolution of natural disease
Learning Outcomes:	COMPETENCY HOM – PG-OP – 09-1: UNDERSTANDING PREVENTIVE CARE KNOWLEDGE: • Explain the role of Physician as preserver of health from historical perspective • Concepts of primordial and primary prevention of diseases • Discuss the concept of Homoeoprophylaxis SKILL: • Evaluation of the basic principles of health promotion and prevention of disease REFLECTION: • Concept of prophylaxis in homoeopathy
Competency based Learning Methods	Self-regulated learning, Library based, spaced repetition, formative self assessment
Assessment:	Continuous / Programmatic assessment (including Problem Based Learning assessment). Formative Assessment tools: MCQ, Group discussion, Assignments
Prescribed Texts:	Close, Stuart. (2003). The Genius of Homoeopathy Lectures and Essays on Homoeopathy. IBPP, New Delhi. Dudgeon. R. E. (2019). Lesser writings of Samuel Hahnemann. B. Jain Publishers (P) Ltd, New Delhi. Hahnemann. Samuel. (2013). Organon of medicine Translated from fifth edition, With an Appendix, by R. E. Dudgeon and from 6th edition by W. Boericke. B. Jain Publishers (P) Ltd, New Delhi. Kent, J. T. (2002). Lectures on Homoeopathic Philosophy. Indian Book & Periodical Publishers, New Delhi. Reprint edition Park, K. (2023). Park's Textbook of Preventive & Social Medicine; M/s Banarsidas Bhanot Publishers. Roberts, H. A. (1995). The principles and art of cure by homoeopathy. B. Jain publishers pvt. Ltd. Sarkar B. K. (2003-2004) Organon of Medicine by Samuel Hahnemann with An Introduction and Commentary on the Text: Birla Publications Pvt. Ltd. Delhi. Singh Mahendra. Singh Subhas. (2022). First Corrected, Re-Translated & Redacted English Edition of Organon of Medicine. 6th & 5th Edition

	with an Appendix & Word Meaning (of each aphorism) by Samuel Hahnemann. B. Jain Publishers (P) Ltd, New Delhi.
Domains of Competencies	Knowledge & Scholarship / Patient Care / Homoeopathic Orientation

HOM – PG-OP – 10:**BIPHASIC ACTION OF MEDICINES AND MODERN PHARMACOLOGY**

Overview:	This topic will provide overview of biphasic action of medicine in context of principles of modern pharmacology
Learning Outcomes:	COMPETENCY HOM – PG-OP – 10- 1: BIPHASIC ACTION OF MEDICINE AND MODERN PHARMACOLOGY KNOWLEDGE: • Understanding primary and secondary action of medicine • Biphasic action of medicine in modern pharmacology • Arndt schulz law, Koetshu effect and Concept of Hormesis SKILL: • Differentiating between primary and secondary action of medicine REFLECTION: Reflection on Biphasic action of medicine in context of Arndt schulz law, Koetshu effect and Concept of Hormesis
Competency based Learning Methods	Brainstorming, Self-regulated learning, Library based, e-learning, spaced repetition, formative self assessment
Assessment:	Continuous / Programmatic assessment (including Problem Based Learning assessment). Formative Assessment tools: MCQ, Group discussion, Assignments
Prescribed Texts:	Close, Stuart. (2003). The Genius of Homoeopathy Lectures and Essays on Homoeopathy. IBPP, New Delhi. Hahnemann. Samuel. (2013). Organon of medicine Translated from fifth edition, With an Appendix, by R. E. Dudgeon and from 6th edition by W. Boericke. B. Jain Publishers (P) Ltd, New Delhi. Kent, J. T. (2002). Lectures on Homoeopathic Philosophy. Indian Book & Periodical Publishers, New Delhi. Roberts, H. A. (1995). The principles and art of cure by homoeopathy. B. Jain publishers pvt. Ltd. Sarkar B. K. (2003-2004) Organon of Medicine by Samuel Hahnemann with An Introduction and Commentary on the Text: Birla Publications Pvt. Ltd. Delhi. Ninth Revised Edition Singh Mahendra. Singh Subhas. (2022). First Corrected, Re-Translated & Redacted English Edition of Organon of Medicine. 6th & 5th Edition with an Appendix & Word Meaning (of each aphorism) by Samuel Hahnemann. B. Jain Publishers (P) Ltd, New Delhi.
Domains of Competencies	Knowledge & Scholarship / Homoeopathic Orientation

**HOM – PG-OP – 11:
BASICS OF CLASSIFICATION OF DISEASES**

Overview:	This topic will provide overview of classification of diseases from history of medicine and Homoeopathic perspectives
Learning Outcomes:	COMPETENCY HOM – PG-OP – 11- 1: CLASSIFICATION OF DISEASES IN HISTORY OF MEDICINE KNOWLEDGE • Diseases in prehistoric era • Hippocratic classification of diseases • Post Hippocratic understanding of diseases till modern era SKILL • Application understanding of disease in different eras in history of medicine REFLECTION • Appreciate the evolution of knowledge regarding the nature of diseases COMPETENCY HOM – PG-OP – 11-2: CLINICAL CLASSIFICATION OF DISEASES IN HOMOEOPATHY KNOWLEDGE • Classify diseases according to Hahnemann • Discuss post Hahnemannian concepts • Discuss strategies of case management of various types of diseases SKILL • Application homoeopathic understanding of disease to come to similimum as per the stage of disease. REFLECTION Appreciate the fundamental cause in progression of different classes of disease
Competency based Learning Methods	Problem based, Case based, Bedside Out patient based, Self-regulated learning, deliberate practice, formative self assessment

Assessment:	Continuous / Programmatic assessment (including Problem Based Learning assessment). Formative Assessment tools: MCQ, Group discussion, Assignments, Checklist, Rubrics
Prescribed Texts:	Close, Stuart. (2003). The Genius of Homoeopathy Lectures and Essays on Homoeopathy. IBPP, New Delhi. Reprint edition. Dunham Carroll. (2019). Homoeopathy The Science of Therapeutics. B. Jain Publishers (P) Ltd, New Delhi. Dudgeon. R. E. (2019). Lesser writings of Samuel Hahnemann. B. Jain Publishers (P) Ltd, New Delhi. R.E. 14th Impression Hahnemann. Samuel. (2013). Organon of medicine Translated from fifth edition, With an Appendix, by R. E. Dudgeon and from 6th edition by W. Boericke. B. Jain Publishers (P) Ltd, New Delhi. Hughes Richard. (2020). The Principles & Practice of Homoeopathy. B. Jain Publishers (P) Ltd, New Delhi. Kent, J. T. (2002). Lectures on Homoeopathic Philosophy. Indian Book & Periodical Publishers, New Delhi. Reprint edition Park, K. (2023). Park's Textbook of Preventive & Social Medicine; M/s Banarsidas Bhanot Publishers. 27th edition Roberts, H. A. (1995). The Principles and Art of Cure by Homoeopathy. B. Jain publishers pvt. Ltd. Sarkar B. K. (2003-2004) Organon of Medicine by Samuel Hahnemann with An Introduction and Commentary on the Text: Birla Publications Pvt. Ltd. Delhi. Singh Mahendra. Singh Subhas. (2022). First Corrected, Re-Translated & Redacted English Edition of Organon of Medicine. 6th & 5th Edition with an Appendix & Word Meaning (of each aphorism) by Samuel Hahnemann. B. Jain Publishers (P) Ltd, New Delhi.
Domains of Competencies	Knowledge & Scholarship / Patient Care / Homoeopathic Orientation / Practice Based Learning

HOM – PG-OP – 12:**EXAMINATION OF THE PATIENT AND CASE ANALYSIS.**

Overview:	This topic will provide basic orientation of homoeopathic case taking and Understanding person in wider dimension with correct application of causes of disease
Learning Outcomes:	COMPETENCY HOM – PG-OP – 12- 1: LEARNING THE GENERAL PRINCIPLES OF CASE TAKING ACCORDING TO HOMOEOPATHIC PHILOSOPHY KNOWLEDGE • Outline the basic component of Examination of the Patient • Understands the importance of case anamnesis • Explain the Importance of observation in case taking and Record Keeping • Describe the concepts relevant to case taking and patient examination with special emphasis on concept of auxiliary symptoms SKILL: • Case perceiving in relation to homoeopathic concepts REFLECTION : Analysing the critical components for Individualization of Patient Reflect on the basic principles of patient centered case study COMPETENCY HOM – PG-OP – 12- 2: DEMONSTRATE ANALYSIS, EVALUATION OF THE CASE TO FORM THE TOTALITY OF SYMPTOMS KNOWLEDGE • Explain the Importance of symptoms in homoeopathy • Discuss the basic concepts of Analysis and evaluation of case SKILL Outline the evolution of totality of symptoms REFLECTION • Holistic Perception of the patient with correct appreciation of the factors responsible for the origin and maintenance of illness

Competency based Learning Methods	Problem based, Case based, Bedside, Out-patient based, Self-regulated learning, deliberate practice, formative self assessment
Assessment:	Continuous / Programmatic assessment (including Problem Based Learning assessment). Formative Assessment tools: MCQ, Group discussion, Assignments, check list
Prescribed Texts:	Close, Stuart. (2003). The Genius of Homoeopathy Lectures and Essays on Homoeopathy. IBPP, New Delhi. Dhawale, M.L. (1994). Principle and Practice of Homeopathy”, Published by Institute of Clinical Research Bombay. Dunham C. (2003). How To Case Taking. B. Jain Publishers (P)Ltd. New Delhi. Kent, J. T. (2002). Lectures on Homoeopathic Philosophy. Indian Book & Periodical Publishers, New Delhi. Roberts, H. A. (1995). The Principles and Art of Cure by Homoeopathy. B. Jain publishers pvt. Ltd. Reprint edition Schmidt, P. (1980). Defective Illness”, Hahnemannn Publishing Co. Private Ltd. First edition.. Khan Lal Mohammad. (2013). Case Perceiving: Know Thyself. B. Jain publishers pvt. Ltd. New Delhi. Hahnemann. Samuel. (2013). Organon of medicine Translated from fifth edition, With an Appendix, by R. E. Dudgeon and from 6th edition by W. Boericke. B. Jain Publishers (P) Ltd, New Delhi. Sarkar B. K. (2003-2004) Organon of Medicine by Samuel Hahnemann with An Introduction and Commentary on the Text: Birla Publications Pvt. Ltd. Delhi. Singh Mahendra. Singh Subhas. (2022). First Corrected, Re-Translated & Redacted English Edition of Organon of Medicine. 6th & 5th Edition with an Appendix & Word Meaning (of each aphorism) by Samuel Hahnemann. B. Jain Publishers (P) Ltd, New Delhi. Third Edition Wright Hubbard Elizabeth. (2009) A Brief Study Course in Homoeopathy”, B. Jain publishers Pvt Ltd. Schmidt, P. (2003) TheArtofInterrogation. B. Jain Publishers (P) Ltd, New Delhi. Schmidt, P. (2003) TheArtofCaseTaking. B. Jain Publishers (P) Ltd, New Delhi.
Domains of Competencies	Knowledge & Scholarship / Patient Care / Homoeopathic Orientation / Practice Based Learning

BASIC OVERVIEW OF SUSCEPTIBILITY IN HOMOEOPATHIC PRACTICE

Overview:	This topic will provide overview of state of susceptibility to formulate comprehensive plan of treatment and its utility in prescription
Learning Outcomes:	COMPETENCY HOM – PG-OP – 13- 1: CONCEPT OF SUSCEPTIBILITY AS FUNDAMENTAL BASIS OF LIFE KNOWLEDGE: • Define susceptibility • Thoroughly examine susceptibility as fundamental basis of life • Correlate with the concept of Idiosyncrasy SKILL: • To analyse the factors affecting the susceptibility of patient • Appreciate the role of accessory circumstances in affecting the susceptibility REFLECTION: • Identify the critical elements for clinical application of concept of susceptibility
Competency based Learning Methods	Problem based, Case based, Bedside, Out patient based, Self-regulated learning, deliberate practice, formative self assessment
Assessment:	Continuous / Programmatic assessment (including Problem Based Learning assessment). Formative Assessment tools: MCQ, Group discussion, Assignments, check lists
Prescribed Texts:	Close, Stuart. (2003). The Genius of Homoeopathy Lectures and Essays on Homoeopathy. IBPP, New Delhi. Dhawale, M.L. (1994). Principle and Practice of Homeopathy”, Published by Institute of Clinical Research Bombay. Hahnemann. Samuel. (2013). Organon of medicine Translated from fifth edition, With an Appendix, by R. E. Dudgeon and from 6th edition by W. Boericke. B. Jain Publishers (P) Ltd, New Delhi.. Kent, J. T. (2002). Lectures on Homoeopathic Philosophy. Indian Book & Periodical Publishers, New Delhi. Reprint edition Roberts, H. A. (1995). The Principles and Art of Cure by Homoeopathy. B. Jain publishers pvt. Ltd. Reprint edition

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Domains of Competencies	Knowledge & Scholarship / Patient Care / Homoeopathic Orientation / Practice Based Learning

HOM – PG-OP – 14:

HUMAN DRUG PROVING

Overview:	This topic will provide overview of concept of drug proving – pharmacological and physiological action of various drugs with their therapeutic scope which can be used for prescription of similimum.
Learning Outcomes:	COMPETENCY HOM – PG-OP – 14-1: KNOWLEDGE OF INSTRUMENTS NEEDED FOR HOMOEOPATHIC CURE KNOWLEDGE: • Discuss the knowledge of instruments for cure of disease. • Explain the concept of Human Drug proving and necessity to prove the medicine on human beings. • Outline the procedure and steps of drug proving, Different ways of drug proving • Discuss the criteria of ideal prover, doses for drug proving and the process of recording of symptoms. SKILL: • Understand the method of drug proving integrating modern developments in study of effects of drug on human organism REFLECTION: • Ethical and epidemiological issues involved in Human drug proving
Competency based Learning Methods	Self-regulated learning, Library based, e-learning, spaced repetition, formative self assessment
Assessment:	Continuous / Programmatic assessment (including Problem Based Learning assessment). Formative Assessment tools: MCQ, Group discussion, Assignments
Prescribed Texts:	Dunham Carroll. (2019). Homoeopathy The Science of Therapeutics. B. Jain Publishers (P) Ltd, New Delhi. 14th Impression Hahnemann. Samuel. (2013). Organon of medicine Translated from fifth edition, With an Appendix, by R. E. Dudgeon and from 6 th edition by W. Boericke. B. Jain Publishers (P) Ltd, New Delhi. Kent, J. T. (2002). Lectures on Homoeopathic Philosophy. Indian Book & Periodical Publishers, New Delhi. Roberts, H. A. (1995). The Principles and Art of Cure by Homoeopathy. B. Jain publishers pvt. Ltd.

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Domains of Competencies	Knowledge & Scholarship / Homoeopathic Orientation

VII. ASSESSMENT

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

VII (1). M.D. (HOMOEOPATHY) PART-I EXAMINATION –

MAXIMUM MARKS FOR EACH SUBJECT AND MINIMUM MARKS REQUIRED TO PASS SHALL BE AS FOLLOWS:

Subjects	Theory		Practical or Clinical Examination, including Viva	
	Maximum Marks	Pass Marks	Maximum Marks	Pass Marks
i. Fundamentals of Homoeopathic Philosophy	100	50	200* (160 + 40) (Summative Assessment 160 Marks) (Internal Assessment 40 Marks)	100* (80 + 20) (Summative Assessment 80 Marks) (Internal Assessment 20 Marks)
ii. Fundamentals of Clinical Medicine in Homoeopathic Philosophy	100	50		
iii. Research Methodology and Biostatistics	100	50	-	-

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

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

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

TYPES OF QUESTIONS WITH MARKS

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

PART 1 – PAPER 1. LIST OF TOPICS

1. HOM – PG-OP – 01

HISTORY OF MEDICINE AND EVOLUTION OF HOMOEOPATHY

2. HOM – PG-OP – 02

INFLUENCE OF DIFFERENT SCHOOLS OF PHILOSOPHIES IN EVOLUTION OF HOMOEOPATHIC SYSTEM OF THERAPEUTICS

3. HOM – PG-OP – 03

GENERAL INTERPRETATION OF HOMOEOPATHIC PHILOSOPHY

4. HOM – PG-OP – 04

INTRODUCTION TO ORGANON OF MEDICINE

5. HOM – PG-OP – 05

FUNDAMENTAL PRINCIPLES OF HOMOEOPATHY

6. HOM – PG-OP – 06

PHILOSOPHY OF SUBSTANTIALISM

7. HOM – PG-OP – 07

LIFE, HEALTH, AND DISEASE

8. HOM – PG-OP – 08

CURE AND RECOVERY

9. HOM – PG-OP – 09

PRESERVATION OF HEALTH

10. HOM – PG-OP – 10

**BIPHASIC ACTION OF MEDICINE AND MODERN
PHARMACOLOGY**

11. HOM – PG-OP – 11

BASICS OF CLASSIFICATION OF DISEASES

12. HOM – PG-OP – 12

EXAMINATION OF THE PATIENT AND CASE ANALYSIS.

13. HOM – PG-OP – 13

**BASIC OVERVIEW OF SUSCEPTIBILITY IN HOMOEOPATHIC
PRACTICE**

14. HOM – PG-OP – 14

HUMAN DRUG PROVING

VII (2b). QUESTION PAPER LAYOUT

Q. No.	Type of Question	Content	Marks
1	Problem Based	HOM – PG-OP – 12	20
2	LAQ	HOM – PG-OP – 02	10
3	LAQ	HOM – PG-OP – 04 & HOM – PG-OP – 05	10
4	LAQ	HOM – PG-OP – 06	10
5	LAQ	HOM – PG-OP – 13	10
6	SAQ	HOM – PG-OP – 01	5
7	SAQ	HOM – PG-OP – 03	5
8	SAQ	HOM – PG-OP – 07	5
9	SAQ	HOM – PG-OP – 08	5
10	SAQ	HOM – PG-OP – 09	5
11	SAQ	HOM – PG-OP – 10	5
12	SAQ	HOM – PG-OP – 11	5
13	SAQ	HOM – PG-OP – 14	5

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

VII (3a). CLINICAL EXAMINATION.

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

VII (3B). VIVA VOCE.

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

VIII. LIST OF REFERENCE BOOKS

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2. Allen. J. H. (1921) The Chronic Miasms: Psora and Pseudo-Psora, India Books and Periodicals Syndicate
3. Ameke Wilhelm. Dudgeon R. E. (1885) (ed) History of Homeopathy: Its Origin and Its Conflicts. The British Homoeopathic Society
4. Banerjea. S. K. (2010) Miasmatic Diagnosis: Comparison of the Dermatological Symptoms in Miasmatic Prescribing, (2nd Extended Edition) B. Jain Publishers (P) Limited.
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17. [Handley Rima. \(1993\). A Homeopathic Love Story: The Story of Samuel and Melanie Hahnemann. North Atlantic Books, California.](#)
18. Hughes Richard. (2020). The Principles and Practice of Homoeopathy (13th Impressions). B. Jain Publishers (P) Ltd, New Delhi.
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21. Organon of Medicine. 6th & 5th Edition with an Appendix & Word Meaning (of each aphorism) by Samuel Hahnemann. (Third Edition) B. Jain Publishers (P) Ltd, New Delhi
22. Ortega PS. (1980). Notes on the miasm on Hahnemann's Chronic Diseases. National Homoeopathic Pharmacy.
23. Park, K. (2021) Text book of Preventive and Social Medicine", Twenty sixth edition, M/s Banarsidas Bhanot Publishers.
24. Roberts, H. A. (1995). The Principles and Art of Cure by Homoeopathy (Reprint edition). B. Jain Publishers (P) Ltd, New Delhi.
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29. Wright Hubbard Elizabeth. (2009) A Brief Study Course in Homoeopathy, B. Jain Publishers (P) Ltd. New Delhi

Note: Part I Paper 2 separately after Part II Paper 1 & 2.

PART 2 PAPER 1 & 2

V. TOPICS AND TOPIC OBJECTIVES

PART-2:

- **HOM – PG-OP – 15**

THE LOGIC OF HOMEOPATHY

- **HOM – PG-OP – 16**

SUSCEPTIBILITY, REACTION AND IMMUNITY

- **HOM – PG-OP – 17**

RELATION OF PATHOLOGY TO THERAPEUTICS

- **HOM – PG-OP – 18**

GENERAL PATHOLOGY OF HOMOEOPATHY IN CONTEXT OF HAHNEMANNIAN AND POST HAHNEMANNIAN UNDERSTANDING OF MIASMS

- **HOM – PG-OP – 19**

INTEGRATING PRECLINICAL, CLINICAL AND PARACLINICAL KNOWLEDGE FOR HOLISTIC PATIENT CENTRED CASE MANAGEMENT.

- **HOM – PG-OP – 20**

HOMOEOPATHIC SEMIOLOGY

- **HOM – PG-OP – 21**

CASE PERCEIVING IN SPECIAL CLINICAL SETTINGS

- **HOM – PG-OP – 22**

THE DYNAMIC ACTION OF DRUGS

- **HOM – PG-OP – 23**

PROGNOSIS AFTER OBSERVING THE ACTION OF THE REMEDY/REMEDY REACTION

- **HOM – PG-OP – 24**

THE SECOND PRESCRIPTION

- **HOM – PG-OP – 25**

THE SCOPE AND LIMITATIONS OF HOMOEOPATHY

- **HOM – PG-OP – 26**

SECOND BEST REMEDY

- **HOM – PG-OP – 27**

SUPPRESSION AND PALLIATION

- **HOM – PG-OP – 28**

PHENOMENOLOGICAL VIEWPOINT

- **HOM – PG-OP – 29**

TEMPERAMENTS

- **HOM – PG-OP – 30**

ALTERNATION OF REMEDIES

- **HOM – PG-OP – 31:**

THE STUDY OF PROVINGS

- **HOM – PG-OP – 32:**

HA ROBERT'S CONCEPT OF DEFLECTED CURRENT

- **HOM – PG-OP – 33:**

HOMOEOPATHIC POSOLOGY

- **HOM – PG-OP – 34**

**SCHOOLS OF MODERN PHILOSOPHIES AND THEIR CORRELATION
WITH HOMOEOPATHIC PHILOSOPHY**

- **HOM – PG-OP – 35**

BRIEF OVERVIEW OF MODERN SCHOOLS OF HOMOEOPATHIC PHILOSOPHY

TOPIC CONTENTS

- **HOM – PG-OP – 15**

THE LOGIC OF HOMEOPATHY

- Salient features, history and development of logic
- Formal, inductive and deductive logic
- Logic of Aristotle, Bacon, Mill and Hahnemann
- Application of logic in various processes of applied homoeopathy

- **HOM – PG-OP – 16**

SUSCEPTIBILITY, REACTION AND IMMUNITY

- Susceptibility as a vital attribute of life
- Concepts 'susceptibility', 'reaction', and 'immunity'.
- Application of understanding of susceptibility in clinical practise.

- **HOM – PG-OP – 17**

RELATION OF PATHOLOGY TO THERAPEUTICS

- Concept of prodromal, subclinical and clinical stages of disease
- Relation of the concepts in pathophysiology in context of susceptibility, reaction and immunity
- Etio-pathogenesis of disease in terms of fundamental, exciting and predisposing causes

- **HOM – PG-OP – 18**

GENERAL PATHOLOGY OF HOMOEOPATHY IN CONTEXT OF HAHNEMANNIAN AND POST HAHNEMANNIAN UNDERSTANDING OF MIASMS

- Correlation of pathological and microbiological principles in homoeopathic practise
- Concept of miasmin light of modern principles of pathology and microbiology

- **HOM – PG-OP – 19**

INTEGRATING PRECLINICAL, CLINICAL AND PARACLINICAL KNOWLEDGE FOR HOLISTIC PATIENT CENTRED CASE

MANAGEMENT.

- Importance of interdisciplinary approach for examination of patient
- Understanding the significance of patient centric approach in light of current trends in medicine

• HOM – PG-OP – 20

HOMOEOPATHIC SEMIOLOGY

- True nature and constitution of a symptom in 'proving', 'examination of a patient;', and 'the study of the Materia Medica'.
- Different types of symptoms according to Hahnemann, J. T. Kent, Boenninghausen, CM Boger, Garth Boericke, Ortega, Paschero, ML Dhawale and other modern homoeopathic stalwarts
- Application of different methods of evaluation in formation of totality of symptoms

• HOM – PG-OP – 21

CASE PERCEIVING IN SPECIAL CLINICAL SETTINGS

- Special directions for case taking according Hahnemann, Kent, Stuart Close, H.A. Roberts & Boenninghausen
- Importance of knowledge of special category of diseases – one sides, typical intermittent, alternating diseases etc.
- Plan of case management of special category of diseases

• HOM – PG-OP – 22

THE DYNAMIC ACTION OF DRUGS

- Dynamic concept of health, disease, and cure
- Different types of actions of drugs, such as mechanical, chemical, and dynamic.
- Clinical application of dynamic action of drugs in homoeopathic practise

• HOM – PG-OP – 23

PROGNOSIS AFTER OBSERVING THE ACTION OF THE REMEDY/REMEDY REACTION

- Remedy reactions after administration of medicine
- Unfavourable prognosis after observing the action of remedy.
- Favorable prognosis after observing the action of remedy.

• HOM – PG-OP – 24

THE SECOND PRESCRIPTION

- Antidotal, Complimentary and Cognate relationship of medicines

- Conditions that merit change in the plan of treatment
- Parameters for second prescription
- Clinical application of different types of second prescription

- **HOM – PG-OP – 25**

THE SCOPE AND LIMITATIONS OF HOMOEOPATHY

- Modern and homoeopathic concept of disease.
- Sphere of similia and Exclusion method adopted by Dake
- Limitation of homoeopathy in different clinical settings

- **HOM – PG-OP – 26**

SECOND BEST REMEDY

- Indisposition as mimicking sickness
- Role of 'second best remedy' in different clinical settings

- **HOM – PG-OP – 27**

SUPPRESSION AND PALLIATION

- Concepts of suppression and palliation
- Fundamental laws governing the process of suppression and palliation
- Different forms of clinical expressions of suppression and palliation

- **HOM – PG-OP – 28**

PHENOMENOLOGICAL VIEWPOINT

- Phenomenology and Empiricism
- Evolution of phenomenological and Empiricist school of thoughts
- Relationship of phenomenology and empiricism with homoeopathy

- **HOM – PG-OP – 29**

TEMPERAMENTS

- Historical perspective of understanding of temperaments and appreciate the importance of temperaments in pathological evolution of diseases
- Importance of temperaments in the study of Materia Medica of homoeopathic medicines

- **HOM – PG-OP – 30**

ALTERNATION OF REMEDIES

- Basic concept and therapeutic utility of Alternation of remedies in context of Hahnemannian writings

- Basic concept and therapeutic utility of Alternation of remedies in context of post-Hahnemannian writings

- **HOM – PG-OP – 31:**

THE STUDY OF PROVINGS

- Emerging perspectives of drug proving, especially in light of works of modern day homoeopathic stalwarts
- Application of Hahnemannian and modern methods of drug proving in proving of new drugs.

- **HOM – PG-OP – 32:**

HA ROBERT'S CONCEPT OF DEFLECTED CURRENT

- Knowledge of various obstacles to cure – causes fundamental, exciting or precipitating or maintaining causes and its management
- Clinical application of deflected current in analyzing and removing the obstacles
- Application of concept of intercurrent remedies, anti-miasmatic, nosodes or acute prescriptions

- **HOM – PG-OP – 33:**

HOMOEOPATHIC POSOLOGY

- Concept of posological principle of Infinitesimals
- Components of homoeopathic posology and role of susceptibility

- **HOM – PG-OP – 34**

SCHOOLS OF MODERN PHILOSOPHIES AND THEIR CORRELATION WITH HOMOEOPATHIC PHILOSOPHY

- Relationship of Philosophy, science and metaphysics
- Examination of Immanuel Kant concepts on causation and logical relation of antecedents
- Interpretation of Jungian concepts of Archetypes and Synchronicity
- Organic view of holistic sciences on the basis of Hegel
- Doctrine of energy on the basis of Leibniz and Bergson
- In-depth analysis of 'Critical rationalism' of Karl Popper

- **HOM – PG-OP – 35**

BRIEF OVERVIEW OF MODERN SCHOOLS OF HOMOEOPATHIC PHILOSOPHY

- Overview of modern schools of Homoeopathic Philosophies
- Importance of modern homoeopathic softwares, e-learning tools, application based systems etc in better understanding and comprehension of homoeopathic principles

VI. TOPIC DESCRIPTION

HOM – PG-OP – 15: THE LOGIC OF HOMEOPATHY

Topic Overview:	This topic orients the students to the development, application and reflection of Logic in applied Homoeopathy
Learning Outcomes:	COMPETENCY HOM – PG-OP – 15- 1: UNDERSTANDING THE LOGIC OF HOMOEOPATHY. KNOWLEDGE • Define Logic and its salient features • Describe history and development of logic • Explain formal, inductive and deductive logic • Illustrate logic of Aristotle. Bacon, Mill and Hahnemann SKILL • Application of logic in various processes of applied homoeopathy REFLECTION • Understanding of application of logic in development of homeopathic principles • Reflects General relations of logic to the various processes of applied homoeopathy and to point out advantages in using the methods of logic in the treatment of human sufferings.
Competency based Learning Methods	Problem based, Self-regulated learning, deliberate practice, formative self assessment
Assessment:	Continuous / Programmatic assessment (including Problem Based Learning assessment). Formative Assessment tools: MCQ, Group discussion, Assignments, check lists

Prescribed Texts:	Close, Stuart. (2003). The Genius of Homoeopathy Lectures and Essays on Homoeopathy. IBPP, New Delhi. Reprint edition Dhawale, M.L. (1994). Principle and Practice of Homeopathy”, Published by Institute of Clinical Research Bombay. Hahnemann. Samuel. (2013). Organon of medicine Translated from fifth edition, With an Appendix, by R. E. Dudgeon and from 6th edition by W. Boericke. B. Jain Publishers (P) Ltd, New Delhi. Kent, J. T. (2002). Lectures on Homoeopathic Philosophy. Indian Book & Periodical Publishers, New Delhi. Reprint edition Roberts, H. A. (1995). The principles and art of cure by homoeopathy. B. Jain publishers pvt. Ltd.
Domains of Competencies	Knowledge & Scholarship / Homoeopathic Orientation / Practice Based Learning

HOM – PG-OP – 16: SUSCEPTIBILITY, REACTION AND IMMUNITY

Topic Overview:	This topic will provide deeper understanding of susceptibility, its correlation with immunity and importance of susceptibility in clinical practice.
Learning Outcomes:	COMPETENCY HOM – PG-OP – 16- 1: UNDERSTANDING OF SUSCEPTIBILITY AS INNATE MECHANISM OF LIFE KNOWLEDGE • Define susceptibility as a vital attribute of life • Compare the concepts ‘susceptibility’, ‘reaction’, and ‘immunity’. • Justify that action and reaction takes place only in the living organism. • Elicit the Stimulants and Depressants of susceptibility SKILL • Application of understanding of susceptibility in clinical practise. • Systematic understanding of Susceptibility and its importance in Health, Constitution, Diathesis, Disease, Recovery, Cure, Drug-effects, Remedy-effects, Suppression and Palliation, Local Application and Remedy-regulation. REFLECTION • Understanding the role of susceptibility in health, disease, cure and recovery. COMPETENCY HOM – PG-OP – 16- 2: CORRELATE SUSCEPTIBILITY, REACTION AND IMMUNITY KNOWLEDGE • Define susceptibility in the homoeopathic context • Explain the importance of susceptibility in clinical practice • Elaborate on evolving susceptibility in terms of vital reaction SKILL • Application of knowledge of Susceptibility in vital processes of health and disease REFLECTION • Role of susceptibility in clinical practice and relation

	between susceptibility, reaction and immunity
Competency based Learning Methods	Case based, Bedside, Outpatient based, Self-regulated learning, deliberate practice, formative self assessment
Assessment:	Continuous / Programmatic assessment (including Problem Based Learning assessment). Formative Assessment tools: MCQ, Group discussion, Assignments, check lists, ratings
Prescribed Texts:	Close, Stuart. (2003). The Genius of Homoeopathy Lectures and Essays on Homoeopathy. IBPP, New Delhi. Hahnemann. Samuel. (2013). Organon of medicine translated from fifth edition, With an Appendix, by R. E. Dudgeon and from 6 th edition by W. Boericke. B. Jain Publishers (P) Ltd, New Delhi. Kent, J. T. (2002). Lectures on Homoeopathic Philosophy. Indian Book & Periodical Publishers, New Delhi. Roberts, H. A. (1995). The principles and art of cure by homoeopathy. B. Jain publishers pvt. Ltd. Sarkar B. K. (2003-2004) Organon of Medicine by Samuel Hahnemann with An Introduction and Commentary on the Text: Birla Publications Pvt. Ltd. Delhi. Singh Mahendra. Singh Subhas. (2022). First Corrected, Re-Translated & Redacted English Edition of Organon of Medicine. 6th & 5th Edition with an Appendix & Word Meaning (of each aphorism) by Samuel Hahnemann. B. Jain Publishers (P) Ltd, New Delhi.
Domains of Competencies	Knowledge & Scholarship / Homoeopathic Orientation/ / Practice Based Learning

HOM – PG-OP – 17: RELATION OF PATHOLOGY TO THERAPEUTICS

Topic Overview:	This topics will sensitize the students to the relation of pathology with General and Special Therapeutics
Learning Outcomes:	COMPETENCY HOM – PG-OP – 17-1: DISCUSS THE RELATION OF MODERN PATHOLOGY IN HOMOEOPATHIC PRACTICE KNOWLEDGE • Outline the concept of prodromal, subclinical and clinical stages of disease • Highlight the general survey of disease • Relate the concepts in pathophysiology in context of susceptibility, reaction and immunity SKILL • Application of knowledge of pathology in individualisation REFLECTION • Importance of knowledge of pathology in therapeutics COMPETENCY HOM – PG-OP – 17-2: DISCUSS ETIO-PATHOGENESIS OF DISEASE IN TERMS OF FUNDAMENTAL, EXCITING AND PREDISPOSING CAUSES KNOWLEDGE • Outline the concept of fundamental and predisposing causes • Highlight the importance of constitution and temperament from historical and psychological perspective • Relate the homoeopathic concept of constitution with bio-pathographical evolution of disease SKILL • Application of concept of constitution in bio-pathographical evolution of disease REFLECTION • Importance of constitutional understanding in disease biopathography

Competency based Learning Methods	Case based, Bedside, Self-regulated learning, formative self assessment
Assessment:	Continuous / Programmatic assessment (including Problem Based Learning assessment). Formative Assessment tools: MCQ, Group discussion, Assignments, check lists
Prescribed Texts:	Hahnemann. S. (1999) The Chronic Diseases: Their Peculiar Nature Their Homoeopathic Cure (Reprint Edition). B. Jain Publishers (P) Ltd Dudgeon R. E. (2002). Lectures on the Theory and Practice of Homoeopathy. B. Jain publishers pvt Ltd, New Delhi. Dunham Carroll. (2019). Homoeopathy: The Science of Therapeutics. B. Jain Publishers (P) Ltd, New Delhi. Hahnemann. Samuel. (2013). Organon of medicine Translated from fifth edition, With an Appendix, by R. E. Dudgeon and from 6 th edition by W. Boericke. B. Jain Publishers (P) Ltd, New Delhi. Hughes Richard. (2020). The Principles & Practice of Homoeopathy. B. Jain Publishers (P) Ltd, New Delhi. Sarkar B. K. (2004) Organon of Medicine by Samuel Hahnemann with Introduction and Commentary on the Text: Ninth Revised Edition. E Publications Pvt. Ltd. Delhi. Dhawale, M.L.(2013) Principles and Practice of Homoeopa Homoeopathic Philosophy and Repertoryation (4th revised and enlarged edition). Dr M.L. Dhawale Memorial Trust
Domains of Competencies	Knowledge & Scholarship / Homoeopathic Orientation/ Patient care

HOM – PG-OP – 18:

GENERAL PATHOLOGY IN CONTEXT OF HAHNEMANNIAN AND POST HAHNEMANNIAN UNDERSTANDING OF MIASMS

Topic Overview:	This topic will sensitize the students to the relation of pathology and microbiology with homoeopathy and concept of chronic diseases. It will provide orientation for application of chronic miasm in clinical practise
Learning Outcomes:	COMPETENCY HOM – PG-OP – 18- 1: CORRELATION OF PATHOLOGICAL AND MICROBIOLOGICAL PRINCIPLES IN HOMOEOPATHIC PRACTISE KNOWLEDGE • Explain the basic principles of pathology and microbiology • Describe Hahnemann's perception of "infection theory" • Discuss the significance of the pathophysiology of infection with reference to the theory of chronic diseases SKILL • Application of Hahnemann's concept of 'infection' in etiopathogenesis of acute and chronic diseases REFLECTION • Scientific validation of Hahnemann's understanding of etiopathogenesis of acute and chronic diseases COMPETENCY HOM – PG-OP – 18-2: DISCUSS THE CONCEPT OF MIASMIN LIGHT OF MODERN PRINCIPLES OF PATHOLOGY AND MICROBIOLOGY KNOWLEDGE • Trace the evolution of Hahnemann's theory of miasm • Discuss the Hahnemannian and post Hahnemannian viewpoints in relation to understanding of miasm • Discuss the evolution and development of miasmatic theory in light of modern pathology and microbiology SKILL • Implementation of theory of acute and chronic miasm in clinical practise Reflection • Correlate the miasmatic theory with the advancements in the study of pathology and microbiology
Competency	Case based, Bedside, Outpatient based, Self-regulated learning,

based Learning Methods	deliberate practice, formative self assessment
Assessment:	Continuous / Programmatic assessment (including Problem Based Learning assessment). Formative Assessment tools: MCQ, Group discussion, Assignments, check lists
Prescribed Texts:	Hahnemann Samuel (2005). The Chronic Diseases, Their Peculiar Nature and Their Homoeopathic Cure. B. Jain Publishers Pvt. Ltd. Allen JH (1998). The Chronic Miasms Psora and Pseudo-Psora. B. Jain Publishers Pvt. Ltd. Ortega PS. (1980). Notes on Themiasm on Hahnemann's Chronic Diseases. English Translation by Harris Coulter. National Homoeopathic Pharmacy. Close, Stuart. (2003). The Genius of Homoeopathy Lectures and Essays on Homoeopathy. IBPP, New Delhi. Kent, J. T. (2002). Lectures on Homoeopathic Philosophy. Indian Book & Periodical Publishers, New Delhi. Reprint edition Roberts, H. A. (1995). The principles and art of cure by homoeopathy. B. Jain publishers pvt. Ltd.
Domains of Competencies	Knowledge & Scholarship / Patient Care / Homoeopathic Orientation / Practice Based Learning

HOM – PGOP – 19:

INTEGRATING PRECLINICAL, CLINICAL AND PARA CLINICAL KNOWLEDGE FOR HOLISTIC PATIENT CENTRED CASE MANAGEMENT.

Topic Overview:	This topic will provide students of MD Hom (Homoeopathic Philosophy) with an overview of integrating the knowledges obtained in different clinical and paraclinical subjects for holistic patient centred case management.
Learning Outcomes:	COMPETENCY HOM – PGOP – 19- 1: EXPLAIN THE IMPORTANCE OF INTERDISCIPLINARY APPROACH FOR EXAMINATION OF PATIENT KNOWLEDGE • Discuss the concept of Holism • Describe the interdisciplinary approach in understanding man as a whole • Illustrate the inter-relationship of preclinical, clinical and paraclinical subjects SKILL • Application of holistic model of health system REFLECTION • Identify the elements critical for integrating clinical and para clinical knowledges for individualised case perceiving COMPETENCY HOM – PGOP – 19-2: UNDERSTANDING THE SIGNIFICANCE OF PATIENT CENTRIC APPROACH IN LIGHT OF CURRENT TRENDS IN MEDICINE KNOWLEDGE • Discuss the interdisciplinary approach of conventional medicine towards holistic understanding of patient • Correlate the homoeopathic concept of patient centric approach in framework of conventional medicine SKILL • Integration of homoeopathic concept of holism in paradigm of modern medicine

	REFLECTION Scientific validation of Hahnemann's holistic concept of health
Competency based Learning Methods	Problem based, Case based, Bedside, Outpatient based, Self-regulated learning, deliberate practice, formative self assessment
Assessment:	Continuous / Programmatic assessment (including Problem Based Learning assessment). Formative Assessment tools: MCQ, Group discussion, Assignments, check lists
Prescribed Texts:	Close, Stuart. (2003). The Genius of Homoeopathy Lectures and Essays on Homoeopathy. IBPP, New Delhi. Hahnemann. Samuel. (2013). Organon of medicine Translated from fifth edition, With an Appendix, by R. E. Dudgeon and from 6th edition by W. Boericke. B. Jain Publishers (P) Ltd, New Delhi. Kent James Tyler. (2023). Lesser Writings, Clinical Cases, New Remedies, Aphorisms and Precepts. Sarkar B. K. (2003-2004) Organon of Medicine by Samuel Hahnemann with An Introduction and Commentary on the Text: Birla Publications Pvt. Ltd. Delhi. Singh Mahendra. Singh Subhas. (2022). First Corrected, Re-Translated & Redacted English Edition of Organon of Medicine. 6th & 5th Edition with an Appendix & Word Meaning (of each aphorism) by Samuel Hahnemann. B. Jain Publishers (P) Ltd, New Delhi.
Domains of Competencies	Knowledge & Scholarship / Patient Care / Homoeopathic Orientation / Practice Based Learning

HOM – PG-OP – 20: HOMOEOPATHIC SEMIOLOGY

Topic Overview:	This topic will provide insights into concept of symptomatology, methods of evaluation of symptoms and its importance in Clinical practice
Learning Outcomes:	COMPETENCY HOM – PG-OP – 20-1: UNDERSTAND DIFFERENT AUTHORBASED PERSPECTIVE OF SYMPTOMATOLOGY AND THEIR APPLICATION IN CLINICAL PRACTICE KNOWLEDGE • Discuss the true nature and constitution of a symptom in ‘proving’, ‘examination of a patient;’, and ‘the study of the Materia Medica’. • Explain the different types of symptoms according to Hahnemann, J. T. Kent, Boenninghausen, CM Boger, Garth Boericke, Ortega, Paschero, ML Dhawale and other modern homoeopathic stalwarts SKILL • Application of concept of symptomatology in analysis of symptoms and its peculiarity in acute and chronic diseases. • Application of Boenninghausen’s symptomatologic hexameter. • Application of DrKent’sconceptoftotality/evaluation of symptoms & their utility in synthetic prescriptions. • Application of DrBoger’sconceptofPathological General and • Application of Boericke’s concept of Absolute and Determinative symptoms • Application of Ortega, Paschero, Dhawale and other modern homoeopathic stalwarts concept of evaluation of symptoms REFLECTION • Different methods of identification of striking, singular, uncommon and peculiar (characteristic) signs and symptoms • Application of different methods of evaluation in formation of totality of symptoms
Competency based Learning Methods	Case based, Bedside, Outpatient based, Brainstorming, Self-regulated learning, deliberate practice, formative self assessment
Assessment:	Continuous / Programmatic assessment (including Problem Based Learning assessment).

	Formative Assessment tools: MCQ, Group discussion, Assignments, check lists
Prescribed Texts:	Close, Stuart. (2003). The Genius of Homoeopathy Lectures and Essays on Homoeopathy. IBPP, New Delhi. Dhawale, M.L. (1994). Principle and Practice of Homeopathy”, Published by Institute of Clinical Research Bombay. Hahnemann. Samuel. (2013). Organon of medicine Translated from fifth edition, With an Appendix, by R. E. Dudgeon and from 6th edition by W. Boericke. B. Jain Publishers (P) Ltd, New Delhi. Low priced 5th and Sarkar B. K. (2003-2004) Organon of Medicine by Samuel Hahnemann with An Introduction and Commentary on the Text: Birla Publications Pvt. Ltd. Delhi. Singh Mahendra. Singh Subhas. (2022). First Corrected, Re-Translated & Redacted English Edition of Organon of Medicine. 6th & 5th Edition with an Appendix & Word Meaning (of each aphorism) by Samuel Hahnemann. B. Jain Publishers (P) Ltd, New Delhi.
Domains of Competencies	Knowledge & Scholarship / Patient Care / Homoeopathic Orientation / Practice Based Learning

HOM – PG-OP – 21:

CASE PERCEIVING IN SPECIAL CLINICAL SETTINGS

Topic Overview:	This topic will provide understanding of analysis of the case for individualization in different clinical settings
Learning Outcomes:	COMPETENCY HOM – PG-OP – 21-1: SIGNIFICANCE OF PROCESSING OF THE CASE FOR INDIVIDUALIZATION IN DIFFERENT CLINICAL SETTINGS KNOWLEDGE • Mention the special directions for case taking according Hahnemann, Kent, Stuart Close, H.A. Roberts & Boenninghausen • Explain the importance of knowledge of special category of diseases – one sides, typical intermittent, alternating diseases etc. • Discuss the role of investigations and diagnosis in homoeopathic individualisation • State the Importance of observation, especially in paediatric cases. • Evaluate plan of case management of special category of diseases SKILL • Application of logical analysis in individualisation of such cases REFLECTION • Reflect upon the individualisation of patient, selection of remedy, selection of potency and doses in special clinical settings
Competency based Learning Methods	Case based, Bedside, Outpatient based, Self-regulated learning, deliberate practice, formative self assessment
Assessment:	Continuous / Programmatic assessment (including Problem Based Learning assessment). Formative Assessment tools: MCQ, Group discussion, Assignments, check lists, ratings

Prescribed Texts:	Dudgeon R. E. (2002). Lectures on the Theory and Practice of Homoeopathy. B. Jain publishers pvt Ltd, New Delhi. Hahnemann. Samuel. (2013). Organon of medicine Translated from fifth edition, With an Appendix, by R. E. Dudgeon and from 6th edition by W. Boericke. B. Jain Publishers (P) Ltd, New Delhi. Kent, J. T. (2002). Lectures on Homoeopathic Philosophy. Indian Book & Periodical Publishers, New Delhi. Roberts, H. A. (1995). The principles and art of cure by homoeopathy. B. Jain publishers pvt. Ltd. Sarkar B. K. (2003-2004) Organon of Medicine by Samuel Hahnemann with An Introduction and Commentary on the Text: Birla Publications Pvt. Ltd. Delhi. Singh Mahendra. Singh Subhas. (2022). First Corrected, Re-Translated & Redacted English Edition of Organon of Medicine. 6th & 5th Edition with an Appendix & Word Meaning (of each aphorism) by Samuel Hahnemann. B. Jain Publishers (P) Ltd, New Delhi.
Domains of Competencies	Knowledge & Scholarship / Patient Care / Homoeopathic Orientation / Practice Based Learning

THE DYNAMIC ACTION OF DRUGS

Topic Overview:	This topic will provide insights into dynamic action of drugs
Learning Outcomes:	COMPETENCY HOM – PG-OP – 22-1: UNDERSTAND THE DYNAMIC ACTION OF DRUGS. KNOWLEDGE • Explain the dynamic concept of health, disease, and cure • State the different types of actions of drugs, such as mechanical, chemical, and dynamic. • Mention the clinical application of dynamic action of drugs in homoeopathic practise SKILL • Application of concept of dynamic action of drugs to obtain complete proving. REFLECTION • Correlation of dynamic action of drugs with concept of administration of minute doses and homoeopathic aggravation in acute, chronic, and even complicated diseases.
Competency based Learning Methods	Self-regulated learning, spaced repetition, formative self assessment
Assessment:	Continuous / Programmatic assessment (including Problem Based Learning assessment). Formative Assessment tools: MCQ, Group discussion, Assignments
Prescribed Texts:	Roberts, H. A. (1995). The principles and art of cure by homoeopathy. B. Jain publishers pvt. Ltd. Reprint edition
Domains of Competencies	Knowledge & Scholarship / Homoeopathic Orientation

HOM – PGOP – 23:

PROGNOSIS AFTER OBSERVING THE ACTION OF THE REMEDY/REMEDY REACTION

Topic Overview:	This topic will provide insights into remedy reaction and prognosis after observing the action of the remedy
Learning Outcomes:	COMPETENCY HOM – PGOP – 23-1: ILLUSTRATE REMEDY REACTION AFTER ADMINISTRATION OF MEDICINE KNOWLEDGE • State the actions and reactions of remedy • Explain the Presuppositions of remedy reaction and Expectations after the administration of remedy • Discuss the signs of commencement of amelioration and aggravation SKILL • Clinical application of remedy reaction to understand prognosis. REFLECTION • Correlation of Remedy reaction with prognosis of case COMPETENCY HOM – PGOP – 23-2: DISCUSS THE UNFAVOURABLE PROGNOSIS AFTER OBSERVING THE ACTION OF REMEDY. KNOWLEDGE • Discuss what is unfavourable prognosis. • State the signs of commencement of aggravation. • Explain the direction of progress of disease SKILL • Application of remedy reaction to understand prognosis of the case REFLECTION • Identify unfavourable Remedy reaction and its application in clinical practice COMPETENCY HOM – PGOP – 23- 3:

	DISCUSS THE FAVOURABLE PROGNOSIS AFTER OBSERVING THE ACTION OF REMEDY. KNOWLEDGE • Discuss the depth of pathology i.e. reversible or irreversible • State the signs of commencement of amelioration. • Mention the direction of cure, according to Hering's Law of Cure SKILL • Application of remedy reaction to understand favourable prognosis REFLECTION • Identify favourable Remedy reaction and its use in clinical practice.
Competency based Learning Methods	Case based, Bedside, Outpatient based, Self-regulated learning, deliberate practice, formative self assessment
Assessment:	Continuous / Programmatic assessment (including Problem Based Learning assessment). Formative Assessment tools: MCQ, Group discussion, Assignments, check lists
Prescribed Texts:	Hahnemann. Samuel. (2013). Organon of medicine Translated from fifth edition, With an Appendix, by R. E. Dudgeon and from 6th edition by W. Boericke. B. Jain Publishers (P) Ltd, New Delhi. Kent, J. T. (2002). Lectures on Homoeopathic Philosophy. Indian Book & Periodical Publishers, New Delhi. Roberts, H. A. (1995). The principles and art of cure by homoeopathy. B. Jain publishers pvt. Ltd. Sarkar B. K. (2003-2004) Organon of Medicine by Samuel Hahnemann with An Introduction and Commentary on the Text: Birla Publications Pvt. Ltd. Delhi. Singh Mahendra. Singh Subhas. (2022). First Corrected, Re-Translated & Redacted English Edition of Organon of Medicine. 6th & 5th Edition with an Appendix & Word Meaning (of each aphorism) by Samuel Hahnemann. B. Jain Publishers (P) Ltd, New Delhi.
Domains of Competencies	Knowledge & Scholarship / Homoeopathic Orientation / Practice Based Learning

HOM – PG-OP – 24: THE SECOND PRESCRIPTION

Overview:	This topic will provide insights into different types of second prescriptions and their use in clinical practice basing on remedy reactions.
Learning Outcomes:	COMPETENCY HOM – PG-OP – 24- 1: MENTION THE DIFFERENT TYPES OF SECOND PRESCRIPTIONS AND THEIR INDICATIONS DEPENDING ON THE REACTION AFTER ADMINISTRATION OF REMEDY. KNOWLEDGE • Explain the remedy reactions / Prognosis after the observing the action of the first remedy • Explain the Antidotal, Complimentary and Cognate relationship of medicines • Discuss the conditions that merit change in the plan of treatment • Discuss parameters for second prescription • Illustrate the use of different types of second prescription SKILL • Application of knowledge of different types of second prescriptions in clinical practice REFLECTION • Correlation of second prescriptions with remedy reactions and its utility in clinical practice
Competency based Learning Methods	Problem based, Case based, Bedside, Outpatient based, brainstorming, Self-regulated learning, deliberate practice, formative self assessment
Assessment:	Continuous / Programmatic assessment (including Problem Based Learning assessment). Formative Assessment tools: MCQ, Group discussion, Assignments, check lists
Prescribed Texts:	Hahnemann. Samuel. (2013). Organon of medicine Translated from fifth edition, With an Appendix, by R. E. Dudgeon and from 6th edition by W. Boericke. B. Jain Publishers (P) Ltd, New Delhi. Kent, J. T. (2002). Lectures on Homoeopathic Philosophy. Indian Book & Periodical Publishrs, New Delhi. Roberts, H. A. (1995). The principles and art of cure by homoeopathy. B. Jain publishers pvt. Ltd. Sarkar B. K. (2003-2004) Organon of Medicine by Samuel Hahnemann with An Introduction and Commentary on the Text: Birla Publications

	Pvt. Ltd. Delhi. Singh Mahendra. Singh Subhas. (2022). First Corrected, Re-Translated & Redacted English Edition of Organon of Medicine. 6th & 5th Edition with an Appendix & Word Meaning (of each aphorism) by Samuel Hahnemann. B. Jain Publishers (P) Ltd, New Delhi. Third Edition
Domains of Competencies	Knowledge & Scholarship / Homoeopathic Orientation / Practice Based Learning

HOM – PG-OP – 25:

THE SCOPE AND LIMITATIONS OF HOMOEOPATHY

Topic Overview:	This topic will provide insights into the scope and limitations of homoeopathy
Learning Outcomes:	COMPETENCY HOM – PG-OP – 25 1: UNDERSTAND THE SCOPE AND LIMITATIONS OF HOMOEOPATHY KNOWLEDGE • Differentiate between modern and homoeopathic concept of disease. • Mention the sphere of Similia. • Examine the exclusion method adopted by Dake • Explain the limitation of homoeopathy in different clinical settings SKILL • Application of homoeopathy helps to get a clear defined idea of the field in which the principle of Similia is inoperative. REFLECTION • Identify the elements critical for evaluation of Scope and limitation of homoeopathy
Competency based Learning Methods	Case based, Bedside, Outpatient based, Self-regulated learning, deliberate practice, formative self assessment
Assessment:	Continuous / Programmatic assessment (including Problem Based Learning assessment). Formative Assessment tools: MCQ, Group discussion, Assignments
Prescribed Texts:	Close, Stuart. (2003). The Genius of Homoeopathy Lectures and Essays on Homoeopathy. IBPP, New Delhi. Hahnemann Samuel (2013). Organon of medicine translated from fifth edition, With an Appendix, by R. E. Dudgeon and from 6th edition by W. Boericke. B. Jain Publishers (P) Ltd, New Delhi. Sarkar B. K. (2003-2004) Organon of Medicine by Samuel Hahnemann with An Introduction and Commentary on the Text: Birla Publications Pvt. Ltd. Delhi. Ninth Revised Edition Singh Mahendra, Singh Subhas. (2022). First Corrected, Re-Translated & Redacted English Edition of Organon of Medicine. 6th & 5th Edition

	with an Appendix & Word Meaning (of each aphorism) by Samuel Hahnemann. B. Jain Publishers (P) Ltd, New Delhi.
Domains of Competencies	Knowledge & Scholarship / Patient Care / Homoeopathic Orientation / Practice Based Learning

HOM – PG-OP – 26: CONCEPT OF SECOND-BEST REMEDY

Overview:	This topic will provide the knowledge of differentiation between indisposition and acute disease and utility of ‘second best remedy’
Learning Outcomes:	COMPETENCY HOM – PG-OP – 26-1: UNDERSTANDING INDISPOSITION AS MIMICKING SICKNESS KNOWLEDGE: • Explain indisposition as a state of sickness arising from improper diet, habits or lifestyle. SKILL • Discriminate between exciting or maintaining cause (causa occasionalis), REFLECTION • Reflect on the nature of causations COMPETENCY HOM – PG-OP – 26-2: HIGHLIGHT THE ROLE OF ‘SECOND BEST REMEDY’ IN DIFFERENT CLINICAL SETTINGS KNOWLEDGE • Discuss the concept of ‘second best remedy’ SKILL • Prescription of ‘second best remedy’ in clinical practice REFLECTION Reflect upon the clinical utility of ‘second best remedy’
Competency based Learning Methods	Bedside, Outpatient based, Self-regulated learning, deliberate practice, formative self assessment
Assessment:	Continuous / Programmatic assessment (including Problem Based Learning assessment). Formative Assessment tools: MCQ, Group discussion, Assignments, check lists
Prescribed Texts:	Close, Stuart. (2003). The Genius of Homoeopathy Lectures and Essays on Homoeopathy. IBPP, New Delhi. Kent, J. T. (2002). Lectures on Homoeopathic Philosophy. Indian Book

	& Periodical Publishers, New Delhi. Reprint edition Hahnemann. Samuel. (2013). Organon of medicine Translated from fifth edition, With an Appendix, by R. E. Dudgeon and from 6th edition by W. Boericke. B. Jain Publishers (P) Ltd, New Delhi.. Sarkar B. K. (2003-2004) Organon of Medicine by Samuel Hahnemann with An Introduction and Commentary on the Text: Birla Publications Pvt. Ltd. Delhi. Ninth Revised Edition Singh Mahendra. Singh Subhas. (2022). First Corrected, Re-Translated & Redacted English Edition of Organon of Medicine. 6th & 5th Edition with an Appendix & Word Meaning (of each aphorism) by Samuel Hahnemann. B. Jain Publishers (P) Ltd, New Delhi.
Domains of Competencies	Knowledge & Scholarship / Patient Care / Homoeopathic Orientation / Practice Based Learning

HOM – PG-OP – 27:

SUPPRESSION AND PALLIATION

Topic Overview:	This topic will sensitize the students to the basic concept of suppression and palliation. It will provide insights regarding different forms of their clinical expression and their role in difficult and incurable diseases
Learning Outcomes:	COMPETENCY HOM – PG-OP – 27-1: INSIGHT INTO THE BASIC CONCEPTS, FUNDAMENTAL LAWS AND CLINICAL EXPRESSIONS OF SUPPRESSION AND PALLIATION KNOWLEDGE • Differentiate between the concepts of suppression and palliation • Highlight the Fundamental laws governing the process of suppression and palliation • Enumerate different forms of clinical expressions of suppression and palliation SKILL • Ability to clinically differentiate suppression from palliation REFLECTION • Evaluation of case prognosis in the light of concept of suppression and palliation COMPETENCY HOM – PG-OP – 27- 2: SUPPRESSION AND PALLIATION IN DIFFICULT AND INCURABLE DISEASES KNOWLEDGE • Identify the impact of palliation in difficult and incurable diseases • Discuss the palliative effect of repetitive physiological doses of medicine resulting in the sequence of suppression SKILL • Clinical management of difficult and incurable disease conditions

	REFLECTION Principles of palliative care according to homoeopathic and conventional medicine
Competency based Learning Methods	Case based, Self-regulated learning, Library based, e-learning, spaced repetition, formative self assessment
Assessment:	Continuous / Programmatic assessment (including Problem Based Learning assessment). Formative Assessment tools: MCQ, Group discussion, Assignments
Prescribed Texts:	Hahnemann. Samuel. (2013). Organon of medicine Translated from fifth edition, With an Appendix, by R. E. Dudgeon and from 6 th edition by W. Boericke. B. Jain Publishers (P) Ltd, New Delhi. Kent, J. T. (2002). Lectures on Homoeopathic Philosophy. Indian Book & Periodical Publishers, New Delhi. Reprint edition Roberts, H. A. (1995). The principles and art of cure by homoeopathy. B. Jain publishers pvt. Ltd.
Domains of Competencies	Knowledge & Scholarship / Patient Care / Homoeopathic Orientation / Practice Based Learning/ Communication skills/ Professionalism

HOM – PG-OP – 28:

PHENOMENOLOGICAL VIEWPOINT

Topic Overview:	This topic will provide insights into concept of phenomenology and empiricism and highlight its importance in Understanding homoeopathic principles
Learning Outcomes:	COMPETENCY HOM – PG-OP – 28-1: CORRELATE THE CONCEPT OF PHENOMENOLOGY AND EMPIRICISM AS WELL AS ITS RELATION WITH HOMOEOPATHY KNOWLEDGE • Discuss the concept of Phenomenology and Empiricism • Describe the evolution of phenomenological and Empiricist school of thoughts • Correlate the relationship of phenomenology and empiricism with homoeopathy SKILL • Clinical utility of phenomenological and empiricist point of view in Understanding science of homoeopathy REFLECTION • Correlation of empiricist philosophy with Hahnemannian approach in evolution of homoeopathic science COMPETENCY HOM – PG-OP – 28- 2: HIGHLIGHT THE PRINCIPLES OF HOMOEOPATHIC PHILOSOPHY IN LIGHT OF PHENOMENOLOGICAL VIEWPOINT KNOWLEDGE • Discuss Hahnemannian concept of ‘a priori’ and ‘posteriori’ • Discuss the evolution of fundamental principles of homoeopathy in the light of phenomenology and Empiricism SKILL • Application of phenomenological view point in appreciation of principles of Homoeopathic philosophy

	Reflection Scientific validation of Hahnemannian philosophy in context of Empiricism
Competency based Learning Methods	Brainstorming, Self-regulated learning, Library based, e-learning, spaced repetition, formative self assessment
Assessment:	Continuous / Programmatic assessment (including Problem Based Learning assessment). Formative Assessment tools: MCQ, Group discussion, Assignments
Prescribed Texts:	Hahnemann. Samuel. (2013). Organon of medicine Translated from fifth edition, With an Appendix, by R. E. Dudgeon and from 6 th edition by W. Boericke. B. Jain Publishers (P) Ltd, New Delhi. Hughes Richard. (2020). The Principles & Practice of Homoeopathy. B. Jain Publishers (P) Ltd, New Delhi. Roberts, H. A. (1995). The principles and art of cure by homoeopathy. B. Jain publishers pvt. Ltd. Singh Mahendra. Singh Subhas. (2022). First Corrected, Re-Translated & Redacted English Edition of Organon of Medicine. 6th & 5th Edition with an Appendix & Word Meaning (of each aphorism) by Samuel Hahnemann. B. Jain Publishers (P) Ltd, New Delhi.
Domains of Competencies	Knowledge & Scholarship / Homoeopathic Orientation / Practice Based Learning

HOM – PG-OP – 29: TEMPERAMENTS

Topic Overview:	This topic will provide overview of historical concept of temperaments, its utility in in perception of pathogenesis of homoeopathic medicines and application in clinical practise
Learning Outcomes:	COMPETENCY HOM – PG-OP – 29- 1: DISCUSSION OF THE HISTORICAL PERSPECTIVE OF UNDERSTANDING OF TEMPERAMENTS AND APPRECIATE THE IMPORTANCE OF TEMPERAMENTS IN PATHOLOGICAL EVOLUTION OF DISEASES KNOWLEDGE • State the Hippocratic and post Hippocratic concepts of temperaments • Explain the Hahnemann's view point regarding temperament • Describe the concept of pathological evolution of diseases and • Discuss the importance of temperaments SKILL • Application of temperaments in perceiving pathological evolution of diseases REFLECTION • Corelate historical concept of temperaments with modern understanding of personality profile of diseases COMPETENCY HOM – PG-OP – 29- 2: HIGHLIGHT THE IMPORTANCE OF TEMPERAMENTS IN THE STUDY OF MATERIA MEDICA OF HOMOEOPATHIC MEDICINES KNOWLEDGE • Explain the significance of types of temperaments of different polycryst remedies in homoeopathic Materia Medica • Describe the importance of temperaments in drug pathogenesis SKILL • Application of understanding of temperaments in clinical

	practise REFLECTION • Reflect upon the clinical utility of archaic concepts of temperaments mentioned in Materia medica of homoeopathic medicines
Competency based Learning Methods	Brainstorming, Self-regulated learning, Library based, e-learning, spaced repetition, formative self assessment
Assessment:	Continuous / Programmatic assessment (including Problem Based Learning assessment). Formative Assessment tools: MCQ, Group discussion, Assignments
Prescribed Texts:	Roberts, H. A. (1995). The principles and art of cure by homoeopathy. B. Jain publishers pvt. Ltd. Reprint edition Hahnemann. Samuel. (2002). The Chronic Diseases Their Peculiar Nature and Their Homoeopathic Cure. Translated by L. H. Tafel. B. Jain Publishers (P) Ltd, New Delhi.
Domains of Competencies	Knowledge & Scholarship / Patient Care / Homoeopathic Orientation / Practice Based Learning/ Communication skills

ALTERNATION OF REMEDIES

Topic Overview:	This topic will sensitize the students to the basic concept and therapeutic implication of Alternation of remedies
Learning Outcomes:	COMPETENCY HOM – PG-OP – 30- 1: HIGHLIGHT THE BASIC CONCEPT AND THERAPEUTIC UTILITY OF ALTERNATION OF REMEDIES IN CONTEXT OF HAHNEMANNIAN AND POST HAHNEMANNIAN WRITINGS KNOWLEDGE • Mention Basic concept of alternation of remedies • Differentiate between the Hahnemannian and post Hahnemannian views on alternation of remedies • Discuss the Therapeutic scope of alternation of remedies SKILL • Judicious employment of Alternation of remedies REFLECTION • Clinical decision-making regarding alternation of remedies
Competency based Learning Methods	Case based, Self-regulated learning, Library based, e-learning, , formative self assessment
Assessment:	Continuous / Programmatic assessment (including Problem Based Learning assessment). Formative Assessment tools: MCQ, Group discussion, Assignments
Prescribed Texts:	Dunham Carroll. (2019). Homoeopathy The Science of Therapeutics. B. Jain Publishers (P) Ltd, New Delhi. Dudgeon R. E. (2002). Lectures on the Theory and Practice of Homoeopathy. B. Jain publishers pvt Ltd, New Delhi. Hughes Richard. (2020). The Principles & Practice of Homoeopathy. B. Jain Publishers (P) Ltd, New Delhi. Hahnemann. Samuel. (2002). The Chronic Diseases Their Peculiar Nature and Their Homoeopathic Cure. Translated by L. H. Tafel. B. Jain Publishers (P) Ltd, New Delhi. Kent, J. T. (2002). Lectures on Homoeopathic Philosophy. Indian Book & Periodical Publishers, New Delhi.
Domains of Competencies	Knowledge & Scholarship / Patient Care / Homoeopathic Orientation / Practice Based Learning

THE STUDY OF PROVINGS

Topic Overview:	This topic will provide overview of modern methods of drug proving and its application in proving of new drugs
Learning Outcomes:	COMPETENCY HOM – PG-OP – 31-1: EXPLANATION OF THE MODERN METHODS OF DRUG PROVING KNOWLEDGE • State the sources of Materia Medica • Mention the Dunham’s view regarding drug proving • Illustrate the emerging perspectives of drug proving, especially in light of works of modern day homoeopathic stalwarts SKILL • Application of Hahnemannian and modern methods of drug proving in proving of new drugs. REFLECTION • Reflects upon the proving of new drugs and formation of new Materia Medicas
Competency based Learning Methods	Self-regulated learning, Library based, e-learning, formative self assessment
Assessment:	Continuous / Programmatic assessment (including Problem Based Learning assessment). Formative Assessment tools: MCQ, Group discussion, Assignments
Prescribed Texts:	Dudgeon. R. E. (2019). Lesser writings of Samuel Hahnemann. B. Jain Publishers (P) Ltd, New Delhi. R.E. Dunham Carroll. (2019). Homoeopathy The Science of Therapeutics. B. Jain Publishers (P) Ltd, New Delhi. 14th Impression. Kent, J. T. (2002). Lectures on Homoeopathic Philosophy. Indian Book & Periodical Publishers, New Delhi.
Domains of Competencies	Knowledge & Scholarship / Homoeopathic Orientation

HOM – PG-OP – 32:

HA ROBERT'S CONCEPT OF DEFLECTED CURRENT

Topic Overview:	This topic will provide insights into the accessory circumstances or factors which may cause hindrance/obstacle to cure.
Learning Outcomes:	COMPETENCY HOM – PG-OP – 32-1: IDENTIFY THE FACTORS WHICH MAY CAUSE HINDRANCE/OBSTACLE TO CURE. KNOWLEDGE • Describe the exciting and maintaining cause • Recognize whether the obstacle is from the patient side, from the physician side, or related to the remedy • Appraise the exclusion method adopted by Dake • Knowledge of various obstacles to cure – causes fundamental, exciting or precipitating or maintaining causes and its management SKILL • Clinical application of deflected current in analyzing and removing the obstacles • Application of concept of inter current remedies, anti-miasmatic, nosodes or acute prescriptions REFLECTION • Correlate the concept of accessory circumstances with obstacle to cure and their removal.
Competency based Learning Methods	Case based, Self-regulated learning, Library based, e-learning, , formative self assessment
Assessment:	Continuous / Programmatic assessment (including Problem Based Learning assessment). Formative Assessment tools: MCQ, Group discussion, Assignments
Prescribed Texts:	Close, Stuart. (2003). The Genius of Homoeopathy Lectures and Essays on Homoeopathy. IBPP, New Delhi. Kent, J. T. (2002). Lectures on Homoeopathic Philosophy. Indian Book & Periodical Publishers, New Delhi. Reprint edition Roberts, H. A. (1995). The principles and art of cure by homoeopathy. B. Jain publishers pvt. Ltd. Reprint edition Dudgeon R. E. (2002). Lectures on the Theory and Practice of

	Homoeopathy. B. Jain publishers pvt Ltd, New Delhi.
Domains of Competencies	Knowledge & Scholarship / Homoeopathic Orientation / Practice Based Learning

HOM – PG-OP – 33:

HOMOEOPATHIC POSOLOGY

Topic Overview:	This course will provide insights into posological principle of Infinitesimal, elements of posology and role of susceptibility in posology
Learning Outcomes:	COMPETENCY HOM – PG-OP – 33- 1: UNDERSTANDING THE CONCEPT OF POSOLOGICAL PRINCIPLE OF INFINITESIMALS KNOWLEDGE • Explain the basic principles of vitalistic philosophy • Describe the basic concept of Infinitesimals and the laws governing posology • Knowledge of various scales of potency-centesimal, decimal and 50 millesimal scale SKILL • Clinical application of Infinitesimal dose • Application of each scale of potency according to the susceptibility and sensitivity of the patient. REFLECTION • Scientific validation of posological principle of Infinitesimal COMPETENCY HOM – PG-OP – 33-2: RELATE THE COMPONENTS OF HOMOEOPATHIC POSOLOGY AND ROLE OF SUSCEPTIBILITY KNOWLEDGE • List the components of homoeopathic posology • Describe the Basic concept of susceptibility • State the factors influencing susceptibility SKILL • Application of susceptibility in posology Reflection • Critical understanding of elements determining posology
Competency based	Bedside, Outpatient based, Self-regulated learning, deliberate

Learning Methods	practice, formative self assessment
Assessment:	Continuous / Programmatic assessment (including Problem Based Learning assessment). Formative Assessment tools: MCQ, Group discussion, Assignments, check lists
Prescribed Texts:	Close, Stuart. (2003). The Genius of Homoeopathy Lectures and Essays on Homoeopathy. IBPP, New Delhi. Dudgeon R. E. (2002). Lectures on the Theory and Practice of Homoeopathy. B. Jain publishers pvt Ltd, New Delhi. Dunham Carroll. (2019). Homoeopathy The Science of Therapeutics. B. Jain Publishers (P) Ltd, New Delhi. Hughes Richard. (2020). The Principles & Practice of Homoeopathy. B. Jain Publishers (P) Ltd, New Delhi. Kent, J. T. (2002). Lectures on Homoeopathic Philosophy. Indian Book & Periodical Publishers, New Delhi. Roberts, H. A. (1995). The principles and art of cure by homoeopathy. B. Jain publishers pvt. Ltd. Hubbard EW. (2004). A Brief Study Course in Homoeopathy B. Jain publishers Pvt. Ltd.
Domains Competencies	of Knowledge & Scholarship / Patient Care/ Homoeopathic Orientation / Practice Based Learning

HOM – PG-OP – 34:

SCHOOLS OF MODERN PHILOSOPHIES AND THEIR CORRELATION WITH HOMOEOPATHIC PHILOSOPHY

Topic Overview:	This topic will sensitize the students with an overview of modern schools of philosophies in context of understanding Hahnemann and post Hahnemannian philosophies
Learning Outcomes:	COMPETENCY HOM – PG-OP – 34- 1: BRIEF OVERVIEW OF SCHOOLS OF MODERN PHILOSOPHIES KNOWLEDGE • Discuss Philosophy, science and metaphysics and their relationship • Examine Immanuel Kant concepts on causation and logical relation of antecedents • Interpret Jungian concepts of Archetypes and Synchronicity • Explain Organic view of holistic sciences on the basis of Hegel • Discuss Doctrine of energy on the basis of Leibniz and Bergson • Indepth analysis of ‘Critical rationalism’ of Karl Popper SKILL • Application of modern philosophies in understanding the workings of Homoeopathic principles REFLECTION • Identify the elements critical for development of Hahnemann’s and post Hahnemann concepts of homoeopathic philosophy COMPETENCY HOM – PG-OP – 34- 2: CORRELATION OF MODERN SCHOOLS OF PHILOSOPHY WITH HOMOEOPATHIC PHILOSOPHY KNOWLEDGE • Discuss the schools of philosophies – Materialism, Idealism and substantialism, existentialism, realism, pragmatism, romanticism, vitalism. positivism,

	phenomenology, Naturalism and critical theory SKILL • Application of these fundamental philosophies in understanding Hahnemann's and post Hahnemann concept of health, disease and cure REFLECTION • Integrate various facets of modern schools of philosophy with homoeopathic philosophy
Competency based Learning Methods	Self-regulated learning, Library based, e-learning, , formative self assessment
Assessment:	Continuous / Programmatic assessment (including Problem Based Learning assessment). Formative Assessment tools: MCQ, Group discussion, Assignments
Prescribed Texts:	Durant, Will (1961) The Story of Philosophy : the Lives and Opinions of the Great Philosophers of the Western World. New York, Simon and Schuster Russell, Bertrand (1945) History of Western Philosophy. Routledge Danto, Arthur C. (1960). Philosophy of Science. Cleveland: World Publishing. Hatfield, Gary (2005). The History of Philosophy as Philosophy. Oxford: Clarendon. Reck, Erich (2013) Introduction: Analytic Philosophy and Philosophical History. Palgrave Macmillan
Domains of Competencies	Knowledge & Scholarship / Homoeopathic Orientation

HOM – PGOP – 35:

BRIEF OVERVIEW OF MODERN SCHOOLS OF HOMOEOPATHIC PHILOSOPHY

Topic Overview:	This topic will sensitize the students with modern schools of homoeopathic philosophy and their relevance in the holistic and individualistic understanding of patient
Learning Outcomes:	COMPETENCY HOM – PGOP – 35-1: BRIEF OVERVIEW OF MODERN SCHOOLS OF HOMOEOPATHIC PHILOSOPHIES KNOWLEDGE • Discuss the need to obtain basic nuances of modern schools of Homoeopathic Philosophies • Highlight the importance of modern homoeopathic softwares, e learning tools, application based systems etc in better understanding and comprehension of homoeopathic principles SKILL • Application of modern philosophies in patient centred holistic case management REFLECTION • Identify the elements of different homoeopathic philosophies in holistic and individualistic understanding of patient
Competency based Learning Methods	Case based, Self-regulated learning, Library based, e-learning, , formative self assessment
Assessment:	Continuous / Programmatic assessment (including Problem Based Learning assessment). Formative Assessment tools: MCQ, Group discussion, Assignments
Prescribed Texts:	Dunham Carroll. (2019). Homoeopathy The Science of Therapeutics. B. Jain Publishers (P) Ltd, New Delhi. Rajendran E. (2023). New lights - Lectures on Homeopathy and Philosophy, Mohana Publication
Domains of Competencies	Knowledge & Scholarship / Homoeopathic Orientation

VII. ASSESSMENT

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

VII (1). M.D. (HOMOEOPATHY) PART-II EXAMINATION –

MAXIMUM MARKS FOR EACH SUBJECT AND MINIMUM MARKS REQUIRED TO PASS SHALL BE AS FOLLOWS:

Subjects	Theory		Practical or clinical exams including Viva-Voce and dissertation	
	Maximum Marks	Pass Marks	Maximum Marks	Pass Marks
Homoeopathic Philosophy Paper 1	100	50	200* (160 + 40) (Summative Assessment 160 Marks) (Internal Assessment 40 Marks)	100* (80 + 20) (Summative Assessment 80 Marks) (Internal Assessment 20 Marks)
Homoeopathic Philosophy Paper 2	100	50		

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

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

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

TYPES OF QUESTIONS WITH MARKS

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

Part 2 – Paper 1. List the topics

- HOM – PG-OP – 15

THE LOGIC OF HOMEOPATHY

- HOM – PG-OP – 16

SUSCEPTIBILITY, REACTION AND IMMUNITY

- HOM – PG-OP – 17

RELATION OF PATHOLOGY TO THERAPEUTICS

- HOM – PG-OP – 18

GENERAL PATHOLOGY OF HOMOEOPATHY IN CONTEXT OF HAHNEMANNIAN AND POST HAHNEMANNIAN UNDERSTANDING OF MIASMS

- HOM – PG-OP – 19

INTEGRATING PRECLINICAL, CLINICAL AND PARACLINICAL KNOWLEDGE FOR HOLISTIC PATIENT CENTRED CASE MANAGEMENT.

- HOM – PG-OP – 22

THE DYNAMIC ACTION OF DRUGS

- **HOM – PG-OP – 23**

**PROGNOSIS AFTER OBSERVING THE ACTION OF THE
REMEDY/REMEDY REACTION**

- **HOM – PG-OP – 24**

THE SECOND PRESCRIPTION

- **HOM – PG-OP – 27**

SUPPRESSION AND PALLIATION

- **HOM – PG-OP – 33:**

HOMOEOPATHIC POSOLOGY

Part 2 – Paper 2. List the topics

- **HOM – PG-OP – 20**

HOMOEOPATHIC SEMIOLOGY

- **HOM – PG-OP – 21**

CASE PERCEIVING IN SPECIAL CLINICAL SETTINGS

- **HOM – PG-OP – 25**

THE SCOPE AND LIMITATIONS OF HOMOEOPATHY

- **HOM – PG-OP – 26**

SECOND BEST REMEDY

- **HOM – PG-OP – 28**

PHENOMENOLOGICAL VIEWPOINT

- **HOM – PG-OP – 29**

TEMPERAMENTS

- **HOM – PG-OP – 30**

ALTERNATION OF REMEDIES

- **HOM – PG-OP – 31:**

THE STUDY OF PROVINGS

- **HOM – PG-OP – 32:**

HA Robert's concept of Deflected current

- **HOM – PG-OP – 34**

Schools of modern Philosophies and their correlation with homoeopathic philosophy

- **HOM – PG-OP – 35**

Brief overview of modern schools of homoeopathic philosophy

VII (2B). QUESTION PAPER LAYOUT PAPER 1

Q. No.	Type of Question	Content	Marks
1	Problem Based	HOM – PG-OP – 19	20
2	LAQ	HOM – PG-OP – 15	10
3	LAQ	HOM – PG-OP – 16	10
4	LAQ	HOM – PG-OP – 18a	10
5	LAQ	HOM – PG-OP – 23	10
6	SAQ	HOM – PG-OP – 18b	5
7	SAQ	HOM – PG-OP – 17a	5
8	SAQ	HOM – PG-OP – 17b	5
9	SAQ	HOM – PG-OP – 22	5
10	SAQ	HOM – PG-OP – 24	5
11	SAQ	HOM – PG-OP – 27	5
12	SAQ	HOM – PG-OP – 33a	5
13	SAQ	HOM – PG-OP – 33b	5

VII (2B). QUESTION PAPER LAYOUT PAPER 2

Q. No.	Type of Question	Content	Marks
1	Problem Based	HOM – PG-OP – 20	20
2	LAQ	HOM – PG-OP – 21a	10
3	LAQ	HOM – PG-OP – 25	10
4	LAQ	HOM – PG-OP – 28	10

5	LAQ	HOM – PG-OP – 34	10
6	SAQ	HOM – PG-OP – 21b	5
7	SAQ	HOM – PG-OP – 26	5
8	SAQ	HOM – PG-OP – 29	5
9	SAQ	HOM – PG-OP – 30 a	5
10	SAQ	HOM – PG-OP – 30b	5
11	SAQ	HOM – PG-OP – 31	5
12	SAQ	HOM – PG-OP – 32	5
13	SAQ	HOM – PG-OP – 35	5

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

VII (3A). CLINICAL EXAMINATION.

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

VII (3b). Viva Voce.

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

VIII. LIST OF REFERENCE BOOKS

1. Hahnemann, Samuel. (2013). Organon of medicine Translated from fifth edition, With an Appendix, by R. E. Dudgeon and from 6th edition by W. Boericke (Reprint edition) B. Jain Publishers (P) Ltd, New Delhi.
2. Organon of Medicine. 6th & 5th Edition with an Appendix & Word Meaning (of each aphorism) by Samuel Hahnemann. (Third Edition) B. Jain Publishers (P) Ltd, New Delhi
3. Hahnemann. S. (1999) The Chronic Diseases: Their Peculiar Nature and Their Homoeopathic Cure (Reprint Edition). B. Jain Publishers (P) Ltd

4. Dudgeon. R. E. (2019). Lesser writings of Samuel Hahnemann. B. Jain Publishers (P) Ltd, New Delhi. R.E. 14th Impression
5. Sarkar B. K. (2004) Organon of Medicine by Samuel Hahnemann with An Introduction and Commentary on the Text: Ninth Revised Edition. Birla Publications Pvt. Ltd. Delhi.
6. Singh Mahendra, Singh Subhas. (2022). First Corrected, Re-Translated & Redacted English Edition of Organon of Medicine. (Third Edition). B. Jain Publishers (P) Ltd, New Delhi.
7. Dudgeon, R. E. (2019). Lesser writings of Samuel Hahnemann (14th Impression). B. Jain Publishers (P) Ltd, New Delhi.
8. Kent, J. T. (2002). Lectures on Homoeopathic Philosophy (Reprint edition). Indian Book & Periodical Publishers, New Delhi.
9. Roberts, H. A. (1995). The Principles and Art of Cure by Homoeopathy (Reprint edition). B. Jain Publishers (P) Ltd, New Delhi.
10. Close, Stuart. (2003). The Genius of Homoeopathy Lectures and Essays on Homoeopathy (Reprint edition) IBPP, New Delhi.
11. Hughes Richard. (2020). The Principles and Practice of Homoeopathy (13th Impressions). B. Jain Publishers (P) Ltd, New Delhi.
12. Dunham Carroll. (2019). Homoeopathy: The Science of Therapeutics. B. Jain Publishers (P) Ltd, New Delhi.
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**FUNDAMENTALS OF CLINICAL MEDICINE TO ORGANON OF MEDICINE
PART 1 PAPER 2**

(HOM-PG-FMOP) PAPER-2

1. TITLE OF THE FUNDAMENTAL COURSE AND ITS ABBREVIATION.

Fundamentals of Clinical Medicine to Organon of Medicine

HOM-PG-FMOP

**2. BRIEF DESCRIPTION OF COURSE AND ITS RELEVANCE IN
HOMEOPATHY POST-GRADUATE COURSE.**

This paper deals with the clinical stream to provide a foundation for homoeopathic practice and therefore is expected to deliver the basic clinical approach. This paper supports the evolution of an integrated approach to relating clinical symptomatology with homoeopathic fundamentals, including the miasmatic interpretation in the context of Homoeopathic Philosophy. This intends to impart knowledge for a basic clinical approach required by a homoeopathic professional for practising clinical medicine concerning homoeopathic principles.

3. COURSE OUTCOMES:

1. Perform evidence-based clinical practice in Organon of Medicine.
2. Display ethical standards in clinical practice in Organon of Medicine.
3. Evaluate differential diagnosis by symptom-based approach in clinical practice
4. Relate symptomatology and clinical examination to Organon of Medicine
5. Interpret investigation in the light of clinical diagnosis and Organon of Medicine
6. Perform homoeopathic case-taking based on homoeopathic principles.
7. Relate the different cause and effect relationships in case taking.
8. Assemble data from the case taking and correlate it with medicine.
9. Apply the direction of clinical management from a homoeopathic perspective.
10. Relate the symptoms of drugs in Homoeopathic Materia Medica with the miasm and susceptibility of the patient.

4. TOPICS AND TOPIC CONTENTS

TOPICS

- HomPG-FMOP-01:

INTRODUCTION TO THE PRACTICE OF EVIDENCE BASED MEDICINE

- HomPG-FMOP-02:

DEVELOPING A BASIC CLINICAL APPROACH: ALL THE FOLLOWING CONTENT HAS TO BE DELIVERED THROUGH CLINICAL CASES AND BEDSIDE CLINIC

- Hom PG-FMOP-03:

STUDYING THE CARDINAL MANIFESTATIONS OF DISEASE THROUGH THEIR PATHO-PHYSIOLOGY WITH HAHNEMANNIAN CLASSIFICATION OF SYMPTOMS AND MIASMATIC CLASSIFICATION AND THERAPEUTICS THROUGH CLINICAL CASES AND BEDSIDE

- Hom PG-FMOP-04:

BASIC CONCEPTS OF NUTRITION, NUTRITIONAL DISEASES AND MIASMATIC ASSESSMENT

- Hom PG-FMOP-05:

INTERPRETATIONS OF LABORATORY AND RADIOLOGICAL INVESTIGATIONS

TOPIC CONTENTS

(I) HomPG-FMOP-01:

INTRODUCTION TO THE PRACTICE OF EVIDENCE BASED MEDICINE

- Concept of evidence-based practice and its importance in Homoeopathy in relation to Organon of Medicine.
- Importance of developing an ethical base while adhering to the above with relation to Organon of Medicine.

(II) HomPG-FMOP-02:

DEVELOPING A BASIC CLINICAL APPROACH: ALL THE FOLLOWING CONTENT HAS TO BE DELIVERED THROUGH CLINICAL CASES AND BEDSIDE CLINIC

- Correlative study of Normal structure and function to reveal Structural and functional integrity in Health and understanding the clinical and Hahnemannian concept of health through clinical cases
- Role of Control Systems (Psycho-Neuro-Endocrine axis and the Reticulo-

- endothelial System) in the maintenance of Health and initiating the process of breakdown and onset of illness
- c. Different components which influence health at individual, family and community level leading to insight into preventive and community medicine through Hahnemannian philosophy of holistic approach.
 - d. Concept of predisposition and disposition and its influence on development of diseases and application to Organon of Medicine
 - e. Bio-psycho-social and environmental model of aetiology and correlating with the Hahnemannian concept of causation and evolution of disease.
 - f. Development of a Symptom as an indication of loss of functional competence followed by loss of structural integrity – the pathogenesis of symptom formation and the Hahnemannian concept of disease and its expression and application to Homoeopathic Materia Medica
 - g. Clinico-pathological correlations and the concept of a syndrome, its therapeutics and its utility in understanding miasmatic evolution
 - h. Bed side- General and Systematic examination and understanding their basis
 - i. Role of physical examination and clinical investigation in the study of disease and miasm.
 - j. Understanding the process of clinical diagnosis through homoeopathic perspective
 - k. Importance of differential diagnosis-probable diagnosis and final diagnosis in relation to homoeopathic philosophy

FOLLOWING STUDY SHALL HELP IN BUILDING TOTALITY OF SYMPTOMS AND IN MANAGEMENT OF THE CASE.

- a. Predisposition:
- b. Causation and modifying factors:
- c. Pathogenesis, Pathology, Clinico-pathological and miasmatic correlations with pathological end result
- d. Classification and evolution of disease according to varying expressions of susceptibility:
- e. Case taking, examination, investigation and approach to clinical diagnosis:
- f. Differential diagnosis:
- g. Management-General and Homoeopathic:
 - i. General Management
 - ii. Standard management: Detailed aspects of currently accepted medication from modern medicine, their pharmacological effects, their management and adverse drug reactions and ways in which they affect the susceptibility of the patient. And indicated medicines for the state.

This may include the following:

- iii. Principles of Homoeopathic management:
 - 1.Scope and limitations:
 - 2.Role of different forces:
 - 3.Potency and repetition:
 - 4.Follow up management:
- h. Prognosis

- i. Future advances

(III) Hom PG-FMOP-03:

STUDYING THE CARDINAL MANIFESTATIONS OF DISEASE THROUGH THEIR PATHO-PHYSIOLOGY WITH HAHNEMANNIAN CLASSIFICATION OF SYMPTOMS AND MIASMATIC CLASSIFICATION AND THERAPEUTICS THROUGH CLINICAL CASES AND BEDSIDE

- a. Pain
 - i. Pain: Patho-physiology
 - ii. Chest Pain
 - iii. Abdominal pain
 - iv. Headache
 - v. Back and Neck pain
- b. Fever-types
- c. Alteration in Nervous system functions
 - i. Faintness, syncope, dizziness, vertigo
 - ii. Weakness, myalgias, imbalance
 - iii. Numbness, tingling and sensory loss
 - iv. Acute confusional states
 - v. Aphasias
 - vi. Memory loss and dementia
 - vii. Sleep disorder
- d. Alteration in Respiratory and Circulation
 - i. Dyspnoea
 - ii. Cough and hemoptysis
 - iii. Cyanosis
 - iv. Oedema
 - v. Shock
- e. Alteration in Gastrointestinal functions
 - i. Dysphagia
 - ii. Nausea, vomiting, indigestion
 - iii. Diarrhea and Constipation
 - iv. Weight loss
 - v. Gastrointestinal bleeding
 - vi. Jaundice
 - vii. Abdominal swelling and ascites
- f. Alteration in Urinary functions and electrolytes
 - i. Incontinence and lower urinary symptoms
 - ii. Urinary abnormalities
- g. Alteration in Reproductive and Sexual functions
 - i. Erectile dysfunction
 - ii. Disturbances of Menstruation

- iii. Leucorrhea
 - iv. Hirsutism
 - v. Infertility
- h. Alteration in Skin functions
 - i. Itching
 - ii. Eruptions
 - iii. Disorders of pigmentation
- i. Hematological alterations
 - i. Anaemia
 - ii. Bleeding
 - iii. Enlargement of Lymph nodes and spleen

(IV) Hom PG-FMOP–04: Basic Concepts of Nutrition, Nutritional Diseases and miasmatic assessment

- a. Nutritional and Dietary assessment
- b. Malnutrition
- c. Vitamin and Mineral deficiency
- d. Obesity
- e. Eating disorders etc.

(V) Hom PG-FMOP–05: Interpretations of Laboratory and Radiological Investigations

- a. Hematology - All basic tests
- b. Serology
- c. Biochemistry
- d. Microbiology
- e. Special tests – Hormonal Assays – Thyroid function tests, LH, FSH, Prolactin, TORCH, Triple marker, IgG/ IgM, HLA B27, Beta HCG, Anti-thyroid antibodies, Anti-cardiolipin antibodies.
- f. Basis Concepts of Radio Imaging like X-rays, CT, MRI
- g. USG
- h. ECG (Basic applications)

5. TOPIC DESCRIPTION:

HOMPG-FMOP-01: INTRODUCTION TO THE PRACTICE OF EVIDENCE BASED MEDICINE

Course Overview:	This course will provide students of MD Hom (Homoeopathic Philosophy) with an overview of the significance of displaying ethical based clinical practice in Organon.
Learning Outcomes:	COMPETENCY HOMPG-FMOP-01-1: IDENTIFIES ETHICAL BASED CLINICAL PRACTICES IN ORGANON OF MEDICINE. KNOWLEDGE ▪ Describes the ethical based clinical practices in Organon of Medicine. ▪ Apply different philosophies of ethical based clinical practices in clinical practice. ▪ Discuss importance of authentic data publication in journals and dissertation. ▪ Explain the issues related to plagiarism. SKILL ▪ Demonstrates fidelity in converting the experience shared by patient using all senses. ▪ Demonstrates truthfulness in writing the right symptoms choosing right words. ▪ Prefer the totality used have the intended meaning desired by the author. ▪ Complete a publication ready document which ensure free of plagiarism and no manipulation of data. REFLECTION ▪ Appreciates the process involved ensuring ethical based clinical practice and Organon.
Competency based Learning Methods	Brain storming, Self-regulated learning, deliberate practice, formative self assessment
Assessment:	Continuous / Programmatic assessment (including Problem Based Learning assessment). Formative Assessment tools: MCQ, Group discussion, Assignments
Prescribed Texts:	As per enclosed list
Domains of Competencies	Knowledge & Scholarship / Patient Care / Homoeopathic Orientation / Practice Based Learning

HOMPG-FMOP-02:

DEVELOPING A BASIC CLINICAL APPROACH: ALL THE FOLLOWING CONTENT HAS TO BE DELIVERED THROUGH CLINICAL CASES AND BEDSIDE CLINIC

Course Overview:	This course will provide students of MD Hom (Homoeopathic Philosophy) with an overview of the
Learning Outcomes:	COMPETENCY HOMPG-FMOP-02-1: BASIC CLINICAL APPROACH IN RELATION TO HOMOEOPATHIC PHILOSOPHY KNOWLEDGE ▪ Describes the concept of clinical practices in Organon of Medicine. ▪ Apply different facets of philosophies in clinical practice. ▪ Discuss importance of homoeopathic orientation to clinical medicine ▪ SKILL ▪ Demonstrates clinical approach in relation to homoeopathic philosophy REFLECTION ▪ Appreciates the processes involved in ensuring clinical approach in relation to homoeopathic philosophy
Competency based Learning Methods	Problem based, Case based, Bedside, Out-patient based, Self-regulated learning, deliberate practice, formative self assessment
Assessment:	Continuous / Programmatic assessment (including Problem Based Learning assessment). Formative Assessment tools: MCQ, Group discussion, Assignments, check list
Prescribed Texts:	As per enclosed list
Domains of Competencies	Knowledge & Scholarship / Patient Care / Homoeopathic Orientation / Practice Based Learning

Hom PG-FMOP-03:

STUDYING THE CARDINAL MANIFESTATIONS OF DISEASE THROUGH THEIR PATHO-PHYSIOLOGY WITH HAHNEMANNIAN CLASSIFICATION OF SYMPTOMS AND MIASMATIC CLASSIFICATION AND THERAPEUTICS THROUGH CLINICAL CASES AND BEDSIDE: PAIN AS AN EXAMPLE

Course Overview:	This course will provide students of MD Hom (Homoeopathic Philosophy) with an overview of the significance of utilisation of Organon of Medicine as understanding homoeopathic perspective of pain in general and various locations in particular.
Learning Outcomes:	COMPETENCY-HOM PG-FMOP-03-1: EXPLAIN THE PATHOGENESIS OF PAIN IN GENERAL AND LOCATIONS IN PARTICULAR IN RELATION TO HOMOEOPATHIC PHILOSOPHY KNOWLEDGE ▪ Describes the various patho – physiological processes involved in genesis of pain. ▪ Identifies the role of psycho – neuro endocrine axis in genesis of pain. ▪ Discuss the representation of pain in SKILL ▪ Demonstrates bedside case taking skills. ▪ Identifies the symptom based on subjective and objective expressions. ▪ Search the relevant symptomatology with differential symptoms from different miasms. REFLECTION ▪ Recall the experience with reference to Organon of Medicine and Different philosophies COMPETENCY HOM PG-FMOP-03-2: DIFFERENTIATES THE TYPES OF PAIN BASED ON LOCATION ASSOCIATION. KNOWLEDGE ▪ Identifies the different types of pains in relation to location. ▪ Relate with the pathogenesis. ▪ Identifies the pain and enquires appropriately. ▪ Identifies the characteristics in the pain sensation .

	- Aware of the role of homoeopathy - Identifies the investigations to be indented - Concludes the clinical diagnosis in context of miasm and susceptibility SKILL - Logically demonstrate the need of Organon of Medicine REFLECTION - Identify the critical incidents that help in homoeopathic perspective of pain as a symptom
Competency based Learning Methods	Problem based, Case based, Bedside, Out-patient based, Self-regulated learning, deliberate practice, formative self assessment
Assessment:	Continuous / Programmatic assessment (including Problem Based Learning assessment). Formative Assessment tools: MCQ, Group discussion, Assignments, check list
Prescribed Texts:	As per enclosed list
Domains of Competencies	Knowledge & Scholarship / Patient Care / Homoeopathic Orientation / Practice Based Learning

HOM PG-FMOP-03:

GASTRO-INTESTINAL BLEEDING AS AN EXAMPLE

Course Overview:	This course will provide students of MD Hom (Homoeopathic Philosophy) with an overview of the significance of utilisation of Organon of Medicine as credible source for management for Gastro-intestinal bleeding.
Learning Outcomes:	COMPETENCY-HOM PG-FMOP-03-3: EXPLAIN THE PATHOGENESIS OF GASTRO-INTESTINAL BLEEDING. KNOWLEDGE ▪ Describes the various pathological conditions leading to Gastro-intestinal bleeding. ▪ Describe the predisposition and dispositions prone for gastrointestinal bleeding ▪ Interpret the data collected from the case taking ▪ Assemble the clinical and homoeopathic data relating to the gastrointestinal bleedings with examination findings ▪ Discuss differential diagnosis of the gastro intestinal bleedings ▪ Relate gastrointestinal bleeding with investigation findings ▪ Identifies the symptom based on subjective and objective expressions ▪ Describe the various pathogenesis, clinicopathological correlation and miasmatic correlation ▪ Explain the different causation at the level of bio-psycho-social-cultural-economical -political-religious responsible for the gastrointestinal bleeding ▪ Classify the different evolution of gastrointestinal bleeding from reversible to irreversible pathologies ▪ Classify the diseases with gastrointestinal bleeding from Hahnemannian classification ▪ Define the scope and limitation of homoeopathic management for the same ▪ Relate gastrointestinal bleedings with range of susceptibility ▪ Define the follow up criteria and remedy response for the gastrointestinal bleedings in context of evolving susceptibility ▪ Apply all the clinical and homoeopathic knowledge to plan homoeopathic management for gastrointestinal bleeding ▪ Describe range of susceptibility and miasm of gastrointestinal bleeding remedies SKILL

	▪ Demonstrates bedside case taking skills in cases of Gastro-intestinal bleeding. ▪ Perform homoeopathic clinical case taking of the gastrointestinal bleeding ▪ Demonstrate the physical examination skill. ▪ Construct different reportorial totalities and reportorial references of gastrointestinal bleeding ▪ Construct acute, inter current and chronic totalities of gastrointestinal bleedings REFLECTION ▪ Recall the viewpoint of different stalwarts for management of gastrointestinal bleeding.
Competency based Learning Methods	Problem based, Case based, Bedside, Out-patient based, Self-regulated learning, deliberate practice, formative self assessment
Assessment:	Continuous / Programmatic assessment (including Problem Based Learning assessment). Formative Assessment tools: MCQ, Group discussion, Assignments, check list
Prescribed Texts:	As per the list
Domains of Competencies	Knowledge & Scholarship / Patient Care / Homoeopathic Orientation / Practice Based Learning.

HOM PG-FMOP-03:

DYSPNOEA AS AN EXAMPLE

Course Overview:	This course will provide overview of dyspnoea, its understanding in clinical practice and its homoeopathic perspective.
Learning Outcomes:	COMPETENCY -HOM PG-FMOP-03-4: EXPLORING DYSPNOEA AS A SYMPTOM AND ITS HOLISTIC UNDERSTANDING IN LIGHT OF HOMOEOPATHIC PERSPECTIVE AND CLINICAL MEDICINE KNOWLEDGE • Discuss the etiopathogenesis of dyspnoea • Conclude etiopathogenesis of dyspnoea from homoeopathic perspective • Discuss the other clinical features associated with dyspnoea • Explain the pathogenesis of Dyspnoea • Plan investigation for confirmation of diagnosis

	• Formulate provisional clinical diagnosis and differential diagnosis • Explain Clinical differentiation of symptoms for assessment of nosological diagnosis • Discuss investigation for confirmation of diagnosis • Classify dyspnoea from Hahnemannian classification of disease • Apply clinical insight in classifying miasm (Psoric, Syphilitic and Sycotic) • Correlate Hahnemann's concept and modern medicine for the understanding of dyspnoea • Classify the symptoms with analysis and evaluation • Ascertain prognosis from clinical medicine and homoeopathic perspective • Plan Diet as regimen as per the nosological diagnosis and Hahnemann's directions. • Plan the line of management (Medicinal and/or auxiliary management) • Plan Strategy for homoeopathic management SKILL: • Perform Homoeopathic Case taking including anamnesis • Perform Clinical examination of chest and other relevant systems. • Display Homoeopathic approach in terms of anamnesis, susceptibility and miasmatic analysis • Construct prescribing Totality REFLECTION: • Integrated approach in understanding dyspnoea • Identify social, economic, environmental, biological and emotional determinants of dyspnoea
Competency based Learning Methods	Problem based, Case based, Bedside, Out-patient based, Self-regulated learning, deliberate practice, formative self assessment
Assessment:	Continuous / Programmatic assessment (including Problem Based Learning assessment). Formative Assessment tools: MCQ, Group discussion, Assignments, check list
Prescribed Texts:	As per the list
Domains of Competencies	Knowledge & Scholarship / Patient Care / Homoeopathic Orientation

HOM PG-FMOP-04:

BASIC CONCEPTS OF NUTRITION, NUTRITIONAL DISEASES AND MIASMATIC ASSESSMENT

Course Overview:	This course will provide students of MD Hom (Homoeopathic Philosophy) with an overview of the significance of utilisation of Organon of Medicine and Homoeopathic philosophy as credible database for malnutrition, vitamin and mineral deficiency, obesity, eating disorder.
Learning Outcomes:	Competency Hom PG-FMOP-04- 1: Identifies subjective and objective signs and symptoms of malnutrition, vitamin and mineral deficiency, obesity, eating disorder. <u>Knowledge</u> ▪ Describes the various patho–physiological processes involved in genesis malnutrition, vitamin and mineral deficiency, obesity and eating disorders. ▪ Identifies the role of psycho – neuro endocrine axis in genesis of malnutrition, vitamin and mineral deficiency, obesity and eating disorders. ▪ Identifies the role of predisposition and susceptibility in genesis of malnutrition, vitamin and mineral deficiency, obesity and eating disorders. ▪ Aware of subjective and objective signs and symptoms of malnutrition, vitamin and mineral deficiency, obesity and eating disorders. ▪ Defines the level of malnutrition, vitamin and mineral deficiency, obesity and eating disorders. ▪ Discuss the role of diet and nutritional supplements in management of malnutrition, vitamin and mineral deficiency, obesity and eating disorders. ▪ Awareness of representation in Repertory of signs and symptoms related to malnutrition, vitamin and mineral deficiency, obesity and eating disorders. ▪ Apply clinical symptoms and characteristics of different homoeopathic medicines ▪ Classify malnutrition from Hahnemannian classification of disease ▪ Identifies the scope of homoeopathy alone in management of malnutrition, vitamin and mineral deficiency, obesity and eating disorders. SKILL • Demonstrates case taking skills in assessment of malnutrition, vitamin and mineral deficiency, obesity and eating disorders.

	▪ Demonstrates the clinical examination skills of signs and symptom of malnutrition, vitamin and mineral deficiency, obesity and eating disorders ▪ Demonstrates the assessment skills of level and intensity of malnutrition, vitamin and mineral deficiency, obesity and eating disorders in relation to homoeopathic practise. ▪ Refers appropriate repertory and relevant rubrics that represent the malnutrition, vitamin and mineral deficiency, obesity and eating disorders. ▪ Apply clinical insight in classifying miasm (Psoric, Syphilitic and Sycotic) REFLECTION ▪ Appreciates the process involved in assessment of malnutrition, vitamin and mineral deficiency, obesity and eating disorders and scope of homoeopathy. COMPETENCY HOM PG-FMOP-04-2: REFERS APPROPRIATE ORGANON AND HOMOEOPATHIC PHILOSOPHY TO MANAGE MALNUTRITION, VITAMIN AND MINERAL DEFICIENCY, OBESITY AND EATING DISORDERS. KNOWLEDGE ▪ Identifies the different guidelines in Organon of Medicine useful for management of malnutrition, vitamin and mineral deficiency, obesity and eating disorders. ▪ Identifies the role of miasms in management of malnutrition, vitamin and mineral deficiency, obesity and eating disorders. SKILL ▪ Demonstrate the the role of miasms in management of malnutrition, vitamin and mineral deficiency, obesity and eating disorders, obesity and eating disorders. REFLECTION ▪ Identifies the scope of use of Homoeopathy in management of malnutrition, vitamin and mineral deficiency, obesity and eating disorders.
Competency based Learning Methods	Problem based, Case based, Bedside, Out-patient based, Self-regulated learning, deliberate practice, formative self assessment
Assessment:	Continuous / Programmatic assessment (including Problem Based Learning assessment). Formative Assessment tools: MCQ, Group discussion, Assignments, check list
Prescribed Texts:	As per the list

Domains of Competencies	Knowledge & Scholarship / Patient Care / Homoeopathic Orientation / Practice Based Learning

HOM PG-FMOP-05:

INTERPRETATIONS OF LABORATORY AND RADIOLOGICAL INVESTIGATIONS

BELOW IS MENTIONED A PROTOTYPE THAT WILL BE APPLIED TO ALL THE INVESTIGATION LISTED AFTER THE TABLE:

Course Overview:	This course will provide overview of Interpretation of Liver Function test, its understanding in clinical practise and its homoeopathic perspective.
Learning Outcomes:	COMPETENCY HOM PG-FMOP-05-1: INTERPRETATION OF LIVER FUNCTION TEST IN LIGHT OF HOMOEOPATHIC PERSPECTIVE AND CLINICAL MEDICINE. KNOWLEDGE • Explain the liver functions • Discuss Etiopathogenesis of liver disorders • Interpret investigation for liver function. • Classify the liver function in to functional and structural representation • Classify the liver function as representation of different Miasm (Psoric, Syphilitic and Sycotic) • Explain the importance of liver function test in judging the susceptibility of the patient. • Correlate the Hahnemann's concept and modern medicine for the understanding liver function test • Justify prognosis from clinical and homoeopathic medicine based on liver functions test. • Plan the line of management based on Liver Function test • Identify Striking, singular, uncommon, and peculiar symptoms based on laboratory findings. • Relate liver function test to clinical Organon • Apply laboratory findings in selection of medicine, potency, repetition of doses. • Apply laboratory findings in prescribing diet and regimen from modern and homoeopathic point of view. • Discuss prognosis from clinical medicine and homoeopathic perspective. SKILL: • Perform clinical and homoeopathic history based on laboratory findings. • Corelation of clinical history with laboratory finding. REFLECTION: • Relate use of laboratory test in judicious management of clinical cases

	Relate the utility of laboratory finding in forming the totality of symptoms.
Competency based Learning Methods	Problem based, Case based, Bedside, Out-patient based, Self-regulated learning, deliberate practice, formative self assessment
Assessment:	Continuous / Programmatic assessment (including Problem Based Learning assessment). Formative Assessment tools: MCQ, Group discussion, Assignments, check list
Prescribed Texts:	As per the list
Domains of Competencies	Knowledge & Scholarship / Patient Care / Homoeopathic Orientation

6 SCHEME OF EXAMINATION

PART I - Paper- 2

6a. Theory: 100 Marks

Number of papers: 01

Maximum marks: 100

Types of question with marks:

Table-7

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

QUESTION PAPER BLUEPRINT PART-1- PAPER -2 EXAMINATION:
ALL THE QUESTION MUST HAVE ORGANON AND PHILOSOPHY APPLICATION

A. GENERAL TOPICS

Sr no	Course content	Problem based questions	Weightage
Long Answer Questions: Compulsory = 20 marks Problem based -: PBL/ scenario/Case based			
Q 01	HomPG-FMOP–01 or 03 or 04	20 x1	20 marks
Long Answer Questions = 10 marks each Q 2 – Q 5 Problem based -: PBL/ scenario/Case based			
Q 02	HomPG-FMOP–01	10 marks	40 marks
Q 03	HomPG-FMOP–03: a or c	10 marks	
Q 04	HomPG-FMOP–03: d	10 marks	
Q 05	HomPG-FMOP–03: e	10 marks	
Short Answer Questions = 5 marks each Q 6 to Q 13			
Q 06	HomPG-FMOP–04	5 marks	40 marks
Q 07	HomPG-FMOP–03: b or i	5 marks	
Q 08	HomPG-FMOP–03: f	5 marks	
Q 09	HomPG-FMOP–03: g	5 marks	
Q 10	HomPG-FMOP–03: h	5 marks	
Q 11	HomPG-FMOP–05: a or b or c	5 marks	
Q 12	HomPG-FMOP–05: d or e	5 marks	
Q 13	HomPG-FMOP–05: f or g or h	5 marks	

7b. Practical and Viva-Voce Examination: 100 Marks (80% marks will be of Part-1 University Examination, 20% marks will be calculated from the average of two internal assessment examinations).

CLINICAL AND VIVA-VOCE EXAMINATION
(AS COMMON TO PAPER 1 & 2 OF PART 1):

CLINICAL

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

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

INTERNAL ASSESSMENT:

	End Semester Assessment I (A)			End Semester Assessment II (B)			End Semester Assessment III (C)			Final marks (A+B+C)/3
	Viva	Clinical	Total	Viva	Clinical	Total	Viva	Clinical	Total	Total
Out of	10	10	20	10	10	20	10	10	20	
Marks obtained										

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CURRICULUM DOCUMENT

M.D. (Homoeopathy): Homoeopathic Repertory and Case Taking,

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

M.D. (Homoeopathy) Homoeopathic Repertory and Case Taking.

II. COMPONENTS OF THE CURRICULUM

II (1). Part I

- (i) Fundamentals of Repertory and Case Taking;
- (ii) Fundamentals of Clinical Medicine in Homoeopathic Repertory and Case Taking;
and
- (iii) Research Methodology and Biostatistics.

II (2). Part II

- (i) Repertory and Case Taking. Paper 1
- (ii) Repertory and Case Taking. Paper 2.

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

Undergraduate education in repertory has oriented the students to the philosophy and construction of the most repertories and their clinical utility in day-to-day practice in common diseases and primary level of management.

Post graduate studies in repertory will take students on the journey of extending and deepening the understanding of the application of repertories at bedside. As well as grasping and internalizing the concept on which newer repertories are built and their application at bedside. Simultaneously, the concept and practice of case taking will be broadened and deepened to extend to several clinical conditions and settings thus building the experiential bridge between case taking and the repertory.

He ought to learn the background that existed in creation of these repertories by various masters. He should be able to learn the difference between two repertories. Difference between offerings of physical and software-based repertories. Explore this comparative learning at bedside to demonstrate the utility of one over the other.

He should be proficient to apply the philosophical, clinical, regional, software-based repertories at bedside as per the demand of the case. Master the art of analysis and evaluation of symptoms in the most proficient manner.

This background in depth will allow them to address the scope and limitations of different repertories and their utility in different clinical states and situations. Further depth and refinement in symptom classification, evaluation and basic philosophy of different

approaches with repertorial totality and PDF will help in approaching cases of secondary and tertiary level. This in-depth study will also help in expanding and addition to Homoeopathic Materia Medica.

He should demonstrate effective application of Kent's 12 observations and application of Remedy relationship chapters in various repertories based on these 12 observations. Software and artificial intelligence will become a part of day-to-day practice and understanding their scope, limitations and development will impart insight at basic level which will help repertory post graduate to develop the logic.

In-depth study also will help in developing insights in case taking which will help in developing different facets and areas of exploration and adding them to current repertories or building new repertories based on dissertations on case receiving and repertory. These can form the foundation for further research work and authentication. Utilizing this knowledge to achieve depth in case receiving as well as developing a competency to translate data in rubrics and visa a versa.

He explores the possibilities of integration of this tool with various other homoeopathic speciality subjects and train those candidates in the art and science of use of repertory at bedside.

With changing socio, cultural, political, economic situation one also needs to look into addition and modification of the repertorial rubrics and add bio-psycho-social model for upcoming repertories. Postgraduates would need to be oriented for the same. This will allow them to explore different avenues of research and will help in updating as well as expanding those repertories based on the philosophy and concepts on which they are built and not randomly expanding them.

So, the curriculum so designed shall address these professional activities and competency.

IV. COURSE OBJECTIVES. (ENTRUSTABLE PROFESSIONAL ACTIVITIES – EPAS)

1. Gather homoeopathic history and perform a physical examination in various settings.
2. Obtain information for homoeopathic case management decisions through case analysis.
3. Prioritize a differential diagnosis following a clinical encounter.
4. Recommend and interpret common diagnostic screening investigations as appropriate.
5. Determine the appropriate diagnostic investigations for planning comprehensive homeopathic management.
6. Document the homoeopathic as well as clinical data and the processing of case.
7. Apply appropriate homeopathic tools for prescription and assessment of progress.
8. Prioritize the Repertorial approach for making homeopathic prescription.
9. Adapt the axioms of Information and Communication Technology for unbiased repertorisation along with PDF.
10. Form clinical questions and retrieve evidence to advance patient care.
11. Identify the need for second opinion/expert advice to improve quality of care.
12. Document a clinical encounter in the patient record.
13. Provide oral presentation of a clinical encounter.
14. Adhere to legal and ethical principles in professional practice.
15. Consistently demonstrate characteristics of self-directed learning by recognizing continuing educational needs and using appropriate learning resources.
16. Teach juniors and patients on aspects of health education.
17. Improve instructional methods and assessment practices for repertory at undergraduate and postgraduate levels.
18. Conduct research relevant for promoting quality of homeopathic services through repertory-based competencies.
19. Publish evidence driven documentation of repertory-based clinical outcomes in credible journals.
20. Collaborate as a member of an interprofessional team.
21. Function as effective leader of team that is engaged in healthcare, research and training.
22. Apply various teaching-learning techniques for imparting undergraduate and postgraduate education.

IV(1). MAPPING OF EPAS AND DOMAIN COMPETENCIES

KS : Knowledge & Scholarship

PC : Patient care

HO : Homoeopathic Orientation

CS : Communication skills

PBL : Practice based learning

Prf: Professionalism

SL. No	EPA	KS	PC	HO	CS	PBL	Prf
1	Gather homoeopathic history and perform a physical examination.	√	√	√	√	√	√
2	Obtain information for homoeopathic case management decisions through case analysis.	√	-	√	√	√	-
3	Prioritize a differential diagnosis following a clinical encounter	√	√	√		√	
4	Recommend and interpret common diagnostic screening investigations as appropriate.	√	√	-	-	-	-
5	Determine the appropriate diagnostic investigations for planning comprehensive homeopathic management	√	-	√	-	√	-
6	Document the homoeopathic as well as clinical data and the processing of case	√	-	√	-	√	-
7	Apply appropriate homeopathic tools for prescription and assessment of progress	√	-	√	-	-	-
8	Prioritize the significance of repertory for making homoeopathic prescription	-	-	√	-	√	-
9	Adapt the axioms of Information and Communication Technology for unbiased repertorisation.	-	-	√	-	√	√
10	Form clinical questions and retrieve evidence to advance patient care	√	√	-	√	√	-
11	Identify the need for second opinion/expert advice to improve quality of care	-	√	√	-	√	√
12	Document a clinical encounter in the patient record	-	-	-	√	√	-
13	Provide oral presentation of a clinical encounter	-	-	-	√	-	√
14	Adhere to legal and ethical principles in professional practice.	-	-	-	-	-	√
15	Consistently demonstrate characteristics of self-directed learning by recognizing continuing educational needs and using appropriate learning resources.	-	-	-	-	√	√

16	Teach juniors and patients on aspects of health education	√	-	-	√	-	√
17	Improve instructional methods and assessment practices for repertory at undergraduate and postgraduate levels	-	-	-	-	√	√
18	Conduct research relevant for promoting quality of homoeopathic services through repertory-based competencies.	-	-	√	-	√	√
19	Publish evidence-driven documentation of repertory-based clinical outcomes in credible journals	-	-	-	√	-	√
20	Collaborate as a member of an inter professional team	-	-	-	√	-	√
21	Function as effective leader of team that is engaged in health care, research and training	-	-	-	√	-	√
22	Apply various teaching-learning techniques for imparting undergraduate and postgraduate education.	√	-	-	√	√	√

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

EPA Level:

1 = No permission to act

2 = Permission to act with direct, proactive supervision present in the room

3 = Permission to act with indirect supervision, not present but quickly available if needed

4 = Permission to act under distant supervision not directly available (unsupervised)

5 = Permission to provide supervision to junior trainees

EPAs	Hom-PG-R -Part 1			Hom-PG-R -Part 2		
	Sem / Mod 1	Sem / Mod 2	Sem / Mod 3	Sem / Mod 4	Sem / Mod 5	Sem / Mod 6
Gather homoeopathic history and Perform physical examination	2 Documents accurately and legibly.	2 Demonstrates respect for patient privacy and autonomy	3 Communicates effectively with patient and or attendants, care givers etc.	4 Becomes aware of use of knowledge, skill and emotional limitation of self	4 Develops ability to withstand and cope up with stress	5 Works effectively in various health care settings and demonstrates application of appropriate

						knowledge, skill and attitude
Obtaining formation for homoeopathic case management decisions through case analysis.	2 Gather information that will help case management decision	2 Ensure the data gathered is accurate	3 Define the scope of homoeopathy	3 Inform patient scope of homoeopathy	4 Conclude the scope of homoeopathy and ensure	5 Ensures juniors follow steps defined accurately.
Prioritize a differential diagnosis following a clinical encounter	2 Organizes the data obtained and suggest a differential diagnosis	3 Concludes the differential diagnosis based on case, examination	3 Concludes the differential diagnosis based on case, examination.	4 Conveys the process adopted in arriving at differential diagnosis	4 Concludes the differential diagnosis based on case, examination	5 Orients the juniors the process to be adopted to arriving at differential diagnosis
Recommend and interpret common diagnostic screening investigations as appropriate.	2 Demonstrates the ability to identify common and characteristic symptoms	3 Identifies and suggests suitable investigation reports relevant to differential diagnosis.	4 Advises suitable investigations to arrive at the provisional diagnosis	4 Correlates the investigation reports with the clinical condition.	4 Correlates the investigation reports with the clinical condition.	5 Orients the juniors on the process of identifying common and characteristic homoeopathic symptoms and advise of relevant investigations and help them correlate clinically.
Determine the appropriate diagnostic investigations	2 Identifies area involved in planning	2 Documents appropriately and accurately	3 Demonstrates accurate documentation of	3 Seeks proactively feedback on process	3 Seeks proactively feedback on	4 Demonstrates effective implementation of

for planning comprehensive homoeopathic management	comprehensive homoeopathic management	the planning of comprehensive homoeopathic management	diagnostic position for planning comprehensive homoeopathic management	of diagnostic position for comprehensive homoeopathic management documented	assessment of process adopted in periodic follow ups of patients in determining continuation or revision for diagnostic position planning comprehensive homoeopathic management	diagnostic position for planning comprehensive homoeopathic management
Document the homoeopathic as well as clinical data and the processing of case	2 Attempts to document the clinical and homoeopathic data accurately and appropriately in the patient records of the organization	3 Demonstrates accurate and appropriate documentation of clinical and homoeopathic data in the patient records of the organization.	3 Demonstrates accurate and appropriate analysis and evaluation of clinical and homoeopathic data in the patient records of the organization.	4 Demonstrates willingness to receive feedback and improve the skills of processing of the case	4 Recognizes the need of developing ability of self-assessment to improve the skills of processing of the case	5 Orients juniors the various steps required for accurate processing of case
Apply appropriate homeopathic tools for prescription and assessment of	3 Demonstrates knowledge of choice an appropriate	3 Demonstrates knowledge of evaluation and sign	4 Can apply the evaluation and sign and symptoms	4 Can choose appropriate homoeopathic tool (Basic, regional,	5 Applies appropriate homoeopathic tool (Basic, regional,	5 Demonstrates application of appropriate homoeopathic

progress	repertory for the case (Basic, regional, clinical, modern, softwares etc.), remedy relationship section of repertory	and symptoms to assess of patient and correlate with Kent's 12 observations and use of remedy relationship section of repertory	to assess of patient and correlate with Kent's 12 observations and use of remedy relationship section of repertory	clinical, modern, softwares etc.) for prescription applicable for progress assessed of the patient in primary setting	clinical, modern, softwares etc.) for prescription applicable for progress assessed of the patient in secondary & tertiary setting	hic tool (Basic, regional, clinical, modern, softwares etc.) for prescription applicable for progress assessed of the patient in various specialty subjects
Prioritize the significance of repertory for making homoeopathic prescription	3 Applies basic repertories- Kent, TPB, BBCR	4 Applies regional and modern repertories in various specialty subjects and settings	4 Applies softwares in various specialty subjects and settings	5 Monitors the effective application of basic repertories by juniors	5 Monitors the effective application of regional and modern repertories by juniors	5 Monitors the effective application of software repertories by juniors
Adapt the axiom of Information and Communication Technology for unbiased repertorisation.	3 Explores the various softwares and their application	4 Demonstrates the utility of various features of repertory softwares in clinical practice	4 Demonstrates the utility of various features of repertory softwares in study of materia medica & development of new repertories	5 Engages the students in understanding the various applications in the repertory softwares	5 Engages the students in understanding the utility of repertory softwares in study of Materia Medica	5 Engages the students in understanding the various repertory softwares in creation of new repertories
Form clinical questions and retrieve	2 Explore the process of	3 Documents accurately	3 Analyses the	4 Demonstrates the	4 Effectively replicates	5 Trains the juniors to

evidence to advance patient care	prognostication of the disease	the experience shared by patient	document created to advance patient care	synthesis of evidences to advance patient care	the application of evidence to advance patient care	create appropriate questions and retrieve evidence to advance patient care
Identify the need for second opinion/expert advice to improve quality of care	2 Learns when to seek second opinion / expert advice	3 Attempts to define reasons for second opinion / expert advice	3 Communicates with patient and colleagues the need for second opinion / expert advice	4 Communicate with expert reasons for second opinion	4 Learn to accept feedback on gaps in self's evidence based medicine	5 Demonstrates the process of how and when to seek second opinion / expert advice
Document a clinical encounter in the patient record	2 Demonstrate the ability to record details expressed by patient	3 Explores the deficiencies in clinical record by engaging with the patient	3 Systematically records the events of interaction with patient	4 Accepts feedback proactively on lacunae within self in documenting the expression of patient in the record	4 Demonstrate the effective utilization of patient record to generate evidence based medicine	5 Orients the importance of accurate documentation of clinical record
Provide oral presentation of a clinical encounter	2 Accurately narrates the information	3 Accurately expresses the nuances of communication of patient	3 Accepts proactively feedback on gaps in oral presentation	4 Attempts to judge self's performance on the presentation	4 Identifies why of personal prejudices in the oral presentation	5 Demonstrates the importance and advantages of accurate oral presentation of clinical encounter
Adhere to	2	2	3	3	4	4

legal and ethical principles in professional practice.	Demonstrates awareness of responsibilities	Adheres to responsibilities	Ensures adherence to responsibilities	Proactively open to feedback in gaps in adherence.	Ensure awareness of adherence in various clinical settings and clinical conditions	Demonstrates the adherence in various clinical settings and clinical conditions
Consistently demonstrate characteristics of self-directed learning by recognizing continuing educational needs and using appropriate learning resources.	1 Proactively seeks the process	2 Attempts to demonstrates the importance through actions	2 Demonstrate the value experienced through consistent self-driven effort	3 Submits to feedback on the process adopted and tools utilized	3 Attempts to proactively adapt and change based on feedback	4 Demonstrates through action the use of tools to become a self-directed learner.
Teach juniors and patients on aspects of health education	2 Identifies the skill essential	3 Attempts to implement the skill acquired	3 Masters the various skills of communication	4 Attempts the application in various settings	4 Consistently applies the process across all settings and personalities	5 Observes the students and patients in action
Improve instructional methods and assessment practices for repertoire at undergraduate and postgraduate levels	1 Orients self to various instructional assessment practices	2 Acquires the basic knowledge of how to do it	3 Attempts to apply at UG level	4 Attempts to apply at PG level	4 Demonstrates how to apply at UG and PG level	5 Monitors application at UG and PG level
Conduct research relevant for promoting. Quality of	1 Orients self to research methodology as a	2 Proactively seeks guidance in application	3 Identifies the avenues and processes	3 Concludes the topic to work and applies the	4 Conducts the research on the topic	5 Reviews the conclusions and

homeopathic services through repertory-based competencies .	subject	of research methodology	that can be taken	learnt processes	selected and consolidate s the findings	identifies future areas for research
Publishevide nce- drivendocum entationofrep ertory- basedclinical outcomesincr ediblejournal s.	1 Becomes aware of importance	2 Explores the documentat ion already published	2 Consolidat es the process to adopted	3 Attempts to document	3 Effectively documents	4 Ensures publication of research conducted
Collaborate as a member of an inter professional team	1 Becomes aware of need	2 Identifies situations by observation	2 Proactively participates	3 Proactively seeks others participatio n	3 Attempts to seek feedback on self's lacunae in the process	4 Effectively contributes as a team member
Function as effective leader of team that is engaged in health care, research and training	1 Becomes aware of essential leadership qualities	2 Proactively seeks leadership role	2 Attempts to deliver leadership role	3 Seeks feedback on self's leadership traits	3 Explores opportuniti es to demonstrat e leadership	4 Demonstrat es effective leadership
Apply various teaching-learning techniques for imparting undergraduate and postgraduate education.	Justify the need for educational methodology as a component of PG Course.	Identify the learning objectives for their domain in Bloom's taxonomy. Identify the contexts of learning.	Recognise the levels of Guilbert. Indicate the level in Miller's Pyramid. Select appropriate instructional activities.	Write objectives for all domains of Bloom and levels of Guilbert. Identify assessment tools appropriate for the context.	Conduct evidence driven TL and Assessment of UG students.	Apply various teaching-learning techniques for imparting undergraduate and postgraduate education.

