

New MD(Hom) Syllabus

Revised and updated by **Vinayaka Mission Deemed University** and approved by CCH

PART I

PRELIMINARY

1. Short title : These regulations may be called the Homoeopathic Post Graduate Degree Course M.D.(Hom) Regulations of the Vinayaka Mission's Research Foundation, Deemed University, 2002.
2. Definitions: In these Regulations, unless the context otherwise requires.
 - a. 'Act' means the Homoeopathy Central Act, 1973(59 of 1973).
 - b. 'C.C.H.' means the Central Council of Homoeopathy; New Delhi constituted under the Act.
 - c. 'Course' means the following courses of study in Homoeopathy namely:
 - i. M.D.(Hom) Doctor of Medicine in Homoeopathy - Organon of Medicine with Homoeopathic Philosophy;
 - ii. M.D.(Hom) Doctor of Medicine in Homoeopathy - Homoeopathic Materia Medica including applied aspects;
 - iii. M.D.(Hom) Doctor of Medicine in Homoeopathy - Repertory;
 - iv. M.D.(Hom) Doctor of Medicine in Homoeopathy - Homoeopathic Pharmacy;
 - v. M.D.(Hom) Doctor of Medicine in Homoeopathy - Practice of Medicine;
 - vi. M.D.(Hom) Doctor of Medicine in Homoeopathy - Paediatrics and
 - vii. M.D.(Hom) Doctor of Medicine in Homoeopathy - Psychiatry.
 - d. "Post Graduation in Homoeopathy" means a Post Graduate qualification (Hom) in Homoeopathy recognized by the C.C.H.
 - e. A Degree in Homoeopathy means 'BHMS' or its equivalent declared there to by the C.C.H.
 - f. A Diploma in Homoeopathy means 'DHMS' or its equivalent declared there to by the C.C.H.
 - g. 'Homoeopathy College' means a Homoeopathic Medical College or an institute affiliated to a university and recognized by the C.C.H.
 - h. 'Teaching experience' means teaching experience in the subject concerned in a Homoeopathic College recognized by C.C.H. and includes teaching experience in the subjects of Medicine, Surgery, Obstetrics and Gynecology gained in a Medical College, recognized by the Medical Council of India.
 - i. Clinical Experience means experience in clinical practice in a recognized institution I Hospital.
 - j. '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

COURSES OF STUDY

1. i. Post Graduate Degree Courses shall be in the following subjects:
 - a. Organon of Medicine with Homoeopathic Philosophy
 - b. Homoeopathic Materia Medica including applied aspects
 - c. Repertory
 - d. Homoeopathic Pharmacy
 - e. Practice of Medicine
 - f. Paediatrics
 - g. Psychiatry.
- ii. Each course shall be of **three years** duration, including one year of house — job, during which the candidate shall be a resident in the campus and shall be given training as per the provisions of sub regulation (2) of regulation 10 of C.C.H.
- iii. a. Candidates shall pursue a regular course of study and research in the respective departments of the Homoeopathic College under the guidance of a guide recognized by the university, emphasis being on practical training, participation in seminars, Group discussions, Clinical meetings, Journal Clubs etc. The candidate shall be a resident in the hospital campus and shall be given graded responsibility in the management and treatment of patients entrusted to his/her care. He/ she shall participate in teaching and training of under graduate students and internees.
 - b. Candidates are required to write a Thesis or Dissertation on a subject approved by the University not less than, 10,000 words (Ten thousand) 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.

III. Each course shall comprise of the following subjects:

a. **General subjects for all the candidates.**

1. The man in health (Holistic concept);
2. The man in disease (Holistic concept); and
3. History of medicine, general philosophy, Logic, Scientific Methodology, including research Methodology and Statistics.

b. **Special subjects.**

1. Organon of Medicine with Homoeopathic Philosophy;
2. Homoeopathic Materia Medica including applied aspects;
3. Repertory;
4. Homoeopathic Pharmacy;
5. Practice of Medicine;
6. Paediatrics and
7. Psychiatry.

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

PART III

ADMISSION TO COURSE

1. No candidate shall be admitted to M.D (Hom.) course unless he possesses the degree of— Bachelor of Homoeopathic Medicine and Surgery or it's equivalent qualification in Homoeopathy included in the Second Schedule to the Act, after undergoing a course of study of not less than five years and six months duration including one year compulsory internship or
ii. Bachelor of Homoeopathic Medicine and Surgery (Graded Degree) or it's 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 shall select candidates on merit for P.G Courses.

PART IV

TRAINING

- A. Period of Training: The period of training for M.D (Hom) shall be three years (six clear terms of six months after full registration including one year of house job)
- B. 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.

Attendance, Progress and Conduct:

1. The candidate pursuing degree should work in the concerned department for a period of 3 years as a full time student.
2. Each year shall betaken as a unit for the purpose of calculating attendance.
3. The student shall attend the symposia, seminar, conference, journal review, case-presentation, clinical and lectures during each year as prescribed by the department and not absent himself/ herself from work without valid reasons.
4. A student shall be considered to have completed one academic year if he/ she has attended not less than 80 % of the number of working period during the said academic year if he/she progresses and have been found satisfactory.
5. The Vice - Chancellor shall however has the power to condone the shortage of the attendance up to 10% of the number of working periods in the exceptional circumstances on the specific recommendations of the Head of Department and from time to time by the concerned students.
6. The student who fails to complete the course as per ordinance shall not be permitted to appear for the university examination.

Student I Guide Ratio:

The Student — Supervisor (Guide) ratio shall be 3: 1 {three students and one Supervisor (Guide)} provided that where it is not feasible for Supervisor (Guide) to supervise the candidates in any area of the

specialty there shall be one additional Co- Supervisor (Co-Guide).

Criteria for the Supervisor (Guide) and Examiner:

A person shall possess the following qualification and experience for being eligible to be a Guide I Examiner, namely: -

- i. M.D. (Hom) included in the second schedule to the Act: and
 - ii. Teaching experience of not less than seven years as an Assistant Professor in the subject concerned or clinical experience of ten years in a Government organization.
- Provided that up to a period of five years from the date of commencement of the Homoeopathy (Post Graduate degree Course) M.D (Hom) Amendment Regulations 2001. If Guides / Examiners with qualification and experience as laid down in terms (i) and (ii) above are not available, then teaching staff of Professor cadre holding a recognized Degree / Diploma qualification in Homoeopathy of not less than four years duration with twenty years professional experience (including ten years teaching experience in the subject concerned in a Homoeopathic College) may be appointed provided that the Supervisor of a specialty shall remain the Supervisor for that specialty only.

Criteria for selection of Co-Supervisor / Co-Guide:

Post Graduate Degree qualification in the special subject with experience stated in clause (a) or seven years teaching experience as Associate Professor in a college recognized by the Medical Council of India.

Requirements for a Post- Graduate teaching center:

- a. A Homoeopathic Medical College or Institute or Hospital shall have Post Graduate Courses in Homoeopathy only after having permission from Central Council of Homoeopathy and affiliation with the University.
- b. The Centre should provide all facilities to candidates.
- c. Every such college, Institute or Hospital shall have a department of the concerned specialty and shall also have the following additional facilities namely,
 - i. One full time Professor in the department of specialty.
 - ii. One Reader I Assistant Professor.
 - iii. Staff such as Attendants. Technicians etc. as deemed necessary depending upon the department.
 - iv. Department Library.
 - v. Out – patient department and in-patient department with all facilities including separate clinical laboratory.
 - vi. Three beds shall be earmarked per student for each clinical subject of specialty.
- d.
 - i. A Homoeopathic College, Institute or hospital desirous to start a Post Graduate course in Homoeopathy having under graduate teaching facility shall have a minimum of 25 bed Hospital with attached laboratory for routine investigative procedure.
 - ii. It shall also have facility to teach general subjects as started in regulation 5 or submit a certificate that they have a Memorandum of Understanding with a nearby undergraduate Homoeopathic College recognized by the Central Council.
 - iii. While submitting applications for permission to start Post Graduate Course, they shall also submit a no objection certificate from the State Government and provisional affiliation from concerned University.

PART V

SPECIAL PROVISIONS FOR EXTERNAL CANDIDATES

Notwithstanding anything contained in these regulation the university may allow admission of external candidates to appear in the Post Graduate examination for a period of eight years from the commencement of the Homoeopathy (Post Graduate Degree Course) M.D. (Hom) (Amendment) Regulation 2001. for three subjects namely Materia Medica, Homoeopathic Philosophy and Repertory only subject to the fulfillment of the following conditions;

I. Admission to the examination:

1. A candidate who has passed the final examination of a diploma course in Homoeopathy of not less than four years duration shall be eligible for admission to the examination as an external candidate, if such candidate —
 - i. holds full time regular post not below the rank of Assistant Professor, or
 - ii. has teaching experience of not less than seven years in a recognized Homoeopathic Medical College, or
 - iii. has ten years of professional experience.
2. The candidate shall register his name two years before the final examination.

3. The candidate shall prepare and submit to his Supervisor / Guide a dissertation nine months prior to the holding of the final examination. The Supervisor / Guide shall approve the same six months prior to the holding of the examination.

II. Papers for examination:

The examination shall comprise of the following subjects, namely,

- a. Materia Medica (Materia Medica Pura and Applied)
- b. Homoeopathic Practice of Medicine (Including Gynaecology and Obstetrics)
- c. Organon of Medicine and Philosophy.
- d. Repertory.

III. Examiners:

The Criteria for selection of examiners shall be as same as that of regular course.

GENERAL SUBJECTS

(Common to All branches)

Paper –I (The Man in Health)

The subjects included here are part of the BHMS Syllabus and the student has already been examined in them. However, the focus here is on the clinical and applied aspects; the integration within the individual subjects and the integration across the subjects as evidenced below. Effort will be made to keep attention of the student on these and the student will not be needed to appear for the original subjects again.

I. ANATOMY-Applied and clinical aspects

The understanding of Materia Medica and the scientific understanding of limits, limitations and extension of the reach of Homoeopathic medication would depend upon a sound knowledge of the structural organization of the human system. When to treat and when not to treat would need this knowledge to base sensible clinical decisions.

The anatomy of each part will be discussed on the following headings:

- a. Basic anatomy in brief
- b. Radiographic Anatomy
- c. Surface Anatomy
- d. Clinical applications
- e. Anatomical-clinical problems

References:

1. Snell Richard S.: Clinical Anatomy for Medical Students. Little Brown and Co.
2. Last R. J.: Applied Anatomy
3. Mc Gregor: Synopsis of Surgical Anatomy

II. PHYSIOLOGY-Applied and clinical

The practice of Homoeopathic medicine is closely allied to the correct appreciation of the physiological and biochemical processes in the body. A good foundation of these disciplines will assist the post-graduate to base his understanding of clinical phenomena and the management on the functional organization of the system.

I. The internal environment-Cell and body fluids, Membrane transport, Blood and blood coagulation, Body water, RBC and anemia, WBC spleen with immunity and inflammation.

II. Heart and circulation -General considerations, Vascular systems
Systemic/Pulmonary/capillary/venous/lymphatic, Cardio-vascular innervations with electrocardiography, cardiac cycle and its control, Special circulations-cardiac, cerebral, pulmonary, splanchnic, cutaneous, muscle, shock, BP and ischemia.

III. Respiration - Mechanism of breathing, Neural, chemical and reflex control, Dyspnoea, Anoxia, Hypoxia and Cyanosis, Artificial respiration and respirators.

IV. Kidney and Regulation of Body Fluid -Function of the kidney, Renal Blood Flow with ischaemia and injury, Renin-angiotensin mechanisms, ADH, Physiology of micturition with control and disorders, Regulation of balance and composition of body fluids, Na excess and deficiency, water deprivation, kidney function in disease, Body fluid derangements in alimentary disorders.

V. Muscle and Nervous System -Structure and Function of muscles, Neuro muscular transmission and blocks at various levels-pre-synaptic, synaptic and post-synaptic and myasthenia gravis.

Structure and function of nervous tissue, synapse and receptors, degeneration and regeneration of

peripheral nerves, muscle tone, Postural reflexes and the control of balance with the disorders. Functions of various systems and areas of cortex, the brain and spinal cord with clinical understanding of the effects of abrasion and injuries

Speech, Sleep, Regulation of Body temperature, CSF circulation, the composition and the blood-brain barrier.

I. Special senses: Special emphasis on the mechanism of pain and itching and its regulation through the Central system

II. Autonomic Nervous System: Central and endocrine control, adrenal medulla-function and regulation.

III. Digestion: Innervations of the gastric system and the motility disorders, Secretion of the gastric tracts, their control and the disorders, Liver blood flow and anoxia, Liver functions and hepatic failure.

IV. Endocrine: Hormone and the properties, Neural control of the endocrine secretion, receptors and their properties, interrelationship of the different endocrine organs and their functions.

V. Reproduction: Sex determination and differentiation, abnormalities of sex development, Control of functioning of the gonadal hormones- their disorders, physiology of coitus, Maternal Physiology, Physiology of the fetus and of the newborn.

References: 1. Samson Wright's Applied Physiology: Keele, Neil, Joels 13th edition Oxford Med Publishers

2. Best and Taylor: Medical Physiology

III. BIOCHEMISTRY AND BIOPHYSICS

BIOCHEMISTRY

a. Metabolism-Anabolism and Catabolism- Energy liberation and transfer, biological oxidation, Carbohydrate, Fat and Protein metabolism with integration of the different metabolic processes, metabolism in starvation

b. Nutrition-Energy requirements, constituents of normal diet, nutritional requirements of special groups

c. Acid-base balance

d. Blood and its constituents

e. Urine

BIOPHYSICS

a. Cell Membrane transport

b. Plasma protein and the transport

c. Vascular system-flow and dynamics

d. Properties of muscular contraction-general and cardiac, motor unit properties

e. Work of breathing and lung volumes, respiratory quotient

f. Blood gas measurements, Oxygen carriage and dissociation curve

g. Basal metabolic rate

h. Mechanisms of urinary concentration

i. Nerve properties and biophysics of conduction

References: 1. Orten and Neuhas: Biochemistry

2. Talwar: Clinical Biochemistry

IV. PSYCHOLOGY-APPLIED

a. Basic Psychology of Human beings

b. Introduction and Definition of Psychology

c. Branches of Psychology

Attention, Perception, Intelligence, Memory, Emotion, Thinking and Personality.

a. Different approaches of psychology Freud, Jung, Adler, Cattell and Homey.

b. Human development-infancy to old age

c. Reflexes, instincts and their control

d. Thinking and decision making and its direction

e. Emotions and their psychobiological basis

f. Emotional Blocks and the dynamics

g. Will and motivation

h. Responses to stress

i. Learning, the disorders and its management

j. Personality and the clinical approach, measurement of personality

k. Social forces and the impact on behavior

References: 1. Morgan and King Normal Psychology

2. Atkinson: Psychology

3. Ruch: Psychology and Life

V. INTEGRATION of Io IV

- a. Psycho-bio-social concept of Man
- b. Spirituo-psychological concept as enunciated by Hahnemann and Physicians of the Homoeopathic School

SCHEME OF EXAMINATION

PAPER I - General Subjects—Man in Health (100 Marks)

Part I- Structural and Functional organization

3 Questions

Part II- Philosophico-spiritual organization of man

3 Questions

Viva(100 Marks) - Two tables as above which will concentrate on the clinical aspects alone.

Paper II-(The Man in Disease)

The student has passed the BHMS in these subjects individually but needs to integrate all of these so that he can use this knowledge to enhance his clinical reach, become a better, informed teacher and a scientific research worker. Hence the subjects are dealt with in a slightly different manner emphasizing the integration that is central to the treatment of the diseased individual.

I a. PATHOLOGY (Structural alterations in Disease)

Effort should be made to define the basic principles of Pathology (General Pathology) since a thorough grasp of this is of crucial significance in the understanding of the miasmatic aspect of disease.

- a. Concepts of Aetiology and Aetiopathogenesis
- b. The influence of heredity
- c. Inflammation and Repair
- d. Hypersensitivity and the Autoimmune Diseases
- e. Ischaemia, Necrosis and Gangrene
- f. Degeneration
- g. Hyperlipidemia
- h. Amyloidosis
- i. Calcification
- j. Physical agents and Injuries
- k. Chemical agents
- l. Infections-general principles (The details of this are to be dealt with in the respective sections of Bacteriology, Parasitology and Virology)
- m. Radiations
- n. Nutritional deficiencies and excess
- o. Pigmentation and depigmentation
- p. Tumours-benign and malignant

References:

- 1 Robins: Pathological aspects of Disease
- 2 Boyd: Pathology
- 3 Bhende, Deodhar and Kelkar: General Pathology

Ib. PATHOPHYSIOLOGY (Functional alterations in Disease)

Application of the changes outlined above in all the systemic diseases. This should be done so that the functional alterations are understood and the travel from the functional zone to the structural zone is grasped. It is an essential introduction to clinical medicine and serves as a bridge between the basic sciences and disease.

AU the systems are a focus of attention during this part of the course.

References: Mcphee etc.: Pathophysiology of Disease

II. BACTERIOLOGY AND VIROLOGY

- a. General considerations of bacteriology and virology
- b. The different pathogenic bacteria would be dealt with emphasizing the close relationship between the structure and function of these organisms. The emphasis would be the pathogenesis and host response, lab diagnosis, Epidemiology and control measures to stop the spread of infections
- c. The different strains of viruses would be dealt with in the same manner as above.

References: Duguid etc.: Medical Microbiology

III. PARASITOLOGY

A. General considerations

- a. Taxonomy and classification
- b. Host-parasite relationship
- c. Clinical manifestations
- d. Immunological aspects
- e. Prevalence and transmission of parasitic infestations
- f. Lab diagnosis

B. All the leading parasitic infestations should be dealt with the above detailed methodology

References: Ichhpujani etc: Medical Parasitology

IV. ABNORMAL PSYCHOLOGY

- a. Behaviour-normal and abnormal — general considerations
- b. Causal factors in Psychological disorders-nature v/s nurture controversy
- c. Nature of Stress and Stressor-- Methods of Coping and decompensation
- d. Patterns of Abnormal behavior - acute stress disorder, adjustment disorders and common life stresses
- e. Genes factors as determinants of physical illnesses-Health attitudes and coping resources, autonomic excess and tissue damage, psychoimmunology, Life style as a maintaining factor, psychological factors in specific disease processes
- f. Substance Disorders-their physical manifestations and special care
- g. Sexual dysfunction-as a reflection of disordered relationships
- h. Brain disorders and cognitive impairment

References: Cannon etc.: Abnormal Psychology and Modern Life

V. CLINICAL INVESTIGATIONS

The effort here is to learn the correct interpretation of data from the clinical investigations and correlate these in the light of the structural and functional disorganization of the system. The totality of the illness would emerge only after the above can be completed to satisfaction. Thus this aspect would also cover the ordering of the appropriate clinical investigations at an early stage when the functional derangements can be identified before the disease enters the structural state.

A. Non-invasive techniques:

a. Clinical Laboratory

Hematology

Clinical Biochemistry to investigate the functioning of different organ-systems

Bacteriology

Parasitology

Immunology

b. Radio imaging- Radiology

Ultrasounds-USG, 2-D Echo and Doppler

CT scan

MRI

Nuclear isotope scanning

c. Electro-investigation

ECG and Stress testing

EEG

Nerve conduction studies

EMG

d. Nuclear scanning

B. Invasive techniques- Scopies

References: Ravel: Clinical laboratory medicine

VI. MIASMATIC CORRELATIONS AND UNDERSTANDING OF SUSCEPTIBILITY

This is the final effort of integrating the clinical data obtained through clinical means based on a sound understanding of Homoeopathic Philosophy as enunciated by Hahnemann and the other masters who

followed him. Special mention must be made of Boger who has made signal contributions to our understanding of the miasmatic conditions in patients coming with advanced pathology. Also the crucial therapeutic decisions that a clinician needs to take depend upon his assessment of the state of the susceptibility evolving over a period of time. The focus is not on the historical review of the miasmatic theory but the clinico-pathological correlations that have made the miasmatic theory applicable at the bedside. Contributions of the latter-day clinicians are of significance and one would like to study in detail the views of Roberts, Ortega, Kanjilal and Dhawale.

SCHEME OF EXAMINATION

Paper II — General Subjects — Man in Disease (100 Marks)

Part I - Structural, Functional and Psychological Disorganization 3 questions

Part II — Clinical and Miasmatic correlations 3 questions

Viva(100 Marks) - To be clinically based with tables displaying the abnormal investigation reports and correlations asked for.

Paper- III-History of Medicine, Basic concepts of Logic and Philosophy, Scientific Methodology,Including Research Methodology and Statistics

The student should be given adequate information about the history of medicine, its evaluation with special emphasis on Hahnemann's contribution. The history of medicine should be studied drawing parallel with development of homoeopathy in the last two centuries. The history of Indian medicine should also be studied.

