Kerala University of Health & Allied Sciences

Regulations for Post Graduate Degree Courses in Homoeopathy

(Effective from 2011 - 12 admission onwards)

PART I

Preliminary

1. **Short title and commencement:**

(1) These regulations may be called the Homoeopathy (Post Graduate Degree Course) Regulations, 2001

2. **Definitions:**

In these regulations, unless the context otherwise requires -

(a) "Act" means the Homoeopathy Central Council Act; 1973 (59 of 1973)

(b) "Course" means a course of study in Homoeopathy namely –

1. MD (Hom) – Doctor of Medicine in Homoeopathy – Materia Medica
2. MD (Hom) – Doctor of Medicine in Homoeopathy – Homoeopathic Philosophy
3. MD (Hom) – Doctor of Medicine in Homoeopathy – Repertory

(c) "Post Graduation in Homoeopathy" means a Post Graduate qualification in Homoeopathy recognized as per the provisions of the Act

(d) A “Degree in Homoeopathy” means “BHMS” or its equivalent Degree declared thereto by Central Council of Homoeopathy

(e) A “Diploma in Homoeopathy” means “DHMS” or its equivalent Degree declared thereto by Central Council of Homoeopathy

(f) "Homoeopathic College" means a Homoeopathic Medical College or an institute affiliated to a University and recognised by the Central Council for post-graduate course

(g) "Teaching Experience" means teaching experience in the subject concerned in a Homoeopathic College and includes teaching experience in the subjects concerned in a college or an institution recognized by the university and Central Council of Homoeopathy

(h) "Syllabus" and "Curriculum" mean the Syllabus and Curriculum for study as prescribed under these regulations

(i) “Board of Examiners” means the Board of Examiners constituted by the university for each examination with a chairman from among the examiners of the examination concerned

PART II
Course of Study

1. Post graduate degree course shall be in the following subjects

    a. MD (Hom) Homoeopathic Materia Medica
    b. MD (Hom) Homoeopathic Philosophy
    c. MD (Hom) Repertory

2. The course shall be of three years duration, including one year of house-job or equivalent thereof

    a. All the days of the year will be working days for the post graduate students.
    b. The candidate should secure 80% attendance for the
        i. First year, i.e. during house job.
        ii. First half of 2nd year.
        iii. Last one and half year.

3 Course shall comprise:

    1. General subject

    a. Man in Health(Holistic concept)

    b. Man in diseases (Holistic concept)
    c. History of Medicine, scientific Methodology including research Methodology and statistics

    2. Special subject

    Homoeopathic Materia Medica / Homoeopathic Philosophy / Repertory

    A candidate for MD(Hom) shall opt one of the special subjects as his specialty at the time of admission and the degree shall be awarded in that specialty.

3 Leave during Course:

    a. The student will be permitted to avail casual leave for 20 days during each year but not more than 10 days at a stretch. The candidate will also be eligible for extra ordinary leave supported by medical certificate and other leave under exceptional circumstance on genuine non medical ground recommended by the HOD. Total number of leave a student can avail during a year will be 73 days inclusive of CL, EOL, Sunday weekly off and other holidays.
    b. Any leave beyond 73 days in a year will have to be compensated by adequate extension of the duration of the course (for which permission of the Principal is to be

sought). For purpose reckoning the duration of course the candidate will be deemed to have joined the course on the day on which he / she actually joined the course.

c. A candidate if absent without authorization for more than 10 days he/she shall be terminated from the course and damages will be levied as per rule

4 The PG candidate shall pursue a regular course of study and research in the department under the guidance of a guide recognized by the university, emphasis being on practical training, participate in seminars, group discussion, clinical meeting, journal clubs etc.

5 The candidate shall be a resident in the hospital campus and shall be given graded responsibility in the management of patients entrusted to his care. He shall participate in teaching and training of undergraduate student and internees.

6 Candidate are required to write a theses or dissertation on a subject approved by the University of not less than 10,000 (Ten Thousand) words.

7 The PG student may be permitted to attend seminars, symposium and other academic programmes conducted by registered organisations, academic bodies and institutions in and outside state. The head of institution shall sanction duty leave to PG students, limited to 20 days in an academic year.

8 The student shall be required to attend at least 80% of total lecture, seminar, clinical discussion, journal club and group discussion separately in each paper/subject of the examination in order to become eligible to appear for examination.

9 The different components of attendance of part I and part II exam are given below

Part I Exam

Name of paper	**% of attendance required**
Paper I	80%
Paper II	80%
Paper III Section A	80%
Paper III Section B	80%

Part II Exam

Name of Subject	**% of attendance required**
Specialty Subject	80%
Practice of Homoeopathy	80%

10. **Method of training**: The emphasis should be on in service training and not on didactic lectures. The candidates should take part in seminars, group discussions, clinical meetings etc. The candidate should be required to write a thesis or dissertation with detailed commentary which should provide the candidate with necessary background of training in research methods and techniques along with the art of writing research papers and learning and making use of library. The candidate shall be a resident in the campus and shall be given graded responsibility in the management and treatment of patients entrusted to his case. He shall participate in teaching and training of undergraduate students or interns. Adequate number of posts of clinical residents shall be created for this purpose.

PART III
Admission to Course

(1) No candidate shall be admitted to M.D. (Hom) course unless he possesses the degree of : -

(i) Bachelor of Homeopathic Medicine and Surgery or equivalent qualification in Homeopathy after undergoing a course of study of not less than five and a half year duration including one year compulsory internship; or

(ii) Bachelor of Homoeopathic medicine and Surgery (Graded Degree) or equivalent qualification in Homoeopathy included in the Second Schedule to the Act, after undergoing a course of study of not less than two years' duration.