PART I Paper 1:

V. TOPIC AND TOPIC OBJECTIVES.

Part 1-Paper I:

FUNDAMENTALS OF HOMOEOPATHIC REPERTORY AND CASE TAKING (HOM-PG-R)

- **HOM-PG-R- 01** Concept of repertory in Homoeopathy
- **HOM-PG-R- 02** Historical evolution of Repertories
- **HOM-PG-R-03** Terminologies
- **HOM-PG-R- 04** Symptomatology
- **HOM-PG-R- 05** Case taking in various settings and situations.
- **HOM-PG-R- 06** Analysis and evaluation of symptoms
- **HOM-PG-R-07** Case analysis
- **HOM-PG-R-08** Repertorisation
- **HOM-PG-R- 09** Evolution – Plan – Construction – Application of Philosophical repertories

VI. TOPIC DESCRIPTION.

- **HOM-PG-R– 01**

CONCEPT OF REPERTORY IN HOMOEOPATHY

- Correlation of Repertory as a database of symptoms based on the Materia medica.
- Repertory as a decision making tool to demonstrate evidence based homeopathic practice.

- **HOM-PG-R– 02**

HISTORICAL EVOLUTION OF REPERTORIES

- Background behind need of repertory
- Concepts and development of various kinds of repertories
- Historical evolution of repertories
- Scientific background of development of repertories

- **HOM-PG-R– 03**

TERMINOLOGIES

- Genesis of terminologies used in the repertories such as Boenninghausen, Kent, Boger, Boericke, Murphy, Synthesis, Synthetic, Knerr

- Interpretation of terminologies used in the repertories such as Boenninghausen, Kent, Boger, Boericke, Murphy, Synthesis, Synthetic, Knerr

▪ **HOM-PG-R– 04**

SYMPTOMATOLOGY

- Various types of symptoms
- Classification of symptoms as per masters' philosophies
- Representation of these symptoms in various repertories

▪ **HOM-PG-R– 05**

CASE TAKING IN VARIOUS SETTINGS AND SITUATIONS.

- Define case taking, purpose and objectives of case taking in different settings and scenarios
- Understanding of process of arriving at clinical diagnosis and differential diagnosis
- Science and Art of case taking in different types of acute cases
- Science and Art of case taking in non – communicable chronic, psychosomatic diseases, mental diseases, etc.
- Identify the pace of progression of disease, susceptibility of patient, patient as a person, why the person is suffering.
- Arrive at a set of symptoms that need to be repertorised.

▪ **HOM-PG-R– 06**

ANALYSIS AND EVALUATION OF SYMPTOMS

- Symptom analysis as per philosophies of different masters
- Evaluation of symptoms as per the philosophies of Boenninghausen, Kent and Boger

▪ **HOM-PG-R– 07**

CASE ANALYSIS

- Identify case category – acute / chronic, mental / physical, miasmatic / surgical.
- Classify acute case, chronic case.
- Classify type of mental disease, physical disease
- Classify miasmatic nature of the case.
- Define the scope of homoeopathy in each case.

▪ **HOM-PG-R– 08**

REPERTORISATION

- Discuss concept of Repertorization

- Arrange the symptoms as per the philosophy applicable for the case.
- Identify cases which don't need philosophical repertorisation
- Explore different methods & technique of repertorization described by various master's writings
- Apply different methods and technique of repertorization in various cases of different scenarios
- Organise symptoms as per the demand of philosophical approach in RS & PDF
- Demonstrate the logic applied in creating RS & PDF filters

▪ **HOM-PG-R– 09**

EVOLUTION – PLAN – CONSTRUCTION – APPLICATION OF PHILOSOPHICAL REPERTORIES

- Boenninghausen's Therapeutic Pocket Book – T.F. Allen
- Repertory of the Homoeopathic Materia Medica – J. T. Kent
- Boger Boenninghausen's Characteristic Repertory – C. M. Boger
 - Source and origin of repertory with the editions.
 - Background the author and its influence on the essence of that repertory
 - Chapters in the repertory.
 - Structure of the rubrics represented in the repertory.
 - Years of publication of the editions, difference in various editions and reason behind the editions.
 - Unique rubrics.
 - Number of remedies in the repertory
 - Utility of philosophical repertory in specific conditions
 - Observe, document and correlates the verbal and non – verbal communication and give a logical meaning to the expression
 - Cross references suggested are checked for appropriateness to the symptoms of the case.
 - Utility in specific conditions.
 - Limitation of the utility in specific conditions

TOPIC NAME HOM-PG-R– 01**CONCEPT OF REPERTORY IN HOMOEOPATHY**

Topic Overview:	This topic will provide students of MD Hom (Repertory) with an overview of the significance of repertory as credible database for short listing prescription possibilities.
Learning Outcomes:	COMPETENCY: HOM-PG-R– 01- 1: EXPLAIN THE POSITION OF REPERTORY AS A DATABASE OF SYMPTOMS. KNOWLEDGE - Recall the felt need for repertory by the early stalwarts of homeopathy. - Discuss the efforts of Boenninghausen for a granular indexing symptom-remedy connect. - Illustrate the relationship of repertory with materia medica. SKILL - Search the relevant data to seek basis of creation of repertory. REFLECTION - Recall the experience with referencing the reportorial result with materia medica before confirming the prescription. COMPETENCY: HOM-PG-R– 01- 2: JUSTIFY THE NECESSITY FOR REPERTORY IN HOMEOPATHIC PRACTICE. KNOWLEDGE - Describe repertory as a clinical decision tool. - State the taxonomy of evidence for clinical decision. - Discuss importance of evidence-supported decision in clinical practice. SKILL - To logically demonstrate the need of repertory REFLECTION - Identify the critical incidents that supported your prescription decision to be unbiased.
Learning Methods	Brain storming / e-learning / library based / self-regulated.
Assessment:	Continuous / Programmatic assessment /Practical assessment/Written assessment / SAQ / LAQ / Viva / Assignment
Prescribed Texts:	Refer to list attached
Domains of Competencies	Knowledge & Scholarship / Patient Care / Homoeopathic Orientation / Practice Based Learning

TOPIC NAME: HOM-PG-R- 02**HISTORICAL EVOLUTION OF REPERTORIES**

Topic Overview:	This topic will provide students of MD Hom (Repertory) with an overview of the Historical evolution of Repertory.
	Competency: HOM-PG-R- 02 -1: DISCUSS CHRONOLOGICAL DEVELOPMENT OF REPERTORIES. KNOWLEDGE ▪ Identify background behind the very first need of Repertory. ▪ Recognize efforts done by master Hahnemann for creation of repertories. ▪ Relate Evolution of concepts and development of various kind of Repertories ▪ Illustrate Historical evolution of Repertories. ▪ Discuss the philosophy and scientific background of development of Repertories. SKILL ▪ Future scope of repertories – identifying future methods of use of Repertory for study of Materia Medica – clinical conditions at mental and physical level REFLECTION ▪ Justification of selection of repertory in variety of cases
Learning Method	• Brain storming / Self regulated learning / Library based / e-learning / formative self assessment
Assessment:	• Continuous / Programmatic assessment / Practical assessment / Written assessment / SAQ / LAQ / Viva / Assignment / MCQ
Prescribed Texts:	Refer to list attached
Domains of Competencies	Knowledge & Scholarship / Homoeopathic Orientation

TOPIC NAME: HOM-PG-R-03**TERMINOLOGIES**

Topic Overview:	This topic will provide students of MD Hom (Repertory) with an understanding the genesis and interpretation of terminologies used in various repertories
	COMPETENCY :HOM-PG-R-03- 1: UNDERSTANDING THE GENESIS AND INTERPRETATION OF TERMINOLOGIES USED IN VARIOUS REPERTORIES. KNOWLEDGE ▪ Discuss the genesis and interpretation of terminologies used in the repertories such as Boenninghausen, Kent, Boger, Boericke, Murphy, Synthesis, Synthetic, Knerr. SKILL ▪ Apply various terminologies used in repertory according to the case REFLECTION ▪ Correlate terminologies used specific to different repertories
Learning Method	• Library / Brain storming / e-learning / formative self assessment
Assessment:	• Continuous / Programmatic assessment /Practical assessment/Written assessment / SAQ / Assignment / Viva / MCQ
Prescribed Texts:	Refer to list attached
Domains of Competencies	Knowledge & Scholarship / Homoeopathic Orientation

TOPIC NAME: HOM-PG-R- 04**SYMPTOMATOLOGY**

Topic Overview:	This topic will provide students of MD Hom (Repertory) with an overview of the significance of various type of symptoms & its utility in different types of cases and situation.
Learning Outcomes:	COMPETENCY: HOM-PG-R- 04 - 1: SIGNIFICANCE OF VARIOUS TYPE OF SYMPTOMS & ITS UTILITY IN DIFFERENT TYPES OF CASES AND SITUATION KNOWLEDGE ▪ Define symptoms and glossary of symptoms. ▪ Classify symptoms as per various stalwarts. ▪ Explain the position of repertory as a database of symptoms. SKILL ▪ Apply various types of symptoms as per their significance in framing totality in different types of cases and situation. REFLECTION ▪ Recall your experience with referencing the case with symptom analysis before confirming the totality.
Learning Method	• Library / Brain storming / e-learning / formative self assessment
Assessment:	• Continuous / Programmatic assessment / Practical assessment / Written assessment / SAQ / Assignment / Viva / MCQ
Prescribed Texts:	Refer to list attached
Domains of Competencies	Knowledge & Scholarship / Patient Care / Homoeopathic Orientation / Practice Based Learning

TOPIC NAME: HOM-PG-R– 05**CASE TAKING IN VARIOUS SETTINGS AND SITUATIONS.**

Topic Overview:	This topic will provide students of MD Hom (Repertory) with in-depth understanding of case taking in Homoeopathic Practice in different settings and scenarios
Learning Outcomes:	COMPETENCY: HOM-PG-R– 05- 1: DEVELOP CASE TAKING SKILLS IN DIFFERENT TYPE OF CLINICAL CONDITIONS AND SETUPS. KNOWLEDGE ▪ Define Case taking, Purpose and objectives of case taking. ▪ Recall various components of clinical case taking and homoeopathic case taking. ▪ Discuss the Art of Case taking in different types of cases as in acute (Individual, Sporadic, Epidemic, Acute diseases with a Chronic background) ▪ Discuss the art of case taking in Chronic –Non – Communicable, Psychosomatic diseases, Mental diseases, intermittent with acute- exacerbation etc. ▪ Demonstrate In-depth understanding of Disease diagnosis with Differential diagnosis, ▪ Classify the phase of the disease acute or chronic. ▪ Differentiate the Nature of disease, ▪ Identify the Pace and progress of disease, ▪ Classify the Level of disease in the health-disease paradigm, Derive the Susceptibility of the person to disease, ▪ Define the patient as a person, ▪ Conclude the vitality of the patient. ▪ Identify of why the patient is suffering. ▪ Perform Case analysis for Repertorisation. SKILL ▪ Conducts general physical examination. ▪ Conducts systemic examination. ▪ Records the examination finding appropriately. ▪ Request for appropriate investigations to establish the diagnosis. ▪ Observes the non – verbal expressions of patient and other care givers. ▪ Documents the verbal and non – verbal communication

expressed by the patient and other care givers.

- Analyses the documented expressions.
- Correlates the verbal and non – verbal communication and give a logical meaning.
- Prescribe suitable dietary measure.
- Advise suitable physical therapies.
- Orient the patient and his care givers prognosis of the case.
- Orient the scope and limitation of the therapeutic action envisaged.
- Utilize latest technologies for case taking

REFLECTION

- Problem identification strategies (communication oral and physical to demonstrate the intent of helping the patient)
- Problem solving strategies (choosing of repertorial or non – repertorial approach to arrive at the medicine, decision on auxiliary therapy, decision on diet and regimen)
- To appropriately use the case record of the institute to document the symptoms expressed by the patient and care givers at the right places.

COMPETENCY: HOM-PG-R– 05-2:

DIFFERENTIATES THE DATA OBTAINED BETWEEN DIAGNOSTIC AND HOMOEOPATHIC.

KNOWLEDGE

- Enumerate different types of symptoms.

SKILL

- Differentiate various signs and symptoms and their relevance.

REFLECTION

- To establish the clinical problem, the patient is suffering from and the characteristic expressions individualising the patient as a person.

COMPETENCY: HOM-PG-R– 05- 3:

ORGANISATION OF DATA FOR ARRIVING AT THE DIFFERENTIAL DIAGNOSIS.

	KNOWLEDGE ▪ Analysing the symptoms and signs to arrive at group of diagnosis. ▪ Identifying suitable investigations based on history and examination findings. ▪ Correlating the history – examination and investigations to arrive at provisional diagnosis and differential diagnosis. SKILL ▪ Request for appropriate investigations to establish diagnosis. REFLECTION ▪ To integrate the various information from case taking, physical examination, investigation records, past medical records
Learning Method	• Library / Brain storming / Bedside / Patient based / Role play / formative self assessment / Reflective learning
Assessment:	• Continuous / Programmatic assessment / Practical assessment/Written assessment / OSCE / Mini – CEX/ Simulation based / DOPS
Prescribed Texts:	Refer to list attached
Domains of Competencies	Knowledge & Scholarship / Patient Care / Homoeopathic Orientation / Practice Based Learning /Communication skills /Professionalism.

TOPIC NAME: HOM-PG-R- 06**ANALYSIS AND EVALUATION OF SYMPTOMS**

Topic Overview:	This topic will provide students of MD Hom (Repertory) with an understanding of Analysis and Evaluation of symptoms.
Learning Outcomes:	COMPETENCY: HOM-PG-R- 06 -1: EXPLAIN ANALYSIS AND EVALUATION OF SYMPTOMS. KNOWLEDGE: ▪ Define Symptom analysis as per different stalwarts. ▪ Discuss evaluation of symptoms as per Boenninghausen, Kent, Boger SKILL: ▪ Application of analysis and evaluation of symptoms in various cases for framing totality. REFLECTION: ▪ Recall your experience with referencing the case taking for framing the totality.
Learning Method	• Library / Brain storming / e-learning / formative self assessment
Assessment:	• Continuous / Programmatic assessment / Practical assessment / Written assessment / SAQ / Assignment / Viva / MCQ
Prescribed Texts:	Refer to list attached
Domains of Competencies	Knowledge & Scholarship / Patient Care / Homoeopathic Orientation / Practice Based Learning

TOPIC NAME: HOM-PG-R-07**CASE ANALYSIS**

Topic Overview:	This topic will provide students of MD Hom (Repertory) with an insight into method, significance of case analysis & its practical utility in various clinical situation.
Learning Outcomes:	COMPETENCY: HOM-PG-R-07 - 1: DESCRIBE THE PROCESS OF CASE ANALYSIS IN TERMS OF SCOPE OF HOMOEOPATHY. KNOWLEDGE: ▪ Identify case category – acute / chronic. ▪ Identify case category mental / physical. ▪ Identify case category miasmatic / surgical. ▪ Classify acute case. ▪ Classify chronic case. ▪ Classify type of mental disease ▪ Classify type of physical disease ▪ Classify miasmatic nature of the case. ▪ Define the scope of homoeopathy in each case. SKILL: ▪ Classify the given case as per scope and limitations of Homoeopathy. REFLECTION: ▪ Able to define the process of choosing a case for homoeopathic management.
Learning Method	• Library / Brain storming / e-learning / formative self assessment
Assessment:	• Continuous / Programmatic assessment / Practical assessment / Written assessment / SAQ / Assignment / Viva / MCQ
Prescribed Texts:	Refer to list attached
Domains of Competencies	Knowledge & Scholarship / Patient Care / Homoeopathic Orientation / Practice Based Learning

TOPIC NAME: HOM-PG-R-08**REPERTORISATION**

Topic Overview:	This topic will provide students of MD Hom (Repertory) with an In-depth knowledge and application of various methods and technique of repertorization&its utility in different types of cases and situation.
Learning Outcomes:	COMPETENCY: HOM-PG-R-08 - 1: ILLUSTRATE CONCEPT OF REPERTORIZATION AND ITS DEMAND BASED ON DEMAND OF THE CASE. KNOWLEDGE: ▪ Discuss concept of Repertorization. ▪ Identifies symptom in the case. ▪ Classifies the symptoms. ▪ Evaluates the importance of the symptom. ▪ Arranges the symptoms as per the philosophy applicable for the case. ▪ Identifies cases which don't need philosophical repertorisation. SKILL: ▪ Applying all prerequisites of repertorization for process of repertorization REFLECTION: ▪ Future scope of repertories – identifying future methods of use of Repertory for studyof Materia Medica – clinical conditionsat mental and physical level. COMPETENCY: HOM-PG-R-08 - 2: APPLY METHOD, TECHNIQUE, AND PROCESS OF REPERTORIZATION IN VARIOUS CASES OF DIFFERENT SCENARIOS. KNOWLEDGE: ▪ Explore different methods & technique of repertorization described by various master's writings, their working methods, advantages and disadvantages and clinical application. SKILL: ▪ Apply different methods and technique of repertorizationin various cases of different scenarios.

	REFLECTION: ▪ Appreciates the utilisation of repertorisation in different scenarios COMPETENCY: HOM-PG-R-08 - 3: APPLY METHOD, TECHNIQUE, AND PROCESS OF CREATING REPORTORIAL SYNDROME (RS) & POTENTIAL DIFFERENTIAL FIELD (PDF) IN VARIOUS CASES OF DIFFERENT SCENARIOS. KNOWLEDGE: ▪ Organises symptoms as per the demand of philosophical approach in RS & PDF ▪ Demonstrate the logic applied in creating RS & PDF SKILL: ▪ Apply the appropriate filters required for RS& PDF. REFLECTION: ▪ Appreciates the importance of repertorization using concept of RS& PDF in arriving at the simillimum of the case.
	• Case based / bed – side / self – regulated learning / spaced repetition / deliberate practice
Assessment:	• Continuous / Programmatic assessment / Practical assessment / Written assessment / Assignment / Rubric / Checklist / Rating scales / Portfolio
Prescribed Texts:	Refer to list attached
Domains of Competencies	Knowledge & Scholarship / Patient Care / Homoeopathic Orientation / Practice Based Learning

TOPIC NAME: HOM-PG-R- 09

EVOLUTION – PLAN – CONSTRUCTION – APPLICATION OF PHILOSOPHICAL REPERTORIES

Topic Overview:	This topic will provide students of MD Hom (Repertory) with an in depth understanding of the significance of philosophical repertories in clinical practice. • Boenninghausen’s Therapeutic Pocket Book – T.F. Allen • Repertory of the Homoeopathic Materia Medica – J. T. Kent • Boger Boenninghausen’s Characteristic Repertory – C. M. Boger
Learning Outcomes:	COMPETENCY: HOM-PG-R- 09 - 1: EXPLAIN THE SOURCE AND ORIGIN OF REPERTORY, ABOUT WRITER, DEVELOPMENTS, AND EDITION SUBSEQUENTLY. KNOWLEDGE: ▪ Recall the source and origin of repertory with the editions. ▪ Discuss background the author and its influence on the essence of that repertory. SKILL: ▪ Organises the information in a logical manner. REFLECTION: ▪ Understands the importance of appreciating the link between author’s background in creation of his repertory. COMPETENCY :HOM-PG-R- 09 - 2: UNDERSTANDS AND DEMONSTRATES THE PHILOSOPHICAL BACKGROUND AND ITS BASIS OF PLAN AND CONSTRUCTION OF THE REPERTORY. KNOWLEDGE: ▪ Understands the chapters in the repertory. ▪ Recalls the structure of the rubrics represented in the repertory. ▪ Remembers the years of publication of the editions. ▪ Recalls the difference in various editions. ▪ Understands the reason behind the editions. ▪ Recalls the unique rubrics. ▪ Recalls the number of remedies in the repertory.

SKILL:

- Able to demonstrate the relationship between the background and plan and construction of the repertory.

REFLECTION:

- Appreciates the process involved in application of philosophy to creation of the repertory.

COMPETENCY: HOM-PG-R- 09 - 3:**DEMONSTRATE THE ADAPTABILITY, SCOPE, AND LIMITATIONS OF PHILOSOPHICAL REPERTORIES IN CLINICAL PRACTICE.****KNOWLEDGE:**

- Understands utility of philosophical repertory in specific conditions.
- Applies in the specific conditions.
- Refers in specific conditions.
- Oriented to cross reference in specific conditions.
- Aware of limitation of the utility in specific conditions.

SKILL:

- Utilises the repertories at bedside as appropriate to the clinical condition.

REFLECTION:

- Derives assessment of utility of application of the repertories at bedside.

COMPETENCY: HOM-PG-R- 09 - 4:**DEMONSTRATE THE SKILLS OF CHOOSING APPROPRIATE RUBRICS AND EXPLAINS THE INTERPRETATION LOGIC ADOPTED.****KNOWLEDGE:**

- Observes the non – verbal expressions of patient and other care givers.
- Documents the verbal and non – verbal communication expressed by the patient and other care givers.
- Analyses the documented expressions.
- Correlates the verbal and non – verbal communication and gives a logical meaning to the expression.
- Chooses an appropriate word that represents the expression of the patient.
- Attempts to choose an appropriate rubric representing the word of the expression.

SKILL:

- Ensures that the interpretation made is matching to the experience shared by the patient or care giver.

	- Utilises right section of the repertory for reference. - Ensure all the cross references suggested are checked for appropriateness to the symptoms of the case. REFLECTION: - Adapt to the plan, construction based on the background of the philosophy of the repertory to the case in hand. - Understands the limitation of self in choosing of the appropriate rubric. COMPETENCY: HOM-PG-R- 09 - 5: ANALYSES AND COMPARES UTILITY OF VARIOUS REPERTORIES IN RELATIONSHIP TO REPERTORIES CLASSIFIED AS PHILOSOPHICAL. KNOWLEDGE: - Understands the utility in specific conditions. - Applies in the specific conditions. - Refers in specific conditions. - Oriented to cross reference with clinical repertories in specific conditions. - Aware of limitation of the utility in specific conditions. - Recalls the structure of the rubrics represented in the repertory. - Recalls the unique rubrics. SKILL: - Demonstrates awareness of the various repertories and when they can be applied. REFLECTION: - Identifies the advantages and limitation of each of the repertories compared at bedside.
Learning Methods	Case based learning / Problem based learning / Bedside / Flipped learning / Self regulated learning / Library / Spaced repetition / formative self assessment
Assessment:	Continuous / Programmatic assessment / Practical assessment / Written assessment / MCQ / SAQ / LAQ / assignment / Portfolio / Checklist / Viva / Bedside
Prescribed Texts:	- Boenninghausen's Therapeutic Pocket Book – T.F. Allen - Repertory of the Homoeopathic Materia Medica – J. T. Kent - Boger Boenninghausen's Characteristic Repertory – C. M. Boger - Refer to list attached
Domains of Competencies	Knowledge & Scholarship / Patient Care / Homoeopathic Orientation / Practice Based Learning

VII. ASSESSMENT

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

VII (1). M.D. (HOMOEOPATHY) PART-I EXAMINATION –

MAXIMUM MARKS FOR EACH SUBJECT AND MINIMUM MARKS REQUIRED TO PASS SHALL BE AS FOLLOWS:

Subjects	Theory		Practical or Clinical Examination, including Viva	
	Maximum Marks	Pass Marks	Maximum Marks	Pass Marks
i. Fundamentals of Homoeopathic Repertory and Case Taking	100	50	200* (160 + 40) (Summative Assessment 160 Marks) (Internal Assessment 40 Marks)	100* (80 + 20) (Summative Assessment 80 Marks) (Internal Assessment 20 Marks)
ii. Fundamentals of Clinical Medicine in Homoeopathic Repertory and Case Taking	100	50		
iii. Research Methodology and Biostatistics	100	50	-	-

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

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

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

TYPES OF QUESTIONS WITH MARKS

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

Part 1 – Paper 1.

FUNDAMENTALS OF HOMOEOPATHIC REPERTORY AND CASE TAKING (HOM-PG- FHRCT)

- **HOM-PG-R- 01** Concept of repertory in Homoeopathy
- **HOM-PG-R- 02** Historical evolution of Repertories
- **HOM-PG-R-03** Terminologies
- **HOM-PG-R- 04** Symptomatology
- **HOM-PG-R- 05** Case taking in various settings and situations.
- **HOM-PG-R- 06** Analysis and evaluation of symptoms
- **HOM-PG-R-07** Case analysis
- **HOM-PG-R-08** Repertorisation
- **HOM-PG-R- 09** Evolution – Plan – Construction – Application of Philosophical repertories

VII (2b). QUESTION PAPER LAYOUT (PART I -PAPER I)

Q. No.	Type of Question	Content	Marks
1	Problem Based	Case Based Question using either of any one repertory HOM-PG-R- 09	20
2	LAQ	HOM-PG-R- 02	10
3	LAQ	HOM-PG-R-03	10
4	LAQ	Hom-PG- FHRCT-05	10
5	LAQ	HOM-PG-R-08	10
6	SAQ	HOM-PG-R- 06	5
7	SAQ	HOM-PG-R- 06	5
8	SAQ	HOM-PG-R-07	5
9	SAQ	HOM-PG-R- 09	5
10	SAQ	HOM-PG-R- 05	5
11	SAQ	HOM-PG-R- 04	5
12	SAQ	HOM-PG-R- 04	5
13	SAQ	HOM-PG-R- 01	5

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

VII (3a). CLINICAL EXAMINATION.

CLINICAL		
1	Internal Assessment	20 Marks
2	One Long Case	50 Marks
3	One Short case	20 Marks
4	Logbook	05 Marks
5	Micro Teaching	05 Marks
Total		100 Marks

VII (3B). VIVA VOCE.

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

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

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20. Gallavardin, J. P. (1986). *Repertory of Psychic Medicines with Materia Medica* (Second Edition ed.). New Delhi: B. Jain Publishers (P) Ltd, New Delhi.

21. Hahnemann, S. (2002). *Materia Medica Pura* (Reprint Edition ed.). New Delhi: B. Jain Publishers Pvt. Ltd., New Delhi.
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Part II Paper I & II

V. TOPICS AND TOPIC OBJECTIVES.

PART II: REPERTORY AND CASE TAKING. (HOM-PG-R -PART II – PAPER I)

- Hom-PG-R – 10 Evolution – Plan – Construction – Application of Clinical repertories& Puritan repertories
- Hom-PG-R – 11 Evolution – Plan – Construction – Application of Post – Kentian repertories.

VI. TOPIC DESCRIPTION.

Hom – PG – RCT – 10:

EVOLUTION – PLAN – CONSTRUCTION – APPLICATION OF CLINICAL REPERTORIES & PURITAN REPERTORIES

- Boericke's Materia Medica with Repertory – W. Boericke
- Concise Repertory of Homoeopathy – S. R. Pathak
- Prescriber – J. H. Clarke
- A Clinical Repertory to Dictionary of Homoeopathic Materia Medica – J. H. Clarke
- Sensation as if – H. A. Robert
- The Rheumatic Remedies – H. A. Roberts
- Analytical Repertory of the symptoms of the Mind – C. Herring
- Repertory of Hering's Guiding Symptoms of our Materia Medica – C. B. Knerr
- Source and origin of repertory with the editions.
- Background the author and its influence on the essence of that repertory
- Chapters in the repertory.
- Structure of the rubrics represented in the repertory.
- Years of publication of the editions, difference in various editions and reason behind the editions.
- Unique rubrics.
- Number of remedies in the repertory
- Utility of repertory in specific conditions
- Observe, document and correlates the verbal and non – verbal communication and give a logical meaning to the expression
- Cross references suggested are checked for appropriateness to the symptoms of the case.
- Utility in specific conditions.
- Limitation of the utility in specific conditions
- Differentiating features of two similar repertories.

Hom – PG - RCT – 11:

**EVOLUTION – PLAN – CONSTRUCTION – APPLICATION OF POST
– KENTIAN REPERTORIES.**

- Kent's Repertorium Generale – Jost Kunzli
- Kent's Final General Repertory - Pierre Schmidt & Diwan Harishchandra
- Kent's Comparative Repertory of the Homoeopathic Materia Medica - Dockx and Kokelenberg
- Essential Synthesis – Fredrick Schroyens
- Synthetic Repertory- Barthol & Klunker
- Homoeopathic Medical Repertory – Robin Murphy
- Additions to Kent's Repertory by Dr C. M. Boger
- Repertory of the more Characteristic Symptoms of our Materia Medica – C. Lippe
- A Synoptic Key to Materia Medica – C.M.Boger
- Complete Repertory - Roger Von Zandvoort
- Source and origin of repertory with the editions.
- Background the author and its influence on the essence of that repertory
- Chapters in the repertory.
- Structure of the rubrics represented in the repertory.
- Years of publication of the editions, difference in various editions and reason behind the editions.
- Unique rubrics.
- Number of remedies in the repertory
- Utility of repertory in specific conditions
- Observe, document and correlates the verbal and non – verbal communication and give a logical meaning to the expression
- Cross references suggested are checked for appropriateness to the symptoms of the case.
- Utility in specific conditions.
- Limitation of the utility in specific conditions
- Differentiating features of two similar repertories.

TOPIC NAME: HOM-PG-R – 10:

EVOLUTION – PLAN – CONSTRUCTION – APPLICATION OF CLINICAL & PURITAN REPERTORIES

Course Overview:	This topic will provide students of MD Hom (Repertory) with an in depth understanding of the significance of clinical & puritan repertories in clinical practice. • Boericke’s Materia Medica with Repertory – W. Boericke • Concise Repertory of Homoeopathy – S. R. Pathak • Prescriber – J. H. Clarke • A Clinical Repertory to Dictionary of Homoeopathic Materia Medica – J. H. Clarke • Sensation as if – H. A. Robert • The Rheumatic Remedies – H. A. Roberts • Analytical Repertory of the symptoms of the Mind – C. Herring • Repertory of Hering’s Guiding Symptoms of our Materia Medica – C. B. Knerr
Learning Outcomes:	COMPETENCY: HOM-PG-R – 10- 1: EXPLAIN THE SOURCE AND ORIGIN OF REPERTORY, ABOUTAUTHOR, DEVELOPMENTS, AND SUBSEQUENT EDITIONS. KNOWLEDGE: ▪ Recall the source and origin of repertory with the editions. ▪ Discuss background the author and its influence on the essence of that repertory. SKILL: ▪ Organises the information in a logical manner. REFLECTION: ▪ Understands the importance of appreciating the link between author’s background in creation of his repertory. COMPETENCY: HOM-PG-R – 10- 2: UNDERSTANDS AND DEMONSTRATES THE BACKGROUND AND BASIS OF PLAN AND CONSTRUCTION OF THE CLINICAL &PURITAN REPERTORIES. KNOWLEDGE: ▪ Understands the chapters in the repertory. ▪ Recalls the structure of the rubrics represented in the repertory.

- Remembers the years of publication of the editions.
- Recalls the difference in various editions.
- Understands the reason behind the editions.
- Recalls the unique rubrics.
- Recalls the number of remedies in the repertory.

SKILL:

- Able to demonstrate the relationship between the background and plan and construction of the repertory.

REFLECTION:

- Appreciates the process involved in application of philosophy to creation of the repertory.

COMPETENCY: HOM-PG-R – 10- 3:

DEMONSTRATE THE ADAPTABILITY, SCOPE, AND LIMITATIONS OF CLINICAL&PURITAN REPERTORIES IN CLINICAL PRACTICE.

KNOWLEDGE:

- Understands in utility in specific conditions.
- Applies in the specific conditions.
- Refers in specific conditions.
- Oriented to cross reference in specific conditions.
- Aware of limitation of the utility in specific conditions.

SKILL:

- Utilises the repertories at bedside as appropriate to the clinical condition.

REFLECTION:

- Derives assessment of utility of application of the repertories at bedside.

COMPETENCY: HOM-PG-R – 10- 4:

DEMONSTRATE THE SKILLS OF CHOOSING APPROPRIATE RUBRICS AND EXPLAINS THE INTERPRETATION LOGIC ADAPTED.

KNOWLEDGE:

- Observes the non – verbal expressions of patient and other care givers.
- Documents the verbal and non – verbal communication expressed by the patient and other care givers.
- Analyses the documented expressions.
- Correlates the verbal and non – verbal communication and gives a logical meaning to the expression.

- Chooses an appropriate word that represents the expression of the patient.
- Attempts to choose an appropriate rubric representing the word of the expression.

SKILL:

- Ensures that the interpretation made is matching to the experience shared by the patient or care giver.
- Utilises right section of the repertory for reference.
- Ensure all the cross references suggested are checked for appropriateness to the symptoms of the case.

REFLECTION:

- Adapt to the plan, construction based on the background of the philosophy of the repertory to the case in hand.
- Understands the limitation of self in choosing of the appropriate rubric.

COMPETENCY: HOM-PG-R – 10- 5:

ANALYSES AND COMPARE UTILITY OF VARIOUS REPERTORIES IN RELATIONSHIP TO CLINICAL&PURITAN REPERTORIES.

KNOWLEDGE:

- Understands the utility in specific conditions.
- Applies in the specific conditions.
- Refers in specific conditions.
- Oriented to cross reference with clinical repertories in specific conditions.
- Aware of limitation of the utility in specific conditions.
- Recalls the structure of the rubrics represented in the repertory.
- Recalls the unique rubrics.

SKILL:

- Demonstrates awareness of the various repertories and when they can be applied.

REFLECTION:

- Identifies the advantages and limitation of each of the repertories compared at bedside.

COMPETENCY: HOM-PG-R – 10- 6:

COMPARE REPERTORIES BEFORE CHOOSING THE SIMILLIMUM.

KNOWLEDGE:

	- Identifies the differentiating features of two similar clinical repertories. SKILL: - Demonstrates clinical utility of two similar clinical repertories. REFLECTION: - Enhances the awareness of utility of similar clinical repertories
Learning Methods:	Case based learning / Problem based learning / Bedside / Flipped learning / Self regulated learning / Library / Spaced repetition / formative self assessment
Assessment:	Continuous / Programmatic assessment / Practical assessment/ Written assessment / MCQ / SAQ / LAQ / assignment / Portfolio / Checklist / Viva / Bedside
Prescribed Texts:	- Boericke's Materia Medica with Repertory – W. Boericke - Concise Repertory of Homoeopathy – S. R. Pathak - Prescriber – J. H. Clarke - A Clinical Repertory to Dictionary of Homoeopathic Materia Medica – J. H. Clarke - Sensation as if – H. A. Robert - The Rheumatic Remedies – H. A. Roberts - Analytical Repertory of the symptoms of the Mind – C. Herring - Repertory of Hering's Guiding Symptoms of our Materia Medica – C. B. Knerr - Refer to list attached
Domains of Competencies	Knowledge & Scholarship / Patient Care / Homoeopathic Orientation / Practice Based Learning

TOPIC NAME: HOM-PG-R – 11:

EVOLUTION – PLAN – CONSTRUCTION – APPLICATION OF POST – KENTIAN REPERTORIES.

Course Overview:	This topic will provide students of MD Hom (Repertory) with an in depth understanding of the significance of Post Kentian repertories in clinical practice. • Kent's Repertorium Generale – Jost Kunzli • Kent's Final General Repertory - Pierre Schmidt & Diwan Harishchandra • Kent's Comparative Repertory of the Homoeopathic Materia Medica - Dockx and Kokelenberg • Essential Synthesis – Fredrick Schroyens • Synthetic Repertory- Barthel & Klunker • Homoeopathic Medical Repertory – Robin Murphy • Additions to Kent's Repertory by Dr C. M. Boger • Repertory of the more Characteristic Symptoms of our Materia Medica – C. Lippe • A Synoptic Key to Materia Medica – C.M.Boger • Complete Repertory - Roger Von Zandvoort
Learning Outcomes:	COMPETENCY: HOM-PG-R – 11- 1: EXPLAIN THE SOURCE AND ORIGIN OF REPERTORY, ABOUT WRITER, DEVELOPMENTS, AND EDITION SUBSEQUENTLY. KNOWLEDGE: ▪ Recall the source and origin of repertory with the editions. ▪ Discuss background the author and its influence on the essence of that repertory. SKILL: ▪ Organises the information in a logical manner. REFLECTION: ▪ Understands the relationship between the background of the author and its role in creation of the repertory. COMPETENCY: HOM-PG-R – 11- 2: UNDERSTANDS AND DEMONSTRATES THE BACKGROUND AND BASIS OF PLAN AND CONSTRUCTION OF THE POST KENTIAN REPERTORIES.

KNOWLEDGE:

- Understands the chapters in the repertory.
- Recalls the structure of the rubrics represented in the repertory.
- Remembers the years of publication of the editions.
- Recalls the difference in various editions.
- Understands the reason behind the editions.
- Recalls the unique rubrics.
- Recalls the number of remedies in the repertory.

SKILL:

- Able to demonstrate the relationship between the background and plan and construction of the repertory.

REFLECTION:

- Appreciates the process involved in application of philosophy to creation of the repertory.

COMPETENCY: HOM-PG-R – 11- 3:**DEMONSTRATE THE ADAPTABILITY, SCOPE, AND LIMITATIONS OF POST KENTIAN REPERTORIES IN CLINICAL PRACTICE.****KNOWLEDGE:**

- Understands in utility in specific conditions.
- Applies in the specific conditions.
- Refers in specific conditions.
- Oriented to cross reference in specific conditions.
- Aware of limitation of the utility in specific conditions.

SKILL:

- Utilises the repertories at bedside as appropriate to the clinical condition.

REFLECTION:

- Derives assessment of utility of application of the repertories at bedside.

COMPETENCY: HOM-PG-R – 11- 4:**DEMONSTRATE THE SKILLS OF CHOOSING APPROPRIATE RUBRICS AND EXPLAINS THE INTERPRETATION LOGIC ADAPTED.****KNOWLEDGE:**

- Observes the non – verbal expressions of patient and other care givers.
- Documents the verbal and non – verbal communication

expressed by the patient and other care givers.

- Analyses the documented expressions.
- Correlates the verbal and non – verbal communication and gives a logical meaning to the expression.
- Chooses an appropriate word that represents the expression of the patient.
- Attempts to choose an appropriate rubric representing the word of the expression.

SKILL:

- Ensures that the interpretation made is matching to the experience shared by the patient or care giver.
- Utilise right section of the repertory for reference.
- Ensure all the cross references suggested are checked for appropriateness to the symptoms of the case.

REFLECTION:

- Ability to adapt to the plan, construction based on the background of the philosophy of the repertory to the case in hand.
- Understands the limitation of self in choosing of the appropriate rubric.

COMPETENCY: HOM-PG-R – 11- 5:

ANALYSES AND COMPARE UTILITY OF VARIOUS REPERTORIES IN RELATIONSHIP TO POST KENTIAN REPERTORIES.

KNOWLEDGE:

- Understands the utility in specific situations.
- Applies in the specific situations.
- Refers in specific situations.
- Oriented to cross reference with Post Kentian repertories in specific situations.
- Aware of limitation of the utility in specific situations.
- Recalls the structure of the rubrics represented in the repertory.
- Recalls the unique rubrics.

SKILL:

- Demonstrates awareness of the various repertories and when they can be applied.

REFLECTION:

- Identifies the advantages and limitation of each of the repertories compared at bedside.

	COMPETENCY: HOM-PG-R – 11- 6: COMPARE POST KENTIAN REPERTORIES & PHILOSOPHICAL REPERTORIES BEFORE CHOOSING THE SIMILLIMUM. KNOWLEDGE: - Identifies the differentiating features between Post Kentian repertories - Identifies the differentiating features between Post Kentian repertories & philosophical repertories - Identifies the differentiating features between philosophical repertories SKILL: - Demonstrates differentiating features between Post Kentian repertories - Demonstrates differentiating features between Post Kentian repertories & Philosophical repertories - Demonstrates differentiating features between philosophical repertories REFLECTION: - Enhances the awareness of differentiating features Post Kentian repertories & Philosophical repertories
Learning Methods:	Case based learning / Problem based learning / Bedside / Flipped learning / Self regulated learning / Library / Spaced repetition / formative self assessment
Assessment:	Continuous / Programmatic assessment /Practical assessment/Written assessment / MCQ / SAQ / LAQ / assignment / Portfolio / Checklist / Viva / Bedside
Prescribed Texts:	- Kent's Repertorium Generale – Jost Kunzli - Kent's Final General Repertory - Pierre Schmidt & Diwan Harishchandra - Kent's Comparative Repertory of the Homoeopathic Materia Medica - Dockx and Kokelenberg - Essential Synthesis – Fredrick Schroyens Synthesis - Repertorium Homeopathicum Syntheticum 9.1 – Fredrick Schroyens - Synthetic Repertory- Barthel& Klunker - Homoeopathic Medical Repertory – Robin Murphy - Additions to Kent's Repertory by Dr C. M. Boger - Repertory of the more Characteristic Symptoms of our Materia Medica – C. Lippe - A Synoptic Key to Materia Medica – C. M. Boger - Complete Repertory - Roger Von Zandvoort - Refer to list attached

Domains of Competencies	Knowledge & Scholarship / Patient Care / Homoeopathic Orientation / Practice Based Learning

PART II: REPERTORY AND CASE TAKING. (HOM-PG-R -PART II – PAPER II)

HOM-PG-R Part II – Paper II:

- **HOM-PG-R – 12 Evolution – Plan – Construction – Application of Regional repertories.**
- **HOM-PG-R – 13 Evolution – Plan – Construction – Application of Software based repertories**

VI TOPIC DESCRIPTION:

- **HOM – PG – R – 12: Evolution – Plan – Construction – Application of Regional repertories.**
 - The Homoeopathic therapeutics of Diarrhoea – James Bell
 - Therapeutics of Fever- H. C. Allen
 - Pneumonias – Douglas Borland
 - Accoucher’s emergency Manual in Obstetrics – W. A. Yingling
 - Uterine Therapeutics – Minton
 - Cough and Expectoration by Dr Lee and Dr Clarke
 - Time of Remedies and Moon Phases – C. M. Boger
 - Source and origin of repertory with the editions.
 - Background the author and its influence on the essence of that repertory
 - Chapters in the repertory.
 - Structure of the rubrics represented in the repertory.
 - Years of publication of the editions, difference in various editions and reason behind the editions.
 - Unique rubrics.
 - Number of remedies in the repertory
 - Utility of repertory in specific conditions
 - Observe, document and correlates the verbal and non – verbal communication and give a logical meaning to the expression
 - Cross references suggested are checked for appropriateness to the symptoms of the case.
 - Utility in specific conditions.
 - Limitation of the utility in specific conditions
 - Differentiating features of two similar repertories.
- **HOM – PG – R – 13: Evolution – Plan – Construction – Application of Software based repertories**
 - Recall the source and origin of repertory with the upgrades.
 - Discuss background the author and its influence on the essence of that software-based repertory.
 - Operate the software and its various applications and features.
 - The versions and reasons of upgrade

- Unique rubrics.
- Understands the utility of various features of the software-based repertory.
- Able to demonstrate the relationship between the various search features across various repertories and materia medica supplied by software-based repertory.
- Utility of repertory in specific conditions
- Observe, document and correlates the verbal and non – verbal communication and give a logical meaning to the expression
- Cross references suggested are checked for appropriateness to the symptoms of the case.
- Utility in specific conditions.
- Limitation of the utility in specific conditions
- Differentiating features of two similar repertories.
- Identifies the differentiating features between Software based repertories
- Identifies the differentiating features between Software based repertories& philosophical repertories

TOPIC NAME: HOM-PG-R – 12:

EVOLUTION – PLAN – CONSTRUCTION – APPLICATION OF REGIONAL REPERTORIES.

Topic Overview:	• This topic will provide students of MD Hom (Repertory) with an in depth understanding of the significance of Regional repertories in clinical practice. • The Homoeopathic therapeutics of Diarrhoea – James Bell • Therapeutics of Fever- H. C. Allen • Pneumonias – Douglas Borland • Accoucher’s emergency Manual in Obstetrics – W. A. Yingling • Uterine Therapeutics – Minton • Cough and Expectoration by Dr Lee and Dr Clarke • Time of Remedies and Moon Phases – C. M. Boger
Learning Outcomes:	COMPETENCY: HOM-PG-R – 12- 1: EXPLAIN THE SOURCE AND ORIGIN OF REPERTORY, ABOUT WRITER, DEVELOPMENTS, AND EDITION SUBSEQUENTLY. KNOWLEDGE: ▪ Recall the source and origin of repertory with the editions. ▪ Discuss background the author and its influence on the essence of that repertory. SKILL: ▪ Organises the information in a logical manner. REFLECTION: ▪ Understands the relationship between the background of the author and its role in creation of the repertory. COMPETENCY: HOM-PG-R – 12- 2: UNDERSTANDS AND DEMONSTRATES THE BACKGROUND AND BASIS OF PLAN AND CONSTRUCTION OF THE REGIONAL REPERTORIES. KNOWLEDGE: ▪ Understands the chapters in the repertory. ▪ Recalls the structure of the rubrics represented in the repertory. ▪ Remembers the years of publication of the editions. ▪ Recalls the difference in various editions. ▪ Understands the reason behind the editions. ▪ Recalls the unique rubrics.

- Recalls the number of remedies in the repertory.
- SKILL:**
- Demonstrate the relationship between the background and plan and construction of the repertory.
- REFLECTION:**
- Understand the process involved in application of philosophy to creation of the repertory.

COMPETENCY: HOM-PG-R – 12- 3:

DEMONSTRATE THE ADAPTABILITY, SCOPE, AND LIMITATIONS OF REGIONAL REPERTORIES IN CLINICAL PRACTICE.

KNOWLEDGE:

- Understands in utility in specific conditions.
- Applies in the specific conditions.
- Refers in specific conditions.
- Oriented to cross reference in specific conditions.
- Aware of limitation of the utility in specific conditions.

SKILL:

- Utilises the repertories at bedside as appropriate to the clinical condition.

REFLECTION:

- Derives assessment of utility of application of the repertories at bedside.

COMPETENCY: HOM-PG-R – 12- 4:

DEMONSTRATE THE SKILLS OF CHOOSING APPROPRIATE RUBRICS AND EXPLAINS THE INTERPRETATION LOGIC ADAPTED.

KNOWLEDGE:

- Observes the non – verbal expressions of patient and other care givers.
- Documents the verbal and non – verbal communication expressed by the patient and other care givers.
- Analyses the documented expressions.
- Correlates the verbal and non – verbal communication and gives a logical meaning to the expression.
- Chooses an appropriate word that represents the expression of the patient.
- Attempts to choose an appropriate rubric representing the word of the expression.

SKILL:

- Ensures that the interpretation made is matching to the experience shared by the patient or relatives.
- Utilise right section of the repertory for reference.
- Ensure all the cross references suggested are checked for appropriateness to the symptoms of the case.

REFLECTION:

- Ability to adapt to the plan, construction based on the background of the philosophy of the repertory to the case in hand.
- Understands the limitation of self in choosing of the appropriate rubric.

COMPETENCY : HOM-PG-R – 12-5:**ANALYSES AND COMPARE UTILITY OF VARIOUS REPERTORIES IN RELATIONSHIP TO REGIONAL REPERTORIES.****KNOWLEDGE:**

- Understands the utility in specific situations.
- Applies in the specific situations.
- Refers in specific situations.
- Oriented to cross reference with regional repertories in specific situations.
- Aware of limitation of the utility in specific situations.
- Recalls the structure of the rubrics represented in the repertory.
- Recalls the unique rubrics.

SKILL:

- Demonstrates awareness of the various repertories and when they can be applied.

REFLECTION:

- Identifies the advantages and limitation of each of the repertories compared at bedside.

COMPETENCY: HOM-PG-R – 12- 6:**COMPARE REGIONAL & PHILOSOPHICAL REPERTORIES.****KNOWLEDGE:**

- Identifies the differentiating features between regional repertories.
- Identifies the differentiating features between regional & philosophical repertories.

	SKILL: ▪ Demonstrates differentiating features between regional repertories. ▪ Demonstrates differentiating features between regional repertories & Philosophical repertories REFLECTION: ▪ Enhances the awareness of differentiating features regional repertories & Philosophical repertories
Learning Methods	▪ Case based learning / Problem based learning / Bedside / Flipped learning / Self regulated learning / Library / Spaced repetition / formative self assessment
Assessment:	▪ Continuous / Programmatic assessment / Practical assessment / Written assessment / MCQ / SAQ / LAQ / assignment / Portfolio / Checklist / Viva / Bedside
Prescribed Texts:	▪ Refer to list attached
Domains of Competencies	▪ Knowledge & Scholarship / Patient Care / Homoeopathic Orientation / Practice Based Learning

TOPIC NAME: HOM-PG-R – 13:

EVOLUTION – PLAN – CONSTRUCTION – APPLICATION OF SOFTWARE BASED REPERTORIES.

Topic Overview:	This topic will provide students of MD Hom (Repertory) with an in depth understanding of the significance of Software based repertories in clinical practice.
Learning Outcomes:	COMPETENCY: HOM-PG-R – 13- 1: EXPLAIN THE SOURCE AND ORIGIN OF SOFTWARE BASED REPERTORIES, ABOUT WRITER, DEVELOPMENTS, AND EDITION SUBSEQUENTLY. KNOWLEDGE: ▪ Recall the source and origin of repertory with the upgrades. ▪ Discuss background the author and its influence on the essence of that software-based repertory. SKILL: ▪ Organises the information in a logical manner. ▪ Operate the software and its various applications and features. REFLECTION: ▪ Appreciate the use of technology in the current form and its future applications. COMPETENCY: HOM-PG-R – 13- 2: UNDERSTANDS AND DEMONSTRATES THE UTILITY OF THE SOFTWARE BASED REPERTORIES, ITS VARIOUS FEATURES, APPLICATIONS. KNOWLEDGE: ▪ Understands the chapters in the repertory. ▪ Recalls the structure of the rubrics represented in the repertory. ▪ Remembers the versions of upgrade. ▪ Recalls the difference in various upgrades. ▪ Understands the reason behind the upgrades. ▪ Recalls the unique rubrics. ▪ Recalls the number of remedies in the repertory. ▪ Understands the utility of various features of the software-based repertory.

SKILL:

- Able to demonstrate the relationship between the various search features across various repertories and materia medica supplied by software-based repertory.

REFLECTION:

- Appreciates the technical process involved in utilisation of computer repertory.

COMPETENCY: HOM-PG-R – 13- 3:**DEMONSTRATE THE ADAPTABILITY, SCOPE, AND LIMITATIONS OF COMPUTER REPERTORIES IN CLINICAL PRACTICE.****KNOWLEDGE:**

- Understands in utility in specific conditions.
- Applies in the specific conditions.
- Refers in specific conditions.
- Oriented to cross reference in specific conditions.
- Aware of limitation of the utility in specific conditions.

SKILL:

- Utilises the repertories at bedside as appropriate to the clinical condition.
- Utilises the various applications and features to deliver best of care to the patient.

REFLECTION:

- Derives assessment of utility of application of the computer repertories at bedside.

COMPETENCY: HOM-PG-R – 13- 4:**DEMONSTRATE THE SKILLS OF CHOOSING APPROPRIATE RUBRICS AND EXPLAINS THE INTERPRETATION LOGIC ADAPTED.****KNOWLEDGE:**

- Observes the non – verbal expressions of patient and other care givers.
- Documents the verbal and non – verbal communication expressed by the patient and other care givers.
- Analyses the documented expressions.
- Correlates the verbal and non – verbal communication and gives a logical meaning to the expression.
- Chooses an appropriate word that represents the expression of the patient.

- Attempts to choose an appropriate rubric representing the word of the expression.

SKILL:

- Ensures that the interpretation made is matching to the experience shared by the patient or relatives.
- Utilises right section of the repertory for reference.
- Ensure all the cross references suggested are checked for appropriateness to the symptoms of the case.

REFLECTION:

- Ability to adapt to the plan, construction of the software-based repertory to the case in hand.
- Understands the limitation of self in choosing of the appropriate rubric.

COMPETENCY: HOM-PG-R – 13- 5:

ANALYSES AND COMPARE UTILITY OF VARIOUS SOFTWARE-BASED REPERTORIES.

KNOWLEDGE:

- Understands the utility in specific situations.
- Applies in the specific situations.
- Refers in specific situations.
- Oriented to cross reference with software-based repertories in specific situations.
- Aware of limitation of the utility in specific situations.
- Recalls the structure of the rubrics represented in the repertory.
- Recalls the unique rubrics.

SKILL:

- Demonstrates awareness of the various features of software-based repertories and when they can be applied.

REFLECTION:

- Identifies the advantages and limitation of each of the software-based repertories when compared at bedside.

COMPETENCY: HOM-PG-R – 13- 6:

COMPARE SOFTWARE BASED REPERTORIES & PHILOSOPHICAL REPERTORIES.

KNOWLEDGE:

- Identifies the differentiating features between Software based repertories
- Identifies the differentiating features between Software

	based repertories & philosophical repertories. SKILL: ▪ Demonstrates differentiating features between Software based repertories. ▪ Demonstrates differentiating features between Software based repertories & philosophical repertories. REFLECTION: ▪ Enhances the awareness of differentiating features of Software based repertories & philosophical repertories
Learning Methods:	▪ Case based learning / Problem based learning / Bedside / Flipped learning / Self regulated learning / Library / Spaced repetition / formative self assessment
Assessment:	▪ Continuous / Programmatic assessment / Practical assessment / Written assessment / MCQ / SAQ / LAQ / assignment / Portfolio / Checklist / Viva / Bedside
Prescribed Texts:	▪ Refer to list attached
Domains of Competencies	▪ Knowledge & Scholarship / Patient Care / Homoeopathic Orientation / Practice Based Learning

VII. ASSESSMENT

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

VII (1). M.D. (HOMOEOPATHY) PART-II EXAMINATION

MAXIMUM MARKS FOR EACH SUBJECT AND MINIMUM MARKS REQUIRED TO PASS SHALL BE AS FOLLOWS:

Subjects	Theory		Practical or clinical exams including Viva-Voce and dissertation	
	Maximum Marks	Pass Marks	Maximum Marks	Pass Marks
Repertory and Case Taking. Paper 1	100	50	200* (160 + 40) (Summative Assessment 160 Marks)	100* (80 + 20) (Summative Assessment 80 Marks)

			(Internal Assessment 40 Marks)	(Internal Assessment 20 Marks)
Repertory and Case Taking. Paper 2	100	50		

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

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

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

TYPES OF QUESTIONS WITH MARKS

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

Part 2 – Paper 1. Topic Numbers

- HOM-PG-R – 10 Evolution – Plan – Construction – Application of Clinical repertories& Puritan repertories
- HOM-PG-R –11 Evolution – Plan – Construction – Application of Post – Kentian repertories.

Part 2 – Paper 2. Topic Numbers

- HOM-PG-R – 12Evolution – Plan – Construction – Application of Regional repertories.
- HOM-PG-R – 13Evolution – Plan – Construction – Application of Software based repertories.

VII (2b). QUESTION PAPER LAYOUT

PART II – PAPER I

Q. No.	Type of Question	Content	Marks
1	Problem Based	HOM- PG – R – 10 / 11	20
2	LAQ	HOM- PG – R – 11	10
3	LAQ	HOM- PG – R – 11	10
4	LAQ	HOM- PG – R – 10	10
5	LAQ	HOM- PG – R – 11	10
6	SAQ	HOM- PG – R – 10 / 11	5
7	SAQ	HOM- PG – R – 10	5
8	SAQ	HOM- PG – R – 11	5
9	SAQ	HOM- PG – R – 10	5
10	SAQ	HOM- PG – R – 10	5
11	SAQ	HOM- PG – R – 11	5
12	SAQ	HOM- PG – R – 10	5
13	SAQ	HOM- PG – R – 11	5
Total			100

PART II – PAPER II

Q. No.	Type of Question	Content	Marks
1	Problem Based	HOM- PG – R – 13	20
2	LAQ	HOM- PG – R – 12	10
3	LAQ	HOM- PG – R – 12 / 13	10
4	LAQ	HOM- PG – R – 12	10
5	LAQ	HOM-- PG – R - 13	10
6	SAQ	HOM- PG – R – 12	5
7	SAQ	HOM- PG – R – 13	5
8	SAQ	HOM- PG – R – 12	5
9	SAQ	HOM- PG – R – 13	5
10	SAQ	HOM- PG – R – 12	5
11	SAQ	HOM- PG – R – 12	5
12	SAQ	HOM- PG – R – 12	5
13	SAQ	HOM- – PG – R – 13	5

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

VII (3A). CLINICAL EXAMINATION.

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

VII (3B). VIVA VOCE.

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

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

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2. Allen, T. F. (2003). *Boenninghausen's Therapeutics Pocket Book* (Reprint ed.). New Delhi: Indian Books & Periodicals Publishers, New Delhi.
3. Barthel, H., & Klunker, W. (2008). *Synthetic Repertory* (Reprint Edition ed.). New Delhi: Indian Books and Periodicals Syndicate, New Delhi.
4. Bell, J. B. (1997). *The Homoeopathic Therapeutics of Diarrhoea* (Reprint Edition ed.). New Delhi: B. Jain Publishers Pvt. Ltd.
5. Berridge, E. W. (1973). *Complete Repertory to the Homoeopathic Materia Medica, Diseases of the Eyes*. New Delhi: Harjeet & Co. New Delhi.
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8. Boericke, G. (1986). *A compend of the Principles of Homoeopathy for students in Medicine* (Reprint ed.). New Delhi: B. Jain Publishers Pvt. Ltd., New Delhi.
9. Boericke, W. (2016). *Boericke's New Manual of Materia Medica with Repertory* (Second Revised & Re-augmented edition, 37th impression ed.). New Delhi: B. Jain Publishers Pvt. Ltd, New Delhi.
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15. Clarke, J. H. (2003). *The Prescriber* (Reprint ed.). New Delhi: Indian Books & Periodicals Publishers, New Delhi.
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17. Dhawale, M. L. (2020). *Principles and Practice of Homoeopathy* (Fourth Edition (Revised & Enlarged)- 11th impression ed.). New Delhi: B. Jain Publishers Pvt. Ltd., New Delhi.
18. Dockx, R., & Kokelenberg, G. (1996). *Kent's Comparative Repertory of the Homoeopathic Materia Medica* (Reprint ed.). New Delhi: B. Jain Publishers Pvt. Ltd, New Delhi.
19. Fimmelsberg, J. K., & Kent, J. T. (1987). *Kent's Repertorium Generale*. Barthel & Barthel.
20. Gallavardin, J. P. (1986). *Repertory of Psychic Medicines with Materia Medica* (Second Edition ed.). New Delhi: B. Jain Publishers (P) Ltd, New Delhi.

21. Hahnemann, S. (2002). *Materia Medica Pura* (Reprint Edition ed.). New Delhi: B. Jain Publishers Pvt. Ltd., New Delhi.
22. Hahnemann, S. (2001). *The Chronic Diseases* (Reprint ed.). New Delhi: B. Jain Publishers Pvt. Ltd, New Delhi.
23. Kent, J. T. (2012). *Repertory of the Homoeopathic Materia Medica* (Low Price Edition- 10th impression ed.). New Delhi: B. Jain Publishers Pvt. Ltd, New Delhi.
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34. Schroyens, F. (Ed.). (2010). *Essential Synthesis*. New Delhi: B. Jain Publishers Pvt. Ltd, New Delhi.
35. Tiwari, S. (1991). *Essentials of Repertorization* (5th Edition ed.). New Delhi: B. Jain Publishers (P) LTD.
36. Yingling, W. A. (1985). *The Accoucher's Emergency Manual* (Reprint ed.). New Delhi: B. Jain Publishers Pvt. Ltd, New Delhi.

Part I Paper 2

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

M.D. (Homoeopathy) Homoeopathic Repertory and Case Taking.

FUNDAMENTALS OF CLINICAL MEDICINE IN HOMOEOPATHIC REPERTORY AND CASE TAKING (HOM-PG-FMR)

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

This paper deals with the clinical stream to provide a foundation for homoeopathic practice and therefore is expected to deliver the basic clinical approach. This paper supports the evolution of an integrated approach to relating clinical symptomatology with homoeopathic fundamentals, including the miasmatic interpretation in the context of Homoeopathic Repertory. This intends to impart knowledge for a basic clinical approach required by a homoeopathic professional for practising clinical medicine concerning homoeopathic principles in general and homoeopathic repertory in particular.

3. COURSE OUTCOMES:

1. Perform homoeopathic case taking from the perspective of man and environment.
2. Correlate symptomatology and clinical examination for repertorisation
3. Interpret investigation in the light of clinical diagnosis and repertory.
4. Evaluate differential diagnosis through a symptom-based approach in clinical practice.
5. Relate miasms and susceptibility to repertory.
6. Associate the information of case anamnesis with the essence of repertorisation.
7. Display ethical based clinical practice in repertory.
8. Perform evidence based homoeopathic clinical practice and correlate with repertory.

V. COURSES AND COURSE OBJECTIVES.

PART I PAPER II :

FUNDAMENTALS OF CLINICAL MEDICINE IN HOMOEOPATHIC REPERTORY AND CASE TAKING (HOM-PG-FMR)

(I) HOM-PG-FMR -01

INTRODUCTION TO THE PRACTICE OF EVIDENCE-BASED MEDICINE.

- a. Concept of evidence-based practice and its importance in Homoeopathy in relation to Repertory.

- b. Importance of developing an ethical base while adhering to the above with relation to repertory.

(II) Hom-PG-FMR -02

DEVELOPING A BASIC CLINICAL APPROACH. ALL THE FOLLOWING CONTENT MUST BE DELIVERED THROUGH CLINICAL CASES OR PRESENTATION.

- a. Correlative study of Normal structure and function to reveal Structural and functional integrity in Health and understanding the clinical and Hahnemannian concept of health through clinical cases.
- b. Role of Control Systems (Psycho-Neuro-Endocrine axis and the Reticulo-endothelial System) in the maintenance of Health and initiating the process of breakdown and onset of illness.
- c. Different components which influence health at individual, family and community level leading to insight into preventive and community medicine through Hahnemannian philosophy of holistic health.
- d. Concept of predisposition and disposition and its influence on development of diseases and application to repertory.
- e. Bio-psycho-social and environmental model of Etiology and correlating with the Hahnemannian concept of causation and evolution of disease and repertory.
- f. Development of a Symptom as an indication of loss of functional competence followed by loss of structural integrity – the pathogenesis of symptom formation and the Hahnemannian concept of disease and its expression and application to repertory.
- g. Clinico-pathological correlations and the concept of a syndrome and its utility in understanding miasmatic evolution and repertory.
- h. Bed side- General and Systematic examination and understanding their basis.
- i. Role of physical examination and clinical investigation in the study of disease and miasm.
- j. Understanding the process of clinical diagnosis
- k. Importance of differential diagnosis-probable diagnosis and final diagnosis

THE FOLLOWING STUDY SHALL HELP IN BUILDING CLINICAL APPLICATION OF REPERTORY

- a. Predisposition:
- b. Causation and modifying factors:
- c. Pathogenesis, Pathology, Clinico-pathological and miasmatic correlations with pathological result
- d. Representation of rubrics to correlate with classification and evolution of disease according to varying expressions of susceptibility:
- e. Case taking, examination, investigation, and approach to clinical diagnosis:
- f. Differential diagnosis:
- g. Management-General and Homoeopathic:
 - i. General Management
 - ii. Standard management: Detailed aspects of currently accepted medication from modern medicine, their pharmacological effects, their management and adverse drug reactions and ways in which they affect the susceptibility of the patient. And choosing appropriate rubrics for the state
This may include the following:
 - iii. Principles of Homoeopathic management:
 - 1.Scope and limitations:
 - 2.Role of different forces:
 - 3.Potency and repetition:
 - 4.Follow up management:
- h. Prognosis
- i. Future advances

(III) Hom-PG-FMR -03

STUDYING THE CARDINAL MANIFESTATIONS OF DISEASE THROUGH THEIR PATHO-PHYSIOLOGY WITH HAHNEMANNIAN CLASSIFICATION OF SYMPTOMS AND MIASMATIC CLASSIFICATION AND REPRESENTATION IN REPERTORY THROUGH CLINICAL CASES AND BEDSIDE

- a. Pain
 - i. Pain: Patho-physiology
 - ii. Chest Pain
 - iii. Abdominal pain
 - iv. Headache
 - v. Back and Neck pain
- b. Fever-types
- c. Alteration in Nervous system functions
 - i. Faintness, syncope, dizziness, vertigo
 - ii. Weakness, myalgias, imbalance
 - iii. Numbness, tingling and sensory loss
 - iv. Acute confusional states

- v. Aphasias
 - vi. Memory loss and dementia
 - vii. Sleep disorder
- d. Alteration in Respiratory and Circulation
 - i. Dyspnoea
 - ii. Cough and hemoptysis
 - iii. Cyanosis
 - iv. Edema
 - v. Shock
- e. Alteration in Gastrointestinal functions
 - i. Dysphagia
 - ii. Nausea, vomiting, indigestion
 - iii. Diarrhea and Constipation
 - iv. Weight loss
 - v. Gastrointestinal bleeding
 - vi. Jaundice
 - vii. Abdominal swelling and ascites
- f. Alteration in Urinary functions and electrolytes
 - i. Incontinence and lower urinary symptoms
 - ii. Urinary abnormalities
- g. Alteration in Reproductive and Sexual functions
 - i. Erectile dysfunction
 - ii. Disturbances of Menstruation
 - iii. Leucorrhea
 - iv. Hirsutism
 - v. Infertility
- h. Alteration in Skin functions
 - i. Itching
 - ii. Eruptions
 - iii. Disorders of pigmentation
- i. Hematological alterations
 - i. Anemia
 - ii. Bleeding
 - iii. Enlargement of Lymph nodes and spleen

(IV) HOM-PG-FMR -04

BASIC CONCEPTS OF NUTRITION, NUTRITIONAL DISEASES, AND MIASMATIC ASSESSMENT

- a. Nutritional and Dietary assessment
- b. Malnutrition
- c. Vitamin and Mineral deficiency
- d. Obesity
- e. Eating disorders

(V) HOM-PG-FMR -05

INTERPRETATIONS OF LABORATORY AND RADIOLOGICAL INVESTIGATIONS

- a. Hematology - All basic tests
- b. Serology
- c. Biochemistry
- d. Microbiology
- e. Special tests – Hormonal Assays – Thyroid function tests, LH, FSH, Prolactin, TORCH, Triple marker, IgG/ IgM, HLA B27, Beta HCG, Anti-thyroid antibodies, Anti-cardiolipin antibodies.
- f. Basis Concepts of Radio Imaging like X-rays, CT, MRI
- g. USG
- h. ECG (Basic applications)

VI. TOPIC DESCRIPTION

• HOM-PG-FMR-01

- Deriving symptoms from experience of patient
- Authentic data publication in journals and dissertation.
- Truthfulness in writing the right symptoms choosing right words.
- Publication ready document which ensure free of plagiarism and no manipulation of data

• HOM-PG-FMR-02

- Patho – physiological processes involved in genesis of pain
- Role of Psycho – neuro endocrine axis in genesis of pain.
- Representation of pain related rubrics in applicable repertories
- Appropriate enquiry of pain
- Advice appropriate investigations

• HOM-PG-FMR-03

- Learn various pathological conditions leading to Gastro-intestinal bleeding
- Role of predisposition and dispositions prone for gastrointestinal bleeding
- Identify clinical and homoeopathic data relate the gastrointestinal bleedings with examination findings differential diagnosis of the gastrointestinal bleedings
- Define various pathogenesis, clinicopathological correlation and miasmatic correlation
- Identify causation at the level of bio-psycho-social-cultural-economical - political-religious responsible for the gastrointestinal bleeding
- Classification of the diseases with gastrointestinal bleeding from Hahnemannian classification

- Scope and limitation of homoeopathic management for the same
 - Symptom classification and evaluation, construct repertorial totality, select appropriate rubrics, select applicable clinical repertories
 - Perform differentiation of remedies
 - Construct acute, intercurrent and chronic totalities of gastrointestinal bleedings
- **HOM-PG-FM-04**
 - Etiopathogenesis of dyspnoea
 - Conclude etiopathogenesis of dyspnoea from homoeopathic perspective
 - clinical features associated with dyspnoea
 - Plan investigation for confirmation of diagnosis
 - Clinical differentiation of symptoms for assessment of nosological diagnosis
 - Hahnemann's concept and modern medicine for the understanding of dyspnoea
 - Plan Diet as regimen as per the nosological diagnosis and Hahnemann's directions.
 - Classify the symptoms with analysis and evaluation
 - Choose appropriate approach and clinical repertories
 - Differentiate closely coming Materia medica
 - Plan the line of management (Medicinal and/or auxiliary management)
 - Plan Strategy for homoeopathic management
- **HOM-PG-FMR-05**
 - Various patho – physiological processes involved in genesis malnutrition, vitamin and mineral deficiency, obesity and eating disorders
 - Role of psycho – neuro endocrine axis in genesis
 - Role of predisposition and susceptibility
 - Subjective and objective signs and symptoms
 - Levels of malnutrition, vitamin and mineral deficiency, obesity and eating disorders
 - role of diet and nutritional supplements
 - Scope of homoeopathy alone
 - Representation in Repertory of signs and symptoms

Topic Overview:	This topic will provide students of MD Hom (Repertory) with an overview of the significance of displaying ethical based clinical practice in repertory.
Learning Outcomes:	COMPETENCY: HOM-PG-FMR-01- 1: IDENTIFIES ETHICAL BASED CLINICAL PRACTICES IN REPERTORY. KNOWLEDGE ▪ Describes the process of deriving symptoms from experience of patient. ▪ explain importance of converting the symptoms into appropriate rubric. ▪ Identifies the relevant rubric amongst the cross references. ▪ Explain importance of authentic data publication in journals and dissertation. ▪ Aware of issue related to plagiarism. SKILL ▪ Demonstrates fidelity in converting the experience shared by patient using all senses. ▪ Demonstrates truthfulness in writing the right symptoms choosing right words. ▪ Ensures the rubrics used have the intended meaning desired by the author of the repertory. ▪ Comply with a publication ready document which ensure free of plagiarism and no manipulation of data. REFLECTION ▪ Appreciates the process involved ensuring ethical based clinical practice in repertory.
Learning Methods:	• Case based learning / Problem based learning / Flipped learning / Self regulated learning / Spaced repetition / formative self assessment
Assessment:	• Continuous / Programmatic assessment /Practical assessment/Written assessment / MCQ / SAQ / LAQ / assignment
Prescribed Texts:	
Domains of Competencies	Knowledge & Scholarship / Patient Care / Homoeopathic Orientation / Practice Based Learning

Topic Overview:	This topic will provide students of MD Hom (Repertory) with an overview of the significance of utilisation of repertory as credible database for shortlisting prescription possibilities for pain in general and various locations in particular.
Learning Outcomes:	COMPETENCY: HOM-PG-FMR-02- 1: EXPLAIN THE PATHOGENESIS OF PAIN IN GENERAL AND LOCATIONS IN PARTICULAR. KNOWLEDGE ▪ Describes the various patho – physiological processes involved in genesis of pain. ▪ Identify the role of psycho – neuro endocrine axis in genesis of pain. ▪ Discuss the representation of pain related rubrics in applicable repertories. SKILL ▪ Demonstrate bedside case taking skills. ▪ Identify the symptom based on subjective and objective expressions. ▪ Select the relevant rubrics in appropriate repertory. ▪ Demonstrate the logic behind the choice of repertory. REFLECTION ▪ Recall the experience with referencing the repertorial result with cause of pain. COMPETENCY: HOM-PG-FMR-02- 2: DIFFERENTIATES THE TYPES OF PAIN BASED ON LOCATION ASSOCIATION. KNOWLEDGE ▪ Identify the different types of pains in relation to location. ▪ Relate with the pathogenesis. ▪ Identify the pain and enquires appropriately. ▪ Identifies the characteristics in the pain sensation . ▪ Explain the role of homoeopathy ▪ Identifies the investigations to be indented. ▪ Concludes the clinical diagnosis. ▪ Aware of representation of pain and location in repertory SKILL ▪ Explain logically demonstrate the need of repertory

	REFLECTION Identify the critical incidents that supported your prescription decision to be unbiased.
Learning Methods:	Case based learning / Problem based learning / Bedside / Flipped learning / Self regulated learning / library / Spaced repetition / formative self assessment
Assessment:	Continuous / Programmatic assessment / Practical assessment / Written assessment / MCQ / SAQ / LAQ / assignment / Viva / Bedside
Prescribed Texts:	
Domains of Competencies	Knowledge & Scholarship / Patient Care / Homoeopathic Orientation / Practice Based Learning

Topic Overview:	This topic will provide students of MD Hom (Hom. Materia Medica) with an overview of the significance of utilisation of HMM as credible source for management and treatment possibilities for Gastro-intestinal bleeding.
Learning Outcomes:	COMPETENCY: HOM-PG-FMR-03- 1: EXPLAIN THE PATHOGENESIS OF GASTRO-INTESTINAL BLEEDING. KNOWLEDGE ▪ Describes the various pathological conditions leading to Gastro-intestinal bleeding. ▪ Describe the predisposition and dispositions prone for gastrointestinal bleeding ▪ Interpret the data collected from the case taking ▪ Assemble the clinical and homoeopathic data Relate the gastrointestinal bleedings with examination findings ▪ Discuss differential diagnosis of the gastro intestinal bleedings ▪ Relate gastrointestinal bleeding with investigation findings ▪ Identifies the symptom based on subjective and objective expressions ▪ Describe the various pathogenesis, clinicopathological correlation and miasmatic correlation ▪ Explain the different causation at the level of bio-psycho-social-cultural-economical -political-religious responsible for the gastrointestinal bleeding ▪ Classify the different evolution of gastrointestinal bleeding from reversible to irreversible pathologies ▪ Classify the diseases with gastrointestinal bleeding from Hahnemannian classification ▪ Define the scope and limitation of homoeopathic management for the same ▪ Perform symptom classification and evaluation ▪ Construct repertorial totality ▪ Select appropriate rubrics ▪ Select applicable clinical repertories ▪ Perform differentiation of remedies ▪ Relate gastrointestinal bleedings with range of susceptibility

	▪ Define the follow up criteria and remedy response for the gastrointestinal bleedings ▪ Describe range of susceptibility and miasm of gastrointestinal bleeding remedies SKILL ▪ Demonstrates bedside case taking skills in cases of Gastro-intestinal bleeding. ▪ Perform homoeopathic clinical case taking of the gastrointestinal bleeding ▪ Demonstrate the physical examination skill. ▪ Construct different reportorial totalities and reportorial references of gastrointestinal bleeding ▪ Construct acute, intercurrent and chronic totalities of gastrointestinal bleedings REFLECTION ▪ Recall the experience with clinical repertories used in cases of Gastro-intestinal bleeding. ▪ Recall different clinical rubrics from clinical repertories used in cases of Gastro-intestinal bleeding based on nature and location.
Learning Methods:	• Case based learning / Problem based learning / Bedside / Flipped learning / Self regulated learning / Library / Spaced repetition / formative self assessment
Assessment:	• Continuous / Programmatic assessment / Practical assessment / Written assessment / MCQ / SAQ / LAQ / assignment / Portfolio / Checklist / Viva / Bedside
Prescribed Texts:	As per the list
Domains of Competencies	Knowledge & Scholarship / Patient Care / Homoeopathic Orientation / Practice Based Learning.

Topic Overview:	This topic will provide overview of dyspnoea, its understanding in clinical practise and its homoeopathic perspective.
Learning Outcomes:	COMPETENCY: HOM-PG-FM-04- 1: EXPLORING DYSPNOEA AS A SYMPTOM AND ITS HOLISTIC UNDERSTANDING IN LIGHT OF HOMOEOPATHIC PERSPECTIVE AND CLINICAL MEDICINE KNOWLEDGE • Discuss the etiopathogenesis of dyspnoea • Conclude etiopathogenesis of dyspnoea from homoeopathic perspective • Discuss the other clinical features associated with dyspnoea • Explain the pathogenesis of Dyspnoea • Plan investigation for confirmation of diagnosis • Formulate provisional clinical diagnosis and differential diagnosis • Explain Clinical differentiation of symptoms for assessment of nosological diagnosis • Discuss investigation for confirmation of diagnosis • Classify dyspnoea from Hahnemannian classification of disease • Apply clinical insight in classifying miasm (Psoric, Syphilitic and Sycotic) • Correlate Hahnemann's concept and modern medicine for the understanding of dyspnoea • Classify the symptoms with analysis and evaluation • Choose appropriate approach and clinical repertories • Differentiate closely coming Materia medica • Ascertain prognosis from clinical medicine and homoeopathic perspective • Plan Diet as regimen as per the nosological diagnosis and Hahnemann's directions. • Plan the line of management (Medicinal and/or auxiliary management) • Plan Strategy for homoeopathic management SKILL: • Perform Homoeopathic Case taking including anamnesis • Perform Clinical examination of chest and other relevant

	systems. • Display Homoeopathic approach in terms of anamnesis, susceptibility and miasmatic analysis • Construct prescribing Totality • Refer appropriate clinical repertory for dyspnoea REFLECTION: • Integrated approach in understanding dyspnoea • Identify social, economic, environmental, biological and emotional determinants of dyspnoea • Common rubrics and approach used in OPD and IPD for dyspnoea
Learning Methods:	Case based learning / Problem based learning / Bedside / Flipped learning / Self regulated learning / Library / Spaced repetition / formative self assessment
Assessment:	Continuous / Programmatic assessment / Practical assessment / Written assessment / MCQ / SAQ / LAQ / assignment / Portfolio / Checklist / Viva / Bedside
Prescribed Texts:	As per the list
Domains of Competencies	Knowledge & Scholarship / Patient Care / Homoeopathic Orientation

HOM-PG-FMR-05

Topic Overview:	This topic will provide students of MD Hom (Repertory) with an overview of the significance of utilisation of repertory as credible database for malnutrition, vitamin and mineral deficiency, obesity, eating disorder.
Learning Outcomes:	COMPETENCY: HOM-PG-FMR-05- 1: IDENTIFIES SUBJECTIVE AND OBJECTIVE SIGNS AND SYMPTOMS OF MALNUTRITION, VITAMIN AND MINERAL DEFICIENCY, OBESITY, EATING DISORDER. KNOWLEDGE ▪ Describes the various patho – physiological processes involved in genesis malnutrition, vitamin and mineral deficiency, obesity and eating disorders. ▪ Identifies the role of psycho – neuro endocrine axis in genesis of malnutrition, vitamin and mineral deficiency, obesity and eating disorders. ▪ Identifies the role of predisposition and susceptibility in genesis of malnutrition, vitamin and mineral deficiency, obesity and eating disorders. ▪ Aware of subjective and objective signs and symptoms of malnutrition, vitamin and mineral deficiency, obesity and eating disorders. ▪ Defines the level of malnutrition, vitamin and mineral deficiency, obesity and eating disorders. ▪ Discuss the role of diet and nutritional supplements in management of malnutrition, vitamin and mineral deficiency, obesity and eating disorders. ▪ Identifies the scope of homoeopathy alone in management of malnutrition, vitamin and mineral deficiency, obesity and eating disorders. ▪ Awareness of representation in Repertory of signs and symptoms related to malnutrition, vitamin and mineral deficiency, obesity and eating disorders. SKILL ▪ Demonstrates case taking skills in assessment of malnutrition, vitamin and mineral deficiency, obesity and eating disorders. ▪ Demonstrates the clinical examination skills of signs and symptom of malnutrition, vitamin and mineral deficiency, obesity and eating disorders.

	▪ Demonstrates the assessment skills of level and intensity of malnutrition, vitamin and mineral deficiency, obesity and eating disorders. ▪ Refers appropriate repertory and relevant rubrics that represent the malnutrition, vitamin and mineral deficiency, obesity and eating disorders. REFLECTION ▪ Appreciates the process involved in assessment of malnutrition, vitamin and mineral deficiency, obesity and eating disorders and scope of homoeopathy. COMPETENCY: HOM-PG-FMR-05- 2: REFERS APPROPRIATE REPERTORY AND RUBRICS TO MANAGE MALNUTRITION, VITAMIN AND MINERAL DEFICIENCY, OBESITY AND EATING DISORDERS. TYPES OF PAIN BASED ON LOCATION ASSOCIATION. KNOWLEDGE ▪ Identifies the different repertories useful for management of malnutrition, vitamin and mineral deficiency, obesity and eating disorders. ▪ Identifies the appropriateness of rubrics in management of malnutrition, vitamin and mineral deficiency, obesity and eating disorders. SKILL ▪ To logically demonstrate the utility of repertory in management of malnutrition, vitamin and mineral deficiency, obesity and eating disorders. REFLECTION ▪ Identifies the scope of use of repertory in management of malnutrition, vitamin and mineral deficiency, obesity and eating disorders.
Learning Methods:	• Case based learning / Problem based learning / Bedside / Flipped learning / Self regulated learning / Library / Spaced repetition / formative self assessment
Assessment:	• Continuous / Programmatic assessment /Practical assessment/Written assessment / MCQ / SAQ / LAQ / assignment / Portfolio / Checklist / Viva / Bedside
Prescribed Texts:	
Domains of Competencies	Knowledge & Scholarship / Patient Care / Homoeopathic Orientation / Practice Based Learning

VII. ASSESSMENT

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

VII (1). M.D. (HOMOEOPATHY) PART-I EXAMINATION –

MAXIMUM MARKS FOR EACH SUBJECT AND MINIMUM MARKS REQUIRED TO PASS SHALL BE AS FOLLOWS:

Subjects	Theory		Practical or Clinical Examination, including Viva	
	Maximum Marks	Pass Marks	Maximum Marks	Pass Marks
i. Fundamentals of Repertory and Case Taking	100	50	200* (160 + 40) (Summative Assessment 160 Marks) (Internal Assessment 40 Marks)	100* (80 + 20) (Summative Assessment 80 Marks) (Internal Assessment 20 Marks)
ii. Fundamentals of Clinical Medicine in Homoeopathic Repertory and Case Taking	100	50		
iii. Research Methodology and Biostatistics	100	50	-	-

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

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

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

TYPES OF QUESTIONS WITH MARKS

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

PART 1 – PAPER 2. COURSE NUMBERS

List the Courses

VII (2B). QUESTION PAPER LAYOUT

Q. No.	Type of Question	Content	Marks
1	Problem Based	Problem/ Case Based Question using either of any one repertory HOM-PG-FMR-01 or 03 or 04	20
2	LAQ	HOM-PG-FMR-01	10
3	LAQ	HOM-PG-FMR-03	10
4	LAQ	HOM-PG-FMR-02	10
5	LAQ	HOM-PG-FMR-03	10
6	SAQ	HOM-PG-FMR-04	5
7	SAQ	HOM-PG-FMR-03	5
8	SAQ	HOM-PG-FMR-02	5
9	SAQ	HOM-PG-FMR-05	5
10	SAQ	HOM-PG-FMR-03	5
11	SAQ	HOM-PG-FMR-02	5
12	SAQ	HOM-PG-FMR-05: d or e	5
13	SAQ	HOM-PG-FMR-05: f or g or h	5

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

VII (3A). CLINICAL EXAMINATION: A COMMON PRACTICAL/VIVA FOR PART I PAPER 1 AND 2.

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

LIST OF RECOMMENDED REFERENCE BOOKS FOR THE PRACTICE OF MEDICINE:

1. Bates, B., Bickley, Lynn, S. and Szilagy, Peter, G. (2013) Bates' Guide to Physical Examination and history taking. Philadelphia u.a.: Wolters Kluwer, Lippincott Williams & Wilkins.
2. Beeson, P. B., McDermott, W., & Wyngaarden, J. B. (Eds.). (1979). *Cecil Textbook of Medicine* (Asian Edition ed.). Philadelphia: W. B. Saunders Company.
3. Boyd, W. (1979). *A Textbook of Pathology* (8th ed.). London: Lea & Febiger, Philadelphia.
4. Cecil, R.L. and Kennedy, F. (1943) A text-book of medicine. Philadelphia: Saunders
5. Datey, K.K. and Shah, S.J. (1979) A.P.I. textbook of medicine. Bombay: Association of Physicians of India
6. Davis, M.A. (1999) Signs and symptoms in emergency medicine: Literature-based guide to emergent conditions; Mark A. Davis. St. Louis, MO: Mosby
7. Fauci, A. S., Kasper, D. L., Longo, D. L., Braunwald, E., Hauser, S. L., Jameson, J. L., et al. (Eds.). (2008). *Harrison's Principles of Internal Medicine* (17th Edition ed.). New York: Mc Graw Hill Medical.
8. Frazier, H.S. and Mosteller, F. (1995) Medicine worth paying for: Assessing Medical Innovations. Cambridge, MA: Harvard University Press.
9. Glynn, M., & Drake, W. (Eds.). (2012). *Hutchison's Clinical Methods* (23rd ed.). China: Saunders Elsevier.
10. Golwalla, A. F., & Golwalla, S. A. (2000). *Golwalla Medicine for Students* (19th ed.). Mumbai: Dr. A. F. Golwalla Empress Court, Mumbai.
11. Gupta, L., Gupta, Abhitabh and Gupta, Abhishek (2005) Differential diagnosis: Medicine, surgery, OB/GYN, Ophth, paed, dental. New Delhi: Jaypee Bros.
12. Hurst, J. W. (Ed.). (1992). *Medicine for the Practicing Physician* (3rd ed.). USA: Butterworth Heineman, Stoneham.
13. Kamath, S. A. (Ed.). (2022). *API Textbook of Medicine* (12th ed.). New Delhi: Jaypee Brothers Medical Publishers (P) Ltd, New Delhi.
14. Kaul, V. K., & Bagga, A. (Eds.). (2019). *Ghai Essential Pediatrics* (10th ed.). New Delhi: CBS Publishers & Distributors Pvt Ltd, New Delhi.
15. Kinirons, M., & Ellis, H. (Eds.). (2005). *French's Index of Differential Diagnosis* (14th ed.). London: Hodder Arnold.
16. Kumar, P., & Clark, M. (Eds.). (2005). *Clinical Medicine* (6th ed.). Elsevier Saunders.

17. Malhotra, N., Malhotra, J., Saxena, R., & Malhotra Bora, N. (Eds.). (2019). *Jeffcoate's Principles of Gynaecology* (9th ed.). New Delhi: Jaypee Brothers Medical Publishers (P) Ltd.
18. Mehta, P.J. and Palia, F.E. (1979) *Practical medicine for students and Practitioners*. Bombay: P.J. Mehta and F.E. Palia.
19. Munir Ahmed R *Fundamentals of repertories: Alchemy of Homoeopathic Methodology*; HiLine publishers and distributors
20. Ogilvie, C., & Evans, C. (2006). *Chamberlain's Symptoms and Signs in Clinical Practice* (12th ed.). New Delhi: Jaypee Brothers Medical Publishers (P) Ltd.
21. Parthasarathy, A., Menon, P., & Nair, M. (Eds.). (2019). *IAP Textbook of Pediatrics* (7th ed.). New Delhi: Jaypee Brothers Medical Publishers (P) Ltd, New Delhi.
22. Penman, I. D., Ralston, S. H., Strachan, M. W., & Hobson, R. P. (Eds.). (2022). *Davidson's Principles and Practice of Medicine* (24th Edition ed.). Elsevier.
23. Rao, L. V., & Snyder, L. M. (2021). *Wallach's Interpretation of Diagnostic Tests* (South Asian Edition ed.). (S. Dubey, Ed.) New Delhi: Wolters Kluwer Pvt. Ltd. New Delhi.
24. Savill, T.D. and Warner, E.C. (1950) *Savill's System of Clinical Medicine*. edited by E.C. Warner. London: Edward Arnold & Co.
25. Swash, M. (2006) *Hutchison's clinical methods*. Orlando, Fl.: Saunders
26. Vakil, R.J. and Golwalla, A.F. (1974) *Clinical diagnosis: A textbook of physical signs and symptoms for medical students and practitioners*. Bombay: Asia Pub. House.
27. Wallach, J. (2007) *Interpretation of diagnostic tests*. Philadelphia: Wolters Kluwer.

IX. List of contributors:

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CURRICULUM DOCUMENT

M.D. (Homoeopathy) Homoeopathic Pharmacy

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

M.D. (Homoeopathy) Homoeopathic Pharmacy.; **Hom-PG- HP**

II. COMPONENTS OF THE CURRICULUM

II (1). Part I

- (i) Fundamentals of Homoeopathic Pharmacy.
- (ii) Fundamentals of Clinical Medicine in Homoeopathic Pharmacy; and
- (iii) Research Methodology and Biostatistics.

II (2). Part II

- (i) Homoeopathic Pharmacy. Paper 1
- (ii) Homoeopathic Pharmacy. Paper 2.

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

Homoeopathic Pharmacy prospects with discovering and manufacturing new medicines in an industrial set-up along with their quality assurance, effectiveness, drug laws and pharmaceutical ethics binding them. With the ever-expanding Homoeopathic Pharmaceutical industries, the course shall deal with administration, production management, marketing strategies, communication, sales and distribution channels.

The fundamental sciences like Chemistry, Botany, Zoology, Physics, specially biophysics and quantum physics serves to provide a stronghold to the subject of Homoeopathic Pharmacy. With preclinical research conducted in the pharmacy field, answers to the age-old question about the action of homoeopathic medicines have been presented. Adhering to the principles of Homoeopathy, integrating with Homoeopathic Philosophy and Materia Medica, the new paths of Agro-Homoeopathy and Veterinary Homoeopathy have been explored under Pharmacy showcasing the beautiful results by our medicines.

As medicines serve as a strong backbone for a prescription, understanding the concepts of clinical trial, rational use of drugs, posology, pharmacovigilance, medical auditing, and hospital pharmacy is necessary during patient care.

The study of Homoeopathic Pharmacy at the postgraduate level is to create good academicians and clinicians along with trained professionals for Pharmacovigilance, Pharmaceutical industries, Pharmacopoeia Commission, Regulatory bodies, as Research officers and Scientific writers.

IV. COURSE OBJECTIVES. (ENTRUSTABLE PROFESSIONAL ACTIVITIES – EPAS)

1. Collect information necessary to ensure the quality, purity, and stability of drugs by conducting a series of standardisation tests to assay the role of a **drug analyst** in the Homoeopathic Pharmaceutical industry.
2. Perform **Good Manufacturing Practices (GMP)** in the Homoeopathic Pharmaceutical Industry at every stage of manufacturing for distribution and consumption of drugs.
3. Demonstrate qualities of **Good Marketing skills** in Homoeopathic Pharmacy professionals.
4. Perform duties of an academician by imparting knowledge of Homoeopathic Pharmacy for postgraduates through lectures and conducting guest lectures by experts for enhancing the subject depth of Homoeopathic Pharmaceutical Industries.
5. Provide medication-related expertise/ consultation as a homoeopathic physician and as a part of an interprofessional health care team in homoeopathic hospitals.
6. Report adverse drug reactions and /or medication errors (Pharmacovigilance).
7. Perform administrative responsibilities for inventory level checking, drug order review, and coordination with outside vendors in hospital pharmacies.
8. Collect authenticated drug sources for primary assays in Plants and chemicals.
9. Function in R and D branch to design research protocol to ensure pharmaco-therapeutic follow-up, interpret data, analyse results and publish records in International and UGC care journals.
10. Perform specific laboratory skills that are required for new drug development.
11. Internalise the essential skills in industrial manufacturing processes for the preparation of homoeopathic medicines.
12. Manage medication stores and plan for medication budgets by way of providing statistics for medicine consumption.
13. Conduct preclinical & clinical research relevant to validate the sphere of action and efficacy of homoeopathic medicines.
14. Develop the domain of Agro homoeopathy by conducting research on plants for assessing the effect of homoeopathic medicines on growth & production, biotic and abiotic stresses along with undertaking treatment of various plant diseases.
15. Develop the domain of Veterinary Homoeopathy through clinical research conducted on animals.
16. Formulate new drugs.
17. Publish evidence-based documentation of Homoeopathic Pharmacy based on experimentation and clinical research outcomes in credible journals.
18. Consistently demonstrate characteristics of self-directed learning by recognising continuing educational needs with the conduction of seminars, conferences, CMEs and workshops.
19. Apply various teaching-learning techniques for imparting undergraduate and postgraduate education.

IV (1). MAPPING OF EPASAND DOMAIN COMPETENCIES

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

Sl. No	EPA (Entrustable Professional Activities)	KS	PC	HO	CS	PBL	Prf
1.	Collect information necessary to ensure the quality, purity, and stability of drugs by conducting a series of standardisation tests to assay the role of a drug analyst in the Homoeopathic Pharmaceutical industry.	√	-	√	-	√	√
2.	Perform Good Manufacturing Practices (GMP) in the Homoeopathic Pharmaceutical Industry at every stage of manufacturing for distribution and consumption of drugs.	-	-	√	√	-	√
3.	Demonstrate qualities of Good Marketing skills in Homoeopathic Pharmacy professionals.	√	-	√	√	√	√
4.	Perform duties of an academician by imparting knowledge of Homoeopathic Pharmacy for postgraduates through lectures and conducting guest lectures by experts for enhancing the subject depth of Homoeopathic Pharmaceutical Industries.	√	-	√	√	√	-
5.	Provide medication-related expertise/consultation as a homoeopathic physician and as a part of an interprofessional health care team in homoeopathic hospitals.	√	√	√	√	-	√
6.	Report adverse drug reactions and /or medication errors (Pharmaco vigilance).	-	√	-	√	-	√
7.	Undertake administrative responsibilities for inventory level checking, drug order review, and coordination with outside vendors in hospital pharmacies.	-	-	-	√	-	√
8.	Collect authenticated drug sources for primary assays in Plants and chemicals.	√	-	√	-	√	-

9.	Function in R and D branch to design research protocol to ensure pharmacotherapeutic follow-up, interpret data, analyse results and publish records in International and UGC care journals.	√	-	√	-	√	√
10.	Perform specific laboratory skills that are required for new drug development.	√	-	√	√	√	-
11.	Internalise the essential skills in industrial manufacturing processes for the preparation of homoeopathic medicines.	-	-	√	√	√	-
12.	Manage medication stores and plan for medication budgets by way of providing statistics for medicine consumption.	√	-	√	√	√	√
13.	Conduct preclinical & clinical research relevant to validate the sphere of action and efficacy of homoeopathic medicines.	√	-	√	-	√	√
14.	Develop the domain of Agro homoeopathy by conducting research on plants for assessing the effect of homoeopathic medicines on growth& production, biotic and abiotic stresses along with undertaking treatment of various plant diseases.	√	-	√	-	√	√
15.	Develop the domain of Veterinary Homoeopathy through clinical research conducted on animals.	√	-	√	-	√	√
16.	Formulate new drugs.	√	-	√	√	√	√
17.	Publish evidence-based documentation of Homoeopathic Pharmacy based on experimentation and clinical research outcomes in credible journals.	-	-	-	√	-	√
18.	Consistently demonstrate characteristics of self-directed learning by recognising continuing educational needs with the conduction of seminars, conferences, CMEs and workshops.	-	-	-	-	√	√
19.	Apply various teaching-learning techniques for imparting undergraduate and postgraduate education.	√			√	√	√

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

EPA Level:-

1 = No permission to act

2 = Permission to act with direct, proactive supervision present in the room

3 = Permission to act with indirect supervision, not present but quickly available if needed

4 = Permission to act under distant supervision not directly available (unsupervised)

5 = Permission to provide supervision to junior trainees

Sl. no	EPAs	Hom-PG- HP- Part – I			Hom-PG- HP- Part – II		
		Sem /Mod1	Sem /Mod2	Sem/Mod3	Sem/Mod4	Sem/Mod5	Sem /Mod6
1.	Collect information necessary to ensure the quality, purity, and stability of drugs by conducting a series of standardisation tests to assay the role of a drug analyst in the Homoeopathic Pharmaceutical industry.	EPA LEVEL: 1 Study the ideal methods of standardisation of drugs			EPA LEVEL: 2 Perform the series of standardisation tests to assay the role of a drug analyst in the Homoeopathic Pharmaceutical industry.	EPA LEVEL: 5 Guiding the juniors	
2.	Perform Good Manufacturing Practices (GMP) in the Homoeopathic Pharmaceutical Industry at every stage of manufacturing for distribution and consumption of drugs.				EPA LEVEL: 2 Perform Good Manufacturing Practices (GMP) in the Homoeopathic Pharmaceutical Industry at every stage of manufacturing	EPA LEVEL: 5 Guiding the juniors	

					g for distribution and consumption of drugs.		
3.	Demonstrate qualities of Good Marketing skills in Homoeopathic Pharmacy professionals.				EPA LEVEL: 2 Understand qualities of Good Marketing skills in Homoeopathic Pharmacy professionals.	EPA LEVEL: 3 Demonstrate qualities of Good Marketing skills in Homoeopathic Pharmacy professionals.	
4.	Perform duties of an academician by imparting knowledge of Homoeopathic Pharmacy for postgraduates through lectures and conducting guest lectures by experts for enhancing the subject depth of Homoeopathic Pharmaceutical Industries.	EPA LEVEL: 2 Perform duties of an academician by imparting knowledge of Homoeopathic Pharmacy for postgraduates through lectures and conducting guest lectures by experts for enhancing the subject	EPA LEVEL: 3 Perform duties of an academician by imparting knowledge of Homoeopathic Pharmacy for postgraduates through lectures and conducting guest lectures by experts for enhancing the subject	.			EPA LEVEL: 5 Guiding the juniors

		depth of Homoeopathic Pharmaceutical Industries.	depth of Homoeopathic Pharmaceutical Industries.				
5.	Provide medication-related expertise/consultation as a homoeopathic physician and as a part of an interprofessional health care team in homoeopathic hospitals.	EPA LEVEL: 2 Learn the case management with homoeopathic drugs.	EPA LEVEL: 3 Case management with interprofessional experts	EPA LEVEL: 4 Understand the cardinal principles of homoeopathy and its application in selection of simillimum			EPA LEVEL: 5 Guiding the juniors
6.	Report adverse drug reactions and /or medication errors (Pharmacovigilance).	EPA LEVEL: 2 Understanding the adverse drug reactions in the cases during the house job.	EPA LEVEL: 3 Observing & analysing the adverse drug reactions in the cases during the house job.		EPA LEVEL: 4 Apply this knowledge in clinical practice.	EPA LEVEL: 4 Apply this knowledge in clinical practice.	
7.	Undertake administrative responsibilities for inventory level checking, drug order review, and coordination	EPA LEVEL: 2 Understanding the process of inventory level checking	EPA LEVEL: 3 Learn the process of drug order review	EPA LEVEL: 4 Learn the coordination skills and Liaisoning		EPA LEVEL: 4 Application in clinical practice	

	with outside vendors in hospital pharmacies.			with outside vendors in hospital pharmacy			
8.	Collect authenticated drug sources for primary assays in Plants and chemicals.	EPA LEVEL: 2 Understand the concept of authentication and the rules for the collection of authenticated sources of drugs	EPA LEVEL: 3 Understand the concept of authentication and the rules for the collection of authenticated sources of drugs	EPA LEVEL:3 Process of collection under the supervision of experts like Botanist / zoologist/ chemist during internship at pharmaceutical industry .			

9.	Function in R and D branch to design research protocol to ensure pharmacotherapeutic follow-up, interpret data, analyse results and publish records in International and UGC care journals.	EPA LEVEL: 1 Understand ing the fundamenta ls of Pre-clinical& Clinical Research	EPA LEVEL:2 Execution of the Research Knowledge in clinical practice.	EPA LEVEL :3 Execution of the Research Knowledg e in clinical practice	EPA LEVEL: 4 Function in R and D branch to design research protocol to ensure pharmacotherapeutic follow-up, interpret data, analyse results and publish records in International and UGC care journals.	EPA LEVEL: 4 Function in R and D branch to design research protocol to ensure pharmacotherapeutic follow-up, interpret data, analyse results and publish records in International and UGC care journals.	EPA LEVEL: 5 Guiding the Juniors.
10.	Perform specific laboratory skills that are required for new drug development.	EPA Level : 1 Study the concept of different Laboratory skills required for new drug developme nt.			EPA LEVEL :2 Perform specific laboratory skills that are required for new drug development.	EPA LEVEL :3 Perform specific laboratory skills that are required for new drug developm ent.	
11.	Internalise the essential skills in industrial manufacturing processes for the	EPA LEVEL: 1 Understand ing the concept of	EPA LEVEL :2 Perform the role of a drug	EPA LEVEL:2 Applicatio n of this knowledg	EPA LEVEL: 2 Application of this		EPA LEVEL :5 Guiding the Juniors.

	preparation of homoeopathic medicines.	Drug Standardisation.	analyst in relations to drug standardisation.	e in the departmental laboratory .	knowledge in the Industrial laboratory level.		
12.	Manage medication stores and plan for medication budgets by way of providing statistics for medicine consumption.	EPA LEVEL: 2 Understanding the concept of GMP and its fundamentals.	EPA LEVEL:3 Understanding the rules of different stages of manufacturing, distribution and consumption of drugs.	EPA LEVEL:4 Understanding the rules of different stages of manufacturing, distribution and consumption of drugs.	EPA LEVEL: 4 Understanding the practical aspects of different stages of manufacturing, distribution and consumption of drugs at the industry level during the Internship.		EPA LEVEL: 5 Guiding the Juniors
13.	Conduct preclinical & clinical research relevant to validate the sphere of action and efficacy of homoeopathic medicines.	EPA LEVEL: 2 Understanding the fundamentals of Pre-clinical& Clinical Research	EPA LEVEL:3 Execution of the Research Knowledge in clinical practice.	EPA LEVEL :4 Execution of the Research Knowledge in clinical practice			EPA LEVEL: 5 Guiding the Juniors
14.	Develop the domain of Agro homoeopathy by conducting research on plants for assessing the	EPA LEVEL: 2 Understanding the concept of Agro homoeopathy.	EPA LEVEL: 3 Application of Homoeopathic Medicines in plant	EPA LEVEL:4 Application of Homoeopathic Medicines in plant	EPA LEVEL: 4 Application of this knowledge in the Industrial laboratory level.		EPA LEVEL: 5 Guiding the Juniors

	effect of homoeopathic medicines on growth & production, biotic and abiotic stresses along with undertaking treatment of various plant diseases.		diseases as well as growth and production of plants / crops in Agriculture .	diseases as well as growth and production of plants / crops in Agriculture.			
15.	Develop the domain of Veterinary Homoeopathy through clinical research conducted on animals.	EPA LEVEL: 2 Understanding the veterinary diseases.	EPA LEVEL :3 Homoeopathic management of veterinary diseases.	EPA LEVEL :4 Apply in practice			EPA LEVEL: 5 Guiding the Juniors.
16.	Formulate new drugs.	EPA LEVEL: 1 Understanding the basics of pharmaceutical infrastructure.			EPA LEVEL: 2 Exposure to the Production of medicines at the industry level during Internship.		EPA LEVEL: 5 Guiding the Juniors.
17.	Publish evidence-based documentation of Homoeopathic Pharmacy based on experimentation and clinical research outcomes in credible			EPA LEVEL:3 Publication of Articles in Peer Reviewed Journals under the supervision of the Guide.		EPA LEVEL: 3 Publication of Articles in Peer Reviewed Journals under the supervision of the	

	journals.					Guide.	
18.	Consistently demonstrate characteristics of self-directed learning by recognising continuing educational needs with the conduction of seminars, conferences, CMEs and workshops.	EPA LEVEL :2 Conduction of intradepartmental seminars.	EPA LEVEL :2 Conduction of interdepartmental seminars.				EPA LEVEL: 5 Guiding the Juniors for seminars.
19.	Apply various teaching-learning techniques for imparting undergraduate and postgraduate education.	EPA LEVEL :2 Justify the need for educational methodology as a component of PG Course.	EPA LEVEL:3 Identify the learning objectives for their domain in Bloom's taxonomy . Identify the contexts of learning.	EPA LEVEL :3 Recognise the levels of Guilbert. Indicate the level in Miller's Pyramid. Select appropriate instructional activities.	EPA LEVEL:4 Write objectives for all domains of Bloom and levels of Guilbert. Identify assessment tools appropriate for the context.	EPA LEVEL :5 Conduct evidence driven TL and Assessment of UG students.	EPA LEVEL:5 Apply various teaching-learning techniques for imparting undergraduate and postgraduate education.

**PART - I; Paper 1:
FUNDAMENTALS OF HOMOEOPATHIC PHARMACY**

V. TOPICS AND TOPIC OBJECTIVES.

Part – I: Paper 1: FUNDAMENTALS OF HOMOEOPATHIC PHARMACY (HOM-PG-FHP)

- **Hom-PG-FHP-01** : Philosophy and Development of Homoeopathic Pharmacy
- **Hom-PG-FHP-02** : Homoeopathic Pharmacopoeia
- **Hom-PG-FHP-03** :Pharmaconomy
- **Hom-PG-FHP-04** : Knowledge of Drug Substance (Pharmacognosy and Pharmacology)
- **Hom-PG-FHP-05** : Drug Proving
- **Hom-PG-FHP-06** : Homoeopathic Pharmaceutics

COURSE CONTENT

- **Hom-PG-FHP-01: PHILOSOPHY AND DEVELOPMENT OF HOMOEOPATHIC PHARMACY**
 - The basis of development of Homoeopathic Pharmacy.
 - The different schools of medicine – with emphasis on Introduction, principles of pharmaceutics & their inter-relationship.
 - The concept of Potentization and its development with difference between homoeopathic pharmacy during and after Hahnemann's time.
- **Hom-PG-FHP-02: HOMOEOPATHIC PHARMACOPOEIA**
 - Preparation of homoeopathic medicines by abiding by the guidelines of homoeopathic pharmacopoeias.
- **Hom-PG-FHP-03: PHARMACONOMY**
 - The various routes of administration in general and in Homoeopathy.
 - The principles of Pharmacokinetics.
- **Hom-PG-FHP-04: KNOWLEDGE OF DRUG SUBSTANCE (PHARMACOGNOSY AND PHARMACOLOGY)**
 - Learning of pharmacognosy and pharmacology to identify drug from different sources, collect & preserve for preparation of homoeopathic medicines.
 - Phytochemistry and Phytoconstituents of drug substances and their action.
 - Toxicological Dose and Toxicological action of Homoeopathic drugs.
 - The scientific basis of mode of action of homoeopathic medicines through concept of Nanotechnology.

- **Hom-PG-FHP-05: DRUG PROVING**
 - Hahnemannian Proving and Homoeopathic Pathogenetic Trial (HPT)
- **Hom-PG-FHP-06: HOMOEOPATHIC PHARMACEUTICS**
 - Preparation of Potentised medicines, mother preparation with its preservation, Formulation and Dispensing of Homoeopathic medicine.
 - The safety rules to be observed during preparation of medicines in manufacturing unit.

VI. COURSE DESCRIPTION

TOPIC NAME: Hom-PG-FHP -01:

PHILOSOPHY AND DEVELOPMENT OF HOMOEOPATHIC PHARMACY

Topic Overview	This Topic will provide students of M.D. Hom (Homoeopathic Pharmacy) with an overview about evolution of Pharmacy with emphasis on Homoeopathic Pharmacy and the contribution of pioneers in its development.
Learning Outcome	Hom-PG-FHP-01 - 01: UNDERSTANDING THE BASIS OF DEVELOPMENT OF HOMOEOPATHIC PHARMACY KNOWLEDGE: i) Illustrate the history of Pharmacy with emphasis on Homoeopathic Pharmacy ii) Enumerate the contribution of pioneers in development of Pharmacy. SKILL: This includes specialized skills like understanding of homoeopathic principles and their implementation in preparing homoeopathic medicines. REFLECTION: Reflect on the evolution of homoeopathic pharmacy through the contribution of pioneers
Topic overview	This Topic will provide students of M.D.Hom (Homoeopathic Pharmacy) with an overview on different schools of Medicine (Allopathy, Ayurveda, Homoeopathy, Siddha, Unani).

Learning Outcome	Hom-PG-FHP-01 - 02: IDENTIFYING THE DIFFERENT SCHOOLS OF MEDICINE – WITH EMPHASIS ON INTRODUCTION, PRINCIPLES OF PHARMACEUTICS & THEIR INTER-RELATIONSHIP KNOWLEDGE: i) Describe the fundamental principles of pharmaceutics of different schools of medicines. ii) Appraise the interrelationship between different schools of medicines. SKILL: This includes the applicable skills to practice the concepts relating to pharmaceutics of different schools of medicine. REFLECTION: Develop a fair understanding of merits and demerits of different schools of medicine.
Topic overview	This Topic will provide students of M.D. Hom (Homoeopathic Pharmacy) with an overview on theory of Homoeopathic Dynamisation along with its evolution during and after Hahnemannian era.
Learning Outcome	Hom-PG-FHP-01 - 03: UNDERSTAND THE CONCEPT OF POTENTISATION AND ITS DEVELOPMENT WITH DIFFERENCE BETWEEN HOMOEOPATHIC PHARMACY DURING AND AFTER HAHNEMANN’S TIME. KNOWLEDGE: i) Elaborate the concept of Dynamization as per Hahnemann ii) Analyse the evolution of Dynamisation during and after Hahnemannian era SKILL: Perform the methods of dynamization in pharmacy laboratory REFLECTION: Determine the competencies to perform dynamization as per Homoeopathic principles.
<u>Learning Methods</u>	<u>REFLECTIVE LEARNING, & LIBRARY BASED LEARNING</u>
Assessment:	Continuous/ Programmatic assessment/ Written assessment/ Practical Assessment Structured Essay Questions (SEQ) / LAQ / SAQ

Prescribed texts:	Refer to list attached
Domains of Competencies :	Knowledge and Skill/Homoeopathic Orientation/Practice based learning

TOPIC NAME: HOM-PG-FHP -02:

HOMOEOPATHIC PHARMACOPOEIA

Topic Overview	This Topic will provide students of M.D. Hom (Homoeopathic Pharmacy) with an overview on official and unofficial Homoeopathic Pharmacopoeias with special emphasis on HPI.
Learning Outcome	Hom-PG-FHP-02 - 01: FORMULATE PREPARATION OF HOMOEOPATHIC MEDICINES BY ABIDING BY THE GUIDELINES OF HOMOEOPATHIC PHARMACOPOEIAS KNOWLEDGE: i) Document the evolution& development of Homoeopathic Pharmacopoeia ii) Classify Homoeopathic Pharmacopoeias iii) Describe official (GHP, HPUS, BHP, HPI- vol. 1 to 10) and unofficial pharmacopoeia (M. Bhattacharya's Pharmacopoeia, Encyclopaedia of Homoeopathic Pharmacopoeia- PN Varma & InduVaid) iv) Discuss Presentation patterns and comparison of different Pharmacopoeias. v) Summarise the salient features of Homoeopathic Pharmaceutical codex SKILL: This includes understanding of guidelines and standards for the preparation and quality control of homoeopathic drugs besides practical skills relating to trituration and succussion. REFLECTION: Distinguish the contrasting features of different homoeopathic pharmacopoeias
<u>Learning Methods</u>	<u>PROBLEM – BASED LEARNING, LAB – BASED LEARNING, DELIBERATE PRACTICE.</u>
Assessment:	Continuous/ Programmatic assessment/ Written assessment/ Practical Assessment LAQ / SAQ; Checklist, Rating Scales, Rubric

Prescribed texts:	Refer to list attached
Domains of Competencies:	Knowledge and Skill/Homoeopathic Orientation

TOPIC NAME: HOM-PG-FHP -03:

PHARMACONOMY

Topic overview	This Topic will provide students of M.D. Hom (Homoeopathic Pharmacy) with an overview on concept of Pharmaconomy to Identify administration of drugs through routes applicable to the disease.
Learning Outcome	Hom-PG-FHP-03 - 01: UNDERSTAND THE VARIOUS ROUTES OF ADMINISTRATION IN GENERAL AND IN HOMOEOPATHY KNOWLEDGE: i) Determine the modes of administration of homoeopathic medicines, its merits and demerits SKILL: Demonstrate the administration of homoeopathic medicines in clinical practice REFLECTION: Interpret the effectiveness of various modes of administration
Topic overview	This Topic will provide students of M.D. Hom (Homoeopathic Pharmacy) with an overview on Pharmacokinetics
Learning Outcome	Hom-PG-FHP-03 - 02: UNDERSTAND THE PRINCIPLES OF PHARMACOKINETICS KNOWLEDGE: i) Define Pharmacokinetics ii) Illustrate the path of travel of drug in the body as per the principles of Pharmacokinetics. iii) Discuss the concept of Absorption, Distribution, Biotransformation, Excretion of drugs. SKILL: Construct a virtual map of drug action as per Pharmacokinetics. REFLECTION: Predict the effect of medicines in patients.
<u>Learning Methods</u>	<u>CASE – BASED LEARNING, BEDSIDE LEARNING, DELIBERATE PRACTICE.</u>

Assessment:	Continuous/ Programmatic assessment/ Written assessment/ Practical Assessment SAQ ; DOPS, Checklist
Prescribed texts:	Refer to list attached
Domains of Competencies:	Knowledge and Skill/Homoeopathic Orientation/ Patient care/Practice based learning

TOPIC NAME:HOM-PG-FHP-04:

KNOWLEDGE OF DRUG SUBSTANCE (PHARMACOGNOSY AND PHARMACOLOGY)

Topic overview	This Topic will provide students of M.D. Hom (Homoeopathic Pharmacy) with an overview on concept of Pharmacognostic and Pharmacological effects of homoeopathic drugs.
Learning Outcome	Hom-PG-FHP-04 - 01: ENSURE LEARNING OF PHARMACOGNOSY AND PHARMACOLOGY TO IDENTIFY DRUG FROM DIFFERENT SOURCES, COLLECT & PRESERVE FOR PREPARATION OF HOMOEOPATHIC MEDICINES. KNOWLEDGE: i) Explore the salient features of Pharmacognosy ii) Summarise the basic principles of Pharmacology SKILL: Perform procedures for identification of drug substance for macroscopic and microscopic characteristics in departmental pharmacy laboratory (as listed in Appendix 3) REFLECTION: Relate the relevance of Pharmacognosy, and Pharmacology in clinical practice
Topic overview	This Topic will provide students of M.D. Hom (Homoeopathic Pharmacy) with an overview on Phytochemistry and Phytoconstituents of drug substances
Learning Outcome	Hom-PG-FHP-04 - 02: UNDERSTAND PHYTOCHEMISTRY AND PHYTOCONSTITUENTS OF DRUG SUBSTANCES AND THEIR ACTION KNOWLEDGE: i) Discuss the concept of Phytochemistry

	ii) Differentiate the significance of action of Phytoconstituents of five (5) polychrest drug substances (As listed in Appendix 1) SKILL: This includes knowledge of chemistry, biochemistry, botany and plant taxonomy with understanding of morphology and life cycle of plants, analytical technique such as chromatography (HPLC), spectrophotometry, etc. Practical understanding of pharmacology, pharmacokinetics and phytoconstituents, molecular biology techniques. REFLECTION: Analyse the phytochemical action of drugs
Topic overview	This Topic will provide students of M.D. Hom (Homoeopathic Pharmacy) with an overview on Toxicological Dose and Toxicological action of Homoeopathic drugs
Learning Outcome	Hom-PG-FHP-04 - 03: UNDERSTAND TOXICOLOGICAL DOSE AND TOXICOLOGICAL ACTION OF HOMOEOPATHIC DRUGS KNOWLEDGE: i) Critique the concept of Toxicological Dose ii) Illustrate the Toxicological action of drug substances of five (5) Homoeopathic drugs (as listed in Appendix 2) SKILL: This includes understanding of dose-response relationships and mechanisms of action to comprehend the toxicological action of homoeopathic drugs. REFLECTION: Review the toxicological action of drugs in clinical practice
Topic overview	This Topic will provide students of M.D. Hom (Homoeopathic Pharmacy) with an overview on Homoeopathic Pharmacodynamics and Introduction to Nanotechnology in relation to Homoeopathic medicines
Learning Outcome	Hom-PG-FHP-04 - 04: INTERPRET THE SCIENTIFIC BASIS OF MODE OF ACTION OF HOMOEOPATHIC MEDICINES THROUGH CONCEPT OF NANOTECHNOLOGY KNOWLEDGE: i) Generalise the features of Homoeopathic Pharmacodynamics ii) Discuss the concept of ED₅₀, LD₅₀, SAR (structure-activity relationship)

	iii)Relate the concept of Nanotechnology with homoeopathic pharmacy. SKILL: This includes the practical skills relating to applications of nano technology which involves manipulating and utilising materials at the nano scale level in order to comprehend how homoeopathic medicines may interact with the body at the nano scale and influence biological processes REFLECTION: Verify the dynamic action of drugs in clinical practice.
<u>Learning Methods</u>	<u>PROBLEM – BASED LEARNING, LAB – BASED LEARNING, DELIBERATE PRACTICE.</u>
Assessment:	Continuous/ Programmatic assessment/ Written assessment/ Practical Assessment LAQ / SAQ ; DOPS, Checklist, Rating Scales.
Prescribed texts:	Refer to list attached
Domains of Competencies :	Knowledge and Skill/Homoeopathic Orientation/ Patient care/ Practice based learning

TOPIC NAME: HOM-PG-FHP -05:

DRUG PROVING

Topic overview	This Topic will provide students of M.D. Hom (Homoeopathic Pharmacy) with an overview on Proving homoeopathic medicines on human beings and animals
Learning Outcome	Hom-PG-FHP-05 - 01: UNDERSTANDHAHNEMANNIAN PROVING AND HOMOEOPATHIC PATHOGENETIC TRIAL (HPT) KNOWLEDGE: i) Explain the fundamental principles and methodology of drug proving ii) Enumerate the advantage and disadvantage of Hahnemannian proving iii) Illustrate the procedure for conducting HPT iv) Summarise the new drug development protocol as per CCRH v) Explain reproving of Homoeopathic drugs vi) Critique the Concept of Clinical and Toxicological proving (Animal proving) SKILL: This includes skills to understand the concept of individualization, study and analysing the Materia medica and ability to navigate and utilize homoeopathic repertories. REFLECTION: Attain the sphere of action of drugs and learn to complete MM pura
Learning methods	Case – based, Out -patient based, Library based
Assessment:	Continuous/ Programmatic assessment/ Written assessment/ Practical Assessment LAQ / SAQ; DOPS, Checklist, Rating Scales.
Prescribed texts:	Refer to list attached
Domains of Competencies :	Knowledge and Skill/Homoeopathic Orientation/ Patient care

HOMOEOPATHIC PHARMACEUTICS

Topic overview	This Topic will provide students of M.D. Hom (Homoeopathic Pharmacy) with an overview on preparation of homoeopathic medicines
Learning outcome	Hom-PG-FHP-06 - 01: UNDERSTANDPREPARATION OF POTENTISED MEDICINES, MOTHER PREPARATION WITH ITS PRESERVATION, FORMULATION AND DISPENSING OFHOMOEOPATHIC MEDICINE, KNOWLEDGE: i) Elaborate the fundamental principles, methods of Potentisation with different scales ii) Explain the steps for preparation of homoeopathic medicines as per Hahnemann and modern methods - iii)Discuss the principles and procedure of preservation of potentised medicines and mother preparation iv) Outline the procedure for the formulation and dispensing of homoeopathic medicines SKILL: i) Perform the manufacturing procedures in the departmental pharmacy laboratory as listed in (Appendix 3) ii) Estimate Alcohol content in mother tincture, tincture trituration REFLECTION: Develop the competencies to perform dynamization as per Homoeopathic principles in large scale
Topic overview	This Topic will provide students of M.D. Hom (Homoeopathic Pharmacy) with an overview on Safety measures followed in Drug Industry
Learning outcome	Hom-PG-FHP-06 - 02: UNDERSTAND THE SAFETY RULES TO BE OBSERVED DURING PREPARATION OF MEDICINES IN MANUFACTURING UNIT KNOWLEDGE: i) List the pre-requisites of ideal pharmacy laboratory ii) Discuss the safety rules followed in industrial set up SKILL: This includes the skills relating to manufacturing processes, handling of hazardous materials and usage of personal protective equipment, besides practical skills concerning with good manufacturing practices (GMP).

	REFLECTION: Adapt due care and diligence during preparation of medicines
Learning Methods	Lab – based, Self- regulated learning, Deliberate Practice
Assessment:	Continuous/ Programmatic assessment/ Written assessment/ Practical Assessment LAQ / SAQ ; Checklist, Rubric
Prescribed texts:	Refer to list attached
Domains of Competencies:	Knowledge and Skill/Homoeopathic Orientation/Practice based learning

Appendix 1: **List of Polychrest drugs**

1. Aconite napellus
2. Belladonna
3. Cinchona officinalis
4. Gelsemium sempervirens
5. Thuja occidentalis

Appendix 2: **List of drugs for Toxicological action**

1. Conium maculatum
2. Datura metel
3. Nux vomica
4. Rauwolfia serpentina
5. Lachesis

Appendix 3: **Practicals**

M.D. (HOMOEOPATHY) HOMOEOPATHIC PHARMACY

Part-I: **PRACTICALS**

1. Demonstration of Homoeopathic Pharmaceuticals Instruments and appliances and their uses, cleaning (**Appendix A**)
2. Estimation of size of Globules.
3. Medication of Globules.
4. Laboratory Methods: Sublimation, Crystallisation, Decantation, Filtration, Distillation
5. Preparation of dilute and dispensing alcohol from strong alcohol
6. Preparation of External application: Glycerol, Lotion, Liniment, Ointment
7. Purity test of Sugar of Milk, Water, and Alcohol
8. Succussion in Decimal scale from Mother Tincture to 3X potency (new method)

9. Succussion in Centesimal scale from Mother Tincture to 3C potency (new method)
10. Succussion in Decimal scale from Mother Tincture (prepared in old method) to 3X potency.
11. Succussion in Centesimal scale from Mother Tincture (prepared in old method) to 3C potency.
12. Preparation of one medicine each as per Trituration under class VII, VIII& IX.
13. Trituration of one drug as per HPI.
14. Preparation of Mother Tinctures according to old Hahnemannian method (class I to IV).
15. Preparation of Mother Solutions according to old Hahnemannian method (class Va, Vb, VIa, VIb)
16. Conversion of one trituration to liquid potency: 6X to 8X potency
17. Conversion of one trituration to liquid potency: 3C to 4C potency
18. Determination of specific gravity of different strengths of alcohol
19. Preparation of 0/1 of one drug from 3C trituration (LM scale)
20. Study of identification of drug substances
 - a) Macroscopic characteristics (any 15) -- **(Appendix B)**
 - b) Microscopic characteristics (any 5) -- **(Appendix C)**

HOMOEOPATHIC PHARMACEUTICAL INSTRUMENTS

Mortar and Pestle- Porcelain, Glass, Iron	Macerating Jar	Measuring cylinder	Simple Distillation apparatus	Moisture Balance
Spatula	Percolator	Volumetric flask	Chopping Board, Chopping Knife	Refractometer
Ointment slab and Ointment spatula	Tincture Press	Pipette- -volumetric and graduated	Colorimeter	Dropper
Chemical Balance	Wire Gauze	Burette	Stirrer/ Glass rod	Desiccator
Electronic balance	Hot air oven	Stop watch	Glass Funnels	Glass apparatus for filtration with vacuum
Evaporating dishes- Porcelain, glass	Sieves-10,22, 44,60, 85, 120	Water still	Thin layer chromatography apparatus	Electric triturator
Crucibles with tongs	Lactometer	Spectrophotometer	Watch glass	Spirit lamp
Water bath-metal/ electric	Pyknometer	Electric potentiometer	Petri dish	Polarimeter
Microscopes	pH meter	Hydrometer	Alcoholometer	Silica crucibles

LIST OF DRUGS FOR IDENTIFICATION FOR MACROSCOPIC STUDY

Allium cepa	Cannabis indica	Ficus religiosa	Tropaeolum majus
Andrographis paniculata	Cinchona officinalis	Holarrhena antidysenterica	Terminalia arjuna
Aegle folia	Catharanthus roseus	Helianthus annuus	Tinospora cordifolia
Azadirachta indica	Cassia sophera	Hydrocotyle asiatica	Tabacum
Apis mellifica	Coffea cruda	Opium	
Alstonia scholaris	Cascabela thevetia	Oleander	
Blatta orientalis	Eucalyptus globulus	Syzygium jambolanum	

Appendix C

LIST OF DRUGS FOR IDENTIFICATION FOR MICROSCOPIC STUDY

Cina	Calendula officinalis	Datura	Justicia adhatoda	Cactus grandiflorus
Chamomilla	Digitalis purpurea	Nux vomica	Ipecac	Rauwolfia serpentina

M.D. (Hom) Homoeopathic Pharmacy Part-I Activities:

- MoU (Memorandum of Understanding) with College of Pharmacy (ONE INSTITUTE) under any recognized university.
- Journal club meetings in Part-I for the class.
- 15 days in Homoeopathic Hospital Pharmacy duties (in own collegiate teaching homoeopathic hospital).: **Record on posting in Hospital Pharmacy for dispensing to be maintained** in terms of total numbers of patients; date wise, Registration number of Patients, Dosage form – Liquid/solid, name of the vehicle used, medication process.