Part — I: History of Medicine, Logic and Philosophy

A. *The Dawn of Medicine*: Medicine in prehistoric times, Ancient Egypt and Mesopotamia

Ancient Greece: Origins of Greek medicine Hippocratic practice, Aristotle

The Heirs Of Greece: The Alexandrian School, Medical teaching in the Roman Empire Galen, The final medical synthesis of antiquity

The Middle Ages: Byzantine medicine, The period of depression in Europe, Arabic medicine, The medieval awakening, The universities, Medieval anatomy, surgery, and internal medicine, Medieval hospitals and hygiene

The Rebirth Of Science: The anatomical awakening. Concepts of disease, the rise of internal medicine, the revival of physiology, Microscopical examination of the animal body,

The Period Of Consolidation: The Reign of Law, The rise of clinical teaching, Anatomy and the Edinburgh School, Physiology, Morbid anatomy becomes a science, Surgery and obstetrics. The beginnings of the science of vital statistics. The industrial Revolution, Communal disease and hygiene, Control and recognition of epidemic diseases *Period Of Scientific Subdivision*: Origins and implications of scientific specialization, The revolution in preventive medicine, Johannes Muller, The work of Claude Bernard, The work of Kail Ludwig, Later physiological investigators: Respiration, Circulation, The blood, Biochemistry. The Cell Theory, Establishment of the doctrine of the germ origin of disease, Anaesthesia, The revolution in surgery, Bacteriology becomes a science, The study of immunity, The changes view of insanity, The development of modern pathology. The rise of pediatrics, the teeth and their diseases, the history of the pharmacopoeias, Contents of a modern pharmacopoeia, Active principles: alkaloids and glycosides, Pharmacology, the scientific investigation of drug action.

Origin and History of Homoeopathy in the world, contributions of various stalwarts of Homoeopathy.

Origin and development of Homoeopathy in India

B. Basic concepts of Logic and Philosophy

The students should be well informed about the principles of logic and different methods of logic. How Hahnemann effectively utilized the concepts and methods of logic in the discovery of various principles of Homoeopathy. Emphasis should be given to the teachings of Aristotle, Lord Francis Bacon and J.S. Mill. A deep study of general philosophy is essential for a physician to elucidate the fundamentals of Homoeopathy in its clarity. Study of western philosophy with its beginning and development from the Greece should be the basis. Further development of human thought process through the centuries till the present will help the student to understand and evaluate the position of Homoeopathy in the medical science today and the possible role Homoeopathy can play in the events of future medicine.

General philosophy should be studied by giving emphasis to Socrates, Plato, Aristotle, Lord Bacon, Rene Descartes, Hegal etc.

1. Introductory analysis — Subject matter and scope — question for philosophy — The Branches of Philosophy.
 2. Philosophy and the Sciences — Logic, metaphysics and theory of causation (Note: Emphasis should be given to Aristotle's philosophy)
 3. Science and Inductive method — Philosophy of man — Empiricism (note: should be taught from the point of view of Francis Bacon and J.S. Mill)
 4. The doctrine of Force — The doctrine of monads — life force — (note: should be dealt in the context of Leibniz and Bergson)
 5. Part and whole relation — Organic view — Philosophy of nature and Philosophy of mind — (Note: should be taught on the basis of Aristotle and Hegel)
1. An outline treatment of the following recent trends: Existentialism, Realism and Phenomenology, Pragmatism, Positivism and Analytic Philosophy.
- Books for references:
1. History of philosophy — Frank Thilfy s
 2. History of philosophy— Masih
 3. New Lights — Lectures on Homeopathy and philosophy by Dr. E.S. Rajendran

Part- II: Research Methodology and Statistics

The design of experiments Sampling and observational studies Summarizing data Presenting data Probability

The Normal distribution

Estimation

Significance tests

Comparing the means of small samples: Regression and correlation

Methods based on rank order: Non-parametric methods, The Mann- Whitney U test, The Wilcoxon matched pairs test, Spearman's rank correlation coefficient, \tilde{r}_s , Kendall's rank correlation coefficient, τ , Continuity corrections, Parametric or non-parametric methods?

The analysis of cross-tabulations: The chi-squared test for association, Tests for 2 by 2 tables, The chi-squared test for small samples, Fisher's exact test, Yates' continuity correction for the 2 by 2 table, The validity of Fisher's and Yates' methods, Odds and odds ratios, The chi-squared test for trend, Methods for matched samples

Choosing the statistical method Clinical measurement Mortality statistics and population structure Multi factorial methods Determination of sample size

Research methods: Methodological problems of Clinical research specific to homeopathy, Study protocol, Selection of research topics, Types of research and their requirements, the Art of scientific research, the anatomy and physiology of Clinical research, Writing and funding a Research proposal. Controlled clinical trials in Homeopathy.

Books for reference:

1. Basic principles of Medical Research by D.B. Bisht.
2. Statistical methods in Medical investigations: by Brian S Everitt
3. Designing Clinical Research, an Epidemiologic Approach by Stephen B. Hulley et al.
4. An introduction to Medical statistics by Martin Bland.
5. Homoeopathic Medicine Research Group, a report submitted to European Commission.
6. A short History of Medicine by Charles Singer and E. Asthworth Underwood

SCHEME OF EXAMINATION

Paper III— General Subjects — History of Medicine, Scientific Methodology including Research Methodology and Statistics (100 Marks).

Part - I History of Medicine, Logic and Philosophy. 3 questions

Part - II Scientific Methodology including Research Methodology and Statistics. 3 questions

Viva(1 00 Marks) - Two tables as above which will concentrate on the applied aspects alone.

SPECIALTY SUBJECTS

ORGANON OF MEDICINE WITH HOMOEOPATHIC PHILOSOPHY

INTRODUCTION

The two-part syllabus has been designed with the objective of delivering to the candidate the entire experience of basic and applied aspects of Homoeopathic health- care applicable to the discipline of General Medicine.

MD-Part.I takes the candidate on the journey from Man in health - Man in disease. The ground that he has covered earlier in the undergraduate course is gone over again but from a very different clinical perspective. The integrated approach a clinician needs to adopt will underlie the exposure to these subjects. This will be facilitated since the candidate is simultaneously doing his resident training and is seeing the phenomena of health being transformed into disease in his clinical studies. Having thus re-visited the basic sciences, the candidate is now prepared to undertake the journey deeper into the healing science and art attempting to come into more intimate contact with the principles that Hahnemann identifies as critical for the success of the 'Operation Cure'.

Hence we should be very clear about the philosophical and conceptual basis of the syllabus, the ground that we need to cover. We should evolve matching methods and techniques that will experimentally deliver to the candidate the entire experience of 'Healing' in its Hahnemannian sense. We must also remember that unlike in Modern medicine, there can be no standardization of Homoeopathic management of different clinical conditions. All the same, we should be able to define a common approach to the understanding of the condition and it is expected that with the passage of time and accurate documentation (which will follow the establishment of Postgraduate education), an approach will evolve. Till then we will be required to integrate our general understanding of the clinical and pathological phenomena of disease with our knowledge of Materia Medica and apply philosophical concepts to evolve the approach. References to literature is thus, at best, only general and constitute preliminary readings for take off. The role of the guide and teacher will be paramount in evolving guidelines

BASIC CONCEPTS

Part — I has dealt with the following areas: -

- (1) Structural basis of health and disease. (Anatomical organization of man and its degeneration into structural pathology)
- (2) Functional basis of health and disease. (Physiological organization of man and its degeneration into pathophysiology)
- (3) Psychological basis of health and disease and the abnormal psychological processes which initiate abnormal mental and psycho physiological functioning.
 - (a) The Concept of Man that the clinician needs in order to function in the clinical setting.
 - (b) The scientific and full use of the extended senses of Clinical Investigations to unravel the hidden, often nascent stage in the evolution of the disease.
 - (c) Final integration of all of the above with the basic tenets of Homoeopathic Philosophy.

Part — II will further take the candidate to understand the application of the above knowledge in terms of the following:-

- (1) Evolving an approach to the Definition of the Clinical Problem
- (2) Understanding the crucial role of documentation in the scientific understanding of the clinical state by applying basic concepts laid down by Dr. Hahnemann and other stalwarts
- (3) Possessing a sound understanding of the Bio-Psycho-Social concept of Aetiopathogenesis and evolution of the disease phenomena
- (4) Evolving clinico-pathological correlations to grasp the essence of the disease phenomena and integrating in terms of the structural, functional and formal correlations based upon Hahnemannian concept.
- (5) Learning the basics of Classification of Disease and integrating these principles with the Hahnemannian approach
- (6) Integrating all of the above in erecting a Hahnemannian Totality
- (7) Processing this totality through the appropriate Repertorial/Non repertorial approach
- (8) Application in terms of evolving suitable Materia Medica portraits through the correct application of Philosophy and the principles

- (9) Understanding the dink approach to the assessment of susceptibility and its influence in decision-making of Remedy Reaction assessment and Posology
- (10) Finally, the need for the physician to take on the role of the 'Unprejudiced Observer' (Aphorism 6) while carrying out all of the above actions.

(I) HAHNEMANNIAN CONCEPT OF HOMOEOPATHY:

Deeper insight of the concept is necessary from the point of view of its background, observation, genesis, Logic, derivation, experimentation, application, and evolution. This will require the deep understanding of

- (1) Life of Dr. Hahnemann, his experiences, background, philosophical influences. His values. His journey in life through different phases
- (2) Understanding the different edition of Organon along with the difference & evolution of different concepts
- (3) Homoeopathy: Definition and Scope
- (4) Homoeopathy: Relationship to other forms of Therapeutics.
- (5) Hahnemannian Concepts: Man Universe, Health, Disease, Recovery and Cure, Causation & Concomitant
- (6) Concept of Physician, His mission and 'Knowledges'
- (7) Concept of Law of simple/minimum/single
- (8) Concept of Drug proving
- (9) Concept of case taking its various Do's & don'ts

Concept of Symptomatology

- (1) Concept of Aetiology in Medicine and its impact on Therapeutics
- (2) Concept of Clinical Diagnosis, Nosological Classification of Diseases and their importance in Homoeopathy
- (3) Law of Similars: Evolution, Deduction, and Experimental Proof
- (4) Law of Similars: Application and Corollaries
- (5) Remedy-Selection: Concept of Individualization; Concept of Totality of Symptoms; Concept of the Portrait of the Disease (Aphorism 6 of Organon of Medicine')
- (6) Susceptibility and Remedy-Reaction

The topic demands a systematic treatment of Susceptibility and its importance in Health, Constitution, Diathesis, Disease, Recovery, Cure, Drug-effects, Remedy-effects, Suppression and Palliation, Local Application and Remedy-regulation. Remedy-reaction is to be studied in a systematic manner so that the various observations made by Hahnemann, Boenninghausen, Hering, Kent, Close, Boger, Roberts and others are properly integrated. (See below). A clear idea of the following is expected:

- (a) Observation: Accurate description with appropriate examples.
 - (b) Interpretation: Understanding of what is happening and why; Prognostic significance; Appropriate Action: providing a rational link-up with Homoeopathic Posology.
- Classification and grouping of various observations is recommended to facilitate rational understanding, recall, identification at the bed-side followed by proper action.
- (7) Remedy Administration: Potency-selection, Repetition, Second Prescription, Placebo and Remedy Relationship, Concept of the Dynamic Action and the Dose, Programming of Treatment (Projections into the Future).
 - (8) Chronic Relapsing States: Hahnemann's Disease Classification — Acute & Chronic and the Theory of Chronic Diseases; its interpretation in the light of present knowledge. Clinical Classification and Identification of the Four Miasmatic Types, their pre-dispositions and Diseases associated with each Type. Combination of Miasms: Concept, Implications and Identification. Representation of the Four Miasmatic Types in the Homoeopathic Materia Medica and Classification of Drugs on Miasmatic Basis. Homoeopathic Management of Miasmatic Disorders.
 - (9) Hahnemann & Homoeopathy: Contribution to and Impact on Medicine in General. Place of Homoeopathy in Medicine.

(ii) HOMOEOPATHIC PHILOSOPHY

1. To understand the philosophy, background, evolution, derivation, modification, expansion on the work of Dr. Hahnemann on above concept through the writings & concepts of various authors. Making comparative study of their statements, work & understanding the difference between their approaches along with relevant Merits & Demerits.

- a. Kent
- b. Boger

- c. Boeninghausen
- d. Stuart Close
- a. H. A. Robert
- b. J. H. Allen
- c. Dunham
- d. Hughes
- e. Sarkar
- f. Whitmont
- g. Ortega
- h. Paschero
- i. M L Dhawale
- j. Vithoukias
- k. Rajan Shankaran
- I. Harris Coulter

(iii) PRACTICE OF HOMOEOPATHY IN MEDICINE:

Integrating the concepts put down by Dr. Hahnemann & further expanded by different stalwarts & applying it to understand the susceptibility which is responsible for the onset, evolution of disease and cure.

Detailed application of the knowledge of Organon & Philosophy to different clinical condition from the clinico-pathologico-miasmatic point of view. All general & systematic disease keeping causation in view, viz Infection, Immunological & Nutritional. The applied aspects of the knowledge of Materia Medica along with repertory also needs to be integrated to attain the philosophical foundation of Homoeopathic practice and education. Here the candidate will be tested on his knowledge of applied Organon & Philosophy along with other basic concepts in Homoeopathic philosophy & practice

- a. Infectious diseases
- b. Environmental & Nutritional disease.
- c. Genetic disorders.
- d. Chronic diseases

(iv) PRACTICE OF HOMOEOPATHY IN SURGERY AND GYN & OBS:

1. Understanding the application of concepts put down in (I) & (to decide the approach in different Surgical, Gynaecological & Obstetric diseases & situations.
2. Understand the clinical-pathological immuno-miasmatic state of different diseases so that the approach to different diseases with management can be decided.
3. Understanding the concept of Surgery in the light of Supportive management in different Miasmatic, Mechanical & Obstructive states
4. Pre & Post operative Homoeopathic care.
5. The application aspect of knowledge of Materia Medica along with repertory also needs to be integrated to attain the philosophical foundation of Homoeopathic practice and education. Here candidate will be tested on his knowledge of applied Organon and Philosophy along with other basic concepts in Homoeopathic philosophy & practice.

BIBLIOGRAPHY AND REFERENCES

1. Close Stuart: The Genius of Homoeopathy: Lectures and Essays on Homoeopathic Philosophy,
2. Kent, J. T.: Lectures on Homoeopathic Philosophy
3. Roberts, H. A.: The Principles and Art of Cure by Homoeopathy.
4. Hahnemann, S.: Organon of Medicine, 6th Edition, Translated with Preface by William Boericke,
5. Hahnemann, S.: Organon of Medicine (5th Edition), Translated from the 5th German Edition by Dudgeon, R. E. Introduction and Commentary by Sarkar, B. K.
6. Hahnemann, S.: The Chronic Diseases, their Peculiar Nature and their Homoeopathic Cure
7. Hahnemann, S.: Lesser Writings.
8. Boeninghausen Von C. M. F.: Lesser Writings,.
9. Boger, C. M.: Studies in the Philosophy of Healing,
10. Boger, C. M.: Collected Works
11. Dunham, Carroll: Homoeopathy, the Science of Therapeutics: A collection of Papers Elucidating and Illustrating the Principles of Homoeopathy
12. Kent. J. T.: New Remedies, Clinical Cases, Lesser Writings, Aphorisms and Precepts.
13. Kent. J. T. Lesser writings
14. Sircar B. K. Commentary on Organon of Homoeopathy
15. Haehl Richard :Life & Work of Hahnemann Vol.— I & II

16. Hughes Robert :Principles & Practice of Homoeopathy
17. Whitmont E. Psyche & Substance
18. Whitmont E. The Symbolic quest
19. Sankaran R.The Substance of Homoeopathy
20. Sankaran R. The Soul of Homoeopathy
21. Sankaran R. The Spirit of Homoeopathy
22. Sankaran R. The Systems of Homoeopathy
23. Farrington :Lesser writings
24. Dhawale M. L.: Principles ard Practices of Homoeopathy
25. Dhawale M. L.: Perceiving 1
26. Dhawale M L: Life and Living
27. Dhawale M L: ICR Educational Series Booklets 1-10
28. Dhawale M. L: ICR Symposium on Hahnemannian Totality
29. Vithoulkas G. The Science of Homoeopathy
30. Shepherd Dorothy :Magic of Minimum dose
31. Clarke: Constitutional Medicine
32. Boger C M: Principles of Healing
33. Boger C M : Collected Works
34. Allen T. F.: The Chronic Miasms
35. Speight Phyllis: Chronic Miasms
36. Bradford: Life History of Hahnemann Vol 1 & 2
37. Dudgeon: Principles and Practice of Homoeopathy
38. Ortego: The Chronic Miasms
39. Rajendran ES. : New Lights - Lectures on Homoeopathy & Philosophy.

COURSE OUTLINE

1. The course of study would be for a period of three years. Part I examination will be held at the end of 1 1/2 years and Part I after three years. The teaching of the specialty subject will begin from the first year itself.
 2. There would be regular internal evaluation in the form of evaluation of written assignments, presentation at seminars and journal clubs and maintenance and processing of case records and clinical activities like acquisition of skills and ward work on the standard format.
 3. The examination will be held after three years, the details of which are appended below.
 4. Guidelines for thesis are also appended separately
- NOTE: As per the CCH recommendations in the new PG notification, a thorough knowledge of deeper understanding in the recent advances made and discernible in the subjects, keeping in view the tenets of Homoeopathy, shall be required in the following topics, namely: -
1. Dynamics and methods of case taking.
 2. Diagnosis and differential diagnosis of diseases with various physical, clinical and laboratory findings.
 3. Analysis and synthesis of cases with Hahnemannian evolutionary totality.
 4. Selection of medicine including repertorisation and comparative study of Materia Medica.
 - 5. Selection of Potency and dose.
 6. Second prescription.
 7. Remedy response and prognosis.
- Management of the cases in general, therapeutic and accessory treatment in which case oriented method of study shall be adopted by integrating all disciplines.

SCHEME OF EXAMINATION

A. Theory

A.1 Theory examination shall comprise 2 written papers; each of 100 marks (Total 200 marks). Passing shall be separate for theory.

A.2 Each paper will be divided in to two parts of 50 each and shall consist of two patterns of questions.

(a) SAQs (b) LAOs in the ratio 30:40 Each part will have

SAQ shall be 03 each of 5 mark = 15

SAQs shall be 03 each of 5 marks 15

LAOs shall be 02 each of 10 marks = 20

Total Marks : 50

Time duration for each paper shall be 3 hours.

A.3. Three examiners (Out of which at least 2 are external) shall value the papers
A.4. 'Passing' shall be considered as score of 100 more marks out of total 200.
Passing shall be separate for theory.

Paper I

Section I:Hahnemannian concept of Homoeopathy —1
Section II:Hahnemannian concept of Homoeopathy —2

Paper II

Section I:Homoeopathic Philosophy
Section II:Practice of Homoeopathy in Medicine.
Practice of Homoeopathy in Surgery, Obstetrics and Gynecology.

B. Practical:

B. 1) 3 Examiners out of which 2 are External
B. 2) Clinical =Long Case = 1 = 60 Marks (1 hr.)
=Short Case = 1 = 40 Marks (1 hr.)

C. Viva Voce: Amongst 3 examiners the marks shall be equally divided under four heads covering all the aspects of general medicine as de scribed in syllabus above. They can be broadly divided into four heads as below:

C.1
Hahnemannian concept of
Homoeopathy— 1
(10 min)
Marks max. 25

C.2
Hahnemannian concept of
Homoeopathy— 2
(10 min)
25

C.3
HomoeopathicPhilosophy(10min)

C.4
Practice of Homeopathy in
Medicine, Surgery and (10 min) Gynaecology
(10min)

Marks max. 25

25

Viva & practical: 50%marks is allotted for homoeopathic application

Total marks: Cases 100 Viva 100 = 200 marks

Separate passing in individual heads A, B & C is essential to pass in Examination

MATERIA MEDICA INCLUDING APPLIED ASPECTS

INTRODUCTION

The two-part syllabus has been designed with the objective of delivering to the candidate the entire experience of basic and applied aspects of Homoeopathic health-care applicable to the discipline of Materia Medica. The representation reproduced below will clarify the basic philosophical and conceptual position to be taken to appreciate the syllabus.

MD-Part.I takes the candidate on the journey from Man in health a Man in disease. The ground that he has covered earlier in the undergraduate course is gone over again but from a very different clinical perspective. The integrated approach a clinician needs to adopt will underlie the exposure to these subjects. This will be facilitated since the candidate is simultaneously doing his resident training and is seeing the phenomena of health being transformed into disease in his clinical studies. Having thus re-visited the basic sciences, the candidate is now prepared to undertake the journey deeper into the healing science and art attempting to come into more intimate contact with the principles that Hahnemann identifies as critical for the success of the 'Operation Cure'.Hence we should be very clear about the philosophical and conceptual basis of the syllabus and the ground that we need to cover. We should evolve matching methods and techniques that will experientially deliver to the candidate the entire experience of 'Healing' in its Hahnemannian sense.

We must also remember that unlike in Modern medicine, there can be no standardization of Homoeopathic management of different clinical conditions. All the same, we should be able to define a common approach to the understanding of the condition and it is expected that with the passage of time and accurate documentation (which will follow the establishment of Postgraduate education), an approach will evolve. Till then we will be required to integrate our general understanding of the clinical and pathological phenomena of disease with our knowledge of Materia Medica and apply philosophical concepts to evolve the approach. References to literature are thus, at best, only general and constitute preliminary readings for take off. The role of the guide and teacher will be paramount in evolving guidelines.

BASIC CONCEPTS

Part – I has already dealt with the following areas: -

- (1) Structural basis of health and disease (Anatomical organization of man and its degeneration into structural pathology)
- (2) Functional basis of health and disease (Physiological organization of man and its degeneration into patho-physiology)
- (3) Psychological basis of health and disease and the abnormal psychological processes which initiate abnormal mental and psycho-physiological functioning
- (4) The Concept of Man that the clinician needs in order to function in the clinical setting
- (5) The scientific and full use of the extended senses of Clinical Investigations to unravel the hidden, often nascent stage in the evolution of the disease
- (6) Final integration of all of the above with the basic tenets of Homoeopathic Philosophy.
- (7) Integrating all the above phenomena to conceptualize the study of Homoeopathic Materia Medica and its application from health to disease.