(2) The university or the authority prescribed by the State Government, as the case may be, shall select candidates on merit for Post Graduate Course.

PART IV
Syllabus

1. **Syllabus for Post Graduate Degree M.D.(Hom.)** :
The following shall be syllabus for general and special subjects in M.D.(Hom.) course namely: -

A. *GENERAL SUBJECTS* (Common to all specialties)

(I) The Man in Health (Holistic Concept)

Structural, functional and psychological organization of Man and his adaptation to the environment in health, and includes an integrated study of the following for practical application of this knowledge in clinical medicine

Concept of health – Different approaches – Holistic concept – Definitions, Dimensions &

Determinants of health

General Anatomy

1. Development Anatomy

2.(a)Genetics and individuality (b)Elementary principles of genetics(c)Applied Genetics

3. Interaction between organism and environment.

1.Neuro Anatomy

(a) Meninges and their functions

(b) Cerebellum - Areas, vascular supply and functions

(c) Cerebellum - functions

(d) Pons

(e) Midbrain

(f) Cranial Nerves

(g) CSF

(h) Spinal cord – segmental relations

(i) Nerve Distribution

Applied : Lumbar puncture, Referred pain, and Spinal Anesthesia.

2. Thorax

(a) Skelton structure

(b) Diaphragm

(c) Pleura and Lungs

(d) Heart and Major vessels

(e) Mediastinum.

Applied : Surface making -Cardia, Lungs,Valves, Aorta, and Superior Vena Cava.

3. **Abdomen and Pelvis:**

(a) Abdominal Muscles

(b) Peritoneum

(c) Blood Vessels

(d) Stomach and intestine

(e) Liver and Gall Bladder

(f) Pancreas

(g) Kidney & Urinary tract

(h) Uterus and Ovary.

Applied: Surface markings of organs, referred pain.

4. Head and Neck:

(a) Scalp and its Vascular Supply

(b) Facial muscles

(c) Muscles of Mastication

(d) Innervations of skin

(e) Eye

(f)Nasal cavity

(g) Oral cavity

(h)Larynx

(i) Thyroid and Parathyroid

(j) Esophagus and Trachea

Micro Anatomy

Histology of -

(a) Nerve	(b) muscles	(c) Bone
(d) Cardiac Muscles	(e) Liver	(f) Testis, Ovary
(g) Uterus and Cervix	(h) Spinal Cord	(i)Lymph nodes

(j) Thyroid (k) Lungs (i) Kidneys

PHYSIOLOGY

With the advent of latest physical principles physiology has made rapid progress in bringing out hitherto unknown aspects of functions of human body. A renewed interest therefore is essential for all postgraduate in the medical field. Keeping this interest in sight the students may study the applied/clinical aspect of the following and any other important topic.

1) Haematology

(a) Formed Elements

(b) Plasma

(c) Erythropoesis

(d) Leucopoiesis

(e) Thrombopoeisis

(f) Coagulations

(g)Blood Groups

(h) Leukemia

(i) Haemoglobinopathies

(j) Immunological vascular flow

2) Cardio Vascular System

(a) Structure of Heart and Cardiac muscles

(b) Electro physiology and ECG

(c) Cardiac cycle

(d) Cardiac output

(e) Blood Pressure

(f) Echocardiography

(i) Sonography

(j) Peripheral vascular flow

3) Respiratory System:

(a) Structure of respiratory system (b) Mechanism of Respiration

(c) Lung volume capacity (d) Gaseous Exchange

4) Digestive System:

(a) Esophagus and Stomach (b) Intestine and peristaltic activity

(c) Hepatobiliary system (d) Enzymatic activity of Gastrointestinal tract and Liver.

5) Urogenital System:

(a) Structure of kidney and Blood supply (b) Formation of Urine

(c) Homeostasis and blood pressure

(d) Urinary tract (Ureter, bladder, urethra)

(e) Primary sex organs - male and female

(f) Prostate

(g) Menstrual cycle

(h) Spermatogenesis

(i) Pregnancy, parturition, Lactation

(j) Contraception, menopause

(k) Libido.

6) Skin and Integument System:

(a) Skin - Microscopy

(b) Sweating Mechanism and other functions

(c) Pigments.

7) Nervous System:

(a) Neuro anatomy
(b) Nerve conduction
(c) Functions of cerebrum
(d) Functions of cerebellum
(e) Midbrain and pons
(f) Basal Ganglion
(g) Limbic system
(h) Brain stern and Cranial nerves
(i) Spinal cord functions
(j) Vestibular apparatus
(k) Autonomous nervous system
(1) Neurotransmitters- serotonin, endorphines etc
(m) Special senses, Taste, smell, vision, hearing, touch.

8) Endocrine System:

(a) General principles
(b) Hypothalamus
(c) Pituitary gland
(d) Thyroid and Parathyroid
(e) Pancreas
(f) Suprarenal glands
(g) Gonads.

BIO CHEMISTRY

Biochemistry has made great advances in recent years. A postgraduate medical student is required to keep update with the important development relevant to therapeutics. Hence a comprehensive review of clinical aspect is to be kept in mind to cover the following topics.

1. Elementary constituents of cytoplasm.

2. Carbohydrates: (a) Monosaccharides (b) Disaccharides (c) Polysaccharides (d) Mucopolysaccharides (e) Carbohydrate digestion, absorption and metabolism (f) Citric Acid cycle.