VII. ASSESSMENT

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

VII (1). M.D. (Homoeopathy) Part-I Examination –**MAXIMUM MARKS FOR EACH SUBJECT AND MINIMUM MARKS REQUIRED TO PASS SHALL BE AS FOLLOWS:**

Subjects	Theory		Practical or Clinical Examination, including Viva	
	Maximum Marks	Pass Marks	Maximum Marks	Pass Marks
i. Fundamentals of Homoeopathic Pharmacy	100	50	200* (160 + 40) (Summative Assessment 160 Marks) (Internal Assessment 40 Marks)	100* (80 + 20) (Summative Assessment 80 Marks) (Internal Assessment 20 Marks)
ii. Fundamentals of Clinical Medicine in Homoeopathic Pharmacy	100	50		
iii. Research Methodology and Biostatistics	100	50	-	-

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

VII (2). ASSESSMENT BLUEPRINT – THEORY *(Benchmarked by the module-wise distribution.)***VII (2A). DISTRIBUTION OF TOPICS FOR THEORY-BASED ASSESSMENT.****TYPES OF QUESTIONS WITH MARKS**

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

Part 1 – Paper 1.**Topic Numbers**

Hom-PG-FHP-01	Philosophy and Development of Homoeopathic Pharmacy
Hom-PG-FHP-02	Homoeopathic Pharmacopoeia
Hom-PG-FHP-03	Pharmaconomy
Hom-PG-FHP-04	Knowledge of Drug Substance (Pharmacognosy and Pharmacology)
Hom-PG-FHP-05	Drug Proving
Hom-PG-FHP-06	Homoeopathic Pharmaceutics

VII (2b). QUESTION PAPER LAYOUT

Q. No.	Type of Question	Content	Marks
1	Problem Based	Hom-PG-FHP-02/ Hom-PG-FHP-05/ Hom-PG-FHP-06	20
2	LAQ	Hom-PG-FHP-01/ Hom-PG-FHP-02	10
3	LAQ	Hom-PG-FHP-04	10
4	LAQ	Hom-PG-FHP-05	10
5	LAQ	Hom-PG-FHP-06	10
6	SAQ	Hom-PG-FHP-01	5
7	SAQ	Hom-PG-FHP-02	5
8	SAQ	Hom-PG-FHP-04	5
9	SAQ	Hom-PG-FHP-03	5
10	SAQ	Hom-PG-FHP-05	5
11	SAQ	Hom-PG-FHP-06	5
12	SAQ	Hom-PG-FHP-05	5
13	SAQ	Hom-PG-FHP-06	5
Total			100

VII (3). ASSESSMENT BLUEPRINT –PRACTICAL / VIVA:**VII (3a). PRACTICAL EXAMINATION.**

PRACTICAL		
1	Internal Assessment	20 Marks
2	Spotting	20 Marks
3	Experiment	50 Marks
4	Logbook	05 Marks
5	Micro Teaching	05 Marks
Total		100 Marks

VII (3b). VIVA VOCE.

VIVA		
1	Internal Assessment	20 Marks
1	Discussion of Synopsis	20 Marks
2	Viva	60 Marks
Total		100 Marks

VIII. LIST OF REFERENCE BOOKS (As per APA Format).

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Part II: Paper -1& Paper - 2

V. TOPICS AND TOPIC OBJECTIVES.

Part II: HOMOEOPATHIC PHARMACY-PAPER 1: (HOM-PG-HP-PART II- PAPER-1)

Hom-PG-HP-07: Prescription Writing and Dispensing

Hom-PG-HP-08: Laboratory Methods

Hom-PG-HP-09: Drug Laws and Legislation Related to Homoeopathic Pharmacy

Hom-PG-HP-10:Standardisation

VI. TOPIC DESCRIPTION

Hom-PG-HP-07:

PRESCRIPTION WRITING AND DISPENSING

- Writing a legal prescription and avoiding errors during prescription writing.
- Methods and Precautions required for Dispensing of Homoeopathic medicines

Hom-PG-HP-08:

LABORATORY METHODS

- Standard laboratory techniques for standardising homoeopathic medicines.

Hom-PG-HP-09:

DRUG LAWS AND LEGISLATION RELATED TO HOMOEOPATHIC PHARMACY

- Legislation/ laws related to homoeopathic pharmacy.

Hom-PG-HP-10:

STANDARDISATION

- The goal of manufacturing good quality homoeopathic product
- The quality control tests to ascertain pure substances.

TOPIC NAME: HOM-PG-HP-07:**PRESCRIPTION WRITING AND DISPENSING**

Topic Overview	This Topic will provide students of M.D. Hom (Homoeopathic Pharmacy) with an overview on ideal Prescription Writing and its medicolegal importance
Learning outcome:	Hom-PG-HP-07-01: WRITING A LEGAL PRESCRIPTION AND AVOIDING ERRORS DURING PRESCRIPTION WRITING KNOWLEDGE: i) State the parts of Prescription writing ii) Expand the abbreviations used in prescription writing iii) Explain the legal aspect of prescription writing in clinical setup SKILL: Practice the format of ideal prescription to avoid errors during clinical practice REFLECTION: Identify the possible mistakes made in prescription writing with regard to its medicolegal significance in clinical practice, and devise their solutions.
Topic Overview	This Topic will provide students of M.D. Hom (Homoeopathic Pharmacy) with an overview on Dispensing of Homoeopathic medicines
Learning outcome:	Hom-PG-HP-07 – 02: IDENTIFY METHODS AND PRECAUTIONS REQUIRED FOR DISPENSING OF HOMOEOPATHIC MEDICINES KNOWLEDGE: i) Illustrate the methods of Dispensing ii) Explain the precautions to be taken during dispensing of homoeopathic medicines SKILL: Perform all the procedures for proper dispensing of homoeopathic medicines. REFLECTION: Reflect on the main features of dispensing homoeopathic medicines in clinical practice
Learning Methods	Case – based, Out – patient based, Ward rounds, Deliberate Practice.
Assessment:	Continuous/ Programmatic assessment/ Written assessment/ Practical Assessment LAQ / SAQ ; Checklist , Rating Scales, Rubric.
Prescribed texts:	Refer to list attached
Domains of Competencies:	Knowledge and Skill/Homoeopathic Orientation/ Practice based learning/ Professionalism/ Patient care

TOPIC NAME: HOM-PG-HP-08:

LABORATORY METHODS

Topic overview	This Topic will provide students of M.D. Hom (Homoeopathic Pharmacy) with an overview on Lab methods specifically for understanding purity of homoeopathic medicines
Learning outcome:	Hom-PG-HP-08 – 01: UNDERSTANDING STANDARD LABORATORY TECHNIQUES FOR STANDARDISING HOMOEOPATHIC MEDICINES KNOWLEDGE: i) Describe the various heat process: Sublimation, Evaporation- factors affecting evaporation, types of equipment for evaporation method ii) Explain the drying procedures: Drying- definition, purpose of drying, theory of drying, moisture content and Desiccation SKILL: Perform laboratory methods in pharmacy laboratory. Estimate moisture content of one drug (Gravimetric method) in Pharmacy laboratory as listed in Appendix 7 REFLECTION: Recall the critical factors to ensure the purity and genuineness of drug substances
Topic overview	This Topic will provide students of M.D. Hom (Homoeopathic Pharmacy) with an overview on Lab methods specifically for understanding purity of homoeopathic medicines
Learning outcome:	Hom-PG-HP-08 – 02: UNDERSTANDING STANDARD LABORATORY TECHNIQUES FOR STANDARDISING HOMOEOPATHIC MEDICINES KNOWLEDGE: i) Illustrate the mixing, its mechanism/process, purpose and factors affecting it. ii) Define the terms ‘filtration’, ‘Filter Media’. iii) Discuss the factors affecting rate of filtration. SKILL: Perform laboratory methods in Pharmacy laboratory REFLECTION: Appraise the steps to ensure the purity and genuineness of drug substances

Topic overview	This Topic will provide students of M.D. Hom (Homoeopathic Pharmacy) with an overview on Lab methods specifically for understanding purity of homoeopathic medicines
Learning outcome:	Hom-PG-HP-08 – 03: UNDERSTANDING STANDARD LABORATORY TECHNIQUES FOR STANDARDISING HOMOEOPATHIC MEDICINES KNOWLEDGE: i) Define the terms ‘distillation’, and ‘sterilisation’ ii) Illustrate the procedure of distillation and sterilisation iii) Discuss different types of distillation-- simple, fractional, steam iv) Explain the tests for sterility SKILL: Perform laboratory methods in Pharmacy Laboratory REFLECTION: Reflect on the steps to ensure the purity of distilled water to prepare a pure medicine and understand sterilisation for use of safe medicines by killing microbes during manufacturing.
Learning Methods	Lab – based, Deliberate practice.
Assessment:	Continuous/ Programmatic assessment/ Written assessment/ Practical Assessment SAQ ; Checklist, Rating Scales, Rubric.
Prescribed texts:	Refer to list attached
Domains of Competencies :	Knowledge and Skill/Homoeopathic Orientation/ Practice based learning

TOPIC NAME:HOM-PG-HP -09:

DRUG LAWS AND LEGISLATION RELATED TO HOMOEOPATHIC PHARMACY

Topic overview	This Topic will provide students of M.D. Hom(Homoeopathic Pharmacy) with an overview on different legal aspects of Homoeopathic Pharmacy as per The Drugs & Cosmetics Act, 1940
Learning Outcomes:	Hom-PG-HP-09 – 01: UNDERSTAND LEGISLATION/ LAWS RELATED TO HOMOEOPATHIC PHARMACYAS LISTED IN APPENDIX 4 KNOWLEDGE: i) Recognise the various by-laws as prescribed by Govt. of India for the practice of homoeopathic pharmacy. ii) Appraise the updates and amendments of Laws and Acts of homoeopathic pharmacy on a regular basis. SKILL: Implement drug laws and legislation into clinical practices and drug manufacturing REFLECTION: Ascertain the recency of legal and regulatory procedures to ensure ethical clinical practice and good manufacturing practices.
Learning Methods	Problem – based, Case – based, Brainstorming
Assessment:	Continuous/ Programmatic assessment/ Written assessment/ Practical Assessment LAQ / SAQ / SEQ
Prescribed texts:	Refer to list attached
Domains of Competencies :	Knowledge and Skill/Homoeopathic Orientation/ Professionalism/ Patient care/ Practice based learning

TOPIC NAME: HOM-PG-HP-10:

STANDARDISATION

Topic overview	This Topic will provide students of M.D. Hom (Homoeopathic Pharmacy) with an overview on Standardisation of drugs, vehicles, finished products necessary for establishing the purity of a substance.
Learning Outcome	Hom-PG-HP-10 – 01: UNDERSTANDING THE GOAL OF MANUFACTURING GOOD QUALITY HOMOEOPATHIC PRODUCT KNOWLEDGE: i) Define standardisation, evaluate its objective ii) Classify the different quality control evaluations, and tests for drug, vehicles and finished products SKILL: Practical demonstration and conduction of the tests in the Homoeopathic Pharmaceutical industry set up. REFLECTION: Ascertain the genuineness and purity of drug substances and finished product i.e. homoeopathic medicines & the use of genuine drug for identification, preparation and to avoid use of substitutes
Topic overview	This Topic will provide students of M.D. Hom (Homoeopathic Pharmacy) with an overview on Pharmaceutical testing methods as listed in Appendix 7
Learning Outcome	Hom-PG-HP-10 – 02: UNDERSTAND THE QUALITY CONTROL TESTS TO ASCERTAIN PURE SUBSTANCES KNOWLEDGE: i) Discuss the concept and mechanism of Analytical tests relating to Phytoconstituents- Carbohydrates, Proteins, Lipids, Alkaloids, Glycosides, Saponins, Tannins, Flavanoids ii) Describe procedures of Thin layer chromatography-TLC, Gas liquid chromatography- GLC, High performance liquid chromatography- HPLC, Lambert's Law (Beers Law), Spectrophotometer analysis of Homoeopathic drugs, Polarography, Fluorometry, Official sampling/ Quartering Technique SKILL: Practical demonstration and conduction of the tests in the Homoeopathic Industrial pharmaceutical set up as listed in Practical part in Appendix 7

	Reflection: Ascertain the genuineness and purity of drug substances and finished product i.e homoeopathic medicines
Learning Methods	Problem – based, Library – based, Lab – based
Assessment	Continuous/ Programmatic assessment/ Written assessment/ Practical Assessment LAQ ; Checklist, Rating Scales, Rubric.
Prescribed texts:	Refer to list attached
Domains of Competencies:	Knowledge and Skill/Homoeopathic Orientation/ Practice based learning

PART II: HOMOEOPATHIC PHARMACY:HOM-PG-HP-PART II- PAPER-2:

Hom-PG-HP-11: Pharmacognosy

Hom-PG-HP-12: Pharmacopoeia Commission for Indian Medicine & Homoeopathy

Hom-PG-HP-13: Experimental Pharmacology

Hom-PG-HP-14: Pharmacovigilance

Hom-PG-HP-15: Homoeopathic Pharmaceutical Industrial Management

Hom-PG-HP-16: Hospital Pharmacy

Hom-PG-HP-17: Advancements/ Research in Homoeopathic Pharmacy

VII. Topic description:

Hom-PG-HP-11: PHARMACOGNOSY

- Pharmacognostic study of organised and unorganised drugs and animals for establishing their genuineness

Hom-PG-HP-12: PHARMACOPOEIA COMMISSION FOR INDIAN MEDICINE & HOMOEOPATHY

- Understand the functioning of Central Drug testing unit cum Appellate Laboratory along with their activities and standards of Homoeopathic drugs being made by them.

Hom-PG-HP-13: EXPERIMENTAL PHARMACOLOGY

- The Ethical requirements for drug studies on animals.
- The Pharmacological action of homoeopathic drugs.

Hom-PG-HP-14: PHARMACOVIGILANCE

- The concept of ADR and Pharmacovigilance.

Hom-PG-HP-15: HOMOEOPATHIC PHARMACEUTICAL INDUSTRIAL MANAGEMENT

- The Principles of management of pharmaceutical industry.

Hom-PG-HP-16: HOSPITAL PHARMACY

- The working of Hospital Pharmacy for good clinical practice.

Hom-PG-HP-17: ADVANCEMENTS/ RESEARCHES IN HOMOEOPATHIC PHARMACY

- Scope of research in Homoeopathic pharmacy with effectiveness of Homoeopathic medicines in different life forms.

TOPIC NAME:HOM-PG-HP-11:

PHARMACOGNOSY

Topic Overview	This Topic will provide students of M.D. Hom (Homoeopathic Pharmacy) with an overview on Pharmacognostic evaluation of raw materials for attaining good quality finished products.
Learning outcome:	Hom-PG-HP -11 – 01: DISCUSS PHARMACOGNOSTIC STUDY OF ORGANISED AND UNORGANISED DRUGS AND ANIMALS FOR ESTABLISHING THEIR GENUINENESSAS LISTED IN APPENDIX 5 KNOWLEDGE: i) Explain Pharmacognostic study of organised and unorganised drugs as listed in Appendix 5 ii) Explain systematic evaluation of animal and animal products SKILL: Perform tests for identification, and evaluation of drugs (microscopic study of drugs- Stomatal index, Stomatal number, Palisade ratio) as listed in Appendix 7 REFLECTION: Ascertain collection of genuine and authentic drug substances and detect adulterants to ensure quality drug manufacturing and avoid use of substandard drugs or substitutes.
Learning Methods	Library -based, Reflective Learning.
Assessment:	Continuous/ Programmatic assessment/ Written assessment/ Practical Assessment LAQ ; Checklist, Rating Scales
Prescribed texts:	Refer to list attached
Domains of Competencies :	Knowledge and Skill/ Practice based learning/ Homoeopathic Orientation

TOPIC NAME: HOM-PG-HP-12:

PHARMACOPOEIA COMMISSION FOR INDIAN MEDICINE & HOMOEOPATHY

Topic overview	This Topic will provide students of M.D. Hom (Homoeopathic Pharmacy) with an overview on Pharmacopoeia Commission for Indian Medicine and Homoeopathy (PCIM & H)
Learning outcome:	Hom-PG-HP -12 – 01: UNDERSTAND THE FUNCTIONING OF CENTRAL DRUG TESTING UNIT CUM APPELLATE LABORATORY ALONG WITH THEIR ACTIVITIES AND STANDARDS OF HOMOEOPATHIC DRUGS BEING MADE BY THEM KNOWLEDGE: i) Describe the development of PCIM &H ii) Explain the functions and various activities undertaken by PCIM & H SKILL: This includes the standard and guidelines set up homoeopathic pharmacopoeias followed by the Central Drug testing unit cum Appellate Laboratory. Also includes skills relating to techniques such as chemical analysis, microscopy, chromatography and spectroscopy to comprehend the laboratory activities related to testing the quality, purity and potency of homoeopathic medicines. REFLECTION: • Reflect on the bylaws and regulations prescribed by PCIM & H for manufacturing units
Learning Methods	Library – based, E – learning
Assessment:	Continuous/ Programmatic assessment/ Written assessment/ Practical Assessment LAQ /SAQ
Prescribed texts:	Refer to list attached
Domains of Competencies :	Knowledge and Skill/Homoeopathic Orientation

TOPIC NAME: HOM-PG-HP-13:

EXPERIMENTAL PHARMACOLOGY

Topic overview	This Topic will provide students of M.D. Hom (Homoeopathic Pharmacy) with an overview on standard guidelines to be followed during animal studies.
Learning outcome:	Hom-PG-HP -13 – 01: UNDERSTAND THE ETHICAL REQUIREMENTS FOR DRUG STUDIES ON ANIMALS KNOWLEDGE: i) Illustrate the ethical principles and essential requirements during animal proving SKILL: This includes the practical skills relating to animal ethics, animal welfare including 3 R's (Replacement, Reduction, Refinement) , ethical considerations involved in conducting research on animals. REFLECTION: Identify possible gaps to ensure the ethical application of homoeopathic medicines on lower animals and suggest suitable remediation.
Topic overview	This Topic will provide students of M.D. Hom (Homoeopathic Pharmacy) with an overview on Experimental Pharmacology
Learning outcome:	Hom-PG-HP -13 – 02: UNDERSTAND THE PHARMACOLOGICAL ACTION OF HOMOEOPATHIC DRUGS KNOWLEDGE: i) Define Experimental Pharmacology ii) Discuss the pharmacological action of drugs ii) Mention the factors modifying pharmacological action of drugs. SKILL: This includes clinical observation, individualised case analysis, research studies, clinical trials. REFLECTION: Appraise the sphere and mechanism of action of drugs
Learning Methods	Lab – based, E – learning.
Assessment:	Continuous/ Programmatic assessment/ Written assessment/ Practical Assessment LAQ / SAQ ; Checklist, Rating Scales, Rubric
Prescribed texts:	Refer to list attached
Domains of Competencies :	Knowledge and Skill/Homoeopathic Orientation

TOPIC NAME: HOM-PG-HP-14:**PHARMACOVIGILANCE**

Topic overview	This Topic will provide students of M.D. Hom (Homoeopathic Pharmacy) with an overview on Pharmacovigilance system to manage the different adverse drug events for welfare of patients
Learning outcome:	Hom-PG-HP -14 – 01: UNDERSTAND THE CONCEPT OF ADR AND PHARMACOVIGILANCE KNOWLEDGE: i) Define Adverse Drug reaction ii) Explain the management of adverse drug reactions in homoeopathy iii) Describe the concept of Pharmacovigilance system in India SKILL: Observe, analyse and manage ADR in clinical practice REFLECTION: Distinguish the necessary precautions to be taken for avoiding ADR in clinical practice
Learning Methods	Problem – based, Case – based, Deliberate Practice
Assessment	Continuous/ Programmatic assessment/ Written assessment/ Practical Assessment LAQ ; DOPS, Checklist, Rating Scales
Prescribed texts	Refer to list attached
Domains of Competencies	Knowledge and Skill/Homoeopathic Orientation/ Patient care/ Practice based learning

TOPIC NAME: HOM-PG-HP-15:

HOMOEOPATHIC PHARMACEUTICAL INDUSTRIAL MANAGEMENT

Topic overview	This Topic will provide students of M.D. Hom (Homoeopathic Pharmacy) with an overview on management of Homoeopathic Pharmaceutical units for proper production and marketing.
Learning outcome:	Hom-PG-HP -15 – 01: UNDERSTAND THE PRINCIPLES OF MANAGEMENT OF PHARMACEUTICAL INDUSTRY AS LISTED IN APPENDIX 6 KNOWLEDGE: i) Explain the correlation of Administration Principles of Industrial Management in relation to Homoeopathic Pharmaceutical industry ii) Enumerate different forms of business organization iii) Describe the concepts of Management iv) Explain Production Management v) Explain Marketing Management, Distribution vi) Explain Marketing Organization: Manufacturer-to Wholesaler –to retailer vii) Explain Marketing Communication viii) Explain Media for communication- Advertising, Sale, Sales Promotion methods ix) Discuss the role of Medical Representatives x) Explain Drug Store management SKILL: Apply the principles of management in pharmaceutical industrial set up. REFLECTION: Plan for the production and delivery of genuine homoeopathic drugs from industry to the market
Learning Methods	Problem – based, Brainstorming, Self – regulated Learning, Deliberate Practice
Assessment:	Continuous/ Programmatic assessment/ Written assessment/ Practical Assessment LAQ / SAQ ;DOPS, Checklist, Rating Scales, Rubric.
Prescribed texts:	Refer to list attached
Domains of Competencies :	Knowledge and Skill/Homoeopathic Orientation/ Practice based Learning/ Communication skills

TOPIC NAME:HOM-PG-HP-16:

HOSPITAL PHARMACY

Topic overview	This Topic will provide students of M.D. Hom (Homoeopathic Pharmacy) with an overview on Hospital Pharmacy for Procurement and management of medication as per the Homoeopathic perspective
Learning outcome:	Hom-PG-HP -16 – 01: UNDERSTAND THE WORKING OF HOSPITAL PHARMACY FOR GOOD CLINICAL PRACTICE KNOWLEDGE: i) Outline the structure and functions of a Hospital Pharmacy ii)Determine the procedures for procurement of medicines, stock maintenance, indent system, and distribution of medicines. SKILL: Practice the principles of management of Hospital pharmacy REFLECTION: List the steps to establish and effectively run the Hospital pharmacy for Good Clinical practice by understanding medication (MOM) aspect of NABH in Hospital Pharmacy.
Learning Methods	Reflective Learning, Deliberate practice.
Assessment:	Continuous/ Programmatic assessment/ Written assessment/ Practical Assessment
Prescribed texts:	Refer to list attached
Domains of Competencies :	Knowledge and Skill/Homoeopathic Orientation/ Patient care/ Practice based learning

TOPIC NAME: HOM-PG-HP-17:

ADVANCEMENTS/ RESEARCH IN HOMOEOPATHIC PHARMACY

Topic overview	This Topic will provide students of M.D. Hom (Homoeopathic Pharmacy) with an overview on Recent advances and research in relation to Homoeopathic Pharmacy
Learning outcome:	Hom-PG-HP -17 – 01: IDENTIFY SCOPE OF RESEARCH IN HOMOEOPATHIC PHARMACY WITH EFFECTIVENESS OF HOMOEOPATHIC MEDICINES IN DIFFERENT LIFE FORMS KNOWLEDGE: i) Discuss the recent advancements in India and the world in the field of invention and production of new homoeopathic drugs. ii) Explore the modern equipment related to drug production/ manufacturing, packaging, sealing and labelling iii) Recognise the scope of homoeopathic medicines in Veterinary and Agriculture iv) Discuss published Homoeopathic research studies on animals and plants SKILL: Observe and practice the experimentation relating to above advancements at departmental pharmacy laboratory/ agricultural/ herbal garden in a School of Agriculture and School of Pharmacy and Homoeopathic Industrial Pharmaceutical set up/ Veterinary hospital REFLECTION: Develop new homoeopathic drugs to increase the efficacy of homoeopathy on plants and animals along with latest equipment available for manufacturing medicines.
Learning Methods	Library – Based, E – learning.
Assessment:	Continuous/ Programmatic assessment/ Written assessment/ Practical Assessment LAQ / SAQ ;SEQ
Prescribed texts:	Refer to list attached
Domains of Competencies	Knowledge and Skill/Homoeopathic Orientation/ Practice based learning

**DRUG LAWS AND LEGISLATION RELATED TO HOMOEOPATHIC
PHARMACY**

1. Drugs and Cosmetics Act, 1940(23 of 1940)
2. Legislation related to Homoeopathic pharmacy (Part VI-A, VII-A, IX-A) –as per Drugs and Cosmetics Rules, 1945
3. Good Manufacturing Practices – Schedule M-I
4. Schedule FF- regulation for ophthalmic preparations
5. The Pharmacy Act, 1948 (6 of 1948)
6. The NCH Act, 2020
7. Medicinal and Toilet Preparation (Excise Duty) Act, 1955 (16 of 1955)
8. Drugs and Magic Remedies (Objectional Advertisements) Act, 1954 (21 of 1954)-
Spurious drugs, Misbranded Cosmetics
9. The Prevention of illicit traffic in The Narcotic Drugs and Psychotropic Substances
Act, 1988 (46 of 1988)
10. Dangerous Drug Act, 1930
11. The Poison Act, 1919 (12 of 1919)
12. The Drugs (Control) Act, 1950 (25 of 1950)
13. Patent or Proprietary Medicine and procedure to obtain license
14. Inside and Outside bond laboratory- Merits and Demerits
15. Pharmaceutical ethics- related to homoeopathy. General Introduction to code

**PHARMACOGNOSTIC STUDY OF ORGANISED AND UNORGANISED DRUGS,
ANIMAL AND ANIMAL PRODUCTS:**

Organised drugs: Bark: Cinchona, Cascara, Cinnamon

- 1) Leaves: Senna, Digitalis, Vasaka
- 2) Flowers: Saffron
- 3) Fruits: Capsicum, Coriander
- 4) Seed: Nux vomica, Nut meg, Strophanthus
- 5) Root and Rhizome: Ipecac, Colchicum, Ginger
- 6) Entire organism: Belladonna, Stramonium, Hyoscyamus

Unorganized Drugs: Aloes, Opium

- 1) Indigenous Drugs: Amla, Brahmi, Giloy, Kalmegh
- 2) Systematic study of products of animal origin: Cantharides, Bees-wax, Cochineal, Cod-liver oil

HOMOEOPATHIC PHARMACEUTICAL INDUSTRIAL MANAGEMENT

- 1) Administration- Principles of Industrial Management in relation to Homoeopathic Pharmaceutical industry
- 2) Introduction to forms of business organization
- 3) Introduction to concepts of Management: Managerial work, functions of management, managerial planning, long term and short-term plans, Decision making process, Management control systems
- 4) Production Management: Goals & Organization, Plant Location, Factory Building Layout, Policies, Purchasing of raw material, inventory control
- 5) Marketing Management: Distribution, Physician – Consumer profile
- 6) Marketing Organization: Manufacturer-to Wholesaler –to retailer
- 7) Marketing Communication
- 8) Media for communication- Advertising, Sale, Role of medical representatives, Sales Promotion methods
- 9) Drug store Management: factors influencing starting and running of a drug store, different types and forms of drug stores, Location of drug store, store building, construction, furniture, internal planning, layout, financial requirements, purchase and sales record, sales promotion and advertisement, qualification of person running store, authority & issuing licenses, accounting and correspondence, ledgers, cash book, balance sheet, Profit and Loss account

M.D. (HOMOEOPATHY) HOMOEOPATHIC PHARMACY: PART II**PRACTICALS****Homoeopathic Pharmacy Practical- Part II**

Sl.no	Experiments
1	Estimation of Moisture content of one drug (Gravimetric method)
2	Preparation of one mother tincture by Maceration (as per HPI)
3	Preparation of one mother tincture by Percolation (as per HPI)
4	TLC (Thin layer Chromatography) of two mother tinctures
5	Technique of section cutting, staining and mounting of sections (Preparation of 2 temporary slides)
6	Microscopic study of any 3 drugs (Determination of Stomatal index, Stomatal number, Palisade ratio)
7	Qualitative analysis of any 3 homoeopathic drugs
8	Phytochemical analysis of 3 mother tinctures- Demonstration
9	Determination of alcohol content of one mother tincture
10.	Demonstration in homoeopathic manufacturing unit a) Hardness of tablets, friability of tablets, disintegration rate of tablets b) Refractive Index & Optical Rotation of one substance.

ACTIVITIES- HOMOEOPATHIC PHARMACY FOR PART –II

- **Internship Training program** in any one GMP certified, and Government approved Homoeopathic Pharmaceutical industry for duration of 1(one) month at the industry. Maintain a record file. (**Appendix D**)
- **Duration of training:** 1 month
- **Period of Posting:** After passing Part 1 examination
- **Certificate:** to be provided by the head of the concerned manufacturing unit after completion of Internship

FIELD VISITS:

- a) Educational visits to School of Pharmacy, Veterinary Hospital and School of Agricultural Sciences. Maintain a record file of each visit. (**Appendix E**)

Maintenance of record files – Appendix D

I. Format for maintaining record on Industrial training program in Homoeopathic manufacturing unit (GMP Compliant)

- Cover page
- Certificate
- Acknowledgement
- Dates and Duration of training
- Names and number of trainee PG students
- Name and Designation of Teaching faculty
- Detail of the Trainer/s at the Factory
- Name & location of the Homoeopathic Manufacturing Factory
- History about the Manufacturing unit
- Different sections of the manufacturing unit with its working process
 - Globule preparation section
 - Trituration section
 - Washing area
 - Tablet section(Demonstration of Hardness of tablets, friability of tablets, disintegration rate of tablets)
 - Mother tincture section
 - Dilution section
 - Cosmetics section
 - Storage, packaging and labeling
 - Quality control lab
- Activities of R&D Department
- How the training helped in correlation with topics studied in Theory
- Conclusion
- Group photo

(Any other related information, not mentioned in format, if required can be included)

Maintenance of record files – Appendix E

II. Format for maintaining a record on each educational visit to School of Pharmacy, Veterinary Hospital and School of Agricultural Sciences.

- Cover page
- Certificate
- Acknowledgement
- Date of visit
- Number of visiting PG students
- Name and Designation of Teaching faculty
- Detail of the instructor/s at the School of Pharmacy, Veterinary Hospital and School of Agricultural Sciences.
- Name & location and brief about the visiting institute/ Hospital
- Different sections/ laboratory/ departments/ Hospital visited and demonstration of Laboratory tests in College of Pharmacy

- Activities being undertaken in School of Pharmacy, Veterinary Hospital and School of Agricultural Sciences
- Treatment being given to the animals at the Hospital
- Herbal Garden visit in School of Agriculture science with identification of plants
- Research activities being undertaken at the school / hospital
- How the visit helped in correlation with topics studied in Theory
- Conclusion
- Group photo

(Any other related information, not mentioned in format, if required can be included)

VII. Assessment

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

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

Subjects	Theory		Practical or clinical exams including Viva-Voce and dissertation	
	Maximum Marks	Pass Marks	Maximum Marks	Pass Marks
Homoeopathic Pharmacy Paper 1	100	50	200* (160 + 40) (Summative Assessment 160 Marks) (Internal Assessment 40 Marks)	100* (80 + 20) (Summative Assessment 80 Marks) (Internal Assessment 20 Marks)
Homoeopathic Pharmacy Paper 2	100	50		

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

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

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

TYPES OF QUESTIONS WITH MARKS

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

Part 2 – Paper 1. Topic Numbers

Hom-PG-HP-07 Prescription Writing and Dispensing

Hom-PG-HP-08 Laboratory Methods

Hom-PG-HP-09 Drug Laws and Legislation Related to Homoeopathic Pharmacy

Hom-PG-HP-10 Standardisation

Part 2 – Paper 2. Topic Numbers

Hom-PG-HP-11 Pharmacognosy

Hom-PG-HP-12 Pharmacopoeia Commission for Indian Medicine & Homoeopathy

Hom-PG-HP-13 Experimental Pharmacology

Hom-PG-HP-14 Pharmacovigilance

Hom-PG-HP-15 Homoeopathic Pharmaceutical Industrial Management

Hom-PG-HP-16 Hospital Pharmacy

Hom-PG-HP-17 Advancements/ Research in Homoeopathic Pharmacy

VII (2b). QUESTION PAPER LAYOUT

Part-II, Paper 1

Q. No.	Type of Question	Content	Marks
1	Problem Based	Hom-PG-HP-10	20
2	LAQ	Hom-PG-HP-07	10
3	LAQ	Hom-PG-HP-09	10
4	LAQ	Hom-PG-HP-10	10
5	LAQ	Hom-PG-HP-09	10
6	SAQ	Hom-PG-HP-07	5
7	SAQ	Hom-PG-HP-08	5
8	SAQ	Hom-PG-HP-09	5
9	SAQ	Hom-PG-HP-07	5
10	SAQ	Hom-PG-HP-08	5
11	SAQ	Hom-PG-HP-09	5
12	SAQ	Hom-PG-HP-08	5
13	SAQ	Hom-PG-HP-09	5

Part-II, Paper 2

Q. No.	Type of Question	Content	Marks
1	Problem Based	Hom-PG-HP-14/ Hom-PG-HP-15	20
2	LAQ	Hom-PG-HP-11/Hom-PG-HP-13	10
3	LAQ	Hom-PG-HP-12/ Hom-PG-HP-14	10
4	LAQ	Hom-PG-HP-15	10
5	LAQ	Hom-PG-HP-17	10
6	SAQ	Hom-PG-HP-12	5
7	SAQ	Hom-PG-HP-13	5
8	SAQ	Hom-PG-HP-15	5
9	SAQ	Hom-PG-HP-16	5
10	SAQ	Hom-PG-HP-17	5
11	SAQ	Hom-PG-HP-15	5
12	SAQ	Hom-PG-HP-17	5
13	SAQ	Hom-PG-HP-13	5

VII (3). ASSESSMENT BLUEPRINT –PRACTICAL / VIVA.**VII (3a). PRACTICAL EXAMINATION.**

PRACTICAL		
1	Internal Assessment	20 Marks
2	One Major Experiment	50 Marks
3	One Minor Experiment	20 Marks
4	Logbook	05 Marks
5	Micro Teaching	05 Marks
Total		100 Marks

VII (3b). VIVA VOCE.

VIVA		
1	Internal Assessment	20 Marks
1	Discussion of Dissertation	20 Marks
2	Viva	60 Marks
Total		100 Marks

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

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- 26) MacLeod G. *The treatment of Cattle by Homoeopathy*

- 27) Malik, V. (2022) *Law relating to Drugs and Cosmetics Act*. 27th ed. Eastern book co., Lucknow.
- 28) Mandal & Mandal (2012). *Textbook of Homoeopathic Pharmacy*, New Central Book Agency, P. Ltd., Calcutta
- 29) Maute Christiane. *Homoeopathy for Plants. A practical guide for house, balcony, garden plants*.
- 30) Muzumdar KP. (2021). *Pharmaceutical Science in Homoeopathy and Pharmacodynamics*. B. Jain Publishers P.Ltd.
- 31) Nayak, C. *Homoeopathic Drug Proving*.
- 32) Ortega PS. (1980). *Notes on The Miasm on Hahnemann's Chronic Diseases*. English Translation by Harris Coulter. National Homoeopathic Pharmacy.
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Part I Paper 2

FUNDAMENTALS OF CLINICAL MEDICINE IN HOMOEOPATHIC PHARMACY (HOM-PG-FCM-HP)

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

M.D. (Homoeopathy) Homoeopathic Pharmacy.

FUNDAMENTALS OF CLINICAL MEDICINE IN HOMOEOPATHIC PHARMACY (HOM-PG-FCM-HP)

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

The course is a clinical counterpart for the Homoeopathic study and is expected to deliver the basic clinical approach to symptomatology of the patient and process of coming to final diagnosis. student of pharmacy needs to master these processes for not only to give meaning to the symptomatology of the prover but also understand the different toxicological and clinical sources of remedies. It gives better insight about the cause, genesis, evolution of the symptoms and its correlation with examination and investigation which are basic requirement to understand the symptomatology of the prover and action of the remedies. This also will guide the learner to differentiate between proving symptoms and developing any clinical entity at the same time will allow him to take appropriate action to deal with it. The study also can guide to develop new drugs from different traditional sources and their clinical use.

V. TOPICS AND TOPIC OBJECTIVES.

Part 1 Paper 2:

FUNDAMENTALS OF CLINICAL MEDICINE IN HOMOEOPATHIC PHARMACY(HOM-PG-FCM-HP)

- Hom-PG-FCM-HP -01: Introduction to the Practice of Evidence-based Medicine.
- Hom-PG-FCM-HP -02: Developing a Basic Clinical Approach. All the following content must be delivered through clinical cases or presentation along with different aspects of Homoeopathic Pharmacy
- Hom-PG-FCM-HP-03: Studying the Cardinal manifestations of disease through their Pathophysiology with Hahnemannian classification of symptoms and Miasmatical classification through clinical cases and bedside and its application to homoeopathic pharmacy
- Hom-PG-FCM-HP-04: Basic Concepts of Nutrition, Nutritional Diseases and miasmatical assessment
- Hom-PG-FCM-HP-05: Interpretations of Laboratory and Radiological Investigations

COURSE CONTENT

- **Hom-PG-FCM-HP -01:**

INTRODUCTION TO THE PRACTICE OF EVIDENCE-BASED MEDICINE.

- a. Concept of evidence-based practice and its importance in relation to Homoeopathic Pharmacy
- b. Importance of developing an ethical base while adhering to the above in relation to Homoeopathic Pharmacy

- **Hom-PG-FCM-HP -02:** Developing a Basic Clinical Approach. All the following content must be delivered through clinical cases or presentation along with different aspects of Homoeopathic Pharmacy

- a. Correlative study of Normal structure and function to reveal Structural and Functional integrity in Health and understanding the clinical and Hahnemannian concept of health through clinical cases.
- b. Role of Control Systems (Psycho-Neuro-Endocrine axis and the Reticulo-endothelial System) in the maintenance of Health and initiating the process of breakdown and onset of illness
- c. Different components which influence health at individual, family and community level leading to insight into preventive and community medicine through Hahnemannian philosophy of holistic health.
- d. Concept of predisposition and disposition and its influence on development of diseases and application to HP
- e. Bio-psycho-social and environmental model of Aetiology and correlating with the Hahnemannian concept of causation and evolution of disease and Homoeopathic Pharmacy
- f. Development of a Symptom as an indication of deviation of functional competence followed by changes in structural integrity – the pathogenesis of symptom formation and the Hahnemannian concept of disease and its expression and application to Homoeopathic Pharmacy
- g. Clinico-pathological correlations and the concept of a syndrome and its ability in understanding miasmatical evolution.
- h. Bed side- General and Systematic examination and understanding their basis.
- i. Role of physical examination and clinical investigation in the study of disease.
- j. Understanding the process of clinical diagnosis
- k. Importance of differential diagnosis-probable diagnosis and final diagnosis

FOLLOWING STUDY SHALL HELP IN BUILDING UP THE CLINICAL ASPECTS OF HOMOEOPATHIC PHARMACY

- a. Predisposition
- b. Causation and modifying factors
- c. Pathogenesis, Pathology, Clinico-pathological correlations with pathological end result

- d. Case taking, examination, investigation and approach to clinical diagnosis, differential diagnosis
 - e. Management-General and Homoeopathic:
 - i. General Management
 - ii. Standard management:
 - a) Pharmacological effects of homoeopathic medicines, identification of ADR and its effective management, selection of suitable potency, dosage, repetition through the knowledge of Posology.
 - b) Determining most suitable routes of drug administration as per the case.
 - c) Study and practice ideal methods of Dispensing
 - d) To understand the fundamentals of prescription writing and its implementation in clinical practice.
 - f. Prognosis
- **Hom-PG-FCM-HP-03:** Studying the Cardinal manifestations of disease through their Pathophysiology with Hahnemannian classification of symptoms and Miasmatical classification through clinical cases and bedside and its application to homoeopathic pharmacy
 - a. Pain
 - i. Pain:Pathophysiology
 - ii. Chest Pain
 - iii. Abdominal pain
 - iv. Headache
 - v. Back and Neck pain
 - b. Fever-types
 - c. Alteration in Nervous system functions
 - i. Faintness, syncope, dizziness, vertigo
 - ii. Weakness, myalgias, imbalance
 - iii. Numbness, tingling and sensory loss
 - iv. Acute confusional states
 - v. Aphasias
 - vi. Memory loss and dementia
 - vii. Sleep disorder
 - d. Alteration in Respiratory and Circulation
 - i. **Dyspnoea (prototype shown in table below)**
 - ii. Cough and haemoptysis
 - iii. Cyanosis
 - iv. Oedema
 - v. Shock
 - e. Alteration in Gastrointestinal functions
 - i. Dysphagia
 - ii. Nausea, vomiting, indigestion
 - iii. Diarrhoea and Constipation

- iv. Weight loss
- v. Gastrointestinal bleeding
- vi. Jaundice
- vii. Abdominal swelling and ascites
- f. Alteration in Urinary functions and electrolytes
 - i. Incontinence and lower urinary symptoms
 - ii. Urinary abnormalities
- g. Alteration in Reproductive and Sexual functions
 - i. Erectile dysfunction
 - ii. Disturbances of Menstruation
 - iii. Leucorrhoea
 - iv. Hirsutism
 - v. Infertility
- h. Alteration in Skin functions
 - i. Itching
 - ii. Eruptions
 - iii. Disorders of pigmentation
- i. Haematological alterations
 - i. Anaemia
 - ii. Bleeding
 - iii. Enlargement of Lymph nodes and spleen

• **Hom-PG-FCM-HP-04:**

BASIC CONCEPTS OF NUTRITION, NUTRITIONAL DISEASES AND MIASMATIC ASSESSMENT

- a. Nutritional and Dietary assessment
- b. Malnutrition
- c. Vitamin and Mineral deficiency
- d. **Obesity (shown in table below)**
- e. Eating disorders

• **Hom-PG-FCM-HP-05:**

INTERPRETATIONS OF LABORATORY AND RADIOLOGICAL INVESTIGATIONS:

- a. Haematology - All basic tests
- b. Serology
- c. Biochemistry
- d. Microbiology
- e. Special tests – Hormonal Assays – Thyroid function tests, LH, FSH, Prolactin, TORCH, Triple marker, IgG/ IgM, HLA B27, Beta HCG, Anti-thyroid antibodies, Anti-cardiolipin antibodies.

- f. Basis Concepts of Radio Imaging like X-rays, CT, MRI
- g. USG
- h. ECG (Basic applications)

Some Topic and content templates are displayed here for guidelines as an example. Rest the institute shall prepare themselves for their implementation and documentation

VI. COURSE DESCRIPTION

TOPIC NAME:HOM-PG-FCM-HP -01:

INTRODUCTION TO THE PRACTICE OF EVIDENCE BASED MEDICINE

- Importance of developing an ethical base while adhering to the above in relation to Homoeopathic Pharmacy

Table-1

Topic Overview:	This Topic will provide students of M.D.Hom (Homoeopathic Pharmacy)with an overview of the significance of displaying ethical based clinical practice in Homoeopathic Pharmacy
Learning Outcomes:	COMPETENCY HOM-PG-FCM-HP -01 -1-01: IDENTIFIES ETHICAL BASED CLINICAL PRACTICES IN HP KNOWLEDGE ▪ Discuss Code of Pharmaceutical Ethics. ▪ Study the “National Commission forHomoeopathy (Professional Conduct, Etiquette and Code of Ethics for Practitioners of Homoeopathy) Regulations, 2022”. ▪ Discuss Guidelines of Good Clinical Practices for Clinical Trials in Homoeopathy. ▪ Describe the laws to be followed by Homoeopathic manufacturing units as per Drugs and Cosmetics Rules, 1945 ▪ Explain GMP procedure followed by homoeopathic manufacturing units to deliver quality finished products. ▪ Conduct / Plan standardisation tests to ensure preparation of quality homoeopathic medicines as per Homoeopathic Pharmacopoeia ▪ Report ADR/ medication errors during case taking in a patient ▪ Discuss concept of Pharmacovigilance

	SKILL ▪ Demonstrate standardisation tests to ensure genuineness of homoeopathic medicine ▪ Demonstrate Cases reporting ADR / medication errors related to concept of Pharmacovigilance in hospital duties ▪ Identification and demonstrate use of organopathic drugs related to diseases. REFLECTION ▪ Appreciates the process involved in ensuring ethical based clinical practice in HP
Learning Methods	Case- based, Bed- side, Out – patient based.
Assessment:	Continuous / Programmatic assessment (including Problem Based Learning assessment). LAQ ; Checklist, Rating Scales, Rubric
Prescribed Texts:	Refer to list attached
Domains of Competencies:	Knowledge & Scholarship / Patient Care / Homoeopathic Orientation / Practice Based Learning

TOPIC NAME: HOM-PG-FCM-HP -03:

Studying the Cardinal manifestations of disease through their Patho-physiology with Hahnemannian classification of symptoms and Miasmatical classification through clinical cases and bedside and its application to homoeopathic pharmacy

BELOW IS MENTIONED A PROTOTYPE THAT WILL BE APPLIED TO ALL THE SYMPTOMS LISTED IN THE COURSE

Table-2

Topic Overview:	This Topic will provide students of MD Hom (Homoeopathic Pharmacy) about overview of dyspnoea, its understanding in clinical practice and its homoeopathic perspective
Learning Outcomes:	COMPETENCY HOM-PG-FCM-HP -03-2-01: EXPLORING DYSPNOEA AS A SYMPTOM AND ITS HOLISTIC UNDERSTANDING IN LIGHT OF HOMOEOPATHIC PERSPECTIVE AND CLINICAL MEDICINE KNOWLEDGE: • Discuss etiopathogenesis of dyspnoea and its understanding from clinical medicine. • Discuss etiopathogenesis of dyspnoea and its understanding from homoeopathic perspective • Discuss the other clinical features associated with dyspnoea • Explain pathogenesis of dyspnoea. • Plan investigation for confirmation of diagnosis • Formulate provisional clinical diagnosis and differential diagnosis • Explain Clinical differentiation of symptoms for assessment of nosological diagnosis • Classify dyspnoea from Hahnemannian classification of disease • Apply clinical insight in classifying miasm (Psoric, Syphilitic and Sycotic) • Correlate Hahnemann's concept and modern medicine for the understanding of dyspnoea • Classify the symptoms with analysis and evaluation • Ascertain prognosis from clinical medicine and homoeopathic perspective • Plan Diet and regimen as per the nosological diagnosis and Hahnemann's directions. • Plan the line of management (Medicinal and/or auxiliary management) • Plan Strategy for homoeopathic management • Perform Clinical examination of chest and other relevant systems. • Discuss Knowledge of Posology, Prescription writing, Pharmaconomy in relation to dyspnoea • Acquire knowledge of pharmacological action of the selected medicine for dyspnoea through the study of active drug constituents on human body

	SKILL: • Demonstrate Homoeopathic Case taking skills including anamnesis • Demonstrate the clinical differentiation of symptoms for assessment of nosological diagnosis • Interpret suggested investigation for confirmation of diagnosis • Demonstrate clinical examination of chest and other relevant systems. • Formulate provisional clinical diagnosis and differential diagnosis • Describe Homoeopathic approach in terms of anamnesis, susceptibility and miasmatic analysis • Discuss analysis and evaluation of Symptoms • Discuss formation of Totality • Decide the line of management (Medicinal and/or auxiliary management) • Discuss strategy for homoeopathic management • Practice the ideal prescription writing method and Dispensing technique of medicines • Select potency as per the principles of Posology • Select effective route of administration of indicated SIMILIMUM • Discuss proper repetition of doses as per the progress of the case. • Ascertain ADR as per the case REFLECTION: • Integrated approach in understanding dyspnoea • Identify social, economic, environmental, biological and emotional determinants of dyspnoea • Applying the concept of Homoeopathic Pharmacy pertaining to potency selection, dose, repetition, route of administration of medicines to dyspnoea patient • Identify the action of drug constituents of a SIMILIMUM medicine on respiratory system • To avoid ADR and to take necessary measures in case of any adverse drug event
Learning Methods	Case – based, Bedside, Deliberate practice
Assessment:	Continuous / Programmatic assessment (including Problem Based Learning assessment). Checklist, Rating Scales, Rubric. SAQ
Prescribed Texts:	Refer to list attached
Domains of Competencies :	Knowledge & Scholarship / Patient Care / Homoeopathic Orientation

TOPIC NAME: HOM-PG-FCM-HP -04:

BASIC CONCEPTS OF NUTRITION, NUTRITIONAL DISEASES AND MIASMATIC ASSESSMENT

Table-3

Topic Overview:	This Topic will provide students of MD Hom (Homoeopathic Pharmacy) about overview of Obesity, its understanding in clinical practise and its homoeopathic perspective.
Learning Outcomes:	COMPETENCY HOM-PG-FCM-HP -04-3-01: Exploring Obesity as a nutritional disorder, Identifying signs and symptoms of Obesity and its holistic understanding in light of homoeopathic perspective and clinical medicine KNOWLEDGE: • Discuss knowledge of body fat distribution in males and females. • Discuss knowledge of Anthropometric measurement in relation to Obesity • Discuss etiopathogenesis of Obesity and its understanding from clinical medicine. • Discuss etiopathogenesis of Obesity and its understanding from homoeopathic perspective • Discuss the clinical features associated with Obesity • Plan investigation for confirmation of diagnosis • Describe complications associated with Obesity • Discuss knowledge of general survey of disease (Hahnemannian classification of disease) • Discuss knowledge of miasm (Psoric, Syphilitic and Sycotic) • Describe Homeopathic evaluation of common and characteristic symptoms • Correlate Hahnemann's concept and modern medicine for the understanding of Obesity • Ascertain prognosis from clinical medicine and homoeopathic perspective • Describe knowledge of Diet and Regimen as per the nosological diagnosis and Hahnemann's directions. • Describe knowledge of Posology, Prescription writing, Pharmaconomy • Discuss knowledge of pharmacological action of the selected medicine through the study of active drug constituents on human body

	SKILL: • Demonstrate Homoeopathic Case taking including anamnesis • Demonstrate Clinical differentiation of symptoms for assessment of nosological diagnosis • Demonstrate Anthropometric assessments in relation to Obesity • Demonstrate suggested investigation for confirmation of diagnosis • Perform Clinical examination of relevant systems. • Formulate provisional clinical diagnosis and differential diagnosis • Demonstrate Homoeopathic skills in terms of anamnesis, susceptibility and miasmatic analysis • Demonstrate skills for Analysis and Evaluation of Symptoms • Construct Totality of symptoms • Decide the line of management (Medicinal and/or auxiliary management) • Plan Strategy for homoeopathic management • Practice the ideal prescription writing method and Dispensing technique of medicines • Select potency as per the principles of Posology • Select effective route of administration of indicated SIMILIMUM • Demonstrate Proper repetition of doses as per the progress of the case. • Ascertain ADR REFLECTION: • Integrated approach in understanding Obesity • Applying the concept of Homoeopathic Pharmacy pertaining to potency selection, dose, repetition, route of administration of medicines to Obese patient • Identify the action of active drug constituents of a SIMILIMUM medicine on different systems of the body
Learning Methods	Case – based, bedside, Out – patient based, Deliberate practice
Assessment:	Continuous / Programmatic assessment (including Problem Based Learning assessment). Application Based Questions
Prescribed Texts:	Refer to list attached
Domains of Competencies:	Knowledge & Scholarship / Patient Care / Homoeopathic Orientation

TOPIC NAME: HOM-PG-FCM-HP -05:

INTERPRETATIONS OF LABORATORY AND RADIOLOGICAL INVESTIGATIONS

BELOW IS MENTIONED A PROTOTYPE THAT WILL BE APPLIED TO ALL THE INVESTIGATION LISTED IN THE COURSE

Table-4

Topic Overview:	This Topic will provide students of MD Hom (Homoeopathic Pharmacy) about overview of Liver Function test, its understanding in clinical practice and its homoeopathic perspective.
Learning Outcomes:	COMPETENCY HOM-PG-FCM-HP -05-4-01: INTERPRETATION OF LIVER FUNCTION TEST CONSIDERING HOMOEOPATHIC PERSPECTIVE AND CLINICAL MEDICINE. KNOWLEDGE: • Explain knowledge of liver functions • Discuss etiopathogenesis of liver disorders • Interpret investigation for liver diseases • Classify the liver function in to functional and structural representation • Classify the liver function as representation of different Miasm (Psoric, Syphilitic and Sycotic) • Explain susceptibility in relation to Liver function test • Correlate Hahnemann's concept and modern medicine for the understanding of liver function test • Justify prognosis from clinical and homoeopathic medicine basing on liver functions test. • Plan the line of management based on Liver Function test • Discuss knowledge of Diet and regimen as per the nosological diagnosis. • Discuss knowledge of selection of potency, repetition of doses through Homoeopathic Pharmacy SKILL: • Perform clinical and homoeopathic history based on laboratory findings. • Corelation of clinical history with laboratory finding. • Utilisation of laboratory findings in selection of medicine, potency, repetition of doses. REFLECTION: • Relate use of laboratory test in judicious management of clinical

	cases • Relating utility of laboratory finding in potency selection, repetition of doses through knowledge of homoeopathic pharmacy
Learning Methods	Case – Based, out – patient based, Bedside, reflective learning.
Assessment:	Continuous / Programmatic assessment (including Problem Based Learning assessment). SAQ ; Checklist, Rating Scales, Rubric.
Prescribed Texts:	Refer to list attached
Domains of Competencies:	Knowledge & Scholarship / Patient Care / Homoeopathic Orientation

VII. ASSESSMENT

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

VII (1). M.D. (HOMOEOPATHY) PART-I EXAMINATION :

MAXIMUM MARKS FOR EACH SUBJECT AND MINIMUM MARKS REQUIRED TO PASS SHALL BE AS FOLLOWS:

Subjects	Theory		Practical or Clinical Examination, including Viva	
	Maximum Marks	Pass Marks	Maximum Marks	Pass Marks
i. Fundamentals of Homoeopathic Pharmacy	100	50	200* (160 + 40) (Summative Assessment 160 Marks) (Internal Assessment 40 Marks)	100* (80 + 20) (Summative Assessment 80 Marks) (Internal Assessment 20 Marks)
ii. Fundamentals of Clinical Medicine in Homoeopathic Pharmacy	100	50		
iii. Research Methodology and Biostatistics	100	50	-	-

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

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

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

TYPES OF QUESTIONS WITH MARKS

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

PART 1 – PAPER 2. TOPIC NUMBERS

- **Hom-PG-FCM-HP-01:** Introduction to the Practice of Evidence-based Medicine.
- **Hom-PG-FCM-HP-02:** Developing a Basic Clinical Approach. All the following content must be delivered through clinical cases or presentation along with different aspects of Homoeopathic Pharmacy
- **Hom-PG-FCM-HP-03:** Studying the Cardinal manifestations of disease through their Patho-physiology with Hahnemannian classification of symptoms and Miasmatic classification through clinical cases and bedside and its application to homoeopathic pharmacy
- **Hom-PG-FCM-HP-04:** Basic Concepts of Nutrition, Nutritional Diseases and miasmatic assessment
- **Hom-PG-FCM-HP-05:** Interpretations of Laboratory and Radiological Investigations

VII (2 B). QUESTION PAPER LAYOUT

Q. No.	Type of Question	Content	Marks
1	Problem Based	Problem/ Case Based Question with application to Homoeopathic Pharmacy Hom-PG-FCM-HP -01 or 03 or 04	20
2	LAQ	Hom-PG-FCM-HP -01	10
3	LAQ	Hom-PG-FCM-HP -03: a or c	10
4	LAQ	Hom-PG-FCM-HP -03: d	10
5	LAQ	Hom-PG-FCM-HP -03: e	10
6	SAQ	Hom-PG-FCM-HP -04	5
7	SAQ	Hom-PG-FCM-HP -03: b or i	5
8	SAQ	Hom-PG-FCM-HP -03: f	5
9	SAQ	Hom-PG-FCM-HP -03: g	5
10	SAQ	Hom-PG-FCM-HP -03: h	5
11	SAQ	Hom-PG-FCM-HP -05: a or b or c	5
12	SAQ	Hom-PG-FCM-HP -05: d or e	5
13	SAQ	Hom-PG-FCM-HP -05: f or g or h	5

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

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

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

VIII. LIST OF RECOMMENDED REFERENCE BOOKS FOR THE PRACTICE OF MEDICINE:

1. Bates, B., Bickley, Lynn, S. and Szilagyi, Peter, G. (2013) *Bates' Guide to Physical Examination and history taking*. Philadelphia u.a.: Wolters Kluwer, Lippincott Williams & Wilkins.
2. Beeson, P. B., McDermott, W., & Wyngaarden, J. B. (Eds.). (1979). *Cecil Textbook of Medicine* (Asian Edition ed.). Philadelphia: W. B. Saunders Company.
3. Boyd, W. (1979). *A Textbook of Pathology* (8th ed.). London: Lea & Febiger, Philadelphia.
4. Cecil, R.L. and Kennedy, F. (1943) *A text-book of medicine*. Philadelphia: Saunders
5. Datey, K.K. and Shah, S.J. (1979) *A.P.I. textbook of medicine*. Bombay: Association of Physicians of India
6. Davis, M.A. (1999) *Signs and symptoms in emergency medicine: Literature-based guide to emergent conditions*; Mark A. Davis. St. Louis, MO: Mosby
7. Fauci, A. S., Kasper, D. L., Longo, D. L., Braunwald, E., Hauser, S. L., Jameson, J. L., et al. (Eds.). (2008). *Harrison's Principles of Internal Medicine* (17th Edition ed.). New York: Mc Graw Hill Medical.
8. Frazier, H.S. and Mosteller, F. (1995) *Medicine worth paying for: Assessing Medical Innovations*. Cambridge, MA: Harvard University Press.
9. Glynn, M., & Drake, W. (Eds.). (2012). *Hutchison's Clinical Methods* (23rd ed.). China: Saunders Elsevier.
10. Golwalla, A. F., & Golwalla, S. A. (2000). *Golwalla Medicine for Students* (19th ed.). Mumbai: Dr. A. F. Golwalla Empress Court, Mumbai.
11. Gupta, L., Gupta, Abhitabh and Gupta, Abhishek (2005) *Differential diagnosis: Medicine, surgery, OB/GYN, Ophth, paed, dental*. New Delhi: Jaypee Bros.
12. Hurst, J. W. (Ed.). (1992). *Medicine for the Practicing Physician* (3rd ed.). USA: Butterworth Heineman, Stoneham.
13. Kamath, S. A. (Ed.). (2022). *API Textbook of Medicine* (12th ed.). New Delhi: Jaypee Brothers Medical Publishers (P) Ltd, New Delhi.
14. Kaul, V. K., & Bagga, A. (Eds.). (2019). *Ghai Essential Pediatrics* (10th ed.). New Delhi: CBS Publishers & Distributors Pvt Ltd, New Delhi.
15. Kinirons, M., & Ellis, H. (Eds.). (2005). *French's Index of Differential Diagnosis* (14th ed.). London: Hodder Arnold.
16. Kumar, P., & Clark, M. (Eds.). (2005). *Clinical Medicine* (6th ed.). Elsevier Saunders.
17. Malhotra, N., Malhotra, J., Saxena, R., & Malhotra Bora, N. (Eds.). (2019). *Jeffcoate's Principles of Gynaecology* (9th ed.). New Delhi: Jaypee Brothers Medical Publishers (P) Ltd.
18. Mehta, P.J. and Palia, F.E. (1979) *Practical medicine for students and Practitioners*. Bombay: P.J. Mehta and F.E. Palia.
19. Ogilvie, C., & Evans, C. (2006). *Chamberlain's Symptoms and Signs in Clinical Practice* (12th ed.). New Delhi: Jaypee Brothers Medical Publishers (P) Ltd.
20. Parthasarathy, A., Menon, P., & Nair, M. (Eds.). (2019). *IAP Textbook of Pediatrics* (7th ed.). New Delhi: Jaypee Brothers Medical Publishers (P) Ltd, New Delhi.
21. Penman, I. D., Ralston, S. H., Strachan, M. W., & Hobson, R. P. (Eds.). (2022). *Davidson's Principles and Practice of Medicine* (24th Edition ed.). Elsevier.

22. Rao, L. V., & Snyder, L. M. (2021). *Wallach's Interpretation of Diagnostic Tests* (South Asian Edition ed.). (S. Dubey, Ed.) New Delhi: Wolters Kluwer Pvt. Ltd. New Delhi.
23. Savill, T.D. and Warner, E.C. (1950) *Savill's System of Clinical Medicine*. edited by E.C. Warner. London: Edward Arnold & Co.
24. Swash, M. (2006) *Hutchison's clinical methods*. Orlando, Fl.: Saunders
25. Vakil, R.J. and Golwalla, A.F. (1974) *Clinical diagnosis: A textbook of physical signs and symptoms for medical students and practitioners*. Bombay: Asia Pub. House.
26. Wallach, J. (2007) *Interpretation of diagnostic tests*. Philadelphia: Wolters Kluwer.

IX. List of contributors:

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

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

M.D. (Homoeopathy) Practice of Medicine.

II. COMPONENTS OF THE CURRICULUM

II (1) Part I

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

II (2) Part II

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

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

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

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

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

paramedical students.

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

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

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

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

emergency care unit for effective resuscitation.

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

IV (1). MAPPING OF EPAS AND DOMAIN COMPETENCIES

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

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

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

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

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

EPA level:

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

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

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

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

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

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

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

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

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

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

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

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

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

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

PART I Paper 1:

V. TOPICS AND TOPIC OBJECTIVES.

Part I Paper I:

Fundamentals of Practice of Medicine Hom-PG-PM

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

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

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

VI. TOPIC DESCRIPTION

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

Topic Overview	Overview of clinical examination of all the systems and General physical examination, functional anatomy, physiology, investigations, cardinal manifestations of systems under General Medicine, Paediatrics, Psychiatry and Dermatology, Lab investigations and Practice of evidence-based medicine. Contents of topic and competencies
Learning Outcome	HOM-PG PM 01. CARDIOVASCULAR SYSTEM Competency 1 Applied anatomy, physiology, cardinal manifestations, investigations and Clinical examination. KNOWLEDGE OF • Developmental anatomy of the heart • Cardiac cycle in foetus and adults • Clinical approach and differential diagnosis of cardinal manifestations of the cardiovascular system like, chest pain, palpitations, breathlessness, (dyspnoea), oedema, cyanosis, pre-syncope, syncope. • Bedside investigations/ initial investigations e.g. ECG etc for clinical evaluation of symptomatology • Advice specific investigations to arrive at a final diagnosis • Basic principles of history taking integrating with homoeopathic perspective. SKILLS • Clinical Examination of the cardiovascular system • Eliciting signs/ findings on Inspection, Palpation, Percussion and Auscultation • General Examination for assessment of vital data: Temperature, Pulse, BP, Respiratory Rate, etc. • Correlating the examination findings with differential

	symptomatology to arrive at a provisional diagnosis • Demonstrate the skills of history taking integrating homoeopathic perspective. REFLECTION • Able to evaluate the symptoms of cardio- the vascular system to know the probable causes and able to do clinical examinations of the cardiovascular system in a patient to understand the deviation from normal functioning of the cardiovascular system by eliciting the signs of various clinical conditions to arrive at a provisional diagnosis and establish final diagnosis with appropriate interpretation with laboratory and or radiological investigations. • Application of knowledge of disease to knowledge of medicine based on principles of Homoeopathy and individualization. Selection of Homoeopathic remedy with the use of repertory and applied Materia Medica as a decision-making tool for prescribing • Documentation of case with analysis, evaluation, totality of symptoms reportorial approach, justifying the selection of remedy as well as assessing the progress for evidence-based medicine.
Competency Based Learning Methods	• Peer-based learning methods-Problem-based, case based, Brainstorming, Bedside, Ward rounds, Out-patient based, Lab-Based, Flipped learning , Roleplay. • Individual – based learning methods –Self regulated learning, reflective learning, portfolio-based, library based, e-learning, simulations, spaced repetition, deliberate practice, formative self-assessment.
Assessments	• Continuous Programmatic assessment. • Practical assessment. • Written assessment. • Assignment, MCQ, OSCE, Bed Side Examination, DOPS (Direct

	Observation of Procedural Skills), Mini CEX (Clinical Evaluation Exercise) Case based assessment, Simulation based assessment, spotting, Standardised Patients, Portfolio, Rubrics, Viva voce. • SAQ, LAQ- Descriptive, Case Scenario, Clinical application based, Problem Based Assessment.
Prescribed Texts	Refer to list attached
Domains Of Competencies	Knowledge and Scholarship, Patient Care, Homoeopathic Orientation / Practice Based Learning, Communication Skill.
Learning Outcome	HOM-PG PM 02. RESPIRATORY SYSTEM AND ITS MAJOR MANIFESTATIONS Competency 2 Applied anatomy, physiology, cardinal manifestations, investigations and Clinical examination. KNOWLEDGE OF • Developmental anatomy of the Respiratory system • Respiratory cycle and its regulation • Pulmonary volumes and capacities • Clinical approach and differential diagnosis of cardinal manifestations of Respiratory system like, Cough, Dyspnoea, Expectoration, Chest Pain, Haemoptysis • Bedside investigations/ initial investigations e.g. Chest X-ray, Spirometry, etc for clinical evaluation of symptomatology • Advice specific investigations to arrive at a final diagnosis • Basic principles of history taking integrating with homoeopathic perspective. SKILLS • Clinical Examination of Respiratory System • Eliciting signs/ findings on Inspection, Palpation

	• Percussion and Auscultation • General Examination for assessment of vital data, pulse, BP, Respiratory Rate, Temperature etc. • Correlating the examination findings with differential symptomatology to arrive at a provisional diagnosis • Demonstrate the skills of history taking integrating with homoeopathic perspective. REFLECTION • Able to evaluate the symptoms of respiratory system to know the probable causes and able to do clinical examinations of respiratory system in a patient to understand the deviation from normal functioning of respiratory system by eliciting the signs of various clinical conditions to arrive at a provisional diagnosis and establish final diagnosis with appropriate interpretation with laboratory and or radiological investigations. • Application of knowledge of disease to knowledge of medicine based on principles of Homoeopathy and individualization. Selection of Homoeopathic remedy with the use of repertory and applied Materia Medica as a decision making tool for prescribing • Documentation of case with analysis, evaluation, totality of symptoms, reportorial approach, justifying the selection of remedy as well as assessing the progress for evidence based medicine.
Competency Based Learning Methods	• Peer-based learning methods-Problem-based, case based, Brainstorming, Bedside, Ward rounds, Out-patient based, Lab-Based, Flipped learning , Roleplay. • Individual – based learning methods –Self regulated learning, reflective learning, portfolio-based, library based, e-learning,

	simulations, spaced repetition, deliberate practice, formative self-assessment.
Assessments	• Continuous / Programmatic assessment. • Practical assessment. • Written assessment. • Assignment, MCQ, OSCE, Bed Side Examination, DOPS (Direct Observation of Procedural Skills), Mini CEX (Clinical Evaluation Exercise) Case based assessment, simulation based assessment, spotting, Standardised Patients, Portfolio, Rubrics, Viva voce. • SAQ, LAQ- Descriptive, Case Scenario, Clinical application based, Problem Based Assessment.
Prescribed Texts	Refer to List Attached
Domains of Competencies	Knowledge and Scholarship ,Patient Care , Homoeopathic Orientation ,Practice Based Learning, Communication Skill
Learning Outcome	HOM-PG PM 03. ALIMENTARY TRACT AND PANCREAS, LIVER AND BILIARY TRACT DISEASE AND ITS MAJOR MANIFESTATIONS Competency 03 Applied anatomy, physiology, cardinal manifestations, investigations and Clinical examination. KNOWLEDGE OF • Developmental anatomy of Alimentary Tract and Pancreas, functional anatomy, physiology of Liver and biliary tract • Process of digestion • Clinical approach and differential diagnosis of cardinal manifestations of Alimentary Tract and Pancreas and Liver and Biliary tract like, dysphagia, dyspepsia, nausea, vomiting, indigestion, diarrhoea and constipation, malabsorption, weight

	loss, gastrointestinal bleeding, abdominal pain, ascites, jaundice, asymptomatic abnormal liver function test, hepatic encephalopathy. • Bedside investigations/ initial investigations e.g. Stool examination, blood examination, Radiology etc for clinical evaluation of symptomatology • Advice specific investigations to arrive at a final diagnosis • Basic principles of history taking integrating with homoeopathic perspective. SKILLS • Clinical Examination of Alimentary Tract and Pancreas, Liver and Biliary tract • Eliciting signs/ findings on Inspection, Palpation, Percussion and Auscultation • Local examination – per rectal examination. • General Examination for assessment of vital data, pulse, B.P, Respiratory Rate, Temperature etc. • Correlating the examination findings with differential symptomatology to arrive at a provisional diagnosis. • Demonstrate the skills of history taking integrating homoeopathic perspective. REFLECTION • Able to evaluate the symptoms of Alimentary Tract and Pancreatic diseases and Liver Biliary tract to know the probable causes and able to do clinical examinations of Alimentary Tract and Pancreas and Liver Biliary tract in a patient to understand the deviation from normal functioning of Alimentary Tract and Pancreas and Liver Biliary tract by eliciting the signs of various

	clinical conditions to arrive at a provisional diagnosis and establish final diagnosis with appropriate interpretation with laboratory and or radiological investigations. • Application of knowledge of disease to knowledge of medicine based on principles of Homoeopathy and individualization. Selection of Homoeopathic remedy with the use of repertory and applied Materia Medica as a decision making tool for prescribing • Documentation of case with analysis, evaluation, totality of symptoms, reportorial approach, justifying the selection of remedy as well as assessing the progress for evidence based medicine.
Competency Based Learning Methods	• Peer-based learning methods-Problem-based, case based, Brainstorming, Bedside, Ward rounds, Out-patient based, Lab-Based, Flipped learning , Roleplay. • Individual – based learning methods –Self regulated learning, reflective learning, portfolio-based, library based, e-learning, simulations, spaced repetition, deliberate practice, formative self-assessment.
Assessments	• Continuous / Programmatic assessment. • Practical assessment. • Written assessment. • Assignment, MCQ, OSCE, Bed Side Examination, DOPS (Direct Observation of Procedural Skills), Mini CEX (Clinical Evaluation Exercise) Case based assessment, simulation based assessment, spotting, Standardised Patients, Portfolio, Rubrics, Viva voce. • SAQ, LAQ- Descriptive, Case Scenario, Clinical application based, Problem Based Assessment.
Prescribed Texts	Refer to list attached

Domains of Competencies	Knowledge and Scholarship , Patient Care , Homoeopathic Orientation , Practice Based Learning, Communication S
Learning Outcome	HOM-PG PM 04. KIDNEY AND GENITOURINARY SYSTEM AND ITS MAJOR MANIFESTATIONS Competency 04 Applied anatomy, physiology, cardinal manifestations, investigations and Clinical examination. KNOWLEDGE OF • Developmental anatomy of Kidney and Genitourinary system. • Physiology of excretion through kidney and urine formation. • Clinical approach and differential diagnosis of cardinal manifestations of disorders like urine volume, hematuria, proteinuria, oedema, incontinence Bedside investigations/ initial investigations e.g. X ray abdomen, CT scan, MRI, ultrasonography, urine examination, Radiology etc for clinical evaluation of symptomatology • Advice specific investigations to arrive at a final diagnosis • Basic principles of history taking integrating homoeopathic perspective. • Classification of symptoms • Formation of totality of symptoms • Miasmatic evolution of disease • Applied Materia Medica and appropriate use of Repertory for selection of remedy. SKILLS • Clinical Examination of Kidney and Genitourinary system. • Eliciting signs/ findings on Inspection, Palpation. • Percussion and Auscultation.

	• General Examination for assessment of vital data, pulse, B.P, Respiratory Rate, Temperature etc. • Correlating the examination findings with differential symptomatology to arrive at a provisional diagnosis • Demonstrate the skills of history taking integrating homoeopathic perspective. REFLECTION • Able to evaluate the symptoms of Kidney and Genitourinary system diseases to know the probable causes and able to do clinical examinations of Kidney and Genitourinary system in a patient to understand the deviation from normal functioning of Kidney and Genitourinary system by eliciting the signs of various clinical conditions to arrive at a provisional diagnosis and establish final diagnosis with appropriate interpretation with laboratory and or radiological investigations. • Application of knowledge of disease to knowledge of medicine based on principles of Homoeopathy and individualization. Selection of Homoeopathic remedy with the use of repertory and applied Materia Medica as a decision making tool for prescribing. • Documentation of case with analysis, evaluation, totality of symptoms, reportorial approach, justifying the selection of remedy as well as assessing the progress for evidence based medicine.
Competency Based Learning Methods	• Peer-based learning methods-Problem-based, case based, Brainstorming, Bedside, Ward rounds, Out-patient based, Lab-Based, Flipped learning , Roleplay. • Individual – based learning methods –Self regulated learning, reflective learning, portfolio-based, library based, e-learning,

	simulations, spaced repetition, deliberate practice, formative self-assessment.
Assessments	• Continuous / Programmatic assessment. • Practical assessment. • Written assessment. • Assignment, MCQ, OSCE, Bed Side Examination, DOPS (Direct Observation of Procedural Skills), Mini CEX (Clinical Evaluation Exercise) Case based assessment, simulation based assessment, spotting, Standardised Patients, Portfolio, Rubrics, Viva voce. • SAQ, LAQ- Descriptive, Case Scenario, Clinical application based, Problem Based Assessment.
Prescribed Texts	Refer to list attached
Domains of Competencies	Knowledge and Scholarship ,Patient Care , Homoeopathic Orientation , Practice Based Learning, Communication Skill
Learning Outcome	HOM-PG PM 05. MUSCULOSKELETAL SYSTEM AND MAJOR MANIFESTATION OF MUSCULOSKELETAL SYSTEM Competency 5 Applied anatomy, physiology, cardinal manifestations, investigations and Clinical examination. KNOWLEDGE OF • Developmental anatomy of Musculoskeletal system, Muscle attachments, nerve innervations and blood supply, types of joints and movements. • Clinical approach and differential diagnosis of cardinal manifestations of disorders like joint pain, stiffness, swelling,

	muscle pain and weakness, wasting, and deformity. Bedside investigations/ initial investigations e.g. Radiology, haematology, immunological test etc for clinical evaluation of symptomatology. • Advice specific investigations to arrive at a final diagnosis. • Basic principles of history taking integrating homoeopathic perspective. • Classification of symptoms • Formation of totality of symptoms • Miasmatic evolution of disease • Applied Materia Medica and appropriate use of Repertory for selection of remedy. SKILLS . • Clinical Examination of Musculoskeletal system. • Eliciting signs/ findings on Inspection, Palpation. • Percussion and Auscultation. • General Examination for assessment of vital data, pulse, B.P, Respiratory Rate, Temperature etc. • Correlating the examination findings with differential symptomatology to arrive at a provisional diagnosis. • Demonstrate the skills of history taking integrating homoeopathic perspective. REFLECTION • Able to evaluate the symptoms of Musculoskeletal system disorders to know the probable causes and able to do clinical examinations of Musculoskeletal system in a patient to understand the deviation from normal functioning of Musculoskeletal system by eliciting the signs of various clinical

	conditions to arrive at a provisional diagnosis and establish final diagnosis with appropriate interpretation with laboratory and or radiological investigations. • Application of knowledge of disease to knowledge of medicine based on principles of Homoeopathy and individualization. Selection of Homoeopathic remedy with the use of repertory and applied Materia Medica as a decision making tool for prescribing • Documentation of case with analysis, evaluation, totality of symptoms, reportorial approach, justifying the selection of remedy as well as assessing the progress for evidence based medicine.
Competency Based Learning Methods	• Peer-based learning methods-Problem-based, case based, Brainstorming, Bedside, Ward rounds, Out-patient based, Lab-Based, Flipped learning , Roleplay. • Individual – based learning methods –Self regulated learning, reflective learning, portfolio-based, library based, e-learning, simulations, spaced repetition, deliberate practice, formative self-assessment.
Assessments	• Continuous / Programmatic assessment. • Practical assessment. • Written assessment. • Assignment, MCQ, OSCE, Bed Side Examination, DOPS (Direct Observation of Procedural Skills), Mini CEX (Clinical Evaluation Exercise) Case based assessment, simulation based assessment, spotting, Standardised Patients, Portfolio, Rubrics, Viva voce. • SAQ, LAQ- Descriptive, Case Scenario, Clinical application based, Problem Based Assessment.

Prescribed Texts	Refer to list attached
Domains of Competencies	Knowledge and Scholarship ,Patient Care , Homoeopathic Orientation , Practice Based Learning, Communication Skill
Learning Outcome	HOM-PG PM 06. REPRODUCTIVE SYSTEM AND MAJOR MANIFESTATION OF REPRODUCTIVE DISEASE Competency 6 Applied anatomy, physiology, cardinal manifestations, investigations and Clinical examination. KNOWLEDGE OF • Developmental anatomy of Reproductive system, Reproductive and Hormonal functions of the Male and female. • Clinical approach and differential diagnosis of cardinal manifestations of disorders like menstrual disorders, leucorrhoea and infertility. Bedside investigations/ initial investigations e.g. USG Abdomen, semen analysis, hormonal assays etc for clinical evaluation of symptomatology. • Advice specific investigations to arrive at a final diagnosis. • Basic principles of history taking integrating homoeopathic perspective. • Classification of symptoms • Formation of totality of symptoms • Miasmatic evolution of disease • Applied Materia Medica and appropriate use of Repertory for selection of remedy. • SKILLS • Clinical Examination of Reproductive system.

	• Eliciting signs/ findings on local examination. • Per vaginal examination, male genitalia examination. • General Examination for assessment of vital data, pulse, B.P, Respiratory Rate, Temperature etc. • Correlating the examination findings with differential symptomatology to arrive at a provisional diagnosis. • Demonstrate the skills of history taking integrating homoeopathic perspective. REFLECTION • Able to evaluate the symptoms of Reproductive system diseases to know the probable causes and able to do clinical examinations of Reproductive system in a patient to understand the deviation from normal functioning of Reproductive system by eliciting the signs of various clinical conditions to arrive at a provisional diagnosis and establish final diagnosis with appropriate interpretation with laboratory and or radiological investigations. • Application of knowledge of disease to knowledge of medicine based on principles of Homoeopathy and individualization. Selection of Homoeopathic remedy with the use of repertory and applied Materia Medica as a decision making tool for prescribing. • Documentation of case with analysis, evaluation, totality of symptoms, reportorial approach, justifying the selection of remedy as well as assessing the progress for evidence based medicine.
Competency Based Learning Methods	• Peer-based learning methods-Problem-based, case based, Brainstorming, Bedside, Ward rounds, Out-patient based, Lab-Based, Flipped learning , Roleplay.

	Individual – based learning methods –Self regulated learning, reflective learning, portfolio-based, library based, e-learning, simulations, spaced repetition, deliberate practice, formative self-assessment.
Assessments	- Continuous / Programmatic assessment. - Practical assessment. - Written assessment. - Assignment, MCQ, OSCE, Bed Side Examination, DOPS (Direct Observation of Procedural Skills), Mini CEX (Clinical Evaluation Exercise) Case based assessment, simulation based assessment, spotting, Standardised Patients, Portfolio, Rubrics, Viva voce. - SAQ, LAQ- Descriptive, Case Scenario, Clinical application based, Problem Based Assessment.
Prescribed Texts	Refer to list attached
Domains of Competencies	Knowledge and Scholarship ,Patient Care , Homoeopathic Orientation , Practice Based Learning, Communication Skill
Learning Outcome	HOM-PG PM 07. ENDOCRINE SYSTEM AND MANIFESTATION OF ENDOCRINE DISEASES Competency 7 Applied anatomy, physiology, cardinal manifestations, investigations and Clinical examination. KNOWLEDGE OF - Developmental anatomy of Endocrine glands. - Functional anatomy and physiology of hypothalamus, pituitary, thyroid, parathyroid, adrenal gland and endocrine functions of pancreas. - Clinical approach, differential diagnosis and cardinal

	manifestations of endocrinal abnormalities. Bedside investigations/ initial investigations e.g. Hormonal assays, USG, CT scan, MRI etc for clinical evaluation of symptomatology. • Advice specific investigations to arrive at a final diagnosis. • Basic principles of history taking integrating homoeopathic perspective. • Classification of symptoms • Formation of totality of symptoms • Miasmatic evolution of disease • Applied Materia Medica and appropriate use of Repertory for selection of remedy. SKILLS • Clinical Examination of Endocrine glands. • Eliciting signs/ findings on local and systemic examination. • General Examination for assessment of vital data, pulse, B.P, Respiratory Rate, Temperature etc. • Correlating the examination findings with differential symptomatology to arrive at a provisional diagnosis. • Demonstrate the skills of history taking integrating homoeopathic perspective. REFLECTION • Able to evaluate the symptoms of Endocrine disorders to know the probable causes and able to do clinical examinations of Endocrine glands in a patient to understand the deviation from normal functioning of Endocrine glands by eliciting the signs of various clinical conditions to arrive at a provisional diagnosis and establish final diagnosis with appropriate interpretation with laboratory and or radiological investigations. • Application of knowledge of disease to knowledge of medicine

	based on principles of Homoeopathy and individualization. Selection of Homoeopathic remedy with the use of repertory and applied Materia Medica as a decision making tool for prescribing. • Documentation of case with analysis, evaluation, totality of symptoms, reportorial approach, justifying the selection of remedy as well as assessing the progress for evidence based medicine.
Competency Based Learning Methods	• Peer-based learning methods-Problem-based, case based, Brainstorming, Bedside, Ward rounds, Out-patient based, Lab-Based, Flipped learning , Roleplay. • Individual – based learning methods –Self regulated learning, reflective learning, portfolio-based, library based, e-learning, simulations, spaced repetition, deliberate practice, formative self-assessment.
Assessments	• Continuous / Programmatic assessment. • Practical assessment. • Written assessment. • Assignment, MCQ, OSCE, Bed Side Examination, DOPS (Direct Observation of Procedural Skills), Mini CEX (Clinical Evaluation Exercise) Case based assessment, simulation based assessment, spotting, Standardised Patients, Portfolio, Rubrics, Viva voce. • SAQ, LAQ- Descriptive, Case Scenario, Clinical application based, Problem Based Assessment.
Prescribed Texts	Refer to list attached
Domains of Competencies	Knowledge and Scholarship ,Patient Care , Homoeopathic Orientation , Practice Based Learning, Communication Skill

Learning Outcome	HOM-PG PM 08. HAEMATOLOGICAL (BLOOD) DISORDERS Competency 8 Applied anatomy, physiology, cardinal manifestations, investigations and Clinical examination. KNOWLEDGE OF • Developmental anatomy of bone marrow. • Haematopoiesis in foetus and adult, Immune system and Blood coagulation. • Clinical approach, differential diagnosis and cardinal manifestations like dyspnea, bleeding, pallor, hepatosplenomegaly . Bedside investigations/ initial investigations e.g. complete blood count, peripheral blood smear etc, for clinical evaluation of symptomatology. • Advice specific investigations to arrive at a final diagnosis. • Basic principles of history taking integrating homoeopathic perspective. • Classification of symptoms • Formation of totality of symptoms • Miasmatic evolution of disease • Applied Materia Medica and appropriate use of Repertory for selection of remedy. • SKILLS • Clinical Examination of Haemopoietic system. • Eliciting signs/ findings on systemic examination. • Percussion, Auscultation. • General Examination for assessment of vital data, pulse, B.P,

	Respiratory Rate, Temperature etc. • Correlating the examination findings with differential symptomatology to arrive at a provisional diagnosis. • Demonstrate the skills of history taking integrating homoeopathic perspective. REFLECTION • Able to evaluate the symptoms of Haemopoietic system disorders to know the probable causes and able to do clinical examinations of Haemopoietic disorders in a patient to understand the deviation from normal functioning of Haemopoietic system by eliciting the signs of various clinical conditions to arrive at a provisional diagnosis and establish final diagnosis with appropriate interpretation with laboratory and or radiological investigations. • Application of knowledge of disease to knowledge of medicine based on principles of Homoeopathy and individualization. Selection of Homoeopathic remedy with the use of repertory and applied Materia Medica as a decision making tool for prescribing. • Documentation of case with analysis, evaluation, totality of symptoms, reportorial approach, justifying the selection of remedy as well as assessing the progress for evidence based medicine.
Competency Based Learning Methods	• Peer-based learning methods-Problem-based, case based, Brainstorming, Bedside, Ward rounds, Out-patient based, Lab-Based, Flipped learning , Roleplay. • Individual – based learning methods –Self regulated learning, reflective learning, portfolio-based, library based, e-learning, simulations, spaced repetition, deliberate practice, formative self-assessment.

Assessment	• Continuous / Programmatic assessment. • Practical assessment. • Written assessment. • Assignment, MCQ, OSCE, Bed Side Examination, DOPS (Direct Observation of Procedural Skills), Mini CEX (Clinical Evaluation Exercise) Case based assessment, simulation based assessment, spotting, Standardised Patients, Portfolio, Rubrics, Viva voce. • SAQ, LAQ- Descriptive, Case Scenario, Clinical application based, Problem Based Assessment.
Prescribed Texts	Refer to list attached
Domains of Competencies	Knowledge and Scholarship ,Patient Care , Homoeopathic Orientation ,Practice Based Learning, Communication Skill
	HOM-PG PM 09. NERVOUS SYSTEM AND ITS MAJOR MANIFESTATIONS OF NEUROLOGICAL DISORDERS Competency 9 • Applied anatomy, physiology, cardinal manifestations, investigations and Clinical examination. KNOWLEDGE OF • Developmental anatomy of nervous system. • Organization of the nervous system, Basic functions of synapses, neurotransmitters and receptors. • Clinical approach, differential diagnosis and cardinal manifestations like faintness, syncope, dizziness, vertigo, headache, weakness, myalgia, sensory disturbances, aphasia, memory loss and dementia, sleep disorders, coma and disorders of movement.

	Bedside investigations/ initial investigations e.g. CT Scan, MRI etc. for clinical evaluation of symptomatology. • Advice specific investigations to arrive at a final diagnosis. • Basic principles of history taking integrating homoeopathic perspective. • Classification of symptoms • Formation of totality of symptoms • Miasmatic evolution of disease • Applied Materia Medica and appropriate use of Repertory for selection of remedy. • SKILLS • Clinical Examination of nervous system. • Eliciting signs/ findings on Higher mental functions, cranial nerve examination, motor, sensory and cerebella signs • General Examination for assessment of vital data, pulse, B.P, Respiratory Rate, Temperature etc. • Correlating the examination findings with differential symptomatology to arrive at a provisional diagnosis. • Demonstrate the skills of history taking integrating homoeopathic perspective. REFLECTION • Able to evaluate the symptoms of nervous system disorders to know the probable causes and able to do clinical examinations of nervous system disorders in a patient to understand the deviation from normal functioning of nervous system by eliciting the signs of various clinical conditions to arrive at a provisional diagnosis and establish final diagnosis with appropriate interpretation with laboratory and or radiological investigations.

	• Application of knowledge of disease to knowledge of medicine based on principles of Homoeopathy and individualization. Selection of Homoeopathic remedy with the use of repertory and applied Materia Medica as a decision making tool for prescribing. • Documentation of case with analysis, evaluation, totality of symptoms, reportorial approach, justifying the selection of remedy as well as assessing the progress for evidence based medicine.
Competency Based Learning Methods	• Peer-based learning methods-Problem-based, case based, Brainstorming, Bedside, Ward rounds, Out-patient based, Lab-Based, Flipped learning , Roleplay. • Individual – based learning methods –Self regulated learning, reflective learning, portfolio-based, library based, e-learning, simulations, spaced repetition, deliberate practice, formative self-assessment.
Assessment	• Continuous / Programmatic assessment. • Practical assessment. • Written assessment. • Assignment, MCQ, OSCE, Bed Side Examination, DOPS (Direct Observation of Procedural Skills), Mini CEX (Clinical Evaluation Exercise) Case based assessment, simulation based assessment, spotting, Standardised Patients, Portfolio, Rubrics, Viva voce. • SAQ, LAQ- Descriptive, Case Scenario, Clinical application based, Problem Based Assessment.
Prescribed Texts	Refer to list attached

Domains of competencies	Knowledge and Scholarship , Patient Care, Homoeopathic Orientation , Practice Based Learning, Communication Skill
Learning Outcomes	HOM-PG PM 10. SKIN AND APPENDAGES AND ITS MAJOR MANIFESTATIONS Competency 10 • Applied anatomy, physiology, cardinal manifestations, investigations and Clinical examination. KNOWLEDGE OF • Developmental anatomy of skin and its layers including sweat glands and hair follicles, Regenerative potential of skin. • Clinical approach, differential diagnosis and cardinal manifestations like pruritis, eruptive skin lesions, disorders of pigmentation, types of alopecia. Bedside investigations/ initial investigations e.g. Skin swab, scrapings, skin biopsy, skin prick test etc. for clinical evaluation of symptomatology. • Advice specific investigations to arrive at a final diagnosis. • Basic principles of history taking integrating homoeopathic perspective. • Classification of symptoms • Formation of totality of symptoms • Miasmatic evolution of disease • Applied Materia Medica and appropriate use of Repertory for selection of remedy. SKILLS • Clinical Examination of skin. • Eliciting signs/ findings on Local examination and systemic examination General Examination for assessment of vital data, pulse, B.P, Respiratory Rate, Temperature etc.

	• Correlating the examination findings with differential symptomatology to arrive at a provisional diagnosis. • Demonstrate the skills of history taking integrating homoeopathic perspective. REFLECTION • Able to evaluate the symptoms of skin disorders to know the probable causes and able to do clinical examinations of skin disorders in a patient to understand the deviation from normal functioning of integumentary system by eliciting the signs of various clinical conditions to arrive at a provisional diagnosis and establish final diagnosis with appropriate interpretation with laboratory and or radiological investigations. • Application of knowledge of disease to knowledge of medicine based on principles of Homoeopathy and individualization. Selection of Homoeopathic remedy with the use of repertory and applied Materia Medica as a decision making tool for prescribing. • Documentation of case with analysis, evaluation, totality of symptoms, reportorial approach, justifying the selection of remedy as well as assessing the progress for evidence based medicine.
Competency Based Learning Methods	• Peer-based learning methods-Problem-based, case based, Brainstorming, Bedside, Ward rounds, Out-patient based, Lab-Based, Flipped learning , Roleplay. • Individual – based learning methods –Self regulated learning, reflective learning, portfolio-based, library based, e-learning, simulations, spaced repetition, deliberate practice, formative self-assessment.

Assessment	• Continuous / Programmatic assessment. • Practical assessment. • Written assessment. • Assignment, MCQ, OSCE, Bed Side Examination, DOPS (Direct Observation of Procedural Skills), Mini CEX (Clinical Evaluation Exercise) Case based assessment, simulation based assessment, spotting, Standardised Patients, Portfolio, Rubrics, Viva voce. • SAQ, LAQ
Prescribed Texts	Refer to list attached
Domains of Competencies	Knowledge and Scholarship , Patient Care , Homoeopathic Orientation ,Practice Based Learning, Communication Skill
Learning Outcomes	HOM-PG PM 11. PSYCHIATRIC DISORDERS AND ITS MAJOR MANIFESTATIONS Competency 11 • Cardinal manifestations, investigations and Clinical examination. KNOWLEDGE OF • Normal Functioning of mind - cognition, conation and affect and factors affecting this function. • Clinical approach, differential diagnosis and cardinal manifestations like depressive symptoms, anxiety symptoms, delusions and hallucinations, self harm. Bedside investigations/ initial investigations for clinical evaluation of symptomatology. • Components of mental state examination • Advice specific investigations to arrive at a final diagnosis. • Basic principles of history taking integrating homoeopathic perspective.

	• Classification of symptoms • Formation of totality of symptoms • Miasmatic evolution of disease • Applied Materia Medica and appropriate use of Repertory for selection of remedy. SKILLS • Mental state examination and clinical Examination of Psychiatric Disorders and eliciting signs/ findings on higher mental functions. • General Examination for assessment of vital data, pulse, B.P, Respiratory Rate, Temperature etc. • Correlating the examination findings with differential symptomatology to arrive at a provisional diagnosis. • Demonstrate the skills of history taking integrating homoeopathic perspective. REFLECTION • Able to evaluate the symptoms of Psychiatric Disorders to know the probable causes and able to do clinical examinations of Psychiatric Disorders in a patient to understand the deviation from normal functioning by eliciting the signs of various clinical conditions to arrive at a provisional diagnosis and establish final diagnosis with appropriate interpretation with laboratory and or radiological investigations. • Application of knowledge of disease to knowledge of medicine based on principles of Homoeopathy and individualization. Selection of Homoeopathic remedy with the use of repertory and applied Materia Medica as a decision making tool for prescribing. • Documentation of case with analysis, evaluation, totality of symptoms, reportorial approach, justifying the selection of

	remedy as well as assessing the progress for evidence based medicine.
Competency Based Learning Methods	• Peer-based learning methods-Problem-based, case based, Brainstorming, Bedside, Ward rounds, Out-patient based, Lab-Based, Flipped learning , Roleplay. • Individual – based learning methods –Self regulated learning, reflective learning, portfolio-based, library based, e-learning, simulations, spaced repetition, deliberate practice, formative self-assessment.
Assessment	• Continuous / Programmatic assessment. • Practical assessment. • Written assessment. • Assignment, MCQ, OSCE, Bed Side Examination, DOPS (Direct Observation of Procedural Skills), Mini CEX (Clinical Evaluation Exercise) Case based assessment, simulation based assessment, spotting, Standardised Patients, Portfolio, Rubrics, Viva voce. • SAQ, LAQ.
Prescribed Texts	Refer to list attached
Domains of competencies	Knowledge and Scholarship , Patient Care , Homoeopathic Orientation ,Practice Based Learning ,Communication Skill
Learning Outcomes	• HOM-PG PM 12. PAIN AND ITS CARDINAL MANIFESTATIONS competency 12 • Pathophysiology, investigations and Clinical examination. KNOWLEDGE OF

	• Pain pathway, aetiology and types of pain. • Clinical approach, differential diagnosis and management of pain. Bedside investigations/ initial investigations for clinical evaluation of pain. • Advice specific investigations to arrive at a final diagnosis SKILLS • Clinical Examination and management • Eliciting signs/ findings to differentiate various aetiologies of pain. • General Examination for assessment of vital data, pulse, B.P, Respiratory Rate, Temperature etc. • Correlating the examination findings to arrive at a provisional diagnosis. • Cardinal manifestations of different pains like Chest pain, Abdominal pain, Head ache, Back pain, Neck pain • Basic principles of history taking integrating homoeopathic perspective. • Classification of symptoms • Formation of totality of symptoms • Miasmatic evolution of disease • Applied Materia Medica and appropriate use of Repertory for selection of remedy. • Demonstrate the skills of history taking integrating homoeopathic perspective. REFLECTION • Able to evaluate the patients with pain to know the probable causes to arrive at a provisional diagnosis and establish final diagnosis with appropriate interpretation with laboratory and or

	radiological investigations and to manage the pain. • Application of knowledge of disease to knowledge of medicine based on principles of Homoeopathy and individualization. Selection of Homoeopathic remedy with the use of repertory and applied Materia Medica as a decision making tool for prescribing. • Documentation of case with analysis, evaluation, totality of symptoms, reportorial approach, justifying the selection of remedy as well as assessing the progress for evidence based medicine.
Competency Based Learning Methods	• Peer-based learning methods-Problem-based, case based, Brainstorming, Bedside, Ward rounds, Out-patient based, Lab-Based, Flipped learning , Roleplay. • Individual – based learning methods –Self regulated learning, reflective learning, portfolio-based, library based, e-learning, simulations, spaced repetition, deliberate practice, formative self-assessment.
Assessment	• Continuous / Programmatic assessment. • Practical assessment. • Written assessment. • Assignment, MCQ, OSCE, Bed Side Examination, DOPS (Direct Observation of Procedural Skills), Mini CEX (Clinical Evaluation Exercise) Case based assessment, simulation based assessment, spotting, Standardised Patients, Portfolio, Rubrics, Viva voce. • SAQ, LAQ .
Prescribed Texts	Refer to list attached

Domains of competencies	Knowledge and Scholarship ,Patient Care , Homoeopathic Orientation , Practice Based Learning, Communication Skill
Learning Outcome	HOM-PG PM 13. FEVER Competency 13 • Pathophysiology, investigations and Clinical examination. KNOWLEDGE OF • Regulation of body temperature. • Aetiology and Types of fever. • Clinical approach and differential diagnosis of fever. Bedside investigations/ initial investigations, for clinical evaluation of symptomatology. • Advice specific investigations to arrive at a final diagnosis. • Basic principles of history taking integrating homoeopathic perspective. • Classification of symptoms • Formation of totality of symptoms • Miasmatic evolution of disease • Applied Materia Medica and appropriate use of Repertory for selection of remedy. SKILLS • Clinical Examination. • Eliciting signs/ findings • General Examination for assessment of vital data, pulse, B.P, Respiratory Rate, Temperature etc. • Correlating the examination findings with differential symptomatology to arrive at a provisional diagnosis • Demonstrate the skills of history taking integrating homoeopathic perspective.

	REFLECTION • Able to evaluate the patients with fever to know the probable causes to arrive at a provisional diagnosis and establish final diagnosis with appropriate interpretation with laboratory and or radiological investigations and to manage the fever. • Application of knowledge of disease to knowledge of medicine based on principles of Homoeopathy and individualization. Selection of Homoeopathic remedy with the use of repertory and applied Materia Medica as a decision making tool for prescribing. • Documentation of case with analysis, evaluation, totality of symptoms, reportorial approach, justifying the selection of remedy as well as assessing the progress for evidence based medicine.
Competency Based Learning Methods	• Peer-based learning methods-Problem-based, case based, Brainstorming, Bedside, Ward rounds, Out-patient based, Lab-Based, Flipped learning , Roleplay. • Individual – based learning methods –Self regulated learning, reflective learning, portfolio-based, library based, e-learning, simulations, spaced repetition, deliberate practice, formative self-assessment.
Assessment	• Continuous / Programmatic assessment. • Practical assessment. • Written assessment. • Assignment, MCQ, OSCE, Bed Side Examination, DOPS (Direct Observation of Procedural Skills), Mini CEX (Clinical Evaluation Exercise) Case based assessment, simulation based assessment, spotting, Standardised Patients, Portfolio, Rubrics, Viva voce. • SAQ, LAQ.

Prescribed Texts	Refer to List attached
Domain of competencies	Knowledge and Scholarship ,Patient Care , Homoeopathic Orientation , Practice Based Learning ,Communication Skill
Learning Outcome	• HOM – PG PM 14. INTEGRATIVE APPROACHES IN CLINICAL DIAGNOSTICS AND HOMEOPATHY: EVIDENCE-BASED PRACTICES, ETHICAL CONSIDERATIONS, AND MIASMATIC INTERPRETATIONS a) Laboratory and Radiological Investigations and their interpretation Competency 14 • Haematology. • Serology. • Biochemistry. • Microbiology. • Hormonal Assays and other special tests • X-rays • CT Scan, MRI – Basic Concepts of radio imaging and its interpretation • USG • ECG, Stress test KNOWLEDGE OF • Interpretation of investigations at various stages of disease • Knowledge of preparation of patient before procedure / investigations (if any)

	SKILLS • Confirmation of provisional diagnosis based on interpretation of investigations and decide the scope and limitations • Preparation of patient for the procedure • Demonstrate the skills of history taking integrating homoeopathic perspective. REFLECTION • Appropriate action / interventions depending on diagnosis and stage of disease condition and final treatment plan including auxiliary measures for the case
Competency Based Learning Methods	• Peer-based learning methods-Problem-based, case based, Brainstorming, Bedside, Ward rounds, Out-patient based, Lab-Based, Flipped learning, Roleplay. • Individual – based learning methods –Self regulated learning, reflective learning, portfolio-based, library based, e-learning, simulations, spaced repetition, deliberate practice, formative self-assessment.
Assessment	• Continuous / Programmatic assessment. • Practical assessment. • Written assessment. • Assignment, MCQ, OSCE, Bed Side Examination, DOPS (Direct Observation of Procedural Skills), Mini CEX (Clinical Evaluation Exercise) Case based assessment, simulation based assessment, spotting, Standardised Patients, Portfolio, Rubrics, Viva voce. • SAQ, LAQ- Descriptive, Case Scenario, Clinical application based,

Prescribed Texts	Refer to list attached
Domain of competencies	Knowledge and Scholarship , Patient Care , Homoeopathic Orientation ,Practice Based Learning, Communication Skill
Learning Outcomes	B. CONCEPT OF EVIDENCE BASED MEDICINE, ETHICAL ISSUES, GUIDELINES AND ITS IMPORTANCE HOMOEOPATHIC ORIENTATION AND ITS APPLICATION Sub competency Case based knowledge of evidence based medicine. Importance of ethical guidelines in clinical practice. KNOWLEDGE OF • Components and types of Evidence based Medicine. • Different types of evidences and how to collect evidences in clinical practice • Ethical guidelines to be followed while managing the case and collecting data for research purpose SKILLS • Record keeping of evidences of cases treated in OPD / IPD • Utilization of records of clinical evidences for research purpose • Application of knowledge of Ethical guidelines during managing cases in OPD / IPD and emergency settings etc. REFLECTION • Ability to utilize evidences collected for understanding clinical medicine and for research purpose • Ability to utilize knowledge of ethical guidelines for clinical practices and research

Competency Based Learning Methods	• Peer-based learning methods-Problem-based, case based, Brainstorming, Bedside, Ward rounds, Out-patient based, Flipped learning, Roleplay. • Individual – based learning methods –Self regulated learning , reflective learning , portfolio-based, library based , e-learning, spaced repetition , deliberate practice, formative self-assessment.
Assessment	• Continuous / Programmatic assessment. • Practical assessment. • Written assessment. • Assignment, MCQ, OSCE, Bed Side Examination, DOPS (Direct Observation of Procedural Skills), Mini CEX (Clinical Evaluation Exercise) Case based assessment, simulation based assessment, spotting, Standardised Patients, Portfolio, Rubrics, Viva voce. • SAQ.
Prescribed Texts	Refer to list attached
Domain of competencies	Knowledge and Scholarship ,Patient Care , Homoeopathic Orientation , Practice Based Learning, Communication Skill
Learning Outcomes	c. Integrate and Interpret The Cardinal Manifestations Of System Under General Medicine, Paediatric, Psychiatry And Dermatology In Diseased Individual According To Homoeopathic Concepts. Understand And Correlate Miasmatic Evolution Of Expressions Of Disease. Applied Materia Medica And Use Of Repertory For Therapeutic Application. Sub competency • Understand and correlate miasmatic evolution of expressions of disease. • Appropriate use of repertory and applied Materia Medica and its

therapeutics applications

KNOWLEDGE OF

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

SKILLS

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

REFLECTION

- Ability to make final diagnosis with understanding the stage of

	disease • Identify the factors which may have contributed in affection of PNE and RES in a given case. • Explore use of repertory for arriving at a group of remedies in a given case. • Ability to differentiate between various remedies after referring Materia Medica. • Ability to prescribe final remedy with understanding susceptibility with Posology.
Competency Based Learning Methods	• Peer-based learning methods-Problem-based, case based, Brainstorming, Bedside, Ward rounds, Out-patient based, Lab-Based, Flipped learning , Roleplay. • Individual – based learning methods –Self regulated learning,reflective learning , portfolio-based, library based , e-learning , spaced repetition , deliberate practice, formative self-assessment.
Assessment	• Continuous / Programmatic assessment. • Practical assessment. • Written assessment. • Assignment, MCQ, OSCE, Bed Side Examination, DOPS (Direct Observation of Procedural Skills), Mini CEX (Clinical Evaluation Exercise) Case based assessment, simulation based assessment, spotting, Standardised Patients, Portfolio, Rubrics, Viva voce. • SAQ, LAQ- Descriptive, Case Scenario, Clinical application based.
Prescribed Texts	Refer to list attached

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

VII. ASSESSMENT

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

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

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

iii. Research Methodology and Biostatistics	100	50	-	-

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

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

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

Types of Questions with Marks

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

Part I – Paper I. TOPIC NUMBERS

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

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

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

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

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

VII (2b) QUESTION PAPER LAYOUT

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

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

Note:-

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

VII (3) Assessment Blueprint –Practical / Viva.

VII (3a) CLINICAL EXAMINATION.

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

VII (3b). VIVA VOCE.

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

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

8. REFERENCE BOOKS (RECOMMENDED READING)

Clinical Medicine

(Text Books-Latest Editon)

- Kamath, S.A, 1969, API Textbook of Medicine Jaypee Bro, New Delhi, 12th Ed.
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- Vakil, R J and Udwadia F.E, Diagnosis And Management of Medical Emergencies, 1975, Oxford University Press, London, 3rd Ed.
- Walton, J.N, 1962, Brain's Diseases of the Nervous System, Oxford University Press, Bombay, 8th Ed.
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- Bates, Barbara, Bickley, L.S and Hoekelman, R.A, 1995, Physical Examination and History Taking, J.B. Lippincott Company, Philadelphia, 6th Ed.
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RECOMMENDED JOURNAL READING

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

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

Part II Paper 1, 2

V. TOPICS AND TOPIC OBJECTIVES.

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

Topic -2 Part II Paper I

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

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

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

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

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

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

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

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

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

4.5 Diseases of Endocrine pancreas

4.6 Diabetes Mellitus

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

5.1 Diseases of mouth and salivary glands

5.2 Diseases of Oesophagus, Stomach and Duodenum

5.3 Diseases of Small Intestine

5.4 Diseases of Pancreas

5.5 Irritable Bowel Syndrome

5.6 Inflammatory Bowel Disease

5.7 Disorders of Colon and Anorectum

5.8 Diseases of Peritoneal cavity

5.9 Diseases of Gut Injury

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

6.1 Acute fulminant hepatic failure

6.2 Liver cirrhosis and Chronic liver failure

6.3 Portal Hypertension

6.4 Hepatic encephalopathy

6.5 Hepatorenal Failure

6.6 Specific causes of Parenchymal liver disease

6.7 Tumours of liver

6.8 Miscellaneous liver diseases

6.9 Gall bladder and other Biliary diseases

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

7.1 Leukopenia, leucocytosis, thrombocytopenia, thrombocytosis, pancytopenia

7.2 Anaemia

7.3 Blood products and transfusion

7.4 Haematological malignancies

7.5 Myeloproliferative disorders

7.6 Bleeding disorders

7.7 Venous thrombosis

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

8.1 Degenerative joint diseases

8.2 Inflammatory joint diseases

8.3 Fibromyalgia

8.4 Diseases of the Bone

8.5 Systemic Connective tissue diseases

8.6 Musculoskeletal manifestations of disease in other systems

8.7 Miscellaneous musculoskeletal conditions

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

9.1 Cerebro- vascular diseases

9.2 Inflammatory diseases of CNS

9.3 Degenerative diseases

9.4 Diseases of Nerves

9.5 Disorders of Muscles

9.5 Disorders of Spine and Spinal cord

9.6 Infections of Nervous System

9.7 Intracranial mass lesions and Raised intracranial pressure

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

10.1 Skin manifestations in Systemic Disease

10.2 Eczema

10.3 Urticaria

10.4 Psoriasis and other Erythematous Scaly Eruptions

10. 5.Disorders of the Pilosebaceous Unit

10. 6 .Some Common Skin Infections and Infestations

10.7 Pressure sores

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

Topic 3: Part II Paper II

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

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

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

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

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

12.5 Disorders of Divalent ion metabolism

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

13.1 Nutritional assessment and nutritional needs

13.2 Nutritional and Metabolic disorders

13.3 Vitamins and Minerals

13.4 Other metabolic disorders

13.5 Environmental disorders

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

14.1 The role of clinical geneticist

14.2 The anatomy of the human genome

14.3 Types of genetic disease

14.4 Common presentations of genetic disease

14.5 Investigations of genetic disease

14.6 Genetic counselling and testing

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

15.1 Classification of psychiatric disorders and aetiological factors in psychiatric disorders

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

15.3 Somatoform Disorders, Personality Disorders,

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

15.5 LEGAL ASPECTS OF PSYCHIATRY

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

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

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

- **HOM-PG PM31: ONCOLOGY**

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

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

18.1 Infertility

Endometriosis

Pelvic Inflammatory Diseases

Disorders of Menstrual regulation

Health issues in Menopausal women

18.2 Malignancies (Gynecological Cancers)

Polycystic Ovarian Syndrome (PCOS.)

Medical diseases in pregnancy

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

19.1 Concept of Life Style Illnesses

Role of the individual and environment in their genesis and maintenance

Homoeopathic perspective of Life style illnesses

Comprehensive Homoeopathic assessment and management

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

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

20.1 Provision of critical care

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

Scoring system in critical care

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

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

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

22.1 Initial Pre-Hospital Care

Patient assessment

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

22.2 Basic Knowledge of Trauma Care

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

23.1 General approach to the poisoned patient

Poisoning by specific pharmaceutical agents

23.2 Chemicals and pesticides

Envenomation

Environmental poisoning and illnesses

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

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

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

VI. TOPIC DESCRIPTION

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

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

Topic overview	This topic will provide students of MD Hom (Practice of Medicine) with an over view of system based diseases from General Medicine including Paediatrics and Dermatology - with respect to understanding Applied Anatomy, Applied Physiology, Patho - Physiology, Epidemiology, Clinical features, complications, investigations. General principles of management, Ancillary measures, specific treatment with homoeopathy defining the scope and limitations of homoeopathy
Learning Outcome	HOM-PG PM 15: CARDIOVASCULAR DISEASE 1.1 Disorders of heart rate, rhythm and conduction KNOWLEDGE • Aetiopathogenesis, clinical presentation, diagnosis, investigations, complications of • Sinus rhythms, atrial tachyarrhythmias, junctional tachyarrhythmias, ventricular tachyarrhythmias, sinoatrial disease, atrioventricular and bundle branch block. • Standard line of treatment • Principles of Management • Miasmatic expression of disease • Use of appropriate repertory • Applied Materia Medica • Ancillary measures SKILLS

	• Case taking with physical examination to assess the vitals and elicit the signs to arrive at the provisional diagnosis. • Interpretation of investigations to confirm the diagnosis • Decision of acceptance or referral of case • Infer the miasm in a given case. • Role of Homoeopathy in management (Curative/Palliative/Adjuvant) • Arriving at the totality of symptoms • Remedy differentiation and final selection of remedy with appropriate use of repertory and referencing Materia Medica as a prescription decision tool • Documentation of the same REFLECTION • Arriving at a final diagnosis by appropriate interpretation of investigations • Formulate the totality; Miasmatic evolution of expression of disease, use of repertory if necessary and or referencing Materia Medica to arrive at the selection of indicated remedy, potency, repetition with justification • Plan for assessment of the condition for evidence based medicine
Competency Based Learning Methods	• Peer-based learning methods-Problem-based, case based, Brainstorming, Bedside, Ward rounds, Out-patient based, Lab-Based, Flipped learning , Roleplay. • Individual – based learning methods –Self regulated learning, reflective learning, portfolio-based, library based, e-learning, simulations, spaced repetition, deliberate practice, formative self-assessment.

Assessments	• Written assessment. • Assignment, MCQ, OSCE, Bed Side Examination, DOPS (Direct Observation of Procedural Skills), Mini CEX (Clinical Evaluation Exercise) Case based assessment, simulation based assessment, spotting, Standardised Patients, Portfolio, Rubrics, Viva voce. • SAQ, LAQ- Descriptive, Case Scenario, Clinical application based, Problem Based Assessment.
Prescribed Texts	Refer to list attached
Domains of Competencies	Knowledge and Scholarship / Patient Care / Homoeopathic Orientation / Communication skill/ Practice Based Learning/ / Professionalism
Learning Outcome	1.2 ATHEROSCLEROTIC VASCULAR DISEASE KNOWLEDGE • Aetiopathogenesis, clinical presentation, diagnosis, investigations, complications of atherosclerotic vascular disease • Standard line of treatment • Principles of Management • Miasmatic expression of disease • Use of appropriate repertory • Applied Materia Medica • Ancillary measures SKILLS • Case taking with physical examination to assess the vitals and elicit the signs to arrive at the provisional diagnosis. • Interpretation of investigations to confirm the diagnosis • Decision of acceptance or referral of case

	• Infer the miasm in a given case. • Role of Homoeopathy in management (Curative/Palliative/Adjuvant) • Arriving at the totality of symptoms • Remedy differentiation and final selection of remedy with appropriate use of repertory and referencing Materia Medica as a prescription decision tool • Documentation of the same REFLECTION • Arriving at a final diagnosis by appropriate interpretation of investigations • Formulate the totality; Miasmatic evolution of expression of disease use of repertory if necessary and or referencing Materia Medica to arrive at the selection of indicated remedy, potency, repetition with justification • Plan for assessment of the condition for evidence based medicine
Competency Based Learning Methods	• Peer-based learning methods-Problem-based, case based, Brainstorming, Bedside, Ward rounds, Out-patient based, Lab-Based, Flipped learning , Roleplay. • Individual – based learning methods –Self regulated learning, reflective learning, portfolio-based, library based, e-learning, simulations, spaced repetition, deliberate practice, formative self-assessment.
Assessments	• Written assessment. • Assignment, MCQ, OSCE, Bed Side Examination, DOPS (Direct Observation of Procedural Skills), Mini CEX (Clinical Evaluation Exercise) Case based assessment, simulation based assessment,

	spotting, Standardised Patients, Portfolio, Rubrics, Viva voce. SAQ, LAQ- Descriptive, Case Scenario, Clinical application based, Problem Based Assessment.
Prescribed Texts	Refer to list attached
Domains of Competencies	Knowledge and Scholarship / Patient Care / Homoeopathic Orientation / Communication skill/ Practice Based Learning/ / Professionalism
Learning Outcome	1.3 CORONARY HEART DISEASES KNOWLEDGE - Aetiopathogenesis, clinical presentation, diagnosis, investigations, complications of stable angina, unstable angina, myocardial infarction - Basics of BLS - Standard line of treatment - Principles of Management - Miasmatic expression of disease - Use of appropriate repertory - Applied Materia Medica - Ancillary measures SKILLS - Case taking with physical examination to assess the vitals and elicit the signs to arrive at the provisional diagnosis. - Interpretation of investigations to confirm the diagnosis. - Decision of acceptance or referral of case. - Infer the miasm in a given case. - Basics of BLS. - Role of Homoeopathy in management (Curative/Palliative/

	Adjuvant). • Arriving at the totality of symptoms. • Remedy differentiation and final selection of remedy with appropriate use of repertory and referencing Materia Medica as a prescription decision tool. • Documentation of the same. REFLECTION • Arriving at a final diagnosis by appropriate interpretation of investigations. • Formulate the totality; Miasmatic evolution of expression of disease use of repertory if necessary and or referencing Materia Medica to arrive at the selection of indicated remedy, potency, repetition with justification • Plan for assessment of the condition for evidence based medicine.
Competency Based Learning Methods	• Peer-based learning methods-Problem-based, case based, Brainstorming, Bedside, Ward rounds, Out-patient based, Lab-Based, Flipped learning , Roleplay. • Individual – based learning methods –Self regulated learning, reflective learning, portfolio-based, library based, e-learning, simulations, spaced repetition, deliberate practice, formative self-assessment.
Assessments	• Written assessment. • Assignment, MCQ, OSCE, Bed Side Examination, DOPS (Direct Observation of Procedural Skills), Mini CEX (Clinical Evaluation Exercise) Case based assessment, simulation based assessment, spotting, Standardised Patients, Portfolio, Rubrics, Viva voce. • SAQ, LAQ- Descriptive, Case Scenario, Clinical application based, Problem Based Assessment.