Part—11 is now poised to take the candidate to understand the application of the above knowledge in terms of the following:

- (1) Evolving an approach to the Definition of the Clinical Problem
- (2) Understanding the crucial role of documentation in the scientific understanding of the clinical state and artificial disease phenomena
- (3) Possessing a sound understanding of the Bio-Psycho-Social concept of etiopathogenesis and evolution of the disease phenomena to integrate with the study of Materia Medica
- (4) Evolving clinico-pathological correlations to grasp the essence of the disease phenomena and integrate in terms of the structural, functional and formal correlations of disease and Materia Medica
- (5) Understanding different eras & concepts of the earlier times & their influence on the construction of Materia Medica.
- (6) Learning the basics of Classification of Disease and integrating these principles with the Hahnemannian approach to understand the depth and extent of Homoeopathic remedies
- (7) Integrating all of the above in the erection and appropriate processing of the Hahnemannian Totality
- (8) Application in terms of evolving suitable Materia Medica portraits and utilization of the drug force in a correct manner to complete the 'Operation Cure' as per Hahnemann's directions in Aphorism 2.
- (9) Scope & Limitation of the current state of knowledge of Homoeopathic Materia Medica with the demands of Clinical Practice and Education
- (10) Finally, the need for the physician to take on the role of the 'Unprejudiced Observer' (Aphorism 6) while carrying out all of the above actions.

Materia Medica study at the postgraduate level will require a definite methodology. The steps needs clear definition. The diagrams below would give an overview of the place of Materia Medica in our plan of study and the vast area of Materia Medica that we are covering in the course. It should be clear that the purpose of the study is to equip the physician with a Philosophy and a Method and not cram him with facts that are possible to refer to the books while at the bedside. Hence unlike conventional syllabus at the undergraduate level, this Syllabus does not carry the mandatory medicinal list. At the same time, groups of remedies, which are commonly used, have been mentioned to be taken up as illustrations for understanding and mastering the philosophy, the methodology and the techniques of Materia Medica.

The presentation that follows is based on the pattern of the PG notification. Should there be any confusion, reference to the Fig 3 should be resorted to.

(I) BASIC MATERIA MEDICA

(1) *Science & Philosophy of Materia Medica:*

Concept, understanding & philosophy of Materia Medica & its evolution

This is based on a clear grasp of the following concepts and principles:

- a. Concept of Man Universe
- b. Principles of Logic-Analysis and Synthesis
- c. Law of Similars
- d. Concept of Natural and Artificial Disease
- e. Principle of Evolution, Causation and Concomitance
- f. Concepts of Structure, Form and Function
- g. Principles of classification of Data and categorization into Generals and particulars
- h. Concept of Totality
- i. Concept of Relationships

Most of these concepts would have been covered in Part I of the course but would need a reiteration while introducing the study of Materia Medica

(2) *Source of Materia Medica, Drug proving and Collection of symptoms:*

a. Source of Materia Medica:

Understanding the concept of the different sources of Materia Medica, their scope & limitations and their utilisation & importance in building up of totalities of drugs. Sources —Toxicological, Drug Proving, Clinical, Chemical, Physical, Biological properties.

b. Drug proving

Method, Recording, Reporting as laid down by Hahnemann and developed and modified by the later workers with the advantages and limitations of their work.

c. Collection and Classification of Symptoms

Classifying the symptoms based on general principles of analysis and synthesis

a. Classification & giving a meaning to data collected from proving & different sources.

Systematic application of these concepts to the study of a well-proved polychrests in the Homoeopathic Materia Medica requires us to examine our source books in a critical manner

The following method is found to be advantageous if observed meticulously:

(i) Each symptom is broken up and re-arranged under the Standard Headings as under:

(A) Cause: This is identified and studied in great detail to bring out the Characteristic Expression (effects) by establishing horizontal correlates in a clear manner;

(B) Sphere & Scope of Effects: Sensations & Complaints in General, Mental State, Regional Effects: Tissues, Organs & Pathology;

(C) Circumstances of Aggravation & Amelioration: General as well as Particular (Regional) with special emphasis on those which run counter to the general modalities and thus serve us well as important differential modalities;

(D) Characteristic particulars: Along with the modalities and strict concomitants

(A) Circumstances of Aggravation & Amelioration: General as well as Particular (Regional) with special emphasis on those which run counter to the general modalities and thus serve us well as important differential modalities;

(D) Characteristic particulars: Along with the modalities and strict concomitants

(ii) The data in the source books, which is normally arranged as per Locations is re-arranged in 4 Columns — Psora, Sycosis, Tubercular, and Syphilis.

(iii) Psora furnishes us not only with the fundamental base for the Chronic Diseases, but it also determines its Characteristic Expression by virtue of the Sensitivity it governs the Concomitants it gives rise to. It is dominant in the functional early phase of any illness and tends to fade out progressively with the evolution and march of the disease through the next phases of Sycosis, Tubercle and Syphilis (Terminal Phase). These next three phases, in spite of their predilection to the formation of structural alterations of a type specific to the particular Miasm, have also an early functional phase, which has to be identified clearly in the pathogenesis of every drug if we are to cure effectively. Characteristic expressions of these early functional phases can also be studied in the pathogenesis of every drug and these furnish us with important guidelines to effective Homoeopathic prescribing for the chronic case.

Causative Factors can be identified in all these 4 Miasmatic Expressions. The effects produced by the

Causative Factors(s) are not necessarily limited to the Miasm with which we identify it; these effects can spill over into other Miasms; these effects can be classified as (i) Common to the Miasmatic Group and (ii) Characteristic to the Drug; the latter Characteristic Expressions are of special interest in the evolution of the Portrait of Disease in the true Hahnemannian sense.

These evolutionary aspects of the 'Artificial Drug-Disease' can be studied in an effective manner only when we examine this re-classified (as per (i) & (ii) above) data in the light of our present knowledge of clinical pathology of diseases. When we do this, we are able to establish rational horizontal cross-connections between the data arranged and classified in the vertical columns representing Psora, Sycosis, Tubercular and Syphilis.

A characteristic and distinctive pattern emerges in our mind, which is derived from the data in the source books of the Homoeopathic Materia Medica. This is the Hahnemannian Totality, which we should endeavor to create and store in our mind. It should guide us to examine the Source Books in greater detail in search of specific characteristics when we are confronted with a patient who reminds us in a general way of the portrait of the disease of the drug in question. No attempt should be made to remember or memorize these specific symptoms in the Homoeopathic Materia Medica, which is vast and proves to be a maze to the uninitiated.

Hahnemann's Concept of the 'Portrait of Disease' (Aphorism 6, Organon of Medicine) and its miasmatic evolution from the symptoms recorded in the Homoeopathic Materia Medica. Miasmatic evolution of disease follows the following pattern:

Psora - Sycosis - Tubercular - Syphilis

c. Types of Materia Medica

The various types of Materia Medicas available viz. Drug provings, Key notes, Commentaries, Compendiums, Synopses etc.-their evolution and their place in the current study needs to be highlighted.

(3) Study of Materia Medica:

Different Approaches as detailed in the following Paper: Kasad, K. N.: Post-Graduate Teaching in Homoeopathy:

Homoeopathic Materia Medica

(i) Appendix B-2 of the "Principles and Practice of Homoeopathy: Part I- Homoeopathic Philosophy and Repertorization"

by M. L. Dhawale (i) Transactions of the international Homoeopathic League, Triennial Congress, New Delhi, 1967.

(A) Concept of Drug Picture:

Kent, Boger, Pulford, Harvey Farrington, Margaret Tyler, Borland.

(B) Repertorial Techniques for the evolution of the Drug Pictures from Symptoms

Note:

(1) The Approach to the Study of these Drugs should effectively demonstrate the application of the Principles laid down in the preceding Sections.

(2) Drugs should be studied in Groups, stressing the Common as well as the differential features of the individual drugs included in the Group.

(3) Study should lay stress on the Method and Approach and not so much on Factual Knowledge, access to which, is really provided by the Repertories. Examination, thus, would not be primarily a Test of Memory but of the capacity to organize and deal effectively with the mass of data presented by the Homoeopathic Materia Medica.

(4) Drugs in Category I: These are to be studied systematically to bring out the 'Portrait of the Disease' under standard Headings (Method II, P. 7-8) with minimal emphasis on Characteristic particulars. Acute as well as Chronic Prescribing Totalities with their Relationships are to be stressed. Full Questions on the Group or individual members of the Group may be asked in the Paper.

(5) Drugs in Category II: These are to be studied in a more restrictive manner, stressing their Prescribing Totalities in the spheres in which the drug is commonly employed. Here stress is more often on the Characteristic Particulars; important Generals, where they are clearly established, however, are not to be neglected. Standard I-leads under Method I (P.7) should be followed here. None of these drugs shall form the topic for a full question in the Paper.

CATEGORY.I

I. Congestive Group

Aco.n
Bell.
Stram, (Comp. Verat, .Alb.)
Hyosc.
Verat. vir.
Ferrum met,
Ferrum phos.

2. Injuries, Rheumatic States, Neuralgias

Arn. mont
Rhustox. (Comp. other Rhus)
Bry. alb.
Puls.n. (Comp. KaIi sulph and Cyclamen)
Phytolacca
Cimicifuga
Eup.perf (Comp. Eup. pur.)
Coffea

3.Spasmodic & Irritable Group

Cham.
Cina
Coloc.
Staph.
Nux.vom.
Cup. met. (Comp. Verat. aib)
Cup. ars.
Secale cor.

4. Urinary Drugs

Canth. (Comp. Merc.cor)
Apis mel
Capsicum
Berberis v.
Sarsaparilla

5.Digestive Drugs

Verat.alb.(Comp.Camph., Cup.
SecaleCor.&Carb.veg.)
Anacardium

6. Rectal Drugs

Aloes
Aesculus
Hammamelis
Ratanhia
Podophyllum
Collinsonia

CATEGORY.II

Glonoine

Rhododendron
Kalmia
Ledum
Hyper.
Symph.
Bellis p.
Guaiacum
Ruta g.
Urtica urens
Stront. carb.
Dulcamara
Sanicula
Sanguinaria
Spigelia
Ranunculus b& s
Plantago m

Cicuta V.
Dioscorea
Viburnum
Caulophyllum
Lyssin

Cannabis indica & sat.

Aethusa
Ipecac.
Rheum
Chelid. m.
Leptandra
Cadmium met. & Sulph.

7. Respiratory Drugs

Upper Respiratory Tract

Allium cepa
Arum t.
Euphrasia
Sabadilla
Cistus
Sambucus
Sticta Pulmonalis

Spasmodic Cough

Drosera
Coccusact
Corallium rubrum, Pertussin

Loose Cough

Rumex
Senega
Hydrastis
Lobelia
Stannum iod.
Stannum Met

8. Heart Drugs

Digitalis

9. Debility Group

China
Phos. ac.
Mur. ac.

10. Natrum Group

Natrum carb.
Natrum mur.
Natrum phos.
Natrum suiph.
Thuja

Sycotic Drugs

Medorrhinum

11. Kali Group

Kah carb.
Kali bichrom.
Kali mur.
Kali Sulph.
Causticum (Comp. phos.)

12. Calcarea Group

Calc. carb.
Calc. ars.

Collapse
Antimony crud. & tart.
Ipecac
Ammonium carb(Comp.Ars.alb)
Antimony ars.

Ars. iod.
Strychnine Ars.& Phos.
Cactus g.
Laurocerasus
Lycopus
Lactrodectus m.

Chin. ars.
Picric acid
Selenium
Uranium nitrate

Natrum ars.
Natrum iod.
Natrum h.
Borax

Kali ars.
Kali brom.
Kali.iod
Chlor.

Calc. Phos.
Calc. sil
Calc. Flour.
Calc. Sulph.
Calc. iod.

13. Baryta Group

Baryta carb.
Baryta mur.
Baryta iod.

14. Magnesia Group

Mag. Carb.
Mag. Mur.
Mag. Phos.
Mag. SuIph

15. Alumina, Silica and Carbon Group

Alumina
Silica
Carb. A n
Carb. veg.
Graph.
Petroleum
Sanicula

Alumen

16. Phosphorus and Tuberculins

Phos. (Comp. Causticum)
Tuberculinum bovinum
Aviare
Bacillinum

17. Mercury Group and Antisyphilitics

Mercurius sol.
Mercurius cor.
Merc. Cyan.
Merc. Dul.
Merc. iod. Fl.
Merc.iod. R.
Hep. Sul.
Nitric acid
Aurum met.
Ars.Alb.
Ars. iod.
Fluoric acid
Kali iod.
Syphilinum

Merc. Sul.
Cinnaberis

Asafoetida

Mezereum

Aurum mur.
Aurum mur. N.

Ars. Sul.

18. Snake Venoms & Sepsis

Lachesis
Crotalus h
Naja
Baptisia
Pyrogen

Crotalus c.
Cenchrus
Bothrops 1.
Vipera
Elaps
Echinacia
Carbolic acid
Tarent. C.
Anthraxinum

19. Spider Venoms

Tarent h.

Staphylococin
B. Coli
Diptherinum

Tarent. C.
Latrodectus m.
Aranea d.
Mygale

20. Argentum Group & Related Drugs

Arg. Nit.
Arg. Met.
Gelsemium S
Sepia

Theridion

Murex
Lilium tig.
Sabadilla
Sabina

21. Hysterical Group

Ignatia
Nux moschata
Platina

Valeriana off.
Croc. sat.
Sumbul

Lac. C.

22. Paralytic Group

Camphor
Conium
Helleborus
Opium
Plumbum
Zincum

Agaricus
Coca
Cocculus
Lathyrus sat.
Manganum
Tabacum

23. Halogen Groups & Related Drugs

Iodine

Chlorum
Bromium
Spongia
Badiaga
Thyroidinum

24. Miscellaneous

Cadmium phos.
Cobaltum
Radium brom.
Radium iod.
X-Rays

25. Uterine Group

Sabina
Bovista
Trillium
Caulophyllum
Viburnum
Thlaspi bursa pastoris

26. **Lycopodium** (Comp. Berb. v. and Chelid.)

27. **Sulphur**

28. **Psorinum**

29. **Kreosote**

Sulphur iod.

(4) Sources of Drug Family or Group Characteristics and drug relationship:

Study of Animal, Mineral, Plant group in general. Deeper knowledge's about individual source and drug properties not required except very prominent. Family & group Symptoms of prominent classified group in different kingdom should be focussed, more focussing on frequently coming group characteristics.

1. Physiologic, Pharmacologic & Toxicologic Role: Importance and Derivations in respect of Sphere and Scope in the Pathogenesis.
2. Concept of the Group: Its Identification & Differentiation.
3. Members' of the Group': Identification— Specific General Expression.

(A) ANIMAL KINGDOM

Mammalia MOSCHUS, Castoreum, Oleum animale, Hippomanes,
Castor equi, Lac vaccinum, La defloratum, Lac caninum, Koumyss ,

Vertabrata

Fel tauri, Fel vulpi, Pulmo vulpis

Ophidia LACHESIS, CROTALUS, Bothrops, Agkistrodon, Elaps, Naja, Vipera

- Pisces oleum jecorisi aselli.

Batrachia Bufo rana

Mollusca SEPIAE SUCCUS, Murex.

Radiata Ccorallium rubrum, SPONGIA, Medusa,

Hemiptera coccus cacti, amex.

Hymenoptera APIS MELLIFICA, Vespa, Formica.

Artriculata

Coleoptera CANTHARIS.

Orthoptera Blatta

Arachnida Tarentula, Mygale, Theridion, Aranea.

(B) VEGETABLE KINGDOM

- Apocynaceae
- Loganiaceae
- Araceae
- Anacardiaceae
- Compositae
- Melanthaceae
- Menispermaceae
- Papaveraceae
- Cucurbitaceae
- Coniferae
- Euphorbiaceae
- Ranunculaceae
- Rubiaceae
- Scrophulariaceae
- Solanaceae
- Umbelliferae

(C) CHEMICAL APPROACH TO THE STUDY OF HOMOEOPATHIC MATERIA

1. General Validity: Relationship to Pathogenesis.
2. Anion & Cation Groupings: Relationship to the Periodic table & Reflections in the Pathogenesis.
3. Physiologic, Pharmacologic & Toxicologic Rote: Importance and Derivations in respect of Sphere and Scope in the Pathogenesis.
4. Concept of the 'Group': Its Identification & Differentiate
5. Members' of the Groups: Identification — Specific General Expression.
6. 'Salts' in the 'Members': Specific Expression: individuality
7. Relationship of Pathogenesis of Drugs Thom ft Plant and Animal Kingdom to the Chemical Constituents.
- 8. Anion Groups:** They are derivations from the Pathogenesis of the Element and its impact on the Pathogenesis of the Cation.

(a) Carbons (Carbo animalis, Carbo vegetabilis, Graphites, Petroleum, Kreosote, Carb. sulphuratum) and Carbonates,

(b) Acids and Halogens: General Introduction

- i. Acids: General Properties
- ii. Sulphuric, Sulphurous
- iii. Nitric & Nitrates; Hepar sulph.
- iv. Muriatic & Phosphoric; China
- v. Picric & Picrates
- vi. Acetic & Acetates
- vii. Chromic & Chromates
- viii. Formic & Formaldehyde

(a) Halogens: general Properties

- i. Fluoric Acid & Fluorides
- ii. Chlorides & Chlorates
- iii. Bromine & Bromides
- iv. Iodine & Iodides

(b) Sulphur, Sulphides, Sulphates

- i. Sulphur iodide
- ii. Psorium
- iii. Selenium
- iv. Sanicula

(c) Phosphorus and Phosphates

- i. Tuberculinum

(d) Arsenic and Arsenates

- i. Arsenious Iodide
- ii. Antimony

(e) Silica and Silicates

- i. Alumina

9. Alkali Group; General Features

- i. Lithium
- ii. Natrums
- iii. Kali.s

10. Alkaline Earths : General Features

- i. Beryllium
- ii. Magnesium
- iii. Calcareo
- iv. Lycopodium
- v. Strontium
- vi. Baryta

11. Radio-active Group: General Features

- i. Radium
- ii. Uranium Nitrate
- iii. X-Ray
- iv. Magnet, North Pole, South Pole

12. Ferrum Group: General Features

- i. Ferrum
- ii. Chromium

- iii. Magnanum
- iv. Cobalt
- v Niccolum
- vi. Cuprum
- vii. Zincum
- vii. Cadmium

13. Mercury Group: General Features

- i. Mercury
- ii. Syphilinum
- iii. Aurum
- iv. Palladium
- v. Thallium
- vi. Plumbum
- vii. Stannum
- viii. Gelsemium
- ix. Sepia
- x. Murex

Relationship of Remedies (Boenninghausen & Hering)

Concept of Related Totalities:

This has been stated in a most complete form by Boenninghausen in his Section on Relationship in the Therapeutic Pocket Book. The idea has been also developed by Hering, Clarke, Boger, Miller and many others. The concept relates similar pictures to each other, relates the main picture to splinter groups (Sector-wise or Miasm-wise), projects sequential changes likely to occur in the future under the influence of the selected remedy, relates the main picture to the partial expressions of Nosodes as anti-Miasmatic Drugs (Inter-currents) and also stresses antidotal as well as inimical relationships derived purely from clinical experience. Since this aspect of the Homoeopathic Materia Medica is found to be extremely useful in efficient Homoeopathic prescribing, training must provide a through grounding in this.

Acute, Chronic, Complementary, Antidotes, Remedies that Follow well, Inimicals, Sequences, Remedies that Precede well, Inter-currents, Nosodes, Constitutional Remedy and its spectrum of Acute Remedies.

1. Identification of these Categories with suitable Examples;
2. Programming of Treatment based on these Concepts;
3. Technique of employing the Section in Boenninghausen's Therapeutic Pocket Book;
4. Follow-through of a Case on these lines;

Resolution of a mixed-up and complicated Case by adopting the Technique of Splitting of the Totality into homogenous components

Construction of Materia Medica:

Classified Symptoms when arranged with a certain philosophical background gives rise to different types of Materia Medica. Some Materia Medica sources keep the symptom of prover as narrated; others go on constructing Materia Medica from clinicopathological point of view, utilize the principle of generalization or emphasize the mental state & evolution of symptoms. Some are based on comparison of remedy action, remedy actions are presented in the commentary form or in the form of keynotes, some carry a mixture of clinical experience and proving depending upon the philosophy & experiences. Some keep the evolutionary as well as the disease angle in focus and attempt to relate the phenomena with the events in the life of the individual. This gives a richly documented data comprising of symptom-patterns to work upon and observe our remedies as live people interacting with their world whilst going about their business of living their lives. Such a unique mode of study (termed as Living Materia Medica) has a lot in store for us.

(5) Scope & Limitation of Materia Medica:

Scope and Limitations of different Materia Medicas as developed by the different authors listed below:

1. Hahnemann
2. T.F.Allen
3. J.T.Kent
4. Hering
5. Farrington
6. C. M.Boger

- 7. John Clarke
- 8. M. L. Dhawale
- 9. George Vithoulkas
- ID. R. Shankaran
- II. S. R. Phatak
- 12. Whitmont
- 13. Catherine Coulter

(ii) COMPARATIVE MATERIA MEDICA

From symptomatic, regional location, closely coming drug picture and group symptoms.