3. Proteins: (a) Amino acids (b) Structural Proteins (c) Plasma Proteins (d) DNA, RNA (e)

Protein digestion. absorption and metabolism (f) End Products. (g) Urea Creatinne.

4. Lipids: (a) Saturated and unsaturated Fatty acids (b) Triglycerides (c) Lipoproteins (d)Esters (e) Fat Digestion (f) Absorption and metabolism (g) Keton bodies (h) Hormone synthesis.

5.Water and Electrolytes: (a) water and electrolyte distribution (b) Starling's Principle (c) Functions of Electrolytes (d) Acid base equilibrium.

5. Nutrition and B.M.R: (a) Basic principles (b) Diet (c) BMR in health and disease (d) Obesity.

(a) Hormones, Enzyme activities (h) Neurotransmitters

E) PSYCHOLOGY

1. Introduction:

a) Definition. b) Nature

(c) Subject matter. (d) Brain & Behavior

2. Methods of Psychology

a) Experimental.

b) Questionnaire. (Inventory)

3.Clinical

4. Survey.

5. Observation

6. Developmental Theories:

a) Psycho-analytical /neoFreudians.

b) Psycho social.

c) Behavioral.

d) Humanistic.

7. Motivation:

a) Classification- theories, Homoeostasis;

b) Cognitive approach, Frustration, Conflicts, Mental mechanisms.

c) Stress: Meaning, definition, types & its effects on body;

d) Mind - body relationship.

e) Sources of stress/ Coping Wth stress.

f) Stress management. (Relaxation, biofeedback)

8.Psychological Process:

a) Sensation, Perception, Attention- Study of disorders in each of them

9. Emotions

a) Characteristics , expression (vocal, nonverbal)

b) Internal physical changes

c) Emotions & Health.

10. Personality:

a) Definition, Characteristics, Traits. Factors influencing Personality

b) Assessment.

11. Intelligence

a) Definition, Nature, Growth determinants, Assessment, Application.

12) Learning

a) Types – classical conditioning, Operant Conditioning

b) Cognitive learning – application in medicine

13.Memory & forgetting

a) Process, types, Causes of forgetting..

b) Methods to improving memory.

14. Different approaches of psychology – Freud, Jung, Adler, Cattel, Horney

(II). The Man in Disease (Holistic Concept)

Structural, Functional, and psychological organization of the sick and his/her deficient adaptation to his/her environment and includes the study of pathology (psychological, functional and structural deviations from the state of Health). A probe into the evolutionary phenomenon of disease, paying attention to the cause effect relationship (viz. the effects of extrinsic (micro organisms, parasites, viruses and other stimuli) and intrinsic (susceptibility based on miasmas) factors along with their current interpretations and abnormal expressions of the sick pervading his/her whole being.)

Concept of disease – Definitions – Holistic approach – Distinction between Disease, Illness & sickness

Causation of disease – Environmental, biological, intrinsic factors etc.

PATHOLOGY AND MICROBIOLOGY

A thorough and comprehensive knowledge of disease processes is fundamental to any therapeutic approach with an aim of cure or palliation. Natural course of disease, prognosis are vital inputs for planning treatment strategies. The following topics need to be updated keeping Homeopathic orientation of practice in view

PATHOLOGY

1. General Pathology:

(a) Inflammation and repair

(b) Immunity & Hypersensitivity

(c) Coagulation, thrombosis

(d) Neoplasm

(e) Pigmentation disorders

(f) Ionizing radiation

(g) Genetic factors in disease

(h) Degeneration and cellular death.

2. Regional pathology

(a) Cardio vascular system- disease of heart, blood vessels, congestive heart failure

(b) Disease of trachea: airway obstructions, parenchyma disease of lungs, disease of pleura, allergic disease, and respiratory' failure.

(c) Disease of gastro intestinal tract: Oesophagitis, Peptic ulcer, malabsorption syndrome.

(d) Disease of Hepatobiliary system: Hepatitis, Cirrhosis of liver, gall bladder disorders

(e) Disease of kidney: Nephritis, Nephrotic syndrome, and Urinary tract disorders

(f) Disease of endocrines: Growth hormone disease, Pituitary disease, Thyroid, parathyroid disease, diabetes mellitus, supra renal disease.

3. Hematological diseases:

(a) Anemia

(b) Leukemia

(c) Hemorrhagic diseases.

4.Neurological disease:

(a) Cerebro vascular diseases

(b) Degenerative diseases of brain and spinal cord

(c) Meningial disease

(d) Cerebral palsies, congenital syndromes

5. Disease of Bones and joints:

Rheumatoid arthritis, osteo- arthrosis, SLE and other connective tissue disorders.

6. Disease of skin:

Dermatitis, pigment disorders, hyperkeratonic disorders & Veneral diseases.

MICRO BIOLOGY:

1 .Infection and disease.

2. Microbial pathogenicity

• Bacterial

• Fungal

• Viral

• Parasitic.

3. Defenses of Host against infections

Components of defense.

Functional setup of immunity.

Antigens.

Antibodies.

Cells of immuneresponse.

Ag- Ab reaction.

Hypersensitivity.

Autoimmunity.

4.Diagnosis of microbial infections.

5.Preventive measures against microbial infections.