Prescribed Texts	Refer to list attached
Domains of Competencies	Knowledge and Scholarship / Patient Care / Homoeopathic Orientation / Communication skill/ Practice Based Learning/ / Professionalism
Learning Outcome	1.4 VASCULAR DISEASES KNOWLEDGE • Aetiopathogenesis, clinical presentation, diagnosis, investigations, complications of peripheral arterial disease, diseases of aorta. • Standard line of treatment. • Principles of Management. • Miasmatic expression of disease • Use of appropriate repertory • Applied Materia Medica. • Ancillary measures. SKILLS • Case taking with physical examination to assess the vitals and elicit the signs to arrive at the provisional diagnosis. • Interpretation of investigations to confirm the diagnosis. • Decision of acceptance or referral of case. • Infer the miasm in a given case. • Role of Homoeopathy in management (Curative/Palliative/Adjuvant). • Arriving at the totality of symptoms. • Remedy differentiation and final selection of remedy with appropriate use of repertory and referencing Materia. Medica

	as a prescription decision tool. • Documentation of the same. REFLECTION • Arriving at a final diagnosis by appropriate interpretation of investigations. • Formulate the totality; Miasmatic evolution of expression of disease use of repertory if necessary and or referencing Materia Medica to arrive at the selection of indicated remedy, potency, repetition with justification Plan for assessment of the condition for evidence based medicine
Competency Based Learning Methods	• Peer-based learning methods-Problem-based, case based, Brainstorming, Bedside, Ward rounds, Out-patient based, Lab-Based, Flipped learning , Roleplay. • Individual – based learning methods –Self regulated learning, reflective learning, portfolio-based, library based, e-learning, simulations, spaced repetition, deliberate practice, formative self-assessment.
Assessments	• Written assessment. • Assignment, MCQ, OSCE, Bed Side Examination, DOPS (Direct Observation of Procedural Skills), Mini CEX (Clinical Evaluation Exercise) Case based assessment, simulation based assessment, spotting, Standardised Patients, Portfolio, Rubrics, Viva voce. • SAQ, LAQ- Descriptive, Case Scenario, Clinical application based, Problem Based Assessment.
Prescribed Texts	Refer to list attached
Domains of	

Competencies	Knowledge and Scholarship / Patient Care / Homoeopathic Orientation / Communication skill/ Practice Based Learning/ / Professionalism
Learning Outcome	1.5 HYPERTENSION KNOWLEDGE • Aetiopathogenesis, clinical presentation, diagnosis, investigations, complications of Hypertension. • Standard line of treatment. • Principles of Management • Miasmatic expression of disease • Use of appropriate repertory • Applied Materia Medica • Ancillary measures SKILLS • Case taking with physical examination to assess the vitals and elicit the signs to arrive at the provisional diagnosis. • Interpretation of investigations to confirm the diagnosis • Decision of acceptance or referral of case • Infer the miasm in a given case • Role of Homoeopathy in management (Curative/Palliative/Adjuvant) • Arriving at the totality of symptoms • Remedy differentiation and final selection of remedy with appropriate use of repertory and referencing Materia Medica as a prescription decision tool • Documentation of the same REFLECTION • Arriving at a final diagnosis by appropriate interpretation of investigations

	• Formulate the totality; Miasmatic evolution of expression of disease use of repertory if necessary and or referencing Materia Medica to arrive at the selection of indicated remedy, potency, repetition with justification • Plan for assessment of the condition for evidence based medicine
Competency Based Learning Methods	• Peer-based learning methods-Problem-based, case based, Brainstorming, Bedside, Ward rounds, Out-patient based, Lab-Based, Flipped learning , Roleplay. • Individual – based learning methods –Self regulated learning, reflective learning, portfolio-based, library based, e-learning, simulations, spaced repetition, deliberate practice, formative self-assessment.
Assessments	• Written assessment. • Assignment, MCQ, OSCE, Bed Side Examination, DOPS (Direct Observation of Procedural Skills), Mini CEX (Clinical Evaluation Exercise) Case based assessment, simulation based assessment, spotting, Standardised Patients, Portfolio, Rubrics, Viva voce. • SAQ, LAQ- Descriptive, Case Scenario, Clinical application based, Problem Based Assessment.
Prescribed Texts	Refer to list attached
Domains of Competencies	Knowledge and Scholarship / Patient Care / Homoeopathic Orientation / Communication skill/ Practice Based Learning/ / Professionalism
Learning Outcome	1.6 DISEASES OF HEART VALVES

	KNOWLEDGE • Aetiopathogenesis, clinical presentation, diagnosis, investigations, complications of Rheumatic heart disease, mitral valve disease, aortic valve disease, tricuspid valve disease, infective endocarditic. • Standard line of treatment • Principles of Management • Miasmatic expression of disease • Use of appropriate repertory • Applied Materia Medica • Ancillary measures SKILLS • Case taking with physical examination to assess the vitals and elicit the signs to arrive at the provisional diagnosis. • Interpretation of investigations to confirm the diagnosis • Decision of acceptance or referral of case • Infer the miasm in a given case • Role of Homoeopathy in management (Curative/Palliative/ Adjuvant) • Arriving at the totality of symptoms • Remedy differentiation and final selection of remedy with appropriate use of repertory and referencing Materia Medica as a prescription decision tool • Documentation of the same REFLECTION • Arriving at a final diagnosis by appropriate interpretation of investigations • Formulate the totality; Miasmatic evolution of expression of disease use of repertory if necessary and

	or referencing Materia Medica to arrive at the selection of indicated remedy, potency, repetition with justification Plan for assessment of the condition for evidence based medicine.
Competency Based Learning Methods	- Peer-based learning methods-Problem-based, case based, Brainstorming, Bedside, Ward rounds, Out-patient based, Lab-Based, Flipped learning , Roleplay. - Individual – based learning methods –Self regulated learning, reflective learning, portfolio-based, library based, e-learning, simulations, spaced repetition, deliberate practice, formative self-assessment.
Assessments	- Written assessment. - Assignment, MCQ, OSCE, Bed Side Examination, DOPS (Direct Observation of Procedural Skills), Mini CEX (Clinical Evaluation Exercise) Case based assessment, simulation based assessment, spotting. - SAQ, LAQ- Descriptive, Case Scenario, Clinical application based, Problem Based Assessment.
Prescribed Texts	Refer to list attached
Domains of Competencies	Knowledge and Scholarship / Patient Care / Homoeopathic Orientation / Communication skill/ Practice Based Learning/ / Professionalism
Learning Outcome	1.7 Congenital heart diseases. KNOWLEDGE

	• Aetiopathogenesis, clinical presentation, diagnosis, investigations, complications of congenital heart diseases- persistent ductus arteriosus, coarctation of aorta, atrial septal defect, ventricular septal defect, tetralogy of Fallot, other causes of cyanotic congenital heart diseases. • Standard line of treatment • Principles of Management • Miasmatic expression of disease • Use of appropriate repertory • Applied Materia Medica • Ancillary measures SKILLS • Case taking with physical examination to assess the vitals and elicit the signs to arrive at the provisional diagnosis • Interpretation of investigations to confirm the diagnosis • Decision of acceptance or referral of case • Infer the miasm in a given case • Role of Homoeopathy in management (Curative/Palliative/ Adjuvant) • Arriving at the totality of symptoms • Remedy differentiation and final selection of remedy with appropriate use of repertory and referencing Materia Medica as a prescription decision tool • Documentation of the same REFLECTION • Arriving at a final diagnosis by appropriate interpretation of investigations • Formulate the totality; Miasmatic evolution of

	expression of disease use of repertory if necessary and or referencing Materia Medica to arrive at the selection of indicated remedy, potency, repetition with justification Plan for assessment of the condition for evidence based medicine
Competency Based Learning Methods	- Peer-based learning methods-Problem-based, case based, Brainstorming, Bedside, Ward rounds, Out-patient based, Lab-Based, Flipped learning , Roleplay. - Individual – based learning methods –Self regulated learning, reflective learning, portfolio-based, library based, e-learning, simulations, spaced repetition, deliberate practice, formative self-assessment.
Assessments	- Written assessment. - Assignment, MCQ, OSCE, Bed Side Examination, DOPS (Direct Observation of Procedural Skills), Mini CEX (Clinical Evaluation Exercise) Case based assessment, simulation based assessment, spotting, Standardised Patients, Portfolio, Rubrics, Viva voce. - SAQ, LAQ- Descriptive, Case Scenario, Clinical application based, Problem Based Assessment.
Prescribed Texts	Refer to list attached
Domains of Competencies	Knowledge and Scholarship / Patient Care / Homoeopathic Orientation / Communication skill/ Practice Based Learning/ / Professionalism
Learning Outcome	1.8 DISEASES OF MYOCARDIUM KNOWLEDGE

	• Aetiopathogenesis, clinical presentation, diagnosis, investigations, complications of acute myocarditis, cardiomyopathy, specific diseases of heart muscle, cardiac tumours. • Standard line of treatment • Principles of Management • Miasmatic expression of disease • Use of appropriate repertory • Applied Materia Medica • Ancillary measures SKILLS • Case taking with physical examination to assess the vitals and elicit the signs to arrive at the provisional diagnosis. • Interpretation of investigations to confirm the diagnosis • Decision of acceptance or referral of case • Infer the miasm in a given case • Role of Homoeopathy in management (Curative/Palliative/ Adjuvant) • Arriving at the totality of symptoms • Remedy differentiation and final selection of remedy with appropriate use of repertory and referencing Materia Medica as a prescription decision tool • Documentation of the same REFLECTION • Arriving at a final diagnosis by appropriate interpretation of investigations • Formulate the totality; Miasmatic evolution of expression of disease use of repertory if necessary and

	or referencing Materia Medica to arrive at the selection of indicated remedy, potency, repetition with justification Plan for assessment of the condition for evidence based medicine
Competency Based Learning Methods	- Peer-based learning methods-Problem-based, case based, Brainstorming, Bedside, Ward rounds, Out-patient based, Lab-Based, Flipped learning , Roleplay. - Individual – based learning methods –Self regulated learning, reflective learning, portfolio-based, library based, e-learning, simulations, spaced repetition, deliberate practice, formative self-assessment.
Assessments	- Written assessment. - Assignment, MCQ, OSCE, Bed Side Examination, DOPS (Direct Observation of Procedural Skills), Mini CEX (Clinical Evaluation Exercise) Case based assessment, simulation based assessment, spotting, Standardised Patients, Portfolio, Rubrics, Viva voce. - SAQ, LAQ- Descriptive, Case Scenario, Clinical application based, Problem Based Assessment.
Prescribed Texts	Refer to list attached
Domains of Competencies	Knowledge and Scholarship / Patient Care / Homoeopathic Orientation / Communication skill/ Practice Based Learning/ / Professionalism
Learning Outcome	1.9 DISEASES OF PERICARDIUM KNOWLEDGE Aetiopathogenesis, clinical presentation, diagnosis,

	investigations, complications of acute pericarditis, pericardial effusion, tuberculosis pericarditis, chronic constructive pericarditis. • Standard line of treatment • Principles of Management • Miasmatic expression of disease • Use of appropriate repertory • Applied Materia Medica • Ancillary measures SKILLS • Case taking with physical examination to assess the vitals and elicit the signs to arrive at the provisional diagnosis. • Interpretation of investigations to confirm the diagnosis • Decision of acceptance or referral of case • Infer the miasm in a given case • Role of Homoeopathy in management (Curative/Palliative/ Adjuvant) • Arriving at the totality of symptoms • Remedy differentiation and final selection of remedy with appropriate use of repertory and referencing Materia Medica as a prescription decision tool • Documentation of the same REFLECTION • Arriving at a final diagnosis by appropriate interpretation of investigations • Formulate the totality; Miasmatic evolution of expression of disease use of repertory if necessary and or referencing Materia Medica to arrive at the selection of indicated remedy, potency, repetition with

	justification Plan for assessment of the condition for evidence based medicine
Competency Based Learning Methods	- Peer-based learning methods-Problem-based, case based, Brainstorming, Bedside, Ward rounds, Out-patient based, Lab-Based, Flipped learning , Roleplay. - Individual – based learning methods –Self regulated learning, reflective learning, portfolio-based, library based, e-learning, simulations, spaced repetition, deliberate practice, formative self-assessment.
Assessments	- Written assessment. - Assignment, MCQ, OSCE, Bed Side Examination, DOPS (Direct Observation of Procedural Skills), Mini CEX (Clinical Evaluation Exercise) Case based assessment, simulation based assessment, spotting, Standardised Patients, Portfolio, Rubrics, Viva voce. - SAQ, LAQ- Descriptive, Case Scenario, Clinical application based, Problem Based Assessment.
Prescribed Texts	Refer to list attached
Domains of Competencies	Knowledge and Scholarship / Patient Care / Homoeopathic Orientation / Communication skill/ Practice Based Learning/ / Professionalism
Learning Outcome	1.10 HEART FAILURE KNOWLEDGE - Aetiopathogenesis, clinical presentation, types, diagnosis, investigations, complications of heart failure - Standard line of treatment

	• Principles of Management • Miasmatic expression of disease • Use of appropriate repertory • Applied Materia Medica • Ancillary measures SKILLS • Case taking with physical examination to assess the vitals and elicit the signs to arrive at the provisional diagnosis. • Interpretation of investigations to confirm the diagnosis • Decision of acceptance or referral of case • Infer the miasm in a given case • Role of Homoeopathy in management (Curative/Palliative/ Adjuvant) • Arriving at the totality of symptoms • Remedy differentiation and final selection of remedy with appropriate use of repertory and referencing Materia Medica as a prescription decision tool • Documentation of the same REFLECTION • Arriving at a final diagnosis by appropriate interpretation of investigations • Formulate the totality; Miasmatic evolution of expression of disease use of repertory if necessary and or referencing Materia Medica to arrive at the selection of indicated remedy, potency, repetition with justification • Plan for assessment of the condition for evidence based medicine

Competency Based Learning Methods	• Peer-based learning methods-Problem-based, case based, Brainstorming, Bedside, Ward rounds, Out-patient based, Lab-Based, Flipped learning , Roleplay. • Individual – based learning methods –Self regulated learning, reflective learning, portfolio-based, library based, e-learning, simulations, spaced repetition, deliberate practice, formative self-assessment.
Assessments	• Written assessment. • Assignment, MCQ, OSCE, Bed Side Examination, DOPS (Direct Observation of Procedural Skills), Mini CEX (Clinical Evaluation Exercise) Case based assessment, simulation based assessment, spotting, Standardised Patients, Portfolio, Rubrics, Viva voce. • SAQ, LAQ- Descriptive, Case Scenario, Clinical application based, Problem Based Assessment.
Prescribed Texts	Refer to list attached
Domain of Competencies	Knowledge and Scholarship / Patient Care / Homoeopathic Orientation / Communication skill/ Practice Based Learning/ / Professionalism
Learning Outcome	1.11 ACUTE CIRCULATORY FAILURE KNOWLEDGE • Aetiopathogenesis, clinical presentation, diagnosis, investigations, complications of acute circulatory failure • Standard line of treatment • Principles of Management • Miasmatic expression of disease • Use of appropriate repertory • Applied Materia Medica

	- Ancillary measures SKILLS - Case taking with physical examination to assess the vitals and elicit the signs to arrive at the provisional diagnosis. - Interpretation of investigations to confirm the diagnosis - Decision of acceptance or referral of case - Infer the miasm in a given case - Role of Homoeopathy in management (Curative/Palliative/ Adjuvant) - Arriving at the totality of symptoms - Remedy differentiation and final selection of remedy with appropriate use of repertory and referencing Materia Medica as a prescription decision tool - Documentation of the same REFLECTION - Arriving at a final diagnosis by appropriate interpretation of investigations - Formulate the totality; Miasmatic evolution of expression of disease use of repertory if necessary and or referencing Materia Medica to arrive at the selection of indicated remedy, potency, repetition with justification - Plan for assessment of the condition for evidence based medicine
Competency Based Learning Methods	- Peer-based learning methods-Problem-based, case based, Brainstorming, Bedside, Ward rounds, Out-patient based, Lab-Based, Flipped learning , Roleplay. - Individual – based learning methods –Self regulated learning,

	reflective learning, portfolio-based, library based, e-learning, simulations, spaced repetition, deliberate practice, formative self-assessment..
Assessments	• Written assessment. • Assignment, MCQ, OSCE, Bed Side Examination, DOPS (Direct Observation of Procedural Skills), Mini CEX (Clinical Evaluation Exercise) Case based assessment, simulation based assessment, spotting, Standardised Patients, Portfolio, Rubrics, Viva voce. • SAQ, LAQ- Descriptive, Case Scenario, Clinical application based, Problem Based Assessment.
Prescribed Texts	Refer to list attached
Domain of Competencies	Knowledge and Scholarship / Patient Care / Homoeopathic Orientation / Communication skill/ Practice Based Learning/ / Professionalism
Learning Outcome	1.12 CARDIAC ARREST AND SUDDEN CARDIAC DEATH KNOWLEDGE • Aetiopathogenesis, clinical presentation, diagnosis, investigations, complications of Cardiac arrest. • Standard line of treatment • Principles of Management • Miasmatic expression of disease • Use of appropriate repertory • Applied Materia Medica • Ancillary measures SKILLS • Case taking with physical examination to assess the vitals and elicit the signs to arrive at the provisional

	diagnosis. • Interpretation of investigations to confirm the diagnosis • Decision of acceptance or referral of case • Infer the miasm in a given case • Basics of BLS • Role of Homoeopathy in management (Curative/Palliative/ Adjuvant)/Defining Scope and Limitations • Arriving at the totality of symptoms • Remedy differentiation and final selection of remedy with appropriate use of repertory and referencing Materia Medica as a prescription decision tool • Documentation of the same REFLECTION • Arriving at a final diagnosis by appropriate interpretation of investigations • Formulate the totality; Miasmatic evolution of expression of disease use of repertory if necessary and or referencing Materia Medica to arrive at the selection of indicated remedy, potency, repetition with justification • Plan for assessment of the condition for evidence based medicine
Competency Based Learning Methods	• Peer-based learning methods-Problem-based, case based, Brainstorming, Bedside, Ward rounds, Out-patient based, Lab-Based, Flipped learning , Roleplay. • Individual – based learning methods –Self regulated learning, reflective learning, portfolio-based, library based, e-learning, simulations, spaced repetition, deliberate practice, formative

	self-assessment.
Assessments	• Written assessment. • Assignment, MCQ, OSCE, Bed Side Examination, DOPS (Direct Observation of Procedural Skills), Mini CEX (Clinical Evaluation Exercise) Case based assessment, simulation based assessment, spotting, Standardised Patients, Portfolio, Rubrics, Viva voce. • SAQ, LAQ- Descriptive, Case Scenario, Clinical application based, Problem Based Assessment.
Prescribed Texts	Refer to list attached
Domains of Competencies	Knowledge and Scholarship / Patient Care / Homoeopathic Orientation / Communication skill/ Practice Based Learning/ / Professionalism
Learning Outcome	HOM-PG PM 16 : RESPIRATORY SYSTEM Sub – competencies 2.1. Diseases of nasopharynx, larynx and trachea KNOWLEDGE OF • Aetiopathogenesis, clinical presentation, differential diagnosis, investigations, complications of allergic rhinitis , chronic laryngitis, laryngeal paralysis, laryngeal obstruction, acute tracheitis, tracheal obstruction, trachea- oesophageal fistula, • Principles of Management • Miasmatic expression of disease • Use of appropriate repertory • Applied Materia Medica • Ancillary measures SKILL

	• Case taking with Physical Examination to assess the vitals and elicit the signs to arrive at the provisional diagnosis • Interpretation of investigations to confirm the diagnosis • Decision of acceptance or referral of case • Infer the miasm in a given case • Role of Homoeopathy in management- curative/ palliative /adjuvant • Remedy differentiation and final selection of remedy with appropriate use of repertory and referencing Materia Medica as a prescription decision tool • Documentation of the same REFLECTION • Arriving at a final diagnosis by appropriate interpretation of investigations • Formulate the totality; Miasmatic evolution of expression of disease use of repertory if necessary and or referencing Materia Medica to arrive at the selection of indicated remedy, potency, repetition with justification • Plan for assessment of the condition for evidence based medicine
Competency Based Learning Methods	• Peer-based learning methods-Problem-based, case based, Brainstorming, Bedside, Ward rounds, Out-patient based, Lab-Based, Flipped learning , Roleplay. • Individual – based learning methods –Self regulated learning, reflective learning, portfolio-based, library based, e-learning, simulations, spaced repetition, deliberate practice, formative self-assessment.

Assessments	• Continuous / Programmatic assessment. • Practical assessment. • Written assessment. • Assignment, MCQ, OSCE, Bed Side Examination, DOPS (Direct Observation of Procedural Skills), Mini CEX (Clinical Evaluation Exercise) Case based assessment, simulation based assessment, spotting, Standardised Patients, Portfolio, Rubrics, Viva voce. • SAQ, LAQ- Descriptive, Case Scenario, Clinical application based, Problem Based Assessment.
Prescribed Texts	Refer to list attached
Domains of Competencies	Knowledge and Scholarship / Patient Care / Homoeopathic Orientation / Communication skill/ Practice Based Learning/ / Professionalism
Learning Outcome	2.2. DISEASES OF PLEURA, DIAPHRAGM, AND CHEST WALL KNOWLEDGE OF • Aetiopathogenesis, clinical presentation, differential diagnosis, investigations, complications of Pleurisy, pleural effusion, empyema, pneumothorax, mesothelioma of the pleura, abnormalities of diaphragm - congenital disorders, and acquired • disorders, deformities of the chest wall • Principles of Management • Miasmatic expression of disease • Use of appropriate repertory • Applied Materia Medica • Ancillary measures

	SKILL • Case taking with Physical Examination to assess the vitals and elicit the signs to arrive at the provisional diagnosis • Interpretation of investigations to confirm the diagnosis • Role of Homoeopathy in management- curative/ palliative / adjuvant • Infer the miasm in a given case • Arriving at the totality of symptoms of the case • Remedy differentiation and final selection of remedy with appropriate use of repertory and referencing Materia Medica as a prescription decision tool • Documentation of the same REFLECTION • Confirm the final diagnosis with appropriate laboratory, radiological investigations and its interpretation. • In emergency conditions initiate the management and monitor vitals till the case is referred to emergency care unit • Recognise the stage of disease pathology correlating with miasmatic evaluation of disease to define scope and limitations of homoeopathy • Formulate the totality; use of repertory if necessary and or referencing Materia Medica to arrive at the selection of indicated remedy, potency, repetition with justification • Plan for assessment of the condition for evidence based medicine
Competency Based	• Peer-based learning methods-Problem-based, case based,

Learning Methods	Brainstorming, Bedside, Ward rounds, Out-patient based, Lab-Based, Flipped learning , Roleplay. Individual – based learning methods –Self regulated learning, reflective learning, portfolio-based, library based, e-learning, simulations, spaced repetition, deliberate practice, formative self-assessment.
Assessments	- Continuous / Programmatic assessment. - Practical assessment. - Written assessment. - Assignment, MCQ, OSCE, Bed Side Examination, DOPS (Direct Observation of Procedural Skills), Mini CEX (Clinical Evaluation Exercise) Case based assessment, simulation based assessment, spotting, Standardised Patients, Portfolio, Rubrics, Viva voce. - SAQ, LAQ- Descriptive, Case Scenario, Clinical application based, Problem Based Assessment.
Prescribed Texts	Refer to list attached
Domains of Competencies	Knowledge and Scholarship / Patient Care / Homoeopathic Orientation / Communication skill/ Practice Based Learning/ / Professionalism
Learning Outcome	2.3. OBSTRUCTIVE PULMONARY DISEASES KNOWLEDGE - Aetiopathogenesis, clinical presentation, differential diagnosis, investigations, complications of Chronic obstructive pulmonary disease (COPD), chronic bronchitis, bronchiectasis Asthma emphysema, cystic fibrosis - Principles of Management

	• Miasmatic expression of disease • Use of appropriate repertory • Standard line of treatment • Applied Materia Medica • Ancillary measures SKILL • Case taking and Physical Examination with assessment of vitals and elicit the signs to arrive at the provisional diagnosis • Interpretation of investigations to confirm the diagnosis • Decision of acceptance or referral of case • Infer the miasm in a given case • Role of Homoeopathy in management- curative/ palliative / adjuvant • Arriving at the totality of symptoms of the case • Remedy differentiation and final selection of remedy with appropriate use of repertory and referencing Materia Medica as a prescription decision tool • Documentation of the same REFLECTION • Interpretation of clinical findings and lab, radiological investigation to arrive at final diagnosis • Assessing the stage of clinical condition for defining the scope of Homoeopathy • Miasmatic evolution of expression of disease for planning the Homoeopathic management • Integrate the knowledge of Repertory and Materia Medica to arrive at final selection of remedy prescription, potency, repetition with justification • Plan for assessment of the condition for evidence based

	medicine
Competency Based Learning Methods	• Peer-based learning methods-Problem-based, case based, Brainstorming, Bedside, Ward rounds, Out-patient based, Lab-Based, Flipped learning , Roleplay. • Individual – based learning methods –Self regulated learning, reflective learning, portfolio-based, library based, e-learning, simulations, spaced repetition, deliberate practice, formative self-assessment.
Assessments	• Continuous / Programmatic assessment. • Practical assessment. • Written assessment. • Assignment, MCQ, OSCE, Bed Side Examination, DOPS (Direct Observation of Procedural Skills), Mini CEX (Clinical Evaluation Exercise) Case based assessment, simulation based assessment, spotting, Standardised Patients, Portfolio, Rubrics, Viva voce. • SAQ, LAQ- Descriptive, Case Scenario, Clinical application based, Problem Based Assessment.
Prescribed Texts	Refer to list attached
Domains of Competencies	Knowledge and Scholarship / Patient Care / Homoeopathic Orientation / Communication skill/ Practice Based Learning/ / Professionalism
Learning Outcome	2.4. SLEEP DISORDERED BREATHING KNOWLEDGE • Aetiopathogenesis, clinical presentation, differential diagnosis, investigations, complications of sleep apnoea,

	hypopnoea syndrome • Principles of Management • Miasmatic expression of disease • Use of appropriate repertory • Applied Materia Medica • Ancillary measures SKILL • History taking and Physical Examination with assessment of vitals and elicit the signs to arrive at the provisional diagnosis • Interpretation of investigations to confirm the diagnosis • Role of Homoeopathy in management- curative/ palliative/ adjuvant • Infer the miasm in a given case • Arriving at the totality of symptoms of the case • Application of Repertory and referencing Materia Medica for selection of remedy • Documentation of the same REFLECTION • Interpretation of clinical findings and lab, radiological investigation to arrive at final diagnosis • Assessing the stage of clinical condition for defining the scope of Homoeopathy • Miasmatic evolution of expression of disease for planning the Homoeopathic management • Integrate the knowledge of Repertory and Materia Medica to arrive at final selection of remedy ,potency, repetition with justification • Plan for assessment of the condition for evidence based medicine

Competency Based Learning Methods	• Peer-based learning methods-Problem-based, case based, Brainstorming, Bedside, Ward rounds, Out-patient based, Lab-Based, Flipped learning , Roleplay. • Individual – based learning methods –Self regulated learning, reflective learning, portfolio-based, library based, e-learning, simulations, spaced repetition, deliberate practice, formative self-assessment.
Assessments	• Continuous / Programmatic assessment. • Practical assessment. • Written assessment. • Assignment, MCQ, OSCE, Bed Side Examination, DOPS (Direct Observation of Procedural Skills), Mini CEX (Clinical Evaluation Exercise) Case based assessment, simulation based assessment, spotting, Standardised Patients, Portfolio, Rubrics, Viva voce. • SAQ, LAQ- Descriptive, Case Scenario, Clinical application based, Problem Based Assessment.
Prescribed Texts	Refer to list attached
Domains of Competencies	Knowledge and Scholarship / Patient Care / Homoeopathic Orientation / Communication skill/ Practice Based Learning/ / Professionalism
Learning Outcome	2.5. RESPIRATORY FAILURE KNOWLEDGE • Risk factors, aetiopathogenesis, clinical presentation, Classification of respiratory failure, course of disease, differential diagnosis, complications and investigations of acute type 1 respiratory failure, Acute type II

	respiratory failure, Acute on chronic type I and type II respiratory failure • Standard line of treatment • Principles of Management • Miasmatic expression of disease • Use of appropriate repertory • Applied Materia Medica • Ancillary measures SKILLS • Case taking and Physical Examination with assessment of vitals and elicit the signs to arrive at the provisional diagnosis • Interpretation of investigations to confirm the diagnosis • Decision about acceptance or referral of case • Role of Homoeopathy in management- curative/ palliative/ adjuvant / Defining scope and limitations • Infer the miasm in a given case • Arriving at the totality of symptoms of the case • Application of Repertory and referencing Materia Medica for selection of remedy • Documentation for the same REFLECTION • Interpretation of clinical findings and lab, radiological investigation to arrive at final diagnosis • Assessing the stage of clinical condition for defining the scope of Homoeopathy • Miasmatic evolution of expression of disease for planning the Homoeopathic management • Integrate the knowledge of Repertory and Materia Medica to arrive at final selection of remedy potency,

	repetition with justification • Plan for assessment of the condition for evidence based medicine • Orient patient and relative about the disease condition and time required for the recovery and importance of ancillary measures • Explain patient and family about complications and need for hospitalization
Competency Based Learning Methods	• Peer-based learning methods-Problem-based, case based, Brainstorming, Bedside, Ward rounds, Out-patient based, Lab-Based, Flipped learning , Roleplay. • Individual – based learning methods –Self regulated learning, reflective learning, portfolio-based, library based, e-learning, simulations, spaced repetition, deliberate practice, formative self-assessment.
Assessments	• Continuous / Programmatic assessment. • Practical assessment. • Written assessment. • Assignment, MCQ, OSCE, Bed Side Examination, DOPS (Direct Observation of Procedural Skills), Mini CEX (Clinical Evaluation Exercise) Case based assessment, simulation based assessment, spotting, Standardised Patients, Portfolio, Rubrics, Viva voce. • SAQ, LAQ- Descriptive, Case Scenario, Clinical application based, Problem Based Assessment.
Prescribed Texts	Refer to list attached
Domains of Competencies	Knowledge and Scholarship / Patient Care / Homoeopathic

	Orientation / Communication skill/ Practice Based Learning/ / Professionalism
Learning Outcome	2.6. Infections of the Respiratory system KNOWLEDGE • Various organisms causing infection of respiratory system • Aetiopathogenesis, epidemiology, clinical presentation, course of disease differential diagnosis, complications, investigations and preventive measures of upper respiratory tract, infections- viral, bacterial, etc. Pneumonia- community acquired, suppurative and aspirational, lung abscess, and hospital acquired pneumonia in immunocompromised patients. Tuberculosis. Diseases due to fungi- allergic Bronchopulmonary Aspergillosis, Invasive pulmonary Aspergillosis. • Standard line of treatment • Principles of Management • Miasmatic expression of disease • Use of appropriate repertory • Applied Materia Medica • Ancillary measures SKILLS • Case taking and Physical Examination with assessment of vitals and elicit the signs to arrive at the provisional diagnosis • Interpretation of investigations to confirm the diagnosis • Decision about acceptance or referral of case • Infer the miasm in a given case

	• Role of Homoeopathy in management- curative/ palliative/ adjuvant • Arriving at the totality of symptoms of the case • Application of Repertory and referencing Materia Medica for selection of remedy • Documentation of the same REFLECTION • Interpretation of clinical findings and lab, radiological investigation to arrive at final diagnosis • Assessing the stage of clinical condition for defining the scope of Homoeopathy • Miasmatic evolution of expression of disease for planning the Homoeopathic management • Integrate the knowledge of Repertory and Materia Medica to arrive at final selection of remedy, potency, repetition with justification • Plan for assessment of the condition for evidence based medicine • Orient patient and relative about the disease condition and time required for the recovery and importance of ancillary measures Explain patient and family about complications and need for hospitalization
Competency Based Learning Methods	• Peer-based learning methods-Problem-based, case based, Brainstorming, Bedside, Ward rounds, Out-patient based, Lab-Based, Flipped learning , Roleplay. • Individual – based learning methods –Self regulated learning, reflective learning, portfolio-based, library based, e-learning, simulations, spaced repetition, deliberate practice, formative self-assessment.

Assessments	• Continuous / Programmatic assessment. • Practical assessment. • Written assessment. • Assignment, MCQ, OSCE, Bed Side Examination, DOPS (Direct Observation of Procedural Skills), Mini CEX (Clinical Evaluation Exercise) Case based assessment, simulation based assessment, spotting, Standardised Patients, Portfolio, Rubrics, Viva voce. • SAQ, LAQ- Descriptive, Case Scenario, Clinical application based, Problem Based Assessment.
Prescribed Texts	Refer to list attached
Domains of Competencies	Knowledge and Scholarship / Patient Care / Homoeopathic Orientation / Communication skill/ Practice Based Learning/ / Professionalism
Learning Outcome	2.7. Interstitial and Infiltrative pulmonary diseases KNOWLEDGE • Risk factors, aetiopathogenesis, clinical presentation, course of disease differential diagnosis, investigations, complications of interstitial lung diseases, sarcoidosis cryptogenic fibrosing alveolitis, lung diseases due to organic and inorganic dust, lung diseases due to systemic inflammatory disease, pulmonary eosinophilia due to radiation and drugs and rare interstitial lung disease. • Standard line of treatment • Principles of Management • Miasmatic expression of disease

	• Use of appropriate repertory • Applied Materia Medica • Ancillary measures SKILLS • Case taking and Physical Examination with assessment of vitals and elicit the signs to arrive at the provisional diagnosis • Interpretation of investigations to confirm the diagnosis • Decision about acceptance or referral of case • Infer the miasm in a given case • Role of Homoeopathy in management- curative/ palliative/ adjuvant • Arriving at the totality of symptoms of the case • Application of Repertory and referencing Materia Medica for selection of remedy • Documentation of the same REFLECTION • Interpretation of clinical findings and lab, radiological investigation to arrive at final diagnosis • Assessing the stage of clinical condition for defining the scope of Homoeopathy • Miasmatic evolution of expression of disease for planning the Homoeopathic management • Integrate the knowledge of Repertory and Materia Medica to arrive at final selection of remedy, potency, repetition with justification • Plan for assessment of the condition for evidence based medicine • Orient patient about the disease condition and time required for the recovery and importance of ancillary

	measures • Explain patient and family about complications and need for hospitalization
Competency Based Learning Methods	• Peer-based learning methods-Problem-based, case based, Brainstorming, Bedside, Ward rounds, Out-patient based, Lab-Based, Flipped learning, Roleplay. • Individual – based learning methods –Self regulated learning, reflective learning, portfolio-based, library based, e-learning, simulations, spaced repetition, deliberate practice, formative self-assessment.
Assessments	• Continuous / Programmatic assessment. • Practical assessment. • Written assessment. • Assignment, MCQ, OSCE, Bed Side Examination, DOPS (Direct Observation of Procedural Skills), Mini CEX (Clinical Evaluation Exercise) Case based assessment, simulation based assessment, spotting, Standardised Patients, Portfolio, Rubrics, Viva voce. • SAQ, LAQ- Descriptive, Case Scenario, Clinical application based, Problem Based Assessment.
Prescribed Texts	Refer to list attached
Domains of Competencies	Knowledge and Scholarship / Patient Care / Homoeopathic Orientation / Communication skill/ Practice Based Learning/ / Professionalism
Learning Outcome	2.8. Pulmonary Vascular diseases KNOWLEDGE

	• Risk factors, aetiopathogenesis, clinical presentation, course of disease, differential diagnosis, complications and investigations of pulmonary venous thromboembolism, severe pulmonary hypertension • Principles of Management • Miasmatic expression of disease • Use of appropriate repertory • Applied Materia Medica • Ancillary measures SKILL • Case taking and Physical Examination with assessment of vitals and elicit the signs to arrive at the provisional diagnosis • Interpretation of investigations • Decision about acceptance or referral of case • Infer the miasm in a given case • Role of Homoeopathy in management- curative/ palliative/ adjuvant • Arriving at the totality of symptoms of the case • Application of Repertory and referencing Materia Medica for selection of remedy • Documentation of the same REFLECTION • Interpretation of clinical findings and lab, radiological investigation to arrive at final diagnosis • Assessing the stage of clinical condition for defining the scope of Homoeopathy • Miasmatic evolution of expression of disease for planning the Homoeopathic management • Integrate the knowledge of Repertory and Materia

	Medica to arrive at final selection of remedy ,potency, repetition with justification • Plan for assessment of condition for evidence based practice • Orient patient about the disease condition and time required for the recovery and importance of ancillary measures • Explain patient and family about complications and need for hospitalization
Competency Based Learning Methods	• Peer-based learning methods-Problem-based, case based, Brainstorming, Bedside, Ward rounds, Out-patient based, Lab-Based, Flipped learning , Roleplay. • Individual – based learning methods –Self regulated learning, reflective learning, portfolio-based, library based, e-learning, simulations, spaced repetition, deliberate practice, formative self-assessment.
Assessments	• Continuous / Programmatic assessment. • Practical assessment. • Written assessment. • Assignment, MCQ, OSCE, Bed Side Examination, DOPS (Direct Observation of Procedural Skills), Mini CEX (Clinical Evaluation Exercise) Case based assessment, simulation based assessment, spotting. • SAQ, LAQ- Descriptive, Case Scenario, Clinical application based, Problem Based Assessment.
Prescribed Texts	Refer to list attached
Domains of	Knowledge and Scholarship / Patient Care / Homoeopathic

Competencies	Orientation / Communication skill/ Practice Based Learning/ / Professionalism
Learning Outcome	2.9. TUMOURS OF BRONCHUS AND LUNG KNOWLEDGE • Risk factors, aetiopathogenesis, clinical presentation, course of disease, differential diagnosis, complications and investigations of large bronchus obstruction, primary tumours of lung, bronchial carcinoma, Secondary tumours of lung, tumours of mediastinum • Miasmatic expression of disease • Use of appropriate repertory • Standard line of treatment • Applied Materia Medica • Ancillary measures SKILLS • Case taking and Physical Examination with assessment of vitals and elicit the signs to arrive at the provisional diagnosis • Interpretation of investigations • Decision about acceptance or referral of case • Infer the miasm in a given case • Role of Homoeopathy in management- curative/ palliative/ adjuvant /Defining Scope and limitations • Arriving at the totality of symptoms of the case • Application of Repertory and referencing Materia Medica for selection of remedy • Documentation of the same REFLECTION • Interpretation of clinical findings and lab, radiological

	investigation to arrive at final diagnosis • Assessing the stage of clinical condition for defining the scope of Homoeopathy • Miasmatic evolution of expression of disease for planning the Homoeopathic management • Integrate the knowledge of Repertory and Materia Medica to arrive at final selection of remedy, potency, repetition with justification • Plan for assessment of condition for evidence based practice • Orient patient about the disease condition and its outcome, time required for the recovery and importance of ancillary measures
Competency Based Learning Methods	• Peer-based learning methods-Problem-based, case based, Brainstorming, Bedside, Ward rounds, Out-patient based, Lab-Based, Flipped learning, Roleplay. • Individual – based learning methods –Self regulated learning, reflective learning, portfolio-based, library based, e-learning, simulations, spaced repetition, deliberate practice, formative self-assessment.
Assessments	• Continuous / Programmatic assessment. • Practical assessment. • Written assessment. • Assignment, MCQ, OSCE, Bed Side Examination, DOPS (Direct Observation of Procedural Skills), Mini CEX (Clinical Evaluation Exercise) Case based assessment, simulation based assessment, spotting, Standardised Patients, Portfolio, Rubrics, Viva voce. • SAQ, LAQ- Descriptive, Case Scenario, Clinical application based, Problem Based Assessment.

Prescribed Texts	Refer to list attached
Domains of Competencies	Knowledge and Scholarship / Patient Care / Homoeopathic Orientation / Communication skill/ Practice Based Learning/ / Professionalism
Learning Outcome	HOM-PG PM 17: KIDNEY AND GENITOURINARY DISEASES 3.1 Congenital abnormalities of kidney and urinary system KNOWLEDGE • Aetiopathogenesis, clinical presentation, differential diagnosis, investigations, complications of • Congenital abnormalities of kidney and urinary system • Standard line of treatment • Principles of Management • Miasmatic expression of disease • Use of appropriate repertory • Applied Materia Medica • Ancillary measures SKILLS • Case taking with Physical Examination to assess the vitals and elicit the signs to arrive at the provisional diagnosis • Interpretation of investigations to confirm the diagnosis • Decision of acceptance or referral of case • Infer the miasm in a given case • Role of Homoeopathy in management- curative/ palliative /adjuvant • Remedy differentiation and final selection of remedy with appropriate use of repertory and referencing

	Materia Medica as a prescription decision tool • Documentation of the same REFLECTION • Arriving at a final diagnosis by appropriate interpretation of investigations • Formulate the totality; Miasmatic evolution of expression of disease use of repertory if necessary and or referencing Materia Medica to arrive at the selection of indicated remedy, potency, repetition with justification Plan for assessment of the condition for evidence based medicine
Competency Based Learning Methods	• Peer-based learning methods-Problem-based, case based, Brainstorming, Bedside, Ward rounds, Out-patient based, Lab-Based, Flipped learning , Roleplay. • Individual – based learning methods –Self regulated learning, reflective learning, portfolio-based, library based, e-learning, simulations, spaced repetition, deliberate practice, formative self-assessment.
Assessments	• Continuous / Programmatic assessment. • Practical assessment. • Written assessment. • Assignment, MCQ, OSCE, Bed Side Examination, DOPS (Direct Observation of Procedural Skills), Mini CEX (Clinical Evaluation Exercise) Case based assessment, simulation based assessment, spotting, Standardised Patients, Portfolio, Rubrics, Viva voce. • SAQ, LAQ- Descriptive, Case Scenario, Clinical application based, Problem Based Assessment.

Prescribed Texts	Refer to list attached
Domains of Competencies	Knowledge and Scholarship / Patient Care / Homoeopathic Orientation / Communication skill/ Practice Based Learning/ / Professionalism
Learning Outcome	3.2 GLOMERULAR DISEASES • Aetiopathogenesis, clinical presentation, differential diagnosis, investigations, complications of • Inherited glomerular diseases, thin GBM disease, Glomerulonephritis, membranous nephropathy, IgA nephropathy and Henoch-Schoenlein purpura • Principles of Management • Miasmatic expression of disease • Use of appropriate repertory • Applied Materia Medica • Ancillary measures SKILLS • Case taking with Physical Examination to assess the vitals and elicit the signs • to arrive at the provisional diagnosis • Interpretation of investigations to confirm the diagnosis • Decision of acceptance or referral of case • Infer the miasm in a given case • Role of Homoeopathy in management- curative/ palliative /adjuvant • Remedy differentiation and final selection of remedy with appropriate use of repertory and referencing Materia Medica as a prescription decision tool • Documentation of the same

	REFLECTION • Arriving at a final diagnosis by appropriate interpretation of investigations • Formulate the totality; Miasmatic evolution of expression of disease use of repertory if necessary and or referencing Materia Medica to arrive at the selection of indicated remedy, potency, repetition with justification • Plan for assessment of the condition for evidence based medicine
Competency Based Learning Methods	• Peer-based learning methods-Problem-based, case based, Brainstorming, Bedside, Ward rounds, Out-patient based, Lab-Based, Flipped learning , Roleplay. • Individual – based learning methods –Self regulated learning, reflective learning, portfolio-based, library based, e-learning, simulations, spaced repetition, deliberate practice, formative self-assessment.
Assessments	• Continuous / Programmatic assessment. • Practical assessment. • Written assessment. • Assignment, MCQ, OSCE, Bed Side Examination, DOPS (Direct Observation of Procedural Skills), Mini CEX (Clinical Evaluation Exercise) Case based assessment, simulation based assessment, spotting, Standardised Patients, Portfolio, Rubrics, Viva voce. • SAQ, LAQ- Descriptive, Case Scenario, Clinical application based, Problem Based Assessment.
Prescribed Texts	Refer to list attached

Domains of Competencies	Knowledge and Scholarship / Patient Care / Homoeopathic Orientation / Communication skill/ Practice Based Learning/ / Professionalism
Learning Outcome	3.3 TUBULO-INTERSTITIAL DISEASES KNOWLEDGE • Aetiopathogenesis, clinical presentation, differential diagnosis, investigations, complications of • Interstitial nephritis, analgesic nephropathy, sickle-cell nephropathy, reflux nephropathy, cystic kidney disease, cystic diseases of renal medulla, • Principles of Management • Miasmatic expression of disease • Use of appropriate repertory , • Applied Materia Medica • Ancillary measures SKILLS • Case taking with Physical Examination to assess the vitals and elicit the signs to arrive at the provisional diagnosis • Interpretation of investigations to confirm the diagnosis. • Decision of acceptance or referral of case • Infer the miasm in a given case • Role of Homoeopathy in management- curative/ palliative /adjuvant • Remedy differentiation and final selection of remedy with appropriate use of repertory and referencing Materia Medica as a prescription decision tool • Documentation of the same REFLECTION

	• Arriving at a final diagnosis by appropriate interpretation of investigations • Formulate the totality; Miasmatic evolution of expression of disease use of repertory if necessary and or referencing Materia Medica to arrive at the selection of indicated remedy, potency, repetition with justification • Plan for assessment of the condition for evidence based medicine
Competency Based Learning Methods	• Peer-based learning methods-Problem-based, case based, Brainstorming, Bedside, Ward rounds, Out-patient based, Lab-Based, Flipped learning , Roleplay. • Individual – based learning methods –Self regulated learning, reflective learning, portfolio-based, library based, e-learning, simulations, spaced repetition, deliberate practice, formative self-assessment.
Assessments	• Continuous / Programmatic assessment. • Practical assessment. • Written assessment. • Assignment, MCQ, OSCE, Bed Side Examination, DOPS (Direct Observation of Procedural Skills), Mini CEX (Clinical Evaluation Exercise) Case based assessment, simulation based assessment, spotting, Standardised Patients, Portfolio, Rubrics, Viva voce. • SAQ, LAQ- Descriptive, Case Scenario, Clinical application based, Problem Based Assessment.
Prescribed Texts	Refer to list attached
Domains of	Knowledge and Scholarship / Patient Care / Homoeopathic

Competencies	Orientation / Communication skill/ Practice Based Learning/ / Professionalism
Learning Outcome	3.4 INFECTIONS OF KIDNEY AND URINARY TRACT KNOWLEDGE • Aetiopathogenesis, clinical presentation, differential diagnosis, investigations, complications of infections of lower urinary tract, infections of upper urinary tract and kidney • Principles of Management • Miasmatic expression of disease • Use of appropriate repertory , • Applied Materia Medica • Ancillary measures SKILLS • Case taking with Physical Examination to assess the vitals and elicit the signs to arrive at the provisional diagnosis • Interpretation of investigations to confirm the diagnosis • Decision of acceptance or referral of case • Infer the miasm in a given case • Role of Homoeopathy in management- curative/ palliative /adjuvant • Remedy differentiation and final selection of remedy with appropriate use of repertory and referencing Materia Medica as a prescription decision tool • Documentation of the same REFLECTION • Arriving at a final diagnosis by appropriate interpretation of investigations

	• Formulate the totality; Miasmatic evolution of expression of disease use of repertory if necessary and or referencing Materia Medica to arrive at the selection of indicated remedy, potency, repetition with justification • Plan for assessment of the condition for evidence based medicine • Orient patient about the disease condition and time required for the recovery and importance of ancillary measures
Competency Based Learning Methods	• Peer-based learning methods-Problem-based, case based, Brainstorming, Bedside, Ward rounds, Out-patient based, Lab-Based, Flipped learning , Roleplay. • Individual – based learning methods –Self regulated learning, reflective learning, portfolio-based, library based, e-learning, simulations, spaced repetition, deliberate practice, formative self-assessment.
Assessments	• Continuous / Programmatic assessment. • Practical assessment. • Written assessment. • Assignment, MCQ, OSCE, Bed Side Examination, DOPS (Direct Observation of Procedural Skills), Mini CEX (Clinical Evaluation Exercise) Case based assessment, simulation based assessment, spotting, Standardised Patients, Portfolio, Rubrics, Viva voce. • SAQ, LAQ- Descriptive, Case Scenario, Clinical application based, Problem Based Assessment.
Prescribed Texts	Refer to list attached

Domains of Competencies	Knowledge and Scholarship / Patient Care / Homoeopathic Orientation / Communication skill/ Practice Based Learning/ / Professionalism
Learning Outcome	3.5 URINARY TRACT CALCULI AND NEPHROCALCINOSIS KNOWLEDGE • Aetiopathogenesis, clinical presentation, differential diagnosis, investigations, complications of • Urinary tract calculi and nephrocalcinosis • Principles of Management • Miasmatic expression of disease • Use of appropriate repertory , • Applied Materia Medica • Ancillary measures SKILLS • Case taking with Physical Examination to assess the vitals and elicit the signs to arrive at the provisional diagnosis • Interpretation of investigations to confirm the diagnosis • Decision of acceptance or referral of case • Infer the miasm in a given case • Role of Homoeopathy in management- curative/ palliative /adjuvant • Remedy differentiation and final selection of remedy with appropriate use of repertory and referencing Materia Medica as a prescription decision tool • Documentation of the same REFLECTION • Arriving at a final diagnosis by appropriate interpretation of investigations

	• Formulate the totality; Miasmatic evolution of expression of disease use of repertory if necessary and or referencing Materia Medica to arrive at the selection of indicated remedy, potency, repetition with justification • Plan for assessment of the condition for evidence based medicine
Competency Based Learning Methods	• Peer-based learning methods-Problem-based, case based, Brainstorming, Bedside, Ward rounds, Out-patient based, Lab-Based, Flipped learning , Roleplay. • Individual – based learning methods –Self regulated learning, reflective learning, portfolio-based, library based, e-learning, simulations, spaced repetition, deliberate practice, formative self-assessment.
Assessments	• Continuous / Programmatic assessment. • Practical assessment. • Written assessment. • Assignment, MCQ, OSCE, Bed Side Examination, DOPS (Direct Observation of Procedural Skills), Mini CEX (Clinical Evaluation Exercise) Case based assessment, simulation based assessment, spotting, Standardised Patients, Portfolio, Rubrics, Viva voce. • SAQ, LAQ- Descriptive, Case Scenario, Clinical application based, Problem Based Assessment.
Prescribed Texts	Refer to list attached
Domains of Competencies	Knowledge and Scholarship / Patient Care / Homoeopathic Orientation / Communication skill/ Practice Based Learning/ /

	Professionalism
Learning Outcome	3.6 RENAL INVOLVEMENT IN SYSTEMIC DISEASES KNOWLEDGE • Aetiopathogenesis, clinical presentation, differential diagnosis, investigations, complications of Diabetes mellitus, systemic vacuities, SLE, malignant diseases, pregnancy, and drug induced renal disease. • Principles of Management • Miasmatic expression of disease • Use of appropriate repertory , • Applied Materia Medica • Ancillary measures SKILLS • Case taking with Physical Examination to assess the vitals and elicit the signs to arrive at the provisional diagnosis • Interpretation of investigations to confirm the diagnosis • Decision of acceptance or referral of case • Infer the miasm in a given case • Role of Homoeopathy in management- curative/ palliative /adjuvant • Remedy differentiation and final selection of remedy with appropriate use of repertory and referencing Materia Medica as a prescription decision tool • Documentation of the same REFLECTION • Arriving at a final diagnosis by appropriate interpretation of investigations • Formulate the totality; Miasmatic evolution of

	expression of disease use of repertory if necessary and or referencing Materia Medica to arrive at the selection of indicated remedy, potency, repetition with justification Plan for assessment of the condition for evidence based medicine
Competency Based Learning Methods	- Peer-based learning methods-Problem-based, case based, Brainstorming, Bedside, Ward rounds, Out-patient based, Lab-Based, Flipped learning , Roleplay. - Individual – based learning methods –Self regulated learning, reflective learning, portfolio-based, library based, e-learning, simulations, spaced repetition, deliberate practice, formative self-assessment.
Assessments	- Continuous / Programmatic assessment. - Practical assessment. - Written assessment. - Assignment, MCQ, OSCE, Bed Side Examination, DOPS (Direct Observation of Procedural Skills), Mini CEX (Clinical Evaluation Exercise) Case based assessment, simulation based assessment, spotting, Standardised Patients, Portfolio, Rubrics, Viva voce. - SAQ, LAQ- Descriptive, Case Scenario, Clinical application based, Problem Based Assessment.
Prescribed Texts	Refer to list attached
Domains of Competencies	Knowledge and Scholarship / Patient Care / Homoeopathic Orientation / Communication skill/ Practice Based Learning/ / Professionalism

Learning Outcome	3.7 RENAL VASCULAR DISEASES KNOWLEDGE • Aetiopathogenesis, clinical presentation, differential diagnosis, investigations, complications of • Renal artery stenosis, diseases of small intrarenal vessels • Principles of Management • Miasmatic expression of disease • Use of appropriate repertory , • Applied Materia Medica SKILLS • Case taking with Physical Examination to assess the vitals and elicit the signs to arrive at the provisional diagnosis • Interpretation of investigations to confirm the diagnosis • Decision of acceptance or referral of case • Infer the miasm in a given case • Role of Homoeopathy in management- curative/ palliative /adjuvant • Remedy differentiation and final selection of remedy with appropriate use of repertory and referencing Materia Medica as a prescription decision tool • Documentation of the same REFLECTION • Arriving at a final diagnosis by appropriate interpretation of investigations • Formulate the totality; Miasmatic evolution of expression of disease use of • Principles of Management • Applied Materia Medica • Ancillary measures

Competency Based Learning Methods	• Peer-based learning methods-Problem-based, case based, Brainstorming, Bedside, Ward rounds, Out-patient based, Lab-Based, Flipped learning , Roleplay. • Individual – based learning methods –Self regulated learning, reflective learning, portfolio-based, library based, e-learning, simulations, spaced repetition, deliberate practice, formative self-assessment.
Assessments	• Continuous / Programmatic assessment. • Practical assessment. • Written assessment. • Assignment, MCQ, OSCE, Bed Side Examination, DOPS (Direct Observation of Procedural Skills), Mini CEX (Clinical Evaluation Exercise) Case based assessment, simulation based assessment, spotting, Standardised Patients, Portfolio, Rubrics, Viva voce. • SAQ, LAQ- Descriptive, Case Scenario, Clinical application based, Problem Based Assessment.
Prescribed Texts	Refer to list attached
Domains of Competencies	Knowledge and Scholarship / Patient Care / Homoeopathic Orientation / Communication skill/ Practice Based Learning/ / Professionalism
Learning Outcome	3.8 TUMOURS OF KIDNEY AND GENITOURINARY TRACT KNOWLEDGE • Aetiopathogenesis, clinical presentation, differential diagnosis, investigations, complications of • Tumours of kidney, tumours of the renal pelvis, uterus

	and bladder, prostatic disease, testicular tumours. • Standard line of treatment • Principles of Management • Miasmatic expression of disease • Use of appropriate repertory , • Applied Materia Medica • Ancillary measures SKILLS • Case taking with Physical Examination to assess the vitals and elicit the signs to arrive at the provisional diagnosis • Interpretation of investigations to confirm the diagnosis • Decision of acceptance or referral of case • Infer the miasm in a given case • Role of Homoeopathy in management- (curative/ palliative /adjuvant)/ Defining Scope and limitations • Remedy differentiation and final selection of remedy with appropriate use of repertory and referencing Materia Medica as a prescription decision tool • Documentation of the same REFLECTION • Arriving at a final diagnosis by appropriate interpretation of investigations • Formulate the totality; Miasmatic evolution of expression of disease use of repertory if necessary and or referencing Materia Medica to arrive at the selection of indicated remedy, potency, repetition with justification • Plan for assessment of the condition for evidence based medicine

Competency Based Learning Methods	• Peer-based learning methods-Problem-based, case based, Brainstorming, Bedside, Ward rounds, Out-patient based, Lab-Based, Flipped learning , Roleplay. • Individual – based learning methods –Self regulated learning, reflective learning, portfolio-based, library based, e-learning, simulations, spaced repetition, deliberate practice, formative self-assessment.
Assessments	• Continuous / Programmatic assessment. • Practical assessment. • Written assessment. • Assignment, MCQ, OSCE, Bed Side Examination, DOPS (Direct Observation of Procedural Skills), Mini CEX (Clinical Evaluation Exercise) Case based assessment, simulation based assessment, spotting, Standardised Patients, Portfolio, Rubrics, Viva voce. • SAQ, LAQ- Descriptive, Case Scenario, Clinical application based, Problem Based Assessment.
Prescribed Texts	Refer to list attached
Domains of Competencies	Knowledge and Scholarship / Patient Care / Homoeopathic Orientation / Communication skill/ Practice Based Learning/ / Professionalism
Learning Outcome	HOM-PG PM 18: ENDOCRINE AND METABOLIC DISEASE 4.1 Diseases of Hypothalamus and Pituitary gland KNOWLEDGE • Aetiopathogenesis, clinical presentation, differential

	diagnosis, investigations, complications of Diseases of hypothalamus and pituitary gland • Hypopituitarism, visual field defect, galactorrhoea, pituitary and hypothalamic tumours, hypothalamic and posterior pituitary disease • Standard line of treatment • Principles of Management • Miasmatic expression of disease • Use of appropriate repertory , • Applied Materia Medica • Ancillary measures SKILLS • Case taking with Physical Examination to assess the vitals and elicit the signs to arrive at the provisional diagnosis • Interpretation of investigations to confirm the diagnosis • Decision of acceptance or referral of case • Infer the miasm in a given case • Role of Homoeopathy in management- curative/ palliative /adjuvant • Remedy differentiation and final selection of remedy with appropriate use of • repertory and referencing Materia Medica as a prescription decision tool • Documentation of the same REFLECTION • Arriving at a final diagnosis by appropriate interpretation of investigations • Formulate the totality; Miasmatic evolution of expression of disease use of repertory if necessary and

	or referencing Materia Medica to arrive at the selection of indicated remedy, potency, repetition with justification Plan for assessment of the condition for evidence based medicine
Competency Based Learning Methods	- Peer-based learning methods-Problem-based, case based, Brainstorming, Bedside, Ward rounds, Out-patient based, Lab-Based, Flipped learning , Roleplay. - Individual – based learning methods –Self regulated learning, reflective learning, portfolio-based, library based, e-learning, simulations, spaced repetition, deliberate practice, formative self-assessment.
Assessments	- Continuous / Programmatic assessment. - Practical assessment. - Written assessment. - Assignment, MCQ, OSCE, Bed Side Examination, DOPS (Direct Observation of Procedural Skills), Mini CEX (Clinical Evaluation Exercise) Case based assessment, simulation based assessment, spotting, Standardised Patients, Portfolio, Rubrics, Viva voce. - SAQ, LAQ- Descriptive, Case Scenario, Clinical application based, Problem Based Assessment.
Prescribed Texts	Refer to list attached
Domains of Competencies	Knowledge and Scholarship / Patient Care / Homoeopathic Orientation / Communication skill/ Practice Based Learning/ / Professionalism
Learning Outcome	4.2 DISEASES OF THYROID GLAND

	KNOWLEDGE • Aetiopathogenesis, clinical presentation, differential diagnosis, investigations, complications of Diseases of thyroid gland, Hypothyroidism, hyperthyroidism, simple goitre, solitary thyroid nodule, malignant tumours • Standard line of treatment • Principles of Management • Miasmatic expression of disease • Use of appropriate repertory, • Applied Materia Medica • Ancillary measures SKILLS • Case taking with Physical Examination to assess the vitals and elicit the signs to arrive at the provisional diagnosis • Interpretation of investigations to confirm the diagnosis • Decision of acceptance or referral of case • Infer the miasm in a given case • Role of Homoeopathy in management- curative/ palliative /adjuvant • Remedy differentiation and final selection of remedy with appropriate use of repertory and referencing Materia Medica as a prescription decision tool • Documentation of the same REFLECTION • Arriving at a final diagnosis by appropriate interpretation of investigations • Formulate the totality; Miasmatic evolution of expression of disease use of repertory if necessary and or referencing Materia Medica to arrive at the selection

	of indicated remedy, potency, repetition with justification Plan for assessment of the condition for evidence based medicine
Competency Based Learning Methods	- Peer-based learning methods-Problem-based, case based, Brainstorming, Bedside, Ward rounds, Out-patient based, Lab-Based, Flipped learning , Roleplay. - Individual – based learning methods –Self regulated learning, reflective learning, portfolio-based, library based, e-learning, simulations, spaced repetition, deliberate practice, formative self-assessment.
Assessments	- Continuous / Programmatic assessment. - Practical assessment. - Written assessment. - Assignment, MCQ, OSCE, Bed Side Examination, DOPS (Direct Observation of Procedural Skills), Mini CEX (Clinical Evaluation Exercise) Case based assessment, simulation based assessment, spotting, Standardised Patients, Portfolio, Rubrics, Viva voce. - SAQ, LAQ- Descriptive, Case Scenario, Clinical application based, Problem Based Assessment.
Prescribed Texts	Refer to list attached
Domains of Competencies	KS,PC,HO,CS,PBL,PRF Knowledge and Scholarship / Patient Care / Homoeopathic Orientation / Communication skill/ Practice Based Learning/ / Professionalism
Learning Outcome	4.3 DISEASES OF PARATHYROID GLAND

	KNOWLEDGE • Aetiopathogenesis, clinical presentation, differential diagnosis, investigations, complications of Diseases of the Parathyroid Glands • hypercalcaemia, hypocalcaemia, hyperparathyroidism. • Standard line of treatment • Principles of Management • Miasmatic expression of disease • Use of appropriate repertory , • Applied Materia Medica • Ancillary measures SKILLS • Case taking with Physical Examination to assess the vitals and elicit the signs to arrive at the provisional diagnosis • Interpretation of investigations to confirm the diagnosis • Decision of acceptance or referral of case • Infer the miasm in a given case • Role of Homoeopathy in management- curative/ palliative /adjuvant • Remedy differentiation and final selection of remedy with appropriate use of repertory and referencing Materia Medica as a prescription decision tool • Documentation of the same REFLECTION • Arriving at a final diagnosis by appropriate interpretation of investigations • Formulate the totality; Miasmatic evolution of expression of disease use of repertory if necessary and or referencing Materia Medica to arrive at the selection

	of indicated remedy, potency, repetition with justification • Plan for assessment of the condition for evidence based medicine
Competency Based Learning Methods	• Peer-based learning methods-Problem-based, case based, Brainstorming, Bedside, Ward rounds, Out-patient based, Lab-Based, Flipped learning , Roleplay. • Individual – based learning methods –Self regulated learning, reflective learning, portfolio-based, library based, e-learning, simulations, spaced repetition, deliberate practice, formative self-assessment.
Assessments	• Continuous / Programmatic assessment. • Practical assessment. • Written assessment. • Assignment, MCQ, OSCE, Bed Side Examination, DOPS (Direct Observation of Procedural Skills), Mini CEX (Clinical Evaluation Exercise) Case based assessment, simulation based assessment, spotting, Standardised Patients, Portfolio, Rubrics, Viva voce. • SAQ, LAQ- Descriptive, Case Scenario, Clinical application based, Problem Based Assessment.
Prescribed Texts	Refer to list attached
Domains of Competencies	Knowledge and Scholarship / Patient Care / Homoeopathic Orientation / Communication skill/ Practice Based Learning/ / Professionalism

Learning Outcome	4.4 DISEASES OF ADRENAL GLAND KNOWLEDGE • Aetiopathogenesis, clinical presentation, differential diagnosis, investigations, complications of Diseases of adrenal gland • Cushing's Syndrome, adrenal insufficiency, mineralocorticoid excess and primary hyperaldosteronism, pheochromocytoma, congenital adrenal hyperplasia • Standard line of treatment • Principles of Management • Miasmatic expression of disease • Use of appropriate repertory , • Applied Materia Medica • Ancillary measures SKILLS • Case taking with Physical Examination to assess the vitals and elicit the signs to arrive at the provisional diagnosis • Interpretation of investigations to confirm the diagnosis • Decision of acceptance or referral of case • Infer the miasm in a given case • Role of Homoeopathy in management- curative/ palliative /adjuvant • Remedy differentiation and final selection of remedy with appropriate use of repertory and referencing Materia Medica as a prescription decision tool • Documentation of the same REFLECTION • Arriving at a final diagnosis by appropriate interpretation of

	investigations • Formulate the totality; Miasmatic evolution of expression of disease use of repertory if necessary and or referencing Materia Medica to arrive at the selection of indicated remedy, potency, repetition with justification • Plan for assessment of the condition for evidence based medicine
Competency Based Learning Methods	• Peer-based learning methods-Problem-based, case based, Brainstorming, Bedside, Ward rounds, Out-patient based, Lab-Based, Flipped learning , Roleplay. • Individual – based learning methods –Self regulated learning, reflective learning, portfolio-based, library based e-learning, simulations, spaced repetition, deliberate practice, formative self-assessment.
Assessments	• Continuous / Programmatic assessment. • Practical assessment. • Written assessment. • Assignment, MCQ, OSCE, Bed Side Examination, DOPS (Direct Observation of Procedural Skills), Mini CEX (Clinical Evaluation Exercise) Case based assessment, simulation based assessment, spotting, Standardised Patients, Portfolio, Rubrics, Viva voce. • SAQ, LAQ- Descriptive, Case Scenario, Clinical application based, Problem Based Assessment.
Prescribed Texts	Refer to list attached
Domains of Competencies	Knowledge and Scholarship / Patient Care / Homoeopathic Orientation / Communication skill/ Practice Based Learning/ / Professionalism

Learning Outcome	4.5 DISEASES OF ENDOCRINE PANCREAS KNOWLEDGE • Aetiopathogenesis, clinical presentation, differential diagnosis, investigations, complications of Diseases of endocrine pancreas • spontaneous hypoglycaemia, • Standard line of treatment • Principles of Management • Miasmatic expression of disease • Use of appropriate repertory , • Applied Materia Medica • Ancillary measures SKILLS • Case taking with Physical Examination to assess the vitals and elicit the signs to arrive at the provisional diagnosis • Interpretation of investigations to confirm the diagnosis • Decision of acceptance or referral of case • Infer the miasm in a given case • Role of Homoeopathy in management- curative/ palliative /adjuvant • Remedy differentiation and final selection of remedy with appropriate use of repertory and referencing Materia Medica as a prescription decision tool • Documentation of the same REFLECTION • Arriving at a final diagnosis by appropriate interpretation of investigations • Formulate the totality; Miasmatic evolution of

	expression of disease use of repertory if necessary and or referencing Materia Medica to arrive at the selection of indicated remedy, potency, repetition with justification Plan for assessment of the condition for evidence based medicine
Competency Based Learning Methods	- Peer-based learning methods-Problem-based, case based, Brainstorming, Bedside, Ward rounds, Out-patient based, Lab-Based, Flipped learning , Roleplay. - Individual – based learning methods –Self regulated learning, reflective learning, portfolio-based, library based, e-learning, simulations, spaced repetition, deliberate practice, formative self-assessment.
Assessments	- Continuous / Programmatic assessment. - Practical assessment. - Written assessment. - Assignment, MCQ, OSCE, Bed Side Examination, DOPS (Direct Observation of Procedural Skills), Mini CEX (Clinical Evaluation Exercise) Case based assessment, simulation based assessment, spotting, Standardised Patients, Portfolio, Rubrics, Viva voce. - SAQ, LAQ- Descriptive, Case Scenario, Clinical application based, Problem Based Assessment.
Prescribed Texts	Refer to list attached
Domains of Competencies	Knowledge and Scholarship / Patient Care / Homoeopathic Orientation / Communication skill/ Practice Based Learning/ /

	Professionalism
Learning Outcome	4.6 DIABETES MELLITUS • Aetiopathogenesis, clinical presentation, differential diagnosis, investigations, complications of • Diabetes mellitus. • Standard line of treatment • Principles of Management • Miasmatic expression of disease • Use of appropriate repertory , • Applied Materia Medica • Ancillary measures SKILLS • Case taking with Physical Examination to assess the vitals and elicit the signs to arrive at the provisional diagnosis • Interpretation of investigations to confirm the diagnosis • Decision of acceptance or referral of case • Infer the miasm in a given case. • Role of Homoeopathy in management- curative/ palliative /adjuvant • Remedy differentiation and final selection of remedy with appropriate use of repertory and referencing Materia Medica as a prescription decision tool • Documentation of the same REFLECTION • Arriving at a final diagnosis by appropriate interpretation of investigations • Formulate the totality; Miasmatic evolution of expression of disease use of repertory if necessary and

	or referencing Materia Medica to arrive at the selection of indicated remedy, potency, repetition with justification Plan for assessment of the condition for evidence based medicine
Competency Based Learning Methods	- Peer-based learning methods-Problem-based, case based, Brainstorming, Bedside, Ward rounds, Out-patient based, Lab-Based, Flipped learning , Roleplay. - Individual – based learning methods –Self regulated learning, reflective learning, portfolio-based, library based, e-learning, simulations, spaced repetition, deliberate practice, formative self-assessment.
Assessments	- Continuous / Programmatic assessment. - Practical assessment. - Written assessment. - Assignment, MCQ, OSCE, Bed Side Examination, DOPS (Direct Observation of Procedural Skills), Mini CEX (Clinical Evaluation Exercise) Case based assessment, simulation based assessment, spotting, Standardised Patients, Portfolio, Rubrics, Viva voce. - SAQ, LAQ- Descriptive, Case Scenario, Clinical application based, Problem Based Assessment.
Prescribed Texts	Refer to list attached
Domains of Competencies	Knowledge and Scholarship / Patient Care / Homoeopathic Orientation / Communication skill/ Practice Based Learning/ / Professionalism
Learning Outcome	HOM-PG PM 19: ALIMENTARY TRACT AND PANCREATIC

DISEASES

5.1 Diseases of mouth and salivary glands

KNOWLEDGE OF

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

SKILLS

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

REFLECTION

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

	of indicated remedy, potency, repetition with justification • Plan for assessment of the condition for evidence based medicine
Competency Based Learning Methods	• Peer-based learning methods-Problem-based, case based, Brainstorming, Bedside, Ward rounds, Out-patient based, Lab-Based, Flipped learning , Roleplay. • Individual – based learning methods –Self regulated learning, reflective learning, portfolio-based, library based, e-learning, simulations, spaced repetition, deliberate practice, formative self-assessment.
Assessments	• Continuous / Programmatic assessment. • Practical assessment. • Written assessment. • Assignment, MCQ, OSCE, Bed Side Examination, DOPS (Direct Observation of Procedural Skills), Mini CEX (Clinical Evaluation Exercise) Case based assessment, simulation based assessment, spotting, Standardised Patients, Portfolio, Rubrics, Viva voce. • SAQ, LAQ- Descriptive, Case Scenario, Clinical application based, Problem Based Assessment.
Prescribed Texts	Refer to list attached
Domains of Competencies	Knowledge and Scholarship / Patient Care / Homoeopathic Orientation / Communication skill/ Practice Based Learning/ / Professionalism
Learning Outcome	5.2 DISEASES OF OESOPHAGUS, STOMACH AND DUODENUM

	KNOWLEDGE • Aetiopathogenesis, clinical presentation, differential diagnosis, investigations, complications of Gastro-oesophageal reflux disease, motility disorders, tumours of oesophagus, perforation of oesophagus, gastritis, peptic ulcer disease, functional disorders, tumours of the stomach • Principles of Management • Miasmatic expression of disease • Use of appropriate repertory , • Applied Materia Medica • Applied Materia Medica • Ancillary measures SKILLS • Case taking with Physical Examination to assess the vitals and elicit the signs to arrive at the provisional diagnosis • Interpretation of investigations to confirm the diagnosis • Decision of acceptance or referral of case • Infer the miasm in a given case. • Role of Homoeopathy in management- curative/ palliative /adjuvant • Remedy differentiation and final selection of remedy with appropriate use of repertory and referencing Materia Medica as a prescription decision tool • Documentation of the same REFLECTION • Arriving at a final diagnosis by appropriate interpretation of investigations • Formulate the totality; Miasmatic evolution of

	expression of disease use of repertory if necessary and or referencing Materia Medica to arrive at the selection of indicated remedy, potency, repetition with justification Plan for assessment of the condition for evidence based medicine
Competency Based Learning Methods	- Peer-based learning methods-Problem-based, case based, Brainstorming, Bedside, Ward rounds, Out-patient based, Lab-Based, Flipped learning , Roleplay. - Individual – based learning methods –Self regulated learning, reflective learning, portfolio-based, library based, e-learning, simulations, spaced repetition, deliberate practice, formative self-assessment.
Assessments	- Continuous / Programmatic assessment. - Practical assessment. - Written assessment. - Assignment, MCQ, OSCE, Bed Side Examination, DOPS (Direct Observation of Procedural Skills), Mini CEX (Clinical Evaluation Exercise) Case based assessment, simulation based assessment, spotting, Standardised Patients, Portfolio, Rubrics, Viva voce. - SAQ, LAQ- Descriptive, Case Scenario, Clinical application based, Problem Based Assessment.
Prescribed Texts	Refer to list attached
Domains of Competencies	Knowledge and Scholarship / Patient Care / Homoeopathic Orientation / Communication skill/ Practice Based Learning/ / Professionalism

Learning Outcome	5.3 DISEASES OF SMALL INTESTINE KNOWLEDGE • Aetiopathogenesis, clinical presentation, differential diagnosis, investigations, complications of disorders causing mal-absorption, motility disorders, miscellaneous disorders of small intestine, adverse food reactions, infections of small intestine, tumours of small intestine • Principles of Management • Miasmatic expression of disease • Use of appropriate repertory , • Applied Materia Medica • Ancillary measures SKILLS • Case taking with Physical Examination to assess the vitals and elicit the signs to arrive at the provisional diagnosis • Interpretation of investigations to confirm the diagnosis • Decision of acceptance or referral of case • Infer the miasm in a given case. • Role of Homoeopathy in management- curative/ palliative /adjuvant • Remedy differentiation and final selection of remedy with appropriate use of repertory and referencing Materia Medica as a prescription decision tool • Documentation of the same REFLECTION • Arriving at a final diagnosis by appropriate interpretation of investigations

	• Formulate the totality; Miasmatic evolution of expression of disease use of repertory if necessary and or referencing Materia Medica to arrive at the selection of indicated remedy, potency, repetition with justification • Plan for assessment of the condition for evidence based medicine
Competency Based Learning Methods	• Peer-based learning methods-Problem-based, case based, Brainstorming, Bedside, Ward rounds, Out-patient based, Lab-Based, Flipped learning , Roleplay. • Individual – based learning methods –Self regulated learning, reflective learning, portfolio-based, library based, e-learning, simulations, spaced repetition, deliberate practice, formative self-assessment.
Assessments	• Continuous / Programmatic assessment. • Practical assessment. • Written assessment. • Assignment, MCQ, OSCE, Bed Side Examination, DOPS (Direct Observation of Procedural Skills), Mini CEX (Clinical Evaluation Exercise) Case based assessment, simulation based assessment, spotting, Standardised Patients, Portfolio, Rubrics, Viva voce. • SAQ, LAQ- Descriptive, Case Scenario, Clinical application based, Problem Based Assessment.
Prescribed Texts	Refer to list attached
Domains of	Knowledge and Scholarship / Patient Care / Homoeopathic

Competencies	Orientation / Communication skill/ Practice Based Learning/ / Professionalism
Learning Outcome	5.4 DISEASES OF PANCREAS KNOWLEDGE • Aetiopathogenesis, clinical presentation, differential diagnosis, investigations, complications of acute and chronic pancreatitis, congenital abnormalities of pancreas, tumours of pancreas. • Principles of Management • Miasmatic expression of disease • Use of appropriate repertory , • Applied Materia Medica • Ancillary measures SKILLS • Case taking with Physical Examination to assess the vitals and elicit the signs to arrive at the provisional diagnosis • Interpretation of investigations to confirm the diagnosis • Documentation of the same • Decision of acceptance or referral of case • Infer the miasm in a given case. • Role of Homoeopathy in management- curative/ palliative /adjuvant • Remedy differentiation and final selection of remedy with appropriate use of repertory and referencing Materia Medica as a prescription decision tool • Documentation of the same REFLECTION • Arriving at a final diagnosis by appropriate

	interpretation of investigations • Formulate the totality; Miasmatic evolution of expression of disease use of repertory if necessary and or referencing Materia Medica to arrive at the selection of indicated remedy, potency, repetition with justification • Plan for assessment of the condition for evidence based medicine
Competency Based Learning Methods	• Peer-based learning methods-Problem-based, case based, Brainstorming, Bedside, Ward rounds, Out-patient based, Lab-Based, Flipped learning , Roleplay. • Individual – based learning methods –Self regulated learning, reflective learning, portfolio-based, library based, e-learning, simulations, spaced repetition, deliberate practice, formative self-assessment.
Assessments	• Continuous / Programmatic assessment. • Practical assessment. • Written assessment. • Assignment, MCQ, OSCE, Bed Side Examination, DOPS (Direct Observation of Procedural Skills), Mini CEX (Clinical Evaluation Exercise) Case based assessment, simulation based assessment, spotting, Standardised Patients, Portfolio, Rubrics, Viva voce. • SAQ, LAQ- Descriptive, Case Scenario, Clinical application based, Problem Based Assessment.
Prescribed Texts	Refer to list attached
Domains of Competencies	Knowledge and Scholarship / Patient Care / Homoeopathic Orientation / Communication skill/ Practice Based Learning/ /

	Professionalism
Learning Outcome	5.5 IRRITABLE BOWEL SYNDROME KNOWLEDGE • Aetiopathogenesis, clinical presentation, differential diagnosis, investigations, complications of irritable bowel syndrome • Principles of Management • Miasmatic expression of disease • Use of appropriate repertory , • Applied Materia Medica • Ancillary measures SKILLS • Case taking with Physical Examination to assess the vitals and elicit the signs to arrive at the provisional diagnosis • Interpretation of investigations to confirm the diagnosis • Decision of acceptance or referral of case • Infer the miasm in a given case • Role of Homoeopathy in management- curative/ palliative /adjuvant • Remedy differentiation and final selection of remedy with appropriate use of repertory and referencing Materia Medica as a prescription decision tool • Documentation of the same REFLECTION • Arriving at a final diagnosis by appropriate interpretation of investigations • Formulate the totality; Miasmatic evolution of expression of disease use of repertory if necessary and

	or referencing Materia Medica to arrive at the selection of indicated remedy, potency, repetition with justification Plan for assessment of the condition for evidence based medicine
	- Peer-based learning methods-Problem-based, case based, Brainstorming, Bedside, Ward rounds, Out-patient based, Lab-Based, Flipped learning , Roleplay. - Individual – based learning methods –Self regulated learning, reflective learning, portfolio-based, library based, e-learning, simulations, spaced repetition, deliberate practice, formative self-assessment.
Assessment	- Continuous / Programmatic assessment. - Practical assessment. - Written assessment. - Assignment, MCQ, OSCE, Bed Side Examination, DOPS (Direct Observation of Procedural Skills), Mini CEX (Clinical Evaluation Exercise) Case based assessment, simulation based assessment, spotting, Standardised Patients, Portfolio, Rubrics, Viva voce. - SAQ, LAQ- Descriptive, Case Scenario, Clinical application based, Problem Based Assessment.
Prescribed Texts	Refer to list attached
Domain of competencies	Knowledge and Scholarship / Patient Care / Homoeopathic Orientation / Communication skill/ Practice Based Learning/ / Professionalism
Learning Outcome	5.6 INFLAMMATORY BOWEL DISEASE

	KNOWLEDGE • Aetiopathogenesis, clinical presentation, differential diagnosis, investigations, complications of inflammatory bowel syndrome • Principles of Management • Miasmatic expression of disease • Use of appropriate repertory , • Applied Materia Medica • Ancillary measures SKILLS • Case taking with Physical Examination to assess the vitals and elicit the signs to arrive at the provisional diagnosis • Interpretation of investigations to confirm the diagnosis • Decision of acceptance or referral of case • Infer the miasm in a given case. • Role of Homoeopathy in management- curative/ palliative /adjuvant • Remedy differentiation and final selection of remedy with appropriate use of repertory and referencing Materia Medica as a prescription decision tool • Documentation of the same REFLECTION • Arriving at a final diagnosis by appropriate interpretation of investigations • Formulate the totality; Miasmatic evolution of expression of disease use of repertory if necessary and or referencing Materia Medica to arrive at the selection of indicated remedy, potency, repetition with justification

	Plan for assessment of the condition for evidence based medicine
Competency Based Learning Methods	- Peer-based learning methods-Problem-based, case based, Brainstorming, Bedside, Ward rounds, Out-patient based, Lab-Based, Flipped learning , Roleplay. - Individual – based learning methods –Self regulated learning, reflective learning, portfolio-based, library based, e-learning, simulations, spaced repetition, deliberate practice, formative self-assessment.
Assessments	- Continuous / Programmatic assessment. - Practical assessment. - Written assessment. - Assignment, MCQ, OSCE, Bed Side Examination, DOPS (Direct Observation of Procedural Skills), Mini CEX (Clinical Evaluation Exercise) Case based assessment, simulation based assessment, spotting, Standardised Patients, Portfolio, Rubrics, Viva voce. - SAQ, LAQ- Descriptive, Case Scenario, Clinical application based, Problem Based Assessment.
Prescribed Texts	Refer to list attached
Domains of Competencies	Knowledge and Scholarship / Patient Care / Homoeopathic Orientation / Communication skill/ Practice Based Learning/ / Professionalism
Learning Outcome	5.7 DISORDERS OF COLON AND ANORECTUM KNOWLEDGE Aetiopathogenesis, clinical presentation, differential diagnosis, investigations,

	complications of Tumours of colon and rectum, diverticulosis, constipation and disorders of defaecation, faecal incontinence, haemorrhoids, pruritis ani, solitary rectal ulcer syndrome, anal fissure, anorectal abscesses and fistulae • Principles of Management • Miasmatic expression of disease • Use of appropriate repertory , • Applied Materia Medica • Ancillary measures SKILLS • Case taking with Physical Examination to assess the vitals and elicit the signs to arrive at the provisional diagnosis • Interpretation of investigations to confirm the diagnosis • Decision of acceptance or referral of case • Infer the miasm in a given case • Role of Homoeopathy in management- curative/ palliative /adjuvant • Remedy differentiation and final selection of remedy with appropriate use of repertory and referencing Materia Medica as a prescription decision tool • Documentation of the same REFLECTION • Arriving at a final diagnosis by appropriate interpretation of investigations • Formulate the totality; Miasmatic evolution of expression of disease use of repertory if necessary and or referencing Materia Medica to arrive at the selection of indicated remedy, potency, repetition with

	justification Plan for assessment of the condition for evidence based medicine
Competency Based Learning Methods	- Peer-based learning methods-Problem-based, case based, Brainstorming, Bedside, Ward rounds, Out-patient based, Lab-Based, Flipped learning , Roleplay. - Individual – based learning methods –Self regulated learning, reflective learning, portfolio-based, library based, e-learning, simulations, spaced repetition, deliberate practice, formative self-assessment.
Assessments	- Continuous / Programmatic assessment. - Practical assessment. - Written assessment. - Assignment, MCQ, OSCE, Bed Side Examination, DOPS (Direct Observation of Procedural Skills), Mini CEX (Clinical Evaluation Exercise) Case based assessment, simulation based assessment, spotting, Standardised Patients, Portfolio, Rubrics, Viva voce. - SAQ, LAQ- Descriptive, Case Scenario, Clinical application based, Problem Based Assessment.
Prescribed Texts	Refer to list attached
Domains of Competencies	Knowledge and Scholarship / Patient Care / Homoeopathic Orientation / Communication skill/ Practice Based Learning/ / Professionalism
Learning Outcome	5.8 DISEASES OF PERITONEAL CAVITY KNOWLEDGE Aetiopathogenesis, clinical presentation, differential

	diagnosis, investigations, complications of Peritonitis and tumours of peritoneal cavity • Principles of Management • Miasmatic expression of disease • Use of appropriate repertory , • Applied Materia Medica • Ancillary measures SKILLS • Case taking with Physical Examination to assess the vitals and elicit the signs to arrive at the provisional diagnosis • Interpretation of investigations to confirm the diagnosis • Decision of acceptance or referral of case • Infer the miasm in a given case. • Role of Homoeopathy in management- curative/ palliative /adjuvant • Remedy differentiation and final selection of remedy with appropriate use of repertory and referencing Materia Medica as a prescription decision tool • Documentation of the same REFLECTION • Arriving at a final diagnosis by appropriate interpretation of investigations • Formulate the totality; Miasmatic evolution of expression of disease use of repertory if necessary and or referencing Materia Medica to arrive at the selection of indicated remedy, potency, repetition with justification • Plan for assessment of the condition for evidence based medicine

Competency Based Learning Methods	• Peer-based learning methods-Problem-based, case based, Brainstorming, Bedside, Ward rounds, Out-patient based, Lab-Based, Flipped learning , Roleplay. • Individual – based learning methods –Self regulated learning, reflective learning, portfolio-based, library based, e-learning, simulations, spaced repetition, deliberate practice, formative self-assessment.
Assessments	• Continuous / Programmatic assessment. • Practical assessment. • Written assessment. • Assignment, MCQ, OSCE, Bed Side Examination, DOPS (Direct Observation of Procedural Skills), Mini CEX (Clinical Evaluation Exercise) Case based assessment, simulation based assessment, spotting, Standardised Patients, Portfolio, Rubrics, Viva voce. • SAQ, LAQ- Descriptive, Case Scenario, Clinical application based, Problem Based Assessment.
Prescribed Texts	Refer to list attached
Domains of Competencies	Knowledge and Scholarship / Patient Care / Homoeopathic Orientation / Communication skill/ Practice Based Learning/ / Professionalism
Learning Outcome	5.9 DISEASES OF GUT INJURY KNOWLEDGE • Aetiopathogenesis, clinical presentation, differential diagnosis, investigations, complications of Ischaemic gut injury (Acute small bowel ischaemia, acute colonic

	ischaemia, chronic mesenteric ischaemia) • Principles of Management • Miasmatic expression of disease • Use of appropriate repertory , • Applied Materia Medica • Ancillary measures SKILLS • Case taking with Physical Examination to assess the vitals and elicit the signs to arrive at the provisional diagnosis • Interpretation of investigations to confirm the diagnosis • Decision of acceptance or referral of case • Infer the miasm in a given case. • Role of Homoeopathy in management- curative/ palliative /adjuvant • Remedy differentiation and final selection of remedy with appropriate use of repertory and referencing Materia Medica as a prescription decision tool • Documentation of the same REFLECTION • Arriving at a final diagnosis by appropriate interpretation of investigations • Formulate the totality; Miasmatic evolution of expression of disease use of repertory if necessary and or referencing Materia Medica to arrive at the selection of indicated remedy, potency, repetition with justification • Plan for assessment of the condition for evidence based medicine

Competency Based Learning Methods	• Peer-based learning methods-Problem-based, case based, Brainstorming, Bedside, Ward rounds, Out-patient based, Lab-Based, Flipped learning , Roleplay. • Individual – based learning methods –Self regulated learning, reflective learning, portfolio-based, library based, e-learning, simulations, spaced repetition, deliberate practice, formative self-assessment.
Assessments	• Continuous / Programmatic assessment. • Practical assessment. • Written assessment. • Assignment, MCQ, OSCE, Bed Side Examination, DOPS (Direct Observation of Procedural Skills), Mini CEX (Clinical Evaluation Exercise) Case based assessment, simulation based assessment, spotting, Standardised Patients, Portfolio, Rubrics, Viva voce. • SAQ, LAQ- Descriptive, Case Scenario, Clinical application based, Problem Based Assessment.
Prescribed Texts	Refer to list attached
Domains of Competencies	Knowledge and Scholarship / Patient Care / Homoeopathic Orientation / Communication skill/ Practice Based Learning/ / Professionalism
Learning Outcome	HOM-PG PM 20: LIVER AND BILIARY TRACT DISEASE 6.1 Acute fulminant hepatic failure KNOWLEDGE • Risk factors, aetiopathogenesis, clinical presentation, grades, diagnosis, investigations, complications of Acute fulminant hepatic failure standard line of treatment

	• Principles of Management • Miasmatic expression of disease • Use of appropriate repertory , • Applied Materia Medica • Ancillary measures SKILLS • Case taking with physical examination to assess the vitals and elicit the signs to arrive at the provisional diagnosis. • Interpretation of investigations to confirm the diagnosis • Decision of acceptance or referral of case • Infer the miasm in a given case. • Role of Homoeopathy in management (curative/Palliative/ Adjuvant) • Arriving at the totality of symptoms • Remedy differentiation and final selection of remedy with appropriate use of repertory and referencing Materia Medica as a prescription decision tool • Documentation of the same REFLECTION • Arriving at a final diagnosis by appropriate interpretation of investigations • Formulate the totality; Miasmatic evolution of expression of disease use of repertory if necessary and or referencing Materia Medica to arrive at the selection of indicated remedy, potency, repetition with justification • Plan for assessment of the condition for evidence based medicine.

Competency Based Learning Methods	• Peer-based learning methods-Problem-based, case based, Brainstorming, Bedside, Ward rounds, Out-patient based, Lab-Based, Flipped learning , Roleplay. • Individual – based learning methods –Self regulated learning, reflective learning, portfolio-based, library based, e-learning, simulations, spaced repetition, deliberate practice, formative self-assessment.
Assessments	• Continuous / Programmatic assessment. • Practical assessment. • Written assessment. • Assignment, MCQ, OSCE, Bed Side Examination, DOPS (Direct Observation of Procedural Skills), Mini CEX (Clinical Evaluation Exercise) Case based assessment, simulation based assessment, spotting, Standardised Patients, Portfolio, Rubrics, Viva voce. • SAQ, LAQ- Descriptive, Case Scenario, Clinical application based, Problem Based Assessment.
Prescribed Texts	Refer to list attached
Domains of Competencies	Knowledge and Scholarship / Patient Care / Homoeopathic Orientation / Communication skill/ Practice Based Learning/ / Professionalism
Learning Outcome	6.2 LIVER CIRRHOSIS AND CHRONIC LIVER FAILURE KNOWLEDGE • Risk factors, aetiopathogenesis, clinical presentation, grades, diagnosis, investigations, complications of Liver cirrhosis and chronic liver failure • Standard line of treatment • Principles of Management

	• Miasmatic expression of disease • Use of appropriate repertory , • Applied Materia Medica • Ancillary measures SKILLS • Case taking with physical examination to assess the vitals and elicit the signs to arrive at the provisional diagnosis. • Interpretation of investigations to confirm the diagnosis • Decision of acceptance or referral of case • Infer the miasm in a given case • Role of Homoeopathy in management (curative/Palliative/ Adjuvant) • Arriving at the totality of symptoms • Remedy differentiation and final selection of remedy with appropriate use of repertory and referencing Materia Medica as a prescription decision tool • Documentation of the same REFLECTION • Arriving at a final diagnosis by appropriate interpretation of investigations • Formulate the totality; Miasmatic evolution of expression of disease use of repertory if necessary and or referencing Materia Medica to arrive at the selection of indicated remedy, potency, repetition with justification • Plan for assessment of the condition for evidence based medicine

Competency Based Learning Methods	• Peer-based learning methods-Problem-based, case based, Brainstorming, Bedside, Ward rounds, Out-patient based, Lab-Based, Flipped learning , Roleplay. • Individual – based learning methods –Self regulated learning, reflective learning, portfolio-based, library based, e-learning, simulations, spaced repetition, deliberate practice, formative self-assessment.
Assessments	• Continuous / Programmatic assessment. • Practical assessment. • Written assessment. • Assignment, MCQ, OSCE, Bed Side Examination, DOPS (Direct Observation of Procedural Skills), Mini CEX (Clinical Evaluation Exercise) Case based assessment, simulation based assessment, spotting, Standardised Patients, Portfolio, Rubrics, Viva voce. • SAQ, LAQ- Descriptive, Case Scenario, Clinical application based, Problem Based Assessment.
Prescribed Texts	Refer to list attached
Domains of Competencies	Knowledge and Scholarship / Patient Care / Homoeopathic Orientation / Communication skill/ Practice Based Learning/ / Professionalism
Learning Outcome	6.3 PORTAL HYPERTENSION KNOWLEDGE • Risk factors, aetiopathogenesis, clinical presentation, grades, diagnosis, investigations, complications of Portal hypertension • Standard line of treatment

	• Principles of Management • Miasmatic expression of disease • Use of appropriate repertory , • Applied Materia Medica • Ancillary measures SKILLS • Case taking with physical examination to assess the vitals and elicit the signs to arrive at the provisional diagnosis. • Interpretation of investigations to confirm the diagnosis • Decision of acceptance or referral of case • Infer the miasm in a given case. • Role of Homoeopathy in management (curative/Palliative/ Adjuvant) • Arriving at the totality of symptoms • Remedy differentiation and final selection of remedy with appropriate use of repertory and referencing Materia Medica as a prescription decision tool • Documentation of the same REFLECTION • Arriving at a final diagnosis by appropriate interpretation of investigations • Formulate the totality; Miasmatic evolution of expression of disease use of repertory if necessary and or referencing Materia Medica to arrive at the selection of indicated remedy, potency, repetition with justification • Plan for assessment of the condition for evidence based medicine.

Competency Based Learning Methods	• Peer-based learning methods-Problem-based, case based, Brainstorming, Bedside, Ward rounds, Out-patient based, Lab-Based, Flipped learning , Roleplay. • Individual – based learning methods –Self regulated learning, reflective learning, portfolio-based, library based, e-learning, simulations, spaced repetition, deliberate practice, formative self-assessment.
Assessments	• Continuous / Programmatic assessment. • Practical assessment. • Written assessment. • Assignment, MCQ, OSCE, Bed Side Examination, DOPS (Direct Observation of Procedural Skills), Mini CEX (Clinical Evaluation Exercise) Case based assessment, simulation based assessment, spotting, Standardised Patients, Portfolio, Rubrics, Viva voce. • SAQ, LAQ- Descriptive, Case Scenario, Clinical application based, Problem Based Assessment.
Prescribed Texts	Refer to list attached
Domains of Competencies	Knowledge and Scholarship / Patient Care / Homoeopathic Orientation / Communication skill/ Practice Based Learning/ / Professionalism
Learning Outcome	6.4 HEPATIC ENCEPHALOPATHY KNOWLEDGE • Risk factors, aetiopathogenesis, clinical presentation, grades, diagnosis, investigations, complications of Hepatic encephalopathy • Standard line of treatment • Principles of Management

	• Miasmatic expression of disease • Use of appropriate repertory , • Applied Materia Medica • Scope and limitations of Homoeopathy SKILLS • Case taking with physical examination to assess the vitals and elicit the signs to arrive at the provisional diagnosis. • Interpretation of investigations to confirm the diagnosis • Decision of acceptance or referral of case • Infer the miasm in a given case. • Role of Homoeopathy in management (curative/Palliative/ Adjuvant)/ Defining scope and limitations • Arriving at the totality of symptoms • Remedy differentiation and final selection of remedy with appropriate use of repertory and referencing Materia Medica as a prescription decision tool REFLECTION • Arriving at a final diagnosis by appropriate interpretation of investigations • Formulate the totality; Miasmatic evolution of expression of disease use of repertory if necessary and or referencing Materia Medica to arrive at the selection of indicated remedy, potency, repetition with justification • Plan for assessment of the condition for evidence based medicine.
Competency Based	• Peer-based learning methods-Problem-based, case based,

Learning Methods	Brainstorming, Bedside, Ward rounds, Out-patient based, Lab-Based, Flipped learning , Roleplay. • Individual – based learning methods –Self regulated learning, reflective learning, portfolio-based, library based, e-learning, simulations, spaced repetition, deliberate practice, formative self-assessment.
Assessments	• Continuous / Programmatic assessment. • Practical assessment. • Written assessment. • Assignment, MCQ, OSCE, Bed Side Examination, DOPS (Direct Observation of Procedural Skills), Mini CEX (Clinical Evaluation Exercise) Case based assessment, simulation based assessment, spotting, Standardised Patients, Portfolio, Rubrics, Viva voce. • SAQ, LAQ- Descriptive, Case Scenario, Clinical application based, Problem Based Assessment. •
Prescribed Texts	Refer to list attached
Domains of Competencies	Knowledge and Scholarship / Patient Care / Homoeopathic Orientation / Communication skill/ Practice Based Learning/ / Professionalism
Learning Outcome	6.5 HEPATORENAL FAILURE KNOWLEDGE • Risk factors, aetiopathogenesis, clinical presentation, grades, diagnosis, investigations, complications of Hepatorenal Failure • Standard line of treatment • Principles of Management • Miasmatic expression of disease

	• Use of appropriate repertory , • Applied Materia Medica • Scope and limitations of Homoeopathy SKILLS • Case taking with physical examination to assess the vitals and elicit the signs to arrive at the provisional diagnosis. • Interpretation of investigations to confirm the diagnosis • Decision of acceptance or referral of case • Infer the miasm in a given case. • Role of Homoeopathy in management (curative/Palliative/ Adjuvant) /Defining scope and limitations • Arriving at the totality of symptoms • Remedy differentiation and final selection of remedy with appropriate use of repertory and referencing Materia Medica as a prescription decision tool REFLECTION • Arriving at a final diagnosis by appropriate interpretation of investigations • Formulate the totality; Miasmatic evolution of expression of disease use of repertory if necessary and or referencing Materia Medica to arrive at the selection of indicated remedy, potency, repetition with justification • Plan for assessment of the condition for evidence based medicine
Competency Based Learning Methods	• Peer-based learning methods-Problem-based, case based, Brainstorming, Bedside, Ward rounds, Out-patient based, Lab-

	Based, Flipped learning , Roleplay. • Individual – based learning methods –Self regulated learning, reflective learning, portfolio-based, library based, e-learning, simulations, spaced repetition, deliberate practice, formative self-assessment.
Assessments	• Continuous / Programmatic assessment. • Practical assessment. • Written assessment. • Assignment, MCQ, OSCE, Bed Side Examination, DOPS (Direct Observation of Procedural Skills), Mini CEX (Clinical Evaluation Exercise) Case based assessment, simulation based assessment, spotting, Standardised Patients, Portfolio, Rubrics, Viva voce. • SAQ, LAQ- Descriptive, Case Scenario, Clinical application based, Problem Based Assessment.
Prescribed Texts	Refer to list attached
Domains of Competencies	Knowledge and Scholarship / Patient Care / Homoeopathic Orientation / Communication skill/ Practice Based Learning/ / Professionalism
Learning Outcome	6.6 SPECIFIC CAUSES OF PARENCHYMAL LIVER DISEASE KNOWLEDGE • Risk factors, aetiopathogenesis, clinical presentation, classification, diagnosis, investigations, complications of Viral hepatitis, alcoholic liver disease, fatty liver and non-alcoholic steatohepatitis, autoimmune hepatitis, haemochromatosis, Wilson’s disease, alpha 1 antitrypsin deficiency, biliary cirrhosis, sclerosing cholangitis, vascular diseases of liver,

	• Standard line of treatment • Principles of Management • Miasmatic expression of disease • Use of appropriate repertory , • Applied Materia Medica • Scope and limitations of Homoeopathy • Ancillary measures SKILLS • Case taking with physical examination to assess the vitals and elicit the signs to arrive at the provisional diagnosis. • Interpretation of investigations to confirm the diagnosis • Decision of acceptance or referral of case • Infer the miasm in a given case. • Role of Homoeopathy in management (curative/Palliative/ Adjuvant) • Arriving at the totality of symptoms • Remedy differentiation and final selection of remedy with appropriate use of repertory and referencing Materia Medica as a prescription decision tool • Documentation of the same REFLECTION • Arriving at a final diagnosis by appropriate interpretation of investigations • Formulate the totality; Miasmatic evolution of expression of disease use of repertory if necessary and or referencing Materia Medica to arrive at the selection of indicated remedy, potency, repetition with justification • Plan for assessment of the condition for evidence based

	medicine
Competency Based Learning Methods	• Peer-based learning methods-Problem-based, case based, Brainstorming, Bedside, Ward rounds, Out-patient based, Lab-Based, Flipped learning , Roleplay. • Individual – based learning methods –Self regulated learning, reflective learning, portfolio-based, library based, e-learning, simulations, spaced repetition, deliberate practice, formative self-assessment.
Assessments	• Continuous / Programmatic assessment. • Practical assessment. • Written assessment. • Assignment, MCQ, OSCE, Bed Side Examination, DOPS (Direct Observation of Procedural Skills), Mini CEX (Clinical Evaluation Exercise) Case based assessment, simulation based assessment, spotting, Standardised Patients, Portfolio, Rubrics, Viva voce. • SAQ, LAQ- Descriptive, Case Scenario, Clinical application based, Problem Based Assessment.
Prescribed Texts	Refer to list attached
Domains of Competencies	Knowledge and Scholarship / Patient Care / Homoeopathic Orientation / Communication skill/ Practice Based Learning/ / Professionalism
Learning Outcome	6.7 TUMOURS OF LIVER KNOWLEDGE • Risk factors, aetiopathogenesis, clinical presentation, diagnosis, investigations, complications of tumours of liver

	• Standard line of treatment • Principles of Management • Miasmatic expression of disease • Use of appropriate repertory , • Applied Materia Medica • Ancillary measures SKILLS • Case taking with physical examination to assess the vitals and elicit the signs to arrive at the provisional diagnosis. • Interpretation of investigations to confirm the diagnosis • Decision of acceptance or referral of case • Infer the miasm in a given case. • Role of Homoeopathy in management (curative/Palliative/ Adjuvant)/Defining scope and limitations • Arriving at the totality of symptoms • Remedy differentiation and final selection of remedy with appropriate use of repertory and referencing Materia Medica as a prescription decision tool • Documentation of the same REFLECTION • Arriving at a final diagnosis by appropriate interpretation of investigations • Formulate the totality; Miasmatic evolution of expression of disease use of repertory if necessary and or referencing Materia Medica to arrive at the selection of indicated remedy, potency, repetition with justification • Plan for assessment of the condition for evidence based

	medicine
Competency Based Learning Methods	• Peer-based learning methods-Problem-based, case based, Brainstorming, Bedside, Ward rounds, Out-patient based, Lab-Based, Flipped learning , Roleplay. • Individual – based learning methods –Self regulated learning, reflective learning, portfolio-based, library based, e-learning, simulations, spaced repetition, deliberate practice, formative self-assessment.
Assessments	• Continuous / Programmatic assessment. • Practical assessment. • Written assessment. • Assignment, MCQ, OSCE, Bed Side Examination, DOPS (Direct Observation of Procedural Skills), Mini CEX (Clinical Evaluation Exercise) Case based assessment, simulation based assessment, spotting, Standardised Patients, Portfolio, Rubrics, Viva voce. • SAQ, LAQ- Descriptive, Case Scenario, Clinical application based, Problem Based Assessment.
Prescribed Texts	Refer to list attached
Domains of Competencies	Knowledge and Scholarship / Patient Care / Homoeopathic Orientation / Communication skill/ Practice Based Learning/ / Professionalism
Learning Outcome	6.8 MISCELLANEOUS LIVER DISEASES KNOWLEDGE • Risk factors, aetiopathogenesis, clinical presentation, diagnosis, investigations, complications of Liver abscess, hepatic nodule, cystic and fibropolycystic disease

	• Standard line of treatment • Principles of Management • Miasmatic expression of disease • Use of appropriate repertory , • Applied Materia Medica • Ancillary measures SKILLS • Case taking with physical examination to assess the vitals and elicit the signs to arrive at the provisional diagnosis. • Interpretation of investigations to confirm the diagnosis • Decision of acceptance or referral of case • Infer the miasm in a given case. • Role of Homoeopathy in management (Curative/Palliative/ Adjuvant) • Arriving at the totality of symptoms • Remedy differentiation and final selection of remedy with appropriate use of repertory and referencing Materia Medica as a prescription decision tool • Documentation of the same REFLECTION • Arriving at a final diagnosis by appropriate interpretation of investigations • Formulate the totality; Miasmatic evolution of expression of disease use of repertory if necessary and or referencing Materia Medica to arrive at the selection of indicated remedy, potency, repetition with justification • Plan for assessment of the condition for evidence based medicine

Competency Based Learning Methods	• Peer-based learning methods-Problem-based, case based, Brainstorming, Bedside, Ward rounds, Out-patient based, Lab-Based, Flipped learning , Roleplay. • Individual – based learning methods –Self regulated learning, reflective learning, portfolio-based, library based, e-learning, simulations, spaced repetition, deliberate practice, formative self-assessment.
Assessments	• Continuous / Programmatic assessment. • Practical assessment. • Written assessment. • Assignment, MCQ, OSCE, Bed Side Examination, DOPS (Direct Observation of Procedural Skills), Mini CEX (Clinical Evaluation Exercise) Case based assessment, simulation based assessment, spotting, Standardised Patients, Portfolio, Rubrics, Viva voce. • SAQ, LAQ- Descriptive, Case Scenario, Clinical application based, Problem Based Assessment.
Prescribed Texts	Refer to list attached
Domains of Competencies	Knowledge and Scholarship / Patient Care / Homoeopathic Orientation / Communication skill/ Practice Based Learning/ / Professionalism
Learning Outcome	6.9 GALL BLADDER AND OTHER BILIARY DISEASES KNOWLEDGE • Risk factors, aetiopathogenesis, clinical presentation, diagnosis, investigations, complications of gallstones, cholecystitis, choledocholithiasis, tumours of gallbladder and bile duct, miscellaneous biliary disorders.

	• Standard line of treatment • Principles of Management • Miasmatic expression of disease • Use of appropriate repertory , • Applied Materia Medica • Ancillary measures SKILLS • Case taking with physical examination to assess the vitals and elicit the signs to arrive at the provisional diagnosis. • Interpretation of investigations to confirm the diagnosis • Decision of acceptance or referral of case • Infer the miasm in a given case. • Role of Homoeopathy in management (curative/Palliative/ Adjuvant) • Arriving at the totality of symptoms • Remedy differentiation and final selection of remedy with appropriate use of repertory and referencing Materia Medica as a prescription decision tool • Documentation of the same REFLECTION • Arriving at a final diagnosis by appropriate interpretation of investigations • Formulate the totality; Miasmatic evolution of expression of disease use of repertory if necessary and or referencing Materia Medica to arrive at the selection of indicated remedy, potency, repetition with justification • Plan for assessment of the condition for evidence based medicine

Competency Based Learning Methods	• Peer-based learning methods-Problem-based, case based, Brainstorming, Bedside, Ward rounds, Out-patient based, Lab-Based, Flipped learning , Roleplay. • Individual – based learning methods –Self regulated learning, reflective learning, portfolio-based, library based, e-learning, simulations, spaced repetition, deliberate practice, formative self-assessment.
Assessments	• Continuous / Programmatic assessment. • Practical assessment. • Written assessment. • Assignment, MCQ, OSCE, Bed Side Examination, DOPS (Direct Observation of Procedural Skills), Mini CEX (Clinical Evaluation Exercise) Case based assessment, simulation based assessment, spotting, Standardised Patients, Portfolio, Rubrics, Viva voce. • SAQ, LAQ- Descriptive, Case Scenario, Clinical application based, Problem Based Assessment.
Prescribed Texts	Refer to list attached
Domains of Competencies	Knowledge and Scholarship / Patient Care / Homoeopathic Orientation / Communication skill/ Practice Based Learning/ / Professionalism
Learning Outcome	HOM-PG PM 21: BLOOD DISORDERS 7.1 LEUKOPENIA, LEUCOCYTOSIS, THROMBOCYTOPENIA, THROMBOCYTOSIS, PANCYTOPENIA KNOWLEDGE • Aetiopathogenesis, clinical presentation, diagnosis,

	investigations, complications of • Leukopenia, leucocytosis, thrombocytopenia, thrombocytosis, pancytopenia • Standard line of treatment • Principles of Management • Miasmatic expression of disease • Use of appropriate repertory , • Applied Materia Medica • Ancillary measures SKILLS • Case taking with physical examination to assess the vitals and elicit the signs to arrive at the provisional diagnosis. • Interpretation of investigations to confirm the diagnosis • Decision of acceptance or referral of case • Infer the miasm in a given case. • Role of Homoeopathy in management (Curative/Palliative/ Adjuvant) • Arriving at the totality of symptoms • Remedy differentiation and final selection of remedy with appropriate use of repertory and referencing Materia Medica as a prescription decision tool • Documentation of the same REFLECTION • Arriving at a final diagnosis by appropriate interpretation of investigations • Formulate the totality; Miasmatic evolution of expression of disease use of repertory if necessary and or referencing Materia Medica to arrive at the selection of indicated remedy, potency, repetition with

	justification Plan for assessment of the condition for evidence based medicine.
Competency Based Learning Methods	- Peer-based learning methods-Problem-based, case based, Brainstorming, Bedside, Ward rounds, Out-patient based, Lab-Based, Flipped learning , Roleplay. - Individual – based learning methods –Self regulated learning, reflective learning, portfolio-based, library based, e-learning, simulations, spaced repetition, deliberate practice, formative self-assessment.
Assessments	- Continuous / Programmatic assessment. - Practical assessment. - Written assessment. - Assignment, MCQ, OSCE, Bed Side Examination, DOPS (Direct Observation of Procedural Skills), Mini CEX (Clinical Evaluation Exercise) Case based assessment, simulation based assessment, spotting, Standardised Patients, Portfolio, Rubrics, Viva voce. - SAQ, LAQ- Descriptive, Case Scenario, Clinical application based, Problem Based Assessment.
Prescribed Texts	Refer to list attached
Domains of Competencies	Knowledge and Scholarship / Patient Care / Homoeopathic Orientation / Communication skill/ Practice Based Learning/ / Professionalism
Learning Outcome	7.2 ANAEMIA KNOWLEDGE Aetiopathogenesis, clinical presentation, diagnosis,

	investigations, complications of Iron deficiency anaemia, megaloblastic anaemia, chronic anaemia, haemolysis, congenital haemolysis, acquired haemolytic anaemia, haemoglobinopathies • Standard line of treatment • Principles of Management • Miasmatic expression of disease • Use of appropriate repertory , • Applied Materia Medica • Ancillary measures SKILLS • Case taking with physical examination to assess the vitals and elicit the signs to arrive at the provisional diagnosis. • Interpretation of investigations to confirm the diagnosis • Decision of acceptance or referral of case • Infer the miasm in a given case. • Role of Homoeopathy in management (Curative/Palliative/ Adjuvant) • Arriving at the totality of symptoms • Remedy differentiation and final selection of remedy with appropriate use of repertory and referencing Materia Medica as a prescription decision tool • Documentation of the same REFLECTION • Arriving at a final diagnosis by appropriate interpretation of investigations • Formulate the totality; Miasmatic evolution of expression of disease use of repertory if necessary and or referencing Materia Medica to arrive at the selection

	of indicated remedy, potency, repetition with justification • Plan for assessment of the condition for evidence based medicine.
Competency Based Learning Methods	• Peer-based learning methods-Problem-based, case based, Brainstorming, Bedside, Ward rounds, Out-patient based, Lab-Based, Flipped learning , Roleplay. • Individual – based learning methods –Self regulated learning, reflective learning, portfolio-based, library based, e-learning, simulations, spaced repetition, deliberate practice, formative self-assessment.
Assessments	• Continuous / Programmatic assessment. • Practical assessment. • Written assessment. • Assignment, MCQ, OSCE, Bed Side Examination, DOPS (Direct Observation of Procedural Skills), Mini CEX (Clinical Evaluation Exercise) Case based assessment, simulation based assessment, spotting, Standardised Patients, Portfolio, Rubrics, Viva voce. • SAQ, LAQ- Descriptive, Case Scenario, Clinical application based, Problem Based Assessment.
Prescribed Texts	Refer to list attached
Domains of Competencies	Knowledge and Scholarship / Patient Care / Homoeopathic Orientation / Communication skill/ Practice Based Learning/ / Professionalism
Learning Outcome	7.3 BLOOD PRODUCTS AND TRANSFUSION

	KNOWLEDGE • Different types of blood products • Procedure of blood and blood product transfusion • Indications and contraindications of transfusion • Adverse effects of transfusion SKILLS • Appropriate use of various blood products after confirming the diagnosis through interpretation of investigations. • Standard procedures for pre- transfusion samples and administering transfusion • Decision of acceptance or referral of case • Documentation of the same REFLECTION • Plan for assessment of a progress of the condition for evidence based medicine
Competency Based Learning Methods	• Peer-based learning methods-Problem-based, case based, Brainstorming, Bedside, Ward rounds, Out-patient based, Lab-Based, Flipped learning , Roleplay. • Individual – based learning methods –Self regulated learning, reflective learning, portfolio-based, library based, e-learning, simulations, spaced repetition, deliberate practice, formative self-assessment.
Assessments	• Continuous / Programmatic assessment. • Practical assessment. • Written assessment. • Assignment, MCQ, OSCE, Bed Side Examination, DOPS (Direct Observation of Procedural Skills), Mini CEX (Clinical Evaluation

	Exercise) Case based assessment, simulation based assessment, spotting, Standardised Patients, Portfolio, Rubrics, Viva voce. • SAQ, LAQ- Descriptive, Case Scenario, Clinical application based, Problem Based Assessment.
Prescribed Texts	Refer to list attached
Domains of Competencies	Knowledge and Scholarship / Patient Care / Homoeopathic Orientation / Communication skill/ Practice Based Learning/ / Professionalism
Learning Outcome	7.4 HAEMATOLOGICAL MALIGNANCIES KNOWLEDGE • Aetiopathogenesis, clinical presentation, diagnosis, investigations, complications of leukaemia, lymphomas, paraproteinaemias, aplastic anaemia • Standard line of treatment • Scope and limitations of Homoeopathy • Principles of Management • Miasmatic expression of disease • Use of appropriate repertory , • Applied Materia Medica • Ancillary measures SKILLS • Case taking with physical examination to assess the vitals and elicit the signs to arrive at the provisional diagnosis. • Interpretation of investigations to confirm the diagnosis • Decision of acceptance or referral of case

	• Infer the miasm in a given case. • Role of Homoeopathy in management (Curative/Palliative/ Adjuvant) • Arriving at the totality of symptoms • Remedy differentiation and final selection of remedy with appropriate use of repertory and referencing Materia Medica as a prescription decision tool • Documentation of the same REFLECTION • Arriving at a final diagnosis by appropriate interpretation of investigations • Formulate the totality; Miasmatic evolution of expression of disease use of repertory if necessary and or referencing Materia Medica to arrive at the selection of indicated remedy, potency, repetition with justification • Plan for assessment of the condition for evidence based medicine
Competency Based Learning Methods	• Peer-based learning methods-Problem-based, case based, Brainstorming, Bedside, Ward rounds, Out-patient based, Lab-Based, Flipped learning , Roleplay. • Individual – based learning methods –Self regulated learning, reflective learning, portfolio-based, library based, e-learning, simulations, spaced repetition, deliberate practice, formative self-assessment.
Assessments	• Continuous / Programmatic assessment. • Practical assessment. • Written assessment. • Assignment, MCQ, OSCE, Bed Side Examination, DOPS (Direct

	Observation of Procedural Skills), Mini CEX (Clinical Evaluation Exercise) Case based assessment, simulation based assessment, spotting, Standardised Patients, Portfolio, Rubrics, Viva voce. • SAQ, LAQ- Descriptive, Case Scenario, Clinical application based, Problem Based Assessment.
Prescribed Texts	Refer to list attached
Domains of Competencies	Knowledge and Scholarship / Patient Care / Homoeopathic Orientation / Communication skill/ Practice Based Learning/ / Professionalism
Learning Outcome	7.5 MYELOPROLIFERATIVE DISORDERS KNOWLEDGE • Aetiopathogenesis, clinical presentation, diagnosis, investigations, complications of myelofibrosis • Standard line of treatment • Scope and limitations of Homoeopathy • Principles of Management • Miasmatic expression of disease • Use of appropriate repertory , • Applied Materia Medica • Ancillary measures SKILLS • Case taking with physical examination to assess the vitals and elicit the signs to arrive at the provisional diagnosis. • Interpretation of investigations to confirm the diagnosis • Decision of acceptance or referral of case • Infer the miasm in a given case.

	• Role of Homoeopathy in management (Curative/Palliative/ Adjuvant) • Arriving at the totality of symptoms • Remedy differentiation and final selection of remedy with appropriate use of repertory and referencing Materia Medica as a prescription decision tool • Documentation of the same REFLECTION • Arriving at a final diagnosis by appropriate interpretation of investigations • Formulate the totality; Miasmatic evolution of expression of disease use of repertory if necessary and or referencing Materia Medica to arrive at the selection of indicated remedy, potency, repetition with justification • Plan for assessment of the condition for evidence based medicine
Competency Based Learning Methods	• Peer-based learning methods-Problem-based, case based, Brainstorming, Bedside, Ward rounds, Out-patient based, Lab-Based, Flipped learning , Roleplay. • Individual – based learning methods –Self regulated learning, reflective learning, portfolio-based, library based, e-learning, simulations, spaced repetition, deliberate practice, formative self-assessment.
Assessments	• Continuous / Programmatic assessment. • Practical assessment. • Written assessment. • Assignment, MCQ, OSCE, Bed Side Examination, DOPS (Direct Observation of Procedural Skills), Mini CEX (Clinical Evaluation

	Exercise) Case based assessment, simulation based assessment, spotting, Standardised Patients, Portfolio, Rubrics, Viva voce. • SAQ, LAQ- Descriptive, Case Scenario, Clinical application based, Problem Based Assessment.
Prescribed Texts	Refer to list attached
Domains of Competencies	Knowledge and Scholarship / Patient Care / Homoeopathic Orientation / Communication skill/ Practice Based Learning/ / Professionalism
Learning Outcome	7.6 BLEEDING DISORDERS KNOWLEDGE • Aetiopathogenesis, clinical presentation, diagnosis, investigations, complications of disorders of primary haemostasis, vessel wall abnormalities, platelet functional disorders, coagulation disorders, congenital bleeding disorders, acquired bleeding disorders • Standard line of treatment • Principles of Management • Miasmatic expression of disease • Use of appropriate repertory , • Applied Materia Medica • Ancillary measures SKILLS • Case taking with physical examination to assess the vitals and elicit the signs to arrive at the provisional diagnosis. • Interpretation of investigations to confirm the diagnosis

	• Decision of acceptance or referral of case • Infer miasm in a given case. • Role of Homoeopathy in management (Curative/Palliative/ Adjuvant) • Arriving at the totality of symptoms • Remedy differentiation and final selection of remedy with appropriate use of repertory and referencing Materia Medica as a prescription decision tool • Documentation of the same REFLECTION • Arriving at a final diagnosis by appropriate interpretation of investigations • Formulate the totality; Miasmatic evolution of expression of disease use of repertory if necessary and or referencing Materia Medica to arrive at the selection of indicated remedy, potency, repetition with justification • Plan for assessment of the condition for evidence based medicine
Competency Based Learning Methods	• Peer-based learning methods-Problem-based, case based, Brainstorming, Bedside, Ward rounds, Out-patient based, Lab-Based, Flipped learning , Roleplay. • Individual – based learning methods –Self regulated learning, reflective learning, portfolio-based, library based, e-learning, simulations, spaced repetition, deliberate practice, formative self-assessment.
Assessments	• Continuous / Programmatic assessment. • Practical assessment. • Written assessment.

	• Assignment, MCQ, OSCE, Bed Side Examination, DOPS (Direct Observation of Procedural Skills), Mini CEX (Clinical Evaluation Exercise) Case based assessment, simulation based assessment, spotting, Standardised Patients, Portfolio, Rubrics, Viva voce. • SAQ, LAQ- Descriptive, Case Scenario, Clinical application based, Problem Based Assessment. Refer to list attached
Prescribed Texts	Knowledge and Scholarship / Patient Care / Homoeopathic Orientation / Communication skill/ Practice Based Learning/ / Professionalism
Domains of Competencies	
Learning Outcome	7.7 VENOUS THROMBOSIS KNOWLEDGE • Aetiopathogenesis, clinical presentation, diagnosis, investigations, complications of Haematological disorders predisposing to venous thromboembolism. • Standard line of treatment • Principles of Management • Miasmatic expression of disease • Use of appropriate repertory , • Applied Materia Medica • Ancillary measures SKILLS • Case taking with physical examination to assess the vitals and elicit the signs to arrive at the provisional

	diagnosis. • Interpretation of investigations to confirm the diagnosis • Decision of acceptance or referral of case • Infer the miasm in a given case. • Role of Homoeopathy in management (Curative/Palliative/ Adjuvant) • Arriving at the totality of symptoms • Remedy differentiation and final selection of remedy with appropriate use of repertory and referencing Materia Medica as a prescription decision tool • Documentation of the same REFLECTION • Arriving at a final diagnosis by appropriate interpretation of investigations • Formulate the totality; Miasmatic evolution of expression of disease use of repertory if necessary and or referencing Materia Medica to arrive at the selection of indicated remedy, potency, repetition with justification • Plan for assessment of the condition for evidence based medicine
Competency Based Learning Methods	• Peer-based learning methods-Problem-based, case based, Brainstorming, Bedside, Ward rounds, Out-patient based, Lab-Based, Flipped learning, Roleplay. • Individual – based learning methods –Self regulated learning, reflective learning, portfolio-based, library based, e-learning, simulations, spaced repetition, deliberate practice, formative self-assessment.
Assessments	• Continuous / Programmatic assessment. • Practical assessment.

	• Written assessment. • Assignment, MCQ, OSCE, Bed Side Examination, DOPS (Direct Observation of Procedural Skills), Mini CEX (Clinical Evaluation Exercise) Case based assessment, simulation based assessment, spotting, Standardised Patients, Portfolio, Rubrics, Viva voce. • SAQ, LAQ- Descriptive, Case Scenario, Clinical application based, Problem Based Assessment.
Prescribed Texts	Refer to list attached
Domains of Competencies	Knowledge and Scholarship / Patient Care / Homoeopathic Orientation / Communication skill/ Practice Based Learning/ / Professionalism
Learning Outcome	HOM-PG PM 22: MUSCULOSKELETAL DISEASES AND DISORDERS OF BONE METABOLISM KNOWLEDGE • Aetiopathogenesis, clinical features, investigations, complications of Musculoskeletal Diseases • standard line of treatment • scope and limitations of Homoeopathy • Miasmatic expression of disease • Use of appropriate repertory , • Applied Materia Medica SKILL • Case taking with physical examination to assess the vitals and elicit the signs to arrive at the provisional diagnosis

	• Interpretation of investigations to confirm the diagnosis • Decision of acceptance or referral of case • Infer the miasm in a given case. • Role of homoeopathy in management - (curative/ palliative /adjuvant) • Arriving at the totality of the symptoms of the case • Remedy differentiation and final selection of remedy with appropriate use of repertory and referring Materia Medica as a prescription decision tool REFLECTION • Arriving at a final diagnosis by appropriate interpretation of investigations • Formulate the totality, use of repertory if necessary and or referring Materia Medica to arrive at selection of indicated remedy
Competency Based Learning Methods	• Peer-based learning methods-Problem-based, case based, Brainstorming, Bedside, Ward rounds, Out-patient based, Lab-Based, Flipped learning, Roleplay. • Individual – based learning methods –Self regulated learning, reflective learning, portfolio-based, library based, e-learning, simulations, spaced repetition, deliberate practice, formative self-assessment.
Assessments	• Continuous / Programmatic assessment. • Practical assessment. • Written assessment. • Assignment, MCQ, OSCE, Bed Side Examination, DOPS (Direct Observation of Procedural Skills), Mini CEX (Clinical Evaluation Exercise) Case based assessment, simulation based assessment,

	spotting, Standardised Patients, Portfolio, Rubrics, Viva voce. • SAQ, LAQ- Descriptive, Case Scenario, Clinical application based, Problem Based Assessment.
Prescribed Texts	Refer to list attached
Domains of Competencies	Knowledge and Scholarship / Patient Care / Homoeopathic Orientation / Communication skill/ Practice Based Learning/ / Professionalism
Learning Outcome	8.1 DEGENERATIVE JOINT DISEASES KNOWLEDGE • Epidemiology aetio-pathogenesis, clinical features, investigations, complications • standard line of Osteoarthritis and other degenerative joint disorder • Key management goals • Ancillary measures • Miasmatic expression of disease • Use of appropriate repertory , • Applied Materia Medica SKILL • Case taking with physical examination to assess stage of disease and elicit the signs to arrive at the provisional diagnosis • Interpretation of investigations to confirm the diagnosis • Decision of acceptance or referral of case

	• Infer the miasm in a given case. • Role of homoeopathy in management - (curative/ palliative /adjuvant) • Arriving at the totality of the symptoms of the case • Miasmatic evolution of expression of disease • Remedy differentiation and final selection of remedy with appropriate use of repertory and referencing Materia Medica as a prescription decision tool REFLECTION • Arriving at a final diagnosis by appropriate interpretation of investigations • Formulate the totality, use of repertory if necessary and or referencing Materia Medica to arrive at selection of indicated remedy with Posology.
Competency Based Learning Methods	• Peer-based learning methods-Problem-based, case based, Brainstorming, Bedside, Ward rounds, Out-patient based, Lab-Based, Flipped learning , Roleplay. • Individual – based learning methods –Self regulated learning, reflective learning, portfolio-based, library based, e-learning, simulations, spaced repetition, deliberate practice, formative self-assessment.
Assessments	• Continuous / Programmatic assessment. • Practical assessment. • Written assessment. • Assignment, MCQ, OSCE, Bed Side Examination, DOPS (Direct Observation of Procedural Skills), Mini CEX (Clinical Evaluation

	Exercise) Case based assessment, simulation based assessment, spotting, Standardised Patients, Portfolio, Rubrics, Viva voce. • SAQ, LAQ- Descriptive, Case Scenario, Clinical application based, Problem Based Assessment.
Prescribed Texts	Refer to list attached
Domains of Competencies	Knowledge and Scholarship / Patient Care / Homoeopathic Orientation / Communication skill/ Practice Based Learning/ / Professionalism
Learning Outcome	8.2 INFLAMMATORY JOINT DISEASES KNOWLEDGE • Epidemiology aetio-pathogenesis, clinical features, investigations, complications – Rheumatoid arthritis, Seronegative Spondyloarthritis, Crystal- Associated Disease, Gout, Calcium Pyrophosphate Dehydrate Crystal Deposition Disease (CPPD), Bone and Joint Infection, Septic Arthritis, Viral Arthritis, Juvenile idiopathic arthritis. • Key management goals • Standard line of treatment • Ancillary measures • Miasmatic expression of disease • Use of appropriate repertory , • Applied Materia Medica SKILL • Case taking with physical examination to assess progress of disease, development of extra articular

	manifestations (if any) and elicit the signs to arrive at the provisional diagnosis • Interpretation of investigations to confirm the diagnosis • Decision of acceptance or referral of case • Infer the miasm in a given case. • Role of homoeopathy in management - (curative/ palliative /adjuvant) • Arriving at the totality of the symptoms of the case • Remedy differentiation and final selection of remedy with appropriate use of repertory and referring Materia Medica as a prescription decision tool REFLECTION • Arriving at a final diagnosis by appropriate interpretation of investigations • Formulate the totality, use of repertory if necessary and or referring Materia Medica to arrive at selection of indicated remedy • Orient patient and family about the disease condition and time required for recovery and importance of ancillary measures
Competency Based Learning Methods	• Peer-based learning methods-Problem-based, case based, Brainstorming, Bedside, Ward rounds, Out-patient based, Lab-Based, Flipped learning , Roleplay. • Individual – based learning methods –Self regulated learning, reflective learning, portfolio-based, library based, e-learning, simulations, spaced repetition, deliberate practice, formative self-assessment.
Assessments	• Continuous / Programmatic assessment. • Practical assessment. • Written assessment.

	• Assignment, MCQ, OSCE, Bed Side Examination, DOPS (Direct Observation of Procedural Skills), Mini CEX (Clinical Evaluation Exercise) Case based assessment, simulation based assessment, spotting, Standardised Patients, Portfolio, Rubrics, Viva voce. • SAQ, LAQ- Descriptive, Case Scenario, Clinical application based, Problem Based Assessment.
Prescribed Texts	Refer to list attached
Domains of Competencies	Knowledge and Scholarship / Patient Care / Homoeopathic Orientation / Communication skill/ Practice Based Learning/ / Professionalism
Learning Outcome	8.3 FIBROMYALGIA KNOWLEDGE • Epidemiology aetio-pathogenesis, clinical features, investigations, • Principles of Management • Miasmatic expression of disease • Use of appropriate repertory , • Applied Materia Medica • Ancillary measures SKILL • Case taking with physical examination and elicit the signs to arrive at the provisional diagnosis • Interpretation of investigations to confirm the diagnosis • Role of homoeopathy in management - (curative/ palliative /adjuvant) • Infer the miasm in a given case.

	• Arriving at the totality of the symptoms of the case. • Remedy differentiation and final selection of remedy with appropriate use of repertory and referring Materia Medica as a prescription decision tool REFLECTION • Arriving at a final diagnosis by clinical assessment and appropriate interpretation of investigations. • Educate the patient concerning the nature of problem and non inflammatory cause of chronic pain. • Formulate the totality, use of repertory if necessary and or referring. • Materia Medica to arrive at selection of indicated remedy.
Competency Based Learning Methods	• Peer-based learning methods-Problem-based, case based, Brainstorming, Bedside, Ward rounds, Out-patient based, Lab-Based, Flipped learning , Roleplay. • Individual – based learning methods –Self regulated learning, reflective learning, portfolio-based, library based, e-learning, simulations, spaced repetition, deliberate practice, formative self-assessment.
Assessments	• Continuous / Programmatic assessment. • Practical assessment. • Written assessment. • Assignment, MCQ, OSCE, Bed Side Examination, DOPS (Direct Observation of Procedural Skills), Mini CEX (Clinical Evaluation Exercise) Case based assessment, simulation based assessment, spotting, Standardised Patients, Portfolio, Rubrics, Viva voce. • SAQ, LAQ- Descriptive, Case Scenario, Clinical application based, Problem Based Assessment.