Comparisons: General Principles & Applications:

- (a) Therapeutic Groupings with Reportorial Correlations and Differentiations
 - (b) Repertorial Syndromes: Concept and Differentiation
 - (c) Ailments from Rubrics from the Repertory:
- Identification of the State Responsible and its Clinical Evaluation

Effects Produced: Evolution, Identification and Differentiation

Determination of the Prescribing Totality with the help of the Concomitants (Associated Symptoms and Characteristics of the Person).

In order to appreciate the application of the Materia medica at the bedside, it is necessary to appreciate the concept of acute totality as follows:

Concept of the Acute Totality:

Hahnemann regards acute diseases, which are not mere episodes as an explosion of Psora. From this follows the recommendation to give an anti-Psoric after the acute phase is over or to consider these whenever an acute disease runs an aberrant course. From this it would appear that the acute and chronic totalities have a certain definite relationship. These will be considered later on. We could consider Acute Totality under the following divisions:

(i) Acute General Totality: Portion of the Chronic Totality capable of expression in the acute phase .

(a) Causation and its Expression (Sensation and Complaints in General joined to Aggr & Amel)

(b) Mental State: Characteristic Expression with <&>

(c) Fevers: Stages: Chill, Heat, Perspiration with Causation, Characteristic Expression, <& > and Compound Fevers:

(ii) Sector Totality: Local Regional affinities are considered here.

Chief Complaint(s): Locations

Pathology

Characteristic Expression: Cause

Sensations

<&>

Concomitants

Note:

1. Acute General Totality manifests itself much earlier in the pre-localization phase of the acute illness and although its expression varies within certain limits, it has a general consistency in its expression which permits us to identify the remedy not only in the early phases of the acute illness but also in the later stages, irrespective of the variations in the regional involvement(s).

2. Sector Totality varies as per involvement of the regions and takes time to evolve. In the later phases it may extend to involve other regions. With the advance of the disease, It tends to lose its specific characteristic expression while gaining in diagnostic expression. Differentiation. thus, becomes increasingly difficult with the advance of the disease.

3. Evolutionary aspects of both must be appreciated in depth as well as extent as at times these alone may furnish the guideline for prescribing.

4. Prescribing acute totality (ies) represents a combination of acute General as well as acute Sector totalities and thus present in actual practice a large number of pictures' —all traceable to the same drug. This can be quite bewildering unless the above divisions are grasped.

6. If the drug under study is complete, it might have prescribing acute totalities corresponding to acute expressions related to the 4 Miasms. But these will be just splinters from the main block described under 4 above.

(iii) PRACTICE OF HOMOEOPATHY IN MEDICINE:

Detailed application of the knowledge of Materia Medica to different clinical condition from clinico-pathologico-miasmatic point of view. All general & systematic diseases keeping causation in view viz Infection, Immunological & Nutritional. The application aspect of knowledge of Organon & Philosophy along with repertory also needs to be integrated to attain the philosophical foundation of Homoeopathic practice and education. Here candidate will be tested on his knowledge of applied Materia Medica along with other basic concepts in Homoeopathic philosophy & practice

(iv) PRACTICE OF HOMOEOPATHY IN SURGERY AND OBS & GYN:

Application of Materia Medica its scope & limitation along with clinico pathologico-immunological-miasmatic ? to different condition. Stress should be placed on surgery as a supportive system in case of emergency. Pre & Post operative homoeopathic care from Materia Medica point of view needs stress. The application aspect of knowledge of Organon & Philosophy along with repertory also needs to be integrated to attain the philosophical foundation of homoeopathic practice and education. Here candidate will be tested on his knowledge of applied Materia Medica along with other basic concepts in Homoeopathic philosophy & practice.

Homoeopathic Materia Medica: General acquaintance with the following categories of Books and the manner of employing them in the proper Study of Homoeopathic Materia Medica:

(i) Source Books

- (a) Hahnemann: Materia Medica Pura
Chronic Diseases
- (b) Hering: Guiding symptoms of the materia medica
- (c) Allen: Encyclopaedia of Homoeopathic Materia Medica Handbook of Materia Medica
Nosodes
- (d) Stephenson: Materia Medica & New Provings
- (e) Hughes: Cyclopaedia of Drug Pathogenesis
- (f) Anschutz: New Remedies

(ii) Compendium -

- (a) Boericke: Materia Medica and Repertory
- (b) Ghosh: Drugs of Hindustan

(iii) Commentaries

- (a) Clarke: Dictionary of Homoeopathic Materia Medica
- (b) Kent: Lectures on Homoeopathic Materia Medica and New Remedies
- (c) Wheeler & Kenyon: Principles & Practice of Homoeopathy
- (d) Pierce: Plain Talk on Homoeopathic Materia Medica
- (e) Farrington Harvey: Post-Graduate Course in Homoeopathy and Homoeopathic Prescribing
- (f) Tyler, Margaret: Drug Pictures
- (g) Royal: Materia Medica
- (h) Boericke & Dewey: Twelve Tissue Remedies

(iv) Key-Notes

- (a) A Key-Notes
- (b) Guernsey: Key-Notes
- (c) Lippe: Materia Medica
- (d) Nash: Leaders in homoeopathic Therapeutics

Synopses

- (a) Boger: Synoptic Key & Repertory to the Homoeopathic Materia Medica
- (b) Pulford: Key to Homoeopathic Materia Medica
- (c) Mathur : Systemic Materia Medica of Homoeopathic Remedies

- (ii) **Comparative Materia Medicas** (Gross, Farrington and Roberts)
- (iii) **Repertories** (See Practice of Homoeopathy)

(iv) Therapeutics

- (a) Allen: Therapeutics of Fevers
- (b) Tyler : Pointers to Remedies
- (c) Nash: Typhoid
 - Respiratory Organs
- (d) Hering & Wells : Typhoid
- (e) Guernsey: Hemorrhoids
- (f) Bell: Diarrhea
- (g) Roberts: Rheumatic Remedies
- (h) Pulford: Pneumonia
 - Influenza
 - Digestive Organs
 - Children's Types
- (i) Cartier: Respiratory Organs
- (j) Royal: Diseases of Chest
 - Nervous Diseases
 - Practice of Medicine
- (k) Yingling: Accoucher's Manual
- (I) Underwood: Headache

Note 1: The above is not an exhaustive List but a representative one. Detailed knowledge of these books or of the information contained in these is not expected of the candidate. But, he would be expected to be in a position to employ the book in a useful manner in the evolution of the Portrait of the Disease.

Note 2: As per the CCH notification, the subject of Medica Medica must include the following:

1. Dynamics and methods of case taking.
2. Diagnosis and differential diagnosis of diseases with various physical, clinical and laboratory findings.
3. Analysis and synthesis of cases with Hahnemannian evolutionary totality.
4. Selection of medicine including repertorisation and comparative study of Materia Medica.
5. Selection of Potency and dose.
6. Second prescription.
7. Remedy response and prognosis.
8. Management of the cases in general, therapeutic and accessory treatment in which case oriented method of study shall be adopted by integrating all disciplines.

COURSE OUTLINE

1. The course of study would be for a period of three years. Part I examination will be held at the end of one and half years and Part II after three years. The teaching of the specialty subject will begin from the first year itself.
2. There would be regular internal evaluation in the form of evaluation of written assignments, presentation at seminars and journal clubs and maintenance and processing of case records and clinical activities like acquisition of skills and ward work on the standard format.
3. The examination will be held after three years the details of which are appended below.
4. Guidelines for thesis are also appended separately

SCHEME OF EXAMINATION

A. Theory

A.1 Theory examination shall comprise 2 written papers; each of 100 marks (Total 200 marks). Passing shall be separate for theory.

A.2 Each paper will be divided in to two parts of 50 each and shall consist of two patterns of questions.

(a) SAQs (b) LAQs in the ratio 30:40 Each part will have

SAQ shall be 03 each of 5 mark = 15
 SAQs shall be 03 each of 5 marks = 15
 LAQs shall be 02 each of 10 marks = 20
 Total Marks = 50

Time duration for each paper shall be 3 hours.

A.3. Three examiners (Out of which at least 2 are external) shall value the papers

A.4. 'Passing' shall be considered as score of 100 more marks out of total 200.

Passing shall be separate for theory.

FORMAL ASSESSMENT

Paper I

Section I:

Source of Materia Medica, Drug proving and collection of symptoms — classification of symptoms, construction of Materia Medica types of Materia Medica.

1. Science and Philosophy of Materia Medica

2. Study of Materia Medica.

Section II

- Scope and Limitations of Materia Medica,

2, Sources of drugs family or group characteristics and drug relationship

Paper II

Section I:

1. Comparative Materia Medica;

2. Comparative study of symptoms, drug pictures and therapeutic indications of all drugs.

Section II

I. Practice of Homoeopathy in Medicine.

2. Practice of Homoeopathy in Surgery, Obstetrics and Gynecology.

B. Practical:

B. 1) 3 Examiners out of which 2 are External

B. 2) Clinical Long Case = I = 60 Marks (1 hr.)

Short Case = 1 = 40 Marks (1 hr.)

C. Viva Voce:

Amongst 3 examiners the marks shall be equally divided under four heads covering all the aspects of general & medicine as described in syllabus above.

They can be broadly divided into four heads as below:

C.1	C.2	C.3	C.4
Basic Materia Medica	Group and Drug relationship	Comparative Materia Medica	Practice of Homeopathic in Medicine Surgery and Gynecology
(10 min)	(10 min)	(10 min)	(10 min)
Marks max.25	25	25	25

Viva & practical: 50%marks is allotted for homoeopathic application

Total marks: Cases 100 Viva 100 = 200 marks

Separate passing in individual heads A, B & C is essential to pass in Examination.

(4) Sources of Drug Family or Group Characteristics and drug relationship:

Study of Animal, Mineral, Plant group in general. Deeper knowledge's about individual source and drug properties not required accept very prominent. Family & group Symptoms of prominent classified group in different kingdom should be focussed, more focussing on frequently coming group characteristics.

1. Physiologic, Pharmacologic & Toxicologic Role: Importance and Derivations in respect of Sphere and Scope in the Pathogenesis.

2. Concept of the Group: Its Identification & Differentiation.

3. Members' of the Group': Identification— Specific General Expression.

(A) ANIMAL KINGDOM

- Mammalia MOSCHUS, Castoreum, Oleum animale, Hippomanes,
Castor equi, Lac vaccinum, La defloratum, Lac caninum, Koumyss ,
Vertabrata
Fel tauri, Fel vulpi, Pulmo vulpis
Ophidia LACHESIS, CROTALUS, Bothrops, Agkistrodon, Elaps, Naja, Vipera
- Pisces oleum jecorisi aselli.
Batrachia Bufo rana
- Mollusca SEPIAE SUCCUS, Murex.
Radiata Ccorallium rubrum, SPONGIA, Medusa,
- Hemiptera coccus cacti, amex.
Hymenoptera APIS MELLIFICA, Vespa, Formica.
- Artriculata
Coleoptera CANTHARIS.
Orthoptera Blatta
Arachnida Tarentula, Mygale, Theridion, Aranea.

(B) VEGETABLE KINGDOM

- Apocynaceae
- Loganiaceae
- Araceae
- Anacardiaceae
- Compositae
- Melanthaceae
- Menispermaceae
- Papaveraceae
- Cucurbitaceae
- Coniferae
- Euphorbiaceae
- Ranunculaceae
- Rubiaceae
- Scrophulariaceae
- Solanaceae
- Umbelliferae

(C) CHEMICAL APPROACH TO THE STUDY OF HOMOEOPATHIC MATERIA

1. General Validity: Relationship to Pathogenesis.
2. Anion & Cation Groupings: Relationship to the Periodic table & Reflections in the Pathogenesis.
3. Physiologic, Pharmacologic & Toxicologic Rote: Importance and Derivations in respect of Sphere and Scope in the Pathogenesis.
4. Concept of the 'Group': Its Identification & Differentiate
5. Members' of the Groups: Identification — Specific General Expression.
6. 'Salts' in the 'Members': Specific Expression: individuality
7. Relationship of Pathogenesis of Drugs Thom ft Plant and Animal Kingdom to the Chemical Constituents.
- 8. Anion Groups:** They are derivations from the Pathogenesis of the Element and its impact on the Pathogenesis of the Cation.

(a) Carbons (Carbo animals, Carbo vegetabilis, Graphites, Petroleum, Kreosote, Carb. sulphuratum) and Carbonates,

(b) Acids and Halogens: General Introduction

- i. Acids: General Properties
- ii. Sulphuric, Sulphurous
- iii. Nitric & Nitrates; Hepar sulph.
- iv. Muriatic & Phosphoric; China
- v . Picric & Picrates
- vi. Acetic & Acetates

- vii. Chromic & Chromates
- viii. Formic & Formaldehyde

(a) Halogens: general Properties

- i. Fluoric Acid & Fluorides
- ii. Chlorides & Chlorates
- iii. Bromine & Bromides
- iv. Iodine & Iodides

(b) Sulphur, Sulphides, Sulphates

- i. Sulphur iodide
- ii. Psorium
- iii. Selenium
- iv. Sanicula

(c) Phosphorus and Phosphates

- i. Tuberculinum

(d) Arsenic and Arsenates

- i. Arsenious Iodide
- ii. Antimony

(e) Silica and Silicates

- i. Alumina

9. Alkali Group; General Features

- i. Lithium
- ii. Natrums
- iii. Kali.s

10. Alkaline Earths : General Features

- i. Beryllium
- ii. Magnesium
- iii. Calcareo
- iv. Lycopodium
- v. Strontium
- vi. Baryta

11. Radio-active Group: General Features

- i. Radium
- ii. Uranium Nitrate
- iii. X-Ray
- iv. Magnet, North Pole, South Pole

12. Ferrum Group: General Features

- i. Ferrum
- ii. Chromium
- iii. Magnanum
- iv. Cobalt
- v Niccolum
- vi. Cuprum
- vii. Zincum
- vii. Cadmium

13. Mercury Group: General Features

- i. Mercury
- ii. Syphilinum

- iii. Aurum
- iv. Palladium
- v. Thallium
- vi. Plumbum
- vii. Stannum
- viii. Gelsemium
- ix. Sepia
- x. Murex

Relationship of Remedies (Boenninghausen & Hering)

Concept of Related Totalities:

This has been stated in a most complete form by Boenninghausen in his Section on Relationship in the Therapeutic Pocket Book. The idea has been also developed by Hering, Clarke, Boger, Miller and many others. The concept relates similar pictures to each other, relates the main picture to splinter groups (Sector-wise or Miasm-wise), projects sequential changes likely to occur in the future under the influence of the selected remedy, relates the main picture to the partial expressions of Nosodes as anti-Miasmatic Drugs (Inter-currents) and also stresses antidotal as well as inimical relationships derived purely from clinical experience. Since this aspect of the Homoeopathic Materia Medica is found to be extremely useful in efficient Homoeopathic prescribing, training must provide a through grounding in this.

Acute, Chronic, Complementary, Antidotes, Remedies that Follow well, Inimicals, Sequences, Remedies that Precede well, Inter-currents, Nosodes, Constitutional Remedy and its spectrum of Acute Remedies.

1. Identification of these Categories with suitable Examples;
2. Programming of Treatment based on these Concepts;
3. Technique of employing the Section in Boenninghausen's Therapeutic Pocket Book;
4. Follow-through of a Case on these lines;

Resolution of a mixed-up and complicated Case by adopting the Technique of Splitting of the Totality into homogenous components

Construction of Materia Medica:

Classified Symptoms when arranged with a certain philosophical background gives rise to different types of Materia Medica. Some Materia Medica sources keep the symptom of prover as narrated; others go on constructing Materia Medica from clinicopathological point of view, utilize the principle of generalization or emphasize the mental state & evolution of symptoms. Some are based on comparison of remedy action, remedy actions are presented in the commentary form or in the form of keynotes, some carry a mixture of clinical experience and proving depending upon the philosophy & experiences. Some keep the evolutionary as well as the disease angle in focus and attempt to relate the phenomena with the events in the life of the individual. This gives a richly documented data comprising of symptom-patterns to work upon and observe our remedies as live people interacting with their world whilst going about their business of living their lives. Such a unique mode of study (termed as Living Materia Medica) has a lot in store for us.

(5) Scope & Limitation of Materia Medica:

Scope and Limitations of different Materia Medicas as developed by the different authors listed below:

- I. Hahnemann
2. T.F.Allen
3. J.T.Kent
4. Hering
5. Farrington
6. C. M.Boger
7. John Clarke
8. M. L. Dhawale
9. George Vithoulkas
- ID. R. Shankaran
- II. S. R. Phatak
12. Whitmont
13. Catherine Coulter

(ii) COMPARATIVE MATERIA MEDICA

From symptomatic, regional location, closely coming drug picture and group symptoms.

Comparisons: General Principles & Applications:

(a) Therapeutic Groupings with Repertorial Correlations and Differentiations

(b) Repertorial Syndromes: Concept and Differentiation

(c) Ailments from Rubrics from the Repertory:

Identification of the State Responsible and its Clinical Evaluation

Effects Produced: Evolution, Identification and Differentiation

Determination of the Prescribing Totality with the help of the Concomitants (Associated Symptoms and Characteristics of the Person).

In order to appreciate the application of the Materia medica at the bedside, it is necessary to appreciate the concept of acute totality as follows:

Concept of the Acute Totality:

Hahnemann regards acute diseases, which are not mere episodes as an explosion of Psora. From this follows the recommendation to give an anti-Psoric after the acute phase is over or to consider these whenever an acute disease runs an aberrant course. From this it would appear that the acute and chronic totalities have a certain definite relationship. These will be considered later on. We could consider Acute Totality under the following divisions:

(i) Acute General Totality: Portion of the Chronic Totality capable of expression in the acute phase .

(a) Causation and its Expression (Sensation and Complaints in General joined to Aggr & Amel)

(b) Mental State: Characteristic Expression with <&>

(c) Fevers: Stages: Chill, Heat, Perspiration with Causation, Characteristic Expression, <& > and Compound Fevers:

(ii) Sector Totality: Local Regional affinities are considered here.

Chief Complaint(s): Locations

Pathology

Characteristic Expression: Cause

Sensations

<&>

Concomitants

Note:

1. Acute General Totality manifests itself much earlier in the pre-localization phase of the acute illness and although its expression varies within certain limits, it has a general consistency in its expression which permits us to identify the remedy not only in the early phases of the acute illness but also in the later stages, irrespective of the variations in the regional involvement(s).

2. Sector Totality varies as per involvement of the regions and takes time to evolve. In the later phases it may extend to involve other regions. With the advance of the disease, It tends to lose its specific characteristic expression while gaining in diagnostic expression. Differentiation, thus, becomes increasingly difficult with the advance of the disease.

3. Evolutionary aspects of both must be appreciated in depth as well as extent as at times these alone may furnish the guideline for prescribing.

4. Prescribing acute totality (ies) represents a combination of acute General as well as acute Sector totalities and thus present in actual practice a large number of pictures' —all traceable to the same drug. This can be quite bewildering unless the above divisions are grasped.

6. If the drug under study is complete, it might have prescribing acute totalities corresponding to acute expressions related to the 4 Miasms. But these will be just splinters from the main block described under 4

above.

(iii) PRACTICE OF HOMOEOPATHY IN MEDICINE:

Detailed application of the knowledge of Materia Medica to different clinical condition from clinico-pathologico-miasmatic point of view. All general & systematic diseases keeping causation in view viz Infection, Immunological & Nutritional. The application aspect of knowledge of Organon & Philosophy along with repertory also needs to be integrated to attain the philosophical foundation of Homoeopathic practice and education. Here candidate will be tested on his knowledge of applied Materia Medica along with other basic concepts in Homoeopathic philosophy & practice

(iv) PRACTICE OF HOMOEOPATHY IN SURGERY AND OBS & GYN:

Application of Materia Medica its scope & limitation along with clinico pathologico-immunological-miasmatic ? to different condition. Stress should be placed on surgery as a supportive system in case of emergency. Pre & Post operative homoeopathic care from Materia Medica point of view needs stress. The application aspect of knowledge of Organon & Philosophy along with repertory also needs to be integrated to attain the philosophical foundation of homoeopathic practice and education. Here candidate will be tested on his knowledge of applied Materia Medica along with other basic concepts in Homoeopathic philosophy & practice.