(III) History of Medicine, Scientific Methodology including Research Methodology and

Statistics

a) History of Medicine - evolution with special emphasis on Hahnemann's contribution to medicine in General.

b) Basic concept of Logic, Philosophy

1. Introductory analysis Subject matter & scope – question for philosophy – The branches of philosophy

2. Philosophy & the sciences – Logic, metaphysics, & theory of causation

3. Logic – Inductive & deductive (On the basis of Aristotle, Lord Bacon, & J S Mill

4. The doctrine of Force – The Doctrine of monads – Life force (Note – Should be dealt in the context of Leibniz & Bergson)

5. Part & whole relation – Organic view – Philosophy of nature & Philosophy of mind (Note – Should be taught on the basis of Hegal)

6. An outline treatment of the following recent trends : Existentialism, Realism & Phenomenology, Pragmatism, Positivism & Analytic Philosophy

c) Scientific Methodology including research methodology & biostatics

1. Definition & scope of Statistics

2. Sources & presentation of Statistical data Primary data, Secondary data, Classification, Tabulation, Presentation of statistical data by diagrams, graphs, charts etc

3. Measures of Central tendency or averages

Introduction – Difference Averages – Definition – Merits & demerits – Partition values – Graphical location of the partition values

4. Measures of variation or dispersion

Introduction – definition of different measures of variation, Merits & demerits – Co- efficient of variation – Skewness , Kurtosis

5. Correlation & Regression Scatter Diagram – Correlation coefficient – Limits of correlation coefficient – Rank correlation – Lines of Regression Coefficient

6. Sampling Theory

Introduction – Advantages of sampling – Principal steps in a sample survey – Different methods of sampling – sampling & nonsampling error

7. Theory of probability

Introduction – Definition of various terms – Law of Addition of Probability – Multiplication – Law of Probability – Conditional Probability

8. Theoretical Distributions

Introduction – Binomial Distribution – Normal Distribution, Chi- square Distribution & T Distribution – Standard error

9. Tests of Significance

Introduction – Null Hypothesis – Alternative Hypothesis – Level of significance of test – Type I error – Test of single proportion – Test of significances for difference of proportions – Test of Significances for single means – Test of Significances for differences of means – Chi-square test – T test etc

10. Research Methodology

Introduction – Defining the research problem – research Design – Epidemiological studies – Clinic trials – Writing of Research reports

B. SPECIAL SUBJECTS

(I) Organon of Medicine & Homoeopathic Philosophy :

(i) Hahnemannian concepts of Homoeopathy (Principles and Practice)
Resources and references should be clearly defined

a. Organon of medicine 5th & 6th Edition with appendix and introduction
b. Introduction – review of therapeutics
c. Fundamental principles of homeopathy
d. Evolution of the principles and practice of homeopathy by making a reference of important topics of lesser writings of Hahnemann
e. A deep understanding of the subject is essential for making a critical and analytical appreciation and evaluation of it.

(ii) Homoeopathic Philosophy

a. Philosophy Text books of Dr.Kent, Dr.H.A.Robert, Dr.Stuart Close,

Dr.Dunham, Dr.Richard Hugehs has to be studied

b. Miasm – concept of Hahnemann , Chronic disease and their peculiar nature, Chronic miasm by Dr.J.H.Allen, Miasm by Dr. Banerjee etc..
c. Miasm concept of Dr.Kent, Dr.H.A.Robert, Dr.Stuart Close, Dr.Dunham, Dr.Richard Hugehs
d. Comparison of the symptoms of miasm through referring text book of S.K.Banerjee & Phyllis Speight
e. Miasmatic evolution of symptoms of polychrest remedies based on the standard text book of materia medica.

(iii) Practice of Homoeopathy in Medicine, Surgery, Obstetrics and Gynaecology. The aetio pathological aspect, clinical features, management of clinically important and most prevalent disease has to be studied. A student should be capable of making an analysis and evaluation, miasmatic expression on the aetio pathological aspect and clinical features both at disease properly and at the individualistic level.

PAPER DIVISION:

Paper I – Items (i) above

Paper II –items (ii) above

Paper III –items (iii) above

(II) Homoeopathic Materia Medica :

I. Basic Materia Medica

1. Materia Medica – Definition

2. Sources :
    a. Of drugs – Plant, Animal etc
    b. Of symptoms – Drug proving, toxicological, clinical etc
    c. Of Materia Medica – Source books
3. Drug proving and collection of symptoms – Methodology of Hahnemann, CCRH, others
4. Symptoms – Classification – different authors
5. Materia Medica
    a. Scope & Limitations of Materia Medica
    b. Science and philosophy of Materia Medica
    c. Construction and Types of Materia Medica
    d. Study of Materia Medica – different approaches
    e. Critical review of Materia Medica of various authors
    f. Application of Materia Medica – The elements involved –

Homoeopathic philosophy, Clinical medicine, Homoeopathic repertory and Materia Medica pura

II. Study of homoeopathic drugs

1. Study of pure effects of homoeopathic drugs from all sources, books and to interpret the same

2. Study of group characteristics with remedy differentiation
3. Study of relationship of drugs
4. Comparative study of Materia Medica
    a. Detailed study of polychrest drugs with their drug pictures
    b. Therapeutic indications of all drugs with special reference to rare remedies

III. Practice of Homoeopathy in Medicine, Surgery, Obstetrics & Gynecology

1. A systematic study of common diseases in internal medicine & its homoeopathic management

2. Iatrogenic diseases – its homoeopathic management

(III) Repertory :

1. Chronological development of repertory from Dr. Hahnemann till now. Their developmental sources and reference to their methods origin and subsequent development or edition afterwards with special of study and way of approach. Study of evolution of repertory, so that a comprehensive knowledge can be achieved as (a) Introduction including source and origin of repertory, about writer developments and edition subsequently . b) Philosophical backgrounds and fundamentals. (c) Doctrine. (d) Construction (e) Plan (f) Adaptability.