Prescribed Texts	Refer to list attached
Domains of Competencies	Knowledge and Scholarship / Patient Care / Homoeopathic Orientation / Communication skill/ Practice Based Learning/ / Professionalism
Learning Outcome	8.4 DISEASES OF THE BONE KNOWLEDGE • aetio-pathogenesis, clinical features, investigations, complications • standard line of treatment – Goals of management of Osteoporosis, Osteomalacia and rickets, Paget’s Disease, Cancer associated bone disease • Scope and limitations of Homoeopathy • Miasmatic expression of disease • Use of appropriate repertory , • Applied Materia Medica SKILL • Case taking with physical examination to assess and elicit the signs to arrive at the provisional diagnosis • Interpretation of investigations to confirm the diagnosis • Decision of acceptance or referral of case • Infer the miasm in a given case. • Role of homoeopathy in management - (curative/ palliative /adjuvant) • Arriving at the totality of the symptoms of the case • Remedy differentiation and final selection of remedy with appropriate use of repertory and referencing

	Materia Medica as a prescription decision tool REFLECTION • Arriving at a final diagnosis by appropriate interpretation of investigations • Formulate the totality, use of repertory if necessary and or referring Materia Medica to arrive at selection of indicated remedy • Orient the patient and family about the nature of disease , time required for recovery and preventive measures
Competency Based Learning Methods	• Peer-based learning methods-Problem-based, case based, Brainstorming, Bedside, Ward rounds, Out-patient based, Lab-Based, Flipped learning, Roleplay. • Individual – based learning methods –Self regulated learning, reflective learning, portfolio-based, library based, e-learning, simulations, spaced repetition, deliberate practice, formative self-assessment.
Assessments	• Continuous / Programmatic assessment. • Practical assessment. • Written assessment. • Assignment, MCQ, OSCE, Bed Side Examination, DOPS (Direct Observation of Procedural Skills), Mini CEX (Clinical Evaluation Exercise) Case based assessment, simulation based assessment, spotting, Standardised Patients, Portfolio, Rubrics, Viva voce. • SAQ, LAQ- Descriptive, Case Scenario, Clinical application based, Problem Based Assessment.
Prescribed Texts	Refer to list attached

Domains of Competencies	Knowledge and Scholarship / Patient Care / Homoeopathic Orientation / Communication skill/ Practice Based Learning/ / Professionalism
Learning Outcome	8.5 SYSTEMIC CONNECTIVE TISSUE DISEASES KNOWLEDGE • Aetio-pathogenesis, clinical features, investigations, complications of Systemic lupus erythematosus (SLE) Systemic Scleroderma, Mixed Connective tissue disorder, Sjogren's Syndrome, Polymyositis and Dermatomyositis , systemic vasculitis, Polymyalgia, Rheumatica, Giant cell arthritis, Takayasu's Arteritis, Polyarteritis Nodosa, Kawasaki disease, Small vessel disease of arthritis, veins and capillaries and other forms of Vasculitis • Standard line of treatment • Goals of management • Ancillary measures • Miasmatic expression of disease • Use of appropriate repertory , • Applied Materia Medica SKILL • Case taking with physical examination to assess and elicit the signs to arrive at the provisional diagnosis • Interpretation of investigations to confirm the diagnosis • Decision of acceptance or referral of case • Infer the miasm in a given case. • Role of homoeopathy in management - (curative/ palliative /adjuvant)

	• Arriving at the totality of the symptoms of the case • Remedy differentiation and final selection of remedy with appropriate use of repertory and referring Materia Medica as a prescription decision tool REFLECTION • Arriving at a final diagnosis by appropriate interpretation of investigations • Formulate the totality, use of repertory if necessary and or referring Materia Medica to arrive at selection of indicated remedy
Competency Based Learning Methods	• Peer-based learning methods-Problem-based, case based, Brainstorming, Bedside, Ward rounds, Out-patient based, Lab-Based, Flipped learning , Roleplay. • Individual – based learning methods –Self regulated learning, reflective learning, portfolio-based, library based, e-learning, simulations, spaced repetition, deliberate practice, formative self-assessment.
Assessments	• Continuous / Programmatic assessment. • Practical assessment. • Written assessment. • Assignment, MCQ, OSCE, Bed Side Examination, DOPS (Direct Observation of Procedural Skills), Mini CEX (Clinical Evaluation Exercise) Case based assessment, simulation based assessment, spotting, Standardised Patients, Portfolio, Rubrics, Viva voce. • SAQ, LAQ- Descriptive, Case Scenario, Clinical application based, Problem Based Assessment.
Prescribed Texts	Refer to list attached

Domains of Competencies	Knowledge and Scholarship / Patient Care / Homoeopathic Orientation / Communication skill/ Practice Based Learning/ / Professionalism
Learning Outcome	8.6 MUSCULOSKELETAL MANIFESTATIONS OF DISEASE IN OTHER SYSTEMS KNOWLEDGE • Aetio-pathogenesis, clinical features, investigations, complications of malignant disease, endocrine disease, metabolic disorder, sarcoidosis, neuropathic Joints • standard line of treatment • scope and limitations of Homoeopathy • Goals of management • Miasmatic expression of disease • Use of appropriate repertory , • Applied Materia Medica SKILL • Case taking with physical examination to assess and elicit the signs to arrive at the provisional diagnosis • Interpretation of investigations to confirm the diagnosis • Decision of acceptance or referral of case • Infer the miasm in a given case. • Role of homoeopathy in management - (curative/ palliative /adjuvant) • Arriving at the totality of the symptoms of the case • Remedy differentiation and final selection of remedy with appropriate use of repertory and referring Materia Medica as a prescription decision tool REFLECTION

	• Arriving at a final diagnosis by appropriate interpretation of investigations • Formulate the totality, use of repertory if necessary and or referring Materia Medica to arrive at selection of indicated remedy, Orient the patient about the nature of disease, time required for recovery and preventive measures
Competency Based Learning Methods	• Peer-based learning methods-Problem-based, case based, Brainstorming, Bedside, Ward rounds, Out-patient based, Lab-Based, Flipped learning, Roleplay. • Individual – based learning methods –Self regulated learning, reflective learning, portfolio-based, library based, e-learning, simulations, spaced repetition, deliberate practice, formative self-assessment.
Assessments	• Continuous / Programmatic assessment. • Practical assessment. • Written assessment. • Assignment, MCQ, OSCE, Bed Side Examination, DOPS (Direct Observation of Procedural Skills), Mini CEX (Clinical Evaluation Exercise) Case based assessment, simulation based assessment, spotting, Standardised Patients, Portfolio, Rubrics, Viva voce. • SAQ, LAQ- Descriptive, Case Scenario, Clinical application based, Problem Based Assessment.
Prescribed Texts	Refer to list attached
Domains of Competencies	Knowledge and Scholarship / Patient Care / Homoeopathic Orientation / Communication skill/ Practice Based Learning/ Professionalism
Learning Outcome	8.7 MISCELLANEOUS MUSCULOSKELETAL CONDITIONS

	KNOWLEDGE • Aetio-pathogenesis, clinical features, investigations, complications of miscellaneous musculoskeletal conditions for eg Osteogenesis imperfecta, Osteopetrosis , Osteosclerosis inherited connective tissue disorders • Standard line of treatment • Scope and limitations of Homoeopathy • Miasmatic expression of disease • Use of appropriate repertory, • Applied Materia Medica SKILL • Case taking with physical examination and elicit the signs to arrive at the provisional diagnosis of rare musculoskeletal conditions • Interpretation of investigations to confirm the diagnosis • Miasmatic evolution of expression of Disease • Role of homoeopathy in management - (curative/ palliative /adjuvant) • Infer miasm in a given case. • Arriving at the totality of the symptoms of the case • Remedy differentiation and final selection of remedy with appropriate use of repertory and referring Materia Medica as a prescription decision tool REFLECTION • Arriving at a final diagnosis by appropriate interpretation of investigations • Formulate the totality, use of repertory if necessary and or referring Materia Medica to arrive at selection of indicated remedy

	- Assess the stage of clinical condition to define the role of Homoeopathy. - Orient the patient and family about the nature of disease , time required for recovery and preventive measures
Competency Based Learning Methods	- Peer-based learning methods-Problem-based, case based, Brainstorming, Bedside, Ward rounds, Out-patient based, Lab-Based, Flipped learning , Roleplay. - Individual – based learning methods –Self regulated learning, reflective learning, portfolio-based, library based, e-learning, simulations, spaced repetition, deliberate practice, formative self-assessment.
Assessments	- Continuous / Programmatic assessment. - Practical assessment. - Written assessment. - Assignment, MCQ, OSCE, Bed Side Examination, DOPS (Direct Observation of Procedural Skills), Mini CEX (Clinical Evaluation Exercise) Case based assessment, simulation based assessment, spotting Standardised Patients, Portfolio, Rubrics, Viva voce. - SAQ, LAQ- Descriptive, Case Scenario, Clinical application based, Problem Based Assessment.
Prescribed Texts	Refer to list attached
Domains of Competencies	Knowledge and Scholarship / Patient Care / Homoeopathic Orientation / Communication skill/ Practice Based Learning/ / Professionalism
Learning Outcome	HOM-PG PM 23: NEUROLOGICAL DISEASE 9.1 CEREBRO- VASCULAR DISEASES

	KNOWLEDGE • aetio-pathogenesis, epidemiology, clinical features, investigations, complications of • Cerebrovascular disease, Acute Focal Stroke, Cerebral Infarction, Intracerebral Haemorrhage, Subarachnoid Haemorrhage, Cerebral Venous disease • Standard line of treatment • Principles of acute management, • Miasmatic expression of disease • Use of appropriate repertory , • Applied Materia Medica • Rehabilitation and secondary prevention SKILL • Case taking with physical examination to assess the vitals and elicit the signs to arrive at the provisional diagnosis with understanding of Focal area affected and progression of stroke for preventing major damage of functions, thus assessing the stage and progress of Disease • Miasmatic evolution of the expression of disease • Interpretation of investigations to confirm the diagnosis • Decision of acceptance or referral of case • Infer miasm in a given case. • Role of homoeopathy in management - (curative/ palliative /adjuvant) • Specially nursing care, rehabilitative measures and planning for secondary prevention • Arriving at the totality of the symptoms of the case • Remedy differentiation and final selection of remedy with appropriate use of repertory and referring Materia

	Medica as a prescription decision tool • Documentation of the same REFLECTION • Arriving at a final diagnosis by appropriate interpretation of investigations • Referring the patient to stroke unit or neuro- surgical unit to minimize the damage • Define your role in management of the case and work as a member of inter-professional team • Formulate the totality, use of repertory if necessary and or referring Materia Medica to arrive at selection of indicated remedy
Competency Based Learning Methods	• Peer-based learning methods-Problem-based, case based, Brainstorming, Bedside, Ward rounds, Out-patient based, Lab-Based, Flipped learning , Roleplay. • Individual – based learning methods –Self regulated learning, reflective learning, portfolio-based, library based, e-learning, simulations, spaced repetition, deliberate practice, formative self-assessment.
Assessments	• Continuous / Programmatic assessment. • Practical assessment. • Written assessment. • Assignment, MCQ, OSCE, Bed Side Examination, DOPS (Direct Observation of Procedural Skills), Mini CEX (Clinical Evaluation Exercise) Case based assessment, simulation based assessment, spotting, Standardised Patients, Portfolio, Rubrics, Viva voce. • SAQ, LAQ- Descriptive, Case Scenario, Clinical application based, Problem Based Assessment.

Prescribed Texts	Refer to list attached
Domains of Competencies	Knowledge and Scholarship / Patient Care / Homoeopathic Orientation / Communication skill/ Practice Based Learning/ / Professionalism
Learning Outcome	9.2 INFLAMMATORY DISEASES OF CNS KNOWLEDGE • Aetio-pathogenesis, clinical features, investigations, complications – Multiple Sclerosis, Acute Disseminated Encephalomyelitis ,Acute Transverse Myelitis • standard line of treatment • Ancillary measures • Miasmatic expression of disease • Use of appropriate repertory , • Applied Materia Medica SKILL • Case taking with physical examination to assess the vitals and elicit the signs to arrive at the provisional • Interpretation of investigations to confirm the diagnosis • Miasmatic evolution of the expression of disease • Decision of acceptance or referral of case • Infer miasm in a given case • Role of homoeopathy in management - (curative/ palliative /adjuvant) • Arriving at the totality of the symptoms of the case • Remedy differentiation and final selection of remedy with appropriate use of repertory and referring Materia Medica as a prescription decision tool

	REFLECTION • Arriving at a final diagnosis by appropriate interpretation of investigations • Formulate the totality, use of repertory if necessary and or referring Materia Medica to arrive at selection of indicated remedy, work as a member of inter professional team , • Planning of assessment , criteria to assess the progress prognosis of the case
Competency Based Learning Methods	• Peer-based learning methods-Problem-based, case based, Brainstorming, Bedside, Ward rounds, Out-patient based, Lab-Based, Flipped learning , Roleplay. • Individual – based learning methods –Self regulated learning, reflective learning, portfolio-based, library based, e-learning, simulations, spaced repetition, deliberate practice, formative self-assessment.
Assessments	• Continuous / Programmatic assessment. • Practical assessment. • Written assessment. • Assignment, MCQ, OSCE, Bed Side Examination, DOPS (Direct Observation of Procedural Skills), Mini CEX (Clinical Evaluation Exercise) Case based assessment, simulation based assessment, spotting, Standardised Patients, Portfolio, Rubrics, Viva voce. • SAQ, LAQ- Descriptive, Case Scenario, Clinical application based, Problem Based Assessment.
Prescribed Texts	Refer to list attached
Domains of Competencies	Knowledge and Scholarship / Patient Care / Homoeopathic Orientation / Communication skill/ Practice Based Learning/ /

	Professionalism
Learning Outcome	9.3 DEGENERATIVE DISEASES KNOWLEDGE • aetio-pathogenesis, clinical features, investigations, complications – Degenerative causes of Dementia, Alzheimer’s Disease Parkinson’s Disease and Akinetic – Rigid syndromes, Wilson’s Disease, Huntigton’s Disease, Hereditary Ataxias, Motor Neuron Disease, Spinal Muscular Atrophies • standard line of treatment • Applied Materia Medica • Ancillary measures • Miasmatic expression of disease • Use of appropriate repertory, SKILL • Case taking with physical examination and elicit the signs to arrive at the provisional diagnosis • Interpretation of investigations to confirm the diagnosis • Decision of acceptance or referral of case • Infer miasm in a given case. • Role of homoeopathy in management - (curative/ palliative /adjuvant) • Arriving at the totality of the symptoms of the case • Remedy differentiation and final selection of remedy with appropriate use of repertory and referring Materia Medica as a prescription decision tool REFLECTION • Arriving at a final diagnosis by appropriate

	interpretation of investigations • Formulate the totality, use of repertory if necessary and or referring Materia Medica to arrive at selection of indicated remedy with appropriate potency and repetition • Defining the role as a member of interprofessional team • Planning of assessment criteria to assess the progress prognosis of the case
Competency Based Learning Methods	• Peer-based learning methods-Problem-based, case based, Brainstorming, Bedside, Ward rounds, Out-patient based, Lab-Based, Flipped learning , Roleplay. • Individual – based learning methods –Self regulated learning, reflective learning, portfolio-based, library based, e-learning, simulations, spaced repetition, deliberate practice, formative self-assessment.
Assessments	• Continuous / Programmatic assessment. • Practical assessment. • Written assessment. • Assignment, MCQ, OSCE, Bed Side Examination, DOPS (Direct Observation of Procedural Skills), Mini CEX (Clinical Evaluation Exercise) Case based assessment, simulation based assessment, spotting, Standardised Patients, Portfolio, Rubrics, Viva voce. • SAQ, LAQ- Descriptive, Case Scenario, Clinical application based, Problem Based Assessment.
Prescribed Texts	Refer to list attached
Domains of Competencies	Knowledge and Scholarship / Patient Care / Homoeopathic Orientation / Communication skill/ Practice Based Learning/ / Professionalism
Learning Outcome	9.4 DISEASES OF NERVES

	KNOWLEDGE • Aetio-pathogenesis, clinical features, investigations, complications – Disease of the Peripheral nervous system, Guillain Barre syndrome, Entrapment neuropathies, Diseases affecting cranical nerves, Idiopathic facial nerve palsy, • Standard line of treatment • Applied Materia Medica • Ancillary measures • Miasmatic expression of disease • Use of appropriate repertory SKILL • Case taking with physical examination and to assess and elicit the signs to arrive at the provisional diagnosis • Interpretation of investigations to confirm the diagnosis • Decision of acceptance or referral of case • Infer the miasm in a given case. • Role of homoeopathy in management - (curative/ palliative /adjuvant) • Arriving at the totality of the symptoms of the case • Remedy differentiation and final selection of remedy with appropriate use of repertory and referring Materia Medica as a prescription decision tool REFLECTION • Arriving at a final diagnosis by appropriate interpretation of investigations • Formulate the totality, use of repertory if necessary and or referring Materia Medica to arrive at selection of

	indicated remedy potency, repetition with its justification Defining the role as a member of interprofessional team
Competency Based Learning Methods	- Peer-based learning methods-Problem-based, case based, Brainstorming, Bedside, Ward rounds, Out-patient based, Lab-Based, Flipped learning , Roleplay. - Individual – based learning methods –Self regulated learning, reflective learning, portfolio-based, library based, e-learning, simulations, spaced repetition, deliberate practice, formative self-assessment.
Assessments	- Continuous / Programmatic assessment. - Practical assessment. - Written assessment. - Assignment, MCQ, OSCE, Bed Side Examination, DOPS (Direct Observation of Procedural Skills), Mini CEX (Clinical Evaluation Exercise) Case based assessment, simulation based assessment, spotting, Standardised Patients, Portfolio, Rubrics, Viva voce. - SAQ, LAQ- Descriptive, Case Scenario, Clinical application based, Problem Based Assessment.
Prescribed Texts	Refer to list attached
Domains of Competencies	Knowledge and Scholarship / Patient Care / Homoeopathic Orientation / Communication skill/ Practice Based Learning/ / Professionalism
Learning Outcome	9.5 DISORDERS OF MUSCLES KNOWLEDGE Aetio-pathogenesis, clinical features, investigations, complications – Disease of Disorders of the Neuromuscular junction, Myasthenia Gravis, Diseases

	of muscle, Muscular Dystrophies, Inflammatory myopathy/ polymyositis • Standard line of treatment • Miasmatic expression of disease • Use of appropriate repertory , • Applied Materia Medica • Ancillary measures SKILL • Case taking with physical examination and to assess and elicit the signs to arrive at the provisional diagnosis • Interpretation of investigations to confirm the diagnosis • Decision of acceptance or referral of case • Infer miasm in a given case. • Role of homoeopathy in management - (curative/ palliative /adjuvant) • Arriving at the totality of the symptoms of the case • Remedy differentiation and final selection of remedy with appropriate use of repertory and referring Materia Medica as a prescription decision tool REFLECTION • Arriving at a final diagnosis by appropriate interpretation of investigations • Formulate the totality, use of repertory if necessary and or referring Materia Medica to arrive at selection of indicated remedy potency, repetition with its justification • Defining the role as a member of inter professional team
Competency Based	• Peer-based learning methods-Problem-based, case based,

Learning Methods	Brainstorming, Bedside, Ward rounds, Out-patient based, Lab-Based, Flipped learning , Roleplay. Individual – based learning methods –Self regulated learning, reflective learning, portfolio-based, library based, e-learning, simulations, spaced repetition, deliberate practice, formative self-assessment.
Assessments	- Continuous / Programmatic assessment. - Practical assessment. - Written assessment. - Assignment, MCQ, OSCE, Bed Side Examination, DOPS (Direct Observation of Procedural Skills), Mini CEX (Clinical Evaluation Exercise) Case based assessment, simulation based assessment, spotting, Standardised Patients, Portfolio, Rubrics, Viva voce. - SAQ, LAQ- Descriptive, Case Scenario, Clinical application based, Problem Based Assessment.
Prescribed Texts	Refer to list attached
Domains of Competencies	Knowledge and Scholarship / Patient Care / Homoeopathic Orientation / Communication skill/ Practice Based Learning/ / Professionalism
Learning Outcome	9.5 DISORDERS OF SPINE AND SPINAL CORD KNOWLEDGE - Aetio-pathogenesis, clinical features, investigations, complications – Compression of Spinal Cord, Cervical Spondylosis with radiculopathy, CervicalSpondylotic Myelopathy, Lumbar disc Herniation Lumbar Canal stenosis, syringomyelia - Standard line of treatment

	• Miasmatic expression of disease • Use of appropriate repertory , • Applied Materia Medica • Ancillary measures SKILL • Case taking with physical examination to assess and elicit the signs to arrive at the provisional diagnosis • Interpretation of investigations to confirm the diagnosis • Decision of acceptance or referral of case • Infer the miasm in a given case • Role of homoeopathy in management - (curative/ palliative /adjuvant) • Arriving at the totality of the symptoms of the case • Remedy differentiation and final selection of remedy with appropriate use of repertory and referring Materia Medica as a prescription decision tool REFLECTION • Arriving at a final diagnosis by appropriate interpretation of investigations • Formulate the totality, use of repertory if necessary and or referring Materia Medica to arrive at selection of indicated remedy
Competency Based Learning Methods	• Peer-based learning methods-Problem-based, case based, Brainstorming, Bedside, Ward rounds, Out-patient based, Lab-Based, Flipped learning, Roleplay. • Individual – based learning methods –Self regulated learning, reflective learning, portfolio-based, library based, e-learning, simulations, spaced repetition, deliberate practice, formative self-assessment.

Assessments	• Continuous / Programmatic assessment. • Practical assessment. • Written assessment. • Assignment, MCQ, OSCE, Bed Side Examination, DOPS (Direct Observation of Procedural Skills), Mini CEX (Clinical Evaluation Exercise) Case based assessment, simulation based assessment, spotting, Standardised Patients, Portfolio, Rubrics, Viva voce. • SAQ, LAQ- Descriptive, Case Scenario, Clinical application based, Problem Based Assessment.
Prescribed Texts	Refer to list attached
Domains of Competencies	Knowledge and Scholarship / Patient Care / Homoeopathic Orientation / Communication skill/ Practice Based Learning/ / Professionalism
Learning Outcome	9.6 INFECTIONS OF NERVOUS SYSTEM KNOWLEDGE • Aetio-pathogenesis, clinical features, investigations, complications –standard line of treatment of Meningitis, Parenchymal viral infections, Parenchymal bacterial infections, Prion diseases: Transmissible spongiform, encephalopathies • Scope and limitations of Homoeopathy • Miasmatic expression of disease • Use of appropriate repertory , • Applied Materia Medica SKILL • Case taking with physical examination to assess the

	vitals and elicit the signs to arrive at the provisional diagnosis • Decision of acceptance or referral of case • Infer the miasm in a given case • Role of homoeopathy in management - (curative/ palliative /adjuvant) • Arriving at the totality of the symptoms of the case • Remedy differentiation and final selection of remedy with appropriate use of repertory and referring Materia Medica as a prescription decision tool REFLECTION • Arriving at a final diagnosis by appropriate interpretation of investigations • Formulate the totality, use of repertory if necessary and or referring Materia Medica to arrive at selection of indicated remedy • Defining the role as a member of inter professional team
Competency Based Learning Methods	• Peer-based learning methods-Problem-based, case based, Brainstorming, Bedside, Ward rounds, Out-patient based, Lab-Based, Flipped learning , Roleplay. • Individual – based learning methods –Self regulated learning, reflective learning, portfolio-based, library based, e-learning, simulations, spaced repetition, deliberate practice, formative self-assessment.
Assessments	• Continuous / Programmatic assessment. • Practical assessment. • Written assessment. • Assignment, MCQ, OSCE, Bed Side Examination, DOPS (Direct Observation of Procedural Skills), Mini CEX (Clinical Evaluation

	Exercise) Case based assessment, simulation based assessment, spotting, Standardised Patients, Portfolio, Rubrics, Viva voce. • SAQ, LAQ- Descriptive, Case Scenario, Clinical application based, Problem Based Assessment.
Prescribed Texts	Refer to list attached
Domains of Competencies	Knowledge and Scholarship / Patient Care / Homoeopathic Orientation / Communication skill/ Practice Based Learning/ / Professionalism
Learning Outcome	9.7 Intracranial mass lesions and Raised intracranial pressure KNOWLEDGE • Aetio-pathogenesis, clinical features, investigations, complications – Raised intracranial pressure, Intracranial Neoplasms, Neurofibromatosis, Acoustic Neuroma, Paraneoplastic, Neurological disease, Hydrocephalus, Idiopathic Intracranial Hypertension • Standard line of treatment • Scope and limitations of Homoeopathy • Miasmatic expression of disease • Use of appropriate repertory , • Applied Materia Medica SKILL • Case taking with physical examination to assess the vitals and elicit the signs to arrive at the provisional diagnosis • Decision of acceptance or referral of case • Infer the miasm in a given case

	• Role of homoeopathy in management - (curative/ palliative /adjuvant) • Arriving at the totality of the symptoms of the case • Remedy differentiation and final selection of remedy with appropriate use of repertory and referring Materia Medica as a prescription decision tool REFLECTION • Arriving at a final diagnosis by appropriate interpretation of investigations • Formulate the totality, use of repertory if necessary and or referring Materia Medica to arrive at selection of indicated remedy • Defining the role as a member of inter professional team
Competency Based Learning Methods	• Peer-based learning methods-Problem-based, case based, Brainstorming, Bedside, Ward rounds, Out-patient based, Lab-Based, Flipped learning , Roleplay. • Individual – based learning methods –Self regulated learning, reflective learning, portfolio-based, library based, e-learning, simulations, spaced repetition, deliberate practice, formative self-assessment.
Assessments	• Continuous / Programmatic assessment. • Practical assessment. • Written assessment. • Assignment, MCQ, OSCE, Bed Side Examination, DOPS (Direct Observation of Procedural Skills), Mini CEX (Clinical Evaluation Exercise) Case based assessment, simulation based assessment, spotting, Standardised Patients, Portfolio, Rubrics, Viva voce. • SAQ, LAQ- Descriptive, Case Scenario, Clinical application based, Problem Based Assessment.

Prescribed Texts	Refer to list attached
Domains of Competencies	Knowledge and Scholarship / Patient Care / Homoeopathic Orientation / Communication skill/ Practice Based Learning/ / Professionalism
Learning Outcome	HOM-PG PM 24: SKIN DISEASE (DERMATOLOGY) 10.1 SKIN MANIFESTATIONS IN SYSTEMIC DISEASE KNOWLEDGE • Aetiopathogenesis, clinical presentation, differential diagnosis, complications and investigations of • Neurofibromatosis, Tuberous Sclerosis, Xanthomas, Amyloidosis, Porphyria, Sarcoidosis, Erythema Multiforme, Erythema Nodosum, Pyoderma Gangrenosum, Acanthosis Nigricans, Necrobiosis Lipoidica, Granuloma Annulare, Drug Eruptions, • Principles of Management • Miasmatic expression of disease • Use of appropriate repertory , • Applied Materia Medica • Ancillary measures SKILL • Case taking and Physical Examination and elicit the signs to arrive at the provisional diagnosis • Interpretation of investigations • Decision about acceptance or referral of case • Infer the miasm in a given case • Role of Homoeopathy in management- curative/ palliative/ adjuvant • Arriving at the totality of symptoms of the case

	• Application of Repertory and referencing Materia Medica for selection of remedy • Documentation of the same REFLECTION • Interpretation of clinical findings and investigations if necessary to arrive at final diagnosis • Assessing the stage of clinical condition for defining the scope of Homoeopathy • Miasmatic evolution of expression of disease for planning the Homoeopathic management • Integrate the knowledge of Repertory and Materia Medica to arrive at final selection of remedy ,potency, repetition with justification • Plan for assessment of condition for evidence based practice
Competency Based Learning Methods	• Peer-based learning methods-Problem-based, case based, Brainstorming, Bedside, Ward rounds, Out-patient based, Lab-Based, Flipped learning , Roleplay. • Individual – based learning methods –Self regulated learning, reflective learning, portfolio-based, library based, e-learning, simulations, spaced repetition, deliberate practice, formative self-assessment.
Assessments	• Continuous / Programmatic assessment. • Practical assessment. • Written assessment. • Assignment, MCQ, OSCE, Bed Side Examination, DOPS (Direct Observation of Procedural Skills), Mini CEX (Clinical Evaluation Exercise) Case based assessment, simulation based assessment, spotting, Standardised Patients, Portfolio, Rubrics, Viva voce.

	• SAQ, LAQ- Descriptive, Case Scenario, Clinical application based, Problem Based Assessment.
Prescribed Texts	Refer to list attached
Domains of Competencies	Knowledge and Scholarship / Patient Care / Homoeopathic Orientation / Communication skill/ Practice Based Learning/ / Professionalism
Learning Outcome	10.2 ECZEMA KNOWLEDGE • Aetiopathogenesis, clinical presentation, differential diagnosis, complications and investigations of • Eczema • Principles of Management • Miasmatic expression of disease • Use of appropriate repertory , • Applied Materia Medica • Ancillary measures SKILL • Case taking and Physical Examination and elicit the signs to arrive at the provisional diagnosis • Interpretation of investigations • Decision about acceptance or referral of case • Infer the miasm in a given case • Role of Homoeopathy in management- curative/ palliative/ adjuvant • Arriving at the totality of symptoms of the case • Application of Repertory and referencing Materia Medica for selection of remedy

	• Documentation of the same REFLECTION • Interpretation of clinical findings and investigations if necessary to arrive at final diagnosis • Assessing the stage of clinical condition for defining the scope of Homoeopathy • Miasmatic evolution of expression of disease for planning the Homoeopathic management • Integrate the knowledge of Repertory and Materia Medica to arrive at final selection of remedy ,potency, repetition with justification • Plan for assessment of condition for evidence based practice
Competency Based Learning Methods	• Peer-based learning methods-Problem-based, case based, Brainstorming, Bedside, Ward rounds, Out-patient based, Lab-Based, Flipped learning , Roleplay. • Individual – based learning methods –Self regulated learning, reflective learning, portfolio-based, library based, e-learning, simulations, spaced repetition, deliberate practice, formative self-assessment.
Assessments	• Continuous / Programmatic assessment. • Practical assessment. • Written assessment. • Assignment, MCQ, OSCE, Bed Side Examination, DOPS (Direct Observation of Procedural Skills), Mini CEX (Clinical Evaluation Exercise) Case based assessment, simulation based assessment, spotting, Standardised Patients, Portfolio, Rubrics, Viva voce. • SAQ, LAQ- Descriptive, Case Scenario, Clinical application based, Problem Based Assessment.

Prescribed Texts	Refer to list attached
Domains of Competencies	Knowledge and Scholarship / Patient Care / Homoeopathic Orientation / Communication skill/ Practice Based Learning/ / Professionalism
Learning Outcome	10.3 URTICARIA KNOWLEDGE • Aetiopathogenesis, clinical presentation, differential diagnosis, complications and investigations of • Urticaria, Photo sensitivity, blisters, leg ulcers, vulval itch • Principles of Management • Miasmatic expression of disease • Use of appropriate repertory , • Applied Materia Medica SKILL • Ancillary measures • Case taking and Physical Examination and elicit the signs to arrive at the provisional diagnosis • Interpretation of investigations • Decision about acceptance or referral of case • Infer the miasm in a given case • Role of Homoeopathy in management- curative/ palliative/ adjuvant • Arriving at the totality of symptoms of the case • Application of Repertory and referencing Materia Medica for selection of remedy • Documentation of the same

	REFLECTION • Interpretation of clinical findings and investigations if necessary to arrive at final diagnosis • Assessing the stage of clinical condition for defining the scope of Homoeopathy • Miasmatic evolution of expression of disease for planning the Homoeopathic management • Integrate the knowledge of Repertory and Materia Medica to arrive at final selection of remedy ,potency, repetition with justification • Plan for assessment of progress of condition for evidence based practice
Competency Based Learning Methods	• Peer-based learning methods-Problem-based, case based, Brainstorming, Bedside, Ward rounds, Out-patient based, Lab-Based, Flipped learning , Roleplay. • Individual – based learning methods –Self regulated learning, reflective learning, portfolio-based, library based, e-learning, simulations, spaced repetition, deliberate practice, formative self-assessment.
Assessments	• Continuous / Programmatic assessment. • Practical assessment. • Written assessment. • Assignment, MCQ, OSCE, Bed Side Examination, DOPS (Direct Observation of Procedural Skills), Mini CEX (Clinical Evaluation Exercise) Case based assessment, simulation based assessment, spotting, Standardised Patients, Portfolio, Rubrics, Viva voce. • SAQ, LAQ- Descriptive, Case Scenario, Clinical application based, Problem Based Assessment.

Prescribed Texts	Refer to list attached
Domains of Competencies	Knowledge and Scholarship / Patient Care / Homoeopathic Orientation / Communication skill/ Practice Based Learning/ / Professionalism
Learning Outcome	10.4 PSORIASIS AND OTHER ERYTHEMATOUS SCALY ERUPTIONS KNOWLEDGE OF • Aetiopathogenesis, clinical presentation, differential diagnosis, investigations, complications of • Stable Plaque Psoriasis, Guttate Psoriasis, Erythrodermic Psoriasis, Pustular Psoriasis, Lichen Planus, • Principles of Management • Miasmatic expression of disease • Use of appropriate repertory , • Applied Materia Medica • Ancillary measures SKILL • Case taking with Physical Examination to elicit the signs to arrive at the provisional diagnosis • Interpretation of investigations to confirm the diagnosis • Role of Homoeopathy in management- curative/ palliative / adjuvant • Infer the miasm in a given case • Arriving at the totality of symptoms of the case • Remedy differentiation and final selection of remedy with appropriate use of repertory and referencing Materia Medica as a prescription decision tool

	• Documentation of the same REFLECTION • Confirm the final diagnosis with appropriate laboratory, radiological investigations and its interpretation. • Recognise the stage of disease pathology correlating with miasmatic evaluation of disease to define scope and limitations of homoeopathy • Formulate the totality; use of repertory if necessary and or referencing Materia Medica to arrive at the selection of indicated remedy, potency, repetition with justification • Plan for assessment of the condition for evidence based medicine
Competency Based Learning Methods	• Peer-based learning methods-Problem-based, case based, Brainstorming, Bedside, Ward rounds, Out-patient based, Lab-Based, Flipped learning , Roleplay. • Individual – based learning methods –Self regulated learning, reflective learning, portfolio-based, library based, e-learning, simulations, spaced repetition, deliberate practice, formative self-assessment.
Assessments	• Continuous / Programmatic assessment. • Practical assessment. • Written assessment. • Assignment, MCQ, OSCE, Bed Side Examination, DOPS (Direct Observation of Procedural Skills), Mini CEX (Clinical Evaluation Exercise) Case based assessment, simulation based assessment, spotting, Standardised Patients, Portfolio, Rubrics, Viva voce. • SAQ, LAQ- Descriptive, Case Scenario, Clinical application based, Problem Based Assessment.

Prescribed Texts	Refer to list attached
Domains of Competencies	Knowledge and Scholarship / Patient Care / Homoeopathic Orientation / Communication skill/ Practice Based Learning/ / Professionalism
Learning Outcome	10. 5. Disorders of the Pilosebaceous Unit KNOWLEDGE • Aetiopathogenesis, clinical presentation, differential diagnosis, investigations, complications of • Acne Vulgaris, Acne Rosacea, • Principles of Management • Miasmatic expression of disease • Use of appropriate repertory , • Applied Materia Medica • Ancillary measures SKILL • Case taking and Physical Examination with assessment of vitals and elicit the signs to arrive at the provisional diagnosis • Interpretation of investigations to confirm the diagnosis • Decision of acceptance or referral of case • Infer the miasm in a given case • Role of Homoeopathy in management- curative/ palliative / adjuvant • Arriving at the totality of symptoms of the case • Remedy differentiation and final selection of remedy with appropriate use of repertory and referencing Materia Medica as a prescription decision tool

	• Documentation of the same REFLECTION • Interpretation of clinical findings and lab, radiological investigation to arrive at final diagnosis • Assessing the stage of clinical condition for defining the scope of Homoeopathy • Miasmatic evolution of expression of disease for planning the Homoeopathic management • Integrate the knowledge of Repertory and Materia Medica to arrive at final selection of remedy prescription, potency, repetition with justification • Plan for assessment of the condition for evidence based medicine
Competency Based Learning Methods	• Peer-based learning methods-Problem-based, case based, Brainstorming, Bedside, Ward rounds, Out-patient based, Lab-Based, Flipped learning , Roleplay. • Individual – based learning methods –Self regulated learning, reflective learning, portfolio-based, library based, e-learning, simulations, spaced repetition, deliberate practice, formative self-assessment.
Assessments	• Continuous / Programmatic assessment. • Practical assessment. • Written assessment. • Assignment, MCQ, OSCE, Bed Side Examination, DOPS (Direct Observation of Procedural Skills), Mini CEX (Clinical Evaluation Exercise) Case based assessment, simulation based assessment, spotting, Standardised Patients, Portfolio, Rubrics, Viva voce. • SAQ, LAQ- Descriptive, Case Scenario, Clinical application based, Problem Based Assessment.

Prescribed Texts	Refer to list attached
Domains of Competencies	Knowledge and Scholarship / Patient Care / Homoeopathic Orientation / Communication skill/ Practice Based Learning/ / Professionalism
Learning Outcome	10. 6 . Some Common Skin Infections and Infestations KNOWLEDGE • Aetiopathogenesis, clinical presentation, differential diagnosis, investigations, complications of • Fungal Infection of Skin (Ringworm), Tinea Corporis, Tinea Cruris, Tinea Pedis, • Principles of Management • Miasmatic expression of disease • Use of appropriate repertory , • Applied Materia Medica • Ancillary measures SKILL • History taking and Physical Examination and elicit the signs to arrive at the provisional diagnosis • Interpretation of investigations to confirm the diagnosis • Role of Homoeopathy in management- curative/ palliative/ adjuvant • Infer the miasm in a given case • Arriving at the totality of symptoms of the case • Application of Repertory and referencing Materia Medica for selection of remedy • Documentation of the same REFLECTION

	• Interpretation of clinical findings and lab, radiological investigation to arrive at final diagnosis • Assessing the stage of clinical condition for defining the scope of Homoeopathy • Miasmatic evolution of expression of disease for planning the Homoeopathic
Competency Based Learning Methods	• Peer-based learning methods-Problem-based, case based, Brainstorming, Bedside, Ward rounds, Out-patient based, Lab-Based, Flipped learning , Roleplay. • Individual – based learning methods –Self regulated learning, reflective learning, portfolio-based, library based, e-learning, simulations, spaced repetition, deliberate practice, formative self-assessment.
Assessments	• Continuous / Programmatic assessment. • Practical assessment. • Written assessment. • Assignment, MCQ, OSCE, Bed Side Examination, DOPS (Direct Observation of Procedural Skills), Mini CEX (Clinical Evaluation Exercise) Case based assessment, simulation based assessment, spotting, Standardised Patients, Portfolio, Rubrics, Viva voce. • SAQ, LAQ- Descriptive, Case Scenario, Clinical application based, Problem Based Assessment.
Prescribed Texts	Refer to list attached
Domains of Competencies	Knowledge and Scholarship / Patient Care / Homoeopathic Orientation / Communication skill/ Practice Based Learning/ / Professionalism
Learning Outcome	10.7 PRESSURE SORES

	KNOWLEDGE • Aetiopathogenesis, clinical presentation, differential diagnosis, investigations, complications of • Pressure sores • Principles of Management • Miasmatic expression of disease • Use of appropriate repertory , • Applied Materia Medica • Ancillary measures SKILL • History taking and Physical Examination and elicit the signs to arrive at the provisional diagnosis • Interpretation of investigations to confirm the diagnosis • Role of Homoeopathy in management- curative/ palliative/ adjuvant • Infer the miasm in a given case • Arriving at the totality of symptoms of the case • Application of Repertory and referencing Materia Medica for selection of remedy • Documentation of the same REFLECTION • Interpretation of clinical findings and lab, radiological investigation to arrive at final diagnosis • Assessing the stage of clinical condition for defining the scope of Homoeopathy • Miasmatic evolution of expression of disease for planning the Homoeopathic
Competency Based Learning Methods	• Peer-based learning methods-Problem-based, case based, Brainstorming, Bedside, Ward rounds, Out-patient based, Lab-

	Based, Flipped learning , Roleplay. • Individual – based learning methods –Self regulated learning, reflective learning, portfolio-based, library based, e-learning, simulations, spaced repetition, deliberate practice, formative self-assessment.
Assessments	• Continuous / Programmatic assessment. • Practical assessment. • Written assessment. • Assignment, MCQ, OSCE, Bed Side Examination, DOPS (Direct Observation of Procedural Skills), Mini CEX (Clinical Evaluation Exercise) Case based assessment, simulation based assessment, spotting, Standardised Patients, Portfolio, Rubrics, Viva voce. • SAQ, LAQ- Descriptive, Case Scenario, Clinical application based, Problem Based Assessment.
Prescribed Texts	Refer to list attached Knowledge and Scholarship / Patient Care / Homoeopathic Orientation / Communication skill/ Practice Based Learning/ / Professionalism
Learning Outcome	10.8. SKIN TUMOURS KNOWLEDGE • Risk factors, aetiopathogenesis, clinical presentation, course of disease differential diagnosis, investigations, Melanocytic Naevi, Seborrhoeic Warts (Basal Cell Papilloma), Keratoacanthoma, Pre-Malignant Tumours, Malignant Tumours, Basal cell Carcinoma(BCC), Squamous Cell Carcinoma (SCC), Cutaneous T-Cell Lymphoma (Mycosos Fungoides)

	• Principles of Management • Miasmatic expression of disease • Use of appropriate repertory , • Applied Materia Medica • Ancillary measures SKILLS • Case taking and Physical Examination and elicit the signs to arrive at the provisional diagnosis • Interpretation of investigations to confirm the diagnosis • Decision about acceptance or referral of case • Infer the miasm in a given case • Role of Homoeopathy in management- curative/ palliative/ adjuvant • Arriving at the totality of symptoms of the case • Application of Repertory and referencing Materia Medica for selection of remedy • Documentation of the same REFLECTION • Interpretation of clinical findings and investigations to arrive at final diagnosis • Assessing the stage of clinical condition for defining the scope of Homoeopathy • Miasmatic evolution of expression of disease for planning the Homoeopathic management • Integrate the knowledge of Repertory and Materia Medica to arrive at final selection of remedy, potency, repetition with justification • Orient patient and family about the disease condition and time required for the recovery and importance of ancillary measures

Competency Based Learning Methods	• Peer-based learning methods-Problem-based, case based, Brainstorming, Bedside, Ward rounds, Out-patient based, Lab-Based, Flipped learning , Roleplay. • Individual – based learning methods –Self regulated learning, reflective learning, portfolio-based, library based, e-learning, simulations, spaced repetition, deliberate practice, formative self-assessment.
Assessments	• Continuous / Programmatic assessment. • Practical assessment. • Written assessment. • Assignment, MCQ, OSCE, Bed Side Examination, DOPS (Direct Observation of Procedural Skills), Mini CEX (Clinical Evaluation Exercise) Case based assessment, simulation based assessment, spotting, Standardised Patients, Portfolio, Rubrics, Viva voce. • SAQ, LAQ- Descriptive, Case Scenario, Clinical application based, Problem Based Assessment.
Prescribed Texts	Refer to list attached
Domains of Competencies	Knowledge and Scholarship / Patient Care / Homoeopathic Orientation / Communication skill/ Practice Based Learning/ / Professionalism
Learning Outcome	10.9 DISORDERS OF PIGMENTATIONS KNOWLEDGE • Risk factors, aetiopathogenesis, clinical presentation, Classification of respiratory failure, course of disease, differential diagnosis, complications and investigations of

	• Decreased Pigmentation- Oculocutaneous Albinism, Vitiligo, • Increased Pigmentations- Localized Hypermelanosis, Diffuse Hypermelanosis, • Principles of Management • Miasmatic expression of disease • Use of appropriate repertory , • Applied Materia Medica • Ancillary measures
	SKILLS • Case taking and Physical Examination and elicit the signs to arrive at the provisional diagnosis • Interpretation of investigations to confirm the diagnosis • Decision about acceptance or referral of case • Infer the miasm in a given case • Role of Homoeopathy in management- curative/ palliative/ adjuvant • Arriving at the totality of symptoms of the case • Application of Repertory and referencing Materia Medica for selection of remedy • Documentation for the same
	Reflection • Interpretation of clinical findings and lab, radiological investigation to arrive at final diagnosis • Miasmatic evolution of expression of disease for planning the Homoeopathic management • Integrate the knowledge of Repertory and Materia Medica to arrive at final selection of remedy potency, repetition with justification • Plan for assessment of the condition for evidence based

	medicine
Competency Based Learning Methods	• Peer-based learning methods-Problem-based, case based, Brainstorming, Bedside, Ward rounds, Out-patient based, Lab-Based, Flipped learning , Roleplay. • Individual – based learning methods –Self regulated learning, reflective learning, portfolio-based, library based, e-learning, simulations, spaced repetition, deliberate practice, formative self-assessment.
Assessments	• Continuous / Programmatic assessment. • Practical assessment. • Written assessment. • Assignment, MCQ, OSCE, Bed Side Examination, DOPS (Direct Observation of Procedural Skills), Mini CEX (Clinical Evaluation Exercise) Case based assessment, simulation based assessment, spotting, Standardised Patients, Portfolio, Rubrics, Viva voce. • SAQ, LAQ- Descriptive, Case Scenario, Clinical application based, Problem Based Assessment.
Prescribed Texts	Refer to list attached
Domains of Competencies	Knowledge and Scholarship / Patient Care / Homoeopathic Orientation / Communication skill/ Practice Based Learning/ / Professionalism
Learning Outcome	10.10. Disorders of the Nails KNOWLEDGE OF • Clinical presentation, differential diagnosis, complications,

	investigations, Nail Fold Disorders, Nail Plate Disorders, Congenital Disease, Traumatic Nail Disease, Nail in Systemic disease, Nail in some common skin disease • Principles of Management • Miasmatic expression of disease • Use of appropriate repertory , • Applied Materia Medica • Ancillary measures SKILLS • Case taking and Physical Examination and elicit the signs to arrive at the provisional diagnosis • Role of Homoeopathy in management- curative/ palliative/ adjuvant • Infer the miasm in a given case • Arriving at the totality of symptoms of the case • Application of Repertory and referencing Materia Medica for selection of remedy • Documentation of the same REFLECTION • Interpretation of clinical findings and investigations if necessary to arrive at final diagnosis • Miasmatic evolution of expression of disease for planning the Homoeopathic management • Integrate the knowledge of Repertory and Materia Medica to arrive at final selection of remedy, potency, repetition with justification • Orient patient and family about the disease condition and time required for the recovery and preventive measures

Competency Based Learning Methods	• Peer-based learning methods-Problem-based, case based, Brainstorming, Bedside, Ward rounds, Out-patient based, Lab-Based, Flipped learning , Roleplay. • Individual – based learning methods –Self regulated learning, reflective learning, portfolio-based, library based, e-learning, simulations, spaced repetition, deliberate practice, formative self-assessment.
Assessments	• Continuous / Programmatic assessment. • Practical assessment. • Written assessment. • Assignment, MCQ, OSCE, Bed Side Examination, DOPS (Direct Observation of Procedural Skills), Mini CEX (Clinical Evaluation Exercise) Case based assessment, simulation based assessment, spotting, Standardised Patients, Portfolio, Rubrics, Viva voce. • SAQ, LAQ- Descriptive, Case Scenario, Clinical application based, Problem Based Assessment.
Prescribed Texts	Refer to list attached
Domains of Competencies	Knowledge and Scholarship / Patient Care / Homoeopathic Orientation / Communication skill/ Practice Based Learning/ / Professionalism

Part II Paper II

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

Learning outcomes	HOM-PG PM 25 INFECTION AND IMMUNE FAILURE
Learning Outcome	11.1 PATTERNS OF INFECTION KNOWLEDGE • Patterns of infection in developed and tropical countries • Common prevalent infections in developed countries and tropical countries • like measles, diphtheria, pertussis, poliomyelitis, tetanus, Hepatitis B, gastroenteritis, malaria, meningococcal disease, Acute diarrhoeal illness, leprosy, tuberculosis, trachoma, amoebiasis, intestinal helminths, dengue fever etc. • Miasmatic expression of disease • Use of appropriate repertory • Applied Materia Medica SKILLS • Case taking with physical examination to assess the vitals and elicit the signs to arrive at the provisional diagnosis. • Interpretation of investigations to confirm the diagnosis • Decision of acceptance or referral of case • Infer the miasm in a given case • Role of Homoeopathy in management (Curative/Palliative/Adjuvant/ Preventive) • Arriving at the totality of symptoms • Remedy differentiation and final selection of remedy with appropriate use of repertory and referring Materia Medica as a prescription decision tool

	• Documentation of the same REFLECTION • Arriving at a final diagnosis by appropriate interpretation of investigations • Formulate the totality, use of repertory if necessary and or referring materia to arrive at selection of indicated remedy. • Explain the preventive measures.
Competency Based Learning methods	• Peer-based learning methods-Problem-based, case based, Brainstorming, Bedside, Ward rounds, Out-patient based, Lab-Based, Flipped learning , Roleplay. • Individual – based learning methods –Self regulated learning, reflective learning, portfolio-based, library based, e-learning, simulations, spaced repetition, deliberate practice, formative self-assessment.
Assessment	• Continuous / Programmatic assessment. • Practical assessment. • Written assessment. • Assignment, MCQ, OSCE, Bed Side Examination, DOPS (Direct Observation of Procedural Skills), Mini CEX (Clinical Evaluation Exercise) Case based assessment, simulation based assessment, spotting, Standardised Patients, Portfolio, Rubrics, Viva voce. • SAQ, LAQ- Descriptive, Case Scenario, Clinical application based, Problem Based Assessment.
Prescribed Texts	Refer to list attached
Domain of competencies	Knowledge and Scholarship / Patient Care / Homoeopathic Orientation / Communication skill/ Practice Based Learning/ / Professionalism

Learning Outcome	11.2 MICROORGANISM - HOST INTERACTION KNOWLEDGE • Clinical effects of infections on the body- Acute, chronic, allergic or immune mediated, toxic or toxin mediated • Pathology of infection • Source/route of transmission, method of spread of different infections • Prevention of different infections SKILLS • Case taking with physical examination to assess the vitals and elicit the signs to arrive at the provisional diagnosis. • Interpretation of investigations to confirm the diagnosis • Decision of acceptance or referral of case • Role of Homoeopathy in management (Curative/Palliative/Adjuvant/Preventive) • Arriving at the totality of symptoms • Remedy differentiation and final selection of remedy with appropriate use of repertory and referring Materia Medica as a prescription decision tool • Documentation of the same REFLECTION • Explain guidelines of prevention of infection • Arriving at a final diagnosis by appropriate interpretation of investigations • Formulate the totality, use of repertory if necessary and or referring materia to arrive at selection of indicated remedy.
Competency	• Peer-based learning methods-Problem-based, case based,

based learning methods	Brainstorming, Bedside, Ward rounds, Out-patient based, Lab-Based, Flipped learning , Roleplay. Individual – based learning methods –Self regulated learning, reflective learning, portfolio-based, library based, e-learning, simulations, spaced repetition, deliberate practice, formative self-assessment.
Assessment	- Continuous / Programmatic assessment. - Practical assessment. - Written assessment. - Assignment, MCQ, OSCE, Bed Side Examination, DOPS (Direct Observation of Procedural Skills), Mini CEX (Clinical Evaluation Exercise) Case based assessment, simulation based assessment, spotting, Standardised Patients, Portfolio, Rubrics, Viva voce. - SAQ, LAQ- Descriptive, Case Scenario, Clinical application based, Problem Based Assessment.
Prescribed Texts	Refer to list attached
Domain of competencies	Knowledge and Scholarship / Patient Care / Homoeopathic Orientation / Communication skill/ Practice Based Learning/ / Professionalism
Learning Outcome	11.3 VACCINE DEVELOPMENT KNOWLEDGE - Different vaccines and toxoids - Characteristics of effective vaccines - Guidelines for immunisation against infectious disease - Vaccination Schedule SKILLS - Administration of Vaccines

	• Documentation of vaccination schedule REFLECTION • Ask and orient about vaccination schedule
Competency based learning methods	• Peer-based learning methods-Problem-based, case based, Brainstorming, Bedside, Ward rounds, Out-patient based, Lab-Based, Flipped learning , Roleplay. • Individual – based learning methods –Self regulated learning, reflective learning, portfolio-based, library based, e-learning, simulations, spaced repetition, deliberate practice, formative self-assessment.
Assessment	• Continuous / Programmatic assessment. • Practical assessment. • Written assessment. • Assignment, MCQ, OSCE, Bed Side Examination, DOPS (Direct Observation of Procedural Skills), Mini CEX (Clinical Evaluation Exercise) Case based assessment, simulation based assessment, spotting, Standardised Patients, Portfolio, Rubrics, Viva voce. • SAQ, LAQ- Descriptive, Case Scenario, Clinical application based, Problem Based Assessment.
Prescribed Texts	Refer to list attached
Domain of competencies	Knowledge and Scholarship / Patient Care / Homoeopathic Orientation / Communication skill/ Practice Based Learning/ / Professionalism
Learning outcome	11.4 THE FEBRILE PATIENT KNOWLEDGE • Anatomy of thermostat and physiology of thermoregulation

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

SKILLS

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

	REFLECTION • Arriving at a final diagnosis by appropriate interpretation of investigations • Formulate the totality, use of repertory if necessary and or referring materia to arrive at selection of indicated remedy. • Orient about pattern and course of fever
Competency Based learning methods	• Peer-based learning methods-Problem-based, case based, Brainstorming, Bedside, Ward rounds, Out-patient based, Lab-Based, Flipped learning , Roleplay. • Individual – based learning methods –Self regulated learning, reflective learning, portfolio-based, library based, e-learning, simulations, spaced repetition, deliberate practice, formative self-assessment.
Assessment	• Continuous / Programmatic assessment. • Practical assessment. • Written assessment. • Assignment, MCQ, OSCE, Bed Side Examination, DOPS (Direct Observation of Procedural Skills), Mini CEX (Clinical Evaluation Exercise) Case based assessment, simulation based assessment, spotting, Standardised Patients, Portfolio, Rubrics, Viva voce. • SAQ, LAQ- Descriptive, Case Scenario, Clinical application based, Problem Based Assessment.
Prescribed Texts	Refer to list attached
Domain of competencies	Knowledge and Scholarship / Patient Care / Homoeopathic Orientation / Communication skill/ Practice Based Learning/ / Professionalism

Learning Outcome	11.5 GENERALISED INFECTIONS KNOWLEDGE • Risk factors, aetiopathogenesis, mode of transmission, course of disease, clinical features, investigations, complications of Glandular fever syndrome, Brucellosis, Leptospirosis, Lyme Borreliosis, Q fever, Toxoplasmosis etc. • Prevention of infection • Standard line of treatment • Scope and limitations of Homoeopathy • Miasmatic expression of disease • Use of appropriate repertory • Applied Materia Medica • Ancillary measures SKILLS • Case taking with physical examination to assess the vitals and elicit the signs to arrive at the provisional diagnosis. • Interpretation of investigations to confirm the diagnosis • Decision of acceptance or referral of case • Infer the miasm in a given case • Role of Homoeopathy in management (Curative/Palliative/Adjuvant/Preventive) • Arriving at the totality of symptoms • Remedy differentiation and final selection of remedy with appropriate use of repertory and referring Materia Medica as a prescription decision tool • Documentation of the same REFLECTION • Arriving at a final diagnosis by appropriate interpretation of investigations

	• Formulate the totality, use of repertory if necessary and or referring materia to arrive at selection of indicated remedy. • Orient about pattern and course of fever • Explain the preventive measures.
Competency based learning methods	• Peer-based learning methods-Problem-based, case based, Brainstorming, Bedside, Ward rounds, Out-patient based, Lab-Based, Flipped learning , Roleplay. • Individual – based learning methods –Self regulated learning, reflective learning, portfolio-based, library based, e-learning, simulations, spaced repetition, deliberate practice, formative self-assessment.
Assessment	• Continuous / Programmatic assessment. • Practical assessment. • Written assessment. • Assignment, MCQ, OSCE, Bed Side Examination, DOPS (Direct Observation of Procedural Skills), Mini CEX (Clinical Evaluation Exercise) Case based assessment, simulation based assessment, spotting, Standardised Patients, Portfolio, Rubrics, Viva voce. • SAQ, LAQ- Descriptive, Case Scenario, Clinical application based, Problem Based Assessment.
Prescribed Texts	Refer to list attached
Domain of competencies	Knowledge and Scholarship / Patient Care / Homoeopathic Orientation / Communication skill/ Practice Based Learning/ / Professionalism
Learning Outcome	11.6 RASHES AND INFECTION KNOWLEDGE • Different patterns of rash associated with infection (macular, maculo-papular, haemorrhagic, urticarial, vesicular, pustular,

	nodular, erythematous, chancres, etc) • Risk factors, aetiopathogenesis, mode of transmission, course of disease, clinical features, investigations, complications of • Direct skin infections (impetigo, folliculitis, furuncles, carbuncles, other staphylococcal infections- wound infections, cannula related infections, injection site infection in intravenous drug users, erysipelas, cellulitis, severe necrotising soft tissue infections, clostridial soft tissue infections, Bacteroides infection), etc. • Toxic erythematous rashes(streptococcal scarlet fever, streptococcal toxic shock syndrome, staphylococcal scalded skin syndrome, staphylococcal toxic shock syndrome), • Rashes with haemorrhage(yellow fever, viral haemorrhagic fever, and meningococcal meningitis) • Erythematous and vesiculopustular eruptions (Herpes simplex virus, human herpes virus, chicken pox, Shingles, hand-foot and mouth disease, herpangina) • Viral exanthemata (Measles, rubella, parvovirus B 19, mumps) • Prevention of infection • Standard line of treatment • Scope and limitations of Homoeopathy • Miasmatic expression of disease • Use of appropriate repertory • Applied Materia Medica • Ancillary measures SKILLS • Case taking with physical examination to assess the vitals and elicit the signs to arrive at the provisional diagnosis. • Interpretation of investigations to confirm the diagnosis

	• Standard line of treatment • Decision of acceptance or referral of case • Infer the miasm in a given case • Role of Homoeopathy in management (Curative/Palliative/Adjuvant/Preventive) • Arriving at the totality of symptoms • Remedy differentiation and final selection of remedy with appropriate use of repertory and referring Materia Medica as a prescription decision tool • Documentation of the same REFLECTION • Arriving at a final diagnosis by appropriate interpretation of investigations • Formulate the totality, use of repertory if necessary and or referring materia to arrive at selection of indicated remedy. • Orient about pattern and course of fever • Explain the preventive measures.
Competency based learning methods	• Peer-based learning methods-Problem-based, case based, Brainstorming, Bedside, Ward rounds, Out-patient based, Lab-Based, Flipped learning , Roleplay. • Individual – based learning methods –Self regulated learning, reflective learning, portfolio-based, library based, e-learning, simulations, spaced repetition, deliberate practice, formative self-assessment.
Assessment	• Continuous / Programmatic assessment. • Practical assessment. • Written assessment. • Assignment, MCQ, OSCE, Bed Side Examination, DOPS (Direct Observation of Procedural Skills), Mini CEX (Clinical Evaluation

	Exercise) Case based assessment, simulation based assessment, spotting, Standardised Patients, Portfolio, Rubrics, Viva voce. • SAQ, LAQ- Descriptive, Case Scenario, Clinical application based, Problem Based Assessment.
Prescribed Texts	Refer to list attached
Domain of competencies	Knowledge and Scholarship / Patient Care / Homoeopathic Orientation / Communication skill/ Practice Based Learning/ / Professionalism
Learning Outcome	11.7 FOOD POISONING AND GASTROENTERITIS KNOWLEDGE • Principles of food hygiene • Risk factors, aetiopathogenesis, clinical features, investigations, complications of acute gastroenteritis, acute diarrhoea, acute food poisoning with predominant vomiting, acute watery diarrhoea, acute bloody diarrhoea, parasitic causes of acute diarrhoea, traveller's diarrhoea, chronic diarrhoea • Assessment of patient with diarrhoea and management of acute diarrhoea • Preventive measures • Standard line of treatment • Principles of Fluid replacement • Miasmatic expression of disease • Use of appropriate repertory , • Applied Materia Medica • Scope and limitations of Homoeopathy • Ancillary measures SKILLS

	• Case taking with physical examination to assess the vitals and elicit the signs to arrive at the provisional diagnosis. • Interpretation of investigations to confirm the diagnosis • Standard line of treatment/Principles of management • Decision of acceptance or referral of case • Infer the miasm in a given case • Role of Homoeopathy in management (Curative/Palliative/Adjuvant/Preventive) • Arriving at the totality of symptoms • Remedy differentiation and final selection of remedy with appropriate use of repertory and referring Materia Medica as a prescription decision tool • Documentation of the same REFLECTION • Arriving at a final diagnosis by appropriate interpretation of investigations • Formulate the totality, use of repertory if necessary and or referring materia to arrive at selection of indicated remedy. • Orient about pattern and course of fever • Explain the food hygiene and preventive measures.
Competency based learning methods	• Peer-based learning methods-Problem-based, case based, Brainstorming, Bedside, Ward rounds, Out-patient based, Lab-Based, Flipped learning , Roleplay. • Individual – based learning methods –Self regulated learning, reflective learning, portfolio-based, library based, e-learning, simulations, spaced repetition, deliberate practice, formative self-assessment.
Assessment	• Continuous / Programmatic assessment. • Practical assessment.

	• Written assessment. • Assignment, MCQ, OSCE, Bed Side Examination, DOPS (Direct Observation of Procedural Skills), Mini CEX (Clinical Evaluation Exercise) Case based assessment, simulation based assessment, spotting, Standardised Patients, Portfolio, Rubrics, Viva voce. • SAQ, LAQ- Descriptive, Case Scenario, Clinical application based, Problem Based Assessment.
Prescribed Texts	Refer to list attached
Domain of competencies	Knowledge and Scholarship / Patient Care / Homoeopathic Orientation / Communication skill/ Practice Based Learning/ / Professionalism
Learning Outcome	11.8 TROPICAL AND INTERNATIONAL HEALTH KNOWLEDGE • Aetiopathogenesis, clinical features, mode of transmission, course of disease, investigations, complications of , • Fever in/from tropics, • Fever without localising signs (Malaria) • Fever with rash- (typhoid and paratyphoid fevers, dengue, African trypanosomiasis or sleeping sickness, American Trypanosomiasis or chagas disease) • Fever with haemorrhage- (yellow fever, viral haemorrhagic fevers) • Fever following arthropods bites- (Rickettsia fevers, lyme disease, louse borne relapsing fever, plague) • Chronic Fever- (Amoebic liver abscess, visceral leishmaniasis or kala azar)

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

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

SKILLS

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

REFLECTION

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

Competency based learning methods	• Peer-based learning methods-Problem-based, case based, Brainstorming, Bedside, Ward rounds, Out-patient based, Lab-Based, Flipped learning , Roleplay. • Individual – based learning methods –Self regulated learning, reflective learning, portfolio-based, library based, e-learning, simulations, spaced repetition, deliberate practice, formative self-assessment.
Assessment	• Continuous / Programmatic assessment. • Practical assessment. • Written assessment. • Assignment, MCQ, OSCE, Bed Side Examination, DOPS (Direct Observation of Procedural Skills), Mini CEX (Clinical Evaluation Exercise) Case based assessment, simulation based assessment, spotting. • SAQ, LAQ- Descriptive, Case Scenario, Clinical application based, Problem Based Assessment.
Prescribed Texts	Refer to list attached
Domain of competencies	Knowledge and Scholarship / Patient Care / Homoeopathic Orientation / Communication skill/ Practice Based Learning/ / Professionalism
Learning Outcome	11.9 SEXUALLY TRANSMITTED INFECTIONS KNOWLEDGE • Aetiopathogenesis, clinical features, mode of transmission and control, course of disease, investigations, complications of • Sexually transmitted bacterial infections- (syphilis, congenital syphilis, gonorrhoea, non- gonococcal urethritis and chlamydial infections in males, chlamydial infection in females, other chlamydial infections, other sexually transmitted bacterial infections)

	• Sexually transmitted viral infections- (genital herpes simplex, anogenital warts, molluscum contagiosum, hepatitis) • Other genital conditions- (Balanitis and Balanoposthitis, vulvovaginal conditions) • Preventive measures • Standard line of treatment • Scope and limitations of Homoeopathy • Miasmatic expression of disease • Use of appropriate repertory • Applied Materia Medica • Ancillary measures SKILLS • Case taking with physical examination to assess the vitals and elicit the signs to arrive at the provisional diagnosis. • Interpretation of investigations to confirm the diagnosis • Standard line of treatment/Principles of management • Decision of acceptance or referral of case • Infer the miasm in a given case • Role of Homoeopathy in management (Curative/Palliative/Adjuvant/Preventive) • Arriving at the totality of symptoms • Remedy differentiation and final selection of remedy with appropriate use of repertory and referring Materia Medica as a prescription decision tool • Documentation of the same REFLECTION • Arriving at a final diagnosis by appropriate interpretation of investigations • Formulate the totality, use of repertory if necessary and or referring materia to arrive at selection of indicated remedy.

	• Explain preventive measures.
Competency based learning methods	• Peer-based learning methods-Problem-based, case based, Brainstorming, Bedside, Ward rounds, Out-patient based, Lab-Based, Flipped learning , Roleplay. • Individual – based learning methods –Self regulated learning, reflective learning, portfolio-based, library based, e-learning, simulations, spaced repetition, deliberate practice, formative self-assessment.
Assessment	• Continuous / Programmatic assessment. • Practical assessment. • Written assessment. • Assignment, MCQ, OSCE, Bed Side Examination, DOPS (Direct Observation of Procedural Skills), Mini CEX (Clinical Evaluation Exercise) Case based assessment, simulation based assessment, spotting, Standardised Patients, Portfolio, Rubrics, Viva voce. • SAQ, LAQ- Descriptive, Case Scenario, Clinical application based, Problem Based Assessment.
Prescribed Texts	Refer to list attached
Domain of competences	Knowledge and Scholarship / Patient Care / Homoeopathic Orientation / Communication skill/ Practice Based Learning/ / Professionalism
Learning Outcome	11.10 HUMAN IMMUNODEFICIENCY VIRUS INFECTION AND ACQUIRED IMMUNODEFICIENCY SYNDROME KNOWLEDGE • Epidemiology, global epidemic and regional patterns, virology

	and immunology, natural history and classification, aetiopathogenesis, clinical features, mode of transmission, course of disease, investigations, differential diagnosis, complications of, HIV and AIDS • Clinical syndromes and specific conditions-(mucocutaneous disease, specific skin condition, specific oral condition, gastrointestinal disease, specific conditions, respiratory disease, specific conditions, nervous system and eye disease, miscellaneous conditions, neoplasms) • Management of HIV • Prevention of infection • Scope and limitations of Homoeopathy • Miasmatic expression of disease • Use of appropriate repertory • Applied Materia Medica • Ancillary measures SKILLS • Case taking with physical examination to assess the vitals and elicit the signs to arrive at the provisional diagnosis. • Interpretation of investigations to confirm the diagnosis • Standard line of treatment/Principles of management • Decision of acceptance or referral of case • Infer the miasm in a given case • Role of Homoeopathy in management (Curative/Palliative/Adjuvant/Preventive) • Arriving at the totality of symptoms • Remedy differentiation and final selection of remedy with appropriate use of repertory and referring Materia Medica as a prescription decision tool

	• Documentation of the same REFLECTION • Arriving at a final diagnosis by appropriate interpretation of investigations • Formulate the totality, use of repertory if necessary and or referring materia to arrive at selection of indicated remedy. • Explain preventive measures.
Competency based learning methods	• Peer-based learning methods-Problem-based, case based, Brainstorming, Bedside, Ward rounds, Out-patient based, Lab-Based, Flipped learning , Roleplay. • Individual – based learning methods –Self regulated learning, reflective learning, portfolio-based, library based, e-learning, simulations, spaced repetition, deliberate practice, formative self-assessment.
Assessment	• Continuous / Programmatic assessment. • Practical assessment. • Written assessment. • Assignment, MCQ, OSCE, Bed Side Examination, DOPS (Direct Observation of Procedural Skills), Mini CEX (Clinical Evaluation Exercise) Case based assessment, simulation based assessment, spotting, Standardised Patients, Portfolio, Rubrics, Viva voce. • SAQ, LAQ- Descriptive, Case Scenario, Clinical application based, Problem Based Assessment.
Prescribed Texts	Refer to list attached
Domain of competencies	Knowledge and Scholarship / Patient Care / Homoeopathic Orientation / Communication skill/ Practice Based Learning/ / Professionalism
Learning	11.11 THE MANAGEMENT OF INFECTION

Outcome	KNOWLEDGE • Principles of antimicrobial therapy • Antimicrobial resistance • Selection of appropriate antibiotic therapy • Antimicrobial agents
Assessment	• Continuous / Programmatic assessment. • Practical assessment. • Written assessment. • Assignment, MCQ, OSCE, Bed Side Examination, DOPS (Direct Observation of Procedural Skills), Mini CEX (Clinical Evaluation Exercise) Case based assessment, simulation based assessment, spotting, Standardised Patients, Portfolio, Rubrics, Viva voce. • SAQ, LAQ- Descriptive, Case Scenario, Clinical application based, Problem Based Assessment.
Prescribed Texts	Refer to list attached
Domain of competencies	Knowledge and Scholarship / Patient Care / Homoeopathic Orientation / Communication skill/ Practice Based Learning/ / Professionalism
	HOM-PG PM 26: WATER ELECTROLYTE AND ACID – BASE BALANCE 12.1 PHYSIOLOGY OF WATER AND ELECTROLYTE KNOWLEDGE • Principal of Homeostasis, Normal Distribution of water and electrolyte, Nephron segments and functions DISORDERS OF VOLUME STATUS KNOWLEDGE • Understanding pathophysiology and clinical presentation of Extra cellular fluid volume overload and Extra cellular fluid

	volume depletion • General principles of Management SKILLS • Eliciting the clinical findings. • Advising and interpretation of investigations. • Initiating the management by application of general measures and intervention with indicated Homoeopathic medicine based on totality. • Documentation of the same REFLECTION • Defining the scope by Arriving at a final diagnosis by appropriate interpretation of investigations and clinical assessment • Appropriate referencing. Initial management to overcome acute state by application of general measures. Selection of Homoeopathic remedy by using repertory and Materia Medica as a decision making tool
Competency based learning methods	• Peer-based learning methods-Problem-based, case based, Brainstorming, Bedside, Ward rounds, Out-patient based, Lab-Based, Flipped learning , Roleplay. • Individual – based learning methods –Self regulated learning, reflective learning, portfolio-based, library based, e-learning, simulations, spaced repetition, deliberate practice, formative self-assessment.
Assessment	• Continuous / Programmatic assessment. • Practical assessment. • Written assessment. • Assignment, MCQ, Bed Side Examination, Mini CEX (Clinical Evaluation Exercise) Case based assessment, spotting, Standardised

	Patients, Portfolio, Rubrics, Viva voce. • SAQ.
Prescribed Texts	Refer to list attached
Domain of competencies	Knowledge and Scholarship / Patient Care / Homoeopathic Orientation / Communication skill/ Practice Based Learning/ / Professionalism
Learning Outcome	12.2 DISORDERS OF WATER METABOLISM: DYSNATRAEMIAS KNOWLEDGE • Aetiopathogenesis, clinical presentation and signs of • Hyponataemia, Syndrome of inappropriate ADH secretion, Hypernatraemia and Polyuria • Principles of Management • Applied Materia Medica • Ancillary measures SKILLS • Assessing the clinical presentation by history taking, examination, vital data assessment and eliciting signs to arrive at the provisional diagnosis. • Advising investigations and its interpretation for confirmation of diagnosis. • Decision of acceptance or referencing of the case. • Initiating management by applying general principals • Documentation of the same REFLECTION • Defining the scope by arriving at a final diagnosis by appropriate interpretation of investigations and clinical assessment • Appropriate referencing. • Initial management to overcome acute state by application of

	general measures. Selection of Homoeopathic remedy by using repertory and Materia Medica as a decision making tool
Community based learning methods	• Peer-based learning methods-Problem-based, case based, Brainstorming, Bedside, Ward rounds, Out-patient based, Lab-Based, Flipped learning , Roleplay. • Individual – based learning methods –Self regulated learning, reflective learning, portfolio-based, library based, e-learning, simulations, spaced repetition, deliberate practice, formative self-assessment.
Assessment	• Continuous / Programmatic assessment. • Practical assessment. • Written assessment. • Assignment, MCQ, Bed Side Examination, Mini CEX (Clinical Evaluation Exercise) Case based assessment, spotting, Standardised Patients, Portfolio, Rubrics, Viva voce. • SAQ.
Prescribed Texts	Refer to list attached
Domains of competencies	Knowledge and Scholarship / Patient Care / Homoeopathic Orientation / Communication skill/ Practice Based Learning/ / Professionalism
Learning Outcome	12.3 DISORDERS OF POTASSIUM METABOLISM: DYSKALAEMIAS KNOWLEDGE • Aetiopathogenesis, clinical presentation and signs of • Hyperkalaemia, Hypokalaemia • Principles of Management

	• Applied Materia Medica • Ancillary measures SKILLS • Assessing the clinical presentation by history taking, examination, vital data assessment and eliciting signs to arrive at the provisional diagnosis. • Advising investigations and its interpretation for confirmation of diagnosis. Decision of acceptance or referencing of the case. Initiating management by applying general principals and documentation of the same REFLECTION • Defining the scope by Arriving at a final diagnosis by appropriate interpretation of investigations and clinical assessment • Appropriate referencing. Initial management to overcome acute state by application of general measures. Selection of Homoeopathic remedy by using repertory and Materia Medica as a decision making tool
	• Peer-based learning methods-Problem-based, case based, Brainstorming, Bedside, Ward rounds, Out-patient based, Lab-Based, Flipped learning , Roleplay. • Individual – based learning methods –Self regulated learning, reflective learning, portfolio-based, library based, e-learning, simulations, spaced repetition, deliberate practice, formative self-assessment.
Assessment	• Continuous / Programmatic assessment. • Practical assessment. • Written assessment. • Assignment, MCQ, Bed Side Examination, Mini CEX (Clinical

	Evaluation Exercise) Case based assessment, spotting, Standardised Patients, Portfolio, Rubrics, Viva voce. • SAQ.
Prescribed Texts	Refer to list attached
Domain of competencies	Knowledge and Scholarship / Patient Care / Homoeopathic Orientation / Communication skill/ Practice Based Learning/ / Professionalism
Learning Outcome	12.4 ACID BASE DISORDERS KNOWLEDGE • Aetiopathogenesis, clinical presentation of Acid base disorders • Normal values and interpretation of changes in arterial (H⁺), PaCO₂, plasma bicarbonates in acid base disturbances • Aetiopathogenesis and clinical presentation of Metabolic acidosis, Metabolic alkalosis, Respiratory acidosis, Respiratory alkalosis and mixed Acid Base Disorders • Principles of Management • Scope and limitations of Homoeopathy • Ancillary measures SKILLS • Clinical assessment of a case by history taking, examination of vital data, physical examination to elicit signs to arrive at provisional diagnosis • Decision of acceptance or referral of case • Initial management by application of general measures • Indicated Homoeopathic medicine based on totality • Documentation of the same REFLECTION • Defining the scope by arriving at a final diagnosis by appropriate interpretation of investigations and clinical

	assessment • Appropriate referencing. Initial management to overcome acute state by application of general measures. Selection of Homoeopathic remedy by using repertory and Materia Medica as a decision making tool
	• Peer-based learning methods-Problem-based, case based, Brainstorming, Bedside, Ward rounds, Out-patient based, Lab-Based, Flipped learning , Roleplay. • Individual – based learning methods –Self regulated learning, reflective learning, portfolio-based, library based, e-learning, simulations, spaced repetition, deliberate practice, formative self-assessment.
Assessment	• Continuous / Programmatic assessment. • Practical assessment. • Written assessment. • Assignment, MCQ, Bed Side Examination, Mini CEX (Clinical Evaluation Exercise) Case based assessment, spotting, Standardised Patients, Portfolio, Rubrics, Viva voce. • SAQ.
Prescribed Texts	Refer to list attached
Domain of competencies	Knowledge and Scholarship / Patient Care / Homoeopathic Orientation / Communication skill/ Practice Based Learning/ / Professionalism
Learning Outcome	12.5 DISORDERS OF DIVALENT ION METABOLISM KNOWLEDGE • Calcium and Phosphate metabolism • Aetiopathogenesis and clinical presentation of • Hypocalcaemic Hypophosphatemia • Hypercalcaemic Hypophosphatemia • Hypomagnesaemia

	• Hypermagnesaemia • Standard line of treatment • Principles of Management • Ancillary measures SKILLS • Clinical assessment of the case by history taking, physical examination and assessment of vital signs • Interpretation of investigations to confirm the diagnosis • Decision of acceptance or referral of case • General principle of management • Defining the role of Homoeopathy and arriving at the indicated medicine based on totality • Documentation of the same REFLECTION • Defining the scope by arriving at a final diagnosis by appropriate interpretation of investigations and clinical assessment • Appropriate referencing. Initial management to overcome acute state by application of general measures. Selection of Homoeopathic remedy by using repertory and Materia Medica as a decision making tool
	• Peer-based learning methods-Problem-based, case based, Brainstorming, Bedside, Ward rounds, Out-patient based, Lab-Based, Flipped learning , Roleplay. • Individual – based learning methods –Self regulated learning, reflective learning, portfolio-based, library based, e-learning, simulations, spaced repetition, deliberate practice, formative self-assessment.
Assessment	• Continuous / Programmatic assessment. • Practical assessment.

	• Written assessment. • Assignment, MCQ, Bed Side Examination, Mini CEX (Clinical Evaluation Exercise) Case based assessment, spotting, Standardised Patients, Portfolio, Rubrics, Viva voce. • SAQ.
Prescribed Texts	Refer to list attached
Domain of competencies	Knowledge and Scholarship / Patient Care / Homoeopathic Orientation / Communication skill/ Practice Based Learning/ / Professionalism
Learning Outcome	HOM-PG PM 27: NUTRITIONAL, METABOLIC AND ENVIRONMENTAL DISEASE 13.1 NUTRITIONAL ASSESSMENT AND NUTRITIONAL NEEDS KNOWLEDGE • Assessment of Nutritional status of patient • Understanding of Nutrient and energy requirements in patients SKILLS • To assess nutritional status of patient by clinical examination and history taking • Understanding daily requirement of nutrients and energy to understand deficiency and its impact on health • Interpretation of investigations to confirm the diagnosis • Role of Homoeopathy in management (curative/Palliative/Adjuvant) • Arriving at the totality of symptoms • Remedy differentiation and final selection of remedy with appropriate use of repertory and referencing MateriaMedica as a prescription decision tool • Documentation of the same

	REFLECTION • Arriving at a final diagnosis after clinical examination with eliciting signs and appropriate interpretation of investigations • Give basic diet advice to patients after understanding flaws in diet • Understand impact on dietary deficiency on health • Plan for assessment of a progress of the condition for evidence based medicine
	• Peer-based learning methods-Problem-based, case based, Brainstorming, Bedside, Ward rounds, Out-patient based, Community Postings, Lab-Based, Flipped learning , Roleplay. • Individual – based learning methods –Self regulated learning, reflective learning, portfolio-based, library based, e-learning, simulations, spaced repetition, deliberate practice, formative self-assessment.
Assessment	• Continuous / Programmatic assessment. • Practical assessment. • Written assessment. • Assignment, MCQ, OSCE, Bed Side Examination, DOPS (Direct Observation of Procedural Skills), Mini CEX (Clinical Evaluation Exercise) Case based assessment, simulation based assessment, spotting, Standardised Patients, Portfolio, Rubrics, Viva voce. • SAQ, LAQ- Descriptive, Case Scenario, Clinical application based, Problem Based Assessment.
Prescribed Texts	Refer to list attached
Domain of competencies	Knowledge and Scholarship / Patient Care / Homoeopathic Orientation / Communication skill/ Practice Based Learning/ / Professionalism
Learning Outcome	13.2 NUTRITIONAL AND METABOLIC DISORDERS KNOWLEDGE

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

SKILLS

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

REFLECTION

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

	Plan for assessment of the condition for evidence based medicine
Competency based learning methods	- Peer-based learning methods-Problem-based, case based, Brainstorming, Bedside, Ward rounds, Out-patient based, Lab-Based, Flipped learning , Roleplay. - Individual – based learning methods –Self regulated learning, reflective learning, portfolio-based, library based, e-learning, simulations, spaced repetition, deliberate practice, formative self-assessment.
Assessment	- Continuous / Programmatic assessment. - Practical assessment. - Written assessment. - Assignment, MCQ, OSCE, Bed Side Examination, DOPS (Direct Observation of Procedural Skills), Mini CEX (Clinical Evaluation Exercise) Case based assessment, simulation based assessment, spotting, Standardised Patients, Portfolio, Rubrics, Viva voce. - SAQ, LAQ- Descriptive, Case Scenario, Clinical application based, Problem Based Assessment.
Prescribed Texts	Refer to list attached
Domain of competencies	Knowledge and Scholarship / Patient Care / Homoeopathic Orientation / Communication skill/ Practice Based Learning/ / Professionalism
Learning Outcome	13.3 VITAMINS AND MINERALS KNOWLEDGE - Understanding daily requirement and role of Vitamins and Inorganic nutrients - Understanding signs and symptoms of Deficiency of Vitamins and inorganic nutrients

	• Standard line of treatment • Principles of Management • Miasmatic expression of disease • Use of appropriate repertory • Applied Materia Medica • Ancillary measures SKILLS • To assess nutritional status of patient by clinical examination and history taking • Understanding daily requirement of nutrients and energy to understand deficiency and its impact on health • Interpretation of investigations to confirm the diagnosis • Role of Homoeopathy in management (curative/Palliative/Adjuvant) • Infer the miasm in a given case • Arriving at the totality of symptoms • Remedy differentiation and final selection of remedy with appropriate use of repertory and referencing Materia Medica as a prescription decision tool • Documentation of the same REFLECTION • Arriving at a final diagnosis after clinical examination with eliciting signs and appropriate interpretation of investigations • Give basic diet advice to patients after understanding flaws in diet • Understand impact on dietary deficiency on health • Plan for assessment of the condition for evidence based medicine
Competency	• Peer-based learning methods-Problem-based, case based,

based learning outcomes	Brainstorming, Bedside, Ward rounds, Out-patient based, Lab-Based, community Postings, Flipped learning , Roleplay. • Individual – based learning methods –Self regulated learning, reflective learning, portfolio-based, library based, e-learning, simulations, spaced repetition, deliberate practice, formative self-assessment.
Assessment	• Continuous / Programmatic assessment. • Practical assessment. • Written assessment. • Assignment, MCQ, OSCE, Bed Side Examination, DOPS (Direct Observation of Procedural Skills), Mini CEX (Clinical Evaluation Exercise) Case based assessment, simulation based assessment, spotting, Standardised Patients, Portfolio, Rubrics, Viva voce. • SAQ, LAQ- Descriptive, Case Scenario, Clinical application based, Problem Based Assessment.
Prescribed Texts	Refer to list attached
Domain of competencies	Knowledge and Scholarship / Patient Care / Homoeopathic Orientation / Communication skill/ Practice Based Learning/ / Professionalism
Learning Outcome	13.4 OTHER METABOLIC DISORDERS KNOWLEDGE • Aetiopathogenesis, clinical presentation, diagnosis, investigations, complications of Porphyrias and Amyloidosis • Principles of Management • Scope and limitations of Homoeopathy SKILLS • Case taking with physical examination to assess the vitals and elicit the signs to arrive at the provisional diagnosis. • Interpretation of investigations to confirm the diagnosis

	• Decision of acceptance or referral of case • Role of Homoeopathy in management (curative/Palliative/Adjuvant) • Arriving at the totality of symptoms • Remedy differentiation and final selection of remedy with appropriate use of repertory and referencing Materia Medica as a prescription decision tool REFLECTION • Arriving at a final diagnosis by appropriate interpretation of investigations • Formulate the totality; Miasmatic evolution of expression of disease use of repertory if necessary and or referencing Materia Medica to arrive at the selection of indicated remedy, potency, repetition with justification • Plan for assessment of the condition for evidence based medicine
Community based learning methods	• Peer-based learning methods-Problem-based, case based, Brainstorming, Bedside, Ward rounds, Out-patient based, Lab-Based, community postings, Flipped learning , Roleplay. • Individual – based learning methods –Self regulated learning, reflective learning, portfolio-based, library based, e-learning, simulations, spaced repetition, deliberate practice, formative self-assessment.
Assessment	• Continuous / Programmatic assessment. • Practical assessment. • Written assessment. • Assignment, MCQ, OSCE, Bed Side Examination, DOPS (Direct Observation of Procedural Skills), Mini CEX (Clinical Evaluation Exercise) Case based assessment, simulation based assessment, spotting,

	Standardised Patients, Portfolio, Rubrics, Viva voce. • SAQ, LAQ- Descriptive, Case Scenario, Clinical application based, Problem Based Assessment.
Prescribed Texts	Refer to list attached
Domain of competencies	Knowledge and Scholarship / Patient Care / Homoeopathic Orientation / Communication skill/ Practice Based Learning/ / Professionalism
Learning Outcome	13.5 ENVIRONMENTAL DISORDERS KNOWLEDGE • Clinical presentation, diagnosis, investigations, complications of Diving illness, Hyperthermia and heart illness, Hypothermia, Drowning/ Near Drowning, High-altitude illness, Radiation exposure • Standard line of treatment • Principles of Management • Scope and limitations of Homoeopathy • Ancillary measures SKILLS • Case taking with physical examination to assess the vitals and elicit the signs to arrive at the provisional diagnosis. • Start basic management for acute conditions and Decision of acceptance or referral of case • Interpretation of investigations to confirm the diagnosis • Role of Homoeopathy in management (curative/Palliative/ Adjuvant). • Arriving at the totality of symptoms • Remedy differentiation and final selection of remedy with appropriate use of repertory and referencing Materia Medica as a prescription decision tool • Documentation of the same

	REFLECTION • Understanding of acute emergency and steps to be followed for basic management of acute state • Arriving at a final diagnosis by appropriate interpretation of investigations • Formulate the totality; use of repertory if necessary and or referencing Materia Medica to arrive at the selection of indicated remedy, potency, repetition with justification • Plan for assessment of the condition for evidence based medicine • Competency
Competency based learning methods	• Peer-based learning methods-Problem-based, case based, Brainstorming, Bedside, Ward rounds, Out-patient based, Lab-Based, Flipped learning , Roleplay. • Individual – based learning methods –Self regulated learning, reflective learning, portfolio-based, library based e-learning, simulations, spaced repetition, deliberate practice, formative self-assessment.
Assessment	• Continuous / Programmatic assessment. • Practical assessment. • Written assessment. • Assignment, MCQ, OSCE, Bed Side Examination, DOPS (Direct Observation of Procedural Skills), Mini CEX (Clinical Evaluation Exercise) Case based assessment, simulation based assessment, spotting, Standardised Patients, Portfolio, Rubrics, Viva voce. • SAQ, LAQ- Descriptive, Case Scenario, Clinical application based, Problem Based Assessment.
Prescribed Texts	Refer to list attached

Domain of competencies	Knowledge and Scholarship / Patient Care / Homoeopathic Orientation / Communication skill/ Practice Based Learning/ / Professionalism
Learning Outcome	HOM-PG PM 28 CLINICAL GENETICS 14.1 THE ROLE OF CLINICAL GENETICIST KNOWLEDGE • How to diagnose all types of genetic diseases, birth defects, and developmental anomalies • How to assess genetic risk • How to do genetic risk
Competency based learning methods	• Peer-based learning methods-Problem-based, case based, Brainstorming, Bedside, Ward rounds, Out-patient based, Lab-Based, Flipped learning , Roleplay. • Individual – based learning methods –Self regulated learning, reflective learning, portfolio-based, library based, e-learning, simulations, spaced repetition, deliberate practice, formative self-assessment.
Assessments	• Continuous / Programmatic assessment. • Practical assessment. • Written assessment. • Assignment, MCQ, Bed Side Examination, Mini CEX (Clinical Evaluation Exercise) Case based assessment, spotting, Standardised Patients, Portfolio, Rubrics, Viva voce. • SAQ.
Learning Outcome	14.2 THE ANATOMY OF THE HUMAN GENOME KNOWLEDGE • Structure of DNA, chromosome and genes

Competency based learning methods	• Peer-based learning methods-Problem-based, case based, Brainstorming, Bedside, Ward rounds, Out-patient based, Lab-Based, Flipped learning , Roleplay. • Individual – based learning methods –Self regulated learning, reflective learning, portfolio-based, library based, e-learning, simulations, spaced repetition, deliberate practice, formative self-assessment.
Assessments	• Continuous / Programmatic assessment. • Practical assessment. • Written assessment. • Assignment, MCQ, Bed Side Examination, Mini CEX (Clinical Evaluation Exercise) Case based assessment, spotting, Standardised Patients, Portfolio, Rubrics, Viva voce. • SAQ.
Learning Outcome	14.3 TYPES OF GENETIC DISEASE KNOWLEDGE • Risk factors, aetiopathogenesis, clinical features, investigations, complications of • Chromosomal disorders • Mutations • Duplications • Polymorphism • Genetic factors in common diseases • Inheritance patterns
Competency based learning	• Peer-based learning methods-Problem-based, case based, Brainstorming, Bedside, Ward rounds, Out-patient based, Lab-Based, Flipped learning , Roleplay.

methods	• Individual – based learning methods –Self regulated learning, reflective learning, portfolio-based, library based, e-learning, simulations, spaced repetition, deliberate practice, formative self-assessment.
Assessments	• Continuous / Programmatic assessment. • Practical assessment. • Written assessment. • Assignment, MCQ, Bed Side Examination, Mini CEX (Clinical Evaluation Exercise) Case based assessment, spotting, Standardised Patients, Portfolio, Rubrics, Viva voce. • SAQ.
Learning Outcome	14.4 COMMON PRESENTATIONS OF GENETIC DISEASE KNOWLEDGE • Risk factors, aetiopathogenesis, clinical features, investigations, complications of common presentations of genetic diseases in different systems- multisystem, respiratory, cardiovascular, renal, gastrointestinal, hepatic, metabolic, endocrine, haematological, neuromuscular, central nervous system, connective tissue, skin, eye. • Miasmatic expression of disease SKILLS • Case taking with physical examination to assess the vitals and elicit the signs to arrive at the provisional diagnosis. • Interpretation of investigations to confirm the diagnosis • Decision of acceptance or referral of case • Infer the miasm in a given case • Role of Homoeopathy in management (Curative/Palliative/Adjuvant/Preventive)

	• Arriving at the totality of symptoms • Remedy differentiation and final selection of remedy with appropriate use of repertory and referring Materia Medica as a prescription decision tool • Documentation of the same REFLECTION • Arriving at a final diagnosis by appropriate interpretation of investigations • Formulate the totality, use of repertory if necessary and or referring materia to arrive at selection of indicated remedy
Competency based learning methods	• Peer-based learning methods-Problem-based, case based, Brainstorming, Bedside, Ward rounds, Out-patient based, Lab-Based, Flipped learning , Roleplay. • Individual – based learning methods –Self regulated learning, reflective learning, portfolio-based, library based, e-learning, simulations, spaced repetition, deliberate practice, formative self-assessment.
Assessment	• Continuous / Programmatic assessment. • Practical assessment. • Written assessment. • Assignment, MCQ, Bed Side Examination, Mini CEX (Clinical Evaluation Exercise) Case based assessment, spotting, Standardised Patients, Portfolio, Rubrics, Viva voce. • SAQ.
Prescribed Texts	Refer to list attached
Domain of competencies	Knowledge and Scholarship / Patient Care / Homoeopathic Orientation / Communication skill/ Practice Based Learning/ / Professionalism

Learning Outcome	14.5 INVESTIGATIONS OF GENETIC DISEASE KNOWLEDGE Investigations of genetic disease
Competency based learning methods	- Peer-based learning methods-Problem-based, case based, Brainstorming, Bedside, Ward rounds, Out-patient based, Lab-Based, Flipped learning , Roleplay. - Individual – based learning methods –Self regulated learning, reflective learning, portfolio-based, library based, e-learning, simulations, spaced repetition, deliberate practice, formative self-assessment.
Assessments	- Continuous / Programmatic assessment. - Practical assessment. - Written assessment. - Assignment, MCQ, Bed Side Examination, Mini CEX (Clinical Evaluation Exercise) Case based assessment, spotting. - SAQ.
Learning Outcome	14.6 GENETIC COUNSELLING AND TESTING KNOWLEDGE - Constructing a pedigree - Risk calculation - Information and support - Genetic testing- genetic screening, prenatal testing, diagnostic test, predictive tests. - Ethical issues in genetic testing

Competency based learning methods	• Peer-based learning methods-Problem-based, case based, Brainstorming, Bedside, Ward rounds, Out-patient based, Lab-Based, Flipped learning , Roleplay. • Individual – based learning methods –Self regulated learning, reflective learning, portfolio-based, library based, e-learning, simulations, spaced repetition, deliberate practice, formative self-assessment.
Assessment	• Continuous / Programmatic assessment. • Practical assessment. • Written assessment. • Assignment, MCQ, Bed Side Examination, Mini CEX (Clinical Evaluation Exercise) Case based assessment, spotting, Standardised Patients, Portfolio, Rubrics, Viva voce. • SAQ.
Prescribed Texts	Refer to list attached
Domain of competencies	Knowledge and Scholarship / Patient Care / Practice Based Learning
Learning Outcome	HOM-PG PM 29: PSYCHIATRIC AND ADDICTION DISORDERS 15.1 Classification of psychiatric disorders and aetiological factors in psychiatric disorders Clinical Interview and Mental State Examination and Major Manifestations of Psychiatric illnesses

	KNOWLEDGE OF • Classification of psychiatric disorders • Etiological factors in psychiatric disorders • Major Manifestations of Psychiatric illnesses • Miasmatic expression of disease • Use of appropriate repertory • Applied Materia Medica SKILL • Clinical assessment of a psychiatric patient in context to Hahnemann classification of mental disorders. • Infer the miasm in a given case • Use of the Primary Care Evaluation of Mental Disorders (PRIME_MD and Patient Health Questionnaire) • Role of Homoeopathy in management- curative/ palliative /adjuvant REFLECTION • Arriving at a final diagnosis through clinical and laboratory assessment. • Formulate the totality • Plan for assessment of a progress of the condition
Competency based learning methods	• Peer-based learning methods-Problem-based, case based, Brainstorming, Bedside, Ward rounds, Out-patient based, Flipped learning , Roleplay. • Individual – based learning methods –Self regulated learning, reflective learning, portfolio-based, library based, e-learning, simulations, spaced repetition, deliberate practice, formative self-assessment.
Assessment	• Continuous / Programmatic assessment.

	• Practical assessment. • Written assessment. • Assignment, MCQ, OSCE, Bed Side Examination, DOPS (Direct Observation of Procedural Skills), Mini CEX (Clinical Evaluation Exercise) Case based assessment, simulation based assessment, spotting, Standardised Patients, Portfolio, Rubrics, Viva voce. • SAQ, LAQ
Prescribed Texts	Refer to list attached
Domain of competencies	Knowledge and Scholarship / Patient Care / Homoeopathic Orientation / Communication skill/ Practice Based Learning/ / Professionalism
Learning Outcome	15.2 ANXIETY DISORDERS, OBSESSIVE COMPULSIVE DISORDER, SCHIZOPHRENIA AND DELUSIONAL DISORDERS AFFECTIVE (MOOD) DISORDERS KNOWLEDGE OF • Clinical presentation of • Anxiety disorders, Obsessive compulsive disorder, Schizophrenia and Delusional disorders • Affective (Mood) disorders • Miasmatic expression of disease • Use of appropriate repertory • Applied Materia Medica SKILL • Clinical assessment of a patient in context to Hahnemann classification of mental disorders. • Infer the miasm in a given case • Use of the Primary Care Evaluation of Mental Disorders

	(PRIME_MD and Patient Health Questionnaire) • Role of Homoeopathy in management- curative/ palliative /adjuvant REFLECTION • Arriving at a final diagnosis through clinical and laboratory assessment. • Formulate the totality • Plan for assessment of a progress of the condition
Competency based learning methods	• Peer-based learning methods-Problem-based, case based, Brainstorming, Bedside, Ward rounds, Out-patient based, Flipped learning , Roleplay. • Individual – based learning methods –Self regulated learning, reflective learning, portfolio-based, library based, e-learning, simulations, spaced repetition, deliberate practice, formative self-assessment.
Assessment	• Continuous / Programmatic assessment. • Practical assessment. • Written assessment. • Assignment, MCQ, OSCE, Bed Side Examination, DOPS (Direct Observation of Procedural Skills), Mini CEX (Clinical Evaluation Exercise) Case based assessment, simulation based assessment, spotting, Standardised Patients, Portfolio, Rubrics, Viva voce. • SAQ, LAQ
Prescribed Texts	Refer to list attached
Domain of competencies	Knowledge and Scholarship / Patient Care / Homoeopathic Orientation / Communication skill/ Practice Based Learning/ / Professionalism

Learning Outcome	15.3 SOMATOFORM DISORDERS , PERSONALITY DISORDERS, KNOWLEDGE OF • Somatoform Disorders • Behavioural Syndromes associated with Physiological Disturbances, • Personality Disorders • Miasmatic expression of disease • Use of appropriate repertory • Applied Materia Medica SKILL • Case taking, Physical examinations to arrive at provisional diagnosis and Clinical assessment of a patient in context to Hahnemann classification of mental disorders. • Infer the miasm in a given case • Use of the Primary Care Evaluation of Mental Disorders (PRIME_MD and Patient Health Questionnaire) • Role of Homoeopathy in management- curative/ palliative /adjuvant REFLECTION • Arriving at a final diagnosis through clinical and laboratory assessment. • Formulate the totality • Plan for assessment of a progress of the condition
Competency based learning methods	• Peer-based learning methods-Problem-based, case based, Brainstorming, Bedside, Ward rounds, Out-patient based, Flipped learning , Roleplay. • Individual – based learning methods –Self regulated learning, reflective learning, portfolio-based, library based, e-learning,

	simulations, spaced repetition, deliberate practice, formative self-assessment.
Assessment	• Continuous / Programmatic assessment. • Practical assessment. • Written assessment. • Assignment, MCQ, OSCE, Bed Side Examination, DOPS (Direct Observation of Procedural Skills), Mini CEX (Clinical Evaluation Exercise) Case based assessment, simulation based assessment, spotting, Standardised Patients, Portfolio, Rubrics, Viva voce. • SAQ, LAQ
Prescribed Texts	Refer to list attached
Domain of competencies	Knowledge and Scholarship / Patient Care / Homoeopathic Orientation / Communication skill/ Practice Based Learning/ / Professionalism
Learning Outcome	15.4 PSYCHIATRIC AND PSYCHOLOGICAL ASPECTS OF CHRONIC AND PROGRESSIVE DISEASES SUBSTANCE ABUSE / MISUSE KNOWLEDGE OF • Psychiatric and psychological aspects of chronic and progressive diseases • Substance abuse / misuse • Miasmatic expression of disease • Use of appropriate repertory • Applied Materia Medica SKILL • Clinical assessment of a patient in context to Hahnemann classification of mental disorders.

	• Infer the miasm in a given case. • Role of Homoeopathy in management- curative/ palliative /adjuvant REFLECTION • Arriving at a final diagnosis through clinical and laboratory assessment. • Formulate the totality • Plan for assessment of a progress of the condition
Competency based learning methods	• Peer-based learning methods-Problem-based, case based, Brainstorming, Bedside, Ward rounds, Out-patient based, Flipped learning , Roleplay. • Individual – based learning methods –Self regulated learning, reflective learning, portfolio-based, library based, e-learning, simulations, spaced repetition, deliberate practice, formative self-assessment.
Assessment	• Continuous / Programmatic assessment. • Practical assessment. • Written assessment. • Assignment, MCQ, OSCE, Bed Side Examination, DOPS (Direct Observation of Procedural Skills), Mini CEX (Clinical Evaluation Exercise) Case based assessment, simulation based assessment, spotting, Standardised Patients, Portfolio, Rubrics, Viva voce. • SAQ, LAQ.
Prescribed Texts	Refer to list attached
Domain of competencies	Knowledge and Scholarship / Patient Care / Homoeopathic Orientation / Communication skill/ Practice Based Learning/ / Professionalism

Learning Outcome	15.5 LEGAL ASPECTS OF PSYCHIATRY KNOWLEDGE OF • Legal aspects of psychiatry SKILL • Assessment of the patient for its acceptance or referral REFLECTION • Arriving at a final diagnosis through clinical and laboratory assessment. • Formulate the totality • Plan for assessment of a progress of the condition
Competency based learning methods	• Peer-based learning methods-Problem-based, case based, Brainstorming, Bedside, Ward rounds, Out-patient based, Flipped learning , Roleplay. • Individual – based learning methods –Self regulated learning, reflective learning, portfolio-based, library based, e-learning, simulations, spaced repetition, deliberate practice, formative self-assessment.
Assessment	• Continuous / Programmatic assessment. • Practical assessment. • Written assessment. • Assignment, MCQ, OSCE, Bed Side Examination, DOPS (Direct Observation of Procedural Skills), Mini CEX (Clinical Evaluation Exercise) Case based assessment, simulation based assessment, spotting, Standardised Patients, Portfolio, Rubrics, Viva voce. • SAQ, LAQ
Prescribed Texts	Refer to list attached

Domain of competencies	Knowledge and Scholarship / Patient Care /Practice Based Learning
Learning Outcome	HOM-PG PM 30: GERIATRIC MEDICINE-FRAIL OLDER PEOPLE 16.1 NORMAL AGING AND CONCEPT OF "HOMEOSTENOSIS" AND MAJOR MANIFESTATIONS IN OLD PEOPLE KNOWLEDGE OF • Normal aging and concept of "Homeostenosis" • Major manifestations in old people SKILL • History and clinical examination of geriatric cases • Role of Homoeopathy in management- curative/ palliative /adjuvant REFLECTION • Arriving at a final diagnosis through clinical and laboratory assessment. • Formulate the totality • Plan for assessment of a progress of the condition
Competency based learning methods	• Peer-based learning methods-Problem-based, case based, Brainstorming, Bedside, Ward rounds, Out-patient based, Lab-Based, Flipped learning , Roleplay. • Individual – based learning methods –Self regulated learning, reflective learning, portfolio-based, library based, e-learning, simulations, spaced repetition, deliberate practice, formative self-assessment.
Assessment	• Continuous / Programmatic assessment. • Practical assessment.

	• Written assessment. • Assignment, MCQ, OSCE, Bed Side Examination, DOPS (Direct Observation of Procedural Skills), Mini CEX (Clinical Evaluation Exercise) Case based assessment, simulation based assessment, spotting, Standardised Patients, Portfolio, Rubrics, Viva voce. • SAQ.
Prescribed Texts	Refer to list attached
Domain of competencies	Knowledge and Scholarship / Patient Care /Practice Based Learning
Learning Outcome	16.2 FRAILTY SYNDROME, MAJOR MANIFESTATIONS OF DISEASE IN FRAIL OLDER PEOPLE CLINICAL ASSESSMENT, INVESTIGATIONS AND REHABILITATION KNOWLEDGE OF • Frailty Syndrome ,Clinical assessment , investigations andf Rehabilitation SKILL • History and clinical examination of geriatric cases • Role of Homoeopathy in management- curative/ palliative /adjuvant REFLECTION • Arriving at a final diagnosis through clinical and laboratory assessment. • Formulate the totality • Plan for assessment of a progress of the condition

Competency based learning methods	• Peer-based learning methods-Problem-based, case based, Brainstorming, Bedside, Ward rounds, Out-patient based, Lab-Based, Flipped learning , Roleplay. • Individual – based learning methods –Self regulated learning, reflective learning, portfolio-based, library based, e-learning, simulations, spaced repetition, deliberate practice, formative self-assessment.
Assessment	• Continuous / Programmatic assessment. • Practical assessment. • Written assessment. • Assignment, MCQ, OSCE, Bed Side Examination, DOPS (Direct Observation of Procedural Skills), Mini CEX (Clinical Evaluation Exercise) Case based assessment, simulation based assessment, spotting, Standardised Patients, Portfolio, Rubrics, Viva voce. • SAQ.
Prescribed Texts	Refer to list attached
Domain of competencies	Knowledge and Scholarship / Patient Care /Practice Based Learning
Learning Outcome	HOM-PG PM31: ONCOLOGY 17.1 Approach to a patient with cancer Diagnosis, clinical assessment, investigations, and staging Principals of Treatment Case Study Oncological emergencies KNOWLEDGE OF

	• Approach to a patient with cancer • Diagnosis, clinical assessment, investigations, and staging • Principals of Treatment • Case Study • Oncological emergencies • Miasmatic expression of disease • Use of appropriate repertory • Applied Materia Medica SKILL • History and clinical examination of oncology cases. • Infer the miasm in a given case • Role of Homoeopathy in management- curative/ palliative /adjuvant REFLECTION • Arriving at a final diagnosis through clinical and laboratory assessment. • Formulate the totality • Plan for assessment of a progress of the condition
Competency based learning methods	• Peer-based learning methods-Problem-based, case based, Brainstorming, Bedside, Ward rounds, Out-patient based, Lab-Based, Flipped learning , Roleplay. • Individual – based learning methods –Self regulated learning, reflective learning, portfolio-based, library based, e-learning, simulations, spaced repetition, deliberate practice, formative self-assessment.
Assessment	• Continuous / Programmatic assessment. • Practical assessment. • Written assessment.

	• Assignment, MCQ, OSCE, Bed Side Examination, DOPS (Direct Observation of Procedural Skills), Mini CEX (Clinical Evaluation Exercise) Case based assessment, simulation based assessment, spotting, Standardised Patients, Portfolio, Rubrics, Viva voce. • SAQ, LAQ- Descriptive, Case Scenario, Clinical application based, Problem Based Assessment.
Prescribed Texts	Refer to list attached
Domain of competencies	Knowledge and Scholarship / Patient Care / Homoeopathic Orientation / Communication skill/ Practice Based Learning/ / Professionalism
Learning Outcome	HOM-PG PM 32: WOMEN'S DISEASES 18.1 Infertility Endometriosis Pelvic Inflammatory Diseases Disorders of Menstrual regulation Health issues in Menopausal women KNOWLEDGE OF • Infertility • Endometriosis • Pelvic Inflammatory Diseases • Disorders of Menstrual regulation • Health issues in Menopausal women • Miasmatic expression of disease • Use of appropriate repertory • Applied Materia Medica SKILL

	• History and clinical examination of gynaecology cases. • Role of Homoeopathy in management- curative/ palliative /adjuvant • Infer the miasm in a given case REFLECTION • Arriving at a final diagnosis through clinical and laboratory assessment. • Formulate the totality • Plan for assessment of a progress of the condition
Competency based learning methods	• Peer-based learning methods-Problem-based, case based, Brainstorming, Bedside, Ward rounds, Out-patient based, Lab-Based, Flipped learning , Roleplay. • Individual – based learning methods –Self regulated learning, reflective learning, portfolio-based, library based, e-learning, simulations, spaced repetition, deliberate practice, formative self-assessment.
Assessment	• Continuous / Programmatic assessment. • Practical assessment. • Written assessment. • Assignment, MCQ, OSCE, Bed Side Examination, DOPS (Direct Observation of Procedural Skills), Mini CEX (Clinical Evaluation Exercise) Case based assessment, simulation based assessment, spotting, Standardised Patients, Portfolio, Rubrics, Viva voce. • SAQ, LAQ- Descriptive, Case Scenario, Clinical application based, Problem Based Assessment.
Prescribed Texts	Refer to list attached

Domain of competencies	Knowledge and Scholarship / Patient Care / Homoeopathic Orientation / Communication skill/ Practice Based Learning/ / Professionalism
Learning Outcome	18.2 MALIGNANCIES (GYNECOLOGICAL CANCERS) POLYCYSTIC OVARIAN SYNDROME (PCOS.) MEDICAL DISEASES IN PREGNANCY KNOWLEDGE OF • Malignancies (Gynecological Cancers) • Polycystic Ovarian Syndrome (PCOS.) • Medical diseases in pregnancy • Miasmatic expression of disease • Use of appropriate repertory • Applied Materia Medica SKILL • History and clinical examination of cases. • Role of Homoeopathy in management- curative/ palliative /adjuvant • Infer the miasm in a given case REFLECTION • Arriving at a final diagnosis through clinical and laboratory assessment. • Formulate the totality • Plan for assessment of a progress of the condition
Competency based	• Peer-based learning methods-Problem-based, case based, Brainstorming, Bedside, Ward rounds, Out-patient based, Lab-Based,

learning methods	Flipped learning , Roleplay. • Individual – based learning methods –Self regulated learning, reflective learning, portfolio-based, library based, e-learning, simulations, spaced repetition, deliberate practice, formative self-assessment.
Assessment	• Continuous / Programmatic assessment. • Practical assessment. • Written assessment. • Assignment, MCQ, OSCE, Bed Side Examination, DOPS (Direct Observation of Procedural Skills), Mini CEX (Clinical Evaluation Exercise) Case based assessment, simulation based assessment, spotting, Standardised Patients, Portfolio, Rubrics, Viva voce. • SAQ, LAQ- Descriptive, Case Scenario, Clinical application based, Problem Based Assessment.
Prescribed Texts	Refer to list attached
Domain of competencies	Knowledge and Scholarship / Patient Care / Homoeopathic Orientation / Communication skill/ Practice Based Learning/ / Professionalism
Learning Outcome	Hom-PG PM 33: LIFE STYLE ILLNESSES 19.1 CONCEPT OF LIFE STYLE ILLNESSES Role of the individual and environment in their genesis and maintenance Homoeopathic perspective of Life style illnesses Comprehensive Homoeopathic assessment and management Role of Education, Family education and ancillary measures in restoring

	health KNOWLEDGE OF • Concept of Life Style Illnesses • Role of the individual and environment in their genesis and maintenance • Homoeopathic perspective of Life style illnesses • Comprehensive Homoeopathic assessment and management • Role of Education, Family education and ancillary measures in restoring health SKILL • History and clinical examination of cases of life-style diseases • Role of Homoeopathy in management- curative/ palliative /adjuvant • Infer the miasm in a given a case REFLECTION • Arriving at a final diagnosis through clinical and laboratory assessment. • Formulate the totality • Plan for assessment of a progress of the condition
Competency based learning methods	• Peer-based learning methods-Problem-based, case based, Brainstorming, Bedside, Ward rounds, Out-patient based, Lab-Based, Flipped learning , Roleplay. • Individual – based learning methods –Self regulated learning, reflective learning, portfolio-based, library based, e-learning, simulations, spaced repetition, deliberate practice, formative self-assessment.
Assessment	• Continuous / Programmatic assessment. • Practical assessment.

	• Written assessment. • Assignment, MCQ, OSCE, Bed Side Examination, DOPS (Direct Observation of Procedural Skills), Mini CEX (Clinical Evaluation Exercise) Case based assessment, simulation based assessment, spotting, Standardised Patients, Portfolio, Rubrics, Viva voce. • SAQ, LAQ- Descriptive, Case Scenario, Clinical application based, Problem Based Assessment.
Prescribed Texts	Refer to list attached
Domain of competencies	Knowledge and Scholarship / Patient Care / Homoeopathic Orientation / Communication skill/ Practice Based Learning/ / Professionalism
Learning Outcome	HOM-PG PM 34: CRITICAL CARE 20.1 PROVISION OF CRITICAL CARE General principles of critical care management and monitoring Major manifestations of critical illness-Circulatory failure. Respiratory failure, Renal failure, Neurological failure (Coma),Hepatic failure, Sepsis, Disseminated intravascular coagulation Scoring system in critical care KNOWLEDGE OF • Provision of critical care • General principles of critical care management and monitoring • Major manifestations of critical illness- Circulatory failure. Respiratory failure, Renal failure, Neurological failure (Coma), Hepatic failure, Sepsis, Disseminated intravascular coagulation

	Scoring system in critical care SKILL • Clinical assessment of critically ill patient using SOFA/ APACHE II scoring system. • Preliminary demonstration about: • Insertion of arterial lines/ central venous line • Arterial blood gas analysis • Pulse oximeter • Endotracheal intubation • Mechanical ventilation • High flow oxygen delivery system • Clinical assessment of a comatose patient. • Interpretation of investigations to confirm the diagnosis. • Role of Homoeopathy in management- curative/ palliative /adjuvant REFLECTION • Arriving at a final diagnosis through clinical and laboratory assessment. • Formulate the totality • Define the scope and limitations of homoeopathy • Plan for assessment of a progress of the condition
Competency based learning methods	• Peer-based learning methods-Problem-based, case based, Brainstorming, Bedside, Ward rounds, Lab-Based, Flipped learning , Roleplay. • Individual – based learning methods –Self regulated learning, reflective learning, portfolio-based, library based, e-learning, simulations, spaced repetition, deliberate practice, formative self-

	assessment.
Assessment	• Continuous / Programmatic assessment. • Practical assessment. • Written assessment. • Assignment, MCQ, OSCE, Bed Side Examination, DOPS (Direct Observation of Procedural Skills), Mini CEX (Clinical Evaluation Exercise) Case based assessment, simulation based assessment, spotting, Standardised Patients, Portfolio, Rubrics, Viva voce. • SAQ, LAQ-
Prescribed Texts	Refer to list attached
Domain of competencies	Knowledge and Scholarship / Patient Care / Homoeopathic Orientation / Communication skill/ Practice Based Learning/ / Professionalism
Learning Outcome	HOM-PG PM 35: PALLIATIVE CARE AND PAIN MANAGEMENT 21.1 PALLIATIVE CARE SYMPTOMS CONTROL, REHABILITATION, CONTINUITY OF CARE, TERMINAL CARE GENERAL PRINCIPLES OF PAIN Mechanisms, psychological aspects of chronic pain and chronic illness Assessment and measurement of pain Treatment of pain CASE STUDY WITH APPROACH KNOWLEDGE OF • Palliative care Symptoms control, rehabilitation, continuity of care, terminal care • General principles of pain

	• Mechanisms, psychological aspects of chronic pain and chronic illness • Assessment and measurement of pain • Treatment of pain • Case study with approach SKILL • Role of Homoeopathy in management of palliative care with respect to Symptoms control, rehabilitation, continuity of care, terminal care. REFLECTION • Arriving at a final diagnosis through clinical and laboratory assessment. • Formulate the totality • Plan for assessment of a progress of the condition
Competency based learning methods	• Peer-based learning methods-Problem-based, case based, Brainstorming, Bedside, Ward rounds, Out-patient based, Lab-Based, Flipped learning , Roleplay. • Individual – based learning methods –Self regulated learning, reflective learning, portfolio-based, library based, e-learning, simulations, spaced repetition, deliberate practice, formative self-assessment.
Assessment	• Continuous / Programmatic assessment. • Practical assessment. • Written assessment. • Assignment, MCQ, OSCE, Bed Side Examination, DOPS (Direct Observation of Procedural Skills), Mini CEX (Clinical Evaluation Exercise) Case based assessment, simulation based assessment, spotting, Standardised Patients, Portfolio, Rubrics, Viva voce. • SAQ

Prescribed Texts	Refer to list attached
Domain of competencies	Knowledge and Scholarship / Patient Care / Homoeopathic Orientation / Communication skill/ Practice Based Learning/ / Professionalism
Learning Outcome	HOM-PG PM 36: EMERGENCY MEDICINE 22.1 INITIAL PRE-HOSPITAL CARE Patient assessment Medical emergencies of Cardio- Circulatory disorders, Respiratory disorders, Neurological disorders, abdominal emergencies, Orthopedic emergencies and Nephrology emergencies KNOWLEDGE OF • Initial Pre-Hospital Care • Patient assessment • Medical emergencies of Cardio- Circulatory disorders, Respiratory disorders, Neurological disorders, Abdominal emergencies, Orthopaedic emergencies and Nephrology emergencies SKILL • Clinical assessment of critically ill patient using SOFA/ APACHE II scoring system. • Preliminary demonstration about: • Insertion of arterial lines/ central venous line • Arterial blood gas analysis • Pulse oximeter • Endotracheal intubation

	• Mechanical ventilation • High flow oxygen delivery system • Clinical assessment of a comatose patient. • Interpretation of investigations to confirm the diagnosis. • Role of Homoeopathy in management- curative/ palliative /adjuvant REFLECTION • Arriving at a final diagnosis through clinical and laboratory assessment. • Formulate the totality • Plan for assessment of a progress of the condition
Competency based learning methods	• Peer-based learning methods-Problem-based, case based, Brainstorming, Bedside, Ward rounds, Lab-Based, Flipped learning , Roleplay. • Individual – based learning methods –Self regulated learning, reflective learning, portfolio-based, library based, e-learning, simulations, spaced repetition, deliberate practice, formative self-assessment.
Assessment	• Continuous / Programmatic assessment. • Practical assessment. • Written assessment. • Assignment, MCQ, OSCE, Bed Side Examination, DOPS (Direct Observation of Procedural Skills), Mini CEX (Clinical Evaluation Exercise) Case based assessment, simulation based assessment, spotting, Standardised Patients, Portfolio, Rubrics, Viva voce. • SAQ, LAQ.
Prescribed	

Texts	Refer to list attached
Domain of competencies	Knowledge and Scholarship / Patient Care / Homoeopathic Orientation / Communication skill/ Practice Based Learning/ / Professionalism
Learning Outcome	HOM-PG PM 36: EMERGENCY MEDICINE 22.1 INITIAL PRE-HOSPITAL CARE Patient assessment Medical emergencies of Cardio- Circulatory disorders, Respiratory disorders, Neurological disorders, abdominal emergencies, Orthopedic emergencies and Nephrology emergencies KNOWLEDGE OF • Initial Pre-Hospital Care • Patient assessment • Medical emergencies of Cardio- Circulatory disorders, Respiratory disorders, Neurological disorders, Abdominal emergencies, Orthopaedic emergencies and Nephrology emergencies SKILL • Clinical assessment of critically ill patient using SOFA/ APACHE II scoring system. • Preliminary demonstration about: • Insertion of arterial lines/ central venous line • Arterial blood gas analysis • Pulse oximeter • Endotracheal intubation • Mechanical ventilation

	• High flow oxygen delivery system • Clinical assessment of a comatose patient. • Interpretation of investigations to confirm the diagnosis. • Role of Homoeopathy in management- curative/ palliative /adjuvant REFLECTION • Arriving at a final diagnosis through clinical and laboratory assessment. • Formulate the totality • Plan for assessment of a progress of the condition
Competency based learning methods	• Peer-based learning methods-Problem-based, case based, Brainstorming, Bedside, Ward rounds, Lab-Based, Flipped learning , Roleplay. • Individual – based learning methods –Self regulated learning, reflective learning, portfolio-based, library based, e-learning, simulations, spaced repetition, deliberate practice, formative self-assessment.
Assessment	• Continuous / Programmatic assessment. • Practical assessment. • Written assessment. • Assignment, MCQ, OSCE, Bed Side Examination, DOPS (Direct Observation of Procedural Skills), Mini CEX (Clinical Evaluation Exercise) Case based assessment, simulation based assessment, spotting, Standardised Patients, Portfolio, Rubrics, Viva voce. • SAQ.
Prescribed Texts	Refer to list attached

Domain of competencies	Knowledge and Scholarship / Patient Care / Homoeopathic Orientation / Communication skill/ Practice Based Learning/ / Professionalism
Learning Outcome	22.2 BASIC KNOWLEDGE OF TRAUMA CARE KNOWLEDGE OF • Basic Knowledge of Trauma Care • To acquire skills for its appropriate use of necessary equipments like - Nebulizer, Suction apparatus, Oxygen cylinder with regulator, Fingertip pulse oxymeter Laryngoscope, Airways, Ambu bag, ECG machine, IV Canulla 16-21G butterfly Syringes-different sizes 3cc, 50cc, Glucometer, Defibrillator • Essential clinical skills for Therapeutics and Diagnostics procedures • Venous and arterial puncture, open airway with or without airway devices. Ventilate a patient, performance of Cardio-pulmonary resuscitation (CPR one or two supporters). Interpretation of arterial blood gases, surgical suture of injuries, apply cast to extremity fractures • Essential emergency medications- To know the Pharmacodynamics, Pharmacokinetics, therapeutic actions and route of administration- Adrenaline • 1:1000 vials. Chlorphreniramine IV vials, Promethazine IV vials, Salbutamol respiratory solution. Prednisolone tablets, IV hydrocortisone vials, Rectal diazepam preparation. Aspirin tablets, Morphine tablets. IV furosemide vials Diclofenac sodium suppository. Hyoscine butylbromide vials, IV fluids-N Saline, 5% dextrose, 50% dextrose

	SKILL • Appropriate use of necessary equipment like - Nebulizer, Suction apparatus, Oxygen cylinder with regulator, Fingertip pulse oximeter Laryngoscope, Airways, Ambu bag, ECG machine, IV Canulla 16-21G butterfly Syringes-different sizes 3cc, 50cc, Glucometer, Defibrillator. • Venous and arterial puncture, open airway with or without airway devices. Ventilate a patient, performance of Cardio-pulmonary resuscitation (CPR one or two supporters). Interpretation of arterial blood gases, surgical suture of injuries, apply cast to extremity fractures. • Defining the scope and limitations of homoeopathy.
Competency based learning methods	• Peer-based learning methods-Problem-based, case based, Brainstorming, Bedside, Ward rounds, Lab-Based, Flipped learning , Roleplay. • Individual – based learning methods –Self regulated learning, reflective learning, portfolio-based, library based, e-learning, simulations, spaced repetition, deliberate practice, formative self-assessment.
Assessment	• Continuous / Programmatic assessment. • Practical assessment. • Written assessment. • Assignment, MCQ, OSCE, Bed Side Examination, DOPS (Direct Observation of Procedural Skills), Mini CEX (Clinical Evaluation Exercise) Case based assessment, simulation based assessment, spotting, Standardised Patients, Portfolio, Rubrics, Viva voce. • SAQ.
Prescribed Texts	Refer to list attached

Domain of competencies	Knowledge and Scholarship / Patient Care / Homoeopathic Orientation / Communication skill/ Practice Based Learning/ / Professionalism
Learning Outcome	HOM-PG PM 37: POISONING 23.1 GENERAL APPROACH TO THE POISONED PATIENT POISONING BY SPECIFIC PHARMACEUTICAL AGENTS KNOWLEDGE OF • General approach to the poisoned patient • Poisoning by specific pharmaceutical agents SKILL • History taking and clinical assessment of poisoned patient • Role of Homoeopathy in management of poisoned patient
Competency based learning methods	• Peer-based learning methods-Problem-based, case based, Brainstorming, Bedside, Ward rounds, Out-patient based, Lab-Based, Flipped learning , Roleplay. • Individual – based learning methods –Self regulated learning, reflective learning, portfolio-based, library based, e-learning, simulations, spaced repetition, deliberate practice, formative self-assessment.
Assessment	• Continuous / Programmatic assessment. • Practical assessment. • Written assessment. • Assignment, MCQ, OSCE, Bed Side Examination, DOPS (Direct Observation of Procedural Skills), Mini CEX (Clinical Evaluation Exercise) Case based assessment, simulation based assessment, spotting,

	Standardised Patients, Portfolio, Rubrics, Viva voce. • SAQ.
Prescribed Texts	Refer to list attached
Domain of competencies	Knowledge and Scholarship / Patient Care / Homoeopathic Orientation / Communication skill/ Practice Based Learning/ / Professionalism
Learning Outcome	23.2 CHEMICALS AND PESTICIDES ENVENOMATION ENVIRONMENTAL POISONING AND ILLNESSES KNOWLEDGE OF • Clinical features and management of • Chemicals and pesticides • Envenomation • Environmental poisoning and illnesses SKILL • History taking and clinical assessment of poisoned patient • Role of Homoeopathy in management of poisoned patient
Competency based learning methods	• Peer-based learning methods-Problem-based, case based, Brainstorming, Bedside, Ward rounds, Out-patient based, Lab-Based, Flipped learning , Roleplay. • Individual – based learning methods –Self regulated learning, reflective learning, portfolio-based, library based, e-learning, simulations, spaced repetition, deliberate practice, formative self-assessment.
Assessment	• Continuous / Programmatic assessment.