Homoeopathic Materia Medica: General acquaintance with the following categories of Books and the manner of employing them in the proper Study of Homoeopathic Materia Medica:

(i) Source Books

- (a) Hahnemann: Materia Medica Pura
Chronic Diseases
- (b) Hering: Guiding symptoms of the materia medica
- (c) Allen: Encyclopaedia of Homoeopathic Materia Medica Handbook of Materia Medica
Nosodes
- (d) Stephenson: Materia Medica & New Provings
- (e) Hughes: Cyclopaedia of Drug Pathogenesis
- (f) Anschutz: New Remedies

(ii) Compendium -

- (a) Boericke: Materia Medica and Repertory
- (b) Ghosh: Drugs of Hindustan

(iii) Commentaries

- (a) Clarke: Dictionary of Homoeopathic Materia Medica
- (b) Kent: Lectures on Homoeopathic Materia Medica and New Remedies
- (c) Wheeler & Kenyon: Principles & Practice of Homoeopathy
- (d) Pierce: Plain Talk on Homoeopathic Materia medica
- (e) Farrington Harvey: Post-Graduate Course in Homoeopathy and Homoeopathic Prescribing
- (f) Tyler, Margaret: Drug Pictures
- (g) Royal: Materia Medica
- (h) Boericke & Dewey: Twelve Tissue Remedies

(iv) Key-Notes

- (a) A Key-Notes
- (b) Guernsey: Key-Notes
- (c) Lippe: Materia Medica
- (d) Nash: Leaders in homoeopathic Therapeutics

Synopses

- (a) Boger: Synoptic Key & Repertory to the Homoeopathic Materia Medica
- (b) Pulford: Key to Homoeopathic Materia Medica
- (c) Mathur : Systemic Materia Medica of Homoeopathic Remedies

- (ii) **Comparative Materia Medicas** (Gross, Farrington and Roberts)
- (iii) **Repertories** (See Practice of Homoeopathy)

(iv) **Therapeutics**

- (a) Allen: Therapeutics of Fevers
- (b) Tyler : Pointers to Remedies
- (c) Nash: Typhoid
Respiratory Organs
- (d) Hering & Wells : Typhoid
- (e) Guernsey: Hemorrhoids
- (f) Bell: Diarrhea
- (g) Roberts: Rheumatic Remedies
- (h) Pulford: Pneumonia
Influenza
Digestive Organs
Children's Types
- (i) Cartier: Respiratory Organs
- (j) Royal: Diseases of Chest
Nervous Diseases
Practice of Medicine
- (k) Yingling: Accoucher's Manual
- (l) Underwood: Headache

Note 1: The above is not an exhaustive List but a representative one. Detailed knowledge of these books or of the information contained in these is not expected of the candidate. But, he would be expected to be in a position to employ the book in a useful manner in the evolution of the Portrait of the Disease.

Note 2: As per the CCH notification, the subject of Medica Medica must include the following:

1. Dynamics and methods of case taking.
2. Diagnosis and differential diagnosis of diseases with various physical, clinical and laboratory findings.
3. Analysis and synthesis of cases with Hahnemannian evolutionary totality.
4. Selection of medicine including repertorisation and comparative study of Materia Medica.
5. Selection of Potency and dose.
6. Second prescription.
7. Remedy response and prognosis.
8. Management of the cases in general, therapeutic and accessory treatment in which case oriented method of study shall be adopted by integrating all disciplines.

COURSE OUTLINE

1. The course of study would be for a period of three years. Part I examination will be held at the end of one and half years and Part II after three years. The teaching of the specialty subject will begin from the first year itself.
2. There would be regular internal evaluation in the form of evaluation of written assignments, presentation at seminars and journal clubs and maintenance and processing of case records and clinical activities like acquisition of skills and ward work on the standard format.
3. The examination will be held after three years the details of which are appended below.
4. Guidelines for thesis are also appended separately

SCHEME OF EXAMINATION

A. Theory

A.1 Theory examination shall comprise 2 written papers; each of 100 marks (Total 200 marks). Passing shall be separate for theory.

A.2 Each paper will be divided in to two parts of 50 each and shall consist of two patterns of questions.

(a) SAQs (b) LAQs in the ratio 30:40 Each part will have

SAQ shall be 03 each of 5 mark = 15

SAQs shall be 03 each of 5 marks = 15

LAQs shall be 02 each of 10 marks = 20

Total Marks = 50

Time duration for each paper shall be 3 hours.

A.3. Three examiners (Out of which at least 2 are external) shall value the papers

A.4. 'Passing' shall be considered as score of 100 more marks out of total 200.

Passing shall be separate for theory.

FORMAL ASSESSMENT

Paper I

Section I:

Source of Materia Medica, Drug proving and collection of symptoms — classification of symptoms, construction of Materia Medica types of Materia Medica.

1. Science and Philosophy of Materia Medica
2. Study of Materia Medica.

Section II

- Scope and Limitations of Materia Medica,
- 2, Sources of drugs family or group characteristics and drug relationship

Paper II

Section I:

1. Comparative Materia Medica;
2. Comparative study of symptoms, drug pictures and therapeutic indications of all drugs.

Section II

- I. Practice of Homoeopathy in Medicine.
2. Practice of Homoeopathy in Surgery, Obstetrics and Gynecology.

B. Practical:

- B. 1) 3 Examiners out of which 2 are External
- B. 2) Clinical Long Case = I = 60 Marks (1 hr.)
Short Case = 1 = 40 Marks (1 hr.)

C. Viva Voce:

Amongst 3 examiners the marks shall be equally divided under four heads covering all the aspects of general & medicine as described in syllabus above. They can be broadly divided into four heads as below:

C.1	C.2	C.3	C.4
Basic Materia Medica	Group and Drug relationship	Comparative Materia Medica	Practice of Homeopathic in Medicine Surgery and Gynecology
(10 min) Marks max.25	(10 min) 25	(10 min) 25	(10 min) 25

Viva & practical: 50%marks is allotted for homoeopathic application
Total marks: Cases 100 Viva 100 = 200 marks
Separate passing in individual heads A, B & C is essential to pass in Examination.

REPERTORY

(i) CASE TAKING:

(A) Dynamics & Methods:

Detailed study of the following concepts and its application in Homoeopathic Practice

a. Objective of case taking -

1. Diagnosis
 - a. Disease
 - b. Individuals
2. Prognosis
3. Treatment
- b. Methodology & Concept -
 1. Models of Interviewing-Medical Model, Psycho-social Model
 2. Unprejudiced observation
 3. Cross section study of the patient
 4. Longitudinal study of the patient

5. Diagnosis of diseases
6. Diagnosis of patient
7. Diagnosis of remedy
8. Concept of case record — system

C. Interview:

1. Prerequisites
 - a. Attitude b. Atmosphere c. Time c Atmosphere
 - e. 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. Assessment

(b) Case Analysis:

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
 - a. Symptom & sign
 - b. Location-sensation-modalities-concomitant (Complete symptom)
- c. Mentals/Physicals
- d. MIND - emotion/intellect/behaviour/subconscious
- e. Common & characteristics
- f. Chief & Associated Complaint
- g. Generals / Particulars
- h. Complete / incomplete
- i. Recent /old / acute/ chronic a) A/F , < ,>

(c) Anamnesis:

- A. Writing down the importance of anamnesis in case taking & its Analysis.
- B. To understand the Hering's law of cure & its application in management of cases.
- (d) 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, and Boenninghausen for evaluation of symptom

(II) REPERTORIES & REPERTORISATION:

A. Source and origin of the repertory:

Historical Background: Detailed understanding of the historical evolution of 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.

Earliest repertories

Jahr's repertories

Boenninghausen's earliest repertory and Boenninghausen's approach

Doctrine of analogy

Concept of concomitant symptoms

Concordances

Opposition to Boenninghausen's philosophy and decline of his repertory

The new school and Kent's repertory

Kent's criticism of Boenninghausen

Boenninghausen's influence on Kent's repertory

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.

B. Different types of Repertorisation:

I. Study of different individual groups of repertory

Uses

- Philosophical background
- Structure / plan / organization
- Limits, limitations & adaptability
- Types of repertories
- Standard repertories
- General repertories
- Card repertories
- Special or regional repertories

- Standard Repertories Boenninghausen, Boger, Kent (along with Kunzli, Pierre Schmidt's Synthetic and Roger Von Zandervorts Complete repertory.)
 - General Repertories — Gentry, Knerr and Roberts. Their utility in Homoeopathic education and practice
 - Card Repertories: Boger and Kishore Repertories- Card repertory: History and development of different card repertories and classification. Plan, Construction, Philosophical background, working method, clinical Uses, advantages and disadvantages of Kishore's cards.
 - Special or regional or particular group of repertory:
Bell's diarrhoea, H. C. Allen's fever, Minton's uterine disease, Berridge's Eye and Douglass skin A systematic methodical study of the above groups repertory and their adaptability and clinical area of uses.
- Terminologies of repertory: Interpretation and analysis of terminology used in Boenninghausen, Kent, Boger and their applications in the light of modern knowledge.
 - Repertorisation: Different methods described in different authentic writings, advantages and disadvantages and clinical application — Hahnemann, Boenninghausen, Kent, Boger, Farrington, M. L. Tyler, Dr. M. L. Dhawale.
 - Computer: Basic knowledge of computer application — Homoeopathic repertorisation. Knowledge of software packages available (Homopath, Radar and Mac) and their uses. Advantages and disadvantages of Homoeopathic Software package.

C. *Merits & Demerits:*

i.e. advantages & limitation, demerits of different repertory in detail with comparative study.

D. *Concepts, Method and Technique of Repertorisation:*

Studying in detail the concept philosophy, methodology, application, scope & limitation of different method of repertorisation mainly;

- Generalization
- Causation
- Concomitance
- Individualization
- Particulars-general
- Evaluation of symptoms
- Analysis & synthesis
- Doctrine of analogy
- Boenninghausen's concept of totality
- Kent's concept of totality
- Boger's concept of totality
- Integrated, dynamic and evolutionary concept of Hahnemannian totality
- Reportorial representation and differentiation

Repertorisation — a technique

- Case — selection
- Case — taking
- Case — recording
- Case—analysis
- Case — synthesis
- Reportorial representation and differentiation
- Relationship of remedies

E. 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.

F. 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.

RECOMMENDED READING

CASE-TAKING:

1. Feinstein A. R: Clinical Judgement
2. Enngel and Morgan: Interviewing the patient. Saunders
3. Sullivan H. The Psychiatric Interview
4. Braunwald et al: Harrison's Textbook of Medicine
5. Colby: A primer for Psychotherapists
6. Wolberg: Techniques of Psychotherapy

REPERTORISATION

1. J, T. Kent (Enriched Indian Edition)- Repertory of the Homoeopathic Materia Medica
2. Frederik Schoryens -Synthesis
3. Robin Murphy -Homoeopathic Medical Repertory
4. Barthel and Klunker- Synthetic Repertory
5. Allen T. F- Boenninghausen's Therapeutic Pocket Book
6. C. M. Boger- Boenninghausen's characteristics and Repertory
7. Gentry W. D- Concordance Repertory of the Materia Medica
- B. Knerr C. B- Repertory of Hering's Guiding Symptoms of our Materia Medica
9. Jugal Kishore - Card Repertory
10. Phatak SR- Concise Repertory of Homoeopathy
11. Neatby Edwin M:-Index of aggravations and ameliorations
12. HeringC- Analytical Repertory of the symptoms of the mind
13. Clarke. J. H -Clinical Repertory
14. Dockx and Kokelenberg- Kent's Comparative Repertory of the Hom. Materia Medica
15. Roberts Herbert -Sensation-as if
- IS. Gallavardin J. P- Repertory of Psychic Medicines with Materia Medica
17. Bidwell G. L- How to use the repertory
18. Bell James - Homeopathic therapeutics of diarrhoea
19. Allen H. C.- Therapeutics of Fever
20. Berridge E.W- Complete Repertory on the diseases of eyes
21. Douglas M. E.- Skin Diseases
22. Minton - Uterine Therapeutics
23. Farrington E. A.- Lesser Writings with Therapeutics
24. Tyler M. L - Repertorising
25. Boger C. M.- Synoptic key to Materia Medica with repertory
626. BogerC. M. - Time of remedies and moon phases
27. Boericke W - Boericke's Materia Medica with repertory
28. Norton A. B - Ophthalmic diseases and therapeutics
29. Ostrum H. T- Leucorrhoea
30. Tiwari Shashikant - Essentials of Repertorisation
31. MunirAhmed - Introducion to principles of Repertorisation

COURSE OUTLINE

1. The course of study would be for a period of three years. Part I examination will be held at the end of 11/2 years and Part II after three years. The teaching of the specialty subject will begin from the first year itself.
2. There would be regular internal evaluation in the form of evaluation of written assignments, presentation at seminars and journal clubs and maintenance and processing of case records and clinical activities like acquisition of skills and ward work on the standard format.
3. The examination will be held after three years the details of which are appended below.
4. Guidelines for thesis are also appended separately.

NOTE: As per the CCH recommendations in the new PG notification, a thorough knowledge of deeper understanding in the recent advances made and discernible in the subjects, keeping in view the tenets of

Homoeopathy, shall be required in the following topics, namely: -

1. Dynamics and methods of case taking.
2. Diagnosis and differential diagnosis of diseases with various physical. clinical and laboratory findings.
3. Analysis and synthesis of cases with Hahnemannian evolutionary totality.
4. Selection of medicine including repertorisation and comparative study of Materia Medica.
5. Selection of Potency and dose.
6. Second prescription.
7. Remedy response and prognosis.

Management of the cases in general, therapeutic and accessory treatment in which case oriented method of study shall be adopted by integrating all disciplines.

SCHEME OF EXAMINATION

Theory

A.1 Theory examination shall comprise 2 written papers; each of 100 marks (Total 200 marks). Passing shall be separate for theory.

A.2 Each paper will be divided in to two parts of 50 each and shall consist of two patterns of questions.

(a) SAQs (b) LAOs in the ratio 30:40 Each part will have

SAQ shall be 03 each of 5 mark 15

SAQs shall be 03 each of 5.marks = 15

LAQs shall be 02 each of 10 marks = 20

Total Marks 50

Time duration for each paper shall be 3 hours.

A.3. Three examiners (Out of which atleast 2 are external) shall value the papers

A.4. 'Passing' shall be considered as score of 100 more marks out of total 200.

Passing shall be separate for theory.

Paper I

Section I: Case taking—Dynamics, methods, analysis,
Anamnesis and Evaluation of symptoms

Section II : 1. Source and Origin of repertories

2. Different types of repertories

Paper II

Section I:-. Methods of Repertorization

Section II: 1. Practice of Homoeopathy in Medicine.

2. Practice of Homoeopathy in Surgery, Obstetrics and Gynecology.

B. Practical:

B. 1) 3 Examiners out of which 2 are External

8. 2) Clinical = Long Case = I = 60 Marks (1 hr.) Short Case = 1 = 40 Marks (1 hr.)

C. Viva Voce:

Amongst 3 examiners the marks shall be equally divided under four heads covering all the aspects of general medicine as described in syllabus above. They can be broadly divided into four heads as below:

C.1	C.2	C.3	C.4
Casetaking Origin of repertories Dynamics, methods, analysis, Anamnesis and Evaluation of symptoms (10 min) Max. marks 25	Source and Different types Type of repertories (10 min) 25	Repertorisation (Methods) (10 min) 25	Practice of Homeopathy in Medicine, Surgery and Gynaecology (10 min)) 25

Viva & practical: 50% marks is allotted for homoeopathic application

Total marks: Cases 100 Viva 100 = 200 marks

Separate passing in individual heads A, B & C is essential to pass in Examination Passing.

HOMOEOPATHIC PHARMACY

INTRODUCTION

Homoeopathic Pharmacy is a branch of medical science related to the total comprehension of Origin, Source, Classification, Identification, Properties, Preparation, Potentisation, Preservation, Methods of Proving on the basis of Homeopathic principles, Systematic recording, Repeating, Clinical verification, Compiling Homoeopathic Materia Medica and Repertory and enlarging the disease producing and disease curing properties of every substance used as remedy. This also includes knowledge of pharmaceutical industry.

- I. Philosophy
- ii. Knowledge of drug substance
- iii. Drug proving
- iv. Research
- v. Pharmaceutical industry rules & regulations of drugs and cosmetic act, India, Medico-legal aspects of Pharmacy.

I. PHILOSOPHY

Homoeopathic Law of Similars operates on the basis of principle of Individualisation, Susceptibility- and Dynamisation. Laws on which it operates are Law of Simple. Single and Minimum. Integrated knowledge of all the above laws and principles in pharmacy.

How Dr. Hahnemann arrived at the conclusion of above laws and principles through his experience. Hahnemann instructions in Drug Preparation, Potentisation and Proving. Instructions on administration of medicines and do's and don'ts while administering the medicine. His experience on potency i.e. Decimal and Millesimal, logic behind Potentisation. Further development in Posology from the time of Hahnemann till today.

II. KNOWLEDGE OF DRUG SUBSTANCE:

A. Detailed study of all the medicinal substance available under following heads

- Source
- Identification
- Collection
- Preparation
- Potentisation
- Preservation
- Prescription and
- Dispensing.

Historical Mythological Traditional, House-hold utility & therapeutic use of these drugs substances
Classification - kingdom wise, Physiology, Toxicological & Specific Therapeutic wise, Identification of Chemical. Toxicological, Physiological, Biological Properties & total contents & Ingredients of each medicine. Total knowledge of Pace, Depth, Intensity & Miasmatic action of every drug. Common names and abbreviations of all the Drugs.

B. Standardization of drugs and vehicles through analytical methods and techniques.

Biological, mechanical, chemical, toxicological properties and characteristics. Laboratory methods of drug study. Medical and non-medical uses of drugs. Differentiating the drug action of common medical substance used by other systems of medicine.

III. A. Drug proving:

- Total knowledge of
- (1) Drug Substance
- (2) Proving Team
- (3) Recording System
- (4) Verification
- (5) Publication Authentic Materia Medica & Repertory
- (6) Drug proving of 5 drugs of different sources
- (7) Repeating 5 proved drugs Authentically under the Guidance of Guide.

- (8) Methods of Standardization of Homoeopathic Drugs.
B. Sphere of action and affinities of Homoeopathic Drugs.

IV. POSOLOGY

Mode of Administration-Instructions during administration of Homoeopathic Medicine, Methods of prescribing Homoeopathic Medicine, Rules & Regulations. Posology includes knowledge of principles, types of potencies and the level of action of the drug and detailed study of how homoeopathic medicine act in all the patients, and proves, at all the times in both the sexes and at anytime and age. A Post Graduate student should know the duration of action of medicine from the available sources.

V. EXPERIMENTAL PHARMACOLOGY.

VI. DRUGS LAWS AND LEGISLATION RELATING TO HOMOEOPATHIC PHARMACY:

A basic idea about the Drugs and Cosmetic Act, 1940 (23 of 1940); The Prevention of illicit traffic in Narcotic Drugs and Psychotropic Substances Act, 1988, (46 of 1988); The Drugs (Control) Act, 1950, (26 of 1950); The Drugs and Magic Remedies (Objectionable Advertisement) Act, 1954(21 of 1954); The Medicinal and Toilet Preparation (Excise Duties) Act, 1955(16 of 1955);The Poisons Act, 1919(12 of 1919);The Homoeopathy Central Council Act, 1973 (59 of 1973); and The Pharmacy Act, 1948, (8 of 1948); A general idea about the rules and regulations made under the aforesaid Central Acts on the subject and concerned State Acts, rules and regulations.

VII. Industrial Pharmacy:

He should be in know how of Manufacturing homoeopathic Medicines in terms of Indian Laws, Rules & Regulations of Manufacturing Methods, Packaging, Marketing and Advertising. An industrial account of production management legal control layout of building, finance management, material management, production planning and control, sales fore-casting and safety measures in Pharmaceutical industry should be discussed. He should give detailed study of 3 Pharmaceutical, Laboratories after actual visit, critically, evaluating & differentiating their methods of manufacturing.He must learn a detailed account of Pharmaceutical apparatus involved in this area and their application in Pharmacy and also must learn sterilization procedures and methods of standardization of Homoeopathic Medicines.

Detail knowledge of various Pharmacopoeia like:

1. Homoeopathic Pharmacopoeia of India [(Ministry of Health and Family Welfare, Govt. of India.)
2. Homoeopathic Pharmacopoeia of the United States [HPUS]
3. German Homoeopathic Pharmacopoeia (HAS)
4. British Homoeopathic Pharmacopoeia [BHP]
5. M. Bhattacharya and Co.'s Homoeopathic Pharmacopoeia

COURSE OUTLINE

1. The course of study would be for a period of three years. Part I examination will be held at the end of 1 1/2 years and Part II after three years. The teaching of the speciality subject will begin from the first year itself.
2. There would be regular internal evaluation in the form of evaluation of written assignments, presentation at seminars and journal Clubs and maintenance and processing of case records and clinical activities like acquisition of skills and ward work on tie standard format.
3. There would be regular internal evaluation on lab and herbarium activities.
4. The examination will be held after three years, the details of which are appended below.
5. Guidelines for thesis are also appended separately

Books for Reference:

1. Organon of Medicine, 6th Edition by- Dr. Hahnemann
2. The Chronic Diseases by - Dr. Hahnemann
3. Provings-planning and protocol by - Nagpau V.M. BHJ Vol.76 - Apr 1987.
4. Errors in Drug Proving - by P.P.Wells
5. The Controlled Clinical Trial by - Coulter H.L.
6. Hitherto Unpublished original provings by Hahnemann by - Haehl Ft The Homoeopathic World November 1923
7. Theory and Practice of Industrial Pharmacy by - Lackmann.

- 8.. Drug laws by-Mehra
9. Drugs and Cosmetic Act 1940 by- Vijay Malik.
10. Medicinal Plants— Nadkarni Indian Materia Medica. Vol. I & I
- 11.The Wealth of India, CSIR Publications. Vol.1 to XI.
12. Indian Medicinal plants by - Basu. Vol. It VIII.
13. Hand book of Experimental Pharmacology by- Ghosh.
14. Text book of Experimental Pharmacology by - S.K.Kulkarni.
15. Encyclopedia of Medicinal Plants by T Dr. KS. Gopi.
16. Homoeopathic Pharmacy by—Dr.Sumith Goel.

SCHEME OF EXAMINATION

A. Theory

A.1 Theory examination shall comprise 2 written papers; each of 100 marks (Total 200 marks). Passing shall be separate for theory.