From Hahnemann → Boenninghausen → Kent → Boger →Newer repertories- Synthetic — Synthesis-Complete- Murphy. The critical study of these repertories from different angles, their utility, advantages and disadvantages, scope and limitations.

2. Classification of repertories into different groups. Use and importance of different groups, Clinical application of different repertories in different types of cases.

3.Terminology : Meaning of different technical terminology in studying repertory as rubric, subrubric, cross reference, similar rubric, gradation, rank, elimination, generalization, particularisation and synthesis. Interpretation and analysis of terminology used in Boenninghausen's, Kent's, Murphy's , Synthesis, Kneer's, Boger's repertories etc. and their applications in the light of modern knowledge.

4. Symptomatology : Definition, Source, different varieties of symptoms, their

interrelation and meaning with each other and value in analysis or anamnesis in a case as given by different authors till now. Concept of totality of symptoms and way of approach by Hahnemann, Boenninghausen, Kent, Boger, Stuart Close, H.A. Robert and Richard Huges. Boge'rs contribution to symptomatology and its importance

1. Understanding the study of Symptomatology in detail along with the Miasmatic understanding

2. Applying this knowledge to analysis of the case from different perspectives

3. Case Analysis:

Importance of anamnesis in case taking & Analysis methods and strategy by different authors

4. Evaluation of Symptoms:

I. One needs to understand the concepts used in evaluation & its application. Why & how of it.

2. Understanding the different concepts used by different authors i.e. Kent, Boger, Boennighusen etc. for evaluation of symptom

3. . Evaluation of Symptom by Dr. Hahnemann, Boenninghausen, Kent, Boger, Stuart Close, H.A. Robert, Garth Boericks, Bidwell etc. Integrated, dynamic and evolutionary concept of Hahnemannian totality

5.Case Taking: Art of Case taking in different type of cases as in acute (Individual, Sporadic, Epidemic- Acute diseases with a Chronic background), Chronic (Mental diseases, intermittent with acute- exacerbation, chronic disease with out acute exacerbation), analysis of the case, clinical diagnosis of the case and deduction of the case for repertorial purpose. Repertorial approach in case taking. Utility of repertory in presenting complaint, history of presenting complaint, past history, family history, treatment history, obstetrical history, age , sex etc.

(A) Dynamics & Methods of case taking

(B) Interview:

1. Prerequisites

a. Attitude b. Atmosphere c. Time d. Perspective

2. Interview Structure

3. Interview Process

a. Initiation b. Body c. Conclusion

4. Obstacle and anticipated difficulties

5. Indiscretions to be avoided

6. How to Do It- Techniques and Patterns of Interventions in different situations and category of patients

7. Different methods of case taking in the class room, in clinic, open air, OPD, IPD, public & rural areas

8. Difficulties in taking chronic cases.

9. Assessment

10. To understand the Hering's law of cure & its application in management of cases.

6. Card repertory : History and development of different card repertories and classification. Plan construction, Philosophical background, working with method, clinical uses, advantages and disadvantages of Kishore's cards.

7. Study of different individual groups of repertories.

1. Logical utilitarian groups - Boenninghausen, Boger, Kent (along with Kunzliz, Pierri schmidt's repertory)

2. Puritan groups of repertories Gentry & Knerr.

3. Special or regional or particular group of repertory

Bell's diarrhoea, Allen's fever, Minton's utrine disease, Berridge's eye and Dougla's skin.

A systemic methodical study of each above groups of repertory and their adaptability and clinical area of uses.

Historical Background: Detailed understanding of the historical evolution of these repertories, their Scope & Limitations. The different repertories & their evolution along with concepts, philosophy & necessity of these repertories. Understanding the different concepts used by different authors in construction & evolution of these

repertories.

08. Detailed study of the following repertories.

1. Boenninghausen 2. Kent 3. Boger 4. Synthetic 5. Murphy 6. Synthesis. 7. Kneer 8. Complete repertory.

In – depth critical study of these repertories from different angles, their utility, advantage and disadvantages. Comparative study of philosophical background, chapter wise comparative study, comparative study of Rubrics etc.

09. Repertorisation : Different methods, types, concepts and processes described in different authentic writings, their working methods, advantages and disadvantages and clinical application - Hahnemann, Boenninghausen, Kent, Boger, Farrington and M.L. Tyler etc

10. Interpretation of mind rubrics and comparative study, effective methods of tracing and converting mental symptoms, miasmatic study of individual rubrics in mind chapter. Problems in interpretation of mind rubrics. Effective methods.

11.Applications

a. Miasmatic approach in selection of rubrics, methodology of miasmatic cleavage

b. Effective utility of repertory in the management of acute diseases

c. Importance of pathology in disease diagnosis & individualization in relation to repertory

d. Scientific methodology of repertorisation

d. Methods and criteria in the selection of rubrics, precautions in psychological & psychiatric cases

e. Selection of potency & dose

f. Remedy response and prognosis

12.Computer : In-depth knowledge of computer application in Homoeopathic repertorisation. Comprehensive knowledge latest version of software packages like HRS, Hompath, Radar, Similimum, ISIS, Opus, Stimulare, P&W Synopsis, Mercuius, Complete Dynamics etc and their uses. Comparative study of different softawres. History & evolution, merits, demerits, price etc.

13. Practice of Homoeopathy in medicine:

Use of reportorial knowledge in application & management of different medicinal condition from stand point of view of clinico-pathologic-Miasm correlation from case taking → evaluation Totality → Repertorisation.