	• Practical assessment. • Written assessment. • Assignment, MCQ, OSCE, Bed Side Examination, DOPS (Direct Observation of Procedural Skills), Mini CEX (Clinical Evaluation Exercise) Case based assessment, simulation based assessment, spotting, Standardised Patients, Portfolio, Rubrics, Viva voce. • SAQ
Prescribed Texts	Refer to list attached
Domain of competencies	Knowledge and Scholarship / Patient Care / Homoeopathic Orientation / Communication skill/ Practice Based Learning/ / Professionalism
Learning Outcome	HOM-PG PM 38: NATIONAL HEALTH PROGRAMS SUB – COMPETENCIES 24.1 Current National health Programs - Concept/ Objectives/ Implementations/ Ground realities/ Impact National Programs under NRHM Contribution of Homoeopathy in National Health Programmers KNOWLEDGE OF • Current National health Programmes - Concept/ Objectives/ Implementations/ Ground realities/ Impact • National Programs under NRHM • Contribution of Homoeopathy in National Health Programmes SKILL • Get versed with implementation of various National Health Programmes. REFLECTION

	• Role of homoeopathy in implementation of various National Health Program through active participation at community level • Documentation of evidences
Competency based learning methods	• Peer-based learning methods-Problem-based, case based, Brainstorming, Bedside, Ward rounds, Out-patient based, Lab-Based, Community Postings, Flipped learning , Roleplay. • Individual – based learning methods –Self regulated learning, reflective learning, portfolio-based, library based, e-learning, simulations, spaced repetition, deliberate practice, formative self-assessment.
Assessment	• Continuous / Programmatic assessment. • Practical assessment. • Written assessment. • Assignment, MCQ, OSCE, Bed Side Examination, DOPS (Direct Observation of Procedural Skills), Mini CEX (Clinical Evaluation Exercise) Case based assessment, simulation based assessment, spotting, Standardised Patients, Portfolio, Rubrics, Viva voce. • SAQ.
Prescribed Texts	Refer to list attached
Domain of competencies	Knowledge and Scholarship , Patient Care , Homoeopathic Orientation, Communication Skill

VII. ASSESSMENT

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

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

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

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

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

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

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

TYPES OF QUESTIONS WITH MARKS

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

PART II – PAPER I. TOPIC NUMBERS

LIST OF TOPICS

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

TOPIC-II

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

1.1 Disorders of heart rate, rhythm and conduction

1.2 Atherosclerotic vascular disease

1.3 Coronary heart diseases

1.4 Vascular diseases

1.5 Hypertension

1.6 Diseases of heart valves

1.7 Congenital heart diseases

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

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

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

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

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

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

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

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

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

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

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

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

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

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

7.4 Haematological malignancies

7.5 Myeloproliferative disorders

7.6 Bleeding disorders

7.7 Venous thrombosis

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

8.1 Degenerative joint diseases

8.2 Inflammatory joint diseases

8.3 Fibromyalgia

8.4 Diseases of the Bone

8.5 Systemic Connective tissue diseases

8.6 Musculoskeletal manifestations of disease in other systems

8.7 Miscellaneous musculoskeletal conditions

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

9.1 Cerebro- vascular diseases

9.2 Inflammatory diseases of CNS

9.3 Degenerative diseases

9.4 Diseases of Nerves

9.5 Disorders of Muscles

9.5 Disorders of Spine and Spinal cord

9.6 Infections of Nervous System

9.7 Intracranial mass lesions and Raised intracranial pressure

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

10.1 Skin manifestations in Systemic Disease

10.2 Eczema

10.3 Urticaria

10.4 Psoriasis and other Erythematous Scaly Eruptions

10. 5. Disorders of the Pilosebaceous Unit

10.6 . Some Common Skin Infections and Infestations

10.7 Pressure sores

10.8. Skin Tumours

10.9 Disorders of Pigmentations

10.10. Disorders of the Nails

Part II – Paper II. Topic Numbers

List of Topics

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

TOPIC 3:

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

11.1 Patterns of infection

11.2 Microorganism - Host interaction

11.3 Vaccine development

11.4 The febrile patient

11.5 Generalised infections

11.6 Rashes and infection

11.7 Food poisoning and gastroenteritis

11.8 Tropical and International health

11.9 Sexually transmitted infections

11.10 Human immunodeficiency virus infection and Acquired immunodeficiency syndrome

11.11 The management of infection

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

12.1 Physiology of Water and Electrolyte

12.2 Disorders of Water metabolism: Dysnatraemias

12.3 Disorders of Potassium Metabolism: Dyskalaemias

12.4 Acid Base disorders

12.5 Disorders of Divalent ion metabolism

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

13.1 Nutritional assessment and nutritional needs

13.2 Nutritional and Metabolic disorders

13.3 Vitamins and Minerals

13.4 Other metabolic disorders

13.5 Environmental disorders

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

14.1 The role of clinical geneticist

14.2 The anatomy of the human genome

14.3 Types of genetic disease

14.4 Common presentations of genetic disease

14.5 Investigations of genetic disease

14.6 Genetic counselling and testing

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

15.1 Classification of psychiatric disorders and aetiological factors in psychiatric disorders

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

15.3 Somatoform Disorders , Personality Disorders,

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

15.5 Legal aspects of psychiatry

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

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

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

Clinical assessment, investigations and Rehabilitation

- **HOM-PG PM31: ONCOLOGY**

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

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

18.1 Infertility

Endometriosis

Pelvic Inflammatory Diseases

Disorders of Menstrual regulation

Health issues in Menopausal women

18.2 Malignancies (Gynecological Cancers)

Polycystic Ovarian Syndrome (PCOS.)

Medical diseases in pregnancy

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

19.1 Concept of Life Style Illnesses

Role of the individual and environment in their genesis and maintenance

Homoeopathic perspective of Life style illnesses

Comprehensive Homoeopathic assessment and management

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

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

20.1 Provision of critical care

General principles of critical care management and monitoring

Major manifestations of critical illness- Circulatory failure. Respiratory failure, Renal failure, Neurological failure (Coma), Hepatic failure, Sepsis, Disseminated intravascular coagulation

Scoring system in critical care

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

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

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

22.1 Initial Pre-Hospital Care

Patient assessment

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

22.2 Basic Knowledge of Trauma Care

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

23.1 General approach to the poisoned patient

Poisoning by specific pharmaceutical agents

23.2 Chemicals and pesticides

Envenomation

Environmental poisoning and illnesses

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

24.1 Current National health Programs-Concept/Objectives/Implementations/ Groundrealities/

Impact National Programs under NRHM Contribution of Homoeopathy in National Health Programs

VII (2B). QUESTION PAPER LAYOUT

THEORY QUESTION PAPER LAYOUT

PART II PAPER I ADVANCED LEARNING OF PRACTICE OF MEDICINE

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

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

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

Note:-

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

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

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

THEORY QUESTION PAPER LAYOUT

PART II PAPER II ADVANCED LEARNING OF PRACTICE OF MEDICINE

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

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

Note:-

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

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

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

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

VII (3A). CLINICAL EXAMINATION.

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

VII (3b). VIVA VOCE.

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

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

8. REFERENCE BOOKS (RECOMMENDED READING)

CLINICAL MEDICINE

(TextBooks-Latest Editon)

- Kamath, S.A, 1969, API Textbook of Medicine Jaypee Bro, New Delhi, 12th Ed.
- Loscalzo, J.Kasper,D.L.,Longo,D.L.,Fauci,A.S,Hauser,S.L.and Jameson,J.L. ,1958, Harrison's, Principles and Practice of Medicine Mc Graw Hill, New York, 21st Ed.
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- Weatherall, D.J,Ledingham,J.G.G., and Warrell,D.A Oxford Text book of Medicine ,1983,Oxford Medical Publication, New York 3rd Ed.
- Wyngaarden, J, B. and Smith, L.H.Cecil Text Book of Medicine,1985,W.B.Saunders Com, Philadelphia.17th Ed.

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- Bahr, P.E.C and Bell, D.R, 1987, Manson's Tropical Diseases, ELBS Pub, London, 19 th Ed.
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- Sherlock,S,1963,Diseases of the Liver and Biliary System, Blackwell Scientific Publications,London,8th Ed.
- Singh,M,1992, Pediatric Clinical Methods,Sagar Publications,New Delhi.
- Sleisenger, M.H and Fordtran, J.S, 1993, Gastrointestinal Disease, W.B.Saunders Company, Philadelphia,5th Ed.
- Vakil,R J and Udwadia F.E,Diagnosis And Management of Medical Emergencies,1975,Oxford University Press,London,3rd Ed.
- Walton,J.N,1962,Brain's Diseases of the Nervous System, Oxford University Press,Bombay,8th Ed.
- Wanger,G.S,1994,Marriott's Practical Electrocardiography,B.I.Waverly,PVT LTD,New Delhi,9th Ed.
- Williams, M.A and Snyder, L.M, 2011, Wallach's Interpretation of Diagnostic Tests, Wolters Kluwer, New Delhi,9th Ed.
- Wyngaarden, J, B. and Smith, L.H.Cecil,1985,Text Book of Medicine,W.B.Saunders Com, Philadelphia.17th Ed.

CLINICAL METHOD BOOKS

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

- Allen,J.H,1984,The Chronic Miasms:Psora And Pseudo-Psora,Jain Publishing, Vol 1 and Vol 2New Delhi.
- Boger,C.M,1964,Studies in The Philosophy Of Healing,Word Homoeopathic Links,New Delhi,2nd Ed.
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- Speight, P.,1989, A Comparison of the Chronic Miasms, B Jain Pub, New Delhi.

LIST OF RECOMMENDED REFERENCE BOOKS FOR HOMOEOPATHIC MATERIA MEDICA

- Allen,T.F,1990,Handbook Of Materia Medica And Homoeopathic Therapeutics, B.Jain Publishers,New Delhi.
- Allen H.C,2005,Keynotes Rearranged And Classified With Leading Remedies of the Materia Medica and Bowel Nosodes Including Repertorial Index, B.Jain Publishers,New Delhi,10th Ed.
- Allen H.C,1981,The Materia Medica of the Nosodes with Provings of the X-RAY,Jain Publishing,New Delhi.
- Allen ,T.F,1985,The Encyclopaedia of Pure Materia Medica,Vol 1 to Vol 12,B.Jain Publishers,New Delhi.\
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- Clarke,J.H,2006,A Dictionary of Practical Materia Medica Vol 1 to Vol 3,IBPP,New Delhi.

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- Farrington,E.A,1984,Comparative Materia Medica, B.Jain Publishers,New Delhi.
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LIST OF RECOMMENDED REFERENCE BOOKS FOR HOMOEOPATHIC REPERTORY

- Barthel, H, Wilhemsfeldand Heidelberg, 1984 ,Synthetic Repertory: Psychic and General Symptoms of the Homoeopathic Materia Medica vol 1 and 2 , Indian Books and Periodicals Syndicate, New Delhi,2nd Ed.
- Boger, C.M, 2018, Boger Boenninghausen's Characteristics and Repertory with corrected and Abbreviations and Word Index, B.Jain Publishers, USA.
- Kent, J.T, 2018, Repertory of the Homoeopathic Materia Medica, B.Jain Publishers, USA, 6th Ed.
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- Zandorvoot,R.,1994,Complete Repertory, Inst for Research in Homoeopathic Information Symptomatology.

RECOMMENDED JOURNAL READING

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

PART I PAPER 2

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

II. COMPONENTS OF THE CURRICULUM

II (1). Part I

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

II (2). Part II

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

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

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

need to evolve an integrated course.

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

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

PART I PAPER 2:

V. TOPICS AND TOPIC OBJECTIVES

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

CONCEPT OF SUPPRESSION, MIASMS AND VACCINATIONS IN MEDICINE

8. Hom-PG-FHPOM-08 –

CONCEPT OF TOTALITY

9. Hom-PG-FHPOM-09 –

CONCEPT OF SIMILAR AND SIMILLIMUM

10. Hom-PG-FHPOM-10 –

CONCEPT OF THERAPEUTIC MANAGEMENT

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

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

quantitative and qualitative aspects of susceptibility

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

TOPIC CONTENT

(I) HOM-PG-FHPOM-01

HAHNEMANNIAN CONCEPT OF MAN, HEALTH AND DISEASE

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

(II) HOM-PG-FHPOM-02

CONCEPT OF DYNAMISM, RECOVERY AND CURE AND OBSTACLES TO CURE

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

(III) HOM-PG-FHPOM-03

CONCEPT OF ARTIFICIAL DISEASE AND PORTRAIT OF DISEASE

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

(IV) HOM-PG-FHPOM-04

CONCEPT OF UNPREJUDICED OBSERVATION AND CASE TAKING

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

patient interaction in detail. (ORG)

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

(V) HOM-PG-FHPOM-05

CONCEPT OF SYMPTOMATOLOGY

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

(VI) HOM-PG-FHPOM-06

CONCEPT OF SUSCEPTIBILITY AND DISEASE

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

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

(VII) HOM-PG-FHPOM-07

CONCEPT OF SUPPRESSION AND MIASMS

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

(VIII) HOM-PG-FHPOM-08

CONCEPT OF TOTALITY

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

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

(IX) HOM-PG-FHPOM-09

CONCEPT OF SIMILAR AND SIMILIMUM

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

(X) HOM-PG-FHPOM-10

CONCEPT OF THERAPEUTIC MANAGEMENT

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

VI. TOPIC DESCRIPTION

NOTE:

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

Topic Overview	This Topic will provide students of MD Hom (Practice Of Medicine) with an overview of the significance of study of fundamentals of homoeopathy with the integrated knowledge of Homoeopathic Philosophy, Materia Medica and Repertory in various clinical stages of different clinical conditions in practice to produce evidence based results.
Learning Outcomes	HOM-PG-FHPOM-01 COMPETENCY 1: HAHNEMANNIAN CONCEPT OF MAN, HEALTH, DISEASE KNOWLEDGE OF :- • Concept of Health, disease and causation. • Concept of health by WHO • Hahnemannian concept of man and its further extension by Kent, Boenninghausen and Boger and its influence on their writing of Repertory and HMM. • Evolution of disease: Predisposition-disposition-diathesis-disease

	- Philosophical basis and the Construction arrangement of the three original repertories (Kent, TPB, BBCR) representation of above concepts in the repertories. - Science and philosophy of HMM SKILLS - Elicit the causation of disease in a given case - Demonstrate utility of causation in management of cases - Demonstrate application of Repertory and HMM from causative perspective REFLECTION - Relate the evolution of disease with understanding of predisposition , disposition and diathesis in a given case. - Reason out the utility of Repertory and HMM for selection of remedy in clinical practice.
Competency Based Learning Methods	- Peer-based learning methods-Problem-based, case based, Brainstorming, Bedside, Word rounds, Out-patient based, Flipped learning , roleplay. - Individual – based learning methods –Self regulated learning, reflective learning, portfolio-based, library based, e-learning, simulations, spaced repetition, deliberate practice, formative self-assessment.
Assessments	- Continuous / Programmatic assessment. - Practical assessment.

	• Written assessment. • Assignment, MCQ, OSCE, Bed Side Examination, DOPS (Direct Observation of Procedural Skills), Mini CEX (Clinical Evaluation Exercise) Case based assessment, simulation based assessment, spotting, Standardised Patients, Portfolio, Rubrics, Viva voce. • SAQ.
Prescribed texts	As per list
Domains of competencies	KS,PC,HO,CS,PBL

Learning Outcomes	HOM-PG-FHPOM-02 COMPETENCY 2 : CONCEPT OF DYNAMISM, RECOVERY AND CURE AND OBSTACLES TO CURE KNOWLEDGE OF – • Concept of vital force in maintaining health and in genesis of disease • Concepts of recovery and cure and the essential difference between the two. (ORG) • Concept of pseudo chronic diseases. (ORG) • Knowledge of various factors - mental and physical - which derange health and act as obstacles to cure and how to remove them to ensure cure. (ORG) • Role of miasm in causing and maintaining disease and addressing the same to ensure cure.(ORG) • Understanding the above concepts and its representation and utility in study of HMM (HMM) and its representation in different standard Repertories (REP)

	SKILLS • Demonstrate logically the difference between recovery and cure. • Identify the obstacles to cure in a given case. REFLECTION • Relating the vital force concept with health and disease. • Illustrate how to remove the obstacles to cure in a given case. • Relate the miasmatic understanding in maintaining the chronic disease.
Competency Based Learning Methods	• Peer-based learning methods-Problem-based, case based, Brainstorming, Bedside, Word rounds, Out-patient based, Flipped learning, roleplay. • Individual – based learning methods –Self regulated learning, reflective learning, portfolio-based, library based , e-learning , simulations, spaced repetition , deliberate practice, formative self-assessment.
Assessments	• Continuous / Programmatic assessment. • Practical assessment. • Written assessment. • Assignment, MCQ, OSCE, Bed Side Examination, DOPS (Direct Observation of Procedural Skills), Mini CEX (Clinical Evaluation Exercise) Case based assessment, simulation based assessment, spotting, Standardised Patients, Portfolio, Rubrics, Viva voce. • SAQ
Prescribed texts	As per list

Domains of competencies	KS,PC,HO,CS,PBL
Learning Outcomes	HOM-PG-FHPOM-03 COMPETENCY 3: CONCEPT OF ARTIFICIAL DISEASE AND PORTRAIT OF DISEASE KNOWLEDGE OF- • Mission and knowledge of physician (ORG) • Drug proving (ORG, HMM) • Process of recording and system of recording artificial and natural diseases (ORG) • Creating portraits of artificial and natural disease and learning the art of matching. (ORG, HMM) • Art of creating portrait of polychrest remedies through analysis, evaluation and construction of totality at level of mind, physical general and particulars (HMM). SKILLS • Implement knowledge of physician in clinical practice in all the types of clinical settings. • Construct the portrait of artificial and natural disease and their matching. • Classify the data from artificial and natural disease through analysis and evaluation. REFLECTION • Relate the knowledge of physician in the clinical practice. • Illustrate the portrait of remedy in a given case.
Competency Based	• Peer-based learning methods-Problem-based, case based, Brainstorming, Bedside, Word rounds, Out-patient based, Flipped

Learning Methods	learning , roleplay. Individual – based learning methods –Self regulated learning, reflective learning , portfolio-based, library based , e-learning , simulations, spaced repetition , deliberate practice, formative self-assessment.
Assessments	- Continuous / Programmatic assessment. - Practical assessment. - Written assessment. - Assignment, MCQ, OSCE, Bed Side Examination, DOPS (Direct Observation of Procedural Skills), Mini CEX (Clinical Evaluation Exercise) Case based assessment, simulation based assessment, spotting, Standardised Patients, Portfolio, Rubrics, Viva voce. - SAQ
Prescribed texts	As per list
Domains of competencies	KS,PC,HO,CS,PBL

Learning Outcomes	HOM-PG-FHPOM-04 COMPETENCY 4 : CONCEPT OF UNPREJUDICED OBSERVATION AND CASE TAKING KNOWLEDGE OF :- - The guidelines given by Hahnemann for case taking and evolve a standardised case record for homoeopathic practice. (ORG) - Discuss the concept of unprejudiced physician through the process of knowing oneself through practical bed-side demonstration of analysis of physician-patient interaction in

	detail. (ORG) - Utilising the concept of unprejudiced in perceiving the patient and constructing totality for correct prescribing. (ORG) SKILLS - Exhibit the skill of perceiving the patient and constructing totality through unprejudiced observation in patient REFLECTION - Relate the role of prejudices in perceiving and constructing totality. - Contextualizing the knowledge of case taking and unprejudiced observation in construction of totality.
Competency Based Learning Methods	- Peer-based learning methods-Problem-based, case based, Brainstorming, Bedside, Word rounds, Out-patient based, Flipped learning, roleplay. - Individual – based learning methods –Self regulated learning, reflective learning , portfolio-based, library based , e-learning , simulations, spaced repetition , deliberate practice, formative self-assessment.
Assessments	- Continuous / Programmatic assessment. - Practical assessment. - Written assessment. - Assignment, MCQ, OSCE, Bed Side Examination, DOPS (Direct Observation of Procedural Skills), Mini CEX (Clinical Evaluation Exercise) Case based assessment, simulation based assessment, spotting, Standardised Patients, Portfolio, Rubrics, Viva voce. - SAQ, LAQ- Descriptive, Case Scenario, Clinical application based, Problem Based Assessment.

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

Learning Outcomes	HOM-PG-FHPOM-05 COMPETENCY 5:- CONCEPT OF SYMPTOMATOLOGY KNOWLEDGE OF :- • Symptomatology and value of a symptom from the standpoint of homoeopathic practice. (ORG) • Concept of individualisation and generalisation as given by Kent and Boenninghausen and their essential difference between the two. (ORG, Repertory) • Concept of individualisation and generalisation in the construction of different repertories viz Kent, Boenninghausen, Boger and TPB. (Rep) • Understanding the concept of classification of symptoms and its utility in the study of HMM • Understanding the concept of generalisation vs individualisation and its utility in generalising the individual drug symptom into Group symptoms and deriving group characteristics (HMM) • Study of Materia Medica with the help of concept of generalisation. (HMM). • Study of group remedies based on above concept (HMM).

	SKILLS • Construct the totality by using concept of generalization and individualization • Construct the totality of symptoms of a group remedy through generalization. REFLECTION • Relate the application of study of group remedies in clinical practice • Reason out the process of generalization and individualization in totality formation • Contextualize the value of symptom in matching with HMM and referring to repertory.
Competency Based Learning Methods	• Peer-based learning methods-Problem-based, case based, Brainstorming, Bedside, Word rounds, Out-patient based, Flipped learning , roleplay. • Individual – based learning methods –Self regulated learning ,reflective learning , portfolio-based, library based , e-learning , simulations, spaced repetition , deliberate practice, formative self-assessment.
Assessments	• Continuous / Programmatic assessment. • Practical assessment. • Written assessment. • Assignment, MCQ, OSCE, Bed Side Examination, DOPS (Direct Observation of Procedural Skills), Mini CEX (Clinical Evaluation Exercise) Case based assessment, simulation based assessment, spotting, Standardised Patients, Portfolio, Rubrics, Viva voce. • SAQ, LAQ- Descriptive, Case Scenario, Clinical application based, Problem Based Assessment.

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

Learning Outcomes	HOM-PG-FHPOM-06 COMPETENCY 6 :- CONCEPT SUSCEPTIBILITY, ACUTE AND CHRONIC DISEASE KNOWLEDGE OF :- - Various parameters in determining susceptibility in different types of cases - acute, chronic, intermittent, mental, and periodic illnesses and its application in practice. (ORG) - Application of the knowledge of classification of diseases as given by Hahnemann and its role in defining the scope and limitations by demonstrating its application in different types of cases. (ORG) - Construction of different regional repertories as an aid to case taking and managing a variety of clinical conditions. E.g. Boericke's Repertory, Phatak's repertory with examples. (REP) - Clinical Materia Medica and remedial differentiation in different types of cases . SKILLS - Apply susceptibility concept in management of cases in clinical practice.

	• Demonstrate the disease classification as per Hennenmann in a given case • Document scope and limitations as per classification of diseases in the light of clinical medicine. REFLECTION • Relate the role of susceptibility in homeopathic practice • Illustrate the utility of regional repertory in clinical practice
Competency Based Learning Methods	• Peer-based learning methods-Problem-based, case based, Brainstorming, Bedside, Word rounds, Out-patient based, Flipped learning, roleplay. • Individual – based learning methods –Self regulated learning, reflective learning, portfolio-based, library based e-learning, simulations, spaced repetition, deliberate practice, formative self-assessment.
Assessments	• Continuous / Programmatic assessment. • Practical assessment. • Written assessment. • Assignment, MCQ, OSCE, Bed Side Examination, DOPS (Direct Observation of Procedural Skills), Mini CEX (Clinical Evaluation Exercise) Case based assessment, simulation based assessment, spotting, Standardised Patients, Portfolio, Rubrics, Viva voce. • SAQ.
Prescribed texts	As per list
Domains of competencies	KS,PC,HO,CS,PBL

Learning Outcomes	COMPETENCY: HOM-PG-FHPOM-07 COMPETENCY 7: CONCEPT OF SUPPRESSION AND MIASM KNOWLEDGE OF – • Concept of suppression in homoeopathy and its types (surgical/non-surgical) in progression of disease and its management (ORG) • Concept of Miasm from Hahnemannian perspective and its further expansion by Allen, Kent and ML Dhawale (ORG) • Use of Miasm in classifying and understanding the evolution of different remedies(HMM) • Utilising the indications of anti-miasmatic remedies as per list. • Role of miasm as a fundamental cause and `its influence in the expressions in disease and remedies through the Miasmatic expression of Psora, Sycosis, Tubercular and Syphilis. (HMM) • Rubrics of suppression from different repertories (REP) • Rubrics of different expressions of Miasm from different repertories and study of different Miasm rubrics (REP) SKILLS • Identify the suppression in clinical cases • Derive miasmatic understanding in acute and chronic disease • Choose anti-miasmatic remedy prescribing in clinical cases. • Illustrate miasmatic symptoms in a given case.

	REFLECTION • Relate the evolution of disease with miasm in clinical practice. • Review the concept of suppression and relate it through the study of repertory and Materia Medica.
Competency Based Learning Methods	• Peer-based learning methods-Problem-based, case based, Brainstorming, Bedside, Word rounds, Out-patient based, Flipped learning , roleplay. • Individual – based learning methods –Self regulated learning ,reflective learning , portfolio-based, library based , e-learning , simulations, spaced repetition , deliberate practice, formative self-assessment.
Assessments	• Continuous / Programmatic assessment. • Practical assessment. • Written assessment. • Assignment, MCQ, OSCE, Bed Side Examination, DOPS (Direct Observation of Procedural Skills), Mini CEX (Clinical Evaluation Exercise) Case based assessment, simulation based assessment, spotting, Standardised Patients, Portfolio, Rubrics, Viva voce. • SAQ, LAQ- Descriptive, Case Scenario, Clinical application based, Problem Based Assessment.
Prescribed texts	As per list
Domains of competencies	KS,PC,HO,CS,PBL

Learning	HOM-PG-FHPOM-08

Outcomes	COMPETENCY 8 : CONCEPT OF TOTALITY KNOWLEDGE OF- • Process of constructing acute, chronic and inter current totalities. (ORG) • Mastering the concept of classification and evaluation of symptoms (REP) • Selecting the suitable approach and constructing reportorial totality as per Kent, Boenninghausen and Boger. (REP) • Understanding the process of reportorial and non-reportorial approach and how to select one (REP) • Solving the case with the help of available homoeopathic softwares. (REP) • Understanding the non-reportorial approach namely structuralization, synthetic approach and key-note. (REP) • Differentiation of similar remedies in acute and chronic cases by reference to source books, commentaries and clinical Materia Medica. (HMM) • Building up totalities of different remedies through source books and other commentaries from the list. (HMM) SKILLS • Construct acute, chronic and inter current totality • Construct reportorial totality • Solving the case with suitable software • Perform differentiation of remedies using different HMM viz source book, commentaries , clinical Materia Medica and key notes

	REFLECTION - Justify the construction of totality in a given case. - Reason out the basis for different approaches and references to repertory - Establish the role of various Materia Medica based on totality of cases.
Competency Based Learning Methods	- Peer-based learning methods-Problem-based, case based, Brainstorming, Bedside, Word rounds, Out-patient based, Flipped learning , roleplay. - Individual – based learning methods –Self regulated learning ,reflective learning , portfolio-based, library based , e-learning , simulations, spaced repetition , deliberate practice, formative self-assessment.
Assessments	- Continuous / Programmatic assessment. - Practical assessment. - Written assessment. - Assignment, MCQ, OSCE, Bed Side Examination, DOPS (Direct Observation of Procedural Skills), Mini CEX (Clinical Evaluation Exercise) Case based assessment, simulation based assessment, spotting, Standardised Patients, Portfolio, Rubrics, Viva voce. - SAQ.
Prescribed texts	As per list
Domains of competencies	KS,PC,HO,CS,PBL

Learning Outcomes	HOM-PG-FHPOM-09 COMPETENCY 9: CONCEPT OF SIMILAR AND SIMILIMUM

	KNOWLEDGE OF - • Understanding single, simple, minimum substance as Similimum following from the Law of Similars.(ORG) • Learning the concept of concordances as evolved by Boennninghausen and its utility in practice. (REP) • Finer differentiation of similar remedies by learning to refer to source books, commentaries and clinical materia medica.(HMM) • Understanding remedy relationships - complementary, inimical, antidotal, follows well, similar with examples. (HMM) SKILLS • Apply fundamental laws of Homoeopathy in practice • Apply the remedy relationship in clinical practice REFLECTION • Review the fundamental laws of homoeopathy observed in clinical cases • Relate the remedy relationship through case studies and correlate with concordance in Repertory
Competency Based Learning Methods	• Peer-based learning methods-Problem-based, case based, Brainstorming, Bedside, Word rounds, Out-patient based, Flipped learning , roleplay. • Individual – based learning methods –Self regulated learning ,reflective learning , portfolio-based, library based , e-learning , simulations, spaced repetition , deliberate practice, formative self-

	assessment.
Assessments	• Continuous / Programmatic assessment. • Practical assessment. • Written assessment. • Assignment, MCQ, OSCE, Bed Side Examination, DOPS (Direct Observation of Procedural Skills), Mini CEX (Clinical Evaluation Exercise) Case based assessment, simulation based assessment, spotting, Standardised Patients, Portfolio, Rubrics, Viva voce. • • SAQ
Prescribed texts	As per list
Domains of competencies	KS,PC,HO,CS,PBL

Learning Outcomes	HOM-PG-FHPOM-10 COMPETENCY 10 : CONCEPT OF THERAPEUTIC MANAGEMENT KNOWLEDGE OF – • Practical application of Kent's 12 observations in the assessment of remedy response and in the second prescription. (ORG) • Utility of knowledge of disease, knowledge of investigations and recent advances in the field of medicine to assess comprehensive response to homoeopathic remedies. (ORG) • Remedy relationship in determining the second prescription. (HMM) • Patient education and orientation about disease. (ORG)

	• Use of ancillary measures in acute and chronic diseases, namely diet, exercise, yoga, relaxation techniques, supplements for aiding recovery and preventing the progress of disease.(ORG) SKILLS • Select second prescription based on remedy response of Kent's observation • Perform patient education and orientation • Demonstrate the ancillary management in acute and chronic diseases REFLECTION • Evaluate the remedy response in clinical cases • Plan investigations with reference to current advances and its utility in judging remedy response • Planning and undertaking the ancillary management in a given case.
Competency Based Learning Methods	• Peer-based learning methods-Problem-based, case based, Brainstorming, Bedside, Word rounds, Out-patient based, Flipped learning , roleplay. • Individual – based learning methods –Self regulated learning ,reflective learning , portfolio-based, library based , e-learning , simulations, spaced repetition , deliberate practice, formative self-assessment.
Assessments	• Continuous / Programmatic assessment. • Practical assessment. • Written assessment. • Assignment, MCQ, OSCE, Bed Side Examination, DOPS (Direct Observation of Procedural Skills), Mini CEX (Clinical Evaluation Exercise) Case based assessment, simulation based assessment, spotting, Standardised Patients, Portfolio, Rubrics, Viva voce.

	SAQ, LAQ- Descriptive, Case Scenario, Clinical application based, Problem Based Assessment.
Prescribed texts	As per list
Domains of competencies	KS,PC,HO,CS,PBL

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

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

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

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

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

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

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

VII. ASSESSMENT

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

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

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

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

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

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

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

Types of Questions with Marks

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

Part 1 – Paper 2. Topic Numbers

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

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

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

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

Hom-PG-FHPOM-05 - Concept of Symptomatology

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

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

Hom-PG-FHPOM-08 - Concept of Totality

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

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

VII (2B). QUESTION PAPER LAYOUT

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

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

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

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

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

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

- Blackkow,R.S,1983,Macbride's Clinical Signs and symptoms,Lippincott,6th Ed.
- Boericke's W, 1998, Boericke New Manual of Homoeopathic Materia Medica with Repertory, B.Jain Publishers,USA,9th Ed.
- Boger,C.M,1994,A Synoptic Key of the Materia Medica, B.JainPublishers,New Delhi.
- Choudhuri,N.M,2001,A Study on Materia Medica, B.JainPublishers,New Delhi.
- Clarke,J.H,2006,A Dictionary of Practical Materia Medica Vol 1 to Vol 3,IBPP,New Delhi.
- Close, S, 2005, The Genius of Homoeopathy Lectures And Essays on Homoeopathic Philosophy With Word Index, B.Jain Publishers Pvt.Ltd, USA, 2nd Ed.
- Dahlke,Rand Dethlefsen,T,2002 Healing Power of illness,Vega.
- Dhawale, M.L, 1994, Principles and Practice of Homoeopathy: Homoeopathic Philosophy andRepertorization, B.JainPublishers,New Delhi.
- Hahnemann, S, 2002, Organon of medicine B.Jain Publishers, New Delhi, 6th Ed.
- Hahnemann,S, 1982,The Chronic Diseases: Their Peculiar Nature and Their Homoeopathic Cure, Jain Publishers, New Delhi.
- Hahnemann,S,1984, Materia Medica Pura, Vol 1 and 2 Jain Publishing,New Delhi.
- Hahnemann,S,1990, The Chronic Diseases :Their Peculiar Nature and Their Homoeopathic Cure, Vol 1 and Vol 2 Jain Publishers ,New Delhi.
- Hering,C,1984,The Guiding Symptoms of Homoeopathic Materia Medica Vol 1 to vol 10, B.JainPublishers,New Delhi.
- Kent,J.T,2002,Lectures on Homoeopathic Materia Medica, B.JainPublishers,New Delhi.
- Kent,J.T,2002,Lectures on Homoeopathic Philosophy, B.Jain Publishers, USA.
- **Loscalzo, J.Kasper,D.L.,Longo,D.L.,Fauci,A.S, Hauser,S.L.andJameson,J.L. 1958 Harrison's, Principles and Practice of Medicine Mc Graw Hill, New York, 21st Ed.**
- Morgan,C.T,King,R.A,Weisz,J.Rand Schopler,J,1986,Introduction to Psychology, McGraw Hill Education (India) Private Limited,7th Ed.
- Phatak,S.R,1999,Materia Medica of Homoeopathic Medicines, B.Jain Publishers,USA,2nd Ed.
- Robbins and Cotran,2014,Pathologic Basic of Diseases,Vol 1 and Vol 2,Elsevier Pub,New Delhi.

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

IX. List of contributors:

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Curriculum Document

M.D. (Homoeopathy) Pediatrics

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

M.D. (Homoeopathy) Pediatrics

II. COMPONENTS OF THE CURRICULUM

II (1). Part I

- (i) Fundamentals of Pediatrics;
- (ii) Fundamentals of Homoeopathy in Pediatrics; and
- (iii) Research Methodology and Biostatistics.

II (2). Part II

- (i) Pediatrics. Paper 1
- (ii) Pediatrics. Paper 2.

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

The Purpose of the M.D Homoeopathy Paediatrics is to train a graduate of Homoeopathy to achieve the competencies required to create a professional specialist in the field of Homoeopathic Paediatrics. For this, the Paediatrician will have to understand the concept of growth and development as dynamic and evolving phenomena that influence the history-taking, assessment, diagnostic, and therapeutic decisions and actions. Paediatrics, thus being a speciality, requires unique competencies to cater to the healthcare needs of children and adolescents.

The competency-based curriculum should consider society's needs, both local and global. Accordingly, the competencies need to meet the societal needs detailing the cognitive, psychomotor, and affective domain development for attaining these competencies.

Homoeopathy being a science of individualised holistic care demands the paediatrician to be keen in skills of observations, and non-verbal communication to understand the portrait of disease and medicine. Integration of knowledge of basic sciences with Homoeopathic principles is required to devise a comprehensive holistic management plan. It becomes challenging as no evolved materia medica are available to explain these portraits or specific philosophical literature to understand the susceptibility and its implications on posology. Thus, this curriculum will equip them with required competencies.

The present curriculum clearly describes the program, educational objectives and expected outcomes at the end of three years of training. There is a list of Entrustable Professional Activities (EPAs) that a student should be able to perform by the end of this course.

The curriculum will also outline the guidelines for Homoeopathic postgraduates in the field of Paediatrics, for the application of general principles of Homoeopathy as a science, basic concepts about Man in health, Man in disease, Concepts of Causation, Concomitant, Susceptibility & Individualization, the concept of miasmatic evolution of pathogenesis of various diseases affecting the paediatric age group, totality of symptoms and effective management strategies.

IV. TOPIC OBJECTIVES. (ENTRUSTABLE PROFESSIONAL ACTIVITIES – EPAS)

At the end of three years program, a postgraduate in MD (Hom) Paediatrics should be able to

- Collect a comprehensive history and perform a thorough physical examination (including neonatal examination, anthropometric examination, general and systemic examination, plotting of growth charts, and using various diagnostic scales (for acute emergency situations, diagnostic and prognostic value in all conditions) and evaluate the health care needs of children in different settings of OPD, IPD, emergency department for acute and chronic conditions.
- Prioritize and develop a differential diagnosis based on the clinical findings and data obtained during the patient consultation.
- Recommend and interpret common diagnostic and screening tests, utilizing case analysis to gather relevant information for the diagnostic process. Conclude final diagnosis with precise understanding of stage and state of current disease pathology in a given patient at a given point of time.
- Determine the appropriate homeopathic management plan, taking into account the diagnostic information and devising comprehensive treatment strategies.
- Apply appropriate homeopathic tools for prescription and regularly assess the progress of the patient's condition.
- Recognize the need for referral to a higher centre, second opinions, or expert advice to enhance the quality of patient care and optimize treatment outcomes.
- Maintain accurate and professional documentation of clinical consultations, ensuring precision and adherence to ethical standards.
- Deliver effective oral presentations of clinical case records, efficiently communicating information to colleagues and peers.

- Adhere to legal and ethical principles in professional practice, respecting patient confidentiality and promoting patient-centred care.
- Demonstrate self-directed learning by identifying ongoing educational needs and utilizing appropriate resources for continuous professional development.
- Provide education and guidance to junior colleagues and patients on various aspects of health and homeopathic care within the field of Paediatrics.
- Engage in research activities relevant to the field of Homoeopathic Paediatrics by employing relevant competencies required for handling Paediatric patients.
- Publish evidence-driven documentation of clinical outcomes based on homeopathic paediatric practices in reputable and credible journals.
- Collaborate effectively as a member of an interprofessional team, fostering a multidisciplinary approach to patient care, research, and training in Paediatrics.
- Demonstrate effective leadership skills when leading a team engaged in healthcare, research, and training activities.

IV(1). MAPPING OF EPAS AND DOMAIN COMPETENCIES

KS : Knowledge & Scholarship

PC : Patient care

HO : Homoeopathic Orientation

CS : Communication skills

PBL : Practice based learning

Prf: Professionalism

Sr No	EPA	KS	PC	HO	CS	PBL	Prf
1	Collect a comprehensive history and perform a thorough physical examination (including neonatal examination, anthropometric examination, general and systemic examination, plotting of growth charts, and using various diagnostic scales (for acute emergency situations, diagnostic and prognostic value in all conditions) and evaluate the health care needs of children in different settings of OPD, IPD, emergency department for acute and chronic conditions	√	√	√	√	√	√

2	Prioritize and develop a differential diagnosis based on the clinical findings and data obtained during the patient consultation.	√	√			√	√
3	Recommend and interpret common diagnostic and screening tests, utilizing case analysis to gather relevant information for the diagnostic process. Conclude final diagnosis with precise understanding of stage and state of current disease pathology in a given patient at a given point of time.	√	√	+		√	√
4	Determine the appropriate homeopathic management plan, taking into account the diagnostic information and devising comprehensive treatment strategies.	√	√	√			√
5	Apply appropriate homeopathic tools for prescription and regularly assess the progress of the patient's condition.	√	√	√		√	
6	Recognize the need for referral to higher centre, second opinions or expert advice to enhance the quality of patient care and optimize treatment outcomes.		√		√	√	√
7	Maintain accurate and professional documentation of clinical encounters, ensuring precision and adherence to ethical standards.		√		√	√	√
8	Deliver effective oral presentations of clinical encounters, efficiently communicating information to colleagues and peers.	√	√		√		√
9	Adhere to legal and ethical principles in professional practice, respecting patient confidentiality and promoting patient-centered care.	√	√		√		√
10	Demonstrate self-directed learning by identifying ongoing educational needs and utilizing appropriate resources for continuous professional development.	√	√	√	√	√	√
11	Provide education and guidance to junior colleagues and patients on various aspects of health and homeopathic care within the field of Paediatrics.	√			√		√

12	Engage in research activities relevant to promoting the quality of homeopathic Paediatrics by employing competencies relevant required for handling paediatric patients	√		√	√		√
13	Publish evidence-driven documentation of clinical outcomes based on homeopathic paediatric practices in reputable and credible journals.	√			√	√	√
14	Collaborate effectively as a member of an interprofessional team, fostering a multidisciplinary approach to patient care, research, and training in Paediatrics.		√		√	√	√
15	Demonstrate effective leadership skills when leading a team engaged in healthcare, research, and training activities.	√	√		√	√	√

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

EPA Level:

1 = No permission to act

2 = Permission to act with direct, proactive supervision present in the room

3 = Permission to act with indirect supervision, not present but quickly available if needed

4 = Permission to act under distant supervision not directly available (unsupervised)

5 = Permission to provide supervision to junior trainees

EPAs	Hom-PG-PED - Part 1			Hom – PG- PED - Part 2		
	Sem / Mod 1	Sem / Mod 2	Sem / Mod 3	Sem / Mod 4	Sem / Mod 5	Sem / Mod 6
Collect a comprehensive history and perform a thorough physical examination (including neonatal examination, anthropometric examination, general and systemic examination, plotting of growth charts, and using various diagnostic scales (for	2 Documents accurately and legibly.	2 Demonstrates respect for patient privacy and autonomy	3 Communicates effectively with patient and or attendants, care givers etc.	4 Becomes aware of use of knowledge, skill and emotional limitation of self	4 Develops ability to withstand and cope up with stress	5 Works effectively in various health care settings and demonstrates application of appropriate knowledge,

acute emergency situations, diagnostic and prognostic value in all conditions) and evaluate the health care needs of children in different settings of OPD, IPD, emergency department for acute and chronic conditions						skill and attitude
Prioritize and develop a differential diagnosis based on the clinical findings and data obtained during the patient consultation	2 Organizes the data obtained and suggest a differential diagnosis	3 Concludes the differential diagnosis based on case, examination	3 Concludes the differential diagnosis based on case, examination.	4 Conveys the process adopted in arriving at differential diagnosis	4 Concludes the differential diagnosis based on case, examination	5 Orients the juniors the process to be adopted to arriving at differential diagnosis
Recommend and interpret common diagnostic and screening tests, utilizing case analysis to gather relevant information for the diagnostic process. Conclude final diagnosis with precise understanding of stage and state of current disease pathology in a given patient at a given point of time.	2 Demonstrates the ability to identify common and characteristic symptoms	3 Identifies and suggests suitable investigation reports relevant to differential diagnosis.	4 Advises suitable investigations to arrive at the provisional diagnosis	4 Correlates the investigation reports with the clinical condition.	4 Correlates the investigation reports with the clinical condition.	5 Orients the juniors on the process of identifying common and characteristic homoeopathic symptoms and advise of relevant investigations and help them correlate clinically.

Determine the appropriate homeopathic management plan, taking into account the diagnostic information and devising comprehensive treatment strategies.	2 Identifies area involved in planning comprehensive homoeopathic management	2 Documents appropriately and accurately the planning of comprehensive homoeopathic management	3 Demonstrates accurate documentation of diagnostic position for planning comprehensive homoeopathic management	3 Seeks proactively feedback on process of diagnostic position for comprehensive homoeopathic management documented	3 Seeks proactively feedback on assessment of process adopted in periodic follow ups of patients in determining continuation or revision for diagnostic position planning comprehensive homoeopathic management	4 Demonstrates effective implementation of diagnostic position for planning comprehensive homoeopathic management
Apply appropriate homeopathic tools for prescription and regularly assess the progress of the patient's condition.	3 Demonstrates knowledge of choice of appropriate tools for prescription & ability to assess the changes in patients	3 Demonstrates knowledge of evaluation and signs and symptoms to assess patient and correlate with	4 Can apply the evaluation and signs and symptoms to assess patient and correlate with Kent's 12 observations	4 Can choose appropriate homoeopathic tool for prescription applicable for progress assessed	5 Applies appropriate homoeopathic tool for prescription applicable for progress assessed of the	5 Demonstrates application of appropriate homoeopathic tool for prescription applicable for progress

	condition in follow up analysis	Kent's 12 observations and use of remedy relationships	uses and use of remedy relationships section of repertory	of the patient in primary setting	patient in secondary & tertiary setting	assessed of the patient in various specialty subjects
Recognize the need for referral to a higher centre, second opinions, or expert advice to enhance the quality of patient care and optimize treatment outcomes.	2 Learns when to seek second opinion / expert advice	3 Attempts to define reasons for second opinion / expert advice	3 Communicates with patient and colleagues the need for second opinion / expert advice	4 Communicate with expert reasons for second opinion	4 Learn to accept feedback on gaps in self's evidence-based medicine	5 Demonstrates the process of how and when to seek second opinion / expert advice
Maintain accurate and professional documentation of clinical consultations, ensuring precision and adherence to ethical standards	2 Demonstrate the ability to record details expressed by patient	3 Explores the deficiencies in clinical record by engaging with the patient	3 Systematically records the events of interaction with patient	4 Accepts feedback proactively on lacunae within self in documenting the expression of patient in the record	4 Demonstrate the effective utilization of patient record to generate evidence based medicine	5 Orients the importance of accurate documentation of clinical record
Deliver effective oral presentations of clinical case records, efficiently communicating information to colleagues and peers.	2 Accurately narrates the information	3 Accurately expresses the nuances of communication of patient	3 Accepts proactively feedback on gaps in oral presentation	4 Attempts to judge self's performance on the presentation	4 Identifies why of personal prejudices in the oral presentation	5 Demonstrates the importance and advantages of accurate oral presentation of clinical encounter

Adhere to legal and ethical principles in professional practice.	2 Demonstrates awareness of responsibilities	2 Adheres to responsibilities	3 Ensures adherence to responsibilities	3 Proactively open to feedback in gaps in adherence.	4 Ensure awareness of adherence in various clinical settings and clinical conditions	4 Demonstrates the adherence in various clinical settings and clinical conditions
Demonstrate self-directed learning by identifying ongoing educational needs and utilizing appropriate resources for continuous professional development	1 Proactively seeks the process	2 Attempts to demonstrate the importance through actions	2 Demonstrate the value experienced through consistent self-driven effort	3 Submits to feedback on the process adopted and tools utilized	3 Attempts to proactively adapt and change based on feedback	4 Demonstrates through action the use of tools to become a self-directed learner.
Provide education and guidance to junior colleagues and patients on various aspects of health and homeopathic care within the field of Paediatrics	2 Identifies the skill essential	3 Attempts to implement the skill acquired	3 Masters the various skills of communication	4 Attempts the application in various settings	4 Consistently applies the process across all settings and personalities	5 Observes the students and patients in action
Engage in research activities relevant to the field of Homeopathic Paediatrics by employing relevant competencies required for handling Paediatric patients.	1 Orients self to research methodology as a subject	2 Proactively seeks guidance in application of research methodology	3 Identifies the avenues and processes that can be taken	3 Concludes the topic to work and applies the learnt processes	4 Conducts the research on the topic selected and consolidates the	5 Reviews the conclusions and identifies future areas for research

					findings	
Publish evidence-driven documentation of clinical outcomes based on homeopathic paediatric practices in reputable and credible journals.	1 Becomes aware of importance	2 Explores the documentation already published	2 Consolidates the process to adopted	3 Attempts to document	3 Effectively documents	4 Ensures publication of research conducted
Collaborate effectively as a member of an interprofessional team, fostering a multidisciplinary approach to patient care, research, and training in Paediatrics.	1 Becomes aware of need	2 Identifies situations by observation	2 Proactively participates	3 Proactively seeks others participation	3 Attempts to seek feedback on self's lacunae in the process	4 Effectively contributes as a team member
Demonstrate effective leadership skills when leading a team engaged in healthcare, research, and training activities.	1 Becomes aware of essential leadership qualities	2 Proactively seeks leadership role	2 Attempts to deliver leadership role	3 Seeks feedback on self's leadership traits	3 Explores opportunities to demonstrate leadership	4 Demonstrates effective leadership

PART I PAPER 1:

V. TOPICS AND TOPIC OBJECTIVES.

Part I Paper 1:

HOM-PG-PED Part I –

FUNDAMENTALS OF PEDIATRICS

- HOM-PG-PED 01:
APPLICATION OF BASIC MEDICAL SCIENCES TO HOMOEOPATHIC PAEDIATRICS AND FOUNDATIONS OF HOMOEOPATHIC PAEDIATRICS
- HOM-PG-PED 02:
FUNDAMENTALS OF GROWTH AND DEVELOPMENT IN HOMOEOPATHIC PAEDIATRICS
- HOM-PG-PED 03:
FUNDAMENTALS OF NUTRITION IN HOMOEOPATHIC PAEDIATRICS
- HOM-PG-PED 04:
CLINICAL APPROACH TO ALTERATIONS IN FUNCTIONS OF NEONATES AND ITS INTEGRATION WITH HOMOEOPATHIC MANAGEMENT
- HOM-PG-PED 05:
CLINICAL APPROACH TO FEVER AND ITS INTEGRATION WITH HOMOEOPATHIC MANAGEMENT
- HOM-PG-PED 06:
CLINICAL APPROACH TO ALTERATIONS IN FUNCTIONS OF GROWTH AND DEVELOPMENT WITH ITS INTEGRATION WITH HOMOEOPATHIC MANAGEMENT
- HOM-PG-PED 07:
CLINICAL APPROACH TO ALTERATIONS IN FUNCTIONS OF NUTRITION AND ITS INTEGRATION WITH HOMOEOPATHIC MANAGEMENT

- HOM-PG-PED 08:

CLINICAL APPROACH TO ALTERATIONS IN RESPIRATORY FUNCTIONS AND ITS INTEGRATION WITH HOMOEOPATHIC MANAGEMENT

- HOM-PG-PED 09:

CLINICAL APPROACH TO ALTERATIONS IN GASTROINTESTINAL FUNCTIONS AND ITS INTEGRATION WITH HOMOEOPATHIC MANAGEMENT

- HOM-PG-PED 10:

CLINICAL APPROACH TO ALTERATIONS IN CARDIAC AND CIRCULATORY FUNCTIONS AND ITS INTEGRATION WITH HOMOEOPATHIC MANAGEMENT

- HOM-PG-PED 11:

CLINICAL APPROACH TO ALTERATIONS IN EXCRETORY FUNCTIONS AND ITS INTEGRATION WITH HOMOEOPATHIC MANAGEMENT

- HOM-PG-PED 12:

CLINICAL APPROACH TO ALTERATIONS IN HEMATOLOGICAL FUNCTIONS AND ITS INTEGRATION WITH HOMOEOPATHIC MANAGEMENT

- HOM-PG-PED 13:

CLINICAL APPROACH TO ALTERATIONS IN NEUROLOGICAL FUNCTIONS AND ITS INTEGRATION WITH HOMOEOPATHIC MANAGEMENT

VI. TOPIC DESCRIPTION

TOPIC NAME: HOM-PG-PED 01:

APPLICATION OF BASIC MEDICAL SCIENCES TO HOMOEOPATHIC PAEDIATRICS AND FOUNDATIONS OF HOMOEOPATHIC PAEDIATRICS

Topic overview:	This topic will provide the students of MD Hom (Paediatrics) an in depth understanding of the application of basic medical sciences to Homoeopathic paediatrics and foundations of Paediatrics
Learning outcomes	COMPETENCY HOM-PG-PED01 - 1 – DISCUSS PRINCIPLES OF HUMAN GENETICS, ANATOMY, PHYSIOLOGY, EMBRYOLOGY, NORMAL CHILD PSYCHOLOGY, PATHOLOGY AND DEVELOPMENTAL SCIENCES AND CONNECT IT WITH HOMOEOPATHIC PAEDIATRICS KNOWLEDGE ▪ Discuss anatomical and physiological understanding of various organ systems in embryological, neonatal, paediatric and adolescent age groups with its transitions from a homoeopathic viewpoint. ▪ Discuss the knowledge of relevant biochemical processes and their impact on health and diseased conditions. ▪ Relate the concepts of innate and adaptive immunity and its evolution from birth through infancy to adolescence. the immunological processes and correlation with susceptibility. ▪ Discuss and evaluate causes of microbial infections and parasitic infestations, their pathogenesis, and host immune response in paediatric infectious diseases ▪ Discuss the concepts of human embryology and foetal medicine and its correlation with Homoeopathic concept of mother-neonate unit SKILL ▪ Perform examination of neonates, children, and adolescents and identify normal and abnormal clinical findings. REFLECTION ▪ Reflect on the utility of application of basic medical sciences in homoeopathic paediatrics for holistic management of patients

	COMPETENCY HOM-PG-PED 01 - 2 – EXPLAIN THE ALTERATION IN FUNCTIONS AND STRUCTURE IN PROCESS OF DISEASE WITH CONCEPTS OF PATHOLOGY IN HOMOEOPATHY KNOWLEDGE - Describe the pathological changes in various tissues and organ systems and their interpretation within homoeopathic framework SKILL - Demonstrate correlations between functional and structural changes responsible behind the clinical findings. - Identify basic management strategies by assessment of flow of susceptibility and based on reportorial representation and differential HMM REFLECTION - Reflect on the scope of reversibility with Homoeopathic treatment along with role of Homoeopathy as an adjuvant therapy
Learning methods	Case based learning, Brainstorming, Bedside Learning, Ward rounds, Deliberate practice, Self-regulated learning
Assessment	Formative and summative assessments Case based/scenario based/problem-based questions – ABQ, LAQ, SAQ, Check lists, Rating scales, Mini-CEX
Prescribed texts	Refer to list attached
Domains of competencies	Knowledge & Scholarship/ Patient Care /Homoeopathic Orientation /Practice Based Learning

TOPIC NAME: HOM-PG-PED 02:

FUNDAMENTALS OF GROWTH AND DEVELOPMENT IN HOMOEOPATHIC PEDIATRICS

Topic overview:	This topic will provide students of MD Hom (Paediatrics) an in depth understanding of normal growth and development and deviations to abnormal and its Homoeopathic management
Learning outcomes	COMPETENCY HOM-PG-PED 02 - 1 – Discuss the dynamic and evolving phenomenon of growth with age-wise progression from neonate to infant to toddler to school-going child to adolescent till it reaches the level of a mature adult and its correlation with Homoeopathic principles KNOWLEDGE ▪ Define growth ▪ Discuss the factors affecting normal growth ▪ Discuss the patterns of growth in infants, children and adolescents ▪ Describe the methods of assessment of growth including use of WHO and Indian national standards. ▪ Enumerate the parameters used for assessment of physical growth in infants, children, adolescents ▪ Discuss common problems related to growth SKILL ▪ Perform anthropometric measurements, document in growth charts and interpret ▪ Construct the basic management strategy for common problems related to growth REFLECTION ▪ Reflect on the role of Homoeopathy in growth in health and disease in children COMPETENCY HOM-PG-PED 02 - 2 – Discuss the dynamic and evolving phenomenon of development with age-wise progression from neonate to infant to toddler to school-going child to adolescent till it reaches the level of a mature adult and its correlation with Homoeopathic principles

	KNOWLEDGE ▪ Define development ▪ Discuss the normal developmental milestones with respect to motor, behaviour, social, adaptive and language ▪ Discuss methods of assessment of development ▪ Discuss common problems related to development SKILL ▪ Perform developmental assessment and interpret ▪ Construct the basic management strategy for common problems related to development REFLECTION ▪ Reflect on the role of Homoeopathy in development in health and disease in children
Learning Methods	Case based learning, Community postings, Out-patient based, spaced repetition, self – regulated learning, Brainstorming
Assessment	Formative and summative assessments Case based/scenario based/problem-based questions – ABQ, LAQ, SAQ, OSCE, Mini-CEX, DOPS, Rubrics
Prescribed texts	Refer to list attached
Domains of competencies	Knowledge & Scholarship/ Patient Care /Homoeopathic Orientation /Practice Based Learning

TOPIC NAME: HOM-PG-PED 03:**FUNDAMENTALS OF NUTRITION IN HOMOEOPATHIC PAEDIATRICS**

Topic overview:	This Topic will provide students of MD Hom (Paediatrics) an in depth understanding of nutrition and nutritional disorders and its Homoeopathic management
Learning outcomes	COMPETENCYHOM-PG-PED 03- 1 – DISCUSS THE FUNDAMENTALS OF NUTRITION AND ITS IMPORTANCE IN HOMOEOPATHIC PAEDIATRIC PRACTICE KNOWLEDGE ▪ Describe age related nutritional requirements of infants, children and adolescents including macronutrients, micronutrients, vitamins ▪ Discuss the tools and methods for assessment and classification of nutritional status of infants, children and adolescents ▪ Describe various nutritional disorders and its basic management SKILL ▪ Perform a dietary recall and appropriate nutritional history ▪ Assess and classify the nutrition status of infants, children and adolescents and recognise deviations ▪ Construct an appropriate diet in health and disease ▪ Construct the basic management strategy for nutritional disorders REFLECTION ▪ Reflect on the role of Homoeopathy in Nutrition in health and disease in children
Learning Methods	Case Based, Flipped Learning, Community Postings, Out-patient based learning, library-based learning, spaced repetition,
Assessment	Formative and summative assessments Case based/scenario based/problem-based questions – ABQ, LAQ, SAQ Check list, Rating scales, Rubrics
Prescribed texts	Refer to list attached
Domains of competencies	Knowledge & Scholarship/ Patient Care /Homoeopathic Orientation /Practice Based Learning

TOPIC NAME: HOM-PG-PED 04:

CLINICAL APPROACH TO ALTERATIONS IN FUNCTIONS OF NEONATES AND ITS INTEGRATION WITH HOMOEOPATHIC MANAGEMENT

Topic overview:	This Topic will provide students of MD Hom (Paediatrics) an in depth understanding of clinical approach to alterations in functions of neonates and its integration with Homoeopathic management
Learning outcomes	COMPETENCY HOM-PG-PED 04 - 1 – ORGANIZE THE SYMPTOMATOLOGY AND CARDINAL MANIFESTATIONS TO STUDY THE CLINICAL APPROACH TO DISEASE SYMPTOMS IN NEONATES WITH ITS INTEGRATION WITH HOMOEOPATHIC MANAGEMENT (With an Example given – Alterations in colour – Jaundice) KNOWLEDGE ▪ Discuss the clinical approach to a neonate with alterations in functioning with special emphasis on mother-neonate as a unit <i>for e.g., alterations in color - jaundice in neonate</i> ▪ Enumerate the causes that lead to development of that symptom – <i>e.g. – jaundice -physiological and pathological causes</i> ▪ List the Possible complications – <i>e.g. – jaundice – kernicterus, seizures</i> ▪ Discuss the homoeopathic management strategy – <i>e.g., jaundice -case definition of neonate and mother - formulation of acute and chronic totality, ancillary measures- fluid maintenance, phototherapy, breastfeeding or gavage feeding</i> SKILL ▪ Perform simultaneous clinical and Homoeopathic history taking of the neonate including birth history, mother's obstetric history and arrive at differential diagnosis ▪ Perform relevant history taking of mother and any possible clinical problems in mother ▪ Perform the clinical examination of the neonate and reach to a probable diagnosis – <i>e.g. – jaundice - Kramer's scale</i> ▪ Choose appropriate investigations and arrive at range of diagnosis – <i>e.g., jaundice - CBC, CRP, blood grouping, S. bilirubin, Comb's test, G6PD deficiency, USG abdomen etc.</i> ▪ Identify common and the characteristic symptoms ▪ Organize repertorial representations, differential materia

	medica and flow of susceptibility and miasm - Construct the basic management strategy. REFLECTION - Reflect on the role of Homoeopathy in management of mother-neonate unit in health and disease
Learning Methods	Problem- based Learning, Bedside learning, Ward rounds, Reflective Learning, Deliberate Practice
Assessment	Formative and summative assessments Case based/scenario based/problem-based questions – ABQ, LAQ, SAQ OSCE, DOPS, Mini-CEX, Rubrics
Prescribed texts	As per the list
Domains of competencies	KS/PC/HO/PBL

TOPIC NAME: HOM-PG-PED 05:**CLINICAL APPROACH TO FEVER AND ITS INTEGRATION WITH HOMOEOPATHIC MANAGEMENT**

Topic overview:	This Topic will provide students of MD Hom (Paediatrics) an in depth understanding of fever and its Homoeopathic management
Learning outcomes	COMPETENCY HOM-PG-PED 05- 1 – DISCUSS THE CLINICAL APPROACH TO FEVER AND ITS MANAGEMENT STRATEGIES BASED ON HOMOEOPATHIC PRINCIPLES (With an example given – Intermittent fever) KNOWLEDGE ▪ Describe the physiology of thermoregulation in paediatric age group ▪ Discuss the pathophysiology of fever and fever pathways ▪ Define fever, chills and sweats ▪ Discuss the clinical approach to a child with fever, fever with rash – <i>e.g., fever with rash – maculopapular – measles, chicken pox, rubella, dengue fever</i> ▪ Discuss classification and types of fever and their homoeopathic management- acute and chronic, low grade, moderate grade, high grade, hyperpyrexia ▪ Types of fever patterns and their homoeopathic management – intermittent, remittent, continuous/sustained, hectic, relapsing <i>for e.g. – intermittent fever – malaria – approach as per Allen’s fevers – intermittent disease classified as chronic disease – chronic constitutional prescribing</i> ▪ Discuss the common causes of fever in paediatric age group – infectious and non-infectious, under infectious – viral/bacterial/ parasitic/ fungal and others etc. ▪ Describe the common complications of fever in paediatric age group <i>like febrile convulsions</i> ▪ Discuss the homoeopathic management strategy – based on Hahnemannian classification of diseases – acute disease – approach acute prescription /chronic disease – approach – chronic constitutional prescription. SKILL ▪ Perform simultaneous clinical and Homoeopathic history taking specific to inquiry for fever and its associated complaints during the state of pyrexia and apyrexia and arrive at differential diagnosis- <i>for e.g., in intermittent fever like malaria – onset, type, Topic, history of each stage –</i>

	<i>fever/chill/sweat – character, time, A/F, modalities and concomitants of each, and interval pyrexia</i> - Perform the clinical examination and reach to a probable diagnosis – general and systemic examination – for <i>e.g., malaria - look for pallor, petechiae, lymphadenopathy, hepatomegaly, splenomegaly etc.</i> - Choose appropriate investigations and arrive at range of diagnosis – <i>CBC, CRP, PS for MP, Malaria antigen, LFT etc.</i> - Identify common and the characteristic symptoms - Organize repertorial representations, differential materia medica and flow of susceptibility and miasm - Construct the basic management strategy. REFLECTION - Reflect on importance of history taking, clinical examination and investigation in homoeopathic management
Learning Methods	Problem- based learning, Flipped Learning, Brainstorming, Bedside Learning, e-learning, Formative self – assessment
Assessment	Formative and summative assessments Case based/scenario based/problem-based questions – ABQ, LAQ, SAQ OSCE, DOPS, Mini-CEX, Rubrics
Prescribed texts	As per the list
Domains of competencies	KS/PC/HO/PBL

TOPIC NAME: HOM-PG-PED 06:**CLINICAL APPROACH TO ALTERATIONS IN FUNCTIONS OF GROWTH AND DEVELOPMENT WITH ITS INTEGRATION WITH HOMOEOPATHIC MANAGEMENT**

Topic overview:	This Topic will provide students of MD Hom (Paediatrics) an in depth understanding of clinical approach to alterations in functions of Growth and development with its integration with Homoeopathic management
Learning outcomes	COMPETENCY HOM-PG-PED 06 - 1 – ORGANIZE THE SYMPTOMATOLOGY AND CARDINAL MANIFESTATIONS TO STUDY THE CLINICAL APPROACH TO ALTERATIONS IN FUNCTIONS OF GROWTH AND DEVELOPMENT WITH ITS INTEGRATION WITH HOMOEOPATHIC MANAGEMENT KNOWLEDGE ▪ Discuss the clinical approach to a child with alterations in functions of growth and development ▪ Enumerate the causes that lead to development of that symptom ▪ List the Possible complications. ▪ Discuss the homoeopathic management strategy SKILL ▪ Perform simultaneous clinical and Homoeopathic history taking for assessment of growth and developmental milestones and arrive at differential diagnosis ▪ Perform the clinical examination, Anthropometric examinations and specific examinations for developmental assessment and reach to a probable diagnosis ▪ Choose appropriate investigations and testing (hearing/vision/psychometric etc.) and arrive at range of diagnosis ▪ Identify common and the characteristic symptoms ▪ Organize repertorial representations, differential materia medica and flow of susceptibility and miasm ▪ Construct the basic management strategy. REFLECTION ▪ Reflect on importance of history taking, clinical examination and investigation in homoeopathic management and decide the scope in disordered growth and development
Learning Methods	Case based learning, Community postings, Out-patient based, spaced repetition, self – regulated learning, Brainstorming

Assessment	Formative and summative assessments Case based/scenario based/problem-based questions – ABQ, LAQ, SAQ, OSCE, DOPS, Mini-CEX, Rubrics
Prescribed texts	As per the list
Domains of competencies	KS/PC/HO/PBL

TOPIC NAME: HOM-PG-PED 07:**CLINICAL APPROACH TO ALTERATIONS IN FUNCTIONS OF NUTRITION AND ITS INTEGRATION WITH HOMOEOPATHIC MANAGEMENT**

Topic overview:	This Topic will provide students of MD Hom (Paediatrics) an in depth understanding of clinical approach to alterations in functions of Nutrition with its integration with Homoeopathic management
Learning outcomes	COMPETENCYHOM-PG-PED 07 - 1 – ORGANIZE THE SYMPTOMATOLOGY AND CARDINAL MANIFESTATIONS TO STUDY THE CLINICAL APPROACH TO ALTERATIONS IN FUNCTIONS OF NUTRITION WITH ITS INTEGRATION WITH HOMOEOPATHIC MANAGEMENT KNOWLEDGE ▪ Discuss the clinical approach to a child with alterations in functions of nutrition ▪ Enumerate the causes that lead to development of that symptom ▪ List the Possible complications. ▪ Discuss the homoeopathic management strategy SKILL ▪ Perform simultaneous clinical and Homoeopathic history taking for assessment of diet and nutrition and arrive at differential diagnosis ▪ Perform the clinical examination, Anthropometric examinations and specific examinations for nutritional assessment and reach to a probable diagnosis ▪ Choose appropriate investigations and growth charts and arrive at range of diagnosis ▪ Identify common and the characteristic symptoms ▪ Organize repertorial representations, differential materia medica and flow of susceptibility and miasm ▪ Construct the basic management strategy. REFLECTION ▪ Reflect on importance of history taking, clinical examination and investigation in homoeopathic management and decide the scope in disordered nutrition
Learning Methods	Case Based, Flipped Learning, Community Postings, Out-patient based learning, library-based learning, spaced repetition,
Assessment	Formative and summative assessments Case based/scenario based/problem-based questions – ABQ, LAQ, SAQ OSCE, DOPS, Mini-CEX, Rubrics
Prescribed texts	As per the list
Domains of competencies	KS/PC/HO/PBL

TOPIC NAME: HOM-PG-PED 08:**CLINICAL APPROACH TO ALTERATIONS IN RESPIRATORY FUNCTIONS AND ITS INTEGRATION WITH HOMOEOPATHIC MANAGEMENT**

Topic overview:	This Topic will provide students of MD Hom (Paediatrics) an in depth understanding of clinical approach to alterations in respiratory functions with its integration with Homoeopathic management
Learning outcomes	COMPETENCY HOM-PG-PED 08 - 1 – ORGANIZE THE SYMPTOMATOLOGY AND CARDINAL MANIFESTATIONS TO STUDY THE CLINICAL APPROACH TO ALTERATIONS IN RESPIRATORY FUNCTIONS WITH ITS INTEGRATION WITH HOMOEOPATHIC MANAGEMENT KNOWLEDGE ▪ Discuss the clinical approach to a child with alterations in respiratory functions ▪ Enumerate the causes that lead to development of that symptom ▪ List the Possible complications. ▪ Discuss the homoeopathic management strategy SKILL ▪ Perform simultaneous clinical and Homoeopathic history taking for assessment of respiratory functions and arrive at differential diagnosis ▪ Perform the clinical examination of the respiratory system and other general and specific examinations and reach to a probable diagnosis ▪ Choose appropriate investigations and arrive at range of diagnosis ▪ Identify common and the characteristic symptoms ▪ Organize repertorial representations, differential materia medica and flow of susceptibility and miasm ▪ Construct the basic management strategy. REFLECTION ▪ Reflect on importance of history taking, clinical examination and investigation in homoeopathic management and decide the scope in disordered respiratory functioning
Learning Methods	Case based learning, Bedside learning, Ward rounds, Out-patient based, spaced repetition, deliberate practice, reflective learning, Self – directed Learning, Simulations
Assessment	Formative and summative assessments Case based/scenario based/problem-based questions – ABQ, LAQ, SAQ OSCE, DOPS, Mini-CEX, Rubrics
Prescribed texts	As per the list
Domains of competencies	KS/PC/HO/PBL

TOPIC NAME: HOM-PG-PED 08:

FOR EXAMPLE: CLINICAL APPROACH TO COUGH AND ITS INTEGRATION WITH HOMOEOPATHIC MANAGEMENT

Topic overview:	This Topic will provide students of MD Hom (Paediatrics) an in depth understanding of clinical approach to cough with its integration with Homoeopathic management
Learning outcomes	COMPETENCY HOM-PG-PED 08- 1 – ORGANIZE THE SYMPTOMATOLOGY AND CARDINAL MANIFESTATIONS TO STUDY THE CLINICAL APPROACH TO ALTERATIONS IN RESPIRATORY FUNCTIONS WITH ITS INTEGRATION WITH HOMOEOPATHIC MANAGEMENT KNOWLEDGE ▪ Discuss the clinical approach to a child with cough – based on the 3 main components – history, examination and investigations – narrowing down from LSMC to probable diagnosis ▪ Enumerate the causes that lead to development of that symptom – <i>Acute causes – infection, reactive airways, allergic, irritative, sinusitis, foreign body</i> <i>Chronic causes – infection, asthma/bronchitis, sinusitis, irritative, allergic, foreign body, gastroesophageal reflux, psychogenic, anatomic congenital(cleft/fistula/cyst/polyp), cystic fibrosis, immunodeficiency states,</i> ▪ List the Possible complications – <i>acute respiratory distress</i> ▪ Discuss the homoeopathic management strategy <i>Classification in acute/chronic disease and management based on postulates</i> SKILL ▪ Perform simultaneous clinical and Homoeopathic history taking for assessment of respiratory functions and arrive at differential diagnosis <i>Location, sensation, modalities and concomitants of cough</i> <i>Is the cough acute or chronic? Onset, duration, progress of it</i> <i>Based on age -what could be the locations/sphere of action</i> <i>Any recent history of upper respiratory infection</i> <i>What are the associated symptoms – fever with chills, night sweats, nasal discharge, type of expectoration – color, odor, headache, respiratory distress</i> <i>Any change in mood, appetite, thirst, sleep, taste, voice, general activity,</i> <i>Quality of cough – productive/dry/barking/brassy with its modalities of time, position, season, environment, food,</i>

	<i>Pattern of cough – daytime/nighttime/seasonal with specific time of the day or periodicity</i> <i>Known triggers if any – cold air, dust, smoke, food</i> <i>Any personal or family history of atopy?</i> <i>Any history of recurrent infections?</i> <i>Any history of relation with feeding</i> <i>Any history of failure to thrive/weight loss</i> ▪ Perform the clinical examination of the respiratory system and other general and specific examinations and reach to a probable diagnosis <i>General appearance, cyanosis, pallor, clubbing, signs of atopy on skin</i> <i>Vitals – temp, HR, RR, SPO2</i> <i>ENT – for nasal polyp, ear discharge, congestion, DNS, enlarged tonsils, transverse nasal crease,</i> <i>Eyes – conjunctiva congestion, lachrymation</i> <i>Sinuses -tenderness, halitosis,</i> <i>Chest - shape and size of chest, respiratory movements, breath sounds, tracheal position, signs of distress, use of accessory muscles</i> ▪ Choose appropriate investigations and arrive at range of diagnosis – CBC, CRP, AEC, IgE, MT, CXR, Sputum for AFB, PFT, Barium swallow, bronchoscopy, immune workup, sweat chloride test, ▪ Identify common and the characteristic symptoms ▪ Organize repertorial representations, differential materia medica and flow of susceptibility and miasm ▪ Construct the basic management strategy. <i>Homoeopathic acute/chronic/intercurrent rx with posology, Diet – stop junk food and that triggers, soft fresh home cooked nutritious food, vitamin C rich food</i> <i>Ancillary measures – saline gargles, home remedies, Vitamin C supplements</i> <i>Education – Avoid allergens, build immunity, nutritious food</i> REFLECTION ▪ Reflect on importance of history taking, clinical examination and investigation in homoeopathic management and decide the scope in disordered respiratory functioning
Learning methods	Case based learning, Bedside learning, Ward rounds, Out-patient based, spaced repetition, deliberate practice, reflective learning, Self – directed Learning, Simulations
Assessment	Formative and summative assessments Case based/scenario based/problem-based questions – ABQ, LAQ, SAQ OSCE, DOPS, Mini-CEX, Rubrics
Prescribed texts	As per the list
Domains of competencies	KS/PC/HO/PBL

TOPIC NAME: HOM-PG-PED 09:**CLINICAL APPROACH TO ALTERATIONS IN GASTROINTESTINAL FUNCTIONS AND ITS INTEGRATION WITH HOMOEOPATHIC MANAGEMENT**

Topic overview:	This Topic will provide students of MD Hom (Paediatrics) an in depth understanding of clinical approach to alterations in gastrointestinal functions with its integration with Homoeopathic management
Learning outcomes	COMPETENCY HOM-PG-PED 09 - 1 – ORGANIZE THE SYMPTOMATOLOGY AND CARDINAL MANIFESTATIONS TO STUDY THE CLINICAL APPROACH TO ALTERATIONS IN GASTROINTESTINAL FUNCTIONS WITH ITS INTEGRATION WITH HOMOEOPATHIC MANAGEMENT KNOWLEDGE ▪ Discuss the clinical approach to a child with alterations in gastrointestinal functions ▪ Enumerate the causes that lead to development of that symptom ▪ List the Possible complications. ▪ Discuss the homoeopathic management strategy SKILL ▪ Perform simultaneous clinical and Homoeopathic history taking for assessment of gastrointestinal functions and arrive at differential diagnosis ▪ Perform the clinical examination of the gastrointestinal system and other general and specific examinations and reach to a probable diagnosis ▪ Choose appropriate investigations and arrive at range of diagnosis ▪ Identify common and the characteristic symptoms ▪ Organize repertorial representations, differential materia medica and flow of susceptibility and miasm ▪ Construct the basic management strategy. REFLECTION ▪ Reflect on importance of history taking, clinical examination and investigation in homoeopathic management and decide the scope in disordered gastrointestinal functioning
Learning Methods	Case based learning, Bedside learning, Ward rounds, Out-patient based, spaced repetition, deliberate practice, reflective learning, Self – directed Learning, Simulations
Assessment	Formative and summative assessments Case based/scenario based/problem-based questions – ABQ, LAQ, SAQ OSCE, DOPS, Mini-CEX, Rubrics
Prescribed texts	As per the list
Domains of competencies	KS/PC/HO/PBL

TOPIC NAME: HOM-PG-PED 10:**CLINICAL APPROACH TO ALTERATIONS IN CARDIAC AND CIRCULATORY FUNCTIONS AND ITS INTEGRATION WITH HOMOEOPATHIC MANAGEMENT**

Topic overview:	This Topic will provide students of MD Hom (Paediatrics) an in depth understanding of clinical approach to alterations in cardiac and circulatory functions with its integration with Homoeopathic management
Learning outcomes	COMPETENCYHOM-PG-PED 10 - 1 – ORGANIZE THE SYMPTOMATOLOGY AND CARDINAL MANIFESTATIONS TO STUDY THE CLINICAL APPROACH TO ALTERATIONS IN CARDIAC AND CIRCULATORY FUNCTIONS WITH ITS INTEGRATION WITH HOMOEOPATHIC MANAGEMENT KNOWLEDGE ▪ Discuss the clinical approach to a child with alterations in cardiac and circulatory functions ▪ Enumerate the causes that lead to development of that symptom ▪ List the Possible complications. ▪ Discuss the homoeopathic management strategy SKILL ▪ Perform simultaneous clinical and Homoeopathic history taking for assessment of cardiac and circulatory functions and arrive at differential diagnosis ▪ Perform the clinical examination of the cardiac and circulatory system and other general and specific examinations and reach to a probable diagnosis ▪ Choose appropriate investigations and arrive at range of diagnosis ▪ Identify common and the characteristic symptoms ▪ Organize repertorial representations, differential materia medica and flow of susceptibility and miasm ▪ Construct the basic management strategy. REFLECTION ▪ Reflect on importance of history taking, clinical examination and investigation in homoeopathic management and decide the scope in disordered cardiac and circulatory functioning
Learning Methods	Case based learning, Bedside learning, Ward rounds, Out-patient based, spaced repetition, deliberate practice, reflective learning, Self – directed Learning, Simulations
Assessment	Formative and summative assessments Case based/scenario based/problem-based questions – ABQ, LAQ, SAQ OSCE, DOPS, Mini-CEX, Rubrics
Prescribed texts	As per the list
Domains of competencies	KS/PC/HO/PBL

TOPIC NAME: HOM-PG-PED 11:**CLINICAL APPROACH TO ALTERATIONS IN EXCRETORY FUNCTIONS AND ITS INTEGRATION WITH HOMOEOPATHIC MANAGEMENT**

Topic overview:	This Topic will provide students of MD Hom (Paediatrics) an in depth understanding of clinical approach to alterations in excretory functions with its integration with Homoeopathic management
Learning outcomes	COMPETENCY HOM-PG-PED 11 - 1 – ORGANIZE THE SYMPTOMATOLOGY AND CARDINAL MANIFESTATIONS TO STUDY THE CLINICAL APPROACH TO ALTERATIONS IN EXCRETORY FUNCTIONS WITH ITS INTEGRATION WITH HOMOEOPATHIC MANAGEMENT KNOWLEDGE ▪ Discuss the clinical approach to a child with alterations in excretory functions ▪ Enumerate the causes that lead to development of that symptom ▪ List the Possible complications. ▪ Discuss the homoeopathic management strategy SKILL ▪ Perform simultaneous clinical and Homoeopathic history taking for assessment of excretory functions and arrive at differential diagnosis ▪ Perform the clinical examination of the excretory system and other general and specific examinations and reach to a probable diagnosis ▪ Choose appropriate investigations and arrive at range of diagnosis ▪ Identify common and the characteristic symptoms ▪ Organize repertorial representations, differential materia medica and flow of susceptibility and miasm ▪ Construct the basic management strategy. REFLECTION ▪ Reflect on importance of history taking, clinical examination and investigation in homoeopathic management and decide the scope in disordered excretory functioning
Learning Methods	Case based learning, Bedside learning, Ward rounds, Out-patient based, spaced repetition, deliberate practice, reflective learning, Self – directed Learning, Simulations
Assessment	Formative and summative assessments Case based/scenario based/problem-based questions – ABQ, LAQ, SAQ OSCE, Mini-CEX
Prescribed texts	As per the list
Domains of competencies	KS/PC/HO/PBL

TOPIC NAME: HOM-PG-PED 12:**CLINICAL APPROACH TO ALTERATIONS IN HEMATOLOGICAL FUNCTIONS AND ITS INTEGRATION WITH HOMOEOPATHIC MANAGEMENT**

Topic overview:	This Topic will provide students of MD Hom (Paediatrics) an in depth understanding of clinical approach to alterations in hematological functions with its integration with Homoeopathic management
Learning outcomes	COMPETENCYHOM-PG-PED 12 - 1 – ORGANIZE THE SYMPTOMATOLOGY AND CARDINAL MANIFESTATIONS TO STUDY THE CLINICAL APPROACH TO ALTERATIONS IN HAEMATOLOGICAL FUNCTIONS WITH ITS INTEGRATION WITH HOMOEOPATHIC MANAGEMENT KNOWLEDGE ▪ Discuss the clinical approach to a child with alterations in hematological functions. ▪ Enumerate the causes that lead to development of that symptom ▪ List the Possible complications. ▪ Discuss the homoeopathic management strategy SKILL ▪ Perform simultaneous clinical and Homoeopathic history taking for assessment of hematological functions and arrive at differential diagnosis ▪ Perform the clinical examination of the hematological system and other general and specific examinations and reach to a probable diagnosis ▪ Choose appropriate investigations and arrive at range of diagnosis ▪ Identify common and the characteristic symptoms ▪ Organize repertorial representations, differential materia medica and flow of susceptibility and miasm ▪ Construct the basic management strategy. REFLECTION ▪ Reflect on importance of history taking, clinical examination and investigation in homoeopathic management and decide the scope in disordered hematological functioning
Learning Methods	Case based learning, Bedside learning, Ward rounds, Out-patient based, spaced repetition, deliberate practice, reflective learning, Self – directed Learning, Simulations
Assessment	Formative and summative assessments Case based/scenario based/problem-based questions – ABQ, LAQ, SAQ OSCE, DOPS, Mini-CEX, Rubrics
Prescribed texts	As per the list
Domains of competencies	KS/PC/HO/PBL

TOPIC NAME: HOM-PG-PED 13:**CLINICAL APPROACH TO ALTERATIONS IN NEUROLOGICAL FUNCTIONS AND ITS INTEGRATION WITH HOMOEOPATHIC MANAGEMENT**

Topic overview:	This Topic will provide students of MD Hom (Paediatrics) an in depth understanding of clinical approach to alterations in neurological functions with its integration with Homoeopathic management
Learning outcomes	COMPETENCY HOM-PG-PED 13 - 1 – ORGANIZE THE SYMPTOMATOLOGY AND CARDINAL MANIFESTATIONS TO STUDY THE CLINICAL APPROACH TO ALTERATIONS IN NEUROLOGICAL FUNCTIONS WITH ITS INTEGRATION WITH HOMOEOPATHIC MANAGEMENT KNOWLEDGE ▪ Discuss the clinical approach to a child with alterations in neurological functions ▪ Enumerate the causes that lead to development of that symptom ▪ List the Possible complications. ▪ Discuss the homoeopathic management strategy SKILL ▪ Perform simultaneous clinical and Homoeopathic history taking for assessment of neurological functions and arrive at differential diagnosis ▪ Perform the clinical examination of the neurological system and other general and specific examinations and reach to a probable diagnosis ▪ Choose appropriate investigations and arrive at range of diagnosis ▪ Identify common and the characteristic symptoms ▪ Organize repertorial representations, differential materia medica and flow of susceptibility and miasm ▪ Construct the basic management strategy. REFLECTION ▪ Reflect on importance of history taking, clinical examination and investigation in homoeopathic management and decide the scope in disordered neurological functioning
Learning Methods	Case based learning, Bedside learning, Ward rounds, Out-patient based, spaced repetition, deliberate practice, reflective learning, Self – directed Learning, Simulations
Assessment	Formative and summative assessments Case based/scenario based/problem-based questions – ABQ, LAQ, SAQ, OSCE, DOPS, Mini-CEX, Rubrics
Prescribed texts	As per the list
Domains of competencies	KS/PC/HO/PBL

TOPIC CONTENTS

HOM-PG-PED 01:

APPLICATION OF BASIC MEDICAL SCIENCES TO HOMOEOPATHIC PAEDIATRICS AND FOUNDATIONS OF HOMOEOPATHIC PAEDIATRICS

- Correlative study of Normal structure and function in an evolutionary way to reveal Structural and functional integrity of the child in health. This includes physical (structural & functional) & psychological (personality) growth & development of the Infant, Child & Adolescent.
- Normal embryological and development and growth of a child, the range of abnormality and its utility in understanding the child. Learning the fundamentals of intensive care of neonates.
- Embryological Development includes influence of Maternal Health-mental and physical on the Foetus. Considering mother—foetus---neonate as a unit is the key to the treatment of neonates. So, approach to the neonate is actually an approach to this unit.
- Role of Control Systems (Psycho-Neuro-Endocrine axis and the Reticulo-endothelial System) in the maintenance of Health and initiating the process of breakdown and onset of illness
- Understanding the different components which influence health at individual, family and community level leading to insight into preventive and community Paediatrics through Hahnemannian philosophy of holistic care.
- Understanding the bio-psycho-social and environmental model of Etiology and correlating with the Hahnemannian concept of causation and evolution of disease in the growing child.

HOM-PG-PED 02:

FUNDAMENTALS OF GROWTH AND DEVELOPMENT IN HOMOEOPATHIC PAEDIATRICS

- Definition and overview of Paediatrics with special reference to age-related disorders
- Normal growth from conception to maturity.
- Anthropometry — measurement and interpretation of weight, length/height, head circumference, and mid-arm circumference.
- Interpretation of Growth Charts

- Health card and percentile growth curves
- Abnormal growth patterns-failure to thrive, short stature.
- Normal development from conception to maturity
- Principles of development
- Developmental milestones – Gross motor, fine motor, social, language and its delayed achievement
- Preventable causes and assessment of developmental retardation.

HOM-PG-PED 03:

FUNDAMENTALS OF NUTRITION IN HOMOEOPATHIC PAEDIATRICS

- Normal requirements of protein, carbohydrates, fats, minerals and vitamins for newborn, children and pregnant and lactating mother. Common food sources.
- Breast feeding-Definition and benefits. Characteristics and advantages of breast milk, Hazards and demerits of prelacteal feed, top milk and bottle-feeding. Feeding of LBW babies.
- Infant feeding/weaning foods, method of weaning, ICYN (Infant and young child Nutrition) Guidelines
- Assessment of a child's nutritional status based on history and physical examination.
- Protein energy malnutrition.
- Vitamins-Rognition of vitamin deficiencies (A, D, K, C, B-Complex). Definition, causes and management of obesity.

HOM-PG-PED 04:

CLINICAL APPROACH TO ALTERATIONS IN FUNCTIONS OF NEONATES AND ITS INTEGRATION WITH HOMOEOPATHIC MANAGEMENT

- Alterations in cry – excessive/weak/poor
- Alterations in activity – hyperactivity/drowsiness
- Alterations in tone – hypertonia/hypotonia

- Alterations in colour – cyanosis/pallor/jaundice
- Alterations in suck – poor sucking
- Alterations in feeding habits – refusal to feeds
- Alterations in temperature – hyperthermia/hypothermia
- Other systemic alterations

HOM-PG-PED 05:

CLINICAL APPROACH TO FEVER AND ITS INTEGRATION WITH HOMOEOPATHIC MANAGEMENT

- Physiology of thermoregulation
- Pathophysiology of fever and fever pathways
- Definition of Fever, Chills and Sweats
- Classification and Types of fever and their homoeopathic management –acute and chronic, low grade, moderate grade, high grade, hyperpyrexia
- Types of fever patterns and their homoeopathic management – intermittent, remittent, continuous/sustained, hectic, relapsing

HOM-PG-PED 06:

CLINICAL APPROACH TO ALTERATIONS IN FUNCTIONS OF GROWTH AND DEVELOPMENT WITH ITS INTEGRATION WITH HOMOEOPATHIC MANAGEMENT

- Short stature I
- Obesity
- Developmental delay
- Impaired learning

HOM-PG-PED 07:

CLINICAL APPROACH TO ALTERATIONS IN FUNCTIONS OF NUTRITION AND ITS INTEGRATION WITH HOMOEOPATHIC MANAGEMENT

- Underweight
- Stunting

- Wasting
- Failure to thrive
- Micronutrient deficiencies

HOM-PG-PED 08:

CLINICAL APPROACH TO ALTERATIONS IN RESPIRATORY FUNCTIONS AND ITS INTEGRATION WITH HOMOEOPATHIC MANAGEMENT

- Cough
- Dyspnoea
- Cyanosis
- Respiratory distress
- Haemoptysis

HOM-PG-PED 09:

CLINICAL APPROACH TO ALTERATIONS IN GASTROINTESTINAL FUNCTIONS AND ITS INTEGRATION WITH HOMOEOPATHIC MANAGEMENT

- Refusal to feeds
- Vomiting
- Diarrhoea and Constipation
- Weight loss
- Gastrointestinal bleeding
- Jaundice
- Abdominal pain
- Abdominal swelling and ascites

HOM-PG-PED 10:

CLINICAL APPROACH TO ALTERATIONS IN CARDIAC AND CIRCULATORY FUNCTIONS AND ITS INTEGRATION WITH HOMOEOPATHIC MANAGEMENT

- Murmur
- Cyanosis
- Congestive cardiac failure
- Shock

HOM-PG-PED 11:

CLINICAL APPROACH TO ALTERATIONS IN EXCRETORY FUNCTIONS AND ITS INTEGRATION WITH HOMOEOPATHIC MANAGEMENT

- Haematuria
- Dysuria
- Enuresis and incontinence
- Voiding dysfunction
- Renal failure – acute and chronic

HOM-PG-PED 12:

CLINICAL APPROACH TO ALTERATIONS IN HAEMATOLOGICAL FUNCTIONS AND ITS INTEGRATION WITH HOMOEOPATHIC MANAGEMENT

- Anaemia
- Bleeding
- Enlargement of Lymph nodes and spleen

HOM-PG-PED 13:

CLINICAL APPROACH TO ALTERATIONS IN NEUROLOGICAL FUNCTIONS AND ITS INTEGRATION WITH HOMOEOPATHIC MANAGEMENT

- Convulsions
- Intracranial space occupying lesions
- Large head
- Small head
- Floppy infant
- Coma
- Headache
- Paralysis and palsies

VII. ASSESSMENT

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

VII (1). M.D. (HOMOEOPATHY) PART-I EXAMINATION –

MAXIMUM MARKS FOR EACH SUBJECT AND MINIMUM MARKS REQUIRED TO PASS SHALL BE AS FOLLOWS:

Subjects	Theory		Practical or Clinical Examination, including Viva	
	Maximum Marks	Pass Marks	Maximum Marks	Pass Marks
i. Fundamentals of Pediatrics	100	50	200* (160 + 40) (Summative Assessment 160 Marks) (Internal Assessment 40 Marks)	100* (80 + 20) (Summative Assessment 80 Marks) (Internal Assessment 20 Marks)
ii. Fundamentals of Homoeopathy in Pediatrics	100	50		
iii. Research Methodology and Biostatistics	100	50	-	-

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

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

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

TYPES OF QUESTIONS WITH MARKS

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

PART 1 – PAPER 1. TOPIC NUMBERS

- HOM-PG-PED 01:

APPLICATION OF BASIC MEDICAL SCIENCES TO HOMOEOPATHIC PAEDIATRICS AND FOUNDATIONS OF HOMOEOPATHIC PAEDIATRICS

- HOM-PG-PED 02:

FUNDAMENTALS OF GROWTH AND DEVELOPMENT IN HOMOEOPATHIC PAEDIATRICS

- HOM-PG-PED 03:

FUNDAMENTALS OF NUTRITION IN HOMOEOPATHIC PAEDIATRICS

- HOM-PG-PED 04:

CLINICAL APPROACH TO ALTERATIONS IN FUNCTIONS OF NEONATES AND ITS INTEGRATION WITH HOMOEOPATHIC MANAGEMENT

- HOM-PG-PED 05:

CLINICAL APPROACH TO FEVER AND ITS INTEGRATION WITH HOMOEOPATHIC MANAGEMENT

- HOM-PG-PED 06:

CLINICAL APPROACH TO ALTERATIONS IN FUNCTIONS OF GROWTH AND DEVELOPMENT WITH ITS INTEGRATION WITH HOMOEOPATHIC MANAGEMENT

- HOM-PG-PED 07:

CLINICAL APPROACH TO ALTERATIONS IN FUNCTIONS OF NUTRITION AND ITS INTEGRATION WITH HOMOEOPATHIC MANAGEMENT

- HOM-PG-PED 08:

CLINICAL APPROACH TO ALTERATIONS IN RESPIRATORY FUNCTIONS AND ITS INTEGRATION WITH HOMOEOPATHIC MANAGEMENT

- HOM-PG-PED 09:

CLINICAL APPROACH TO ALTERATIONS IN GASTROINTESTINAL FUNCTIONS AND ITS INTEGRATION WITH HOMOEOPATHIC MANAGEMENT

- HOM-PG-PED 10:

CLINICAL APPROACH TO ALTERATIONS IN CARDIAC AND CIRCULATORY FUNCTIONS AND ITS INTEGRATION WITH HOMOEOPATHIC MANAGEMENT

- HOM-PG-PED 11:

CLINICAL APPROACH TO ALTERATIONS IN EXCRETORY FUNCTIONS AND ITS INTEGRATION WITH HOMOEOPATHIC MANAGEMENT

- HOM-PG-PED 12:

CLINICAL APPROACH TO ALTERATIONS IN HEMATOLOGICAL FUNCTIONS AND ITS INTEGRATION WITH HOMOEOPATHIC MANAGEMENT

- HOM-PG-PED 13:

CLINICAL APPROACH TO ALTERATIONS IN NEUROLOGICAL FUNCTIONS AND ITS INTEGRATION WITH HOMOEOPATHIC MANAGEMENT

VII (2B). QUESTION PAPER LAYOUT

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

VII (3). ASSESSMENT BLUEPRINT –PRACTICAL / VIVA.**VII (3A). CLINICAL EXAMINATION.**

CLINICAL		
1	Internal Assessment	20 Marks
2	One Long Case	50Marks
3	One Short case	20 Marks
4	Logbook	05 Marks
5	Micro Teaching	05 Marks
Total		100 Marks

VII (3b). VIVA VOCE.

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

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

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ALLIED SUBJECTS

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HOMOEOPATHIC LITERATURE

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Note: Part I Paper 2 separately after Part II Paper 1 & 2.

PART II PAPER 1,2

V. TOPICS AND TOPIC OBJECTIVES.

Part II:

HOM-PG-PED 14:

HOMOEOPATHIC APPROACH TO MOTHER-NEONATE UNIT AND EMBRYOLOGY & NEONATOLOGY

HOM-PG-PED 15:

HOMOEOPATHIC APPROACH TO DISORDERS OF GROWTH AND DEVELOPMENT

HOM-PG-PED 16:

HOMOEOPATHIC APPROACH TO DISORDERS OF NUTRITION

HOM-PG-PED 17:

HOMOEOPATHIC APPROACH TO DISORDERS OF FLUID AND ELECTROLYTE IMBALANCE

HOM-PG-PED 18:

HOMOEOPATHIC APPROACH TO COMMUNITY PAEDIATRICS

HOM-PG-PED 19:

HOMOEOPATHIC APPROACH TO INFECTIOUS DISEASES

HOM-PG-PED 20:

HOMOEOPATHIC APPROACH TO CHILD PSYCHIATRY

HOM-PG-PED 21:

HOMOEOPATHIC APPROACH TO DISEASES OF PAEDIATRIC RESPIRATORY SYSTEM

HOM-PG-PED 22:

**HOMOEOPATHIC APPROACH TO DISEASES OF PAEDIATRIC
CARDIOVASCULAR SYSTEM**

HOM-PG-PED 23:

**HOMOEOPATHIC APPROACH TO DISEASES OF PAEDIATRIC
GASTROINTESTINAL AND HEPATOBILIARY SYSTEM**

HOM-PG-PED 24:

**HOMOEOPATHIC APPROACH TO DISEASES OF PAEDIATRIC NERVOUS
SYSTEM**

HOM-PG-PED 25:

**HOMOEOPATHIC APPROACH TO PAEDIATRIC HEMATOLOGY AND
ONCOLOGY**

HOM-PG-PED 26:

HOMOEOPATHIC APPROACH TO DISEASES OF PAEDIATRIC RENAL SYSTEM

HOM-PG-PED 27:

HOMOEOPATHIC APPROACH TO PAEDIATRIC ENDOCRINOLOGY

HOM-PG-PED 28:

HOMOEOPATHIC APPROACH TO PAEDIATRIC IMMUNOLOGY AND ALLERGY

HOM-PG-PED 29:

**HOMOEOPATHIC APPROACH TO DISEASES OF PAEDIATRIC
MUSCULOSKELETAL SYSTEM AND RHEUMATOLOGY**

HOM-PG-PED 30:

HOMOEOPATHIC APPROACH TO PAEDIATRIC DERMATOLOGY

HOM-PG-PED 31:

HOMOEOPATHIC APPROACH TO PAEDIATRIC SURGICAL DISEASES

HOM-PG-PED 32:

**ADVANCED HOMOEOPATHIC PAEDIATRICS, EMERGENCY PAEDIATRICS
AND CRITICAL CARE**

VI. TOPIC DESCRIPTION

TOPIC NAME: HOM-PG-PED 14:

HOMOEOPATHIC APPROACH TO MOTHER-NEONATE UNIT AND EMBRYOLOGY & NEONATOLOGY

Topic overview:	This Topic will provide students of MD Hom (Paediatrics) an in-depth understanding of Homoeopathic approach to Mother-neonate unit and Embryology & Neonatology
Learning outcomes	COMPETENCYHOM-PG-PED 14 - 1 – CLINICAL ASSESSMENT AND HOMOEOPATHIC APPROACH TO NEONATAL CONDITIONS KNOWLEDGE ▪ Discuss the type of disease – Hahnemannian classification ▪ Discuss the epidemiology – genetic, environmental, personality, predisposition and disposition ▪ Enumerate the etiological factors – infectious/non-infectious ▪ Explain the causation – exciting/maintaining/ fundamental causes ▪ Describe the pathogenesis – evolution of pathology (functional to structural/reversible to irreversible) with possible miasmatic cleavage ▪ Discuss the signs and symptoms- evolution, clinicopathogenesis, end result in complications or sequelae along with miasmatic evolution (acute disease/acute to chronic. Acute exacerbation of chronic, periodic or chronic disease ▪ Enumerate clinical examination- general and systemic to establish clinico-pathological and miasmatic correlations ▪ Enlist the differential diagnosis and reach to the probable clinical diagnosis ▪ Enumerate investigations – general and symptom-specific to establish miasmatic correlations (multimiasmatic evolution) ▪ Discuss the susceptibility of the case/specific to disease ▪ Enlist representation in repertory- specific to disease rubrics – Kent, TPB, Boericke ▪ Discuss the common indicated remedies with differential HMM (clinical) ▪ Discuss management strategy – therapeutic (homoeopathic – acute/chronic/intercurrent) and non-therapeutic (Diet, ancillary measures, education) with assessment of posology ▪ Discuss the follow up criteria – general and specific and

	steps of remedy reaction evaluation ▪ Discuss the scope and limitations (Prognosis) SKILL ▪ Perform simultaneous clinical and Homoeopathic history taking and arrive at differential diagnosis ▪ Perform the clinical examination and reach to a probable diagnosis ▪ Choose appropriate investigations and growth charts and arrive at range of diagnosis ▪ Identify common and the characteristic symptoms ▪ Organize repertorial representations, differential materia medica and flow of susceptibility and miasm ▪ Construct the basic management strategy. REFLECTION ▪ Reflect on importance of history taking, clinical examination and investigation in homoeopathic management and decide the scope in disordered functioning
Learning Methods	Problem-based learning, Case-based Learning, Brainstorming, Bedside Learning, Deliberate practice, formative self-assessment
Assessment	Formative and summative assessments Case based/scenario based/problem-based questions – ABQ, LAQ, SAQ OSCE, DOPS, Mini-CEX, Rubrics
Prescribed texts	As per the list
Domains of competencies	KS/PC/HO/PBL

For example,

Topic overview:	This Topic will provide students of MD Hom (Paediatrics) an in-depth understanding of Homoeopathic approach to Low-Birth-weight neonate due to intrauterine growth retardation
Learning outcomes	COMPETENCY HOM-PG-PED 14 - 1 – CLINICAL ASSESSMENT AND HOMOEOPATHIC APPROACH TO LOW-BIRTH-WEIGHT NEONATE (IUGR) KNOWLEDGE - Discuss the type of disease – Hahnemannian classification – IUGR is when a fetal weight is estimated to be below the 10th percentile for its gestational age -----Classification - chronic disease - Discuss the epidemiology – genetic, environmental, personality, predisposition and disposition <i>e.g., Genetic/predisposition – consanguineous marriage/family history of parents, past history of major illnesses in parents or siblings and family, past history of hypertension, epilepsy, bronchial asthma, endocrine illnesses in mother and drug history, addiction history</i> <i>Environmental – mothers emotional and physical state before during and after conception and in antenatal, perinatal and post-natal period -</i> - Enumerate the etiological factors – infectious/non-infectious <i>Infectious diseases in mother – Syphilis, cytomegalovirus, toxoplasmosis, rubella, hepatitis-B, HSV 1 or 2, HIV</i> <i>Non-infectious in mother – malnutrition, multiple pregnancies, drugs, alcohol, smoking, HTN, preeclampsia, DM, SLE, CKD, IBD,</i> <i>Congenital/ Genetic - Trisomy 21,18,13, Turner’s syndrome</i> - Explain the causation – exciting/maintaining/ fundamental causes <i>Exciting causes – acute stress, trauma</i> <i>Maintaining causes – malnutrition, drug abuse</i> <i>Fundamental – genetic, chronic lifestyle disease (miasmatic load)</i> - Describe the pathogenesis – evolution of pathology (functional to structural/reversible to irreversible) with possible miasmatic cleavage <i>An imbalance or lack of co-ordination in the complex system of dynamic interaction between maternal, placental and foetal environment → uteroplacental insufficiency → inadequate maternal-foetal circulation-→ compromised nutritional supply→ reduction of total body mass, bone and mineral content, and muscle mass+ blood flow redirected away from vital organs to brain, placenta, heart and adrenal glands → reduction in overall</i>

foetal size to increase survival →growth retardation-----can be reversible or irreversible based on severity, cause and post-natal care ---→miasmatic cleavage- →Sycotic-Syphilitic

- Discuss the signs and symptoms- evolution, clinicopathogenesis, end result in complications or sequelae along with miasmatic evolution (acute disease/acute to chronic/Acute exacerbation of chronic, periodic or chronic disease)

Types – symmetric and asymmetric –typically onset before or after 32 weeks respectively

Symmetric – usually due to genetic causes/TORCH - placental insufficiency - total cell number – less, cell size normal, uniformly small, undernourished and directing most of its energy to maintain growth of vital organs, such as brain and heart, at the expense of liver, muscle, fat, normal ponderal index, complicated Topic with poor prognosis – morbidity and mortality – syco-syphilitic

Asymmetric –usually due to chronic hypoxia, malnutrition, small AC (due to decreased liver size), scrawny limbs (decreased muscle mass), thinned skin (decreased fat), total cell number- Normal, cell size – smaller, head larger than abdomen, low ponderal index, usually uncomplicated Topic having good prognosis – sycotic
Complications and sequelae - sepsis, adverse neurodevelopmental outcomes – poor academic performance decreased cognitive performance, behavioural problems and hyperactivity

- Enumerate clinical examination- general and systemic to establish clinico-pathological and miasmatic correlations

Ponderal index, anthropometry – weight, height, HC, CC, AC, HC: AC ratio, complete neonatal head to toe examination

Hepatomegaly, sensory-neural hearing loss, dysmorphic facies – specific signs should be looked for

- Enlist the differential diagnosis and reach to the probable clinical diagnosis

LBW due to prematurity, oligohydramnios

- Enumerate investigations – general and symptom-specific to establish miasmatic correlations (multimiasmatic evolution)

CBC, CRP, S. Bil, RBS, S. Ca, Metabolic work up, CXR, USG abdomen, skull

- Discuss the susceptibility of the case/specific to disease – ***Based on individual case***
- Enlist representation in repertory- specific to disease rubrics – Kent, TPB, Boericke

Generalities – growth retarded, arrested, development arrested,

- Discuss the common indicated remedies with differential HMM (clinical)

Abrotanum, Baryta group, Calcarea group, Natrum group, Silicea, Animal group- Sepia, Based on mother's constitutional remedy

	- Discuss management strategy – therapeutic (homoeopathic – acute/chronic/intercurrent) and non-therapeutic (Diet, ancillary measures, education) with assessment of posology <i>Chronic constitutional prescribing- mother's CR to neonate (aphorism 284 footnote) in 50 millesimal potencies</i> <i>Acute and intercurrent rx as per requirement</i> <i>Diet – BF with supplements,</i> <i>Ancillary measures – based on the specific functional insufficiencies</i> <i>Education – parents and family orientation about care of the newborn</i> - Discuss the follow up criteria – general and specific and steps of remedy reaction evaluation - Discuss the scope and limitations (Prognosis) <i>Symmetric – guarded prognosis</i> <i>Asymmetric – good prognosis</i> <i>Skill</i> - Perform simultaneous clinical and Homoeopathic history taking and arrive at differential diagnosis <i>Mother's case definition with neonatal observations</i> - Perform the clinical examination and reach to a probable diagnosis <i>Complete neonatal examination</i> - Choose appropriate investigations and growth charts and arrive at range of diagnosis <i>Complete work up, Fenton's growth charts</i> - Identify common and the characteristic symptoms <i>Case- based</i> - Organize repertorial representations, differential materia medica and flow of susceptibility and miasm <i>Case- based</i> - Construct the basic management strategy <i>Individualized case based</i> REFLECTION - Reflect on importance of history taking, clinical examination and investigation in homoeopathic management and decide the scope in disordered functioning
Learning Methods	Problem-based learning, Case-based Learning, Brainstorming, Bedside Learning, Deliberate practice, formative self-assessment
Assessment	Formative and summative assessments Case based/scenario based/problem-based questions – ABQ, LAQ, SAQ OSCE, DOPS, Mini-CEX, Rubrics
Prescribed texts	As per the list
Domains of competencies	KS/PC/HO/PBL

TOPIC NAME: HOM-PG-PED 15:**HOMOEOPATHIC APPROACH TO DISORDERS OF GROWTH AND DEVELOPMENT**

Topic overview:	This Topic will provide students of MD Hom (Paediatrics) an in-depth understanding of Homoeopathic approach to Disorders of Growth and Development
Learning outcomes	COMPETENCY -HOM-PG-PED 15 - 1 – CLINICAL ASSESSMENT AND HOMOEOPATHIC APPROACH TO DISORDERS OF GROWTH AND DEVELOPMENT KNOWLEDGE ▪ Discuss the type of disease – Hahnemannian classification ▪ Discuss the epidemiology – genetic, environmental, personality, predisposition and disposition ▪ Enumerate the etiological factors – infectious/non-infectious ▪ Explain the causation – exciting/maintaining/ fundamental causes ▪ Describe the pathogenesis – evolution of pathology (functional to structural/reversible to irreversible) with possible miasmatic cleavage ▪ Discuss the signs and symptoms- evolution, clinicopathogenesis, end result in complications or sequelae along with miasmatic evolution (acute disease/acute to chronic. Acute exacerbation of chronic, periodic or chronic disease ▪ Enumerate clinical examination- general and systemic to establish clinico-pathological and miasmatic correlations ▪ Enlist the differential diagnosis and reach to the probable clinical diagnosis ▪ Enumerate investigations – general and symptom-specific to establish miasmatic correlations (multimiasmatic evolution) ▪ Discuss the susceptibility of the case/specific to disease ▪ Enlist representation in repertory- specific to disease rubrics – Kent, TPB, Boericke ▪ Discuss the common indicated remedies with differential HMM (clinical) ▪ Discuss management strategy – therapeutic (homoeopathic – acute/chronic/intercurrent) and non-therapeutic (Diet, ancillary measures, education) with assessment of posology ▪ Discuss the follow up criteria – general and specific and steps of remedy reaction evaluation ▪ Discuss the scope and limitations (Prognosis)

	SKILL ▪ Perform simultaneous clinical and Homoeopathic history taking and arrive at differential diagnosis ▪ Perform the clinical examination and reach to a probable diagnosis ▪ Choose appropriate investigations and growth charts and arrive at range of diagnosis ▪ Identify common and the characteristic symptoms ▪ Organize repertorial representations, differential materia medica and flow of susceptibility and miasm ▪ Construct the basic management strategy. REFLECTION ▪ Reflect on importance of history taking, clinical examination and investigation in homoeopathic management and decide the scope in disordered functioning
Learning Methods	Case based learning, Community postings, Out-patient based, spaced repetition, self – regulated learning, Brainstorming
Assessment	Formative and summative assessments Case based/scenario based/problem-based questions – ABQ, LAQ, SAQ OSCE, DOPS, Mini-CEX, Rubrics
Prescribed texts	As per the list
Domains of competencies	KS/PC/HO/PBL

TOPIC NAME: HOM-PG-PED 16:**HOMOEOPATHIC APPROACH TO DISORDERS OF NUTRITION**

Topic overview:	This Topic will provide students of MD Hom (Paediatrics) an in-depth understanding of Homoeopathic approach to Disorders of Nutrition
Learning outcomes	Competency HOM-PG-PED 15 - 1 – Clinical assessment and Homoeopathic approach to Disorders of Nutrition <i>Knowledge</i> ▪ Discuss the type of disease – Hahnemannian classification ▪ Discuss the epidemiology – genetic, environmental, personality, predisposition and disposition ▪ Enumerate the etiological factors – infectious/non-infectious ▪ Explain the causation – exciting/maintaining/ fundamental causes ▪ Describe the pathogenesis – evolution of pathology (functional to structural/reversible to irreversible) with possible miasmatic cleavage ▪ Discuss the signs and symptoms- evolution, clinicopathogenesis, end result in complications or sequelae along with miasmatic evolution (acute disease/acute to chronic. Acute exacerbation of chronic, periodic or chronic disease ▪ Enumerate clinical examination- general and systemic to establish clinico-pathological and miasmatic correlations ▪ Enlist the differential diagnosis and reach to the probable clinical diagnosis ▪ Enumerate investigations – general and symptom-specific to establish miasmatic correlations (multimiasmatic evolution) ▪ Discuss the susceptibility of the case/specific to disease ▪ Enlist representation in repertory- specific to disease rubrics – Kent, TPB, Boericke ▪ Discuss the common indicated remedies with differential HMM (clinical) ▪ Discuss management strategy – therapeutic (homoeopathic – acute/chronic/intercurrent) and non-therapeutic (Diet, ancillary measures, education) with assessment of posology ▪ Discuss the follow up criteria – general and specific and steps of remedy reaction evaluation ▪ Discuss the scope and limitations (Prognosis) <i>Skill</i> ▪ Perform simultaneous clinical and Homoeopathic history taking and arrive at differential diagnosis ▪ Perform the clinical examination and reach to a probable

	diagnosis - Choose appropriate investigations and growth charts and arrive at range of diagnosis - Identify common and the characteristic symptoms - Organize repertorial representations, differential materia medica and flow of susceptibility and miasm - Construct the basic management strategy. <i>Reflection</i> - Reflect on importance of history taking, clinical examination and investigation in homoeopathic management and decide the scope in disordered functioning
Learning Methods	Case based learning, Community postings, Out-patient based, spaced repetition, self – regulated learning, Brainstorming
Assessment	Formative and summative assessments Case based/scenario based/problem-based questions – ABQ, LAQ, SAQ OSCE, DOPS, Mini-CEX, Rubrics
Prescribed texts	As per the list
Domains of competencies	KS/PC/HO/PBL

TOPIC NAME: HOM-PG-PED 17:**HOMOEOPATHIC APPROACH TO DISORDERS OF FLUID AND ELECTROLYTE IMBALANCE**

Topic overview:	This Topic will provide students of MD Hom (Paediatrics) an in-depth understanding of Homoeopathic approach to Disorders of Fluid and Electrolyte imbalance
Learning outcomes	COMPETENCY - HOM-PG-PED 17- 1 – CLINICAL ASSESSMENT AND HOMOEOPATHIC APPROACH TO DISORDERS OF FLUID AND ELECTROLYTE IMBALANCE KNOWLEDGE ▪ Discuss the type of disease – Hahnemannian classification ▪ Discuss the epidemiology – genetic, environmental, personality, predisposition and disposition ▪ Enumerate the etiological factors – infectious/non-infectious ▪ Explain the causation – exciting/maintaining/ fundamental causes ▪ Describe the pathogenesis – evolution of pathology (functional to structural/reversible to irreversible) with possible miasmatic cleavage ▪ Discuss the signs and symptoms- evolution, clinicopathogenesis, end result in complications or sequelae along with miasmatic evolution (acute disease/acute to chronic. Acute exacerbation of chronic, periodic or chronic disease ▪ Enumerate clinical examination- general and systemic to establish clinico-pathological and miasmatic correlations ▪ Enlist the differential diagnosis and reach to the probable clinical diagnosis ▪ Enumerate investigations – general and symptom-specific to establish miasmatic correlations (multimiasmatic evolution) ▪ Discuss the susceptibility of the case/specific to disease ▪ Enlist representation in repertory- specific to disease rubrics – Kent, TPB, Boericke ▪ Discuss the common indicated remedies with differential HMM (clinical) ▪ Discuss management strategy – therapeutic (homoeopathic – acute/chronic/intercurrent) and non-therapeutic (Diet, ancillary measures, education) with assessment of posology ▪ Discuss the follow up criteria – general and specific and steps of remedy reaction evaluation ▪ Discuss the scope and limitations (Prognosis)

	SKILL ▪ Perform simultaneous clinical and Homoeopathic history taking and arrive at differential diagnosis ▪ Perform the clinical examination and reach to a probable diagnosis ▪ Choose appropriate investigations and growth charts and arrive at range of diagnosis ▪ Identify common and the characteristic symptoms ▪ Organize repertorial representations, differential materia medica and flow of susceptibility and miasm ▪ Construct the basic management strategy. REFLECTION ▪ Reflect on importance of history taking, clinical examination and investigation in homoeopathic management and decide the scope in disordered functioning
Learning Methods	Case based learning, Community postings, Out-patient based, spaced repetition, self – regulated learning, Brainstorming
Assessment	Formative and summative assessments Case based/scenario based/problem-based questions – ABQ, LAQ, SAQ OSCE, DOPS, Mini-CEX, Rubrics
Prescribed texts	As per the list
Domains of competencies	KS/PC/HO/PBL

TOPIC NAME: HOM-PG-PED 18:**HOMOEOPATHIC APPROACH TO COMMUNITY PAEDIATRICS**

Topic overview:	This Topic will provide students of MD Hom (Paediatrics) an in-depth understanding of Homoeopathic approach community Paediatrics
Learning outcomes	COMPETENCY -HOM-PG-PED 18 - 1 – HOMOEOPATHIC APPROACH TO COMMUNITY PAEDIATRICS KNOWLEDGE ▪ Discuss the basic concepts and principles of community Medicine in Paediatrics and its utility for Homoeopathic paediatrician in community ▪ Discuss the components of Perinatal care in the community, nation and the world with role of Homoeopathic paediatrician ▪ Discuss the Tenets of Breastfeeding in today's context and how can a homoeopathic paediatrician contribute to improvement of it ▪ Illustrate the Baby-friendly Hospital initiative ▪ Summarise the gender issues in Reproductive and child health ▪ Correlate the epidemiology of respiratory diseases in community – acute respiratory tract infections, allergy and childhood asthma and Homoeopathic management principles to levels of prevention in community ▪ Discuss Tuberculosis in children with its Homoeopathic approach in community ▪ Explain the water and food borne diseases- acute diarrhoeal diseases, vector borne diseases with its Homoeopathic approach in community ▪ Discuss the nutritional problems in children and adolescents and role of Homoeopathic Paediatrician in community ▪ Describe the causes, epidemiology, clinical presentation, detection and Homoeopathic management of Nutritional Anaemia in children and adolescents. ▪ Evaluate the Nutritional Programs and policies in India ▪ Discuss the National Nutritional programme – POSHAN Abhiyan ▪ Discuss the Integrated child development services (ICDS) Scheme in India – objectives, beneficiaries, Services, complementary Nutrition, Immunisation, health check-ups and referrals, Growth monitoring Promotion (GMP) Non

	formal and preschool education and how can a Homoeopathic Paediatrician contribute in it ▪ Discuss the School Health program under “Ayushman Bharat” – Objectives, Target population, Package of services and Operationalization ▪ Discuss the burden of Thalassemia and Hemoglobinopathies in India and role of Homoeopathic paediatrician ▪ Discuss the burden of blindness and visual impairment in childhood in India and role of Homoeopathic paediatrician in prevention and management of it ▪ Discuss the role of Homoeopathic Paediatrician in society and for prevention and management of child abuse, neglect and poisoning ▪ Explain the BPS model to understand conduct disorder and juvenile delinquency with its Homoeopathic management ▪ Discuss the Homoeopathic approach to physical and mental disability in individual and community settings ▪ Analyse the role of Homoeopathic Paediatrician in child labour, street children, substance abuse, adoption ▪ Enumerate the major environment health risks in children ▪ Discuss the impact of environmental health risks for children ▪ Discuss the principles of immunisation in India ▪ Explain the concept of Vaccinosis ▪ Evaluate the role of Homoeopathic Paediatrician in various National Health Programs SKILL ▪ Perform screening camps for various nutritional and health care needs of Children and adolescents in the community ▪ Perform requisite screening examinations, tests and evaluation for diagnosing various paediatric disease in the community ▪ Construct management plan for homoeopathic management of various health care needs of children in the community REFLECTION ▪ Reflect on role of homoeopathic Pediatrician at various levels of Prevention of disease in community and scope and limitations
Learning Methods	Problem based, Community postings, Roleplay, Outpatient based learning, Self-regulated learning, Portfolio-based
Assessment	Formative and summative assessments Case based/scenario based/problem-based questions – ABQ, LAQ, SAQ Check list, rating scales, DOPS, Simulation- based assessment
Prescribed texts	As per the list
Domains of competencies	KS/PC/HO/PBL

TOPIC NAME: HOM-PG-PED 19:**HOMOEOPATHIC APPROACH TO INFECTIOUS DISEASES**

Topic overview:	This Topic will provide students of MD Hom (Paediatrics) an in-depth understanding of Homoeopathic approach to Infectious Diseases
Learning outcomes	COMPETENCY -HOM-PG-PED 19-1 – CLINICAL ASSESSMENT AND HOMOEOPATHIC APPROACH TO INFECTIOUS DISEASES KNOWLEDGE ▪ Discuss the type of disease – Hahnemannian classification ▪ Discuss the epidemiology – genetic, environmental, personality, predisposition and disposition ▪ Enumerate the etiological factors – infectious/non-infectious ▪ Explain the causation – exciting/maintaining/ fundamental causes ▪ Describe the pathogenesis – evolution of pathology (functional to structural/reversible to irreversible) with possible miasmatic cleavage ▪ Discuss the signs and symptoms- evolution, clinicopathogenesis, end result in complications or sequelae along with miasmatic evolution (acute disease/acute to chronic. Acute exacerbation of chronic, periodic or chronic disease ▪ Enumerate clinical examination- general and systemic to establish clinico-pathological and miasmatic correlations ▪ Enlist the differential diagnosis and reach to the probable clinical diagnosis ▪ Enumerate investigations – general and symptom-specific to establish miasmatic correlations (multimiasmatic evolution) ▪ Discuss the susceptibility of the case/specific to disease ▪ Enlist representation in repertory- specific to disease rubrics – Kent, TPB, Boericke ▪ Discuss the common indicated remedies with differential HMM (clinical) ▪ Discuss management strategy – therapeutic (homoeopathic – acute/chronic/intercurrent) and non-therapeutic (Diet, ancillary measures, education) with assessment of posology ▪ Discuss the follow up criteria – general and specific and steps of remedy reaction evaluation ▪ Discuss the scope and limitations (Prognosis)

	SKILL ▪ Perform simultaneous clinical and Homoeopathic history taking and arrive at differential diagnosis ▪ Perform the clinical examination and reach to a probable diagnosis ▪ Choose appropriate investigations and growth charts and arrive at range of diagnosis ▪ Identify common and the characteristic symptoms ▪ Organize repertorial representations, differential materia medica and flow of susceptibility and miasm ▪ Construct the basic management strategy. REFLECTION ▪ Reflect on importance of history taking, clinical examination and investigation in homoeopathic management and decide the scope in disordered functioning
Learning Methods	
Assessment	Formative and summative assessments Case based/scenario based/problem-based questions – ABQ, LAQ, SAQ OSCE, DOPS, Mini-CEX, Rubrics
Learning Methods	Community postings, flipped classroom, Case-Based learning, Self-regulated Learning
Prescribed texts	As per the list
Domains of competencies	KS/PC/HO/PBL

TOPIC NAME: HOM-PG-PED 20:**HOMOEOPATHIC APPROACH TO CHILD PSYCHIATRY**

Topic overview:	This Topic will provide students of MD Hom (Paediatrics) an in-depth understanding of Homoeopathic approach to Child Psychiatry
Learning outcomes	COMPETENCY -HOM-PG-PED 20- 1 – CLINICAL ASSESSMENT AND HOMOEOPATHIC APPROACH TO CHILD PSYCHIATRY KNOWLEDGE ▪ Discuss the type of disease – Hahnemannian classification ▪ Discuss the epidemiology – genetic, environmental, personality, predisposition and disposition ▪ Enumerate the etiological factors – infectious/non-infectious ▪ Explain the causation – exciting/maintaining/ fundamental causes ▪ Describe the pathogenesis – evolution of pathology (functional to structural/reversible to irreversible) with possible miasmatic cleavage ▪ Discuss the signs and symptoms- evolution, clinicopathogenesis, end result in complications or sequelae along with miasmatic evolution (acute disease/acute to chronic. Acute exacerbation of chronic, periodic or chronic disease ▪ Enumerate clinical examination- general and systemic to establish clinico-pathological and miasmatic correlations ▪ Enlist the differential diagnosis and reach to the probable clinical diagnosis ▪ Enumerate investigations – general and symptom-specific to establish miasmatic correlations (multimiasmatic evolution) ▪ Discuss the susceptibility of the case/specific to disease ▪ Enlist representation in repertory- specific to disease rubrics – Kent, TPB, Boericke ▪ Discuss the common indicated remedies with differential HMM (clinical) ▪ Discuss management strategy – therapeutic (homoeopathic – acute/chronic/intercurrent) and non-therapeutic (Diet, ancillary measures, education) with assessment of posology ▪ Discuss the follow up criteria – general and specific and steps of remedy reaction evaluation ▪ Discuss the scope and limitations (Prognosis) SKILL ▪ Perform simultaneous clinical and Homoeopathic history

	taking and arrive at differential diagnosis ▪ Perform the clinical examination and reach to a probable diagnosis ▪ Choose appropriate investigations and growth charts and arrive at range of diagnosis ▪ Identify common and the characteristic symptoms ▪ Organize repertorial representations, differential materia medica and flow of susceptibility and miasm ▪ Construct the basic management strategy. REFLECTION ▪ Reflect on importance of history taking, clinical examination and investigation in homoeopathic management and decide the scope in disordered functioning
Learning Methods	Problem-Based learning, Case-based Learning, Roleplay, Simulations, Reflective Learning
Assessment	Formative and summative assessments Case based/scenario based/problem-based questions – ABQ, LAQ, SAQ OSCE, DOPS, Mini-CEX, Rubrics
Prescribed texts	As per the list
Domains of competencies	KS/PC/HO/PBL

TOPIC NAME: HOM-PG-PED 21:**HOMOEOPATHIC APPROACH TO DISEASES OF PAEDIATRIC RESPIRATORY SYSTEM**

Topic overview:	This Topic will provide students of MD Hom (Paediatrics) an in-depth understanding of Homoeopathic approach to Diseases of Paediatric Respiratory System
Learning outcomes	Competency HOM-PG-PED 21 - 1 – CLINICAL ASSESSMENT AND HOMOEOPATHIC APPROACH TO DISEASES OF PAEDIATRIC RESPIRATORY SYSTEM KNOWLEDGE ▪ Discuss the type of disease – Hahnemannian classification ▪ Discuss the epidemiology – genetic, environmental, personality, predisposition and disposition ▪ Enumerate the etiological factors – infectious/non-infectious ▪ Explain the causation – exciting/maintaining/ fundamental causes ▪ Describe the pathogenesis – evolution of pathology (functional to structural/reversible to irreversible) with possible miasmatic cleavage ▪ Discuss the signs and symptoms- evolution, clinicopathogenesis, end result in complications or sequelae along with miasmatic evolution (acute disease/acute to chronic. Acute exacerbation of chronic, periodic or chronic disease ▪ Enumerate clinical examination- general and systemic to establish clinico-pathological and miasmatic correlations ▪ Enlist the differential diagnosis and reach to the probable clinical diagnosis ▪ Enumerate investigations – general and symptom-specific to establish miasmatic correlations (multimiasmatic evolution) ▪ Discuss the susceptibility of the case/specific to disease ▪ Enlist representation in repertory- specific to disease rubrics – Kent, TPB, Boericke ▪ Discuss the common indicated remedies with differential HMM (clinical) ▪ Discuss management strategy – therapeutic (homoeopathic – acute/chronic/intercurrent) and non-therapeutic (Diet, ancillary measures, education) with assessment of posology ▪ Discuss the follow up criteria – general and specific and steps of remedy reaction evaluation