A.2 Each paper will be divided into two parts of 50 each and shall consist of two patterns of questions.

(a) SAQs (b) LAQs in the ratio 30:40

Each part will have \$

SAQ shall be 03 each of 5 mark 15

SAQs shall be 03 each of 5 marks = 15

LAQs shall be 02 each of 10 marks = 20

Total Marks =50

Time duration for each paper shall be 3 hours.

A.3. Three examiners (Out of which at least 2 are external) shall value the papers

A.4. Passing shall be considered as score of 100 marks out of total 200. Passing shall be separate for theory.

FORMAL ASSESSMENT

Paper I

Section I: 1. Philosophy

2. Knowledge of Drug substance

Section II: 1. Drugs Standardization

2. Drug Proving

3. Posology.

Paper II

Section I: 1. Experimental Pharmacology

2. Industrial Pharmacy

Section II: 1. Drug Laws and Legislation relating to Homoeopathic Pharmacy.

2. Various Pharmacopoeia

B. Practical:

B. 1)3 Examiners out of which 2 are External B. 2) Practical examination for 100 Marks

C. Viva Voce:

. Amongst 3 examiners the marks shall be equally divided under four heads covering all the aspects of Homoeopathic Pharmacy as described in syllabus above. They can be broadly divided into four heads as below:

C.1	C.2	C.3	C.4
Knowledge of Drug substance & Stdisation (10 min)	Drug Proving (10 min)	Industrial Pharmacy and Experimental Pharmacology (10 min)	Drug Laws (10 min)
Marks max. 25	25	25	25

iva & practical: 50%marks is allotted for homoeopathic application

Total marks: Practical 100, Viva 100 = 200 marks

Separate passing in individual heads A, B & C is essential to pass in Examination.

PRACTICE OF MEDICINE

INTRODUCTION

The two-part syllabus has been designed with the objective of delivering to the candidate the entire experience of basic and applied aspects of Homoeopathic health-care applicable to the discipline of General Medicine.

MD-Part I takes the candidate on the journey from Man in health to Man in disease. The ground that he has covered earlier in the undergraduate course is gone over again but from a very different clinical perspective. The integrated approach a clinician needs to adopt will underlie the exposure to these subjects. This will be facilitated since the candidate is simultaneously doing his resident training and is seeing the phenomena of health being transformed into disease in his clinical studies. Having thus re-visited the basic sciences, the candidate is now prepared to undertake the journey deeper into the healing science and art attempting to come into more intimate contact with the principles that Hahnemann identifies as critical for the success of the Operation Cure'.

Hence we should be very clear about the philosophical and conceptual basis of the syllabus, the ground that we need to cover. We should evolve matching methods and techniques that will experientially deliver to the candidate the entire experience of Healing' in its Hahnemannian sense. We must also remember that unlike in Modern medicine, there can be no standardization of Homoeopathic management of different clinical conditions. All the same, we should be able to define a common approach to the understanding of the condition and it is expected that with the passage of time and accurate documentation (which will follow the establishment of Postgraduate education), an approach will evolve. Till then we will be required to integrate our general understanding of the clinical and pathological phenomena of disease with our knowledge of Materia Medica and apply philosophical concepts to evolve the approach. References to literature is thus, at best, only general and constitute preliminary readings for takeoff. The role of the guide and teacher will be paramount in evolving guidelines.

BASIC CONCEPTS

Part – I has dealt with the following areas: -

- (1) Structural basis of health and disease. (Anatomical organization of man and its degeneration into structural pathology)
- (2) Functional basis of health and disease. (Physiological organization of man and its degeneration into pathophysiology)
- (3) Psychological basis of health and disease and the abnormal psychological processes which initiate abnormal mental and psychophysiological functioning.
- (4) The Concept of Man that the clinician needs in order to function in the clinical setting.
- (5) The scientific and full use of the extended senses of Clinical Investigations to unravel the hidden, often nascent stage in the evolution of the disease.
- (6) Final integration of all of the above with the basic tenets of Homoeopathic Philosophy.

Part—II will further take the candidate to understand the application of the above knowledge in terms of the following:

- (1) Evolving an approach to the Definition of the Clinical Problem
 - (2) Understanding the crucial role of documentation in the scientific understanding of the clinical state
 - (3) Possessing a sound understanding of the Bio-Psycho-Social concept of Aetiopathogenesis and evolution of the disease phenomena.
 - (4) Evolving clinico-pathological correlations to grasp the essence of the disease phenomena and integrating in terms of the structural, functional and formal correlations
 - (5) Learning the basics of Classification of Disease and integrating these principles with the Hahnemannian approach
 - (6) Integrating all of the above in erecting a Hahnemannian Totality
 - (7) Processing this totality through the appropriate Repertorial I Nonrepertorial approach
 - (8) Application in terms of evolving suitable Materia Medica portraits
 - (9) Understanding the clinical approach to the assessment of susceptibility and its influence in decision-making of Remedy Reaction assessment and Posology
 - (10) Diagnosing the state of suspended animation and understanding the use of various drugs and other forces to revert this state
- (II) Scope & Limitation of the current state of knowledge of Homoeopathy with the demands of Clinical Medicine especially the hyperacute aspects

(12) Finally, the need for the physician to take on the role of the Unprejudiced Observer' (Aphorism 6) while carrying out all of the above actions.

SYLLABUS

This will follow the four general guidelines as per the PG notification:

(I) GENERAL MEDICINE INCLUDING TROPICAL MEDICINE:

will include Classification Aetiology, Epidemiology, Pathogenesis & Pathology. Clinical Expression with evolution of Symptoms, Physical Examination, Investigation & Differential Diagnosis. The following would be the broad category of diseases that would be covered in the syllabus.

- I. Introduction to Principles & Practice of Clinical Medicine
- 2 .Symptomatology of diseases / disorders.
- 3.Interpretation & analysis of clinical history, clinical signs & investigative approaches, diagnostic & therapeutic approaches to diseases. Special reference shall be made to nutrition and dietetics disease wise.
4. Acid-Base — Water/electrolyte disturbances;
- 5.Tropical diseases Infectious diseases, & infections (Bacterial Viruses, fungal parasitic rickettsial, spirochetes).
6. Cardiovascular System -
7. Respiratory System
- B. Neurology
9. Hepatobiliary system. Pancreas & GIT.
10. Bone & Joints disorders; connective tissue diseases.
11. Immunology
12. Haematology
13. Oncology
14. Venereo - leprology & Dermatology relevant to Gen. Medicine
15. Toxicology (insect bites, stings, poisonings.)
16. Nephrology
17. Endocrine/metabolic diseases
18. Geriatrics
19. Genetics
20. Health Economics
21. National Health programmes
22. Emergency Medicine— Intensive care
23. Occupational health — Basics/common problems
24. Preventive Medicine— Basics/vaccines and the role of Homoeopathy (See (d) below).
25. HIV & AIDS
26. Nutrition related Health Problems both undernutrition and overnutrition.
27. Substance abuse and related medical emergencies
28. Psychosomatic Medicine
29. Current National / International Research/Trials on common diseases e.g. DM. HT. IHD. CVA.
30. Special reference shall be made to recent advances in all the fields stated above.

Special attention shall be given to inculcation of humanitarian approach, and attitudes in the students towards patients, their relatives & their behavior towards professional colleagues in and out of work places. Rural aspects, NHP and clinical epidemiological approach, aspects related to public health, and health education shall be taught in all sessions. Interdepartmental/integrated teaching programs at PG levels shall form a regular/periodic features in which some of the subjects stated above can be covered in a better manner. (e.g. Genetics, Bone and jts, Hepatobiliary, Haematology etc.)

(II) MIASMATIC STUDY OF MEDICINE:

Application of Knowledges acquired in Part-I in terms of Clinical Pathological. Immunological, Functional, Structural, changes in a cell—tissue-organ—system to understand the Miasm taking into consideration Evolutionary aspect of a particular disease, specifically in terms of Psora — Sycosis — Tubercular— Syphilis. Application of this knowledge to understand the susceptibility and its implication in defining Posology, Remedy reaction, Course of Disease, use of remedies & Prognosis.

c) Diagnostic procedures in view of latest technology:

Knowledge about indication, interpretation implications in terms of Diagnosis & differential Diagnosis, Prognosis, Susceptibility, Posology, Remedy reaction, course of diseases & use of remedies. The

investigative procedures - will range from the routine clinical skills to perform the basic investigative procedures & collection of sample needed to be acquired along with basic bedside procedures to sophisticated techniques. Below are outlined the list which should not be treated as all-inclusive.

(A) Profession related clerical Skills:

Proper history taking, presentation! writing/ maintaining Bed Head Ticket (BHT), writing informed consents, death /birth discharge certificates and referred notes. Notes in legal cases, and their reporting, etc.

(B) Psychomotor aspects:

Putting & securing IV linings, monitoring therapies of drugs, fluids, electrolytes caloric requirements etc., putting CV- linings. Observing aseptic precautions in indoor procedures (catheterization) passing tubes doing paracentesis and tissue fluids examination in side lab. Lumbar puncture, urinalysis, tissue biopsies and GM aspiration. Ability to use instruments and equipments like, glucometers, ECG machine, defibrillator, monitors, ventilators, etc. Ability to pass endo-tracheal tube. Prevention of bedsores, exposure keratitis in comatose cases & several other aspects of patient care.

(C) Cognitive aspects:

Learning (by reading, questioning, discussion) the scientific basis for interpretation, & analysis of clinical features and diagnostic approaches interpretation of microscopic slides ,Blood films, etc.

(D) Behavioral aspects (Attitudinal):

The student shall be able to interact with professional colleagues, teachers, seniors, juniors, patients, patient's relatives in a respectful manner. He shall be able to create atmosphere conducive to patient care, motivate relatives for donating blood, clinical autopsy etc. Supervised management of the common medical emergencies and initial treatment of complicated cases shall be learnt at all levels of PG course.

(E) Clinical Investigations

Apart from the routine haematological, biochemical and radiological investigations which are a part of undergraduate studies, the postgraduate must be conversant with a host of detailed and sophisticated investigations which further the understanding of the disease in its depth and extent. Given below are representative samples of these. These are not exhaustive nor are they a 'must know' for the candidate in all their details. However, he must have a nodding acquaintance with all of these and the place that they hold in the diagnostic and prognostic work

GIT INVESTIGATION:

Gastric acid secretary studies
Schilling test of vitamin B12 metabolism
Barium studies
Endoscopy
Radionuclide imaging
Angiography
USG
CTscan

RESPIRATORY SYSTEM:

Trans tracheal aspiration
Gastric lavage
Serological test
CTscan
MRI
Bronchography
Pulmonary angiography
USG
Radio isotope lung scan
Fibro optic bronchoscopy
Broncho-alveolar lavage
Mediastinoscopy
Thoracentastic and pleural fluid examination
Pleural biopsy

Lung biopsy
Thoracoscopy
PFT
Arterial blood gas

CVS:
EGG
Stress test
2 D ECHO , CT scan
MRI
Nuclear cardiology
1. Myocardial function: _ 1st past radionuclide angiography
_ Equilibrium blood pool imaging
_ Radio nuclide ventriculography
2. Myocardial perfusion imaging
3. Myocardial metabolism imaging
4. Myocardial infarct imaging
5. Myocardial innervations imaging
4 Cardiac catheterization
Angiocardiology

HEPATOBIILIARY:
Viral markers
Immunological markers
Tumour markers
Alfa fetoprotein
Aminopyrin breath test
Needle biopsy
Hepato biliary imaging

PANCREATIC:
Serum immunoreactive - trypsin/trypsinogen
Tumourmarker
Imaging
Pancreatic secretory function test
Dual labile schilling test -
Others: foecal chymotrypsin/ plasma pancreatic polypeptide
USG
Endoscopic USG
Interventional USG , CTscan
MRI
Oral cholecystography
Endoscopic retrograde cholangio-pancreatography
Percutaneous trans hepatic cholangiography
Angiography
Laproscopy

RENAL:
GFR
Insulin clearance
Creatinine clearance
24- hour Protein estimation
Para-aminohippuric acid excretion test
Tubular function
USG
IVP
Renalscan
Antegrade/retrograde pyelography
Renalarteriography

CTscan
Biopsy
CNS: .
CTSCAN
MRI
Echoencephalopathy
Doppler study of cerebral vessels
Radio isotope brain scan
Radio nuclide angiography
Single photo emission CT scan
Positron emission tomography
Neuroimaging of the spine
Plane radiography of spine
Myelography
Radio nucleiod scanning
Neuro USG
Spinal angiography
EEG

HAEMATOLOGY

Bone marrow examination

ENDOCRINE:

Plasma hormonal estimation
Urinary determination
Dynamic endocrine test
Receptor studies and antibodies
Endocrine imaging

OSTEOLOGY:

Bone isotope scanning
Measurement of bone mass and bone density
Total body calcium
Histopathology and histomorphometric analysis of bone
Steroid suppression test
P hormone infusion test

INFECTION:

Detection method- biological signals
Detection system
Amplification
Direct detection: microscopy! staining of macroscopic antigen detection Culture
Identification method: classic phenotyping/ gas liquid chromatography! nucleic acid probe
Susceptibility testing
Automation of microbial detection in blood
Detection of the pathological agents by serological methods

IMMUNE DISORDERS

Serum immunoglobulin Ievels-IgM, IgG, IgA, gE

Quantification of blood mononuclear populations

T cells: CD3, CD4, CDS, TCR $\alpha\beta$, TCR $\gamma\delta$

B cells: CD19, CD20, CD2I, Ig Roitt, Brotoff a ($\mu, \delta, \gamma, \alpha, \kappa, \lambda$)Ig associated molecules(α, β)

NK cells: CDI6

Monocytes: CD15

Activation markers: HLA-DR, CD25, CD80 (B cells)

T cell functional evaluation

B cell functional evaluation

Complement evaluation
 Phagocyte function
 Histocompatibility gene complex
 Autoantibodies ANA, anti-dsDNA etc.
 Serological Tests

ONCOLOGY

Tumor markers
 Screening Tests for common variety of cancers -

a) Practice of Homoeopathy In general medicine including Tropical medicine:

Case Receiving, Examination, Recording and Processing the Homoeopathic Case as applicable to general medicine cases while meticulously following the directions given in the 'Organon of Medicine. Knowledge acquired in M D Part-I along with (a) to (c) of Part-II will form a platform for the practice of Homoeopathy in general medicine. Understanding the basic disease process in terms of Clinico—Pathologic--Immunologic--Miasmatic understanding, symptom classification and evaluation, erection of the totality, repertorial approach & reference & its application through differential Materia Medica. Definition of susceptibility, Posology & remedy reaction along with scope & limitation of Homoeopathic remedies will lead to further application in terms of understanding Therapeutics while keeping the Clinico—Pathologic—Immunologic—Miasmatic understanding in the background. The study of remedies through the concept of relationships (Boger-Boenninghausen) so that differentiation gets established at the bedside should be the aim. Also application of the knowledge of disease classification & its evolution in terms of acute, chronic, sub-acute phases for defining the type of remedies in terms of acute - chronic— intercurrent — constitutional becomes clinically useful.

COURSE OUTLINE

1. The course of study would be for a period of three years. Part I examination will be held at the end of I 1/2 years and Part I after three years. The teaching of the specialty subject will begin from the first year itself.
2. There would be regular internal evaluation in the form of evaluation of written assignments, presentation at seminars and journal clubs and maintenance and processing of case records and clinical activities like acquisition of skills and ward work on the standard format.
3. The examination will be held after three years, the details of which are appended below.
4. Guidelines for thesis are also appended separately.

Reference Readings:

Sl.No.	Name	Edition	Author	Publisher
1	Interpretation of Diagnostic Tests	6th	Jacques Wallach	Little Brown & Co.
2	Clinical Method	20th	Michael Swash Hutchison	W.B. Saunders Cam.
3	Symptoms and Signs in Clinical Medicine	12th	Chamberlian Cohn Ogilive	British Library Cataloguing in Pub. Data
4	Physical Diagnosis		Rustom Jal Vakil	Media Promoters & Pub.
5	Physical Examination of the Spine and Extremities		Stanley Hoppenfeld	Appleton Century-Crofts
6	Clinical Diagnosis and Management by Lab Methods	18th	John Bernard Henry	W.B. Saunders Co.
7	Clinical Medicine		Mc .Leod	

Sl.No.	Name	Edition	Author	Publisher
1	Text book of Medicine (Davidson)	18th	Davidson	Churchill.L
2	Cecil Textbook of Medicine (2 Volumes)	19th	James Wyngaarden Liod H. Smith	W.B Saunders Co
3	Principles of Internal Medicine(2 volumes)	14th	Harrison	Mc Graw-Hill Inc.
4	Medicine for the Practicing Physician	3 rd	Hurst	
5	API Textbook of Medicine			
6	Problem Oriented Medical Diagnosis	5th	H.Harold Friedman	Little Brown & Co.
7	Signs & Symptoms	6th	MacBryde	J.B. Lippincolt Co.
8	Diagnosis& Management of Medical Emergencies	3rd	RustomVakil, Farokh Erach Uciwadia	Oxford University Press
9	Differential Diagnosis	2nd	A. Mcgehee Harvey. James Bordley	W.B Saunders Co
10	Clinical medicine	3rd	Parveen Kumar, Michael Clark	British Library Cataloguing Publication Data
11	Text book of Medicine		Vakil	
12	Text book of Medicine		K.V.Krishnadas	Jaypee Publications

Homoeopathy books:

1. Hahnemann S.: Organon of Medicine
2. Hahnemann S.: Lesser Writings. Pub: Swaran Publishing House, New D&hi
3. Dhawale M. L.: ICR Symposium Volume on Hahnemannian Totality 5 Volumes
Pub: ICR Symposium Council, Mumbai
4. Kent J. T.: Lesser Writings
5. All standard repertories
6. All available commentaries on Materia Medica and Therapeutics

SCHEME OF EXAMINATION

A. Theory

A. 1 Theory examination shall comprise 2 written papers; each of 100 marks (Total 200 marks). Passing shall be separate for theory.

A.2 Each paper will be divided into two parts of 50 each and shall consist of two patterns of questions.

(a) SAQs (b) LAOs in the ratio 30:40

Each part will have

SAQ shall be 03 each of 5 marks = 15

SAQs shall be 03 each of 5 marks = 15

LAQs shall be 02 each of 10 marks = 20

Total Marks =50

Time duration for each paper shall be 3 hours.

A.3. Three examiners (Out of which at least 2 are external) shall value the papers

A.4. 'Passing' shall be considered as score of 100 more marks out of total 200.

Passing shall be separate for theory.

Paper I

Section I: General Medicine including Tropical Medicine. Section II: Miasmatic Study of Medicine:

Paper II

Section I: Diagnostic procedures in view of latest technology

Section II: Practice of Homoeopathy in general medicine including Tropical medicine

B. Practical

B. 1) 3 Examiners out of which 2 are External

B. 2) Clinical Long Case = =60 Marks (1 hr.) = Short Case I 40 Marks (1 hr.)

C. Viva Voce:

Amongst 3 examiners the marks shall be equally divided under four heads covering all the aspects of general medicine as described in syllabus above. They can be broadly divided into four heads as below:

C.1	C.2	C.3	C4
Electro diagnostics Radio diagnosis apptitude	Instruments Equipments Procedures	Therapeutic radiological Immunological Genetic etc, Attitudes Knowledge	Research including thesis about recent
Affective do main advances in medical (10 min)	field (10 min)	(10 min)	(10 min)
Marks max. 25	25	25	25

Viva & practicals: 50%marks are allotted for homoeopathic application

Total marks: Cases 100 Viva 100 = 200 marks

Separate passing in individual heads A B & C is essential to pass in Examination.

PAEDIATRICS

INTRODUCTION

The two-part syllabus has been designed with the objective of delivering to the candidate the entire experience of basic and applied aspects of Homoeopathic health- care applicable to the discipline of Paediatrics & Neonatology Medicine.

MD-Part I takes the candidate on the journey from Man in health → Man in disease. The ground that he has covered earlier in the undergraduate course is gone over again but from a very different clinical perspective. The integrated approach a clinician needs to adopt will underlie the exposure to these subjects. This will be facilitated since the candidate is simultaneously doing his resident training and is seeing the phenomena of health being transformed into disease in his clinical studies. Having thus re-visited the basic sciences, the candidate is now prepared to undertake the journey deeper into the healing science and art attempt to come into more intimate contact with the principles that Hahnemann identifies as critical for the success of the Operation Cure.