14. Practice of Homoeopathy in Surgery, Gyn & Obs:

Application of Knowledge of case taking → case processing → Analysis →evaluation → Rep. Totality -→with uses of different approaches - Repertorisation. Study of repertory — to understand different rubrics & its application in field of Surgery, OBG & Gynaec.

PAPER DIVISION:

Paper I – Items1 to 6 above

Paper II –items 7 to 12 above

Paper III –items 13 & 14 above

PART V
Examinations

The examination shall be conducted in two parts namely:

(a) M.D.(Hom.) Part I, which is to be held six months after completion of house job of one year's duration.

(b) M.D.(Hom.) Part II, which is to be held one year and six months after Part I examination.

Part I Examination

Every candidate seeking admission to 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 about the completion of the course of studies in the subjects in which the candidate seeks admission to the examination; and

(b) a certificate of having completed one year house job in the collegiate hospital.

Scheme of Examination (common to all specialties):

Part I Exam consist of :

1. Three theory papers each of not less than three hours duration.
2. One Practical/Clinical exam including Viva Voce except in Methods of research & statistics

Total marks of 100 for Paper I shall be distributed as follows:

a. Applied Anatomy – 30 Marks
b. Applied Physiology and Bio-Chemistry – 40 Marks
c. Concept of Health and Psychological Organization of Man – 30 Marks

In case of Paper I (Man in Health) and Paper II (Man in Disease) out of 100 Marks for Viva / Clinical, marks allotted shall be

a. 50% Marks will based on clinical case (bed side)
b. 50% Marks General Viva Voce (Theory)

Paper	Section	Subject	Duration of Hour	Distribution of Marks				
				Theory		Viva Voce / Clinical		Total
				Maximum	Minimum	Maximum	Minimum	
Paper I	Nil	Man in health	3	100	50	100	50	200
Paper II	Nil	Man in Disease	3	100	50	100	50	200
Paper III	A	History of Medicine	1 ½	50	50	50	25	150
	B	Method of Research and Statistics	1 ½	50		Nil		

No separate minimum for Section A and Section B of paper III. (Theory)

Viva Voce/Practical Examination in each general subject to be held by not less than three examiners together out of which one shall be the Guide / Supervisor

Division of marks for theory examinations:

1)Man in health-100 marks

a) Anatomy- 25 marks.

b) Physiology including bio-physics -25marks. -

c) Bio-chemistry-25 marks.

d) Psychology-25marks.

2) Man in disease- 100marks.

a) General pathology, - 25 marks

b) Systemic pathology - ?5 marks.

c) Microbiology - 25marks.

d) Susceptibility and miasms - 25 marks

3) History of Medicine and Statistics and Research Methodoloby-**100 marks.**

a) History of medicine - 40 marks

b) Statistics and Research Methodology - 60 marks

Method of conducting Practical and Viva voce Examinations: -

1. There will be one long case and one short case in the practical.

2. The long case will test the capacity to size up a chronic clinical problem, define it homeopathically, plan the treatment and estimate the prognosis -- all these based on sound rational principles of philosophy.

3. The short case will assess candidate's approach to clinical problem, skills to quickly define it and suggest alternative plans for resolving the same with in the limited resources at command. Thus the power of observation and interpretation will be examined. The process of examination will be observed and questioned.

4.The viva -voce examination will aim to cover the entire syllabus seeking to asses candidate's knowledge in depth including the dissertation work.

5. The long case will carry 70% of the allotted marks and the short case will carry 30%. Each step will be marked separately thus stressing the importance of the capacity to think through a clinical problem in a systematic way.

Part II Examination

Part II examination to be held One year and six months after Part I examination.

1. Every candidate applying for Part II examination shall prepare and submit four printed or typed copies of dissertation of not less than 10,000 words embodying his own research and contribution in advancing the knowledge in the subject to the university for approval, not later than six months prior to the holding of Part II examination.
2. The dissertation shall be submitted to the guide at least three months before the time fixed for submitting it to the University and the Guide shall certify that the work has not been previously formed the basis for award of any Post Graduate Degree in Homoeopathy and that work is the record of candidate's personal efforts and submitted to the University duly countersigned by the Guide.
3. The Examiners appointed to conduct the examinations shall scrutinize the dissertation and jointly report whether the dissertation be accepted or rejected or may make suggestion as they deem fit.
4. The candidate shall be allowed to appear of Part II examination three months after the examiner accepts the dissertation. Those candidates whose dissertation has not been accepted may be permitted to resubmit the same within a period of six months and not more than 1 year rejection.
5. Every candidate applying for Part II examination shall submit an application to the University with the following.
    a. A certificate showing that he/she has passed the Part I Exam
    b. A certificate from the guide / Head of institution about the completion of studies in the subject concerned

Part II Exam consist of

a) Three theory papers each of not less than three hours duration.

b) One Practical/Clinical exam including Viva Voce in the subject of specialty to assess the candidates acumen & his ability & working knowledge in the practice of specialty.

Scheme of examination

Subject	**Marks**				
	Theory	**Viva**	**Practical / Clinical**	**Total**	**Pass Mark**
Paper I	100	100	100	500	250
Paper II	100				
PaperIII	100				

Paper Division of Syllabus

Homoeopathic Materia Medica

1. Paper I
    a. Basic Materia Medica
    b. Study of Homoeopathic drugs - Mineral Kingdom & Nosodes
2. Paper II – Study of homoeopathic drugs – Plant & Animal kingdom, Sarcodes & Imponderablia
3. Paper III – Practice of Homoeopathy in Medicine, Surgery, Obstetrics & Gynecology

Homoeopathic Philosophy

Paper I – Hahnemannian concepts of Homoeopathy (Principles and Practice)

Paper II – Homoeopathic Philosophy

Paper III – Practice of Homoeopathy in Medicine, Surgery, Obstetrics & Gynecology

Repertory

Paper I – Case Taking & Repertorisation

Paper II – Repertories & Repertorisation

Paper III – Practice of Homoeopathy in Medicine, Surgery, Obstetrics & Gynecology

Examiners

There shall be three examiners together including Guide / Supervisor in the subject, for examining the candidate.