	- Discuss the scope and limitations (Prognosis) SKILL - Perform simultaneous clinical and Homoeopathic history taking and arrive at differential diagnosis - Perform the clinical examination and reach to a probable diagnosis - Choose appropriate investigations and growth charts and arrive at range of diagnosis - Identify common and the characteristic symptoms - Organize repertorial representations, differential materia medica and flow of susceptibility and miasm - Construct the basic management strategy. REFLECTION - Reflect on importance of history taking, clinical examination and investigation in homoeopathic management and decide the scope in disordered functioning
Learning methods	Case based learning, Bedside Learning, Flipped Learning, Reflective learning, Self – regulated learning
Assessment	Formative and summative assessments Case based/scenario based/problem-based questions – ABQ, LAQ, SAQ OSCE, DOPS, Mini-CEX, Rubrics
Prescribed texts	As per the list
Domains of competencies	KS/PC/HO/PBL

Examples

Topic overview:	This Topic will provide students of MD Hom (Paediatrics) an in-depth understanding of Homoeopathic approach to Pneumonia
Learning outcomes	COMPETENCY 1 – CLINICAL ASSESSMENT AND HOMOEOPATHIC APPROACH TO PNEUMONIA KNOWLEDGE ▪ Discuss the type of disease – Hahnemannian classification <i>Dynamic, acute, individual disease</i> ▪ Discuss the epidemiology – genetic, environmental, personality, predisposition and disposition <i>Leading cause of mortality and morbidity in India in children under 5 years of age</i> <i>Environmental risk factors - lack of exclusive breastfeeding, LBW, Under-nutrition, indoor air pollution, overcrowding, lack of measles immunization,</i> ▪ Enumerate the etiological factors – infectious/non-infectious <i>Infectious – Bacterial, viral, fungal</i> <i>Non-infectious – aspiration of chemicals</i> ▪ Explain the causation – exciting/maintaining/ fundamental causes <i>Exciting – exposure to cold weather, cloudy weather, cold food and drinks</i> <i>Maintaining – poor hygiene, sanitation, nutrition</i> <i>Fundamental – disposition to taking cold easily, weak end organ susceptibility</i> ▪ Describe the pathogenesis – evolution of pathology (functional to structural/reversible to irreversible) with possible miasmatic cleavage <i>Once the immune barrier function is compromised – invasion of mucous membrane – inflammation - injury to epithelium and alveoli – impaired oxygenation</i> <i>4 stages of lobar pneumonia – congestion, red hepatization, grey hepatization, resolution</i> <i>Bronchopneumonia commonly seen in young children</i> <i>Structural reversible pathology mostly of sycotic and tubercular activity</i> ▪ Discuss the signs and symptoms- evolution, clinicopathogenesis, end result in complications or sequelae along with miasmatic evolution (acute disease/acute to chronic. Acute exacerbation of chronic, periodic or chronic disease) <i>Symptoms - Usually, acute onset with rapid progress of Cough, fever, tachypnoea, difficulty in breathing, feeding</i>

Complications – respiratory failure, pleural effusion, empyema, lung abscess, pneumothorax, pneumatoceles, bacteraemia, sepsis

- Enumerate clinical examination- general and systemic to establish clinico-pathological and miasmatic correlations

Signs – check for - G.C – good/moderate/toxic, cyanosis, signs of respiratory distress, tachypnoea, nasal flaring, lower chest indrawing, hypoxia on room air, grunting and apnoea in infants, auscultation – rales and rhonchi in all lung fields or specific zones as per consolidation, focal crackles, decreased breath sounds, signs of dehydration,

- Enlist the differential diagnosis and reach to the probable clinical diagnosis

Pneumonia, bronchitis, bronchiolitis, asthma exacerbation, tuberculosis

- Enumerate investigations – general and symptom-specific to establish miasmatic correlations (multimiasmatic evolution)

CBC, CRP, ESR, CXR in general, ABGA, S. electrolytes, LFT and blood culture if toxic look

- Discuss the susceptibility of the case/specific to disease

Evaluate the pace, characteristics, sensitivity, reactivity, immunity to in the given case

- Enlist representation in repertory- specific to disease rubrics – Kent, TPB, Boericke

Borland's pneumonia – regional repertory – 4 types of Pneumonia and rubrics

Kent – chest lungs inflammation – lobes, sides with various sub rubrics given

- Discuss the common indicated remedies with differential HMM (clinical)

Antim tart, Bryonia, phosphorus, Pulsatilla, Chelidonium, Lycopodium, merc sol

- Discuss management strategy – therapeutic (homoeopathic – acute/chronic/intercurrent) and non-therapeutic (Diet, ancillary measures, education) with assessment of posology

Acute management – formation of acute totality based on Characteristics

Diet – Nutritious food, plenty of oral fluids

Ancillary – Oxygen inhalation, Intravenous fluids, Tepid sponging for fever

Education – parents for hygiene, nutrition, family planning

Posology – guidelines for crisis and lysis mentioned by Borland

- Discuss the follow up criteria – general and specific and steps of remedy reaction evaluation

Generals to particulars – general well-being, change in activity/mood, appetite, fever, cough, breathlessness, vital signs, chest examination, x ray findings, blood ix,

	- Discuss the scope and limitations (Prognosis) <i>Scope – good scope in children with complete resolution with Homoeopathy</i> <i>Prognosis -good</i> SKILL - Perform simultaneous clinical and Homoeopathic history taking and arrive at differential diagnosis <i>ODP, LSMC, enquiry for onset with upper respiratory tract symptoms, fever, cough, dyspnea, associated complaints- headache, malaise, lethargy, chills, anorexia, chest pain, nausea, vomiting, abdominal pain,</i> <i>Ask for characteristics time, position, meteorological, food causative modalities, mental and physical concomitant of change in mood, activity, thirst, company, irritability, desires etc.</i> - Perform the clinical examination and reach to a probable diagnosis <i>General and systemic examination</i> - Choose appropriate investigations and growth charts and arrive at range of diagnosis <i>Hematological, radiological and blood culture</i> - Identify common and the characteristic symptoms - Organize repertorial representations, differential materia medica and flow of susceptibility and miasm - Construct the basic management strategy. <i>Management of acute disease – formation of acute totality, HMM differentiation, assessment of posology</i> REFLECTION - Reflect on importance of history taking, clinical examination and investigation in homoeopathic management and decide the scope in disordered functioning
Learning Methods	Case based learning, Bedside Learning, Flipped Learning, Reflective learning, Self – regulated learning
Assessment	Formative and summative assessments Case based/scenario based/problem-based questions – ABQ, LAQ, SAQ, OSCE, DOPS, Mini-CEX, Rubrics
Prescribed texts	As per the list
Domains of competencies	KS/PC/HO/PBL

Example

Topic overview:	This Topic will provide students of MD Hom (Paediatrics) an in-depth understanding of Homoeopathic approach to Chronic Tonsillitis
Learning outcomes	COMPETENCYHOM-PG-PED 21- 1 – CLINICAL ASSESSMENT AND HOMOEOPATHIC APPROACH TO CHRONIC TONSILITIS KNOWLEDGE ▪ Discuss the type of disease – Hahnemannian classification Dynamic, Chronic Miasmatic disease ▪ Discuss the epidemiology – genetic, environmental, personality, predisposition and disposition Age-commonest between 5 to 15 years Environmental – exposure to triggers ▪ Enumerate the etiological factors – infectious/non-infectious Infectious -viral and Bacterial ▪ Explain the causation – exciting/maintaining/ fundamental causes Exciting – Exposure to cold. Change of weather, cold food, drinks Maintaining – repeated exposure to triggers Fundamental – strong miasmatic load – usually syco-tubercular ▪ Describe the pathogenesis – evolution of pathology (functional to structural/reversible to irreversible) with possible miasmatic cleavage Inflammatory response – swelling, cellular injury and haemolysis, accumulation and deposition of cellular debris, Lymph node enlargement – Structural reversible- syco-tubercular ▪ Discuss the signs and symptoms- evolution, clinicopathogenesis, end result in complications or sequelae along with miasmatic evolution (acute disease/acute to chronic. Acute exacerbation of chronic, periodic or chronic disease Acute – fever, tonsillar exudates, sore throat, tender anterior cervical lymphadenopathy, odynophagia and dysphagia due to tonsillar hypertrophy Chronic – tonsillar hypertrophy, lymphadenopathy, halitosis, Complications – Group A streptococcal infections can have serious complications- peritonsillar abscess, otitis media, pneumonia, sinusitis, bacteraemia, osteomyelitis, meningitis, arthritis, erythema nodosum, acute post streptococcal glomerulonephritis, acute rheumatic fever, toxic shock syndrome ▪ Enumerate clinical examination- general and systemic to establish clinicopathological and miasmatic correlations Visualisation of tonsils – swelling, erythema, exudates, tonsillar enlargement, Examination of ear and nose and Neck for lymphadenopathy Miasm – sycotic-tubercular ▪ Enlist the differential diagnosis and reach to the probable clinical diagnosis Pharyngitis, retropharyngeal abscess, epiglottitis

	- Enumerate investigations – general and symptom-specific to establish miasmatic correlations (multimiasmatic evolution) Usually not done - Discuss the susceptibility of the case/specific to disease - Enlist representation in repertory- specific to disease rubrics – Kent, TPB, Boericke Throat-inflammation-tonsils – sides, - Discuss the common indicated remedies with differential HMM (clinical) Belladonna, HeparSulph, Phytolacca, Merc sol, Baryta carb, calc carb - Discuss management strategy – therapeutic (homoeopathic – acute/chronic/intercurrent) and non-therapeutic (Diet, ancillary measures, education) with assessment of posology Acute – Acute rx when in acute pain and infection Chronic – chronic constitutional rx with need for intercurrent remedy doses - Discuss the follow up criteria – general and specific and steps of remedy reaction evaluation - Discuss the scope and limitations (Prognosis) Good scope and prognosis. Can prevent tonsillectomy in many cases SKILL - Perform simultaneous clinical and Homoeopathic history taking and arrive at differential diagnosis - Perform the clinical examination and reach to a probable diagnosis - Choose appropriate investigations and growth charts and arrive at range of diagnosis - Identify common and the characteristic symptoms - Organize repertorial representations, differential materia medica and flow of susceptibility and miasm - Construct the basic management strategy. REFLECTION - Reflect on importance of history taking, clinical examination and investigation in homoeopathic management and decide the scope in disordered functioning
Learning Methods	Case based learning, Bedside Learning, Flipped Learning, Reflective learning, Self – regulated learning
Assessment	Formative and summative assessments Case based/scenario based/problem-based questions – ABQ, LAQ, SAQ OSCE, DOPS, Mini-CEX, Rubrics
Prescribed texts	As per the list
Domains of competencies	KS/PC/HO/PBL

Example

Topic overview:	This Topic will provide students of MD Hom (Paediatrics) an in-depth understanding of Homoeopathic approach to Bronchial Asthma
Learning outcomes	COMPETENCYHOM-PG-PED 21- 1 – CLINICAL ASSESSMENT AND HOMOEOPATHIC APPROACH TO BRONCHIAL ASTHMA KNOWLEDGE ▪ Discuss the type of disease – Hahnemannian classification Dynamic, chronic, episodic, miasmatic disease ▪ Discuss the epidemiology – genetic, environmental, personality, predisposition and disposition Predisposition – family history of Atopy, Past history of Atopy Disposition – Atopic diathesis and constitution Environment – exposure to allergens Personality – hypersensitive mind and body ▪ Enumerate the etiological factors – infectious/non-infectious Non-infectious trigger factors and allergens- dust, smoke, pollens, mites, food, weather ▪ Explain the causation – exciting/maintaining/ fundamental causes Exciting causes – exposure to allergens – acute exacerbation Maintaining – damp, cold weather, mental emotional Fundamental – Sycoticmiasm ▪ Describe the pathogenesis – evolution of pathology (functional to structural/reversible to irreversible) with possible miasmatic cleavage Atopic constitution – hypersensitive mind and body – allergic response triggered – bronchoconstriction, collection of mucous and debris, bronchial oedema – structural reversible – sycoticmiasm ▪ Discuss the signs and symptoms- evolution, clinicopathogenesis, end result in complications or sequelae along with miasmatic evolution (acute disease/acute to chronic. Acute exacerbation of chronic, periodic or chronic disease Dry cough, breathlessness, may be preceeded by nasal and ey symptoms of itching, redness, sneezing, Complications -status asthmaticus, respiratory failure Acute exacerbation of chronic episodic disease Structural reversible – sycoticmiasm ▪ Enumerate clinical examination- general and systemic to establish clinico-pathological and miasmatic corelations Vitals - tachypnoea, hypoxia (SPO2 low) RS – chest – rhonchi, chest indrawing, use of accessory muscle of respiration, Enlist the differential diagnosis and reach to the probable clinical diagnosis ▪ Enumerate investigations – general and symptom-specific to establish miasmatic correlations (multimiasmatic evolution) CBC, AEC, S. IgE, CXR, PFT ▪ Discuss the susceptibility of the case/specific to disease

	▪ Enlist representation in repertory- specific to disease rubrics – Kent, TPB, Boericke Kent – Respiration, difficult, asthmatic ▪ Discuss the common indicated remedies with differential HMM (clinical) Ars alb, Kali carb, natsulph, Spongia, Ipecac, Antim tart, Medo, Bromium ▪ Discuss management strategy – therapeutic (homoeopathic – acute/chronic/intercurrent) and non-therapeutic (Diet, ancillary measures, education) with assessment of posology Acute exacerbation – acute remedy Chronic constitutional and intercurrent treatment for chronic condition ▪ Discuss the follow up criteria – general and specific and steps of remedy reaction evaluation ▪ Discuss the scope and limitations (Prognosis) Scope and Prognosis – good SKILL ▪ Perform simultaneous clinical and Homoeopathic history taking and arrive at differential diagnosis ▪ Perform the clinical examination and reach to a probable diagnosis ▪ Choose appropriate investigations and growth charts and arrive at range of diagnosis ▪ Identify common and the characteristic symptoms ▪ Organize repertorial representations, differential materia medica and flow of susceptibility and miasm ▪ Construct the basic management strategy. REFLECTION ▪ Reflect on importance of history taking, clinical examination and investigation in homoeopathic management and decide the scope in disordered functioning
Learning Methods	Case based learning, Bedside Learning, Flipped Learning, Reflective learning, Self – regulated learning
Assessment	Formative and summative assessments Case based/scenario based/problem-based questions –ABQ, LAQ, SAQ OSCE, DOPS, Mini-CEX, Rubrics
Prescribed texts	As per the list
Domains of competencies	KS/PC/HO/PBL

TOPIC NAME: HOM-PG-PED 22:**HOMOEOPATHIC APPROACH TO PAEDIATRIC CARDIOVASCULAR SYSTEM**

Topic overview:	This Topic will provide students of MD Hom (Paediatrics) an in-depth understanding of Homoeopathic approach to paediatric Cardiovascular system
Learning outcomes	COMPETENCYHOM-PG-PED 22- 1 – CLINICAL ASSESSMENT AND HOMOEOPATHIC APPROACH TO PAEDIATRIC CARDIOVASCULAR SYSTEM KNOWLEDGE ▪ Discuss the type of disease – Hahnemannian classification ▪ Discuss the epidemiology – genetic, environmental, personality, predisposition and disposition ▪ Enumerate the etiological factors – infectious/non-infectious ▪ Explain the causation – exciting/maintaining/ fundamental causes ▪ Describe the pathogenesis – evolution of pathology (functional to structural/reversible to irreversible) with possible miasmatic cleavage ▪ Discuss the signs and symptoms- evolution, clinicopathogenesis, end result in complications or sequelae along with miasmatic evolution (acute disease/acute to chronic. Acute exacerbation of chronic, periodic or chronic disease ▪ Enumerate clinical examination- general and systemic to establish clinico-pathological and miasmatic correlations ▪ Enlist the differential diagnosis and reach to the probable clinical diagnosis ▪ Enumerate investigations – general and symptom-specific to establish miasmatic correlations (multimiasmatic evolution) ▪ Discuss the susceptibility of the case/specific to disease ▪ Enlist representation in repertory- specific to disease rubrics – Kent, TPB, Boericke ▪ Discuss the common indicated remedies with differential HMM (clinical) ▪ Discuss management strategy – therapeutic (homoeopathic – acute/chronic/intercurrent) and non-therapeutic (Diet, ancillary measures, education) with assessment of posology ▪ Discuss the follow up criteria – general and specific and steps of remedy reaction evaluation ▪ Discuss the scope and limitations (Prognosis)

	SKILL - Perform simultaneous clinical and Homoeopathic history taking and arrive at differential diagnosis - Perform the clinical examination and reach to a probable diagnosis - Choose appropriate investigations and growth charts and arrive at range of diagnosis - Identify common and the characteristic symptoms - Organize repertorial representations, differential materia medica and flow of susceptibility and miasm - Construct the basic management strategy. REFLECTION - Reflect on importance of history taking, clinical examination and investigation in homoeopathic management and decide the scope in disordered functioning
Learning methods	Case based learning, Bedside Learning, Flipped Learning, Reflective learning, Self – regulated learning
Assessment	Formative and summative assessments Case based/scenario based/problem-based questions – ABQ, LAQ, SAQ OSCE, DOPS, Mini-CEX, Rubrics
Prescribed texts	As per the list
Domains of competencies	KS/PC/HO/PBL

Example

Topic overview:	This Topic will provide students of MD Hom (Paediatrics) an in-depth understanding of Homoeopathic approach to Patent Ductus Arteriosus
Learning outcomes	COMPETENCYHOM-PG-PED 22- 1 – CLINICAL ASSESSMENT AND HOMOEOPATHIC APPROACH TO PATENT DUCTUS ARTERIOSUS KNOWLEDGE ▪ Discuss the type of disease – Hahnemannian classification Congenital birth defect – dynamic chronic miasmatic disease ▪ Discuss the epidemiology – genetic, environmental, personality, predisposition and disposition Genetic – Trisomy 13,18,21, Predisposition – maternal DM, Magnesium exposure, cocaine, Disposition – extreme prematurity, ▪ Enumerate the etiological factors – infectious/non-infectious Non-infectious – Neonatal sepsis, drugs, respiratory distress syndrome, ▪ Explain the causation – exciting/maintaining/ fundamental causes Fundamental causes – syco-syphilitic ▪ Describe the pathogenesis – evolution of pathology (functional to structural/reversible to irreversible) with possible miasmatic cleavage Failure of functional and anatomical closure of Ductus arteriosus at end of 8 weeks of life- syco-syphilitic ▪ Discuss the signs and symptoms- evolution, clinicopathogenesis, end result in complications or sequelae along with miasmatic evolution (acute disease/acute to chronic. Acute exacerbation of chronic, periodic or chronic disease Machinery murmur, tachycardia, bounding peripheral pulses, wide pulse pressure, respiratory distress, hypoxia, ▪ Enumerate clinical examination- general and systemic to establish clinico-pathological and miasmatic correlations General and systemic examination – CVS for murmur ▪ Enlist the differential diagnosis and reach to the probable clinical diagnosis Coronary artery fistula, sinus of Valsalva, ▪ Enumerate investigations – general and symptom-specific to establish miasmatic correlations (multimiasmatic evolution) ECG, 2D ECHO, CXR, ▪ Discuss the susceptibility of the case/specific to disease ▪ Enlist representation in repertory- specific to disease rubrics – Kent, TPB, Boericke

	Phatak repertory – Foramen ovale, non-closure of – calc phos ▪ Discuss the common indicated remedies with differential HMM (clinical) ▪ Discuss management strategy – therapeutic (homoeopathic – acute/chronic/intercurrent) and non-therapeutic (Diet, ancillary measures, education) with assessment of posology Chronic constitutional and antimiasmatic of mother/neonate – LM potency frequent repetitions ▪ Discuss the follow up criteria – general and specific and steps of remedy reaction evaluation ▪ Discuss the scope and limitations (Prognosis) Based on size of the opening – good when small, surgery can be avoided. SKILL ▪ Perform simultaneous clinical and Homoeopathic history taking and arrive at differential diagnosis ▪ Perform the clinical examination and reach to a probable diagnosis ▪ Choose appropriate investigations and growth charts and arrive at range of diagnosis ▪ Identify common and the characteristic symptoms ▪ Organize repertorial representations, differential materia medica and flow of susceptibility and miasm ▪ Construct the basic management strategy. REFLECTION ▪ Reflect on importance of history taking, clinical examination and investigation in homoeopathic management and decide the scope in disordered functioning
Learning Methods	Case based learning, Bedside Learning, Flipped Learning, Reflective learning, Self – regulated learning
Assessment	Formative and summative assessments Case based/scenario based/problem-based questions – ABQ, LAQ, SAQ, OSCE, DOPS, Mini-CEX, Rubrics
Prescribed texts	As per the list
Domains of competencies	KS/PC/HO/PBL

TOPIC NAME: HOM-PG-PED 23:**HOMOEOPATHIC APPROACH TO PAEDIATRIC GASTROINTESTINAL AND HEPATOBILIARY SYSTEM**

Topic overview:	This Topic will provide students of MD Hom (Paediatrics) an in-depth understanding of Homoeopathic approach to Paediatric Gastrointestinal and Hepatobiliary system
Learning outcomes	COMPETENCYHOM-PG-PED 23- 1 – CLINICAL ASSESSMENT AND HOMOEOPATHIC APPROACH TO PAEDIATRIC GASTROINTESTINAL AND HEPATOBILIARY SYSTEM KNOWLEDGE ▪ Discuss the type of disease – Hahnemannian classification ▪ Discuss the epidemiology – genetic, environmental, personality, predisposition and disposition ▪ Enumerate the etiological factors – infectious/non-infectious ▪ Explain the causation – exciting/maintaining/ fundamental causes ▪ Describe the pathogenesis – evolution of pathology (functional to structural/reversible to irreversible) with possible miasmatic cleavage ▪ Discuss the signs and symptoms- evolution, clinicopathogenesis, end result in complications or sequelae along with miasmatic evolution (acute disease/acute to chronic. Acute exacerbation of chronic, periodic or chronic disease ▪ Enumerate clinical examination- general and systemic to establish clinico-pathological and miasmatic correlations ▪ Enlist the differential diagnosis and reach to the probable clinical diagnosis ▪ Enumerate investigations – general and symptom-specific to establish miasmatic correlations (multimiasmatic evolution) ▪ Discuss the susceptibility of the case/specific to disease ▪ Enlist representation in repertory- specific to disease rubrics – Kent, TPB, Boericke ▪ Discuss the common indicated remedies with differential HMM (clinical) ▪ Discuss management strategy – therapeutic (homoeopathic – acute/chronic/intercurrent) and non-therapeutic (Diet, ancillary measures, education) with assessment of posology ▪ Discuss the follow up criteria – general and specific and steps of remedy reaction evaluation ▪ Discuss the scope and limitations (Prognosis)

	SKILL ▪ Perform simultaneous clinical and Homoeopathic history taking and arrive at differential diagnosis ▪ Perform the clinical examination and reach to a probable diagnosis ▪ Choose appropriate investigations and growth charts and arrive at range of diagnosis ▪ Identify common and the characteristic symptoms ▪ Organize repertorial representations, differential materia medica and flow of susceptibility and miasm ▪ Construct the basic management strategy. REFLECTION ▪ Reflect on importance of history taking, clinical examination and investigation in homoeopathic management and decide the scope in disordered functioning
Learning Methods	Case based learning, Bedside Learning, Flipped Learning, Reflective learning, Self – regulated learning
Assessment	Formative and summative assessments Case based/scenario based/problem-based questions – ABQ, LAQ, SAQ OSCE, DOPS, Mini-CEX, Rubrics
Prescribed texts	As per the list
Domains of competencies	KS/PC/HO/PBL

TOPIC NAME: HOM-PG-PED 24:**HOMOEOPATHIC APPROACH TO PAEDIATRIC NERVOUS SYSTEM**

Topic overview:	This Topic will provide students of MD Hom (Paediatrics) an in-depth understanding of Homoeopathic approach to Paediatric Nervous system
Learning outcomes	COMPETENCY: HOM-PG-PED 24- 1– CLINICAL ASSESSMENT AND HOMOEOPATHIC APPROACH TO PAEDIATRIC NERVOUS SYSTEM KNOWLEDGE ▪ Discuss the type of disease – Hahnemannian classification ▪ Discuss the epidemiology – genetic, environmental, personality, predisposition and disposition ▪ Enumerate the etiological factors – infectious/non-infectious ▪ Explain the causation – exciting/maintaining/ fundamental causes ▪ Describe the pathogenesis – evolution of pathology (functional to structural/reversible to irreversible) with possible miasmatic cleavage ▪ Discuss the signs and symptoms- evolution, clinicopathogenesis, end result in complications or sequelae along with miasmatic evolution (acute disease/acute to chronic. Acute exacerbation of chronic, periodic or chronic disease ▪ Enumerate clinical examination- general and systemic to establish clinico-pathological and miasmatic correlations ▪ Enlist the differential diagnosis and reach to the probable clinical diagnosis ▪ Enumerate investigations – general and symptom-specific to establish miasmatic correlations (multimiasmatic evolution) ▪ Discuss the susceptibility of the case/specific to disease ▪ Enlist representation in repertory- specific to disease rubrics – Kent, TPB, Boericke ▪ Discuss the common indicated remedies with differential HMM (clinical) ▪ Discuss management strategy – therapeutic (homoeopathic – acute/chronic/intercurrent) and non-therapeutic (Diet, ancillary measures, education) with assessment of posology ▪ Discuss the follow up criteria – general and specific and steps of remedy reaction evaluation ▪ Discuss the scope and limitations (Prognosis)

	SKILL ▪ Perform simultaneous clinical and Homoeopathic history taking and arrive at differential diagnosis ▪ Perform the clinical examination and reach to a probable diagnosis ▪ Choose appropriate investigations and growth charts and arrive at range of diagnosis ▪ Identify common and the characteristic symptoms ▪ Organize repertorial representations, differential materia medica and flow of susceptibility and miasm ▪ Construct the basic management strategy. REFLECTION ▪ Reflect on importance of history taking, clinical examination and investigation in homoeopathic management and decide the scope in disordered functioning
Learning Methods	Case based learning, Bedside Learning, Flipped Learning, Reflective learning, Self – regulated learning
Assessment	Formative and summative assessments Case based/scenario based/problem-based questions – ABQ, LAQ, SAQ OSCE, DOPS, Mini-CEX, Rubrics
Prescribed texts	As per the list
Domains of competencies	KS/PC/HO/PBL

TOPIC NAME: HOM-PG-PED 25:**HOMOEOPATHIC APPROACH TO PAEDIATRIC HEMATOLOGY AND ONCOLOGY**

Topic overview:	This Topic will provide students of MD Hom (Paediatrics) an in-depth understanding of Homoeopathic approach to Paediatric Hematology and Oncology
Learning outcomes	COMPETENCYHOM-PG-PED 25- 1 – CLINICAL ASSESSMENT AND HOMOEOPATHIC APPROACH TO PAEDIATRIC HAEMATOLOGY AND ONCOLOGY KNOWLEDGE ▪ Discuss the type of disease – Hahnemannian classification ▪ Discuss the epidemiology – genetic, environmental, personality, predisposition and disposition ▪ Enumerate the etiological factors – infectious/non-infectious ▪ Explain the causation – exciting/maintaining/ fundamental causes ▪ Describe the pathogenesis – evolution of pathology (functional to structural/reversible to irreversible) with possible miasmatic cleavage ▪ Discuss the signs and symptoms- evolution, clinicopathogenesis, end result in complications or sequelae along with miasmatic evolution (acute disease/acute to chronic. Acute exacerbation of chronic, periodic or chronic disease ▪ Enumerate clinical examination- general and systemic to establish clinico-pathological and miasmatic correlations ▪ Enlist the differential diagnosis and reach to the probable clinical diagnosis ▪ Enumerate investigations – general and symptom-specific to establish miasmatic correlations (multimiasmatic evolution) ▪ Discuss the susceptibility of the case/specific to disease ▪ Enlist representation in repertory- specific to disease rubrics – Kent, TPB, Boericke ▪ Discuss the common indicated remedies with differential HMM (clinical) ▪ Discuss management strategy – therapeutic (homoeopathic – acute/chronic/intercurrent) and non-therapeutic (Diet, ancillary measures, education) with assessment of posology ▪ Discuss the follow up criteria – general and specific and steps of remedy reaction evaluation

	▪ Discuss the scope and limitations (Prognosis) SKILL ▪ Perform simultaneous clinical and Homoeopathic history taking and arrive at differential diagnosis ▪ Perform the clinical examination and reach to a probable diagnosis ▪ Choose appropriate investigations and growth charts and arrive at range of diagnosis ▪ Identify common and the characteristic symptoms ▪ Organize repertorial representations, differential materia medica and flow of susceptibility and miasm ▪ Construct the basic management strategy. REFLECTION ▪ Reflect on importance of history taking, clinical examination and investigation in homoeopathic management and decide the scope in disordered functioning
Learning Methods	Case based learning, Bedside Learning, Flipped Learning, Reflective learning, Self – regulated learning
Assessment	Formative and summative assessments Case based/scenario based/problem-based questions – ABQ, LAQ, SAQ OSCE, DOPS, Mini-CEX, Rubrics
Prescribed texts	As per the list
Domains of competencies	KS/PC/HO/PBL

Example: Homoeopathic Approach to Nephroblastoma (Wilm’s Tumor)

Topic overview:	This Topic will provide students of MD Hom (Paediatrics) an in-depth understanding of Homoeopathic approach to Nephroblastoma (Wilm's Tumor)
Learning outcomes	COMPETENCYHOM-PG-PED 25- 1 – CLINICAL ASSESSMENT AND HOMOEOPATHIC APPROACH TO NEPHROBLASTOMA (WILM'S TUMOR) KNOWLEDGE ▪ Discuss the type of disease – Hahnemannian classification Dynamic Chronic Miasmatic Disease ▪ Discuss the epidemiology – genetic, environmental, personality, predisposition and disposition Most common Paediatric abdominal cancer, most common renal cancer, fourth most common paediatric cancer overall and 5th common in India Age – usually common in less than 5 years of age (#-5 years) Sex – girls are slightly more likely to have than boys Genetic – genetic alterations during the normal development of the Genito-urinary tract and associated with many syndromes ▪ Enumerate the etiological factors – infectious/non-infectious Genetic alterations found in 1/3rd cases. ▪ Explain the causation – exciting/maintaining/ fundamental causes Fundamental cause – syco-syphiliticmiasm ▪ Describe the pathogenesis – evolution of pathology (functional to structural/reversible to irreversible) with possible miasmatic cleavage Structural irreversible – Histologically – 90% favourable outcome, 10% unfavourable outcome ▪ Discuss the signs and symptoms- evolution, clinicopathogenesis, end result in complications or sequelae along with miasmatic evolution (acute disease/acute to chronic. Acute exacerbation of chronic, periodic or chronic disease) Asymptomatic abdominal mass. Usually discovered by mother while bathing the infqnt. . Abdominal pain, gross haematuria, urinary tract infections, varicocele, hypertension or hypotension, fever, anemia, and respiratory symptoms if they have lung metastasis. Abdominal pain is the most common initial presenting symptom followed by hypertension and haematuria ▪ Enumerate clinical examination- general and systemic to establish clinico-pathological and miasmatic corelations General examination for pallor, lymphadenopathy Systemic examination – Per abdomen – abdominal lump ▪ Enlist the differential diagnosis and reach to the probable clinical diagnosis Clear cell renal sarcoma Congenital mesoblastic nephroma ▪ Enumerate investigations – general and symptom-specific to

	establish miasmatic correlations (multimiasmatic evolution) CBC, RFT, urine analysis, Coagulation studies, USG, abdomen and chest CT, CXR for lung metastasis, abdominal MRI ▪ Discuss the susceptibility of the case/specific to disease ▪ Enlist representation in repertory- specific to disease rubrics – Kent, TPB, Boericke Synthesis repertory – Kidneys, cancer – calc, chim, formica, sars, solidago Kidney's tumours, ureters – Anil. ▪ Discuss the common indicated remedies with differential HMM (clinical) calc, chim, formica, sars, solidago ▪ Discuss management strategy – therapeutic (homoeopathic – acute/chronic/intercurrent) and non-therapeutic (Diet, ancillary measures, education) with assessment of posology Palliative Management – as an add on therapy to improve adaptation, quality of life, and slow down the process Ancillary – Nephrectomy, chemotherapy, radiotherapy ▪ Discuss the follow up criteria – general and specific and steps of remedy reaction evaluation ▪ Discuss the scope and limitations (Prognosis) Stage I and II – favourable outcomes SKILL ▪ Perform simultaneous clinical and Homoeopathic history taking and arrive at differential diagnosis ▪ Perform the clinical examination and reach to a probable diagnosis ▪ Choose appropriate investigations and growth charts and arrive at range of diagnosis ▪ Identify common and the characteristic symptoms ▪ Organize repertorial representations, differential materia medica and flow of susceptibility and miasm ▪ Construct the basic management strategy. REFLECTION ▪ Reflect on importance of history taking, clinical examination and investigation in homoeopathic management and decide the scope in disordered functioning
Learning Methods	Case based learning, Bedside Learning, Flipped Learning, Reflective learning, Self – regulated learning
Assessment	Formative and summative assessments Case based/scenario based/problem-based questions – ABQ, LAQ, SAQ OSCE, DOPS, Mini-CEX, Rubrics
Prescribed texts	As per the list
Domains of competencies	KS/PC/HO/PBL

TOPIC NAME: HOM-PG-PED 26:**HOMOEOPATHIC APPROACH TO PAEDIATRIC RENAL SYSTEM**

Topic overview:	This Topic will provide students of MD Hom (Paediatrics) an in-depth understanding of Homoeopathic approach to Paediatric Renal system
Learning outcomes	COMPETENCYHOM-PG-PED 26- 1 – CLINICAL ASSESSMENT AND HOMOEOPATHIC APPROACH TO PAEDIATRIC RENAL SYSTEM KNOWLEDGE ▪ Discuss the type of disease – Hahnemannian classification ▪ Discuss the epidemiology – genetic, environmental, personality, predisposition and disposition ▪ Enumerate the etiological factors – infectious/non-infectious ▪ Explain the causation – exciting/maintaining/ fundamental causes ▪ Describe the pathogenesis – evolution of pathology (functional to structural/reversible to irreversible) with possible miasmatic cleavage ▪ Discuss the signs and symptoms- evolution, clinicopathogenesis, end result in complications or sequelae along with miasmatic evolution (acute disease/acute to chronic. Acute exacerbation of chronic, periodic or chronic disease ▪ Enumerate clinical examination- general and systemic to establish clinico-pathological and miasmatic correlations ▪ Enlist the differential diagnosis and reach to the probable clinical diagnosis ▪ Enumerate investigations – general and symptom-specific to establish miasmatic correlations (multimiasmatic evolution) ▪ Discuss the susceptibility of the case/specific to disease ▪ Enlist representation in repertory- specific to disease rubrics – Kent, TPB, Boericke ▪ Discuss the common indicated remedies with differential HMM (clinical) ▪ Discuss management strategy – therapeutic (homoeopathic – acute/chronic/intercurrent) and non-therapeutic (Diet, ancillary measures, education) with assessment of posology ▪ Discuss the follow up criteria – general and specific and steps of remedy reaction evaluation ▪ Discuss the scope and limitations (Prognosis)

	SKILL ▪ Perform simultaneous clinical and Homoeopathic history taking and arrive at differential diagnosis ▪ Perform the clinical examination and reach to a probable diagnosis ▪ Choose appropriate investigations and growth charts and arrive at range of diagnosis ▪ Identify common and the characteristic symptoms ▪ Organize repertorial representations, differential materia medica and flow of susceptibility and miasm ▪ Construct the basic management strategy. REFLECTION ▪ Reflect on importance of history taking, clinical examination and investigation in homoeopathic management and decide the scope in disordered functioning
Learning Methods	Case based learning, Bedside Learning, Flipped Learning, Reflective learning, Self – regulated learning
Assessment	Formative and summative assessments Case based/scenario based/problem-based questions – ABQ, LAQ, SAQ OSCE, DOPS, Mini-CEX, Rubrics
Prescribed texts	As per the list
Domains of competencies	KS/PC/HO/PBL

TOPIC NAME: HOM-PG-PED 27:**HOMOEOPATHIC APPROACH TO PAEDIATRIC ENDOCRINOLOGY**

Topic overview:	This Topic will provide students of MD Hom (Paediatrics) an in-depth understanding of Homoeopathic approach to Paediatric Endocrinology
Learning outcomes	COMPETENCYHOM-PG-PED 27- 1 – CLINICAL ASSESSMENT AND HOMOEOPATHIC APPROACH TO PAEDIATRIC ENDOCRINOLOGY KNOWLEDGE ▪ Discuss the type of disease – Hahnemannian classification ▪ Discuss the epidemiology – genetic, environmental, personality, predisposition and disposition ▪ Enumerate the etiological factors – infectious/non-infectious ▪ Explain the causation – exciting/maintaining/ fundamental causes ▪ Describe the pathogenesis – evolution of pathology (functional to structural/reversible to irreversible) with possible miasmatic cleavage ▪ Discuss the signs and symptoms- evolution, clinicopathogenesis, end result in complications or sequelae along with miasmatic evolution (acute disease/acute to chronic. Acute exacerbation of chronic, periodic or chronic disease ▪ Enumerate clinical examination- general and systemic to establish clinico-pathological and miasmatic correlations ▪ Enlist the differential diagnosis and reach to the probable clinical diagnosis ▪ Enumerate investigations – general and symptom-specific to establish miasmatic correlations (multimiasmatic evolution) ▪ Discuss the susceptibility of the case/specific to disease ▪ Enlist representation in repertory- specific to disease rubrics – Kent, TPB, Boericke ▪ Discuss the common indicated remedies with differential HMM (clinical) ▪ Discuss management strategy – therapeutic (homoeopathic – acute/chronic/intercurrent) and non-therapeutic (Diet, ancillary measures, education) with assessment of posology ▪ Discuss the follow up criteria – general and specific and steps of remedy reaction evaluation ▪ Discuss the scope and limitations (Prognosis)

	SKILL ▪ Perform simultaneous clinical and Homoeopathic history taking and arrive at differential diagnosis ▪ Perform the clinical examination and reach to a probable diagnosis ▪ Choose appropriate investigations and growth charts and arrive at range of diagnosis ▪ Identify common and the characteristic symptoms ▪ Organize repertorial representations, differential materia medica and flow of susceptibility and miasm ▪ Construct the basic management strategy. REFLECTION ▪ Reflect on importance of history taking, clinical examination and investigation in homoeopathic management and decide the scope in disordered functioning
Learning Methods	Case based learning, Bedside Learning, Flipped Learning, Reflective learning, Self – regulated learning
Assessment	Formative and summative assessments Case based/scenario based/problem-based questions – ABQ, LAQ, SAQ OSCE, DOPS, Mini-CEX, Rubrics
Prescribed texts	As per the list
Domains of competencies	KS/PC/HO/PBL

TOPIC NAME: HOM-PG-PED 28:

HOMOEOPATHIC APPROACH TO ALLERGY AND IMMUNOLOGY

Topic overview:	This Topic will provide students of MD Hom (Paediatrics) an in-depth understanding of Homoeopathic approach to Allergy and Immunology
Learning outcomes	COMPETENCY HOM-PG-PED 28- 1 – CLINICAL ASSESSMENT AND HOMOEOPATHIC APPROACH TO ALLERGY AND IMMUNOLOGY KNOWLEDGE ▪ Discuss the type of disease – Hahnemannian classification ▪ Discuss the epidemiology – genetic, environmental, personality, predisposition and disposition ▪ Enumerate the etiological factors – infectious/non-infectious ▪ Explain the causation – exciting/maintaining/ fundamental causes ▪ Describe the pathogenesis – evolution of pathology (functional to structural/reversible to irreversible) with possible miasmatic cleavage ▪ Discuss the signs and symptoms- evolution, clinicopathogenesis, end result in complications or sequelae along with miasmatic evolution (acute disease/acute to chronic. Acute exacerbation of chronic, periodic or chronic disease ▪ Enumerate clinical examination- general and systemic to establish clinico-pathological and miasmatic correlations ▪ Enlist the differential diagnosis and reach to the probable clinical diagnosis ▪ Enumerate investigations – general and symptom-specific to establish miasmatic correlations (multimiasmatic evolution) ▪ Discuss the susceptibility of the case/specific to disease ▪ Enlist representation in repertory- specific to disease rubrics – Kent, TPB, Boericke ▪ Discuss the common indicated remedies with differential HMM (clinical) ▪ Discuss management strategy – therapeutic (homoeopathic – acute/chronic/intercurrent) and non-therapeutic (Diet, ancillary measures, education) with assessment of posology ▪ Discuss the follow up criteria – general and specific and steps of remedy reaction evaluation ▪ Discuss the scope and limitations (Prognosis)

	SKILL ▪ Perform simultaneous clinical and Homoeopathic history taking and arrive at differential diagnosis ▪ Perform the clinical examination and reach to a probable diagnosis ▪ Choose appropriate investigations and growth charts and arrive at range of diagnosis ▪ Identify common and the characteristic symptoms ▪ Organize repertorial representations, differential materia medica and flow of susceptibility and miasm ▪ Construct the basic management strategy. REFLECTION ▪ Reflect on importance of history taking, clinical examination and investigation in homoeopathic management and decide the scope in disordered functioning
Learning Methods	Case based learning, Bedside Learning, Flipped Learning, Reflective learning, Self – regulated learning
Assessment	Formative and summative assessments Case based/scenario based/problem-based questions – ABQ, LAQ, SAQ OSCE, DOPS, Mini-CEX, Rubrics
Prescribed texts	As per the list
Domains of competencies	KS/PC/HO/PBL

TOPIC NAME: HOM-PG-PED 29:**HOMOEOPATHIC APPROACH TO PAEDIATRIC MUSCULOSKELETAL SYSTEM AND RHEUMATOLOGY**

Topic overview:	This Topic will provide students of MD Hom (Paediatrics) an in-depth understanding of Homoeopathic approach to Paediatric Musculoskeletal system and Rheumatology
Learning outcomes	COMPETENCYHOM-PG-PED 29- 1 – CLINICAL ASSESSMENT AND HOMOEOPATHIC APPROACH TO INFECTIOUS DISEASES KNOWLEDGE ▪ Discuss the type of disease – Hahnemannian classification ▪ Discuss the epidemiology – genetic, environmental, personality, predisposition and disposition ▪ Enumerate the etiological factors – infectious/non-infectious ▪ Explain the causation – exciting/maintaining/ fundamental causes ▪ Describe the pathogenesis – evolution of pathology (functional to structural/reversible to irreversible) with possible miasmatic cleavage ▪ Discuss the signs and symptoms- evolution, clinicopathogenesis, end result in complications or sequelae along with miasmatic evolution (acute disease/acute to chronic. Acute exacerbation of chronic, periodic or chronic disease ▪ Enumerate clinical examination- general and systemic to establish clinico-pathological and miasmatic correlations ▪ Enlist the differential diagnosis and reach to the probable clinical diagnosis ▪ Enumerate investigations – general and symptom-specific to establish miasmatic correlations (multimiasmatic evolution) ▪ Discuss the susceptibility of the case/specific to disease ▪ Enlist representation in repertory- specific to disease rubrics – Kent, TPB, Boericke ▪ Discuss the common indicated remedies with differential HMM (clinical) ▪ Discuss management strategy – therapeutic (homoeopathic – acute/chronic/intercurrent) and non-therapeutic (Diet, ancillary measures, education) with assessment of posology ▪ Discuss the follow up criteria – general and specific and steps of remedy reaction evaluation ▪ Discuss the scope and limitations (Prognosis)

	SKILL ▪ Perform simultaneous clinical and Homoeopathic history taking and arrive at differential diagnosis ▪ Perform the clinical examination and reach to a probable diagnosis ▪ Choose appropriate investigations and growth charts and arrive at range of diagnosis ▪ Identify common and the characteristic symptoms ▪ Organize repertorial representations, differential materia medica and flow of susceptibility and miasm ▪ Construct the basic management strategy. REFLECTION ▪ Reflect on importance of history taking, clinical examination and investigation in homoeopathic management and decide the scope in disordered functioning
Learning Methods	Case based learning, Bedside Learning, Flipped Learning, Reflective learning, Self – regulated learning
Assessment	Formative and summative assessments Case based/scenario based/problem-based questions – ABQ, LAQ, SAQ OSCE, DOPS, Mini-CEX, Rubrics
Prescribed texts	As per the list
Domains of competencies	KS/PC/HO/PBL

TOPIC NAME: HOM-PG-PED 30:**HOMOEOPATHIC APPROACH TO PAEDIATRIC DERMATOLOGY**

Topic overview:	This Topic will provide students of MD Hom (Paediatrics) an in-depth understanding of Homoeopathic approach to Paediatric Dermatology
Learning outcomes	COMPETENCYHOM-PG-PED 30- 1 – CLINICAL ASSESSMENT AND HOMOEOPATHIC APPROACH TO PAEDIATRIC DERMATOLOGY KNOWLEDGE ▪ Discuss the type of disease – Hahnemannian classification ▪ Discuss the epidemiology – genetic, environmental, personality, predisposition and disposition ▪ Enumerate the etiological factors – infectious/non-infectious ▪ Explain the causation – exciting/maintaining/ fundamental causes ▪ Describe the pathogenesis – evolution of pathology (functional to structural/reversible to irreversible) with possible miasmatic cleavage ▪ Discuss the signs and symptoms- evolution, clinicopathogenesis, end result in complications or sequelae along with miasmatic evolution (acute disease/acute to chronic. Acute exacerbation of chronic, periodic or chronic disease ▪ Enumerate clinical examination- general and systemic to establish clinico-pathological and miasmatic correlations ▪ Enlist the differential diagnosis and reach to the probable clinical diagnosis ▪ Enumerate investigations – general and symptom-specific to establish miasmatic correlations (multimiasmatic evolution) ▪ Discuss the susceptibility of the case/specific to disease ▪ Enlist representation in repertory- specific to disease rubrics – Kent, TPB, Boericke ▪ Discuss the common indicated remedies with differential HMM (clinical) ▪ Discuss management strategy – therapeutic (homoeopathic – acute/chronic/intercurrent) and non-therapeutic (Diet, ancillary measures, education) with assessment of posology ▪ Discuss the follow up criteria – general and specific and steps of remedy reaction evaluation ▪ Discuss the scope and limitations (Prognosis)

	SKILL ▪ Perform simultaneous clinical and Homoeopathic history taking and arrive at differential diagnosis ▪ Perform the clinical examination and reach to a probable diagnosis ▪ Choose appropriate investigations and growth charts and arrive at range of diagnosis ▪ Identify common and the characteristic symptoms ▪ Organize repertorial representations, differential materia medica and flow of susceptibility and miasm ▪ Construct the basic management strategy. REFLECTION ▪ Reflect on importance of history taking, clinical examination and investigation in homoeopathic management and decide the scope in disordered functioning
Learning Methods	Case based learning, Bedside Learning, Flipped Learning, Reflective learning, Self – regulated learning
Assessment	Formative and summative assessments Case based/scenario based/problem-based questions – ABQ, LAQ, SAQ OSCE, DOPS, Mini-CEX, Rubrics
Prescribed texts	As per the list
Domains of competencies	KS/PC/HO/PBL

TOPIC NAME: HOM-PG-PED 31:**HOMOEOPATHIC APPROACH TO PAEDIATRIC SURGICAL DISEASES**

Topic overview:	This Topic will provide students of MD Hom (Paediatrics) an in-depth understanding of Homoeopathic approach to Paediatric Surgical Diseases
Learning outcomes	COMPETENCY HOM-PG-PED 31 - 1 – CLINICAL ASSESSMENT AND HOMOEOPATHIC APPROACH TO PAEDIATRIC SURGICAL DISEASES KNOWLEDGE ▪ Discuss the type of disease – Hahnemannian classification ▪ Discuss the epidemiology – genetic, environmental, personality, predisposition and disposition ▪ Enumerate the etiological factors – infectious/non-infectious ▪ Explain the causation – exciting/maintaining/ fundamental causes ▪ Describe the pathogenesis – evolution of pathology (functional to structural/reversible to irreversible) with possible miasmatic cleavage ▪ Discuss the signs and symptoms- evolution, clinicopathogenesis, end result in complications or sequelae along with miasmatic evolution (acute disease/acute to chronic. Acute exacerbation of chronic, periodic or chronic disease ▪ Enumerate clinical examination- general and systemic to establish clinico-pathological and miasmatic correlations ▪ Enlist the differential diagnosis and reach to the probable clinical diagnosis ▪ Enumerate investigations – general and symptom-specific to establish miasmatic correlations (multimiasmatic evolution) ▪ Discuss the susceptibility of the case/specific to disease ▪ Enlist representation in repertory- specific to disease rubrics – Kent, TPB, Boericke ▪ Discuss the common indicated remedies with differential HMM (clinical) ▪ Discuss management strategy – therapeutic (homoeopathic – acute/chronic/intercurrent) and non-therapeutic (Diet, ancillary measures, education) with assessment of posology ▪ Discuss the follow up criteria – general and specific and steps of remedy reaction evaluation ▪ Discuss the scope and limitations (Prognosis)

	SKILL ▪ Perform simultaneous clinical and Homoeopathic history taking and arrive at differential diagnosis ▪ Perform the clinical examination and reach to a probable diagnosis ▪ Choose appropriate investigations and growth charts and arrive at range of diagnosis ▪ Identify common and the characteristic symptoms ▪ Organize repertorial representations, differential materia medica and flow of susceptibility and miasm ▪ Construct the basic management strategy. REFLECTION ▪ Reflect on importance of history taking, clinical examination and investigation in homoeopathic management and decide the scope in disordered functioning
Learning Methods	Case based learning, Bedside Learning, Flipped Learning, Reflective learning, Self – regulated learning
Assessment	Formative and summative assessments Case based/scenario based/problem-based questions – ABQ, LAQ, SAQ OSCE, DOPS, Mini-CEX, Rubrics
Prescribed texts	As per the list
Domains of competencies	KS/PC/HO/PBL

For example: Homoeopathic Approach to Tunica vaginalis Hydrocele

Topic overview:	This Topic will provide students of MD Hom (Paediatrics) an in-depth understanding of Homoeopathic approach to Tunica Vaginalis Hydrocele
Learning outcomes	COMPETENCY HOM-PG-PED 31 - 1 – CLINICAL ASSESSMENT AND HOMOEOPATHIC APPROACH TO TUNICA VAGINALIS HYDROCELE KNOWLEDGE ▪ Discuss the type of disease – Hahnemannian classification Dynamic, chronic, miasmatic disease ▪ Discuss the epidemiology – genetic, environmental, personality, predisposition and disposition LBW infants, Breech presentation, can predispose to it ▪ Enumerate the etiological factors – infectious/non-infectious Non-infectious – primary hydrocele– Failure of closure of patent tunica vaginalis Infectious – secondary hydrocele ▪ Explain the causation – exciting/maintaining/ fundamental causes Fundamental – congenital – miasmatic - sycosis ▪ Describe the pathogenesis – evolution of pathology (functional to structural/reversible to irreversible) with possible miasmatic cleavage Patency of processus vaginalis – allows peritoneal fluid to flow into the scrotum – structural reversible – may be irreversible in some cases – sycoticmiasm ▪ Discuss the signs and symptoms- evolution, clinicopathogenesis, end result in complications or sequelae along with miasmatic evolution (acute disease/acute to chronic. Acute exacerbation of chronic, periodic or chronic disease Painless scrotal swelling rendering testes impalpable with positive transillumination test, ▪ Enumerate clinical examination- general and systemic to establish clinico-pathological and miasmatic correlations Local examination of inguinal-scrotal region ▪ Enlist the differential diagnosis and reach to the probable clinical diagnosis Inguinal hernia, epididymal cyst, spermatocele, testicular tumour, varicocele ▪ Enumerate investigations – general and symptom-specific to establish miasmatic correlations (multimiasmatic evolution) USG, Serum-Alpha-fetoprotein, Human chorionic gonadotropins,

	urine analysis ▪ Discuss the susceptibility of the case/specific to disease ▪ Enlist representation in repertory- specific to disease rubrics – Kent, TPB, Boericke Male genitalia - hydrocele ▪ Discuss the common indicated remedies with differential HMM (clinical) Rhododendron, clematis, Arnica, Apis, Abrotanum, ▪ Discuss management strategy – therapeutic (homoeopathic – acute/chronic/intercurrent) and non-therapeutic (Diet, ancillary measures, education) with assessment of posology Chronic constitutional prescription ▪ Discuss the follow up criteria – general and specific and steps of remedy reaction evaluation ▪ Discuss the scope and limitations (Prognosis) Scope and prognosis – favourable SKILL ▪ Perform simultaneous clinical and Homoeopathic history taking and arrive at differential diagnosis ▪ Perform the clinical examination and reach to a probable diagnosis ▪ Choose appropriate investigations and growth charts and arrive at range of diagnosis ▪ Identify common and the characteristic symptoms ▪ Organize repertorial representations, differential materia medica and flow of susceptibility and miasm ▪ Construct the basic management strategy. REFLECTION ▪ Reflect on importance of history taking, clinical examination and investigation in homoeopathic management and decide the scope in disordered functioning
Learning Methods	Case based learning, Bedside Learning, Flipped Learning, Reflective learning, Self – regulated learning
Assessment	Formative and summative assessments Case based/scenario based/problem-based questions – ABQ, LAQ, SAQ OSCE, DOPS, Mini-CEX, Rubrics
Prescribed texts	As per the list
Domains of competencies	KS/PC/HO/PBL

TOPIC NAME: HOM-PG-PED 32:**ADVANCED HOMOEOPATHIC PAEDIATRICS, EMERGENCY PAEDIATRICS AND CRITICAL CARE**

Topic overview:	This Topic will provide students of MD Hom (Paediatrics) an in-depth understanding of Advanced Homoeopathic Paediatrics, emergency Paediatrics and Critical care
Learning outcomes	CompetencyHOM-PG-PED 32- 1 – CLINICAL ASSESSMENT AND HOMOEOPATHIC APPROACH TO ADVANCED HOMOEOPATHIC PAEDIATRICS, EMERGENCY PAEDIATRICS AND CRITICAL CARE KNOWLEDGE ▪ Discuss the type of disease – Hahnemannian classification ▪ Discuss the epidemiology – genetic, environmental, personality, predisposition and disposition ▪ Enumerate the etiological factors – infectious/non-infectious ▪ Explain the causation – exciting/maintaining/ fundamental causes ▪ Describe the pathogenesis – evolution of pathology (functional to structural/reversible to irreversible) with possible miasmatic cleavage ▪ Discuss the signs and symptoms- evolution, clinicopathogenesis, end result in complications or sequelae along with miasmatic evolution (acute disease/acute to chronic. Acute exacerbation of chronic, periodic or chronic disease ▪ Enumerate clinical examination- general and systemic to establish clinico-pathological and miasmatic correlations ▪ Enlist the differential diagnosis and reach to the probable clinical diagnosis ▪ Enumerate investigations – general and symptom-specific to establish miasmatic correlations (multimiasmatic evolution) ▪ Discuss the susceptibility of the case/specific to disease ▪ Enlist representation in repertory- specific to disease rubrics – Kent, TPB, Boericke ▪ Discuss the common indicated remedies with differential HMM (clinical) ▪ Discuss management strategy – therapeutic (homoeopathic – acute/chronic/intercurrent) and non-therapeutic (Diet, ancillary measures, education) with assessment of posology ▪ Discuss the follow up criteria – general and specific and

	steps of remedy reaction evaluation ▪ Discuss the scope and limitations (Prognosis) SKILL ▪ Perform simultaneous clinical and Homoeopathic history taking and arrive at differential diagnosis ▪ Perform the clinical examination and reach to a probable diagnosis ▪ Choose appropriate investigations and growth charts and arrive at range of diagnosis ▪ Identify common and the characteristic symptoms ▪ Organize repertorial representations, differential materia medica and flow of susceptibility and miasm ▪ Construct the basic management strategy. REFLECTION ▪ Reflect on importance of history taking, clinical examination and investigation in homoeopathic management and decide the scope in disordered functioning
Learning Methods	Case based learning, Bedside Learning, Flipped Learning, Reflective learning, Self – regulated learning
Assessment	Formative and summative assessments Case based/scenario based/problem-based questions – ABQ, LAQ, SAQ OSCE, Mini-CEX
Prescribed texts	As per the list
Domains of competencies	KS/PC/HO/PBL

HOM-PG-PED 14:

HOMOEOPATHIC APPROACH TO MOTHER-NEONATE UNIT AND EMBRYOLOGY& NEONATOLOGY

Neonatology: newborn care – examination & diseases.

- Definition —live birth, neonatal period, classification according to weight and gestation, mortality rates, APGAR score
- Care of the normal newborn at birth and in the first week of life - Neonatal examination, anthropometry, reflexes,
- Normal variations and clinical signs in the neonate
- High risk neonates – preterm, LBW, IUGR
- Neonatal feeding – gavage, paladay, EBM, Breastfeeding, colostrum, foremilk, hindmilk,
- Birth asphyxia: causes, diagnosis and principles of management
- Neonatal Jaundice: causes, diagnosis and principles of management.
- Neonatal respiratory diseases – meconium aspiration pneumonia, aspiration pneumonia, RDS etc.
- Other diseases – congenital heart disease, hypoglycemia, hydrocephalus,
- Neonatal infection — aetiology, diagnosis, principles of management. Superficial infections, sepsis.
- Identification of sick newborn (i.e., detection of abnormal signs —cyanosis, jaundice, respiratory distress, bleeding, seizures, refusal to feed, abdominal distension, failure to pass meconium and urine)
- Congenital problems with correlation with embryology – patent ductus arteriosus, undescended testis, cleft palate, etc.

HOM-PG-PED 15:

HOMOEOPATHIC APPROACH TO DISORDERS OF GROWTH AND DEVELOPMENT

- Disorders of growth
 - Short stature
 - GH deficiency/insufficiency
 - Turner syndrome
 - Prader-Willi Syndrome
 - Noonan Syndrome
- Disorders of development
 - Global developmental delay
 - Intellectual disability
 - Learning disorders
 - Autism spectrum disorders
 - Attention deficit Hyperactivity disorder
 - Rett syndrome
 - Language disorders

- Cerebral palsy

HOM-PG-PED 16:

HOMOEOPATHIC APPROACH TO DISORDERS OF NUTRITION

- Malnutrition –
 - macronutrients – undernutrition (Underweight, stunting, wasting) and overnutrition (Obesity),
 - micronutrients – vitamins and minerals

HOM-PG-PED 17:

HOMOEOPATHIC APPROACH TO DISORDERS OF FLUID AND ELECTROLYTE IMBALANCE

- Principles and buffer systems
- Mechanism of dehydration and its management
- Metabolic and respiratory acidosis and alkalosis

HOM-PG-PED 18:

HOMOEOPATHIC APPROACH TO COMMUNITY PAEDIATRICS

- Concepts & Principles of Community Paediatrics
- Perinatal care in the community, nation and the world
- Breastfeeding Today's Infants – exclusive breast feeding for 6 months
- Baby- friendly Hospital initiative
- Gender issues in Reproductive and child health
- Epidemiology of acute respiratory tract infections, allergy and Childhood asthma in Community
- Tuberculosis in children
- Water and food borne diseases – acute diarrhoeal diseases, Vector Borne diseases
- Nutritional problems in children and adolescents – Nutritional Anaemia,
- Nutritional Programs and policies in India, National Nutrition Programme, Child Nutrition in current health policies – POSHAN Abhiyan
- Integrated child development Services (ICDS) Scheme in India – management of neonatal and childhood illnesses
- School Health Programs under “Ayushman Bharat”
- Thalassemia and hemoglobinopathies in India
- Blindness and visual impairment in childhood
- Child abuse, neglect, poisoning in children
- Conduct disorder and Juvenile Delinquency
- The child with cognitive impairment/physical disability in community settings
- Child labour, street children, substance abuse
- Adoption
- Environmental health risks for children
- Impact of Immunization programme in India

- Principles of Immunization.
- Vaccine preservation and cold-chain.
- National Immunization Programme
- Concept of Vaccinosis
- National health programmes
 - Universal immunisation programme
 - ICDS
 - Mid-day meal programme (POSHAN Abhiyan)
 - Balwadi nutritional programme
 - National iodine deficiency prevention programme
 - National blindness control programme

HOM-PG-PED 19:

HOMOEOPATHIC APPROACH TO INFECTIOUS DISEASES COMMON BACTERIAL, VIRAL AND PARASITIC INFECTIONS IN THE REGION, WITH SPECIAL REFERENCE TO VACCINE PREVENTABLE DISEASES:

- Tuberculosis,
- Poliomyelitis,
- Diphtheria,
- Whooping cough,
- Tetanus including neonatal tetanus,
- Measles,
- Mumps,
- Rubella,
- Typhoid,
- Viral Hepatitis,
- Cholera,
- Chickenpox,
- Giardiasis,
- Amoebiasis,
- Intestinal helminthiasis,
- Malaria
- Dengue

HOM-PG-PED 20:

HOMOEOPATHIC APPROACH TO CHILD PSYCHIATRY

- Breath-holding spells
- Nocturnal enuresis
- Temper tantrums
- Pica
- Autism
- Learning Problems
- ADHD

- Anxiety disorders

HOM-PG-PED 21:

HOMOEOPATHIC APPROACH TO DISEASES OF PAEDIATRIC RESPIRATORY SYSTEM

- Acute upper respiratory infections
- Pneumonia with emphasis on bronchopneumonia, bronchiolitis, bronchitis.
- Acute and chronic otitis media.
- Bronchial asthma. Treatment of acute severe asthma
- Pulmonary tuberculosis-tuberculous infection versus tuberculous disease, difference between primary and post-primary tuberculosis. Multidrug resistant tuberculosis
- Bronchiectasis
- Neoplasia

HOM-PG-PED 22:

HOMOEOPATHIC APPROACH TO DISEASES OF PAEDIATRIC CARDIOVASCULAR SYSTEM

- Congenital acyanotic and cyanotic heart disease. VSD, PDA, ASD and Fallot's tetralogy (Cyanotic spells).
- Acute rheumatic fever. Common forms of rheumatic heart disease in childhood.
- Hypertension in children-recognition and referral.
- Bacterial endocarditis,
- Pericardial effusion,
- Myocarditis.

HOM-PG-PED 23:

HOMOEOPATHIC APPROACH TO DISEASES OF PAEDIATRIC GASTROINTESTINAL AND HEPATOBILIARY SYSTEM

- Acute diarrhoeal disease-diarrhoea, complications of diarrhoeal illness.
- Acute viral hepatitis, causes & diagnosis of Chronic Liver Disease.
- Common causes of constipation

HOM-PG-PED 24:

HOMOEOPATHIC APPROACH TO DISEASES OF PAEDIATRIC NERVOUS SYSTEM

- Acute pyogenic meningitis,
- Encephalitis
- Tubercular Meningitis.
- Seizure Disorder

- Febrile convulsions
- Cerebral palsy

HOM-PG-PED 25:

HOMOEOPATHIC APPROACH TO PAEDIATRIC HEMATOLOGY AND ONCOLOGY

- Anaemia in childhood
- Anaemia with lymphadenopathy and/or hepatosplenomegaly
- Thalassemia
- Approach to a bleeding child
- Acute lymphoblastic leukaemia
- Haemophilia
- ITP

HOM-PG-PED 26:

HOMOEOPATHIC APPROACH TO DISEASES OF PAEDIATRIC RENAL SYSTEM

- Acute post-streptococcal glomerulonephritis
- Nephrotic syndrome.
- Urinary tract infection-acute and recurrent.
- Acute renal failure.
- Obstructive uropathy in children.
- Renal and bladder stones

HOM-PG-PED 27:

HOMOEOPATHIC APPROACH TO PAEDIATRIC ENDOCRINOLOGY

- Diabetes and hypothyroidism,
- Hyperthyroidism and Goitre in children.
- Delayed and precocious puberty

HOM-PG-PED 28:

HOMOEOPATHIC APPROACH TO PAEDIATRIC IMMUNOLOGY AND ALLERGY

- Allergic rhinitis
- Childhood asthma
- Atopic dermatitis
- Eczema
- Urticaria, angioedema, Anaphylaxis
- Food allergies

HOM-PG-PED 29:

HOMOEOPATHIC APPROACH TO DISEASES OF PAEDIATRIC MUSCULOSKELETAL SYSTEM AND RHEUMATOLOGY

- Juvenile rheumatoid arthritis
- Lupus
- Muscular dystrophy
- Skeletal dysplasia
- Trauma
- Infection

HOM-PG-PED 30:

HOMOEOPATHIC APPROACH TO PAEDIATRIC DERMATOLOGY

- Infectious diseases – scabies, impetigo, tinea cruris,
- Non-infectious diseases – eczema, seborrheic dermatitis, diaper rash, warts, acne, psoriasis, pityriasis

HOM-PG-PED 31:

HOMOEOPATHIC APPROACH TO PAEDIATRIC SURGICAL DISEASES

- Cleft lip and palate
- Hypospadias
- Undescended testis
- Tracheoesophageal fistula
- Hydrocephalus
- CTEV (Club foot)
- Umbilical and inguinal hernia, congenital diaphragmatic hernia
- Anorectal malformations
- Hypertrophic pyloric stenosis
- Neonatal intestinal obstruction (including atresia)
- Anorectal malformation
- Tumours
- Spina bifida
- Obstructive jaundice
- Hirschsprung's disease
- Abdominal lump
- Paediatric trauma
- Procedures – wound debridement and suturing, incision and drainage of abscess

HOM-PG-PED 32:

ADVANCED HOMOEOPATHIC PAEDIATRICS, EMERGENCY PAEDIATRICS AND CRITICAL CARE

Paediatric emergencies:

Critical judgement & referral

- Status epilepticus
- Status asthmaticus
- Acute severe asthma
- Shock and anaphylaxis
- Hypertensive emergencies
- Gastrointestinal bleed
- Comatose child
- Congestive cardiac failure
- Acute renal failure

Genetics

- Principles of inheritance and diagnosis of genetic disorders
- Genetic disorders needing study:
 - Down's syndrome
 - Chromosomal disorders
 - Down's syndrome
 - Edward's syndrome
 - Turner syndrome
 - Klinefelter's syndrome
 - Cystic fibrosis
 - Marfan's syndrome
 - Haemophilia
 - Sickle cell anaemia
 - DMD
 - Osteogenesis imperfecta

VII. ASSESSMENT

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

VII (1). M.D. (HOMOEOPATHY) PART-II EXAMINATION –

MAXIMUM MARKS FOR EACH SUBJECT AND MINIMUM MARKS REQUIRED TO PASS SHALL BE AS FOLLOWS:

Subjects	Theory		Practical or clinical exams including Viva-Voce and dissertation	
	Maximum Marks	Pass Marks	Maximum Marks	Pass Marks
Pediatrics Paper 1	100	50	200* (160 + 40) (Summative Assessment 160 Marks) (Internal Assessment 40 Marks)	100* (80 + 20) (Summative Assessment 80 Marks) (Internal Assessment 20 Marks)
Pediatrics. Paper 2	100	50		

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

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

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

TYPES OF QUESTIONS WITH MARKS

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

PART 2 – PAPER 1. TOPIC NUMBERS

- HOM-PG-PED 14:

HOMOEOPATHIC APPROACH TO MOTHER-NEONATE UNIT AND EMBRYOLOGY & NEONATOLOGY

- HOM-PG-PED 15:

HOMOEOPATHIC APPROACH TO DISORDERS OF GROWTH AND DEVELOPMENT

- HOM-PG-PED 16:

HOMOEOPATHIC APPROACH TO DISORDERS OF NUTRITION

- HOM-PG-PED 17:

HOMOEOPATHIC APPROACH TO DISORDERS OF FLUID AND ELECTROLYTE IMBALANCE

- HOM-PG-PED 18:

HOMOEOPATHIC APPROACH TO COMMUNITY PAEDIATRICS

- HOM-PG-PED 19:

HOMOEOPATHIC APPROACH TO INFECTIOUS DISEASES

- HOM-PG-PED 20:

HOMOEOPATHIC APPROACH TO CHILD PSYCHIATRY

PART 2 – PAPER 2. TOPIC NUMBERS

- HOM-PG-PED 21:

HOMOEOPATHIC APPROACH TO DISEASES OF PAEDIATRIC RESPIRATORY SYSTEM

- HOM-PG-PED 22:

HOMOEOPATHIC APPROACH TO DISEASES OF PAEDIATRIC CARDIOVASCULAR SYSTEM

- HOM-PG-PED 23:

HOMOEOPATHIC APPROACH TO DISEASES OF PAEDIATRIC GASTROINTESTINAL AND HEPATOBILIARY SYSTEM

- HOM-PG-PED 24:

HOMOEOPATHIC APPROACH TO DISEASES OF PAEDIATRIC NERVOUS SYSTEM

- HOM-PG-PED 25:

HOMOEOPATHIC APPROACH TO PAEDIATRIC HEMATOLOGY AND ONCOLOGY

- HOM-PG-PED 26:

HOMOEOPATHIC APPROACH TO DISEASES OF PAEDIATRIC RENAL SYSTEM

- HOM-PG-PED 27:

HOMOEOPATHIC APPROACH TO PAEDIATRIC ENDOCRINOLOGY

- HOM-PG-PED 28:

HOMOEOPATHIC APPROACH TO PAEDIATRIC IMMUNOLOGY AND ALLERGY

- HOM-PG-PED 29:

HOMOEOPATHIC APPROACH TO DISEASES OF PAEDIATRIC MUSCULOSKELETAL SYSTEM AND RHEUMATOLOGY

- HOM-PG-PED 30:

HOMOEOPATHIC APPROACH TO PAEDIATRIC DERMATOLOGY

- HOM-PG-PED 31:

HOMOEOPATHIC APPROACH TO PAEDIATRIC SURGICAL DISEASES

- HOM-PG-PED 32:

ADVANCED HOMOEOPATHIC PAEDIATRICS, EMERGENCY PAEDIATRICS AND CRITICAL CARE

**VII (2B). QUESTION PAPER LAYOUT
PAPER 1**

Q. No.	Type of Question	Content	Marks
1	Problem Based	Case Based Question HOM-PG-PED 18 OR 19	20
2	LAQ	HOM-PG-PED 14	10
3	LAQ	HOM-PG-PED 15	10
4	LAQ	HOM-PG-PED 16	10
5	LAQ	HOM-PG-PED 17 OR 20	10
6	SAQ	HOM-PG-PED 15	5
7	SAQ	HOM-PG-PED 16	5
8	SAQ	HOM-PG-PED 18	5
9	SAQ	HOM-PG-PED 19	5
10	SAQ	HOM-PG-PED 18	5
11	SAQ	HOM-PG-PED 19	5
12	SAQ	HOM-PG-PED 14 or 15 or 16	5
13	SAQ	HOM-PG-PED 17 or 18 or 19 or 20	5

PAPER 2

Q. No.	Type of Question	Content	Marks
1	Problem Based	Case Based Question HOM-PG-PED 21 OR 23 OR 24 OR 22	20
2	LAQ	HOM-PG-PED 28 OR 26	10
3	LAQ	HOM-PG-PED 30	10
4	LAQ	HOM-PG-PED 31	10
5	LAQ	HOM-PG-PED 29	10
6	SAQ	HOM-PG-PED 27	5
7	SAQ	HOM-PG-PED 32	5
8	SAQ	HOM-PG-PED 21 or 22	5
9	SAQ	HOM-PG-PED 23	5
10	SAQ	HOM-PG-PED 25	5
11	SAQ	HOM-PG-PED 29	5
12	SAQ	HOM-PG-PED 28 or 29 or 22	5
13	SAQ	HOM-PG-PED 23 or 26 or 24 or 32	5

VII (3). ASSESSMENT BLUEPRINT –PRACTICAL / VIVA.**VII (3A). CLINICAL EXAMINATION.**

CLINICAL		
1	Internal Assessment	20 Marks
2	One Long Case	50 Marks
3	One Short case	20 Marks
4	Logbook	05 Marks
5	Micro Teaching	05 Marks
Total		100 Marks

VII (3B). VIVA VOCE.

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

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

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PART I PAPER 2

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

M.D. (Homoeopathy) Pediatrics

II. BRIEF DESCRIPTION OF SPECIALITY AND ITS RELEVANCE IN HOMOEOPATHY POST-GRADUATE TOPIC.

The practice of Homoeopathy is based on the tenets of Homoeopathic Philosophy. The homoeopathic practitioner has to undertake the task of not only acquiring the clinical base but applying insights borne out of a study of principles of Homoeopathic philosophy and their application through Repertory and Materia Medica and evolving the therapeutic approach. Thus, the trilogy of Organon, Repertory and Materia Medica with Clinical paediatrics facilitates the germane practice of homoeopathic science.

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

III. TOPICS AND TOPIC OBJECTIVES.

PART 1 PAPER 2:

FUNDAMENTALS OF HOMOEOPATHY IN PEDIATRICS (HOM-PG-FHPED)

(I) Hom-PG-FHPED-01

HAHNEMANNIAN CONCEPT OF VITAL FORCE, HEALTH, DISEASE, AND MAN AND ENVIRONMENT

- a. Health, disease, causation, vital force, man and environment
- b. Evolution of disease-predisposition-disposition-diathesis-disease,
- c. Principles of growth and development and its application and utility in study of Paediatric HMM, repertory and Organon.
- d. Mission, and knowledge of the physician,
- e. Hahnemannian concept of man and its further extension by Kent, Boenninghausen, and Boger.

- f. Philosophical basis and the Construction arrangement of the three original repertories (Kent, TPB, BBCR) representation of the above concepts in the repertories.
- g. Science and philosophy of HMM
- h. Physiological and anatomical MM

(II) Hom-PG-FHPED-02

CONCEPT OF DYNAMISM, RECOVERY AND CURE AND OBSTACLES TO CURE

- a. Concept of vital force in maintaining health and in Genesis of disease. (ORG)
- b. Concepts of recovery and cure and the essential difference between the two. (ORG)
- c. Concept of pseudo chronic diseases. (ORG)
- d. Knowledge of various factors - mental and physical - which derange health and act as obstacles to cure and how to remove them to ensure cure. (ORG)
- e. Role of miasm in causing and maintaining disease and addressing the same to ensure cure. (Further elaborated in theme 7) (ORG)
- f. Understanding the above concepts and its representation and utility in study of

HMM (HMM) AND ITS REPRESENTATION IN DIFFERENT STANDARD REPERTORIES (REP)

(III) Hom-PG-FHPED -03

CONCEPT OF ARTIFICIAL DISEASE AND PORTRAIT OF DISEASE

- a. Knowledges of physician (ORG)
- b. Drug proving (ORG, HMM)
- c. Process of recording and system of recording artificial and natural diseases (ORG)
- d. Creating portraits of artificial and natural disease and learning the art of matching. (ORG, HMM)
- e. Art of creating portrait of polychrest remedies through analysis, evaluation and construction at level of mind, physical general and particulars (HMM) will be taken in Theme 8.
- f. Creating portrait of the disease through reportorial study of specific remedy

(IV) Hom-PG-FHPED-04

CONCEPT OF UNPREJUDICED OBSERVATION AND CASE TAKING

- a. Studying the guidelines given by Hahnemann for case taking and evolve a standardised case record for homoeopathic practice. (ORG)

- b. Demonstrating the concept of unprejudiced physician through the process of knowing oneself through practical bed-side demonstration of analysis of physician-patient interaction in detail. (ORG)
- c. Utilising the concept of unprejudiced observer in perceiving the patient and constructing totality for correct prescribing. (ORG)
- d. Understanding the concept of man as per Kent, Boger and Boenninghausen and its influence on their writing of repertory and HMM (REP AND HMM)

(V) Hom-PG-FHPED-05

CONCEPT OF SYMPTOMATOLOGY

- a. Symptomatology and value of a symptom from the standpoint of homoeopathic practice. (ORG)
- b. Concept of individualisation and generalisation as given by Kent and Boenninghausen and their essential difference between the two. (ORG, Repertory)
- c. Concept of individualisation and generalisation in the construction of different repertories viz Kent, Boenninghausen, Boger and TPB. (Rep)
- d. Understanding the concept of classification and its utility in study of HMM
- e. Understanding the concept of generalisation vs individualisation, and its utility in generalising the individual drug symptom into Group symptom and deriving group characteristics. (HMM)
- f. Study of Materia Medica with the help of concept of generalisation. (HMM).
 - (a) A list of group of remedies is demonstrative to understand the process rather than to learn all the groups in detail. (HMM)

(VI) Hom-PG-FHPED-06

CONCEPT OF SUSCEPTIBILITY AND ACUTE AND CHRONIC DISEASE

- a. Various parameters in determining susceptibility in different types of cases - acute, chronic, intermittent, congenital, mental, and periodic illnesses in neonatal and pediatric age group and its application in practice. (ORG)
- b. Application of the knowledge of classification of disease as given by Hahnemann and modern medicine in defining the scope and limitations by demonstrating its application in different types of cases. (ORG)
- c. Construction of different regional repertories as an aid to case taking and managing a variety of clinical conditions. E.g., Bell's Diarrhoea, Allen's Therapeutics of Fever, Minton Uterine therapeutics, Boericke's Repertory, Phatak's repertory with examples. (REP)
 - (i) Clinical Materia Medica and remedial differentiation in different types of diseases with the help of clinical materia medica as per list.

CONCEPT OF SUPPRESSION, MIASMS AND VACCINATIONS IN PAEDIATRICS

- a. Concept of suppression in homoeopathy and its types (surgical/non-surgical) in progression of disease and its management through clinical cases. (ORG)
- b. Concept of Miasm from Hahnemannian perspective and its further expansion by Allen, Kent and M L Dhawale (ORG)
- c. Use of Miasm in classifying and understanding the evolution of different remedies (HMM)
- d. Utilising the knowledge of indications of anti-miasmatic remedies as per list.
- e. Role of miasm as a fundamental cause and its influence in the expressions in disease and remedies through the Miasms of Psora, Sycosis, Tubercular and Syphilis. (HMM)
- f. Rubrics of suppression from different repertories (REP)
- g. Rubrics of different expressions of Miasm from different repertories and study of different rubrics related to miasms
- h. Concept of vaccination and Vaccinosis (Burnett)

CONCEPT OF TOTALITY

- a. Process of constructing acute, chronic and intercurrent totalities. (ORG)
- b. Mastering the concept of classification and evaluation of symptoms. (REP)
- c. Understanding the process of repertorial and non repertorial approach and how to select one (REP)
- d. Selecting the suitable approach and constructing repertorial totality as per Kent, Boenninghausen and Boger. (REP)
- e. Solving the case with the help of softwares like HOMPAT and RADAR. (REP)
- f. Understanding the non-repertorial approach namely structuralization, synthetic approach and keynote. (REP)
- g. Differentiation of similar remedies in acute and chronic cases by reference to source books, commentators and clinical materia medica. (HMM)

CONCEPT OF SIMILAR AND SIMILIMUM

- a. Understanding single, simple, minimum substance as similimum following from the Law of Similars.(ORG)
- b. Learning the concept of concordances as evolved by Boenninghausen and its utility in practice. REP)
- c.

- d. Finer differentiation of similar remedies by learning to refer to source books, commentaries and clinical materia medica. (HMM)
- e. Understanding remedy relationships - complementary, inimical, antidotal, follows well, similar with examples. (HMM)

(X) Hom-PG-FHPED-10

CONCEPT OF THERAPEUTIC MANAGEMENT

- a. Practical application of Kent's 12 observations in the assessment of remedy response and in the second prescription. (ORG)
- b. Utility of knowledge of disease, knowledge of investigations and recent advances in the field of medicine to assess comprehensive response to homoeopathic remedies. (ORG)
- c. Remedy relationship in determining the second prescription. (HMM)
- d. Patient education and orientation about disease. (ORG)
- e. Use of ancillary measures in acute and chronic diseases, namely diet, exercise, yoga, relaxation techniques, supplements for aiding recovery and preventing the progress of disease. (ORG)

IV. TOPIC DESCRIPTION

HOM-PG-FHPED-01

Table 01 :

Topic Overview	COMPETENCY HOM-PG-FHPED-01 – 1 – HAHNEMANNIAN CONCEPT OF MAN, VITAL FORCE, HEALTH, DISEASE
Learning Outcomes	KNOWLEDGE 1. Define Vital force, Health, Disease, cure, and Recovery as per homoeopathic philosophy 2. Explain the evolution of disease in terms of predisposition-disposition-diathesis and disease function to structure 3. Apply the principles of growth and development in study of Paediatric HMM, repertory and Organon 4. Apply the concept of evolution of disease in Paediatrics with emphasis on understanding congenital and neonatal disease 5. Apply the concept of the mother-neonate unit to understand the function of vital force in neonates and infants 6. Discuss the Hahnemannian concept of man and environment (nature vs nurture) further extension by Boenninghausen, Kent, and Boger

	- Define health as per WHO - Discuss the mission of the physician - Summarize the Knowledge of Physician relevant to maintaining health in individuals and communities and prevention of disease in children to ensure healthy transition to adulthood - Summarize the philosophical basis of Kent, BPCR, and TPB repertories - Summarize the science and philosophy of HMM - Apply physiological HMM SKILLS - Perform the repertorisation as per the need of the case - Display the application of physiological HMM - Perform paediatric case-taking to elicit disease evolution REFLECTION - Relate the mission of the physician to the paediatric population and community - Reason out the clinical utility of physiological HMM
Learning Methods	Problem-based learning, flipped classroom, self – regulated learning, library-based learning, formative self – assessment
Assessments	Checklist, rating scales, Mini-CEX, DOPS, Rubrics, Viva-voce
Prescribed texts	As per list
Domains of competencies	KS, PC, HO, CS, PBL

HOM-PG-FHPED-02

TABLE 02 :

Topic Overview	COMPETENCY HOM-PG-FHPED-02 – 1 – CONCEPT DYNAMISM, RECOVERY, CURE, AND OBSTACLE TO CURE
Learning Outcomes	KNOWLEDGE - Discuss the role of vital force in maintaining health - Discuss the role of vital force in genesis of disease - Differentiate cure and recovery - Explain the evolution of illness from phases of diathesis to functional and structural, reversible to irreversible phases of disease with emphasis on understanding congenital and neonatal diseases - Summarize the Classification of Disease Given by Dr. Hahnemann. - Explain pseudo chronic disease - List various factors that derange health and also act as obstacles

		to cure and explain how to remove these factors to remove them for cure - Infer the role of miasms as a causative and maintaining factor in disease - Apply the knowledge of Miasm as causation to attain a cure - Discuss the role of causation in study of Homoeopathic MM and repertory SKILLS - Demonstrate the utility of causation in management of the paediatric cases - Demonstrate the application of repertory and HMM from the causative perspective in paediatrics REFLECTION - Relating the vital force concept to health and disease - Reason out the web of causation - Relate with chronic disease and miasm - Report the utility of causation in paediatric homoeopathic practice - Respond to the outcome of the cases	
Learning methods		Problem-based learning, flipped classroom, self – regulated learning, library-based learning, formative self – assessment	
Assessments		Checklist, rating scales, Mini-CEX, DOPS, Rubrics, Viva-voce	
Prescribed texts		As per list	
Domains of competencies		KS,PC,HO,CS,PBL	

Hom-PG-FHPED-03

Table 03 :

Topic Overview	COMPETENCY HOM-PG-FHPED-03 -1 – CONCEPT OF ARTIFICIAL AND NATURAL DISEASES
Learning Outcomes	KNOWLEDGE 1. Discuss the knowledge of physician related to Paediatrics for formulating the portrait of disease 2. Display the system and process of recording artificial and natural disease SKILLS 1. Organize drug proving 2. Construct the portrait of artificial and natural disease and match 3. Classify the data from artificial and natural disease through analysis and evaluation 4. Construct the portrait through study of repertory REFLECTION 1. Relate the knowledge of physician to the paediatric clinical cases 2. Respond to the need of portrait to paediatric clinical cases 3. Reconstruct rubrics in to portrait
Learning Methods	Problem-based learning, flipped classroom, self – regulated learning, library-based learning, formative self – assessment
Assessments	Checklist, rating scales, Mini-CEX, DOPS, Rubrics, Viva-voce
Prescribed texts	As per list
Domains of competencies	KS, PC, HO, CS, PBL

Hom-PG-FHPED-04

Table 04 :

Topic Overview	Competency HOM-PG-FHPED-04 -1 – CONCEPT OF UNPREJUDICED OBSERVATION AND CASE TAKING
Learning Outcomes	KNOWLEDGE 1. Discuss the guidelines given by Hahnemann for the case taking and focus on difference between adult and paediatric case taking 2. Design the standardized case record for paediatric age group incorporating the essential history taking and examinations specific to the age group 3. Discuss the concept of unprejudiced observation 4. Describe the process of evolution of unprejudiced observation through physician-patient interaction 5. Summarize the concept of man and environment (nature vs nurture) as per Kent, Boger and Boenninghausen and its influence on their repertory and HMM SKILLS 1. Display the skill of perceiving the patient and constructing totality through unprejudiced observation in paediatric age group REFLECTION 1. Relate the role of prejudices in perceiving and constructing totality 2. Contextualizing the knowledge of case taking and unprejudiced observation to construction of totality
Learning Methods	Problem-based learning, flipped classroom, self – regulated learning, library-based learning, formative self – assessment
Assessments	Checklist, rating scales, Mini-CEX, DOPS, Rubrics, Viva-voce
Prescribed texts	As per list
Domains of competencies	KS, PC, HO, CS, PBL

HOM-PG-FHPED-05

TABLE 05 :

TOPIC OVERVIEW	COMPETENCY HOM-PG-FHPED-05 -1 – CONCEPT OF SYMPTOMATOLOGY
Learning Outcomes	KNOWLEDGE 1. Explain symptomatology 2. Illustrate the value of symptoms through classification and evaluation with its application in HMM and cases 3. Differentiate the Kent and Boenninghausen concept of individualization and generalization 4. Discuss the concept of individualization and generalization in construction of Kent, TPB, BBCR and BSK repertory 5. Sketch the HMM portrait through symptomatology, individualization and generalization (demonstrative list) SKILLS 1. Construct the totality by using concepts of generalization and individualization 2. Construct the totality of the group symptoms through generalization (some reflective group study) REFLECTION 1. Relate the application of group study to clinical practice 2. Reason out the process of generalization and individualization in totality formation 3. Contextualize the value of symptom in matching HMM and referring repertory
Learning Methods	Problem-based learning, flipped classroom, self – regulated learning, library-based learning, formative self – assessment
Assessments	Checklist, rating scales, Mini-CEX, DOPS, Rubrics, Viva-voce
Prescribed texts	As per list
Domains of competencies	KS,PC,HO,CS,PBL

TABLE 06:

TOPIC OVERVIEW	COMPETENCY HOM-PG-FHPED-06 – 1 - CONCEPT OF SUSCEPTIBILITY, ACUTE AND CHRONIC DISEASE
Learning Outcomes	KNOWLEDGE 1. Explain the various parameters in determining the susceptibility in acute, chronic, intermittent, congenital, mental, and periodic illnesses in paediatric age group 2. Describe the scope and limitation of Homoeopathy through knowledge of susceptibility and modern medicine 3. Summaries the construction of different common regional repertories in application to Paediatrics 4. Apply clinical Materia Medica in paediatrics SKILLS 1. Apply susceptibility concept in clinical management and study of HMM 2. Perform differential materia medica in clinical cases REFLECTION 1. Report the utility of regional repertory in clinical practice 2. Relate the susceptibility to homoeopathic practice
Learning methods	Problem-based learning, flipped classroom, self – regulated learning, library-based learning, formative self – assessment
Assessments	Checklist, rating scales, Mini-CEX, DOPS, Rubrics, Viva-voce
Prescribed texts	As per list
Domains of competencies	KS, PC, HO, CS, PBL

TABLE 07 :

TOPIC OVERVIEW	COMPETENCY HOM-PG-FHPED-07 -1 – CONCEPT OF SUPPRESSION, MIASM AND VACCINATION IN PAEDIATRICS
Learning Outcomes	KNOWLEDGE 1. Explain the suppression in homoeopathic practice 2. Identify rubrics of suppression from standard repertories 3. Discuss the evolution of disease 4. Describe evolution of miasm through chronic disease 5. Explain Miasmatic theory from Hahnemannian writing and its further expansion by Kent, Allen and Dhawale 6. Apply knowledge of miasm in study of HMM 7. Discuss indication of anti-miasmatic remedies in clinical cases 8. Deriving the different rubrics from standard repertories representing different Miasm 9. Describe the concept of vaccination and Vaccinosis (as given by Burnett) SKILLS 1. Conclude the suppression in clinical cases 2. Derive miasm in acute and chronic disease 3. Choose anti-miasmatic in clinical cases 4. Identify predisposition in Paediatric population REFLECTION 1. Relate the evolution of disease with miasm 2. Reconstruct the miasmatic evolution from clinical cases 3. Contextualize the concept of suppression
Learning methods	Problem-based learning, flipped classroom, self – regulated learning, library-based learning, formative self – assessment
Assessments	Checklist, rating scales, Mini-CEX, DOPS, Rubrics, Viva-voce
Prescribed texts	As per list
Domains of competencies	KS, PC, HO, CS, PBL

TABLE 08 :

TOPIC OVERVIEW	COMPETENCY HOM-PG-FHPED-08 -1 – CONCEPT OF TOTALITY
Learning Outcomes	KNOWLEDGE 1. Apply classification and evaluation of symptoms 2. Discuss the reportorial and non-reportorial approach and their indication 3. Justify the selection of reportorial and non-reportorial approach in a clinical case 4. Select suitable approach and construct totality based on need of clinical case SKILLS 1. Construct acute, chronic and intercurrent totality 2. Construct reportorial totality 3. Solving the case with suitable software 4. Perform differentiation of remedies using different HMM viz source book, commentators, clinical Materia medica and key notes REFLECTION 1. Relate to clinical cases for construction of the totality 2. Reason out the bases for different approaches and references to repertory 3. Report the bases of differential HMM
Learning Methods	Problem-based learning, flipped classroom, self – regulated learning, library-based learning, formative self – assessment
Assessments	Checklist, rating scales, Mini-CEX, DOPS, Rubrics, Viva-voce
Prescribed texts	As per list
Domains of competencies	KS, PC, HO, CS, PBL

TABLE 09 :

TOPIC OVERVIEW	COMPETENCY HOM-PG-FHPED-09- 1- CONCEPT OF SIMILAR AND SIMILLIMUM
Learning Outcomes	KNOWLEDGE 1. Describe fundamental laws of homoeopathy 2. Conclude the potency and repetition in clinical cases in paediatric age group esp. the infants and young children 3. Discuss concordance and remedy relationship in clinical practice in paediatric age group esp. the mother-child relationship SKILLS 1. Apply fundamental laws in practice 2. Apply the remedy relationship in clinical practice REFLECTION 1. Recollect the fundamental laws of homoeopathy observed in clinical cases 2. Reason out the posology in clinical practice 3. Relate the concordance and remedy relationship
Learning methods	Problem-based learning, flipped classroom, self – regulated learning, library-based learning, formative self – assessment
Assessments	Checklist, rating scales, Mini-CEX, DOPS, Rubrics, Viva-voce
Prescribed texts	As per list
Domains of competencies	KS, PC, HO, CS, PBL

TABLE 10 :

TOPIC OVERVIEW	COMPETENCY HOM-PG-FHPED-10- 1 - CONCEPT OF THERAPEUTIC MANAGEMENT
Learning Outcomes	KNOWLEDGE 1. Diagnose the Kent's twelve observation in assessment of remedy response 2. Apply the knowledge of investigation and recent advances in the field of medicine to asses remedy response 3. Select second prescription based on remedy relationship SKILLS 1. Choose second prescription based on remedy response of Kent's observation 2. Perform patient education and orientation 3. Organize the ancillary management in acute and chronic diseases 4. Perform the ancillary management REFLECTION 1. Recollect the remedy response in clinical cases 2. Reflect role of investigation and current advances in judging remedy response 3. Contextualize the ancillary management
Learning Methods	Problem-based learning, flipped classroom, self – regulated learning, library-based learning, formative self – assessment
Assessments	Checklist, rating scales, Mini-CEX, DOPS, Rubrics, Viva-voce
Prescribed texts	As per list
Domains of competencies	KS, PC, HO, CS, PBL

VII. ASSESSMENT

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

VII (1). M.D. (HOMOEOPATHY) PART-I EXAMINATION –

MAXIMUM MARKS FOR EACH SUBJECT AND MINIMUM MARKS REQUIRED TO PASS SHALL BE AS FOLLOWS:

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

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

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

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

TYPES OF QUESTIONS WITH MARKS

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

Part 1 – Paper 2. Topic Numbers

Hom-PG-FHPED-01 –

HAHNEMANNIAN CONCEPT OF VITAL FORCE, HEALTH, DISEASE, AND MAN AND ENVIRONMENT

Hom-PG-FHPED-02 –

CONCEPT OF DYNAMISM, RECOVERY AND CURE AND OBSTACLES TO CURE

Hom-PG-FHPED -03 –

CONCEPT OF ARTIFICIAL DISEASE AND PORTRAIT OF DISEASE

Hom-PG-FHPED-04 –

CONCEPT OF UNPREJUDICED OBSERVATION AND CASE TAKING

Hom-PG-FHPED-05 –

CONCEPT OF SYMPTOMATOLOGY

Hom-PG-FHPED-06 –

CONCEPT OF SUSCEPTIBILITY AND ACUTE AND CHRONIC DISEASE

Hom-PG-FHPED-07 –

CONCEPT OF SUPPRESSION, MIASMS AND VACCINATIONS IN PEDIATRICS

Hom-PG-FHPED-08 –

CONCEPT OF TOTALITY

Hom-PG-FHPED-09 –

CONCEPT OF SIMILAR AND SIMILLIMUM

Hom-PG-FHPED-10 –

CONCEPT OF THERAPEUTIC MANAGEMENT

VII (2B). QUESTION PAPER LAYOUT

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

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

VII (3A). CLINICAL EXAMINATION: A COMMON PRACTICAL/VIVA FOR PART I PAPER 1 AND 2.

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

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HOMOEOPATHIC LITERATURE

HOMOEOPATHIC PAEDIATRICS

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Curriculum Document

M.D. (Homoeopathy) Psychiatry

I. Title of the Specialty Course, and its abbreviation.

MD (Homoeopathy) Psychiatry

II. Components of the Curriculum

II (1). Part I

- (i) Fundamentals of Psychiatry;
- (ii) Fundamentals of Homoeopathy in Psychiatry; and
- (iii) Research Methodology and Biostatistics.

II (2). Part II

- (i) Homoeopathic Psychiatry Paper 1
- (ii) Homoeopathic Psychiatry. Paper 2

III. Brief description of specialty and its relevance in homoeopathy post-graduate course.

Psychiatry is a branch of medicine focused on the study, diagnosis, treatment and prevention of mental, emotional and behavioural disorders in the individual and in the community. A person's mental health is influenced by a combination of factors that are both specific to an individual as well as related to interactions with the society, community, and family.

The purpose of Psychiatry in homoeopathic postgraduate education is to create specialists who are competent to provide high-quality mental health care using Homoeopathic intervention with Counselling (if required, as an adjuvant). During the course, they should be competent to enrich the system through research. A postgraduate specialist is required to utilize the training in Psychiatry under the domain of the Homoeopathic system of medicine to observe and recognize the mental health needs of the community and to manage mental health illnesses and crises effectively. Along with preventive, promotive, curative and rehabilitative approaches towards mental health, the postgraduate student should be equipped with basic skills in medical and paramedical teaching, especially from Homoeopathic discipline and develop a research aptitude in mental health.

The major components of the postgraduate curriculum need to include the relevant theoretical knowledge to master most of the competencies. It is also necessary to integrate the speciality required for the needs at the secondary and tertiary levels with the principles of Homoeopathic discipline and be aware of the contemporary advances in the discipline as well. The curriculum must be appropriate to develop practical and clinical skills and attitudes required for competent and ethical evidence-based practice along with communication skills, training in research methodology and thesis writing skills. There should be an emphasis on acquiring the spirit of scientific inquiry, research methodology, epidemiology and basic skills in teaching the medical and paramedical Homoeopathic professionals.

Primarily, postgraduate candidates of Psychiatry are therefore expected to understand the knowledge of mental health management adequately coupled with Homoeopathic discipline for systematic use at all levels i.e., pathological, clinical, psychosomatic, etc, and in all clinical

situations. They are expected to provide health services with empathy and a humane approach toward patients and their families.

IV. Course Objectives.(Entrustable Professional Activities–EPAs)

1. Demonstrates the components of Psychiatric screening/history taking by striking a compassionate Doctor-Patient relationship.
2. Traces the evolution of psychopathology in every case for establishing a comprehensive clinical and personal diagnosis
3. Documents all the relevant information comprehensively in the case record
4. Performs essential General, Systemic, and Neurological examinations and conducts Mental Status Examination (MSE).
5. Integrates data from history taking, case evolution, and patient assessment to differentiate and conclude the diagnosis as per ICD-11, DSM-V, and Hahnemannian classification systems.
6. Formulates a comprehensive strategy for general and homoeopathic management
7. Manage patients with psychiatric emergencies and guide relatives accordingly.
8. Formulates comprehensive Acute, Chronic or Miasmatic totalities based on homoeopathic principles.
9. Chooses appropriate repertories for identifying the similimum.
10. Applies knowledge of homoeopathic materia medica as therapeutic agents for the management of various psychiatric conditions.
11. Identifies the stage and time for the need for second opinions or referrals for clinical consultation or management respectively
12. Writes a comprehensive psychiatric report for any referral patient.
13. Identifies the need for and acts on clinical psychologist's intervention for psychotherapeutic or diagnostic interventions.
14. Identifies, evaluates and manages co-morbidities resulting from psychiatric conditions or resulting in psychiatric conditions as per homoeopathic principles.
15. Prescribes various ancillary measures based on the comprehensive problem definition of patients with mental illness
16. Identifies the actions, doses and adverse effects of psychiatric or psychotropic drugs.
17. Develop a safe handover and comprehensive discharge plan.
18. Performs periodic clinical audits to improve patient care and outcomes
19. Applies knowledge of mental health and mental hygiene for performing mental health work in the community.
20. Trains and teaches undergraduates/interns related to psychology and psychiatry
21. Evaluates and takes germane decisions as per the guidelines of Mental Health Care Act 2017 for the benefit of patients and the community.
22. Participates in National Mental Health Programmes while applying the knowledge of Homoeopathic Psychiatry as relevant
23. Apply various teaching-learning techniques for imparting undergraduate and postgraduate education.
24. Engage in research activities relevant to the field of Homoeopathic Psychiatry by employing relevant competencies required for handling patients

25. Publish evidence-driven documentation of clinical outcomes based on homeopathic psychiatry practices in reputable and credible journals.
26. Collobarate effectively as a member of an an interprofessional team, fostering a multidisciplinary approach to patient care, research, and training in Psychiatry.
27. Demonstrate effective leadership skills when leading a team engaged in community health care research, and training activities.

IV(1). Mapping of EPAs and Domain Competencies

KS: Knowledge & Scholarship

PC: Patient care

HO: Homoeopathic Orientation

CS: Communication skills

PBL: Practice based learning

PRF: Professionalism

Sl. No	EPA	KS	PC	HO	CS	PBL	PRF
1.	Demonstrates the components of Psychiatric screening / history taking by striking a compassionate Doctor Patient relationship.	√	√	-	√	√	√
2.	Traces the evolution of psychopathology in every case for establishing a comprehensive clinical and person diagnosis.	√	√	√	√	√	√
3.	Documents all the relevant information comprehensively in case record	√	√	√	√	√	√
4.	Performs essential General, Systemic, Neurological examinations and conduct MSE	√	√	-	-	√	√
5.	Integrates data from history taking, case evolution, and patient assessment to differentiate and concludes the diagnosis as per ICD-11, DSM-V, and Hahnemannian classification systems.	√	√	√	√	√	√
6.	Formulates a comprehensive strategy for general and homoeopathic management	√	√	√	-	√	√
7.	Manages patients with psychiatric emergencies and guide relatives accordingly.	√	√	√	√	√	√
8.	Formulates comprehensive Acute, Chronic or Miasmatic totalities based on homoeopathic principles	√	√	√	-	√	√
9.	Chooses appropriate repertories for identifying similimum.	√	√	√	-	√	√

10	Appliesthe knowledge of homoeopathic materiamedica as therapeutic agents for the management of various psychiatric conditions.	√	√	√	-	√	√
11	Identifiesthe stage and time for the need for second opinions or referrals for clinical consultation or management respectively	√	√	√	√	√	√
12	Writes a comprehensive psychiatric report for any referral patients	√	√	-	√	√	√
13	Identifiesthe need for and acts on clinical psychologist's intervention for psychotherapeutic or diagnostic interventions.	√	√	-	√	√	√
14	Identifies, evaluates and manages co-morbidities resulting from psychiatric conditions or resulting in psychiatric conditions as per homoeopathic principles.	√	√	√	√	√	√
15	Prescribes various ancillary measures based on the comprehensive problem definition of patients with mental illness	√	√	√	√	√	√
16	Identifies the actions, doses and adverse effects of psychiatric or psychotropic drugs.	√	√	-	√	√	√
17	Develops a safe hand over and comprehensive discharge plan	√	√	-	√	√	√
18	Performs periodic clinical audit to improve patient care and outcomes	√	√	-	√		√
19	Applies knowledge of mental health and mental hygiene for performing mental health work in the community.	√	√	√	√	-	√
20	Trains and teaches undergraduates / interns related to psychology and psychiatry.	√	√	√	√	√	√
21	Evaluates and takes germane decisions as per the guidelines of mental health care act 2017 for benefit the patients and the community.	√	√	√	√	√	√
22	Participates in National Mental Health Programmes while applying the knowledge of Homoeopathic Psychiatry as relevant	√	√	√	√	√	√
23	Apply various teaching-learning techniques for imparting undergraduate and postgraduate education.	√			√	√	√

24	Engage in research activities relevant to the field of Homoeopathic Psychiatry by employing relevant competencies required for handling patients.	√			√	√	√
25	Publish evidence-driven documentation of clinical outcomes based on homeopathic psychiatry practices in reputable and credible journals	√			√	√	√
26	Collaborate effectively as a member of an interprofessional team, fostering a multidisciplinary approach to patient care, research, and training in Psychiatry.		√		√	√	√
27	Demonstrate effective leadership skills when leading a team engaged in community health care research, and training activities.	√	√		√	√	√

IV(2). Semester wise table EPA levels and competencies applicable to each EPA.

EPA Level:

1 = No permission to act

2 = Permission to act with direct, proactive supervision present in the room

3 = Permission to act with indirect supervision, not present but quickly available if needed

4 = Permission to act under distant supervision not directly available (unsupervised)

5 = Permission to provide supervision to junior trainees

	EPAs	Hom-PG-PS Part 1			Hom-PG-PS Part 2		
		Sem / Mod 1	Sem / Mod 2	Sem / Mod 3	Sem / Mod 4	Sem / Mod 5	Sem / Mod 6
1	Demonstrates the components of Psychiatric screening / history taking by striking a compassionate Doctor Patient relationship.	2 Demonstrates ability to identify the essence of information produced screening and learns to record observations of case taking as an observer.	2 Carries out screening in the OPD and can assess the immediate needs of the patient. Carries out a supervised interview and is able to undertake self-analysis. Demonstrates respect for patient's privacy and autonomy. Seeks feedback	2 Can perform an independent interview and, discuss the dynamics of case taking with the observer. Is able to successfully interact with the relatives. Is able to conduct Casualty case receiving	3 Is able to carry out case receiving in the OPD, Community and IPD set ups and report objectively about his experiences	4 Is able to carry through case receiving of a variety of clinical conditions and take the help of a junior observer for assessing his performance	5 Is able to guide the junior Postgraduate in fundamentals of screening and can be an effective observer to the case taking efforts by giving constructive feedback

			from the supervisor over case taking				
2	Traces the evolution of psychopathology in every case for establishing a comprehensive clinical and person diagnosis.	2 Evaluates and documents the whole chronology of complaints and the essential characteristics of the person	2 Develops ability to classify the symptoms as per psychiatric symptomatology and evaluate psychopathology and connect with the person. Documents and communicates assessment with supervisors. Becomes aware of the use of knowledge, skills and emotional limitations of self in the process of eliciting	3 Is able to arrive at a probable clinical diagnosis and diagnosis of the person. Is able to establish a correlation between the two to Develops ability to withstand and cope with stress associated with receiving and managing patients Is sensitized to different aspects of receiving cases with psychopathology	4 Is able to arrive at a firm diagnosis with differential diagnosis. Is able to present a comprehensive statement of the problem of the patient incorporating significant aspects of psychopathology and the manner in which it is responsible for the symptomatology	4 Is able to guide the junior in evaluation of complaints and of the person.	5 Is able to guide the Postgraduate juniors in establishing the psychopathology and connecting these to the clinical diagnosis and the type of person.

			and interpreti ng psychopat hology				
3	Document s all the relevant informatio n comprehe nsively in case record	2 Document s all complaint s accurately and legibly.	2 Documen ts all entries at the correct location in the case record	3 Is able to justify the location of entries and make corrections, if any	4 Is able to guide the postgraduat e junior is the need to document all information and explain the character of the case record	4 Is able to guide the junior in essential classificat ion assisting the correct entries in the case record	5 Develops ability to correct and give constructive feedback to Postgraduate juniors on their case record submissions
4	Performs essential General, Systemic, and Neurologi cal examinati ons and conduct MSE)	2 Performs and concludes general, systemic and neurologi cal examinati on Demonstr ates empatheti c approach required to examine non- compliant patients	2 Performs and concludes general and systemic examinati on along with MSE	3 Performs and documents all examination s and communicat es the findings in terms of clinical diagnosis	3 Is able to guide the juniors for general, systemic and neurologica l examinatio n	4 Is able to guide the Postgradu ate juniors in conductin g the MSE	5 Ensures juniors follow steps defined accurately.

5	Integrates data from history taking, case evolution, and patient assessment to differentiate and conclude the diagnosis as per ICD-11, DSM-V, and Hahnemannian classification systems.	2 Comprehensively records the data of the evolution of the primary complaints and life events in the case record Classifies the symptoms to help to arrive at a spectrum of clinical diagnosis	2 Effectively assesses the phases of psychiatric illness in cases to understand the diagnostic travel Effectively classifies the condition as per DSM-V and ICD-11 and as per Hahnemannian classification	3 Effectively differentiates the probable diagnosis and arrives at the final diagnosis. Effectively classifies as per Hahnemannian classification to arrive at the Homoeopathic diagnosis	4 Guides the junior resident in the correct documentation of the complaints and classification of the symptoms	4 Guides the junior resident in the correct differential diagnosis and Hahnemannian classifications	5 Transfers the knowledge by teaching the postgraduate juniors
6	Formulates a comprehensive strategy for general and homoeopathic management		2 Recognizes the deviated physical and psychological processes in a wide variety of cases	2 Defines the therapeutic problem and opines about the general management related to the same	3 Formulates the comprehensive strategy for general and homoeopathic management of the case Demonstrates willingness	4 Recognizes the need of developing ability of self-assessment to improve the skills of processing of the case/clinical	5 Orients juniors the various steps required for accurate processing of case

					to receive feedback and improve the skills of formulating management strategy of the case	conditions	
7	Manages patients with psychiatric emergencies and guides relatives accordingly.	2 Observe patients with emergencies and document the observations Develop empathy towards patients and relatives who are facing emergencies.	3 Assists the CMO/Senior resident in the casualty to conclude the assessment Receives and communicates with patients/relatives in the emergency room and documents all the observations for clinical and homoeopathic management	4 Is able to formulate accurate diagnostic evaluations of patients with psychiatric emergencies and discuss the plan of action with the senior resident/supervisor	4 Is able to formulate and implement management plans for patients with psychiatric emergencies and effectively communicates the same with the relatives/patients	5 Is able to guide the junior resident to the basic emergency management procedures in the casualty	5 Guides and Orients juniors the various steps required for accurate assessment and management of such emergencies
8	Formulate comprehensive		2 Classifies	3 Documents	4 Documents	4	5 Train the

	nsive Acute, Chronic or Miasmatic totalities based on homoeopathic principles		and evaluates acute psychiatric symptomatology and evolves acute totality	ccurately to derive the miasm and formulates acute and chronic totality based on Hahnemannian guidelines	and formulate acute, chronic and come to miasmatic totality of the case based on guidelines	Works effectively in any situation of acute or chronic cases	junior residents about the same
9	Chooses appropriate repertories for identifying similimum.	2	3 Can convert symptoms into rubrics in acute cases Demonstrates knowledge of choice of an appropriate repertory for the case (Basic, regional, clinical, modern, with use of software etc), remedy relationship section of repertory for acute cases	3 Demonstrates proper conversion of rubrics in chronic cases. Demonstrates the knowledge of choice of an appropriate repertory and software for chronic cases	4	4	5 Is able to guide the juniors in the choice and use of repertories for acute and chronic management of cases

10	Applies knowledge of homoeopathic materia medica as therapeutic agents for the management of various psychiatric conditions.		2 Demonstrates the knowledge of arriving at the group of remedies after formulating appropriate totalities for the management of acute conditions.	2 Demonstrate the knowledge of arriving at a group of remedies after formulating appropriate totalities for chronic conditions.	3 Differentiates remedies based on the clinical characteristics related to various conditions and comes to the final remedy	4	5 Ensures juniors follow steps defined accurately. Transfer the knowledge to Undergraduate students through teaching.
11	Identifies stage and time for the need for second opinions or referrals for clinical consultation or management respectively			2 Recognizes when the therapeutic plan as planned and implemented is not producing plans as expected. Is able to spot the lacunae	3 Is able to share and discuss with the patient/relatives on the assessment and the need for a second opinion or advise on management strategy	4	5 Trains the juniors to create appropriate questions and retrieve evidence to supportive care
12	Writes a comprehensive psychiatric report for any			2 Communicates effectively with supervisors	3 Documents the rough psychiatric report of case/s and	4 Write comprehensive psychiatric reports	5 Train the juniors for psychiatric report writing by ensuring

	referral patients			about the findings and probable plan for action	subject to discussion for inputs	with specific comprehensive inclusion of homeopathic management	the all defined guidelines
1 3	Identifies need for and acts on clinical psychologist's intervention for psychotherapeutic or diagnostic interventions.		2 Identifies the cases needing psychological intervention Is able to communicate to the patient/relative the need and the benefit from the consultation	3 Effectively assesses the diagnostic state and understands the need of psychologist's opinion and its indications Effectively communicates the psychiatric report to the psychologist	3 Studies and analyses the findings from the analysts and utilize them in management	4	5 Ensures to keep juniors alongside for training/guiding them
1 4	Identifies, evaluates and manages co-morbidities resulting from psychiatric conditions or resulting in psychiatric		3 Identifies the occurrence of co-morbidities as a result of the clinical condition being treated or those which	3 Assesses and analyses the connection between two or more clinical conditions present in any given case Discusses with the patient/relative	4 Comprehensively formulates the Hahnemannian classification of the of mental illnesses and indicates the management	4	5 Demonstrate the knowledge and skill for guiding the juniors

	c conditions as per homoeopa thic principles.		have preceded the condition being treated	ve of the need for care of the condition identified	nt plan		
1 5	Prescribes various ancillary measures based on the comprehe nsive problem definition of patients with mental illness		2 Assesses and defines the therapeuti c problem of the patients	2 Constructs a comprehensi ve diagnostic formulation	3 Assesses and formulates a comprehen sive diagnostic strategy for the case manageme nt helpful in indicating a suitable ancillary measure or referral to specialists (eg. Psychologi st)	4 Prescribe and assess the outcome of the ancillary measures and modify them if needed	4 Guide the junior Postgraduate residents for the same.
1 6	Identifies the actions, doses and adverse effects of psychiatri c or psychotro pic drugs.				4 Knows and assesses the effect of various modern psychiatric drugs including their side effects if any	4 Knows and assessesth e modifying effects in homoeopa thic totality	5 Guide the same to junior students

17	Develops a safe hand over and comprehensive discharge plan			3 Formulates a plan for hand over/discharge and gets it evaluated from a supervisor	4 Orients the family/patient with the discharge plan. Formulates the final discharge plan	4 Effectively replicates the application of documentation, safe hand over and discharge plan	5 Trains the juniors to create appropriate documentation, legal and ethical issues while admission, safe hand over and discharge plan
18	Performs periodic clinical audit to improve patient care and outcomes			3 Learns to assess quality of therapeutic outcome compared to the initially formulated management plans in individual cases. Learns to write case reports for publication	4 Learns to compile individual case assessments to a case series and write up reports on case series. Prepares reports for publication	4 Drafts recommendations for improving the therapeutic outcome of clinical conditions and discusses with the supervising staff	5 Implements the changes finalized to improve clinical outcomes
19	Applies knowledge of mental health and mental hygiene for performing mental health work in the community.	1 Becomes aware of importance of the principles of mental health and hygiene	2 Explores the components of mental hygiene and practice on the self and near surroundings	2 Sensitize to the different aspects of mental health and hygiene and practice in patients seen in the OPD and IPD	4 Sensitizes to the different aspects of mental health and hygiene and practice it at various community levels colleges, villages,	4 Sensitizes with different aspects of mental health and hygiene and practice it at various community levels colleges, villages,	5 Guide and demonstrate the same with junior students

					companies etc.	companies etc. and assess the feedback for further improvement	
20	Trains and teaches undergraduates / interns related to psychology and psychiatry.				4 Formulates the lesson plan related to assigned topic and prepares and presents case based material to interns by keeping an observer for evaluation/feedback	4 Seeks feedback post lecture/ presentation from an observer	4 Effectively guides and helps other team members and juniors for such teaching activities
21	Evaluates and takes germane decisions as per the guidelines of mental health care act 2017 for benefit of the patients and the community.				3 Becomes aware of the various clauses of the mental health care act and various rights of the patients with mental illness	3 Practices the rights of confidentiality and rights to treatment in set up of practice with human care	4 Implements the rights in cases of violation. Transfers the knowledge by guiding the juniors on the same.
22	Participates in National Mental Health				Becomes aware of the various National Mental	Visits the sites where such National	Participates in one such programme run by the Institution/Dis

	Programmes while applying the knowledge of Homoeopathic Psychiatry as relevant				Health Programmes of the Government	Programmes are being run	strict/Local authority
2 3	Apply various teaching-learning techniques for imparting undergraduate and postgraduate education.	Justify the need for educational methodology as a component of PG Course.	Identify the learning objectives for their domain in Bloom's taxonomy. Identify the contexts of learning.	Recognise the levels of Guilbert. Indicate the level in Miller's Pyramid. Select appropriate instructional activities.	Write objectives for all domains of Bloom and levels of Guilbert. Identify assessment tools appropriate for the context.	Conduct evidence driven TL and Assessment of UG students.	Apply various teaching-learning techniques for imparting undergraduate and postgraduate education.
2 4	Engage in research activities relevant to the field of Homoeopathic Psychiatry by employing relevant competencies required for handling patients.	1 Orients self to research methodology as a subject	2 Proactively seeks guidance in application of research methodology	3 Identifies the avenues and processes that can be taken	3 Concludes the topic to work and applies the learnt processes	4 Conducts the research on the topic selected and consolidates the findings	5 Reviews the conclusions and identifies future areas for research

25	Publish evidence-driven documentation of clinical outcomes based on homeopathic psychiatry practices in reputable and credible journals	1 Becomes aware of importance	2 Explores the documentation already published	2 Consolidates the process to adopted	3 Attempts to document	3 Effectively documents	4 Ensures publication of research conducted
26	Collaborate effectively as a member of an interprofessional team, fostering a multidisciplinary approach to patient care, research, and training in Psychiatry.	1 Becomes aware of need	2 Identifies situations by observation	2 Proactively participates	3 Proactively seeks others participation	3 Attempts to seek feedback on self's lacunae in the process	4 Effectively contributes as a team member
27	Demonstrate effective leadership skills when leading a	1 Becomes aware of essential leadership qualities	2 Proactively seeks leadership role	2 Attempts to deliver leadership role	3 Seeks feedback on self's leadership traits	3 Explores opportunities to demonstrate leadership	4 Demonstrates effective leadership

team engaged in community health care research, and training activities.						