Hence we should be very dear about the philosophical and conceptual basis of the syllabus, the ground that we need to cover. We should evolve matching methods and techniques that will experientially deliver to the candidate the entire experience of 'Healing ' in its Hahnemannian sense. We must also remember that unlike in Modern medicine, there can be no standardization of Homoeopathic management of different clinical conditions. All the same, we should be able to define a common approach to the understanding of the condition and it is expected that with the passage of time and accurate documentation (which will follow the establishment of Postgraduate education), an approach will evolve. Till then we will be required to integrate our general understanding of the clinical and pathological phenomena of disease with our knowledge of

Materia Medica and apply philosophical concepts to evolve the approach. References to literature is thus, at best, only general and constitute preliminary readings for take off. The role of the guide and teacher will be paramount in evolving guidelines along with homoeopathic concepts following competency in field of Paediatrics & Neonatology will go a long way in becoming an efficient clinician, teacher & researcher. Being conscious of the enormous importance that children will play in the future of our developing society, we are able to sense the importance of the task before a Paediatrician in a developing country like ours. It is essential to emphasize the following learning objectives specifically:

LEARNING OBJECTIVES:

- 1) Analyse Paediatric and neonatal health problems scientifically, taking into account the biological basis as well as the socio-behavioural epidemiology of the perinatal neonatal and paediatric disease and advise and implement strategies aimed at prevention of neonatal childhood morbidity, mortality.
- 2) Provide primary, secondary care to all neonates, infants and children.
- 3) Implement a comprehensive follow up and early intervention programme for the "At risk" children and neonates and plan, counsel and advise rehabilitation of the neuro-developmentally and physically challenged infants and children.
- 4) Take rational decisions in the face of ethical dilemmas in perinatal neonatal and paediatric diseases.
- 5) Exhibit communication skills of a high order and demonstrate com passionate attributes in the field of Paediatrics and Neonatology.
- 6) Plan and carry out research in neonatal health in clinical areas, in the community and in the laboratory settings.
- 7) Teach Paediatrics and newborn care to medical and nursing students as well as to grass root health functionaries and develop learning resource materials for them.
- 8) Plan, establish and manage level I Paediatric and Neonatal units and I independently.
- 9) Use and maintain the essential neonatal equipment and keep abreast with advances in neonatal and Paediatric care technology.
- 10) Organise Paediatric and Neonatal care in the community and at the secondary level of health system and play the assigned role in the national programmes aimed at the health of mothers and their infants and children.
- 11) Work as a productive member of the interdisciplinary team consisting of obstetricians, paediatricians, paediatric surgeons, other doctors, nurses and grass root functionaries providing care to the pregnant mother, the fetus, newborn and the children in any setting of health care system.
- 12) Seek and analyse new literature and information on Paediatrics and Neonatology and update the concepts and practice evidence based Paediatrics and Neonatology.

BASIC CONCEPTS

Part — I has dealt with the following areas: -

- (1) Structural basis of health and disease. (Anatomical organization of man and its degeneration into structural pathology)
- (2) Functional basis of health and disease. (Physiological organization of man and its degeneration into pathophysiology)
- (3) Psychological basis of health and disease and the abnormal psychological processes which initiate abnormal mental and psycho physiological functioning.
- (4) The Concept of Man that the clinician needs in order to function in the clinical setting.
- (5) The scientific and full use of the extended senses of Clinical Investigations to unravel the hidden, often nascent stage in the evolution of the disease.
- (6) Final integration of all of the above with the basic tenets of Homoeopathic Philosophy through the assessment of 'Susceptibility' (Stuart Close) and the modern interpretation of the concept of Miasms (Dhawale).

Part — II will further take the candidate to understand the application of the above knowledge in terms of the following:

- (1) Evolving an approach to the Definition of the Clinical Problem
- (2) Understanding the crucial role of documentation in the scientific understanding of the of the clinical state
- (3) Possessing a sound understanding of the Bio-Psycho-Social concept of Aetiopathogenesis and evolution of the disease phenomena
- (4) Evolving clinico-pathological correlations to grasp the essence of the disease phenomena and integrating in terms of the structural, functional and formal correlations.
- (5) Learning the basics of Classification of Disease and integrating these principles with the Hahnemannian

approach.

(6) Integrating a of the above in erecting a Hahneniannian Totality.

(7) Processing this totality through the appropriate Repertorial/ Non-repertorial approach

(8) Application in terms of evolving suitable Materia Medica portraits

(9) Understanding the clinical approach to the assessment of susceptibility and its influence in decision-making of Remedy Reaction assessment and Posology

(10) Scope & Limitation of the current state of knowledge of Homoeopathy with the demands of Paediatrics & neonatological Medicine especially the hyperacute aspects

11) Finally, the need for the physician to take on the role of the 'Unprejudiced Observer (Aphorism 6) while carrying out all of the above actions.

In addition to the above and taking into account the preventive and health-promoting role of Homoeopathic Medical Science, the following are the specific concepts that the course would rest on:

1. Embryological Development including influence of Maternal Health on the Foetus.

2. Physical (structural & functional) & Psychological (Personality) Growth & Development of the Infant, Child & Adolescent.

3. To evolve a concept of Normalcy with regards to 1 & 2 above. To evolve an understanding of the concept of Virgin Susceptibility.

4. Identifying Abnormal Psychological development and Pathology in the developing stages in order to prevent their full-scale development or modify the expression.

5. Non-Invasive and Invasive methods of Clinical Investigations in ascertaining status of Health and Disease.

SYLLABUS

This will follow the four general guidelines as per the PG notification:

(I) DISEASES OF CHILDREN INCLUDING NUTRITIONAL BEHAVIORAL DISORDERS, PREVENTIVE ASPECTS OF PAEDIATRICS

A. VITAL STATISTICS:

Definition and overview of Paediatrics with special reference to age-related disorders. Population structure, pattern of morbidity and mortality in children. Maternal, perinatal, neonatal, infant and preschool mortality rates. Definition, causes, present status and measures for attainment of goals.

B. GROWTH AND DEVELOPMENT

Normal growth from conception to maturity. Anthropometry — measurement and interpretation of weight, length/height, head circumference, mid-arm circumference. Use of weighing machines, infantometer.

Interpretation of Growth Charts: Road to Health card and percentile growth curves

Abnormal growth patterns-failure to thrive, short stature.

Growth pattern of different organ systems such as lymphoid, brain and sex organs.

Normal pattern of teeth eruption.

Principles of normal development.

Important milestones in infancy and early childhood in the areas of Gross Motor, Fine motor, language and Personal-Social development. 3-4 milestones in each of the developmental fields, age of normal appearance and the upper age of normal.

Preventable causes and assessment of developmental retardation.

Psychological and behavioral problems.

Measurement and interpretation of sitting height, US:LS ratio and arm span.

A anthropometric measurement-principles and application.

Sexual Maturity rating.

C. NUTRITION

Normal requirements of protein, carbohydrates, fats, minerals and vitamins for newborn, children and pregnant and lactating mother. Common food sources. Breast feeding:- Physiology of lactation, composition of breast milk, Colostrum,

Initiation and technique of feeding. Exclusive 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.

Assessment of nutritional status of a child based on history and physical examination. -

Protein energy malnutrition-Definition, classification according to IAP/Wellcome Trust, acute versus chronic malnutrition. Clinical features of marasmus & kwashiorkor. Causes and management of PEM including that of

complications. Planning a diet for PEM.

Vitamins—Recognition of vitamin deficiencies (A, D, K, C, B-Complex) Etiopathogenesis, clinical features, biochemical and radiological findings, differential diagnosis and management of nutritional rickets & scurvy. Hypervitaminosis A and D.

Characteristics of transitional and mature milk (foremilk & hind milk). Prevention and management of lactation failure and feeding problems. Definition, causes and management of obesity.

D. IMMUNIZATION

National Immunization Programme.

Principles of Immunization. Vaccine preservation and cold-chain.

E. CLINICAL PAEDIATRICS:

i. **NEONATOLOGY:** newborn care — examination & diseases.

* Definition — live birth, neonatal period, classification according to weight and gestation, mortality rates.

* Aetiology, clinical features, principles of management and prevention of birth asphyxia.

* Care of the normal newborn in the first week of life. Normal variations and clinical signs in the neonate.

* Breastfeeding—physiology and its clinical management

* Neonatal Jaundice: causes, diagnosis and principles of management.

* 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)

ii. **GENETICS**

* Principles of inheritance and diagnosis of genetic disorders

* Down's syndrome and other congenital conditions

iii. **INFECTIOUS DISEASES**

• Epidemiology, basic pathology, natural history, symptoms, signs, complications, investigations, differential diagnosis, management and prevention of 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 etc.

iv. **HEMATOLOGY**

* Causes of anaemia in childhood. Classification based on aetiology and morphology.

* Epidemiology, recognition, diagnosis. management and prevention of nutritional anemia—iron deficiency, megaloblastic anaemia.

* Clinical approach to a child with anaemia with lymphadenopathy and/or hepatosplenomegaly.

* Epidemiology, clinical features, investigations and management of thalassemia.

* Approach to a bleeding child.

* Diagnosis of acute lymphoblastic leukemia and principles of treatment

* Clinical features and management of hemophilia, ITP.

v. **RESPIRATORY SYSTEM**

* Clinical approach to a child with cyanosis, respiratory distress, wheezing.

* Significance of recession, retraction of chest muscles.

* Etiopathogenesis, clinical features, complications, investigations, differential diagnosis and management of acute upper respiratory infections, pneumonia with emphasis on bronchopneumonia, bronchiolitis, bronchitis. Acute and chronic otitis media.

* Etiopathogenesis, clinical features, diagnosis, classification and management of bronchial asthma.

Treatment of acute severe asthma.

* Pulmonary tuberculosis—tuberculous infection versus tuberculous disease, difference between primary and post-primary tuberculosis. Etiopathogenesis, diagnostic criteria in children versus adults. Diagnostic aids— technique and interpretation of Mantoux test and BCG test. Radiological patterns, Multi drug resistant tuberculosis, Bronchiectasis.

vi. **GASTROINTESTINAL TRACT**

* Clinical approach to a child with jaundice, vomiting, abdominal pain, bleeding, hepatosplenomegaly.

- * Acute diarrhoeal disease-Etiopathogenesis, clinical differentiation of watery and invasive diarrhoea, complications of diarrhoeal illness. Assessment of dehydration, treatment at home and in hospital. Fluid and electrolyte management. Oral rehydration, composition of ORS.
- * Clinical features and management of acute viral hepatitis, causes & diagnosis of Chronic Liver Disease.
- * Common causes of constipation.

vii.. **CENTRAL NERVOUS SYSTEM**

- * Clinical approach to a child with coma, convulsions, mental retardation.
- * Clinical diagnosis, investigations and treatment of acute pyogenic meningitis, encephalitis & Tubercular Meningitis.
- * Seizure Disorder-Causes and types of convulsions at different ages. Diagnosis, categorization & management of Epilepsy (Broad outline). Febrile convulsions-definition, types, management.
- * Causes, diagnosis and management of cerebral palsy.

viii. **CARDIOVASCULAR SYSTEM**

- * Clinical features, diagnosis, investigation, treatment and prevention of acute rheumatic fever. Common forms of rheumatic heart disease in childhood. Differentiation between rheumatic and rheumatoid arthritis.
- * Recognition of congenital acyanotic and cyanotic heart disease. Hemodynamics, clinical features and management of VSD, PDA, ASO and Fallots tetralogy (Cyanotic spells).
- * Recognition of congestive cardiac failure in children.
- * Hypertension in children-recognition and referral.
- * Diagnosis of bacterial endocarditis, pericardial effusion, myocarditis.

ix. **GENITOURINARY SYSTEM**

- * Basic etiopathogenesis, clinical features, diagnosis, complications and management of acute post-streptococcal glomerulonephritis and nephrotic syndrome.
- * Aetiology, clinical features, diagnosis and management of urinary tract infection- acute and recurrent.
- * Aetiology, diagnosis and principles of management of acute renal failure.
- * Causes and diagnosis of obstructive uropathy in children.
- * Causes and diagnosis of hematuria
- * Renal and bladder stones

x. **ENDOCRINOLOGY**

- * Aetiology clinical features & diagnosis of diabetes and hypothyroidism. hyperthyroidism and goitre in children.
- * Delayed and precocious puberty

xi. **PEDIATRIC 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

xii. **FLUID-ELECTROLYTE**

- * Principles at fluid and electrolyte therapy in children
- * Pathophysiology of acid-base imbalance and principle of management

xiii. **BEHAVIOURAL PROBLEMS**

- * Breath holding spells, nocturnal enuresis, temper tantrums, pica.

xiv. **PEDIATRIC SURGICAL PROBLEMS**

- * Diagnosis and advise for surgery of Cleft lip palate, hypospadias, undescended testis, tracheo-esophageal fistula, hydrocephalus, CTEV, Umbilical and inguinal hernia, anorectal malformations, hypertrophic pyloric

stenosis.

Special attention shall be given to inculcation of humanitarian approach, and attitudes in the students towards patients, their relatives & their behaviour towards professional colleagues in and out of work places. Rural aspects, NHP and clinical epidemiological approach, aspects related to public health, and health education shall be taught in all sessions. Interdepartmental/integrated teaching programs at PG levels shall form a regular/periodic features in which some of the subjects stated above can be covered in a better manner. (e.g. Genetics, Bone and its, Hepatobiliary. Haematology etc.)

(ii) MIASMATIC STUDY OF MEDICINE:

Application of knowledge acquired in Part-I in terms of Clinical, Pathological, Immunological, Functional, Structural, changes in a cell—tissue—organ— system to understand the Miasm taking into consideration Evolutionary aspect of a particular disease, specifically in terms of Psora—Sycosis — Tubercular — Syphilis. Application of this knowledge to understand the susceptibility and its implication in defining Posology, Remedy reaction, Course of Disease, use of remedies & Prognosis.

(iii) DIAGNOSTIC PROCEDURES:

Knowledge about indication, interpretation, implications in terms of Diagnosis & differential Diagnosis, Prognosis. Susceptibility, Posology, Remedy reaction, course of diseases & use of remedies. The investigative procedures will range from the routine clinical skills to perform the basic investigative procedures & collection of sample needed to be acquired along with basic bedside procedures to sophisticated techniques. Below are outlined the list which should not be treated as all-inclusive.

A. Profession related clerical Skills:

1. Detailed Paediatric History:

Elaborate history with emphasis of Homoeopathic view point & knowledge of psychiatric in understanding a Mental state of a child.

2. Physical Examination

3. Anthropometry and interpretation of growth of child

4. Developmental Assessment of child

5. Distinguish between normal newborn and those requiring special care

6. Care of Newborn at birth and in the ward

7. Counselling for breast feeding and infant feeding

B. Clinical Demonstrations:

I. Neonatal History taking.

2. Care of Normal Newborn at birth.

3. Examination of Newborn.

4. Breast Feeding.

(A) Identification of sick newborn — Danger Signs.

Proper history taking, presentation writing/ maintaining Bed Head Ticket(BHT) writing informed and referred notes. Notes in legal cases, and their reporting. etc.

C. Psychomotor aspects:

*** CLINICAL:**

* Paediatric and Neonatal examination anthropometry and developmental assessment

* Paediatric and Neonatal resuscitation

* Paediatric and Neonatal Ventilation: CP AP, IMV; newer modes of ventilation.

* Neonatal and Paediatric Blood sampling: capillary, venous, arterial

* Insertion of peripheral venous, umbilical venous and umbilical arterial catheters.

* Monitoring: invasive, non invasive.

* Enteral feeding (katori-spoon, gavage, breast)

* Lactation management.

* Parenteral nutrition.

* Lumbar puncture and ventricula, tap.

* Placing of Chest tube.

* Exchange transfusion.

* Bedside tests: shake test, sepsis screen, hematocrit, urine examination, CSF examination, Kleihauer technique, Apt test, Blood Peripheral Smear Examination Total and Differential Count Estimation.

- * Paediatric and neonatal drug therapy
- * Nursery and ward house keeping routines and asepsis procedures.
- * Universal precautions

D. Cognitive aspects:

Learning (by reading, questioning, discussion) the scientific basis for interpretation, & analysis of clinical features and diagnostic approaches interpretation of microscopic slides Blood films, etc.

E. Behavioral aspects (Attitudinal):

The student shall be able to interact with professional colleagues, teachers, seniors, juniors, patients, patient relatives in a respectful manner. He shall be able to create atmosphere conducive to patient care, motivate relatives for donating blood, clinical autopsy etc. Supervised management of the common medical emergencies and initial treatment of complicated cases shall be learnt at all levels of PG course. Communication with parents, families and communities. Handling, effective utilization and trouble shooting of neonatal and pediatric equipment.

(iv) **Diagnostic procedures**

Apart from the routine haematological, biochemical and radiological investigations which are a part of undergraduate studies, the postgraduate must be conversant with a host of detailed and sophisticated investigations which further the understanding of the disease in its depth and extent. Given below are representative samples of these. These are not exhaustive nor are they a 'must know' for the candidate in all their details. However, he must have a nodding acquaintance with all of these and the place that they hold in the diagnostic and prognostic work-up.

GIT INVESTIGATION:

- + Barium studies
- + Endoscopy
- + Radionuclide imaging
- + Angiography
- + USG
- + CT scan

RESPIRATORY SYSTEM:

- + Trans tracheal aspiration
- + Gastric lavage
- + Serological test
- + CT scan
- + MRI
- + Bronchography
- + Pulmonary angiography
- + USG
- + Radio isotope lung scan
- + Fibro optic bronchoscopy
- + Broncho-alveolar lavage
- + Mediastinoscopy
- + Thoracentesis and pleural fluid examination
- + Pleural biopsy
- + Lung biopsy
- + Thoracoscopy
- + PFT
- + Arterial blood gas

CVS:

- + 2DECHO
- + CTscan
- + MRI

HEPATOBIILIARY:

- + Viral markers
- + Immunological markers
- + Tumour markers

- + Alfa feto protein
- + Aminopyrin breath test
- + Needle biopsy
- + Hepato biliary imaging

PANCREATIC:

- + Serum immunoreactive - trypsin/trypsinogen
- + Imaging
- + Dual labile schilling test
- + Others: foecal chymotrypsin/ plasma pancreatic polypeptide
- +USG
- + Endoscopic USG
- + Interventional USG
- + CTscan. +MRI
- + Oral cholecystography
 - + Endoscopic retrograde cholangio-pancreatography
- + Percutaneous trans hepatic cholangiography
- +Angiography
- + Laproscopy

RENAL:

- + GFR
- + Insulin clearance
- + Creatinine clearance
- + 24- hour Protein estimation
- + Paraaminohippuric acid excretion test
- + Tubularfunction
- + USG
- .+IVP
- + Renalscan
- + Antegrade/retrograde pyelography
- +Renal arteriography
- + CTscan
- + Biopsy

CNS:

- + CTSCAN
- + MRI
- + Echoencephalopathy
- + Doppler study of cerebral vessels
- + Radio isotope brain scan
- + Radio nuclide angiography
- + Single photo emission CT scan
- + Positron emission tomography
- + Neuroimaging of the spine
- + Plane radiography of spine
- +Myelography
- + Radionucleiod scanning
- + NeuroUSG
- + Spinalangiography
- + EEG

HAEMATOLOGY:

- + Bone marrow examination

ENDOCRINE:

- + Plasma hormonal estimation
- + Urinary determination
- + Dynamic endocrine test

- + Receptor studies and antibodies
- + Endocrine imaging

OSTEOLOGY:

- + Bone isotope scanning
 - + Measurement of bone mass and bone density
 - + Total body calcium
 - + Histopathology and histo morphometric analysis of bone
- C. Steroid suppression test
C. PTH hormone infusion test

INFECTION:

- + Detection method- biological signals
- + Detection system
- + Amplification
- + Direct detection: microscopy/staining/macrosopic antigen detection
- + Culture
- + Identification method: classic phenotyping/gas liquid chromatography/ nucleic acid probe
- + Susceptibility testing
- + Automation of microbial detection in blood
- + Detection of the pathological agents by serological methods

IMMUNE DISORDERS

- + Serum Immunoglobulin levels-IgM, IgG, IgA, gE
 - + Quantification of blood mononuclear populations
- T cells: CD3, CD4, CD8, TCR $\alpha\beta$, TCR $\gamma\delta$
B cells: CD19 CD20, CD21, Ig Roitt, Brotoff a ($\mu, \delta, \gamma, \alpha, \kappa, \lambda$), Ig associated molecules(α, β)
NK cells: CD16
Monocytes: CD15
Activation markers: HLA-DR, CD25, CD80 (B cells)
- + T cell functional evaluation
 - + B cell functional evaluation
 - + Complement evaluation
 - + Phagocyte function
 - + Histocompatibility gene complex
 - + Autoantibodies ANA, anti-dsDNA etc.
 - + Serological Tests
- #### ONCOLOGY
- + Tumor markers
 - + Screening Tests for common variety of cancers

(v). PRACTICE OF HOMOEOPATHY IN PAEDIATRIC & NEONATOLOGY MEDICINE INCLUDING TROPICAL MEDICINE:

Case Receiving, Examination, Recording and Processing the Homoeopathic Case as applicable to general medicine cases while meticulously following the directions given in the 'Organon of Medicine. Knowledge acquired in MD Part-I along with (a) to (c) of Part-II will form a platform for the practice of Homoeopathy in Paediatric. & neonatal medicine. Understanding the basic disease process in terms of Clinico—Pathologic—Immunologic— Miasmatic understanding, symptom classification and evaluation, erection of the totality, repertorial approach & reference & its application through differential Materia Medica. Definition of susceptibility, Posology & remedy reaction along with scope & limitation of Homoeopathic remedies will lead to further application in terms of understanding Therapeutics while keeping the Clinico— Pathologic—Immunologic—Miasmatic understanding in the background. The study of remedies through the concept of relationships (Boger Boenninghausen) so that differentiation gets established at the bedside should be the aim. Also application of the knowledge of disease classification & its evolution in terms of acute, chronic, sub-acute phases for defining the type of remedies in terms of acute - chronic— intercurrent — constitutional becomes clinically useful.