1. The criteria for examiners shall be the same as of the Guide.
2. A panel of examiners shall be prepared by the University for a period of 3 years which shall be approved by the Central Council of Homoeopathy
3. One of the examiners out of the panel shall be appointed as guide.
4. At least 50% of the examiners shall be external examiners.

Declaration of Results

All the examiners shall jointly assess the knowledge of the candidate for recommending the result to the University.

For Part I & Part II Exams, Board of Examiners shall convene a meeting after the completion of Viva Voce/ Practical examination to finalize the results and to recommend to the University that a candidate may be declared as passed or failed.

For Part I & Part II examinations, a candidate who fails in any of the three general subjects or special subjects shall be declared to have failed in that subject or subjects only, and he shall have to appear for the failed subject or subjects only on subsequent appearance in the examination.

A candidate who failed in the examination may appear again in the next examination without undergoing further course of study.

Student Guide Ratio

Students guide ration shall be 3:1 (three students & one Guide / Supervisor) provided that where it in not feasible for a Guide/ Supervisor to supervise the candidate or candidates there shall be an additional Co-Guide / Co-Supervisor

Educational qualification and experience for Guides / Supervisors & Co-Guides /Co-Supervisors:

A person shall possess the following qualification and experience for being eligible to be a Guide / Supervisor namely:

1. MD (Hom) Regular degree in the concerned subject, included in the second schedule of the Act
2. Teaching experience of not less than seven years as a Reader / Associate Professor in the subject concerned.

Provided that the Guide / Supervisor of a specialty shall remain the Guide / Supervisor for that specialty only.

A person shall possess the following qualification and experience for being eligible to be a Co-Guide(Co-Supervisor) namely:

a. A regular Post Graduate Degree in the special subject with experience as stated above or
b. Seven year teaching experience as Reader/ Associate professor in a College recognized by the Central Council of Homoeopathy.

PART V

Requirement for a Post Graduate Teaching Centre.

1. The centre shall fulfill the minimum requirements as prescribed in the Homeopathy (Minimum standards of Education) Regulation 1983 for undergraduate training. The centre shall obtain evaluation and approval from the Central Council of Homoeopathy before starting of MD Course.
2. Post Graduate Department should have the following additional facilities namely.
    a. One fulltime Professor in the department of specialty
    b. One Reader/Associate Professor
    c. Staff such as Attendants
    d. Departmental Library
    e. Outpatient and Inpatient departments with all facilities including separate clinical lab
    f. Three beds shall be earmarked for each student
    g. While submitting application for permission to start such PG Course they shall also submit a No objection Certificate from the State Government and provisional application from the University.

PART. VI

MONITORING LEARNING PROGRESS

During the First Year of the course every post graduate student should undergo one year compulsory house job at hospital. The hospital authorities should regulate, supervise the duties of post graduate students at hospital.

It is essential to monitor the learning progress of each candidate through continuous and regular assessment. It not only helps teachers to evaluate students but also students to evaluate themselves . The monitoring be done by the staff of the department based on participation of students in various teaching learning activities. It may be structured and assessment be done using checklists that assess various aspects.

The learning' outcomes to be assessed should include

1) Personal attitude

2) Acquisition of Knowledge

3) Clinical skills

4) Teaching skills

5) Dissertation.

1) Personal attitudes: -The essential items are.'

- Caring attitudes towards patients
- Initiatives
- Organisational ability
- Potential to cope with stressful situations and undertake responsibility
- Trustworthiness and Reliability
- To understand and communicate intelligibly with patients and others
- To behave in a manner which establishes professional relationship with patients and colleagues.
- Ability to work in team.
- A critical enquiring approach to the acquisition of Knowledge.

The methods used mainly consist of observation. It is appreciated that these items require a degree of subjective assessment by Guide, Supervisors and Peers.

2) Acquisition of Knowledge

The methods used comprise of "Log book" which records participation in various teaching training activities by the students. The number of activities attended and the number in which presentations are made are to be recorded. The logbook should periodically be validated by the Supervisors. Some of the activities are listed and the list is not complete or final. Institutions may include additional activities it so desired.

A) Journal review / Website review meetings

The ability to do literature search, in depth study, presentations skills and use of audio visual aides are to be assessed. Faculty members and peers attending the meeting using a checklist make the assessment.

During the P.G. course each P.G. students shall make 15 journals club presentation and 5 website reviews and maintain the copies of journals on which presentation is made and maintain a record of journal club presentations.

B) Seminar/ Symposia:

The topics should be assigned to do the students well in advance to facilitate in depth study. The ability to do literature search, in depth study, presentation skills and use of audio-visual aids are to be assessed using a checklist.

Each P, G. student shall take part in at least 20 seminars/symposium during the P.G. course and maintain the records of seminar notes/presentations and also he/she should present a paper /participate in at least one national level seminar/conferences.

C) Assignments:

Each P.G. student shall take up five assignments per year from second year on words and present ten assignments during the course period and maintain a copy of assignments taken up by the P.G. student at the department.