PART I Paper 1:

V. Topic and Topic Objectives.

Part 1: Paper 1:

- HOM- PG -- PS -- 01: Neuro-biological foundations of Psychiatry and the homoeopathic implications
- HOM- PG -- PS -- 02: Psychosocial foundations of Psychiatry and the homoeopathic implications
- HOM- PG -- PS -- 03: Concept of Personality and various approaches with homoeopathic implications
- HOM- PG -- PS -- 04 : History of Psychiatry in the West and in India and contribution of Homoeopathy
- HOM- PG -- PS -- 05: Case receiving and Examination of Psychiatric patient(adult and children)
- HOM- PG -- PS -- 06: Clinical manifestations of Psychiatric disorders and understanding of psychopathology
- HOM- PG --PS -- 07: Classification of Psychiatric disorders and correlation with the Hahnemannian approach
- HOM- PG -- PS -- 08: Diagnostic process in Psychiatry and correlation with Hahnemannian diagnosis

VI. Course description

Topic Name: HOM- PG – PS -- 01: Neuro-biological foundations of Psychiatry and the homoeopathic implications

Course Overview:	This course will provide the students of MD Homoeopathic Psychiatry with the knowledge of Neuro-biological foundations of Psychiatry and the implication in Homoeopathic fundamentals
Learning Outcomes	Competency: HOM- PG – PS – 01- 1 Neuroanatomical and neurophysiological and neurogenetics basis of the mental processes <u>Cognitive/Knowledge:</u> Neuro-biological foundations of Psychiatry a) Types c) Functioning d) Clinical significance - Recall the basic neuroanatomical and neurophysiological basis of the mental processes- neuron, nerve transmission, parts of brain and the functioning, limbic system, neurotransmitters, neurotransmission, general adaptation syndrome, HPA axis, etc. <u>Skill/ Application:</u> - Correlate the symptoms with the relevant neurobiological function <u>Reflection:</u> - Recollecting the neuroanatomical and neurophysiological basis of the mental processes
Learning Outcomes	Competency: HOM- PG – PS – 01- 2 Study the homoeopathic implications of neurobiological foundations of Psychiatry <u>Cognitive/Knowledge:</u> Discuss the implication of in Homoeopathy with respect to a) Susceptibility b) Sensitivity c) Reactivity d) Vitality e) Relevant rubrics f) Materiamedica indications <u>Psychomotor/ Skill:</u> Assess the onset, duration, progression, susceptibility, fundamental and dominant miasm, hunting the rubrics in repertory, differentiating the remedies based on the presentation <u>Reflection:</u> Able to apply the knowledge of neurobiology to Organon, HMM and

	Repertory
Learning methods	• Peer based learning methods: Problem based • Individual based learning methods: self-regulated learning, Library based, e- learning, formative self-assessment
Assessment:	• Continuous / Programmatic assessment :Assignments, MCQ • Practical exam – short case, long case, objective structured oral examination, OSCE • Written Examinations: Problem Based Learning assessment: LAQ SAQ Checklist, Rating scales
Prescribed Texts:	Refer to list attached
Domains of Competencies	Knowledge & Scholarship/ Homoeopathic Orientation

Topic Name: HOM - PG – PS – 02 Psychosocial foundations of Psychiatry and the homoeopathic implications

Learning Outcomes	Competency HOM - PG – PS – 02 - 1 Studying the Psychosocial foundations of Psychiatry <u>Cognitive/knowledge</u> • Discuss the psychological determinants- psychodynamics, stress and conflict, defence mechanisms, psychological pre-disposing factors, precipitating and maintaining factors • Discuss the Social determinants- social predisposing, precipitating and maintaining factors • Recall the developmental traits responsible for the evolution of individual and species. • Recall the aphorism 6 of Organon of Medicine <u>Skill :</u> • Display the skill of case taking and case receiving with the help of this knowledge <u>Reflection:</u> • Relate the concept of Organon with the understanding the psychosocial foundations of Psychiatry.
Learning Methods	• Peer based learning methods: Problem based, Case based, ward rounds • Individual based learning methods: Self-regulated learning, deliberate practice
Assessment:	• Continuous / Programmatic assessment :Assignments, MCQ

	• Practical exam – short case, long case, objective structured oral examination, OSCE • Written Examinations: Problem Based Learning assessment: LAQ SAQ • Checklist, Rating scales, Rubric
Prescribed Texts:	Refer to list attached
Domains of Competencies	Knowledge & Scholarship/ Patient care / Homoeopathic Orientation / Communication skills/ Professionalism

Topic Name: HOM - PG -- PS – 03- Concept of Personality and various approaches with homoeopathic implications

Learning Outcomes	Competency: HOM - PG -- PS – 03- 1 Understanding the basic concept of Personality <u>Cognitive/knowledge</u> a) Personality b) Trait c) Temperament d) Definition e) Types f) Temperaments in Homoeopathy <u>Skill/ Psychomotor:</u> Identifying the trait, temperament and personality in cases <u>Reflection:</u> Recognizing the concept of trait, temperament and personality and their application in cases.
Learning Outcomes	Competency: HOM - PG -- PS – 03-2 Understanding Sigmund Freud's psychosexual approach and its case application <u>Cognitive/knowledge</u> Define and discuss- a) Structure of the mind b) Levels of consciousness c) Psychosexual theory d) Defense mechanisms <u>Skill :</u> • Demonstrate Freud's structure of mind in cases • Identify the Id-Ego-Superego balance in cases • Define the problem of the patient with the help of the theoretical concept. <u>Reflection:</u> Recognizing the Freudian concepts to cases and their Homoeopathic applications.
Learning Outcomes	Competency : HOM - PG -- PS – 03-3 Learn the concepts of the Neo-Freudian Theories

	<u>Cognitive/knowledge</u> Discuss the theoretical concepts of Neo-Freudian theories by 1. Alfred Adler- Recall Adler's personality theory in detail - Carl Jung- Recall Jungian concept of Complexes, Archetypes, Unconscious (personal and collective), Symbols and Personality structure 2. Eric Fromm- Recall Fromm's personality theory in detail - Kohlberg- Recall the stages of moral development 3. Harry Stack Sullivan- Discuss Sullivan's Interpersonal theory in detail - Erik Erikson- Recall the stages of psychosocial theory - Karen Horney- Recall 4. John Bowlby- Recall the attachment styles and stages of attachment <u>Skill :</u> • Apply the concept Neo-Freudian theories in cases • Define the problem of the patient with the help of the theoretical concept. <u>Reflection:</u> • Recognizing the Neo-Freudian theories in cases and their Homoeopathic applications.
Learning Outcomes	Competency: HOM - PG -- PS – 03-4 Studying the various personality theories and assessment <u>Cognitive/knowledge</u> Discuss the Personality theories in detail a) Behavioural b) Humanistic c) Social learning theories Discuss techniques and methods used for the assessment of Personality <u>Skill :</u> • Demonstrate the application of the theories in understanding psychopathology and utility in Homoeopathy. • Apply the knowledge of personality to arrive at the similimum • Apply the knowledge to assess Personality using various methods <u>Reflection:</u> • Recognizing the Personality theories in relation to fundamentals of Homoeopathy and their application in cases.
Learning Methods	• Peer based learning methods: Problem based; Case based • Individual based learning methods: self-regulated, deliberate practice
Assessment:	• Continuous / Programmatic assessment :Assignments, MCQ • Practical exam – short case, long case, objective structured oral

	examination, OSCE • Written Examinations: Problem Based Learning assessment: LAQ SAQ • Checklist, Rating scales
Prescribed Texts:	Refer to list attached
Domains of Competencies	Knowledge & Scholarship/ Patient care / Homoeopathic Orientation / Communication skills/ Practice based learning / Professionalism

Topic Name: HOM - PG -- PS -- 04: History and Evolution of Psychiatry in the West and India and the contribution of Homoeopathy

Learning Outcomes	Competency : HOM - PG -- PS – 04-1 History and Evolution of Psychiatry in the West and India and the contribution of Homoeopathy <u>Cognitive/knowledge</u> • Discuss the history of Psychiatry dating back to Greek and Roman including in India up to recent advancements of DSM and ICD. • Know the contribution of pioneers who contributed to the movement of psychiatric thought • Recall Hahnemannian concept of mental illnesses • Compare general concept of Psychiatry with Hahnemannian concept <u>Skill :</u> • Applying the knowledge of classification as per DSM V and ICD 11 to arrive at a probable diagnosis • Apply the knowledge to assess Personality of various methods <u>Reflection:</u> • Reflect the Historical evolution of Psychiatry and its correlation with Homoeopathy
Learning Methods	• Peer based learning methods: Problem- based • Individual based learning methods: self-regulated learning, Portfolio- based, formative self-assessment
Assessment:	• Continuous / Programmatic assessment :Assignments, MCQ • Practical exam – short case, long case, objective structured oral examination, OSCE • Written Examinations: Problem Based Learning assessment: LAQ SAQ • Checklist, Rating scales, DOPS, Viva voce
Prescribed Texts:	Refer to list attached

Domains of Competencies	Knowledge & Scholarship/Homoeopathic Orientation

Topic Name: HOM- PG -- PS -- 05: Case receiving and Examination of Psychiatric patient(adult and children)

Learning Outcomes	Competency : HOM - PG -- PS – 05-1 Receiving a psychiatric case- case taking, case receiving, psychiatric interview and examination in adult and children <u>Cognitive/knowledge</u> • Discuss the structure and sequence of a child interview • Enumerate and discuss Child Interview techniques and examination- play techniques, projective techniques and direct questioning and mental status examination • Discuss the steps of interviewing and examination of adult psychiatric patient- emphasize on interview techniques and mental status examination. <u>Skill :</u> • Display the skill of case receiving in a psychiatric interview • Demonstrate the techniques of interview • Conduct a mental status examination <u>Reflection:</u> • Reflect the concept of case receiving and examination in a psychiatric interview with unprejudiced.
Learning Methods	• Peer based learning methods: Bedside wards, ward rounds, out-patient based, lab-based • Individual based learning methods: Self-regulated learning, deliberate practice, formative self- assessment
Assessment:	• Continuous / Programmatic assessment :Assignments, MCQ • Practical exam – short case, long case, objective structured oral examination, OSCE • Written Examinations: Problem Based Learning assessment: LAQ SAQ • Checklist, Rating scales,OSCE
Prescribed Texts:	Refer to list attached
Domains of Competencies	Knowledge & Scholarship/ Patient care / Homoeopathic Orientation / Communication skills/ Practice based learning / Professionalism

Topic Name: HOM - PG -- PS -- 06: Clinical manifestations of Psychiatric disorders and understanding of psychopathology

Learning Outcomes	Competency : HOM - PG -- PS – 06-1 Understanding the clinical manifestations of Psychiatric disorders Studying psychiatric symptomatology <u>Cognitive/knowledge</u> • Discuss the significance and inter-relation between the basic psychological processes • Classify the psychiatric symptomatology <u>Skill :</u> • Demonstrate case taking of psychiatric patients • Elicit the mental status examination with the knowledge of symptomatology • Arrive at a probable diagnosis or spectrum <u>Reflection:</u> • Reflect the symptomatology of psychiatric cases and arrive at the probable diagnosis
Learning Methods	• Peer based learning methods: Problem-based learning, case-based, Brainstorming, bedside, ward rounds, out- patient based. • Individual based learning methods: self-regulated learning, spaced repetition, deliberate practice, formative self-assessment
Assessment:	• Continuous / Programmatic assessment :Assignments, MCQ • Practical exam – short case, long case, objective structured oral examination, OSCE • Written Examinations: Problem Based Learning assessment: LAQ SAQ • Checklist, Rating scales, DOPS, Viva voce
Prescribed Texts:	Refer to list attached
Domains of Competencies	Knowledge & Scholarship/ Patient care / Practice based learning

Topic Name: HOM - PG -- PS -- 07: Classification of Psychiatric disorders and correlation with the Hahnemannian approach

Learning Outcomes	Competency : HOM - PG -- PS – 07-1 Studying the evolution of the classification of Psychiatric disorders Studying Hahnemannian classification of Psychiatric disorders <u>Cognitive/knowledge</u> • Discuss the evolution of the classification of Psychiatric disorders • Discuss the evolution of DSM and ICD • Compare and contrast DSM versus ICD • Recall the salient features of DSM-5 and ICD-11 • Discuss the Hahnemannian classification of Psychiatric disorders (Aphorism 210-230) <u>Skill :</u> • Apply the knowledge of classification as per DSM V and ICD 11 to arrive at a probable diagnosis • Apply the knowledge of Hahnemannian classification of mental disorders and management strategies to cases <u>Reflection:</u> • Reflect the classification of Psychiatric disorder and Hahnemannian classification to arrive at a clinical and Hahnemannian diagnosis.
Learning methods	• Peer based learning methods: Problem-based, case based, ward rounds, out-patient based • Individual based learning methods: self-regulated learning, spaced repetition, deliberate practice, formative self-assessment.
Assessment:	• Continuous / Programmatic assessment :Assignments, MCQ • Practical exam – short case, long case, objective structured oral examination, OSCE • Written Examinations: Problem Based Learning assessment: LAQ SAQ • Check list, Rating scales
Prescribed Texts:	Refer to list attached
Domains of Competencies	Knowledge & Scholarship/ Patient care / Homoeopathic Orientation

Topic Name: HOM - PG -- PS -- 08: Diagnostic process in Psychiatry and correlation with Hahnemannian diagnosis

Learning Outcomes	Competency : HOM - PG -- PS – 08-1 Diagnostic process in psychiatry and correlation with Hahnemannian diagnosis <u>Cognitive/knowledge</u> • Discuss the basic psychological processes in arriving at a diagnosis. • Recall the parameters to derive the Hahnemannian diagnosis-onset, duration, progression, susceptibility, sensitivity, reactivity, causation, etc. • Discuss in detail the indications, structure, evolution and interpretation of different psychometric tests- Personality tests (objective and projective), IQ assessment, scales for autism, etc. • Recall the indications for lab investigations- radiological tests, CT scan, MRI, haematological investigation, etc. • Define diagnostic formulation and explain the general principles and structure of diagnostic formulation <u>Skill :</u> • Construct the Conation-Cognition-Affect model to diagnose a psychiatric clinical condition • Arrive at the diagnostic formulations of cases of psychiatric disorders. • Apply the concept of susceptibility and sensitivity to cases • Apply the knowledge of classification of Psychiatric disorder as mentioned in Organon of Medicine to arrive at the Hahnemannian diagnosis <u>Reflection:</u> • Reflect the process of arriving at a clinical and Hahnemannian diagnosis
Learning Methods	• Peer based learning methods : Problem-based , case based • Individual based learning methods: Self regulated learning, formative self assessment
Assessment:	• Continuous / Programmatic assessment :Assignments, MCQ • Practical exam – short case, long case, objective structured oral examination, OSCE • Written Examinations: Problem Based Learning assessment: LAQ SAQ

	Check list, Rating scales, OSCE, Viva voce
Prescribed Texts:	Refer to list attached
Domains of Competencies	Knowledge & Scholarship/ Patient care / Homoeopathic Orientation / Communication skills/ Practice based learning / Professionalism

VII. Assessment

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

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

Subjects	Theory		Practical or Clinical Examination, including Viva	
	Maximum Marks	Pass Marks	Maximum Marks	Pass Marks
i. Fundamentals of Psychiatry	100	50	200* (160 + 40) (Summative Assessment 160 Marks) (Internal Assessment 40 Marks)	100* (80 + 20) (Summative Assessment 80 Marks) (Internal Assessment 20 Marks)
ii. Fundamentals of Homoeopathy in Psychiatry	100	50		
iii. Research Methodology and Biostatistics	100	50	-	-

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

VII (2). Assessment Blueprint – Theory (Benchmarked by the module-wise distribution.)**VII (2a). Distribution of topics for Theory-Based Assessment.**

Types of Questions with Marks

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

Part 1 – Paper 1. Topic Numbers

- HOM- PG -- PS -- 01: Neuro-biological foundations of Psychiatry and the homoeopathic implications
- HOM- PG -- PS -- 02: Psychosocial foundations of Psychiatry and the homoeopathic implications
- HOM -PG -- PS -- 03: Concept of Personality and various approaches with homoeopathic implications
- HOM- PG -- PS --04: History of Psychiatry in the West and India and correlation with Homoeopathy
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- HOM- PG -- PS -- 06: Clinical manifestations of Psychiatric disorders and understanding of psychopathology
- HOM- PG --PS -- 07: Classification of Psychiatric disorders and correlation with the Hahnemannian approach
- HOM - PG -- PS -- 08: Diagnostic process in Psychiatry and correlation with Hahnemannian diagnosis

VII (2b). Question Paper Layout

Q. No.	Type of Question	Content	Marks
1	Problem Based	Problem Based Question HOM-PG–PS– 02 OR 03 OR 06 OR 08	20
2	LAQ	HOM-PG–PS – 04 OR 01	10
3	LAQ	HOM-PG–PS – 05 OR 07	10
4	LAQ	HOM-PG–PS – 03 OR 02	10
5	LAQ	HOM-PG–PS – 06 OR 08	10

6	SAQ	HOM-PG-PS – 01	5
7	SAQ	HOM-PG-PS – 08	5
8	SAQ	HOM-PG-PS – 02	5
9	SAQ	HOM-PG-PS – 07	5
10	SAQ	HOM-PG-PS – 06	5
11	SAQ	HOM-PG-PS – 03	5
12	SAQ	HOM-PG-PS – 04	5
13	SAQ	HOM-PG-PS – 05	5

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

VII (3a). Clinical examination.

Clinical		
1	Internal Assessment	20 Marks
2	One Long Case	50 Marks
3	One Short case	20 Marks
4	Logbook	05 Marks
5	Micro Teaching	05 Marks
Total		100 Marks

VII (3b). Viva Voce.

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

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

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Note: Part I Paper 2 separately after Part II Paper 1 & 2.

Part II Paper 1,2

V. Topics and Topic Objectives.

Part II – Paper I:

All clinical states will include the homoeopathic application and hence will include

- i) Homoeopathic case taking
- ii) Hahnemannian classification
- iii) Causation including correlation with biological and psychosocial correlates
- iv) Psychological correlation with miasmatic states
- v) Assessment of susceptibility
- vi) Approach to totality and processing
- vii) Homoeopathic and ancillary management including differential Materia Medica

- HOM - PG – PS – 09: Homoeopathy in Common Mental Disorders
- HOM - PG – PS – 10: Homoeopathy in Major Psychiatric disorders
- HOM - PG –PS –11: Scope and limitation of Homoeopathy in Substance related disorders
- HOM -PG -PS- 12: Scope and limitation of Homoeopathy in Emergency Psychiatry and Acute Organic syndromes
- HOM -PG - PS -13: Scope and limitation of Homoeopathy in Personality disorders including disorders of Impulse control
- HOM - PG - PS -14: Scope and limitation of Homoeopathy in Sexuality, Sexual dysfunction and Gender identity disorders
- HOM -PG - PS -15: Homoeopathy in Eating and Sleeping disorders

Part II – Paper 2:

- HOM - PG–PS– 16 Psychosomatic disorders
- HOM - PG – PS– 17: Homoeopathy in Geriatric Psychiatry including illnesses involving Cognitive decline
- HOM -PG --PS --18: Homoeopathy in Special situations: PTSD, Culture bound syndromes, Adjustment disorder and Factitious disorder and Liaison Psychiatry
- HOM -PG -- PS -- 19: Child Psychiatry
- HOM - PG--PS--20: Preventive aspects of Mental Disorders, Psychotherapies, Psychopharmacological treatments, Rehabilitative Psychiatry. Homoeopathy in comparison to other systems of medicine in the treatment of mental illness
- HOM -PG – PS– 21: Homoeopathy in Community Psychiatry and National Mental Health Programmes
- HOM- PG – PS – 22: Forensic Psychiatry, Mental Health Act 2017 and Ethics of Psychiatric treatments

VI. Topic description

Part- II/ PAPER-I

Topic name: HOM-PG – PS – 09 Common Mental Disorders

Topic Overview:	This topic will provide students of MD Homoeopathic Psychiatry

	with a general conceptual and evidence-based approach for the application of Homoeopathy In common mental disorders • Anxiety disorders including Panic disorders and phobias • Somatoform disorders • Dissociative disorders • Obsessive compulsive disorders
Learning Outcomes:	Competency- : HOM-PG – PS – 09 -1 : Students should demonstrate a basic ability to elicit a psychiatric history, showing awareness of key areas of importance for diagnosing in cases of Anxiety disorders and other neurotic disorder <u>Cognitive/Knowledge:</u> • Recognize alteration of normal anxiety to an abnormal state • Recognize and explain the neurological/Biological aspects of Anxiety disorders • Describe Anxiety disorders its types, clinical presentation, diagnostic criteria as per ICD11/ DSM V, scale to evaluate and management • Illustrate the clinic-psycho-pathological correlation of Anxiety disorders and its types, integrate these with mental diseases understanding from Organon of medicine <u>Procedure/skill:</u> • Trace the relevant information from patient, and from bystanders • Identify and assemble the relevant observations on records • Trace the pre-morbid and morbid state. • Collect developmental history effectively along with psychodynamics of the case • Perform General medical examination, • Perform Mental status examination • Use ICD 11, DSM V for diagnosis • Perform and interpret necessary investigations • Assess report of basic investigations to identify and rule out if any biological conditions responsible • Construct the homoeopathic diagnosis as per Hahnemann or various stalwarts of Homoeopathy • Construct the totality of symptoms with as per Organon of medicine • Choose the suitable repertory appropriate to the Case for repertorization • Select the appropriate similimum with reference to Materiamedica • Explain the patient or patient caretaker plan of treatment

Reflection:

- Review scope and limitation of management of current or the chronic state of the patient with anxiety disorder
- Generate and publish case reports or case series from various clinical experiences

Competency : HOM-PG – PS – 09 -2

Students should demonstrate a basic ability to elicit a psychiatric history, showing awareness of key areas of importance for diagnosing in cases of Somatoform disorders

Cognitive/Knowledge:

- Describe the clinical features of somatoform disorders
- Recall and describe somatoform disorders and its types, clinical presentation, diagnostic criteria as per ICD 11, DSM V , scale to evaluate and management
- Evolve clinic-psycho-pathological correlation of somatoform disorders and its types, integrate these with mental diseases understanding from Organon of medicine
- Justify the application of homoeopathic philosophies in psychiatric cases of somatoform disorders

Procedure/skill:

- Organize by gathering the relevant clinical and personal information from patient, and from bystanders by demonstrating the compassion
- Identify and record relevant observations
- Detect pre-morbid and morbid state.
- Trace the developmental history effectively along with psychodynamics of the case
- Conduct General medical examination,
- Conduct Mental status examination
- Use ICD 11, DSM V for diagnosis
- Perform and interpret appropriate investigation
- Classify the diseases as per Hahnemann and various stalwarts' guidelines.
- Demonstrate General management/Supportive therapy care
- Select appropriate repertory and perform repertorial analysis
- Select appropriate similimum with due reference to Materia medica.
- Explain the patient/care takers regarding plan of treatment.

Reflection:

- Review scope and limitation of management of current or the chronic state of the patient with somatoform disorders
- Generate and publish case reports or case series from various clinical experiences

Competency : HOM-PG – PS – 09 -3

Identify and Diagnose, Dissociative disorders

Cognitive/Knowledge:

- Recall and Describe Dissociative Disorders its types , classification, diagnostic criteria and general management
- Illustrate the use of various scales to evaluate and manage cases of dissociative disorders
- Compare the Classification of the diseases per Hahnemann ad various stalwarts

Procedure/skill:

- Demonstrate the psychiatric interview techniques for gathering relevant clinical and psychological information from patient, or bystanders.
- Assemble all the relevant observations on record
- Trace the pre-morbid and morbid state.
- Trace the developmental history effectively along with psychodynamics of the case
- Conduct General medical examination,
- Conduct Mental status examination
- Select ICD11, DSM V for diagnosis
- Construct the disease classification as per Hahnemann or various stalwarts of Homoeopathy
- Construct the totality of symptoms with as per Organon of medicine
- Select appropriate repertory for repertorization
- Select the appropriate similimum with reference to Materiamedica
- Explain the patient or patient caretaker plan of treatment
- Plan for ancillary measurements in various conditions

Reflection:

- Orient and guide the patient and relatives about the disease, its prognosis and further management plan over the course of time in acute or chronic cases
- Review the Scope and limitation of homoeopathy for these conditions and plan out therapeutic plan based on clinical

	experiences • Generate and publish case reports or case series from various clinical experiences Competency : HOM-PG – PS – 09 -4 Identify and diagnose Obsessive compulsive disorders <u>Cognitive/Knowledge:</u> • Describe Obsessive compulsive Disorders and its related disorders. Their classification, aetiology, clinical features, diagnostic criteria as per ICD 11/DSM V, scales to evaluate and its management • Compare the Classification of the disorder as per Hahnemann and various stalwarts <u>Procedure/skill:</u> • Perform psychiatric interview to gather relevant information from patient, and from bystanders • Identify and Record relevant observations • Detect pre-morbid and morbid state. • Trace the developmental history effectively along with psychodynamics of the case • Conduct General medical examination, • Conduct Mental status examination • Select ICD11, DSM V for diagnosis • Perform and interpret appropriate investigation • Construct disease classification as per Hahnemann and various stalwarts' guidelines. • Organize general management/Supportive therapy care • Construct the totality of symptoms as per Principles of Organon of medicine. • Select appropriate repertory and perform repertorial analysis • Select appropriate similimum with due reference to Materia medica. • Explain the patient/care takers regarding plan of treatment. <u>Reflection:</u> • Scope and limitation of homoeopathy for Obsessive compulsive disorders • Prepare and publish case report or case series from vast clinical experiences
Learning Methods	• Peer based learning methods : Problem-based, ward rounds, out-patient based

	Individual based learning methods : self-regulated learning, spaced repetition, deliberate practice, formative self-assessment
Assessment:	- Continuous / Programmatic assessment :Assignments, MCQ - Practical exam – short case, long case, objective structured oral examination, OSCE - Written Examinations: Problem Based Learning assessment: LAQ SAQ - Check list, Rating scales, DOPS
Prescribed Texts:	Refer to list attached
Domains of Competencies	Knowledge & Scholarship / Patient Care / Homoeopathic Orientation / Practice Based Learning

Topic name: HOM-PG – PS – 10 Homoeopathy in Major psychiatric disorders

Topic Overview:	This topic will provide students of MD Homoeopathic Psychiatry with knowledge about Major psychiatric cases and role of homeopathy in understanding and management of major psychiatric conditions viz. - Mood disorders - Schizophrenia spectrum disorders
Learning Outcomes:	Competency : HOM-PG – PS – 10 -1 Recognize the concept of general philosophy as applied in homoeopathy in co-relation to Mood disorders and puerperal disorders <u>Cognitive/Knowledge:</u> - List and state Mood and its qualities in normal expression along with travel to abnormality - Explain Mood disorder/s, its prevalence and symptoms - Recognize and explain the neurological/biological/psychological aspects of mood disorder/s - Recall and describe mood disorders and its types, clinical presentation, diagnostic criteria as per ICD 11, DSM V, scale to evaluate and management - Illustrate clinic-psycho-pathological correlation of mood disorders and its types, integrate these with mental diseases understanding from Organon of medicine - Justify the application of individualization in the cases of

Mood disorders

Procedure/skill:

- Perform the psychiatric interview and gather relevant information from patient, and from bystanders
- Identify and record relevant observations
- Detect pre-morbid and morbid state.
- Trace the developmental history effectively along with psychodynamics of the case/s
- Conduct General medical examination,
- Conduct Mental status examination
- Use ICD11, DSM V for diagnosis
- Construct disease classification as per Hahnemann and various stalwarts' guidelines.
- Sketch General management/Supportive therapy care
- Construct the totality of symptoms as per Principles of Organon of medicine using appropriate repertory
- Select appropriate similimum with due reference to Materia medica.
- Explain the patient/care takers regarding plan of treatment.

Reflection:

- To understand the scope and limitation of holistic, individualization concepts of homoeopathy for Mood Disorder cases
- Write an original article on the concept/s and its application in mental health, illness and cure.

Competency : HOM-PG – PS – 10 -2

Know, remember and apply the role of homoeopathy in cases of Schizophrenia spectrum disorders

Cognitive/Knowledge:

- Recall and describe perception, its qualities and its alteration to abnormality
- Recall and describe Schizophrenia spectrum disorders its types, clinical presentation, diagnostic criteria, scale to evaluate and management
- Comparing the different ways in which ICD 11 and DSM V approach the classification of schizophrenia spectrum disorders
- Describe the neurodevelopmental and neurodegenerative aspects of Schizophrenia spectrum disorders
- Explain clinic-psycho-pathological correlation of schizophrenia spectrum disorders and its types, integrate

	these with mental diseases understanding from Organon of medicine • Explain various therapeutic measures to manage cases of schizophrenia <u>Procedure/skills:</u> • Organize relevant information from patient, and from bystanders on record • Identify and Record relevant observations • Detect the pre-morbid and morbid state. • Trace the developmental history effectively along with psychodynamics of the case/s • Conduct General medical examination, • Conduct Mental status examination • Use ICD 11, DSM V for diagnosis • Perform and interpret appropriate investigation • Construct the classification of the diseases as per Hahnemann and various stalwarts' guidelines. • Sketch General management/Supportive therapy care • Construct the totality of symptoms as per Principles of Organon of medicine. • Select appropriate repertory and perform repertorial analysis • Select appropriate similimum with due reference to Materiamedica. • Explain the patient/care takers regarding plan of treatment. <u>Reflection:</u> Scope of homoeopathic in Schizophrenia spectrum disorders Prepare and publish case report/s or case series on these conditions
Learning Methods	• Peer based learning methods : Bedside, ward rounds, out-patient based • Individual based learning methods : self-regulated learning, spaced repetition, deliberate practice, formative self-assessment
Assessment:	• Continuous / Programmatic assessment :Assignments, MCQ • Practical exam – short case, long case, objective structured oral examination, OSCE • Written Examinations: Problem Based Learning assessment: LAQ SAQ • Checklist, Rating scales, DOPS, OSCE
Prescribed Texts:	Refer to list attached

Domains of Competencies	Knowledge & Scholarship / Patient Care / Homoeopathic Orientation / Practice Based Learning

Topic name: HOM-PG – PS – 11 Scope and limitation of homoeopathy in Substance related disorders

Topic Overview:	This topic will provide students of MD Homoeopathic Psychiatry to review Scope and limitation of homoeopathy for Substance related and addictive disorders
Learning Outcomes:	Competency: HOM-PG – PS – 11 -1 Review Scope and limitation of homoeopathy for Substance related and addictive disorders viz. (Alcohol, Tobacco, Cannabis, Cocaine, Caffeine, Hallucinogens, Inhalant, Methadone, Amphetamines etc.) <u>Cognitive/Knowledge:</u> - Recall and describe the type and uses of various substances along with their psycho-neurological actions - Recall and describe the Bio-psycho-social factors which underlie the substance related and addictive disorders - Illustrate clinic-psycho-pathological correlation of substance related and addictive disorders, its types, integrate these with mental diseases understanding from Organon of medicine explain the integration of the fundamental and dominant miasms in the causation of Substance related and addictive disorders - Illustrate the concept of susceptible constitutions and relate to the determinants of Substance related and addictive disorders <u>Procedure/Skills:</u> - Conduct psychiatric interview to gather relevant information from patient, and from bystanders - Identify and Record relevant observations - Trace the pre-morbid and morbid state. - Trace the developmental history effectively along with psychodynamics of the case - Conduct General medical examination, - Conduct Mental status examination - Select ICD 11, DSM V for diagnosis - Perform and interpret appropriate investigation - Construct the classification as per Hahnemann and various stalwarts' guidelines. - Sketch the General management/Supportive therapy care - Construct the totality of symptoms as per Principles of Organon

	of medicine. • Select appropriate repertory and perform repertorial analysis • Select appropriate similimum with due reference to Materia medica. • Explain the patient/care takers regarding plan of treatment. <u>Reflection:</u> • Scope and limitation of homoeopathy for Substance related and addictive disorders • Publish and case report or case series demonstrating the effectiveness of homoeopathy in management of these disorders
Learning methods	• Peer based learning methods : Problem-based, Case-based, Bedside, ward rounds, out-patient based, role play • Individual based learning methods : self-regulated learning, spaced repetition, deliberate practice, formative self-assessment
Assessment:	• Continuous / Programmatic assessment : Assignments, MCQ • Practical exam – short case, long case, objective structured oral examination, OSCE • Written Examinations: Problem Based Learning assessment: LAQ SAQ • Checklist, Rating scales, OSCE
Prescribed Texts:	Refer to list attached
Domains of Competencies	Knowledge & Scholarship / Patient Care / Homoeopathic Orientation / Practice Based Learning

Topic name: HOM - PG – PS – 12 Scope and limitation of homoeopathy in Emergency Psychiatry and Acute organic Syndromes

Topic Overview:	This topic will provide students of MD Homoeopathic Psychiatry to review Scope and limitation of homoeopathy in cases of Psychiatric emergencies and acute organic syndromes
Learning Outcomes:	Competency : HOM-PG – PS – 12 -1 Review Scope and limitation of homoeopathy in cases of emergency Suicide, Acute Psychotic episodes, Violent patients, Neglect or abuse in children, Rape etc. in psychiatry and acute organic disorders <u>Cognitive/Knowledge:</u> • State the type of psychiatric emergencies are and their clinical presentations • Describe various challenges and steps required to manage

	psychiatric emergencies from psychiatric texts and Hahnemannian guidelines • Discuss and explain the Bio-psycho-social factors which underlie various psychiatric emergencies • Explain the concept of susceptible constitutions and relate to the determinants of Substance related and addictive disorders <u>Procedure/Skills:</u> • Isolate the patient or vacant the casualty room for patient/s, nursing staffs and themselves • Assemble all the relevant information gathered from patient, and from bystanders • Display the relevant observations • Conduct the medical and psychiatric triage • Trace the pre-morbid and morbid state. • Conduct General medical examination, • Conduct Mental status examination • Use ICD11, DSM V for diagnosis • Classify the diseases as per Hahnemann and various stalwarts' guidelines. • Sketch the General management/Supportive therapy care • Perform the restrain processes effectively • Construct the totality of symptoms as per Principles of Organon of medicine. • Select appropriate repertory and perform repertorial analysis • Select appropriate similimum with due reference to Materiamedica. • Explain the patient/care takers regarding plan of treatment. <u>Reflection:</u> • Scope and limitation of homoeopathy for Psychiatric emergencies • Publish and case report or case series demonstrating the effectiveness of homoeopathy in management of these disorders
Learning Methods	• Peer based learning methods : Problem-based, ward rounds, out-patient based • Individual based learning methods : self-regulated learning, spaced repetition, deliberate practice, formative self-assessment
Assessment:	• Continuous / Programmatic assessment :Assignments, MCQ • Practical exam – short case, long case, objective structured oral examination, OSCE • Written Examinations: Problem Based Learning assessment:

	LAQ SAQ • Check list, Rating scales, OSCE
Prescribed Texts:	Refer to list attached
Domains of Competencies	Knowledge & Scholarship / Patient Care / Homoeopathic Orientation / Practice Based Learning
Learning Outcomes:	Competency : HOM-PG – PS – 12 -2 Review Scope and limitation of homoeopathy in cases of acute organic disorders (Delirium, Acute confusion state, Intoxications, Organic psychosis, Transient amnesia etc) and organic brain syndrome(dementia) <u>Cognitive/Knowledge:</u> • State the type of acute organic syndromes and their clinical presentations • Describe various challenges and steps required to manage acute organic syndromes from psychiatric texts and Hahnemannian guidelines • Describe various challenges and steps required to manage organic brain syndrome from psychiatric texts and Hahnemannian guidelines • Discuss and explain the Bio-psycho-social factors which underlie various psychiatric emergencies • Explain the concept of susceptible constitutions and relate to the determinants of Substance related and addictive disorders <u>Procedure/Skills:</u> • Isolate the patient or vacant the casualty room for patient/s, nursing staffs and themselves • Assemble all the relevant information gathered from patient, and from bystanders • Display the relevant observations • Conduct General medical examination, • Conduct Mental status examination • Conduct the neuropsychiatric mental status examination • Use ICD11, DSM V for diagnosis • Classify the diseases as per Hahnemann and various stalwarts' guidelines. • Sketch the General management/Supportive therapy care • Perform the restrain processes effectively • Construct the totality of symptoms as per Principles of Organon of medicine. • Select appropriate repertory and perform repertorial analysis

	• Select appropriate similimum with due reference to Materia medica. • Explain the patient/care takers regarding plan of treatment. <u>Reflection:</u> • Scope and limitation of homoeopathy for Acute organic syndromes • Scope and limitation of homoeopathy for organic brain syndrome • Publish and case report or case series demonstrating the effectiveness of homoeopathy in management of these disorders
Learning Methods	• Peer based learning methods : Problem-based, brain storming, ward rounds, out-patient based • Individual based learning methods : self-regulated learning, spaced repetition, deliberate practice, formative self-assessment
Assessment:	• Continuous / Programmatic assessment : Assignments, MCQ • Practical exam – short case, long case, objective structured oral examination, OSCE • Written Examinations: Problem Based Learning assessment: LAQ SAQ • Checklist, Rating scales, OSCE
Prescribed Texts:	Refer to list attached
Domains of Competencies	Knowledge & Scholarship / Patient Care / Homoeopathic Orientation / Practice Based Learning

Topic name: HOM-PG – PS – 13 Scope and limitation of homoeopathy in Personality disorders including disorders of impulse control

Topic Overview:	This topic will provide students of MD Homoeopathic Psychiatry to review Scope and limitation of homoeopathy for cases of Personality and Impulse control disorders
Learning Outcomes:	Competency : HOM-PG – PS – 13 -1 Review Scope and limitation of homoeopathy in cases of personality disorders as per ICD 11 Trait qualifier and specifiers (Mild, Moderate or severe personality disorder), and disorders of impulse control (Intermittent explosive disorders, kleptomania, pyromania, Gambling, Internet/porn addictions) <u>Cognitive/Knowledge:</u> • Recall and describe the type and their features of various

	personality disorders and impulse control disorders • Describe various Bio-Psycho-Social causes of various personality and impulse control disorders • Illustrate the integration of the fundamental and dominant miasms in the causation of Personality and Impulse control disorders • Estimate the nature of susceptible constitutions and relate to that with personality and impulse control disorders <u>Procedure/Skills:</u> • Perform psychiatric interview to Gather relevant information from patient, and from bystanders • Identify and Record relevant observations • Trace the pre-morbid and morbid state. • Trace the developmental history effectively along with psychodynamics of the case • Conduct General medical examination, • Conduct Mental status examination • Perform and interpret appropriate investigation • Use ICD11, DSM V for diagnosis • Construct the disease classification as per Hahnemann and various stalwarts' guidelines. • Sketch the General management/Supportive therapy care • Construct the totality of symptoms as per Principles of Organon of medicine. • Select appropriate repertory and perform repertorial analysis • Select appropriate similimum with due reference to Materia medica. • Explain the patient/care takers regarding plan of treatment. <u>Reflection:</u> • Scope and limitation of homoeopathy for Personality and Impulse control disorders • Publish and case report or case series demonstrating the effectiveness of homoeopathy in management of these disorders
Learning Methods	• Peer based learning methods : Problem-based, ward rounds, out-patient based, case based • Individual based learning methods : self-regulated learning, spaced repetition, deliberate practice, formative self-assessment
Assessment:	• Continuous / Programmatic assessment : Assignments, MCQ • Practical exam – short case, long case, objective structured oral examination, OSCE

	• Written Examinations: Problem Based Learning assessment: LAQ SAQ • Checklist, Rating scales, DOPS
Prescribed Texts:	Refer to list attached
Domains of Competencies	Knowledge & Scholarship / Patient Care / Homoeopathic Orientation / Practice Based Learning

Topic name: HOM- PG – PS – 14 Scope and limitation of homoeopathy in Sexuality, Sexual dysfunction and Gender identity disorders

Topic Overview:	This topic will provide students of MD Homoeopathic Psychiatry to review Scope and limitation of homoeopathy in Sexuality, Sexual dysfunction (Hypoactive sexual desire, Sexual arousal disorders, Erectile dysfunction, Orgasm disorders, Sexual pain disorders, Premature ejaculation etc) and gender identity disorders (Gender dysphoria)
Learning Outcomes:	Competency : HOM-PG – PS – 14 -1 Review Scope and limitation of homoeopathy in Sexuality, Sexual dysfunctions and Gender identity disorders <u>Cognitive/Knowledge:</u> • Recall and describe the normal sexuality and its development over the course of time • Describe various psychosexual factors like sexual identity, gender identity and sexual orientation • Describe the types of sexual dysfunctions of each genders • Describe Gender dysphoria with its clinical features • Describe the Bio-psycho-social factors which underlie the sexual dysfunctions and gender identity disorders • Illustrate the integration of the fundamental and dominant miasms in the causation of Sexual dysfunction and gender identity disorders • Apply the concept of susceptible constitutions and relate to the determinants of Sexual dysfunction and gender identity disorder cases <u>Procedure/Skills:</u> • Conduct psychiatric interview to gather relevant information from patient, and from bystanders • Demonstrate the elaborative and effective sex history evaluation • Identify and record relevant observations

	• Trace pre-morbid and morbid state. • Trace the developmental history effectively along with psychodynamics of the case • Conduct General medical examination, • Conduct Mental status examination • Select ICD11, DSM V for diagnosing • Perform and interpret appropriate investigation • Classify the diseases as per Hahnemann and various stalwarts' guidelines. • Sketch the General management/Supportive therapy care • Construct the totality of symptoms as per Principles of Organon of medicine. • Select appropriate repertory and perform repertorial analysis • Select appropriate similimum with due reference to Materiamedica. • Explain the patient/care takers regarding plan of treatment. <u>Reflection:</u> • Scope and limitation of homoeopathy for Sexual dysfunction and Gender identity disorders • Publish and case report or case series demonstrating the effectiveness of homoeopathy in management of these disorders
Learning Methods	• Peer based learning methods : Problem-based, ward rounds, out-patient based • Individual based learning methods : self-regulated learning, spaced repetition, deliberate practice, formative self-assessment
Assessment:	• Continuous / Programmatic assessment :Assignments, MCQ • Practical exam – short case, long case, objective structured oral examination, OSCE • Written Examinations: Problem Based Learning assessment: LAQ SAQ • Check list, Rating scales, Viva voce
Prescribed Texts:	Refer to list attached
Domains of Competencies	Knowledge & Scholarship / Patient Care / Homoeopathic Orientation / Practice Based Learning

Topic name: HOM - PG – PS – 15 Homoeopathy in Eating and Sleeping disorders

Topic Overview:	This topic will provide students of MD Homoeopathic Psychiatry to review Scope and limitation of homoeopathy in Eating and Sleeping disorders

Learning Outcomes:	Competency : HOM-PG – PS – 15 -1
	Review Scope and limitation of homoeopathy for Eating and Sleeping disorders
	<u>Cognitive/Knowledge:</u> • Describe Eating and Sleeping disorders with their types and clinical features • Describe various etiological factors from Bio-Psycho-Social perspective responsible for genesis of these disorders • State the use of various scales for assessment and management of these disorders • Illustrate the integration of the fundamental and dominant miasms with the causation of these disorders • Apply the concept of susceptible constitutions and relate to the determinants of these disorders
	<u>Procedure/Skills:</u> • Conduct the psychiatric interview and gather relevant information from patient, and from bystanders • Identify and record relevant observations • Trace pre-morbid and morbid state. • Trace the developmental history effectively along with psychodynamics of the case • Conduct General medical examination, • Conduct Mental status examination • Use ICD11, DSMV for diagnosis • Classify the diseases as per Hahnemann and various stalwarts' guidelines. • Sketch General management/Supportive therapy care • Construct the totality of symptoms as per Principles of Organon of medicine. • Select appropriate repertory and perform repertorial analysis • Select appropriate similimum with due reference to Materiamedica. • Explain the patient/care takers regarding plan of treatment.
	<u>Reflection:</u> • Scope and limitation of homoeopathy for Eating and Sleeping disorders • Publish and case report or case series demonstrating the effectiveness of homoeopathy in management of these disorders
Learning Methods	• Peer based learning methods : Problem-based, ward rounds, out-

	patient based Individual based learning methods : self-regulated learning, spaced repetition, deliberate practice, formative self-assessment
Assessment:	- Continuous / Programmatic assessment :Assignments, MCQ - Practical exam – short case, long case, objective structured oral examination, OSCE - Written Examinations: Problem Based Learning assessment: LAQ SAQ - Checklist, Rating scales, OSCE
Prescribed Texts:	Refer to list attached
Domains of Competencies	Knowledge & Scholarship / Patient Care / Homoeopathic Orientation / Practice Based Learning

Part II (Paper 2):

Topic name: HOM - PG – PS – 16 Homoeopathy in Psychosomatic Disorders

Topic Overview:	This topic will provide students of MD Homoeopathic Psychiatry to review and explore scope of homoeopathic in Psychosomatic Disorders - Somatic symptom disorder affecting different systems (Functional GIT, palliative condition like Cancer) - Illness anxiety disorder - Functional neurological symptom disorders
Learning Outcomes:	Competency: HOM-PG – PS – 16 -1 Review and explore scope of homoeopathic psychiatry in Psychosomatic disorders <u>Cognitive/Knowledge:</u> - Recall and discuss the concept of Psychosomatic medicine and psychosomatic disorders - Recall and describe various types of psychosomatic disorders and differentiate their clinical features - Discuss various trends in understand and evaluating the cases of psychosomatic disorders - Describe the Bio-Psycho-Social concept of etiopathogenesis of Psychosomatic disorders and integrate it with the concept of causation as per Homoeopathic philosophy - Describe the general guidelines of managing these conditions and co-relate with the Hahnemannian guidelines of management <u>Procedure/Skills:</u> - Conduct psychiatric interview to gather relevant information from patient, and from bystanders

	▪ Identify and Record relevant observations ▪ Trace the pre-morbid and morbid state. ▪ Trace the developmental history effectively along with psychodynamics of the case ▪ Perform and interpret appropriate investigation for differentiating between medical condition and the psychosomatic disorders ▪ Perform General medical examination ▪ Conduct Mental status examination ▪ Select ICD11, DSMV for diagnosis ▪ Classify the diseases as per Hahnemann and various stalwarts' guidelines. ▪ Give General management/Supportive therapy care, like palliative care in conditions like cancer ▪ Arrive at the totality of symptoms as per Principles of Organon of medicine. ▪ Select appropriate repertory and perform repertorial analysis ▪ Select appropriate similimum with due reference to Materiamedica. Explain the patient/care takers regarding plan of treatment. <u>Reflection:</u> Explore scope of homoeopathic psychiatry in cases of Psychosomatic Disorders

Topic name: HOM-PG – PS – 17 Homoeopathy in Geriatric psychiatry including illness involving cognitive decline

Topic Overview:	This topic will provide students of MD Homoeopathic Psychiatry understanding and application of Homoeopathy in Geriatric psychiatry (Delirium, Depressive disorders, Late life depression, psychosis) and illness involving cognitive decline (Neurocognitive disorders- Major or Minor, illness related)
Learning Outcomes:	Competency: HOM-PG – PS – 17 -1 Review and explore scope and limit of homoeopathic psychiatry in Geriatric psychiatry and cognitive decline. <u>Cognitive/Knowledge:</u> ▪ Describe the age and aging along with bio-psycho-social changes ▪ Describe and explain the old age development according to various psychologists viz. Freud, Erickson etc. ▪ Illustrate and explain the neuropsychological evaluation in cases of geriatric cases ▪ Compare and illustrate a sound understanding of the Bio-Psycho-Social concept of etiopathogenesis in Geriatric psychiatric cases

	and integrate it with the concept of causation as per Homoeopathic philosophy <u>Procedure/skills:</u> ▪ Select to secure the causality for themselves, for patients, for nursing staff etc. ▪ Trace the relevant information from patient, and from bystanders ▪ Identify and record relevant observations ▪ Trace the pre-morbid and morbid state. ▪ Trace the developmental history effectively along with psychodynamics of the cases ▪ Perform General medical examination, ▪ Conduct Mental status examination ▪ Conduct neuropsychiatric mental status examination or MMSE ▪ Select ICD11, DSM V for diagnosis ▪ Assess the need for any of the active investigations like EEG, CT, MRI etc. ▪ Construct the disease classification as per Hahnemann and various stalwarts' guidelines. ▪ Sketch the general management/Supportive therapy care ▪ Construct the totality of symptoms as per Principles of Organon of medicine. ▪ Select appropriate repertory and perform repertorial analysis ▪ Select appropriate similimum with due reference to Materia medica. ▪ Explain the patient/care takers regarding plan of treatment. <u>Reflection:</u> ▪ Explore scope and limit of homoeopathy in Geriatric Psychiatry and cases with cognitive disorders ▪ Formulate a paper on the role of homoeopathy in emergency psychiatry conditions
Learning Methods	• Peer based learning methods : Problem-based, ward rounds, out-patient based • Individual based learning methods : self-regulated learning, spaced repetition, deliberate practice, formative self-assessment
Assessment:	• Continuous / Programmatic assessment :Assignments, MCQ • Practical exam – short case, long case, objective structured oral examination, OSCE • Written Examinations: Problem Based Learning assessment: LAQ SAQ • Checklist, Rating scales, OSCE
Prescribed Texts:	Refer to list attached
Domain	Knowledge & Scholarship / Patient Care / Homoeopathic Orientation /

competencies	Practice Based Learning

Topic name: HOM-PG – PS – 18 Homoeopathy in special situations: PTSD, Culture bound syndromes, adjustment disorder and factitious disorder and Liaison psychiatry

Topic Overview:	This topic will provide students of MD Homoeopathic Psychiatry an exposure to understand and experience the role and scope of Homeopathy in various special situations- PTSD Culture bound syndromes Adjustment disorders Factitious disorders Liaison psychiatry
Learning Outcomes:	Competency: HOM-PG – PS – 18 -1 Identify and diagnose cases of PTSD, Culture bound syndrome, Adjustment disorders and apply the understanding of Liaison psychiatry <u>Cognitive/Knowledge:</u> • Define above mentioned psychiatric conditions with their clinical features • Describe various Bio-Psycho-Social factors responsible for the development of these psychiatric conditions • Diagnose these conditions with use of various psychiatric classification systems • Describe and justify the relationship between medical and psychiatric disorders <u>Procedure/skill:</u> • Demonstrate the collection of relevant information from patient, and from bystanders • Identify and record relevant observations • Identify and record pre-morbid and morbid state. • Trace the developmental history effectively along with psychodynamics • Perform General medical examination, • Perform Mental status examination • Diagnose as per ICD11, DSMV • Perform and interpret appropriate investigation • Classify the diseases as per Hahnemann and various stalwarts' guidelines. • Demonstrate the relation between medical condition with that of psychiatric aspects and guide the general management/Supportive therapy care • Construct the totality of symptoms as per Principles of Organon

	of medicine. • Select appropriate repertory and perform repertorial analysis • Select appropriate similimum with due reference to Materia medica. • Explain the patient/care takers regarding plan of treatment. <u>Reflection:</u> • Scope and limitation of homoeopathy for special situations and as an liaison psychiatry • Prepare and publish case report or case series from vast clinical experiences
Learning Methods	• Peer based learning methods : Problem-based, ward rounds, out-patient based • Individual based learning methods : self-regulated learning, spaced repetition, deliberate practice, formative self-assessment
Assessment:	• Continuous / Programmatic assessment (including Problem Based Learning assessment: 20% (weightage) • Practical exam - 100% • Written Examinations: 2 x 3 hour written papers. 80% • Checklist, Rating scales
Prescribed Texts:	Refer to list attached
Domains of Competencies	Knowledge & Scholarship / Patient Care / Homoeopathic Orientation / Practice Based Learning
Learning Outcomes:	Competency : HOM-PG – PS – 18 -2 Describe role and scope of homoeopathy in Liaison psychiatry <u>Cognitive/Knowledge:</u> • Define consultation liaison psychiatry • Describe various clinical conditions which call for the need of consultation liaison psychiatry • Describe role of consultation liaison psychiatry in special situations • Describe the role of homoeopathic psychiatrist as an active in field of consultation psychiatry <u>Procedure/skill:</u> • Demonstrate the method of consulting across multiple specialties needing the assistance of a homoeopathic psychiatrist • Demonstrate the method of evolving a relationship with patients/relatives across the wide spectrum of clinical conditions needing the intervention of homoeopathic psychiatrist • Demonstrate the method of assessing the mental health needs of patients across the spectrum needing the assistance of

	homoeopathic psychiatrist • Demonstrate the method of advising effective and meaningful intervention in referred patients and the follow up • Demonstrate the method of advising the consultants of other specialties who have sought assistance for their patients. <u>Reflection:</u> • Scope and limitation of homoeopathy for special situations and as an liaison psychiatry • Prepare and publish case report or case series from vast clinical experiences
Learning Methods	• Peer based learning methods : Problem-based, ward rounds, out-patient based, case based • Individual based learning methods : self-regulated learning, spaced repetition, deliberate practice, formative self-assessment
Assessment:	• Continuous / Programmatic assessment :Assignments, MCQ • Practical exam – short case, long case, objective structured oral examination, OSCE • Written Examinations: Problem Based Learning assessment: LAQ SAQ • Checklist, Rating scales
Prescribed Texts:	Refer to list attached
Domains of Competencies	Knowledge & Scholarship / Patient Care / Homoeopathic Orientation / Practice Based Learning

Topic name: HOM-PG – PS – 19 Homoeopathy in Child Psychiatry

Topic Overview:	This topic will provide students of MD Homoeopathic Psychiatry an exposure to understand and experience the role and scope of Homeopathy in child psychiatry – Intellectual Disability, Learning Disability, Communication disorders, PDD, ADD, Conduct, Elimination disorder, School mental health, Anxiety, Motor disorder, Mood and Psychotic disorders
Learning Outcomes:	Competency: HOM-PG – PS – 19 -1 <u>Cognitive/Knowledge:</u> • Describe the developmental disorders of speech and language • Describe specific developmental disorders of scholastic skills • Describe Pervasive developmental disorders and its clinical features • Describe and discuss anxiety, mood and psychotic disorders in

	children - Describe the conduct disorders and its clinical features - Plan and organize school mental health activities to identify and address child psychiatric conditions <u>Procedure/Skills:</u> - Demonstrate the collection of relevant information from children, care takers or teachers - Identify and record relevant observations - Identify and record pre-morbid and morbid state. - Trace the developmental history effectively - Perform General medical examination, - Perform Mental status examination - Diagnose as per ICD11, DSM V - Perform and interpret appropriate investigation, Tests etc. - Classify the diseases as per Hahnemann and various stalwarts' guidelines. - Construct the totality of symptoms as per Principles of Organon of medicine. - Select appropriate repertory and perform repertorial analysis - Select appropriate similimum with due reference to Materia medica. - Explain the patient/care takers regarding plan of treatment <u>Reflection:</u> Scope of Homoeopathy in childhood disorder. Write and publish articles on various case experiences
Learning Methods	- Peer based learning methods : Problem-based, ward rounds, out-patient based, case based - Individual based learning methods : self-regulated learning, spaced repetition, deliberate practice, formative self-assessment
Assessment:	- Continuous / Programmatic assessment : Assignments, MCQ - Practical exam – short case, long case, objective structured oral examination, OSCE - Written Examinations: Problem Based Learning assessment: LAQ SAQ - Checklist, Rating scales, DOPS
Prescribed Texts:	Refer to list attached
Domains of Competencies	Knowledge & Scholarship / Patient Care / Homoeopathic Orientation / Practice Based Learning

Topic name: HOM-PG – PS – 20 Preventive aspects of Mental Disorders, Psychotherapies, Psychopharmacological treatment, Rehabilitative Psychiatry. Homoeopathy in comparison to other systems of medicine in the treatment of mental illness

Topic Overview:	This topic will provide students of MD Homoeopathic Psychiatry understanding and application of Homoeopathy for Preventing mental illnesses, Rehabilitation of psychiatric conditions and role of Psychotherapies in their management
Learning Outcomes:	Competency : HOM-PG – PS – 20 -1 Review Scope & limitations knowledge related to Psychotherapies and Psychopharmacological treatment. Homoeopathy in comparison to other systems of medicine in the treatment of mental illness <u>Cognitive/Knowledge:</u> - Plan and organize mental health promotion activities in various fields - Describe and justify the use of various psychotherapies in various psychiatric conditions - Describe and explain the role of various modern psychiatric drugs and their effects/side effects - Define and state the importance of aphorism 210 to 230 <u>Procedure/skills:</u> - Demonstrate the application of preventive aspect of psychiatry by conducting various awareness camps - Measure the effect of various psychotherapies on various psychiatric conditions - Measure the effect of various psychopharmacological drugs for planning the homoeopathic posology - Demonstrate the comparative effects of Homoeopathy with other system for management of mental illness <u>Reflection:</u> - Scope & limitations of Homoeopathy in comparison to other systems of medicine in Preventive and rehabilitative aspects of mental illnesses
Learning Methods	- Peer based learning methods : Problem-based, Community postings - Individual based learning methods : self-regulated learning, spaced repetition, deliberate practice, formative self-assessment, Port-folio based
Assessment:	- Continuous / Programmatic assessment : Assignments, MCQ - Practical exam – short case, long case, objective structured

	oral examination, OSCE • Written Examinations: Problem Based Learning assessment: LAQ SAQ • Check list, Rating scales
Prescribed Texts:	Refer to list attached
Domains of Competencies	Knowledge & Scholarship / Patient Care / Homoeopathic Orientation / Practice Based Learning

Topic name: HOM-PG – PS – 21 Homoeopathy in Community psychiatry and National mental health programmes

Topic Overview:	This topic will provide students of MD Homoeopathic Psychiatry understanding and application of Homoeopathy in community care and their role in various National mental health programmes
Learning Outcomes:	Competency : HOM-PG – PS – 21 -1 Cognitive/Knowledge: • Describe various mental health promotional activities in community care • Describe national mental health and its various policies • Plan and organize community activities as per need under guidelines of National mental health programmes <u>Procedure/Skills:</u> • Demonstrate the active role in planning and conducting mental health related activities in community • Measure various clinical conditions prevalence in community and use of various scales <u>Reflection:</u> Scope of Homoeopathy in community psychiatry and role in National mental health programmes
Learning Methods	• Peer based learning methods : Problem-based, Community postings • Individual based learning methods : self-regulated learning, spaced repetition, deliberate practice, formative self-assessment
Assessment:	• Continuous / Programmatic assessment :Assignments, MCQ • Practical exam – short case, long case, objective structured oral examination, OSCE • Written Examinations: Problem Based Learning assessment: LAQ SAQ • Checklist,Rating scales,OSCE

Prescribed Texts:	Refer to list attached
Domains of Competencies	Knowledge & Scholarship / Patient Care / Homoeopathic Orientation / Practice Based Learning

Topic name: HOM- PG – PS – 22 Forensic Psychiatry, Mental Health Act 2017 and ethics of psychiatry treatment

Topic Overview:	This topic will provide MD Homoeopathy Psychiatry students the knowledge related to forensic psychiatry and various ethics required in practice of psychiatry practices
Learning Outcomes:	Competency : HOM-PG – PS – 22 -1 <u>Cognitive/Knowledge:</u> - Describe forensic psychiatry and its role for homoeopaths - Describe mental health care act 2017 and various striking features - Describe various ethics in psychiatric practices <u>Procedure/Skills:</u> - Demonstrate the application of above knowledge in handling and management of psychiatric cases in various health care set ups <u>Reflection:</u> Scope of forensic psychiatry and ethics in psychiatry for Homoeopathic psychiatrists
Learning Methods	- Peer based learning methods : Problem-based, Library bases, e-learning - Individual based learning methods : self-regulated learning, spaced repetition, deliberate practice, formative self-assessment
Assessment:	- Continuous / Programmatic assessment :Assignments, MCQ - Practical exam – short case, long case, objective structured oral examination, OSCE - Written Examinations: Problem Based Learning assessment: LAQ SAQ - Checklist, Rating scales
Prescribed Texts:	Refer to list attached
Domains of Competencies	Knowledge & Scholarship / Patient Care / Homoeopathic Orientation / Practice Based Learning

VII. Assessment

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

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

Subjects	Theory		Practical or Clinical Examination, including Viva	
	Maximum Marks	Pass Marks	Maximum Marks	Pass Marks
i. Fundamentals of Psychiatry	100	50	200* (160 + 40) (Summative Assessment 160 Marks) (Internal Assessment 40 Marks)	100* (80 + 20) (Summative Assessment 80 Marks) (Internal Assessment 20 Marks)
ii. Fundamentals of Homoeopathy in Psychiatry	100	50		
iii. Research Methodology and Biostatistics	100	50	-	-

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

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

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

Types of Questions with Marks

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

Part 2 – Paper 1. Topic Numbers

- HOM-PG – PS – 09: Homoeopathy in Common Mental Disorders
- HOM-PG – PS – 10: Homoeopathy in Major Psychiatric disorders
- HOM-PG –PS –11: Scope and limitation of Homoeopathy in Substance related disorders
- HOM- PG -PS- 12: Scope and limitation of Homoeopathy in Emergency Psychiatry and Acute Organic syndromes
- HOM-PG - PS -13: Scope and limitation of Homoeopathy in Personality disorders including disorders of Impulse control
- HOM-PG - PS -14: Scope and limitation of Homoeopathy in Sexuality, Sexual dysfunction and Gender identity disorders
- HOM-PG - PS -15: Homoeopathy in Eating and Sleeping disorders

Part 2 – Paper 2: Topic Numbers

- HOM- PG–PS– 16 Psychosomatic disorders
- HOM- PG – PS– 17: Homoeopathy in Geriatric Psychiatry including illnesses involving Cognitive decline
- HOM-PG --PS --18: Homoeopathy in Special situations: PTSD, Culture bound syndromes, Adjustment disorder and Factitious disorder and Liaison Psychiatry
- HOM-PG -- PS -- 19: Child Psychiatry
- HOM-PG--PS--20: Preventive aspects of Mental Disorders, Psychotherapies, Psychopharmacological treatments, Rehabilitative Psychiatry. Homoeopathy in comparison to other systems of medicine in the treatment of mental illness
- HOM-PG – PS– 21: Homoeopathy in Community Psychiatry and National Mental Health Programmes
- HOM-PG – PS – 22: Forensic Psychiatry, Mental Health Act 2017 and Ethics of Psychiatric treatments

VII (2b). Question Paper Layout

Paper 1

Q. No.	Type of Question	Content	Marks
1	Problem Based	Problem Based Question HOM-PG-PS- 9 OR 10 OR 11(Substance related disorder) OR 12 (Acute Organic Syndromes) OR (Personality disorder) OR 15 (Sleeping disorder)	20
2	LAQ	HOM-PG-PS – 12 (Emergency Psychiatry) OR 11 (Substance related disorder)	10
3	LAQ	HOM-PG-PS – 13 (Disorder of Impulse control) OR 10	10
4	LAQ	HOM-PG-PS – 14	10
5	LAQ	HOM-PG-PS – 15 (Eating disorder) OR 13 (Personality disorder) OR 9 (Common mental disorder)	10
6	SAQ	HOM-PG-PS – 09	5
7	SAQ	HOM-PG-PS – 10	5
8	SAQ	HOM-PG-PS – 11	5
9	SAQ	HOM-PG-PS – 12 (Acute Organic Syndrome)	5
10	SAQ	HOM-PG-PS – 13 (Personality disorder)	5
11	SAQ	HOM-PG-PS – 15 (Sleeping disorder)	5
12	SAQ	HOM-PG-PS – 14 (Sexuality and sexual dysfunction)	5
13	SAQ	HOM-PG-PS – 12 (Emergency Psychiatry)	5

Paper 2

Q. No.	Type of Question	Content	Marks
1	Application Based	Case Based Question HOM-PG-PS- 16 OR 19 OR 20 OR 21 OR 22	20
2	LAQ	HOM-PG-PS – 18 OR 22 (Ethics of Psychiatric treatments)	10
3	LAQ	HOM-PG-PS – 16 OR 22 (Forensic Psychiatry)	10
4	LAQ	HOM-PG-PS – 19 OR 17	10
5	LAQ	HOM-PG-PS – 20 OR 21	10
6	SAQ	HOM-PG-PS – 22	5
7	SAQ	HOM-PG-PS – 18 (Culture based Syndromes, Adjustment disorder)	5
8	SAQ	HOM-PG-PS – 16	5
9	SAQ	HOM-PG-PS – 17	5
10	SAQ	HOM-PG-PS – 18	5
11	SAQ	HOM-PG-PS – 19	5
12	SAQ	HOM-PG-PS – 20	5
13	SAQ	HOM-PG-PS – 21	5

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

VII (3a). Clinical examination.

Clinical		
1	Internal Assessment	20 Marks
2	One Long Case	50 Marks
3	One Short case	20 Marks
4	Logbook	05 Marks
5	Micro Teaching	05 Marks
Total		100 Marks

VII (3b). Viva Voce.

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

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

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Part I Paper 2

I. Title of the Speciality Course, and its abbreviation

MD (Homoeopathy) Fundamentals of Homoeopathy in Homoeopathic Psychiatry

II. Brief description of speciality and its relevance in homoeopathy post-graduate course.

Homeopath as termed by Dr. Samuel Hahnemann in Aphorism 4 is a “Preserver of Health” who works for the mission of restoring the sick to health, to cure as in Aphorism 1. For a Homeopathic psychiatrist to achieve this shall require the knowledge of Psychology integrated with the fundamentals of Homeopathy. The mental level of being is the most crucial for the individual’s existence and maintains within itself a hierarchy very useful for understanding the normal functioning of the mind and its deviation. Therefore, understanding and applying the key concepts of Health, Man, Disposition, Predisposition, Diathesis, Homoeopathic causation, Disease, guidelines of management needs to be applied in psychiatry. Hahnemann in the Organon and other masters have laid down the foundation of these concepts and guidelines for practice along with exploring repertorial references and laying down the approach to the study of HMM. Training for prevention, promotion and rehabilitation needs to be mastered from a homoeopathic practice perspective.

Study of the Fundamentals of Homeopathy should thus allow the Homoeopathic psychiatry postgraduate students to utilize the above-mentioned knowledge in preventive, promotive, curative, and rehabilitative care in psychiatry and apply the operational understanding of Repertory and MateriaMedica in clinical practice. That would allow him to render a mild and gentle cure with the complete removal of obstacles to cure.

III . Courses and Course Objectives.

Course outcome

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

1. Display how Aphorisms 1-6 of the ‘Organon of Medicine’ provide a comprehensive base for a Homoeopathic psychiatrist to understand the evolution of mind.
2. Apply knowledge of Organon & Homoeopathic Philosophy, repertory and HMM in case taking and Psychiatric Evaluation
3. Identify the conceptual basis of the travel of the patient from Health to Disease in the light of Bio-psycho-socio-spiritual factors and its application to the practice of Homoeopathic Psychiatry
4. Apply knowledge of homoeopathic principles in the preservation of mental health and to prepare for the management of mental illness
5. Illustrate evidence-based case approach in Homoeopathic psychiatry

6. Display case-taking skills for knowing illness and person through the inter-relationship between Man and environment determining the fundamental, exciting and maintaining causes and their application in preventive, promotive and curative measures.
7. Demonstrate the documentation of the case in standardized format as per guidelines stated in Organon of Medicine
8. Classify psychiatric symptomatology and identify common and characteristics symptoms and its significance in management.
9. Explain the role of qualitative and quantitative susceptibility in mental diseases
10. Illustrate the assessment of susceptibility in acute and chronic psychiatric cases.
11. Derive the influence of miasmatic forces in affecting disease expressions, disease course and outcome in psychiatric cases.
12. Demonstrate the method of processing of the case utilizing appropriate homoeopathic principles to arrive at Hahnemannian totality.
13. Identify the acute, phase, chronic and Intercurrent totalities in a given case
14. Perform Repertorial Analysis, Remedy Selection and deciding the guidelines of case management in homoeopathic psychiatry
15. Validate the correspondence using source books and commentaries of MateriaMedica drug pictures.
16. Comply with the principles of Homoeopathic management and use of medicinal forces appropriately with respect to time of administration, potency and repetition.
17. Plan the use of ancillary measures, diet and patient education, etc. useful to restore the patient to health.

Course contents:

Part 1 Paper 2: Fundamentals of Homoeopathy in Psychiatry (HOM-PG-FHPS)

(I) Hom-PG-FHPS-01

- 1. Hahnemannian concept of Man, Vital Force, Health and Disease applied to the study of Mind and mental disorders**
 - A. Health, disease, causation, vital force and their role in mental health and disease
 - B. Evolution of disease: predisposition-disposition-diathesis-disease as reflected in development of mental illnesses
 - C. Mission and knowledges of the physician especially at the level of function & structure of Mind – state of balance & imbalance
 - D. Hahnemannian concept of man and its further extension by Kent, Boenninghausen and Boger – relative importance given by them to mind, mental expressions and mental state in totalities.
 - E. Philosophical basis, construction. arrangement of the original repertories (Kent, TPB, BBCR) representation of above concepts in Chapter Mind of the repertories
 - F. Science and philosophy of HMM, its utility in study of Mind
 - G. Psychological MM

(II) Hom-PG-FHPS-02

2. Concept of Dynamism, Recovery and Cure and Obstacles to Cure in Mental illnesses

- A. Concept of vital force in maintaining health and in genesis of mental disease
- B. Concepts of homoeopathic causation (Fundamental, Exciting and Maintaining causes) in genesis of mental disease.
- C. Concepts of recovery and cure and the essential difference between the two with respect to mental illness.
- D. Concept of idiosyncratic and pseudo chronic diseases as applicable to mental illnesses.
- E. Knowledge of various factors - mental and physical - which derange health and act as obstacles to cure and how to remove them to ensure cure.
- F. Role of miasm in causing and maintaining mental disease and addressing the same to ensure cure. (Further elaborated in theme 7)
- G. Understanding the above concepts, its representation and utility in study of Mind in evolutionary manner from HMM and its representation in different standard Repertories

(III) Hom-PG-FHPS -03

3. Concept of Artificial Disease and Portrait of Disease

- A. Knowledges of physician
- B. Drug proving
- C. Process of recording and system of recording mental diseases (sudden explosion of latent psora, Psycho – somatic, somato-psychic, mental illness due to prolonged emotional causes)
- D. Creating portraits of mental disease and learning the art of matching
- E. Art of creating portrait of polychrest remedies through analysis, evaluation and construction at Mental and Physical level
- F. Creating portrait of the disease through repertorial study of specific remedy

(IV) Hom-PG-FHPS-04

4. Concept of Unprejudiced observation and Case taking in psychiatric illnesses

- A. Studying the guidelines given by Hahnemann for psychiatric case taking and evolve a standardised case record for homoeopathic practice related to psychiatry.
- B. Demonstrating the concept of unprejudiced observer in case taking, bed side examination, Mental status examination, demonstration analysis of Doctor- patient therapeutic interview based on homoeopathic principles
- C. Utilising the concept of unprejudiced observer in perceiving the psychiatric patient and constructing totality for correct prescribing. (ORG)
- D. Understanding the concept of man as per Kent, Boger and Boenninghausen and its influence on their writing of repertory and HMM

(V) Hom-PG-FHPS-05

5. Concept of Symptomatology as applied to mental illnesses

- A. Symptomatology and value of a symptom from the standpoint of Homoeopathic Practice in psychiatry
- B. Concept of individualisation and Generalisation given by Kent and Boenninghausen and essential difference between the two.
- C. Concept of individualization and generalisation in the construction of Repertory (Kent, Boenninghausen and Boger especially chapter Mind and psycho-somatic representation in Repertory.
- D. Understanding the concept of classification and its utility in study of HMM
- E. Understanding the concept of generalisation vs individualization, and its utility in generalising the individual drugs symptoms in to group symptoms and deriving group characteristics)
- F. Studying Mind from MateriaMedica with the help of concept of generalisation.
 - a. A list of group of remedies is demonstrative to understand the process rather than to learn all the groups in detail.

(VI) Hom-PG-FHPS-06

6. Concept of Susceptibility and Acute and Chronic Disease in Mental illnesses

- A. Various parameters in determining susceptibility in different types of mental diseases and its application in practicing clinical psychiatry.
- B. Application of the knowledge of Hahnemannian classification of mental disease and modern psychiatry in defining the scope and limitations by demonstrating its application in different types of cases.
- C. Understanding Repertories related to Mind and chapter of Mind from Other Repertories- (Kent, Boericke, Phatak, Boger, Boennighausen)

(VII) Hom-PG-FHPS-07

7. Concept of Suppression and Miasms as applied to mental illnesses

- A. Concept of suppression in homoeopathy and its types (surgical/non-surgical) in progression of psychiatric disease and its management through clinical cases.
- B. Concept of Miasm from Hahnemannian perspective and its further expansion by Allen, Kent and M L Dhawale and application to mental illnesses
- C. Use of Miasm in classifying and understanding the evolution of different remedies (HMM)
- D. Utilising the knowledge of indications of anti-miasmatic remedies as per list in mental illnesses
- E. Role of miasm as a fundamental cause and its influence in the expressions in psychiatric disease and remedies through the Miasms of Psora, Sycosis, Tubercular

and Syphilis.

- F. Rubrics of suppression from different repertories
- G. Rubrics of Mental Expressions of Miasm from different repertories and study of different related Miasmatic rubrics

(VIII) Hom-PG-FHPS-08

8. Concept of Totality with respect to mental illnesses

- A. Process of constructing acute, chronic and intercurrent totalities in mental illnesses.
- B. Mastering the concept of classification and evaluation of symptoms including mental symptoms
- C. Understanding the process of repertorial and non-repertorial approach and how to select one in patients with mental illness
- D. Selecting the suitable approach and constructing repertorial totality as per Kent, Boenninghausen and Boger with emphasis on psychiatric patients.
- E. Solving the case with the help of softwares like HOMPAT and RADAR.
- F. Understanding the non-repertorial approach namely structuralization, synthetic approach and key-note in psychiatric disorders.
- G. Differentiation of similar remedies in acute and chronic cases by reference to source books, commentators and clinical materia medica.
- H. Building up totalities of different remedies through source books and other commentators from the list.(HMM)

(IX) Hom-PG-FHPS-09

9. Concept of Similar and Similimum

- A. Understanding single, simple, minimum substance as similimum following from the Law of Similars.
- B. Learning the concept of concordances as evolved by Boenninghausen and its utility in Psychiatric practice.
- C. Finer differentiation of similar remedies by learning to refer to source books, commentaries and clinical materia medica.
- D. Understanding remedy relationships and its implications in psychiatric practice - complementary, inimical, antidotal, follows well, similar with examples.

(X) Hom-PG-FHPS-10

10. Concept of Therapeutic Management as applicable in psychiatric illnesses

- A. Practical application of Kent's 12 observations in the assessment of remedy response and in the second prescription in psychiatric disorders.
- B. Utility of knowledge of disease, knowledge of investigations, psychological tests and recent advances in the field of Psychiatry to assess comprehensive response to

homoeopathic remedies.

- C. Remedy relationship in determining these prescription.
- D. Patient & Family Psycho-education and orientation.
- E. Use of ancillary measures in acute and chronic diseases, namely diet, exercise, yoga, relaxation techniques, supplements for aiding recovery and preventing the progress of mental illnesses. .

V. Topic description

Table 01 Topic : Hom-PG-FHPS-01

Topic Overview	1. Hahnemannian Concept of man, vital force, Health and Disease as applied to the study of Mind and mental disorders
Learning Outcomes	Knowledge 1. Define Vital force, Health, Disease, Cure and Recovery with respect to mental illnesses as per homoeopathic philosophy 2. Explain evolution of Mental disease in terms of predisposition-disposition-diathesis – stress diathesis model and Basic psychological processes. 3. Apply the concept of evolution of mental disease in psychiatry 4. Discuss Hahnemannian concept of man and importance to mind given by Boenninghausen, Kent and Boger in their concept of Man 5. Define Mental health as per by WHO 6. Discuss mission of the physician 7. Summarize the Knowledge of Physician relevant in maintaining mental health in individual and community 8. Summarize the science and philosophy of HMM and its utility in study of Mind 9. Discuss relevance of psychological HMM Skills 1. Demonstrate the relevance of psychological HMM in understanding harmony and disharmony of vital force with respect health and disease respectively 2. Perform psychiatric case taking to elicit disease evolution following disease chronology Reflection 1. Relate the mission of the physician in homeopathic psychiatry 2. Reason out the utility of psychological HMM to understand mental health and its deviations
Learning	• Peer based learning methods : Problem-based, ward rounds, out-patient based

Methods	Individual based learning methods : Self-regulated learning, spaced repetition, deliberate practice, formative self-assessment
Assessments	- Continuous / Programmatic assessment :Assignments, MCQ - Practical exam – short case - Written Examinations: Problem Based Learning assessment: LAQ SAQ - Checklist, Rating scales,Rubric
Prescribed texts	Refer to list attached
Domains of competencies	KS, PC, HO, CS, PBL

Table 02 Topic : Hom-PG-FHPS-02

Topic Overview	Concept of Dynamism, Recovery, cure and obstacle to cure in Mental Illnesses
Learning Outcomes	Knowledge 1. Discuss the role of vital force in maintaining mental health 2. Discuss the role of vital force in genesis of mental disease 3. Differentiate cure and recovery in Mental diseases 4. Explain evolution of Mental illness from phases of diathesis to functional and structural, reversible to irreversible phases of disease as per neurophysiological & neuroanatomical basis 5. Summarize Classification of Mental disease given by Dr.Hahnemann. 6. Explain idiosyncratic & pseudo chronic disease as applicable in mental illnesses 7. List various Bio-Psycho- Social factors which derange Mental health and also act as obstacle to cure and explain how to remove these factors to achieve cure 8. Infer role of miasms as a causative and maintaining factor in mental disease 9. Apply the knowledge of Miasm as causation to attain cure 10. Discuss role of causation in study of Homoeopathic MM and repertory with respect to Mental diseases Skills 1. Demonstrate the utility of Bio- Psycho-social & Homoeopathic causation in management of the psychiatric cases 2. Demonstrate the application of repertory and HMM from causative perspective in community for mental illnesses Reflection 1. Relating the vital force concept with mental health and disease 2. Reason out the web of causation (BPS- Homoeopathic Causation) in mental illnesses

	3. Relate with chronic mental disease and miasm 4. Report the utility of causations in practice of homoeopathic psychiatry
Learning Methods	• Peer based learning methods : Problem-based, ward rounds, out-patient based • Individual based learning methods : Self-regulated learning, spaced repetition, deliberate practice, formative self-assessment
Assessments	• Continuous / Programmatic assessment :Assignments, MCQ • Practical exam – short case, objective,structured oral examination, OSCE • Written Examinations: Problem Based Learning assessment: LAQ SAQ • Checklist, Rating scales, Rubric
Prescribed texts	Refer to list attached
Domains of competencies	KS, PC, HO, CS, PBL

Table 03 Topic : Hom-PG-FHPS-03

Topic Overview	Concept of artificial and natural diseases
Learning Outcomes	Knowledge 1. Discuss the knowledge of physician related to psychiatric symptomatology for formulating the portrait of disease 2. Display the system and process of recording artificial and natural disease in mental diseases Skills 1. Participate in drug proving 2. Construct & match the portrait of artificial and natural disease 3. Classify the data from artificial and natural disease through analysis and evaluation 4. Construct the portrait of disease through study of relevant rubrics in repertory Reflection 1. Relate the knowledge of physician to the psychiatric symptomatology in clinical cases 2. Respond to the need of portrait of disease in psychiatry cases 3. Reconstruct rubrics in to portrait of mental illnesses
Learning Methods	• Peer based learning methods : Problem-based • Individual based learning methods : self-regulated learning, spaced repetition, deliberate practice, formative self-assessment
Assessments	• Continuous / Programmatic assessment :Assignments,MCQ

	• Practical exam – short case, long case, structured oral examination, OSCE • Written Examinations: Problem Based Learning assessment: LAQ SAQ • Checklist, Rating scales, Rubric
Prescribed texts	Refer to list attached
Domains of competencies	KS, PC, HO, CS, PBL

Table 04 Topic : Hom-PG-FHPS-04

Topic Overview	Concept of unprejudiced observation and case taking in psychiatric illnesses
Learning Outcomes	Knowledge 1. Discuss the guidelines given by Hahnemann for psychiatric case taking 2. Describe techniques of psychiatric case taking 3. Discuss the concept of unprejudiced observation in psychiatric cases 4. Describe the process of evolution of unprejudiced observation through physician patient interaction based on transference – countertransference in therapeutic setting. 5. Summarize the concept of man and relative importance of mind as per Kent, Boger and Boenninghausen and its influence on their repertory and HMM Skills 1. Display the skill of perceiving the patient and identify the ones blocks /prejudices 2. Construct g totality through unprejudiced observation in psychiatric cases Reflection 3. Relate the role of prejudices in perceiving and constructing totality 4. Contextualizing the knowledge of case taking and unprejudiced observation to construction of totality
Learning Methods	• Peer based learning methods : Problem-based, ward rounds, out-patient based, case received • Individual based learning methods : self-regulated learning, deliberate practice, formative self-assessment
Assessments	• Continuous / Programmatic assessment : Assignments, MCQ • Practical exam – short case, long case, objective structured oral examination, OSCE • Written Examinations: Problem Based Learning assessment: LAQ SAQ

	• Checklist, Rating scales
Prescribed texts	Refer to list attached
Domains of competencies	KS, PC, HO, CS, PBL

Table 05 Topic : Hom-PG-FHPS-05

Topic Overview	Concept of Symptomatology as applied to mental illnesses
Learning Outcomes	Knowledge 1. Explain Homoeopathic symptomatology and psychiatric symptomatology 2. Illustrate the value of symptom through classification and evaluation with its application in HMM and psychiatric cases 3. Differentiate the Kent and Boenninghausen concept of individualization and generalization in psychiatric cases 4. Discuss the concept of individualization and generalization in construction of Kent, TPB, BBCR and BSK repertory with respect to mind and psycho- somatic illnesses 5. Sketch the HMM portrait through symptomatology, individualization and generalization (demonstrative list) Skills 1. Construct the totality by using concept of generalization and individualization in psychiatric cases 2. Construct the totality of the group symptoms through generalization (some reflective group study) Reflection 1. Relate the application of group study to psychiatric clinical practice 2. Reason out the process of generalization and individualization in totality formation in psychiatric cases 3. Contextualize the value of symptom in matching HMM and referring repertory in psychiatric cases
Learning Methods	• Peer based learning methods : Problem-based, ward rounds, out-patient based • Individual based learning methods : Self-regulated learning, deliberate practice, formative self-assessment
Assessments	Refer to list attached
Prescribed	• Continuous / Programmatic assessment : Assignments, MCQ

texts	• Practical exam – short case, long case, objective structured oral examination, OSCE • Written Examinations: Problem Based Learning assessment: LAQ SAQ • Checklist, Rating scales
Domains of competencies	KS, PC, HO, CS, PBL

Table 06 Topic : Hom-PG-FHPS-06

Topic Overview	Concept susceptibility, acute and chronic disease in mental illnesses
Learning Outcomes	Knowledge 1. Explain the various parameter in determining the susceptibility in acute, chronic, intermittent, periodic / episodic illnesses in psychiatry. 2. Describe the scope and limitation of homoeopathy through knowledge of susceptibility considering psycho-biological and social determinants for acute & chronic mental illness, 3. Summaries the construction of different repertories related to mind,chapter mind and psycho-somatic representations in various repertories based on psycho-bio-social determinants. 4. Application of the concept of susceptibility to homoeopathic psychiatry 5. Apply clinical MateriaMedica in psychiatry Skills 1. Apply concept of susceptibility t in clinical management of psychiatric cases and study of HMM 2. Perform differential materiamedica in psychiatricl cases Reflection 1. Report the utility of repertories for acute & chronic illness in psychiatry. 2. Relate the susceptibility to homoeopathic practice
Learning Methods	• Peer based learning methods : Problem-based • Individual based learning methods : Self-regulated learning, deliberate practice, formative self-assessment
Assessments	• Continuous / Programmatic assessment :Assignments, MCQ • Practical exam – short case, long case, objective structured oral examination, OSCE • Written Examinations: Problem Based Learning assessment: LAQ SAQ • Checklist, Rating scales
Prescribed texts	Refer to list attached
Domains of competencies	KS,PC,HO,CS,PBL

Table 07 Topic : Hom-PG-FHPS-07

Topic Overview	Concept of suppression and miasm as applied to mental illnesses
Learning Outcomes	Knowledge 1. Explain the suppression in homoeopathic psychiatric practice 2. Identify rubrics of suppression from standard repertories 3. Discuss the evolution of Mental disease resulting from suppression 4. Discuss on one sided mental illnesses 5. Describe evolution of miasm through chronic Mental disease 6. Explain Miasmatic theory from Hahnemannian writing and its further expansion by Kent, Allen and Dhawale 7. Apply knowledge of miasm in study of HMM and application to mental illnesses 8. Discuss indication of anti-miasmatic remedies in psychiatric cases, 9. Deriving the different rubrics from standard repertories representing different Miasm Skills 1. Conclude the suppression in clinical cases 2. Derive fundamental & dominant miasm in acute and chronic mental disease 3. Choose anti-miasmatic in clinical cases Reflection 1. Relate the evolution of mental disease with miasm 2. Reconstruct the miasmatic evolution from clinical cases 3. Contextualize the concept suppression
Learning Methods	• Peer based learning methods : Problem-based, ward rounds, out-patient based • Individual based learning methods : Self-regulated learning, formative self-assessment
Assessments	• Continuous / Programmatic assessment :Assignments, MCQ • Practical exam – short case, long case, objective structured oral examination, OSCE • Written Examinations: Problem Based Learning assessment: LAQ SAQ • Checklist, Rating scales,OSCE
Prescribed texts	Refer to list attached
Domains of competencies	KS, PC, HO, CS, PBL

Table 08 Topic : Hom-PG-FHPS-08

Topic Overview	Concept of Totality with respect to mental illnesses
Learning Outcomes	Knowledge 1. Apply classification and evaluation of psychiatric symptoms 2. Apply the concept of causation web in formulating totality 3. Discuss the repertorial and non-repertorial approach and their indication in psychiatric cases. 4. Justify the selection of repertorial and non-repertorial approach in a psychiatric case 5. Select suitable approach and construct totality based on need of clinical case. Skills 1. Construct acute, chronic and intercurrent totalities in mental illnesses 2. Construct repertorial totality in patients with mental illnesses 3. Solving the case with suitable software 4. Perform differentiation of remedies using different HMM viz source book, commentators, clinical Materia Medica and key notes in psychiatric disorders Reflection 1. Relate to clinical cases in psychiatry for construction of the totality 2. Reason out the bases for different approaches and references to repertory in psychiatric cases 3. Report the bases of differential HMM in psychiatric cases
Learning Methods	• Peer based learning methods : Problem-based • Individual based learning methods : Self-regulated learning, formative self-assessment
Assessments	• Continuous / Programmatic assessment : Assignments, MCQ • Practical exam – short case, long case, objective structured oral examination, OSCE • Written Examinations: Problem Based Learning assessment: LAQ, SAQ • Checklist, Rating scales, OSCE
Prescribed texts	Refer to list attached
Domains of competencies	KS, PC, HO, CS, PBL

Table 09 Topic : Hom-PG-FHPS-09

Topic Overview	Concept of similar and similimum
Learning Outcomes	Knowledge 1. Describe fundamental laws of homoeopathy 2. Conclude the potency and repetition in psychiatric cases 3. Discuss concordance and remedy relationship in psychiatric cases Skills 1. Apply fundamental laws in psychiatric cases 2. Apply the remedy relationship in clinical practice Reflection 1. Recollect the fundamental laws of homoeopathy observed in clinical cases 2. Reason out the posology in psychiatric practice 3. Relate the concordance and remedy relationship in psychiatric cases
Learning Methods	• Peer based learning methods : Problem-based • Individual based learning methods : Self-regulated learning, deliberate practice, formative self-assessment
Assessments	• Continuous / Programmatic assessment :Assignments, MCQ • Practical exam – short case, long case, objective structured oral examination, OSCE • Written Examinations: Problem Based Learning assessment: LAQ SAQ • Checklist, Rating scales
Prescribed texts	Refer to list attached
Domains of competencies	KS, PC, HO, CS, PBL

Table 10 Topic : Hom-PG-FHPS-10

Topic Overview	Concept of Therapeutic management as applicable in psychiatric illnesses
Learning Outcomes	Knowledge 1. Diagnose the Kent's twelve observation in assessment of remedy response in psychiatric disorders 2. Describe Hahnemannian guidelines on management of mental diseases from Organon of medicine 3. Apply the knowledge of investigation and recent advances in the field of medicine and psychiatry to asses remedy response in psychiatric cases 4. Select second prescription based on remedy relationship in psychiatric cases Skills 1. Choose the correct line of management as per Hahnemannian guidelines in mental illnesses. 2. Choose second prescription based on remedy response of Kent's observation in psychiatric cases 3. Perform patient & family psycho- education and orientation 4. Organize the ancillary management in acute and chronic mental diseases 5. Perform the ancillary management in mental diseases Reflection 1. Recollect the remedy response in psychiatric cases. 2. Reflect role of investigation and current advances in judging remedy response in psychiatric cases 3. Contextualize the ancillary management in psychiatric cases
Learning Methods	• Peer based learning methods : Problem-based • Individual based learning methods : Self-regulated learning, deliberate practice, formative self-assessment
Assessments	• Continuous / Programmatic assessment :Assignments, MCQ • Practical exam – short case, long case, objective structured oral examination, OSCE • Written Examinations: Problem Based Learning assessment: LAQ SAQ • Checklist, Rating scales, OSCE

List of repertory (examples) beside Kent, TPB, BBCR following repertory are suggested

- Phatak's repertory,
- Murphy's repertory
- Boericke's repertory
- Repertories related to mind – (Farokh Master)

List of remedies for different aspects of the study of applied materia medica (examples)

Clinical HMM	Drug picture	Group study	Anti-miasmatic
1. Aconite	1. Alumina	1. sodium	1. Bacillinum
2. Aesculus	2. Antimony crud	2. Magnesium	2. Tuberculinum
3. Aethusa	3. Apismel	3. Calcarea	3. Thuja
4. Agaricus	4. Arg met	4. Kali	4. Medorrhinum
5. Aloes	5. Arg nit	8. Loginnaceae	5. Psorinum
6. Ammonium carb	6. Arsalb	9. Solanacea	6. Sulphur
7. Anacardium	7. Aurum met	10. Compositae	7. Syphilinum
8. Arnmont	8. Baryta carb.	11. Ophidia	
9. Arsiod	9. Barytamur.	12. Spider	
10. Baptisia	10. Calc. carb.	13. Metals	
11. Bell.	11. Calc. f.	15. Acids	
12. Bellis p.	12. Calc. iod.	16. Lac	
13. Berberis v.	13. Calc. phos.		
14. Borax	14. Calc. sulph.		
15. Bry. alb.	15. Calc. sil		
17. Cactus g.	16. Causticum		
18. Calc. ars.	17. China		
19. Carbo. an	18. Conium		
20. Canth.	19. Ferrum met.		
21. Carb. veg.	20. Ferrumphos.		
22. Caulophyllum	21. Fluoric acid		
23. Cham.	22. Graph.		
24. Chelid. m.	23. Ignatia		
25. Chin. ars.	24. Iodine		
26. Cicut v.	25. Kali bichrom.		
27. Cimicifuga	26. Kali brom.		
28. Cina	27. Kali carb.		
29. Coca	28. Kali iod.		
30. Coccus	29. Kali mur.		
31. Coccus cacti	30. Kali sulph.		
32. Collinsonia	31. Lac. can.		
33. Coloc.	32. Lachesis		
34. Corallium rubrum	33. Lycopodium		
35. Crataegus	34. Lyssin		
36. Crotalus h.	35. Mag. carb.		
37. Croton tig	36. Mag. mur		
38. Cup. met.	37. Mag. phos.		
39. Digitalis	38. Mag. sulph		
40. Dioscorea	39. Medorrhinum		
41. Drosera	40. Mercurius sol.		
42. Dulcamara	41. Naja		

43. Echinacia	42. Natrum carb.		
44. Euphrasia	43. Natrummur.		
45. Gelsemium	44. Natrumphos.		
46. Glonoine	45. Natrumsulph.		
47. Hammamelis	46. Nitric acid		
48. Helleborus	47. Nuxvom.		
49. Hep. sulph	48. Opium		
50. Hyosc.	49. Petroleum		
51. Hyper.	50. Phos.		
52. Ipecac	51. Phos. ac		
53. Kali ars.	52. Platina		
54. Ledum	53. Psorinum		
55. Liliuntig.	54. Puls.		
56. Manganum	55. Rhustox.		
57. Merc. dul.	56 Sepia		
58. Merc. iod. fl.	57. Silica		
59. Merc. ior. r.	58. Stannum met.		
60. Mercurius cor.	59. Staph		
61. Mezereum	60. Stram.		
62. Mur. ac.	61. Sulphur		
63. Murex	62. Tarent h.		
64. Nuxmoschata	63. Thuja		
65. Phytolacca	64. Tuberculinumbov		
66. Plumbum	65. Verat. alb.		
67. Podophyllum	66. Zincum		
68. Pyrogen			
69. Ranunculuc bulb			
70. Ratanhia			
71. Rheum			
72. Rhododendron			
73. Rumex			
74. Ruta g.			
75. Sabadilla			
76. Sabina			
77. Sambucus			
78. Sanguinaria			
79. Sarsaparilla			
80. Secale cor.			
81. Selenium			
82. Senega			
83. Spigelia			
84. Spongia			
85. Sticta			
86. Symph.			
87. Tarent. c.			

88. Tarentula H			
89. Thlaspi bursa			
90. Verat. vir.			

VII. Assessment

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

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

Subjects	Theory		Practical or Clinical Examination, including Viva	
	Maximum Marks	Pass Marks	Maximum Marks	Pass Marks
i. Fundamentals of Psychiatry	100	50	200* (160 + 40) (Summative Assessment 160 Marks) (Internal Assessment 40 Marks)	100* (80 + 20) (Summative Assessment 80 Marks) (Internal Assessment 20 Marks)
ii. Fundamentals of Homoeopathy in Psychiatry;	100	50		
iii. Research Methodology and Biostatistics	100	50	-	-

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

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

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

Types of Questions with Marks

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

Part 1 – Paper 2. Topic Numbers

Hom-PG-FHPS-01 - Hahnemannian Concept of man, vital force, Health and Disease as applied to the study of Mind and mental disorders

Hom-PG-FHPS-02 - Concept of Dynamism, Recovery, cure and obstacle to cure in Mental Illnesses

Hom-PG-FHPS -03 -Concept of artificial and natural diseases

Hom-PG-FHPS-04 - Concept of unprejudiced observation and case taking in psychiatric illnesses

Hom-PG-FHPS-05 - Concept of Symptomatology as applied to mental illnesses

Hom-PG-FHPS-06 - Concept of Concept susceptibility, acute and chronic disease in mental illnesses

Hom-PG-FHPS-07 - Concept of Suppression and miasm as applied to mental illnesses

Hom-PG-FHPS-08 - Concept of Totality with respect to mental illness

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

Hom-PG-FHPS-10 - Concept of Therapeutic management as applicable in Psychiatric illness

VII (2b). Question Paper Layout

Q. No.	Type of Question	Content	Marks
1	Problem Based	Problem Based Question Hom-PG-FHPS—06 or 08 or 09	20
2	LAQ	Hom-PG-FHPS—07	10
3	LAQ	Hom-PG-FHPS—04	10
4	LAQ	Hom-PG-FHPS—03	10
5	LAQ	Hom-PG-FHPS—05	10
6	SAQ	Hom-PG-FHPS—03	5
7	SAQ	Hom-PG-FHPS—02	5
8	SAQ	Hom-PG-FHPS—06	5
9	SAQ	Hom-PG-FHPS—10 (For example -Repertory related to Mind, Mind chapter in various Repertories, Psycho-somatic representation in various repertories or clinical HMM)	5
10	SAQ	Hom-PG-FHPS—08	5
11	SAQ	Hom-PG-FHPS—01	5

12	SAQ	Hom-PG-FHPS–09	5
13	SAQ	Hom-PG-FHPS–04 (Group study in Psychiatric Cases)	5

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

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

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

1. Allen, J. H. (1997). *Diseases and Therapeutics of the Skin*. B. Jain Publishers,.
2. Bailey, P. M. (2024). *Homeopathy Psychology Personality Profiles of the Major Constitutional Remedies*. B. Jain Publishers (P) Limited. <https://books.google.co.in/books?id=SnFfPgAACAAJ>
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Part -I Paper: 3

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

M.D. (Homoeopathy) Research Methodology and Biostatistics (RMB) for all speciality subjects

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

This curriculum is for MD Hom Part – 1 for teaching & examination for developing a scientific aptitude in the students. Upon completion of the program, the PG students should have a basic understanding of research methodology and biostatistics useful for homoeopathic research; and be able to undertake an ethical research study in their specialization under the supervision of a guide. The course is designed to develop the research competencies of MD Hom Part 1 students and is structured for lectures, group and individual activities, discussions, and journal club, spread over 18 months.

The course is designed to incorporate mechanisms for understanding and encompassing scientific advances in diagnostics, pathogenesis, and its relevance to homoeopathic approaches and therapeutic principles. The management of cases as a clinician or in the community is enhanced with an aptitude for continuous learning and upgrading knowledge and practices. The course is designed as a bridge between traditional principles and practices recorded in the literature with modern approaches for developing and adopting tools for their validation and use in clinical practice.

After studying this subject, it is expected that the Homoeopathic Postgraduate will continue the scientific study of the specific subject demonstrated by undertaking a research study presented in the form of a dissertation and a research publication in a peer-reviewed journal / oral presentation at scientific conferences thus they should be able to communicate the derived knowledge to the scientific and lay community.

III. TOPICS AND TOPICS OBJECTIVES:

Part -1 Paper : 3

RESEARCH METHODOLOGY AND BIOSTATISTICS (HOM-PG-RMB)

I.	Hom-PG-RMB-01	FOUNDATION FOR HOMOEOPATHIC RESEARCH
II.	Hom-PG-RMB-02	CONCEPT OF STRUCTURED AND CONTINUOUS LITERATURE REVIEW
III.	Hom-PG-RMB-03	RESEARCH PROCESS AND PROPOSAL WRITING
IV.	Hom-PG-RMB-04	QUANTITATIVE RESEARCH DESIGN FOR HOMOEOPATHIC RESEARCH
V.	Hom-PG-RMB-05	QUALITATIVE RESEARCH DESIGN FOR HOMOEOPATHIC RESEARCH
VI.	Hom-PG-RMB-06	MIXED RESEARCH DESIGN FOR HOMOEOPATHIC RESEARCH
VII.	Hom-PG-RMB-07	DOCUMENTATION OF EVIDENCE
VIII.	Hom-PG-RMB-08	ETHICS IN HOMOEOPATHIC RESEARCH
IX.	Hom-PG-RMB-09	BASICS CONCEPTS OF BIOSTATISTICS
X.	Hom-PG-RMB-10	CONCEPT OF DATA TYPES, COLLECTION & SORTING METHODS
XI.	Hom-PG-RMB-11	CONCEPT OF POPULATION, SAMPLE, SAMPLING TECHNIQUES AND SAMPLE SIZE FOR CONDUCTING HOMOEOPATHIC RESEARCH
XII.	Hom-PG-RMB-12	BASICS OF DATA ANALYSIS, DESCRIPTIVE STATISTICS & PROBABILITY
XIII.	Hom-PG-RMB-13	BASICS OF INFERENTIAL STATISTICS FOR DATA ANALYSIS FOR HOMOEOPATHIC RESEARCH
XIV.	Hom-PG-RMB-14	SOFTWARE & AI TOOLS FOR SUPPORTING RESEARCH DATA MANAGEMENT AND ANALYSIS
XV.	Hom-PG-RMB-15	COMMUNICATING RESEARCH FINDINGS

TOPICS CONTENTS

Hom-PG-RMB-01 : FOUNDATION FOR HOMOEOPATHIC RESEARCH

- a. Importance of Research in Homoeopathy in general
- b. Hahnemann as a Researcher and the research qualities of homoeopathic stalwarts
- c. The foundation of Homoeopathic principles is based on relevant research methods
- d. Relevance of research as per the speciality subject
- e. Types of Research in homoeopathy –Basic / Fundamental, Clinical Trials, Agro-Homoeopathy, Veterinary, and Educational Researches.

Hom-PG-RMB-02 : CONCEPT OF STRUCTURED AND CONTINUOUS LITERATURE REVIEW

- a. Need and Purpose of Review of Literature
- b. Sources of Literature – Homoeopathic and other database
- c. Types of literature review – Narrative review, critical review, scoping review, systematic review, meta-analysis, realist review, review of reviews, meta-narrative reviews, evidence gap map
- d. Developing information search plan – PICOT, SPICE, etc.
- e. Medical search engines like PubMed search – word search, field search, Boolean operators, MeSH terms
- f. Plagiarism, Bibliography & References – methods (Vancouver, Harvard)
- g. Reference management software – Zotero, Mendeley, etc.
- h. Recent advances/studies in homoeopathic research in general and discipline-specific

Hom-PG-RMB-03 : RESEARCH PROCESS AND PROPOSAL WRITING

- a. Research planning Process
- b. Criteria for Selecting a research question / Problem
- c. Process for framing of the selected research question/problem
- d. Hypothesis – Characteristics and Formation – Null and Alternative
- e. Variables – Definition & types
- f. Aim and Objectives
- g. Format for writing Research Proposal
- h. Proposal writing for funding

Hom-PG-RMB-04 : QUANTITATIVE RESEARCH DESIGN FOR HOMOEOPATHIC RESEARCH

- a. Research Design: Concept and Importance in Research

- b. Quantitative Research design for homoeopathic research – advantage, scope, limitations, utility and applications
- c. Descriptive research design – Survey, Case Studies, Case Reports
- d. Observational research design – Cohort, Case Control design
- e. Experimental research design – Single arm clinical trials, nRCTs, RCTs - parallel arm trials, cross-over trials, cluster randomized trials, factorial trials, field trials, community trials
- f. Quasi-Experimental research design

Hom-PG-RMB-05 : QUALITATIVE RESEARCH DESIGN FOR HOMOEOPATHIC RESEARCH

- a. Purpose & Philosophy of Qualitative Methods
- b. Research Designs – Ethnography, Grounded Theory, Action Research, Phenomenology, Historical research, Narrative analysis, Discourse analysis
- c. Data collection and analysis techniques – Thematic analysis, Content analysis, KII, IDI, Exit interviews, social mapping and networking, Root cause analysis, Fishbone analysis, Problem tree analysis

Hom-PG-RMB-06 : MIXED RESEARCH DESIGN FOR HOMOEOPATHIC RESEARCH

- a. Purpose & Philosophy of Mixed Methods
- b. Mixed methods research design – Morse notation, typologies or models
- c. Data Collection techniques – Free listing, Pile sorting, Delphi techniques, Scale development, Validity and reliability
- d. Data Analysis methods for mixed research – Data transformation, Joint display, Visualization, Mapping, etc.

Hom-PG-RMB-07 : DOCUMENTATION OF EVIDENCE

- a. Evidence-based practice
- b. Type and Level of Evidence in Research
- c. Data Recording Principles
- d. Special case Record
- e. Software for creating databases – Epi Info etc.

Hom-PG-RMB-08 : ETHICS IN HOMOEOPATHIC RESEARCH

- a. History, Ethical principles & regulations in Research (Declaration of Helsinki, ICMR guidelines, ICH GCP, GCP Homoeopathy, Drugs & Cosmetics Act & Rules relevant

- part, NDCT rules, other General and Specific guidelines and legal provisions for research)
- b. Categories of anticipated risks
- c. Participant information sheet & Informed Consent, Assent, Waiver of consent, re-consent
- d. Institutional Ethics Committee/Institutional Review Board, Data Safety Monitoring Board
- e. AE, SAE, compensation, interim analysis, trial registration
- f. Ethics in Publication

Hom-PG-RMB-09 : BASICS CONCEPTS OF BIOSTATISTICS

- a. Introduction to Biostatistics: definition
- b. Variability – meaning, types
- c. Bias, Chance
- d. Clinical significance
- e. Validity and Reliability
- f. Specificity and Sensitivity

Hom-PG-RMB-10 : CONCEPT OF DATA TYPES, COLLECTION & SORTING METHODS

- a. Data Types – Qualitative / Quantitative, Primary / Secondary
- b. Measurements: Concept & level (Nominal, Ordinal, Interval, Ratio)
- c. Method of collection of data – Interview, Questionnaire
- d. Data preparation, Data Tabulation
- e. Graphical methods for qualitative and quantitative data

Hom-PG-RMB-11 : CONCEPT OF POPULATION, SAMPLE, SAMPLING TECHNIQUES AND SAMPLE SIZE FOR CONDUCTING HOMOEOPATHIC RESEARCH

- a. Concept and definition of Population, Sampling frame, Sample
- b. Characteristics of a good sample
- c. Types of Sampling Methods and Techniques
- d. Probability Sampling Methods
- e. Non – Probability Sampling Methods
- f. Sampling and non-sampling errors
- g. Demography Statistics & Measures of Population
- h. Factors determining sample size
- i. Calculating sample size for various research designs

Hom-PG-RMB-12 : BASICS OF DATA ANALYSIS, DESCRIPTIVE STATISTICS & PROBABILITY

- a. Measure of Central Tendency and Location
- b. Measures of Dispersion
- c. Normal Distribution and estimations
- d. Skewness and Kurtosis
- e. Confidence Interval
- f. Probability concept
- g. Laws of Probability
- h. Inverse Probability
- i. Theoretical Distributions

Hom-PG-RMB-13 : BASICS OF INFERENTIAL STATISTICS FOR DATA ANALYSIS FOR HOMOEOPATHIC RESEARCH

- a. Level of Significance
- b. Type I and Type II Error
- c. Testing of Significance
- d. Hypotheses Testing
- e. Parametric test (SEM, Z test, t test – Pair, unpaired, F test, ANOVA, SEP), effect size
- f. Non-parametric Test (Chi-square test, The Mann-Whitney U test, Wilcoxon matched pair test)
- g. F- Test and Analysis of Variance and Covariance
- h. Method based on Rank order (Spearman's rank correlation, Pearson's rank correlated coefficients)
- i. Regression analysis – linear, logistic, multiple, cox
- j. Odds ratio, Risk ratio, Likelihood ratio, Prognostic factor research
- k. Interpretation of statistical test results

Hom-PG-RMB-14 : SOFTWARE & AI TOOLS FOR SUPPORTING RESEARCH DATA MANAGEMENT AND ANALYSIS

- a. Statistical software – MS Excel, G-Power, R, SPSS, STATA, SAS
- b. Software for writing and publication – (reference managers, plagiarism check, language & grammar e.g. Mendeley, iThenticate, Grammarly, etc.)

Hom-PG-RMB-15 : COMMUNICATING RESEARCH FINDINGS

- a. Basic principles of scientific writing
- b. Dissertation, Thesis Writing

- c. Formats for writing article
- d. Writing Abstract, Title and Keyword
- e. Data Presentation – Textual, Tabular, Graphical (Frequency polygon, frequency curve, line diagram, Scatter plot diagram, Types of Bar graph, types of Pie graph, Pictogram, Map diagram, Box plot graph)
- f. Journal – Scientific and peer-reviewed and impact factor
- g. Pre-print and Peer Review Process
- h. Publication technicalities – flow chart of publication, journal selection, journal and author metrics, open access models, predatory journals and conferences, cloned journals, manuscript preparation, authorship criteria, plagiarism and similarity index, preprint, reprint, retraction
- i. Paper Presentation – oral
- j. Poster Presentation

Topic Overview	FOUNDATION FOR HOMOEOPATHIC RESEARCH
Learning Outcomes	Competency Hom-PG-RMB-01 : FOUNDATION FOR HOMOEOPATHIC RESEARCH KNOWLEDGE : 1. Define Research 2. Discuss Hahnemann as a Researcher 3. Discuss the research qualities of homoeopathic stalwarts 4. Explain the formulation of homoeopathic research principles on the basis of research 5. Explain the importance of research in general for homoeopathic science 6. Discuss current researches conducted in relation with the speciality subject 7. Discuss the logic used in research 8. Understand the concept of time in relation with research 9. Summarise several types of research pertaining to homoeopathy. SKILLS : 1. Display the application of research to the specialty subject Reflection 1. Relate the application of research for the growth of knowledge of speciality subject
Learning Methods	Lecture, Problem based, Assignment
Assessments	Written Examinations: SAQ
Prescribed texts	As per list
Domains of competencies	KS, HO, PBL

Topic Overview	CONCEPT OF STRUCTURED AND CONTINUOUS LITERATURE REVIEW
Learning Outcomes	Competency Hom-PG-RMB-02 : CONCEPT OF STRUCTURED AND CONTINUOUS LITERATURE KNOWLEDGE: 1. Explain the importance of searching existing knowledge 2. Discuss the purpose of the review about the problem at hand 3. Enumerate the sources of literature 4. Discuss the utility of various literature sources 5. Explain the utility of various types of literature review 6. Explain the steps of formulating a search query 7. Describe various steps of using a medical search engine 8. Critically evaluate the searched literature and utilise appropriate material useful for their research 9. Explain the method of critically reviewing a research paper 10. Discuss Plagiarism and reference methods SKILL: 1. Analyse the existing body of information i.e. current knowledge on a specific topic in a structured manner 2. Use the appropriate source of literature for answering a specific search query 3. Practice appropriate method of type of literature review for the problem identified for their research work 4. Formulate the literature search query using PICOT, SPICE model 5. Select the appropriate reference style using reference management software REFLECTION: 1. Discuss the existing knowledge concerning the observations of their research study for the speciality subject. 2. Evaluating the scientific research paper for updating self 3. Updating self with recent advances in the field of homoeopathic speciality subject
Learning Methods	Lecture, Demonstration, e-learning, Deliberate practice, Assignment
Assessments	Written Examinations: LAQ, SAQ
Prescribed texts	As per list
Domains of competencies	KS, HO, PBL

Topic Overview	RESEARCH PROCESS AND PROPOSAL WRITING
Learning Outcomes	Competency: Hom-PG-RMB-03 : RESEARCH PROCESS AND PROPOSAL WRITING KNOWLEDGE: 1. Discuss the steps of the research process 2. Explain the criteria for selecting an appropriate research question 3. Recognize the importance of writing a scientific research proposal 4. Discuss the steps of formulating the research question 5. Define Hypothesis 6. Discuss the types of hypotheses for homoeopathic research 7. Explain the steps of formulating SMART objectives 8. Define variable 9. Classify the variables 10. Describe the format and meaning of various sections of a proposal 11. Comprehend the steps of writing a proposal for the funding SKILL: 1. Utilize the day-to-day clinical experience for formulating the potential researchable problem for the research study 2. Construct a logical research question, hypothesis and objectives for a research study related to the subject speciality 3. Manage variables as per the requirement of the study 4. Link the research question to appropriate research design REFLECTION: 1. Construct the scientific research proposal for the subject speciality
Learning Methods	Lecture, Problem based, Flipped learning, Library based - Journal Club, Case based, Reflective learning
Assessments	Written Examinations: Application based question, LAQ, SAQ
Prescribed texts	As per list
Domains of competencies	KS, HO, PBL

Topic Overview	QUANTITATIVE RESEARCH DESIGN FOR HOMOEOPATHIC RESEARCH
Learning Outcomes	Competency: Hom-PG-RMB-04 : QUANTITATIVE RESEARCH DESIGN FOR HOMOEOPATHIC RESEARCH KNOWLEDGE: 1. Define research design 2. Classify research design 3. Explain the meaning of quantitative research 4. Explain the types of quantitative research 5. Discuss the strengths & limitations of different research designs 6. Explain the type of research question suitable for this research design 7. Discuss the type of homoeopathic research that can be answered through this research design 8. Discuss the type of documentation required for this research design 9. Explain the steps undertaken for selecting the sample for this design 10. Explain various sampling methods used for conducting this research design 11. Explain data collection methods for this research design 12. Explain the data analysis method for this research design 13. Synthesis valid research conclusions as per the scope of this research design SKILL: 1. Using random table method for randomization method 2. Formulating appropriate research methodology for this research design REFLECTION: Select appropriate research design for selected research problem of specialty subject
Learning Methods	Lecture, Problem based, e-learning, library based - journals, Group discussion, Assignments
Assessments	Written Examinations: Application based questions, LAQ, SAQ
Prescribed texts	As per list
Domains of competencies	KS, HO, PBL

Topic Overview	QUALITATIVE RESEARCH DESIGN FOR HOMOEOPATHIC RESEARCH
Learning Outcomes	Competency: Hom-PG-RMB-05 : QUALITATIVE RESEARCH DESIGN FOR HOMOEOPATHIC RESEARCH KNOWLEDGE: 1. Explain the meaning of qualitative research 2. Explain the types of qualitative research 3. Discuss the strengths & limitations of different research designs 4. Explain the type of research question suitable for this research design 5. Discuss the type of homoeopathic research that can be answered through this research design 6. Discuss the type of documentation required for this research design 7. Explain the steps undertaken for selecting the sample for this design 8. Explain various sampling methods used for conducting this research design 9. Explain data collection methods for this research design 10. Explain the data analysis method for this research design 11. Synthesis valid research conclusions as per the scope of this research design SKILL: 1. Formulating appropriate research methodology for this research design 2. Interpret the data using appropriate data analysis technique REFLECTION: 1. Select appropriate research design for selected research problem of specialty subject 2. Summarise the research conclusions using qualitative method.
Learning Methods	Lecture, Problem based, e-learning, library based - journals, Group discussion, Assignments
Assessments	Written Examinations: Application based questions, LAQ, SAQ
Prescribed texts	As per list
Domains of competencies	KS, HO, PBL

Topic Overview	MIXED RESEARCH DESIGN FOR HOMOEOPATHIC RESEARCH
Learning Outcomes	Competency: Hom-PG-RMB-06 : MIXED RESEARCH DESIGN FOR HOMOEOPATHIC RESEARCH KNOWLEDGE: 1. Explain the meaning of Mixed research 2. Discuss the strengths & limitations of different research designs 3. Explain the type of research question suitable for this research design 4. Discuss the type of homoeopathic research that can be answered through this research design 5. Discuss the type of documentation required for this research design 6. Explain the steps undertaken for selecting the sample for this design 7. Explain various sampling methods used for conducting this research design 8. Explain data collection methods for this research design 9. Explain the data analysis method for this research design 10. Synthesis valid research conclusions as per the scope of this research design SKILL: 1. Formulating appropriate research methodology for this research design 2. Interpret the data using appropriate data analysis technique REFLECTION: 1. Select appropriate research design for selected research problem of specialty subject 2. Formulate steps for conducting research using mixed research design
Learning Methods	Lecture, Problem based, e-learning, library based - journals, Group discussion, Assignments
Assessments	Written Examinations: Application based questions, LAQ, SAQ
Prescribed texts	As per list
Domains of competencies	KS, HO, PBL

Topic Overview	DOCUMENTATION OF EVIDENCE
Learning Outcomes	Competency: Hom-PG-RMB-07 DOCUMENTATION OF EVIDENCE KNOWLEDGE: 1. Define evidence in research 2. Explain the concept of evidence-based medicine 3. Classify types and levels of evidence 4. Discuss principles of data recording 5. Discuss the knowledge required for formulating special case record 6. Demonstrate the use of Epi Info SKILL: 1. Using special software for recording data as evidence REFLECTION: 1. Using the concept of evidence-based medicine for homoeopathic research and practice
Learning Methods	Problem based, Lecture, Demonstration, Reflective learning
Assessments	Written Examinations: SAQ
Prescribed texts	As per list
Domains of competencies	KS, HO, PBL

Topic Overview	ETHICS IN HOMOEOPATHIC RESEARCH
Learning Outcomes	Competency: Hom-PG-RMB-08 : ETHICS IN HOMOEOPATHIC RESEARCH KNOWLEDGE: 1. Recall the evolution of ethical principles 2. Discuss the basic ethical principles 3. Enlist the silent features of statutory regulations 4. Discuss the importance of statutory regulations 5. Describe the components of various consents 6. Enumerate the steps of obtaining consent / assents and also situation of consent wavier 7. Explain the importance and content of Patient Information Sheet 8. Outline the structure and function of Institutional Ethical Committee and data safety committee 9. Define Adverse event 10. Enumerate the step of reporting and managing AE 11. Explain the ethical issues in publication of results SKILL: 1. Identify the situations where Ethical issues and statutory laws are applicable 2. Categories the ethical issues for the research work done for the speciality subject 3. Formulate the Inform consent for the research work done for the speciality subject 4. Present the proposal to IEC committee REFLECTION: 1. Conduct the study as per the protocols and report the findings with due consideration for ethical principles.
Learning Methods	Role Play, Brainstorming, Flipped learning, Reflective learning, Deliberate practice
Assessments	Written Examinations: SAQ
Prescribed texts	As per list
Domains of competencies	KS, PBL, CS, PRF

Topic Overview	BASIC CONCEPTS OF BIOSTATISTICS
Learning Outcomes	Competency: Hom-PG-RMB-09 : BASIC CONCEPTS OF BIOSTATISTICS KNOWLEDGE: 1. Define Biostatistics 2. Discuss the importance of Biostatistics in homoeopathic research 3. Define Variability 4. Discuss the types of variability 5. Define Clinical significance 6. Discuss the concept of validity and reliability 7. Discuss the concept of Specificity and Sensitivity SKILL: 1. Demonstrate the use of Specificity and Sensitivity during homoeopathic drug trials REFLECTION: 1. Value the basic concept of Bio-statistics while doing homoeopathic research
Learning Methods	Lecture, Library based
Assessments	Written Examinations: SAQ
Prescribed texts	As per list
Domains of competencies	KS

Topic Overview	CONCEPT OF DATA TYPES, COLLECTION & SORTING METHODS
Learning Outcomes	Competency Hom-PG-RMB-10 : CONCEPT OF DATA TYPES, COLLECTION & SORTING METHODS KNOWLEDGE: 1. Define Data 2. Define Primary and Secondary Data 3. Define Qualitative and Quantitative Data types with medical examples 4. Define the Data Level of Measurements 5. Enumerate the Nominal, Ordinal, Interval, and Ratio with medical examples 6. Discuss the process of Data collection methods; Interview and Questionnaire. 7. Enumerate the types of Questions used for the Questionnaire design. 8. Discuss the guidelines for data tabulation for Quantitative and Qualitative Data 9. Discuss the guidelines for the graphical presentation of Quantitative Data (Histogram Graph, Frequency polygon, frequency curve, line diagram, Scatter plot diagram, Box Plot graph) 10. Discuss the guidelines for the graphical presentation of Qualitative Data (Types of Bar graph, types of Pie graph, Pictogram, Map diagram) SKILLS : 1. Display the application of data to categorize the data into types and data levels of measurements while reading research articles on the subject's speciality. 2. Display the application of data presentation principles while reading the research article of the subject speciality REFLECTION : 1. Relate the application of Data types, Data Level of Measurements, and Data Presentation while writing the synopsis or protocol.
Learning Methods	Lecture, Demonstration, Case based, e-learning
Assessments	Written Examinations: SAQ, LAQ, Case-Based Questions
Prescribed texts	As per list
Domains of competencies	KS, HO, PBL

Topic Overview	CONCEPT OF POPULATION, SAMPLE, SAMPLING TECHNIQUES AND SAMPLE SIZE FOR CONDUCTING HOMOEOPATHIC RESEARCH
Learning Outcomes	Competency Hom-PG-RMB-11 : CONCEPT OF POPULATION, SAMPLE, SAMPLING TECHNIQUES AND SAMPLE SIZE FOR CONDUCTING HOMOEOPATHIC RESEARCH KNOWLEDGE : 1. Define Population 2. Define Sampling Frame 3. Define Sample 4. Discuss the difference between Census and Sample 5. Enumerate the characteristics of a good sample 6. Define the classification of Sampling Probability and Non – probability Sampling 7. Discuss the difference between Probability and Non – Probability Sampling 8. Discuss the types of Probability Sampling with medical examples (Simple random, Systemic random, Stratified random, Multiphase, Multistage, Cluster, Replicate) 9. Discuss the types of Non – Probability Sampling with medical examples (Quota, Purposive, Accidental, Snowball) 10. Discuss the sampling and non–sampling errors 11. Define the Demography Statistics 12. Discuss the types of Demography statistics with medical examples (Vital, Morbidity, Mortality, Hospital & life table) 13. Enumerating the factors to be considered for calculating the sample size 14. Enlisting the steps to calculate the sample size for Observational Analytical Studies 15. Enlisting the steps to calculate the sample size for Survey Design 16. Enlisting the steps to calculate the sample size for the Experimental study design SKILLS : 1. Display the application of Sampling and Non-Sampling errors while reading the research article of

	the subject speciality 2. Display the application of Types of Sampling methods and Techniques while reading the research article of the subject speciality 3. Display the application of the Sample size concepts while reading the research article of the subject speciality 4. Demonstrate the calculation of sample size on sample size calculator software. REFLECTION : 1. Relate the application of Sample size, Sampling frame, and Sampling methods and techniques while writing the synopsis or protocol.
Learning Methods	Lecture, Case based, Assignment, Spaced repetition
Assessments	Written Examinations: SAQ, LAQ, Case-Based Questions
Prescribed texts	As per list
Domains of competencies	KS, HO, PBL

Topic Overview	BASICS OF DATA ANALYSIS, DESCRIPTIVE STATISTICS & PROBABILITY
Learning Outcomes	Competency Hom-PG-RMB-12 : BASICS OF DATA ANALYSIS, DESCRIPTIVE STATISTICS & PROBABILITY KNOWLEDGE : 1. Define Central Tendency (Mean, Median, Mode) 2. Discuss the application of Mean, Median, Mode with the medical examples 3. Define the Percentile 4. Discuss the application of Percentile with the medical example 5. Enlisting the steps for calculating Central Tendency and Percentile (Location) 6. Discuss the concept of Dispersion in the statistics 7. Enlisting the steps for range, quartile, semi-quartile, interquartile, range, Mean Deviation, Standard Deviation, Standard Error, and coefficient of Variation 8. Discuss the application of measures of Dispersion (range, quartile, semi-quartile, interquartile, range, Mean Deviation, Standard Deviation, Standard Error, Coefficient of Variation) 9. Define Normal Distribution 10. Enlisting the characteristics of Normal Curve 11. Discuss the Standard Normal Distribution properties for Quantitative and Qualitative Data 12. Define Skewness and Kurtosis 13. Discuss the positively and negatively skewed distribution 14. Define Confidence Interval 15. Discuss the application of Confidence Interval with Medical Examples 16. Enlisting the steps for calculating Confidence Interval 17. Explain the Probability concept 18. Discuss the Laws of Probability (addition, multiplication, binomial probability law, probability law explained z table) 19. Discuss the types of Probability (Marginal, Joint,

	Conditional probability) 20. Explain the Baye's Theorem and its application to understand the Inverse Probability 21. Discuss the application of Probability laws to Likelihood Ratio and Predictive (False Positive, False Negative, True Positive, True Negative, Sensitivity, Specificity, Accuracy, Predictive Value Positive and Predictive Value Negative) 22. Explain the theoretical distributions with medical examples (Binomial and Poisson Distributions) 23. Explain the zone of acceptance and rejection in Normal distribution 24. Explain the Type I and Type II errors with medical Examples 25. Explain the significance of Type I and Type II errors in the medical field SKILLS : 1. Display the application of likelihood Ratio while reading the research article on Likelihood Ratio in Homoeopathy 2. Demonstrate the calculation of Descriptive Statistics (Mean, Mode, Median, SD, and Normal Distribution) on statistics software or MS Excel. REFLECTION: 1. Relate the application of Descriptive statistics while writing the synopsis or protocol. 2. Relate the application of Descriptive statistics while reading the articles of the subject speciality.
Learning Methods	Lecture, Case based, Library based, Spaced repetition, Self-regulated learning
Assessments	Written Examinations: SAQ, LAQ, Case-Based Questions
Prescribed texts	As per list
Domains of competencies	KS, HO, PBL

Topic Overview	BASICS OF INFERENCE STATISTICS FOR DATA ANALYSIS FOR HOMOEOPATHIC RESEARCH
Learning Outcomes	Competency: Hom-PG-RMB-13 : BASICS OF INFERENCE STATISTICS FOR DATA ANALYSIS FOR HOMOEOPATHIC RESEARCH KNOWLEDGE: 1. Define Inferential Statistics 2. Explain the meaning of level of significance 3. Discuss the test used for hypothesis testing 4. Enlist Parametric test 5. Explain the concept and operation of parametric tests 6. Enlist non-parametric test 7. Explain the concept and operation of non-parametric tests 8. Discuss the concept of Variance and covariance 9. Explain the concept and operations of test for analysis of variance and covariance 10. Enlist the rank-based test 11. Explain the concept and operations of rank-based test 12. Discuss the concept of regression analysis 13. Define Odds ratio 14. Define risk ratio 15. Define Likelihood ratio 16. Define Prognostic factors 17. Explain the concept of test used for Odds ratio, risk ratio, likelihood ratio SKILL: 1. Interpret the outcome of statistical test 2. Derive valid conclusions on the basis of outcome of statistical tests REFLECTION: 1. Use statistical test for correct data analysis and making valid conclusions
Learning Methods	Lecture, Case based, Library based, Spaced repetition, Self-regulated learning
Assessments	Written Examinations: LAQ, SAQ
Prescribed texts	As per list
Domains of competencies	KS, HO

Topic Overview	SOFTWARE & AI TOOLS FOR SUPPORTING RESEARCH DATA MANAGEMENT AND ANALYSIS
Learning Outcomes	Competency: Hom-PG-RMB-14 : SOFTWARE & AI TOOLS FOR SUPPORTING RESEARCH DATA MANAGEMENT AND ANALYSIS KNOWLEDGE: 1. Discuss the utility of Statistical Software 2. Discuss the utility of software for writing and publications 3. Discuss the scope of R, SPSS, SAS software for statistical analysis SKILL: 1. Demonstrate the use of MS-Excel for data organizing and basic statistical calculations 2. Demonstrate the use of G -Power for sample size calculation 3. Illustrate the use of reference management software 4. Illustrate the use of language-enhancing software REFLECTION: 1. Using various AI tools for data organizing, analysis and presenting the research findings.
Learning Methods	Demonstration, Self-regulated learning, e-Learning
Assessments	Written Examinations: SAQ
Prescribed texts	As per list
Domains of competencies	KS

Topic Overview	COMMUNICATING RESEARCH FINDINGS
Learning Outcomes	Competency: Hom-PG-RMB-15 : COMMUNICATING RESEARCH FINDINGS KNOWLEDGE: 1. Discuss the basic principles of scientific writing 2. Explain the meaning of each section of the dissertation and thesis 3. Explain the basic formats IMRAD for writing a scientific article 4. Indicate various categories of journals and the meaning of the impact factor 5. Explain the process of the peer review process 6. Explain the meaning of various publication technicalities SKILL: 1. Formulate the data presentation Textual format 2. Formulate the data presentation in Tabular format 3. Formulate the data presentation in a graphical format 4. Creating a poster for a scientific presentation 5. Demonstrating skills in oral presentation of a scientific paper REFLECTION: 1. Dissemination of the knowledge gained through research in an appropriate forum and medium
Learning Methods	Lecture,Demonstration, Flipped learning, Deliberate practice
Assessments	Written Examinations: LAQ, SAQ
Prescribed texts	As per list
Domains of competencies	KS, CS,PRF

Assessment Method:

PART 1 – PAPER 3. COURSE NUMBERS

Hom-PG-RMB-01	Foundation for Homoeopathic Research
Hom-PG-RMB-02	Concept of Structured and Continuous Literature Review
Hom-PG-RMB-03	Research Process and Proposal Writing
Hom-PG-RMB-04	Quantitative Research Design for Homoeopathic Research
Hom-PG-RMB-05	Qualitative Research Design for Homoeopathic Research
Hom-PG-RMB-06	Mixed Research Design for Homoeopathic Research
Hom-PG-RMB-07	Documentation of Evidence
Hom-PG-RMB-08	Ethics in Homoeopathic Research
Hom-PG-RMB-09	Basics concepts of Biostatistics
Hom-PG-RMB-10	Concept of Data types, Collection & Sorting methods
Hom-PG-RMB-11	Concept of Population, Sample, Sampling Techniques and Sample Size for Conducting Homoeopathic Research
Hom-PG-RMB-12	Basics of Data Analysis, Descriptive Statistics& Probability
Hom-PG-RMB-13	Basics of Inferential Statistics for Data Analysis for Homoeopathic Research
Hom-PG-RMB-14	Software & AI tools for supporting Research Data Management and Analysis
Hom-PG-RMB-15	Communicating Research Findings

VII (2b). QUESTION PAPER LAYOUT

Q. No.	Type of Question	Content	Marks
1	Problem Based	Hom-PG-RMB-03,04,05,06	20
2	LAQ	Hom-PG-RMB-02,04	10
3	LAQ	Hom-PG-RMB- 05,13	10
4	LAQ	Hom-PG-RMB-06,15	10
5	LAQ	Hom-PG-RMB-11,12	10
6	SAQ	Hom-PG-RMB-01	5
7	SAQ	Hom-PG-RMB-07	5
8	SAQ	Hom-PG-RMB-08	5
9	SAQ	Hom-PG-RMB-09	5
10	SAQ	Hom-PG-RMB-10,11	5
11	SAQ	Hom-PG-RMB-12	5
12	SAQ	Hom-PG-RMB-13	5
13	SAQ	Hom-PG-RMB-14	5
Total			100

Abbreviations:

Long Answer Question: LAQ

Short Answer Question: SAQ

VIII. Reference:

RESEARCH METHODOLOGY:

Author, Initial, Year, *Book Title*, City of Publication Country/ state: Publisher

1. Kothari CR. 2019, *Research methodology-Methods and Techniques*, India, New age International Publishers
2. Saha I, Paul B.2023, *Essentials of Biostatistics and Research Methodology*, India, Kolkata: Academic Publishers.
3. Rao NSN, Murthy NSN, 2010, *Applied Statistics in Health Sciences*, India, JP Brothers Medical Publishers
4. Ahmed.R Munir, 2015, *Research Methodology-simplifying intricacies in post graduate studies*, India, Bangalore, Centre for Homeopathic Studies Bangalore
5. Ahmed R Munir, 2015, *Dissertation Made Easy*, India, Bangalore,Center for Homoeopathic Studies
6. Richie Jane, Lewis Jane, 2003, *Qualitative Research Practice*, England, London, SAGE publications limited
7. Government of India, 2021, *Good Clinical Practice Guidelines For Clinical Trials in Homoeopathy*, India, Central Council for Research in Homoeopathy.

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2. Dixit J V. 2017, *Principles and Practice of Bio-statistics*, India, Madhya Pradesh, Jabalpur, M/s Bhanarasi Bhanot Publishers.
3. Mahajan BK, 2010, *Methods of Biostatistics: For Medical Students and Research Workers*, India, Jaypee Publishers.
4. Joann G. E. *Jekel's – Epidemiology, Bio-statistics and Preventive Medicine*, USA, Elsevier Publishers.
5. Sundaram K R, Dwivedi S N, Sreenivas V, 2014, *Medical Statistics: Principles and Practice*, India, Wolters Kluwer Pvt. Ltd.
6. Susan W. 2019, *Basic & Clinical Biostatistics*, India, Lange Publication.
7. Constantin Yiannoutsos, 2010, *Principles Of Biostatistics*, USA, Center For Biostatistics In Aids Research Harvard School Of Public Health.

WEB RESOURCES :

1. <https://www.wma.net/policies-post/wma-declaration-of-helsinki-ethical-principles-for-medical-research-involving-human-subjects/>
2. <https://www.wma.net/what-we-do/medical-ethics/>
3. <https://ethics.ncdirindia.org/>
4. <https://www.spss-tutorials.com/spss-what-is-it/Nptel> courses of research methodology & bioethics
5. <https://www.ijrh.org/>
6. <https://www.ccrhindia.nic.in>
7. <https://www.ich.org/>
8. <https://ayushportal.nic.in/>
9. https://onlinecourses.nptel.ac.in/noc22_ge08/preview
10. https://nie.gov.in/icmr_sph/ERHR.html
11. <https://ichgcp.net/>
12. <https://www.equator-network.org/>
13. <https://apps.who.int/iris/handle/10665/206929>

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