COURSE OUTLINE

1. The course of study would be for a period of three years. Part I examination will be held at the end of 11/2 years and Part I after three years. The teaching of the specialty subject will begin from the first year itself.
2. There would be regular internal evaluation in the form of evaluation of written assignments, presentation at seminars and journal clubs and maintenance and processing of case records and clinical activities like acquisition of skills and ward work on the standard format.
3. The examination will be held after three years, the details of which are appended below.
4. Guidelines for thesis are also appended separately

Reference Readings:

Recommended journals for post graduate students of paediatrics

1. Indian paediatrics
2. Indian journal of paediatrics
3. American journal of paediatrics
4. Archives of diseases of children
5. American journal of dis child
6. Pediatric neurology
7. Pediatric Infectious disease journal
8. Journal of national neonatology forum
9. Journal of rural pediatrics
10. Pediatric clinic of north america
11. Clinics in perinatology

Recommended books: -

1. Paediatrics priorities in office practice — V. K. Amdekar, R. P.Khubchandani
2. Normal Child -R.S. Illingworth
3. Child Psychiatry- Rutter
4. IAP Text book of Paediatrics.
5. Essential Paediatrics by OP. Ghai.
6. Text book of Neonatology by Meharban Singh.
7. Textbook of Pediatrics by Suraj Gupte.
8. Clinical methods in Paediatrics by Meharban Singh.
9. Principles of Paediatrics, by Tirthankar Dutta.
10. Approach to Pediatric Problems by S.K. Mittal & Vijay Aggarwal.
11. Text book of Paediatrics by S.T. Achar
12. Text book of Forfer

Reference Books

1. Text book of Paediatrics by Nelson.

Homoeopathy books:

1. Hahnemann S.: Organon of Medicine
2. Hahnemann S.: Lesser Writings. Pub: Swaran Publishing House, New Delhi
3. Dhawale M. L: ICR Symposium Voume on Hahnemannian Totality 5 volumes Pub: ICR Symposium Council, Mumbai
4. Kent J. T: Lesser Writings
5. All standard repertories
6. All available commentaries on Materia Medica and Therapeutics
7. Children's type: Borland
8. The Homoeopathic treatment of children (Peediatric constitutional types)
9. Paediatrics in Homoeopathy —An approach by I.C Publications.

SCHEME OF EXAMINATION

A. Theory

A .I Theory examination shall comprise 2 written papers; each of 100 marks (Total 200 marks). Passing shall be separate for theory.

A.2 Each paper will be divided in to two parts of 50 each and shall consist of two patterns of questions.

(a) SAQs (b) LAQs in the ratio 30:40 Each part will have

SAQ shall be 03 each of 5 mark = 15

LAQs shall be 03 each of 5 marks = 15

LAQs shall be 02 each of 10 marks =20

Total Marks= 50

Time duration for each paper shall be 3 hours.

A.3. Three examiners (Out of which at least 2 are external) shall value the papers

A.4. Passing' shall be considered as score of 100 more marks out of total 200.

Passing shall be separate for theory.

Paper I

Section I: General-Paediatrics & Neonatology Medicine including Tropical Medicine.

Section II: Miasmatic Study of Paediatrics & Neonatology

Paper II

Section I: Diagnostic procedures in view of latest technology

Section II Practice of Homoeopathy in Paediatrics & Neonatology including Tropical medicine

B. Practical:

B. 1) 3 Examiners out of which 2 are External

B. 2) Clinical =Long Case = 1 = 60 Marks (1 hr.) =Short Case=1=40Marks(1 hr.)

C. Viva Voce:

Amongst 3 examiners the marks shall be equally divided under four heads covering all the aspects of general medicine as described in syllabus above. They can be broadly divided into four heads as below:

C.1	C.2	C.3	C.4
Neonate stress test	Instruments Equipment Procedures	Therapeutic Radiological Immunological Genetic	Research aptitude Including thesis, Affective
Radio diagnosis do about (10min)	(10min)	main Attitudes knowledge recent advances in medical field. (10 min)	(10 min)

Marksmax.25

25

25

25

Viva & practicals: 50%marks are allotted for homoeopathic application

Total marks: Cases 100 Viva 100 = 200 marks

Separate passing in individual heads A, B & C is essential to pass in Examination.

PSYCHIATRY

INTRODUCTION

Homoeopathy has had a lot to offer to a practicing psychiatrist since in many ways, the Founder, Samuel Hahnemann can be considered as a Father of Modern Psychiatry. He preceded Pinel, who today enjoys this honour, by several years and the Organon of Medicine and his Lesser Writings are a mute testimony to the awareness of the psyche that he had reached. Notably, his contributions to the classification of mental disorders, astute recognition of the stage of the clinical condition and injunctions of behaviour that he placed on the homoeopathic physicians are noteworthy. During the preceding century, psychiatry has undergone a vast change and is still in a state of flux tossing between psycho-centric, bio-centric and socio-centric orientation.

The integrated Bio-psych-social model is the only viable model on which the study of clinical psychiatry can be based. However, nowhere is to be seen the foundation of basic concepts that encompass this scientific effort and enables the clinician to understand and treat. The task before the aspiring Homoeopathic

physician who takes up the study of psychiatry is complex since he cannot confine himself to the psyche alone and refer to his colleagues for the management of other co-existing ailments. He will have to be sufficiently proficient in general understanding of the patient as well as undertake special studies to understand the deeper aspects of the psyche. In other words, he would have to be a strong generalist as well as a strong specialist.

The syllabus for study thus would have to cover a wider ground than what is available in the routine MD studies. Since there are aspects of the study which have been untouched in the long course of the undergraduate studies, these will have to be taught afresh and the entire exercise will have to be multidisciplinary one in which the psychologist and sociologist along with related medical specialists would get involved. It would cover the following broad areas:

(I). HISTORICAL ASPECTS RELEVANT TO THE STUDY OF MENTAL DISEASES:

1. Historical review of the development of Psychiatry
2. Hahnemann's contribution to the understanding of Mental Disorders

(II). BEHAVIOURAL AND SOCIAL SCIENCES RELEVANT TO MENTAL DISORDERS:

General Psychology with schools of Psychology, Theories of Personality Development, Social dimensions of behaviour and current issues, Doctor Patient Relationship, Patient Interviewing and study of therapeutic relationship

(III). PSYCHOBIOLOGICAL FOUNDATIONS OF CLINICAL PSYCHIATRY:

Psych-bio-social Model of Disease, Neurophysiology, Neurochemistry, Neuroanatomy, Neuropsychology, Neuropathology, Psychoneuroimmunology, Neuropsychiatry, Neurological Examination with Neuroimaging related to Mental Disorders

(IV). PSYCHOPATHOLOGY:

Concept of Normality and Deviance in Behaviour, Psychiatric symptomatology, Etiopathogenesis of Psychiatric disorders Concept of Stress, Psychological testing Classification of Psychiatric Disorders

(V). CLINICAL PSYCHIATRY:

1. Medical disorders related to Psychiatry
2. Organic Brain Syndromes
3. Substance-related Disorders
4. Schizophrenic disorders
5. Affective disorders
6. Somatoform Disorders
7. Dissociate Disorders
8. Anxiety disorders
9. Personality disorders
10. Sexual and Gender Identity Disorders
11. Habit Disorders
12. Adjustment disorders
13. Impulse Disorders and other Behavioural Disorders
14. Disorders of Infancy, Childhood and Adolescence
15. Psychophysiological and Physiopsychological Disorders and Consultation Liaison Psychiatry
16. Community Psychiatry with special reference to contemporary problems
17. Psychiatry in the Educational setting
18. Geriatric Psychiatry.
19. Socio-cultural Psychiatry
20. Emergency Psychiatry
21. Forensic Psychiatry and Ethics in Psychiatry
22. Preventive aspects of Mental disorders
23. Recent advances

(VI). HOMOEOPATHIC ASPECTS OF CLINICAL PSYCHIATRY:

Case Receiving, Examining, Recording and Processing the Homoeopathic Case as applicable to Mental

Disorders.

Miasmatic approach to the understanding of Psychiatric Disorders

(VII). TREATMENT OF PSYCHIATRIC DISORDERS:

I— Standard regimes

1. Psychopharmacology and Biological therapies—their role, side effects and limitations
2. Psychotherapies—their indications and techniques
3. Adjuvant therapies and their role in rehabilitation—eg. Meditation, Reiki ,Pranic healing, Yoga etc.

II-Homoeopathic Management — Principles and Applications

1. Assessment of Sensitivity and Susceptibility in mental disorders
2. Use of Repertories in the selection of the Similimum
3. Planning and Programming of Homoeopathic Psychiatric treatment
4. Role and use of different forces in the course of treatment
5. Therapeutics of different mental states and conditions
6. Management of co-existent physical disorders

(VIII) PRINCIPALS OF CLINICAL RESEARCH IN PSYCHIATRY:

1. Statistical Methods
2. Research Methodology
3. Research Instruments

COURSE OUTLINE

1. The course of study would be over a period of three years. Part I examination will be held at the end of I 1/2 years and Part II after three years. The teaching of the specialty subject will begin from the first year itself.
2. There would be regular internal evaluation of the form of evaluation of written assignments, presentation at seminars and journal clubs and maintenance and processing of case records and clinical activities like acquisition of skills and ward work on the standard format.
3. The examination will be held after three years the details of which are appended below.
4. Guidelines for thesis are also appended separately

Reference Books:

GENERAL PHILOSOPHY

1. Radhakrishnan S. and Raju P. T: Concept of Man Pub:
2. Chidbhavananda Swami: The Bhagvad Gita. Pub: Sri Ramkrishna Tapovanam
3. Dhawale M. L.: Life and Living Pub: Institute of Clinical Research
4. Dhawale M. L.,: ICR Conference on Education (Papers): Action Learning
Pub: ICR Symposium Council, Mumbai
5. Dhawale M. L.: Perceiving Pub: Institute of Clinical Research, Mumbai
6. Young J. Z. .An Introduction to the Study of Man. Pub: Oxford University Press
7. Goenka S. N.: The Art of Living Pub: Vipassana Research Institute
8. Goenka S. N.: The Discourse Summaries. Pub: Vipassana Vishodhan Vinyas
9. Chopra Deepak: Quantum Healing. Pub: Bantam Books N.Y.
10. Prasad Ram: Patanjali's Yoga Sutras. Pub: Munshilal Manoharlal
11. Gambhirananda Swami: Eight Upanishads-2Volumes. Pub: Advaita Ashrama
12. Krishnamurthi J. Krishnamurthi for Beginners. Pub: Krishnamurthi Foundation India
13. Nagendra Dr. H. R: The basis for an Integrated approach to Yoga therapy.
Pub: Vivekananda Kendra Patrika Prakashan
14. Nagendra Dr. H. S.: Yoga for health Pub: Vivekananda Kendra Patrika Prakashan
15. Chaitanya Krishna: The Psychology of Freedom Pub: Soma Publications
16. Chaitanya Krishna :The Physics and Chemistry of Freedom Pub: Somaiya Publications
17. Chaitanya Krishna : The Biology of Freedom Pub: Somaiya Publications
18. Chaitanya Krishna: The Sociology of Freedom. Pub: Manohar Delhi
19. Chaitanya Krishna: Freedom and Transcendence Pub: Manohar Delhi
20. Ranganathananda Swami: Eternal values for a Changing Society Pub: Bharatiya Vidya Bhavan
21. Lannoy Richard: The Speaking Tree Pub: Oxford University Press
22. Eruth Hans G.: Piaget and Knowledge Pub: Prentice Hall

PSYCHOLOGY

1. Munn Norman: Normal Psychology

2. Morgan and King: Introduction to Psychology. Pub: McGraw Hill and Co.
3. Freeman Frank: Theory and Practice of Psychological Testing: Oxford and IBH PubCo.
4. Levine Carey and Cracker Gross :Developmental Behavioural Paediatrics
5. Hofer, Myron A.: The Roots of Human Behaviour: An introduction to the Psychobiology of Early Development. Pub: W. H Freeman and Co.
6. Dahlstorm, W. Grant et al: An MMPI Handbook Pub: University of Minnesota Press, Minneapolis
7. Murray Henry A: Thematic Apperception Test. Pub: Harvard University Press
8. Rorschach Hermann: Psychodiagnostics. Pub: Hans Huber, Bern
9. Rorschach Hermann: Psychodiagnostics-Text. Pub: Grurie and Stratton
10. Beck S. J.: Rorschach test—I Basic Process. Pub:
11. Kloppfer B. Ainsworth et al: Developments in the Rorschach Technique—3 Volumes. Pub: Harcourt Brace Jovanich Inc.
12. Chowdhary Uma: Children Apperception test (Indian Adaptation): Pub: Manasayan, New Delhi
13. Chwdhary Uma:Thematic Apperception test-An Indian Adaptation. Pub: Uma Chowdhary
14. WaIshe Kevin: Understanding Brain Damage
15. Masters and Johnson: Sex and Human Loving Pub: Jaico Pub House
16. Vinacke, W. Edgar et al: Dimensions of Social Psychology. Pub: ft B. Taraporewala and Sons and CO. Bombay
17. Selye Hans: Stress without Distress
18. Knowles Malcolm: Introduction to Group Dynamics. Pub: Blackwell Scientific Publications
19. Piaget Jean: Behaviour and Evolution Pub: Routededge, Kegan Paul
20. Diamond Stuart J: Neuropsycholgy Pub: Butterworths
21. Maslow Abraham (Ed): New Knowledge in Human Values Pub: Harper and Row
22. Whitmont Edward: The Symbolic Quest. Basic Concepts in Analytical Psychology
23. Erikson Eric: Gandhi Truth

NEUROLOGY

1. De Jong Russell: The Neurologic Examination: Incorporating the fundamentals of Neuroanatomy and Neurophysiology. Pub: Harper and Row Publishers, Hagerstown
2. Walton John: Brain's Diseases of the Nervous System. Pub: Oxford Univ. Press
3. Baker A. B. (Ed): Clinical Neurology. Pub: Harper and Row Publishers
4. Adams Raymond: Principles of Neurology. Pub: McGraw Hill Inc.
5. Tupper O. E.: Soft neurological Signs. Pub: Harcourt Brace Jovana Vick Publishers
6. Swash M and Kennard C.: Scientific basis of Clinical Neurology. Pub: Churchill Livingstone
7. Patten John: Neurological Differential Diagnosis. Pub: Narosa Publishing House
8. Walshe Kevin: Neuropsychology :A Clinical Approach Pub: Churchill Livingstone

HISTORY OF PSYCHIATRY

1. Ellenberger Henri F. The Discovery of the Unconscious: The History and Evolution of Dynamic Psychiatry. Pub: Macmillan

2. Alexander and Selesnick: The History of Psychiatry Pub: Harper and Row

CLINICAL PSYCHIATRY

- I. Michels Robert (Ed): Psychiatry—S Volumes Pub: J. B. Lippincott Co.
2. Noshpitz Joseph: Basic Handbook of Child Psychiatry — 4 Volumes Basic Books
3. Call Justin (Ed): Frontiers of Infant Psychiatry. Pub: Basic Books Inc
4. Kaplan and Friedman: Comprehensive Psychiatry—2 Volumes. Pub: Lippincott Williams and Wilkins
5. Slater, Eliot and Roth Martin: Clinical Psychiatry (Mayer Gross). Pub: Baillere Tindall, London
6. Ballis George U. (Ed): The Psythiatric Foundations of Medicine 6 volumes. Pub: WB Saunders Co
7. Richard C. W. (Ed): Psychiatric presentations of Medical Illness. Pub: MTP Press Ltd.
8. Kety Seymours ed: Genetics of Neurological and Psychiatric Disorders. Pub: Raven Press, N.Y.
9. Hamilton Max: Fish's Clinical Psychopathology
10. Lipowski Z. J. et al: Psychosomatic medicine: Current trends and Clinical Applications
- Ii. Namboodri VMD: Clinical methods in Psychiatry. Pub:
12. Nurcombe B and Gallagher R. M.: The Clinical Process in Psychiatry. Pub: Cambridge Univ Press
13. MCGufin P. et al: The Scientific Principles of Psychopathology. Pub: Harcourt Brace Jovana
14. Rutter Michael (Ed): Scientific Foundations of Developmental Psychiatry. Pub: William Heinemann Medical Books Ltd.
15. Carson R. C. Et al: Abnormal Psychology and Modern Life Pub: Longman
16. Bellak Leopold: Disorders of the Schizophrenic Syndrome. Pub: Basic Books Inc
17. KoIb and Brodie: Modern Clinical Psychiatry. W. B. Saunders

18. Vyas J. N. and Ahuja Niraj: Textbook of Postgraduate Psychiatry —2 Volumes Pub: Jaypee Brothers Medical Publishers Pvt. Ltd., New Delhi
19. Arieti Silvan(Ed): American Handbook of Psychiatry —7 Volumes Pub: Basic Books
20. Cavenar and Brodie: Signs and Symptoms in Psychiatry. J. B. Lippincott
21. Rutter Michael and Herson Lionel: Child and Adolescent Psychiatry. Pub: Blackwell Scientific Publications
22. Rutter Michael: Developmental Neuropsychiatry. Pub: Churchill Livingstone
23. Lishman V. A.: Organic Psychiatry 2nd Edition. Pub: Blackwell Scientific Publishers
24. Wittkower Eric D.: Psychosomatic Medicine: Its Clinical Applications. Harper and Row
25. Dastur: Sex Power
26. Meyer K. Jon: Clinical Management of Sexual Disorders. Williams and Wilkins
27. American Psychiatric Association: Diagnostic and Statistical manual of Mental Disorders — IV Edition. Pub: APA

FORENSIC PSYCHIATRY

1. Modi N. J.: Modi's Textbook of Medical Jurisprudence and Toxicology. Pub: N. M. Tripathi Pvt. Ltd.

PSYCHOTHERAPY

1. Small Leonard: The Briefer Psychotherapies Pub: Brunner/Mazel Publishers
2. Liebermann, Morton A.: Encounter groups: First facts. Pub: Churchill Livingstone
3. Mullan Hugh: Group Psychotherapy: Theory and Practice. Pub: Saunders
4. Wolberg Lewis: Handbook of Psychotherapy —2 Volumes Pub: Grune and Stratton
5. Malan D.: Individual Psychotherapy and the Science of Psychodynamics. Pub: Wilco Pub House, Mumbai
6. Tarachow.S.: Introduction to Psychotherapy. Pub: International University Press
7. Yalom Irving: Existential Psychotherapy. Pub: Basic Books
8. Judith Caligo et al: Individual and Group Therapy. Pub: Basic Books Inc.
9. Cox Murray: Structuring the Therapeutic process. Pub: Pergamon press
10. Cox Murray: Coding the Therapeutic Process: Emblems of encounter Pub: Pergamon Press
- I I. Perls Hefferline and Goodman Paul: Gestalt therapy Pub: Crown Publishers, N.Y

HOMOEOPATHY.

1. Hahnemann S: Organon of Medicine
2. Hahnemann S.: Lesser Writings. Pub: Swaran Publishing House, New Delhi
3. Dhawale M. L.: ICR Symposium Volume on Hahemannian Totality 5 Volumes Pub: ICR Symposium Council, Mumbai
4. Kent .3. T.: Lesser Writings
5. All standard repertories
6. Special Repertories of the Mind
7. All available commentaries on Materia Medica
- B. Whitmont E.: Psyche and Substance. Pub: Crescent Book Agency

JOURNALS

Psychiatry

1. British Journal of Psychiatry
 2. American Journal of Psychiatry
 3. Indian Journal of Psychiatry
 4. Psychiatric Clinics of North America
 5. Archives of General Psychiatry
 6. Journal of Mental and Nervous Diseases
 7. International Journal of Psychiatry
 8. Journal of Mental Sciences
 9. American Journal of Psychotherapy
- ##### Homoeopathy
1. Indian Journal of Homoeopathic Medicine
 2. National Journal of Homoeopathy
 3. British Homoeopathic Journal
 4. Homoeopathic Links
 5. Homoeopathic Heritage

SCHEME OF EXAMINATION

A. Theory

A.1 Theory examination shall comprise 2 written papers; each of 100 marks (Total 200 marks). Passing shall be separate for theory.

A.2 Each paper will be divided into two parts of 50 each and shall consist of two patterns of questions.

(a) SAQs (b) LAQs in the ratio 30:40 Each part will have

SAQs shall be 03 each of 5 mark = 15

SAQs shall be 03 each of 5 marks = 15

LAQs shall be 02 each of 10 marks = 20

Total Marks = 50

Time duration for each paper shall be 3 hours.

A.3. Three examiners (Out of which at least 2 are external) shall value the papers

A.4. Passing shall be considered as score of 100 more marks out of total 200.

Passing shall be separate for theory.

Paper-I

Section I- General Philosophy, Basic sciences as applicable to the understanding of Psychiatric disorders

Section II- Neuropsychiatry, Psychopathology, Research Methodology in Psychiatry

Paper-II

Section I- Clinical Psychiatry and Applied Psychiatry including Forensic Psychiatry

Section II-Homoeopathic aspects and Management in Psychiatry

B. Practical:

B.. 1)3 Examiners out of which 2 are External

B. 2) Clinical =Long Case= 1= 75 Marks (1 hr.)

Short Case = 2=50 Marks (1 hr.)

C. Viva Voce

Amongst 3 examiners the marks shall be equally divided under four heads covering all the aspects of general medicine as described in syllabus above. They can be broadly divided into three heads as below:

C.1

Basic Sciences
(10 min)

Marks max. 25

C.2

Psychiatry
(10 min)

25

C.3

Psychiatry
(10 min)

25

Viva & practicals: 50% marks are allotted for homoeopathic application

Total marks: Cases 125 Viva 75 = 200 marks

Separate passing in individual heads A, B & C is essential to pass in Examination