D) Clinical Skills

Day to day work: Skills in OPD and IPD work should be assessed periodically. The assessment should include the candidate's sincerity and punctuality analytical ability and communication skills.

Clinical Presentations: Candidates should periodically present to his peers and faculty members. This should assessed using a checklist

Each P.G. student shall present at least 20 case presentations during the period of P.G course and maintain the records of case presented.

E) Teaching Skills

Candidates should be encouraged to teach under graduate medical students. This performance should base on assessment by the faculty members of the department and from feedback from the undergraduate students.

Each student shall conduct at least 25 classes for Undergraduate students during the P.G. course and maintain the records.

F) Dissertation in the Department

Periodic presentations are to be made in the department. Initially the topic selected is to be presented before submission to the University for Registration, again before finalization for critical evaluation and another before final submission of the completed work

G)Periodic Tests: -The department may conduct if possible three tests, two of them be annual tests, one at the end of first year and the other in second year. The third test may be held three months before final examination. The tests may include written papers, practical /clinical and viva-voce.

11)Records: -records, Log books mid marks obtained in tests will be maintained by the head of the department and will be made available to the University or central Council of Homoeopathy.

12) Log Book:

The Log book is a record of the important activities of the candidates during his training; Internal Assessment should be based on the evaluation of the logbook. Collectively log books are a tool for the evaluation of the training programmes of the Institution by external agencies. The record

includes academic activities as we11 as the presentations and procedures carried out by the candidate.

J) Procedure for Defaulters

Every department should have a committee to review such situations. The guide and head of the department counsel the defaulting candidate. In extreme cases of default the departmental committee may recommend that defaulting candidate be withheld from appearing the examination, if she/he fails to fulfill the requirements in spite of being given adequate chances to correct himself or herself:

PART. VII

FORMAT OF OBSERVATIONAL CHECK LISTS

Model Evaluation form of Journal Review presentation

Name of the student Name of faculty/Observer

Date :

SI No	Items for observation during Presentation	Poor	Below Average	Average	Good	Very Good
1	Article chosen was					
2	Extent of understanding of scope and objectives of the paper by the candidate					
3	Whether cross -references have been consulted					
4	Whether other relevant publications consulted					
5	Ability to respond to questions on the paper/subject					
6	Audio visual aids used					
7	Ability to defend the paper					
8	Clarity of presentation					
9	Any other observation					
Total Score						

Model Evaluation form of Seminar Presentation

Name of the student Name of faculty/Observer

Date :

SI No	Items for observation during Presentation	Poor	Below Average	Average	Good	Very Good
1	Whether other relevant publication consulted					
2	Completeness of preparation					
3	Whether cross -references have been consulted					
4	Understanding of the subject					
5	Ability to respond to questions on the paper/subject					
6	Audio visual aids used					
7	Ability to defend the paper					
8	Over all performance					
9	Any other observation					
Total Score						

Model Evaluation form for Clinical Works in IPD/OPD

Name of the student Name of faculty/Observer

Date :

(To be completed once in a month by respective unit heads including posting in other departments if any)

SI No	Items for observation	Poor	Below Average	Average	Good	Very Good
1	Regularity of attendance					
2	Punctuality					
3	Interaction with colleagues and staff					
4	Maintenance of case record					
5	Presentation of case during rounds					
6	Investigations work up					
7	Bedside manners					
8	Rapport with patients					
9	Counseling of patient and relatives					
10	Overall quality of ward work					
Total Score						

Model Evaluation form for Clinical Presentation

Name of the student Name of faculty/Observer

Date :

SI No	Points to be considered	Poor	Below Average	Average	Good	Very Good
1	Completeness of history					
2	Whether all relevant points elicited					
3	Clarity of presentation					
4	Logical order					
5	Mentioned all negative & positive points of importance					
6	Accuracy of general physical examination					
7	Whether all physical signs elicited properly					
8	Whether all major signs interpreted					
9	Diagnosis : follows logically from history & findings					
10	Investigations : Complete, relevant, proper					
11	Ability to react questioning – follows logically from history & findings					
12	Ability to defend diagnosis					
13	Ability to justify differential diagnosis					
14	Other points					
Total Score						

Model Evaluation form for Teaching Skill Practice

Name of the student Name of faculty/Observer

Date :

SI No	Points to be considered	Strong Point	Weak Point
1	Communication of the purpose of the talk		
2	Evokes audience interest in the subject		
3	The introduction		
4	The sequence of ideas		
5	The use of practical examples & illustrations		
6	Speaking style – enjoyable, monotonous etc..specify		
7	Attempts audience participation		
8	Summary of main points at end		
9	Ask questions		
10	Answer questions asked by the audience		
11	Rapport of Speaker with audience		
12	Ability to defend questions		
13	Effectiveness of the talk		
14	Audio Visual aids		
Total Score			

Model Evaluation form for Dissertation Presentation

Name of the student Name of faculty/Observer

Date :

SI No	Points to be considered	Poor	Below Average	Average	Good	Very Good
1	Interest shown in the selection of topic					
2	Appropriate review of literature					
3	Discussion with guide & faculty					
4	Quality of protocol					
5	Preparation of proforma					
6	Usefulness of the work					
Total Score						

Continues Evaluation form of Dissertation work by Guide/Co- Guide

Name of the student Name of faculty/Observer

Date :

SI No	Points to be considered	Poor	Below Average	Average	Good	Very Good
1	Periodic consultation with guide/co-guide					
2	Regular collection of case material					
3	Depth of analysis/ Discussion					
4	Departmental presentation of findings					
5	Quality of final out put					
6	Usefulness of the work					
Total Score						
